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| National Guideline Alliance |

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| Eating disorders: recognition and treatment |

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| Appendix L - GRADE evidence profiles |

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| NICE Guideline |

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| Methods, evidence and recommendations |

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| December 2016 |

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| Draft for Consultation |
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| Commissioned by the National Institute for Health and Care Excellence |

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| Eating disorders: recognition and treatment |
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| |  | | --- | | Disclaimer  Healthcare professionals are expected to take NICE clinical guidelines fully into account when exercising their clinical judgement. However, the guidance does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of each patient, in consultation with the patient and/or their guardian or carer. | | Copyright | | © National Institute for Health and Care Excellence 2016 | |

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1. GRADE evidence profiles

* 1. What are the utility, validity and reliability of the instruments, tools and methods used for case identification in eating disorders?

No GRADE tables were generated. Quality of the outcomes is included in the relevant chapter.

* 1. What is the validity and reliability of the instruments, tools and methods used to assess and monitor eating disorders?

No GRADE tables were generated. Quality of the outcomes is included in the relevant chapter.

* 1. Does any group or individual psychological intervention with or without a pharmacological intervention produce benefits/harms in people with eating disorders compared with any other intervention or controls?
     1. Individual therapy for anorexia nervosa

Table 1: Full GRADE profile for CBT-ED versus another intervention for young people and adults with anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **AN CBT-ED** | **Another intervention** | **Relative (95% CI)** | **Absolute** |
| **Weight - Adults (Better indicated by higher values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 99 | 199 | - | SMD 0.17 higher (0.07 lower to 0.42 higher) | VERY LOW | CRITICAL |
| **EDE-Restraint - Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency4 | no serious indirectness | serious5 | none | 19 | 37 | - | SMD 0.13 lower (0.69 lower to 0.44 higher) | LOW | IMPORTANT |
| **EDE-Eating concerns- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3,5 | none | 19 | 37 | - | SMD 0.31 lower (0.87 lower to 0.25 higher) | LOW | IMPORTANT |
| **EDE-Weight concerns- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious6 | none | 19 | 37 | - | SMD 0.39 higher (0.17 lower to 0.95 higher) | LOW | IMPORTANT |
| **EDE-Shape concerns- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 19 | 37 | - | SMD 0.09 lower (0.65 lower to 0.46 higher) | LOW | IMPORTANT |
| **EDI - Drive for thinness- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious5 | none | 19 | 37 | - | SMD 0.07 lower (0.63 lower to 0.48 higher) | LOW | IMPORTANT |
| **EDI - Body dissatisfaction- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious5 | none | 19 | 37 | - | SMD 0.2 lower (0.76 lower to 0.35 higher) | LOW | IMPORTANT |
| **EDI - Bulimia- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious5 | none | 19 | 37 | - | SMD 0.21 lower (0.76 lower to 0.35 higher) | LOW | IMPORTANT |
| **EDI Total - Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 80 | 162 | - | SMD 0.08 lower (0.35 lower to 0.19 higher) | LOW | IMPORTANT |
| **General psychopathology- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | serious9 | serious5 | none | 80 | 162 | - | SMD 0.25 lower (0.52 lower to 0.02 higher) | LOW | IMPORTANT |
| Depression Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | serious5 | none | 19 | 37 | - | SMD 0.20 lower (0.76 lower to 0.35 higher) | LOW | IMPORTANT |
| **Relapse** | | | | | | | | | | | | |
| 1 | randomised trials | serious11 | no serious inconsistency | no serious indirectness | serious12 | none | 4/18  (22.2%) | 8/15  (53.3%) | RR 0.42 (0.16 to 1.12) | 309 fewer per 1000 (from 448 fewer to 64 more) | LOW | IMPORTANT |
| **Remission ITT- Adults** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | serious13 | serious14 | serious15 | none | 19/98  (19.4%) | 18/177  (10.2%) | RR 1.97 (0.67 to 5.80) | 99 more per 1000 (from 34 fewer to 488 more) | VERY LOW | CRITICAL |
| **BMI-Adolescents FU (Better indicated by higher values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious16 | no serious inconsistency | no serious indirectness | serious5 | none | 50 | 48 | - | SMD 0.29 lower (0.69 lower to 0.11 higher) | LOW | CRITICAL |
| **BMI - Adults FU (Better indicated by higher values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | serious13 | serious2 | serious15 | none | 97 | 188 | - | SMD 0.05 lower (0.29 lower to 0.2 higher) | VERY LOW | CRITICAL |
| **EDE-Shape concerns - Adults FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious17 | no serious inconsistency | no serious indirectness | serious3 | none | 18 | 26 | - | SMD 0.31 lower (1.33 lower to 0.71 higher) | LOW | IMPORTANT |
| **EDE-Eating concerns- Adults FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious17 | no serious inconsistency | no serious indirectness | serious3 | none | 17 | 26 | - | SMD 0.16 lower (0.78 lower to 0.45 higher) | LOW | IMPORTANT |
| **EDE-Restraint - Adults FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious17 | no serious inconsistency | no serious indirectness | serious5 | none | 17 | 26 | - | SMD 0.36 lower (0.97 lower to 0.26 higher) | LOW | IMPORTANT |
| **EDE-Weight concerns - Adults FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious17 | no serious inconsistency | no serious indirectness | serious6 | none | 17 | 26 | - | SMD 0.02 lower (0.63 lower to 0.59 higher) | LOW | IMPORTANT |
| **EDI - Body dissatisfaction- Adults FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious17 | no serious inconsistency | no serious indirectness | serious5 | none | 17 | 26 | - | SMD 0.32 lower (0.94 lower to 0.29 higher) | LOW | IMPORTANT |
| **EDI - Buliimia - Adults FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious17 | no serious inconsistency | no serious indirectness | serious6 | none | 17 | 26 | - | SMD 0.43 higher (0.19 lower to 1.06 higher) | LOW | IMPORTANT |
| **EDI - Drive for thinness - Adults FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious17 | no serious inconsistency | no serious indirectness | serious6 | none | 17 | 26 | - | SMD 0.25 higher (0.37 lower to 0.87 higher) | LOW | IMPORTANT |
| **EDI Total Adults - FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious5 | none | 80 | 162 | - | SMD 0.07 higher (0.19 lower to 0.34 higher) | VERY LOW | IMPORTANT |
| **EDI-Total Adolescents FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious16 | no serious inconsistency | no serious indirectness | serious5 | none | 42 | 40 | - | SMD 0.17 lower (0.6 lower to 0.27 higher) | LOW | CRITICAL |
| **Depression Adults FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | serious6 | none | 17 | 26 | - | SMD 0.13 lower (0.48 lower to 0.75 higher) | LOW | IMPORTANT |
|  | | | | | | | | | | | | |
| 1 | randomised trials | serious17 | no serious inconsistency | no serious indirectness | serious5 | none | 17 | 26 | - | SMD 0.04 lower (0.65 to 0.57 lower) | LOW | IMPORTANT |
| General psychopathology Adults FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | serious9 | serious3 | none | 80 | 162 | - | SMD 0.03 higher (0.24 lower to 0.3 higher) | LOW | IMPORTANT |
| Remission- Adolescents FU ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious16 | no serious inconsistency | no serious indirectness | serious15 | none | 10/55  (18.2%) | 8/55  (14.5%) | RR 1.25 (0.53 to 2.93) | 36 more per 1000 (from 68 fewer to 281 more) | LOW | CRITICAL |
| Remission -Adults FU ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | serious2,13 | serious2 | very serious18 | none | 16/80  (20%) | 38/162  (23.5%) | RR 0.85 (0.51 to 1.43) | 35 fewer per 1000 (from 115 fewer to 101 more) | VERY LOW | CRITICAL |

1 It was unclear if allocation concealment was performed. High drop outs >20% were reported. Only assessors were blind in all studies.  
2 In Zipfel, between baseline and end of treatment, the following had hospital study longer than 28 days for weight restoration: 5/ 80 (6%) focal psychodynamic, 8/80 (10%) CBT-ED and 9/82 (11%) TAU.   
3 For a continuous outcome, there were fewer than 400 participants.  
4 Heterogeneity present, I2>80%  
5 95% CI crossed 1 MID (-0.5)  
6 95% CI crossed 1 MID (0.5)   
7 Unclear if allocation concealment was performed or how randomisation was conducted. Neither patients or investigators were blind, assessor was blind. High dropout >20% was reported.  
8 Unclear if allocation concealment was performed. Participants were not blind, unclear if investigators were blind, Assessors were blind. High drop outs were detected >20%  
9 High number of participants spent time in hospital: 23% Focal Psychodynamic, 34% CBT, 41% TAU had periods of hospitalisation  
10 Unclear how randomisation was performed or if allocation concealment was performed. High drop outs were reported >20% in most studies. Only assessors were blind.   
11 Unclear how randomisation was performed or if allocation concealment was conducted. Unclear if assessors, participants or investigators were blind.   
12 95% CI crossed 1 MID (0.75)  
13 Heterogeneity, I2 >50%  
14 In Pike, participants were assigned to therapy within 1 week of successful completion of hospitalization. Different population to other studies.   
15 For a dichotomous outcome, there were fewer than 300 events.  
16 Unclear methods of randomisation. It was unclear if either participants, investigators or assessors were blind. High drop outs were reported >20%,  
17 Unclear if allocation concealment was performed. Neither patients or investigators were blind, assessor was blind. High drop outs reported >20%.  
18 95% CI crossed 2 MIDs (0.75 and 1.25)

Table 2: Full GRADE profile for psychiatric counselling compared with another intervention in adults with anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **AN Psychiatric Counselling** | **Other** | **Relative (95% CI)** | **Absolute** |
| Remission\_ITT\_Adults | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 0/19  (0%) | 9/85  (10.6%) | RR 1.10 (0.95 to 1.28) | 11 more per 1000 (from 5 fewer to 30 more) | LOW | CRITICAL |
| All cause mortality Adults | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious | none | 0/22  (0%) | 1/62  (1.6%) | RR 1.01 (0.9 to 1.13) | 0 more per 1000 (from 2 fewer to 2 more) | LOW | IMPORTANT |

1 It was unclear how random sequence was generated or if sealed envelopes were opaque. Neither the investigators, assessors nor participants were blinded. High dropouts were reported >20%.  
2 95% CI crossed 1 MID (1.25)

Table 3: Full GRADE profile for supportive therapy versus another intervention for young people with anorexia nervosa.

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **AN Supportive therapy** | **Another intervention\_Adolescents** | **Relative (95% CI)** | **Absolute** |
| Weight (percentile) Adolescents (Better indicated by Higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 11 | 10 | - | SMD 0.98 lower (1.9 to 0.07 lower) | LOW | CRITICAL |
| Did not achieve remission ITT Adolescents | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 1/11  (9.1%) | 6/10  (60%) | RR 2.27 (1.04 to 4.97) | 762 more per 1000 (from 24 more to 1000 more) | LOW | CRITICAL |
| Weight (percentile) Adolescents FU (Better indicated by Higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 9 | 10 | - | SMD 0.57 lower (1.5 lower to 0.35 Higher) | LOW | CRITICAL |
| Remission ITT- Adolescents FU | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 6/11  (54.5%) | 4/10  (40%) | See comment | 144 more per 1000 (from 184 fewer to 984 more) | LOW | CRITICAL |

1 Russel/Eisler. Unclear if allocation concealment was performed. High dropout rates >20% were reported. Assessors were blind, but it was unclear if participants were but investigators were not blind.  
2 95% CI crossed 1 MID (-0.5)  
3 95% CI crossed 1 MID (0.75)

Table 4: Full GRADE profile for adolescent focused therapy versus another intervention in young people with AN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **AN Adolescent focused therapy** | **Other** | **Relative (95% CI)** | **Absolute** |
| **BMI Adolescents (Better indicated by Higher values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | no serious inconsistency | no serious indirectness | serious3 | none | 69 | 70 | - | SMD 0.43 lower (0.77 to 0.09 lower) | LOW | CRITICAL |
| **Remission ITT Adolescents** | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | serious | no serious indirectness | serious4 | none | 43/78  (55.1%) | 56/80  (70%) | RR 0.79 (0.61 to 1.01) | 147 fewer per 1000 (from 273 fewer to 7 more) | LOW | CRITICAL |
| **BMI Adolescents FU (Better indicated by Higher values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | no serious inconsistency | no serious indirectness | serious3 | none | 66 | 63 | - | SMD 0.18 lower (0.53 lower to 0.16 Higher) | LOW | CRITICAL |
| **Remission ITT- Adolescents FU** | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | no serious inconsistency | no serious indirectness | serious5 | none | 49/78  (62.8%) | 47/80  (58.8%) | See comment | 41 more per 1000 (from 100 fewer to 217 more) | LOW | CRITICAL |

1 Robin 1999. Unclear if allocation concealment was performed. It was unclear if either the participants, investigators or assessors were blind.  
2 Lock 2010. Unclear if allocation concealment was performed. Assessors were blind, but participants and investigators were not blind.  
3 95% CI crossed 1 MID (-0.5)  
4 95% CI crossed 1 MID (0.75)  
5 95% CI crossed 1 MID (1.25)

Table 5: Full GRADE profile for psychodynamic general versus another intervention for adults with AN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **AN Psychodynamic General** | **another intervention\_Adults** | **Relative (95% CI)** | **Absolute** |
| **BMI Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 80 | 162 | - | SMD 0.17 lower (0.44 lower to 0.09 Higher) | VERY LOW | CRITICAL |
| **EDI Total - Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 80 | 162 | - | SMD 0.02 lower (0.29 lower to 0.24 Higher) | VERY LOW | IMPORTANT |
| **All cause mortality- Adults** | | | | | | | | | | | | |
| 2 | randomised trials | serious4 | no serious inconsistency | serious5 | very serious6 | none | 0/43  (0%) | 2/41  (4.9%) | RR 1.05 (0.94 to 1.18) | 2 more per 1000 (from 3 fewer to 9 more) | VERY LOW | CRITICAL |
| **General psychopathology- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious | serious7 | none | 80 | 162 | - | SMD 0.08 Higher (0.19 lower to 0.35 Higher) | VERY LOW | IMPORTANT |
| **Remission\_Adults\_ITT** | | | | | | | | | | | | |
| 2 | randomised trials | serious8 | no serious inconsistency | serious2,5 | serious6 | none | 19/123  (15.4%) | 18/203  (8.9%) | **RR 1.73 (0.95 to 3.14)** | 65 more per 1000 (from 4 fewer to 190 more) | VERY LOW | CRITICAL |
| **Weight (BMI and kg)- Adult FU (Better indicated by Higher values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious8 | no serious inconsistency | serious2,5 | serious3 | none | 100 | 193 | - | SMD 0.09 Higher (0.14 lower to 0.33 Higher) | VERY LOW | CRITICAL |
| **EDE Bulimia- Adults FU** | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | very serious9 | none | 2/14  (14.3%) | 3/16  (18.8%) | RR 0.76 (0.15 to 3.92) | 45 fewer per 1000 (from 159 fewer to 548 more) | VERY LOW | CRITICAL |
| **EDI - Total- Adults FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 80 | 162 | - | SMD 0.07 lower (0.35 lower to 0.19 Higher) | VERY LOW | IMPORTANT |
| **Morgan Russell ED- Adults FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious7 | none | 14 | 16 | - | SMD 0.32 Higher (0.4 lower to 1.04 Higher) | LOW | CRITICAL |
| General psychopathology - Adults FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 80 | 162 | - | SMD 0.00 lower (0.27 lower to 0.27 Higher) | VERY LOW | IMPORTANT |
| Remission FU\_- Adults ITT | | | | | | | | | | | | |
| 2 | randomised trials | serious10 | no serious inconsistency | serious2 | serious9 | none | 34/94  (36.2%) | 31/178  (17.4%) | RR 2.00 (1.33 to 3.03) | 174 more per 1000 (from 57 more to 354 more) | VERY LOW | CRITICAL |

1 Unclear if allocation concealment was performed. Participants were not blind, it was unclear if investigators were, however, and assessors were blind to treatment allocation. High dropouts reported.>20%  
2 In Zipfel, between baseline and end of treatment, the following had hospital study longer than 28 days for weight restoration: 5/ 80 (6%) focal psychodynamic, 8/80 (10%) CBT-ED and 9/82 (11%) TAU.   
3 For a continuous outcome, there were fewer than 400 participants.  
4 Unclear methods of randomisation and if allocation concealment was performed. High dropouts reported >20%. Unclear if either patient, investigator or assessor were blind.  
5 In Dare, a number of patients were hospitalised during the treatment: 10% Family therapy, 14% focal psychodynamic, 9% focal psychodynamic CAT, 26% treatment as usual - counselling  
6 95% CI crossed 1 MID (1.25)  
7 95% CI crossed 1 MID (0.5)  
8 Unclear if allocation concealment was performed or if assessors were blind. High dropouts reported .>20%  
9 95% CI crossed 2 MIDs (0.75 and 1.25)  
10 Unclear if allocation concealment was performed or if participants, investigators or assessors were blind. High dropouts reported .>20%

Table 6: Full GRADE profile for interpersonal therapy versus another intervention in adults with AN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **AN IPT** | **another intervention** | **Relative (95% CI)** | **Absolute** |
| **BMI- Adults (Better indicated by Higher values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 21 | 35 | - | SMD 0.13 lower (0.68 lower to 0.41 Higher) | LOW | CRITICAL |
| **EDE-Restraint- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 21 | 35 | - | SMD 0.99 Higher (0.41 to 1.57 Higher) | LOW | IMPORTANT |
| **EDE-Eating concerns- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 21 | 35 | - | SMD 0.49 Higher (0.06 lower to 1.04 Higher) | LOW | IMPORTANT |
| **EDE-Weight concerns- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 21 | 35 | - | SMD 0.2 lower (0.75 lower to 0.34 Higher) | LOW | IMPORTANT |
| **EDE-Shape concerns- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 21 | 35 | - | SMD 0.25 Higher (0.29 lower to 0.8 Higher) | LOW | IMPORTANT |
| **General Function (GAF)- Adults (Better indicated by Higher values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 21 | 35 | - | SMD 0.5 lower (1.06 lower to 0.05 Higher) | LOW | IMPORTANT |
| **Depression (Hamilton)- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 21 | 35 | - | SMD 0.4 Higher (0.15 lower to 0.95 Higher) | LOW | CRITICAL |
| **EDI - Drive for thinness- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 17 | 31 | - | SMD 0.17 lower (0.76 lower to 0.43 Higher) | LOW | IMPORTANT |
| **EDI - Bulimia- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 17 | 31 | - | SMD 0.36 Higher (0.24 lower to 0.96 Higher) | LOW | IMPORTANT |
| **EDI - Body dissatisfaction- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2,3 | none | 17 | 31 | - | SMD 0.01 Higher (0.59 lower to 0.6 Higher) | VERY LOW | IMPORTANT |
| **BMI - Follow-up- Adults (Better indicated by Higher values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 14 | 29 | - | SMD 0.10 Higher (0.54 lower to 0.75 Higher) | LOW | CRITICAL |
| **EDE-Shape concerns Follow-up- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 14 | 29 | - | SMD 0.18 Higher (0.47 lower to 0.82 Higher) | LOW | IMPORTANT |
| **EDE-Eating concerns Follow-up- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 14 | 29 | - | SMD 0.17 lower (0.81 lower to 0.47 Higher) | LOW | IMPORTANT |
| **EDE-Restraint Follow-up- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 14 | 29 | - | SMD 0.28 lower (0.93 lower to 0.37 Higher) | LOW | IMPORTANT |
| **EDE-Weight concerns Follow-up- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2,3 | none | 14 | 29 | - | SMD 0.1 lower (0.74 lower to 0.54 Higher) | VERY LOW | IMPORTANT |
| **EDI - Drive for thinness - FU- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 14 | 29 | - | SMD 0.54 lower (1.19 lower to 0.11 Higher) | LOW | IMPORTANT |
| **EDI - Bulimia - FU- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 14 | 29 | - | SMD 0.21 lower (0.85 lower to 0.44 Higher) | LOW | IMPORTANT |
| **EDI - Body dissatisfaction - FU- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 14 | 29 | - | SMD 0.14 Higher (0.5 lower to 0.78 Higher) | LOW | IMPORTANT |
| Depression (Hamilton) Follow-up- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2,3 | none | 14 | 29 | - | SMD 0.08 lower (0.72 lower to 0.56 Higher) | VERY LOW | IMPORTANT |
| General Function (GAF) Follow-up- Adults (Better indicated by Higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2,3 | none | 14 | 29 | - | SMD 0.08 Higher (0.56 lower to 0.72 Higher) | VERY LOW | CRITICAL |

1 Unclear how randomisation was performed or if allocation concealment was conducted. Assessors were blind. High dropout rates were reported >20%  
2 95% CI crossed 1 MID (-0.5)  
3 95% CI crossed 1 MID (0.5)

Table 7: Full GRADE profile of SSCM versus another intervention in adults with AN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | AN SSCM |  | Relative (95% CI) | Absolute |
| BMI- Adults (Better indicated by higher values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 125 | 144 | - | SMD 0.04 lower (0.28 lower to 0.21 higher) | LOW | CRITICAL |
| EDE-Restraint- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | serious inconsistency9 | no serious indirectness | serious2 | none | 86 | 112 | - | SMD 0.58 lower (1.41 lower to 0.24 higher) | VERY LOW | IMPORTANT |
| EDE-Eating concerns- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2,3 | none | 86 | 112 | - | SMD 0.04 higher (0.33 lower to 0.24 higher) | LOW | IMPORTANT |
| EDE-Weight concerns- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 86 | 112 | - | SMD 0.07 lower (0.36 lower to 0.22 higher) | LOW | IMPORTANT |
| EDE-Shape concerns- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 86 | 112 | - | SMD 0.11 lower (0.39 lower to 0.18 higher) | LOW | IMPORTANT |
| EDE - Global- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 107 | 106 | - | SMD 0.00 lower (0.27 lower to 0.27 higher) | LOW | IMPORTANT |
| EDI - Drive for thinness- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 16 | 40 | - | SMD 0.29 lower (0.88 lower to 0.29 higher) | LOW | IMPORTANT |
| EDI - Body dissatisfaction- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious5 | none | 16 | 40 | - | SMD 0.14 higher (0.44 lower to 0.72 higher) | LOW | IMPORTANT |
| EDI - Bulimia- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 16 | 40 | - | SMD 0.09 lower (0.67 lower to 0.49 higher) | LOW | IMPORTANT |
| Depression - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 123 | 146 | - | SMD 0.15 lower (0.4 lower to 0.09 higher) | LOW | IMPORTANT |
| General Function (GAF)- Adults (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 16 | 40 | - | SMD 0.83 higher (0.22 to 1.43 higher) | LOW | IMPORTANT |
| Remission\_ ITT- Adults | | | | | | | | | | | | |
| 2 | randomised trials | serious1,6 | no serious inconsistency | no serious indirectness | very serious7 | none | 11/107  (10.3%) | 9/109  (8.3%) | RR 1.22 (0.52 to 2.82) | 18 more per 1000 (from 40 fewer to 150 more) | VERY LOW | CRITICAL |
| BMI - Follow-up- Adults (Better indicated by higher values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 135 | 151 | - | SMD 0.09 lower (0.32 lower to 0.15 higher) | LOW | CRITICAL |
| EDE-Weight concerns Follow-up- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2,5 | none | 86 | 103 | - | SMD 0.16 higher (0.13 lower to 0.46 higher) | VERY LOW | IMPORTANT |
| EDE-Shape concerns Follow-up- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 82 | 103 | - | SMD 0.04 higher (0.25 lower to 0.34 higher) | LOW | IMPORTANT |
| EDE-Restraint Follow-up- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 82 | 103 | - | SMD 0.20 higher (0.09 lower to 0.5 higher) | LOW | IMPORTANT |
| EDE-Eating concerns Follow-up- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 82 | 103 | - | SMD 0.24 higher (0.06 lower to 0.53 higher) | LOW | IMPORTANT |
| EDE-Global FU- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 107 | 106 | - | SMD 0.13 higher (0.14 lower to 0.4 higher) | LOW | IMPORTANT |
| EDI - Body dissatisfaction - FU- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 12 | 31 | - | SMD 0.2 higher (0.47 lower to 0.87 higher) | LOW | IMPORTANT |
| EDI - Buliimia - Follow-up- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 12 | 31 | - | SMD 0.15 lower (0.82 lower to 0.52 higher) | LOW | IMPORTANT |
| EDI - Drive for thinness - Follow-up- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | very serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 12 | 31 | - | SMD 0.44 higher (0.24 lower to 1.12 higher) | VERY LOW | IMPORTANT |
| Depression Follow-up- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 119 | 137 | - | SMD 0.02 lower (0.27 lower to 0.023 higher) | LOW | IMPORTANT |
| Bulimia- Adults | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | very serious7 | none | 3/16  (18.8%) | 2/14  (14.3%) | RR 1.31 (0.25 to 6.76) | 44 more per 1000 (from 107 fewer to 823 more) | VERY LOW | IMPORTANT |
| General Function (GAF) Follow-up- Adults (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2,5 | none | 12 | 31 | - | SMD 0.05 lower (0.72 lower to 0.62 higher) | VERY LOW | IMPORTANT |
| Remission FU\_ITT- Adults | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious7 | none | 23/123  (18.7%) | 28/120  (23.3%) | RR 0.80 (0.49 to 1.3) | 47 fewer per 1000 (from 119 fewer to 70 more) | VERY LOW | CRITICAL |

1 Unclear if allocation concealment was performed. High dropout rates were reported >20% for McIntosh2005 and Schmidt 2015. It was unclear in McIntosh how randomisation was conducted. Across studies it was either unclear if participants and investigators were blind or they were not blind.   
2 95% CI crossed 1 MID (-0.5)  
3 For a continuous outcome, there were fewer than 400 participants.  
4 95% CI crossed 1 MID (1.25)  
5 95% CI crossed 1 MID (0.5)  
6 Unclear if allocation concealment was performed. Across studies it was either unclear if participants and investigators were blind.   
7 95% CI crossed 2 MIDs (0.75 and 1.25)  
8 Unclear if allocation concealment was performed. It was unclear if participants, assessors and investigators were blind. High dropouts were reported >20%  
9 Heterogeneity >50%

Table 8: Full GRADE profile of MANTRA versus another intervention for adults with AN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **AN MANTRA** | **Other** | **Relative (95% CI)** | **Absolute** |
| BMI Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 106 | 107 | - | SMD 0.08 Higher (0.18 lower to 0.35 Higher) | LOW | CRITICAL |
| EDI - Total Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 106 | 107 | - | SMD 0.00 Higher (0.27 lower to 0.27 Higher) | LOW | IMPORTANT |
| Depression- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 106 | 107 | - | SMD 0.01 lower (0.28 lower to 0.26 Higher) | LOW | IMPORTANT |
| Remission ITT- Adults | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 9/106  (8.5%) | 11/107  (10.3%) | RR 0.82 (0.35 to 1.91) | 19 fewer per 1000 (from 67 fewer to 94 more) | LOW | CRITICAL |
| BMI FU- Adults (Better indicated by Higher values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious5 | none | 106 | 107 | - | SMD 0.11 Higher (0.16 lower to 0.37 Higher) | VERY LOW | CRITICAL |
| Depression FU- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 106 | 107 | - | SMD 0.01 Higher (0.25 lower to 0.28 Higher) | LOW | IMPORTANT |
| EDI - Total Adults FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 106 | 107 | - | SMD 0.13 lower (0.4 lower to 0.14 Higher) | LOW | IMPORTANT |
| Remission ITT FU- Adults | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 22/106  (20.8%) | 18/109  (16.5%) | RR 1.22 (0.7 to 2.14) | 36 more per 1000 (from 50 fewer to 188 more) | LOW | CRITICAL |

1 In Schmidt 2015, it was unclear if allocation concealment was performed. In both studies, the participants were not blinded, it was unclear in one if the investigators were blind, but in the other they were not. In both studies the assessors were blind. High dropouts were reported in one group >20%.  
2 95% CI crossed 1 MID (0.5)  
3 For a continuous outcome, there were fewer than 400 participants.  
4 For a dichotomous outcome, there were fewer than 300 events.  
5 95% CI crossed 2 MIDs (-0.5 and 0.5)

Table 9: Full GRADE profile for inpatient CBT-ED compared with another inpatient CBT-ED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **AN Inpatient CBT-ED (1)** |  | **Relative (95% CI)** | **Absolute** |
| **BMI Adults (Better indicated by Higher values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 37 | 35 | - | SMD 0.09 lower (0.56 lower to 0.37 Higher) | LOW | CRITICAL |
| **EDE-Restraint Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 37 | 35 | - | SMD 0 Higher (0.46 lower to 0.46 Higher) | LOW | IMPORTANT |
| **EDE-Eating concerns Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 37 | 35 | - | SMD 0.09 Higher (0.37 lower to 0.56 Higher) | LOW | IMPORTANT |
| **EDE-Weight concerns Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 37 | 35 | - | SMD 0.07 lower (0.54 lower to 0.39 Higher) | LOW | IMPORTANT |
| **EDE-Shape concerns Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 37 | 35 | - | SMD 0.06 Higher (0.4 lower to 0.52 Higher) | LOW | IMPORTANT |
| General psychiatric features Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 37 | 35 | - | SMD 0.3 Higher (0.16 lower to 0.77 Higher) | LOW | IMPORTANT |
| BMI - Adults FU (Better indicated by Higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 34 | 34 | - | SMD 0.04 Higher (0.43 lower to 0.52 Higher) | LOW | CRITICAL |
| General psychiatric features - Adults FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 34 | 34 | - | SMD 0.14 Higher (0.33 lower to 0.62 Higher) | LOW | IMPORTANT |
| EDE-Restraint Adults FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 34 | 34 | - | SMD 0.06 lower (0.54 lower to 0.42 Higher) | LOW | IMPORTANT |
| EDE-Eating concerns Adults FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious | no serious inconsistency | no serious indirectness | serious3 | none | 34 | 34 | - | SMD 0 Higher (0.48 lower to 0.48 Higher) | LOW | IMPORTANT |
| EDE-Weight concerns Adults FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 34 | 34 | - | SMD 0.2 Higher (0.27 lower to 0.68 Higher) | LOW | IMPORTANT |
| EDE-Shape concerns Adults FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 34 | 34 | - | SMD 0 Higher (0.48 lower to 0.48 Higher) | LOW | IMPORTANT |

1 Unclear if allocation concealment was performed. It was also unclear if investigators, participants were blind, however, the assessors were blind.   
2 95% CI crossed 1 MID (-0.5)  
3 For a continuous outcome, there were fewer than 400 participants  
4 95% CI crossed 1 MID (0.5)

Table 10: Full GRADE profile of CBT versus another intervention for severe AN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Severe AN CBT** | **Other** | **Relative (95% CI)** | **Absolute** |
| **BMI- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 31 | 32 | - | SMD 0.00 Higher (0.49 lower to 0.49 Higher) | LOW | CRITICAL |
| **Depression- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 31 | 32 | - | SMD 0.24 lower (0.74 lower to 0.25 Higher) | LOW | IMPORTANT |
| **EDE- Global- Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 31 | 32 | - | SMD 0.39 lower (0.89 lower to 0.11 Higher) | LOW | IMPORTANT |
| **Quality of life- Adults (Better indicated by Higher values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 31 | 32 | - | SMD 0.28 lower (0.78 lower to 0.22 Higher) | LOW | CRITICAL |
| BMI FU- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 31 | 32 | - | SMD 0.11 Higher (0.38 lower to 0.61 Higher) | LOW | CRITICAL |
| Depression FU- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 31 | 32 | - | SMD 0.27 lower (0.77 lower to 0.22 Higher) | LOW | IMPORTANT |
| EDE- Global FU- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 31 | 32 | - | SMD 0.57 lower (1.08 lower to 0.07 Higher) | LOW | IMPORTANT |
| Quality of life FU- Adults (Better indicated by Higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 31 | 32 | - | SMD 0.14 lower (0.64 lower to 0.35 Higher) | LOW | CRITICAL |

1 Unclear if allocation concealment was performed. It was unclear if the participants and investigators were blind. High dropouts were reported >20%  
2 For a continuous outcome, there were fewer than 400 participants.  
3 95% CI crossed 1 MID (-0.5)  
4 95% CI crossed 1 MID (0.5)

Table 11: Full GRADE profile for SSCM versus another intervention for severe AN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Severe SSCM** | **Other** | **Relative (95% CI)** | **Absolute** |
| BMI- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 32 | 31 | - | SMD 0.00 Higher (0.49 lower to 0.49 Higher) | LOW | CRITICAL |
| EDE-Global- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 32 | 31 | - | SMD 0.39 Higher (0.11 lower to 0.99 Higher) | LOW | IMPORTANT |
| Quality of life- Adults (Better indicated by Higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 32 | 31 | - | SMD 0.28 Higher (0.22 lower to 0.78 Higher) | LOW | CRITICAL |
| Depression- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 32 | 31 | - | SMD 0.24 Higher (0.25 lower to 0.74 Higher) | LOW | IMPORTANT |
| BMI FU- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 32 | 31 | - | SMD 0.11 lower (0.61 lower to 0.38 Higher) | LOW | CRITICAL |
| EDE-Global FU- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 32 | 31 | - | SMD 0.57 Higher (0.07 to 1.08 Higher) | LOW | IMPORTANT |
| Quality of life FU- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 32 | 31 | - | SMD 0.14 Higher (0.35 lower to 0.64 Higher) | LOW | CRITICAL |
| Depression FU- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 32 | 31 | - | SMD 0.27 Higher (0.22 lower to 0.77 Higher) | LOW | IMPORTANT |

1 Unclear if allocation concealment was performed. It was unclear if the participants and investigators were blind. High dropouts were reported >20%  
2 For a continuous outcome, there were fewer than 400 participants.  
3 95% CI crossed 1 MID (0.5)  
4 95% CI crossed 1 MID (-0.5)

* + 1. Individual therapy for bulimia nervosa

Table 12: Full GRADE profile for CBT-ED versus another intervention for BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BN CBT-ED | another intervention | Relative (95% CI) | Absolute |
| Purges - Young people (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 43 | 43 | - | SMD 0.33 higher (0.1 lower to 0.75 higher) | LOW | IMPORTANT |
| Purges - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 4 | randomised trials | serious3 | serious4 | no serious indirectness | serious5 | none | 180 | 179 | - | SMD 0.59 lower (0.8 lower to 0.37 higher) | VERY LOW | IMPORTANT |
| Binges objective Young people (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious7 | none | 78 | 79 | - | SMD 0.09 higher (0.23 lower to 0.4 higher) | LOW | CRITICAL |
| Binges (objective) Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 10 | randomised trials | serious8 | serious9 | no serious indirectness | no serious imprecision | none | 309 | 378 | - | SMD 0.25 lower (0.41 to 0.1 lower) | LOW | CRITICAL |
| Vomiting episodes - Young people (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 35 | 36 | - | SMD 0.64 higher (0.16 to 1.12 higher) | LOW | IMPORTANT |
| Vomiting episodes Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 7 | randomised trials | serious8 | serious4 | no serious indirectness | no serious imprecision | none | 217 | 267 | - | SMD 0.34 lower (0.82 lower to 0.14 higher) | LOW | IMPORTANT |
| Laxatives use/ fornight - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | serious2 | none | 127 | 157 | - | SMD 0.27 higher (0.01 lower to 0.55 higher) | LOW | IMPORTANT |
| Symptom checklist (SCL-90-R)- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 4 | randomised trials | serious11 | serious9 | no serious indirectness | serious5 | none | 122 | 139 | - | SMD 0.31 lower (0.56 to 0.06 lower) | VERY LOW | IMPORTANT |
| Quality of life (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious12 | no serious inconsistency | no serious indirectness | serious2 | none | 39 | 41 | - | SMD 0.25 higher (0.19 lower to 0.69 higher) | LOW | IMPORTANT |
| Depression - Adolescents (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 35 | 36 | - | SMD 0.10 higher (0.36 lower to 0.57 higher) | LOW | IMPORTANT |
| Depression - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 10 | randomised trials | serious13 | serious9 | no serious indirectness | serious5 | none | 266 | 364 | - | SMD 0.31 lower (0.47 to 0.14 lower) | VERY LOW | IMPORTANT |
| EDE-Total Young People (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 35 | 35 | - | SMD 0.49 higher (0.02 to 0.97 higher) | LOW | IMPORTANT |
| EDE - Total score - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 5 | randomised trials | serious14 | very serious4 | no serious indirectness | serious5 | none | 210 | 209 | - | SMD 0.20 lower (0.67 lower to 0.27 higher) | VERY LOW | IMPORTANT |
| EDE- Dietary restraint - Young people (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 35 | 36 | - | SMD 0.51 higher (0.04 to 0.98 higher) | LOW | IMPORTANT |
| EDE- Dietary restraint - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 10 | randomised trials | serious15 | serious9 | no serious indirectness | serious5 | none | 343 | 380 | - | SMD 0.76 lower (1.13 to 0.39 lower) | VERY LOW | IMPORTANT |
| EDE-Attitudes to shape - Young people (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious16 | no serious inconsistency | no serious indirectness | serious2 | none | 35 | 36 | - | SMD 0.54 higher (0.07 to 1.01 higher) | LOW | IMPORTANT |
| EDE- Attitudes to shape - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 11 | randomised trials | serious15 | very serious4 | no serious indirectness | no serious imprecision | none | 343 | 382 | - | SMD 0.17 lower (0.69 lower to 0.36 higher) | VERY LOW | IMPORTANT |
| EDE- attitude to weight (better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 35 | 36 | - | SMD 0.51 higher (0.04 to 0.98 higher) | LOW | IMPORTANT |
| EDE - Eating concern (Better indicated by lower values) | | | | | | | | | | | | |
| 5 | randomised trials | serious17 | serious9 | no serious indirectness | no serious imprecision | none | 238 | 239 | - | SMD 0.10 lower (0.46 lower to 0.27 higher) | LOW | IMPORTANT |
| EDE- Attitudes to weight - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 10 | randomised trials | serious15 | very serious4 | no serious indirectness | no serious imprecision | none | 343 | 382 | - | SMD 0.43 lower (0.89 lower to 0.03 higher) | VERY LOW | IMPORTANT |
| EDI- Bulimia (Better indicated by lower values) | | | | | | | | | | | | |
| 4 | randomised trials | serious18 | no serious inconsistency | no serious indirectness | serious5 | none | 98 | 144 | - | SMD 0.30 lower (0.57 to 0.04 lower) | LOW | IMPORTANT |
| EDI - Drive for thinness (Better indicated by lower values) | | | | | | | | | | | | |
| 4 | randomised trials | serious18 | no serious inconsistency | no serious indirectness | serious7 | none | 98 | 145 | - | SMD 0.18 higher (0.60 lower to 0.97 higher) | LOW | IMPORTANT |
| EDI - Body Dissatisfaction (Better indicated by lower values) | | | | | | | | | | | | |
| 4 | randomised trials | serious18 | very serious4 | no serious indirectness | serious7 | none | 103 | 97 | - | SMD 0.06 lower (0.89 lower to 0.78 higher) | VERY LOW | IMPORTANT |
| Global Clinical Score (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious19 | no serious inconsistency | no serious indirectness | serious2 | none | 46 | 65 | - | SMD 0.15 lower (0.54 lower to 0.24 higher) | LOW | IMPORTANT |
| LOW | | | | | | | | | | | | |
| LOW | randomised trials | serious20 | no serious inconsistency | no serious indirectness | serious5 | none | 11 | 11 | - | SMD 0.77 lower (1.64 lower to 0.1 higher) | LOW | IMPORTANT |
| Symptom checklist (SCL-90-R)- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious12 | no serious inconsistency | no serious indirectness | serious5 | none | 21 | 41 | - | SMD 1.05 lower (1.61 higher to 0.49 lower) | LOW | IMPORTANT |
| Remission - Adolescents\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious21 | none | 8/58  (13.8%) | 17/52  (32.7%) | RR 0.52 (0.2 to 0.9) | 157 fewer per 1000 (from 33 fewer to 262 fewer) | LOW | CRITICAL |
| Symptom checklist (SCL-90-R)- Adults >5 years illness (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious11 | no serious inconsistency | no serious indirectness | serious7 | none | 101 | 96 | - | SMD 0.13 lower (0.40 lower to 0.15 higher) | LOW | IMPORTANT |
| Remission - Adults\_ITT | | | | | | | | | | | | |
| 7 | randomised trials | serious22 | serious9 | no serious indirectness | serious23 | none | 108/340  (31.8%) | 68/391  (17.4%) | RR 1.87 (1.43 to 2.46) | 151 more per 1000 (from 75 more to 254 more) | VERY LOW | CRITICAL |
| Bulimic Inventory Test Edinburgh (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious24 | no serious inconsistency | no serious indirectness | serious5 | none | 24 | 23 | - | SMD 0.77 lower (1.37 to 0.18 lower) | LOW | IMPORTANT |

1 The participants and investigators were not blind but the assessors were.  
2 95% CI crossed 1 MID (0.5)  
3 Unclear if allocation concealment was performed, except Poulsen 2014. It was unclear in two studies if assessors were blind and high dropout rates were reported in two studies >20%,   
4 Heterogeneity reported, I2 >80%  
5 95% CI crossed 1 MID (-0.5)  
6 In LeGrange 2015, the participants and investigators were not blind but the assessors were, whilst in LeGrange 2007 neither the participants, investigators or assessors were blind.   
7 For a continuous outcome, there were fewer than 400 participants.   
8 In half of the studies, it is unclear how the randomisation sequence was generated. In most studies it was unclear if allocation concealment was conducted. High drop outs were reported by Fairburn.  
9 Heterogeneity detected I2 >50%  
10 In half of the studies it is unclear how the randomisation sequence was generated. In most studies it was unclear if allocation concealment was conducted. High drop outs were reported by Fairburn and Freeman.  
11 Unclear in all studies, except Poulsen 2014, if allocation concealment was conducted. It was unclear how Fairburn 1991 generated the random sequence. A high number of drop outs were reported >20% in Agras 2000.  
12 Unclear if allocation concealment was performed. Unclear if assessor, investigators and patients was blind.

Table 13: Full GRADE profile for CBT-ED versus another intervention for people with BN at follow-up.

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BN CBT-ED | another intervention Follow-up | Relative (95% CI) | Absolute |
| Bulimic episodes Follow-up - Young people (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 74 | 63 | - | SMD 0.10 higher (0.24 lower to 0.44 higher) | LOW | CRITICAL |
| Bulimic episodes Follow-up - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 5 | randomised trials | serious3 | serious4 | no serious indirectness | serious5 | none | 148 | 146 | - | SMD 0.35 lower (0.83 lower to 0.12 higher) | VERY LOW | CRITICAL |
| Purges Follow-up - Young people (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious5 | none | 40 | 29 | - | SMD 0 higher (0.48 lower to 0.48 higher) | LOW | IMPORTANT |
| Purges Follow-up - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious5 | none | 102 | 106 | - | SMD 0.15 lower (0.42 lower to 0.13 higher) | LOW | IMPORTANT |
| Laxatives Follow-up - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious5 | none | 49 | 49 | - | SMD 0.02 lower (0.42 lower to 0.37 higher) | LOW | IMPORTANT |
| Vomting FU -Young people (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | serious10 | none | 34 | 34 | - | SMD 0.17 higher (0.3 lower to 0.65 higher) | LOW | IMPORTANT |
| Vomiting Follow-up - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious11 | no serious inconsistency | no serious indirectness | serious5 | none | 83 | 79 | - | SMD 0.31 lower (0.84 lower to 0.22 higher) | LOW | IMPORTANT |
| Symptom checklist Follow-up - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious12 | no serious inconsistency | no serious indirectness | serious5 | none | 85 | 81 | - | SMD 0.02 higher (0.29 lower to 0.32 higher) | LOW | IMPORTANT |
| General psychopathology - FU - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious2 | none | 25 | 24 | - | SMD 0.5 lower (1.07 lower to 0.07 higher) | LOW | IMPORTANT |
| Global clinical score FU - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious2 | none | 11 | 11 | - | SMD 0.81 lower (1.67 lower to 0.07 higher) | LOW | IMPORTANT |
| Depression - FU - Adolescents (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious10 | none | 34 | 34 | - | SMD 0.09 lower (0.56 lower to 0.29 higher) | LOW | IMPORTANT |
| Depression - FU - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 8 | randomised trials | serious13 | no serious inconsistency | no serious indirectness | no serious imprecision | none | 199 | 211 | - | SMD 0.14 lower (0.34 lower to 0.05 higher) | MODERATE | IMPORTANT |
| EDI - Bulimia FU - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious5 | none | 16 | 31 | - | SMD 0.47 lower (1.09 lower to 0.15 higher) | LOW | IMPORTANT |
| EDI - Drive for thinness FU - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious5 | none | 16 | 31 | - | SMD 0.12 higher (0.5 lower to 0.73 higher) | LOW | IMPORTANT |
| EDI Body Dissatisfaction FU - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious5 | none | 14 | 13 | - | SMD 0.36 lower (1.12 lower to 0.4 higher) | LOW | IMPORTANT |
| EDE- Total score FU - Adolescents (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious10 | none | 34 | 34 | - | SMD 0.38 higher (0.1 lower to 0.86 higher) | LOW | IMPORTANT |
| EDE - Total score Follow-up - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious6, | no serious inconsistency | no serious indirectness | serious5 | none | 154 | 153 | - | SMD 0.11 lower (0.34 lower to 0.11 higher) | MODERATE | IMPORTANT |
| EDE- Weight concerns FU - Adolescents (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious10 | none | 34 | 34 | - | SMD 0.46 higher (0.02 lower to 0.94 higher) | LOW | IMPORTANT |
| EDE - Weight concerns FU - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious15 | no serious inconsistency | no serious indirectness | serious5 | none | 63 | 63 | - | SMD 0.08 lower (0.43 lower to 0.27 higher) | LOW | IMPORTANT |
| EDE- Shape concerns FU - Adolescents (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious10 | none | 34 | 34 | - | SMD 0.58 higher (0.09 to 1.06 higher) | LOW | IMPORTANT |
| EDE - Shape concerns FU - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious5 | none | 63 | 63 | - | SMD 0.10 lower (0.36 lower to 0.34 higher) | LOW | IMPORTANT |
| EDE - Eating concerns FU - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious16 | no serious inconsistency | no serious indirectness | serious5 | none | 25 | 27 | - | SMD 0.25 lower (0.8 lower to 0.29 higher) | LOW | IMPORTANT |
| EDE- Restraint FU - Adolescents (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious10 | none | 34 | 34 | - | SMD 0.38 higher (0.1 lower to 0.86 higher) | LOW | IMPORTANT |
| EDE - Restraint FU - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious15 | no serious inconsistency | no serious indirectness | serious5 | none | 63 | 63 | - | SMD 0.12 lower (0.47 lower to 0.23 higher) | LOW | IMPORTANT |
| Bulimic Inventory Test Edinburgh - Adults FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious17 | no serious inconsistency | no serious indirectness | serious2 | none | 24 | 23 | - | SMD 0.21 lower (0.78 lower to 0.37 higher) | LOW | IMPORTANT |
| Quality of life FU (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious16 | no serious inconsistency | no serious indirectness | serious10 | none | 27 | 25 | - | SMD 0.09 lower (0.63 lower to 0.46 higher) | LOW | IMPORTANT |
| Remission FU - Adolescents\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious18 | no serious inconsistency | no serious indirectness | very serious19,20 | none | 13/58  (22.4%) | 14/52  (26.9%) | RR 0.83 (0.43 to 1.6) | 46 fewer per 1000 (from 153 fewer to 162 more) | VERY LOW | CRITICAL |
| Remission FU - Adult\_ITT | | | | | | | | | | | | |
| 4 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious20 | none | 80/266  (30.1%) | 67/287  (23.3%) | RR 1.32 (1 to 1.76) | 75 more per 1000 (from 0 more to 177 more) | LOW | CRITICAL |

1 Assessors were blind in one study (LeGrange 2015) but participants, investigators and assessors were not blind in the other study.   
2 95% CI crossed 1 MID (-0.5)  
3 In the majority of studies it was unclear how the randomisation sequence was generated. In all studies it was unclear if allocation concealment was performed and in half the studies a high drop out was reported >20%,  
4 Heterogeneity reported I2 >50%.  
5 Fewer than optimal sample size was used <400 participants.  
6 Unclear if allocation concealment was performed. Assessors were blind, but it was unclear if participants and investigators were blind.   
7 It was unclear in a few studies how the randomisation sequence was generated and in all studies if allocation concealment was performed. In one study high drop outs were reported >20%.  
8 It was unclear in one study how the randomisation sequence was performed. Unclear in all studies if allocation concealment was performed. High drop outs were reported in one study >20%.  
9 Participants, assessors and investigators were not blind.  
10 95% CI crossed 1 MID (0.5)  
11 It was unclear in one study how the randomisation sequence was generated and in all studies, except Poulsen, if allocation concealment was performed. In two studies high drop outs were reported >20%  
12 It was unclear how the random sequence was generated in one study and if allocation concealment was performed in majority of studies. In one study it was unclear if asessor was blind.  
13 In half the studies it was unclear how randomisation sequence was generated. It was unclear in all of the studies if allocation concealment was performed. In few studies, high dropout rates were reported >20%,  
14 Unclear if allocation concealment was performed in majority of studies. In half the studies, a high dropout was reported >20%  
15 In two of three studies it was unclear how the randomisation sequence was generated and in one study it was inadequate. It was unclear in all studies if allocation concealment was performed. In one study high dropout rates were reported >20%.  
16 It was unclear how random sequence was generated and allocation concealment was performed. It was unclear if assessor was blind.  
17 Allocation concealment was not performed. It was unclear if either the participants, investigators or assessors were blind. High drop outs were detected >20%.  
18 Assessors were blind but participants and investigators were not.   
19 95% CI crossed 1 MID (0.75)  
20 95% CI crossed 1 MID (1.25)

Table 14: Full GRADE profile of interpersonal therapy versus another intervention for BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BN IPT | another intervention | Relative (95% CI) | Absolute |
| EDE - Total (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 124 | 123 | - | SMD 0.52 higher (0.27 to 0.77 higher) | LOW | IMPORTANT |
| EDE - Restraint (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious3 | very serious4 | no serious indirectness | serious2 | none | 146 | 163 | - | SMD 0.71 higher (0.02 lower to 1.43 higher) | VERY LOW | IMPORTANT |
| EDE - Weight concerns (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious3 | very serious4 | no serious indirectness | serious5 | none | 146 | 163 | - | SMD 0.63 higher (0.53 lower to 1.79 higher) | VERY LOW | IMPORTANT |
| EDE - Shape concerns (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious3 | very serious4 | no serious indirectness | serious5 | none | 146 | 163 | - | SMD 0.14 lower (1.06 lower to 0.78 higher) | VERY LOW | IMPORTANT |
| EDE - Eating concerns (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 124 | 123 | - | SMD 0.47 higher (0.22 to 0.73 higher) | LOW | IMPORTANT |
| Symptom checklist (SCL-90-R) (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,6 | no serious inconsistency | no serious indirectness | serious5 | none | 86 | 105 | - | SMD 0.11 higher (0.19 lower to 0.4 higher) | LOW | CRITICAL |
| Social adjustment scale (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious2 | none | 97 | 116 | - | SMD 0.33 higher (0.06 lower to 0.61 higher) | LOW | IMPORTANT |
| Purges (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious2 | none | 64 | 65 | - | SMD 0.42 higher (0.07 to 0.77 higher) | LOW | IMPORTANT |
| Self induced vomiting (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious2 | none | 80 | 98 | - | SMD 0.64 higher (0.33 to 0.96 higher) | LOW | IMPORTANT |
| Bulimic episodes (objective) (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious5 | none | 49 | 49 | - | SMD 0.29 higher (0.01 lower to 0.6 higher) | LOW | CRITICAL |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious6 | serious8 | no serious indirectness | serious2 | none | 93 | 109 | - | SMD 0.22 higher (0.41 lower to 0.85 higher) | VERY LOW | IMPORTANT |
| Laxative taking (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious9 | none | 58 | 58 | - | SMD 0.37 lower (0.73 lower to 0 higher) | LOW | IMPORTANT |
| Remission\_ITT | | | | | | | | | | | | |
| 3 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious10 | none | 21/200  (10.5%) | 77/225  (34.2%) | RR 0.33 (0.21 to 0.5) | 229 fewer per 1000 (from 171 fewer to 270 fewer) | LOW | CRITICAL |
| General clinical score (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious11 | no serious inconsistency | no serious indirectness | serious2 | none | 11 | 11 | - | SMD 0.94 higher (0.05 to 1.83 higher) | LOW | CRITICAL |
| Remission\_ITT < 5 years | | | | | | | | | | | | |
| 4 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious10 | none | 11/25  (44%) | 14/50  (28%) | RR 1.56 (0.83 to 2.93) | 157 more per 1000 (from 48 fewer to 540 more) | LOW | CRITICAL |
| Remission\_ITT > 5 years | | | | | | | | | | | | |
| 2 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious10 | none | 37/175  (21.1%) | 52/175  (29.7%) | RR 0.71 (0.49 to 1.03) | 86 fewer per 1000 (from 152 fewer to 9 more) | LOW | CRITICAL |

1 It was unclear in all studies if allocation concealment was performed. Two studies reported high dropout rates >20%  
2 95% CI crossed 1 MID (0.5)  
3 It was unclear if allocation concealment was performed. In Fairburn 1991 (1993) it was unclear how the randomisation sequence was generated. Two studies reported high dropout rates >20%  
4 Heterogeneity detected I2 >80%  
5 Optimal sample size was not met >400 participants  
6 It was unclear in one study how random sequence was generated and in all studies if allocation concealment was conducted. In one study high drop outs were reported >20%.  
7 It was unclear if allocation concealment was conducted. High dropout rates were reported >20%.  
8 Heterogeneity detected I2 >50%  
9 95% CI crossed 1 MID (-0.5)  
10 Optimal event size was not met >300 events  
11 It was unclear if allocation concealment was conducted. it was unclear if participants and investigators were blind, however, assessors were blind.

Table 15: Full GRADE profile for interpersonal therapy versus another intervention for BN at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BN IPT** | **another intervention Follow-up** | **Relative (95% CI)** | **Absolute** |
| **EDE - Total FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 113 | 114 | - | SMD 0.22 higher (0.04 lower to 0.48 higher) | LOW | IMPORTANT |
| EDE - Restraint FU (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 130 | 134 | - | SMD 0.33 higher (0.08 to 0.57 higher) | LOW | IMPORTANT |
| EDE - Weight concerns FU (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 130 | 134 | - | SMD 0.11 higher (0.13 lower to 0.35 higher) | LOW | IMPORTANT |
| EDE - Shape concerns FU (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness |  | none | 130 | 134 | - | SMD 0.03 higher (0.21 lower to 0.27 higher) | LOW | IMPORTANT |
| EDE - Eating concerns FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 113 | 114 | - | SMD 0.15 higher (0.11 lower to 0.41 higher) | LOW | IMPORTANT |
| Symptom checklist (SCL-90-R) FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 81 | 85 | - | SMD 0.02 lower (0.32 lower to 0.29 higher) | LOW | IMPORTANT |
| Social adjustment scale FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 81 | 85 | - | SMD 0.15 higher (0.15 lower to 0.46 higher) | LOW | IMPORTANT |
| Purges FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 64 | 65 | - | SMD 0.18 higher (0.16 lower to 0.53 higher) | LOW | CRITICAL |
| Bulimic episodes (objective) FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious | none | 49 | 49 | - | SMD 0.02 higher (0.37 lower to 0.42 higher) | LOW | CRITICAL |
| Self induced vomiting FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious2 | none | 66 | 69 | - | SMD 0.05 higher (0.28 lower to 0.39 higher) | LOW | CRITICAL |
| Laxative taking FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | no serious indirectness | serious2 | none | 49 | 49 | - | SMD 0.02 higher (0.37 lower to 0.42 higher) | LOW | IMPORTANT |
| Depression (Becks) FU (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious4 | serious6 | no serious indirectness | serious2 | none | 66 | 69 | - | SMD 0.10 higher (0.22 lower to 2.05 higher) | VERY LOW | IMPORTANT |
| Remission F\_ITT | | | | | | | | | | | | |
| 3 | randomised trials | serious4 | very serious6 | no serious indirectness | serious7 | none | 48/200  (24%) | 66/225  (29.3%) | RR 0.84 (0.61 to 1.15) | 47 fewer per 1000 (from 114 fewer to 44 more) | VERY LOW | CRITICAL |

1 It was unclear if allocation concealment was conducted. Across studies, investigators, participants or assessors were not blind. High dropout rates were detected >20%.  
2 For continuous outcome, there were fewer than <400 participants.  
3 95% CI crossed 1 MID (0.5)  
4 It was unclear if allocation concealment was conducted. Across studies, investigators, participants or assessors were not blind or it was unclear. High dropout rates were detected >20%.  
5 It was unclear if allocation concealment was conducted. Assessors were blind but it was unclear if participants or investigators were blind. HIgh drop out rates were detected >20%  
6 Heterogeneity was detected >50%  
7 95% CI crossed 1 MID (0.75)

Table 16: Full GRADE profile for ICAT versus another intervention for BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BN ICAT** | **another intervention** | **Relative (95% CI)** | **Absolute** |
| EDE - Total score (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 40 | 40 | - | SMD 0.11 lower (0.55 lower to 0.33 Higher) | LOW | IMPORTANT |
| Purges (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious | none | 40 | 40 | - | SMD 0.05 Higher (0.39 lower to 0.49 Higher) | LOW | CRITICAL |
| Binges (objective) (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious | none | 40 | 40 | - | SMD 0.06 Higher (0.37 lower to 0.5 Higher) | LOW | CRITICAL |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 40 | 40 | - | SMD 0.08 lower (0.52 lower to 0.36 Higher) | LOW | IMPORTANT |

1 It was unclear whether the participants, investigators or the assessors were blind.  
2 95% CI crossed 1 MID (-0.5)  
3 fewer than 400 participants  
4 95% CI crossed 1 MID (0.5)

Table 17: Full GRADE profile for ICAT versus another intervention for BN at follow-up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BN ICAT** | **another intervention FU** | **Relative (95% CI)** | **Absolute** |
| EDE - Total score FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 40 | 40 | - | SMD 0.19 lower (0.63 lower to 0.25 Higher) | LOW | IMPORTANT |
| Purges FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious | none | 40 | 40 | - | SMD 0.09 lower (0.53 lower to 0.35 Higher) | LOW | CRITICAL |
| Binges (objective) FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 40 | 40 | - | SMD 0.25 lower (0.69 lower to 0.19 Higher) | LOW | CRITICAL |
| Depression FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 40 | 40 | - | SMD 0.14 Higher (0.3 lower to 0.58 Higher) | LOW | IMPORTANT |

1 It was unclear whether the participants, investigators or the assessors were blind.  
2 95% CI crossed 1 MID (-0.5)  
3 95% CI crossed 1 MID (0.5)

Table 18: Full GRADE profile for CBT-ED versus another CBT-ED for people with BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BN CBT-ED (1) | CBT-ED (2) | Relative (95% CI) | Absolute |
| Symptom check list - 90 (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | serious2 | no serious indirectness | serious3 | none | 148 | 143 | - | SMD 0.03 lower (0.26 lower to 0.2 higher) | VERY LOW | CRITICAL |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 5 | randomised trials | serious4 | serious2 | no serious indirectness | serious3 | none | 154 | 152 | - | SMD 0.08 lower (0.31 lower to 0.14 higher) | VERY LOW | IMPORTANT |
| Social adjustment score (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious5 | no serious inconsistency | no serious indirectness | serious6 | none | 71 | 71 | - | SMD 0.21 lower (0.54 lower to 0.12 higher) | LOW | IMPORTANT |
| Bingeing (objective) (Better indicated by lower values) | | | | | | | | | | | | |
| 4 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious3 | none | 121 | 121 | - | SMD 0.20 lower (0.43 lower to 0.03 higher) | LOW | CRITICAL |
| Vomiting (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious3 | none | 61 | 61 | - | SMD 0.09 lower (0.45 lower to 0.26 higher) | LOW | CRITICAL |
| Laxatives (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | serious6 | none | 37 | 35 | - | SMD 0.23 lower (0.7 lower to 0.23 higher) | LOW | IMPORTANT |
| Purging (last 2 weeks) (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | serious6 | none | 59 | 55 | - | SMD 0.11 lower (0.48 lower to 0.26 higher) | LOW | CRITICAL |
| Remission\_ITT | | | | | | | | | | | | |
| 4 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious10 | none | 83/163  (50.9%) | 72/158  (45.6%) | RR 1.13 (0.91 to 1.41) | 59 more per 1000 (from 41 fewer to 187 more) | LOW | CRITICAL |
| EDI- Drive for thinness (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | serious11 | none | 37 | 35 | - | SMD 0.14 higher (0.32 lower to 0.6 higher) | LOW | IMPORTANT |
| LOW | | | | | | | | | | | | |
| LOW | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious3 | none | 61 | 61 | - | SMD 0.02 lower (0.37 lower to 0.34 higher) | LOW | IMPORTANT |
| EDI- Body dissatisfaction (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious3 | none | 61 | 61 | - | SMD 0.02 higher (0.34 lower to 0.37 higher) | LOW | IMPORTANT |
| EDI- Total (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious3 | none | 161 | 158 | - | SMD 0.01 higher (0.21 lower to 0.23 higher) | LOW | IMPORTANT |
| EDE - Total (Better indicated by lower values) | | | | | | | | | | | | |
| 4 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious3 | none | 183 | 178 | - | SMD 0.04 lower (0.25 lower to 0.17 higher) | LOW | IMPORTANT |
| Global Function (GAFS) (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious11 | none | 37 | 35 | - | SMD 0.36 higher (0.1 lower to 0.83 higher) | LOW | CRITICAL |
| General psychiatric features (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious12 | no serious inconsistency | no serious indirectness | serious3 | none | 77 | 72 | - | SMD 0.16 higher (0.16 lower to 0.48 higher) | LOW | CRITICAL |
| Bingeing episodes (28 d) | | | | | | | | | | | | |
| 1 | randomised trials | serious12 | no serious inconsistency | no serious indirectness | serious10 | none | 26/77  (33.8%) | 18/72  (25%) | RR 1.35 (0.81 to 2.24) | 88 more per 1000 (from 47 fewer to 310 more) | LOW | CRITICAL |
| Vomiting episodes (28 d) | | | | | | | | | | | | |
| 1 | randomised trials | serious12 | no serious inconsistency | no serious indirectness | serious10 | none | 28/77  (36.4%) | 24/72  (33.3%) | RR 1.09 (0.7 to 1.69) | 30 more per 1000 (from 100 fewer to 230 more) | LOW | CRITICAL |
| Purging (28 d) | | | | | | | | | | | | |
| 1 | randomised trials | serious12 | no serious inconsistency | no serious indirectness | serious10 | none | 30/77  (39%) | 25/72  (34.7%) | RR 1.12 (0.74 to 1.71) | 42 more per 1000 (from 90 fewer to 247 more) | LOW | CRITICAL |
| Laxative misuse | | | | | | | | | | | | |
| 1 | randomised trials | serious12 | no serious inconsistency | no serious indirectness | serious10 | none | 9/77  (11.7%) | 8/72  (11.1%) | RR 1.05 (0.43 to 2.58) | 6 more per 1000 (from 63 fewer to 176 more) | LOW | IMPORTANT |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious3 | none | 24 | 26 | - | SMD 0.55 higher (0.02 lower to 1.11 higher) | LOW | IMPORTANT |
| Depression >18 binges month (Better indicated by lower values) | | | | | | | | | | | | |
| 4 | randomised trials | serious4 | serious | no serious indirectness | serious3 | none | 130 | 126 | - | SMD 0.20 lower (0.45 lower to 0.04 higher) | VERY LOW | IMPORTANT |

1 It was unclear if allocation concealment was conducted. Assessors were blind, but it was unclear if either participants or investigators were blind in two studies, but in Wilson 1991 it was unclear if any were blind and high drop outs were reported >20%.   
2 Heterogeneity was detected I2 >50%  
3 For a continuous outcome there were fewer than 400 participants.  
4 It was unclear if allocation concealment was conducted in all studies. In Ghaderi and Bulike it was unclear how randomisation was conducted. Across studies, it was either unclear whether the assessors, participants or investigators were blind, in Chen participants were not blind and Bulik assessors were blind. High drop outs were reported >20%.  
5 It was unclear if allocation concealment was conducted. Only participants were not blind in study by Chen, it was not clear in investigators or assessors were blind, but it was unclear in other study/ies. High drop outs were reported >20%.  
6 95% CI crossed ! MID (-0.05).   
7 It was unclear if allocation concealment was conducted. Across studies, it was unclear if all or only participants, investigators or assessors were blind. High drop outs were reported >20%.  
8 It was unclear if allocation concealment was conducted. Across studies, it was unclear if all or only participants, investigators or assessors were blind.   
9 It was unclear how randomisation was conducted or if allocation concealment was performed. Assessors were blind but it was unclear if participants or investigators were blind.   
10 95% CI crossed 1 MID (1.25).  
11 95% CI crossed 1 MID (0.5)  
12 It was unclear if allocation concealment was performed or if participants were blind.

Table 19: Full GRADE profile for CBT-ED versus another CBT-ED for people with BN at follow-up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BN CBT-ED (1)** | **CBT-ED (2) - Follow-up** | **Relative (95% CI)** | **Absolute** |
| **Depression Follow-up (Better indicated by lower values)** | | | | | | | | | | | | |
| 4 | randomised trials | serious1 | serious2 | no serious indirectness | serious3 | none | 142 | 138 | - | SMD 0.00 Higher (0.23 lower to 0.24 Higher) | VERY LOW | CRITICAL |
| **Symptom check list - 90 Follow-up (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 137 | 132 | - | SMD 0.09 Higher (0.15 lower to 0.33 Higher) | LOW | IMPORTANT |
| **Bingeing episodes (28 d) FU** | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious5 | none | 23/77  (29.9%) | 19/72  (26.4%) | RR 1.13 (0.68 to 1.9) | 34 more per 1000 (from 84 fewer to 237 more) | LOW | CRITICAL |
| **Vomiting (28 d) Follow-up** | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious6 | none | 29/77  (37.7%) | 23/72  (31.9%) | RR 1.18 (0.76 to 1.84) | 57 more per 1000 (from 77 fewer to 268 more) | LOW |  |
| **Laxative misuse** | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious7 | none | 9/77  (11.7%) | 6/72  (8.3%) | RR 1.4 (0.53 to 3.74) | 33 more per 1000 (from 39 fewer to 228 more) | LOW |  |
| **Purging (28 d) Follow-up** | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious6 | none | 31/77  (40.3%) | 24/72  (33.3%) | RR 1.21 (0.79 to 1.85) | 70 more per 1000 (from 70 fewer to 283 more) | LOW |  |
| **Bingeing Follow-up (Better indicated by lower values)** | | | | | | | | | | | | |
| 4 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 142 | 138 | - | SMD 0.01 lower (0.25 lower to 0.22 Higher) | LOW | CRITICAL |
| **Laxatives Follow-up (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious9 | none | 37 | 35 | - | SMD 0.12 lower (0.58 lower to 0.34 Higher) | LOW | CRITICAL |
| **Vomiting Follow-up (Better indicated by lower values)** | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 116 | 116 | - | SMD 0.1 Higher (0.16 lower to 0.35 Higher) | LOW | CRITICAL |
| **Purging (last 2 weeks) Follow-up (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious3 | none | 59 | 52 | - | SMD 0.09 Higher (0.29 lower to 0.46 Higher) | LOW | IMPORTANT |
| **General psychiatric features - FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious3 | none | 77 | 72 | - | SMD 0.05 Higher (0.28 lower to 0.37 Higher) | LOW | CRITICAL |
| **Global Function (GAFS) (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious10 | none | 37 | 35 | - | SMD 0.51 Higher (0.04 to 0.98 Higher) | LOW | IMPORTANT |
| **Social adjustment score Follow-up (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious10 | none | 84 | 86 | - | SMD 0.44 Higher (0.14 to 0.75 Higher) | LOW | IMPORTANT |
| **EDI- Bulimia Follow-up (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious9 | none | 61 | 61 | - | SMD 0.21 lower (0.57 lower to 0.15 Higher) | LOW | CRITICAL |
| EDI- Body dissatisfaction Follow-up (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious3 | none | 61 | 61 | - | SMD 0.10 Higher (0.25 lower to 0.46 Higher) | LOW | CRITICAL |
| EDI- Drive for thinness Follow-up (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious10 | none | 37 | 35 | - | SMD 0.26 Higher (0.2 lower to 0.73 Higher) | LOW | CRITICAL |
| EDI- Total Follow-up (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 161 | 158 | - | SMD 0.02 lower (0.24 lower to 0.2 Higher) | LOW |  |
| EDE - Total - Follow-up (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 122 | 115 | - | SMD 0.10 lower (0.35 lower to 0.16 Higher) | LOW | IMPORTANT |
| Remission - FU \_ ITT | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious6 | none | 39/73  (53.4%) | 29/71  (40.8%) | RR 1.30 (0.93 to 1.83) | 123 more per 1000 (from 29 fewer to 339 more) | LOW | CRITICAL |

1 It was unclear if allocation concealment was conducted. Across studies, it was unclear if either or all participants, investigators or assessors were blind.  
2 Heterogeneity was detected 12 >50%  
3 For a continuous outcome, fewer than 400 participants were available.  
4 It was unclear if allocation concealment was conducted. Both investigators and assessors were blind but it was unclear if participants were blind.  
5 95% CI crossed 1 MID (0.75).  
6 95% CI crossed 1 MID (1.25)  
7 95% CI crossed 2 MIDs (0.75 and 1.25)  
8 It was unclear if allocation concealment was conducted. Assessors were blind but it was unclear if participants or investigators were blind.  
9 95% CI crossed 1 MID (-0.5)  
10 95% CI crossed 1 MID (0.5)

Table 20: Full GRADE profile for behavioural therapy versus another intervention for BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BN BT | another intervention | Relative (95% CI) | Absolute |
| Bulimic episodes (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 64 | 119 | - | SMD 0.10 lower (0.41 lower to 0.21 higher) | LOW | CRITICAL |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 5 | randomised trials | serious1 | serious3 | no serious indirectness | serious2 | none | 64 | 121 | - | SMD 0.36 higher (0.25 lower to 0.98 higher) | VERY LOW | IMPORTANT |
| Laxative use (no. tablets) (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious5 | none | 30 | 62 | - | SMD 0.33 lower (0.77 lower to 0.11 higher) | LOW | IMPORTANT |
| Vomiting (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | very serious6 | no serious indirectness | serious2 | none | 62 | 98 | - | SMD 0.52 lower (0.86 to 0.18 lower) | VERY LOW | CRITICAL |
| Symptom Checklist (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious7 | none | 19 | 43 | - | SMD 0.89 lower (0.31 lower to 1.46 higher) | LOW | CRITICAL |
| EDE - Dietary restraint (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | very serious6 | no serious indirectness | serious7 | none | 32 | 57 | - | SMD 0.92 higher (0.60 lower to 2.43 higher) | VERY LOW | IMPORTANT |
| EDE - Attitudes towards weight (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | very serious6 | no serious indirectness | very serious8 | none | 32 | 57 | - | SMD 2.23 higher (0.68 lower to 5.15 higher) | VERY LOW | IMPORTANT |
| VERY LOW | | | | | | | | | | | | |
| VERY LOW | randomised trials | serious1 | very serious6 | no serious indirectness | serious7 | none | 32 | 57 | - | SMD 1.87 higher (0.47 lower to 4.21 higher) | VERY LOW | IMPORTANT |
| EDI - Bulimia (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 46 | 93 | - | SMD 0.42 lower (0.78 to 0.06 lower) | LOW | IMPORTANT |
| EDI - Drive for thinness (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | serious8 | none | 46 | 93 | - | SMD 1.64 lower (2.05 to 1.22 lower) | LOW | IMPORTANT |
| EDI - Body dissatisfaction (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious10 | serious3 | no serious indirectness | serious5 | none | 73 | 76 | - | SMD 1.21 lower (2.27 to 0.16 lower) | VERY LOW | IMPORTANT |
| Social adjustment scale (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | serious3 | no serious indirectness | serious5 | none | 19 | 43 | - | SMD 0.48 higher (0.47 lower to 1.44 higher) | VERY LOW | CRITICAL |
| Remission - ITT | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious8 | none | 15/40  (37.5%) | 24/66  (36.4%) | RR 1.01 (0.6 to 1.69) | 4 more per 1000 (from 145 fewer to 251 more) | VERY LOW | CRITICAL |
| Vomiting (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 19 | 22 | - | SMD 1.81 lower (2.55 to 1.07 lower) | LOW | CRITICAL |
| Vomiting >5 years or .18 binges/mo (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 43 | 76 | - | SMD 0.18 lower (0.56 lower to 0.20 higher) | LOW | CRITICAL |

1 It was unclear how randomisation was conducted or if allocation concealment was performed. Assessors were blind but it was unclear if investigators or participants were blind. High drop outs were reported >20%.  
2 For a continuous outcome, there were fewer than 400 participants.  
3 Heterogeneity was detected I2 >50%  
4 It was unclear allocation concealment was performed. In Freeman, it was unclear if either participants, investigators or assessors were blind. In Thackway, the assessors were blind. High drop outs were reported >20%.  
5 95% CI crossed 1 MID (-0.5)  
6 Heterogeneity was detected I2 >80%  
7 95% CI crossed 1 MID (0.5)  
8 95% CI Crossed 2 MIDs (0.75 and 1.25).  
9 It was unclear how randomisation sequence was conducted or if allocation concealment was conducted. Only assessors were blind.   
10 It was unclear how random sequence was generated or if allocation concealment was performed. It was unclear if participants and investigators were blind, the assessors were blind.

Table 21: Full GRADE profile for BT versus another intervention for BN at follow-up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BN BT | another intervention Follow-up | Relative (95% CI) | Absolute |
| Vomiting or purging FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 13 | 14 | - | SMD 1.00 higher (0.19 to 1.80 higher) | LOW | IMPORTANT |
| Bulimic episodes FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 13 | 14 | - | SMD 0.93 higher (0.13 to 1.73 higher) | LOW | CRITICAL |
| EDE - Dietary restraint FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 13 | 14 | - | SMD 0.45 higher (0.32 lower to 1.21 higher) | LOW | IMPORTANT |
| EDE- Shape concerns FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 13 | 14 | - | SMD 0.35 higher (0.42 lower to 1.11 higher) | LOW | IMPORTANT |
| EDE - Weight concerns FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 13 | 14 | - | SMD 0.07 higher (0.69 lower to 0.82 higher) | LOW | IMPORTANT |
| Depression FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious3 | none | 29 | 45 | - | SMD 0.04 higher (0.44 lower to 0.53 higher) | LOW | IMPORTANT |
| EDI - Drive for thinness FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 16 | 31 | - | SMD 0.78 lower (1.41 to 0.15 lower) | LOW | IMPORTANT |
| EDI- Body dissatisfaction FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 13 | 14 | - | SMD 0.36 higher (0.40 lower to 1.12 higher) | LOW | IMPORTANT |
| EDI - Bulimia FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 16 | 31 | - | SMD 0.34 lower (0.96 lower to 0.28 higher) | LOW | IMPORTANT |
| Remission FU\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious6 | none | 5/25  (20%) | 20/50  (40%) | RR 0.50 (0.21 to 1.18) | 20 fewer per 100 (from 32 fewer to 7 more) | LOW | CRITICAL |

1 It was unclear how randomisation sequence was generated or if allocation concealment was conducted. Assessors were blind but it was unclear if investigators or participants were blind. High drop outs were reported >20%  
2 95% CI crossed 1 MID (0.5)  
3 For a continuous outcome, there were fewer than 400 participants.  
4 It was unclear how randomisation sequence was generated or if allocation concealment was conducted. Across studies, it was unclear if either or all of the investigators, participants and assessors were blind. High drop outs were reported >20%.  
5 95% CI crossed 1 MID (-0.5)  
6 95% CI crossed 1 MID (0.75)

Table 22: Full GRADE profile for BT versus wait list controls for BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BN BT** | **WLC** | **Relative (95% CI)** | **Absolute** |
| Binge frequency (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 30 | 20 | - | SMD 1.11 lower (1.72 to 0.5 lower) | LOW | CRITICAL |
| Self-induced vomiting (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 30 | 20 | - | SMD 0.76 lower (1.34 to 0.17 lower) | LOW | CRITICAL |
| Laxative use (no. tablets) (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 30 | 20 | - | SMD 0.75 lower (1.33 to 0.16 lower) | LOW | IMPORTANT |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | Very serious4 | none | 16 | 18 | - | SMD 0.04 Higher (0.64 lower to 0.71 Higher) | VERY LOW | IMPORTANT |

1 It was unclear how random sequence was generated and if allocation concealment was conducted. It was unclear if either participants, assessors or investigators were blind. High dropouts were reported >20%  
2 95% CI crossed 1 MID (-0.5)  
3 It was unclear if allocation concealment was conducted. It was unclear if either participants, assessors or investigators were blind. High dropouts were reported >20%  
4 95% CI crossed 2 MIDs (-0.5 and 0.5)

Table 23: Full GRADE profile for hybrid versus another intervention for BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BN other/hybrid** | **another intervention** | **Relative (95% CI)** | **Absolute** |
| **Binge Eating (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 42 | 44 | - | SMD 0.21 lower (0.63 lower to 0.21 Higher) | LOW | CRITICAL |
| **Symptom check list - 90 (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 42 | 44 | - | SMD 0 Higher (0.42 lower to 0.42 Higher) | LOW | CRITICAL |
| **Depression - Becks (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 42 | 44 | - | SMD 0.3 lower (0.73 lower to 0.12 Higher) | LOW | IMPORTANT |
| **EDI - 1-6 ED symptoms (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 42 | 44 | - | SMD 0.07 lower (0.49 lower to 0.35 Higher) | LOW | IMPORTANT |
| Binge Eating - Follow-up (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 42 | 44 | - | SMD 0.36 lower (0.79 lower to 0.07 Higher) | LOW | CRITICAL |
| Symptom check list - 90 Follow-up (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 42 | 44 | - | SMD 0 Higher (0.42 lower to 0.42 Higher) | LOW | CRITICAL |
| Depression - Becks Follow-up (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 42 | 44 | - | SMD 0.16 lower (0.58 lower to 0.26 Higher) | LOW | IMPORTANT |
| EDI -1-6 Follow-up (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 42 | 44 | - | SMD 0.18 lower (0.6 lower to 0.25 Higher) | LOW | IMPORTANT |

1 It was unclear how randomisation sequence was generated or if allocation concealment was conducted. Assessors were blind but it was unclear if investigators or participants were blind.  
2 95% CI crossed 1 MID (-0.5).  
3 For a continuous outcome, fewer than 400 participants were included.

Table 24: Full GRADE profile for CBT-ED versus wait list control for BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BN CBT-ED** | **WLC** | **Relative (95% CI)** | **Absolute** |
| **Laxative use (no. tablets) (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 32 | 20 | - | SMD 0.36 lower (0.68 to 0.05 lower) | LOW | IMPORTANT |
| **Bingeing (Better indicated by lower values)** | | | | | | | | | | | | |
| 3 | randomised trials | serious3 | very serious4 | no serious indirectness | serious2 | none | 63 | 50 | - | SMD 1.35 lower (1.79 to 0.91 lower) | VERY LOW | CRITICAL |
| **Purge frequency (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | no serious indirectness | serious2 | none | 10 | 11 | - | SMD 2.00 lower (3.08 to 0.91 lower) | LOW | CRITICAL |
| **Vomiting (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious2 | none | 53 | 39 | - | SMD 1.56 lower (2.03 to 1.08 lower) | LOW | CRITICAL |
| **Overall severity (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious7 | none | 124 | 70 | - | SMD 1.92 lower (2.28 to 1.56 lower) | LOW | IMPORTANT |
| **EDI - Body dissatisfaction (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious2 | none | 19 | 22 | - | SMD 0.37 lower (0.99 lower to 0.25 Higher) | LOW | IMPORTANT |
| **EDI - Drive for thinness (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious2 | none | 19 | 22 | - | SMD 1.02 lower (1.68 to 0.36 lower) | LOW | IMPORTANT |
| **EDI - Bulimia (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious2 | none | 19 | 22 | - | SMD 1.48 Higher (2.18 to 0.78 lower) | LOW | IMPORTANT |
| **Symptom checklist - 90 items (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | serious2 | none | 103 | 51 | - | SMD 0.71 lower (1.05 to 0.36 lower) | LOW | CRITICAL |
| **General pyschiatric features (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 72 | 51 | - | SMD 0.81 lower (1.18 to 0.43 lower) | LOW | IMPORTANT |
| **Depression (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | serious7 | none | 17 | 18 | - | SMD 1.43 lower (2.18 to 0.67 lower) | LOW | IMPORTANT |
| **Vomiting episodes** | | | | | | | | | | | | |
| 1 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | serious11 | none | 52/103  (50.5%) | 30/50  (60%) | RR 0.84 (0.62 to 1.13) | 96 fewer per 1000 (from 228 fewer to 78 more) | LOW | CRITICAL |
| **Purging** | | | | | | | | | | | | |
| 1 | randomised trials | serious12 | no serious inconsistency | no serious indirectness | serious11 | none | 55/103  (53.4%) | 33/51  (64.7%) | RR 0.82 (0.63 to 1.08) | 116 fewer per 1000 (from 239 fewer to 52 more) | LOW |  |
| **Laxative misuse** | | | | | | | | | | | | |
| 1 | randomised trials | serious12 | no serious inconsistency | no serious indirectness | serious11 | none | 17/103  (16.5%) | 13/51  (25.5%) | RR 0.65 (0.34 to 1.23) | 89 fewer per 1000 (from 168 fewer to 59 more) | LOW |  |
| **EDE - Shape concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious7 | none | 21 | 19 | - | SMD 2.44 lower (3.28 to 1.6 lower) | LOW | IMPORTANT |
| **EDE - Weight concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious7 | none | 21 | 19 | - | SMD 2.44 lower (3.28 to 1.6 lower) | LOW | IMPORTANT |
| Bulimic episodes | | | | | | | | | | | | |
| 1 | randomised trials | serious12 | no serious inconsistency | no serious indirectness | serious11 | none | 44/103  (42.7%) | 27/51  (52.9%) | RR 0.81 (0.57 to 1.13) | 101 fewer per 1000 (from 228 fewer to 69 more) | LOW |  |
| EDE - Dietary Restraint (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious7 | none | 21 | 19 | - | SMD 1.52 lower (2.24 to 0.81 lower) | LOW | IMPORTANT |
| Did not achieve remission ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious11 | none | 9/54  (16.7%) | 2/27  (7.4%) | RR 0.90 (0.77 to 1.06) | 7 fewer per 1000 (from 17 fewer to 4 more) | LOW | CRITICAL |

1 It was unclear if allocation concealment was performed or if participants were blind.   
2 95% CI crossed 1 MID (-0.5)  
3 It was unclear if allocation concealment was performed. Across studies it was unclear if either or all of the participants, investigators or assessors were blind. High dropouts were reported >20%.  
4 Heterogeneity >80%  
5 It was unclear if allocation concealment was performed. In Agras 1999, assessors were blind but it was unclear if either participants or investigators were blind. It was unclear in Treasure 1994 if any were blind. High dropouts were reported >20%.  
6 It was unclear if allocation concealment was conducted or if either the participants, investigators or assessors were blind. High dropouts were reported >20%.   
7 For a continuous outcome, there were fewer than 400 participants.  
8 It was unclear how random sequence was generated or if allocation concealment was conducted. It was unclear if either participants, investigators or assessors were blind. High dropouts were reported >20%  
9 It was unclear how random sequence was generated or if allocation concealment was conducted. Participants were blind but it was unclear if assessors or investigators were blind. High dropouts were reported >20%  
10 It was unclear if allocation concealment was performed. Assessors were blind but it was unclear if either participants or investigators were blind. High dropouts were reported >20%.  
11 95% CI crossed 1 MID (0.75)  
12 It was unclear if allocation concealment was conducted. Assessors and investigators were blind but it was unclear if participants were blind.

Table 25: Full GRADE profile for DBT versus another intervention for BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BN DBT** | **another intervention** | **Relative (95% CI)** | **Absolute** |
| Negative mood regulation score (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 14 | 15 | - | SMD 0.33 lower (1.07 lower to 0.4 Higher) | LOW | IMPORTANT |
| Depression- Becks (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 14 | 15 | - | SMD 0.91 lower (1.68 to 0.14 lower) | LOW | IMPORTANT |
| Emotional eating - anger/anxiety/depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 14 | 15 | - | SMD 0.7 lower (1.46 lower to 0.07 Higher) | LOW | IMPORTANT |

1 It was unclear if either participants, investigators or assessors were blind.   
2 95% CI crossed 1 MID (-0.5)

Table 26: Full GRADE profile for psychodynamic general versus another intervention for BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BN Psychodynamic General | another intervention | Relative (95% CI) | Absolute |
| Binge eating (28/d) (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | very serious3 | no serious indirectness | serious4 | none | 57 | 59 | - | SMD 1.02 higher (0.60 lower to 2.65 higher) | VERY LOW | CRITICAL |
| Vomiting/purging episodes (28d) (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | very serious3 | no serious indirectness | serious5 | none | 59 | 61 | - | SMD 1.46 higher (0.05 lower to 2.97 higher) | VERY LOW | CRITICAL |
| EDE - Attitudes towards weight (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | very serious3 | no serious indirectness | very serious6 | none | 59 | 61 | - | SMD 0.02 higher (1.25 lower to 1.30 higher) | VERY LOW | IMPORTANT |
| EDE - Dietary restraint (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | no serious inconsistency | no serious indirectness | serious5 | none | 59 | 61 | - | SMD 0.75 higher (0.38 to 1.12 higher) | LOW | IMPORTANT |
| EDE - Attitudes towards shape (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | very serious3 | no serious indirectness | serious4 | none | 59 | 61 | - | SMD 0.71 lower (3.56 lower to 2.13 higher) | VERY LOW | IMPORTANT |
| EDI - Drive for thinness (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 25 | 25 | - | SMD 0.53 higher (0.04 lower to 1.09 higher) | LOW | IMPORTANT |
| EDI -Bulimia (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 24 | 25 | - | SMD 0.61 higher (0.03 to 1.18 higher) | LOW | IMPORTANT |
| EDI - Body dissatisfaction (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 24 | 25 | - | SMD 0.24 higher (0.33 lower to 0.8 higher) | LOW | IMPORTANT |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious4 | none | 34 | 36 | - | SMD 0.78 lower (1.27 to 0.29 lower) | LOW | IMPORTANT |
| General psychopathology (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious5 | none | 34 | 36 | - | SMD 0.36 higher (0.11 lower to 0.83 higher) | LOW | IMPORTANT |

1 It was unclear if allocation concealment was performed. Participants or investigators were not blind and it was unclear if assessors were blind.   
2 In Poulsen, it was unclear if participants or investigators were blind. Low drop outs. There was also a large difference in the duration of therapy, CBT-ED was 5 months versus psychodynamic was 19 months.   
3 Heterogeneity detected >80%  
4 95% CI crossed 1 MID (-0.5)  
5 95% CI crossed 1 MID (0.5)  
6 95% CI crossed 2 MIDs (-0.5 and 0.5)

* + 1. Individual therapy for binge eating disorder

Table 27: Full GRADE profile for hybrid versus another hybrid for adults with binge eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Binge Hybrid** | **other Hybrid** | **Relative (95% CI)** | **Absolute** |
| Global clinical score (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 30 | 30 | - | SMD 1.09 lower (1.64 to 0.55 lower) | LOW | CRITICAL |
| % weight loss (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 30 | 30 | - | SMD 0.34 Higher (0.17 lower to 0.85 Higher) | LOW | CRITICAL |

1 Unclear if allocation concealment was performed. Unclear if the participants, assessors or investigators were blind.   
2 Fewer than 400 participants  
3 95% CI crossed 1 MID (0.5)

Table 28: Full GRADE profile for CBT-ED versus another intervention for BED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Binge CBT-ED | another intervention | Relative (95% CI) | Absolute |
| BMI Adolescents (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 13 | 13 | - | SMD 0.02 higher (0.75 lower to 0.79 higher) | LOW | CRITICAL |
| Depression Adolescents (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 13 | 13 | - | SMD 1.08 lower (1.91 to 0.25 lower) | LOW | CRITICAL |
| Depression Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious5 | none | 71 | 70 | - | SMD 0.00 higher (33 lower to 0.33 higher) | LOW | CRITICAL |
| EDE - Dietary restraint Adolescents (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 13 | 13 | - | SMD 0.65 lower (1.44 lower to 0.15 higher) | LOW | IMPORTANT |
| EDE- Dietary restraint Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 109 | 144 | - | SMD 0.52 lower (0.78 to 0.26 lower) | LOW | IMPORTANT |
| EDE - Eating concerns Adolescents (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 13 | 13 | - | SMD 1.41 lower (2.29 to 0.54 lower) | LOW | IMPORTANT |
| EDE- Eating concerns Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 110 | 146 | - | SMD 0.51 lower (0.76 to 0.25 lower) | LOW | IMPORTANT |
| EDE - Shape concerns Adolescents (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 13 | 13 | - | SMD 0.11 higher (0.66 lower to 0.88 higher) | VERY LOW | IMPORTANT |
| EDE- Shape concerns Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 110 | 146 | - | SMD 0.56 lower (0.80 to 0.28 lower) | LOW | IMPORTANT |
| EDE-Weight concerns Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 110 | 146 | - | SMD 0.07 higher (0.18 lower to 0.32 higher) | LOW | IMPORTANT |
| EDE - Weight concerns Adolescents (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 13 | 13 | - | SMD 0.30 lower (1.07 lower to 0.48 higher) | LOW | IMPORTANT |
| EDE- Global score Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 137 | 209 | - | SMD 0.99 lower (1.24 to 0.74 lower) | LOW | IMPORTANT |
| Social adjustment - Adolescents (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 13 | 13 | - | SMD 0.52 lower (1.3 lower to 0.27 higher) | LOW | IMPORTANT |
| Binge eating Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 109 | 144 | - | SMD 0.05 higher (0.20 lower to 0.30 higher) | LOW | CRITICAL |
| Remission Adolescents\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious6 | none | 10/13  (76.9%) | 5/13  (38.5%) | RR 2.00 (0.95 to 4.23) | 385 more per 1000 (from 19 fewer to 1000 more) | LOW | CRITICAL |
| Remission Adults | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious7 | none | 13/38  (34.2%) | 40/74  (54.1%) | RR 0.63 (0.39 to 1.03) | 200 fewer per 1000 (from 330 fewer to 16 more) | LOW | CRITICAL |

1 It was unclear if allocation concealment was conducted. Assessors were blind but it was unclear if participants or investigators were blind.  
2 95% CI crossed 2 MIDs (-0.5 and 0.5).  
3 95% CI crossed 1 MID (-0.5)  
4 It was unclear if allocation concealment was conducted. Assessors were blind but it was unclear if participants or investigators were blind. High drop outs were reported >20%  
5 For a continuous outcome there were fewer than 400 participants.  
6 95% CI crossed 1 MID (1.25).  
7 95% CI crossed 1 MID (0.75)

Table 29: Full GRADE table for CBT-ED versus another intervention for people with BED at follow-up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Binge CBT-ED | another intervention FU | Relative (95% CI) | Absolute |
| BMI FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 137 | 209 | - | SMD 0.19 lower (0.41 lower to 0.03 higher) | LOW | CRITICAL |
| Depression FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 71 | 70 | - | SMD 0.00 higher (0.33 lower to 0.33 higher) | LOW | IMPORTANT |
| Binge eating FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 131 | 127 | - | SMD 0.10 higher (0.15 lower to 0.34 higher) | LOW | CRITICAL |
| EDE- Global scale FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 137 | 209 | - | SMD 1.02 lower (1.27 to 0.77 lower) | LOW | IMPORTANT |
| EDE- Dietary restraint FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 102 | 129 | - | SMD 0.39 lower (0.66 to 0.13 lower) | LOW | IMPORTANT |
| EDE- Weight concerns FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 102 | 129 | - | SMD 1.53 lower (1.86 to 1.20 lower) | LOW | IMPORTANT |
| EDE- Shape concerns FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 102 | 129 | - | SMD 1.67 lower (2.0 to 1.33 lower) | LOW | IMPORTANT |
| EDE- Eating concerns FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 102 | 129 | - | SMD 1.28 lower (1.59 to 0.97 lower) | LOW | IMPORTANT |
| Remission FU | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 16/30  (53.3%) | 36/57  (63.2%) | RR 0.84 (0.57 to 1.24) | 101 fewer per 1000 (from 272 fewer to 152 more) | LOW | CRITICAL |

1 Across studies it was unclear if allocation concealment was conducted. In Wilson, it was unclear if either the participants or investigators were blind, assessors were blind. In Ricca participants were not blind and assessors were only blind at baseline. Investigators were not blind. High drop outs were reported in Ricca >20%.  
2 For a continuous outcome there were fewer than 400 participants.  
3 95% CI crossed 1 MID (-0.5).  
4 95% CI crossed 1 MID (0.75)

Table 30: Full GRADE profile for interpersonal therapy versus another intervention for adults with BED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Binge IPT** | **Another intervention** | **Relative (95% CI)** | **Absolute** |
| **BMI (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 75 | 130 | - | SMD 0.02 Higher (0.26 lower to 0.31 Higher) | LOW | CRITICAL |
| **Binge eating (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 75 | 130 | - | SMD 0.05 lower (0.33 lower to 0.24 Higher) | LOW | CRITICAL |
| **Remission ITT** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 65/75  (86.7%) | 106/130  (81.5%) | RR 1.05 (0.94 to 1.2) | 41 more per 1000 (from 49 fewer to 163 more) | LOW | CRITICAL |
| BMI FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 75 | 130 | - | SMD 0.01 Higher (0.27 lower to 0.3 Higher) | LOW | CRITICAL |
| Binge eating FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 75 | 130 | - | SMD 0.07 lower (0.35 lower to 0.22 Higher) | LOW | CRITICAL |

1 It was unclear how the random sequence was generated or if allocation concealment was performed. It was unclear if participants and investigators were blind to treatment, however, assessors were blind. High dropout rates were reported >20%  
2 For a continuous outcome, there were fewer than 400 participants.  
3 For a dichotomous outcome, there were fewer than 300 events.

**:**

Table 31: Full GRADE profile for DBT versus wait list control for adults with BED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Binge DBT** | **Waiting List** | **Relative (95% CI)** | **Absolute** |
| Binge eating (objective (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 18 | 14 | - | SMD 0.14 lower (1.2 lower to 0.22 Higher) | LOW | CRITICAL |
| Vomiting episodes (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 18 | 14 | - | SMD 0.72 lower (1.44 lower to 0 Higher) | LOW | CRITICAL |
| EDE-Global Score (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 18 | 14 | - | SMD 1.02 lower (1.77 to 0.27 lower) | LOW | IMPORTANT |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 18 | 14 | - | SMD 0.90 lower (1.63 to 0.16 lower) | LOW | IMPORTANT |

1 It was unclear if allocation concealment was performed. It was also unclear if participants and investigators were blind, however, assessors were.   
2 95% CI crossed 1 MID (-0.5)

Table 32: Full GRADE profile for BT compared with another intervention in adults with BED at end of treatment and follow-up.

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Bnge BT | Another intervention | Relative (95% CI) | Absolute |
| Bulimic episodes (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 36 | 76 | - | SMD 0.03 higher (0.37 lower to 0.42 higher) | LOW | CRITICAL |
| Purging (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 36 | 76 | - | SMD 0.19 higher (0.21 lower to 0.58 higher) | LOW | IMPORTANT |
| Symptom checklist (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 36 | 76 | - | SMD 0.16 higher (0.24 lower to 0.55 higher) | LOW | IMPORTANT |
| EDE-Dietary restraint (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 36 | 76 | - | SMD 0.01 higher (0.38 lower to 0.41 higher) | LOW | IMPORTANT |
| EDE-weight concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 36 | 76 | - | SMD 0.06 lower (0.46 lower to 0.33 higher) | LOW | IMPORTANT |
| EDE-shape concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 36 | 76 | - | SMD 0.06 lower (0.46 to 0.33 higher) | LOW | IMPORTANT |
| EDE-eating concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 36 | 76 | - | SMD 0.26 higher (0.14 lower to 0.65 higher) | LOW | IMPORTANT |
| EDI-bulimia (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 36 | 76 | - | SMD 0.18 lower (0.57 lower to 0.22 higher) | LOW | IMPORTANT |
| EDI-body dissatisfaction (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 36 | 76 | - | SMD 0.16 lower (0.55 lower to 0.24 higher) | LOW | IMPORTANT |
| EDI-drive for thinness (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 36 | 76 | - | SMD 0.18 lower (0.58 lower to 0.22 higher) | LOW | IMPORTANT |
| Remission | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious | none | 20/72  (27.8%) | 33/76  (43.4%) | RR 0.64 (0.41 to 1.01) | 156 fewer per 1000 (from 256 fewer to 4 more) | LOW | CRITICAL |
| Bulimic episodes FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 28 | 58 | - | SMD 0.11 lower (0.56 lower to 0.34 higher) | LOW | CRITICAL |
| Purging FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 28 | 59 | - | SMD 0.34 higher (0.12 lower to 0.79 higher) | LOW | IMPORTANT |
| Symptom checklist FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 |  |  |  | none | 28 | 59 | - | SMD 0.29 higher (0.16 lower to 0.74 higher) | LOW | IMPORTANT |
| EDE-Dietary restraint FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 28 | 59 | - | SMD 0.07 lower (0.52 lower to 0.38 higher) | LOW | IMPORTANT |
| EDE-weight concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 28 | 59 | - | SMD 0.08 lower (0.53 lower to 0.37 higher) | LOW | IMPORTANT |
| EDE-shape concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 28 | 59 | - | SMD 0.03 higher (0.42 lower to 0.49 higher) | LOW | IMPORTANT |
| EDE-eating concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 28 | 59 | - | SMD 0.16 lower (0.61 lower to 0.29 higher) | LOW | IMPORTANT |
| EDI-bulimia FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 28 | 59 | - | SMD 0.29 lower (0.74 lower to 0.17 higher) | LOW | IMPORTANT |
| EDI-body dissatisfaction FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 28 | 59 | - | SMD 0.05 lower (0.50 lower to 0.40 higher) | LOW | IMPORTANT |
| EDI-drive for thinness FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 28 | 59 | - | SMD 0.20 lower (0.65 lower to 0.25 higher) | LOW | IMPORTANT |
| Remission FU | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 19/36  (52.8%) | 33/76  (43.4%) | RR 1.22 (0.81 to 1.82) | 96 more per 1000 (from 82 fewer to 356 more) | LOW | CRITICAL |

1 It was unclear how randomisation was conducted or if allocation concealment was performed. Assessors were blind but it was unclear if investigators or participants were blind. High drop outs were reported >20%.  
2 For a continuous outcome there were fewer than 400 participants  
3 95% CI crossed 1 MID (0.5)  
4 95% CI crossed 1 MID (-0.5)  
5 95% CI crossed 1 MID (1.25)

Table 33: Full GRADE profile for hybrid versus another hybrid in people with BED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Binge Hybrid | other Hybrid | Relative (95% CI) | Absolute |
| Global clinical score (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 30 | 30 | - | SMD 1.09 lower (1.64 to 0.55 lower) | LOW | CRITICAL |
| % weight loss (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 30 | 30 | - | SMD 0.34 higher (0.17 lower to 0.85 higher) | LOW | CRITICAL |

1 Unclear if allocation concealment was performed. Unclear if the participants, assessors or investigators were blind.   
2 95% CI crossed 2 MIDs (-0.5 and 0.5)  
3 95% CI crossed 1 MID (0.5)

Table 34: Full GRADE profile for CBT-general versus another intervention in adults with BED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BED CBT-General vs another intervention** | **BED** | **Relative (95% CI)** | **Absolute** |
| Purging (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 38 | 101 | - | SMD 0.16 lower (0.56 lower to 0.23 higher) | LOW | IMPORTANT |
| Bingeing (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 38 | 74 | - | SMD 0.14 lower (0.53 lower to 0.25 higher) | LOW | IMPORTANT |
| EDE-Weight concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious | none | 38 | 74 | - | SMD 0.22 higher (0.17 lower to 0.61 higher) | LOW | IMPORTANT |
| EDE-Shape concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 38 | 74 | - | SMD 0.21 higher (0.18 lower to 0.5 higher) | LOW | IMPORTANT |
| EDE-Eating concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 38 | 74 | - | SMD 0.11 lower (0.51 lower to 0.28 higher) | LOW | IMPORTANT |
| EDE- Restraint (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 38 | 74 | - | SMD 0.01 higher (0.38 lower to 0.4 higher) | LOW | IMPORTANT |
| EDI-Body dissatisfaction (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 38 | 74 | - | SMD 0.33 higher (0.06 lower to 0.72 higher) | LOW | IMPORTANT |
| EDI-Drive for thinness (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 38 | 74 | - | SMD 0.74 higher (0.15 lower to 0.64 higher) | LOW | IMPORTANT |
| EDI- Bulimia (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 38 | 74 | - | SMD 0.07 higher (0.33 lower to 0.46 higher) | LOW | IMPORTANT |
| SCL-90-R Global severity index (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 38 | 74 | - | SMD 0.07 lower (0.46 lower to 0.32 higher) | LOW | IMPORTANT |
| Remission IT | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 20/36  (55.6%) | 33/76  (43.4%) | RR 1.28 (0.87 to 1.89) | 122 more per 1000 (from 56 fewer to 386 more) | LOW | CRITICAL |
| Purging FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 29 | 58 | - | SMD 0.23 lower (0.68 lower to 0.22 higher) | LOW | IMPORTANT |
| Bingeing FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 29 | 58 | - | SMD 0.05 lower (0.5 lower to 0.4 higher) | LOW | IMPORTANT |
| EDE-Weight concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 29 | 58 | - | SMD 0.24 higher (0.2 lower to 0.69 higher) | LOW | IMPORTANT |
| EDE-Shape concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 29 | 58 | - | SMD 0.34 higher (0.11 lower to 0.78 higher) | LOW | IMPORTANT |
| EDE-Eating concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 29 | 58 | - | SMD 0.16 higher (0.29 lower to 0.6 higher) | LOW | IMPORTANT |
| EDE- Restraint FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 29 | 58 | - | SMD 0.14 higher (0.58 lower to 0.57 higher) | LOW | IMPORTANT |
| EDI-Body dissatisfaction FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 29 | 58 | - | SMD 0.32 higher (0.13 lower to 0.76 higher) | LOW | IMPORTANT |
| EDI-Drive for thinness FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 29 | 58 | - | SMD 0.32 higher (0.13 lower to 0.77 higher) | LOW | IMPORTANT |
| EDI- Bulimia FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 29 | 58 | - | SMD 0.29 higher (0.16 lower to 0.74 higher) | LOW | IMPORTANT |
| SCL-90-R Global severity index FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 29 | 58 | - | SMD 0.00 higher (0.64 lower to 0.64 higher) | LOW | IMPORTANT |
| Remission IT FU | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 34/38  (89.5%) | 35/74  (47.3%) | RR 1.89 (1.45 to 2.46) | 421 more per 1000 (from 213 more to 691 more) | LOW | CRITICAL |

1 It was unclear how randomisation was conducted or if allocation concealment was performed. Assessors were blind but it was unclear if investigators or participants were blind. High drop outs were reported >20%.

2 95% CI crossed 1 MID (-0.5)

3 For a continuous outcome there were fewer than 400 participants

4 95% CI crossed 1 MID (0.5)

5 95% CI Crossed 1 MID (1.25)

* + 1. Individual therapy for EDNOS

Table 35: Full GRADE profile for hybrid versus group hybrid for adults with ENDOS

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **EDNOS Individual hybrid** | **Group hybrid** | **Relative (95% CI)** | **Absolute** |
| **Depression (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 17 | 18 | - | SMD 0.11 lower (0.77 lower to 0.56 Higher) | VERY LOW | IMPORTANT |
| **General psychopathology (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious | none | 17 | 18 | - | SMD 0.13 lower (0.79 lower to 0.54 Higher) | VERY LOW | IMPORTANT |
| **Dietary restraint (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 17 | 18 | - | SMD 0.08 Higher (0.58 lower to 0.74 Higher) | VERY LOW | IMPORTANT |
| **EDI Total (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 17 | 18 | - | SMD 0.29 Higher (0.38 lower to 0.96 Higher) | LOW | IMPORTANT |
| Remission ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious4 | very serious5 | none | 6/17  (35.3%) | 8/18  (44.4%) | RR 0.79 (0.35 to 1.81) | 93 fewer per 1000 (from 289 fewer to 360 more) | VERY LOW | CRITICAL |
| Depression FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 17 | 18 | - | SMD 0.55 Higher (0.12 lower to 1.23 Higher) | LOW | IMPORTANT |
| General pyschopathology FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 17 | 18 | - | SMD 0.33 Higher (0.33 lower to 1 Higher) | LOW | IMPORTANT |
| Dietary restraint FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 17 | 18 | - | SMD 0.14 Higher (0.52 lower to 0.81 Higher) | LOW | IMPORTANT |
| EDI Total FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 17 | 18 | - | SMD 0.57 Higher (0.11 lower to 1.23 Higher) | LOW | IMPORTANT |
| Remission ITT FU | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious4 | serious6 | none | 13/17  (76.5%) | 17/18  (94.4%) | RR 0.81 (0.61 to 1.08) | 179 fewer per 1000 (from 368 fewer to 76 more) | VERY LOW | CRITICAL |

1 Unclear methods of randomisation or if allocation concealment was performed. Participants were not blinded, unclear if investigators and assessors were blind. Considerable difference in dropout rates between individual 23% vs. group 5%,   
2 95% CI crossed 2 MIDs (-0.5 and 0.5)  
3 95% CI crossed 1 MID (0.5)  
4 Remission was not a valid measure. It was defined as the percentage of participants who score one or more scale steps lower than their pre-treatment values for binge eating and/or purging at the RAB-R interview. However, you could move from several times each day to 5-7 days a week. Not necessarily zero times a week. Duration may be okay since it is based on DSM-IV.   
5 95% CI crossed 2 MIDs (0.75 and 1.25)  
6 95% CI crossed 1 MID (0.75)

Table 36: Full GRADE profile for CBT-general versus another intervention for adults with BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | CBT-General vs another intervention | BN | Relative (95% CI) | Absolute |
| **Purging (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 38 | 101 | - | SMD 0.16 lower (0.56 lower to 0.23 Higher) | LOW | IMPORTANT |
| **Bingeing (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 38 | 74 | - | SMD 0.14 lower (0.53 lower to 0.25 Higher) | LOW | IMPORTANT |
| **EDE-Weight concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious | none | 38 | 74 | - | SMD 0.22 Higher (0.17 lower to 0.61 Higher) | LOW | IMPORTANT |
| **EDE-Shape concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 38 | 74 | - | SMD 0.21 Higher (0.18 lower to 0.5 Higher) | LOW | IMPORTANT |
| **EDE-Eating concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 38 | 74 | - | SMD 0.11 lower (0.51 lower to 0.28 Higher) | LOW | IMPORTANT |
| **EDE- Restraint (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 38 | 74 | - | SMD 0.01 Higher (0.38 lower to 0.4 Higher) | LOW | IMPORTANT |
| **EDI-Body dissatisfaction (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 38 | 74 | - | SMD 0.33 Higher (0.06 lower to 0.72 Higher) | LOW | IMPORTANT |
| **EDI-Drive for thinness (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 38 | 74 | - | SMD 0.74 Higher (0.15 lower to 0.64 Higher) | LOW | IMPORTANT |
| **EDI- Bulimia (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 38 | 74 | - | SMD 0.07 Higher (0.33 lower to 0.46 Higher) | LOW | IMPORTANT |
| **SCL-90-R Global severity index (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 38 | 74 | - | SMD 0.07 lower (0.46 lower to 0.32 Higher) | LOW | IMPORTANT |
| **Remission IT** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 20/36  (55.6%) | 33/76  (43.4%) | RR 1.28 (0.87 to 1.89) | 122 more per 1000 (from 56 fewer to 386 more) | LOW | CRITICAL |
| **Purging FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 29 | 58 | - | SMD 0.23 lower (0.68 lower to 0.22 Higher) | LOW | IMPORTANT |
| **Bingeing FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 29 | 58 | - | SMD 0.05 lower (0.5 lower to 0.4 Higher) | LOW | IMPORTANT |
| **EDE-Weight concern FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 29 | 58 | - | SMD 0.24 Higher (0.2 lower to 0.69 Higher) | LOW | IMPORTANT |
| **EDE-Shape concern FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 29 | 58 | - | SMD 0.34 Higher (0.11 lower to 0.78 Higher) | LOW | IMPORTANT |
| **EDE-Eating concern FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 29 | 58 | - | SMD 0.16 Higher (0.29 lower to 0.6 Higher) | LOW | IMPORTANT |
| **EDE- Restraint FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 29 | 58 | - | SMD 0.14 Higher (0.58 lower to 0.57 Higher) | LOW | IMPORTANT |
| EDI-Body dissatisfaction FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 29 | 58 | - | SMD 0.32 Higher (0.13 lower to 0.76 Higher) | LOW | IMPORTANT |
| EDI-Drive for thinness FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 29 | 58 | - | SMD 0.32 Higher (0.13 lower to 0.77 Higher) | LOW | IMPORTANT |
| EDI- Bulimia FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 29 | 58 | - | SMD 0.29 Higher (0.16 lower to 0.74 Higher) | LOW | IMPORTANT |
| SCL-90-R Global severity index FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 29 | 58 | - | SMD 0.00 Higher (0.64 lower to 0.64 Higher) | LOW | IMPORTANT |
| Remission IT FU | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 34/38  (89.5%) | 35/74  (47.3%) | RR 1.89 (1.45 to 2.46) | 421 more per 1000 (from 213 more to 691 more) | LOW | CRITICAL |

1 It was unclear how randomisation was conducted or if allocation concealment was performed. Assessors were blind but it was unclear if investigators or participants were blind. High dropouts were reported >20%.  
2 95% CI crossed 1 MID (-0.5)  
3 For a continuous outcome there were fewer than 400 participants  
4 95% CI crossed 1 MID (0.5)  
5 95% CI Crossed 1 MID (1.25)

* + 1. Group therapy for bulimia nervosa

Table 37: Full GRADE profile for group BT (ED) versus another BT (ED) for adults with BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BN Group BT (ED)** | **BT.2 (ED)** | **Relative (95% CI)** | **Absolute** |
| **Vomiting (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 12 | 11 | - | SMD 0.06 lower (0.87 lower to 0.76 Higher) | VERY LOW | IMPORTANT |
| **Depression (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 12 | 11 | - | SMD 0.35 Higher (0.48 lower to 1.17 Higher) | LOW | IMPORTANT |
| **Remission\_ITT** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious4 | none | 4/15  (26.7%) | 4/15  (26.7%) | RR 1.00 (0.31 to 3.28) | 0 fewer per 1000 (from 184 fewer to 608 more) | VERY LOW | CRITICAL |
| Vomiting FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 12 | 12 | - | SMD 0.65 lower (1.48 lower to 0.17 Higher) | LOW | IMPORTANT |
| Depression FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 12 | 11 | - | SMD 0.47 Higher (0.36 lower to 1.3 Higher) | LOW | IMPORTANT |
| Remission\_ITT FU | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious4 | none | 5/15  (33.3%) | 2/15  (13.3%) | RR 2.50 (0.57 to 10.93) | 200 more per 1000 (from 57 fewer to 1000 more) | VERY LOW | CRITICAL |

1 It was unclear how they randomised or if they performed allocation concealment. It was unclear if either the participants, investigators or assessors were blinded. High dropout rates were detected >20% and a difference of greater than 10% in dropout rates were detected between two of the groups.   
2 95% CI crossed 2 MIDs (-0.5 and 0.5)  
3 95% CI crossed 1 MID (0.5)  
4 95% CI Crossed 2 MIDs (0.75 and 1.25)  
5 95% CI crossed 1 MID (-0.5)

Table 38: Full GRADE profile for group CBT-ED versus wait list controls for adults with BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BN Group CBT-ED** | **WLC** | **Relative (95% CI)** | **Absolute** |
| Bingeing frequency (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 29 | 25 | - | SMD 0.43 lower (0.97 lower to 0.12 Higher) | LOW | CRITICAL |
| Purges (per week) (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 14 | 14 | - | SMD 0.33 lower (1.08 lower to 0.42 Higher) | LOW | IMPORTANT |
| Vomiting (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 12 | 12 | - | SMD 0.9 lower (1.74 to 0.05 lower) | LOW | IMPORTANT |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 12 | 12 | - | SMD 1.81 lower (2.79 to 0.84 lower) | LOW | IMPORTANT |
| EDI- Drive for thinness (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 15 | 11 | - | SMD 0.66 lower (1.46 lower to 0.15 Higher) | LOW | IMPORTANT |
| EDI - Bulimia (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 15 | 11 | - | SMD 0.38 lower (1.17 lower to 0.4 Higher) | LOW | IMPORTANT |
| EDI- Body Dissatisfaction (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 15 | 11 | - | SMD 0.67 lower (1.47 lower to 0.13 Higher) | LOW | IMPORTANT |
| No\_Remission\_ITT | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 5/26  (19.2%) | 1/26  (3.8%) | RR 0.86 (0.72 to 1.04) | 5 fewer per 1000 (from 11 fewer to 2 more) | LOW | CRITICAL |
| No\_Remission\_ITT FU | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 10/30  (33.3%) | 2/29  (6.9%) | RR 0.72 (0.55 to 0.94) | 19 fewer per 1000 (from 4 fewer to 31 fewer) | LOW | CRITICAL |

1 It was unclear how randomisation was performed or if allocation concealment was performed. Neither the participants, investigators nor assessors were blind. High dropout rates were detected >20% and a difference of >10% was detected between the two groups in Less 1986.  
2 95% CI crossed 1 MID (-0.5)  
3 For a continuous outcome, there were fewer than 400 participants.  
4 For a dichotomous outcome, there were fewer than 300 events.  
5 95% CI crossed 1 MID (0.75)

Table 39: Full GRADE profile for group CBT-ED versus another intervention for adults with BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BN Group CBT (ED)** | **Other Intervention** | **Relative (95% CI)** | **Absolute** |
| Bingeing frequency (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 101 | 105 | - | SMD 0.08 higher (0.19 lower to 0.36 higher) | LOW | IMPORTANT |
| EDI- Drive for thinness (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 101 | 105 | - | SMD 0.15 higher (0.13 lower to 0.42 higher) | LOW | IMPORTANT |
| EDI - Bulimia (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | Serious4 | no serious indirectness | Serious5 | none | 101 | 105 | - | SMD 0.14 higher (0.44 lower to 0.72 higher) | VERY LOW | IMPORTANT |
| EDI- Body Dissatisfaction (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | serious4 | no serious indirectness | serious5 | none | 101 | 105 | - | SMD 0.16 higher (0.33 lower to 0.66 higher) | VERY LOW | IMPORTANT |
| EDI-Global (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious6 | serious4 | no serious indirectness | serious3 | none | 73 | 72 | - | SMD 0.07 lower (0.57 lower to 0.42 higher) | VERY LOW | IMPORTANT |
| EDE-Total (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious2 | none | 60 | 60 | - | SMD 0.13 higher (0.23 lower to 0.49 higher) | LOW | IMPORTANT |
| Clinical impairment (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious3 | none | 0 | - | - | SMD 1.02 lower (1.54 to 0.51 lower) | LOW | IMPORTANT |
| Symptom checklist (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious2 | none | 60 | 60 | - | SMD 0.07 higher (0.27 lower to 0.43 higher) | LOW | IMPORTANT |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 98 | 113 | - | SMD 0.07 higher (0.21 lower to 0.34 higher) | LOW | IMPORTANT |
| Anxiety (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious2 | none | 60 | 60 | - | SMD 0.11 lower (0.47 lower to 0.25 higher) | LOW | IMPORTANT |
| Vomiting (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | serious5 | none | 38 | 53 | - | SMD 0.45 higher (0.02 to 0.87 higher) | LOW | IMPORTANT |
| Laxatives (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | serious5 | none | 26 | 30 | - | SMD 0.55 higher (0.02 to 1.09 higher) | LOW | IMPORTANT |
| No\_Remission\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | serious10 | none | 3/41  (7.3%) | 1/40  (2.5%) | RR 0.95 (0.86 to 1.05) | 1 fewer per 1000 (from 3 fewer to 1 more) | LOW | CRITICAL |
| Binging frequency FU (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 105 | 100 | - | SMD 0.07 higher (0.21 lower to 0.34 higher) | LOW | CRITICAL |
| EDI- Body Dissatisfaction FU (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 105 | 100 | - | SMD 0.25 lower (0.53 lower to 0.02 higher) | LOW | IMPORTANT |
| EDI - Bulimia FU (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 105 | 100 | - | SMD 0.06 lower (0.33 lower to 0.22 higher) | LOW | IMPORTANT |
| EDI-Global FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious | none | 37 | 37 | - | SMD 0.1 lower (0.15 to 0.05 lower) | LOW | IMPORTANT |
| EDI- Drive for thinness FU (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 105 | 100 | - | SMD 0.11 lower (0.39 lower to 0.16 higher) | LOW | IMPORTANT |
| EDE-Total FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious2 | none | 60 | 60 | - | SMD 0.03 lower (0.39 lower to 0.32 higher) | LOW | IMPORTANT |
| Vomiting FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | serious5 | none | 42 | 49 | - | SMD 0.38 higher (0.05 lower to 0.81 higher) | LOW | IMPORTANT |
| Depression FU (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 102 | 108 | - | SMD 0.04 lower (0.31 lower to 0.24 higher) | LOW | IMPORTANT |
| Laxatives FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | serious5 | none | 30 | 25 | - | SMD 0.59 higher (0.05 to 1.13 higher) | LOW | IMPORTANT |
| Anxiety FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious3 | none | 60 | 60 | - | SMD 0.41 lower (0.78 to 0.05 lower) | LOW | IMPORTANT |
| Symptom checklist FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious2 | none | 60 | 60 | - | SMD 0.14 lower (0.49 lower to 0.22 higher) | LOW | IMPORTANT |
| Remission\_ITT FU | | | | | | | | | | | | |
| 2 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | serious11 | none | 7/56  (12.5%) | 14/70  (20%) | RR 0.70 (0.32 to 1.56) | 60 fewer per 1000 (from 136 fewer to 112 more) | LOW | CRITICAL |
| Clinical impairment FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious2 | none | 37 | 37 | - | SMD 2.29 lower (3.43 to 1.15 lower) | LOW | IMPORTANT |

1 In some studies was unclear how randomisation was performed and in all studies it was unclear if allocation concealment was performed. It was either unclear or the participants, investigators or assessors were blind. High drop out rates were detected >20%.  
2 For a continuous outcome, there were fewer than 400 participants.  
3 95% CI crossed 1 MID (-0.5)  
4 Heterogeneity was detected, I2 >50%  
5 95% CI crossed 1 MID (0.5)  
6 It was unclear if allocation concealment was performed. The participants were not blinded and it was unclear if the investigators and assessors were blind.   
7 It was unclear if allocation concealment was performed. The participants were not blinded, however, the investigators and assessors were blinded. It was unclear what the number of completers were.   
8 It was unclear if allocation concealment was performed. Participants were not blinded in Chen, and It was either unclear in Wolf. It was also unclear if the investigators or assessors were blind.   
9 It was unclear if allocation concealment was performed. It was unclear if the participants, investigators and assessors were blind. High dropout rates were detected >20% and a difference in dropout rates of more than 10%.  
10 For a dichotomous outcome, there were fewer than 300 events.  
11 95% CI Crossed 2 MIDs (0.75 and 1.25)

Table 40: Full GRADE profile for group BT-ED versus wait list controls for adults with BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BN Group BT(ED) | WLC | Relative (95% CI) | Absolute |
| Bingeing frequency (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 15 | 11 | - | SMD 0.15 Higher (0.63 lower to 0.93 Higher) | VERY LOW | CRITICAL |
| Vomiting (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 23 | 12 | - | SMD 1.22 lower (1.99 to 0.45 lower) | LOW | IMPORTANT |
| EDI- Drive for thinnes (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 15 | 11 | - | SMD 0.39 lower (1.17 lower to 0.4 Higher) | LOW | IMPORTANT |
| EDI - Bulimia (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 15 | 11 | - | SMD 0.2 Higher (0.58 lower to 0.98 Higher) | VERY LOW | IMPORTANT |
| EDI- Body Dissatisfaction (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 15 | 11 | - | SMD 0.73 lower (1.54 lower to 0.08 Higher) | LOW | IMPORTANT |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 23 | 12 | - | SMD 1.37 lower (2.17 to 0.58 lower) | LOW | IMPORTANT |
| Did not achieve remission\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 8/30  (26.7%) | 0/14  (0%) | RR 0.77 (0.6 to 0.99) | - | LOW | CRITICAL |
| Remission\_ITT FU | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | Very serious6 | none | 7/30  (23.3%) | 4/14  (28.6%) | RR 1.07 (0.73 to 1.58) | 20 more per 1000 (from 77 fewer to 166 more) | VERY LOW | CRITICAL |

1 It was unclear how they randomised or if they performed allocation concealment. It was unclear whether the participants, investigators or assessors were blinded. High dropout rates were detected >20%.  
2 95% CI crossed 2 MIDs (-0.5 and 0.5)  
3 95% CI crossed 1 MID (-0.5)  
4 For a continuous outcome, there were fewer than 400 participants.  
5 95% CI crossed 1 MID (0.75)  
6. 95% CI crossed 2 MIDs (0.75 and 1.25)

Table 41: Full GRADE profile for group BT-ED versus another intervention for adults with BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BN Group BT (ED)** | **Other Group** | **Relative (95% CI)** | **Absolute** |
| **Bingeing frequency (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 15 | 15 | - | SMD 0.33 Higher (0.39 lower to 1.06 Higher) | LOW | CRITICAL |
| **Vomiting (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious4 | none | 24 | 12 | - | SMD 0.27 lower (0.97 lower to 0.43 Higher) | LOW | IMPORTANT |
| **Depression (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious5 | none | 23 | 12 | - | SMD 0.16 Higher (0.54 lower to 0.86 Higher) | LOW | IMPORTANT |
| **EDI- Drive for thinnes (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 15 | 15 | - | SMD 0.25 Higher (0.47 lower to 0.97 Higher) | LOW | IMPORTANT |
| **EDI - Bulimia (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious5 | none | 15 | 15 | - | SMD 0.51 Higher (0.22 lower to 1.24 Higher) | VERY LOW | IMPORTANT |
| **EDI- Body Dissatisfaction (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious5 | none | 15 | 15 | - | SMD 0.08 lower (0.79 lower to 0.64 Higher) | VERY LOW | IMPORTANT |
| **Did not achieve remission** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious6 | none | 8/30  (26.7%) | 1/30  (3.3%) | RR 0.76 (0.61 to 0.96) | 8 fewer per 1000 (from 1 fewer to 13 fewer) | LOW | CRITICAL |
| **Bingeing frequency FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 25 | 33 | - | SMD 0.01 lower (0.53 lower to 0.52 Higher) | LOW | CRITICAL |
| **Vomiting FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious4 | none | 24 | 12 | - | SMD 0.38 lower (1.08 lower to 0.33 Higher) | LOW | IMPORTANT |
| **Depression FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious2 | none | 33 | 30 | - | SMD 0.13 Higher (0.39 lower to 0.65 Higher) | LOW | IMPORTANT |
| **EDI - Drive for thinnes FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 15 | 15 | - | SMD 0.24 Higher (0.48 lower to 0.96 Higher) | LOW | IMPORTANT |
| **EDI - Bulimia FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | very serious5 | none | 15 | 15 | - | SMD 0.02 Higher (0.69 lower to 0.74 Higher) | VERY LOW | IMPORTANT |
| EDI- Body Dissatisfaction FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 15 | 15 | - | SMD 0.35 Higher (0.37 lower to 1.07 Higher) | LOW | IMPORTANT |
| EDE- Shape concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | no methodology chosen |  |  |  |  | none | 10 | 18 | - | SMD 0 Higher (0.77 lower to 0.77 Higher) | LOW | IMPORTANT |
| EDE- Weight concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 10 | 18 | - | SMD 0.34 Higher (0.44 lower to 1.12 Higher) | LOW | IMPORTANT |
| EDE- Eating concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious5 | none | 10 | 10 | - | SMD 0 Higher (0.88 lower to 0.88 Higher) | VERY LOW | IMPORTANT |
| EDE- Restraint FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | very serious5 | none | 10 | 18 | - | SMD 0 Higher (0.77 lower to 0.77 Higher) | VERY LOW | IMPORTANT |
| Remission\_ITT FU | | | | | | | | | | | | |
| 2 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious7 | none | 14/40  (35%) | 19/33  (57.6%) | RR 0.85 (0.53 to 1.35) | 86 fewer per 1000 (from 271 fewer to 202 more) | LOW | CRITICAL |

1 Unclear methods of randomisation and allocation concealment. Neither the participants, investigators nor assessors were blinded.   
2 95% CI crossed 1 MID (0.5)  
3 Unclear how randomisation was performed or if allocation concealment was conducted. It was unclear if either the participants, investigators or assessors were blind. High dropouts >20% were reported in some groups.   
4 95% CI crossed 1 MID (-0.5)  
5 95% CI crossed 2 MIDs (0.5 and -0.5)  
6 95% CI crossed 1 MID (0.75)  
7 95% CI crossed 2 MIDs (0.75 and 1.25)

Table 42: Full GRADE profile for group psychoeducation versus another intervention for adults with BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BN Group pyschoeducation vs.Other** | **Control** | **Relative (95% CI)** | **Absolute** |
| **Bingeing (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 29 | 25 | - | SMD 0.2 Higher (0.33 lower to 0.74 Higher) | LOW | CRITICAL |
| **Vomiting (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 29 | 25 | - | SMD 0.44 Higher (0.11 lower to 0.98 Higher) | LOW | IMPORTANT |
| **Remission\_ITT** | | | | | | | | | | | | |
| 1 | observational studies | Serious 1 | no serious inconsistency | no serious indirectness | very serious3 | none | 6/35  (17.1%) | 9/30  (30%) | RR 0.57 (0.23 to 1.42) | 129 fewer per 1000 (from 231 fewer to 126 more) | VERY LOW | CRITICAL |
| **EDI-Drive for thinness (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 29 | 25 | - | SMD 0.62 Higher (0.08 to 1.17 Higher) | LOW | IMPORTANT |
| EDI-Bulimia (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 29 | 25 | - | SMD 0.5 Higher (0.05 lower to 1.04 Higher) | LOW | IMPORTANT |
| EDI-Body dissatisfaction (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 29 | 25 | - | SMD 0.12 Higher (0.41 lower to 0.66 Higher) | LOW | IMPORTANT |

1 Neither the participants, investigators nor assessors appear blinded. There were differences detected at baseline, however a correlations analysis suggested it had no impact on the outcomes.   
2 95% CI crossed 1 MID (0.5)  
3 95% CI crossed 2 MIDs (0.75 and 1.25)

Table 43: Full GRADE profile for group CBT (varied intensity and focus) versus another group CBT (control) for adults with BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BN CBT (varied intensity and focus)** | **CBT (control low)** | **Relative (95% CI)** | **Absolute** |
| Binging episodes (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 109 | 34 | - | SMD 0.37 lower (0.76 lower to 0.02 Higher) | LOW | CRITICAL |
| Laxative use (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious | none | 109 | 34 | - | SMD 0.10 Higher (0.29 lower to 0.49 Higher) | LOW | IMPORTANT |
| Vomiting episodes (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 109 | 34 | - | SMD 0.4 lower (0.79 to 0.01 lower) | LOW | IMPORTANT |
| EDI - Drive for thinness (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 109 | 34 | - | SMD 0.49 lower (0.88 to 0.1 lower) | LOW | IMPORTANT |
| EDI - Bulimia (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 109 | 34 | - | SMD 0.85 lower (1.25 to 0.45 lower) | LOW | IMPORTANT |
| EDI - Body dissatisfaction (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 109 | 34 | - | SMD 0.03 lower (0.41 lower to 0.36 Higher) | LOW | IMPORTANT |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 109 | 34 | - | SMD 0.1 Higher (0.29 lower to 0.48 Higher) | LOW | IMPORTANT |
| Anxiety (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 109 | 34 | - | SMD 0.11 Higher (0.27 lower to 0.5 Higher) | LOW | IMPORTANT |
| Did not achieve remission\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 73/109  (67%) | 18.2% | RR 0.42 (0.3 to 0.57) | 106 fewer per 1000 (from 78 fewer to 127 fewer) | LOW | CRITICAL |

1 Unclear method of randomisation and if allocation concealment was performed. Neither the participants, investigators nor assessors were blind.   
2 95% CI crossed 1 MID (-0.5)  
3 For a continuous variable, there were fewer than 400 participants.  
4 For a dichotomous outcome, there were fewer than 300 participants.

Table 44: Full GRADE profile for group emotional and mind training versus another intervention for adults with BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BN Group Emotional and MInd Training** | **Other** | **Relative (95% CI)** | **Absolute** |
| EDE-Global (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 37 | 37 | - | SMD 0.1 lower (0.59 lower to 0.39 Higher) | LOW | IMPORTANT |
| EDE-Global FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 37 | 37 | - | SMD 0.1 Higher (0.05 to 0.15 Higher) | LOW | IMPORTANT |
| Clinical impairment (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 37 | 37 | - | SMD 1.02 Higher (0.51 to 1.54 Higher) | LOW | CRITICAL |
| Clinical impairment FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | Serious3 | none | 37 | 37 | - | SMD 2.29 Higher (1.15 to 3.43 Higher) | LOW | CRITICAL |

1 Unclear if allocation concealment was performed. The participants were not blinded, however the investigators and assessors were blind. It was unclear how many participants dropped out of the study.   
2 95% CI crossed 1 MID (-0.5)  
3 For a continuous outcome, there were fewer than 400 participants.   
4 95% CI crossed 1 MID (0.5)

Table 45: Full GRADE profile for group support versus another intervention for adults with BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BN Group Support | Other | Relative (95% CI) | Absolute |
| Change in depression scores (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 24 | 76 | - | SMD 0.06 Higher (0.4 lower to 0.52 Higher) | **LOW** | IMPORTANT |

1 It was unclear how random sequence was generated or if allocation concealment was performed. It was unclear if either the participants, investigators or assessors were blind. High dropouts were detected >20%.  
2 95% CI crossed 1 MID (0.5)

* + 1. Group therapy for binge eating disorder

Table 46: Full GRADE profile for group mindfulness compared with another group for adults BED.

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BED Group Mindfulness | Other Group | Relative (95% CI) | Absolute |
| **BMI (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 53 | 50 | - | SMD 0.07 Higher (0.32 lower to 0.45 Higher) | LOW | IMPORTANT |
| **Binge eating days (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 53 | 50 | - | SMD 0.06 lower (0.45 lower to 0.32 Higher) | LOW | CRITICAL |
| **Depression (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 53 | 50 | - | SMD 0.1 lower (0.49 lower to 0.29 Higher) | LOW | IMPORTANT |
| BMI FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 53 | 50 | - | SMD 0.12 Higher (0.26 lower to 0.51 Higher) | LOW | IMPORTANT |
| Depression FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 53 | 50 | - | SMD 0.06 lower (0.45 lower to 0.32 Higher) | LOW | IMPORTANT |
| Binge eating days FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 53 | 50 | - | SMD 0.26 lower (0.64 lower to 0.13 Higher) | LOW | CRITICAL |

1 Unclear if allocation concealment was performed. Participants were not blind, and it was unclear if investigators and assessors were blind. High dropouts were reported >20%.  
2 For a continuous outcome, there were fewer than 400 participants.  
3 95% CI crossed 1 MID (0.5)  
4 95% CI crossed 1 MID (-0.5)

Table 47: Full GRADE profile for group mindfulness versus wait list controls for adults with BED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BED Group Mindfulness** | **Wait list control** | **Relative (95% CI)** | **Absolute** |
| Binge eating days (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 53 | 47 | - | SMD 1.08 lower (1.5 to 0.66 lower) | LOW | CRITICAL |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 53 | 47 | - | SMD 0.85 lower (1.26 to 0.44 lower) | LOW | IMPORTANT |
| BMI (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 53 | 47 | - | SMD 0.19 Higher (0.2 lower to 0.59 Higher) | LOW | IMPORTANT |
| Binge eating scale (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 53 | 47 | - | SMD 1.24 lower (1.67 to 0.81 lower) | LOW | CRITICAL |
| Binge eating days FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 53 | 47 | - | SMD 1.02 lower (1.44 to 0.6 lower) | LOW | CRITICAL |
| Depression FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 53 | 47 | - | SMD 0.44 lower (0.83 to 0.04 lower) | LOW | IMPORTANT |
| BMI FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 53 | 47 | - | SMD 0.2 Higher (0.19 lower to 0.59 Higher) | LOW | IMPORTANT |
| Binge eating scale FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 53 | 47 | - | SMD 1.39 lower (1.83 to 0.95 lower) | LOW | CRITICAL |

1 Unclear if allocation concealment was performed. Participants were not blind, and it was unclear if investigators and assessors were blind. High dropouts were reported >20%.  
2 For a continuous outcome, there were fewer than 400 participants.  
3 95% CI crossed 1 MID (-0.5)  
4 95% CI crossed 1 MID (0.5)

Table 48: Full GRADE profile for group CBT-ED compared with another intervention for adults with BED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BED Group CBT (ED) | Other | Relative (95% CI) | Absolute |
| Weight (Better indicated by lower values) | | | | | | | | | | | | |
| 6 | randomised trials | serious1 | serious2 | no serious indirectness | serious3 | none | 252 | 278 | - | SMD 0.23 higher (0.03 lower to 0.49 higher) | VERY LOW | IMPORTANT |
| Bingeing (Better indicated by lower values) | | | | | | | | | | | | |
| 9 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | no serious imprecision | none | 384 | 411 | - | SMD 0.13 lower (0.27 lower to 0.01 higher) | MODERATE | CRITICAL |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 7 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | no serious imprecision | none | 279 | 309 | - | SMD 0.03 higher (0.13 lower to 0.19 higher) | MODERATE | IMPORTANT |
| Anxiety (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious5 | none | 32 | 21 | - | SMD 0.13 lower (0.69 lower to 0.42 higher) | LOW | IMPORTANT |
| EDE Global clinical score (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | very serious6 | no serious indirectness | very serious7 | none | 115 | 151 | - | SMD 1.08 higher (0.79 to 1.37 higher) | VERY LOW | IMPORTANT |
| EDE- Shape concerns (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious8 | serious2 | no serious indirectness | serious9 | none | 124 | 117 | - | SMD 0.14 lower (0.4 lower to 0.11 higher) | VERY LOW | IMPORTANT |
| EDE-Dietary restraint (Better indicated by lower values) | | | | | | | | | | | | |
| 4 | randomised trials | serious8 | very serious6 | no serious indirectness | serious9 | none | 194 | 190 | - | SMD 0.02 higher (0.19 lower to 0.22 higher) | VERY LOW | IMPORTANT |
| EDE-Weight concern (Better indicated by lower values) | | | | | | | | | | | | |
| 4 | randomised trials | serious8 | serious2 | no serious indirectness | serious9 | none | 194 | 190 | - | SMD 0.19 lower (0.39 lower to 0.02 higher) | VERY LOW | IMPORTANT |
| EDE-Eating concern (Better indicated by lower values) | | | | | | | | | | | | |
| 4 | randomised trials | serious8 | very serious6 | no serious indirectness | serious9 | none | 194 | 190 | - | SMD 0.18 higher (0.03 lower to 0.38 higher) | VERY LOW | IMPORTANT |
| Global symptom score (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | serious9 | none | 78 | 80 | - | SMD 0.06 higher (0.25 lower to 0.37 higher) | LOW | IMPORTANT |
| Remission\_ITT | | | | | | | | | | | | |
| 4 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious11 | none | 120/191  (62.8%) | 107/213  (50.2%) | RR 1.22 (1.03 to 1.45) | 111 more per 1000 (from 15 more to 226 more) | LOW | CRITICAL |
| Weight FU (Better indicated by lower values) | | | | | | | | | | | | |
| 6 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | no serious imprecision | none | 243 | 271 | - | SMD 0.09 higher (0.08 lower to 0.27 higher) | MODERATE | IMPORTANT |
| Bingeing FU (Better indicated by lower values) | | | | | | | | | | | | |
| 7 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | no serious imprecision | none | 310 | 341 | - | SMD 0.03 lower (0.19 lower to 0.12 higher) | MODERATE | CRITICAL |
| Depression FU (Better indicated by lower values) | | | | | | | | | | | | |
| 6 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | no serious imprecision | none | 275 | 312 | - | SMD 0.04 higher (0.13 lower to 0.2 higher) | MODERATE | IMPORTANT |
| Anxiety FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious8 | very serious6 | no serious indirectness | serious5 | none | 93 | 92 | - | SMD 0.86 higher (0.55 to 1.17 higher) | VERY LOW | IMPORTANT |
| EDE Global clinical score FU (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | very serious6 | no serious indirectness | serious3 | none | 115 | 151 | - | SMD 1.01 higher (0.73 to 1.3 higher) | VERY LOW | IMPORTANT |
| EDE-Dietary restraint FU (Better indicated by lower values) | | | | | | | | | | | | |
| 4 | randomised trials | serious8 | serious2 | no serious indirectness | no serious imprecision | none | 174 | 176 | - | SMD 0.16 higher (0.05 lower to 0.37 higher) | LOW | IMPORTANT |
| EDE- Shape concerns FU (Better indicated by lower values) | | | | | | | | | | | | |
| 4 | randomised trials | serious8 | very serious6 | no serious indirectness | serious3 | none | 174 | 176 | - | SMD 0.74 higher (0.5 to 0.98 higher) | VERY LOW | IMPORTANT |
| EDE-Weight concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 5 | randomised trials | serious8 | very serious6 | no serious indirectness | no serious imprecision | none | 237 | 303 | - | SMD 0.24 higher (0.05 to 0.43 higher) | VERY LOW | IMPORTANT |
| EDE-Eating concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 5 | randomised trials | serious8 | very serious6 | no serious indirectness | serious3 | none | 237 | 303 | - | SMD 0.26 higher (0.08 to 0.45 higher) | VERY LOW | IMPORTANT |
| Global symptom index FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | serious9 | none | 67 | 71 | - | SMD 0.13 higher (0.2 lower to 0.47 higher) |  LOW | IMPORTANT |
| Remission FU\_ITT | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | serious2 | no serious indirectness | serious12 | none | 91/146  (62.3%) | 73/133  (54.9%) | RR 1.25 (0.85 to 1.85) | 137 more per 1000 (from 82 fewer to 467 more) | VERY LOW | CRITICAL |

1 Across studies, in some or all studies, it was unclear what methods were used for randomisation or if allocation concealment was performed. Across studies, in some or all, it was unclear if participants, investigators, and assessors were blind. High dropout rates were detected >20%.  
2 Heterogeneity was detected I2 >50%  
3 95% CI crossed 1 MID (0.5)  
4 Unclear what methods were used for randomisation or if allocation concealment was performed. Neither the participants nor investigators were blind. The assessors were not blinded. High drop outs were reported >20%.  
5 95% CI crossed 1 MID (-0.5)  
6 Heterogeneity was detected I2 >80%.  
7 95% CI crossed 2 MIDs (-0.5 and 0.5)  
8 Across studies, in some or all studies, it was unclear what methods were used for randomisation or if allocation concealment was performed. Across studies, in some or all, it was unclear if participants, investigators, and assessors were blind. One study by Musch the assessors were blind. High dropout rates were detected >20%.  
9 For a continuous outcome, there were fewer than 400 participants.  
10 Unclear what methods were used for randomisation or if allocation concealment was performed. Neither the participants nor investigators were blind. The assessors were not blinded.   
11 For a dichotomous outcomes, there were fewer than 300 events.   
12 95% CI crossed 1 MID (1.25)

Table 49: Full GRADE profile for CBT-ED versus wait list control for adults with BED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BED Group CBT (ED) | Wait list control | Relative (95% CI) | Absolute |
| Weight (BMI) (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious1 | none | 91 | 90 | - | SMD 0.14 higher (0.15 lower to 0.43 higher) | LOW | IMPORTANT |
| Binge eating days (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious2 | very serious3 | no serious indirectness | very serious4 | none | 72 | 69 | - | SMD 0.36 lower (1.45 lower to 0.72 higher) | VERY LOW | CRITICAL |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious2 | serious3 | no serious indirectness | serious5 | none | 91 | 69 | - | SMD 0.19 higher (0.5 lower to 0.11 higher) | VERY LOW | IMPORTANT |
| BMI-FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious1 | none | 63 | 67 | - | SMD 0.12 higher (0.22 lower to 0.47 higher) | LOW | IMPORTANT |
| Depression FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious6 | very serious3 | no serious indirectness | very serious4 | none | 69 | 68 | - | SMD 0.04 higher (1.06 lower to 1.15 higher) | VERY LOW | IMPORTANT |
| Binge eating days FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious5 | none | 63 | 67 | - | SMD 0.62 lower (0.97 to 0.26 lower) | LOW | CRITICAL |

1 For a continuous outcome, there were fewer than 400 participants.  
2 It was unclear if allocation concealment was performed. Across the studies, either the participants, investigators and assessors were not blinded or it was unclear. High drop outs were reported >20% and greater than 10% difference in drop outs were detected between the two groups.   
3 Heterogeneity was detected, I2 >80%  
4 95% CI crossed 2 MIDs (-0.5 and 0.5)  
5 95% CI crossed 1 MID (-0.5)  
6 It was unclear if allocation concealment was performed. The participants were not blind, however, it was unclear if the invesetigators and assessors were blinded. High drop outs were reported >20%.

Table 50: Full GRADE profile for group BT-ED versus wait list controls for adults with BED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BED Group BT(ED)** | **WLC** | **Relative (95% CI)** | **Absolute** |
| Bingeing frequency (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 34 | 38 | - | SMD 0.24 lower (0.7 lower to 0.23 Higher) | LOW | CRITICAL |
| EDE- Total (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 34 | 38 | - | SMD 0.1 Higher (0.37 lower to 0.56 Higher) | LOW | IMPORTANT |
| Anxiety (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 34 | 38 | - | SMD 0.03 lower (0.49 lower to 0.44 Higher) | LOW | IMPORTANT |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 34 | 38 | - | SMD 0.5 lower (0.97 to 0.03 lower) | LOW | IMPORTANT |
| Remission\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 10/50  (20%) | 10/50  (20%) | RR 1.00 (0.46 to 2.19) | 0 fewer per 1000 (from 108 fewer to 238 more) | VERY LOW | CRITICAL |

1 It was unclear if allocation concealment was performed, Neither the participants, investigators or assessors were blind.   
2 95% CI crossed 1 MID (-0.5)  
3 95% CI crossed 1 MID (0.5)  
4 For a continuous outcome, there were fewer than 400 participants.  
5 95% CI crossed 2 MIDs (0.75 and 1.25)

Table 51: Full GRADE profile for group BT-ED versus another group for adults with BED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BED Group BT (ED)** | **Other Group** | **Relative (95% CI)** | **Absolute** |
| **Depression (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 48 | - | SMD 0.21 lower (0.61 lower to 0.19 Higher) | LOW | IMPORTANT |
| **BMI (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 48 | - | SMD 0.18 lower (0.58 lower to 0.22 Higher) | LOW | IMPORTANT |
| **Weight loss (pounds) (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 50 | 48 | - | SMD 0.18 Higher (0.22 lower to 0.57 Higher) | LOW | IMPORTANT |
| Remission\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 32/50  (64%) | 18/51  (35.3%) | RR 1.81 (1.18 to 2.78) | 286 more per 1000 (from 64 more to 628 more) | LOW | CRITICAL |
| EDE-Eating concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 48 | - | SMD 0.54 lower (0.95 to 0.14 lower) | LOW | IMPORTANT |
| EDE-Dietary restraint (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 48 | - | SMD 0.54 lower (0.94 to 0.14 lower) | LOW | IMPORTANT |
| EDE- Shape concerns (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 48 | - | SMD 0.32 lower (0.72 lower to 0.07 Higher) | LOW | IMPORTANT |
| EDE-Weight concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 48 | - | SMD 0.38 lower (0.78 lower to 0.02 Higher) | LOW | IMPORTANT |
| BMI FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 49 | 39 | - | SMD 0.14 lower (0.56 lower to 0.28 Higher) | LOW | IMPORTANT |
| Weight loss (pounds) FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 49 | 39 | - | SMD 0.05 Higher (0.37 lower to 0.47 Higher) | LOW | IMPORTANT |
| Depression FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 49 | 39 | - | SMD 0.03 Higher (0.39 lower to 0.46 Higher) | LOW | IMPORTANT |
| EDE-Dietary restraint FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 49 | 39 | - | SMD 0.6 lower (1.03 to 0.17 lower) | LOW | IMPORTANT |
| EDE-Weight concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 49 | 39 | - | SMD 0.4 lower (0.82 lower to 0.03 Higher) | LOW | IMPORTANT |
| EDE- Shape concerns FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 49 | 39 | - | SMD 0.12 lower (0.54 lower to 0.3 Higher) | LOW | IMPORTANT |
| EDE-Eating concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 49 | 39 | - | SMD 0.18 Higher (0.24 lower to 0.6 Higher) | LOW | IMPORTANT |
| Remission\_ITT FU | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious6 | none | 31/50  (62%) | 22/51  (43.1%) | RR 1.44 (0.98 to 2.11) | 190 more per 1000 (from 9 fewer to 479 more) | LOW | CRITICAL |

1 Unclear methods for randomisation or if allocation concealment was performed. It was unclear if participants and investigators were blind, however, assessors were blind. High dropouts were reported >20% and a greater than 10% difference in dropout rates were detected between the two groups.   
2 95% CI crossed 1 MID (-0.5).  
3 95% CI crossed 1 MID (0.5).  
4 For a dichotomous outcome, there were fewer than 300 events.  
5 For a continuous outcome, there were fewer than 400 participants.  
6 95% CI crossed 1 MID (1.25)

Table 52: Full GRADE profile for group CBT-ED (body exposure) versus CBT-ED (cognitive) for adults with BED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BED CBT (body exposure). | CBT (cognitive). | Relative (95% CI) | Absolute |
| EDE- Restraint (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 12 | 12 | - | SMD 0 higher (0.8 lower to 0.8 higher) | VERY LOW | IMPORTANT |
| EDE- Eating concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 12 | 12 | - | SMD 0.41 lower (1.22 lower to 0.4 higher) | LOW | IMPORTANT |
| EDE- Weight concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious4 | none | 12 | 12 | - | SMD 0 higher (0.8 lower to 0.8 higher) | VERY LOW | IMPORTANT |
| EDE- Shape concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 12 | 12 | - | SMD 0.19 higher (0.62 lower to 0.99 higher) | VERY LOW | IMPORTANT |
| BMI (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 12 | 12 | - | SMD 0.38 lower (1.19 lower to 0.43 higher) | LOW | IMPORTANT |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 12 | 12 | - | SMD 0.01 higher (0.79 lower to 0.81 higher) | VERY LOW | IMPORTANT |
| Bingeing episodes (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 12 | 12 | - | SMD 0.27 lower (1.07 lower to 0.53 higher) | VERY LOW | CRITICAL |
| Remission\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 4/14  (28.6%) | 9/14  (64.3%) | RR 0.44 (0.18 to 1.11) | 360 fewer per 1000 (from 527 fewer to 71 more) | LOW | CRITICAL |
| EDE- Restraint FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 12 | 12 | - | SMD 0.08 lower (0.88 lower to 0.72 higher) | VERY LOW | IMPORTANT |
| EDE- Eating concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 12 | 12 | - | SMD 0 higher (0.8 lower to 0.8 higher) | VERY LOW | IMPORTANT |
| EDE- Weight concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 12 | 12 | - | SMD 0.18 higher (0.62 lower to 0.98 higher) | VERY LOW | IMPORTANT |
| EDE- Shape concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious6 | none | 12 | 12 | - | SMD 0.45 higher (0.37 lower to 1.26 higher) | LOW | IMPORTANT |
| BMI FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 12 | 12 | - | SMD 0.25 lower (1.05 lower to 0.56 higher) | VERY LOW | IMPORTANT |
| Depression FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 12 | 12 | - | SMD 0.2 higher (0.61 lower to 1 higher) | VERY LOW | IMPORTANT |
| Bingeing episodes FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious7 | none | 12 | 12 | - | SMD 0.43 higher (0.38 lower to 1.24 higher) | VERY LOW | CRITICAL |
| Remission\_ITT FU | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious7 | none | 6/14  (42.9%) | 8/14  (57.1%) | RR 0.75 (0.35 to 1.6) | 143 fewer per 1000 (from 371 fewer to 343 more) | VERY LOW | CRITICAL |

1 It was unclear if allocation concealment was conducted. Assessors were blind, but it was unclear if either participants or investigators were blind in two studies, but in Wilson 1991 it was unclear if any were blind and high drop outs were reported >20%.   
2 Heterogeneity was detected I2 >50%  
3 For a continuous outcome there were fewer than 400 participants.  
4 It was unclear if allocation concealment was conducted in all studies. In Ghaderi and Bulike it was unclear how randomisation was conducted. Across studies, it was either unclear whether the assessors, participants or investigators were blind. In Chen participants were not blind and in Bulik assessors were blind. High drop outs were reported >20%.  
5 It was unclear if allocation concealment was conducted. Only participants were not blind in study by Chen, it was not clear in investigators or assessors were blind, but it was unclear in other study/ies. High drop outs were reported >20%.  
6 95% CI crossed ! MID (-0.05).   
7 It was unclear if allocation concealment was conducted. Across studies, it was unclear if all or only participants, investigators or assessors were blind. High drop outs were reported >20%.  
8 It was unclear if allocation concealment was conducted. Across studies, it was unclear if all or only participants, investigators or assessors were blind.   
9 It was unclear how randomisation was conducted or if allocation concealment was performed. Assessors were blind but it was unclear if participants or investigators were blind.   
10 95% CI crossed 1 MID (1.25).  
11 95% CI crossed 1 MID (0.5)  
12 It was unclear if allocation concealment was performed or if participants were blind.

Table 53: Full GRADE profile for group interpersonal therapy versus another intervention for adults with BED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BED Group IPT (ED)** | **Other** | **Relative (95% CI)** | **Absolute** |
| **Bingeing (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 80 | 78 | - | SMD 0.16 Higher (0.15 lower to 0.48 Higher) | LOW | CRITICAL |
| **Remission\_ITT** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 59/81  (72.8%) | 64/81  (79%) | RR 0.92 (0.77 to 1.1) | 63 fewer per 1000 (from 182 fewer to 79 more) | LOW | CRITICAL |
| **Depression (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious5 | none | 98 | 96 | - | SMD 0.22 lower (0.5 lower to 0.06 Higher) | LOW | IMPORTANT |
| **EDE-Restraint (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious6 | none | 80 | 78 | - | SMD 0.59 Higher (0.27 to 0.91 Higher) | LOW | IMPORTANT |
| **EDE-Shape concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious2 | none | 80 | 78 | - | SMD 0.08 Higher (0.23 lower to 0.39 Higher) | LOW | IMPORTANT |
| **EDE-Eating concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 80 | 78 | - | SMD 0.12 Higher (0.19 lower to 0.44 Higher) | LOW | IMPORTANT |
| EDE-Weight concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 80 | 78 | - | SMD 0.08 Higher (0.23 lower to 0.39 Higher) | LOW | IMPORTANT |
| **Global symptom index (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 80 | 78 | - | SMD 0.06 lower (0.37 lower to 0.25 Higher) | LOW | IMPORTANT |
| **BMI (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 80 | 78 | - | SMD 0.06 lower (0.37 lower to 0.26 Higher) | LOW | IMPORTANT |
| **Bingeing FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 71 | 67 | - | SMD 0.14 lower (0.48 lower to 0.19 Higher) | LOW | CRITICAL |
| **EDE-Restraint FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious6 | none | 71 | 67 | - | SMD 0.25 Higher (0.09 lower to 0.58 Higher) | LOW | IMPORTANT |
| **EDE-Shape concern FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 71 | 67 | - | SMD 0 Higher (0.33 lower to 0.33 Higher) | LOW | IMPORTANT |
| **EDE-Eating concernt FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 71 | 67 | - | SMD 0 Higher (0.33 lower to 0.33 Higher) | LOW | IMPORTANT |
| **EDE-Weight concern FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 71 | 67 | - | SMD 0 Higher (0.33 lower to 0.33 Higher) | LOW | IMPORTANT |
| Global symptom index FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 71 | 67 | - | SMD 0.13 lower (0.47 lower to 0.2 Higher) | LOW | IMPORTANT |
| Remission FU\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 50/81  (61.7%) | 48/81  (59.3%) | RR 1.04 (0.81 to 1.34) | 24 more per 1000 (from 113 fewer to 201 more) | LOW | CRITICAL |
| Depression FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 71 | 67 | - | SMD 0.1 lower (0.43 lower to 0.24 Higher) | LOW | IMPORTANT |
| BMI FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 71 | 67 | - | SMD 0.17 lower (0.5 lower to 0.16 Higher) | LOW | IMPORTANT |

1 There were unclear methods for randomisation and if allocation concealment was performed. It was unclear if participants, investigators and assessors were blind.  
2 For a continuous outcome, there were fewer than 400 participants.  
3 For a dichotomous outcome, there were fewer than 300 events.   
4 There were unclear methods for randomisation and if allocation concealment was performed. The participants, investigators and assessors were either not blinded or it was unclear if they were. High dropouts were detected in Wilfley 1993 >20% and High difference in dropouts between the two groups >10%.  
5 95% CI crossed 1 MID (-0.5)  
6 95% CI crossed 1 MID (0.5)

Table 54: Full GRADE profile for group counselling versus another intervention for adults with BED at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BED Group Counselling** | **another intervention** | **Relative (95% CI)** | **Absolute** |
| **BMI (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 39 | 49 | - | SMD 0.14 Higher (0.28 lower to 0.56 Higher) | LOW | IMPORTANT |
| **EDE - Dietary restraint (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 48 | 50 | - | SMD 0.54 Higher (0.14 to 0.94 Higher) | LOW | IMPORTANT |
| **EDE- Shape concerns (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 48 | 50 | - | SMD 0.32 Higher (0.07 lower to 0.72 Higher) | LOW | IMPORTANT |
| **EDE- Weight concerns (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 48 | 50 | - | SMD 0.38 Higher (0.02 lower to 0.78 Higher) | LOW | IMPORTANT |
| EDE - Eating concerns (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 48 | 50 | - | SMD 0.54 Higher (0.14 to 0.95 Higher) | LOW | IMPORTANT |
| Remission\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | Serious 4 | none | 17/51  (33.3%) | 2/50  (4%) | RR 8.33 (2.03 to 34.21) | 293 more per 1000 (from 41 more to 1000 more) | LOW | CRITICAL |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 48 | 50 | - | SMD 0.21 Higher (0.19 lower to 0.61 Higher) | LOW | IMPORTANT |
| Weight loss (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 48 | 50 | - | SMD 0.18 lower (0.57 lower to 0.22 Higher) | LOW | IMPORTANT |
| Patient's preference for treatment (Better indicated by Higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 48 | 50 | - | SMD 0.37 lower (0.77 lower to 0.03 Higher) | LOW | IMPORTANT |

1 There were unclear methods for randomisation and if allocation concealment was performed. It was unclear if participants and investigators were blind, but the assessors were blind. High dropouts were reported in one arm >20% and a greater than 10% difference was detected for dropouts between the two groups.   
2 95% CI crossed 1 MID (0.5)  
3 95% CI crossed 1 MID (-0.5)  
4 Fewer than 300 events

Table 55: Full GRADE profile for group counselling versus another intervention for adults with BED at follow-up.

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BED Group Counselling** | **another intervention FU** | **Relative (95% CI)** | **Absolute** |
| **BMI FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 39 | 49 | - | SMD 0.14 Higher (0.28 lower to 0.56 Higher) | LOW | IMPORTANT |
| **Depression FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 39 | 49 | - | SMD 0.03 lower (0.46 lower to 0.39 Higher) | LOW | IMPORTANT |
| **EDE - Dietary restraint FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 39 | 49 | - | SMD 0.6 Higher (0.17 to 1.03 Higher) | LOW | IMPORTANT |
| **EDE- Shape concerns FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 39 | 49 | - | SMD 0.12 Higher (0.3 lower to 0.54 Higher) | LOW | IMPORTANT |
| **EDE- Weight concerns FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 39 | 49 | - | SMD 0.4 Higher (0.03 lower to 0.82 Higher) | LOW | IMPORTANT |
| **EDE - Eating concerns FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 39 | 49 | - | SMD 0.18 lower (0.6 lower to 0.24 Higher) | LOW | IMPORTANT |
| **Remission\_ITT FU** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 22/51  (43.1%) | 31/50  (62%) | RR 0.70 (0.47 to 1.02) | 186 fewer per 1000 (from 329 fewer to 12 more) | LOW | CRITICAL |
| Weight loss FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 48 | 50 | - | SMD 0.18 lower (0.57 lower to 0.22 Higher) | LOW | IMPORTANT |

1 There were unclear methods for randomisation and if allocation concealment was performed. It was unclear if participants and investigators were blind, but the assessors were blind. High dropouts were reported in one arm >20% and a greater than 10% difference was detected for dropouts between the two groups.   
2 95% CI crossed 1 MID (0.5)  
3 For a continuous outcome, there were fewer than 400 participants.  
4 95% CI crossed 1 MID (-0.5)  
5 95% CI crossed 1 MID (0.75)

Table 56: Full GRADE profile for group diet counselling versus another group intervention for adults with BED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BED Group Diet** | **Other Group** | **Relative (95% CI)** | **Absolute** |
| Weight (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 97 | 145 | - | SMD 0.54 lower (0.81 to 0.28 lower) |  LOW | IMPORTANT |
| Bingeing (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 96 | 145 | - | SMD 0.24 higher (0.02 lower to 0.5 higher) |  LOW | CRITICAL |
| EDE- Shape concern (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | serious4 | no serious indirectness | serious3 | none | 39 | 46 | - | SMD 0.26 higher (0.17 lower to 0.7 higher) |  VERY LOW | IMPORTANT |
| EDE- Weight concern (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | very serious5 | no serious indirectness | serious3 | none | 39 | 46 | - | SMD 0.19 higher (0.24 lower to 0.63 higher) |  VERY LOW | IMPORTANT |
| EDE-Eating concern (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency4 | no serious indirectness | serious3 | none | 39 | 46 | - | SMD 0.26 higher (0.17 lower to 0.7 higher) |  LOW | IMPORTANT |
| EDE- Restraint (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | serious4 | no serious indirectness | serious3 | none | 39 | 46 | - | SMD 0.14 higher (0.29 lower to 0.57 higher) |  VERY LOW | IMPORTANT |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 4 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious6 | none | 123 | 204 | - | SMD 0.19 higher (0.03 lower to 0.42 higher) |  LOW | IMPORTANT |
| Global EDE (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious3 | none | 45 | 80 | - | SMD 0.17 higher (0.2 lower to 0.54 higher) |  LOW | IMPORTANT |
| Remission\_ITT | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious8 | none | 31/97  (32%) | 73/145  (50.3%) | RR 0.64 (0.46 to 0.88) | 181 fewer per 1000 (from 60 fewer to 272 fewer) |  LOW | CRITICAL |
| Weight FU (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious6 | none | 84 | 145 | - | SMD 0.17 lower (0.44 lower to 0.1 higher) |  LOW | IMPORTANT |
| Bingeing FU (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious6 | none | 96 | 145 | - | SMD 0.21 higher (0.05 lower to 0.47 higher) |  LOW | CRITICAL |
| EDE- Shape concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 34 | 37 | - | SMD 0.03 lower (0.5 lower to 0.44 higher) |  LOW | IMPORTANT |
| EDE- Weight concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 34 | 37 | - | SMD 0.11 higher (0.36 lower to 0.59 higher) |  LOW | IMPORTANT |
| EDE-Eating concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 34 | 37 | - | SMD 0.06 lower (0.53 lower to 0.41 higher) |  LOW | IMPORTANT |
| EDE- Restraint FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 34 | 37 | - | SMD 0.16 lower (0.63 lower to 0.3 higher) |  LOW | IMPORTANT |
| Global EDE FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious3 | none | 45 | 80 | - | SMD 0.17 higher (0.19 lower to 0.54 higher) |  LOW | IMPORTANT |
| Depression FU (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious6 | none | 82 | 123 | - | SMD 0.03 lower (0.32 lower to 0.25 higher) |  LOW | IMPORTANT |
| Remission-ITT FU | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious8 | none | 23/52  (44.2%) | 43/65  (66.2%) | RR 0.67 (0.47 to 0.95) | 218 fewer per 1000 (from 33 fewer to 351 fewer) |  LOW | CRITICAL |
| EDE- Shape concern < 18 binges per month (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious2 | none | 23 | 25 | - | SMD 0.13 lower (0.69 lower to 0.44 higher) |  LOW | IMPORTANT |
| EDE- Shape concern > 18 binges per month (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious3 | none | 16 | 21 | - | SMD 0.83 higher (0.15 to 1.51 higher) |  LOW | IMPORTANT |
| EDE- Restraint (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 23 | 25 | - | SMD 0.29 lower (0.86 lower to 0.28 higher) |  LOW | IMPORTANT |
| EDE- Restraint > 18 binges per month (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency4 | no serious indirectness | serious3 | none | 16 | 21 | - | SMD 0.90 higher (0.21 to 1.58 higher) |  LOW | IMPORTANT |

1 Across studies it was unclear in somehow randomisation was performed and in all studies if allocation concealment was performed. Across the studies, either it was unclear of the participants, investigators or assessors were not blinded. Only in Munsch 2007 were the assessors blind. High dropout rates were detected >20%.  
2 95% CI crossed 1 MID (-0.5)  
3 95% CI crossed 1 MID (0.5)  
4 Heterogeneity was detected I2 >50%  
5 Heterogeneity was detected I2 >80%  
6 For a continuous outcome, there were fewer than 400 participants.  
7 It was unclear how randomisation was performed and if allocation concealment was performed. The participants were not blinded, and it was unclear if investigators and assessors were blinded. High dropout rates were detected >20%.  
8 95% CI crossed 1 MID (0.75)

Table 57: Full GRADE profile for group self-help (ED) versus another group for adults with BED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BED Group SH(ED) | Other Group | Relative (95% CI) | Absolute |
| **BMI (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 80 | 154 | - | SMD 0.19 lower (0.46 lower to 0.08 Higher) | LOW | IMPORTANT |
| **Bingeing (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 67 | 123 | - | SMD 0.30 Higher (0.01 to 0.6 Higher) | LOW | CRITICAL |
| **Depression (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 13 | 31 | - | SMD 0.23 Higher (0.43 lower to 0.89 Higher) | LOW | IMPORTANT |
| **EDE Q Global Scoare (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 67 | 123 | - | SMD 0.33 Higher (0.03 to 0.62 Higher) | LOW | IMPORTANT |
| **EDE Q Restraint (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 67 | 123 | - | SMD 0.46 Higher (0.16 to 0.76 Higher) | LOW | IMPORTANT |
| **EDE Q Eating Concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 67 | 123 | - | SMD 0.31 Higher (0.01 to 0.6 Higher) | LOW | IMPORTANT |
| **EDE Q Shape Concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 67 | 123 | - | SMD 0.22 Higher (0.08 lower to 0.52 Higher) | LOW | IMPORTANT |
| **EDE Q Weight Concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 67 | 123 | - | SMD 0.27 Higher (0.03 lower to 0.57 Higher) | LOW | IMPORTANT |
| **Quality of life (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 57 | 110 | - | SMD 0.00 lower (0.32 lower to 0.32 Higher) | LOW | IMPORTANT |
| **Remission\_ITT** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 9/16  (56.3%) | 7/35  (20%) | RR 2.83 (1.29 to 6.23) | 366 more per 1000 (from 58 more to 1000 more) | LOW | CRITICAL |
| **BMI FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | Serious3 | none | 79 | 152 | - | SMD 0.08 lower (0.35 lower to 0.2 Higher) | LOW | IMPORTANT |
| **Bingeing FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 67 | 123 | - | SMD 0.10 lower (0.4 lower to 0.19 Higher) | LOW | CRITICAL |
| **Depression FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 13 | 31 | - | SMD 0.23 Higher (0.43 lower to 0.89 Higher) | LOW | IMPORTANT |
| **EDE Q Restraint FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 67 | 123 | - | SMD 0.46 Higher (0.16 to 0.76 Higher) | LOW | IMPORTANT |
| **EDE Q Eating Concern FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 67 | 123 | - | SMD 0.08 lower (0.38 lower to 0.22 Higher) | LOW | IMPORTANT |
| **EDE Q Shape Concern FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 67 | 123 | - | SMD 0.07 Higher (0.23 lower to 0.37 Higher) | LOW | IMPORTANT |
| EDE Q Weight Concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 67 | 123 | - | SMD 0.07 Higher (0.23 lower to 0.37 Higher) | LOW | IMPORTANT |
| EDE Q Global Scoare FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 67 | 123 | - | SMD 0.06 Higher (0.24 lower to 0.35 Higher) | LOW | IMPORTANT |
| Quality of life FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 57 | 110 | - | SMD 0.02 Higher (0.3 lower to 0.34 Higher) | LOW | IMPORTANT |
| Remission\_ITT FU | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious7 | none | 3/16  (18.8%) | 10/35  (28.6%) | RR 0.67 (0.22 to 2.09) | 94 fewer per 1000 (from 223 fewer to 311 more) | VERY LOW | CRITICAL |

1 Unclear how they generated random sequence for randomisation and if allocation concealment was performed. It is unclear if either the participants, investigators or assessors were blind.   
2 95% CI crossed 1 MID (-0.5)  
3 For a continuous outcome, there were fewer than 400 participants.  
4 95% CI crossed 1 MID (0.5)  
5 For a dichotomous outcome, there were fewer than 300 events.   
6 95% CI crossed 2 MIDs (-0.5 and 0.5)  
7 95% CI crossed 2 MIDs (0.75 and 1.25)

Table 58: Full GRADE profile for group guided self-help (ED) versus another group for adults with BED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BED Group Guided SH(ED)** | **Other Group** | **Relative (95% CI)** | **Absolute** |
| **BMI (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 77 | 157 | - | SMD 0.16 Higher (0.11 lower to 0.44 Higher) | LOW | IMPORTANT |
| **Bingeing (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 60 | 123 | - | SMD 0.35 lower (0.66 to 0.04 lower) | LOW | CRITICAL |
| **Depression (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 17 | 27 | - | SMD 0.53 lower (1.15 lower to 0.09 Higher) | LOW | IMPORTANT |
| **EDE Q Global Score (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 60 | 130 | - | SMD 0.07 Higher (0.24 lower to 0.38 Higher) | LOW | IMPORTANT |
| **EDE Q Restraint (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 60 | 130 | - | SMD 0.22 lower (0.52 lower to 0.09 Higher) | LOW | IMPORTANT |
| **EDE Q Eating concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 60 | 130 | - | SMD 0.08 lower (0.39 lower to 0.22 Higher) | LOW | IMPORTANT |
| **EDE Q Weight concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 60 | 130 | - | SMD 0.26 Higher (0.05 lower to 0.57 Higher) | LOW | IMPORTANT |
| **EDE Q Shape concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 60 | 130 | - | SMD 0.09 Higher (0.21 lower to 0.4 Higher) | LOW | IMPORTANT |
| **Quality of life (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 56 | 120 | - | SMD 0.01 Higher (0.31 lower to 0.32 Higher) | LOW | IMPORTANT |
| **Remission\_ITT** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious5 | none | 4/19  (21.1%) | 12/32  (37.5%) | RR 0.57 (0.21 to 1.52) | 161 fewer per 1000 (from 296 fewer to 195 more) | VERY LOW | CRITICAL |
| **BMI FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 77 | 154 | - | SMD 0.02 lower (0.29 lower to 0.26 Higher) | LOW | IMPORTANT |
| **Bingeing FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 67 | 123 | - | SMD 0.23 Higher (0.02 lower to 0.48 Higher) | LOW | CRITICAL |
| **Depression FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 17 | 24 | - | SMD 0.49 lower (1.13 lower to 0.14 Higher) | LOW | IMPORTANT |
| **EDE Q Global Score FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 60 | 130 | - | SMD 0.40 lower (0.71 to 0.09 lower) | LOW | IMPORTANT |
| EDE Q Restraint FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 60 | 130 | - | SMD 0.21 Higher (0.1 lower to 0.52 Higher) | LOW | IMPORTANT |
| EDE Q Eating concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 60 | 130 | - | SMD 0.29 Higher (0.02 lower to 0.6 Higher) | LOW | IMPORTANT |
| EDE Q Weight concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 67 | 123 | - | SMD 0.07 Higher (0.23 lower to 0.37 Higher) | LOW | IMPORTANT |
| EDE Q Shape concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 60 | 130 | - | SMD 0.42 Higher (0.11 to 0.73 Higher) | LOW | IMPORTANT |
| Quality of life FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 56 | 111 | - | SMD 0.01 Higher (0.31 lower to 0.33 Higher) | LOW | IMPORTANT |
| Remission\_ITT FU | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious6 | none | 7/19  (36.8%) | 6/32  (18.8%) | RR 1.97 (0.78 to 4.99) | 182 more per 1000 (from 41 fewer to 748 more) | LOW | CRITICAL |

1 Unclear how they generated random sequence for randomisation and if allocation concealment was performed. It is unclear if either the participants, investigators or assessors were blind.   
2 For a continuous outcome, there were fewer than 400 participants.   
3 95% CI crossed 1 MIDs (-0.5)  
4 95% CI crossed 1 MIDs (0.5)  
5 95% CI crossed 2 MIDs (0.75 and 1.25)  
6 95% CI crossed 1 MIDs (1.25)

Table 59: Full GRADE profile for group self-help (ED) versus wait list controls for adults with BED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BED Group SH (ED)** | **WLC** | **Relative (95% CI)** | **Absolute** |
| **BMI (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 67 | 69 | - | SMD 0.09 Higher (0.25 lower to 0.42 Higher) | LOW | IMPORTANT |
| **Bingeing (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 67 | 69 | - | SMD 0.41 lower (0.75 lower to 0.07 Higher) | LOW | CRITICAL |
| EDE-Q Global Score (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 67 | 69 | - | SMD 0.00 Higher (0.34 lower to 0.34 Higher) | LOW | IMPORTANT |
| EDE-Q Restraint (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 67 | 69 | - | SMD 0.08 Higher (0.26 lower to 0.42 Higher) | LOW | IMPORTANT |
| EDE-Q Eating concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 67 | 69 | - | SMD 0.09 Higher (0.25 lower to 0.42 Higher) | LOW | IMPORTANT |
| EDE-Q Shape concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 67 | 69 | - | SMD 0.00 Higher (0.34 lower to 0.34 Higher) | LOW | IMPORTANT |
| EDE-Q Weight concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious | none | 67 | 69 | - | SMD 0.00 Higher (0.34 lower to 0.34 Higher) | LOW | IMPORTANT |
| Quality of life (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 67 | 69 | - | SMD 0.08 Higher (0.27 lower to 0.45 Higher) | LOW | IMPORTANT |

1 Unclear how they generated random sequence for randomisation and if allocation concealment was performed. It is unclear if either the participants, investigators or assessors were blind.   
2 For a continuous outcome, there were fewer than 400 participants.   
3 95% CI crossed 1 MID (-0.5)

Table 60: Full GRADE profile for group guided self-help (ED) versus wait list controls for adults with BED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BED Group Guided SH (ED)** | **WLC** | **Relative (95% CI)** | **Absolute** |
| BMI (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 60 | 69 | - | SMD 0.26 Higher (0.09 lower to 0.61 Higher) | LOW | IMPORTANT |
| Bingeing (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 60 | 69 | - | SMD 0.83 lower (1.19 to 0.47 lower) | LOW | CRITICAL |
| EDE-Q Global Score (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 60 | 69 | - | SMD 0.22 lower (0.57 lower to 0.13 Higher) | LOW | IMPORTANT |
| EDE-Q Restraint (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 60 | 69 | - | SMD 0.34 lower (0.69 to 0.01 lower) | LOW | IMPORTANT |
| EDE-Q Eating concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 60 | 69 | - | SMD 0.18 lower (0.53 lower to 0.17 Higher) | LOW | IMPORTANT |
| EDE-Q Shape concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 60 | 69 | - | SMD 0.09 lower (0.43 lower to 0.26 Higher) | LOW | IMPORTANT |
| EDE-Q Weight concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 60 | 69 | - | SMD 0.00 Higher (0.35 lower to 0.35 Higher) | LOW | IMPORTANT |
| Quality of life (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 60 | 69 | - | SMD 0.09 Higher (0.28 lower to 0.47 Higher) | LOW | IMPORTANT |

1 Unclear how they generated random sequence for randomisation and if allocation concealment was performed. It is unclear if either the participants, investigators or assessors were blind.   
2 95% CI crossed 1 MID (0.5).  
3 95% CI crossed 1 MID (-0.5).  
4 For a continuous outcome, there were fewer than 400 participants

Table 61: Full GRADE profile for group psychoeducation versus another group for adults with BED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BED Group Psychoeducation** | **Other Group** | **Relative (95% CI)** | **Absolute** |
| **BMI (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 77 | 157 | - | SMD 0.02 Higher (0.25 lower to 0.29 Higher) | LOW | IMPORTANT |
| **Bingeing (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 63 | 127 | - | SMD 0.05 Higher (0.25 lower to 0.35 Higher) | LOW | CRITICAL |
| **Depression (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 14 | 30 | - | SMD 0.48 Higher (0.17 lower to 1.13 Higher) | LOW | IMPORTANT |
| **EDE-Q Global Score (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 126 | 127 | - | SMD 0.45 lower (0.7 to 0.2 lower) | LOW | IMPORTANT |
| **EDE-Q Restraint (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 63 | 127 | - | SMD 0.22 lower (0.52 lower to 0.09 Higher) | LOW | IMPORTANT |
| **EDE-Q Eating Concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 63 | 127 | - | SMD 0.22 lower (0.52 lower to 0.09 Higher) | LOW | IMPORTANT |
| **EDE-Q Shape Concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 63 | 127 | - | SMD 0.30 lower (0.6 lower to 0.01 Higher) | LOW | IMPORTANT |
| **EDE-Q Weight Concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 63 | 127 | - | SMD 0.55 lower (0.86 to 0.24 lower) | LOW | IMPORTANT |
| **Did not Achieve Remission\_ITT** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 3/16  (18.8%) | 13/35  (37.1%) | RR 1.32 (0.94 to 1.85) | 119 more per 1000 (from 22 fewer to 316 more) | LOW | CRITICAL |
| **Quality of life (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 63 | 113 | - | SMD 0.01 lower (0.32 lower to 0.3 Higher) | LOW | IMPORTANT |
| **BMI FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 87 | 156 | - | SMD 0.06 Higher (0.21 lower to 0.33 Higher) | LOW | IMPORTANT |
| **Bingeing FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 63 | 127 | - | SMD 0.03 Higher (0.27 lower to 0.34 Higher) | LOW | CRITICAL |
| Depression FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 12 | 29 | - | SMD 1.01 lower (1.83 to 0.18 lower) | LOW | IMPORTANT |
| EDE-Q Global Score FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 63 | 127 | - | SMD 0.37 lower (0.67 to 0.06 lower) | LOW | IMPORTANT |
| EDE-Q Restraint FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 63 | 127 | - | SMD 0.29 lower (0.59 lower to 0.02 Higher) | LOW | IMPORTANT |
| EDE-Q Eating Concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 63 | 127 | - | SMD 0.20 lower (0.51 lower to 0.1 Higher) | LOW | IMPORTANT |
| EDE-Q Shape Concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 63 | 127 | - | SMD 0.37 lower (0.68 to 0.07 lower) | LOW | IMPORTANT |
| EDE-Q Weight Concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 63 | 127 | - | SMD 0.51 lower (0.82 to 0.2 lower) | LOW | IMPORTANT |
| Quality of life FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 54 | 113 | - | SMD 0.03 lower (0.35 lower to 0.3 Higher) | LOW | IMPORTANT |
| Did not Achieve Remission\_ITT FU | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 3/16  (18.8%) | 10/35  (28.6%) | RR 1.13 (0.83 to 1.55) | 37 more per 1000 (from 49 fewer to 157 more) | LOW | CRITICAL |

1 Unclear how they generated random sequence for randomisation and if allocation concealment was performed. It is unclear if either the participants, investigators or assessors were blind.   
2 For a continuous outcome, there were fewer than 400 participants.   
3 95% CI crossed 1 MID (0.5)  
4 95% CI crossed 1 MID (-0.5)  
5 95% CI crossed 1 MID (1.25)

* + 1. Self-help for anorexia nervosa

Table 62: Full GRADE profile for internet guided self-help versus another intervention for adults with anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **AN Internet GSH (ED)** | **Other** | **Relative (95% CI)** | **Absolute** |
| EDI - Total (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 106 | 113 | - | SMD 0.27 lower (0.53 lower to 0 Higher) | LOW | IMPORTANT |
| EDI- Drive for thinness (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 106 | 113 | - | SMD 0.17 lower (0.44 lower to 0.09 Higher) | LOW | IMPORTANT |
| EDI- Bulimia (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 106 | 113 | - | SMD 0.15 lower (0.42 lower to 0.11 Higher) | LOW | IMPORTANT |
| EDI- Body dissatisfaction (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 106 | 113 | - | SMD 0.24 lower (0.51 lower to 0.02 Higher) | LOW | IMPORTANT |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 106 | 113 | - | SMD 0.2 lower (0.46 lower to 0.07 Higher) | LOW | IMPORTANT |
| Global Clinical Score (PSR) (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 119 | 120 | - | SMD 0.21 lower (0.47 lower to 0.04 Higher) | LOW | CRITICAL |
| Bulimic symptoms (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 106 | 120 | - | SMD 0.26 lower (0.52 lower to 0 Higher) | LOW | CRITICAL |
| Morgan-Russell Menstrual Function (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 119 | 120 | - | SMD 0.18 lower (0.44 lower to 0.07 Higher) | LOW | CRITICAL |
| General psychopathology (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 119 | 120 | - | SMD 0.1 lower (0.35 lower to 0.15 Higher) | LOW | IMPORTANT |
| General psychopathology FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 92 | 116 | - | SMD 0.07 lower (0.34 lower to 0.21 Higher) | LOW | CRITICAL |
| Morgan-Russell Menstrual Function FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 92 | 116 | - | SMD 0.07 Higher (0.2 lower to 0.35 Higher) | LOW | CRITICAL |
| Bulimic symptoms FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 92 | 116 | - | SMD 0.21 lower (0.48 lower to 0.07 Higher) | LOW | CRITICAL |

1 It was unclear if allocation concealment was performed. Assessors were blind but it was unclear if investigators and participants were blind.   
2 95% CI crossed 1 MID (-0.5)  
3 For a continuous outcome, there were fewer than 400 participants.

* + 1. Self-help for bulimia nervosa

Table 63: Full GRADE profile for guided self-help (ED) versus another intervention for young people and adults with BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BN Guided SH (ED) | Other | Relative (95% CI) | Absolute |
| Bingeing (Better indicated by lower values) | | | | | | | | | | | | |
| 6 | randomised trials | serious1 | serious2 | serious3 | serious4 | none | 189 | 199 | - | SMD 0.26 lower (0.58 lower to 0.06 higher) | VERY LOW | CRITICAL |
| Vomiting (Better indicated by lower values) | | | | | | | | | | | | |
| 5 | randomised trials | serious1 | no serious inconsistency | serious3 | serious5 | none | 98 | 92 | - | SMD 0.18 lower (0.4 lower to 0.05 higher) | VERY LOW | CRITICAL |
| Use of laxatives (Better indicated by lower values) | | | | | | | | | | | | |
| 5 | randomised trials | serious1 | no serious inconsistency | no serious indirectness3 | serious4 | none | 116 | 127 | - | SMD 0.33 lower (0.58 to 0.07 lower) | LOW | CRITICAL |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 5 | randomised trials | serious6 | serious2 | serious3 | serious7 | none | 142 | 138 | - | SMD 0.33 higher (0.21 lower to 0.87 higher) | VERY LOW | IMPORTANT |
| EDI Drive for thinness (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious5 | none | 30 | 26 | - | SMD 0.48 lower (1.01 lower to 0.06 higher) | LOW | IMPORTANT |
| EDI Bulimia (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious4 | none | 30 | 26 | - | SMD 0.71 lower (1.25 to 0.17 lower) | LOW | IMPORTANT |
| EDI Body dissatisfaction (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious4 | none | 30 | 25 | - | SMD 0.62 lower (1.16 to 0.09 lower) | LOW | IMPORTANT |
| Remission - Young People\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious9 | no serious inconsistency | serious10 | very serious11 | none | 6/44  (13.6%) | 4/41  (9.8%) | RR 1.40 (0.42 to 4.6) | 39 more per 1000 (from 57 fewer to 351 more) | VERY LOW | CRITICAL |
| Remission - Adults\_ITT | | | | | | | | | | | | |
| 4 | randomised trials | serious12 | no serious inconsistency | serious3 | very serious11 | none | 36/232  (15.5%) | 36/222  (16.2%) | RR 1.01 (0.66 to 1.53) | 2 more per 1000 (from 55 fewer to 86 more) | VERY LOW | CRITICAL |
| VERY LOW | | | | | | | | | | | | |
| VERY LOW | randomised trials | serious12 | serious2 | serious10 | serious5 | none | 85 | 74 | - | SMD 0.10 lower (0.41 lower to 0.22 higher) | VERY LOW | IMPORTANT |
| EDE- Restraint (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious12 | no serious inconsistency | serious10 | serious5 | none | 95 | 97 | - | SMD 0.03 higher (0.25 lower to 0.32 higher) | VERY LOW | IMPORTANT |
| EDE- Weight concern (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious12 | no serious inconsistency | serious10 | serious5 | none | 95 | 97 | - | SMD 0.12 lower (0.41 lower to 0.16 higher) | VERY LOW | IMPORTANT |
| EDE- Shape concern (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious12 | no serious inconsistency | serious10 | serious5 | none | 95 | 97 | - | SMD 0.00 lower (0.29 lower to 0.28 higher) | VERY LOW | IMPORTANT |
| EDE- Eating concern (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious12 | no serious inconsistency | serious10 | serious5 | none | 72 | 73 | - | SMD 0.02 higher (0.31 lower to 0.35 higher) | VERY LOW | IMPORTANT |
| Purging (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious13 | no serious inconsistency | serious10 | serious7 | none | 41 | 39 | - | SMD 0.34 higher (0.1 lower to 0.78 higher) | VERY LOW | CRITICAL |
| Exercising (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious14 | no serious inconsistency | serious10 | serious5 | none | 86 | 101 | - | SMD 0.02 higher (0.27 lower to 0.31 higher) | VERY LOW | IMPORTANT |
| Satisfaction with life (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious13 | no serious inconsistency | serious10 | serious4 | none | 41 | 39 | - | SMD 0.25 lower (0.69 lower to 0.19 higher) | VERY LOW | CRITICAL |
| Bulimic Inventory Index (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious15 | serious2 | no serious indirectness | serious7 | none | 54 | 58 | - | SMD 0.29 higher (0.09 lower to 0.67 higher) | VERY LOW | IMPORTANT |
| Bingeing FU (Better indicated by lower values) | | | | | | | | | | | | |
| 4 | randomised trials | serious16 | serious3 | no serious indirectness | serious5 | none | 126 | 144 | - | SMD 0.04 higher (0.2 lower to 0.28 higher) | VERY LOW | CRITICAL |
| Vomiting FU (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious16 | serious10 | serious10 | serious4 | none | 47 | 48 | - | SMD 0.25 lower (0.66 lower to 0.16 higher) | VERY LOW | CRITICAL |
| Use of laxatives FU (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious16 | no serious inconsistency | serious10 | serious4 | none | 98 | 118 | - | SMD 0.29 lower (0.56 lower to 0.02 higher) | VERY LOW | CRITICAL |
| Depression FU (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious17 | no serious inconsistency | serious3 | serious4 | none | 75 | 79 | - | SMD 0.19 lower (0.5 lower to 0.13 higher) | VERY LOW | IMPORTANT |
| EDE- Restraint FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious18 | no serious inconsistency | serious10 | serious5 | none | 50 | 49 | - | SMD 0.04 higher (0.36 lower to 0.43 higher) | VERY LOW | IMPORTANT |
| EDE- Shape concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious18 | no serious inconsistency | serious10 | serious5 | none | 50 | 49 | - | SMD 0.08 lower (0.48 lower to 0.32 higher) | VERY LOW | IMPORTANT |
| EDE- Weight concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious18 | no serious inconsistency | serious10 | serious5 | none | 50 | 49 | - | SMD 0.09 higher (0.31 lower to 0.48 higher) | VERY LOW | IMPORTANT |
| EDE- Eating concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious13 | no serious inconsistency | serious10 | serious5 | none | 27 | 25 | - | SMD 0.25 higher (0.29 lower to 0.8 higher) | VERY LOW | IMPORTANT |
| Satisfaction with life FU (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious13 | no serious inconsistency | serious10 | serious4 | none | 27 | 25 | - | SMD 0.08 lower (0.62 lower to 0.47 higher) | VERY LOW | CRITICAL |
| Bulimic Inventory Index FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious19 | no serious inconsistency | no serious indirectness | serious11 | none | 23 | 24 | - | SMD 0.77 higher (0.18 to 1.37 higher) |  LOW | IMPORTANT |
| EDI Body dissatisfaction FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious7 | none | 25 | 30 | - | SMD 0.1 higher (0.43 lower to 0.63 higher) |  LOW | IMPORTANT |
| EDI Drive for thinness FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious7 | none | 25 | 30 | - | SMD 0.23 higher (0.3 lower to 0.77 higher) |  LOW | IMPORTANT |
| EDI Bulimia FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious4 | none | 25 | 30 | - | SMD 0.23 lower (0.76 lower to 0.31 higher) |  LOW | IMPORTANT |
| Exercising FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious20 | no serious inconsistency | very serious10 | serious5 | none | 72 | 87 | - | SMD 0.02 lower (0.33 lower to 0.3 higher) | VERY LOW | IMPORTANT |
| Purging FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious13 | no serious inconsistency | serious10 | serious7 | none | 27 | 25 | - | SMD 0.40 higher (0.15 lower to 0.95 higher) | VERY LOW | CRITICAL |
| Remission FU - Young people | | | | | | | | | | | | |
| 1 | randomised trials | serious9 | no serious inconsistency | serious10 | very serious11 | none | 9/44  (20.5%) | 12/41  (29.3%) | RR 0.70 (0.33 to 1.48) | 88 fewer per 1000 (from 196 fewer to 140 more) | VERY LOW | CRITICAL |
| Remission FU - Adults | | | | | | | | | | | | |
| 4 | randomised trials | serious12 | no serious inconsistency | serious3 | serious21 | none | 45/232  (19.4%) | 50/222  (22.5%) | RR 0.85 (0.59 to 1.14) | 34 fewer per 1000 (from 92 fewer to 32 more) | VERY LOW | CRITICAL |

1 It was unclear in all studies except Schmidt 2006 (where it was performed) if allocation concealment was performed. Across all studies it was unclear if patients were blind to treatment allocation, and in most studies it was unclear if the assessors and investigators were blind. High dropout rates were reported across studies.  
2 Heterogeneity was detected I2 >50%.  
3 A mixed population of BN and EDNOS was used for a majority of the included studies, however, the BN made up the higher number.  
4 95% CI crossed 1 MID (-0.5).  
5 For a continuous outcome, there were fewer than 400 participants.  
6 It was unclear in all studies except Theils 1998 (where it was not performed) if allocation concealment was performed. Across all studies it was unclear if patients were blind to treatment allocation, and in most studies it was unclear if the the assessors and investigators were blind. High dropout rates were reported across studies >20%.  
7 95% CI crossed 1 MID (0.5).  
8 It was unclear in Bailer 2004 how the randomisation sequence was generated and if allocation concealment was conducted. It was also unclear if either the participant, investigator or assessor was performed. High drop outs were detected >20%.  
9 Allocation concealment was performed, but it was unclear if the patients were blind to treatment allocation. The assessors and investigators were not blinded. High dropout rates were detected >20%  
10 A mixed population of BN and EDNOS was used, however, the BN made up the higher number.  
11 95% CI crossed 2 MIDs (0.75 and 1.25)  
12 Across studies it was unclear if allocation concealment was performed and if either or all of the participants, investigators, and assessors were blind. High dropout rates were reported >20  
13 It was unclear if they performed allocation concealment. It was unclear if participants or investigators were blind, however, assessors were blind. High drop outs were reported >20%,  
14 It was unclear in all studies, except Schmidt 2006 if allocation concealment was performed. It was unclear across studies if participants and investigators were blind, assessors were blind in all studies but Schmidt. High drop outs were reported >20%.  
15 It was unclear in Durand 2003 if allocation concealment was performed, in Thiels it was not performed. Neither the investigators or assessors were blind in Durand 2003, but it was unclear in participants were blind. In Thiels it was unclear if any were blind. High drop outs were reported >20%,  
16 It was unclear in Bailer 2004 how the randomised sequence was generated and it was unclear across all studies except Schmidt 2006 if allocation concealment was performed. In Mitchell 2008 and Wagner 2013 assessors were blind, but it was unclear if participants or investigators were blind. HIgh drop outs were reported >20%.  
17 It was unclear in Bailer and Mitchell if allocation concealment was conducted but it was no performed in Thiels 1988. It was unclear across all studies if the participants, investigators or assessors were blind, except Mtichell 2008 the assessors were blind. HIgh drop outs were reported >20%.  
18 It was unclear in Mitchell if allocation concealment was conducted but it was no performed in Thiels 1988. It was unclear if the participants, investigators or assessors were blind, except Mtichell 2008 the assessors were blind. HIgh drop outs were reported >20%.  
19 Allocation concealment was not performed and it was unclear if either the participants, investigators or assessors were blind. High dropout rates were detected >20%.  
20 It was unclear if in Wagner 2013 if allocation concealment was performed, but it was in Schmidt 2006. It was unclear if participants or investigators were blind in both studies. In Schmidt the assessors were not blind at follow-up, yet in Wagner 2013 the assessors were blind. High drop outs were reported >20%.  
21 95% CI crossed 1 MID (0.75).

Table 64: Full GRADE profile for guided self-help (ED) versus wait list controls for adults with bulimia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BN Guided SH (ED)** | **WLC** | **Relative (95% CI)** | **Absolute** |
| Bingeing (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 55 | 56 | - | SMD 0.46 lower (0.84 to 0.08 lower) | VERY LOW | CRITICAL |
| Vomiting (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 74 | 77 | - | SMD 0.32 lower (0.64 lower to 0.01 higher) | LOW | CRITICAL |
| Use of laxatives (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | very serious4 | no serious indirectness | serious3 | none | 74 | 77 | - | SMD 0.55 lower (1.80 lower to 0.69 higher) | VERY LOW | CRITICAL |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | serious2 | no serious indirectness | serious3 | none | 109 | 111 | - | SMD 0.53 lower (0.8 to 0.26 lower) | VERY LOW | IMPORTANT |
| Purging (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | very serious4 | serious2 | serious3 | none | 89 | 89 | - | SMD 0.95 lower (1.27 to 0.63 lower) | VERY LOW | CRITICAL |
| EDI Drive for thinness (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious5 | serious6 | serious2 | serious3 | none | 89 | 89 | - | SMD 0.80 lower (1.1 to 0.49 lower) | VERY LOW | IMPORTANT |
| EDI Body dissatisfaction (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious5 | no serious inconsistency | serious2 | serious3 | none | 89 | 89 | - | SMD 0.81 lower (1.12 to 0.51 lower) | VERY LOW | IMPORTANT |
| EDI - Bulimia (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | serious2 | serious3 | none | 35 | 34 | - | SMD 0.15 lower (0.62 lower to 0.32 higher) | VERY LOW | IMPORTANT |
| EDE- Weight concern (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious5 | serious6 | serious2 | serious7 | none | 89 | 89 | - | SMD 0.82 lower (1.13 to 0.51 lower) | VERY LOW | IMPORTANT |
| EDE-Restraint (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | serious2 | serious3 | none | 35 | 34 | - | SMD 0.31 lower (0.78 lower to 0.17 higher) | VERY LOW | CRITICAL |
| EDE - Eating concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | serious2 | serious3 | none | 35 | 34 | - | SMD 1.19 lower (1.71 to 0.68 lower) | VERY LOW | IMPORTANT |
| EDE- Shape concern (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious5 | serious6 | serious2 | serious3 | none | 89 | 89 | - | SMD 0.70 lower (1.01 to 0.4 lower) | VERY LOW | IMPORTANT |
| EDE-Global (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious9 | no serious inconsistency | serious2 | serious3 | none | 89 | 89 | - | SMD 1.31 lower (1.64 to 0.99 lower) | VERY LOW | IMPORTANT |
| Quality of life (Better indicated by higher values) | | | | | | | | | | | | |
| 2 | randomised trials | serious5 | no serious inconsistency | serious2 | serious3 | none | 89 | 89 | - | SMD 0.59 higher (0.29 to 0.89 higher) | VERY LOW | CRITICAL |
| Clinical Symptom Index (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 74 | 77 | - | SMD 0.38 lower (0.71 to 0.06 lower) | LOW | CRITICAL |
| Did not achieve remission\_ITT | | | | | | | | | | | | |
| 2 | randomised trials | serious10 | no serious inconsistency | serious11 | serious12 | none | 21/112  (18.8%) | 6/86  (7%) | RR 0.86 (0.77 to 0.96) | 10 fewer per 1000 (from 3 fewer to 16 fewer) | VERY LOW | CRITICAL |
| Remission FU\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious13 | no serious inconsistency | serious11 | serious14 | none | 13/58  (22.4%) | 7/31  (22.6%) | RR 0.99 (0.44 to 2.23) | 2 fewer per 1000 (from 126 fewer to 278 more) | VERY LOW | CRITICAL |
| Purging (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious7 | none | 35 | 34 | - | SMD 2.07 lower (2.66 to 1.47 lower) | VERY LOW | CRITICAL |
| Purging (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious7 | none | 54 | 34 | - | SMD 0.49 lower (0.87 to 0.11 lower) | LOW | CRITICAL |
| EDE- Shape concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | serious2 | serious7 | none | 35 | 34 | - | SMD 1.05 lower (1.56 to 0.54 lower) | VERY LOW | IMPORTANT |
| EDE- Shape concern >18 binges month (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | no serious indirectness | serious3 | none | 54 | 55 | - | SMD 0.51 lower (0.89 to 0.13 lower) | LOW | IMPORTANT |
| EDE- Weight concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | serious2 | serious7 | none | 35 | 34 | - | SMD 1.29 lower (1.81 to 0.77 lower) | VERY LOW | IMPORTANT |
| EDE- Weight concern >18 binges month (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | no serious indirectness | serious3 | none | 54 | 55 | - | SMD 0.56 lower (0.95 to 0.18 lower) | LOW | IMPORTANT |

1 It was unclear in all studies if allocation concealment was performed. How the randomisation sequence was generated in Walsh 2004 was unclear. Across the studies it was unclear if either or all the participants, investigators or assessors were blind. High dropout rates were reported >20%.  
2 Ljotsson 2007 contained a mixture of BED (52%) and BN (48%)  
3 95% CI crossed 1 MID (-0.5).  
4 Heterogeneity was detected I2 >80%.  
5 It was unclear in all studies if allocation concealment was performed. In Banasiask 2005 the assessors were blind, but participants and investigators were not blind. In Ljotsson 2007 the participants were not blind but it was unclear if investigators and assessors were blind. High dropout rates were reported >20%.  
6 Heterogeneity was detected I2 >50%.  
7 For a continuous outcome, there were fewer than 400 participants.  
8 It was unclear in all studies if allocation concealment was performed. In Ljotsson 2007 the participants were not blind but it was unclear if investigators and assessors were blind. High dropout rates were reported >20%.  
9 It was unclear in all studies if allocation concealment was performed. Across the studies it was unclear if either or all the participants, investigators or assessors were blind. High dropout rates were reported >20%.  
10 It was unclear in all studies if allocation concealment was performed. In Banasiask 2005 the assessors were blind, but participants and investigators were not blind. In Palmer 2002, it was unclear if participants, investigators and assessors were blind. High dropout rates were reported >20%.  
11 Palmer 2002 contained a mixed population of EDNOS (20%) and BN (80%)  
12 For a dichotomous outcome, there were fewer than 300 events.   
13 It was unclear if allocation concealment was performed. It was unclear if assessors, investigators or participants were blind. High drop outs were detected >20%.  
14 95% CI crossed 1 MID (1.25).

Table 65: Full GRADE profile for self-help compared with another intervention for adults with BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BN Self-help** | **Other** | **Relative (95% CI)** | **Absolute** |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 28 | 28 | - | SMD 0.52 lower (1.05 lower to 0.01 Higher) | LOW | IMPORTANT |
| EDE Global (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 15 | 17 | - | SMD 0.82 lower (1.55 to 0.1 lower) | LOW | IMPORTANT |
| EDE Restraint (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 28 | 28 | - | SMD 0.20 lower (0.73 lower to 0.32 Higher) | LOW | IMPORTANT |
| EDE Eating concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 28 | 28 | - | SMD 0.45 lower (0.98 lower to 0.08 Higher) | LOW | IMPORTANT |
| EDE Shape Concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 28 | 28 | - | SMD 0.39 Higher (0.14 lower to 0.92 Higher) | LOW | IMPORTANT |
| EDE Weight Concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 28 | 28 | - | SMD 0.47 lower (1 lower to 0.06 Higher) | LOW | IMPORTANT |

1 In Carter 2003, the participants were not blinded, it was unclear if investigators were blind and the assessors were blind. Again, High dropouts were reported >20%  
2 95% CI crossed 1 MID (-0.5)

Table 66: Full GRADE profile for self-help versus wait list control for adults with BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BN Self-help** | **WLC** | **Relative (95% CI)** | **Absolute** |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 28 | 28 | - | SMD 0.02 Higher (0.5 lower to 0.54 Higher) | VERY LOW | IMPORTANT |
| EDE- Restraint (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 28 | 28 | - | SMD 0.07 lower (0.59 lower to 0.45 Higher) | LOW | IMPORTANT |
| EDE-Shape concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 28 | 28 | - | SMD 0.08 lower (0.6 lower to 0.44 Higher) | LOW | IMPORTANT |
| EDE-Weight concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 28 | 28 | - | SMD 0.00 Higher (0.52 lower to 0.52 Higher) | VERY LOW | IMPORTANT |
| EDE- Eating concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 28 | 28 | - | SMD 0.0 Higher (0.52 lower to 0.52 Higher) | VERY LOW | IMPORTANT |
| Did not achieve remission\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | serious5 | serious6 | none | 2/32  (6.3%) | 0/31  (0%) | RR 0.94 (0.84 to 1.04) | - | VERY LOW | CRITICAL |
| Remission\_ITT\_FU | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | serious5 | very serious7 | none | 7/32  (21.9%) | 7/31  (22.6%) | RR 0.97 (0.38 to 2.44) | 7 fewer per 1000 (from 140 fewer to 325 more) | VERY LOW | CRITICAL |

1 In Carter 2003, the participants were not blinded, it was unclear if investigators were blind and the assessors were blind. Again, High dropouts were reported >20%  
2 95% CI crossed 2 MIDs (-0.5 and 0.5)  
3 95% CI crossed 1 MID (-0.5)  
4 It was unclear if allocation concealment was performed. It was unclear if participants, assessors and investigators were blinded. High dropouts were reported >20%,  
5 Palmer 2002 contained a mixed population of EDNOS (20%) and BN (80%)  
6 For a dichotomous outcome, there were fewer than 300 events  
7 95% CI crossed 2 MIDs (0.75 and 1.25)

Table 67: Full GRADE profile for self-help (ED) versus any other intervention for people with BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BN Self-help (ED)** | **Other** | **Relative (95% CI)** | **Absolute** |
| **Bingeing (Better indicated by lower values)** | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | serious2 | serious3 | very serious4 | none | 91 | 71 | - | SMD 0.18 higher (0.52 lower to 0.88 higher) | VERY LOW | CRITICAL |
| **Purging (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | no serious indirectness | serious6 | none | 35 | 35 | - | SMD 0.49 higher (0.02 to 0.97 higher) | LOW | CRITICAL |
| **Use of laxatives (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | serious3 | serious8 | none | 16 | 17 | - | SMD 0.10 higher (0.58 lower to 0.78 higher) | VERY LOW | CRITICAL |
| **Vomiting (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | very serious9 | serious3 | serious10 | none | 58 | 38 | - | SMD 0.85 higher (0.41 to 1.29 higher) | VERY LOW | CRITICAL |
| **Depression (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious11 | no serious inconsistency | no serious indirectness | serious10 | none | 28 | 28 | - | SMD 0.52 higher (0.01 lower to 1.05 higher) | LOW | CRITICAL |
| **Exercising (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | serious3 | very serious4 | none | 16 | 17 | - | SMD 0.1 higher (0.58 lower to 0.79 higher) | VERY LOW | IMPORTANT |
| **Remission\_ITT** | | | | | | | | | | | | |
| 2 | randomised trials | serious12 | no serious inconsistency | serious13 | very serious14 | none | 11/87  (12.6%) | 12/86  (14%) | RR 0.74 (0.32 to 1.7) | 36 fewer per 1000 (from 95 fewer to 98 more) | VERY LOW | CRITICAL |
| **EDE-Global (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious5 | no serious inconsistency | no serious indirectness | serious10 | none | 76 | 56 | - | SMD 0.2 higher (0.15 lower to 0.55 higher) | LOW | IMPORTANT |
| **EDE- Weight concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious15 | no serious inconsistency | no serious indirectness | serious10 | none | 69 | 49 | - | SMD 0.23 higher (0.14 lower to 0.61 higher) | LOW | IMPORTANT |
| **EDE- Eating concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious16 | no serious inconsistency | no serious indirectness | serious10 | none | 28 | 28 | - | SMD 0.45 higher (0.08 lower to 0.98 higher) | LOW | IMPORTANT |
| **EDE- Shape concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious15 | no serious inconsistency | no serious indirectness | serious10 | none | 69 | 49 | - | SMD 0.2 higher (0.18 lower to 0.57 higher) | LOW | IMPORTANT |
| **EDE- Restraint (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious15 | very serious9 | no serious indirectness | serious10 | none | 69 | 49 | - | SMD 0.71 higher (0.32 to 1.1 higher) | VERY LOW | IMPORTANT |
| **Purging FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious17 | no serious inconsistency | no serious indirectness | serious8 | none | 35 | 35 | - | SMD 0 higher (0.47 lower to 0.47 higher) | LOW | CRITICAL |
| **Bingeing FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | serious3 | serious10 | none | 54 | 57 | - | SMD 0.23 higher (0.14 lower to 0.61 higher) | VERY LOW | CRITICAL |
| **Vomiting FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | serious3 | very serious4 | none | 18 | 22 | - | SMD 0.07 higher (0.55 lower to 0.69 higher) | VERY LOW | CRITICAL |
| **Excessive exercising FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | serious3 | very serious4 | none | 17 | 20 | - | SMD 0.09 higher (0.55 lower to 0.74 higher) | VERY LOW | IMPORTANT |
| **Use of laxatives FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | serious3 | serious10 | none | 18 | 21 | - | SMD 0.22 higher (0.41 lower to 0.85 higher) | VERY LOW | CRITICAL |
| **EDE-Global FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | no serious indirectness | serious6 | none | 35 | 35 | - | SMD 0.14 lower (0.61 lower to 0.33 higher) | LOW | IMPORTANT |
| Remission FU | | | | | | | | | | | | |
| 1 | randomised trials | serious12 | no serious inconsistency | serious13 | very serious4 | none | 7/32  (21.9%) | 13/58  (22.4%) | RR 0.98 (0.43 to 2.2) | 4 fewer per 1000 (from 128 fewer to 269 more) | VERY LOW | CRITICAL |

1 Whilst in Schmidt 2006, allocation concealment was performed it was unclear in the other studies. It was unclear in all studies if participants, investigators or assessors were blind. High drop outs were reported .>20%.  
2 Heterogeneity detected I2 >50%.  
3 Schmidt 2006 included a mixed population of BN and ENDOS  
4 95% CI crossed 2 MIDs (-0.5 and 0.5).  
5 It was unclear if allocation concealment was performed. It was also unclear if participants, investigators and assessors were blind. High drop outs were detected >20%.  
6 95% CI crossed 1 MID (-0.5).  
7 In Schmidt 2006, allocation concealment was performed. It was unclear in all studies if participants, investigators were blind. Assessors were blind at baseline but not at follow-up. High drop outs were reported .>20%.  
8 For a continuous outcome there were fewer than 400 participants.  
9 Heterogeneity was detected I2>80%  
10 95% CI crossed 1 MID (0.5).  
11 Allocation concealment was performed and assessors were blind. However, participants were not blind and it was unclear if investigators were. High drop outs were detected >20%.  
12 It was unclear if allocation concealment was performed. It was also unclear if either the participants, assessors or investigators were blind. High drop outs were reported >20%.  
13 Palmer 2002 contained a mixed population of EDNOS (20%) and BN (80%)  
14 95% CI crossed 2 MIDs (0.75 and 1.25).  
15 Allocation concealment was performed in Carter 2003, however it was unclear if it was in the other study. In Carter, the participants were not blind but the assessors were. It was unclear in the other study/ies if either the participants, assessors or investigators were blind. High drop outs were reported >20%.  
16 Allocation concealment was performed in Carter 2003. The participants were not blind but the assessors were. High drop outs were reported >20%.  
17 it was unclear if allocation concealment was conducted. Assessors were blind but it was unclear if participants or participants were blind.

Table 68: Full GRADE profile for internet self-help (ED) versus another intervention for people with BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BN Internet SH (ED)** | **Other** | **Relative (95% CI)** | **Absolute** |
| **Bingeing (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | serious2 | no serious indirectness | serious3 | none | 105 | 87 | - | SMD 0.26 lower (0.55 lower to 0.03 higher) | VERY LOW | CRITICAL |
| **Purging (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious5 | none | 35 | 35 | - | SMD 0.49 lower (0.97 to 0.02 lower) | LOW | CRITICAL |
| **Vomiting (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious5 | none | 70 | 52 | - | SMD 0.14 higher (0.22 lower to 0.5 higher) | LOW | CRITICAL |
| **EDE-Q (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious7 | none | 35 | 35 | - | SMD 0.36 lower (0.84 lower to 0.11 higher) | LOW | IMPORTANT |
| **Laxative use (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious5 | none | 70 | 52 | - | SMD 0.16 higher (0.2 lower to 0.52 higher) | LOW | CRITICAL |
| **Excessive exercise (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious3 | none | 70 | 52 | - | SMD 0.08 higher (0.28 lower to 0.44 higher) | LOW | IMPORTANT |
| **Remission\_ITT** | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious8 | none | 12/83  (14.5%) | 11/72  (15.3%) | RR 0.95 (0.44 to 2.01) | 8 fewer per 1000 (from 86 fewer to 154 more) | LOW | CRITICAL |
| **Binging FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 105 | 87 | - | SMD 0.21 lower (0.49 lower to 0.08 higher) | LOW | CRITICAL |
| **Remission FU\_ITT** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious8 | none | 21/83  (25.3%) | 11/72  (15.3%) | RR 1.66 (0.86 to 3.2) | 101 more per 1000 (from 21 fewer to 336 more) | VERY LOW | CRITICAL |
| **EDE-Q FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious5 | none | 35 | 35 | - | SMD 0.14 higher (0.33 lower to 0.61 higher) | LOW | IMPORTANT |
| **Purging FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious3 | none | 35 | 35 | - | SMD 0 higher (0.47 lower to 0.47 higher) | LOW | CRITICAL |
| **Vomiting FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious3 | none | 70 | 52 | - | SMD 0.04 lower (0.4 lower to 0.32 higher) | LOW | CRITICAL |
| **Laxative use FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | Serious4 | no serious inconsistency | no serious indirectness | serious5 | none | 70 | 52 | - | SMD 0.18 higher (0.18 lower to 0.54 higher) | LOW | CRITICAL |
| **Excessive exercise FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious3 | none | 70 | 52 | - | SMD 0.01 lower (0.37 lower to 0.35 higher) | LOW | IMPORTANT |
| **Bingeing (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious7 | none | 105 | 87 | - | SMD 0.69 higher (1.17 to 0.2 lower) | LOW | CRITICAL |
| Bingeing >18 month (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious3 | none | 70 | 52 | - | SMD 0.03 lower (0.3 lower to 0.33 higher) | LOW | CRITICAL |

1 It was unclear allocation concealment was conducted. In Wagner 2013 assessors were blind but it was unclear if either the participants or investigators were blind. In Ruwaard 2013 it was unclear if either the participants, investigators or assessors were blind. High drop outs were reported >20%.  
2 Heterogeneity was detected >50%  
3 For a continuous outcome, there were fewer than 400 participants.  
4 In Wagner 2013, it was unclear allocation concealment was conducted, or if either the participants, assessors or investigators were blind. High drop outs were reported >20%.  
5 95% CI crossed 1 MID (0.5)  
6 In Ruwaard 2013, it was unclear allocation concealment was conducted. Assessors were blind but it was unclear if either the participants or investigators were blind. High drop outs were reported >20%.  
7 95% CI crossed 1 MID (-0.5)

Table 69: Full GRADE profile for internet self-help (ED) versus wait list controls for BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BN Internet SH (ED) | WLC | Relative (95% CI) | Absolute |
| **Bingeing (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 71 | 66 | - | SMD 0.41 lower (0.75 to 0.07 lower) | VERY LOW | CRITICAL |
| **Purging (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 71 | 66 | - | SMD 0.37 lower (0.71 to 0.04 lower) | VERY LOW | CRITICAL |
| **Vomiting (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | very serious4 | serious2 | serious3 | none | 71 | 66 | - | SMD 0.09 Higher (0.25 lower to 0.43 Higher) | VERY LOW | CRITICAL |
| **Depression (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | serious2 | serious6 | none | 36 | 31 | - | SMD 1.09 lower (1.6 to 0.57 lower) | VERY LOW | CRITICAL |
| **Quality of life (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | serious2 | serious7 | none | 36 | 31 | - | SMD 0.7 Higher (0.19 to 1.2 Higher) | VERY LOW | CRITICAL |
| Remission Not Achieved | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | serious2 | serious8 | none | 7/38  (18.4%) | 1/38  (2.6%) | RR 0.84 (0.71 to 0.98) | 4 fewer per 1000 (from 1 fewer to 8 fewer) | VERY LOW | CRITICAL |
| EDE-Q (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | serious2 | serious6 | none | 71 | 66 | - | SMD 0.71 lower (1.05 to 0.36 lower) | VERY LOW | IMPORTANT |
| EDE- Restraint (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | serious2 | serious6 | none | 36 | 31 | - | SMD 0.88 lower (1.38 to 0.38 lower) | VERY LOW | IMPORTANT |
| EDE- Shape concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | serious2 | serious6 | none | 36 | 31 | - | SMD 1.18 lower (1.7 to 0.66 lower) | VERY LOW | IMPORTANT |
| EDE- Weight concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | serious2 | serious6 | none | 36 | 31 | - | SMD 0.88 lower (1.38 to 0.38 lower) | VERY LOW | IMPORTANT |
| EDE- Eating concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | serious2 | serious6 | none | 36 | 31 | - | SMD 0.94 lower (1.45 to 0.43 lower) | VERY LOW | IMPORTANT |

1 It was unclear if allocation concealment was conducted. In Sanchez-Ortiz, the assessors were blind but it was unclear if either the investigators or participants were blind. In the other study, it was unclear if any were blind. High dropouts were reported >20%.  
2 Sanchez-Ortiz 2011 included a mixed population of BN (51.3%) and ENDOS (48.7%)  
3 For a continuous outcome, there were fewer than 400 participants.   
4 Heterogeneity was detected, I2 >80%  
5 In Sanchez-Ortiz, it was unclear if allocation concealment was conducted. The assessors were blind but it was unclear if either the investigators or participants were blind. High dropouts were reported >20%.  
6 95% CI crossed 1 MID (-0.5).  
7 95% CI crossed 1 MID (0.5).  
8 95% CI crossed 1 MID (0.75).

Table 70: Full GRADE profile for self-help (ED) versus wait list controls for adults with BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BN Self-help (ED)** | **WLC** | **Relative (95% CI)** | **Absolute** |
| Bingeing (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | very serious2 | no serious indirectness | serious3 | none | 76 | 54 | - | SMD 1.23 lower (3.95 lower to 1.49 higher) |  VERY LOW | CRITICAL |
| Purging (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious5 | none | 35 | 35 | - | SMD 0.2 higher (0.27 lower to 0.67 higher) |  LOW | CRITICAL |
| Vomiting (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious5,6 | none | 41 | 19 | - | SMD 0.00 higher (0.54 lower to 0.54 higher) |  VERY LOW | CRITICAL |
| EDE-Q (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious4 | very serious2 | no serious indirectness | very serious3 | none | 76 | 54 | - | SMD 1.25 lower (3.41 lower to 0.92 higher) |  VERY LOW | IMPORTANT |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious5 | none | 28 | 29 | - | SMD 0.47 higher (0.06 lower to 1 higher) |  LOW | IMPORTANT |
| Remission\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | very serious9 | none | 9/55  (16.4%) | 2/27  (7.4%) | RR 2.21 (0.51 to 9.52) | 90 more per 1000 (from 36 fewer to 631 more) |  VERY LOW | CRITICAL |
| EDE- Restraint (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious10 | none | 69 | 48 | - | SMD 0.07 higher (0.31 lower to 0.44 higher) |  LOW | IMPORTANT |
| EDE- Shape concern (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious6 | none | 69 | 48 | - | SMD 0.74 lower (1.18 to 0.29 lower) |  LOW | IMPORTANT |
| EDE- Weight concern (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious10 | none | 69 | 48 | - | SMD 0.55 lower (0.97 to 0.13 lower) |  LOW | IMPORTANT |
| EDE- Eating concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious5 | none | 28 | 29 | - | SMD 0.42 higher (0.1 lower to 0.95 higher) |  LOW | IMPORTANT |

1 It was unclear if allocation concealment was conducted. It was unclear if participants, investigators or assessors were blind, except in Mitchell 2008 assessors were not blind. HIgh drop outs were reported >20%.  
2 Heterogeneity was detected, I2 >80%.  
3 95% CI crossed 2 MIDs (-0.5 and 0.5).  
4 It was unclear if allocation concealment was conducted. It was unclear if participants, investigators or assessors were blind. High drop outs were reported >20%.  
5 95% CI crossed 1 MID (0.5).  
6 95% CI crossed 1 MID (-0.5).  
7 In Carter 2003, allocation concealment was conducted. Assessors were blind, but participants were not. it was unclear if investigators were blind. High drop outs were detected >20%.  
8 In Carter 2003, allocation concealment was conducted, but it was unclear if it was conducted in Treasure. In Carter, assessors were blind, but participants were not. it was unclear if investigators were blind. It was unclear if any were blind in Treasure. High drop outs were detected >20%.  
9 95% CI crossed 2 MIDs (0.75 and 1.25)  
10 For a continuous outcome, there were fewer than 400 participants.

Table 71: Full GRADE profile for text messaging versus wait list controls for BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BN Text messaging | WLC | Relative (95% CI) | Absolute |
| Remission\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 42/82  (51.2%) | 30/83  (36.1%) | RR 1.42 (0.99 to 2.02) | 152 more per 1000 (from 4 fewer to 369 more) | VERY LOW |  |

1 it was unclear how the randomisation sequence was generated or if allocation concealment was conducted. It was unclear if either the participants, investigators or assessors were blind.  
2 Included a mixed population of BN 60% and EDNOS 40%  
3 95% CI crossed 1 MID (1.25)

* + 1. Self-help for binge eating disorder

Table 72: Full GRADE profile for guided self-help (ED) versus another intervention for BED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BED Guided SH (ED)** | **Other** | **Relative (95% CI)** | **Absolute** |
| Bingeing (Better indicated by lower values) | | | | | | | | | | | | |
| 7 | randomised trials | serious1 | no serious inconsistency | no serious indirectness2 | no serious imprecision | none | 251 | 239 | - | SMD 0.28 lower (0.47 to 0.09 lower) | MODERATE | CRITICAL |
| Vomiting (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | serious2 | serious4 | none | 45 | 45 | - | SMD 0.81 lower (1.24 to 0.38 lower) | VERY LOW | CRITICAL |
| Use of laxatives (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | serious2 | serious4 | none | 45 | 45 | - | SMD 0.21 higher (0.21 lower to 0.62 higher) | VERY LOW | CRITICAL |
| BMI (Better indicated by lower values) | | | | | | | | | | | | |
| 7 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | no serious imprecision | none | 327 | 363 | - | SMD 0.04 higher (0.11 lower to 0.2 higher) | MODERATE | CRITICAL |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 5 | randomised trials | serious5 | no serious inconsistency | serious6 | no serious imprecision | none | 218 | 176 | - | SMD 0.29 lower (0.5 to 0.08 lower) | LOW | IMPORTANT |
| Remission\_ITT | | | | | | | | | | | | |
| 9 | randomised trials | serious7 | serious8 | no serious indirectness6 | serious9 | none | 151/351  (43%) | 75/310  (24.2%) | RR 1.76 (1.42 to 2.19) | 184 more per 1000 (from 102 more to 288 more) | VERY LOW | CRITICAL |
| EDE-Global severity (Better indicated by lower values) | | | | | | | | | | | | |
| 4 | randomised trials | serious7 | no serious inconsistency | serious2 | serious10 | none | 159 | 230 | - | SMD 0.14 lower (0.35 lower to 0.07 higher) | VERY LOW | IMPORTANT |
| EDE- Shape concern (Better indicated by lower values) | | | | | | | | | | | | |
| 7 | randomised trials | serious7 | serious8 | serious2,6 | serious4 | none | 359 | 381 | - | SMD 0.27 lower (0.53 to 0.02 lower) | VERY LOW | IMPORTANT |
| **EDE- Weight concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 7 | randomised trials | serious7 | serious8 | serious2,6 | serious4 | none | 359 | 381 | - | SMD 0.22 lower (0.52 lower to 0.08 higher) | VERY LOW | IMPORTANT |
| **EDE- Restraint (Better indicated by lower values)** | | | | | | | | | | | | |
| 7 | randomised trials | serious7 | serious8 | serious2,6 | serious4 | none | 359 | 381 | - | SMD 0.37 lower (0.6 to 0.13 lower) | VERY LOW | IMPORTANT |
| **EDE- Eating concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 6 | randomised trials | serious7 | very serious11 | serious6 | serious10 | none | 284 | 366 | - | SMD 0.27 lower (0.43 to 0.11 lower) | VERY LOW | IMPORTANT |
| **Excessive exercise (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | serious2 | very serious4 | none | 45 | 45 | - | SMD 0.28 lower (0.7 lower to 0.13 higher) | VERY LOW | IMPORTANT |
| **Satisfaction with life (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious12 | no serious inconsistency | no serious indirectness | no serious imprecision | none | 110 | 174 | - | SMD 0.12 higher (0.13 lower to 0.36 higher) | MODERATE | CRITICAL |
| **Bingeing FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 4 | randomised trials | serious13 | no serious inconsistency | no serious indirectness | serious10 | none | 111 | 189 | - | SMD 0.09 higher (0.15 lower to 0.33 higher) | LOW | CRITICAL |
| **BMI FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 4 | randomised trials | serious7 | no serious inconsistency | serious6 | serious10 | none | 164 | 245 | - | SMD 0.02 higher (0.18 lower to 0.22 higher) | VERY LOW | CRITICAL |
| **EDE- Weight concern FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 3 | randomised trials | serious14 | serious8 | serious6 | serious10 | none | 147 | 221 | - | SMD 0.12 higher (0.31 lower to 0.56 higher) | VERY LOW | IMPORTANT |
| **EDE- Restraint FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 3 | randomised trials | serious14 | serious8 | serious6 | serious10 | none | 147 | 221 | - | SMD 0.12 lower (0.52 lower to 0.27 higher) | VERY LOW | IMPORTANT |
| **EDE- Shape concern FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 3 | randomised trials | serious14 | serious8 | serious6 | serious10 | none | 147 | 221 | - | SMD 0.00 higher (0.42 lower to 0.42 higher) | VERY LOW | IMPORTANT |
| **EDE- Eating concern FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 3 | randomised trials | serious14 | serious8 | serious6 | serious10 | none | 147 | 221 | - | SMD 0.06 lower (0.47 lower to 0.36 higher) | VERY LOW | IMPORTANT |
| EDE-Q-Global score-FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious | no serious inconsistency | no serious indirectness | serious10 | none | 95 | 165 | - | SMD 0.32 lower (0.58 to 0.06 lower) | LOW | IMPORTANT |
| Remission FU\_ITT | | | | | | | | | | | | |
| 3 | randomised trials | serious7 | no serious inconsistency | serious6 | serious15 | none | 58/106  (54.7%) | 46/123  (37.4%) | RR 1.40 (1.06 to 1.85) | 150 more per 1000 (from 22 more to 318 more) | VERY LOW | CRITICAL |
| Quality of life FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious16 | no serious inconsistency | no serious indirectness | serious10 | none | 56 | 111 | - | SMD 0.01 higher (0.31 lower to 0.33 higher) | LOW | CRITICAL |
| Depression FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious13 | no serious inconsistency | serious6 | serious4 | none | 70 | 80 | - | SMD 0.39 lower (0.71 to 0.06 lower) | VERY LOW | CRITICAL |

1 Across studies it was unclear if allocation concealment was conducted (or adequately). In Peterson 2001 neither the investigator or assessor were blind and in Dunn 2005 the participants were not blind. In Grilo 2013 the assessors were blind, but it was unclear if the others were bland. In Carter, randomisation and allocation concealment was adequate, however, participants, investigators and assessors were not blind. In other studies, it was unclear if either the participants, assessors or investigators were blind. High drop outs were reported >20%.  
2 Dunn 2006 included a mixed population of BN and BED  
3 in Dunn 2005, no details were provided on how the random sequence was generated and it was unclear if allocation concealment was performed. The participants were not blind and it was unclear if investigators or assessors were blind. High drop outs were reported >20%.   
4 95% CI crossed 1 MID (-0.5).   
5 In Carrard, allocation concealment was not conducted. It was unclear in all other studies. Across studies, it was unclear if all or either the participants, assessors or investigators were blind. In Carrard, assessors were not blind, whilst in Striegel-Moore assessors were blind. High drop outs were reported >20%.  
6 Striegel-Moore 2010 included a mixed population of BED (53%) and BN (47%)  
7 Across studies it was unclear if allocation concealment was conducted (or adequately). It was also unclear if either or all of the participants, assessors or investigators were blind. High drop outs were reported >20%.  
8 Heterogeneity was detected, I2 >50%  
9 For a dichotomous outcome, there were fewer than 300 events.  
10 For a continuous outcome, there are fewer than 400 participants.  
11 Heterogeneity was detected, I2 >80%,  
12 No details were provided on how random sequence was generated and it was unclear if allocation concealment was conducted. In Cassin, only assessors were blind, and in Peterson neither the assessors nor investigators were blind. High drop outs were detected >20%.  
13 It was unclear if allocation concealment was conducted. In Peterson 2009, neither the assessors or investigators were blind, Whilst in the other study, it was unclear if either the participants, investigators or assessors were blind. High dropout rates were detected >20%.  
14 It was unclear how random sequence was generated and it was unclear if allocation concealment was conducted. In Peterson, neither the assessors nor investigators were blind. Whilst in Striegel-Moore 2001, assessors were blind but it was unclear if either investigators or participants were blind. In Carter, randomisation and allocation concealment was adequate, however, participants, investigators and assessors were not blind. High dropout rates were detected in Peterson 2009.  
15 95% CI crossed 1 MID (1.25).  
16 No details were provided on how random sequence was generated and it was unclear if allocation concealment was conducted. Neither the assessors nor investigators were blind. High drop outs were detected >20%.

Table 73: Full GRADE profile for guided self-help (ED) versus wait list controls for adults with BED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BED Guided SH (ED)** | **WLC** | **Relative (95% CI)** | **Absolute** |
| Bingeing (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 94 | 124 | - | SMD 0.85 lower (1.14 to 0.56 lower) | LOW | CRITICAL |
| BMI (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious4 | none | 94 | 94 | - | SMD 0.17 higher (0.12 lower to 0.46 higher) | LOW | CRITICAL |
| EDE- Weight concern (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | serious5 | no serious indirectness | serious2 | none | 124 | 124 | - | SMD 0.48 lower (1.04 lower to 0.08 higher) | VERY LOW | IMPORTANT |
| EDE- Shape concern (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | serious5 | no serious indirectness | serious2 | none | 124 | 124 | - | SMD 0.58 lower (1.16 lower to 0 higher) | VERY LOW | IMPORTANT |
| EDE- Restraint (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | serious5 | no serious indirectness | serious2 | none | 153 | 99 | - | SMD 0.43 lower (0.96 lower to 0.11 higher) | VERY LOW | IMPORTANT |
| EDE- Eating concern (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | very serious6 | no serious indirectness | serious2 | none | 124 | 124 | - | SMD 0.90 lower (1.83 lower to 0.03 higher) | VERY LOW | IMPORTANT |
| v | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | very serious6 | no serious indirectness | serious2 | none | 124 | 124 | - | SMD 0.71 lower (1.34 to 0.08 lower) | VERY LOW | IMPORTANT |
| Quality of life (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious8 | none | 56 | 53 | - | SMD 0.09 higher (0.28 lower to 0.47 higher) | LOW | CRITICAL |
| Did not achieve Remission | | | | | | | | | | | | |
| 1 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | serious10 | none | 17/34  (50%) | 2/25  (8%) | RR 0.54 (0.38 to 0.78) | 37 fewer per 1000 (from 18 fewer to 50 fewer) | LOW | CRITICAL |

1 It was unclear how the random sequence was generated and if allocation concealment was conducted (except in Carter). In Masson, the assessors were blind but it was unclear if participants or investigators were blind. In Peterson 2009, neither the investigators or assessors were blind nor was it unclear if participants were. In Carter, participants, assessors and investigators were not blind. High drop outs were reported >20%.  
2 95% CI crossed 1 MID (-0.5).  
3 It was unclear how the random sequence was generated and if allocation concealment was conducted (except in Carter 1988). Peterson 2009, neither the investigators nor assessors were blind and it was unclear if participants were. In Carter, participants, assessors and investigators were not blind. High drop outs were reported >20%.  
4 For a continuous outcome, there were fewer than 400 participants.  
5 Heterogeneity was detected, I2 >50%  
6 Heterogeneity was detected, I2 >80%  
7 It was unclear in either study if allocation concealment was conducted. Neither the assessors or investigators were blind nor was it unclear if participants were. High drop outs were detected >20%.  
8 95% CI crossed 1 MID (0.5).  
9 Allocation concealment was conducted but neither the participants, investigators nor assessors were blind. It was unclear how many participants were randomised.   
10 For a dichotomous outcome, there were fewer than 300 participants.

Table 74: Full GRADE profile for self-help (ED) versus another intervention for adults with BED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BED Self-help (ED)** | **Other** | **Relative (95% CI)** | **Absolute** |
| **Bingeing (Better indicated by lower values)** | | | | | | | | | | | | |
| 6 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | no serious imprecision | none | 204 | 271 | - | SMD 0.25 Higher (0.06 to 0.43 Higher) | MODERATE | CRITICAL |
| **Vomiting (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious3 | none | 45 | 45 | - | SMD 0.81 Higher (0.38 to 1.24 Higher) | LOW | CRITICAL |
| **Use of laxatives (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious4 | none | 45 | 45 | - | SMD 0.21 lower (0.62 lower to 0.21 Higher) | LOW | CRITICAL |
| **BMI (Better indicated by lower values)** | | | | | | | | | | | | |
| 4 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 189 | 228 | - | SMD 0.13 lower (0.33 lower to 0.06 Higher) | LOW | CRITICAL |
| **Depression (Better indicated by lower values)** | | | | | | | | | | | | |
| 4 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 111 | 125 | - | SMD 0.07 Higher (0.19 lower to 0.33 Higher) | LOW | CRITICAL |
| **Remission\_ITT** | | | | | | | | | | | | |
| 6 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious6 | none | 71/165  (43%) | 89/180  (49.4%) | RR 0.84 (0.68 to 1.04) | 79 fewer per 1000 (from 158 fewer to 20 more) | LOW | CRITICAL |
| **EDE- Restraint (Better indicated by lower values)** | | | | | | | | | | | | |
| 4 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious3 | none | 167 | 222 | - | SMD 0.39 Higher (0.19 to 60 Higher) | LOW | IMPORTANT |
| **EDE- Shape concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 4 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious5 | none | 167 | 222 | - | SMD 0.24 Higher (0.04 to 0.44 Higher) | LOW | IMPORTANT |
| **EDE- Weight concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 4 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious3 | none | 167 | 222 | - | SMD 0.30 Higher (0.1 to 0.51 Higher) | LOW | IMPORTANT |
| **EDE- Eating concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 4 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious3 | none | 167 | 222 | - | SMD 0.34 Higher (0.14 to 0.55 Higher) | LOW | IMPORTANT |
| **EDE- Global severity (Better indicated by lower values)** | | | | | | | | | | | | |
| 5 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious3 | none | 191 | 246 | - | SMD 0.30 Higher (0.11 to 0.5 Higher) | LOW | IMPORTANT |
| **Excessive exercise (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious3 | none | 45 | 45 | - | SMD 0.28 Higher (0.13 lower to 0.7 Higher) | LOW | CRITICAL |
| **Satisfaction with life (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | serious5 | none | 111 | 173 | - | SMD 0.13 lower (0.35 to 0.13 Higher) | LOW | CRITICAL |
| **Bingeing FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 3 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | serious5 | none | 79 | 148 | - | SMD 0.06 lower (0.34 lower to 0.21 Higher) | LOW | CRITICAL |
| **BMI FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 3 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | serious5 | none | 114 | 182 | - | SMD 0.10 lower (0.34 lower to 0.14 Higher) | LOW | CRITICAL |
| **Depression FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | serious11 | none | 12 | 25 | - | SMD 0.18 Higher (0.51 lower to 0.88 Higher) | LOW | CRITICAL |
| **Remission FU\_ITT** | | | | | | | | | | | | |
| 2 | randomised trials | serious12 | no serious inconsistency | no serious indirectness | serious6 | none | 21/59  (35.6%) | 27/59  (45.8%) | RR 0.78 (0.5 to 1.2) | 101 fewer per 1000 (from 229 fewer to 92 more) | LOW | CRITICAL |
| **EDE- Restraint FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious13 | no serious inconsistency | no serious indirectness | serious14 | none | 102 | 157 | - | SMD 0.20 Higher (0.05 lower to 0.45 Higher) | LOW | IMPORTANT |
| **EDE- Shape concern FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious12 | no serious inconsistency | no serious indirectness | serious5 | none | 102 | 157 | - | SMD 0.07 Higher (0.18 lower to 0.32 Higher) | LOW | IMPORTANT |
| **EDE- Weight concern FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious12 | serious15 | no serious indirectness | serious5 | none | 102 | 157 | - | SMD 0.04 Higher (0.22 lower to 0.29 Higher) | VERY LOW | IMPORTANT |
| **EDE- Eating concern FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious12 | no serious inconsistency | no serious indirectness | serious5 | none | 102 | 157 | - | SMD 0.01 Higher (0.24 lower to 0.27 Higher) | LOW | IMPORTANT |
| **EDE-Q Global Score FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious12 | no serious inconsistency | no serious indirectness | serious5 | none | 102 | 158 | - | SMD 0.08 Higher (0.17 lower to 0.33 Higher) | LOW | IMPORTANT |
| Quality of life FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious12 | no serious inconsistency | no serious indirectness | serious5 | none | 57 | 110 | - | SMD 0.02 Higher (0.3 lower to 0.34 Higher) | LOW | CRITICAL |

1 Across studies it was unclear if allocation concealment was conducted (except for Carter). In addition, it was unclear if all or either the participants, investigators or assessors were blind. In Dunn, the participants were not blind, in Peterson 2009 the investigators and assessors were not blind, whilst in Grilo assessors were blind. High dropouts were reported >20%.  
2 It was unclear if allocation concealment was conducted. In addition, the participants were not blind but it was unclear if investigators and assessors were blind. High dropouts were reported >20%.  
3 95% CI crossed 1 MID (0.5)  
4 95% CI crossed 1 MID (-0.5).  
5 For a continuous outcome, there were fewer than 400 participants.  
6 95% CI crossed 1 MID (0.75)  
7 Across studies it was unclear if allocation concealment was conducted (except in Carter). In Loeb 2000 it was unclear if all or either the participants, investigators or assessors were blind. In Dunn, the participants were not blind, in Peterson 2009 the investigators and assessors were not blind, In Carter, participants, investigators, assessors were not blind. High dropouts were reported >20%.  
8 Across studies it was unclear if allocation concealment was conducted (except in Carter). In Loeb 2000 it was unclear if all or either the participants, investigators or assessors were blind. In Dunn, the participants were not blind, in Peterson 2009 the investigators and assessors were not blind, In Grilo the assessors were blind. In Carter, the investigators, participants, assessors were not blind. High dropouts were reported >20%.  
9 It was unclear if allocation concealment was conducted. In Cassin 2008 the assessors were blind, but it was unclear if investigators and participants were blind. In Peterson, the investigators and assessors were not blind but it was unclear if participants were blind. High dropouts were reported >20%.  
10 It was unclear if allocation concealment was conducted (except in Carter). In Peterson 2009, the investigators and assessors were not blind but it was unclear if participants were blind. In Peterson 2001, it was unclear if any were blind. It was unclear if investigators, assessors and participants were not blind. High dropouts were reported >20%.  
11 95% CI crossed 2 MIDs (-0.5 and 0.5)  
12 It was unclear if allocation concealment was conducted (except in Carter). In Peterson 2009, the investigators and assessors were not blind but it was unclear if participants were blind. In Carter, participants, assessors and participants were not blind. High dropouts were reported >20%.  
13 It was unclear if allocation concealment was conducted (except in Carter). In Peterson 2001, it was unclear if either the participants, investigator or assessors were blind. In Carter, participants, assessors and investigators were not blind.   
14 For a dichotomous outcome, there were fewer than 300 events.   
15 Heterogeneity was detected I2 >50%

Table 75: Full GRADE profile for self-help (ED) versus wait list controls for BED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BED Self-help (ED) | WLC | Relative (95% CI) | Absolute |
| **Bingeing (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 102 | 94 | - | SMD 0.40 lower (0.68 to 0.11 lower) | LOW | CRITICAL |
| **BMI (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 102 | 103 | - | SMD 0.01 Higher (0.27 lower to 0.28 Higher) | LOW | CRITICAL |
| **Remission\_ITT** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4,5 | none | 15/35  (42.9%) | 2/25  (8%) | RR 5.36 (1.34 to 21.36) | 349 more per 1000 (from 27 more to 1000 more) | LOW | CRITICAL |
| **EDE- Restraint (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 102 | 94 | - | SMD 0.05 lower (0.33 lower to 0.23 Higher) | LOW | IMPORTANT |
| **EDE- Shape concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | Serious5 | no serious indirectness | serious3 | none | 102 | 94 | - | SMD 0.19 lower (0.47 lower to 0.09 Higher) | VERY LOW | IMPORTANT |
| **EDE- Weight concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | Serious5 | no serious indirectness | serious3 | none | 102 | 94 | - | SMD 0.14 lower (0.42 lower to 0.15 Higher) | VERY LOW | IMPORTANT |
| **EDE- Eating concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | very serious6 | no serious indirectness | serious3 | none | 102 | 94 | - | SMD 0.25 lower (0.54 lower to 0.04 Higher) | VERY LOW | IMPORTANT |
| **EDE-Q- Global severity (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | Serious5 | no serious indirectness | serious3 | none | 102 | 94 | - | SMD 0.20 lower (0.49 lower to 0.08 Higher) | VERY LOW | IMPORTANT |
| Quality of life (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 57 | 53 | - | SMD 0.08 Higher (0.29 lower to 0.45 Higher) | LOW | CRITICAL |

1 It was unclear if allocation concealment was conducted, except in Carter. In Peterson 2009, the investigators and assessors were not blind but it was unclear if participants were blind. In Carter, participants, assessors, investigators were not blind. High dropouts were reported >20%.  
2 95% CI crossed 1 MID (-0.5)  
3 For a continuous outcome, there were fewer than 400 participants.  
4 For a dichotomous outcome, there were fewer than 300 events.   
5 Heterogeneity detected I2 >50%  
6 Heterogeneity detected, I2 >80%

Table 76: Full GRADE profile for internet self-help (ED) compared with wait list controls for adults with BED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BED Internet SH (ED) | WLC | Relative (95% CI) | Absolute |
| **Bingeing - Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 59 | 59 | - | SMD 0.03 lower (0.4 lower to 0.34 Higher) | LOW | CRITICAL |
| BMI - Adolescents (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious4 | none | 46 | 47 | - | SMD 0.21 lower (0.62 lower to 0.2 Higher) | LOW | CRITICAL |
| **BMI - Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 59 | 59 | - | SMD 0.38 Higher (0.02 to 0.75 Higher) | LOW | CRITICAL |
| **Depression - Adolescents (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious4 | none | 46 | 47 | - | SMD 0.32 lower (0.72 lower to 0.09 Higher) | LOW | IMPORTANT |
| **Depression - Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious4 | none | 37 | 37 | - | SMD 0.38 lower (0.84 lower to 0.08 Higher) | LOW | IMPORTANT |
| **EDI Drive for thinness (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious4 | none | 37 | 37 | - | SMD 0.38 lower (0.84 lower to 0.08 Higher) | LOW | IMPORTANT |
| **EDI Bulimia (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious4 | none | 37 | 37 | - | SMD 0.85 lower (1.33 to 0.37 lower) | LOW | IMPORTANT |
| **EDI Body dissatisfaction (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious2 | none | 37 | 37 | - | SMD 0.01 Higher (0.44 lower to 0.47 Higher) | LOW | IMPORTANT |
| **Remission\_ITT** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious7 | none | 13/37  (35.1%) | 3/37  (8.1%) | RR 4.33 (1.35 to 13.96) | 270 more per 1000 (from 28 more to 1000 more) | LOW |  |
| **EDE-Total (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious4 | none | 37 | 37 | - | SMD 0.38 lower (0.84 lower to 0.08 Higher) | LOW | IMPORTANT |
| **EDE- Restraint (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious2 | none | 37 | 37 | - | SMD 0.01 lower (0.47 lower to 0.45 Higher) | LOW | IMPORTANT |
| **EDE- Shape concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious4 | none | 37 | 37 | - | SMD 0.3 lower (0.76 lower to 0.15 Higher) | LOW | IMPORTANT |
| **Global severity index (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious2 | none | 37 | 37 | - | SMD 0.44 lower (0.9 lower to 0.02 Higher) | LOW |  |
| **Quality of life (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious2 | none | 37 | 37 | - | SMD 0.01 lower (0.46 lower to 0.45 Higher) | LOW | CRITICAL |
| **Bingeing FU - Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 52 | 57 | - | SMD 0.05 Higher (0.33 lower to 0.42 Higher) | LOW | CRITICAL |
| **BMI FU - Adolescents (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious4 | none | 46 | 47 | - | SMD 0.27 lower (0.67 lower to 0.14 Higher) | LOW | CRITICAL |
| **BMI FU - Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 52 | 57 | - | SMD 0.33 Higher (0.05 lower to 0.71 Higher) | LOW | CRITICAL |
| **Depression FU - Adolescents (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious5 | none | 46 | 47 | - | SMD 0.17 Higher (0.24 lower to 0.58 Higher) | LOW | IMPORTANT |
| **Depression FU - Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 37 | 37 | - | SMD 0.4 lower (0.86 lower to 0.06 Higher) | LOW | IMPORTANT |
| **EDE- Restraint FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious4 | none | 37 | 37 | - | SMD 0.08 Higher (0.37 lower to 0.54 Higher) | LOW | IMPORTANT |
| **EDE- Shape concern FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious4 | none | 37 | 37 | - | SMD 0.23 lower (0.69 lower to 0.23 Higher) | LOW | IMPORTANT |
| **EDE-Total FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious4 | none | 37 | 37 | - | SMD 0.3 lower (0.76 lower to 0.16 Higher) | LOW | IMPORTANT |
| **EDI Drive for thinness FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious4 | none | 37 | 37 | - | SMD 0.44 lower (0.9 lower to 0.02 Higher) | LOW | IMPORTANT |
| **EDI Bulimia FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious4 | none | 37 | 37 | - | SMD 0.32 lower (0.78 lower to 0.14 Higher) | LOW | IMPORTANT |
| **EDI Body dissatisfaction FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious5 | none | 37 | 37 | - | SMD 0.13 Higher (0.33 lower to 0.58 Higher) | LOW | IMPORTANT |
| **Global severity index- FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious4 | none | 37 | 37 | - | SMD 0.33 lower (0.79 lower to 0.13 Higher) | LOW | CRITICAL |
| Quality of life-FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious5 | none | 37 | 37 | - | SMD 0.12 Higher (0.33 lower to 0.58 Higher) | LOW | CRITICAL |
| Remission FU\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious8 | none | 16/37  (43.2%) | 8/37  (21.6%) | RR 2 (0.98 to 4.09) | 216 more per 1000 (from 4 fewer to 668 more) | LOW | CRITICAL |

1 In Carrard, allocation concealment was not conducted and it was unclear in Shapiro if it was performed. In Carrard assessors were not blind and it was unclear if either participants or investigators were blind. In Shapiro assessors were only bind at baseline measurement it was unclear if participants or investigators were blind. High dropouts were reported >20%.  
2 For a continuous outcome, there were fewer than 400 participants.  
3 In Jones 2008 it was unclear if allocation concealment was performed. Assessors were not blind and it was unclear if either participants or investigators were blind.   
4 95% CI Crossed 1 MID (-0.5)  
5 95% CI Crossed 1 MID (0.5)  
6 In Carrard, allocation concealment was not conducted, Assessors were not blind and it was unclear if either participants or investigators were blind. High dropouts were reported >20%.  
7 For a dichotomous outcome, there were fewer than 300 events.  
8 95% CI crossed 1 MID (1.25)

Table 77: Full GRADE profile for guided self-help (ED) versus another guided self-help in adults with BED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BED Guided SH (ED) vs.Guided SH | Control | Relative (95% CI) | Absolute |
| **Bingeing (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 37 | 38 | - | SMD 0.48 lower (0.94 to 0.02 lower) | LOW | CRITICAL |
| BMI (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 37 | 38 | - | SMD 0.19 lower (0.64 lower to 0.27 Higher) | LOW | CRITICAL |
| **Depression (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 37 | 38 | - | SMD 0.25 lower (0.71 lower to 0.2 Higher) | LOW | IMPORTANT |
| **Remission\_ITT** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 22/37  (59.5%) | 9/38  (23.7%) | RR 2.51 (1.34 to 4.71) | 358 more per 1000 (from 81 more to 879 more) | LOW | CRITICAL |
| **EDE- Restraint (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 37 | 38 | - | SMD 0.38 lower (0.84 lower to 0.08 Higher) | LOW | IMPORTANT |
| **EDE- Shape concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 37 | 38 | - | SMD 0.12 lower (0.57 lower to 0.33 Higher) | LOW | IMPORTANT |
| EDE- Weight concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 37 | 38 | - | SMD 0 Higher (0.45 lower to 0.45 Higher) | LOW | IMPORTANT |
| EDE- Eating concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 37 | 38 | - | SMD 0.44 lower (0.9 lower to 0.02 Higher) | LOW | IMPORTANT |

1 It was unclear if allocation concealment was performed. It was unclear if either the participants, assessors or investigators were blind. High dropouts were detected >20%.  
2 95% CI crossed 1 MID (-0.5)  
3 For a dichotomous outcome, there were fewer than 300 events.  
4 For a continuous outcome there were fewer than 400 participants.

Table 78: Full GRADE profile for internet versus another intervention for adults with BED

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **BED Internet** | **Other** | **Relative (95% CI)** | **Absolute** |
| BMI (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 22 | 22 | - | SMD 0.22 Higher (0.38 lower to 0.81 Higher) | LOW | CRITICAL |
| Binge eating (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 22 | 22 | - | SMD 0.45 Higher (0.15 lower to 1.05 Higher) | LOW | CRITICAL |
| BMI FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 15 | 13 | - | SMD 0.16 Higher (0.58 lower to 0.9 Higher) | LOW | CRITICAL |
| Binge eating FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 15 | 13 | - | SMD 0.39 Higher (0.36 lower to 1.15 Higher) | LOW | CRITICAL |

1 It was unclear if allocation concealment was performed or how the random sequence was generated. It was unclear if either the participants, assessors or investigators were blind. High dropouts were detected >20%.  
2 95% CI crossed 1 MID (0.5)  
3 95% CI crossed 2 MIDs (-0.5 and 0.5)

* + 1. Self-help for any eating disorder

Table 79: Full GRADE profile for internet self-help versus wait list controls for any eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Any ED Internet SH** | **WLC** | **Relative (95% CI)** | **Absolute** |
| EDE-Q Total score (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 36 | 42 | - | SMD 0.34 lower (0.79 lower to 0.11 Higher) | LOW | IMPORTANT |
| EDE-Restraint (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious3 | serious4 | no serious indirectness | serious5 | none | 139 | 151 | - | SMD 0.09 lower (0.32 lower to 0.14 Higher) | VERY LOW | IMPORTANT |
| EDE-Eating concern (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | very serious3 | no serious inconsistency | no serious indirectness | serious5 | none | 139 | 151 | - | SMD 0.01 lower (0.24 lower to 0.22 Higher) | VERY LOW | IMPORTANT |
| EDE-Weight concern (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious5 | none | 139 | 151 | - | SMD 0.13 Higher (0.1 lower to 0.37 Higher) | LOW | IMPORTANT |
| EDE-Shape concern (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious5 | none | 139 | 151 | - | SMD 0.09 Higher (0.14 lower to 0.32 Higher) | LOW | IMPORTANT |
| BMI (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious5 | none | 103 | 109 | - | SMD 0.10 Higher (0.17 lower to 0.37 Higher) | LOW | CRITICAL |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 36 | 42 | - | SMD 0.31 lower (0.76 lower to 0.14 Higher) | LOW | IMPORTANT |
| Vomiting (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious5 | none | 103 | 109 | - | SMD 0.21 lower (0.48 lower to 0.06 Higher) | LOW | CRITICAL |

1 No details were provided on how random sequence was generated and it was unclear if allocation concealment was performed. It was unclear if either the participants, investigators or assessors were blind.   
2 95% CI crossed 1 MID (-0.5)  
3 It was unclear if allocation concealment was performed. It was unclear if either the participants, investigators or assessors were blind. High dropouts were reported >20%  
4 Heterogeneity was detected I2 >50%  
5 For a continuous variable, there were fewer than 400 participants.

Table 80: Full GRADE profile for guided self-help (ED) versus wait list controls for any eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Any ED Guided SH (ED)** | **WLC** | **Relative (95% CI)** | **Absolute** |
| EDE-Q Total score (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 42 | 39 | - | SMD 0.68 lower (1.13 to 0.23 lower) | LOW | IMPORTANT |
| EDE-Restraint (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 42 | 39 | - | SMD 0.49 lower (0.93 to 0.05 lower) | LOW | IMPORTANT |
| EDE-Eating concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 42 | 39 | - | SMD 0.6 lower (1.05 to 0.15 lower) | LOW | IMPORTANT |
| EDE-Shape concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 42 | 39 | - | SMD 0.59 lower (1.03 to 0.14 lower) | LOW | IMPORTANT |
| EDE-Weight concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 42 | 39 | - | SMD 0.6 lower (1.05 to 0.15 lower) | LOW | IMPORTANT |
| BMI (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 42 | 39 | - | SMD 0.18 Higher (0.26 lower to 0.61 Higher) | LOW | CRITICAL |
| Binge eating (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 42 | 39 | - | SMD 0.07 lower (0.5 lower to 0.37 Higher) | LOW | CRITICAL |
| Vomiting (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 42 | 39 | - | SMD 0.12 lower (0.55 lower to 0.32 Higher) | LOW | CRITICAL |
| Laxative use (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 42 | 39 | - | SMD 0.15 lower (0.59 lower to 0.29 Higher) | LOW | CRITICAL |
| Exercise frequency (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 42 | 39 | - | SMD 0.02 Higher (0.42 lower to 0.45 Higher) | LOW | IMPORTANT |

1 It was unclear if allocation concealment was performed. It was unclear if either the participants, investigators or assessors were blind. High dropouts were reported >20%  
2 95% CI crossed 1 MID (-0.5)  
3 For a continuous outcome, there were fewer than 400 participants

* + 1. Family therapy for people with anorexia nervosa

Table 81: Full GRADE profile for family therapy-ED and TAU versus TAU in young people with anorexia nervosa at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Family Therapy-ED | TAU | Relative (95% CI) | Absolute |
| Remission (ITT) (assessed with: Morgan-Russell Good or Intermediate outcome) | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious1 | none | 12/30  (40%) | 5/30  (16.7%) | RR 2.4 (0.96 to 5.98) | 233 more per 1000 (from 7 fewer to 830 more) | MODERATE | CRITICAL |
| BMI (raw) (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious1 | none | 30 | 30 | - | SMD 0.1 higher (0.41 lower to 0.6 higher) | MODERATE | CRITICAL |
| #>=BMI 10th Percentile (age-sex corrected) | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious1 | none | 16/30  (53.3%) | 8/29  (27.6%) | RR 1.93 (0.98 to 3.81) | 257 more per 1000 (from 6 fewer to 775 more) | MODERATE | CRITICAL |
| EDI Total (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious1 | none | 30 | 29 | - | SMD 0.03 higher (0.48 lower to 0.54 higher) | MODERATE | IMPORTANT |
| Global Functioning (measured with: Global Outcome Assessment Scale; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious1 | none | 30 | 29 | - | SMD 0.22 higher (0.29 lower to 0.74 higher) | MODERATE | IMPORTANT |
| Amenorrheic patients | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious1 | none | 11/30  (36.7%) | 19/29  (65.5%) | RR 0.56 (0.33 to 0.96) | 288 fewer per 1000 (from 26 fewer to 439 fewer) | MODERATE | IMPORTANT |
| Hospitalizations to EoT | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | very serious2 | none | 10/30  (33.3%) | 14/29  (48.3%) | RR 0.69 (0.37 to 1.3) | 150 fewer per 1000 (from 304 fewer to 145 more) | LOW | IMPORTANT |

1 CI crosses either 0.75 or 1.25 (Risk Ratio), or either -0.5 or -0.5 (SMD).

2 CI crosses both 0.75 and 1.25 (Risk Ratio).

Table 82: Full GRADE profile for family therapy-ED versus any other type of family intervention in adults with anorexia nervosa at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Family Therapy-ED | Any other type of family intervention | Relative (95% CI) | Absolute |
| BMI (follow-up 36 months; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 22 | 25 | - | SMD 0.43 lower (1.01 lower to 0.15 higher) | LOW | CRITICAL |
| SEED Anorexia Severity Scale (follow-up 36 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious3 | none | 10 | 15 | - | SMD 0.2 higher (0.61 lower to 1 higher) | VERY LOW | CRITICAL |
| SEED Bulimia Severity Scale (follow-up 36 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 10 | 15 | - | SMD 0.48 higher (0.34 lower to 1.29 higher) | LOW | CRITICAL |
| Carer Quality of Life (follow-up 36 months; measured with: GHQ-12 Short Form; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 37 | 40 | - | SMD 0.08 higher (0.37 lower to 0.53 higher) | LOW | IMPORTANT |
| Carer Family Functioning (follow-up 36 months; measured with: Level of Expressed Emotion; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 33 | 33 | - | SMD 0.13 higher (0.35 lower to 0.61 higher) | LOW | IMPORTANT |
| Carer Experience of Caregiving Inventory (ECI) Negative (follow-up 36 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 35 | 40 | - | SMD 0.43 lower (0.89 lower to 0.03 higher) | LOW | IMPORTANT |
| Carer Experience of Caregiving Inventory (ECI) Positive (follow-up 36 months; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 35 | 40 | - | SMD 0.53 lower (0.99 to 0.06 lower) | LOW | IMPORTANT |

1 Whitney 2012: Unclear whether baseline properties of two arms similar. No participant nor assessor blinding.

2 CI crosses either 0.5 or -0.5 (SMD).

3 CI crosses both 0.5 and -0.5 (SMD).

Table 83: Full GRADE profile for family therapy-ED versus any other type of family intervention in adults with anorexia nervosa at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Family Therapy-ED | Any other type of family intervention | Relative (95% CI) | Absolute |
| BMI FU (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 21 | 23 | - | SMD 0.41 higher (0.19 lower to 1 higher) | LOW | CRITICAL |
| SEED Anorexia Severity Scale FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 15 | 14 | - | SMD 0.24 lower (0.97 lower to 0.49 higher) | LOW | CRITICAL |
| SEED Bulimia Severity Scale FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious3 | none | 15 | 14 | - | SMD 0.12 higher (0.61 lower to 0.85 higher) | VERY LOW | CRITICAL |
| Carer Quality of Life FU (measured with: GHQ-12 Short Form; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 37 | 32 | - | SMD 0.16 lower (0.63 lower to 0.32 higher) | LOW | IMPORTANT |
| Carer Family Functioning FU (measured with: Level of Expressed Emotion; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 29 | 29 | - | SMD 0.11 lower (0.62 lower to 0.41 higher) | LOW | IMPORTANT |
| Carer Experience of Caregiving Inventory (ECI) Negative FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 31 | 32 | - | SMD 0.38 lower (0.88 lower to 0.12 higher) | LOW | IMPORTANT |
| Carer Experience of Caregiving Inventory (ECI) Positive FU (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 31 | 32 | - | SMD 0.23 lower (0.73 lower to 0.26 higher) | LOW | IMPORTANT |

1 Whitney 2012: Unclear whether baseline properties of two arms similar. No participant nor assessor blinding.

2 CI crosses either 0.5 or -0.5 (SMD).

3 CI crosses both 0.5 and -0.5 (SMD).

Table 84: Full GRADE profile for family therapy-ED versus any other type of family intervention in young people with anorexia nervosa at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Family Therapy-ED | Any other type of family intervention | Relative (95% CI) | Absolute |
| **% of Ideal Body Weight (Better indicated by higher values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 12 | 13 | - | SMD 0.62 lower (1.43 lower to 0.19 higher) | LOW | CRITICAL |
| **EDI Bulimia (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 12 | 13 | - | SMD 0.54 lower (1.34 lower to 0.26 higher) | LOW | IMPORTANT |
| **EDI Drive for Thinness (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious3 | none | 12 | 13 | - | SMD 0.13 lower (0.91 lower to 0.66 higher) | VERY LOW | IMPORTANT |
| **EDI Body Dissatisfaction (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious3 | none | 12 | 13 | - | SMD 0.2 lower (0.99 lower to 0.59 higher) | VERY LOW | IMPORTANT |
| General Psychopathology (measured with: BSI GSI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious3 | none | 12 | 13 | - | SMD 0 higher (0.78 lower to 0.78 higher) | VERY LOW | IMPORTANT |
| Depression (measured with: CDI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 12 | 13 | - | SMD 0.5 lower (1.3 lower to 0.3 higher) | LOW | IMPORTANT |
| Family Functioning (measured with: FAM-III; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 12 | 13 | - | SMD 0.43 lower (1.23 lower to 0.37 higher) | LOW | IMPORTANT |

1 Geist 2000: Unclear randomization method, allocation concealment, no participant blinding, unclear assessor blinding.

2 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

3 CI crosses both 0.74 and 1.25 (Risk Ratio), or both 0.5 and -0.5 (SMD).

Table 85: Full GRADE profile for general family and any individual therapy versus any nutritional intervention in adults with anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | General Family Therapy | Any nutritional intervention | Relative (95% CI) | Absolute |
| Weight (kg) (follow-up 12 months; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 15 | 15 | - | SMD 0.13 lower (0.85 lower to 0.59 higher) | VERY LOW | CRITICAL |
| Regular Menstruation (follow-up 12 months) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 3/15  (20%) | 3/15  (20%) | RR 1 (0.24 to 4.18) | 0 fewer per 1000 (from 152 fewer to 636 more) | VERY LOW | IMPORTANT |
| Amenorrheic patients (follow-up 12 months) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 8/15  (53.3%) | 10/15  (66.7%) | RR 0.8 (0.44 to 1.45) | 133 fewer per 1000 (from 373 fewer to 300 more) | VERY LOW | IMPORTANT |
| Global Clinical Score (follow-up 12 months; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 15 | 15 | - | SMD 1.95 higher (1.06 to 2.84 higher) | LOW | IMPORTANT |

1 Hall 1987: Randomization method and allocation concealment unclear. Control arm dropout rate was 27%.

2 CI crosses both 0.75 and 1.25 (Risk Ratio), or both 0.5 and -0.5 (SMD).

3 <400 participants.

Table 86: Full GRADE profile for family therapy-ED versus general family therapy in young people with anorexia nervosa at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Family Therapy-ED | General Family Therapy | Relative (95% CI) | Absolute |
| Remission (ITT) (follow-up 12 months; assessed with: % of patients achieving ≥ 95% IBW1) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious3 | none | 26/82  (31.7%) | 20/82  (24.4%) | RR 1.3 (0.79 to 2.14) | 73 more per 1000 (from 51 fewer to 278 more) | LOW | CRITICAL |
| % of Ideal Body Weight (follow-up 12 months; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious4 | none | 78 | 80 | - | SMD 0.16 higher (0.15 lower to 0.47 higher) | LOW | CRITICAL |
| EDE Global (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious3 | none | 78 | 80 | - | SMD 0.26 lower (0.58 lower to 0.05 higher) | LOW | IMPORTANT |
| Yale-Brown-Cornell Eating Disorder Scale (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious4 | none | 78 | 80 | - | SMD 0.18 lower (0.49 lower to 0.13 higher) | LOW | IMPORTANT |
| Depression (follow-up 12 months; measured with: BDI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious4 | none | 78 | 80 | - | SMD 0.09 higher (0.22 lower to 0.4 higher) | LOW | IMPORTANT |
| Quality of Life (follow-up 12 months; measured with: Quality of Life and Enjoyment Scale (Short-Form); Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious4 | none | 78 | 80 | - | SMD 0.15 lower (0.46 lower to 0.16 higher) | LOW | IMPORTANT |

1 Combines data for 'full remission' and 'partial remission'.

2 Agras 2014: dropout rate for both arms>20% (Family Therapy 26%, Systematic Family Therapy 25%).

3 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

4 <400 participants.

Table 87: Full GRADE profile for family therapy-ED versus general family therapy in young people with anorexia nervosa at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Family Therapy-ED | General Family Therapy | Relative (95% CI) | Absolute |
| Remission FU (ITT) (assessed with: % of patients achieving ≥ 95% IBW) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 32/82  (39%) | 31/82  (37.8%) | RR 1.03 (0.7 to 1.52) | 11 more per 1000 (from 113 fewer to 197 more) | VERY LOW | CRITICAL |
| % of Ideal Body Weight FU (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 78 | 80 | - | SMD 0.16 higher (0.15 lower to 0.47 higher) | LOW | CRITICAL |
| EDE Global FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious | none | 78 | 80 | - | SMD 0.26 lower (0.58 lower to 0.05 higher) | LOW | IMPORTANT |
| Yale-Brown-Cornell Eating Disorder Scale FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 78 | 80 | - | SMD 0.18 lower (0.49 lower to 0.13 higher) | LOW | IMPORTANT |
| Depression FU (measured with: BDI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 78 | 80 | - | SMD 0.09 higher (0.22 lower to 0.4 higher) | LOW | IMPORTANT |
| Quality of Life FU (measured with: Quality of Life and Enjoyment Scale (Short-Form); Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 78 | 80 | - | SMD 0.15 lower (0.46 lower to 0.16 higher) | LOW | IMPORTANT |

1 Agras 2014: dropout rate for both arms>20% (Family Therapy 26%, Systematic Family Therapy 25%).

2 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

3 <400 participants.

Table 88: Full GRADE profile for multi-family therapy-ED versus family therapy-ED in young people with anorexia nervosa at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Multi-Family Therapy | Family Therapy | Relative (95% CI) | Absolute |
| **Remission (ITT) (follow-up 6 months)** | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | serious1 | serious2 | none | 65/85  (76.5%) | 48/82  (58.5%) | RR 1.31 (1.05 to 1.62) | 181 more per 1000 (from 29 more to 363 more) | LOW | CRITICAL |
| BMI - Change Scores (follow-up 6 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | serious1 | serious2 | none | 85 | 82 | - | SMD 0.39 higher (0.09 to 0.7 higher) | LOW | CRITICAL |
| %mBMI - Change Scores (follow-up 6 weeks; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | serious1 | serious2 | none | 85 | 82 | - | SMD 0.45 higher (0.14 to 0.75 higher) | LOW | CRITICAL |
| EDE Restraint - Change scores (follow-up 6 weeks; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | serious1 | serious2 | none | 85 | 82 | - | SMD 0.38 higher (0.08 to 0.69 higher) | VERY LOW | IMPORTANT |
| EDE Eating Concerns - Change scores (follow-up 6 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | serious1 | serious4 | none | 85 | 82 | - | SMD 0.12 higher (0.18 lower to 0.43 higher) | VERY LOW | IMPORTANT |
| EDE Shape Concerns - Change scores (follow-up 6 weeks; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | serious1 | serious2 | none | 85 | 82 | - | SMD 0.42 higher (0.11 to 0.72 higher) | VERY LOW | IMPORTANT |
| EDE Weight Concerns - Change scores (follow-up 6 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | serious1 | serious2 | none | 85 | 82 | - | SMD 0.35 higher (0.04 to 0.65 higher) | VERY LOW | IMPORTANT |
| Depression - Change scores (follow-up 6 weeks; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | serious1 | serious2 | none | 85 | 82 | - | SMD 0.28 higher (0.02 lower to 0.59 higher) | VERY LOW | IMPORTANT |
| Carer - Experience of Caregiving - Positive - Change scores (follow-up 6 months; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | serious1 | serious4 | none | 85 | 82 | - | SMD 0.15 higher (0.16 lower to 0.45 higher) | VERY LOW | IMPORTANT |
| Carer - Experience of Caregiving - Negative - Change scores (follow-up 6 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | serious1 | serious4 | none | 85 | 82 | - | SMD 0.09 lower (0.39 lower to 0.22 higher) | VERY LOW | IMPORTANT |
| Service user experience - young person (follow-up 6 months; assessed with: Client Satisfaction Questionnaire score 27-32) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | serious1 | very serious5 | none | 13/42  (31%) | 13/37  (35.1%) | RR 0.88 (0.47 to 1.65) | 42 fewer per 1000 (from 186 fewer to 228 more) | VERY LOW | IMPORTANT |
| Service user experience - carer (follow-up 6 months; assessed with: Client Satisfaction Questionnaire score 27-32) | | | | | | | | | | | | |
| 1 | randomised trials | serious | no serious inconsistency | serious1 | very serious5 | none | 29/49  (59.2%) | 27/47  (57.4%) | RR 1.03 (0.73 to 1.45) | 17 more per 1000 (from 155 fewer to 259 more) | VERY LOW | IMPORTANT |

1 Sample consists of 120 AN and 40 Restricting EDNOS participants.

2 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

3 Eisler 2016: no participant nor investigator blinding.

4 <400 participants (continuous outcome).

5 CI crosses both 0.75 and 1.25 (Risk Ratio).

Table 89: Full GRADE profile for multi-family therapy-ED versus family therapy-ED in young people with anorexia nervosa at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Multi-Family Therapy | Family Therapy | Relative (95% CI) | Absolute |
| Remission FU (ITT) | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | serious1 | serious2 | none | 66/85  (77.6%) | 47/82  (57.3%) | RR 1.35 (1.09 to 1.69) | 201 more per 1000 (from 52 more to 395 more) | LOW | CRITICAL |
| BMI FU - Change Scores (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | serious1 | serious2 | none | 85 | 82 | - | SMD 0.67 higher (0.35 to 0.98 higher) | LOW | CRITICAL |
| %mBMI FU - Change Scores (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | serious1 | serious2 | none | 85 | 82 | - | SMD 0.4 higher (0.09 to 0.71 higher) | LOW | CRITICAL |
| EDE Restraint FU - Change scores (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | serious1 | serious2 | none | 85 | 82 | - | SMD 0.37 higher (0.06 to 0.67 higher) | VERY LOW | IMPORTANT |
| EDE Eating Concerns FU - Change scores (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | very serious1 | serious4 | none | 85 | 82 | - | SMD 0.17 higher (0.13 lower to 0.48 higher) | VERY LOW | IMPORTANT |
| EDE Shape Concerns FU - Change scores (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | serious1 | serious2 | none | 85 | 82 | - | SMD 0.42 higher (0.12 to 0.73 higher) | VERY LOW | IMPORTANT |
| EDE Weight Concerns FU - Change scores (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | serious1 | serious2 | none | 85 | 82 | - | SMD 0.35 higher (0.05 to 0.66 higher) | VERY LOW | IMPORTANT |
| Depression FU - Change scores (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | serious1 | serious4 | none | 85 | 82 | - | SMD 0.2 higher (0.11 lower to 0.5 higher) | VERY LOW | IMPORTANT |

1 Sample consists of 120 AN and 40 Restricting EDNOS participants.

2 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

3 Eisler 2016: no participant nor investigator blinding.

4 <400 participants (continuous outcome).

Table 90: Family therapy-ED versus any individual therapy at end of treatment in young people with anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Family Therapy-ED | Individual Therapy | Relative (95% CI) | Absolute |
| **Remission (ITT) (follow-up 5 years; assessed with: See footnote.1)** | | | | | | | | | | | | |
| 3 | randomised trials | serious2,3,4 | serious5 | no serious indirectness | serious6 | none | 65/90  (72.2%) | 45/89  (50.6%) | RR 1.45 (0.82 to 2.59) | 228 more per 1000 (from 91 fewer to 804 more) | VERY LOW | CRITICAL |
| **BMI or Weight (follow-up 5 years; Better indicated by higher values)** | | | | | | | | | | | | |
| 3 | randomised trials | serious2,3,4 | no serious inconsistency | no serious indirectness | serious6 | none | 80 | 80 | - | SMD 0.51 higher (0.19 to 0.82 higher) | LOW | CRITICAL |
| **Morgan-Russell Average Score (follow-up 5 years; range of scores: 0-12; Better indicated by higher values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious7 | none | 10 | 11 | - | SMD 1.92 higher (0.85 to 2.99 higher) | LOW | IMPORTANT |
| **EDE Global (follow-up 12 months; range of scores: 0-6; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious6 | none | 51 | 52 | - | SMD 0.45 lower (0.84 to 0.05 lower) | LOW | IMPORTANT |
| **Depression (follow-up 12 months; measured with: Beck Depression Inventory; range of scores: 0-63; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious6 | none | 19 | 16 | - | SMD 0.35 higher (0.32 lower to 1.02 higher) | LOW | IMPORTANT |
| **Carer Family Functioning - Conflict (follow-up 12 months; measured with: PARQ Mother + Father; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious6 | none | 36 | 29 | - | SMD 0.04 lower (0.53 lower to 0.44 higher) | LOW | IMPORTANT |
| **Carer Family Functioning - Communication (measured with: McMaster Family Assessment Device; range of scores: 1-4; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious6 | none | 39 | 45 | - | SMD 0.48 lower (0.92 to 0.05 lower) | LOW | IMPORTANT |
| **Carer Family Functioning - Behaviour Control (measured with: McMaster Family Assessment Device; range of scores: 1-4; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious6 | none | 39 | 45 | - | SMD 0.59 lower (1.03 to 0.16 lower) | LOW | IMPORTANT |

1 ‘Remission’ here defined as follows: Lock 2010/Ciao 2014: All Ps who achieve weight more than 85% of expected IBW for sex, age and height (inc. full remission Ps and/or all Ps achieving 95% or greater IBW though who have elevated EDE scores (similar to Morgan-Russell intermediate outcome). Robin 1999: Morgan-Russell Good or Intermediate outcome (data from Eisler, I. (2005). The empirical and theoretical base of family therapy and multiple family day therapy for adolescent anorexia nervosa. Journal of Family Therapy, 27, 104-131). Russell 1987: Morgan-Russell Good or Intermediate outcomes.

2 Lock 2010/Ciao 2014: No participant blinding.

3 Robin 1999: inadequate randomization method, unclear allocation concealment, participant and assessor blinding, dropout data not provided.

4 Russell 1987/Eisler 1997: Unclear randomization method, allocation method, participant blinding, dropout rate both arms>20% (Family Therapy 40%, Individual Therapy 64%).

5 I2>=50%

6 CI crosses 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

7 <400 participants.

Table 91: Full GRADE profile for family therapy-ED versus any individual therapy at follow up in young people with anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Family Therapy-ED | Individual Therapy | Relative (95% CI) | Absolute |
| **Remission FU (ITT) (follow-up 5 years; assessed with: See footnote.)** | | | | | | | | | | | | |
| 3 | randomised trials | serious1,2,3,4 | no serious inconsistency | no serious indirectness | serious5 | none | 56/90  (62.2%) | 55/89  (61.8%) | RR 1.01 (0.8 to 1.27) | 6 more per 1000 (from 124 fewer to 167 more) | LOW | CRITICAL |
| **BMI or Weight FU (follow-up 5 years; Better indicated by higher values)** | | | | | | | | | | | | |
| 3 | randomised trials | serious2,3,4 | no serious inconsistency | no serious indirectness | serious5 | none | 73 | 77 | - | SMD 0.24 higher (0.08 lower to 0.56 higher) | LOW | CRITICAL |
| **EDE Global FU (follow-up 12 months; range of scores: 0-6; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious5 | none | 44 | 49 | - | SMD 0.23 lower (0.63 lower to 0.18 higher) | LOW | IMPORTANT |
| **Depression FU (follow-up 12 months; measured with: Beck Depression Inventory; range of scores: 0-63; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious5 | none | 19 | 16 | - | SMD 0.87 higher (0.17 to 1.57 higher) | LOW | IMPORTANT |
| **Carer Family Functioning FU (follow-up 12 months; measured with: PARQ Mother +Father; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious5 | none | 36 | 29 | - | SMD 0.03 higher (0.46 lower to 0.52 higher) | LOW | IMPORTANT |

1 'Remission' here defined as follows: Lock 2010/Ciao 2014: All Ps who achieve weight more than 85% of expected IBW for sex, age and height (inc. full remission Ps and/or all Ps achieving 95% or greater IBW though who have elevated EDE scores (similar to Morgan-Russell intermediate outcome). Robin 1999: Morgan-Russell Good or Intermediate outcome (data from Eisler, I. (2005). The empirical and theoretical base of family therapy and multiple family day therapy for adolescent anorexia nervosa. Journal of Family Therapy, 27, 104-131). Russell 1987: Morgan-Russell Good or Intermediate outcomes.

2 Lock 2010: No participant blinding.

3 Robin 1999: inadequate randomization method, unclear allocation concealment, participant and assessor blinding, dropout data not provided.

4 Russell 1987/Eisler 1997: Unclear randomization method, allocation method, participant blinding, dropout rate both arms>20% (Family Therapy 40%, Individual Therapy 64%).

5 CI crosses 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

Table 92: Full GRADE profile for family therapy-ED versus any individual therapy in adults with anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Family Therapy-ED | Individual Therapy | Relative (95% CI) | Absolute |
| All-cause Mortality | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 22/22  (100%) | 61/62  (98.4%) | RR 1.01 (0.9 to 1.13) | 10 more per 1000 (from 98 fewer to 128 more) | LOW | IMPORTANT |
| Recovered | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 19/22  (86.4%) | 56/62  (90.3%) | RR 0.94 (0.78 to 1.14) | 54 fewer per 1000 (from 199 fewer to 126 more) | LOW | CRITICAL |

1 Dare 2001: Unclear method of randomization and allocation concealment. No participant, investigator nor assessor blinding. Dropout rate>20% for all four arms.

2 <300 events.

Table 93: Full GRADE profile for family therapy-ED 1 versus family therapy-ED 2 in young people with anorexia nervosa at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Family Therapy-ED1 | Family Therapy-ED2 | Relative (95% CI) | Absolute |
| Full Remission (ITT) (follow-up 12 months; assessed with: Morgan-Russell Good outcome; >=95% mBMI and EDE global <= 1.59) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | no serious inconsistency | no serious indirectness | serious3 | none | 17/74  (23%) | 32/72  (44.4%) | RR 0.52 (0.32 to 0.85) | 213 fewer per 1000 (from 67 fewer to 302 fewer) | LOW | CRITICAL |
| BMI (follow-up 12 months; Better indicated by higher values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | no serious inconsistency | no serious indirectness | serious3 | none | 74 | 72 | - | SMD 0.34 lower (0.67 to 0.02 lower) | LOW | CRITICAL |
| % of Average Body Weight (change scores) (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 19 | 21 | - | SMD 0.42 lower (1.05 lower to 0.21 higher) | LOW | CRITICAL |
| Morgan-Russell Outcome-Average (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 19 | 21 | - | SMD 0.29 higher (0.34 lower to 0.91 higher) | LOW | IMPORTANT |
| EDE Global (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious3 | none | 55 | 51 | - | SMD 0.23 higher (0.16 lower to 0.61 higher) | LOW | IMPORTANT |
| EDE Restraint (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious3 | none | 55 | 51 | - | SMD 0.21 higher (0.17 lower to 0.59 higher) | LOW | IMPORTANT |
| EDE Eating Concerns (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious3 | none | 55 | 51 | - | SMD 0.13 higher (0.26 lower to 0.51 higher) | LOW | IMPORTANT |
| EDE Weight Concerns (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious3 | none | 55 | 51 | - | SMD 0.26 higher (0.12 lower to 0.64 higher) | LOW | IMPORTANT |
| EDE Shape Concerns (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious3 | none | 55 | 51 | - | SMD 0.25 higher (0.13 lower to 0.63 higher) | LOW | IMPORTANT |
| Hospitalized during treatment | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious3 | none | 13/55  (23.6%) | 6/51  (11.8%) | RR 2.01 (0.83 to 4.89) | 119 more per 1000 (from 20 fewer to 458 more) | LOW | IMPORTANT |
| Depression (measured with: Scale analogous to Morgan-Russell; CDI; Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | no serious inconsistency | no serious indirectness | serious4 | none | 74 | 72 | - | SMD 0.12 lower (0.44 lower to 0.21 higher) | LOW | IMPORTANT |

1 Eisler 2000: unclear randomization method, allocation concealment, participant blinding.

2 Le Grange 2016: no participant nor investigator blinding.

3 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

4 <400 participants.

Table 94: Full GRADE profile for family therapy-ED 1 (conjoint family therapy) versus family therapy-ED 2 in young people with anorexia nervosa at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Family Therapy-ED1 | Family Therapy-ED2 | Relative (95% CI) | Absolute |
| Full Remission (ITT) 12-mo FU (assessed with: >=95% mBMI and EDE global <= 1.59) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 16/55  (29.1%) | 19/51  (37.3%) | RR 0.78 (0.45 to 1.35) | 82 fewer per 1000 (from 205 fewer to 130 more) | VERY LOW | CRITICAL |
| BMI 12-mo FU (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 55 | 51 | - | SMD 0.23 lower (0.61 lower to 0.15 higher) | LOW | CRITICAL |
| EDE Global 12-mo FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 55 | 51 | - | SMD 0.19 higher (0.19 lower to 0.57 higher) | LOW | IMPORTANT |
| EDE Restraint 12-mo FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 55 | 51 | - | SMD 0.2 higher (0.18 lower to 0.58 higher) | LOW | IMPORTANT |
| EDE Eating Concerns 12-mo FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 55 | 51 | - | SMD 0.12 higher (0.26 lower to 0.5 higher) | LOW | IMPORTANT |
| EDE Weight Concerns 12-mo FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 55 | 51 | - | SMD 0.13 higher (0.25 lower to 0.51 higher) | LOW | IMPORTANT |
| EDE Shape Concerns 12-mo FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 55 | 51 | - | SMD 0.2 higher (0.18 lower to 0.58 higher) | LOW | IMPORTANT |
| Depression 12-mo FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 55 | 51 | - | SMD 0.42 higher (0.04 to 0.81 higher) | LOW | IMPORTANT |

1 Le Grange 2016: no participant nor investigator blinding.

2 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

3 <400 participants.

Table 95: Full GRADE profile for long-term family therapy-ED versus short-term family therapy-ED in young people with anorexia nervosa at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Family Therapy-ED Long-Term | Family Therapy-ED Short-Term | Relative (95% CI) | Absolute |
| BMI (follow-up mean 3.96 years; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious1 | none | 42 | 44 | - | SMD 0.22 higher (0.2 lower to 0.65 higher) | MODERATE | CRITICAL |
| EDE Restraint (follow-up mean 3.96 years; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious1 | none | 42 | 44 | - | SMD 0.24 lower (0.67 lower to 0.18 higher) | LOW | IMPORTANT |
| EDE Weight Concerns (follow-up mean 3.96 years; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious1 | none | 42 | 44 | - | SMD 0.42 lower (0.85 lower to 0.01 higher) | LOW | IMPORTANT |
| EDE Eating Concerns (follow-up mean 3.96 years; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious1 | none | 42 | 44 | - | SMD 0.36 lower (0.79 lower to 0.06 higher) | LOW | IMPORTANT |
| EDE Shape Concerns (follow-up mean 3.96 years; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious1 | none | 42 | 44 | - | SMD 0.29 lower (0.72 lower to 0.13 higher) | LOW | IMPORTANT |
| Yale-Brown-Cornell Eating Disorder Scale (follow-up mean 3.96 years; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious1 | none | 42 | 44 | - | SMD 0.54 lower (0.97 to 0.11 lower) | LOW | IMPORTANT |

1 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

2 Lock 2005/2006: Participant not blind, assessor blinding unclear.

Table 96: Full GRADE profile for long-term family therapy-ED versus short-term family therapy-ED in young people with anorexia nervosa at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Family Therapy-ED Long-term | Family Therapy-ED Short-term | Relative (95% CI) | Absolute |
| BMI (raw) FU (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious1 | none | 34 | 37 | - | SMD 0.08 higher (0.39 lower to 0.54 higher) | MODERATE | CRITICAL |
| BMI>20 FU | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | very serious2 | none | 20/34  (58.8%) | 24/37  (64.9%) | RR 0.91 (0.63 to 1.31) | 58 fewer per 1000 (from 240 fewer to 201 more) | LOW | CRITICAL |
| # >90% Ideal BW FU | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious3 | none | 31/34  (91.2%) | 32/37  (86.5%) | RR 1.05 (0.89 to 1.24) | 43 more per 1000 (from 95 fewer to 208 more) | MODERATE | CRITICAL |
| Resumed Menstruation FU | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | very serious2 | none | 18/34  (52.9%) | 20/37  (54.1%) | RR 0.98 (0.63 to 1.51) | 11 fewer per 1000 (from 200 fewer to 276 more) | LOW | IMPORTANT |
| Amenorrheic patients FU | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | very serious2 | none | 1/34  (2.9%) | 3/37  (8.1%) | RR 0.36 (0.04 to 3.32) | 52 fewer per 1000 (from 78 fewer to 188 more) | LOW | IMPORTANT |
| EDE Eating Concerns FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | very serious2 | none | 15 | 20 | - | SMD 0.06 lower (0.73 lower to 0.61 higher) | VERY LOW | IMPORTANT |
| EDE Restraint FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious1 | none | 15 | 20 | - | SMD 0.39 lower (1.06 lower to 0.29 higher) | LOW | IMPORTANT |
| EDE Weight Concerns FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious1 | none | 15 | 20 | - | SMD 0.32 lower (1 lower to 0.35 higher) | LOW | IMPORTANT |
| EDE Shape Concerns FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious1 | none | 15 | 20 | - | SMD 0.39 lower (1.07 lower to 0.28 higher) | LOW | IMPORTANT |

1 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

2 CI crosses both 0.75 and 1.25 (Risk Ratio).

3 <300 events.

4 Lock 2005/2006: Participant not blind, assessor blinding unclear.

Table 97: Full GRADE profile for family therapy with family meal versus family therapy without family meal in young people with anorexia nervosa at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Family Therapy with Family Meal | Family Therapy without Family Meal | Relative (95% CI) | Absolute |
| **Remission (follow-up 6 months; assessed with: Morgan-Russell Good or Intermediate outcome)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 10/11  (90.9%) | 5/12  (41.7%) | RR 2.18 (1.09 to 4.37) | 492 more per 1000 (from 38 more to 1000 more) | LOW | CRITICAL |
| **Weight (follow-up 6 months; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious3 | none | 11 | 12 | - | SMD 0.31 lower (1.13 lower to 0.52 higher) | VERY LOW | CRITICAL |
| **% EBW (follow-up 6 months; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 11 | 12 | - | SMD 0.41 higher (0.42 lower to 1.23 higher) | LOW | CRITICAL |
| **Morgan-Russell Outcome - Average score (follow-up 6 months; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious3 | none | 11 | 12 | - | SMD 0.15 lower (0.97 lower to 0.67 higher) | VERY LOW | IMPORTANT |
| EDI-2 (follow-up 6 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 11 | 12 | - | SMD 0.6 higher (0.24 lower to 1.44 higher) | LOW | IMPORTANT |
| General Psychopathology (follow-up 6 months; measured with: SCL90-R GSI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 11 | 12 | - | SMD 0.92 higher (0.05 to 1.79 higher) | LOW | IMPORTANT |
| Menstruation resumed (follow-up 6 months) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 8/10  (80%) | 3/11  (27.3%) | RR 2.93 (1.06 to 8.08) | 526 more per 1000 (from 16 more to 1000 more) | LOW | IMPORTANT |

1 Herscovici 2015: unclear allocation concealment; no participant, investigator nor assessor blinding; EDI-2 and SCL-90-R GSI score significantly lower in FT group.

2 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

3 CI crosses both 0.75 and 1.25 (Risk Ratio), or both 0.5 and -0.5 (SMD).

Table 98: Full GRADE profile for family therapy with family meal versus family therapy without family meal in young people with anorexia nervosa at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Family Therapy with Family Meal | Family Therapy without Family Meal | Relative (95% CI) | Absolute |
| Remission 6-mo FU (assessed with: Morgan-Russell Good or Intermediate outcome) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 8/11  (72.7%) | 6/12  (50%) | RR 1.45 (0.74 to 2.85) | 225 more per 1000 (from 130 fewer to 925 more) | VERY LOW | CRITICAL |
| Weight 6-mo FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 11 | 10 | - | SMD 0.23 lower (1.09 lower to 0.63 higher) | VERY LOW | CRITICAL |
| % EBW 6-mo FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 11 | 10 | - | SMD 0.43 higher (0.44 lower to 1.3 higher) | LOW | CRITICAL |
| Morgan-Russell Outcome - Average score 6-mo FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 11 | 10 | - | SMD 0.05 higher (0.81 lower to 0.9 higher) | VERY LOW | IMPORTANT |
| EDI-2 6-mo FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 11 | 10 | - | SMD 0.54 higher (0.34 lower to 1.41 higher) | LOW | IMPORTANT |
| General Psychopathology 6-mo FU (measured with: SCL90-R GSI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 11 | 10 | - | SMD 0.78 higher (0.13 lower to 1.66 higher) | LOW | IMPORTANT |
| Menstruation resumed 6-mo FU | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 7/9  (77.8%) | 4/11  (36.4%) | RR 2.14 (0.91 to 5.04) | 415 more per 1000 (from 33 fewer to 1000 more) | LOW | IMPORTANT |

1 Herscovici 2015: unclear allocation concealment; no participant, investigator nor assessor blinding; EDI-2 and SCL-90-R GSI score significantly lower in FT group.

2 CI crosses both 0.75 and 1.25 (Risk Ratio), or both 0.5 and -0.5 (SMD).

3 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

* + 1. Family therapy for people with bulimia nervosa

Table 99: Full GRADE profile for family therapy-ED versus any individual therapy in adolescents with bulimia nervosa at end of treatment.

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Family Therapy-ED | Other intervention | Relative (95% CI) | Absolute |
| **Remission (follow-up 12 months)** | | | | | | | | | | | | |
| 3 | randomised trials | serious1,2,3 | no serious inconsistency | serious4 | serious5 | none | 40/134  (29.9%) | 27/161  (16.8%) | RR 1.68 (1.11 to 2.54) | 114 more per 1000 (from 18 more to 258 more) | VERY LOW | CRITICAL |
| Binge Frequency (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | no serious inconsistency | no serious indirectness | serious6 | none | 79 | 78 | - | SMD 0.09 lower (0.4 lower to 0.23 higher) | LOW | CRITICAL |
| Abstinence from vomiting (assessed with: EATATE) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | serious4 | very serious7 | none | 9/32  (28.1%) | 10/31  (32.3%) | RR 0.87 (0.41 to 1.85) | 42 fewer per 1000 (from 190 fewer to 274 more) | VERY LOW | IMPORTANT |
| Purge Frequency (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious5 | none | 43 | 43 | - | SMD 0.33 lower (0.75 lower to 0.1 higher) | LOW | IMPORTANT |
| Vomit Frequency (follow-up 6 months; measured with: EDE; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 36 | 35 | - | SMD 0.64 lower (1.12 to 0.16 lower) | LOW | IMPORTANT |
| EDE Global (follow-up 12 weeks; Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | no serious inconsistency | no serious indirectness | serious5 | none | 62 | 93 | - | SMD 0.38 lower (0.69 to 0.06 lower) | LOW | IMPORTANT |
| EDE Restraint (follow-up 6 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 36 | 35 | - | SMD 0.51 lower (0.98 to 0.04 lower) | LOW | IMPORTANT |
| EDE Shape Concern (follow-up 6 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 36 | 35 | - | SMD 0.54 lower (1.01 to 0.07 lower) | LOW | IMPORTANT |
| EDE Weight Concern (follow-up 6 weeks; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 36 | 35 | - | SMD 0.48 lower (0.95 to 0.01 lower) | LOW | IMPORTANT |
| Yale-Brown-Cornell Eating Disorder Scale (follow-up 12 weeks; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious5 | none | 43 | 43 | - | SMD 0.36 lower (0.78 lower to 0.07 higher) | LOW | IMPORTANT |
| Depression (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | no serious inconsistency | no serious indirectness | serious5 | none | 79 | 78 | - | SMD 0.28 lower (0.6 lower to 0.03 higher) | LOW | IMPORTANT |
| Hospitalized during treatment phase (follow-up 12 months) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious5 | none | 1/51  (2%) | 12/58  (20.7%) | RR 0.09 (0.01 to 0.7) | 188 fewer per 1000 (from 62 fewer to 205 fewer) | LOW | IMPORTANT |
| Service User Experience (follow-up 6 months; measured with: Helping Relationship Questionnaire; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 35 | 33 | - | SMD 0.06 higher (0.42 lower to 0.53 higher) | LOW | IMPORTANT |

1 Le Grange 2007: Unclear randomization method and allocation concealment, no participant, investigator nor assessor blinding.

2 Le Grange 2016b: Unclear randomization method and allocation concealment, no participant nor investigator blinding.

3 Schmidt 2007: Unclear randomization and allocation concealment, No participant nor investigator blinding.

4 Schmidt 2007: Sample consists of 61 bulimia nervosa and 24 EDNOS

5 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

6 <300 events (dichotomous outcome) or <400 participants (continuous outcome).

7 CI crosses both 0.75 and 1.25 (Risk Ratio).

Table 100: Full GRADE profile for Family therapy-ED versus any individual therapy in adolescents with bulimia nervosa at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Family Therapy-ED | Other intervention | Relative (95% CI) | Absolute |
| **Remission FU** | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | no serious inconsistency | serious3 | serious4 | none | 37/93  (39.8%) | 28/122  (23%) | RR 1.92 (1.24 to 2.99) | 211 more per 1000 (from 55 more to 457 more) | VERY LOW | CRITICAL |
| Binge Frequency FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,5 | no serious inconsistency | no serious indirectness | serious6 | none | 63 | 74 | - | SMD 0.1 lower (0.44 lower to 0.24 higher) | LOW | CRITICAL |
| Abstinence from vomiting FU (assessed with: EATATE) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | very serious7 | none | 15/29  (51.7%) | 14/25  (56%) | RR 0.92 (0.56 to 1.51) | 45 fewer per 1000 (from 246 fewer to 286 more) | VERY LOW | IMPORTANT |
| Purge Frequency FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious6 | none | 29 | 40 | - | SMD 0 higher (0.48 lower to 0.48 higher) | LOW | IMPORTANT |
| Vomit Frequency FU (measured with: EDE; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | no serious indirectness | serious3 | none | 34 | 34 | - | SMD 0.17 lower (0.65 lower to 0.3 higher) | LOW | IMPORTANT |
| EDE Global FU (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,5 | no serious inconsistency | no serious indirectness | serious3 | none | 63 | 74 | - | SMD 0.38 lower (0.72 to 0.04 lower) | LOW | IMPORTANT |
| EDE Restraint FU (follow-up 6 weeks; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | no serious indirectness | serious3 | none | 34 | 34 | - | SMD 0.38 lower (0.86 lower to 0.1 higher) | LOW | IMPORTANT |
| EDE Shape Concern FU (follow-up 6 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | no serious indirectness | serious3 | none | 34 | 34 | - | SMD 0.58 lower (1.06 to 0.09 lower) | LOW | IMPORTANT |
| EDE Weight Concern FU (follow-up 6 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | no serious indirectness | serious3 | none | 34 | 34 | - | SMD 0.46 lower (0.94 lower to 0.02 higher) | LOW | IMPORTANT |
| Yale-Brown-Cornell Eating Disorder Scale FU (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 29 | 40 | - | SMD 0.37 lower (0.85 lower to 0.11 higher) | LOW | IMPORTANT |
| Depression FU (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,5 | no serious inconsistency | no serious indirectness | serious6 | none | 63 | 74 | - | SMD 0.1 lower (0.43 lower to 0.24 higher) | LOW | IMPORTANT |
| Service User Experience FU (follow-up 6 months; measured with: Helping Relationship Questionnaire; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | no serious indirectness | serious3 | none | 36 | 35 | - | SMD 0.41 lower (0.88 lower to 0.06 higher) | LOW | IMPORTANT |

1 Le Grange 2016b: Unclear randomization method and allocation concealment, no participant nor investigator blinding.

2 Schmidt 2007: Sample consists of 61 bulimia nervosa and 24 EDNOS

3 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

4 Schmidt 2007: Unclear randomization and allocation concealment, No participant nor investigator blinding.

5 Le Grange 2007: Unclear randomization method and allocation concealment, no participant, investigator nor assessor blinding.

6 <300 events (dichotomous outcome) or <400 participants (continuous outcome).

7 CI crosses both 0.75 and 1.25 (Risk Ratio).

* + 1. Family therapy for binge eating disorder

Table 101: Full GRADE profile for family therapy-ED versus wait list control in adults with binge eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Family Therapy-ED | Waiting List Control | Relative (95% CI) | Absolute |
| Weight (kg) (follow-up 6 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 31 | 31 | - | SMD 0.08 higher (0.42 lower to 0.58 higher) | LOW | IMPORTANT |
| Binge Frequency (follow-up 6 months; measured with: EDE-Q OBE; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | Serious2 | none | 31 | 31 | - | SMD 0.56 lower (1.07 to 0.05 lower) | LOW | CRITICAL |
| Depression (follow-up 6 months; measured with: Beck Depression Inventory (BDI); Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | Serious2 | none | 31 | 31 | - | SMD 0.52 lower (1.02 to 0.01 lower) | LOW | IMPORTANT |
| Family Functioning (follow-up 6 months; measured with: Dyadic Adjustment Scale; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | Serious2 | none | 31 | 31 | - | SMD 0.04 lower (0.54 lower to 0.46 higher) | LOW | IMPORTANT |

1 Gorin 2003: Dropout rate>20% (34% for whole sample), inadequate randomization method (used blocks by binge eating frequency), unclear allocation concealment, participant and assessor blinding.

2 CI crosses either 0.5 or -0.5 (SMD).

Table 102: Full GRADE profile for family therapy-ED versus any other intervention in adults with binge eating disorder at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Family Therapy-ED | Group CBT | Relative (95% CI) | Absolute |
| Weight (kg) (follow-up 6 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 31 | 32 | - | SMD 0.2 higher (0.29 lower to 0.7 higher) | LOW | IMPORTANT |
| Binge Frequency (follow-up 6 months; measured with: EDE-Q OBE; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 31 | 32 | - | SMD 0.24 higher (0.26 lower to 0.73 higher) | LOW | CRITICAL |
| Depression (follow-up 6 months; measured with: Beck Depression Inventory (BDI); Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 31 | 32 | - | SMD 0.31 lower (0.81 lower to 0.19 higher) | LOW | IMPORTANT |
| Family Functioning (follow-up 6 months; measured with: Level of Expressed Emotion (LEE); Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 31 | 32 | - | SMD 0.09 lower (0.59 lower to 0.4 higher) | LOW | IMPORTANT |

1 Gorin 2003: Dropout rate>20% (34% for whole sample), inadequate randomization method (used blocks by binge eating frequency), unclear allocation concealment, participant and assessor blinding.

2 CI crosses either 0.5 or -0.5 (SMD).

Table 103: Full GRADE profile for family therapy-ED versus any other intervention in adults with binge eating disorder at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Family Therapy-ED | Group CBT | Relative (95% CI) | Absolute |
| **Weight (kg) FU (follow-up 6 months; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 31 | 32 | - | SMD 0.22 higher (0.28 lower to 0.71 higher) | LOW | IMPORTANT |
| Binge Frequency FU (follow-up 6 months; measured with: EDE-Q OBE; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 31 | 32 | - | SMD 0.52 higher (0.01 to 1.02 higher) | LOW | CRITICAL |
| Depression FU (follow-up 6 months; measured with: Beck Depression Inventory (BDI); Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 31 | 32 | - | SMD 0.07 lower (0.57 lower to 0.42 higher) | LOW | IMPORTANT |
| Family Functioning FU (follow-up 6 months; measured with: Level of Expressed Emotion (LEE); Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 31 | 32 | - | SMD 0.01 lower (0.5 lower to 0.49 higher) | LOW | IMPORTANT |

1 Gorin 2003: Dropout rate>20% (34% for whole sample), inadequate randomization method (used blocks by binge eating frequency), unclear allocation concealment, participant and assessor blinding.

2 CI crosses either 0.5 or -0.5 (SMD).

3 <400 participants.

* 1. 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?
     1. Interventions for parents or carers of people with anorexia nervosa

Table 104: Full GRADE profile for self-help or guided self-help and treatment as usual versus treatment as usual at 12-months after inpatient admission for carers of anorexia nervosa – carer outcomes

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Self-Help or Guided Self-Help + TAU | TAU | Relative (95% CI) | Absolute |
| Carer General Psychopathology at 12 months (measured with: DASS-21; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 99 | 50 | - | SMD 0.03 higher (0.31 lower to 0.37 higher) | VERY LOW | CRITICAL |

1 Salerno 2016: no participant blinding; dropout rate of TAU group >20%. unclear whether baseline demographic and clinical features similar.

2 Salerno 2016: 50 carer-patient dyads received ECHO with guidance, 49 carer-patient dyads received ECHO without guidance.

3 <400 participants.

Table 105: Full GRADE profile for self-help and treatment as usual versus treatment as usual at 6- or 12-months after inpatient admission for carers of anorexia nervosa – carer outcomes

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Self-Help+TAU | TAU | Relative (95% CI) | Absolute |
| Carer Accommodation & Enabling at 6 months (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 72 | 75 | - | SMD 0.01 higher (0.32 lower to 0.33 higher) | LOW | CRITICAL |
| Carer Family Functioning at 6 months (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 72 | 75 | - | SMD 0.25 higher (0.07 lower to 0.57 higher) | LOW | CRITICAL |
| Carer Skills at 12 months (measured with: CASK; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 72 | 75 | - | SMD 0.15 higher (0.17 lower to 0.48 higher) | LOW | CRITICAL |

1 Hodsoll 2016: Unclear, no details given of statistical significance for social demographic and clinical variables. Randomization method, allocation concealment and participant blinding unclear. No investigator blinding. Dropout rate of TAU group>20%.

2 <400 participants.

3 CI crosses either 0.5 or -0.5 (SMD).

Table 106: Full GRADE profile for self-help and treatment as usual versus treatment as usual at 12-months after inpatient admission for carers of anorexia nervosa – patient outcomes

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Self-Help+TAU | TAU | Relative (95% CI) | Absolute |
| BMI at 12 months (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 49 | 50 | - | SMD 0.27 higher (0.13 lower to 0.66 higher) | LOW | CRITICAL |
| Gender Standardized Weight for Height Percentage at 12 months (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 49 | 50 | - | SMD 0.2 higher (0.2 lower to 0.59 higher) | LOW | CRITICAL |
| SEED for AN at 12 months (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 49 | 50 | - | SMD 0.01 lower (0.41 lower to 0.38 higher) | LOW | IMPORTANT |
| General Psychopathology at 12 months (measured with: DASS-21; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 49 | 50 | - | SMD 0.03 lower (0.42 lower to 0.37 higher) | LOW | IMPORTANT |
| Clinical Impairment due to ED at 12 months (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 49 | 50 | - | SMD 0.11 higher (0.29 lower to 0.5 higher) | LOW | IMPORTANT |
| Strength & Difficulties Questionnaire - Peer Problems at 12 months (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 49 | 50 | - | SMD 0.09 lower (0.49 lower to 0.3 higher) | LOW | IMPORTANT |
| Strength & Difficulties Questionnaire - Prosocial Behaviour at 12 months (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 49 | 50 | - | SMD 0.32 higher (0.07 lower to 0.72 higher) | LOW | IMPORTANT |

1 Hodsoll 2016: Unclear, no details given of statistical significance for social demographic and clinical variables. Randomization method, allocation concealment and participant blinding unclear. No investigator blinding. Dropout rate of TAU group>20%.

2 CI crosses either 0.5 or -0.5 (SMD)

3 <400 participants.

Table 107: Full GRADE profile for guided self-help and treatment as usual versus treatment as usual at 12- and 24-months after inpatient admission for carers of anorexia nervosa – carer outcomes

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Guided Self-Help+TAU | TAU | Relative (95% CI) | Absolute |
| Carer Burden at 12 months (measured with: EDSIS; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 91 | 91 | - | SMD 0.24 lower (0.54 lower to 0.05 higher) | LOW | CRITICAL |
| Carer Family Functioning at 12 months (measured with: Family Questionnaire; Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,3 | no serious inconsistency | no serious indirectness | serious4 | none | 170 | 166 | - | SMD 0.05 lower (0.26 lower to 0.17 higher) | LOW | CRITICAL |
| Carer Quality of Life at 12 months (measured with: WHO-Quol; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 91 | 91 | - | SMD 0.32 higher (0.03 to 0.61 higher) | LOW | CRITICAL |
| Carer Accommodation & Enabling at 12 months (measured with: AESED; Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,3 | no serious inconsistency | no serious indirectness | serious4 | none | 170 | 166 | - | SMD 0.24 lower (0.46 to 0.03 lower) | LOW | CRITICAL |
| Carer Skills at 12 months (measured with: CASK; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious4 | none | 79 | 75 | - | SMD 0.13 higher (0.19 lower to 0.44 higher) | LOW | CRITICAL |
| Carer General Psychopathology after 12 months (measured with: DASS-21; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious4 | none | 79 | 75 | - | SMD 0.07 lower (0.39 lower to 0.24 higher) | LOW | CRITICAL |
| Carer Burden after 24 months (measured with: EDSIS; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 88 | 97 | - | SMD 0.2 lower (0.49 lower to 0.09 higher) | LOW | CRITICAL |
| Carer Family Functioning after 24 months (measured with: Family Questionnaire; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 88 | 97 | - | SMD 0.25 lower (0.54 lower to 0.04 higher) | LOW | CRITICAL |
| Carer Quality of Life after 24 months (measured with: WHO-Quol; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 88 | 97 | - | SMD 0.24 higher (0.05 lower to 0.53 higher) | LOW | CRITICAL |
| Carer Accommodation & Enabling after 24 months (measured with: AESED; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 88 | 97 | - | SMD 0.23 lower (0.52 lower to 0.06 higher) | LOW | CRITICAL |
| Carer General Psychopathology after 24 months (measured with: DASS-21; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 88 | 97 | - | SMD 0.23 lower (0.52 lower to 0.06 higher) | LOW | CRITICAL |
| Carer Time Spent Caring after 24 months (measured with: CSRI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 88 | 97 | - | SMD 0.2 lower (0.49 lower to 0.09 higher) | LOW | IMPORTANT |

1 Hibbs 2015/Magill 2015: No participant nor assessor blinding. Dropout rate>50% 12 months after discharge.

2 CI crosses either 0.5 or -0.5 (SMD).

3 Hodsoll 2016: Unclear, no details given of statistical significance for social demographic and clinical variables. Randomization method, allocation concealment and participant blinding unclear. No investigator blinding. Dropout rate of TAU group>20%.

4 <400 participants.

Table 108: Full GRADE profile for guided self-help and treatment as usual versus treatment as usual at 12- and 24-months after inpatient admission for carers of anorexia nervosa – patient outcomes

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Guided Self-Help+TAU | TAU | Relative (95% CI) | Absolute |
| **Patient deaths** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 1/86  (1.2%) | 1/92  (1.1%) | RR 1.07 (0.07 to 16.84) | 1 more per 1000 (from 10 fewer to 172 more) | VERY LOW | IMPORTANT |
| Readmitted to hospital for ED during course of study | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious3 | none | 1/86  (1.2%) | 1/92  (1.1%) | RR 0.85 (0.53 to 1.35) | 2 fewer per 1000 (from 5 fewer to 4 more) | VERY LOW | IMPORTANT |
| Patient Relapse (assessed with: Readmission to hospital for ED and/or drop 2 BMI points measured monthly from discharge) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 37/86  (43%) | 48/92  (52.2%) | RR 0.82 (0.6 to 1.13) | 94 fewer per 1000 (from 209 fewer to 68 more) | LOW | IMPORTANT |
| BMI at 12 months (Better indicated by higher values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,4 | no serious inconsistency | no serious indirectness | serious5 | none | 102 | 110 | - | SMD 0.02 lower (0.29 lower to 0.25 higher) | LOW | CRITICAL |
| Gender Standardized Weight for Height Percentage at 12 months (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 50 | - | SMD 0.12 lower (0.51 lower to 0.27 higher) | LOW | CRITICAL |
| EDE-Q Global at 12 months (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 52 | 60 | - | SMD 0.08 lower (0.45 lower to 0.29 higher) | LOW | IMPORTANT |
| SEED for AN at 12 months (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 50 | - | SMD 0.15 higher (0.24 lower to 0.55 higher) | LOW | IMPORTANT |
| General Psychopathology at 12 months (measured with: DASS-21; Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 102 | 110 | - | SMD 0.09 lower (0.36 lower to 0.18 higher) | LOW | IMPORTANT |
| Clinical Impairment due to ED at 12 months (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious5 | none | 50 | 50 | - | SMD 0.11 lower (0.5 lower to 0.29 higher) | LOW | IMPORTANT |
| Strength & Difficulties Questionnaire - Peer Problems at 12 months (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 50 | - | SMD 0.5 lower (0.9 to 0.11 lower) | LOW | IMPORTANT |
| Strength & Difficulties Questionnaire - Prosocial Behaviour at 12 months (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 50 | - | SMD 0.38 higher (0.02 lower to 0.77 higher) | LOW | IMPORTANT |
| Quality of Life at 12 months (measured with: WHO-QL; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 52 | 60 | - | SMD 0.1 higher (0.27 lower to 0.47 higher) | LOW | IMPORTANT |
| BMI at 24 months (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 61 | 58 | - | SMD 0.28 higher (0.08 lower to 0.64 higher) | LOW | CRITICAL |
| EDE-Q Global at 24 months (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 61 | 58 | - | SMD 0.3 lower (0.66 lower to 0.07 higher) | LOW | IMPORTANT |
| General Psychopathology at 24 months (measured with: DASS-21; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 61 | 58 | - | SMD 0.27 lower (0.63 lower to 0.1 higher) | LOW | IMPORTANT |
| Quality of Life at 24 months (measured with: WHO-QL; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 61 | 58 | - | SMD 0.29 lower (0.65 lower to 0.07 higher) | LOW | IMPORTANT |

1 Hibbs 2015/Magill 2015: No participant nor assessor blinding. Dropout rate>50% 12 months after discharge.

2 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

3 CI crosses both 0.75 and 1.25 (Risk Ratio), or both 0.5 and -0.5 (SMD).

4 Hodsoll 2016: Unclear, no details given of statistical significance for social demographic and clinical variables. Randomization method, allocation concealment and participant blinding unclear. No investigator blinding. Dropout rate of TAU group>20%.

5 <300 events (Risk Ratio) or <400 participants (SMD).

Table 109: Full GRADE profile for guided self-help and treatment as usual versus self-help and treatment as usual at 6- and 12-months after inpatient admission for carers of anorexia nervosa – carer outcomes

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Guided Self-Help+TAU | Self-Help+TAU | Relative (95% CI) | Absolute |
| Carer Accommodation & Enabling at 6 months (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 79 | 72 | - | SMD 0.3 lower (0.63 lower to 0.02 higher) | LOW | CRITICAL |
| Carer Family Functioning at 6 months (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 79 | 72 | - | SMD 0.2 lower (0.52 lower to 0.12 higher) | LOW | CRITICAL |
| Carer General Psychopathology at 12 months (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 79 | 72 | - | SMD 0.04 lower (0.36 lower to 0.28 higher) | LOW | CRITICAL |
| Carer Skills at 12 months (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 79 | 72 | - | SMD 0.03 lower (0.35 lower to 0.29 higher) | LOW | CRITICAL |
| Time Spent Caregiving at 12 months (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 79 | 72 | - | SMD 0.01 higher (0.31 lower to 0.33 higher) | LOW | IMPORTANT |
| Direct Spending at 12 months (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 79 | 72 | - | SMD 0 higher (0.32 lower to 0.32 higher) | LOW | IMPORTANT |

1 Hodsoll 2016: Unclear, no details given of statistical significance for social demographic and clinical variables. Randomization method, allocation concealment and participant blinding unclear. No investigator blinding. Dropout rate of TAU group>20%.

2 CI crosses either 0.5 or -0.5 (SMD).

3 <400 participants.

Table 110: Full GRADE profile for guided self-help and treatment as usual versus self-help and treatment as usual at 12-months after inpatient admission for carers of anorexia nervosa – patient outcomes

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Guided Self-Help+TAU | Self-Help+TAU | Relative (95% CI) | Absolute |
| **BMI at 12 months (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 49 | - | SMD 0.45 lower (0.85 to 0.05 lower) | LOW | IMPORTANT |
| Gender Standardized Weight for Height Percentage at 12 months (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 49 | - | SMD 0.34 lower (0.73 lower to 0.06 higher) | LOW | IMPORTANT |
| SEED for AN at 12 months (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 49 | - | SMD 0.19 higher (0.2 lower to 0.59 higher) | LOW | IMPORTANT |
| General Psychopathology at 12 months (measured with: DASS-21; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 49 | - | SMD 0.13 lower (0.52 lower to 0.27 higher) | LOW | IMPORTANT |
| Clinical Impairment due to ED at 12 months (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 49 | - | SMD 0.21 lower (0.6 lower to 0.19 higher) | LOW | IMPORTANT |
| Strength & Difficulties Questionnaire - Peer Problems at 12 months (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 49 | - | SMD 0.43 lower (0.83 to 0.03 lower) | LOW | IMPORTANT |
| Strength & Difficulties Questionnaire - Prosocial Behaviour at 12 months (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 50 | 49 | - | SMD 0.05 higher (0.35 lower to 0.44 higher) | LOW | IMPORTANT |

1 Hodsoll 2016: Unclear, no details given of statistical significance for social demographic and clinical variables. Randomization method, allocation concealment and participant blinding unclear. No investigator blinding. Dropout rate of TAU group>20%.

2 CI crosses either 0.5 or -0.5 (SMD).

3 <400 participants.

Table 111: Full GRADE profile for web-based guided self-help versus treatment as usual for carers of anorexia nervosa at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Web-based Guided Self-Help | TAU | Relative (95% CI) | Absolute |
| **Carer Accommodation & Enabling (follow-up 3 months; measured with: AESED; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 33 | 30 | - | SMD 0.34 lower (0.84 lower to 0.16 higher) | LOW | CRITICAL |
| **Carer Family Functioning (follow-up 3 months; measured with: Level of Expressed Emotion; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 33 | 30 | - | SMD 0.46 lower (0.96 lower to 0.05 higher) | LOW | CRITICAL |
| **Carer Burden (follow-up 3 months; measured with: EDSIS; Experience of Caregiving Inventory (ECI) Negative; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 33 | 30 | - | SMD 0.32 lower (0.67 lower to 0.04 higher) | LOW | CRITICAL |
| **Carer Experience of Caregiving (ECI) Positive (follow-up 3 months; measured with: Experience of Caregiving Inventory (ECI); Better indicated by higher values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 33 | 30 | - | SMD 0.06 higher (0.44 lower to 0.55 higher) | LOW | CRITICAL |
| Carer General Psychopathology (Distress) (follow-up 3 months; measured with: Depression Anxiety Stress Scales (DASS-21); Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 33 | 30 | - | SMD 0.55 lower (1.05 to 0.05 lower) | LOW | CRITICAL |

1 Grover 2011: Participant not blinded. Unclear whether baseline similar.

2 CI crosses either 0.5 or -0.5 (SMD).

Table 112: Full GRADE profile for web-based guided self-help versus treatment as usual for carers of anorexia nervosa at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Web-based Guided Self-Help | TAU | Relative (95% CI) | Absolute |
| **Carer Accommodation & Enabling FU (follow-up 3 months; measured with: AESED; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 33 | 30 | - | SMD 0.02 lower (0.52 lower to 0.47 higher) | LOW | CRITICAL |
| **Carer Family Functioning FU (follow-up 3 months; measured with: Level of Expressed Emotion; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 33 | 30 | - | SMD 0.18 lower (0.67 lower to 0.32 higher) | LOW | CRITICAL |
| **Carer Burden FU (follow-up 3 months; measured with: EDSIS; Experience of Caregiving Inventory (ECI) Negative; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 33 | 30 | - | SMD 0.15 lower (0.5 lower to 0.2 higher) | LOW | CRITICAL |
| **Experience of Caregiving (ECI) Positive FU (follow-up 3 months; Better indicated by higher values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 33 | 30 | - | SMD 0.18 higher (0.32 lower to 0.67 higher) | LOW | CRITICAL |
| Carer General Psychopathology (Distress) FU (follow-up 3 months; measured with: Hospital Anxiety & Depression Scale; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 33 | 30 | - | SMD 0.01 lower (0.5 lower to 0.49 higher) | LOW | CRITICAL |

1 Grover 2011: Participant not blinded. Unclear whether baseline similar.

2 CI crosses either 0.5 or -0.5 (SMD).

3 <400 participants.

Table 113: Full GRADE profile for web-based guided self-help versus web-based self-help for carers of anorexia nervosa at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Web-based Guided Self-Help | Web-based Self-Help | Relative (95% CI) | Absolute |
| Carer Family Functioning (follow-up 3 months; measured with: LEE; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 13 | 14 | - | SMD 0.56 lower (1.33 lower to 0.21 higher) | LOW | CRITICAL |
| Carer Burden (follow-up 3 months; measured with: EDSIS; ECI negative; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 13 | 14 | - | SMD 0.31 higher (0.23 lower to 0.85 higher) | LOW | CRITICAL |
| Carer Experience of Caregiving (ECI) Positive (follow-up 3 months; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 13 | 14 | - | SMD 0.45 higher (0.32 lower to 1.21 higher) | LOW | CRITICAL |
| Carer Quality of Life (follow-up 3 months; measured with: GHQ-28; SF-36; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 13 | 14 | - | SMD 0.15 lower (0.69 lower to 0.39 higher) | LOW | CRITICAL |
| Carer General Psychopathology (Distress) (follow-up 3 months; measured with: DASS-21; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 13 | 14 | - | SMD 0.48 lower (1.25 lower to 0.28 higher) | LOW | CRITICAL |

1 Hoyle 2013: Unclear randomization method, allocation concealment, participant and assessor blinding.

2 CI crosses 0.5 or -0.5 (SMD).

Table 114: Full GRADE profile for web-based guided self-help versus web-based self-help for carers of anorexia nervosa at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Web-based Guided Self-Help | Web-based Self-Help | Relative (95% CI) | Absolute |
| Carer Family Functioning FU (follow-up 3 months; measured with: LEE; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 13 | 16 | - | SMD 1.01 lower (1.8 to 0.23 lower) | LOW | CRITICAL |
| Carer Burden FU (follow-up 3 months; measured with: EDSIS, ECI Negative; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 13 | 16 | - | SMD 0.46 higher (0.06 lower to 0.99 higher) | LOW |  |
| Carer Experience of Caregiving (ECI) Positive FU (follow-up 3 months; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious3 | none | 13 | 16 | - | SMD 0.18 higher (0.56 lower to 0.91 higher) | VERY LOW |  |
| Carer Quality of Life FU (follow-up 3 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 13 | 16 | - | SMD 0.11 lower (0.63 lower to 0.4 higher) | LOW |  |
| Carer General Psychopathology (Distress) FU (follow-up 3 months; measured with: DASS-21; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 13 | 16 | - | SMD 0.35 lower (1.09 lower to 0.39 higher) | LOW | CRITICAL |

1 Hoyle 2013: Unclear randomization method, allocation concealment, participant and assessor blinding.

2 CI crosses 0.5 or -0.5 (SMD).

3 CI crosses both 0.5 and -0.5 (SMD).

* + 1. Interventions for parents or carers of people with any eating disorder

Table 115: Full GRADE profile for psychoeducation versus wait list control in carers of young people with any eating disorder at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Psychoeducation | WLC | Relative (95% CI) | Absolute |
| **Carer** **Self-Efficacy (follow-up 260 days; measured with: Parents Versus Anorexia (PVA); Better indicated by higher values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 18 | 13 | - | SMD 1.74 higher (0.89 to 2.59 higher) | VERY LOW | CRITICAL |
| Carer Knowledge of ED (follow-up median 260 days; measured with: Knowledge of Eating Disorders Scale (KEDS); Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 17 | 11 | - | SMD 0.75 higher (0.04 lower to 1.54 higher) | VERY LOW | CRITICAL |

1 Spettigue 2015: Randomization method unclear, allocation concealment unclear, participant and assessor not blinded, investigator blinding unclear, dropout rate for both arms>20%, available case analysis.

2 Study targeted carers of medically stable adolescents awaiting assessment by specialized eating disorder program. End of treatment data for wait list control was after 1 month. At time of assessment, 4 of 36 adolescents were not diagnosed with an eating disorder. Mean time to assessment: 94 days, range 27-287 days

3 <400 participants.

4 CI crosses either 0.5 or -0.5 (SMD).

Table 116: Full GRADE profile for psychoeducation versus wait list control in carers of young people with any eating disorder at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Psychoeducation | WLC | Relative (95% CI) | Absolute |
| Carer Self-Efficacy FU (measured with: Parents Versus Anorexia (PVA); Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 18 | 13 | - | SMD 0.89 higher (0.14 to 1.64 higher) | VERY LOW | CRITICAL |
| Carer Knowledge of ED FU (measured with: Knowledge of Eating Disorders Scale (KEDS); Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 17 | 11 | - | SMD 0.99 higher (0.18 to 1.8 higher) | VERY LOW | CRITICAL |
| Carer Burden FU (measured with: Eating Disorder Symptom Impact Scale (EDSIS); Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 21 | 15 | - | SMD 0.57 higher (0.11 lower to 1.25 higher) | VERY LOW | CRITICAL |

1 Spettigue 2015: Randomization method unclear, allocation concealment unclear, participant and assessor not blinded, investigator blinding unclear, dropout rate for both arms>20%, available case analysis.

2 Study targeted carers of medically stable adolescents awaiting assessment by specialized eating disorder program. End of treatment data for wait list control was after 1 month. At time of assessment, 4 of 36 adolescents were not diagnosed with an eating disorder. Mean time to assessment: 94 days, range 27-287 days

3 CI crosses either 0.5 or -0.5 (SMD).

Table 117: Full GRADE profile for guided self-help versus self-help in carers of adults with any eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Guided Self-Help | Self-Help | Relative (95% CI) | Absolute |
| **Carer Burden (follow-up 3 months; measured with: ECI Negative; EDSIS; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 57 | 63 | - | SMD 0.02 higher (0.24 lower to 0.27 higher) | LOW | CRITICAL |
| **Carer Quality of Life (follow-up 3 months; measured with: General Health Questionnaire-12 (GHQ-12); Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 57 | 63 | - | SMD 0.07 lower (0.43 lower to 0.28 higher) | LOW | CRITICAL |
| **Family Functioning (follow-up 3 months; measured with: Family Questionnaire; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 57 | 63 | - | SMD 0.14 lower (0.5 lower to 0.22 higher) | LOW | CRITICAL |
| **Carer Self-Efficacy (follow-up 3 months; measured with: Revised Scale for Caregiving Self-Efficacy (CSE); Better indicated by higher values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 57 | 63 | - | SMD 0.15 higher (0.21 lower to 0.51 higher) | LOW | CRITICAL |
| **Experience of Caregiving Inventory (ECI) Positive (follow-up 3 months; measured with: Experience of Caregiving Inventory (ECI); Better indicated by higher values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 57 | 63 | - | SMD 0.05 higher (0.3 lower to 0.41 higher) | LOW | CRITICAL |
| **Carer Accommodation & Enabling (follow-up 3 months; measured with: AESED; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 57 | 63 | - | SMD 0.01 lower (0.37 lower to 0.35 higher) | LOW | CRITICAL |
| Carer General Psychopathology (Distress) (follow-up 3 months; measured with: Hospital & Anxiety Depression Scale (HADS); Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 57 | 63 | - | SMD 0.06 lower (0.42 lower to 0.3 higher) | LOW | CRITICAL |

1 Goddard 2011: Unclear whether baseline characteristics of carers were similar. Also, dropout rate<20% and reasons not stated.

2 <400 participants.  
3 CI crosses either 0.5 or -0.5 (SMD)

* 1. Does any pharmacological intervention produce benefits/harms on specified outcomes in people with eating disorders?
     1. Pharmacological intervention for people with anorexia nervosa

Table 118: Full GRADE profile for antidepressants versus placebo for adults with anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antidepressant | placebo | Relative (95% CI) | Absolute |
| BMI. Adults - SSRIs (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 26 | 26 | - | SMD 0.72 higher (0.16 to 1.29 higher) | VERY LOW | CRITICAL |
| Change in % average body weight. Adults - SSRIs (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 11 | 12 | - | SMD 0.61 lower (1.45 lower to 0.23 higher) | VERY LOW | IMPORTANT |
| Depression. Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 42 | 46 | - | SMD 0.58 lower (1.01 to 0.15 lower) | VERY LOW | CRITICAL |
| Depression. Adults - SSRI (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 26 | 26 | - | SMD 0.67 lower (1.23 to 0.11 lower) | VERY LOW | CRITICAL |
| Depression. Adults - TCA (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 16 | 20 | - | SMD 0.45 lower (1.12 lower to 0.22 higher) | VERY LOW | CRITICAL |
| EDI - Bulimia. Adults - SSRI (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 26 | 26 | - | SMD 0.26 lower (0.81 lower to 0.28 higher) | VERY LOW | IMPORTANT |
| Achieved target weight. Adults - TCA | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious7 | reporting bias3 | 17/23  (73.9%) | 16/25  (64%) | RR 1.15 (0.7 to 1.42) | 96 more per 1000 (from 192 fewer to 269 more) | VERY LOW | CRITICAL |
| Relapse (LSE because of deteriorating clinical state). Adults - SSRIs | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious8 | reporting bias3 | 6/16  (37.5%) | 16/19  (84.2%) | RR 0.45 (0.23 to 0.86) | 463 fewer per 1000 (from 118 fewer to 648 fewer) | VERY LOW | IMPORTANT |

1 It was unclear how random sequence was generated and if allocation concealment was conducted. Neither the participants, assessors nor investigators were blind. High dropouts were reported >20%.  
2 95% CI crossed 1 MID (0.5)  
3 High risk of publication bias from studies sponsored by the pharmaceutical industry. There is a risk in the 1980's, 1990's and early 2000's that only positive findings are being published, there is selective outcome reporting and outliers are being excluded.   
4 It was unclear how random sequence was generated and if allocation concealment was conducted. The participants and investigators were blind but it was unclear if the assessors were blind. High dropouts were reported >20%.  
5 95% CI crossed 1 MID (-0.5)  
6 It was unclear how random sequence was generated and if allocation concealment was conducted. In one study, neither the participants, assessors nor investigators were blind. The other study was double blind but it was unclear if assessors were blind. High dropouts were reported >20%.  
7 95% CI crossed 1 MID (1.25)  
8 95% CI crossed 1 MID (0.75)

Table 119: Full GRADE profile for antidepressant versus another antidepressant for adults with AN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antidepressant | Antidepressant | Relative (95% CI) | Absolute |
| No episodes of vomiting. Adults - SSRI vs. TCA | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 4/10  (40%) | 0/13  (0%) | RR 0.61 (0.37 to 1.01) | - | VERY LOW | IMPORTANT |
| Bingeing. Adults - SSRI vs. TCA | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious4 | reporting bias3 | 7/10  (70%) | 7/13  (53.8%) | RR 1.3 (0.68 to 2.48) | 162 more per 1000 (from 172 fewer to 797 more) | VERY LOW | IMPORTANT |
| Amenorrhea. Adults - SSRI vs. TCA | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious4 | reporting bias3 | 7/10  (70%) | 7/13  (53.8%) | RR 1.3 (0.68 to 2.48) | 162 more per 1000 (from 172 fewer to 797 more) | VERY LOW | IMPORTANT |

1 It was unclear how random sequence was generated and if allocation concealment was conducted. The participants and investigators were blind but it was unclear if the assessors were blind. High dropouts were reported >20%.  
2 95% CI crossed 1 MID (0.75)  
3 High risk of publication bias from studies sponsored by the pharmaceutical industry. There is a risk in the 1980's, 1990's and early 2000's that only positive findings are being published, there is selective outcome reporting and outliers are being excluded.   
4 95% CI crossed 2 MIDs (0.75 and 1.25)

Table 120: Full GRADE profile for antipsychotic versus placebo for young people or adults with AN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antipsychotic | placebo | Relative (95% CI) | Absolute |
| **Weight - Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 27 | 30 | - | SMD 0.15 lower (0.67 lower to 0.37 higher) | VERY LOW | CRITICAL |
| Depression - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | reporting bias3 | 14 | 12 | - | SMD 0.54 higher (0.25 lower to 1.32 higher) | VERY LOW | CRITICAL |
| No side effects Total | | | | | | | | | | | | |
| 3 | randomised trials | serious5 | no serious inconsistency | no serious indirectness | serious6 | reporting bias3 | 1/44  (2.3%) | 2/50  (4%) | RR 1.02 (0.93 to 1.12) | 1 more per 1000 (from 3 fewer to 5 more) | VERY LOW | IMPORTANT |
| No side-effects - Adolescents | | | | | | | | | | | | |
| 2 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious6 | reporting bias3 | 1/28  (3.6%) | 2/32  (6.3%) | RR 1.04 (0.91 to 1.18) | 2 more per 1000 (from 6 fewer to 11 more) | VERY LOW | IMPORTANT |
| No side-effects - Adults | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious6 | reporting bias3 | 0/16  (0%) | 0/18  (0%) | Not estimable | - | VERY LOW | IMPORTANT |
| Remission - Adolescents\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | very serious10 | reporting bias3 | 6/19  (31.6%) | 10/22  (45.5%) | RR 0.69 (0.31 to 1.55) | 141 fewer per 1000 (from 314 fewer to 250 more) | VERY LOW | CRITICAL |

1 High dropouts were reported in one study.   
2 95% CI crossed 1 MID (-0.5)  
3 High risk of publication bias from studies sponsored by the pharmaceutical industry. There is a risk in the 1980's, 1990's and early 2000's that only positive findings are being published, there is selective outcome reporting and outliers are being excluded.   
4 95% CI crossed 1 MID (0.5)  
5 Studies were randomised, however it was unclear if allocation concealment was conducted. Two studies were triple-blinded and one was double-blinded. High dropouts were reported >20%.  
6 For a dichotomous outcome there were fewer than 300 events.  
7 Studies were randomised, however it was unclear if allocation concealment was conducted. One study was triple-blinded and one was double-blinded. High dropouts were reported >20%.  
8 It was unclear if allocation concealment was conducted. The study was triple-blinded. High dropouts were reported >20%  
9 Studies were randomised, however it was unclear if allocation concealment was conducted. The study was double-blinded but it was unclear if assessors were blind.   
10 95% CI crossed 2 MIDs (0.75 and 1.25)

Table 121: Full GRADE profile for combined antipsychotic and psychotherapy versus placebo and therapy for adults with AN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Combined Antipsychotic + Pscyhotherapy** | **Placebo + Therapy** | **Relative (95% CI)** | **Absolute** |
| BMI. Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 15 | 15 | - | SMD 0.18 higher (0.54 lower to 0.89 higher) | VERY LOW | CRITICAL |
| EDI - Total. Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 15 | 15 | - | SMD 0.47 higher (0.26 lower to 1.19 higher) | VERY LOW | IMPORTANT |
| EDI - Drive for thinness. Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | reporting bias3 | 15 | 15 | - | SMD 0.36 higher (0.37 lower to 1.08 higher) | VERY LOW | IMPORTANT |
| EDI - Bulimia. Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 15 | 15 | - | SMD 0.18 higher (0.54 lower to 0.9 higher) | VERY LOW | IMPORTANT |
| EDI - Body dissatisfaction.Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | reporting bias3 | 15 | 15 | - | SMD 0.43 higher (0.29 lower to 1.16 higher) | VERY LOW | IMPORTANT |
| Yale - eating disorder rating scale. Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 15 | 15 | - | SMD 0.53 lower (1.26 lower to 0.2 higher) | VERY LOW | IMPORTANT |
| No side-effects. Adults | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious6 | reporting bias3 | 0/17  (0%) | 0/18  (0%) | RR: 1.00 (0.90 to 1.11) | - | VERY  LOW | IMPORTANT |

1 It was unclear how random sequence was generated or if allocation concealment was conducted. The study was double-blind but it was unclear if allocation concealment was conducted.   
2 95% CI crossed 1 MID (0.5)  
3 High risk of publication bias from studies sponsored by the pharmaceutical industry. There is a risk in the 1980's, 1990's and early 2000's that only positive findings are being published, there is selective outcome reporting and outliers are being excluded.   
4 It was unclear how random sequence was generated or if allocation concealment was conducted in both studies. The study was double-blind but it was unclear if allocation concealment was conducted.   
5 95% CI crossed 1 MID (-0.5)  
6 For a dichotomous outcome there were fewer than 300 events.

Table 122: Full GRADE profile for combined antidepressant and psychotherapy versus psychotherapy for adults with AN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Combined Antidepressant + Psychotherapy** | **Therapy** | **Relative (95% CI)** | **Absolute** |
| **Weight % Ideal BW (final)-SSRI Adult (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 15 | 16 | - | SMD 0.14 lower (0.85 lower to 0.56 higher) | VERY LOW | CRITICAL |
| **Weight % Ideal BW (change)-SSRI Adult (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 49 | 44 | - | SMD 0.46 lower (0.87 to 0.04 lower) | VERY LOW | CRITICAL |
| **Depression (change and final) SSRI Total (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 64 | 60 | - | SMD 0.32 higher (0.03 lower to 0.68 higher) | VERY LOW | CRITICAL |
| **Quality of life SSRI Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | reporting bias3 | 49 | 44 | - | SMD 0.38 lower (0.79 lower to 0.03 higher) | VERY LOW | IMPORTANT |
| Remission SSRI Adults\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious5 | reporting bias3 | 7/49  (14.3%) | 4/44  (9.1%) | RR 1.57 (0.49 to 5.01) | 52 more per 1000 (from 46 fewer to 365 more) | VERY LOW | CRITICAL |
| Global Improvement (CGI) SSRI Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious6 | reporting bias3 | 15 | 16 | - | SMD 0.20 lower (0.91 lower to 0.51 higher) | VERY LOW | IMPORTANT |

1 It was unclear if allocation concealment was conducted. Studies were triple blinded. High dropouts were reported >20%,  
2 95% CI crossed 1 MID (0.5)  
3 High risk of publication bias from studies sponsored by the pharmaceutical industry. There is a risk in the 1980's, 1990's and early 2000's that only positive findings are being published, there is selective outcome reporting and outliers are being excluded.   
4 95% CI crossed 1 MID (-0.5)  
5 95% CI Crossed 2 MIDs (0.75 and 1.25)  
6 95% CI crossed 2 MID (-0.5 and 0.5)

Table 123: Full GRADE profile for other medication versus placebo for adults with AN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Other medication (not antidepressants) | Placebo | Relative (95% CI) | Absolute |
| Achieved target weight. Adults - Antihistamine | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 17/23  (73.9%) | 16/25  (64%) | RR 1.15 (0.79 to 1.69) | 96 more per 1000 (from 134 fewer to 442 more) | VERY LOW | CRITICAL |
| Depression, Adults - Antihistamine (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | reporting bias3 | 18 | 20 | - | SMD 0.58 lower (1.23 lower to 0.07 higher) | VERY LOW | CRITICAL |

1 It was unclear how random sequence was generated or if allocation concealment was conducted. The study was double-blind but it was unclear if assessor was blind. High dropouts were reported >20%,  
2 95% CI crossed 1 MID (1.25)  
3 High risk of publication bias from studies sponsored by the pharmaceutical industry. There is a risk in the 1980's, 1990's and early 2000's that only positive findings are being published, there is selective outcome reporting and outliers are being excluded.   
4 95% CI crossed 1 MID (-0.5)

Table 124: Full GRADE profile for antipsychotics versus antidepressants for adults with AN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | AN Antipsychotics | Antidepressant | Relative (95% CI) | Absolute |
| No bingeing | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 3/12  (25%) | 4/23  (17.4%) | RR 0.87 (0.61 to 1.24) | 23 fewer per 1000 (from 68 fewer to 42 more) | VERY LOW | IMPORTANT |
| No vomiting | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 3/12  (25%) | 3/23  (13%) | RR 0.87 (0.6 to 1.25) | 17 fewer per 1000 (from 52 fewer to 33 more) | VERY LOW |  |
| Amenorrhea | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious4 | reporting bias3 | 8/12  (66.7%) | 14/23  (60.9%) | RR 1.08 (0.65 to 1.81) | 49 more per 1000 (from 213 fewer to 493 more) | VERY LOW | IMPORTANT |

1 It was unclear how the randomisation sequence was generated or if allocation concealment was conducted. Participants were blind, but investigators were not. It was unclear if the assessors were blind.   
2 95% CI crossed 1 MID (0.75)  
3 High risk of publication bias from studies sponsored by the pharmaceutical industry. There is a risk in the 1980's, 1990's and early 2000's that only positive findings are being published, there is selective outcome reporting and outliers are being excluded. .   
4 95% CI crossed 2 MIDs (0.75 and 1.25)

Table 125: Full GRADE profile for cannaboid agonist versus placebo for adults with AN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Cannaboid agonist | placebo | Relative (95% CI) | Absolute |
| Weight gain. Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 24 | 24 | - | SMD 1.6 higher (0.95 to 2.26 higher) | LOW | CRITICAL |
| Intensity of physical activity. Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 24 | 24 | - | SMD 0.18 higher (0.39 lower to 0.74 higher) | LOW | CRITICAL |
| Change in total EDI-2. Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 24 | 24 | - | SMD 0.78 lower (1.36 to 0.19 lower) | LOW | IMPORTANT |
| Change in EDI-2 Body dissatisfaction. Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 24 | 24 | - | SMD 0.07 lower (0.64 lower to 0.5 higher) | LOW | IMPORTANT |
| Change EDI-2 Drive for thinness. Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 24 | 24 | - | SMD 1.15 higher (0.53 to 1.76 higher) | LOW | IMPORTANT |
| Change in EDI-2 Bulmia. Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | no serious imprecision | none | 24 | 24 | - | SMD 0.72 higher (0.13 to 1.3 higher) | MODERATE | IMPORTANT |
| No adverse events. Adults | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | no serious imprecision | none | 0/11  (0%) | 0/14  (0%) | Not estimable | - | MODERATE | CRITICAL |

1 The study was double-blind but it was unclear if investigator was blind.   
2 95% CI crossed 1 MID (0.5)  
3 95% CI crossed 1 MID (-0.5)

* + 1. Pharmacological interventions for people with bulimia nervosa

Table 126: Full GRADE profile for antidepressant versus placebo in people with bulimia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Antidepressant** | **placebo** | **Relative (95% CI)** | **Absolute** |
| **Binge frequency, Adults - SSRIs (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 20 | 22 | - | SMD 0.13 lower (0.73 lower to 0.48 higher) | VERY LOW | CRITICAL |
| **Purge frequency. Adults - TCAs (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 40 | 38 | - | SMD 0.34 lower (0.79 lower to 0.11 higher) | VERY LOW | CRITICAL |
| **Vomiting frequency. Adults - SSRI (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 20 | 22 | - | SMD 0.20 lower (0.8 lower to 0.41 higher) | VERY LOW | CRITICAL |
| **EDI Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 60 | 63 | - | SMD 1.19 higher (0.74 to 1.64 higher) | VERY LOW | IMPORTANT |
| **EDI Adults - SSRI (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 22 | 24 | - | SMD 0.29 lower (0.87 lower to 0.29 higher) | VERY LOW | IMPORTANT |
| **EDI Adults - MAOI (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 38 | 39 | - | SMD 3.34 higher (2.64 to 4.04 higher) | VERY LOW | IMPORTANT |
| **EDI - Drive for thinness. Adults - SSRI (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 22 | 24 | - | SMD 0.44 lower (1.02 lower to 0.15 higher) | VERY LOW | IMPORTANT |
| **EDI- Body dissatisfaction. Adults - SSRI (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 22 | 24 | - | SMD 0.48 lower (1.07 lower to 0.1 higher) | VERY LOW | IMPORTANT |
| **EDI- Bulimia. Adults - SSRI (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 22 | 24 | - | SMD 0.15 lower (0.73 lower to 0.43 higher) | VERY LOW | IMPORTANT |
| **Depression TCA (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 50 | 51 | - | SMD 0.35 lower (0.74 lower to 0.04 higher) | VERY LOW | CRITICAL |
| **Depression scores. Adults - SSRIs (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 42 | 46 | - | SMD 0.39 lower (0.81 to 0.03 lower) | VERY LOW | CRITICAL |
| **Depression scores. Adults - MAOIs (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 61 | 66 | - | SMD 0.06 lower (0.4 lower to 0.29 higher) | VERY LOW | CRITICAL |
| **Depression change score - SSRI (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 75 | 71 | - | SMD 0.19 lower (0.52 lower to 0.13 higher) | VERY LOW | CRITICAL |
| **Global clinical score. Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 4 | randomised trials | serious11 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 157 | 155 | - | SMD 0.33 lower (0.55 to 0.1 lower) | VERY LOW | IMPORTANT |
| **Global clinical score. Adults - TCA (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 40 | 38 | - | SMD 0.33 lower (0.77 lower to 0.12 higher) | VERY LOW | IMPORTANT |
| **Global clinical score. Adults - SSRI (Better indicated by lower values)** | | | | | | | | | | | | |
| 3 | randomised trials | serious11 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 117 | 117 | - | SMD 0.32 lower (0.58 to 0.07 lower) | VERY LOW | IMPORTANT |
| **Did not have adverse event. Adults** | | | | | | | | | | | | |
| 11 | randomised trials | serious12 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 47/509  (9.2%) | 22/451  (4.9%) | RR 0.95 (0.92 to 0.99) | 2 fewer per 1000 (from 0 fewer to 4 fewer) | VERY LOW | IMPORTANT |
| **Did not have adverse event. Adults - TCAs** | | | | | | | | | | | | |
| 2 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 7/95  (7.4%) | 1/70  (1.4%) | RR 0.94 (0.87 to 1.01) | 1 fewer per 1000 (from 2 fewer to 0 more) | VERY LOW | IMPORTANT |
| **Did not have adverse event. Adults- SSRIs** | | | | | | | | | | | | |
| 5 | randomised trials | serious9,13 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 25/322  (7.8%) | 14/288  (4.9%) | RR 0.97 (0.93 to 1.01) | 1 fewer per 1000 (from 3 fewer to 0 more) | VERY LOW | IMPORTANT |
| **Did not have adverse event. Adults Adults - MAOIs** | | | | | | | | | | | | |
| 2 | observational studies | serious6 | very serious14 | no serious indirectness | serious15 | reporting bias3 | 14/69  (20.3%) | 6/70  (8.6%) | RR 0.87 (0.75 to 1) | 11 fewer per 1000 (from 21 fewer to 0 more) | VERY LOW | IMPORTANT |
| **Dropout due to adverse events. Adults - Other** | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious15 | reporting bias3 | 1/23  (4.3%) | 1/23  (4.3%) | RR 1 (0.88 to 1.13) | 0 fewer per 1000 (from 5 fewer to 6 more) | VERY LOW | IMPORTANT |
| Did not achieve remission Adults Other\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious15 | reporting bias3 | 2/23  (8.7%) | 0/23  (0%) | RR 0.91 (0.79 to 1.06) | - | VERY LOW | CRITICAL |
| Binge frequencey Adults TCA FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 21 | 17 | - | SMD 0.39 lower (1.04 lower to 0.25 higher) | VERY LOW | CRITICAL |
| Laxative use Adults TCA FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | very serious16 | reporting bias3 | 21 | 17 | - | SMD 0.08 higher (0.56 lower to 0.72 higher) | VERY LOW | IMPORTANT |
| Vomit frequency Adults TCA FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 21 | 17 | - | SMD 0.46 lower (1.1 lower to 0.19 higher) | VERY LOW | CRITICAL |
| Depression Adults TCA FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 21 | 17 | - | SMD 0.27 higher (0.37 lower to 0.91 higher) | VERY LOW | CRITICAL |
| EDI - Body dissatisfaction Adults TCA FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 21 | 17 | - | SMD 0.24 lower (0.88 lower to 0.4 higher) | VERY LOW | IMPORTANT |

1 It was unclear how the random sequence was generated or if allocation concealment was conducted. It was unclear if either the participants, investigators or assessors were blind. High dropouts were reported in one arm >20%  
2 For continuous outcome, there were fewer than 400 participants.  
3 High risk of publication bias from studies sponsored by the pharmaceutical industry. There is a risk in the 1980's, 1990's and early 2000's that only positive findings are being published, there is selective outcome reporting and outliers are being excluded.   
4 It was unclear how patients were randomised and if allocation concealment was performed. Studies were double-blind but unclear if assessors were blind.   
5 95% Crossed 1 MID (-0.5)  
6 It was unclear how randomised sequence was generated and if allocation concealment was conducted. Study was double-blind but it was unclear if assessors were blind. High dropouts were reported.  
7 It was unclear in one study how randomised sequence was generated and if allocation concealment was conducted in both studies. Studies were double-blind but it was unclear if investigators were blind. High dropouts were reported in Romano.  
8 It was unclear how randomised sequence was generated and if allocation concealment was conducted in both studies. Studies were double-blind but it was unclear if assessors were blind  
9 It was unclear in one study how random sequence was generated and in all studies if allocation concealment was performed. In was unclear if assessors were blind. High dropouts were reported >20%.  
10 It was unclear if allocation concealment was performed. It was a double-blind study but it was unclear if assessors were blind. High dropouts were reported .>20%  
11 It was unclear in all but one study how the randomised sequence was generated and if allocation concealment was conducted. It was unclear in one study if investigator was blind and in all studies if assessors were blind. High dropout rates were reported >20%.  
12 In most studies it was unclear how patients were randomised and if allocation concealment was performed. Most studies were double-blind but unclear if assessors were blind. High dropouts were reported >20%.   
13 It was unclear how the random sequence was generated or if allocation concealment was conducted. It was unclear if either the participants, investigators or assessors were blind.   
14 Heterogeneity was detected I2 >80%  
15 For a dichotomous outcome, there were fewer than 300 events.  
16 95% CI crossed 2 MIDs (-0.5 to 0.5)

Table 127: Full GRADE profile for antidepressants versus another antidepressant for people with bulimia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Antidepressant** | **another Antidepressant** | **Relative (95% CI)** | **Absolute** |
| **Depression - SSRI (Citalopram) vs. SSRI (Fluoxetine). Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | reporting bias3 | 14 | 14 | - | SMD 0.22 lower (0.97 lower to 0.52 higher) | VERY LOW | CRITICAL |
| **EDI - Drive for thinness - SSRI (Citalopram) vs. SSRI (Fluoxetine). Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | reporting bias3 | 14 | 14 | - | SMD 0.34 higher (0.4 lower to 1.09 higher) | VERY LOW | IMPORTANT |
| **EDI- Body dissatisfaction - SSRI (Citalopram) vs. SSRI (Fluoxetine). Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | reporting bias3 | 14 | 14 | - | SMD 0 higher (0.74 lower to 0.74 higher) | VERY LOW | IMPORTANT |
| **EDI - Bulimia - SSRI (Citalopram) vs. SSRI (Fluoxetine). Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | reporting bias3 | 14 | 14 | - | SMD 0.04 lower (0.78 lower to 0.7 higher) | VERY LOW | IMPORTANT |
| **Exercise - SSRI (Citalopram) vs. SSRI (Fluoxetine). Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | reporting bias3 | 14 | 14 | - | SMD 1.23 higher (0.41 to 2.05 higher) | VERY LOW | IMPORTANT |
| **Clinical Global Impression - Adverse effect - SSRI (Citalopram) vs. SSRI (Fluoxetine). Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 14 | 14 | - | SMD 0.27 lower (1.02 lower to 0.47 higher) | VERY LOW | IMPORTANT |
| **Dropouts due to any reason - SSRI (Citalopram) vs. SSRI (Fluoxetine). Adults** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious6 | reporting bias3 | 5/19  (26.3%) | 4/18  (22.2%) | RR 1.18 (0.38 to 3.72) | 40 more per 1000 (from 138 fewer to 604 more) | VERY LOW | IMPORTANT |

1 Unclear how random sequence was generated and if allocation concealment was conducted. Single-blind study but patients were not blinded. High dropouts were reported >20%,  
2 95% CI crossed 2 MIDs (-0,5 and 0.5)  
3 High risk of publication bias from studies sponsored by the pharmaceutical industry. There is a risk in the 1980's, 1990's and early 2000's that only positive findings are being published, there is selective outcome reporting and outliers are being excluded.   
4 95% CI crossed 1 MID (0.5)  
5 95% CI crossed 1 MID (-0.5).  
6 95% CI crossed 2 MIDs (0.75 and 1.25)

Table 128: Full GRADE profile for antidepressant versus combined antidepressant and psychotherapy for people with BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antidepressant | Combined Antidepressant + Psychotherapy (BN) | Relative (95% CI) | Absolute |
| Laxative use. Adults - Self-help (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | reporting bias3 | 20 | 24 | - | SMD 0.04 lower (0.64 lower to 0.55 higher) | VERY LOW | IMPORTANT |
| Vomiting frequency. Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 48 | 54 | - | SMD 0.19 higher (0.21 lower to 0.58 higher) | VERY LOW | CRITICAL |
| Vomiting frequency. Adults - Self-help (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | reporting bias3 | 20 | 24 | - | SMD 0.02 lower (0.62 lower to 0.57 higher) | VERY LOW | CRITICAL |
| Vomiting frequency. Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 28 | 30 | - | SMD 0.35 higher (0.17 lower to 0.87 higher) | VERY LOW | CRITICAL |
| Binge frequency- Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 5 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 104 | 99 | - | SMD 0.26 higher (0.02 lower to 0.547 higher) | VERY LOW | CRITICAL |
| Binge frequency. Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 56 | 53 | - | SMD 0.63 higher (0.24 to 1.02 higher) | VERY LOW | CRITICAL |
| Binge frequency. Adults - Self-help (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 20 | 24 | - | SMD 0.02 higher (0.58 lower to 0.61 higher) | VERY LOW | CRITICAL |
| Binge frequency. Adults - Focal/ Supportive Psychotherapy (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | serious11 | reporting bias3 | 28 | 22 | - | SMD 0.29 lower (0.85 lower to 0.27 higher) | VERY LOW | CRITICAL |
| Purge frequency Total Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 4 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 84 | 75 | - | SMD 0.22 higher (0.1 lower to 0.54 higher) | VERY LOW | CRITICAL |
| Purge frequency, Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 56 | 53 | - | SMD 0.49 higher (0.1 to 0.87 higher) | VERY LOW | CRITICAL |
| Purge frequency, Adults - Focal/ Supportive Psychotherapy (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | serious11 | none3 | 28 | 22 | - | SMD 0.35 lower (0.92 lower to 0.21 higher) | LOW | CRITICAL |
| General psychiatric features - Total Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 4 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious12 | reporting bias3 | 92 | 87 | - | SMD 0.04 lower (0.33 lower to 0.26 higher) | VERY LOW | IMPORTANT |
| General psychiatric symptoms, Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious13 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 44 | 41 | - | SMD 0.1 higher (0.33 lower to 0.53 higher) | VERY LOW | IMPORTANT |
| General psychiatric symptoms, Adults - Self-help (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious14 | no serious inconsistency | no serious indirectness | serious11 | reporting bias3 | 20 | 24 | - | SMD 0.09 lower (0.69 lower to 0.5 higher) | VERY LOW | IMPORTANT |
| General psychiatric symptoms, Adults - Focal/ Supportive Psychotherapy (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | serious11 | reporting bias3 | 28 | 22 | - | SMD 0.22 lower (0.78 lower to 0.34 higher) | VERY LOW | IMPORTANT |
| Depression Total Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 5 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious12 | reporting bias3 | 112 | 107 | - | SMD 0.22 higher (0.05 lower to 0.49 higher) | VERY LOW | CRITICAL |
| Depression. Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 4 | randomised trials | serious15 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 64 | 61 | - | SMD 0.29 higher (0.06 lower to 0.65 higher) | VERY LOW | CRITICAL |
| Depression. Adults - Self-help (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious14 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 20 | 24 | - | SMD 0.02 lower (0.62 lower to 0.57 higher) | VERY LOW | CRITICAL |
| Depression. Adults - Focal/ Supportive Psychotherapy (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | serious11 | reporting bias3 | 28 | 22 | - | SMD 0.26 higher (0.3 lower to 0.83 higher) | VERY LOW |  |
| EDE-Shape concern. Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious16 | no serious inconsistency | no serious indirectness | very serious2 | reporting bias3 | 12 | 12 | - | SMD 0.26 higher (0.54 lower to 1.07 higher) | VERY LOW | IMPORTANT |
| EDE-Weight concern. Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious16 | no serious inconsistency | no serious indirectness | very serious2 | reporting bias3 | 12 | 12 | - | SMD 0.19 higher (0.62 lower to 0.99 higher) | VERY LOW | IMPORTANT |
| EDE-Global score, Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious16 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 28 | 23 | - | SMD 0.54 higher (0.03 lower to 1.1 higher) | VERY LOW |  |
| EDI-Drive for thinness. Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious17 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 16 | 18 | - | SMD 0.24 higher (0.44 lower to 0.92 higher) | VERY LOW | IMPORTANT |
| EDI-Bulimia. Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious17 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 16 | 18 | - | SMD 0.6 higher (0.09 lower to 1.29 higher) | VERY LOW | IMPORTANT |
| EDI-Body dissatisfaction. Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious17 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 16 | 18 | - | SMD 0.34 higher (0.34 lower to 1.02 higher) | VERY LOW | IMPORTANT |
| Dropout due to adverse events. Adults - CBT | | | | | | | | | | | | |
| 2 | randomised trials | serious15 | no serious inconsistency | no serious indirectness | very serious18 | reporting bias3 | 6/70  (8.6%) | 8/70  (11.4%) | RR 0.8 (0.31 to 2.07) | 23 fewer per 1000 (from 79 fewer to 122 more) | VERY LOW | IMPORTANT |
| Remission (100% binge free). Adults - Focal/ Supportive Psychotherapy ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | very serious18 | reporting bias3 | 7/28  (25%) | 5/17  (29.4%) | RR 1.10 (0.4 to 3) | 29 more per 1000 (from 176 fewer to 588 more) | VERY LOW | CRITICAL |
| Remission (100% binge free). Adults - CBT ITT | | | | | | | | | | | | |
| 3 | randomised trials | serious19 | no serious inconsistency | no serious indirectness | serious20 | reporting bias3 | 11/74  (14.9%) | 18/81  (22.2%) | RR 0.56 (0.3 to 1.06) | 98 fewer per 1000 (from 156 fewer to 13 more) | VERY LOW | CRITICAL |
| Did not achieve Remission (100% binge free) FU Adults - CBT ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious17 | no serious inconsistency | no serious indirectness | serious20 | reporting bias3 | 1/23  (4.3%) | 1/29  (3.4%) | RR 0.99 (0.89 to 1.11) | 0 fewer per 1000 (from 4 fewer to 4 more) | VERY LOW | CRITICAL |
| Remission (100% purge free). Adults - CBT ITT | | | | | | | | | | | | |
| 3 | randomised trials | serious19 | no serious inconsistency | no serious indirectness | serious21 | reporting bias3 | 8/74  (10.8%) | 7/81  (8.6%) | RR 1.15 (0.44 to 3.06) | 13 more per 1000 (from 48 fewer to 178 more) | VERY LOW | CRITICAL |
| Remission (100% purge free). Adults - Focal/ Supportive Psychotherapy ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | very serious18 | reporting bias3 | 5/28  (17.9%) | 3/22  (13.6%) | RR 1.31 (0.35 to 4.89) | 42 more per 1000 (from 89 fewer to 530 more) | VERY LOW | CRITICAL |
| Did not achieve Remission (100% purge free) FU Adults - CBT ITT (Copy) | | | | | | | | | | | | |
| 1 | randomised trials | serious17 | no serious inconsistency | no serious indirectness | serious20 | reporting bias3 | 3/23  (13%) | 1/29  (3.4%) | RR 0.90 (0.76 to 1.07) | 3 fewer per 1000 (from 8 fewer to 2 more) | VERY LOW | CRITICAL |
| Quality of life. Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious17 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 16 | 18 | - | SMD 0.17 higher (0.5 lower to 0.85 higher) | VERY LOW | IMPORTANT |
| EDI Body dissatisfaction FU. Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious24 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 21 | 32 | - | SMD 0.11 higher (0.44 lower to 0.67 higher) | VERY LOW | IMPORTANT |
| Vomit frequency FU. Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | Serious24 | no serious inconsistency | no serious indirectness | serious11 | reporting bias3 | 21 | 32 | - | SMD 0.09 lower (0.65 lower to 0.46 higher) | VERY LOW | CRITICAL |
| Depression FU. Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious23 | no serious inconsistency | no serious indirectness | serious20 | reporting bias3 | 41 | 51 | - | SMD 0.07 higher (0.35 lower to 0.48 higher) | VERY LOW | CRITICAL |
| Laxative FU abuse - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious 24 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 21 | 32 | - | SMD 0.18 higher (0.38 lower to 0.73 higher) | VERY LOW | IMPORTANT |
| Binge frequency FU. Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious24 | no serious inconsistency | no serious indirectness | serious12 | reporting bias3 | 21 | 32 | - | SMD 0.00 higher (0.55 lower to 0.55 higher) | VERY LOW | CRITICAL |

1 Unclear how random sequence was generated and if allocation concealment was conducted. Unclear if it were blinded, although placebo pills were used. High dropouts were reported >20%,  
2 95% CI crossed 2 MIDs (-0.5 and 0.5).  
3 High risk of publication bias from studies sponsored by the pharmaceutical industry. There is a risk in the 1980's, 1990's and early 2000's that only positive findings are being published, there is selective outcome reporting and outliers are being excluded.   
4 It was unclear how randomised sequence was generated and if allocation concealment was conducted. It was unclear if patients, investigators or assessors were blind. High dropouts were reported.  
5 95% CI crossed 1 MID (0.5)  
6 Unclear how random sequence was generated or if allocation concealment was performed. In one study patients were not blinded. Unclear in either study if assessors were blind. High dropouts were reported >20%,   
7 In most studies it is unclear how random sequence was generated and if allocation concealment were conducted. It is unclear if assessors were blind in all studies, High dropouts were reported.   
8 Unclear how random sequence was generated or if allocation concealment was performed. Unclear in most studies if participants, investigators or assessors were blind. High dropouts were reported >20%,   
9 Unclear how random sequence was generated and if allocation concealment was conducted. Participants were blind but unclear if assessors were blind, one study investigators were not blind. High dropouts were reported.   
10 Unclear how random sequence was generated and if allocation concealment was conducted. It is unclear if assessors were blind, High dropouts were reported.   
11 95% CI crossed 1 MID (-0.5)  
12 For continuous variable, there were fewer than 400 participants.  
13 It was unclear how randomised sequence was generated and if allocation concealment was conducted. Participants were not blind in one study and it was unclear if assessors were blind in all studies. High dropouts were reported.  
14 It was unclear how randomised sequence was generated and if allocation concealment was conducted. Participants were blind, but it was unclear if investigators or assessors were blind. High dropouts were reported.  
15 It was unclear how randomised sequence was generated and if allocation concealment was conducted. Participants were not blind in one study and it was unclear if investigators were blind or assessors were blind in all studies. High dropouts were reported.  
16 Unclear how random sequence was generated and if allocation concealment was conducted. It is unclear if participants, investigator or assessors were blind, High dropouts were reported.   
17 It was unclear how randomised sequence was generated and if allocation concealment was conducted. Participants were not blind and it was unclear if investigators or assessors were blind. High dropouts were reported.  
18 95% CI crossed 2 MIDs (0.75 and 1.25)  
19 Unclear how random sequence was generated and if allocation concealment was conducted. It is unclear if participants, investigators or assessors were blind across different studies, High dropouts were reported.   
20 For a dichotomous outcome, there were fewer than 300 events.  
21 95% CI crossed 1 MID (0.75)  
22 Unclear how random sequence was generated and if allocation concealment was conducted. Investigators were not blind and it was unclear if either participants or assessors were blind. High dropouts were reported >20%.  
23 Unclear how random sequence was generated and if allocation concealment was conducted. Participants were not blind in one study but not the investigators and it was unclear if the assessors were blind. In the other it was unclear if they were blind, along with the investigators and assessors. High dropouts were reported >20%.  
24 It was unclear how random sequence was generated and if allocation concealment was performed. Participants were blind to drug treatment, assessors were blind but investigators were not blind. High dropouts were reported >20%.

Table 129: Full GRADE profile for antidepressant and nutrition versus placebo and nutrition for people with bulimia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antidepressant+Nutrition | Placebo+Nutrition | Relative (95% CI) | Absolute |
| EDE- Weight concern FU. Adults - SSRI (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 34 | 33 | - | SMD 0.12 lower (0.6 lower to 0.36 higher) | VERY LOW | IMPORTANT |
| EDE- Weight . Adults - SSRI (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 34 | 33 | - | SMD 0.94 lower (1.45 to 0.44 lower) | VERY LOW | IMPORTANT |
| EDE-Eating concern. Adults - SSRI (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 34 | 33 | - | SMD 0.04 lower (0.51 lower to 0.44 higher) | VERY LOW | IMPORTANT |
| EDE-Eating concern FU. Adults - SSRI (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | reporting bias3 | 34 | 33 | - | SMD 0.12 higher (0.36 lower to 0.6 higher) | VERY LOW | IMPORTANT |
| EDE-Shape concern. Adults - SSRI (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 34 | 33 | - | SMD 0.63 lower (1.13 to 0.14 lower) | VERY LOW | IMPORTANT |
| EDE-Shape concern FU. Adults - SSRI (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | reporting bias3 | 34 | 33 | - | SMD 0.26 higher (0.23 lower to 0.74 higher) | VERY LOW | IMPORTANT |
| Dropout due to any reason. Adults - SSRI | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | reporting bias3 | 11/34  (32.4%) | 7/33  (21.2%) | RR 1.53 (0.67 to 3.45) | 112 more per 1000 (from 70 fewer to 520 more) | VERY LOW | IMPORTANT |
| Dropout due to adverse events. Adults - SSRI | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious6 | reporting bias3 | 4/34  (11.8%) | 0/33  (0%) | RR 0.88 (0.77 to 1.01) | - | VERY LOW | IMPORTANT |

1 It was unclear how the randomised sequence was generated and if allocation concealment was performed. It was unclear if either the participants or investigators were blinded. Assessors were blind. High dropouts were reported >20%  
2 95% CI crossed 1 MID (-0.5)  
3 High risk of publication bias from studies sponsored by the pharmaceutical industry. There is a risk in the 1980's, 1990's and early 2000's that only positive findings are being published, there is selective outcome reporting and outliers are being excluded.   
4 95% CI crossed 1 MID (0.5)  
5 95% CI crossed 2 MIDs (0.75 and 1.25)  
6 95% CI crossed 1 MID (0.75)

Table 130: Full GRADE profile for psychotherapy versus antidepressant for people with BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Psychotherapy | Antidepressant | Relative (95% CI) | Absolute |
| Laxative use. Adults - Self-help (Guided) (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 25 | 20 | - | SMD 0.56 higher (0.04 lower to 1.16 higher) | VERY LOW | IMPORTANT |
| Vomiting. Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 91 | 92 | - | SMD 0.51 higher (0.21 to 0.8 higher) | VERY LOW | CRITICAL |
| Vomiting. Adults - Self-help (Guided) (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 25 | 20 | - | SMD 0.82 higher (0.21 to 1.44 higher) | VERY LOW | CRITICAL |
| Vomiting. Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious5 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 44 | 44 | - | SMD 0.36 higher (0.06 lower to 0.78 higher) | VERY LOW | CRITICAL |
| Vomiting. Adults - Focal psychoeducation (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 22 | 28 | - | SMD 0.49 higher (0.08 lower to 1.06 higher) | VERY LOW | CRITICAL |
| Binge frequency Total Adult (Better indicated by lower values) | | | | | | | | | | | | |
| 4 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious7 | reporting bias3 | 91 | 92 | - | SMD 0.09 higher (0.2 lower to 0.38 higher) | VERY LOW | CRITICAL |
| Binge frequency. Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious7 | reporting bias3 | 44 | 44 | - | SMD 0.10 lower (0.52 lower to 0.32 higher) | VERY LOW | CRITICAL |
| Binge frequency. Adults - Focal/ Supportive Psychotherapy (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 22 | 28 | - | SMD 0.19 higher (0.37 lower to 0.75 higher) | VERY LOW | CRITICAL |
| Binge frequency. Adults - Self-help (Guided) (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 25 | 20 | - | SMD 0.37 higher (0.22 lower to 0.97 higher) | VERY LOW | CRITICAL |
| Binge frequency (follow up). Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious8 | reporting bias3 | 61 | 45 | - | SMD 0.13 lower (0.51 lower to 0.26 higher) | VERY LOW | CRITICAL |
| Purge frequency Total Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious7 | reporting bias3 | 66 | 72 | - | SMD 0.28 higher (0.05 lower to 0.62 higher) | VERY LOW | CRITICAL |
| Purge frequency. Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious7 | reporting bias3 | 44 | 44 | - | SMD 0.17 higher (0.25 lower to 0.59 higher) | VERY LOW | CRITICAL |
| Purge frequency. Adults - Focal/ Supportive Psychotherapy (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 22 | 28 | - | SMD 0.49 higher (0.08 lower to 1.06 higher) | VERY LOW | CRITICAL |
| Purge frequency (follow-up). Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | serious8 | reporting bias3 | 14 | 12 | - | SMD 0.36 lower (1.14 lower to 0.42 higher) | VERY LOW | CRITICAL |
| General psychiatric symptoms. Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious5 | no serious inconsistency | no serious indirectness | serious8 | reporting bias3 | 44 | 44 | - | SMD 0.11 lower (0.53 lower to 0.31 higher) | VERY LOW | IMPORTANT |
| General psychiatric symptoms. Adults - Self-help (Guided) (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 25 | 20 | - | SMD 0.48 higher (0.11 lower to 1.08 higher) | VERY LOW | IMPORTANT |
| General psychiatric symptoms. Adults - Focal/ Supportive Psychotherapy (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 22 | 28 | - | SMD 0.22 higher (0.34 lower to 0.78 higher) | VERY LOW | IMPORTANT |
| EDI-Drive for thinness. Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | serious8 | reporting bias3 | 19 | 16 | - | SMD 0.39 lower (1.06 lower to 0.28 higher) | VERY LOW | IMPORTANT |
| EDI-Weight concern. Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious11 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 14 | 12 | - | SMD 0.15 lower (0.93 lower to 0.62 higher) | VERY LOW | IMPORTANT |
| EDI-Shape concern. Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious11 | no serious inconsistency | no serious indirectness | very serious12 | reporting bias3 | 14 | 12 | - | SMD 0.25 lower (1.03 lower to 0.52 higher) | VERY LOW | IMPORTANT |
| Depression scores. Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 4 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious8 | reporting bias3 | 79 | 62 | - | SMD 0.14 lower (0.48 lower to 0.2 higher) | VERY LOW | CRITICAL |
| Depression scores. Adults - Self-help (guided) (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious8 | reporting bias3 | 25 | 20 | - | SMD 0.45 higher (0.14 lower to 1.05 higher) | VERY LOW | CRITICAL |
| Depression scores. Adults - Focal/ Supportive Psychotherapy (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 22 | 28 | - | SMD 0.2 higher (0.36 lower to 0.76 higher) | VERY LOW | CRITICAL |
| Depression scores (follow up). Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious13 | no serious inconsistency | no serious indirectness | serious7 | reporting bias3 | 46 | 30 | - | SMD 0 higher (47 lower to 0.47 higher) | VERY LOW | CRITICAL |
| EDE-Global Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious8 | reporting bias3 | 25 | 28 | - | SMD 0.39 lower (0.94 lower to 0.15 higher) | VERY LOW | IMPORTANT |
| EDE-Bulimia. Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | serious8 | reporting bias3 | 19 | 16 | - | SMD 0.51 lower (1.19 lower to 0.17 higher) | VERY LOW | IMPORTANT |
| EDE-Body dissatisfaction. Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | serious8 | reporting bias3 | 19 | 16 | - | SMD 0.44 lower (1.11 lower to 0.24 higher) | VERY LOW | IMPORTANT |
| Did not achieve remission (100% purge free). Adults - CBT ITT | | | | | | | | | | | | |
| 3 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious14 | reporting bias3 | 18/71  (25.4%) | 8/74  (10.8%) | RR 0.84 (0.71 to 0.98) | 17 fewer per 1000 (from 2 fewer to 31 fewer) | VERY LOW | CRITICAL |
| Did not achieve remission (100% purge free). Adults - Focal/ Supportive Psychotherapy ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious15 | reporting bias3 | 2/22  (9.1%) | 5/28  (17.9%) | RR 1.11 (0.89 to 1.38) | 20 more per 1000 (from 20 fewer to 68 more) | VERY LOW | CRITICAL |
| Did not achieve remission (100% purge free) FU Adults - CBT ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | serious15 | reporting bias3 | 2/24  (8.3%) | 3/23  (13%) | RR 1.05 (0.86 to 1.29) | 7 more per 1000 (from 18 fewer to 38 more) | VERY LOW |  |
| Did not achieve remission (100% binge free). Adults - CBT ITT | | | | | | | | | | | | |
| 4 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious14 | reporting bias3 | 34/105  (32.4%) | 20/128  (15.6%) | RR 0.78 (0.67 to 0.92) | 34 fewer per 1000 (from 12 fewer to 52 fewer) | VERY LOW | CRITICAL |
| Did not achieve remission (100% binge free). Adults - Focal/ Supportive Psychotherapy ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | very serious16 | reporting bias3 | 5/22  (22.7%) | 7/28  (25%) | RR 1.03 (0.75 to 1.41) | 7 more per 1000 (from 62 fewer to 102 more) | VERY LOW | CRITICAL |
| Did not achieve remission (100% binge free) FU. Adults - CBT ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious17 | no serious inconsistency | no serious indirectness | serious15 | reporting bias3 | 4/24  (16.7%) | 1/23  (4.3%) | RR 0.87 (0.71 to 1.06) | 6 fewer per 1000 (from 13 fewer to 3 more) | VERY LOW | CRITICAL |
| No adverse events. Adults - CBT | | | | | | | | | | | | |
| 2 | randomised trials | serious18 | no serious inconsistency | no serious indirectness | serious19 | reporting bias3 | 1/53  (1.9%) | 6/70  (8.6%) | RR 1.09 (0.99 to 1.2) | 8 more per 1000 (from 1 fewer to 17 more) | VERY LOW | IMPORTANT |
| Quality of life - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | serious7 | reporting bias3 | 19 | 16 | - | SMD 0.49 lower (1.17 lower to 0.19 higher) | VERY LOW | IMPORTANT |
| Laxative FU abuse - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious20 | no serious inconsistency | no serious indirectness | serious7 | reporting bias3 | 24 | 21 | - | SMD 0.41 lower (1 lower to 0.18 higher) | VERY LOW | IMPORTANT |
| Vomit frequency FU. Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious20 | no serious inconsistency | no serious indirectness | very serious12 | reporting bias3 | 24 | 21 | - | SMD 0.05 lower (0.64 lower to 0.54 higher) | VERY LOW | CRITICAL |
| EDI Body dissatisfaction FU. Adults - CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious20 | no serious inconsistency | no serious indirectness | serious8 | reporting bias3 | 24 | 21 | - | SMD 0.49 lower (1.09 lower to 0.1 higher) | VERY LOW | IMPORTANT |

1 Unclear how random sequence was generated and if allocation concealment was conducted. Participants were not blind, but it was unclear if either investigators or assessors were blind. High dropouts were reported >20%.  
2 95% CI crossed 1 MID (0.5)  
3 High risk of publication bias from studies sponsored by the pharmaceutical industry. There is a risk in the 1980's, 1990's and early 2000's that only positive findings are being published, there is selective outcome reporting and outliers are being excluded.   
4 Unclear how random sequence was generated and if allocation concealment was conducted. It was unclear if either participants, investigators or assessors were blind. High dropouts were reported >20%.  
5 Unclear how random sequence was generated and if allocation concealment was conducted. In one study it was unclear if participants, investigators or assessors were blind. The other study was double bind but it was unclear if assessors were blind. High dropouts were reported >20%.  
6 Unclear how random sequence was generated and if allocation concealment was conducted. Study was double-blind but it was unclear if assessors were blind. High dropouts were reported >20%.  
7 For a continuous outcome there were fewer than 400 participants.  
8 95% CI crossed 1 MID (-0.5)  
9 Unclear how random sequence was generated and if allocation concealment was conducted. It was unclear if investigators, investigators or assessors were blind. High dropouts were reported >20%,  
10 Unclear how random sequence was generated and if allocation concealment was conducted. Participants were not blind and it was unclear if investigators or assessors were blind. High drop outs were reported >20%,  
11 Unclear how random sequence was generated and if allocation concealment was conducted. It was unclear if participants, investigators or assessors were blind. High drop outs were reported >20%,  
12 95% CI crossed 2 MIDs (-0.5 and 0.5)  
13 Unclear how random sequence was generated and if allocation concealment was conducted. Participants were blind but not investigators in one study and it was unclear if assessors were blind. In the other study it was unclear if any were blind. High drop outs were reported >20%,  
14 95% CI crossed 1 MID (0.75)  
15 95% CI crossed 1 MID (1.25)  
16 95% CI crossed 2 MIDs (0.75 and 1.25)  
17 Unclear how random sequence was generated and if allocation concealment was conducted. Participants were not blind in one study and it was unclear if they were in the other study. It was unclear in both studies if either investigators or assessors were blind. High dropouts were reported >20%,  
18 Unclear how random sequence was generated and if allocation concealment was conducted. Participants were blind but not investigators in one study and it was unclear if assessors were blind. In the other study participants were not blind and it was unclear if investigators or assessors were blind. High dropouts were reported >20%,  
19 For a dichotomous outcome there were fewer than 300 participants.  
20 Unclear how random sequence was generated and if allocation concealment was conducted. Participants were blind, investigators were not. It was unclear if assessors were blind.

Table 131: Full GRADE profile for psychotherapy versus combined antidepressant and psychotherapy for people with BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Psychotherapy** | **Combined Psychotherapy+Antidepressant** | **Relative (95% CI)** | **Absolute** |
| **Binges. Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 44 | 42 | - | SMD 0.42 higher (0.01 lower to 0.85 higher) | VERY LOW | CRITICAL |
| **Binges. Adults - CBT (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | very serious5 | reporting bias3 | 19 | 18 | - | SMD 0.46 higher (0.19 lower to 1.12 higher) | VERY LOW | CRITICAL |
| **Binges. Adults - Guided SH (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious7 | reporting bias3 | 25 | 24 | - | SMD 0.39 higher (0.18 lower to 0.95 higher) | VERY LOW | CRITICAL |
| **Vomiting. Total Adults (Better indicated by lower values)** | | | | | | | | | | | | |
| 4 | randomised trials | serious1 | very serious8 | no serious indirectness | serious9 | reporting bias3 | 105 | 99 | - | SMD 0.74 higher (0.45 to 1.04 higher) | VERY LOW | CRITICAL |
| **Vomiting. Adults - CBT (Better indicated by lower values)** | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | very serious8 | no serious indirectness | serious2 | reporting bias3 | 58 | 53 | - | SMD 0.98 higher (0.56 to 1.4 higher) | VERY LOW | CRITICAL |
| **Vomiting. Adults - Guided SH (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 25 | 24 | - | SMD 0.75 higher (0.16 to 1.33 higher) | VERY LOW | CRITICAL |
| **Vomiting. Adults - Focal psychoeducation (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 22 | 22 | - | SMD 0.25 higher (0.35 lower to 0.84 higher) | VERY LOW | CRITICAL |
| **Objective purges. Adults - CBT (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious11 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 14 | 12 | - | SMD 0.44 higher (0.35 lower to 1.22 higher) | VERY LOW | CRITICAL |
| **Laxative use - Adults - CBT (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious12 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 25 | 24 | - | SMD 0.55 higher (0.02 lower to 1.12 higher) | VERY LOW | IMPORTANT |
| **EDE-Global score. Adults - CBT (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 25 | 23 | - | SMD 0.14 higher (0.42 lower to 0.71 higher) | VERY LOW | IMPORTANT |
| **EDE - Shape concern. Adults - CBT (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious11 | no serious inconsistency | no serious indirectness | very serious5 | reporting bias3 | 14 | 12 | - | SMD 0 higher (0.77 lower to 0.77 higher) | VERY LOW | IMPORTANT |
| **EDE-Body dissatisfaction, Adults - CBT (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | very serious5 | reporting bias3 | 19 | 18 | - | SMD 0.04 lower (0.68 lower to 0.61 higher) | VERY LOW | IMPORTANT |
| **EDE-Weight concern, Adults - CBT (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious11 | no serious inconsistency | no serious indirectness | very serious5 | reporting bias3 | 14 | 12 | - | SMD 0 higher (0.77 lower to 0.77 higher) | VERY LOW | IMPORTANT |
| **EDI-Drive for thinness. Adults - CBT (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious9 | reporting bias3 | 19 | 18 | - | SMD 0.16 lower (0.8 lower to 0.49 higher) | VERY LOW | IMPORTANT |
| **EDI-Bulimia. Adults - CBT (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | very serious5 | reporting bias3 | 19 | 18 | - | SMD 0.01 higher (0.63 lower to 0.66 higher) | VERY LOW | IMPORTANT |
| **Depression, Adults - CBT (Better indicated by lower values)** | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 57 | 51 | - | SMD 0.18 higher (0.2 lower to 0.56 higher) | VERY LOW | CRITICAL |
| **Depression, Adults - Focal psychoeducation (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 22 | 22 | - | SMD 0.37 higher (0.22 lower to 0.97 higher) | VERY LOW | CRITICAL |
| **Remission. Adults - CBT\_ITT** | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | serious13 | no serious indirectness | very serious14 | reporting bias3 | 14/71  (19.7%) | 15/81  (18.5%) | RR 1.14 (0.32 to 4.13) | 26 more per 1000 (from 126 fewer to 580 more) | VERY LOW | CRITICAL |
| **Remission. Adults - Focal/psychoeducation\_ITT** | | | | | | | | | | | | |
| 1 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | very serious14 | reporting bias3 | 2/22  (9.1%) | 3/22  (13.6%) | RR 0.67 (0.12 to 3.61) | 45 fewer per 1000 (from 120 fewer to 356 more) | VERY LOW | CRITICAL |
| **Quality of life - Adults - CBT (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious9 | reporting bias3 | 19 | 18 | - | SMD 0.43 lower (1.08 lower to 0.22 higher) | VERY LOW | IMPORTANT |
| **General symptoms - Guided SH (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 25 | 24 | - | SMD 0.37 higher (0.2 lower to 0.93 higher) | VERY LOW | IMPORTANT |
| **General symptoms - CBT (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious12 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 25 | 23 | - | SMD 0.18 higher (0.23 lower to 0.59 higher) | VERY LOW |  |
| **General symptoms - Focal psychoeducation (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious10 | no serious inconsistency | no serious indirectness | very serious5 | reporting bias3 | 22 | 22 | - | SMD 0 higher (0.59 lower to 0.59 higher) | VERY LOW | IMPORTANT |
| **No side-effects. Adults - CBT** | | | | | | | | | | | | |
| 2 | randomised trials | serious15 | no serious inconsistency | no serious indirectness | serious16 | reporting bias3 | 1/53  (1.9%) | 8/70  (11.4%) | RR 1.12 (1.01 to 1.25) | 14 more per 1000 (from 1 more to 29 more) | VERY LOW | IMPORTANT |
| **Binge frequency FU. Adults - CBT (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious17 | no serious inconsistency | no serious indirectness | serious9 | reporting bias3 | 24 | 32 | - | SMD 0.05 lower (0.58 lower to 0.48 higher) | VERY LOW | CRITICAL |
| **Laxative FU abuse - CBT (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious17 | no serious inconsistency | no serious indirectness | serious9 | reporting bias3 | 46 | 41 | - | SMD 0.06 lower (0.5 lower to 0.38 higher) | VERY LOW | IMPORTANT |
| VERY LOW | | | | | | | | | | | | |
| VERY LOW | randomised trials | serious17 | no serious inconsistency | no serious indirectness | serious9 | reporting bias3 | 24 | 32 | - | SMD 0.13 lower (0.66 lower to 0.4 higher) |  VERY LOW | CRITICAL |
| **Depression FU. Adults - CBT (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious17 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 46 | 41 | - | SMD 0.18 higher (0.25 lower to 0.62 higher) | VERY LOW | CRITICAL |
| **EDI Body dissatisfaction FU. Adults - CBT (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious17 | no serious inconsistency | no serious indirectness | serious9 | reporting bias3 | 24 | 32 | - | SMD 0.36 lower (0.89 lower to 0.18 higher) | VERY LOW | IMPORTANT |
| Did not achieve Remission-FU. Adults - CBT\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious19 | reporting bias3 | 4/24  (16.7%) | 1/29  (3.4%) | RR 0.86 (0.71 to 1.05) | 5 fewer per 1000 (from 10 fewer to 2 more) | VERY LOW | CRITICAL |

1 Unclear how random sequence was generated and if allocation concealment was conducted. Across studies, it was unclear if either participants, investigators or assessors were blind. High drop outs were reported >20%,  
2 95% CI crossed 1 MID (0.5)  
3 High risk of publication bias from studies sponsored by the pharmaceutical industry. There is a risk in the 1980's, 1990's and early 2000's that only positive findings are being published, there is selective outcome reporting and outliers are being excluded.   
4 Unclear how random sequence was generated and if allocation concealment was conducted. Participants were not blind in one study and it was unclear if investigators or assessors were blind. In the other study it was unclear if any were blind. High drop outs were reported >20%,  
5 95% CI crossed 2 MIDs (-0.5 and 0.5)  
6 Unclear how random sequence was generated and if allocation concealment was conducted. Participants were not blind but it was unclear if investigators or assessors were blind. High drop outs were reported >20%,  
7 For a continuous outcome there were fewer than 400 participants.  
8 Heterogeneity detected I2 >80%  
9 95% CI crossed 1 MID (-0.5).  
10 Unclear how random sequence was generated and if allocation concealment was conducted. Participants and investigators were blind but it was unclear if assessors were blind. High drop outs were reported >20%,  
11 Unclear how random sequence was generated and if allocation concealment was conducted. It was unclear if participants, investigators or assessors were blind. High drop outs were reported >20%,  
12 Unclear how random sequence was generated and if allocation concealment was conducted. Participants may have been blind to pills taken, but it was unclear if investigators or assessors were blind. High drop outs were reported >20%,  
13 Heterogeneity was detected 12>50%  
14 95% CI crossed 2 MIDs (0.75 and 1.25)  
15 Unclear how random sequence was generated and if allocation concealment was conducted. Participants were not blind in one study but it was unclear if investigators or assessors were blind. In the other study, the participants were blind but it was unclear if either the investigators or assessors were blind, High drop outs were reported >20%,  
16 For a dichotomous outcome there were fewer than 300 events.  
17 Unclear how random sequence was generated and if allocation concealment was conducted. Participants were blind in one study and it was unclear if investigators or assessors were blind. In the other study it was unclear if any were blind. High drop outs were reported >20%,  
18 Unclear how random sequence was generated and if allocation concealment was conducted. Participants were blind in one study, and investigators were not blind. But it was unclear if assessors were blind.

Table 132: Full GRADE profile for anticonvulsants versus placebo for people with BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Anticonvulsant | placebo | Relative (95% CI) | Absolute |
| Clinical Global Impressions-Severity of Illness Scale (CGI-S). Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | Serious4 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 31 | 33 | - | SMD 0.47 lower (0.97 lower to 0.02 higher) | VERY LOW | IMPORTANT |
| Clinical Global Impressions-Improvement Scale (CGI-I). Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 31 | 33 | - | SMD 0.68 lower (1.19 to 0.18 lower) | VERY LOW | CRITICAL |
| EDI - Drive for thinness. Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 31 | 33 | - | SMD 0.86 lower (1.37 to 0.34 lower) | VERY LOW | CRITICAL |
| EDI - Bulimia. Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 31 | 33 | - | SMD 0.66 lower (1.17 to 0.16 lower) | VERY LOW | IMPORTANT |
| EDI - Body dissatisfaction. Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 31 | 33 | - | SMD 0.7 lower (1.21 to 0.19 lower) | VERY LOW | IMPORTANT |
| General health perceptions - SF-36. Adults (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | no serious indirectness | serious1 | reporting bias3 | 30 | 30 | - | SMD 1.22 higher (0.67 to 1.78 higher) | VERY LOW | IMPORTANT |
| No side-effects. Adults | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious6 | reporting bias3 | 1/34  (2.9%) | 2/33  (6.1%) | RR 1.03 (0.93 to 1.15) | 2 more per 1000 (from 4 fewer to 9 more) | VERY LOW | IMPORTANT |

1 95% CI crossed 1 MID (0.5)  
2 95% CI crossed 1 MID (-0.5)  
3 High risk of publication bias from studies sponsored by the pharmaceutical industry. There is a risk in the 1980's, 1990's and early 2000's that only positive findings are being published, there is selective outcome reporting and outliers are being excluded.   
4 Unclear how random sequence was generated and if allocation concealment was conducted. Study was an open trial and it was unclear if investigators or assessors were blind. High dropouts were reported >20%,  
5 Unclear how random sequence was generated and if allocation concealment was conducted. Participants and investigators were blind but it was unclear if assessors were blind.   
6 For a dichotomous outcome there were fewer than 300 events.

Table 133: Full GRADE profile for another medication versus placebo for people with BN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Other medication (not antidepressants) vs, placebo | Control | Relative (95% CI) | Absolute |
| Ddid not dropout due to adverse events. Adults - Antiemetics | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 0/14  (0%) | 0/12  (0%) | Not estimable | - | VERY LOW | IMPORTANT |

1 It was unclear if assessors were blind.   
2 For a dichotomous outcome there were fewer than 300 events.  
3 High risk of publication bias from studies sponsored by the pharmaceutical industry. There is a risk in the 1980's, 1990's and early 2000's that only positive findings are being published, there is selective outcome reporting and outliers are being excluded.

* + 1. Pharmacological interventions for binge eating disorder

Table 134: Full GRADE profile for antidepressant versus placebo in adults with binge eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antidepressants | Placebo | Relative (95% CI) | Absolute |
| **Remission (follow-up 12 months; assessed with: >=2 weeks assessment period (e.g. EDE OBE))** | | | | | | | | | | | | |
| 4 | randomised trials | serious1,2,3,4 | no serious inconsistency | serious5 | serious6 | none | 37/99  (37.4%) | 27/100  (27%) | RR 1.39 (0.92 to 2.09) | 105 more per 1000 (from 22 fewer to 294 more) | VERY LOW | CRITICAL |
| **Binge Frequency (measured with: binge episodes/week or month, binge days/week; Better indicated by lower values)** | | | | | | | | | | | | |
| 4 | randomised trials | serious1,2,3,4 | no serious inconsistency | serious5 | serious7 | none | 96 | 100 | - | SMD 0.18 lower (0.42 lower to 0.06 higher) | VERY LOW | CRITICAL |
| **BMI/Weight (Better indicated by lower values)** | | | | | | | | | | | | |
| 8 | randomised trials | serious1,2,3,4,8,9,10,11 | serious12 | serious5 | serious7 | reporting bias13 | 193 | 186 | - | SMD 0.15 lower (0.51 lower to 0.22 higher) | VERY LOW | IMPORTANT |
| **Withdrawn due to Adverse Events** | | | | | | | | | | | | |
| 5 | randomised trials | serious2,3,8,9,10 | no serious inconsistency | serious5 | serious7 | reporting bias13 | 12/129  (9.3%) | 4/126  (3.2%) | RR 2.35 (0.91 to 6.08) | 43 more per 1000 (from 3 fewer to 161 more) | VERY LOW | CRITICAL |
| **EDE-Q Global (range of scores: 0-6; Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1,4 | no serious inconsistency | no serious indirectness | serious7 | none | 58 | 57 | - | SMD 0.03 higher (0.34 lower to 0.39 higher) | LOW | IMPORTANT |
| **EDE-Q Dietary Restraint (range of scores: 0-6; Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1,4 | serious12 | no serious indirectness | very serious14 | none | 58 | 57 | - | SMD 0.07 higher (0.51 lower to 0.66 higher) | VERY LOW | IMPORTANT |
| **EDE-Q Eating Concerns (range of scores: 0-6; Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1,4 | no serious inconsistency | no serious indirectness | serious6 | none | 58 | 57 | - | SMD 0.15 higher (0.22 lower to 0.52 higher) | LOW | IMPORTANT |
| **EDE-Q Weight Concerns (range of scores: 0-6; Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1,4 | no serious inconsistency | no serious indirectness | serious7 | none | 58 | 57 | - | SMD 0.1 higher (0.27 lower to 0.46 higher) | LOW | IMPORTANT |
| **EDE-Q Shape Concerns (range of scores: 0-6; Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1,4 | no serious inconsistency | no serious indirectness | serious7 | none | 58 | 57 | - | SMD 0.11 lower (0.47 lower to 0.26 higher) | LOW | IMPORTANT |
| **Depression (measured with: HRSD, BDI, IDS-C; Better indicated by lower values)** | | | | | | | | | | | | |
| 8 | randomised trials | serious1,2,3,4,8,9,10,11 | no serious inconsistency | serious5 | serious7 | reporting bias13 | 195 | 187 | - | SMD 0.2 lower (0.4 lower to 0.01 higher) | VERY LOW | IMPORTANT |
| **Clinical Global Impressions - Severity of Illness (range of scores: 1-7; Better indicated by lower values)** | | | | | | | | | | | | |
| 6 | randomised trials | serious2,3,8,9,10,11 | no serious inconsistency | serious5 | serious6 | reporting bias13 | 137 | 130 | - | SMD 0.71 lower (0.96 to 0.46 lower) | VERY LOW | IMPORTANT |
| Clinical Global Impressions - Severity of Illness for depressive disorders (range of scores: 1-7; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | serious5 | serious6 | none | 18 | 20 | - | SMD 0.51 lower (1.16 lower to 0.14 higher) | VERY LOW | IMPORTANT |
| Clinical Global Impressions - Improvement of Illness for depressive disorders (range of scores: 1-7; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | serious5 | serious6 | none | 18 | 20 | - | SMD 0.54 lower (1.19 lower to 0.11 higher) | VERY LOW | IMPORTANT |

1 Grilo 2005/2012: Randomization method and allocation concealment unclear. Assessor blinding unclear. Intervention group dropout rate>20%.

2 Guerdjikova 2008: Randomization method unclear. Intervention group dropout rate>20%.

3 Guerdjikova 2012: Duloxetine group significantly older than placebo group. Randomization method unclear. Dropout rate for both groups>20%.

4 White 2013: Randomization method and allocation concealment unclear. Assessor blinding unclear.

5 Population for Guerdjikova 2012 were BED patients with comorbid depressive disorder.

6 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

7 <300 events (dichotomous outcome) or <400 participants (continuous outcome).

8 Hudson 1998: fluvoxamine group had significantly higher number of patients with lifetime history of major depression. Randomization method and allocation concealment unclear. Intervention group dropout rate>20%.

9 McElroy and Hudson 2003: Randomization method and allocation concealment unclear. Assessor blinding unclear. Dropout rate for both groups>20%.

10 Arnold 2002: Randomization method and allocation concealment unclear. Assessor blinding unclear. Dropout rate for both groups>20%.

11 McElroy 2000: Randomization method and allocation concealment unclear. Assessor blinding unclear. Intervention group dropout rate>20%.

12 I2>50%.

13 One study (Hudson 1998) published before 2000.

14 CI crosses both 0.5 and -0.5 (SMD).

Table 135: Full GRADE profile for antidepressant-1 versus antidepressant-2 in adults with binge eating disorder at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antidepressant-1 v Antidepressant-2 |  | Relative (95% CI) | Absolute |
| **Binge Frequency (measured with: Mean binge episodes/month; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 21 | 22 | - | SMD 0.33 higher (0.27 lower to 0.94 higher) | LOW | CRITICAL |
| **BMI (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious2 | none | 16 | 15 | - | SMD 0.40 higher (1.11 lower to 0.31 higher) | LOW | IMPORTANT |
| **#>5% Weight Loss** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | very serious4 | none | 8/17  (47.1%) | 9/20  (45%) | RR 1.05 (0.52 to 2.1) | 22 more per 1000 (from 216 fewer to 495 more) | VERY LOW | CRITICAL |
| **Withdrawn due to Adverse Events (follow-up 12 months)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious4 | none | 2/21  (9.5%) | 4/22  (18.2%) | RR 0.52 (0.11 to 2.56) | 87 fewer per 1000 (from 162 fewer to 284 more) | VERY LOW | CRITICAL |
| **# Binge Eating Scale score < 17** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | very serious4 | none | 7/17  (41.2%) | 10/22  (45.5%) | RR 0.91 (0.44 to 1.88) | 41 fewer per 1000 (from 255 fewer to 400 more) | VERY LOW | IMPORTANT |
| **Binge Eating Scale (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious2 | none | 15 | 16 | - | SMD 0.32 higher (0.39 lower to 1.03 higher) | LOW | IMPORTANT |
| **EDI-2 Drive for Thinness (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious2 | none | 15 | 16 | - | SMD 0.26 lower (0.97 lower to 0.45 higher) | LOW | IMPORTANT |
| **EDI-2 Bulimia (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious2 | none | 15 | 16 | - | SMD 0.24 higher (0.46 lower to 0.95 higher) | LOW | IMPORTANT |
| **EDI-2 Body Dissatisfaction (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | very serious4 | none | 15 | 16 | - | SMD 0.1 lower (0.81 lower to 0.6 higher) | VERY LOW | IMPORTANT |
| **Depression (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious2 | none | 15 | 16 | - | SMD 0.24 lower (0.95 lower to 0.47 higher) | LOW | IMPORTANT |
| Clinical Global Impression - Severity of Illness (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious2 | none | 15 | 16 | - | SMD 0.32 higher (0.39 lower to 1.03 higher) | LOW | IMPORTANT |

1 Ricca 2001: inadequate randomization method, treatment allocation unclear. No participant, investigator nor assessor blinding. Dropout rate of both treatment groups>20%.

2 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

3 Leombruni 2008: Randomization method and allocation concealment unclear. Investigator and assessor blinding unclear. Dropout rate both groups>20%, reasons not stated.

4 CI crosses both 0.75 and 1.25 (Risk Ratio), or both 0.5 and -0.5 (SMD).

Table 136: Full GRADE profile for antidepressant-1 versus antidepressant-2 in adults with binge eating disorder at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antidepressant-1 | Antidepressant-2 | Relative (95% CI) | Absolute |
| Binge Frequency 12-mo FU (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 16 | 16 | - | SMD 1.17 higher (0.41 to 1.93 higher) | LOW | IMPORTANT |

1 Ricca 2001: inadequate randomization method, treatment allocation unclear. No participant, investigator nor assessor blinding. Dropout rate of both treatment groups>20%.

2 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

Table 137: Full GRADE profile for antidepressant versus any individual therapy in adults with binge eating disorder at end of treatment and follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antidepressants | Any individual therapy | Relative (95% CI) | Absolute |
| Binge Frequency (follow-up 12 months; measured with: Mean binge episodes/month; Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | serious3 | serious4 | serious5 | none | 63 | 40 | - | SMD 2.57 higher (2.02 to 3.13 higher) | ÅOOO VERY LOW | CRITICAL |
| % Weight Loss (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | serious4 | serious5 | none | 20 | 20 | - | SMD 2.26 lower (3.07 to 1.45 lower) | ÅOOO VERY LOW | IMPORTANT |
| EDI-2 Bulimia (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | serious4 | serious5 | none | 20 | 20 | - | SMD 2.52 higher (1.67 to 3.38 higher) | ÅOOO VERY LOW | IMPORTANT |
| Depression (measured with: MMPI-2 Depression; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | serious4 | serious5 | none | 20 | 20 | - | SMD 1.17 higher (0.5 to 1.85 higher) | ÅOOO VERY LOW | IMPORTANT |
| Family Functioning (measured with: MMPI-2 Family Problems; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | serious4 | serious6 | none | 20 | 20 | - | SMD 0.14 higher (0.48 lower to 0.76 higher) | ÅOOO VERY LOW | IMPORTANT |
| Binge Frequency FU (measured with: Mean binge episodes/month; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 32 | 17 | - | SMD 3.08 higher (2.19 to 3.97 higher) | LOW | CRITICAL |

1 Ricca 2001: Randomization method inadequate (allocated to treatment groups enrolment day, allocation concealment unclear. No participant, investigator, assessor blinding. Dropout rate for both arms>20%.

2 Molinari 2005: Randomization method and allocation concealment unclear. Participant, investigator and assessor blinding unclear.

3 I2>=50%.

4 Molinari 2005: both Fluoxetine+CBT and CBT only groups also had Group Nutritional Counselling + Diet.

5 <400 participants.

6 CI crosses either 0.5 or -0.5 (SMD).

Table 138: Full GRADE profile for appetite suppressant versus placebo in adults with binge eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Appetite Suppressants | Control | Relative (95% CI) | Absolute |
| **Remission (ITT) (assessed with: 100% reduction binge episodes in past 4 weeks)** | | | | | | | | | | | | |
| 3 | randomised trials | serious1,2 | no serious inconsistency | no serious indirectness | no serious imprecision | none | 220/582  (37.8%) | 62/450  (13.8%) | RR 2.6 (2.02 to 3.36) | 220 more per 1000 (from 141 more to 325 more) | MODERATE | CRITICAL |
| **BMI (change scores) (Better indicated by lower values)** | | | | | | | | | | | | |
| 3 | randomised trials | serious1,2 | serious3 | no serious indirectness | no serious imprecision | none | 560 | 423 | - | SMD 1.24 lower (1.51 to 0.98 lower) | LOW | IMPORTANT |
| **Withdrawn due to Adverse Events** | | | | | | | | | | | | |
| 3 | randomised trials | serious1,2 | no serious inconsistency | no serious indirectness | serious4 | none | 26/569  (4.6%) | 9/435  (2.1%) | RR 2.05 (1.01 to 4.18) | 22 more per 1000 (from 0 more to 66 more) | LOW | CRITICAL |
| **Binge Eating Scale (range of scores: 0-46; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 193 | 62 | - | SMD 4.11 lower (4.59 to 3.63 lower) | LOW | IMPORTANT |
| **Depression (measured with: MADRS; range of scores: 0-60; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 193 | 62 | - | SMD 0.28 higher (0.01 lower to 0.57 higher) | LOW | IMPORTANT |
| General Physical Functioning (measured with: SF-12 Physical; range of scores: 0-100; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 193 | 62 | - | SMD 0.27 higher (0.01 lower to 0.56 higher) | LOW | IMPORTANT |
| General Mental Functioning (measured with: SF-12 Mental; range of scores: 0-100; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 193 | 62 | - | SMD 0.03 higher (0.26 lower to 0.32 higher) | LOW | IMPORTANT |

1 McElroy 2015: Dropout rate for all arms>=20%.

2 McElroy and Hudson 2016 Study 1 and 2: unclear whether assessor blinded. McElroy and Hudson 2016 Study 2: dropout rate for both groups>=20%.

3 I2>50%.

4 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

5 <300 events (dichotomous outcome) or <400 participants (continuous outcome).

Table 139: Full GRADE profile for antiepileptic (anticonvulsant) versus placebo in adults with binge eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antiepileptics | Placebo | Relative (95% CI) | Absolute |
| **Remission (ITT)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | serious3 | no serious indirectness | very serious4 | none | 28/56  (50%) | 31/55  (56.4%) | RR 0.88 (0.53 to 1.44) | 68 fewer per 1000 (from 265 fewer to 248 more) | VERY LOW | CRITICAL |
| **Binge Frequency (measured with: binge episodes/week or binge days/week; Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | no serious inconsistency | no serious indirectness | serious5 | none | 56 | 55 | - | SMD 0.23 lower (0.49 lower to 0.03 higher) | LOW | CRITICAL |
| **Withdrawn due to Adverse Events** | | | | | | | | | | | | |
| 4 | randomised trials | serious1,2,6,7 | no serious inconsistency | no serious indirectness | serious5 | none | 46/285  (16.1%) | 24/288  (8.3%) | RR 1.94 (1.22 to 3.08) | 78 more per 1000 (from 18 more to 173 more) | LOW | CRITICAL |
| **BMI (Better indicated by lower values)** | | | | | | | | | | | | |
| 4 | randomised trials | serious1,2,6,7 | no serious inconsistency | no serious indirectness | serious5 | none | 281 | 284 | - | SMD 0.45 lower (0.62 to 0.29 lower) | LOW | IMPORTANT |
| **EDE-Q Global (range of scores: 0-6; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious5 | none | 26 | 25 | - | SMD 0.44 lower (0.99 lower to 0.12 higher) | LOW | IMPORTANT |
| **EDE-Q Restraint (range of scores: 0-6; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious5 | none | 26 | 25 | - | SMD 0.12 lower (0.67 lower to 0.43 higher) | LOW | IMPORTANT |
| EDE-Q Weight Concern (range of scores: 0-6; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious5 | none | 26 | 25 | - | SMD 0.48 lower (1.04 lower to 0.08 higher) | LOW | IMPORTANT |
| EDE-Q Eating Concern (range of scores: 0-6; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | very serious4 | none | 26 | 25 | - | SMD 0.03 lower (0.58 lower to 0.51 higher) | VERY LOW | IMPORTANT |
| EDE-Q Shape Concern (range of scores: 0-6; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious5 | none | 26 | 25 | - | SMD 0.48 lower (1.04 lower to 0.08 higher) | LOW | IMPORTANT |
| Depression (measured with: HAM-D, MADRS, HDRS; Better indicated by lower values) | | | | | | | | | | | | |
| 4 | randomised trials | serious1,2,6,7 | serious3 | no serious indirectness | no serious imprecision | none | 281 | 284 | - | SMD 0.05 higher (0.3 lower to 0.39 higher) | LOW | IMPORTANT |
| Clinical Global Impressions - Severity of Illness (range of scores: 1-7; Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1,2,6 | serious3 | no serious indirectness | serious5 | none | 86 | 86 | - | SMD 0.56 lower (0.9 to 0.23 lower) | VERY LOW | IMPORTANT |
| General functioning (measured with: Sheehan Disability Scale Total; range of scores: 0-10; Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious2,7 | no serious inconsistency | no serious indirectness | no serious imprecision | none | 221 | 224 | - | SMD 0.24 lower (0.43 to 0.05 lower) | MODERATE | IMPORTANT |

1 McElroy 2006: Randomization method and allocation concealment unclear. Dropout rate for both groups>20%.

2 Guerdjikova 2009: Randomization method unclear. Dropout rate for both groups>20%.

3 I2>50%.

4 CI crosses both 0.5 and -0.5 (SMD).

5 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

6 McElroy and Arnold 2003: Randomization method and allocation concealment unclear. Dropout rate for both groups>20%.

7 McElroy and Hudson 2007: Randomization method and allocation concealment unclear. Dropout rate for both groups>20%.

Table 140: Full GRADE profile for substance abuse treatment agent versus placebo in adults with binge eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Substance Abuse Treatment Agents | Placebo | Relative (95% CI) | Absolute |
| **Remission** | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | no serious inconsistency | no serious indirectness | very serious3 | none | 15/52  (28.8%) | 23/57  (40.4%) | RR 0.82 (0.31 to 2.15) | 73 fewer per 1000 (from 278 fewer to 464 more) | VERY LOW | CRITICAL |
| BMI (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | very serious4 | no serious indirectness | very serious3 | none | 41 | 45 | - | SMD 0.49 lower (1.71 lower to 0.73 higher) | VERY LOW | IMPORTANT |
| Weight (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | no serious inconsistency | no serious indirectness | serious5 | none | 41 | 45 | - | SMD 0.05 lower (0.48 lower to 0.38 higher) | LOW | IMPORTANT |
| Binge episode Frequency (measured with: Mean binge episodes/week (raw and change scores); Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | no serious inconsistency | no serious indirectness | serious6 | none | 41 | 45 | - | SMD 0.15 lower (0.58 lower to 0.28 higher) | LOW | CRITICAL |
| Binge Day Frequency (measured with: binge days/week (raw and change scores); Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | no serious inconsistency | no serious indirectness | serious5 | none | 41 | 45 | - | SMD 0.07 higher (0.36 lower to 0.5 higher) | LOW | CRITICAL |
| Withdrawn due to Adverse Event | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | very serious4 | no serious indirectness | very serious3 | none | 14/51  (27.5%) | 1/57  (1.8%) | RR 6.99 (0.4 to 123.52) | 105 more per 1000 (from 11 fewer to 1000 more) | VERY LOW | CRITICAL |
| Clinical Global Impressions - Severity of Illness (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | no serious inconsistency | no serious indirectness | serious6 | none | 41 | 45 | - | SMD 0.17 higher (0.26 lower to 0.61 higher) | LOW | IMPORTANT |
| Depression (measured with: MADRS; range of scores: 0-60; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | very serious3 | none | 15 | 9 | - | SMD 0.08 lower (0.9 lower to 0.75 higher) | VERY LOW | IMPORTANT |
| Depression - change scores (measured with: BDI; range of scores: 0-63; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious6 | none | 26 | 36 | - | SMD 0.43 higher (0.08 lower to 0.95 higher) |  LOW | IMPORTANT |
| General Physical Functioning (measured with: SF-12 Physical; range of scores: 0-100; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | very serious3 | none | 15 | 9 | - | SMD 0.25 higher (0.58 lower to 1.08 higher) | VERY LOW | IMPORTANT |
| General Mental Functioning (measured with: SF-12 Mental; range of scores: 0-100; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | no serious indirectness | serious6 | none | 15 | 9 | - | SMD 0.39 higher (0.45 lower to 1.22 higher) | LOW | IMPORTANT |

1 McElroy 2013: Unclear randomization method and treatment allocation. Intervention group dropout rate>=50%.

2 McElroy 2011: Unclear randomization method. Dropout rate for both groups>20%.

3 CI crosses both 0.75 and 1.25 (Risk Ratio), or both 0.5 and -0.5 (SMD).

4 I2>80%.

5 <300 events (dichotomous outcome) or <400 participants (continuous outcome).

6 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

Table 141: Full GRADE profile for atomoxetine versus placebo in adults with binge eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Atomoxetine | Placebo | Relative (95% CI) | Absolute |
| **Remission (assessed with: 100% decrease frequency binge episodes from baseline)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 14/20  (70%) | 6/19  (31.6%) | RR 2.33 (1.13 to 4.83) | 420 more per 1000 (from 41 more to 1000 more) | LOW | CRITICAL |
| **BMI (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 20 | 20 | - | SMD 0.74 lower (1.38 to 0.1 lower) | LOW | IMPORTANT |
| **Weight loss (kg) (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 20 | 20 | - | SMD 0.77 higher (0.12 to 1.41 higher) | LOW | IMPORTANT |
| Binge Frequency (measured with: Binge episodes/week or binge days/week; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 20 | 20 | - | SMD 0.72 lower (1.17 to 0.27 lower) | LOW | CRITICAL |
| Withdrawn due to Adverse Events | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious3 | none | 3/20  (15%) | 1/20  (5%) | RR 3 (0.34 to 26.45) | 100 more per 1000 (from 33 fewer to 1000 more) | VERY LOW | CRITICAL |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious3 | none | 20 | 20 | - | SMD 0.05 higher (0.57 lower to 0.67 higher) | VERY LOW | IMPORTANT |
| Clinical Global Impressions - Severity of Illness (range of scores: 1-7; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 20 | 20 | - | SMD 1.1 lower (1.77 to 0.44 lower) | LOW | IMPORTANT |

1 McElroy 2007: Randomization method and allocation concealment unclear. Dropout rate for both arms>20%.

2 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

3 CI crosses both 0.5 and -0.5.

Table 142: Full GRADE profile for armodafinil versus placebo in adults with binge eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Armodafinil v Placebo | Control | Relative (95% CI) | Absolute |
| Remission | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 7/27  (25.9%) | 6/28  (21.4%) | RR 1.21 (0.47 to 3.14) | 45 more per 1000 (from 114 fewer to 459 more) | VERY LOW | CRITICAL |
| BMI - Change scores (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 27 | 28 | - | SMD 0.67 lower (1.22 to 0.13 lower) | LOW | IMPORTANT |
| Withdrawn due to adverse events | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 2/30  (6.7%) | 2/30  (6.7%) | RR 1 (0.15 to 6.64) | 0 fewer per 1000 (from 57 fewer to 376 more) | LOW | CRITICAL |
| Binge Frequency - Change scores (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 27 | 28 | - | SMD 0.46 lower (0.84 to 0.09 lower) | LOW | CRITICAL |
| Clinical Global Impressions Severity - Change scores (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 27 | 28 | - | SMD 0.49 lower (1.03 lower to 0.04 higher) | LOW | IMPORTANT |
| Depression - Change scores (measured with: Inventory of Depressive Symptomology; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 27 | 28 | - | SMD 0.01 higher (0.52 lower to 0.54 higher) | VERY LOW | IMPORTANT |

1 McElroy & Guerdjikova 2015: Dropout rate of both groups >=47%.

2 CI crosses both 0.75 and 1.25 (Risk Ratio), or 0.5 and -0.5 (SMD).

3 CI crosses either 0.75 or 1.25 (Risk Ratio), or 0.5 or -0.5 (SMD).

4 <300 events.

Table 143: Full GRADE profile for antidepressant and CBT-ED versus CBT-ED at end of treatment in adults with binge eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antidepressant+CBT | CBT | Relative (95% CI) | Absolute |
| **Binge Frequency (follow-up 12 months; Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | serious3 | serious4 | serious5 | none | 65 | 40 | - | SMD 0.14 higher (0.6 lower to 0.89 higher) | VERY LOW | CRITICAL |
| **% Weight Loss (Better indicated by higher values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | serious4 | serious6 | none | 20 | 20 | - | SMD 0.2 lower (0.82 lower to 0.43 higher) | VERY LOW | IMPORTANT |
| **EDI-2 Bulimia (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | serious4 | serious7 | none | 20 | 20 | - | SMD 1.25 higher (0.57 to 1.94 higher) | VERY LOW | IMPORTANT |
| **Not withdrawn due to Adverse Events (follow-up 12 months)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | no serious inconsistency | serious4 | serious7 | none | 57/65  (87.7%) | 40/40  (100%) | RR 0.92 (0.84 to 1.02) | 80 fewer per 1000 (from 160 fewer to 20 more) | VERY LOW | CRITICAL |
| **Binge Eating Scale (follow-up 12 months; range of scores: 0-46; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious8 | no serious inconsistency | no serious indirectness | serious6 | none | 20 | 10 | - | SMD 0.42 lower (1.19 lower to 0.35 higher) | LOW | IMPORTANT |
| Depression (follow-up 12 months; measured with: MMPI-2 Depression; Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious2,8 | serious3 | serious4 | serious6 | none | 40 | 30 | - | SMD 0.18 higher (0.31 lower to 0.68 higher) | VERY LOW | IMPORTANT |
| Family Functioning (follow-up 12 months; measured with: MMPI-2 family problems; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | serious4 | serious6 | none | 20 | 20 | - | SMD 0.28 higher (0.34 lower to 0.91 higher) | VERY LOW | IMPORTANT |

1 Ricca 2001: Inadequate randomization method. Allocation concealment unclear. No participant, investigator and assessor blinding. Dropout rate of four of five groups>20%.

2 Molinari 2005: Randomization method and allocation concealment unclear. Participant, investigator and assessor blinding unclear.

3 I2>50%.

4 Molinari 2005: Treatment was carried out in both in-patient (4 weeks) and out-patient setting (50 weeks); both Fluoxetine+CBT and CBT only groups also had Group Nutritional Counselling + Diet.

5 CI crosses both 0.5 and -0.5 (SMD).

6 CI crosses either 0.5 or -0.5 (SMD).

7 <300 events (dichotomous outcome) or <400 participants (continuous outcome).

8 Cristina 2014: Randomization method and allocation concealment unclear. Participant, investigator and assessor blinding unclear. No details provided regarding dropouts.

Table 144: Full GRADE profile for antidepressant and CBT-ED versus CBT-ED at follow up in adults with binge eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antidepressant+CBT | CBT | Relative (95% CI) | Absolute |
| Binge Frequency FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 34 | 16 | - | SMD 4.42 lower (5.53 to 3.3 lower) | LOW | CRITICAL |

1 Ricca 2001: Inadequate randomization method. Allocation concealment unclear. No participant, investigator and assessor blinding. Dropout rate of four of five groups>20%.

2 CI crosses either 0.5 or -0.5 (SMD).

Table 145: Full GRADE profile for antidepressant and CBT-ED versus placebo and CBT-ED in adults with binge eating disorder at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antidepressant+CBT | Placebo+CBT | Relative (95% CI) | Absolute |
| Remission (>=2 weeks) (follow-up 12 months; assessed with: EDE-Q No OBE/28 days) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 15/26  (57.7%) | 15/28  (53.6%) | RR 1.08 (0.67 to 1.73) | 43 more per 1000 (from 177 fewer to 391 more) | VERY LOW | CRITICAL |
| BMI (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 26 | 28 | - | SMD 0.1 higher (0.43 lower to 0.63 higher) | LOW | IMPORTANT |
| Binge Frequency (follow-up 12 months; measured with: Mean binge episodes/month; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 26 | 28 | - | SMD 0.33 higher (0.21 lower to 0.87 higher) | LOW | CRITICAL |
| EDE-Q Global (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 26 | 28 | - | SMD 0.08 higher (0.46 lower to 0.61 higher) | LOW | IMPORTANT |
| EDE-Q Dietary Restraint (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 26 | 28 | - | SMD 0 higher (0.53 lower to 0.53 higher) | VERY LOW | IMPORTANT |
| EDE-Q Eating Concerns (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 26 | 28 | - | SMD 0.19 lower (0.73 lower to 0.34 higher) | LOW | IMPORTANT |
| EDE-Q Weight Concerns (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 26 | 28 | - | SMD 0.16 lower (0.69 lower to 0.38 higher) | LOW | IMPORTANT |
| EDE-Q Shape Concerns (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 26 | 28 | - | SMD 0.06 lower (0.6 lower to 0.47 higher) | LOW | IMPORTANT |
| Depression (follow-up 12 months; measured with: BDI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 26 | 28 | - | SMD 0.38 higher (0.16 lower to 0.92 higher) | LOW | IMPORTANT |

1 Grilo 2005/2012: randomization method and allocation concealment unclear. Assessor blinding unclear. Dropout rate of three of four groups>20%.

2 CI crosses both 0.75 and 1.25 (Risk Rato), or both 0.5 and -0.5 (SMD).

3 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

Table 146: Full GRADE profile for antidepressant and CBT-ED versus placebo and CBT-ED in adults with binge eating disorder at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antidepressant+CBT | Placebo+CBT | Relative (95% CI) | Absolute |
| **Remission FU (assessed with: EDE-Q No OBE/28 days)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 7/26  (26.9%) | 10/28  (35.7%) | RR 0.75 (0.34 to 1.69) | 89 fewer per 1000 (from 236 fewer to 246 more) | VERY LOW | CRITICAL |
| BMI FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 19 | 22 | - | SMD 0.43 higher (0.19 lower to 1.05 higher) | LOW | IMPORTANT |
| Binge Frequency FU (measured with: Mean binge episodes/month; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 19 | 22 | - | SMD 0 higher (0.61 lower to 0.62 higher) | VERY LOW | CRITICAL |
| EDE-Q Global FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 19 | 22 | - | SMD 0.29 lower (0.91 lower to 0.33 higher) | LOW | IMPORTANT |
| EDE-Q Dietary Restraint FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 19 | 22 | - | SMD 0.36 lower (0.98 lower to 0.26 higher) | LOW | IMPORTANT |
| EDE-Q Eating Concerns FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 19 | 22 | - | SMD 0.04 lower (0.65 lower to 0.58 higher) | VERY LOW | IMPORTANT |
| EDE-Q Weight Concerns FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 19 | 22 | - | SMD 0.32 lower (0.94 lower to 0.3 higher) | LOW | IMPORTANT |
| EDE-Q Shape Concerns FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 19 | 22 | - | SMD 0.45 lower (1.07 lower to 0.17 higher) | LOW | IMPORTANT |
| Depression FU (measured with: BDI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 19 | 22 | - | SMD 0.04 lower (0.65 lower to 0.58 higher) | VERY LOW | IMPORTANT |

1 Grilo 2005/2012: randomization method and allocation concealment unclear. Assessor blinding unclear. Dropout rate of three of four groups>20%.

2 CI crosses both 0.75 and 1.25 (Risk Rato), or both 0.5 and -0.5 (SMD).

3 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

Table 147: Full GRADE profile for antidepresssant-1 and CBT-ED versus antidepressant-2 and CBT-ED in adults with binge eating disorder at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antidepressant-1+CBT | Antidepressant-2+CBT | Relative (95% CI) | Absolute |
| Binge Frequency (follow-up 12 months; measured with: Binge episodes/month; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 22 | 23 | - | SMD 0.5 lower (1.09 lower to 0.1 higher) | LOW | CRITICAL |
| Withdrawn due to Adverse Events (follow-up 12 months) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious3 | none | 3/22  (13.6%) | 3/23  (13%) | RR 1.05 (0.24 to 4.64) | 7 more per 1000 (from 99 fewer to 475 more) | VERY LOW | CRITICAL |
| Binge Eating Scale (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | very serious3 | none | 10 | 10 | - | SMD 0.25 higher (0.63 lower to 1.13 higher) | VERY LOW | IMPORTANT |

1 Ricca 2001: Randomization method inadequate. Allocation concealment unclear. No participant, investigator and assessor blinding. Dropout rate for groups all>20%.

2 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

3 CI crosses both 0.75 and 1.25 (Risk Ratio), or both 0.5 and -0.5 (SMD).

4 Cristina 2014: Randomization method and allocation concealment unclear. Participant, investigator and assessor blinding unclear. No details provided regarding dropouts.

Table 148: Full GRADE profile for antidepresssant-1 and CBT-ED versus antidepressant-2 and CBT-ED in adults with binge eating disorder at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antidepressant-1+any CBT | Antidepressant-2+any CBT | Relative (95% CI) | Absolute |
| Binge Frequency FU (measured with: Binge episodes/month ; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 16 | 18 | - | SMD 0.34 lower (1.01 lower to 0.34 higher) | LOW | CRITICAL |

1 Ricca 2001: Randomization method inadequate. Allocation concealment unclear. No participant, investigator and assessor blinding. Dropout rate for groups all>20%.

2 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

Table 149: Full GRADE profile for antiepileptic and group CBT-ED versus placebo and group CBT-ED in adults with binge eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antiepileptic+gCBT-ED | Placebo+gCBT-ED | Relative (95% CI) | Absolute |
| **BMI(Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 30 | 26 | - | SMD 0.41 lower (0.94 lower to 0.12 higher) | LOW | IMPORTANT |
| # patients achieving Weight Loss>10% | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 11/30  (36.7%) | 3/26  (11.5%) | RR 3.18 (0.99 to 10.17) | 252 more per 1000 (from 1 fewer to 1000 more) | LOW | IMPORTANT |
| Not withdrawn due to Adverse Events | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 36/37  (97.3%) | 36/36  (100%) | RR 0.97 (0.9 to 1.05) | 30 fewer per 1000 (from 100 fewer to 50 more) | LOW | CRITICAL |
| Binge Eating Scale (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 30 | 26 | - | SMD 0.17 lower (0.69 lower to 0.36 higher) | LOW | IMPORTANT |
| Depression (measured with: BDI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 30 | 26 | - | SMD 0.24 higher (0.29 lower to 0.77 higher) | LOW | CRITICAL |

1 Claudino 2007: topiramate group significantly older and report more depression than placebo group. Dropout rate for placebo group>20%.

2 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

3 <300 events (dichotomous outcome).

Table 150: Full GRADE profile for antidepressant, antiepileptic, group behavioural weight loss therapy and group CBT versus antidepressant, group behavioural weight loss therapy and group CBT

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antidepressant+Antiepileptic+gBWLT+gCBT+ | Antidepressant+gBWLT+gCBT | Relative (95% CI) | Absolute |
| BMI (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 10 | 10 | - | SMD 0.41 higher (0.48 lower to 1.29 higher) | LOW | CRITICAL |

1 Brambilla 2009: Randomization method and allocation concealment unclear. Weight and BMI significantly higher at baseline in 1700kcal Group BWLT+Topiramate+Sertraline+CBT group compared d 1700kcal Group BWLT+Sertraline+CBT group.

2 CI crosses either 0.5 or -0.5.

Table 151: Antiobesity agent and guided self-help CBT-ED versus placebo and guided self-help CBT-ED in adults with binge eating disorder at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antiobesity+gSH CBT-ED v Placebo+gSH CBT-ED | Control | Relative (95% CI) | Absolute |
| **Remission (ITT)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 16/25  (64%) | 9/25  (36%) | RR 1.78 (0.98 to 3.24) | 281 more per 1000 (from 7 fewer to 806 more) | LOW | CRITICAL |
| **Binge frequency (measured with: EDE OBE in past 28 days; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 25 | 25 | - | SMD 0.07 lower (0.63 lower to 0.48 higher) | LOW | CRITICAL |
| **Weight loss>=5% (ITT)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 9/25  (36%) | 2/25  (8%) | RR 4.5 (1.08 to 18.77) | 280 more per 1000 (from 6 more to 1000 more) | LOW | CRITICAL |
| **Weight loss (kg) (Better indicated by higher values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 25 | 25 | - | SMD 0.62 higher (0.05 to 1.19 higher) | LOW | CRITICAL |
| **Mean percentage weight loss (Better indicated by higher values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 25 | 25 | - | SMD 0.58 higher (0.01 to 1.15 higher) | LOW | CRITICAL |
| **EDE Global (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 25 | 25 | - | SMD 0.34 lower (0.9 lower to 0.22 higher) | LOW | IMPORTANT |
| **EDE Dietary restraint (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 25 | 25 | - | SMD 0.05 higher (0.5 lower to 0.61 higher) | LOW | IMPORTANT |
| **EDE Eating concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 25 | 25 | - | SMD 0.1 lower (0.65 lower to 0.46 higher) | LOW | IMPORTANT |
| **EDE Weight concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 25 | 25 | - | SMD 0.21 lower (0.77 lower to 0.34 higher) | LOW | IMPORTANT |
| **EDE Shape concern (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 25 | 25 | - | SMD 0.39 lower (0.95 lower to 0.17 higher) | LOW | IMPORTANT |
| **Depression (measured with: BDI; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 25 | 25 | - | SMD 0.54 lower (1.11 lower to 0.02 higher) | LOW | IMPORTANT |

1 Grilo, Masheb & Salent 2005: high risk of bias (unclear allocation concealment, dropout rate of both groups >=20%).

2 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

Table 152: Antiobesity agent and guided self-help CBT-ED versus placebo and guided self-help CBT-ED in adults with binge eating disorder at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antiobesity+gSH CBT-ED v Placebo+gSH CBT-ED at 3-mo FU | Control | Relative (95% CI) | Absolute |
| **Remission (ITT)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 13/25  (52%) | 13/25  (52%) | RR 1 (0.59 to 1.7) | 0 fewer per 1000 (from 213 fewer to 364 more) | VERY LOW | CRITICAL |
| **Binge frequency (measured with: EDE OBE in past 28 days; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 25 | 25 | - | SMD 0.1 higher (0.46 lower to 0.65 higher) | LOW | CRITICAL |
| **Weight loss>=5% (ITT)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 8/25  (32%) | 2/25  (8%) | RR 4 (0.94 to 17) | 240 more per 1000 (from 5 fewer to 1000 more) | LOW | CRITICAL |
| **Weight loss (kg) (Better indicated by higher values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 25 | 25 | - | SMD 0.5 higher (0.07 lower to 1.06 higher) | LOW | CRITICAL |
| **Mean percentage weight loss (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 25 | 25 | - | SMD 0.48 higher (0.09 lower to 1.04 higher) | LOW | CRITICAL |
| EDE Global (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 25 | 25 | - | SMD 0.09 lower (0.65 lower to 0.46 higher) | LOW | IMPORTANT |
| EDE Dietary restraint (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 25 | 25 | - | SMD 0.15 lower (0.71 lower to 0.4 higher) | LOW | IMPORTANT |
| EDE Eating concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 25 | 25 | - | SMD 0.07 lower (0.63 lower to 0.48 higher) | LOW | IMPORTANT |
| EDE Weight concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 25 | 25 | - | SMD 0.08 higher (0.47 lower to 0.64 higher) | LOW | IMPORTANT |
| EDE Shape concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 25 | 25 | - | SMD 0.07 lower (0.62 lower to 0.49 higher) | LOW | IMPORTANT |
| Depression (measured with: BDI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 25 | 25 | - | SMD 0.47 lower (1.03 lower to 0.09 higher) | LOW | IMPORTANT |

1 Grilo, Masheb & Salant 2005: high risk of bias (unclear allocation concealment, dropout rate of both groups >=20%).

2 CI crosses both 0.75 and 1.25 (Risk Ratio).

3 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

* 1. Does any nutritional intervention produce benefits/harms on specified outcomes in people with eating disorders?
     1. Anorexia nervosa

Table 153: Full GRADE profile for nutritional counselling versus another intervention for AN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | AN. Nutritional counselling | Other | Relative (95% CI) | Absolute |
| **Did not achieve remission\_ITT** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 1/15  (6.7%) | 8/18  (44.4%) | RR 1.68 (1.09 to 2.59) | 302 more per 1000 (from 40 more to 707 more) | LOW | CRITICAL |
| **Relapse** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 0/15  (0%) | 4/18  (22.2%) | RR 2.40 (0.9 to 6.43) | 311 more per 1000 (from 22 fewer to 1000 more) | LOW | IMPORTANT |
| **Weight FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious5 | none | 15 | 15 | - | SMD 0.11 higher (0.61 lower to 0.82 higher) | LOW | CRITICAL |
| Menstruation absent FU | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | very serious6 | none | 10/15  (66.7%) | 8/15  (53.3%) | RR 1.25 (0.69 to 2.26) | 133 more per 1000 (from 165 fewer to 672 more) | VERY LOW | IMPORTANT |
| Menstruation regular FU | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | very serious6 | none | 3/15  (20%) | 3/15  (20%) | RR 1 (0.24 to 4.18) | 0 fewer per 1000 (from 152 fewer to 636 more) | VERY LOW | IMPORTANT |
| Did not achieve remission\_ITT FU | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | serious7 | serious3 | none | 0/15  (0%) | 4/15  (26.7%) | RR 1.35 (0.98 to 1.85) | 93 more per 1000 (from 5 fewer to 227 more) | VERY LOW | CRITICAL |

1 It was unclear how randomisation was conducted, and if allocation concealment was performed. It was unclear if either the participants, investigators or assessors were blind. High drop outs were reported >20%.  
2 95% CI crossed 1 MID (0.75)  
3 95% CI crossed 1 MID (1.25)  
4 It was unclear how randomisation was conducted, and if allocation concealment was performed. It was unclear if either the participants or investigators were blind. The assessors were blinded. High drop outs were reported >20%.  
5 95% CI crossed 2 MIDs (-0.5 and 0.5)  
6 95% CI crossed 2 MIDs (0.75 and 1.25)  
7 No definition provided. Based on investigators decision if further treatment is required.

Table 154: Full GRADE profile for zinc versus placebo for adults with AN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | AN. Zinc | placebo | Relative (95% CI) | Absolute |
| BMI gain/day (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 16 | 19 | - | SMD 0.6 higher (0.08 lower to 1.29 higher) | VERY LOW | CRITICAL |
| Did not have side-effects | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 0/16  (0%) | 0/19  (0%) | RR 1 (0.9 to 1.11) | - | LOW | CRITICAL |
| % body fat gain/day (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 16 | 19 | - | SMD 0.67 higher (0.02 lower to 1.36 higher) | LOW | CRITICAL |

1 It was unclear how the random sequence was generated or if they performed allocation concealment. Participants and staff were blind but it was unclear if assessors were blind. High dropout rates were detected >20%.  
2 95% CI crossed 2 MIDs (-0.5 and 0.5)  
3 For a dichotomous outcome, there were fewer than 300 events.  
4 95% CI crossed 1 MID (0.5)

* + 1. Bulimia nervosa

Table 155: Full GRADE profile for nutritional counselling versus any other intervention in adults with bulimia nervosa at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Nutritional Counselling | Other | Relative (95% CI) | Absolute |
| Meal Frequency (measured with: meals/week; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 27 | 73 | - | SMD 0.34 higher (0.11 lower to 0.78 higher) | LOW | IMPORTANT |
| Calories/day (kcal) (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious2 | none | 22 | 26 | - | SMD 0.21 higher (0.36 lower to 0.78 higher) | LOW | IMPORTANT |
| EDI Bulimia (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious2 | none | 22 | 26 | - | SMD 0.21 lower (0.78 lower to 0.36 higher) | LOW | IMPORTANT |
| EDI Body Dissatisfaction (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious3,4 | no serious inconsistency | no serious indirectness | serious2 | none | 39 | 40 | - | SMD 0.54 higher (0.09 to 0.99 higher) | LOW | IMPORTANT |
| EDI Drive for Thinness (follow-up 12 weeks; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious2 | none | 22 | 26 | - | SMD 0.19 higher (0.38 lower to 0.76 higher) | LOW | IMPORTANT |
| Depression - raw scores (follow-up 12 months; measured with: Beck Depression Inventory; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious2 | none | 22 | 26 | - | SMD 0.22 lower (0.79 lower to 0.35 higher) | LOW | IMPORTANT |
| Depression - Change scores (measured with: Hamilton Depression Rating Scale; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 27 | 73 | - | SMD 0.4 lower (0.85 lower to 0.04 higher) | LOW | IMPORTANT |

1 Hsu 2001: Allocation concealment unclear. No participant nor investigator blinding. Dropout rate of Nutritional therapy group=46%; dropout rate of Cognitive therapy group 39%. Difference between Nutritional+Cognitive Therapy group, Nutritional Therapy group and Cognitive Therapy group>20%.

2 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

3 Laessle 1991: No details provided regarding randomization method nor allocation concealment. Participant, investigator and assessor blinding unclear.

4 Sundgot-Borgen 2002: Unclear randomization and allocation concealment. No participant blinding, unclear investigator blinding. Physical exercise group dropout rate=20%.

Table 156: Full GRADE profile for nutritional counselling versus any other intervention in adults with bulimia nervosa at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Nutritional Counselling | Other | Relative (95% CI) | Absolute |
| Recovered from Bulimia Nervosa FU (follow-up 18 months) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 0/17  (0%) | 13/26  (50%) | RR 0.1 (0.02 to 0.71) | 450 fewer per 1000 (from 145 fewer to 490 fewer) | LOW | CRITICAL |
| Satisfying EDNOS criteria FU (follow-up 18 months) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious3 | none | 4/17  (23.5%) | 11/26  (42.3%) | RR 0.53 (0.2 to 1.36) | 199 fewer per 1000 (from 338 fewer to 152 more) | VERY LOW | CRITICAL |
| Calories/day (kcal) FU (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | very serious3 | none | 18 | 24 | - | SMD 0.1 higher (0.51 lower to 0.71 higher) | VERY LOW | IMPORTANT |
| EDI Bulimia FU (follow-up 18 months; Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,4 | very serious5 | no serious indirectness | very serious3 | none | 35 | 38 | - | SMD 1.28 higher (2.15 lower to 4.72 higher) | VERY LOW | IMPORTANT |
| EDI Body Dissatisfaction FU (follow-up 18 months; Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,4 | no serious inconsistency | no serious indirectness | serious6 | none | 35 | 38 | - | SMD 0.25 higher (0.22 lower to 0.71 higher) | LOW | IMPORTANT |
| EDI Drive for Thinness FU (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious6 | none | 18 | 24 | - | SMD 0.16 lower (0.77 lower to 0.46 higher) | LOW | IMPORTANT |
| Depression FU (follow-up 12 months; measured with: Beck Depression Inventory; range of scores: 0-63; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious6 | none | 18 | 24 | - | SMD 0.35 lower (0.96 lower to 0.27 higher) | LOW | IMPORTANT |

1 Sundgot-Borgen 2002: Unclear randomization and allocation concealment. No participant blinding, unclear investigator blinding. Physical exercise group dropout rate=20%.

2 <300 events.

3 CI crosses both 0.75 and 1.25 (Risk Ratio), or both 0.5 and -0.5 (SMD).

4 Laessle 1991: No details provided regarding randomization method nor allocation concealment. Participant, investigator and assessor blinding unclear.

5 I2>80%.

6 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

Table 157: Full GRADE profile for nutritional counselling versus wait list control in adults with bulimia nervosa at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Nutritional Counselling | WLC | Relative (95% CI) | Absolute |
| Does not satisfy EDNOS criteria FU (follow-up 18 months) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 13/17  (76.5%) | 15/15  (100%) | RR 0.77 (0.58 to 1.03) | 230 fewer per 1000 (from 420 fewer to 30 more) | LOW | CRITICAL |

1 Sundgot-Borgen 2002: Unclear randomization and allocation concealment. No participant blinding, unclear investigator blinding. Physical exercise group dropout rate=20%.

2 CI crosses either 0.75 or 1.25 (Risk Ratio).

Table 158: Full GRADE profile for nutritional therapy versus any other intervention in adults with bulimia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Nutritional Therapy | Other | Relative (95% CI) | Absolute |
| Meal Frequency (measured with: meals/week; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 23 | 50 | - | SMD 0.021 higher (0.47 lower to 0.52 higher) | LOW | IMPORTANT |
| Depression - change scores (measured with: Hamilton Depression Rating Scale; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 23 | 50 | - | SMD 0.17 lower (0.66 lower to 0.33 higher) | LOW | IMPORTANT |

1 Hsu 2001: Allocation concealment unclear. No participant nor investigator blinding. Dropout rate of Nutritional therapy group=46%; dropout rate of Cognitive therapy group 39%.

2 CI crosses either 0.5 or -0.5 (SMD).

Table 159: Full GRADE profile for healthy weight program versus wait list control in adults with bulimia nervosa at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Healthy Weight Program | WLC | Relative (95% CI) | Absolute |
| Remission (follow-up 3 months) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 7/43  (16.3%) | 1/42  (2.4%) | RR 6.84 (0.88 to 53.2) | 139 more per 1000 (from 3 fewer to 1000 more) | VERY LOW | CRITICAL |
| Binge Frequency (follow-up 3 months; measured with: binge episodes/month; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 43 | 42 | - | SMD 0.95 lower (1.4 to 0.5 lower) | VERY LOW | CRITICAL |

1 Burton 2006: No details of randomization method nor allocation concealment provided. No participant blinding, unclear investigator blinding. Dropout rate of 3 of 4 groups>25%. Reasons for dropout not stated.

2 Sample is participants with Full- and Sub-Threshold Bulimia Nervosa. Participants classified as Full Threshold BN if they have (i) >=8 binge eating episodes or compensatory behaviour episodes in month prior to study and (ii) overvalue weight and shape. Participants classified as Sub Threshold BN if they are not classified as Full Threshold (minimum of 4 binge eating and 4 compensatory episodes in past month).

3 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

4 <300 events (dichotomous outcome) or <400 participants (continuous outcome).

Table 160: Full GRADE profile for healthy weight program versus wait list control in adults with bulimia nervosa at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Healthy Weight Program | WLC | Relative (95% CI) | Absolute |
| Remission FU (follow-up 3 months) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 15/43  (34.9%) | 4/42  (9.5%) | RR 3.66 (1.32 to 10.13) | 253 more per 1000 (from 30 more to 870 more) | VERY LOW | CRITICAL |
| Binge Frequency FU (follow-up 3 weeks; measured with: binge episodes/month; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 43 | 42 | - | SMD 0.86 lower (1.3 to 0.41 lower) | VERY LOW | CRITICAL |
| General functioning FU (follow-up 3 months; measured with: Social Adjustment Scale (adapted); Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 43 | 42 | - | SMD 0.31 lower (0.74 lower to 0.12 higher) | VERY LOW | IMPORTANT |
| Resource use FU (follow-up 3 months; measured with: Health Survey Utilization Scale ; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 43 | 42 | - | SMD 0.16 lower (0.58 lower to 0.27 higher) | VERY LOW | IMPORTANT |

1 Burton 2006: No details of randomization method nor allocation concealment provided. No participant blinding, unclear investigator blinding. Dropout rate of 3 of 4 groups>25%. Reasons for dropout not stated.

2 Sample is participants with Full- and Sub-Threshold Bulimia Nervosa. Participants classified as Full Threshold BN if they have (i) >=8 binge eating episodes or compensatory behaviour episodes in month prior to study and (ii) overvalue weight and shape. Participants classified as Sub Threshold BN if they are not classified as Full Threshold (minimum of 4 binge eating and 4 compensatory episodes in past month).

3 <300 events (dichotomous outcome) or <400 participants (continuous outcome).

4 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

* + 1. Binge eating disorder

Table 161: Full GRADE profile for online nutritional counselling versus treatment as usual in adults with binge eating disorder at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Online Nutritional Counselling | TAU | Relative (95% CI) | Absolute |
| **Weight (change scores) (follow-up 3 months; measured with: lbs; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | very serious2 | serious3 | none | 29 | 30 | - | SMD 0.72 lower (1.25 to 0.19 lower) | VERY LOW | IMPORTANT |
| **EDE Global (follow-up 3 months; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | very serious2 | serious3 | none | 29 | 30 | - | SMD 0.4 lower (0.92 lower to 0.11 higher) | VERY LOW | IMPORTANT |
| **Depression (follow-up 3 months; measured with: BDI; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | very serious2 | serious3 | none | 29 | 30 | - | SMD 0.34 lower (0.86 lower to 0.17 higher) | VERY LOW | IMPORTANT |
| General functioning (follow-up 3 months; measured with: Treatment Self-Regulation Questionnaire - Autonomous Motivation; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | very serious2 | serious3 | none | 29 | 30 | - | SMD 0.23 higher (0.28 lower to 0.74 higher) | VERY LOW | IMPORTANT |

1 Barnes 2014: Randomization method unclear (stratified by BED diagnosis), allocation concealment unclear. No participant nor investigator blinding. EDE Global scores significantly different at baseline.

2 Sample is adults BMI>25 and <55, overweight and obese eaters with (n=23) and without BED (n=66).

3 CI crosses either 0.5 or -0.5 (SMD).

Table 162: Full GRADE profile for online nutritional counselling versus treatment as usual in adults with binge eating disorder at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Online Nutritional Counselling | TAU | Relative (95% CI) | Absolute |
| **Weight (change scores) FU (measured with: lbs; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | very serious2 | serious3 | none | 29 | 30 | - | SMD 0.74 lower (1.27 to 0.21 lower) | VERY LOW | IMPORTANT |
| EDE Global FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | very serious2 | serious3 | none | 29 | 30 | - | SMD 0.24 lower (0.76 lower to 0.27 higher) | VERY LOW | IMPORTANT |
| Depression FU (measured with: BDI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias1 | no serious inconsistency | very serious2 | serious3 | none | 29 | 30 | - | SMD 0.35 lower (0.86 lower to 0.17 higher) | VERY LOW | IMPORTANT |
| General functioning (measured with: Treatment Self-Regulation Questionnaire - Autonomous Motivation FU; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | very serious2 | serious3 | none | 29 | 30 | - | SMD 0.11 lower (0.62 lower to 0.4 higher) | VERY LOW | IMPORTANT |

1 Barnes 2014: Randomization method unclear (stratified by BED diagnosis), allocation concealment unclear. No participant nor investigator blinding. EDE Global scores significantly different at baseline.

2 Sample is adults BMI>25 and <55, overweight and obese eaters with (n=23) and without BED (n=66).

3 CI crosses either 0.5 or -0.5 (SMD).

Table 163: Full GRADE profile for group nutritional counselling versus wait list control in adults with binge eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Group Nutritional Counselling | WLC | Relative (95% CI) | Absolute |
| BMI (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 62 | 58 | - | SMD 0.22 higher (0.14 lower to 0.57 higher) | VERY LOW | IMPORTANT |
| Binge Eating Scale (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 62 | 58 | - | SMD 0.83 lower (1.2 to 0.46 lower) | VERY LOW | IMPORTANT |

1 Goodrick 1998: randomization method and allocation concealment unclear. No participant nor assessor blinding. Investigator blinding unclear. Reasons for dropout not clear. Participants paid fee to participate in study to be returned only if they attended>19 first 26 meetings and completion of 6- and 12-mo FU assessments.

2 Goodrick 1998: Women only. Participants were selected on basis of 14-41 kg overweight based on 1983 Metropolitan Life Insurance Company Height/Weight tables and having Binge Eating Scale score>21.

3 CI crosses either 0.5 or -0.5 (SMD).

Table 164: Full GRADE profile for group behavioural weight loss therapy versus wait list control in adults with binge eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Group BWLT | WLC | Relative (95% CI) | Absolute |
| BMI (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | no serious inconsistency | very serious3,4 | serious5 | none | 111 | 94 | - | SMD 0.20 higher (0.07 lower to 0.48 higher) | VERY LOW | IMPORTANT |
| Binge Eating Scale (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious5 | none | 65 | 58 | - | SMD 1.07 lower (1.45 to 0.69 lower) | VERY LOW | IMPORTANT |

1 Goodrick 1998: randomization method and allocation concealment unclear. No participant nor assessor blinding. Investigator blinding unclear. Reasons for dropout not clear. Participants paid fee to participate in study to be returned only if they attended>19 first 26 meetings and completion of 6- and 12-mo FU assessments.

2 Reeves 2001: randomization method and allocation concealment unclear. No participant blinding. Assessor and investigator blinding unclear. Dropout rate of intervention group>20%.

3 Goodrick 1998: Women only. Participants were selected on basis of 14-41 kg overweight based on 1983 Metropolitan Life Insurance Company Height/Weight tables and having Binge Eating Scale score>21.

4 Reeves 2001: Women only. Participants were selected on basis of weight>=31 lbs or <90 lbs overweight based on 1983 Metropolitan Height/Weight tables, and Binge Eating Scale score>20.

5 <400 participants.

Table 165: Full GRADE profile for behavioural weight loss therapy versus any other intervention in adults with binge eating disorder at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BWLT | Any other intervention | Relative (95% CI) | Absolute |
| Remission (follow-up 2 years) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 52/64  (81.3%) | 119/141  (84.4%) | RR 0.96 (0.84 to 1.11) | 34 fewer per 1000 (from 135 fewer to 93 more) | LOW | CRITICAL |
| Rapid Response (assessed with: >=70% reduction binge eating by 4th week treatment) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 47/64  (73.4%) | 98/141  (69.5%) | RR 1.05 (0.88 to 1.27) | 35 more per 1000 (from 83 fewer to 188 more) | LOW | IMPORTANT |
| Binge Frequency (follow-up 2 years; measured with: EDE, past 28 days; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 64 | 141 | - | SMD 0.07 higher (0.22 lower to 0.37 higher) | LOW | CRITICAL |
| BMI (follow-up 2 years; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 64 | 141 | - | SMD 0.12 lower (0.41 lower to 0.18 higher) | LOW | IMPORTANT |
| EDE Global (follow-up 2 years; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 64 | 141 | - | SMD 0.36 higher (0.06 to 0.66 higher) | LOW | IMPORTANT |
| # 5% Reduction in Weight | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 41/64  (64.1%) | 30/141  (21.3%) | RR 3 (2.08 to 4.33) | 426 more per 1000 (from 230 more to 709 more) | LOW | IMPORTANT |

1 Wilson 2010/Hilbert 2015: adequate randomisation, unclear allocation concealment. No participant blinding, unclear investigator and assessor blinding. Dropout rates of Diet and CBT group >20%.

2 <300 events (dichotomous outcome) or <400 participants (continuous outcome).

3 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

Table 166: Full GRADE profile for behavioural weight loss therapy versus any other intervention in adults with binge eating disorder at 1- year follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BWLT | Any other intervention | Relative (95% CI) | Absolute |
| Binge Frequency 12-mo FU (follow-up 1 years; measured with: EDE Binges/past 28 days; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 64 | 141 | - | SMD 0.24 higher (0.06 lower to 0.54 higher) | LOW | CRITICAL |
| BMI 12-mo FU (follow-up 1 years; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 64 | 141 | - | SMD 0.04 higher (0.26 lower to 0.33 higher) | LOW | IMPORTANT |
| EDE Global 12-mo FU (follow-up 1 years; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 64 | 141 | - | SMD 0.41 higher (0.11 to 0.71 higher) | LOW | IMPORTANT |
| # 5% Reduction in Weight 12-mo FU (follow-up 1 years) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 27/64  (42.2%) | 47/141  (33.3%) | RR 1.26 (0.87 to 1.82) | 87 more per 1000 (from 43 fewer to 273 more) | LOW | IMPORTANT |

1 Wilson 2010/Hilbert 2015: adequate randomisation, unclear allocation concealment. No participant blinding, unclear investigator and assessor blinding. Dropout rates of Diet and CBT group >20%.

2 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

3 <300 events (dichotomous outcome) or <400 participants (continuous outcome).

Table 167: Full GRADE profile for behavioural weight loss therapy versus any other intervention in adults with binge eating disorder at 2 -year follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BWLT | Any other intervention | Relative (95% CI) | Absolute |
| Binge Frequency 24-mo FU (measured with: EDE Binges/past 28 days; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 64 | 141 | - | SMD 0.23 higher (0.07 lower to 0.52 higher) | LOW | CRITICAL |
| BMI 24-mo FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 64 | 141 | - | SMD 0.07 higher (0.22 lower to 0.37 higher) | LOW | IMPORTANT |
| EDE Global 24-mo FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 64 | 141 | - | SMD 0.27 higher (0.03 lower to 0.57 higher) | LOW | IMPORTANT |
| # 5% Reduction in Weight 24-mo FU | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 27/64  (42.2%) | 44/141  (31.2%) | RR 1.35 (0.92 to 1.96) | 109 more per 1000 (from 25 fewer to 300 more) | LOW | IMPORTANT |

1 Wilson 2010/Hilbert 2015: adequate randomisation, unclear allocation concealment. No participant blinding, unclear investigator and assessor blinding. Dropout rates of Diet and CBT group >20%.

2 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

3 <300 events (dichotomous outcome) or <400 participants (continuous outcome).

Table 168: Full GRADE profile for guided self-help behavioural weight loss versus any other intervention in adults with binge eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | GSH BWL | Any other intervention | Relative (95% CI) | Absolute |
| **Remission** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 9/38  (23.7%) | 26/52  (50%) | RR 0.52 (0.27 to 1.01) | 240 fewer per 1000 (from 365 fewer to 5 more) | LOW | CRITICAL |
| **Rapid Response (assessed with: >=65% reduction in binge eating by week 4 of treatment)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 18/38  (47.4%) | 23/37  (62.2%) | RR 0.76 (0.5 to 1.16) | 149 fewer per 1000 (from 311 fewer to 99 more) | LOW | IMPORTANT |
| **BMI or Weight (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 38 | 52 | - | SMD 0.06 higher (0.37 lower to 0.49 higher) | LOW | IMPORTANT |
| **Binge Frequency (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 38 | 52 | - | SMD 0.29 higher (0.14 lower to 0.72 higher) | LOW | CRITICAL |
| **EDE-Q Dietary Restraint (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 38 | 52 | - | SMD 0.28 higher (0.15 lower to 0.71 higher) | LOW | IMPORTANT |
| **EDE-Q Eating Concerns (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 38 | 52 | - | SMD 0.26 higher (0.17 lower to 0.69 higher) | LOW | IMPORTANT |
| **EDE-Q Weight Concerns (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 38 | 52 | - | SMD 0.03 higher (0.4 lower to 0.46 higher) | LOW | IMPORTANT |
| **EDE-Q Shape Concerns (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 38 | 52 | - | SMD 0.05 higher (0.38 lower to 0.48 higher) | LOW | IMPORTANT |
| Depression (measured with: BDI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 38 | 52 | - | SMD 0.18 higher (0.25 lower to 0.61 higher) | LOW | CRITICAL |

1 Grilo 2005/Masheb 2007: No participant nor investigator blinding. Dropout rate for Guided Self-Help Behavioural Weight Loss Therapy >40%. Difference between other groups >20%.

2 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

3 <400 participants.

Table 169: Full GRADE profile for group behavioural weight loss therapy versus any other intervention in adults with binge eating disorder at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Group BWLT | Any other intervention | Relative (95% CI) | Absolute |
| **Remission (follow-up 1 years; assessed with: No OBEs/28 days (EDE); )** | | | | | | | | | | | | |
| 3 | randomised trials | serious1,2,3 | serious4 | serious | very serious5 | none | 52/102  (51%) | 45/105  (42.9%) | RR 0.99 (0.74 to 1.33) | 4 fewer per 1000 (from 111 fewer to 141 more) | VERY LOW | CRITICAL |
| **Remission - subgroup analysis of severity of illness <18 binges/month (follow-up 1 years; assessed with: No OBEs/28 days (EDE))** | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | serious4 | no serious indirectness | serious6 | none | 38/81  (46.9%) | 38/89  (42.7%) | RR 1.11 (0.79 to 1.54) | 47 more per 1000 (from 90 fewer to 231 more) | VERY LOW | CRITICAL |
| **Remission - subgroup analysis of severity of illness >18 binges/month (follow-up 1 years; assessed with: No OBEs/28 days (EDE))** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious6 | none | 7/16  (43.8%) | 14/21  (66.7%) | RR 0.66 (0.35 to 1.24) | 227 fewer per 1000 (from 433 fewer to 160 more) | LOW | CRITICAL |
| **No longer meets all DSM-IV BED criteria (follow-up 6 months)** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | serious | serious6 | none | 19/21  (90.5%) | 12/16  (75%) | RR 1.21 (0.88 to 1.65) | 158 more per 1000 (from 90 fewer to 487 more) | VERY LOW | IMPORTANT |
| **Binge Frequency (follow-up 1 years; measured with: Binge days or binge episodes in past 28 days; Better indicated by lower values)** | | | | | | | | | | | | |
| 3 | randomised trials | serious1,2,3 | no serious inconsistency | serious | serious6 | none | 84 | 91 | - | SMD 0.42 higher (0.12 to 0.72 higher) | VERY LOW | CRITICAL |
| BMI or Weight (follow-up 1 years; Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1,2,3 | no serious inconsistency | serious | serious6 | none | 97 | 110 | - | SMD 0.54 lower (0.82 to 0.26 lower) | VERY LOW | CRITICAL |
| **Weight Loss (lbs) (follow-up 1 years; Better indicated by higher values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious6 | none | 45 | 45 | - | SMD 0.53 higher (0.11 to 0.96 higher) | LOW | IMPORTANT |
| **EDE Global (follow-up 1 years; range of scores: 0-6; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious6 | none | 45 | 45 | - | SMD 0.12 higher (0.3 lower to 0.53 higher) | LOW | IMPORTANT |
| **EDE Restraint (follow-up 1 years; range of scores: 0-6; Better indicated by lower values)** | | | | | | | | | | | | |
| 3 | randomised trials | serious1,2,3 | no serious inconsistency | serious | serious7 | none | 84 | 91 | - | SMD 0.17 higher (0.12 lower to 0.47 higher) | VERY LOW | IMPORTANT |
| **EDE Shape Concern (follow-up 1 years; range of scores: 0-6; Better indicated by lower values)** | | | | | | | | | | | | |
| 3 | randomised trials | serious1,2,3 | serious4 | no serious indirectness | serious6 | none | 84 | 91 | - | SMD 0.22 higher (0.27 lower to 0.71 higher) | VERY LOW | IMPORTANT |
| **EDE Shape Concern - subgroup analysis of severity of illness <18 binges/month (follow-up 1 years; range of scores: 0-6; Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | no serious inconsistency | no serious indirectness | serious7 | none | 68 | 70 | - | SMD 0.01 higher (0.33 lower to 0.34 higher) | LOW | IMPORTANT |
| **EDE Shape Concern - subgroup analysis of severity of illness >18 binges/month (follow-up 1 years; range of scores: 0-6; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious6 | none | 16 | 21 | - | SMD 0.83 higher (0.15 to 1.51 higher) | LOW | IMPORTANT |
| **EDE Weight Concern (follow-up 1 years; range of scores: 0-6; Better indicated by lower values)** | | | | | | | | | | | | |
| 3 | randomised trials | serious1,2,3 | serious4 | serious | serious6 | none | 84 | 91 | - | SMD 0.16 higher (0.44 lower to 0.77 higher) | VERY LOW | IMPORTANT |
| EDE Weight Concern - subgroup analysis of severity of illness <18 binges/month (follow-up 1 years; range of scores: 0-6; Better indicated by lower values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | no serious inconsistency | no serious indirectness | serious7 | none | 68 | 70 | - | SMD 0.1 lower (0.43 lower to 0.23 higher) | LOW | IMPORTANT |
| **EDE Weight Concern - subgroup analysis of severity of illness >18 binges/month (follow-up 1 years; range of scores: 0-6; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious6 | none | 16 | 21 | - | SMD 0.9 higher (0.21 to 1.58 higher) | LOW | IMPORTANT |
| **EDE Eating Concern (follow-up 1 years; range of scores: 0-6; Better indicated by lower values)** | | | | | | | | | | | | |
| 3 | randomised trials | serious1,2,3 | no serious inconsistency | serious | serious6 | none | 84 | 91 | - | SMD 0.22 higher (0.07 lower to 0.52 higher) | VERY LOW | IMPORTANT |
| **Depression (follow-up 1 years; measured with: BDI; range of scores: 0-63; Better indicated by lower values)** | | | | | | | | | | | | |
| 3 | randomised trials | serious1,2,3 | no serious inconsistency | serious | serious7 | none | 87 | 97 | - | SMD 0.12 higher (0.17 lower to 0.41 higher) | VERY LOW | IMPORTANT |

1 Grilo 2011: unclear allocation concealment. Participant blinding until start of treatment. Unclear investigator and assessor blinding. Group BWLT and Group CBT dropout rates both >20%. Dropout reasons not stated.

2 Munsch 2007: randomization method used permuted block design. Allocation concealment unclear. No participant, investigator nor assessor blinding. Dropout rates of both Group BWLT and Group CBT groups >20%. Dropout reasons not stated.

3 I2>50%.

4 CI crosses both 0.75 and 1.25 (Risk Ratio).

5 Nauta 2000/2001: randomization method and allocation concealment unclear. No investigator blinding, assessor blinding unclear.

6 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

7 <400 participants.

Table 170: Full GRADE profile for group behavioural weight loss therapy versus any other intervention in adults with binge eating disorder at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Group BWLT | Any other intervention | Relative (95% CI) | Absolute |
| **Remission FU (follow-up 1 years)** | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | no serious inconsistency | serious3 | very serious4 | none | 25/46  (54.3%) | 38/62  (61.3%) | RR 0.92 (0.66 to 1.27) | 49 fewer per 1000 (from 208 fewer to 165 more) | VERY LOW | CRITICAL |
| Binge Frequency FU (follow-up 1 years; measured with: Binge days or episodes in past 28 days; Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1,2,5 | no serious inconsistency | serious3 | serious6 | none | 78 | 88 | - | SMD 0.34 higher (0.03 to 0.65 higher) | VERY LOW | CRITICAL |
| BMI or Weight FU (follow-up 1 years; Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1,2,5 | no serious inconsistency | serious3 | serious7 | none | 91 | 107 | - | SMD 0.1 lower (0.38 lower to 0.19 higher) | VERY LOW | IMPORTANT |
| Weight Loss (lbs) FU (follow-up 1 years; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | no serious indirectness | serious6 | none | 45 | 45 | - | SMD 0.11 higher (0.3 lower to 0.53 higher) | LOW | IMPORTANT |
| EDE Global FU (follow-up 1 years; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | no serious indirectness | serious6 | none | 45 | 45 | - | SMD 0.12 higher (0.29 lower to 0.54 higher) | LOW | IMPORTANT |
| EDE Restraint FU (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1,2,5 | no serious inconsistency | serious3 | serious7 | none | 73 | 79 | - | SMD 0.09 higher (0.23 lower to 0.41 higher) | VERY LOW | IMPORTANT |
| EDE Shape Concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1,2,5 | no serious inconsistency | serious3 | serious7 | none | 73 | 79 | - | SMD 0.03 lower (0.35 lower to 0.3 higher) | VERY LOW | IMPORTANT |
| EDE Weight Concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1,2,5 | no serious inconsistency | serious3 | serious7 | none | 73 | 79 | - | SMD 0.1 higher (0.23 lower to 0.42 higher) | VERY LOW | IMPORTANT |
| EDE Eating Concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1,2,5 | no serious inconsistency | serious3 | serious7 | none | 73 | 79 | - | SMD 0.08 lower (0.4 lower to 0.24 higher) | VERY LOW | IMPORTANT |
| Depression FU (measured with: BDI; Better indicated by lower values) | | | | | | | | | | | | |
| 3 | randomised trials | serious1,2,5 | no serious inconsistency | serious3 | serious7 | none | 76 | 85 | - | SMD 0.1 higher (0.21 lower to 0.42 higher) | VERY LOW | IMPORTANT |

1 Munsch 2007: randomization method used permuted block design. Allocation concealment unclear. No participant, investigator nor assessor blinding. Dropout rates of both Group BWLT and Group CBT groups >20%. Dropout reasons not stated.

2 Nauta 2000/2001: randomization method and allocation concealment unclear. No investigator blinding, assessor blinding unclear.

3 Nauta 2000: Women only.

4 CI crosses both 0.75 and 1.25 (Risk Ratio).

5 Grilo 2011: unclear allocation concealment. Participant blinding until start of treatment. Unclear investigator and assessor blinding. Group BWLT and Group CBT dropout rates both >20%. Dropout reasons not stated.

6 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

7 <400 participants.

Table 171: Full GRADE profile for group behavioural weight loss therapy versus group nutritional counselling in adults with binge eating disorder at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Group BWLT | Group Nutritional Counselling | Relative (95% CI) | Absolute |
| BMI (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 65 | 62 | - | SMD 0.1 lower (0.45 lower to 0.25 higher) | VERY LOW | IMPORTANT |
| Binge Eating Scale (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 65 | 62 | - | SMD 0.24 lower (0.59 lower to 0.11 higher) | VERY LOW | IMPORTANT |

1 Goodrick 1998: randomization method and allocation concealment unclear. No participant nor assessor blinding. Investigator blinding unclear. Reasons for dropout not clear. Participants paid fee to participate in study to be returned only if they attended>19 first 26 meetings and completion of 6- and 12-mo FU assessments.

2 Goodrick 1998: Women only. Participants were selected on basis of 14-41 kg overweight based on 1983 Metropolitan Life Insurance Company Height/Weight tables and having Binge Eating Scale score>21.

3 <400 participants.

4 CI crosses 0.5 or -0.5 (SMD).

Table 172: Full GRADE profile for group behavioural weight loss therapy versus group nutritional counselling in adults with binge eating disorder at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Group BWLT | Group Nutritional Counselling | Relative (95% CI) | Absolute |
| BMI FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 65 | 62 | - | SMD 0.1 higher (0.25 lower to 0.44 higher) | VERY LOW | IMPORTANT |
| Binge Eating Scale FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 65 | 62 | - | SMD 0.07 lower (0.41 lower to 0.28 higher) | VERY LOW | IMPORTANT |

1 Goodrick 1998: randomization method and allocation concealment unclear. No participant nor assessor blinding. Investigator blinding unclear. Reasons for dropout not clear. Participants paid fee to participate in study to be returned only if they attended>19 first 26 meetings and completion of 6- and 12-mo FU assessments.

2 Goodrick 1998: Women only. Participants were selected on basis of 14-41 kg overweight based on 1983 Metropolitan Life Insurance Company Height/Weight tables and having Binge Eating Scale score>21.

3 <400 participants.

Table 173: Full GRADE profile for behavioural weight loss therapy and online motivational interviewing versus treatment as usual in adults at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BWLT + Online Motivational Interviewing | TAU | Relative (95% CI) | Absolute |
| **% Weight Change (follow-up 3 months; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | very serious2 | serious3 | none | 30 | 30 | - | SMD 0.45 lower (0.96 lower to 0.06 higher) | VERY LOW | IMPORTANT |
| **EDE Global (follow-up 3 months; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | very serious2 | serious3 | none | 30 | 30 | - | SMD 0.23 higher (0.28 lower to 0.74 higher) | VERY LOW | IMPORTANT |
| **Depression (follow-up 3 months; measured with: BDI; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | very serious2 | serious3 | none | 30 | 30 | - | SMD 0.1 lower (0.61 lower to 0.41 higher) | VERY LOW | IMPORTANT |
| General functioning (follow-up 3 months; measured with: Treatment Self-Regulation Questionnaire - Autonomous Motivation; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | very serious2 | serious3 | none | 30 | 30 | - | SMD 0.34 higher (0.17 lower to 0.85 higher) | VERY LOW | IMPORTANT |

1 Barnes 2014: Randomization method unclear (stratified by BED diagnosis), allocation concealment unclear. No participant nor investigator blinding. EDE Global scores significantly different at baseline.

2 Sample is adults BMI>25 and <55, overweight and obese eaters with (n=23) and without BED (n=66).

3 CI crosses either 0.5 or -0.5 (SMD).

Table 174: Full GRADE profile for behavioural weight loss therapy and online motivational interviewing versus treatment as usual in adults with binge eating disorder at follow up with binge eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BWLT + Online Motivational interviewing | TAU | Relative (95% CI) | Absolute |
| **% Weight Change FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | very serious2 | serious3 | none | 30 | 30 | - | SMD 0.37 lower (0.88 lower to 0.14 higher) | VERY LOW | IMPORTANT |
| **EDE Global FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | very serious2 | serious3 | none | 30 | 30 | - | SMD 0.21 higher (0.3 lower to 0.72 higher) | VERY LOW | IMPORTANT |
| **Depression FU (measured with: BDI; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | very serious2 | serious3 | none | 30 | 30 | - | SMD 0.06 lower (0.57 lower to 0.44 higher) | VERY LOW | IMPORTANT |
| **General functioning FU (measured with: Treatment Self-Regulation Questionnaire - Autonomous Motivation FU ; Better indicated by higher values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | very serious2 | serious3 | none | 30 | 30 | - | SMD 0.1 lower (0.61 lower to 0.4 higher) | VERY LOW | IMPORTANT |

1 Barnes 2014: Randomization method unclear (stratified by BED diagnosis), allocation concealment unclear. No participant nor investigator blinding. EDE Global scores significantly different at baseline.

2 Sample is adults BMI>25 and <55, overweight and obese eaters with (n=23) and without BED (n=66).

3 CI crosses either 0.5 or -0.5 (SMD).

Table 175: Full GRADE profile for behavioural weight loss therapy and online motivational interviewing versus online nutritional counselling at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BWLT + Online Motivational Interviewing | Online Nutritional Counselling | Relative (95% CI) | Absolute |
| **% Weight Change (follow-up 3 weeks; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | very serious2 | serious3 | none | 30 | 29 | - | SMD 0.25 higher (0.26 lower to 0.76 higher) | VERY LOW | IMPORTANT |
| **EDE Global (follow-up 3 months; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | very serious2 | serious3 | none | 30 | 29 | - | SMD 0.74 higher (0.21 lower to 1.27 higher) | VERY LOW | IMPORTANT |
| **Depression (follow-up 3 months; measured with: BDI; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | very serious2 | serious3 | none | 30 | 29 | - | SMD 0.24 higher (0.27 lower to 0.75 higher) | VERY LOW | IMPORTANT |
| General functioning (follow-up 3 months; measured with: Treatment Self-Regulation Questionnaire - Autonomous Motivation; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | very serious2 | serious3 | none | 30 | 29 | - | SMD 0.14 higher (0.37 lower to 0.65 higher) | VERY LOW | IMPORTANT |

1 Barnes 2014: Randomization method unclear (stratified by BED diagnosis), allocation concealment unclear. No participant nor investigator blinding. EDE Global scores significantly different at baseline.

2 Sample is adults BMI>25 and <55, overweight and obese eaters with (n=23) and without BED (n=66).

3 CI crosses either 0.5 or -0.5 (SMD).

Table 176: Full GRADE profile for behavioural weight loss therapy and online motivational interviewing versus online nutritional counselling at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | BWLT + Online Motivational Interviewing | Online Nutritonal Counselling | Relative (95% CI) | Absolute |
| % Weight Change FU (follow-up 3 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | very serious2 | serious3 | none | 30 | 29 | - | SMD 0.35 higher (0.17 lower to 0.86 higher) | VERY LOW | IMPORTANT |
| EDE Global FU (follow-up 3 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | very serious2 | serious3 | none | 30 | 29 | - | SMD 0.46 higher (0.06 lower to 0.97 higher) | VERY LOW | IMPORTANT |
| Depression FU (follow-up 3 months; measured with: BDI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | very serious2 | serious3 | none | 30 | 29 | - | SMD 0.31 higher (0.2 lower to 0.82 higher) | VERY LOW | IMPORTANT |
| General functioning (follow-up 3 months; measured with: Treatment Self-Regulation Questionnaire - Autonomous Motivation FU; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | very serious2 | very serious4 | none | 30 | 29 | - | SMD 0 higher (0.51 lower to 0.51 higher) | VERY LOW | IMPORTANT |

1 Barnes 2014: Randomization method unclear (stratified by BED diagnosis), allocation concealment unclear. No participant nor investigator blinding. EDE Global scores significantly different at baseline.

2 Sample is adults BMI>25 and <55, overweight and obese eaters with (n=23) and without BED (n=66).

3 CI crosses either 0.5 or -0.5 (SMD).

4 CI crosses both 0.5 and -0.5 (SMD).

Table 177: Full GRADE profile for low energy density diet and CBT-ED versus general nutritional counselling and CBT-ED in adults with binge eating disorder at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | LE Density Diet+CBT-ED | General Nutritonal Counselling+CBT-ED | Relative (95% CI) | Absolute |
| Remission (follow-up 6 months) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 13/25  (52%) | 11/25  (44%) | RR 1.18 (0.66 to 2.11) | 79 more per 1000 (from 150 fewer to 488 more) | VERY LOW | CRITICAL |
| BMI (Change scores) (follow-up 6 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 25 | 25 | - | SMD 0.36 higher (0.19 lower to 0.92 higher) | LOW | IMPORTANT |
| # >=5% weight loss (follow-up 6 months) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 8/25  (32%) | 5/25  (20%) | RR 1.6 (0.61 to 4.22) | 120 more per 1000 (from 78 fewer to 644 more) | VERY LOW | IMPORTANT |
| Mean % Weight Loss (follow-up 6 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 25 | 25 | - | SMD 0.3 higher (0.26 lower to 0.86 higher) | LOW | IMPORTANT |
| EDE Global (follow-up 6 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 25 | 25 | - | SMD 0.2 lower (0.75 lower to 0.36 higher) | LOW | IMPORTANT |
| EDE Weight Concern (follow-up 6 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 25 | 25 | - | SMD 0.39 lower (0.95 lower to 0.17 higher) | LOW | IMPORTANT |
| EDE Shape Concern (follow-up 6 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 25 | 25 | - | SMD 0 higher (0.55 lower to 0.55 higher) | VERY LOW | IMPORTANT |
| EDE Eating Concern (follow-up 6 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 25 | 25 | - | SMD 0.2 higher (0.36 lower to 0.75 higher) | LOW | IMPORTANT |
| Depression (follow-up 6 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 25 | 25 | - | SMD 0.1 higher (0.46 lower to 0.65 higher) | LOW | IMPORTANT |

1 Masheb 2011: Allocation concealment unclear. No participant blinding, investigator blinding unclear. Intervention group dropout rate=20%. No details of dropouts provided.

2 CI crosses both 0.75 and 1.25 (Risk Ratio), or both 0.5 and -0.5 (SMD).

3 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

Table 178: Full GRADE profile for low energy density diet and CBT-ED versus general nutritional counselling and CBT-ED in adults with binge eating disorder at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | LE Density Diet+CBT-ED | General Nutritional Counselling + CBT-ED | Relative (95% CI) | Absolute |
| BMI (change scores) FU (follow-up 6 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 25 | 25 | - | SMD 0.26 higher (0.3 lower to 0.81 higher) | LOW | IMPORTANT |
| Mean % Weight Loss FU (follow-up 6 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 25 | 25 | - | SMD 0.2 higher (0.36 lower to 0.76 higher) | LOW | IMPORTANT |
| Binge Frequency FU (measured with: EDE; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 25 | 25 | - | SMD 0.54 higher (0.02 lower to 1.11 higher) | LOW | CRITICAL |
| # patients achieving >=5% weight loss FU (follow-up 6 months) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious3 | none | 7/25  (28%) | 6/25  (24%) | RR 1.17 (0.46 to 2.98) | 41 more per 1000 (from 130 fewer to 475 more) | VERY LOW | IMPORTANT |

1 Masheb 2011: Allocation concealment unclear. No participant blinding, investigator blinding unclear. Intervention group dropout rate=20%. No details of dropouts provided.

2 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

3 CI crosses both 0.75 and 1.25 (Risk Ratio), or both 0.5 and -0.5 (SMD).

Table 179: Full GRADE profile for group CBT-ED then group behavioural weight loss therapy versus group CBT-ED in adults with binge eating disorder at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Group CBT-ED then Group BWLT | Group CBT-ED | Relative (95% CI) | Absolute |
| **Remission (follow-up 12 months)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 17/35  (48.6%) | 20/45  (44.4%) | RR 1.09 (0.68 to 1.75) | 40 more per 1000 (from 142 fewer to 333 more) | VERY LOW | CRITICAL |
| Binge Frequency (follow-up 12 months; measured with: binge episodes/month; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 35 | 45 | - | SMD 0.18 higher (0.26 lower to 0.62 higher) | LOW | CRITICAL |
| BMI (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 35 | 45 | - | SMD 0.07 higher (0.37 lower to 0.51 higher) | LOW | IMPORTANT |
| Weight Loss (follow-up 12 weeks; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 35 | 45 | - | SMD 0.44 higher (0.01 lower to 0.88 higher) | LOW | IMPORTANT |
| EDE Global (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 35 | 45 | - | SMD 0.11 lower (0.55 lower to 0.33 higher) | LOW | IMPORTANT |
| EDE Restraint (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 35 | 45 | - | SMD 0.11 higher (0.34 lower to 0.55 higher) | LOW | IMPORTANT |
| EDE Eating Concern (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 35 | 45 | - | SMD 0.32 lower (0.77 lower to 0.12 higher) | LOW | IMPORTANT |
| EDE Shape Concern (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 35 | 45 | - | SMD 0.15 lower (0.59 lower to 0.3 higher) | LOW | IMPORTANT |
| EDE Weight Concern (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 35 | 45 | - | SMD 0.17 lower (0.61 lower to 0.27 higher) | LOW | IMPORTANT |
| Depression (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 35 | 45 | - | SMD 0.04 lower (0.49 lower to 0.4 higher) | LOW | IMPORTANT |

1 Grilo 2011: unclear allocation concealment. Participant blinding until start of treatment. Unclear investigator and assessor blinding. Group BWLT+Group CBT and Group CBT groups dropout rates both >20%. Dropout reasons not stated

2 CI crosses both 0.75 and 1.25 (Risk Ratio).

3 CI crosses either 0.5 or -0.5 (SMD).

4 <400 participants.

Table 180: Full GRADE profile for group CBT-ED then group behavioural weight loss therapy versus group CBT-ED in adults with binge eating disorder at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Group CBT-ED then Group BWLT | Group CBT-ED | Relative (95% CI) | Absolute |
| **Binge Frequency FU (measured with: binge episodes/month; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 35 | 45 | - | SMD 0.19 higher (0.25 lower to 0.64 higher) | LOW | CRITICAL |
| **BMI FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 35 | 45 | - | SMD 0.07 higher (0.37 lower to 0.51 higher) | LOW | IMPORTANT |
| **Weight Loss FU (Better indicated by higher values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 35 | 45 | - | SMD 0.14 higher (0.3 lower to 0.59 higher) | LOW | IMPORTANT |
| **EDE Global FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 35 | 45 | - | SMD 0.12 lower (0.56 lower to 0.32 higher) | LOW | IMPORTANT |
| **EDE Restraint FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 35 | 45 | - | SMD 0.09 lower (0.53 lower to 0.36 higher) | LOW | IMPORTANT |
| **EDE Eating Concern FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 35 | 45 | - | SMD 0 higher (0.44 lower to 0.44 higher) | LOW | IMPORTANT |
| EDE Shape Concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 35 | 45 | - | SMD 0.23 lower (0.67 lower to 0.22 higher) | LOW | IMPORTANT |
| EDE Weight Concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 35 | 45 | - | SMD 0.09 lower (0.54 lower to 0.35 higher) | LOW | IMPORTANT |
| Depression FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 35 | 45 | - | SMD 0.07 higher (0.37 lower to 0.51 higher) | LOW | IMPORTANT |

1 Grilo 2011: unclear allocation concealment. Participant blinding until start of treatment. Unclear investigator and assessor blinding. Group BWLT +Group CBT and Group CBT groups dropout rates both >20%. Dropout reasons not stated

2 CI crosses either 0.5 or -0.5 (SMD).

3 <400 participants.

Table 181: Full GRADE profile for antidepressant and group behavioural weight control therapy versus placebo and group behavioural weight control therapy in adults with binge eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antidepressant+GBWLT | Placebo+GBWLT | Relative (95% CI) | Absolute |
| Weight (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 32 | 31 | - | SMD 0.03 higher (0.46 lower to 0.53 higher) | LOW | IMPORTANT |
| Binge Frequency (measured with: EDE OBE; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious | none | 32 | 31 | - | SMD 0.16 lower (0.66 lower to 0.33 higher) | LOW | CRITICAL |
| Binge Eating Scale (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 32 | 31 | - | SMD 0.13 lower (0.62 lower to 0.37 higher) | LOW | IMPORTANT |
| General Psychopathology (measured with: Brief symptom inventory; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 32 | 31 | - | SMD 0.07 lower (0.56 lower to 0.43 higher) | LOW | IMPORTANT |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 32 | 31 | - | SMD 0.38 lower (0.88 lower to 0.12 higher) | LOW | IMPORTANT |

1 Devlin 2005: Randomization method and allocation concealment unclear. Dropout rates of all groups>20%. Dropout by groups not provided. Not clear if baseline measures for groups are similar.

2 CI crosses either 0.5 or -0.5 (SMD).

Table 182: Full GRADE profile for antidepressant, CBT-ED and group behavioural weight control therapy versus placebo, CBT-ED and group behavioural weight control therapy in adults with binge eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antidepressant+CBT-ED+GBWCT | Placebo+CBT-ED+GWCT | Relative (95% CI) | Absolute |
| **Weight (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 28 | 25 | - | SMD 0.08 lower (0.62 lower to 0.46 higher) | LOW | IMPORTANT |
| Binge Frequency (measured with: EDE OBE; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 28 | 25 | - | SMD 0.24 lower (0.78 lower to 0.3 higher) | LOW | CRITICAL |
| Binge Eating Scale (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 28 | 25 | - | SMD 0.06 lower (0.6 lower to 0.48 higher) | LOW | IMPORTANT |
| General Psychopathology (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 28 | 25 | - | SMD 0.19 lower (0.73 lower to 0.35 higher) | LOW | IMPORTANT |
| Depression - Fluoxetine+Group Behavioural Weight Control+CBT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 28 | 25 | - | SMD 0.24 lower (0.78 lower to 0.3 higher) | LOW | IMPORTANT |

1 Devlin 2005: Randomization method and allocation concealment unclear. Dropout rates of all groups>20%. Dropout by groups not provided. Not clear if baseline measures for groups are similar.

2 CI crosses either 0.5 or -0.5 (SMD).

Table 183: Full GRADE profile for CBT-ED then antidepressant and group behavioural weight loss therapy versus CBT-ED then group behavioural weight loss therapy in adults with binge eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | CBT-ED then Antidepressant+GBWLT | CBT-ED then GBWLT | Relative (95% CI) | Absolute |
| Weight (follow-up 3 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 36 | 36 | - | SMD 0.28 higher (0.18 lower to 0.74 higher) | VERY LOW | IMPORTANT |
| Depression (follow-up 3 months; measured with: BDI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | reporting bias3 | 36 | 36 | - | SMD 0.14 lower (0.6 lower to 0.32 higher) | VERY LOW | IMPORTANT |

1 Agras 1994: Randomization method and allocation concealment unclear. No participant blinding, investigator and assessor blinding unclear. Dropout rate of CBT+Behavioural Weight Loss Therapy+Desipramine and Weight Loss groups both >20%. Reasons for dropout not provided.

2 CI crosses either 0.5 or -0.5 (SMD).

3 Published before 2000.

Table 184: Antiobesity agent and diet versus placebo and diet in adults with binge eating disorder at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antiobesity+Diet | Placebo+Diet | Relative (95% CI) | Absolute |
| Weight loss (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 39 | 34 | - | SMD 0.9 higher (0.47 to 1.33 higher) | LOW |  |
| No longer meets BED DSM-IV criteria | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 30/39  (76.9%) | 24/34  (70.6%) | RR 1.09 (0.83 to 1.44) | 64 more per 1000 (from 120 fewer to 311 more) | LOW | IMPORTANT |
| EDI Total (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 44 | 45 | - | SMD 0.3 lower (0.72 lower to 0.12 higher) | LOW | IMPORTANT |
| General psychopathology (measured with: HADS; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 44 | 45 | - | SMD 0.42 lower (0.84 lower to 0 higher) | LOW | IMPORTANT |
| Depression (measured with: BDI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 44 | 45 | - | SMD 0.40 lower (0.82 lower to 0.02 higher) | LOW | IMPORTANT |
| No longer meets Generalized Anxiety disorder DSM-IV criteria | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 29/39  (74.4%) | 21/34  (61.8%) | RR 1.2 (0.87 to 1.66) | 124 more per 1000 (from 80 fewer to 408 more) | LOW | IMPORTANT |
| No longer meets Major depressive disorder DSM-IV criteria | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 38/39  (97.4%) | 30/34  (88.2%) | RR 1.1 (0.97 to 1.26) | 88 more per 1000 (from 26 fewer to 229 more) | LOW | IMPORTANT |
| Quality of Life (measured with: Nottingham Health Profile; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 44 | 45 | - | SMD 0.2 lower (0.62 lower to 0.21 higher) | LOW | IMPORTANT |

1 Golay 2005: high risk of bias (unclear whether baseline similar, unclear randomisation method and allocation concealment; placebo+diet arm dropout rate>20%).

2 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

Table 185: Antiobesity agent and behavioural weight loss therapy versus placebo and behavioural weight loss therapy in adults with binge eating disorder at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antiobesity+BWLT | Placebo+BWLT | Relative (95% CI) | Absolute |
| Remission (ITT) (assessed with: No OBEs in past 28 days) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious1 | very serious2 | none | 12/20  (60%) | 14/20  (70%) | RR 0.86 (0.54 to 1.36) | 98 fewer per 1000 (from 322 fewer to 252 more) | VERY LOW | CRITICAL |
| BMI (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious1 | serious3 | none | 19 | 19 | - | SMD 0.31 higher (0.33 lower to 0.95 higher) | VERY LOW | CRITICAL |
| EDE Global (range of scores: 0-6; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious1 | serious3 | none | 19 | 19 | - | SMD 0.49 lower (1.13 lower to 0.16 higher) | VERY LOW | IMPORTANT |
| EDE Dietary restraint (range of scores: 0-6; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious1 | serious3 | none | 19 | 19 | - | SMD 0.28 lower (0.92 lower to 0.36 higher) | VERY LOW | IMPORTANT |
| EDE Eating concern (range of scores: 0-6; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious1 | very serious2 | none | 19 | 19 | - | SMD 0 higher (0.64 lower to 0.64 higher) | VERY LOW | IMPORTANT |
| EDE Shape concern (range of scores: 0-6; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious1 | serious3 | none | 19 | 19 | - | SMD 0.27 lower (0.91 lower to 0.37 higher) | VERY LOW | IMPORTANT |
| EDE Weight concern (range of scores: 0-6; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious1 | serious3 | none | 19 | 19 | - | SMD 0.51 lower (1.15 lower to 0.14 higher) | VERY LOW | IMPORTANT |
| Depression (measured with: BDI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious1 | serious3 | none | 19 | 19 | - | SMD 0.51 lower (1.16 lower to 0.13 higher) | VERY LOW | IMPORTANT |

1 Grilo 2013: high risk of bias (unclear randomisation method and allocation concealment, dropout rate of both groups >=20%). Participants limited to Latino/Latina patients.

2 CI crosses both 0.75 and 1.25 (Risk Ratio), or both 0.5 and -0.5 (SMD).

3 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

Table 186: Antiobesity agent and behavioural weight loss therapy versus placebo and behavioural weight loss therapy in adults with binge eating disorder at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antiobesity+BWLT | Placebo+BWLT | Relative (95% CI) | Absolute |
| **Remission (ITT)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious1 | very serious2 | none | 10/20  (50%) | 10/20  (50%) | RR 1 (0.54 to 1.86) | 0 fewer per 1000 (from 230 fewer to 430 more) | VERY LOW | CRITICAL |
| BMI (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious1 | serious3 | none | 18 | 19 | - | SMD 0.16 higher (0.49 lower to 0.81 higher) | VERY LOW | CRITICAL |
| EDE Global (range of scores: 0-6; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious1 | serious3 | none | 18 | 19 | - | SMD 0.43 lower (1.08 lower to 0.22 higher) | VERY LOW | IMPORTANT |
| EDE Dietary restraint (range of scores: 0-6; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious1 | very serious2 | none | 18 | 19 | - | SMD 0.08 lower (0.73 lower to 0.56 higher) | VERY LOW | IMPORTANT |
| EDE Eating concern (range of scores: 0-6; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious1 | serious3 | none | 18 | 19 | - | SMD 0.54 lower (1.2 lower to 0.12 higher) | VERY LOW | IMPORTANT |
| EDE Shape concern (range of scores: 0-6; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious1 | serious3 | none | 18 | 19 | - | SMD 0.32 lower (0.97 lower to 0.32 higher) | VERY LOW | IMPORTANT |
| EDE Weight concern (range of scores: 0-6; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious1 | serious3 | none | 18 | 19 | - | SMD 0.29 lower (0.94 lower to 0.36 higher) | VERY LOW | IMPORTANT |
| Depression (measured with: BDI; range of scores: 0-63; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious1 | serious3 | none | 18 | 19 | - | SMD 0.94 lower (1.62 to 0.25 lower) | VERY LOW | IMPORTANT |

1 Grilo 2013: high risk of bias (unclear randomisation method and allocation concealment, dropout rate of both groups >=20%). Participants limited to Latino/Latina patients.

2 CI crosses both 0.75 and 1.25 (Risk Ratio), or both 0.5 and -0.5 (SMD).

3 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

* 1. Do physical interventions, such as transcranial magnetic stimulation or physiotherapy, produce benefits/harms in people with eating disorders?
     1. Physical interventions for people with anorexia nervosa

Table 187: Full GRADE profile for repetitive transcranial magnetic stimulation versus ‘sham’ repetitive transcranial magnetic stimulation in adults with anorexia nervosa at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | RTMS | Control | Relative (95% CI) | Absolute |
| **VAS Core AN symptoms (follow-up 1 days; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious1 | none | 21 | 28 | - | SMD 0.57 lower (1.14 lower to 0.01 higher) | MODERATE | IMPORTANT |
| VAS Restrict (follow-up 1 days; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious1 | none | 21 | 28 | - | SMD 0.2 lower (0.77 lower to 0.36 higher) | MODERATE | IMPORTANT |
| VAS Feeling Full (follow-up 1 days; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious1 | none | 21 | 28 | - | SMD 0.45 lower (1.02 lower to 0.12 higher) | MODERATE | IMPORTANT |
| VAS Feeling Fat (follow-up 1 days; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious1 | none | 21 | 28 | - | SMD 0.71 lower (1.29 to 0.13 lower) | MODERATE | IMPORTANT |
| VAS Mood (follow-up 1 days; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious1 | none | 21 | 28 | - | SMD 0.17 higher (0.4 lower to 0.73 higher) | MODERATE | IMPORTANT |
| VAS Hunger (follow-up 1 days; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious1 | none | 21 | 28 | - | SMD 0.24 lower (0.81 lower to 0.33 higher) | MODERATE |  |
| VAS Urge to Eat (follow-up 1 days; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious1 | none | 21 | 28 | - | SMD 0.16 lower (0.73 lower to 0.4 higher) | MODERATE | IMPORTANT |
| VAS Urge to Binge Eat (follow-up 1 days; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious1 | none | 21 | 28 | - | SMD 0.3 lower (0.87 lower to 0.27 higher) | MODERATE | IMPORTANT |
| VAS Urge to be Sick/Purge (follow-up 1 days; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious1 | none | 21 | 28 | - | SMD 0.53 lower (1.11 lower to 0.04 higher) | MODERATE | IMPORTANT |

1 CI crosses either 0.5 or -0.5 (SMD).

Table 188: Full GRADE profile for repetitive transcranial magnetic stimulation versus ‘sham’ repetitive transcranial magnetic stimulation in adults with anorexia nervosa at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | RTMS | Control | Relative (95% CI) | Absolute |
| VAS Restrict 24-hr FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious1 | none | 21 | 28 | - | SMD 0.53 lower (1.1 lower to 0.05 higher) | MODERATE | IMPORTANT |
| VAS Feeling Full 24-hr FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious1 | none | 21 | 28 | - | SMD 0.65 lower (1.23 to 0.06 lower) | MODERATE |  |
| VAS Feeling Fat 24-hr FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | serious1 | none | 21 | 28 | - | SMD 0.71 lower (1.29 to 0.13 lower) | MODERATE | IMPORTANT |

1 CI crosses either 0.5 or -0.5 (SMD).

Table 189: Full GRADE profile for bright light treatment and CBT versus any other intervention in young people with anorexia nervosa-restricting

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Light Therapy+CBT | CBT only | Relative (95% CI) | Absolute |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 12 | 12 | - | SMD 1.14 lower (2.01 to 0.27 lower) | VERY LOW | IMPORTANT |
| Remission of Depression (HAM-D<=8) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | very serious2 | serious4 | none | 3/12  (25%) | 11/12  (91.7%) | RR 0.27 (0.1 to 0.74) | 669 fewer per 1000 (from 238 fewer to 825 fewer) | VERY LOW | IMPORTANT |

1 Janas-Kozik 2011: Unclear randomization method and allocation concealment. No participant, investigator, nor assessor blinding.

2 Sample was participants diagnosed with Anorexia Nervosa-Restricting type with concomitant depressive symptoms.

3 CI crosses -0.5.

4 <300 events.

Table 190: Full GRADE profile for warming therapy and refeeding versus refeeding in adults with anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Warming+Refeeding | Refeeding only | Relative (95% CI) | Absolute |
| BMI - change scores (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2,3 | none | 10 | 11 | - | SMD 0.02 higher (0.84 lower to 0.87 higher) | VERY LOW | CRITICAL |

1 Birmingham 2004: Unclear randomization method, unclear allocation concealment. No participant, investigator, nor assessor blinding. Dropout rate of control group>20%, reasons not stated.

2 CI crosses both 0.5 and -0.5 (SMD)

3 CI crosses 0.5.

Table 191: Full GRADE profile for video feedback and treatment as usual versus treatment as usual in young people with anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Video Feedback + TAU | TAU | Relative (95% CI) | Absolute |
| BMI (change scores) (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | very serious3 | none | 16 | 16 | - | SMD 0.16 higher (0.53 lower to 0.86 higher) | VERY LOW | CRITICAL |

1 Touyz 1994: Randomization method and allocation concealment unclear. Participant, investigator and assessor blinding unclear. Significant difference at baseline in EDI Body Dissatisfaction score.

2 Participants were diagnosed according to DSM-III-R.

3 CI crosses both 0.5 and -0.5.

Table 192: Full GRADE profile for acupuncture and treatment as usual versus acupressure, massage and treatment as usual in adults with anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Acupuncture + TAU | Acupressure+Massage + TAU | Relative (95% CI) | Absolute |
| **BMI - change scores (Better indicated by higher values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 10 | 10 | - | SMD 0.07 lower (0.94 lower to 0.81 higher) | VERY LOW | CRITICAL |
| **EDI-3 Bulimia - change scores (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 10 | 10 | - | SMD 0.45 higher (0.44 lower to 1.34 higher) | LOW | IMPORTANT |
| **EDI-3 Drive for Thinness - change scores (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 10 | 10 | - | SMD 0.26 higher (0.62 lower to 1.14 higher) | VERY LOW | IMPORTANT |
| **EDI-3 Body Dissatisfaction - change scores (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 10 | 10 | - | SMD 0.14 higher (0.73 lower to 1.02 higher) | VERY LOW | IMPORTANT |
| **EDE-Q Global - change scores (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 10 | 10 | - | SMD 0.47 higher (0.42 lower to 1.36 higher) | LOW | IMPORTANT |
| **EDE-Q Restraint - change scores (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 10 | 10 | - | SMD 0.67 higher (0.24 lower to 1.58 higher) | LOW | IMPORTANT |
| **EDE-Q Eating Concerns - change scores (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 10 | 10 | - | SMD 0.44 higher (0.45 lower to 1.33 higher) | LOW | IMPORTANT |
| **EDE-Q Weight Concerns - change scores (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 10 | 10 | - | SMD 0.07 lower (0.94 lower to 0.81 higher) | VERY LOW | IMPORTANT |
| **EDE-Q Shape Concerns - change scores (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 10 | 10 | - | SMD 1.38 lower (2.38 to 0.38 lower) | LOW | IMPORTANT |
| General Psychopathology - DASS Total - change scores (measured with: Depression, Anxiety, and Stress Scale (DASS); Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 10 | 10 | - | SMD 0.03 higher (0.84 lower to 0.91 higher) | VERY LOW | IMPORTANT |
| Depression - change scores (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 10 | 10 | - | SMD 0.03 higher (0.85 lower to 0.91 higher) | VERY LOW | IMPORTANT |
| Stress - change scores (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 10 | 10 | - | SMD 0.14 higher (0.73 lower to 1.02 higher) | VERY LOW | IMPORTANT |
| Quality of Life - EDQoL - change scores (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 10 | 10 | - | SMD 0.05 higher (0.83 lower to 0.92 higher) | VERY LOW | IMPORTANT |
| EDQoL Psychological - change scores (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 10 | 10 | - | SMD 0.11 lower (0.99 lower to 0.76 higher) | VERY LOW | IMPORTANT |
| EDQoL Physical/Cognitive - change scores (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 10 | 10 | - | SMD 0 higher (0.88 lower to 0.88 higher) | VERY LOW | IMPORTANT |
| EDQoL Financial - change scores (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 10 | 10 | - | SMD 0.34 higher (0.54 lower to 1.23 higher) | VERY LOW | IMPORTANT |
| EDQoL Work/School - change scores (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 10 | 10 | - | SMD 0.12 lower (1 lower to 0.75 higher) | VERY LOW | IMPORTANT |
| Withdrawn due to Adverse Events | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 3/13  (23.1%) | 3/13  (23.1%) | RR 1 (0.25 to 4.07) | 0 fewer per 1000 (from 173 fewer to 708 more) | VERY LOW | IMPORTANT |

1 Smith 2014: No participant blinding. Dropout rate of both groups>20%.

2 CI crosses both 0.75 and 1.25 (Risk Ratio), or both 0.5 and -0.5 (SMD).

3 CI crosses either 0.5 or -0.5 (SMD).

Table 193: Full GRADE profile for resistance training and treatment as usual versus treatment as usual in young people with anorexia nervosa-restricting at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Resistance Training + TAU | TAU | Relative (95% CI) | Absolute |
| BMI (follow-up 3 weeks; Better indicated by higher values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1,2 | no serious inconsistency | serious3 | serious4 | none | 33 | 31 | - | SMD 0.21 lower (0.70 lower to 0.29 higher) | VERY LOW | CRITICAL |
| Quality of Life (follow-up 3 weeks; measured with: SF-36 Mental, SF-36 Physical; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious4 | none | 11 | 11 | - | SMD 0.39 higher (0.2 lower to 0.99 higher) | VERY LOW | CRITICAL |

1 del Valle 2010: Unclear randomization method and allocation concealment. No participant blinding, unclear investigator and assessor blinding.

2 del Valle 2014: Unclear whether baseline similar. Randomization method and allocation concealment unclear. No participant blinding, unclear investigator and assessor blinding.

3 Sample consisted of participants diagnosed with Anorexia Nervosa-Restricting type. Participants in both groups also received psychotherapy 3 days a week and were on diet.

4 CI crosses either 0.5 or -0.5 (SMD).

Table 194: Full GRADE profile for resistance training and treatment as usual versus treatment as usual in young people with anorexia nervosa-restricting at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Resistance Training + TAU | TAU | Relative (95% CI) | Absolute |
| BMI FU (follow-up 4 weeks; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 18 | 18 | - | SMD 0.53 lower (1.19 lower to 0.14 higher) | VERY LOW | CRITICAL |

1 del Valle 2014: Unclear whether baseline similar. Randomization method and allocation concealment unclear. No participant blinding, unclear investigator and assessor blinding.

2 Sample consisted of participants diagnosed with Anorexia Nervosa-Restricting type. Participants in both groups also received psychotherapy 3 days a week and were on diet.

3 CI crosses either 0.5 or -0.5 (SMD).

Table 195: Full GRADE profile for chiropractic therapy versus any other intervention in young people with anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Chiropractic therapy | Other intervention | Relative (95% CI) | Absolute |
| Efficacy rate (assessed with: (Recovered+Significant Improvement)/Total N) | | | | | | | | | | | | |
| 5 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 171/178  (96.1%) | 149/193  (77.2%) | RR 1.24 (1.14 to 1.35) | 185 more per 1000 (from 108 more to 270 more) | LOW | IMPORTANT |

1 Yang 2016: data from meta-analysis of chiropractic therapy studies published in Chinese or English. All studies were: low risk of bias for random sequence generation, unclear allocation concealment, unclear blinding of participants/assessors/investigators. Only one study reported dropout data.

2 CI crosses either 0.75 or 1.25 (Risk Ratio).

* + 1. Physical interventions for bulimia nervosa

Table 196: Full GRADE profile for repetitive transcranial magnetic stimulation versus placebo in adults with bulimia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | (Real) rTMS | (Sham) rTMS | Relative (95% CI) | Absolute |
| Food Craving Questionnaire-State (raw scores) (follow-up 1 days; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 17 | 20 | - | SMD 0.33 lower (0.98 lower to 0.32 higher) | VERY LOW | IMPORTANT |
| Food Craving Questionnaire-State (change scores) (follow-up 1 days; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 17 | 20 | - | SMD 0.41 lower (1.06 lower to 0.25 higher) | VERY LOW | IMPORTANT |
| Not Withdrawn due to Adverse Events (follow-up 1 days) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 17/18  (94.4%) | 20/20  (100%) | RR 0.94 (0.81 to 1.09) | 60 fewer per 1000 (from 190 fewer to 90 more) | VERY LOW | IMPORTANT |
| Urge To Eat (Visual Analogue Scale) (follow-up 1 days; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 17 | 20 | - | SMD 0.44 lower (1.09 lower to 0.22 higher) | VERY LOW | IMPORTANT |
| Mood (Visual Analogue Scale) (follow-up 1 days; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious | none | 17 | 20 | - | SMD 0.38 higher (0.27 lower to 1.03 higher) | VERY LOW | IMPORTANT |
| Tension (Visual Analogue Scale) (follow-up 1 days; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | very serious5 | none | 17 | 20 | - | SMD 0.04 higher (0.6 lower to 0.69 higher) | VERY LOW | IMPORTANT |
| Hunger (Visual Analogue Scale) (follow-up 1 days; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 17 | 20 | - | SMD 0.58 lower (1.25 lower to 0.08 higher) | VERY LOW | IMPORTANT |
| Urge To Binge Eat (Visual Analogue Scale) (follow-up 1 days; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | very serious5 | none | 17 | 20 | - | SMD 0.03 lower (0.68 lower to 0.61 higher) | VERY LOW | IMPORTANT |
| # patients NOT binged in 24 hours after treatment (follow-up 1 days) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 16/16  (100%) | 14/18  (77.8%) | RR 1.27 (0.98 to 1.66) | 210 more per 1000 (from 16 fewer to 513 more) | VERY LOW | IMPORTANT |

1 van den Eynde 2010: unclear randomization method and allocation concealment. No investigator blinding. Blinding only partially successful with 15/18 participants in real rTMS group correctly guessed treatment group; 11/20 participants in sham rTMS incorrectly guessed treatment group.

2 Sample consists of 20 BN participants and 17 EDNOS participants. EDNOS subgroup includes participants diagnosed with Binge Eating Disorder.

3 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

4 <300 events.

5 CI crosses both 0.5 and -0.5 (SMD).

Table 197: Full GRADE profile for aerobic exercise versus any other intervention in adults with bulimia nervosa at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Exercise | Other | Relative (95% CI) | Absolute |
| Recovery from Bulimia Nervosa FU (follow-up 18 months) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | Very serious2 | none | 8/12  (66.7%) | 5/31  (16.1%) | RR 5.04 (0.3 to 83.76) | 652 more per 1000 (from 113 fewer to 1000 more) | VERY LOW | CRITICAL |
| Satisfied EDNOS criteria FU (follow-up 18 months) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 1/12  (8.3%) | 6/31  (19.4%) | RR 0.57 (0.11 to 3.06) | 83 fewer per 1000 (from 172 fewer to 399 more) | VERY LOW | CRITICAL |
| EDI Drive for Thinness FU (follow-up 18 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 12 | 14 | - | SMD 1.36 higher (0.47 to 2.25 higher) | LOW | IMPORTANT |

1 Sundgot-Borgen 2002: Unclear randomization and allocation concealment. No participant blinding, unclear investigator blinding. Physical exercise group dropout rate=20%.

2 CI crosses both 0.75 and 1.25 (Risk Ratio).

3 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

Table 198: Full GRADE profile for aerobic exercise versus wait list control in adults with bulimia nervosa at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Exercise | WLC | Relative (95% CI) | Absolute |
| Not recovered from Bulimia Nervosa FU (follow-up 18 months) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 12/12  (100%) | 15/15  (100%) | RR 0.36 (0.17 to 0.76) | 640 fewer per 1000 (from 240 fewer to 830 fewer) | LOW | CRITICAL |
| Does not satisfy EDNOS criteria FU (follow-up 18 months) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 11/12  (91.7%) | 15/15  (100%) | RR 0.91 (0.74 to 1.13) | 90 fewer per 1000 (from 260 fewer to 130 more) | LOW | CRITICAL |

1 Sundgot-Borgen 2002: Unclear randomization and allocation concealment. No participant blinding, unclear investigator blinding. Physical exercise group dropout rate=20%.

2 CI crosses either 0.75 or 1.25 (Risk Ratio).

Table 199: Full GRADE profile for relaxation training versus any other intervention in adults with bulimia nervosa at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Relaxation training | other intervention for adult BN | Relative (95% CI) | Absolute |
| **Binge frequency (follow-up 12 months; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 39 | 72 | - | SMD 0.09 higher (0.3 lower to 0.48 higher) | VERY LOW | CRITICAL |
| **Vomiting frequency (follow-up 12 months; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious | serious4 | none | 39 | 72 | - | SMD 0.33 higher (0.07 lower to 0.72 higher) | VERY LOW | IMPORTANT |
| **Laxative use frequency (follow-up 12 months; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 39 | 72 | - | SMD 0.37 higher (0.03 lower to 0.76 higher) | VERY LOW | IMPORTANT |
| **Purge frequency (follow-up 12 months; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 39 | 72 | - | SMD 0.42 higher (0.03 to 0.82 higher) | VERY LOW | IMPORTANT |
| No binge or purge episodes/2 weeks (follow-up 12 months) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | very serious5 | none | 18/39  (46.2%) | 39/72  (54.2%) | RR 0.85 (0.57 to 1.27) | 81 fewer per 1000 (from 233 fewer to 146 more) | VERY LOW | IMPORTANT |
| EDI Drive for Thinness (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 39 | 72 | - | SMD 0.09 higher (0.3 lower to 0.48 higher) | VERY LOW | IMPORTANT |
| EDI Bulimia (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 39 | 72 | - | SMD 0.55 higher (0.15 to 0.94 higher) | VERY LOW | IMPORTANT |
| EDI Body dissatisfaction (follow-up 12 weeks; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 39 | 72 | - | SMD 0.1 higher (0.29 lower to 0.49 higher) | VERY LOW | IMPORTANT |
| Depression (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | serious6 | serious2 | serious4 | none | 39 | 72 | - | SMD 0.61 higher (0.21 to 1.01 higher) | VERY LOW | IMPORTANT |
| Global Functioning (follow-up 12 weeks; measured with: GAFS; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 39 | 72 | - | SMD 0.3 lower (0.69 lower to 0.09 higher) | VERY LOW | IMPORTANT |

1 Bulik 1998: unclear randomisation method and allocation concealment. Unclear participant and investigator blinding. Seventeen participants discontinued treatment during prior CBT-ED, whilst 2 were withdrawn by investigators. Five participants discontinued treatment prior to randomization.

2 All participants received 8 sessions of CBT-ED over 8 week period prior to randomisation to intervention groups.

3 <400 participants.

4 CI crosses either 0.5 or -0.5 (SMD).

5 CI crosses both 0.75 and 1.25 (Risk Ratio).

6 I2>50%.

Table 200: Full GRADE profile for relaxation training versus any other intervention in adults with bulimia nervosa at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Relaxation training | other intervention for adult BN 12-mo FU | Relative (95% CI) | Absolute |
| **Binge frequency (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 39 | 72 | - | SMD 0.08 lower (0.47 lower to 0.31 higher) | VERY LOW | CRITICAL |
| **Vomiting frequency (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 39 | 72 | - | SMD 0.16 higher (0.23 lower to 0.56 higher) | VERY LOW | IMPORTANT |
| **Laxative use frequency (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 39 | 72 | - | SMD 0.4 higher (0.01 to 0.79 higher) | VERY LOW | IMPORTANT |
| **Purge frequency (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 39 | 72 | - | SMD 0.27 higher (0.13 lower to 0.66 higher) | VERY LOW | IMPORTANT |
| **No binge or purge episodes/2 weeks** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | serious5 | serious2 | serious4 | none | 17/39  (43.6%) | 40/72  (55.6%) | RR 0.78 (0.52 to 1.19) | 122 fewer per 1000 (from 267 fewer to 106 more) | VERY LOW W | IMPORTANT |
| **EDI Drive for Thinness (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 39 | 72 | - | SMD 0.05 higher (0.34 lower to 0.44 higher) | VERY LOW | IMPORTANT |
| **EDI Bulimia (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 39 | 72 | - | SMD 0.05 higher (0.34 lower to 0.44 higher) | VERY LOW | IMPORTANT |
| EDI Body dissatisfaction (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 39 | 72 | - | SMD 0.17 higher (0.22 lower to 0.56 higher) | VERY LOW | IMPORTANT |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 39 | 72 | - | SMD 0.47 higher (0.08 to 0.87 higher) | VERY LOW | IMPORTANT |
| Global Functioning (Measured with: GAFS; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 39 | 72 | - | SMD 0.44 lower (0.84 to 0.05 lower) | VERY LOW | IMPORTANT |

1 Bulik 1998: unclear randomisation method and allocation concealment. Unclear participant and investigator blinding. Seventeen participants discontinued treatment during prior CBT-ED, whilst 2 were withdrawn by investigators. Five participants discontinued treatment prior to randomization.

2 All participants received 8 sessions of CBT-ED over 8 week period prior to randomisation to intervention groups.

3 <400 participants.

4 CI crosses either 0.75 or 1.25 (SMD), or either 0.5 or -0.5 (SMD).

5 I2>50%.

* + 1. Physical interventions for binge eating disorder

Table 201: Full GRADE profile for yoga versus wait list control in adults with binge eating disorder at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Yoga | WLC | Relative (95% CI) | Absolute |
| BMI (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 25 | 25 | - | SMD 0.3 higher (0.26 lower to 0.86 higher) | VERY LOW | IMPORTANT |
| Binge Eating Scale (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 25 | 25 | - | SMD 1.77 lower (2.43 to 1.11 lower) | VERY LOW | IMPORTANT |

1 McIver 2009: Allocation concealment unclear. No participant, investigator nor assessor blinding. Dropout rate for both groups>20%.

2 Sample was participants with BMI>25 and Binge Eating Scale score>20.

3 CI crosses either 0.5 or -0.5 (SMD)

4 <400 participants.

Table 202: Full GRADE profile for aerobic exercise and group CBT-ED versus group CBT-ED at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Exercise+Group CBT | Group CBT | Relative (95% CI) | Absolute |
| BMI (changes scores) (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 20 | 17 | - | SMD 0.93 lower (1.61 to 0.24 lower) | LOW | IMPORTANT |
| Depression (follow-up 12 months; measured with: BDI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 20 | 17 | - | SMD 0.51 lower (1.17 lower to 0.15 higher) | LOW | IMPORTANT |

1 Pendleton 2002: randomization method and allocation concealment unclear. No participant blinding, unclear investigator and assessor blinding. Dropout rate of aerobic exercise+CBT group and CBT only group both >20%.

2 CI crosses either 0.5 or -0.5 (SMD).

Table 203: Full GRADE profile for aerobic exercise and group CBT-ED versus group CBT-ED at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Exercise+Group CBT | Group CBT | Relative (95% CI) | Absolute |
| BMI (changes scores) FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 20 | 17 | - | SMD 0.91 lower (1.6 to 0.23 lower) | LOW | IMPORTANT |
| Depression FU (measured with: BDI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 20 | 17 | - | SMD 0.26 lower (0.91 lower to 0.39 higher) | LOW | IMPORTANT |

1 Pendleton 2002: randomization method and allocation concealment unclear. No participant blinding, unclear investigator and assessor blinding. Dropout rate of aerobic exercise +CBT group and CBT only group both >20%.

2 CI crosses either 0.5 or -0.5 (SMD).

Table 204: Full GRADE profile for aerobic exercise and group CBT-ED versus group CBT-ED and maintenance at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Exercise+Group CBT | Group CBT+Maintenance | Relative (95% CI) | Absolute |
| BMI (Change scores) (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 20 | 23 | - | SMD 0.28 lower (0.88 lower to 0.33 higher) | LOW | IMPORTANT |
| Depression (follow-up 12 months; measured with: BDI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 20 | 23 | - | SMD 0.34 lower (0.94 lower to 0.27 higher) | LOW | IMPORTANT |

1 Pendleton 2002: randomization method and allocation concealment unclear. No participant blinding, unclear investigator and assessor blinding. Dropout rate of aerobic exercise +CBT group>20%.

2 CI crosses either 0.5 or -0.5 (SMD).

Table 205: Full GRADE profile for aerobic exercise and group CBT-ED versus group CBT-ED and maintenance at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Exercise+Group CBT | Group CBT+Maintenance | Relative (95% CI) | Absolute |
| BMI (Change scores) FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 20 | 23 | - | SMD 0.18 lower (0.78 lower to 0.42 higher) | LOW | CRITICAL |
| Depression FU (measured with: BDI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious3 | none | 20 | 17 | - | SMD 0.02 lower (0.58 lower to 0.62 higher) | VERY LOW | IMPORTANT |

1 Pendleton 2002: randomization method and allocation concealment unclear. No participant blinding, unclear investigator and assessor blinding. Dropout rate of aerobic exercise+CBT group>20%.

2 CI crosses either 0.5 or -0.5 (SMD).

3 CI crosses both 0.5 and -0.5 (SMD).

Table 206: Full GRADE profile for aerobic exercise, group CBT-ED and maintenance versus group CBT-ED and maintenance at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Exercise+Group CBT+Maintenance | Group CBT+Maintenance | Relative (95% CI) | Absolute |
| BMI (change scores) (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 24 | 23 | - | SMD 0.53 lower (1.11 lower to 0.05 higher) | LOW | IMPORTANT |
| Depression (follow-up 12 months; measured with: BDI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 24 | 23 | - | SMD 0.55 lower (1.14 lower to 0.03 higher) | LOW | IMPORTANT |

1 Pendleton 2002: randomization method and allocation concealment unclear. No participant blinding, unclear investigator and assessor blinding.

2 CI crosses either 0.5 or -0.5 (SMD).

Table 207: Full GRADE profile for aerobic exercise, group CBT-ED and maintenance versus group CBT-ED and maintenance at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Exercise+Group CBT+Maintenance | Group CBT+Maintenance | Relative (95% CI) | Absolute |
| BMI (change scores) FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 24 | 23 | - | SMD 0.57 lower (1.15 lower to 0.02 higher) | LOW | IMPORTANT |
| Depression FU (measured with: BDI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 24 | 23 | - | SMD 0.42 lower (1 lower to 0.16 higher) | LOW | IMPORTANT |

1 Pendleton 2002: randomization method and allocation concealment unclear. No participant blinding, unclear investigator and assessor blinding.

2 CI crosses either 0.5 or -0.5 (SMD).

* + 1. Physical interventions for people with any eating disorder

Table 208: Full GRADE profile for eye movement desensitization and reprocessing therapy versus treatment as usual in adult inpatients with any eating disorder at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Eye Movement Desensitization & Reprocessing Therapy | TAU | Relative (95% CI) | Absolute |
| Body Image Memory Questionnaire - Earliest Memory (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 43 | 43 | - | SMD 0.63 lower (1.06 to 0.19 lower) | LOW | IMPORTANT |
| Body Image Memory Questionnaire - Worst Memory (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 43 | 43 | - | SMD 0.77 lower (1.21 to 0.33 lower) | LOW | IMPORTANT |
| Body Image Memory Questionnaire - Most Recent Memory (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 43 | 43 | - | SMD 0.38 lower (0.81 lower to 0.04 higher) | LOW | IMPORTANT |

1 Bloomgarden 2008: No participant blinding, Investigator and assessor blinding unclear. Sample consisted of 29 An-R, 23 BN, and 36 EDNOS.

2 CI crosses -0.5.

Table 209: Full GRADE profile for eye movement desensitization and reprocessing therapy versus treatment as usual in adult inpatients with any eating disorder at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Eye Movement Desensitization & Reprocessing Therapy | TAU | Relative (95% CI) | Absolute |
| Body Image Memory Questionnaire - Earliest Memory FU (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 34 | 32 | - | SMD 0.22 lower (0.71 lower to 0.26 higher) | LOW | IMPORTANT |
| Body Image Memory Questionnaire - Worst Memory FU (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 34 | 32 | - | SMD 0.7 lower (1.2 to 0.21 lower) | LOW | IMPORTANT |
| Body Image Memory Questionnaire - Most Recent Memory FU (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 34 | 32 | - | SMD 0.08 lower (0.56 lower to 0.4 higher) | LOW | IMPORTANT |

1 Bloomgarden 2008: No participant blinding, Investigator and assessor blinding unclear. Sample consisted of 29 An-R, 23 BN, and 36 EDNOS.

2 CI crosses -0.5.

Table 210: Full GRADE profile for yoga and treatment as usual versus treatment as usual in young people with any eating disorder at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Yoga+TAU | TAU | Relative (95% CI) | Absolute |
| BMI or Weight (follow-up 3 weeks; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 26 | 27 | - | SMD 0.22 higher (0.32 lower to 0.76 higher) | LOW | CRITICAL |
| EDE Global (follow-up 3 weeks; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 26 | 27 | - | SMD 0.05 higher (0.49 lower to 0.59 higher) | LOW | IMPORTANT |
| EDE Restraint (follow-up 3 weeks; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 26 | 27 | - | SMD 0.22 lower (0.76 lower to 0.32 higher) | LOW | IMPORTANT |
| EDE Weight Concern (follow-up 3 weeks; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 26 | 27 | - | SMD 0.14 higher (0.4 lower to 0.68 higher) | LOW | IMPORTANT |
| EDE Shape Concern (follow-up 3 days; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 26 | 27 | - | SMD 0.14 higher (0.4 lower to 0.68 higher) | LOW | IMPORTANT |
| EDE Eating Concern (follow-up 3 weeks; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 26 | 27 | - | SMD 0.09 higher (0.45 lower to 0.62 higher) | LOW | IMPORTANT |
| Depression (follow-up 3 weeks; measured with: BDI-2; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious3 | none | 26 | 27 | - | SMD 0 higher (0.54 lower to 0.54 higher) | VERY LOW | IMPORTANT |

1 Carei 2010: Unclear randomization method (stratified, permuted block scheme after baseline measures). No participant blinding; unclear investigator and assessor blinding. Sample consisted of 29 AN, 9 BN, and 15 EDNOS.

2 CI crosses either 0.5 or -0.5 (SMD).

3 CI crosses both 0.5 and 0.5 (SMD).

Table 211: Full GRADE profile for yoga and treatment as usual versus treatment as usual in young people with eating disorder at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Yoga + TAU | TAU | Relative (95% CI) | Absolute |
| BMI or Weight FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 26 | 27 | - | SMD 0.21 higher (0.33 lower to 0.75 higher) | LOW | IMPORTANT |
| EDE Global FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 26 | 27 | - | SMD 0.38 lower (0.92 lower to 0.17 higher) | LOW | IMPORTANT |
| EDE Restraint FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 26 | 27 | - | SMD 0.65 lower (1.2 to 0.09 lower) | LOW | IMPORTANT |
| EDE Weight Concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 26 | 27 | - | SMD 0.09 lower (0.63 lower to 0.45 higher) | LOW | IMPORTANT |
| EDE Shape Concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 26 | 27 | - | SMD 0.36 lower (0.9 lower to 0.19 higher) | LOW | IMPORTANT |
| EDE Eating Concern FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 26 | 27 | - | SMD 0.28 lower (0.82 lower to 0.27 higher) | LOW | IMPORTANT |
| Depression FU (measured with: BDI-2; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 26 | 27 | - | SMD 0.09 lower (0.63 lower to 0.45 higher) | LOW | IMPORTANT |

1 Carei 2010: Unclear randomization method (stratified, permuted block scheme after baseline measures). No participant blinding; unclear investigator and assessor blinding. Sample consisted of 29 AN, 9 BN, and 15 EDNOS.

2 CI crosses either 0.5 or -0.5 (SMD).

Table 212: Full GRADE profile for body image therapy and maintenance treatment as usual versus maintenance treatment as usual in adults with any eating disorder at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Body image therapy+MTAU | MTAU for adult ED | Relative (95% CI) | Absolute |
| **EDE weight concerns (follow-up 6 months; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 24 | 21 | - | SMD 0.11 lower (0.7 lower to 0.47 higher) | VERY LOW | IMPORTANT |
| EDE shape concerns (follow-up 6 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 24 | 21 | - | SMD 0.24 higher (0.35 lower to 0.82 higher) | VERY LOW | IMPORTANT |

1 Trottier 2015: Randomization method not specified, unclear allocation concealment; no participant nor investigator blinding, unclear assessor blinding. Dropout both groups>20%.

2 Participants received interventions after intensive day hospital treatment involving group cognitive behavioural program.

3 CI crosses either 0.5 or -0.5 (SMD).

Table 213: Full GRADE profile for body image therapy and maintenance treatment as usual versus maintenance treatment as usual in adults with any eating disorder at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Body image therapy+MTAU | MTAU for adult ED 6-mo FU | Relative (95% CI) | Absolute |
| **EDE weight concerns (follow-up 6 months; Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 24 | 21 | - | SMD 0.2 higher (0.39 lower to 0.79 higher) | VERY LOW | IMPORTANT |
| EDE shape concerns (follow-up 6 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | very serious4 | none | 24 | 21 | - | SMD 0.03 lower (0.61 lower to 0.56 higher) | VERY LOW | IMPORTANT |

1 Trottier 2015: Randomization method not specified, unclear allocation concealment; no participant nor investigator blinding, unclear assessor blinding. Dropout both groups>20%.

2 Participants received interventions after intensive day hospital treatment involving group cognitive behavioural program.

3 CI crosses either 0.5 or -0.5 (SMD).

4 CI crosses both 0.5 and -0.5 (SMD).

Table 214: Full GRADE profile for acceptance-based mirror exposure therapy and treatment as usual versus non-directive body image therapy and treatment as usual in adults with any eating disorder at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Body Image Therapy-1 | Body Image Therapy-2 | Relative (95% CI) | Absolute |
| EDE-Q Restraint (follow-up 1 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 17 | 16 | - | SMD 0.11 lower (0.35 lower to 0.13 higher) | VERY LOW | IMPORTANT |
| EDE-Q Eating Concern (follow-up 1 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 17 | 16 | - | SMD 0.33 lower (0.57 to 0.09 lower) | VERY LOW | IMPORTANT |
| EDE-Q Shape Concern (follow-up 1 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 17 | 16 | - | SMD 0.68 lower (0.94 to 0.43 lower) | VERY LOW | IMPORTANT |
| EDE-Q Weight Concern (follow-up 1 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 17 | 16 | - | SMD 0.73 lower (0.99 to 0.48 lower) | VERY LOW | IMPORTANT |

1 Hildebrandt 2012: Unclear randomization and allocation concealment. No assessor blinding. Control group dropout rate>20%.

2 Inclusion criteria included participation in concurrent psychotherapy. Eighteen of the 31 participants were receiving either CBT or Family Therapy.

3 <400 participants.

4 CI crosses either 0.5 or -0.5 (SMD).

Table 215: Full GRADE profile for psychomotor therapy and supportive contact versus supportive contact in adults with any eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Psychomotor Therapy + Support | Support | Relative (95% CI) | Absolute |
| Self-Expression & Control Scale - Anger In (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious1 | serious2 | none | 17 | 12 | - | SMD 0.49 lower (1.24 lower to 0.26 higher) | VERY LOW | IMPORTANT |
| Self-Expression & Control Scale - Anger Out (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious1 | serious2 | none | 17 | 12 | - | SMD 0.28 lower (1.02 lower to 0.47 higher) | VERY LOW | IMPORTANT |

1 Boerhout 2016: unclear randomisation method; no participant nor investigator blinding. Dropout rate of both groups >20%. Supportive contact included consultation with hospital staff once every one or two weeks, prescription of medication, psychoeducation, and diet management. Sample consisted of 9 AN, 16 BN and 4 BED participants.

2 CI crosses either 0.5 or -0.5.

* 1. What interventions are effective at managing or reducing short and long-term physical complications of eating disorders?
     1. Low bone mineral density

Table 216: Full GRADE profile for DHEA versus HRT for young people with AN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | DHEA vs.HRT | Control | Relative (95% CI) | Absolute |
| Change in Total Hip BMD - Adolescents (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 31 | 30 | - | SMD 0.11 lower (0.61 lower to 0.39 higher) | LOW | CRITICAL |
| Change in LS BMD - Adolescents (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 31 | 30 | - | SMD 0.49 lower (1 lower to 0.02 higher) | LOW | CRITICAL |
| Did not drop out due to side effects | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 0/31  (0%) | 0/30  (0%) | Not estimable | - | LOW | CRITICAL |
| Change in Weight - Adolescents (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 31 | 30 | - | SMD 0.13 higher (0.38 lower to 0.63 higher) | LOW | CRITICAL |
| Regular menses - Adolescents | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious6 | none | 18/31  (58.1%) | 24/30  (80%) | RR 0.73 (0.51 to 1.03) | 216 fewer per 1000 (from 392 fewer to 24 more) | LOW | CRITICAL |

1 It was unclear if allocation concealment was conducted. Staff and participants were blind to study allocation, but it was unclear if assessors were blind. The control arm had a 20% drop out rate.   
2 95% CI crossed 1 MID (-0.5)  
3 For a continuous outcome, there were fewer than 400 participants.  
4 For a dichotomous outcome, there were fewer than 300 events.  
5 95% CI crossed 1 MID (0.5).  
6 95% CI crossed 1 MID (0.75)

Table 217: Full GRADE profile for DHEA and combined oral contraceptive pill versus placebo for adults with AN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | DHEA+COC | placebo | Relative (95% CI) | Absolute |
| Change in Femoral Shaft BMD - Adults (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 40 | 33 | - | SMD 12.86 higher (10.66 to 15.05 higher) | LOW | CRITICAL |
| Change in Femoral Neck BMD - Adults (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 42 | 34 | - | SMD 14.38 higher (11.99 to 16.77 higher) | LOW | CRITICAL |
| Change in Femoral Shaft Bone Strength Index - Adults (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 40 | 33 | - | SMD 18.99 higher (15.79 to 22.19 higher) | LOW | CRITICAL |
| Change in FN Bone Strength Index - Adults (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 42 | 34 | - | SMD 0.95 lower (1.43 to 0.47 lower) | LOW | CRITICAL |
| Change in Weight - Adults (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 31 | 29 | - | SMD 0.99 higher (0.45 to 1.53 higher) | LOW | CRITICAL |
| Change in BMI (% median for age) - Adults (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 31 | 29 | - | SMD 0.96 higher (0.42 to 1.5 higher) | LOW | CRITICAL |
| Amenorrheic - Adults | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 31/31  (100%) | 29/29  (100%) | RR 1 (0.94 to 1.07) | 0 fewer per 1000 (from 60 fewer to 70 more) | LOW | CRITICAL |
| Did not drop outdue to side-effects | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 0/31  (0%) | 0/29  (0%) | Not estimable | - | LOW | CRITICAL |

1 Randomisation method was unclear and it was unclear if allocation concealment was conducted. Participants, investigators and assessors were blind. High dropout rates were detected in both arms >20%.  
2 For a continuous outcome, there were fewer than 400 participants.   
3 95% CI crossed 1 MID (-0.5)  
4 95% CI crossed 1 MID (0.5)  
5 For a dichotomous outcome, there were fewer than 300 events.

Table 218: Full GRADE profile for PTH versus placebo for adults with AN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **PTH** | **placebo** | **Relative (95% CI)** | **Absolute** |
| % Change in Weight - Adults (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 10 | 11 | - | SMD 2.45 lower (3.63 to 1.26 lower) | VERY LOW | CRITICAL |
| Change in Lateral Spine BMD - Adults (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 10 | 11 | - | SMD 5.09 higher (3.18 to 7 higher) | VERY LOW | CRITICAL |
| Change in Total Hip BMD - Adults (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | very serious4 | none | 10 | 11 | - | SMD 0.19 lower (1.05 lower to 0.67 higher) | VERY LOW | CRITICAL |
| Change in FN BMD - Adults (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious5 | none | 10 | 11 | - | SMD 0.86 lower (1.77 lower to 0.04 higher) | VERY LOW | CRITICAL |
| Change in AP Spine BMD - Adults (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 10 | 11 | - | SMD 4.61 higher (2.84 to 6.38 higher) | VERY LOW | CRITICAL |
| Did not drop out out due to side effects | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious6 | none | 0/10  (0%) | 0/11  (0%) | Not estimable | - | VERY LOW | CRITICAL |

1 Randomisation method was unclear and it was unclear if allocation concealment was conducted. It was unclear if either the participants, investigators or assessors were blind. No drop outs were reported.   
2 Short intervention of 6 months.  
3 For a continuous outcome there were fewer than 400 participants.   
4 95% CI crossed 2 MIDs (-0.5 and 0.5).  
5 95% CI crossed 1 MID (-0.5).  
6 For a dichotomous outcome, there were fewer than 300 events.

Table 219: Full GRADE profile for IGF-I versus another therapy in adults with anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | IGF | Control | Relative (95% CI) | Absolute |
| Change in Total Hip BMD - IGF-I vs. placebo (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 16 | 15 | - | SMD 0.37 higher (0.36 lower to 1.11 higher) | VERY LOW | CRITICAL |
| Change in Total Hip BMD - IGF + OCP vs. placebo (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 16 | 15 | - | SMD 0.49 higher (0.23 lower to 1.2 higher) | VERY LOW | CRITICAL |
| Change in Total Hip BMD - IGF vs. OCP (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 16 | 15 | - | SMD 1.08 higher (0.29 to 1.86 higher) | VERY LOW | CRITICAL |
| Change in Total Hip BMD - IGF-I + OCP vs. OCP (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 16 | 15 | - | SMD 1.18 higher (0.41 to 1.95 higher) | VERY LOW | CRITICAL |
| Change in Total Hip BMD - IGF-I + OCP vs. IGF-I (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 16 | 16 | - | SMD 0.10 higher (0.62 lower to 0.82 higher) | VERY LOW | CRITICAL |
| Change Total Body BMD - IGF-I vs. placebo (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious5 | none | 14 | 15 | - | SMD 0.10 higher (0.63 lower to 0.83 higher) | VERY LOW | CRITICAL |
| Change Total Body BMD - IGF + OCP vs. placebo (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious | none | 16 | 15 | - | SMD 1.27 higher (0.49 to 2.05 higher) | VERY LOW |  |
| Change Total Body BMD - IGF vs. OCP (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious5 | none | 14 | 15 | - | SMD 1.33 higher (0.51 to 2.15 higher) | VERY LOW | CRITICAL |
| Change Total Body BMD - IGF-I + OCP vs. OCP (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious5 | none | 16 | 15 | - | SMD 2.55 higher (1.58 to 3.53 higher) | VERY LOW | CRITICAL |
| Change Total Body BMD - IGF-I + OCP vs. IGF-I (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 16 | 14 | - | SMD 1.17 higher (0.38 to 1.95 higher) | VERY LOW | CRITICAL |
| Change in Radial BMD - IGF-I vs. placebo (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 14 | 15 | - | SMD 0.25 higher (0.48 lower to 0.98 higher) | VERY LOW | CRITICAL |
| Change in Radial BMD - OCP vs. placebo (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 15 | 15 | - | SMD 0.62 higher (0.12 lower to 1.35 higher) | VERY LOW | CRITICAL |
| Change in Radial BMD - IGF + OCP vs. placebo (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 16 | 15 | - | SMD 1.34 higher (0.55 to 2.13 higher) | VERY LOW | CRITICAL |
| Change in Radial BMD - IGF vs. OCP (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious6 | none | 14 | 15 | - | SMD 0.29 lower (1.02 lower to 0.44 higher) | VERY LOW | CRITICAL |
| Change in Radial BMD - IGF-I + OCP vs. IGF-I (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 16 | 14 | - | SMD 0.88 higher (0.12 to 1.63 higher) | VERY LOW | CRITICAL |
| Change in AP Spine BMD - IGF-I vs. placebo (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | very serious4 | none | 14 | 15 | - | SMD 1.17 higher (0.37 to 1.96 higher) | VERY LOW | CRITICAL |
| Change in AP Spine BMD - IGF + OCP vs. placebo (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious5 | none | 16 | 15 | - | SMD 2.34 higher (1.4 to 3.28 higher) | VERY LOW | CRITICAL |
| Change in AP Spine BMD - IGF vs. OCP (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 14 | 15 | - | SMD 0.58 higher (0.16 lower to 1.33 higher) | VERY LOW | CRITICAL |
| Change in AP Spine BMD - IGF-I + OCP vs. OCP (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious5 | none | 16 | 15 | - | SMD 1.75 higher (0.91 to 2.6 higher) | VERY LOW | CRITICAL |
| Change in AP Spine BMD - IGF-I + OCP vs. IGF-I (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 16 | 14 | - | SMD 1.17 higher (0.38 to 1.95 higher) | VERY LOW | CRITICAL |
| Change in Lean Mass - IGF-I vs. placebo (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 14 | 15 | - | SMD 1.59 higher (0.74 to 2.44 higher) | VERY LOW | CRITICAL |
| Change in Lean Mass - IGF + OCP vs. placebo (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious5 | none | 16 | 15 | - | SMD 2.34 higher (1.4 to 3.28 higher) | VERY LOW | CRITICAL |
| Change in Radial BMD - IGF-I + OCP vs. OCP (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 16 | 15 | - | SMD 0.58 higher (0.14 lower to 1.31 higher) | VERY LOW | CRITICAL |
| Change in Lean Mass - IGF vs. OCP (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious5 | none | 14 | 15 | - | SMD 1.46 higher (0.63 to 2.29 higher) | VERY LOW | CRITICAL |
| Change in Lean Mass - IGF-I + OCP vs. OCP (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious5 | none | 16 | 15 | - | SMD 2.12 higher (1.22 to 3.03 higher) | VERY LOW | CRITICAL |
| Change in Lean Mass - IGF-I + OCP vs. IGF-I (Better indicated by higher values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 30 | 29 | - | SMD 0.60 higher (0.08 to 1.13 higher) | VERY LOW | CRITICAL |
| Change in Weight - IGF-I vs.placebo (Better indicated by higher values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | serious7 | serious3 | none | 30 | 29 | - | SMD 0.54 higher (0.02 to 1.07 higher) | VERY LOW | CRITICAL |
| Change in Weight - IGF-I +Estrogen vs. placebo (Better indicated by higher values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | very serious8 | serious7 | serious5 | none | 30 | 29 | - | SMD 0.14 lower (0.72 lower to 0.44 higher) | VERY LOW | CRITICAL |
| Change in Weight - IGF-I + Estrogen vs. Estrogen (Better indicated by higher values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | serious8 | serious7 | serious5 | none | 30 | 30 | - | SMD 0.53 lower (1.07 lower to 0.01 higher) | VERY LOW |  |
| Change in Weight - IGF-I + Estrogen vs. IGF-I (Better indicated by higher values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency8 | serious7 | serious5 | none | 30 | 30 | - | SMD 0.48 lower (1.06 lower to 0.09 higher) | VERY LOW | CRITICAL |
| Change in Weight - IGF-I vs. Estrogen (Better indicated by higher values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency8 | serious7 | serious3 | none | 30 | 30 | - | SMD 0.35 higher (0.18 lower to 0.89 higher) | VERY LOW | CRITICAL |
| Change in BMI - IGF-I vs. placebo (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious7 | serious3 | none | 15 | 14 | - | SMD 0.76 higher (0 to 1.52 higher) | VERY LOW | CRITICAL |
| Change in BMI - IGF-I +Estrogen vs. placebo (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious7 | serious5 | none | 15 | 14 | - | SMD 1.46 lower (2.29 to 0.63 lower) | VERY LOW | CRITICAL |
| Change in BMI - IGF-I + Estrogen vs. Estrogen (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious7 | serious6 | none | 15 | 15 | - | SMD 0.97 lower (1.74 to 0.21 lower) | VERY LOW | CRITICAL |
| Change in BMI - IGF-I + Estrogen vs. IGF-I (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious7 | serious5 | none | 15 | 15 | - | SMD 1.91 lower (2.79 to 1.02 lower) | VERY LOW | CRITICAL |
| Change in BMI - IGF-I vs. Estrogen (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious7 | serious3 | none | 15 | 15 | - | SMD 1.14 higher (0.36 to 1.93 higher) | VERY LOW | CRITICAL |
| Did not drop out due to side-effects - OCP vs. placebo | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious9 | none | 0/15  (0%) | 0/15  (0%) | RR 1.00 (0.88 to 1.13) | - | VERY LOW | CRITICAL |
| Did not drop out due to side-effects - IGF-I + OCP vs IGF-I | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious9 | none | 0/16  (0%) | 0/14  (0%) | RR 1.00 (0.88 to 1.13) | - | VERY LOW | CRITICAL |
| Did not drop outdue to side-effects - IGF-I vs. OCP | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious7 | serious9 | none | 1/15  (6.7%) | 0/15  (0%) | RR 0.94 (0.78 to 1.12) | - | VERY LOW | CRITICAL |
| Did not drop out due to side-effects. Combined vs. placebo | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious7 | serious9 | none | 0/16  (0%) | 0/15  (0%) | RR 1.00 (0.89 to 1.13) | - | VERY LOW |  |
| Did not drop out due to side-efffects. IGF-I + OCP vs. OCP | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious9 | none | 0/16  (0%) | 0/15  (0%) | RR 1.00 (0.88 to 1.13) | - | VERY LOW |  |

1 Randomisation method was unclear and it was unclear if allocation concealment was conducted. Participants were blind, investigators were not and it was unclear if assessors were blind. A high dropout rate was detected in control arm >20%.  
2 Relatively short period, 9 months  
3 95% CI Crossed 1 MID (0.5)  
4 95% CI Crossed 2 MIDs (-0.5 and 0.5)  
5 For a continuous outcome, there were fewer than 400 participants.  
6 95% CI Crossed 1 MID (-0.5)  
7 relatively short study duration, 3 months  
8 Heterogeneity detected, I2>80%  
9 For a dichotomous outcome, there were fewer than 300 events.

Table 220: Full GRADE profile for estrogen versus placebo in young people or adults with AN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Estrogen | Placebo | Relative (95% CI) | Absolute |
| Change LS BMD - Adolescents (Better indicated by higher values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 108 | 114 | - | SMD 1.05 higher (0.74 to 1.36 higher) | LOW | CRITICAL |
| Change LS BMD - Adults (Better indicated by higher values) | | | | | | | | | | | | |
| 2 | randomised trials | serious3 | no serious inconsistency | no serious indirectness | serious2 | none | 34 | 40 | - | SMD 1.05 higher (0.74 to 1.36 higher) | LOW | CRITICAL |
| Change in FN BMD - Adolescents (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious | none | 53 | 59 | - | SMD 0.22 lower (0.15 lower to 0.6 higher) | LOW | CRITICAL |
| Change Total Hip BMD - Adolescents (Better indicated by higher values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | very serious4 | no serious indirectness | serious2 | none | 108 | 114 | - | SMD 0.61 higher (0.33 to 0.88 higher) | VERY LOW | CRITICAL |
| Change Total Hip BMD - Adults (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | serious6 | no serious indirectness | serious2 | none | 15 | 15 | - | SMD 1.02 lower (1.79 to 0.25 lower) | VERY LOW | CRITICAL |
| Change in Weight - Adolescents (Better indicated by higher values) | | | | | | | | | | | | |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 108 | 114 | - | SMD 0.34 higher (0.07 to 0.6 higher) | LOW | CRITICAL |
| Change in Weight - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | no serious indirectness | serious2 | none | 15 | 14 | - | SMD 0.39 lower (1.13 lower to 0.35 higher) | LOW | CRITICAL |
| Change in BMI - Adolescents (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious2 | none | 55 | 55 | - | SMD 0.27 higher (0.11 lower to 0.64 higher) | LOW | CRITICAL |
| Change in BMI - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | no serious indirectness | serious8 | none | 70 | 69 | - | SMD 0.11 higher (0.22 lower to 0.45 higher) | LOW | CRITICAL |
| Change in Lean mass - Adolescents (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious2 | none | 55 | 55 | - | SMD 0.17 higher (0.2 lower to 0.55 higher) | LOW | CRITICAL |
| Change in Lean Mass - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious5 | no serious inconsistency | no serious indirectness | serious8 | none | 70 | 70 | - | SMD 0.13 higher (0.2 lower to 0.47 higher) | LOW | CRITICAL |
| Change in Fat Mass - Adolescents (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious2 | none | 55 | 55 | - | SMD 0.17 higher (0.2 lower to 0.55 higher) | LOW | CRITICAL |
| Change in Total Body BMD - Adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | serious10 | none | 15 | 15 | - | SMD 1.23 lower (2.02 to 0.44 lower) | LOW | CRITICAL |
| Did not achieve normal menses Adolescents | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious11 | none | 0/55  (0%) | 5/55  (9.1%) | RR 1.0 (1 to 1.2) | 0 fewer per 1000 (from 0 more to 18 more) | LOW | CRITICAL |
| Did not achieve remission - Adults | | | | | | | | | | | | |
| 1 | randomised trials | serious12 | no serious inconsistency | no serious indirectness | serious11 | none | 2/19  (10.5%) | 6/25  (24%) | RR 1.10 (0.9 to 1.54) | 24 more per 1000 (from 24 fewer to 130 more) | LOW | CRITICAL |
| Did not drop out due to side-effects- Adolescent | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious11 | none | 3/61  (4.9%) | 1/62  (1.6%) | RR 0.97 (0.91 to 1.03) | 0 fewer per 1000 (from 1 fewer to 0 more) | LOW | IMPORTANT |

1 It was unclear in all studies if allocation concealment was conducted. The investigators and participants were blind, but it was unclear if the assessors were blind. High drop outs were reported >20%.  
2 95% CI Crossed 1 MID (0.5).  
3 It was unclear in all studies if allocation concealment was conducted. In one study the investigators were not blind and in the other it was unclear. Participants were blind in one study but it was unclear in the other study. It was also unclear for both studies if the assessors were blind. High drop outs were reported across studies >20%.  
4 Heterogeneity was detected I2 >80%.  
5 It was unclear in all studies if allocation concealment was conducted. In Grinspoon, the investigators were not blind but the participants were blind, and it was unclear if assessors were blind. High drop outs were reported in both studies >20%.  
6 Heterogeneity was detected I2 >50%.  
7 It was unclear if allocation concealment was conducted. The investigators and participants were blind, but it was unclear if the assessors were blind. High drop outs were reported >20%.  
8 For a continuous outcome there were fewer than 400 participants.  
9 It was unclear in all studies if allocation concealment was conducted. In both studies the participants were blind. In Grinspoon, the investigators were not blind and it was unclear if assessors were blind. High drop outs were reported >20%.  
10 95% CI Crossed 1 MID (-0.5).  
11 For a dichotomous outcome, there were fewer than 300 events.  
12 It was unclear if allocation concealment was conducted. It was unclear in Klibanski if either the participants, investigators or assessors were blind. High drop outs were reported in both studies >20%

Table 221: Full GRADE profile for bisphosphonates versus placebo for adults and young people with AN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Bisphosphonate | Control | Relative (95% CI) | Absolute |
| Tibia SOS - Etidronate vs. placebo (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 14 | 12 | - | SMD 0.33 higher (0.45 lower to 1.1 higher) | LOW | CRITICAL |
| Tibia SOS - Etidronate vs. Calcium Vit D (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 14 | 15 | - | SMD 0.47 lower (1.21 lower to 0.27 higher) | LOW | CRITICAL |
| Tibia Z Score - Etidronate vs. placebo (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 14 | 12 | - | SMD 0.64 higher (0.15 lower to 1.43 higher) | LOW | CRITICAL |
| Tibia Z Score - Etidronate vs. Calcium Vit D (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious | none | 14 | 15 | - | SMD 0.24 lower (0.97 lower to 0.49 higher) |  | CRITICAL |
| Difference in Lateral spine BMD (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious5 | none | 20 | 19 | - | SMD 1.35 higher (2.05 to 0.64 lower) | LOW | CRITICAL |
| Difference in hip BMD (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious5 | none | 20 | 18 | - | SMD 1.42 higher (2.13 to 0.71 lower) | LOW | CRITICAL |
| PA Spine BMD Z score (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious4 | no serious inconsistency | no serious indirectness | serious5 | none | 20 | 18 | - | SMD 1.26 higher (0.56 lower to 1.96 higher) | LOW | CRITICAL |
| LS BMD Z score change - Adolescents (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious7 | none | 14 | 15 | - | SMD 0.05 lower (0.78 lower to 0.68 higher) | LOW | CRITICAL |
| FN BMD Z score change - - Adolescents (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | very serious7 | none | 14 | 15 | - | SMD 0.39 higher (0.34 lower to 1.13 higher) | VERY LOW | CRITICAL |
| Trochanter BMD Change - Adolescents (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious5 | none | 14 | 15 | - | SMD 4.60 higher (3.13 to 6.07 higher) | LOW | IMPORTANT |
| Wards Triangle Change BMD - Adolescents (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious2 | none | 14 | 15 | - | SMD 0.54 higher (0.2 lower to 1.28 higher) | LOW | IMPORTANT |
| Total Hip BMD Change - Adolescents (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious2 | none | 14 | 15 | - | SMD 0.24 higher (0.49 lower to 0.97 higher) | LOW | CRITICAL |
| Did not drop out due to SE - Bisphosphonates vs. placeo | | | | | | | | | | | | |
| 3 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious8 | none | 0/48  (0%) | 1/47  (2.1%) | RR 1.02 (0.94 to 1.1) | 0 more per 1000 (from 1 fewer to 2 more) | LOW | CRITICAL |
| Did not drop out due to SE - Bisphosphonates vs. Ca Vit D | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious8 | none | 0/14  (0%) | 0/15  (0%) | Not estimable | - | LOW | CRITICAL |

1 It was unclear if allocation concealment was conducted. Both the participants and investigators were blind but it was unclear if assessors were blind.  
2 95% CI crossed 1 MID (0.5).  
3 95% CI Crossed 1 MID (-0.5).  
4 Unclear how randomisation sequence was generated or if allocation concealment was performed. Double-blind study, but unclear if the assessors were blind. Not clear what groups the drop outs were in.   
5 For a continuous outcome there were fewer than 400 participants.  
6 Unclear how randomisation sequence was generated and unclear if allocation concealment was conducted. The participants, investigators and assessors were blind. Low dropout rates.   
7 95% CI crossed 2 MIDs (-0.5 and 0.5)  
8 For a dichotomous outcome, there were fewer than 300 events.

* + 1. Treating low body weight and malnourished people with anorexia nervosa

Table 222: Full GRADE profile for parenteral and enteral nutrition versus enteral nutrition in young people with anorexia nervosa at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | (Obs) Parenteral+Enteral Refeeding | Enteral Refeeding | Relative (95% CI) | Absolute |
| **BMI or Weight (follow-up mean 33.3 months; Better indicated by higher values)** | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 104 | 94 | - | SMD 0.28 lower (0.56 lower to 0 higher) | VERY LOW | CRITICAL |
| % Ideal Body Weight - Adolescent (follow-up mean 33.3 months; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 104 | 94 | - | SMD 0.37 lower (0.65 to 0.09 lower) | VERY LOW | CRITICAL |
| Weight Gain (g/week) - Adolescent (follow-up mean 33.3 months; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 104 | 94 | - | SMD 16.27 higher (14.63 to 17.91 higher) | VERY LOW | CRITICAL |
| Length of Treatment (days) - Adolescent (follow-up mean 33.3 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 104 | 94 | - | SMD 8.66 higher (7.75 to 9.56 higher) | VERY LOW | CRITICAL |
| Maximum Energy Intake (kcal/day) - Adolescent (follow-up mean 33.3 months; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 104 | 94 | - | SMD 3.06 higher (2.64 to 3.47 higher) | VERY LOW | CRITICAL |
| Abdominal Pain - Adolescent (follow-up mean 33.3 months) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 8/104  (7.7%) | 18/94  (19.1%) | RR 0.4 (0.18 to 0.88) | 115 fewer per 1000 (from 23 fewer to 157 fewer) | VERY LOW | CRITICAL |
| Bloating - Adolescent (follow-up mean 33.3 months) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 7/104  (6.7%) | 14/94  (14.9%) | RR 0.45 (0.19 to 1.07) | 82 fewer per 1000 (from 121 fewer to 10 more) | VERY LOW | CRITICAL |
| Constipation - Adolescent (follow-up mean 33.3 months) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious4 | none | 8/104  (7.7%) | 10/94  (10.6%) | RR 0.72 (0.3 to 1.76) | 30 fewer per 1000 (from 74 fewer to 81 more) | VERY LOW | CRITICAL |

1 Diamanti 2008: high selection bias(significantly higher psychiatric comorbidity, weight loss at diagnosis, and resting energy expenditure in parenteral group; significantly lower % Ideal Body Weight, Weight at diagnosis and BMI in parenteral group).

2 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

3 <300 events or <400 participants.

4 CI crosses both 0.75 and 1.25 (Risk Ratio).

Table 223: Full GRADE profile for parenteral and enteral nutrition versus enteral nutrition at follow up for adolescent anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | (Obs) Parenteral and Enteral Refeeding | Enteral Refeeding | Relative (95% CI) | Absolute |
| Recovered after nutritional rehabilitation - Adolescent | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 38/62  (61.3%) | 43/67  (64.2%) | RR 0.95 (0.73 to 1.25) | 32 fewer per 1000 (from 173 fewer to 160 more) | VERY LOW | CRITICAL |
| Rehospitalized - Adolescent | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | very serious3 | none | 14/62  (22.6%) | 17/67  (25.4%) | RR 0.89 (0.48 to 1.65) | 28 fewer per 1000 (from 132 fewer to 165 more) | VERY LOW | CRITICAL |
| Length of 2nd rehospitalization - Adolescent (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 62 | 67 | - | SMD 0.62 higher (0.27 to 0.98 higher) | VERY LOW | CRITICAL |

1 Diamanti 2008: high selection bias(significantly higher psychiatric comorbidity, weight loss at diagnosis, and resting energy expenditure in parenteral group; significantly lower % Ideal Body Weight, Weight at diagnosis and BMI in parenteral group).

2 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

3 CI crosses both 0.75 and 1.25 (Risk Ratio).

Table 224: Full GRADE profile for percutaneous gastric tube feeding and meals versus meals with or without nasogastric tube feeding for underweight adults with anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | (Obs) Percutaneous Gastric | Nasogastric Feeding/No Tube | Relative (95% CI) | Absolute |
| Weight Gain (kg) at discharge - Adult (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 57 | 11 | - | SMD 0.17 higher (0.47 lower to 0.82 higher) | VERY LOW | CRITICAL |
| Length of Treatment (days) - Adult (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 57 | 11 | - | SMD 0.87 higher (0.21 to 1.54 higher) | VERY LOW | CRITICAL |

1 Born 2015: high selection bias (method of allocation to groups related to potential confounding factors), high performance bias (participants received varioius forms of therapies).

2 CI crosses 0.5 or -0.5.

Table 225: Full GRADE profile for nasogastric tube and oral refeeding diet versus oral refeeding diet for malnourished young people with anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | (Obs) Nasogastric+Oral | Oral Refeeding | Relative (95% CI) | Absolute |
| BMI - Adolescent (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 52 | 48 | - | SMD 0.48 higher (0.08 to 0.88 higher) | VERY LOW | CRITICAL |
| BMI change at discharge - Adolescent (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 52 | 48 | - | SMD 1 higher (0.58 to 1.42 higher) | VERY LOW | CRITICAL |
| Weight (kg) - Adolescent (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 52 | 48 | - | SMD 0.27 higher (0.13 lower to 0.66 higher) | VERY LOW | CRITICAL |
| Weight Gain at discharge - Adolescent (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 52 | 48 | - | SMD 0.95 higher (0.54 to 1.36 higher) | VERY LOW | CRITICAL |
| Length of Stay (days) - Adolescent (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 52 | 48 | - | SMD 0.02 higher (0.38 lower to 0.41 higher) | VERY LOW | CRITICAL |
| Maximum Caloric Intake (kcal/day) - Adolescents (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 52 | 48 | - | SMD 1.27 higher (0.84 to 1.7 higher) | VERY LOW | IMPORTANT |

1 Robb 2002: high selection bias (significantly higher number of hospitalizations in nocturnal NG + oral refeeding group); high performance bias (participants received various therapies during course of treatment).

2 CI crosses 0.5 or -0.5.

3 <300 events or <400 participants.

Table 226: Full GRADE profile for nasogastric and oral refeeding diet versus oral refeeding diet for malnourished adults with anorexia nervosa at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | (RCT) Nasogastric+Oral | Oral Refeeding for adult AN | Relative (95% CI) | Absolute |
| BMI>18.5 (follow-up 1 years) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 16/41  (39%) | 3/40  (7.5%) | RR 5.2 (1.64 to 16.49) | 315 more per 1000 (from 48 more to 1000 more) | LOW | CRITICAL |
| Weight (kg) (follow-up 1 years; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 41 | 40 | - | SMD 0.63 higher (0.18 to 1.08 higher) | LOW | CRITICAL |
| Weight (kg) - AN-R (follow-up 1 years; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 29 | 27 | - | SMD 1.13 higher (0.56 to 1.7 higher) | LOW | CRITICAL |
| Weight (kg) - AN-BP (follow-up 1 years; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 12 | 13 | - | SMD 1.15 higher (0.29 to 2.01 higher) | LOW | CRITICAL |
| Weight Gain (g/day) (follow-up 1 years; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 41 | 40 | - | SMD 4.04 higher (3.27 to 4.82 higher) | LOW | CRITICAL |
| Relapse-Free Period (weeks) (follow-up 1 years; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 41 | 40 | - | SMD 0.94 higher (0.48 to 1.41 higher) | LOW | CRITICAL |
| Change in Extracellular fluids (kg) (follow-up 1 years; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 41 | 40 | - | SMD 5.03 lower (5.94 to 4.13 lower) | LOW | CRITICAL |
| Creatinine urinary output (mg/day) (follow-up 1 years; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 41 | 40 | - | SMD 0.67 higher (0.22 to 1.12 higher) | LOW | CRITICAL |
| Fat Free Mass (kg) (follow-up 1 years; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 41 | 40 | - | SMD 1.04 higher (0.57 to 1.5 higher) | LOW | CRITICAL |
| Fat Free Mass Gain (g/day) (follow-up 1 years; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 41 | 40 | - | SMD 3.06 higher (2.41 to 3.71 higher) | LOW | CRITICAL |
| Fat Mass Gain (g/day) (follow-up 1 years; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 41 | 40 | - | SMD 0.55 higher (0.1 to 0.99 higher) | LOW | CRITICAL |
| Added Sugar (sucrose) (g/day) (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 41 | 40 | - | SMD 0.45 lower (0.89 to 0.01 lower) | LOW | CRITICAL |
| Added Fat (g/day) (follow-up 1 years; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 41 | 40 | - | SMD 0.24 higher (0.2 lower to 0.68 higher) | LOW | CRITICAL |
| Energy Intake (kcal/day) - AN-R (follow-up 1 years; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 29 | 27 | - | SMD 0.46 higher (0.08 lower to 0.99 higher) | LOW | CRITICAL |
| Energy Intake (kcal/day) - AN-BP (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 12 | 13 | - | SMD 0.93 lower (1.77 to 0.1 lower) | LOW | CRITICAL |

1 Rigaud 2007: no details of randomization method provided; unclear whether participant, investigator or assessor blinded.

2 <300 events or <400 participants.

3 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

Table 227: Full GRADE profile for nasogastric and oral refeeding diet versus oral refeeding diet for malnourished adults with anorexia nervosa at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | (RCT) Nasogastric+Oral | Oral Refeeding | Relative (95% CI) | Absolute |
| Weight (kg) - AN-R 12-mo FU (follow-up 1 years; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 29 | 27 | - | SMD 0.99 higher (0.43 to 1.55 higher) | LOW | CRITICAL |
| Weight (kg) AN-BP 12-mo FU (follow-up 1 years; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 12 | 13 | - | SMD 1.2 higher (0.33 to 2.06 higher) | LOW | CRITICAL |
| # Relapsed 12-mo FU (follow-up 1 years) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious3 | none | 18/41  (43.9%) | 21/40  (52.5%) | RR 0.84 (0.53 to 1.32) | 84 fewer per 1000 (from 247 fewer to 168 more) | VERY LOW | CRITICAL |
| Energy Intake - AN-R 12-mo FU (kcal/day) (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious3 | none | 29 | 27 | - | SMD 0 higher (0.52 lower to 0.53 higher) | VERY LOW | CRITICAL |
| Energy Intake AN-BP 12-mo FU (kcal/day) (follow-up 1 years; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious3 | none | 12 | 13 | - | SMD 0.28 lower (1.07 lower to 0.51 higher) | VERY LOW | CRITICAL |
| # BMI>18.5 + adequate energy intake 12-mo FU (follow-up 1 years) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious3 | none | 15/41  (36.6%) | 11/40  (27.5%) | RR 1.33 (0.7 to 2.53) | 91 more per 1000 (from 83 fewer to 421 more) | VERY LOW | CRITICAL |
| EDI Total 12-mo FU (follow-up 1 years; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | very serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 41 | 40 | - | SMD 0.15 lower (0.59 lower to 0.28 higher) | VERY LOW | CRITICAL |
| Resumed menses 12-mo FU (follow-up 1 years) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 15/15  (100%) | 10/11  (90.9%) | RR 1.11 (0.88 to 1.4) | 100 more per 1000 (from 109 fewer to 364 more) | LOW | CRITICAL |
| # taking antidepressants 12-mo FU (follow-up 1 years) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious3 | none | 6/41  (14.6%) | 5/40  (12.5%) | RR 1.17 (0.39 to 3.53) | 21 more per 1000 (from 76 fewer to 316 more) | VERY LOW | CRITICAL |
| # taking antixiolytics 12-mo FU | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious3 | none | 7/41  (17.1%) | 9/40  (22.5%) | RR 0.76 (0.31 to 1.84) | 54 fewer per 1000 (from 155 fewer to 189 more) | VERY LOW | CRITICAL |

1 Rigaud 2007: no details of randomization method provided; unclear whether participant, investigator or assessor blinded.

2 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

3 CI crosses both 0.75 and 1.25 (Risk Ratio), or both 0.5 and -0.5 (SMD).

Table 228: Full GRADE profile for high-calorie refeeding diet versus low-calorie refeeding diet for malnourished young people with anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | (RCT) High-Calorie Diet | Low- Calorie Diet | Relative (95% CI) | Absolute |
| QT-corrected Interval at 4 days - QT-c (ms) (measured with: QT-c, QT-change; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious | serious2 | none | 18 | 18 | - | SMD 0.01 higher (0.64 lower to 0.67 higher) | VERY LOW | CRITICAL |
| QT-corrected Interval at 4 days - Change scores (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious2 | none | 18 | 18 | - | SMD 0.24 higher (0.42 lower to 0.89 higher) | VERY LOW | CRITICAL |
| Heart Rate at 4 days - Heart Rate (bpm) (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious2 | none | 18 | 18 | - | SMD 0.58 higher (0.09 lower to 1.25 higher) | VERY LOW | CRITICAL |
| Heart Rate at 4 days - Change (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | very serious4 | none | 18 | 18 | - | SMD 0 higher (0.65 lower to 0.65 higher) | VERY LOW | CRITICAL |
| Weight (kg) at 4 days - Weight (kg) (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious2 | none | 18 | 18 | - | SMD 0.21 lower (0.86 lower to 0.45 higher) | VERY LOW | IMPORTANT |
| Weight (kg) at 4 days - Change (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious2 | none | 18 | 18 | - | SMD 0.64 higher (0.03 lower to 1.31 higher) | VERY LOW | IMPORTANT |
| BMI at 4 days - BMI (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious2 | none | 18 | 18 | - | SMD 0.37 higher (0.29 lower to 1.03 higher) | VERY LOW | IMPORTANT |
| BMI at 4 days - Change (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious2 | none | 18 | 18 | - | SMD 0.44 higher (0.22 lower to 1.11 higher) | VERY LOW | IMPORTANT |
| mBMI (%) at 4 days - mBMI (%) (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious2 | none | 18 | 18 | - | SMD 0.47 higher (0.2 lower to 1.13 higher) | VERY LOW | IMPORTANT |
| mBMI (%) at 4 days - Change (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious2 | none | 18 | 18 | - | SMD 0.56 higher (0.11 lower to 1.23 higher) | VERY LOW | IMPORTANT |
| Serum Phosphate Concentration at 4 days - Nadir (mmol/L) (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | very serious4 | none | 18 | 18 | - | SMD 0.06 higher (0.6 lower to 0.71 higher) | VERY LOW | CRITICAL |
| Serum Phosphate Concentration at 4 days - Change (mmol/L) (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious2 | none | 18 | 18 | - | SMD 0.17 lower (0.82 lower to 0.49 higher) | VERY LOW | CRITICAL |
| Energy Intake at 4 days - Kcal/day (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious5 | none | 18 | 18 | - | SMD 2.16 higher (1.32 to 3 higher) | VERY LOW | IMPORTANT |
| Energy Intake at 4 days - Kcal/g (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious5 | none | 18 | 18 | - | SMD 1.78 higher (0.99 to 2.56 higher) | VERY LOW | IMPORTANT |
| Weight (kg) at 10 days - Weight (kg) (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious2 | none | 18 | 18 | - | SMD 0.18 lower (0.84 lower to 0.47 higher) | VERY LOW | IMPORTANT |
| Weight (kg) at 10 days - Change (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious2 | none | 18 | 18 | - | SMD 0.49 higher (0.17 lower to 1.16 higher) | VERY LOW | IMPORTANT |
| BMI at 10 days - BMI (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious2 | none | 18 | 18 | - | SMD 0.32 higher (0.34 lower to 0.98 higher) | VERY LOW | IMPORTANT |
| BMI at 10 days - Change (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious2 | none | 18 | 18 | - | SMD 0.55 higher (0.11 lower to 1.22 higher) | VERY LOW | IMPORTANT |
| mBMI (%) at 10 days (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious2 | none | 18 | 18 | - | SMD 0.5 higher (0.17 lower to 1.16 higher) | VERY LOW | IMPORTANT |
| mBMI (%) at 10 days - Change (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious2 | none | 18 | 18 | - | SMD 0.64 higher (0.04 lower to 1.31 higher) | VERY LOW | IMPORTANT |
| Energy Intake at 10 days - Kcal/day (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious2 | none | 18 | 18 | - | SMD 0.95 higher (0.25 to 1.64 higher) | VERY LOW | IMPORTANT |
| Energy Intake at 10 days - Kcal/g (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious2 | none | 18 | 18 | - | SMD 0.91 higher (0.22 to 1.6 higher) | VERY LOW | IMPORTANT |
| Glucose (mmol/L) at 10 days (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious2 | none | 18 | 18 | - | SMD 0.39 higher (0.27 lower to 1.05 higher) | VERY LOW | IMPORTANT |
| Insulin (miu mol/L) at 10 days (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious2 | none | 18 | 18 | - | SMD 0.34 higher (0.32 lower to 1 higher) | VERY LOW | IMPORTANT |
| HOMA at 10 days (measured with: Homeostatic Model Assessment Insulin Resistance; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious2 | none | 18 | 18 | - | SMD 0.62 higher (0.05 lower to 1.29 higher) | VERY LOW | IMPORTANT |
| White Blood Cell Count (x 10 9/L) (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious2 | none | 18 | 18 | - | SMD 0.42 higher (0.24 lower to 1.08 higher) | VERY LOW | IMPORTANT |
| No adverse Events within first 4 days of treatment | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious5 | none | 18/18  (100%) | 17/18  (94.4%) | RR 1.06 (0.91 to 1.23) | 57 more per 1000 (from 85 fewer to 217 more) | VERY LOW | CRITICAL |
| No Oral Phosphate Supplementation due to low PO | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious5 | none | 17/18  (94.4%) | 17/18  (94.4%) | RR 1 (0.85 to 1.17) | 0 fewer per 1000 (from 142 fewer to 161 more) | VERY LOW | CRITICAL |
| Hypophosphatemia within first 2 days | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | very serious4 | none | 5/18  (27.8%) | 2/18  (11.1%) | RR 2.5 (0.56 to 11.25) | 167 more per 1000 (from 49 fewer to 1000 more) | VERY LOW | CRITICAL |

1 O'Connor 2016: no info regarding allocation concealment; no participant nor investigator blinding. Two participants in each group required nasogastric tube feeding due to failing to achieve >=80% expected energy intake within 48 hours of admission.

2 CI crosses either 0.75 or 1.25 (Risk Ratio), or 0.5 or -0.5 (SMD).

3 Sample was participants diagnosed with anorexia nervosa or atypical anorexia nervosa.

4 CI crosses both 0.75 and 1.25 (Risk Ratio) or 0,5 and -0.5 (SMD).

5 <300 events (dichotomous outcome) or <400 participants (continuous outcome).

Table 229: Full GRADE profile for normal-sodium nasogastric and oral refeeding diet versus low-sodium diet for adult anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | (Obs) Nasogastric+Oral Refeeding for adult AN: Normal Sodium | Low Sodium diet | Relative (95% CI) | Absolute |
| Weight (kg) (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | serious1 | serious2 | none | 42 | 176 | - | SMD 0.25 higher (0.09 lower to 0.59 higher) | VERY LOW | CRITICAL |
| BMI (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | serious1 | serious3 | none | 42 | 176 | - | SMD 0.13 lower (0.47 lower to 0.21 higher) | VERY LOW | CRITICAL |
| Fat Free Mass (kg; skinfold) (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | serious1 | serious2 | none | 42 | 176 | - | SMD 0.41 higher (0.07 to 0.75 higher) | VERY LOW | CRITICAL |
| Active Fat Free Mass (kg) (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | very serious1 | serious2 | none | 42 | 176 | - | SMD 0.32 lower (0.66 lower to 0.02 higher) | VERY LOW | CRITICAL |
| Fat Mass (kg; skinfold and BIA) - Fat Mass skinfold (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | serious1 | serious2 | none | 42 | 176 | - | SMD 0.36 lower (0.7 to 0.03 lower) | VERY LOW |  |
| Fat Mass (kg; skinfold and BIA) - Fat Mass BIA (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | serious1 | serious3 | none | 42 | 176 | - | SMD 0.16 lower (0.5 lower to 0.18 higher) | VERY LOW | CRITICAL |
| Energy Input (kcal/day) (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | serious1 | serious2 | none | 42 | 176 | - | SMD 0.19 higher (0.14 lower to 0.53 higher) | VERY LOW | CRITICAL |
| Energy input tube feeding (kcal/day) (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | serious1 | serious2 | none | 42 | 176 | - | SMD 0.52 lower (0.86 to 0.18 lower) | VERY LOW | CRITICAL |
| Edema of legs | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | serious1 | serious3 | none | 9/42  (21.4%) | 11/176  (6.3%) | RR 3.43 (1.52 to 7.74) | 152 more per 1000 (from 32 more to 421 more) | VERY LOW | CRITICAL |

1 Rigaud 2010: Method of analysis not clear and data throughout study not reported for all participants. No restriction in sodium and water intake in normal sodium group. Sample was 98% women, duration of illness not reported.

2 CI crosses 0.5 or -0.5.

3 <300 events or <400 participants.

Table 230: Full GRADE profile for oral potassium supplementation versus no supplementation for cardiac dysfunction in female adult anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | (Obs) Oral Potassium Supplementation | Control | Relative (95% CI) | Absolute |
| **QT Dispersion (ms) (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 14 | 14 | - | SMD 1.47 lower (2.32 to 0.62 lower) | VERY LOW | CRITICAL |
| **Corrected QT Dispersion (ms) (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 14 | 14 | - | SMD 1.03 lower (1.83 to 0.23 lower) | VERY LOW | CRITICAL |
| **Serum potassium (mmol l-1) (Better indicated by higher values)** | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 14 | 14 | - | SMD 0.82 higher (0.04 to 1.59 higher) | VERY LOW | CRITICAL |
| **Urinary potassium excretion (mmol 24h-1) (Better indicated by higher values)** | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 14 | 14 | - | SMD 1.79 higher (0.9 to 2.69 higher) | VERY LOW | CRITICAL |

1 Franzoni 2002: high selection bias (unclear method of allocation to groups). Demographic and baseline details of treated and untreated group not provided.

2 CI crosses 0.5 or -0.5.

3 <400 participants.

* 1. Does any intervention for an eating disorder need to be modified in the presence of common long-term health conditions?
     1. RCTs for people with an eating disorder and diabetes

Table 231: Full GRADE profile for group psychoeducation and treatment as usual versus treatment as usual for carers and people with type I diabetes and disturbed eating attitudes.

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | RCT: Psychoeducation | TAU for Disturbed eating + Diabetes TI - Adolescents | Relative (95% CI) | Absolute |
| EDE Objective Binge Episodes - Group Psychoeducation-ED (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 35 | - | SMD 0.13 lower (0.56 lower to 0.31 higher) | LOW | IMPORTANT |
| EDE Restraint - Group Psychoeducation-ED (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 35 | - | SMD 0.33 lower (0.77 lower to 0.1 higher) | LOW | IMPORTANT |
| EDE Eating Concerns - Group Psychoeducation-ED (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 35 | - | SMD 0.32 lower (0.75 lower to 0.12 higher) | LOW | IMPORTANT |
| EDE Shape Concerns - Group Psychoeducation-ED (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 35 | - | SMD 0.07 lower (0.5 lower to 0.36 higher) | LOW | IMPORTANT |
| EDE Weight Concerns - Group Psychoeducation-ED (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 35 | - | SMD 0.15 lower (0.58 lower to 0.28 higher) | LOW | IMPORTANT |
| EDI Drive for Thinness - Group Psychoeducation-ED (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 49 | 32 | - | SMD 0.28 lower (0.73 lower to 0.17 higher) | LOW | IMPORTANT |
| EDI Bulimia - Group Psychoeducation-ED (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 49 | 32 | - | SMD 0.35 lower (0.8 lower to 0.1 higher) | LOW | IMPORTANT |
| EDI Body Dissatisfaction - Group Psychoeducation-ED (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 49 | 32 | - | SMD 0.38 lower (0.83 lower to 0.07 higher) | LOW | IMPORTANT |
| Insulin Omission Days - Group Psychoeducation-ED (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 50 | 35 | - | SMD 0.17 higher (0.26 lower to 0.6 higher) | LOW | CRITICAL |
| HbA1c Level (%) - Group Psychoeducation-ED (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 49 | 33 | - | SMD 0 higher (0.44 lower to 0.44 higher) | LOW | CRITICAL |
| EDE Objective Binge Episodes FU - Group Psychoeducation-ED (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 35 | - | SMD 0.34 lower (0.78 lower to 0.09 higher) | LOW | IMPORTANT |
| EDE Restraint FU - Group Psychoeducation-ED (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 50 | 35 | - | SMD 0 higher (0.43 lower to 0.43 higher) | LOW | IMPORTANT |
| EDE Overeating FU - Group Psychoeducation-ED (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 35 | - | SMD 0.22 lower (0.66 lower to 0.21 higher) | LOW | IMPORTANT |
| EDE Eating Concerns FU - Group Psychoeducation-ED (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 35 | - | SMD 0.25 lower (0.69 lower to 0.18 higher) | LOW | IMPORTANT |
| EDE Shape Concerns FU - Group Psychoeducation-ED (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 35 | - | SMD 0.07 lower (0.5 lower to 0.36 higher) | LOW | IMPORTANT |
| EDE Weight Concerns FU - Group Psychoeducation-ED (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 35 | - | SMD 0.08 lower (0.51 lower to 0.36 higher) | LOW | IMPORTANT |
| EDI Drive for Thinness FU - Group Psychoeducation-ED (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 49 | 32 | - | SMD 0.03 lower (0.48 lower to 0.41 higher) | LOW | IMPORTANT |
| EDI Bulimia FU - Group Psychoeducation-ED (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 49 | 32 | - | SMD 0.34 lower (0.79 lower to 0.11 higher) | LOW | IMPORTANT |
| EDI Body Dissatisfaction FU - Group Psychoeducation-ED (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 49 | 32 | - | SMD 0.13 lower (0.58 lower to 0.31 higher) | LOW | IMPORTANT |
| Insulin Omission Days FU - Group Psychoeducation-ED (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 50 | 35 | - | SMD 0.04 higher (0.4 lower to 0.47 higher) | LOW | CRITICAL |
| HbA1c Level (%) FU - Group Psychoeducation-ED (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 49 | 33 | - | SMD 0 higher (0.44 lower to 0.44 higher) | LOW | CRITICAL |

1 Unclear if allocation concealment was performed. Neither the participant, investigator nor assessor were blind. Unclear how many completed the intervention.   
2 95% CI crossed 1 MID (-0.5)  
3 95% CI crossed 1 MID (0.5)  
4 For a continuous outcome, there were fewer than 400 participants.

Table 232: Full GRADE profile for group CBT-ED versus control therapy in people with type II diabetes and binge eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | RCT: Group CBT-ED | Other for BED + Diabetes T2 - Adults | Relative (95% CI) | Absolute |
| Remission - Group CBT-ED v Group NPT | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious3 | none | 8/17  (47.1%) | 5/17  (29.4%) | RR 1.6 (0.66 to 3.91) | 176 more per 1000 (from 100 fewer to 856 more) | VERY LOW | CRITICAL |
| BMI - Group CBT-ED v Group NPT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 17 | 17 | - | SMD 0.63 higher (0.06 lower to 1.32 higher) | VERY LOW | CRITICAL |
| Binge Frequency - Group CBT-ED v Group NPT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious5 | none | 17 | 17 | - | SMD 0.32 lower (1 lower to 0.36 higher) | VERY LOW | CRITICAL |
| EDI Bulimia - Group CBT-ED v Group NPT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | very serious6 | none | 17 | 17 | - | SMD 0.03 lower (0.71 lower to 0.64 higher) | VERY LOW | IMPORTANT |
| EDI Drive for Thinness - Group CBT-ED v Group NPT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | very serious6 | none | 17 | 17 | - | SMD 0.17 lower (0.84 lower to 0.5 higher) | VERY LOW | IMPORTANT |
| EDI Body Dissatisfaction - Group CBT-ED v Group NPT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | very serious6 | none | 17 | 17 | - | SMD 0.06 higher (0.61 lower to 0.73 higher) | VERY LOW | IMPORTANT |
| Quality of Life - Group CBT-ED v Group NPT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | very serious6 | none | 17 | 17 | - | SMD 0 higher (0.67 lower to 0.67 higher) | VERY LOW | CRITICAL |
| Remission FU - Group CBT-ED v Group NPT | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious7 | none | 10/17  (58.8%) | 3/17  (17.6%) | RR 3.33 (1.11 to 10.03) | 411 more per 1000 (from 19 more to 1000 more) | VERY LOW | CRITICAL |
| BMI FU - Group CBT-ED v Group NPT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 17 | 17 | - | SMD 0.64 higher (0.06 lower to 1.33 higher) | VERY LOW | CRITICAL |
| Binge Frequency FU - Group CBT-ED v Group NPT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious5 | none | 17 | 17 | - | SMD 0.52 lower (1.2 lower to 0.17 higher) | VERY LOW | CRITICAL |
| EDI Bulimia FU - Group CBT-ED v Group NPT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious6 | none | 17 | 17 | - | SMD 0.03 lower (0.7 lower to 0.65 higher) | VERY LOW | IMPORTANT |
| EDI Drive for Thinness FU - Group CBT-ED v Group NPT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious6 | none | 17 | 17 | - | SMD 0.16 higher (0.52 lower to 0.83 higher) | VERY LOW | IMPORTANT |
| EDI Body Dissatisfaction FU - Group CBT-ED v Group NPT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious6 | none | 17 | 17 | - | SMD 0.04 higher (0.63 lower to 0.71 higher) | VERY LOW | IMPORTANT |
| Quality of Life FU - Group CBT-ED v Group NPT (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | very serious6 | none | 17 | 17 | - | SMD 0.17 lower (0.84 lower to 0.51 higher) | VERY LOW | CRITICAL |

1 Inadequate randomisation was performed and it was unclear if allocation concealment was carried out. Neither the participant or investigator was blind, nor was it clear if the assessor was blind. It was unclear how many participants completed the intervention..  
2 Population included disturbed eating attitudes and behaviour based on EDI scale results.  
3 95% CI crossed 2 MIDs (0.75 and 1.25)  
4 95% CI crossed 1 MID (0.5)  
5 95% CI crossed 1 MID (-0.5)  
6 95% CI crossed 2 MIDs (-0.5 and 0.5)  
7 95% CI crossed 1 MID (0.75)

* + 1. Observational studies for diabetes

Table 233: Full GRADE profile for response to therapy in those with type I diabetes and an eating disorder versus an eating disorder alone

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Any ED+Diabetes TI | Any ED only | Relative (95% CI) | Absolute |
| Dropouts | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | serious2 | serious3 | none | 5/20  (25%) | 10/20  (50%) | RR 1.45 (0.9 to 2.34) | 225 more per 1000 (from 50 fewer to 670 more) | VERY LOW | IMPORTANT |
| Dropouts - Anorexia Nervosa | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | serious2 | serious8 | none | 0/2  (0%) | 0/2  (0%) | Not estimable | - | VERY LOW | IMPORTANT |
| Dropouts - Bulimia Nervosa | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | serious2 | serious4 | none | 0/5  (0%) | 40% | RR 1.57 (0.77 to 3.22) | 228 more per 1000 (from 92 fewer to 888 more) | VERY LOW | IMPORTANT |
| Dropouts - EDNOS | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | serious2 | very serious5 | none | 4/11  (36.4%) | 7/11  (63.6%) | RR 1.75 (0.71 to 4.31) | 477 more per 1000 (from 185 fewer to 1000 more) | VERY LOW | IMPORTANT |
| Dropouts - Binge Eating Disorder | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | serious2 | very serious5 | none | 1/2  (50%) | 1/2  (50%) | RR 1 (0.14 to 7.1) | 0 fewer per 1000 (from 430 fewer to 1000 more) | VERY LOW | IMPORTANT |
| Full or Partial Remission | | | | | | | | | | | | |
| 2 | observational studies | serious6 | no serious inconsistency | serious2 | serious7 | none | 16/52  (30.8%) | 385/821  (46.9%) | RR 0.52 (0.33 to 0.81) | 225 fewer per 1000 (from 89 fewer to 314 fewer) | VERY LOW | CRITICAL |
| Full or Partial Remission - Anorexia Nervosa | | | | | | | | | | | | |
| 2 | observational studies | serious6 | no serious inconsistency | serious2 | very serious5 | none | 2/7  (28.6%) | 125/269  (46.5%) | RR 0.44 (0.13 to 1.48) | 260 fewer per 1000 (from 404 fewer to 223 more) | VERY LOW | CRITICAL |
| Full or Partial Remission - Bulimia Nervosa | | | | | | | | | | | | |
| 2 | observational studies | serious6 | no serious inconsistency | serious2 | serious7 | none | 6/21  (28.6%) | 73% | RR 0.47 (0.23 to 0.97) | 387 fewer per 1000 (from 22 fewer to 562 fewer) | VERY LOW | CRITICAL |
| Full or Partial Remission - EDNOS | | | | | | | | | | | | |
| 2 | observational studies | serious6 | no serious inconsistency | serious2 | serious7 | none | 7/22  (31.8%) | 131/278  (47.1%) | RR 0.58 (0.29 to 1.15) | 198 fewer per 1000 (from 335 fewer to 71 more) | VERY LOW | CRITICAL |
| Full or Partial Remission - Binge Eating Disorder | | | | | | | | | | | | |
| 1 | observational studies | serious6 | no serious inconsistency | serious2 | very serious5 | none | 1/2  (50%) | 1/2  (50%) | RR 1 (0.14 to 7.1) | 0 fewer per 1000 (from 430 fewer to 1000 more) | VERY LOW | CRITICAL |

1 The authors attempted to match the groups based on age, marital status, education, catchment area, onset of diagnosis. It was unclear whether the two groups were followed up for the same duration. The sample size was very small.   
2 They compared two different therapies for two different populations. The patients with an ED and T1DM were treated for both conditions, whilst the comparison group was an ED only group and were treated for just their ED.   
3 95% CI crossed 1 MID (1.25)  
4 95% CI crossed 1 MID (1.25)  
5 95% CI crossed 2 MIDs (0.75 and 1.25)  
6 In Custal 2014 the authors attempted to match the groups based on age, marital status, education, catchment area, onset of diagnosis. It was unclear whether the two groups were followed up for the same duration. The sample size was very small. In Cotton 2015, the authors did not attempt to match the groups, nor adjust for potential confounders. The control group data was selected from a different study/data base. It was unclear what the duration of follow-up was for both groups. The investigators were not blind to participant’s exposure to treatment.  
7 95% CI crossed 1 MID (0.75)  
8 Fewer than 300 events

Table 234: Inpatient integrated care for diabetes and inpatient care versus inpatient care for people with bulimia nervosa and type I diabetes

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | IP therapy v No IP Therapy for BN+Diabetes1 | Control | Relative (95% CI) | Absolute |
| Did not achieve remission (no diagnosis of BN) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness2 | serious3 | none | 8/9  (88.9%) | 1/9  (11.1%) | RR 0.13 (0.02 to 0.8) | 97 fewer per 1000 (from 22 fewer to 109 fewer) | VERY LOW | CRITICAL |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness2 | serious4 | none | 8 | 9 | - | SMD 1.42 lower (2.52 to 0.32 lower) | VERY LOW | IMPORTANT |
| General Psychopathology (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness2 | serious5 | none | 8 | 9 | - | SMD 1.25 lower (2.31 to 0.18 lower) | VERY LOW | IMPORTANT |
| No inappropriate compensatory behaviours to prevent weight gain past 3 monthsN | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness2 | serious3 | none | 1/9  (11.1%) | 7/9  (77.8%) | RR 4 (1.15 to 13.88) | 1000 more per 1000 (from 117 more to 1000 more) | VERY LOW | CRITICAL |
| Insulin Omission | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness2 | serious3 | none | 1/9  (11.1%) | 5/9  (55.6%) | RR 2 (0.93 to 4.3) | 556 more per 1000 (from 39 fewer to 1000 more) | VERY LOW | CRITICAL |
| Calorific Value of Binge Epsiodes (Kcal) (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 9 | 9 | - | SMD 1.52 lower (2.6 to 0.44 lower) | VERY LOW | IMPORTANT |
| EDI Total (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 8 | 9 | - | SMD 1.16 lower (2.21 to 0.11 lower) | VERY LOW | IMPORTANT |

1 The patients were selected from the same recruitment site and showed no difference in their characteristics, except for binge frequency that was significantly higher in the inpatient group. The follow-up was different for the two groups: 36 mo for IP group and 24 mo for non-IP group. Investigators were not blind to treatment allocation.  
2 There were fewer than 10 per arm.   
3 For a dichotomous outcome, there were fewer than 300 events.   
4 95% CI crossed 1 MID (-0.5)  
5 For a continuous outcome, there were fewer than 400 participants.

* + 1. Bulimia nervosa and history of substance abuse

Table 235: Full GRADE profile for group CBT in adults with bulimia nervosa and history of substance abuse versus adults with bulimia nervosa and no history of substance abuse

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Group CBT for BN with history of substance abuse | Group CBT for BN without history of substance abuse | Relative (95% CI) | Absolute |
| Remission FU (follow-up mean 3.5 years) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | very serious1 | very serious2 | none | 15/22  (68.2%) | 44/65  (67.7%) | RR 1.01 (0.72 to 1.4) | 7 more per 1000 (from 190 fewer to 271 more) | VERY LOW | CRITICAL |
| Treatment Failures FU (follow-up mean 3.5 years) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | very serious1 | very serious2 | none | 6/22  (27.3%) | 16/65  (24.6%) | RR 1.11 (0.5 to 2.48) | 27 more per 1000 (from 123 fewer to 364 more) | VERY LOW | CRITICAL |
| Hospitalised for substance abuse FU (follow-up mean 3.5 years) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | very serious1 | very serious2 | none | 1/22  (4.5%) | 3/65  (4.6%) | RR 0.98 (0.11 to 8.99) | 1 fewer per 1000 (from 41 fewer to 369 more) | VERY LOW | CRITICAL |

1 Mitchell 1990: Sample is those with and without history of substance abuse; current substance abuse comorbidity not included; selection bias (history of substance abuse group significantly older); performance bias (no info about intervention etc.); attrition bias (insufficient info about intervention); high detection bias.

2 CI crosses both 0.75 and 1.25.

* + 1. Binge eating disorder and major depressive disorder

Table 236: Diabetes prevention programme in people with binge eating disorder and major depressive disorder versus people with binge eating disorder alone at end of treatment

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Group Weight Loss Program | Control | Relative (95% CI) | Absolute |
| Achieved Weight Loss Goal>=7% | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 4/22  (18.2%) | 3/17  (17.6%) | RR 1.03 (0.27 to 4) | 5 more per 1000 (from 129 fewer to 529 more) | VERY LOW | CRITICAL |

1 Pagoto 2007: retrospective chart review, no control intervention and unclear length of treatment, high selection bias.

2 CI crosses both 0.75 and 1.25.

* + 1. Any eating disorder and alcohol misuse

Table 237: CBT-Enhanced for people with eating disorders and high alcohol use versus people with eating disorder and low alcohol use at end of treatment and follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | CBT-E for BN+EDNOS and High Alcohol Use | CBT-E for BN+EDNOS and Low Alcohol Use | Relative (95% CI) | Absolute |
| EDE >1 SD above community norm (follow-up 60 weeks) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | very serious1 | very serious2 | none | 13/35  (37.1%) | 27/84  (32.1%) | RR 1.16 (0.68 to 1.97) | 51 more per 1000 (from 103 fewer to 312 more) | VERY LOW | CRITICAL |
| Excessive Drinking (follow-up 60 weeks) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | very serious1 | serious3 | none | 17/35  (48.6%) | 10/84  (11.9%) | RR 4.08 (2.08 to 8.01) | 367 more per 1000 (from 129 more to 835 more) | VERY LOW | CRITICAL |
| EDE Global 60-week FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | very serious1 | serious4 | none | 29 | 75 | - | SMD 0.23 lower (0.66 lower to 0.2 higher) | VERY LOW | CRITICAL |

1 Karacic 2011: attrition bias (dropout for low alcohol group >20 %); sample did not have current alcohol use disorder comorbidity; group allocated on basis of self-reported alcohol use. Sample consisted of 67 BN, 10 BED and 72 EDNOS. Participants with anorexia nervosa were excluded.

2 CI crosses both 0.75 and 1.25 (Risk Ratio) or 0.5 and -0.5 (SMD).

3 <300 events.

4 CI crosses 0.5 or -0.5 (SMD).

* 1. 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?
     1. RCTs for coordinating care for people with anorexia nervosa

Table 238: Full GRADE profile for inpatient care versus another setting people with anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Inpatient vs.Other (AN)** | **Control** | **Relative (95% CI)** | **Absolute** |
| BMI Adults - Inpatient vs. Day Clinic (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 21 | 22 | - | SMD 0.04 higher (0.56 lower to 0.64 higher) | VERY LOW | CRITICAL |
| Bingeing - Adults - Inpatient vs. Day Clinic (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 21 | 22 | - | SMD 0.45 lower (1.05 lower to 0.16 higher) | LOW | CRITICAL |
| Vomiting- Adults - Inpatient vs. Day Clinic (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 21 | 22 | - | SMD 0.39 lower (0.99 lower to 0.21 higher) | LOW | IMPORTANT |
| EDI-2 Bulimia - Adults- Inpatient vs. Day Clinic (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 21 | 22 | - | SMD 0.12 higher (0.48 lower to 0.72 higher) | LOW | IMPORTANT |
| Change in Global MR - In-patient vs. Outpatient Individual + FT\_Adults (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 30 | 20 | - | SMD 0.14 lower (0.70 lower to 0.43 higher) | VERY LOW | IMPORTANT |
| Change in Global MR - In-patient vs. Outpatient Group Adults (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 30 | 20 | - | SMD 0.06 higher (0.50 lower to 0.63 higher) | VERY LOW | IMPORTANT |
| Change in Global MR - In-patient vs. WLC Adults (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 30 | 20 | - | SMD 0.03 higher (0.54 lower to 0.60 higher) | VERY LOW | IMPORTANT |
| Change in MR: Menstruation - In-patient vs. Outpatient Individual + FT (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 30 | 20 | - | SMD 0.02 lower (0.59 lower to 0.55 higher) | LOW | IMPORTANT |
| Change in MR: Menstruation - In-patient vs. Outpatient Group (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 30 | 20 | - | SMD 0.16 lower (0.72 lower to 0.41 higher) | VERY LOW | IMPORTANT |
| Change in MR: Menstruation - In-patient vs. WLC (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 30 | 20 | - | SMD 0.02 higher (0.55 lower to 0.58 higher) | LOW | IMPORTANT |
| Change in MR: Nutrition - In-patient vs. Outpatient Individual + FT (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 30 | 20 | - | SMD 0.06 lower (0.63 lower to 0.51 higher) | VERY LOW | IMPORTANT |
| Change in MR: Nutrition - In-patient vs. Outpatient Group (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 30 | 20 | - | SMD 0.2 lower (0.77 lower to 0.36 higher) | LOW | IMPORTANT |
| Change in MR: Nutrition - In-patient vs. WLC (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 30 | 20 | - | SMD 0.33 higher (0.24 lower to 0.90 higher) | LOW | IMPORTANT |
| Change MR: Mental State - In-patient vs. Outpatient Individual + FT (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 30 | 20 | - | SMD 0.29 lower (0.86 lower to 0.28 higher) | LOW | IMPORTANT |
| Change MR: Mental State - In-patient vs. Outpatient Group (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 30 | 20 | - | SMD 0.07 higher (0.50 lower to 0.64 higher) | VERY LOW | IMPORTANT |
| Change MR: Mental State - In-patient vs. WLC (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 30 | 20 | - | SMD 0.12 lower (0.69 lower to 0.45 higher) | VERY LOW | IMPORTANT |
| Change in MR: Sexual adjustment - In-patient vs. Outpatient Individual + FT (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 30 | 20 | - | SMD 0.11 higher (0.46 lower to 0.67 higher) | VERY LOW | IMPORTANT |
| Change in MR: Sexual adjustment - In-patient vs. Outpatient Group (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 30 | 20 | - | SMD 0.07 lower (0.64 lower to 0.49 higher) | VERY LOW | IMPORTANT |
| Change in MR: Sexual adjustment - In-patient vs. WLC (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 30 | 20 | - | SMD 0.05 lower (0.62 lower to 0.51 higher) | VERY LOW | IMPORTANT |
| Change in MR: Social economic adjustment - In-patient vs. Outpatient Individual + FT (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 30 | 20 | - | SMD 0.31 lower (0.88 lower to 0.26 higher) | LOW | IMPORTANT |
| Change in MR: Social economic adjustment - In-patient vs. Outpatient Group (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 30 | 20 | - | SMD 0 higher (0.57 lower to 0.57 higher) | LOW | IMPORTANT |
| Change in MR: Social economic adjustment - In-patient vs. WLC (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 10 | 20 | - | SMD 0.13 higher (0.43 lower to 0.70 higher) | VERY LOW | IMPORTANT |
| Global Severity Index -\_Adults - Inpatient vs. Day Clinic (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 21 | 22 | - | SMD 0.41 higher (0.19 lower to 1.02 higher) | LOW | IMPORTANT |
| Remission - \_Adults - Inpatient vs. Day Clinic\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 7/27  (25.9%) | 4/28  (14.3%) | RR 1.81 (0.6 to 5.5) | 116 more per 1000 (from 57 fewer to 643 more) | LOW | CRITICAL |
| BMI- \_Adults FU - Inpatient vs. Specialist Outpatient (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious3 | none | 26 | 50 | - | SMD 0.00 higher (0.47 lower to 0.47 higher) | LOW | CRITICAL |
| BMI- Adults FU - Inpatient vs. General Outpatient (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious3 | none | 26 | 48 | - | SMD 0.25 lower (0.73 lower to 0.23 higher) | LOW | CRITICAL |
| BMI Young People FU - Inpatient vs. Day patient (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious8 | none | 75 | 86 | - | SMD 0.09 lower (0.4 lower to 0.22 higher) | LOW | CRITICAL |
| Bingeing - \_Adults FU - Inpatient vs. Day Clinic (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | serious4 | none | 21 | 22 | - | SMD 0.36 higher (0.24 lower to 0.97 higher) | LOW | CRITICAL |
| Vomiting - \_Adults FU - Inpatient vs. Day Clinic (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | serious3 | none | 21 | 23 | - | SMD 0.31 lower (0.91 lower to 0.28 higher) | LOW | IMPORTANT |
| Menstruation regular -Young People FU | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | very serious5 | none | 12/75  (16%) | 16/81  (19.8%) | RR 0.81 (0.41 to 1.6) | 38 fewer per 1000 (from 117 fewer to 119 more) | VERY LOW | IMPORTANT |
| EDI Total - \_Adults FU - Inpatient vs. Specialist Outpatient (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious3 | none | 43 | 42 | - | SMD 0.28 lower (0.7 lower to 0.15 higher) | LOW | IMPORTANT |
| EDI Total - \_Adults FU - Inpatient vs. General Outpatient (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious3 | none | 43 | 40 | - | SMD 0.46 lower (0.9 to 0.02 lower) | LOW | IMPORTANT |
| EDI Total Young People FU - Inpatient vs. Day Patient (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious8 | none | 69 | 74 | - | SMD 0.11 higher (0.22 lower to 0.43 higher) | LOW | IMPORTANT |
| EDI-2 Bulimia -Young People FU - Inpatient vs. Day Clinic (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | serious4 | none | 21 | 22 | - | SMD 0.58 higher (0.03 lower to 1.19 higher) | LOW | IMPORTANT |
| MR: Total Outcome - FU - Inpatient vs. Specialist Outpatient (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious8 | none | 52 | 51 | - | SMD 0.04 lower (0.43 lower to 0.35 higher) | LOW | IMPORTANT |
| MR: Total Outcome - FU - Inpatient vs. General Outpatient (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious8 | none | 52 | 52 | - | SMD 0 higher (0.38 lower to 0.38 higher) | LOW | IMPORTANT |
| Global severity index Young People FU - Inpatient vs. Day Patient (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious8 | none | 68 | 73 | - | SMD 0.20 higher (0.13 lower to 0.53 higher) | LOW | IMPORTANT |
| Global severity index - Adults FU - Inpatient vs. Day Patient (Copy) (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | serious8 | none | 21 | 22 | - | SMD 0.21 higher (0.39 lower to 0.81 higher) | LOW | IMPORTANT |
| Readmissions/Relapse for ED - Young People FU - Inpatient vs. Day patient | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious10 | none | 19/75  (25.3%) | 13/86  (15.1%) | RR 1.68 (0.89 to 3.16) | 103 more per 1000 (from 17 fewer to 327 more) | LOW | CRITICAL |
| Remission - Young People FU - Inpatient vs. Day patient\_ITT (Copy) | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | serious11 | none | 53/87  (60.9%) | 57/85  (67.1%) | RR 0.91 (0.73 to 1.14) | 60 fewer per 1000 (from 181 fewer to 94 more) | LOW | CRITICAL |
| Serious adverse events - Young People FU | | | | | | | | | | | | |
| 1 | randomised trials | serious7 | no serious inconsistency | no serious indirectness | very serious5 | none | 8/75  (10.7%) | 7/86  (8.1%) | RR 1.31 (0.5 to 3.44) | 25 more per 1000 (from 41 fewer to 199 more) | VERY LOW | CRITICAL |
| Remission \_Adults FU - Inpatient vs. Specialist Outpatient\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | serious10 | none | 19/57  (33.3%) | 13/55  (23.6%) | RR 1.41 (0.77 to 2.57) | 97 more per 1000 (from 54 fewer to 371 more) | LOW | CRITICAL |
| Remission - Adults FU - Inpatient vs.General Outpatient\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious6 | no serious inconsistency | no serious indirectness | very serious5 | none | 19/57  (33.3%) | 20/55  (36.4%) | RR 0.92 (0.55 to 1.52) | 29 fewer per 1000 (from 164 fewer to 189 more) | VERY LOW | CRITICAL |
| Remission - Adults FU - Inpatient vs. Day patient\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious9 | no serious inconsistency | no serious indirectness | serious11 | none | 3/27  (11.1%) | 6/28  (21.4%) | RR 0.52 (0.14 to 1.87) | 103 fewer per 1000 (from 184 fewer to 186 more) | LOW | CRITICAL |

1 Unclear how randomisation sequence was generated or if allocation concealment was conducted. Participants and investigators were not blind. It was unclear if assessor was blind. High dropout rates were detected in one arm >20%  
2 95% CI crossed 2 MIDs (-0.5 and 0.5)  
3 95% CI crossed 1 MID (-0.5)  
4 95% CI crossed 1 MID (0.5)  
5 For a continuous outcome, there were fewer than 400 participants.   
6 95% CI crossed 2 MIDs (0.75 and 1.25)  
7 In Gowers 2007, it was unclear how randomisation sequence was generated or if allocation concealment was conducted. It was unclear if participants, investigators were blind. Assessor were blind. High dropout rates were detected in one arm >20%. In Herpertz-Dahlmann 2014 performed adequate randomisation and allocation concealment. Patients and investigators were not blind and assessors were only blind at baseline.   
8 In Gowers 2007, it was unclear how randomisation sequence was generated or if allocation concealment was conducted. It was unclear if participants, investigators were blind. Assessor were blind. High dropout rates were detected in one arm >20%  
9 In Herpertz-Dahlmann 2014 performed adequate randomisation and allocation concealment. Patients and investigators were not blind and assessors were only blind at baseline.   
10 In Zeek 2009/2008b, it was unclear if adequate randomisation sequence was generated or if allocation concealment was performed. Participants and investigators were not blind but assessors were.   
11 For a dichotomous outcome, there are fewer than 300 events.   
12 95% CI crossed 1 MID (1.25)

Table 239: Full GRADE profile for specialist outpatient versus general outpatient for people with AN at follow-up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Specialist outpatient** | **General outpatient (AN)** | **Relative (95% CI)** | **Absolute** |
| **BMI FU (Better indicated by higher values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 50 | 48 | - | SMD 0.29 lower (0.69 lower to 0.11 higher) | LOW | CRITICAL |
| **EDI Total FU (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 42 | 40 | - | SMD 0.17 lower (0.6 lower to 0.26 higher) | LOW | IMPORTANT |
| **MR: Total Outcome FU (Better indicated by higher values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 51 | 52 | - | SMD 0.04 higher (0.35 lower to 0.43 higher) | LOW | IMPORTANT |
| **Subsequent admission to hospital FU** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious4 | none | 17/55  (30.9%) | 15/55  (27.3%) | RR 1.13 (0.63 to 2.03) | 35 more per 1000 (from 101 fewer to 281 more) | VERY LOW | IMPORTANT |
| Remission FU\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 13/55  (23.6%) | 20/55  (36.4%) | RR 0.65 (0.36 to 1.17) | 127 fewer per 1000 (from 233 fewer to 62 more) | LOW | CRITCIAL |

1 It is unclear how the randomisation sequence was generated and if allocation concealment was performed. It is unclear if participants and investigators were blind, however, the assessors were masked. High drop outs were reported >20%.  
2 95% CI crossed 1 MID (-0.5)  
3 For a continuous outcome, there were fewer than 400 participants.  
4 95% CI crossed 2 MIDs (0.75 and 1.25)  
5 95% CI crossed 1 MID (0.75)

* + 1. RCTs for coordinating care for people with bulimia nervosa

Table 240: Full GRADE profile inpatient group versus outpatient care for people with bulimia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Inpatient Group** | **Outpatient (BN)** | **Relative (95% CI)** | **Absolute** |
| Binges FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | very serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 32 | 39 | - | SMD 0.06 lower (0.53 lower to 0.41 higher) | VERY LOW | CRITICAL |
| Self-induced vomiting FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | very serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 32 | 39 | - | SMD 0.11 lower (0.57 lower to 0.36 higher) | VERY LOW | CRITICAL |
| Depression FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | very serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 32 | 39 | - | SMD 0.14 higher (0.33 lower to 0.61 higher) | VERY LOW | IMPORTANT |
| Bulimic severity score FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | very serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 28 | 39 | - | SMD 0.07 lower (0.55 lower to 0.42 higher) | VERY LOW | CRITICAL |
| Remission FU\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | very serious1 | no serious inconsistency | no serious indirectness | very serious4 | none | 11/32  (34.4%) | 17/39  (43.6%) | RR 0.79 (0.43 to 1.43) | 92 fewer per 1000 (from 248 fewer to 187 more) | VERY LOW |  |

1 The study was only partially randomised, only 52% were assigned randomly. The investigators felt that some patients need to be allocated due to their clinical condition. It was unclear if either the participants, investigators and assessors were blind. High drop outs were detected in one arm >20%  
2 95% CI crossed 1 MID (-0.5)  
3 95% CI crossed 1 MID (0.5)  
4 95% CI crossed 2 MIDs (0.75 and 1.25)

* + 1. RCTs for coordinating care for people with any eating disorder

Table 241: Full GRADE profile for modified day treatment versus traditional outpatient care for any disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Modified day treatment | Traditional outpatient (ANY ED) | Relative (95% CI) | Absolute |
| BMI (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 21 | 22 | - | SMD 0.57 higher (0.12 to 1.02 higher) | LOW | CRITICAL |
| Bingeing episodes (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 21 | 22 | - | SMD 0.93 lower (1.57 to 0.3 lower) | LOW | CRITICAL |
| Purging episodes (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 21 | 22 | - | SMD 1.21 lower (1.87 to 0.56 lower) | LOW | CRITICAL |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 21 | 22 | - | SMD 0.83 lower (1.45 to 0.2 lower) | LOW | IMPORTANT |
| EDI-2 Total score (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 21 | 22 | - | SMD 1.42 lower (2.09 to 0.74 lower) | LOW | IMPORTANT |
| EDI-2 Drive for thinness (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 21 | 22 | - | SMD 1.88 lower (2.61 to 1.15 lower) | LOW | IMPORTANT |
| EDI-2 Bulimia (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 21 | 22 | - | SMD 1.52 lower (2.21 to 0.83 lower) | LOW | IMPORTANT |
| EDI-2 Body dissatisfaction (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 21 | 22 | - | SMD 1.2 lower (1.86 to 0.55 lower) | LOW | IMPORTANT |

1 It was unclear if allocation concealment was performed. It was also unclear if either the participants, investigators and assessors were blind.   
2 95% CI crossed 1 MID (0.5)  
3 95% CI crossed 1 MID (-0.5)  
4 For a continuous outcome, there were fewer than 400 participants.

Table 242: Full GRADE profile for inpatient weight stabilisation (short) versus weight restoration (longer) for young people with AN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Inpatient weight stabilisation (short)** | **weight restoration (longer) (AN)** | **Relative (95% CI)** | **Absolute** |
| Remission Adolescents\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 10/41  (24.4%) | 9/41  (22%) | RR 1.11 (0.5 to 2.45) | 24 more per 1000 (from 110 fewer to 318 more) | LOW | CRITICAL |
| Change EDE Global score Adolescents FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 36 | 33 | - | SMD 0.12 lower (0.59 lower to 0.36 higher) | LOW | IMPORTANT |
| Hospital readmission Adoelscents FU | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious4 | none | 14/40  (35%) | 14/38  (36.8%) | RR 0.95 (0.53 to 1.72) | 18 fewer per 1000 (from 173 fewer to 265 more) | VERY LOW | IMPORTANT |
| Remission Adolescents FU\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious4 | none | 12/41  (29.3%) | 13/41  (31.7%) | RR 0.92 (0.48 to 1.78) | 25 fewer per 1000 (from 165 fewer to 247 more) | VERY LOW | CRITICAL |

1 Randomisation was adequate however it was unclear if allocation concealment was performed. Participants and investigators were not blind, however, the assessor was blind to treatment allocation.   
2 95% CI crossed 1 MID (1.25)  
3 95% CI crossed 1 MID (-0.5)  
4 95% CI crossed 2 MIDs (0.75 and 1.25)

* + 1. Observational studies for coordinating care for people with anorexia nervosa

Table 243: Full GRADE profile for inpatient care versus day patient care for adults with anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Inpatient** | **Day patient - Adult - AN** | **Relative (95% CI)** | **Absolute** |
| **Binge eating** | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 37/137  (27%) | 10/15  (66.7%) | RR 0.41 (0.26 to 0.64) | 393 fewer per 1000 (from 240 fewer to 493 fewer) | VERY LOW | CRITICAL |
| **Laxative use** | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 12/137  (8.8%) | 2/15  (13.3%) | RR 0.66 (0.16 to 2.66) | 45 fewer per 1000 (from 112 fewer to 221 more) | VERY LOW | IMPORTANT |
| **Self induced vomiting** | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 26/137  (19%) | 5/15  (33.3%) | RR 0.57 (0.26 to 1.26) | 143 fewer per 1000 (from 247 fewer to 87 more) | VERY LOW | IMPORTANT |
| **Excessive Exercise** | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 41/137  (29.9%) | 7/15  (46.7%) | RR 0.64 (0.35 to 1.17) | 168 fewer per 1000 (from 303 fewer to 79 more) | VERY LOW | IMPORTANT |
| **EDE- Total (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 137 | 15 | - | SMD 0.25 lower (0.79 lower to 0.28 higher) | VERY LOW | IMPORTANT |
| **BMI (Better indicated by higher values)** | | | | | | | | | | | | |
| 2 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 149 | 30 | - | SMD 0.55 lower (0.99 to 0.1 lower) | VERY LOW | CRITICAL |
| Quality of life (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 137 | 15 | - | SMD 0.08 lower (0.62 lower to 0.45 higher) | VERY LOW | CRITICAL |
| BMI FU (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 12 | 15 | - | SMD 0.35 lower (1.11 lower to 0.42 higher) | VERY LOW | CRITICAL |
| Readmission FU | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 4/12  (33.3%) | 2/12  (16.7%) | RR 2 (0.45 to 8.94) | 167 more per 1000 (from 92 fewer to 1000 more) | VERY LOW | CRITICAL |

1 The day patients were heavier/had a higher BMI than inpatients at baseline and slightly lower duration of illness. The authors did not adjust for potential confounders. Length of stay was longer for inpatients vs. day patient. Investigators and participants were not blinded.   
2 For a dichotomous outcome, there are fewer than 300 events.   
3 For a continuous outcome, there were fewer than 400 participants

Table 244: Full GRADE profile for inpatient care versus outpatient care for people with anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Inpatient | Outpatient (ambulatory care) AN | Relative (95% CI) | Absolute |
| BMI FU (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 46 | 97 | - | SMD 0.13 lower (0.48 lower to 0.22 higher) | VERY LOW | CRITICAL |
| Hospitalisation in last 6 months FU | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 19/46  (41.3%) | 15/97  (15.5%) | RR 2.67 (1.5 to 4.77) | 258 more per 1000 (from 77 more to 583 more) | VERY LOW | IMPORTANT |
| Remission \_ITT\_FU | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 7/46  (15.2%) | 18/97  (18.6%) | RR 0.82 (0.37 to 1.82) | 33 fewer per 1000 (from 117 fewer to 152 more) | VERY LOW | CRITICAL |

1 Patient in hospital had a lower BMI vs. Ambulatory care. Pure restrictive forms were overrepresented in the inpatient group. Prevalence of history of suicide attempts in the last 24 months was also higher. This group underwent longer treatment (on average of 1.5 years) than the ambulatory group. Finally, a larger percentage of patients were still followed by specialists in nutrition and/or psychiatry at the time of the survey. Neither patients nor investigators were blind.   
2 For a continuous outcome, there were fewer than 400 participants  
3 For a dichotomous outcome, there are fewer than 300 events

Table 245: Full GRADE profile for partial hospitalisation and support versus partial hospitalisation for people with anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Partial Hospitalisation + Support | PH AN | Relative (95% CI) | Absolute |
| Difference in Weight Gain (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 16 | 19 | - | SMD 1.02 higher (0.13 to 1.91 higher) | VERY LOW | CRITICAL |
| Difference in BMI (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 16 | 19 | - | SMD 0.4 higher (0.26 lower to 1.06 higher) | VERY LOW | CRITICAL |
| Difference in Purging (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 16 | 19 | - | SMD 0.57 higher (0.38 lower to 1.52 higher) | VERY LOW | CRITICAL |
| Difference in EDI-2 Total Risk (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 16 | 19 | - | SMD 0.92 higher (0.12 to 1.72 higher) | VERY LOW | IMPORTANT |
| Difference in EDI-2 Drive for thinness (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 16 | 19 | - | SMD 0.68 higher (0.12 lower to 1.48 higher) | VERY LOW | CRITICAL |
| Difference in EDI-2 Body dissatisfaction (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 16 | 19 | - | SMD 0.51 higher (0.31 lower to 1.33 higher) | VERY LOW | IMPORTANT |
| Difference in EDI-2 Bulimia (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 16 | 19 | - | SMD 1.31 higher (0.51 to 2.11 higher) | VERY LOW | IMPORTANT |
| Difference EDEQ: Restraint (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 16 | 19 | - | SMD 0.39 higher (0.38 lower to 1.16 higher) | VERY LOW | IMPORTANT |
| Difference EDEQ: Eating concern (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 16 | 19 | - | SMD 0.33 higher (0.44 lower to 1.1 higher) | VERY LOW | IMPORTANT |
| Difference EDEQ: Shape concern (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 16 | 19 | - | SMD 0.33 higher (0.47 lower to 1.13 higher) | VERY LOW | IMPORTANT |
| Difference EDEQ: Weight concern (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 16 | 19 | - | SMD 0.83 higher (0.03 to 1.63 higher) | VERY LOW | IMPORTANT |

1 Patients were not matched at baseline. Those who needed supported housing to potentially ensure successful outcome, were initially encouraged to receive Sage House service. However, the investigators attempted to address this by controlling for age, duration of eating disorder, and EDPHP length of stay  
2 For a continuous outcome, there were fewer than 400 participants.

Table 246: Full GRADE profile for family therapy versus inpatient care for people with anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Family therapy | Inpatient AN | Relative (95% CI) | Absolute |
| Readmission | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 16/52  (30.8%) | 65/119  (54.6%) | RR 0.56 (0.36 to 0.87) | 240 fewer per 1000 (from 71 fewer to 350 fewer) | VERY LOW | CRITICAL |
| Readmission > 3 times | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 4/36  (11.1%) | 10/54  (18.5%) | RR 0.6 (0.2 to 1.77) | 74 fewer per 1000 (from 148 fewer to 143 more) | VERY LOW | CRITICAL |

1 Likely to be a similar population seeking ED assessment. After 2008 patients were then allocated to FT compared with those historically who were not. However, no baseline data was provided. No adjustments were made to account for covariates. Neither participants nor investigators were blind.   
2 For a dichotomous outcome, there were fewer than 300 events.

Table 247: Full GRADE profile for inpatient care versus a variation of other care (day, hospital, and outpatient) for people with anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Inpatient | Variation (Day, Hospital, OutP) - AN | Relative (95% CI) | Absolute |
| Body Weight (ABW) (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 15 | 14 | - | SMD 0.75 lower (1.51 lower to 0.01 higher) | VERY LOW |  |

1 Patients were matched for clinical and demographic data. They only followed one group for 3 years. Neither participants nor investigators were blinded.   
2 For a continuous outcome, there were fewer than 400 participants.

Table 248: Full GRADE profile for specialist eating disorder ward versus general ward for people with anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Eating disorder unit** | **General ward** | **Relative (95% CI)** | **Absolute** |
| BMI (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 65 | 45 | - | SMD 1.29 higher (0.87 to 1.72 higher) | VERY LOW | CRITICAL |
| Length of time in hospital (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 65 | 45 | - | SMD 0.02 higher (0.37 lower to 0.4 higher) | VERY LOW | CRITICAL |
| Morgan Russell Score (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 65 | 45 | - | SMD 0.68 higher (0.28 to 1.07 higher) | VERY LOW | CRITICAL |
| General health (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 65 | 45 | - | SMD 0.19 higher (0.19 lower to 0.57 higher) | VERY LOW | CRITICAL |
| Children's global asessment (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 65 | 45 | - | SMD 0.15 lower (0.54 lower to 0.23 higher) | VERY LOW | CRITICAL |

1 The groups were not matched at baseline for general health. Those in the eating disorder unit were more severely ill. Change scores could not be calculated to account for differences, nor were any adjustments made for confounders. Means and SD of the baseline characteristics were not provided. There was very little description on the differences between the two wards.  
2 Few than 400 participants were available for this outcome.  
3 95% CI crossed 1 MID (0.5)  
4 95% CI crossed 1 MID (-0.5)

Table 249: Full GRADE profile for meal supervision versus no meal supervision for people with anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Meal Supervision | Not | Relative (95% CI) | Absolute |
| Length of Hospital Stay (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 13 | 38 | - | SMD 0.51 higher (0.13 lower to 1.15 higher) | VERY LOW | IMPORTANT |
| Weight gain (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 12 | 35 | - | SMD 0.33 higher (0.33 lower to 0.99 higher) | VERY LOW | CRITICAL |
| Bradycardia (HR (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 12 | 38 | - | SMD 0.62 lower (1.28 lower to 0.04 higher) | VERY LOW | IMPORTANT |

1 Patients with supervision had higher maximum and average weights compared with patients without supervision However, no adjustments were made. Only those whose meal was supervised had a 3 year follow-up.  
2 For a continuous outcome, there were fewer than 400 participants.

* + 1. Observational studies for coordinating care for people with bulimia nervosa

Table 250: Full GRADE profile of day patient versus inpatient care for people with bulimia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Day patient | Inpatient BN | Relative (95% CI) | Absolute |
| EDI - Drive for thinness (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 18 | 18 | - | SMD 0.22 lower (0.87 lower to 0.44 higher) | VERY LOW | IMPORTANT |
| EDI - Body dissatisfaction (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 18 | 15 | - | SMD 0.32 higher (0.37 lower to 1.01 higher) | VERY LOW | IMPORTANT |
| EDI - Bulimia (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 18 | 15 | - | SMD 0.13 higher (0.56 lower to 0.82 higher) | VERY LOW | IMPORTANT |
| SCL -90R Global Severity Index (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 17 | 17 | - | SMD 0.26 lower (0.94 lower to 0.42 higher) | VERY LOW | CRITICAL |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious | none | 17 | 17 | - | SMD 0.27 lower (0.94 lower to 0.41 higher) | VERY LOW | IMPORTANT |
| Remission\_ITT | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 5/18  (27.8%) | 6/18  (33.3%) | RR 0.83 (0.31 to 2.24) | 57 fewer per 1000 (from 230 fewer to 413 more) | VERY LOW | CRITICAL |
| EDI - Bulimia FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 18 | 18 | - | SMD 0.41 lower (1.07 lower to 0.25 higher) | VERY LOW | IMPORTANT |
| EDI - Drive for thinness FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 18 | 18 | - | SMD 0.49 lower (1.15 lower to 0.18 higher) | VERY LOW | IMPORTANT |
| SCL -90R Global Severity Index FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 18 | 18 | - | SMD 0.35 lower (1.01 lower to 0.3 higher) |  LOW | CRITICAL |
| Depression FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious | none | 18 | 18 | - | SMD 0.35 lower (1.01 lower to 0.3 higher) | VERY LOW | IMPORTANT |
| Bingeing FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 18 | 18 | - | SMD 0.23 lower (0.88 lower to 0.43 higher) | VERY LOW | CRITICAL |
| Vomiting Severity FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 18 | 18 | - | SMD 0.21 higher (0.45 lower to 0.86 higher) | VERY LOW | CRITICAL |
| Remission FU\_ITT | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 10/18  (55.6%) | 2/18  (11.1%) | RR 5 (1.27 to 19.68) | 444 more per 1000 (from 30 more to 1000 more) |  LOW | CRITICAL |

1 The day patient group were heavier in weight and the inpatient group had more general psychopathology in the SCL-90-R scale. That is inpatients were more severely ill. Differences were also detected for depression, and interpersonal sensitivity. The authors did not adjust for these differences. Neither the participants nor investigators were blind to treatment. There was an unclear duration of follow-up.   
2 For a continuous outcome, there are fewer than 400 participants.  
3 For a dichotomous outcome, there are fewer than 300 events.

* + 1. Observational studies for coordination of care for people with an eating disorder

Table 251: Full GRADE profile for 5 days versus 4 days of inpatient care for people with either BN or AN

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | 5 days | 4 days\_AN\_BN | Relative (95% CI) | Absolute |
| Bingeing (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 254 | 115 | - | SMD 0.37 lower (0.59 to 0.14 lower) | VERY LOW | CRITICAL |
| Vomiting (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 248 | 111 | - | SMD 0.21 lower (0.43 lower to 0.02 higher) | VERY LOW | CRITICAL |
| BMI (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 89 | 64 | - | SMD 0.37 lower (0.69 to 0.04 lower) | VERY LOW | CRITICAL |
| EDI - Drive for thinness (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 350 | 111 | - | SMD 0.64 lower (0.85 to 0.42 lower) | VERY LOW | IMPORTANT |
| EDI - Bulimia (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 350 | 111 | - | SMD 0.49 lower (0.71 to 0.28 lower) | VERY LOW | IMPORTANT |
| EDI - Body dissatisfaction (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 350 | 111 | - | SMD 0.55 lower (0.77 to 0.33 lower) | VERY LOW | IMPORTANT |
| Depression (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 301 | 107 | - | SMD 0.73 lower (0.95 to 0.5 lower) | VERY LOW | IMPORTANT |
| Remission\_ITT | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 156/468  (33.3%) | 29/288  (10.1%) | RR 3.31 (2.29 to 4.78) | 233 more per 1000 (from 130 more to 381 more) | VERY LOW | CRITICAL |

1 Patients in 5-day were older, lighter, had more binges, vomiting, had lower depression and self-esteem problems, EDI was also better. Pre-treatment scores were used as covariates. Neither patients nor participants were blind.   
2 95% CI crossed 1 MID (-0.5)  
3 For a continuous outcome, there were fewer than 400 participants.   
4 For a dichotomous outcome, there were fewer than 300 events.

Table 252: Full GRADE profile for inpatient CAMHS versus outpatient CAMHS for any eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Inpatient CAMHS** | **Outpatient CAMHS ANY ED** | **Relative (95% CI)** | **Absolute** |
| BMI FU (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 33 | 24 | - | SMD 0.17 lower (0.69 lower to 0.36 higher) | VERY LOW | CRITICAL |
| EDI Bulimia FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 33 | 24 | - | SMD 0.4 higher (0.14 lower to 0.93 higher) | VERY LOW | IMPORTANT |
| EDI Body dissatisfaction FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 33 | 24 | - | SMD 0.05 lower (0.57 lower to 0.48 higher) | VERY LOW | IMPORTANT |
| EDI Drive for thinness FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 33 | 24 | - | SMD 0.19 lower (0.71 lower to 0.34 higher) | VERY LOW | IMPORTANT |
| SCL-90 Global Severity Index FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 33 | 24 | - | SMD 0.22 lower (0.75 lower to 0.31 higher) | VERY LOW | IMPORTANT |
| Rosenberg Self Esteem FU (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 33 | 24 | - | SMD 3.1 higher (2.31 to 3.89 higher) | VERY LOW | IMPORTANT |

1 There were significant differences between the groups for maturity, age of onset and Self-Esteem score at baseline. Patients treated as in-patients had significantly higher scores in the RSES and MF subscale comparing to the other two groups. The difference in the age of onset was statistically significant between patients treated as outpatients and those not treated by CAMHS. The authors did not adjust for any confounders. CAHMS patients were likely to have gotten treatment for a longer period compared with those who entered AMHS. Neither participants nor investigators were blind to treatment.   
2 For a continuous outcome, there were fewer than 400 participants.

Table 253: Full GRADE profile for guided self-help versus day patient care for people with BN or ENDOS

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Guided SH | Day Patient BN or EDNOS | Relative (95% CI) | Absolute |
| EDE-Q Total (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 32 | 34 | - | SMD 0.15 higher (0.34 lower to 0.63 higher) | VERY LOW | IMPORTANT |
| Objective binge eating (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 32 | 34 | - | SMD 0.43 higher (0.06 lower to 0.92 higher) | VERY LOW | CRITICAL |
| Vomiting (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 31 | 34 | - | SMD 0.24 higher (0.25 lower to 0.73 higher) | VERY LOW | CRITICAL |
| Excessive Exercise (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 32 | 34 | - | SMD 0.22 lower (0.71 lower to 0.26 higher) | VERY LOW | IMPORTANT |

1 The patients were well matched at baseline for illness duration and severity (based on BMI). However, the ED diagnosis was different: CBT\_GSH had higher number of BED and EDNOS-BN. The authors did not adjust for confounders. Neither participants nor investigators were not blinded.   
2 For a continuous outcome, there were fewer than 400 participants.

Table 254: Full GRADE profile for extensive programme versus a limited program for any eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Extensive Program | Limited Program ANY ED | Relative (95% CI) | Absolute |
| Remission | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 11/56  (19.6%) | 36/67  (53.7%) | RR 0.39 (0.21 to 0.73) | 328 fewer per 1000 (from 145 fewer to 424 fewer) | VERY LOW | CRITICAL |
| Remission - AN | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 7/38  (18.4%) | 10/22  (45.5%) | RR 0.41 (0.18 to 0.91) | 268 fewer per 1000 (from 41 fewer to 373 fewer) | VERY LOW | CRITICAL |
| Remission - BN | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 4/18  (22.2%) | 26/45  (57.8%) | RR 0.38 (0.16 to 0.95) | 358 fewer per 1000 (from 29 fewer to 485 fewer) | VERY LOW | CRITICAL |
| Remission FU | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 21/56  (37.5%) | 51/67  (76.1%) | RR 0.5 (0.35 to 0.72) | 381 fewer per 1000 (from 213 fewer to 495 fewer) | VERY LOW | CRITICAL |
| Remission FU - AN | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 13/38  (34.2%) | 18/22  (81.8%) | RR 0.42 (0.26 to 0.68) | 475 fewer per 1000 (from 262 fewer to 605 fewer) | VERY LOW | CRITICAL |
| Remission FU - BN | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 8/18  (44.4%) | 33/45  (73.3%) | RR 0.61 (0.35 to 1.05) | 286 fewer per 1000 (from 477 fewer to 37 more) | VERY LOW | CRITICAL |

1 Patients were allocated depending on their physical status, symptom severity, comorbidity, and occupational functioning. Patients who did not respond to limited treatment or who needed structured eating and had no regular occupation were assigned to intensive treatment. Patients assigned to intensive treatment had a higher rate of comorbidity, a longer duration of illness, more previous treatments, lower scores in social and occupational adjustment than those offered limited treatment. The authors did not adjust for confounders. Neither participants nor investigators were blinded.   
2 For a dichotomous outcome, there were fewer than 300 events.

Table 255: Full GRADE profile for history of inpatient care versus no history of inpatient care for any eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | History of Inpatient | No history ANY ED | Relative (95% CI) | Absolute |
| EDI- Drive for thinness (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 160 | 62 | - | SMD 0.02 higher (0.28 lower to 0.31 higher) | VERY LOW | IMPORTANT |
| EDI- Bulimia (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 160 | 62 | - | SMD 0.07 higher (0.22 lower to 0.36 higher) | VERY LOW | IMPORTANT |
| EDI-Body dissatisfaction (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 160 | 62 | - | SMD 0.18 lower (0.48 lower to 0.11 higher) | VERY LOW | IMPORTANT |

1 It is not clear what the differences in severity were between those who had (historically) received inpatient vs not. No adjustments were made for confounders. Neither participants nor investigators were blinded.   
2 For a continuous outcome, there were fewer than 300 events.

Table 256: Full GRADE profile for specialist versus non-specialist assessment and treatment for any eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Specialist | non-specialist assessment and treatment (ANY ED) | Relative (95% CI) | Absolute |
| Admitted to inpatient treatment - Sp to Sp vs. NonSp to Non Sp | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 8/53  (15.1%) | 3/16  (18.8%) | RR 0.81 (0.24 to 2.68) | 36 fewer per 1000 (from 142 fewer to 315 more) | VERY LOW | IMPORTANT |
| Admitted to inpatient treatment - Sp to Sp vs. NonSp to Sp | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 8/53  (15.1%) | 6/15  (40%) | RR 0.38 (0.15 to 0.92) | 248 fewer per 1000 (from 32 fewer to 340 fewer) | VERY LOW | IMPORTANT |
| Admitted to inpatient treatment - Non Sp to Non Sp vs. Non Sp to Sp | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 3/16  (18.8%) | 6/15  (40%) | RR 0.47 (0.14 to 1.55) | 212 fewer per 1000 (from 344 fewer to 220 more) | VERY LOW | IMPORTANT |
| Continuity of care - Sp to Sp vs. NonSp to Sp | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 44/53  (83%) | 12/16  (75%) | RR 1.11 (0.81 to 1.51) | 83 more per 1000 (from 142 fewer to 382 more) | VERY LOW | IMPORTANT |
| Continuity of care - Sp to Sp vs. NonSp to NonSp | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 44/53  (83%) | 6/15  (40%) | RR 2.08 (1.1 to 3.9) | 432 more per 1000 (from 40 more to 1000 more) | VERY LOW | IMPORTANT |
| Continuity of care - Non Sp to Sp vs. Non Sp to Sp | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 12/16  (75%) | 6/15  (40%) | RR 1.88 (0.95 to 3.71) | 352 more per 1000 (from 20 fewer to 1000 more) | VERY LOW | IMPORTANT |

1 Comparisons between PCT groups revealed no statistically significant differences in age, gender, ethnicity, weight for height percentage at assessment, or referrals. Thus no adjustments were needed. But unclear how they estimated predicted referrals and no data was provided on success rates. Neither participants nor investigators were blind.

Table 257: Full GRADE profile for prior opt-in programme versus post opt-in in people with any eating disorder

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Prior opt-in | Post opt-in ANY ED | Relative (95% CI) | Absolute |
| % attended their first appointment | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 57/70  (81.4%) | 42/68  (61.8%) | RR 1.1 (1.02 to 1.18) | 62 more per 1000 (from 12 more to 111 more) | VERY LOW | IMPORTANT |
| Overall attrition rates | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 13/70  (18.6%) | 7/68  (10.3%) | RR 1.80 (0.77 to 4.25) | 82 more per 1000 (from 24 fewer to 335 more) | VERY LOW | IMPORTANT |
| Did not attend | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 11/70  (15.7%) | 3/68  (4.4%) | RR 3.2 (1.04 to 8.18) | 97 more per 1000 (from 2 more to 317 more) | VERY LOW | IMPORTANT |
| No cancellations | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 2/70  (2.9%) | 0/68  (0%) | RR 0.97 (0.93 to 1.02) | - | VERY LOW | IMPORTANT |

1 No demographic data so unable to know if there were any differences pre and post opt-in intervention.   
2 For a dichotomous outcome, there were fewer than 300 events.

* 1. Do different ways of coordinating care produce benefits/harms for people with eating disorders?
     1. Stepped care for people with eating disorders

Table 258: Full GRADE profile for family-based treatment then intensive parental coaching versus family-based treatment only in young people with anorexia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | FBT->IPC | FBT | Relative (95% CI) | Absolute |
| Recovered from AN (>=95% EBW) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | very serious3 | none | 7/12  (58.3%) | 12/23  (52.2%) | RR 1.12 (0.6 to 2.07) | 63 more per 1000 (from 209 fewer to 558 more) | VERY LOW | CRITICAL |
| BMI (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | serious2 | serious4 | none | 12 | 23 | - | SMD 0.28 higher (0.42 lower to 0.98 higher) | VERY LOW | CRITICAL |
| % Expected Body Weight (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 12 | 23 | - | SMD 0.22 higher (0.48 lower to 0.92 higher) | VERY LOW | CRITICAL |
| EDE Global (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | serious2 | serious4 | none | 12 | 23 | - | SMD 0.92 higher (0.18 to 1.65 higher) | VERY LOW | IMPORTANT |
| Depression (measured with: BDI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 12 | 23 | - | SMD 0.59 higher (0.12 lower to 1.3 higher) | VERY LOW | IMPORTANT |
| Yale-Brown-Cornell Eating Disorder Scale (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 12 | 23 | - | SMD 0.71 higher (0.01 lower to 1.43 higher) | VERY LOW | IMPORTANT |
| Service user experience (measured with: Helping Relationship Questionnaire; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 12 | 23 | - | SMD 0.86 lower (1.59 to 0.13 lower) | VERY LOW | IMPORTANT |
| Number of Sessions attended (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 12 | 23 | - | SMD 0.92 higher (0.18 to 1.65 higher) | VERY LOW | IMPORTANT |
| Suitability of therapy - child (measured with: Therapy Suitability and Patient Expectancy; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | serious2 | serious4 | none | 12 | 23 | - | SMD 0.38 lower (1.09 lower to 0.32 higher) | VERY LOW | IMPORTANT |
| Child's expectations about therapy (measured with: Therapy Suitability and Patient Expectancy; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 12 | 23 | - | SMD 0.45 lower (1.16 lower to 0.26 higher) | VERY LOW | IMPORTANT |
| Suitability of therapy - Mother (measured with: Therapy Suitability and Patient Expectancy; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 12 | 23 | - | SMD 0.64 higher (0.08 lower to 1.35 higher) | VERY LOW | IMPORTANT |
| Mother's expectations about therapy (measured with: Therapy Suitability and Patient Expectancy; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 12 | 23 | - | SMD 0.54 higher (0.17 lower to 1.25 higher) | VERY LOW | IMPORTANT |
| Suitability of therapy - Father (measured with: Therapy Suitability and Patient Expectancy; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious2 | no serious inconsistency | serious1 | very serious3 | none | 12 | 23 | - | SMD 0 higher (0.7 lower to 0.7 higher) | VERY LOW | IMPORTANT |
| Father's expectations about therapy (measured with: Therapy Suitability and Patient Expectancy; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious2 | serious4 | none | 12 | 23 | - | SMD 0.27 lower (0.97 lower to 0.43 higher) | VERY LOW | IMPORTANT |

1 Lock & Le Grange 2015: High risk of selection and performance bias.

2 Participants initially randomized into FBT only and FBT/IPC groups. Participants in FBT/IPC group subsequently divided into IPC (those <2.3 kg weight gain by week 4 of FBT) and No IPC groups (those >2.3 kg weight gain by week 4 of FBT). Data only for FBT+IPC vs FBT+No IPC groups.

3 CI crosses both 0.75 and 1.25 (Risk Ratio), or both 0.5 and -0.5 (SMD).

4 CI crosses either 0.75 or 1.25 (Risk ratio), or either 0.5 or -0.5 (SMD).

Table 259: Full GRADE profile for guided self-help CBT-ED then antidepressant then CBT-ED versus CBT-ED then antidepressant in adults with bulimia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | GSH CBT->AD->CBT-BN | CBT-BN->AD | Relative (95% CI) | Absolute |
| **Remission** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | serious2 | serious3 | very serious4 | none | 43/146  (29.5%) | 46/147  (31.3%) | RR 0.94 (0.67 to 1.33) | 19 fewer per 1000 (from 103 fewer to 103 more) | VERY LOW | CRITICAL |
| **EDE Global (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious5 | none | 146 | 147 | - | SMD 0.06 lower (0.29 lower to 0.17 higher) | VERY LOW | IMPORTANT |
| **EDE Restraint (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious5 | none | 146 | 147 | - | SMD 0.06 lower (0.29 lower to 0.17 higher) | VERY LOW | IMPORTANT |
| **EDE Shape Concerns (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious5 | none | 146 | 147 | - | SMD 0.12 lower (0.35 lower to 0.1 higher) | VERY LOW | IMPORTANT |
| **EDE Weight Concerns (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious5 | none | 146 | 147 | - | SMD 0.07 lower (0.3 lower to 0.16 higher) | VERY LOW | IMPORTANT |
| **EDE Eating Concerns (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious5 | none | 146 | 147 | - | SMD 0 higher (0.23 lower to 0.23 higher) | VERY LOW | IMPORTANT |
| **Yale-Brown-Cornell ED Scale - Preoccupation (Better indicated by lower values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious5 | none | 146 | 147 | - | SMD 0.09 lower (0.32 lower to 0.14 higher) | VERY LOW | IMPORTANT |
| Yale-Brown-Cornell ED Scale - Ritual (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious5 | none | 146 | 147 | - | SMD 0.08 lower (0.31 lower to 0.14 higher) | VERY LOW | IMPORTANT |
| Depression (measured with: BDI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious5 | none | 146 | 147 | - | SMD 0.11 lower (0.34 lower to 0.12 higher) | VERY LOW | IMPORTANT |
| Quality of Life (measured with: Quality of Well Being Scale; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | serious3 | serious5 | none | 146 | 147 | - | SMD 0.02 higher (0.21 lower to 0.25 higher) | VERY LOW | IMPORTANT |

1 Mitchell 2011/Crow 2013: Unclear allocation concealment. No participant nor investigator blinding. Dropout rates of both groups>20%, no details provided for reasons.

2 I2>50%.

3 Randomization was to different treatments. No randomisation to next level of stepped care.

4 CI crosses both 0.75 and 1.25 (Risk Ratio).

5 <400 participants.

Table 260: Full GRADE profile for self-help manual for bulimia nervosa then CBT-ED versus CBT-ED in adults with bulimia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Self-Help Manual for BN -> CBT-ED | CBT-ED | Relative (95% CI) | Absolute |
| **Remission (follow-up 18 months; assessed with: Abstinence from bingeing, purging or other weight control behaviour in past month (or if not available: BITE Symptom score<=11 and BITE Severity score=0))** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 14/46  (30.4%) | 12/40  (30%) | RR 1.01 (0.53 to 1.93) | 3 more per 1000 (from 141 fewer to 279 more) | VERY LOW | CRITICAL |
| Remission 18-mo FU (assessed with: Abstinence from bingeing, purging or other weight control behaviour in past month (or if not available: BITE Symptom score<=11 and BITE Severity score=0)) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 12/30  (40%) | 14/34  (41.2%) | RR 0.97 (0.54 to 1.76) | 12 fewer per 1000 (from 189 fewer to 313 more) | VERY LOW | CRITICAL |

1 Treasure 1996: inadequate randomization method and allocation concealment; No participant blinding, unclear investigator and assessor blinding; dropout rate of CBT-ED group>20%.

2 CI crosses both 0.75 and 1.25.

Table 261: Full GRADE profile for group psychoeducation then CBT-ED versus group psychoeducation then wait list control in adults with bulimia nervosa

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Group Psychoeducation->CBT-ED | Group Psychoeducation->WLC | Relative (95% CI) | Absolute |
| **Not in Remission** | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 21/37  (56.8%) | 16/19  (84.2%) | RR 0.67 (0.48 to 0.95) | 278 fewer per 1000 (from 42 fewer to 438 fewer) | LOW | CRITICAL |
| Not in Remission from Bingeing | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 18/37  (48.6%) | 15/19  (78.9%) | RR 0.62 (0.41 to 0.92) | 300 fewer per 1000 (from 63 fewer to 466 fewer) | LOW | CRITICAL |
| Not in Remission from Purging | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 10/37  (27%) | 15/19  (78.9%) | RR 0.58 (0.38 to 0.89) | 332 fewer per 1000 (from 87 fewer to 489 fewer) | LOW | CRITICAL |
| Binge Frequency (measured with: EDE 28 days; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 37 | 19 | - | SMD 0.54 lower (1.11 lower to 0.02 higher) | LOW | CRITICAL |
| Purge Frequency (measured with: EDE 28 days; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 37 | 19 | - | SMD 0.7 lower (1.27 to 0.13 lower) | LOW | CRITICAL |
| EDE Global (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 37 | 19 | - | SMD 0.08 lower (0.63 lower to 0.48 higher) | LOW | IMPORTANT |
| Depression (measured with: BDI; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 37 | 19 | - | SMD 0.17 lower (0.72 lower to 0.39 higher) | LOW | IMPORTANT |
| General Psychopathology (measured with: Brief Symptom Inventory; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 37 | 19 | - | SMD 0.21 lower (0.76 lower to 0.35 higher) | LOW | IMPORTANT |
| General Functioning (measured with: SAS; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 37 | 19 | - | SMD 0.3 lower (0.86 lower to 0.25 higher) | LOW | CRITICAL |

1 Davis 1999: unclear randomization method and allocation concealment. No participant blinding, unclear investigator and assessor blinding. Unclear whether baseline characteristics similar.

2 CI crosses either 0.75 or 1.25 (Risk Ratio).

* 1. 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.
     1. Compulsory versus voluntary treatment

Table 262: Full GRADE profile for compulsory treatment versus voluntary treatment in young people with any eating disorder at discharge

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Compulsory treatment | Voluntary treatment | Relative (95% CI) | Absolute |
| BMI at discharge - young people (follow-up 12 months; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 15 | 32 | - | SMD 0.69 higher (0.06 to 1.32 higher) | VERY LOW | CRITICAL |
| Morgan-Russell Outcome (change scores) - young people (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 15 | 32 | - | SMD 0.53 higher (0.09 lower to 1.16 higher) | VERY LOW | IMPORTANT |
| Regular Menstruation - young people (follow-up 12 months) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 10/15  (66.7%) | 5/32  (15.6%) | RR 4.27 (1.77 to 10.3) | 511 more per 1000 (from 120 more to 1000 more) | VERY LOW | IMPORTANT |
| Disengaged from Family Therapy - young people (follow-up 12 months) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | very serious4 | none | 4/16  (25%) | 15/34  (44.1%) | RR 0.57 (0.22 to 1.44) | 190 fewer per 1000 (from 344 fewer to 194 more) | VERY LOW | IMPORTANT |
| Required Nasogastric Feeding - young people (follow-up 12 months) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 11/16  (68.8%) | 4/34  (11.8%) | RR 5.84 (2.2 to 15.54) | 569 more per 1000 (from 141 more to 1000 more) | VERY LOW | IMPORTANT |
| Prematurely Discharged - young people (follow-up 12 months) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | very serious4 | none | 2/16  (12.5%) | 12/34  (35.3%) | RR 0.35 (0.09 to 1.4) | 229 fewer per 1000 (from 321 fewer to 141 more) | VERY LOW | IMPORTANT |
| General Functioning - young people (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 15 | 32 | - | SMD 0.91 lower (1.36 to 0.45 lower) | VERY LOW | IMPORTANT |
| Depression - young people (follow-up 12 months; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 15 | 32 | - | SMD 0.77 lower (1.41 to 0.14 lower) | VERY LOW | IMPORTANT |

1 Ayton 2009: high selection bias (group allocation likely to affect outcome, no attempt to balance design, baseline not comparable); high performance bias (compulsory group treated significantly longer than voluntary group, sig more in compulsory group required nasogastric feeding).

2 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

3 <300 events (dichotomous outcome) or <400 participants (continuous outcome).

4 CI crosses both 0.75 and 1.25 (Risk Ratio).

Table 263: Full GRADE profile for compulsory treatment versus voluntary treatment in young people with any eating disorder at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Compulsory Treatment | Voluntary Treatment | Relative (95% CI) | Absolute |
| **>90% Weight for Height 12-mo after discharge - young people** | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 6/12  (50%) | 11/29  (37.9%) | RR 1.32 (0.63 to 2.74) | 121 more per 1000 (from 140 fewer to 660 more) | ÅOOO VERY LOW | IMPORTANT |
| Intermediate Outcome 12-mo after discharge - young people (assessed with: Clinically underweight and either receiving ongoing OP treatment or prematurely disengaged with services) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 4/12  (33.3%) | 6/29  (20.7%) | RR 1.61 (0.55 to 4.7) | 126 more per 1000 (from 93 fewer to 766 more) | ÅOOO VERY LOW | IMPORTANT |
| Patients alive 12-mo after discharge - young people | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 12/12  (100%) | 27/29  (93.1%) | RR 1.05 (0.9 to 1.22) | 47 more per 1000 (from 93 fewer to 205 more) | ÅOOO VERY LOW | CRITICAL |
| Readmitted to Hospital 12-mo after discharge - young people | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | very serious2 | none | 0/12  (0%) | 2/29  (6.9%) | RR 0.46 (0.02 to 8.96) | 37 fewer per 1000 (from 68 fewer to 549 more) | ÅOOO VERY LOW | IMPORTANT |

1 Ayton 2009: high selection bias (group allocation likely to affect outcome, no attempt to balance design, baseline not comparable); high performance bias (compulsory group treated significantly longer than voluntary group, sig more in compulsory group required nasogastric feeding).

2 CI crosses both 0.75 and 1.25 (Risk Ratio).

3 <300 events (dichotomous outcome) or <400 participants (continuous outcome).

Table 264: Full GRADE profile for compulsory treatment versus voluntary treatment in adults with any eating disorder at discharge

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Any ED: Compulsory Treatment | Voluntary Treatment | Relative (95% CI) | Absolute |
| BMI at discharge - adults (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 66 | 331 | - | SMD 0.05 lower (0.32 lower to 0.21 higher) | VERY LOW | CRITICAL |
| Weight Gain (lbs) - adults (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 66 | 331 | - | SMD 0.33 higher (0.07 to 0.6 higher) | VERY LOW | CRITICAL |
| Rate of Weight Gain (lbs/week) - adults (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 66 | 331 | - | SMD 0.18 higher (0.09 lower to 0.44 higher) | VERY LOW | CRITICAL |
| # achieving >85% ABW or BMI>18 - adults | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 52/66  (78.8%) | 267/331  (80.7%) | RR 0.98 (0.85 to 1.12) | 16 fewer per 1000 (from 121 fewer to 97 more) | VERY LOW | CRITICAL |
| # AN patients achieving >85% ABW - adults | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 21/28  (75%) | 109/150  (72.7%) | RR 1.03 (0.82 to 1.31) | 22 more per 1000 (from 131 fewer to 225 more) | VERY LOW | CRITICAL |
| Length of Hospital Stay (days) - adults (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious3 | none | 66 | 331 | - | SMD 0.45 higher (0.19 to 0.72 higher) | VERY LOW | IMPORTANT |

1 Watson 2000: low selection bias (group allocation likely to affect outcome); high performance bias (no participant nor investigator blinding).

2 <300 events (dichotomous outcome) or <400 participants (continuous outcome).

3 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

Table 265: Full GRADE profile for compulsory treatment versus voluntary treatment in adults with anorexia nervosa at discharge

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Compulsory Treatment | Voluntary Treatment | Relative (95% CI) | Absolute |
| **BMI at discharge (follow-up 5.7 years; Better indicated by higher values)** | | | | | | | | | | | | |
| 3 | observational studies | serious1,2,3 | no serious inconsistency | no serious indirectness | serious4 | none | 122 | 224 | - | SMD 0.04 higher (0.19 lower to 0.27 higher) | VERY LOW | CRITICAL |
| Weight Gain (Better indicated by lower values) | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 26 | 70 | - | SMD 0.23 higher (0.22 lower to 0.68 higher) | VERY LOW | CRITICAL |
| Duration of hospital stay (Better indicated by lower values) | | | | | | | | | | | | |
| 2 | observational studies | serious2,3 | no serious inconsistency | no serious indirectness | serious5 | none | 96 | 154 | - | SMD 0.46 higher (0.18 to 0.73 higher) | VERY LOW | IMPORTANT |
| Refeeding Syndrome | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious5 | none | 10/26  (38.5%) | 12/70  (17.1%) | RR 2.24 (1.1 to 4.56) | 213 more per 1000 (from 17 more to 610 more) | VERY LOW | IMPORTANT |
| Locked Ward | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 11/26  (42.3%) | 1/70  (1.4%) | RR 29.62 (4.02 to 218.18) | 409 more per 1000 (from 43 more to 1000 more) | VERY LOW | IMPORTANT |
| Required Tube Feeding | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 12/26  (46.2%) | 11/70  (15.7%) | RR 2.94 (1.48 to 5.82) | 305 more per 1000 (from 75 more to 757 more) | VERY LOW | IMPORTANT |
| Achieved Target Weight | | | | | | | | | | | | |
| 1 | observational studies | serious3 | no serious inconsistency | no serious indirectness | very serious5 | none | 4/15  (26.7%) | 30/73  (41.1%) | RR 0.65 (0.27 to 1.57) | 144 fewer per 1000 (from 300 fewer to 234 more) | VERY LOW | IMPORTANT |
| Required >1 Specialist Medical Consultation | | | | | | | | | | | | |
| 1 | observational studies | serious3 | no serious inconsistency | no serious indirectness | serious5 | none | 14/15  (93.3%) | 53/73  (72.6%) | RR 1.29 (1.06 to 1.56) | 211 more per 1000 (from 44 more to 407 more) | VERY LOW | IMPORTANT |

1 Carney 2006: high selection bias (group allocation likely to affect study outcome, no attempt made to balance design, groups not comparable at baseline); high performance bias (Voluntary group not likely to be on locked ward nor subject to tube feeding).

2 Ramsay 1999/Ward 2015: high selection bias (allocation to group likely to affect study outcome, no attempt to balance design, groups not comparable at baseline).

3 Griffiths 1997: high selection bias (group allocation likely to affect study outcome, no attempt made to balance design, socioeconomic status of compulsory group significantly higher than voluntary group); low performance bias (compulsory group had significantly longer treatment).

4 <300 events (dichotomous outcome) or <400 participants (continuous outcome).

5 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).

Table 266: Full GRADE profile for compulsory treatment versus voluntary treatment in adults with anorexia nervosa at follow up

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Compulsory Treatment | Voluntary Treatment | Relative (95% CI) | Absolute |
| Patient Deaths FU | | | | | | | | | | | | |
| 2 | observational studies | serious1,2 | no serious inconsistency | no serious indirectness | serious3 | none | 11/94  (11.7%) | 2/151  (1.3%) | RR 5.66 (1.49 to 21.54) | 62 more per 1000 (from 6 more to 272 more) | VERY LOW | CRITICAL |
| Patient Deaths 20-yr FU | | | | | | | | | | | | |
| 1 | observational studies | serious1 | no serious inconsistency | no serious indirectness | serious4 | none | 17/79  (21.5%) | 10/78  (12.8%) | RR 1.68 (0.82 to 3.43) | 87 more per 1000 (from 23 fewer to 312 more) | VERY LOW | CRITICAL |

1 Ramsay 1999/Ward 2015: high selection bias (allocation to group likely to affect study outcome, no attempt to balance design, groups not comparable at baseline).

2 Griffiths 1997: high selection bias (group allocation likely to affect study outcome, no attempt made to balance design, socioeconomic status of compulsory group significantly higher than voluntary group); low performance bias (compulsory group had significantly longer treatment).

3 CI crosses either 0.75 or 1.25 (Risk Ratio), or either 0.5 or -0.5 (SMD).