

Eating Disorders: recognition and treatment of eating disorders

Review questions

NICE Guideline

Methods, evidence and recommendations

25 August 2016

Draft for Consultation

*Commissioned by the National Institute for
Health and Care Excellence*

Disclaimer

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

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Contents

1	Review questions	5
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1 Review questions

Question number	Review question
1	What are the utility, validity and reliability of the instruments, tools and methods used for case identification in eating disorders?
2	What is the validity and reliability of the instruments, tools and methods used to assess and monitor eating disorders?
3	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?
4	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?
5	Does any pharmacological intervention produce benefits/harms on specified outcomes in people with eating disorders?
6	Does any nutritional intervention produce benefits/harms on specified outcomes in people with eating disorders?
7	Do physical interventions, such as transcranial magnetic stimulation or physiotherapy, produce benefits/harms in people with eating disorders?
8	What interventions are effective at managing or reducing short and long-term physical complications of eating disorders?
9	Does any intervention for an eating disorder need to be modified in the presence of common long-term health conditions?
10	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?
11	Do different ways of coordinating care produce benefits/harms for people with eating disorders?
12	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)?