

Eating disorders: recognition and treatment

Appendix M - Forest Plots

NICE Guideline

Methods, evidence and recommendations

May 2017

Final

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

Disclaimer

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

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1 Appendices

2 Appendix M: Forest Plots

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

M.1.16 DAWBA

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

DAWBA Interview for any ED

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

DAWBA Interview for AN

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

DAWBA Interview for BN

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

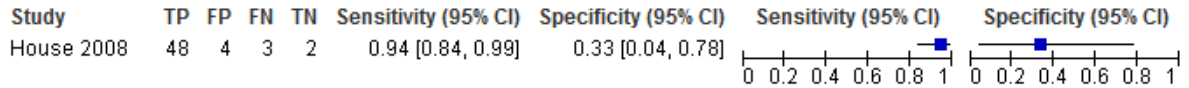
DAWBA Interview for EDNOS

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

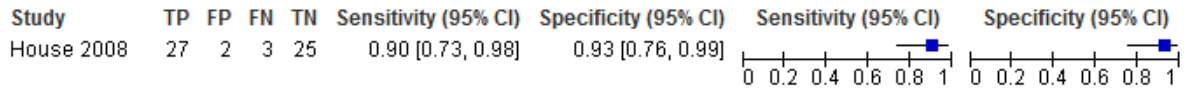
10

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

DAWBA Online for any ED



DAWBA Online for AN



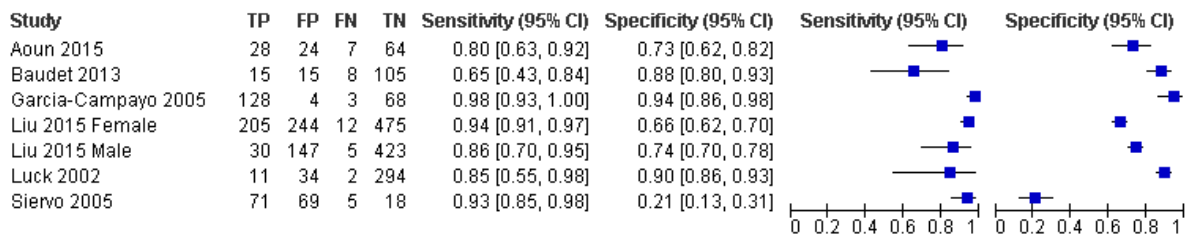
DAWBA Online for EDNOS



4

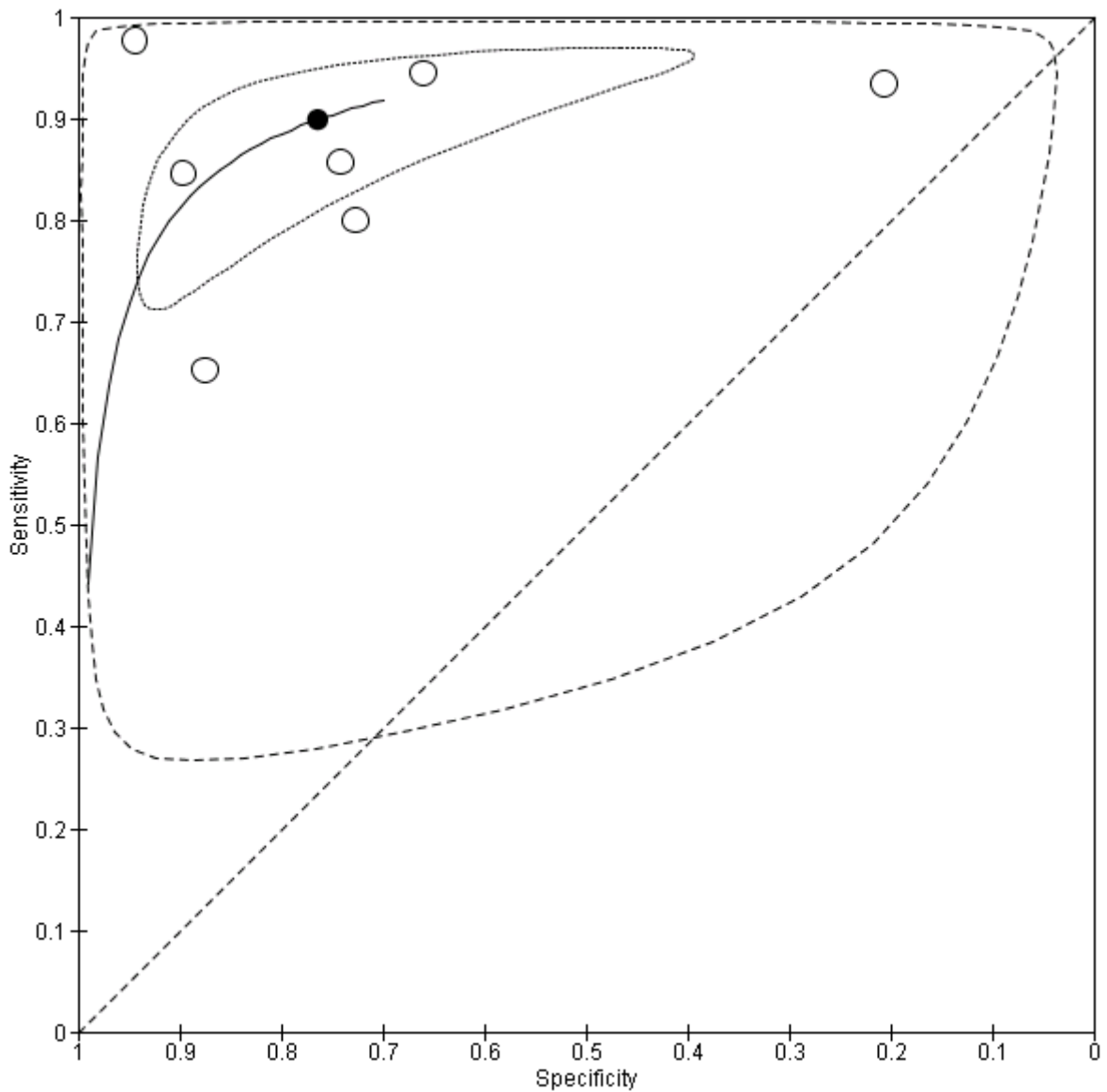
M.1.25 SCOFF

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



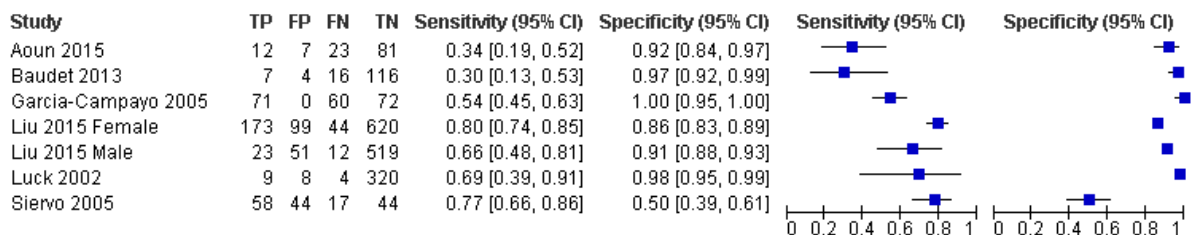
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1 **Figure 4: Summary Receiving Operating Characteristic curve for SCOFF for case**
 2 **identification of any eating disorder at threshold of 2 or more – cohort and**
 3 **cross-sectional studies**



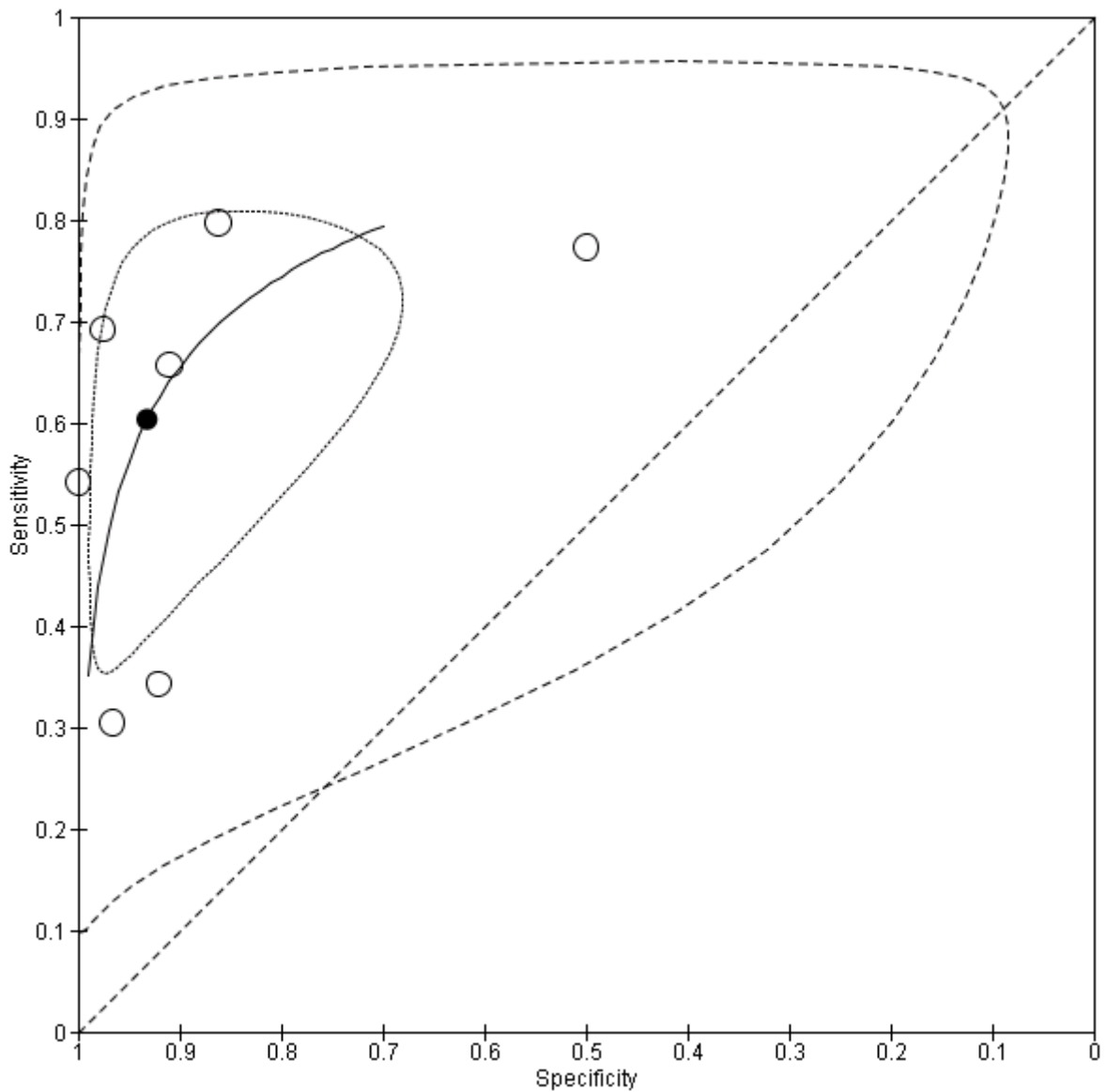
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5 **Figure 5: Forest plots of sensitivity and specificity for SCOFF for case identification of**
 6 **any eating disorder at threshold of 3 or more – cohort and cross sectional**
 7 **studies**



8

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



4

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

SCOFF for Male ED ≥ 2

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

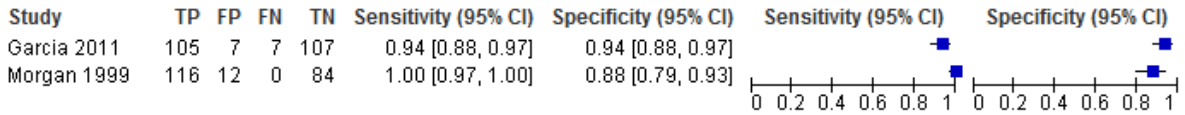
SCOFF for Male ED ≥ 3

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

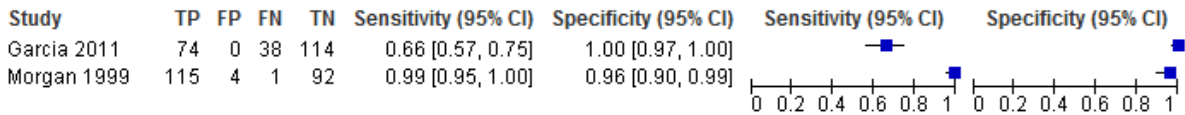
8

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

SCOFF for ED ≥ 2 case control



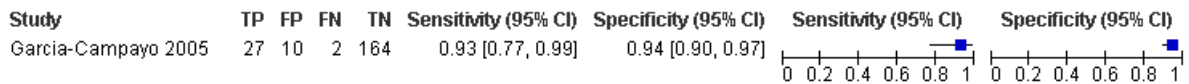
SCOFF for ED ≥ 3 case control



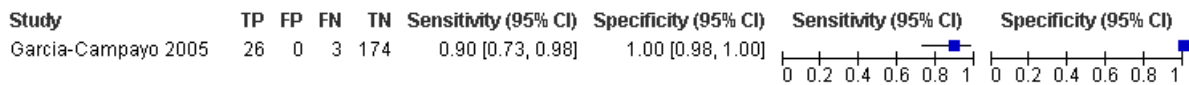
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5 **Figure 9: Forest plots of sensitivity and specificity for SCOFF at threshold of ≥ 2 and ≥ 3**
 6 **for case identification of anorexia nervosa in adult females – cohort and**
 7 **cross-sectional studies**

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



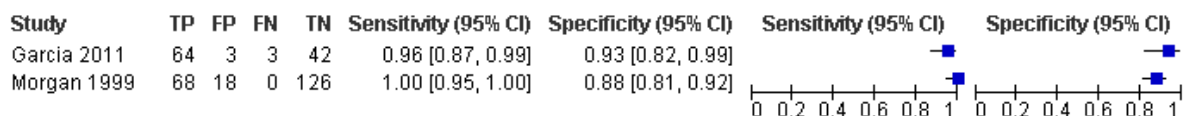
SCOFF for female AN ≥ 3 - cohort/cross-sectional



8

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

SCOFF for female AN ≥ 2 - case control



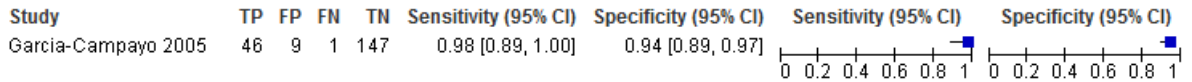
SCOFF for female AN ≥ 3 - case control



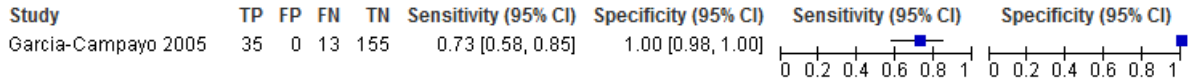
12

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

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



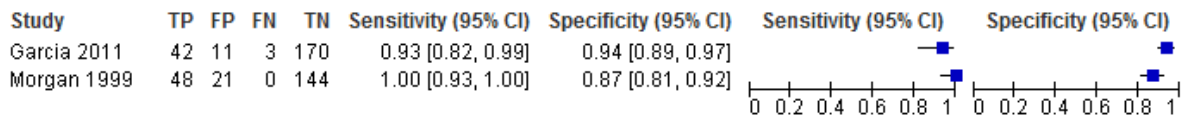
SCOFF for female BN ≥ 3 - cohort/cross-sectional



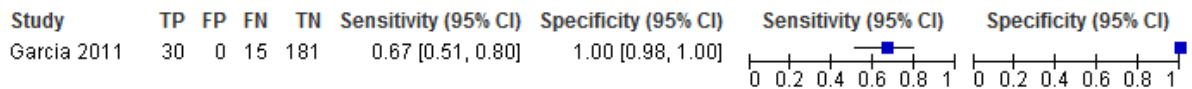
4

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

SCOFF for Female BN ≥ 2 - case control



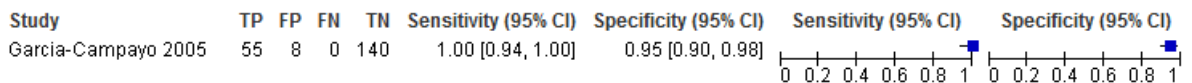
SCOFF for Female BN ≥ 3 - case control



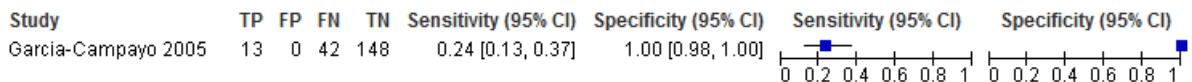
8

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

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



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

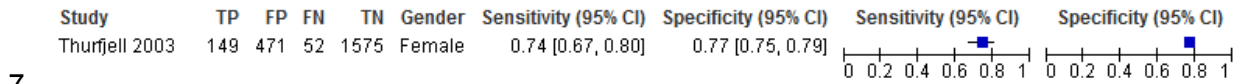


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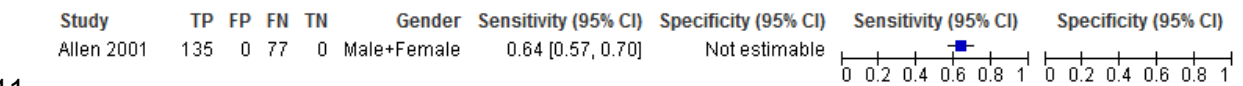
M.2.1 Clinical question: What is the validity and reliability of the instruments, tools and methods used to assess and monitor eating disorders?

M.2.14 Any eating disorder

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

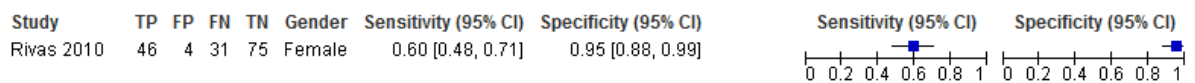


8 Figure 15: Forest plots of sensitivity and specificity of tools for assessment of any
9 eating disorder in children, young people and adults – cohort and cross-
10 sectional studies

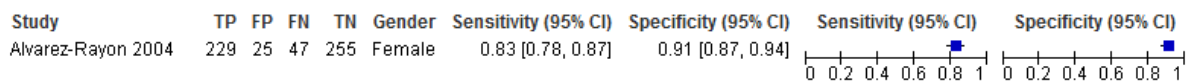


12 Figure 16: Forest plots of sensitivity and specificity of tools for assessment of any
13 eating disorder in children, young people and adults – case control studies

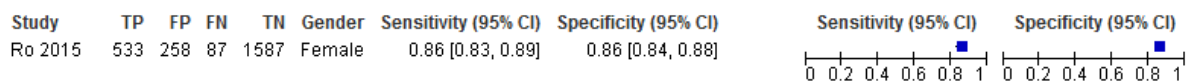
EAT-26 for Female ED



EAT-40 for Female ED >=26



EDE-Q for DSM-IV ED (Cutoff)



14

M.2.21 Anorexia nervosa

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

EDA-5 for AN

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Sysko 2015	22	7	0	35	Male+Female	1.00 [0.85, 1.00]	0.83 [0.69, 0.93]		

EDA-5 App for AN

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Sysko 2015	15	0	3	53	Male+Female	0.83 [0.59, 0.96]	1.00 [0.93, 1.00]		

EDE-Q for DSM-IV AN

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Allen 2001	27	5	11	169	Male+Female	0.71 [0.54, 0.85]	0.97 [0.93, 0.99]		
Berg 2012	8	3	3	203	Male+Female	0.73 [0.39, 0.94]	0.99 [0.96, 1.00]		

EDE-Q for DSM-V AN

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Berg 2012	11	3	4	199	Male+Female	0.73 [0.45, 0.92]	0.99 [0.96, 1.00]		

Munich ED-Quest for AN

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Fichter 2015	90	2	4	99	Male+Female	0.96 [0.89, 0.99]	0.98 [0.93, 1.00]		

SIAB-EX for AN

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Fichter 2001	10	5	5	60	Male+Female	0.67 [0.38, 0.88]	0.92 [0.83, 0.97]		

4

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

BITE for Female AN-R

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Waller 1992	11	0	0	70	Female	1.00 [0.72, 1.00]	1.00 [0.95, 1.00]		

BITE for Female AN-BP

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Waller 1992	4	0	6	71	Female	0.40 [0.12, 0.74]	1.00 [0.95, 1.00]		

EAT-40 for Female AN>=28

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Alvarez-Rayon 2004	44	35	8	469	Female	0.85 [0.72, 0.93]	0.93 [0.90, 0.95]		

EDE-Q for DSM-IV AN (Cutoff)

Study	TP	FP	FN	TN	Gender	Sensitivity (95% CI)	Specificity (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)
Ro 2015	129	461	32	1843	Female	0.80 [0.73, 0.86]	0.80 [0.78, 0.82]		

7

M.2.31 Bulimia nervosa

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

EDA-5 for BN

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

EDA-5 App for BN

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

EDE-Q for DSM-IV BN

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

EDE-Q for DSM-V BN

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

Munich ED-Quest for BN

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

SIAB-EX for BN

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

4

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

BITE for Female BN with history of AN

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

BITE for Female BN with no history of AN

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

EAT-40 for Female BN >=28

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

EDE-Q for DSM-IV BN (Cutoff)

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

7

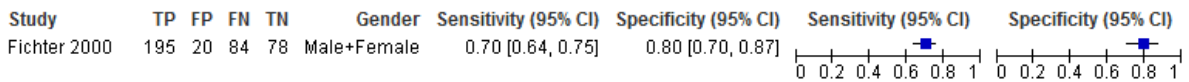
M.2.41 Anorexia nervosa and bulimia nervosa

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

SIAB-EX for AN and BN

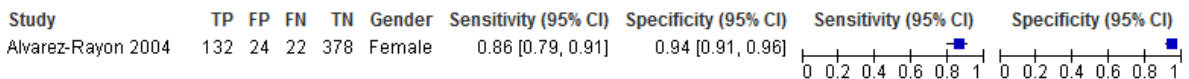


SIAB-S for AN or BN



4

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

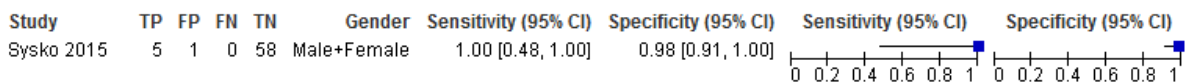


7

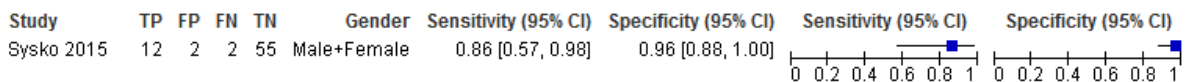
M.2.58 Binge eating disorder

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

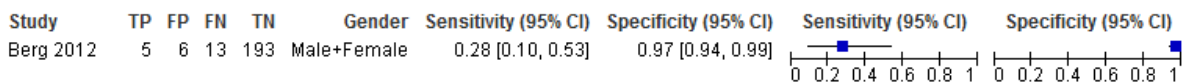
EDA-5 for BED



EDA-5 App for BED



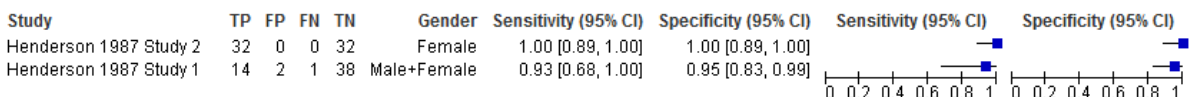
EDE-Q for DSM-IV BED



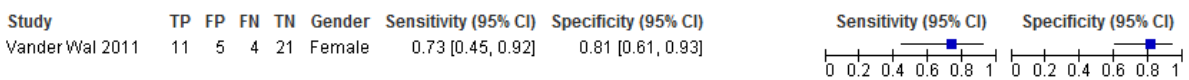
11

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

BITE for Binge Eating



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



14

M.2.61 EDNOS

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

EDA-5 for EDNOS or OSFED/USFED

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

EDA-5 App for OSFED/USFED

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

EDE-Q for DSM-IV EDNOS

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

EDE-Q for DSM-V EDNOS

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

4

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

EAT-40 for Female EDNOS>=22

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

EDE-Q for DSM-IV EDNOS (Cutoff)

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

7

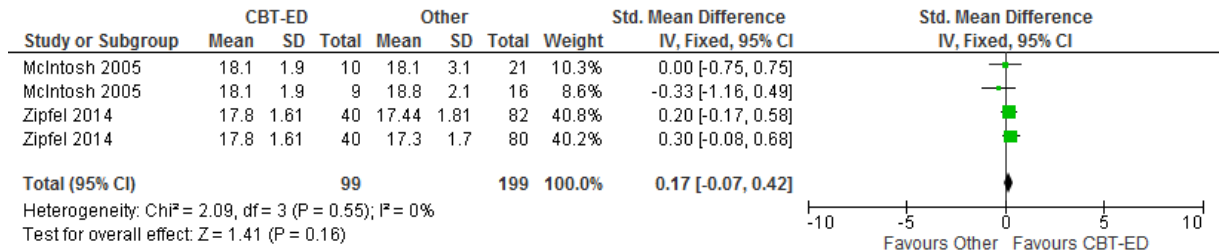
M.3.8 Clinical question: Does any group or individual 9 psychological intervention with or without a 10 pharmacological intervention produce benefits/harms in

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

M.3.13 Individual therapy for anorexia nervosa

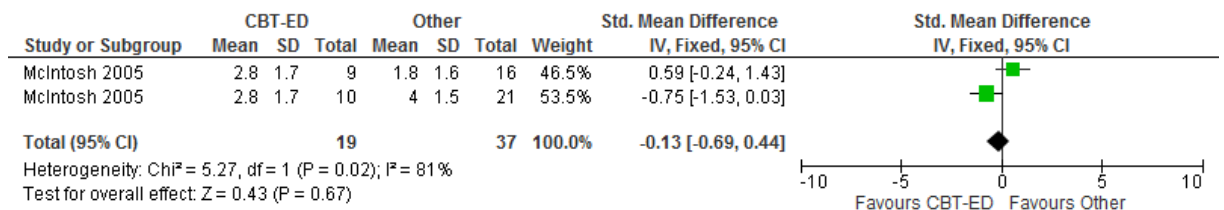
M.3.1.14 CBT-ED versus any other intervention in adults with anorexia nervosa at the end of
5 **treatment**

6 **Figure 27: Body mass index**



7

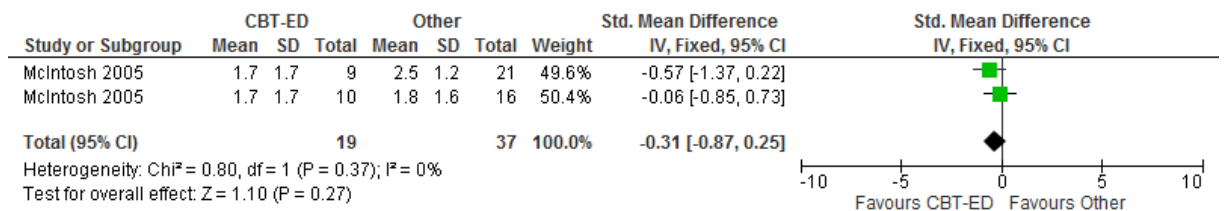
8 **Figure 28: EDE-restraint**



9

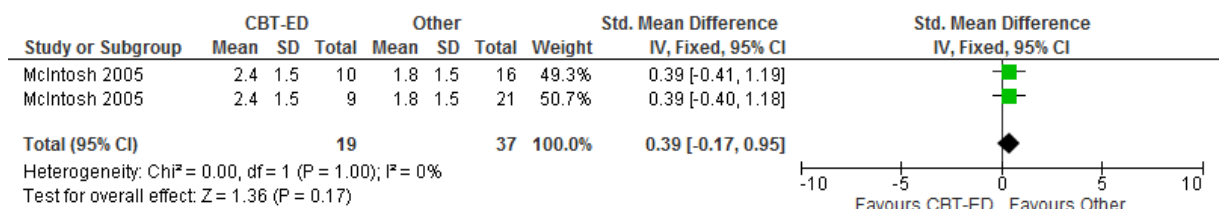
10 Heterogeneity was detected at I²=81%, however, this is a three-armed trial and the data was
11 separated into two entries from the same study so heterogeneity could not be explored.

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



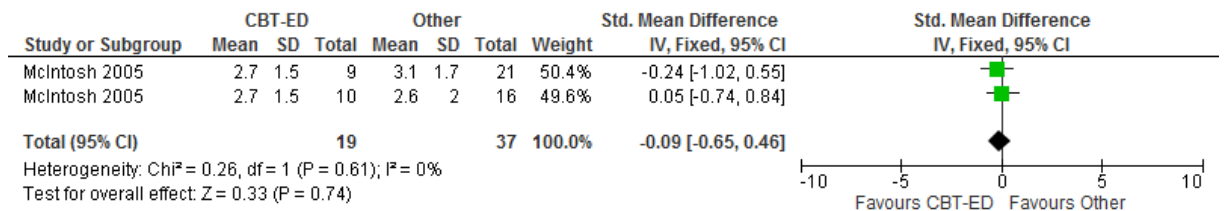
13

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



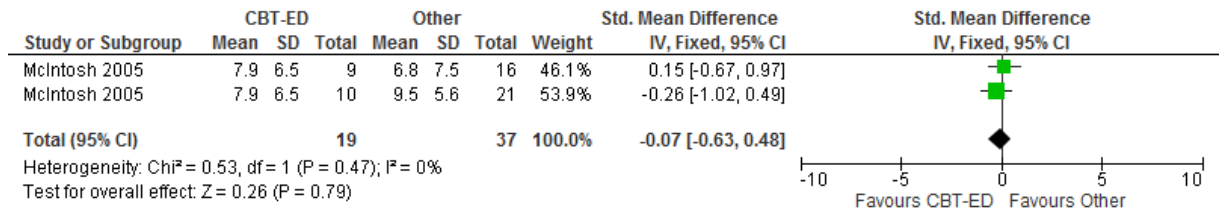
15

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



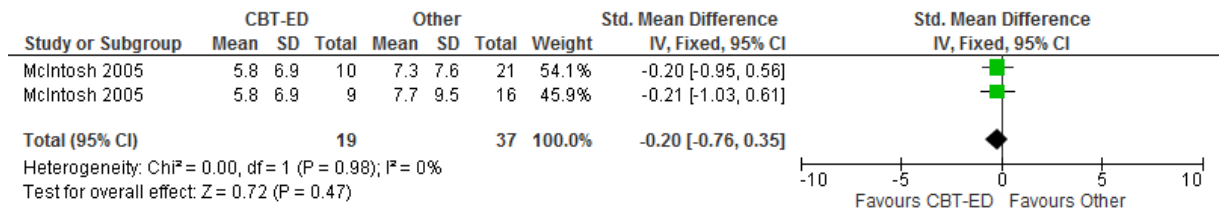
2

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



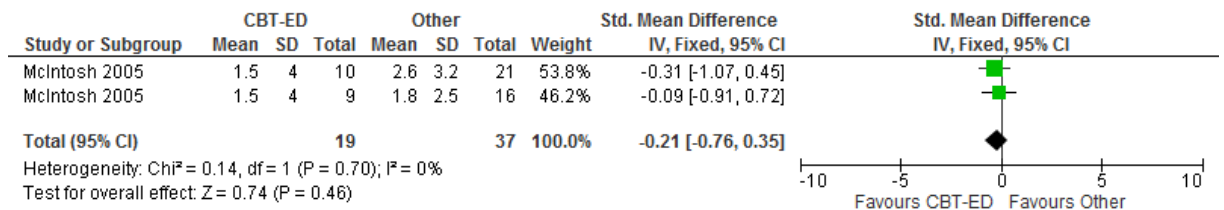
4

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



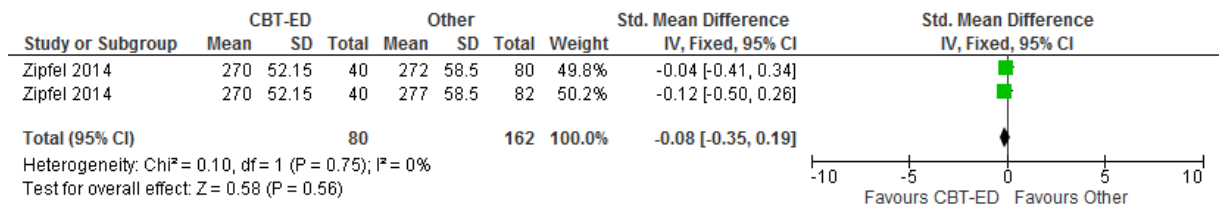
6

7 **Figure 34: EDI-bulimia**



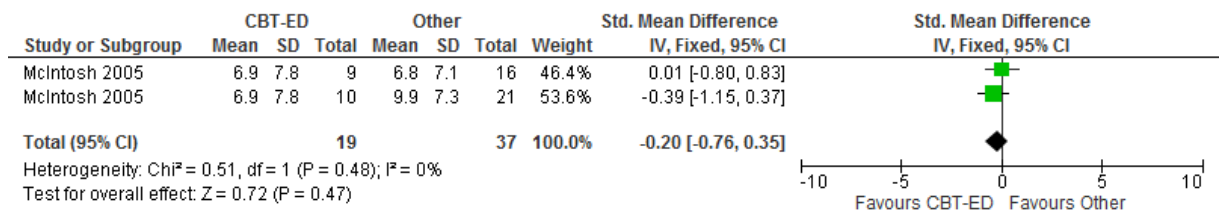
8

9 **Figure 35: EDI-total**



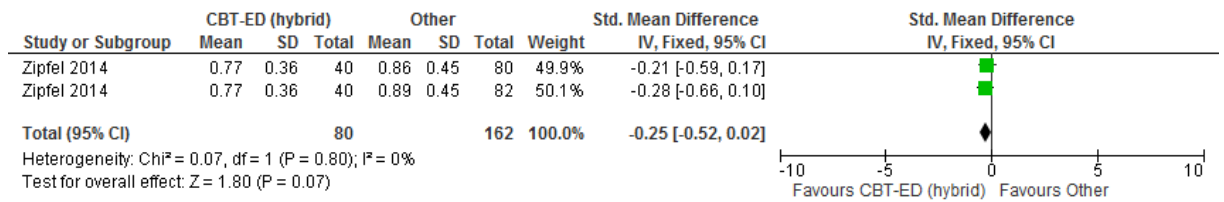
10

11 **Figure 36: Depression**



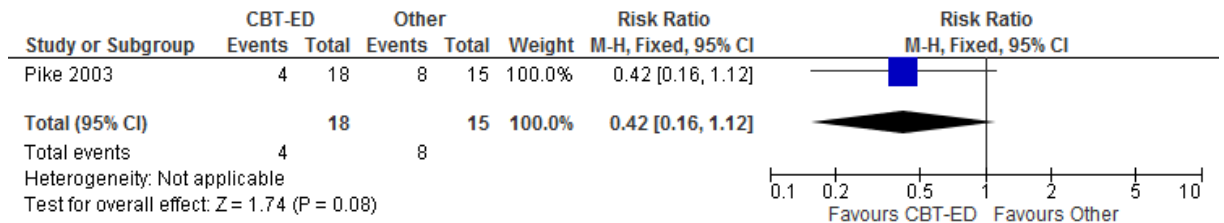
12

1 **Figure 37: General psychopathology**



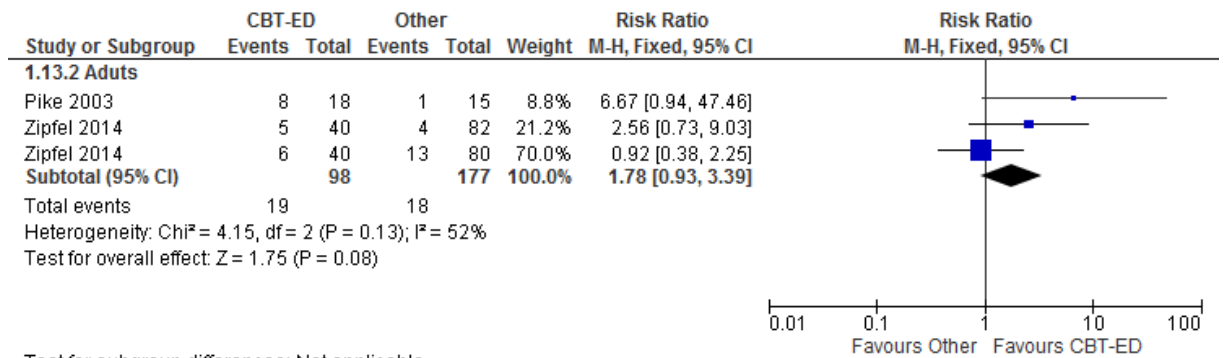
2

3 **Figure 38: Relapse**



4

5 **Figure 39: Remission**

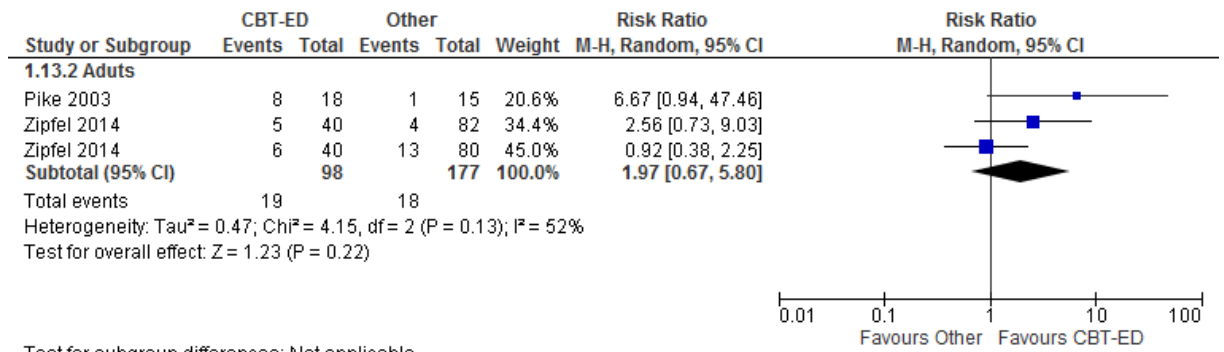


6

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

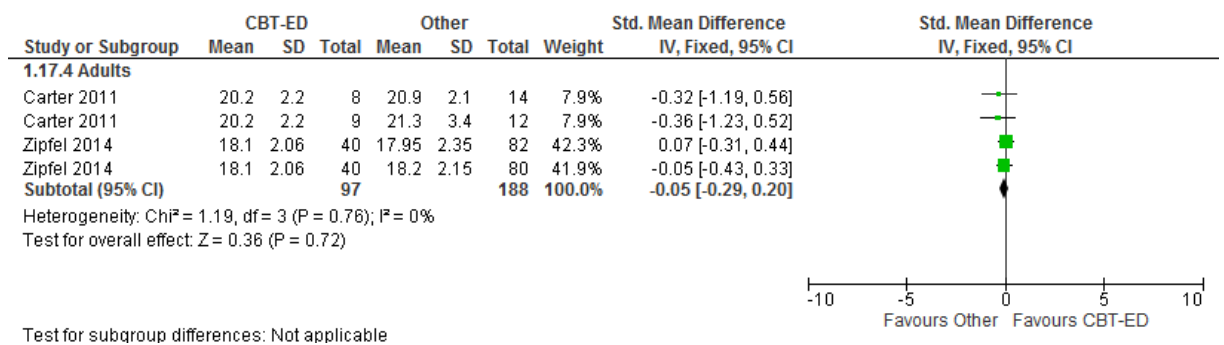
19 **Figure 40: Remission (random effects)**

20

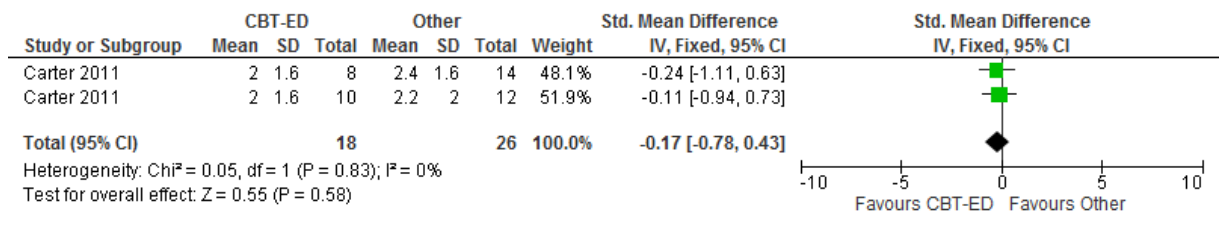


M.3.1.22 CBT-ED versus any other intervention in adults with anorexia nervosa at follow-up

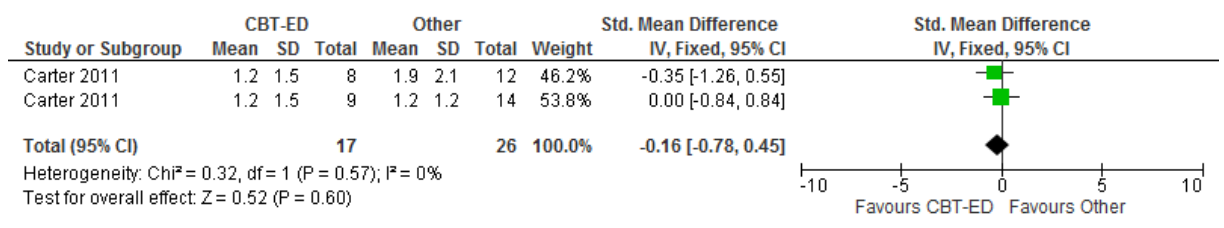
3 Figure 41: Body mass index



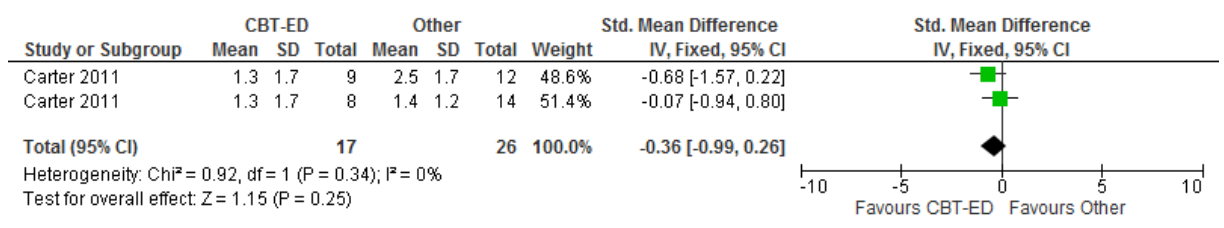
5 Figure 42: EDE-shape concern



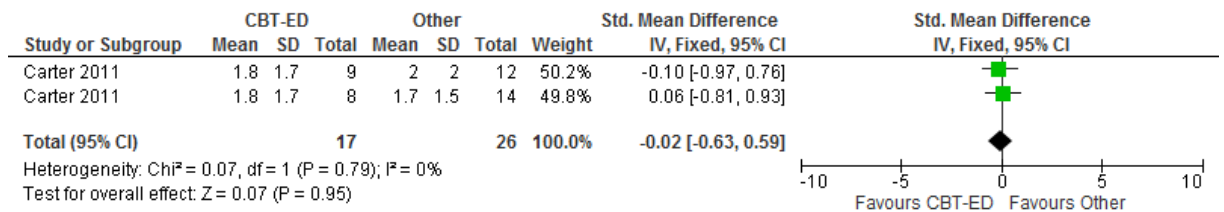
7 Figure 43: EDE-eating concern



9 Figure 44: EDE-restraint

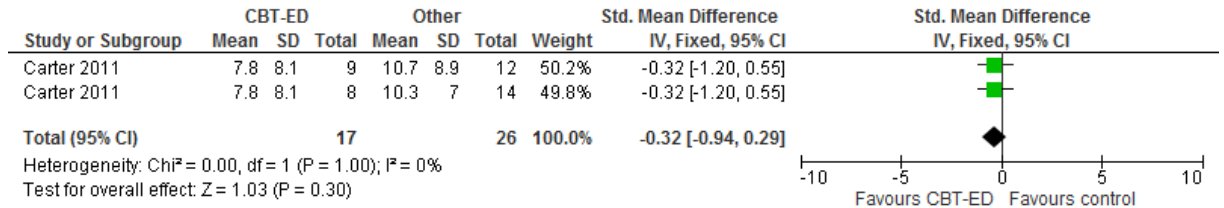


1 **Figure 45: EDE-weight concern**



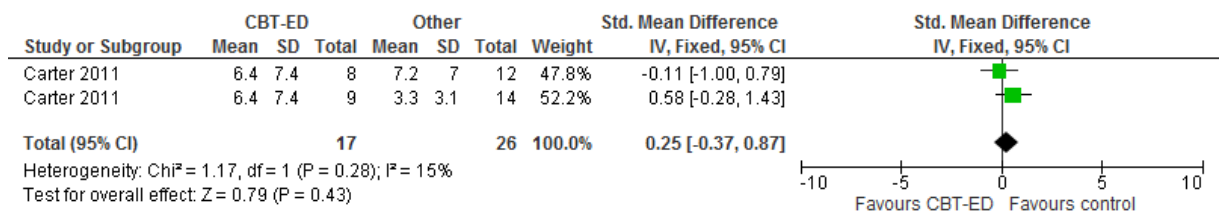
2

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



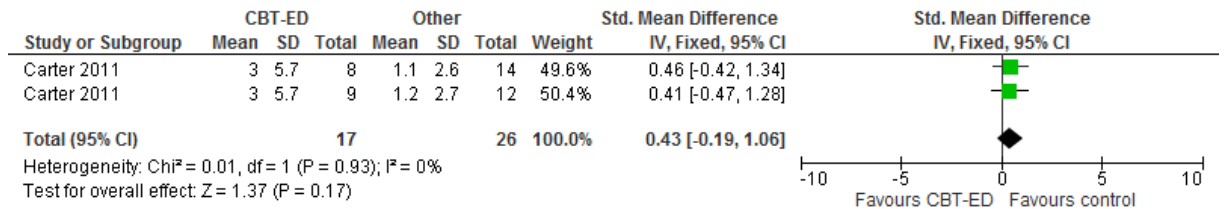
4

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



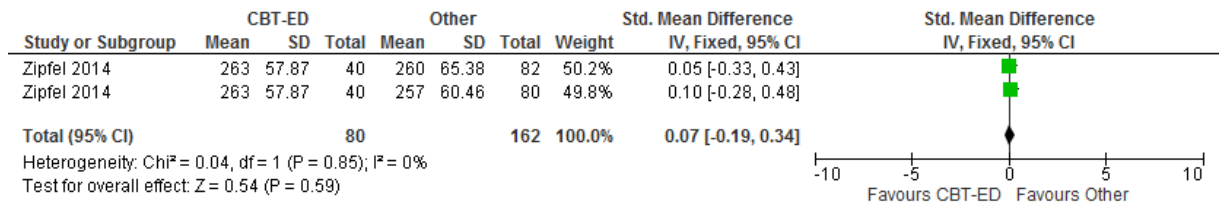
6

7 **Figure 48: EDI-bulimia**



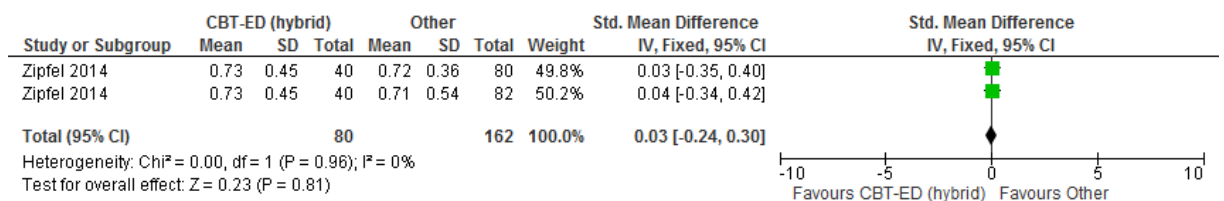
8

9 **Figure 49: EDI-total**



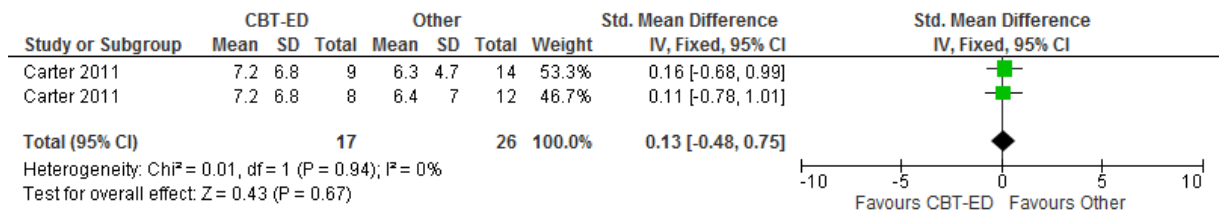
10

11 **Figure 50: General psychopathology**



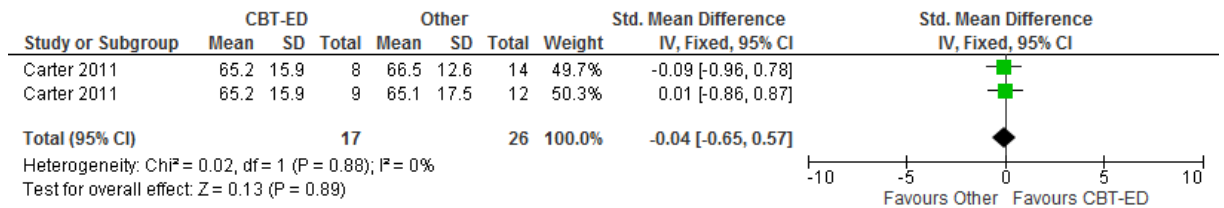
12

1 **Figure 51: Depression**



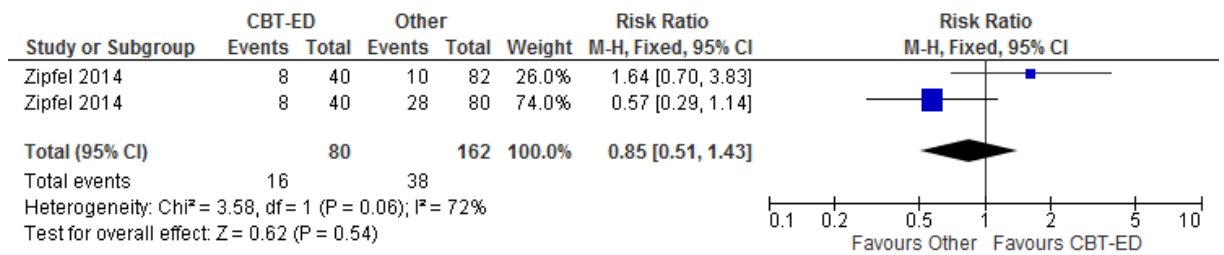
2

3 **Figure 52: General function**



4

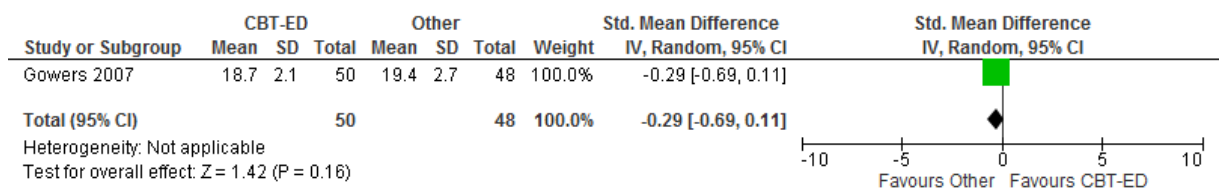
5 **Figure 53: Remission**



6

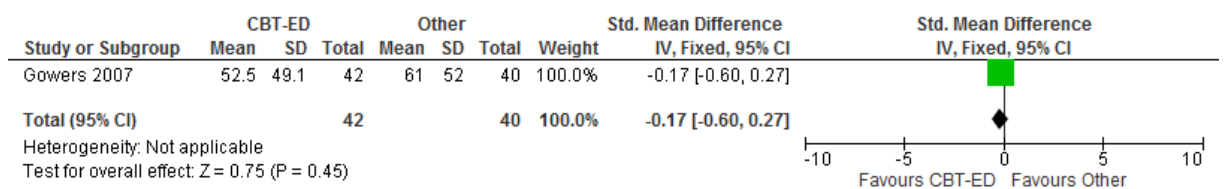
M.3.1.37 **CBT-ED versus any other intervention in young people with anorexia nervosa at follow-up**

9 **Figure 54: Body mass index**



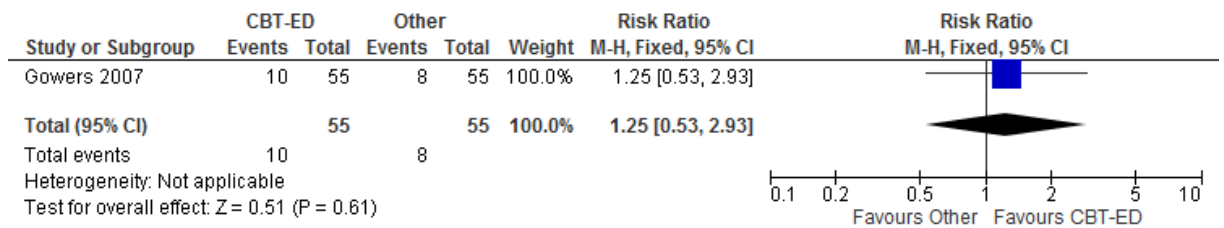
10

11 **Figure 55: EDI-total**



12

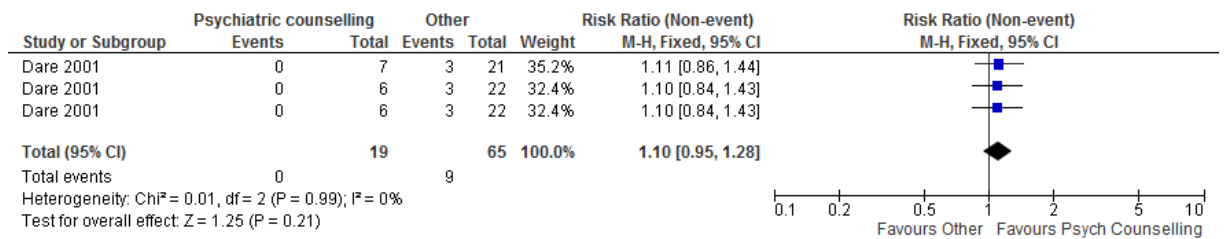
1 **Figure 56: Remission**



2

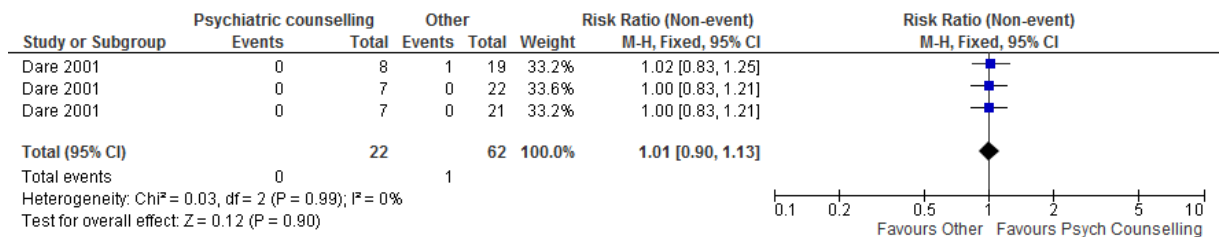
M.3.1.43 **Psychiatric counselling versus any other intervention in adults with anorexia nervosa at the end of treatment**

5 **Figure 57: Remission**



6

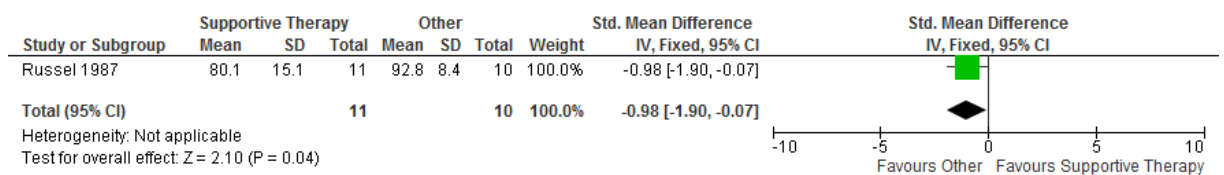
7 **Figure 58: All-cause mortality**



8

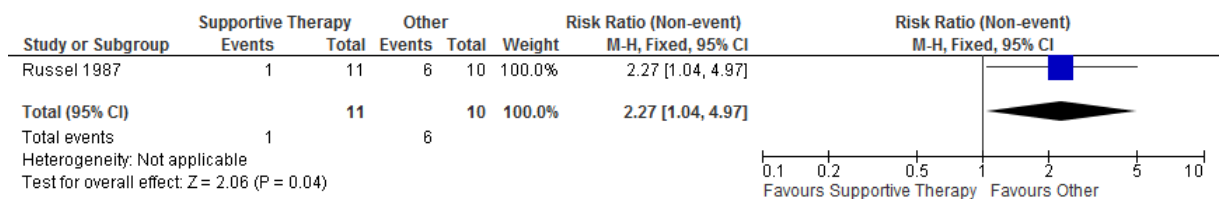
M.3.1.59 **Supportive therapy versus any other intervention in young people with anorexia nervosa at the end of treatment**

11 **Figure 59: Weight**



12

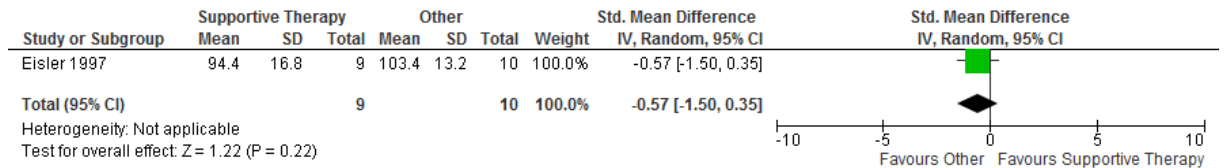
13 **Figure 60: Remission**



14

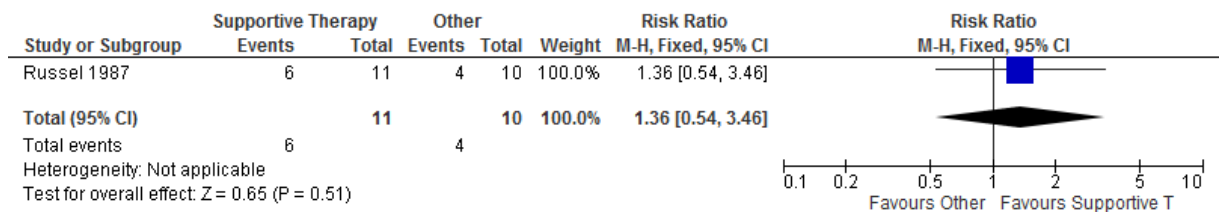
M.3.1.61 Supportive therapy versus any other intervention in young people with anorexia nervosa at follow-up

3 Figure 61: Body weight



4

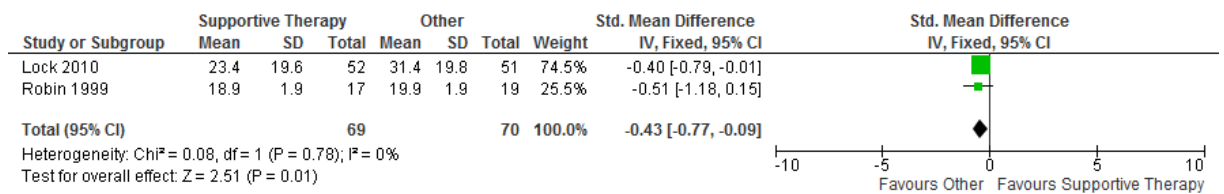
5 Figure 62: Remission



6

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

9 Figure 63: Body weight



10

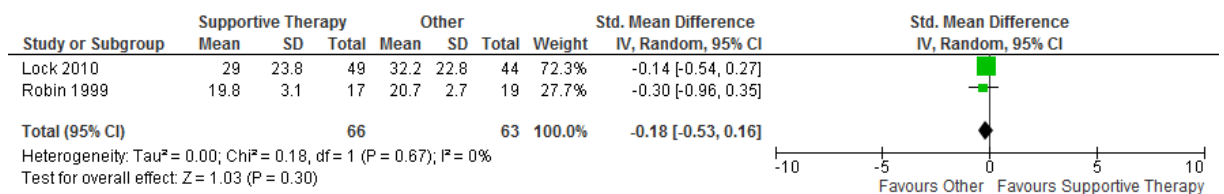
11 Figure 64: Remission



12

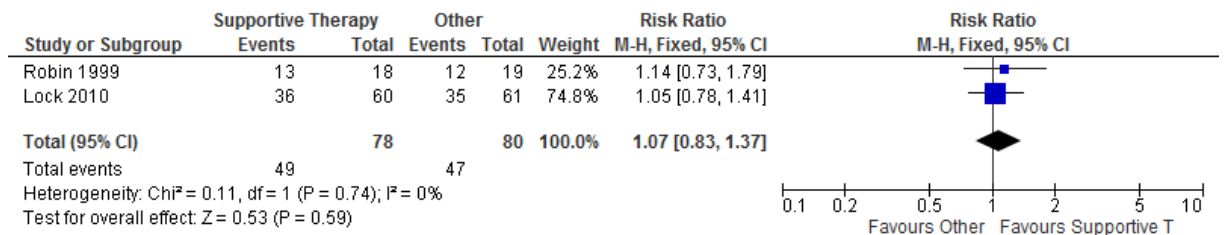
M.3.1.83 Adolescent-focused therapy versus any other intervention in young people with anorexia nervosa at follow-up

15 Figure 65: Body weight



16

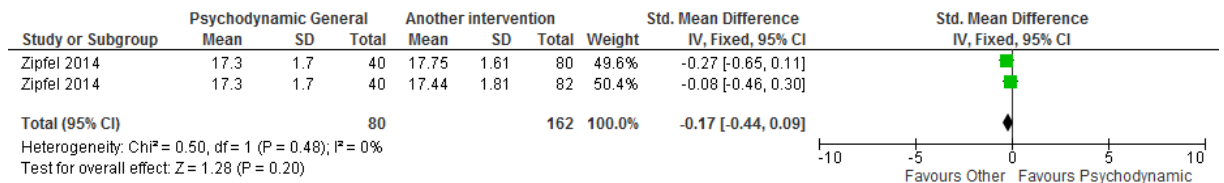
1 **Figure 66: Remission**



2

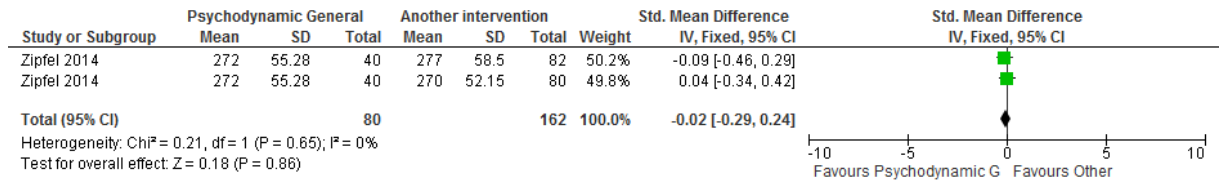
M.3.1.93 **Psychodynamic general versus any other intervention in adults with anorexia nervosa at the end of treatment**

5 **Figure 67: Body mass index**



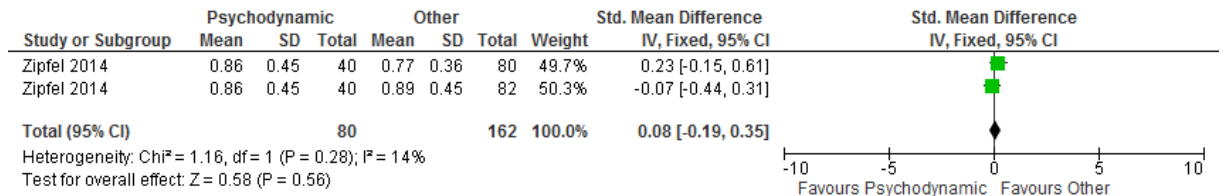
6

7 **Figure 68: EDI-total**



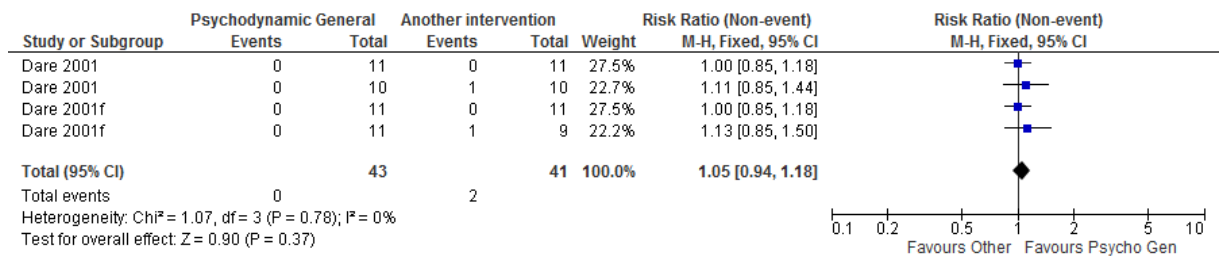
8

9 **Figure 69: General psychopathology**



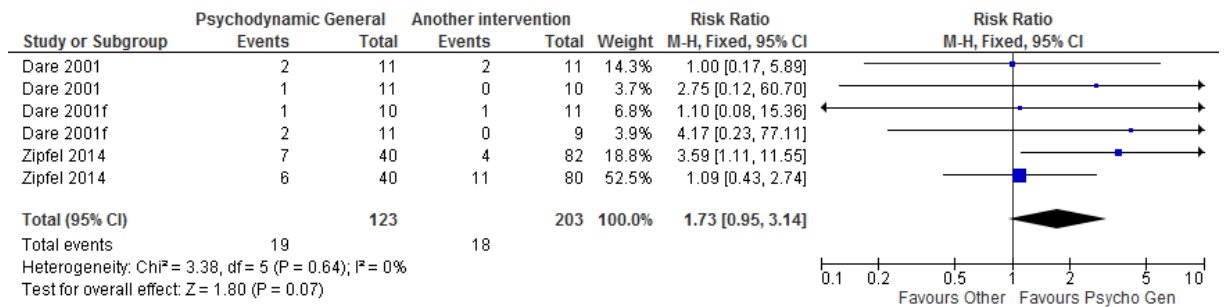
10

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



12

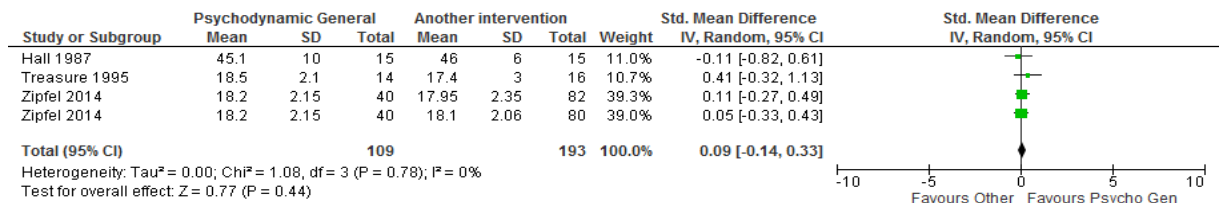
1 **Figure 71: Remission**



2

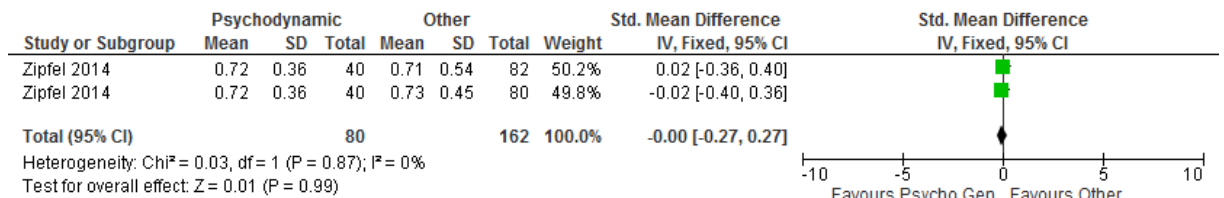
M.3.1.103 **Psychodynamic general versus any other intervention in adults with anorexia nervosa at follow-up**

5 **Figure 72: Body weight**



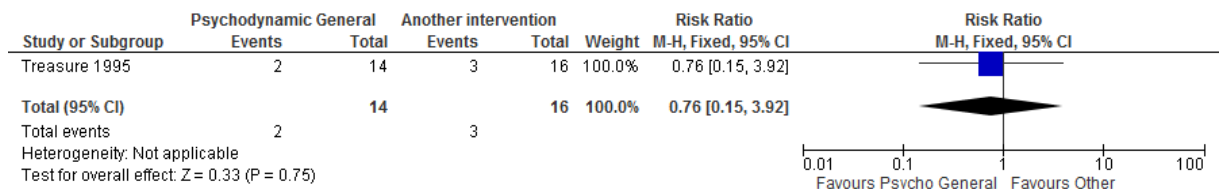
6

7 **Figure 73: General psychopathology**



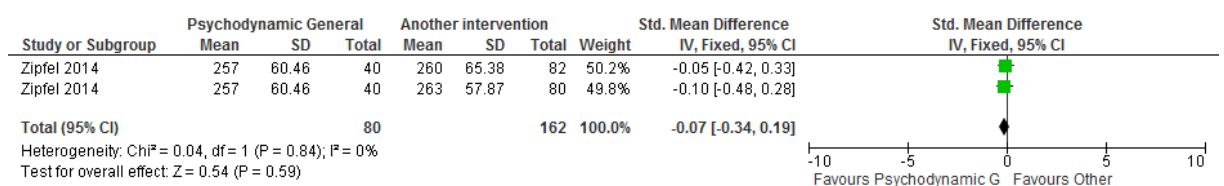
8

9 **Figure 74: EDE-Bulimia**



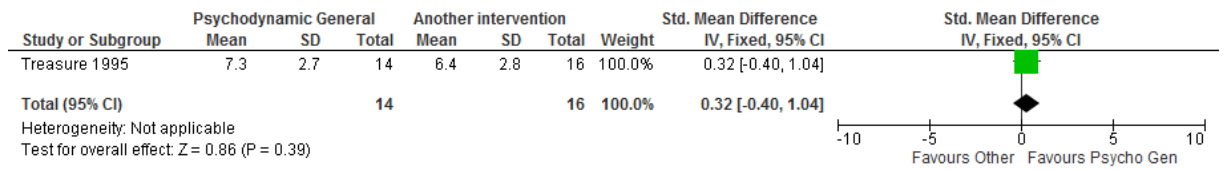
10

11 **Figure 75: EDI-total**



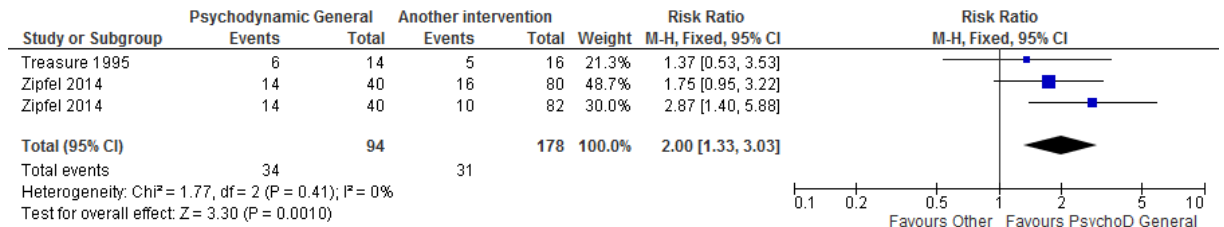
12

1 **Figure 76: Morgan-Russell**



2

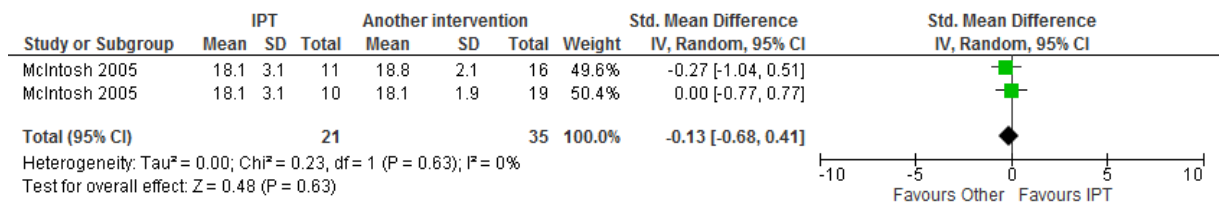
3 **Figure 77: Remission**



4

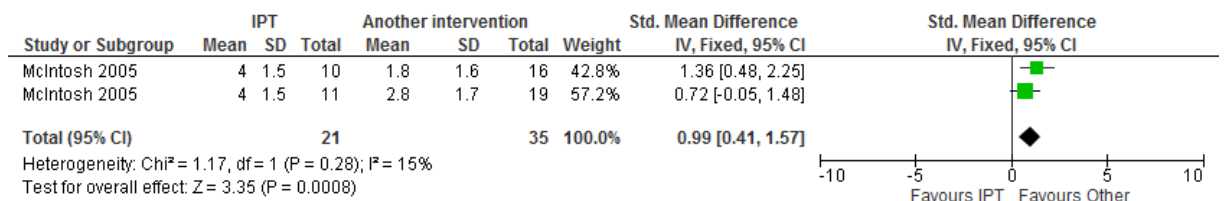
M.3.1.115 **Interpersonal therapy versus any other intervention in adults with anorexia nervosa at the end of treatment**

7 **Figure 78: Body mass index**



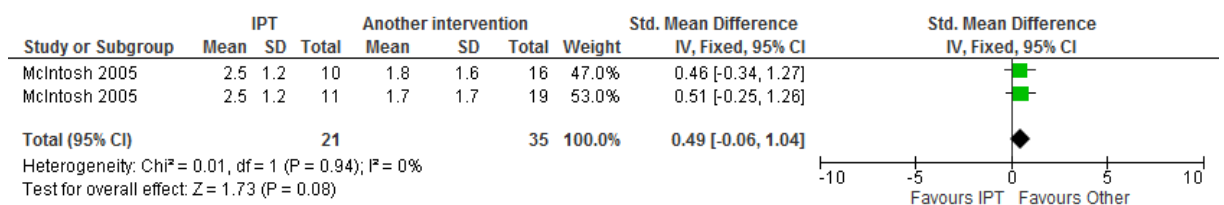
8

9 **Figure 79: EDE-restraint**



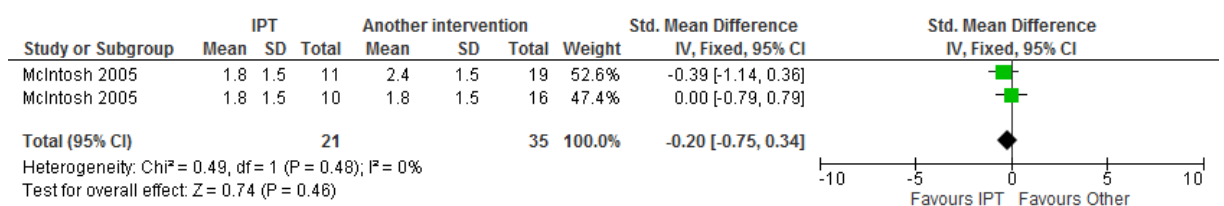
10

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



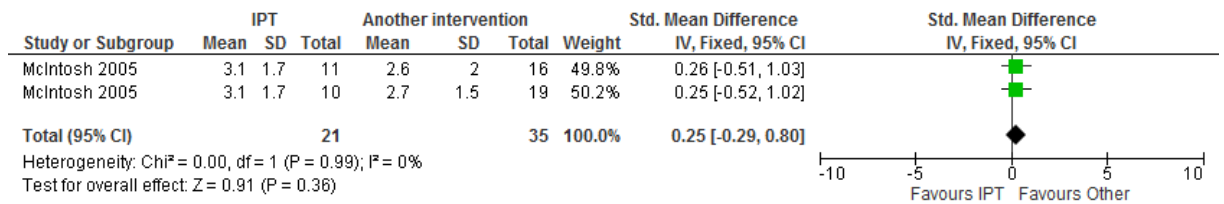
12

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



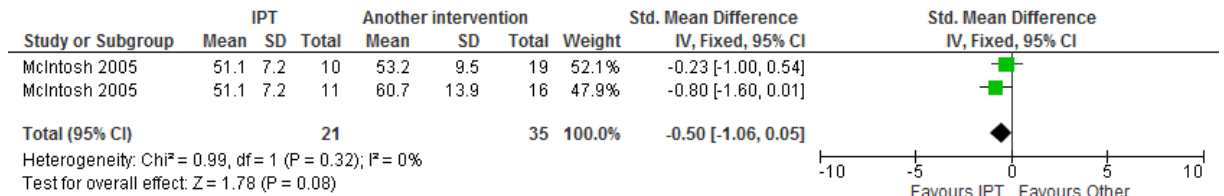
14

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



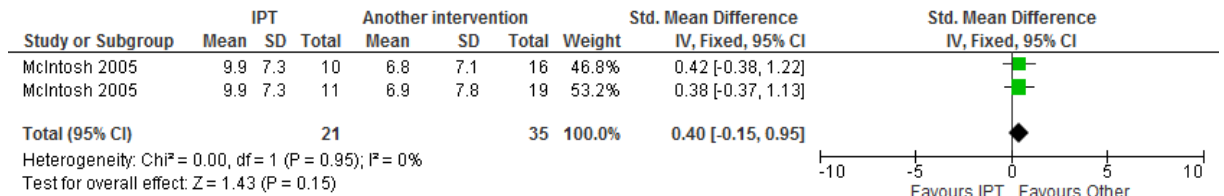
2

3 **Figure 83: General function**



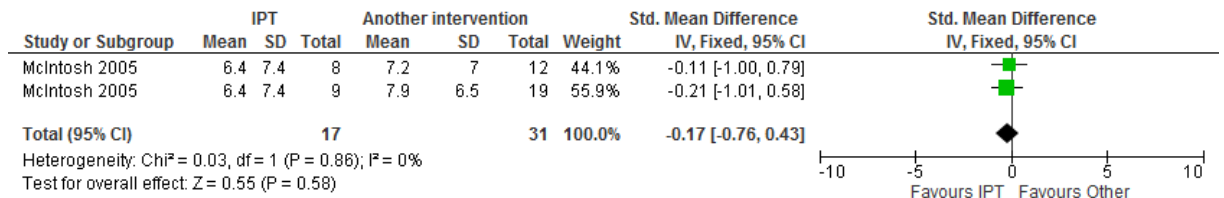
4

5 **Figure 84: Depression**



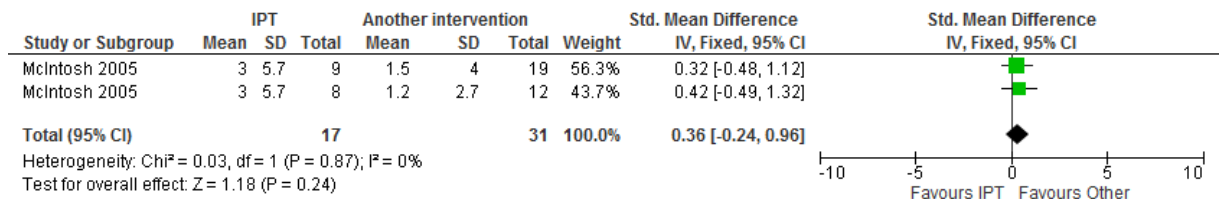
6

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



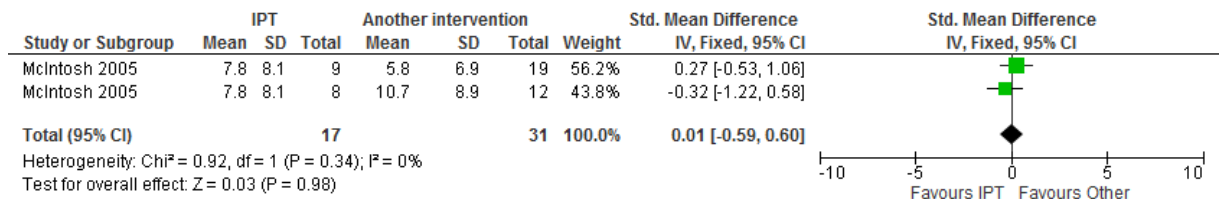
8

9 **Figure 86: EDI-bulimia**



10

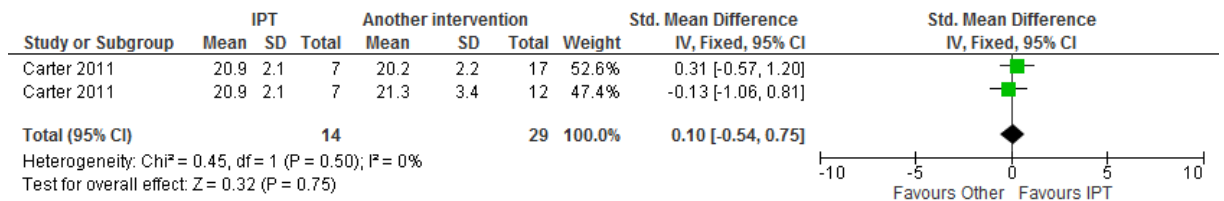
11 **Figure 87: EDI-body dissatisfaction**



12

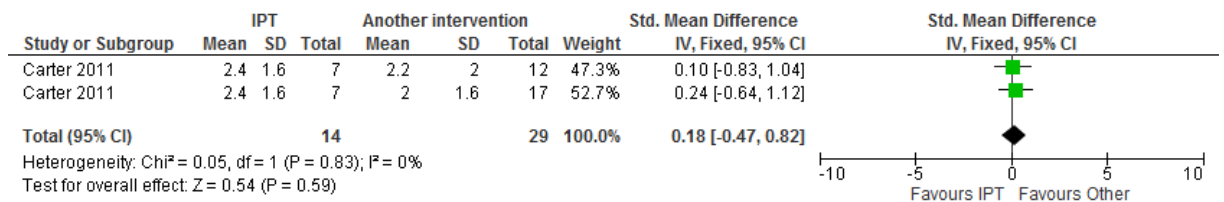
M.3.1.121 Interpersonal therapy versus any other intervention in adults with anorexia nervosa at 2 follow-up

3 Figure 88: Body mass index



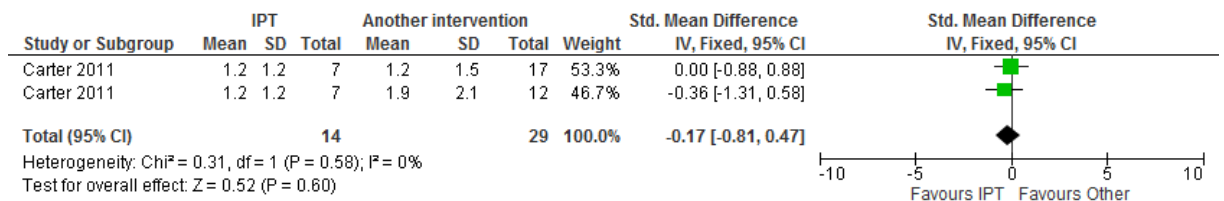
4

5 Figure 89: EDE-shape concern



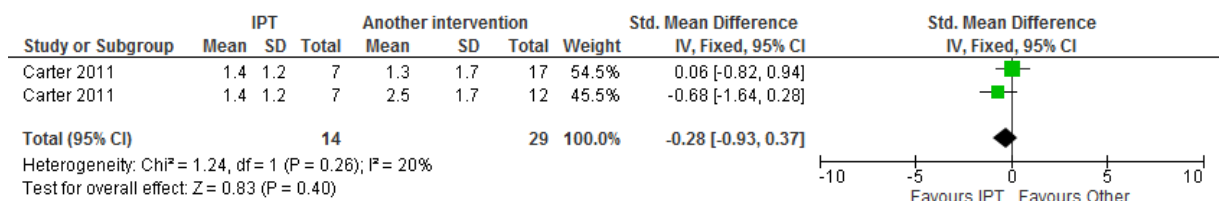
6

7 Figure 90: EDE-eating concern



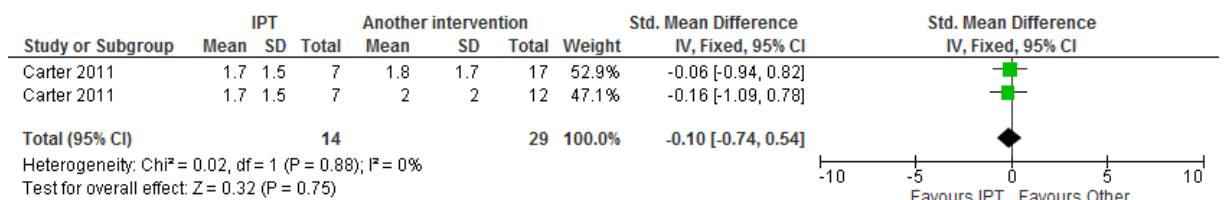
8

9 Figure 91: EDE-restraint



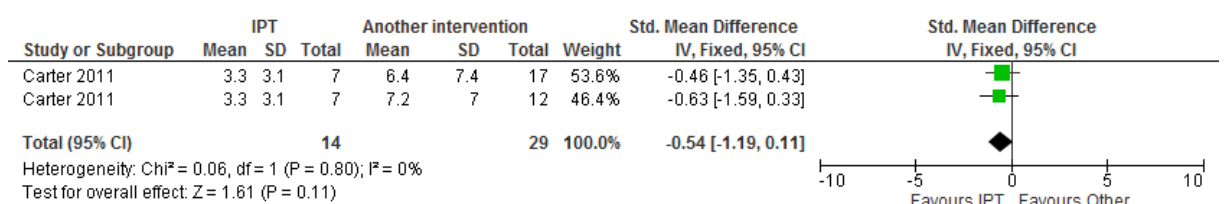
10

11 Figure 92: EDE-weight concern



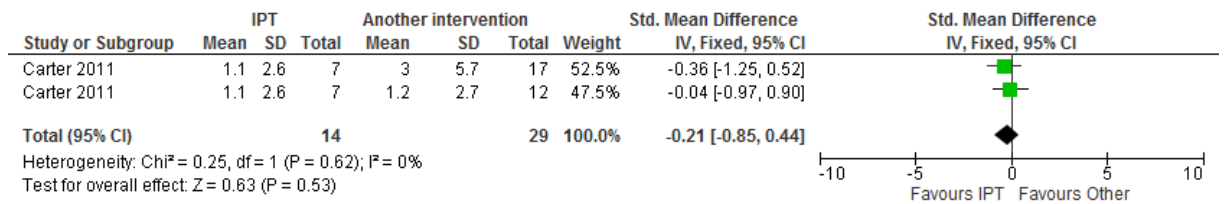
12

13 Figure 93: EDI-drive for thinness



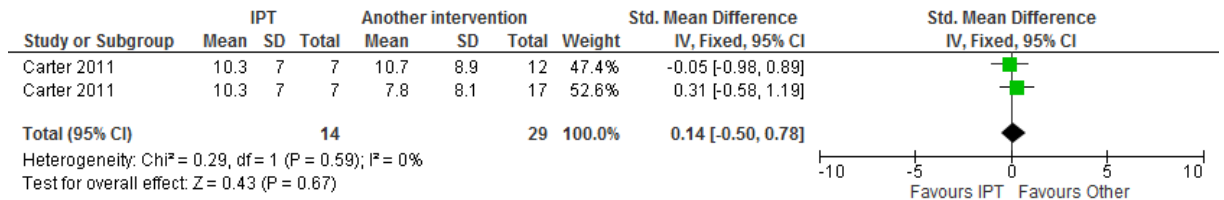
14

1 **Figure 94: EDI-bulimia**



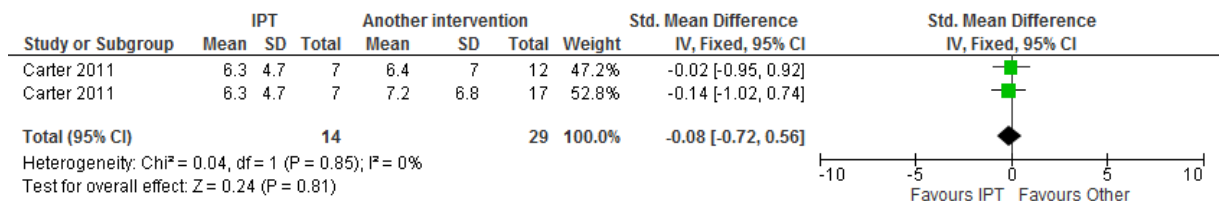
2

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



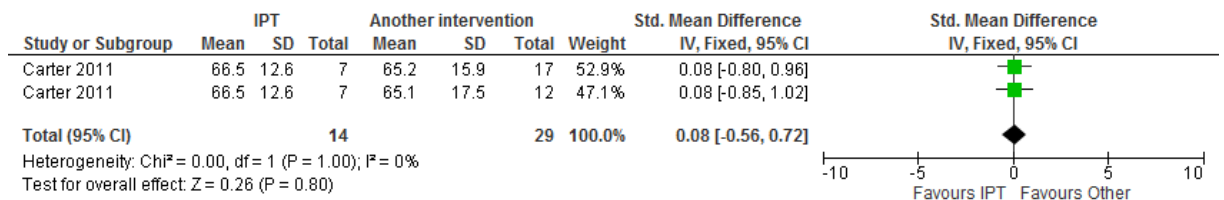
4

5 **Figure 96: Depression**



6

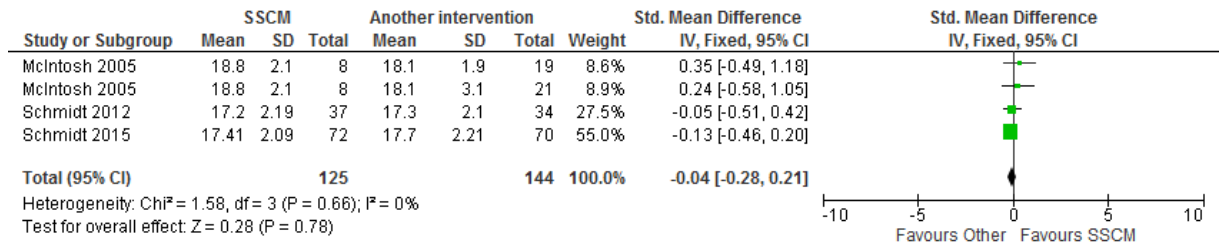
7 **Figure 97: General function**



8

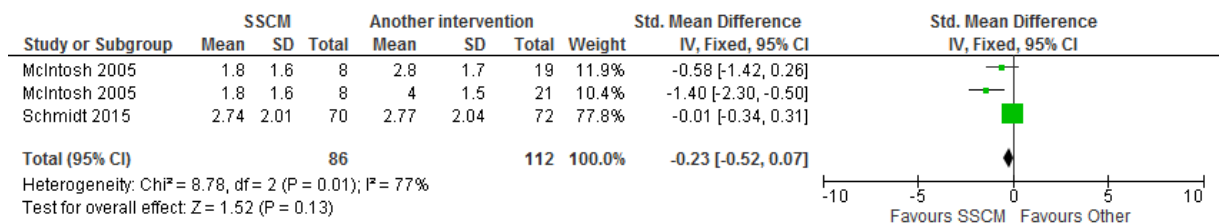
M.3.1.131 SSCM versus any other intervention in adults with anorexia nervosa at the end of treatment

3 Figure 98: Body mass index



4

5 Figure 99: EDE-restraint

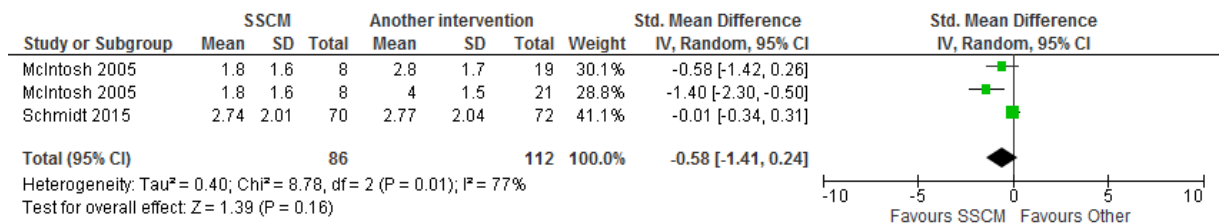


6

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

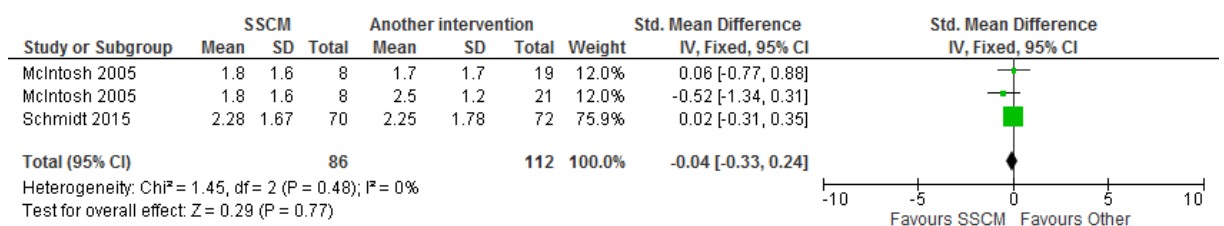
16

17 Figure 100: EDE-restraint (random effects)



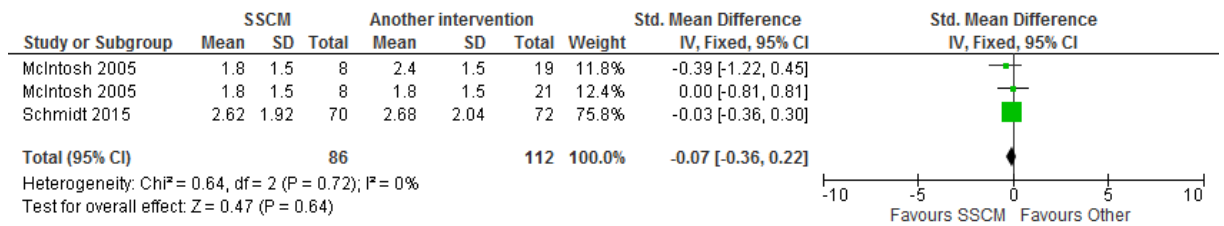
18

19 Figure 101: EDE-eating concern



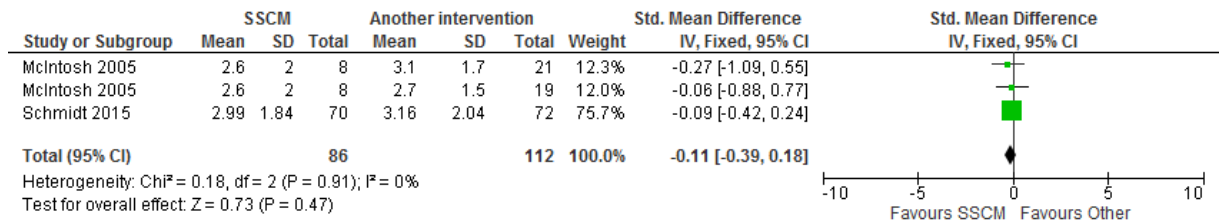
20

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



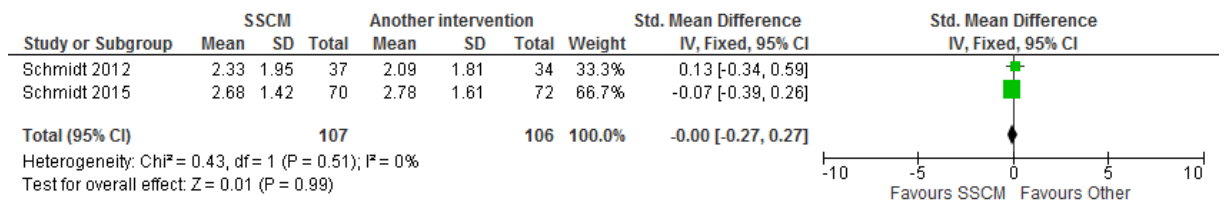
2

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



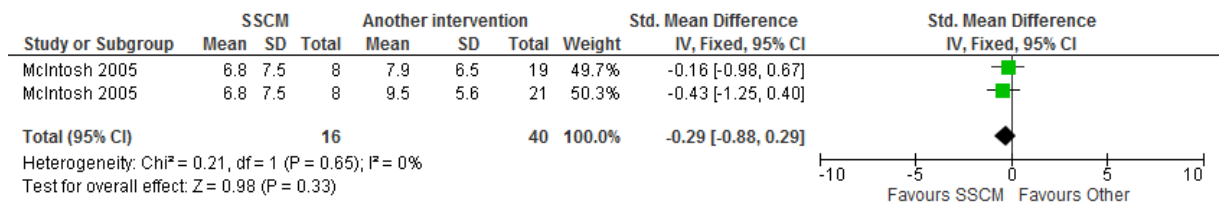
4

5 **Figure 104: EDE-global**



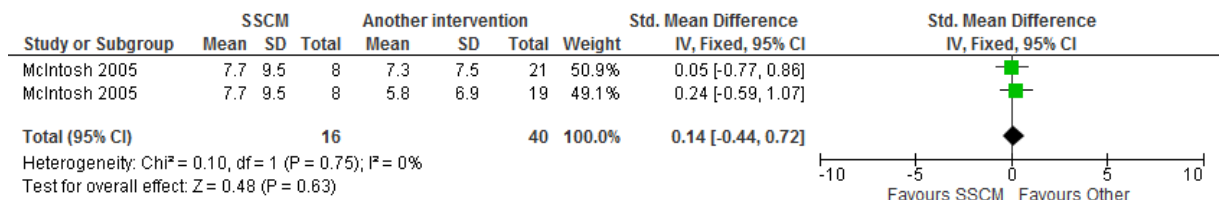
6

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



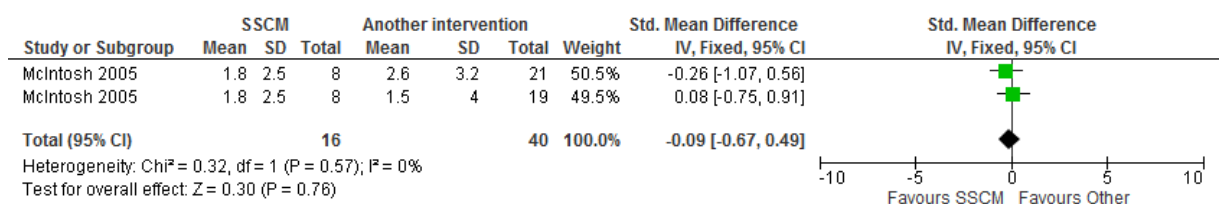
8

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



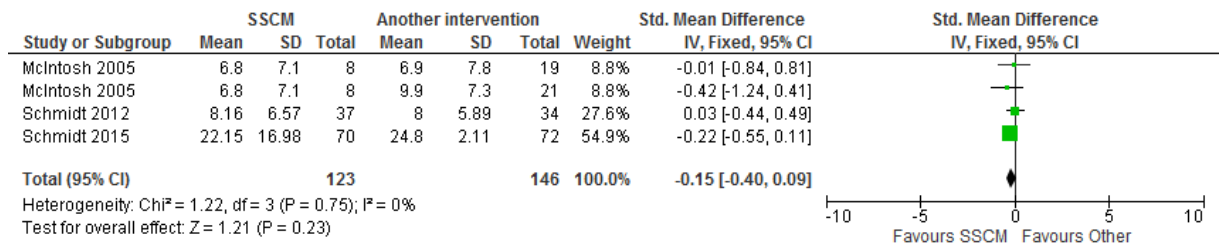
10

11 **Figure 107: EDI-bulimia**



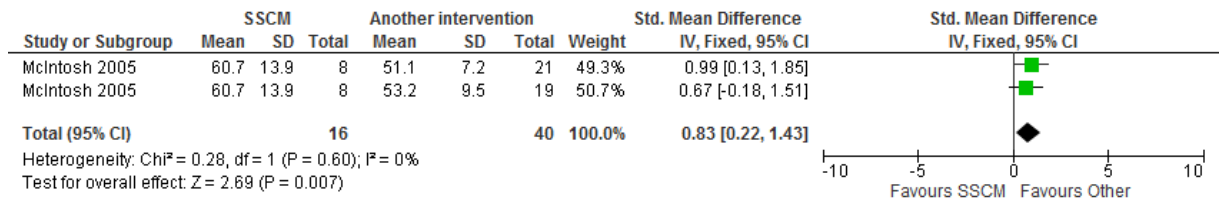
12

1 **Figure 108: Depression**



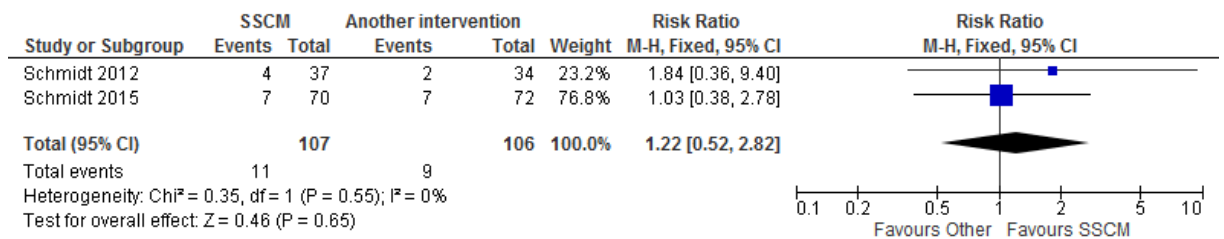
2

3 **Figure 109: General function**



4

5 **Figure 110: Remission**

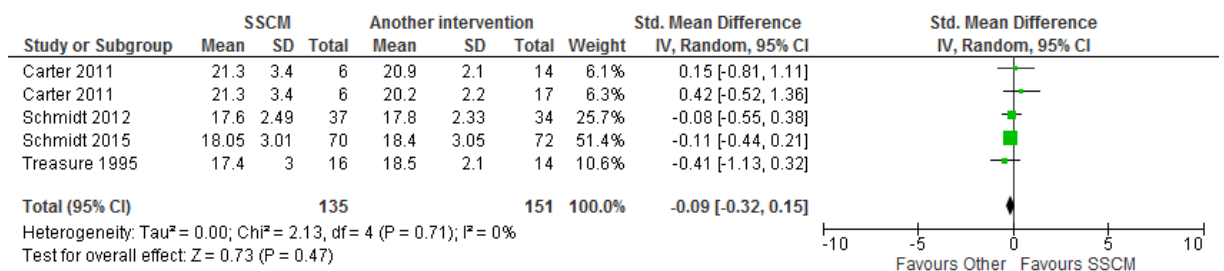


6

7

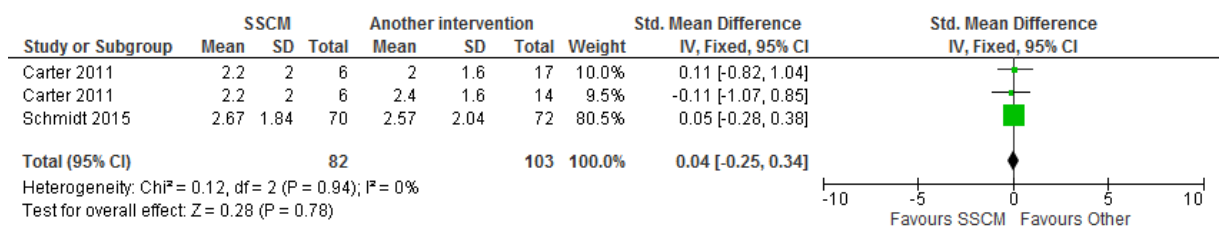
M.3.1.148 SSCM versus any other intervention in adults with anorexia nervosa at follow-up

9 **Figure 111: Body mass index**



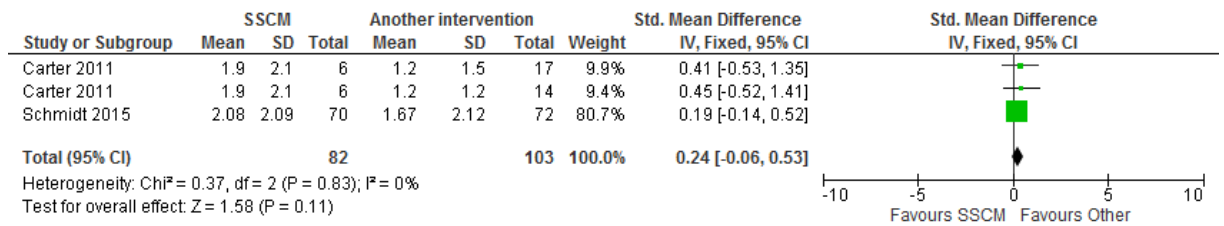
10

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



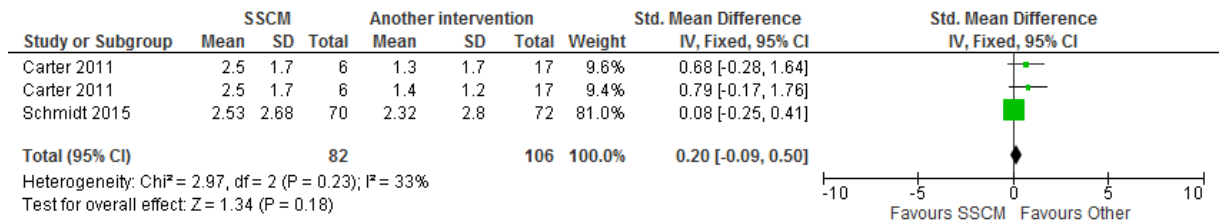
12

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



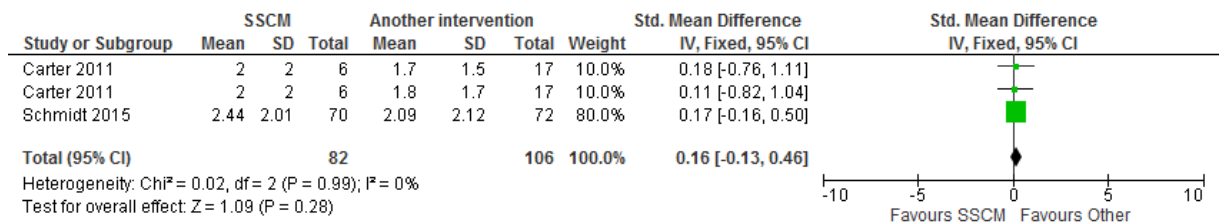
2

3 **Figure 114: EDE-restraint**



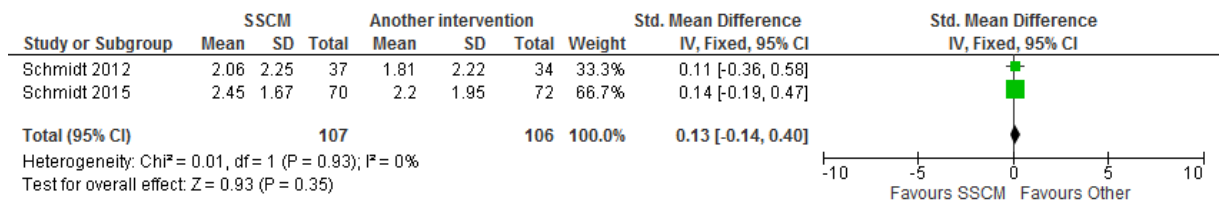
4

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



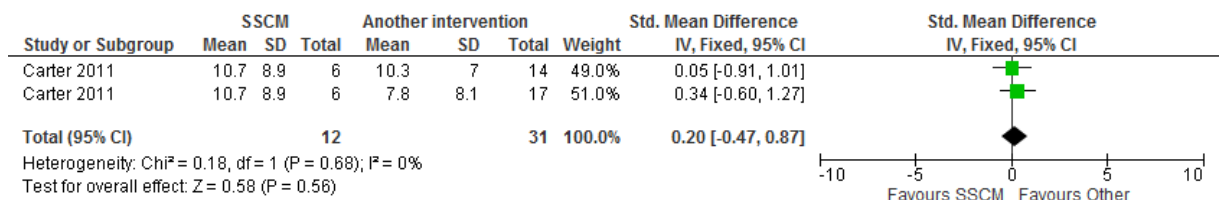
6

7 **Figure 116: EDE-global**



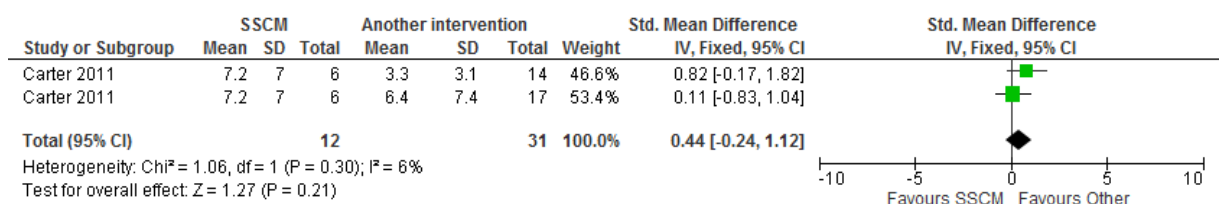
8

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



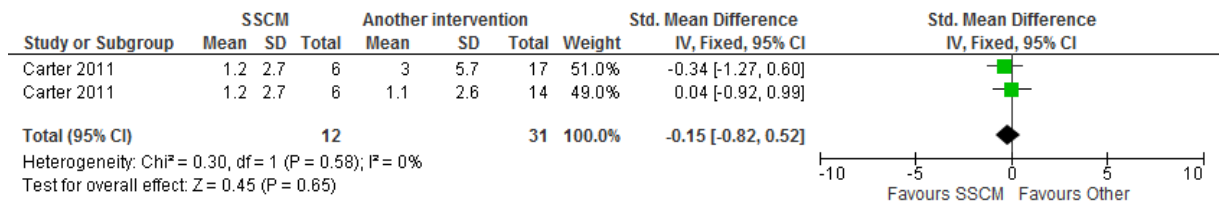
10

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



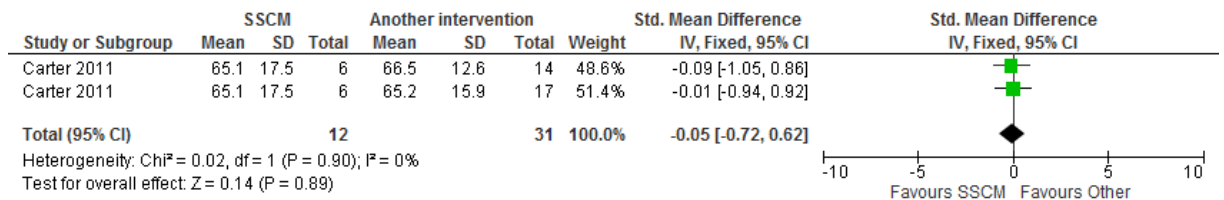
12

1 **Figure 119: EDI-bulimia**



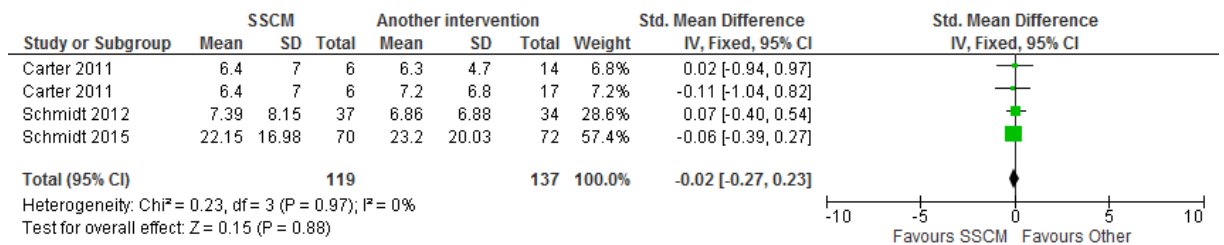
2

3 **Figure 120: General function**



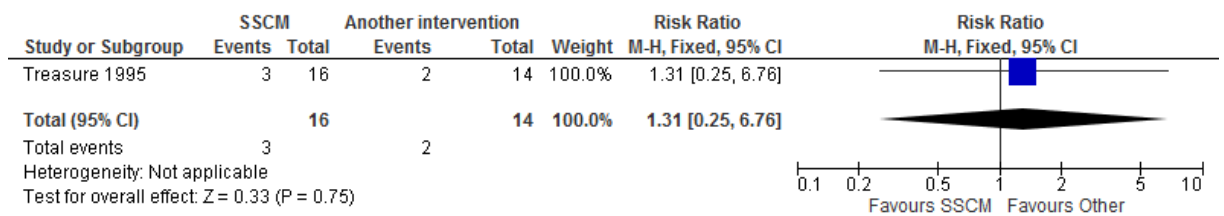
4

5 **Figure 121: Depression**



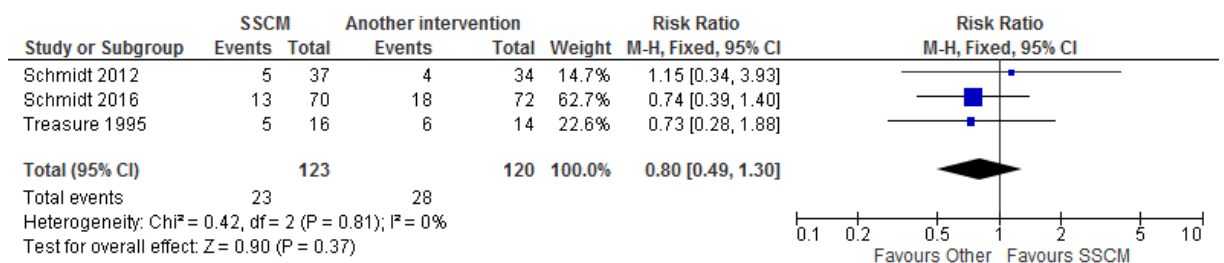
6

7 **Figure 122: Bulimia**



8

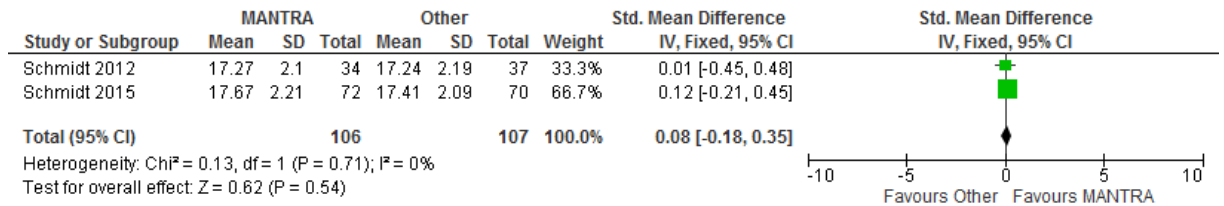
9 **Figure 123: Remission**



10

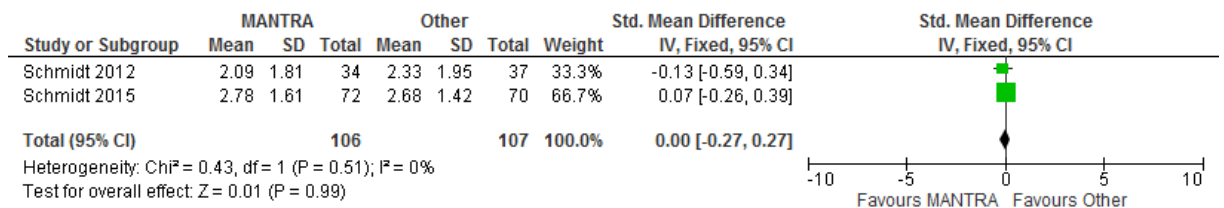
M.3.1.151 MANTRA versus any other intervention in adults with anorexia nervosa at the end of treatment

3 Figure 124: Body mass index



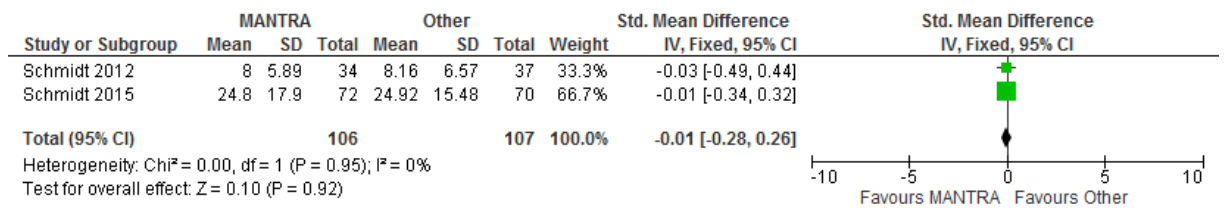
4

5 Figure 125: EDE-global



6

7 Figure 126: Depression



8

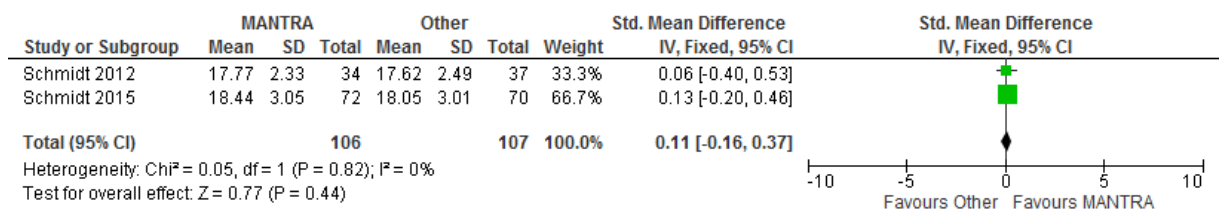
9 Figure 127: Remission



10

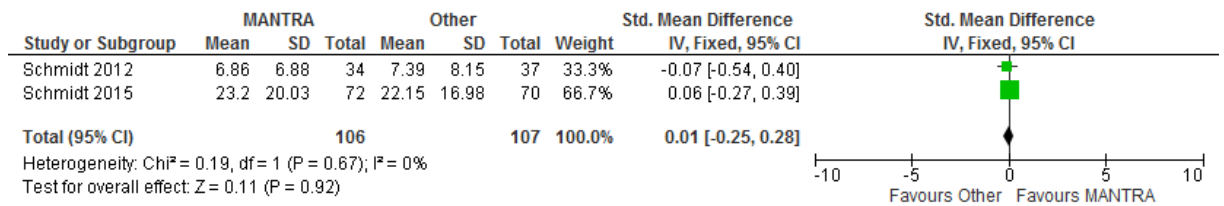
M.3.1.161 MANTRA versus any other intervention in adults with anorexia nervosa at follow-up

12 Figure 128: Body mass index



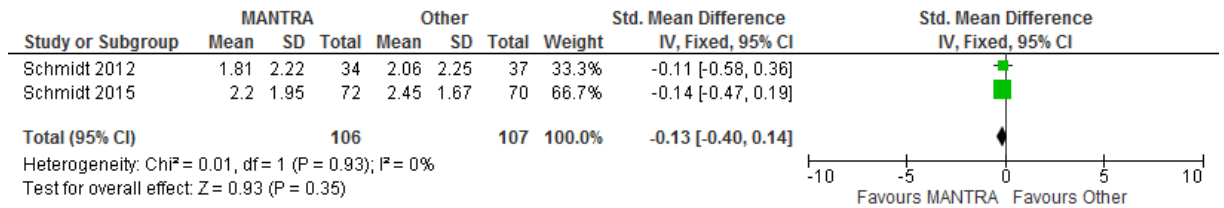
13

1 **Figure 129: Depression**



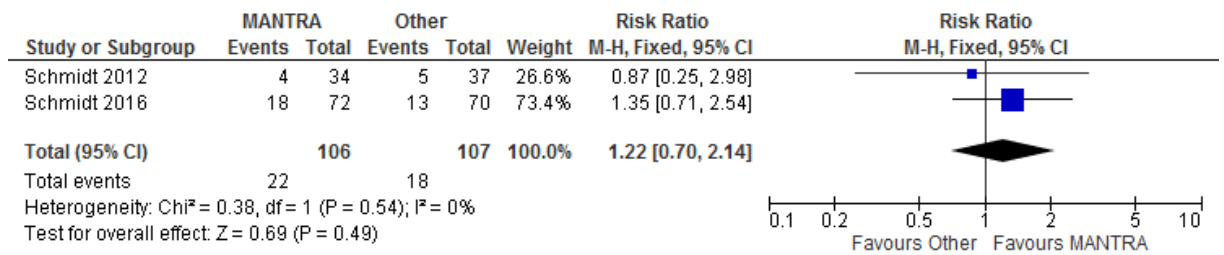
2

3 **Figure 130: EDE-global**



4

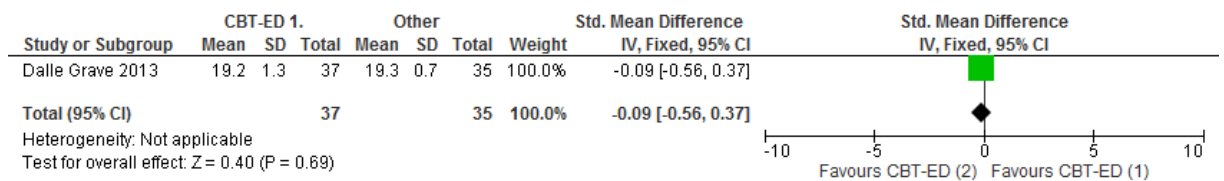
1 **Figure 131: Remission**



2

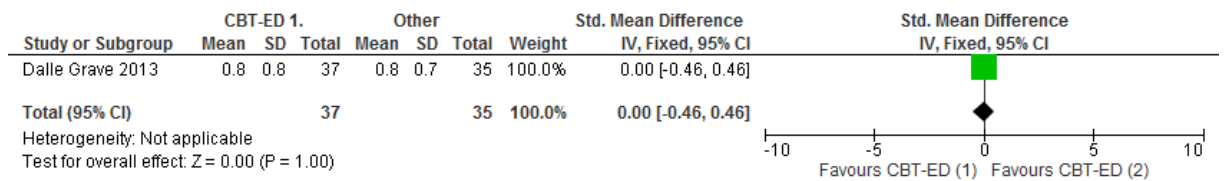
M.3.1.173 **Inpatient CBT-ED versus another inpatient CBT-ED intervention in adults with anorexia nervosa the end of treatment**

4 **Figure 132: Body mass index**



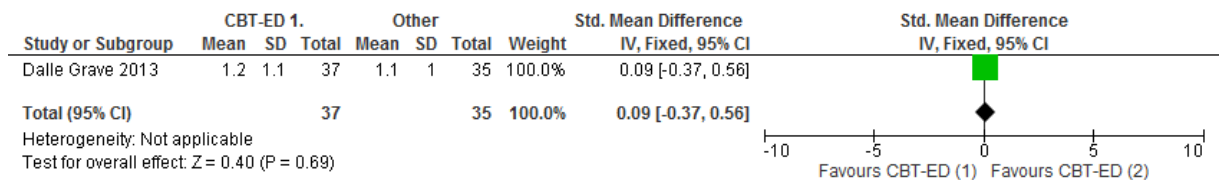
6

7 **Figure 133: EDE-restraint**



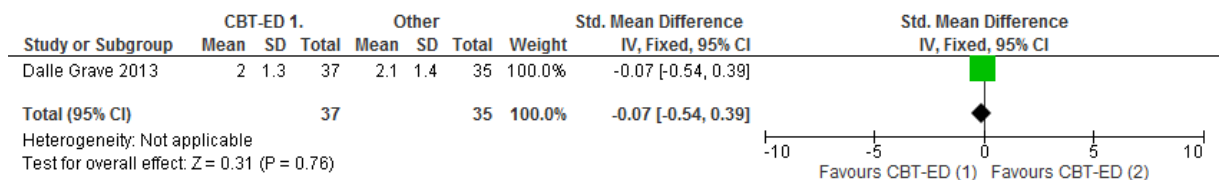
8

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



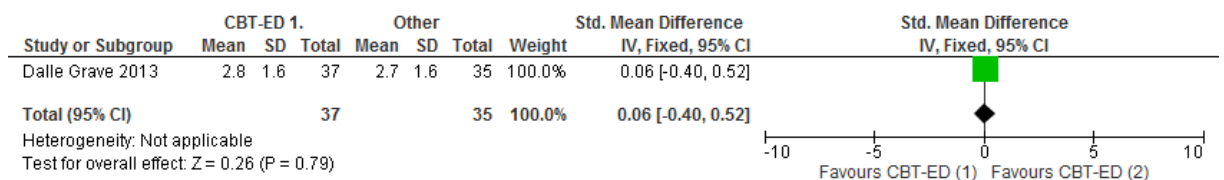
10

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



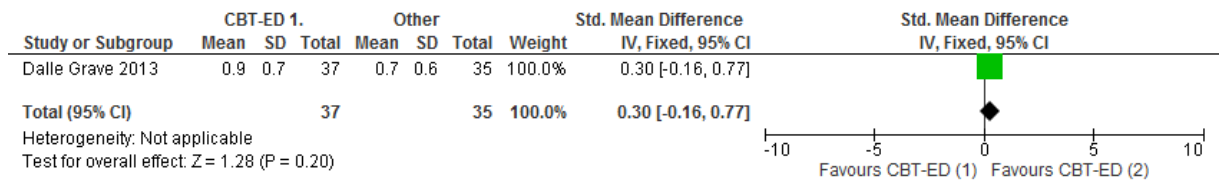
12

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



14

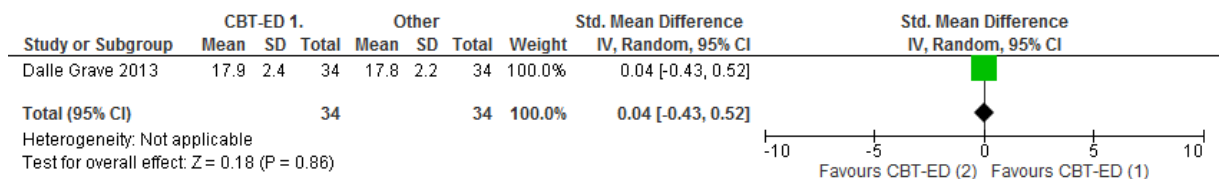
1 **Figure 137: General psychiatric feature**



2

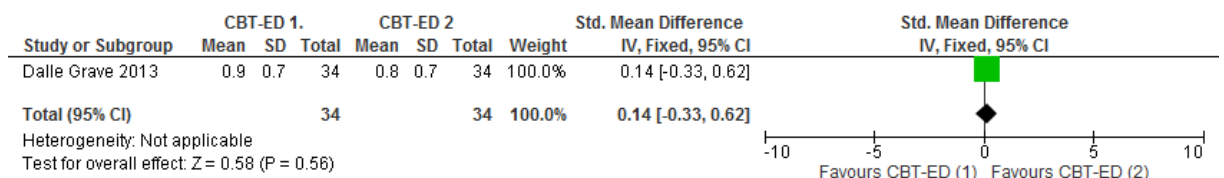
M.3.1.183 **Inpatient CBT-ED versus another inpatient CBT-ED intervention in adults with anorexia nervosa at follow-up**

5 **Figure 138: Body mass index**



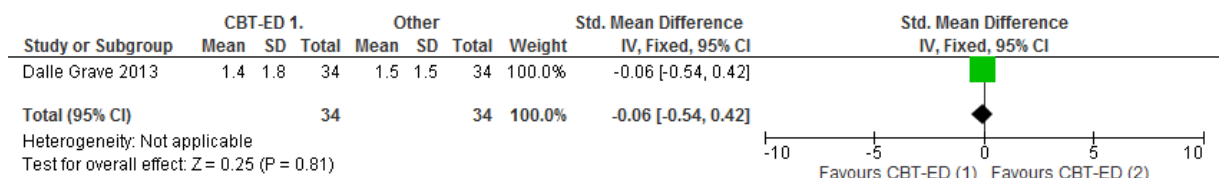
6

7 **Figure 139: General psychiatric features**



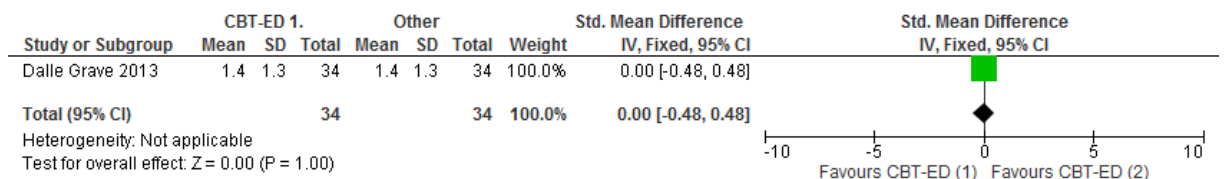
8

9 **Figure 140: EDE-restraint**



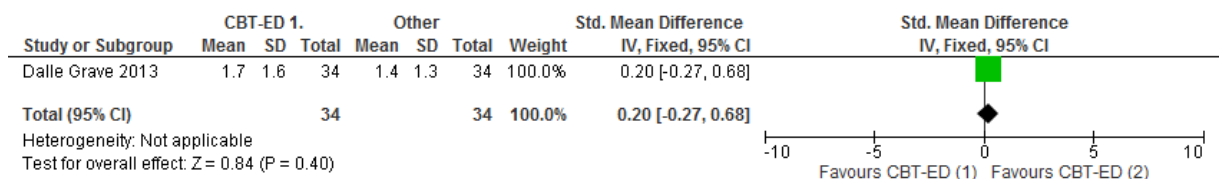
10

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



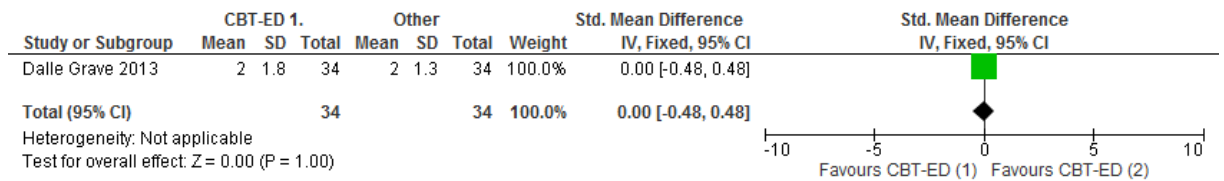
12

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



14

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

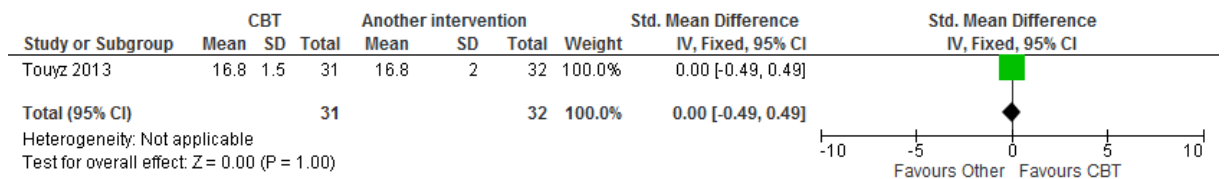


2

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

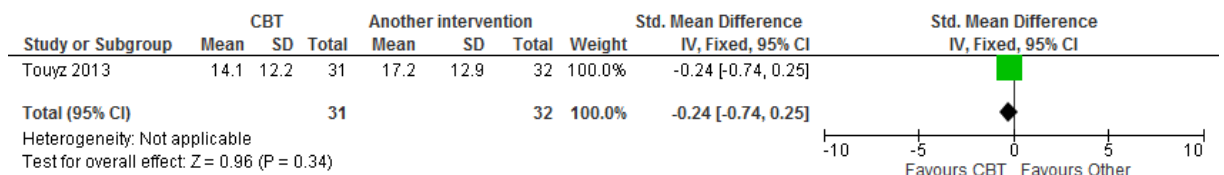
4

5 **Figure 144: Body mass index**



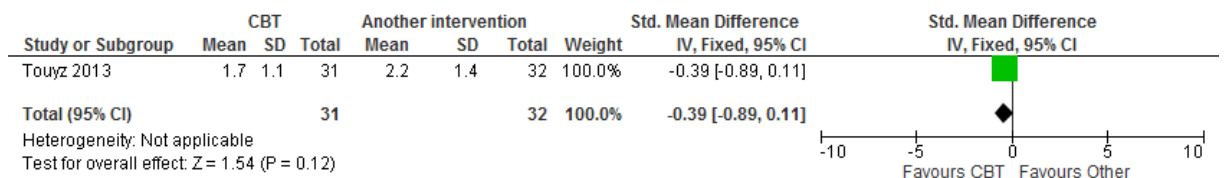
6

7 **Figure 145: Depression**



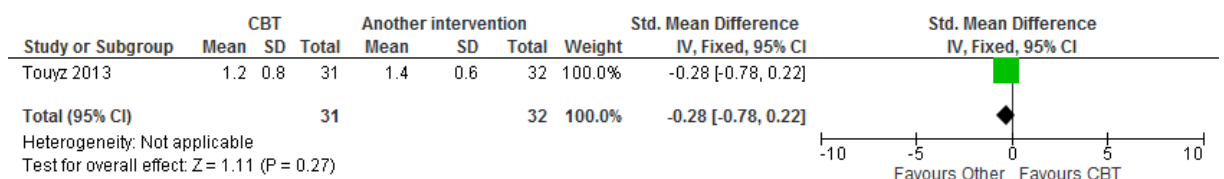
8

9 **Figure 146: EDE-global**



10

11 **Figure 147: Quality of life**

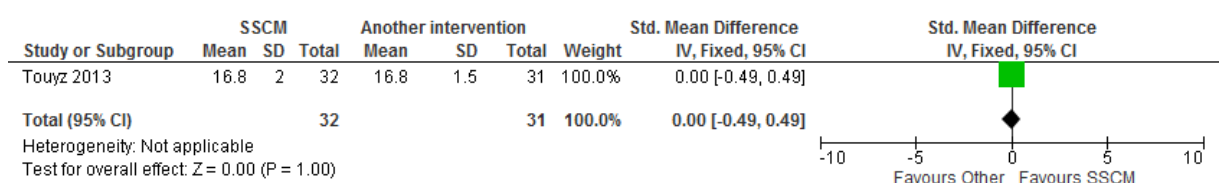


12

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

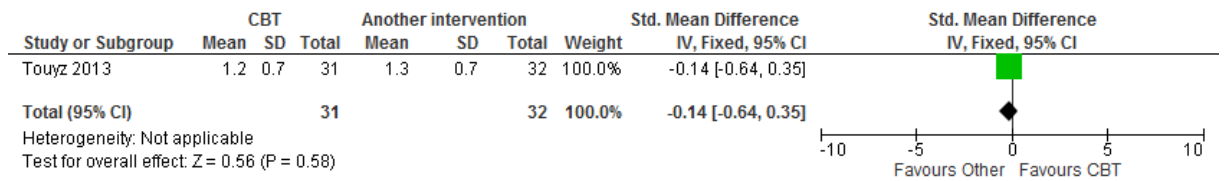
14

15 **Figure 148: Body mass index**



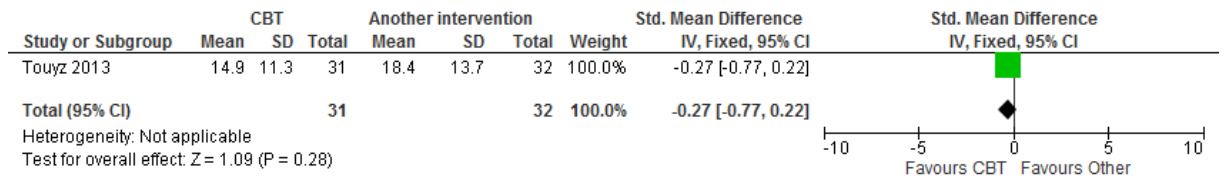
16

1 **Figure 149: Quality of life**



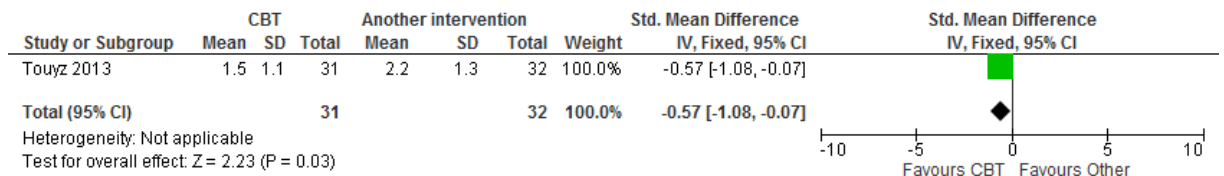
2

3 **Figure 150: Depression**



4

5 **Figure 151: EDE-global**

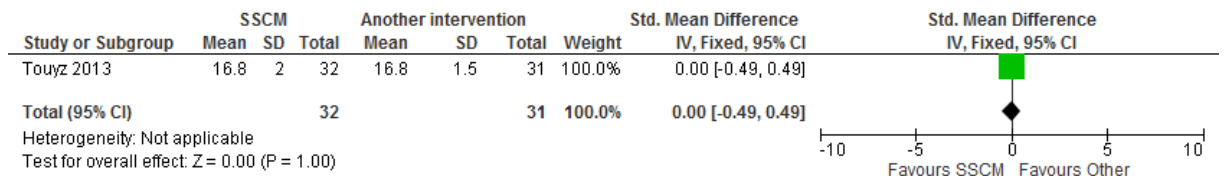


6

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

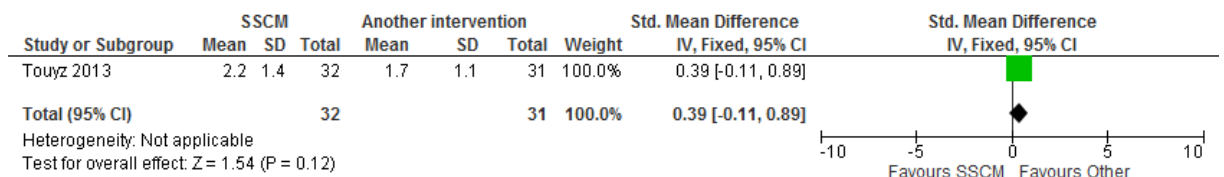
8

9 **Figure 152: Body mass index**



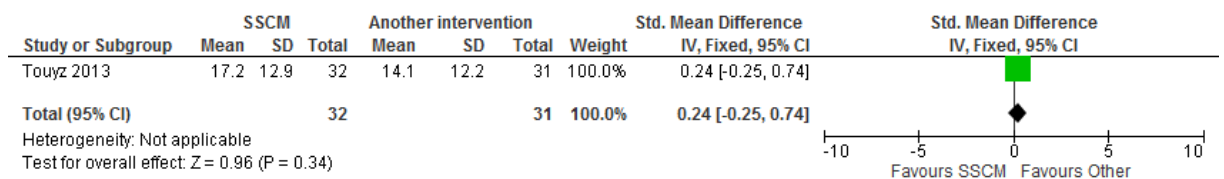
10

11 **Figure 153: EDE-global**



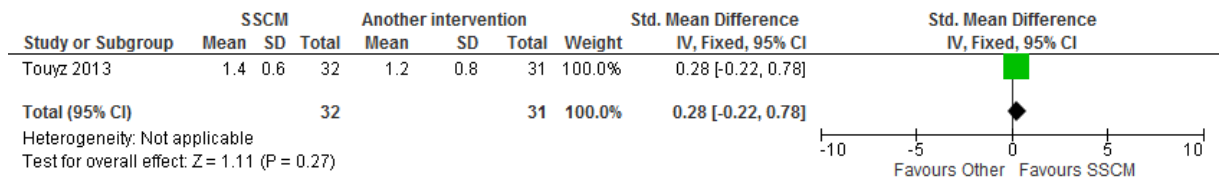
12

13 **Figure 154: Depression**



14

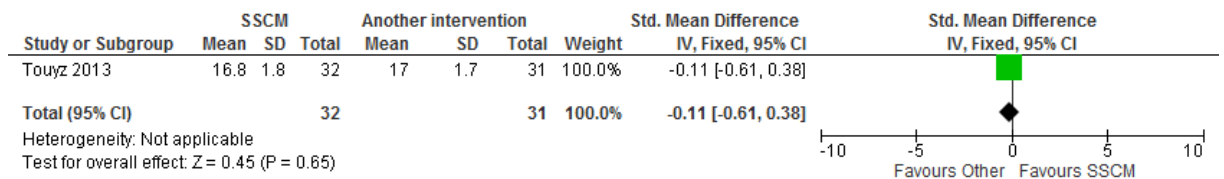
1 **Figure 155: Quality of life**



2

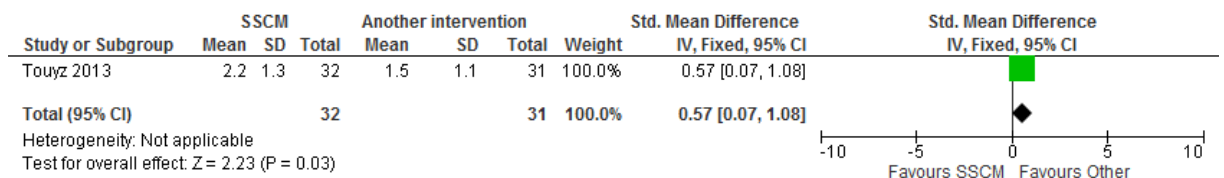
M.3.1.223 **SSCM versus any other intervention in adults with severe anorexia nervosa at follow-up**

5 **Figure 156: Body mass index**



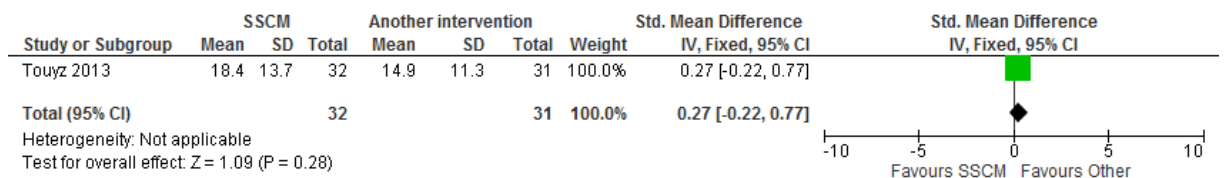
6

7 **Figure 157: EDE-global**



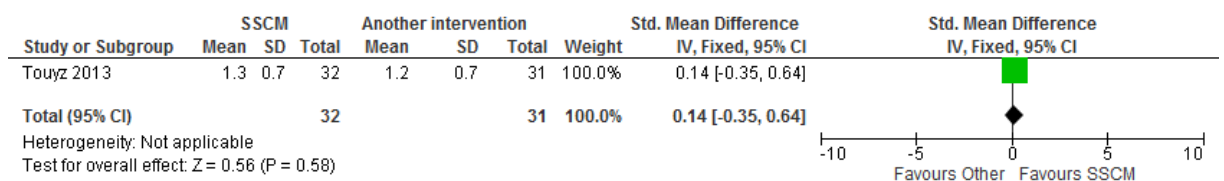
8

9 **Figure 158: Depression**



10

11 **Figure 159: Quality of life**

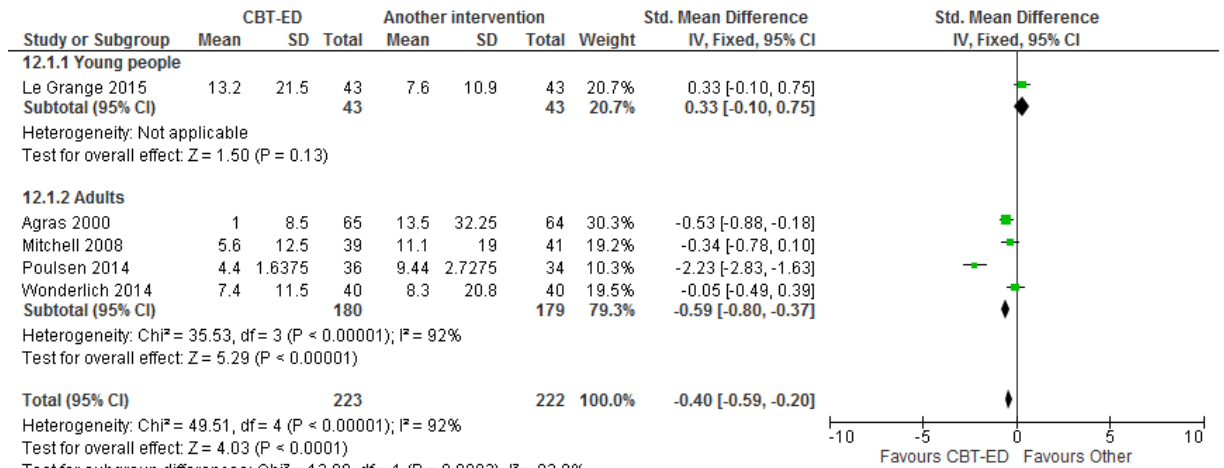


12

M.3.2.1 Individual therapy for bulimia nervosa

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

4 Figure 160: Purges in young people and adults

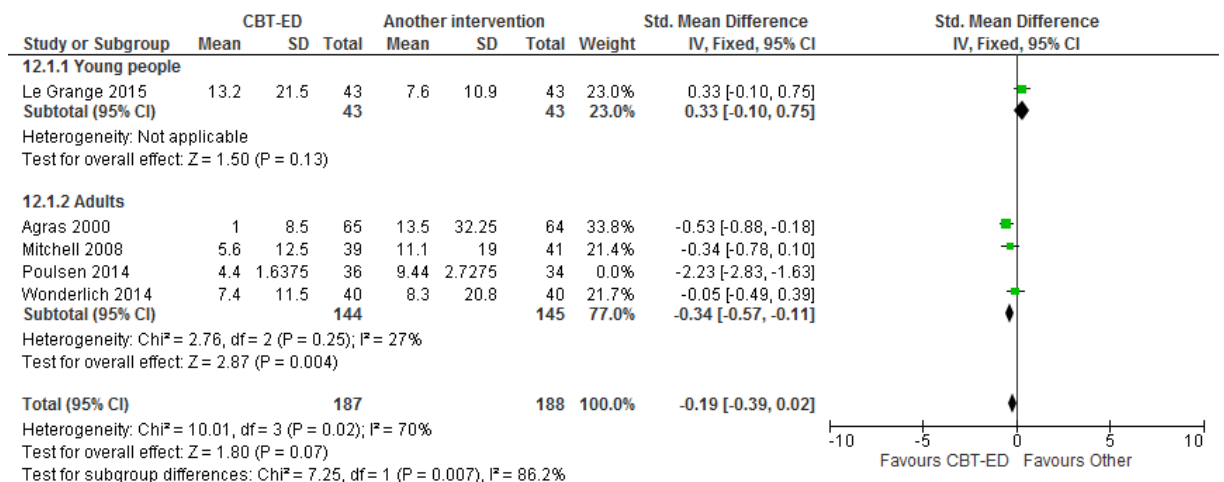


5

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

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

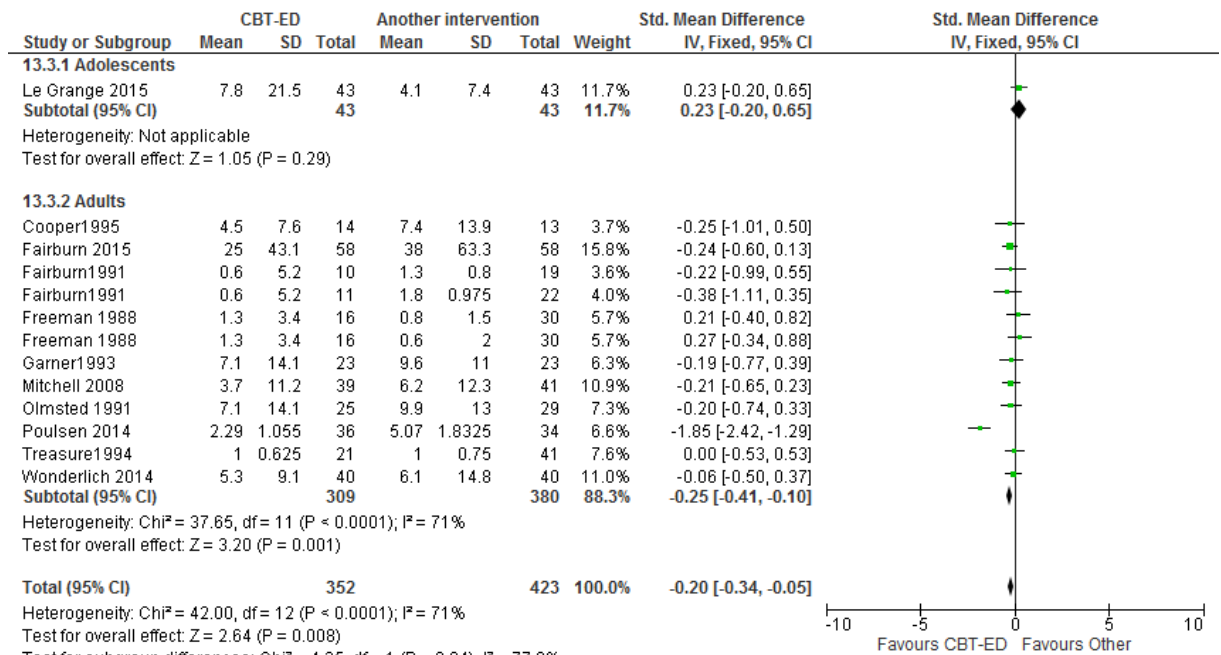
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15

16

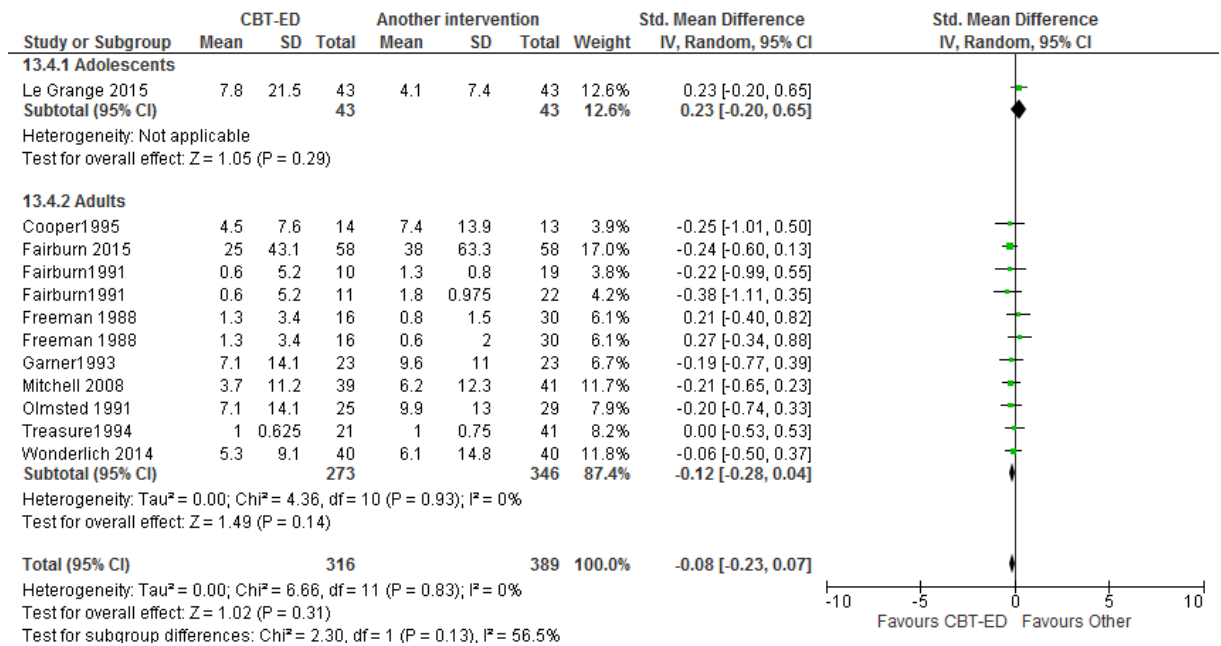
1 **Figure 162: Binges in young people and adults**



2 Test for subgroup differences: Chi² = 4.35, df = 1 (P = 0.04), I² = 77.0%

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

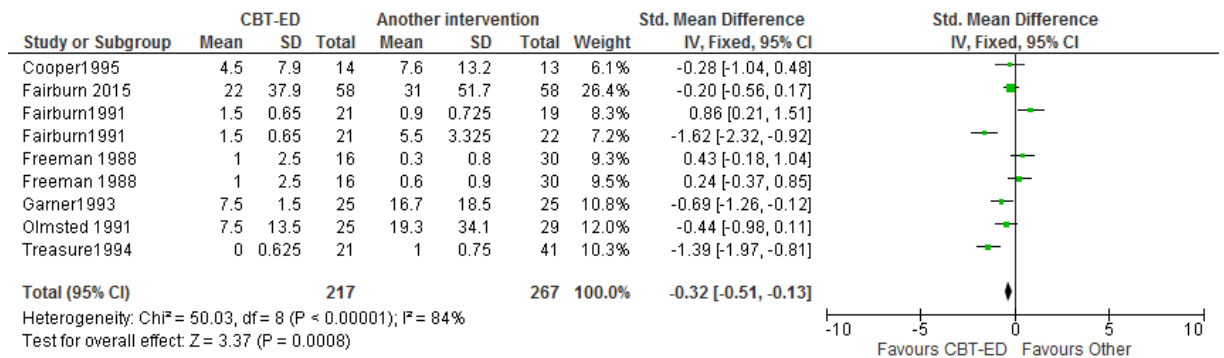
9 **Figure 163: Binges in young people and adults (sensitivity analysis)**



10 Test for subgroup differences: Chi² = 2.30, df = 1 (P = 0.13), I² = 56.5%

11

1 **Figure 164: Vomiting**

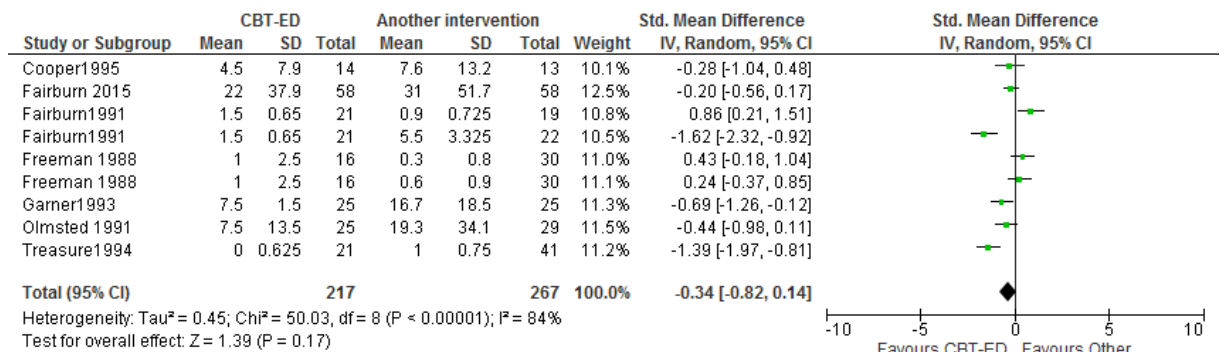


2

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

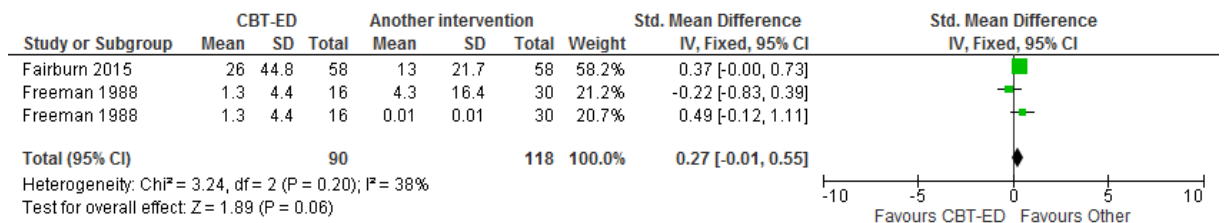
5 **Figure 165: Vomiting in and adults (random effects)**

6



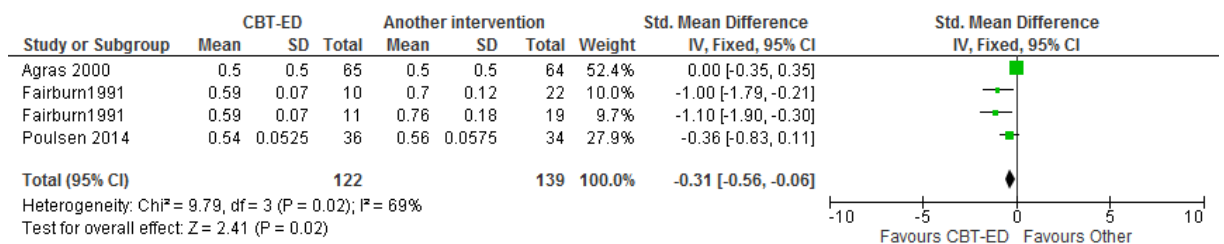
7

8 **Figure 166: Laxative use**



9

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

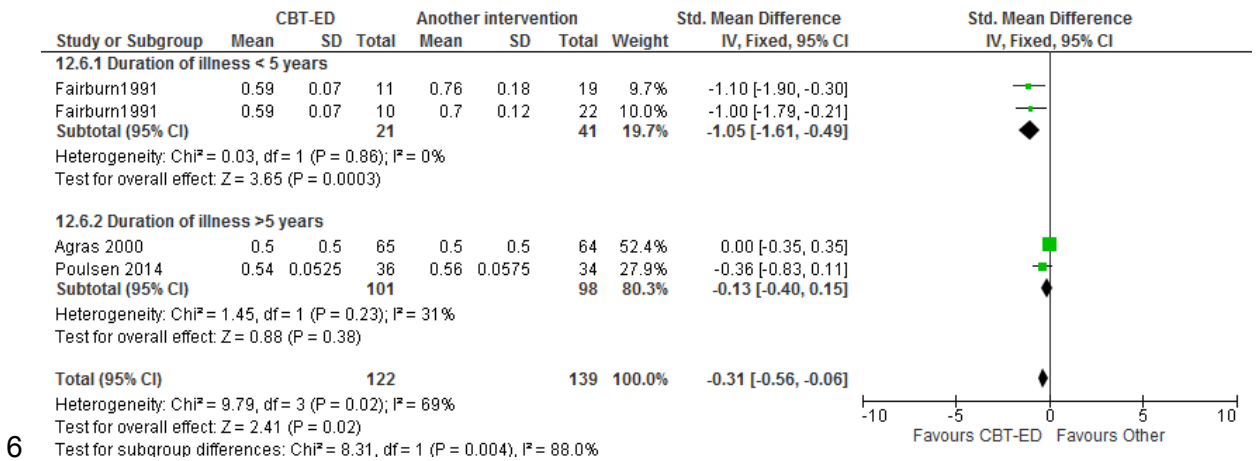


11

12 Heterogeneity was detected at I²=69%. Removing Poulsen the study that carried a risk of
13 bias because of different durations of treatment did not reduce the heterogeneity. However,
14 an exploration of the other variables showed that duration of illness may explain the
15 heterogeneity. A shorter duration of illness (<5 years) showed a better response to CBT-ED

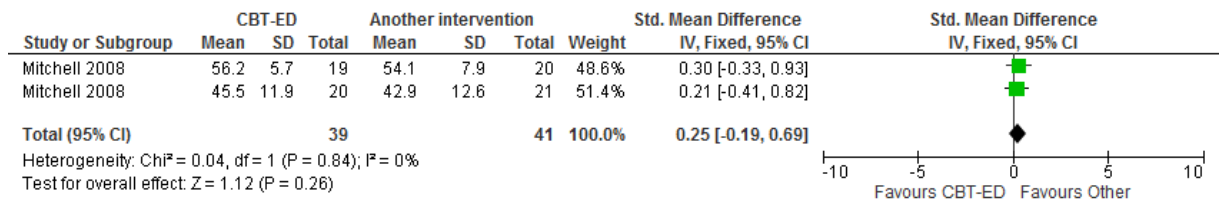
- 1 treatment compared with those who had endured a longer duration of illness (>5 years).
- 2 Severity of illness was not different based on the number of binges per month was not
- 3 different and the populations included all had comorbidities of varying degrees.

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



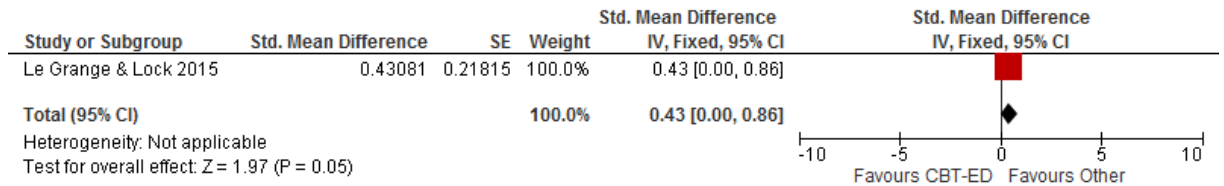
6

1 **Figure 169: Quality of life**



2

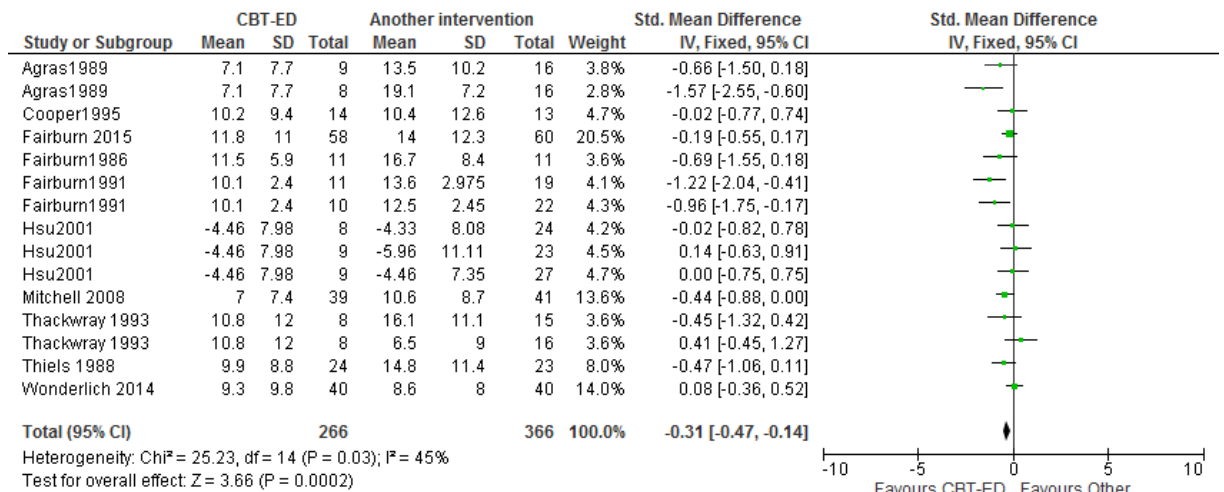
3 **Figure 170: Depression in young people**



4

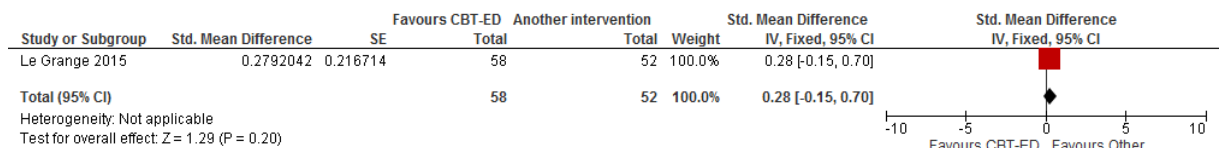
5

6 **Figure 171: Depression in adults**



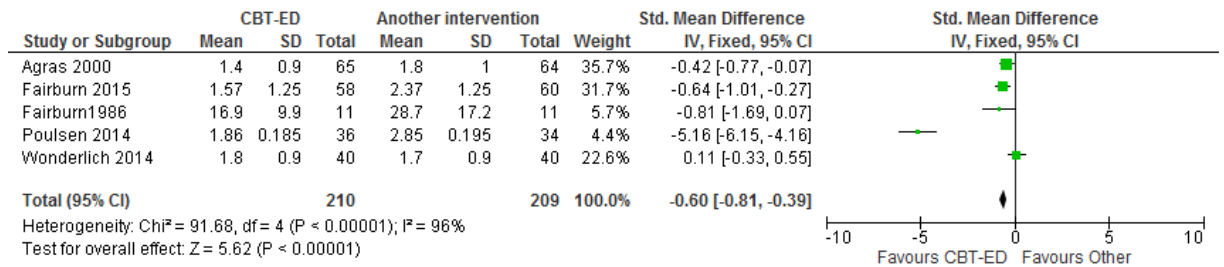
7

8 **Figure 172: EDE-total in young people**



9

10 **Figure 173: EDE-total in adults**

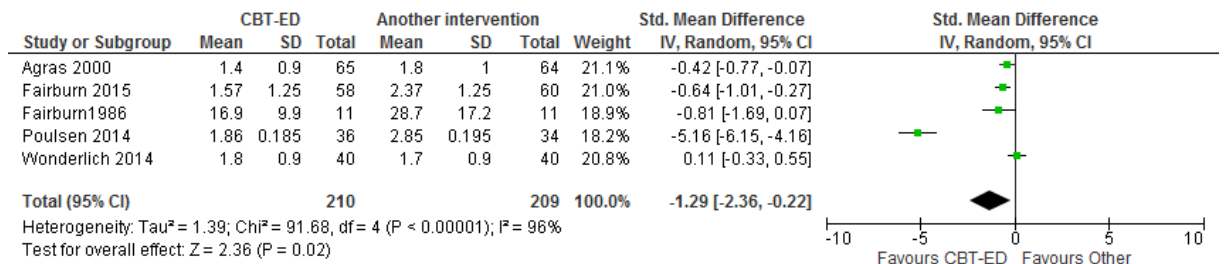


1

2 Heterogeneity was detected in adults at I²=96%. Removing Poulsen the study that carried a
3 risk of bias because of different durations of treatment significantly reduced the heterogeneity
4 to 60% but not to acceptable levels. All of the studies included a population with mental
5 health comorbidities, such as depression and anxiety, so this could not explain any
6 variability. Duration of illness could not explain the variability, because of the studies that
7 reported this, it was not significantly different. Severity of illness was difficult to gauge. One
8 study, Fairburn 1986 reported the participants had a high EAT score and could be
9 considered having a severe illness but a sensitivity analysis showed it did not explain the
10 heterogeneity. Another study by Fairburn 2015 appeared to include people with a lower
11 severity of illness given the baseline number of binges was a median of 14 per month, whilst
12 the other studies had a mean of 20-25 or a median of 25 binges per month. However, this
13 did not explain the heterogeneity. In the absence of a good explanation of heterogeneity
14 random effects are presented.

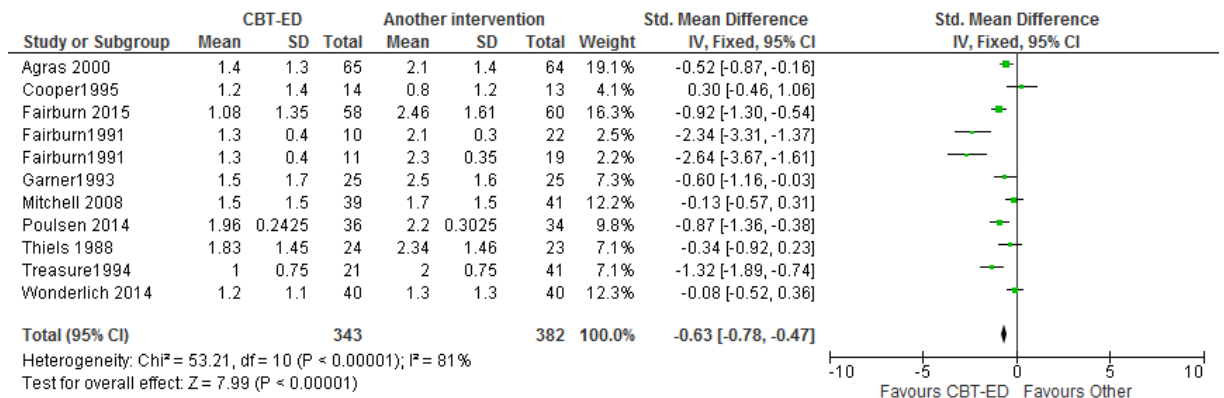
15 **Figure 174: EDE-total in adults with random effects**

16



17

18 **Figure 175: EDE-dietary restraint**

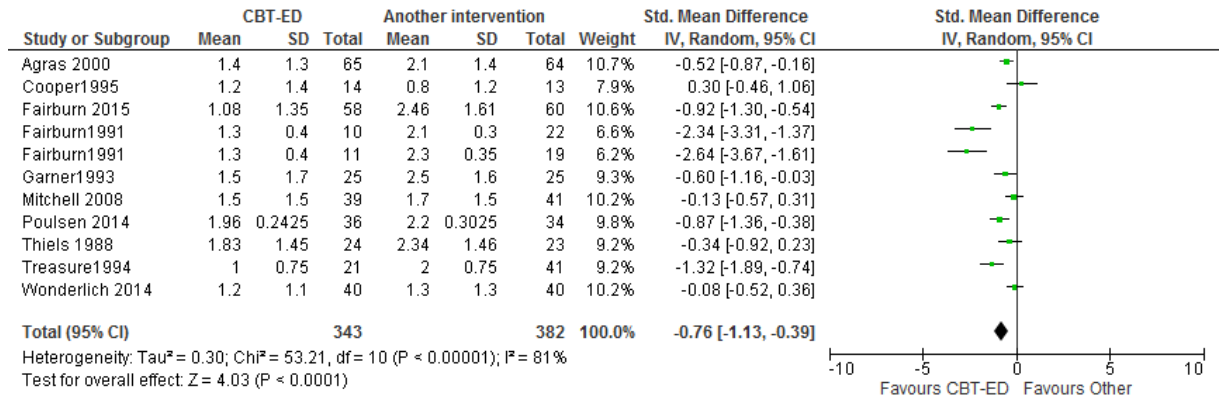


19

20 Heterogeneity was detected in adults at I²=81%. Removing Poulsen 2014, which carried a
21 risk of bias because of different durations of treatment had no effect on heterogeneity. All of
22 the studies included a population with mental health comorbidities, such as depression and
23 anxiety, so this could not explain any variability. Duration of illness could not explain the
24 variability: one study by Fairburn 1991 appeared to have a population that had been ill for
25 less than 5 years and a sub-group analysis showed heterogeneity was not reduced. Nor did

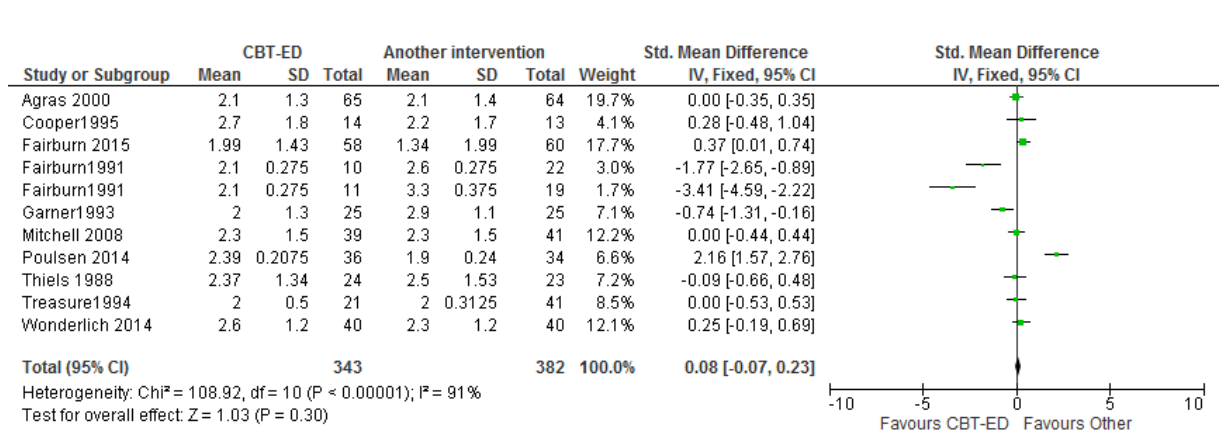
1 severity of illness appear to explain the heterogeneity. When studies with a number of
2 binges of less than 18 per month were separated from those with more than 18 per month,
3 heterogeneity was still detected in one of the subgroups. In the absence of a good
4 explanation of heterogeneity random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

5 **Figure 176: EDE-dietary restraint with random effects**



6

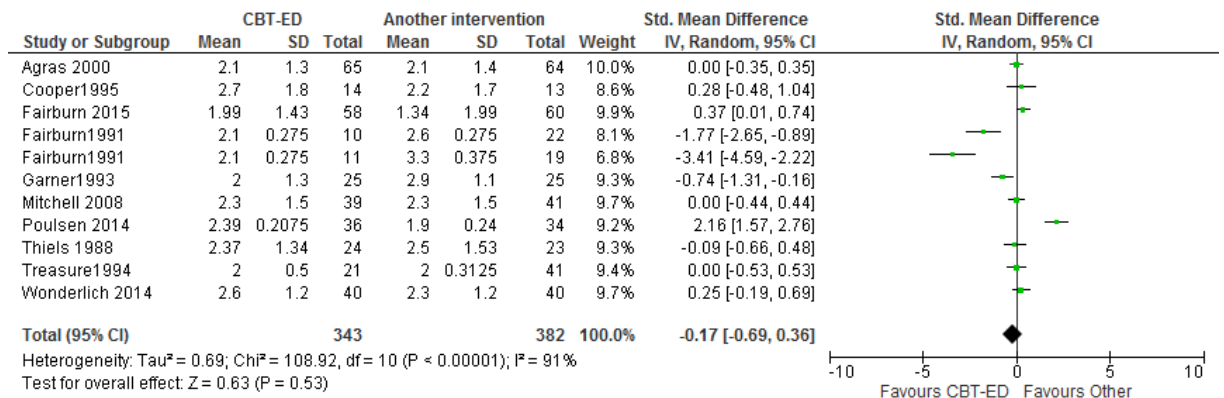
7 **Figure 177: EDE-shape concern**



9

10 Heterogeneity was detected in adults at I²=91%. Removing Poulsen the study that carried a
11 risk of bias because of different durations of treatment had no effect on heterogeneity. All of
12 the studies included a population with mental health comorbidities, such as depression and
13 anxiety, so this could not explain any variability. Duration of illness could not explain the
14 variability: only one study by Fairburn 1991 appeared to have a population that had been ill
15 for less than 5 years and a sub-group analysis showed heterogeneity was not reduced. Nor
16 did severity of illness appear to explain the heterogeneity. When studies with a number of
17 binges of less than 18 per month were separated from those with more than 18 per month,
18 heterogeneity was still detected in one of the subgroups. In the absence of a good
19 explanation of heterogeneity random effects are presented.

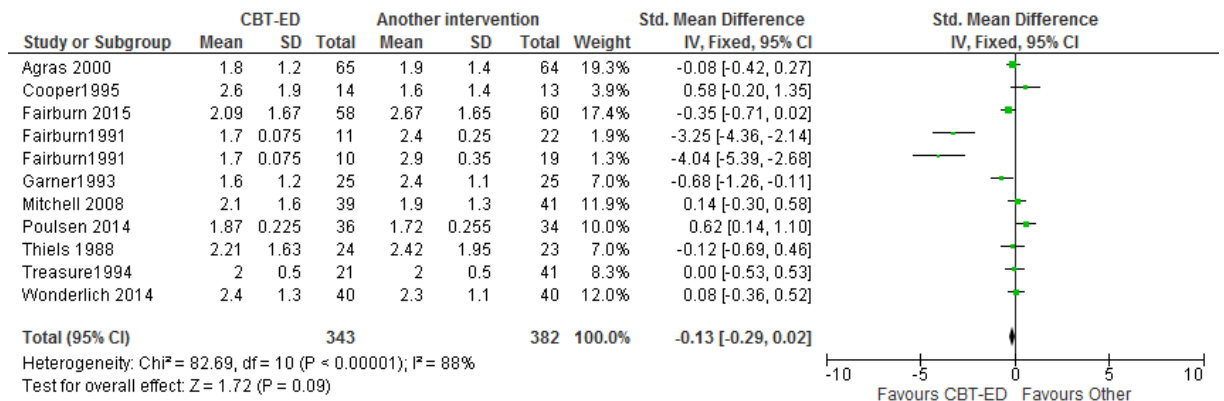
1 **Figure 178: EDE-shape concern with random effects**



2

3 **Figure 179: EDE-weight concern**

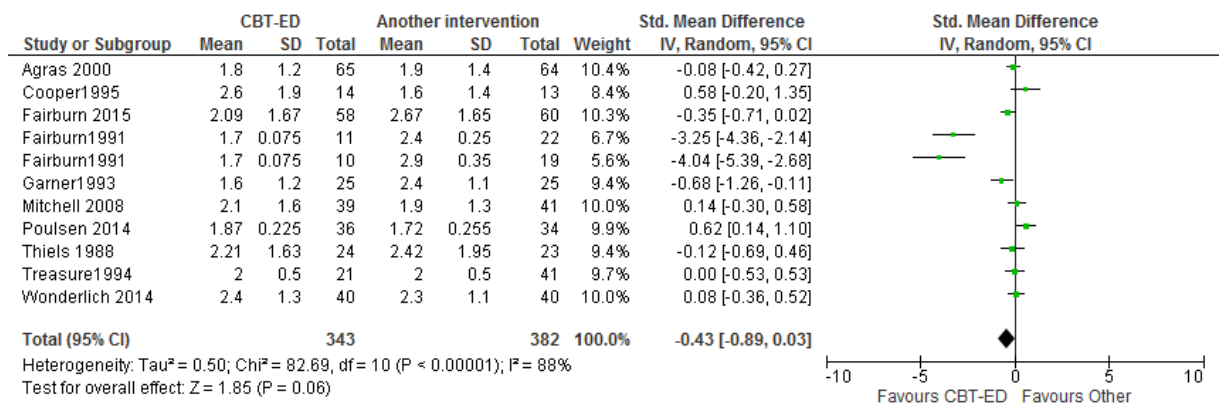
4



5

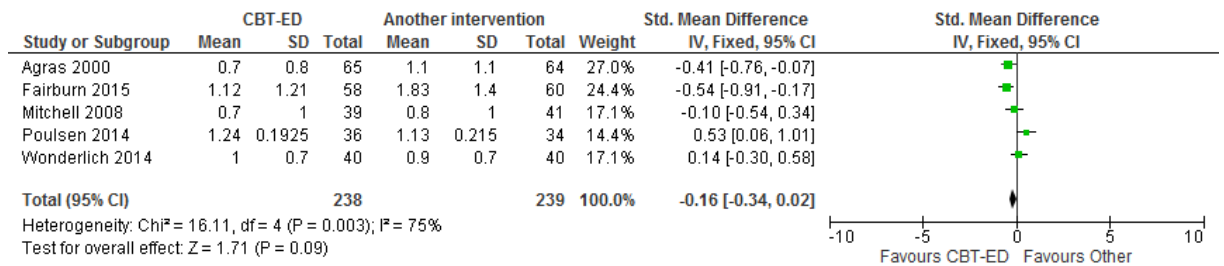
6 Heterogeneity was detected in adults at I²=88%. Removing Poulsen the study that carried a
7 risk of bias because of different durations of treatment had no effect on heterogeneity. All of
8 the studies included a population with mental health comorbidities, such as depression and
9 anxiety, so this could not explain any variability. Duration of illness could not explain the
10 variability: only one study by Fairburn 1991 appeared to have a population that had been ill
11 for less than 5 years and a sub-group analysis showed heterogeneity was not reduced. Nor
12 did severity of illness appear to explain the heterogeneity. When studies with a number of
13 binges of less than 18 per month were separated from those with more than 18 per month,
14 heterogeneity was still detected in one of the subgroups. In the absence of a good
15 explanation of heterogeneity random effects are presented.

16 **Figure 180: EDE-weight concern with random effects**



17

1 **Figure 181: EDE-eating concern**

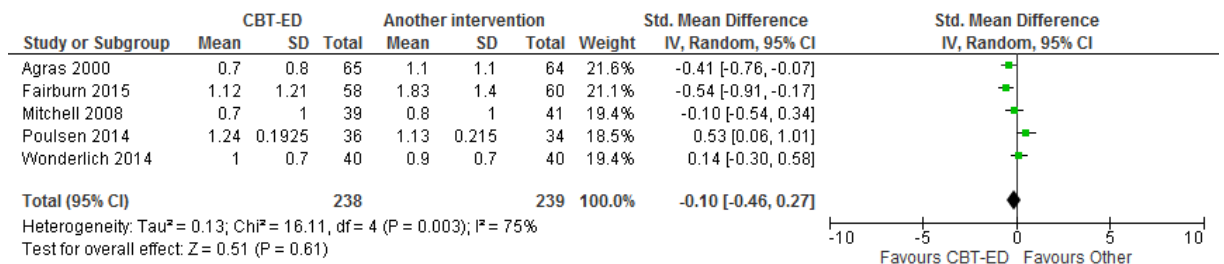


2

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

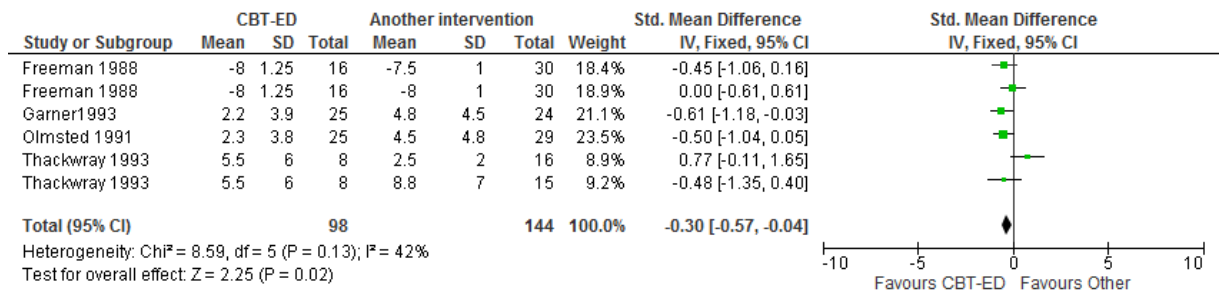
12

13 **Figure 182: EDE-eating concern with random effects**



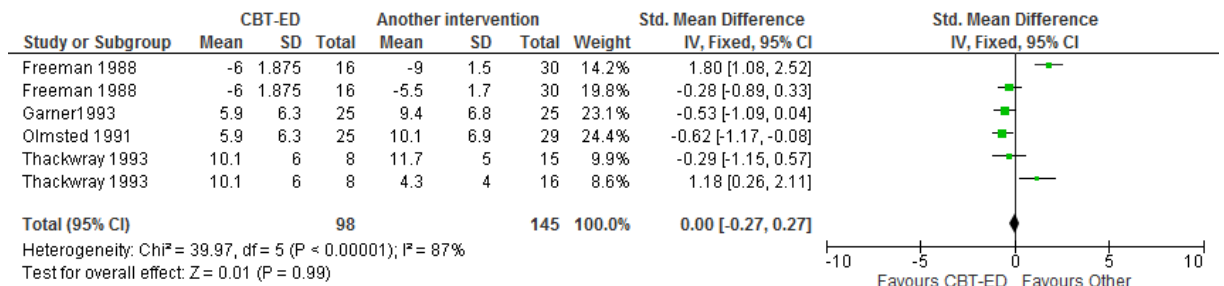
14

1 **Figure 183: EDI-bulimia**



2

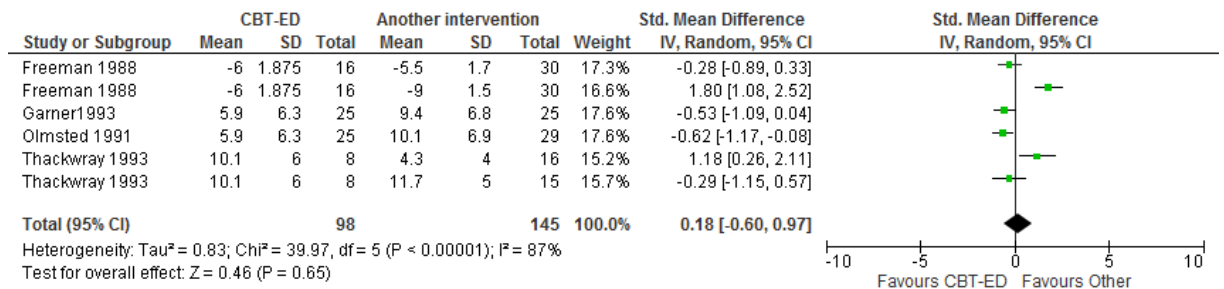
3 **Figure 184: EDI-drive for thinness**



4

5 Heterogeneity was detected at $I^2 = 87\%$. All the studies appeared to have a similar duration
6 of illness and severity of illness based on the number of binges per month, in addition to
7 having comorbidities. Thus, no variable appeared to explain the heterogeneity and random
8 effects were presented.

9 **Figure 185: EDI-drive for thinness with random effects**

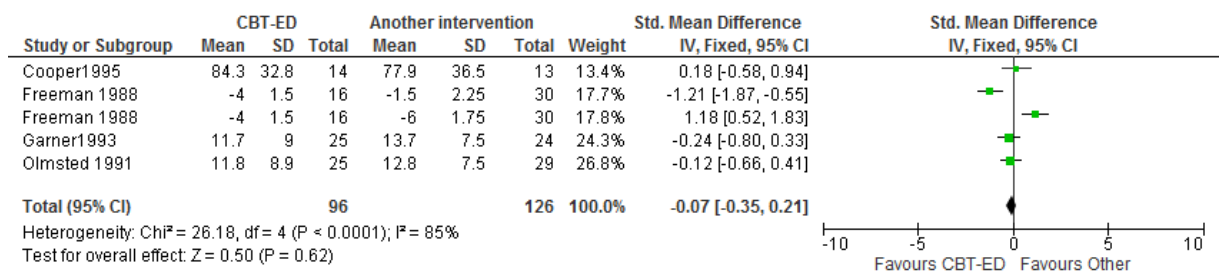


10

11

12 **Figure 186: EDI-body dissatisfaction**

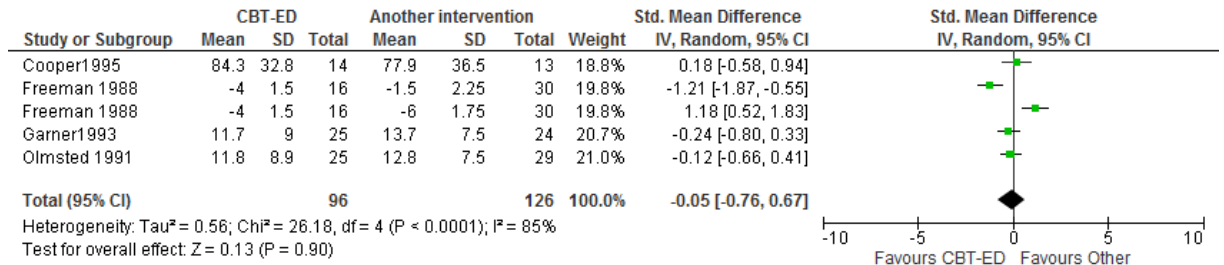
13



14

1 Heterogeneity was detected at $I^2 = 85\%$. All the studies appeared to have a similar duration
2 of illness and severity of illness based on the number of binges per month, in addition to
3 having comorbidities. Thus, no variable appeared to explain the heterogeneity and random
4 effects were presented.

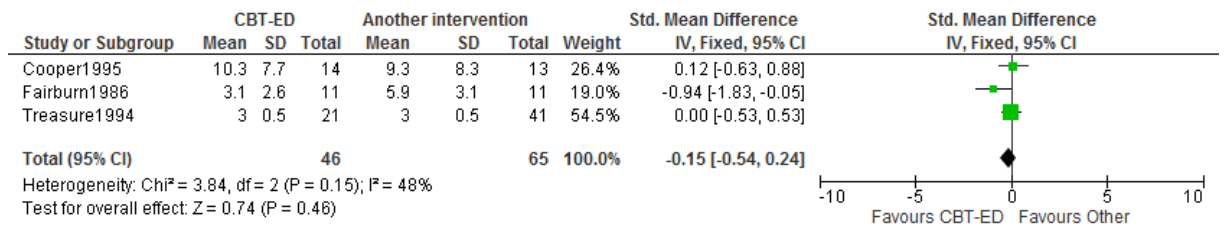
5 **Figure 187: EDI-body dissatisfaction with random effects**



6

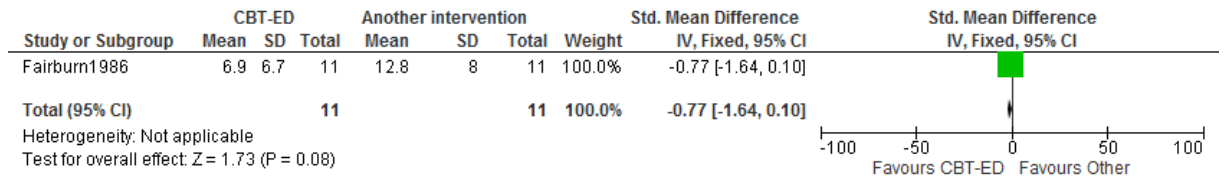
7

1 **Figure 188: Global clinical score**



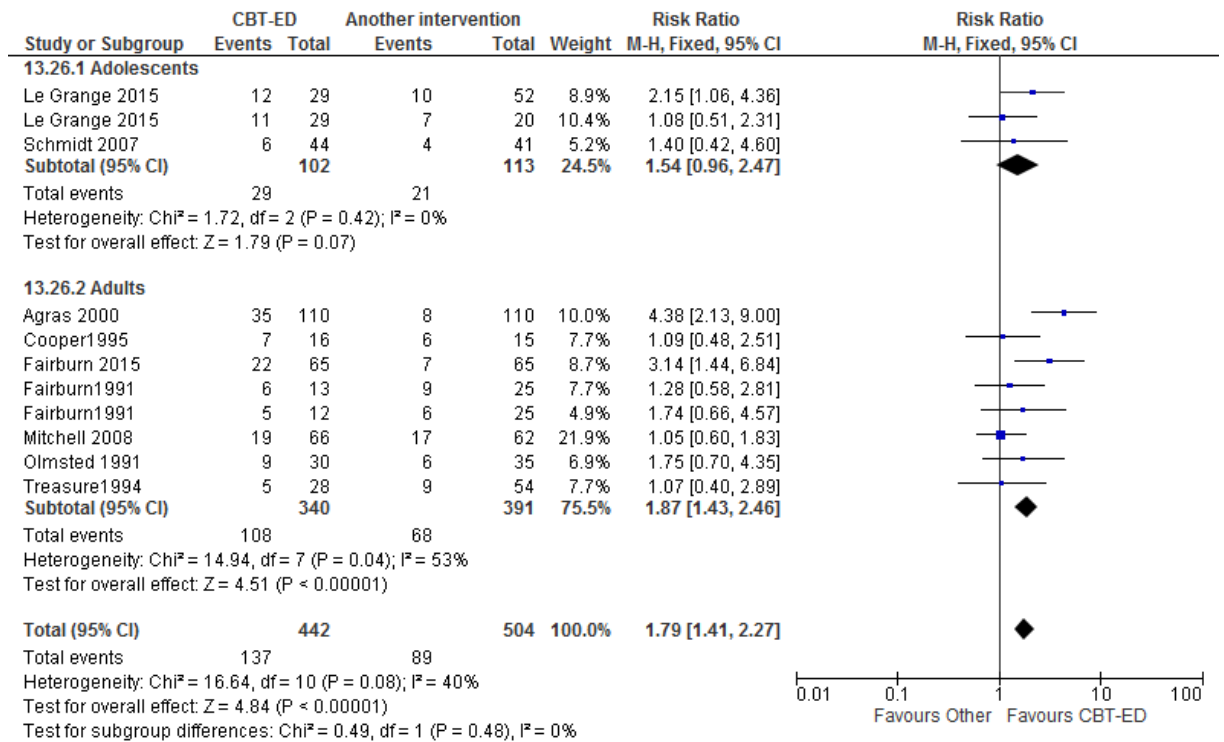
2

3 **Figure 189: General psychopathology**



4

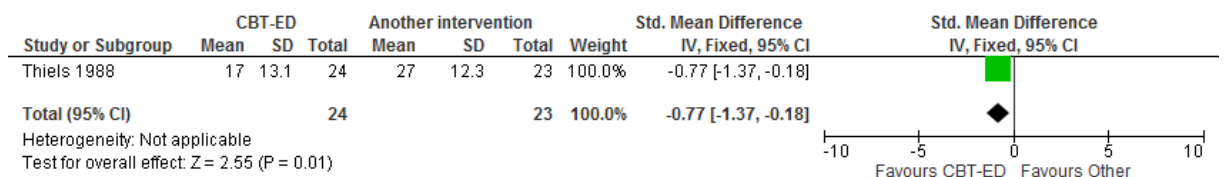
5 **Figure 190: Remission for young people and adults with bulimia nervosa**



6

7

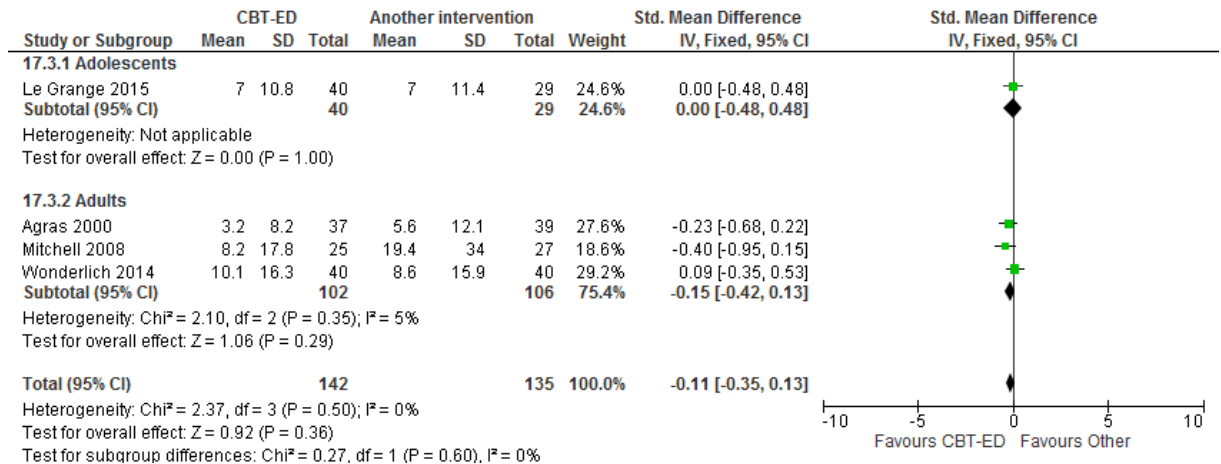
8 **Figure 191: Bulimic inventory test edinburgh**



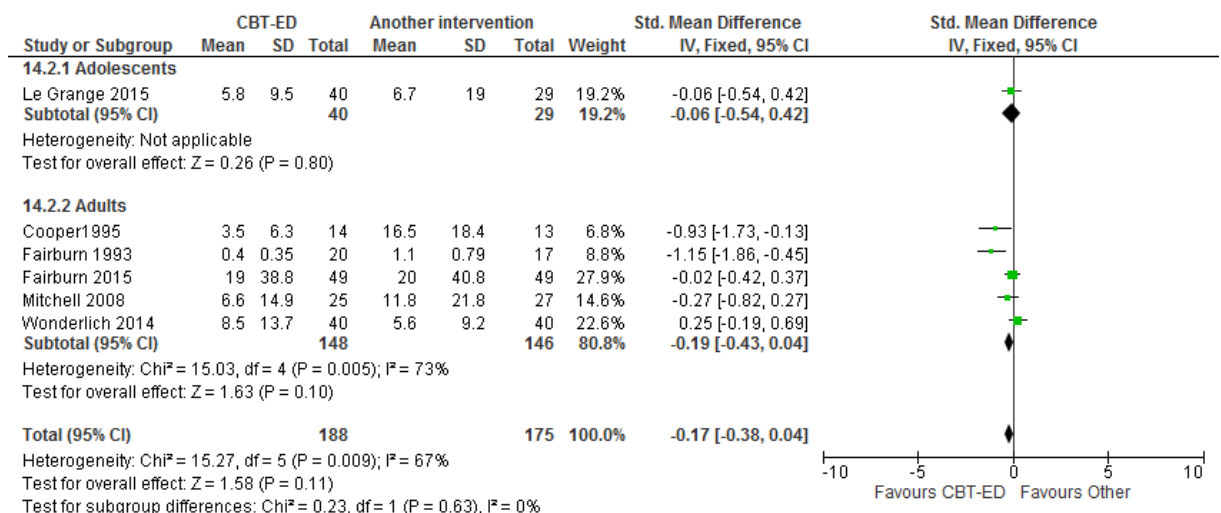
9

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

3 Figure 192: Purges for young people and adults



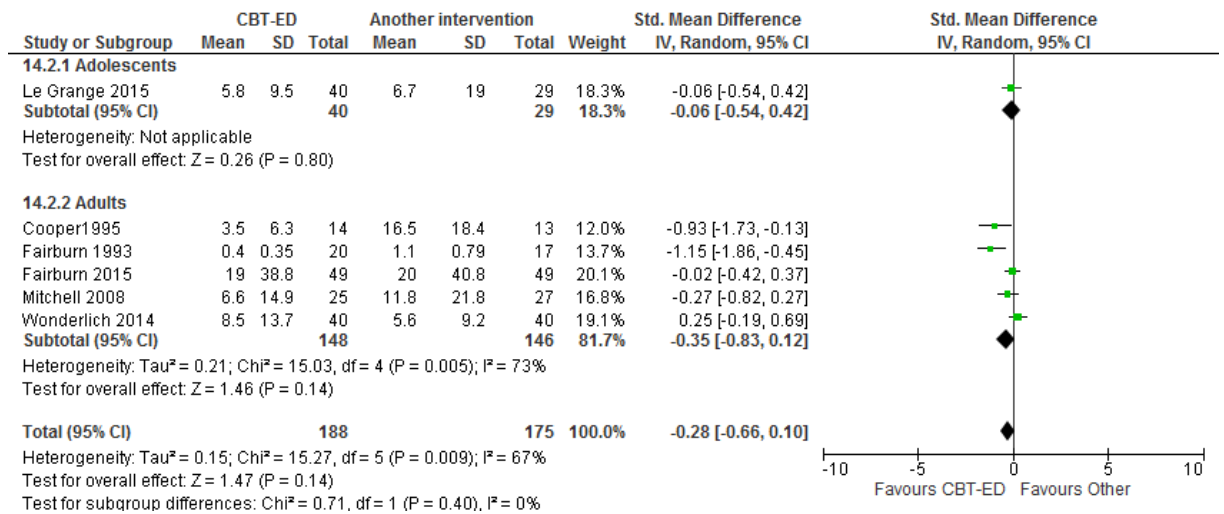
5 Figure 193: Binges for young people and adults



7 Heterogeneity was detected in adults at I²=67%. No studies clearly showed a risk of bias,
8 duration of illness was not reported in all studies and severity of illness based on number of
9 binges per month was difficult to separate when one study reported median versus mean
10 and the remainder were not largely different: Cooper: 21-30 binges/mo; Fairburn 1993 17-18
11 binges/mo; Fairburn 2015 reported median 14/mo; Wonderlich 22-23 binges/ mo. All studies
12 included a population with comorbidities. In the absence of an explanation for the
13 heterogeneity the result was presented as a random effects.

14

1 **Figure 194: Binges with random effects**

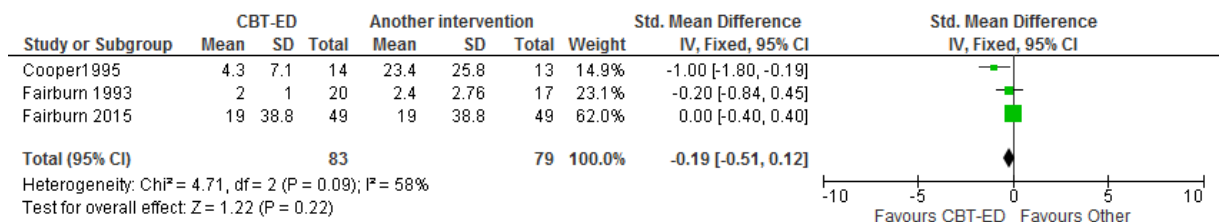


2

3

4 **Figure 195: Vomiting**

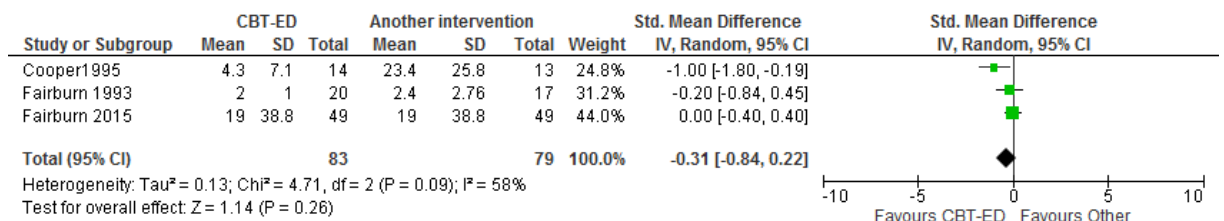
5



6

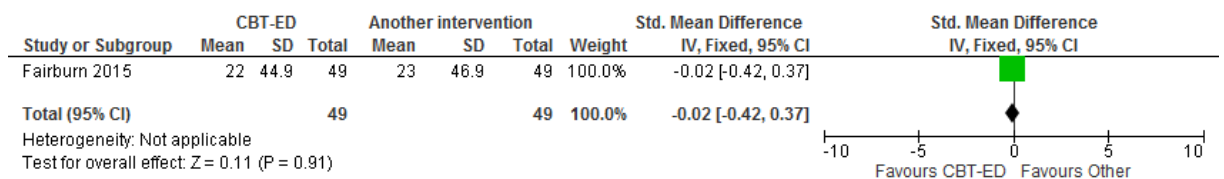
7 Heterogeneity was detected in adults at I²=58%. Cooper was a significant outlier that when it
 8 was removed from the analysis heterogeneity was reduced to 0% but there was no real
 9 justification for removing or separating this study based on risk of bias or a difference in
 10 comorbidities, duration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

12 **Figure 196: Vomiting with random effects for adults**



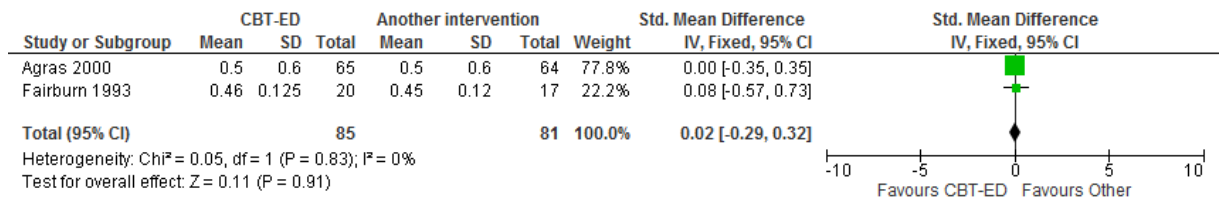
13

14 **Figure 197: Laxative use**



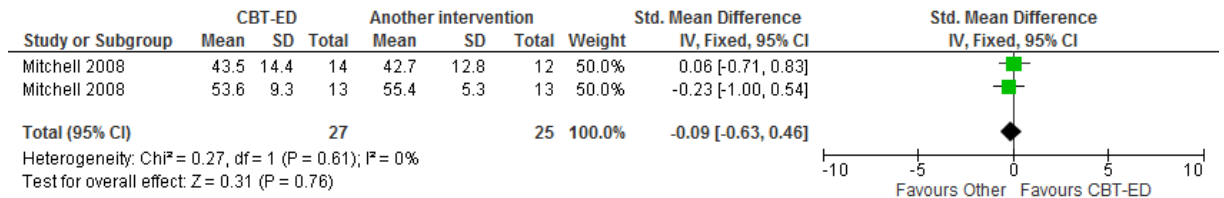
15

1 **Figure 198: Symptom check-list (SCL-90-R)**



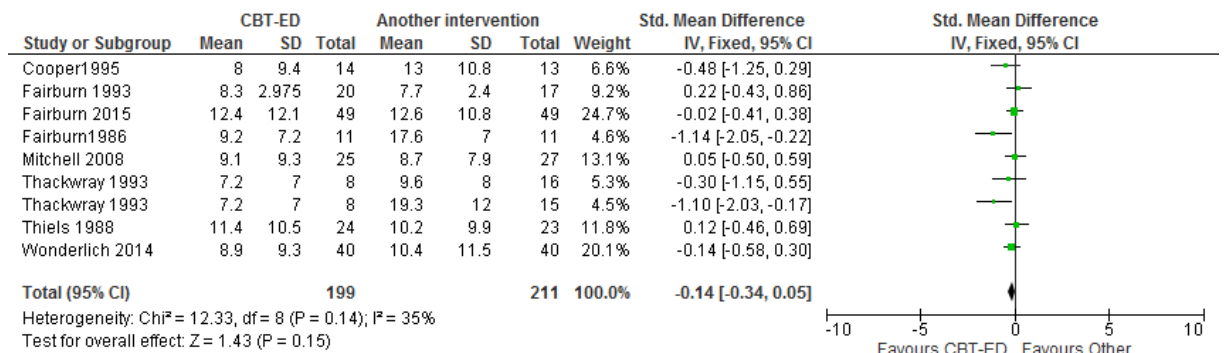
2

3 **Figure 199: Quality of life**



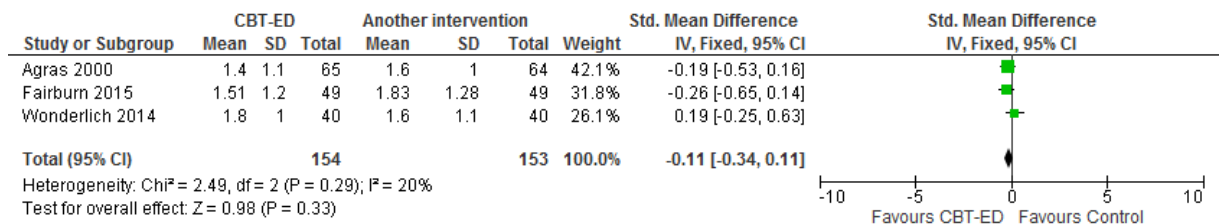
4

5 **Figure 200: Depression**



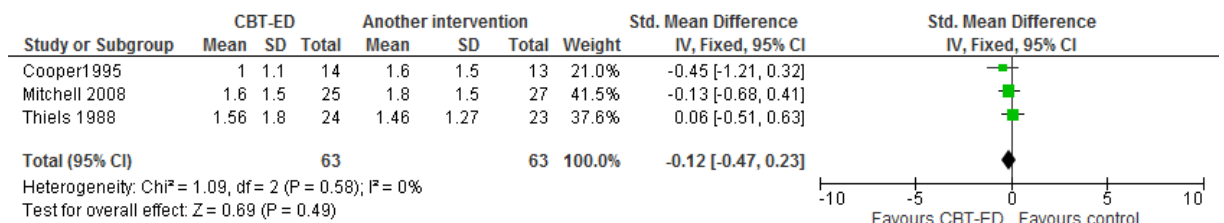
6

7 **Figure 201: EDE-total**



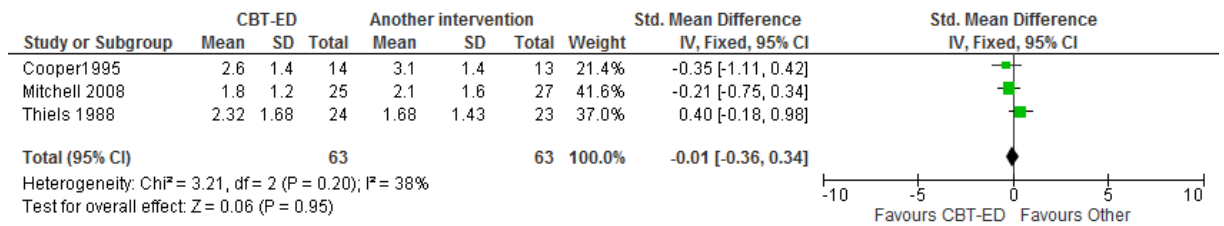
8

9 **Figure 202: EDE-dietary restraint**



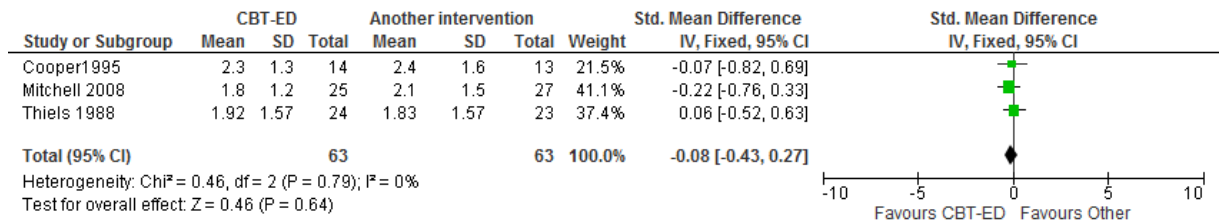
10

1 **Figure 203: EDE-shape concern**



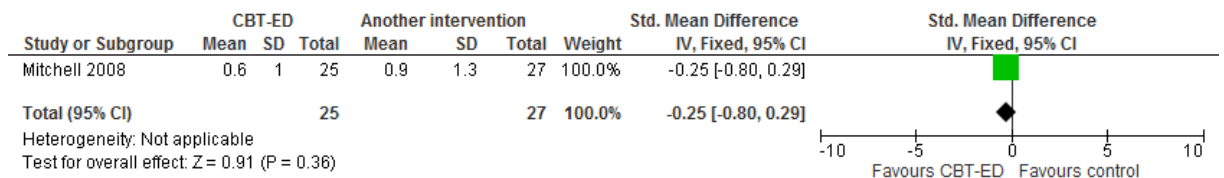
2

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



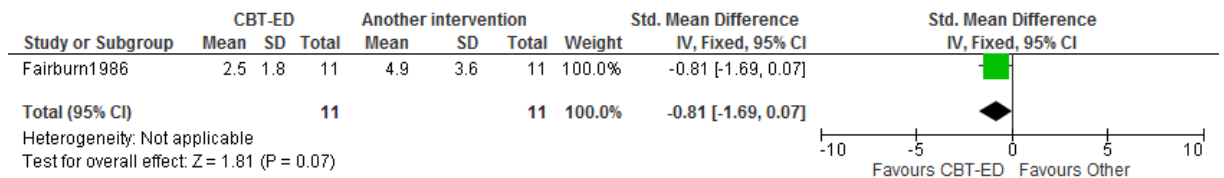
4

5 **Figure 205: EDE-eating concern**



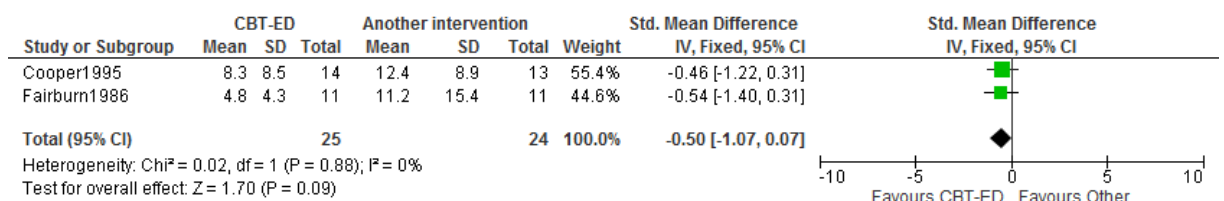
6

7 **Figure 206: Global clinical score**



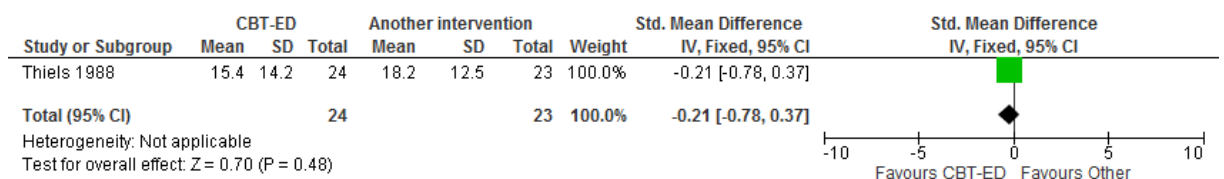
8

9 **Figure 207: General psychopathology**



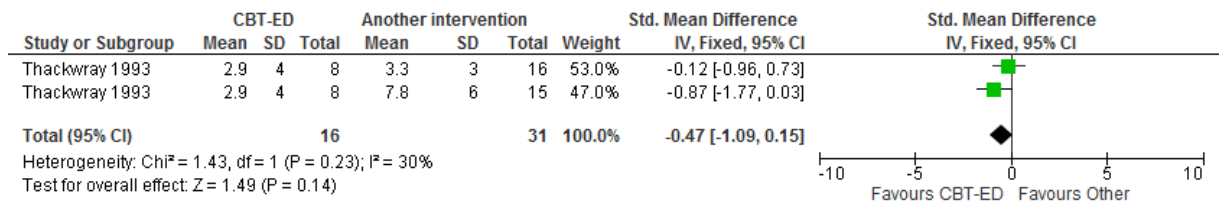
10

11 **Figure 208: Bulimic inventory test edinburgh**



12

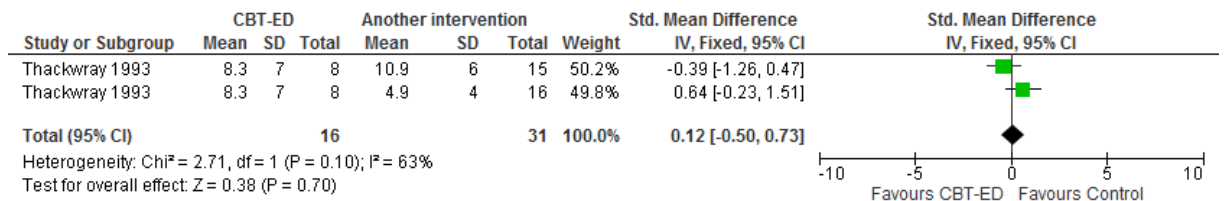
1 **Figure 209: EDI-bulimia**



2

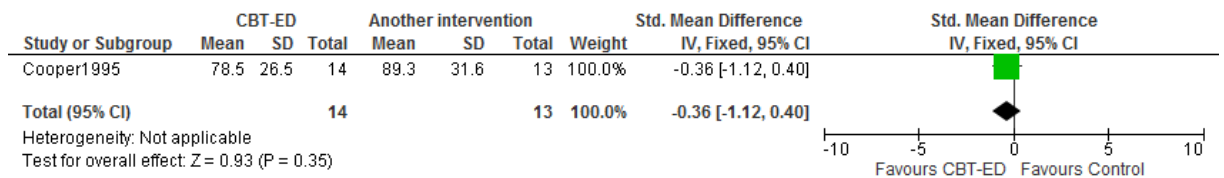
3

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



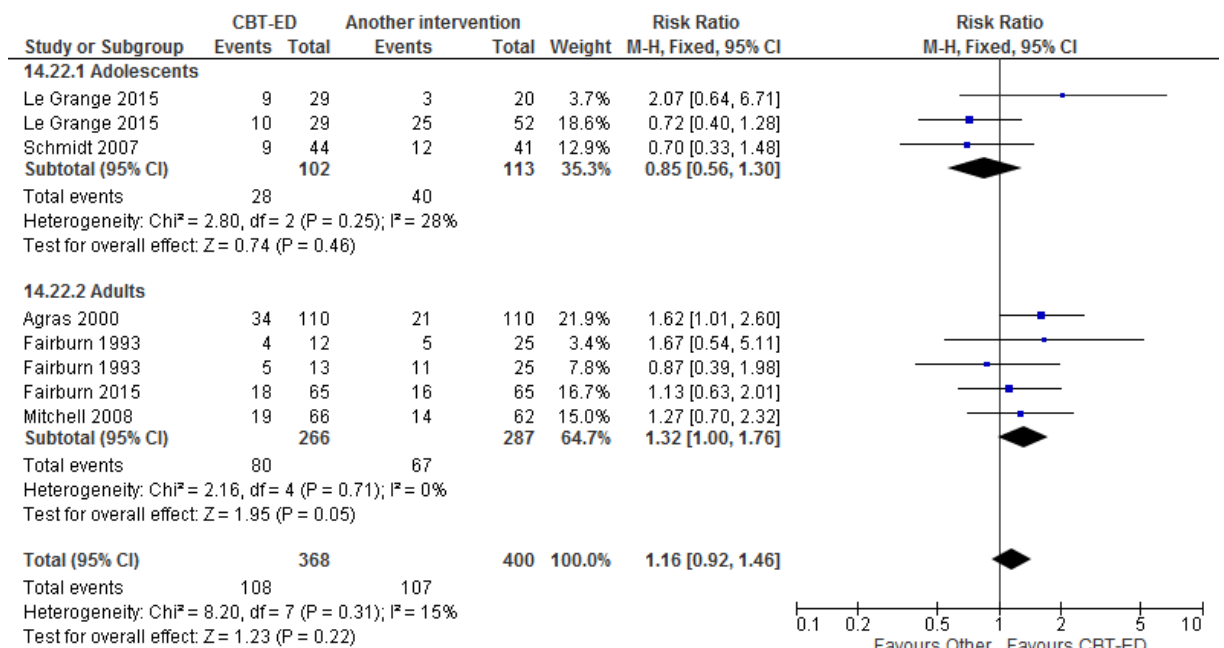
5

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



7

8 **Figure 212: Remission in young people and adults**



9

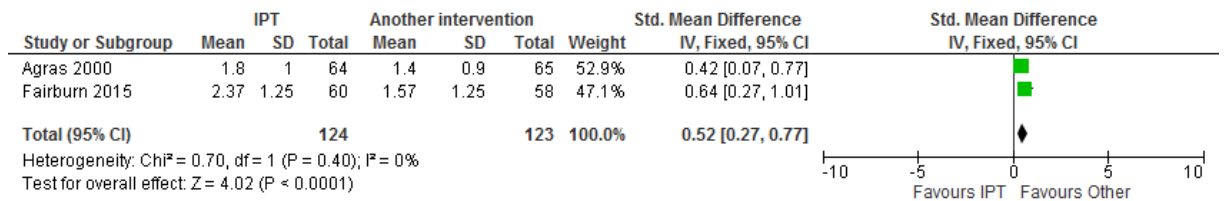
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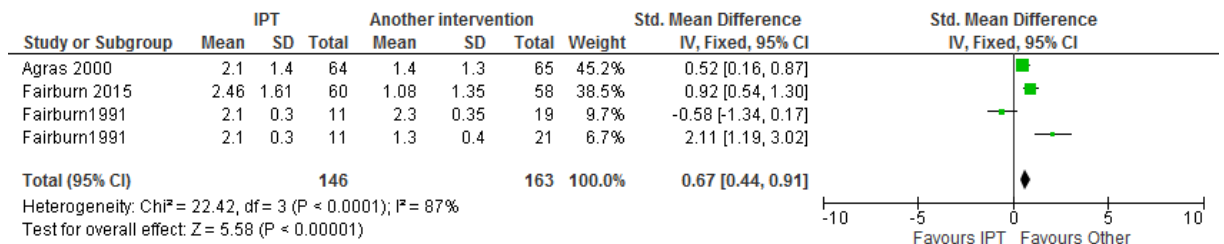
M.3.2.31 Interpersonal therapy versus any other intervention in adults (unless otherwise stated) with bulimia nervosa at the end of treatment

3 Figure 213: EDE-total



4

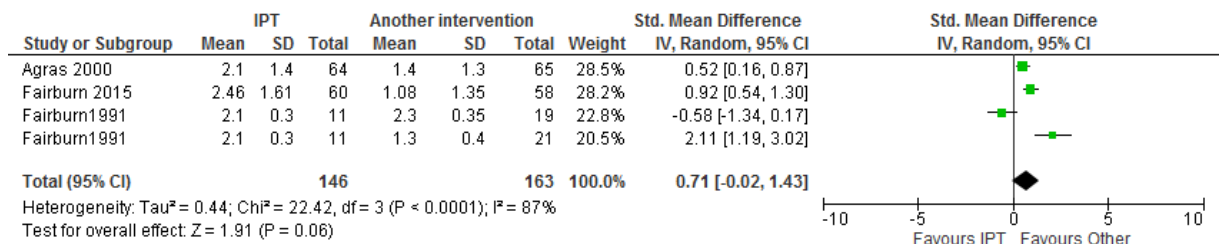
5 Figure 214: EDE-restraint



6

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

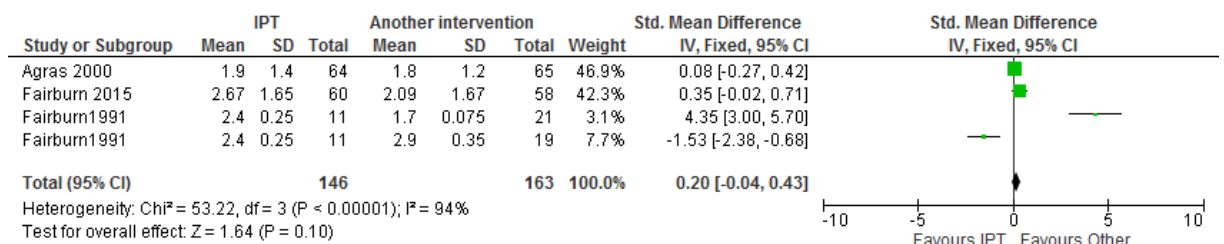
15 Figure 215: EDE-restraint with random effects



16

17

18 Figure 216: EDE-weight concern

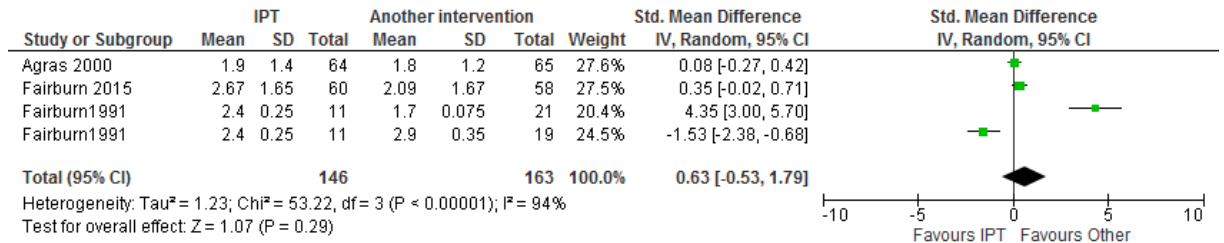


19

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

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

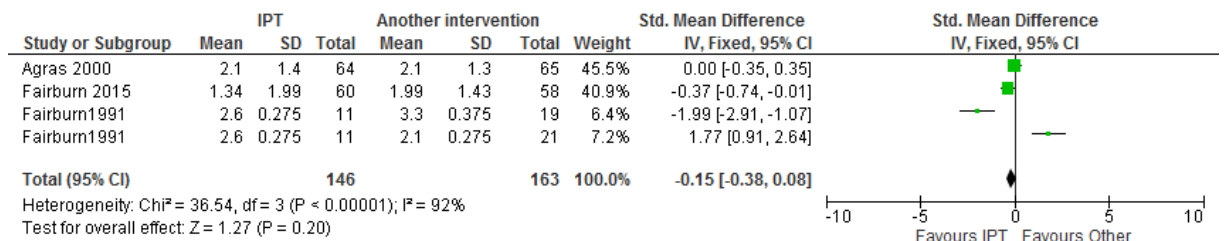
5 **Figure 217: EDE-weight concern with random effects**



6

7

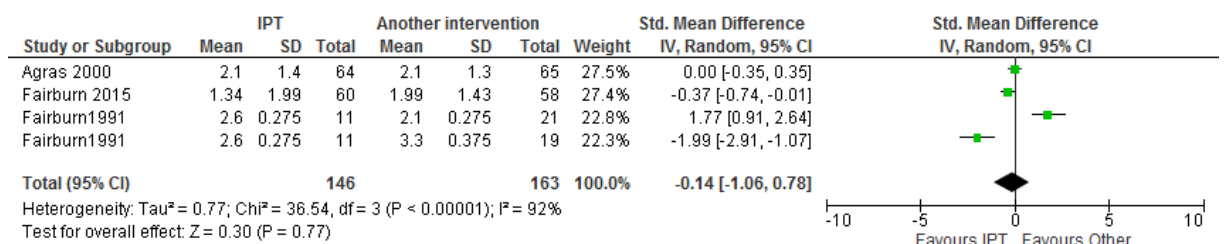
8 **Figure 218: EDE-shape concern**



9

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

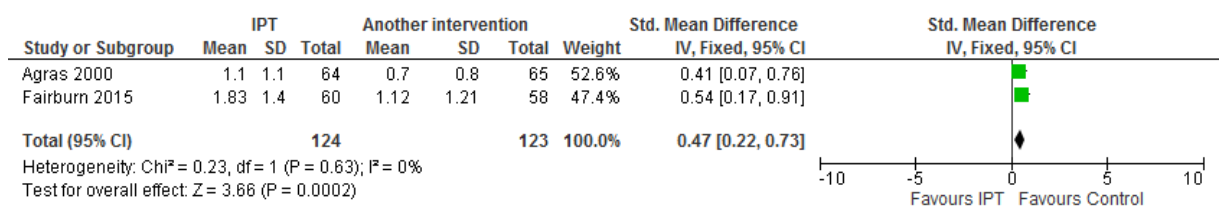
17 **Figure 219: EDE-shape concern with random effects**



18

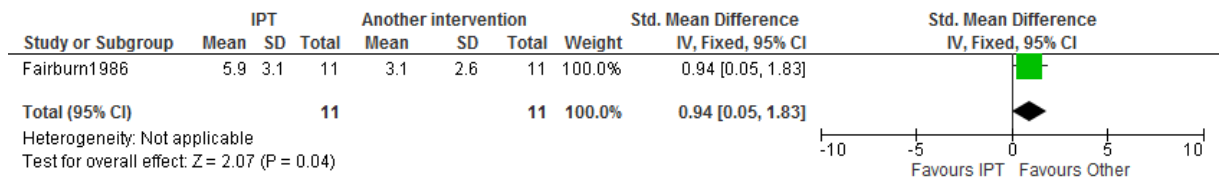
19

20 **Figure 220: EDE-eating concern**



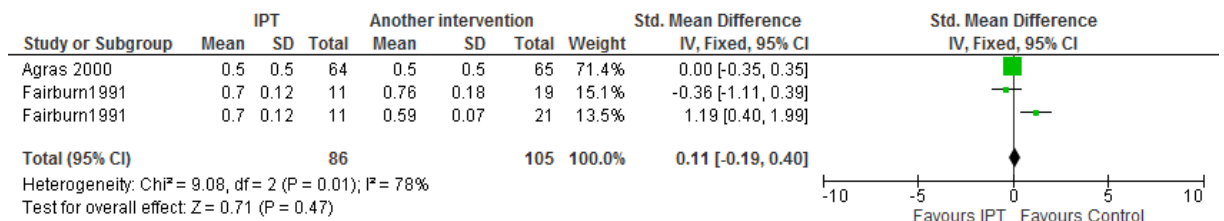
21

1 **Figure 221: General clinical score**



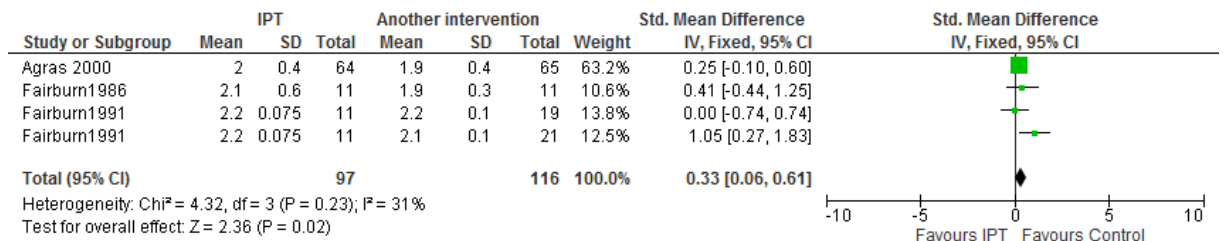
2

3 **Figure 222: Symptom check-list**



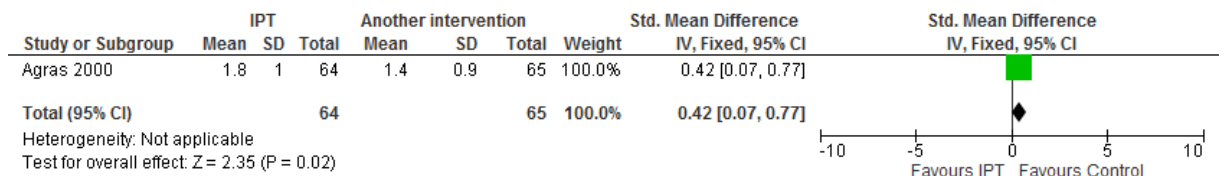
4

5 **Figure 223: Social adjustment score**



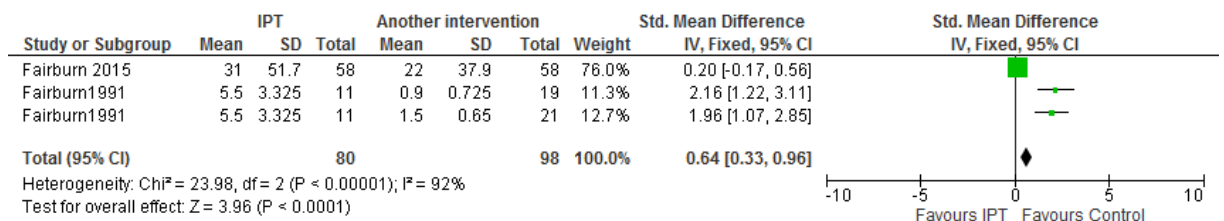
6

7 **Figure 224: Purges**



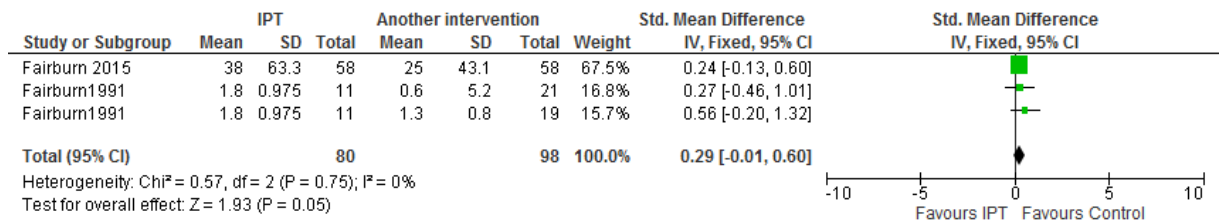
8

9 **Figure 225: Vomiting**



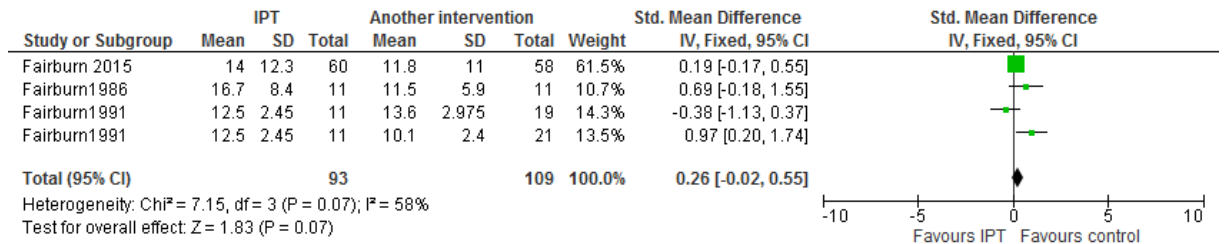
10

1 **Figure 226: Binges**



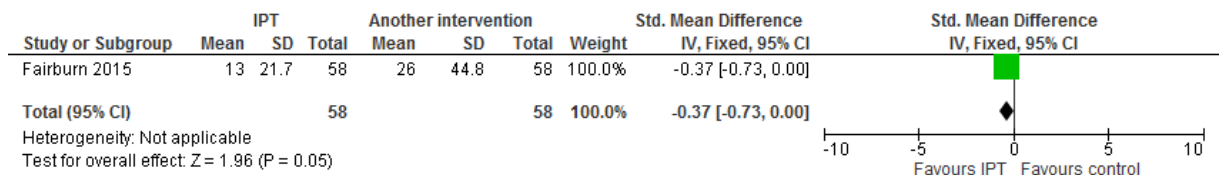
2

3 **Figure 227: Depression**



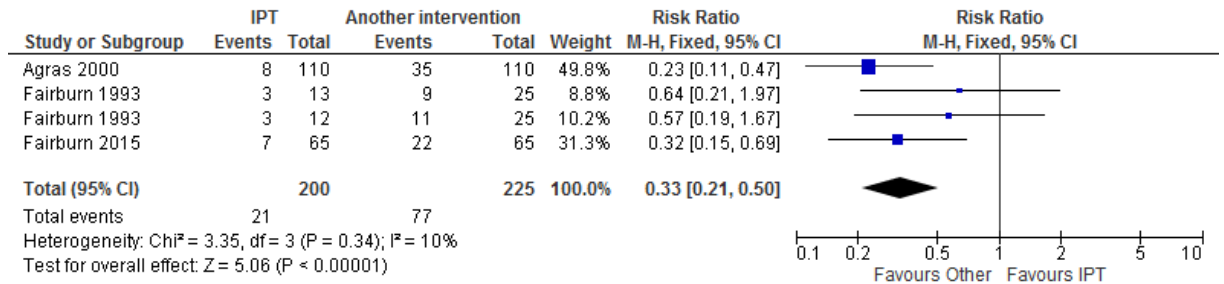
4

5 **Figure 228: Laxative use**



6

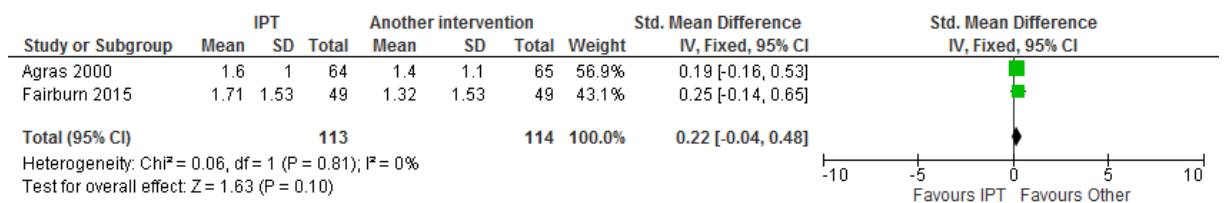
7 **Figure 229: Remission**



8

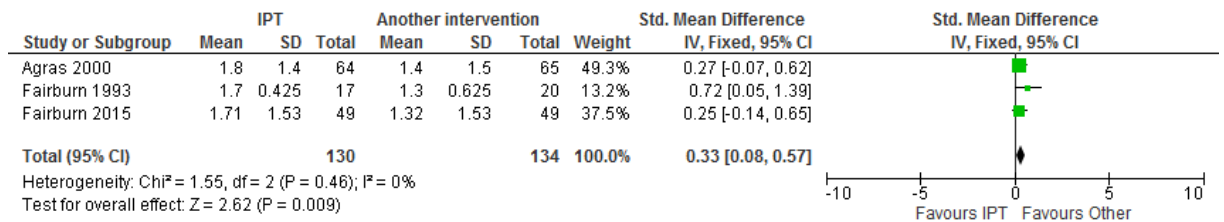
M.3.2.49 **Interpersonal therapy versus any other intervention in adults (unless otherwise stated) with bulimia nervosa at follow-up**

11 **Figure 230: EDE-total**



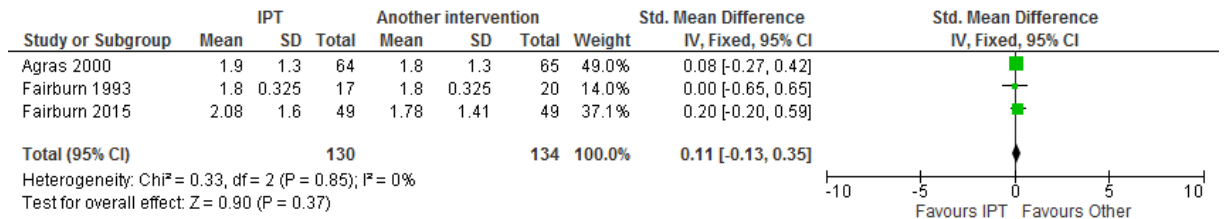
12

1 **Figure 231: EDE-restraint**



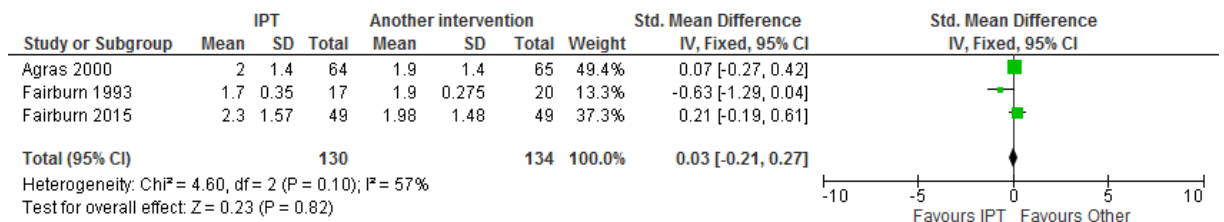
2

3 **Figure 232: EDE-weight concern**



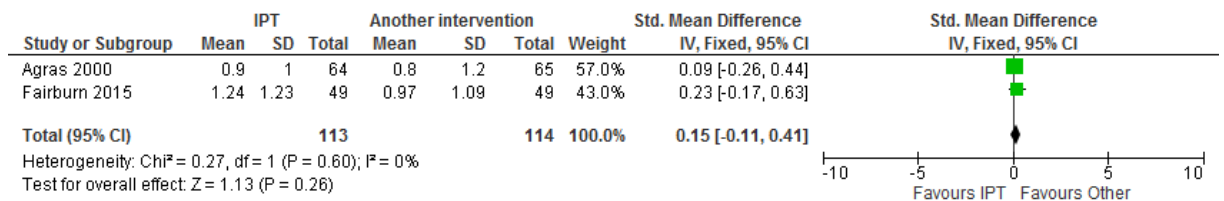
4

5 **Figure 233: EDE-shape concern**



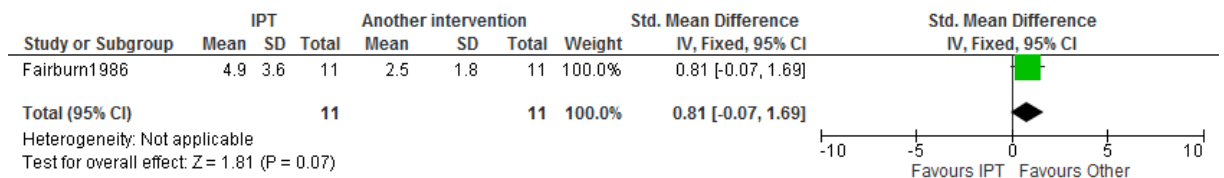
6

7 **Figure 234: EDE-eating concern**



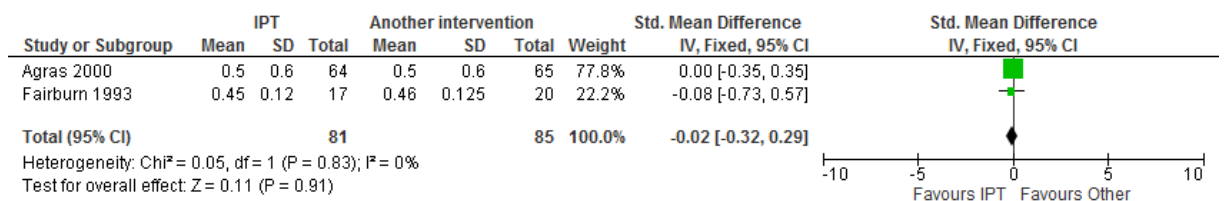
8

9 **Figure 235: General clinical score**



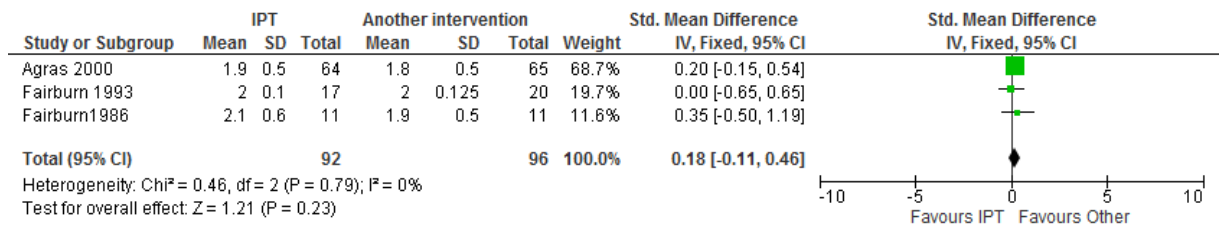
10

11 **Figure 236: Symptom check-list**



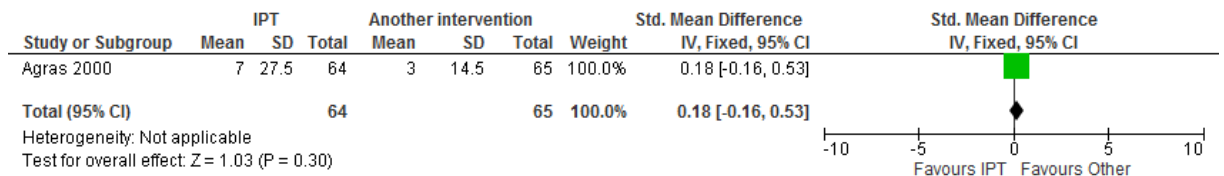
12

1 **Figure 237: Social adjustment score**



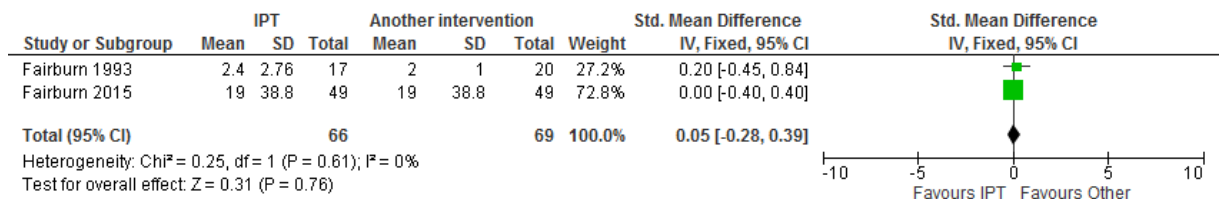
2

3 **Figure 238: Purges**



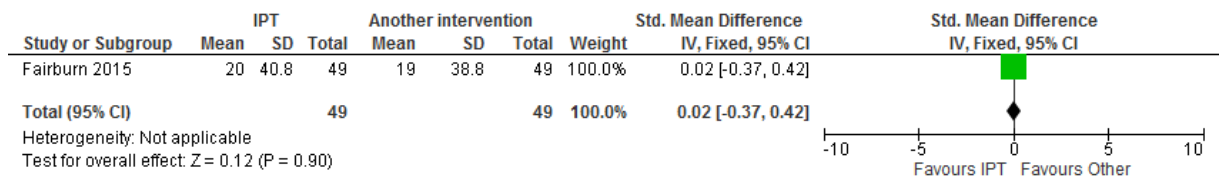
4

5 **Figure 239: Vomiting**



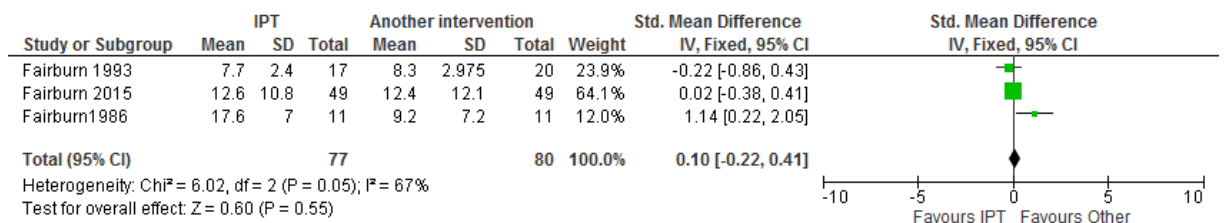
6

7 **Figure 240: Binges**



8

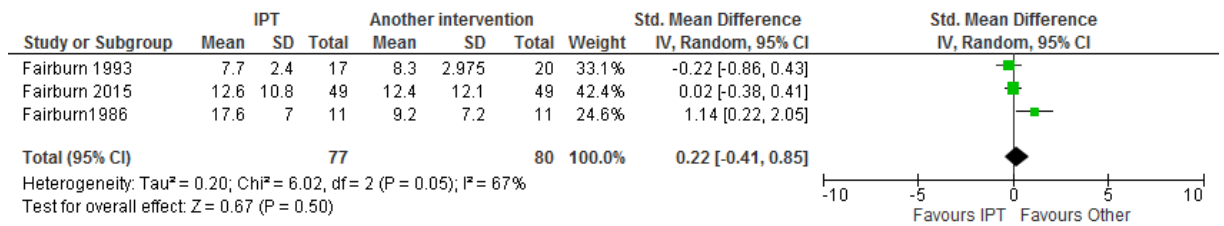
9 **Figure 241: Depression**



10

11 Heterogeneity was detected at I²=67%. Fairburn 1986 was an outlier and appeared to
 12 explain the heterogeneity but the population was not remarkably different to the other studies
 13 nor did it carry a higher risk of bias to justify its exclusion in a sensitivity analysis. Subgroup
 14 analysis based on number of duration was not possible because either the data was not
 15 available, nor severity of illness because the units of measure were different and
 16 comorbidities because all populations had a comorbidity to some degree. Since
 17 heterogeneity could not be explained random effects were used.

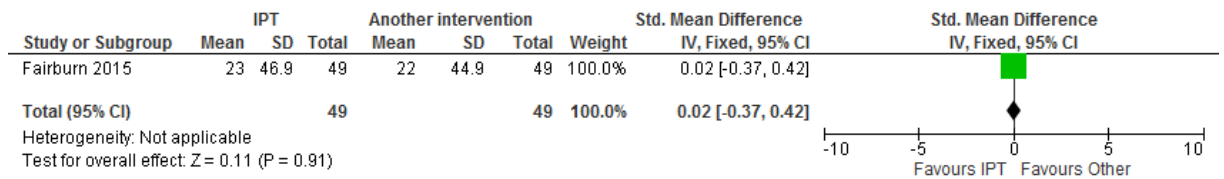
1 **Figure 242: Depression random effects**



2

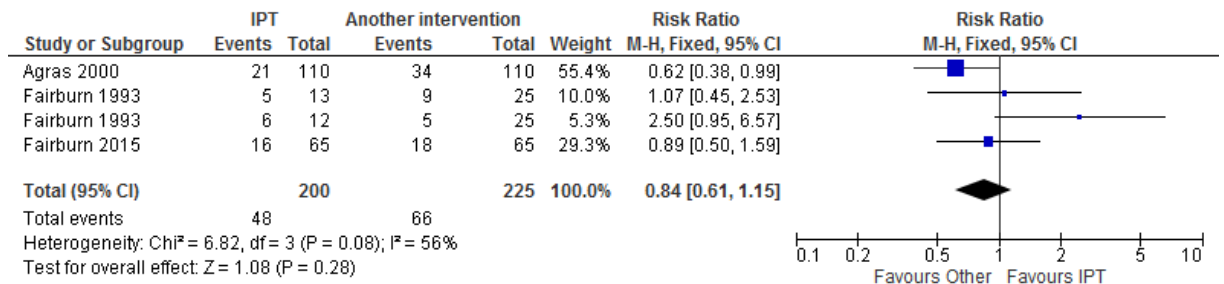
3

4 **Figure 243: Laxative use**



5

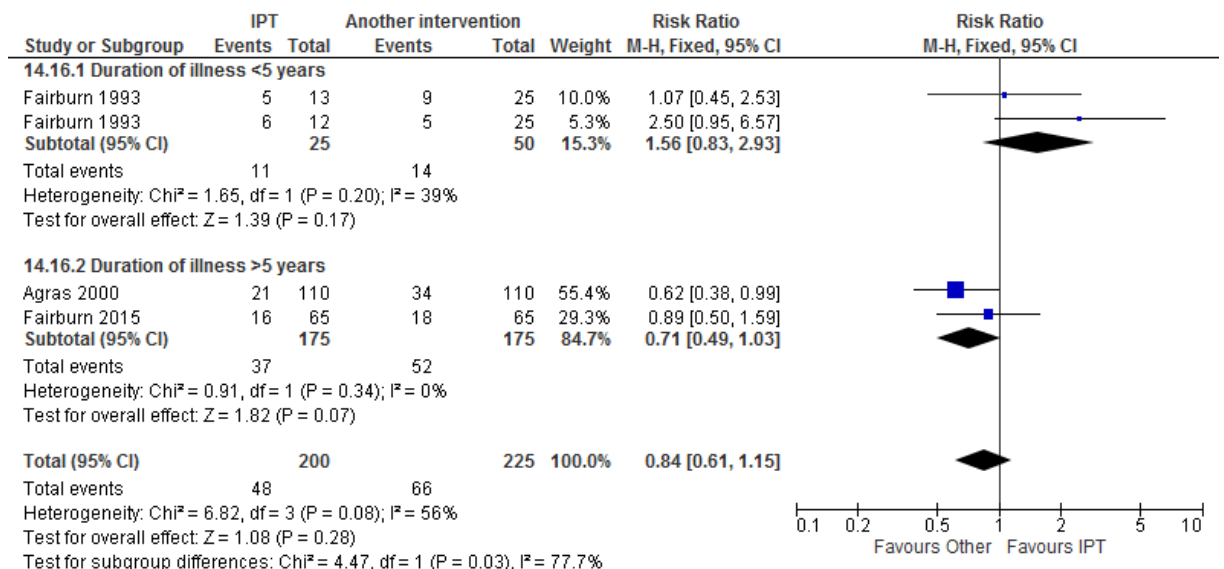
6 **Figure 244: Remission**



7

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

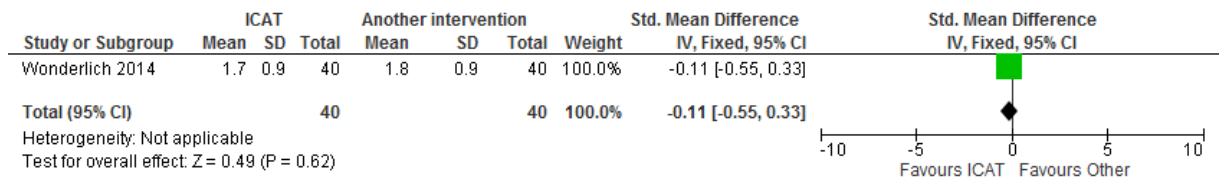
13 **Figure 245: Remission – subgroup analysis based on duration of illness**



14

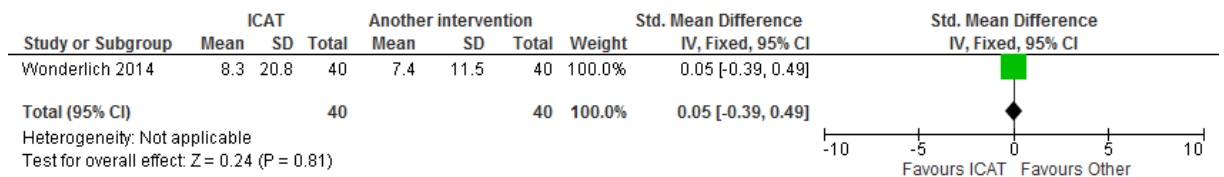
M.3.2.51 Integrative cognitive-affective therapy (ICAT) versus any other intervention in adults with bulimia nervosa at the end of treatment

3 Figure 246: EDE-total



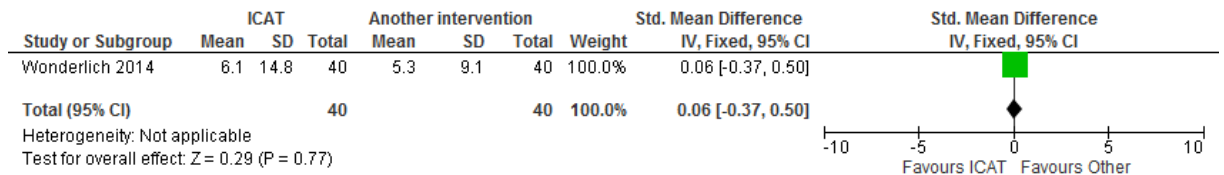
4

5 Figure 247: Purges



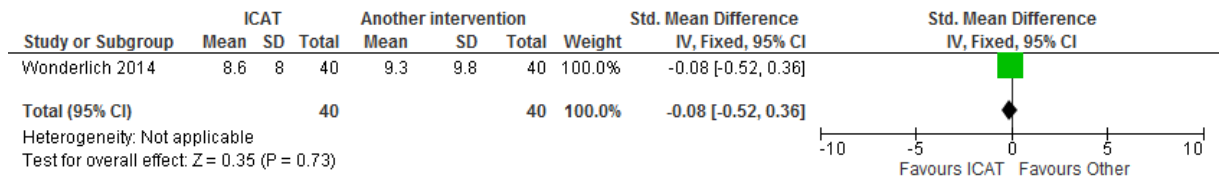
6

7 Figure 248: Binges



8

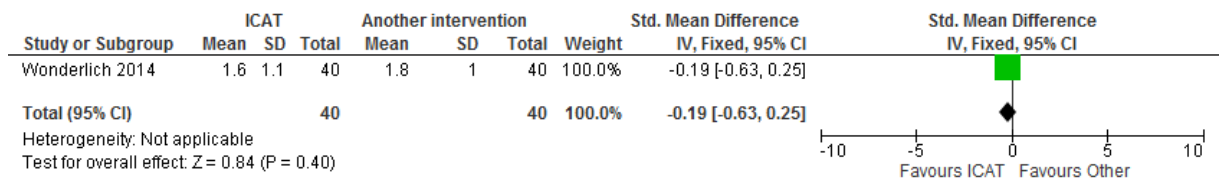
9 Figure 249: Depression



10

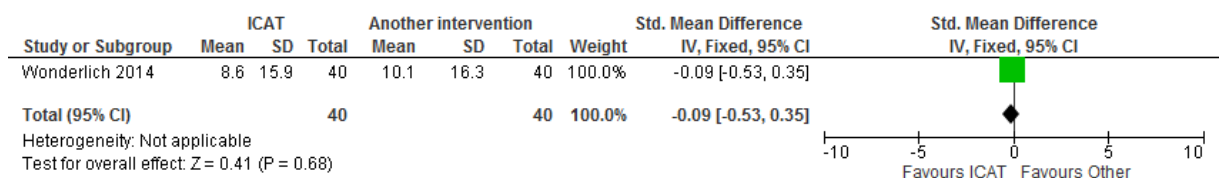
M.3.2.61 Integrative cognitive-affective therapy (ICAT) versus any other intervention in adults with bulimia nervosa at follow-up

13 Figure 250: EDE-total



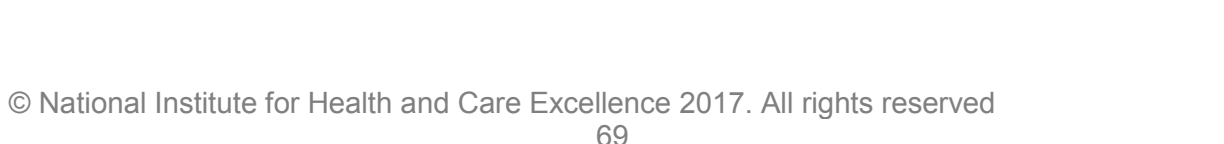
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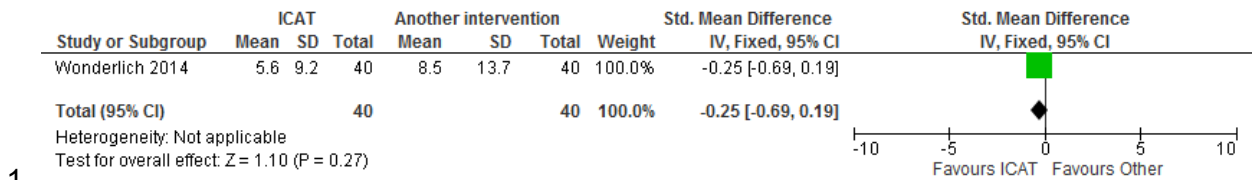
15 Figure 251: Purges



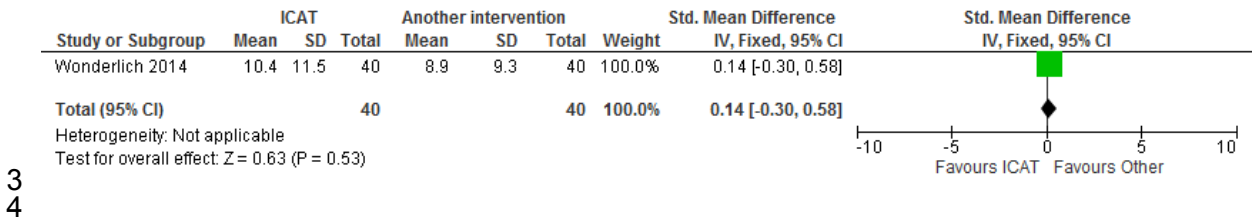
16

17 Figure 252: Binges



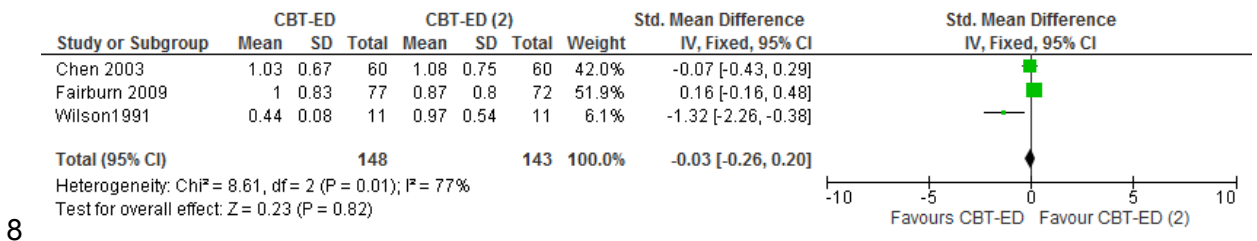


2 **Figure 253: Depression**

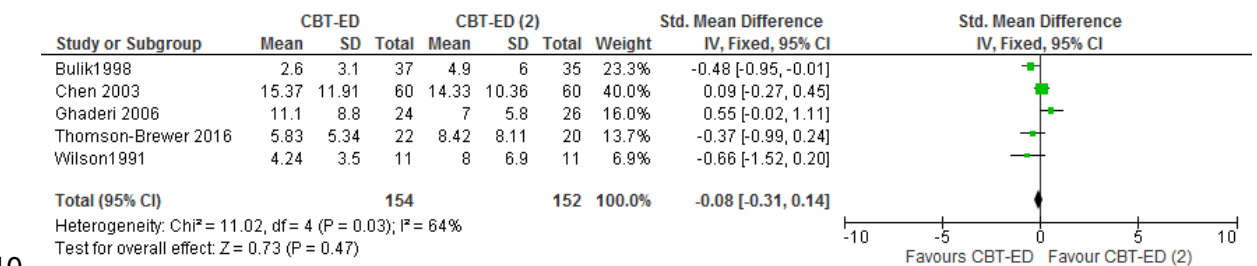


M.3.2.75 **CBT-ED versus another CBT-ED (2) intervention in adults with bulimia nervosa at the end of treatment**

7 **Figure 254: Symptom check-list**

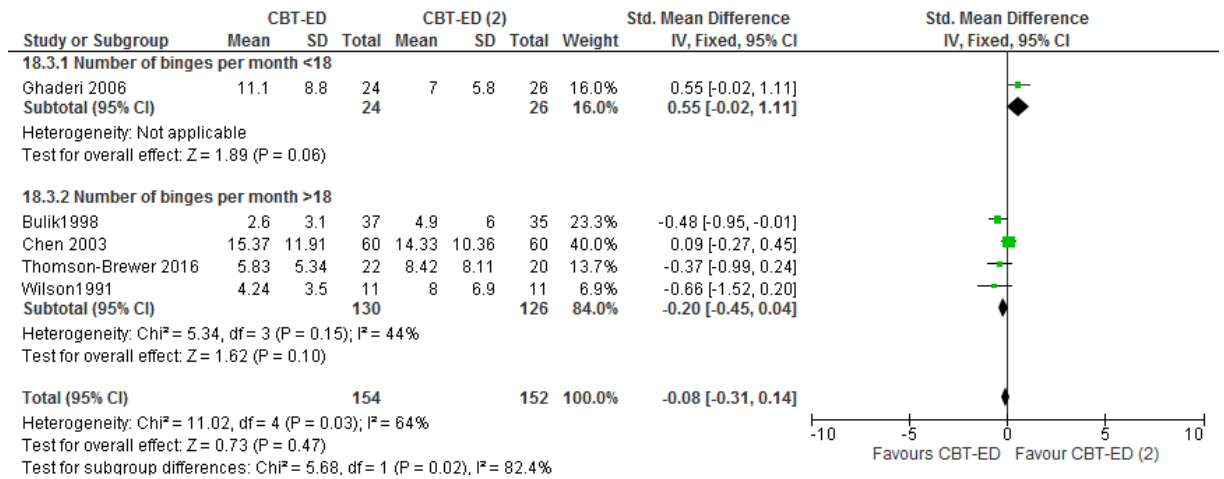


9 **Figure 255: Depression**

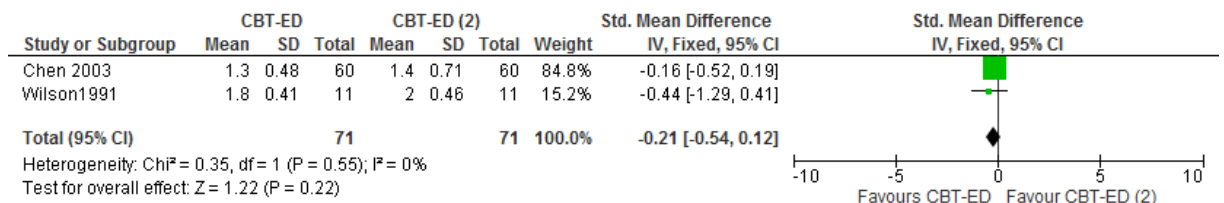


11 Heterogeneity was detected at I²=64%. No study showed a risk of bias to justify exclusion in
12 a sensitivity analysis. Duration of illness and comorbidities were not always reported.
13 However, the heterogeneity may be explained by the severity of illness defined by the
14 number of binges per month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

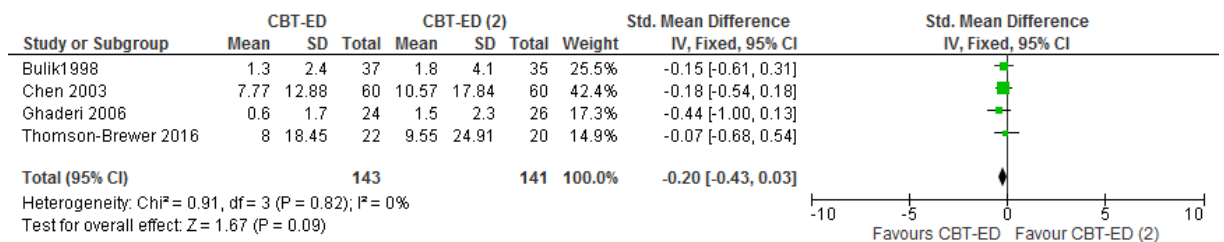
15 **Figure 256: Depression subgroup analysis based on severity of illness**



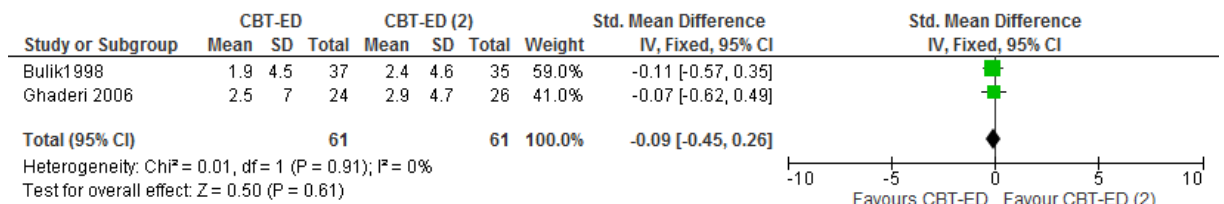
1
2 **Figure 257: Social adjustment score**



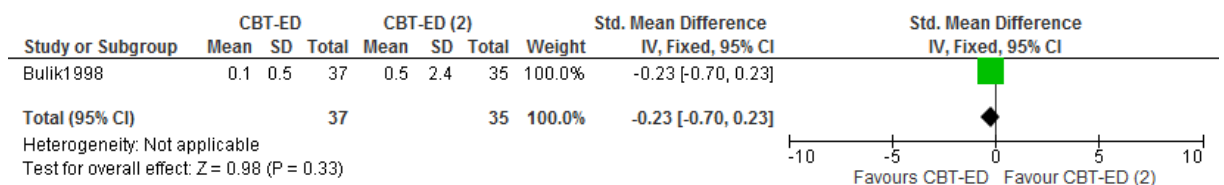
3
4 **Figure 258: Bingeing**



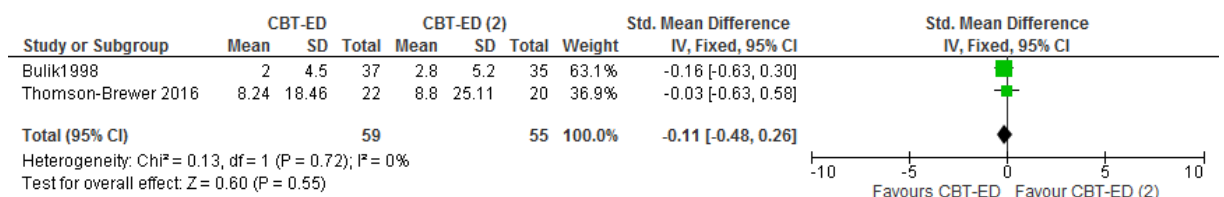
5
6 **Figure 259: Vomiting**



7
8 **Figure 260: Laxative use**

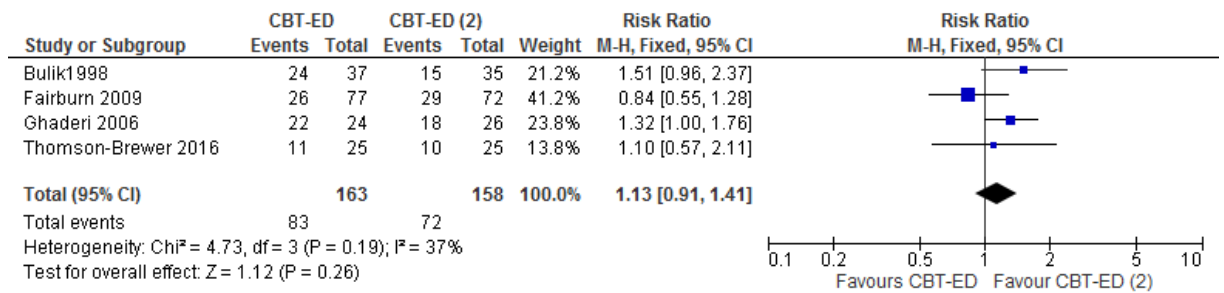


9
10 **Figure 261: Purging**



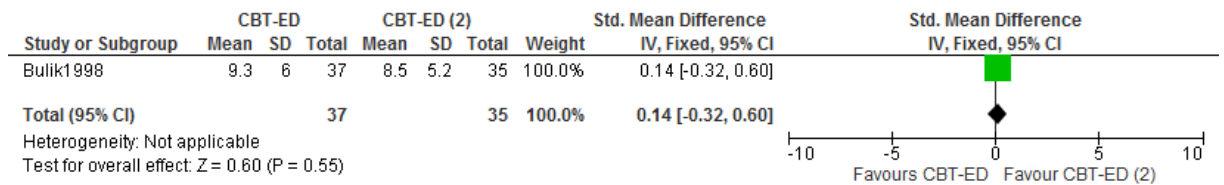
11

1 **Figure 262: Remission**



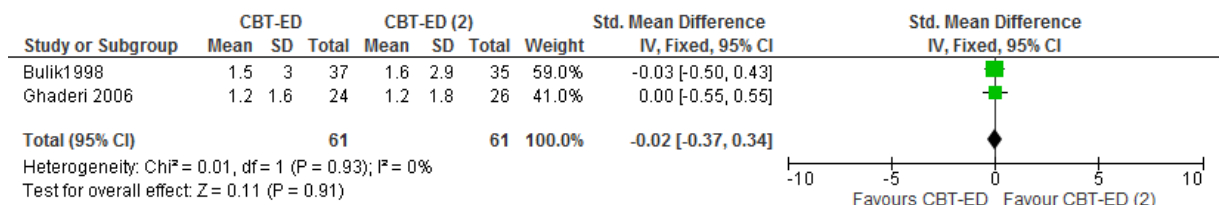
2

3 **Figure 263: EDI-drive for thinness**



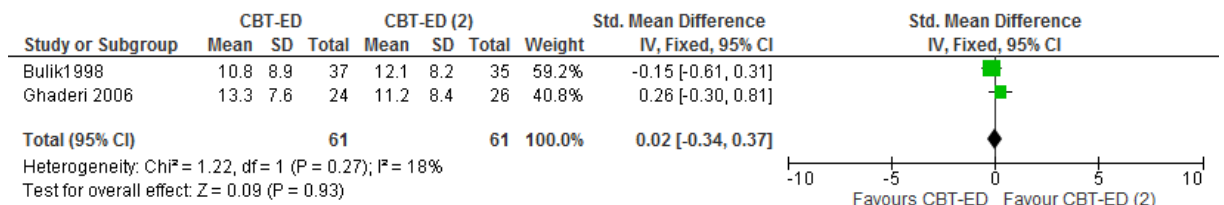
4

5 **Figure 264: EDI-bulimia**



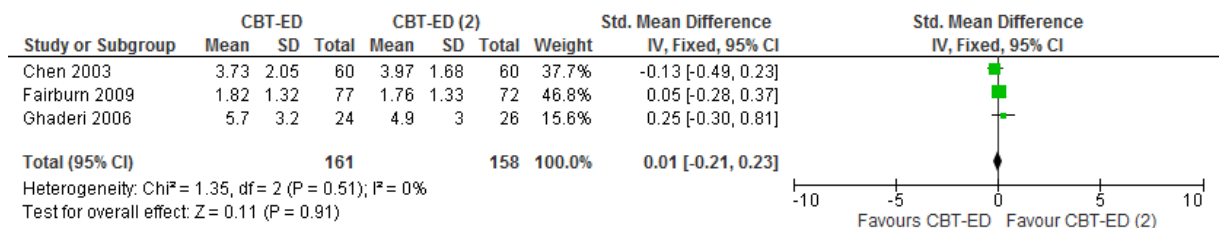
6

7 **Figure 265: EDI-body dissatisfaction**



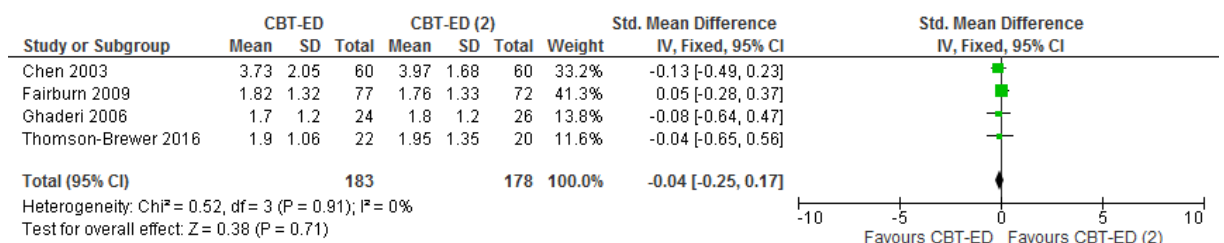
8

9 **Figure 266: EDI-total**



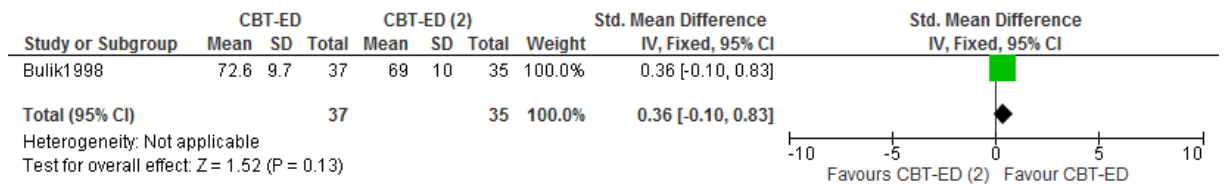
10

11 **Figure 267: EDE-total**



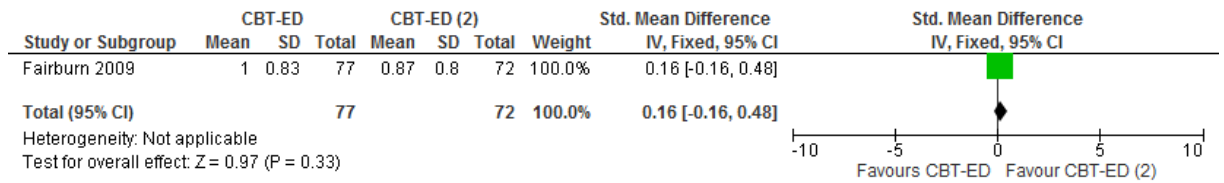
12

1 **Figure 268: Global function**



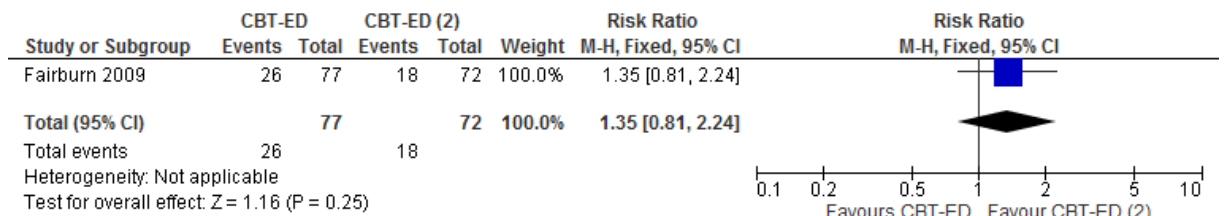
2

3 **Figure 269: General psychiatric features**



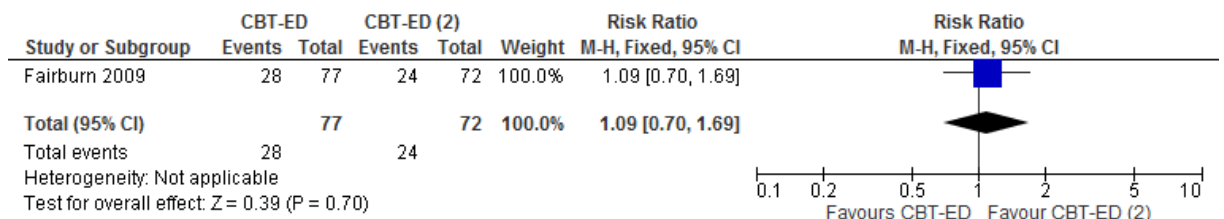
4

5 **Figure 270: Bulimic episodes**



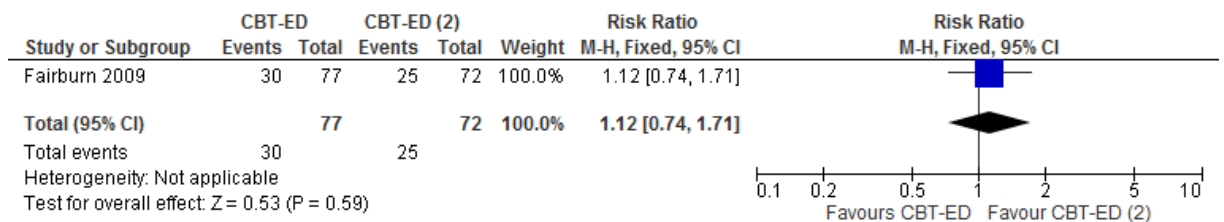
6

7 **Figure 271: Vomiting episodes**



8

9 **Figure 272: Purging**



10

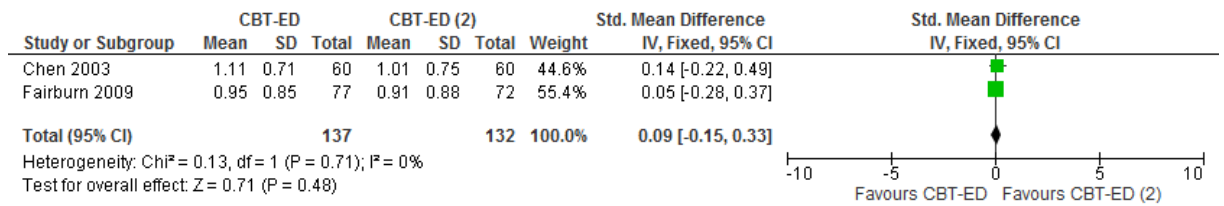
11 **Figure 273: Laxative misuse**



12

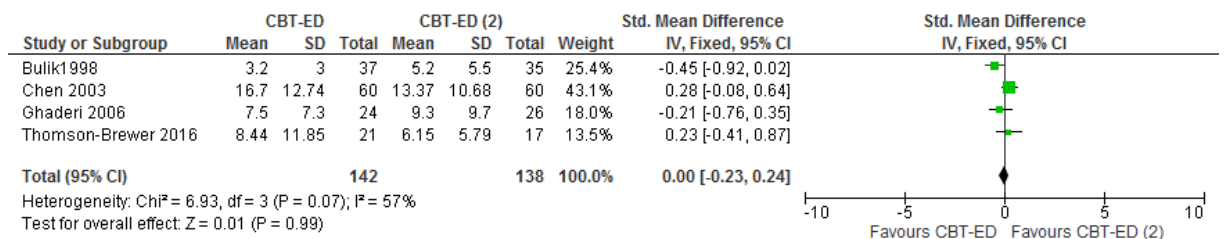
M.3.2.81 CBT-ED versus another CBT-ED (2) intervention in adults with bulimia nervosa at 2 follow-up

3 Figure 274: Symptom check-list



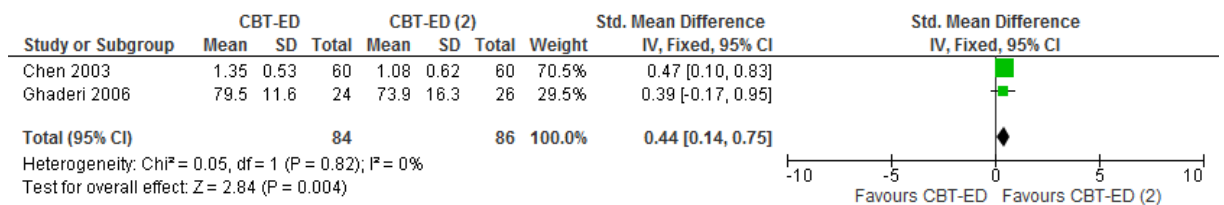
4

5 Figure 275: Depression



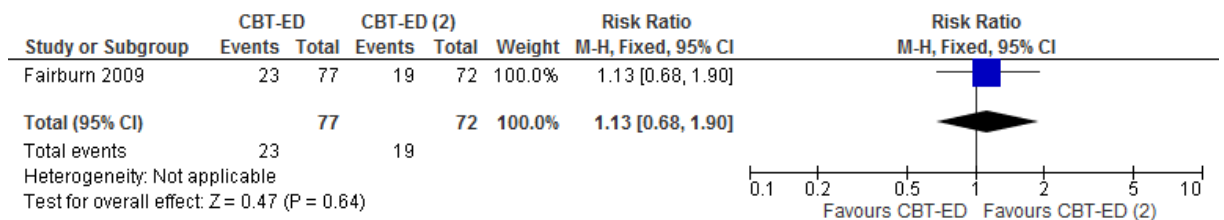
6

7 Figure 276: Social adjustment score



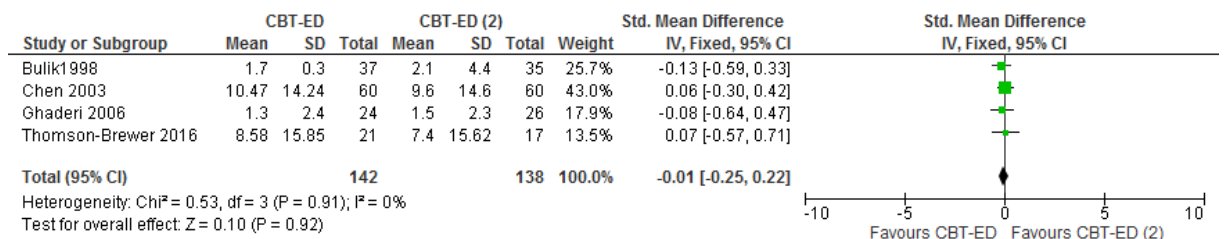
8

9 Figure 277: Bingeing (dichotomous outcome)



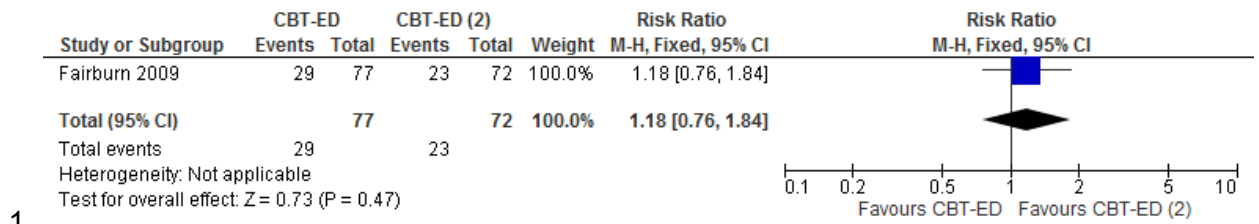
10

11 Figure 278: Bingeing

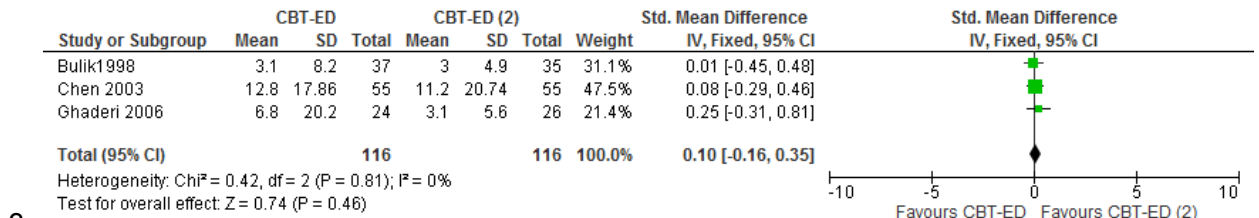


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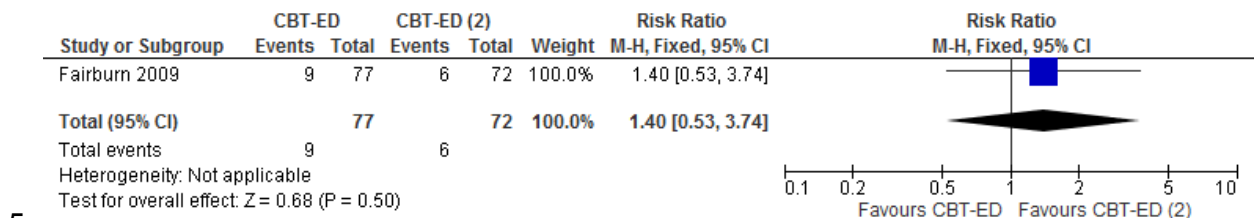
13 Figure 279: Vomiting (dichotomous outcome)



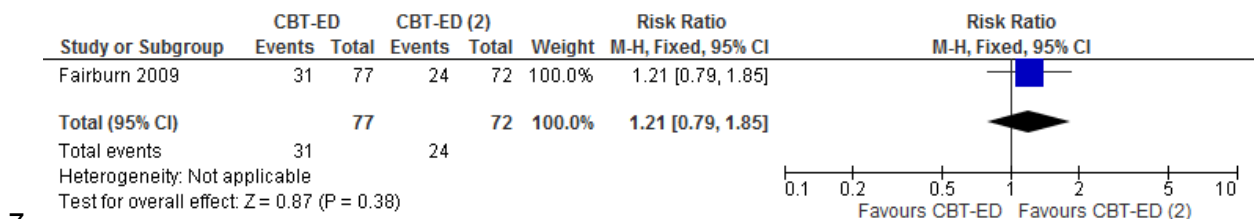
2 **Figure 280: Vomiting**



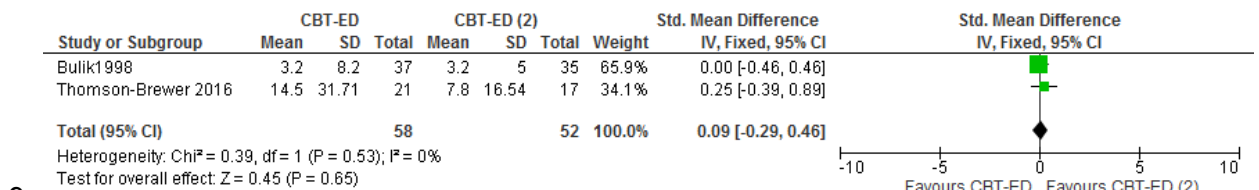
4 **Figure 281: Laxative use**



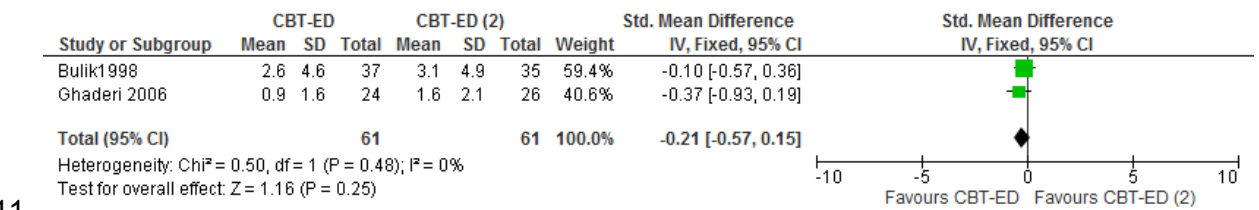
6 **Figure 282: Purging (dichotomous outcome)**



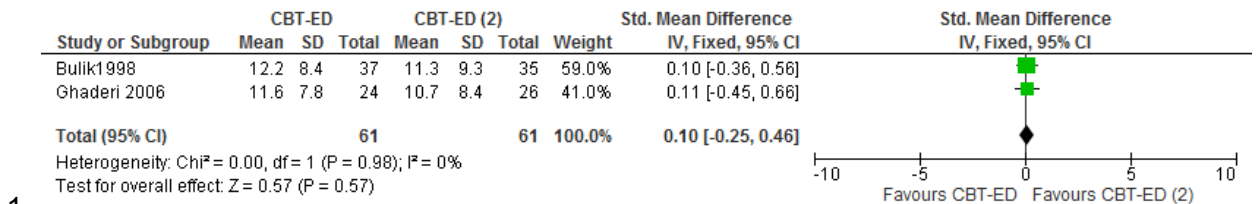
8 **Figure 283: Purging**



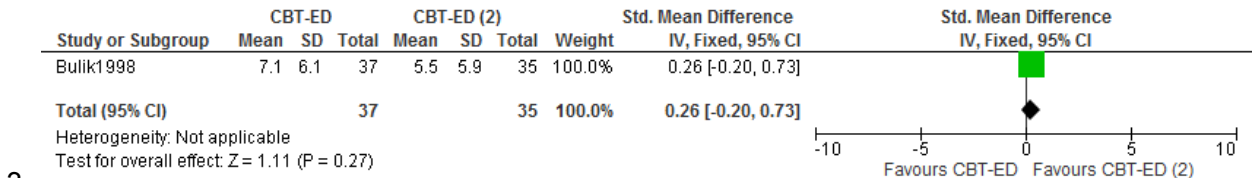
10 **Figure 284: EDI-bulimia**



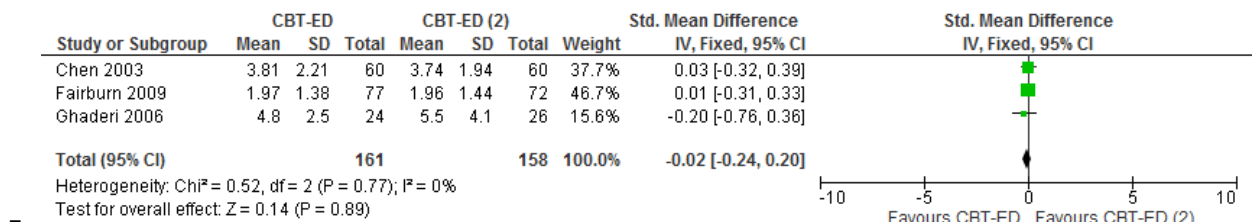
12 **Figure 285: EDI-body dissatisfaction**



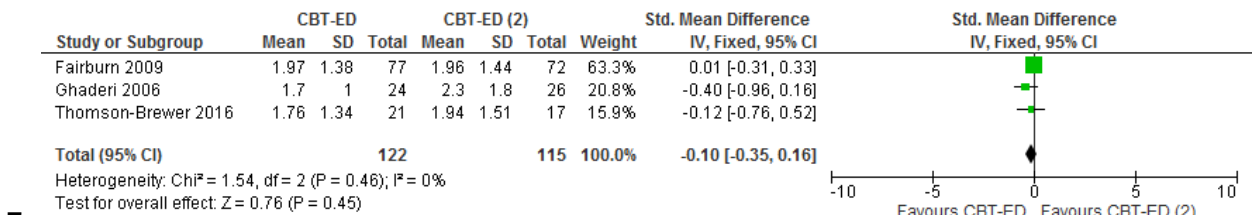
2 **Figure 286: EDI-drive for thinness**



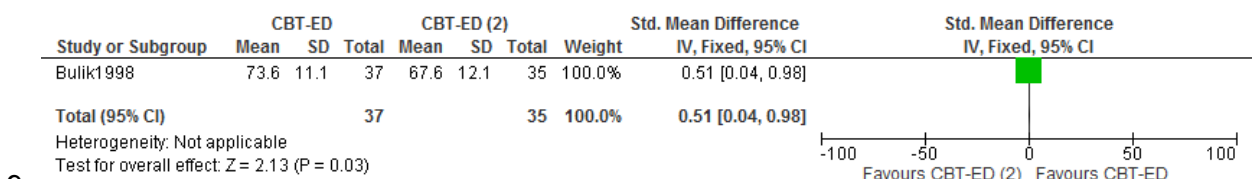
4 **Figure 287: EDI-total**



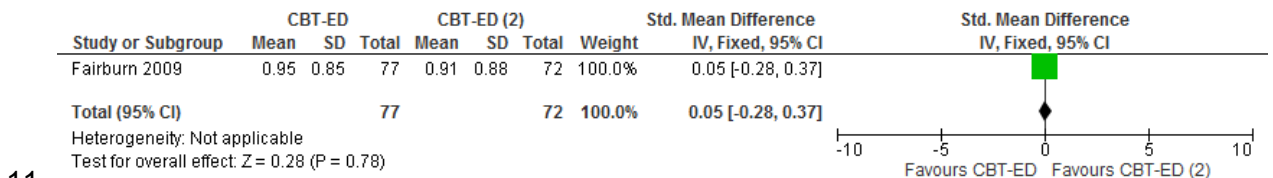
6 **Figure 288: EDE-total**



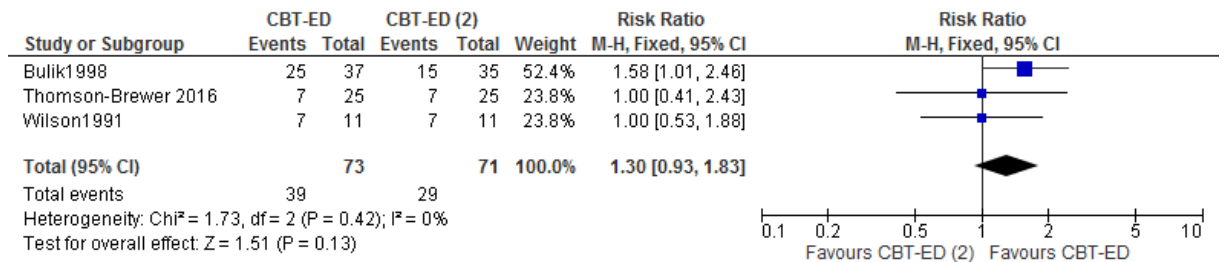
8 **Figure 289: Global function**



10 **Figure 290: General psychiatric features**



12 **Figure 291: Remission**

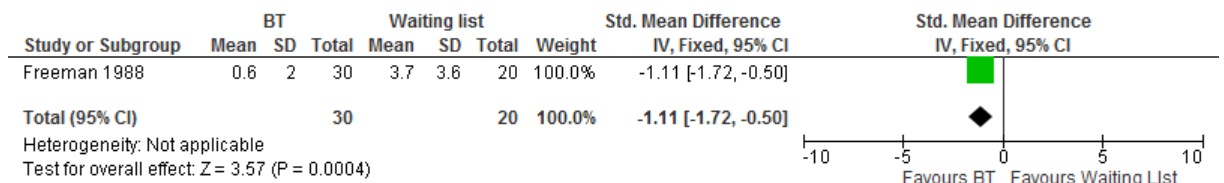


1

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

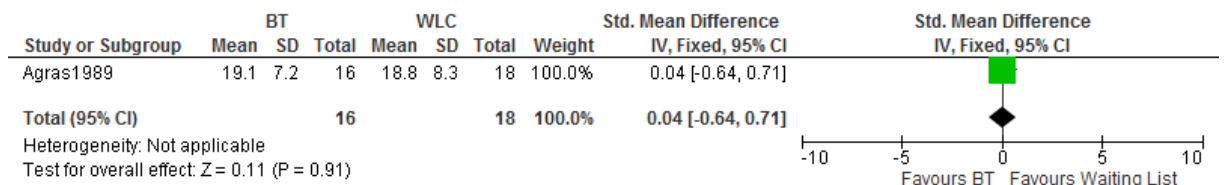
3

4 Figure 292: Bingeing



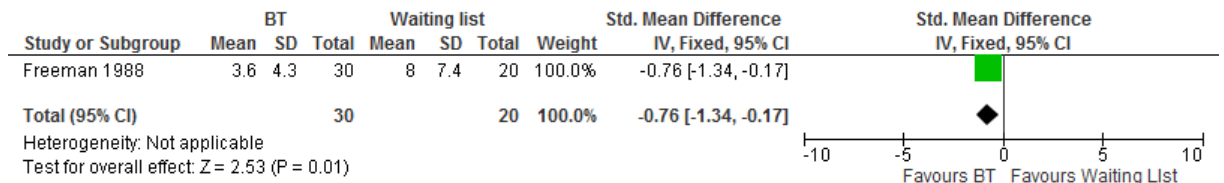
5

6 Figure 293: Depression



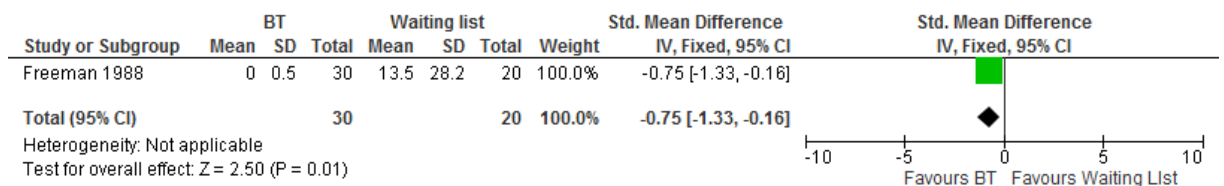
7

8 Figure 294: Vomiting



9

10 Figure 295: Laxative use

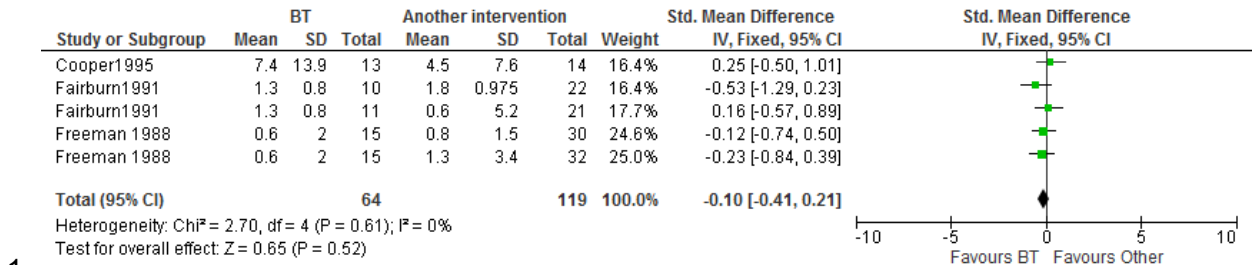


11

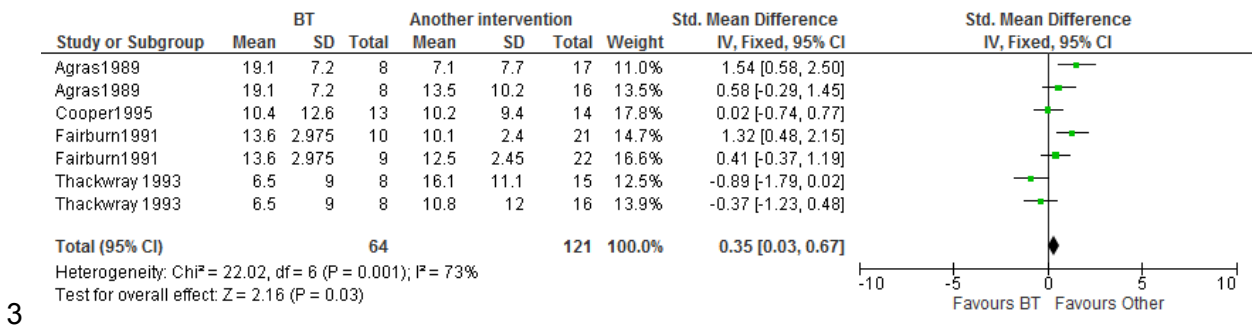
M.3.2.102 Behavioural therapy versus another intervention in adults with bulimia nervosa at the end of treatment

13

14 Figure 296: Bingeing

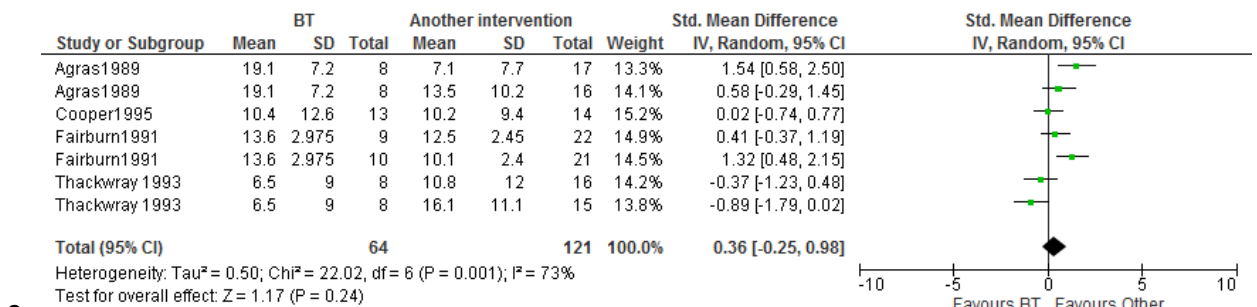


2 **Figure 297: Depression**

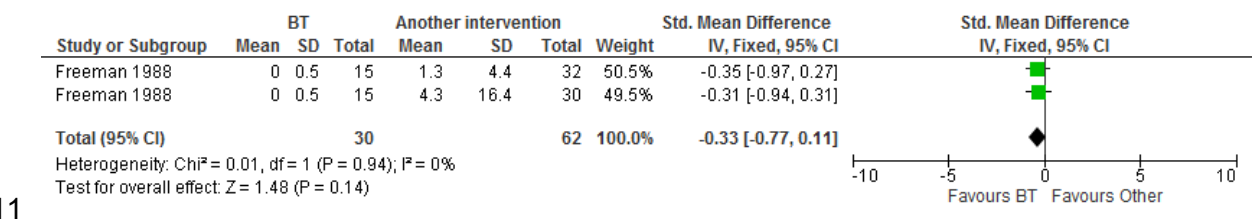


4 Heterogeneity was detected at I²=73%. This could not be explained by a risk of bias,
5 duration of illness, comorbidities or severity of illness. For this reason the results are
6 presented as random effects

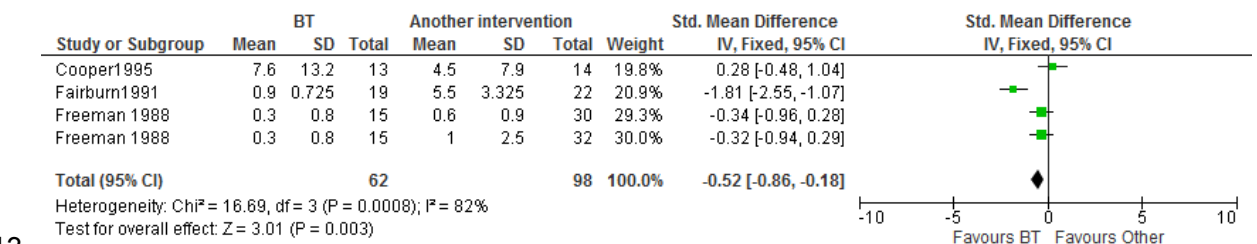
7 **Figure 298: Depression with random effects**



10 **Figure 299: Laxative use**



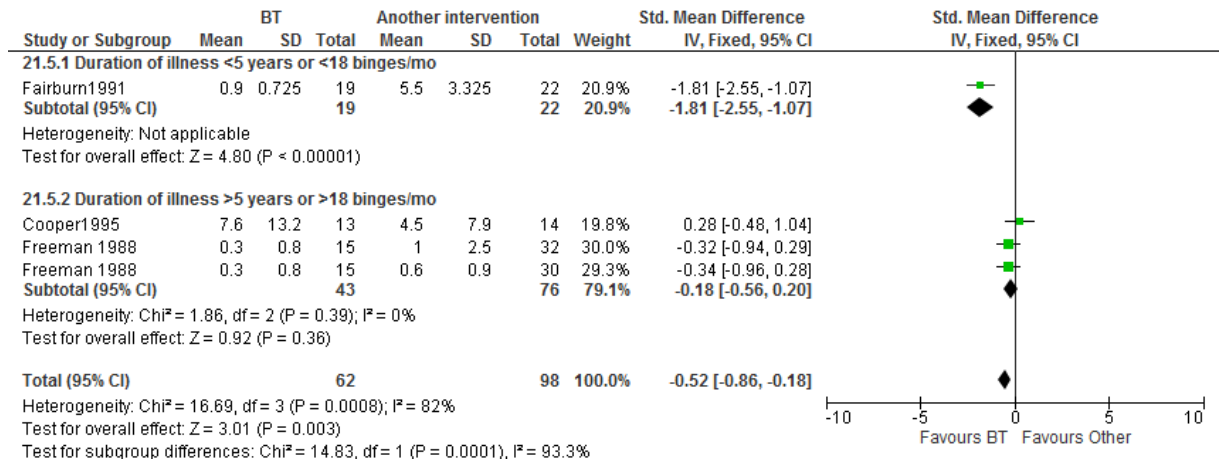
12 **Figure 300: Vomiting**



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

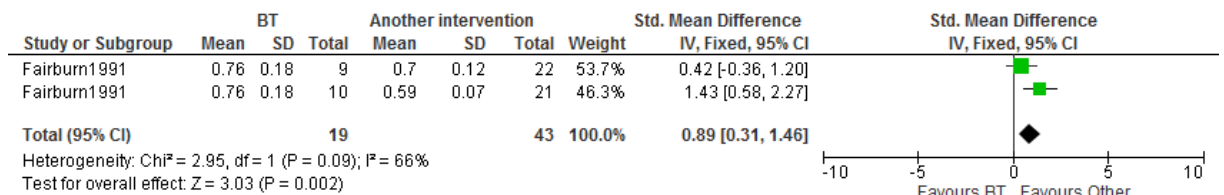
6 **Figure 301: Vomiting subgroup analysis based on duration of illness or severity of**
 7 **illness**

8



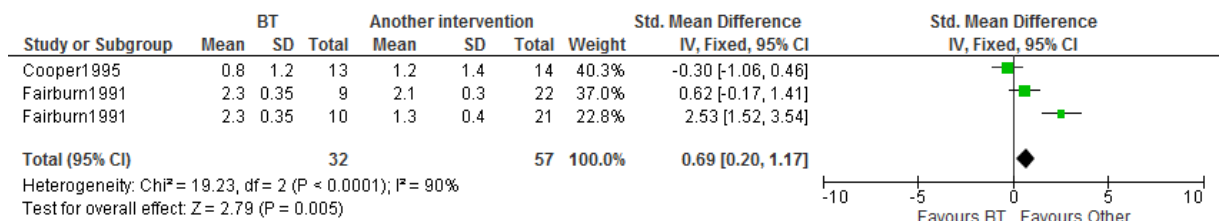
9

10 **Figure 302: Symptom check-list**



11

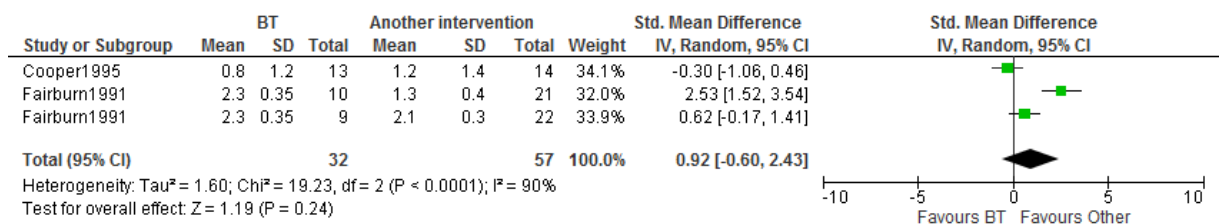
12 **Figure 303: EDE-restraint**



13

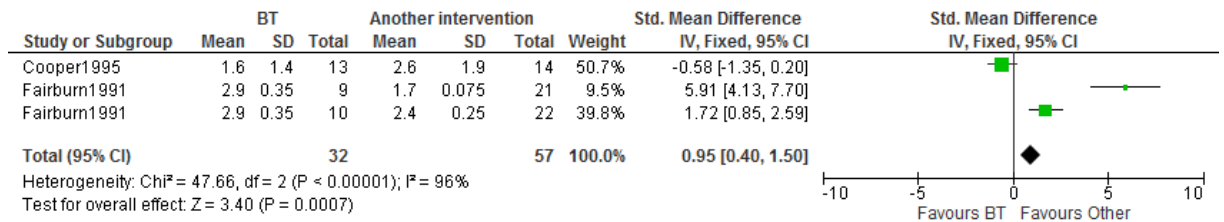
14 Heterogeneity was detected at $I^2=90\%$. This could not be explained by a risk of bias,
 15 duration of illness, comorbidities or severity of illness. For this reason random effects were
 16 presented.

17 **Figure 304: EDE-restraint with random effects**



18

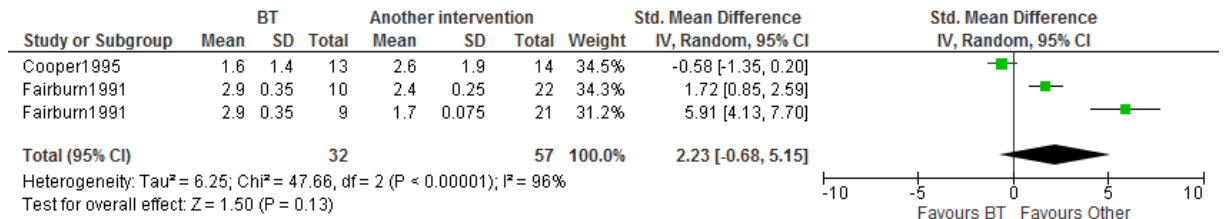
19 **Figure 305: EDE-weight concern**



1

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

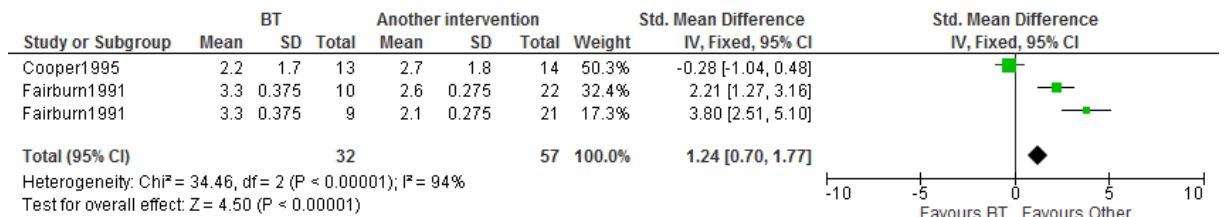
4 **Figure 306: EDE-weight concern with random effects**



5

6

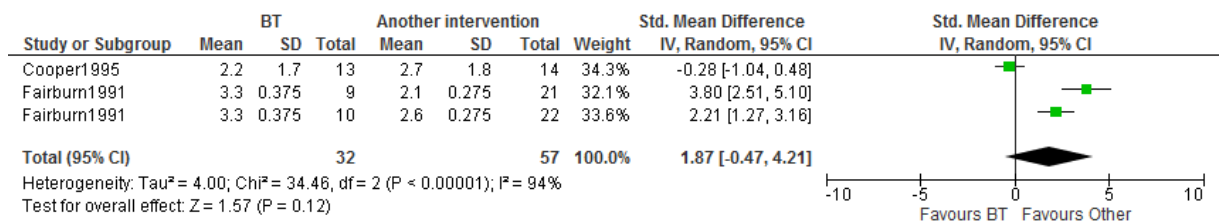
7 **Figure 307: EDE-shape concern**



8

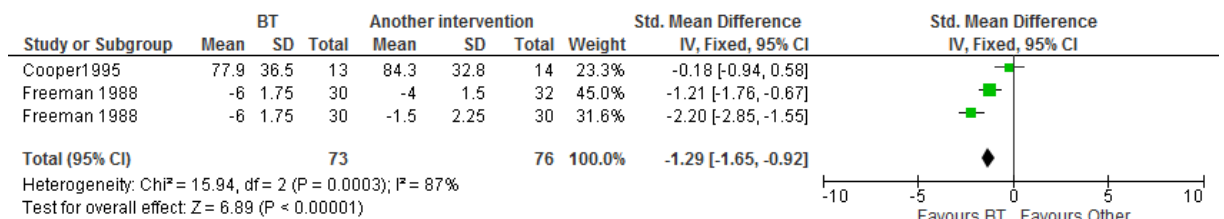
9 Heterogeneity was detected at I²=94%. This could not be explained by a risk of bias, duration
10 of illness, comorbidities or severity of illness. For this reason random effects were presented.

11 **Figure 308: EDE-shape concern with random effects**



12

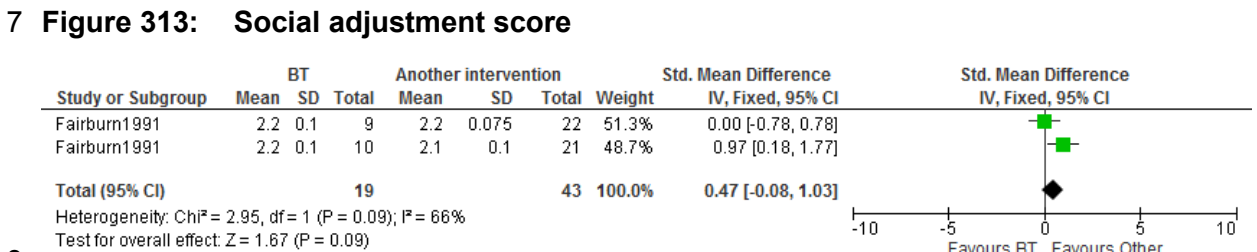
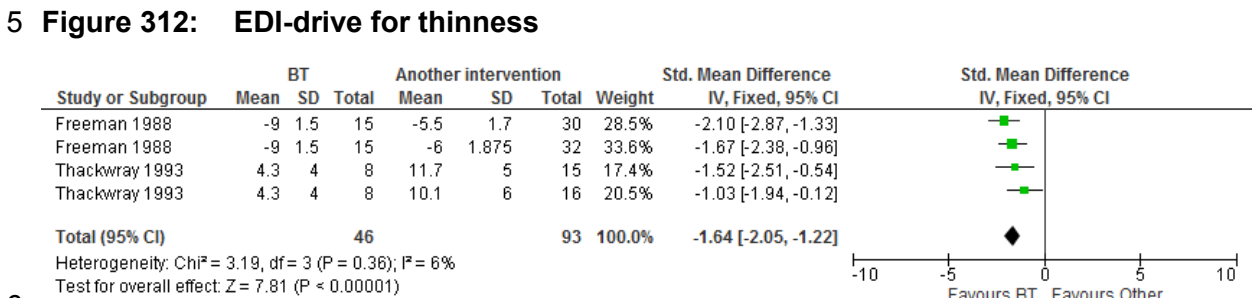
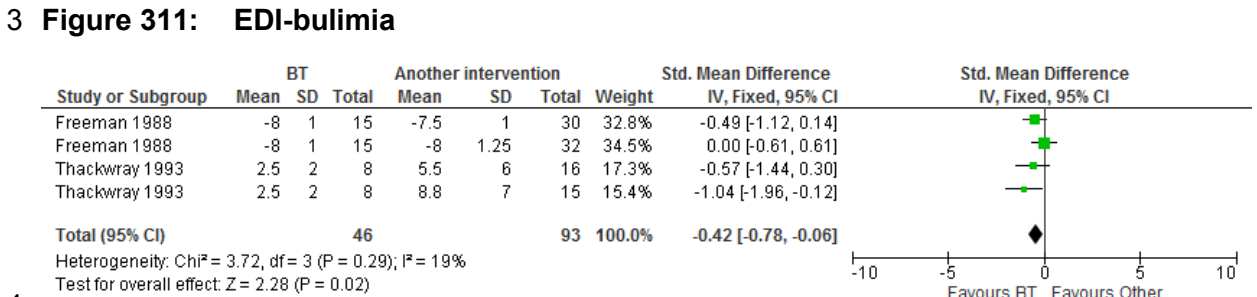
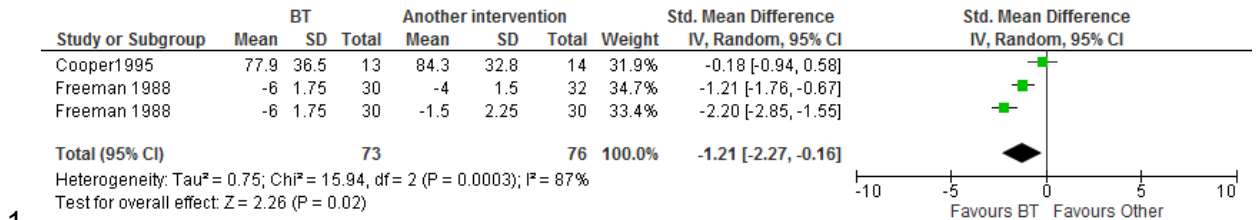
13 **Figure 309: EDI-body dissatisfaction**



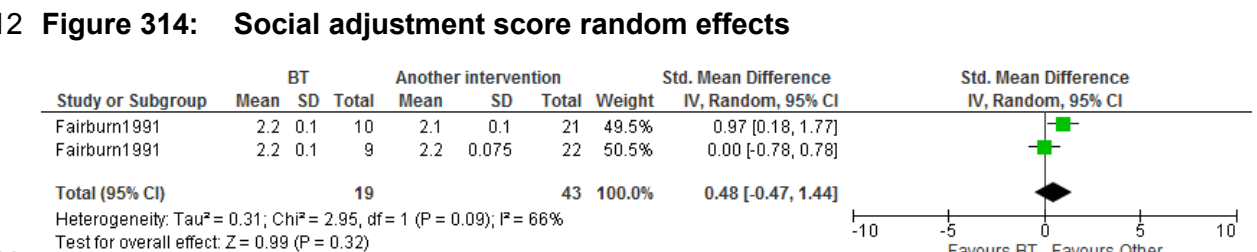
14

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

17 **Figure 310: EDI-body dissatisfaction with random effects**



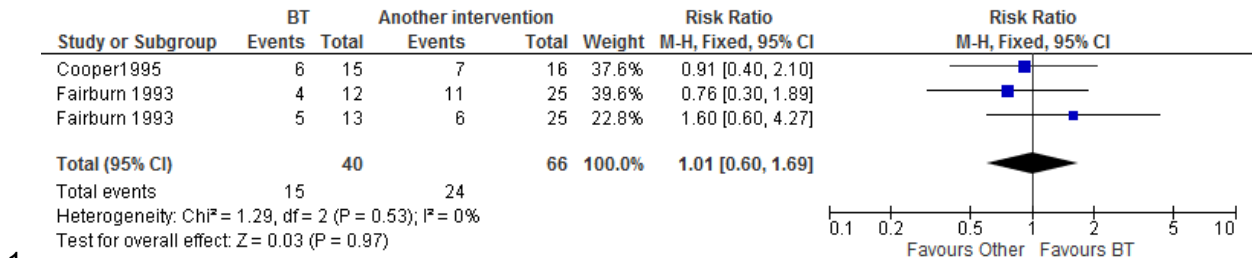
9 Heterogeneity was detected at I²=66%. This could not be explored given that the data is
10 from the study same study but it was a 3-armed trial and the data was entered in separately.
11 For this reason the data was presented as random effects



13

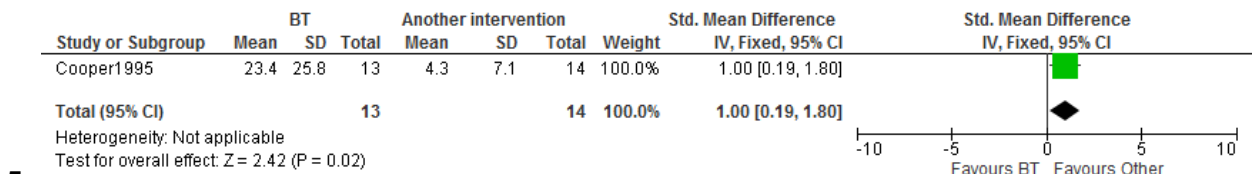
14

15 **Figure 315: Remission**

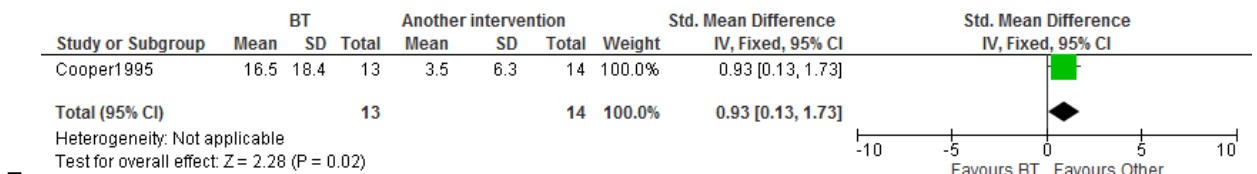


M.3.2.112 Behavioural therapy versus another intervention in adults with bulimia nervosa at follow-up

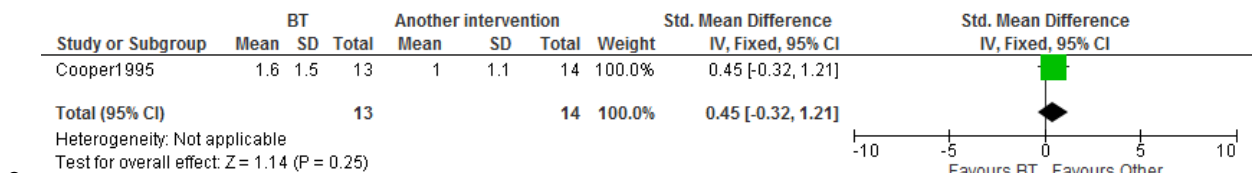
4 Figure 316: Vomiting



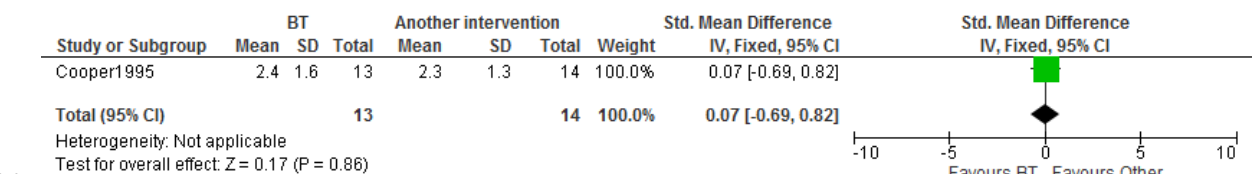
6 Figure 317: Bingeing



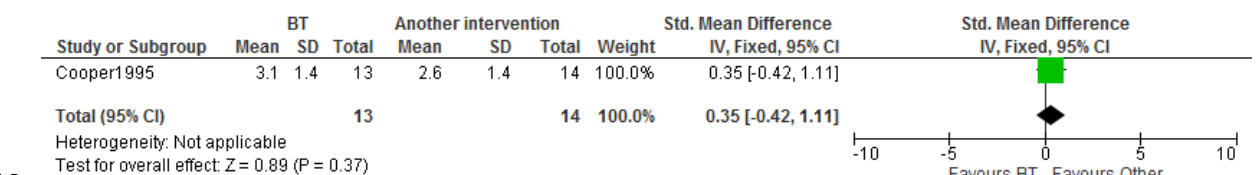
8 Figure 318: EDE-restraint



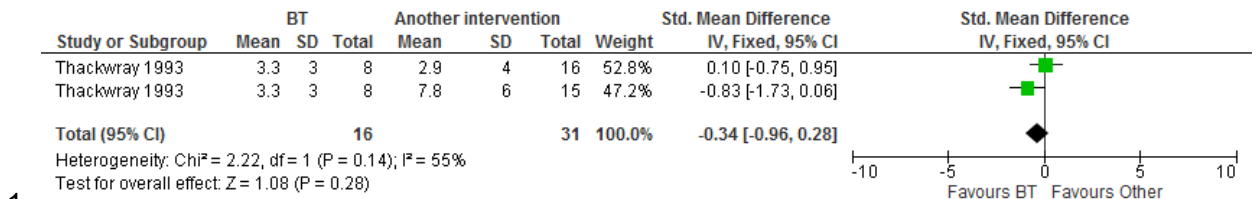
10 Figure 319: EDE-weight concern



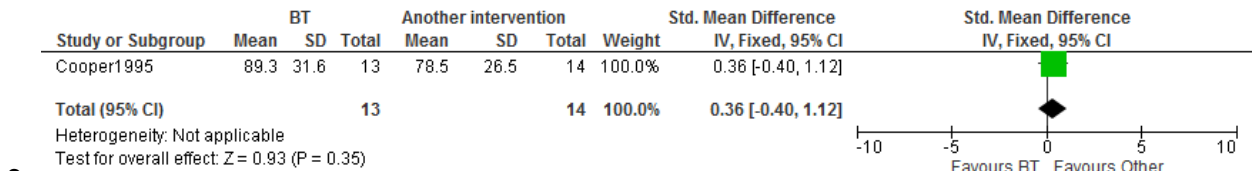
12 Figure 320: EDE-shape concern



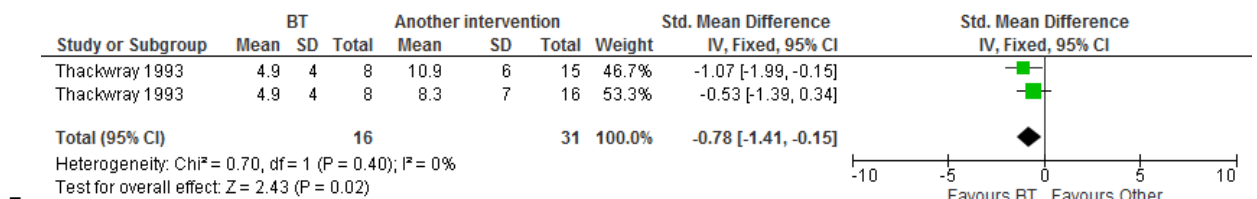
14 Figure 321: EDI-bulimia



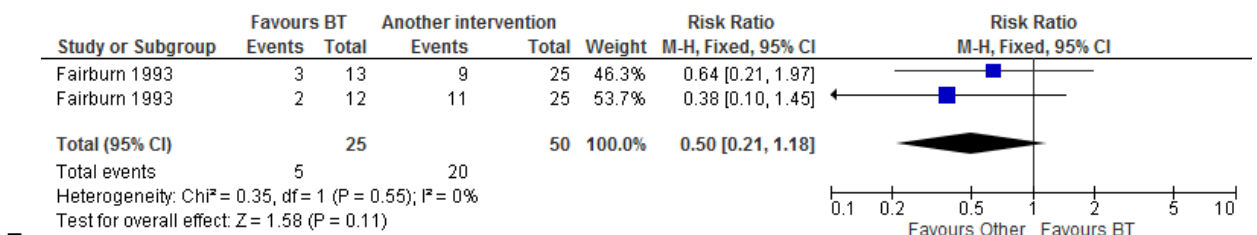
2 **Figure 322: EDI-body dissatisfaction**



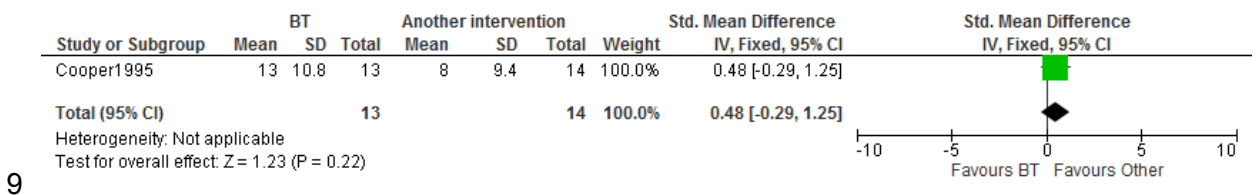
4 **Figure 323: EDI-drive for thinness**



6 **Figure 324: Remission**

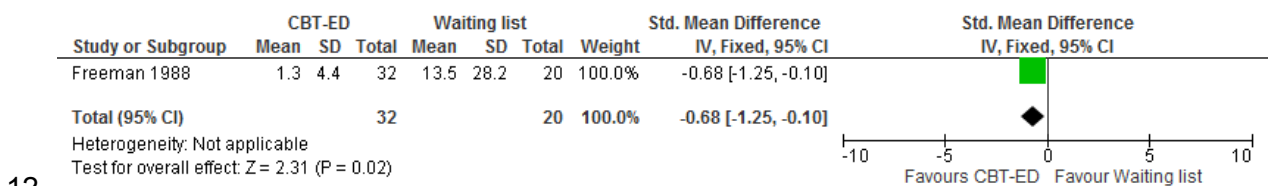


8 **Figure 325: Depression**

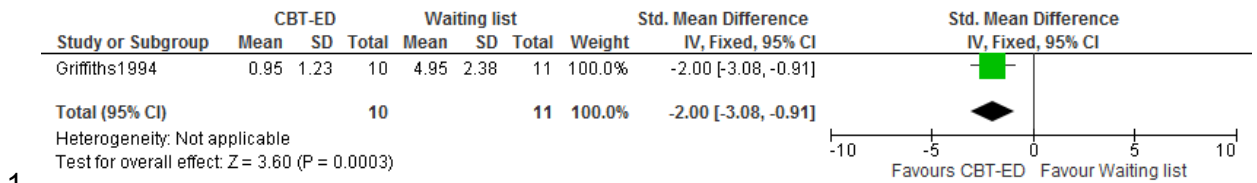


M.3.2.120 **CBT-ED versus wait list controls in adults with bulimia nervosa at end of treatment**

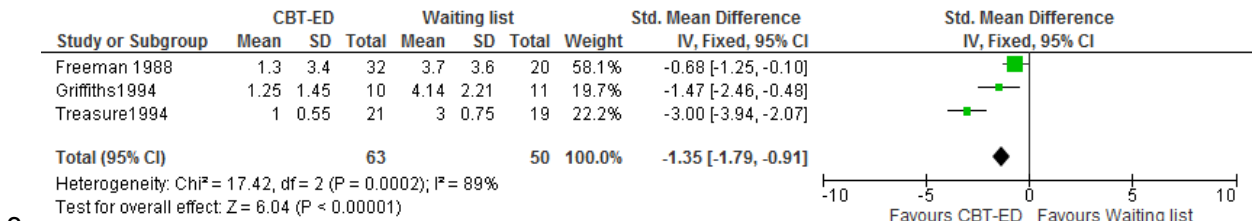
11 **Figure 326: Laxative use**



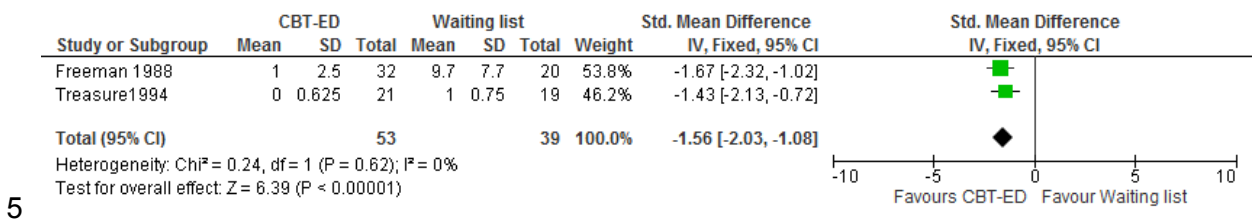
13 **Figure 327: Purging**



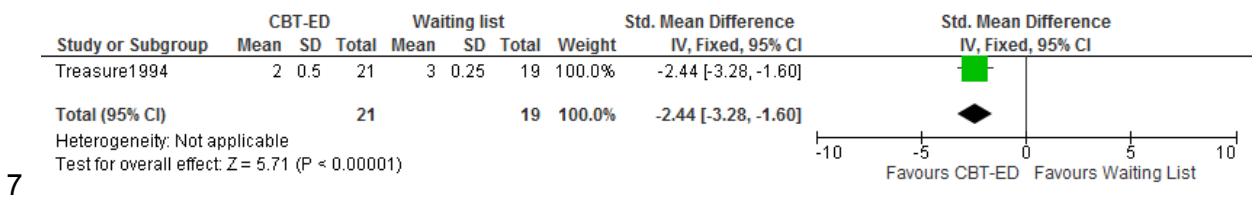
2 **Figure 328: Bingeing**



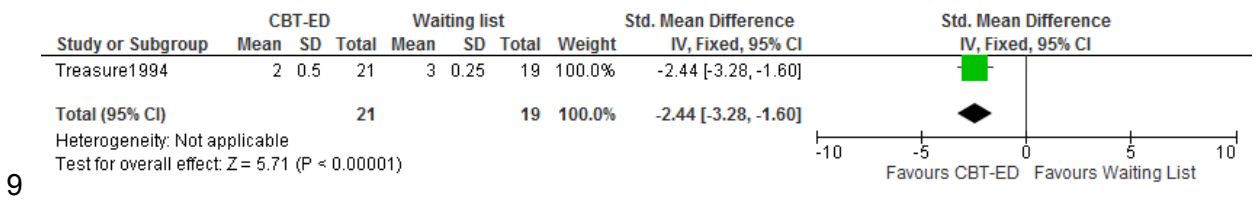
4 **Figure 329: Vomiting**



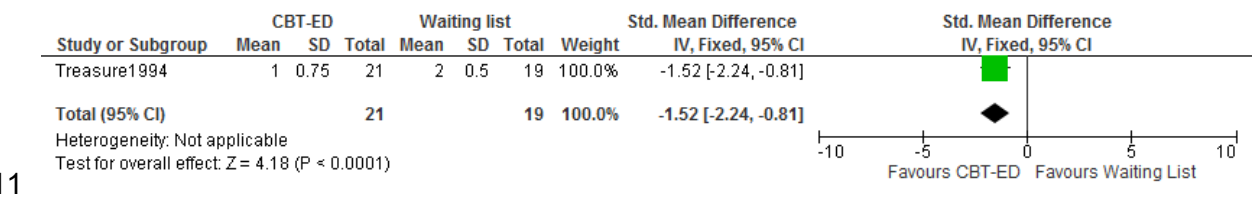
6 **Figure 330: EDE-shape concern**



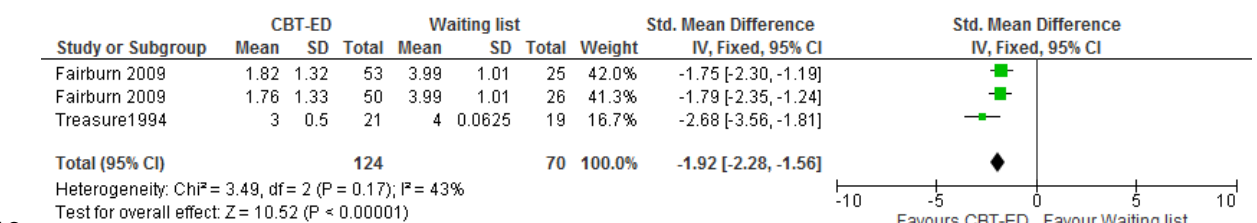
8 **Figure 331: EDE-weight concern**



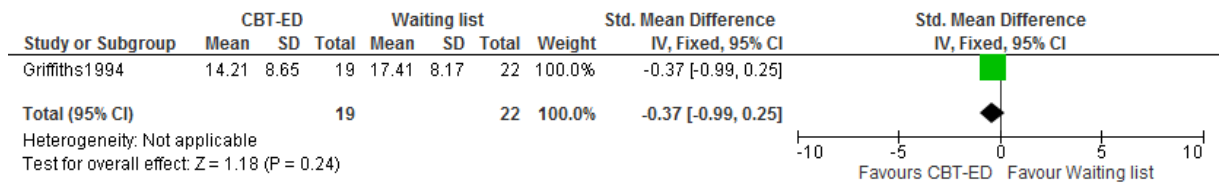
10 **Figure 332: EDE-restraint**



12 **Figure 333: Overall severity**

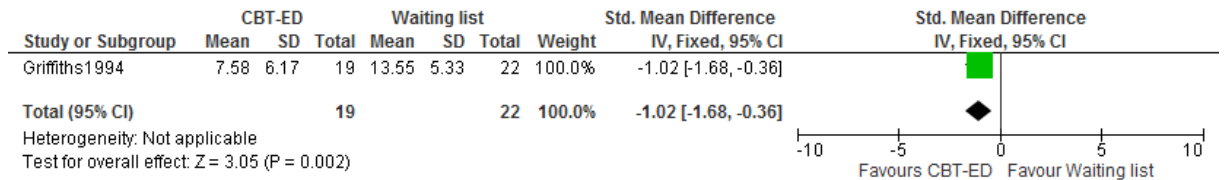


1 **Figure 334: EDI-body dissatisfaction**



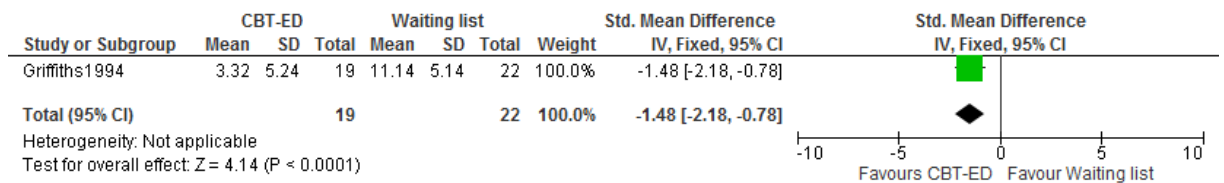
2

3 **Figure 335: EDI-drive for thinness**



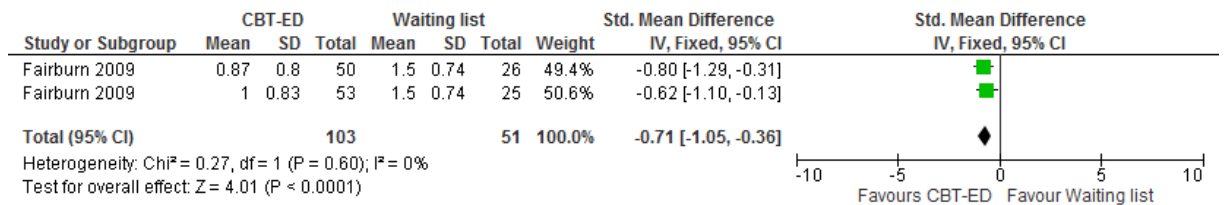
4

5 **Figure 336: EDI-bulimia**



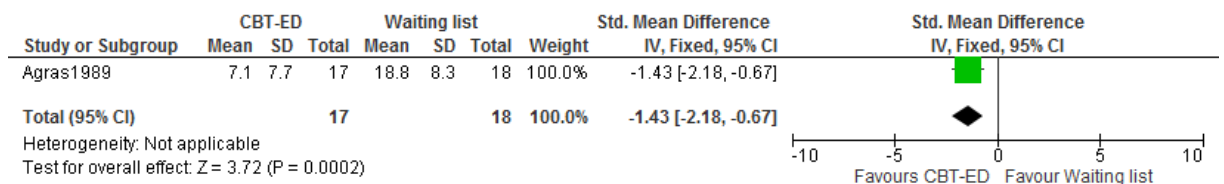
6

7 **Figure 337: Symptom checklist**



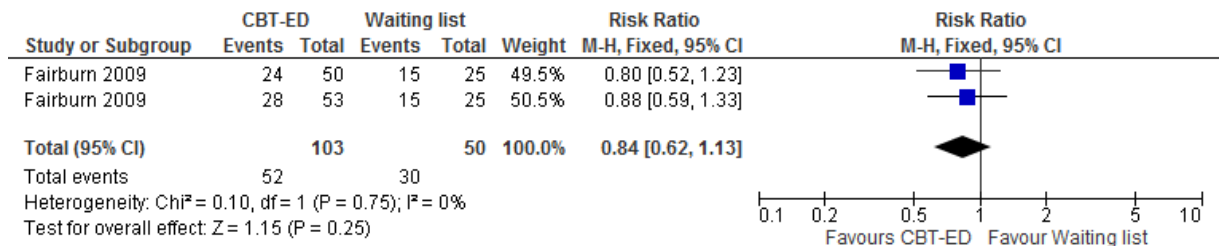
8

9 **Figure 338: Depression**



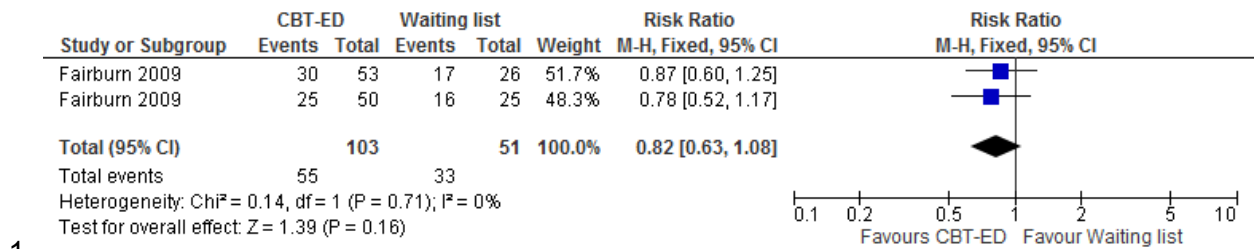
10

11 **Figure 339: Vomiting**

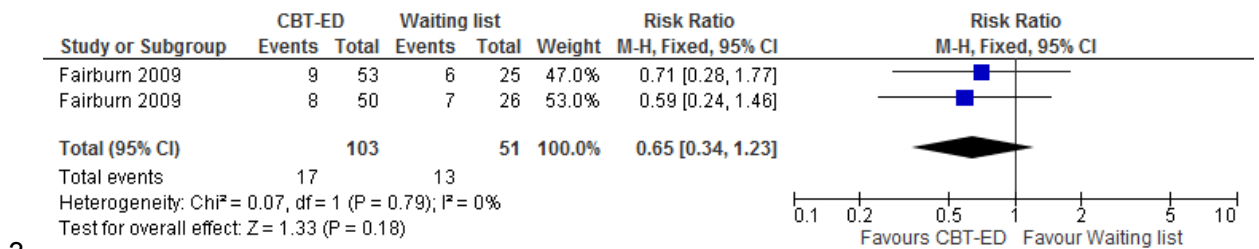


12

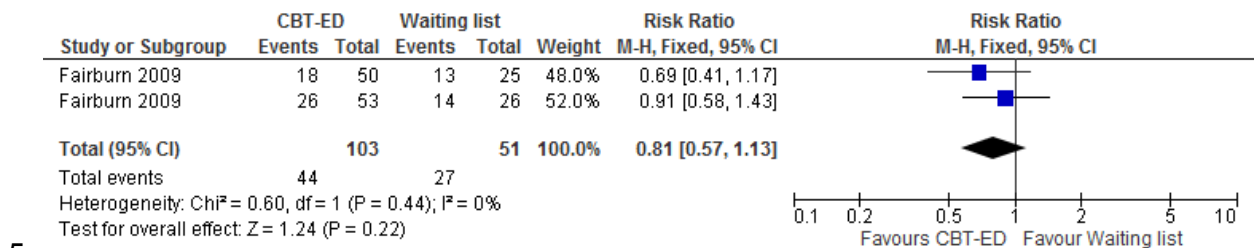
13 **Figure 340: Purging**



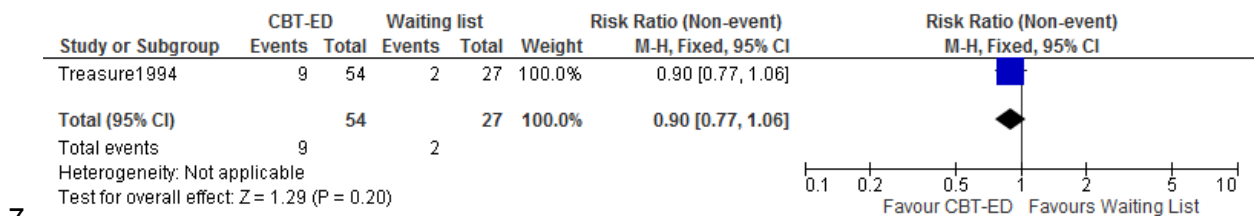
2 **Figure 341: Laxative use**



4 **Figure 342: Bulimic episodes**

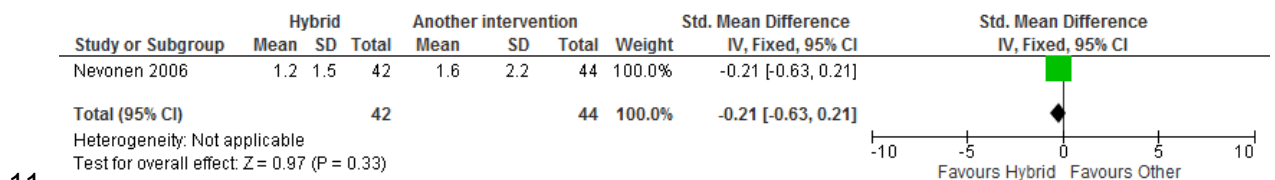


6 **Figure 343: Remission**

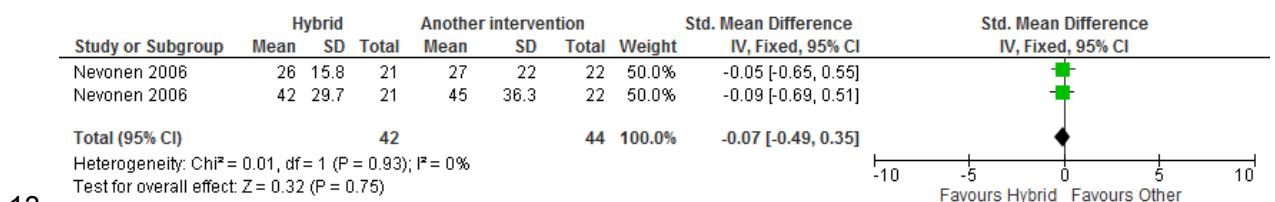


M.3.2.138 **Hybrid versus any other intervention in adults with bulimia nervosa at end of treatment**

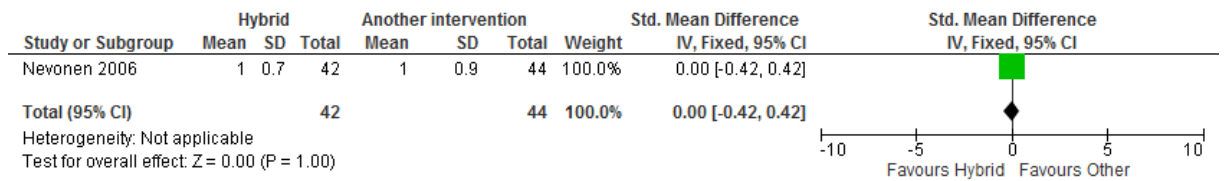
10 **Figure 344: Bingeing**



12 **Figure 345: EDI-symptoms**

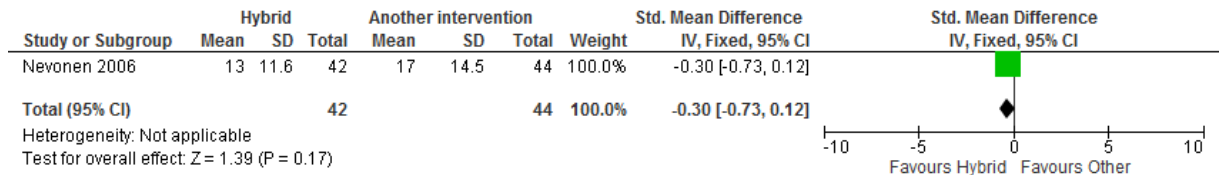


1 **Figure 346: Symptom checklist**



2

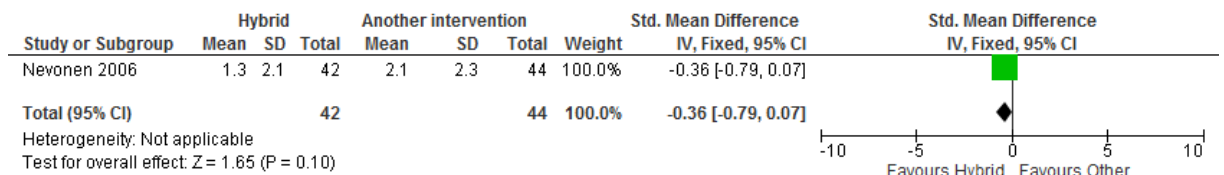
3 **Figure 347: Depression**



4

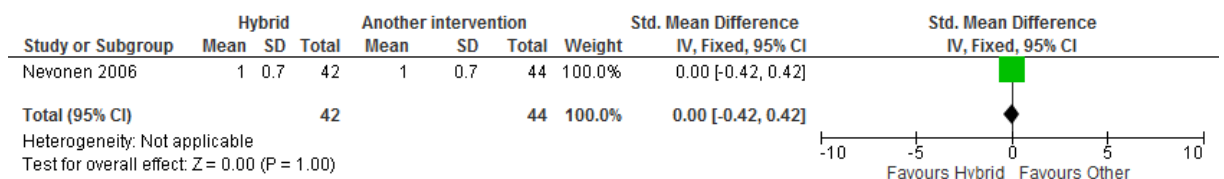
M.3.2.145 **Hybrid versus any other intervention in adults with bulimia nervosa at follow-up**

6 **Figure 348: Bingeing**



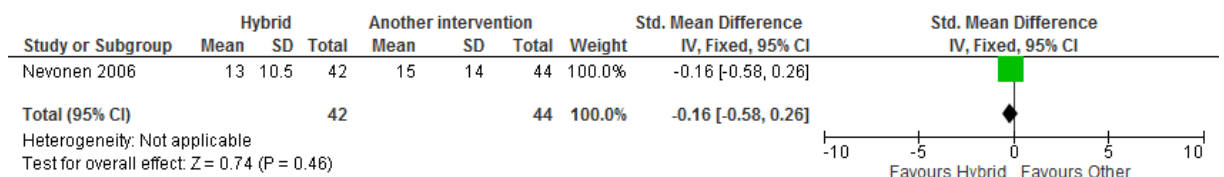
7

8 **Figure 349: Symptom checklist**



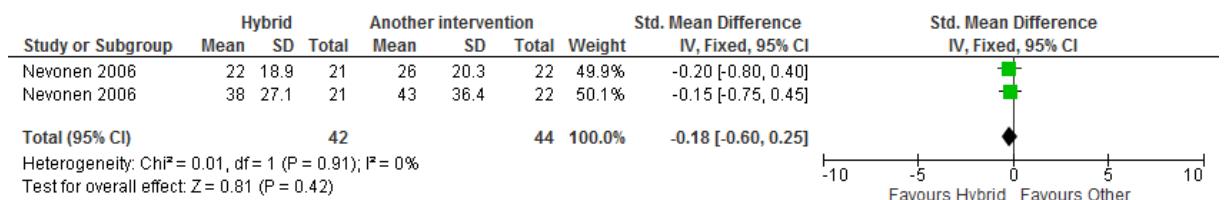
9

10 **Figure 350: Depression**



11

12 **Figure 351: EDI-symptoms**

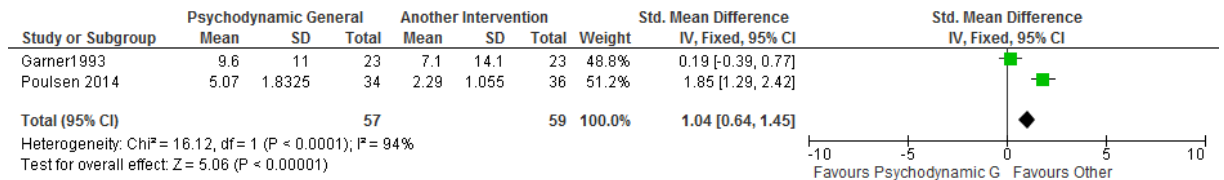


13

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

16 **Figure 352: Bingeing**

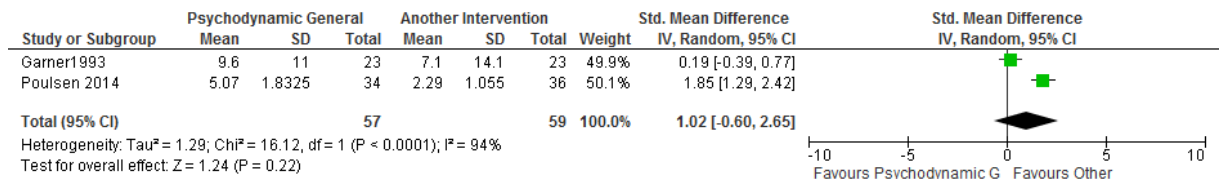




1

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

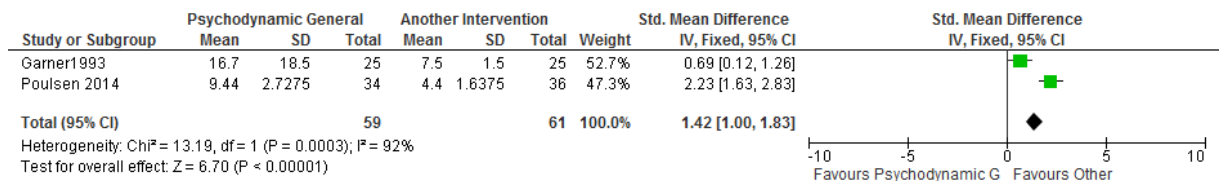
7 **Figure 353: Bingeing with random effects**



8

9

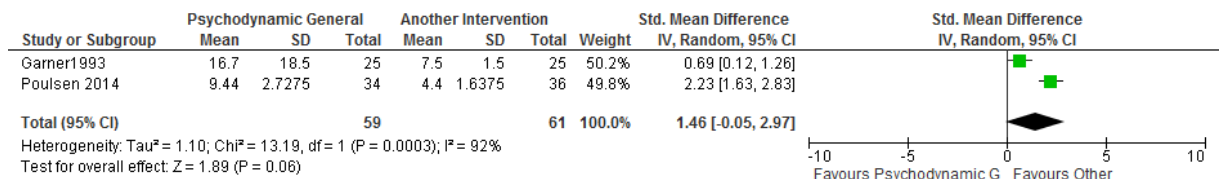
10 **Figure 354: Vomiting/purging**



11

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

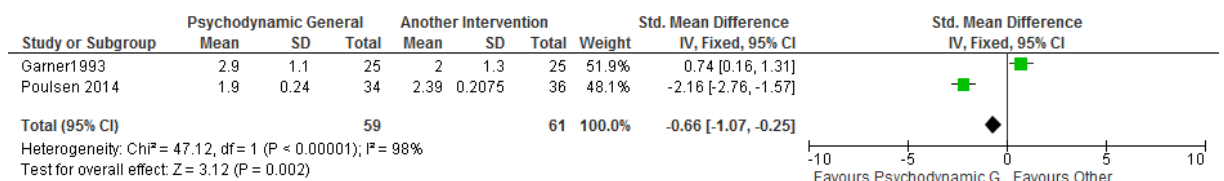
17 **Figure 355: Vomiting/purging with random effects**



18

19

20 **Figure 356: EDE-shape concern**

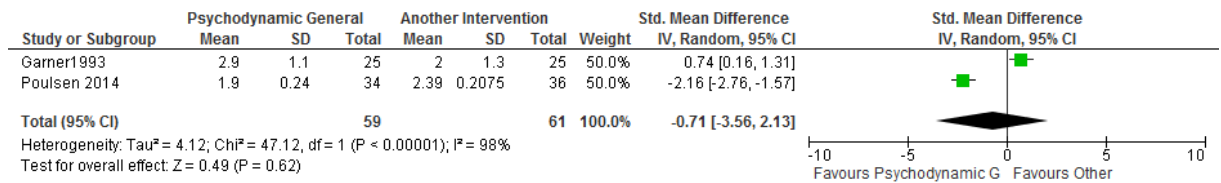


21

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

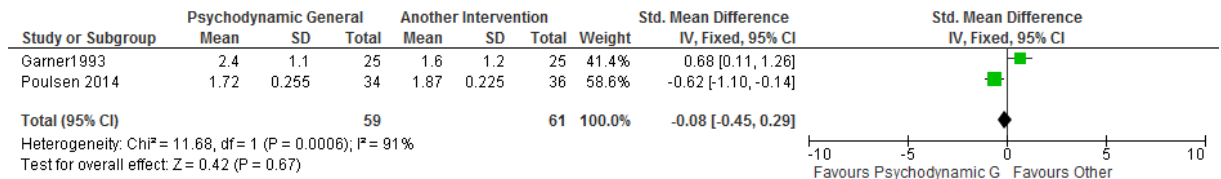
1 weeks. Since removing this study in a sensitivity analysis only leaves us with 1 study, the
2 results are presented as random effects.

3 **Figure 357: EDE-shape concern with random effects**



4

5 **Figure 358: EDE-weight concern**

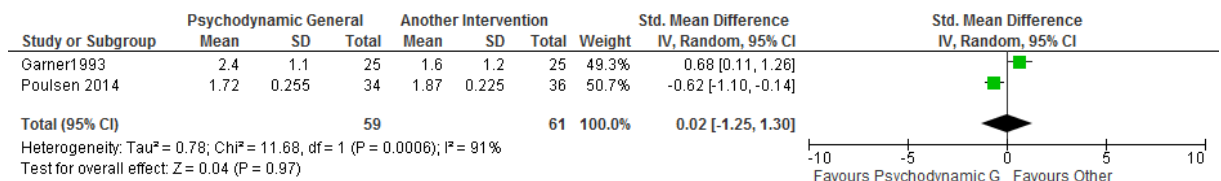


6

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

11 **Figure 359: EDE-weight concern with random effects**

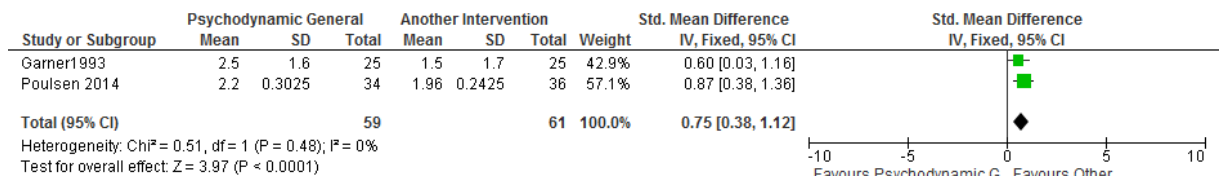
12



13

14 **Figure 360: EDE-restraint**

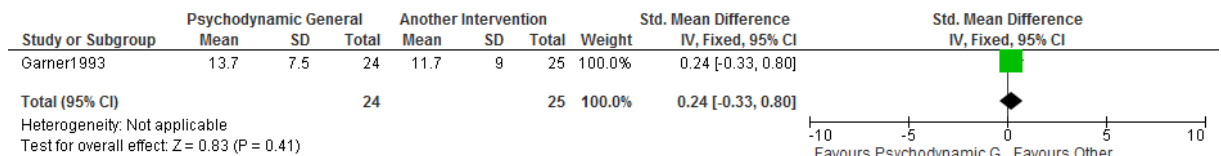
15



16

16 **Figure 361: EDI-body dissatisfaction**

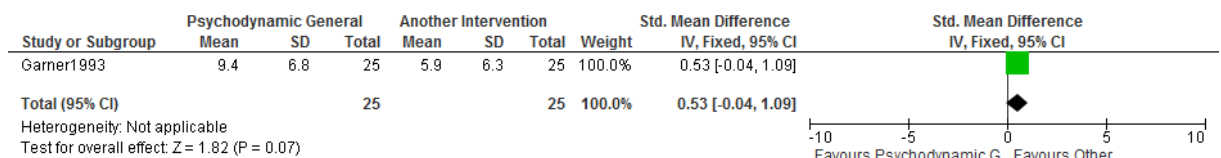
17



18

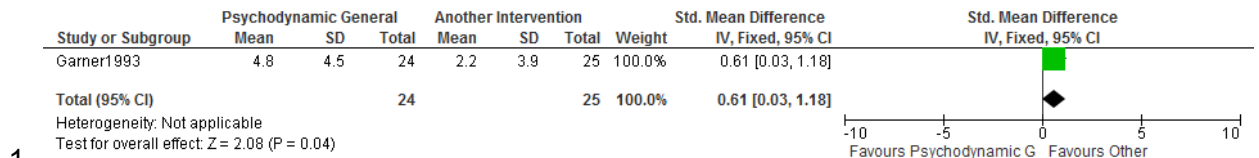
18 **Figure 362: EDI-drive for thinness**

19

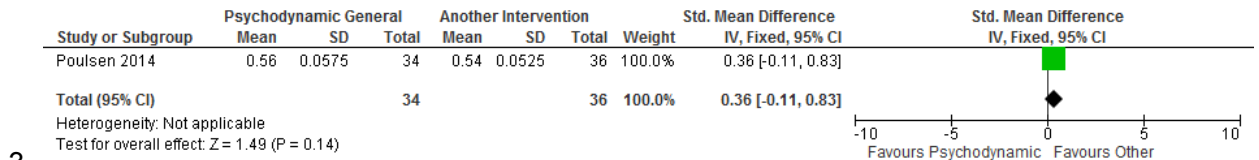


20

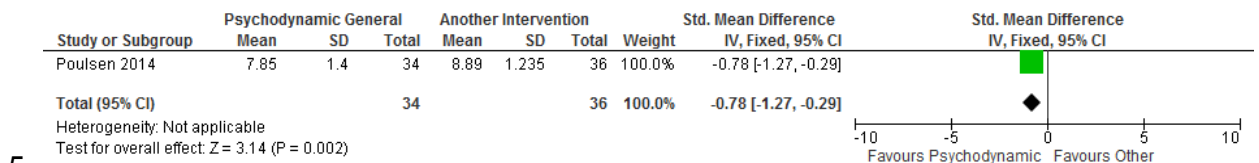
20 **Figure 363: EDI-bulimia**



3
4 **Figure 364: General psychopathology**



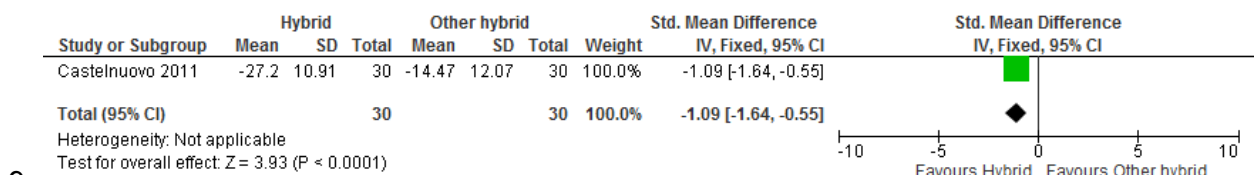
3
4 **Figure 365: Depression**



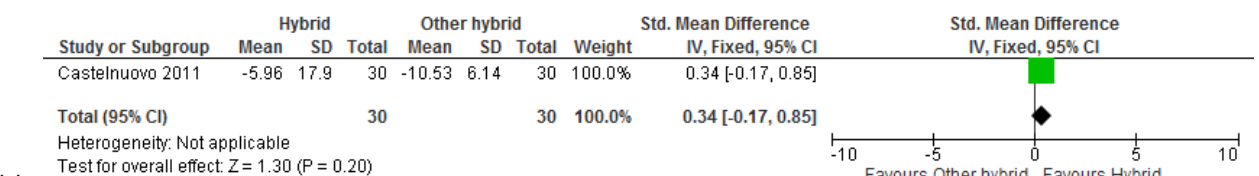
M.3.36 Binge eating disorder individual therapy

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

8 **Figure 366: Global clinical score**

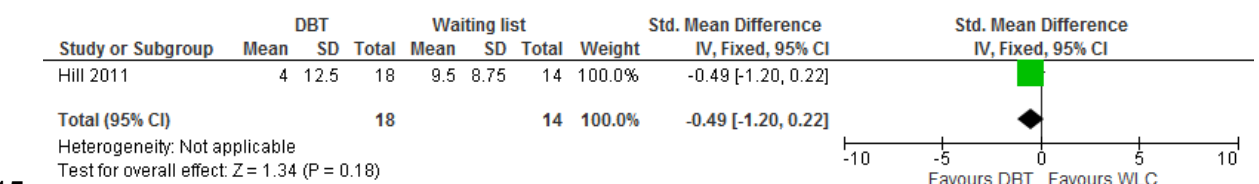


9
10 **Figure 367: Percentage weight loss**

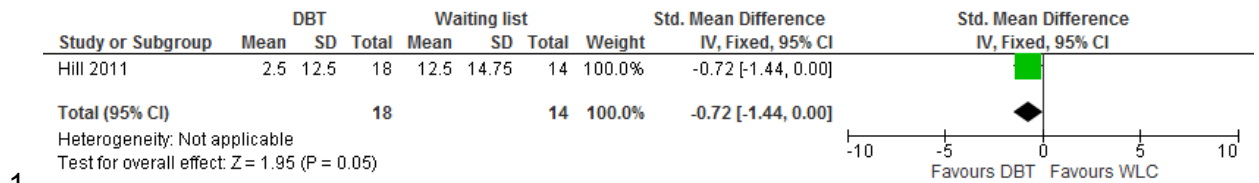


M.3.3.22 Dialectical behaviour therapy (DBT) versus wait list control (WLC) in adults with binge eating disorder at end of treatment

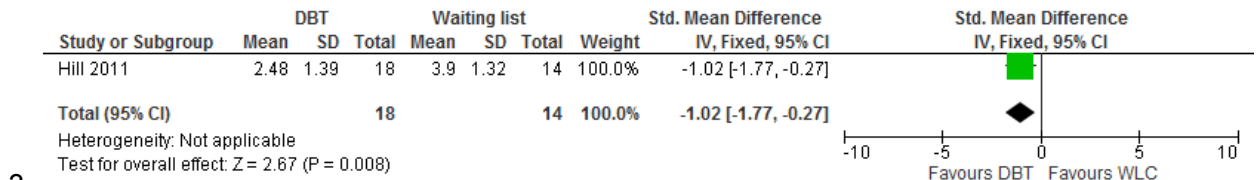
14 **Figure 368: Bingeing**



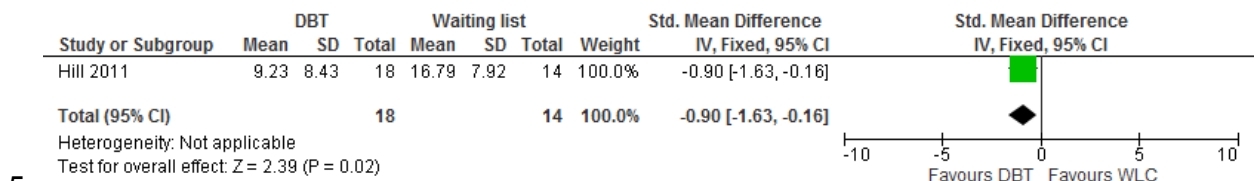
15
16 **Figure 369: Vomiting**



2 **Figure 370: EDE-global**

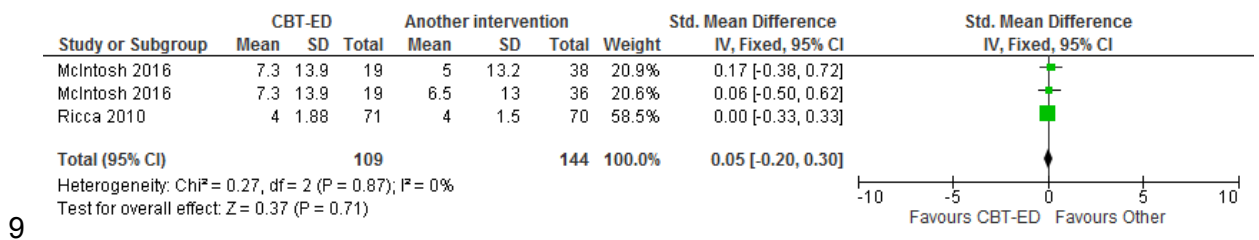


4 **Figure 371: Depression**

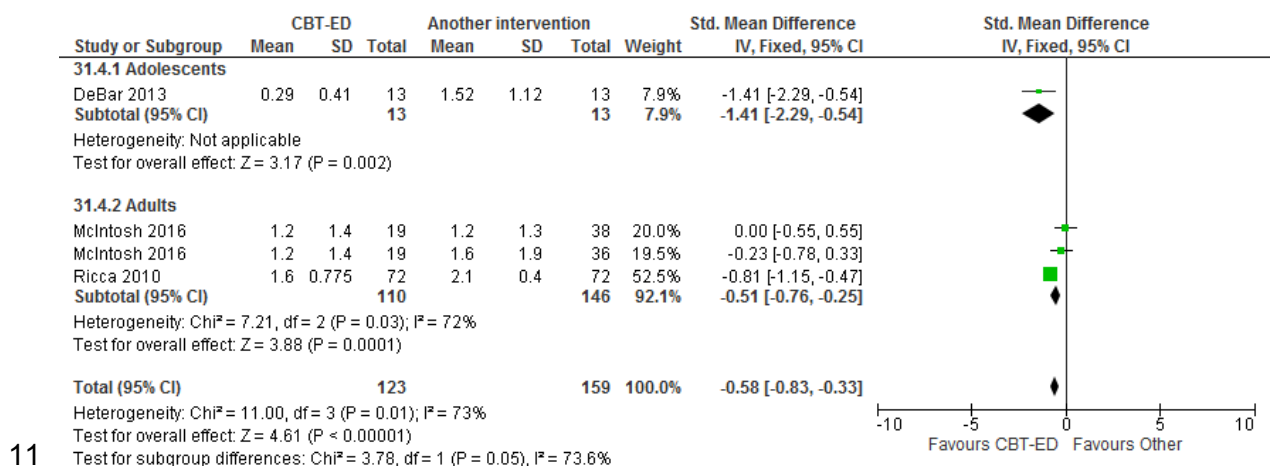


M.3.3.36 **CBT-ED versus another intervention in adults (unless otherwise stated) with binge eating disorder at end of treatment**

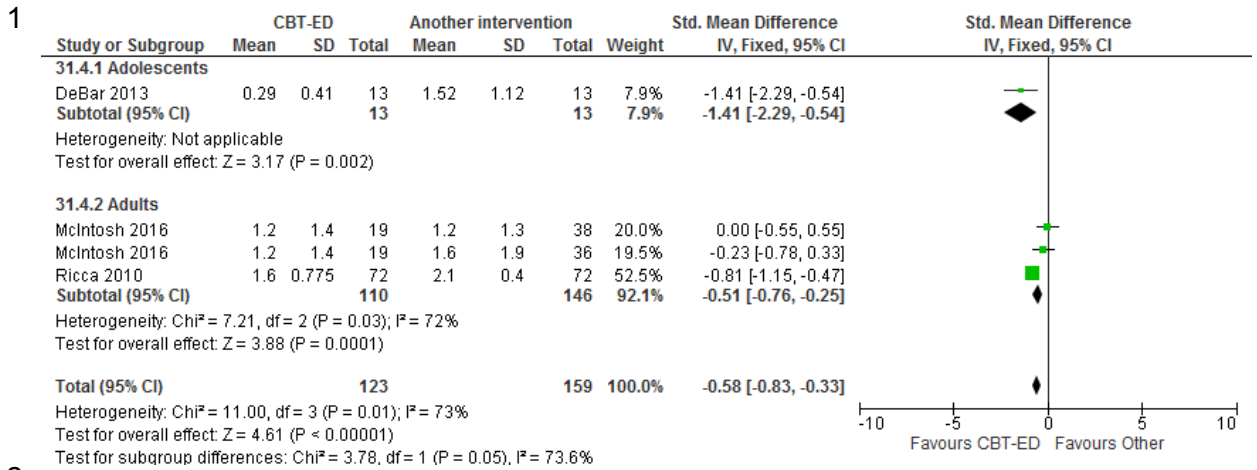
7 **Figure 372: Bingeing**



10 **Figure 373: EDE-eating concern in young people and adults**

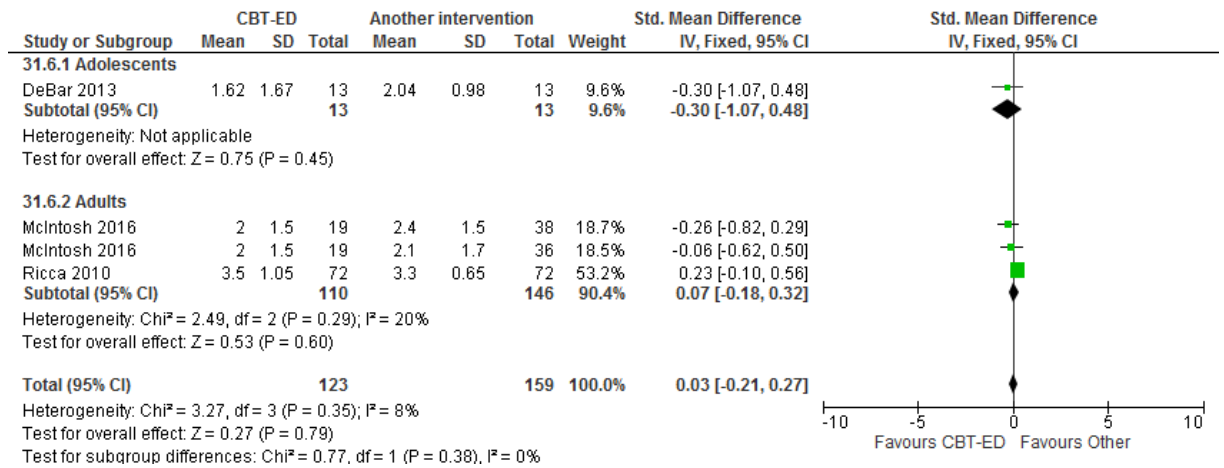


12 **Figure 374: EDE-shape concern in young people and adults**



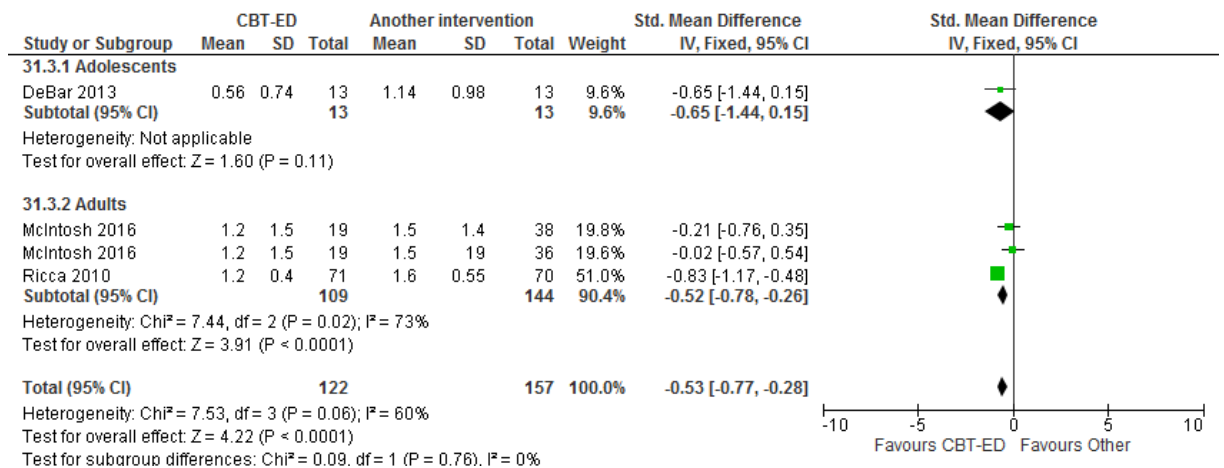
2

3 **Figure 375: EDE-weight concern in young people and adults**



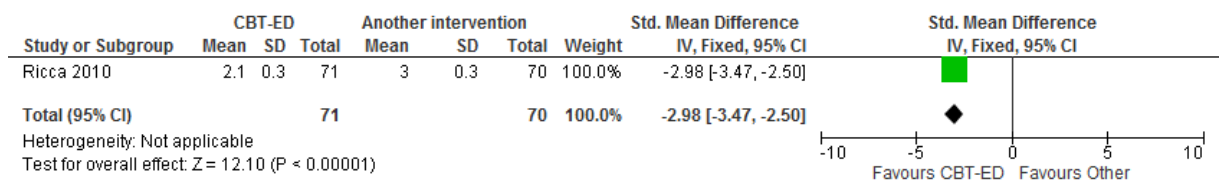
4

5 **Figure 376: EDE-restraint in young people and adults**



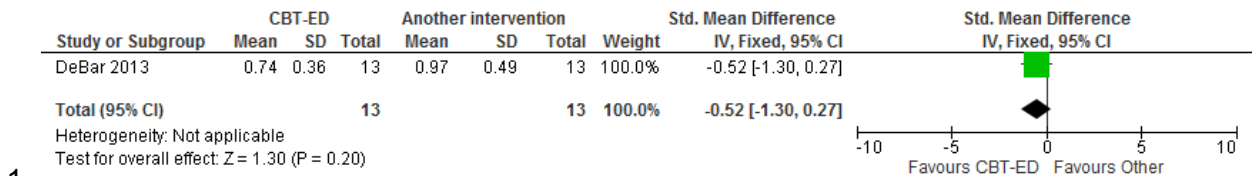
6

7 **Figure 377: EDE-global**

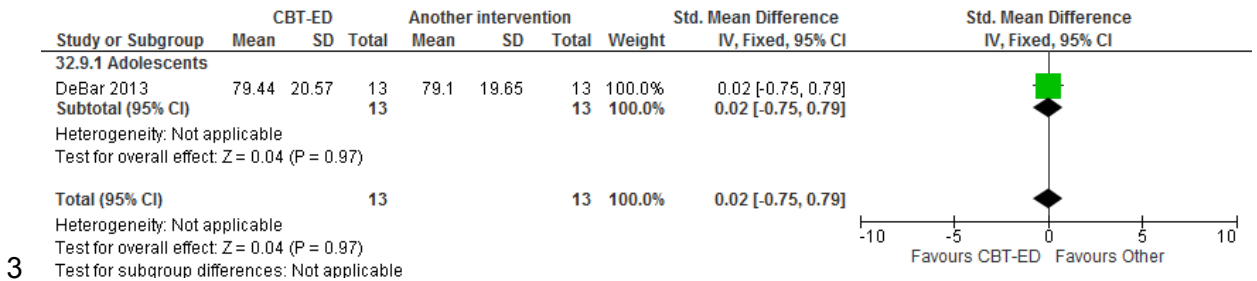


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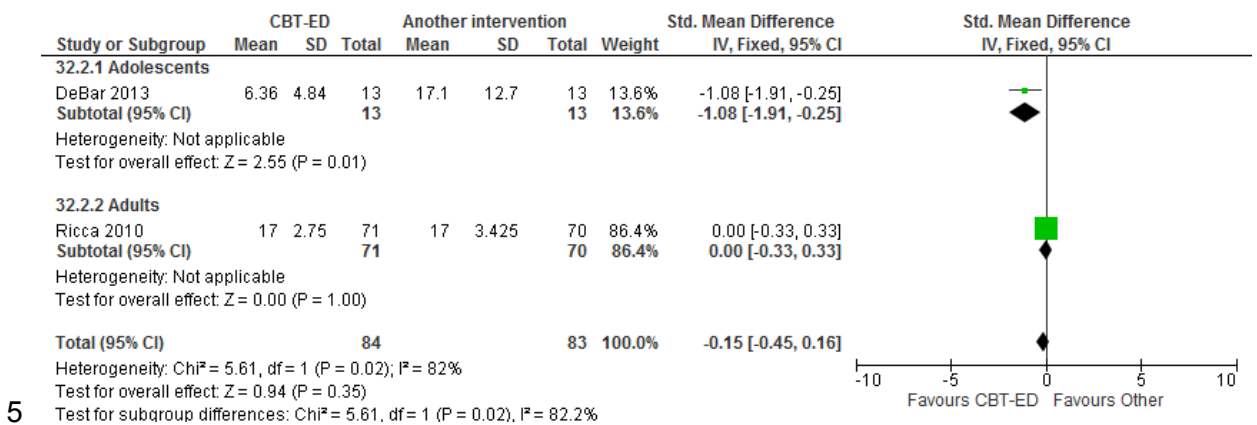
9 **Figure 378: Social adjustment**



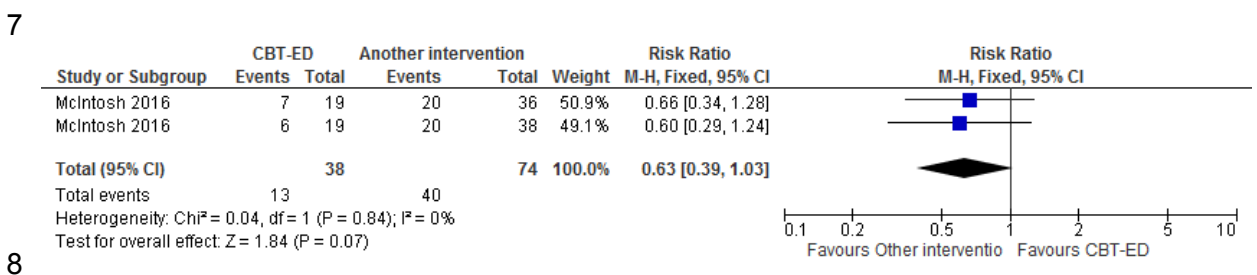
2 **Figure 379: Body mass index in young people**



4 **Figure 380: Depression**



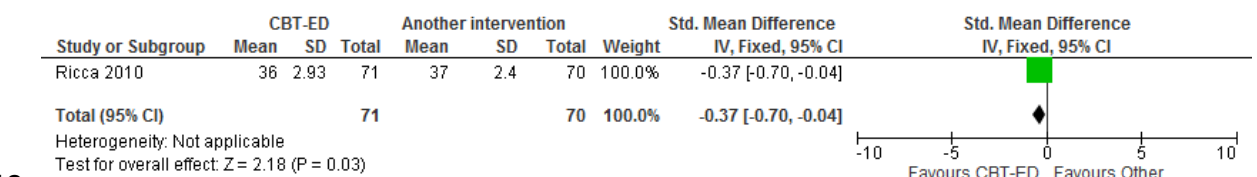
6 **Figure 381: Remission**



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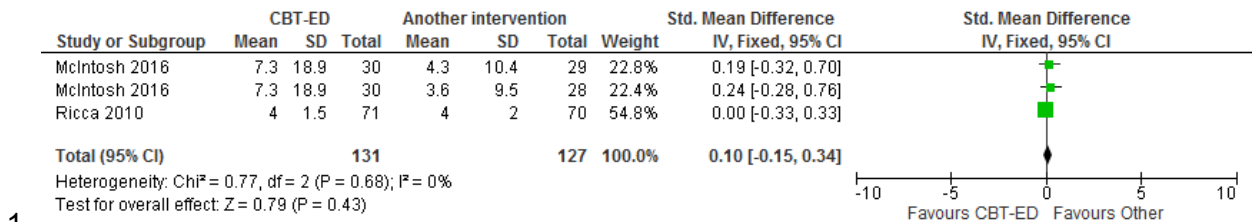
M.3.3.49 **CBT-ED versus another intervention in adults (unless otherwise stated) with binge eating disorder at follow-up**

10 **Figure 382: Body mass index**

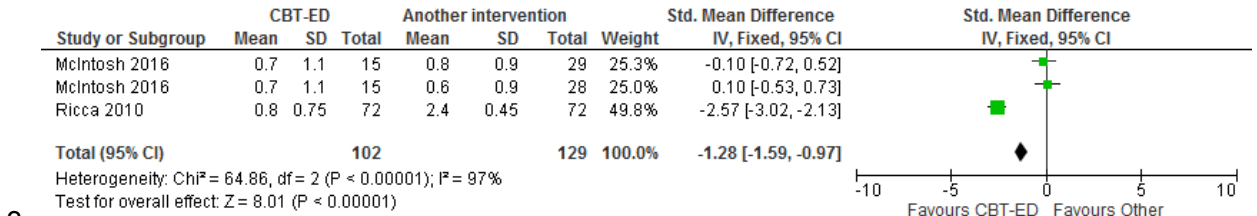


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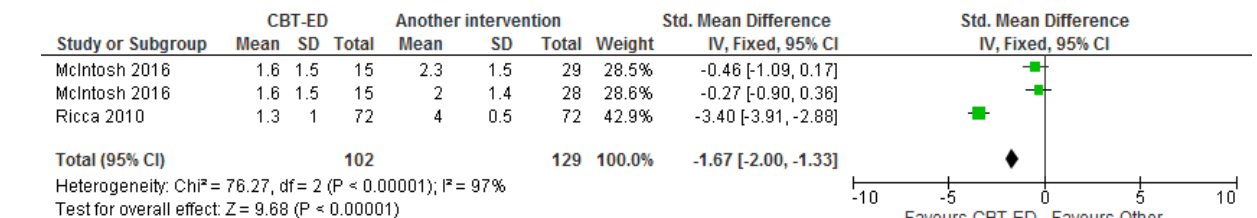
13 **Figure 383: Bingeing**



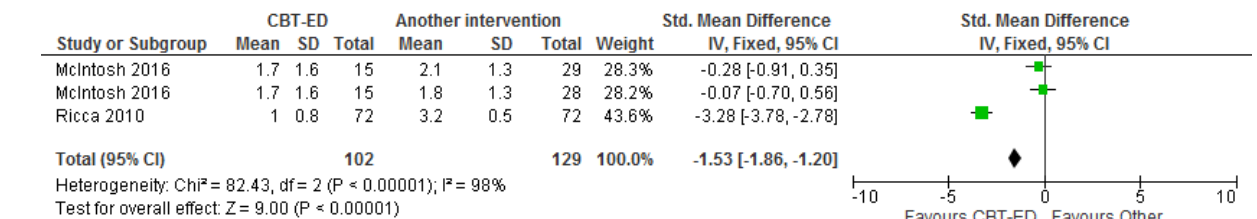
2 **Figure 384: EDE-eating concern**



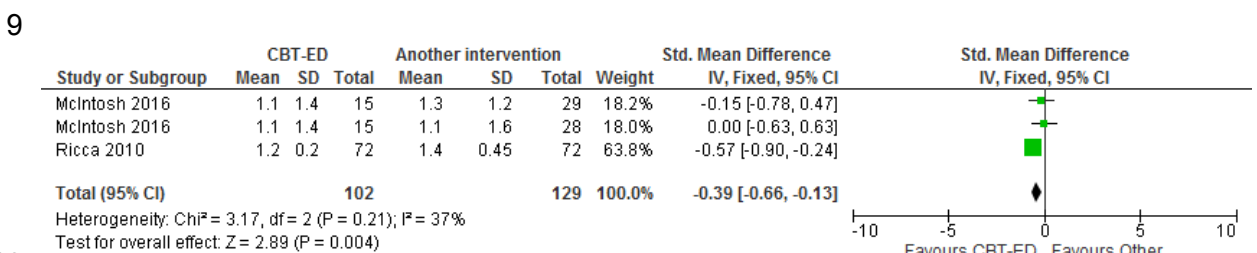
4 **Figure 385: EDE-shape concern**



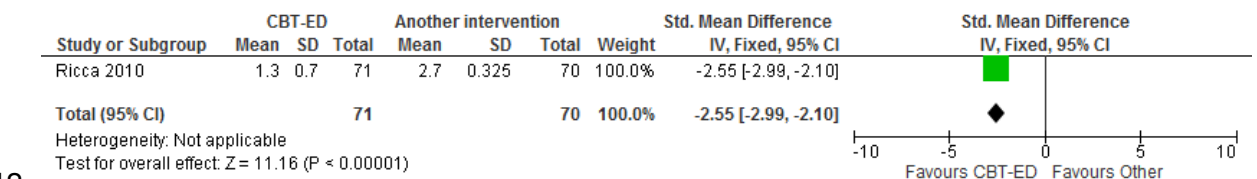
6 **Figure 386: EDE-weight concern**



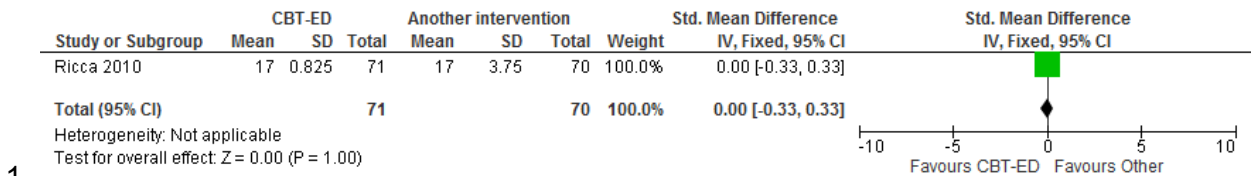
8 **Figure 387: EDE-restraint**



10 **Figure 388: EDE-global**



12 **Figure 389: Depression**

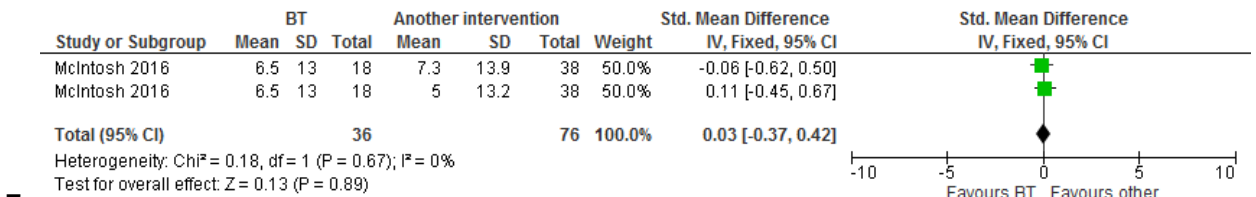


2 **Figure 390: Remission**

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

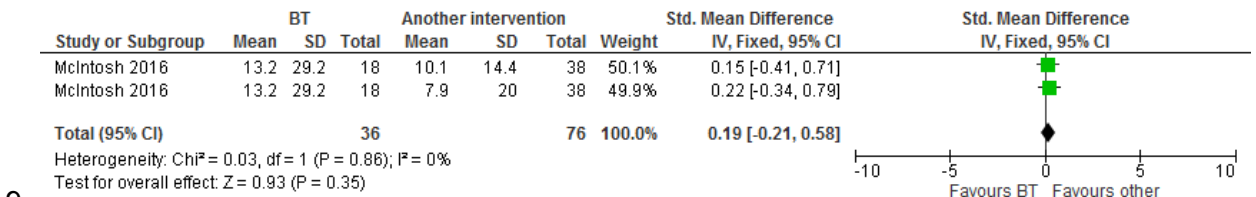
4

5 **Figure 391: Bingeing**



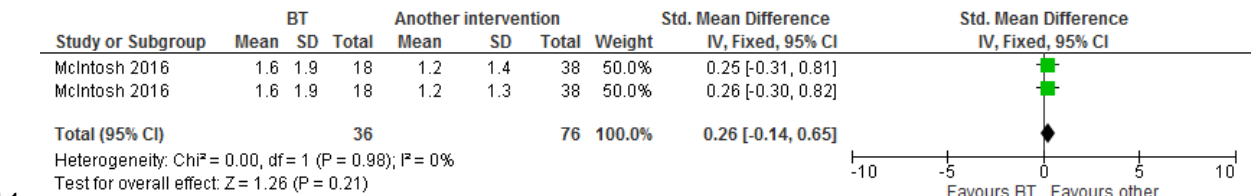
7

8 **Figure 392: Purging**



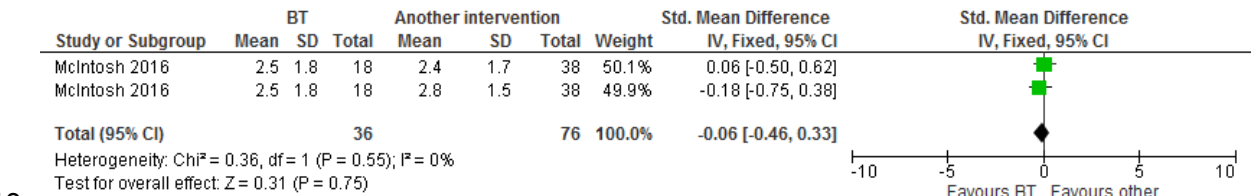
10

11 **Figure 393: EDE-eating concern**



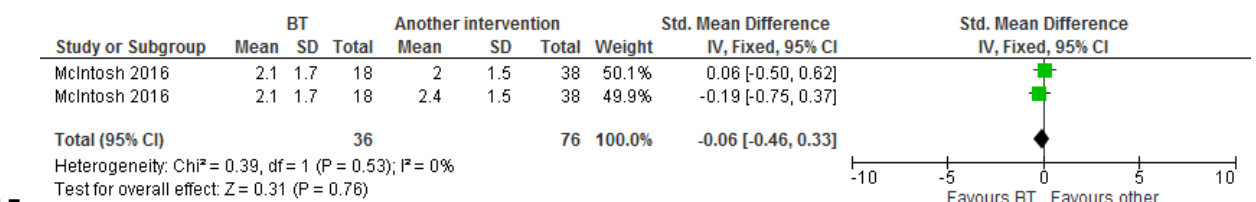
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14 **Figure 394: EDE-shape concern**

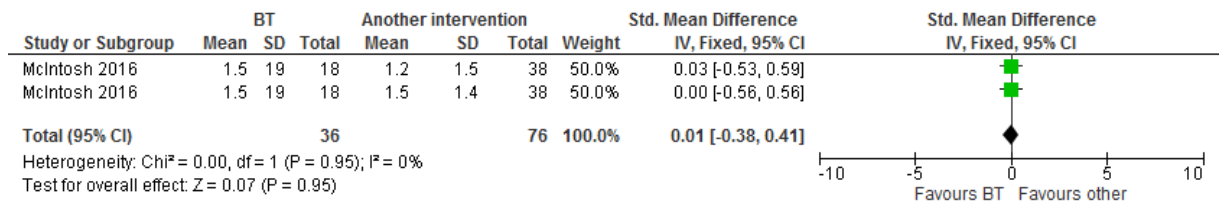


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17 **Figure 395: EDE-weight concern**

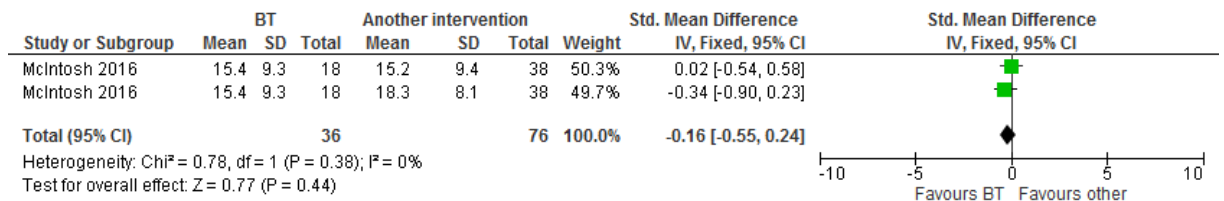


1 **Figure 396: EDE-restraint**



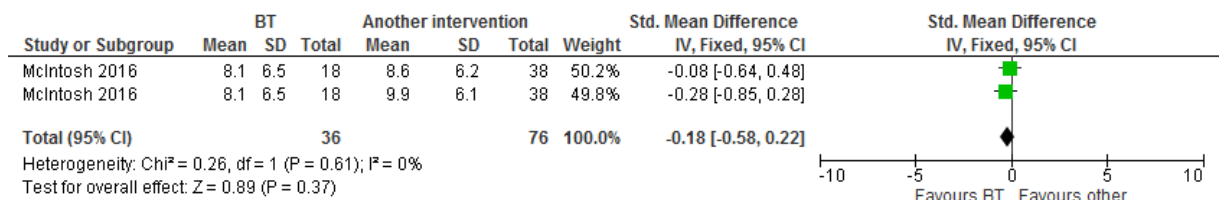
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3 **Figure 397: EDI-body dissatisfaction**



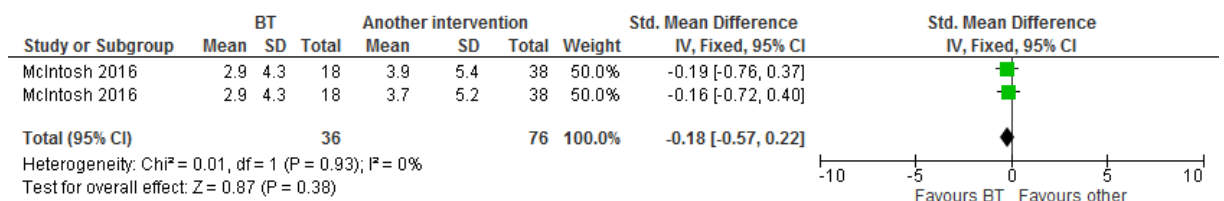
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5 **Figure 398: EDI-drive for thinness**



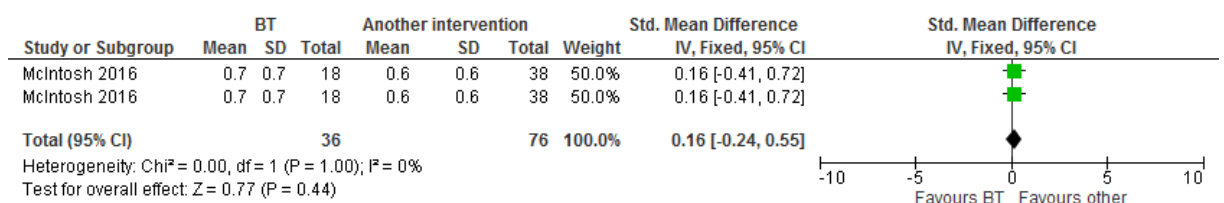
6

7 **Figure 399: EDI-bulimia**



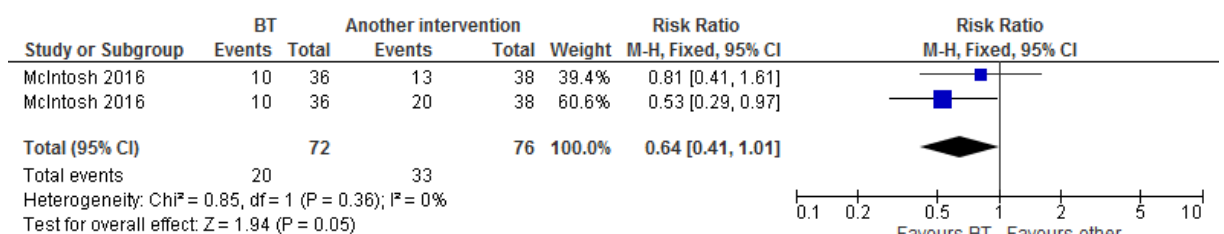
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9 **Figure 400: Symptom checklist**



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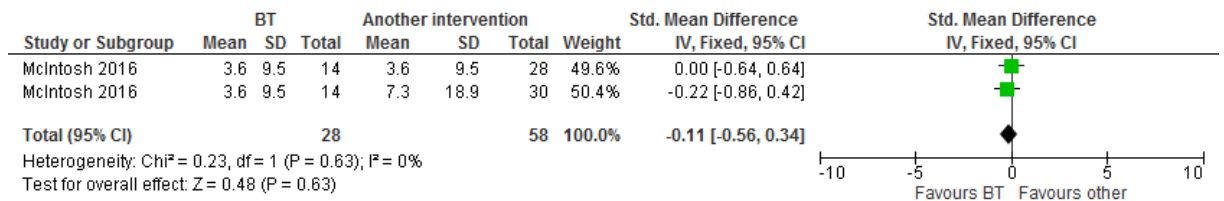
11 **Figure 401: Remission**



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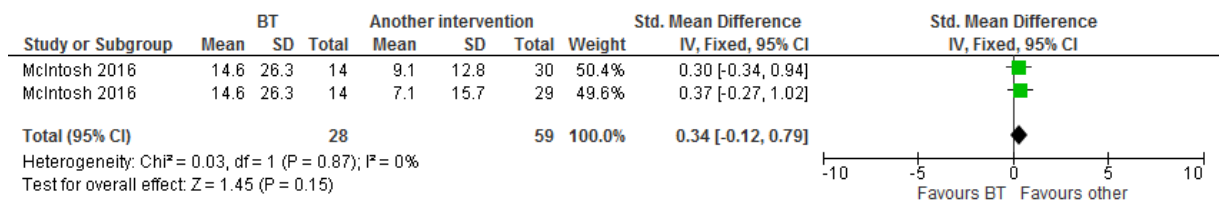
**M.3.3.61 Behavioural therapy versus another intervention in adults (unless otherwise stated)
2 with binge eating disorder at follow-up**

3 Figure 402: Bingeing



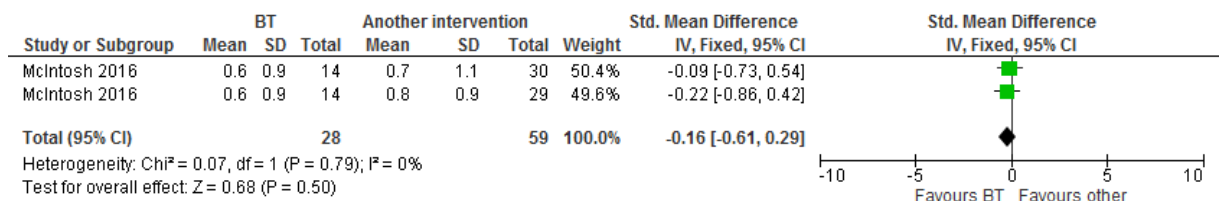
4

5 Figure 403: Purging



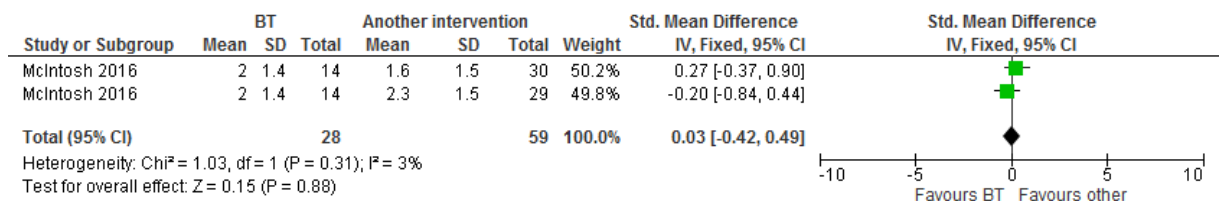
6

7 Figure 404: EDE-eating concern



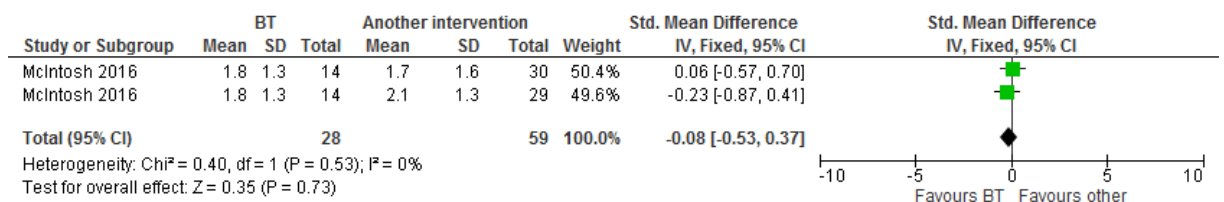
8

9 Figure 405: EDE-shape concern



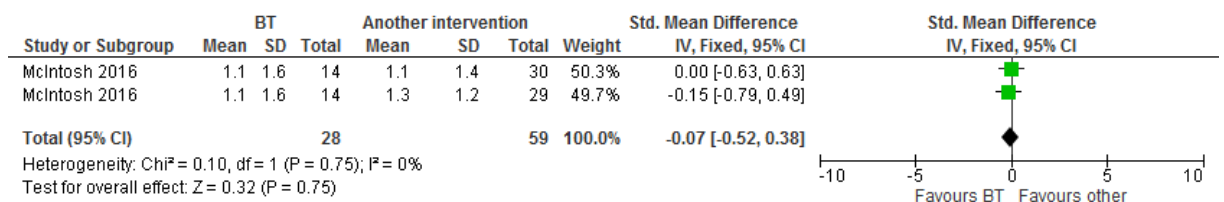
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11 Figure 406: EDE-weight concern



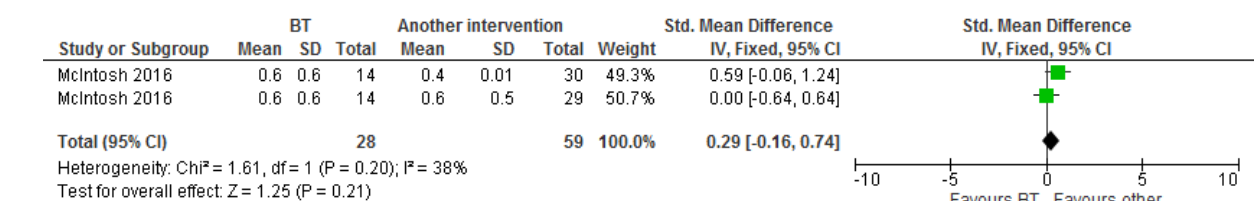
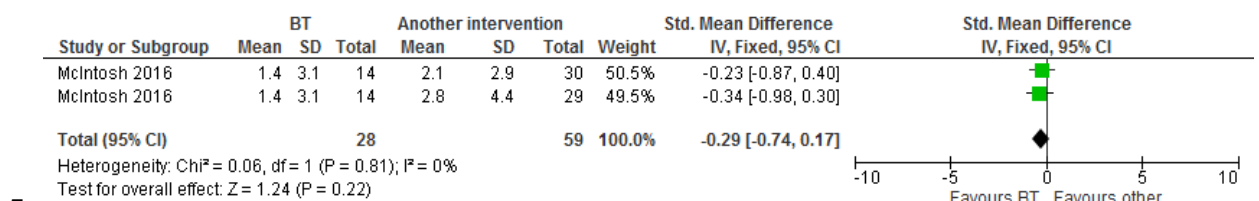
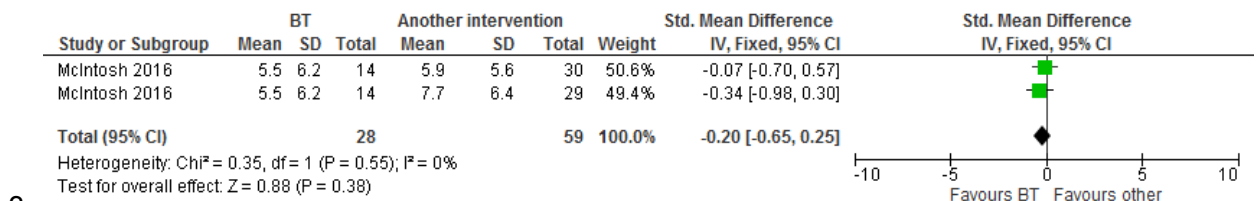
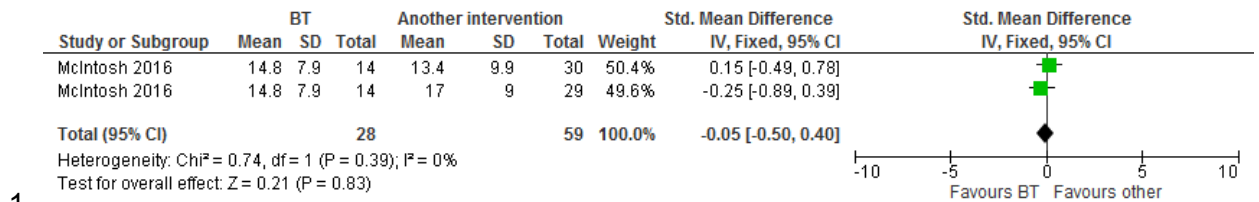
12

13 Figure 407: EDE-restraint

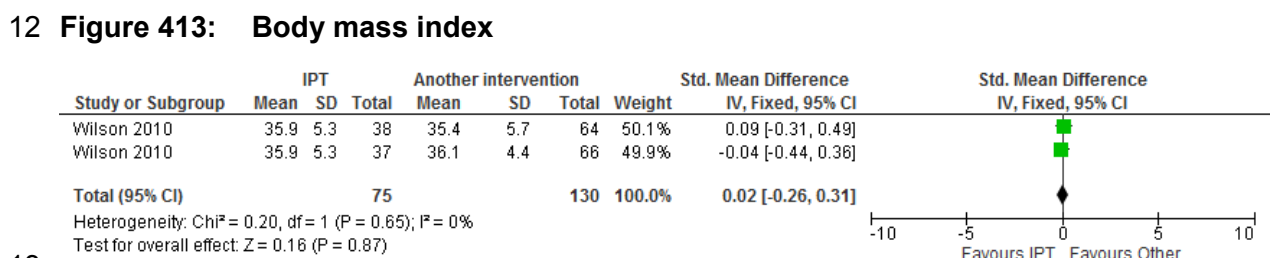


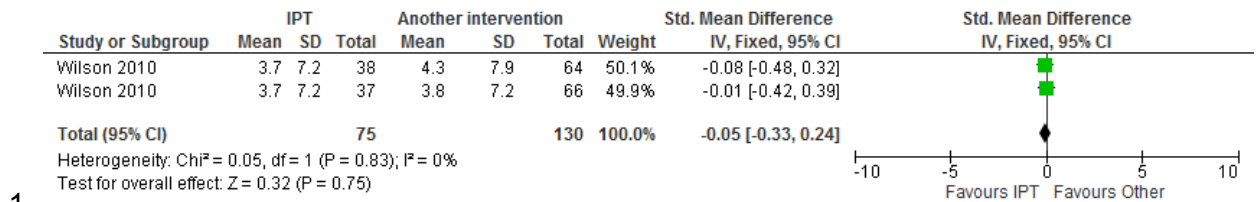
14

15 Figure 408: EDI-body dissatisfaction



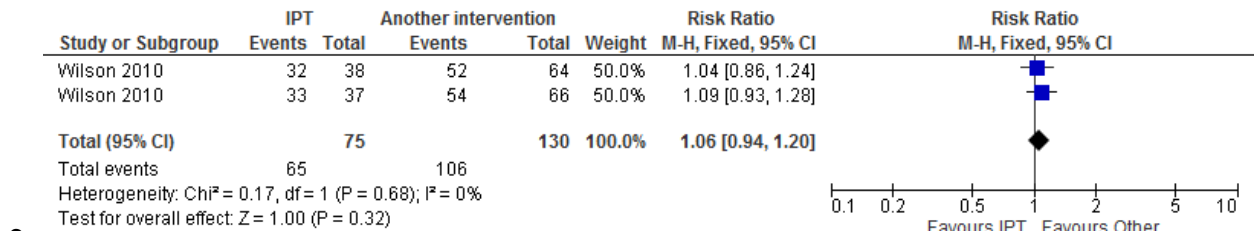
M.3.3.70 **Interpersonal therapy versus another intervention in adults (unless otherwise stated) with binge eating disorder at end of treatment**





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Figure 415: Remission



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

Figure 416: Body mass index

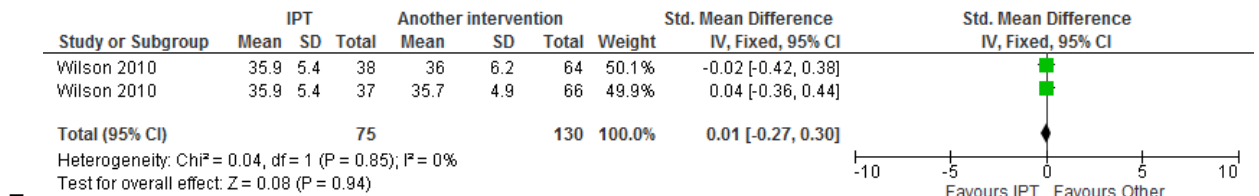
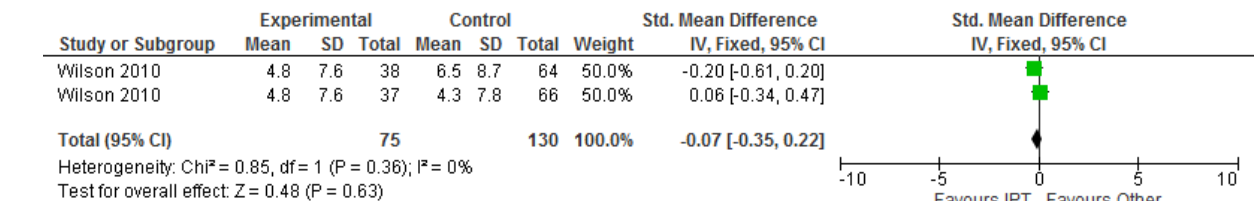


Figure 417: Bingeing



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

Figure 418: Symptom checklist

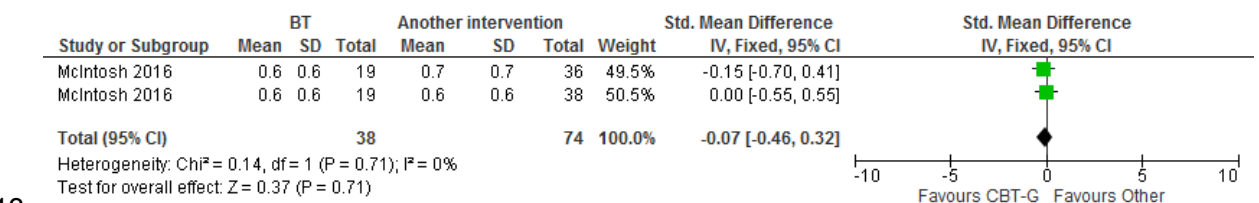


Figure 419: Purging

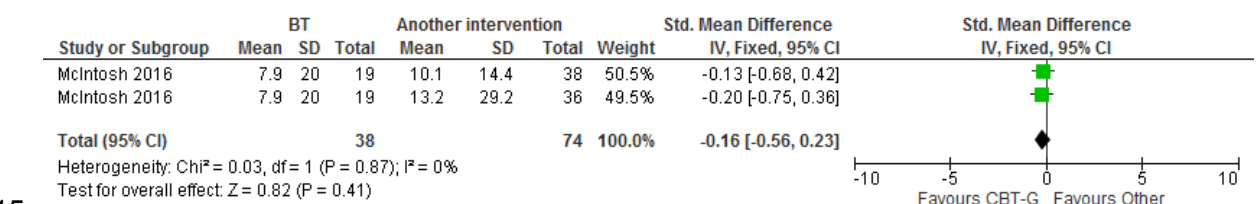
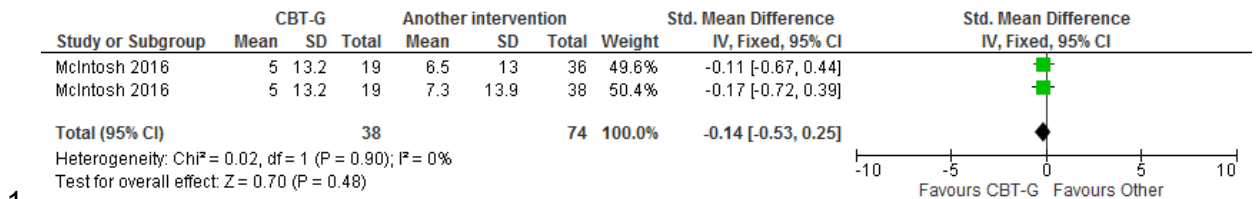
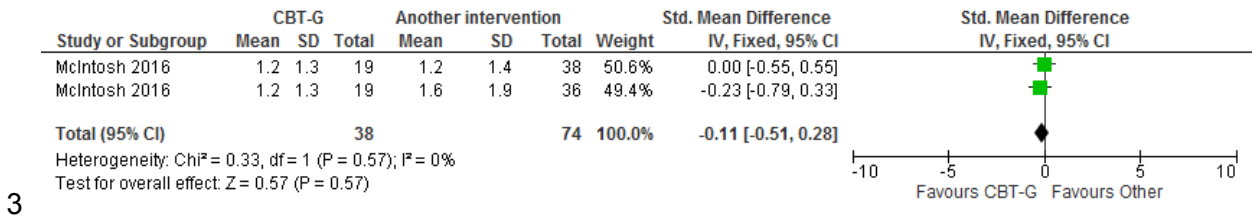


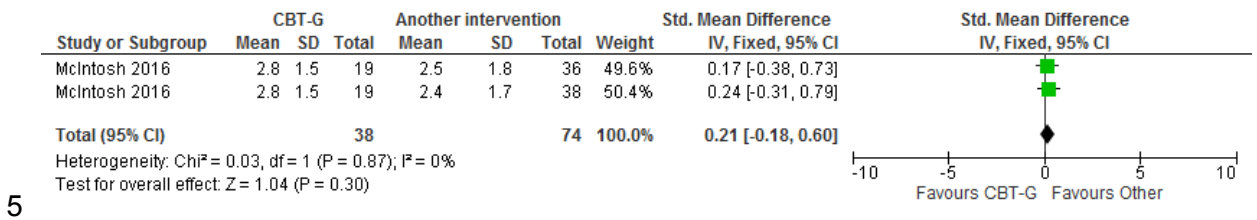
Figure 420: Bingeing



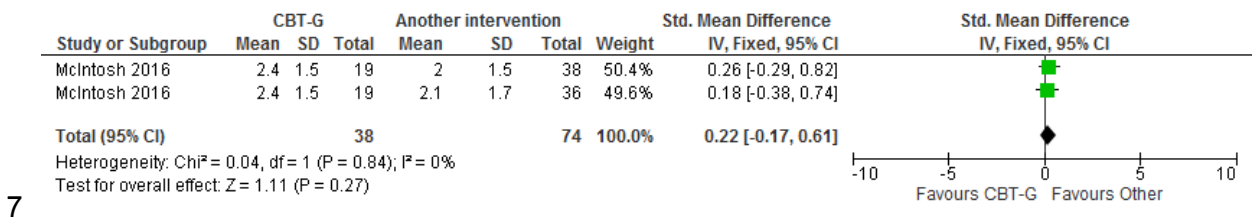
2 **Figure 421: EDE-eating concern**



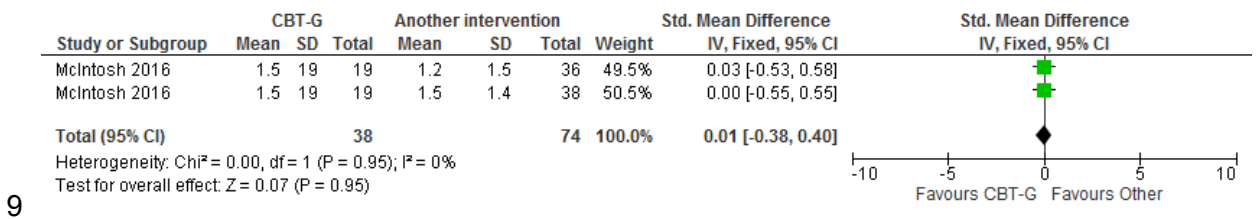
4 **Figure 422: EDE-shape concern**



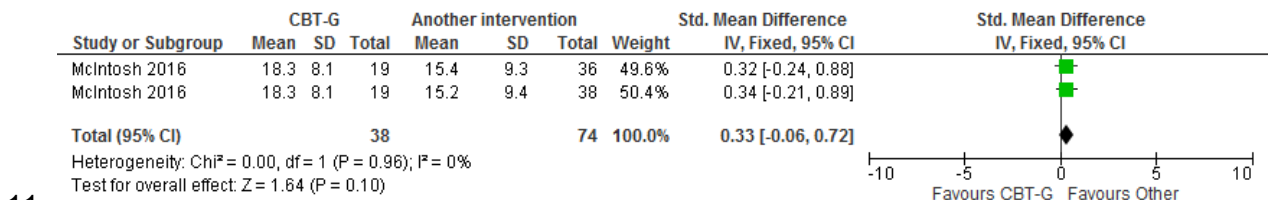
6 **Figure 423: EDE-weight concern**



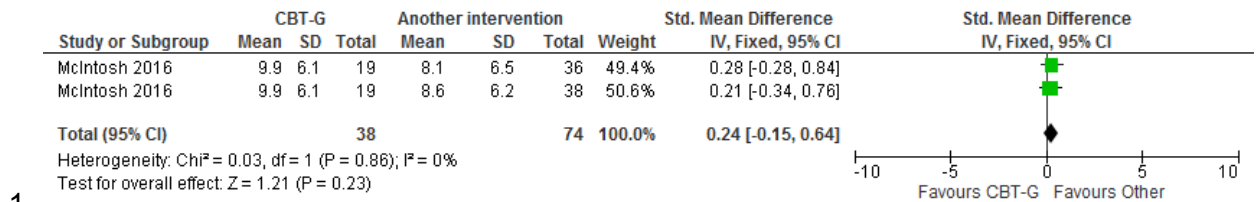
8 **Figure 424: EDE-restraint**



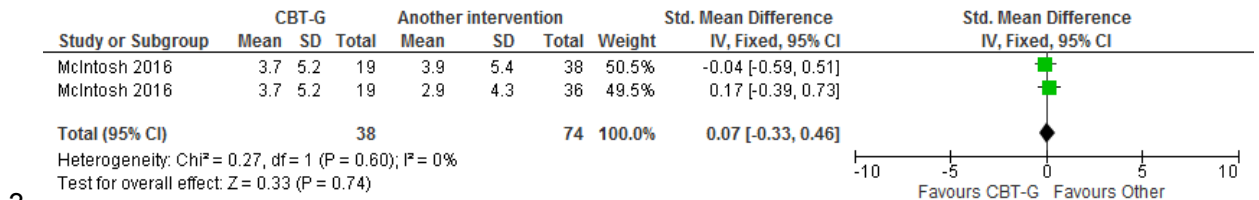
10 **Figure 425: EDI-body dissatisfaction**



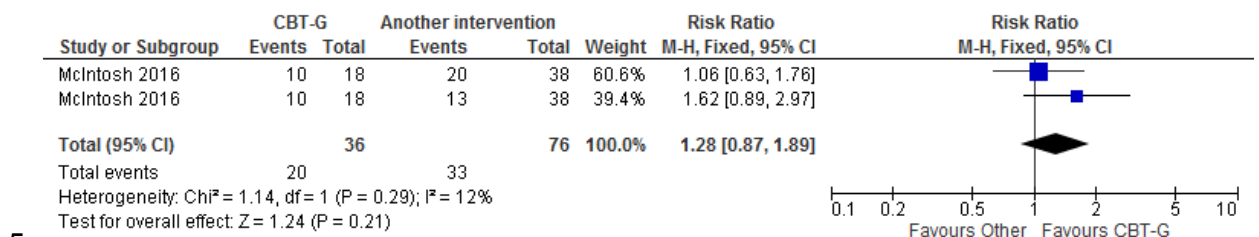
12 **Figure 426: EDI-drive for thinness**



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4 **Figure 427: EDI-bulimia**

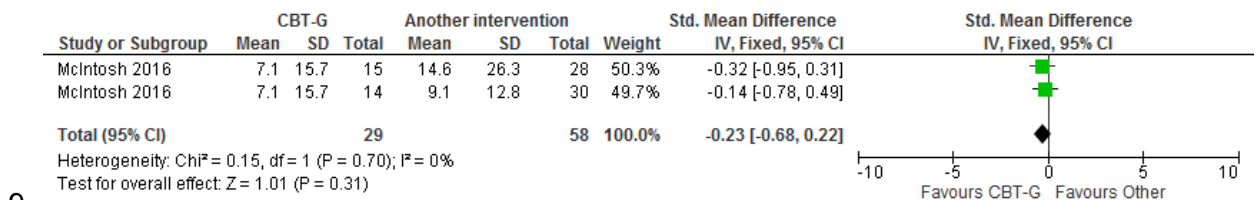


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6 **Figure 428: Remission**

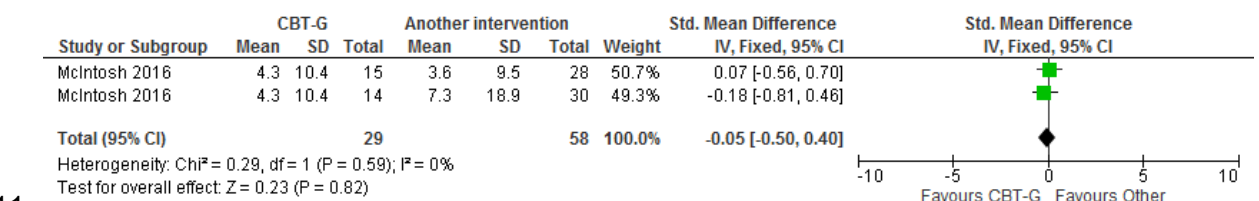


7 **M.3.3.106 CBT-general versus any other intervention in adults with binge eating disorder at follow-up**

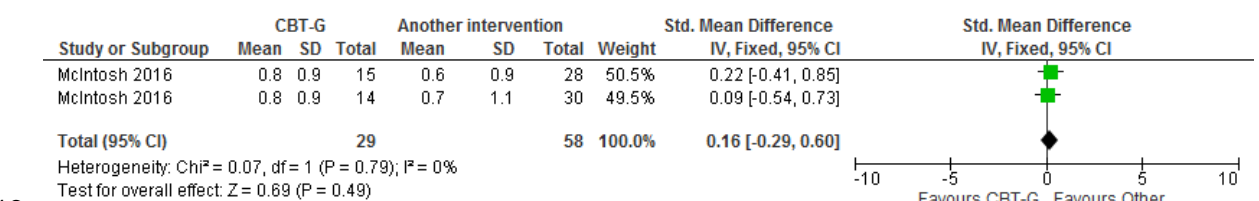
8 **Figure 429: Purging**



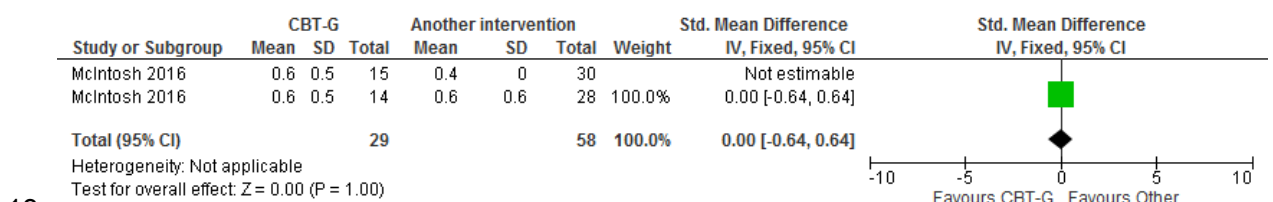
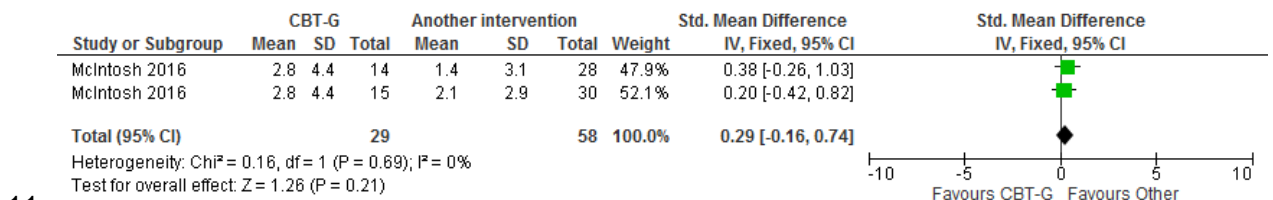
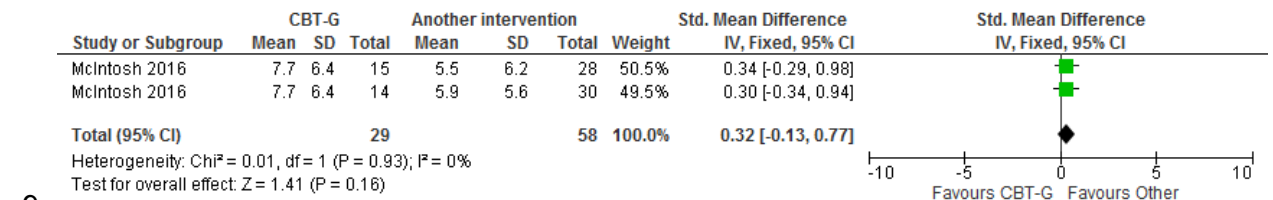
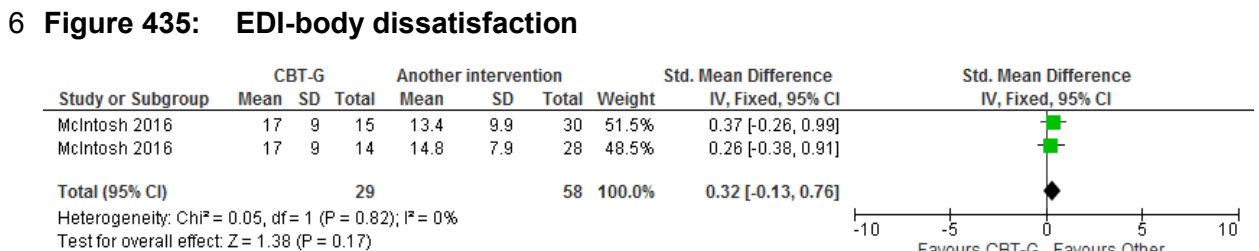
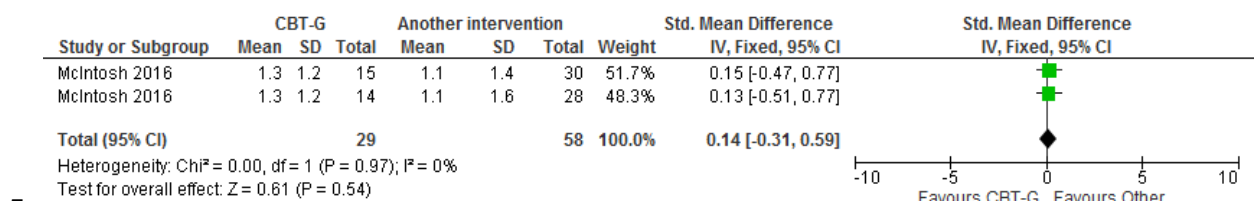
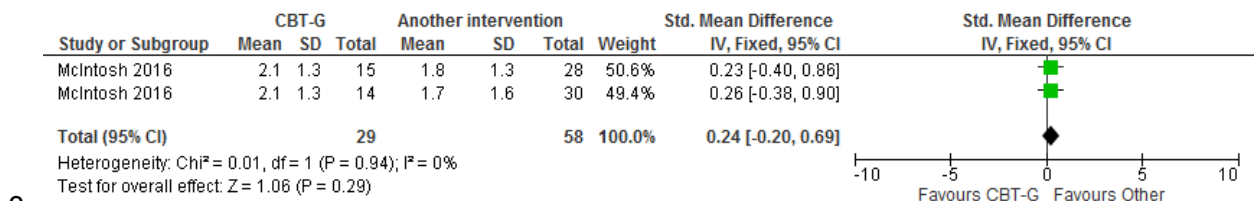
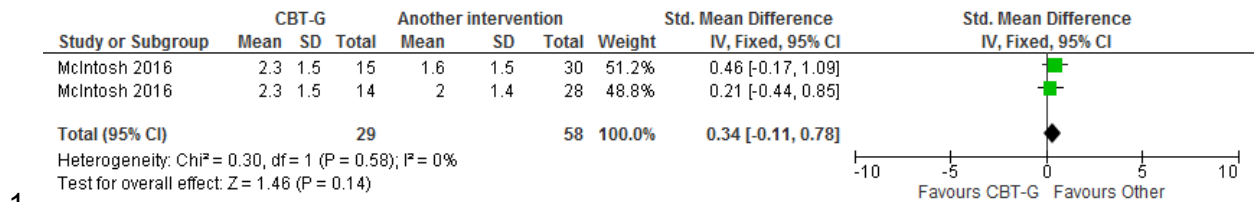
9
10 **Figure 430: Bulimic episodes**

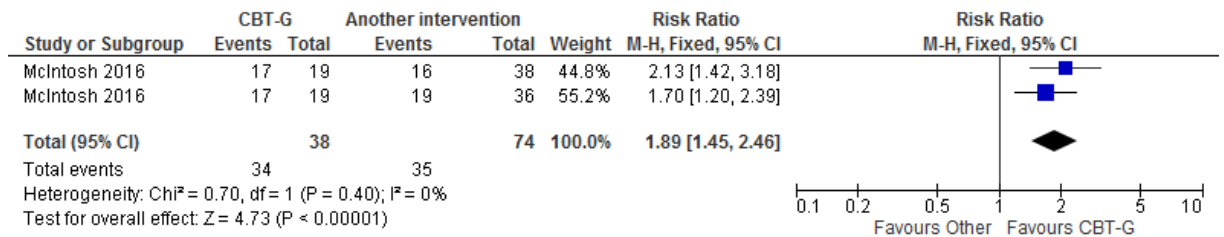


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12 **Figure 431: EDE-eating concern**



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14 **Figure 432: EDE-shape concern**



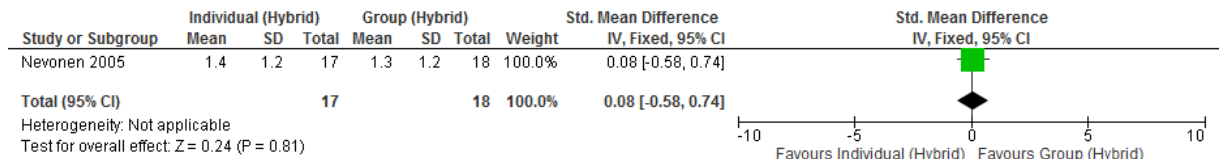


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M.3.4.2 EDNOS individual therapy

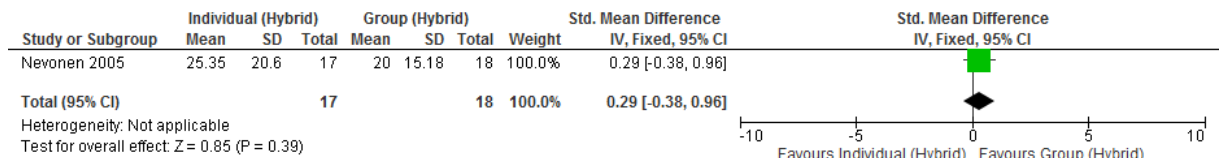
M.3.4.13 Interpersonal hybrid versus group hybrid in adults with EDNOS at end of treatment

4 Figure 440: EDE-restraint



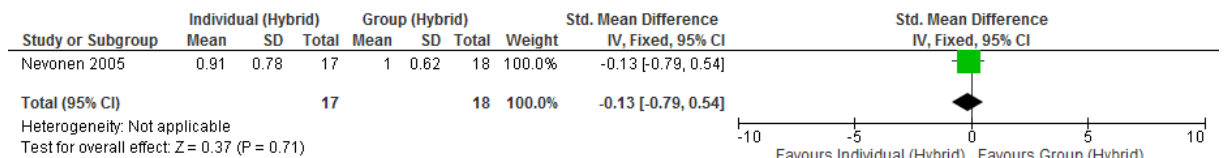
5

6 Figure 441: EDI-total



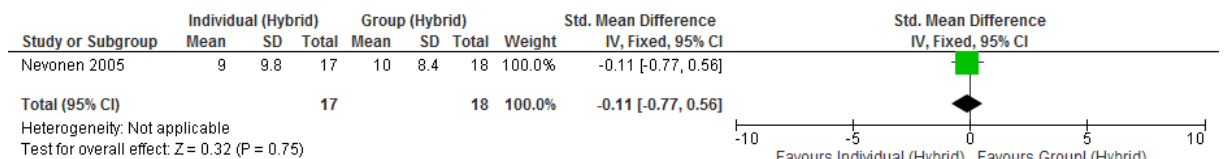
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8 Figure 442: General psychopathology



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10 Figure 443: Depression



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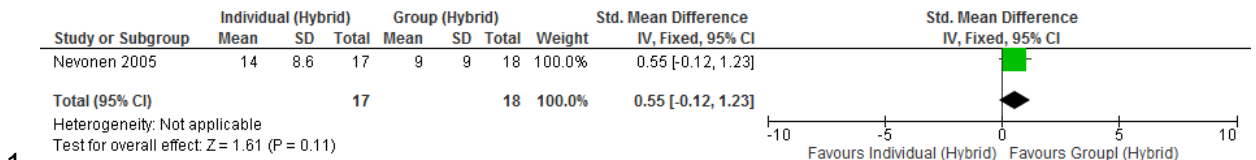
12 Figure 444: Remission



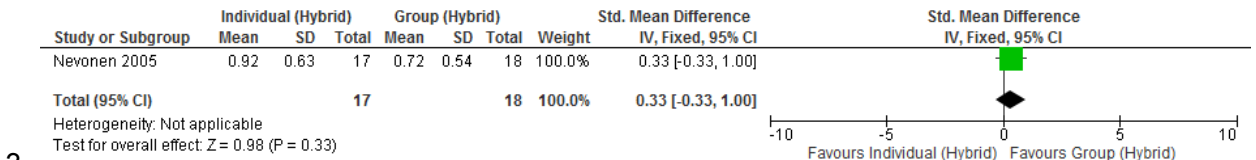
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M.3.4.24 Interpersonal hybrid versus group hybrid in adults with EDNOS at follow-up

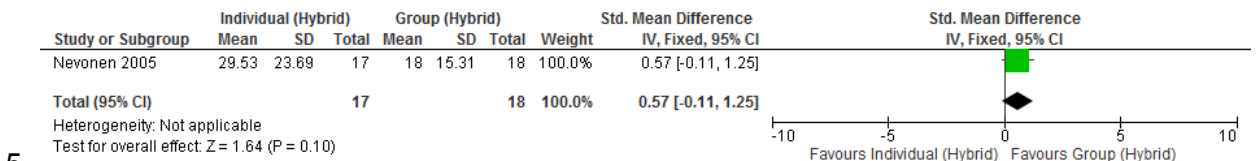
15 Figure 445: Depression



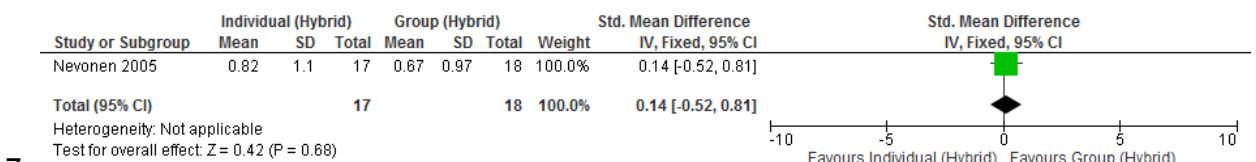
2 **Figure 446: General psychopathology**



4 **Figure 447: EDI-total**



6 **Figure 448: EDE-restraint**



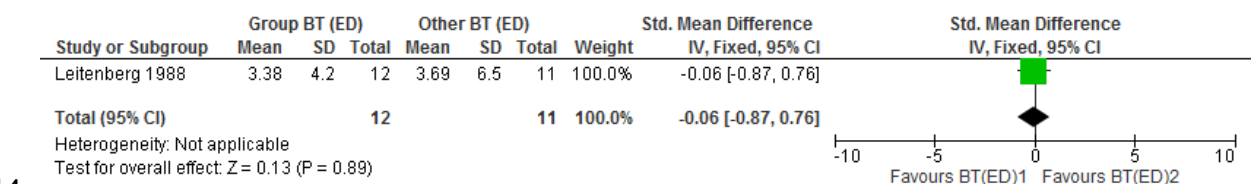
8 **Figure 449: Remission**



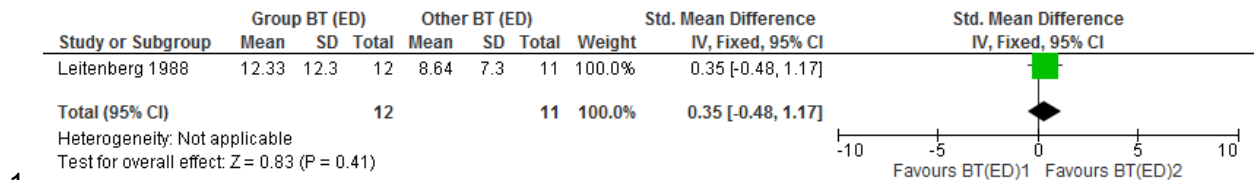
M.3.50 Bulimia nervosa group therapy

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

13 **Figure 450: Vomiting**



15 **Figure 451: Depression**

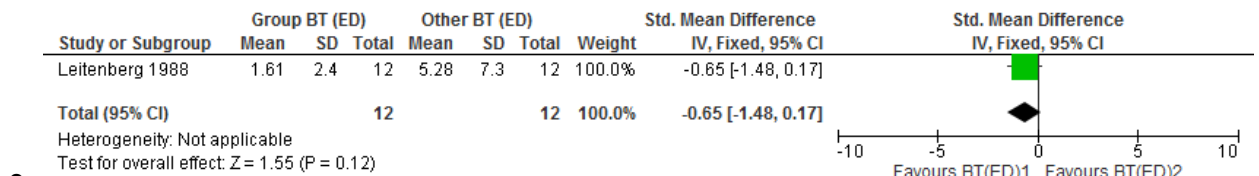


2 Figure 452: Remission

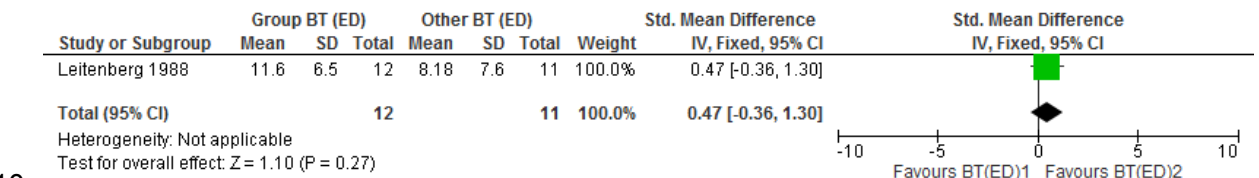


M.3.5.25 Group behavioural therapy compared with another behavioural therapy in adults with bulimia nervosa at follow-up

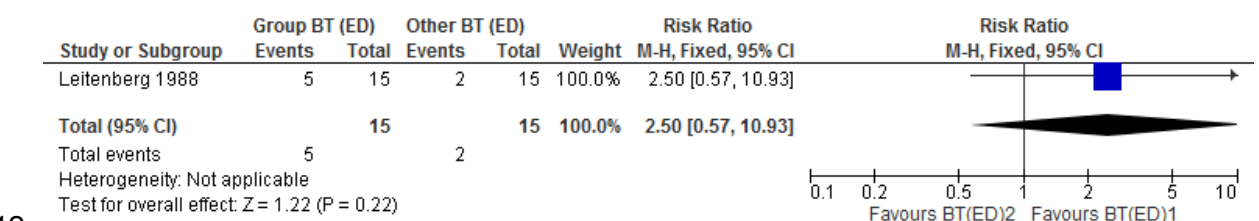
7 Figure 453: Vomiting



9 Figure 454: Depression

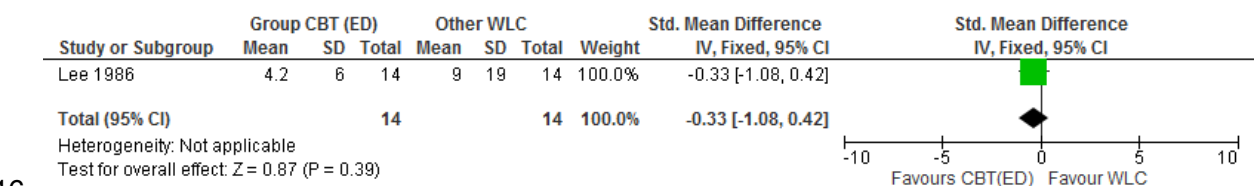


11 Figure 455: Remission

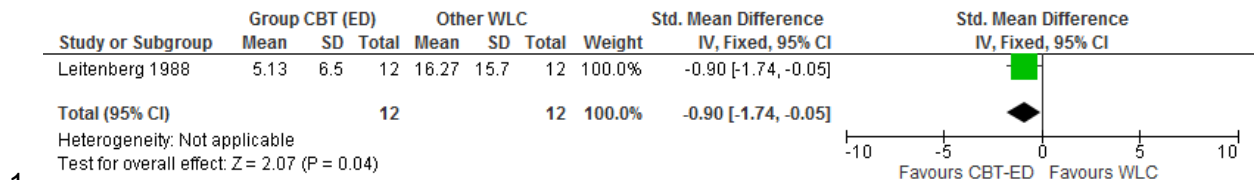


M.3.5.33 Group CBT-ED compared with wait list controls (WLC) in adults with bulimia nervosa at end of treatment

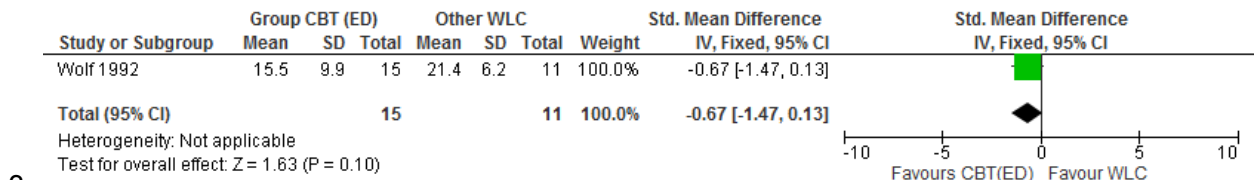
15 Figure 456: Purging



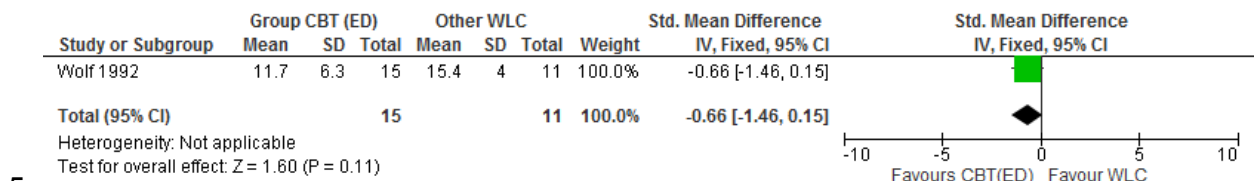
17 Figure 457: Vomiting



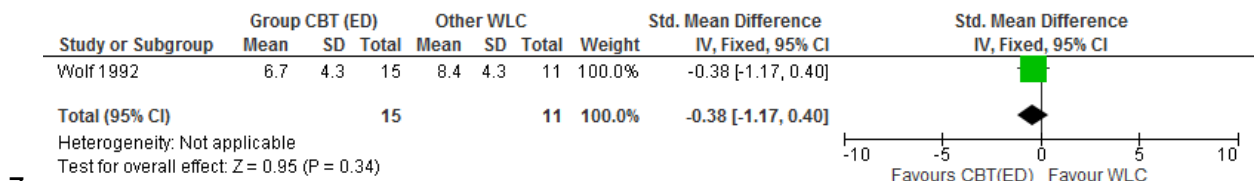
2 **Figure 458: EDI-body dissatisfaction**



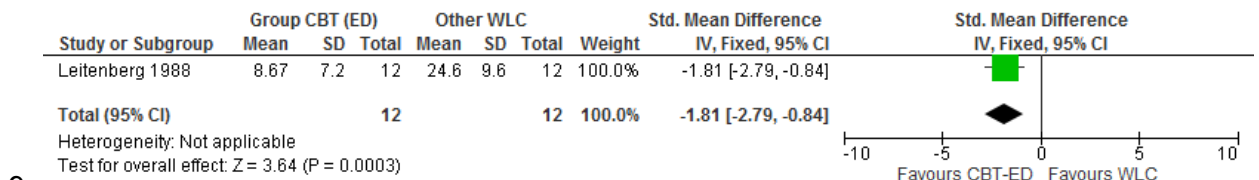
4 **Figure 459: EDI-drive for thinness**



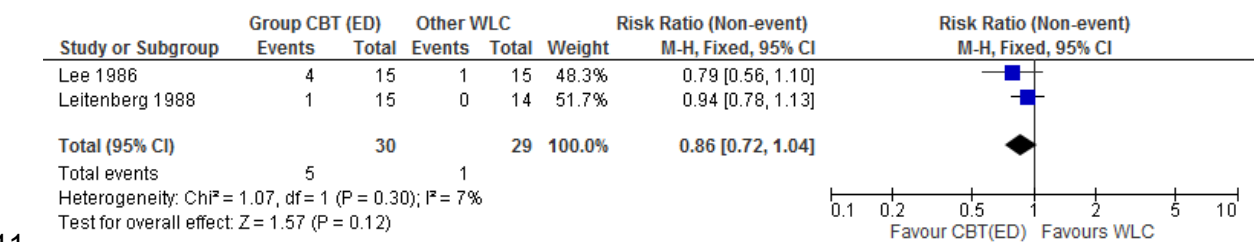
6 **Figure 460: EDI-bulimia**



8 **Figure 461: Depression**

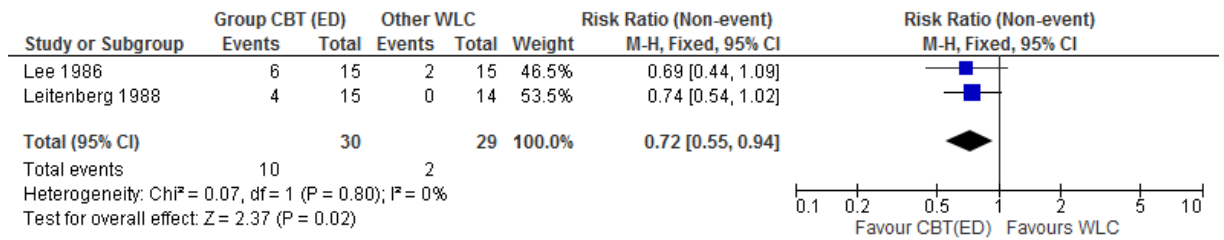


10 **Figure 462: Remission**



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

13
14
15 **Figure 463: Remission**

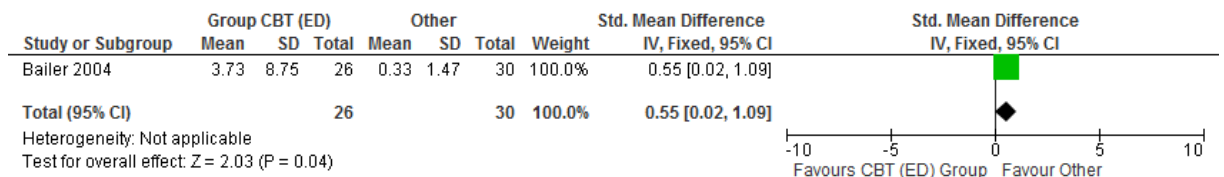


1

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

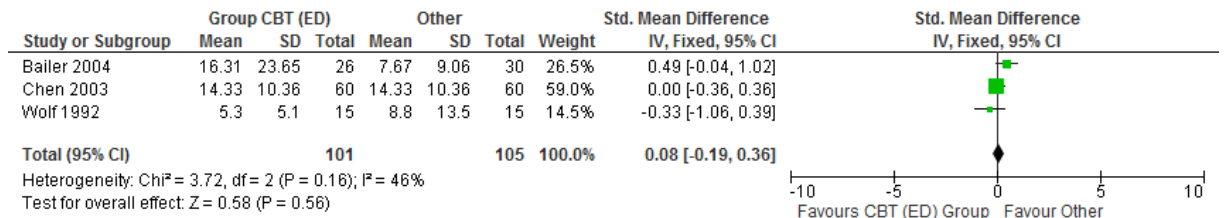
3

4 Figure 464: Laxative use



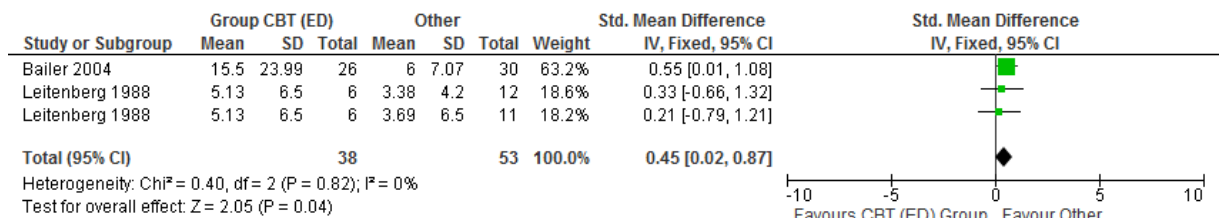
5

6 Figure 465: Bingeing



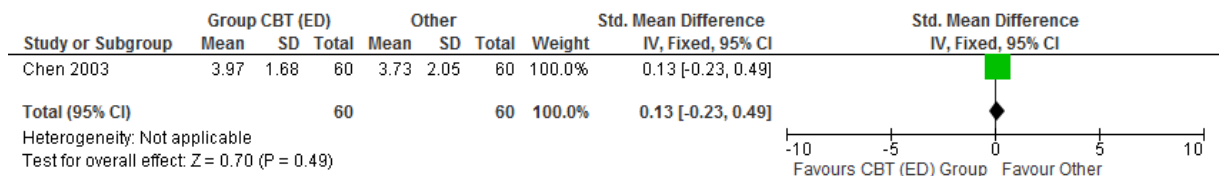
7

8 Figure 466: Vomiting



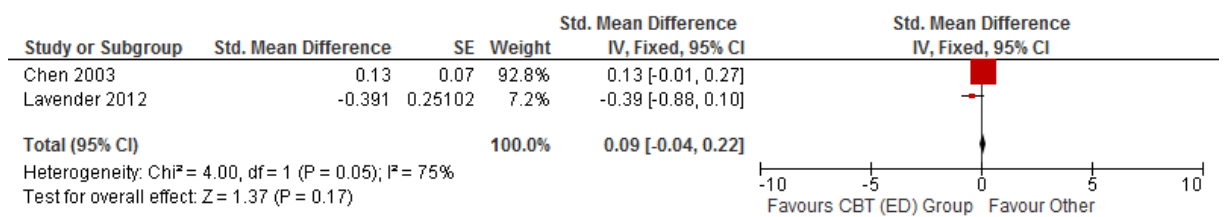
9

10 Figure 467: EDE-total



11

12 Figure 468: EDI-total

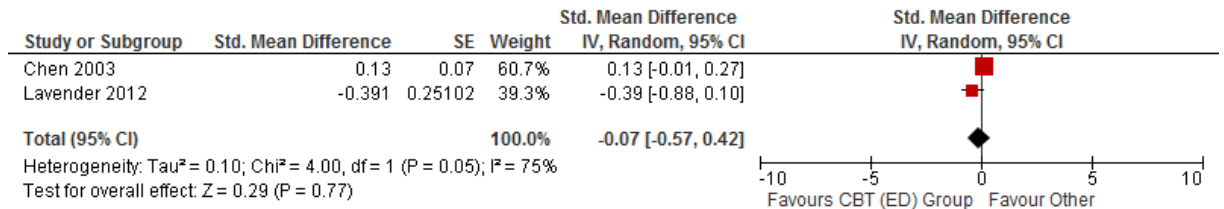


13

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

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

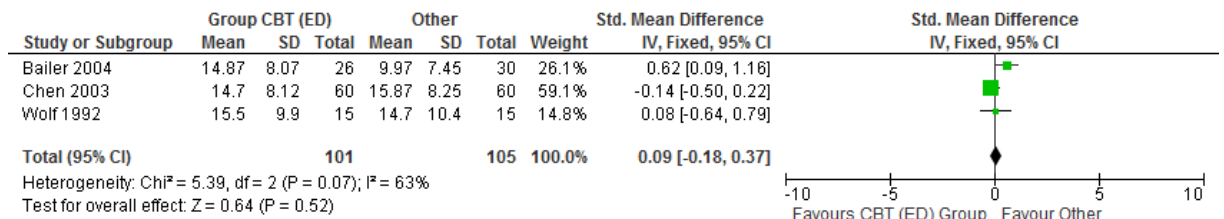
6 **Figure 469: EDI-total with random effects**



7

8

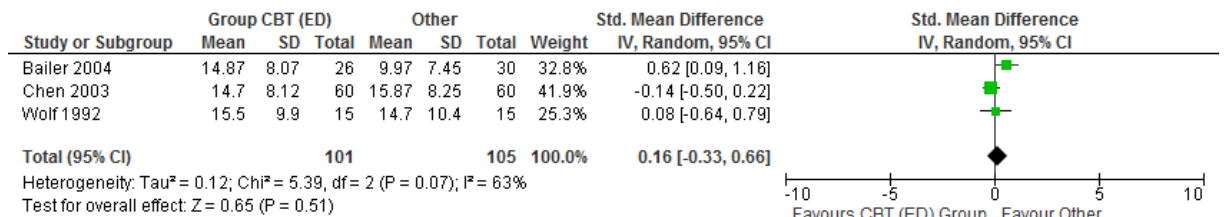
9 **Figure 470: EDI-body dissatisfaction**



10

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

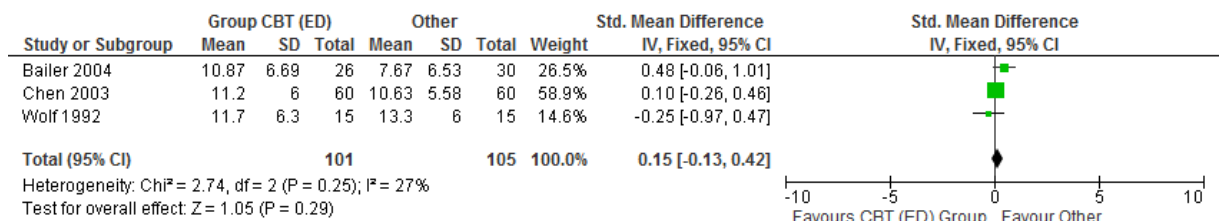
17 **Figure 471: EDI-body dissatisfaction with random effects**



18

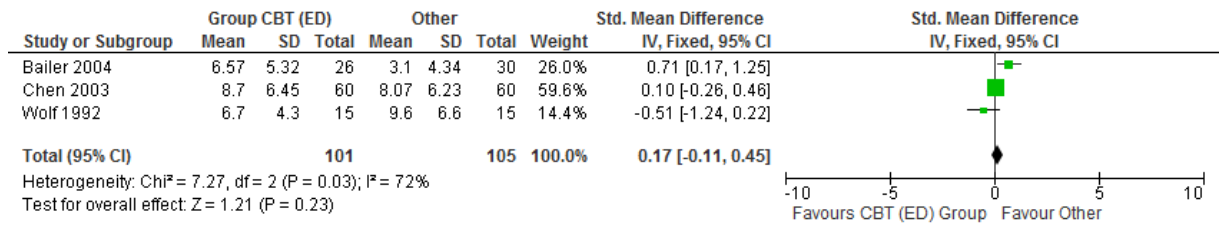
19

20 **Figure 472: EDI-drive for thinness**



21

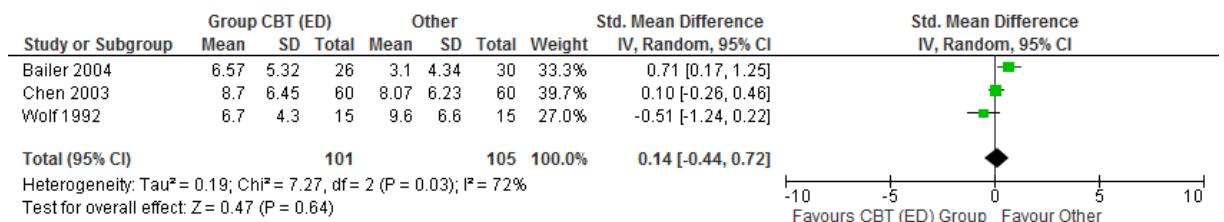
22 **Figure 473: EDI-bulimia**



1

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

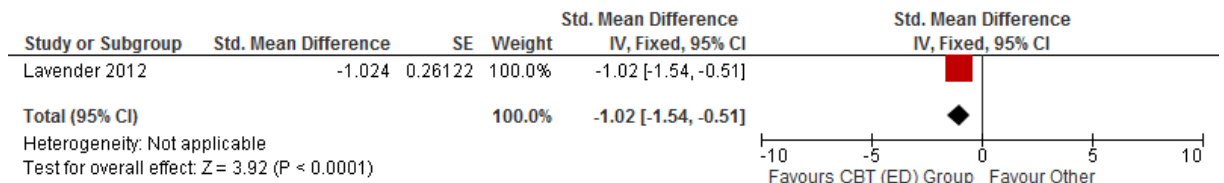
8 **Figure 474: EDI-bulimia with random effects**



9

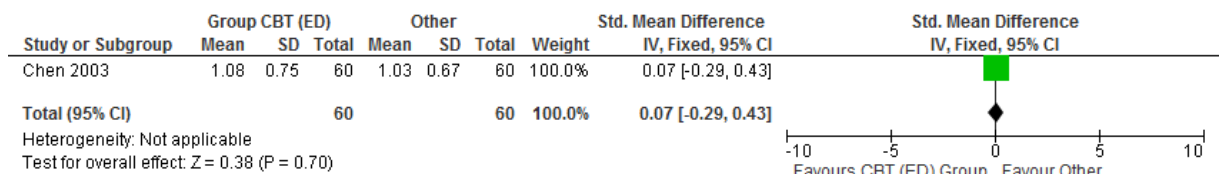
10

11 **Figure 475: Clinical impairment**



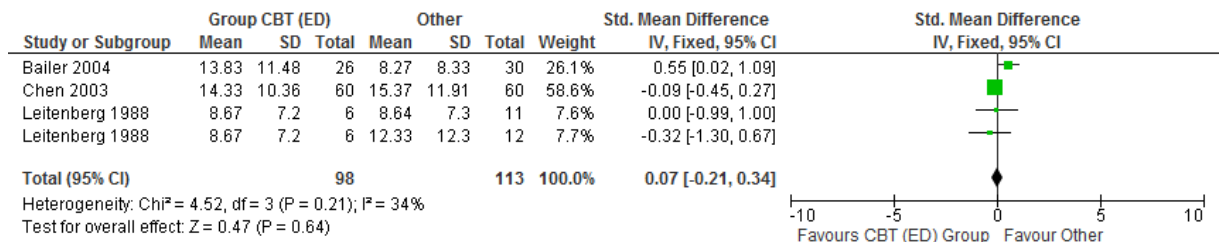
12

13 **Figure 476: Symptom checklist**



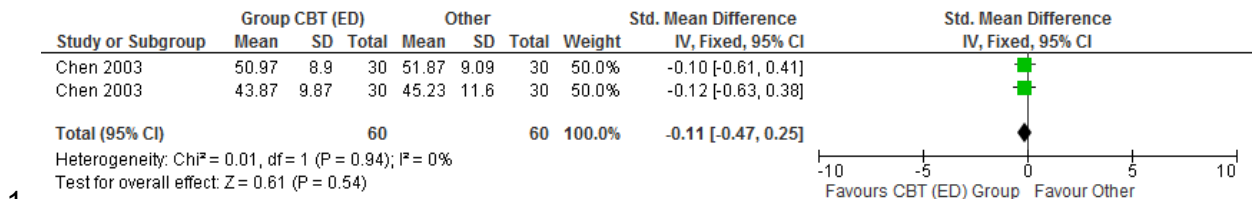
14

15 **Figure 477: Depression**

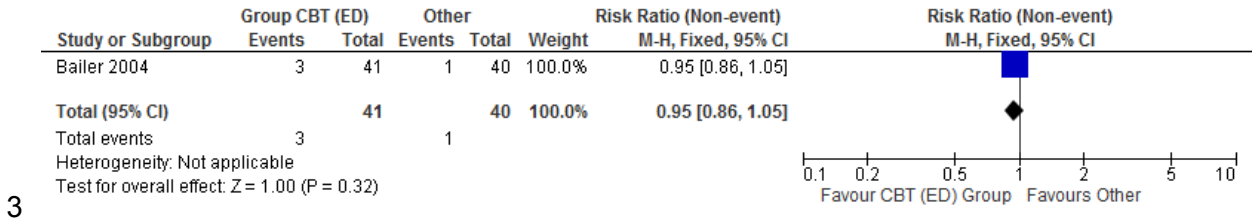


16

17 **Figure 478: Anxiety**

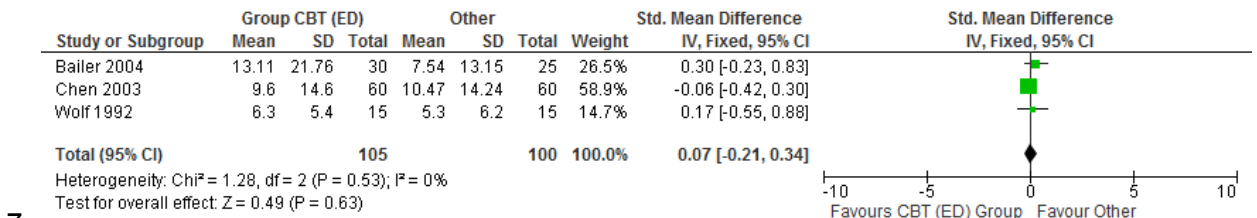


2 **Figure 479: Remission**

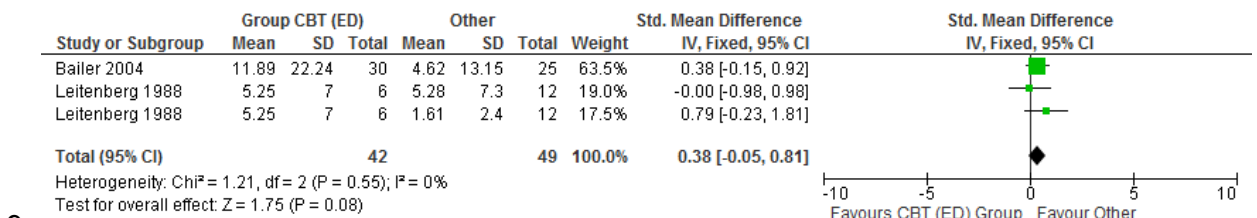


M.3.5.64 **Group CBT-ED compared with another intervention in adults with bulimia nervosa at follow-up**

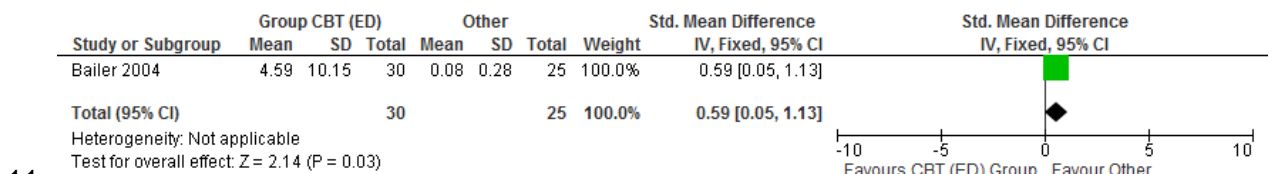
6 **Figure 480: Bingeing**



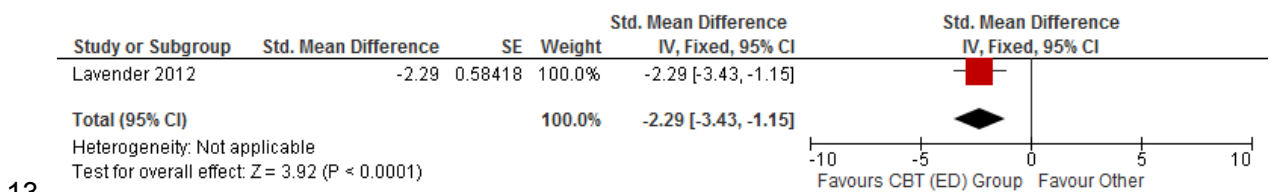
8 **Figure 481: Vomiting**



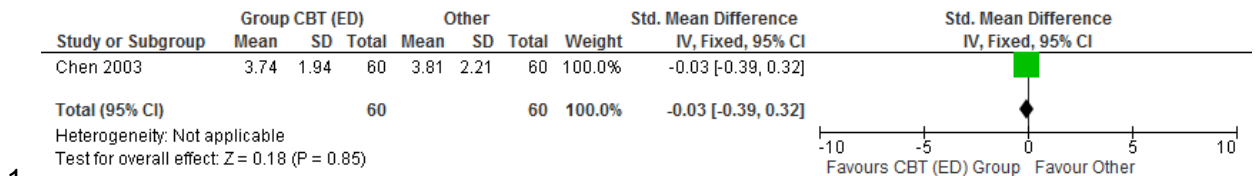
10 **Figure 482: Laxative use**



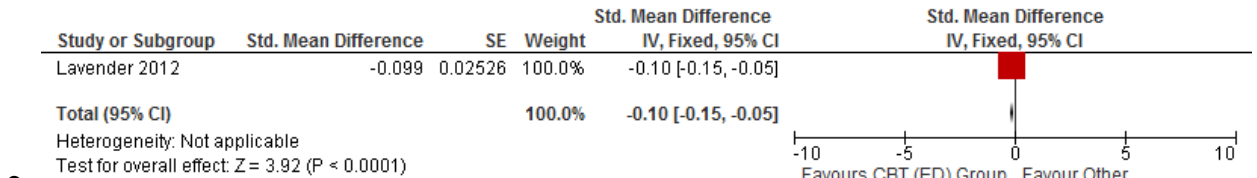
12 **Figure 483: Clinical impairment**



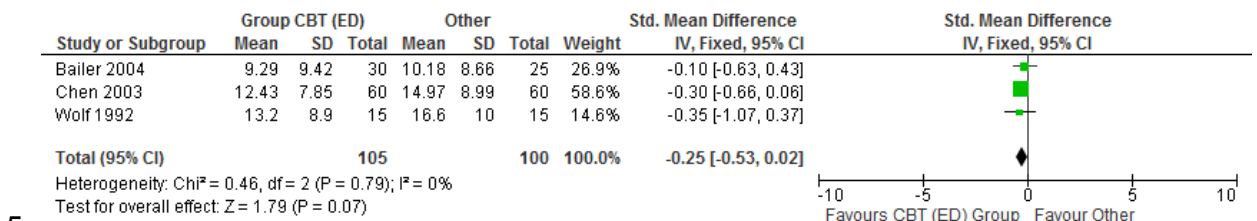
14 **Figure 484: EDE-total**



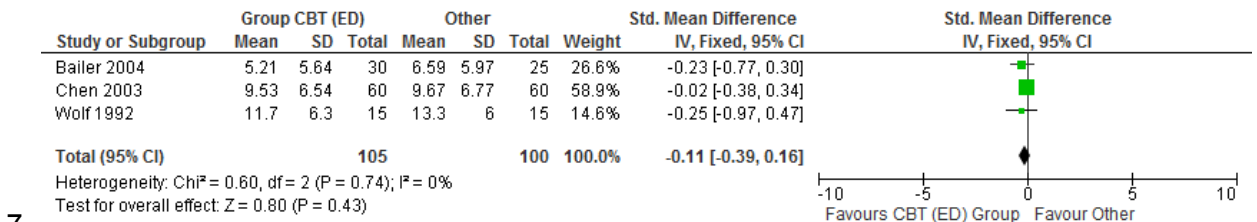
2 **Figure 485: EDI-total**



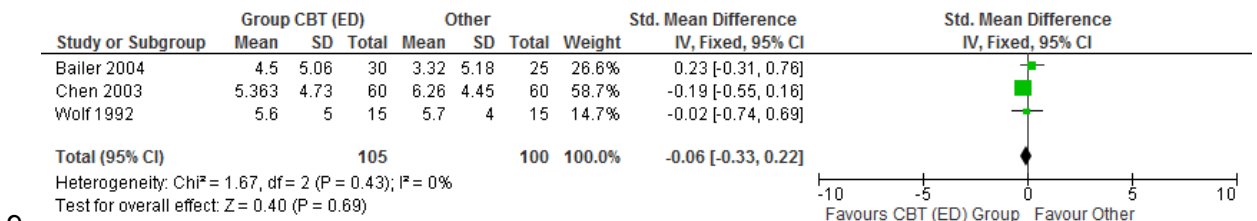
4 **Figure 486: EDI-body dissatisfaction**



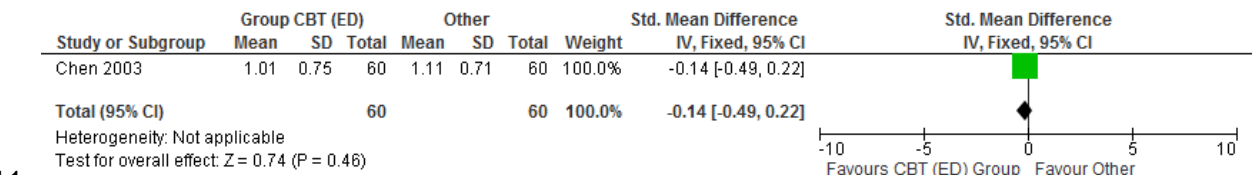
6 **Figure 487: EDI-drive for thinness**



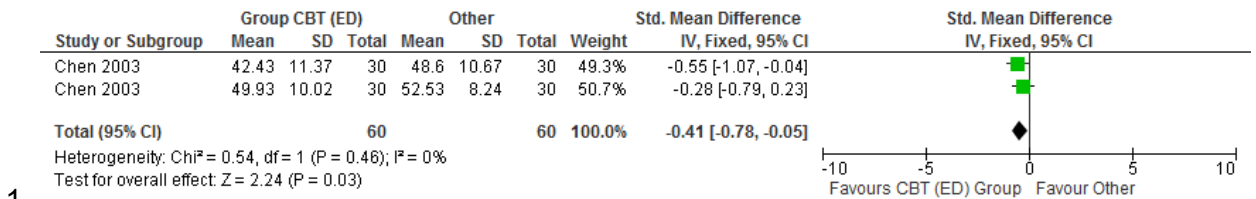
8 **Figure 488: EDI-bulimia**



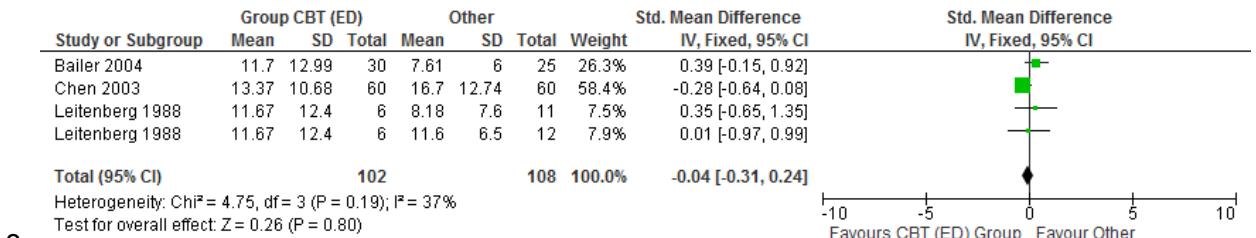
10 **Figure 489: Symptom checklist**



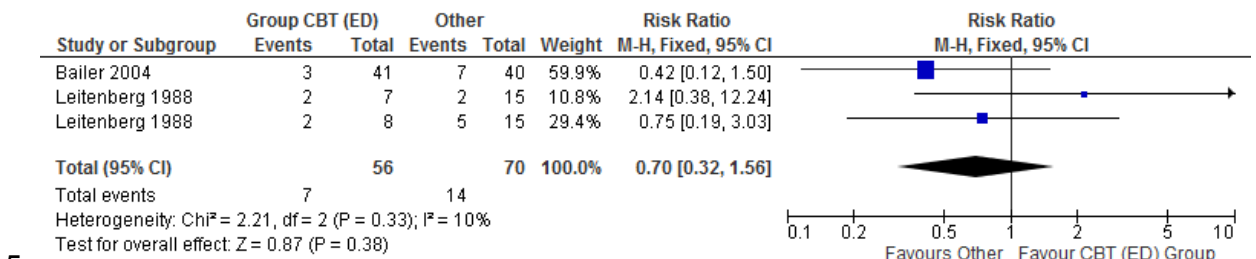
12 **Figure 490: Anxiety**



2 **Figure 491: Depression**

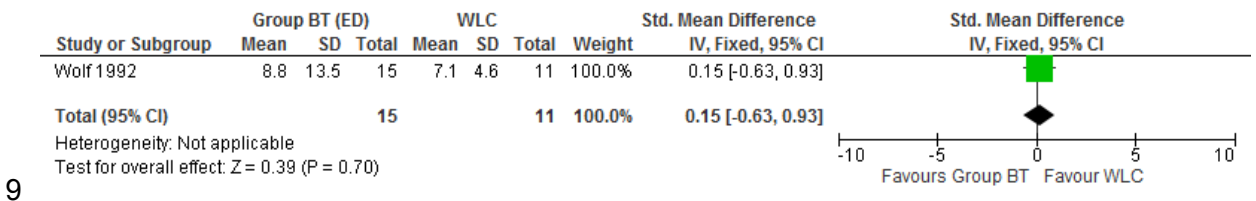


4 **Figure 492: Remission**

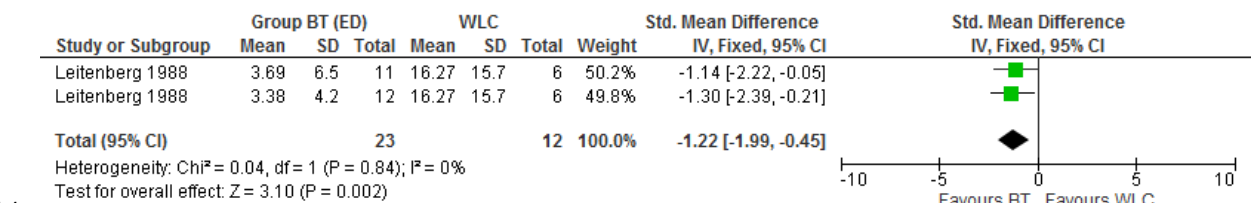


M.3.5.76 **Group behavioural therapy compared with wait list control (WLC) in adults with bulimia nervosa at end of treatment**

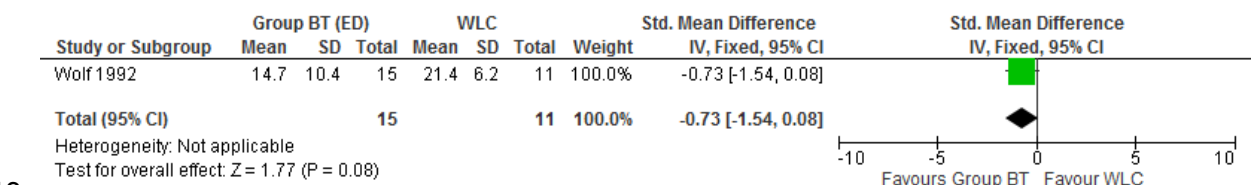
8 **Figure 493: Bingeing**



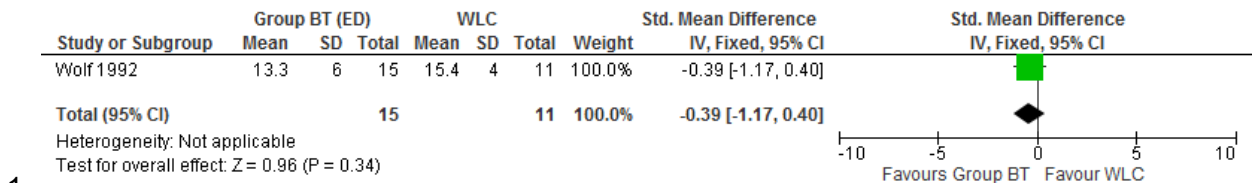
10 **Figure 494: Vomiting**



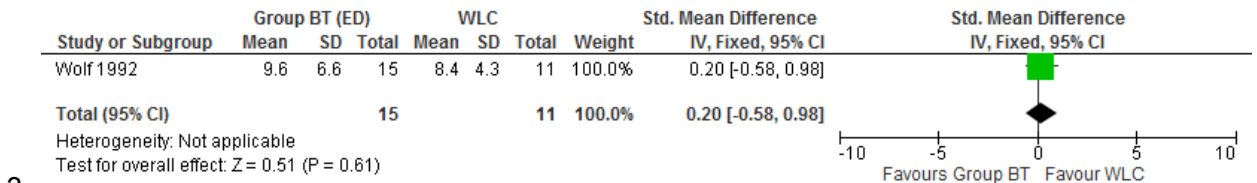
12 **Figure 495: EDI-body dissatisfaction**



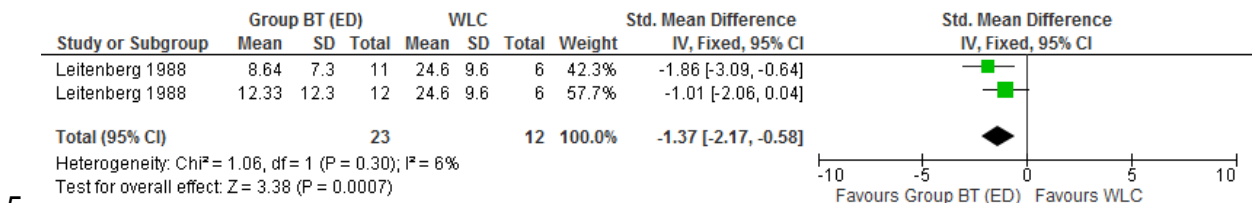
14 **Figure 496: EDI-drive for thinness**



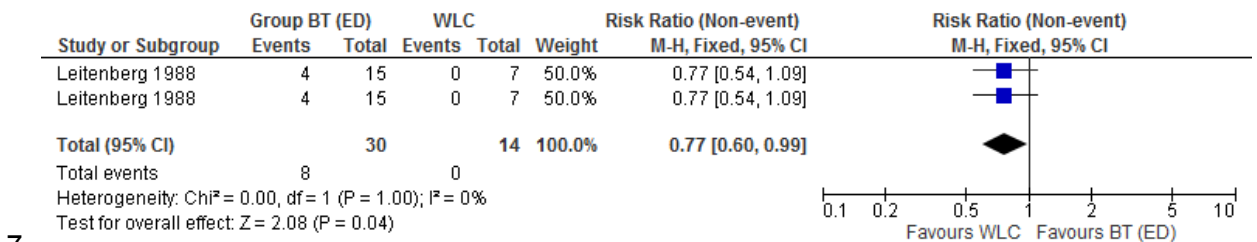
2 **Figure 497: EDI-bulimia**



4 **Figure 498: Depression**

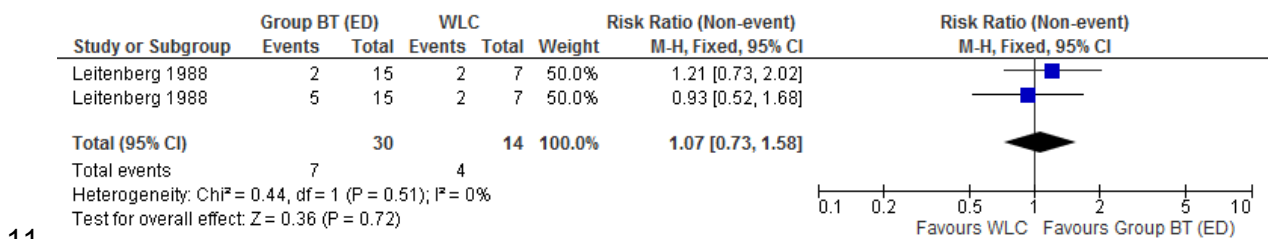


6 **Figure 499: Remission**



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

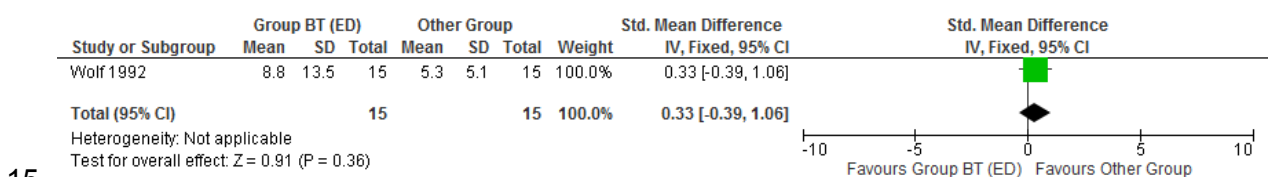
9 **Figure 500: Remission**



11

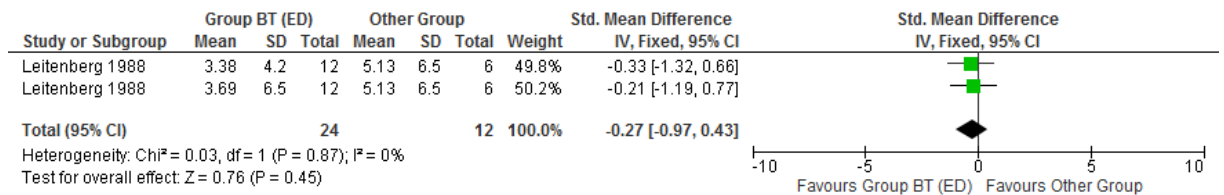
M.3.5.92 **Group behavioural therapy compared with another group intervention in adults with bulimia nervosa at end of treatment**

12 **Figure 501: Bingeing**



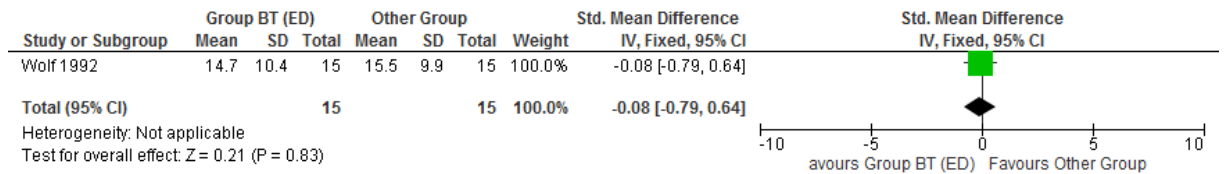
14

1 **Figure 502: Vomiting**



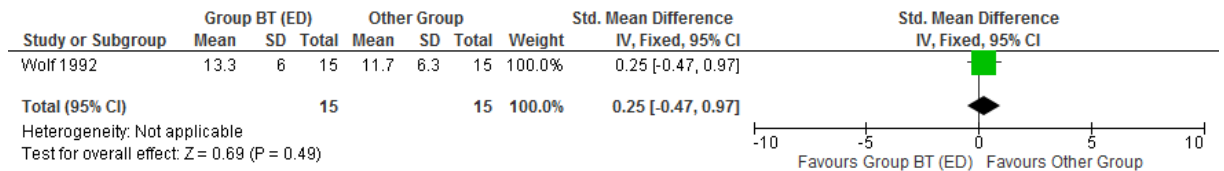
2

3 **Figure 503: EDI-body dissatisfaction**



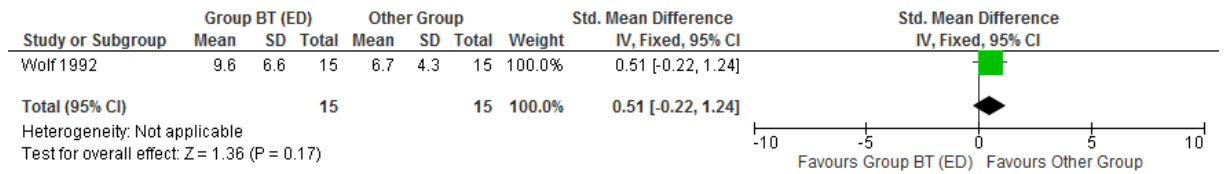
4

5 **Figure 504: EDI-drive for thinness**



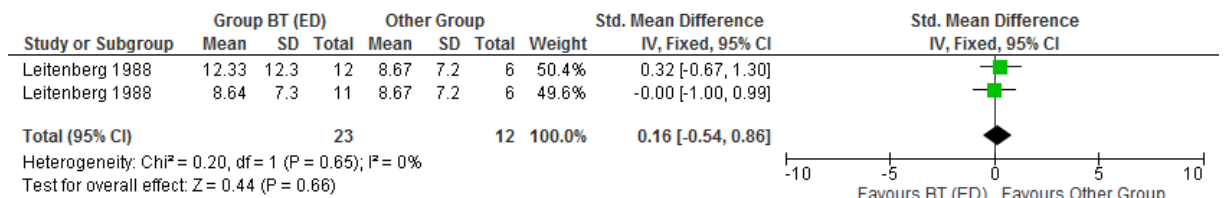
6

7 **Figure 505: EDI-bulimia**



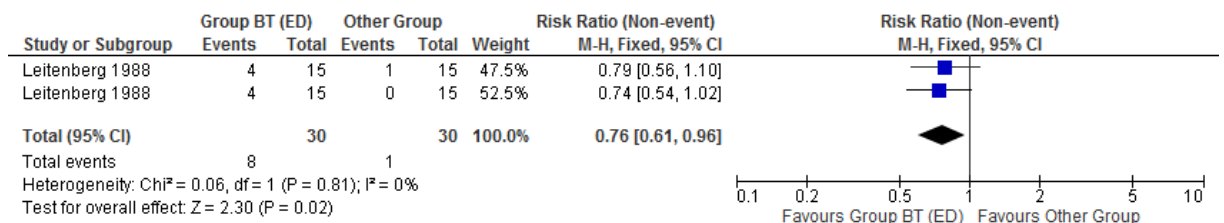
8

9 **Figure 506: Depression**



10

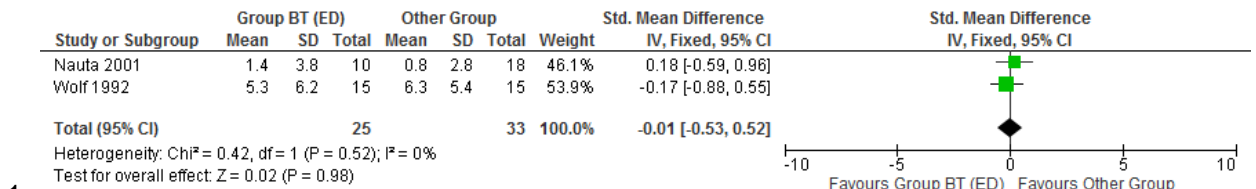
11 **Figure 507: Remission**



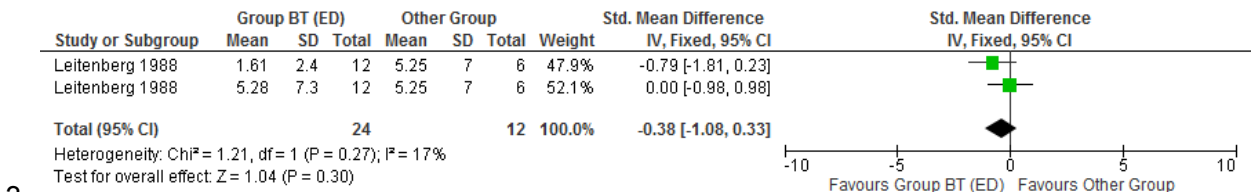
12

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

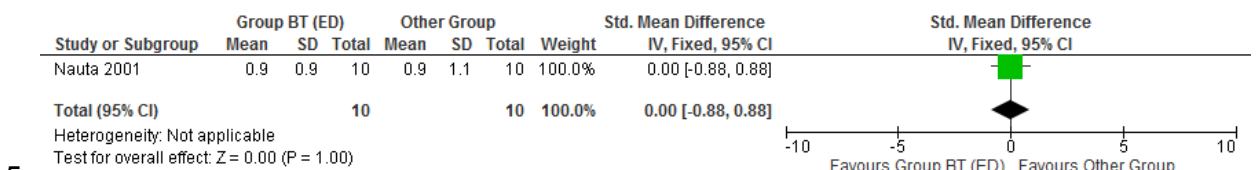
15 **Figure 508: Bingeing**



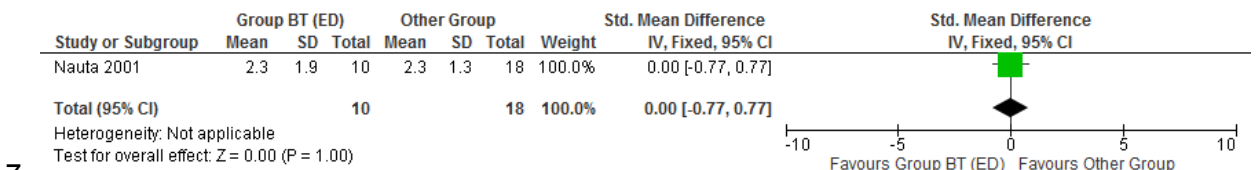
2 **Figure 509: Vomiting**



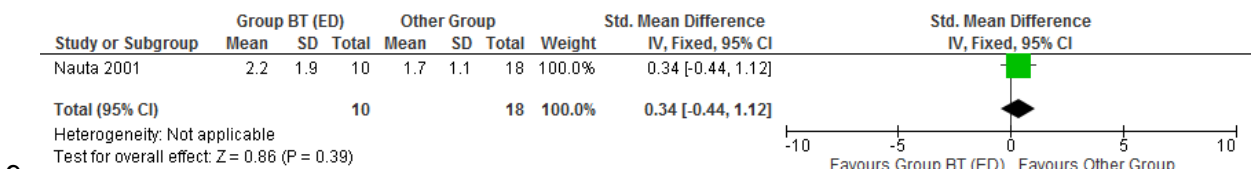
4 **Figure 510: EDE-eating concern**



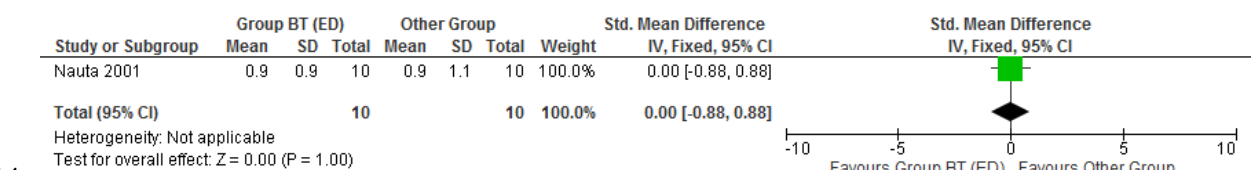
6 **Figure 511: EDE-shape concern**



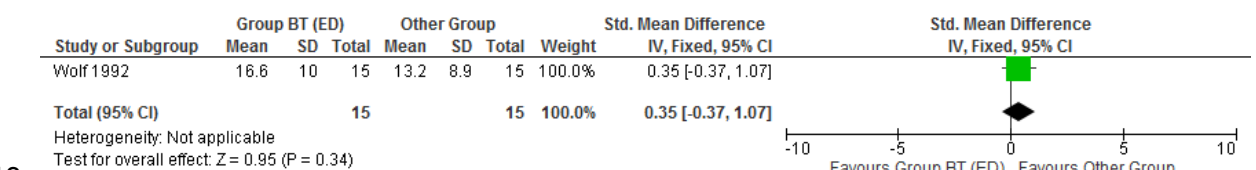
8 **Figure 512: EDE-weight concern**



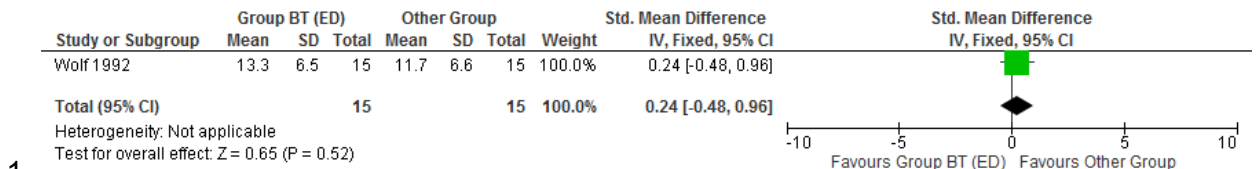
10 **Figure 513: EDE-restraint**



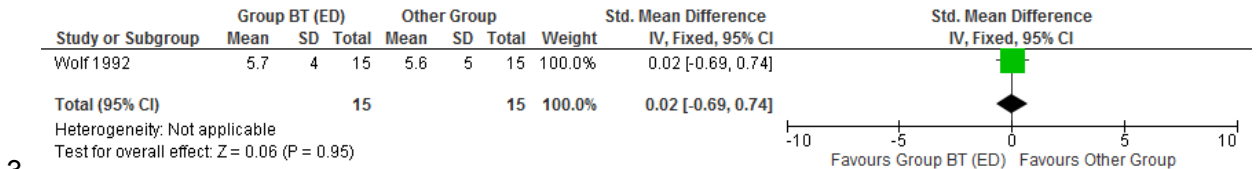
12 **Figure 514: EDI-body dissatisfaction**



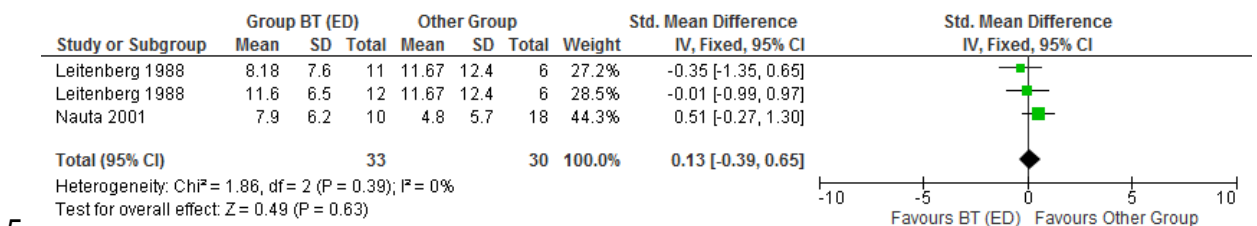
14 **Figure 515: EDI-drive for thinness**



2 **Figure 516: EDI-bulimia**



4 **Figure 517: Depression**

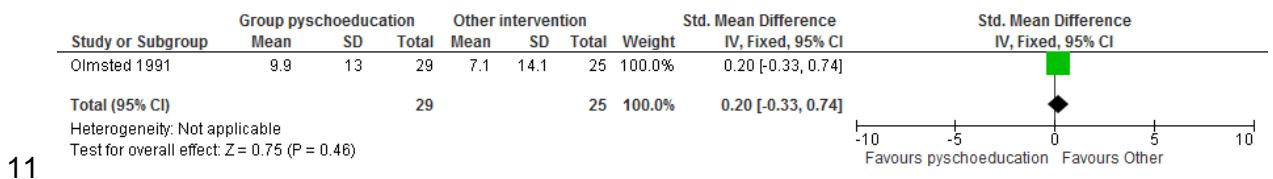


6 **Figure 518: Remission**

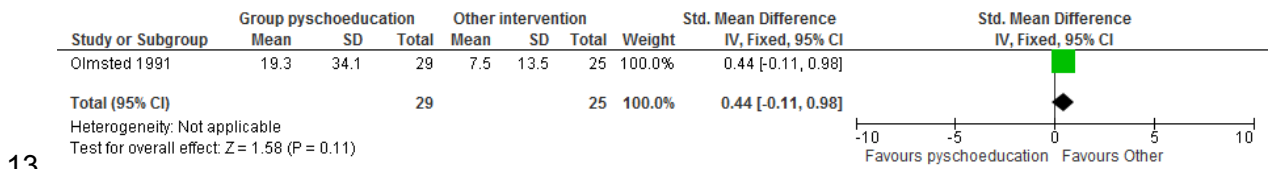


M.3.5.118 **Group psychoeducation compared with any other intervention in adults with bulimia nervosa at end of treatment**

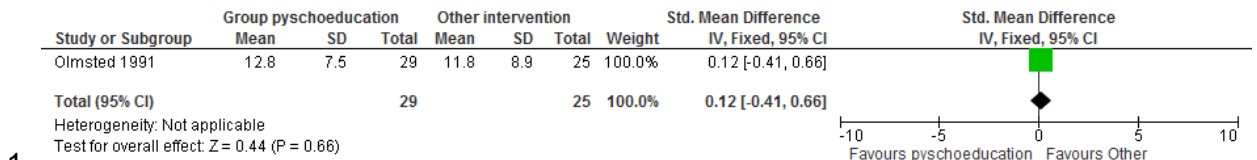
10 **Figure 519: Bingeing**



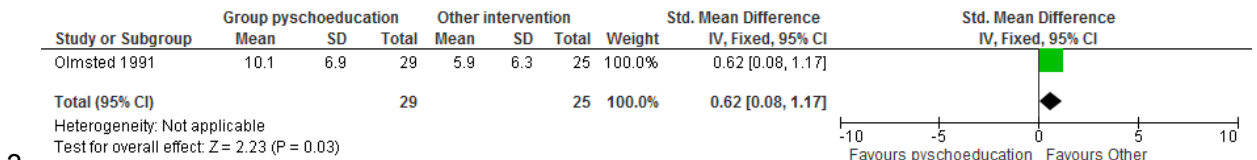
12 **Figure 520: Vomiting**



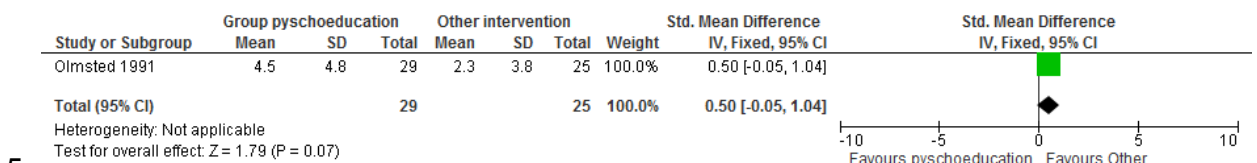
14 **Figure 521: EDI-body dissatisfaction**



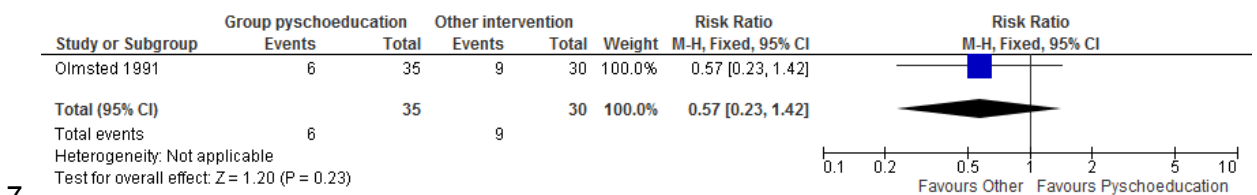
3
4 **Figure 522: EDI-drive for thinness**



5
6 **Figure 523: EDI-bulimia**

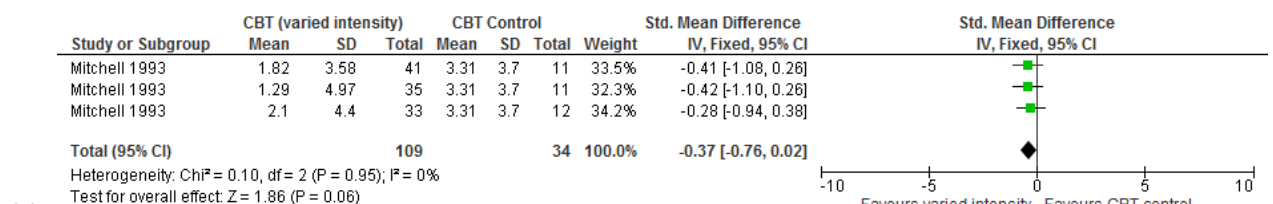


7
8 **Figure 524: Remission**



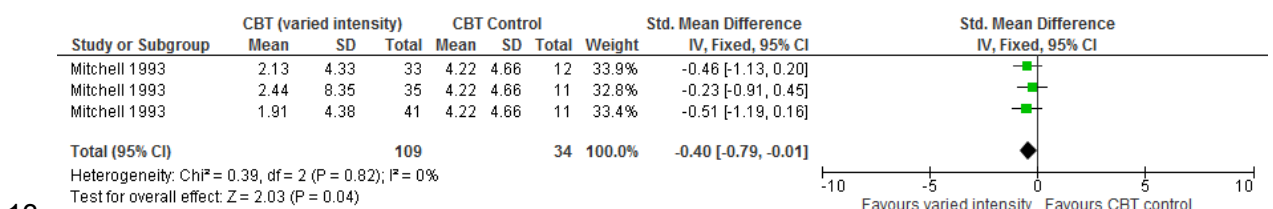
9 **M.3.5.128 Group CBT (varied intensity and focus) compared CBT (control low intensity) in adults with bulimia nervosa at end of treatment**

10 **Figure 525: Bingeing**



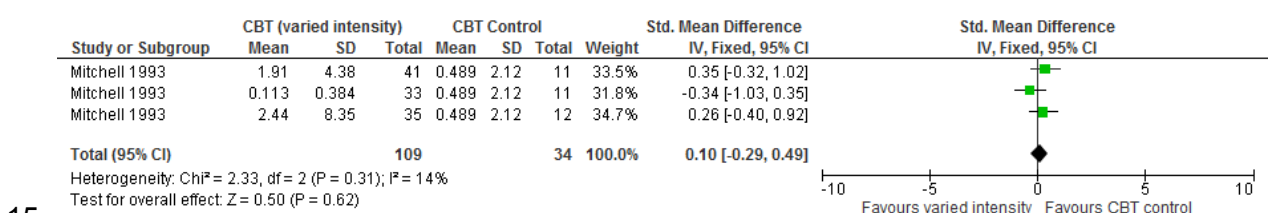
11

12 **Figure 526: Vomiting**



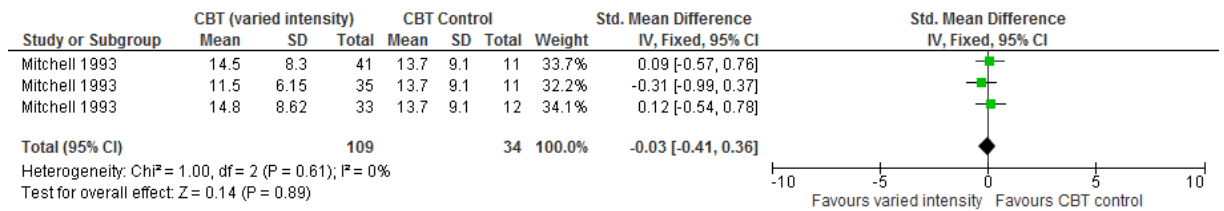
13

14 **Figure 527: Laxative use**

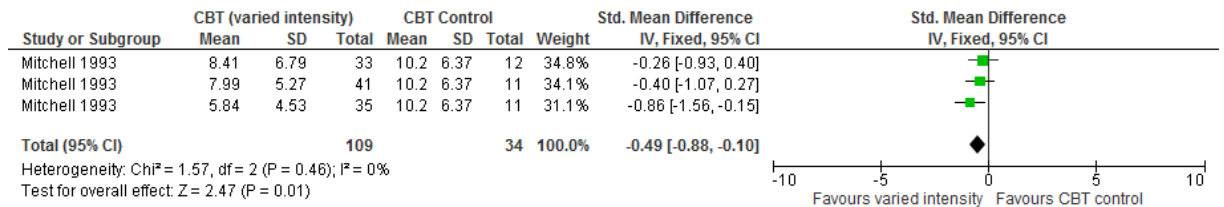


15

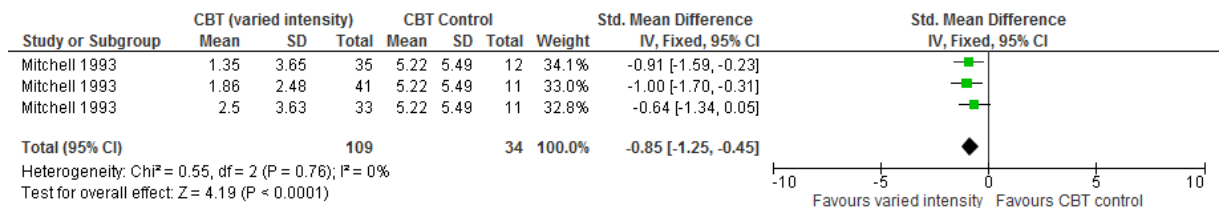
1 **Figure 528: EDI-body dissatisfaction**



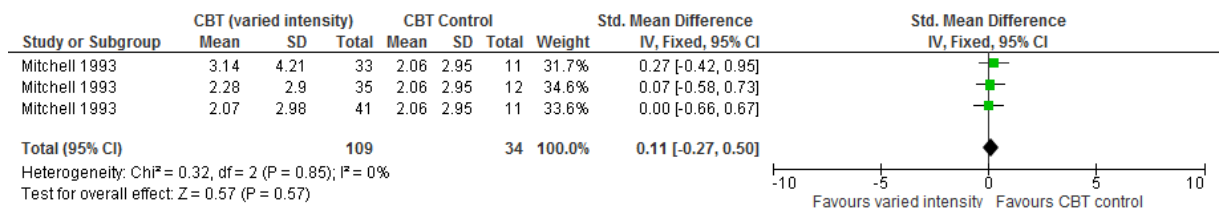
2
3 **Figure 529: EDI-drive for thinness**



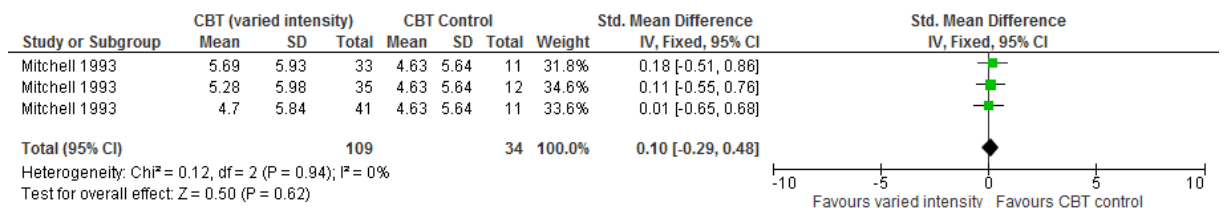
4
5 **Figure 530: EDI-bulimia**



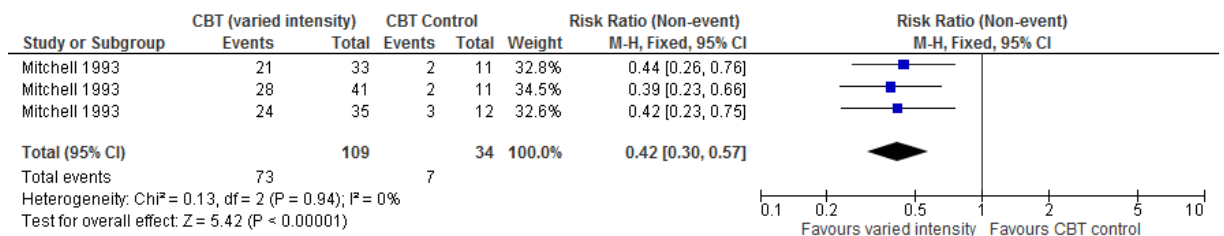
6
7 **Figure 531: Anxiety**



8
9 **Figure 532: Depression**

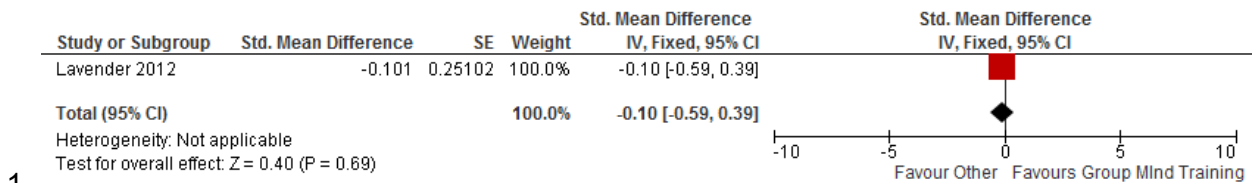


10
11 **Figure 533: Remission**

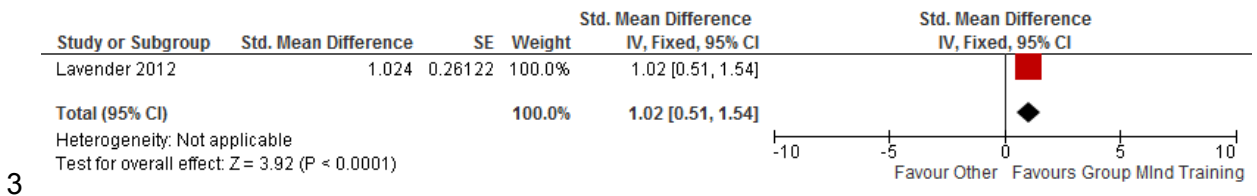


M.3.5.133 **Group emotional and mind training compared with any other treatment in adults with bulimia nervosa at end of treatment**

14
15 **Figure 534: EDE-total**

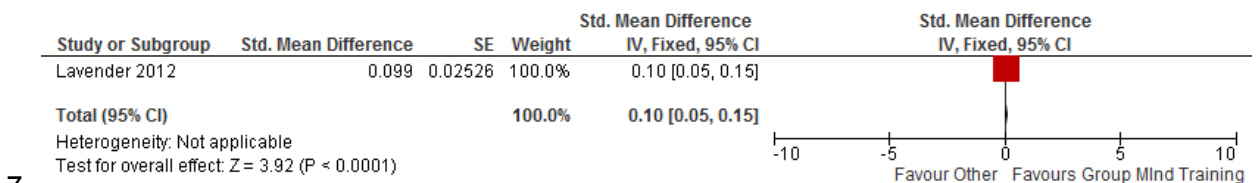


2 **Figure 535: Clinical impairment**

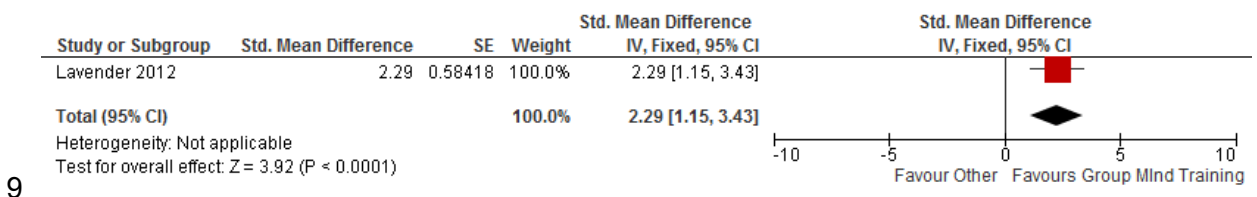


M.3.5.144 **Group emotional and mind training compared with any other treatment in adults with bulimia nervosa at follow-up**

6 **Figure 536: EDE-total**

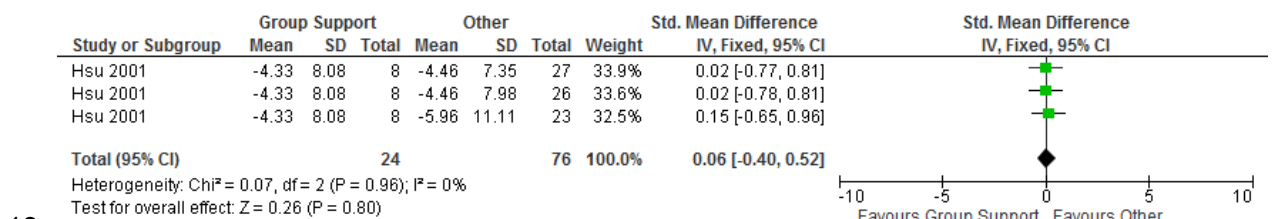


8 **Figure 537: Clinical impairment**



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

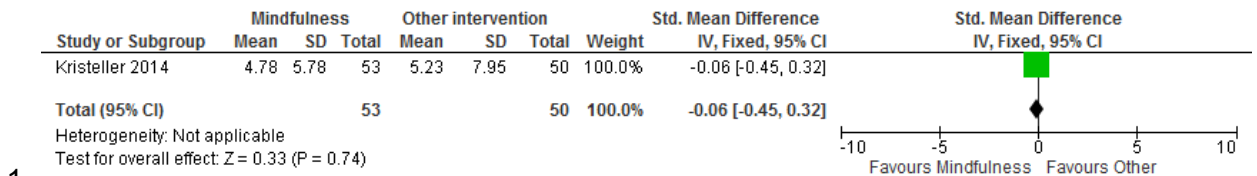
12 **Figure 538: Change in depression scores**



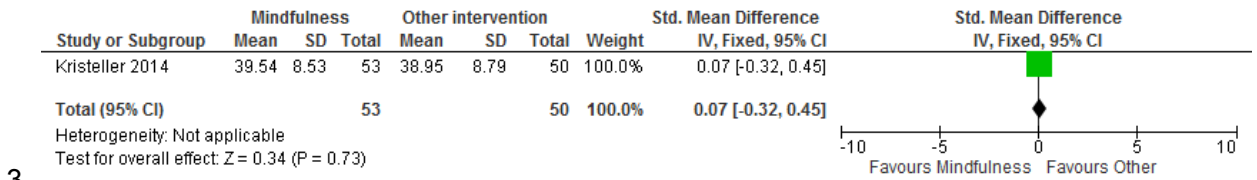
M.3.64 **Group therapy for binge eating disorder**

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

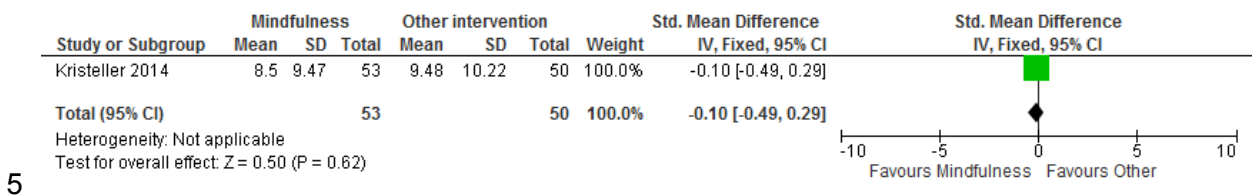
17 **Figure 539: Bingeing**



2 **Figure 540: BMI**

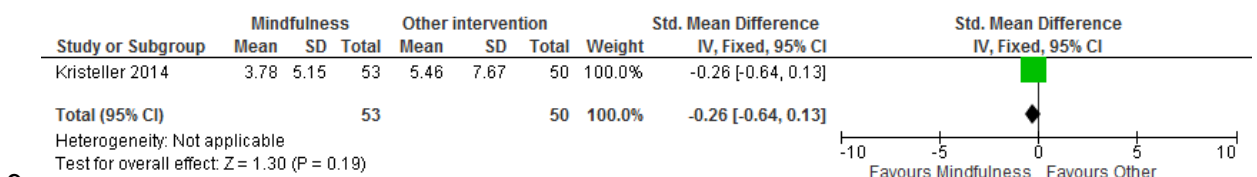


4 **Figure 541: Depression**

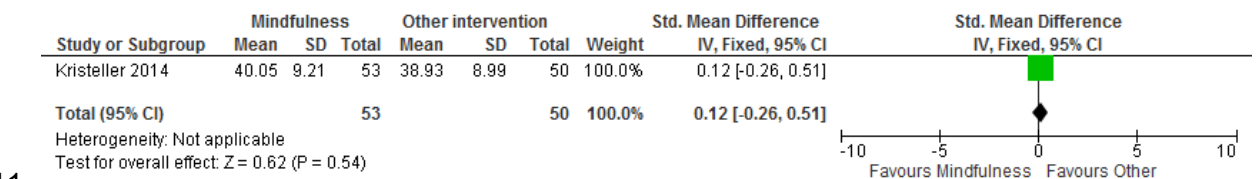


M.3.6.26 **Group mindfulness compared with any other treatment in adults with binge eating disorder at follow-up**

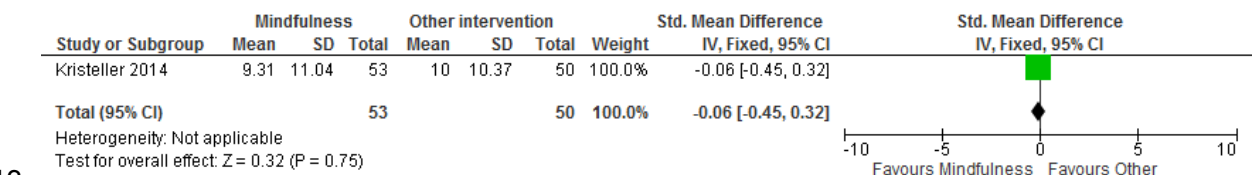
8 **Figure 542: Bingeing**



10 **Figure 543: BMI**

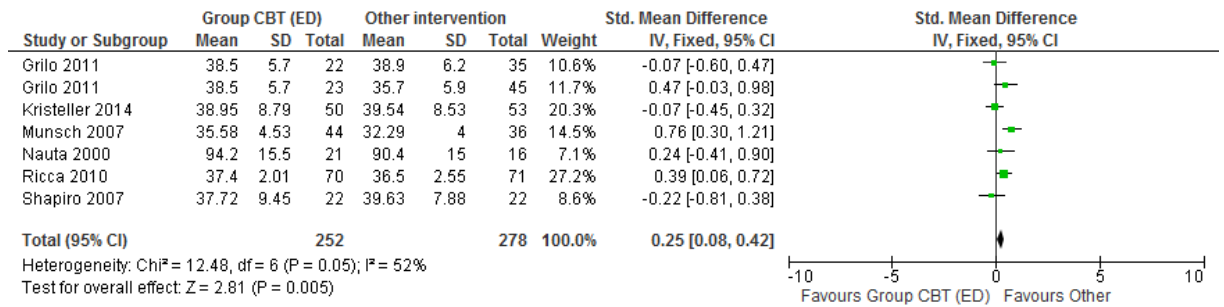


12 **Figure 544: Depression**



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

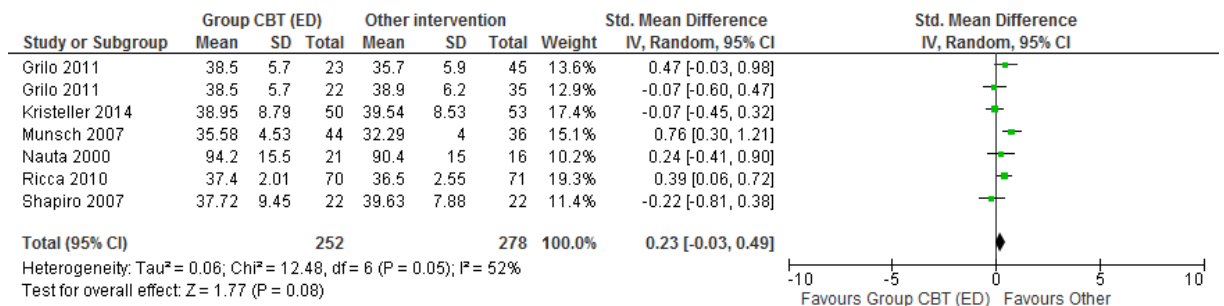
16 **Figure 545: Weight**



1

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

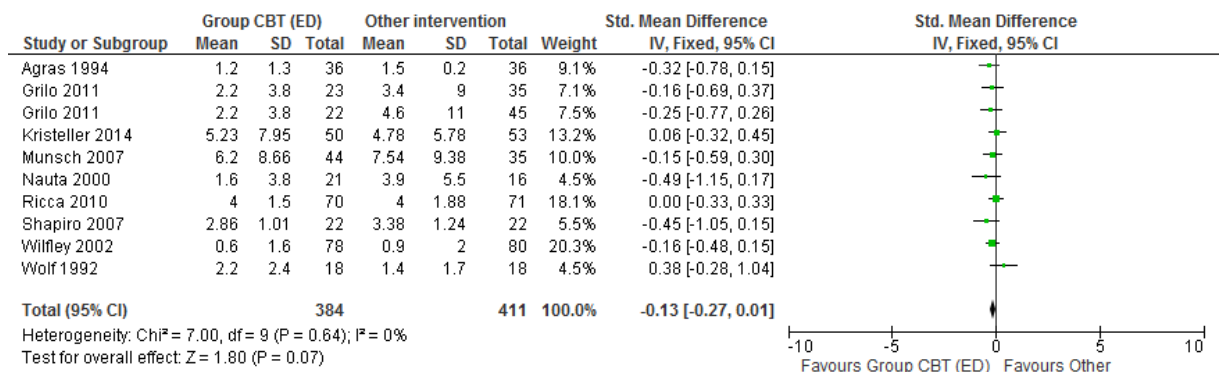
8 **Figure 546: Weight with random effects**



9

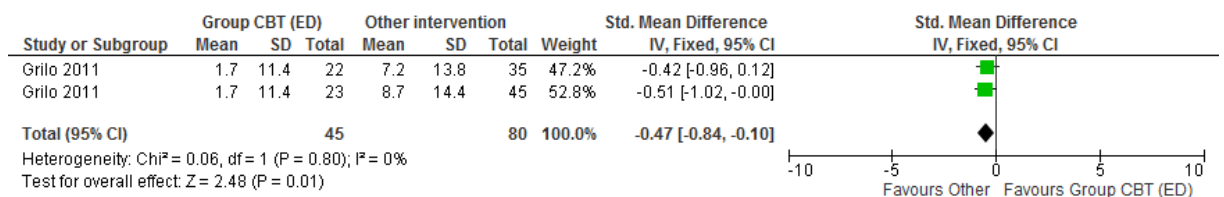
10

11 **Figure 547: Bingeing**



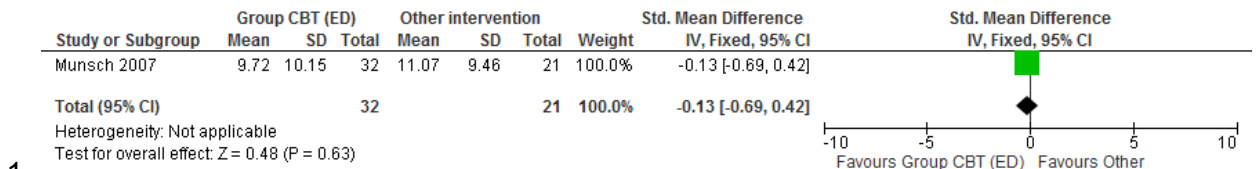
12

13 **Figure 548: Weight loss**

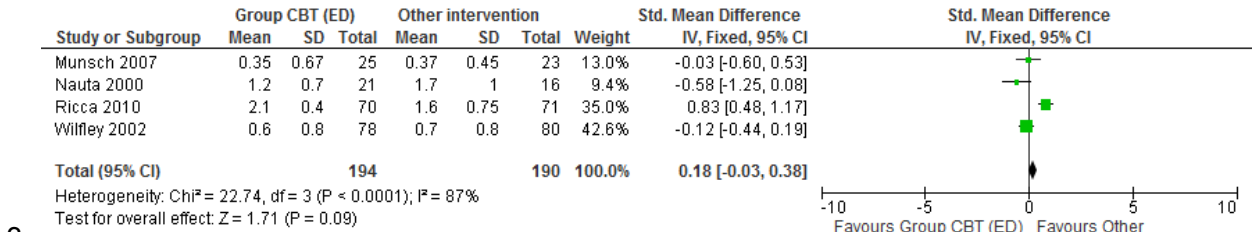


14

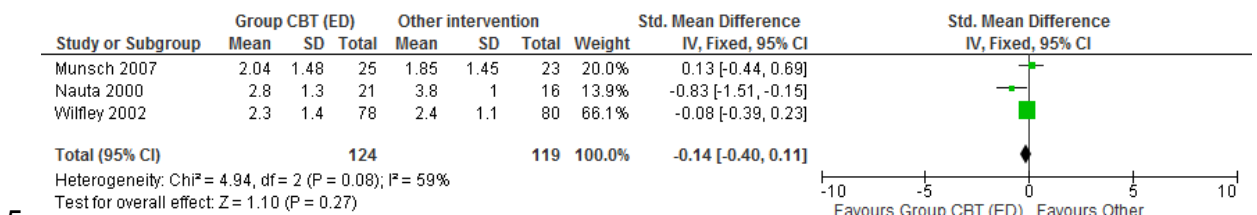
15 **Figure 549: Anxiety**



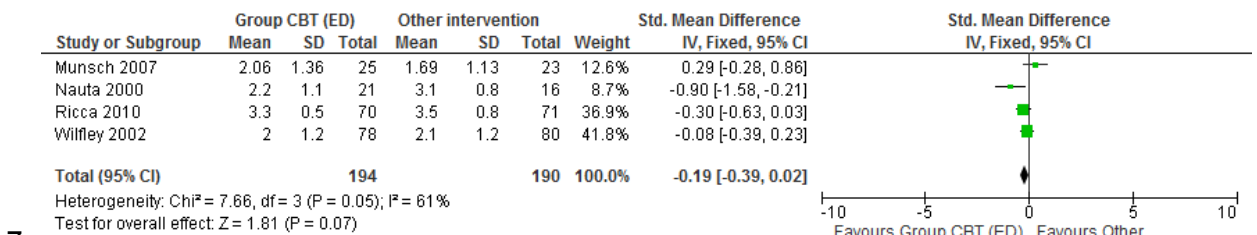
2 **Figure 550: EDE-eating concern**



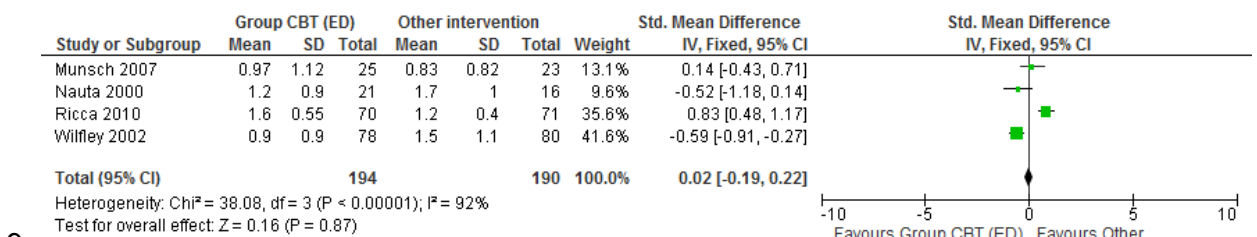
4 **Figure 551: EDE-shape concern**



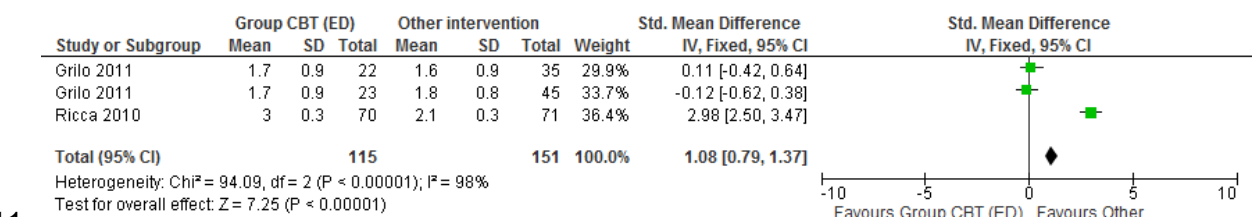
6 **Figure 552: EDE-weight concern**



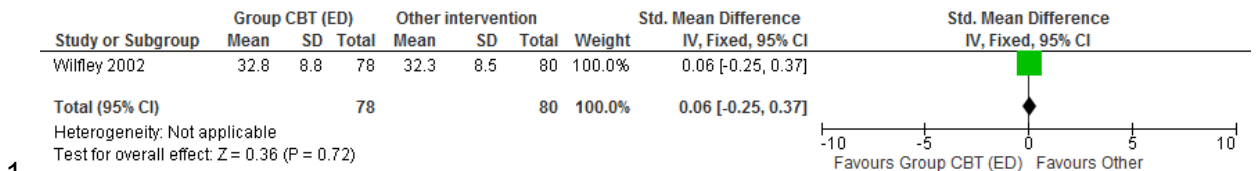
8 **Figure 553: EDE-restraint**



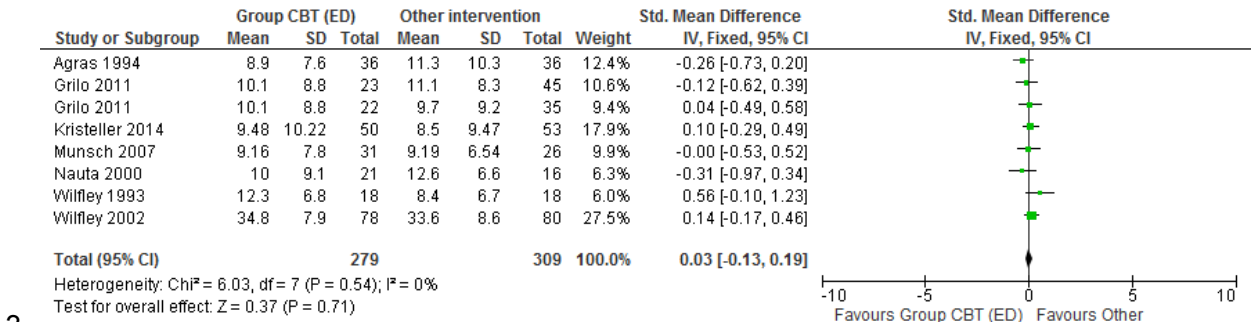
10 **Figure 554: EDE-total**



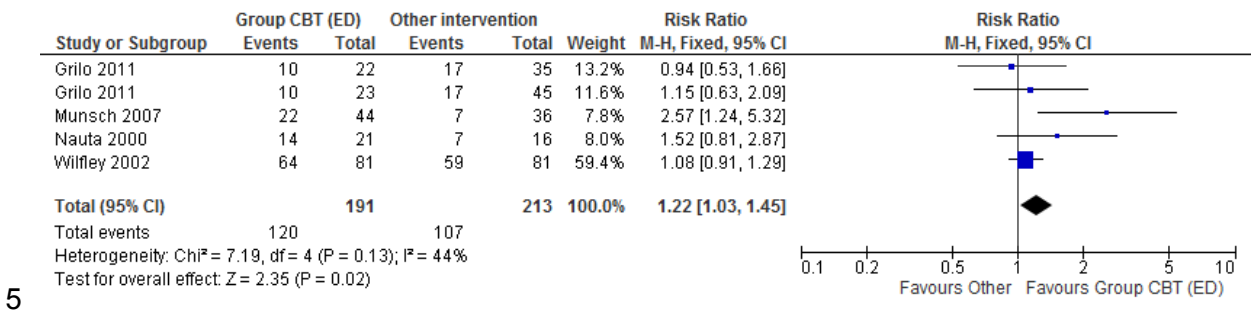
12 **Figure 555: Global symptom checklist**



2 **Figure 556: Depression**

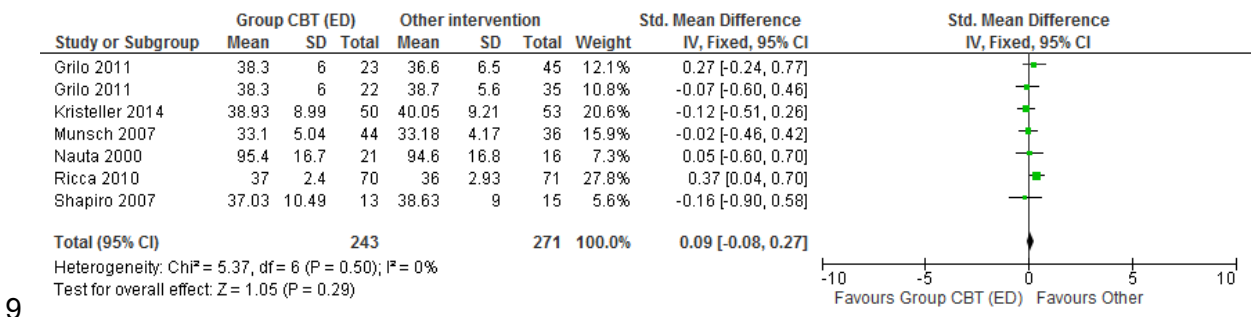


4 **Figure 557: Remission**

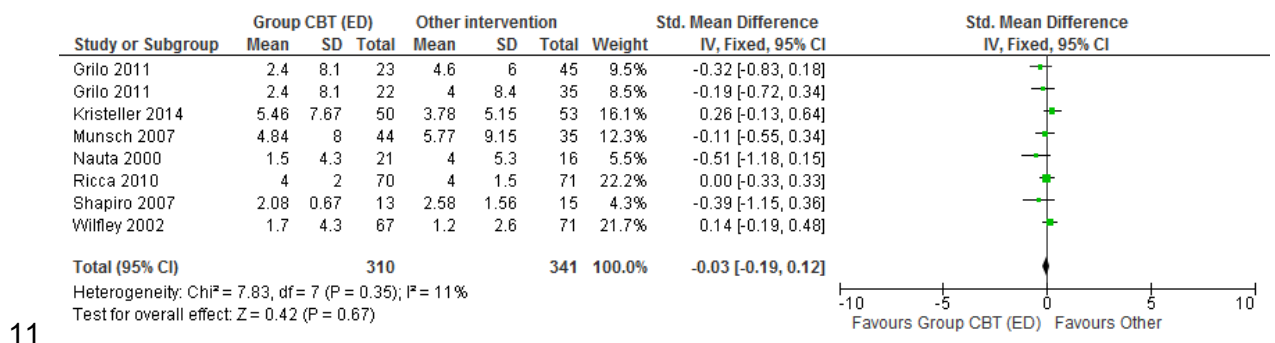


M.3.6.46 **Group CBT-ED compared with any other treatment in adults with binge eating disorder at follow-up**

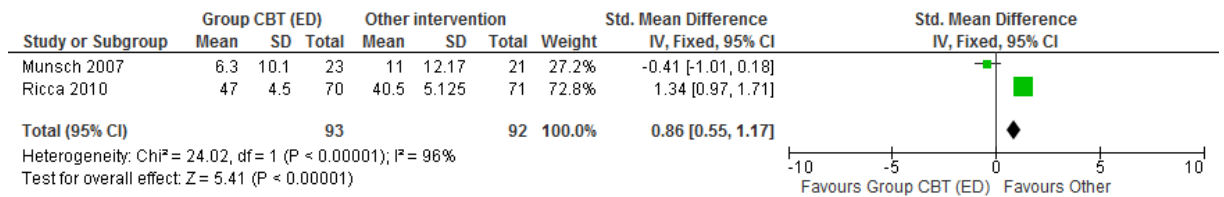
8 **Figure 558: Weight**



10 **Figure 559: Bingeing**

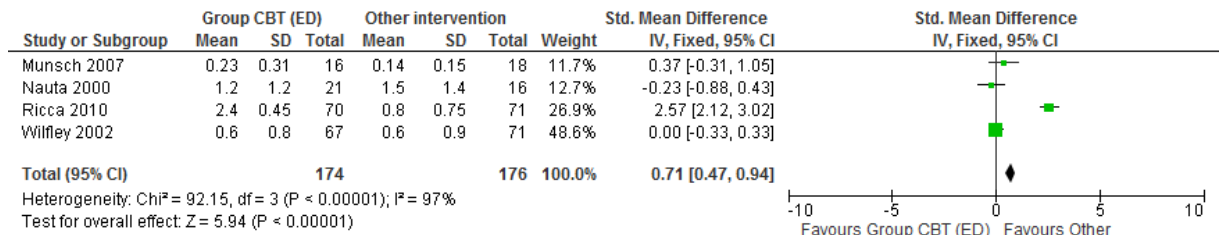


1 **Figure 560: Anxiety**



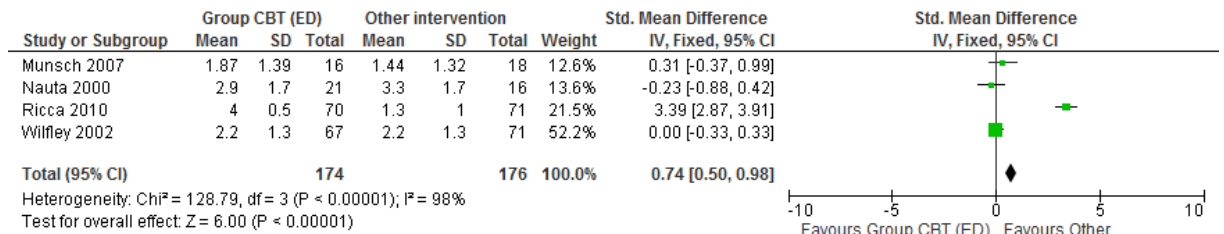
2

3 **Figure 561: EDE-eating concern**



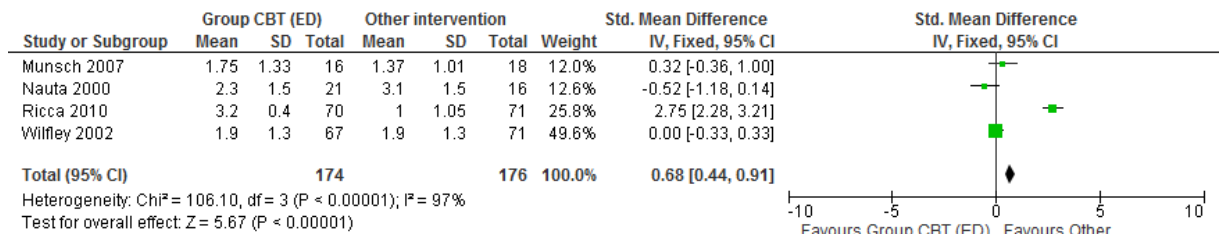
4

5 **Figure 562: EDE-shape concern**



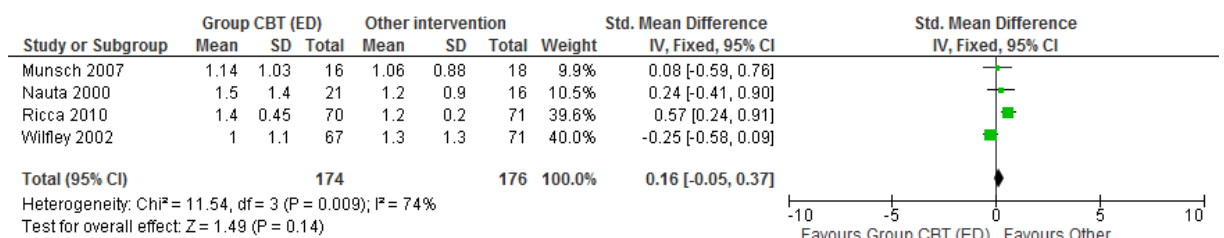
6

7 **Figure 563: EDE-weight concern**



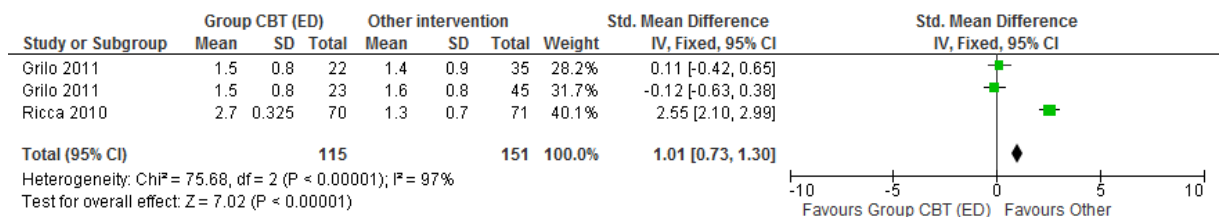
8

9 **Figure 564: EDE-restraint**



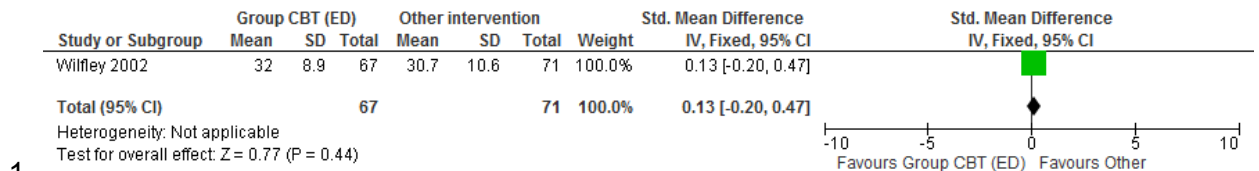
10

11 **Figure 565: EDE-total**

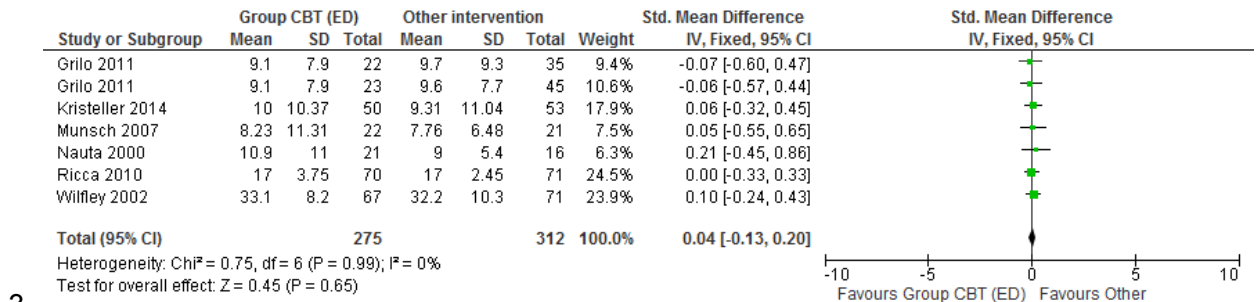


12

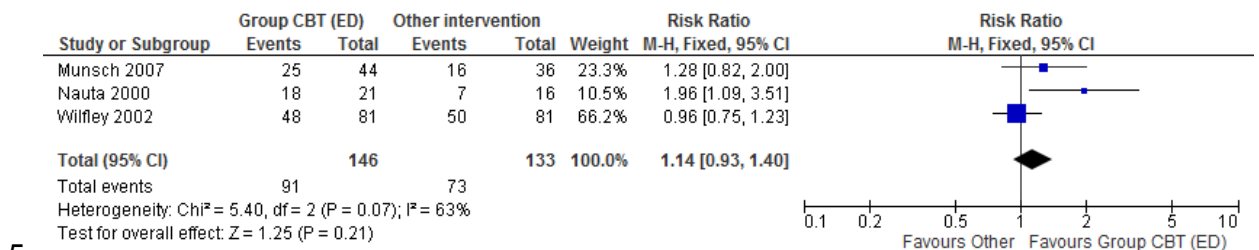
13 **Figure 566: Global symptom checklist**



3
4 **Figure 567: Depression**



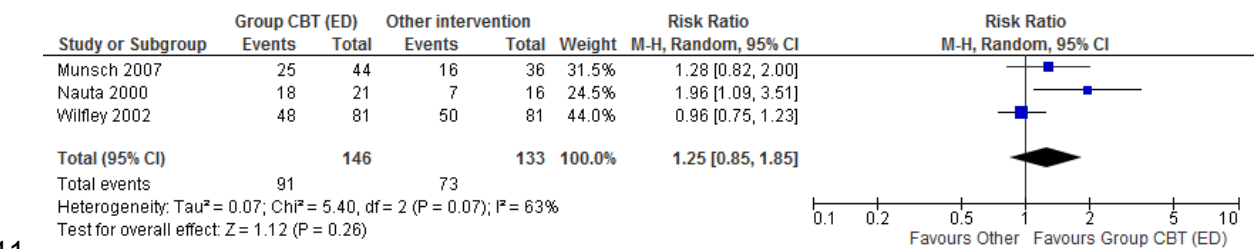
5
6 **Figure 568: Remission**



10
11
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13

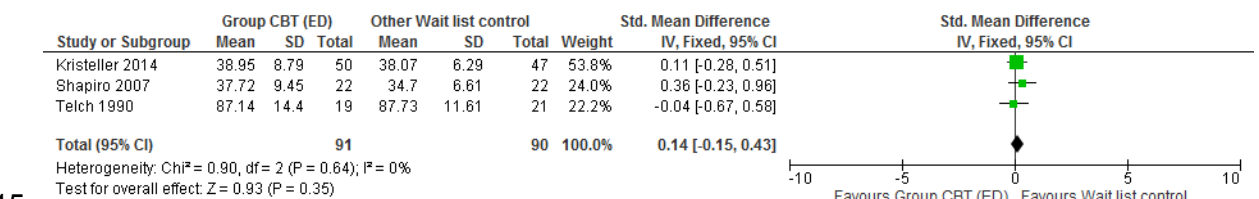
6 Heterogeneity was detected at $I^2=63\%$. Insufficient detail was provided in one or the other study to explore the role of comorbidities. All three studies had a similar duration of illness >10 years and < 18 days of bingeing per month. In the absence of a good reason for the heterogeneity, a random effects analysis was presented

10 **Figure 569: Remission with random effects**

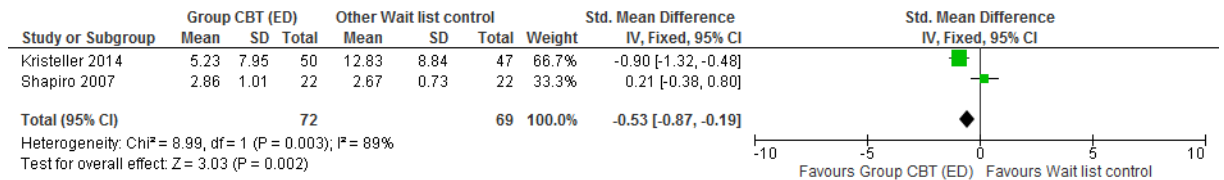


M.3.6.52 **Group CBT-ED compared with wait list controls in adults with binge eating disorder at end of treatment**

14 **Figure 570: Weight or BMI**



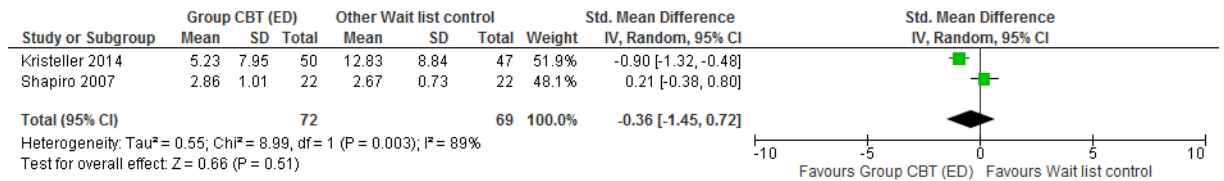
15
16 **Figure 571: Bingeing**



1

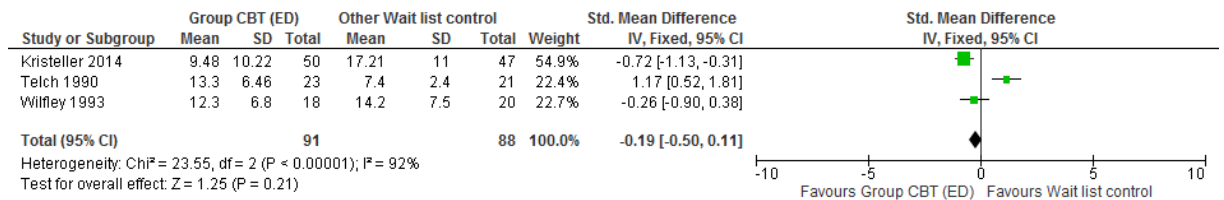
2 Heterogeneity was detected at I²=89%. Insufficient detail was provided in one or the other
3 study to be explore any of the subgroups including stage of illness or comorbidities. Both
4 studies had a similar average number of binges per month <18. In the absence of an
5 explanation random effects are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

6 **Figure 572: Bingeing with random effects**



7

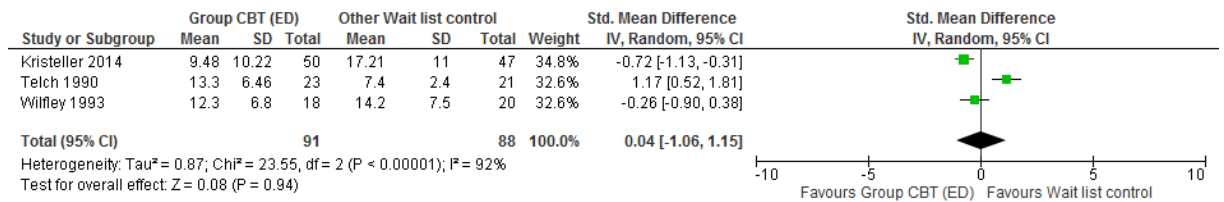
8 **Figure 573: Depression**



9

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

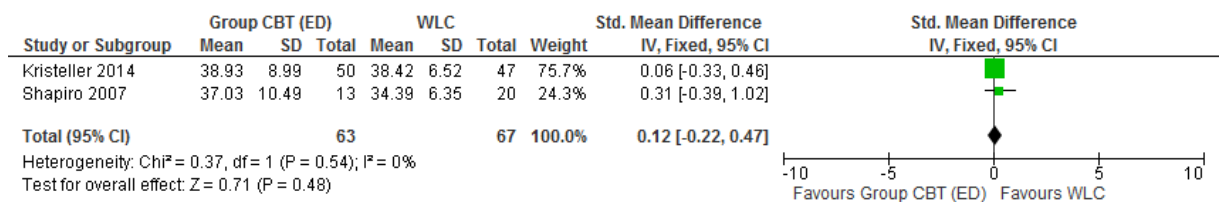
14 **Figure 574: Depression with random effects**



15

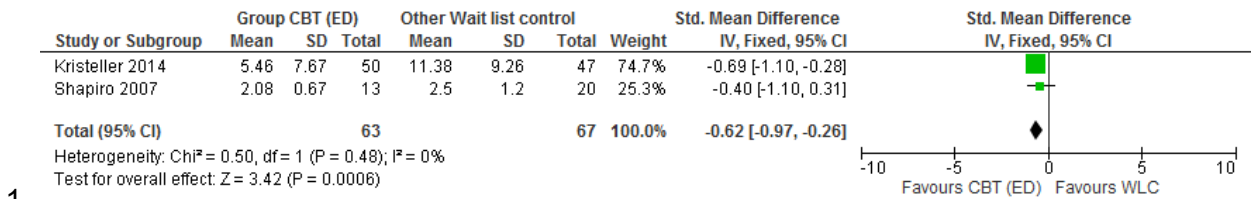
M.3.6.66 **Group CBT-ED compared with wait list controls (WLC) in adults with binge eating
17 disorder at follow-up**

18 **Figure 575: BMI**

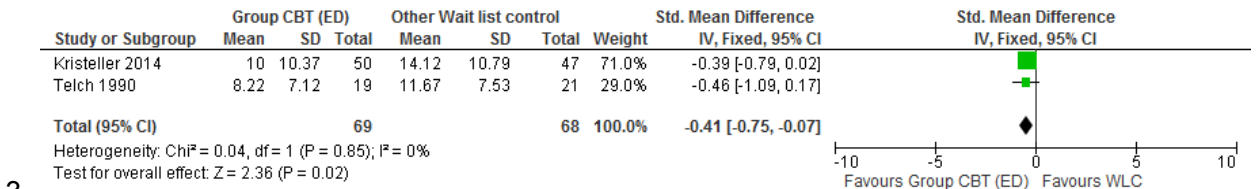


19

20 **Figure 576: Bingeing**

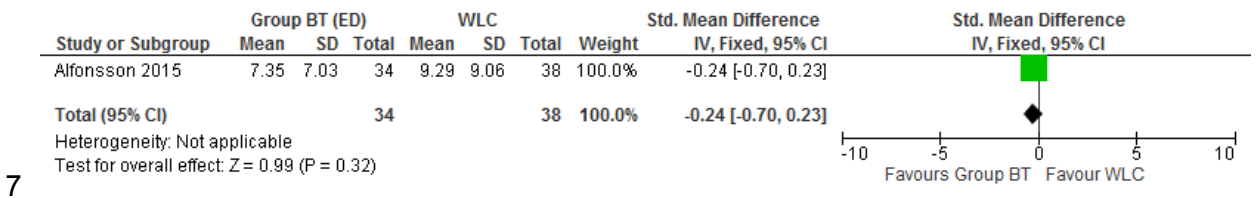


2 **Figure 577: Depression**

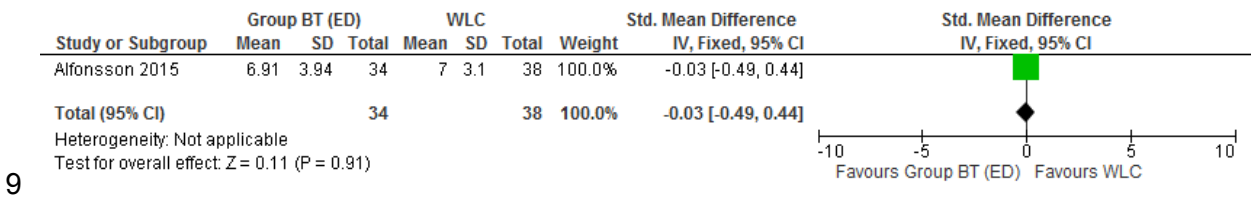


M.3.6.74 **Group BT-ED compared with wait list controls in adults with binge eating disorder at end of treatment**

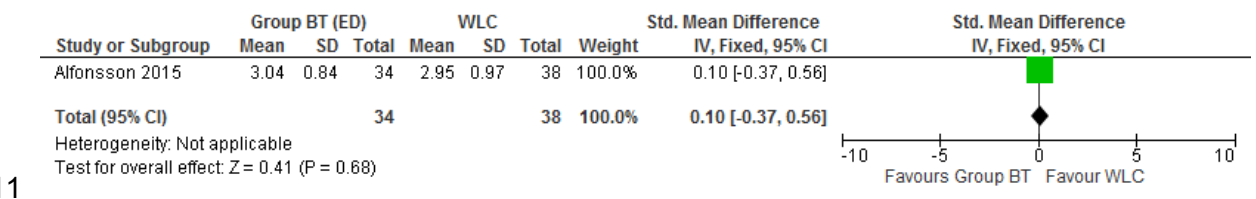
6 **Figure 578: Bingeing**



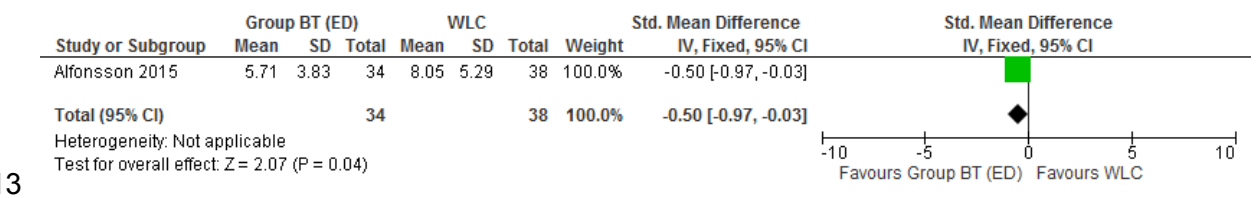
8 **Figure 579: Anxiety**



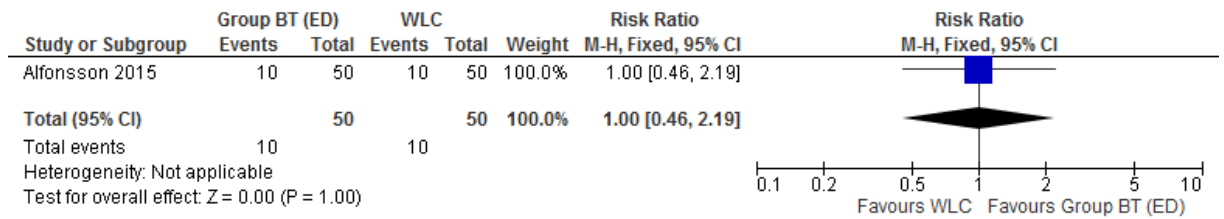
10 **Figure 580: EDE-total**



12 **Figure 581: Depression**



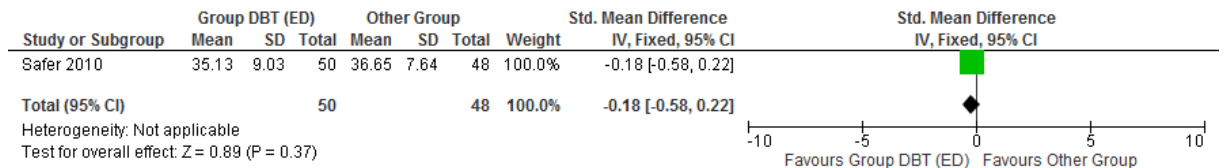
14 **Figure 582: Remission**



1

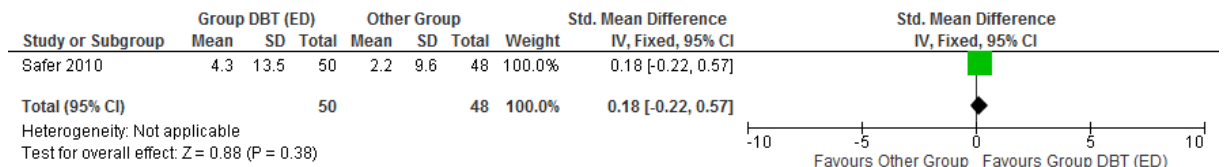
M.3.6.82 Group dialectical behaviour therapy (ED) compared with another group intervention in adults with binge eating disorder at end of treatment

4 Figure 583: BMI



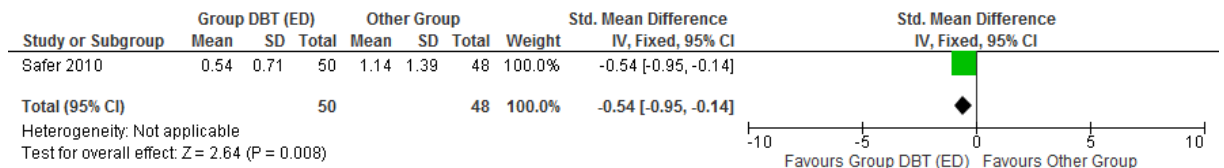
5

6 Figure 584: Weight loss



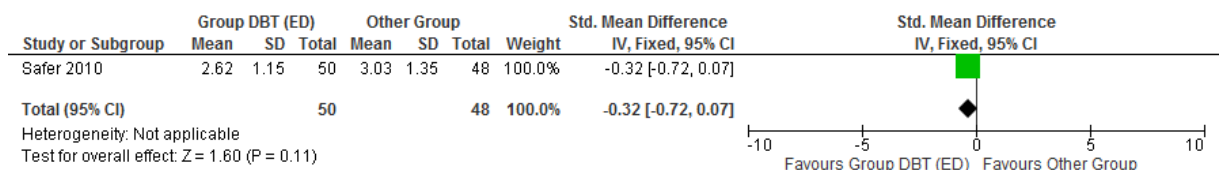
7

8 Figure 585: EDE-eating concern



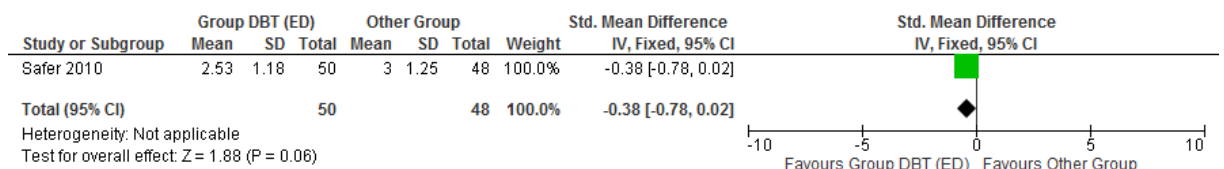
9

10 Figure 586: EDE-shape concern



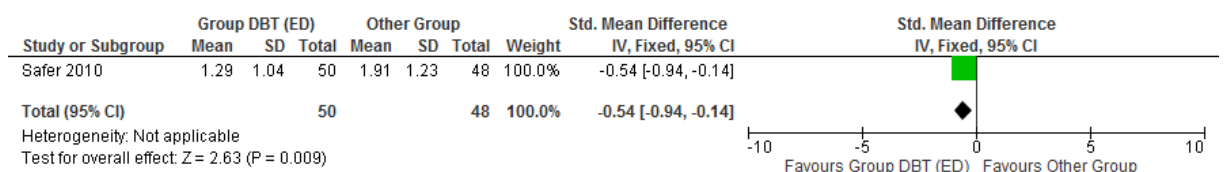
11

12 Figure 587: EDE-weight concern



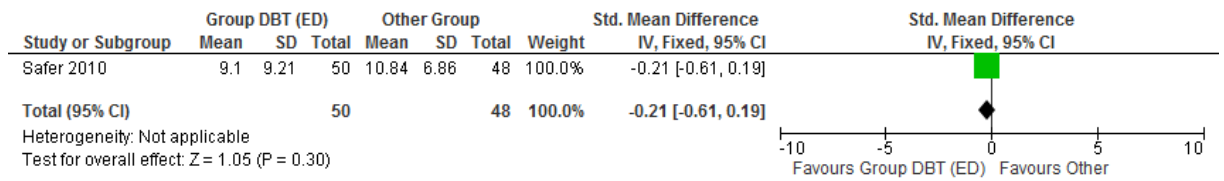
13

14 Figure 588: EDE-restraint

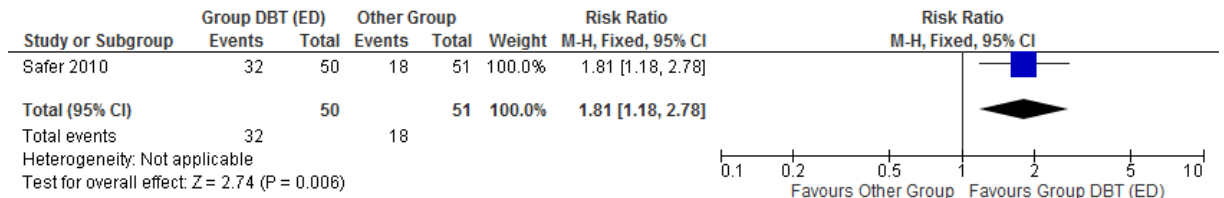


15

1 **Figure 589: Depression**

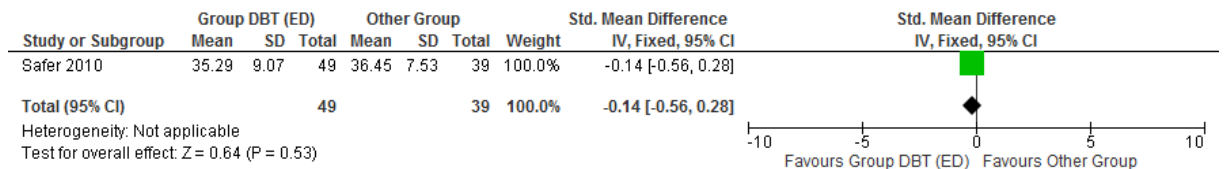


2
3 **Figure 590: Remission**

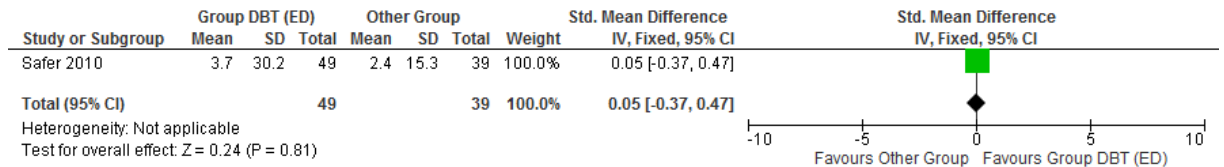


4
M.3.6.95 Group dialectical behaviour therapy (ED) compared with any other intervention in 6 adults with binge eating disorder at of treatment

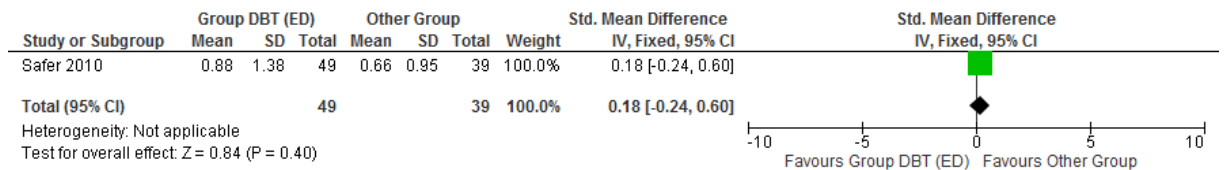
7 **Figure 591: BMI**



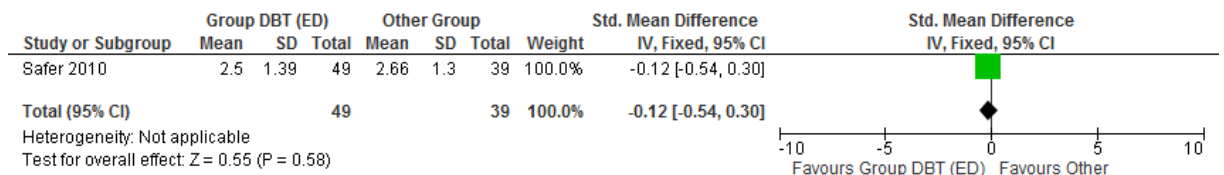
10 **Figure 592: Weight loss**



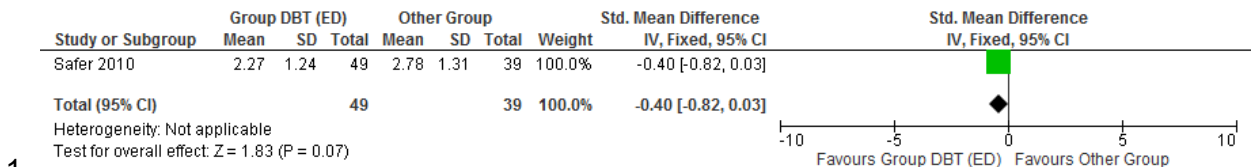
12 **Figure 593: EDE-eating concern**



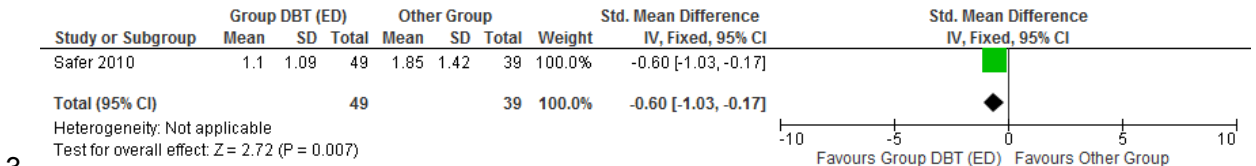
14 **Figure 594: EDE-shape concern**



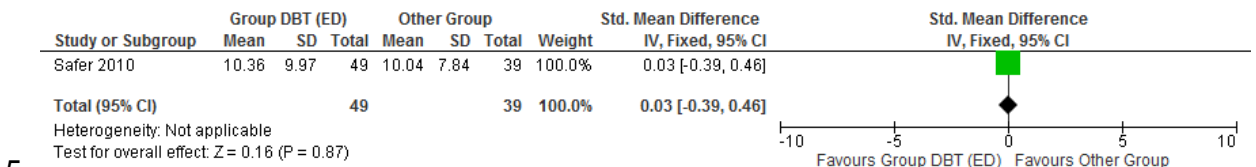
16 **Figure 595: EDE-weight concern**



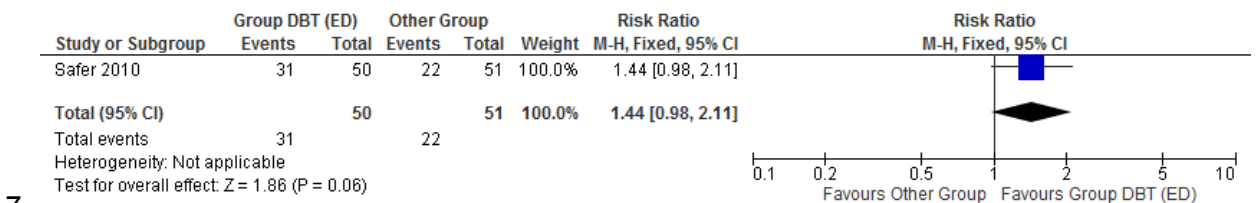
2 **Figure 596: EDE-restraint**



4 **Figure 597: Depression**

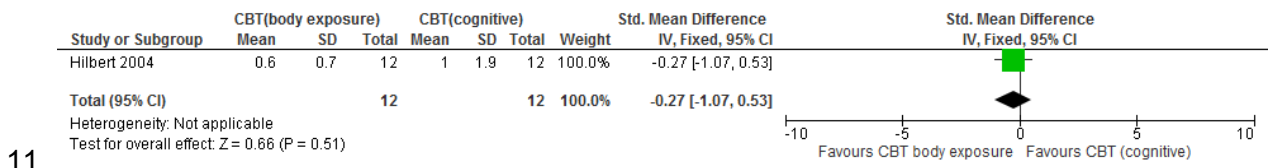


6 **Figure 598: Remission**

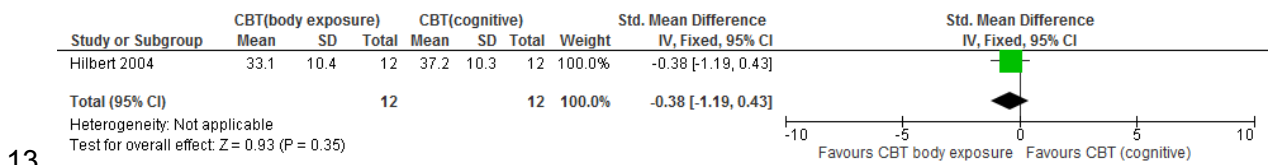


M.3.6.108 **Group CBT (body exposure) compared with another CBT (cognitive) in adults with binge eating disorder at of treatment**

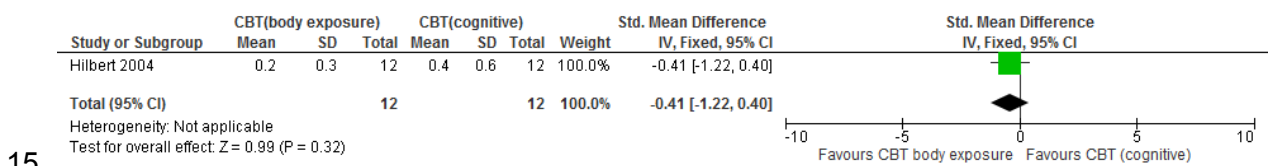
10 **Figure 599: Bingeing**



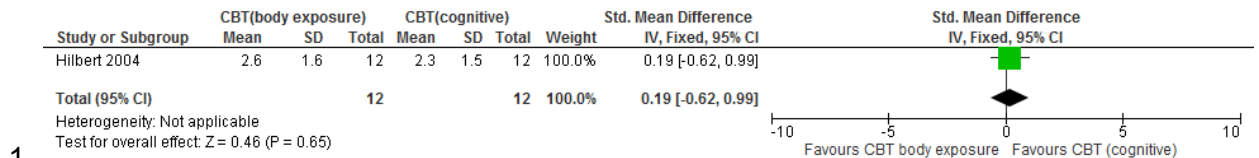
12 **Figure 600: BMI**



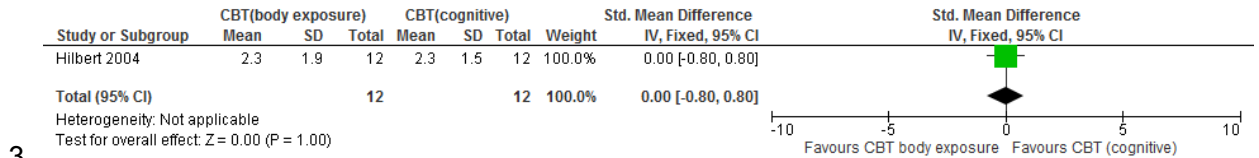
14 **Figure 601: EDE-eating concern**



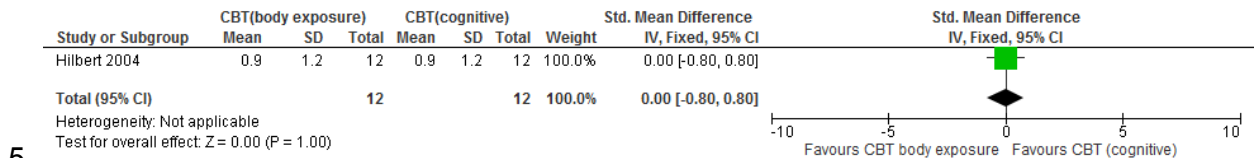
16 **Figure 602: EDE-shape concern**



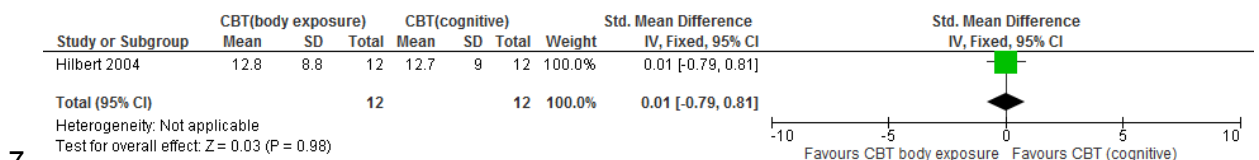
3
4 **Figure 603: EDE-weight concern**



4
5 **Figure 604: EDE-restraint**



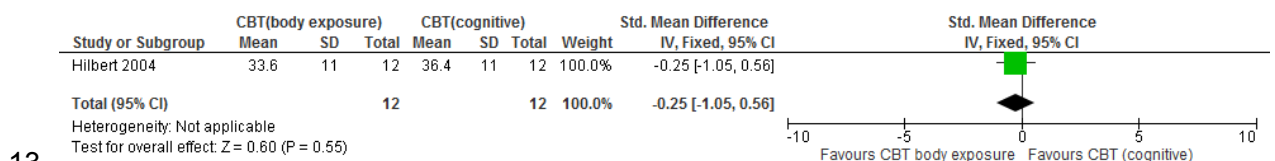
6
7 **Figure 605: Depression**



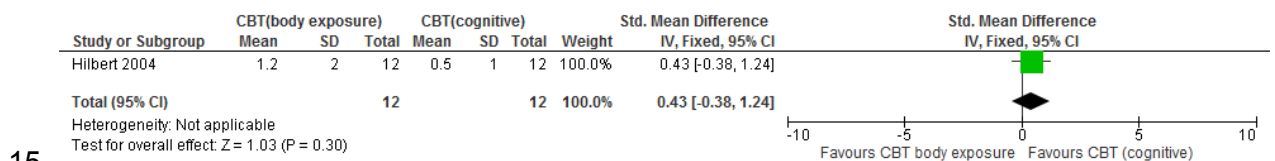
8
9 **Figure 606: Remission**

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

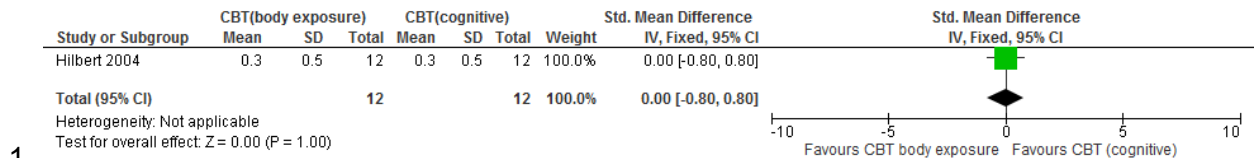
11
12 **Figure 607: BMI**



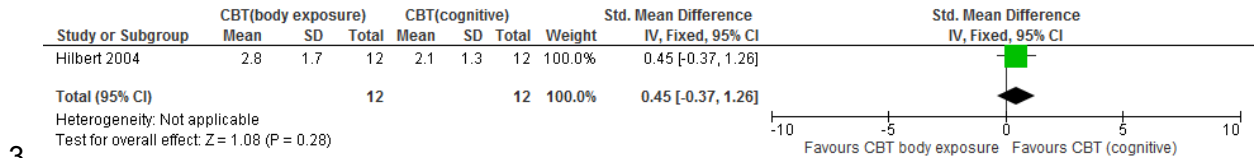
14
15 **Figure 608: Bingeing**



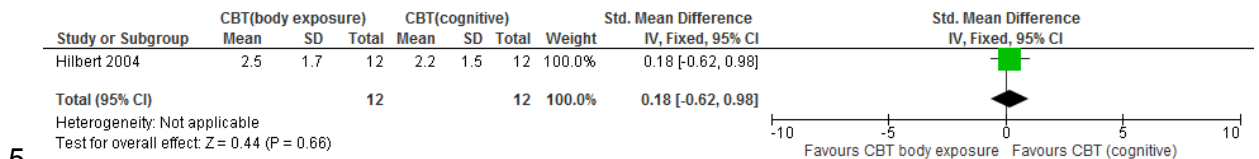
16 **Figure 609: EDE-eating concern**



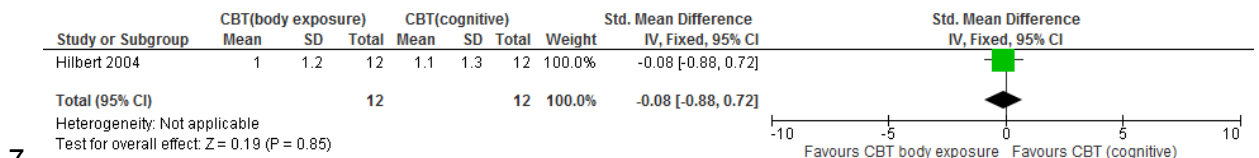
3
4 **Figure 610: EDE-shape concern**



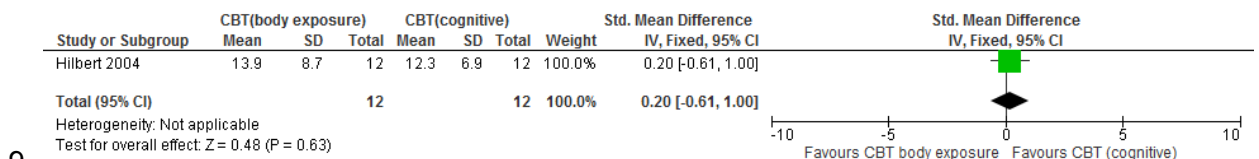
5
6 **Figure 611: EDE-weight concern**



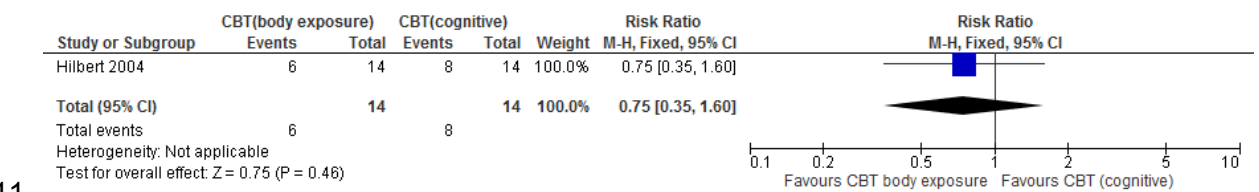
7
8 **Figure 612: EDE-restraint**



9
10 **Figure 613: Depression**

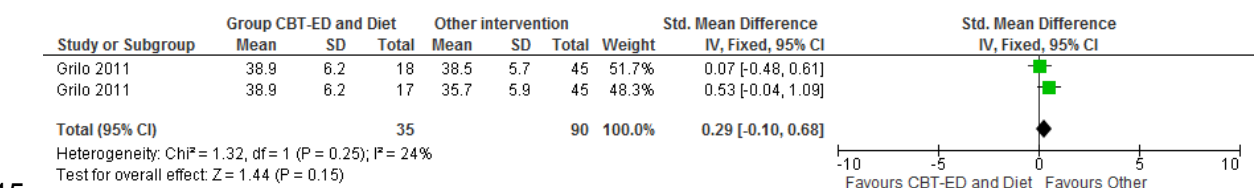


11
12 **Figure 614: Remission**

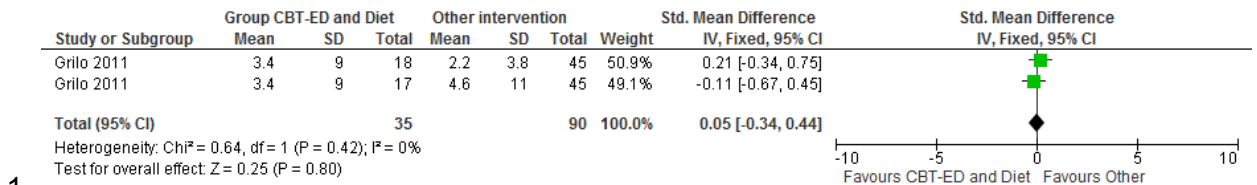


M.3.82 Group CBT and behavioural weight loss compared with any other intervention in adults with binge eating disorder at end of treatment

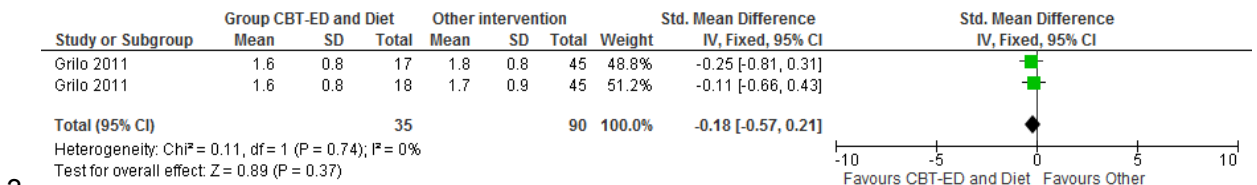
13
14 **Figure 615: BMI**



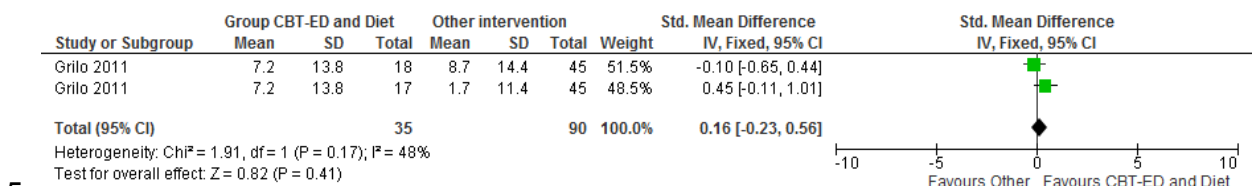
15
16 **Figure 616: Bingeing**



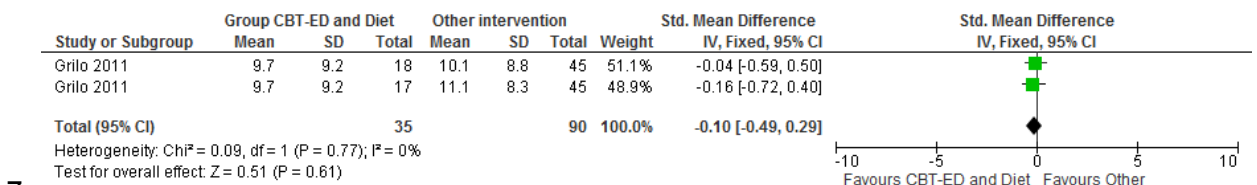
2 **Figure 617: EDE-global clinical score**



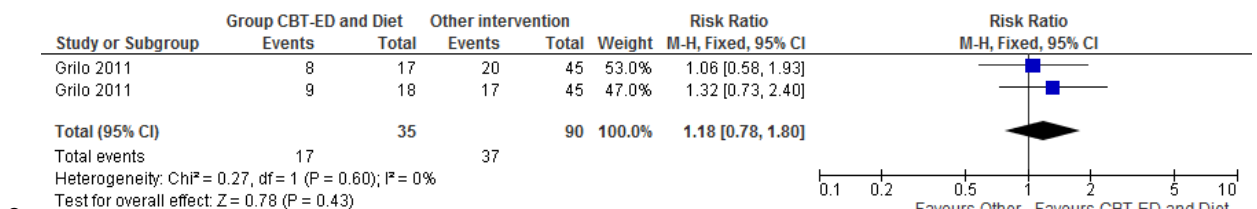
4 **Figure 618: Weight loss (pounds)**



6 **Figure 619: Depression**

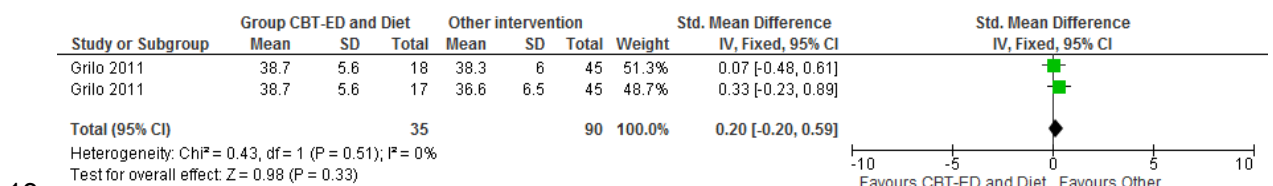


8 **Figure 620: Remission**

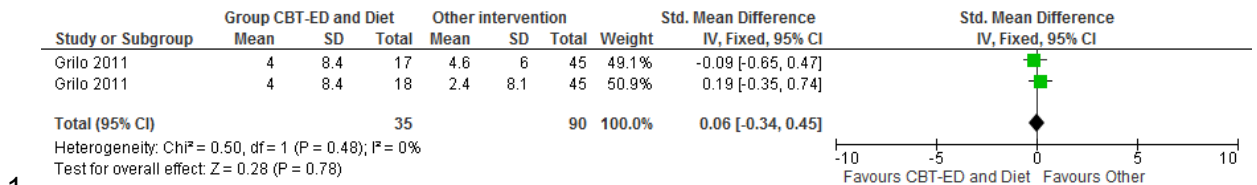


M.3.90 Group CBT and behavioural weight loss compared with any other intervention in adults with binge eating disorder at follow-up

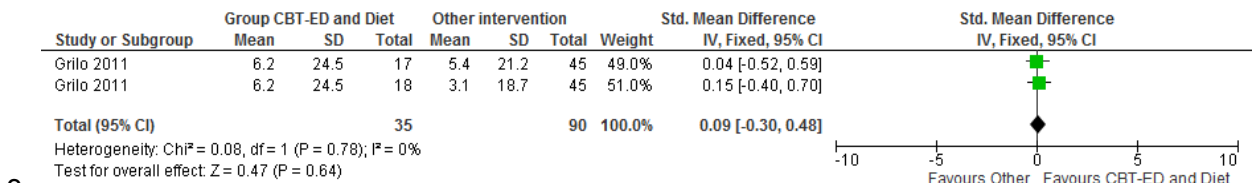
12 **Figure 621: BMI**



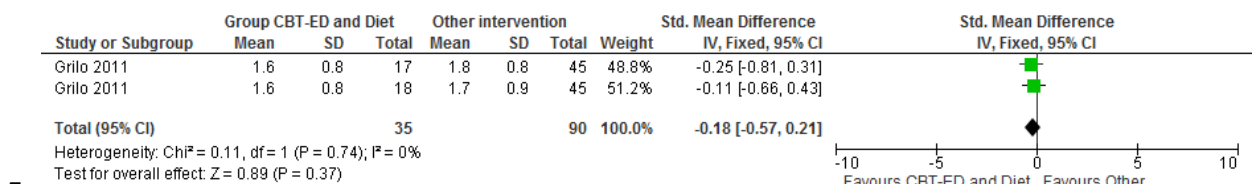
14 **Figure 622: Bingeing**



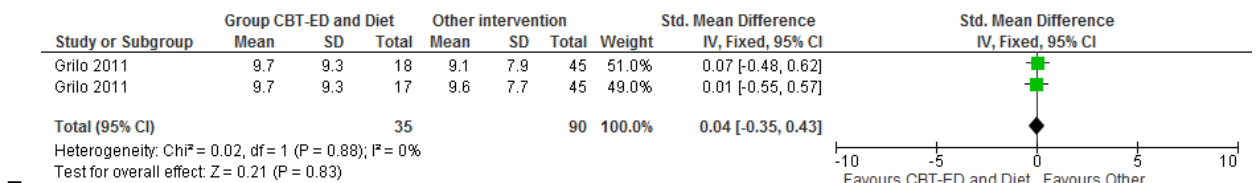
2 **Figure 623: Weight loss (pounds)**



4 **Figure 624: EDE-total**

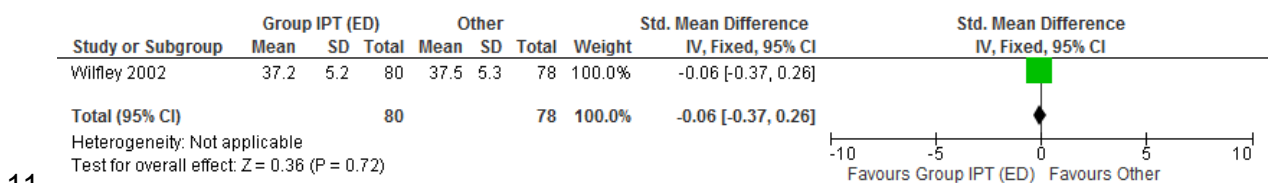


6 **Figure 625: Depression**

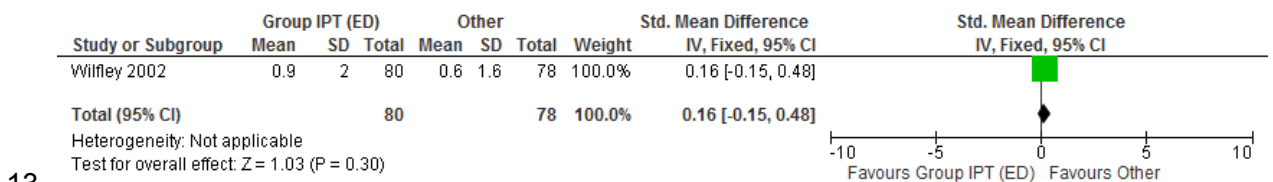


M.3.108 Group interpersonal therapy (IPT) compared with any other intervention in 9 adults with binge eating disorder at end of treatment

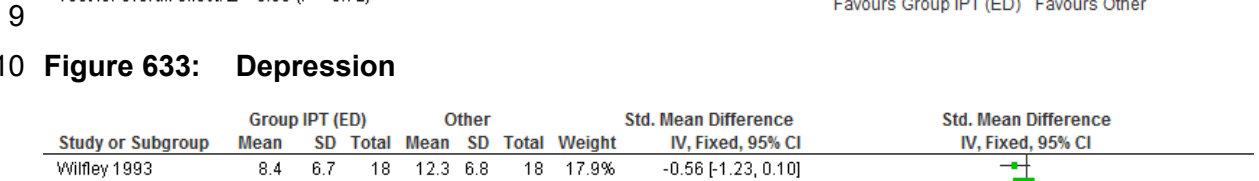
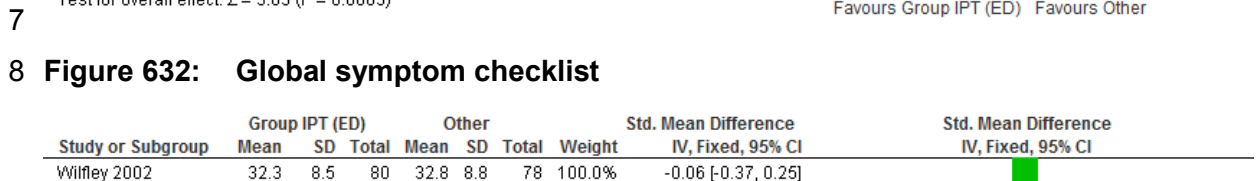
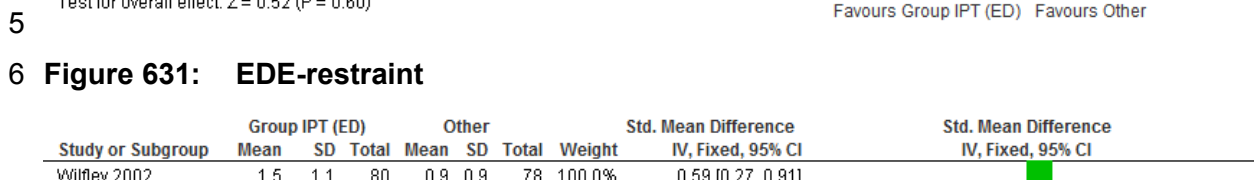
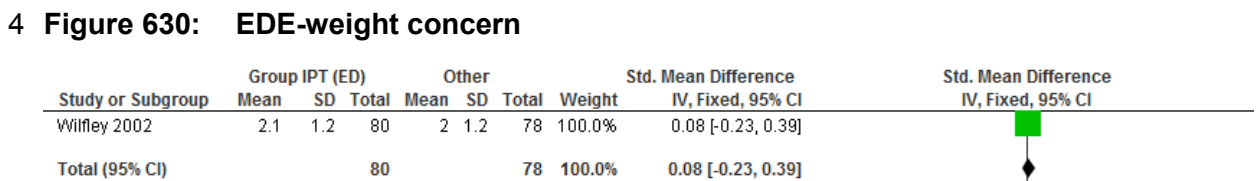
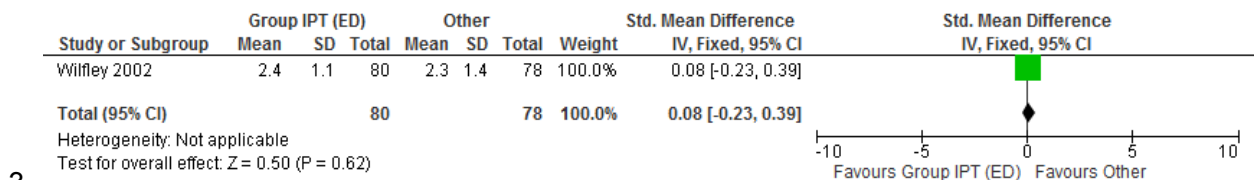
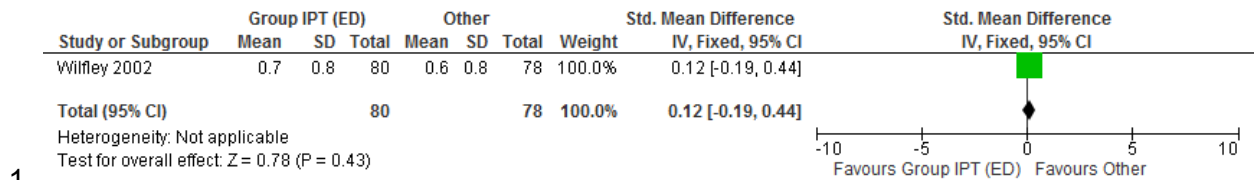
10 **Figure 626: BMI**



12 **Figure 627: Bingeing**

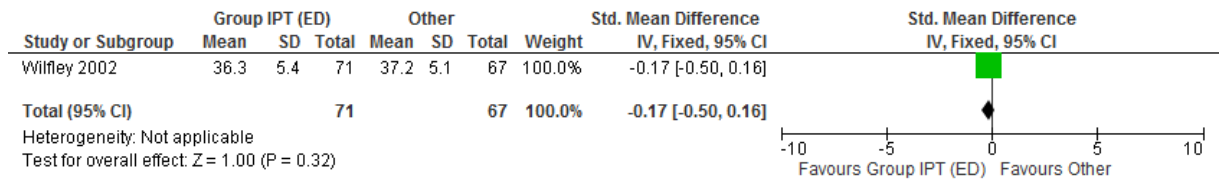


14 **Figure 628: EDE-eating concern**



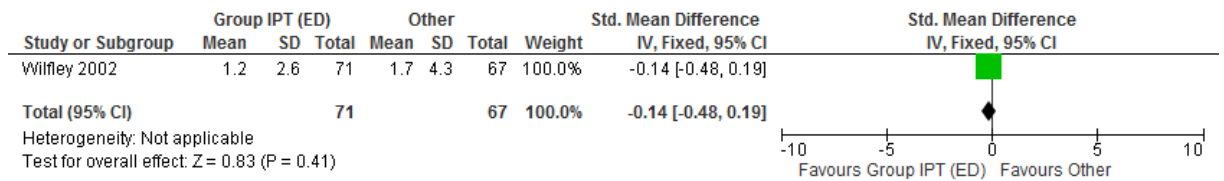
M.3.111 Group interpersonal therapy (IPT) compared with any other intervention in adults with binge eating disorder at follow-up

3 Figure 635: BMI



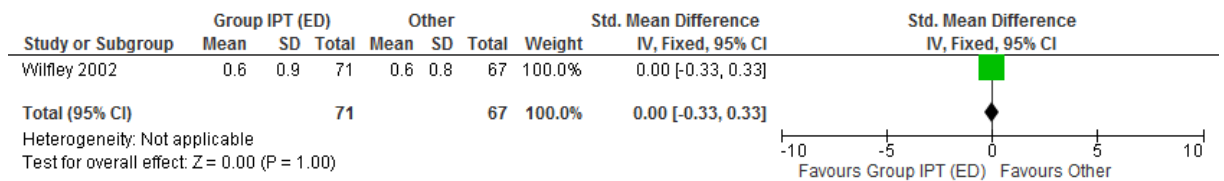
4

5 Figure 636: Bingeing



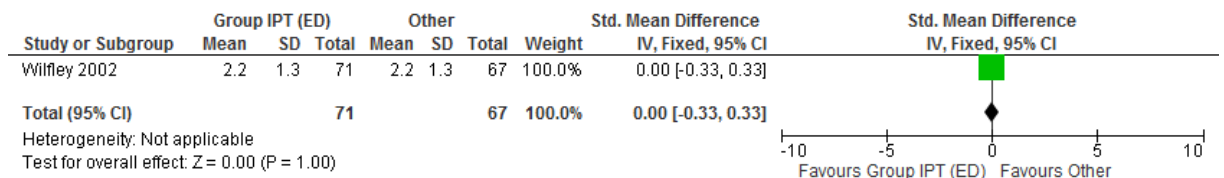
6

7 Figure 637: EDE-eating concern



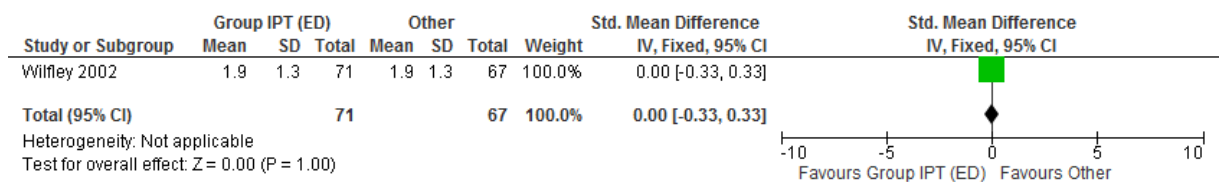
8

9 Figure 638: EDE-shape concern



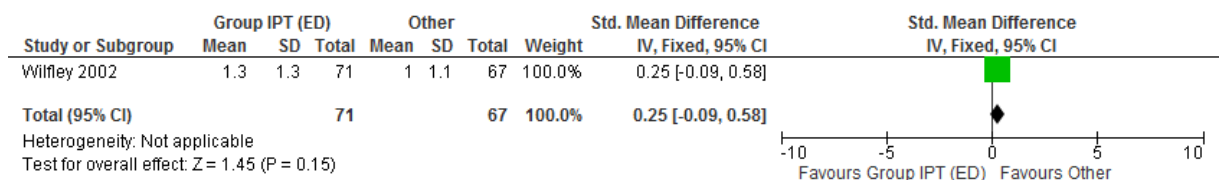
10

11 Figure 639: EDE-weight concern



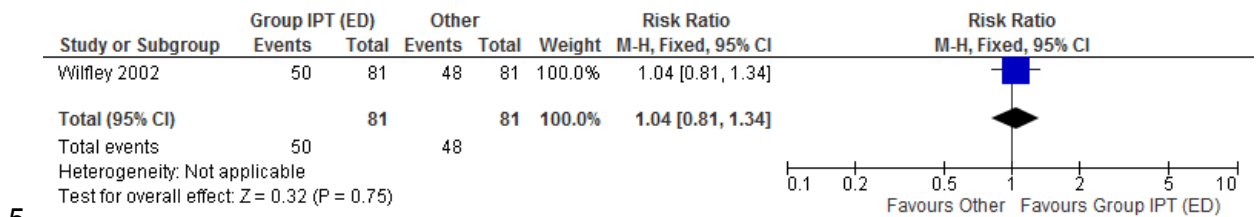
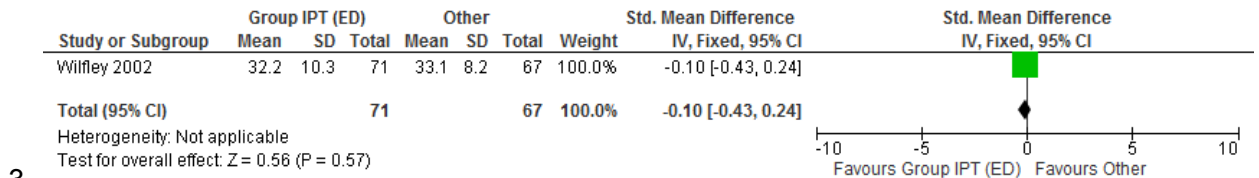
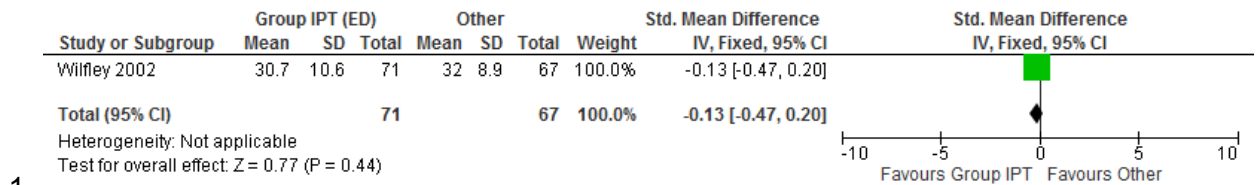
12

13 Figure 640: EDE-restraint

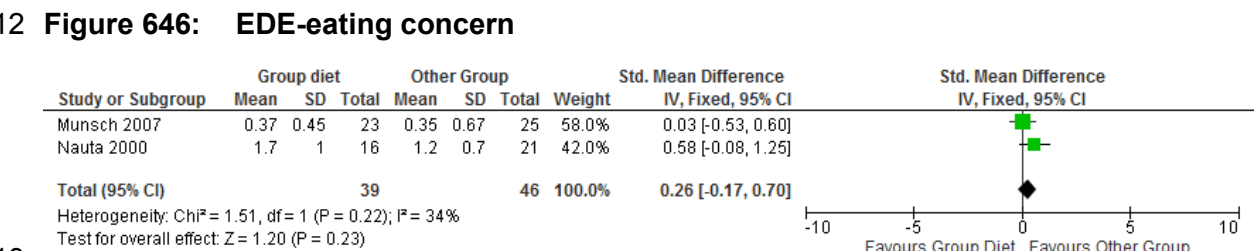
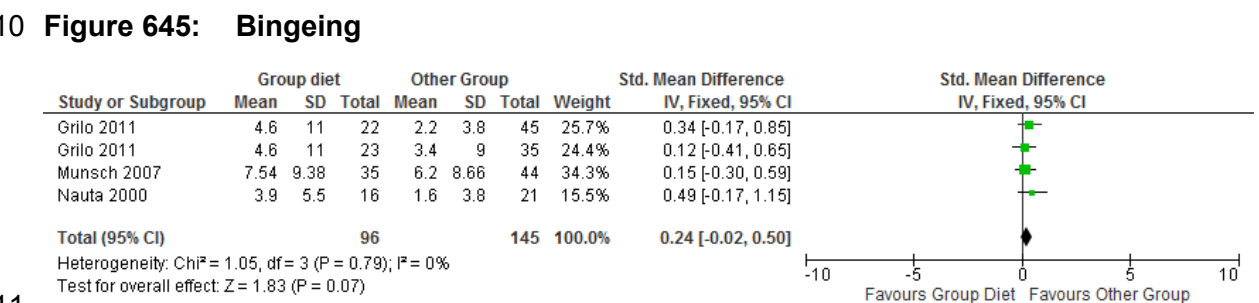
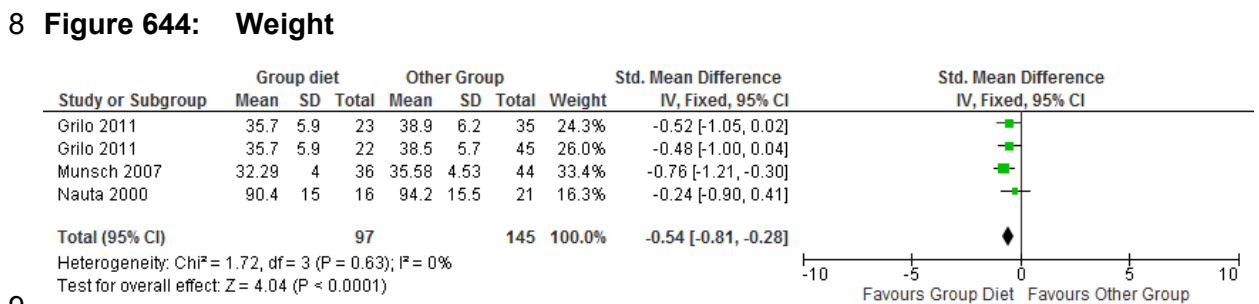


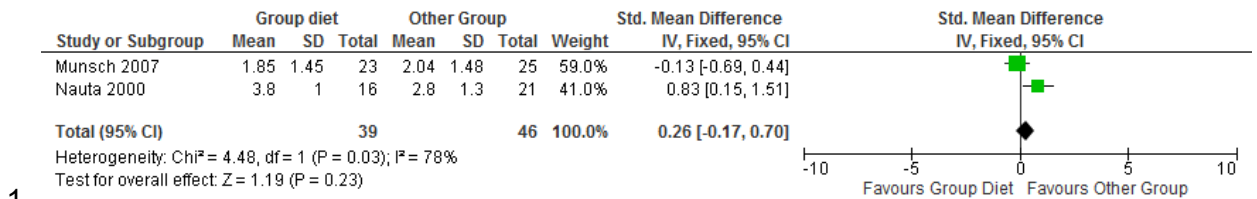
14

15 Figure 641: Global symptom checklist



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



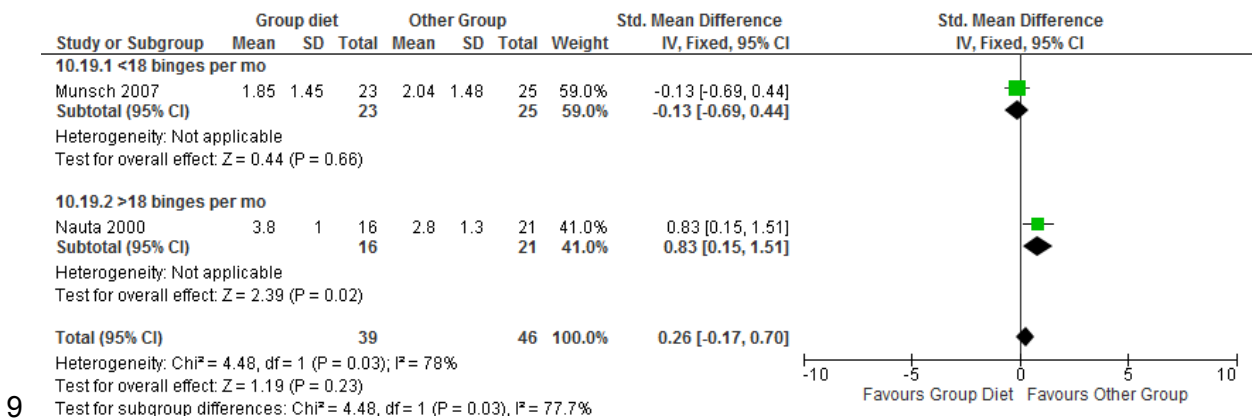


1

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

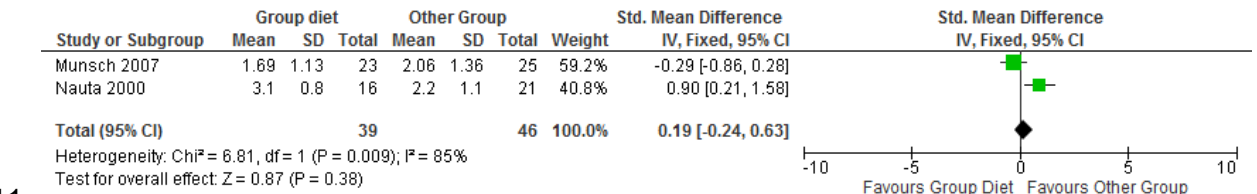
7 **Figure 648: EDE-shape concern subgroup analysis based on severity of illness**

8



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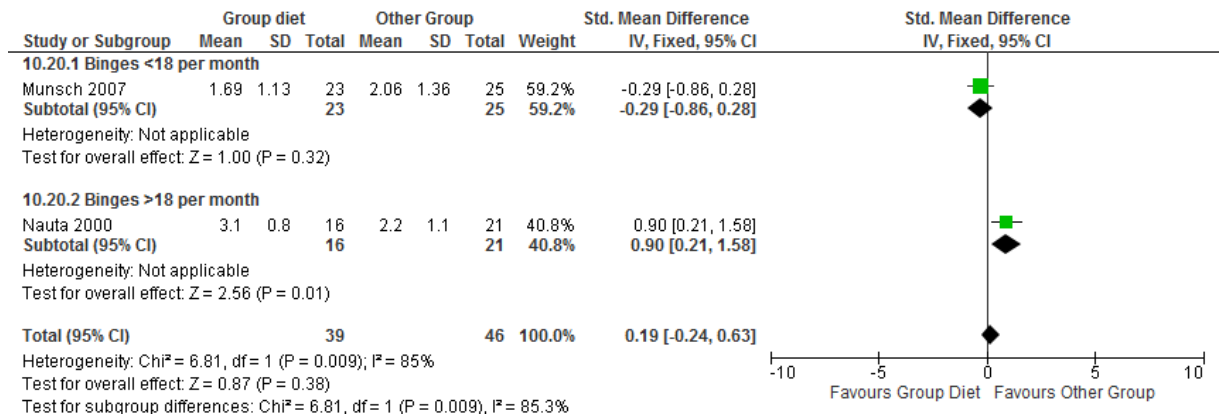
10 **Figure 649: EDE-weight concern**



11

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

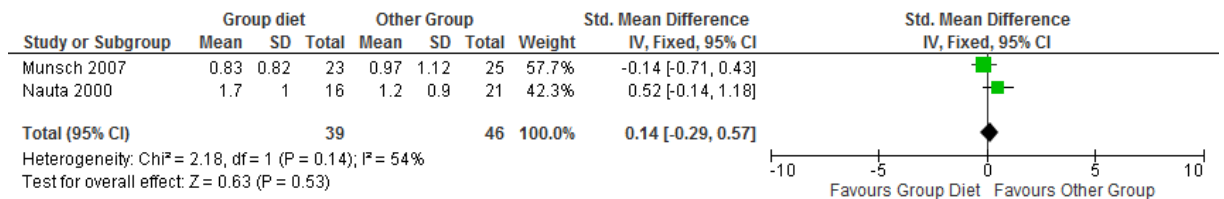
17 **Figure 650: EDE-weight concern with severity of illness**



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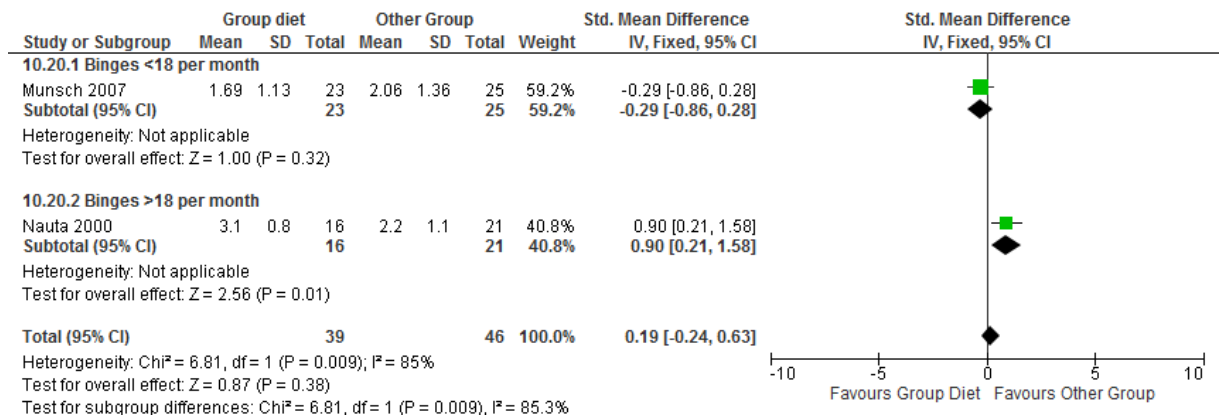
3 **Figure 651: EDE-restraint**



4

5 Heterogeneity was detected at I² = 54%. There was no clear difference in the risk of bias
6 between these two studies. The study by Nauta 2000 was unclear if the participants had
7 comorbidities, whilst Munsch 2007 was unclear on the duration of illness. The severity of
8 illness, as indicated by the average number of binges per month were different, Nauta >18
9 per month versus Munsch <18 per month and this may explain the heterogeneity.

10 **Figure 652: EDE-restraint with severity of illness**

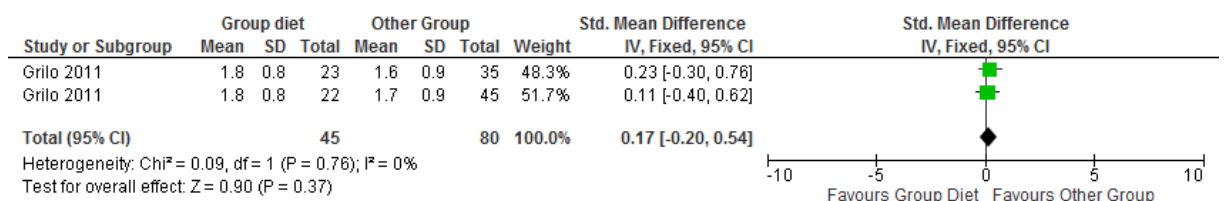


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12

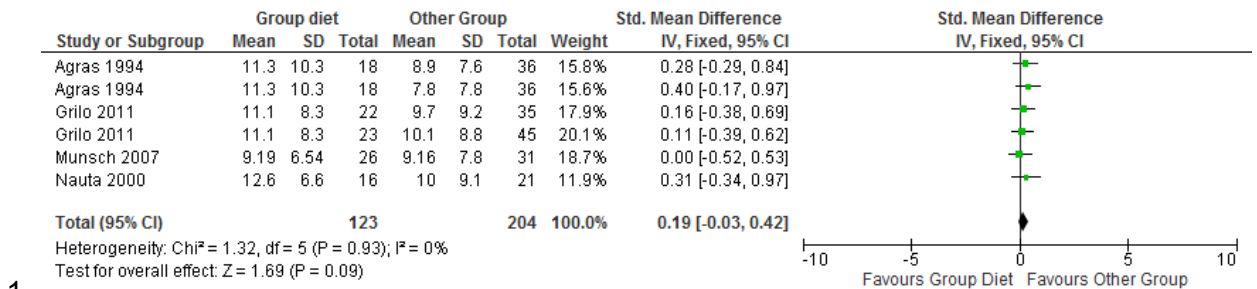
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14 **Figure 653: EDE-global**

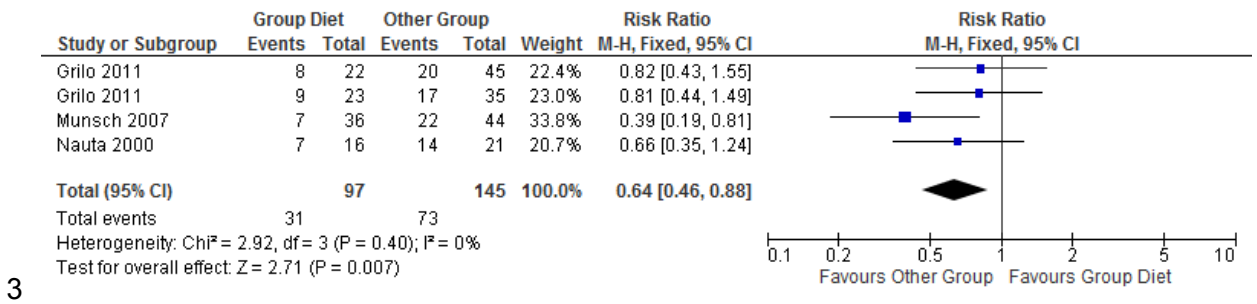


15

16 **Figure 654: Depression**

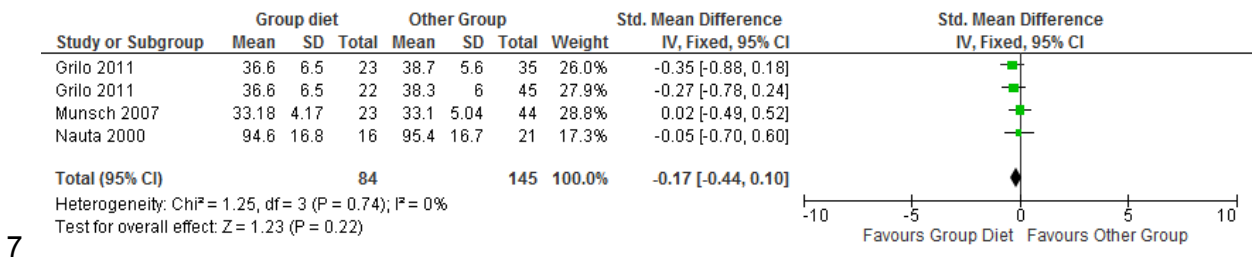


2 **Figure 655: Remission**

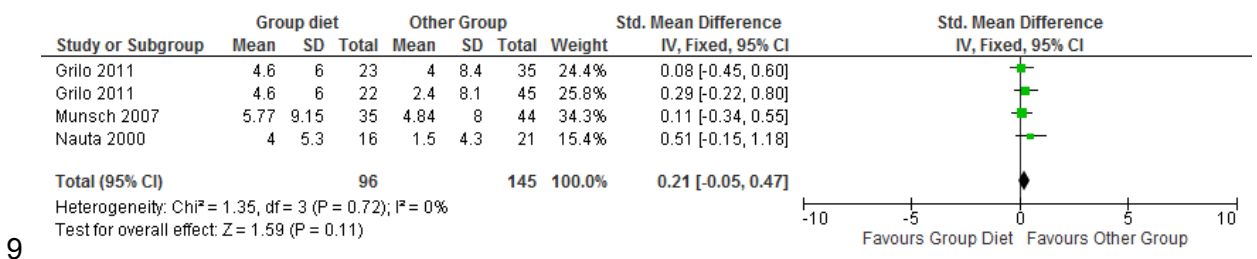


M.3.134 **Group diet compared with another group in adults with binge eating disorder at 5 follow-up**

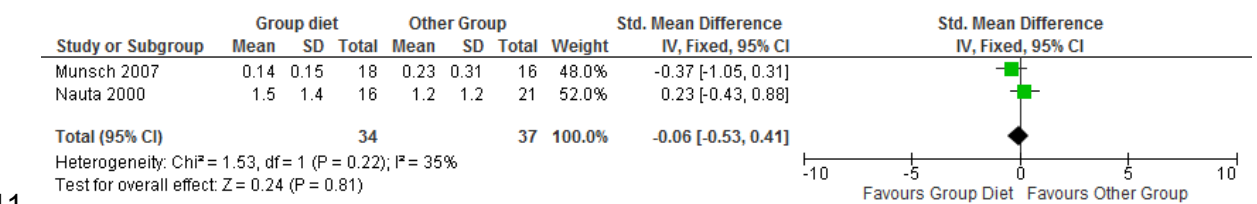
6 **Figure 656: Weight**



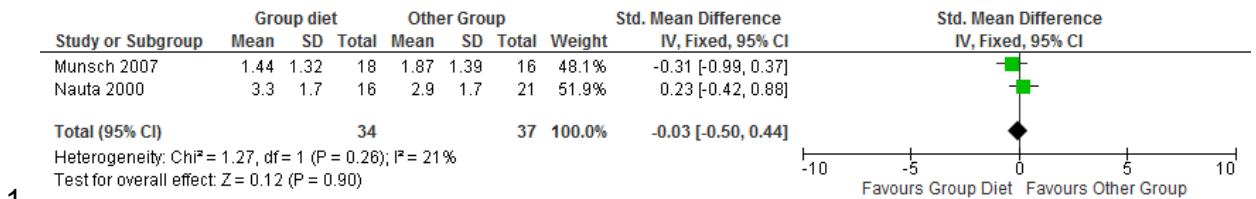
8 **Figure 657: Bingeing**



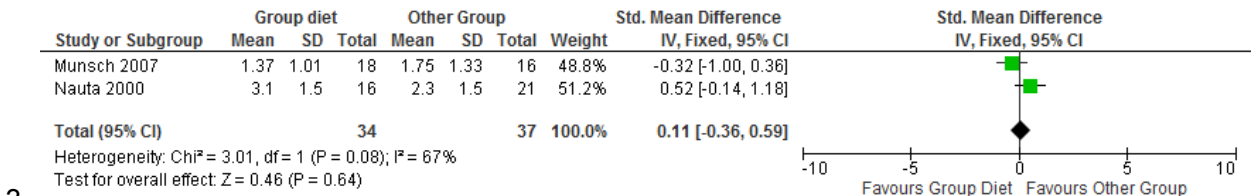
10 **Figure 658: EDE-eating concern**



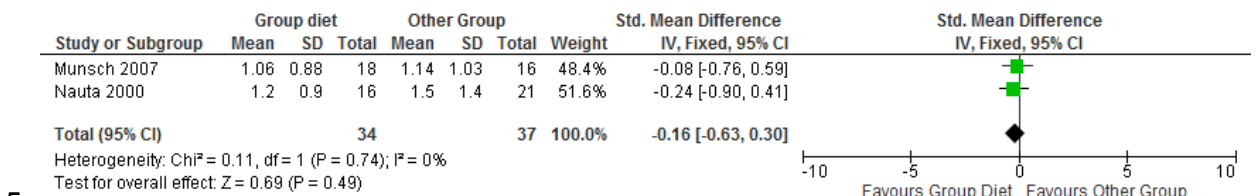
12 **Figure 659: EDE-shape concern**



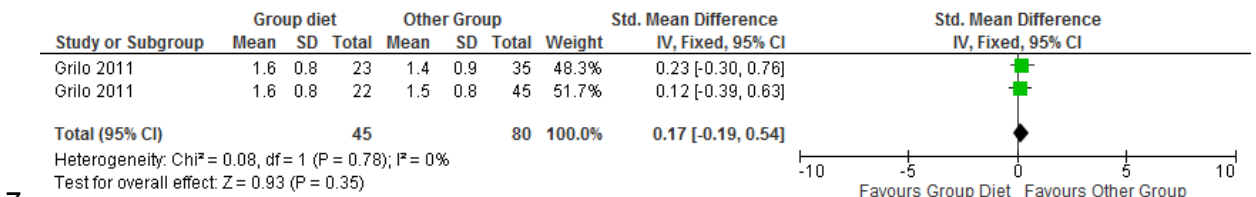
2 **Figure 660: EDE-weight concern**



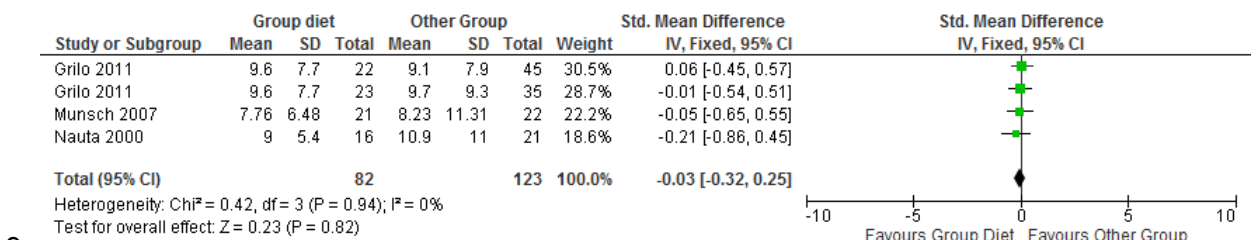
4 **Figure 661: EDE-restraint**



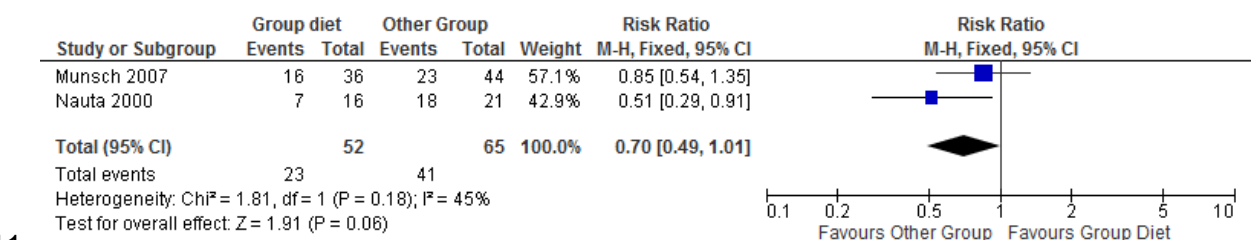
6 **Figure 662: EDE-global**



8 **Figure 663: Depression**

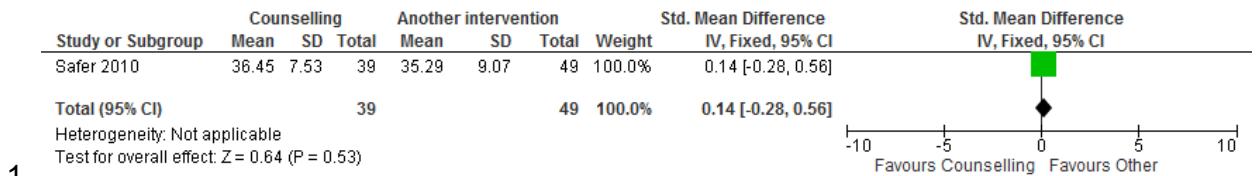


10 **Figure 664: Remission**

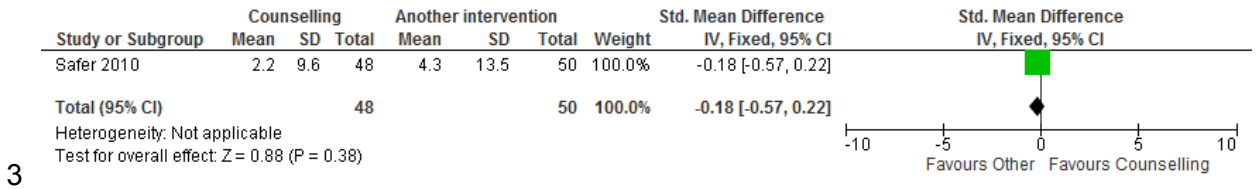


M.3.142 Group counselling compared with another intervention in adults with binge eating disorder at end of treatment

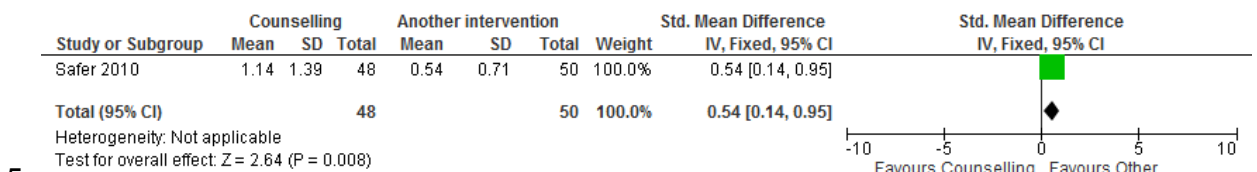
14 **Figure 665: BMI**



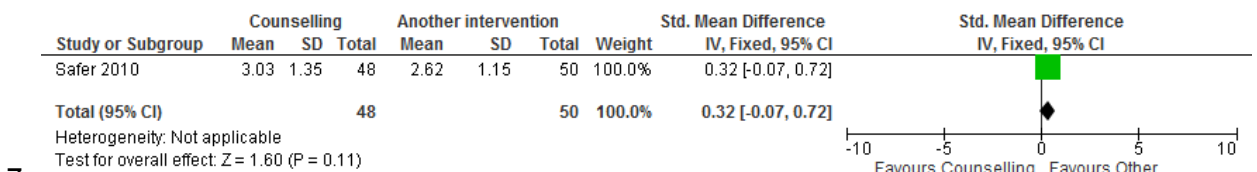
2 **Figure 666: Weight loss**



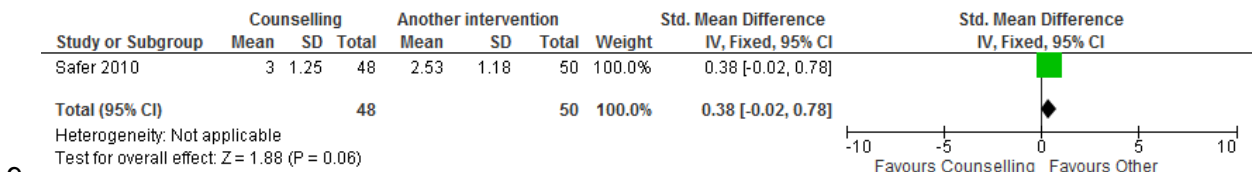
4 **Figure 667: EDE-eating concern**



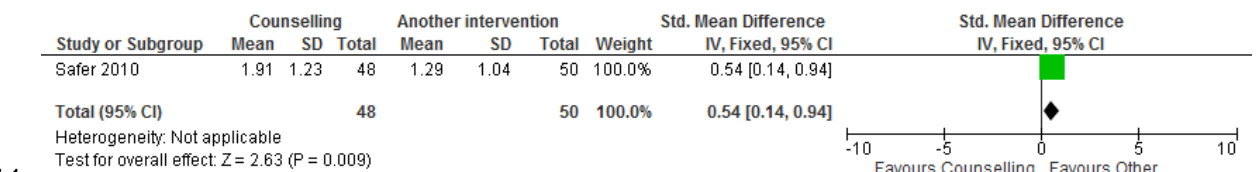
6 **Figure 668: EDE-shape concern**



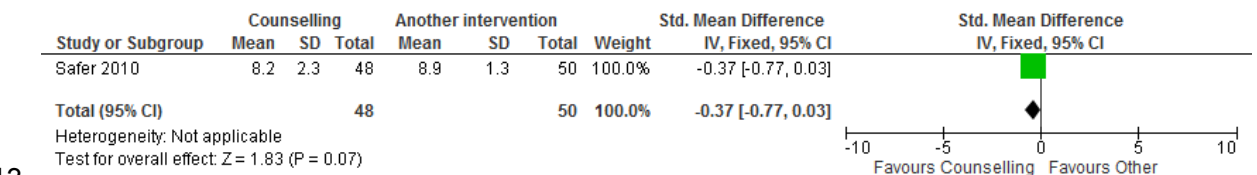
8 **Figure 669: EDE-weight concern**



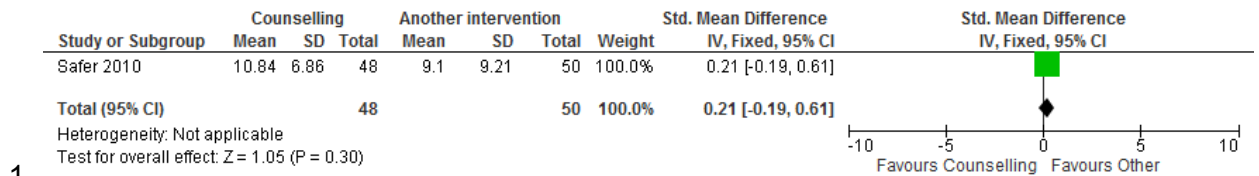
10 **Figure 670: EDE-restraint**



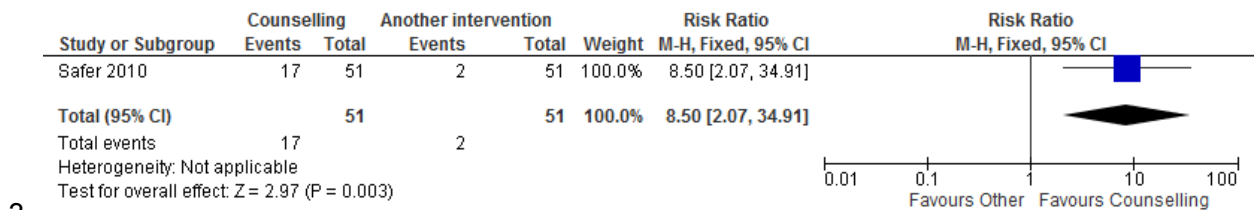
12 **Figure 671: Patient preference**



14 **Figure 672: Depression**

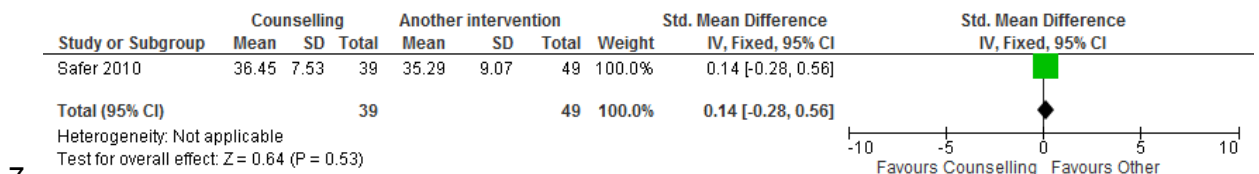


3
4 **Figure 673: Remission**

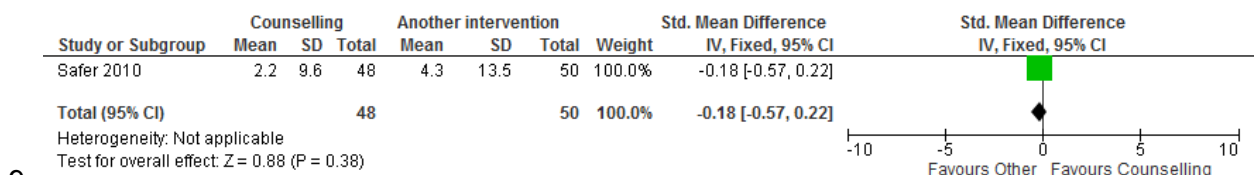


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6
7 **M.3.154 Group counselling compared with another intervention in adults with binge eating disorder at follow-up**

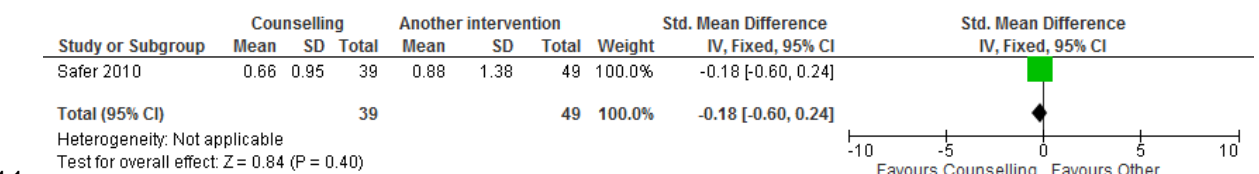
8 **Figure 674: BMI**



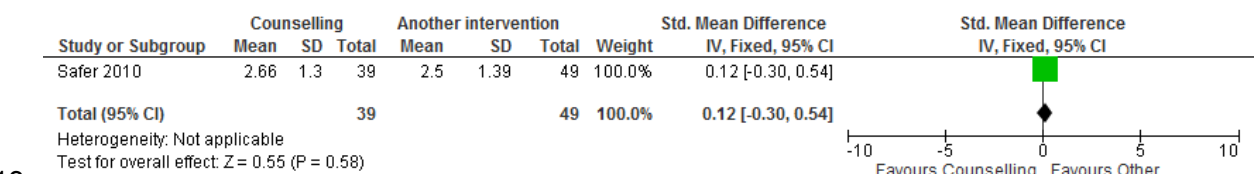
9
10 **Figure 675: Weight loss**



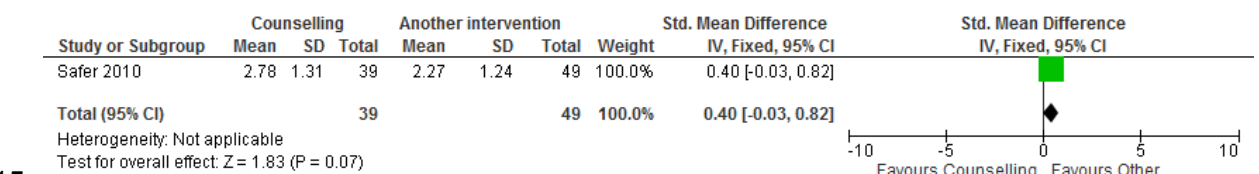
11
12 **Figure 676: EDE-eating concern**



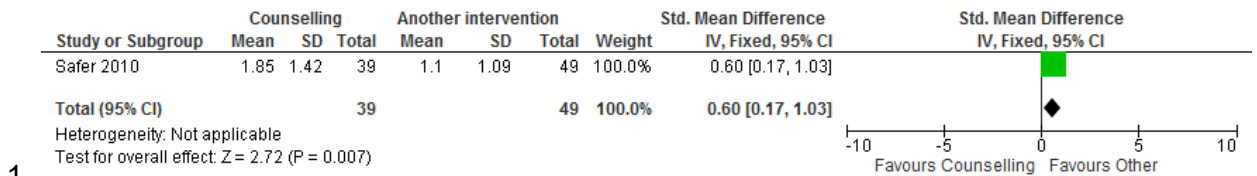
13
14 **Figure 677: EDE-shape concern**



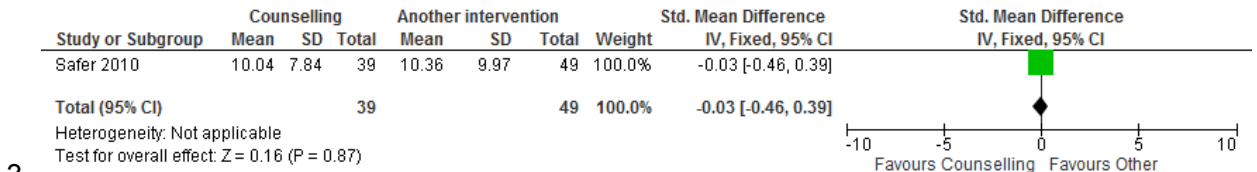
15
16 **Figure 678: EDE-weight concern**



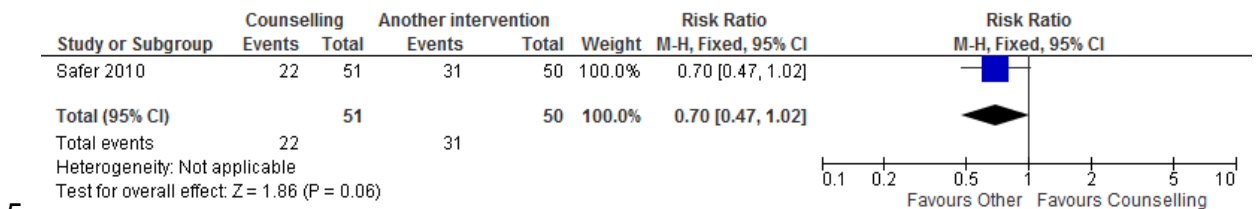
17 **Figure 679: EDE-restraint**



2 **Figure 680: Depression**

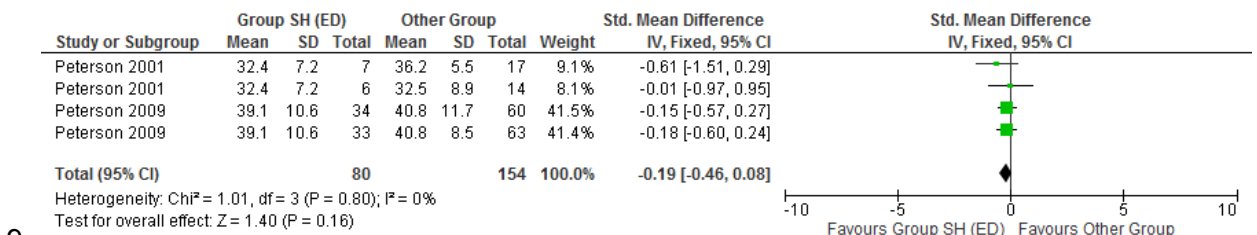


4 **Figure 681: Remission**

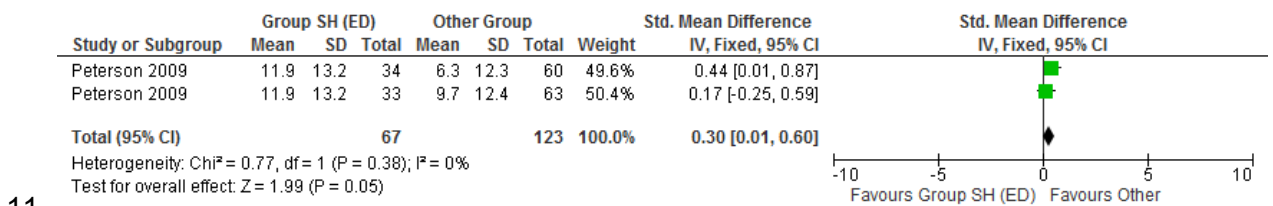


M.3.166 Group self-help (ED) compared with another intervention in adults with binge eating disorder at end of treatment

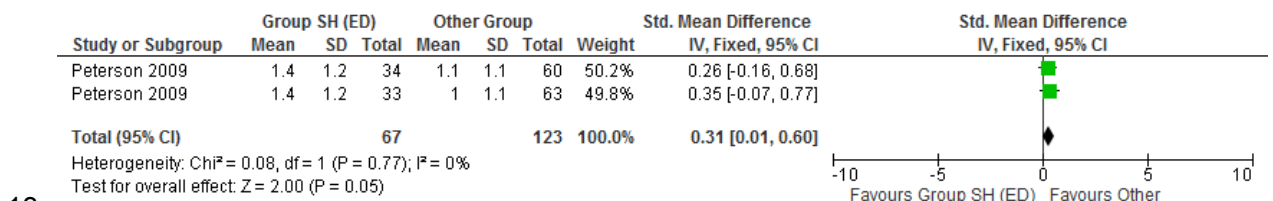
8 **Figure 682: BMI**



10 **Figure 683: Bingeing**

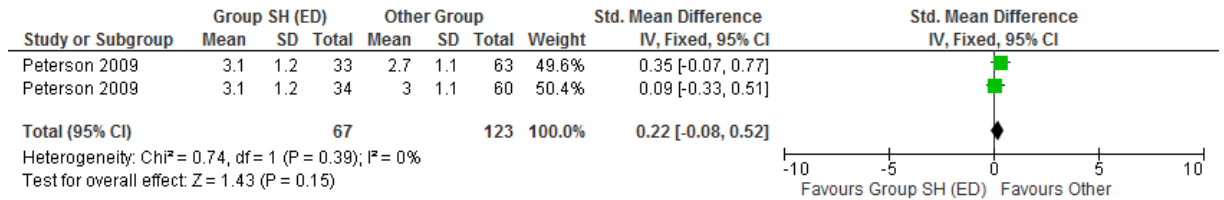


12 **Figure 684: EDE-eating concern**



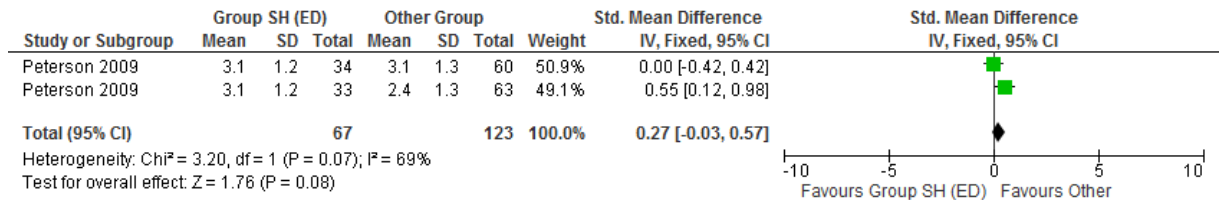
1

2 **Figure 686: EDE-weight concern**



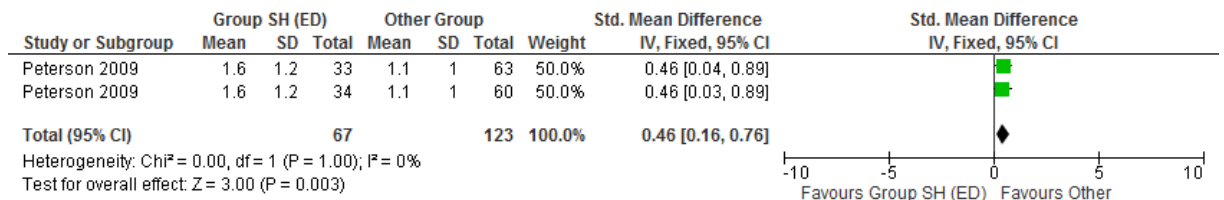
3

4 **Figure 687: EDE-restraint**



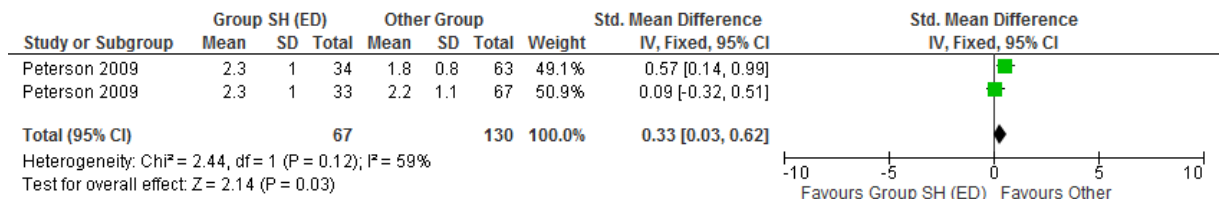
5

6 **Figure 688: EDE-total**



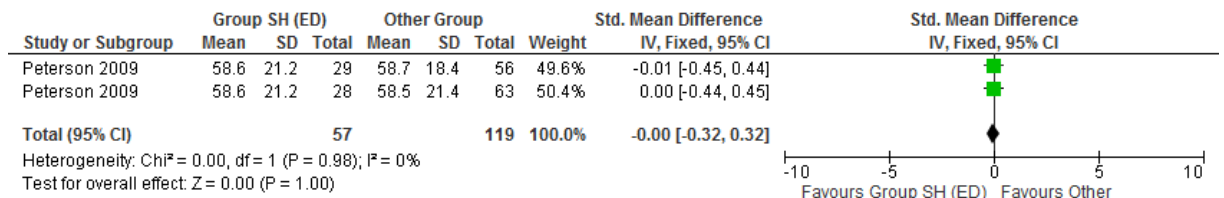
7

8 **Figure 689: Quality of life**



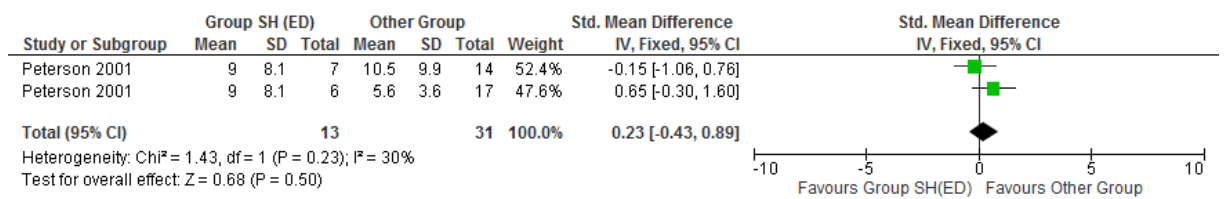
9

10 **Figure 690: Depression**

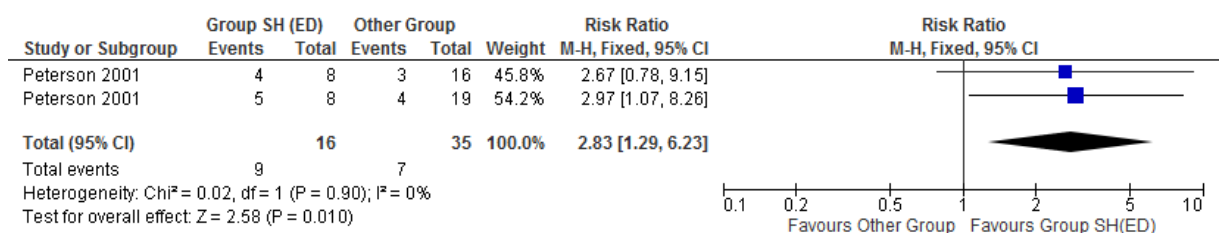


11

12 **Figure 691: Remission**

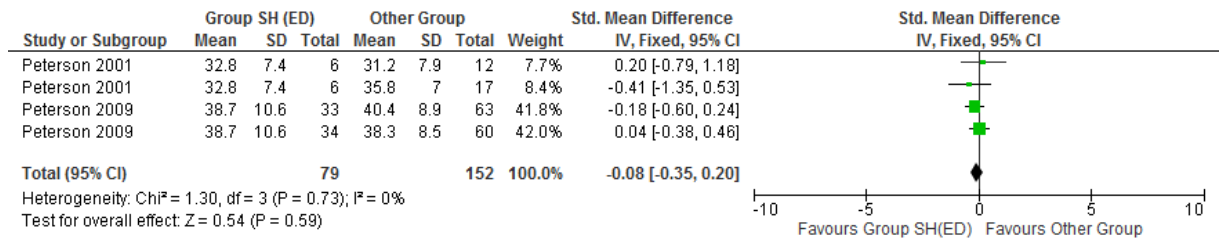


13

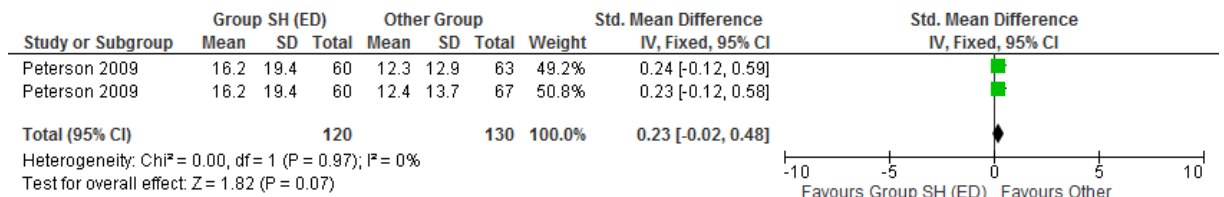


M.3.171 Group self-help (ED) compared with another intervention in adults with binge eating disorder at follow-up

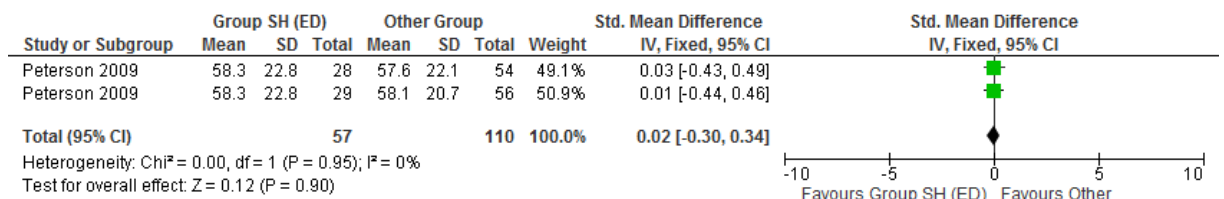
3 Figure 692: BMI



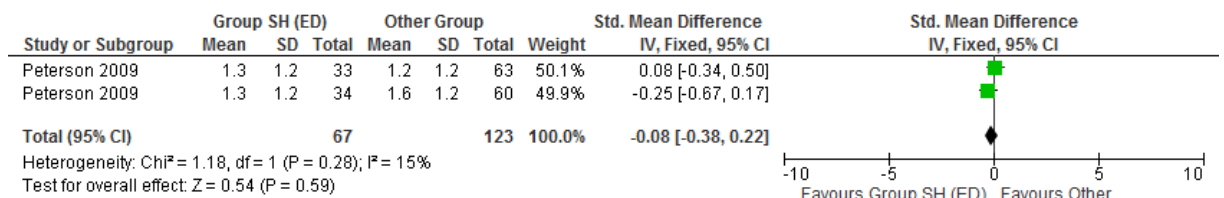
4
5 Figure 693: Bingeing



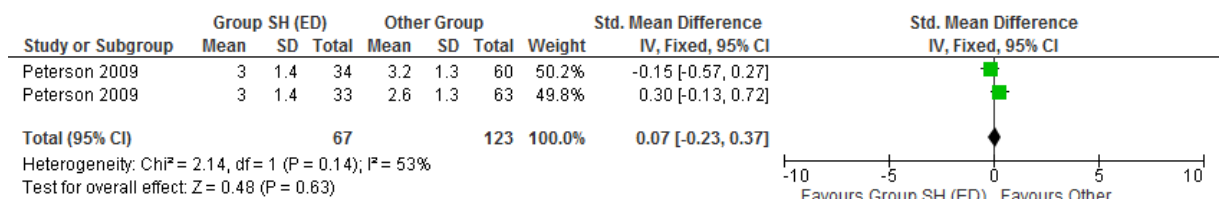
6
7 Figure 694: Quality of life



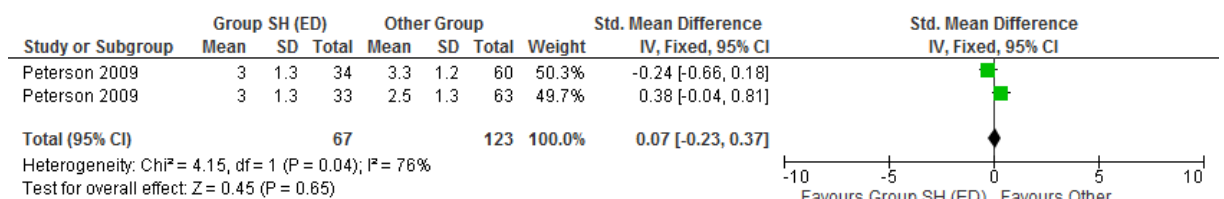
8
9 Figure 695: EDE-eating concern



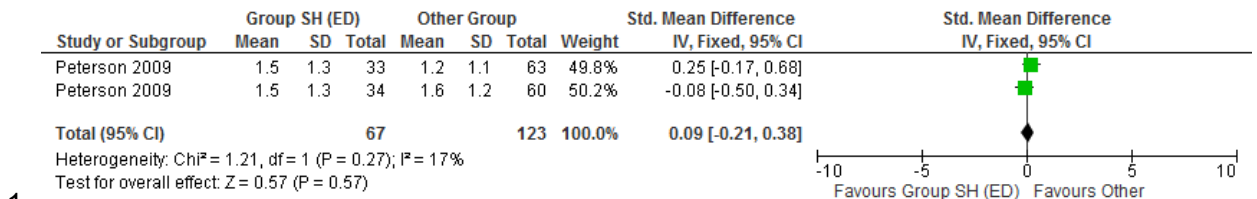
10
11 Figure 696: EDE-shape concern



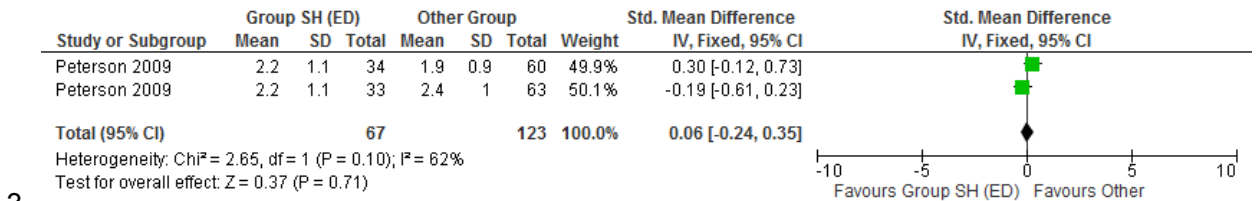
12
13 Figure 697: EDE-weight concern



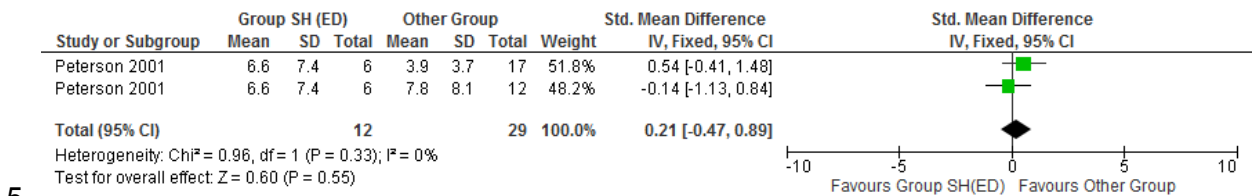
14
15 Figure 698: EDE-restraint



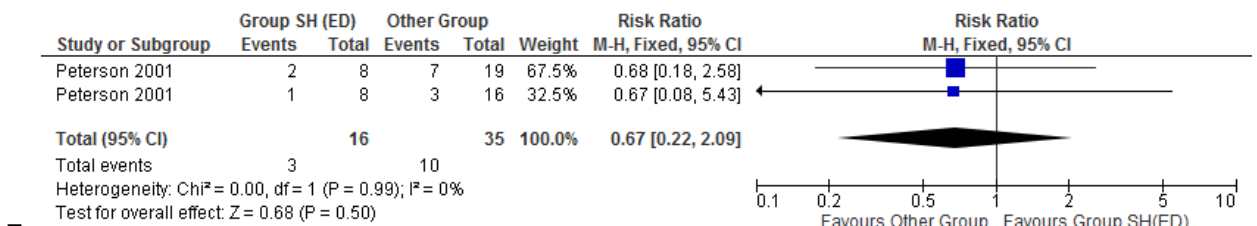
2 **Figure 699: EDE-total**



4 **Figure 700: Depression**

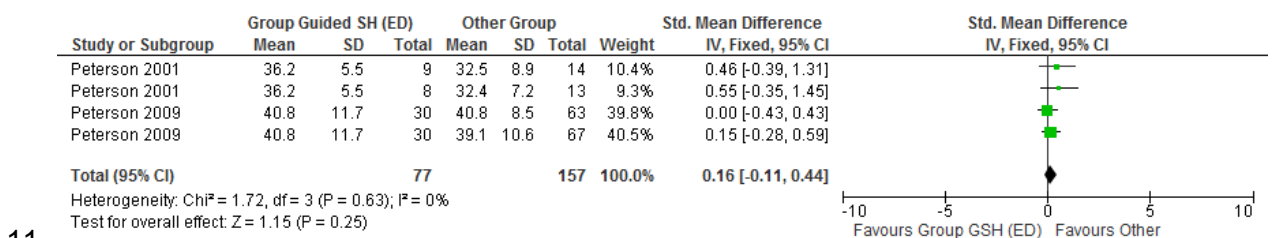


6 **Figure 701: Remission**

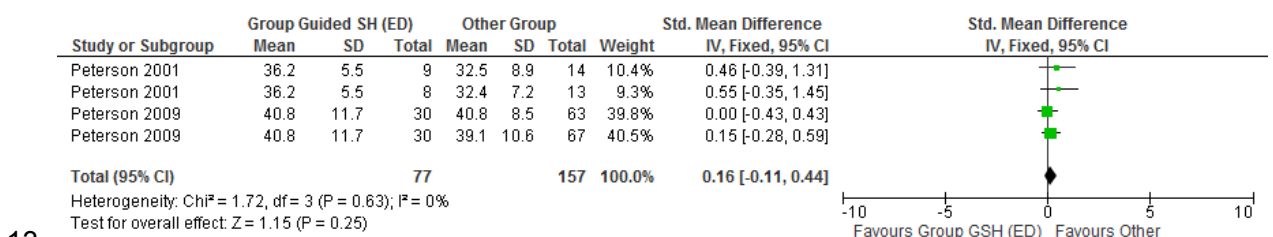


M.3.188 Group guided self-help (ED) compared with another intervention in adults with binge eating disorder at end of treatment

10 **Figure 702: BMI**



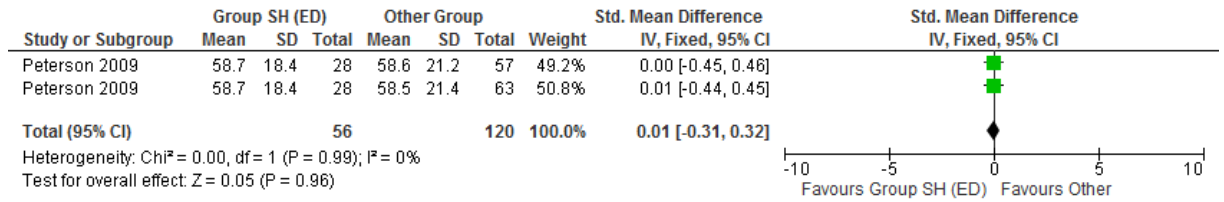
12 **Figure 703: Bingeing**



14 **Figure 704: Quality of life**

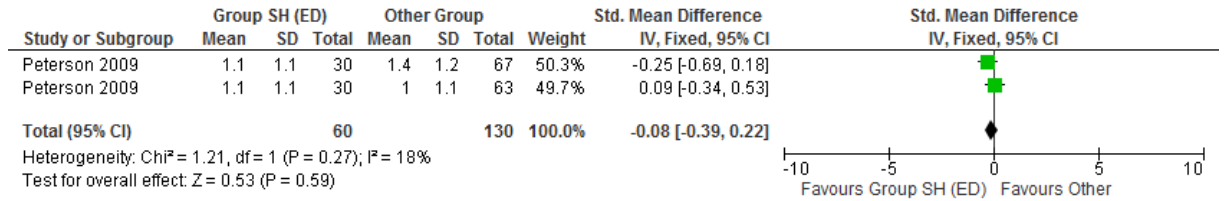
1

2 **Figure 705: EDE-eating concern**



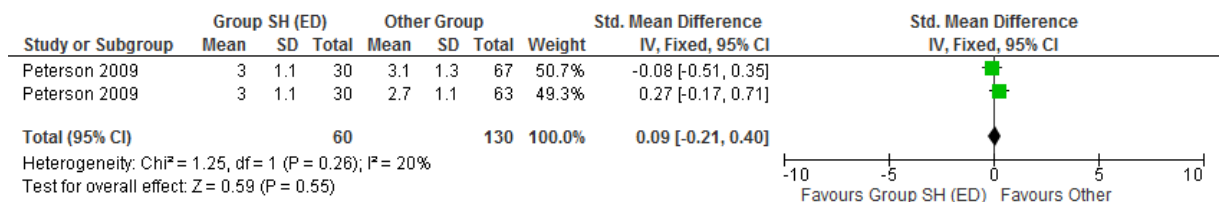
3

4 **Figure 706: EDE-shape concern**



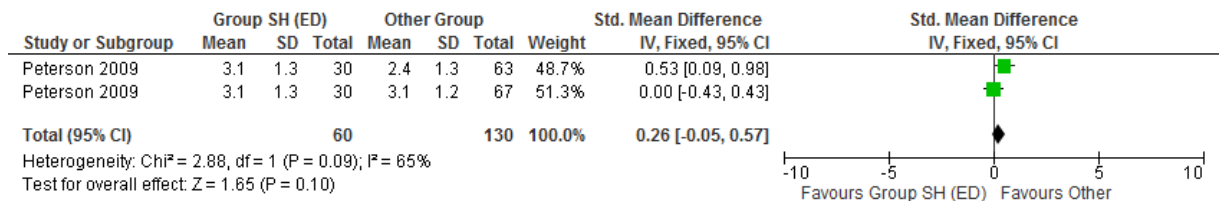
5

6 **Figure 707: EDE-weight concern**



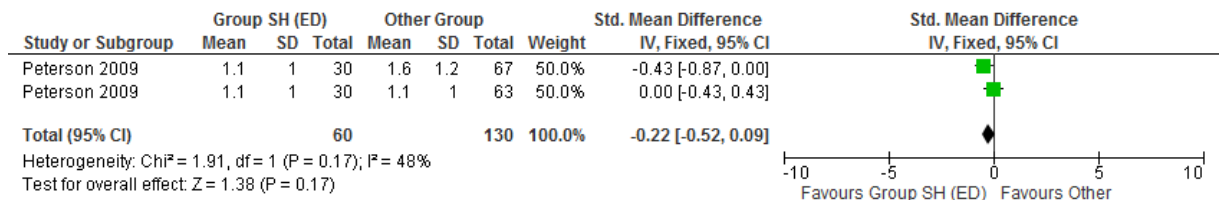
7

8 **Figure 708: EDE-restraint**



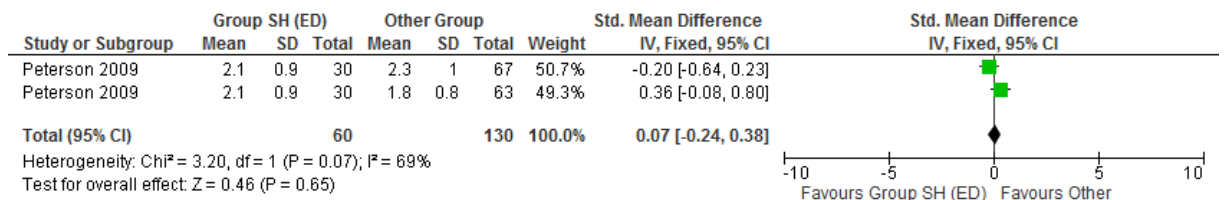
9

10 **Figure 709: EDE-total**



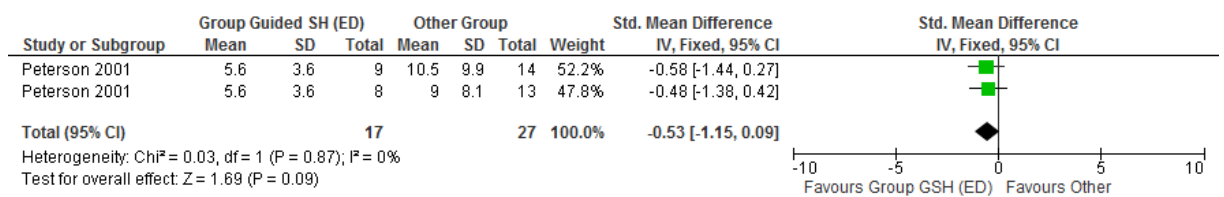
11

12 **Figure 710: Depression**



13

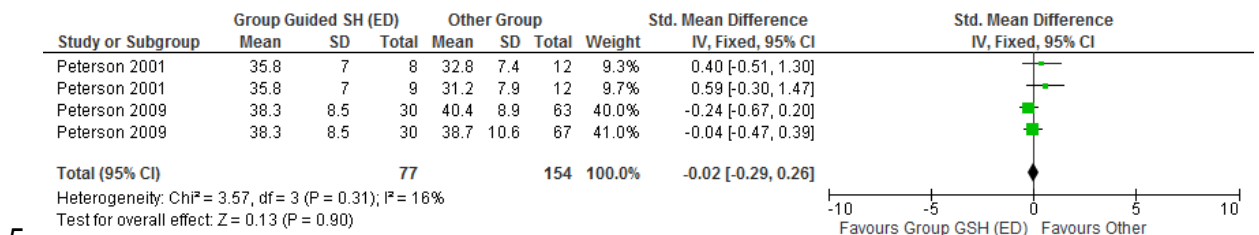
14 **Figure 711: Remission**



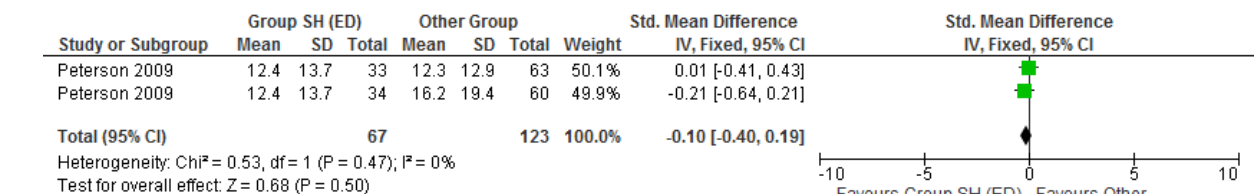


M.3.192 Group guided self-help (ED) compared with another intervention in adults with binge eating disorder at follow-up

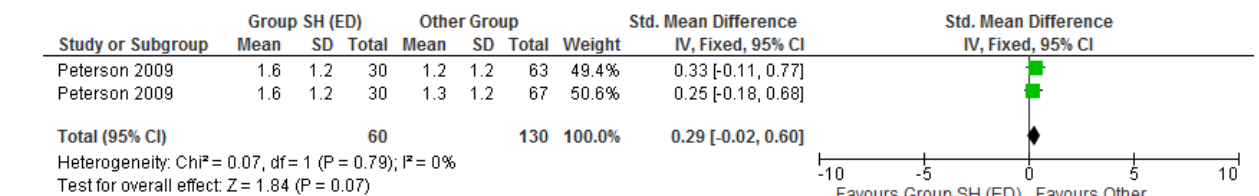
4 **Figure 712: BMI**



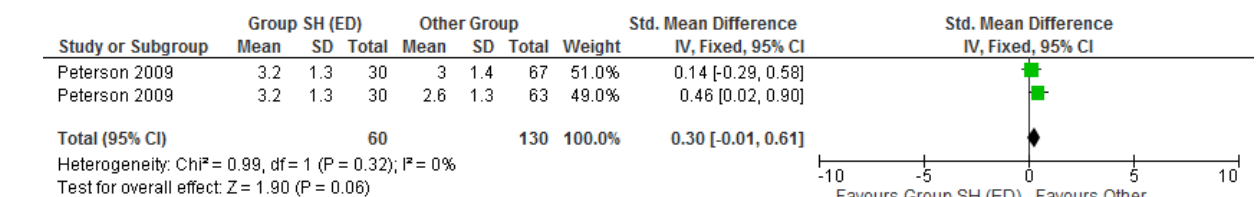
6 **Figure 713: Bingeing**



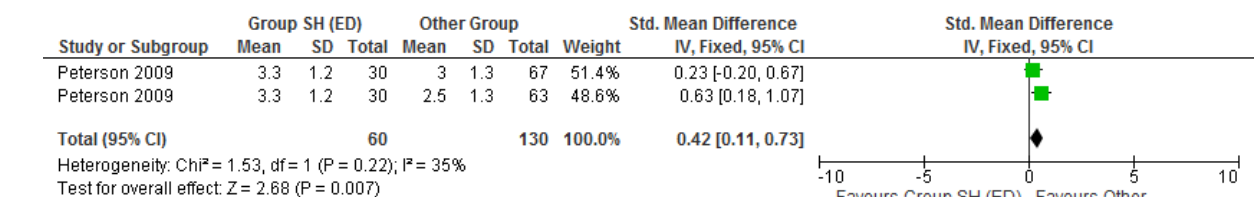
8 **Figure 714: EDE-eating concern**



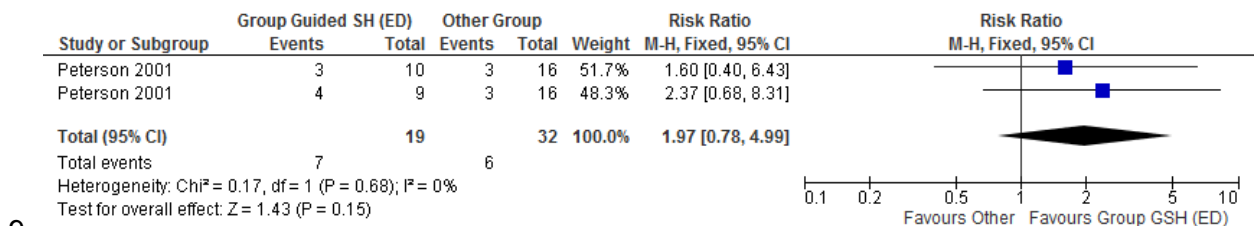
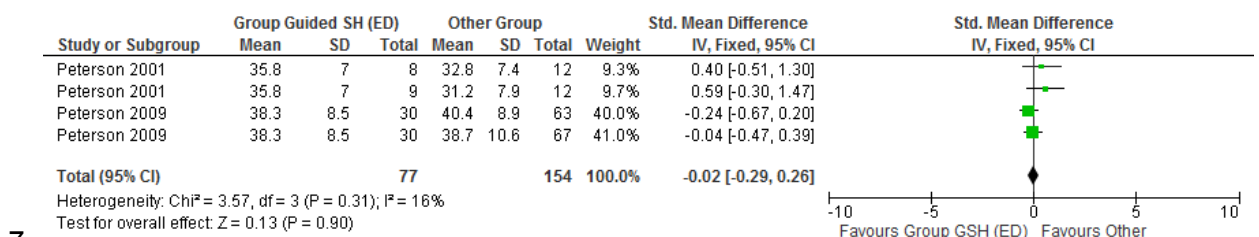
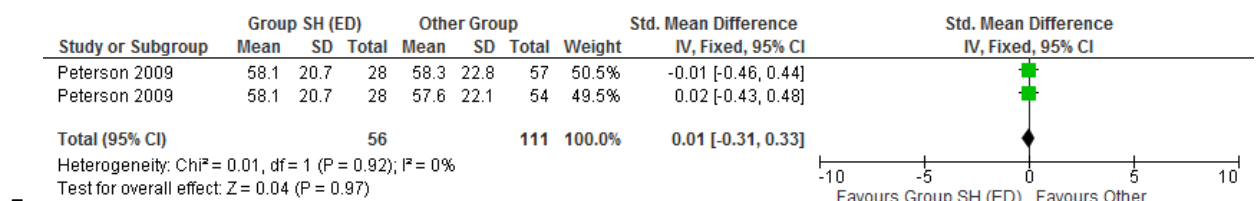
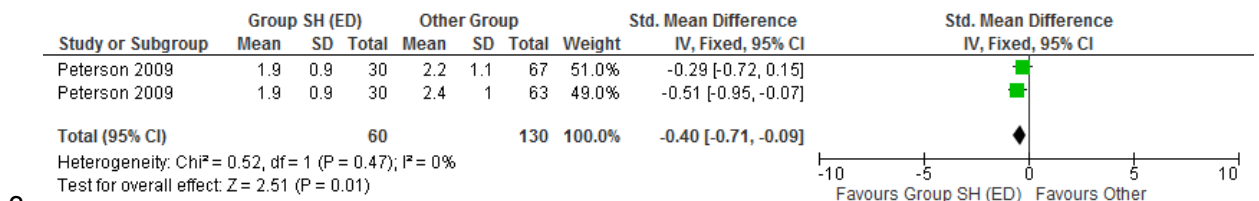
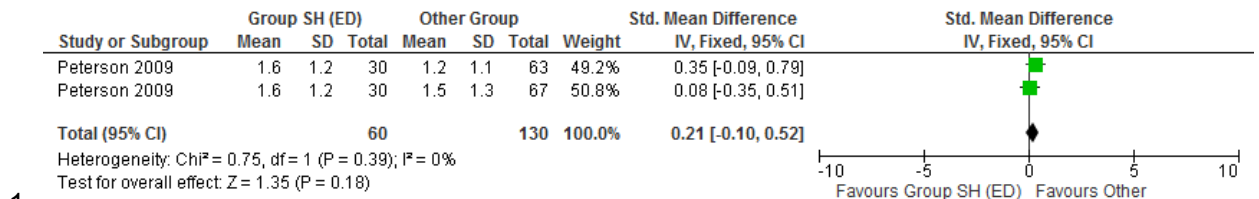
10 **Figure 715: EDE-shape concern**



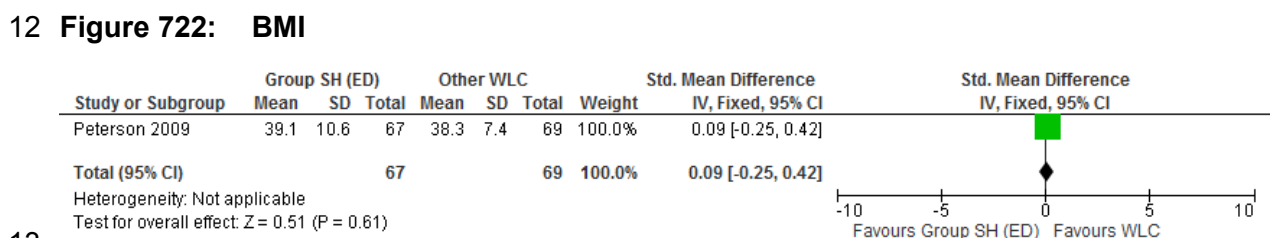
12 **Figure 716: EDE-weight concern**

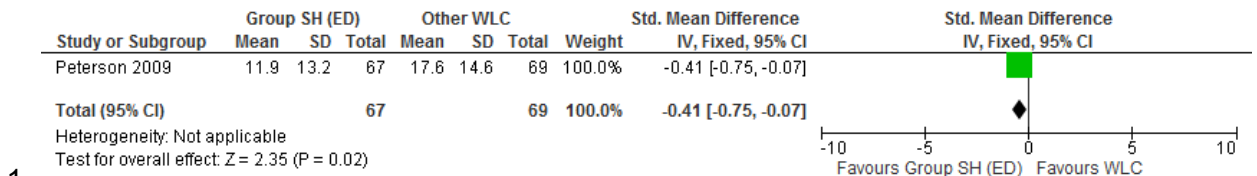


14 **Figure 717: EDE-restraint**

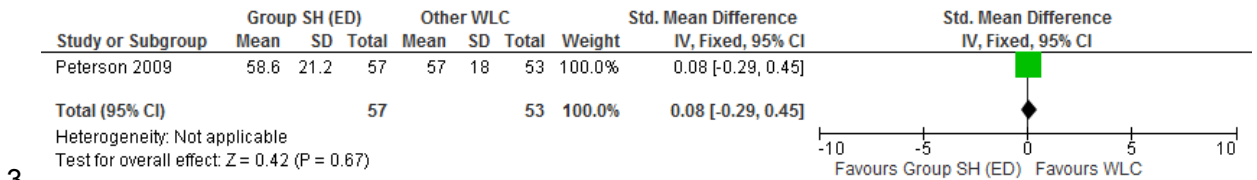


M.3.200 Group self-help (ED) compared with wait list controls (WLC) in adults with binge eating disorder at end of treatment

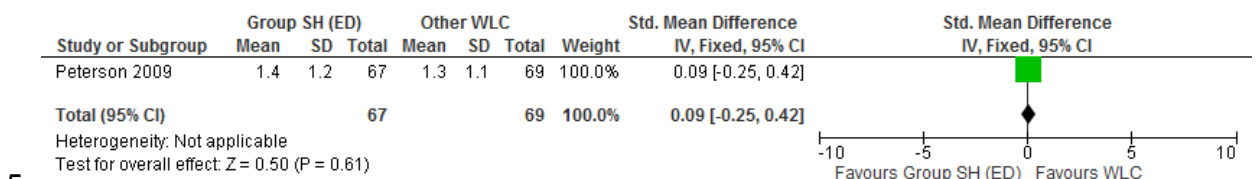




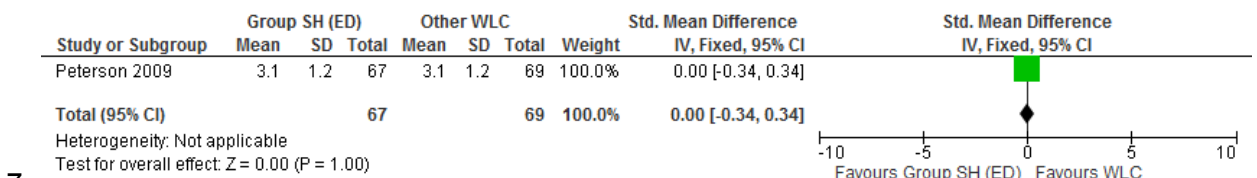
2 **Figure 724: Quality of life**



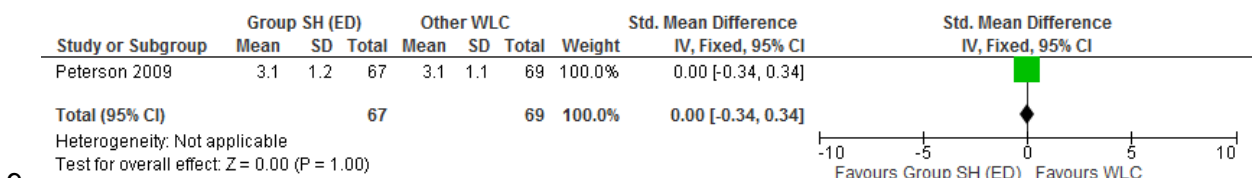
4 **Figure 725: EDE-eating concern**



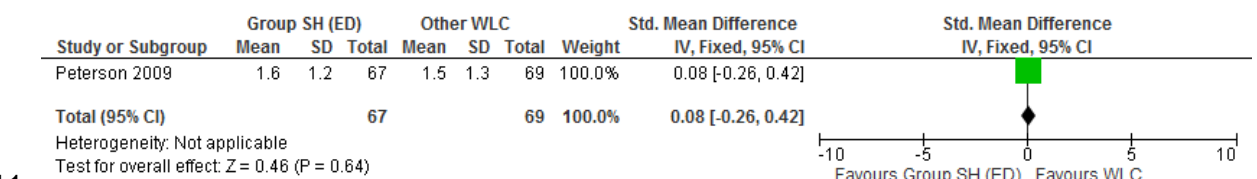
6 **Figure 726: EDE-shape concern**



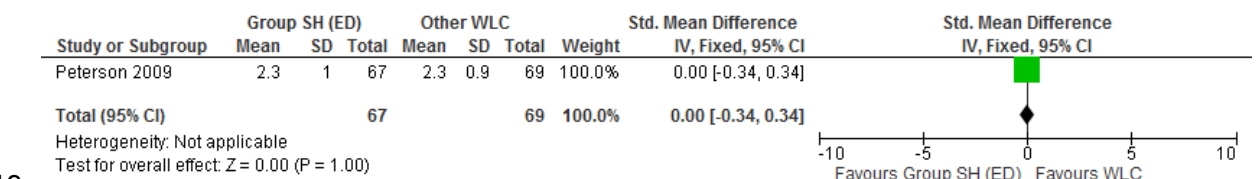
8 **Figure 727: EDE-weight concern**



10 **Figure 728: EDE-restraint**

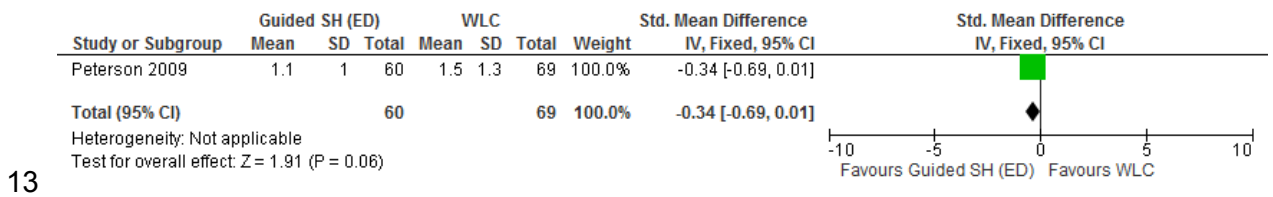
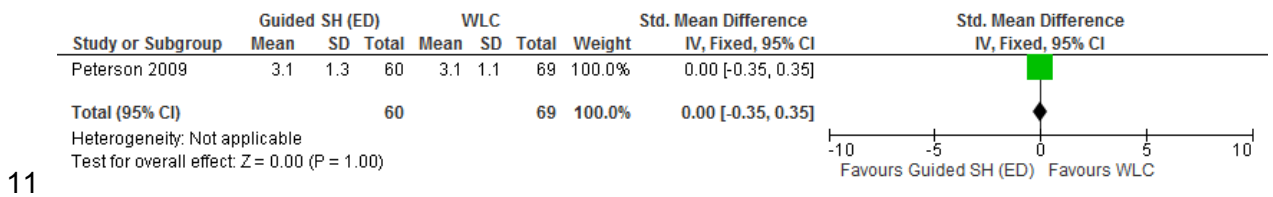
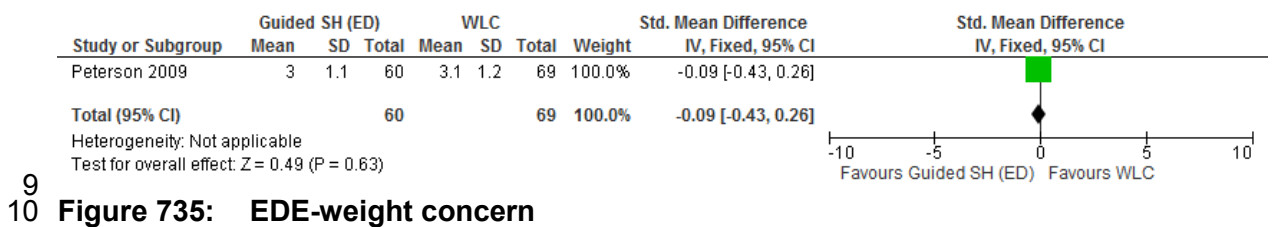
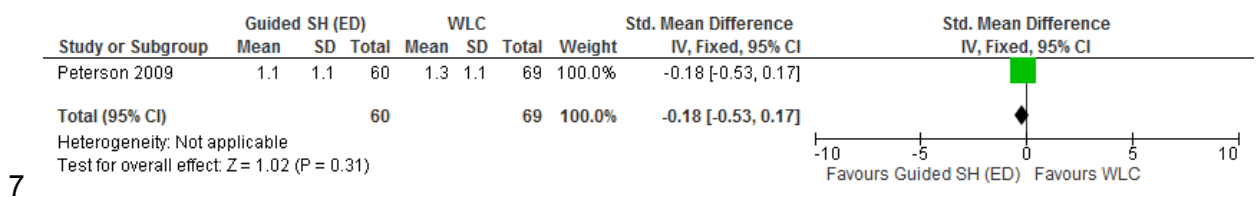
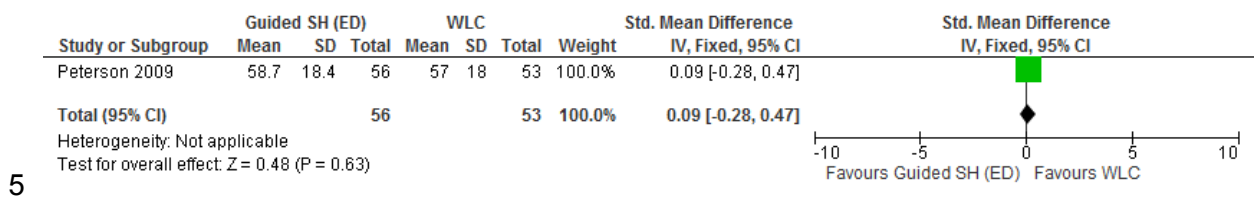
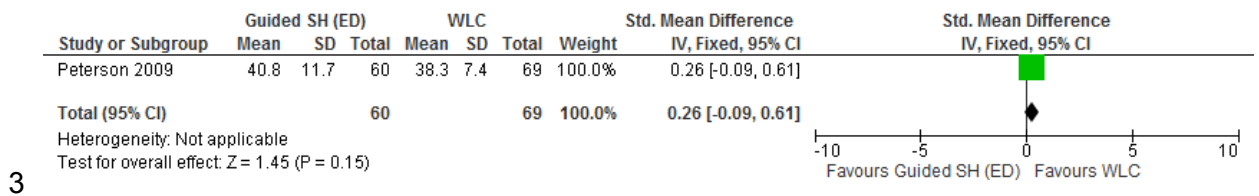
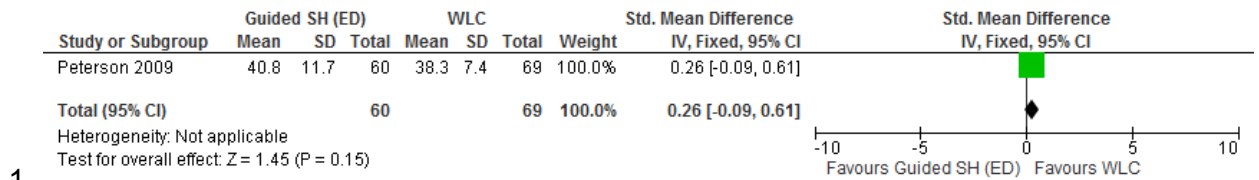


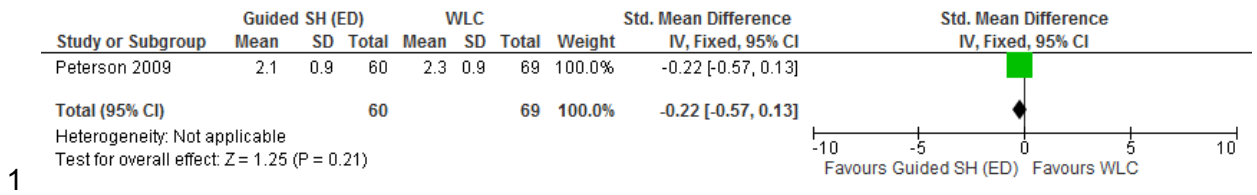
12 **Figure 729: EDE-total**



M.3.214 Group guided self-help (ED) compared with wait list controls (WLC) in adults with binge eating disorder at end of treatment

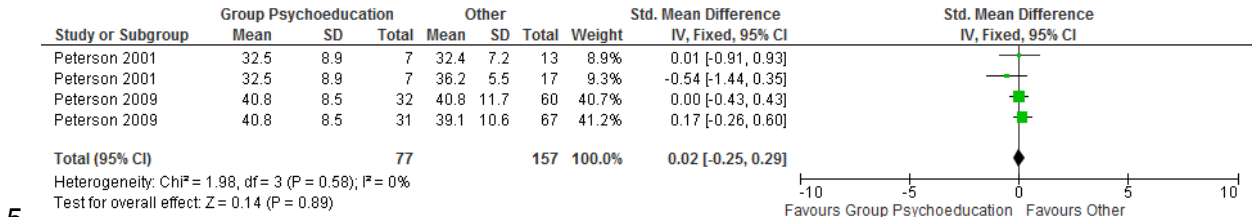
16 **Figure 730: BMI**



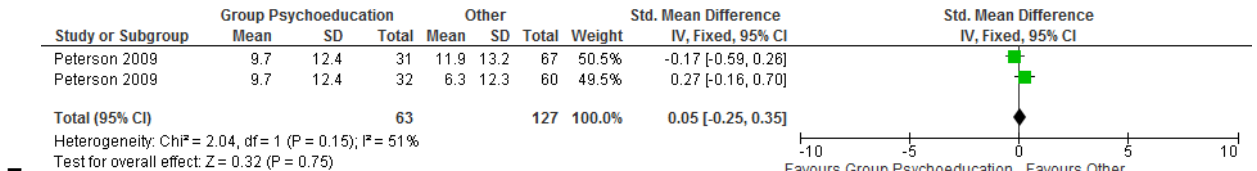


M.3.222 Group psychoeducation compared with another intervention in adults with binge eating disorder at end of treatment

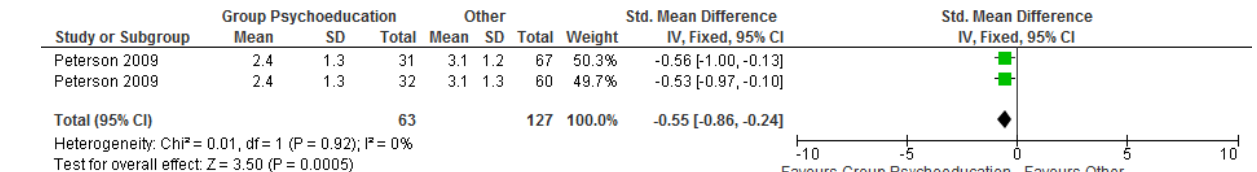
4 Figure 738: BMI



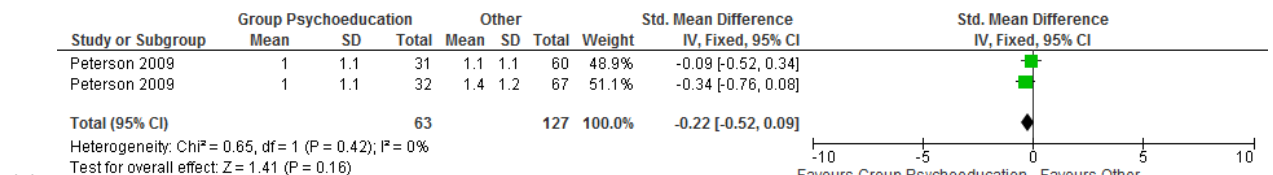
6 Figure 739: Bingeing



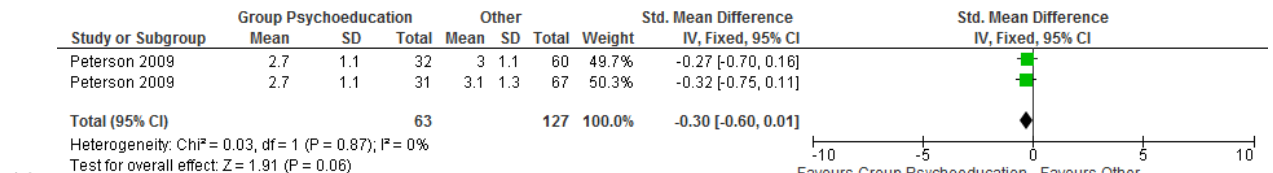
8 Figure 740: Quality of life



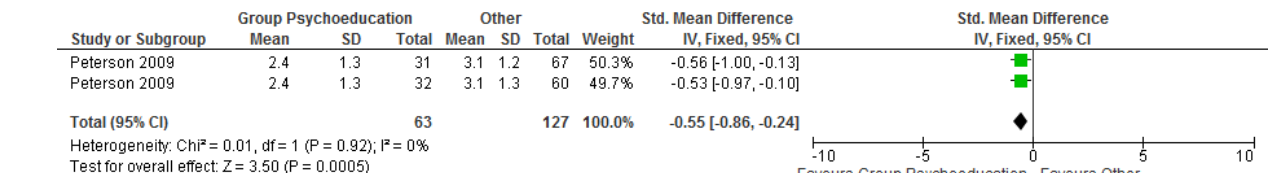
10 Figure 741: EDE-eating concern



12 Figure 742: EDE-shape concern

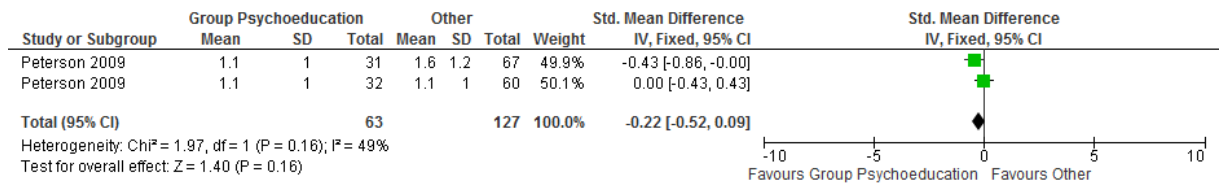


14 Figure 743: EDE-weight concern



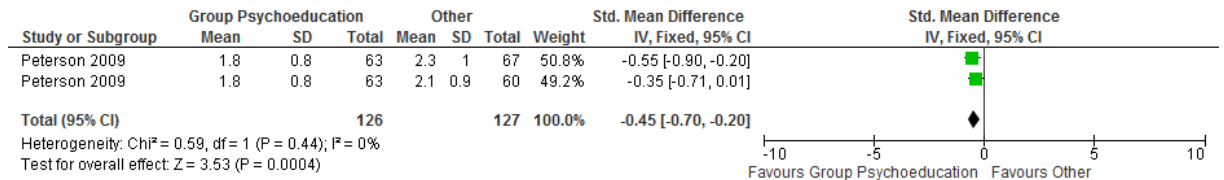
15

1 **Figure 744: EDE-restraint**



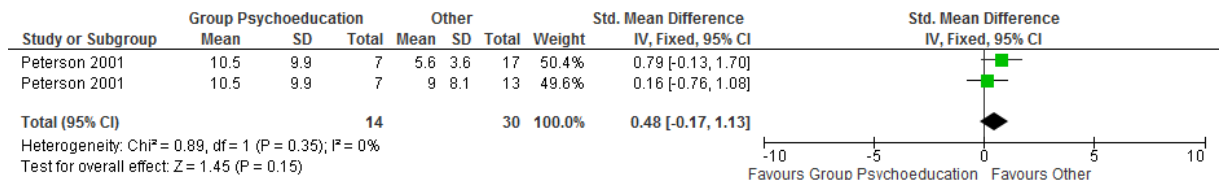
2

3 **Figure 745: EDE-total**



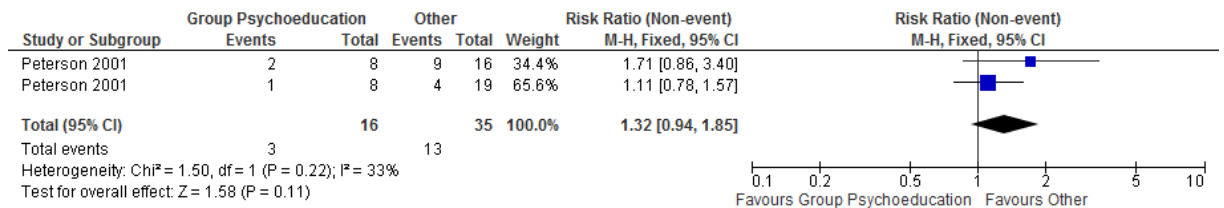
4

5 **Figure 746: Depression**



6

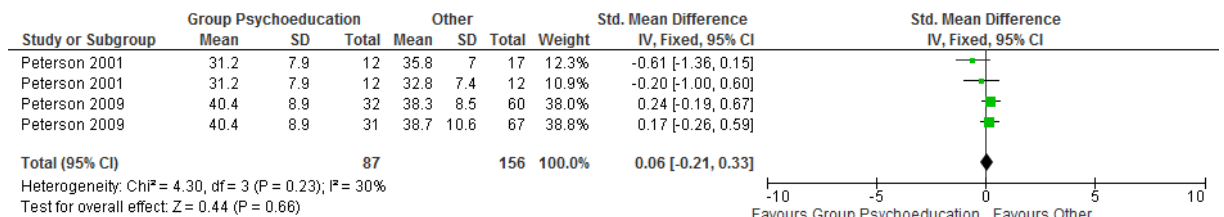
7 **Figure 747: Remission**



8

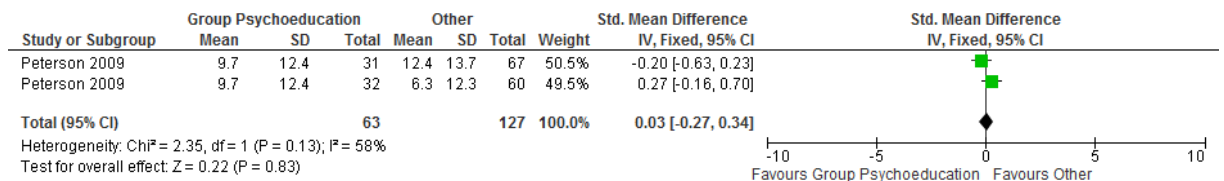
M.3.239 **Group psychoeducation compared with another intervention in adults with binge eating disorder at follow-up**

11 **Figure 748: BMI**



12

13 **Figure 749: Bingeing**

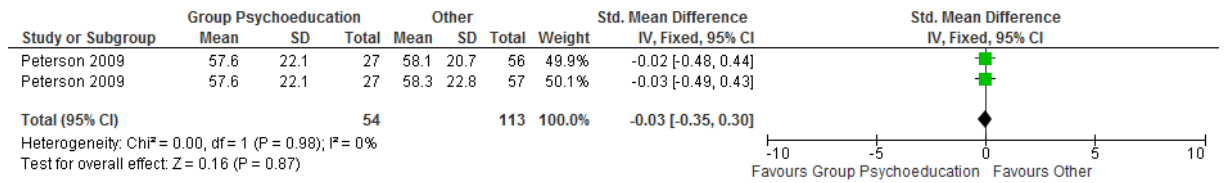


14

15 **Figure 750: Quality of life**

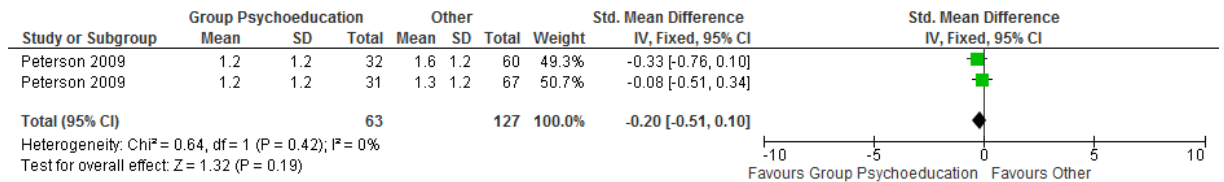
1

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



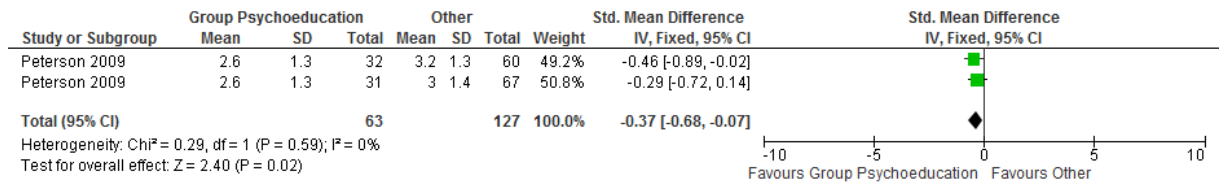
3

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



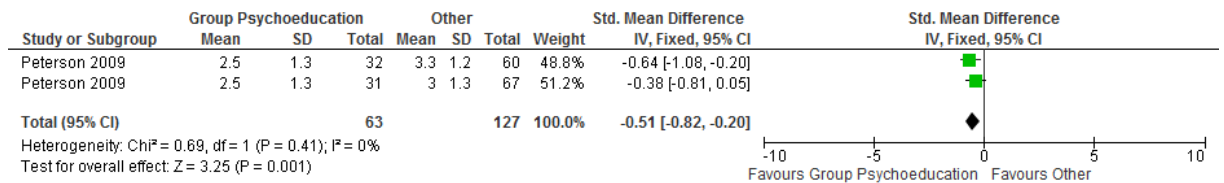
5

6 **Figure 753: EDE-weight concern**



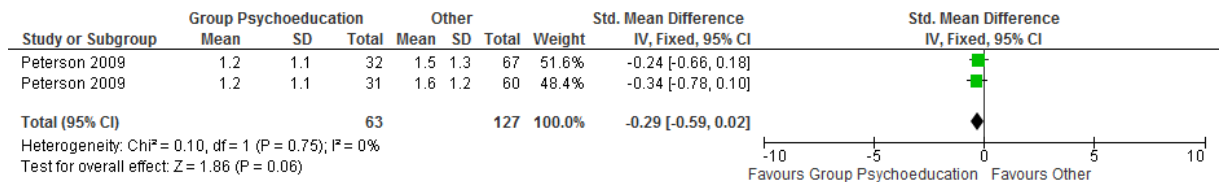
7

8 **Figure 754: EDE-restraint**



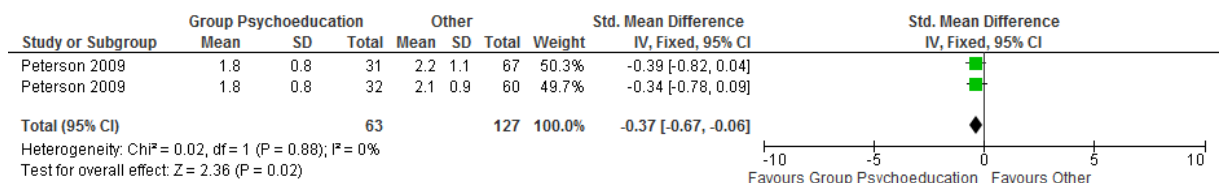
9

10 **Figure 755: EDE-total**



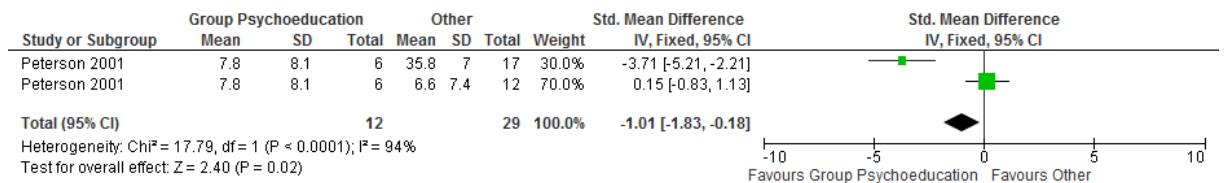
11

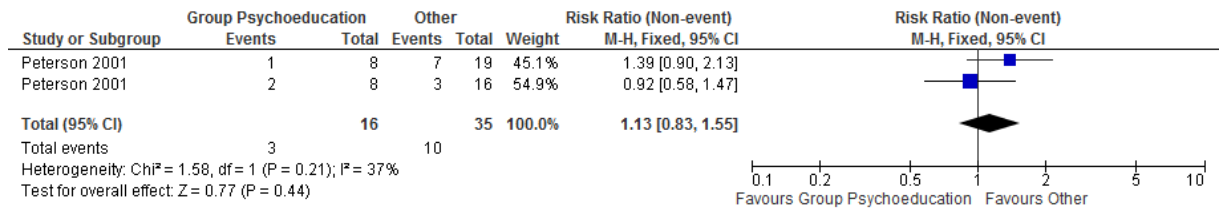
12 **Figure 756: Depression**



13

14 **Figure 757: Remission**



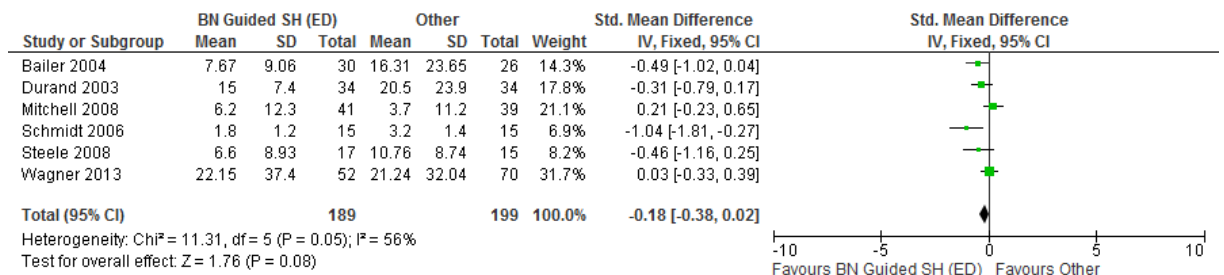


1

M.3.242 Self-help for bulimia nervosa

M.3.24.13 Guided self-help (ED) compared with any other intervention in adults (unless otherwise stated) with bulimia nervosa at the end of treatment

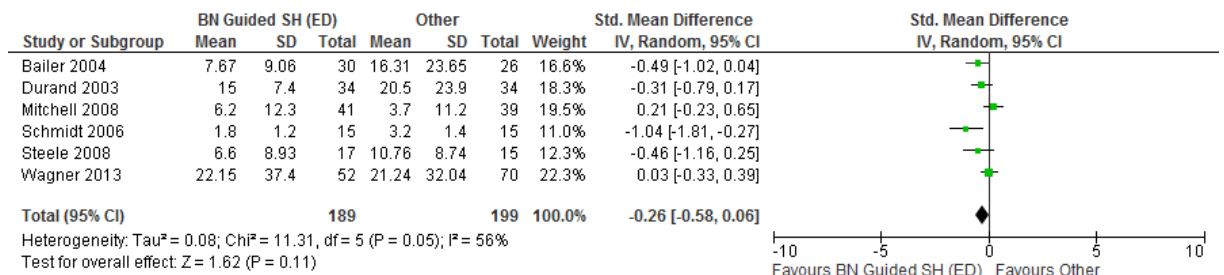
5 Figure 758: Bingeing



6

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

14 Figure 759: Bingeing with random effects

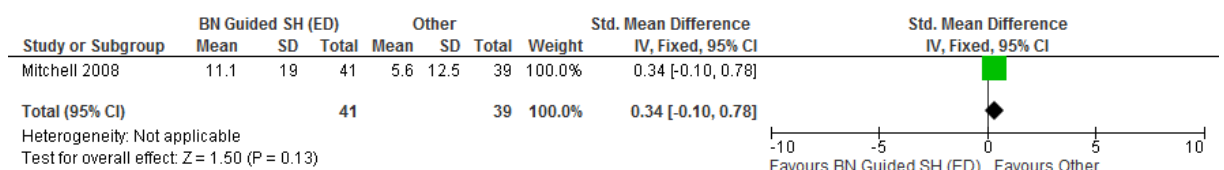


15

16

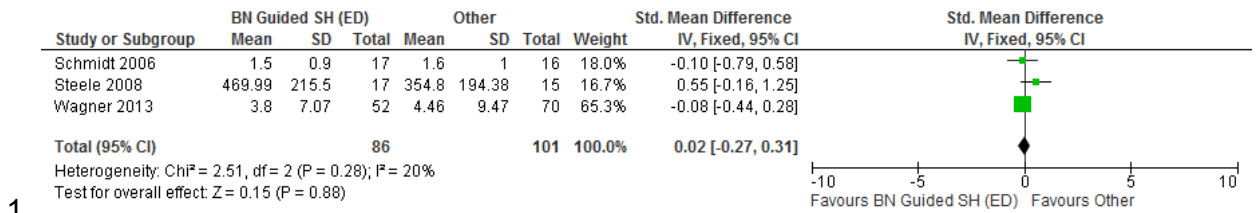
17

18 Figure 760: Purging

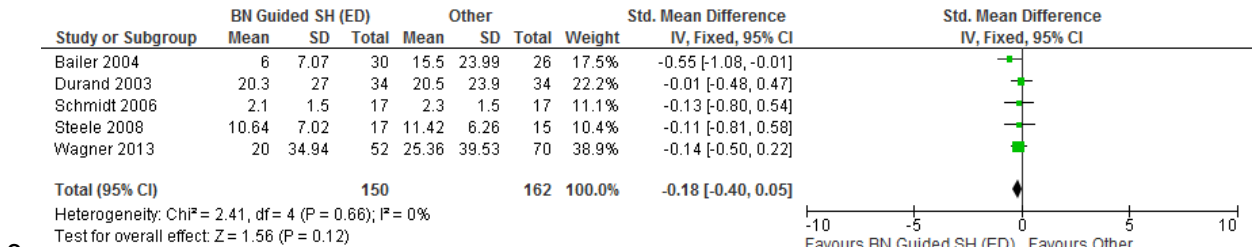


19

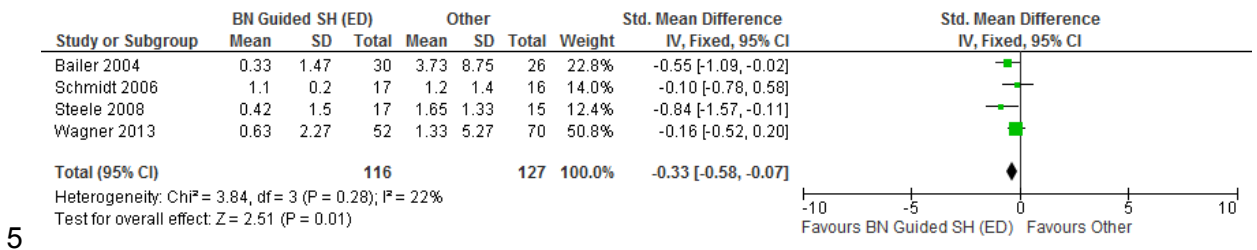
20 Figure 761: Exercising



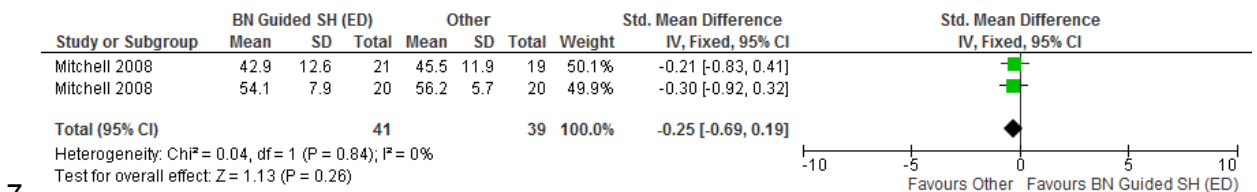
2 **Figure 762: Vomiting**



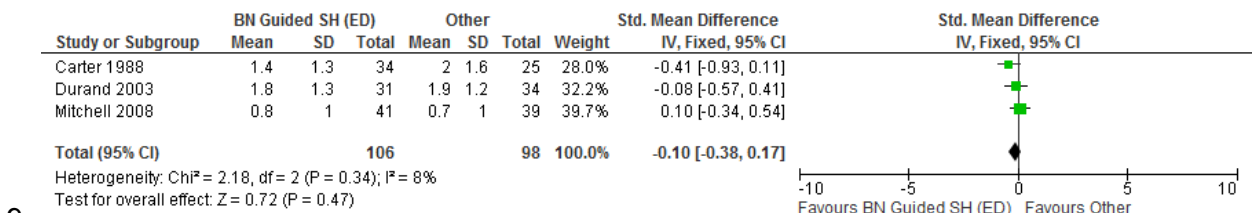
4 **Figure 763: Laxative use**



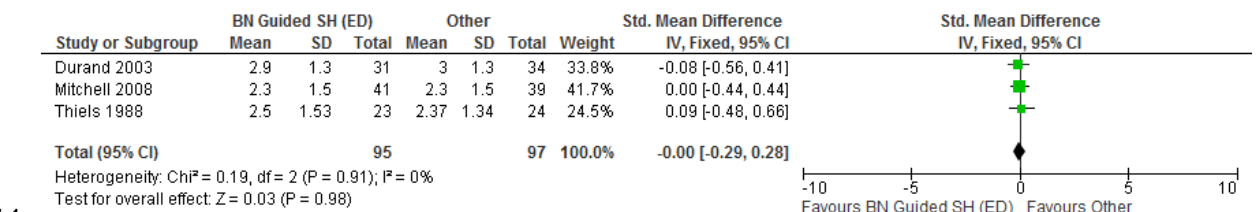
6 **Figure 764: Bulimic inventory index**



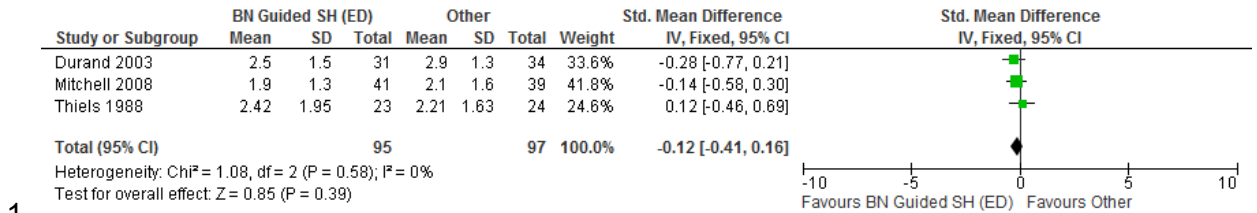
8 **Figure 765: EDE-eating concern**



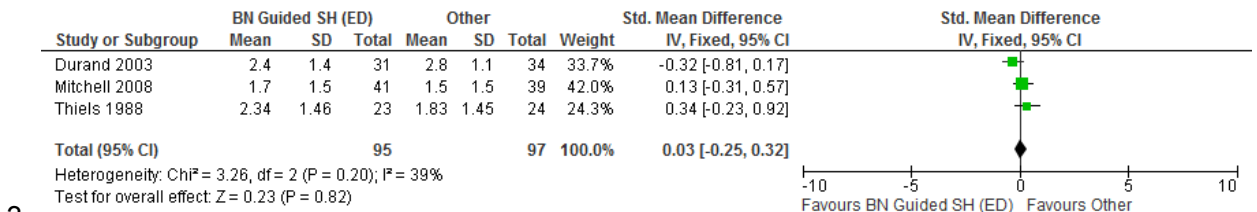
10 **Figure 766: EDE-shape concern**



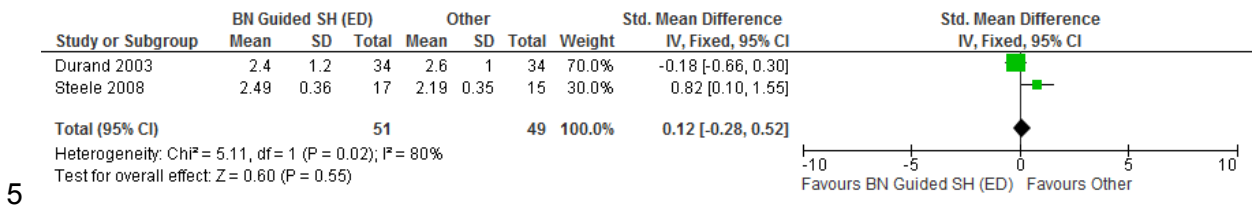
12 **Figure 767: EDE-weight concern**



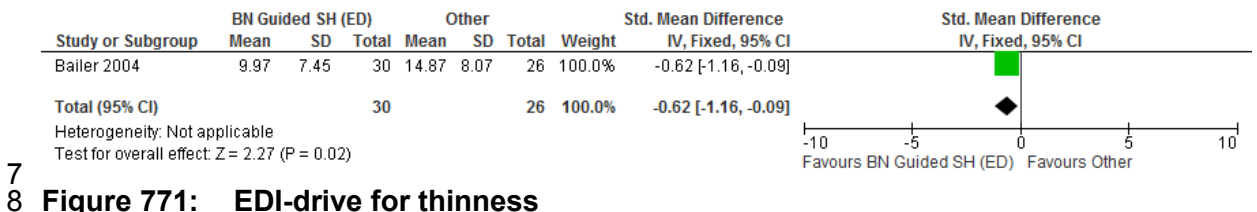
2 **Figure 768: EDE-restraint**



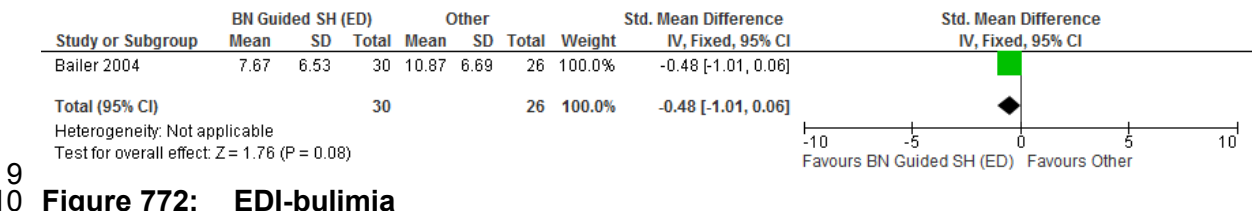
4 **Figure 769: EDE-total**



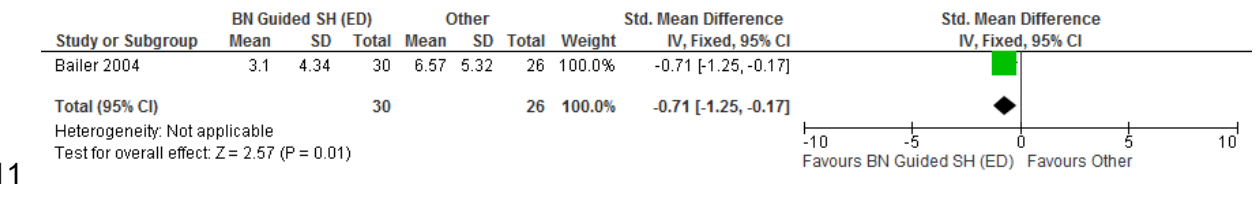
6 **Figure 770: EDI-body dissatisfaction**



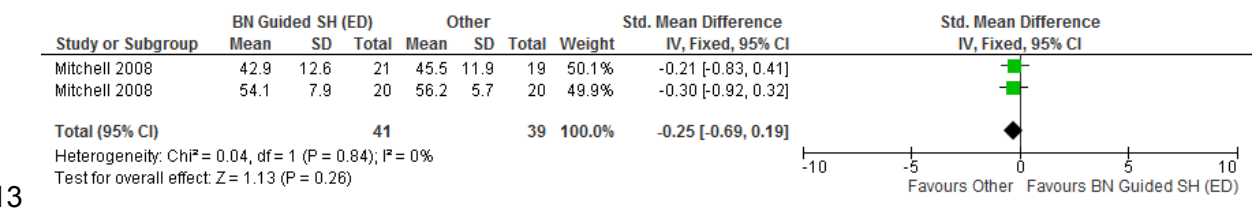
8 **Figure 771: EDI-drive for thinness**



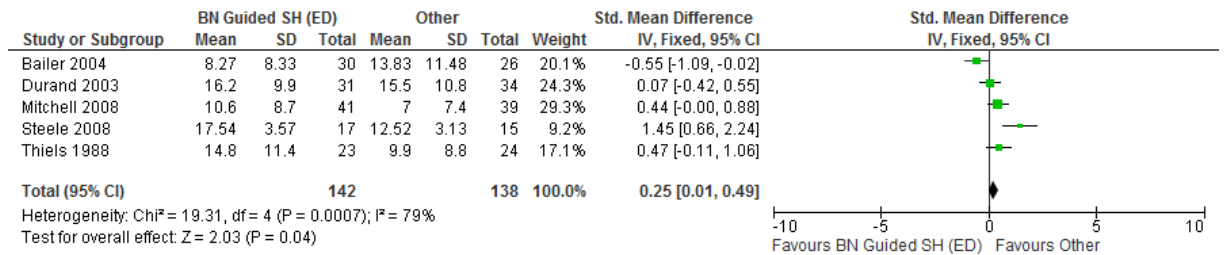
10 **Figure 772: EDI-bulimia**



12 **Figure 773: Satisfaction with life**



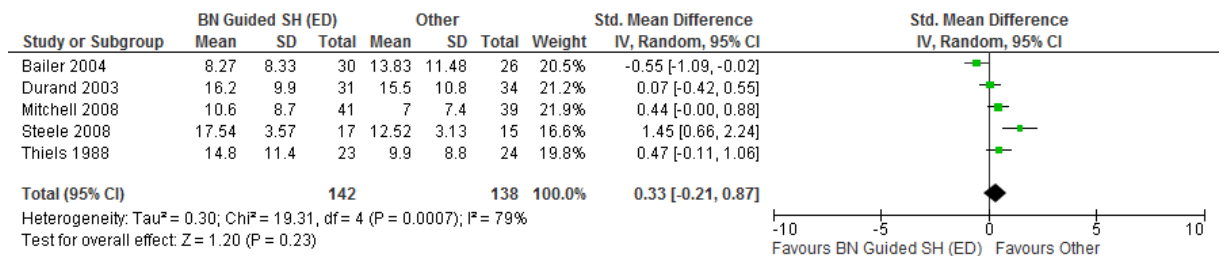
14 **Figure 774: Depression**



1

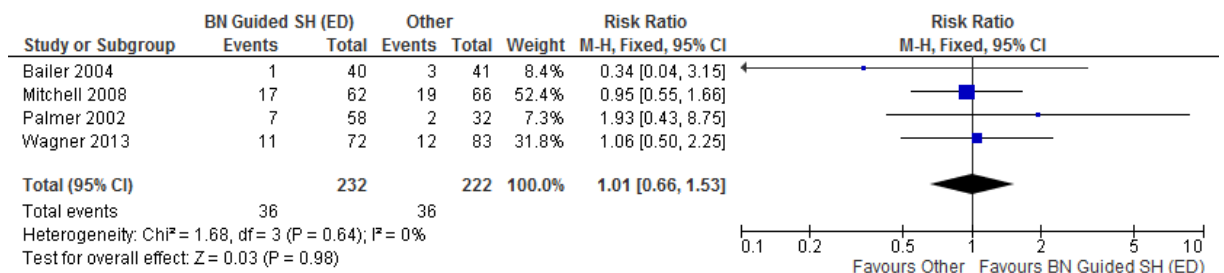
2 Heterogeneity was detected at I²=79%. No studies show an obvious risk of bias. Nor could
3 any of subgroup analysis explain any variability, they were general similar populations in
4 terms of their severity of illness, comorbidities and duration of illness, or it was not reported in
5 the study. In the absence of an explanation, a random effects analysis was included.

6 **Figure 775: Depression with random effects**



7

8 **Figure 776: Remission in adults**

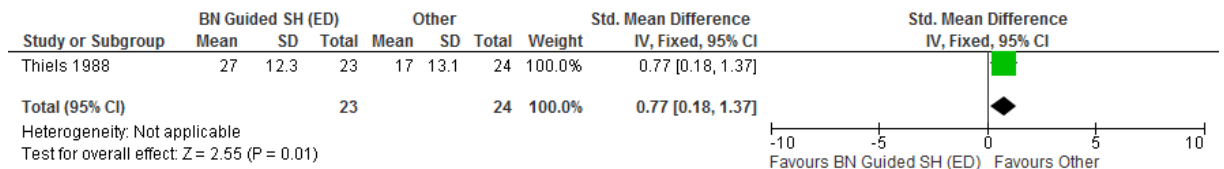


9

10

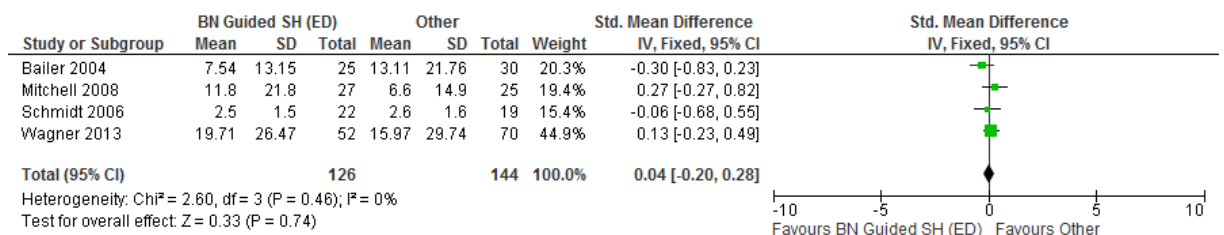
M.3.24.21 **Guided self-help (ED) compared with any other intervention in adults (unless
12 otherwise stated) with bulimia nervosa at follow-up**

13 **Figure 777: Bulimic inventory index**



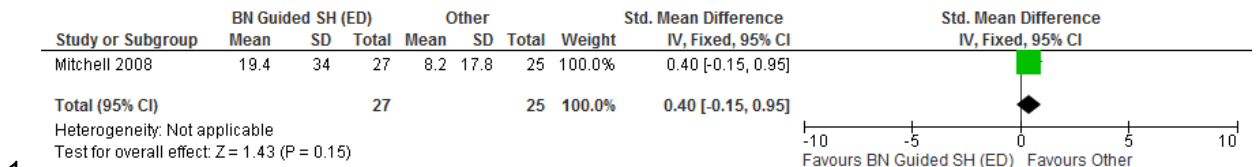
14

15 **Figure 778: Bingeing**

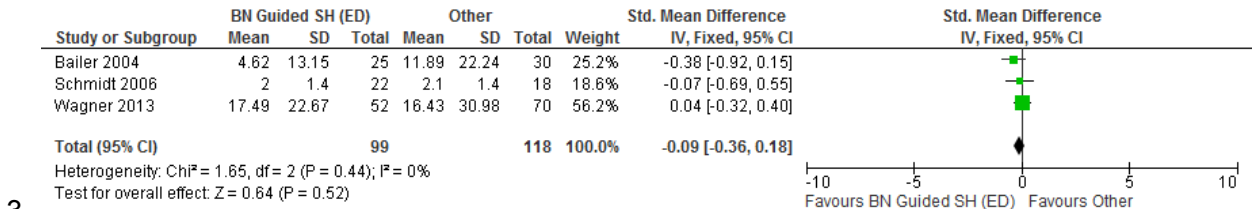


16

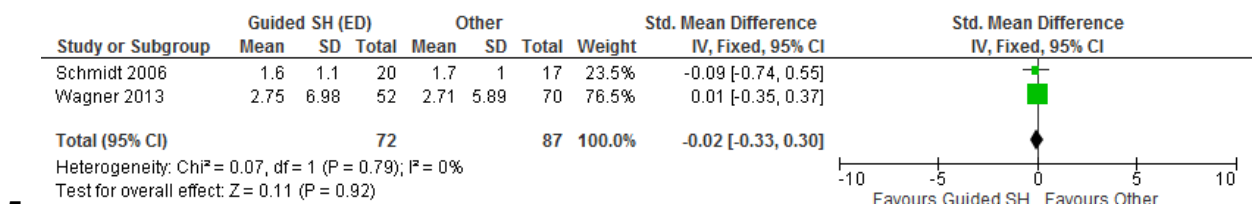
17 **Figure 779: Purging**



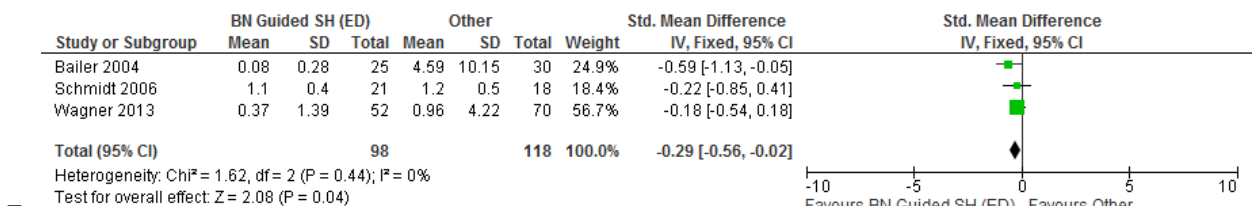
2 **Figure 780: Vomiting**



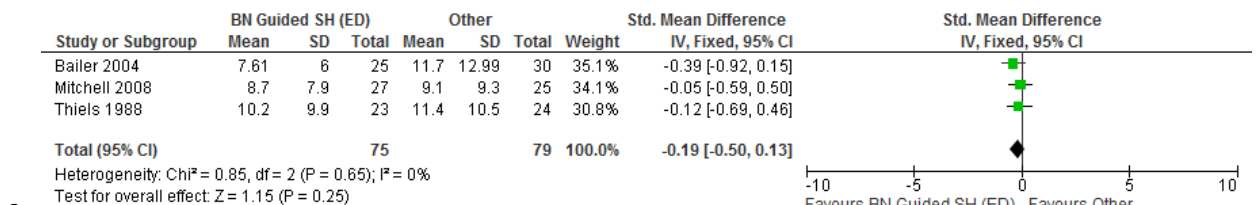
4 **Figure 781: Excessive exercise**



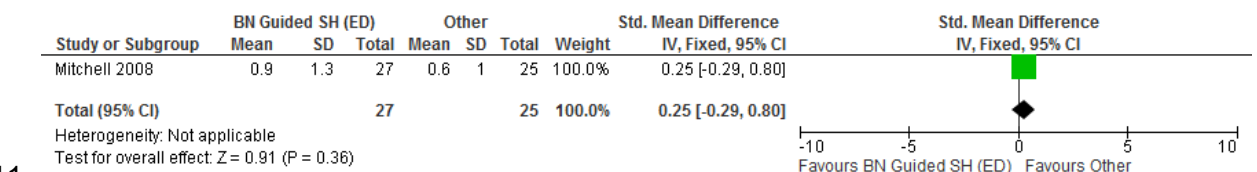
6 **Figure 782: Laxative use**



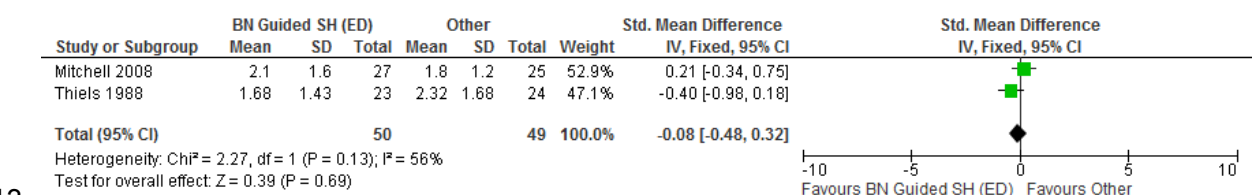
8 **Figure 783: Depression**



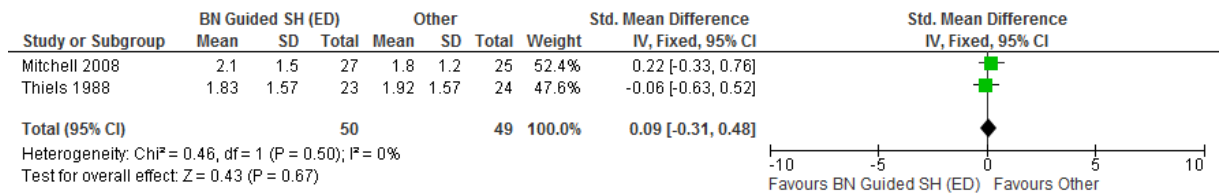
10 **Figure 784: EDE-eating concern**



12 **Figure 785: EDE-shape concern**

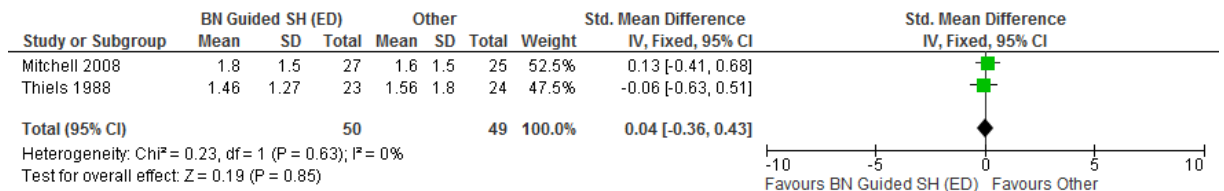


1 **Figure 786: EDE-weight concern**



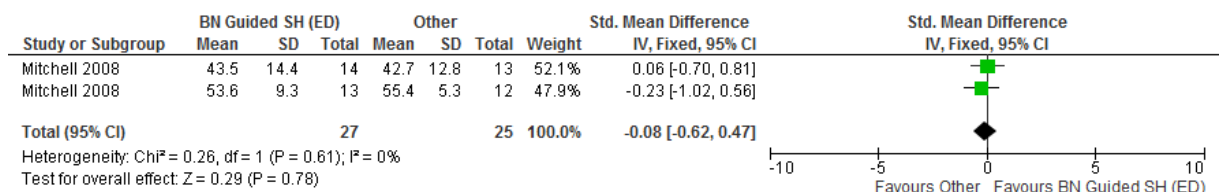
2

3 **Figure 787: EDE-restraint**



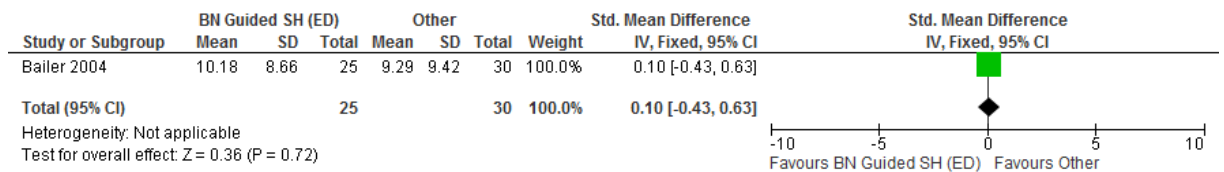
4

5 **Figure 788: Satisfaction with life**



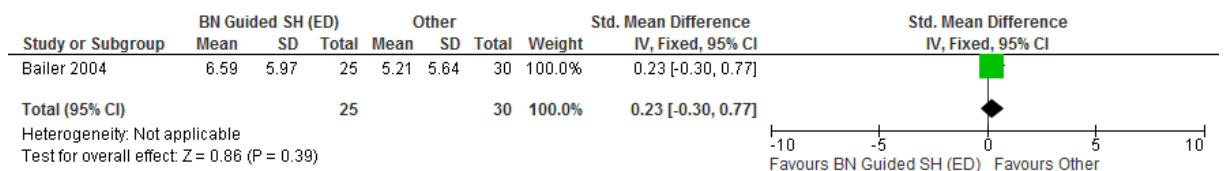
6

7 **Figure 789: EDI-body dissatisfaction**



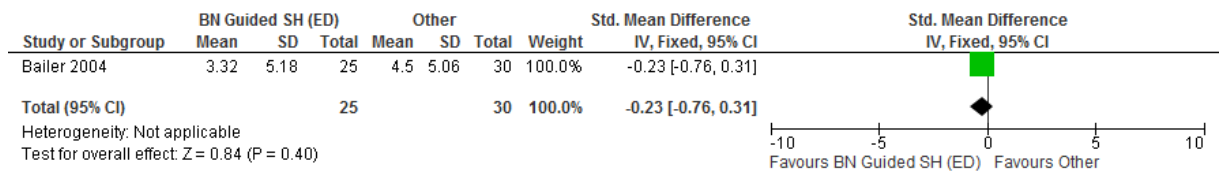
8

9 **Figure 790: EDI-drive for thinness**



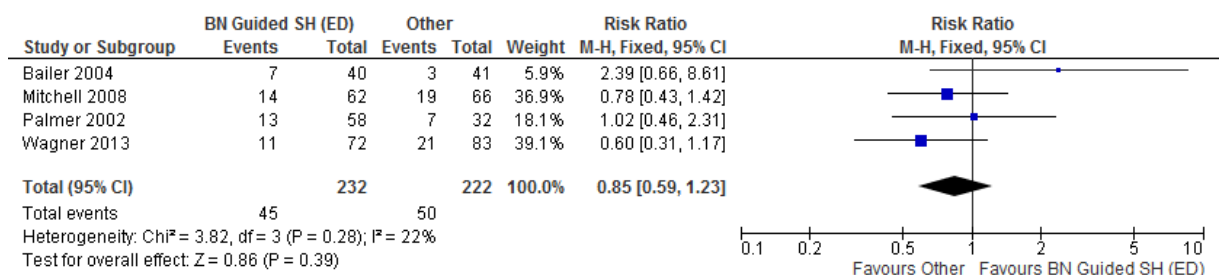
10

11 **Figure 791: EDI-bulimia**



12

13 **Figure 792: Remission in adults**

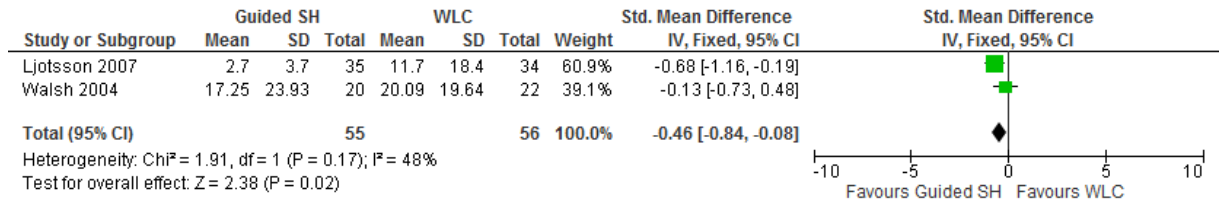


14

1

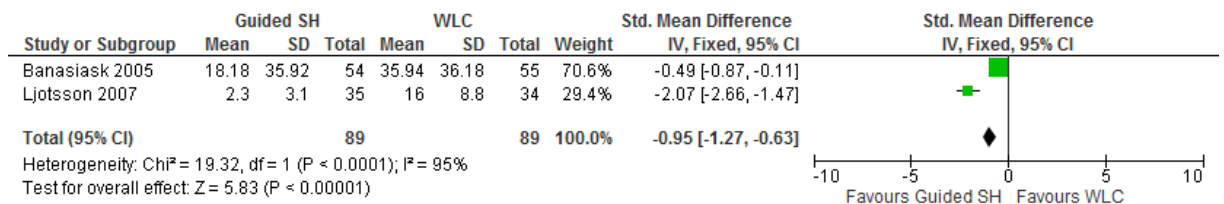
M.3.24.32 Guided self-help (ED) compared with wait list controls (WLC) in adults (unless otherwise stated) with bulimia nervosa at end of treatment

4 Figure 793: Bingeing



5

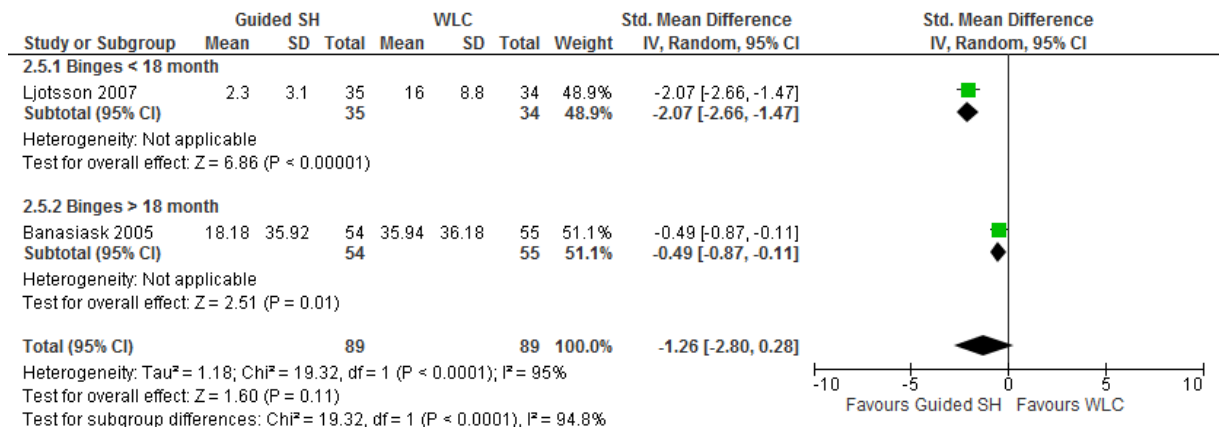
6 Figure 794: Purging



7

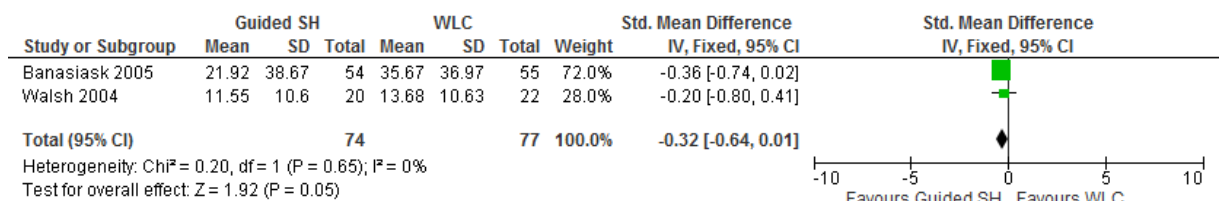
8 Heterogeneity was detected at I²=95%. A sensitivity analysis was difficult to explore with only
9 2 studies, also a subgroup analysis on the duration of illness and presence comorbidities
10 could not be used since they were similar in the 2 studies. However, severity of illness may
11 explain the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

12 Figure 795: Purging with subgroup analysis



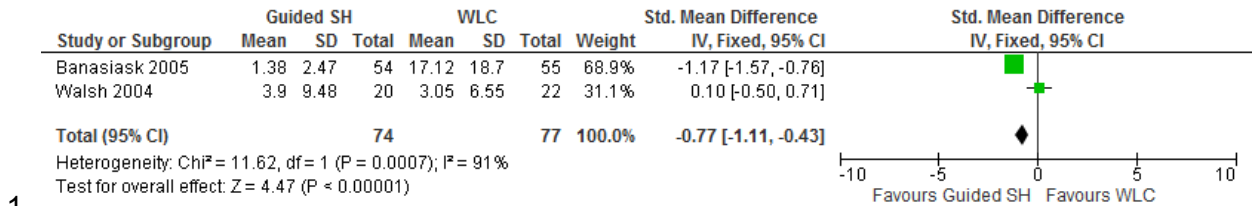
13

14 Figure 796: Vomiting



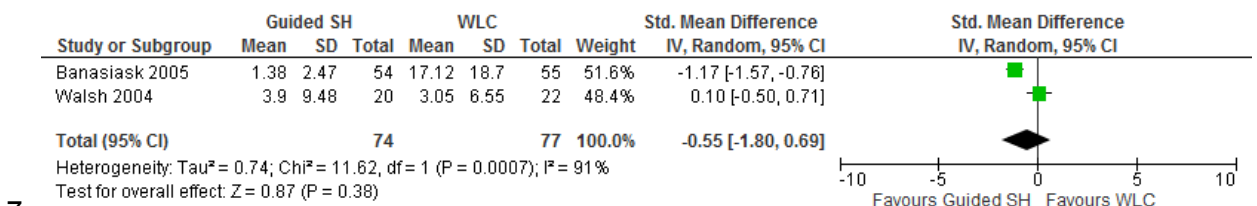
15

16 Figure 797: Laxative use

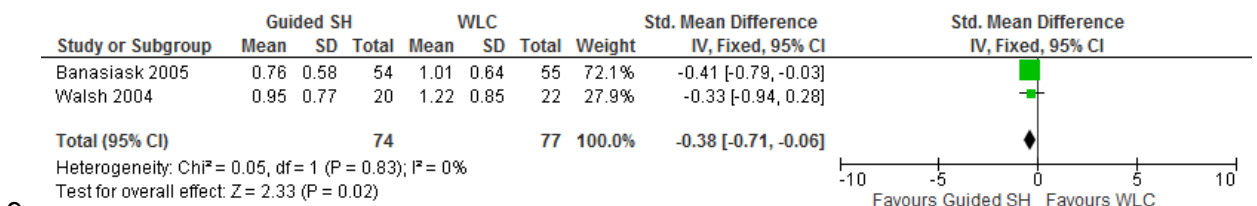


2 Heterogeneity was detected at $I^2=91\%$, although Walsh had a high risk of bias with a high
3 number of dropouts, it was difficult to know if this explained the heterogeneity. Duration of
4 illness, severity of illness and presence of comorbidities appeared similar in the two studies.
5 In the absence of an explanation, random effects were presented.

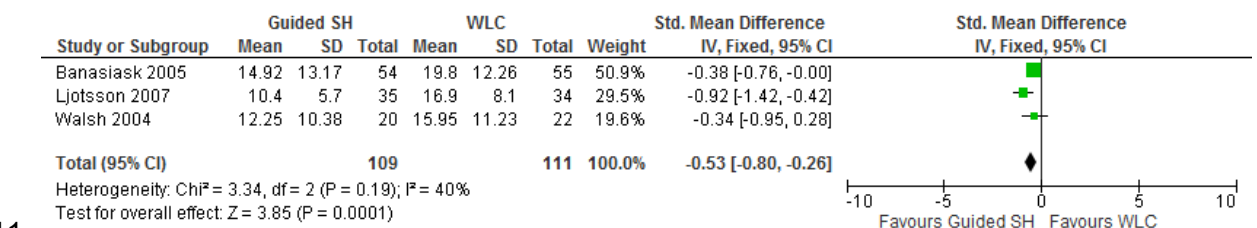
6 **Figure 798: Laxative use with random effects**



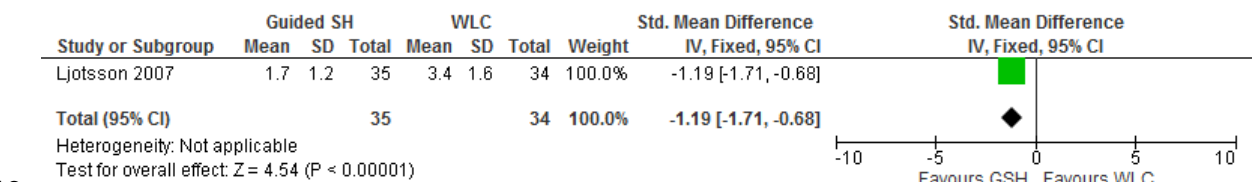
8 **Figure 799: Clinical symptom index**



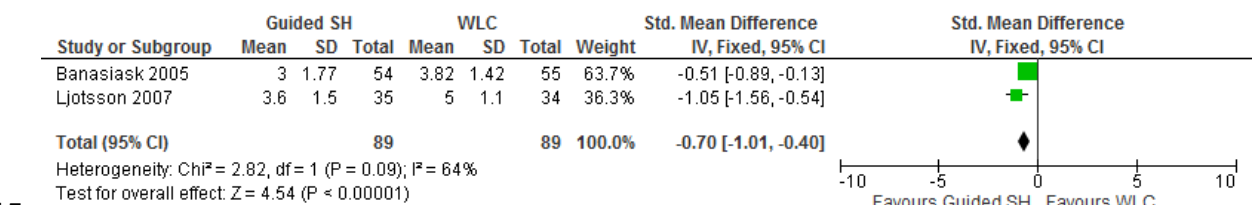
10 **Figure 800: Depression**



12 **Figure 801: EDE-eating concern**



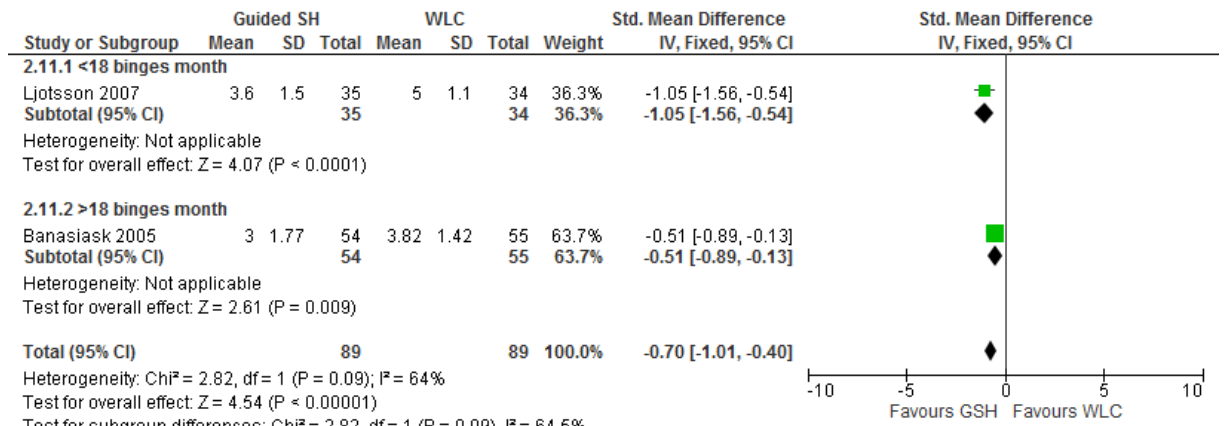
14 **Figure 802: EDE-shape concern**



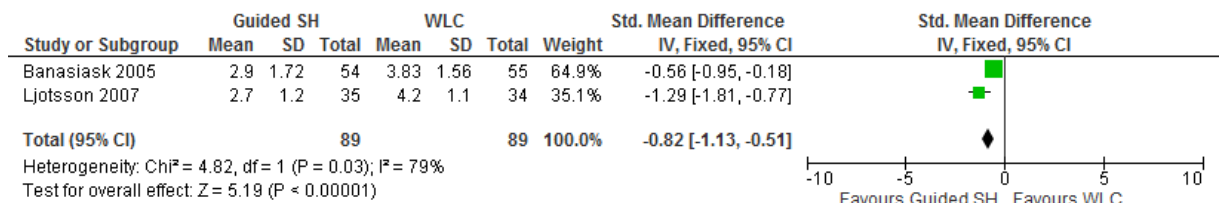
1 Heterogeneity was detected at $I^2=64\%$. A sensitivity analysis was difficult to explore with only
 2 2 studies, also a subgroup analysis on the duration of illness and presence comorbidities
 3 could not be used since they were similar in the 2 studies. However, severity of illness may
 4 explain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

5

6 **Figure 803: EDE-shape concern subgroup analysis**



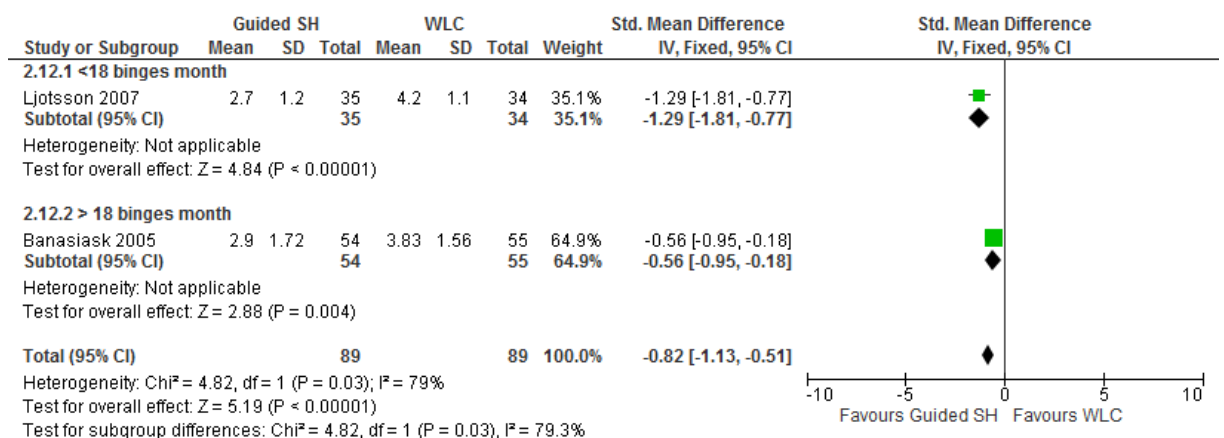
8 **Figure 804: EDE-weight concern**



10 Heterogeneity was detected at $I^2=79\%$. A sensitivity analysis was difficult to explore with only
 11 2 studies, also a subgroup analysis on the duration of illness and presence comorbidities
 12 could not be used since they were similar in the 2 studies. However, severity of illness may
 13 explain the heterogeneity as shown in the forest plot below.

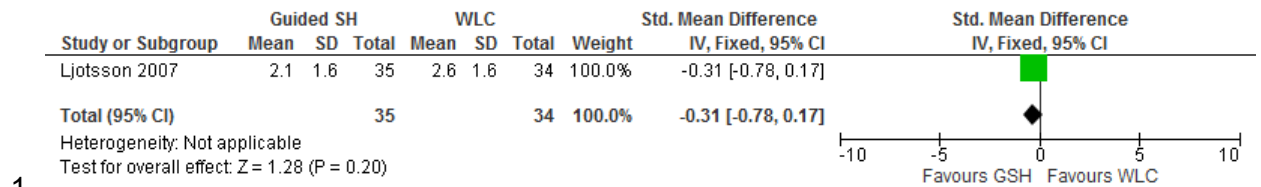
14

15 **Figure 805: EDE-weight concern subgroup analysis**

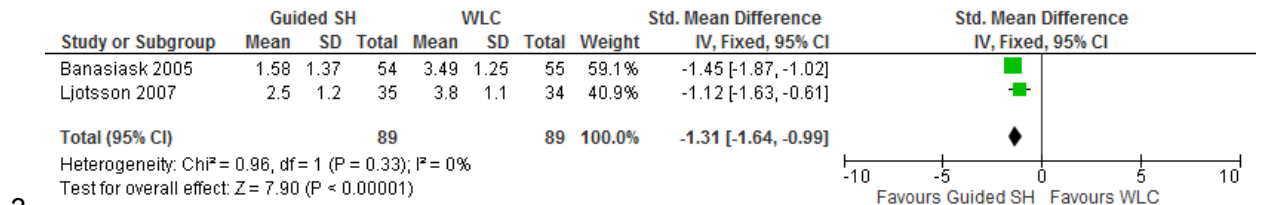


17

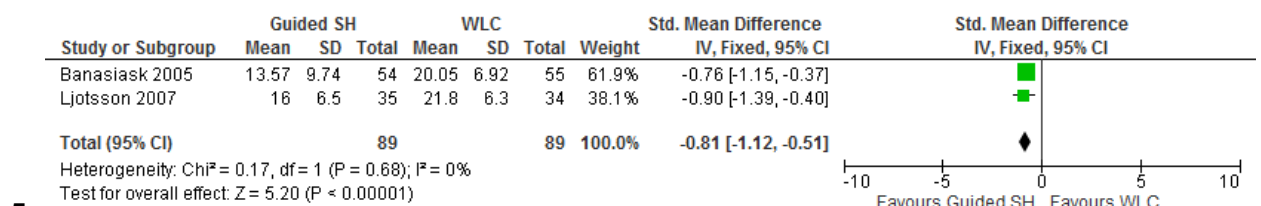
18 **Figure 806: EDE-restraint**



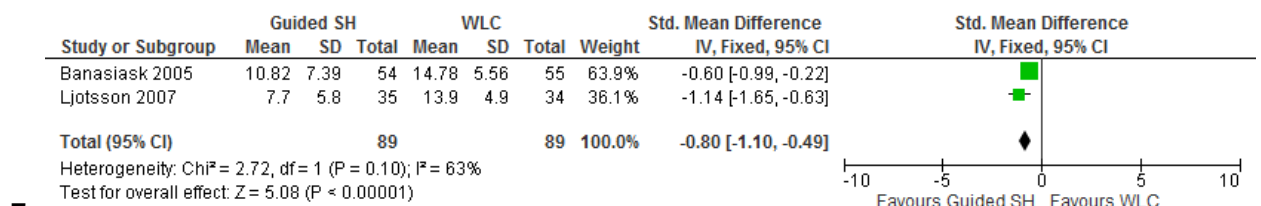
2 Figure 807: EDE-total



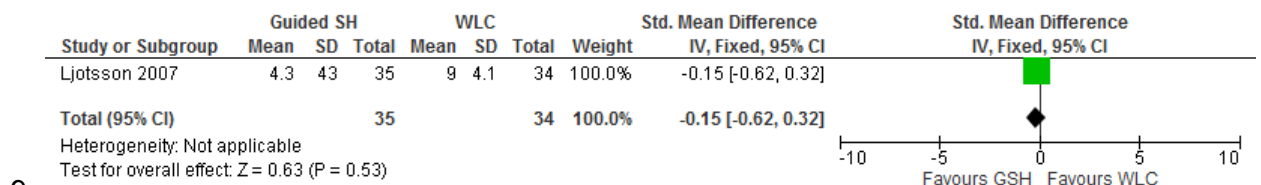
4 Figure 808: EDI-body dissatisfaction



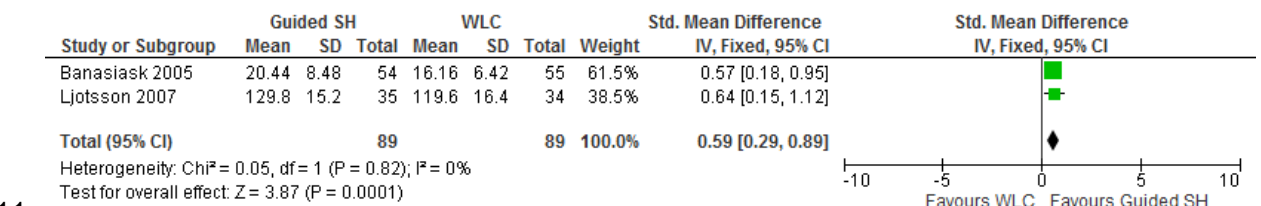
6 Figure 809: EDI-drive for thinness



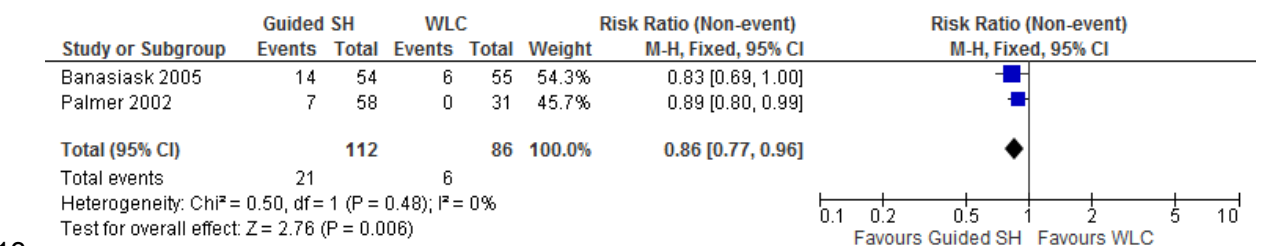
8 Figure 810: EDI-bulimia



10 Figure 811: Quality of life



12 Figure 812: Remission



M.3.24.41 Guided self-help (ED) compared with wait list controls in adults (unless otherwise stated) with bulimia nervosa at follow-up

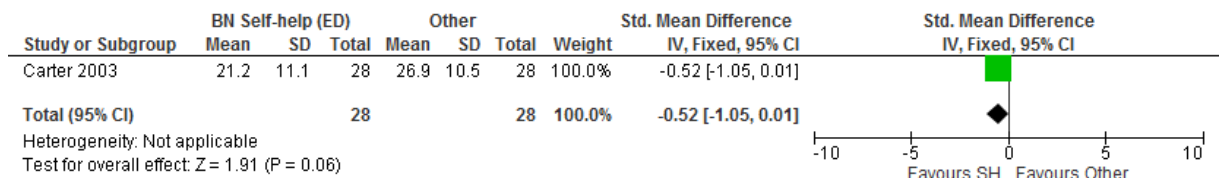
3 Figure 813: Remission



4

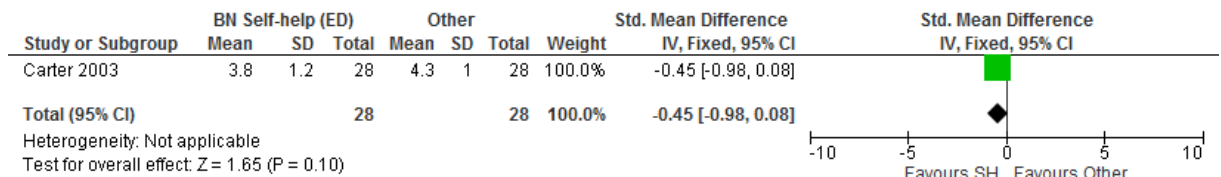
M.3.24.55 Self-help compared with any other intervention in adults with bulimia nervosa at end of treatment

7 Figure 814: Depression



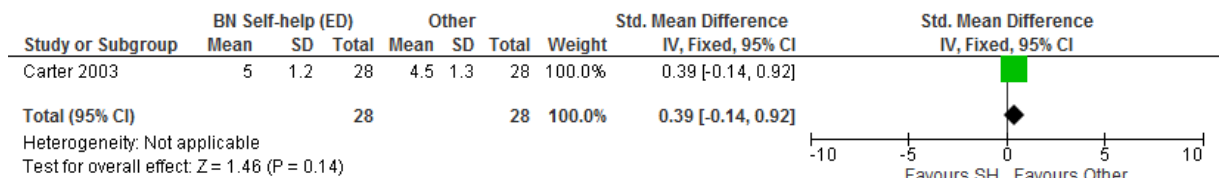
8

9 Figure 815: EDE-eating concern



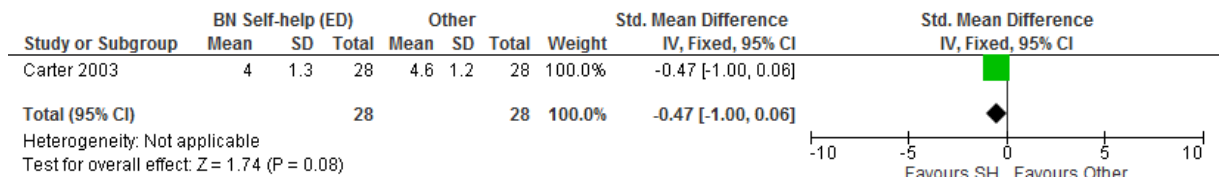
10

11 Figure 816: EDE-shape concern



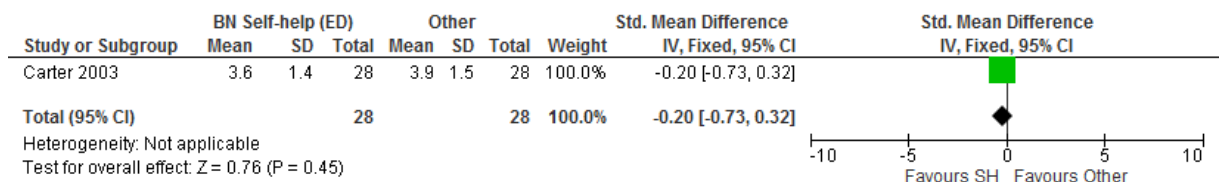
12

13 Figure 817: EDE-weight concern



14

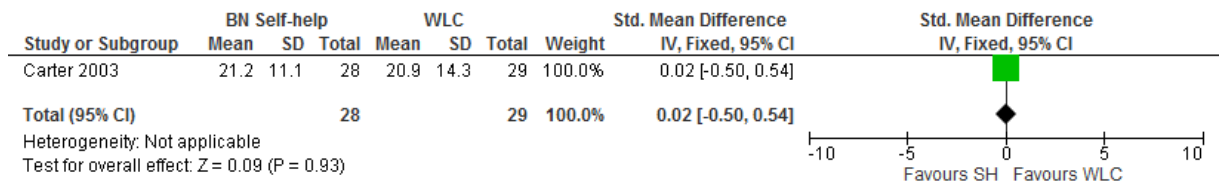
15 Figure 818: EDE-restraint



16

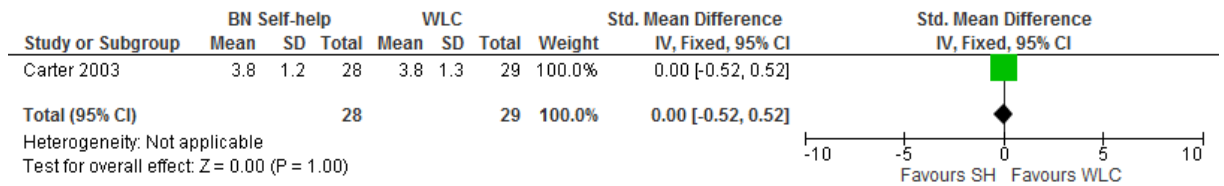
M.3.24.61 Self-help compared with wait list controls (WLC) in adults with bulimia nervosa at end of treatment

3 Figure 819: Depression



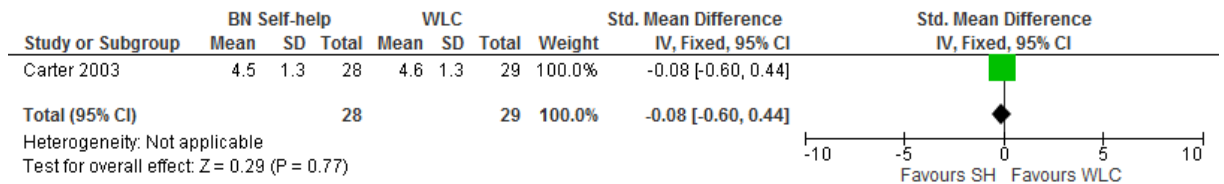
4

5 Figure 820: EDE-eating concern



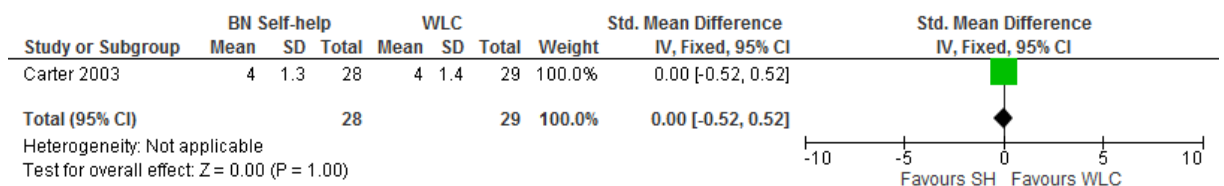
6

7 Figure 821: EDE-shape concern



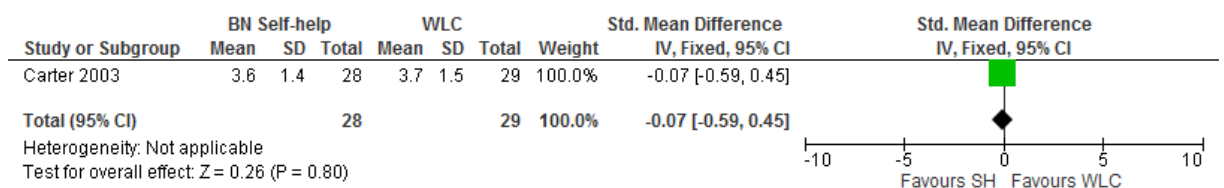
8

9 Figure 822: EDE-weight concern



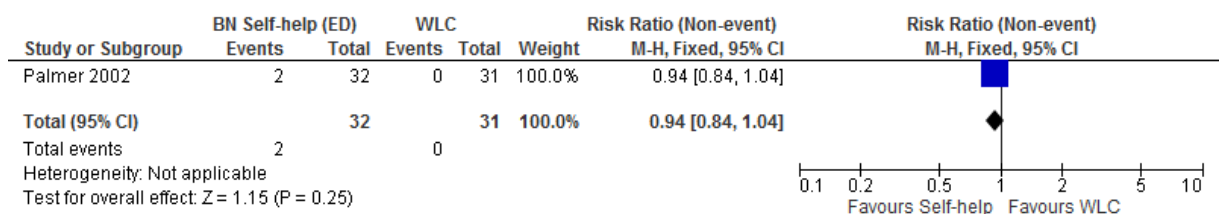
10

11 Figure 823: EDE-restraint



12

13 Figure 824: Remission



14

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

17 Figure 825: Remission

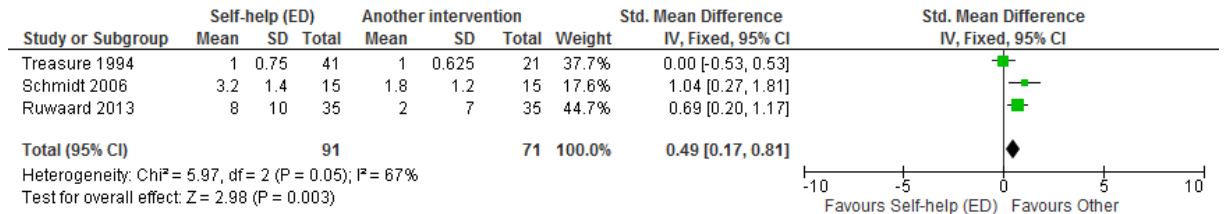


1

M.3.24.82 Self-help (ED) compared with any other intervention in adults with bulimia nervosa at end of treatment

3

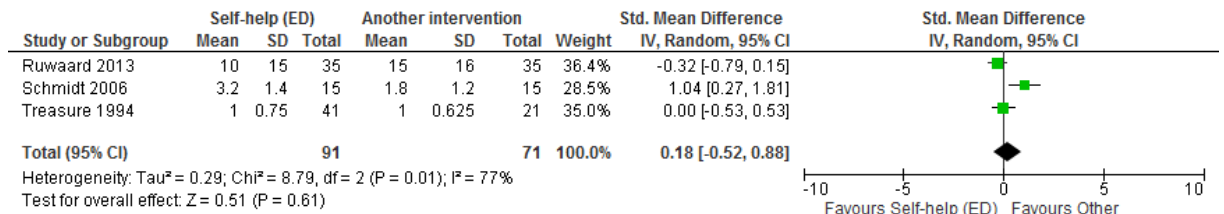
4 Figure 826: Bingeing



5

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

12 Figure 827: Bingeing with random effects

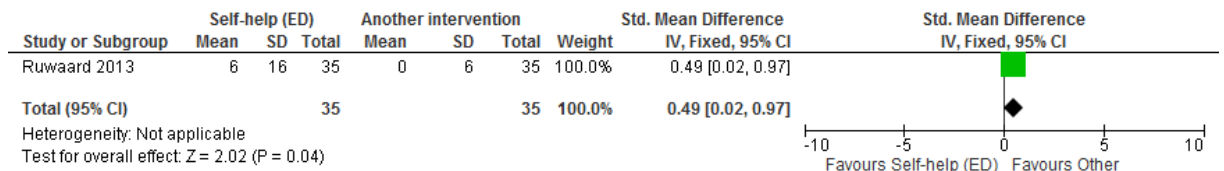


13

14

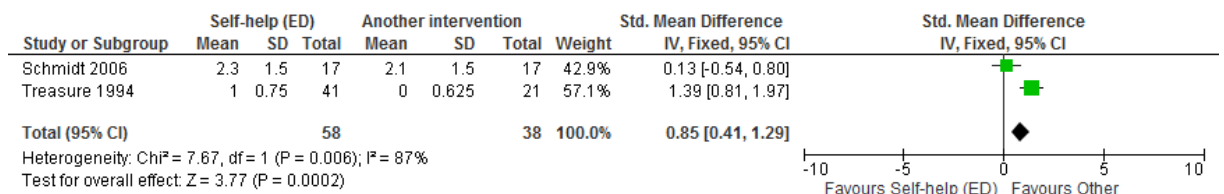
15

16 Figure 828: Purging



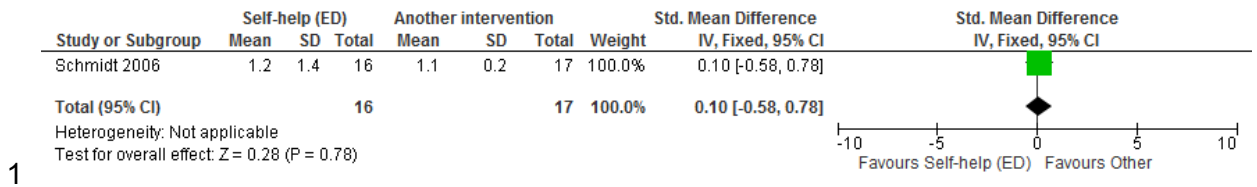
17

18 Figure 829: Vomiting

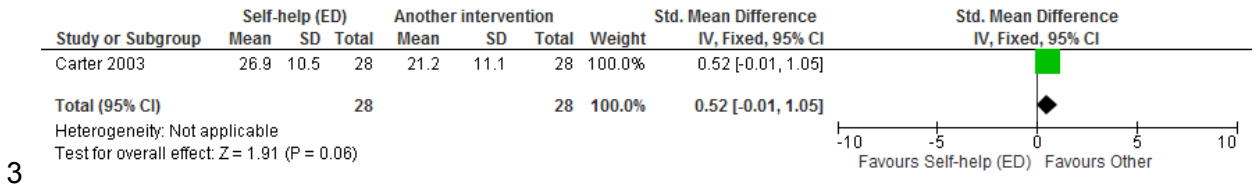


19

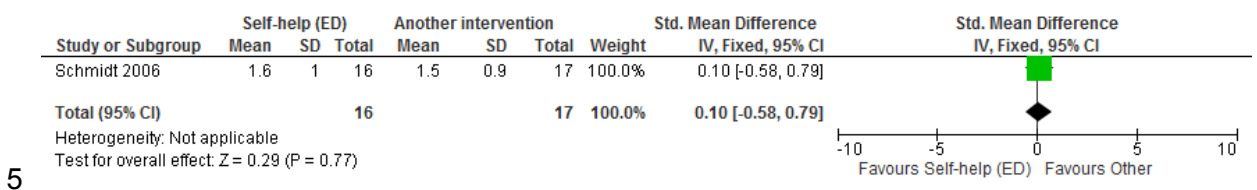
20 Figure 830: Laxative use



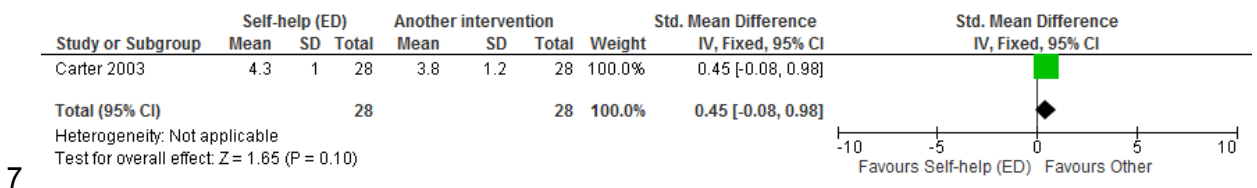
2 **Figure 831: Depression**



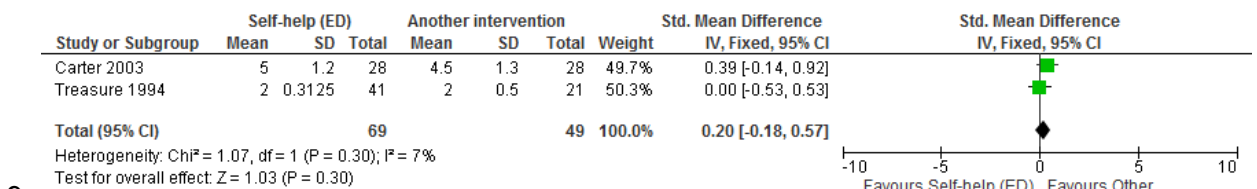
4 **Figure 832: Exercising**



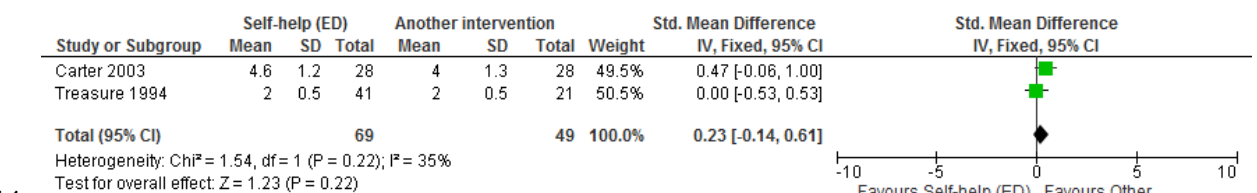
6 **Figure 833: EDE-eating concern**



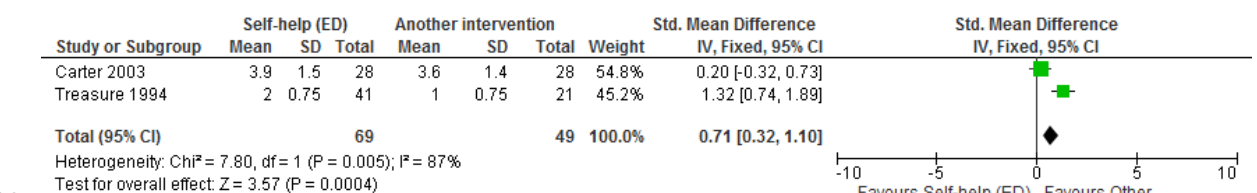
8 **Figure 834: EDE-shape concern**



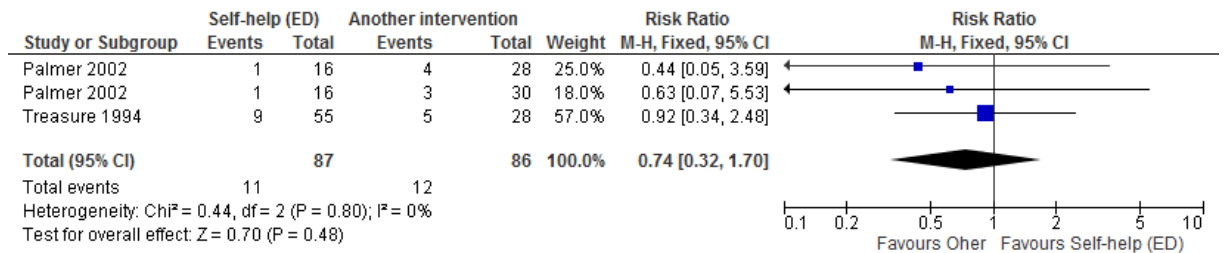
10 **Figure 835: EDE-weight concern**



12 **Figure 836: EDE-restraint**



14 **Figure 837: Remission**

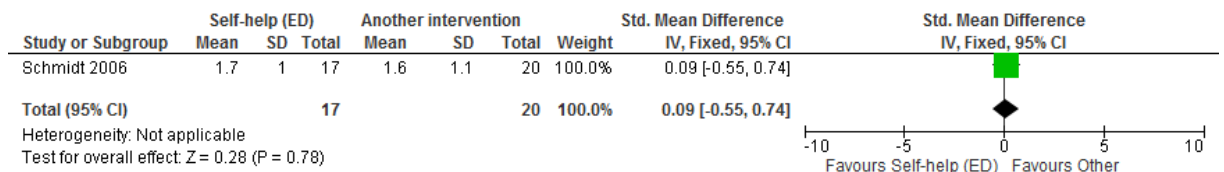


1

M.3.24.92 Self-help (ED) compared with any other intervention in adults with bulimia nervosa at follow-up

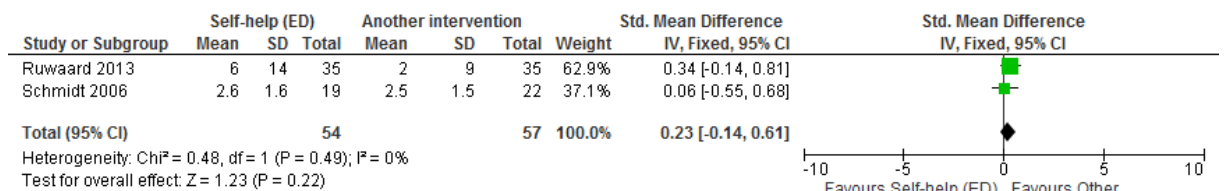
3

4 Figure 838: Excessive exercise



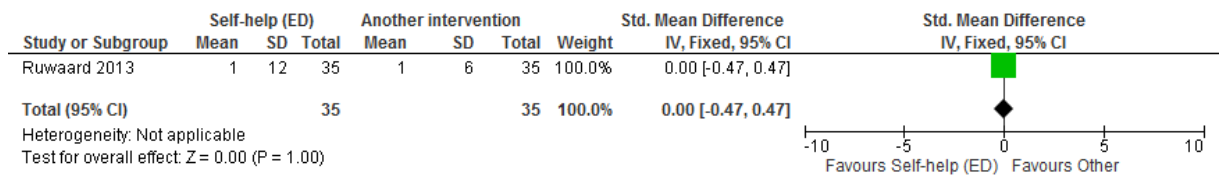
5

6 Figure 839: Bingeing



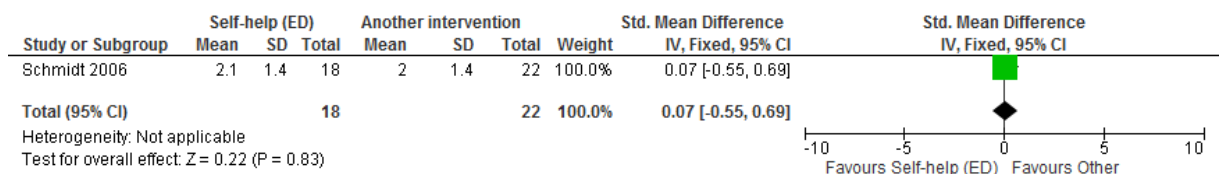
7

8 Figure 840: Purging



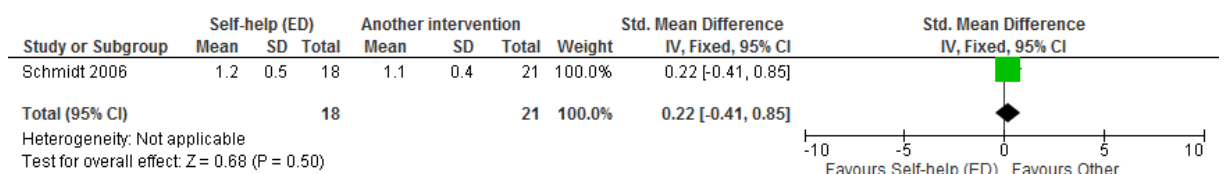
9

10 Figure 841: Vomiting



11

12 Figure 842: Laxative use

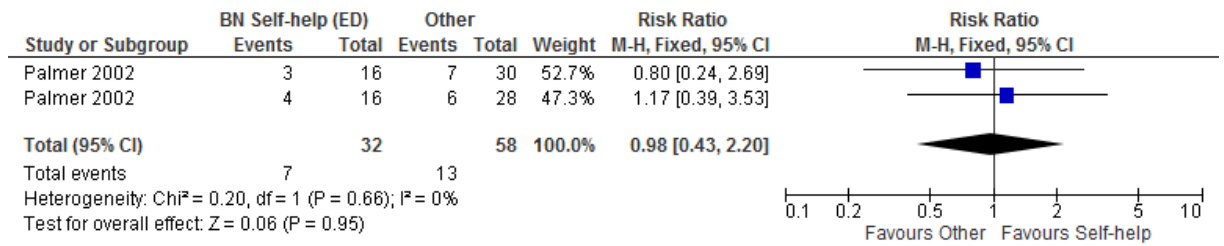


13

14 Figure 843: Remission



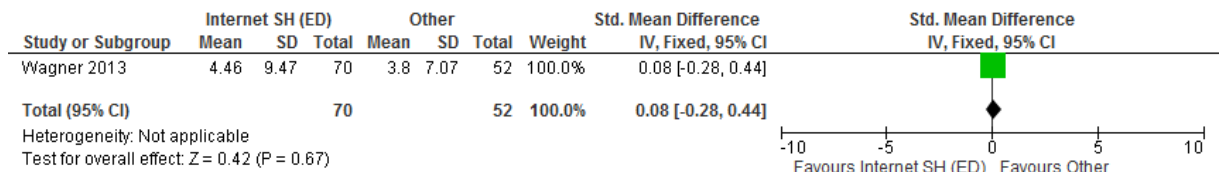
14



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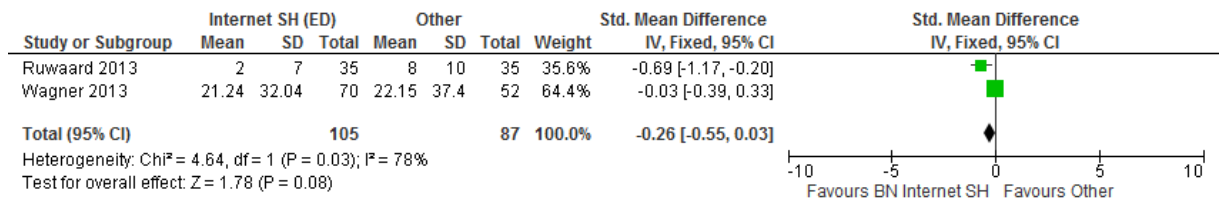
M.3.24.102 Internet self-help (ED) compared with any other intervention in adults with bulimia nervosa at end of treatment

4 Figure 844: Excessive exercise



5

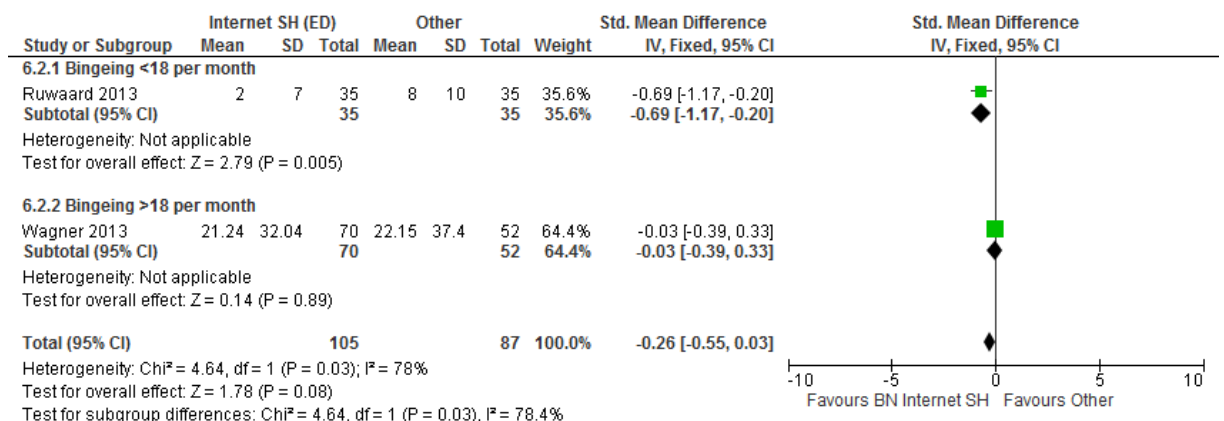
6 Figure 845: Bingeing



7

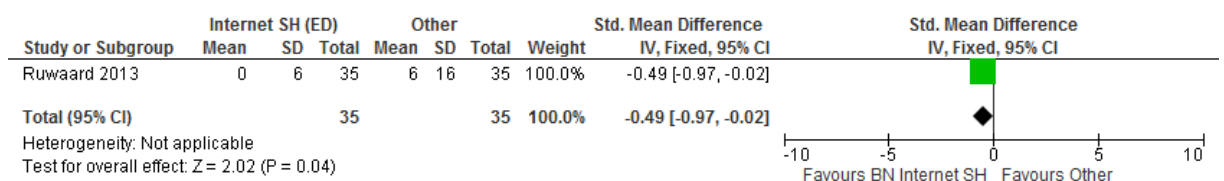
8 Heterogeneity was detected at 78%. This may be explained by a difference in the severity of
9 illness. Ruwaard 2013 had population that binged on average less than 18 per month
10 compared with Wagner 2013 that was greater than 18. No other variables could explain the
11 difference.

12 Figure 846: Bingeing – subgroup analysis



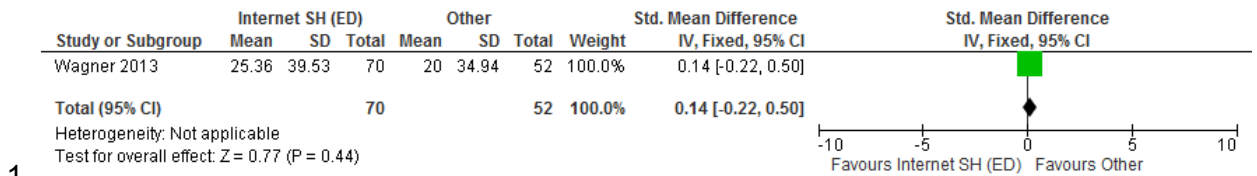
13

14 Figure 847: Purging

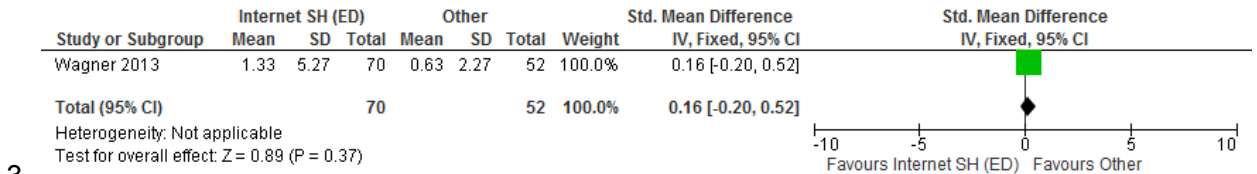


15

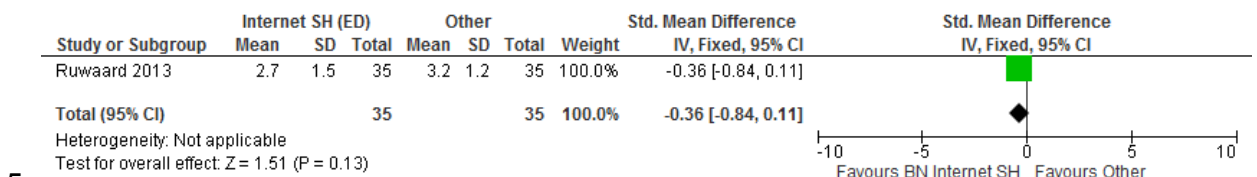
16 Figure 848: Vomiting



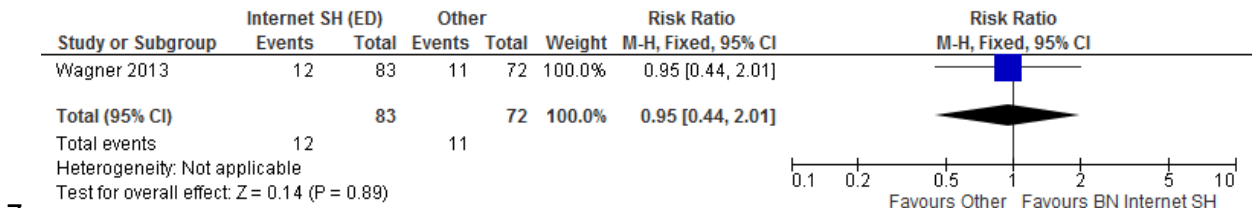
2 **Figure 849: Laxative use**



4 **Figure 850: EDE-global**

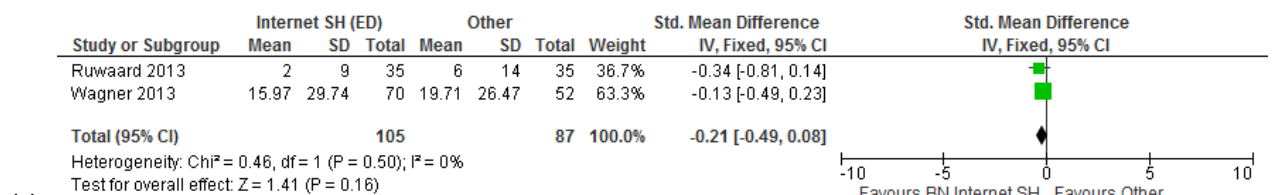


6 **Figure 851: Remission**

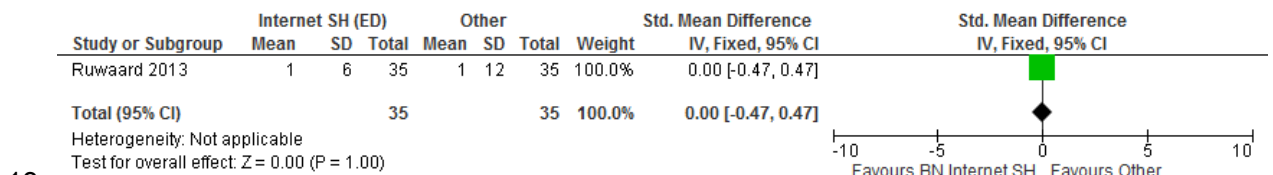


M.3.24.118 **Internet self-help (ED) compared with any other intervention in adults with bulimia nervosa at follow-up**

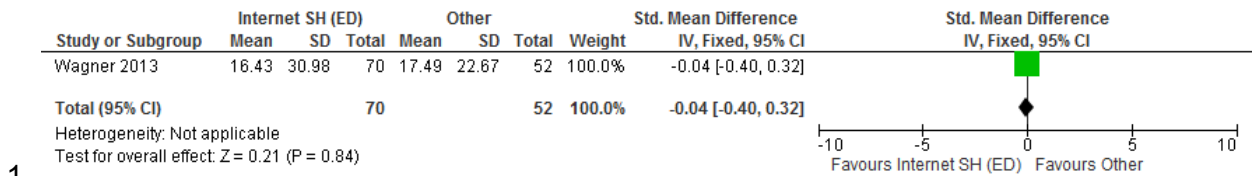
10 **Figure 852: Bingeing**



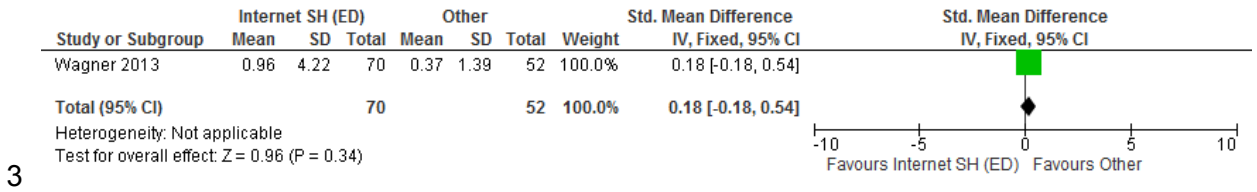
12 **Figure 853: Purging**



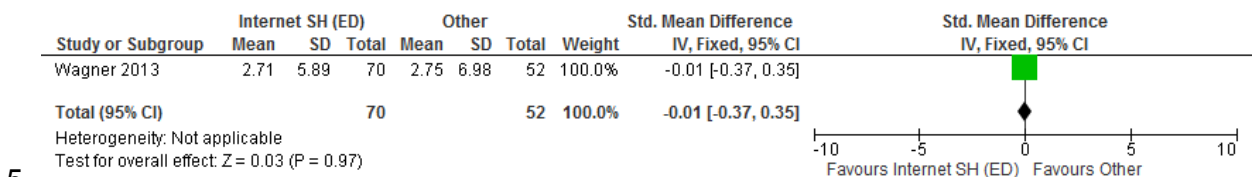
14 **Figure 854: Vomiting**



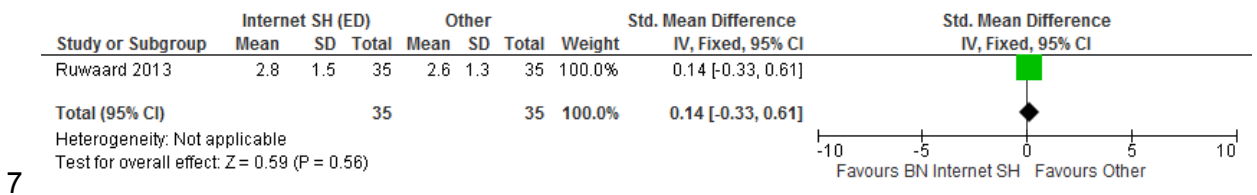
2 **Figure 855: Laxative use**



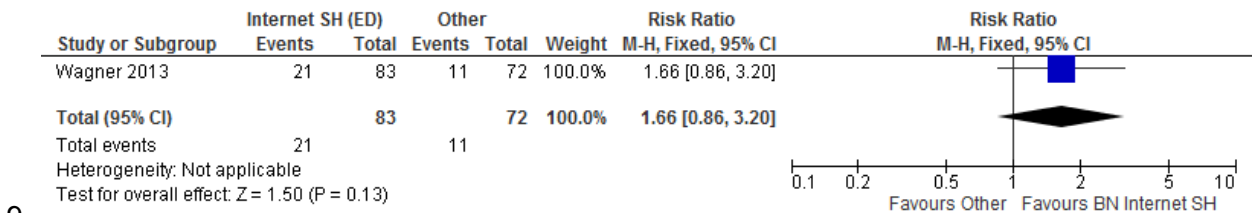
4 **Figure 856: Excessive exercise**



6 **Figure 857: EDE-total**

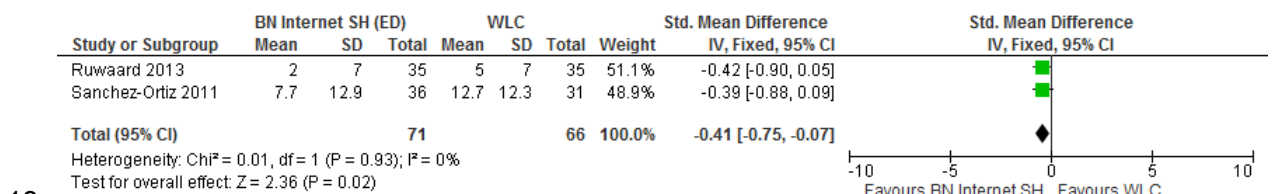


8 **Figure 858: Remission**

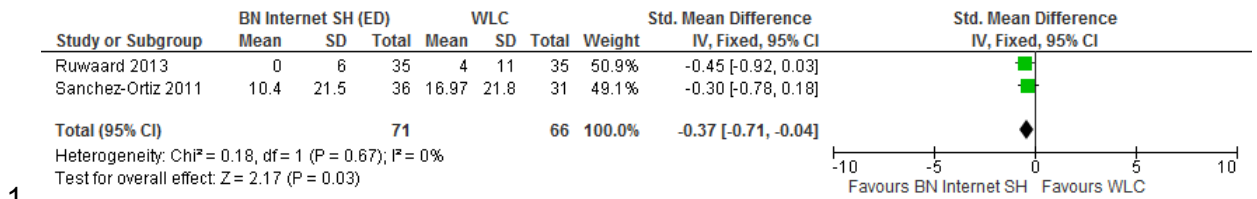


M.3.24.120 **Internet self-help (ED) compared with wait list controls (WLC) in adults with bulimia nervosa at end of treatment**

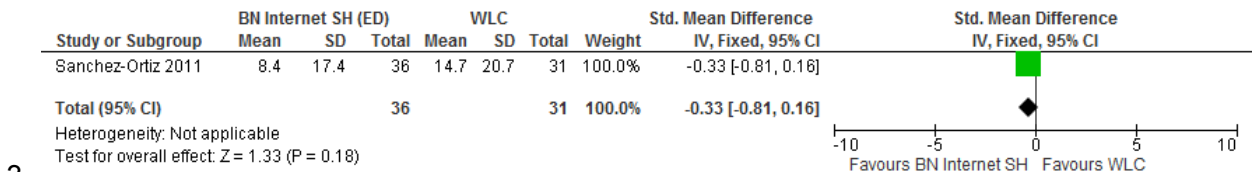
12 **Figure 859: Bingeing**



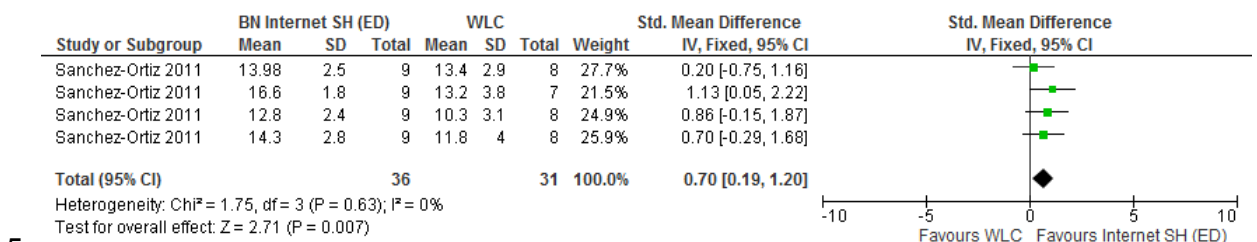
14 **Figure 860: Purging**



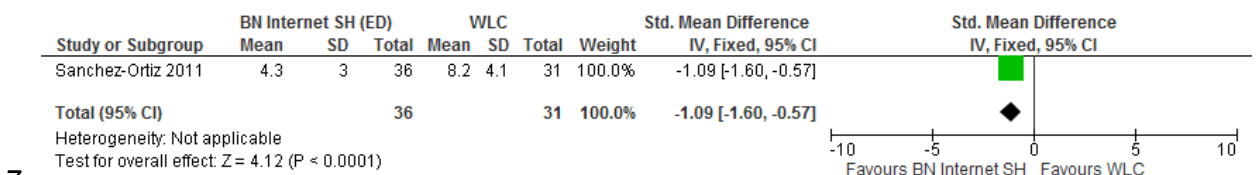
2 **Figure 861: Vomiting**



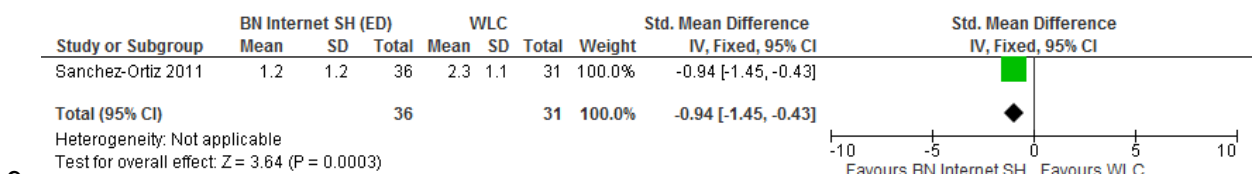
4 **Figure 862: Quality of life**



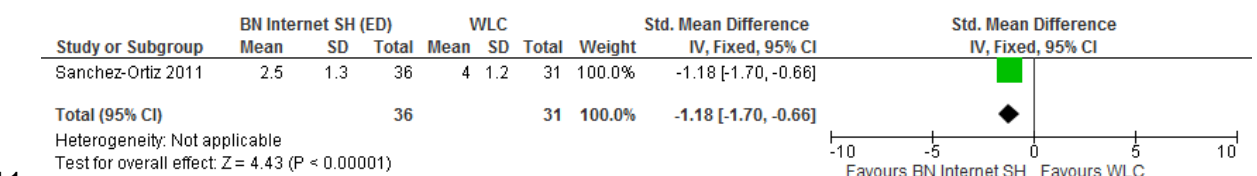
6 **Figure 863: Depression**



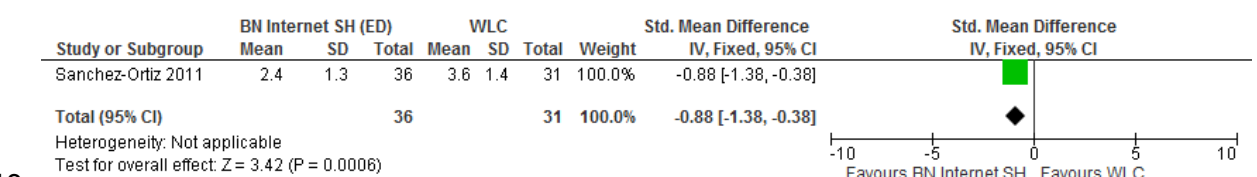
8 **Figure 864: EDE-eating concern**



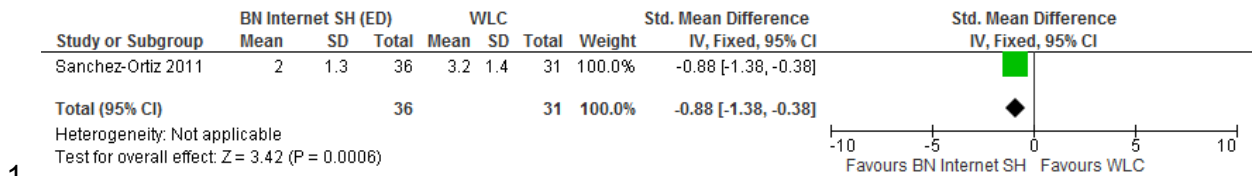
10 **Figure 865: EDE-shape concern**



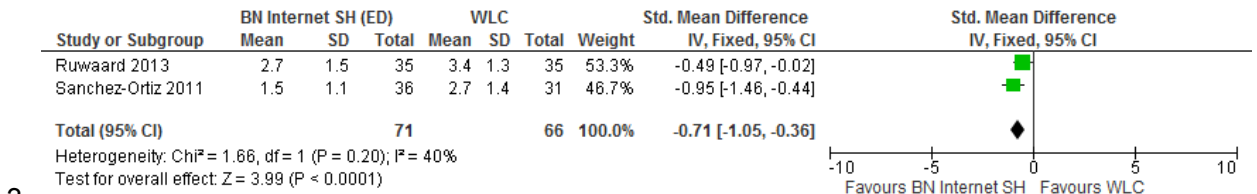
12 **Figure 866: EDE-weight concern**



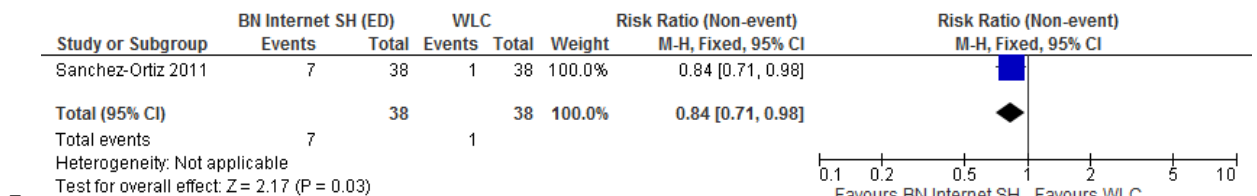
14 **Figure 867: EDE-restraint**



2 **Figure 868: EDE-total**

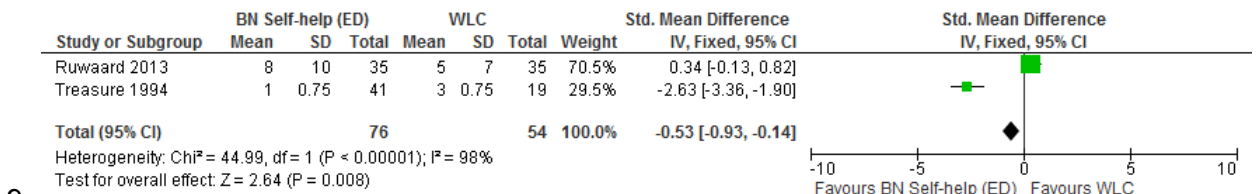


4 **Figure 869: Remission**



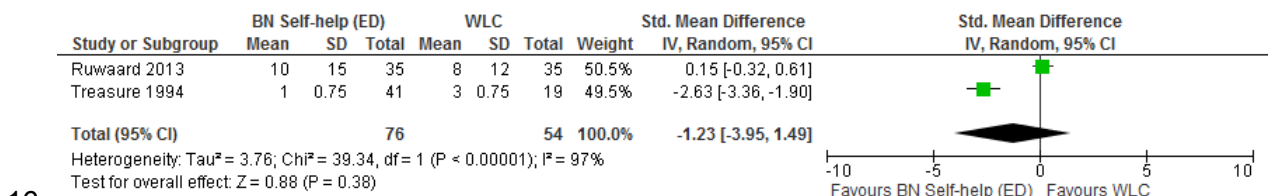
M.3.24.136 **Self-help (ED) compared with wait list controls (WLC) in adults with bulimia nervosa at end of treatment**

8 **Figure 870: Bingeing**



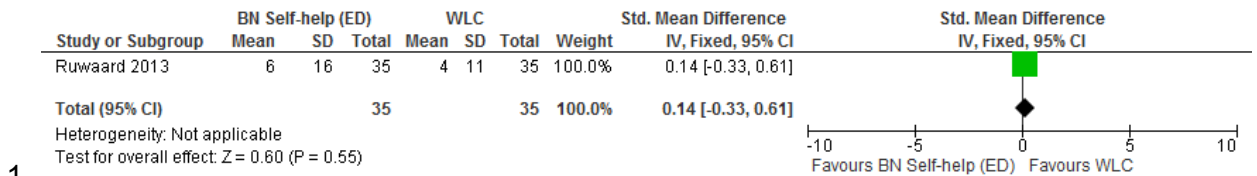
10 Heterogeneity was detected at I²=98%. Both studies had a similar duration of illness and
11 severity of illness. However, in Ruwaard 2013 the wait list control appeared to have a better
12 of treatment score compared with the self-help and may explain the large variability in the
13 results. Because the reason for this could not be explained, a random effects analysis was
14 presented.

15 **Figure 871: Bingeing with random effects**

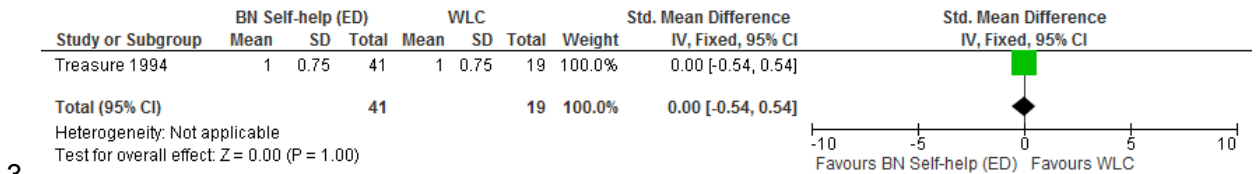


17

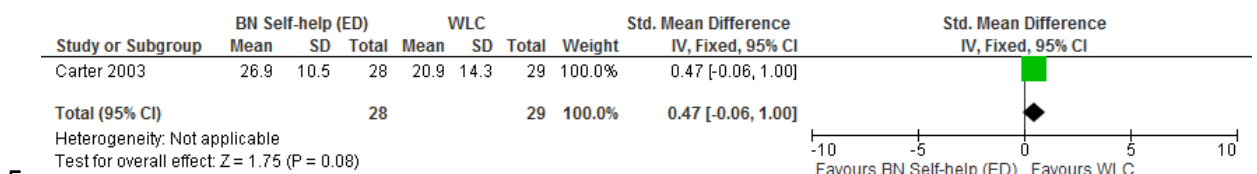
18 **Figure 872: Purging**



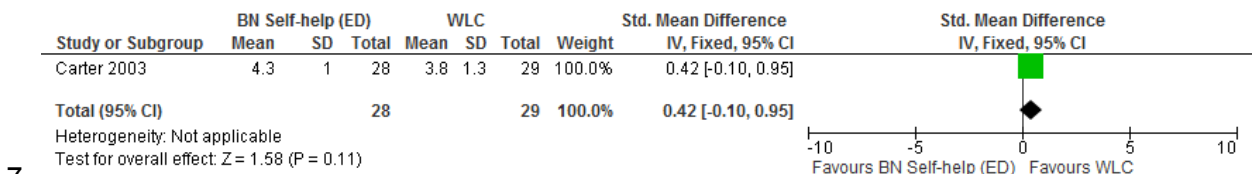
2 **Figure 873: Vomiting**



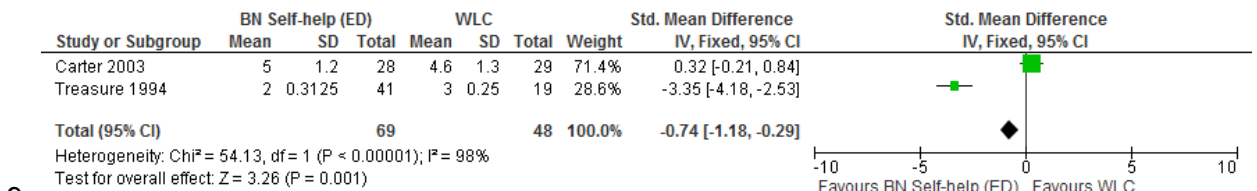
4 **Figure 874: Depression**



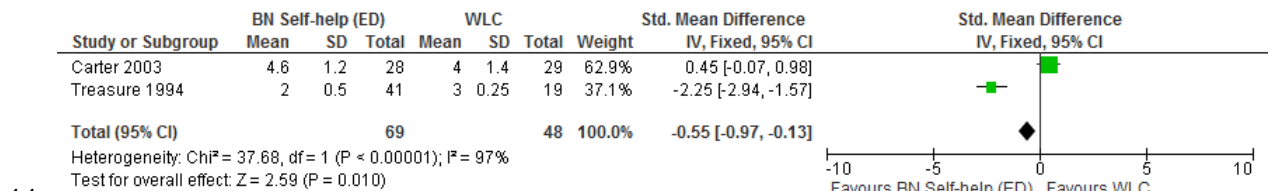
6 **Figure 875: EDE-eating concern**



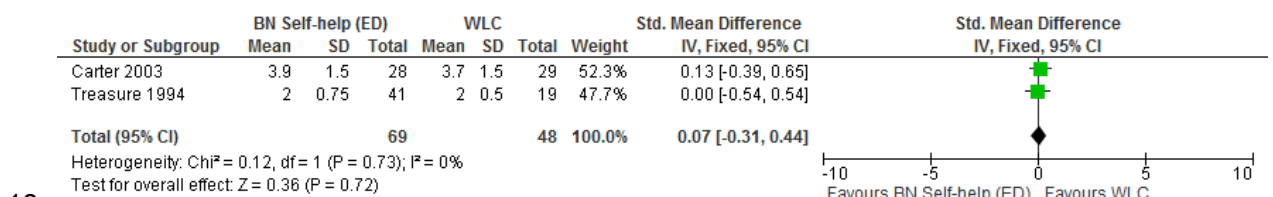
8 **Figure 876: EDE-shape concern**



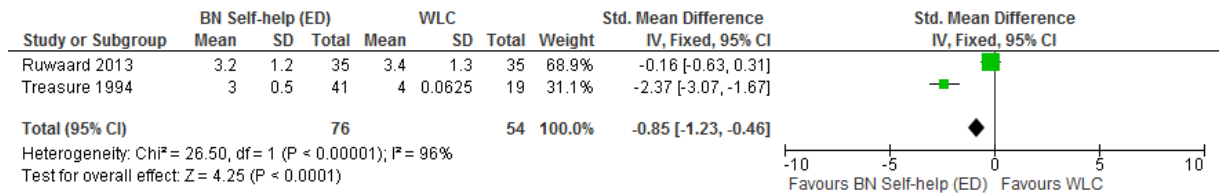
10 **Figure 877: EDE-weight concern**



12 **Figure 878: EDE-restraint**



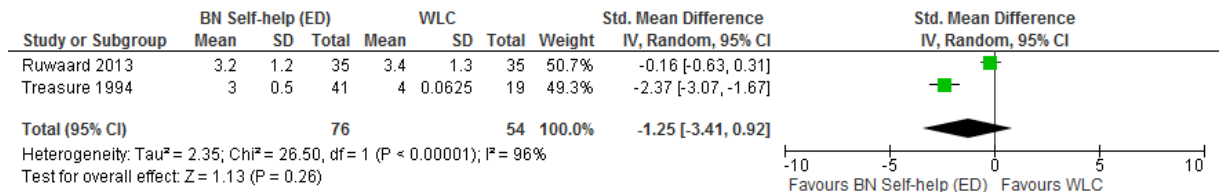
14 **Figure 879: EDE-total**



1

2 Heterogeneity was detected at I²=96%. Heterogeneity was detected at I²=98%. Both studies
3 had a similar duration of illness and severity of illness. However, in Ruwaard 2013 the wait
4 list controls appeared to have a good final score in most outcomes compared with the self-
5 help and may explain the large variability in the results. Because the reason for
6 heterogeneity could not be explained a random effects analysis was presented.

7 **Figure 880: EDE-total random effects**

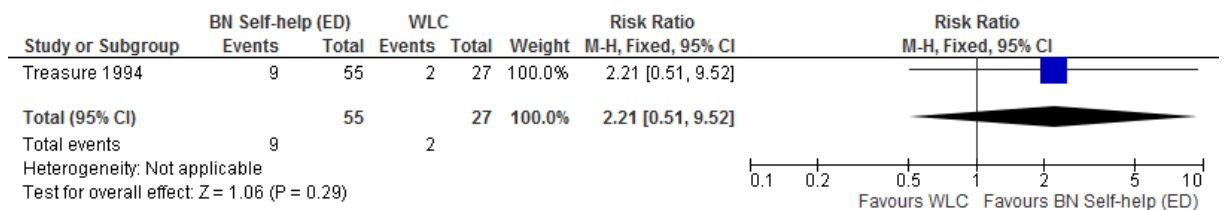


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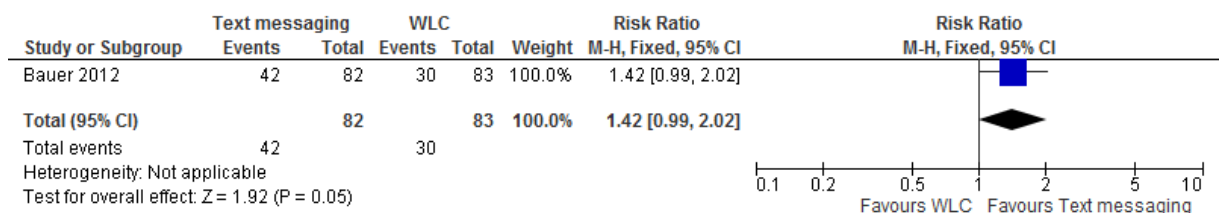
11 **Figure 881: Remission**



12

M.3.24.143 **Text messaging compared with any other intervention in adults with bulimia nervosa**
14 **at end of treatment**

15 **Figure 882: Remission**

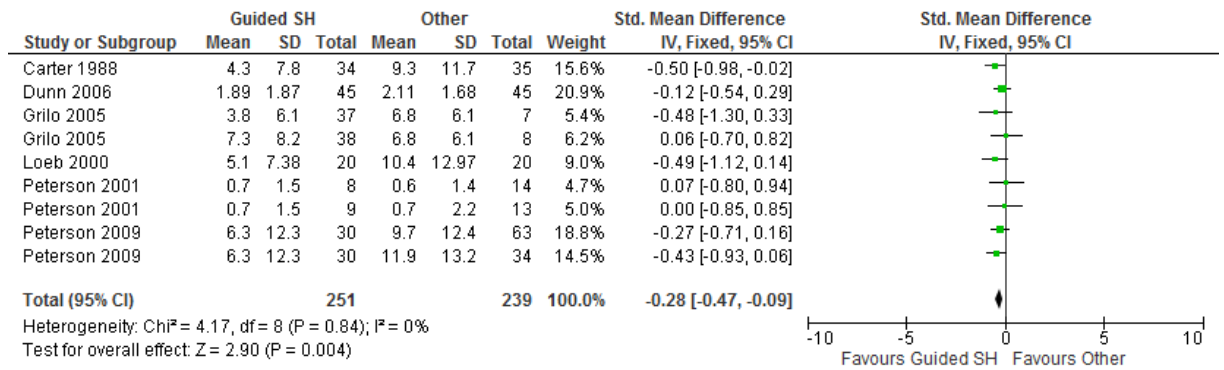


16

M.3.257 **Self-help in binge eating disorder**

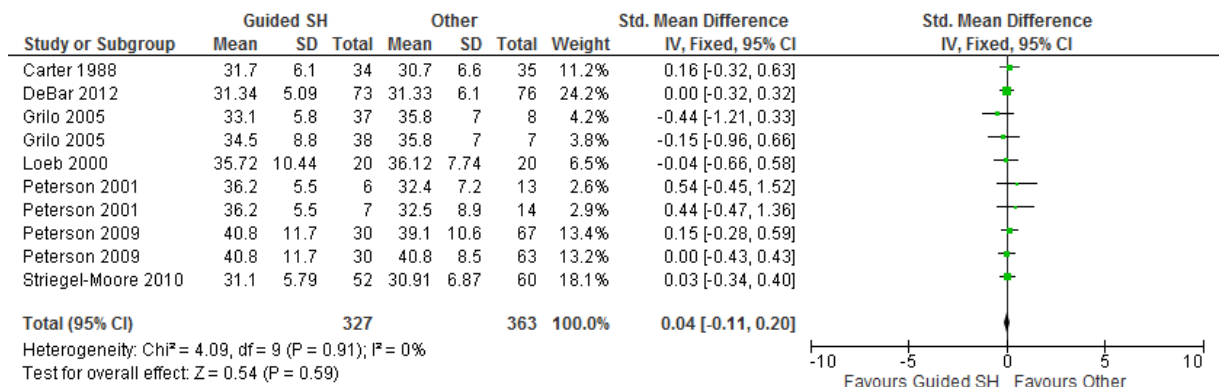
M.3.25.18 **Guided self-help (ED) compared with any other intervention in adults with binge eating**
19 **disorder at end of treatment**

20 **Figure 883: Bingeing**



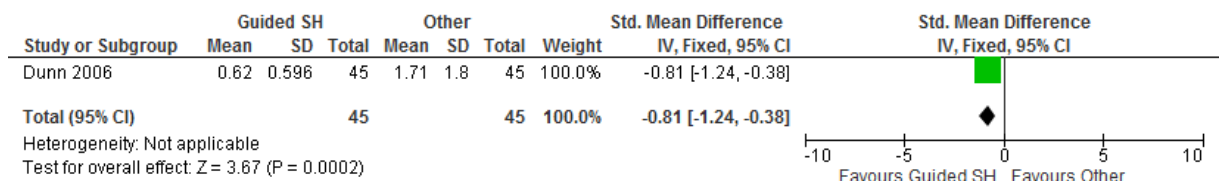
1

2 **Figure 884: BMI**



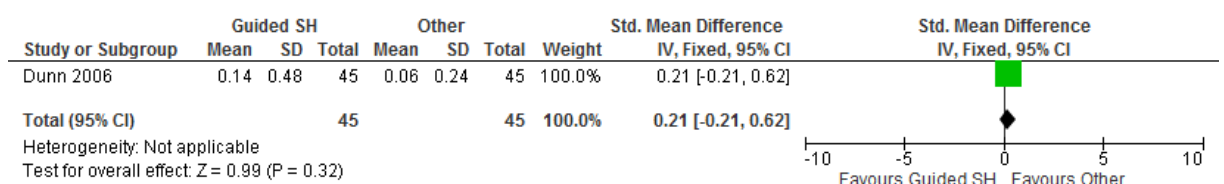
3

4 **Figure 885: Vomiting**



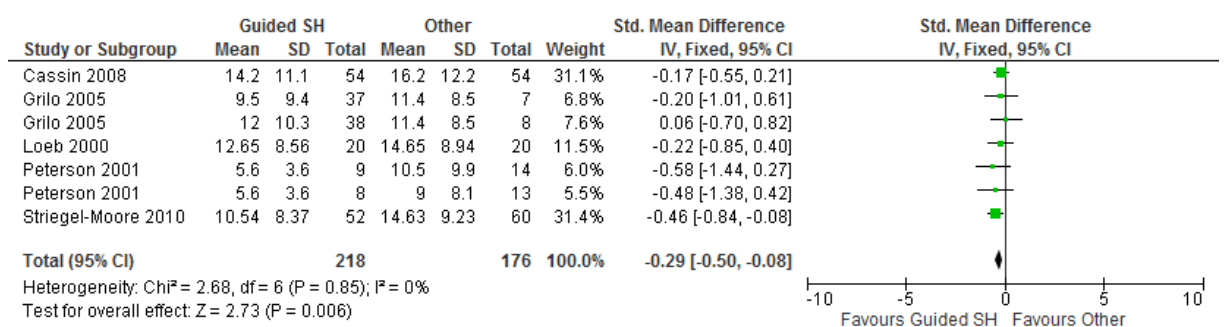
5

6 **Figure 886: Laxative use**



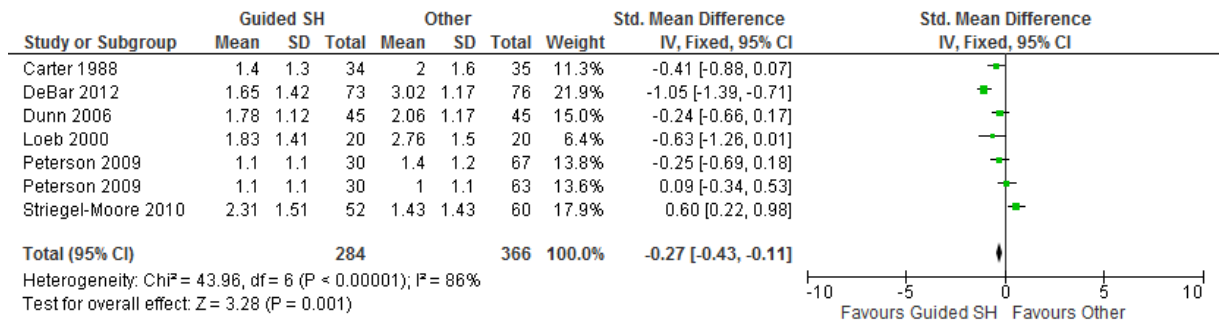
7

8 **Figure 887: Depression**



9

10 **Figure 888: EDE-eating concern**

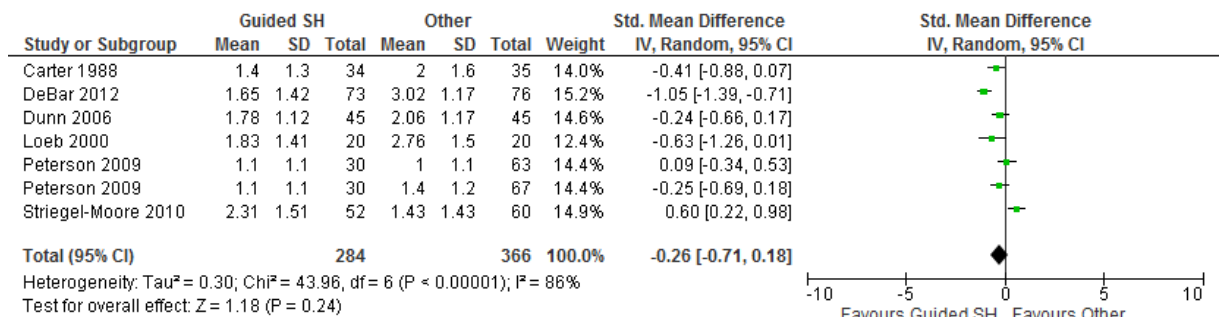


1

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

5 **Figure 889: EDE-eating concern with random effects.**

6

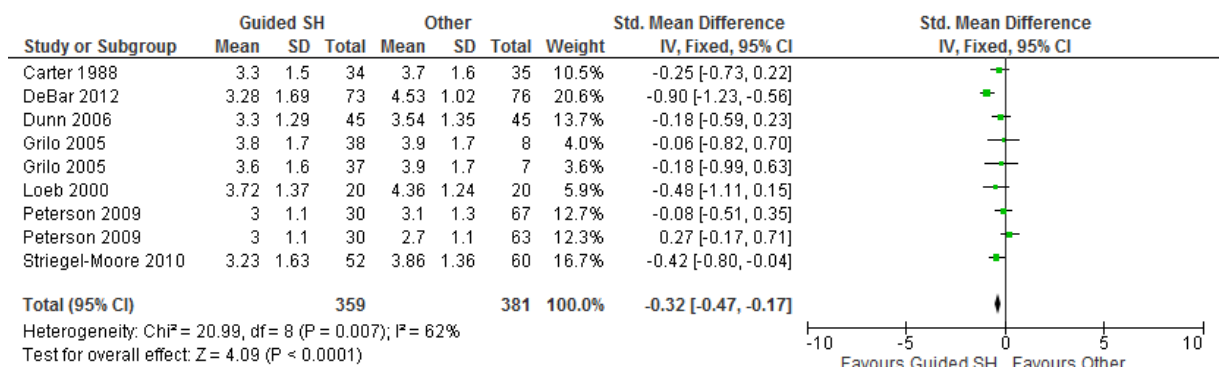


7

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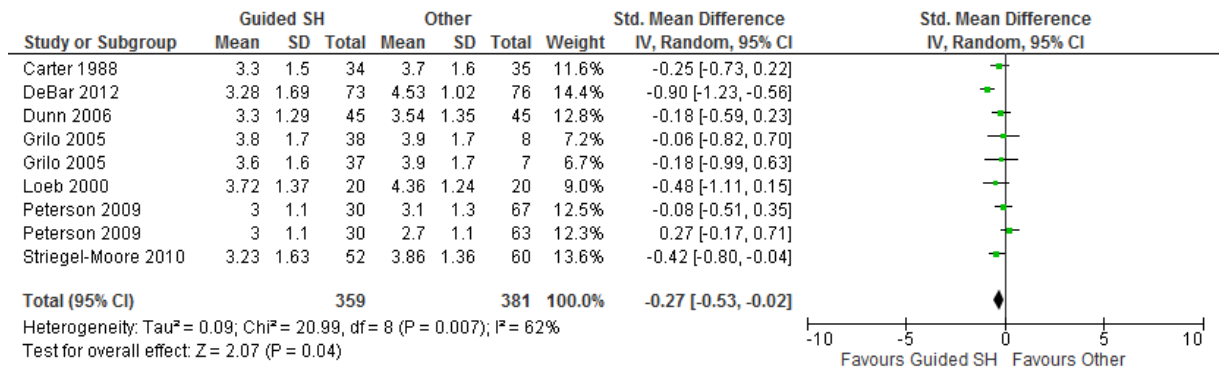
10 **Figure 890: EDE-shape concern**



11

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

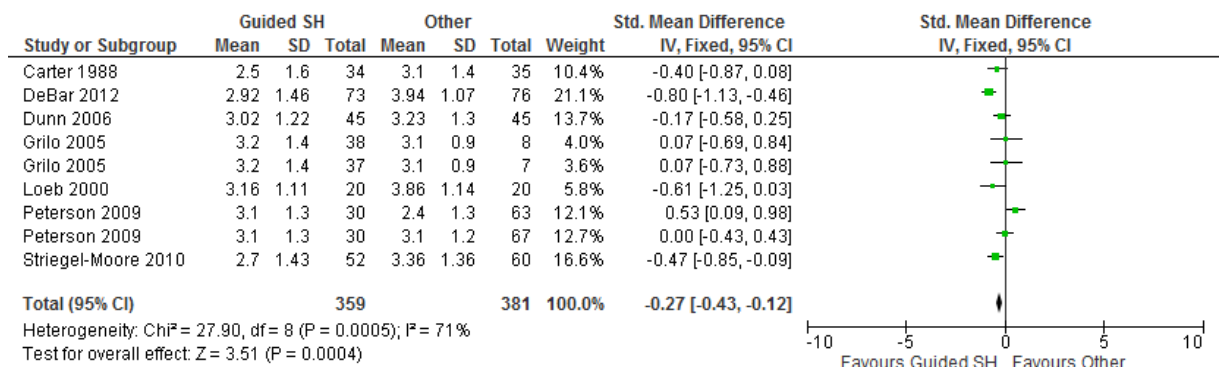
15 **Figure 891: EDE-shape concern with random effects.**



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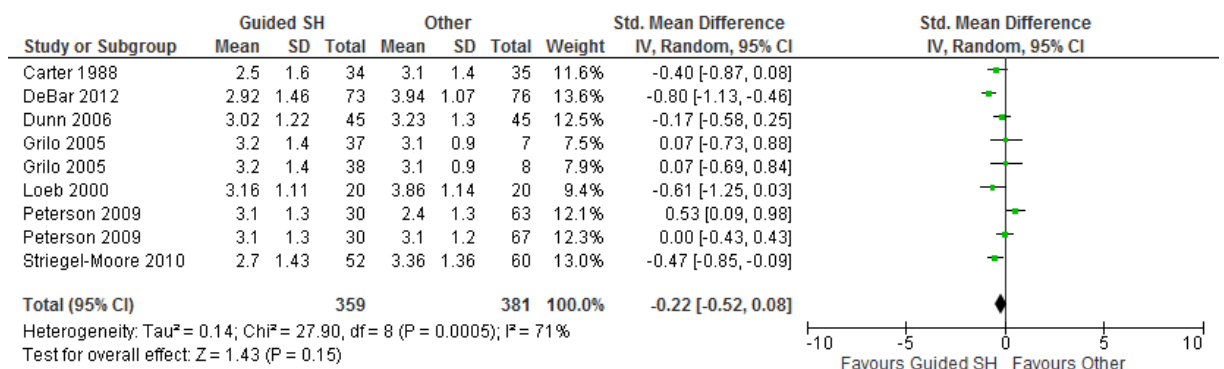
3 **Figure 892: EDE-weight concern**



4

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

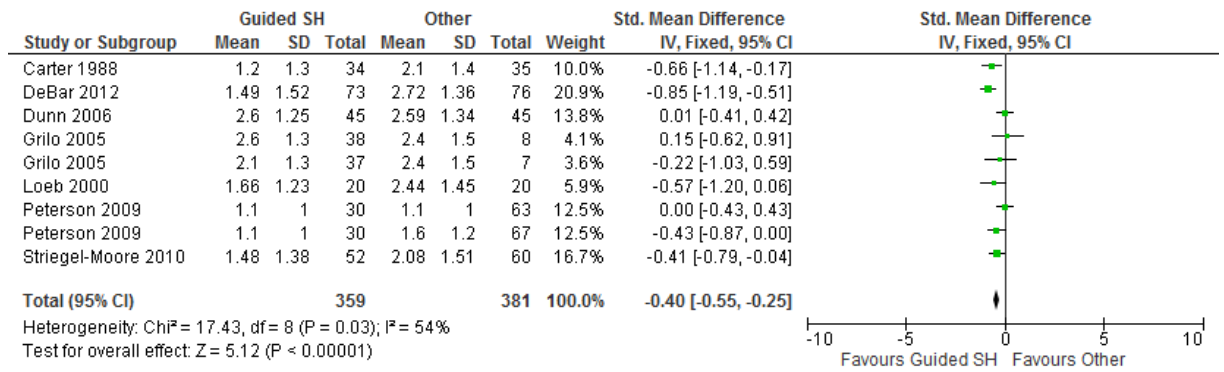
8 **Figure 893: EDE-weight concern with random effects**



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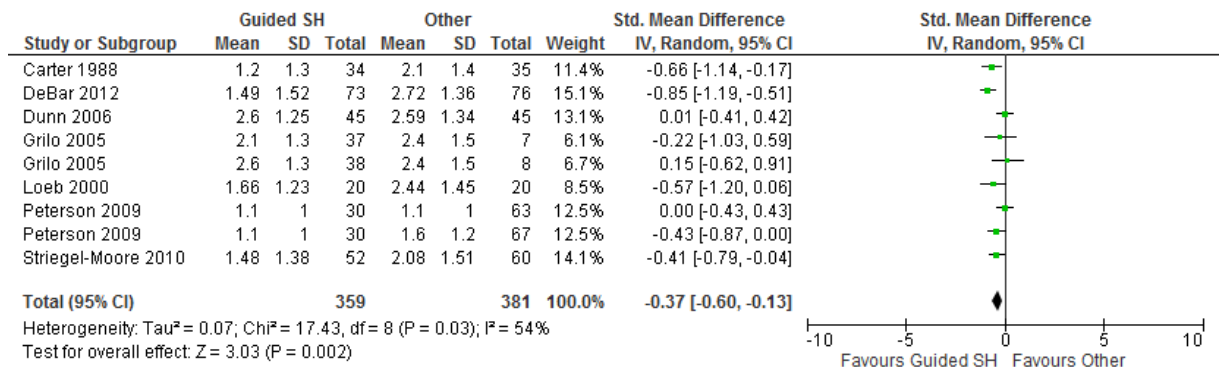
11 **Figure 894: EDE-restraint**



1

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

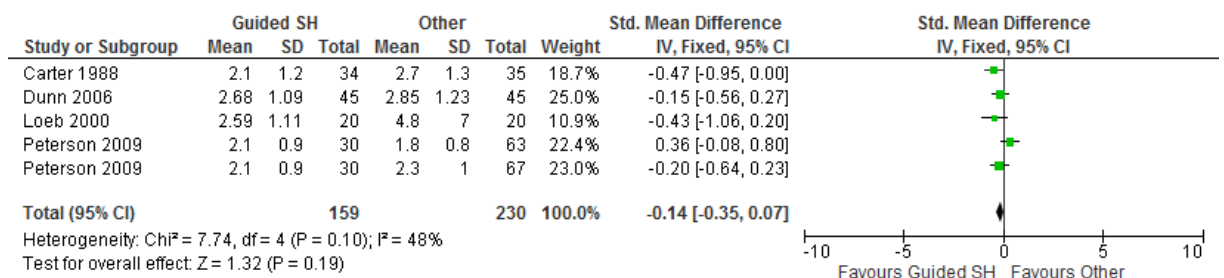
5 **Figure 895: EDE-restraint with random effects**



6

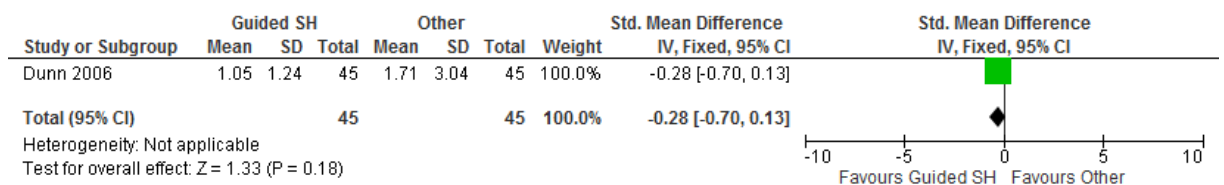
7

8 **Figure 896: EDE-total**



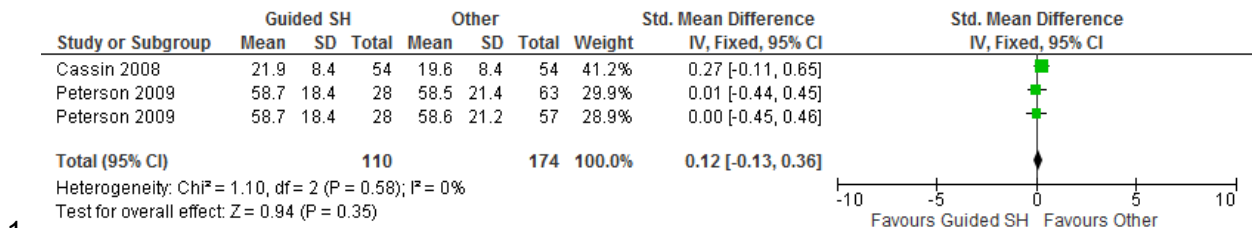
9

10 **Figure 897: Excessive exercise**

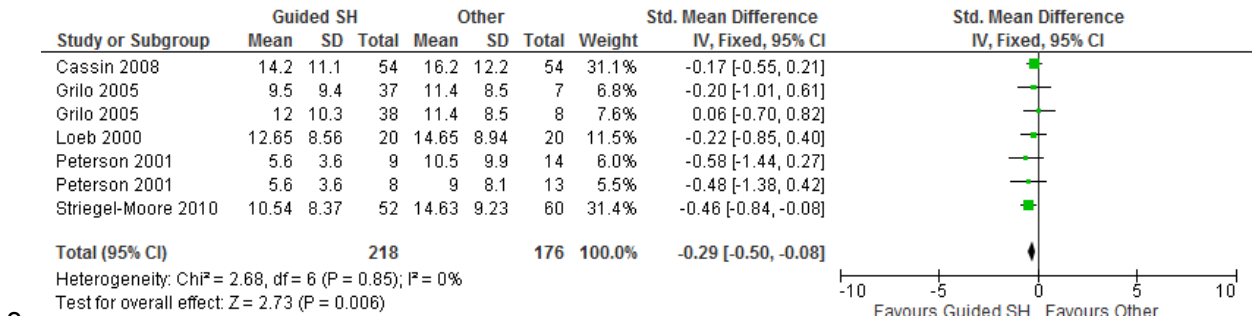


11

12 **Figure 898: Satisfaction with life**

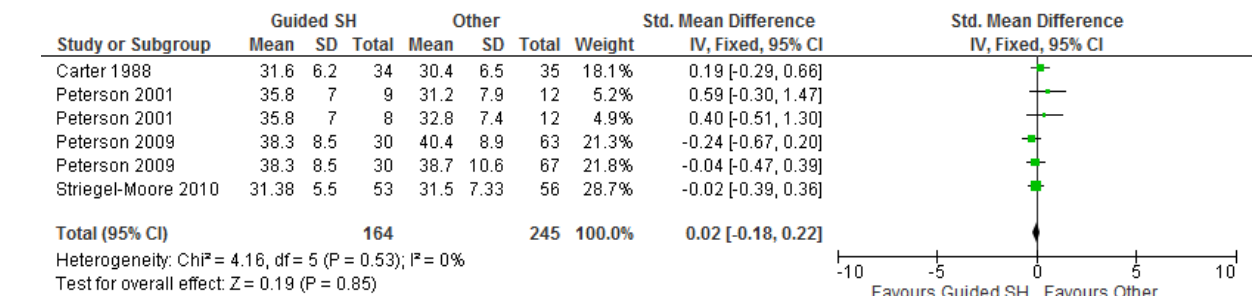


2 **Figure 899: Remission**

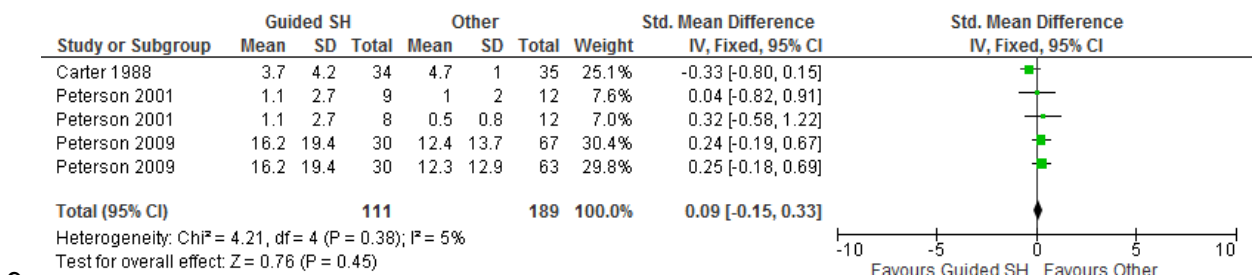


M.3.25.24 **Guided self-help (ED) compared with any other intervention in adults with binge eating disorder at follow-up**

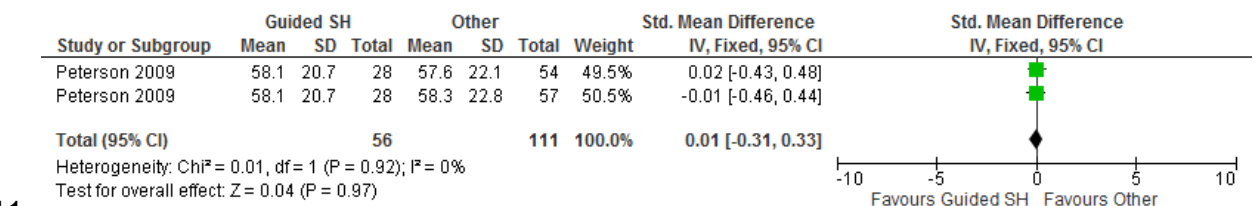
6 **Figure 900: BMI**



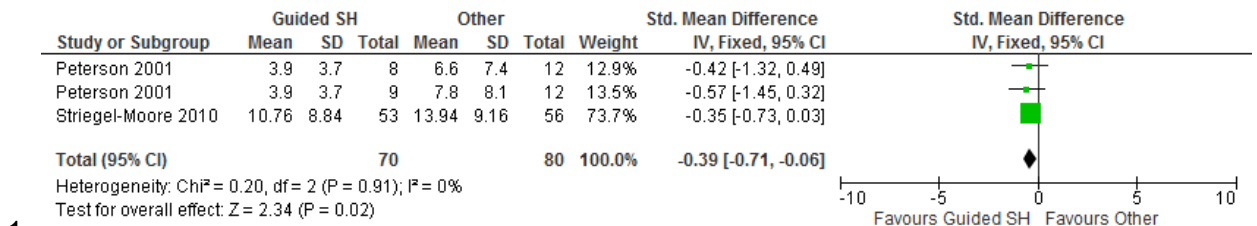
8 **Figure 901: Bingeing**



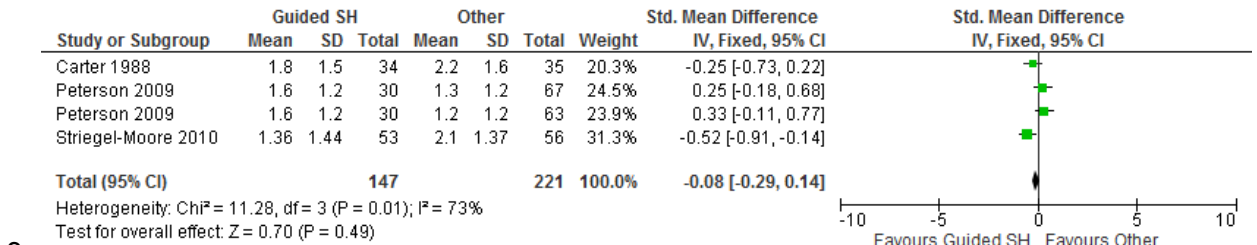
10 **Figure 902: Quality of life**



12 **Figure 903: Depression**

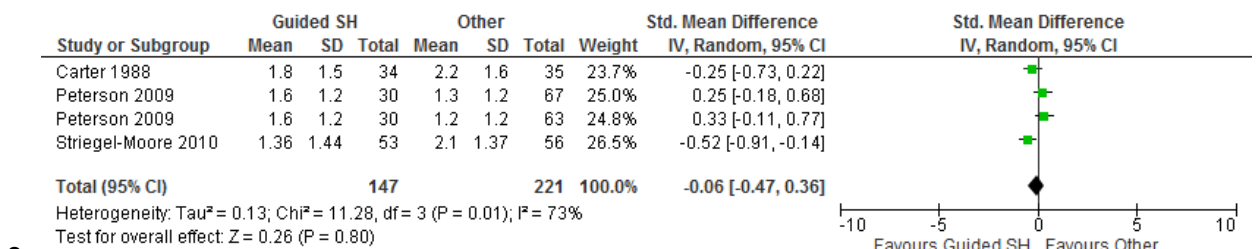


2 **Figure 904: EDE-eating concern**

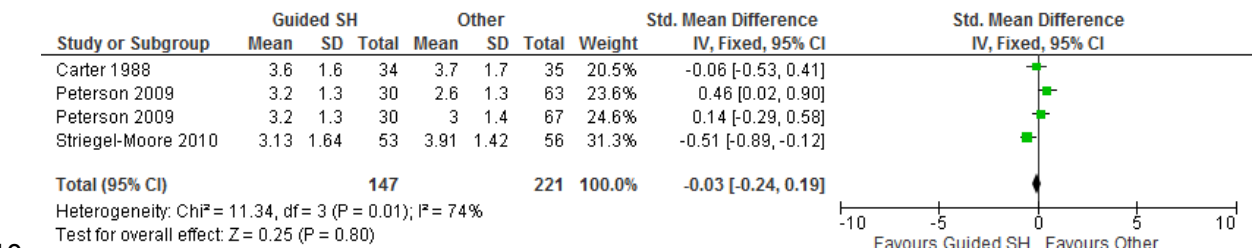


4 Heterogeneity was detected at $I^2=73\%$. None of the variables: risk of bias, presence of
5 comorbidity, severity of illness or duration of illness, explain the variability. As such a
6 random effects analysis was presented

7 **Figure 905: EDE-eating concern with random effects.**

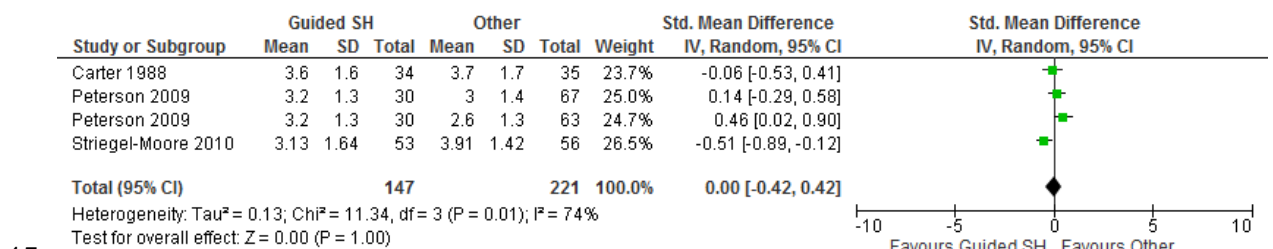


9 **Figure 906: EDE-shape concern**

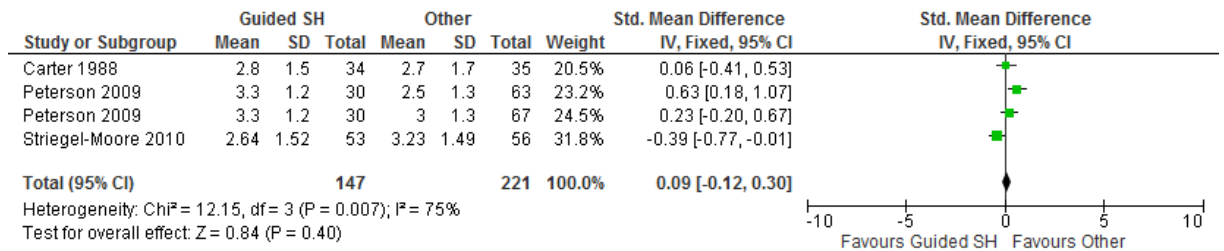


11 Heterogeneity was detected at $I^2=74\%$. None of the variables: risk of bias, presence of
12 comorbidity, severity of illness or duration of illness, explain the variability. As such a random
13 effects analysis was presented

14 **Figure 907: EDE-shape concern with random effects**



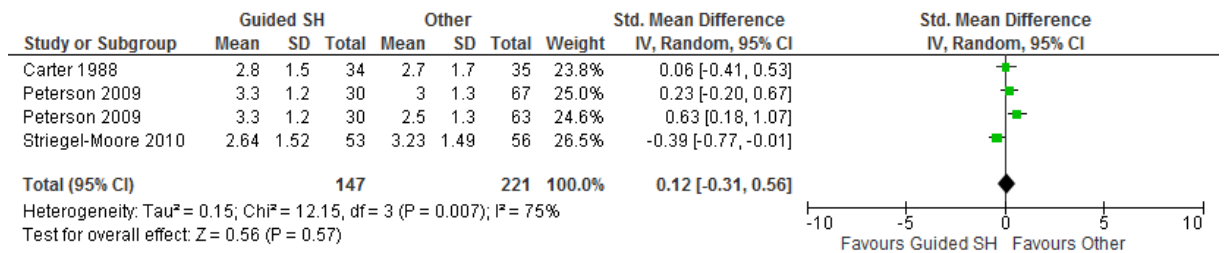
16 **Figure 908: EDE-weight concern**



1

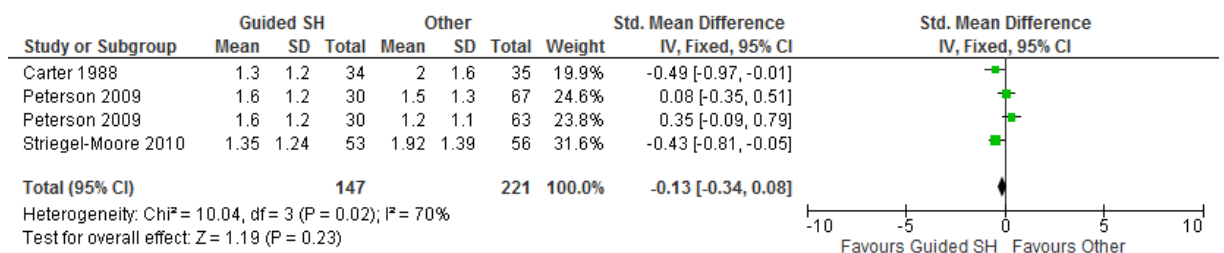
2 Heterogeneity was detected at I²=75%. None of the variables: risk of bias, presence of
3 comorbidity, severity of illness or duration of illness, explain the variability. As such a random
4 effects analysis was presented

5 **Figure 909: EDE-weight concern with random effects**



6

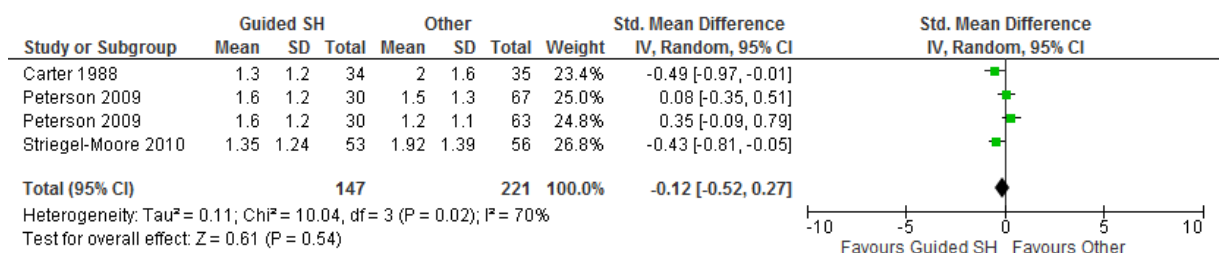
7 **Figure 910: EDE-restraint**



8

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

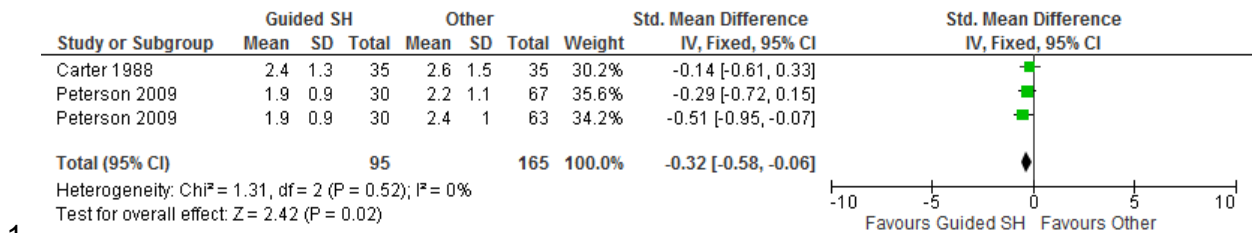
12 **Figure 911: EDE-restraint with random effects**



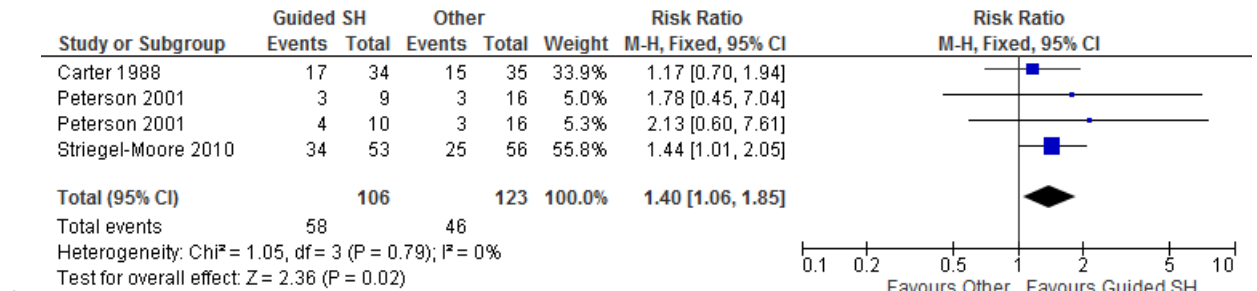
13

14

15 **Figure 912: EDE-total**

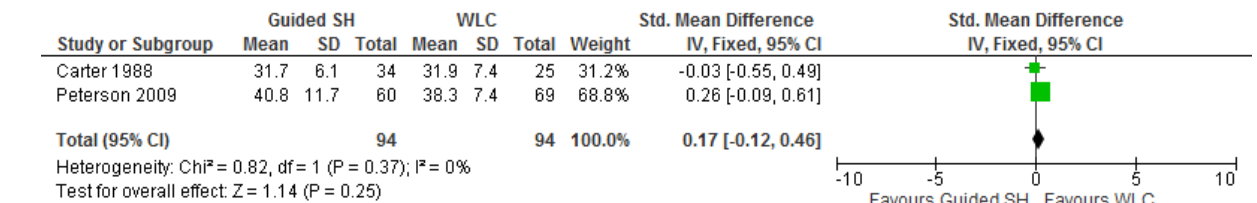


2 **Figure 913: Remission**

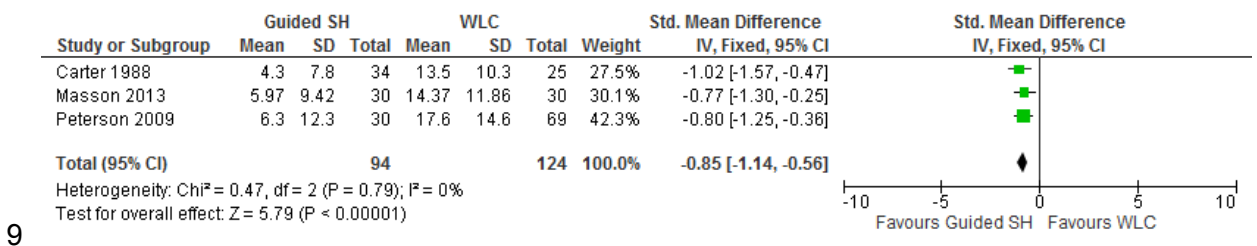


M.3.25.34 **Guided self-help (ED) compared with wait list controls (WLC) in adults with binge eating disorder at end of treatment**

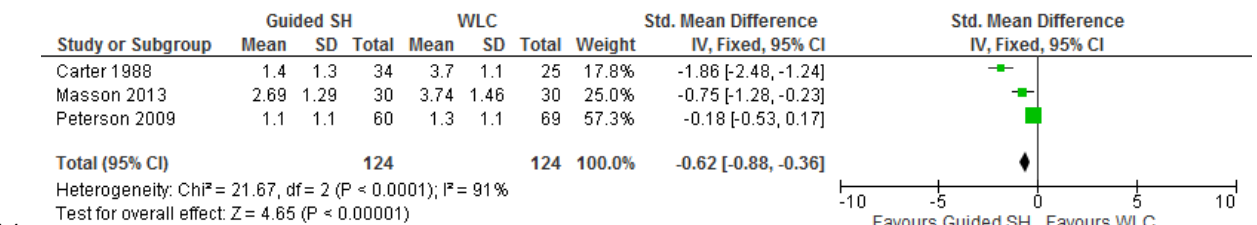
6 **Figure 914: BMI**



8 **Figure 915: Bingeing**



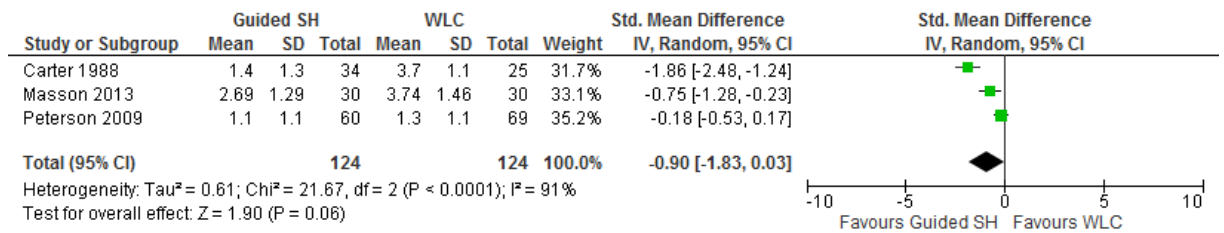
10 **Figure 916: EDE-eating concern**



12 Heterogeneity was detected at $I^2=91\%$. None of the variables: risk of bias, presence of
13 comorbidity, severity of illness or duration of illness, explain the variability. However, only
14 Carter provided data on duration of illness. As such a random effects analysis was presented

15 **Figure 917: EDE-eating concern with random effects**

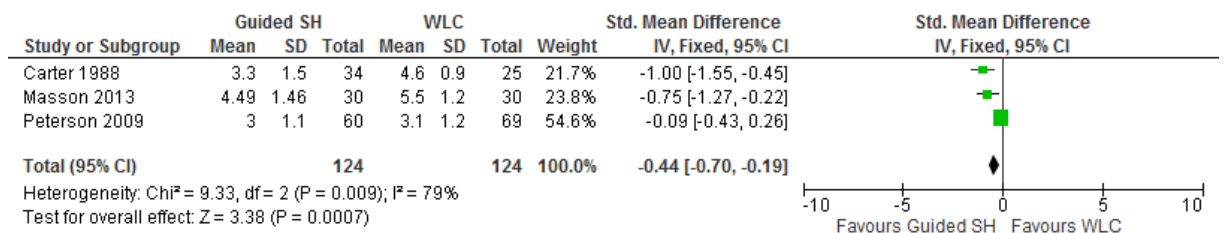
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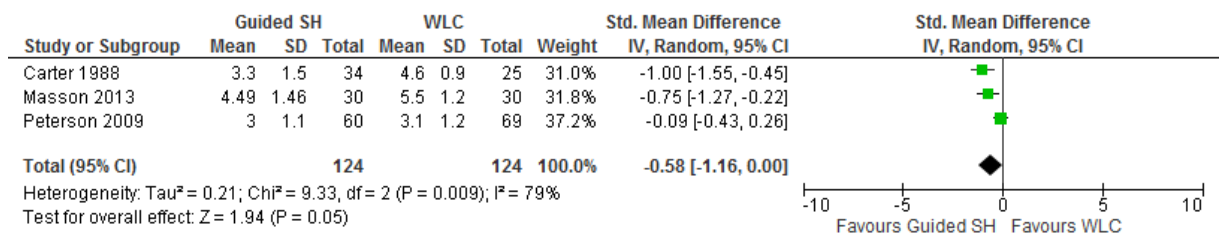
4 **Figure 918: EDE-shape concern**



5

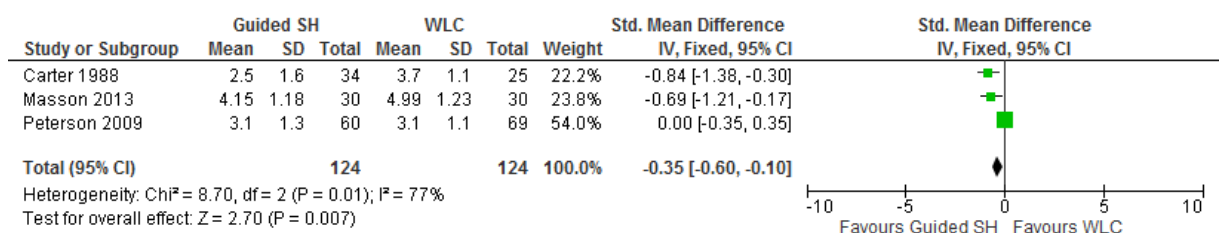
6 Heterogeneity was detected at I²=79%. None of the variables: risk of bias, presence of
7 comorbidity, severity of illness or duration of illness, explain the variability. However, only
8 Carter provided data on duration of illness. As such a random effects analysis was presented

9 **Figure 919: EDE-shape concern with random effects**



10

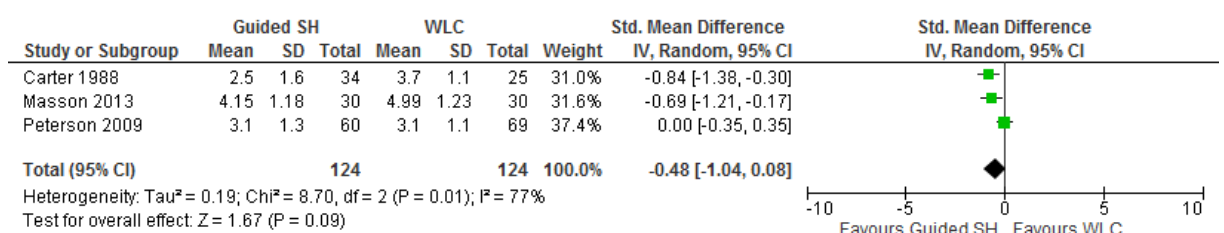
11 **Figure 920: EDE-weight concern**



12

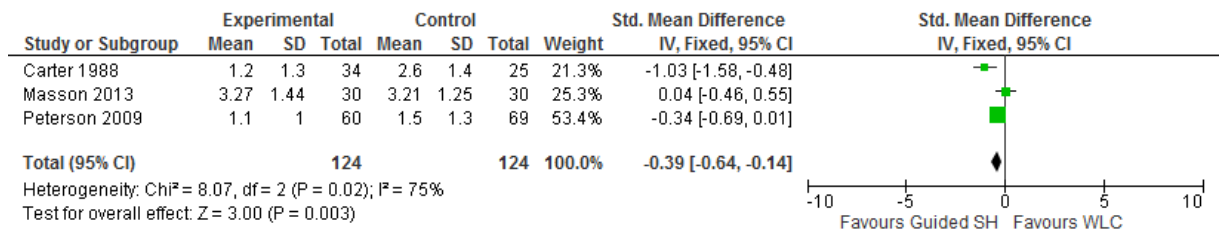
13 Heterogeneity was detected at I²=77%. None of the variables: risk of bias, presence of
14 comorbidity, severity of illness or duration of illness, explain the variability. However, only
15 Carter provided data on duration of illness. As such a random effects analysis was presented

16 **Figure 921: EDE-weight concern with random effects**



17

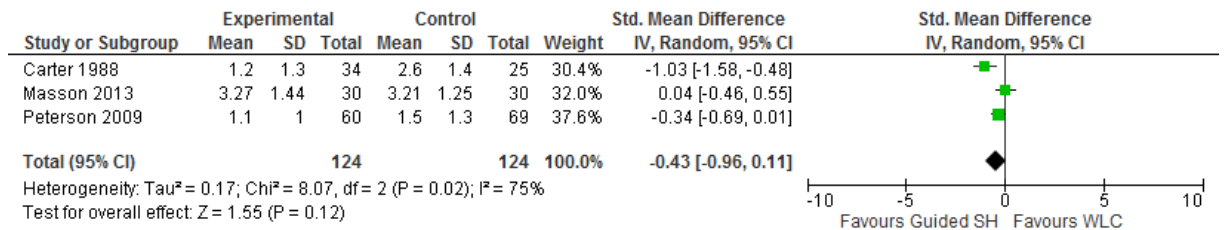
1 **Figure 922: EDE-restraint**



2

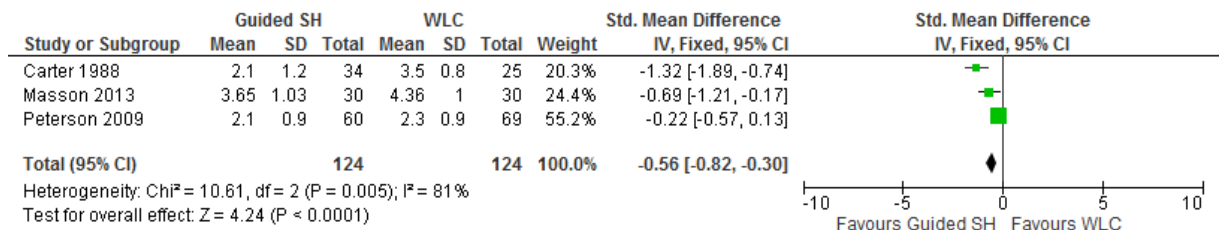
3 Heterogeneity was detected at I²=75% None of the variables: risk of bias, presence of
4 comorbidity, severity of illness or duration of illness, explain the variability. However, only
5 Carter provided data on duration of illness. As such a random effects analysis was presented

6 **Figure 923: EDE-restraint with random effects**



7

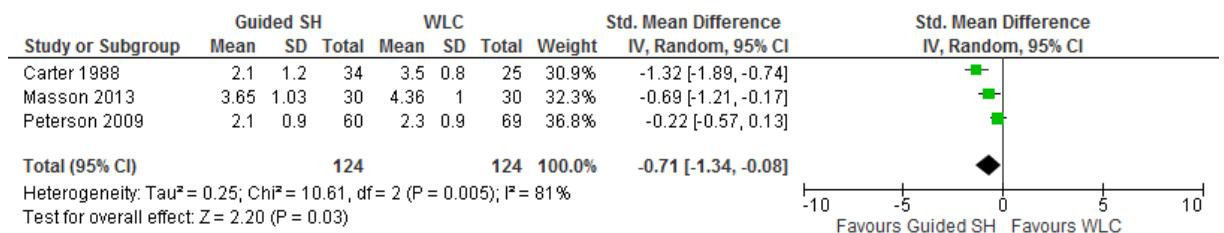
8 **Figure 924: EDE-total**



9

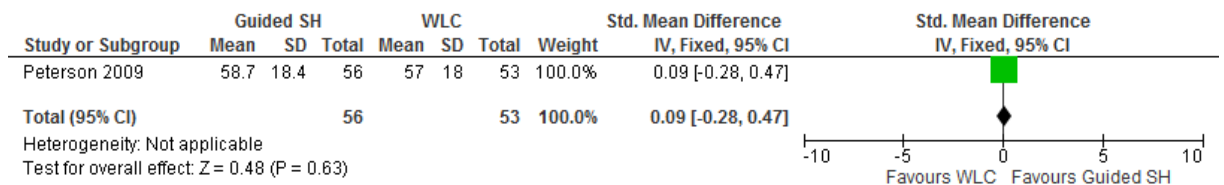
10 Heterogeneity was detected at I²=81%. None of the variables: risk of bias, presence of
11 comorbidity, severity of illness or duration of illness, explain the variability. However, only
12 Carter provided data on duration of illness. As such a random effects analysis was presented

13 **Figure 925: EDE-total with random effects**



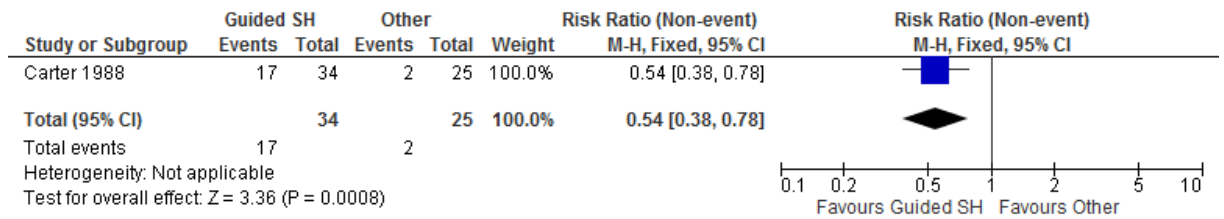
14

15 **Figure 926: Quality of life**



16

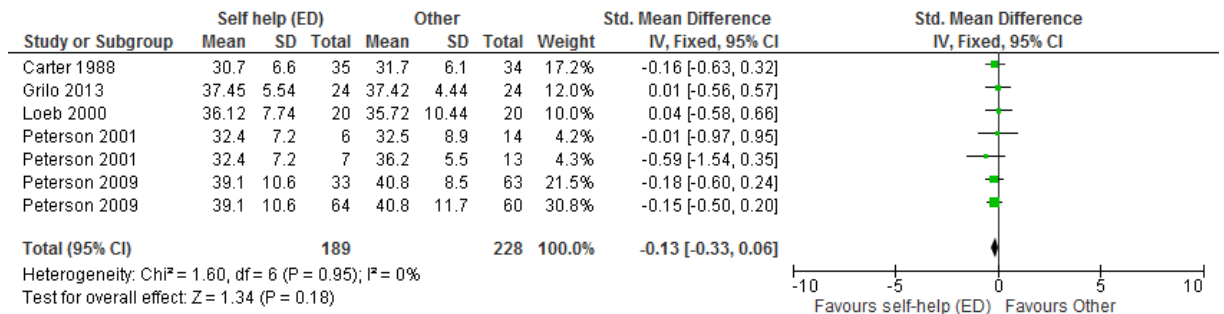
17 **Figure 927: Remission**



1

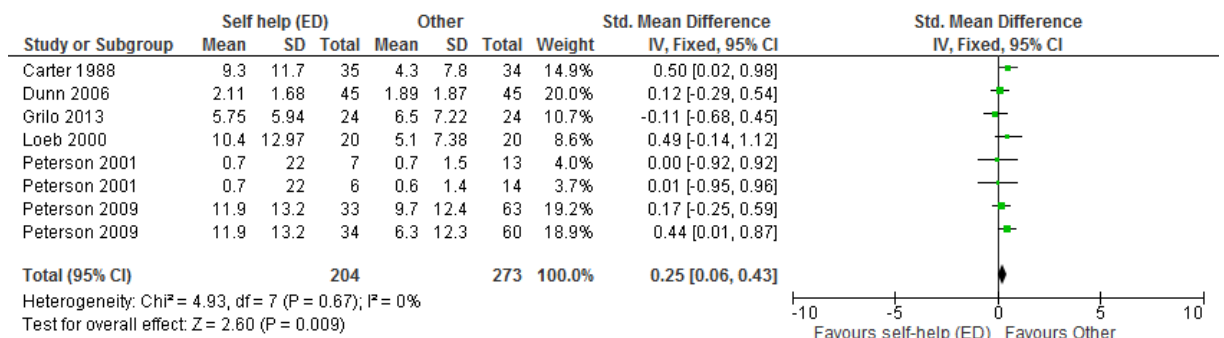
M.3.25.42 Self-help (ED) compared with any other intervention in adults with binge eating disorder at end of treatment

4 Figure 928: BMI



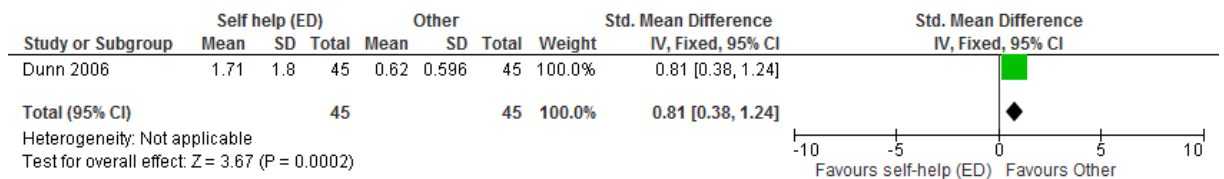
5

6 Figure 929: Bingeing



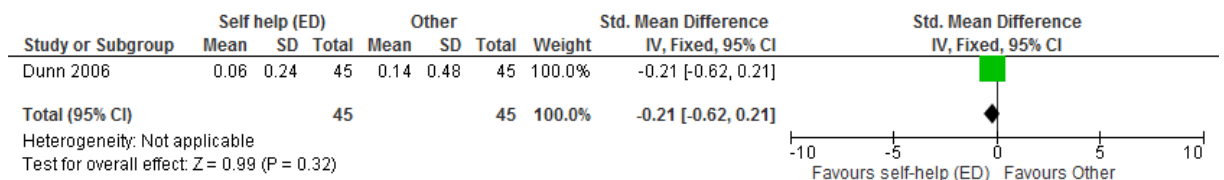
7

8 Figure 930: Vomiting



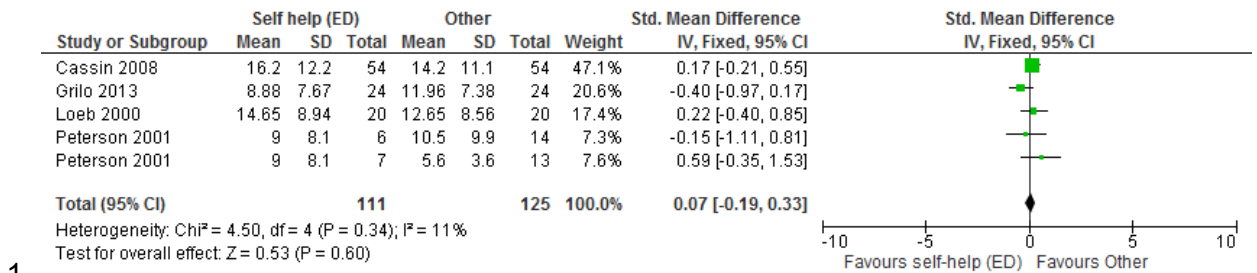
9

10 Figure 931: Laxative use

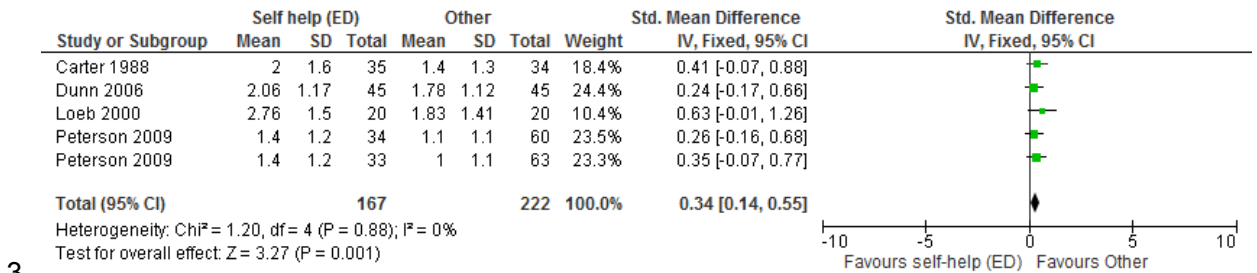


11

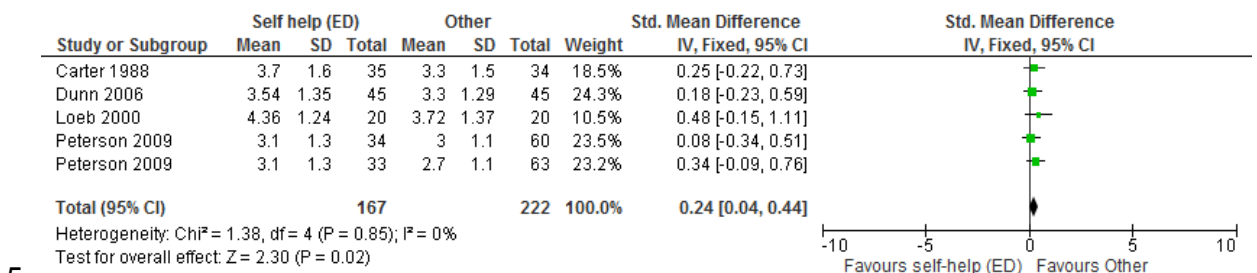
12 Figure 932: Depression



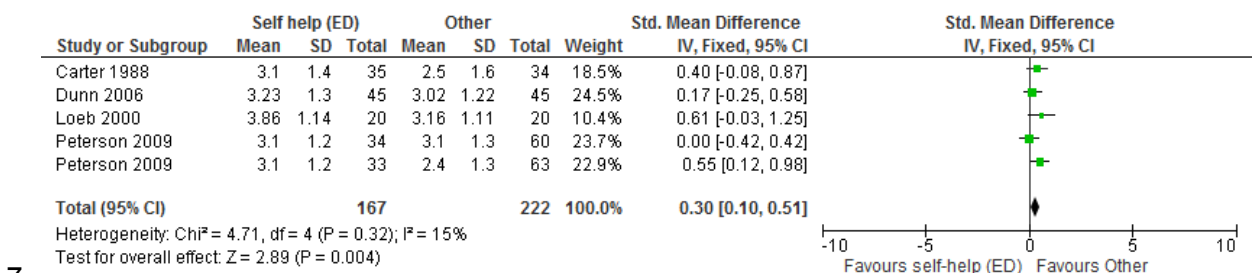
2 **Figure 933: EDE-eating concern**



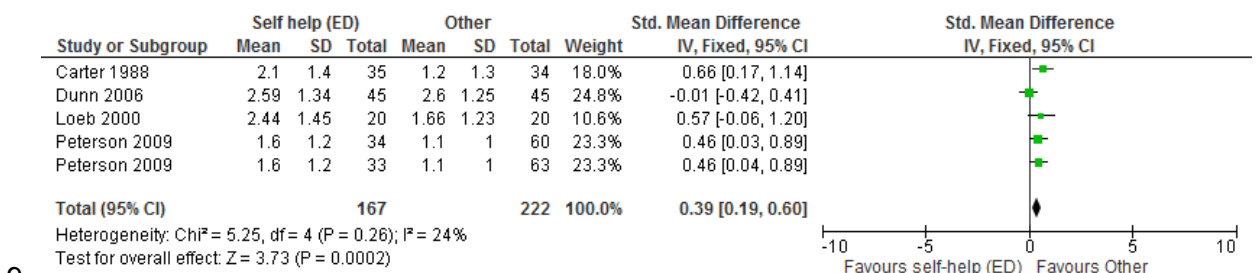
4 **Figure 934: EDE-shape concern**



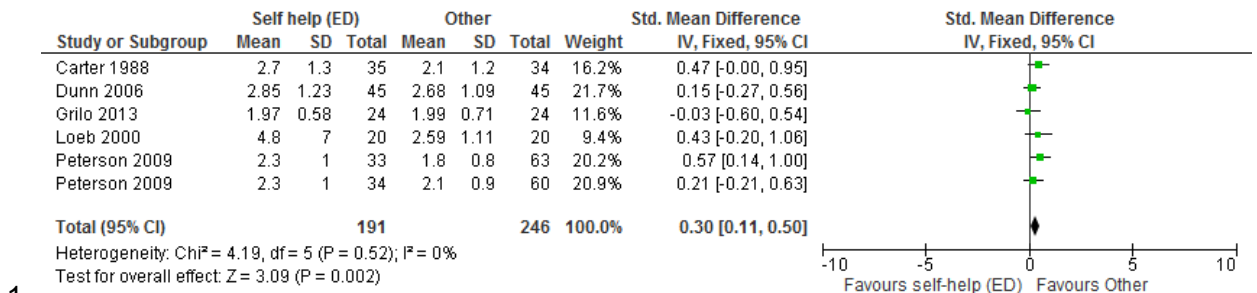
6 **Figure 935: EDE-weight concern**



8 **Figure 936: EDE-restraint**

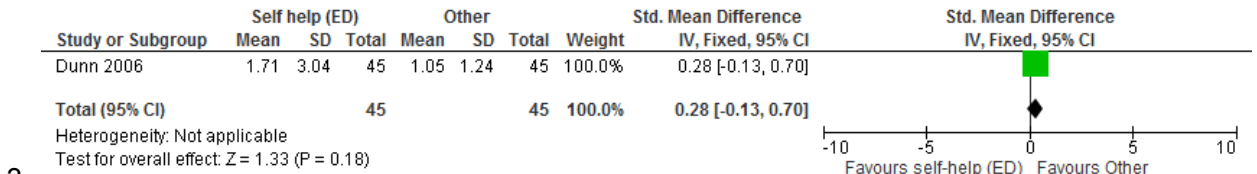


10 **Figure 937: EDE-total**



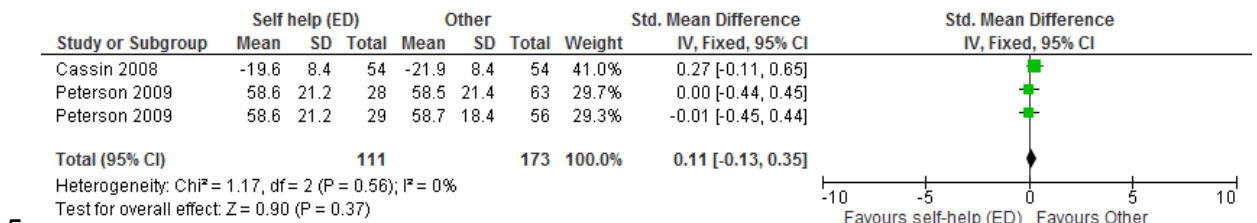
1

2 **Figure 938: Excessive exercise**



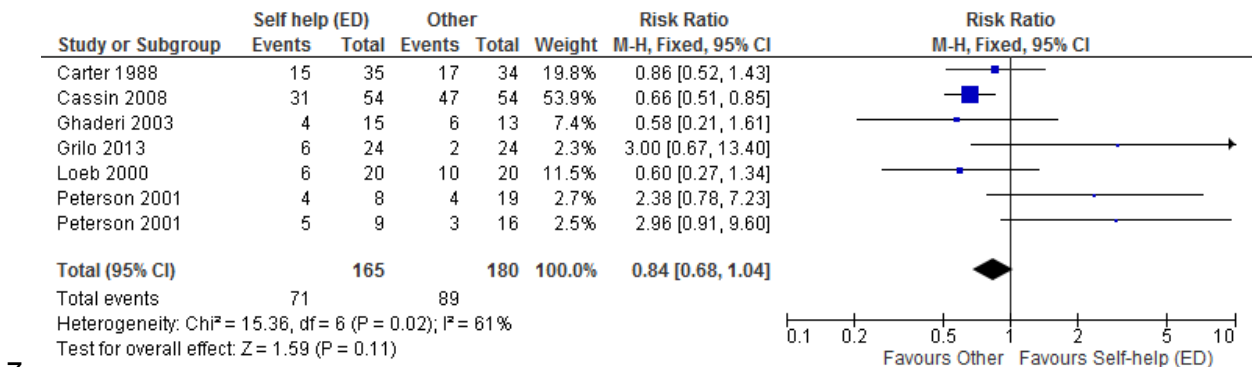
3

4 **Figure 939: Satisfaction with life**



5

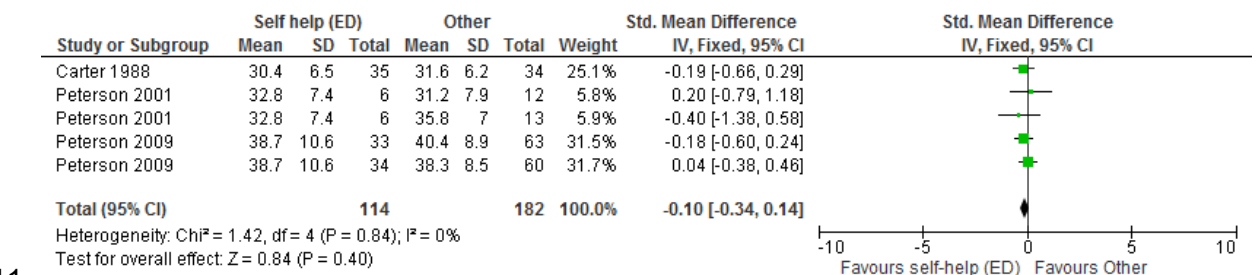
6 **Figure 940: Remission**



7

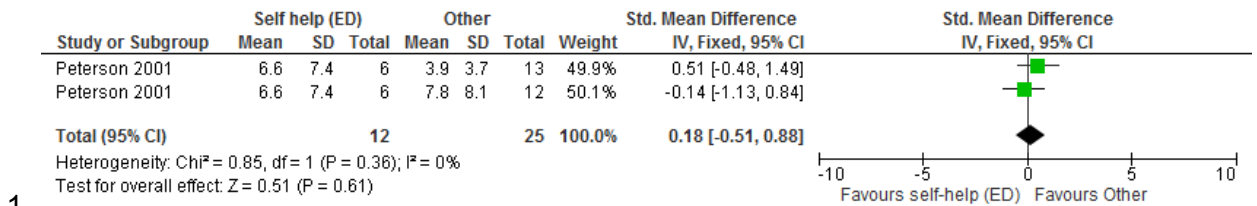
M.3.25.58 **Self-help (ED) compared with any other intervention in adults with binge eating disorder at follow-up**

9 **Figure 941: BMI**

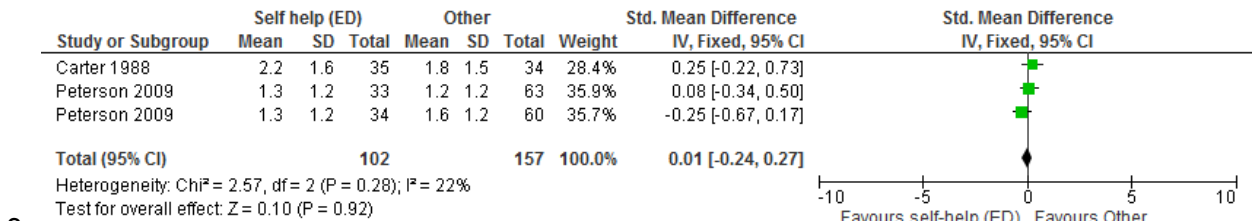


11

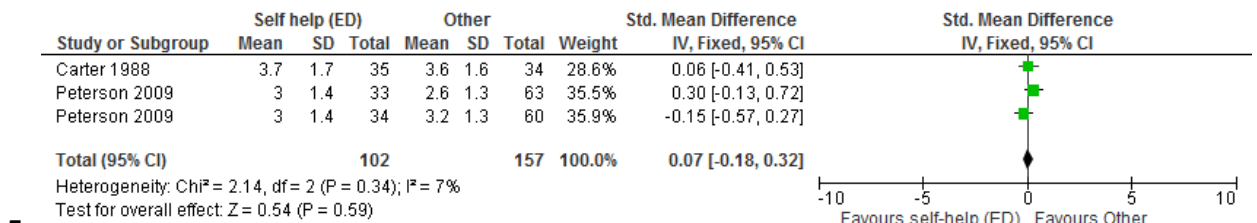
12 **Figure 942: Depression**



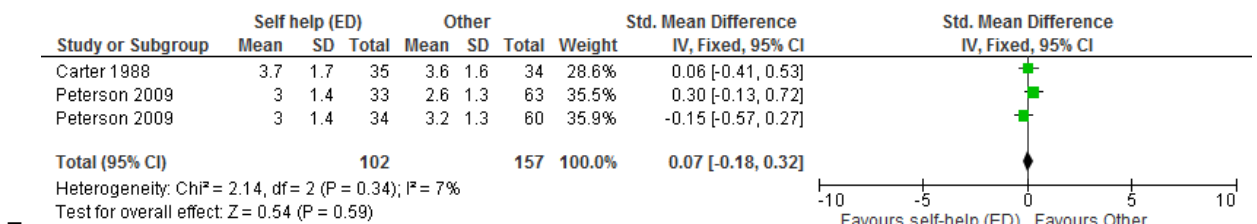
2 **Figure 943: EDE-eating concern**



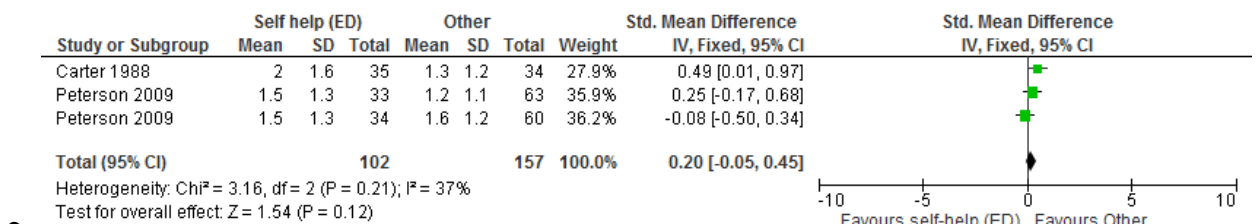
4 **Figure 944: EDE-shape concern**



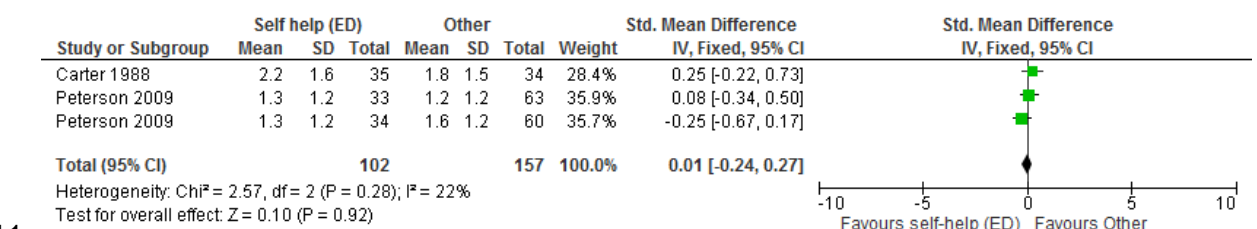
6 **Figure 945: EDE-weight concern**



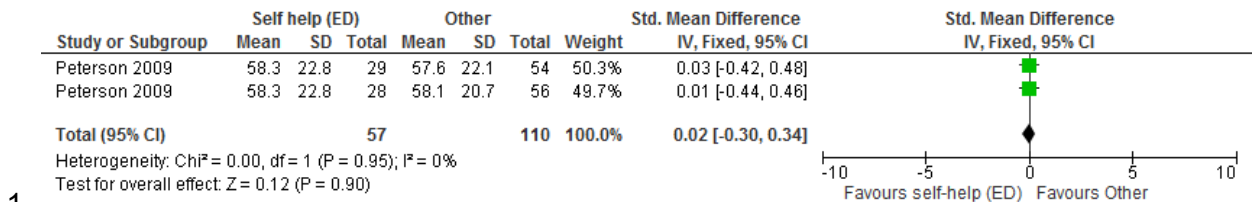
8 **Figure 946: EDE-restraint**



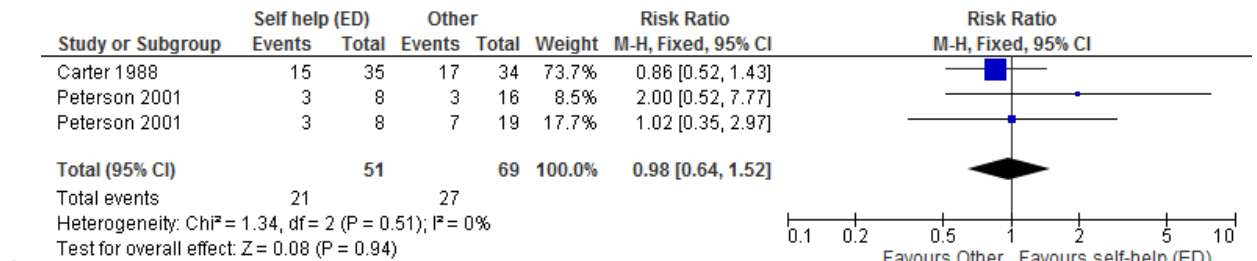
10 **Figure 947: EDE-total**



12 **Figure 948: Quality of life**

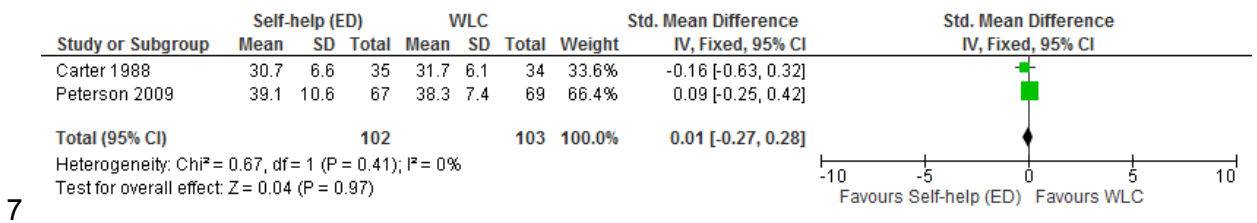


2 **Figure 949: Remission**

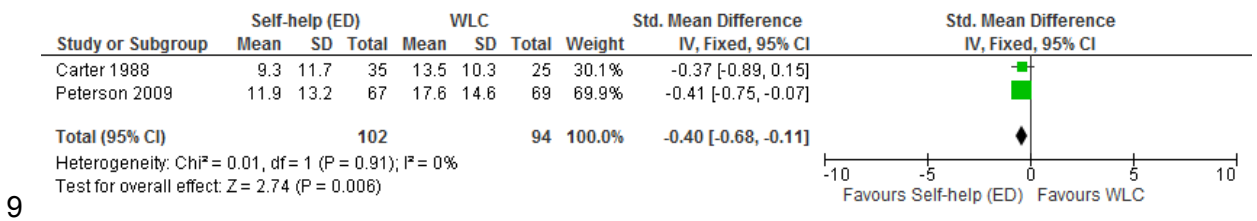


M.3.25.64 **Self-help (ED) compared with wait list controls (WLC) in adults with binge eating disorder at end of treatment**

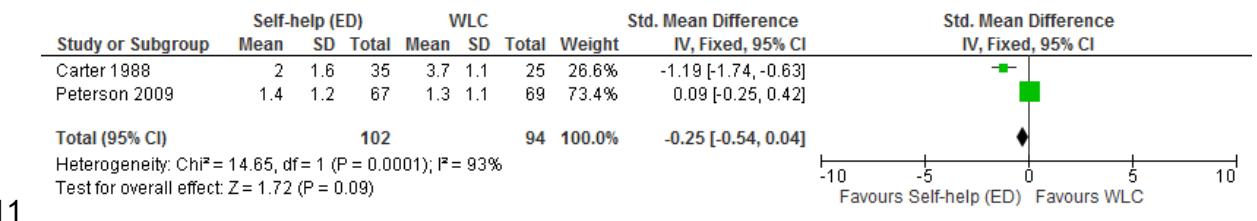
6 **Figure 950: BMI**



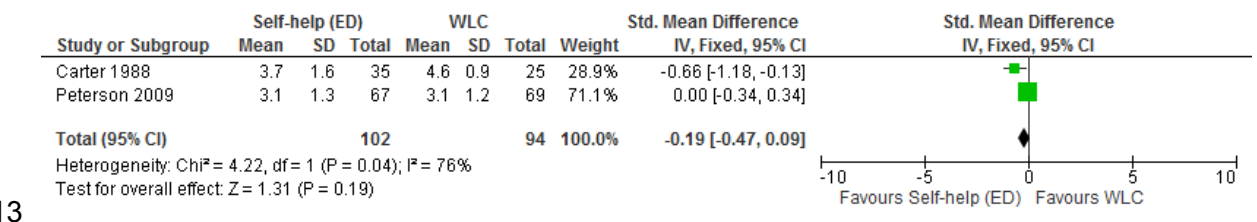
8 **Figure 951: Bingeing**



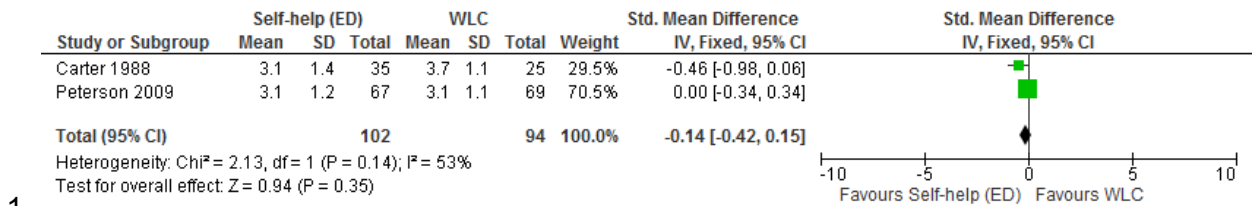
10 **Figure 952: EDE-eating concern**



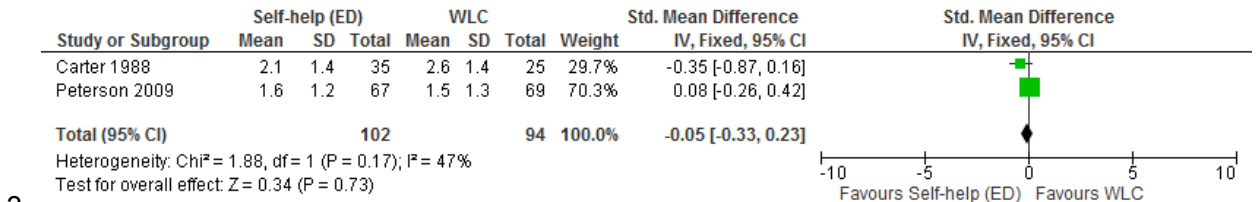
12 **Figure 953: EDE-shape concern**



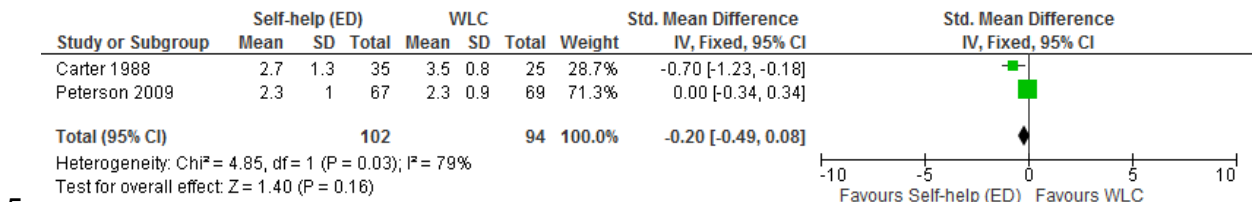
14 **Figure 954: EDE-weight concern**



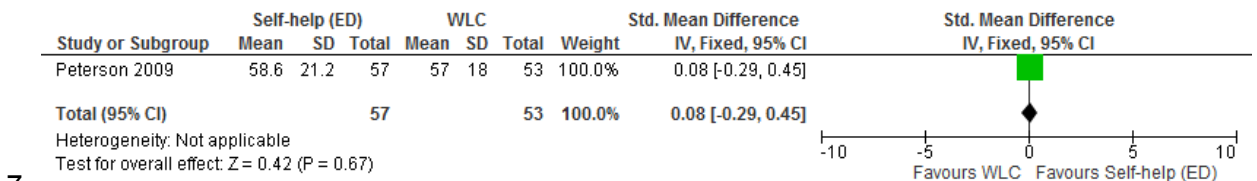
2 **Figure 955: EDE-restraint**



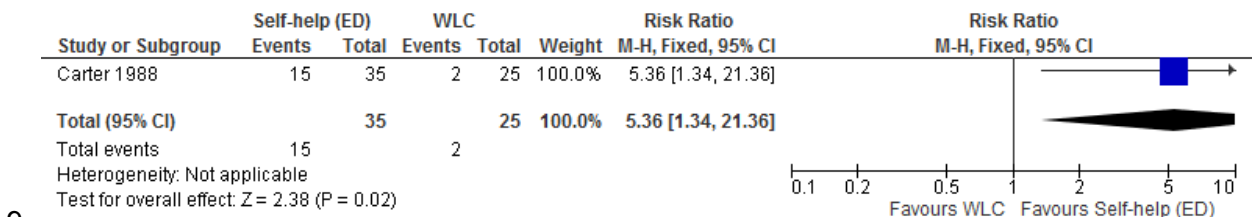
4 **Figure 956: EDE-total**



6 **Figure 957: Quality of life**

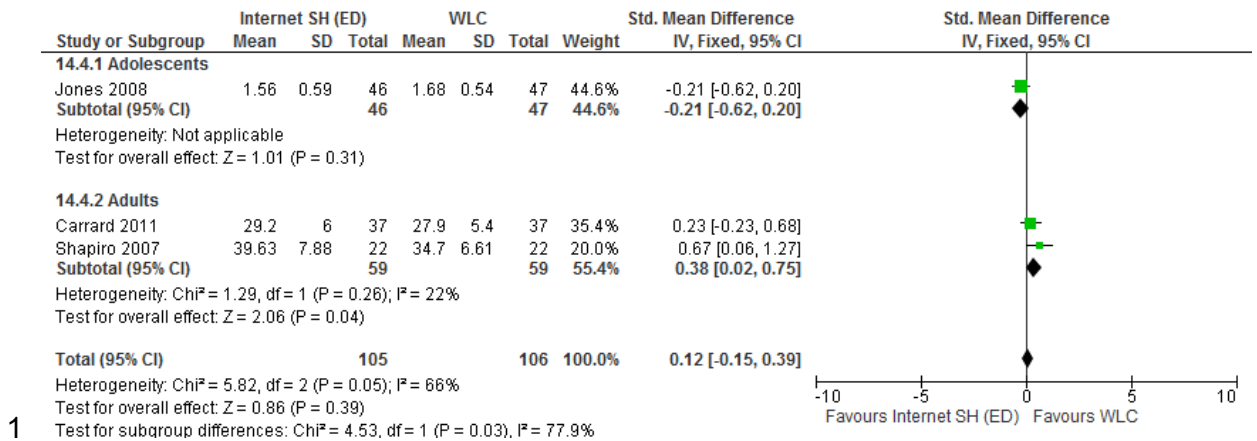


8 **Figure 958: Remission**

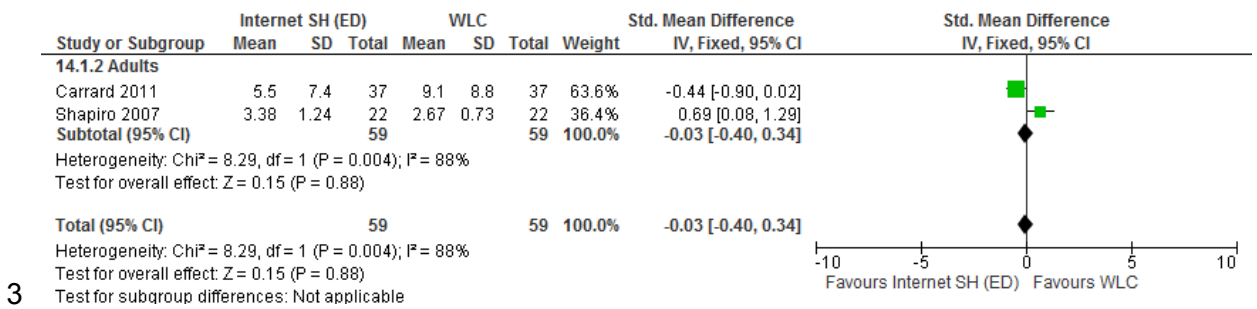


M.3.25.70 **Internet self-help (ED) compared with wait list controls (WLC) in adults (unless otherwise stated) with binge eating disorder at end of treatment**

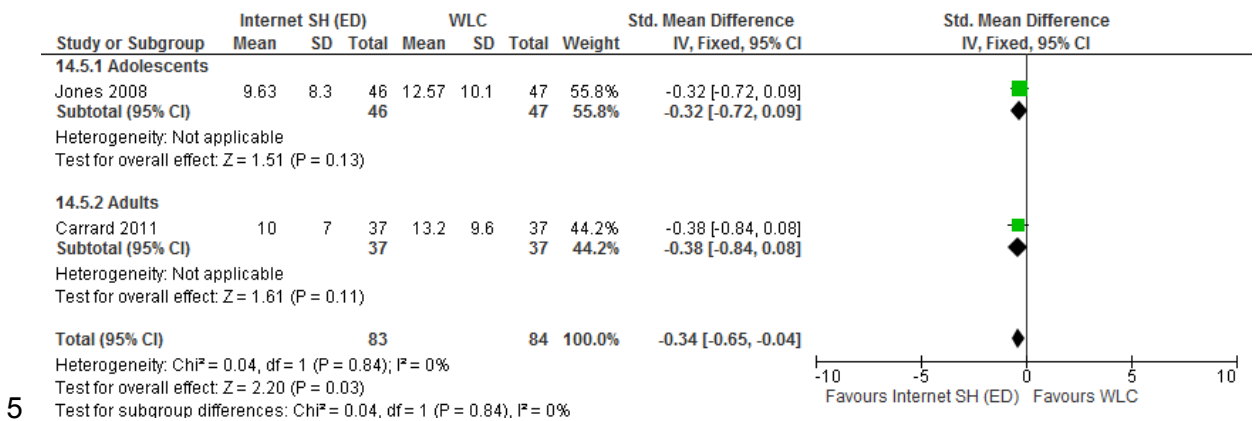
12 **Figure 959: BMI in young people and adults**



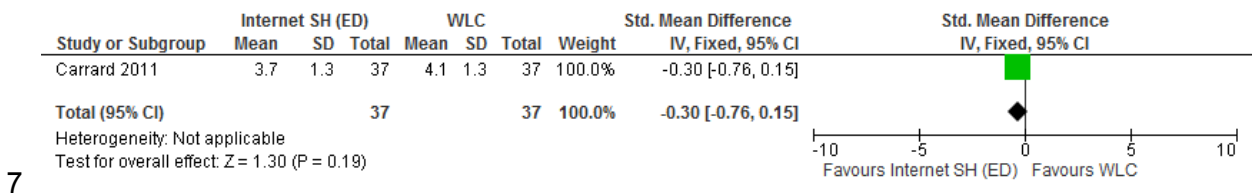
2 **Figure 960: Bingeing**



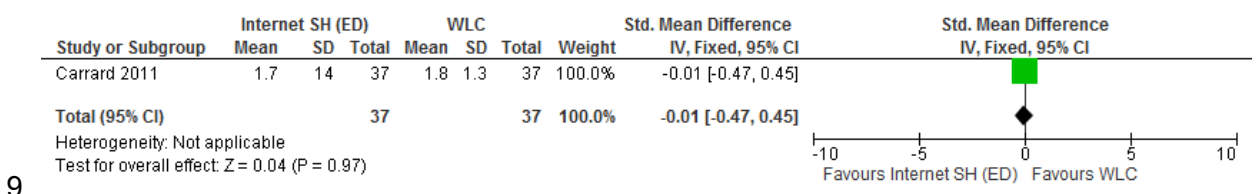
4 **Figure 961: Depression in young people and adults**



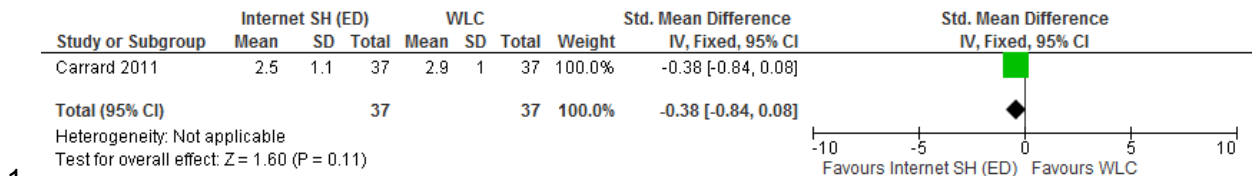
6 **Figure 962: EDE-shape concern**



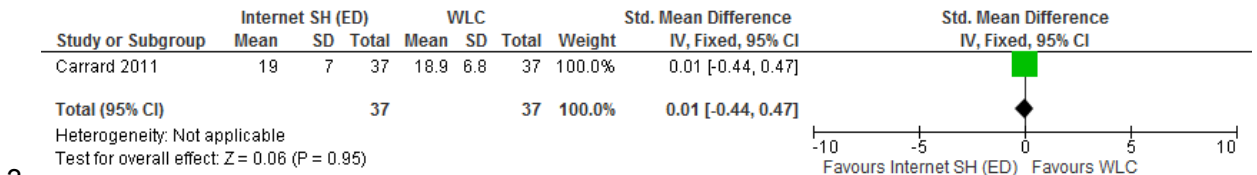
8 **Figure 963: EDE-restraint**



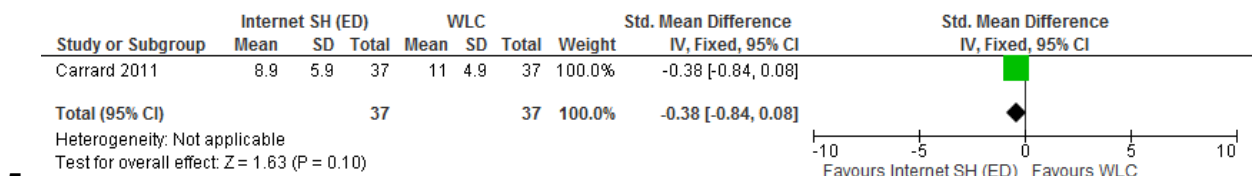
10 **Figure 964: EDE-total**



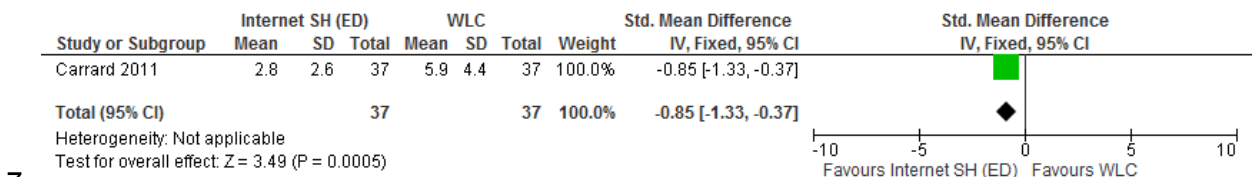
2 **Figure 965: EDI-body dissatisfaction**



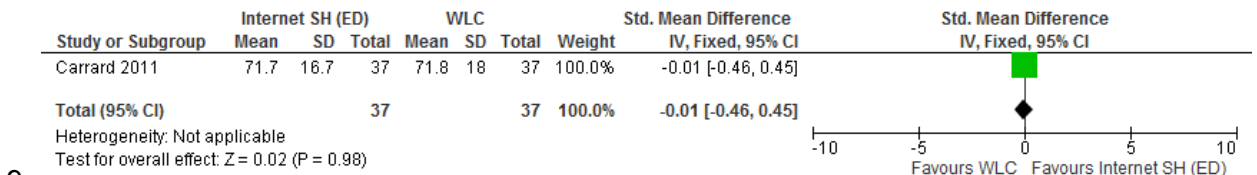
4 **Figure 966: EDI-drive for thinness**



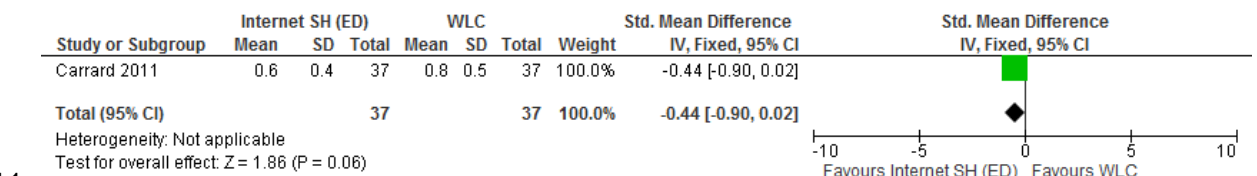
6 **Figure 967: EDI-bulimia**



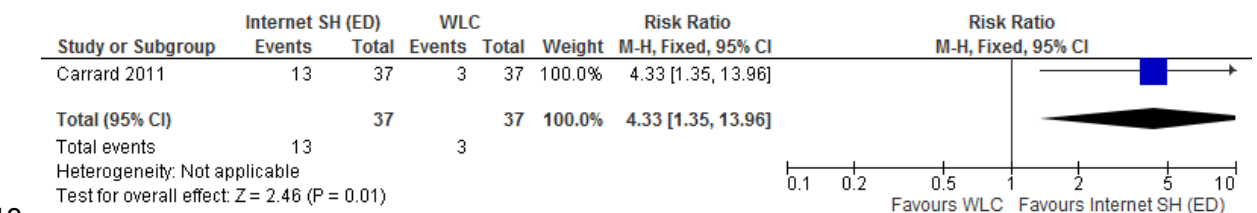
8 **Figure 968: Quality of life**



10 **Figure 969: Global severity**

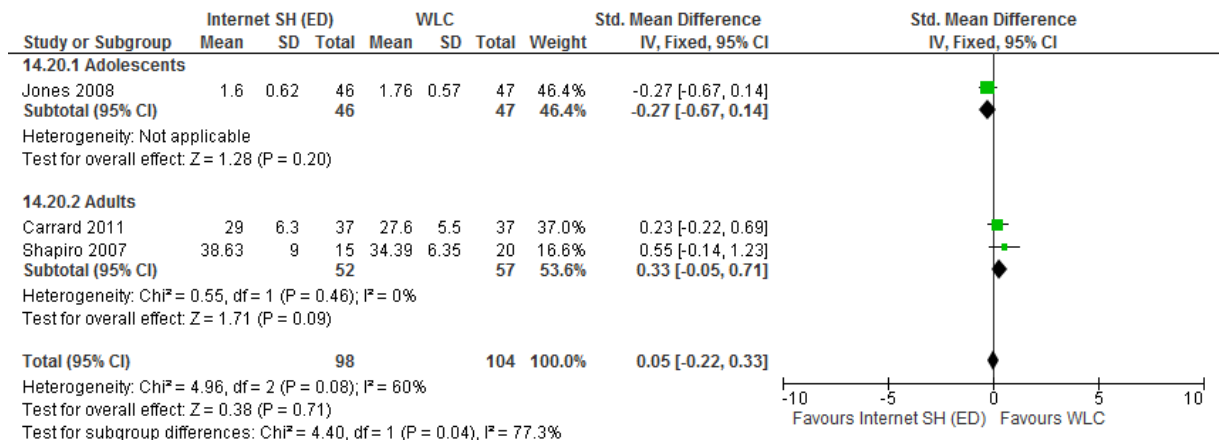


12 **Figure 970: Remission**

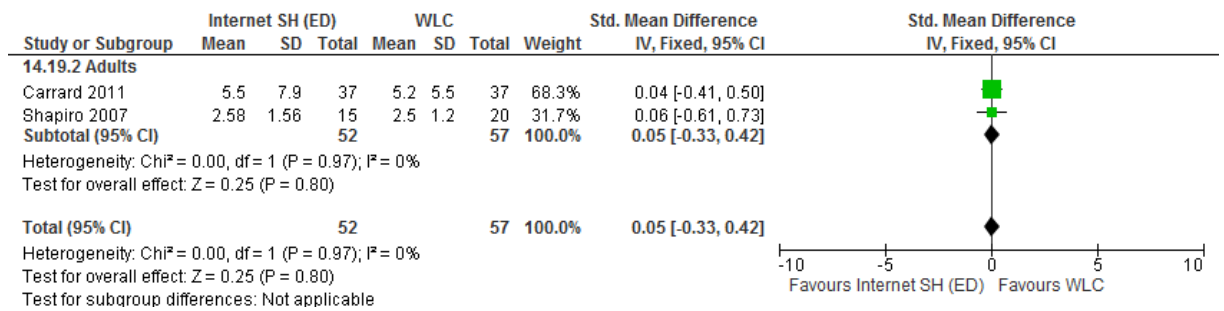


M.3.25.81 Internet self-help (ED) compared with wait list controls in adults (unless otherwise stated) with binge eating disorder at follow-up

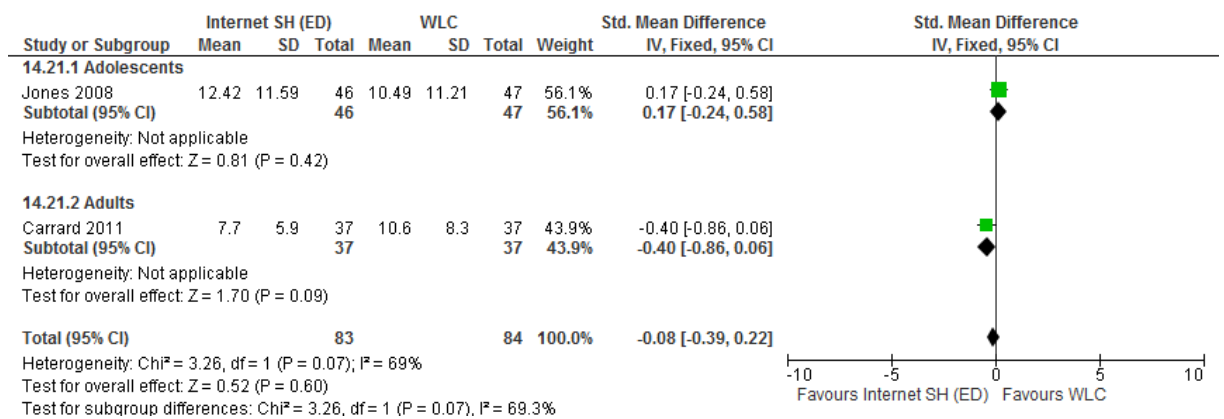
3 Figure 971: BMI in young people and adults



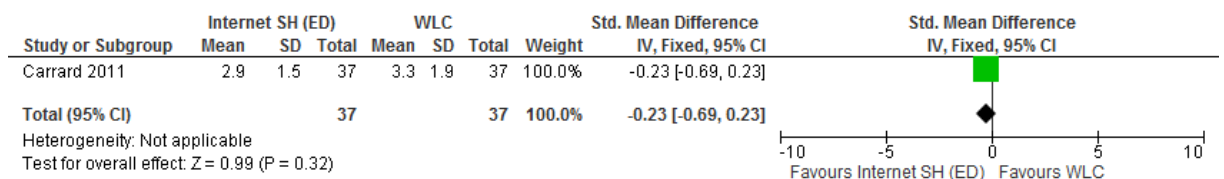
5 Figure 972: Bingeing



7 Figure 973: Depression in young people and adults

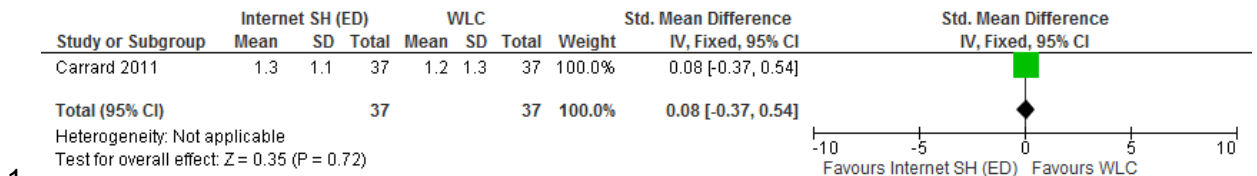


9 Figure 974: EDE-shape concern

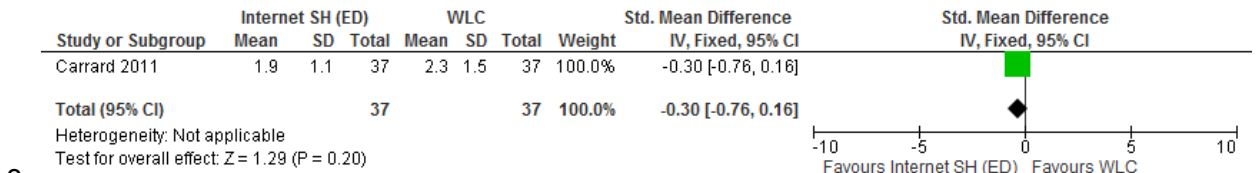


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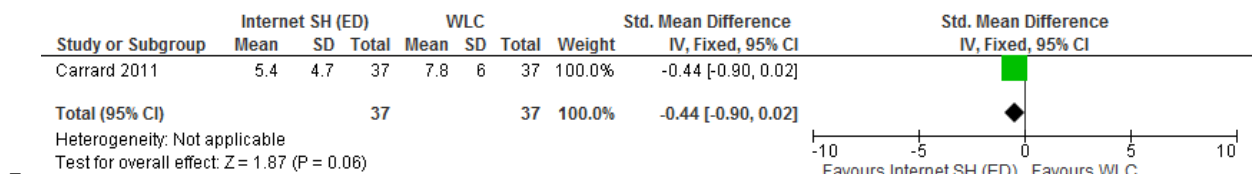
11 Figure 975: EDE-restraint



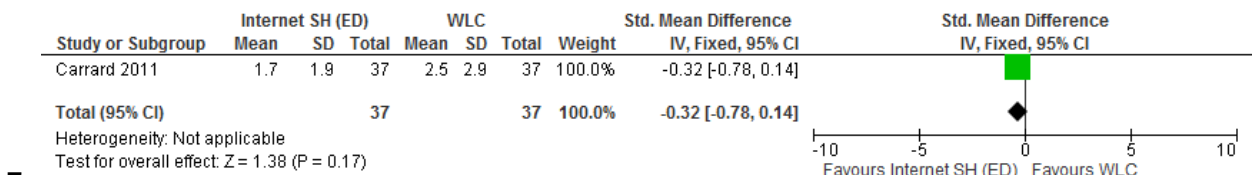
2 **Figure 976: EDE-total**



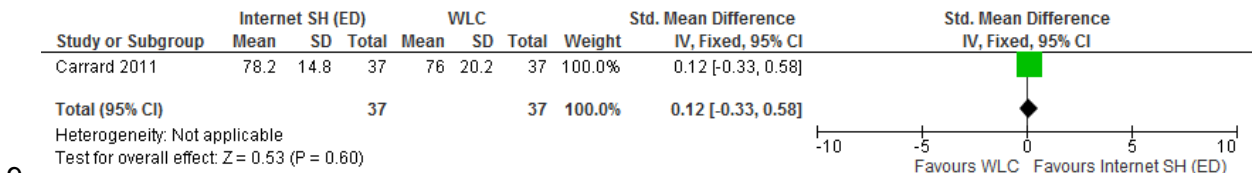
4 **Figure 977: EDI-drive for thinness**



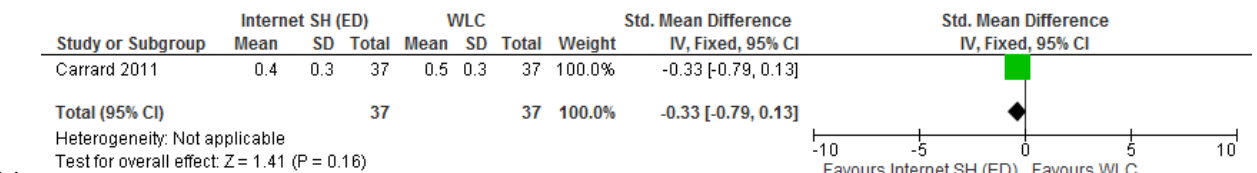
6 **Figure 978: EDI-bulimia**



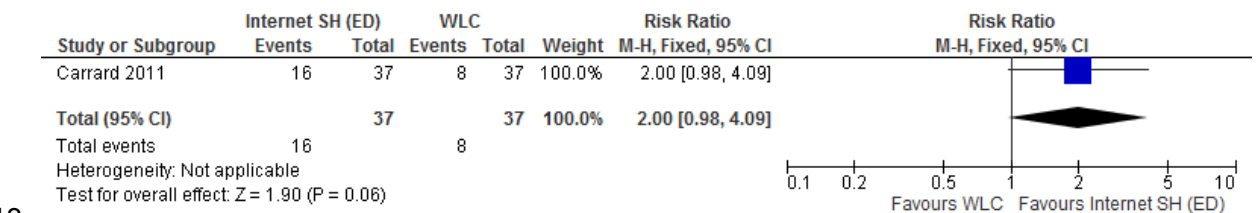
8 **Figure 979: Quality of life**



10 **Figure 980: Global severity**

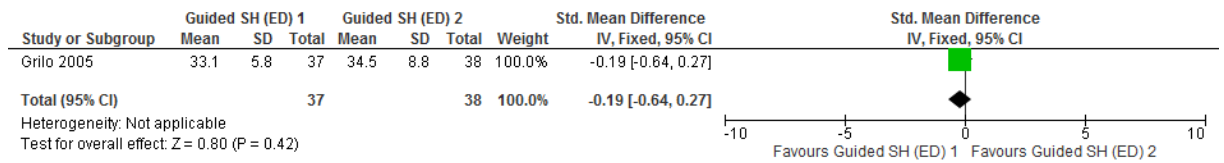


12 **Figure 981: Remission**



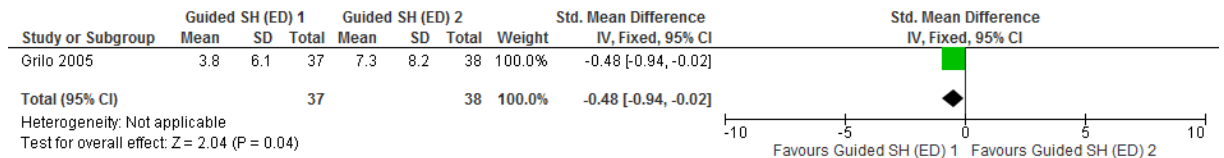
M.3.25.91 Guided self-help (ED) compared with guided self-help in adults with binge eating disorder at end of treatment

3 Figure 982: BMI



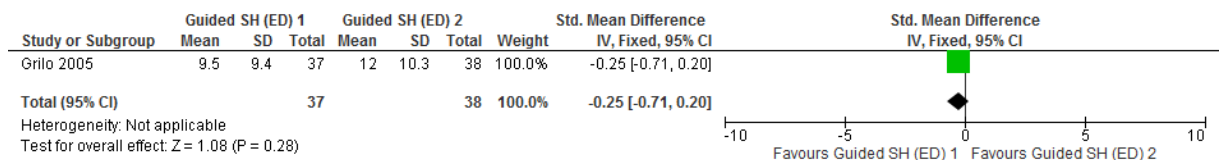
4

5 Figure 983: Bingeing



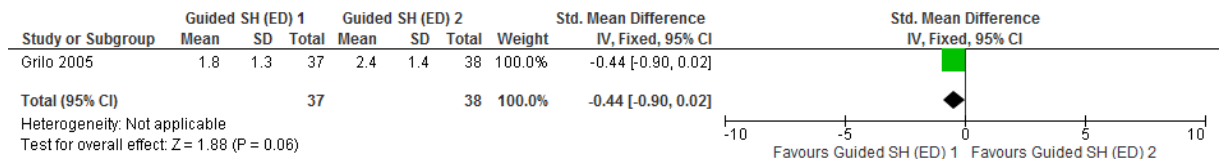
6

7 Figure 984: Depression



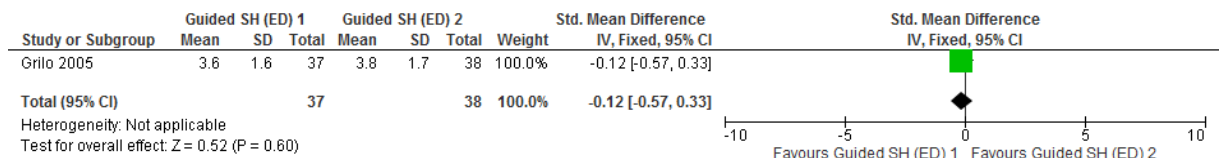
8

9 Figure 985: EDE-eating concern



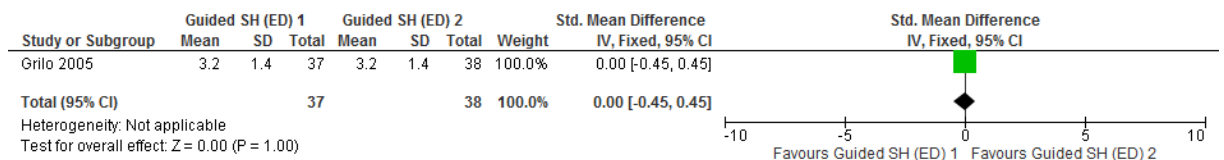
10

11 Figure 986: EDE-shape concern



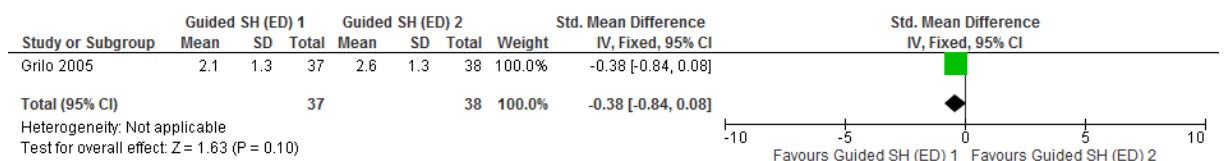
12

13 Figure 987: EDE-weight concern



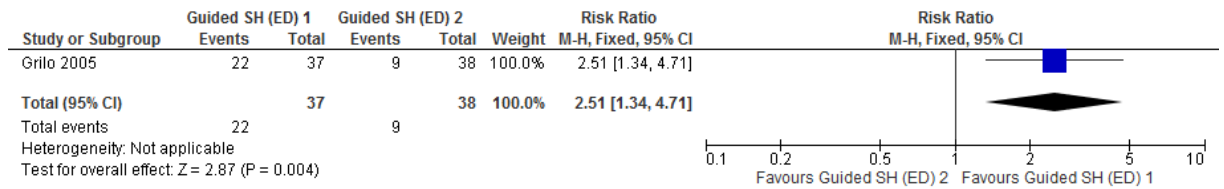
14

15 Figure 988: EDE-restraint



16

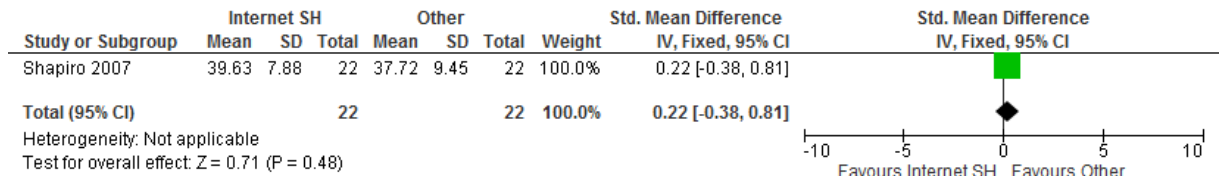
17 Figure 989: Remission



1

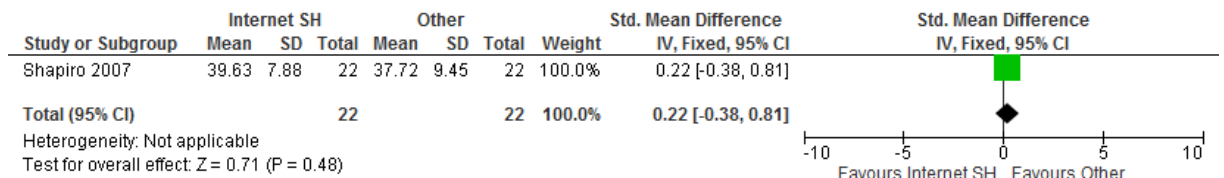
M.3.25.102 Internet self-help (ED) compared with any other intervention in adults with binge eating disorder at end of treatment

4 Figure 990: BMI



5

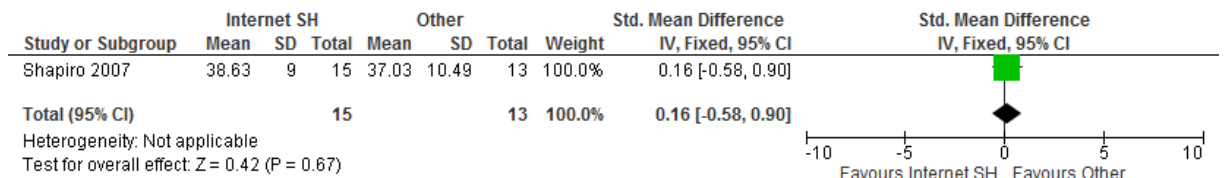
6 Figure 991: Bingeing



7

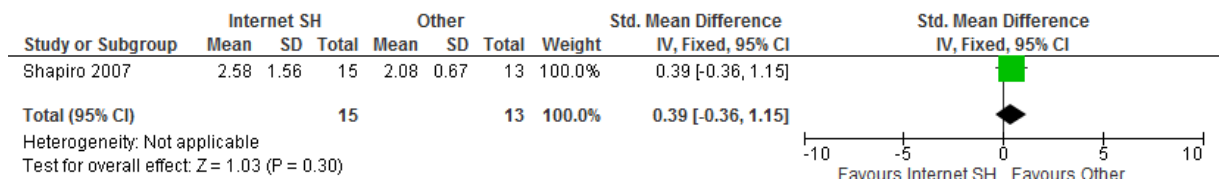
M.3.25.118 Internet self-help (ED) compared with any other intervention in adults with binge eating disorder at follow-up

10 Figure 992: BMI



11

12 Figure 993: Bingeing

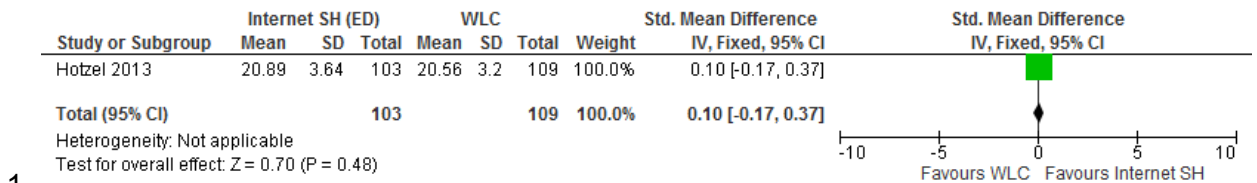


13

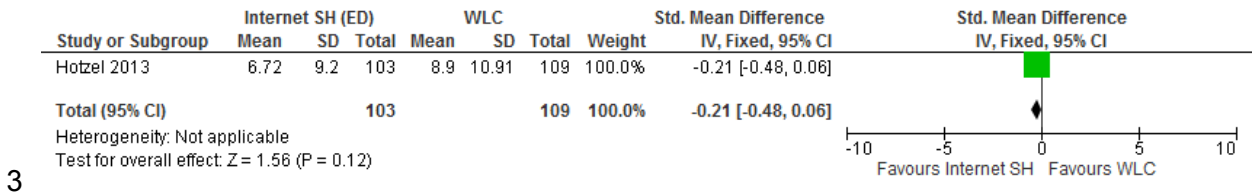
M.3.264 Any eating disorder and self-help

M.3.26.15 Internet self-help (ED) compared with wait list controls (WLC) in adults with any eating disorder at end of treatment

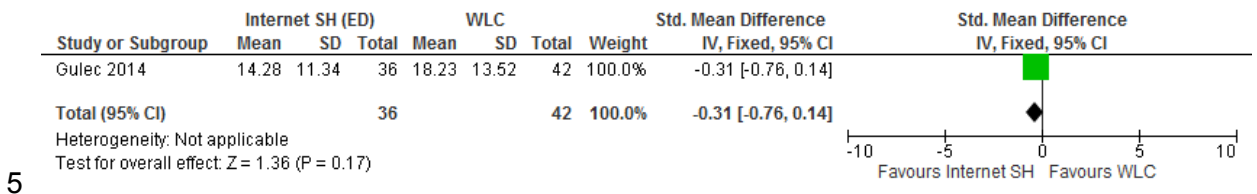
17 Figure 994: BMI



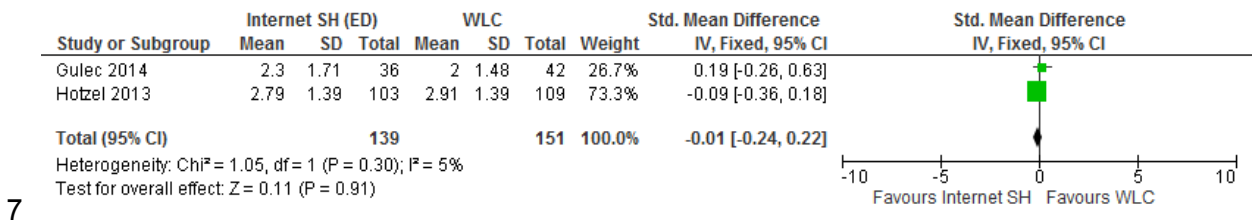
2 **Figure 995: Vomiting**



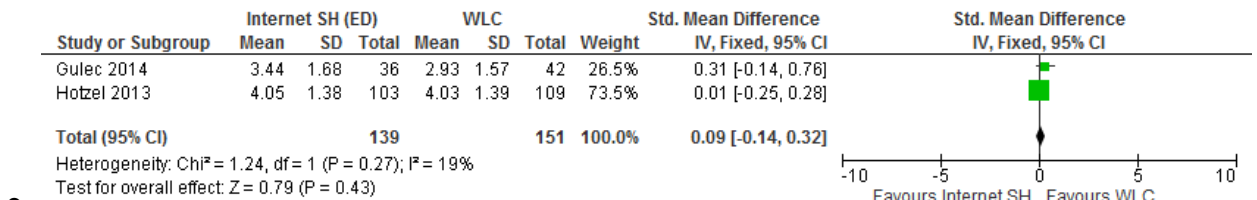
4 **Figure 996: Depression**



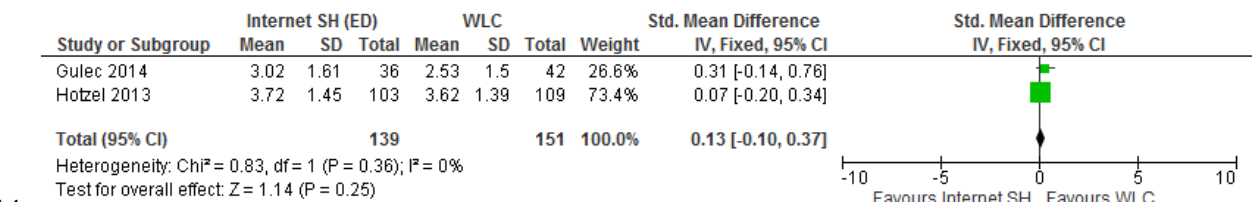
6 **Figure 997: EDE-eating concern**



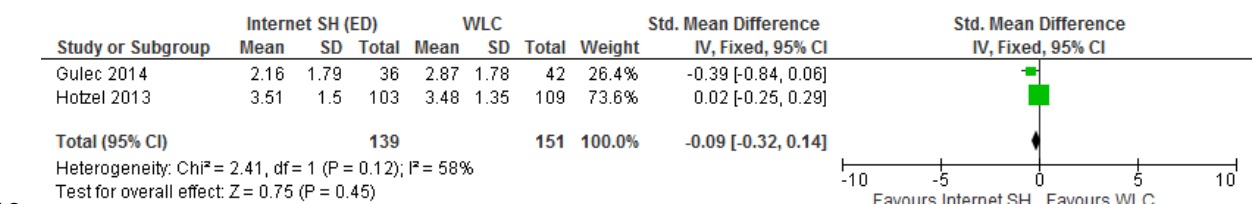
8 **Figure 998: EDE-shape concern**



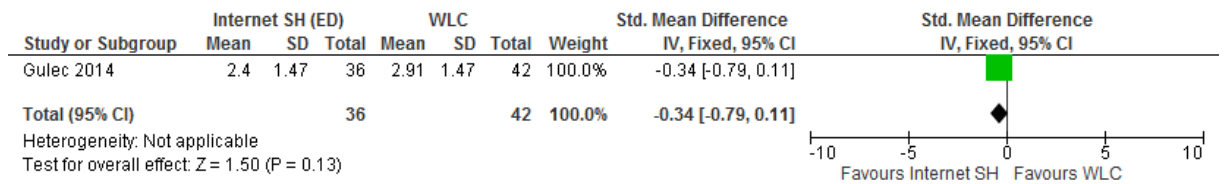
10 **Figure 999: EDE-weight concern**



12 **Figure 1000: EDE-restraint**



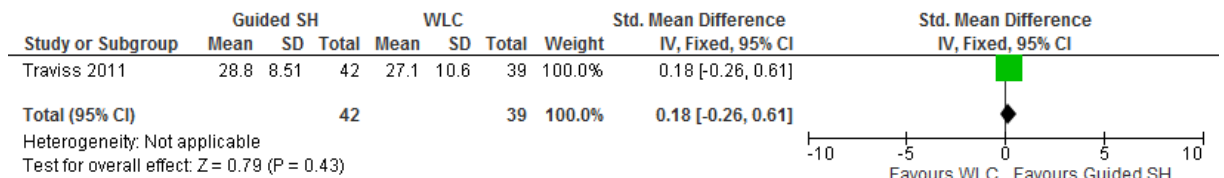
1 **Figure 1001: EDE-total**



2

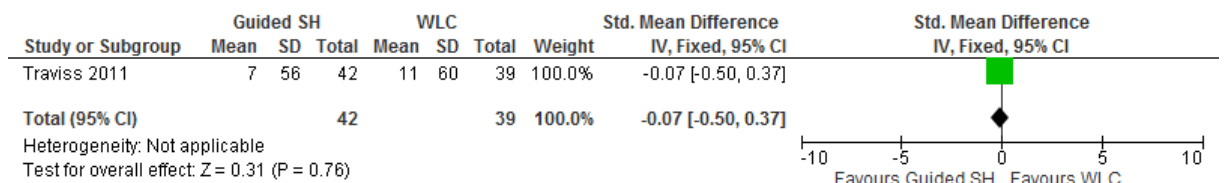
M.3.26.23 **Guided self-help (ED) compared with wait list controls in adults with any eating disorder at end of treatment**

4 **Figure 1002: BMI**



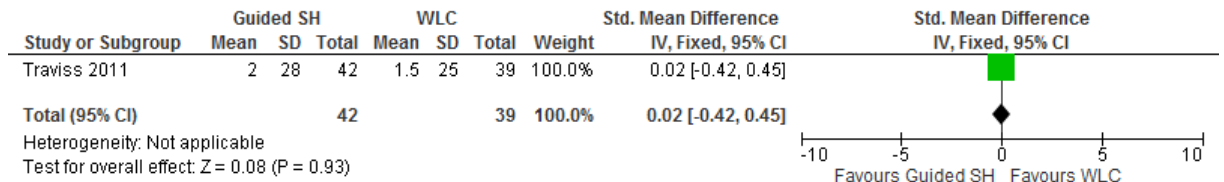
6

7 **Figure 1003: Bingeing**



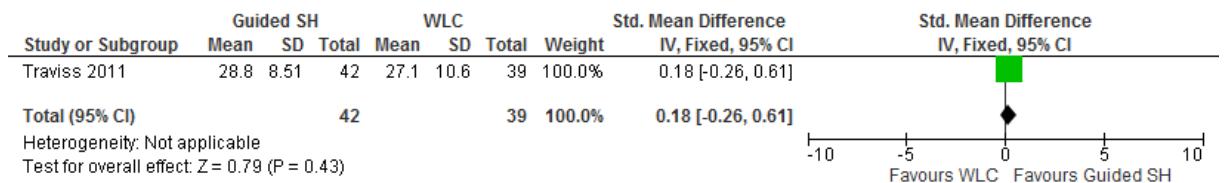
8

9 **Figure 1004: Exercise frequency**



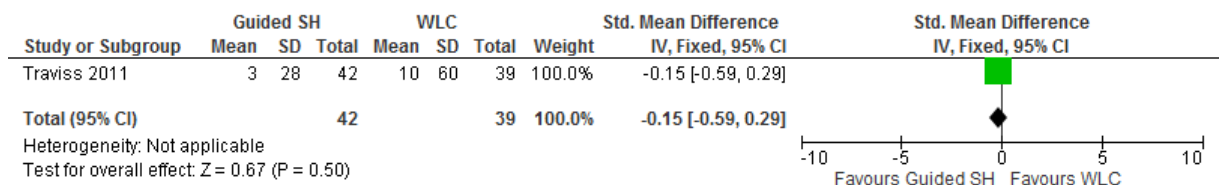
10

11 **Figure 1005: Vomiting**



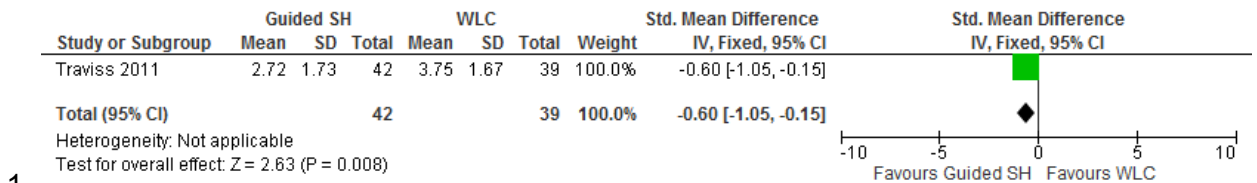
12

13 **Figure 1006: Laxative use**

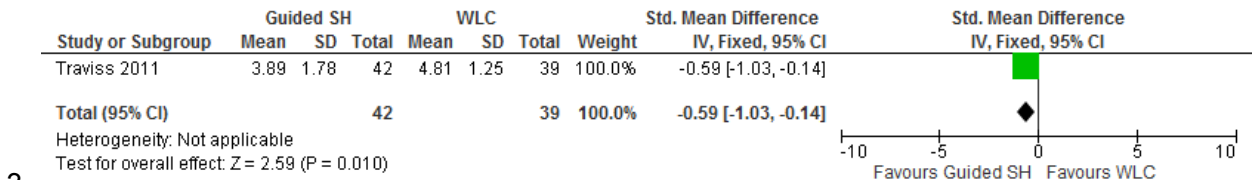


14

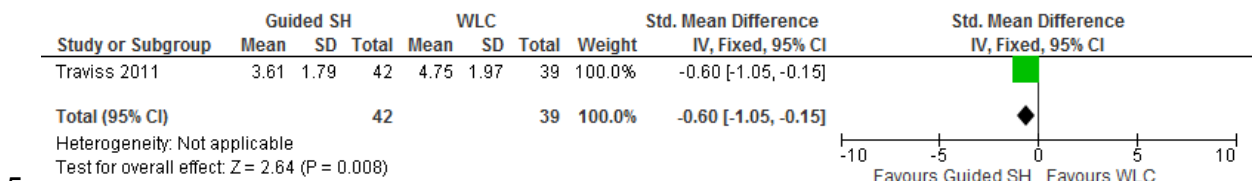
15 **Figure 1007: EDE-eating concern**



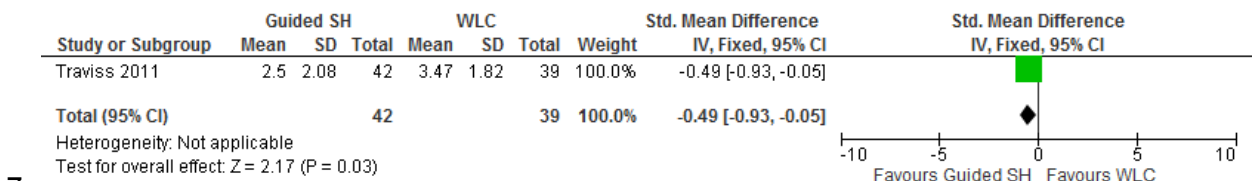
2 **Figure 1008: EDE-shape concern**



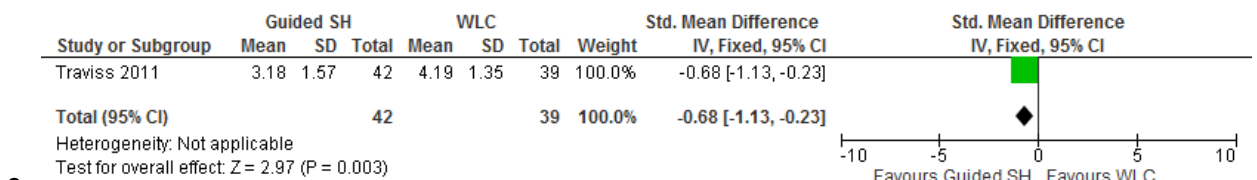
4 **Figure 1009: EDE-weight concern**



6 **Figure 1010: EDE-restraint**

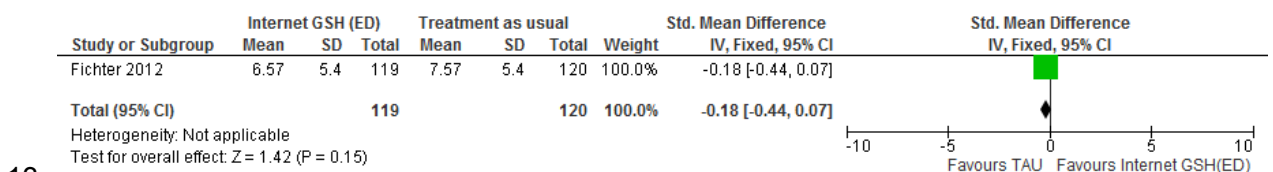


8 **Figure 1011: EDE-total**

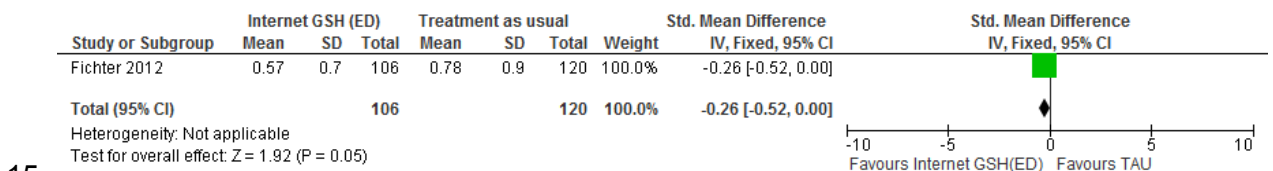


M.3.26.30 **Guided self-help (ED) compared with treatment as usual (TAU) in adults with any eating disorder at end of treatment**

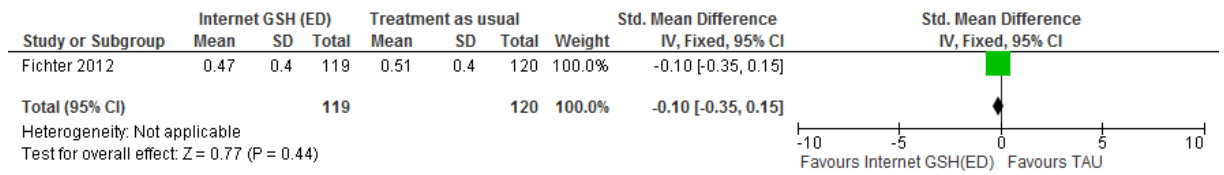
12 **Figure 1012: Morgan-Russell menstrual function**



14 **Figure 1013: Bulimic symptoms**

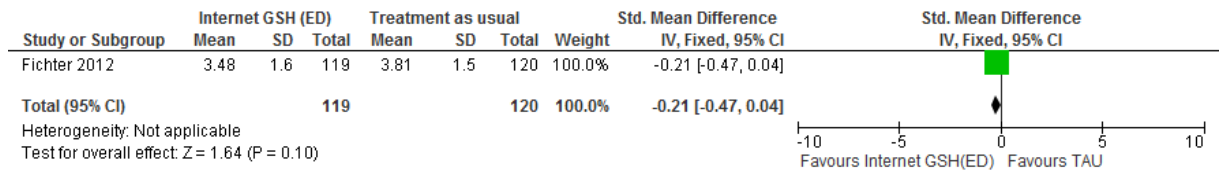


1 **Figure 1014: General psychopathology**



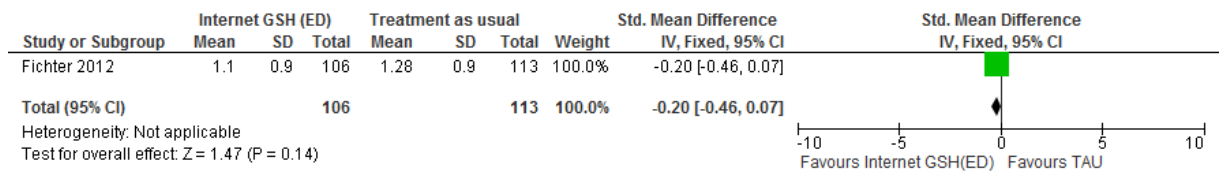
2

3 **Figure 1015: Global clinical score**



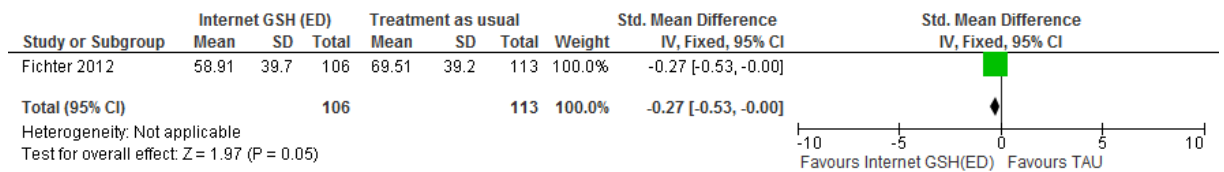
4

5 **Figure 1016: Depression**



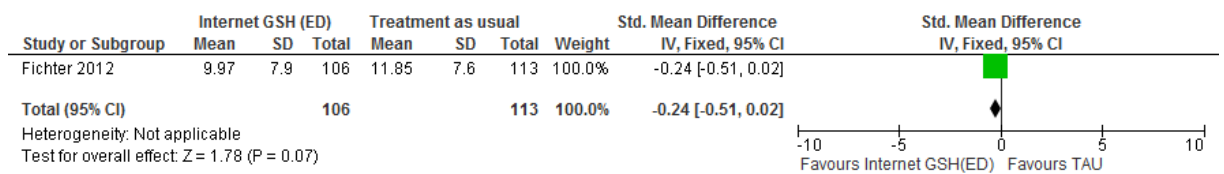
6

7 **Figure 1017: EDE-total**



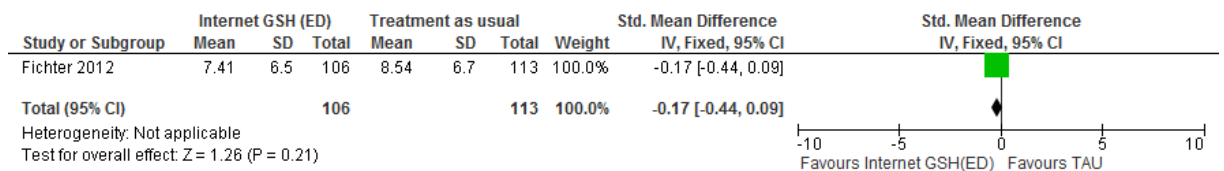
8

9 **Figure 1018: EDI-body dissatisfaction**



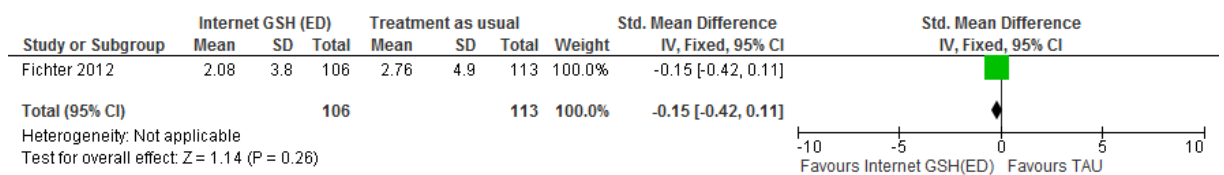
10

11 **Figure 1019: EDI-drive for thinness**



12

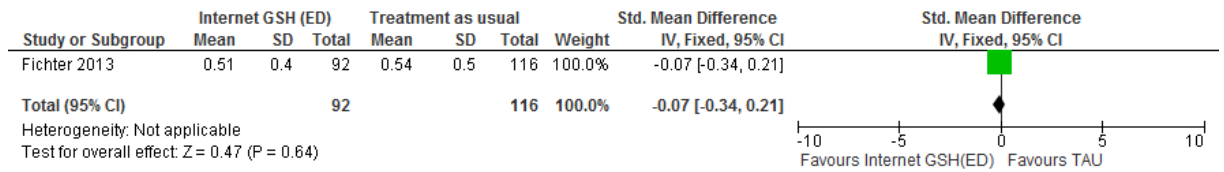
13 **Figure 1020: EDI-bulimia**



14

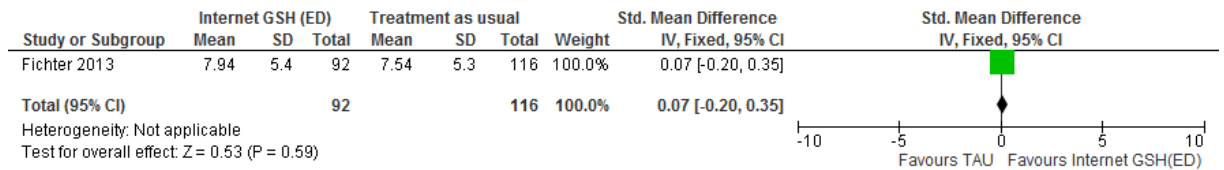
M.3.271 Guided self-help (ED) compared with treatment as usual (TAU) in adults with any eating disorder at follow-up

3 Figure 1021: General psychopathology



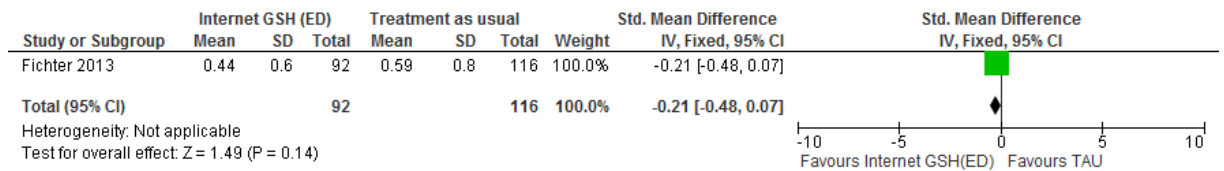
4

5 Figure 1022: Morgan-Russell menstrual function



6

7 Figure 1023: Bulimic symptoms

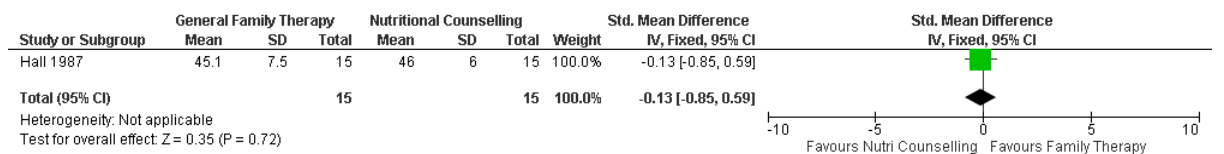


8

M.3.289 Family therapy for anorexia nervosa

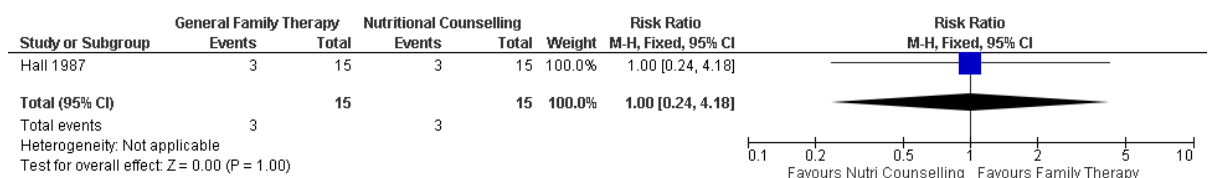
M.3.28.10 General family therapy versus nutritional counselling in adults with anorexia nervosa at end of treatment

12 Figure 1024: Weight (kg)



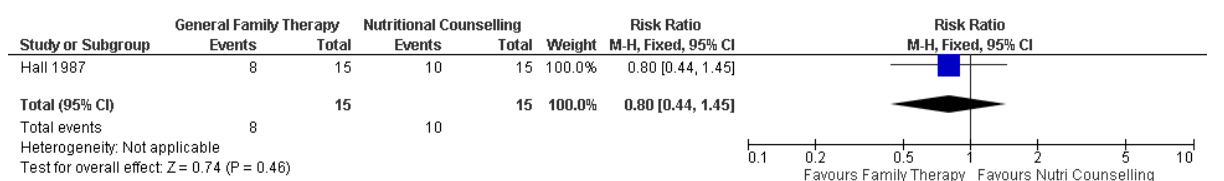
13

14 Figure 1025: Regular menstruation



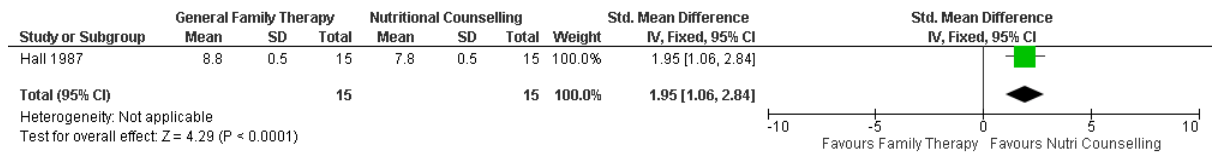
15

16 Figure 1026: Amenorrheic



17

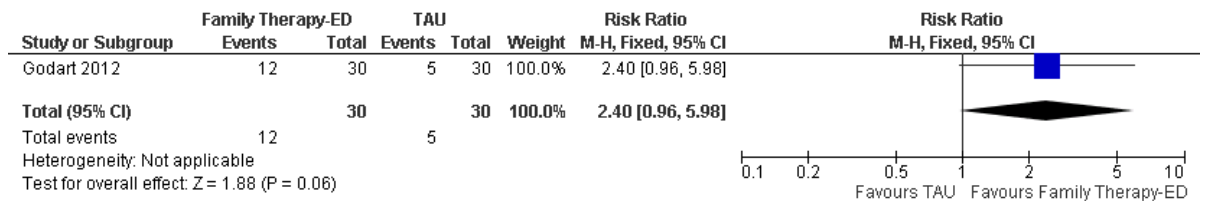
1 **Figure 1027: Global clinical score**



2

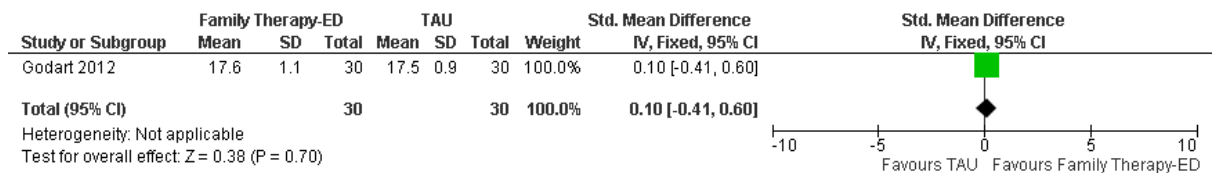
M.3.28.23 **Family therapy-ED and treatment as usual versus treatment as usual in young inpatients with anorexia nervosa at end of treatment**

5 **Figure 1028: Remission (ITT)**



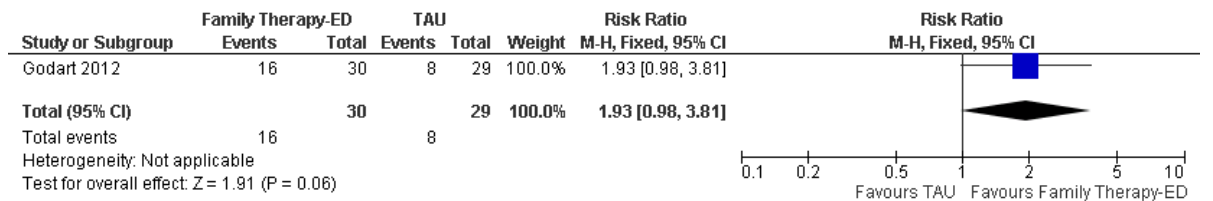
6

7 **Figure 1029: BMI**



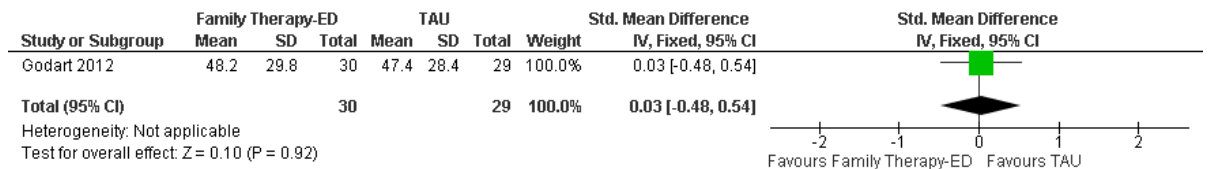
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9 **Figure 1030: No. of patients >=BMI 10th percentile (age-sex corrected)**



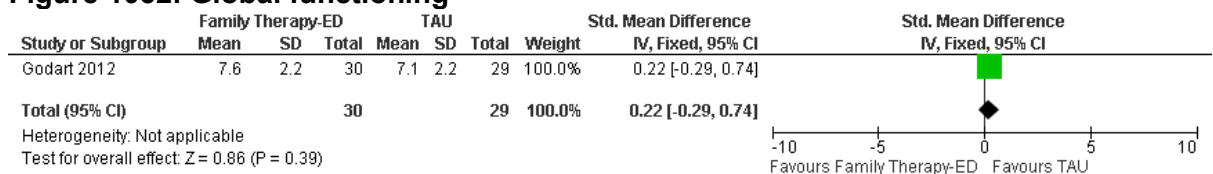
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11 **Figure 1031: EDI Total**



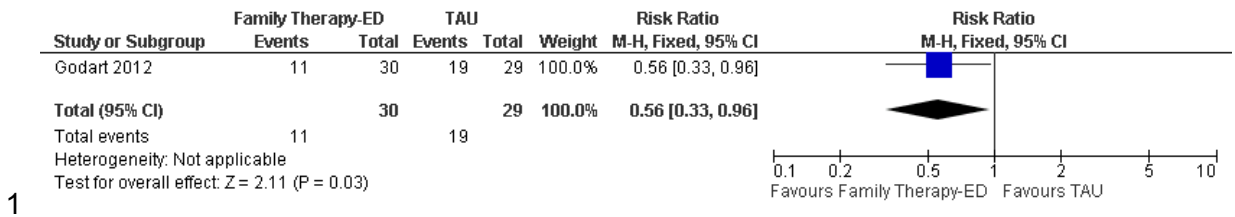
12

13 **Figure 1032: Global functioning**

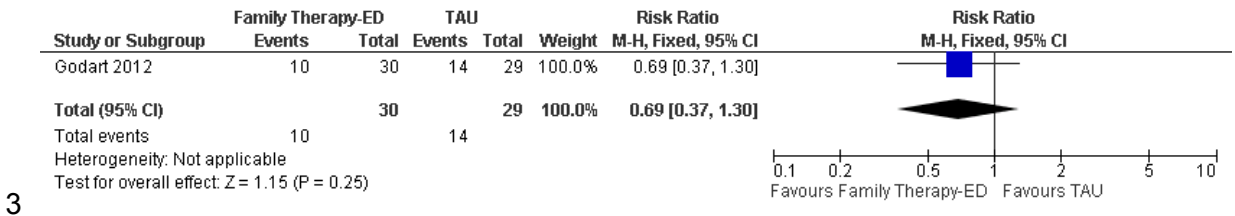


14

15 **Figure 1033: Amenorrheic patients**

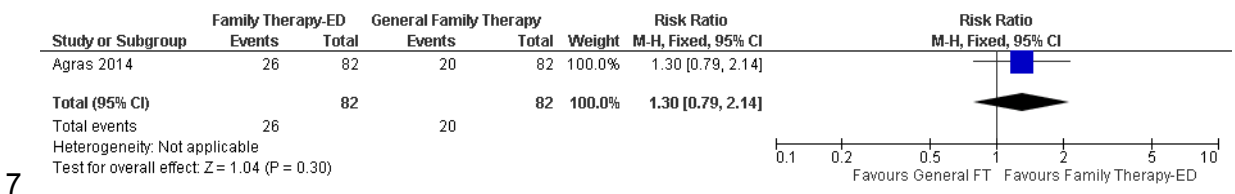


2 **Figure 1034: Hospitalizations to end of treatment**

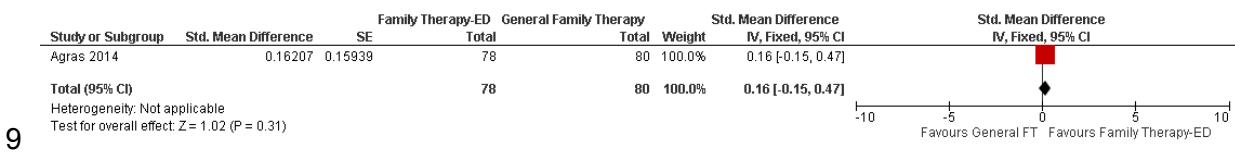


M.3.28.34 **Family therapy-ED versus general family therapy in young people with anorexia nervosa at end of treatment**

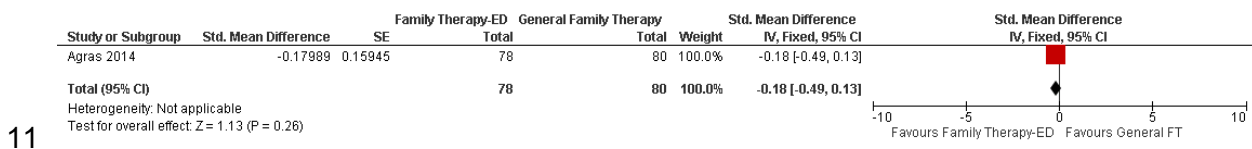
6 **Figure 1035: Remission (ITT)**



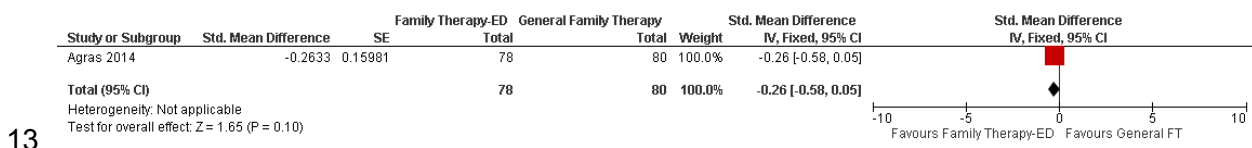
8 **Figure 1036: Percentage of ideal body weight**



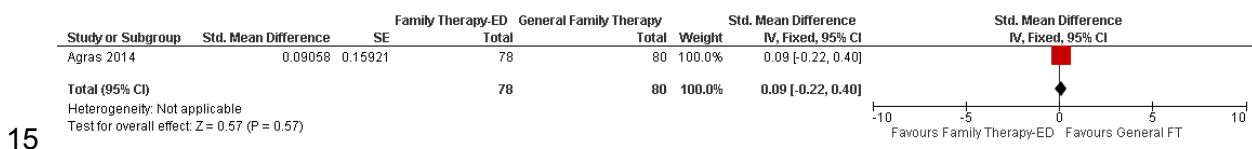
10 **Figure 1037: Yale-Brown-Cornell Eating Disorder Scale**



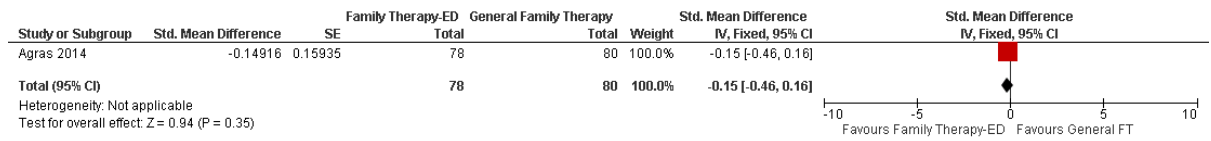
12 **Figure 1038: EDE Global**



14 **Figure 1039: Depression**



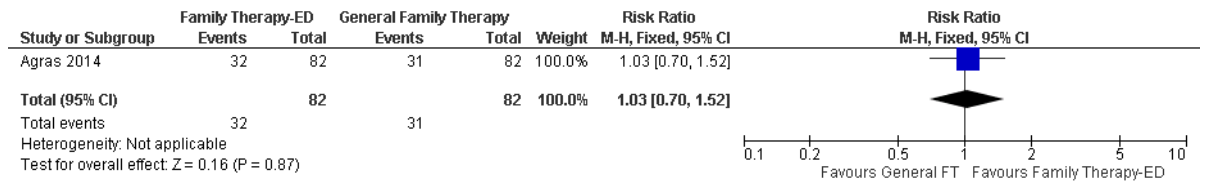
1 **Figure 1040: Quality of life**



2

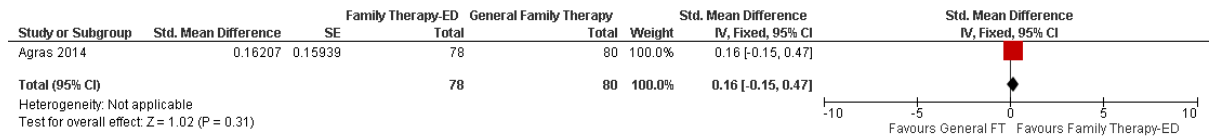
M.3.28.43 **Family therapy-ED versus general family therapy in young people with anorexia nervosa at follow up**

5 **Figure 1041: Remission (ITT)**



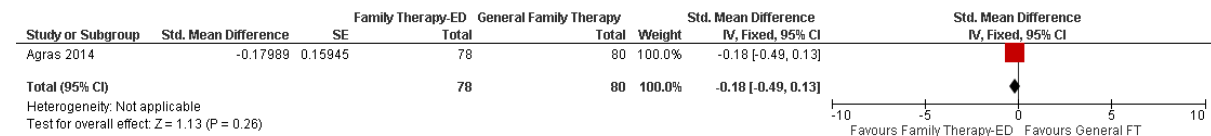
6

7 **Figure 1042: Percentage of ideal body**



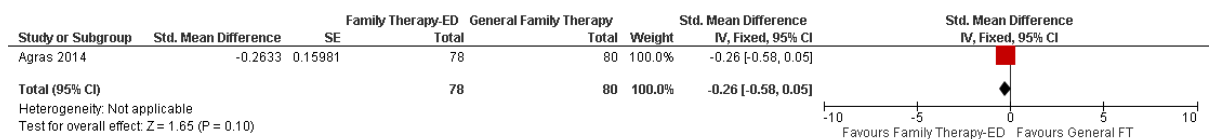
8

9 **Figure 1043: Yale-Brown-Cornell Eating Disorder Scale**



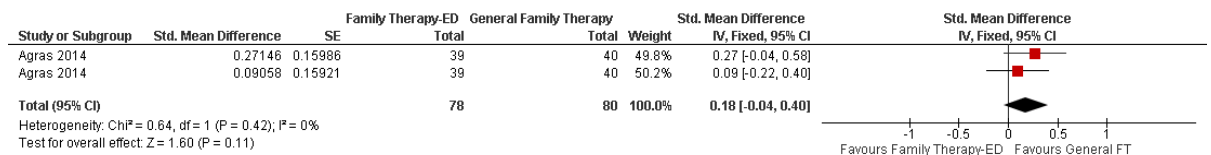
10

11 **Figure 1044: EDE-global**



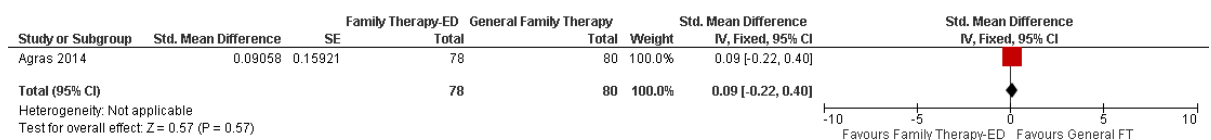
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13 **Figure 1045: General psychopathology**



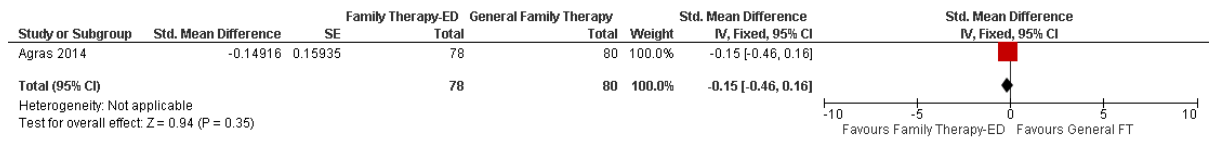
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15 **Figure 1046: Depression**



16

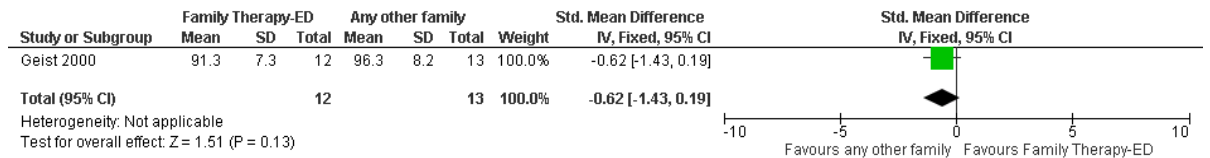
1 **Figure 1047: Quality of life**



2

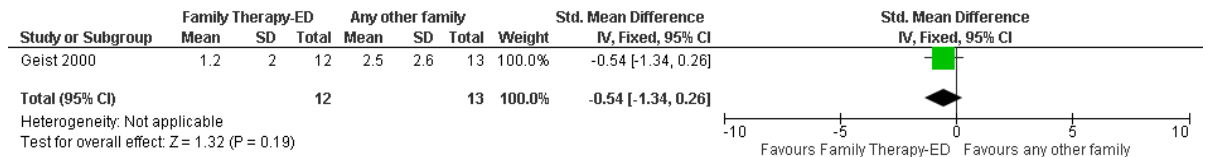
M.3.28.53 **Family therapy-ED versus any other family intervention in young people with anorexia nervosa at end of treatment**

5 **Figure 1048: Percentage of ideal body weight**



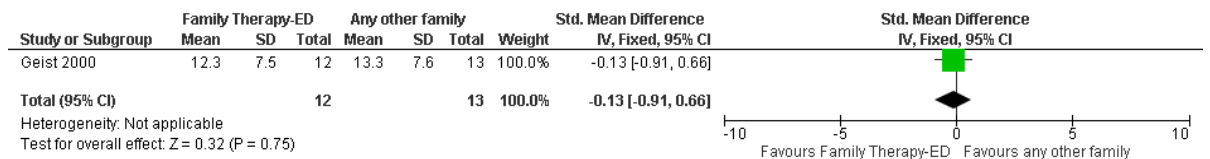
6

7 **Figure 1049: EDI-bulimia**



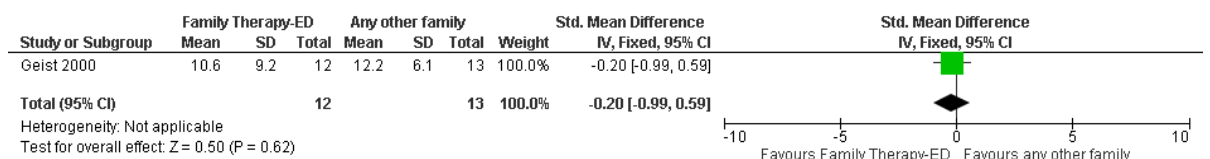
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9 **Figure 1050: EDI-drive for thinness**



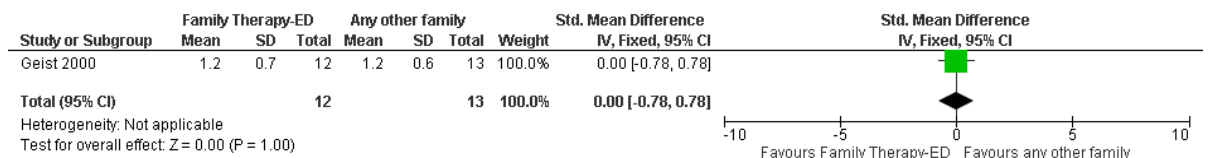
10

11 **Figure 1051: EDI-body dissatisfaction**



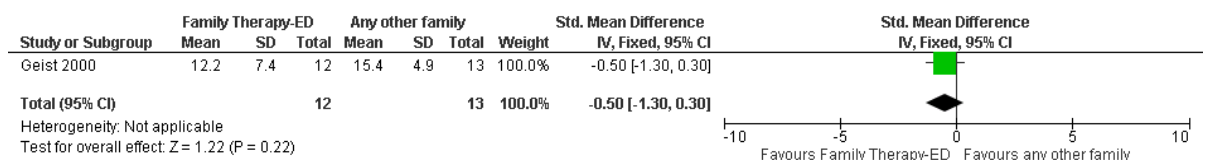
12

13 **Figure 1052: General psychopathology**



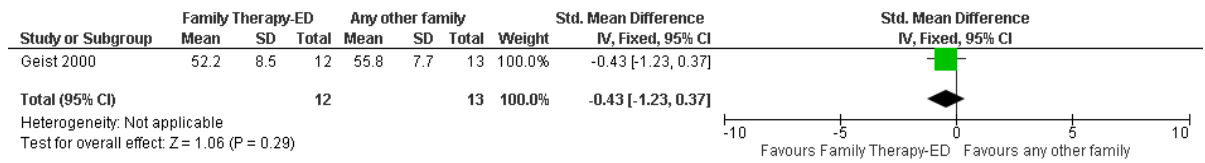
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15 **Figure 1053: Depression**



16

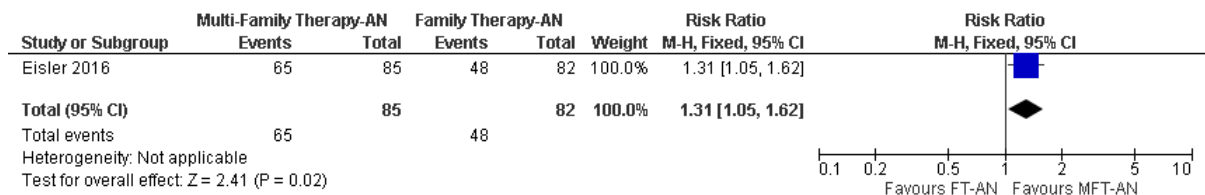
1 **Figure 1054: Family functioning**



2

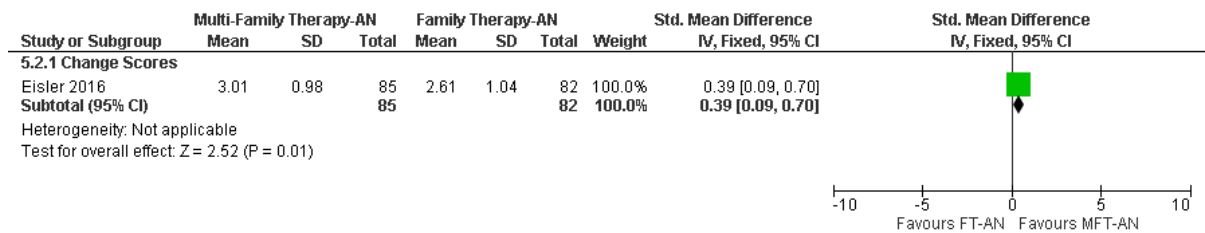
M.3.28.63 **Multi-family therapy-ED versus family therapy-ED in young people with anorexia nervosa at end of treatment**

5 **Figure 1055: Remission (ITT)**



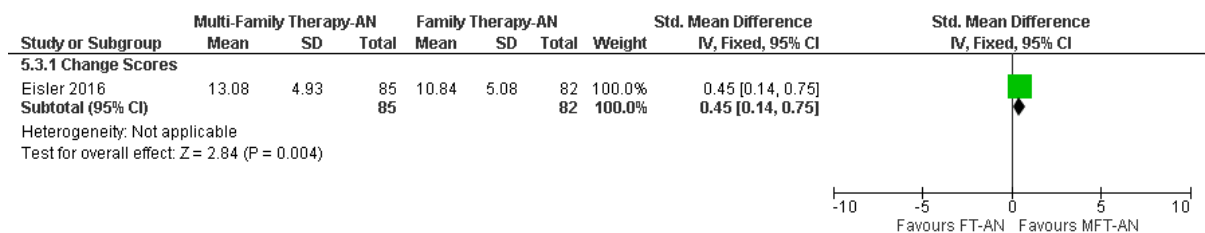
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7 **Figure 1056: BMI**



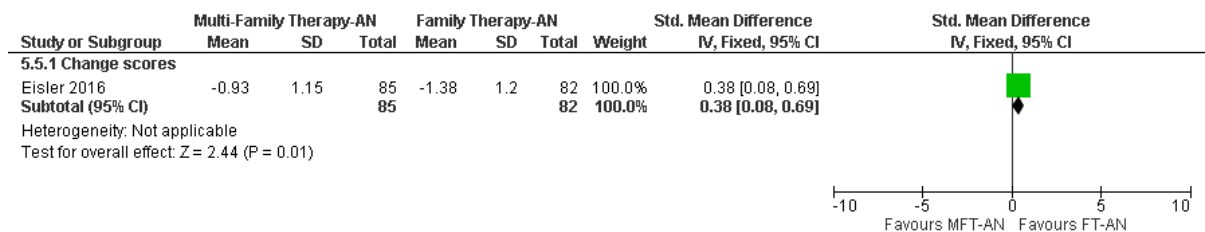
8

9 **Figure 1057: %mBMI**



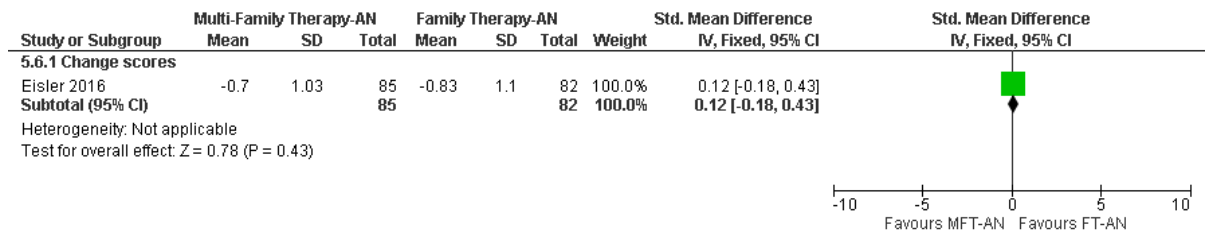
10

11 **Figure 1058: EDE-dietary restraint**



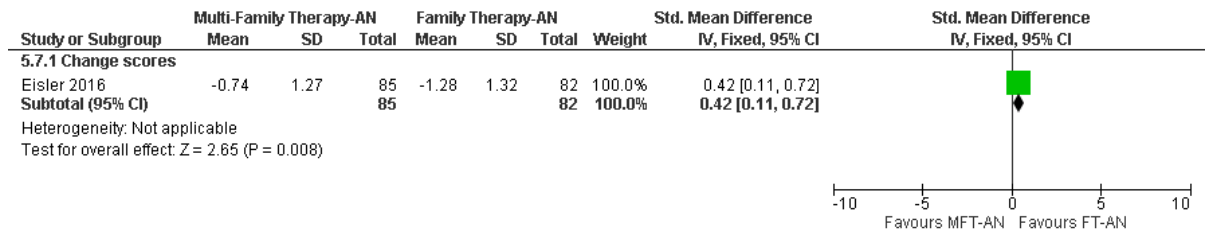
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1 **Figure 1059: EDE-eating concern**



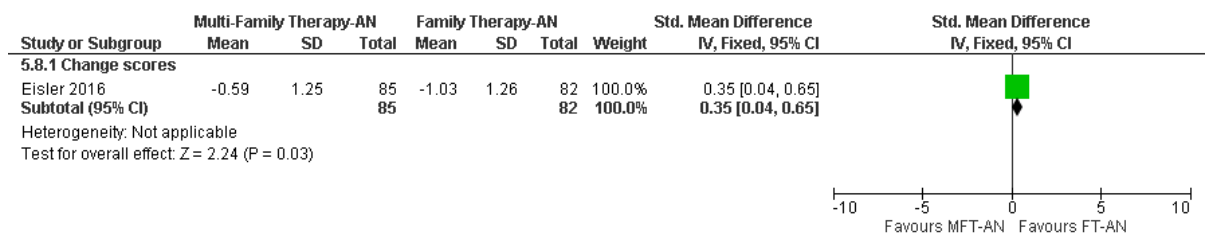
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3 **Figure 1060: EDE-shape concern**



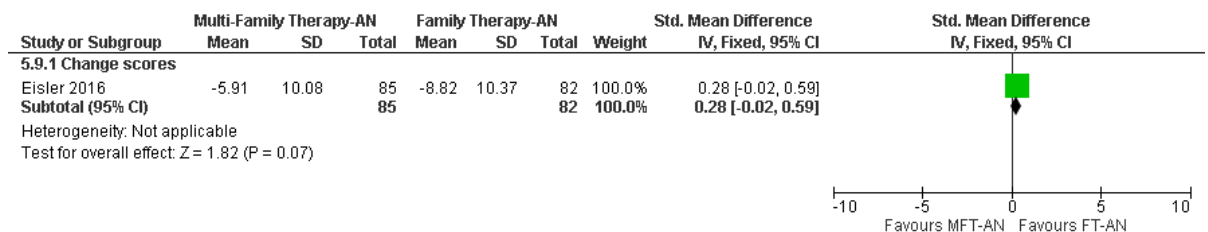
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5 **Figure 1061: EDE-weight concern**



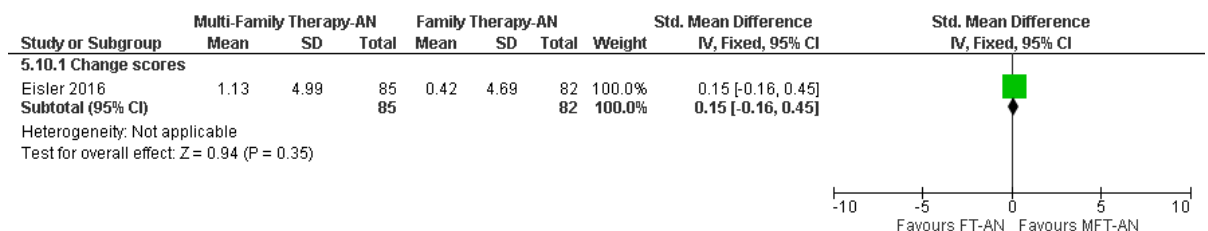
6

7 **Figure 1062: Depression**



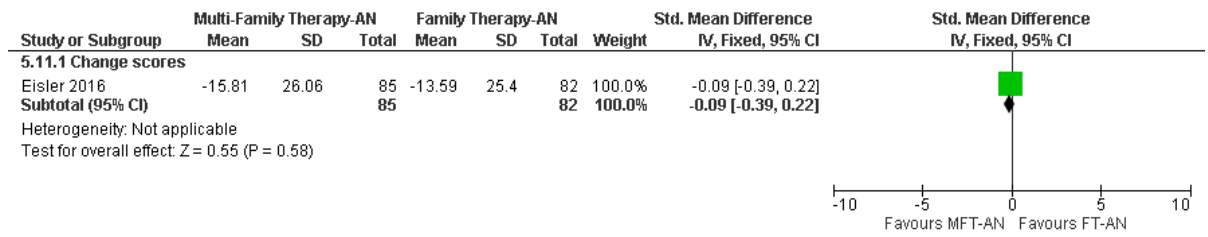
8

9 **Figure 1063: Carer Experience of Caregiving Inventory – positive**



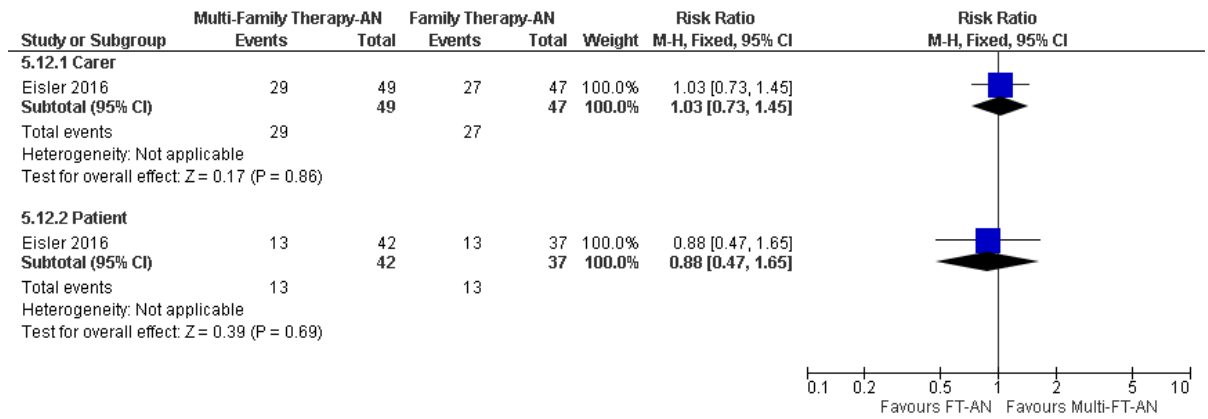
10

1 **Figure 1064: Carer Experience of Caregiving Inventory-negative**



2

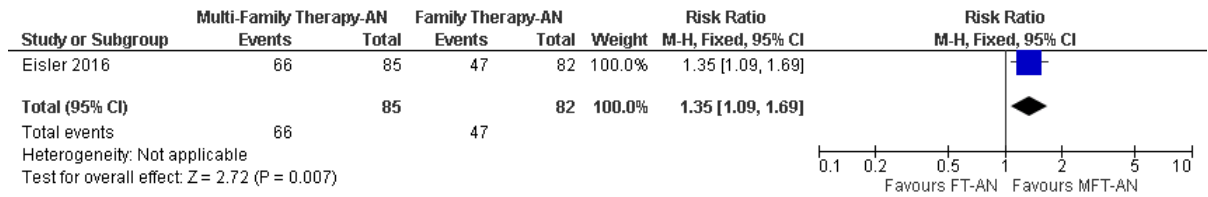
3 **Figure 1065: Service user experience**



4

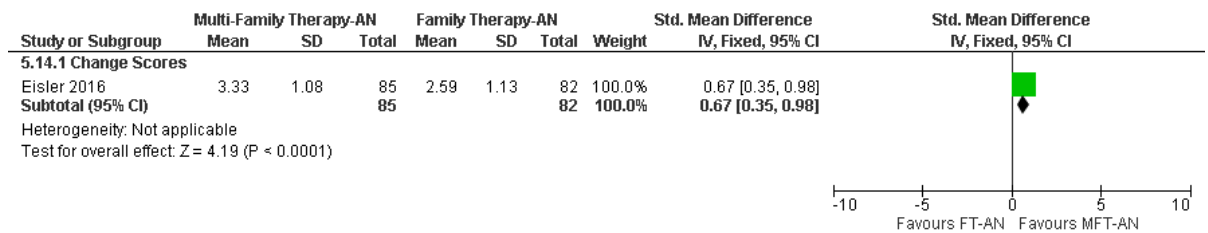
M.3.28.71 Multi-family therapy-ED versus family therapy-ED in young people with anorexia nervosa at follow up

3 Figure 1066: Remission (ITT)



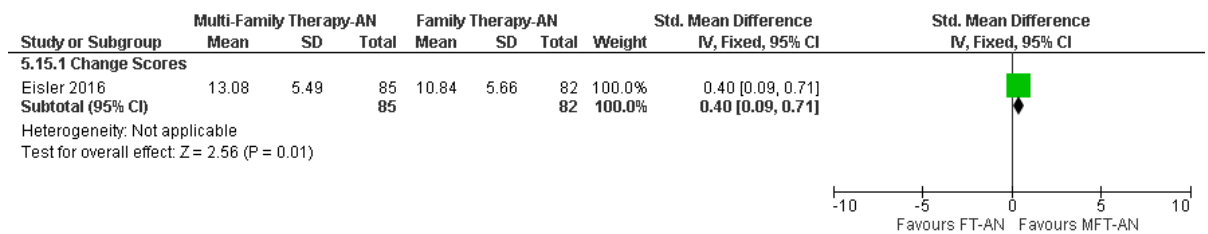
4

5 Figure 1067: BMI



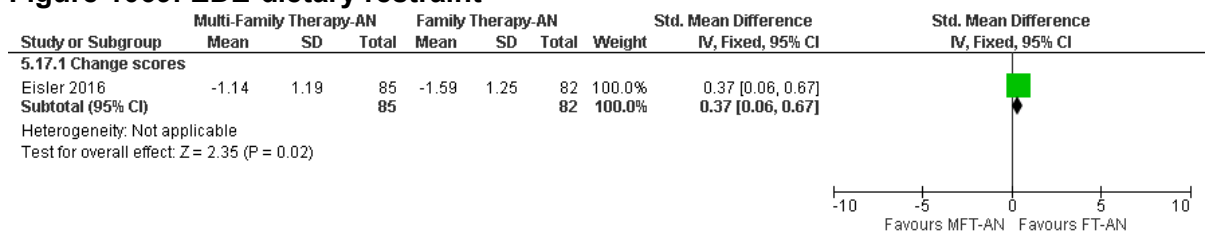
6

7 Figure 1068: %mBMI



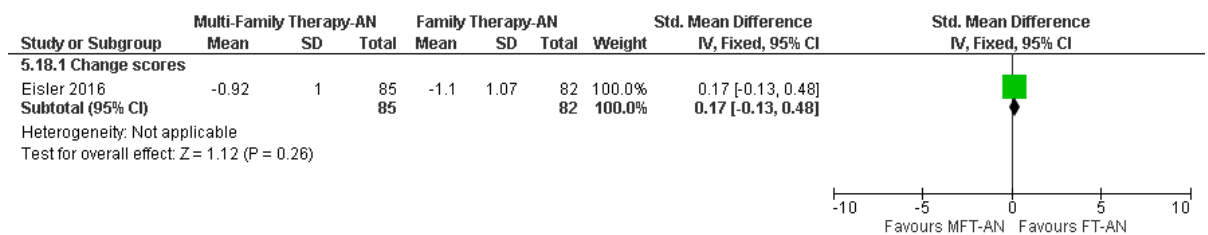
8

9 Figure 1069: EDE-dietary restraint



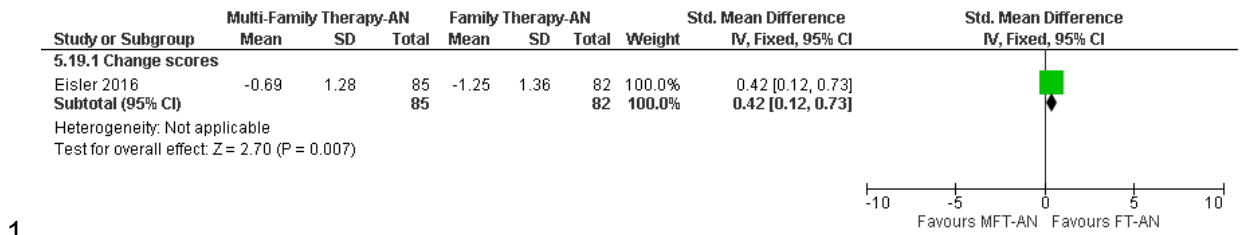
10

11 Figure 1070: EDE-eating concern

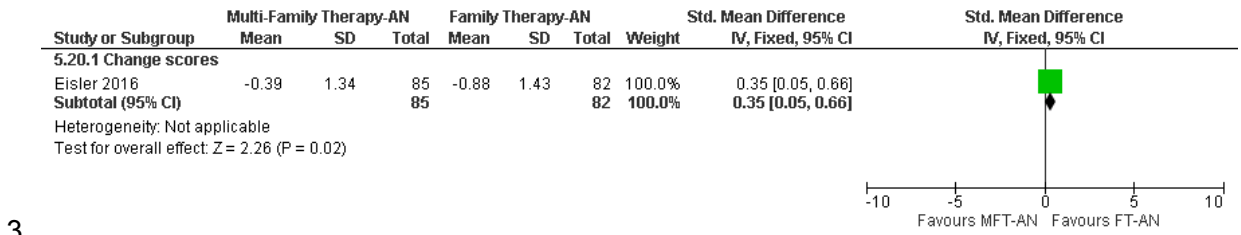


12

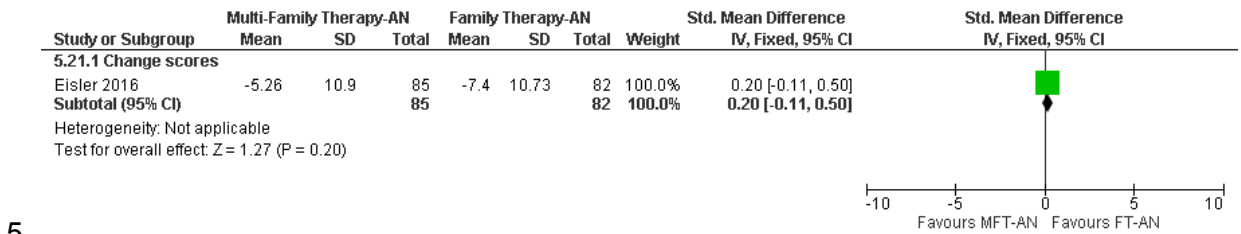
13 Figure: EDE-shape concern



2 **Figure 1071: EDE-weight concern**

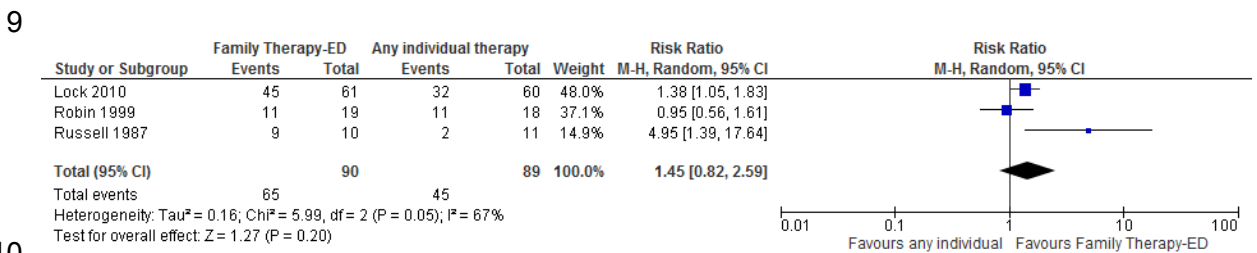


4 **Figure 1072: Depression**



M.3.28.86 **Family therapy-ED versus any individual therapy in young people with anorexia nervosa at end of treatment**

7 **Figure 1073: Remission (ITT)**



10

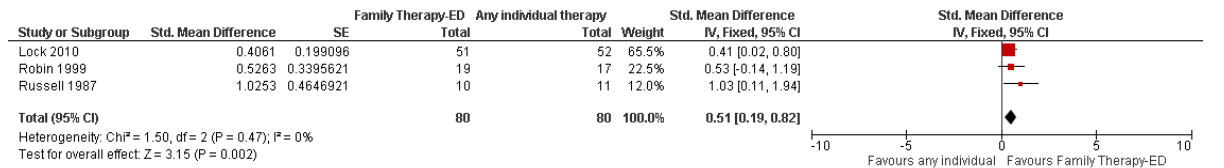
11 Heterogeneity was detected at I²=67%. All the studies had the same duration (1 year) and
 12 received similar number of family therapy sessions. Russell 1987 appeared to be an outlier
 13 and when removed from the analysis reduced heterogeneity to 34%. Russell 1987 had a
 14 high risk of bias given that inclusion criteria to the study (in addition to meeting DSM-III
 15 criteria for anorexia nervosa) included (i) considerable loss of weight self-induced through
 16 avoidance of 'fatty' foods, self-induced vomiting, and purging and (ii) specific endocrine
 17 disorder (e.g. amenorrhea in female, loss of interest in sex in males). Data on comorbidities
 18 was only available in Lock 2010.

1 **Figure 1074: Sensitivity analysis for remission**



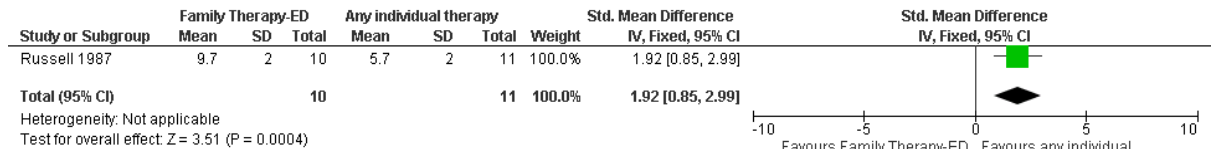
2

3 **Figure 1075: BMI/Weight**



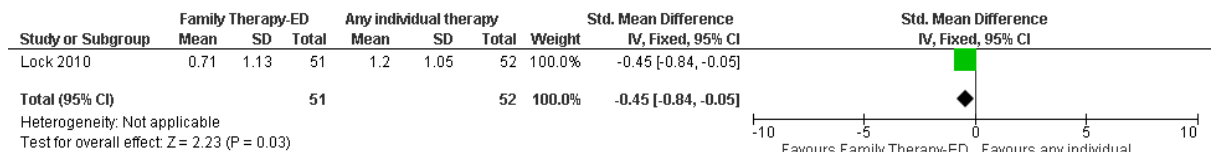
4

5 **Figure 1076: Morgan-Russell Outcome-average**



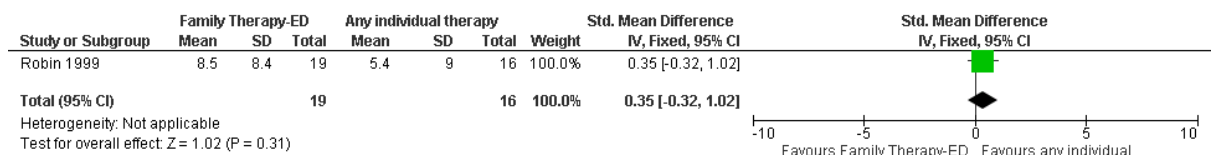
6

7 **Figure 1077: EDE-global**



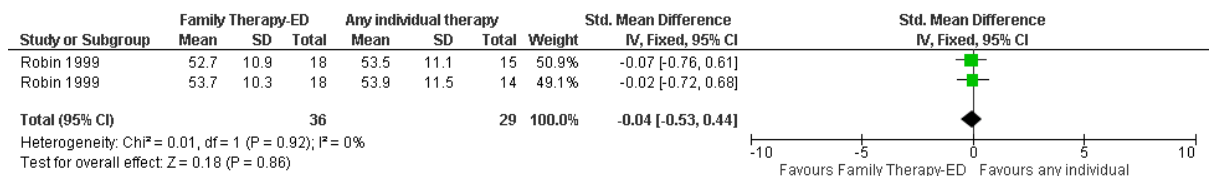
8

9 **Figure 1078: Depression**



10

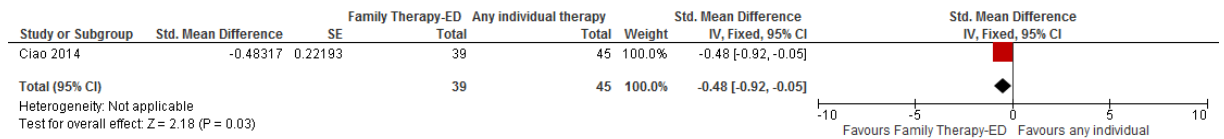
11 **Figure 1079: Carer family functioning - conflict**



12

13

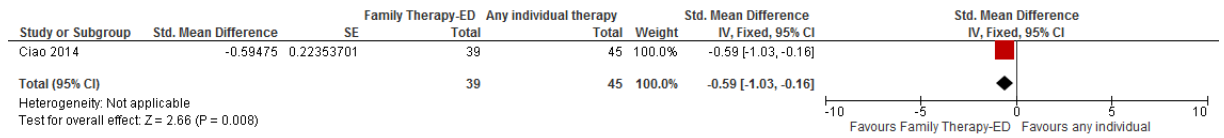
1 **Figure 1080: Carer family functioning - communication**



2

3

4 **Figure 1081: Carer family functioning - behaviour control**

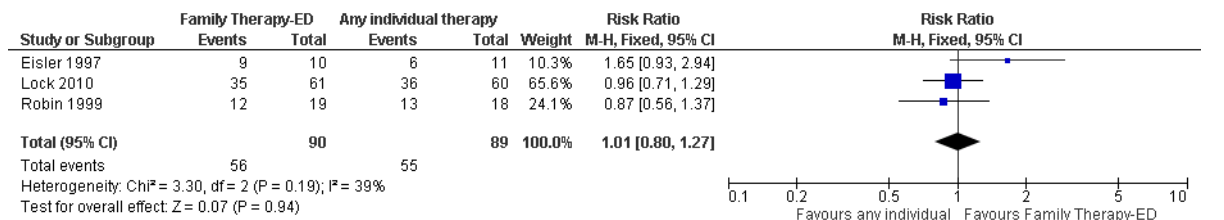


5

6

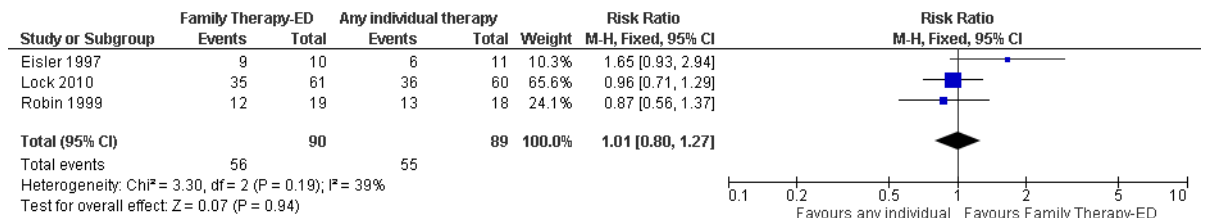
M.3.28.97 **Family therapy-ED versus any individual therapy in young people with anorexia nervosa at follow up**

9 **Figure 1082: Remission (ITT)**



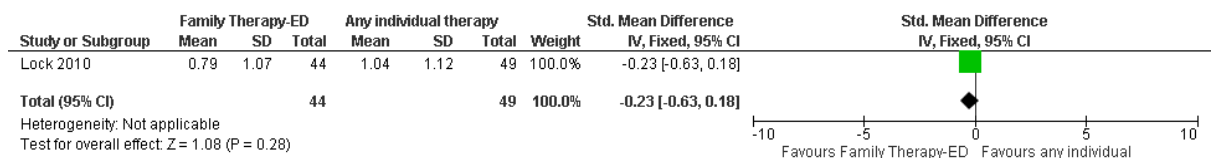
10

11 **Figure 1083: BMI/Weight**



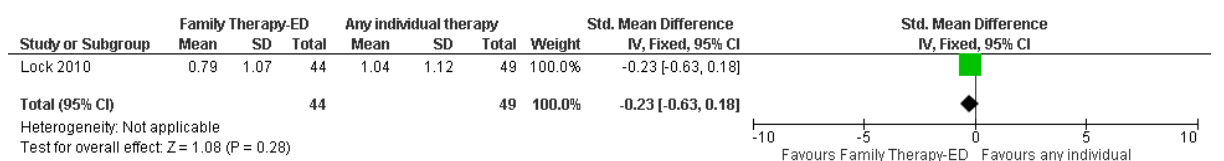
12

13 **Figure 1084: EDE-global**



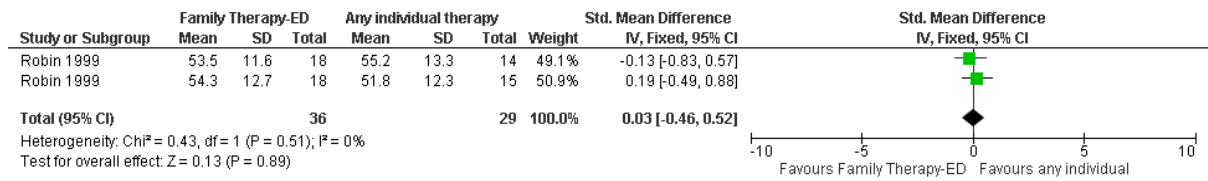
14

15 **Figure 1085: Depression**



16

1 **Figure 1086: Carer family functioning**

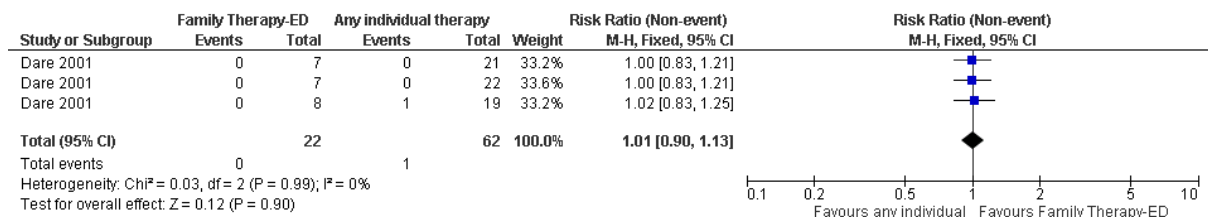


2

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

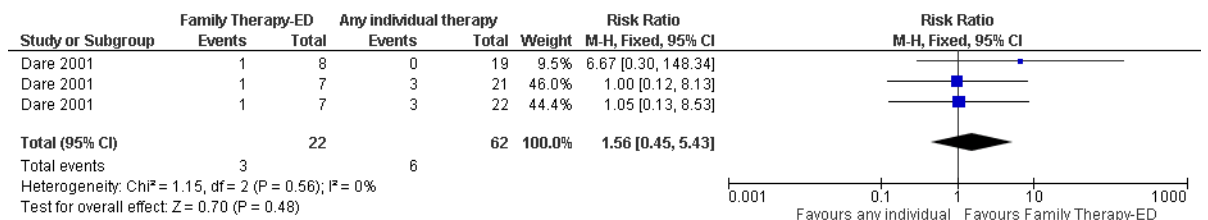
4

5 **Figure 1087: All-cause mortality**



6

7 **Figure 1088: Recovered from anorexia nervosa**

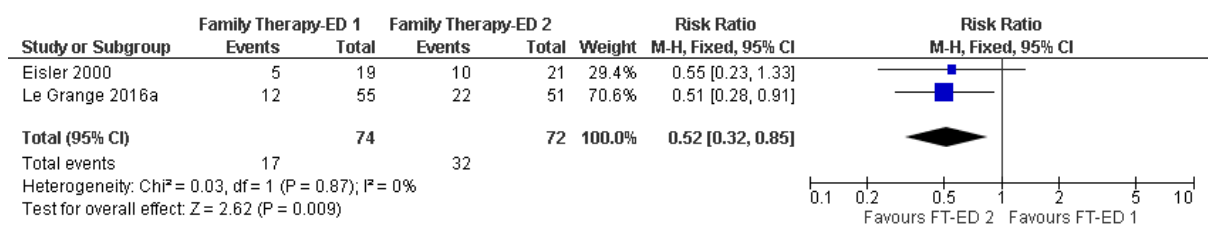


8

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

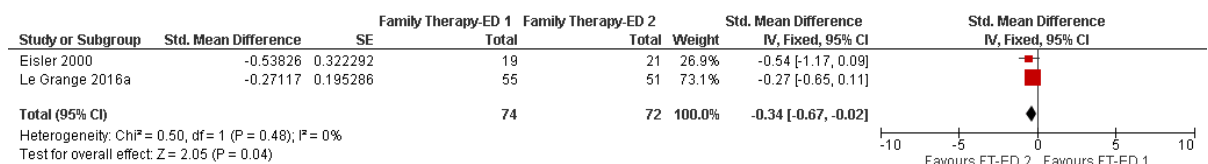
10

11 **Figure 1089: Full remission (ITT)**



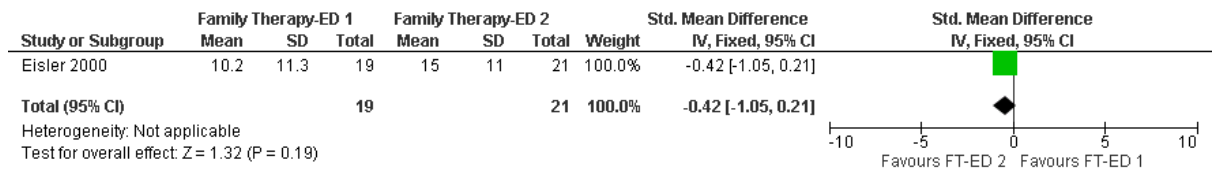
12

13 **Figure 1090: BMI**



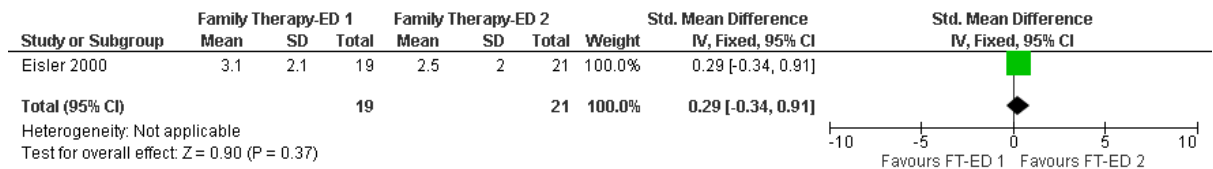
14

1 **Figure 1091: percentage of average body weight – change scores**



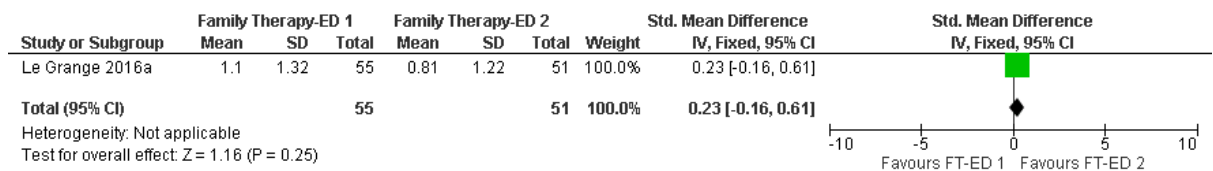
2

3 **Figure 1092: Morgan-Russell Outcome-average – change scores**



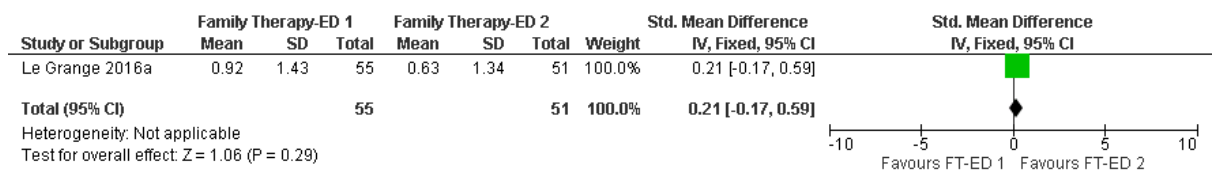
4

5 **Figure 1093: EDE-global**



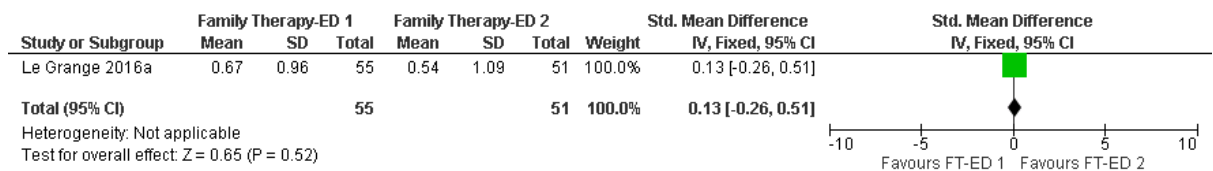
6

7 **Figure 1094: EDE-dietary restraint**



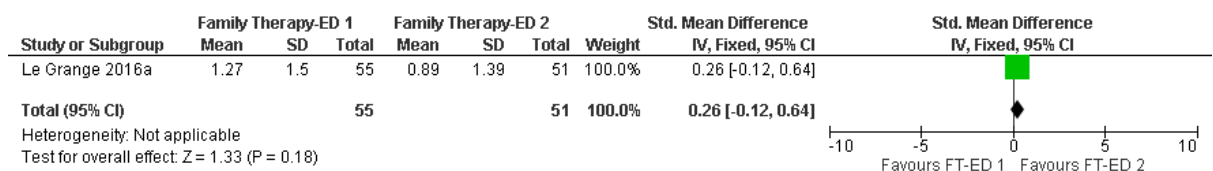
8

9 **Figure 1095: EDE-eating concern**



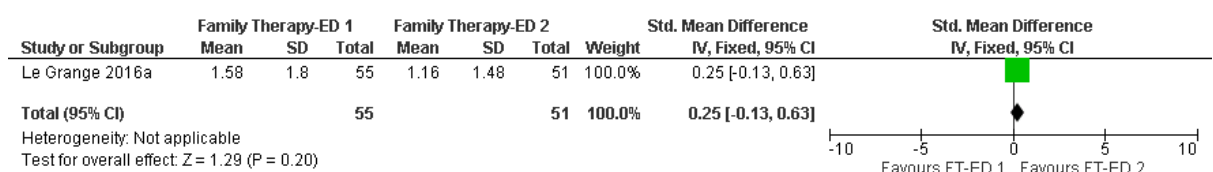
10

11 **Figure 1096: EDE-weight concern**



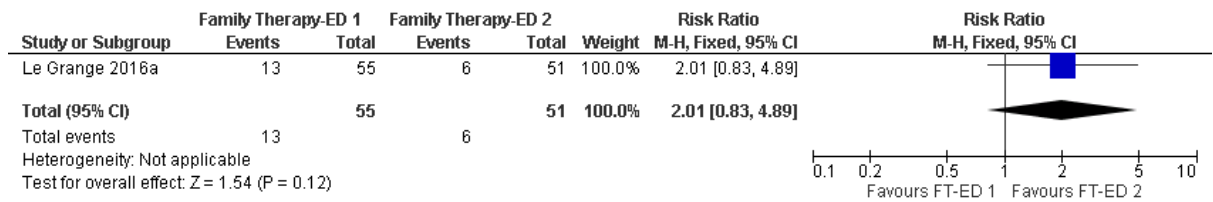
12

13 **Figure 1097: EDE-shape concern**



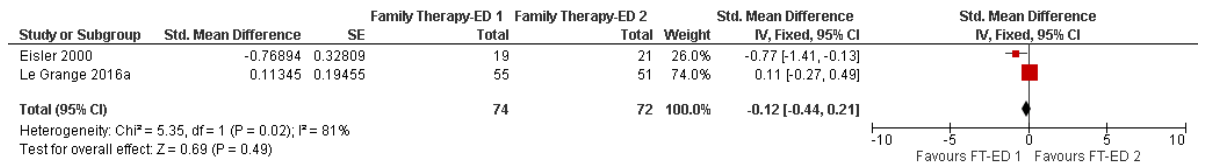
14

1 **Figure 1098: Hospitalised during treatment**



2

3 **Figure 1099: Depression**

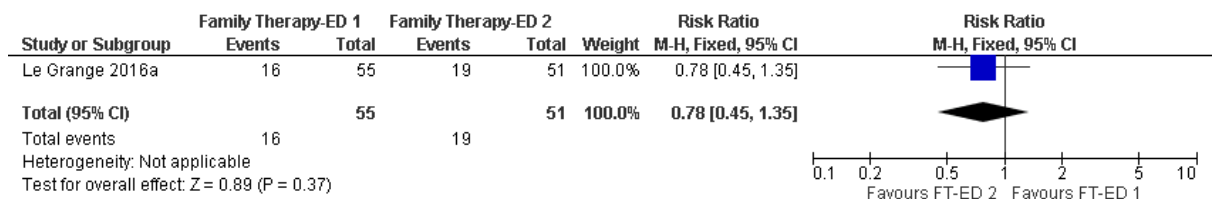


4

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

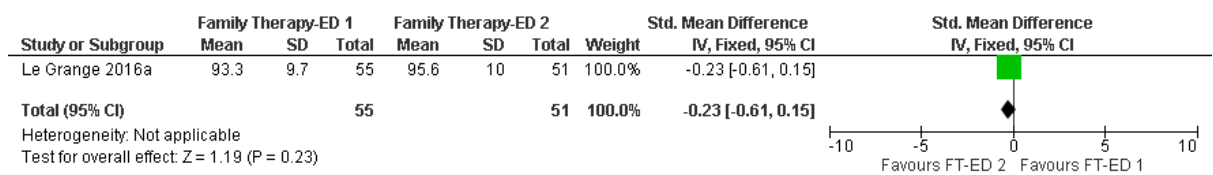
M.3.28.129 **Family therapy-ED 1 (conjoint family therapy) versus family therapy-ED 2 (separated family therapy) in young people with anorexia nervosa at follow up**

11 **Figure 1100: Full remission (ITT)**



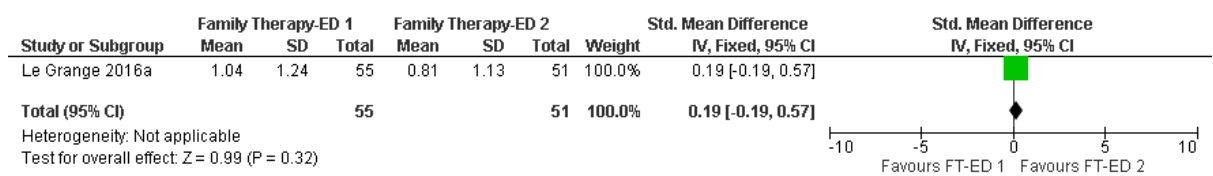
12

13 **Figure 1101: percentage of median BMI**



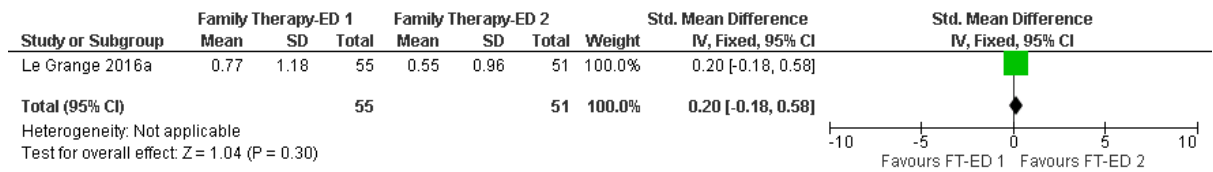
14

15 **Figure 1102: EDE-global**



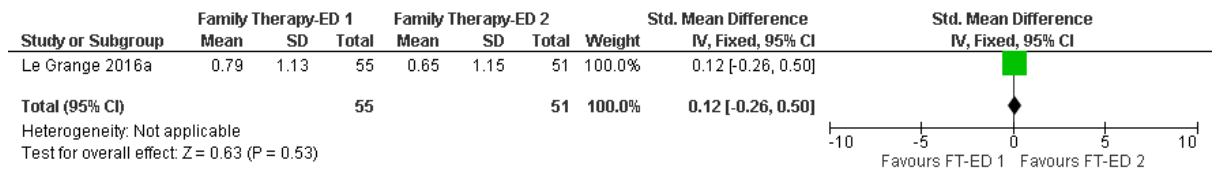
16

1 **Figure 1103: EDE-dietary restraint**



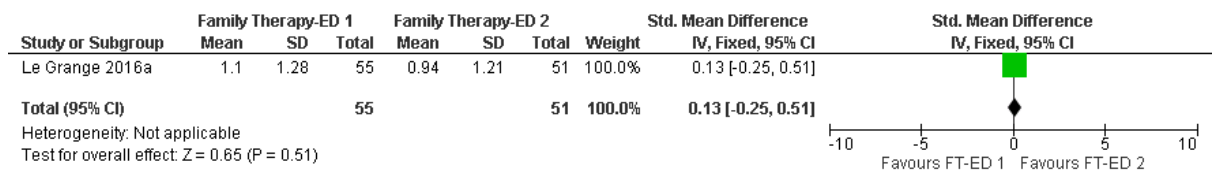
2

3 **Figure 1104: EDE-eating concern**



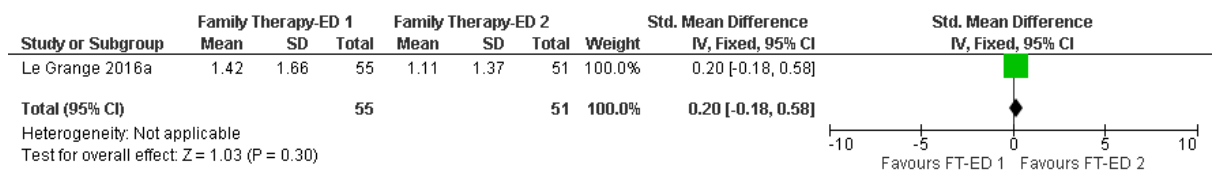
4

5 **Figure 1105: EDE-weight concern**



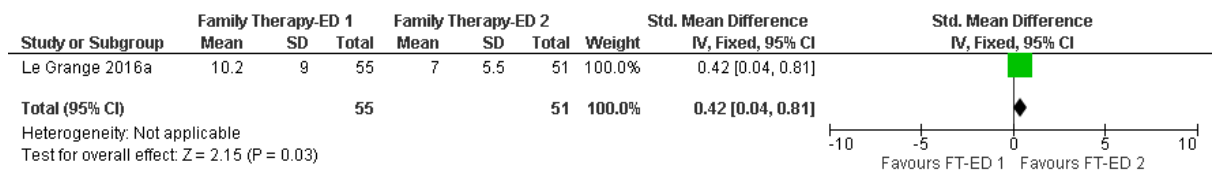
6

7 **Figure 1106: EDE-shape concern**



8

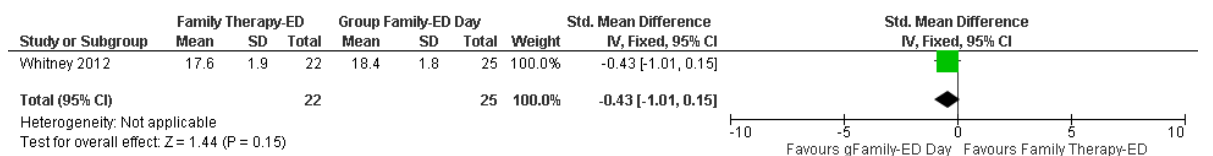
9 **Figure 1107: Depression**



10

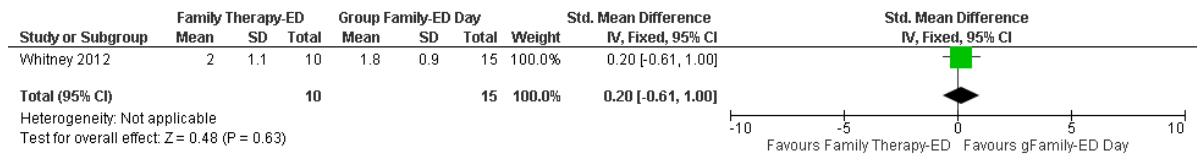
M.3.28.131 **Family therapy-ED versus group family day workshop for eating disorders in adult with anorexia nervosa at end of treatment**

12 **Figure 1108: BMI**



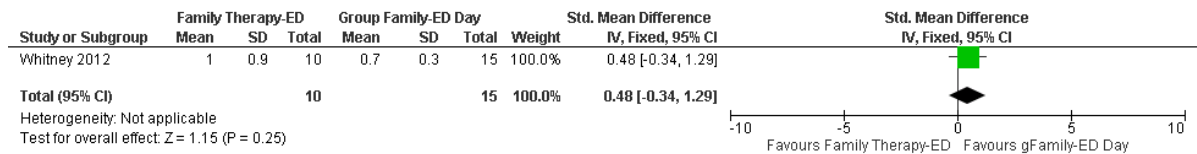
14

1 **Figure 1109: SEED Anorexia-severity**



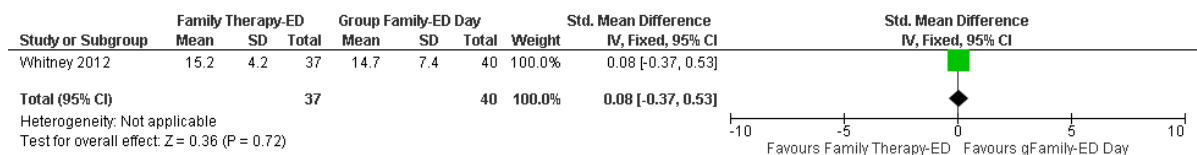
2

3 **Figure 1110: SEED Bulimia-severity**



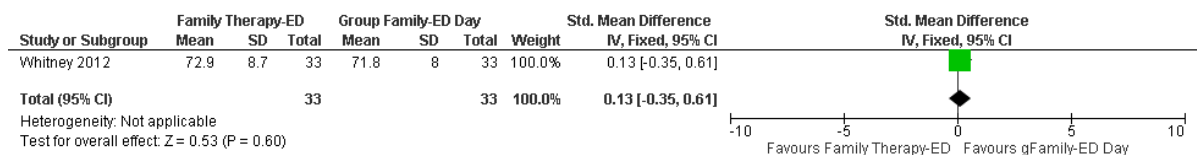
4

5 **Figure 1111: Carer quality of life**



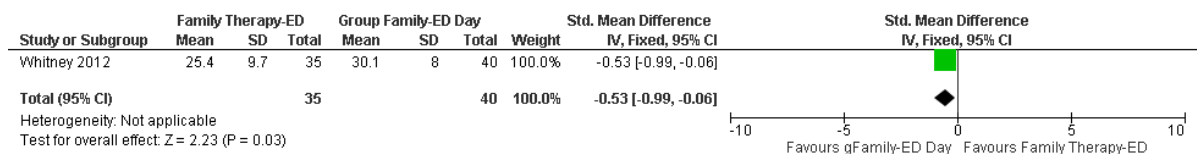
6

7 **Figure 1112: Carer family functioning**



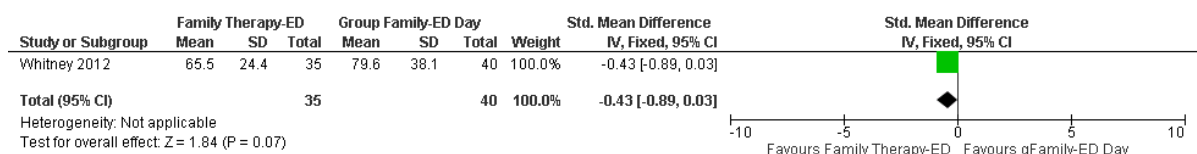
8

9 **Figure 1113: Carer Experience of Caregiving Inventory-positive**



10

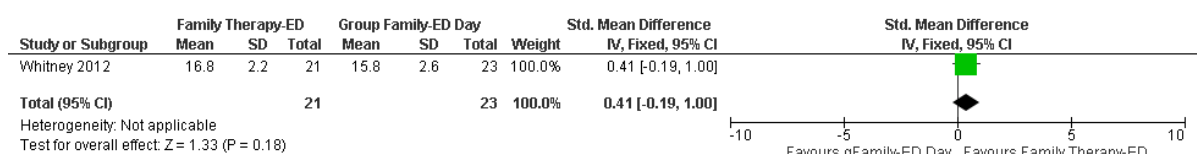
11 **Figure 1114: Carer Experience of Caregiving Inventory-negative**



12

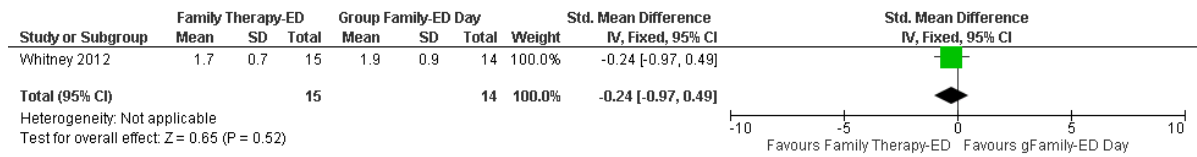
M.3.28.143 **Family therapy-ED versus group family day workshop for eating disorders in adult**
14 **with anorexia nervosa at follow up**

15 **Figure 1115: BMI**



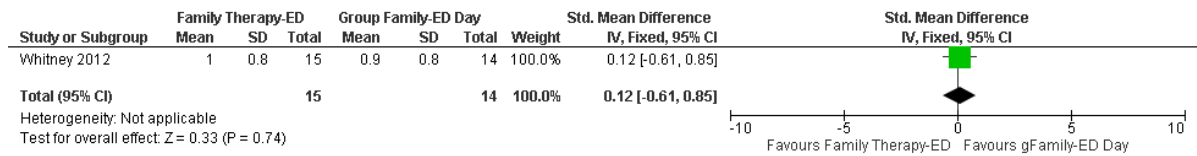
16

1 **Figure 1116: SEED Anorexia-severity**



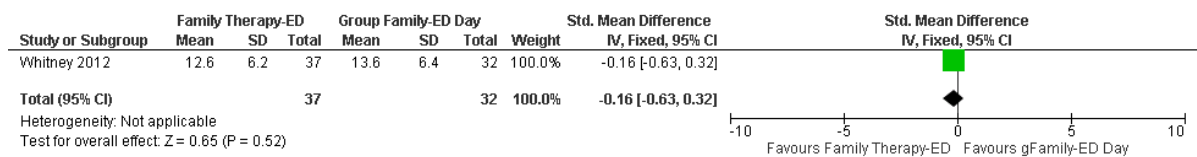
2

3 **Figure 1117: SEED Bulimia-severity**



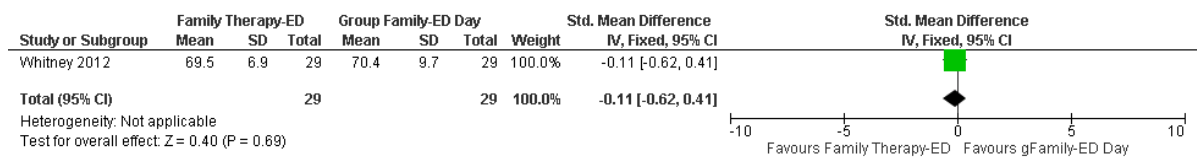
4

5 **Figure 1118: Carer quality of life**



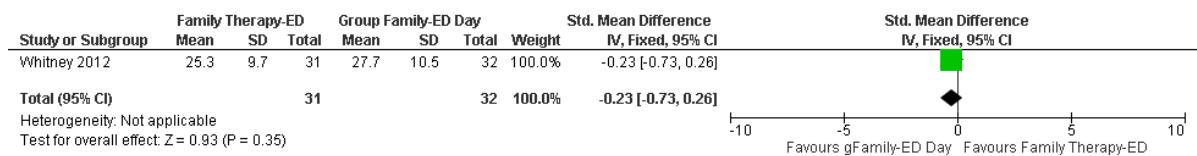
6

7 **Figure 1119: Carer family functioning**



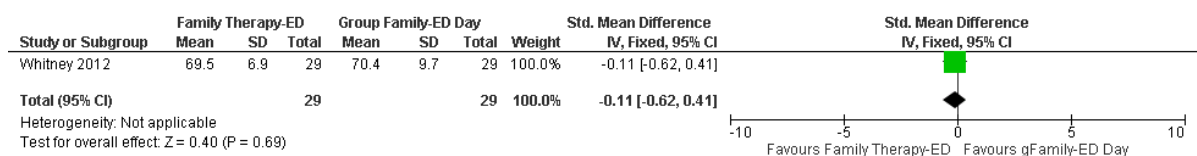
8

9 **Figure 1120: Carer Experience of Caregiving Inventory-positive**



10

11 **Figure 1121: Carer Experience of Caregiving Inventory-negative**

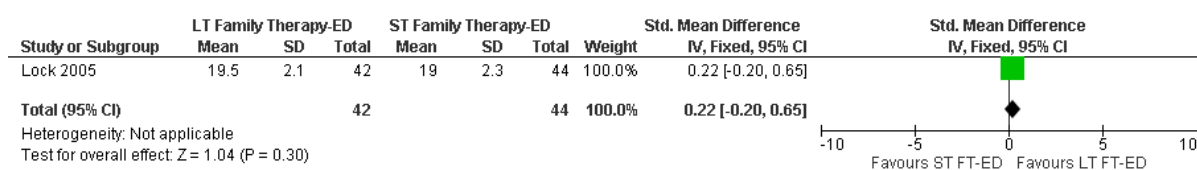


12

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

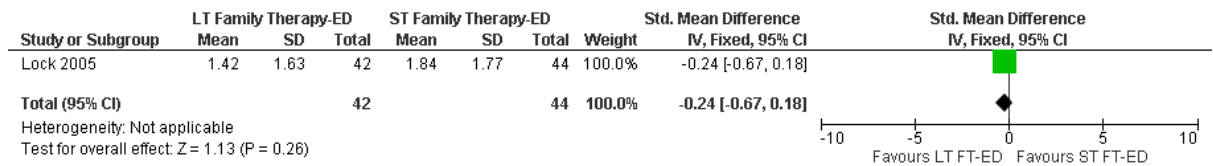
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15 **Figure 1122: BMI**



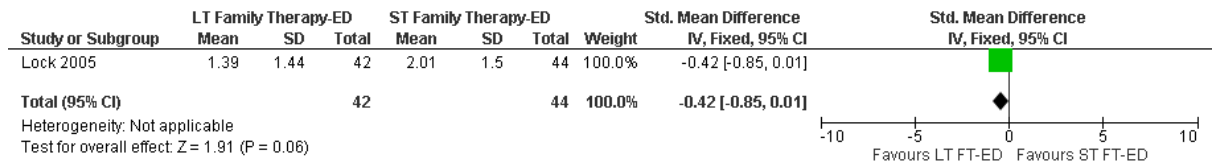
16

1 **Figure 1123: EDE-dietary restraint**



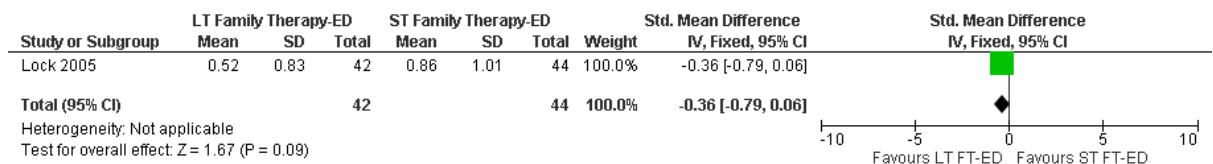
2

3 **Figure 1124: EDE-weight concern**



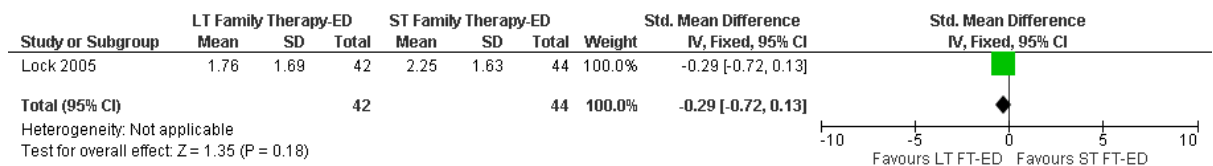
4

5 **Figure 1125: EDE-eating concern**



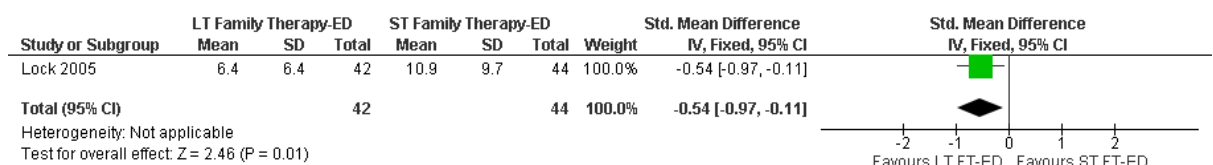
6

7 **Figure 1126: EDE-shape concern**



8

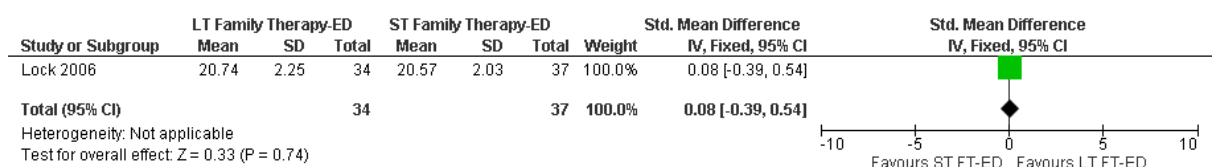
9 **Figure 1127: Yale-Brown-Cornell Eating Disorder Scale**



10

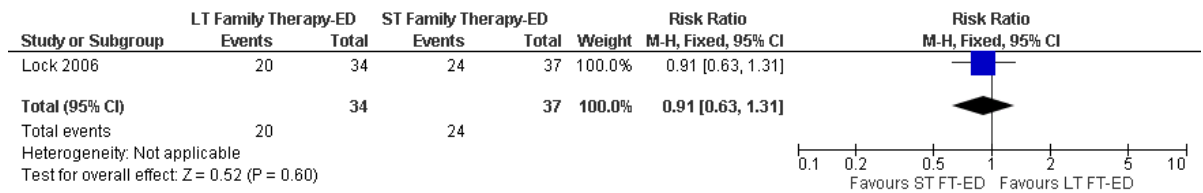
M.3.28.161 **Long-term family therapy-ED versus short-term family therapy for young people with**
12 **anorexia nervosa at follow up**

13 **Figure 1128: BMI**



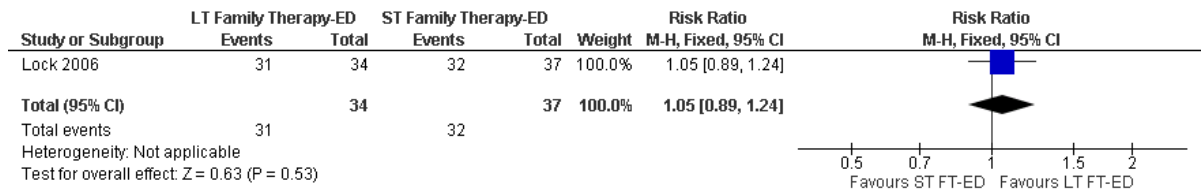
14

1 **Figure 1129: number of people achieving a BMI of 20 kg/m² or greater**



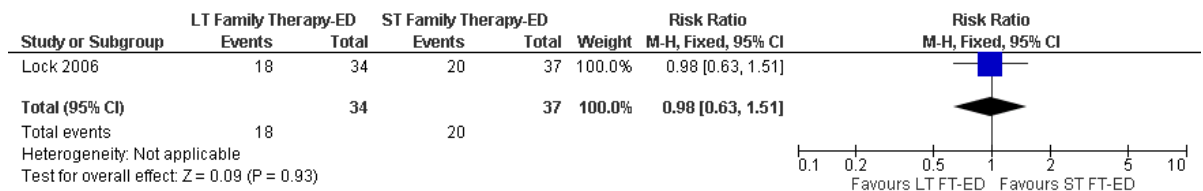
2

3 **Figure 1130: number of people achieving 90% or greater ideal body weight**



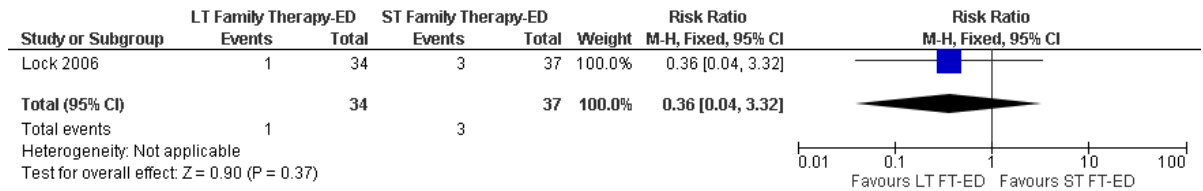
4

5 **Figure 1131: number of people menstruating**



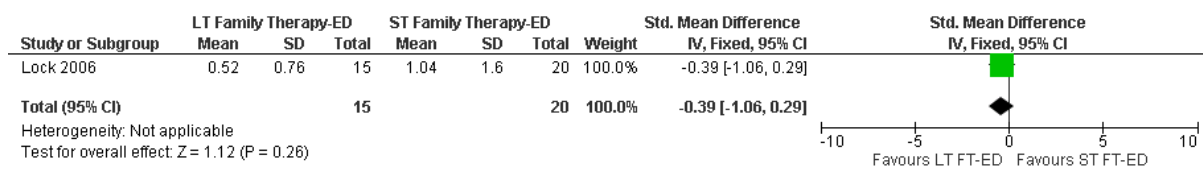
6

7 **Figure 1132: Amenorrheic**



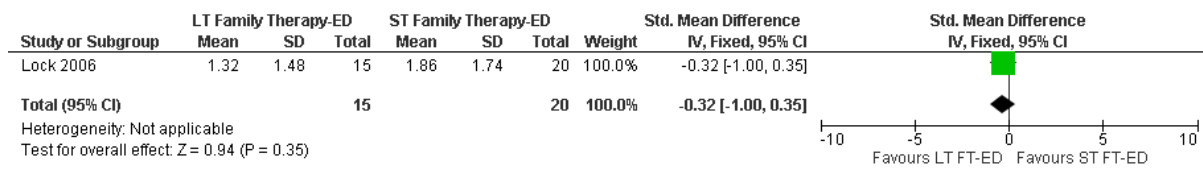
8

9 **Figure 1133: EDE-dietary restraint**



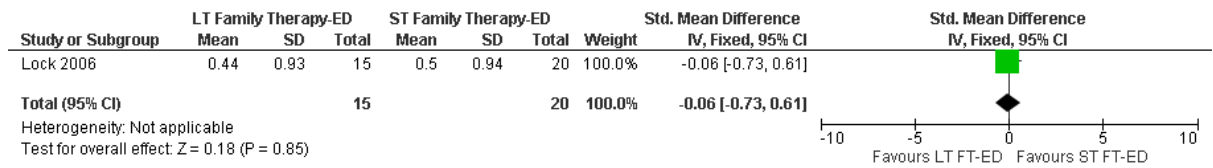
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11 **Figure 1134: EDE-weight concern**



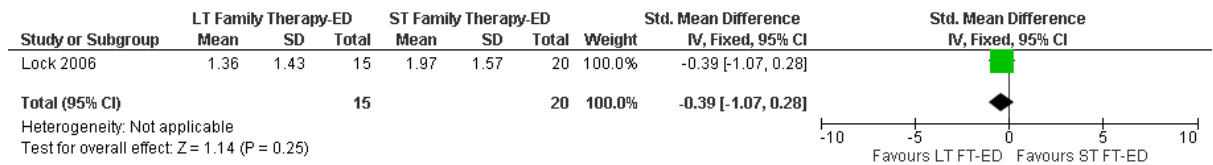
12

1 **Figure 1135: EDE-eating concern**



2

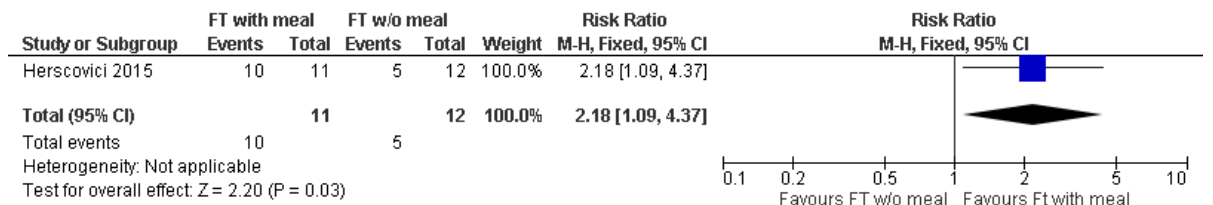
3 **Figure 1136: EDE-shape concern**



4

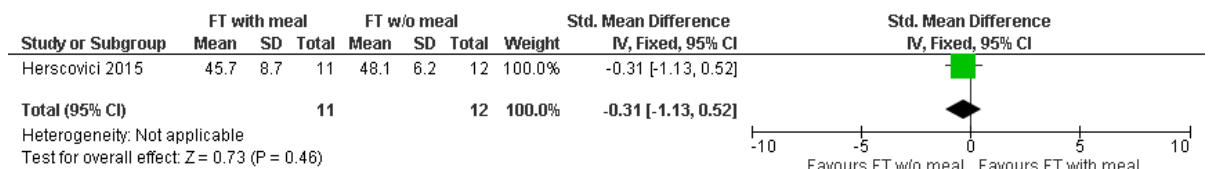
M.3.28.175 **Family therapy-ED with family meal versus family therapy-ED without family meal in young people with anorexia nervosa at end of treatment**

7 **Figure 1137: Remission**



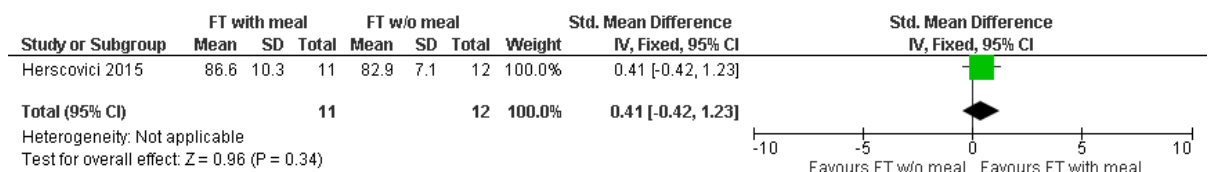
8

9 **Figure 1138: Weight (kg)**



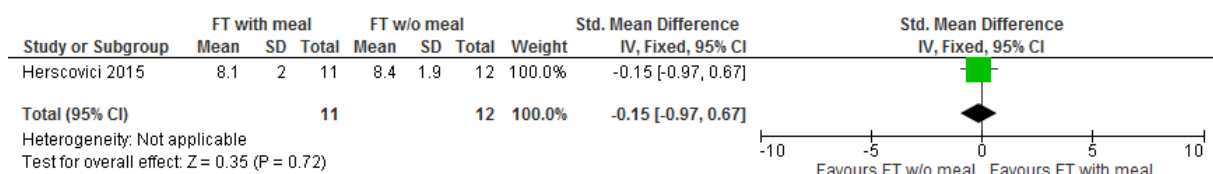
10

11 **Figure 1139: percentage of expected body weight**



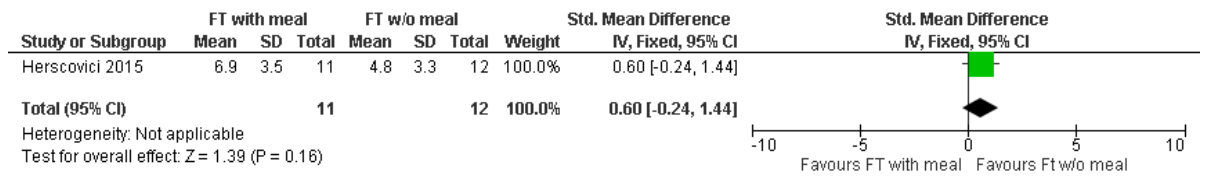
12

13 **Figure 1140: Morgan-Russell Outcome-average**



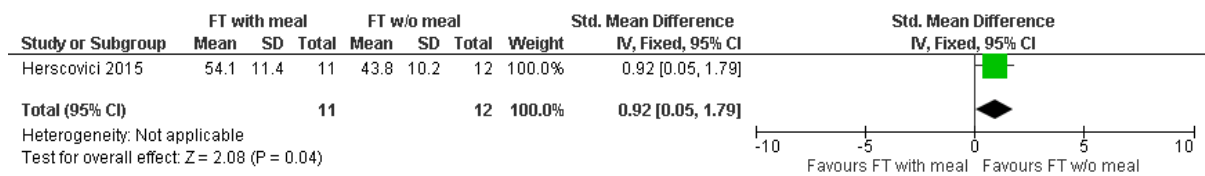
14

1 **Figure 1141: Eating Disorder Inventory-2**



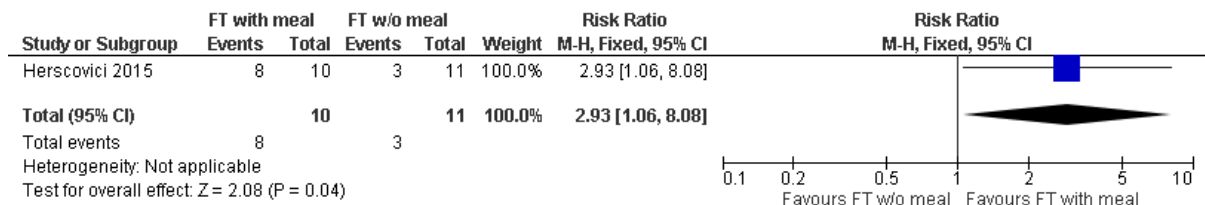
2

3 **Figure 1142: General psychopathology**



4

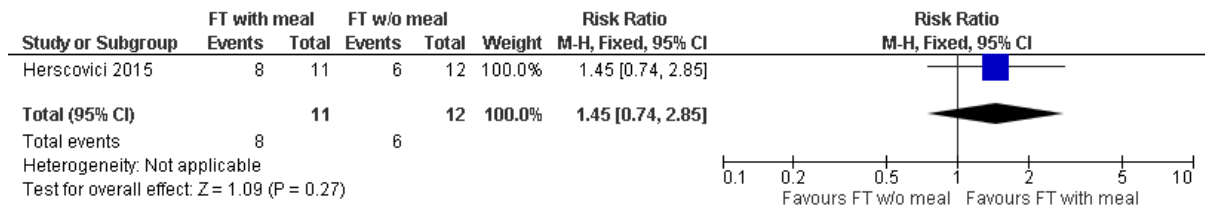
5 **Figure 1143: Resumed menstruation**



6

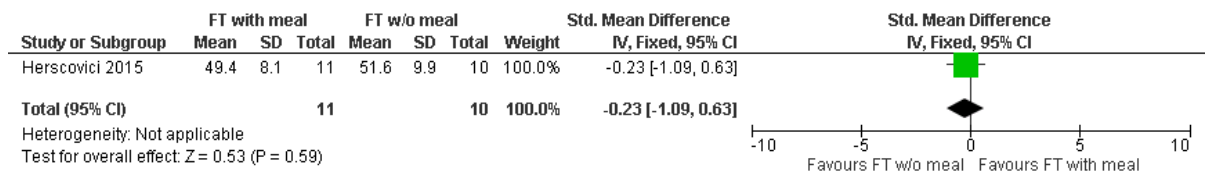
M.3.28.187 **Family therapy-ED with family meal versus family therapy-ED without family meal in young people with anorexia nervosa at follow up**

9 **Figure 1144: Remission**



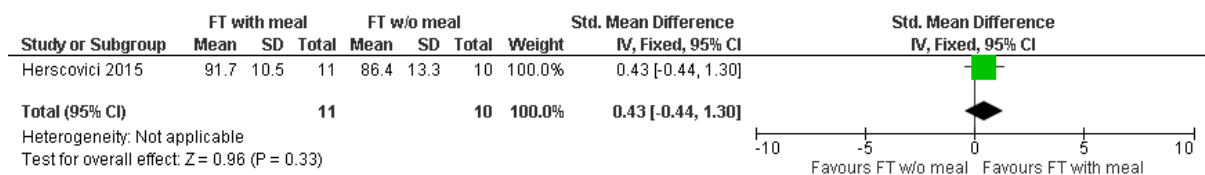
10

11 **Figure 1145: Weight (kg)**



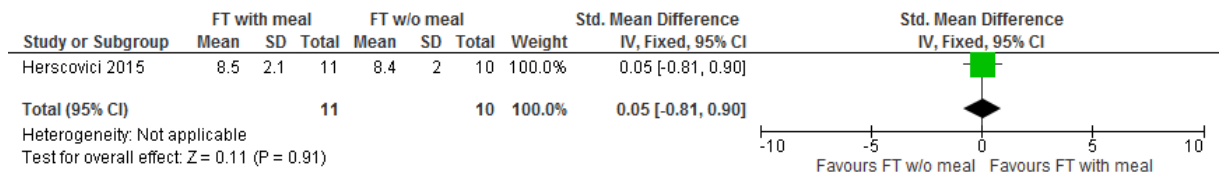
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13 **Figure 1146: percentage of expected body weight**



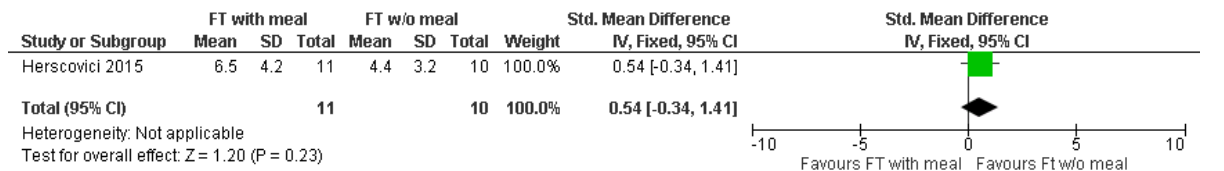
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1 **Figure 1147: Morgan-Russell Outcome-average**



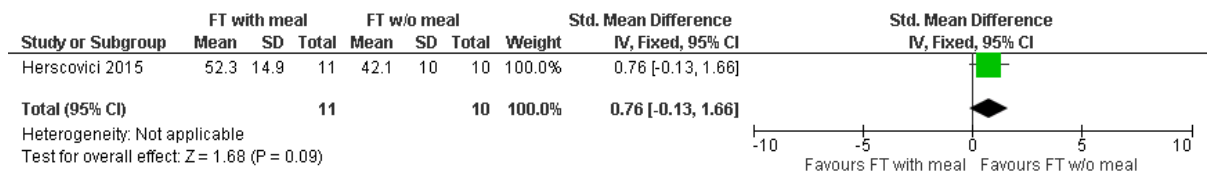
2

3 **Figure 1148: Eating Disorder Inventory-2**



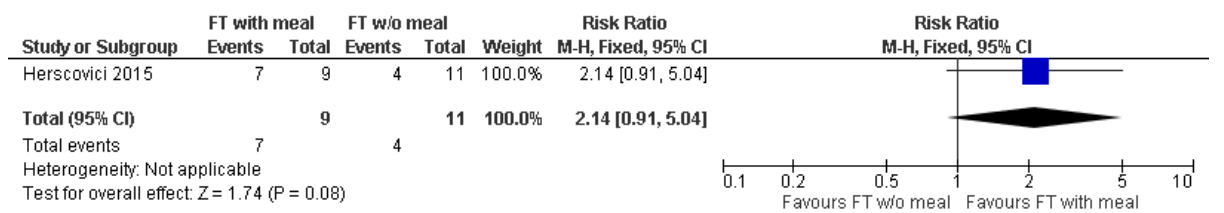
4

5 **Figure 1149: General psychopathology**



6

7 **Figure 1150: Resumed menstruation**

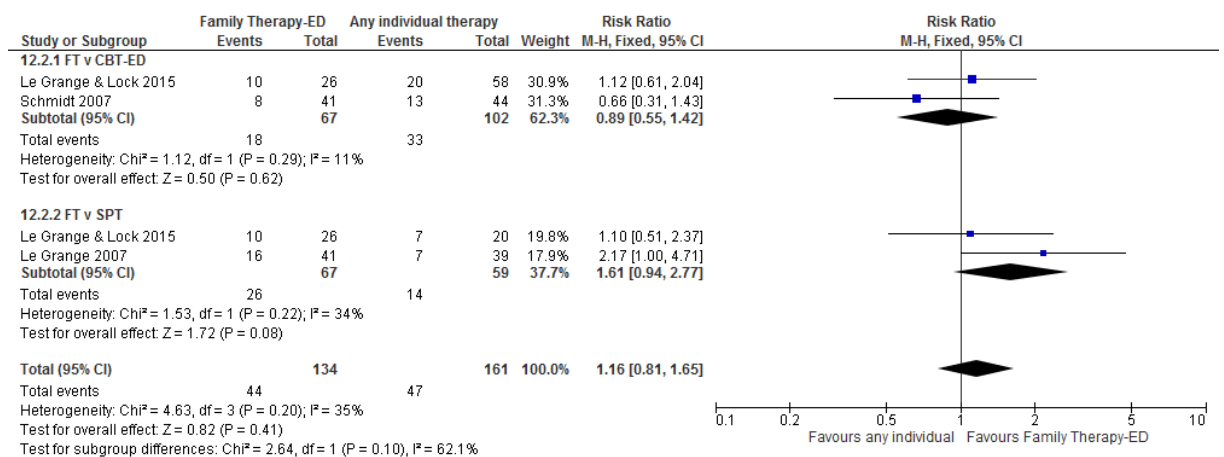


8

M.3.299 Family therapy for bulimia nervosa

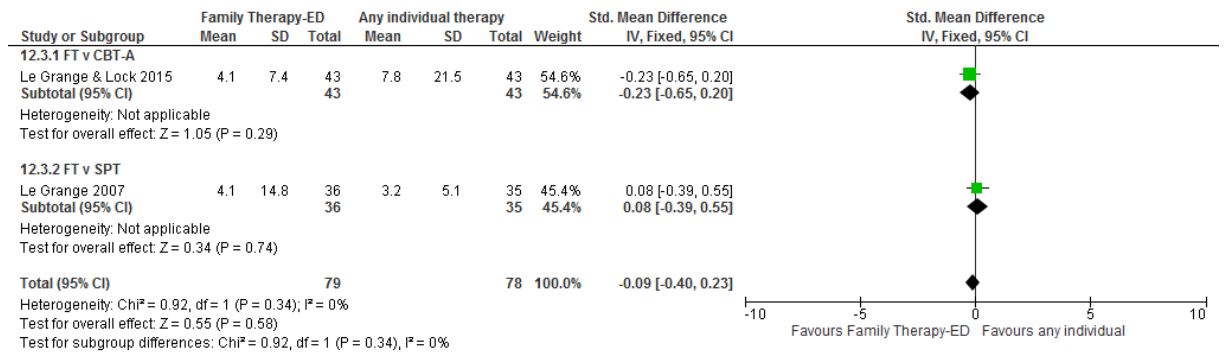
M.3.29.10 Family therapy-ED versus any other intervention in young people with bulimia nervosa at end of treatment

12 **Figure 1151: Remission (ITT)**



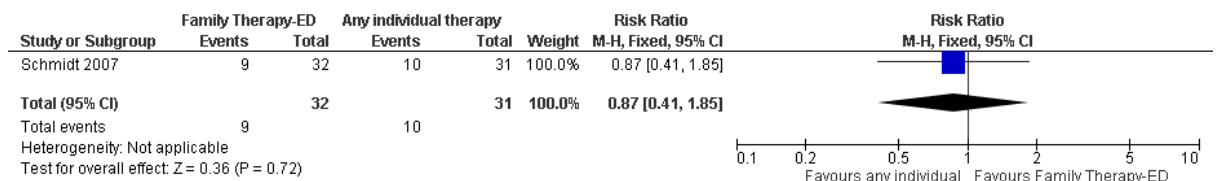
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1 **Figure 1152: Binge frequency**



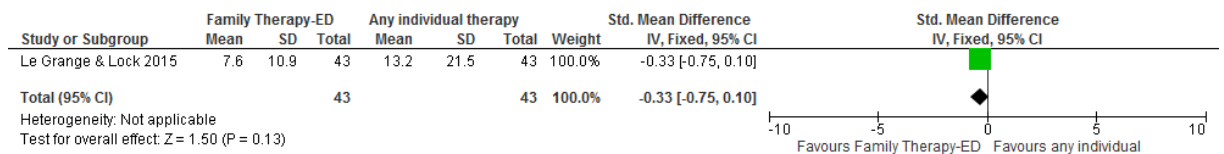
2

3 **Figure 1153: Abstinence from vomiting**



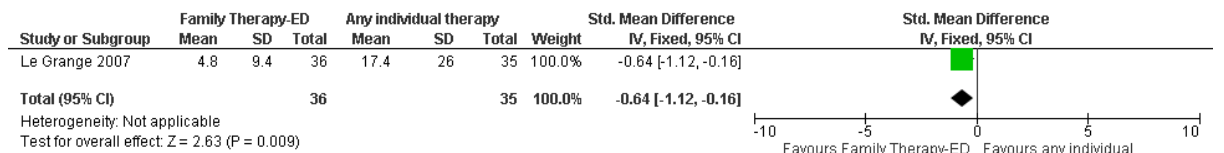
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5 **Figure 1154: Purge frequency**



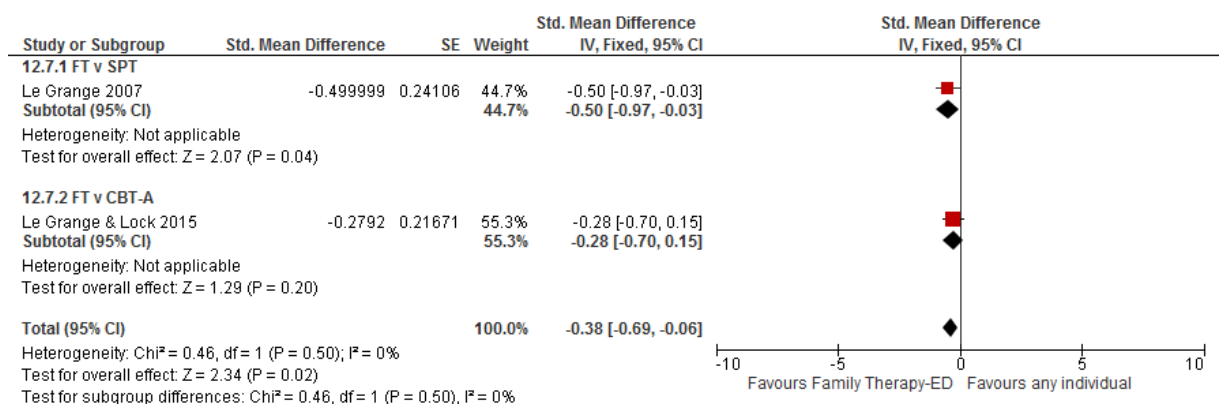
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7 **Figure 1155: Vomit frequency**



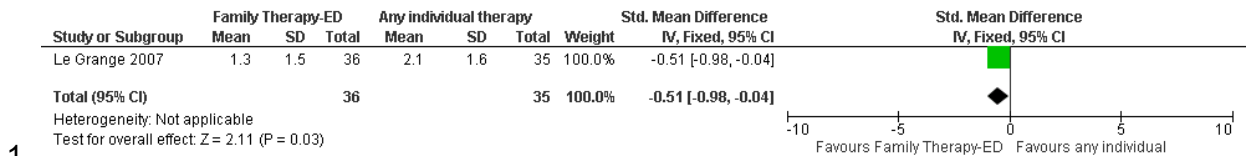
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9 **Figure 1156: EDE-global**

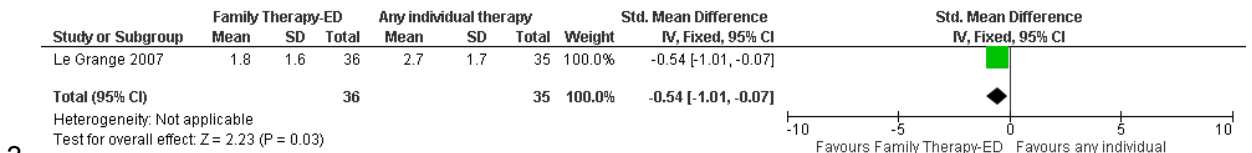


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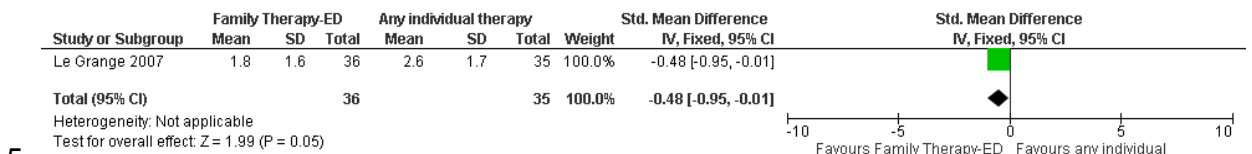
11 **Figure 1157: EDE-dietary restraint**



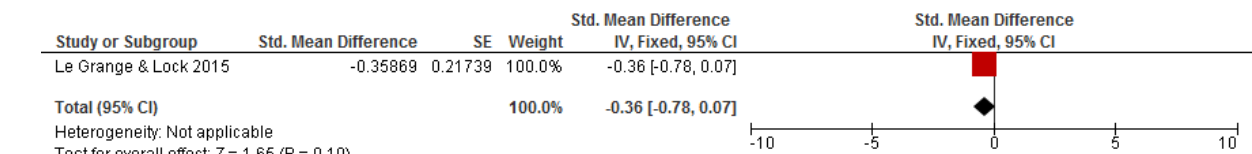
2 **Figure 1158: EDE-shape concern**



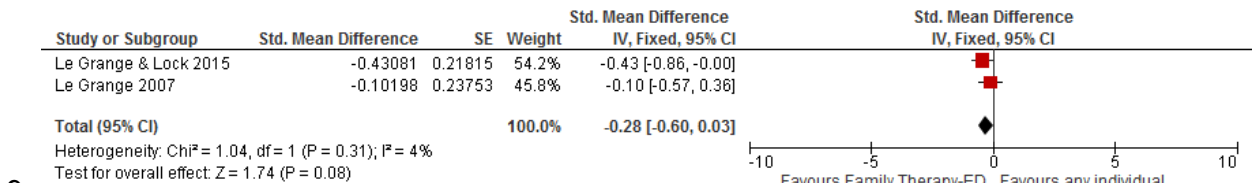
4 **Figure 1159: EDE-weight concern**



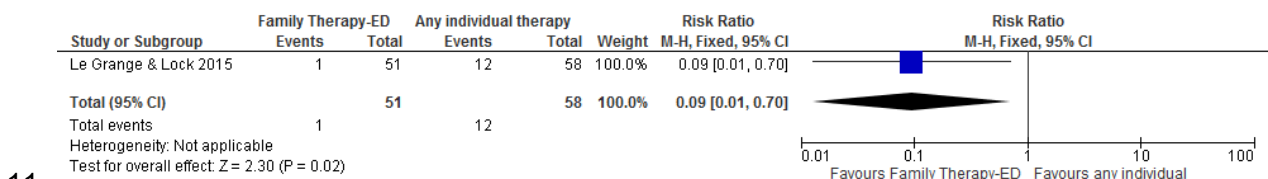
6 **Figure 1160: Yale-Brown-Cornell Eating Disorder Scale**



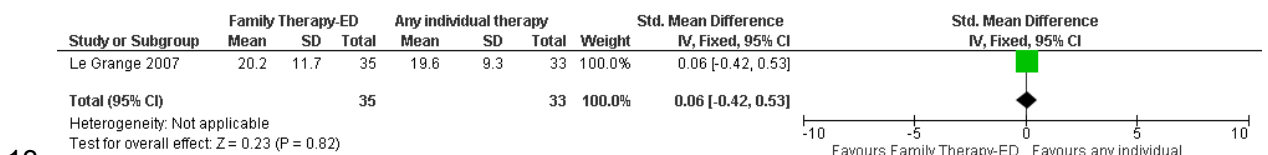
8 **Figure 1161: Depression**



10 **Figure 1162: Hospitalised during treatment**

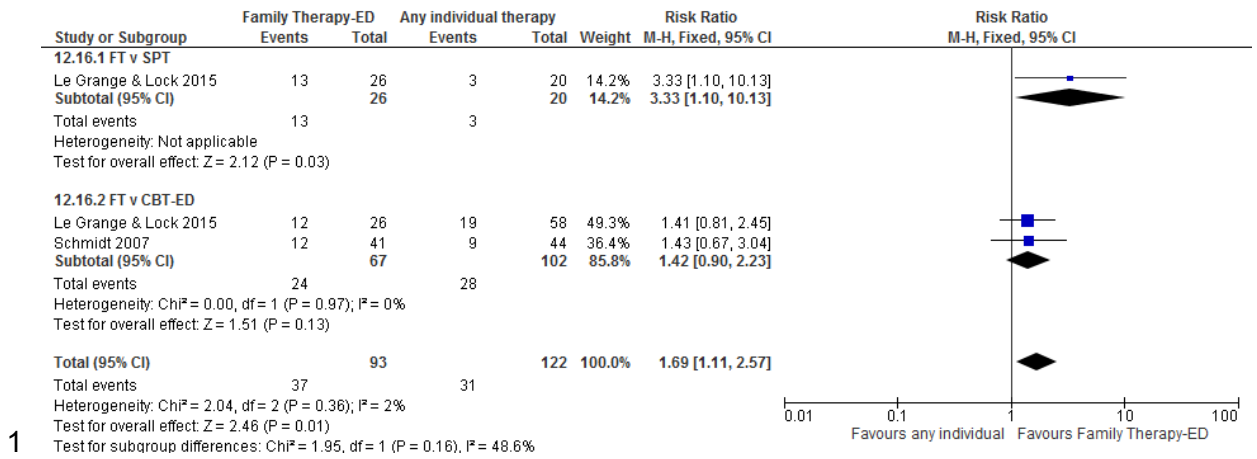


12 **Figure 1163: Service user experience**

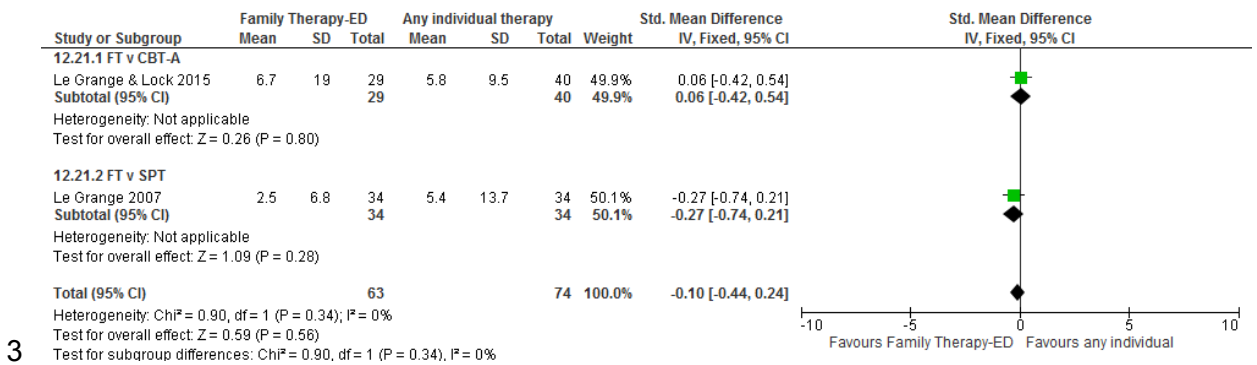


M.3.29.24 **Family therapy-ED versus any other intervention in young people with bulimia nervosa at end of treatment at follow up**

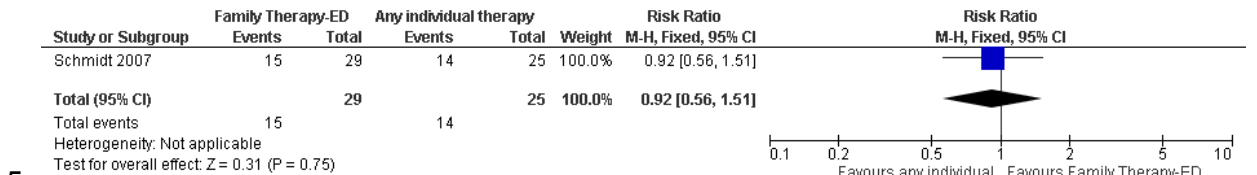
16 **Figure 1164: Remission (ITT)**



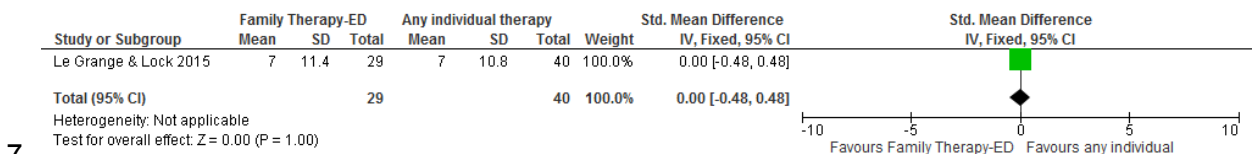
2 **Figure 1165: Binge frequency**



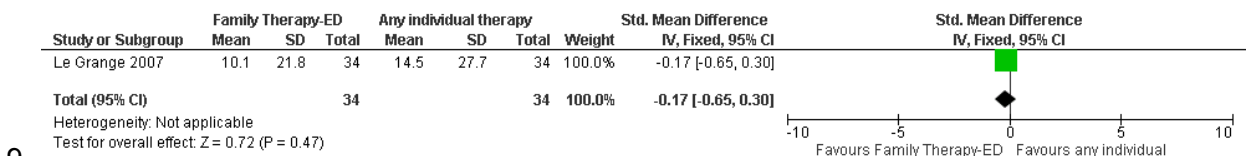
4 **Figure 1166: Abstinence from vomiting**



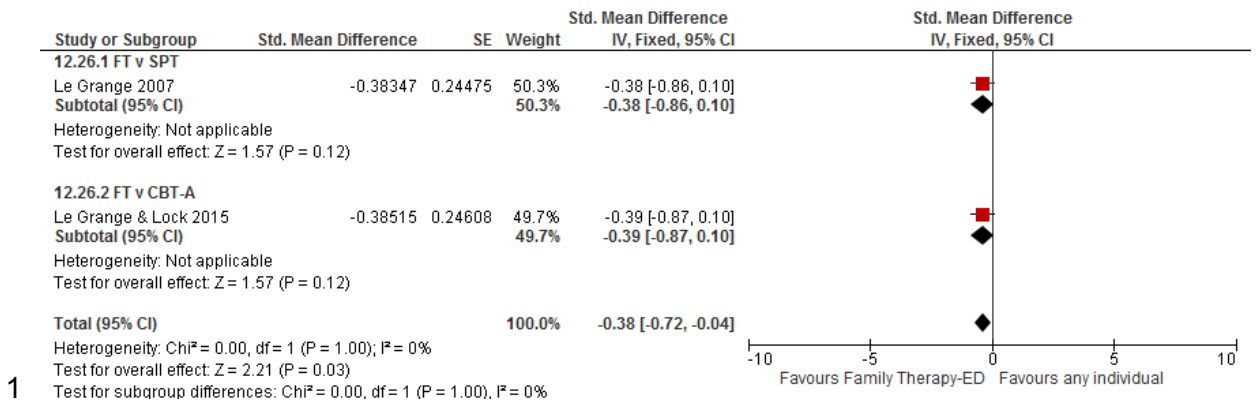
6 **Figure 1167: Purge frequency**



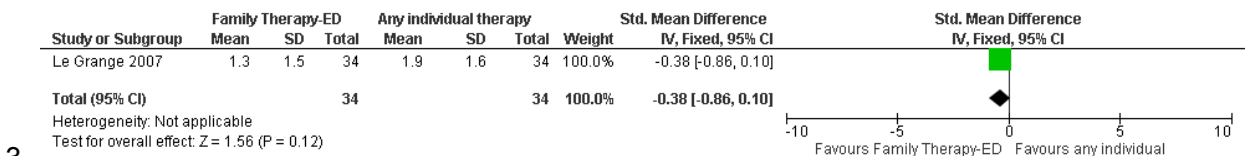
8 **Figure 1168: Vomit frequency**



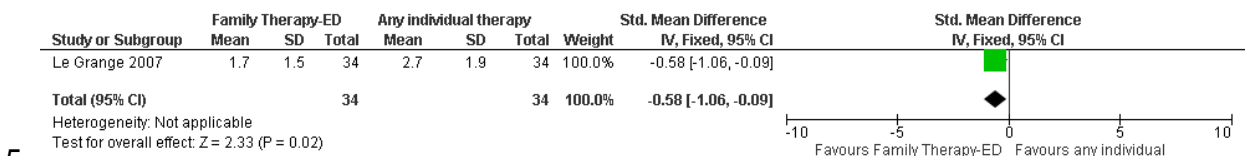
10 **Figure 1169: EDE-global**



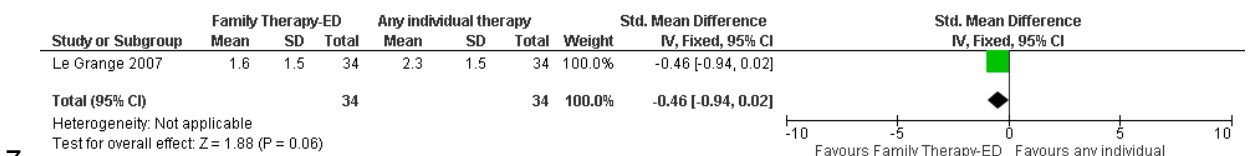
2 **Figure 1170: EDE-dietary restraint**



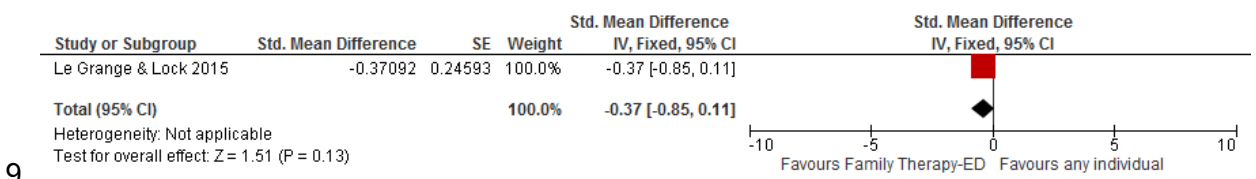
4 **Figure 1171: EDE-shape concern**



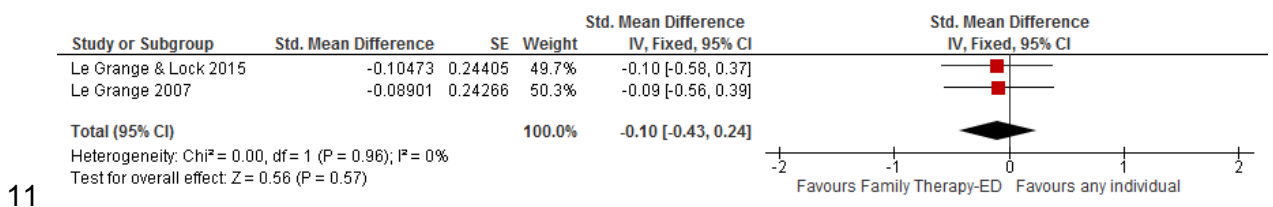
6 **Figure 1172: EDE-weight concern**



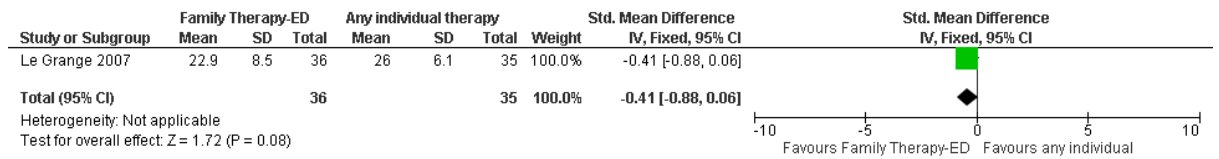
8 **Figure 1173: Yale-Brown-Cornell Eating Disorder Scale**



10 **Figure 1174: Depression**



1 **Figure 1175: Service user experience**

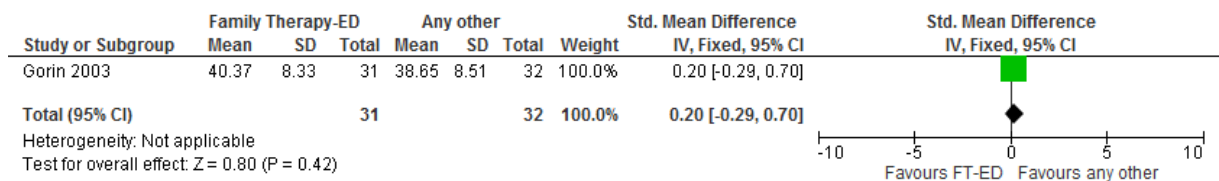


2

M.3.30.3 Family therapy for binge eating disorder

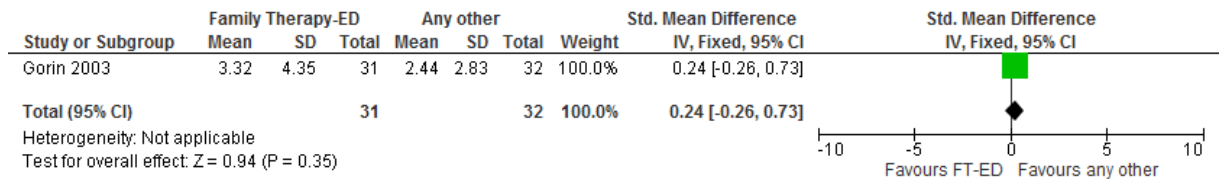
M.3.30.14 Family therapy-ED vs any other intervention in adults with binge eating disorder at end of treatment

6 **Figure 1176: Weight (kg)**



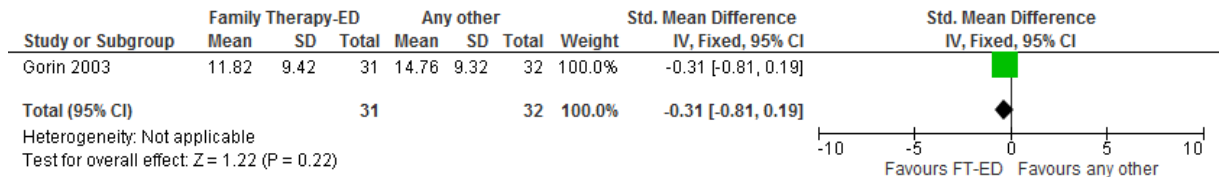
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9 **Figure 1177: Binge frequency**



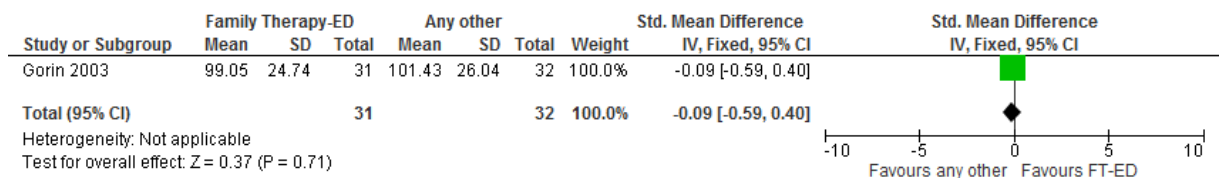
10

11 **Figure 1178: Depression**



12

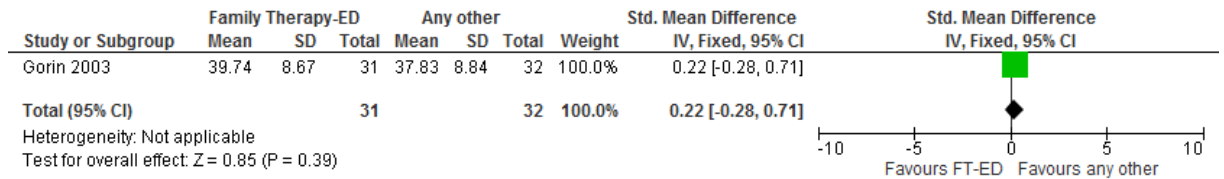
13 **Figure 1179: Family functioning**



15

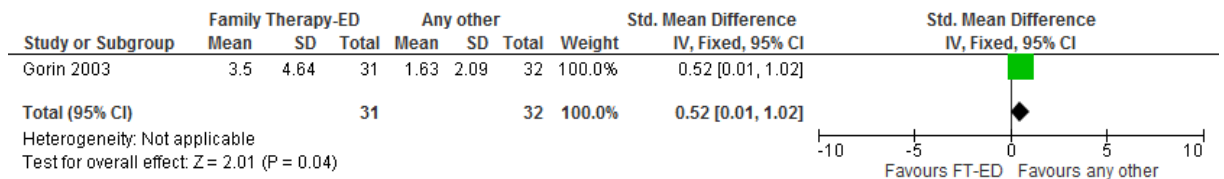
M.3.30.21 Family therapy-ED vs any other intervention in adults with binge eating disorder at follow up

3 Figure 1180: Weight (kg)



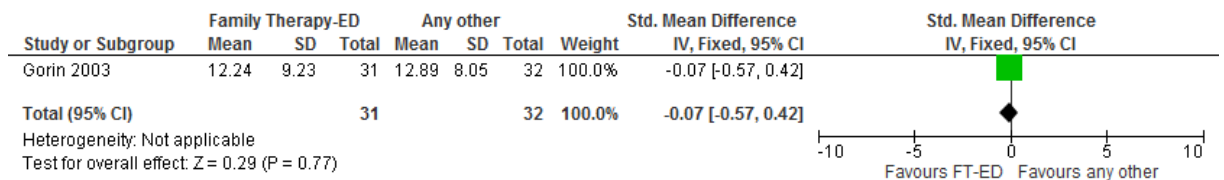
4

5 Figure 1181: Binge frequency



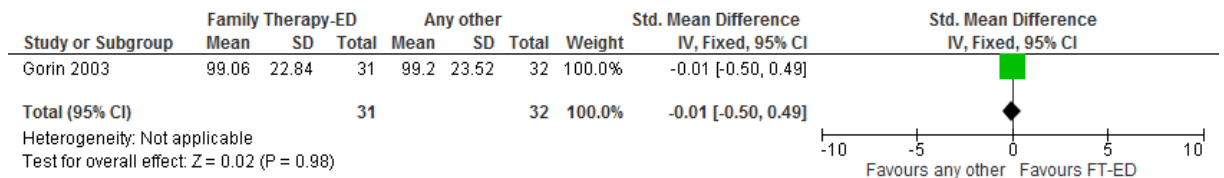
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7 Figure 1182: Depression



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9 Figure 1183: Family functioning

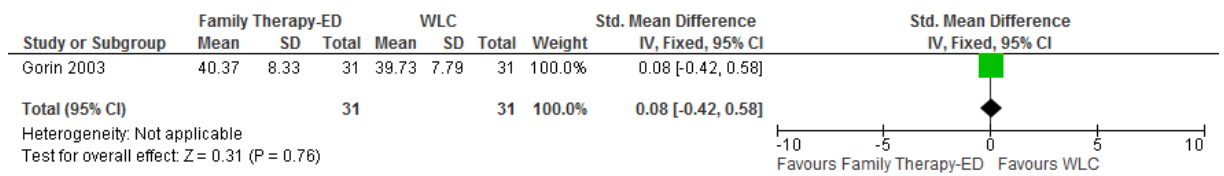


10

M.3.30.31 Family therapy-ED vs WLC in adults with binge eating disorder at end of treatment

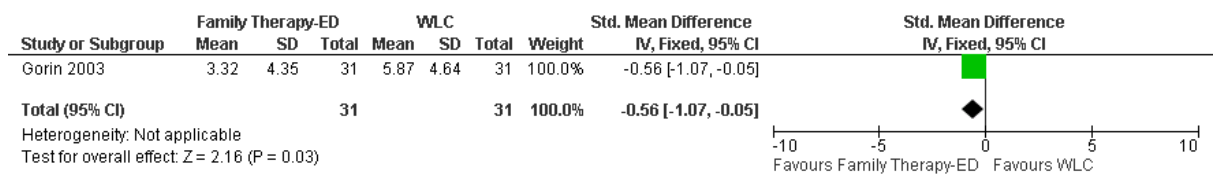
12 Figure 1184: Weight (kg)

13



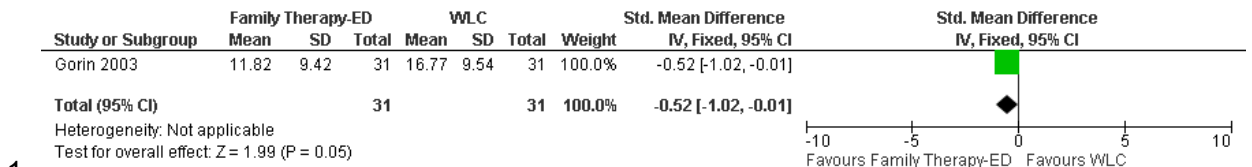
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15 Figure 1185: Binge frequency

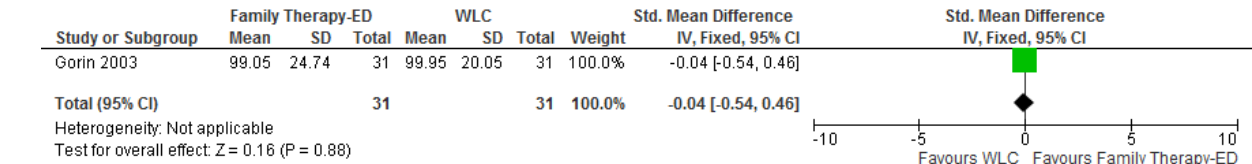


16

17 Figure 1186: Depression



2 **Figure 1187: Family functioning**

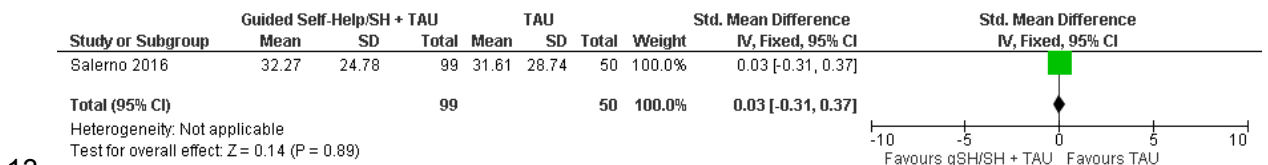


M.4.4 Clinical question: Does any psychological intervention produce benefits/harms in the parents or carers of children or young people with an eating disorder compared with any other intervention or controls?

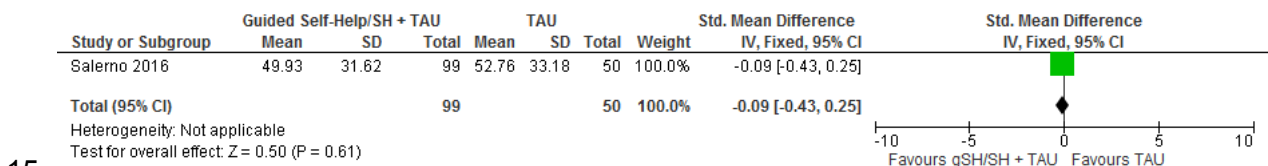
M.4.18 Interventions for carers of people with anorexia nervosa

M.4.1.19 Self-help or guided self-help and treatment as usual vs treatment as usual at 12- months after inpatient admission for carers of people with anorexia nervosa – carer outcomes

12 **Figure 1188: Carer general psychopathology (distress)**

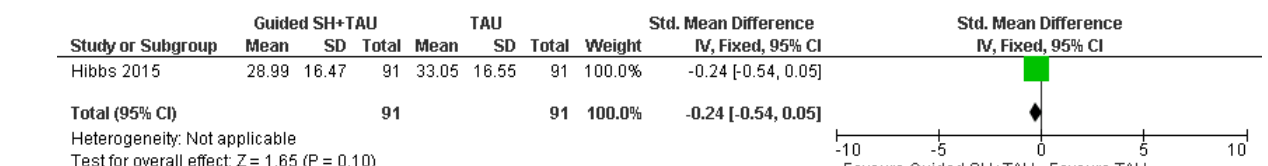


14 **Figure 1189: Patient general psychopathology (distress)**



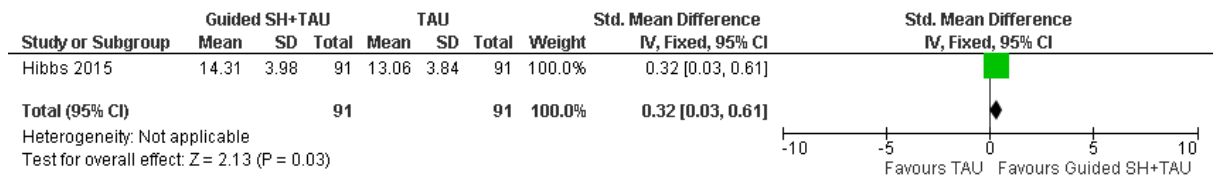
M.4.1.26 Guided self-help and treatment as usual vs treatment as usual at 12- and 24-months after inpatient admission for carers of people with anorexia nervosa – carer outcomes

18 **Figure 1190: Carer burden after 12-months treatment**



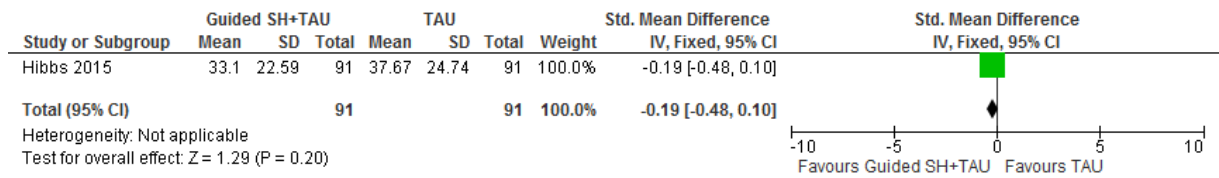
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1 **Figure 1191: Carer quality of life after 12-months treatment**



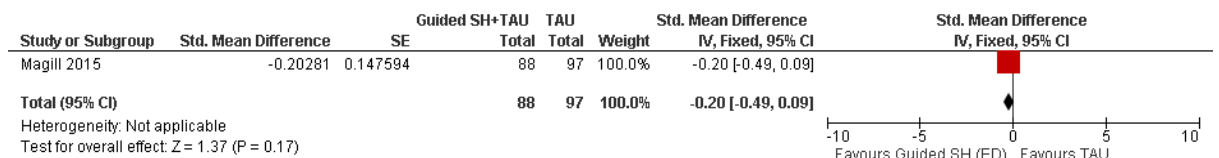
2

3 **Figure 1192: Carer accommodation and enabling after 12-months treatment**



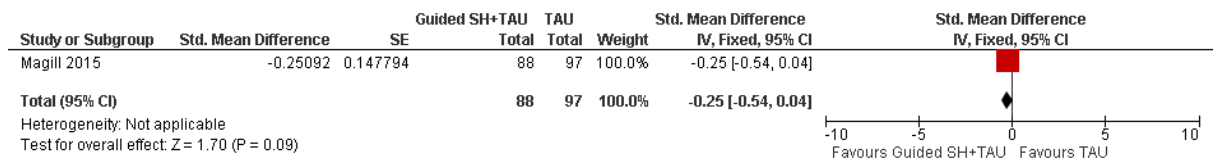
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5 **Figure 1193: Carer burden after 24-months treatment**



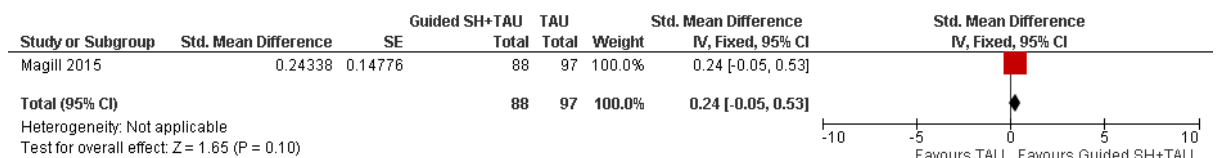
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7 **Figure 1194: Carer family functioning after 24-months treatment**



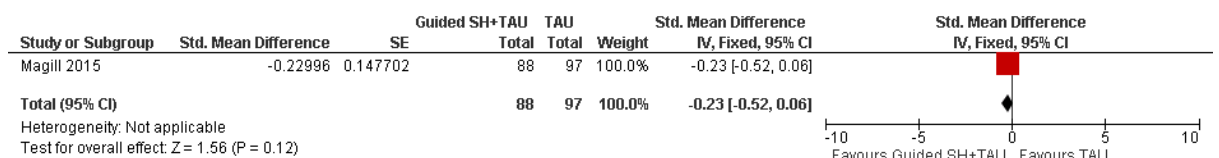
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9 **Figure 1195: Carer quality of life after 24-months treatment**



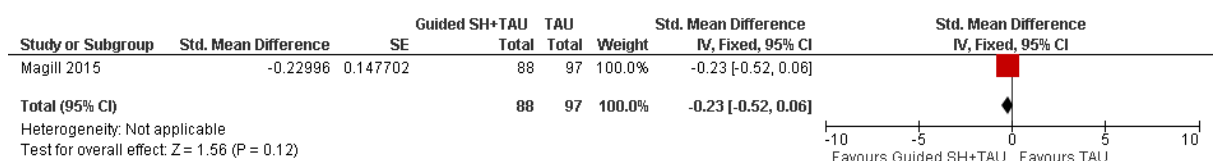
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11 **Figure 1196: Carer accommodation and enabling after 24-months treatment**



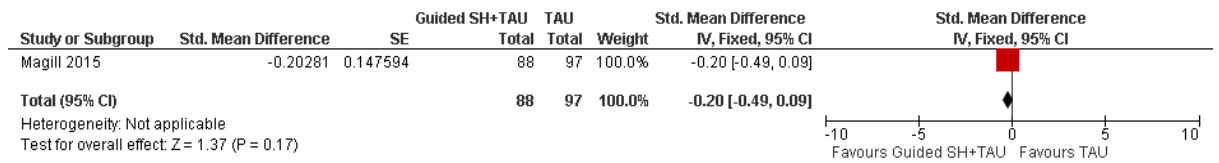
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13 **Figure 1197: Carer general psychopathology (distress) after 24-months treatment**



14

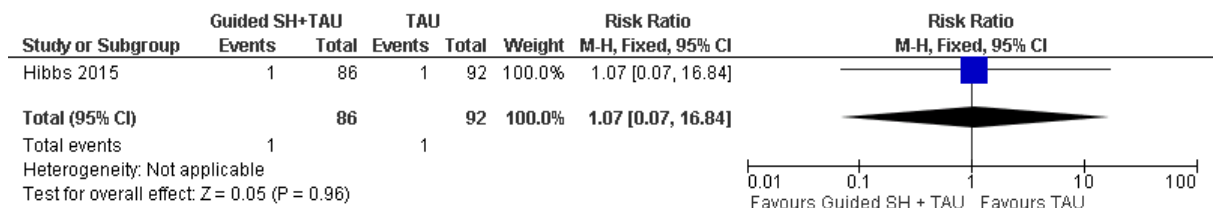
1 **Figure 1198: Time spent caregiving after 24-months treatment**



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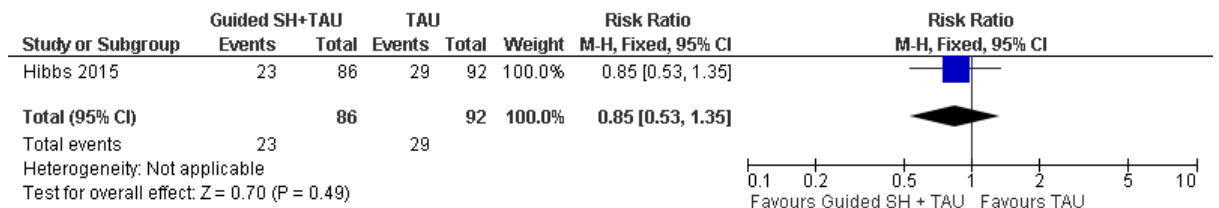
M.4.1.33 **Guided self-Help and treatment as usual vs treatment as usual at 12- and 24-months after inpatient admission for carers of people with anorexia nervosa - patient outcomes**

6 **Figure 1199: Patient deaths during study**



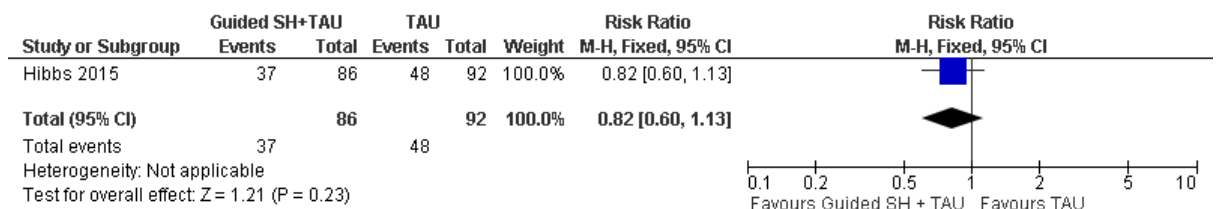
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8 **Figure 1200: Readmitted to hospital during study**



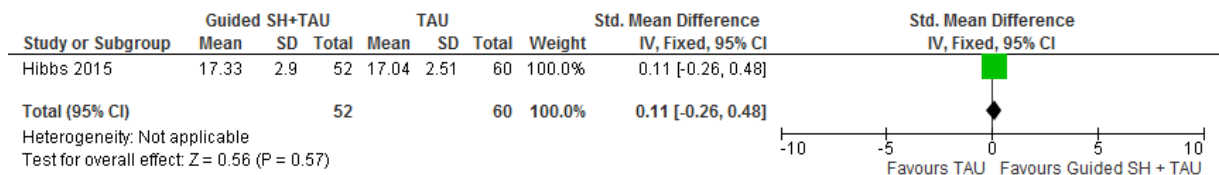
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10 **Figure 1201: Relapse**



11

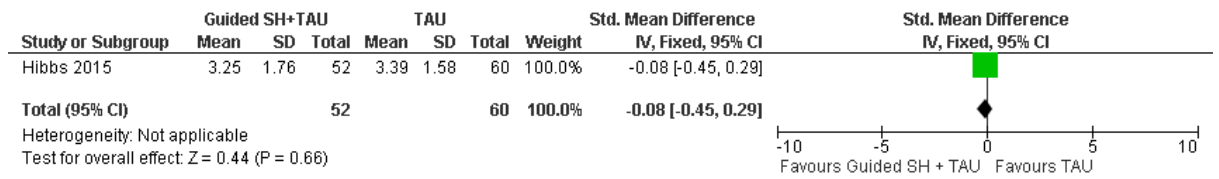
12 **Figure 1202: BMI after 12-months treatment**



13

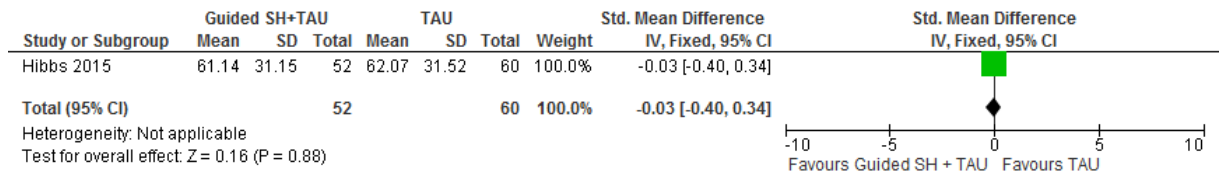
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1 **Figure 1203: EDE-Q-global after 12-months treatment**



2

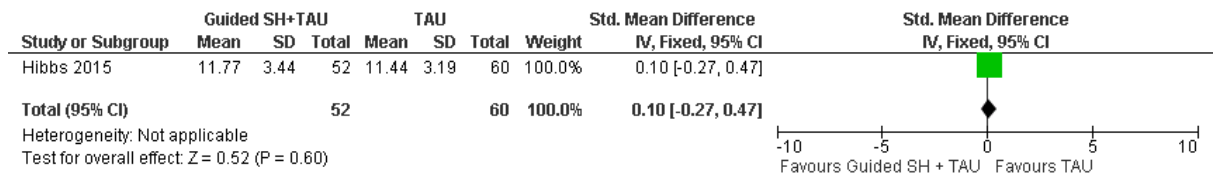
3 **Figure 1204: General psychopathology after 12-months treatment**



4

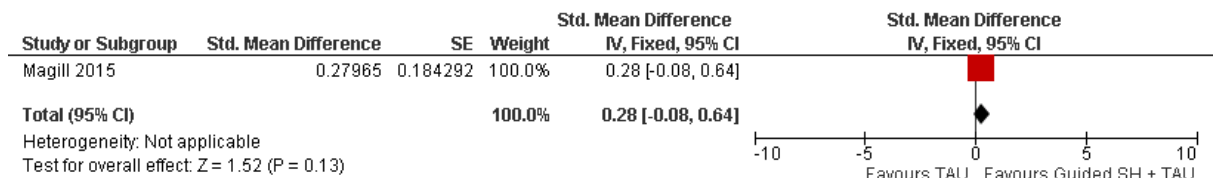
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6 **Figure 1205: Quality of life after 12-months treatment**



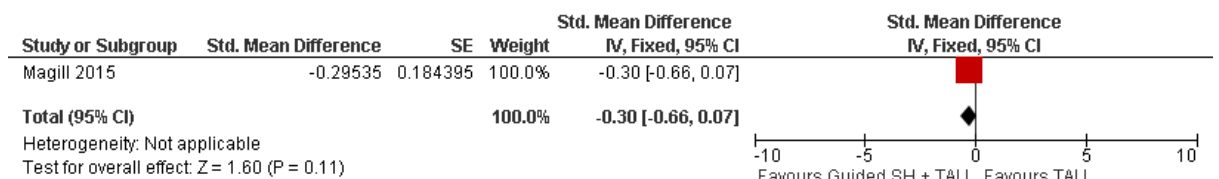
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8 **Figure 1206: BMI after 24-months treatment**



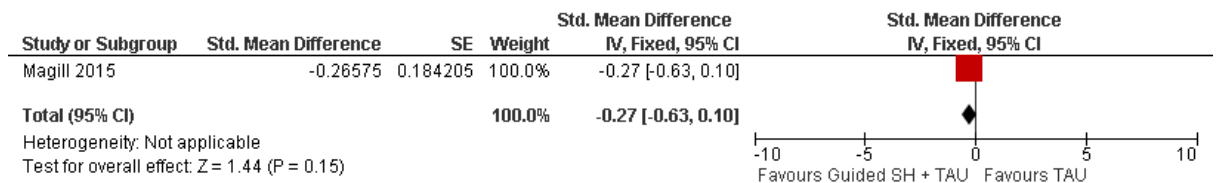
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10 **Figure 1207: EDE-Q-global after 24-months treatment**



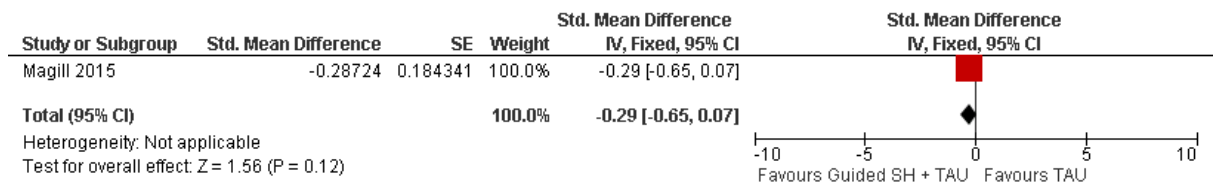
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12 **Figure 1208: General psychopathology after 24-months treatment**



13

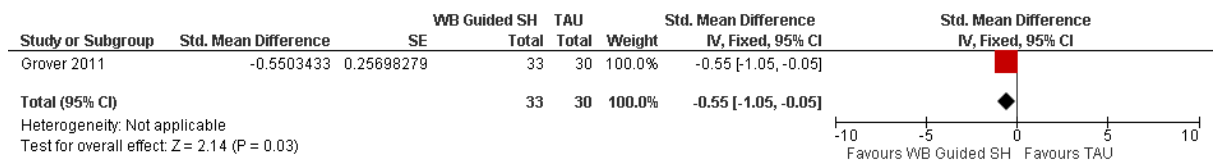
1 **Figure 1209: Quality of life after 24-months treatment**



2

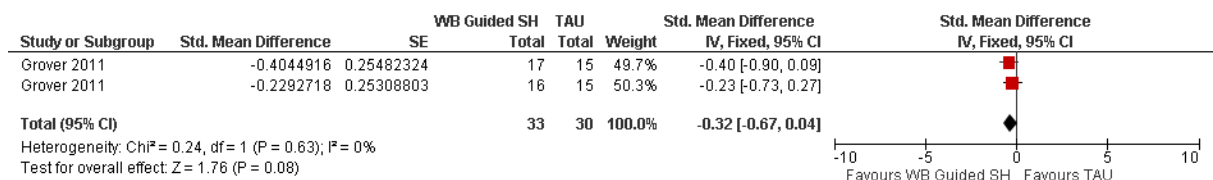
M.4.1.43 **Web-based guided self-help vs treatment as usual for carers of people with anorexia nervosa at end of treatment**

5 **Figure 1210: Carer general psychopathology (distress)**



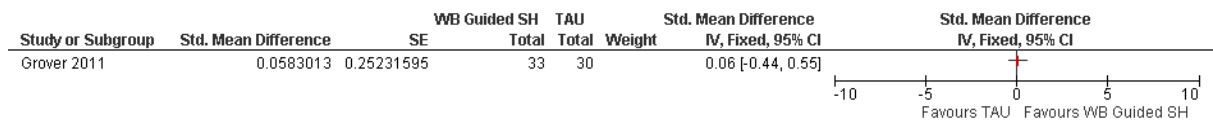
6

7 **Figure 1211: Carer burden**



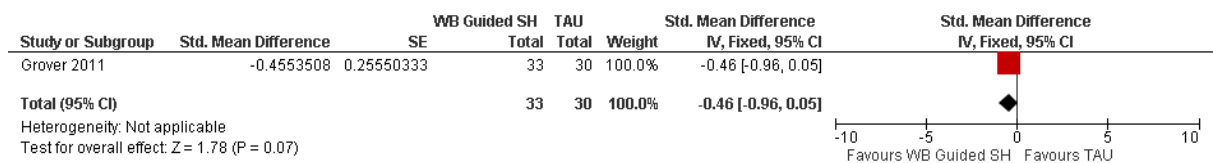
8

9 **Figure 1212: Carer Experience of Caregiving Inventory-positive**



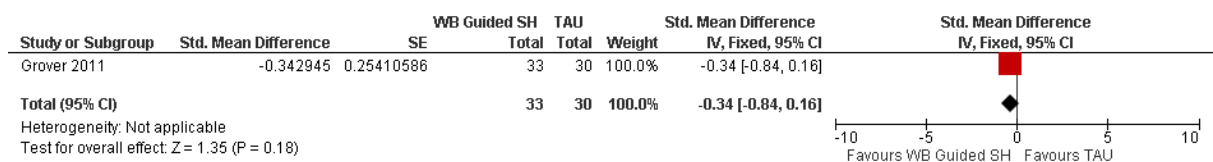
10

11 **Figure 1213: Carer family functioning**



12

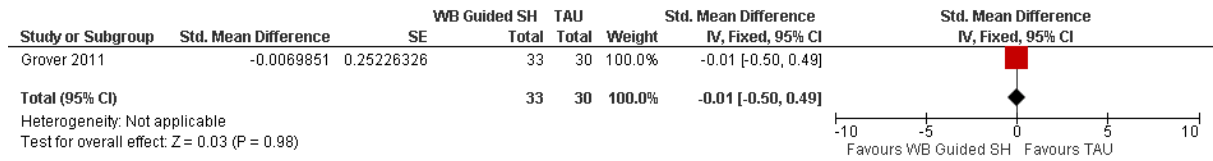
13 **Figure 1214: Carer accommodation and enabling**



14

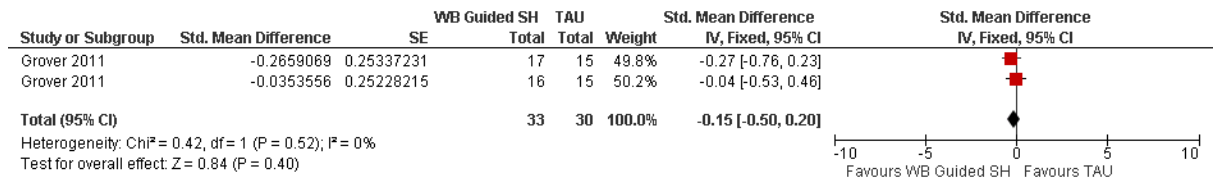
M.4.1.51 Web-based guided self-help vs treatment as usual for carers of people with anorexia nervosa at follow up

3 Figure 1215: Carer general psychopathology (distress)



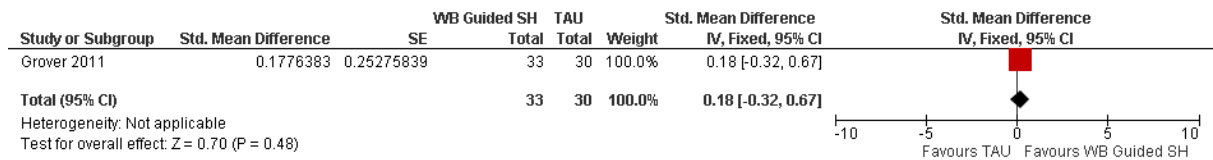
4

5 Figure 1216: Carer burden



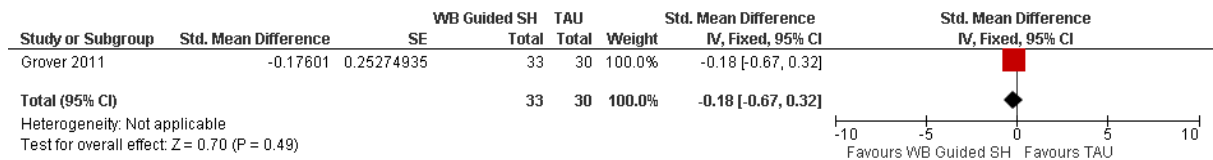
6

7 Figure 1217: Carer Experience of Caregiving Inventory-positive



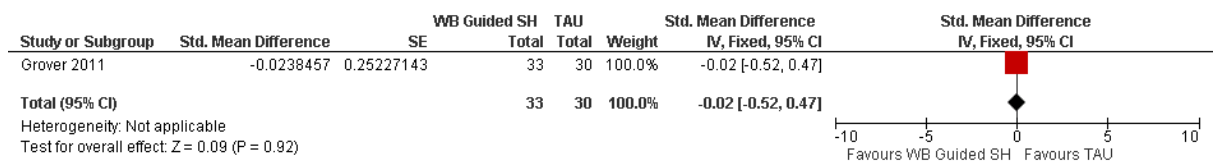
8

9 Figure 1218: Carer family functioning



10

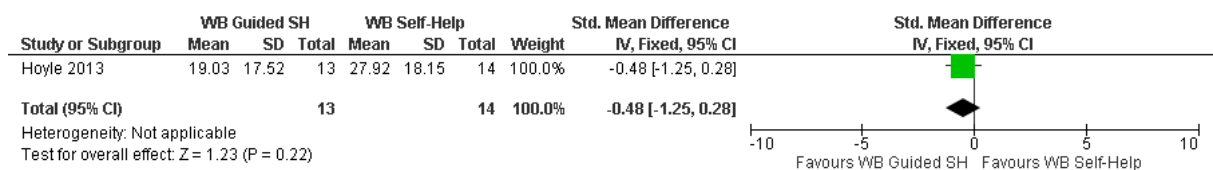
11 Figure 1219: Carer accommodation and enabling



12

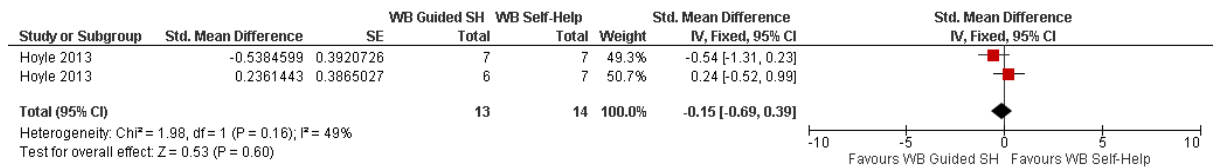
M.4.1.63 Web-based guided self-help vs web-based self-help for carers of people with anorexia nervosa at end of treatment

15 Figure 1220: Carer general psychopathology



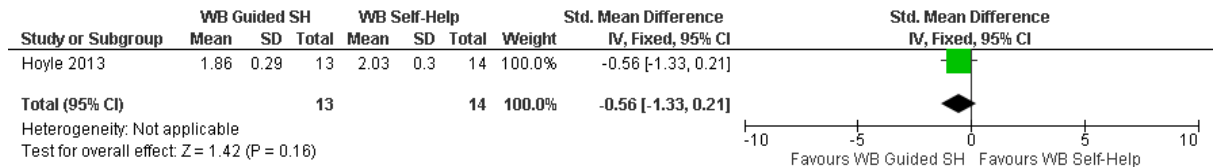
16

1 **Figure 1221: Carer quality of life**



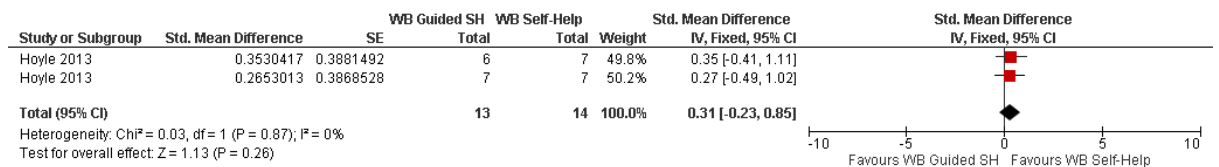
2

3 **Figure 1222: Carer family functioning**



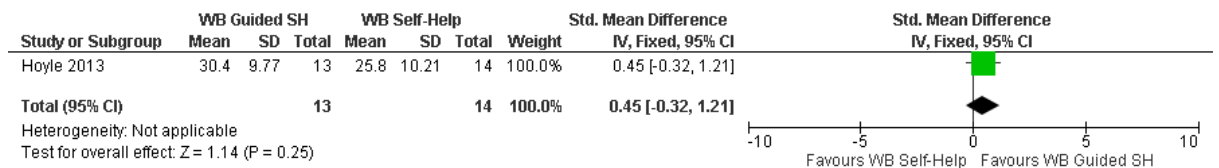
4

5 **Figure 1223: Carer burden**



6

7 **Figure 1224: Carer Experience of Caregiving Inventory-positive**

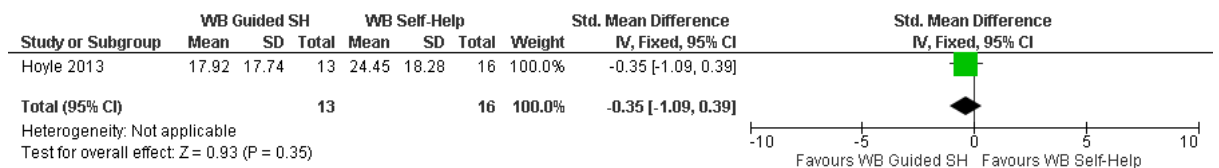


8

M.4.1.79 **Web-based guided self-help vs web-based self-help for carers of people with anorexia nervosa at follow up**

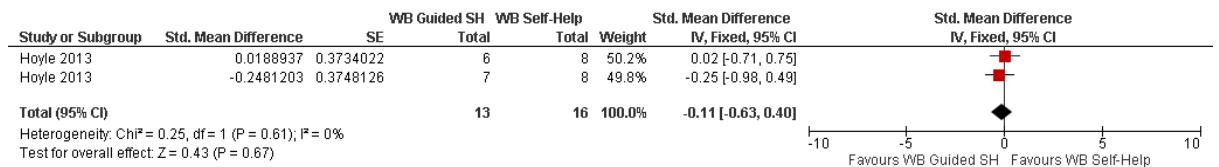
10

11 **Figure 1225: Carer general psychopathology (distress)**



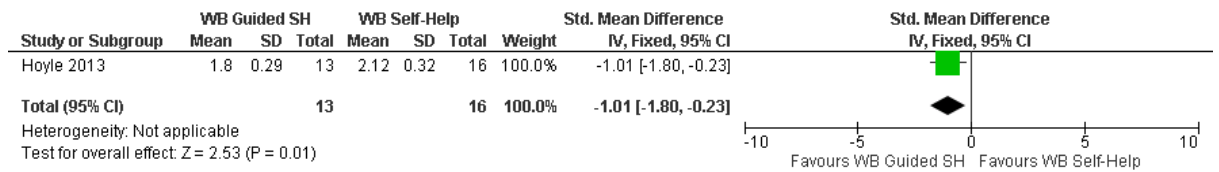
12

13 **Figure 1226: Carer quality of life**



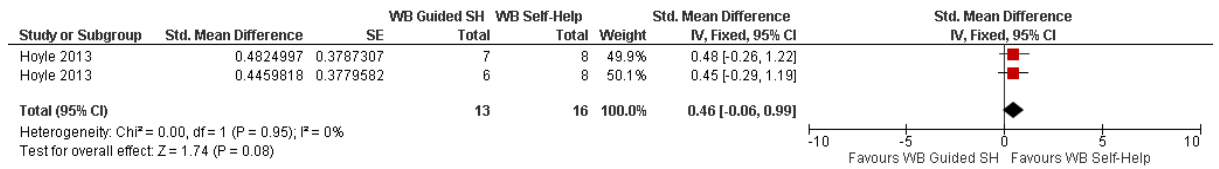
14

1 **Figure 1227: Carer family functioning**



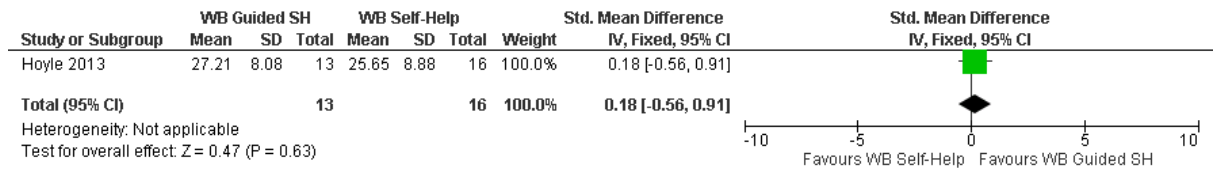
2

3 **Figure 1228: Carer burden**



4

5 **Figure 1229: Carer Experience of Caregiving Inventory-positive**

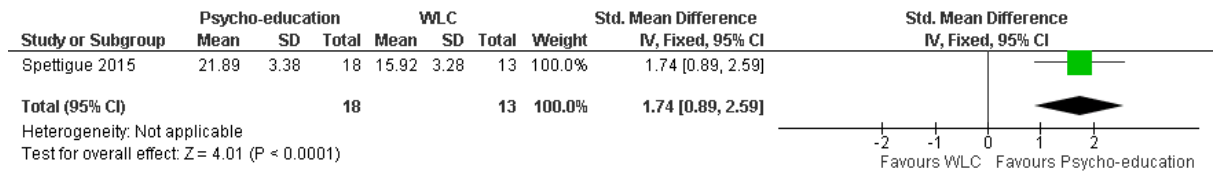


6

M.4.27 Interventions for carers of any eating disorder at end of treatment

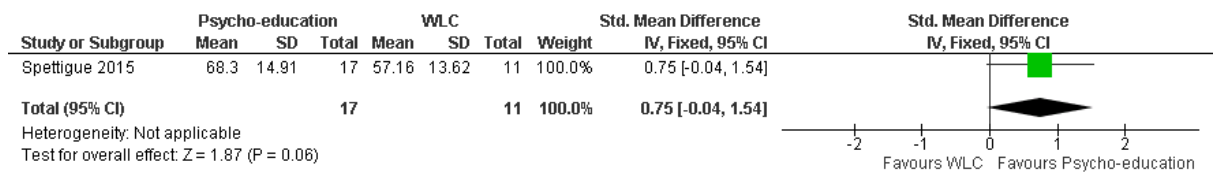
M.4.2.18 Psychoeducation vs wait list control

9 **Figure 1230: Carer self-efficacy**



10

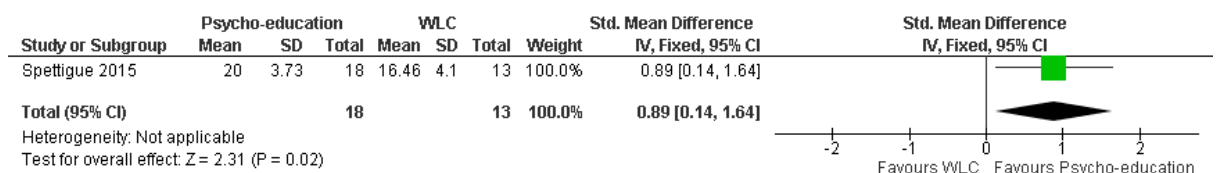
11 **Figure 1231: Carer knowledge of eating disorders**



12

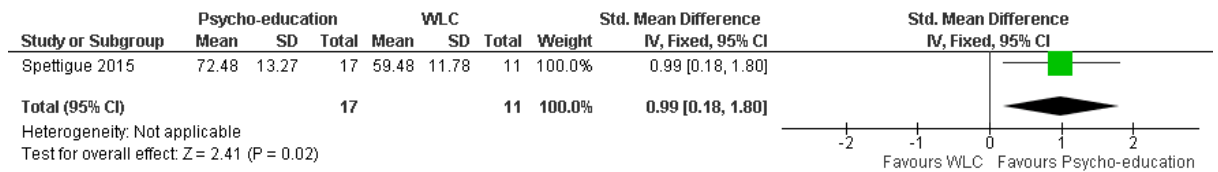
M.4.2.23 Psychoeducation vs wait list control for carers of any eating disorder at formal assessment – carer outcomes

15 **Figure 1232: Carer self-efficacy**



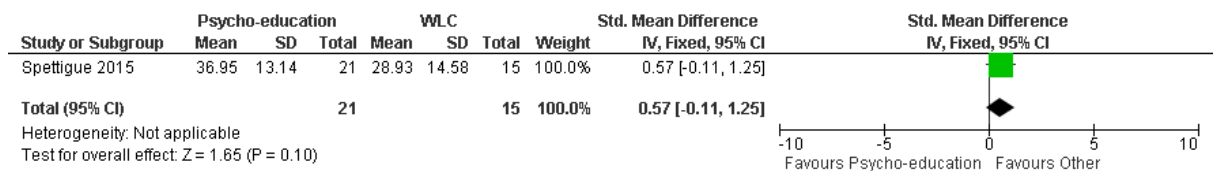
16

1 **Figure 1233: Carer knowledge of eating disorders**



2

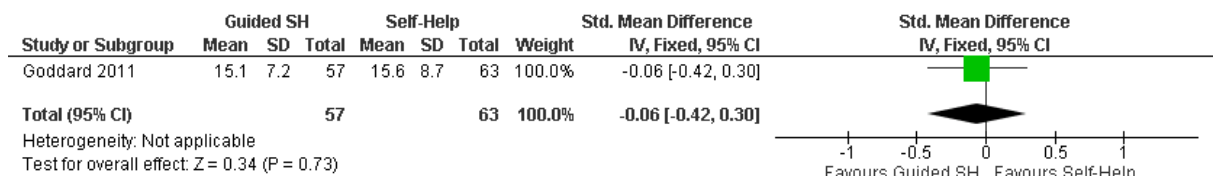
3 **Figure 1234: Carer burden**



4

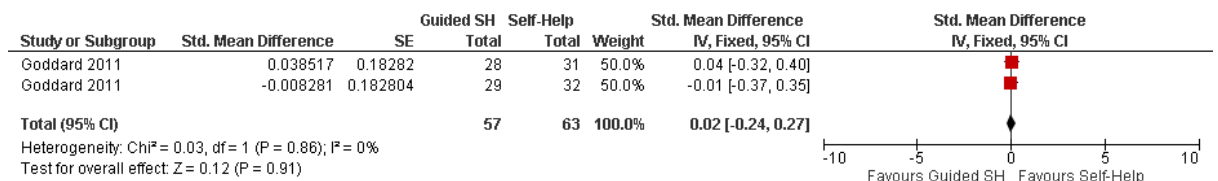
M.4.2.35 **Guided self-help for eating disorders vs self-help for eating disorders**

6 **Figure 1235: Carer general psychopathology**



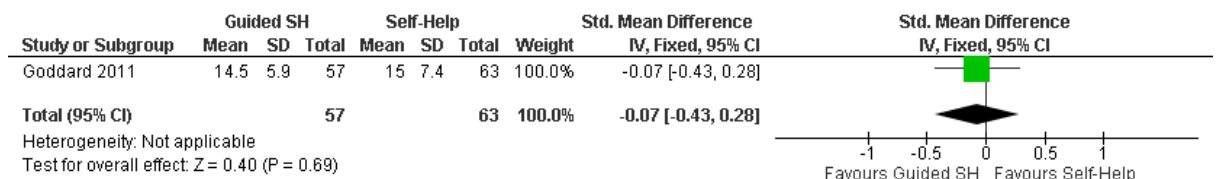
7

8 **Figure 1236: Carer burden**



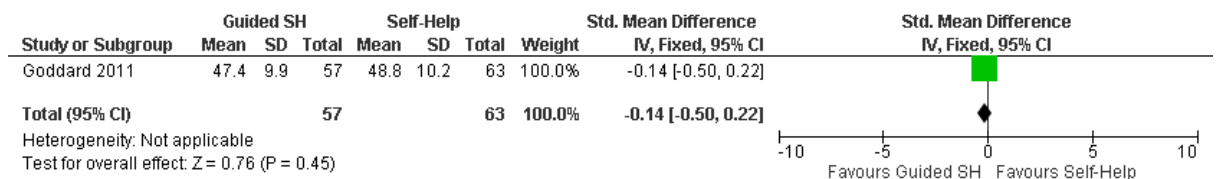
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10 **Figure 1237: Carer quality of life**



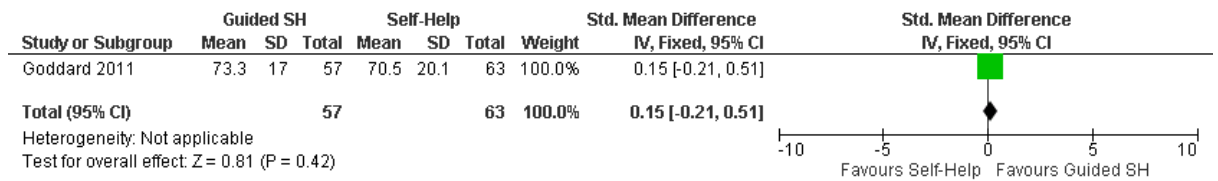
11

12 **Figure 1238: Carer family functioning**



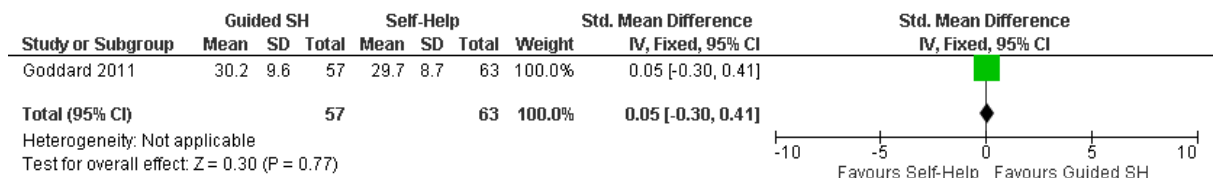
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1 **Figure 1239: Carer self-efficacy**



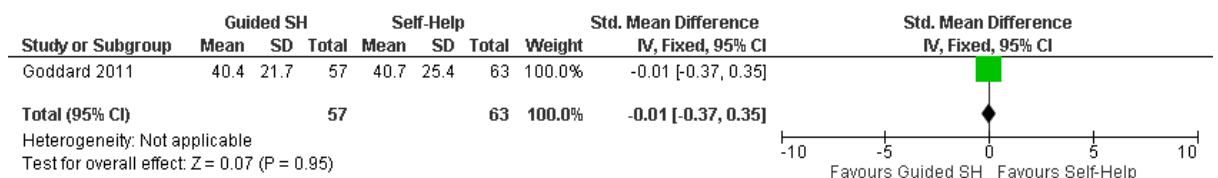
2

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



4

5 **Figure 1241: Carer accommodation and enabling**



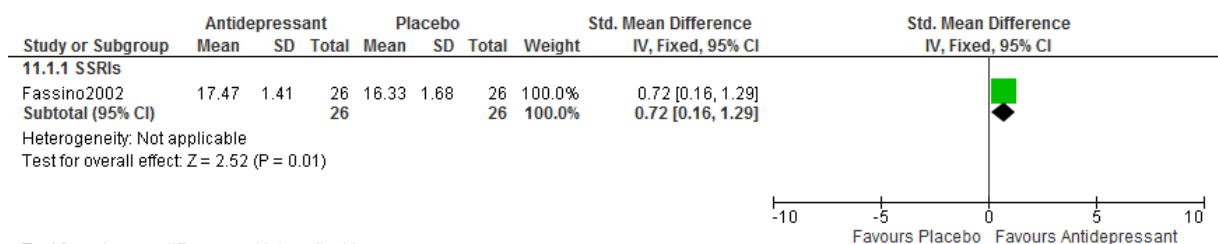
6

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

M.5.10 Pharmacological interventions in people with anorexia nervosa

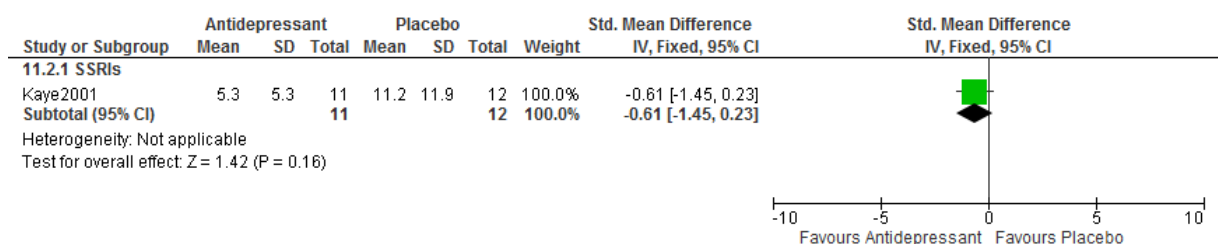
M.5.1.11 Antidepressants compared with placebo in adults with anorexia nervosa at end of treatment

13 **Figure 1242: BMI**



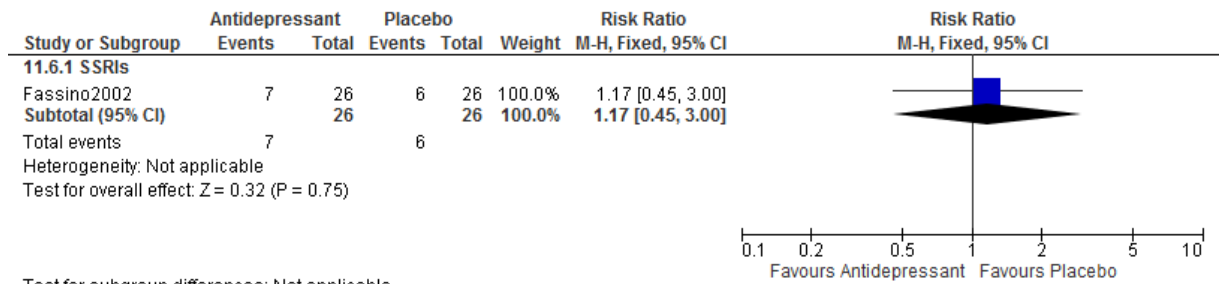
14 Test for subgroup differences: Not applicable

15 **Figure 1243: Change in percent body weight**

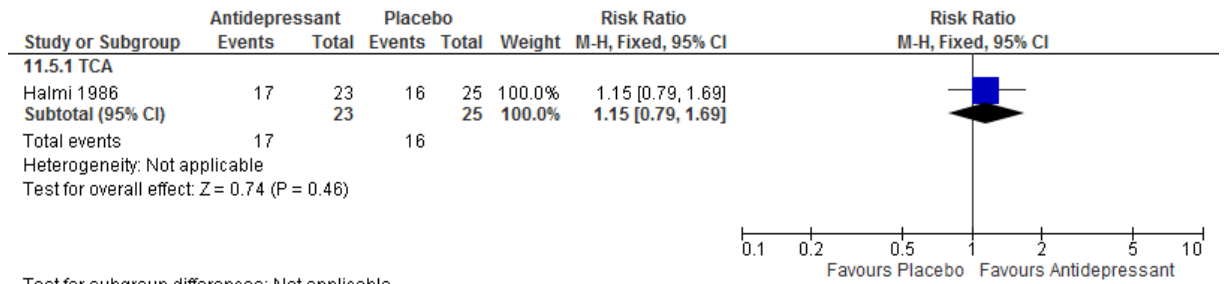


16 Test for subgroup differences: Not applicable

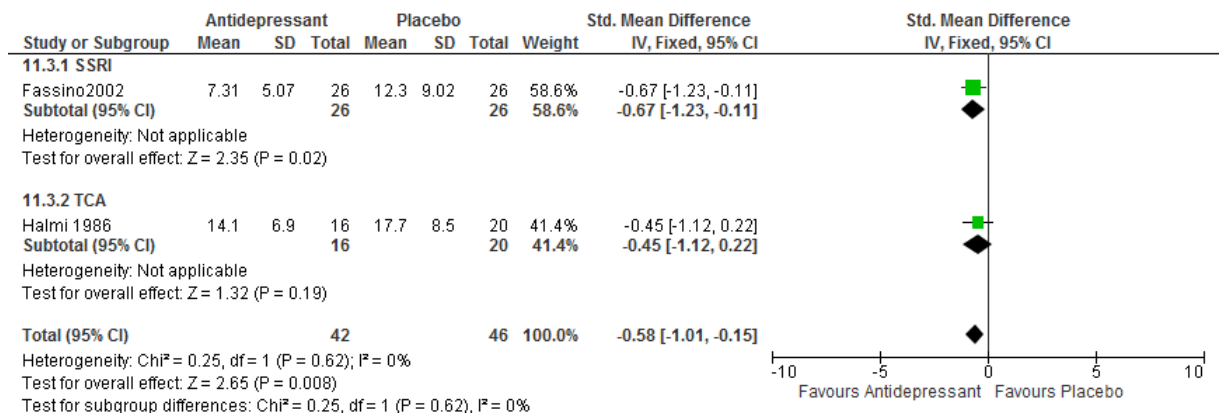
17 **Figure 1244: Dropout due to any reason**



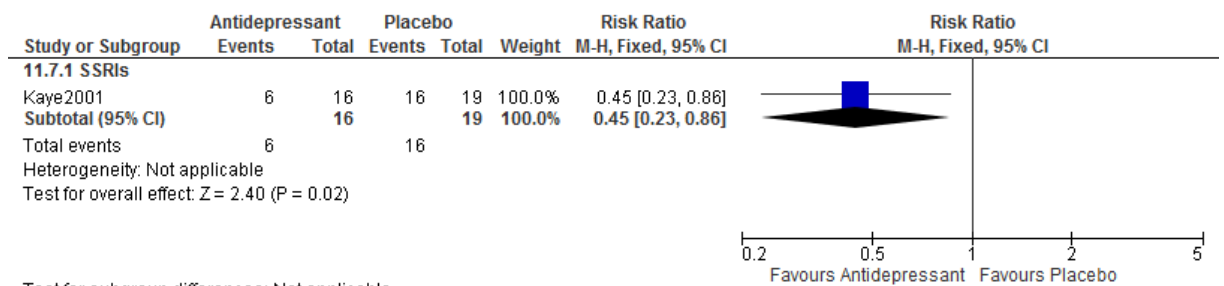
2 **Figure 1245: Achieved target body weight**



4 **Figure 1246: Depression**

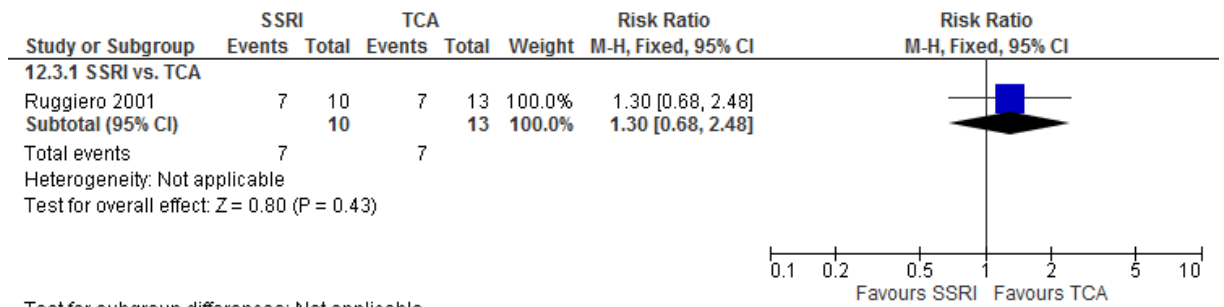


6 **Figure 1247: Relapse**

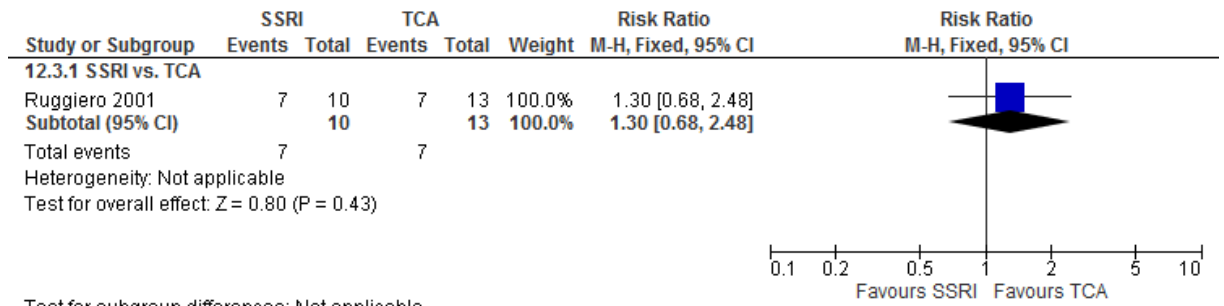


M.5.1.28 **Antidepressants compared with another antidepressant in adults with anorexia nervosa at end of treatment**

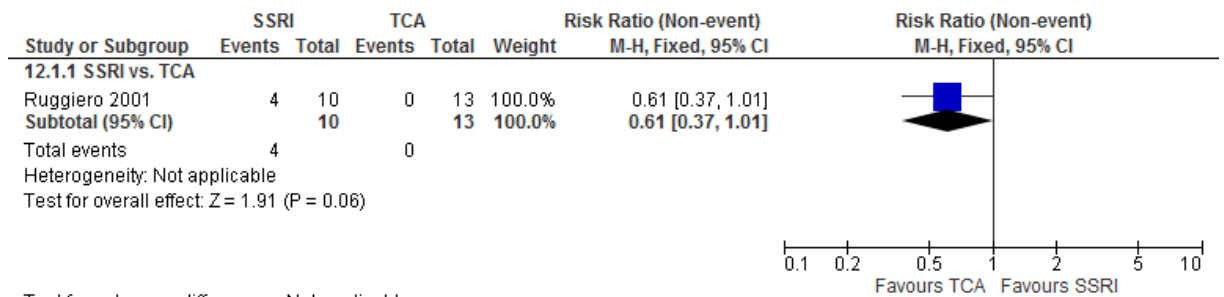
10 **Figure 1248: Bingeing**



2 **Figure 1249: Amenorrhea**

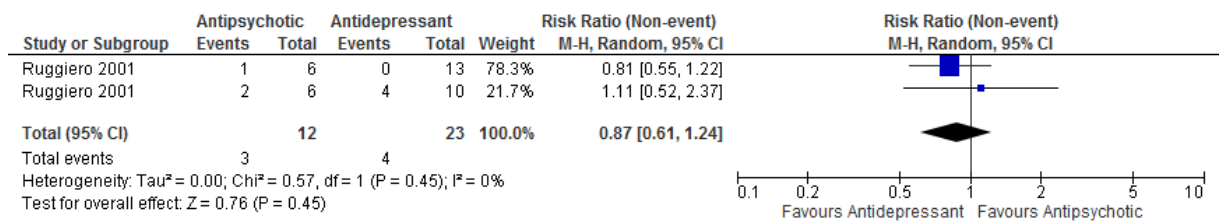


4 **Figure 1250: Vomiting**

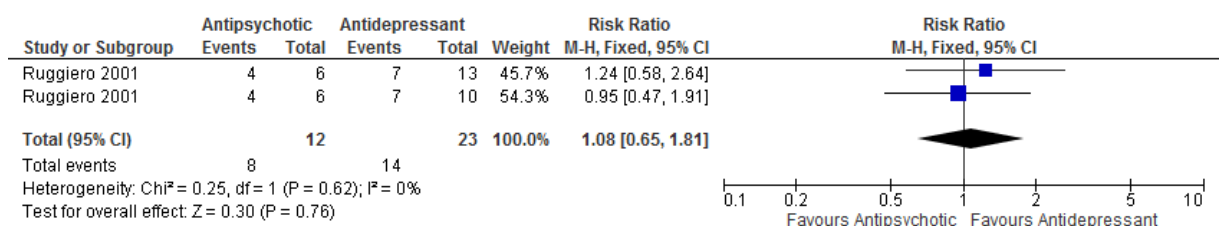


M.5.1.36 Antipsychotic compared with an antidepressant in adults with anorexia nervosa at end of treatment

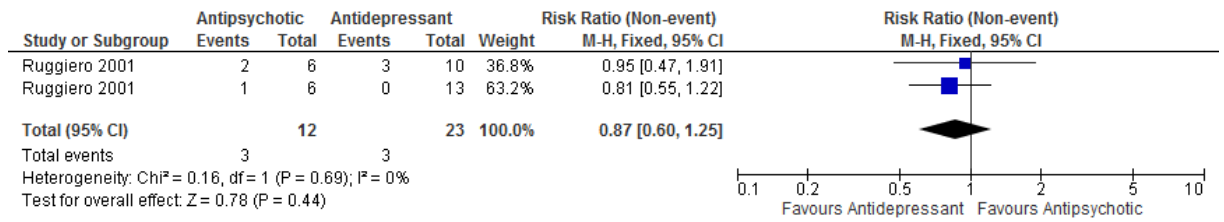
8 **Figure 1251: Bingeing**



10 **Figure 1252: Amenorrhea**



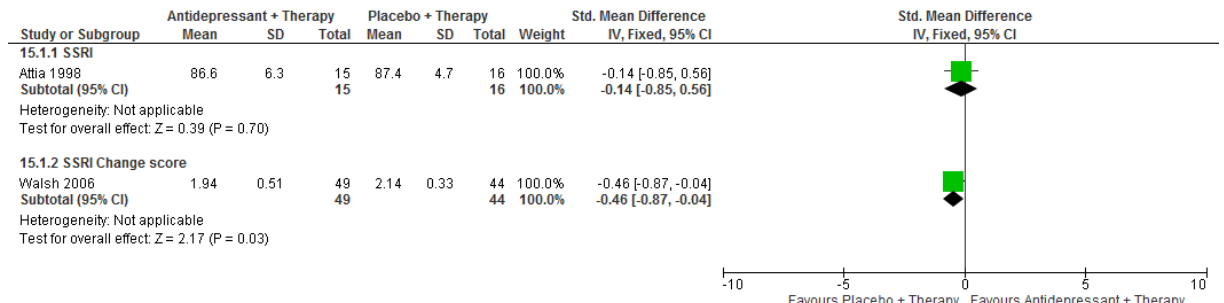
12 **Figure 1253: Vomiting**



1

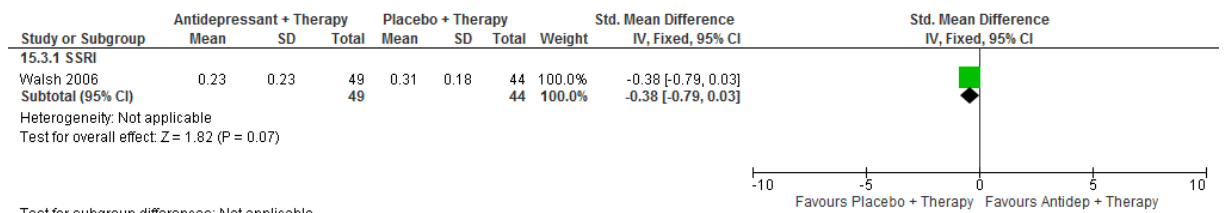
M.5.1.42 Combined antidepressant and psychotherapy compared with a placebo and psychotherapy in adults with anorexia nervosa at end of treatment

4 Figure 1254: Weight



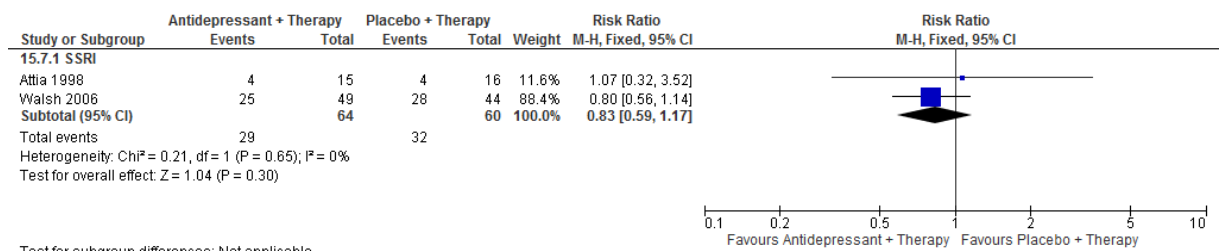
5 Test for subgroup differences: Chi² = 0.57, df = 1 (P = 0.45), I² = 0%

6 Figure 1255: Quality of life



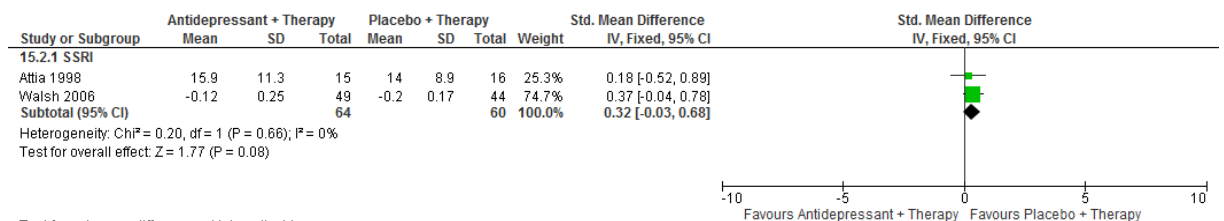
7 Test for subgroup differences: Not applicable

8 Figure 1256: Dropout due to any reason



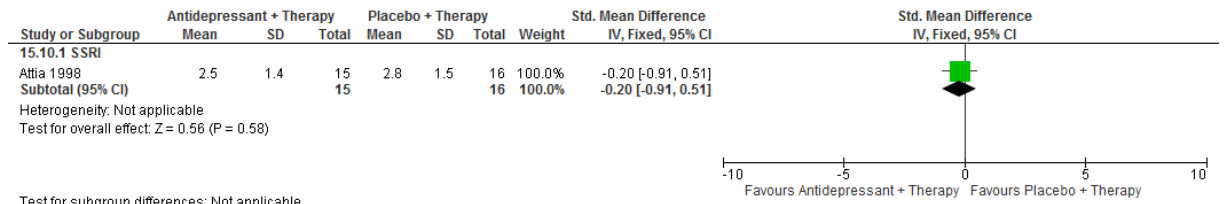
9 Test for subgroup differences: Not applicable

10 Figure 1257: Depression



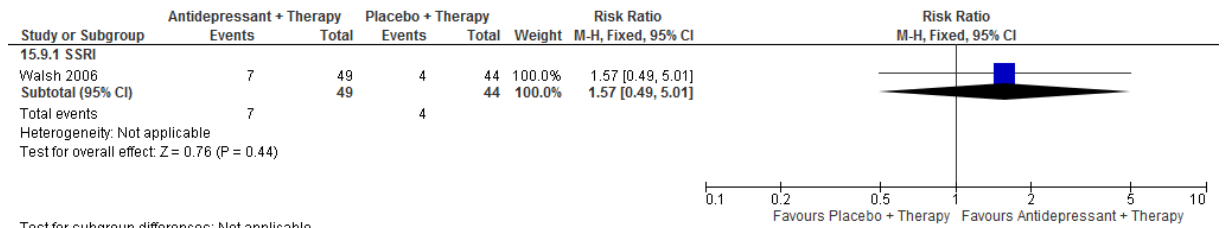
11 Test for subgroup differences: Not applicable

12 Figure 1258: Global improvement



1 Test for subgroup differences: Not applicable

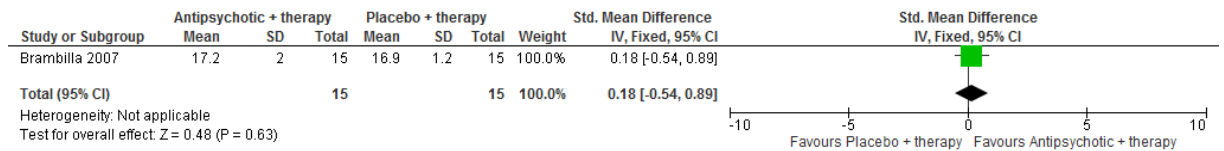
2 **Figure 1259: Remission**



3 Test for subgroup differences: Not applicable

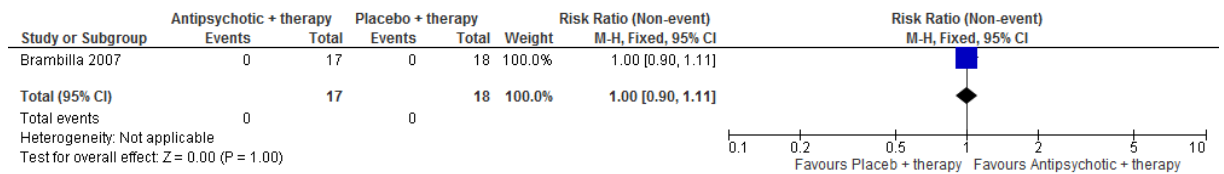
M.5.1.54 **5 Combined antipsychotic and psychotherapy compared with a placebo and psychotherapy in adults with anorexia nervosa at end of treatment**

6 **Figure 1260: BMI**



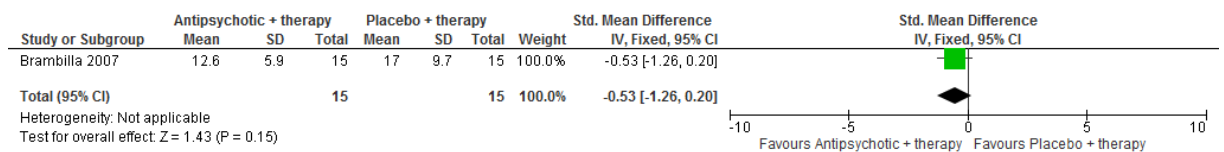
7

8 **Figure 1261: Dropout due to side-effects**



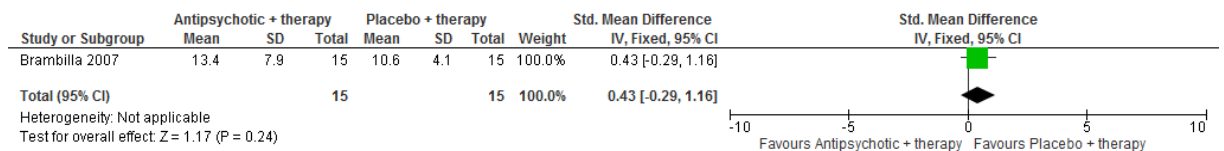
9

10 **Figure 1262: Yale eating disorder scale**



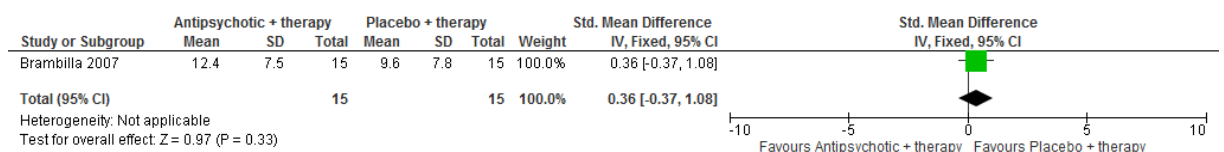
11

12 **Figure 1263: EDI-body dissatisfaction**



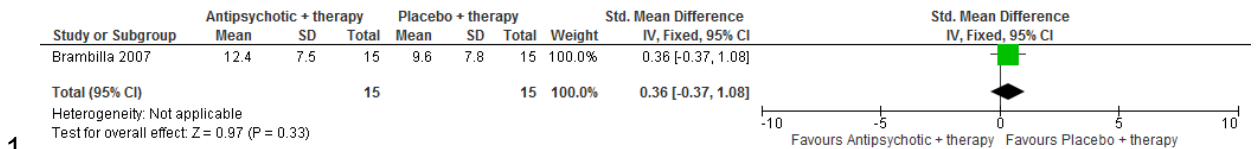
13

14 **Figure 1264: EDI-drive for thinness**

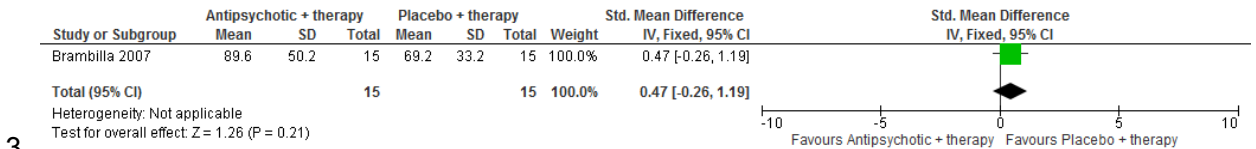


15

16 **Figure 1265: EDI-bulimia**

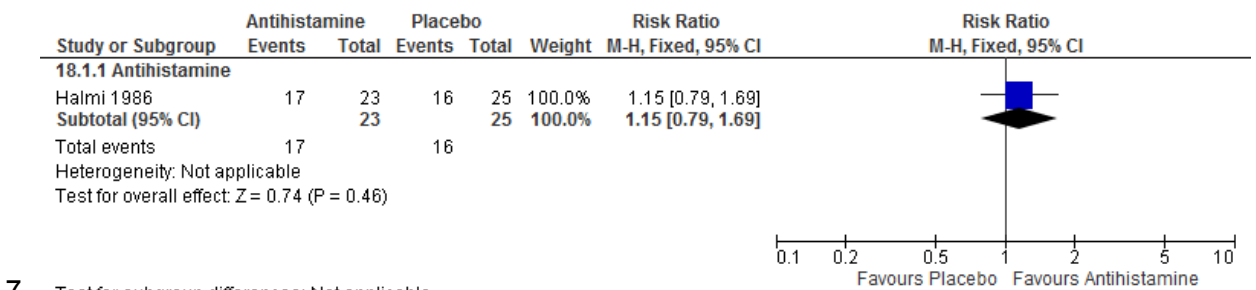


2 **Figure 1266: EDI-total**

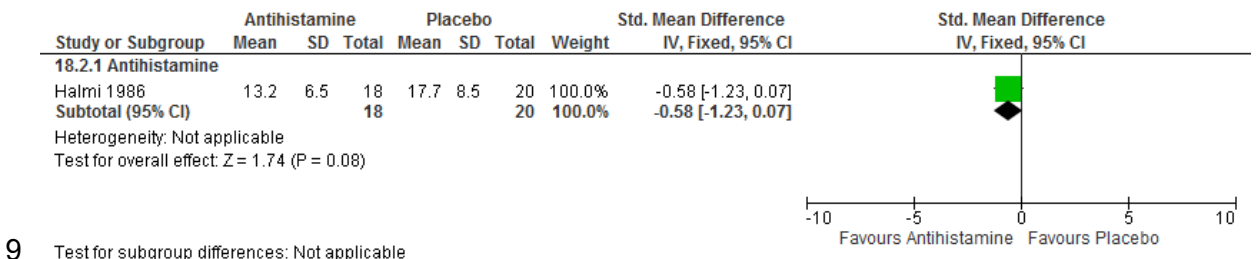


M.5.1.64 **Other medication compared with a placebo in adults with anorexia nervosa at end of treatment**

6 **Figure 1267: Achieved target weight**

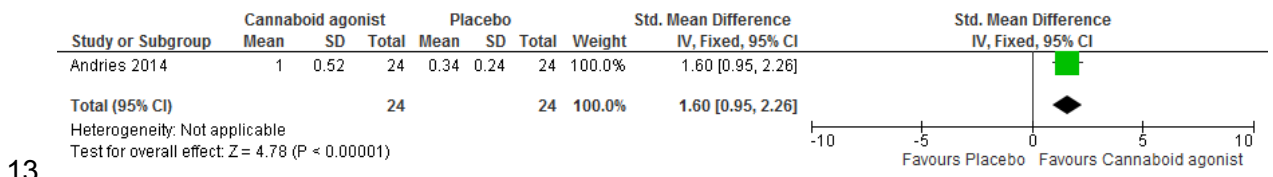


8 **Figure 1268: Depression**

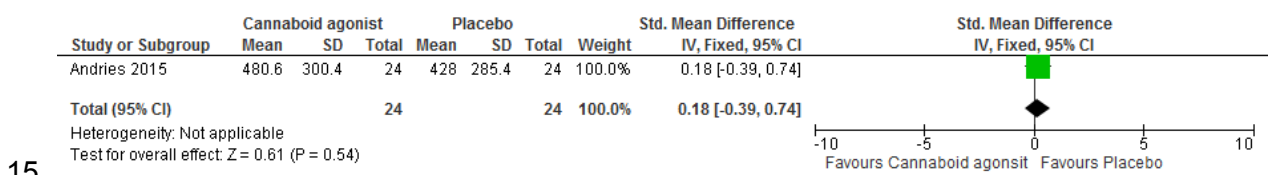


M.5.1.70 **Cannaboid agonist compared with a placebo in adults with anorexia nervosa at end of treatment**

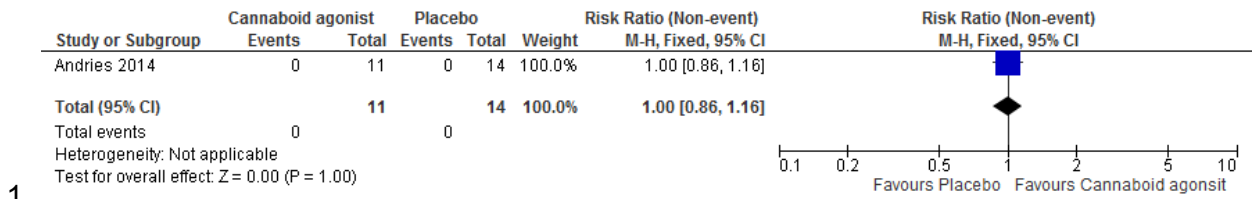
12 **Figure 1269: Weight gain**



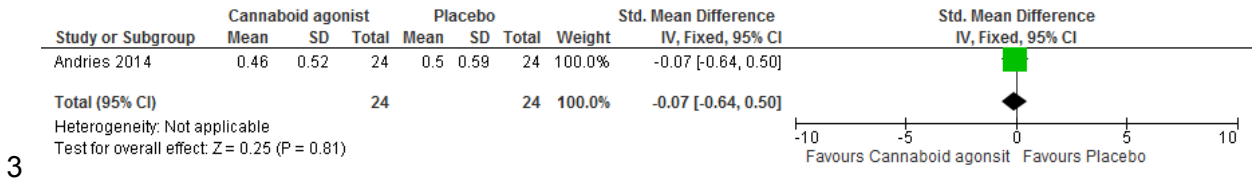
14 **Figure 1270: Intensity of physical exercise**



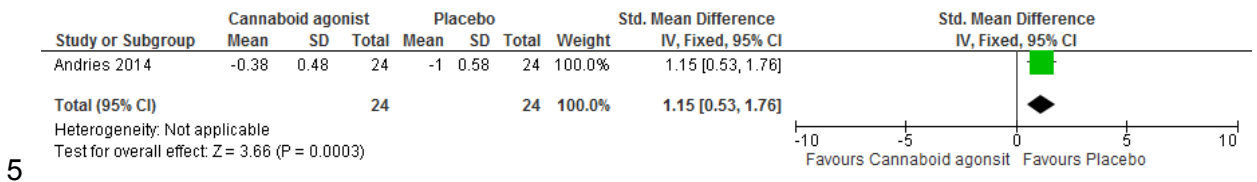
16 **Figure 1271: Dropout due to adverse events**



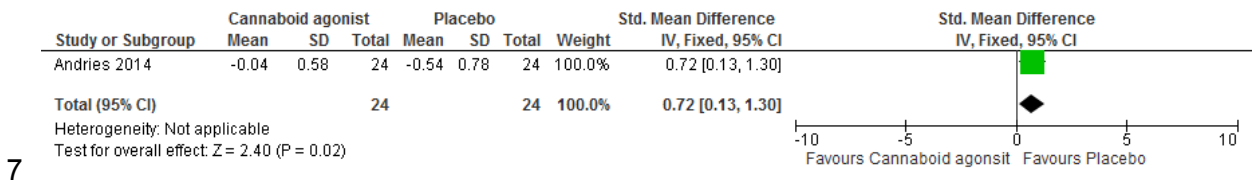
2 **Figure 1272: Change in EDI-body dissatisfaction**



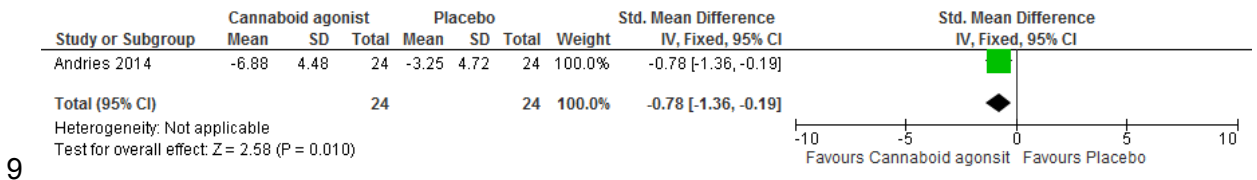
4 **Figure 1273: Change in EDI-drive for thinness**



6 **Figure 1274: Change in EDI-bulimia**

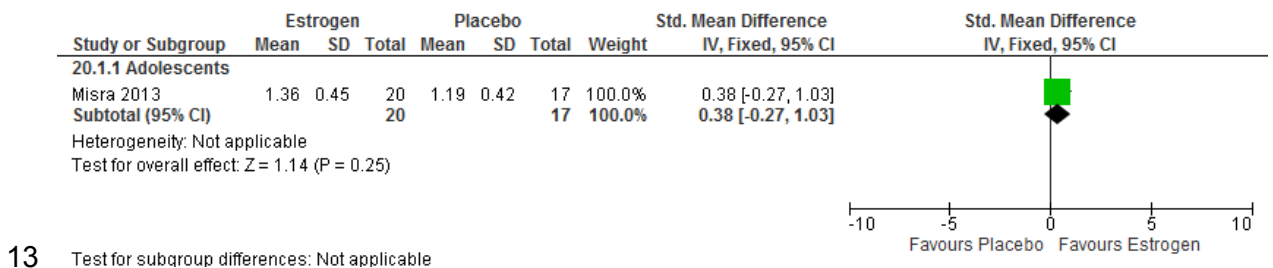


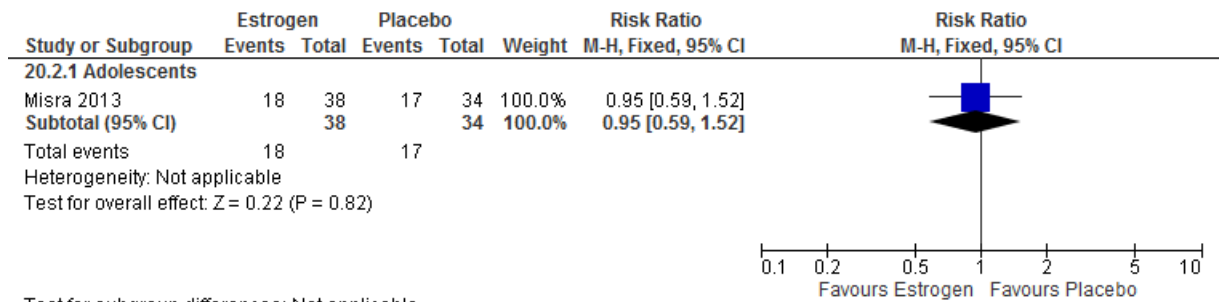
8 **Figure 1275: Change in EDI-total**



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

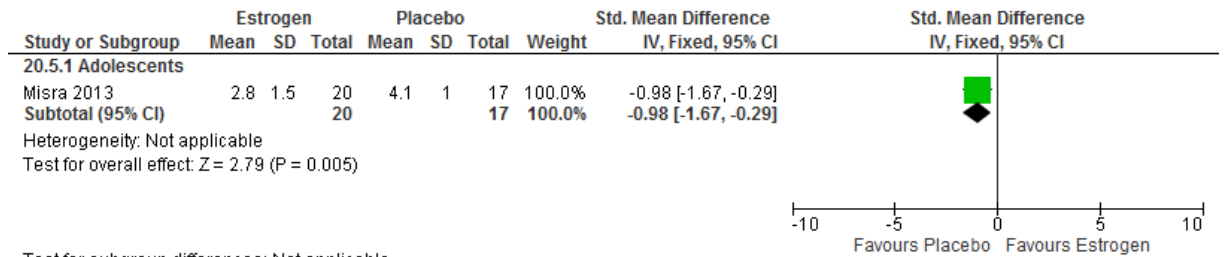
12 **Figure 1276: Change in body weight**





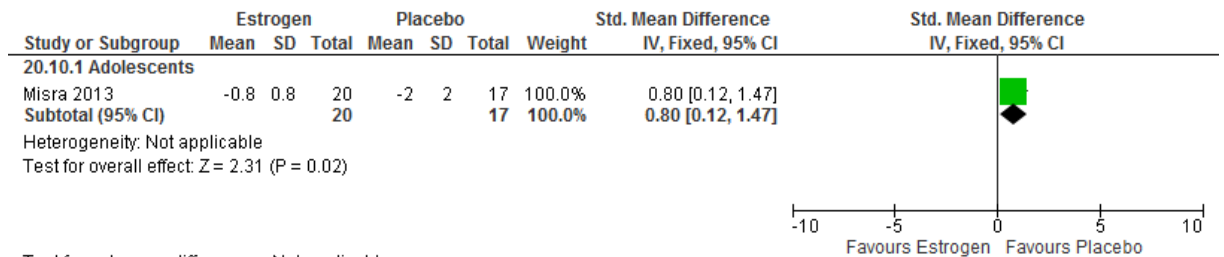
1 Test for subgroup differences: Not applicable

2 Figure 1278: Change in fat mass



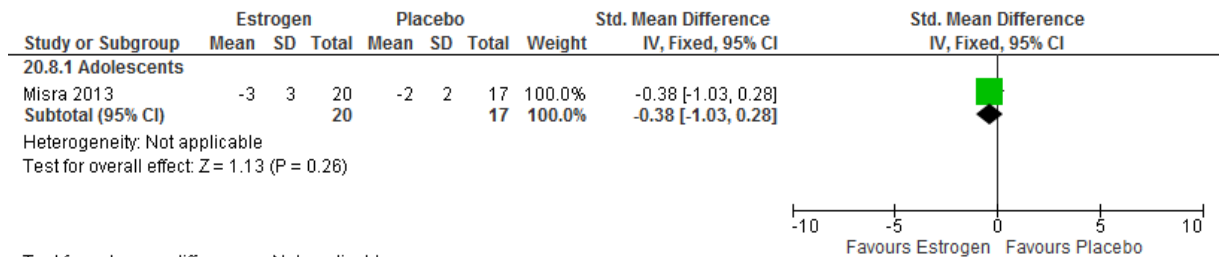
3 Test for subgroup differences: Not applicable

4 Figure 1279: Change in EDI-body dissatisfaction



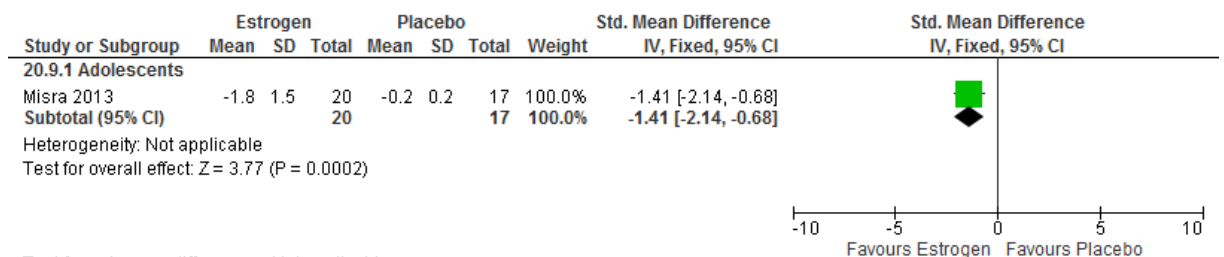
5 Test for subgroup differences: Not applicable

6 Figure 1280: Change in EDI-drive for thinness



7 Test for subgroup differences: Not applicable

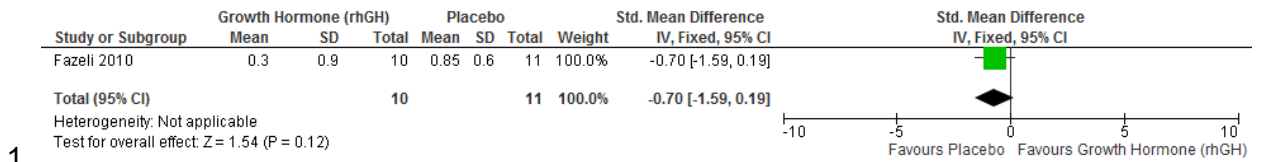
8 Figure 1281: Change in EDI-bulimia



9 Test for subgroup differences: Not applicable

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

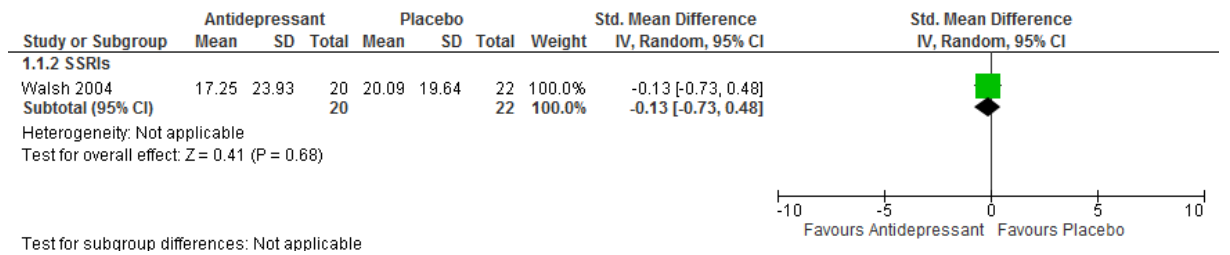
12 Figure 1282: Change in EDI-bulimia



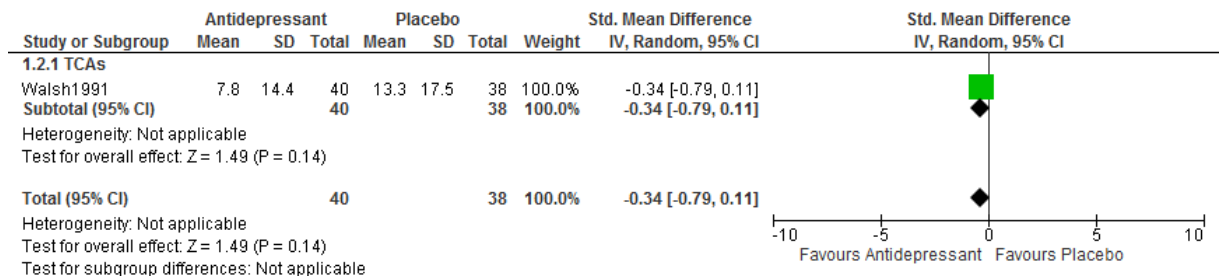
M.5.22 Pharmacological interventions in people with bulimia nervosa

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

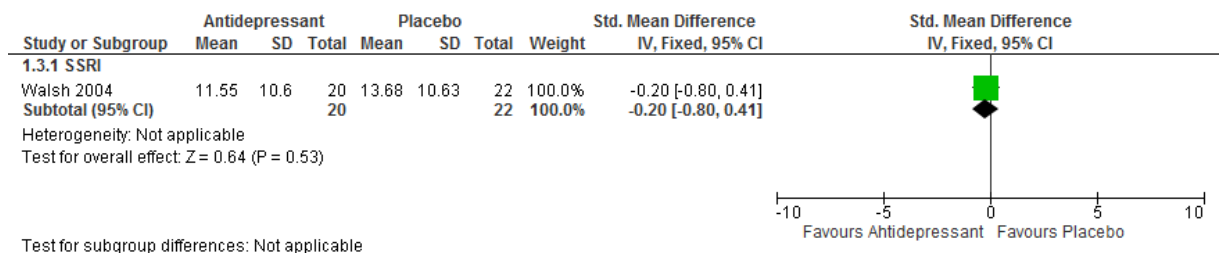
5 Figure 1283: Bingeing



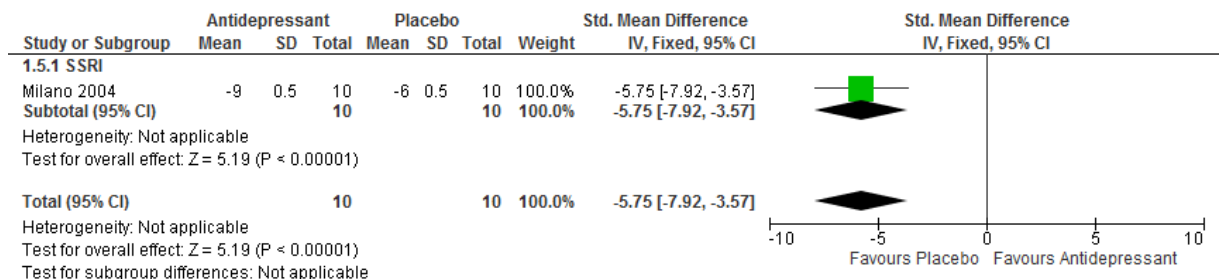
7 Figure 1284: Purging



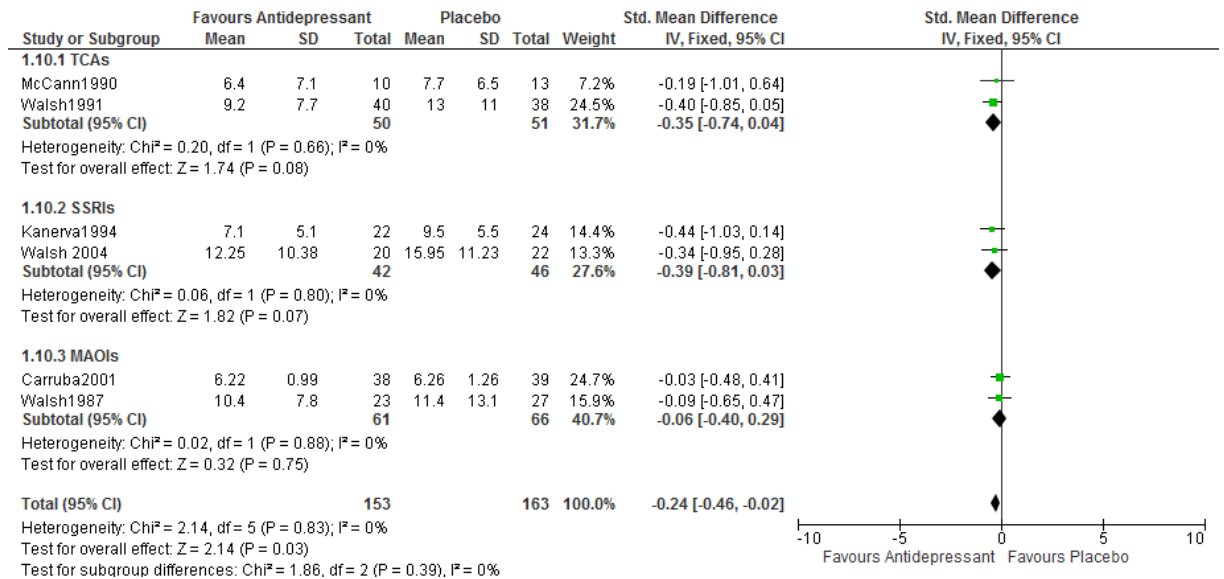
9 Figure 1285: Vomiting



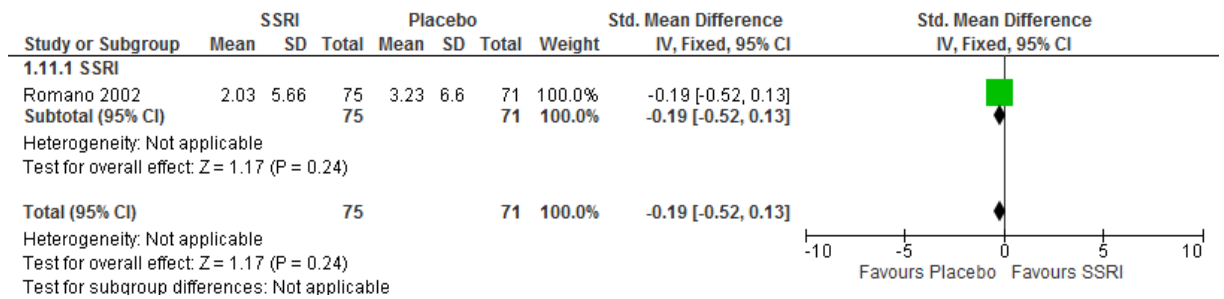
11 Figure 1286: Loss in body weight



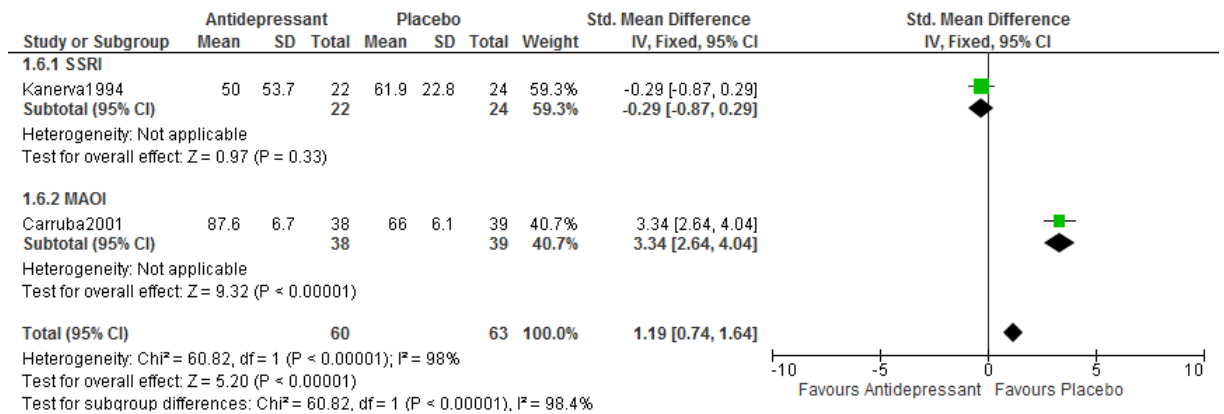
13 Figure 1287: Depression



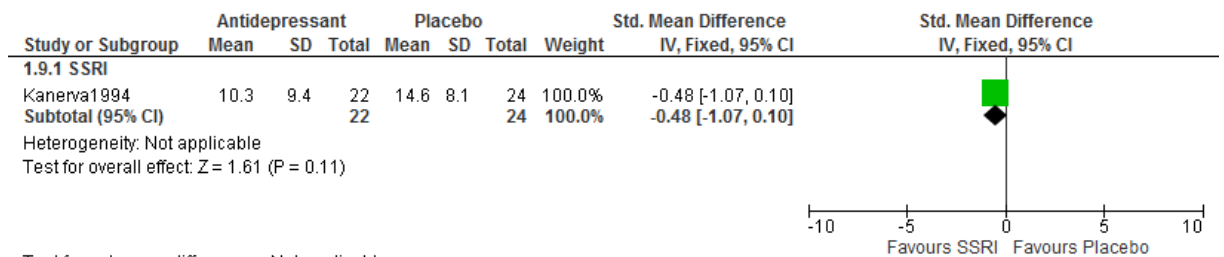
2 **Figure 1288: Depression change scores**



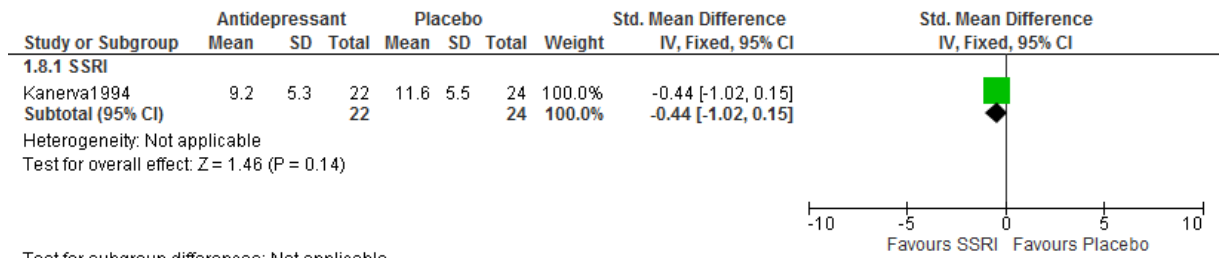
4 **Figure 1289: EDI-total**



6 **Figure 1290: EDI-body dissatisfaction**

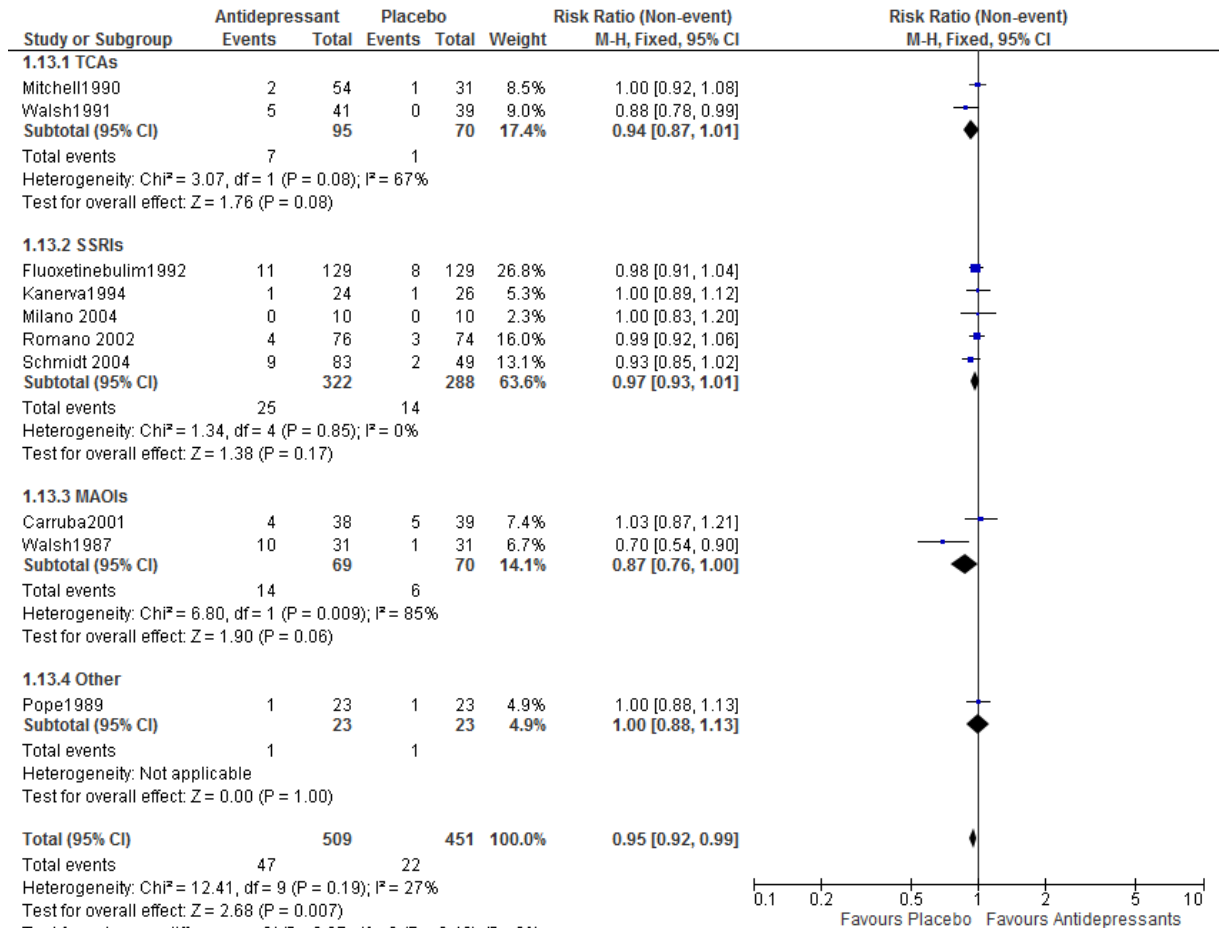


8 **Figure 1291: EDI-drive for thinness**



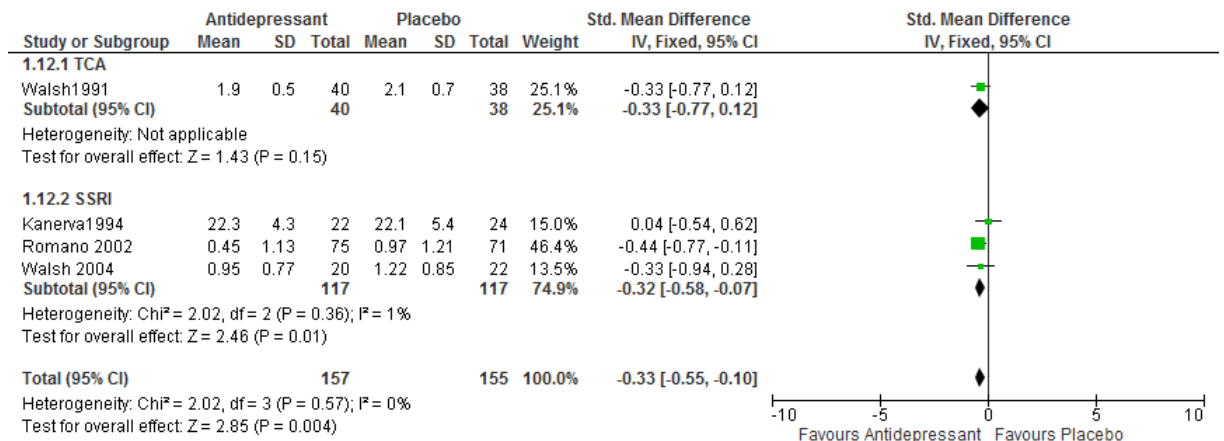
1 Test for subgroup differences: Not applicable

2 Figure 1292: Drop out due to adverse events



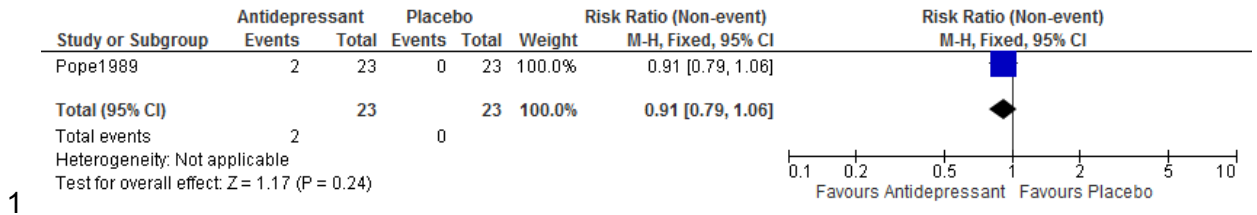
3 Test for subgroup differences: Chi² = 2.97, df = 3 (P = 0.40), I² = 0%

4 Figure 1293: Global score



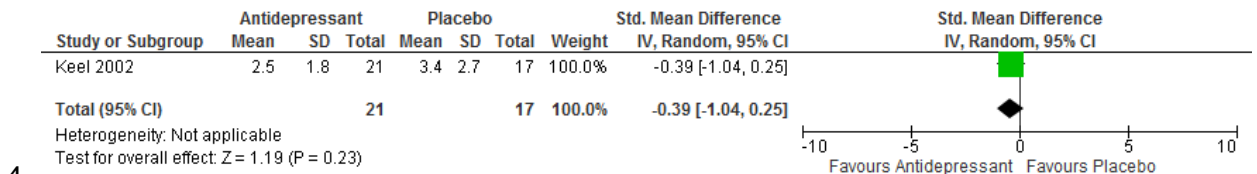
5 Test for subgroup differences: Chi² = 0.00, df = 1 (P = 0.99), I² = 0%

6 Figure 1294: Remission

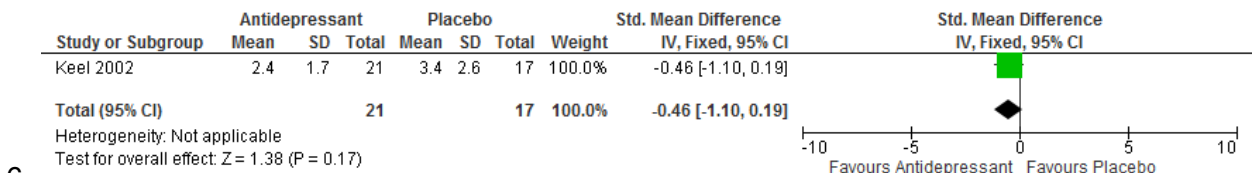


M.5.2.22 Antidepressants compared with placebo in adults with bulimia nervosa at follow-up

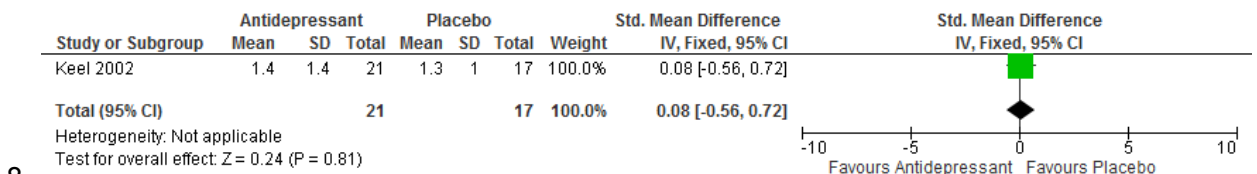
3 Figure 1295: Bingeing



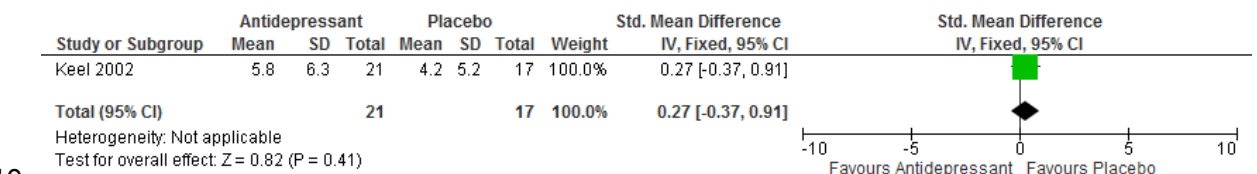
5 Figure 1296: Vomiting



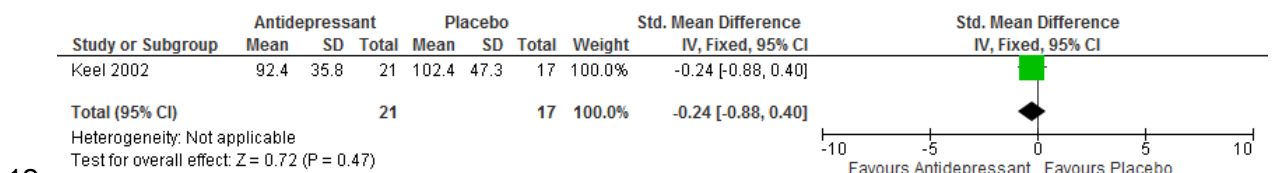
7 Figure 1297: Laxative use



9 Figure 1298: Depression

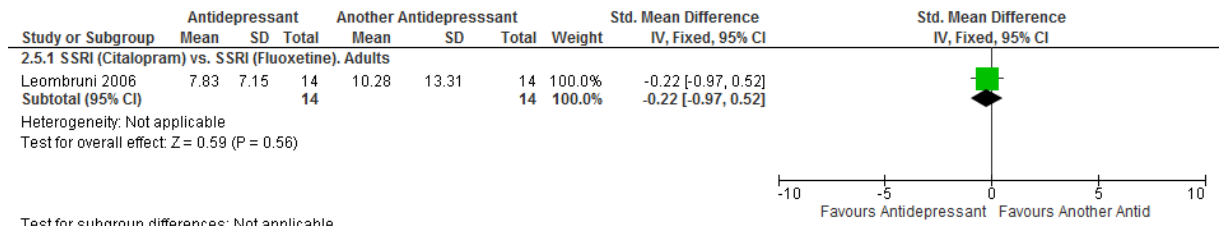


11 Figure 1299: EDI-body dissatisfaction



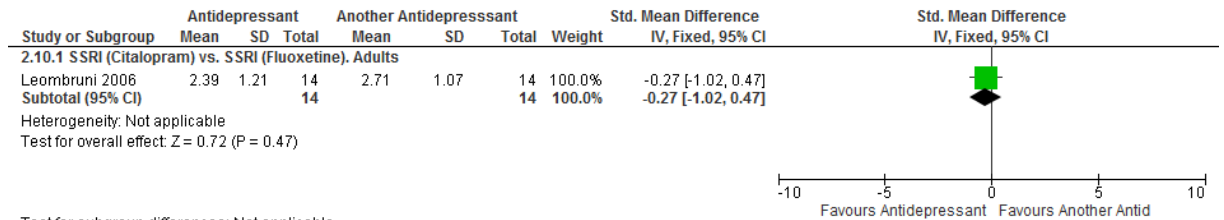
M.5.2.33 Antidepressants compared with antidepressants in adults with bulimia nervosa at end of treatment

15 Figure 1300: Depression



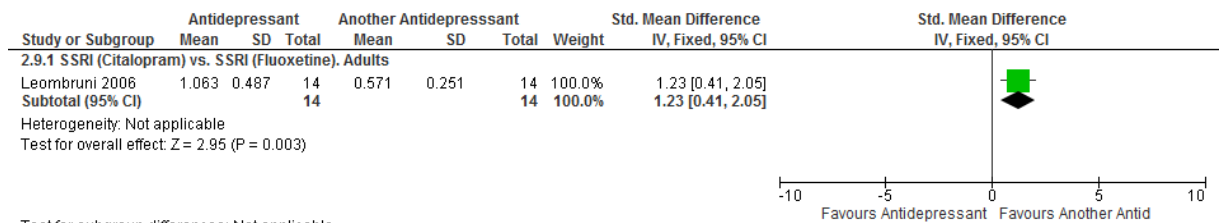
1 Test for subgroup differences: Not applicable

2 Figure 1301: Clinical global impression



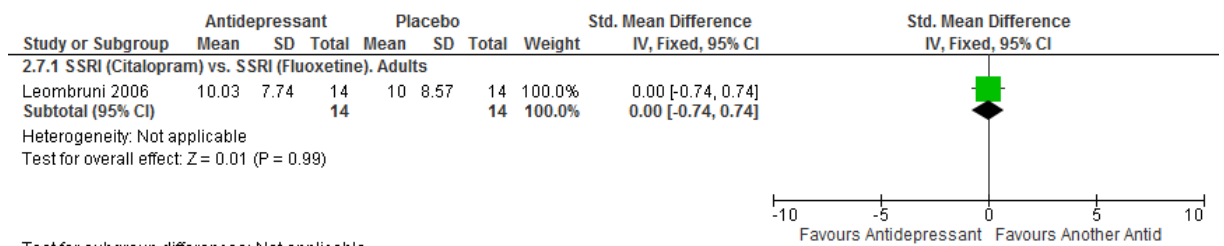
3 Test for subgroup differences: Not applicable

4 Figure 1302: Exercise



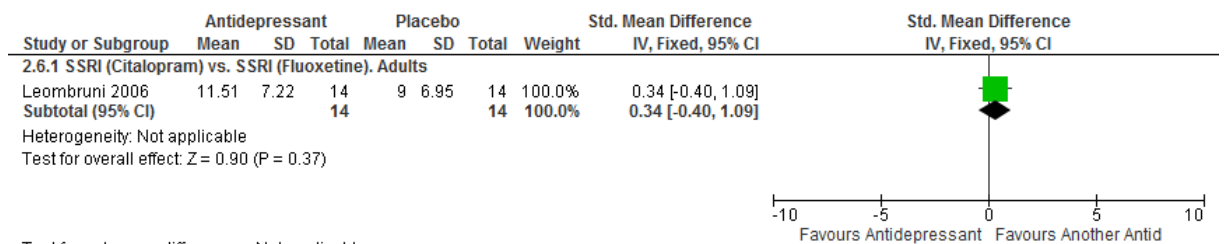
5 Test for subgroup differences: Not applicable

6 Figure 1303: EDI-body dissatisfaction



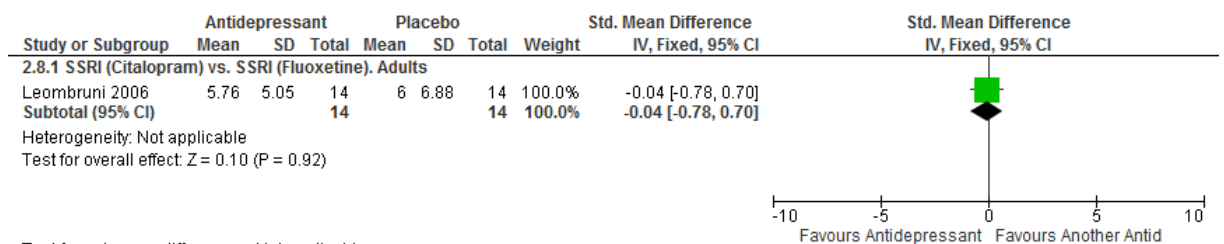
7 Test for subgroup differences: Not applicable

8 Figure 1304: EDI-drive for thinness



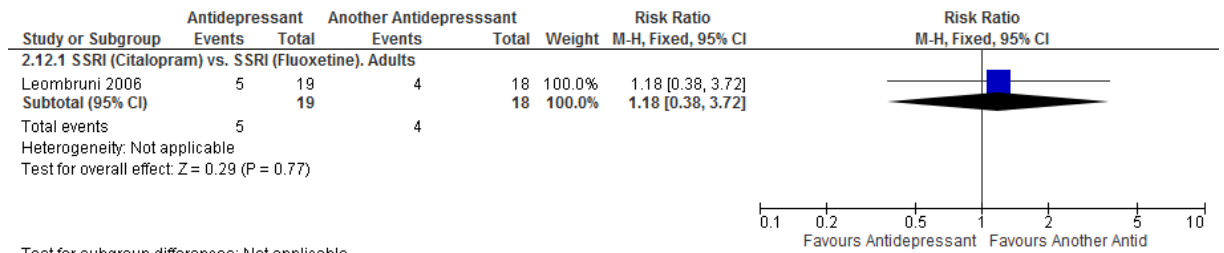
9 Test for subgroup differences: Not applicable

10 Figure 1305: EDI-bulimia



11 Test for subgroup differences: Not applicable

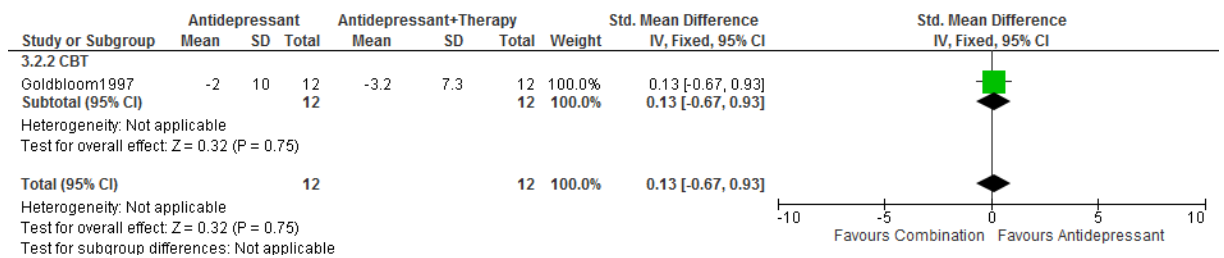
12 Figure 1306: Drop out due to any reason



1 Test for subgroup differences: Not applicable

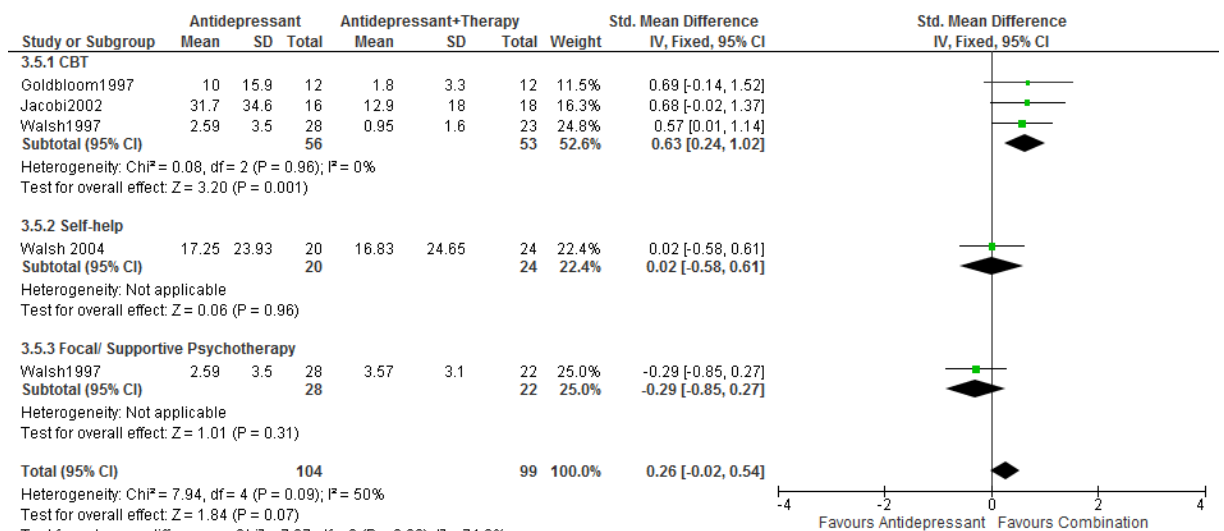
M.5.2.4.2 Antidepressants compared combined psychotherapy antidepressants in adults with bulimia nervosa at end of treatment

4 Figure 1307: Change in body weight



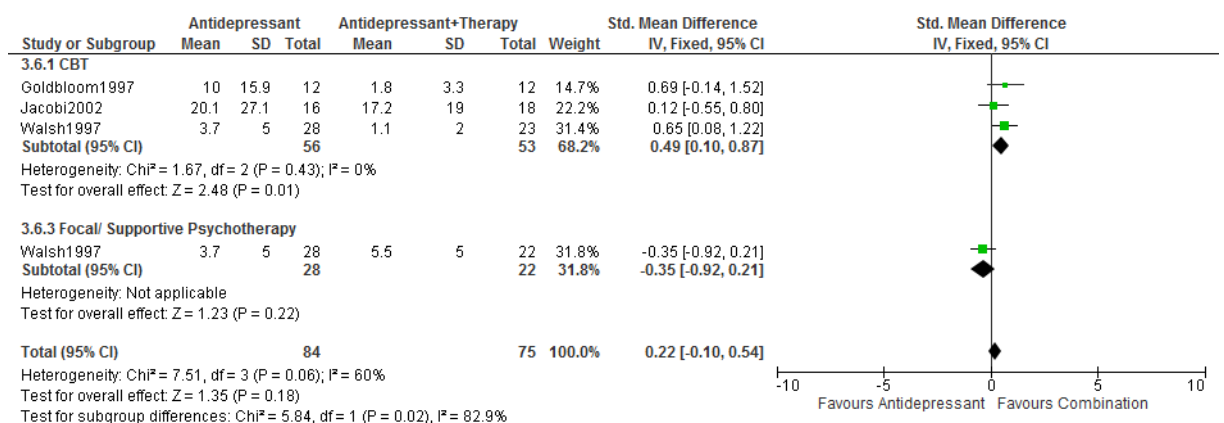
5 Test for subgroup differences: Not applicable

6 Figure 1308: Bingeing



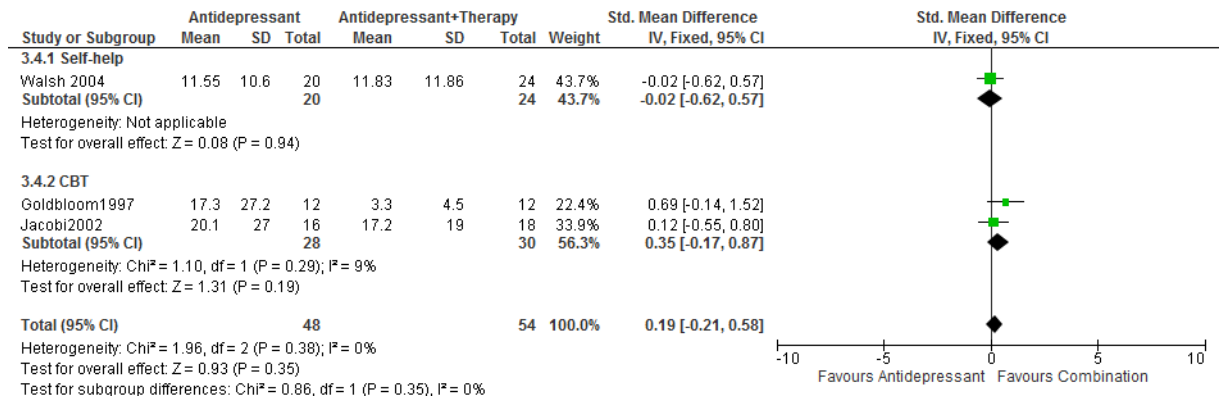
7 Test for subgroup differences: Chi² = 7.87, df = 2 (P = 0.02), I² = 74.6%

8 Figure 1309: Purging



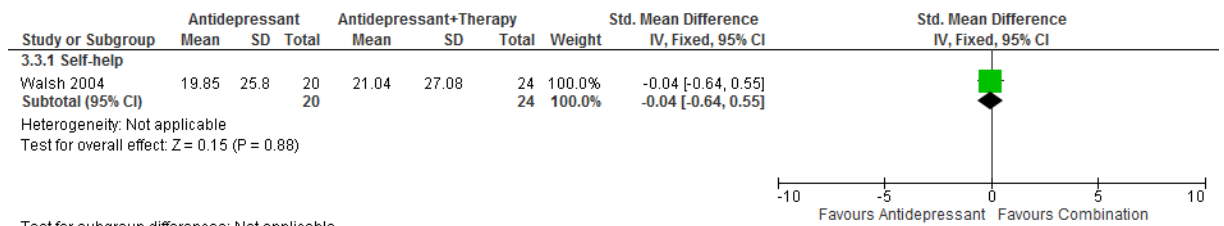
9 Test for subgroup differences: Chi² = 5.84, df = 1 (P = 0.02), I² = 82.9%

10 Figure 1310: Vomiting



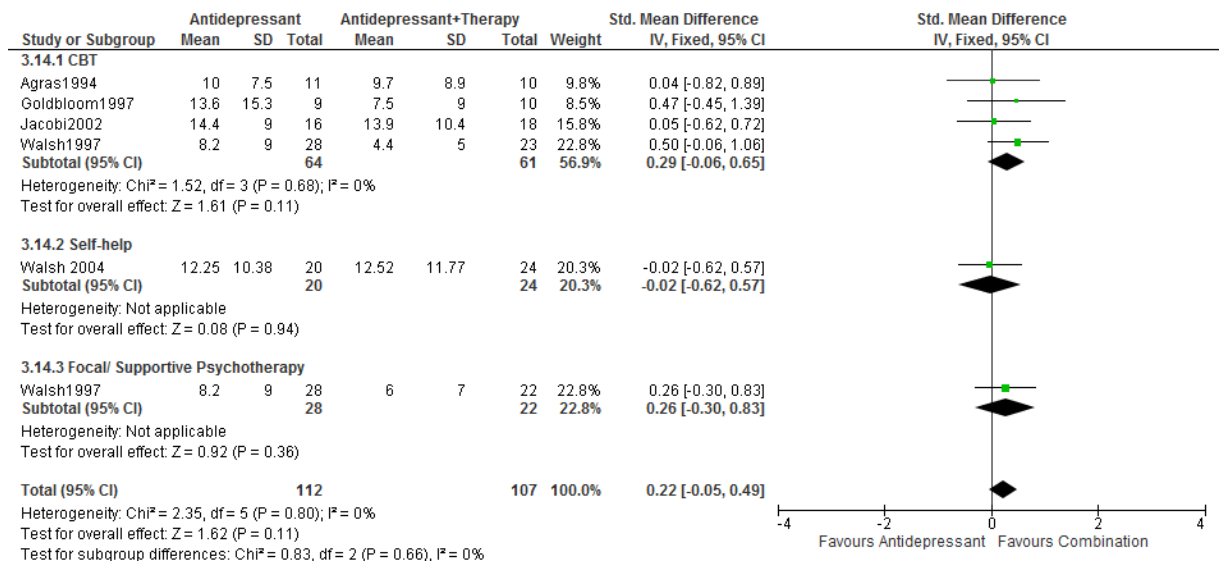
1

2 Figure 1311: Laxative use



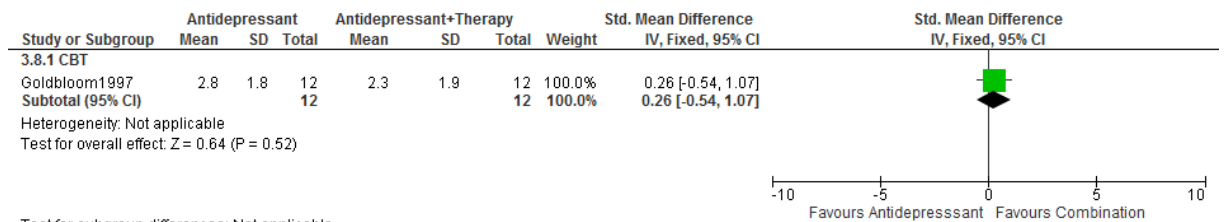
3

4 Figure 1312: Depression



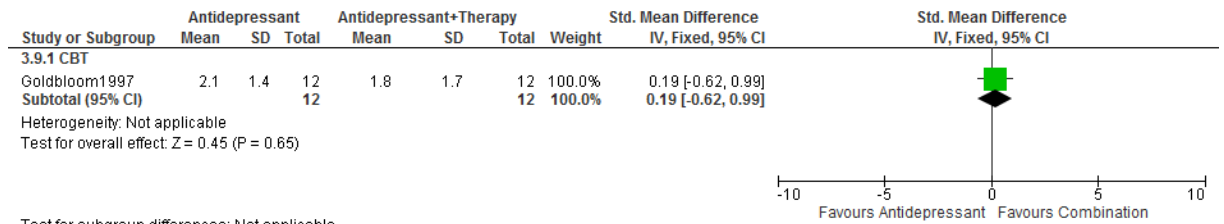
5

6 Figure 1313: EDE-shape concern



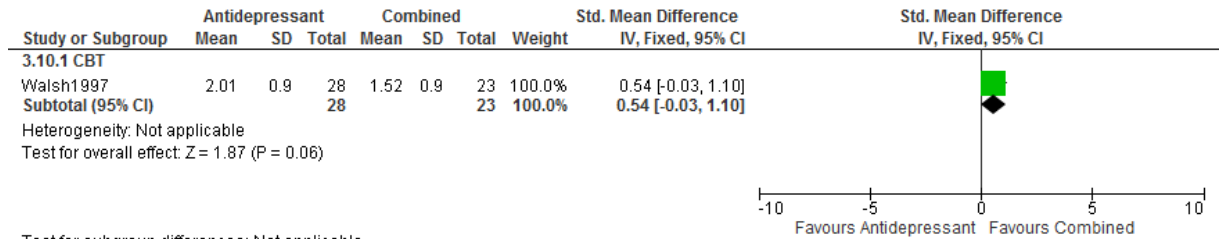
7

8 Figure 1314: EDE-weight concern



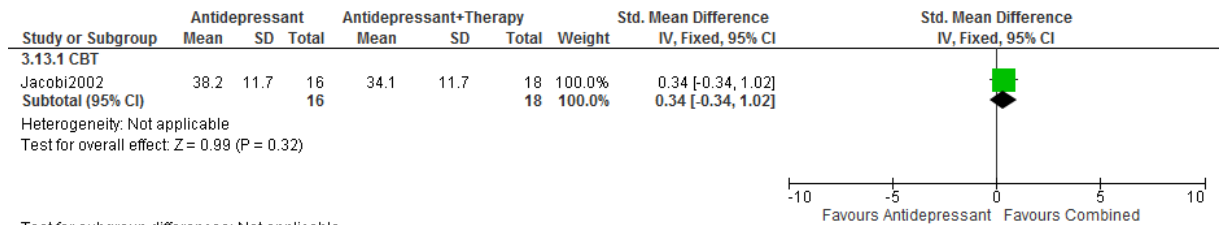
1 Test for subgroup differences: Not applicable

2 Figure 1315: EDE-total



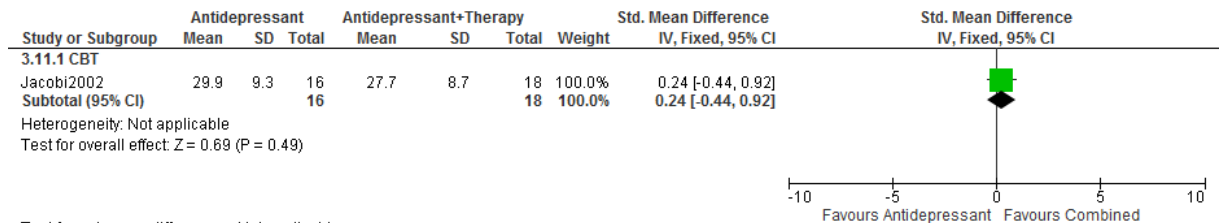
3 Test for subgroup differences: Not applicable

4 Figure 1316: EDI-body dissatisfaction



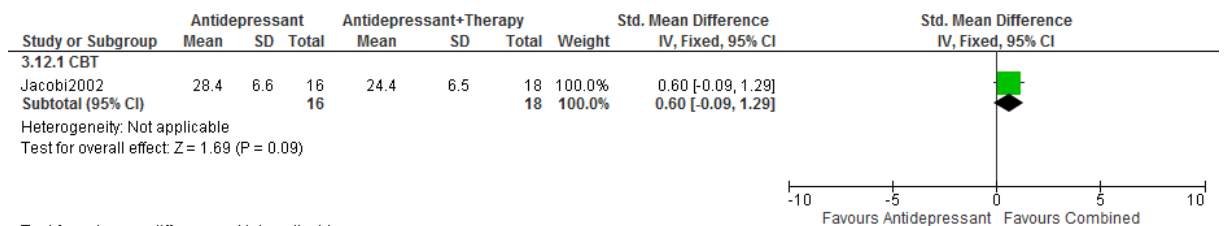
5 Test for subgroup differences: Not applicable

6 Figure 1317: EDI-drive for thinness



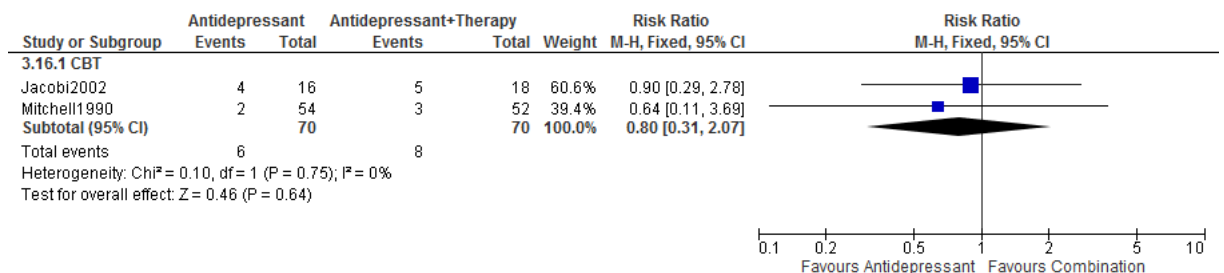
7 Test for subgroup differences: Not applicable

8 Figure 1318: EDI-bulimia



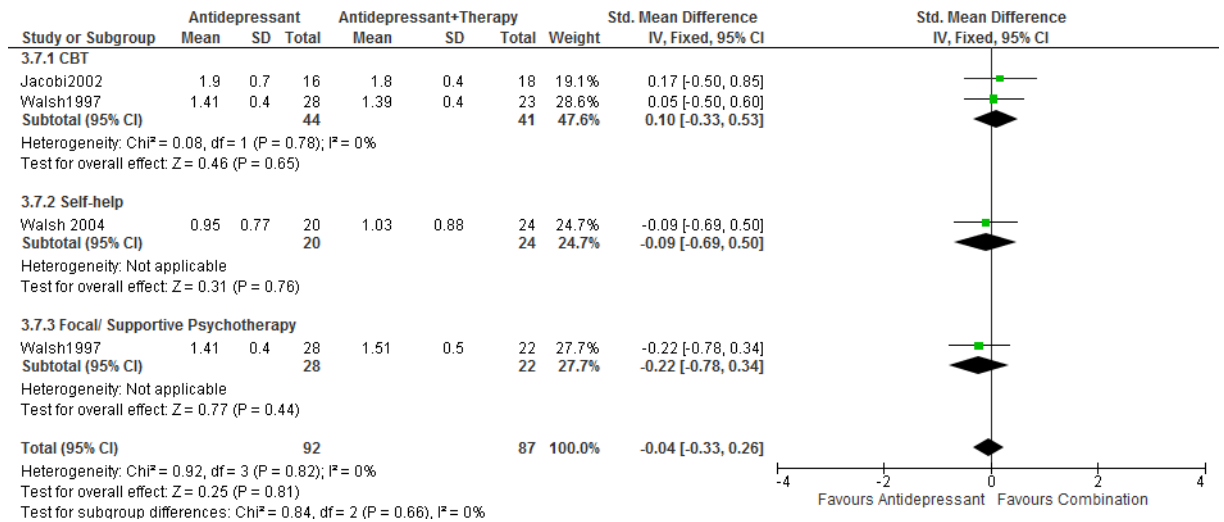
9 Test for subgroup differences: Not applicable

10 Figure 1319: Drop out due to adverse events



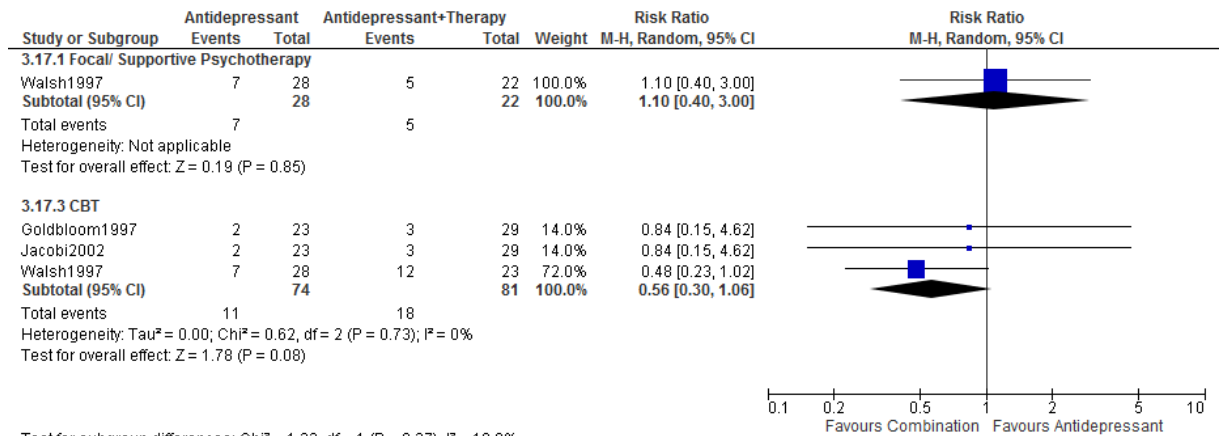
11 Test for subgroup differences: Not applicable

12 Figure 1320: General psychiatric symptoms



1

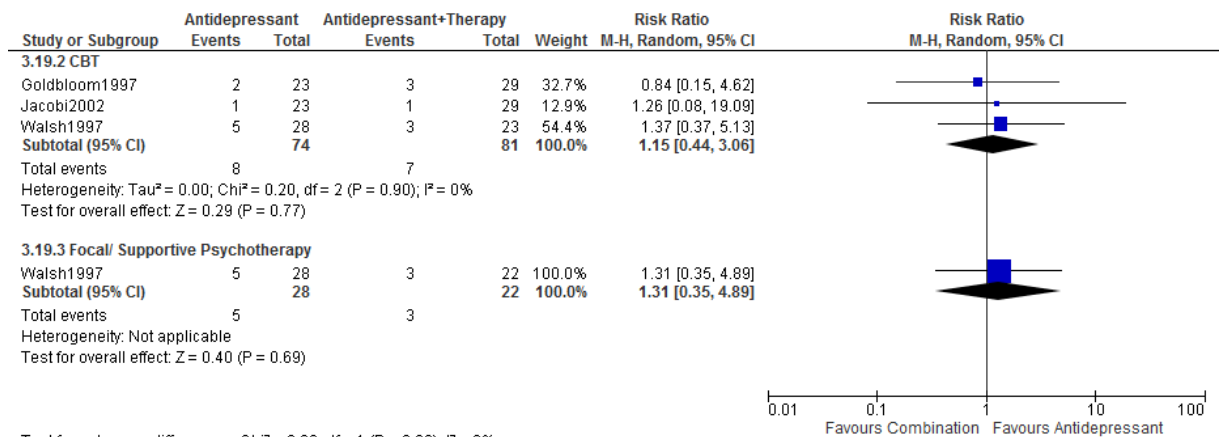
2 **Figure 1321: Remission (binge free)**



3

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

4 **Figure 1322: Remission (purge free)**

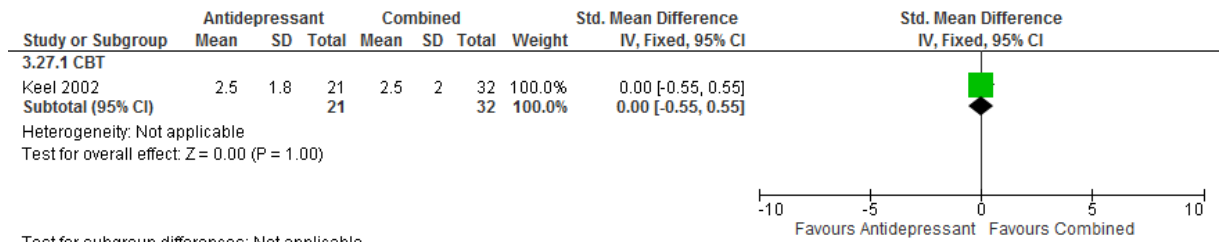


5

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

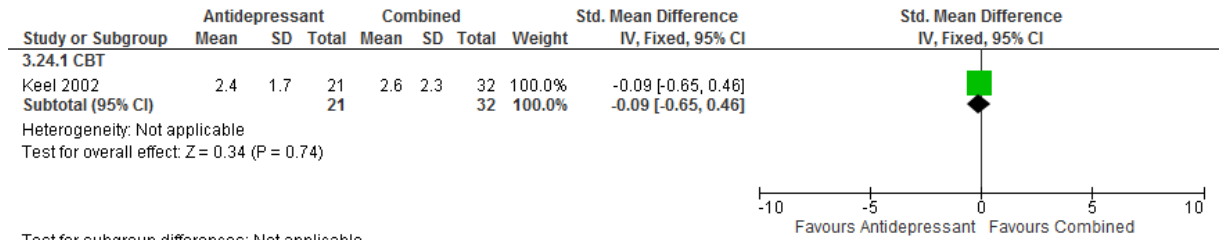
M.5.2.56 Antidepressants compared combined psychotherapy antidepressants in adults with bulimia nervosa at follow-up

8 **Figure 1323: Bingeing**



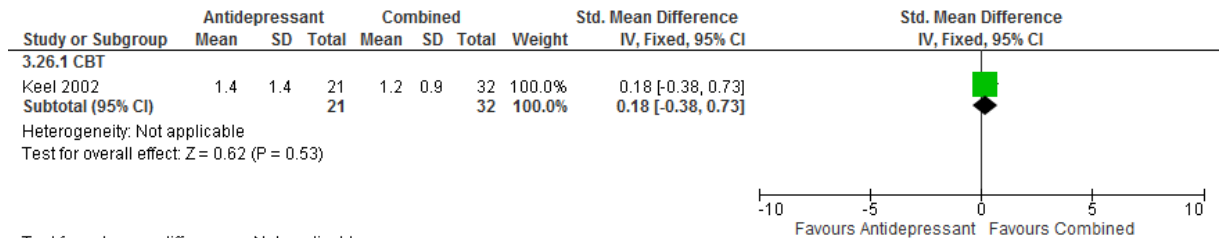
1 Test for subgroup differences: Not applicable

2 Figure 1324: Vomiting



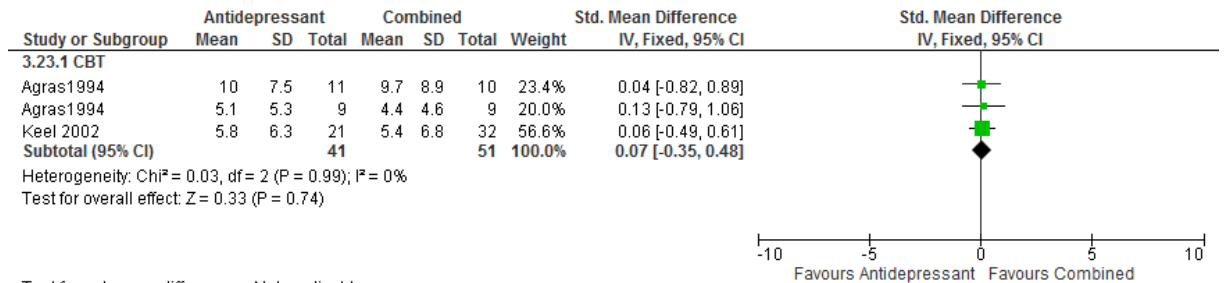
3 Test for subgroup differences: Not applicable

4 Figure 1325: Laxative use



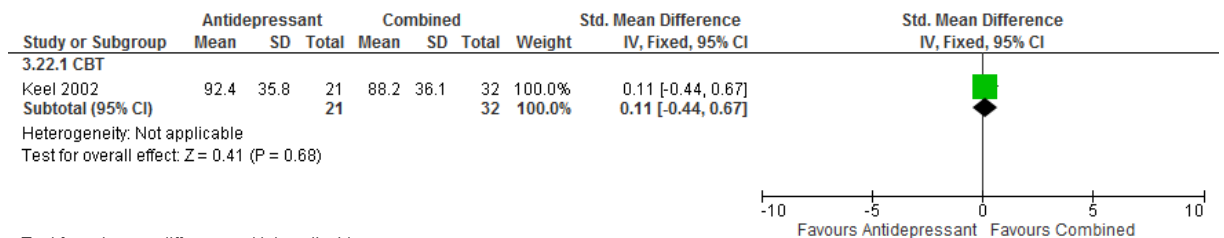
5 Test for subgroup differences: Not applicable

6 Figure 1326: Depression



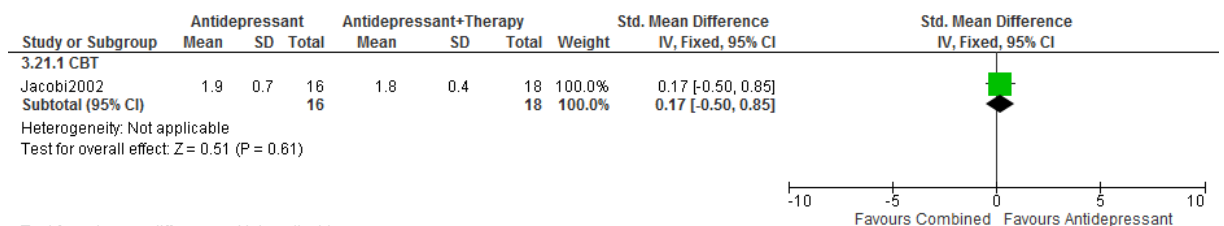
7 Test for subgroup differences: Not applicable

8 Figure 1327: EDI-body dissatisfaction



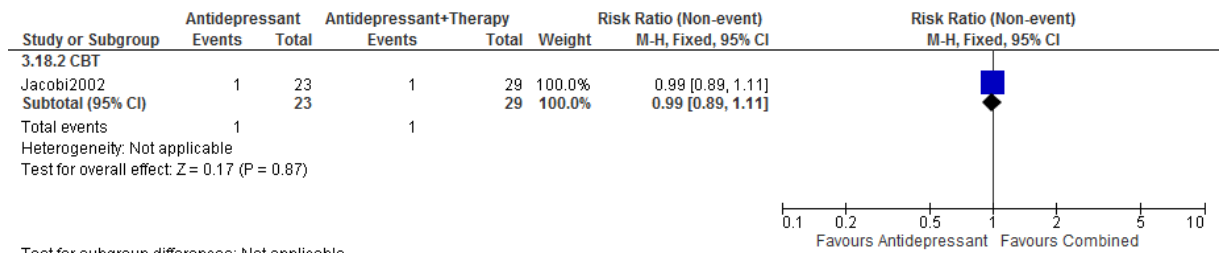
9 Test for subgroup differences: Not applicable

10 Figure 1328: Quality of life



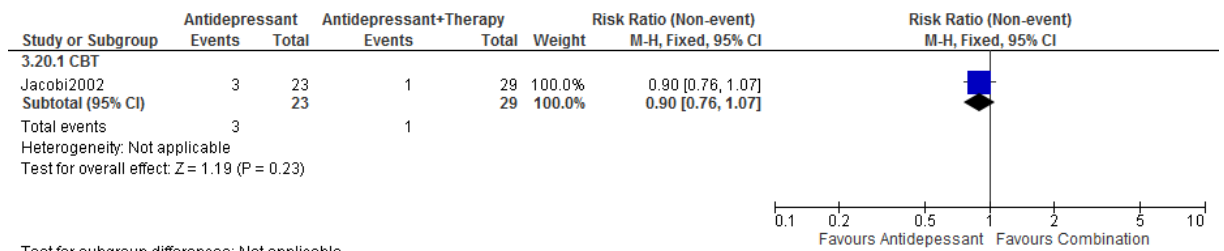
11 Test for subgroup differences: Not applicable

1 **Figure 1329: Remission (binge free)**



2 Test for subgroup differences: Not applicable

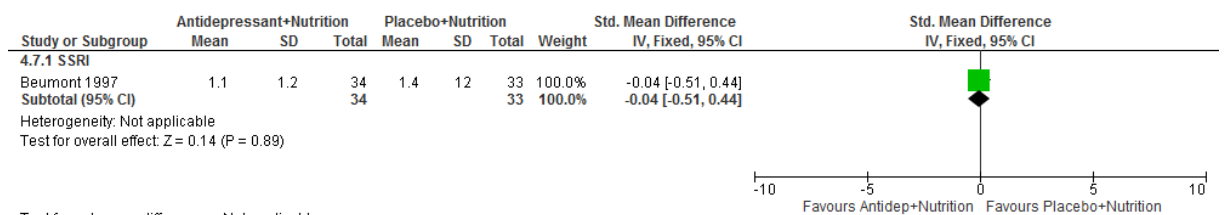
3 **Figure 1330: Remission (purge free)**



4 Test for subgroup differences: Not applicable

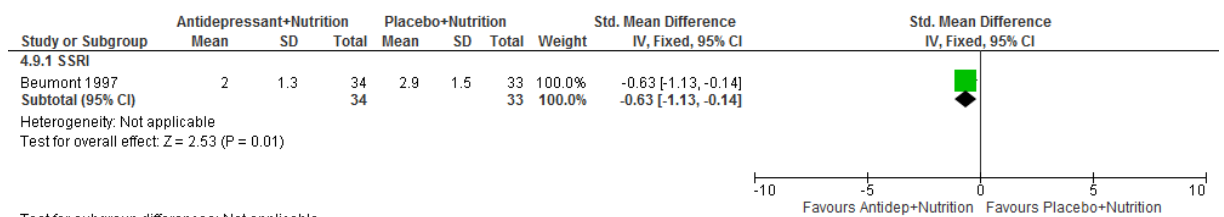
M.5.2.65 **Antidepressant and nutrition counselling compared with combined placebo and nutrition counselling in adults with bulimia nervosa at end of treatment**

7 **Figure 1331: EDE-eating concern**



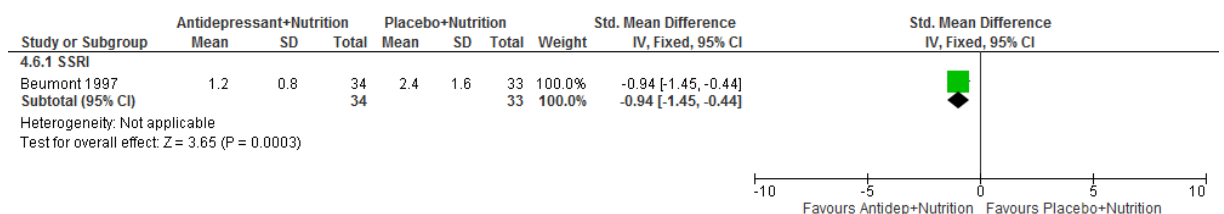
8 Test for subgroup differences: Not applicable

9 **Figure 1332: EDE-shape concern**



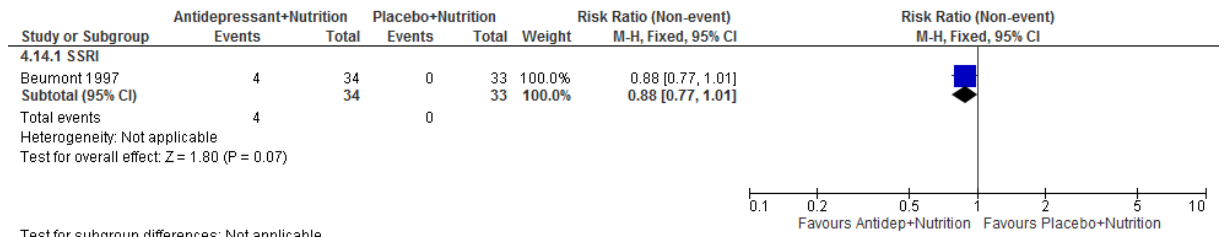
10 Test for subgroup differences: Not applicable

11 **Figure 1333: EDE-weight concern**



12 Test for subgroup differences: Not applicable

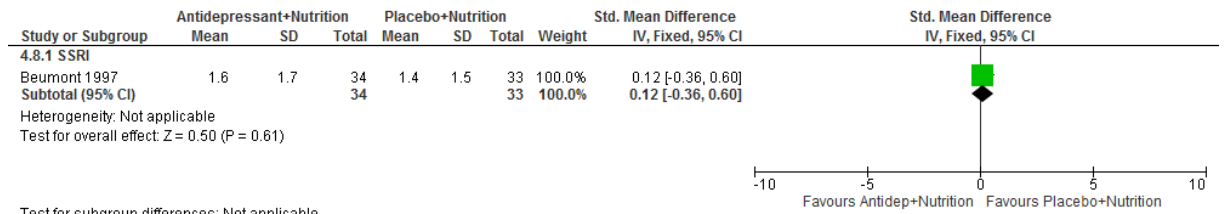
13 **Figure 1334: Drop out due to adverse events**



1 Test for subgroup differences: Not applicable

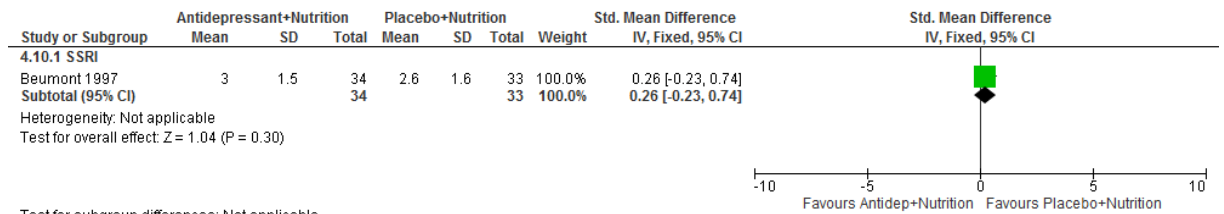
M.5.2.72 Antidepressant and nutrition counselling compared with combined placebo and nutrition counselling in adults with bulimia nervosa at follow-up

4 Figure 1335: EDE-eating concern



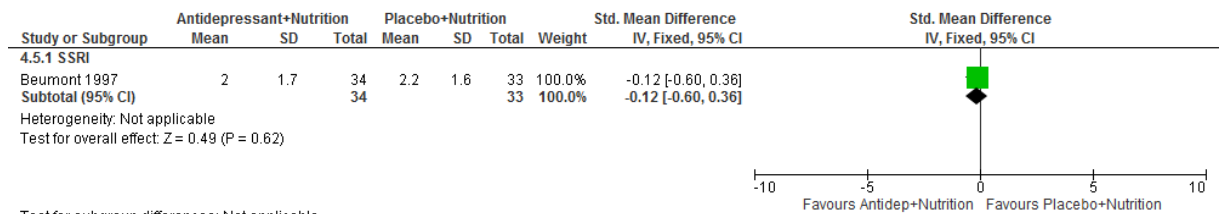
5 Test for subgroup differences: Not applicable

6 Figure 1336: EDE-shape concern



7 Test for subgroup differences: Not applicable

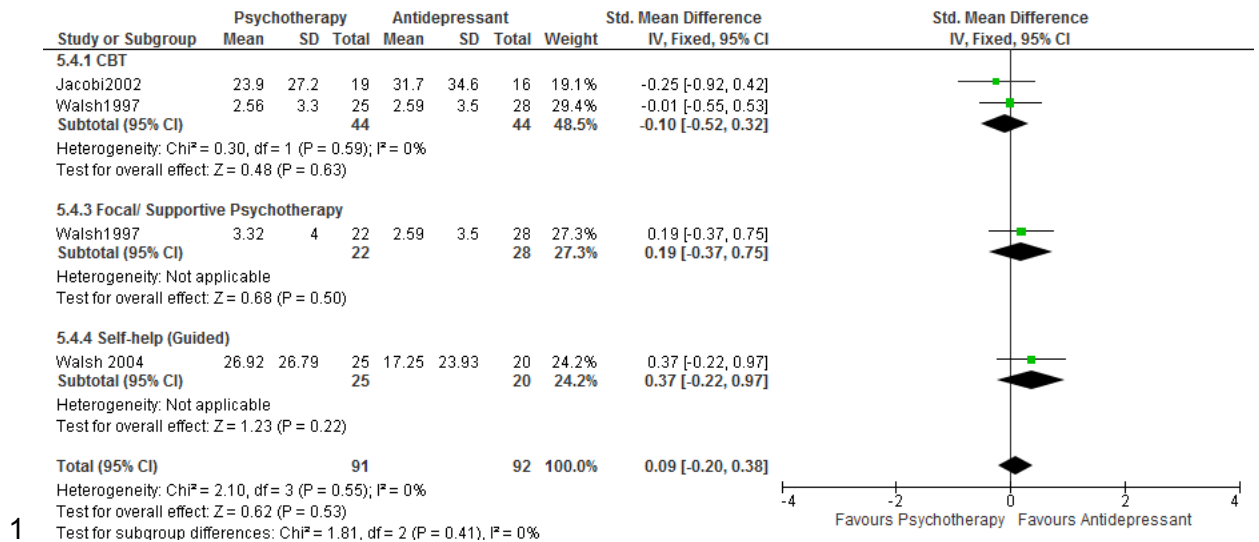
8 Figure 1337: EDE-weight concern



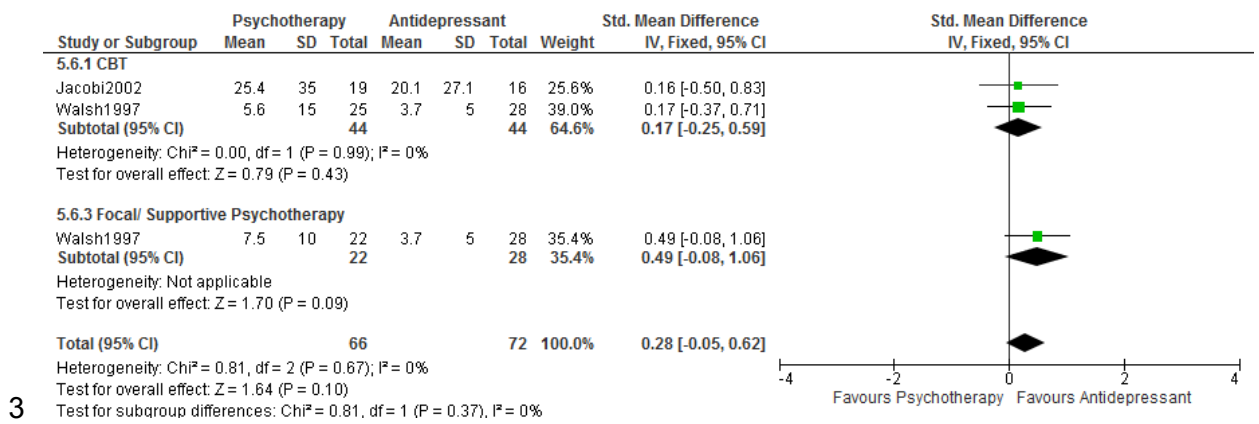
9 Test for subgroup differences: Not applicable

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

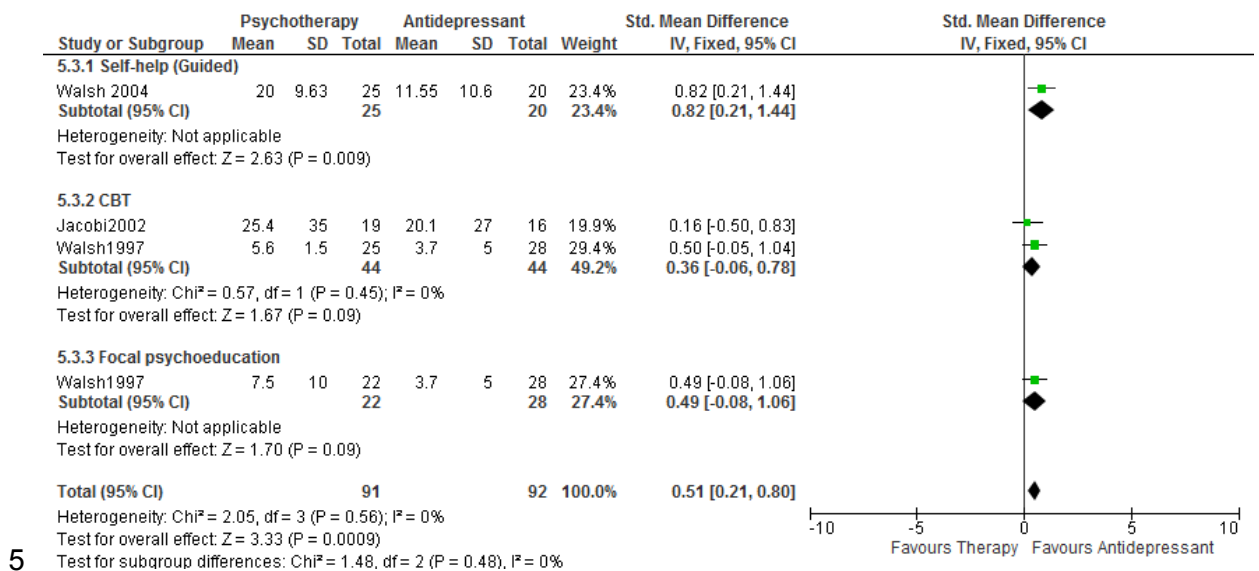
12 Figure 1338: Bingeing



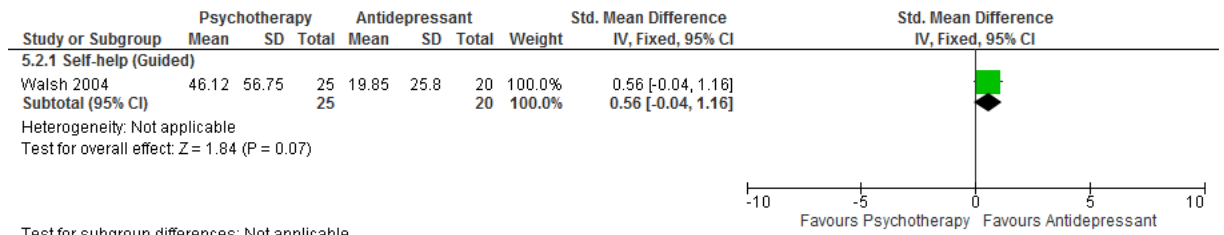
2 **Figure 1339: Purging**



4 **Figure 1340: Vomiting**

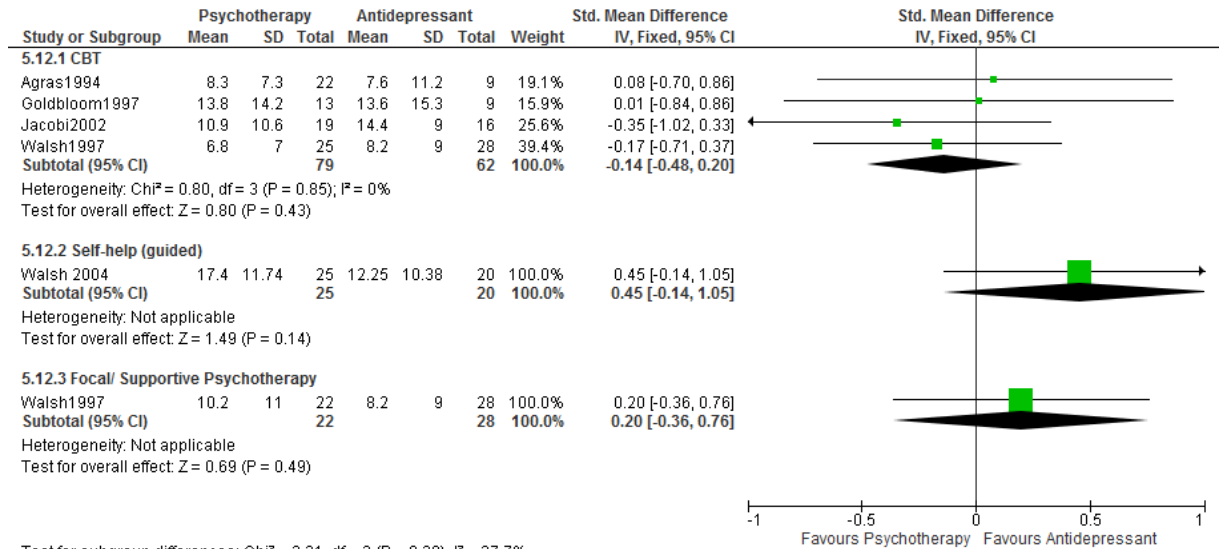


6 **Figure 1341: Laxative use**



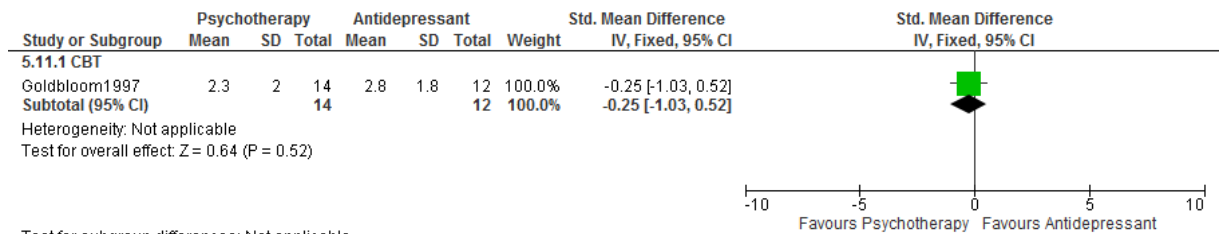
1 Test for subgroup differences: Not applicable

2 Figure 1342: Depression



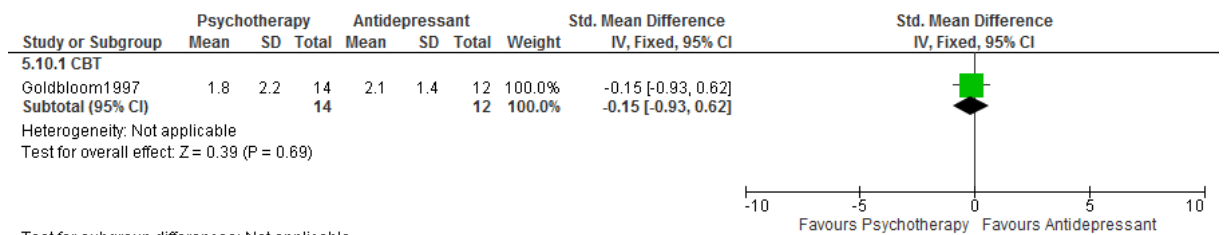
3 Test for subgroup differences: Chi² = 3.21, df = 2 (P = 0.20), I² = 37.7%

4 Figure 1343: EDE-shape concern



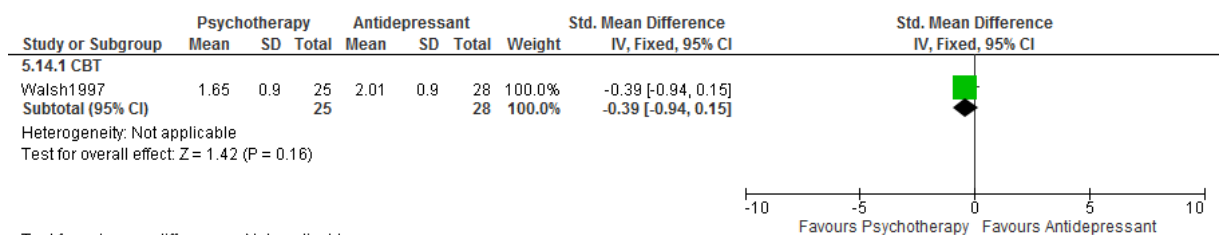
5 Test for subgroup differences: Not applicable

6 Figure 1344: EDE-weight concern



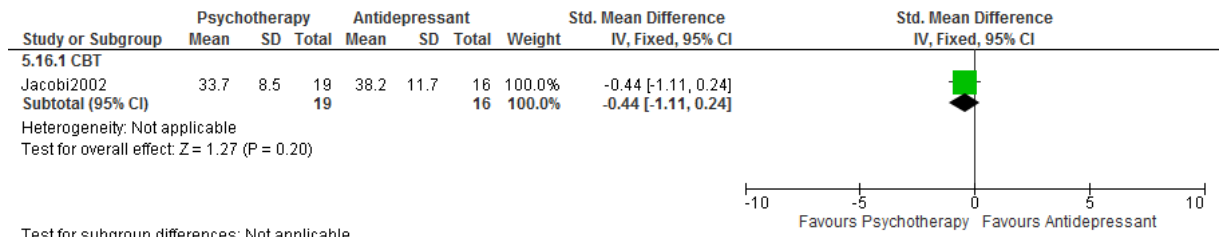
7 Test for subgroup differences: Not applicable

8 Figure 1345: EDE-total



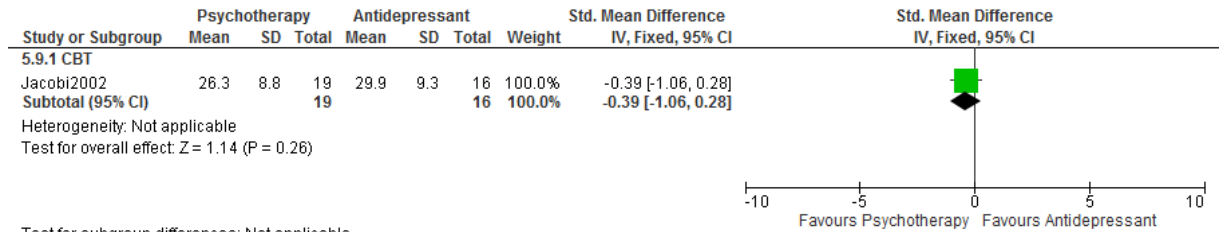
9 Test for subgroup differences: Not applicable

10 Figure 1346: EDI-body dissatisfaction



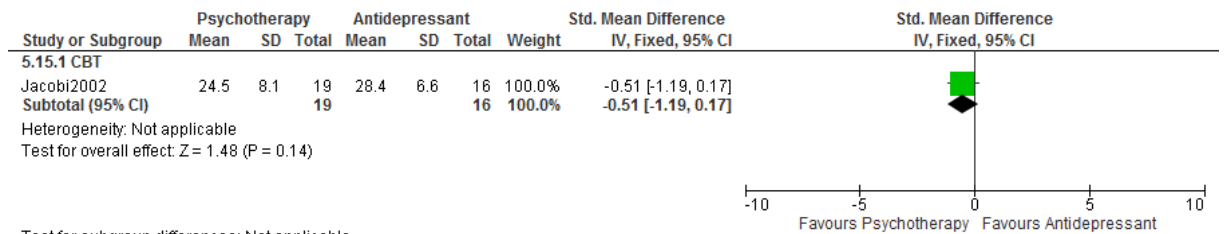
1 Test for subgroup differences: Not applicable

2 Figure 1347: EDI-drive for thinness



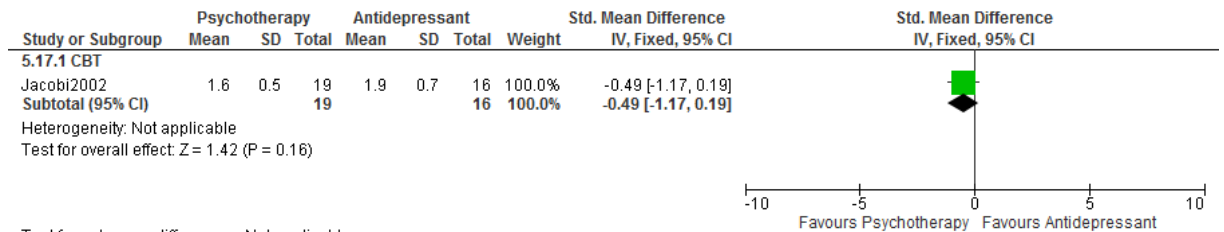
3 Test for subgroup differences: Not applicable

4 Figure 1348: EDI-bulimia



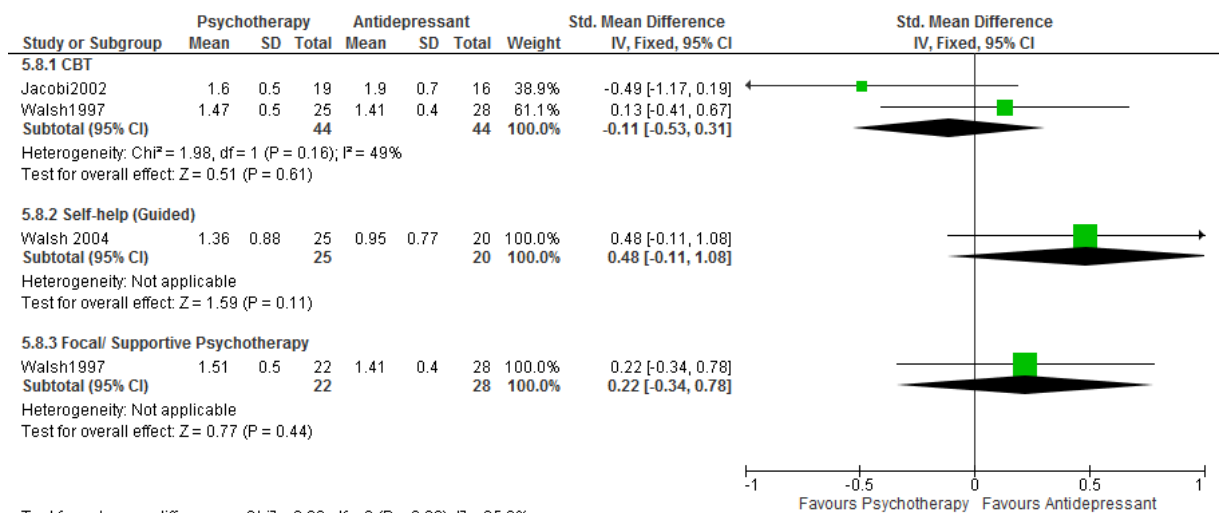
5 Test for subgroup differences: Not applicable

6 Figure 1349: Quality of life



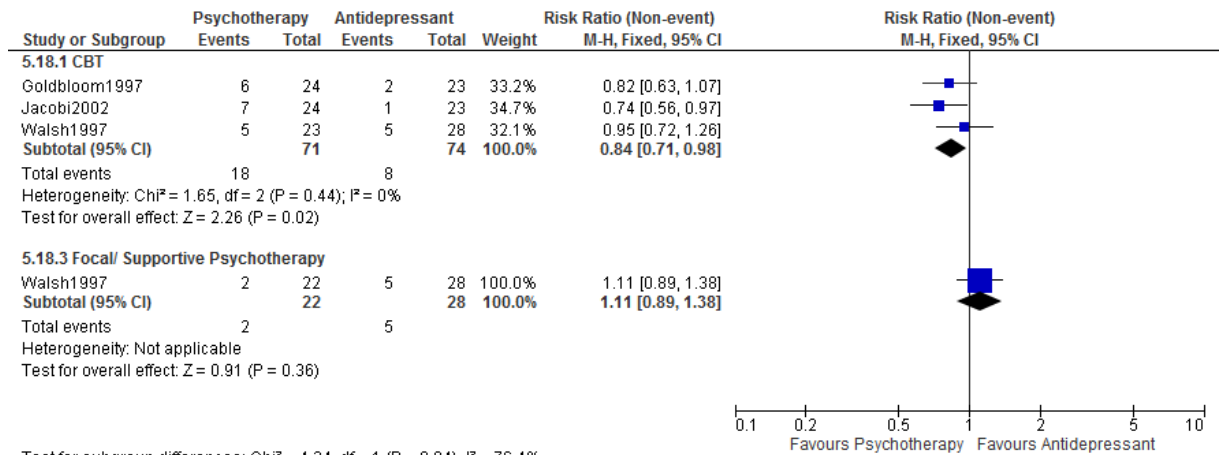
7 Test for subgroup differences: Not applicable

8 Figure 1350: General psychiatric symptoms



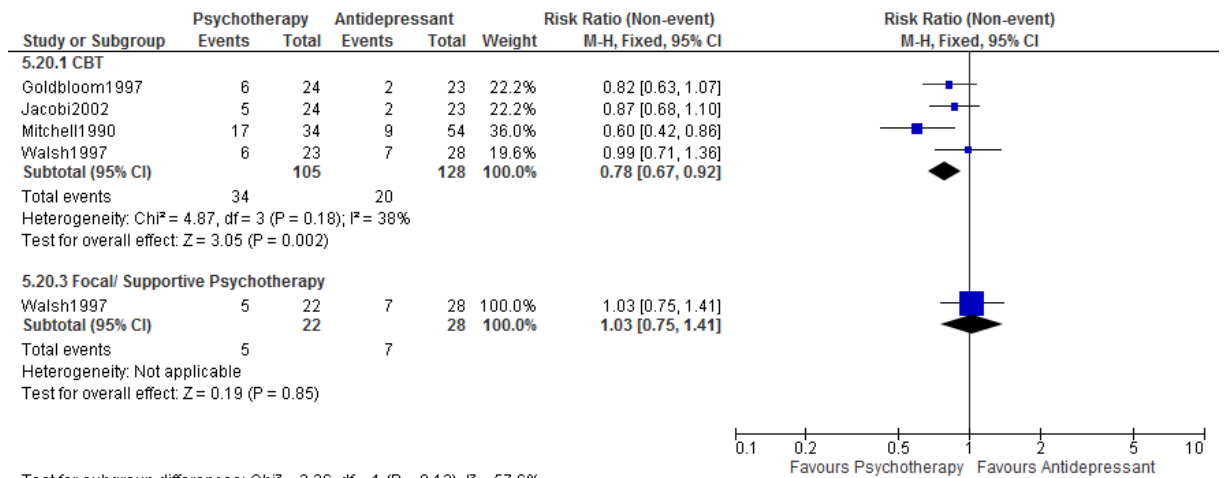
9 Test for subgroup differences: Chi² = 2.69, df = 2 (P = 0.26), I² = 25.6%

10 Figure 1351: Remission (purge frequency)



1 Test for subgroup differences: Chi² = 4.24, df = 1 (P = 0.04), I² = 76.4%

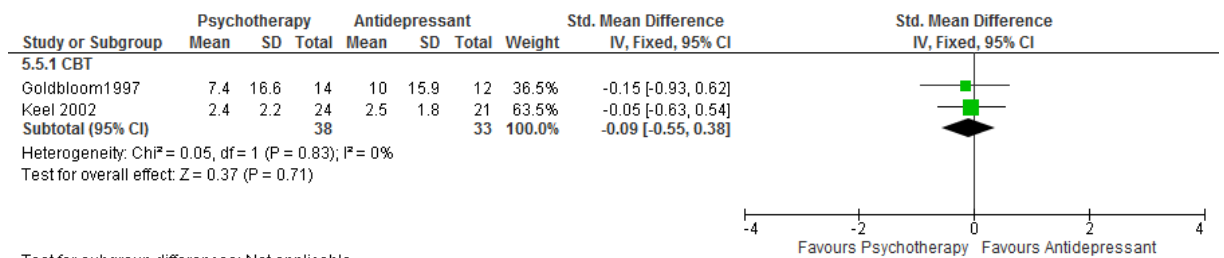
2 **Figure 1352: Remission (binge frequency)**



3 Test for subgroup differences: Chi² = 2.36, df = 1 (P = 0.12), I² = 57.6%

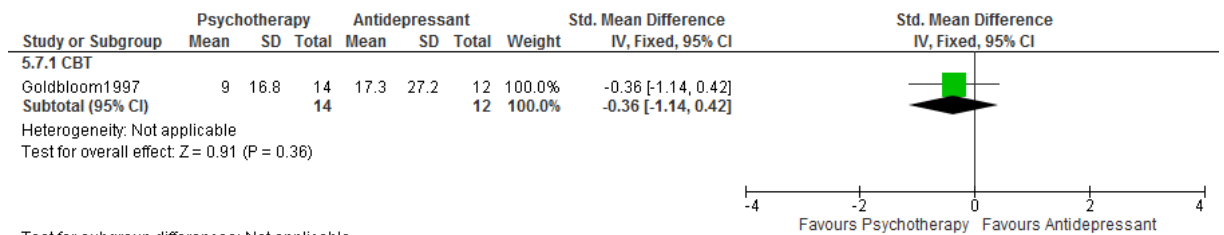
M.5.2.94 **Psychotherapy compared with antidepressants in adults with bulimia nervosa at 5 follow-up**

6 **Figure 1353: Bingeing**



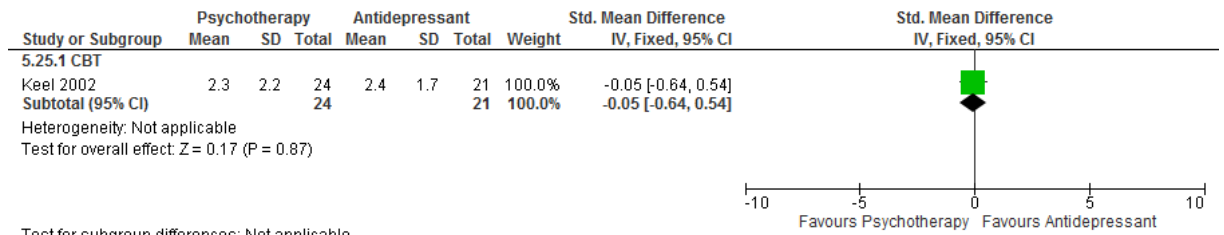
7 Test for subgroup differences: Not applicable

8 **Figure 1354: Purging**



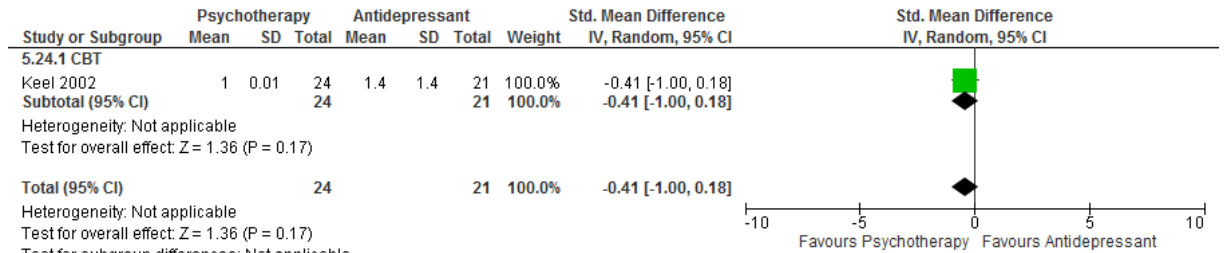
9 Test for subgroup differences: Not applicable

10 **Figure 1355: Vomiting**



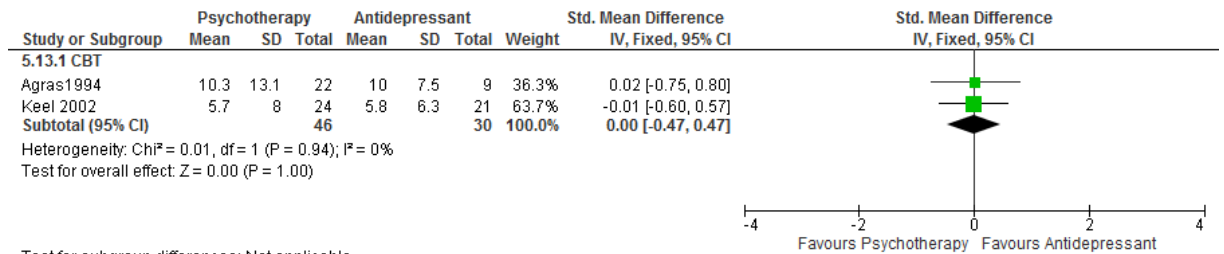
1 Test for subgroup differences: Not applicable

2 **Figure 1356: Laxative use**



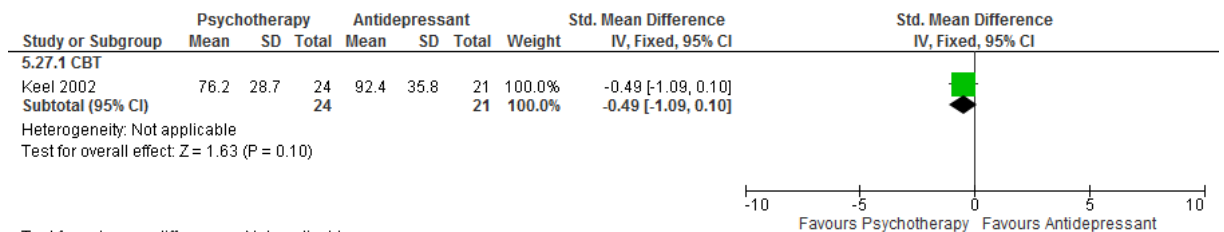
3 Test for subgroup differences: Not applicable

4 **Figure 1357: Depression**



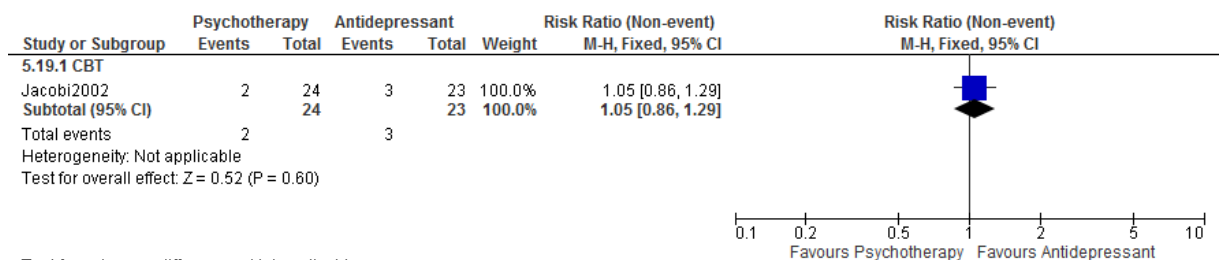
5 Test for subgroup differences: Not applicable

6 **Figure 1358: EDI-body dissatisfaction**



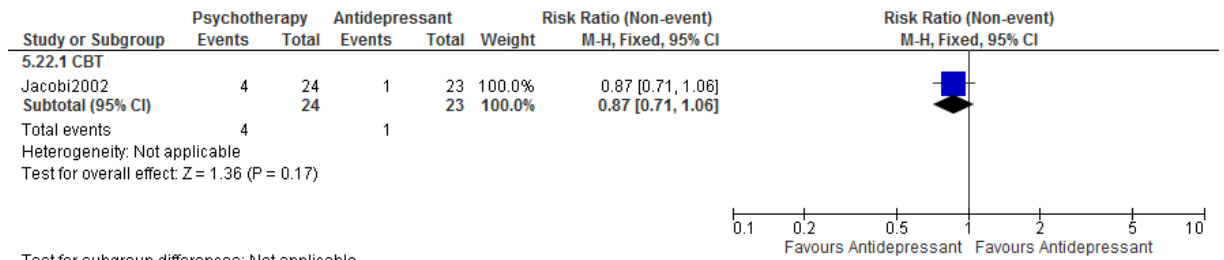
7 Test for subgroup differences: Not applicable

8 **Figure 1359: Remission (purge-free)**



9 Test for subgroup differences: Not applicable

10 **Figure 1360: Remission (binge-free)**

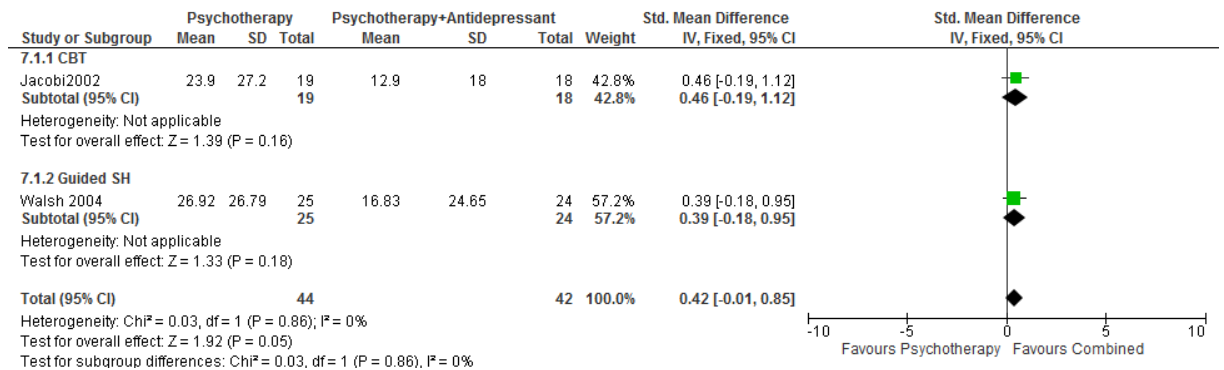


1 Test for subgroup differences: Not applicable

2

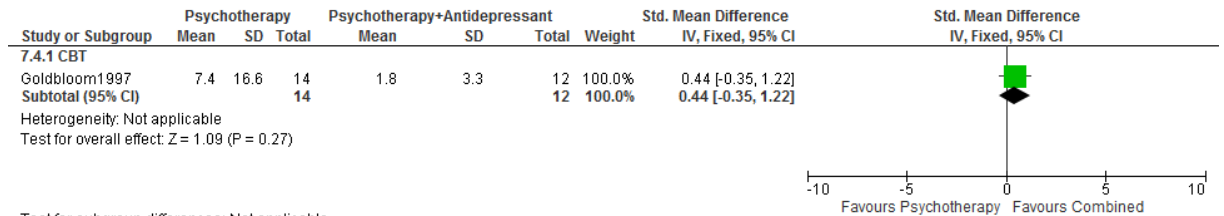
M.5.2.103 Psychotherapy compared with combined psychotherapy and antidepressants in adults with bulimia nervosa at end of treatment

5 Figure 1361: Bingeing



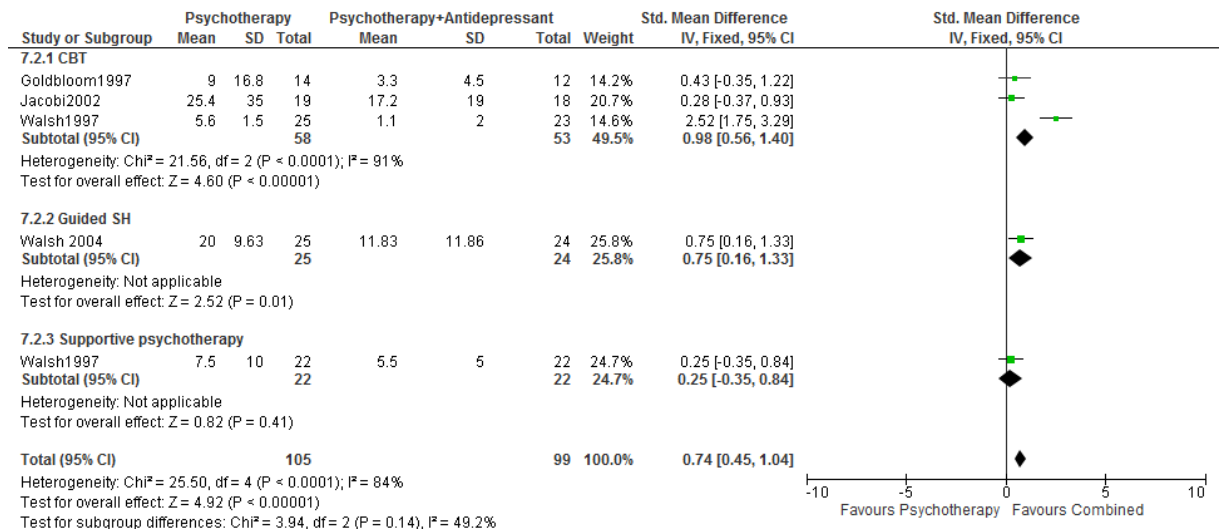
6 Test for subgroup differences: Chi² = 0.03, df = 1 (P = 0.86), I² = 0%

7 Figure 1362: Purging



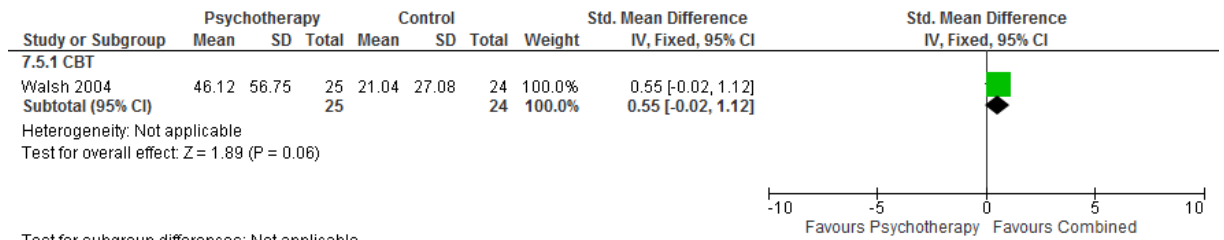
8 Test for subgroup differences: Not applicable

9 Figure 1363: Vomiting



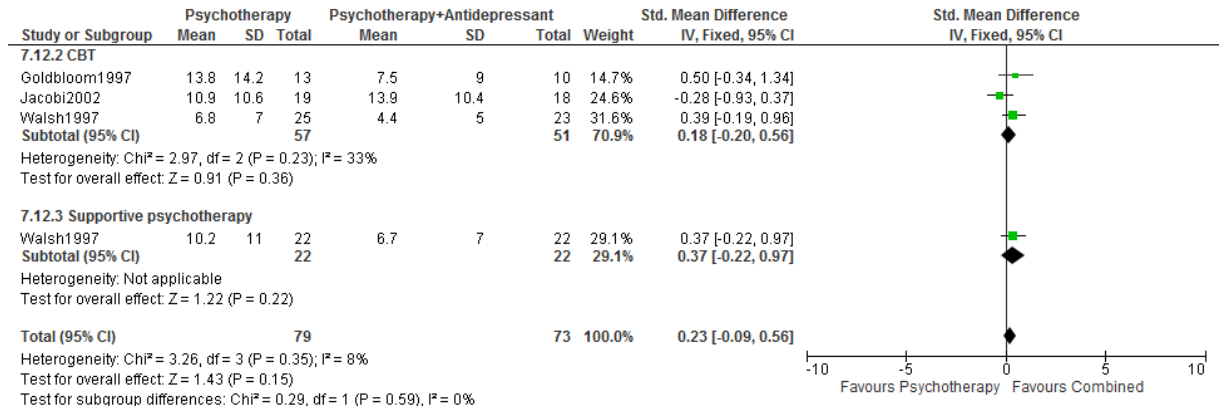
10 Test for subgroup differences: Chi² = 3.94, df = 2 (P = 0.14), I² = 49.2%

11 Figure 1364: Laxative use

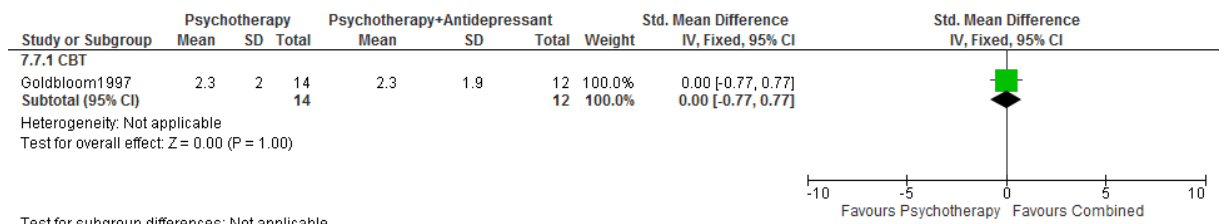


1 Test for subgroup differences: Not applicable

2 Figure 1365: Depression

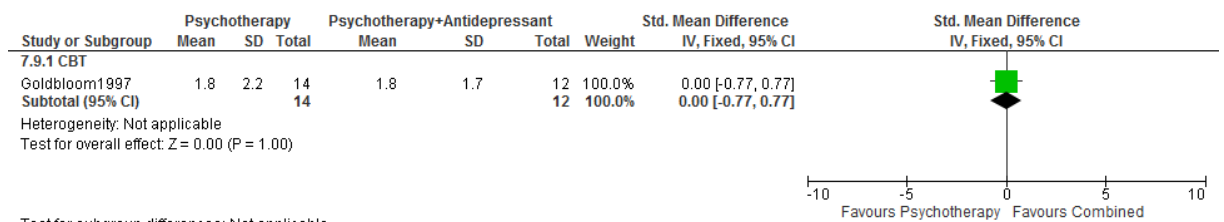


4 Figure 1366: EDE-shape concern



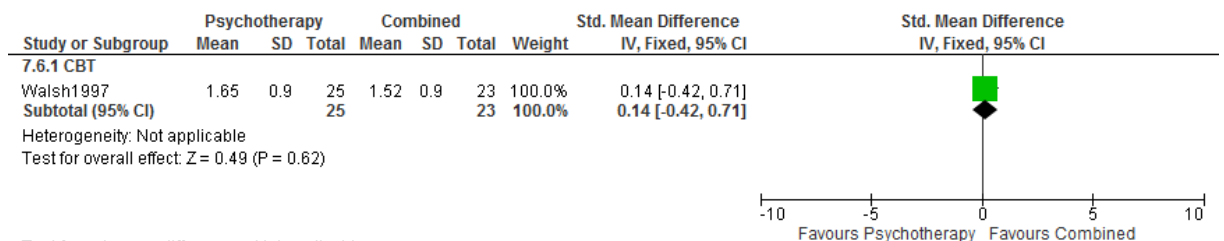
5 Test for subgroup differences: Not applicable

6 Figure 1367: EDE-weight concern



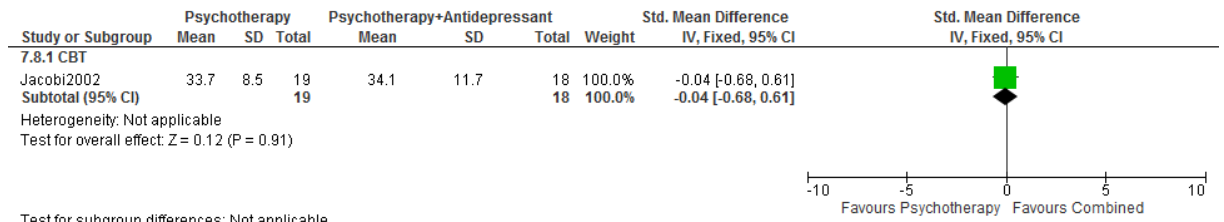
7 Test for subgroup differences: Not applicable

8 Figure 1368: EDE-total



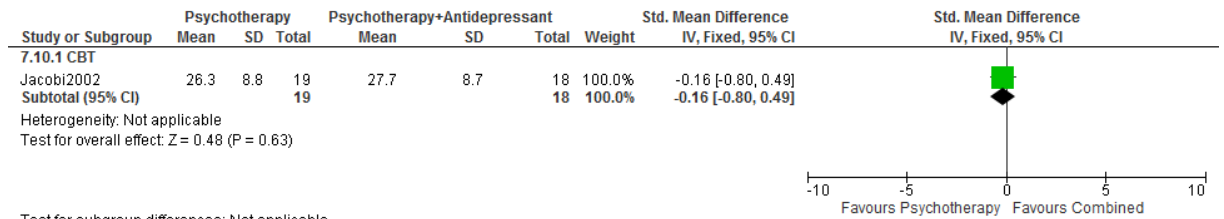
9 Test for subgroup differences: Not applicable

10 Figure 1369: EDI-body dissatisfaction



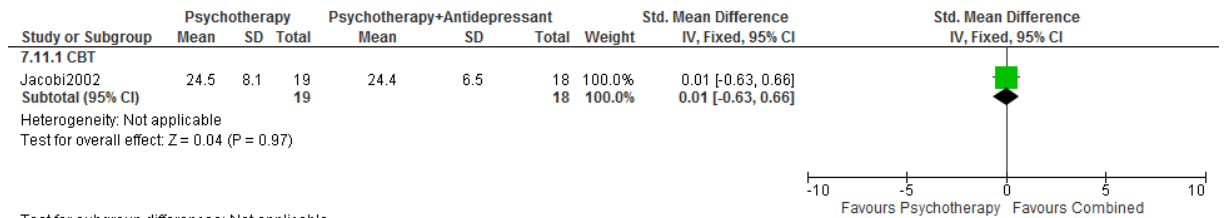
1 Test for subgroup differences: Not applicable

2 Figure 1370: EDI-drive for thinness



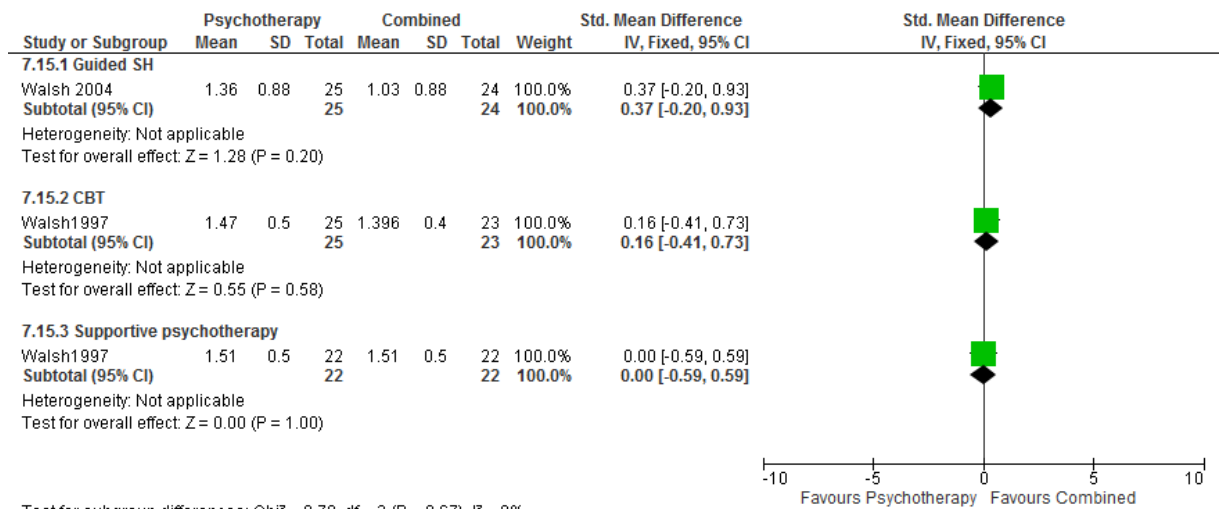
3 Test for subgroup differences: Not applicable

4 Figure 1371: EDI-bulimia



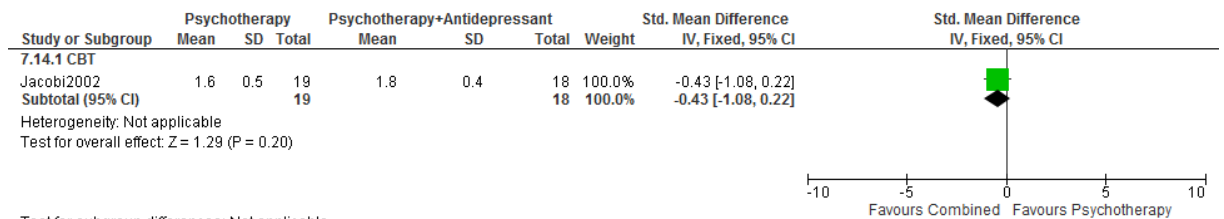
5 Test for subgroup differences: Not applicable

6 Figure 1372: General symptoms



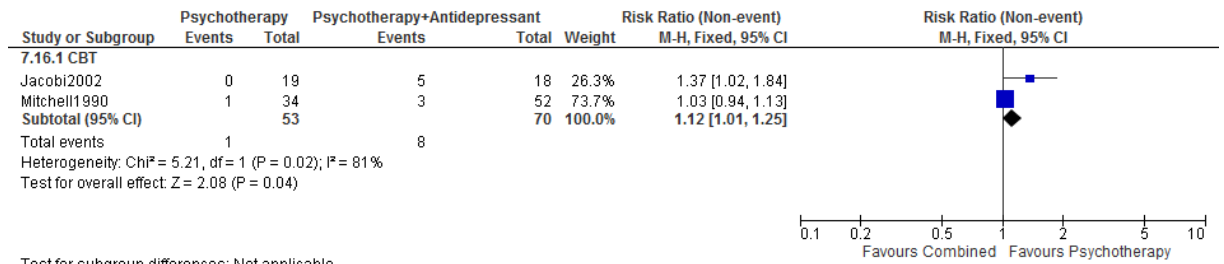
7 Test for subgroup differences: Chi² = 0.79, df = 2 (P = 0.67), I² = 0%

8 Figure 1373: Quality of life



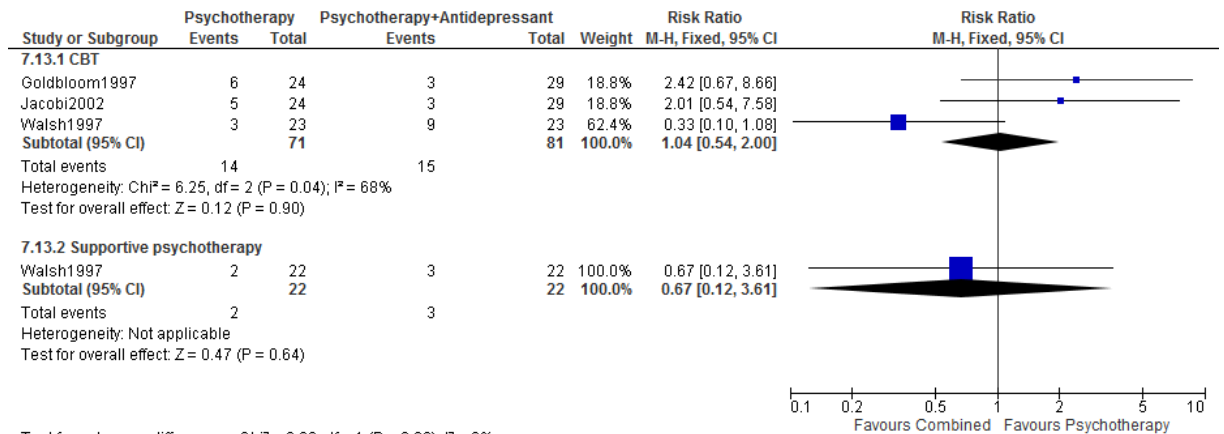
9 Test for subgroup differences: Not applicable

10 Figure 1374: Dropout due to side-effects



1 Test for subgroup differences: Not applicable

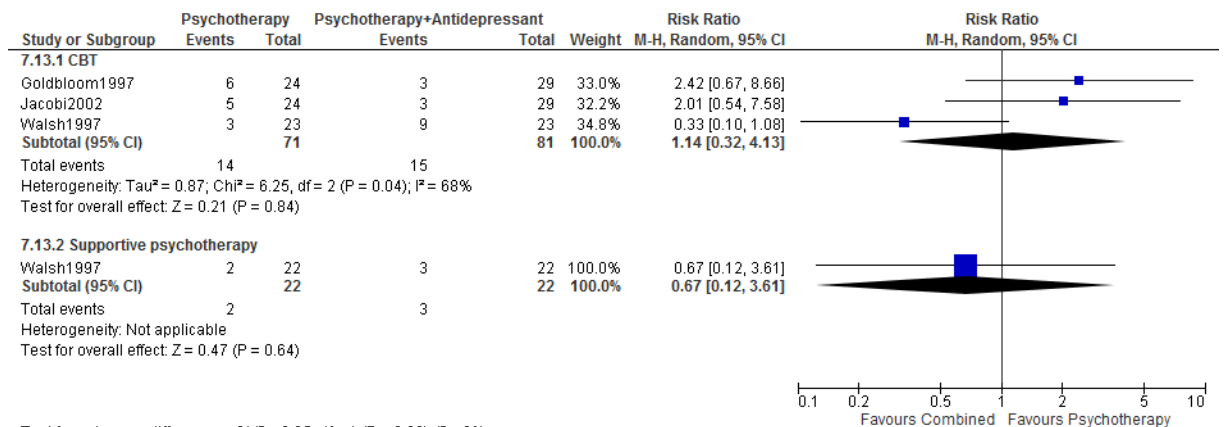
2 Figure 1375: Remission



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

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

12 Figure 1376: Remission with random effects

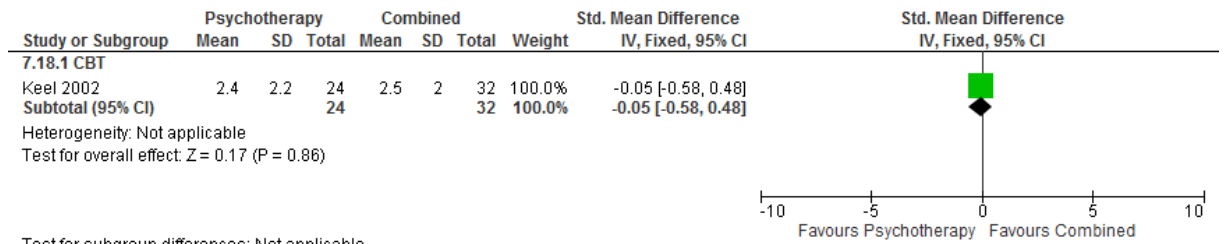


13 Test for subgroup differences: Chi² = 0.25, df = 1 (P = 0.62), I² = 0%

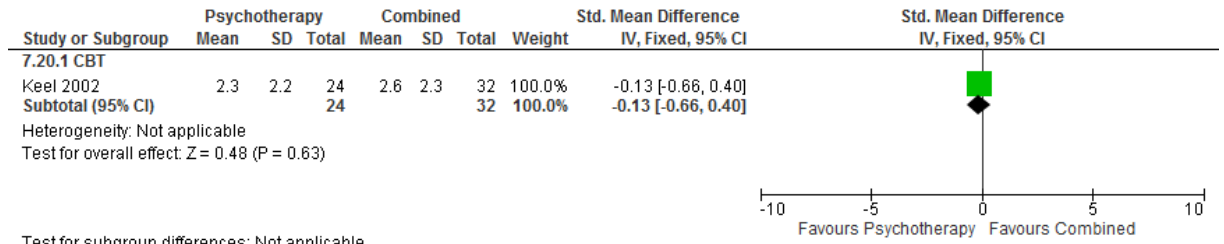
14

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

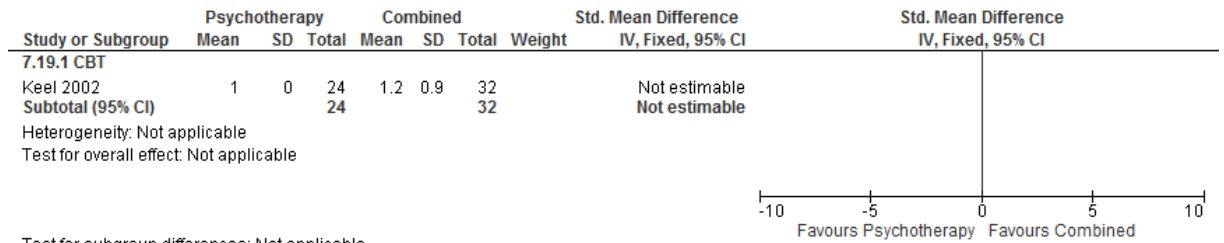
17 Figure 1377: Bingeing



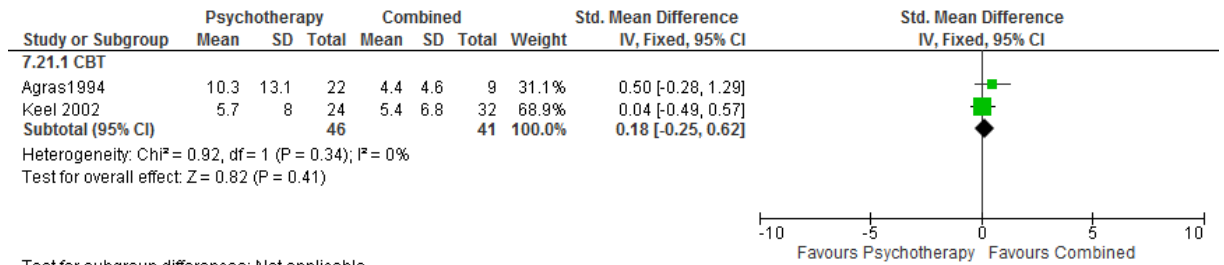
2 **Figure 1378: Vomiting**



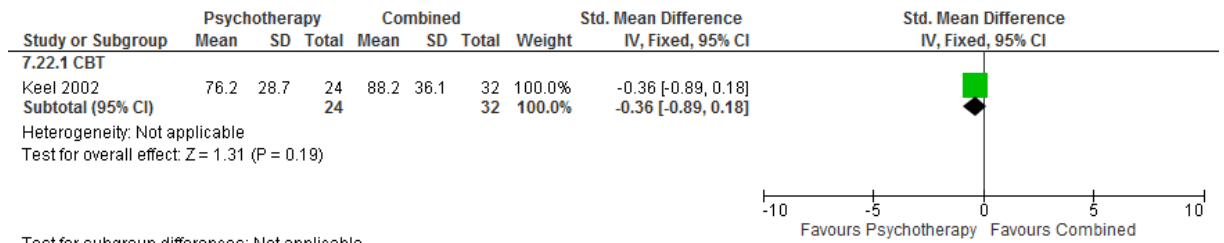
4 **Figure 1379: Laxative use**



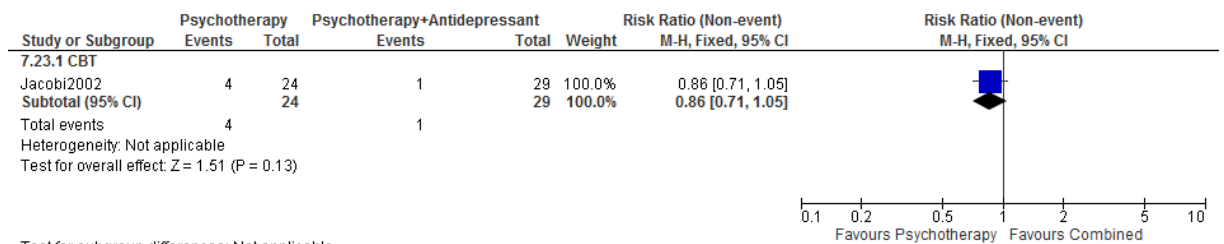
6 **Figure 1380: Depression**



8 **Figure 1381: EDI-body dissatisfaction**

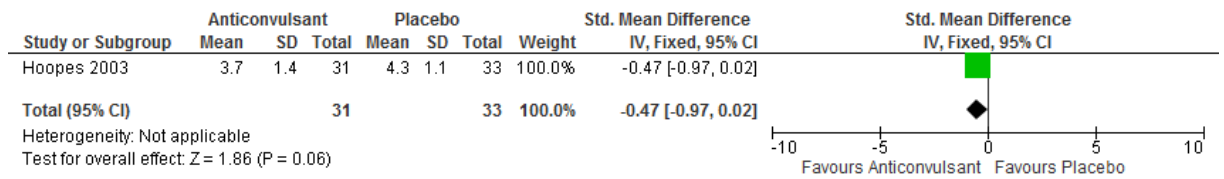


10 **Figure 1382: Remission**



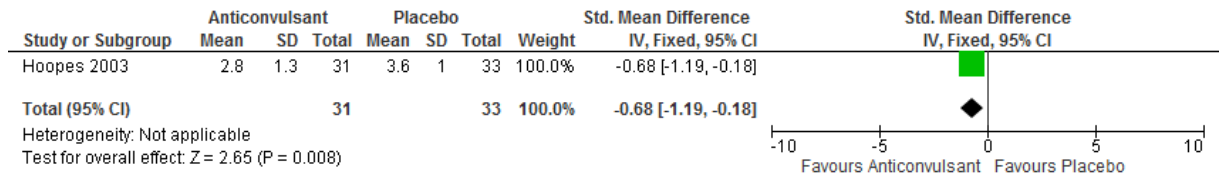
M.5.2.121 Anticonvulsant compared with placebo in adults with bulimia nervosa at end of treatment

3 Figure 1383: Severity of illness (CGI-S)



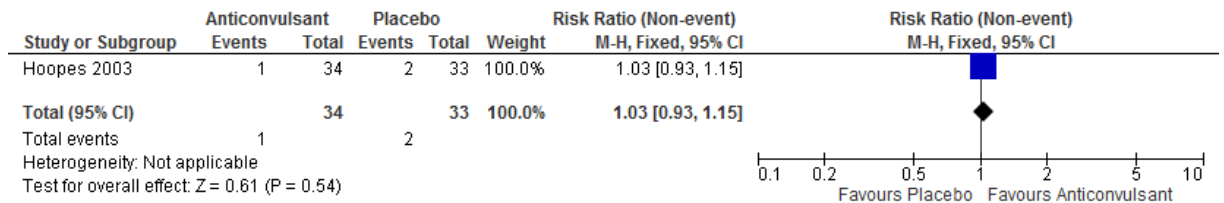
4

5 Figure 1384: Improvement scale (CGI-I)



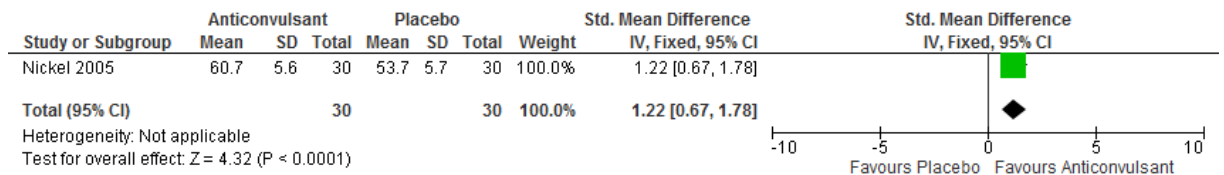
6

7 Figure 1385: Dropout due to side-effects



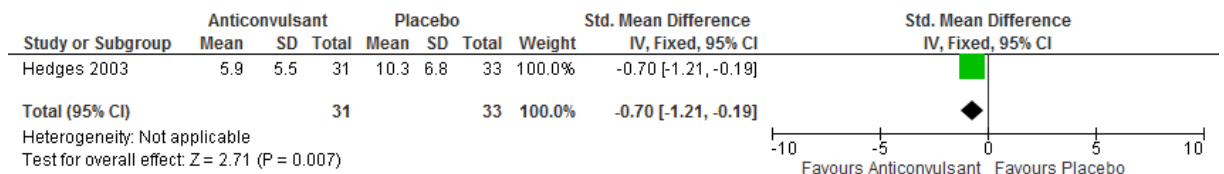
8

9 Figure 1386: General health perceptions –SF 36



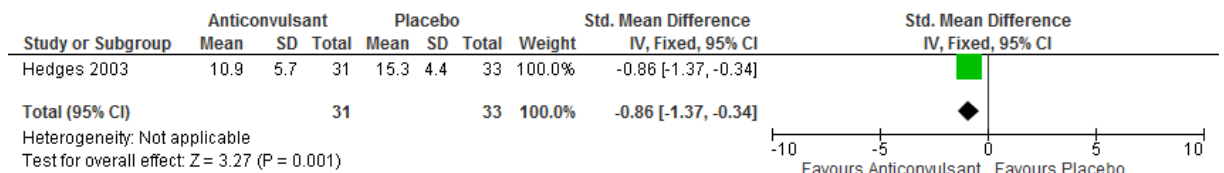
10

11 Figure 1387: EDI-body dissatisfaction



12

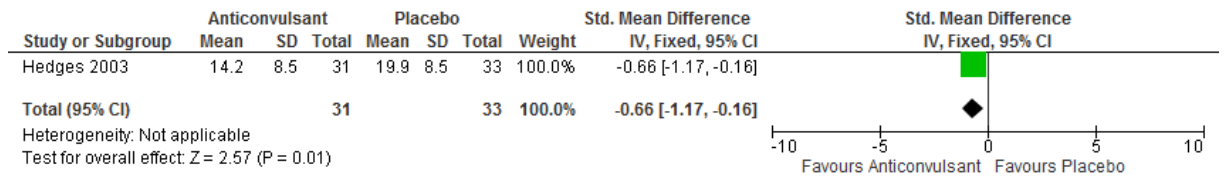
13 Figure 1388: EDI-drive for thinness



14

15 Figure 1389: EDI-bulimia

1

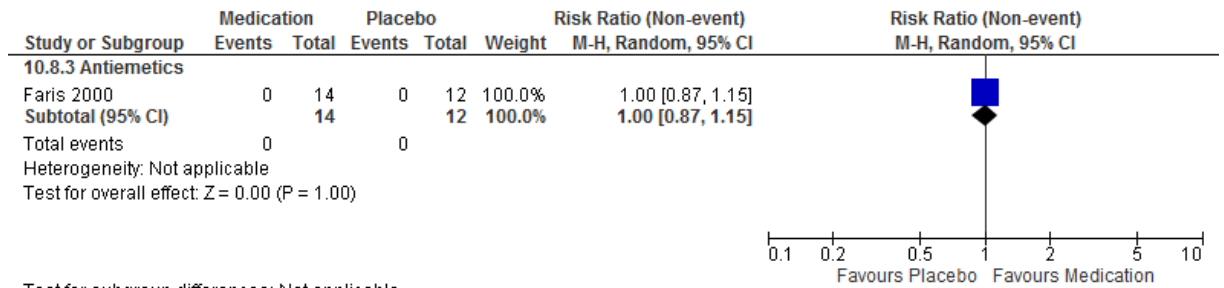


M.5.32 Other medication compared with placebo in adults with bulimia nervosa at end of treatment

4 Figure 1390: Dropout due to side-effects

5 Test for subgroup differences: Not applicable

6



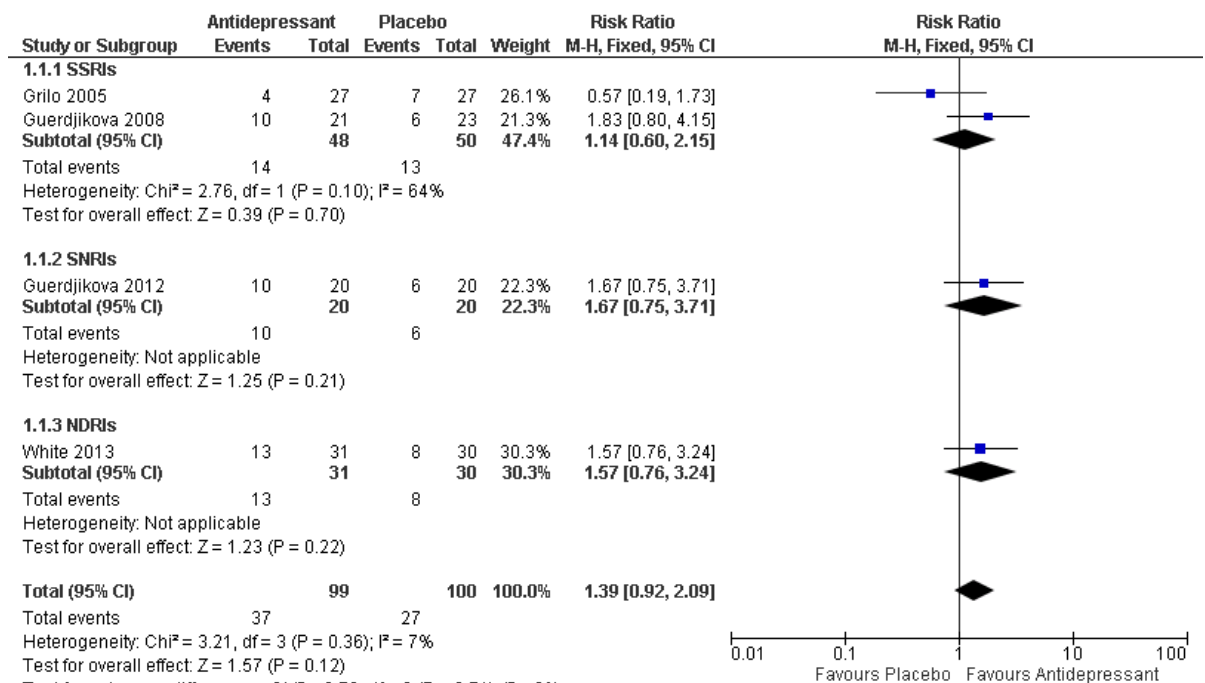
M.5.47 Pharmacological interventions for people with binge eating disorder

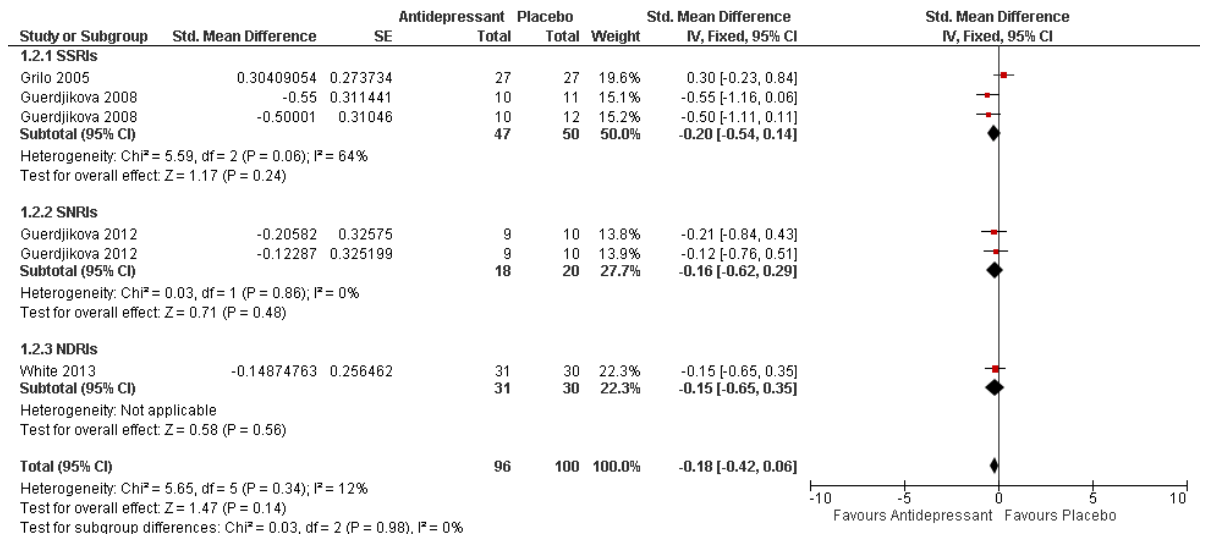
M.5.4.18 Any antidepressant versus placebo in adults with binge eating disorder

9 Figure 1391: Remission (ITT)

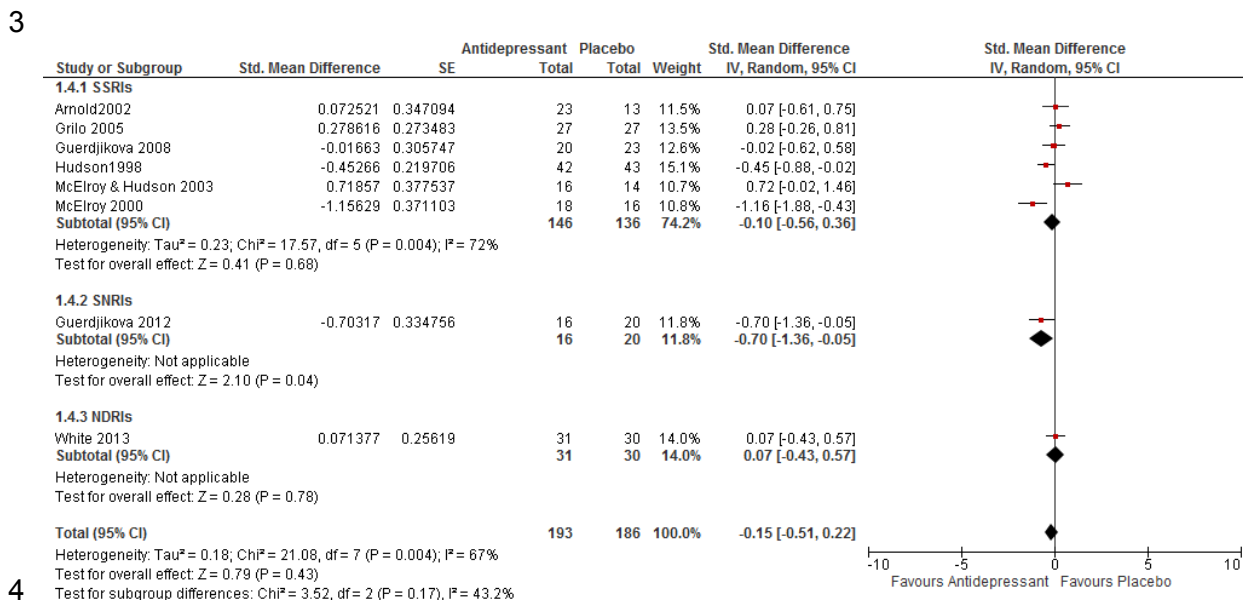
10 Test for subgroup differences: Chi² = 0.70, df = 2 (P = 0.71), I² = 0%

11 Figure 1392: Binge frequency



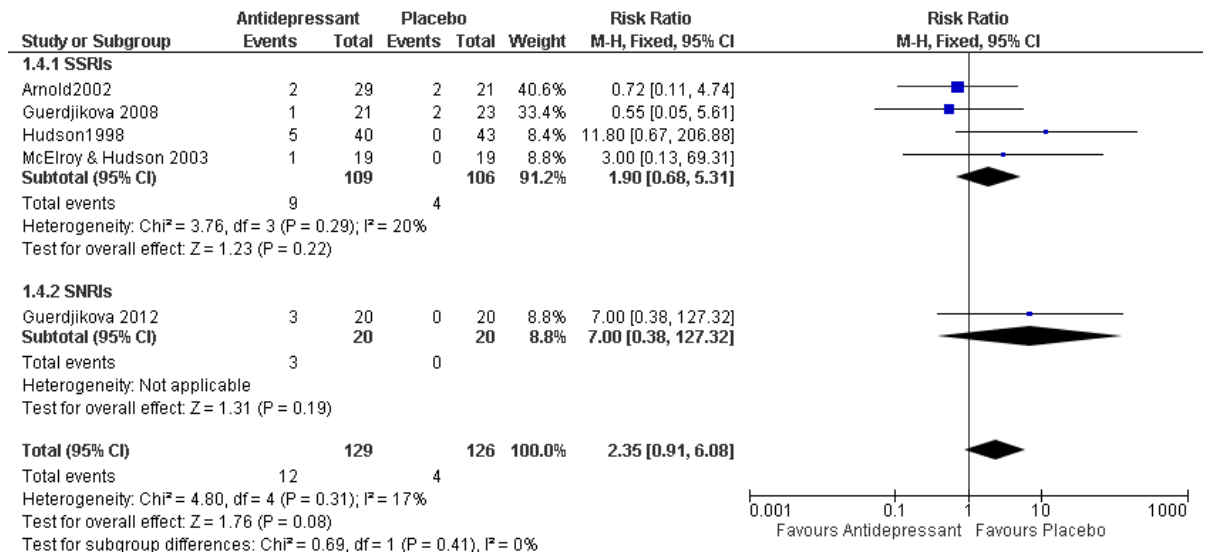


2 **Figure 1393: BMI/Weight**



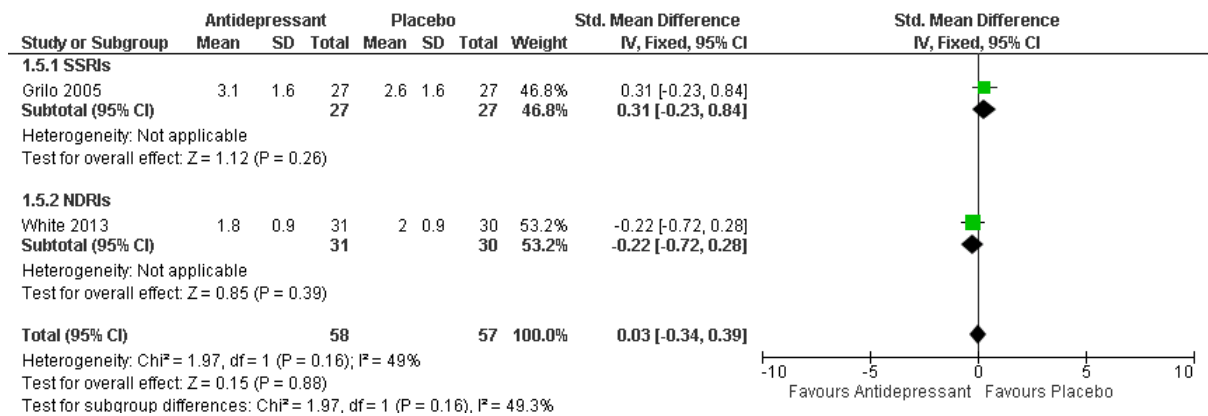
5 Heterogeneity was detected at $i^2=67%$ overall and 72% within the SSRI subgroup. There was
6 no obvious risk of bias nor differences in comorbidities. Duration of illness was not reported
7 for the majority of the studies. Heterogeneity might be explained by severity of illness: within
8 the SSRI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

14 **Figure 1394: Withdrawn due to adverse events**



1

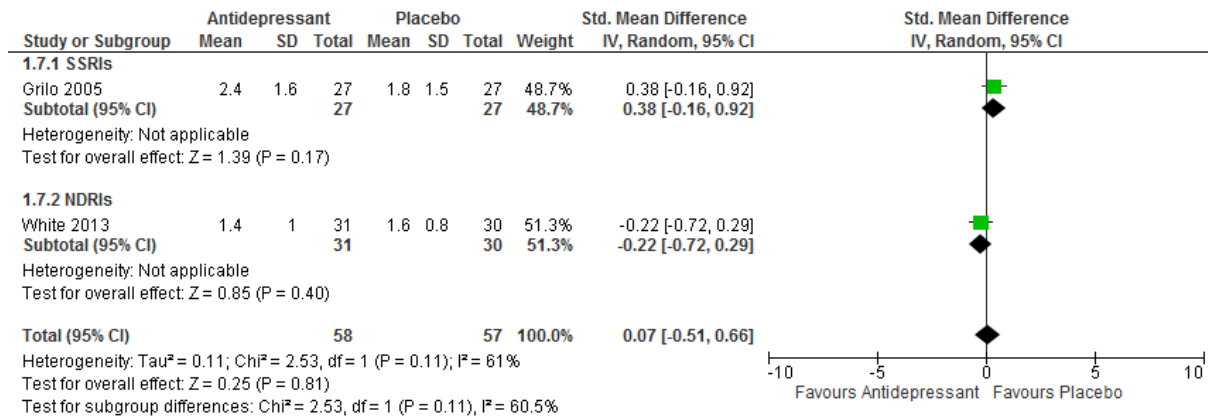
2 **Figure 1395: EDE-Q-global**



3

4 **Figure 1396: EDE-Q-dietary restraint**

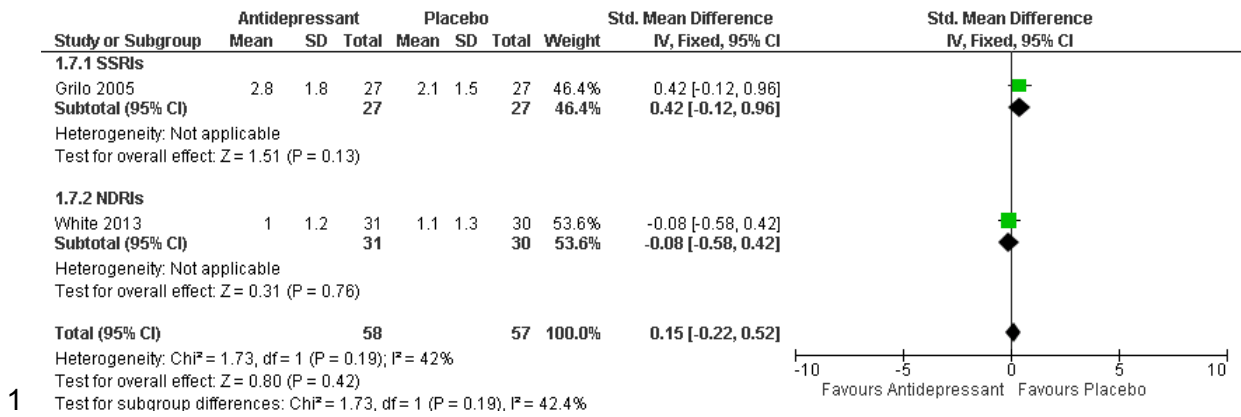
5



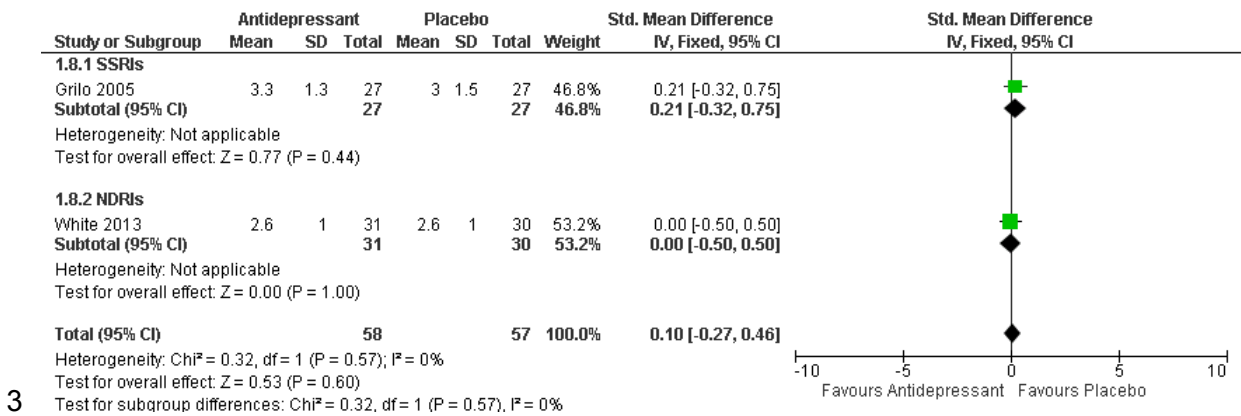
6

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

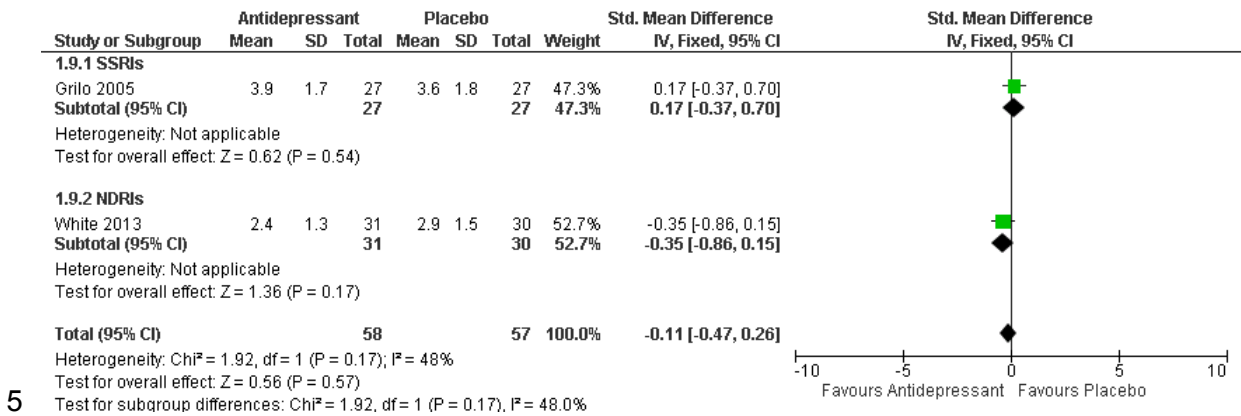
11 **Figure 1397: EDE-Q-eating concern**



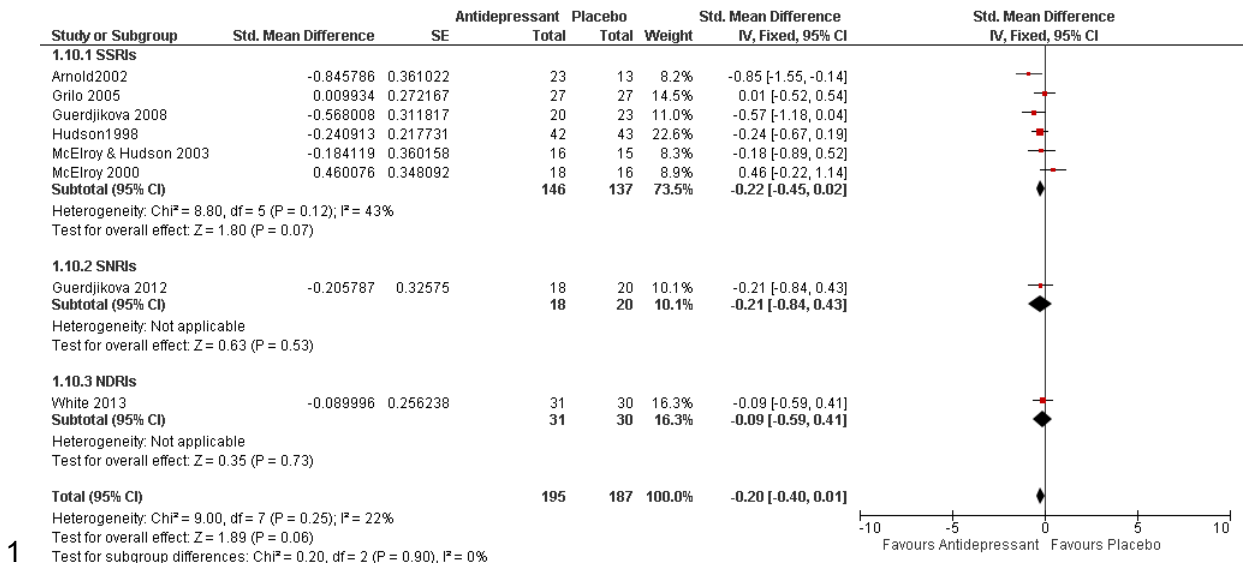
2 **Figure 1398: EDE-Q-weight concern**



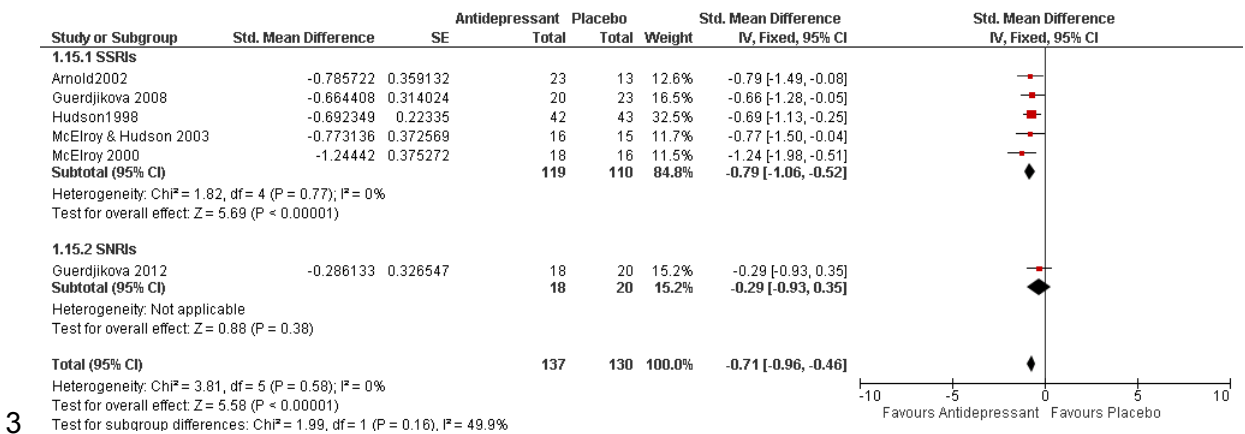
4 **Figure 1399: EDE-Q-shape concern**



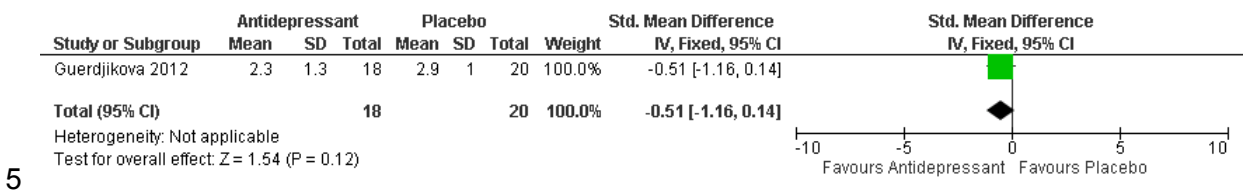
6 **Figure 1400: Depression**



2 **Figure 1401: Clinical Global Impressions-severity**

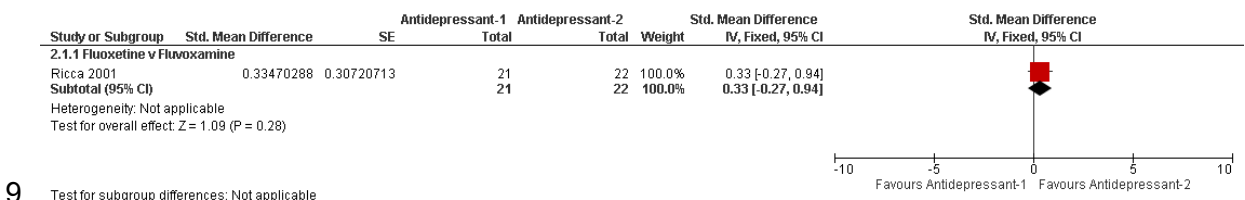


4 **Figure 1402: Clinical Global Impressions-severity of illness for depressive disorders**

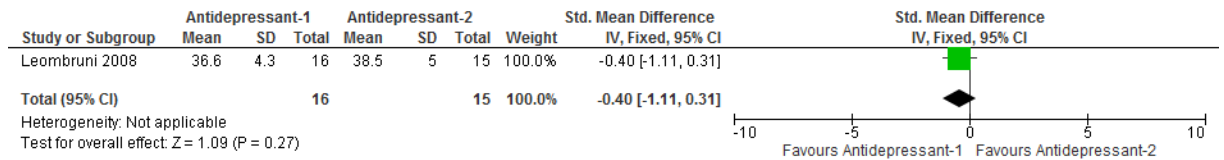


M.5.4.26 **Any antidepressant-1 versus any antidepressant-2 in adults with binge eating disorder at end of treatment**

8 **Figure 1403: Binge frequency**

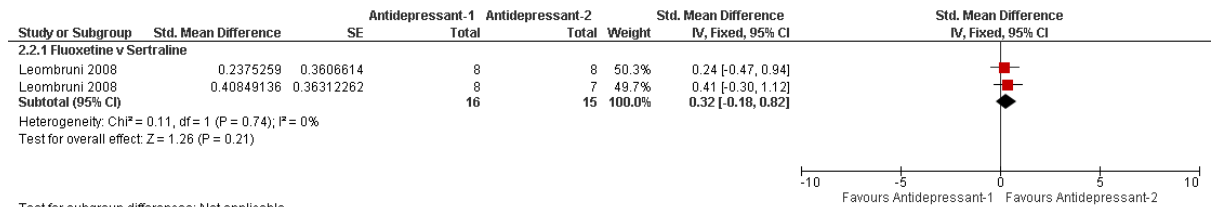


10 **Figure 1404: BMI**



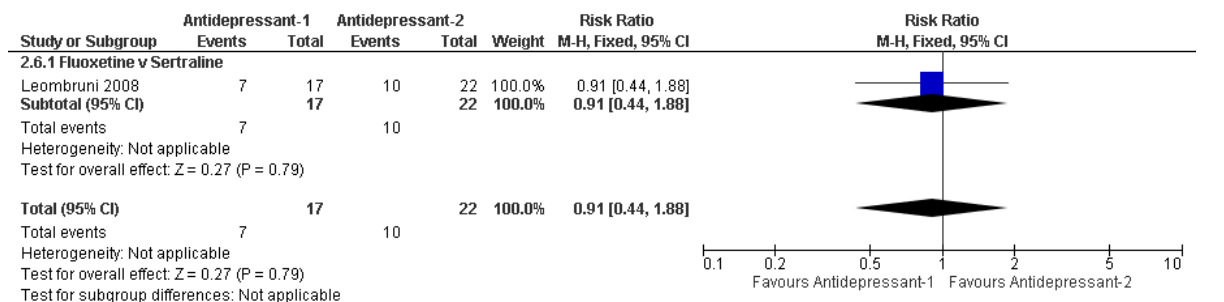
1

2 **Figure 1405: Number of people achieving weight loss of % or more**



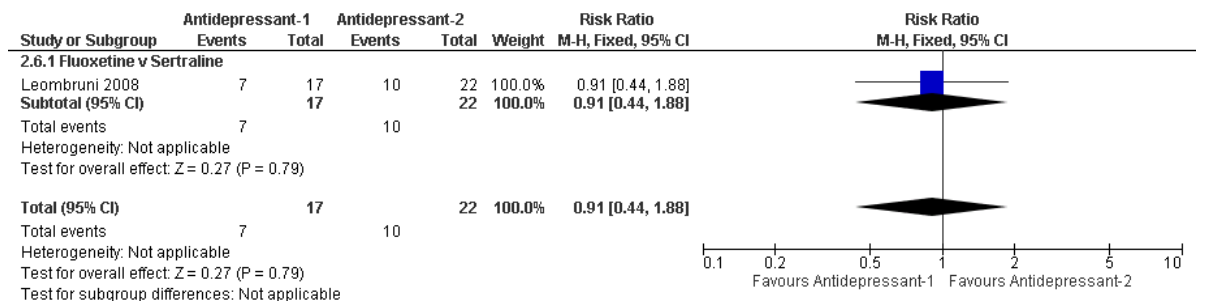
3

4 **Figure 1406: Withdrawn due to adverse events**



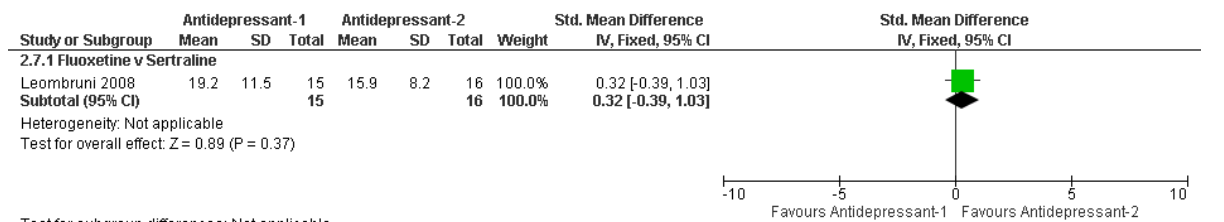
5

6 **Figure 1407: Binge Eating Scale score greater than 17**



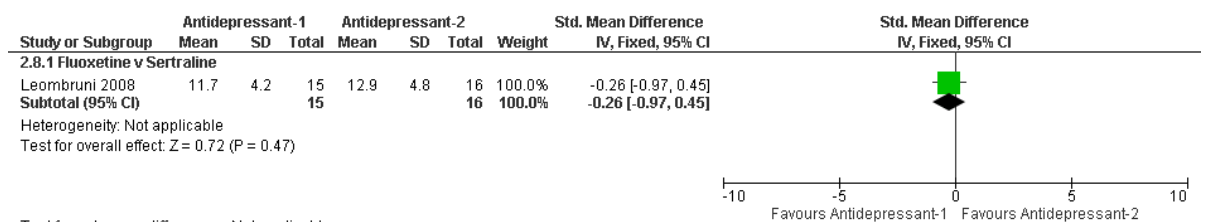
7

8 **Figure 1408: Binge Eating Scale**



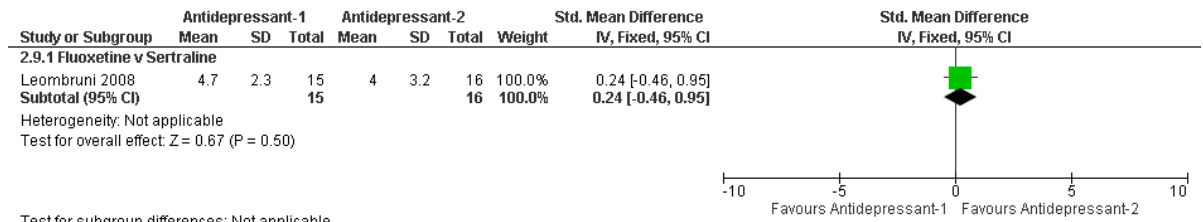
9

10 **Figure 1409: EDI-2-drive for thinness**



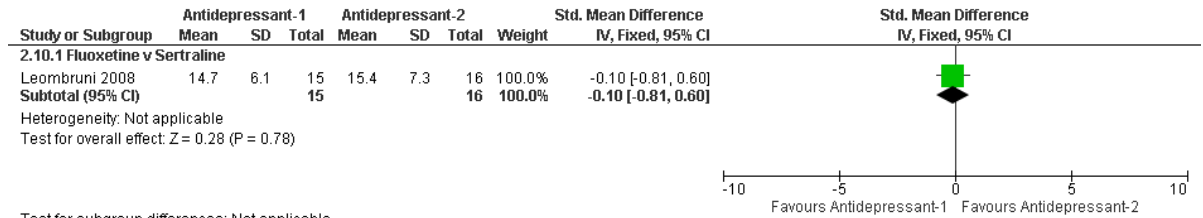
11

12 **Figure 1410: ED-2-bulimia**



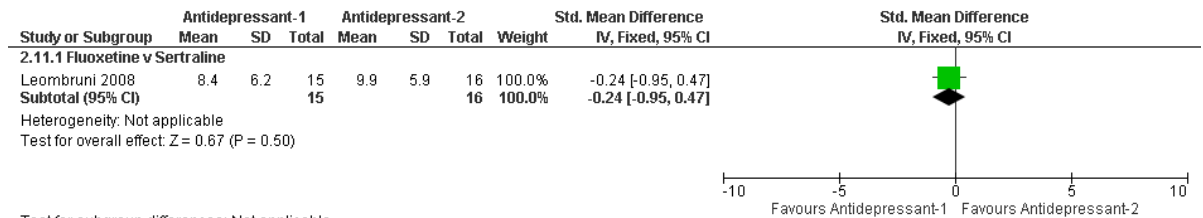
1 Test for subgroup differences: Not applicable

2 **Figure 1411: EDI-2-body dissatisfaction**



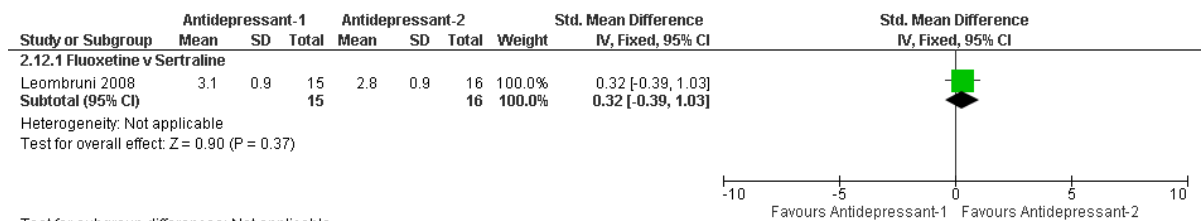
3 Test for subgroup differences: Not applicable

4 **Figure 1412: Depression**



5 Test for subgroup differences: Not applicable

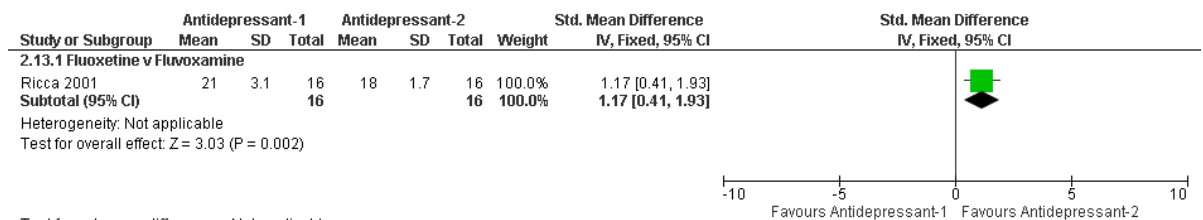
6 **Figure 1413: Clinical Global Impressions-severity**



7 Test for subgroup differences: Not applicable

M.5.4.38 **Any antidepressant-1 versus any antidepressant-2 in adults with binge eating disorder at follow up**

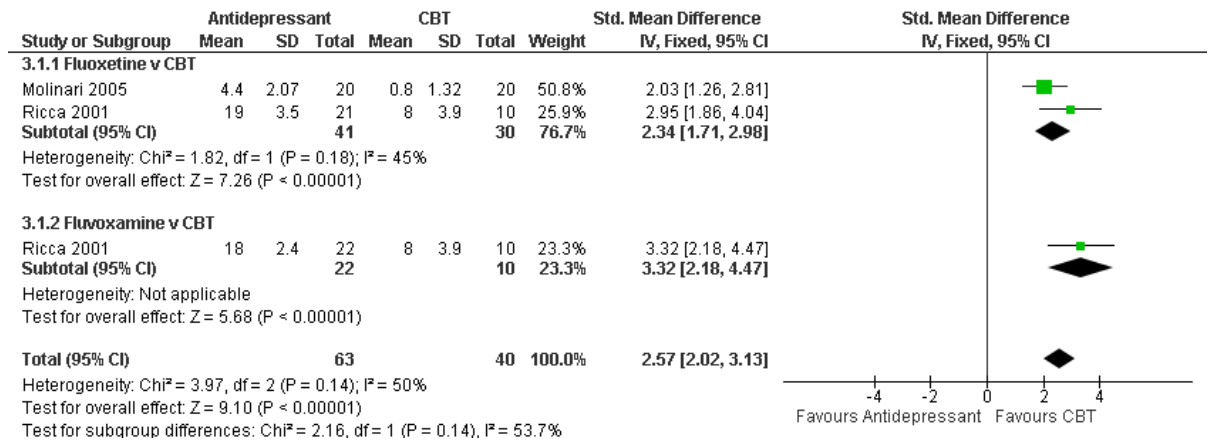
10 **Figure 1414: Binge frequency**



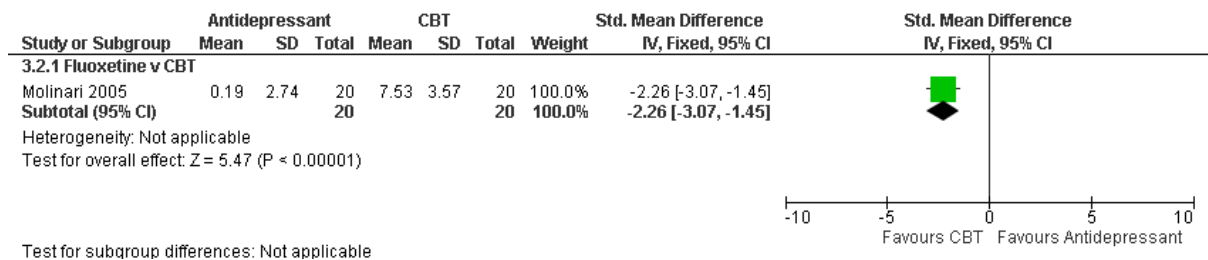
11 Test for subgroup differences: Not applicable

M.5.4.42 **Any antidepressant versus any other intervention in adults with binge eating disorder at end of treatment**

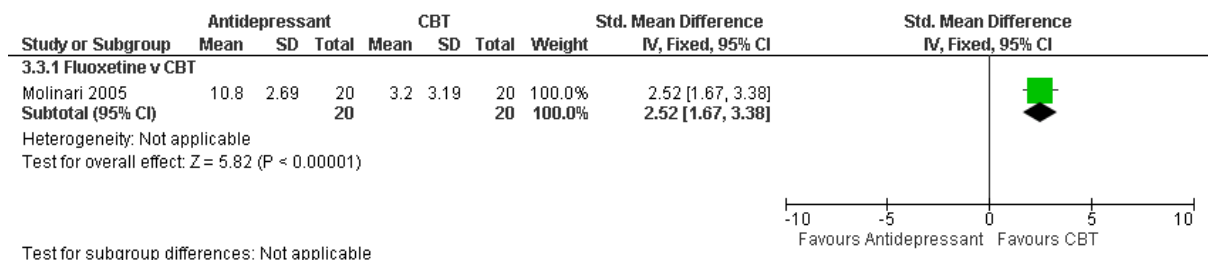
14 **Figure 1415: Binge frequency**



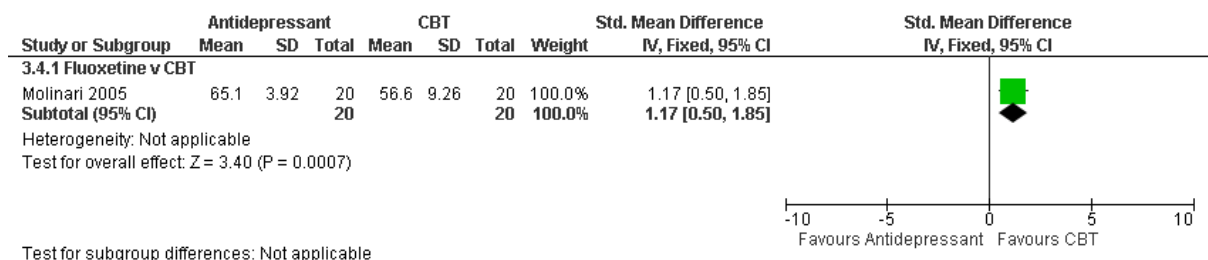
1
2 **Figure 1416: Weight loss (percentage)**



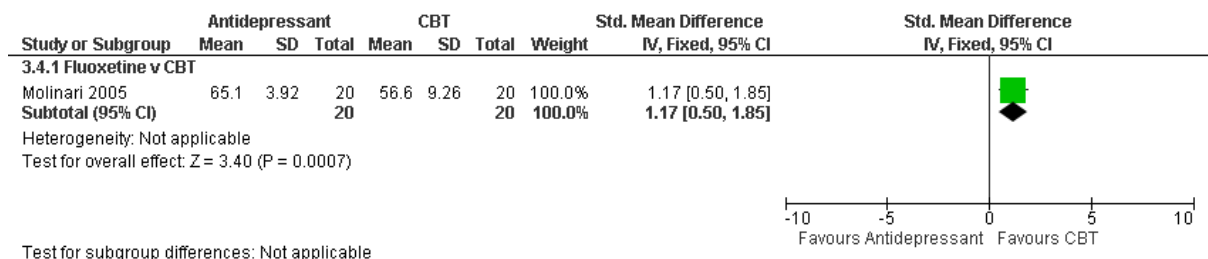
3 Test for subgroup differences: Not applicable
4 **Figure 1417: EDI-2-bulimia**



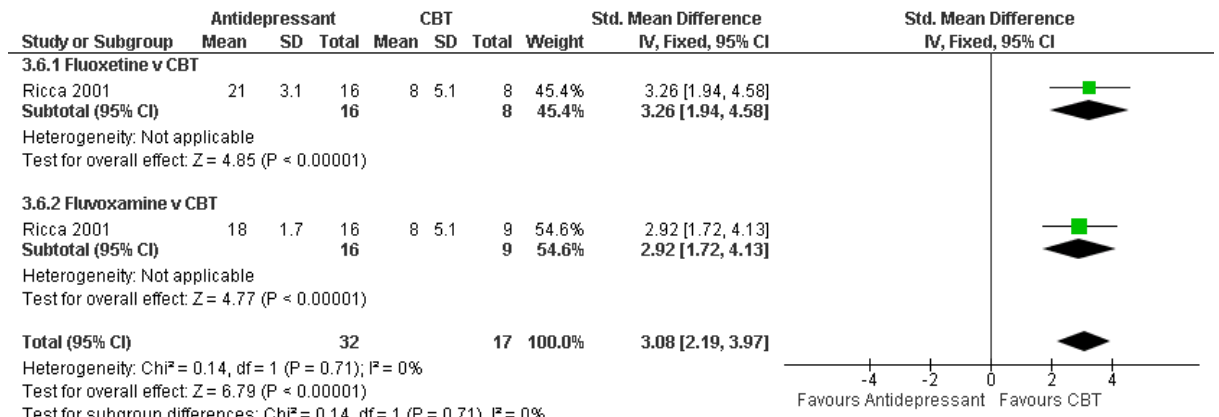
5 Test for subgroup differences: Not applicable
6 **Figure 1418: Depression**



7 Test for subgroup differences: Not applicable
8 **Figure 1419: Family functioning**

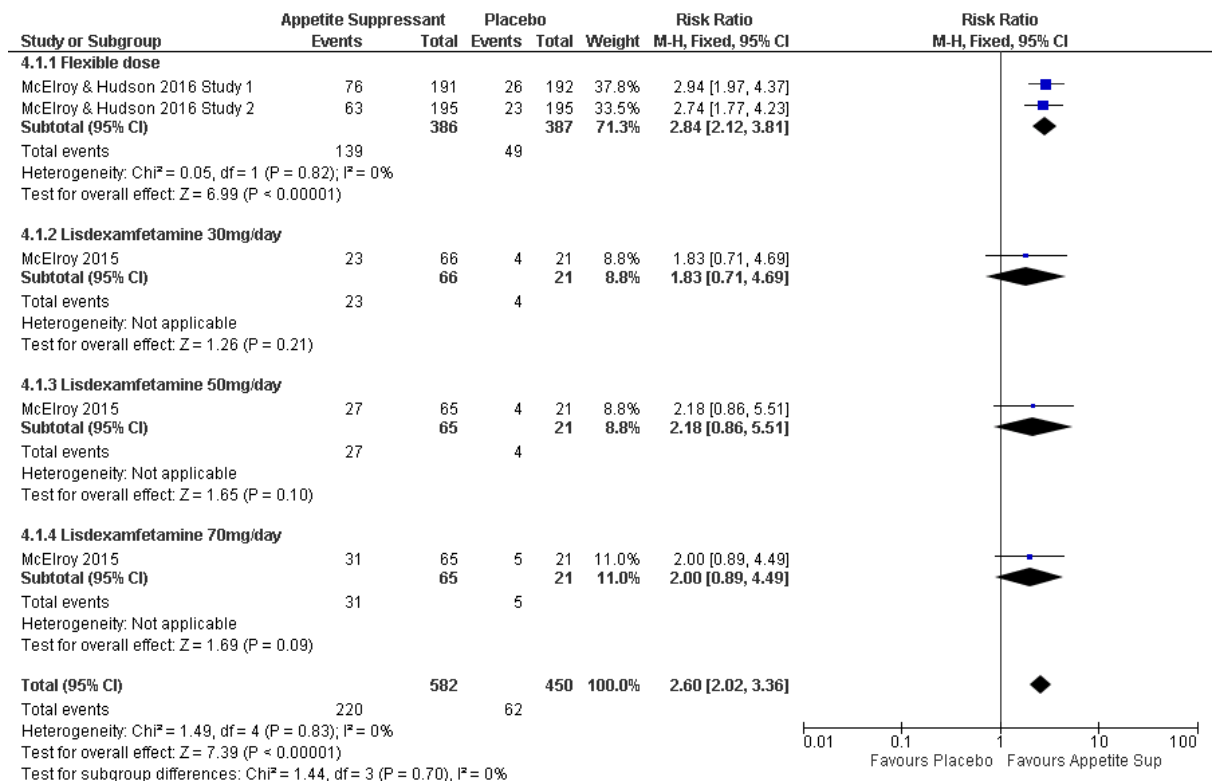


9 Test for subgroup differences: Not applicable
M.5.4.50 Any antidepressant versus any other intervention in adults with follow up at follow up
11 **Figure 1420: Binge frequency**

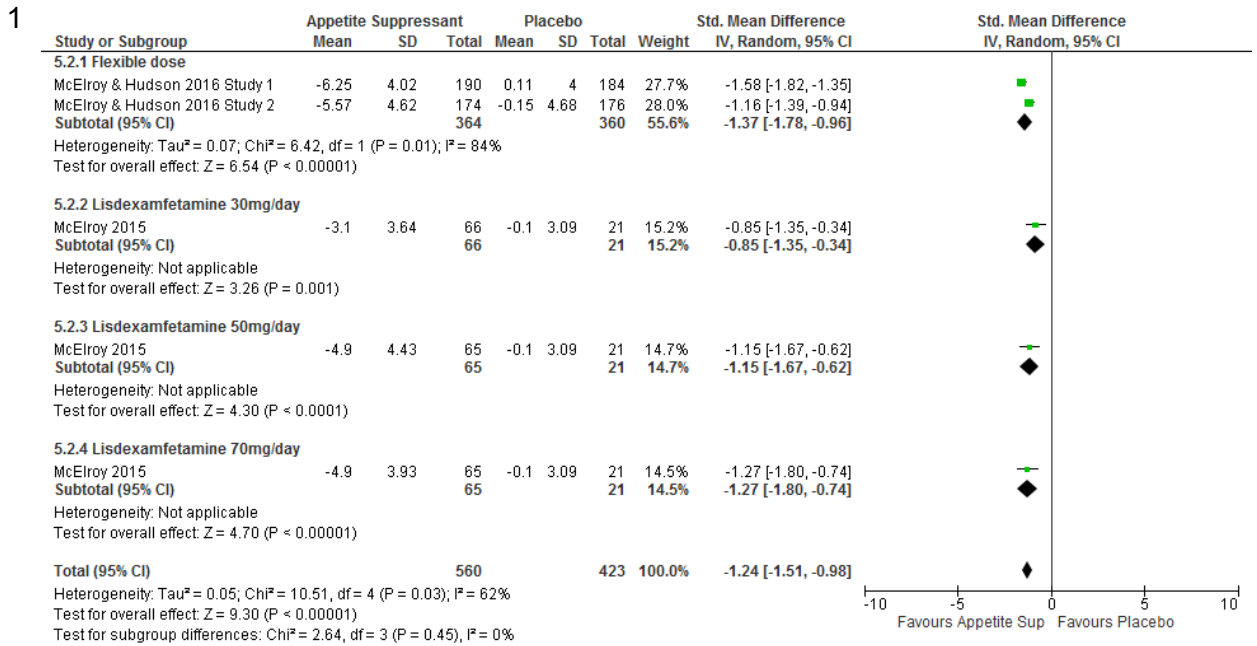


M.5.4.62 Any appetite suppressant versus placebo in adults with binge eating disorder

3 Figure 1421: Remission (ITT)



5 Figure 1422: BMI – change scores

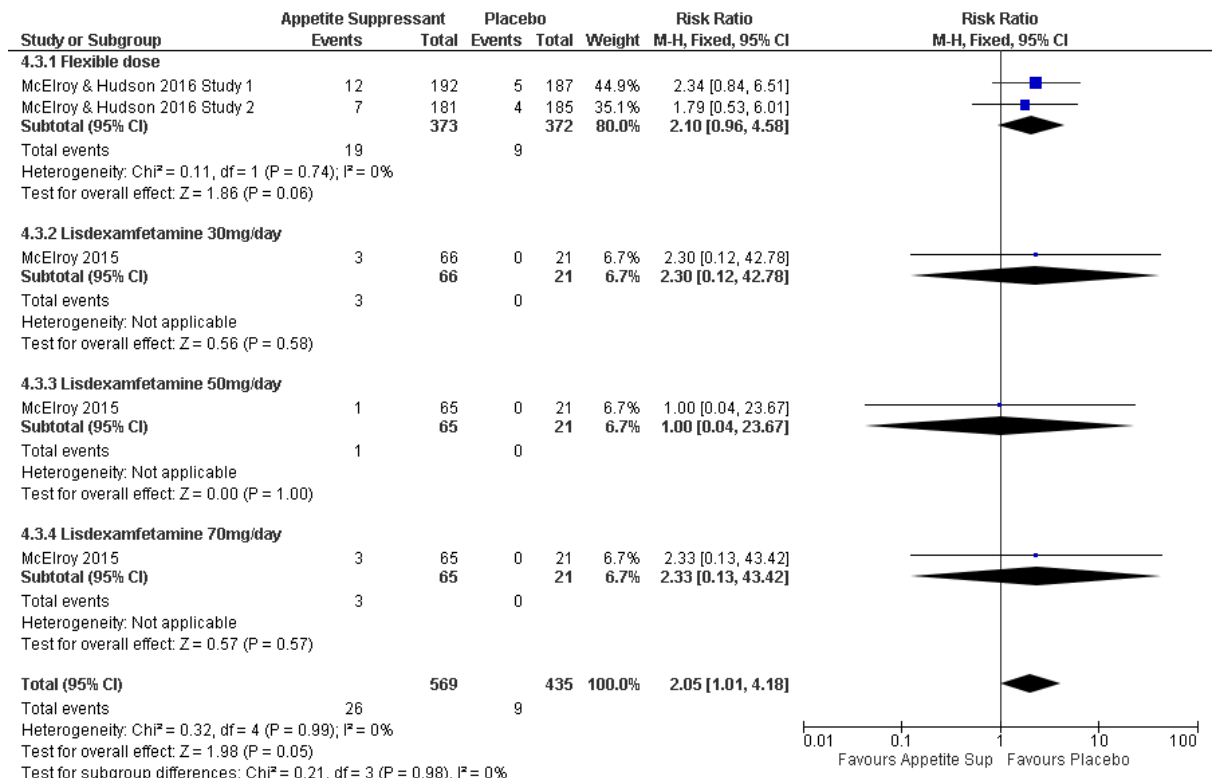


2

3 Heterogeneity was detected at $i^2=62%$ overall and at 84% for the flexible dose group. There
 4 was no obvious risk of bias, whilst data on duration of illness was not available. Lifetime and
 5 current comorbidities were exclusion criteria for the three studies. The studies followed the
 6 same protocols and participants had similar illness severity. Hence, the observed
 7 heterogeneity remains unexplained and a random effects was presented..

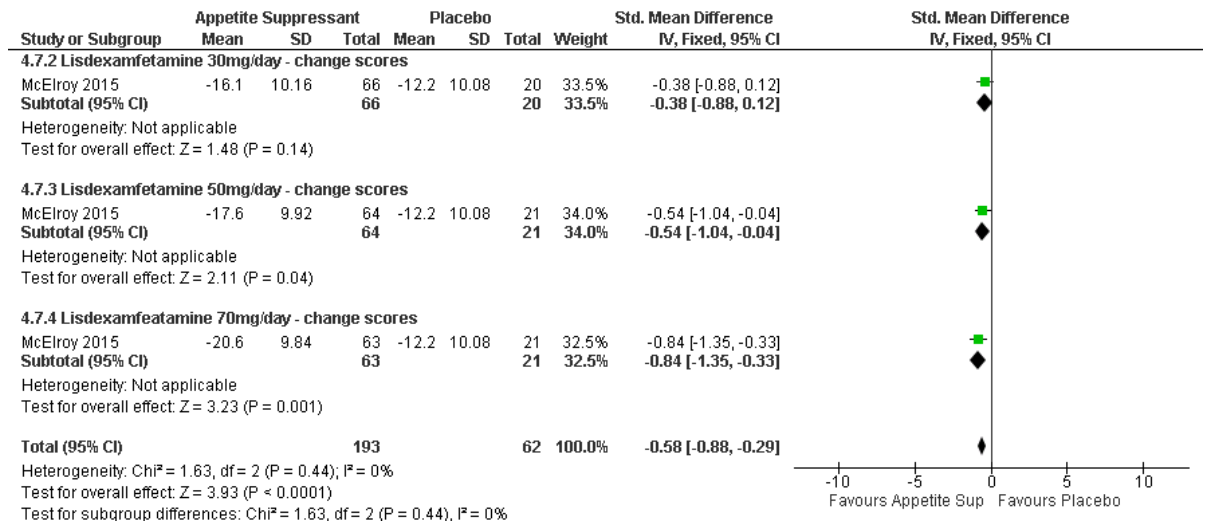
8

9 **Figure 1423: Withdrawn due to adverse events**



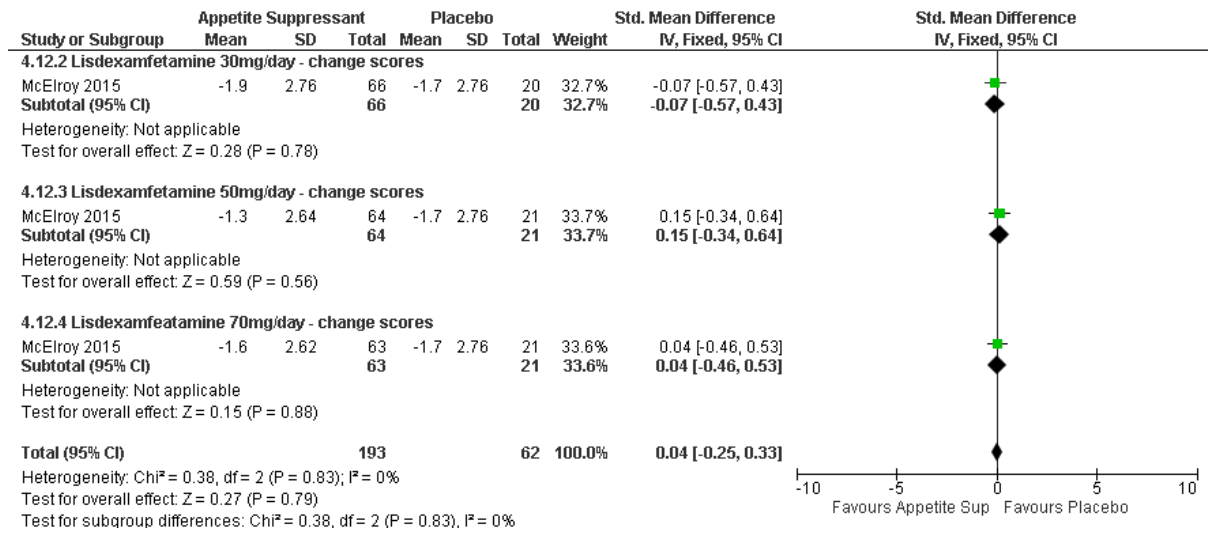
10

11 **Figure 1424: Binge Eating Scale**



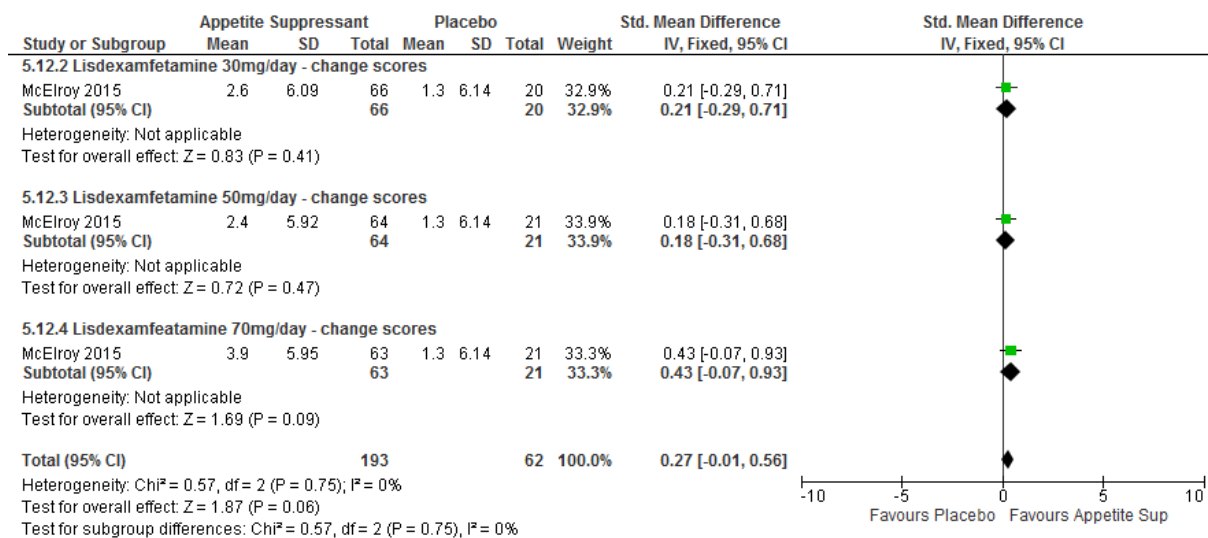
1

2 Figure 1425: Depression



3

4 Figure 1426: General physical functioning

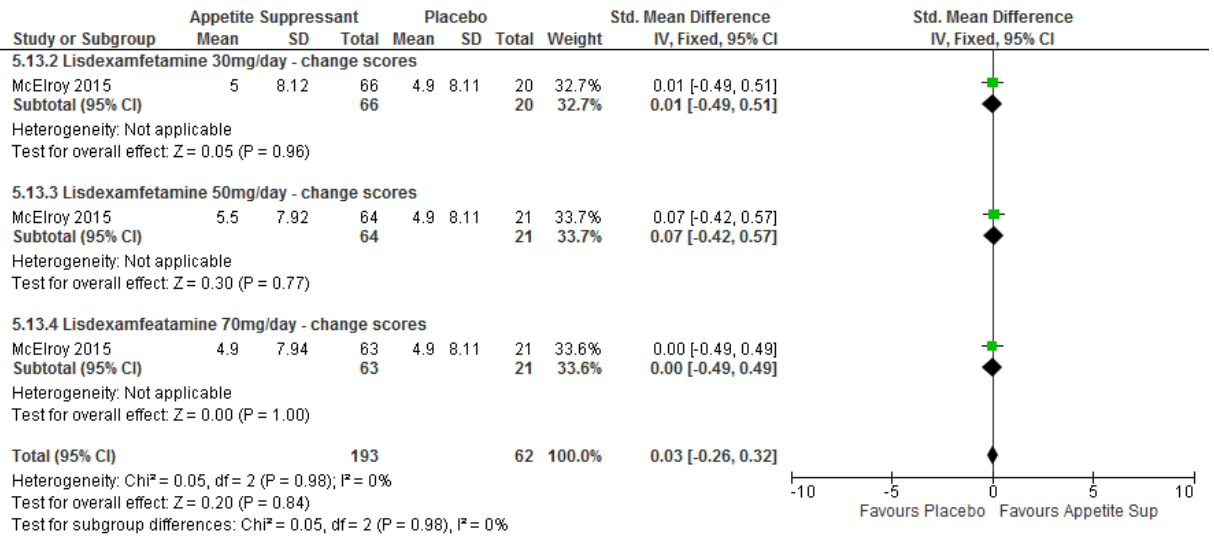


5

6

1

2 **Figure 1427: General mental functioning**

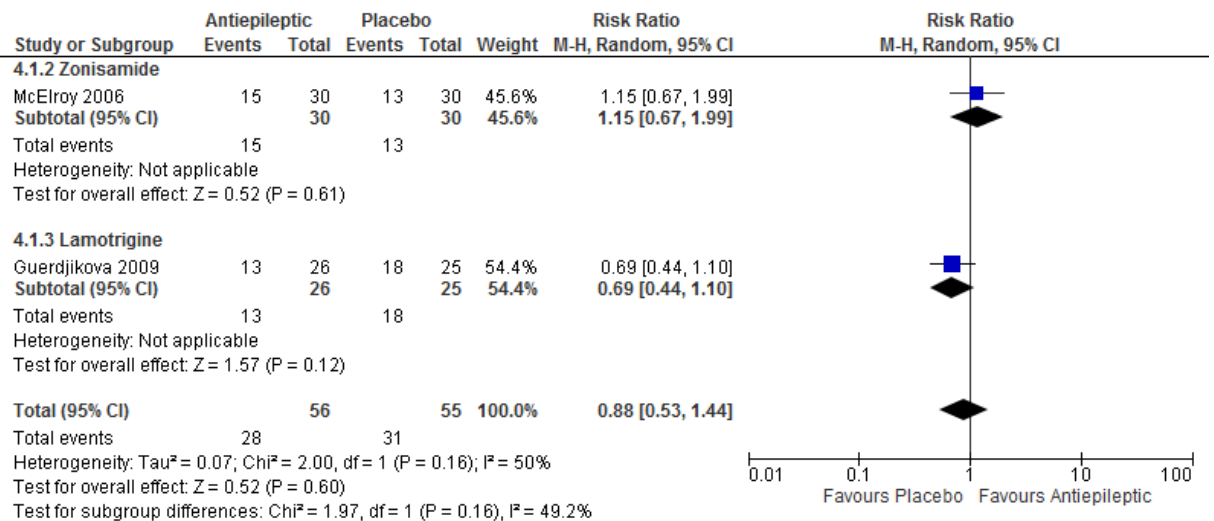


3

M.5.54 Any antiepileptic versus placebo in adults with binge eating disorder

5 **Figure 1428: Remission (ITT)**

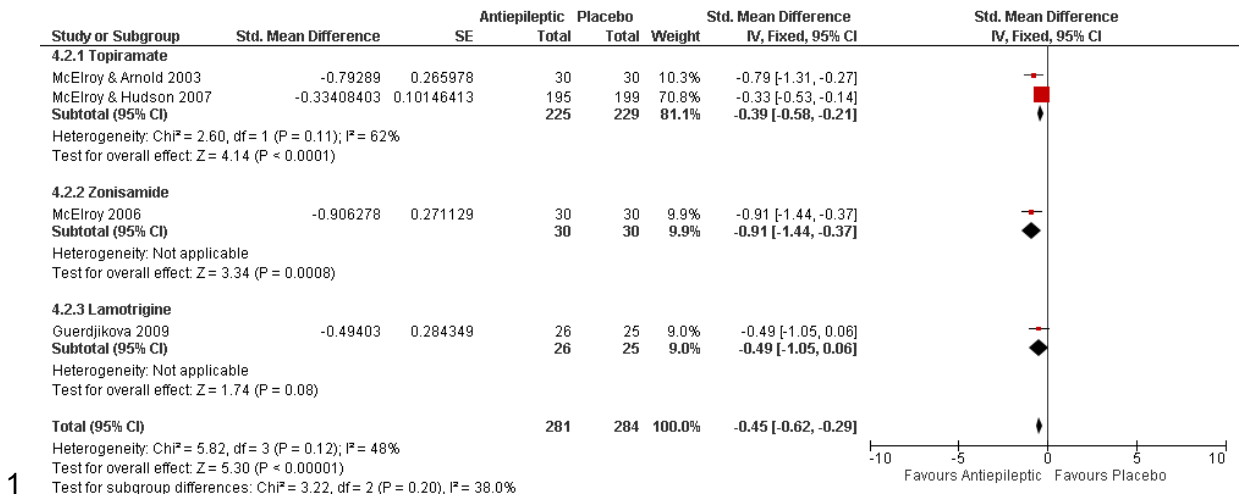
6



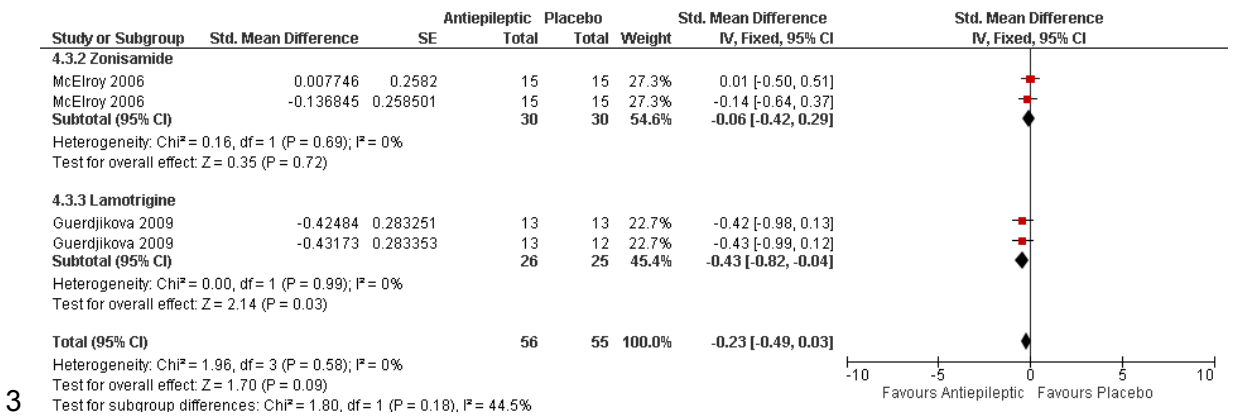
7

8 Heterogeneity was detected at $i^2=50\%$. There was no obvious risk of bias, nor difference in
9 comorbidities and duration of illness. In addition to the studies examining different types of
10 antiepileptic, heterogeneity might be explained by severity of illness: the participants of
11 Guerdjikova 2009 had a lower severity of illness in terms of binge frequency (less than 18
12 binge episodes or binge days per month) compared to those of McElroy 2006. A random
13 effects was presented.

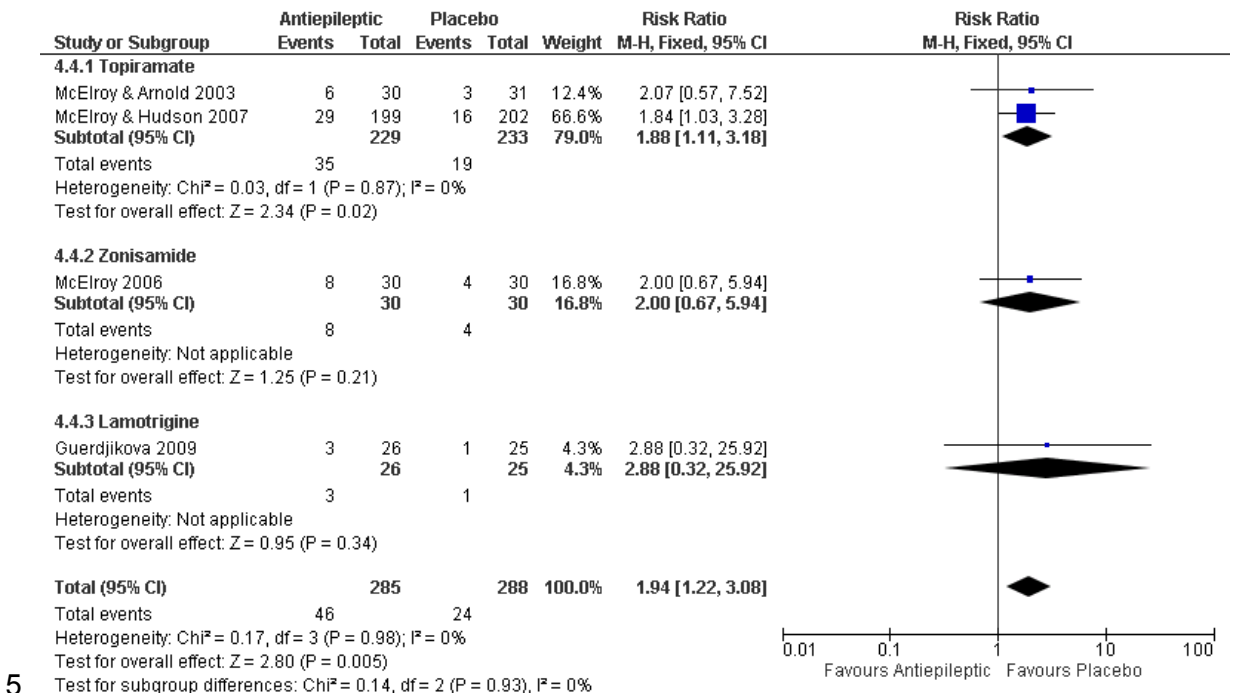
14 **Figure 1429: BMI**



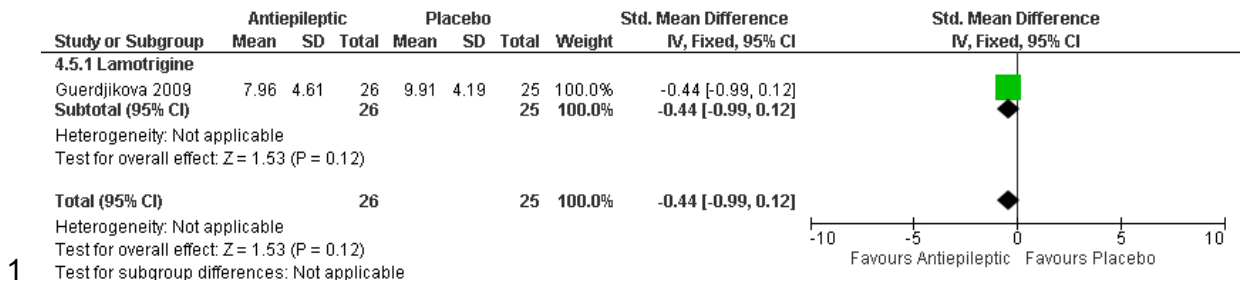
1 **Figure 1430: Binge frequency**



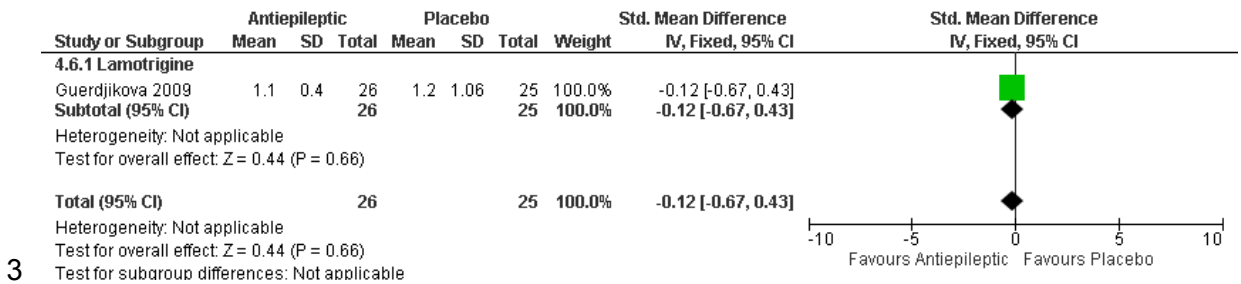
3 **Figure 1431: Withdrawn due to adverse events**



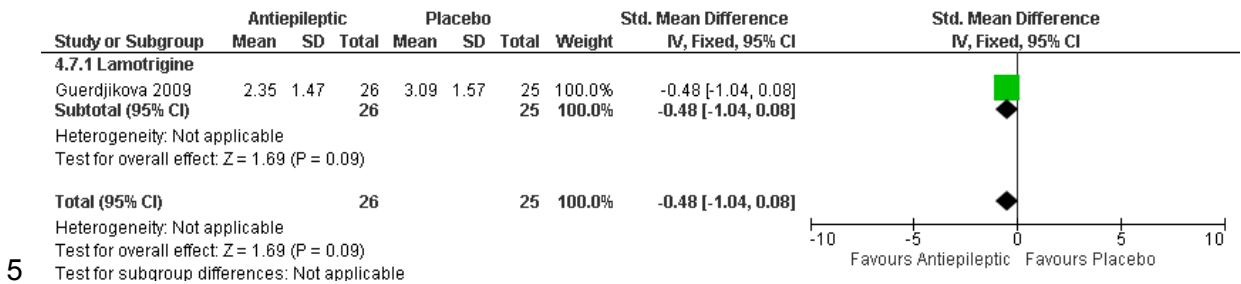
5 **Figure 1432: EDE-Q-global**



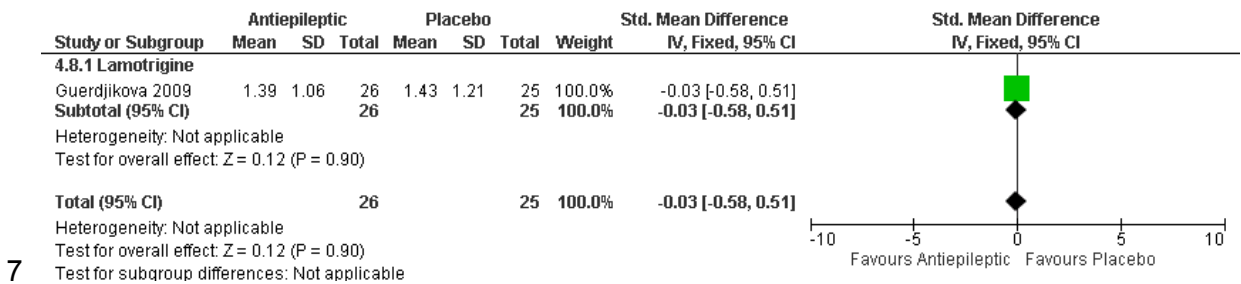
2 **Figure 1433: EDE-Q-dietary restraint**



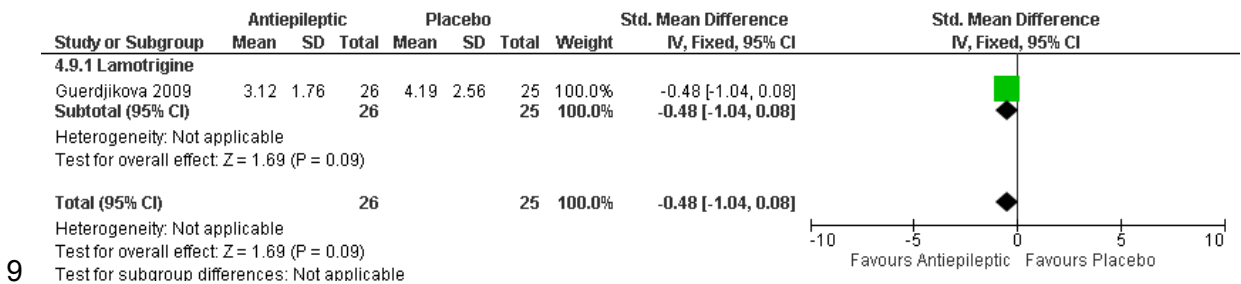
4 **Figure 1434: EDE-Q-weight concern**



6 **Figure 1435: EDE-Q-eating concern**

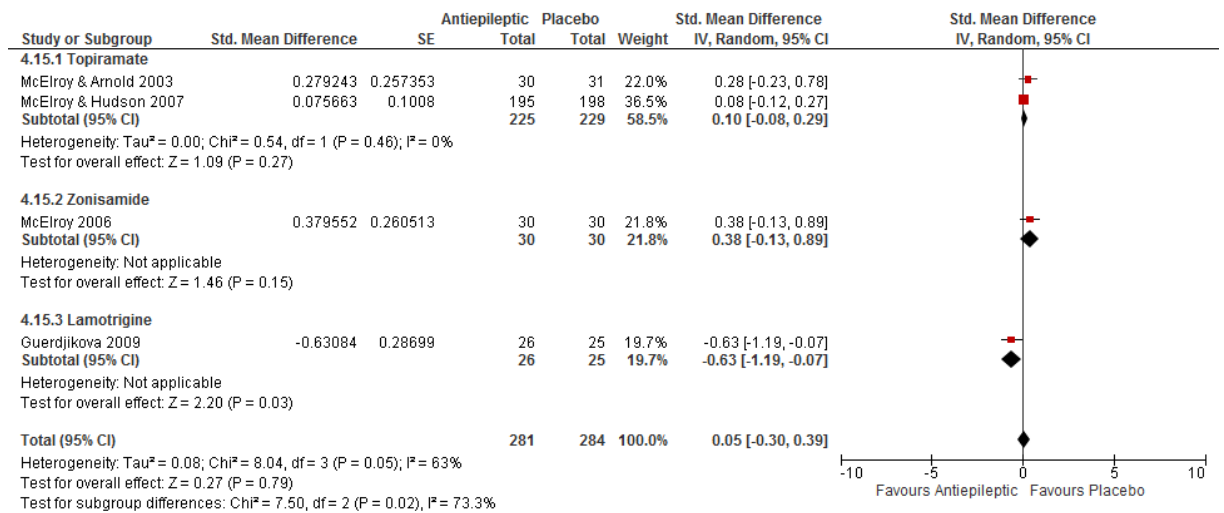


8 **Figure 1436: EDE-Q-shape concern**



10 **Figure: Depression**

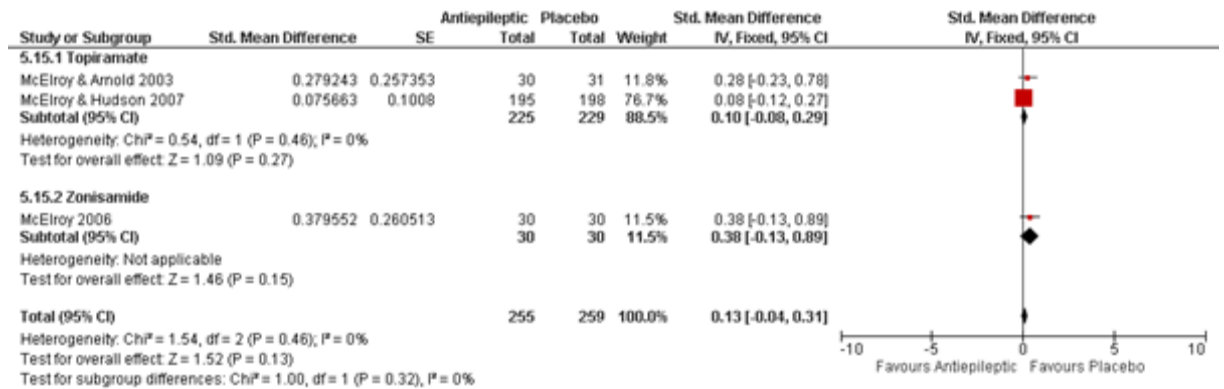
1



2

3 Heterogeneity was detected at $i^2=63\%$. There was no obvious risk of bias, nor differences in
4 duration of illness and comorbidities. Heterogeneity might be explained by severity of illness:
5 the participants of Guerdjikova 2009 had a lower severity of illness in terms of binge
6 frequency (approximately less than 18 binge episodes or binge days per month) compared to
7 the other studies (approximately more than 18 binge episodes or binge days per month).

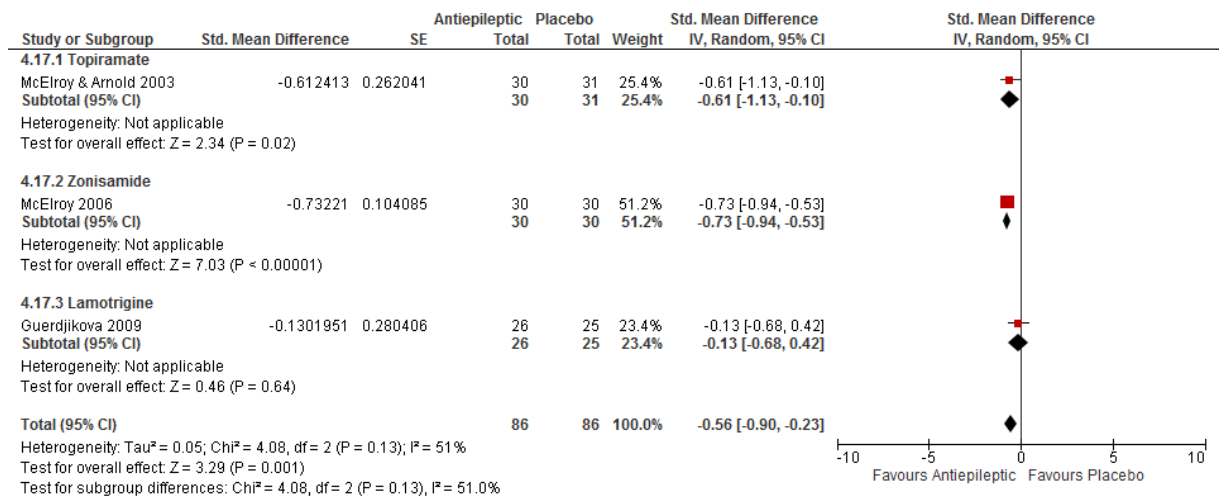
8 **Figure 1437: Sensitivity analysis for depression**



9

10 **Figure 1438: Clinical Global Impressions-severity**

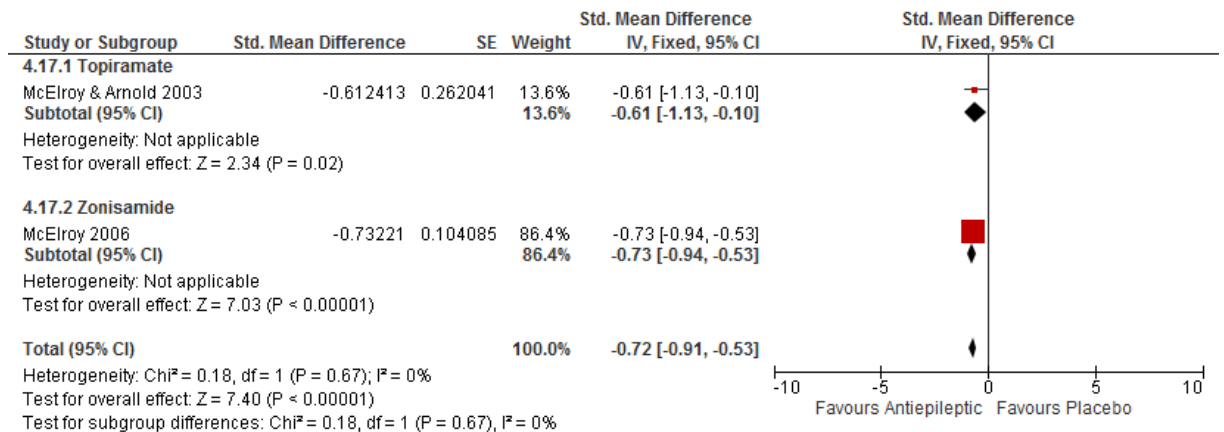
1



2

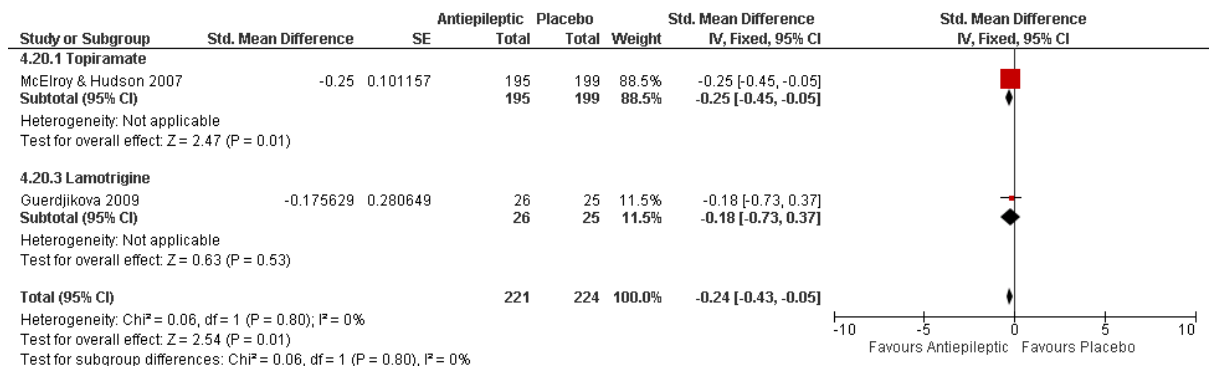
3 Heterogeneity was detected at $i^2=51\%$. There was no obvious risk of bias, nor differences in
4 duration of illness and comorbidities. Heterogeneity might be explained by severity of illness:
5 the participants of Guerdjikova 2009 had a lower severity of illness in terms of binge
6 frequency (approximately less than 18 binge episodes or binge days per month) compared to
7 the other studies (approximately more than 18 binge episodes or binge days per month).

8 **Figure 1439: Sensitivity analysis for Clinical Global Impressions-severity**



9

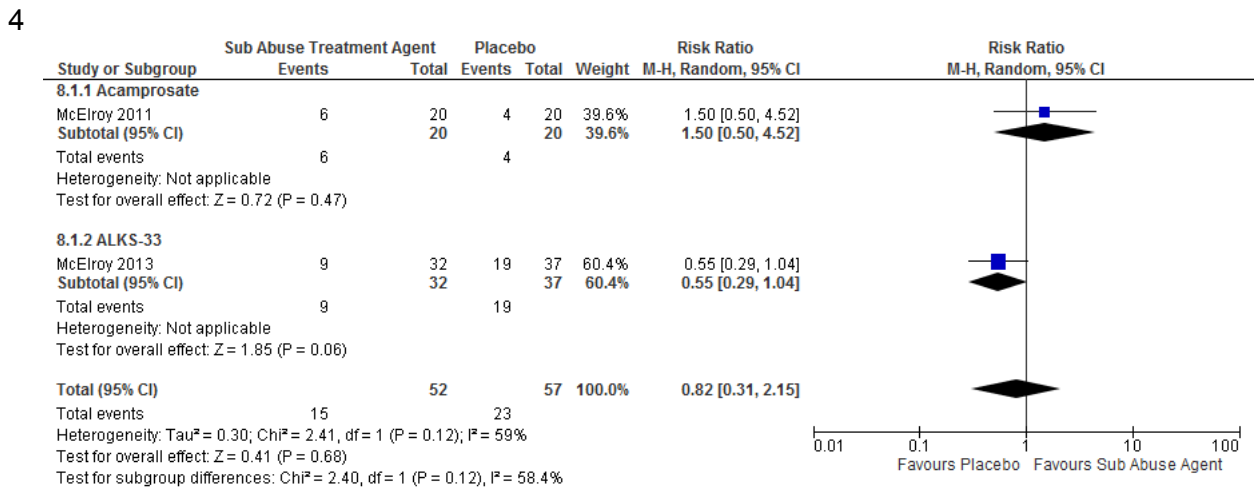
10 **Figure 1440: Sheehan Disability Scale**



11

M.5.5.11 Any substance abuse treatment agent versus placebo in adults with binge eating disorder

3 Figure 1441: Remission (ITT)

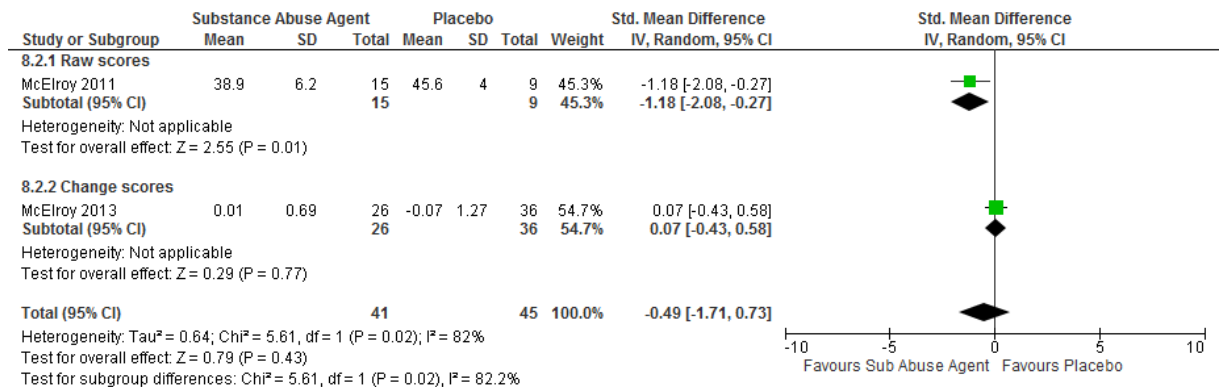


5

6 Heterogeneity was detected at $i^2=59\%$. McElroy 2013 carried a high risk of bias as the
7 participants in the ALKS-33 group (unlike the acamprosate group) were significantly younger
8 than the relevant placebo group suggesting a failure of randomisation. However, removing it
9 would not explain the heterogeneity with only 2 studies, hence a random effects analysis was
10 presented. Duration of illness and comorbidities other than depression were not reported in
11 the two studies.

12

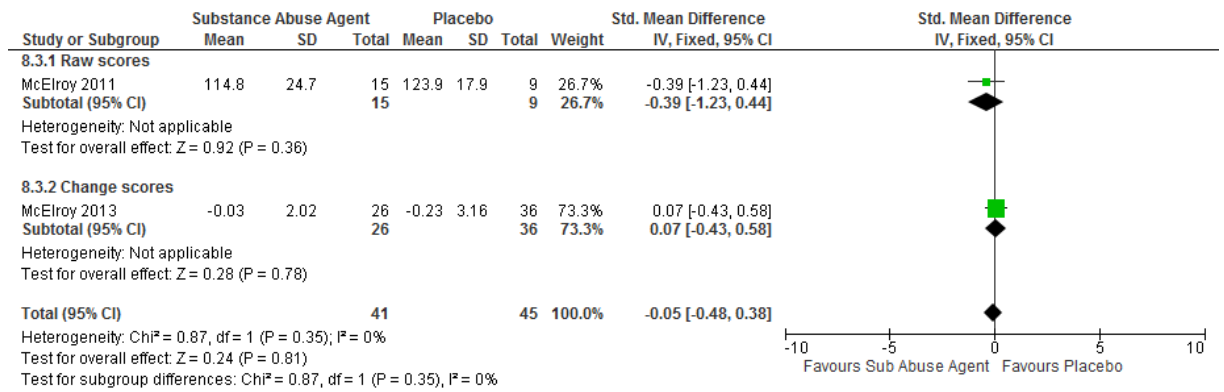
13 Figure 1442: BMI



14

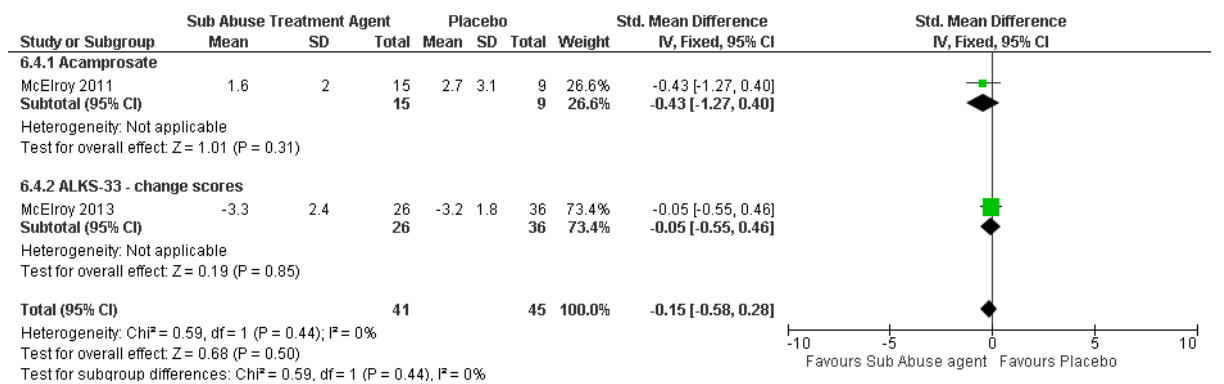
15 Heterogeneity was detected at $i^2=59\%$. McElroy 2013 carried a high risk of bias as the
16 participants in the ALKS-33 group (unlike the acamprosate group) were significantly younger
17 than the relevant placebo group suggesting a failure of randomisation. However, removing it
18 would not explain the heterogeneity with only 2 studies, hence a random effects analysis was
19 presented. Duration of illness and comorbidities other than depression were not reported in
20 the two studies.

1 **Figure 1443: Weight**



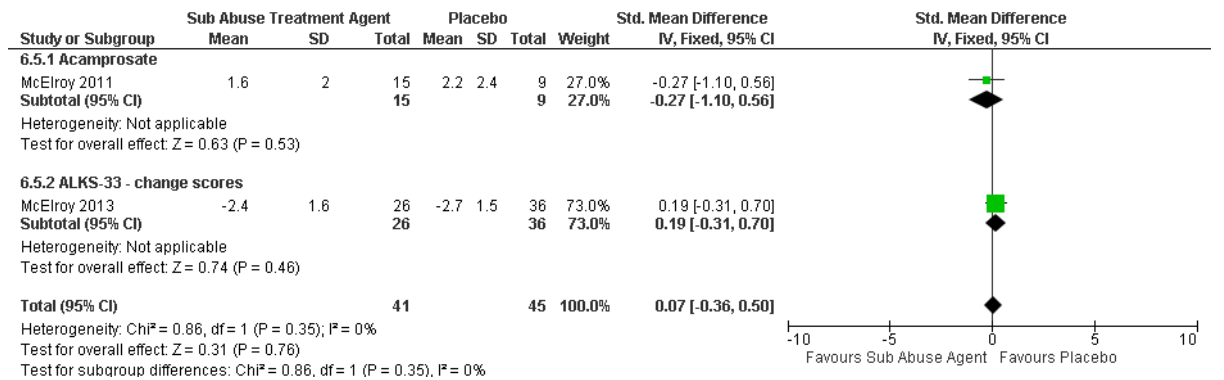
2

3 **Figure 1444: Binge episodes/week**



4

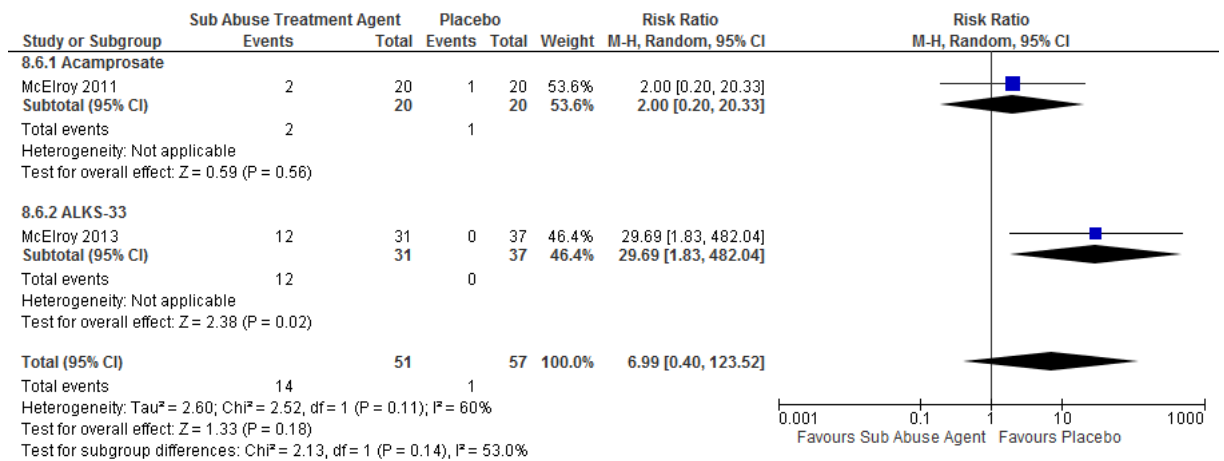
5 **Figure 1445: Binge days/week**



6

7 **Figure 1446: Withdrawn due to adverse events**

1

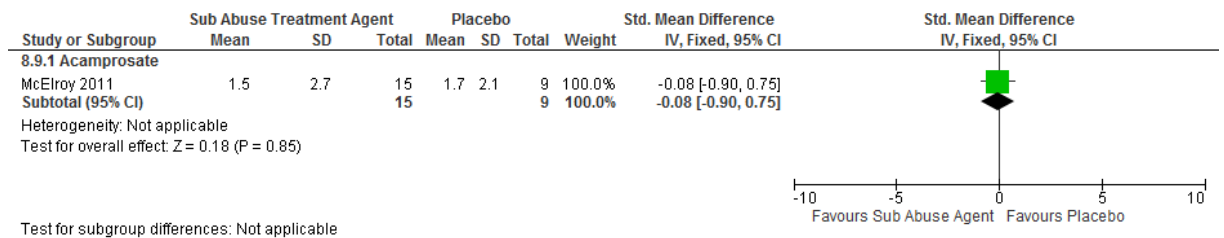


2

3 Heterogeneity was detected at $i^2=60\%$. McElroy 2013 carried a high risk of bias as the
4 participants in the ALKS-33 group (unlike the acamprosate group) were significantly younger
5 than the relevant placebo group suggesting a failure of randomisation. . However, removing it
6 would not explain the heterogeneity with only 2 studies, hence a random effects analysis was
7 presented. Duration of illness and comorbidities other than depression were not reported in
8 the two studies. In addition over 20% of the participants in ALKS-33 group reported several
9 side effects, including nausea, dizziness, headaches and insomnia, which may explain the
10 variability. By contrast, these side effects were relatively uncommon in the acamprosate
11 study.

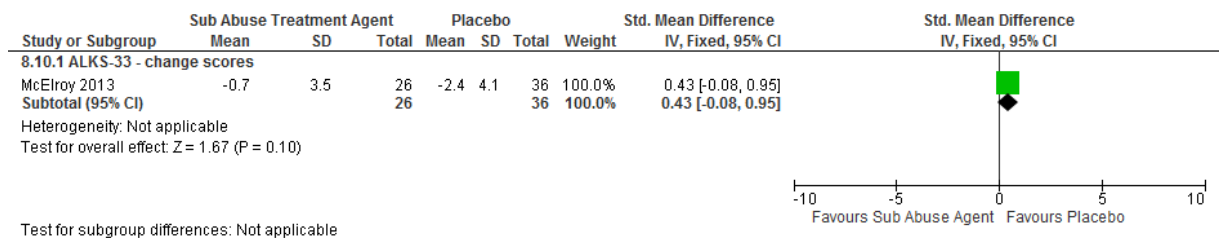
12

13 **Figure 1447: Depression**



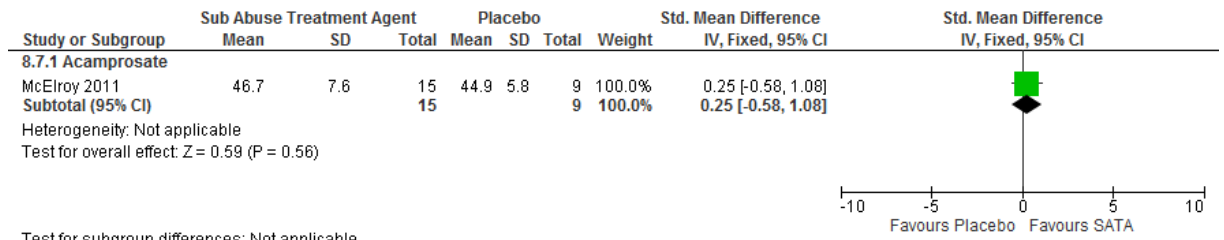
14

15 **Figure 1448: Depression - change scores**



16

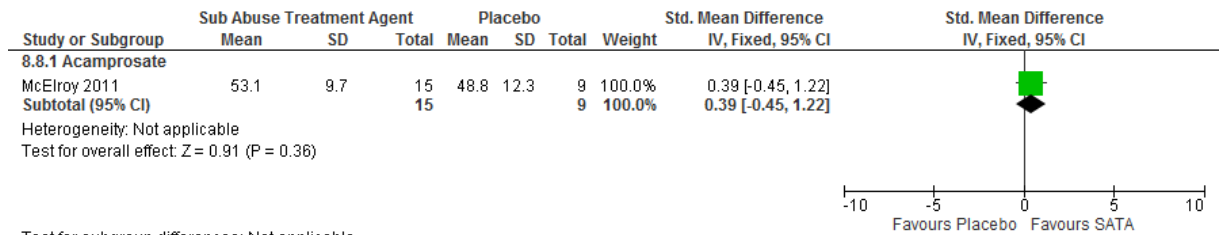
17 **Figure 1449: General physical functioning**



Test for subgroup differences: Not applicable

1

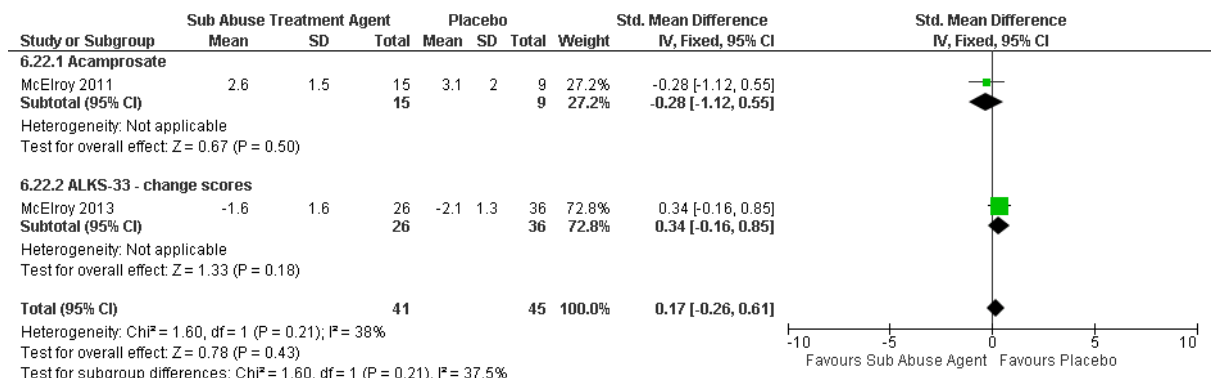
2 **Figure 1450: General mental functioning**



Test for subgroup differences: Not applicable

3

4 **Figure 1451: Clinical Global Impressions-severity**



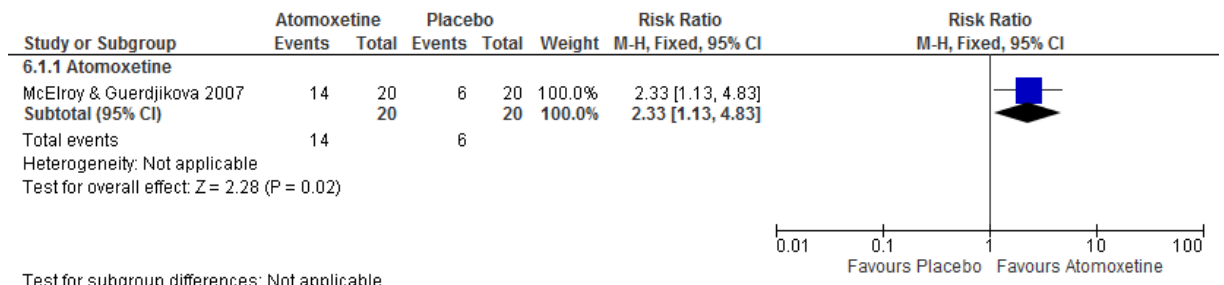
5

M.5.5.26 **Other pharmacological interventions versus placebo in adults with binge eating disorder**

- 8 • Atomoxetine versus placebo

9 **Figure 1452: Remission (ITT)**

10

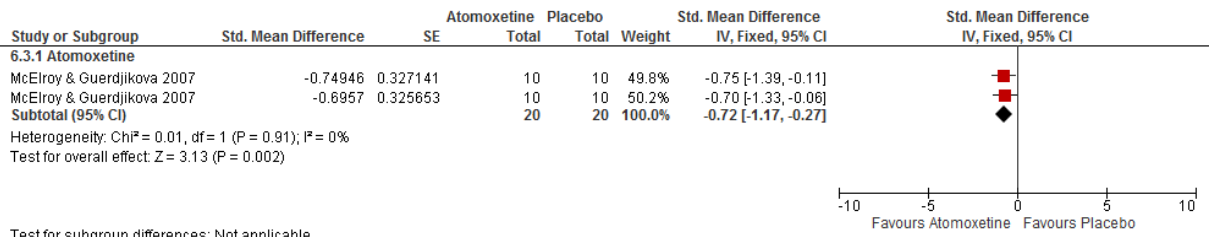


Test for subgroup differences: Not applicable

11

12 **Figure 1453: Binge frequency**

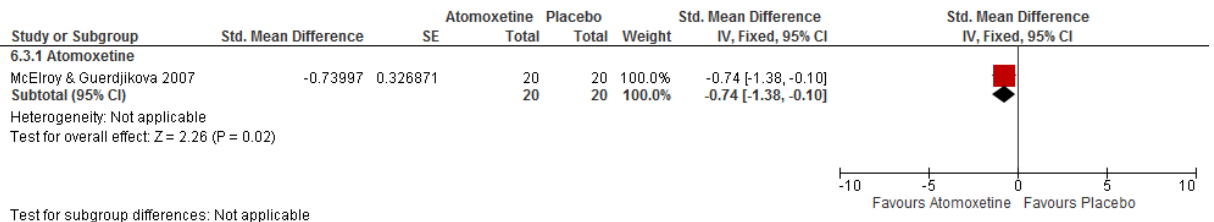
1



2

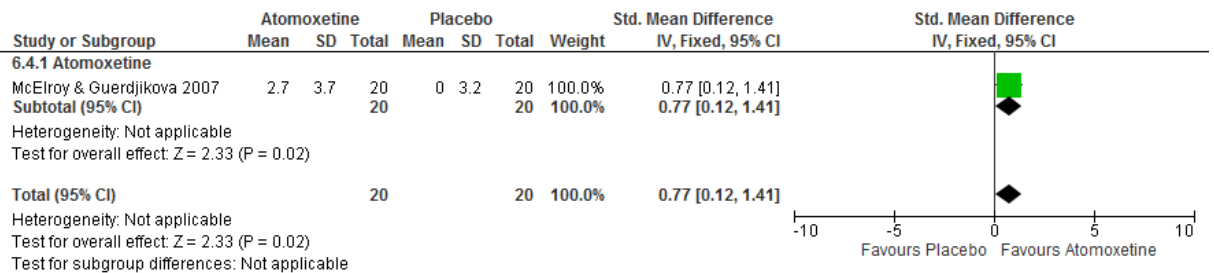
3 **Figure 1454: BMI**

4



5

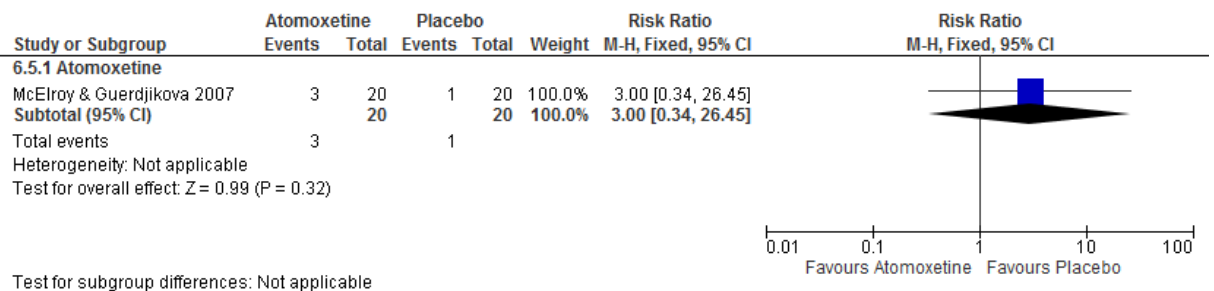
6 **Figure 1455: Weight loss (kg)**



7

8 **Figure 1456: Withdrawn due to adverse events**

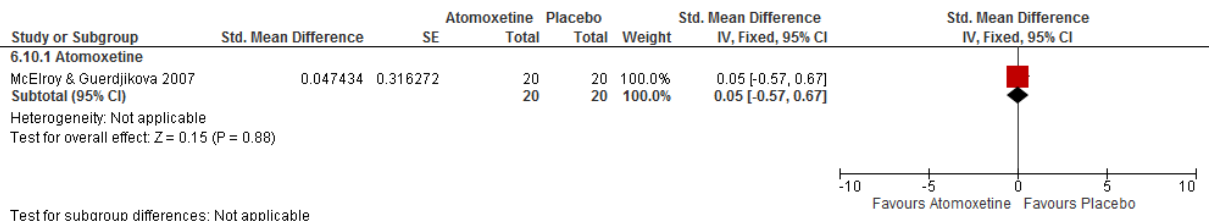
9



10

11 **Figure 1457: Depression**

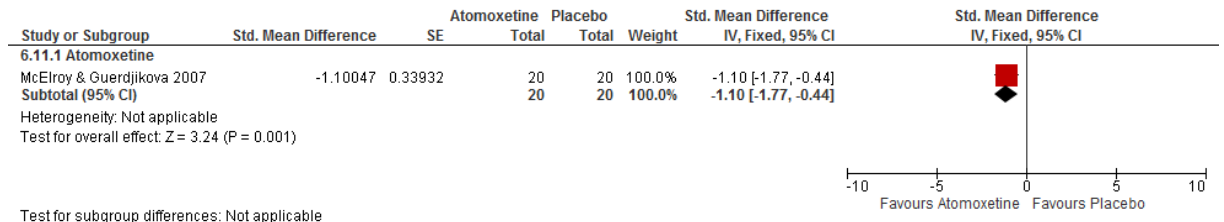
12



13

1 **Figure 1458: Clinical Global Impressions-severity of illness**

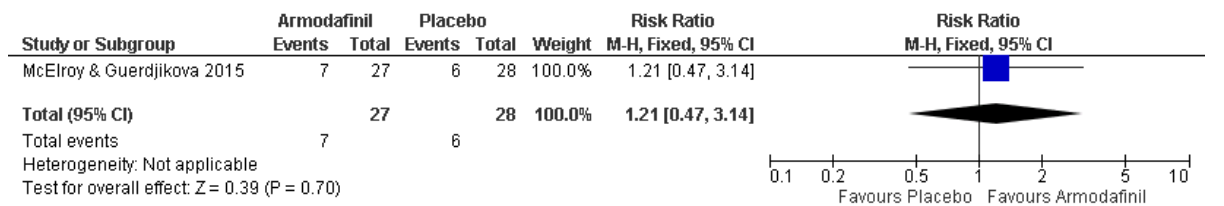
2



3

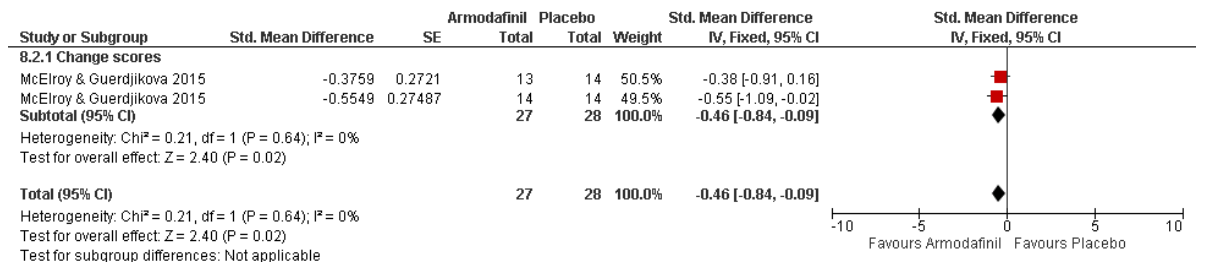
4 • **Armodafinil versus placebo**

5 **Figure 1459: Remission (ITT)**



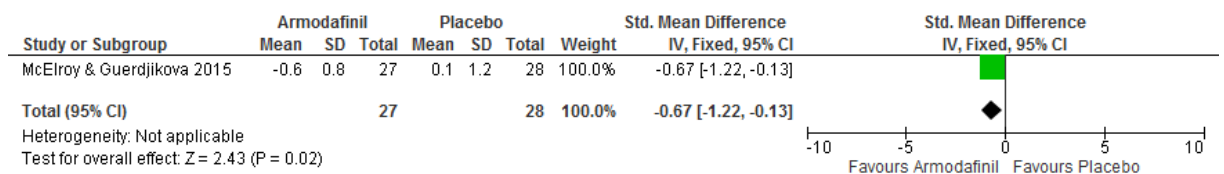
6

7 **Figure 1460: Binge frequency**



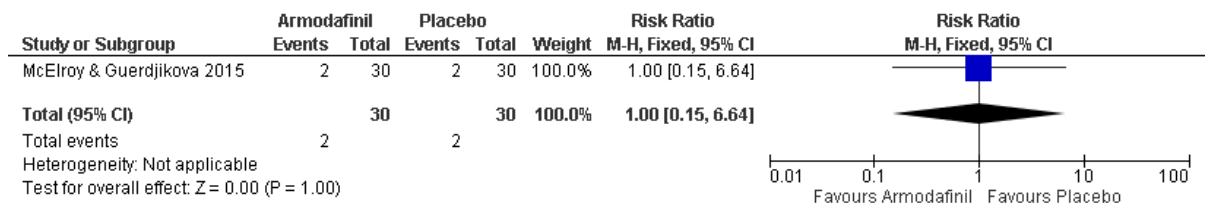
8

9 **Figure 1461: BMI – change scores**



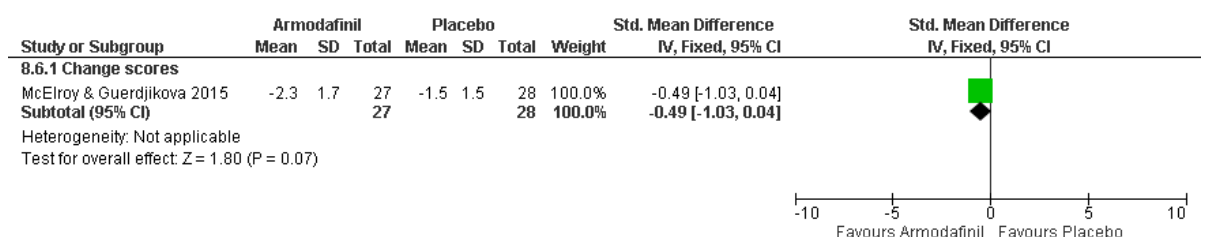
10

11 **Figure 1462: Withdrawn due to adverse events**



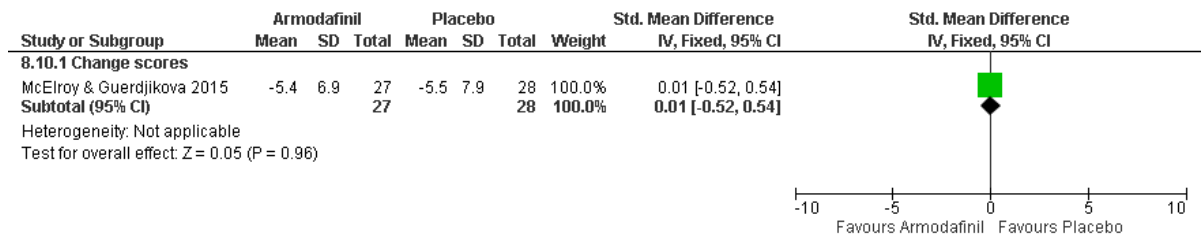
12

13 **Figure 1463: Clinical Global Impressions-severity**



14

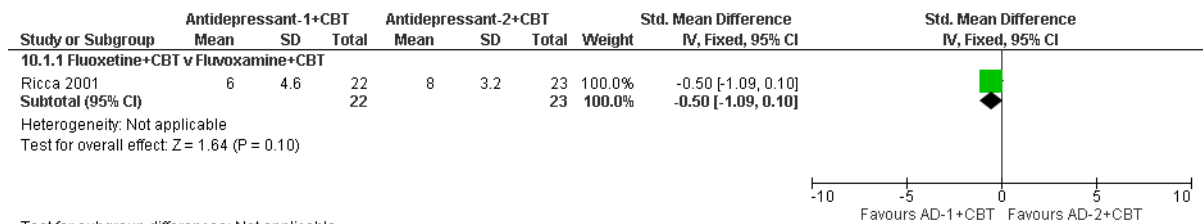
1 **Figure 1464: Depression**



2

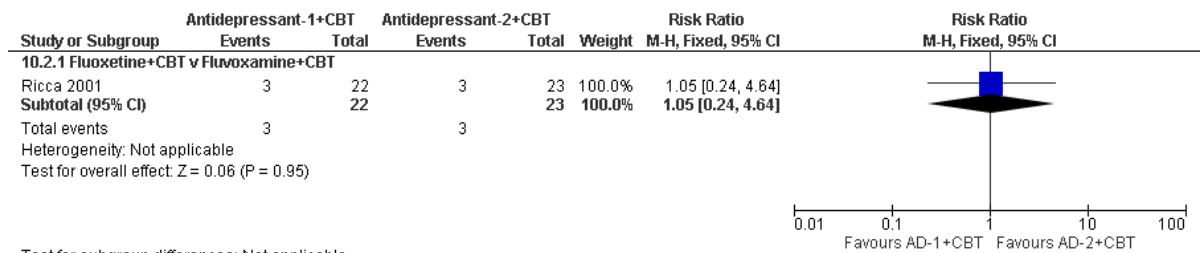
M.5.5.33 **Any antidepressant-1 and CBT-ED versus any antidepressant-2 and CBT-ED in adults with binge eating disorder at end of treatment**

5 **Figure 1465: Binge frequency**



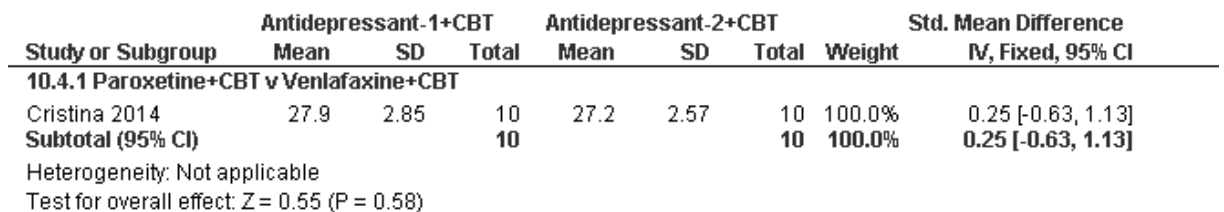
6 Test for subgroup differences: Not applicable

7 **Figure 1466: Withdrawn due to adverse events**



8 Test for subgroup differences: Not applicable

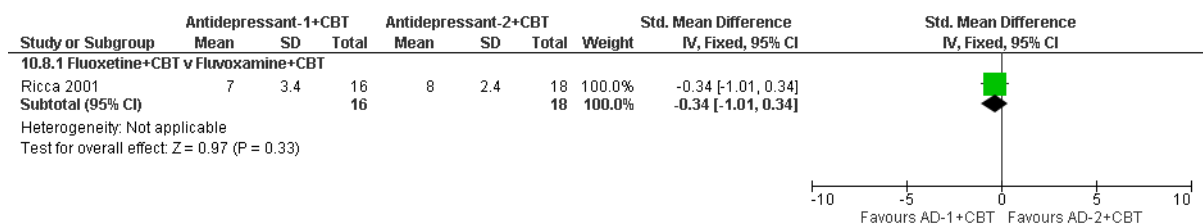
9 **Figure 1467: Binge Eating Scale**



10

M.5.5.41 **Any antidepressant-1 and CBT-ED versus any antidepressant-2 and CBT-ED in adults with binge eating disorder at follow up**

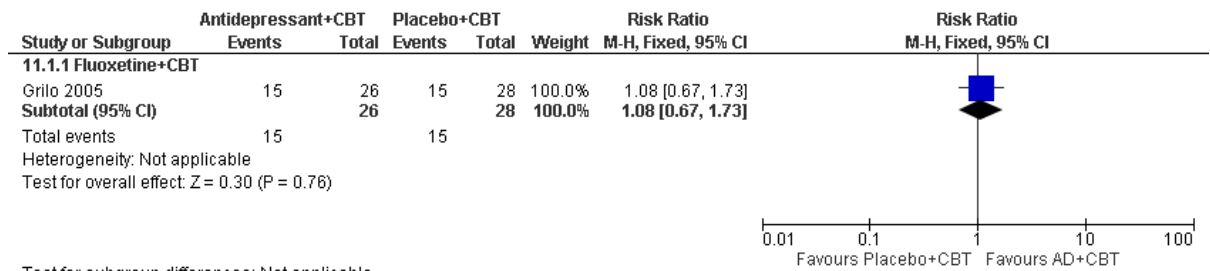
13 **Figure 1468: Binge frequency**



14 Test for subgroup differences: Not applicable

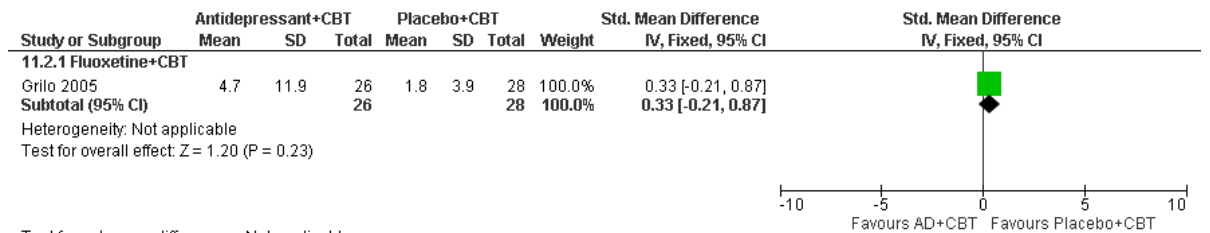
M.5.5.51 Any antidepressant and CBT-ED versus placebo and CBT-ED in adults with binge eating disorder at end of treatment

3 Figure 1469: Remission (ITT)



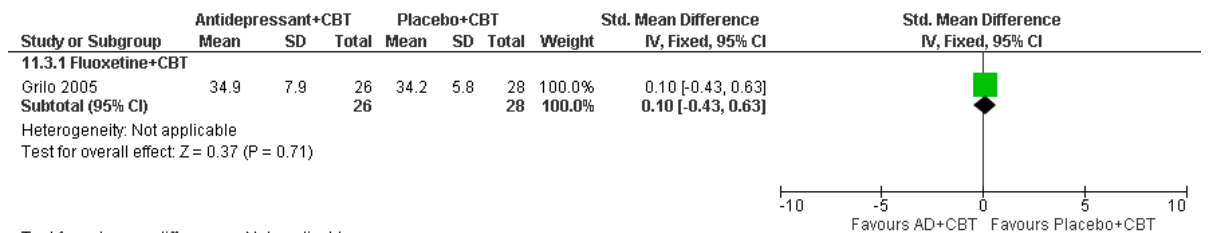
4 Test for subgroup differences: Not applicable

5 Figure 1470: Binge frequency



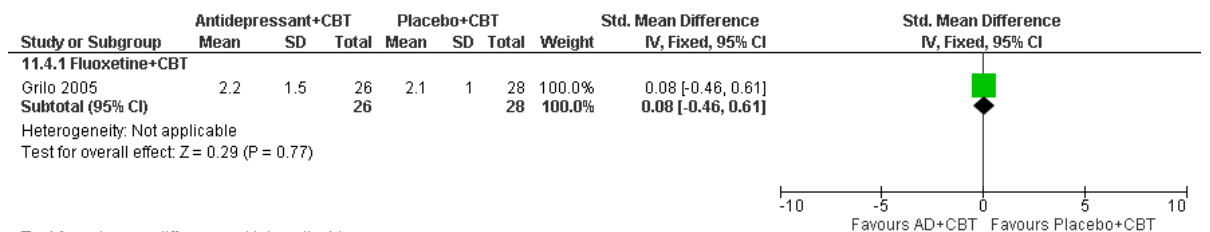
6 Test for subgroup differences: Not applicable

7 Figure 1471: BMI



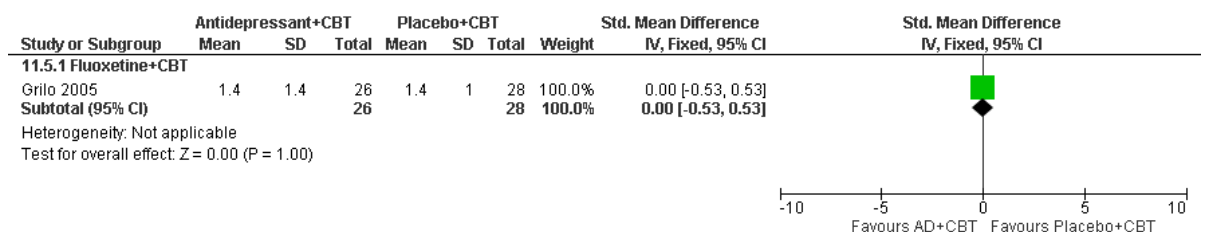
8 Test for subgroup differences: Not applicable

9 Figure 1472: EDE-Q-global



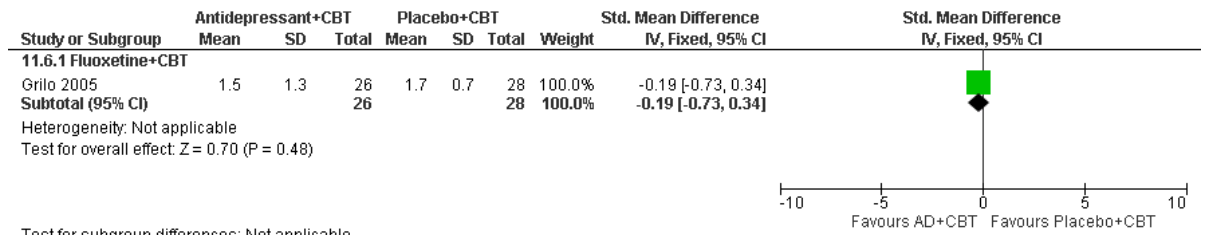
10 Test for subgroup differences: Not applicable

11 Figure 1473: EDE-Q-dietary restraint



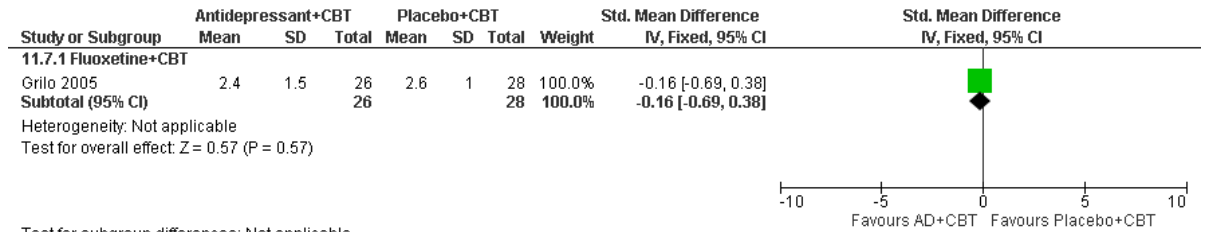
12 Test for subgroup differences: Not applicable

13 Figure 1474: EDE-Q-eating concern



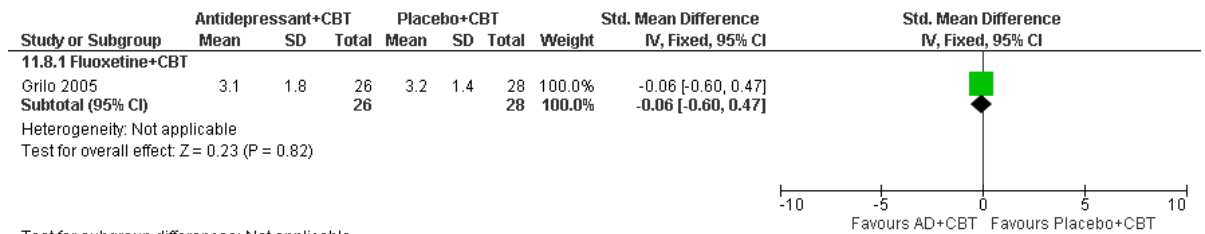
1 Test for subgroup differences: Not applicable

2 **Figure 1475: EDE-Q-weight concern**



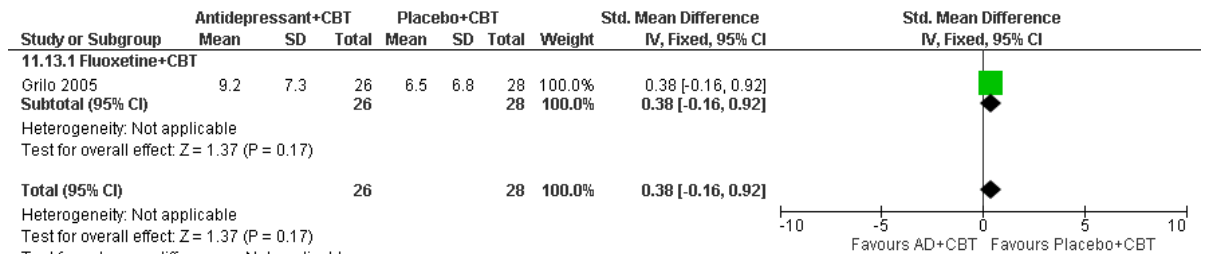
3 Test for subgroup differences: Not applicable

4 **Figure 1476: EDE-Q-shape concern**



5 Test for subgroup differences: Not applicable

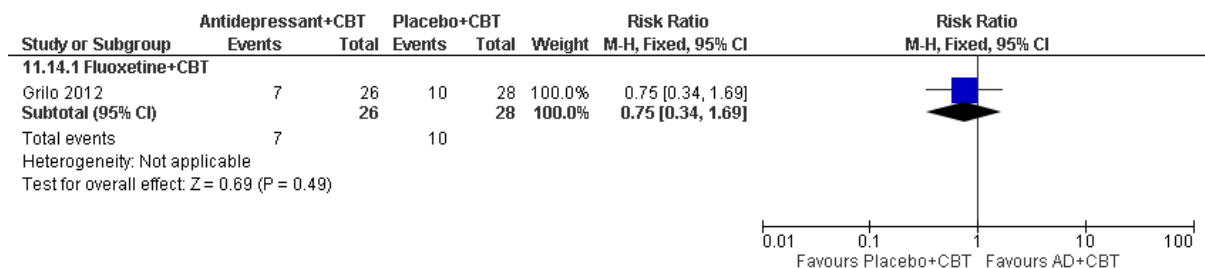
6 **Figure 1477: Depression**



7 Test for subgroup differences: Not applicable

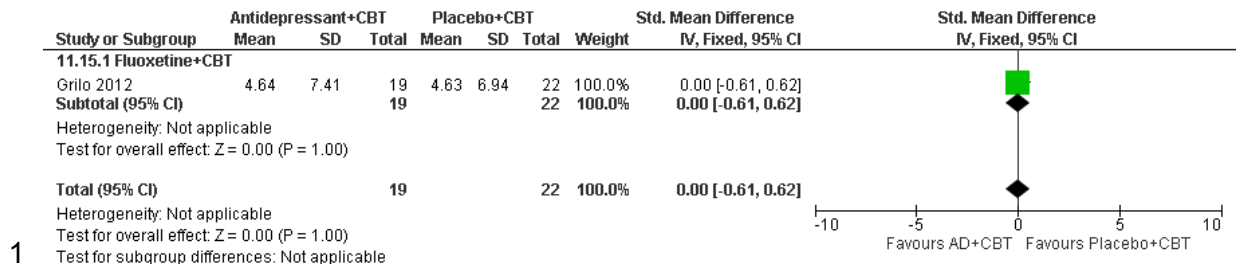
M.5.5.68 **Any antidepressant and CBT-ED versus placebo and CBT-ED in adults with binge eating disorder at follow up**

9 **Figure 1478: Remission (ITT)**

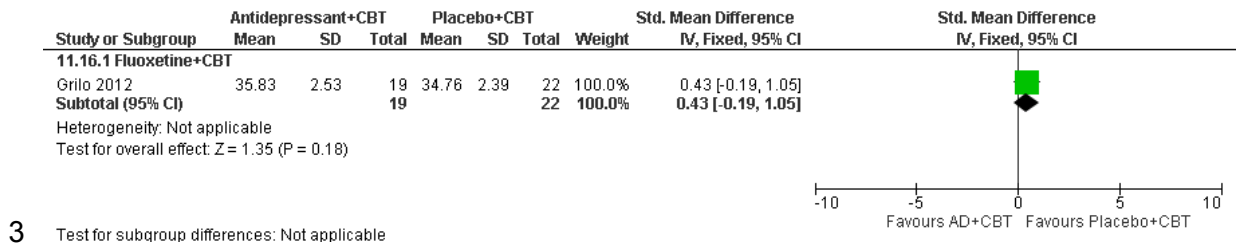


11 Test for subgroup differences: Not applicable

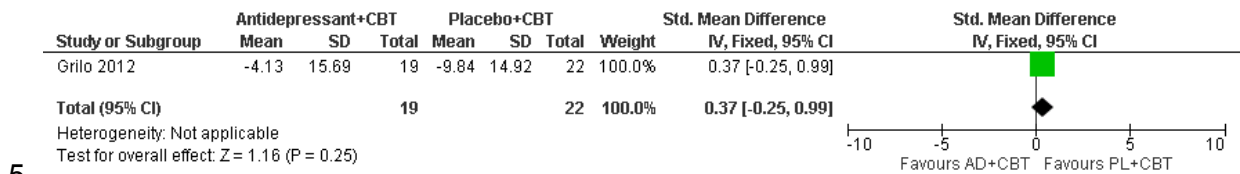
12 **Figure 1479: Binge frequency**



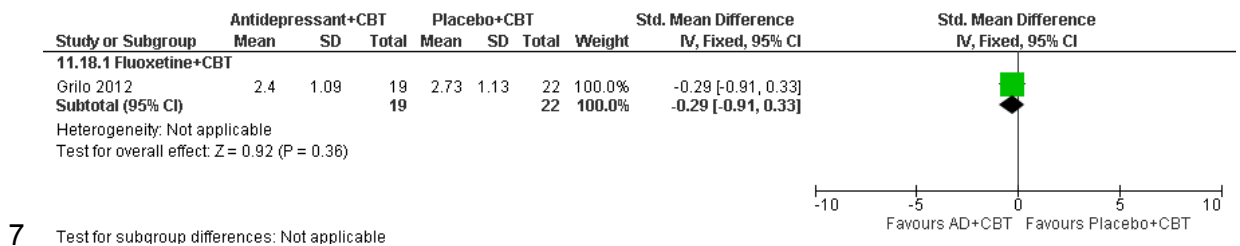
2 **Figure 1480: BMI**



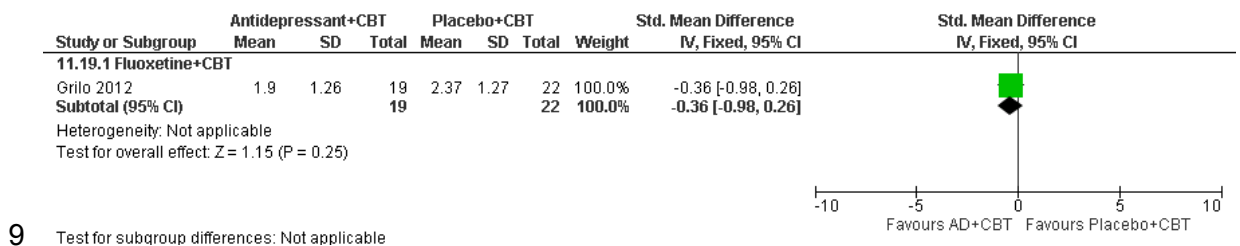
4 **Figure 1481: Percentage weight loss**



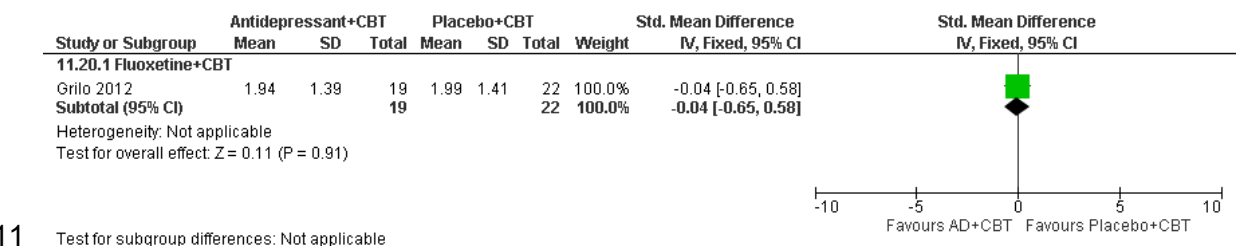
6 **Figure 1482: EDE-Q-global**



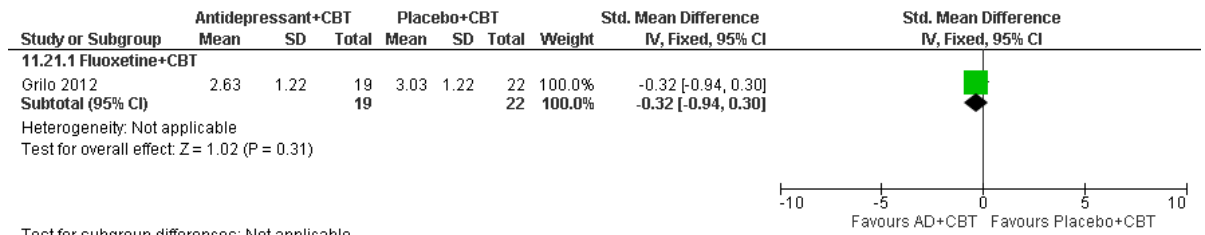
8 **Figure 1483: EDE-Q-dietary restraint**



10 **Figure 1484: EDE-Q-eating concern**

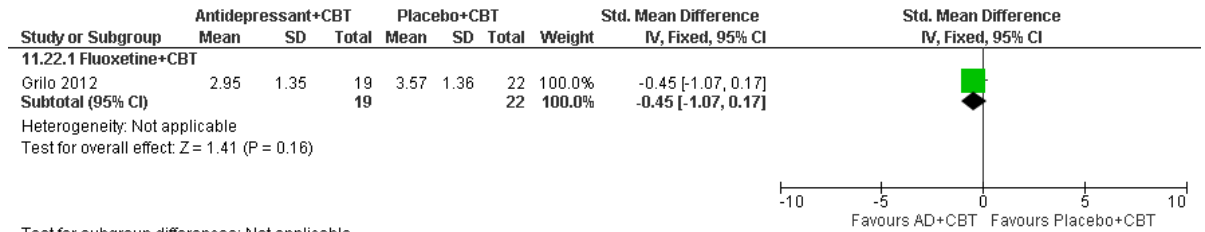


12 **Figure 1485: EDE-Q-weight concern**



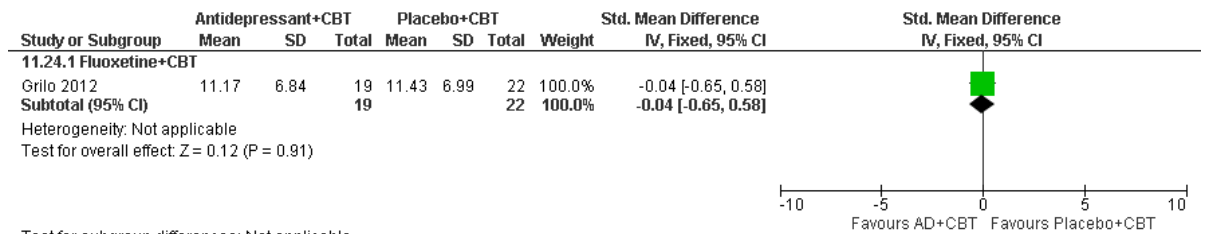
1 Test for subgroup differences: Not applicable

2 **Figure 1486: EDE-Q-shape concern**



3 Test for subgroup differences: Not applicable

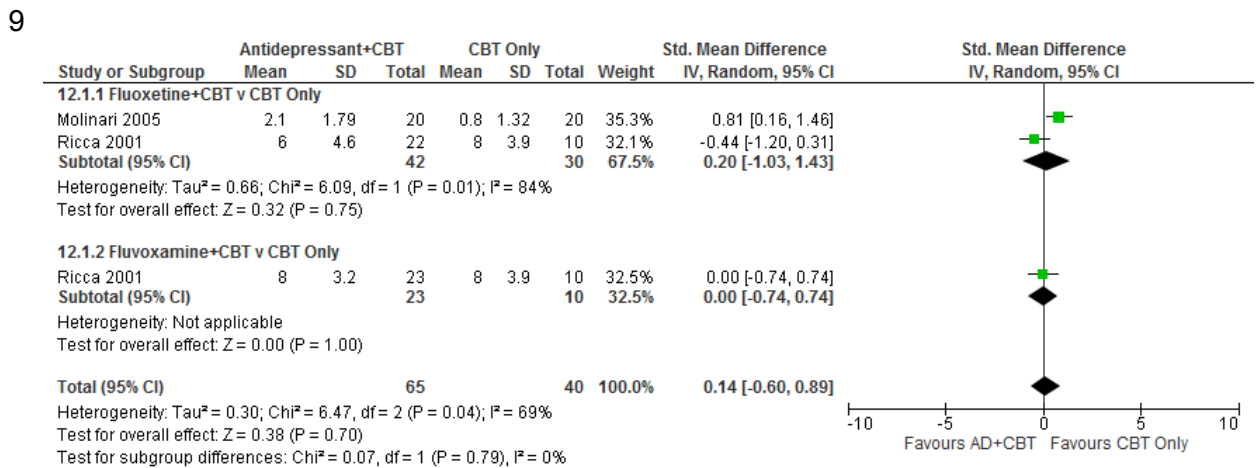
4 **Figure 1487: Depression**



5 Test for subgroup differences: Not applicable

M.5.5.76 **Any antidepressant and CBT-ED versus CBT-ED in adults with binge eating disorder at end of treatment**

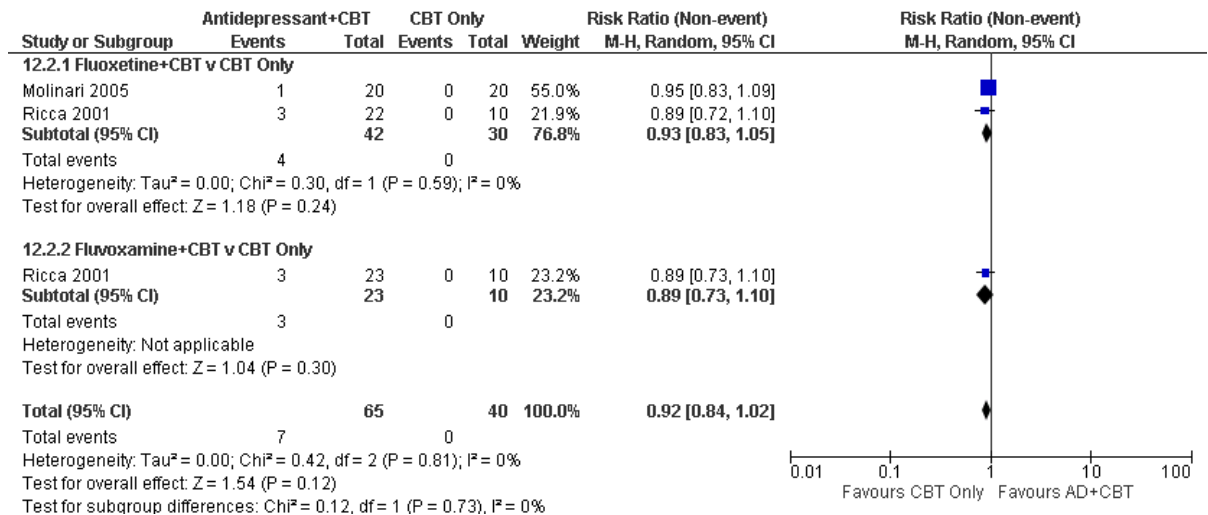
7 **Figure 1488: Binge frequency**



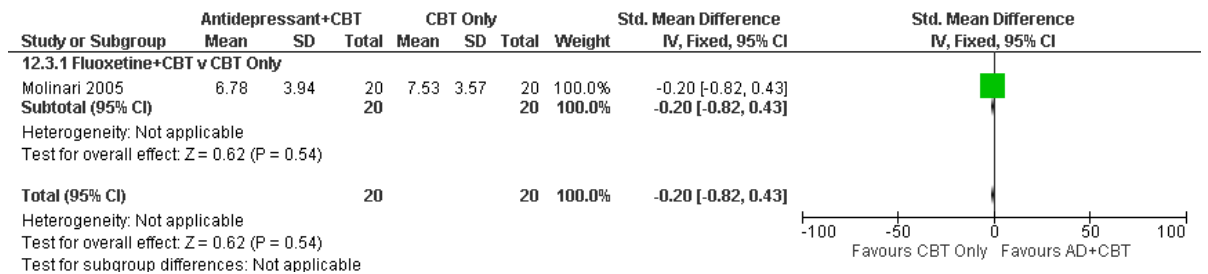
10

11 Heterogeneity was detected at $i^2=84\%$ for the fluoxetine and CBT-ED subgroup. One study
 12 by Molinari 2005 appeared to be an outlier. Molinari 2005 carried a high risk of bias given
 13 that part of the study was conducted in an inpatient setting (4 of the 52 weeks), the duration
 14 of the treatment was twice that of Ricca 2001 (12 months vs 6 months), participants were on
 15 a diet and also received group nutritional counselling. Hence, it is difficult to compare the
 16 efficacy of the combined treatments and a random effects analysis was presented.

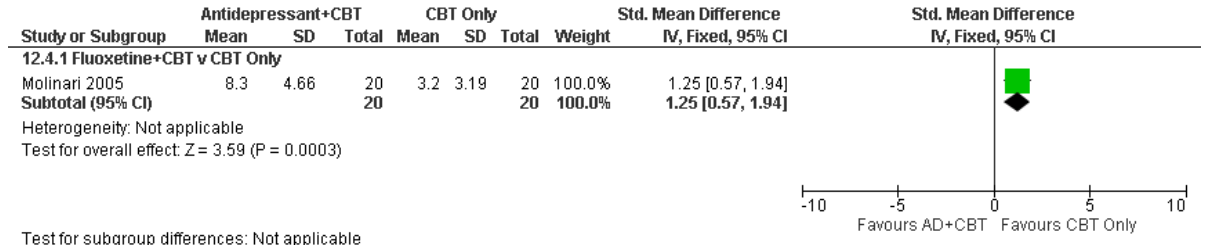
17 **Figure 1489: Withdrawn due to adverse events**



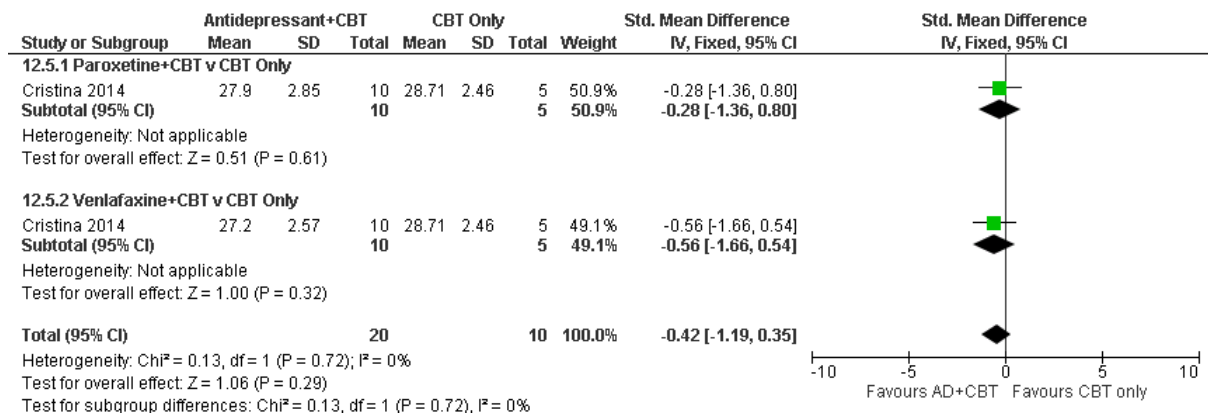
2 **Figure 1490: Percentage weight loss**



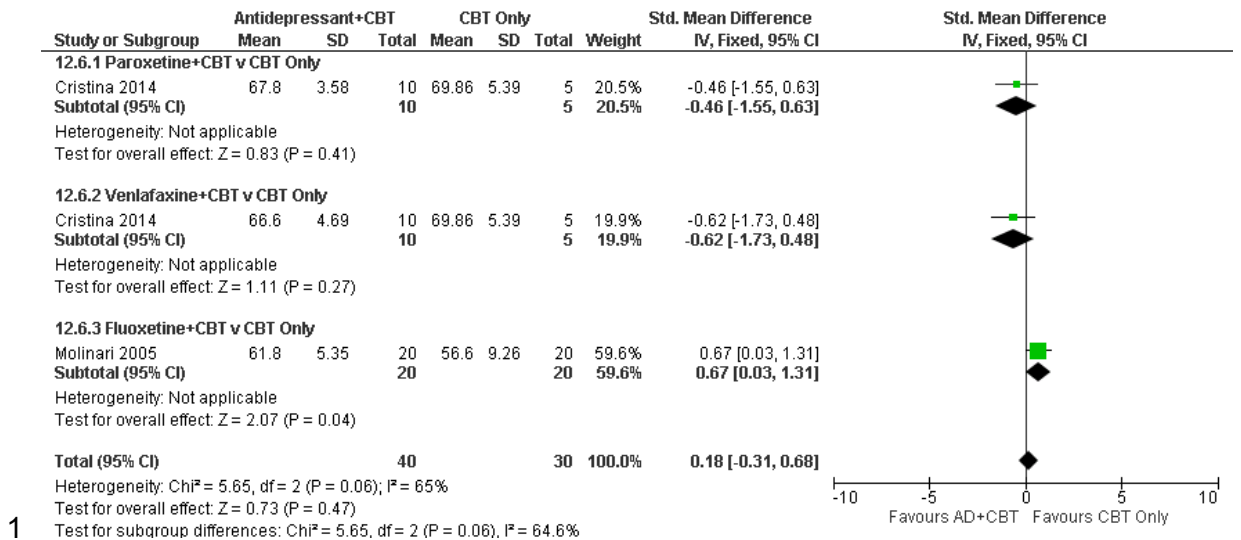
4 **Figure 1491: EDI-2-bulimia**



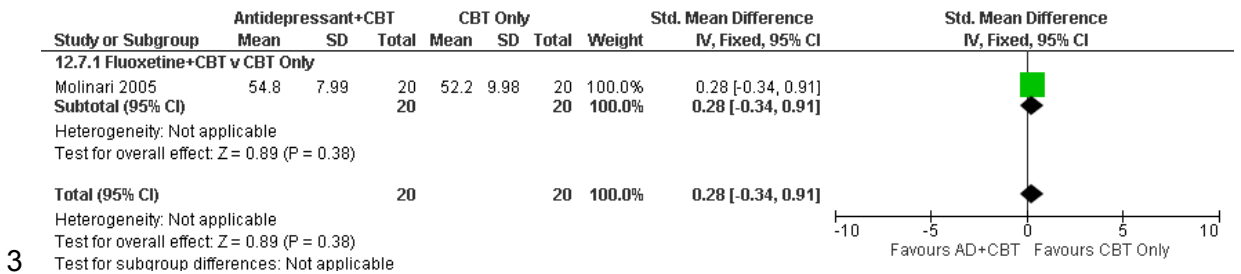
6 **Figure 1492: Binge Eating Scale**



8 **Figure 1493: Depression**

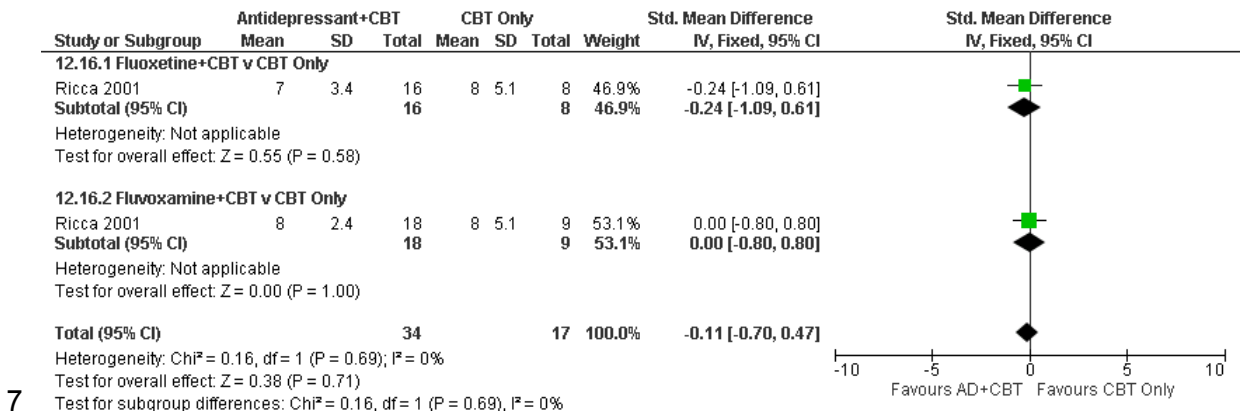


2 **Figure 1494: Family functioning**



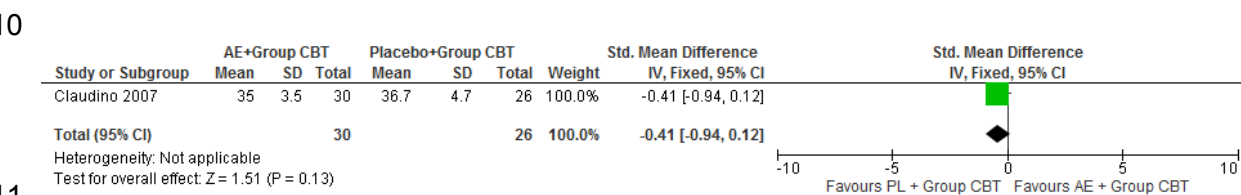
M.5.5.84 **Any antidepressant and CBT-ED versus CBT-ED in adults with binge eating disorder at follow up**

6 **Figure 1495: Binge frequency**

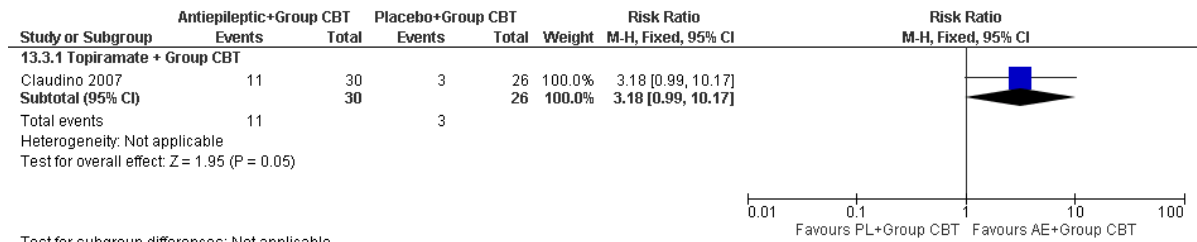


M.5.5.98 **Any antiepileptic and group CBT-ED versus placebo and group CBT-ED**

9 **Figure 1496: BMI**

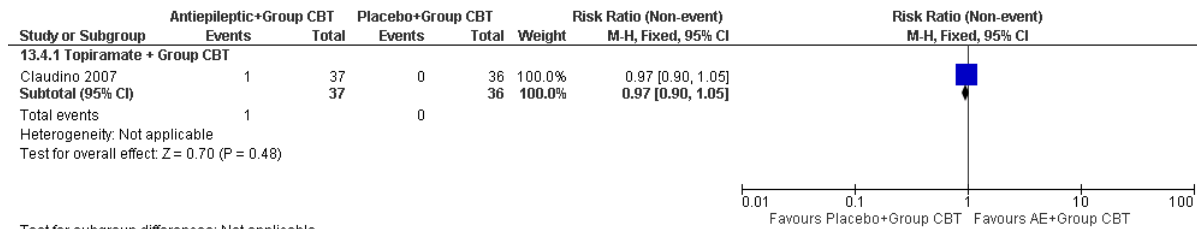


12 **Figure 1497: Number of people achieving weight loss of 10% or more**



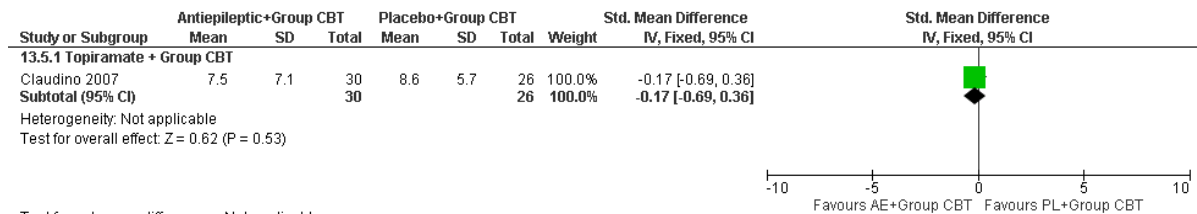
1 Test for subgroup differences: Not applicable

2 Figure 1498: Withdrawn due to adverse events



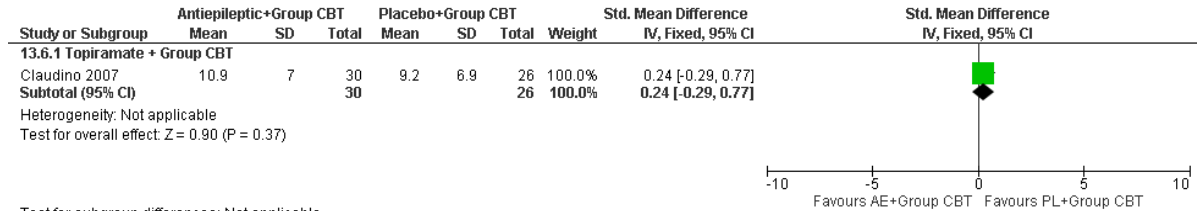
3 Test for subgroup differences: Not applicable

4 Figure 1499: Binge Eating Scale



5 Test for subgroup differences: Not applicable

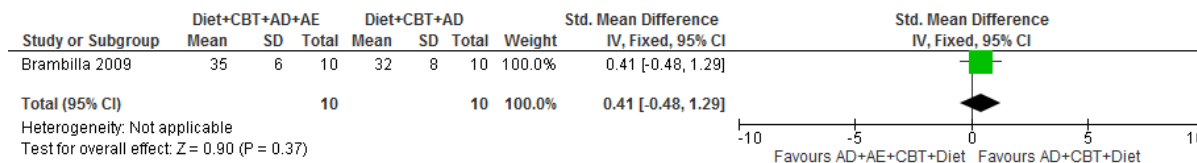
6 Figure 1500: Depression



7 Test for subgroup differences: Not applicable

M.5.5.108 Any antidepressant, antiepileptic, CBT-ED and group behavioural weight loss therapy versus antidepressant, CBT-ED and group behavioural weight loss therapy

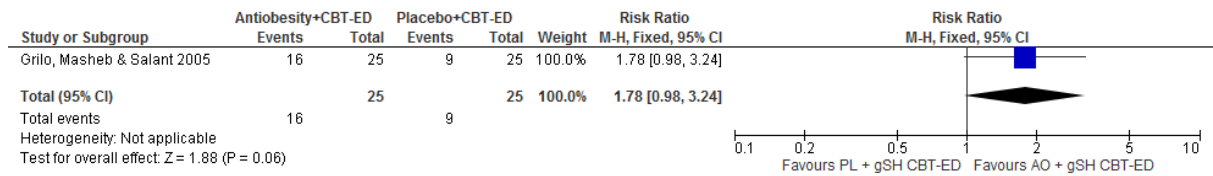
10 Figure 1501: BMI



11

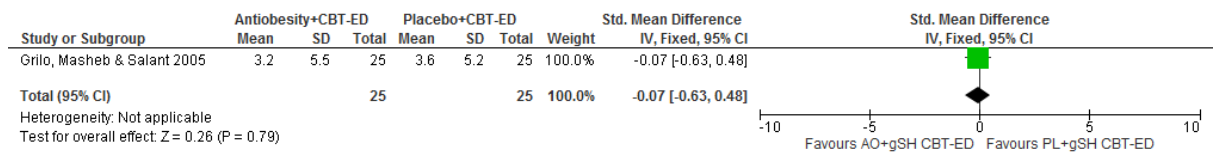
M.5.5.111 Any antiobesity agent and CBT-ED versus placebo and CBT-ED in adults with binge eating disorder at end of treatment

3 Figure 1502: Remission (ITT)



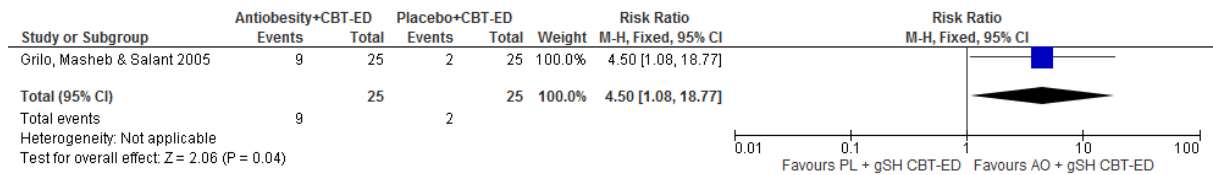
4

5 Figure 1503: Binge frequency



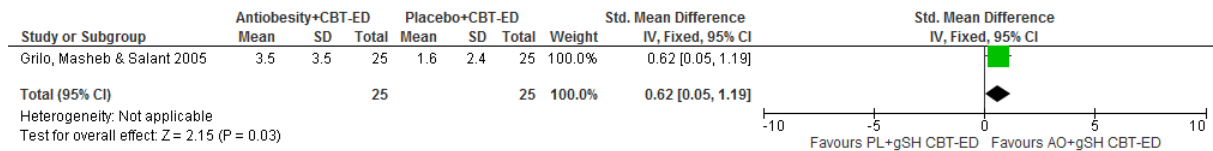
6

7 Figure 1504: Weight loss >=5% (ITT)



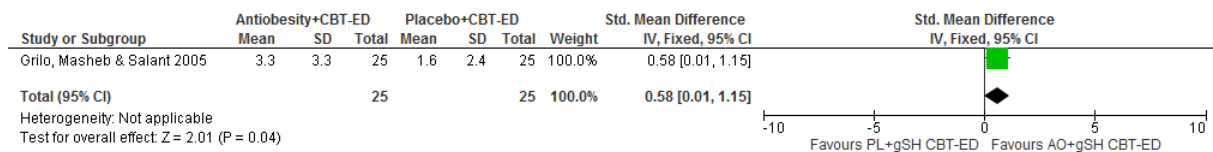
8

9 Figure 1505: Weight loss (kg)



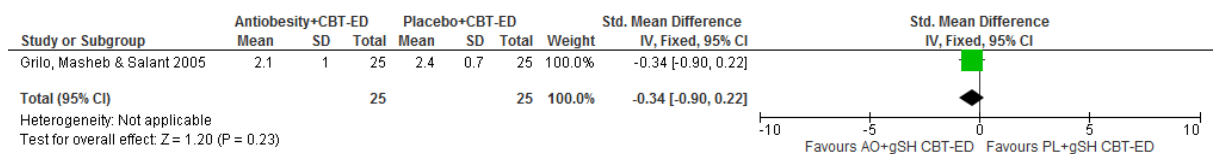
10

11 Figure 1506: Mean % weight loss



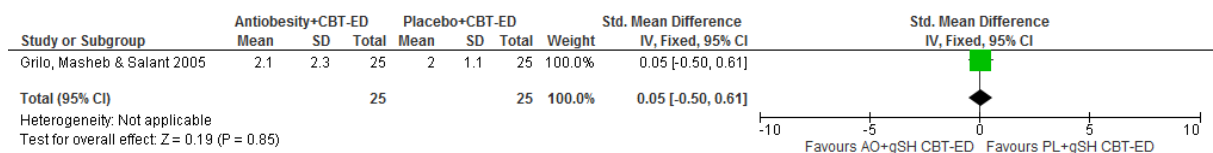
12

13 Figure 1507: EDE Global



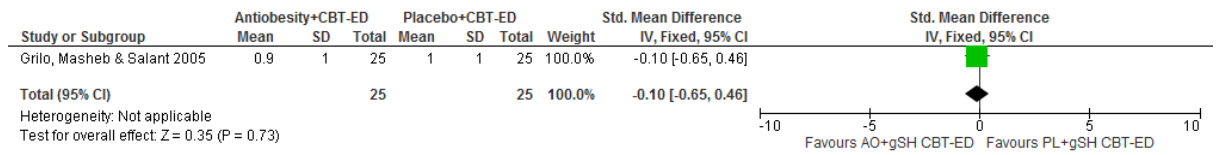
14

15 Figure 1508: EDE Dietary Restraint



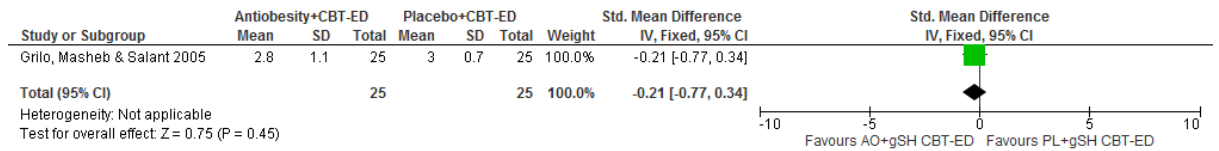
16

1 **Figure 1509: EDE Eating Concern**



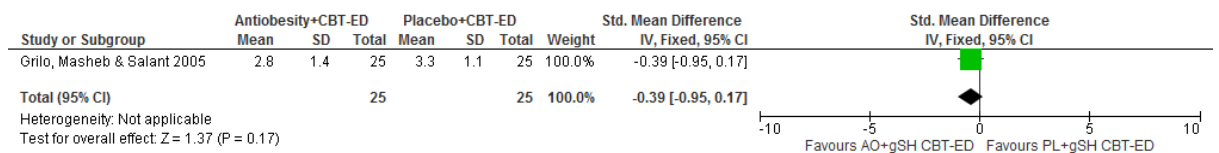
2

3 **Figure 1510: EDE Weight Concern**



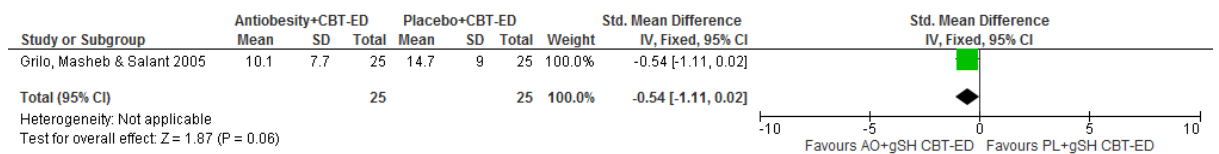
4

5 **Figure 1511: EDE Shape Concern**



6

7 **Figure 1512: Depression**



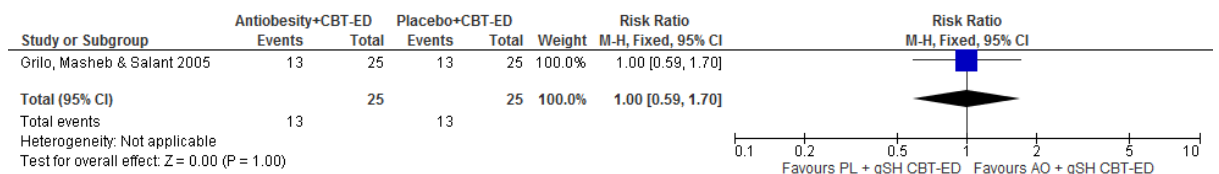
8

9

M.5.5.120 **Any antiobesity agent and CBT-ED versus placebo and CBT-ED in adults with binge eating disorder at follow up**

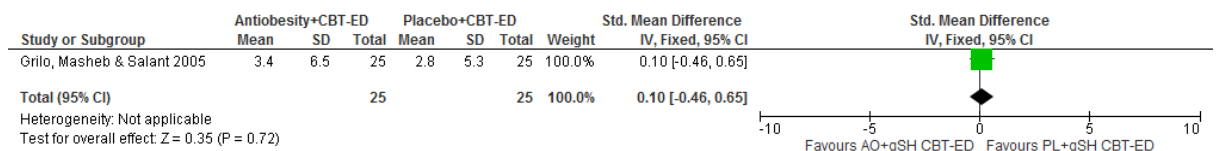
11

12 **Figure 1513: Remission (ITT)**



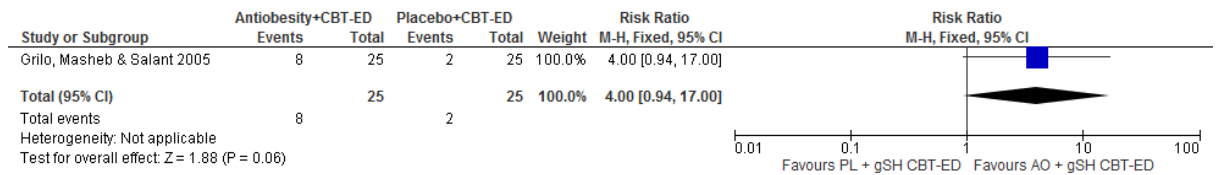
13

14 **Figure 1514: Binge frequency**



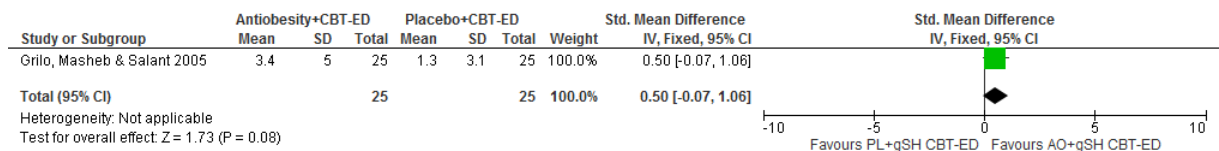
15

1 **Figure 1515: Weight loss >=5% (ITT)**



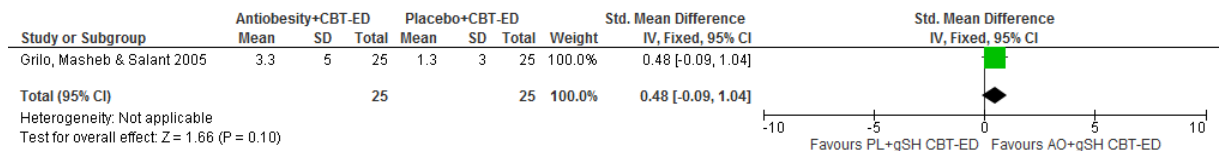
2

3 **Figure 1516: Weight loss (kg)**



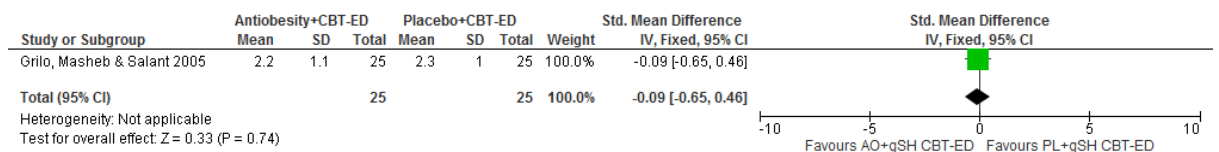
4

5 **Figure 1517: Mean % weight loss**



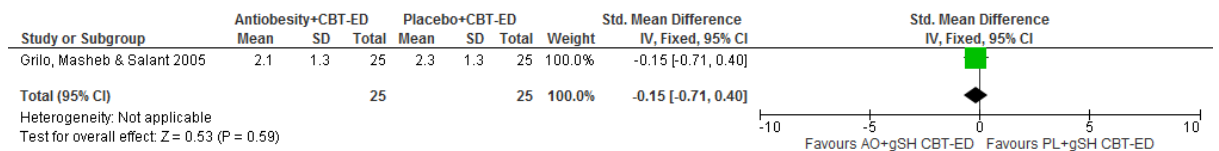
6

7 **Figure 1518: EDE Global**



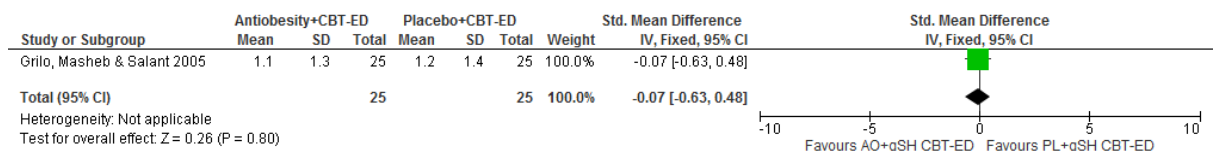
8

9 **Figure 1519: EDE Dietary Restraint**



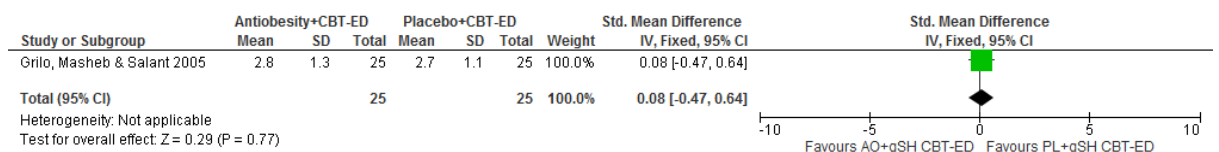
10

11 **Figure 1520: EDE Eating Concern**



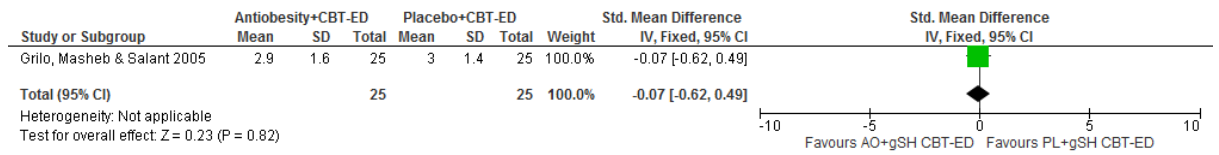
12

13 **Figure 1521: EDE Weight Concern**



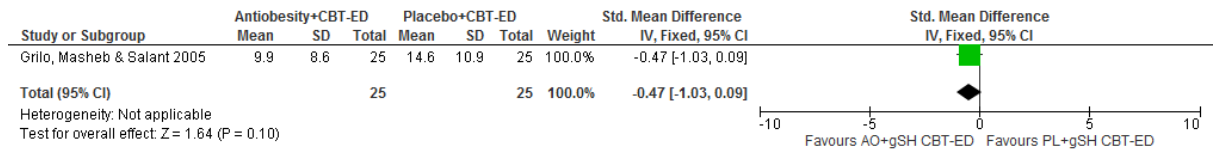
14

1 **Figure 1522: EDE Shape Concern**



2

3 **Figure 1523: Depression**



4

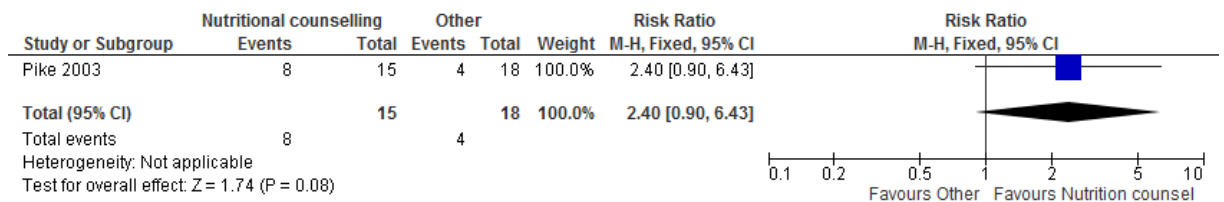
5

M.6.6 Clinical question: Does any nutritional intervention produce benefits/harms on specified outcomes in people with eating disorders?

M.6.19 Nutritional interventions for people with anorexia nervosa

M.6.1.10 Nutritional counselling compared with any other intervention in adults with anorexia nervosa at end of treatment

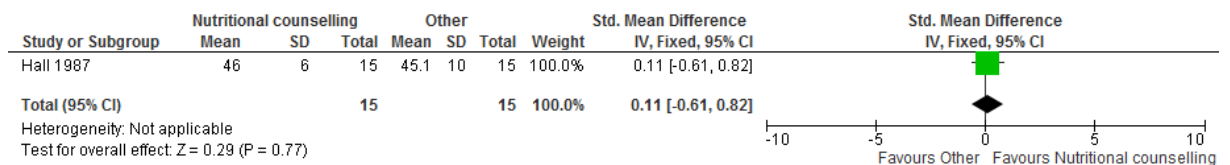
12 **Figure 1524: Relapse**



13

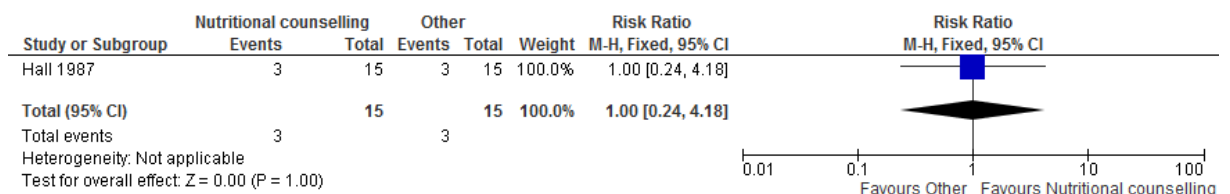
M.6.1.24 Nutritional counselling compared with any other intervention in adults with anorexia nervosa at follow-up

16 **Figure 1525: Weight**



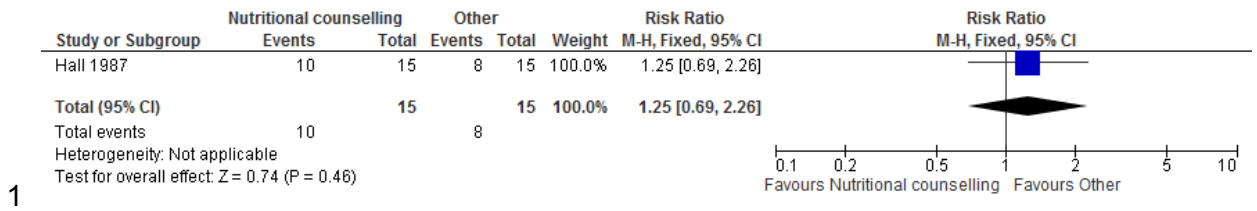
17

18 **Figure 1526: Menstruation regular**

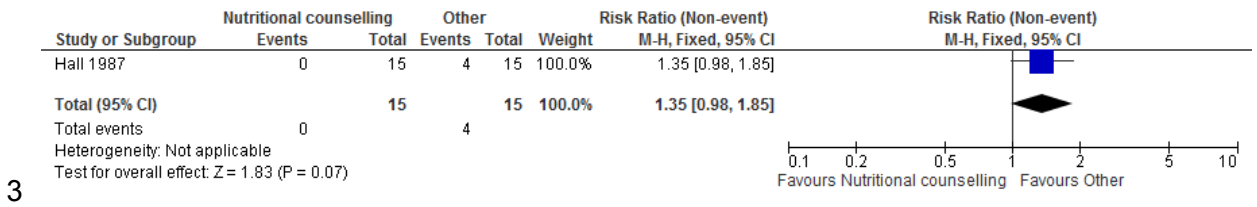


19

20 **Figure 1527: Menstruation absent**

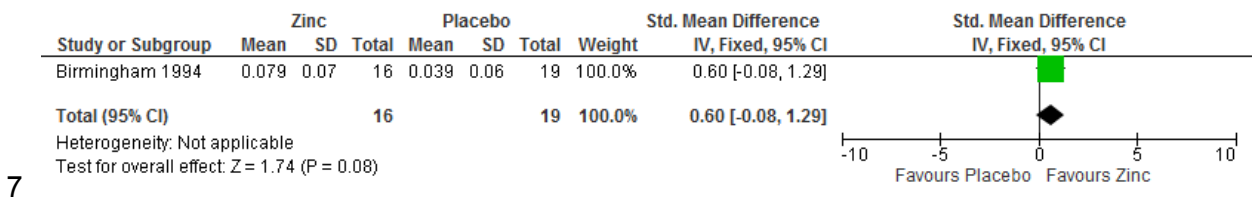


2 **Figure 1528: Remission**

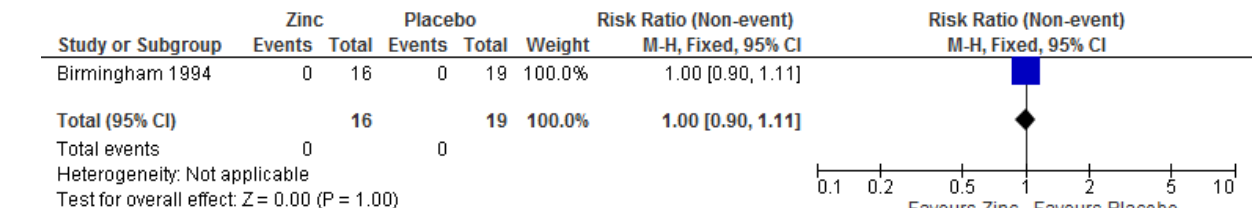


5 **M.6.1.34 Zinc supplementation compared with placebo in adults with anorexia nervosa at end of treatment**

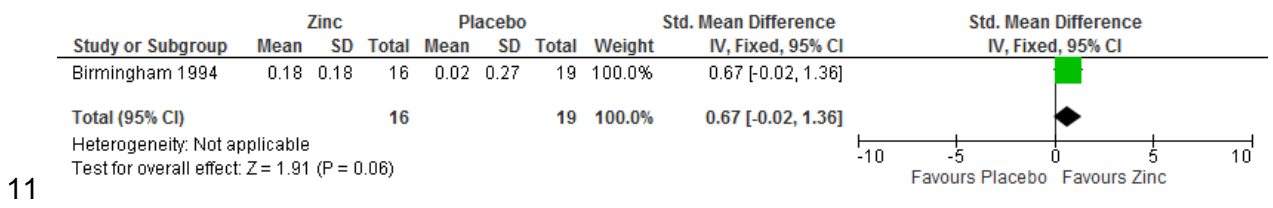
6 **Figure 1529: BMI gain/day**



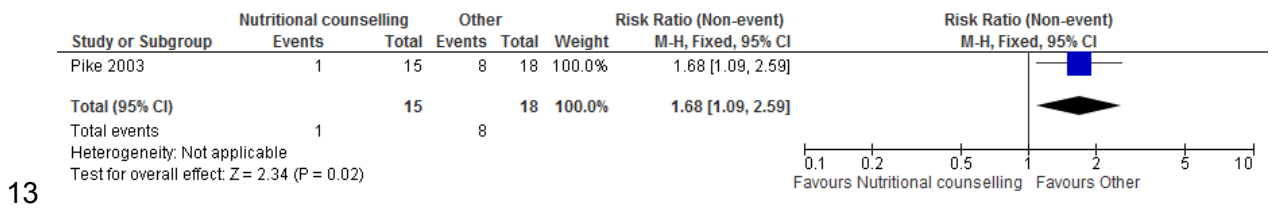
8 **Figure 1530: Side-effects**



10 **Figure 1531: Percent body fat gain/day**



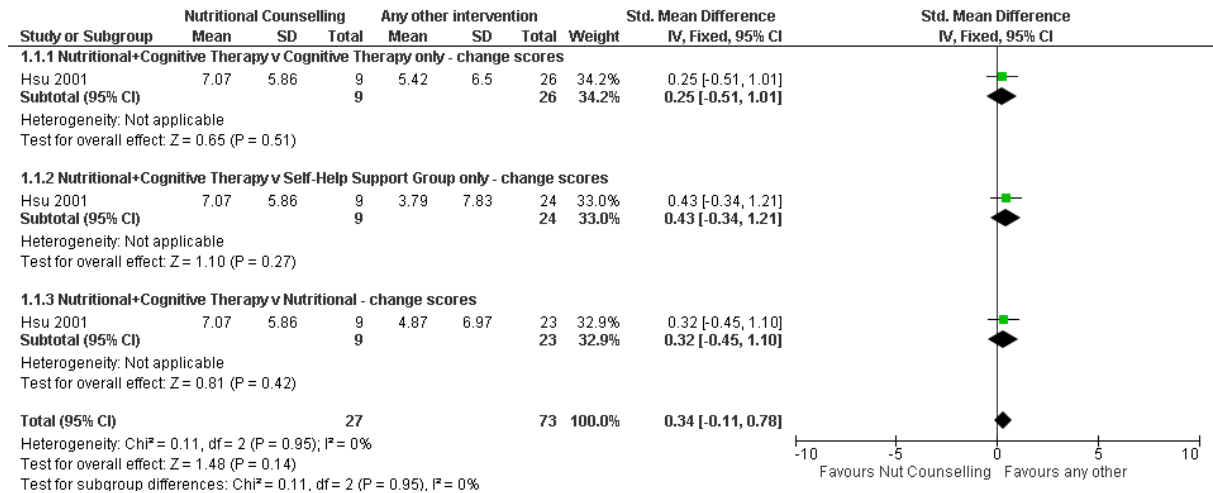
12 **Figure 1532: Remission**



M.6.21 Nutritional interventions for bulimia nervosa

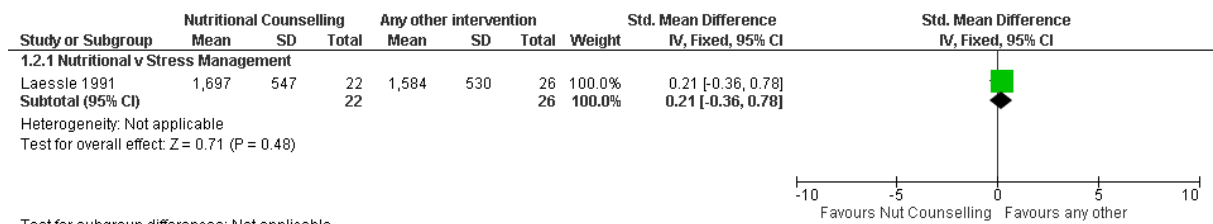
M.6.2.12 Nutritional counselling versus any other intervention in adults with bulimia nervosa at end of treatment

4 Figure 1533: Meal frequency



5

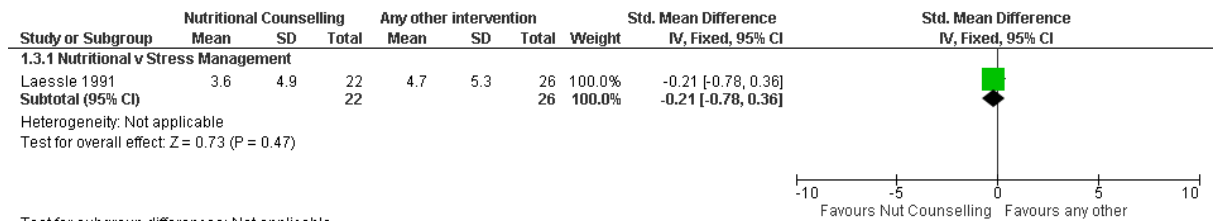
6 Figure 1534: Calories/day



7

Test for subgroup differences: Not applicable

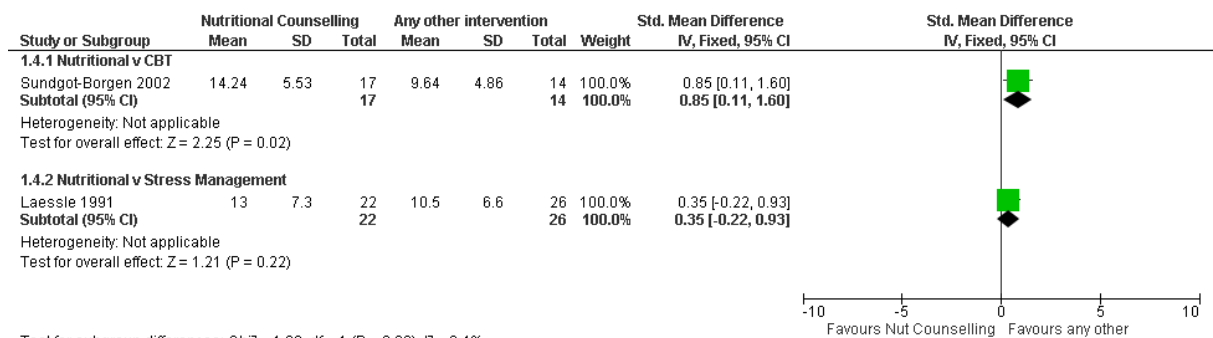
8 Figure 1535: EDI-bulimia



9

Test for subgroup differences: Not applicable

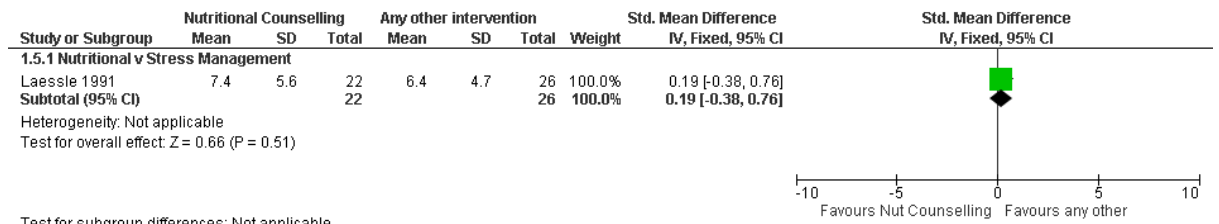
10 Figure 1536: EDI-body dissatisfaction



11

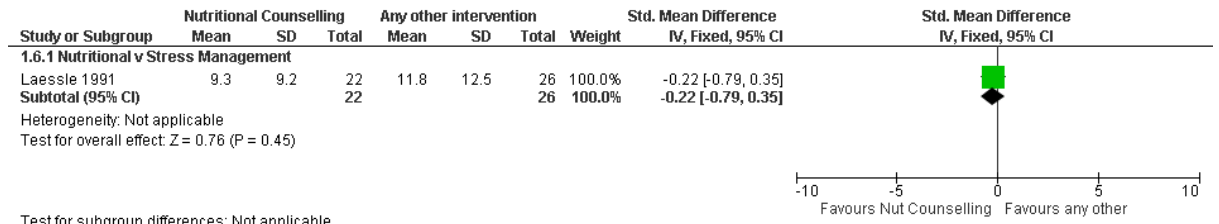
Test for subgroup differences: Chi² = 1.09, df = 1 (P = 0.30), I² = 8.4%

1 **Figure 1537: EDI-drive for thinness**



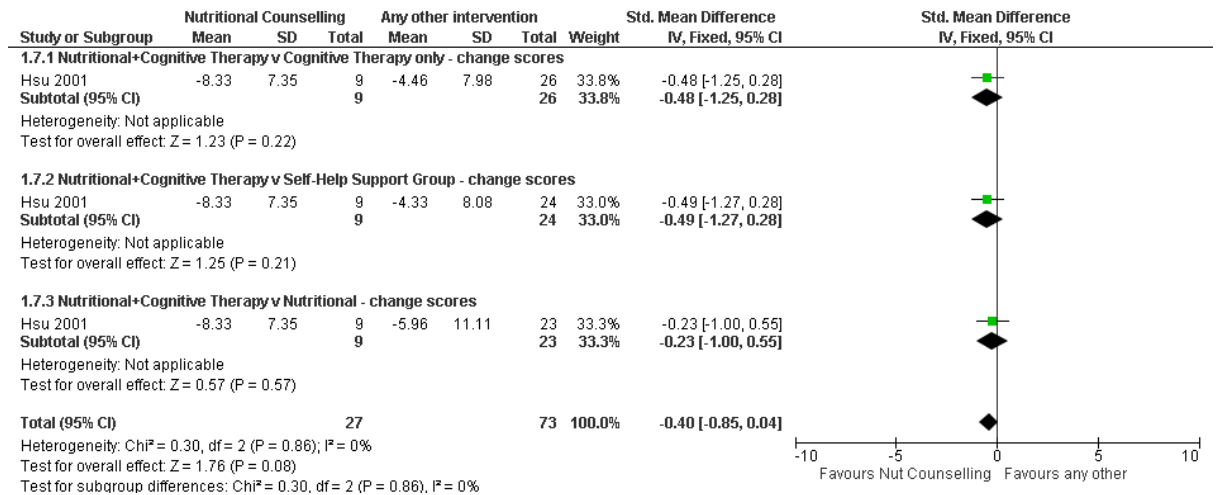
2 Test for subgroup differences: Not applicable

3 **Figure 1538: Depression – raw scores**



4 Test for subgroup differences: Not applicable

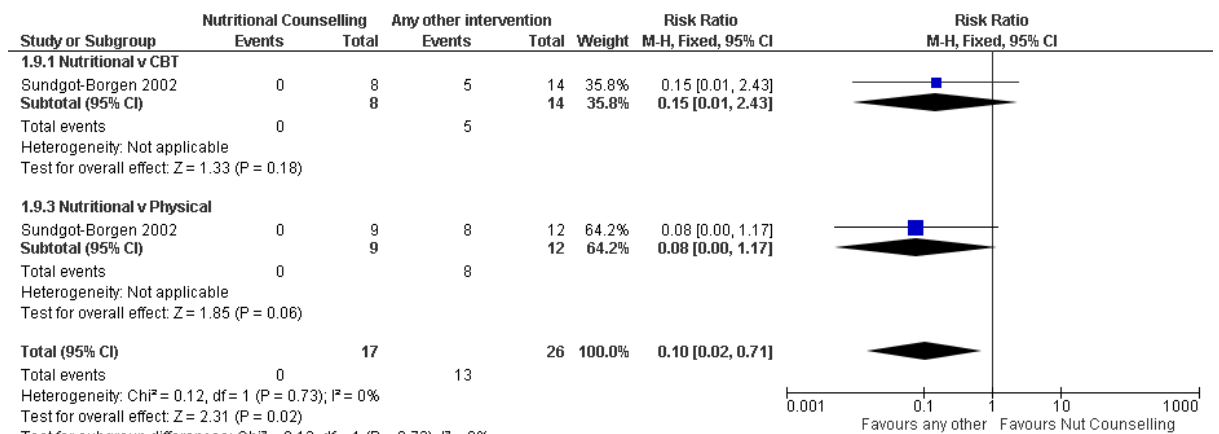
5 **Figure 1539: Depression – change scores**



6 Test for subgroup differences: Chi² = 0.30, df = 2 (P = 0.86), I² = 0%

M.6.2.27 **Nutritional counselling versus any other intervention in adults with bulimia nervosa at 8 follow up**

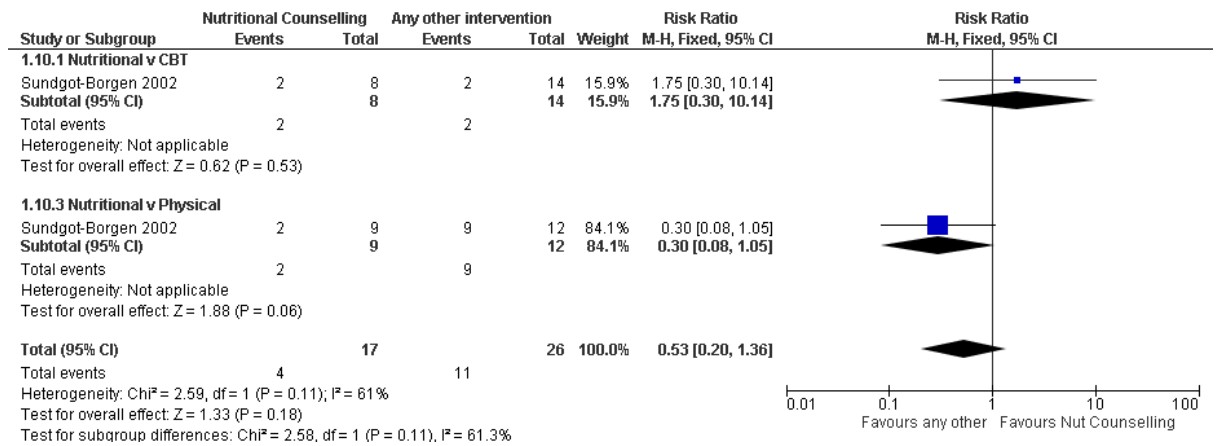
9 **Figure 1540: Recovery from bulimia**



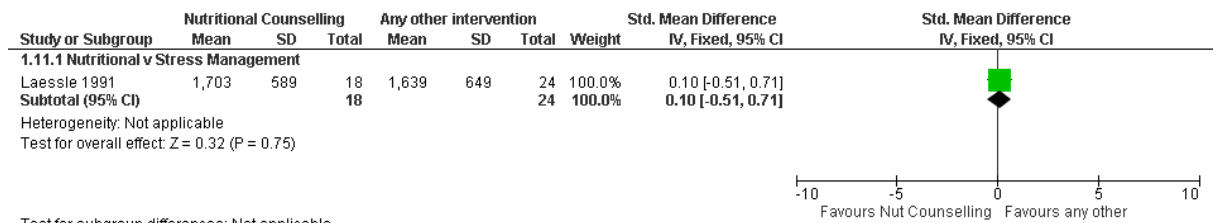
10

11

1 **Figure 1541: Satisfies EDNOS criteria**



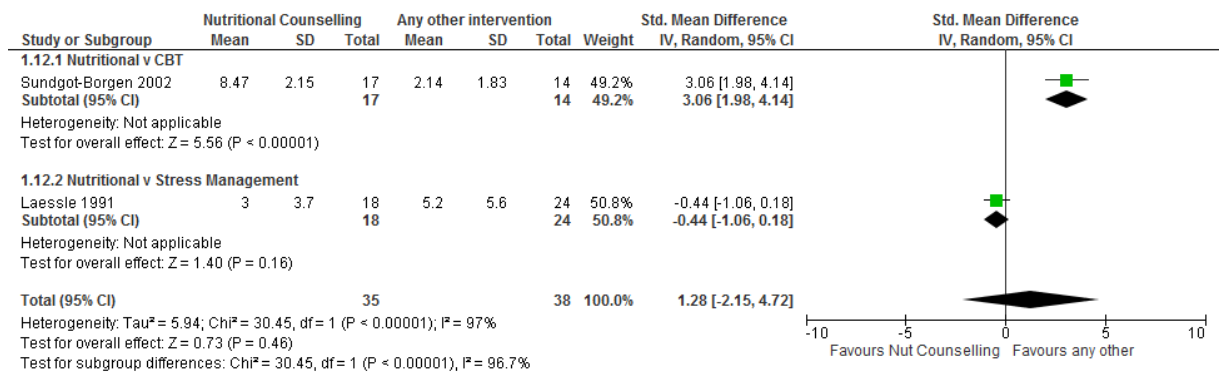
3 **Figure 1542: Calories/day**



5

6 **Figure 1543: EDI-bulimia**

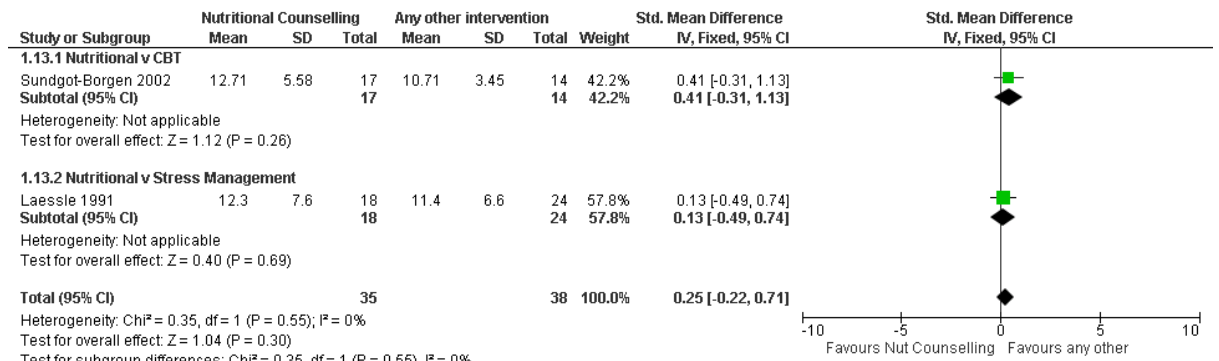
7



8

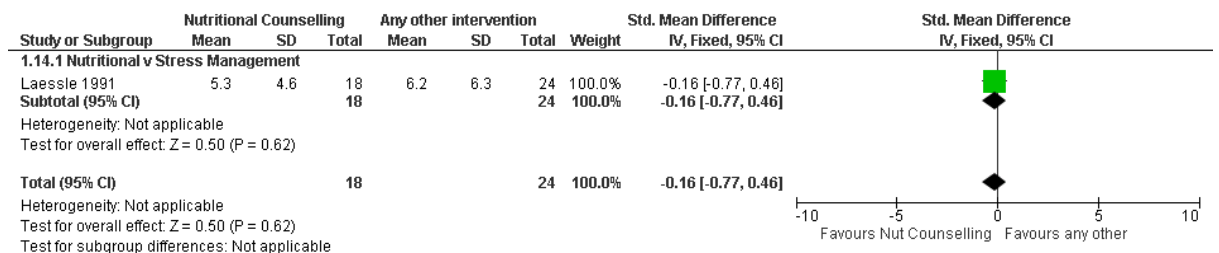
9 Heterogeneity was detected at $i^2=97\%$. Laessle 1991 carried a high risk of bias given that the
 10 participants in the stress management group had significantly lower BMI than the nutritional
 11 management group suggesting a failure of randomisation. Moreover, the participants in this
 12 study were severely ill experiencing over 40 bulimic episodes per month. Duration of illness
 13 in both studies was relatively similar, whilst comorbidities and severity of illness were not
 14 reported in Sundgot-Borgen 2002. In the absence of an explanation, a random effects
 15 analysis was presented.

1 **Figure 1544: EDI-body dissatisfaction**



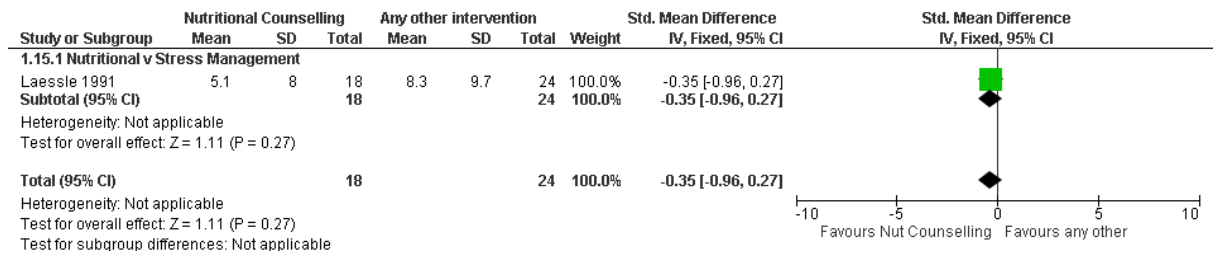
2

3 **Figure 1545: EDI-drive for thinness**



4

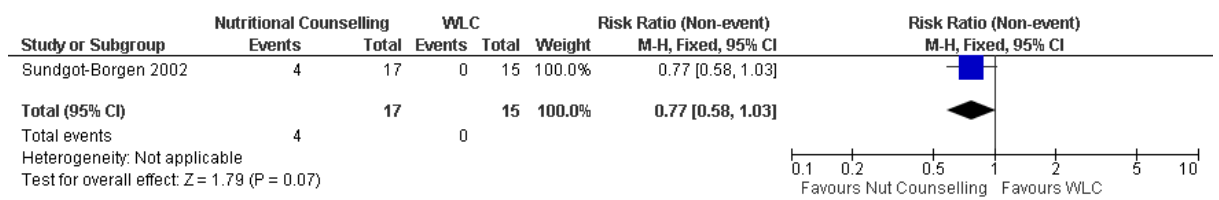
5 **Figure 1546: Depression**



6

M.6.2.37 **Nutritional counselling versus wait list control in adults with bulimia nervosa at follow up**

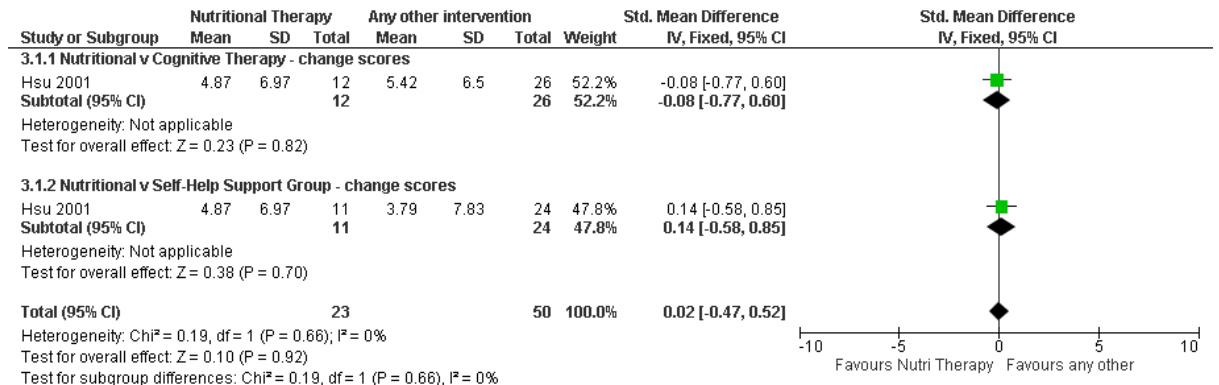
9 **Figure 1547: Satisfies EDNOS criteria**



10

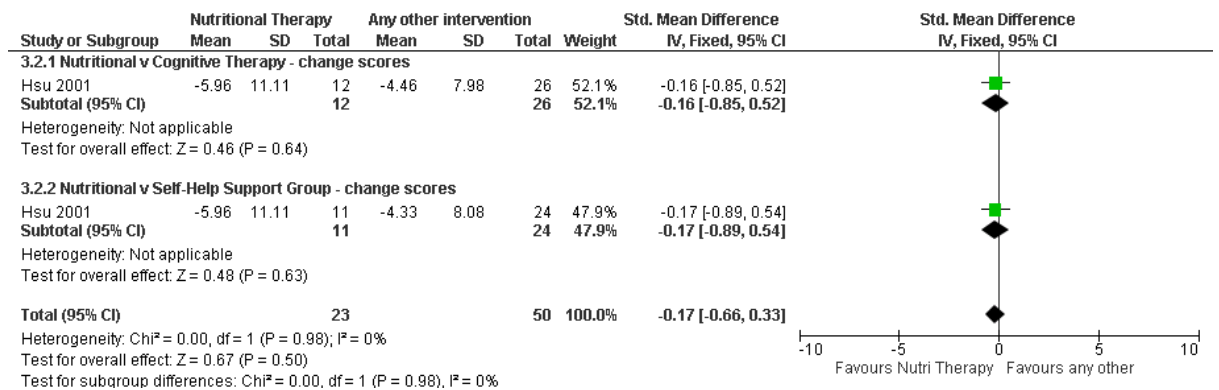
M.6.2.41 Nutritional therapy versus wait list control in adults with bulimia nervosa

2 Figure 1548: Meal frequency



3 Test for subgroup differences: Chi² = 0.19, df = 1 (P = 0.66), I² = 0%

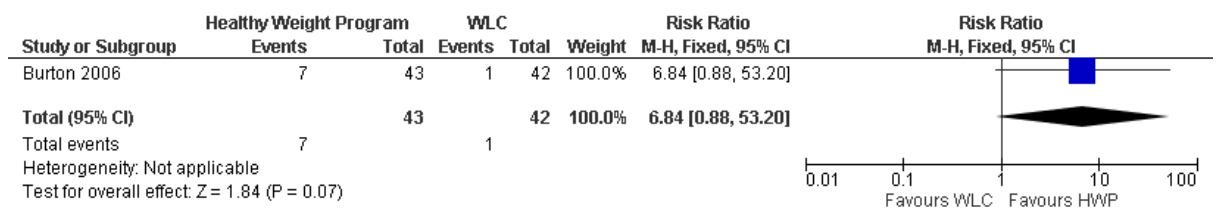
4 Figure 1549: Depression – change scores



5 Test for subgroup differences: Chi² = 0.00, df = 1 (P = 0.98), I² = 0%

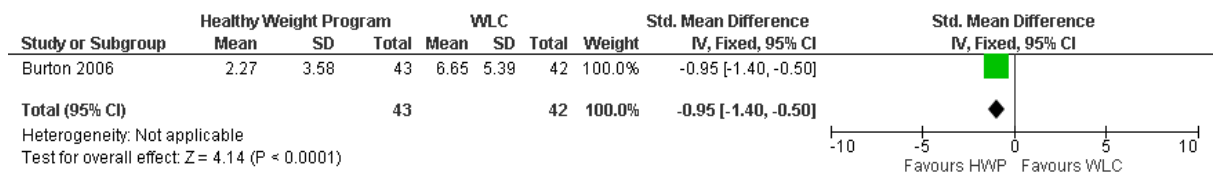
M.6.2.56 Healthy weight program versus wait list control in adults with bulimia nervosa at end of treatment

8 Figure 1550: Remission (ITT)



9

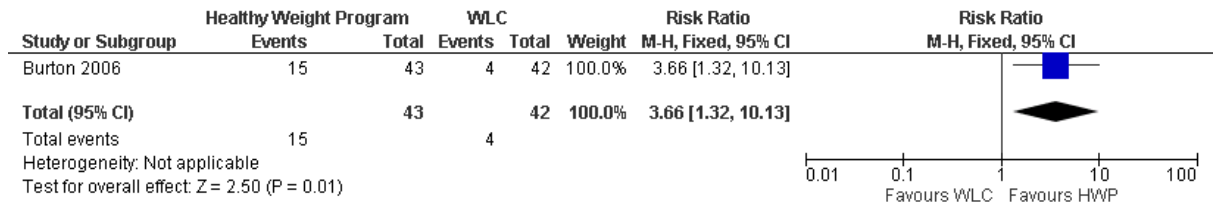
10 Figure 1551: Binge frequency



11

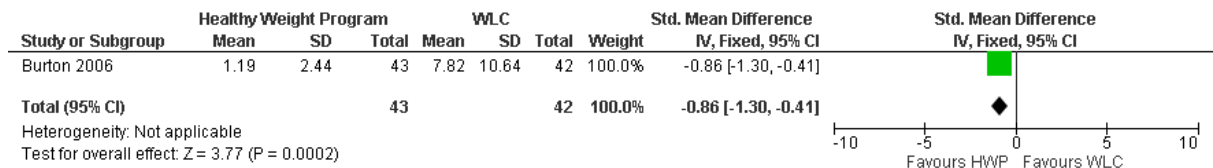
M.6.2.61 Healthy weight program versus wait list control in adults with bulimia nervosa at follow up

3 Figure 1552: Remission (ITT)



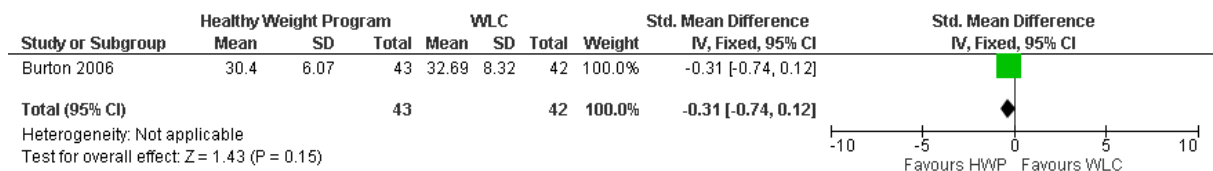
4

5 Figure 1553: Binge frequency



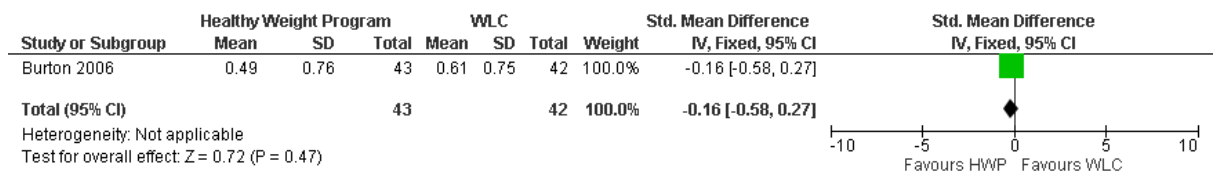
6

7 Figure 1554: General functioning



8

9 Figure 1555: Service use

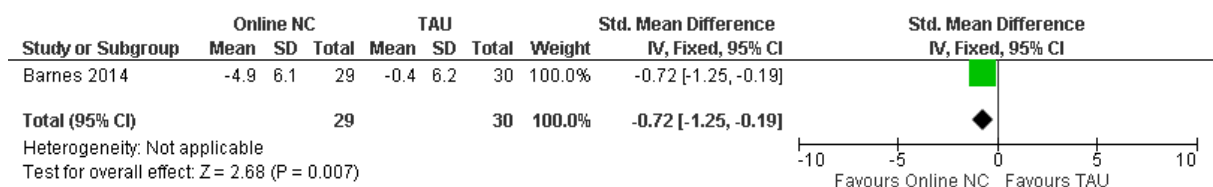


10

M.6.31 Nutritional interventions for binge eating disorder

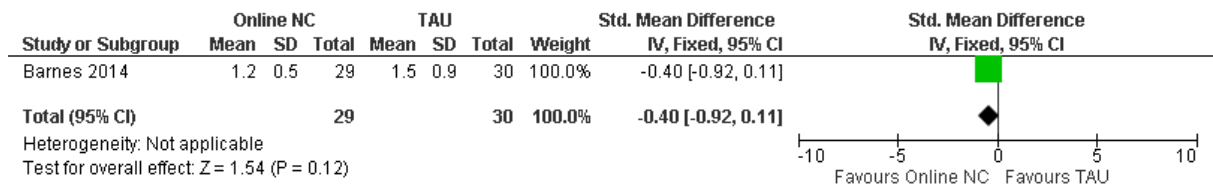
M.6.3.12 Online nutritional counselling versus treatment as usual in adults with BED at end of treatment

14 Figure 1556: Weight (lbs – change scores)



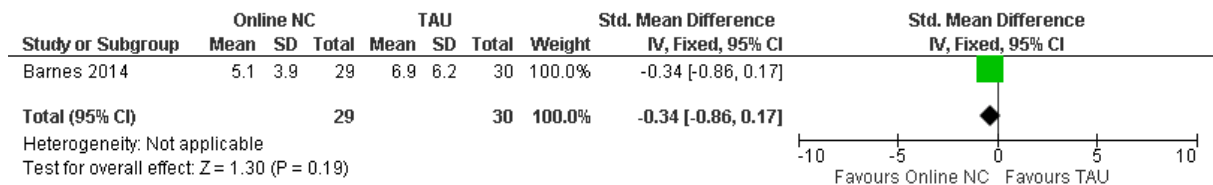
15

1 **Figure 1557: EDE-global**



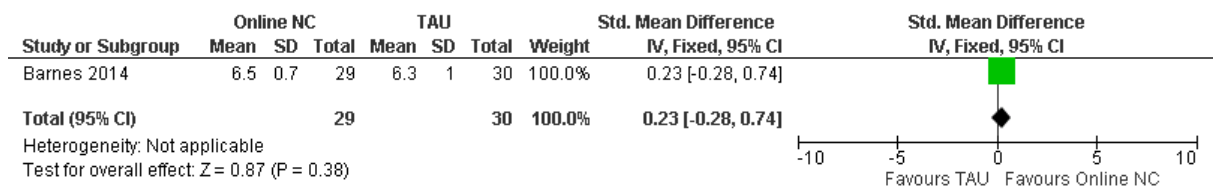
2

3 **Figure 1558: Depression**



4

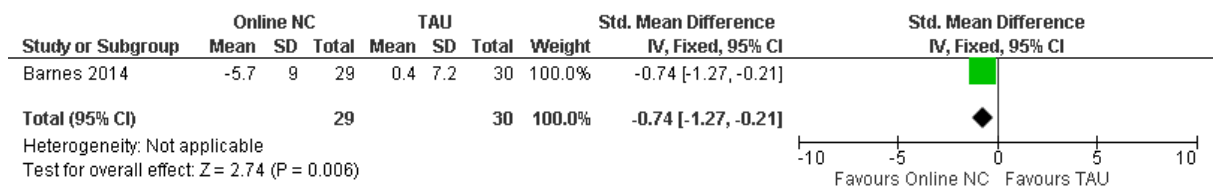
5 **Figure 1559: General functioning**



6

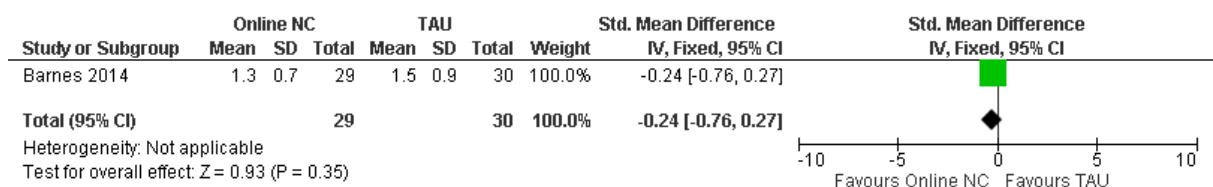
M.6.3.27 **Online nutritional counselling versus treatment as usual in adults with BED at follow up**

9 **Figure 1560: Weight (lbs – change scores)**



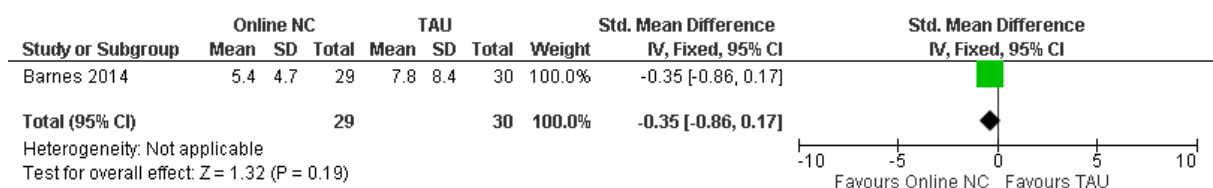
10

11 **Figure 1561: EDE-global**



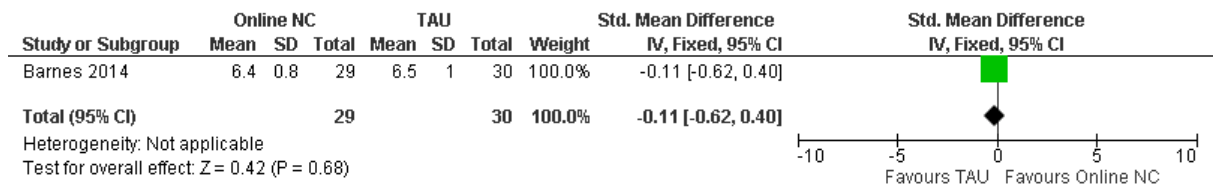
12

13 **Figure 1562: Depression**



14

1 **Figure 1563: General functioning**

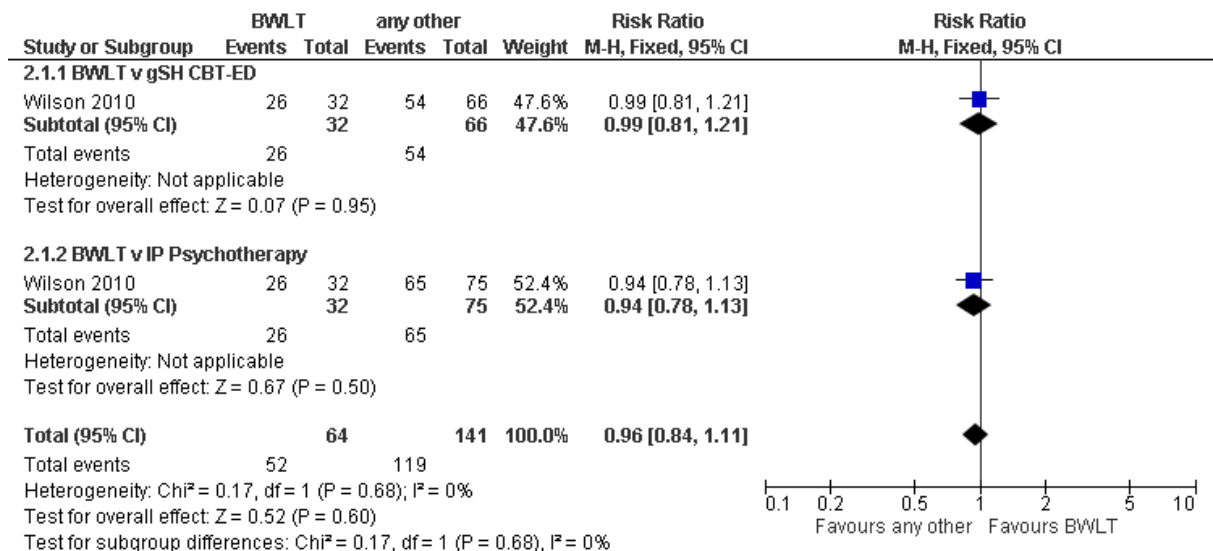


2

M.6.3.33 **Behavioural weight loss therapy versus any other intervention in adults with BED at end of treatment**

4

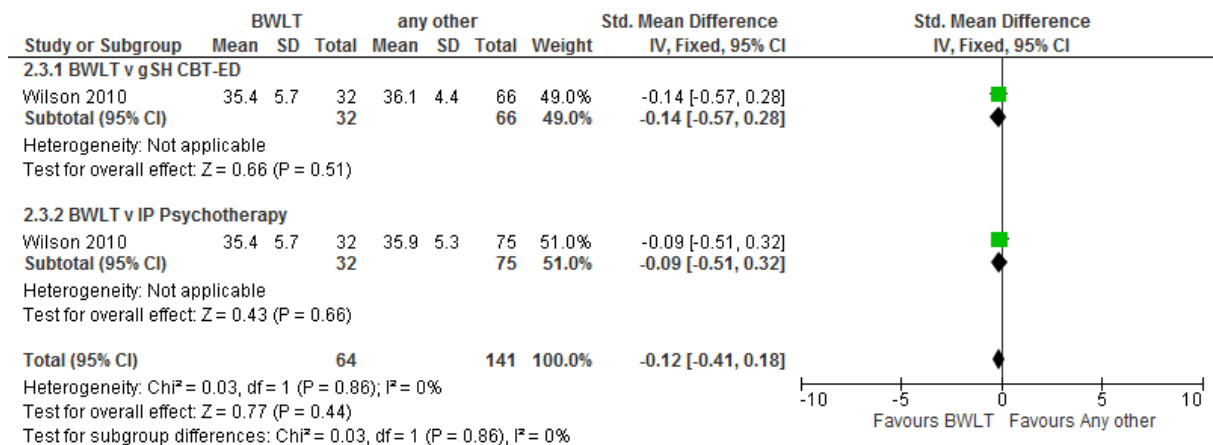
5 **Figure 1564: Remission**



6

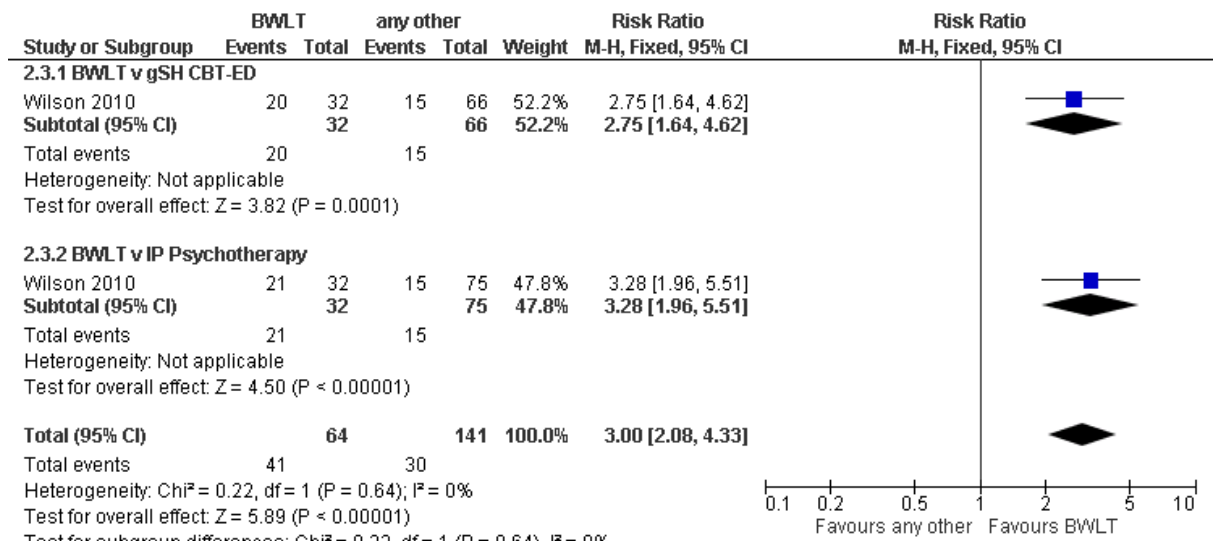
7 **Figure 1565: BMI**

8

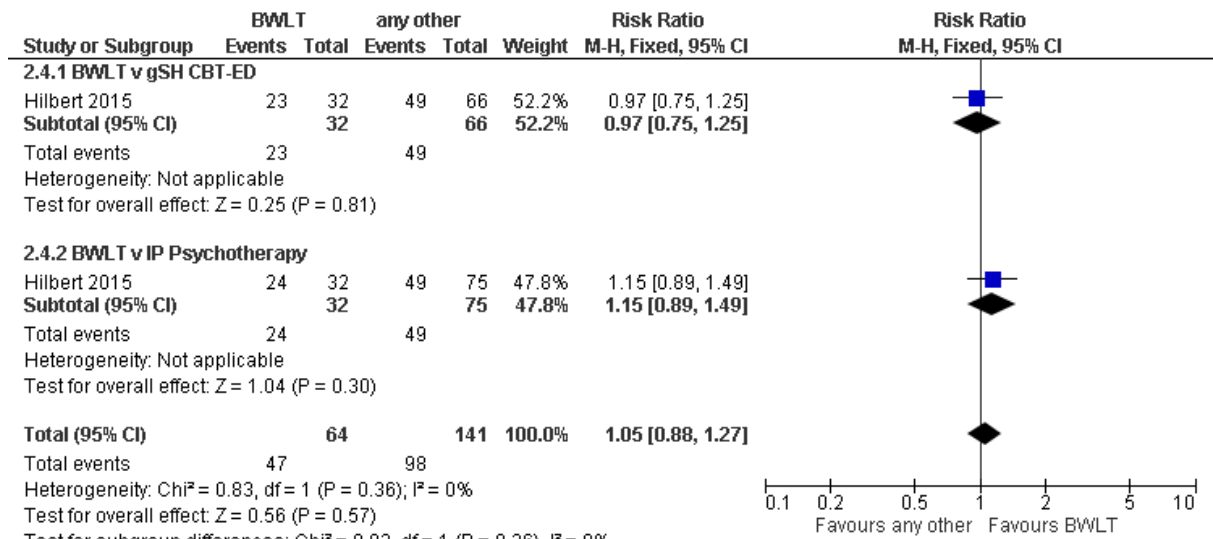


9

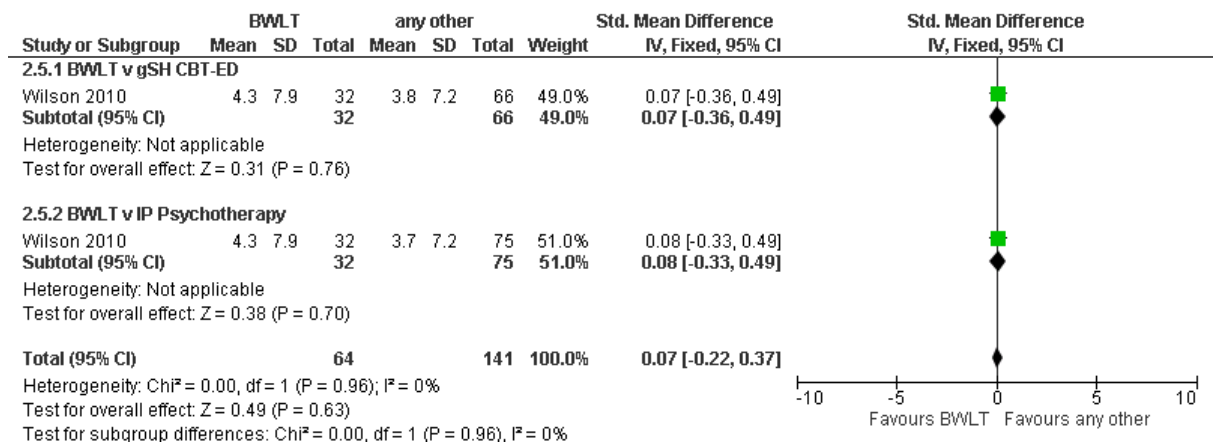
1 **Figure 1566: Number of people losing 5% or more weight**



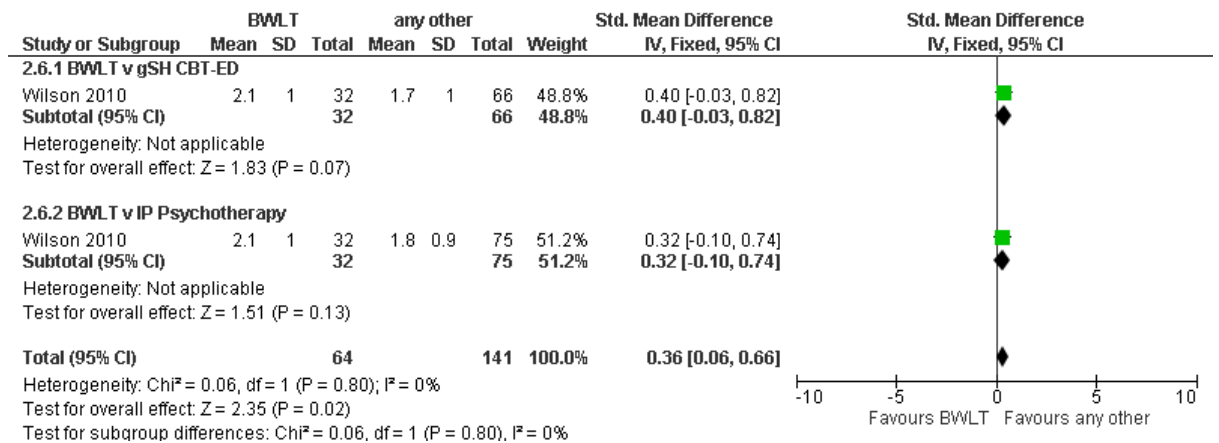
3 **Figure 1567: Rapid response**



5 **Figure 1568: Binge frequency**



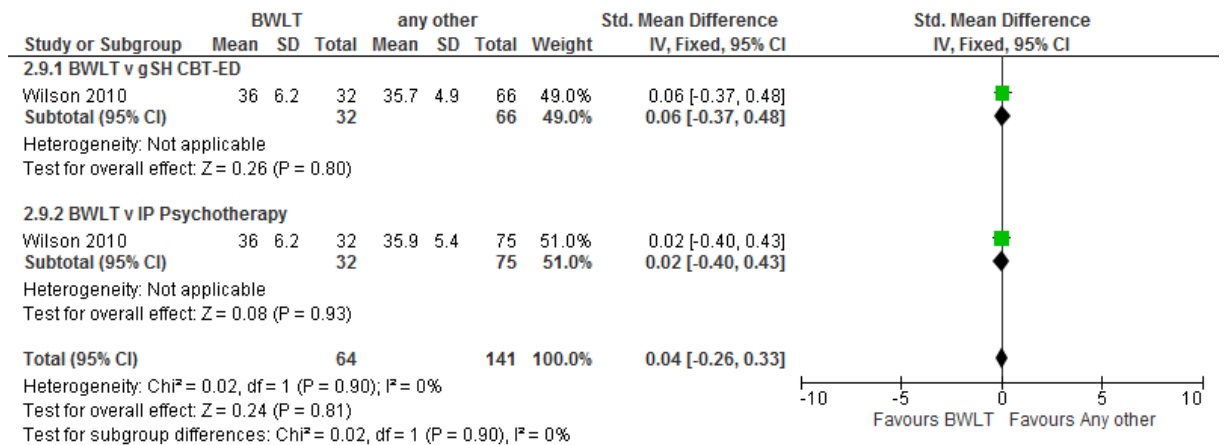
1 **Figure 1569: EDE-global**



M.6.3.43 **Behavioural weight loss therapy versus any other intervention in adults with BED at 1-4 year follow up**

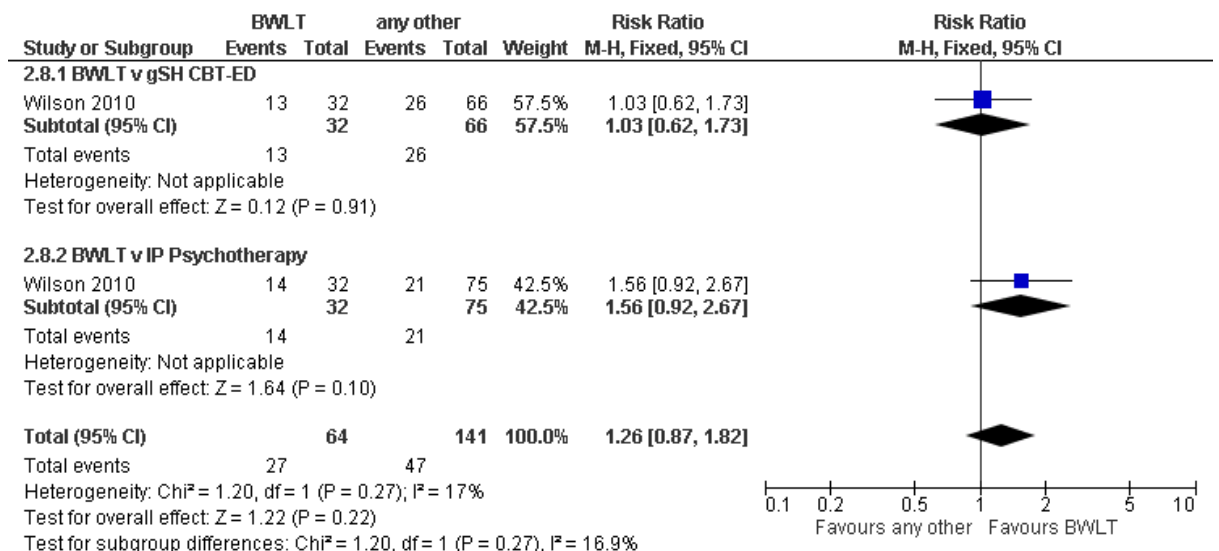
5 **Figure 1570: BMI**

6



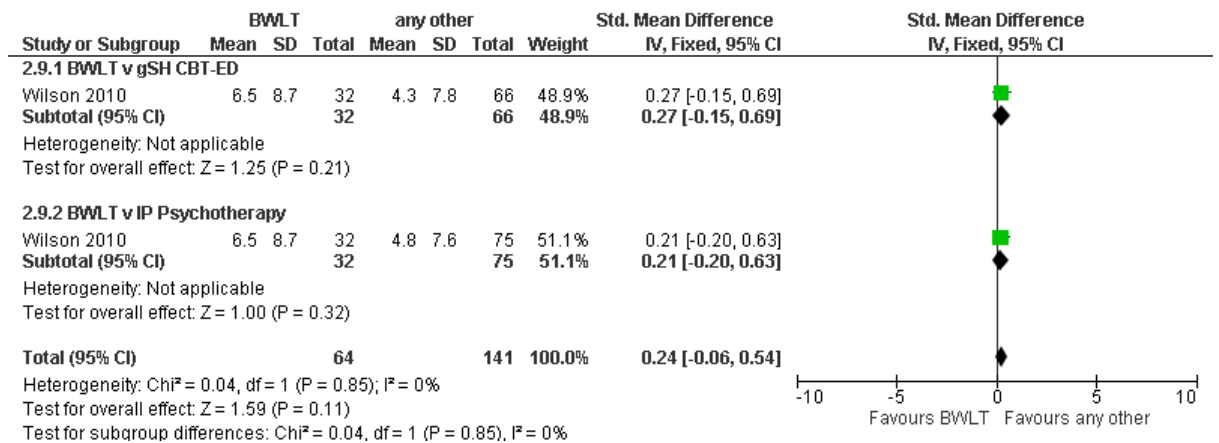
7

8 **Figure 1571: Number of people losing 5% or more weight**

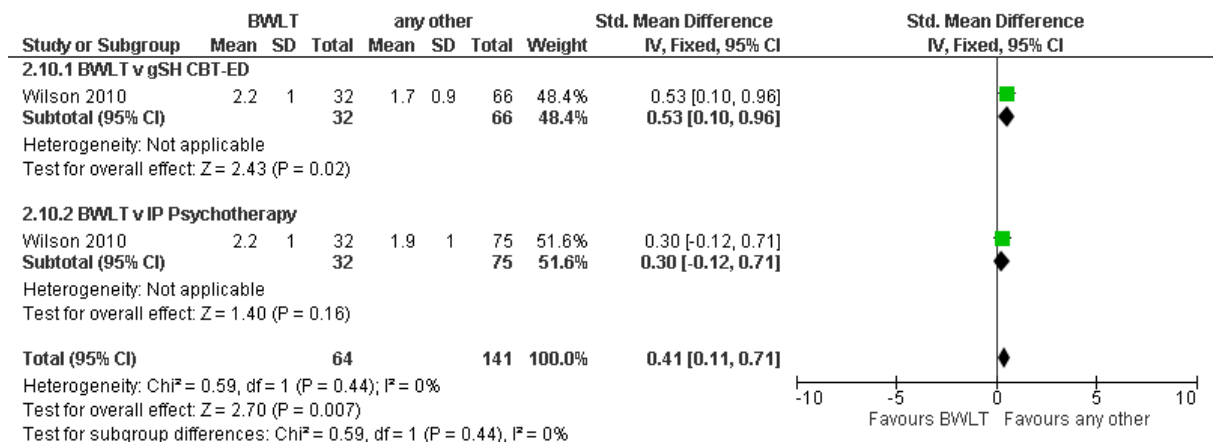


9

1 **Figure 1572: Binge frequency**

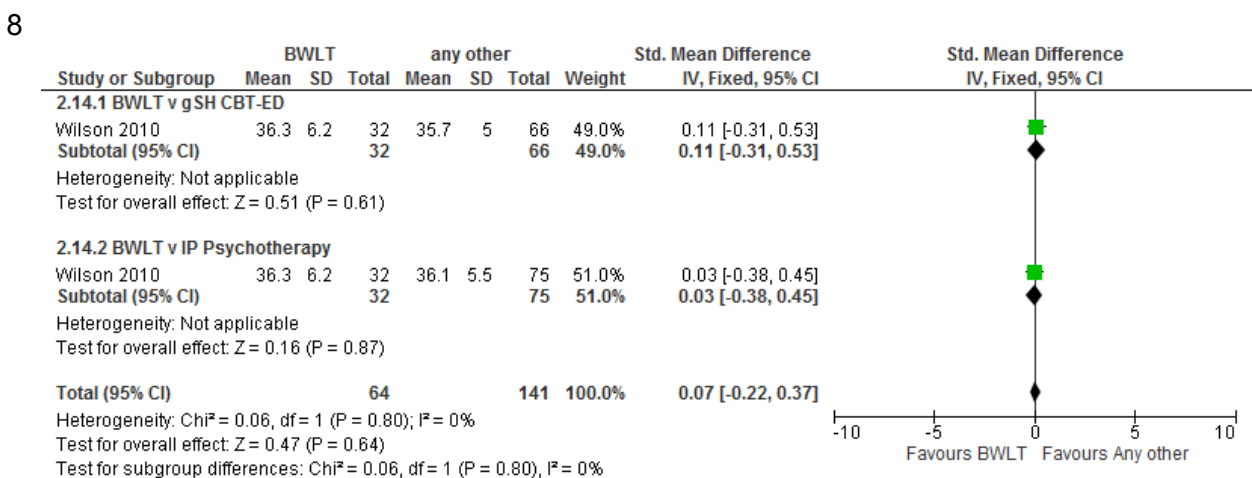


3 **Figure 1573: EDE-global**

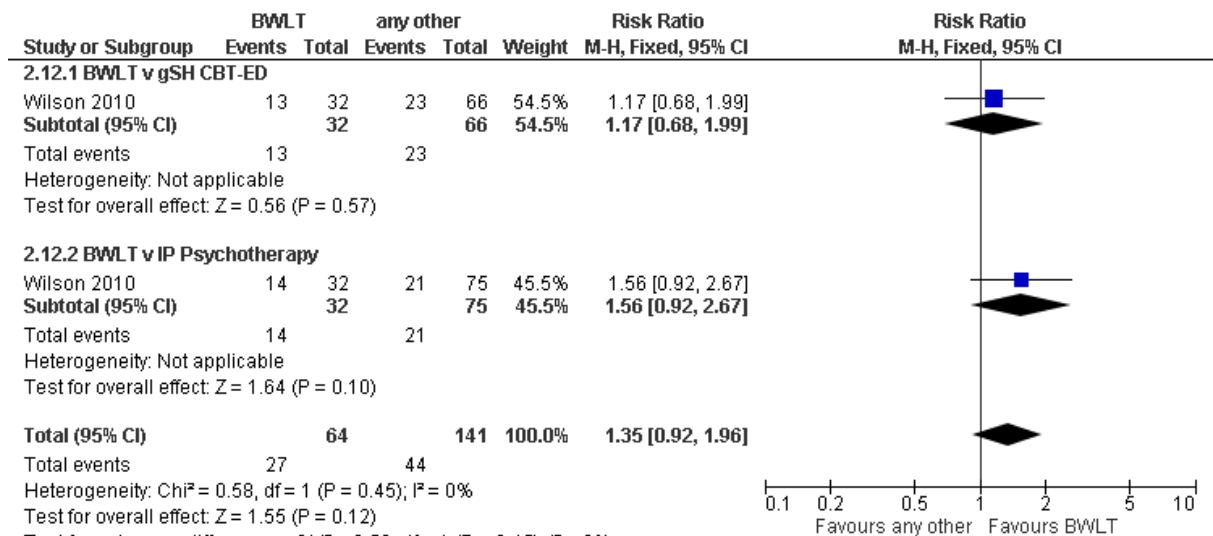


M.6.3.55 **Behavioural weight loss therapy versus any other intervention in adults with BED at 2-6 year follow up**

7 **Figure 1574: BMI**

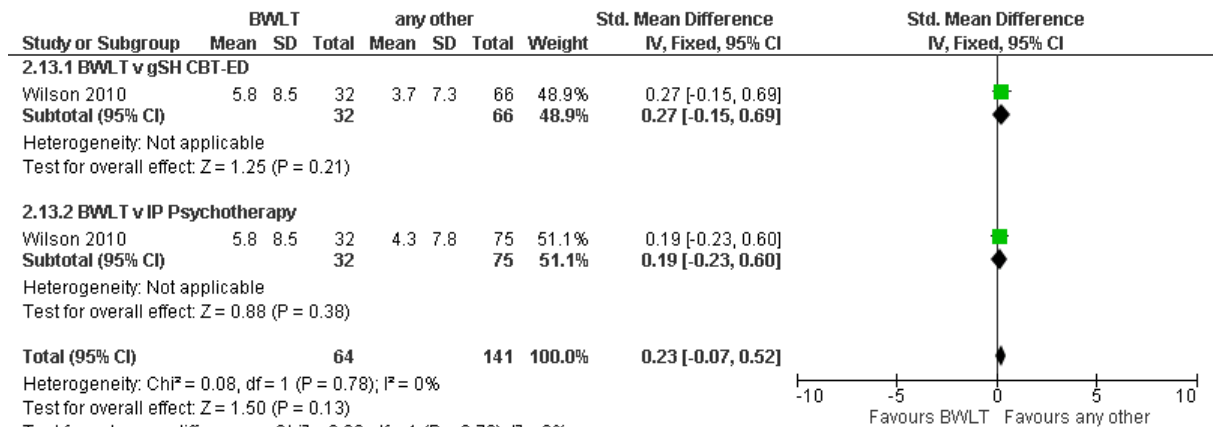


1 **Figure 1575: Number of people losing 5% or more weight**



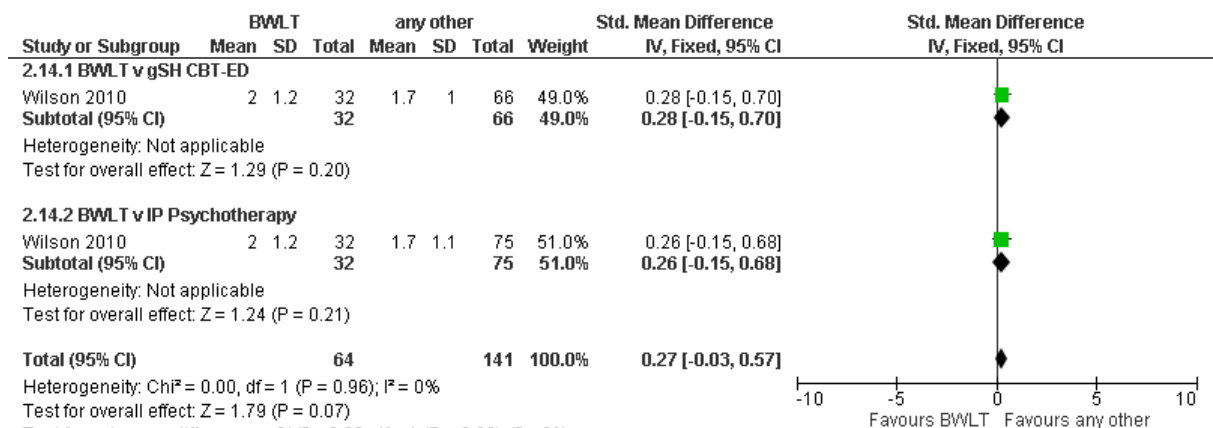
2 Test for subgroup differences: Chi² = 0.58, df = 1 (P = 0.45), I² = 0%

3 **Figure 1576: Binge frequency**



4 Test for subgroup differences: Chi² = 0.08, df = 1 (P = 0.78), I² = 0%

5 **Figure 1577: EDE-global**

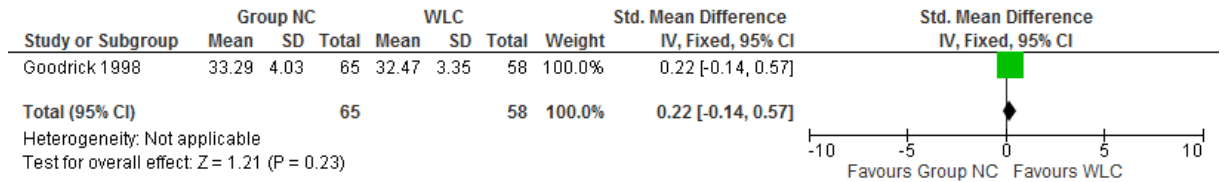


6 Test for subgroup differences: Chi² = 0.00, df = 1 (P = 0.96), I² = 0%

M.6.3.61 Group nutritional counselling versus wait list control in adults with BED at end of treatment

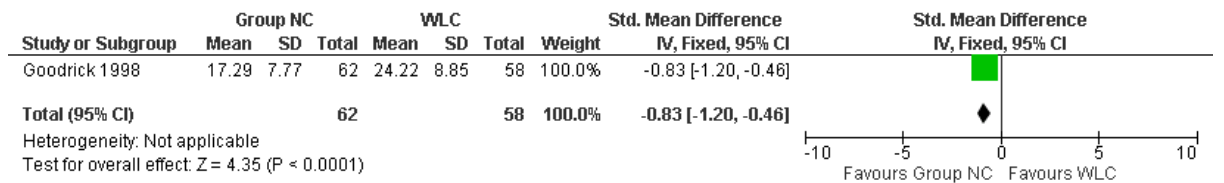
3 Figure 1578: BMI

4



5

6 Figure 1579: Binge Eating Scale

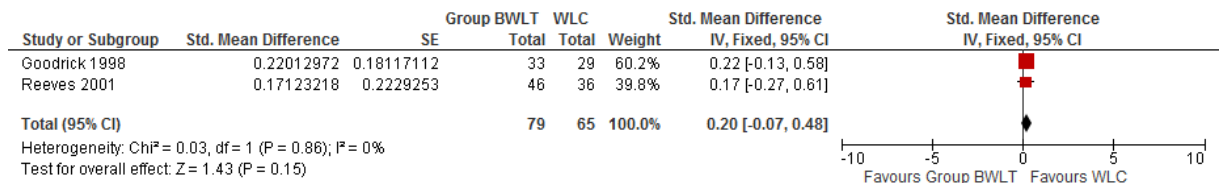


7

M.6.3.78 Group behavioural weight loss therapy versus wait list control in adults with BED at end of treatment

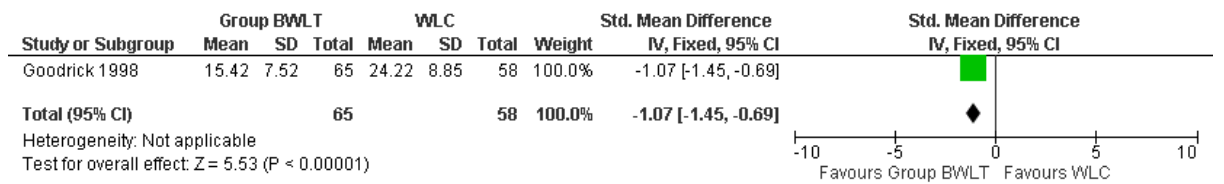
10 Figure 1580: BMI/Weight

11



12

13 Figure 1581: Binge Eating Scale

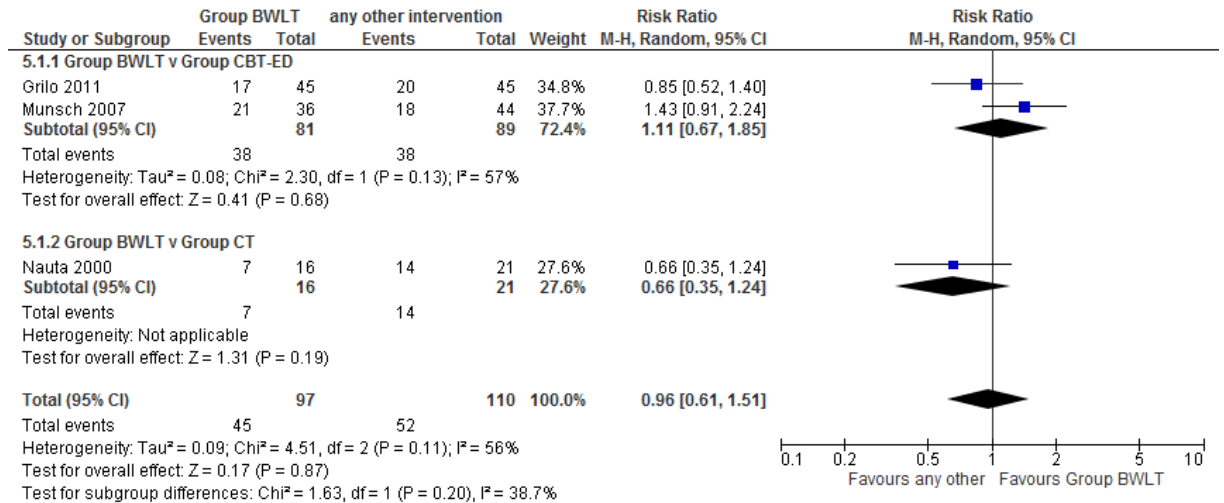


14

**M.6.3.81 Group behavioural weight loss therapy versus any other intervention in adults with
2 BED at end of treatment**

3 Figure 1582: Remission (ITT)

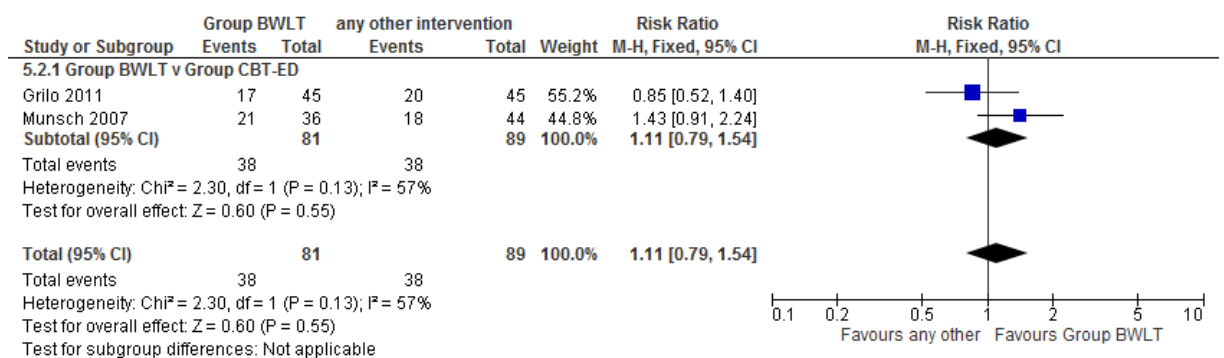
4



5

6 Heterogeneity was detected at $i^2=56\%$. There was no clear difference in the risk of bias
7 between these three studies. The study by Nauta 2000 was unclear if the participants had
8 comorbidities, whilst Munsch 2007 was unclear on the duration of illness. The severity of
9 illness, as indicated by the average number of binges per month were different, Nauta 2000
10 >18 per month versus both Grillo 2011 and Munsch 2007 <18 per month and this may
11 explain the heterogeneity. However, , the heterogeneity for the latter subgroup (group
12 behavioural weight loss therapy vs group CBT-ED), which excludes Nauta 2000, was 57%.
13 Hence, the observed heterogeneity remained unexplained.

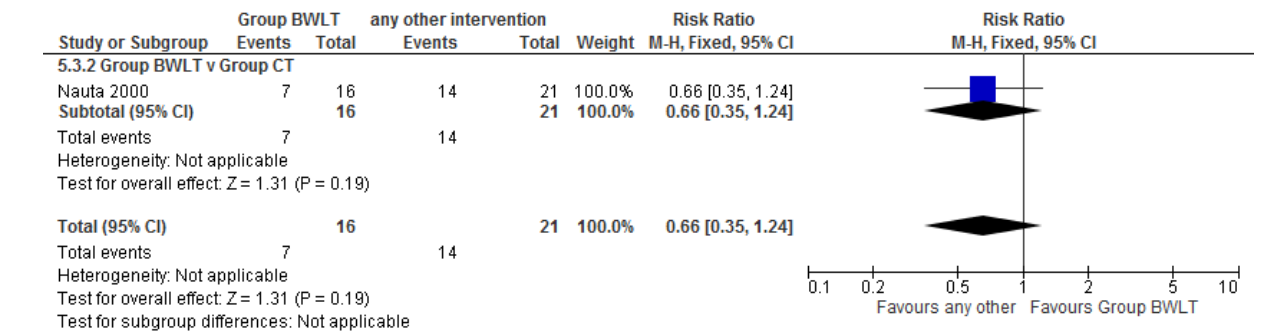
**14 Figure 1583: Remission (ITT) - subgroup analysis of severity of illness (<18 binges per
15 month)**



16

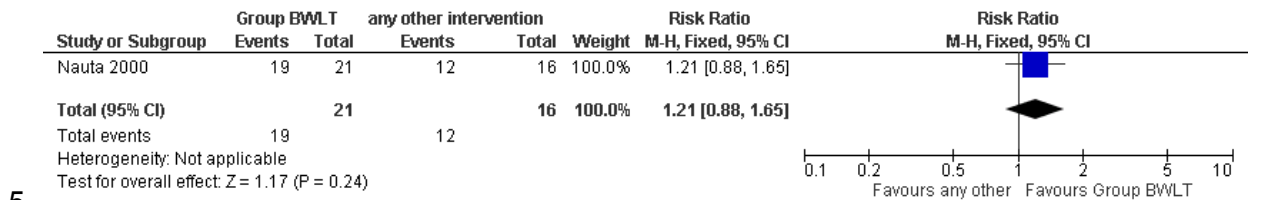
17

1 **Figure 1584: Remission (ITT) - subgroup analysis of severity of illness (>18 binges per month)**



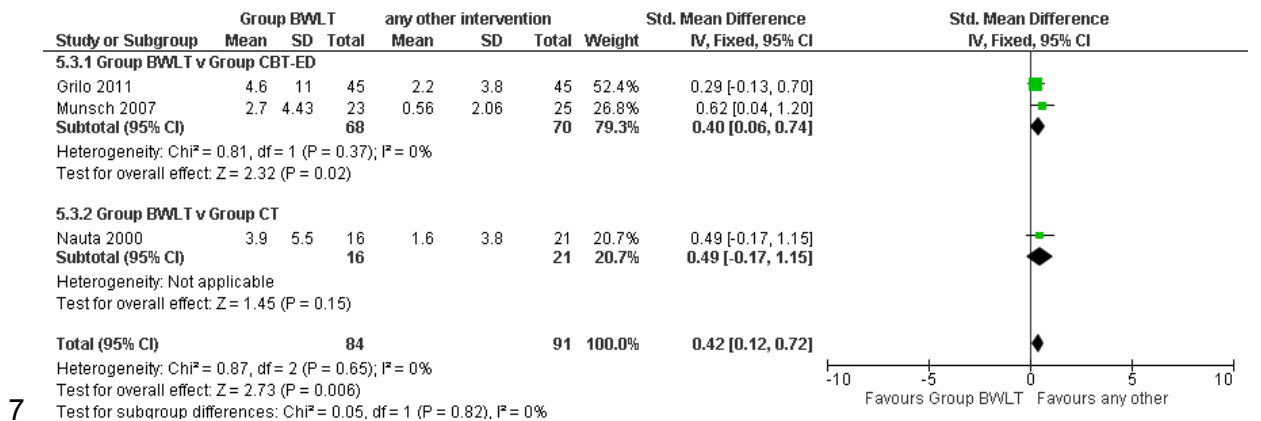
3

4 **Figure 1585: No longer meets all DSM-IV BED criteria**



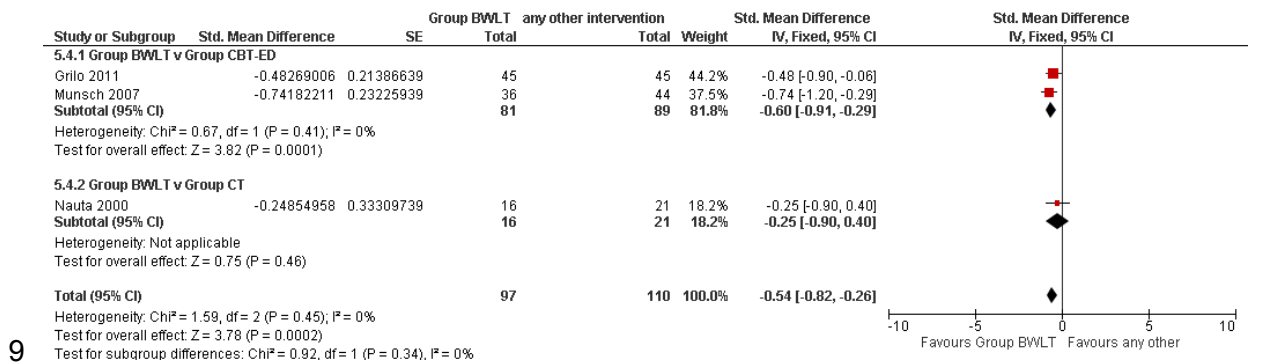
5

6 **Figure 1586: Binge frequency**



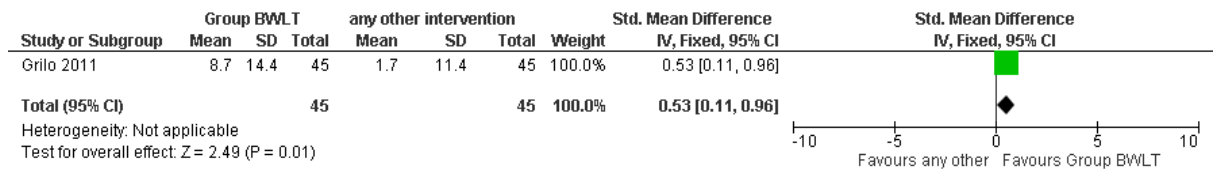
7

8 **Figure 1587: BMI/Weight**



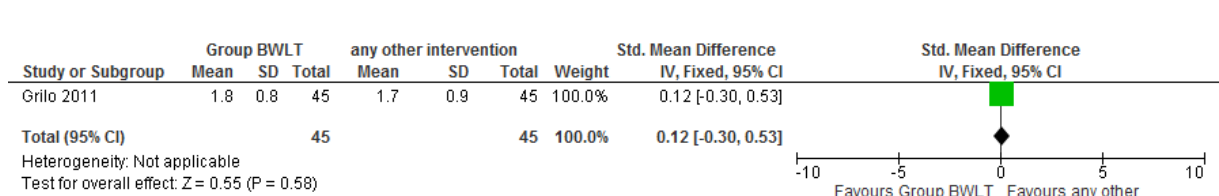
9

1 **Figure 1588: Weight loss (lbs)**



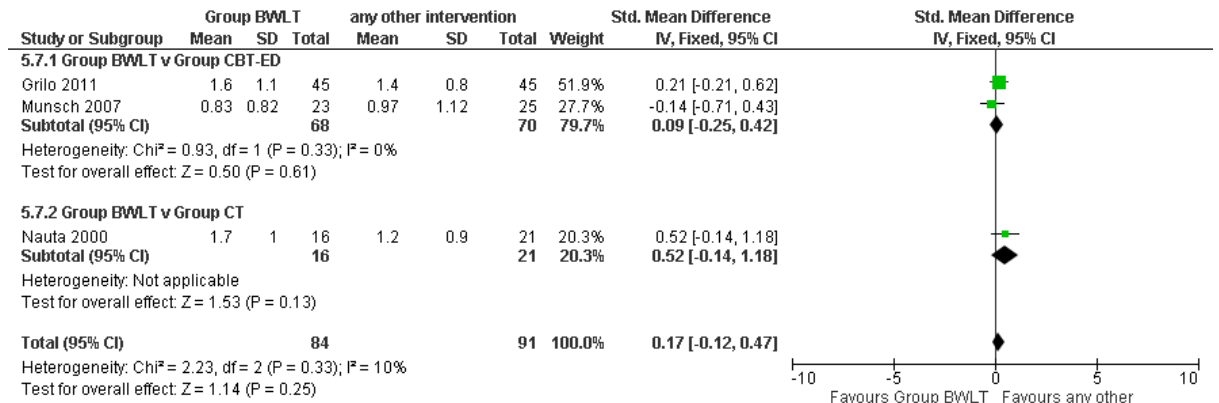
2

3 **Figure 1589: EDE-global**



5

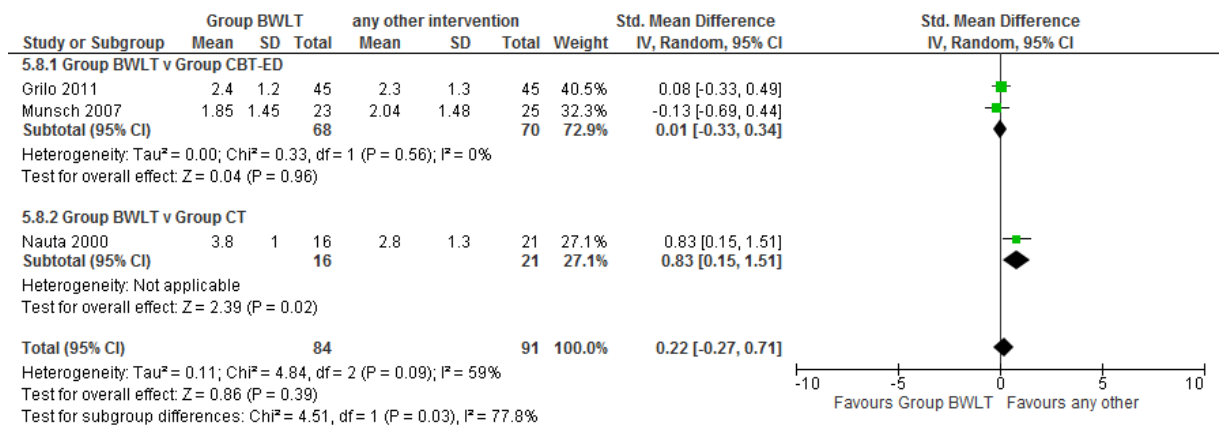
6 **Figure 1590: EDE-dietary restraint**



7

8

9 **Figure 1591: EDE-shape concern**

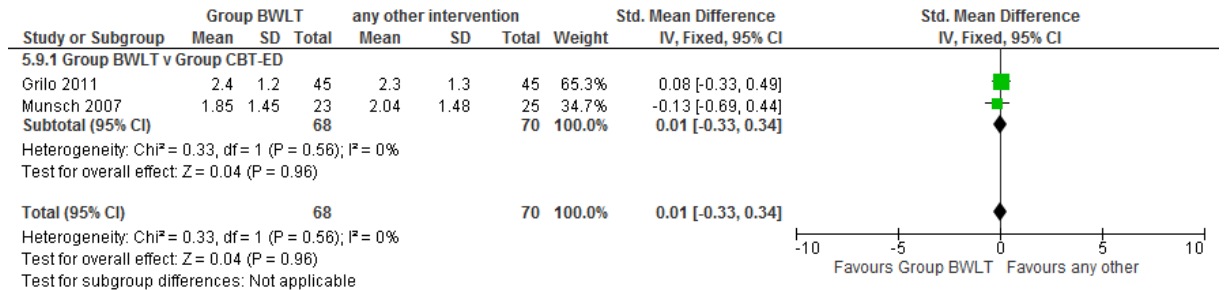


10

11 Heterogeneity was detected at $i^2 = 59\%$. There was no clear difference in the risk of bias
 12 between these three studies. The study by Nauta 2000 was unclear if the participants had
 13 comorbidities, whilst Munsch 2007 was unclear on the duration of illness. The severity of
 14 illness, as indicated by the average number of binges per month were different, Nauta 2000
 15 >18 per month versus both Grillo 2011 and Munsch 2007 <18 per month. As can be seen

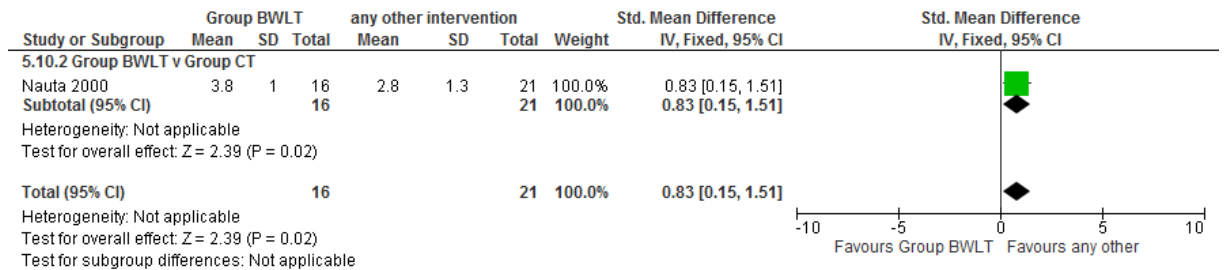
1 above, the heterogeneity for the latter subgroup (group behavioural weight loss therapy vs
2 group CBT-ED), which excludes Nauta 2000, was reduced to 0%. Hence severity of illness
3 may explain the observed heterogeneity.

4 **Figure 1592: EDE-shape concern - subgroup analysis for severity of illness (<18**
5 **binges/month)**



6

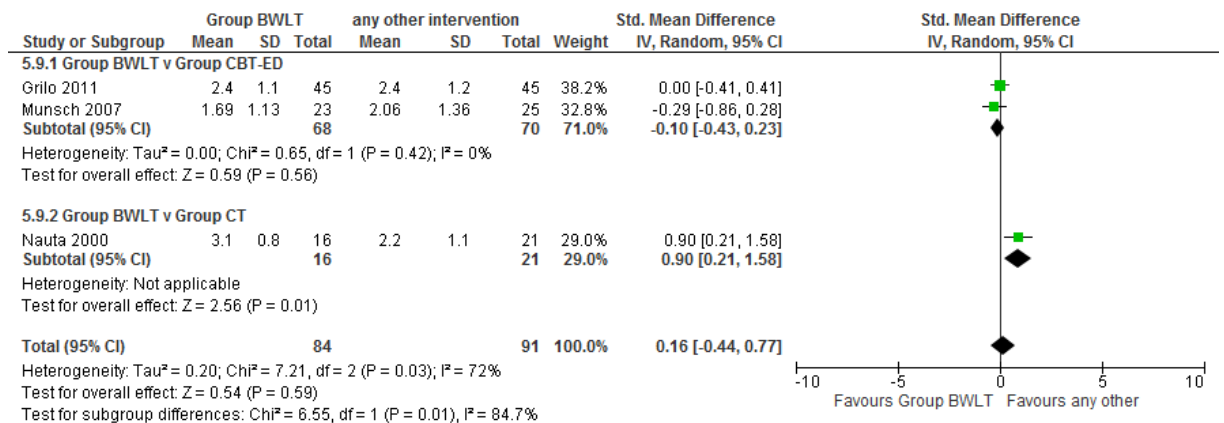
7 **Figure 1593: EDE-shape concern - subgroup analysis for severity of illness (>18**
8 **binges/month)**



9

10 **Figure 1594: EDE-weight concern**

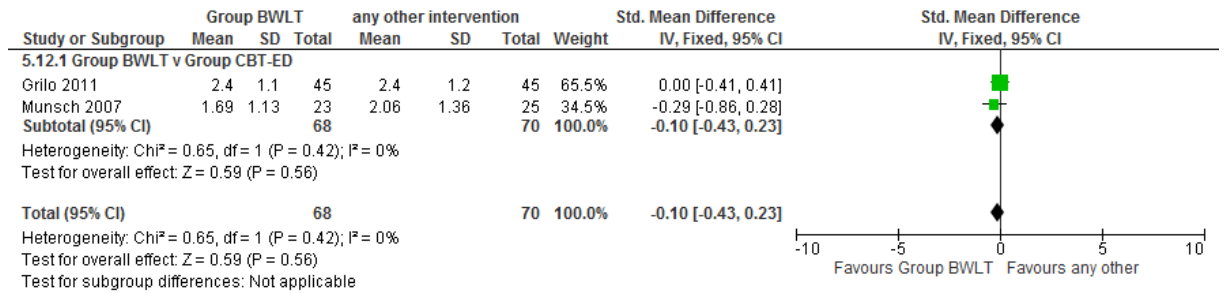
11



12

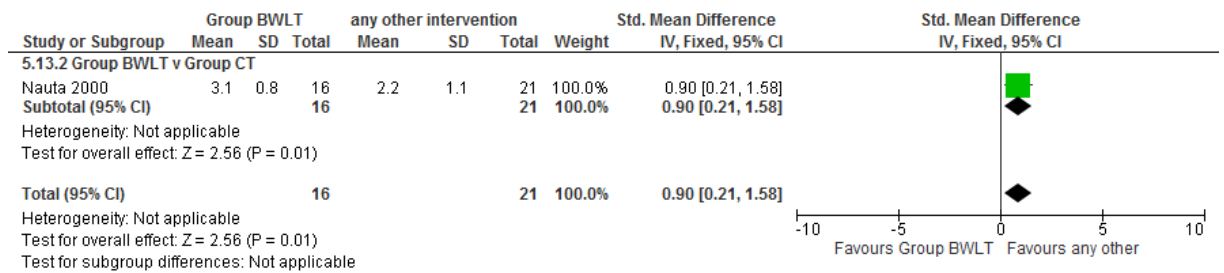
13 Heterogeneity was detected at $i^2=72\%$. There was no clear difference in the risk of bias
14 between these three studies. The study by Nauta 2000 was unclear if the participants had
15 comorbidities, whilst Munsch 2007 was unclear on the duration of illness. The severity of
16 illness, as indicated by the average number of binges per month were different, Nauta 2000
17 >18 per month versus both Grillo 2011 and Munsch 2007 <18 per month. As can be seen
18 above, the heterogeneity for the latter subgroup (group behavioural weight loss therapy vs
19 group CBT-ED), which excludes Nauta 2000, was reduced to 0%. Hence severity of illness
20 may explain the observed heterogeneity.

1 **Figure 1595: EDE-weight concern - subgroup analysis for severity of illness (<18**
2 **binges/month)**



3

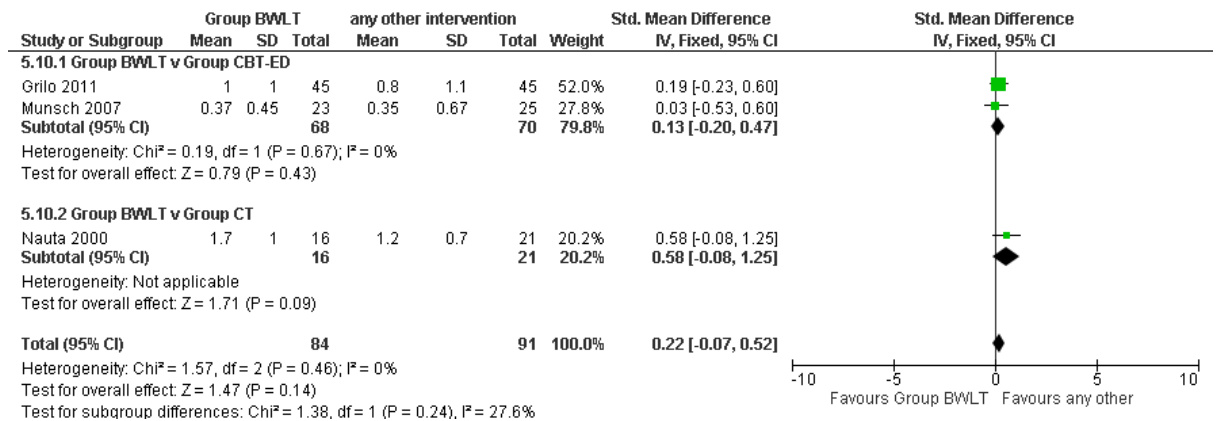
4 **Figure 1596: EDE-weight concern - subgroup analysis for severity of illness (>18**
5 **binges/month)**



6

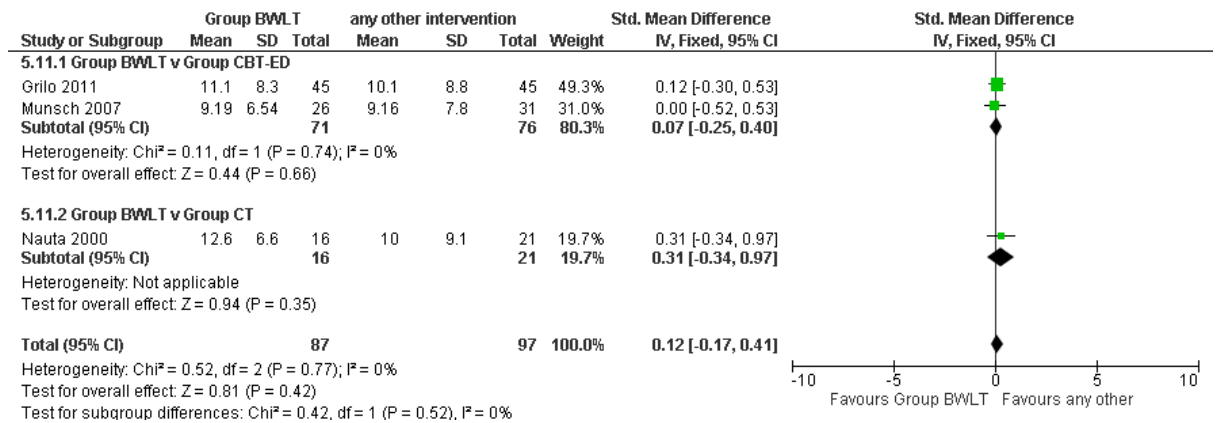
7

8 **Figure 1597: EDE-eating concern**



9

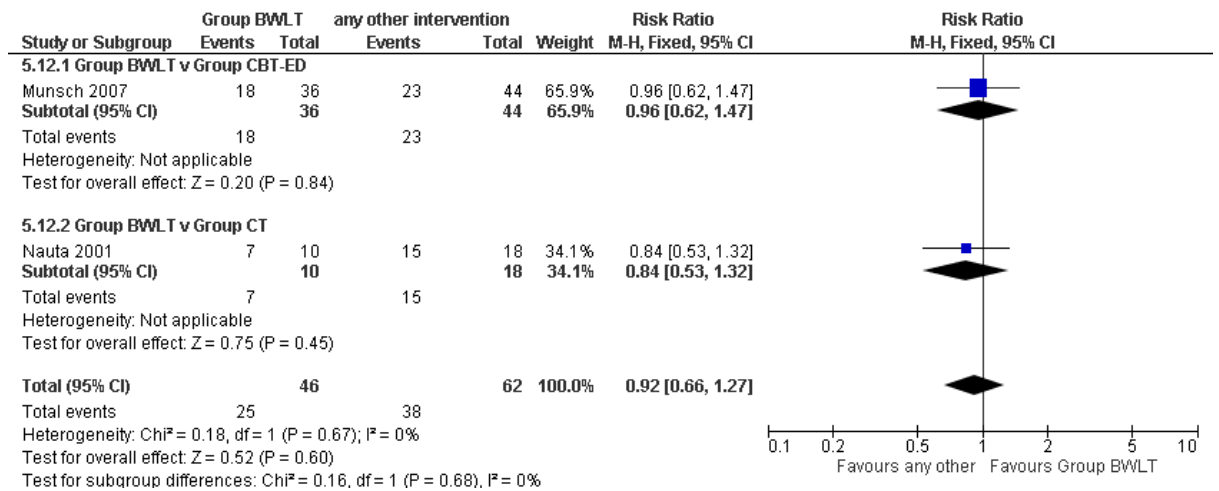
1 **Figure 1598: Depression**



2

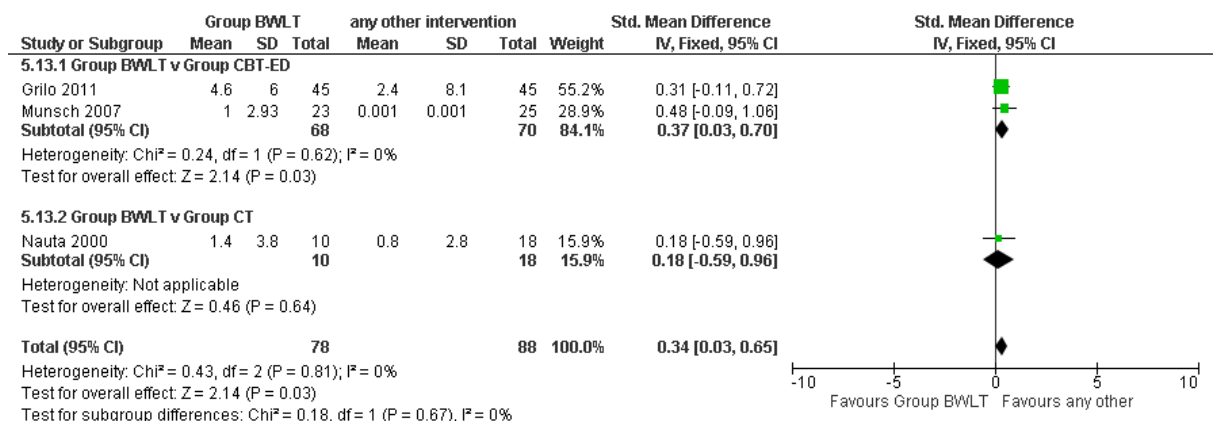
M.6.3.93 **Group behavioural weight loss therapy versus any other intervention in adults with BED at follow up**

5 **Figure 1599: Remission (ITT)**



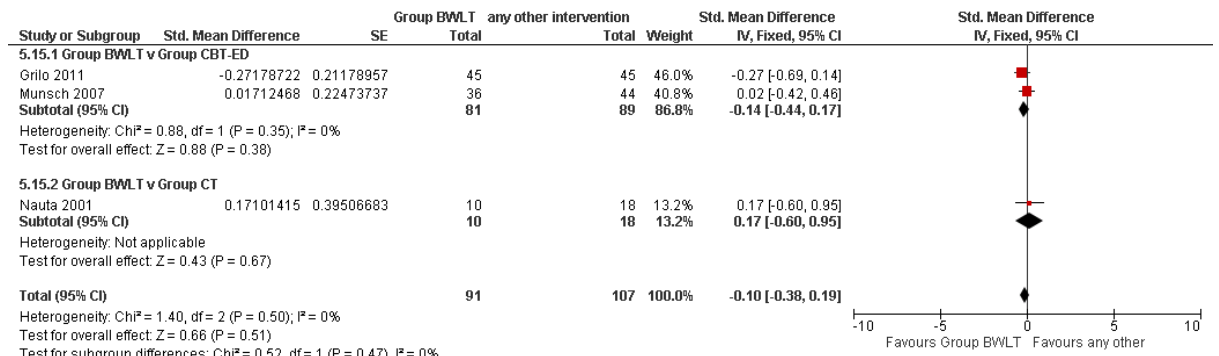
6

7 **Figure 1600: Binge frequency**



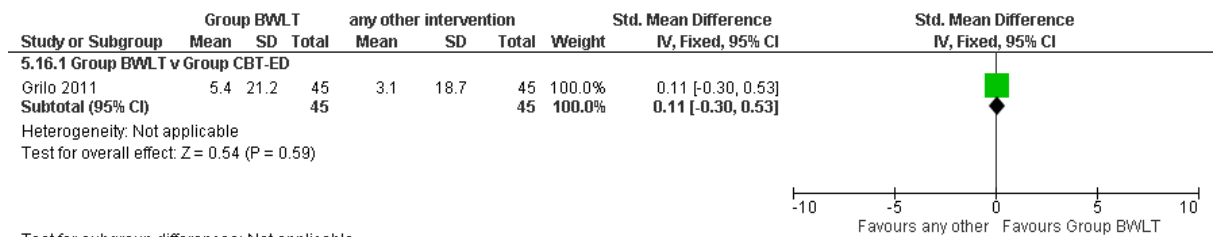
8

1 **Figure 1601: BMI/Weight**



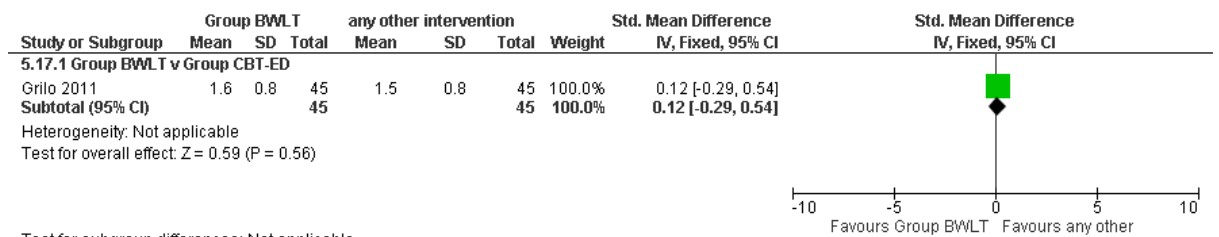
2

3 **Figure 1602: Weight loss (lbs)**



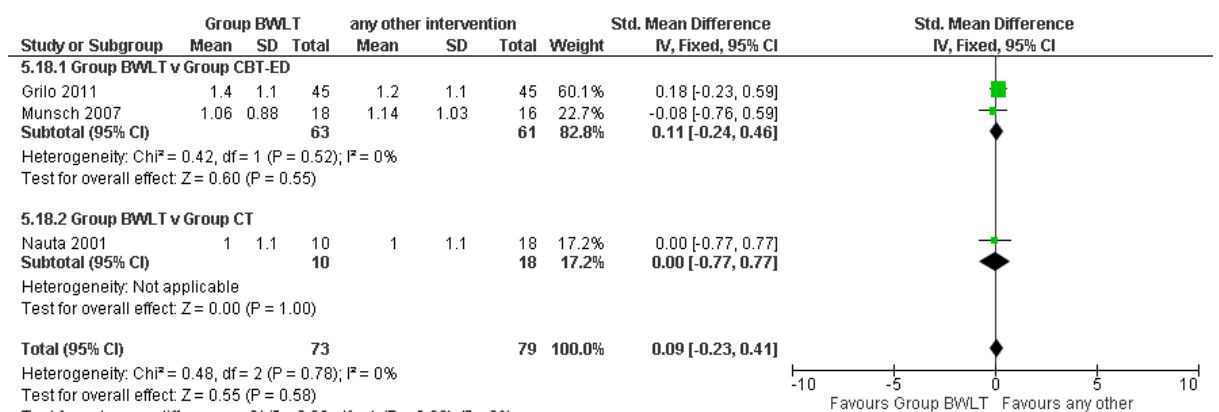
4 Test for subgroup differences: Not applicable

5 **Figure 1603: EDE-global**



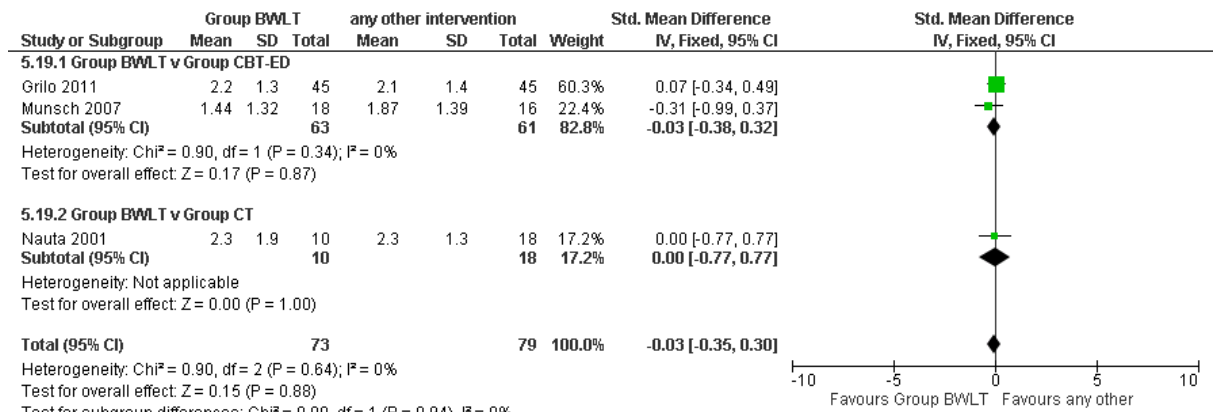
6 Test for subgroup differences: Not applicable

7 **Figure 1604: EDE-dietary restraint**



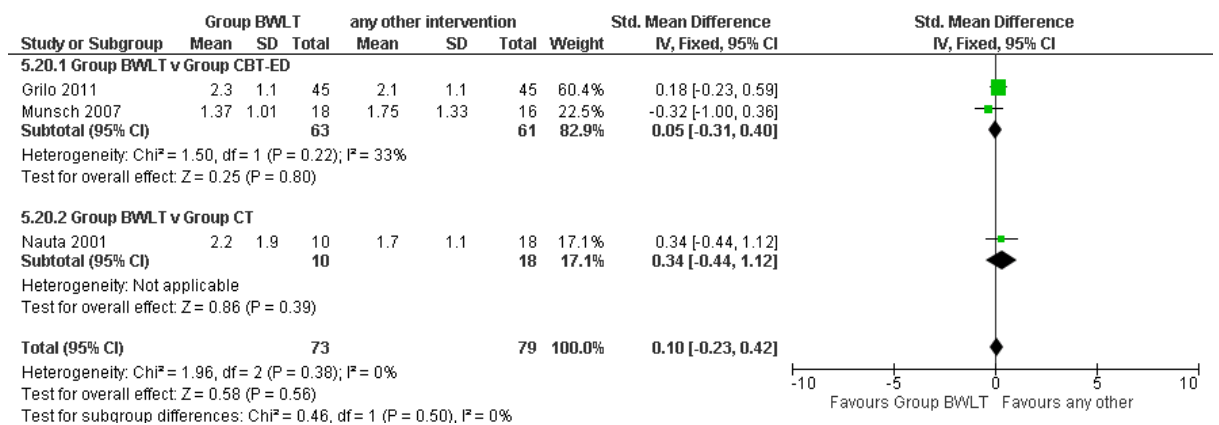
8

1 **Figure 1605: EDE-shape concern**



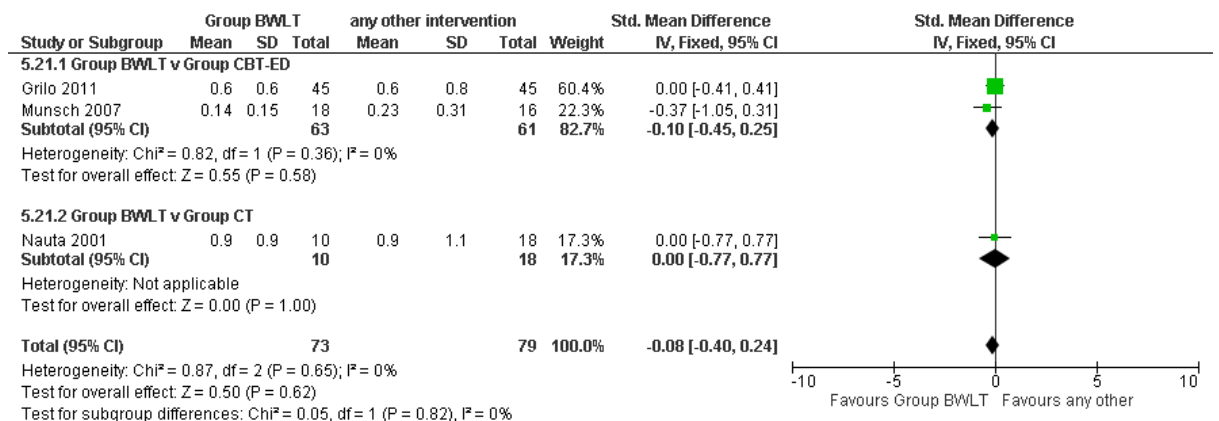
2

3 **Figure 1606: EDE-weight concern**



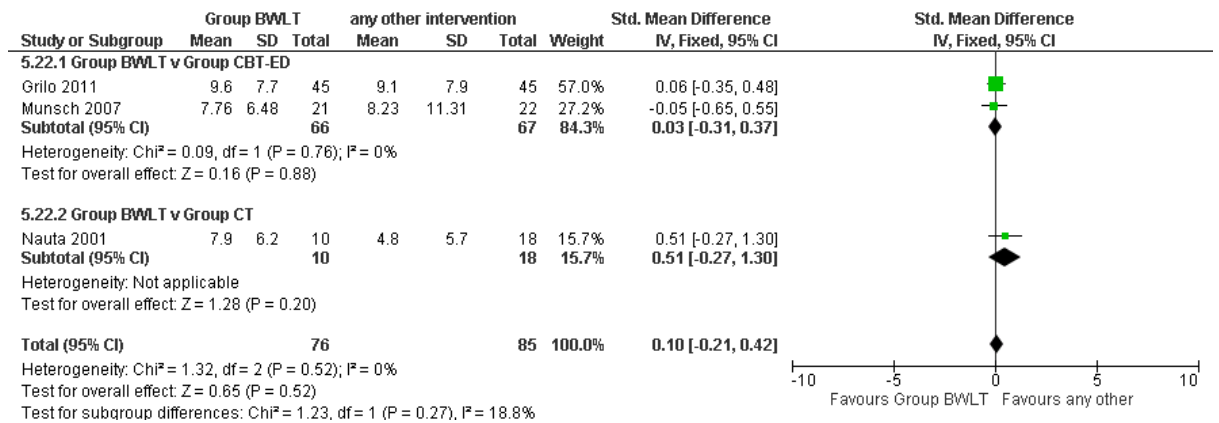
4

5 **Figure 1607: EDE-eating concern**



6

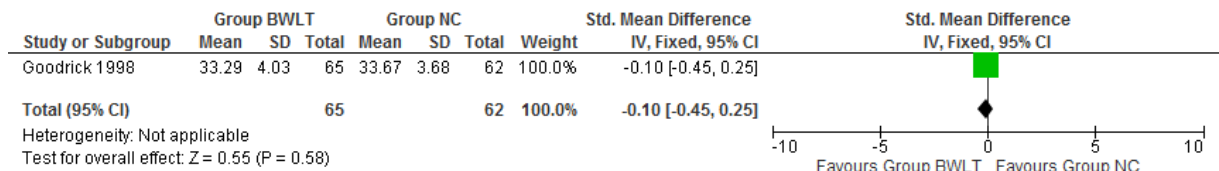
1 **Figure 1608: Depression**



2

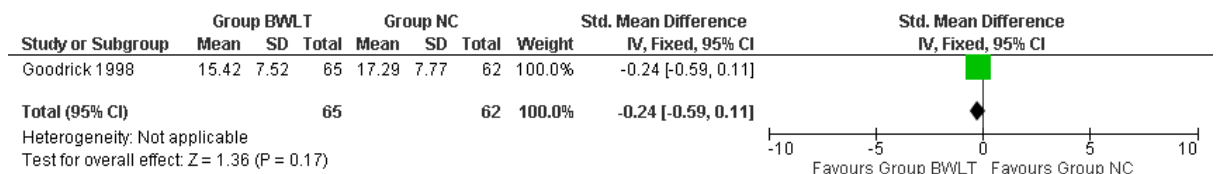
M.6.3.103 **Group behavioural weight loss therapy versus group nutritional counselling in adults with BED at end of treatment**

5 **Figure 1609: BMI**



7

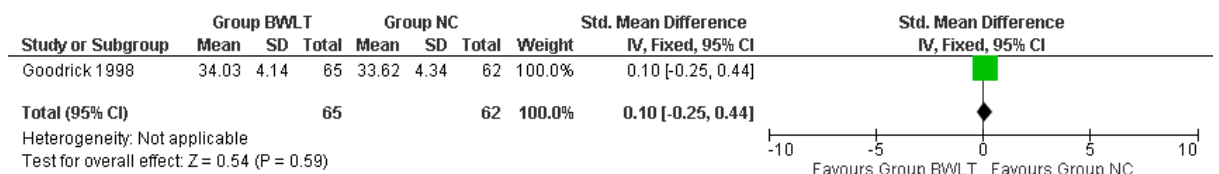
8 **Figure 1610: Binge Eating Scale**



9

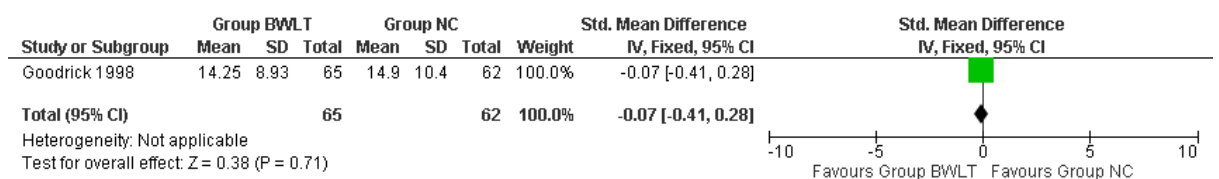
M.6.3.110 **Group behavioural weight loss therapy versus group nutritional counselling in adults with BED at follow up**

12 **Figure 1611: BMI**



13

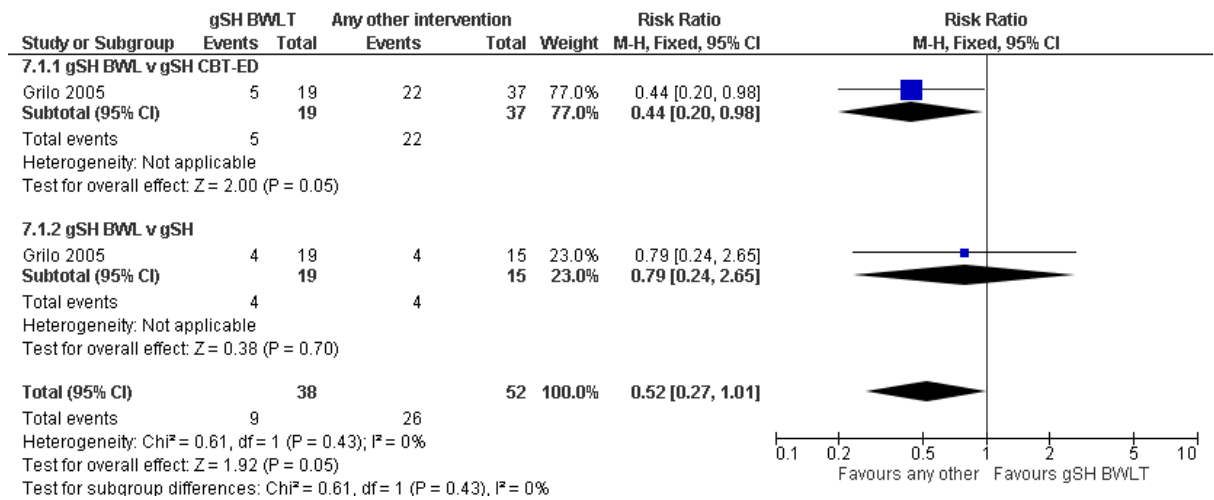
14 **Figure 1612: Binge Eating Scale**



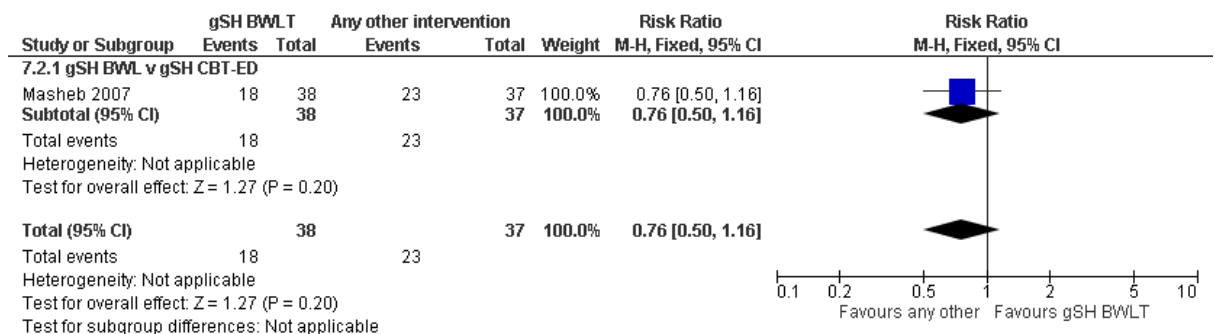
15

**M.6.3.121 Guided self-help behavioural weight loss versus any other intervention in adults with
2 BED at end of treatment**

3 Figure 1613: Remission

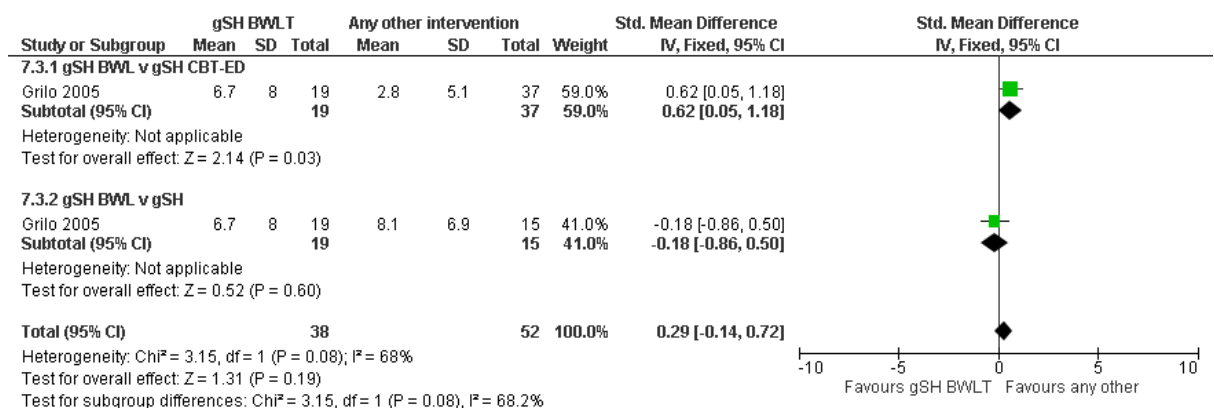


5 Figure 1614: Rapid response

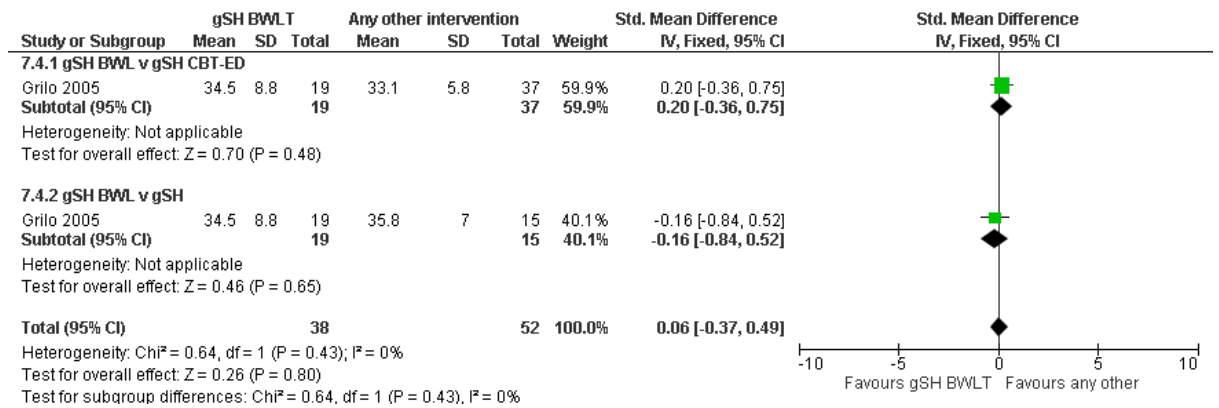


7

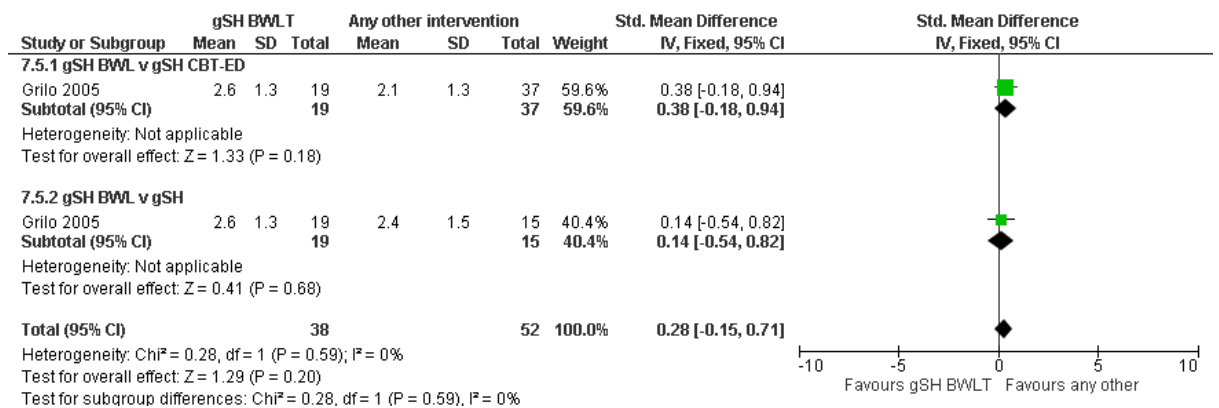
8 Figure 1615: Binge frequency



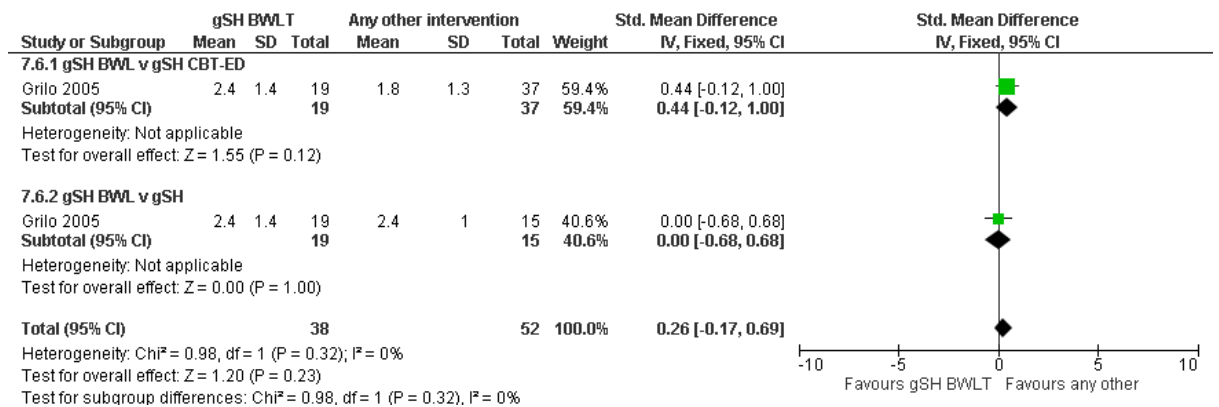
1 **Figure 1616: BMI**



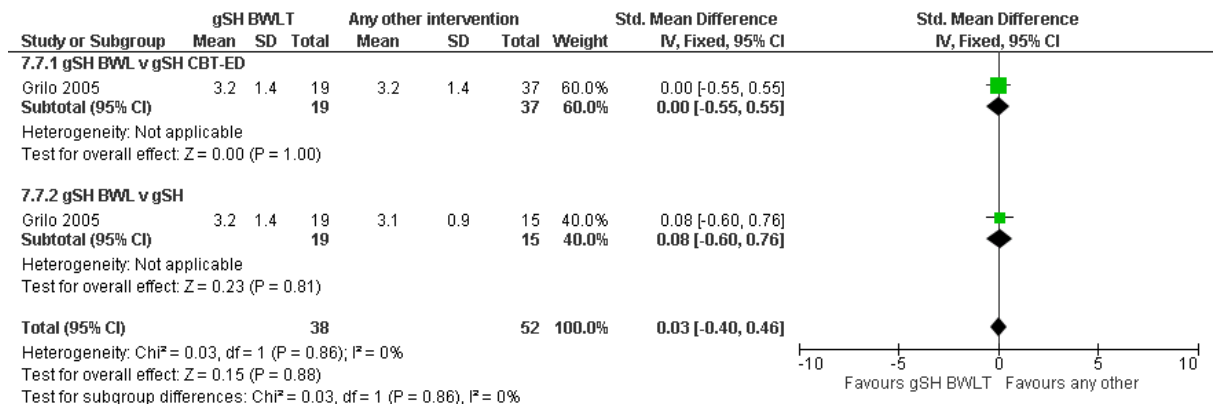
3 **Figure 1617: EDE-Q-dietary restraint**



5 **Figure 1618: EDE-Q-eating concern**

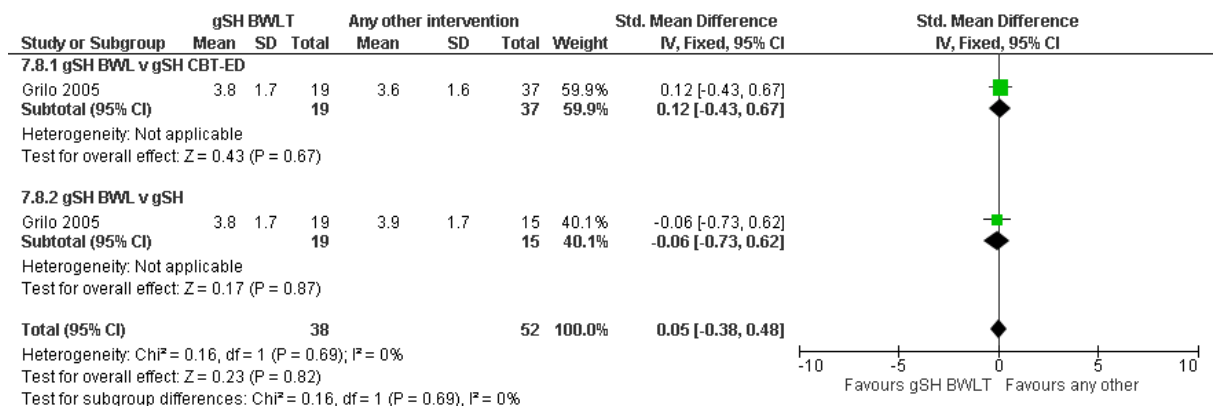


1 **Figure 1619: EDE-Q-weight concern**



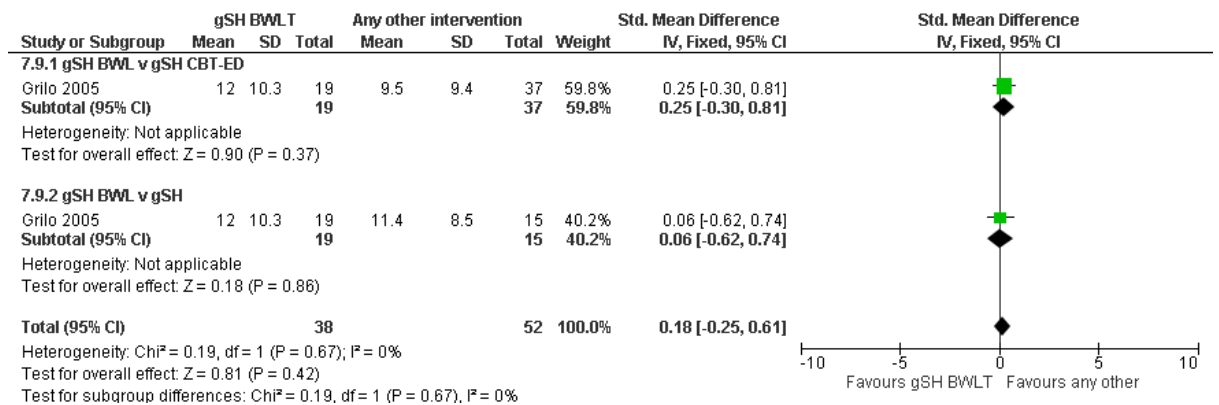
2 Test for subgroup differences: Chi² = 0.03, df = 1 (P = 0.86), I² = 0%

3 **Figure 1620: EDE-Q-shape concern**



4 Test for subgroup differences: Chi² = 0.16, df = 1 (P = 0.69), I² = 0%

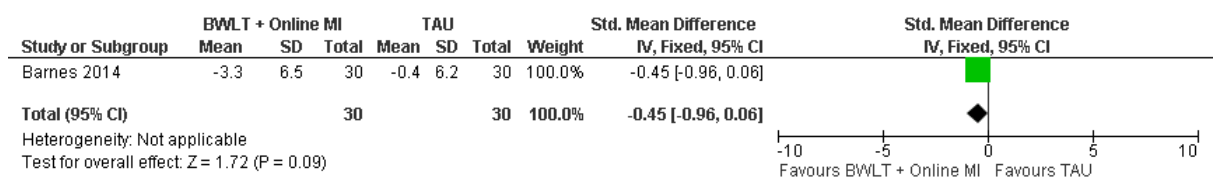
5 **Figure 1621: Depression**



6 Test for subgroup differences: Chi² = 0.19, df = 1 (P = 0.67), I² = 0%

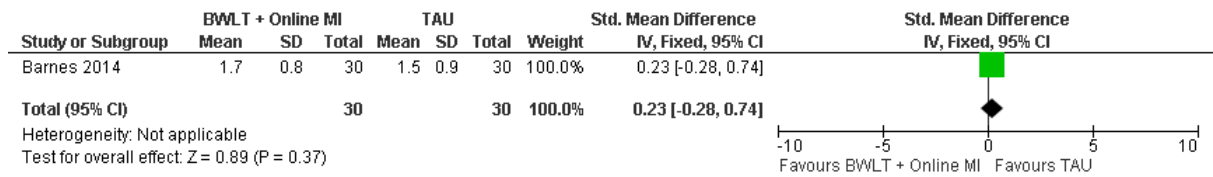
M.6.3.137 **Behavioural weight loss therapy and online motivational interviewing versus treatment as usual intervention in adults with BED at end of treatment**

9 **Figure 1622: Weight (lbs – change scores)**



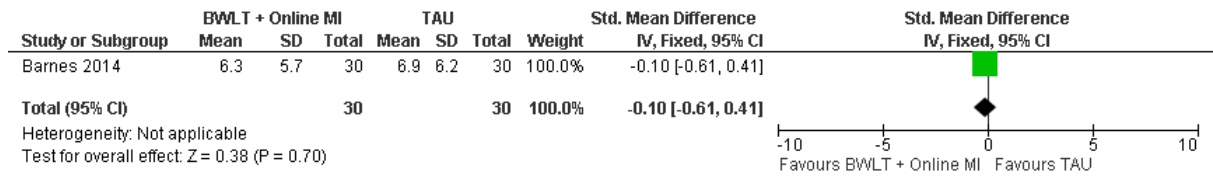
10

1 **Figure 1623: EDE-global**



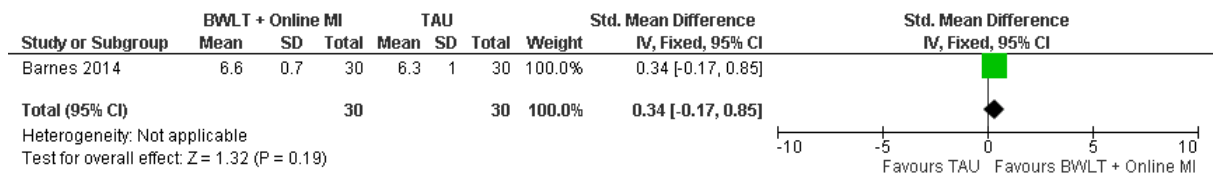
2

3 **Figure 1624: Depression**



4

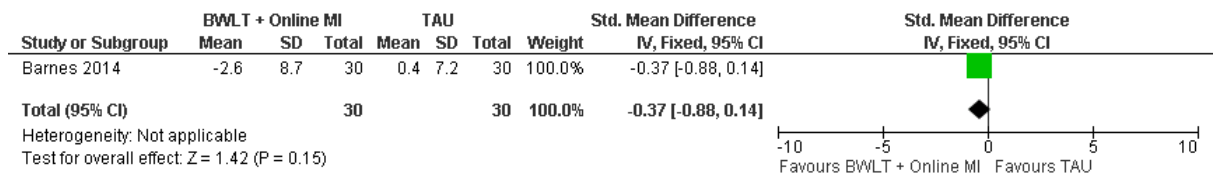
5 **Figure 1625: General functioning**



6

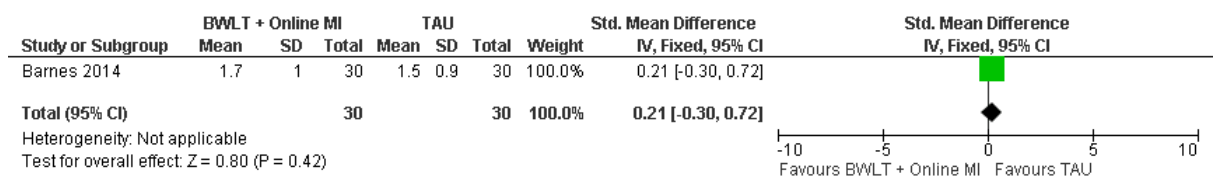
M.6.3.147 **Behavioural weight loss therapy and online motivational interviewing versus treatment as usual intervention in adults with BED at follow up**

9 **Figure 1626: Weight (lbs – change scores)**



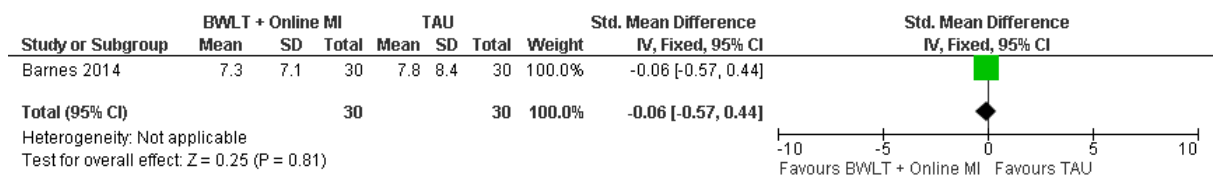
10

11 **Figure 1627: EDE-global**



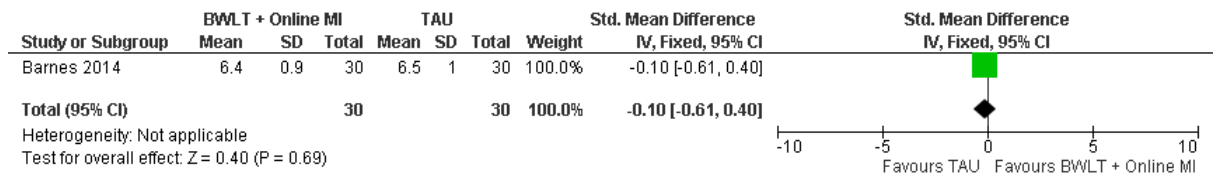
12

13 **Figure 1628: Depression**



14

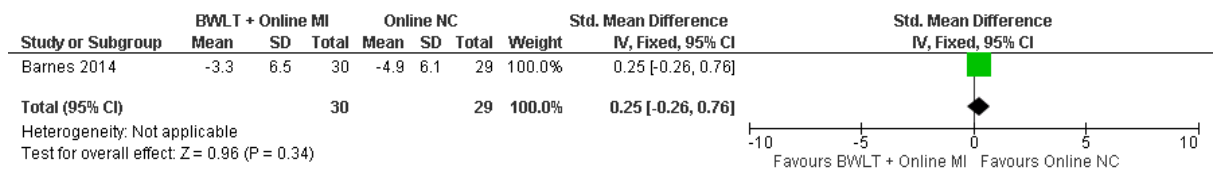
1 **Figure 1629: General functioning**



2

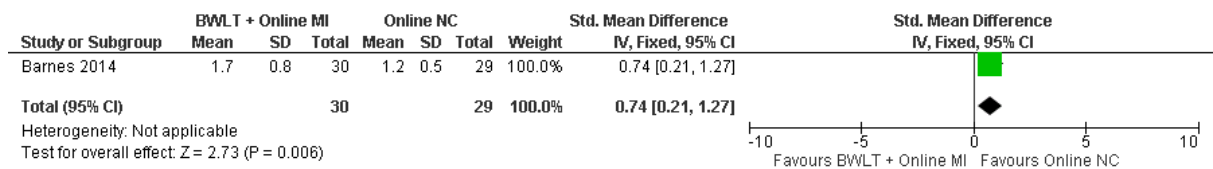
M.6.3.153 Behavioural Weight Loss Therapy + Online Motivational Interviewing versus Online Nutritional Counselling in adults with BED at end of treatment

5 **Figure 1630: Weight (lbs – change scores)**



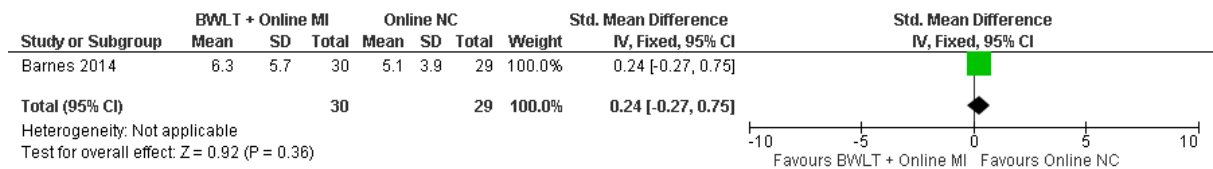
6

7 **Figure 1631: EDE-global**



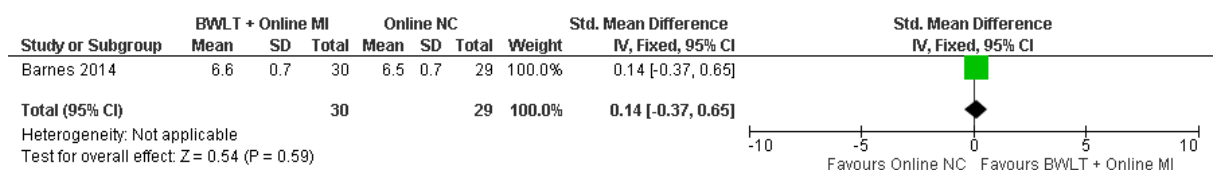
8

9 **Figure 1632: Depression**



10

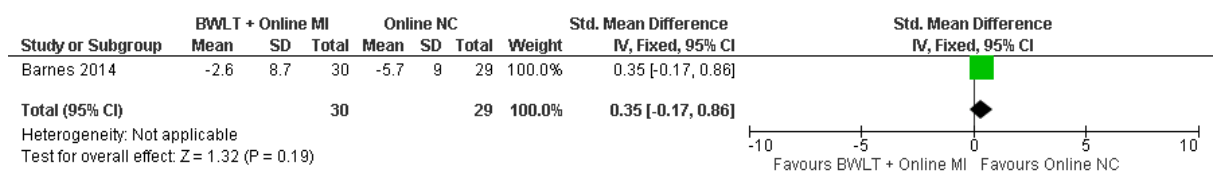
11 **Figure 1633: General functioning**



12

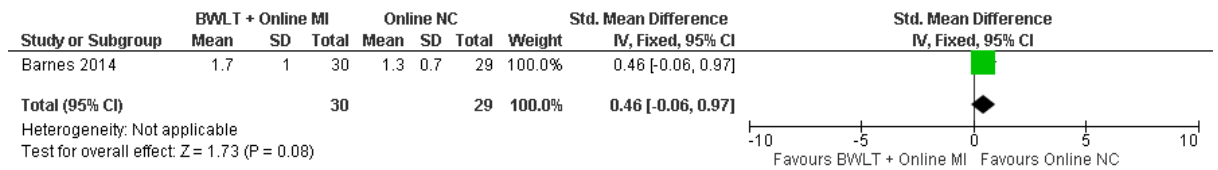
M.6.3.163 Behavioural Weight Loss Therapy + Online Motivational Interviewing versus Online Nutritional Counselling in adults with BED at follow up

15 **Figure 1634: Weight (lbs – change scores)**



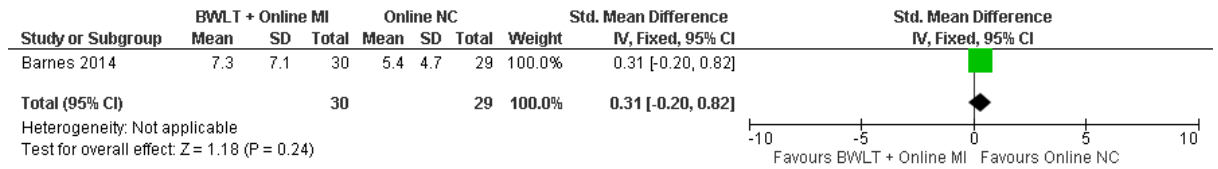
16

1 **Figure 1635: EDE-global**



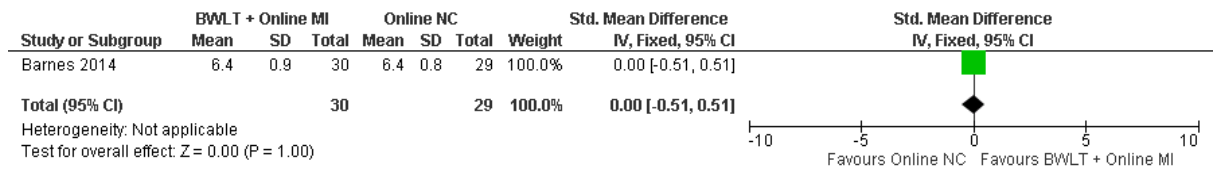
2

3 **Figure 1636: Depression**



4

5 **Figure 1637: General functioning**



6

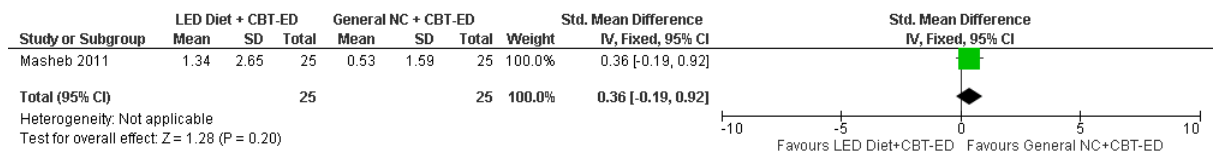
M.6.3.177 **Low-energy density diet and CBT-ED versus general nutritional counselling and CBT-ED in adults with BED at end of treatment**

9 **Figure 1638: Remission (ITT)**



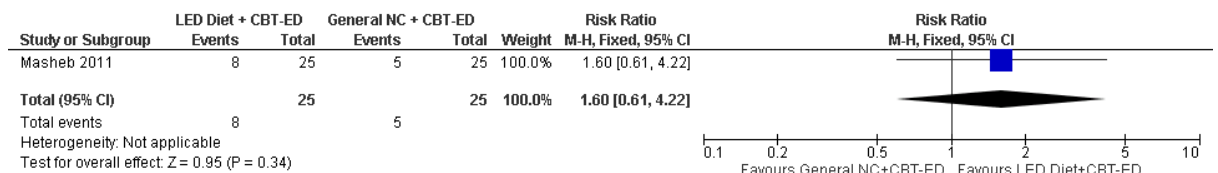
10

11 **Figure 1639: BMI – change scores**



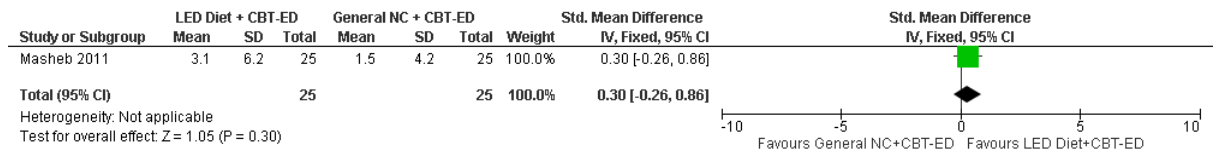
12

13 **Figure 1640: Number of people achieving 5 % weight loss or more**



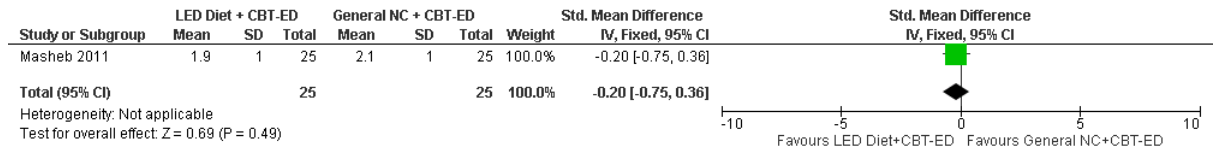
14

1 **Figure 1641: Mean % weight loss**



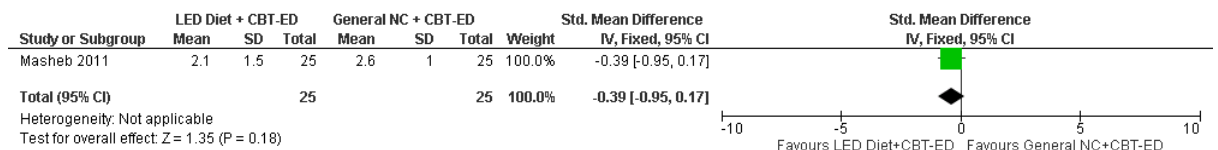
2

3 **Figure 1642: EDE-global**



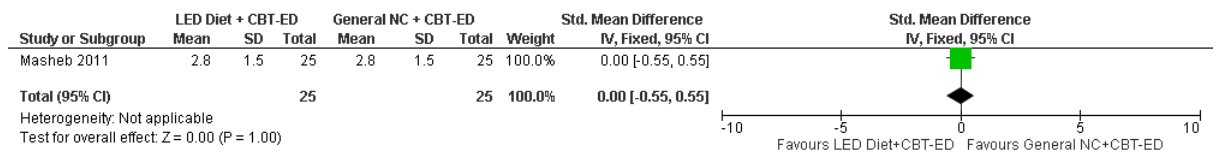
4

5 **Figure 1643: EDE-weight concern**



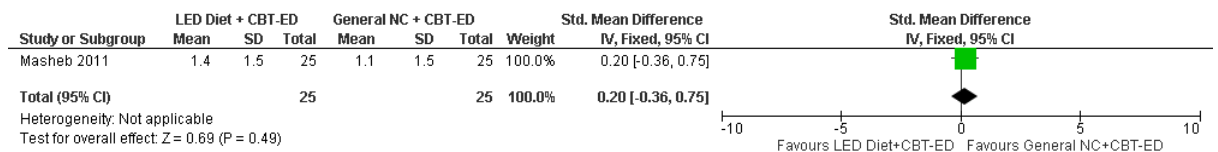
6

7 **Figure 1644: EDE-shape concern**



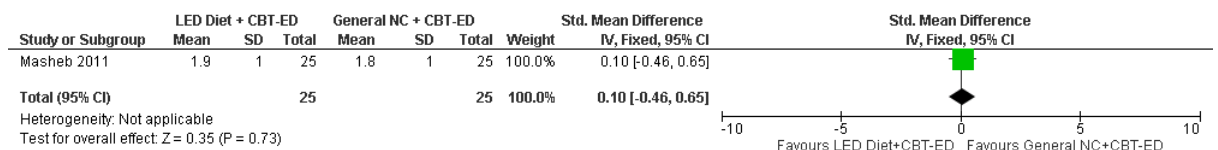
8

9 **Figure 1645: EDE-eating concern**



10

11 **Figure 1646: Depression**

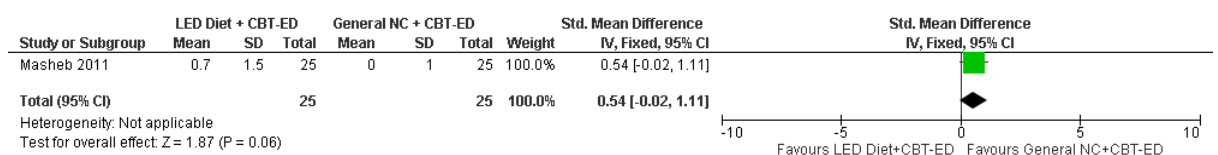


12

M.6.3.183 Low-energy density diet and CBT-ED versus general nutritional counselling and CBT-ED in adults with BED at follow up

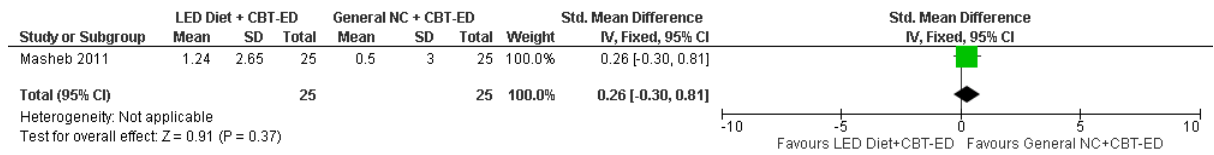
14

15 **Figure 1647: Binge frequency**



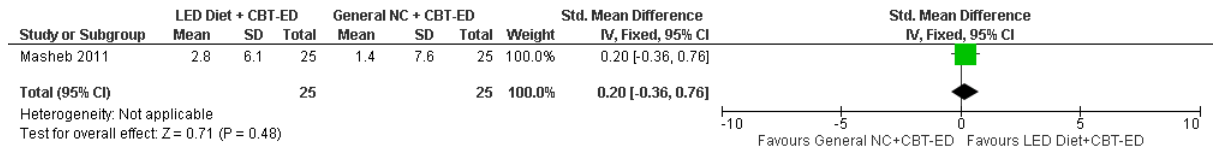
16

1 **Figure 1648: BMI – change scores**



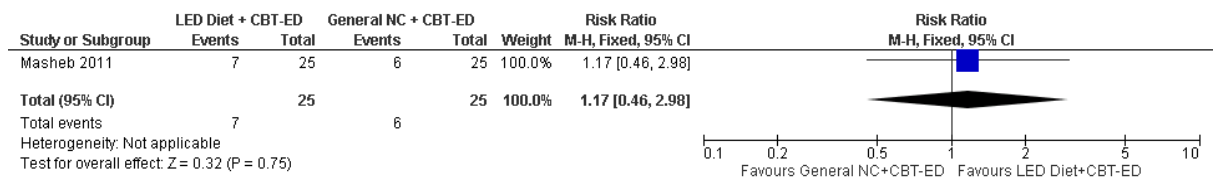
2

3 **Figure 1649: Mean % weight loss**



4

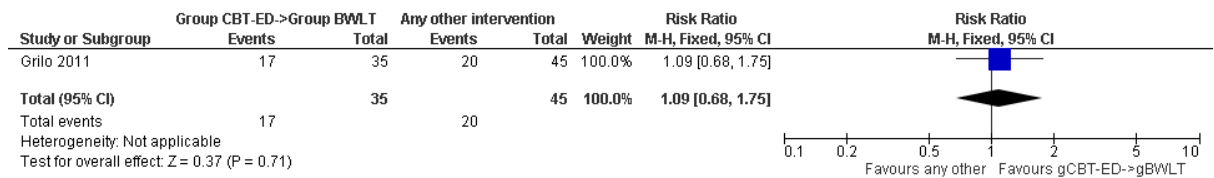
5 **Figure 1650: Number of people achieving 5 % weight loss or more**



6

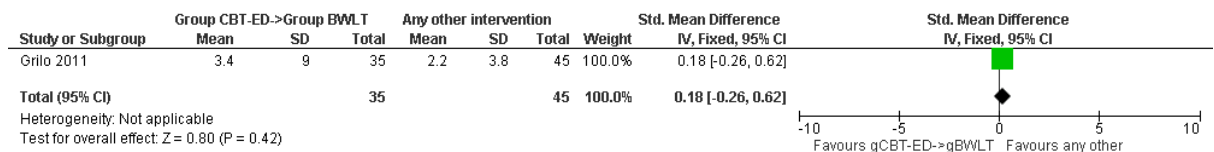
M.6.3.197 **Group CBT-ED then group behavioural weight loss therapy versus group CBT-ED in adults with BED at end of treatment**

9 **Figure 1651: Remission**



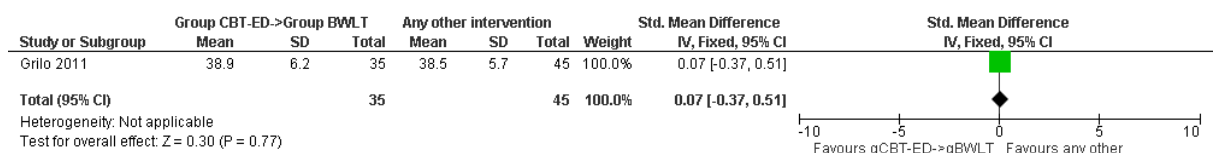
10

11 **Figure 1652: Binge frequency**



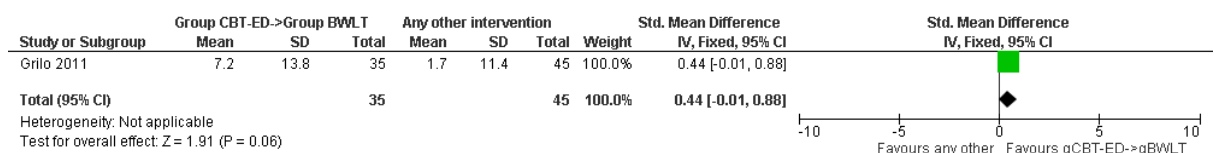
12

13 **Figure 1653: BMI**



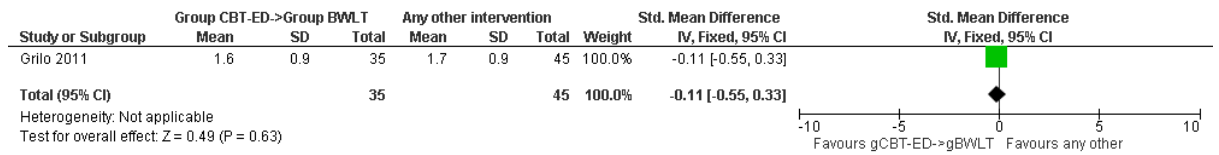
14

15 **Figure 1654: Weight loss**



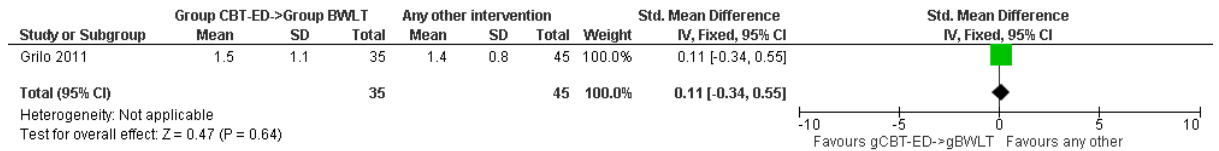
16

1 **Figure 1655: EDE-global**



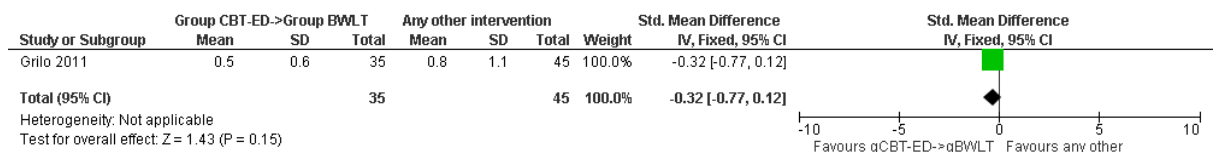
2

3 **Figure 1656: EDE-dietary restraint**



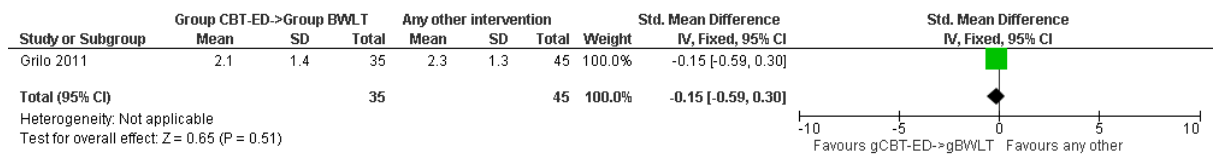
4

5 **Figure 1657: EDE-eating concern**



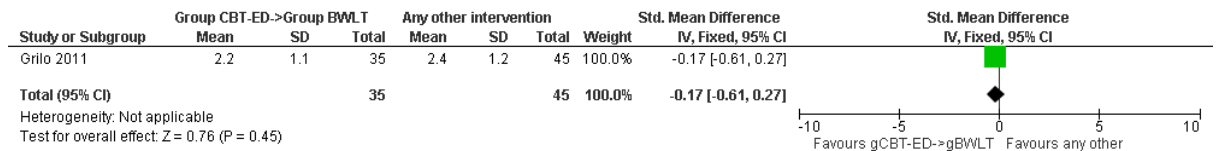
6

7 **Figure 1658: EDE-shape concern**



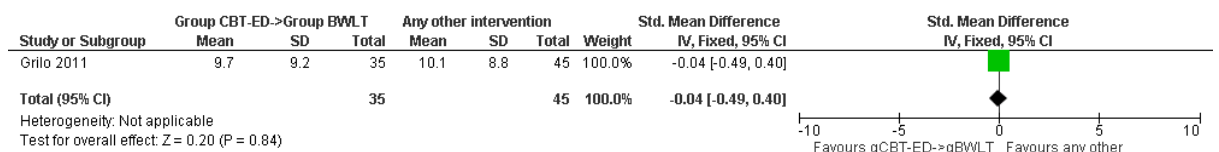
8

9 **Figure 1659: EDE-weight concern**



10

11 **Figure 1660: Depression**

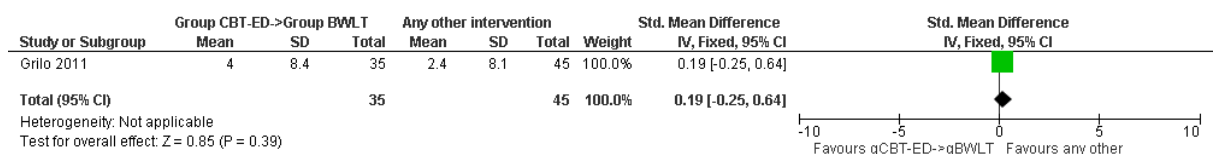


12

M.6.3.203 **Group CBT-ED then group behavioural weight loss therapy versus group CBT-ED in adults with BED at follow up**

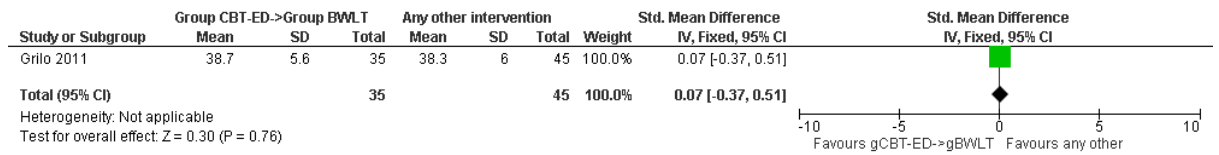
14

15 **Figure 1661: Binge frequency**



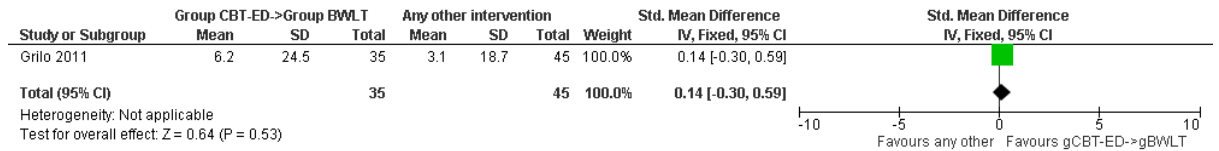
16

1 **Figure 1662: BMI**



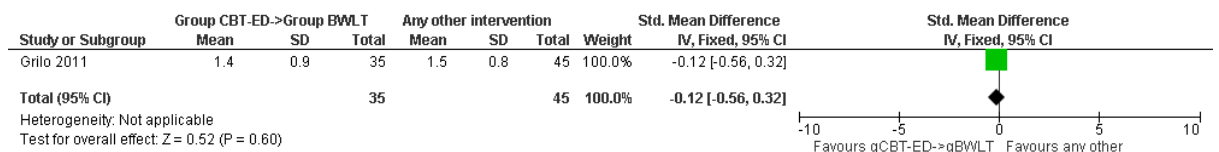
2

3 **Figure 1663: Weight loss**



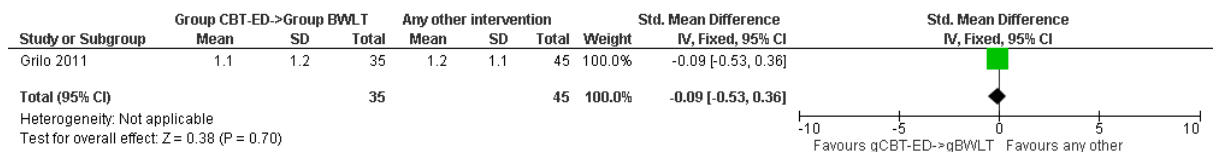
4

5 **Figure 1664: EDE-global**



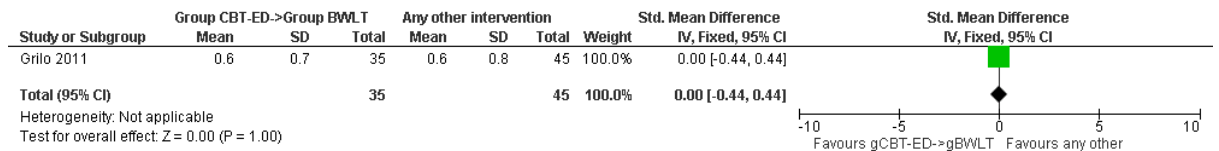
6

7 **Figure 1665: EDE-dietary restraint**



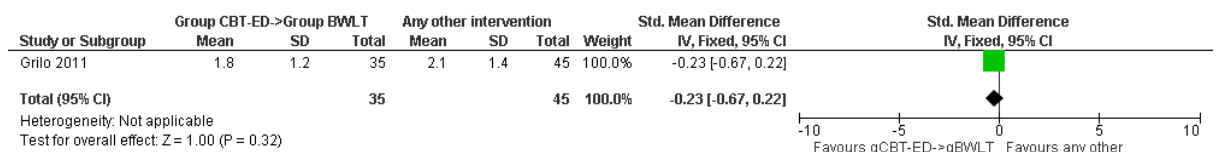
8

9 **Figure 1666: EDE-eating concern**



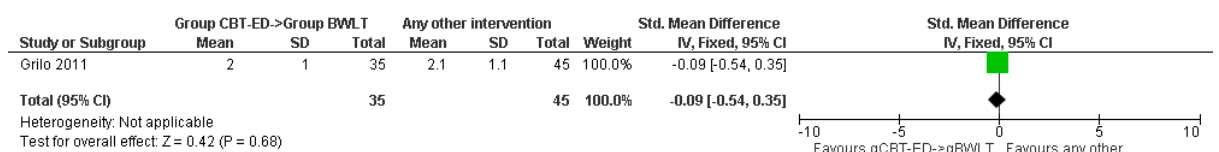
10

11 **Figure 1667: EDE-shape concern**



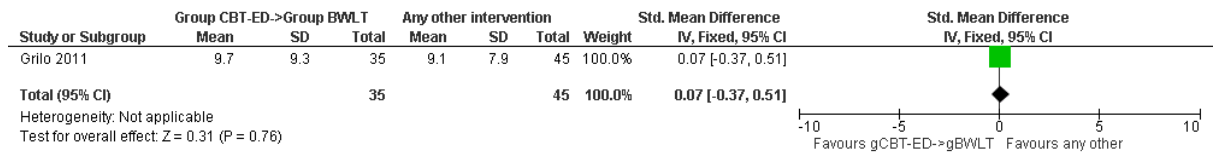
12

13 **Figure 1668: EDE-weight concern**



14

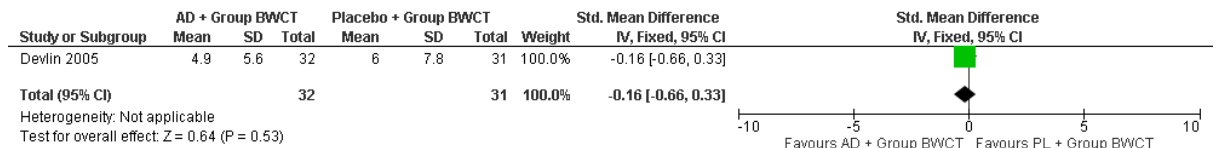
1 **Figure 1669: Depression**



2

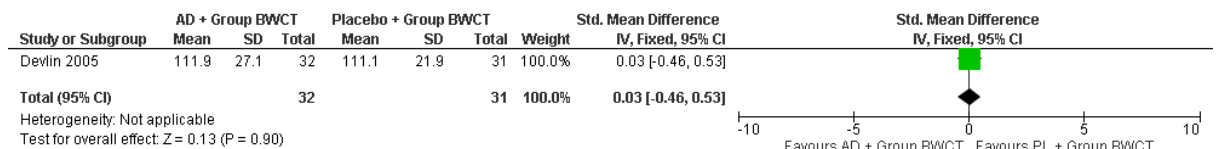
M.6.3.213 **Antidepressant and group behavioural weight control therapy versus placebo and group behavioural weight control therapy in adults with BED**

5 **Figure 1670: Binge frequency**



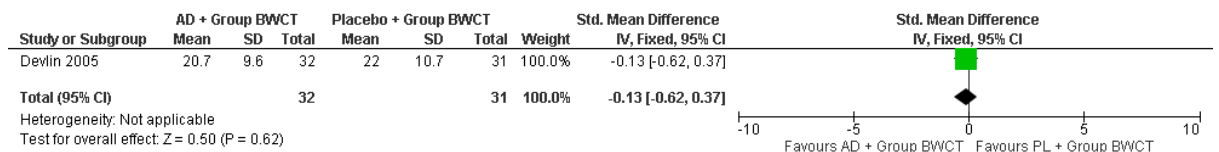
6

7 **Figure 1671: Weight (kg)**



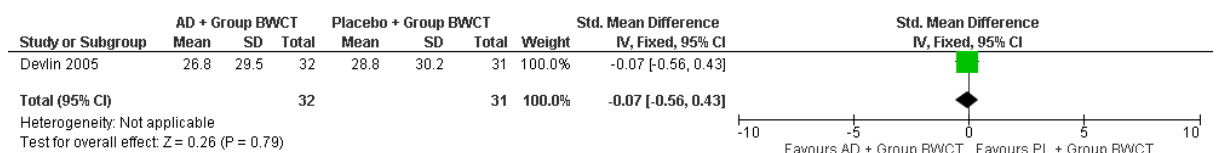
8

9 **Figure 1672: Binge Eating Scale**



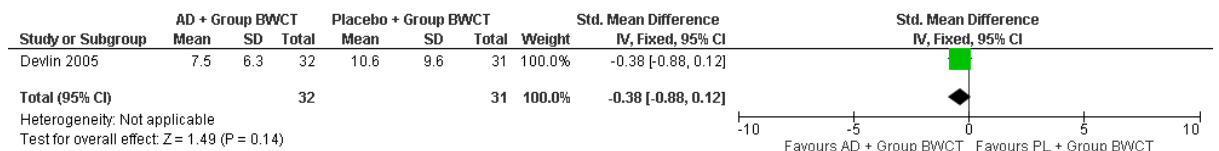
10

11 **Figure 1673: General psychopathology**



12

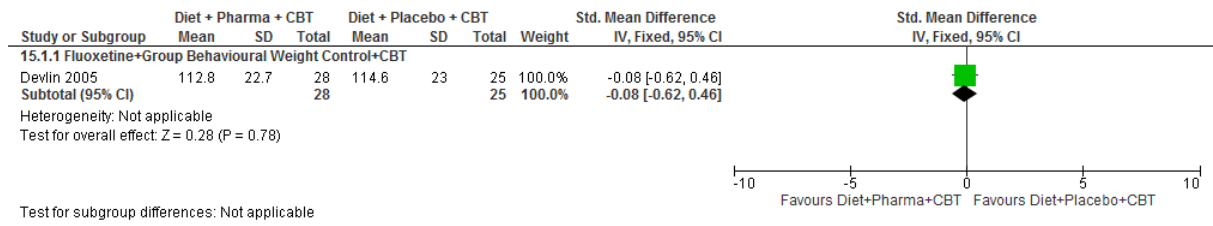
13 **Figure 1674: Depression**



14

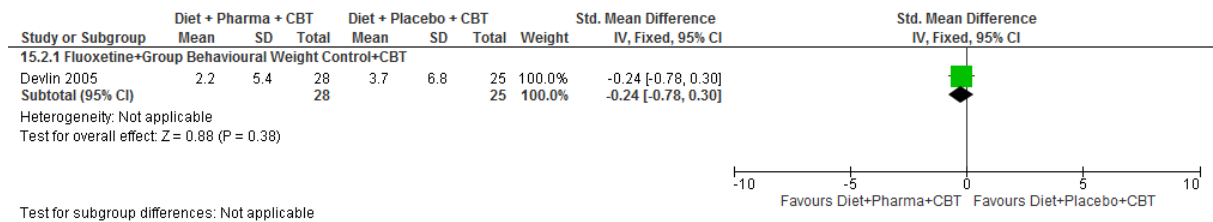
M.6.3.221 Antidepressant, CBT-ED and group behavioural weight control therapy versus placebo, CBT-ED and group behavioural weight control therapy in adults with BED

3 Figure 1675: Weight (kg)



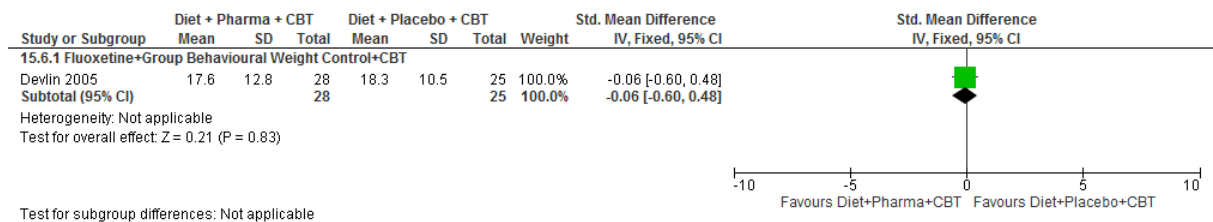
4

5 Figure 1676: Binge frequency



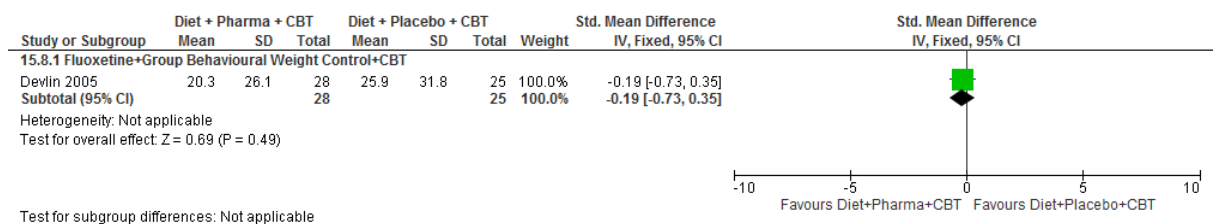
6

7 Figure 1677: Binge Eating Scale



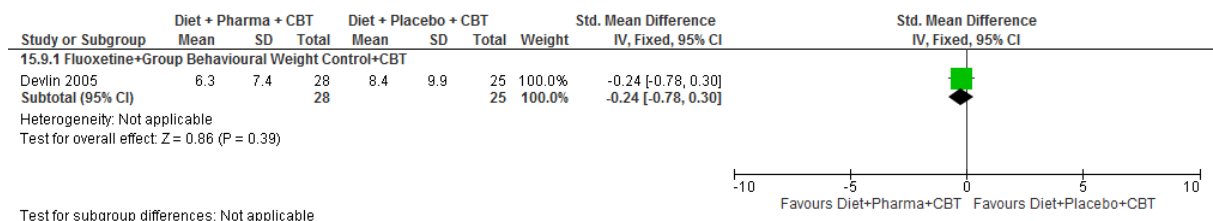
8

9 Figure 1678: General psychopathology



10

11 Figure 1679: Depression

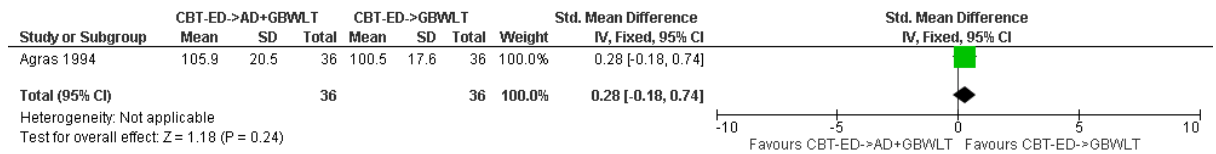


12

13

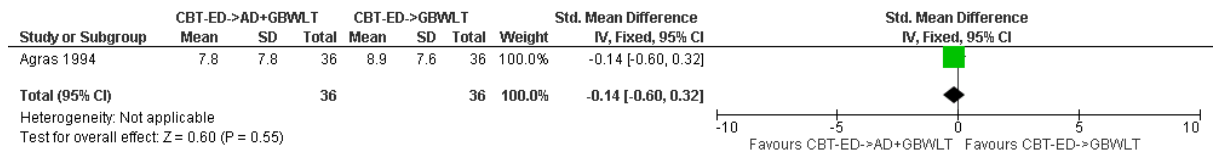
M.6.3.231 CBT-ED then antidepressant and group behavioural weight loss therapy versus CBT-ED then group behavioural weight loss therapy in adults with BED at end of treatment

3 Figure 1680: Weight



4

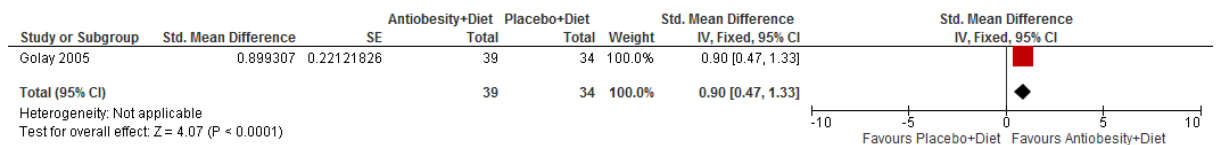
5 Figure 1681: Depression



6

M.6.3.247 Any antiobesity agent and diet versus placebo and diet in adults with binge eating disorder at end of treatment

9 Figure 1682: Weight loss from baseline



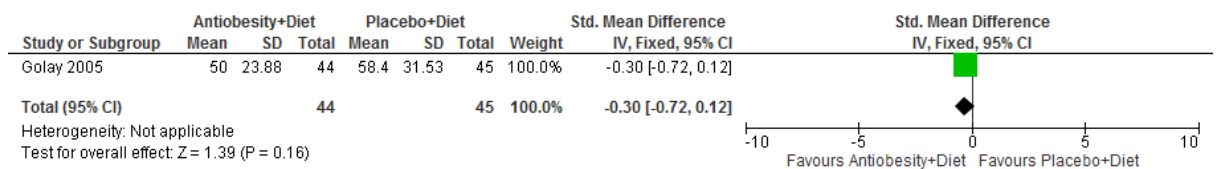
10

11 Figure 1683: No longer meets BED DSM-IV criteria



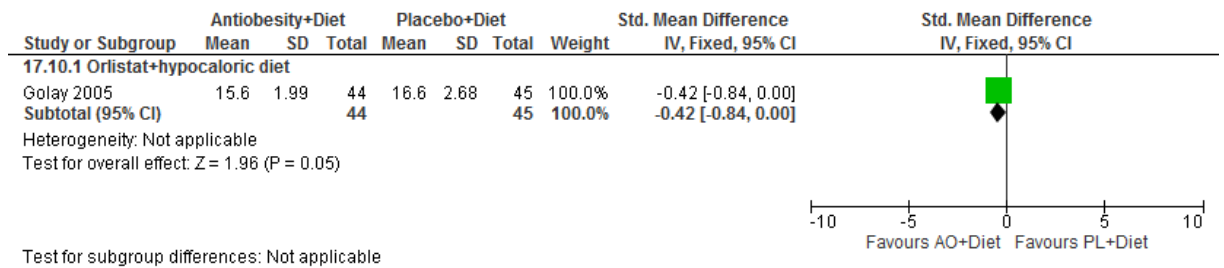
12

13 Figure 1684: EDI Total



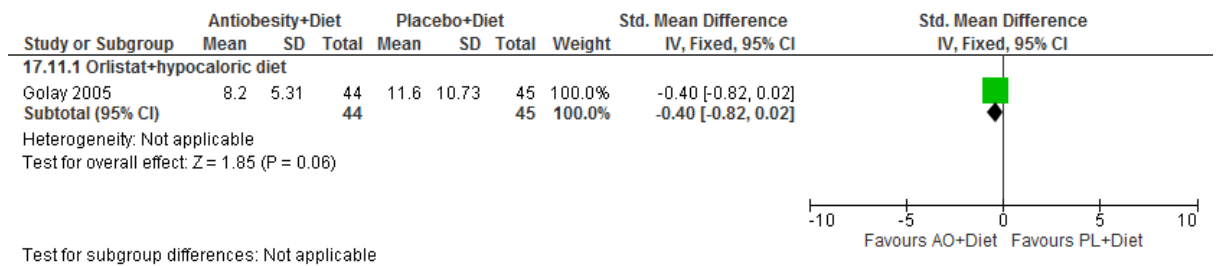
14

1 **Figure 1685: General psychopathology**



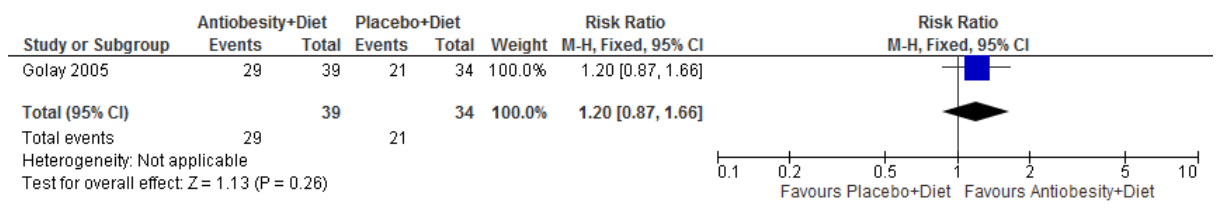
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3 **Figure 1686: Depression**



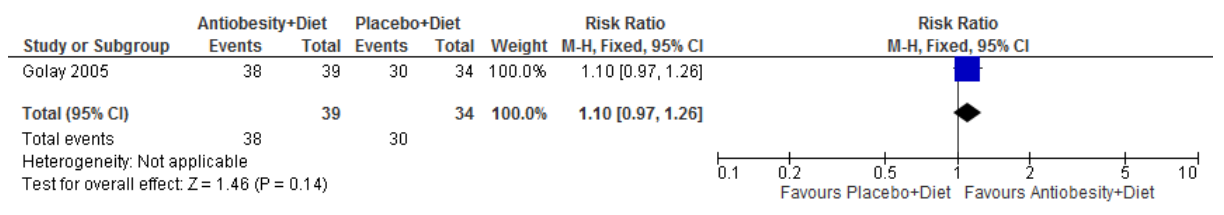
4

5 **Figure 1687: No longer meets generalized anxiety disorder DSM-IV criteria**



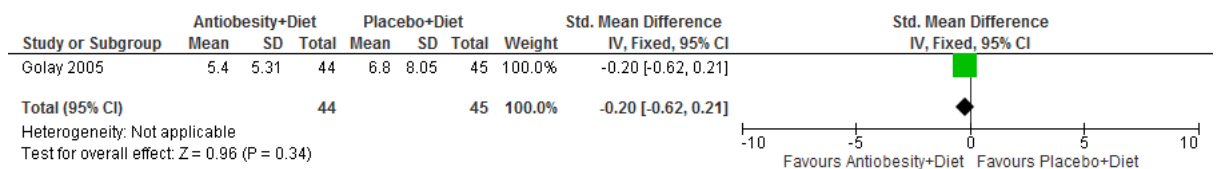
6

7 **Figure 1688: No longer meets major depressive disorder DSM-IV criteria**



8

9 **Figure 1689: Quality of Life**



10

11

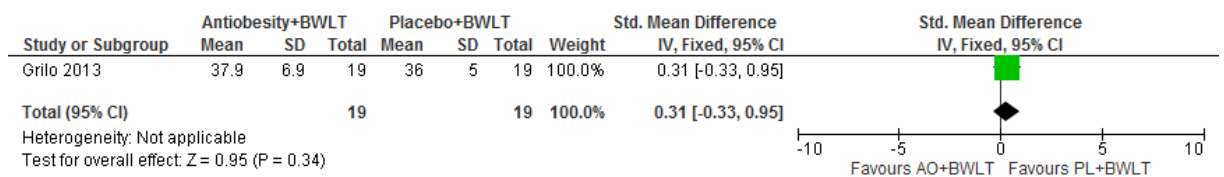
**M.6.3.25 1 Any antiobesity agent and behavioural weight loss therapy versus placebo and
2 behavioural weight loss therapy in adults with binge eating disorder at end of
3 treatment**

4 Figure 1690: Remission (ITT)



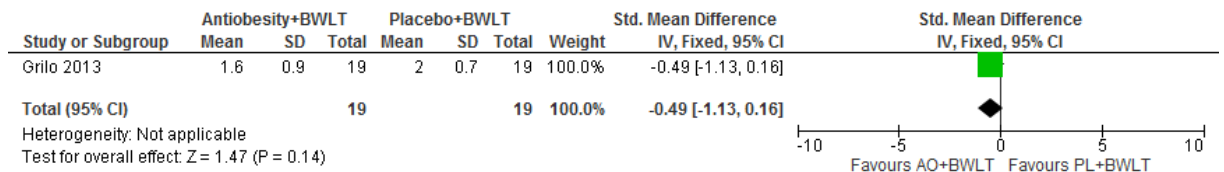
5

6 Figure 1691: BMI



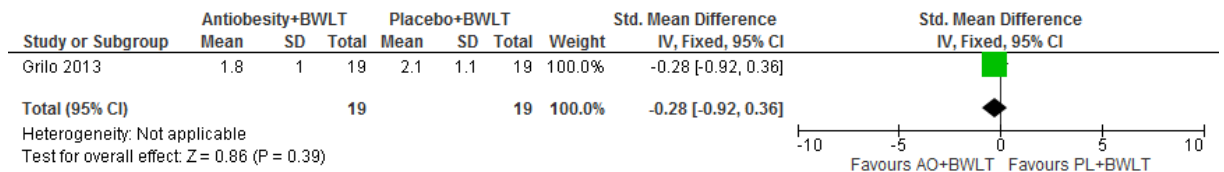
7

8 Figure 1692: EDE Global



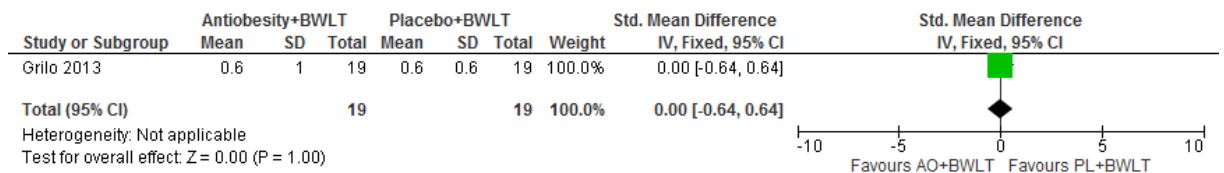
9

10 Figure 1693: EDE Dietary Restraint



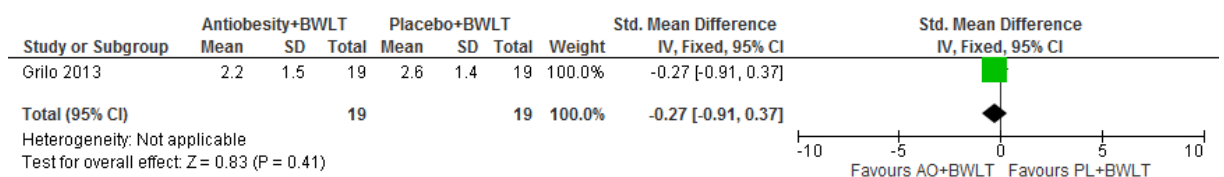
11

12 Figure 1694: EDE Eating Concern



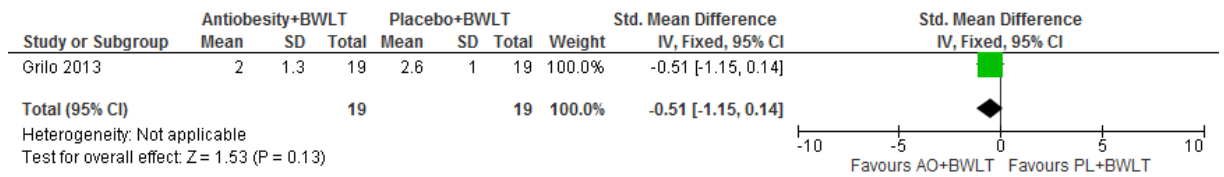
13

14 Figure 1695: EDE Shape Concern



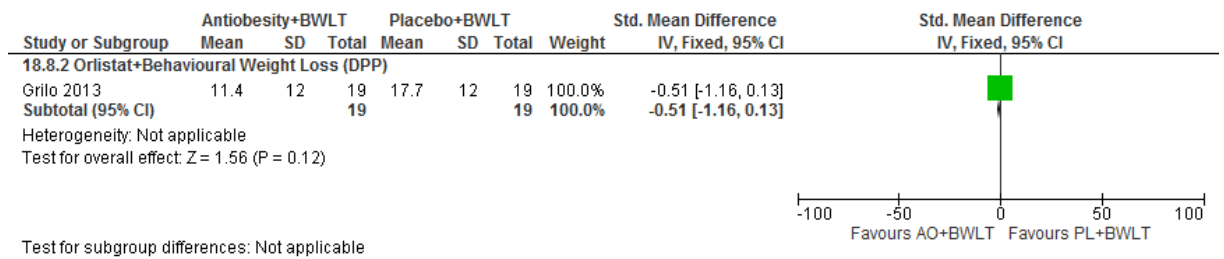
15

1 **Figure 1696: EDE Weight Concern**



2

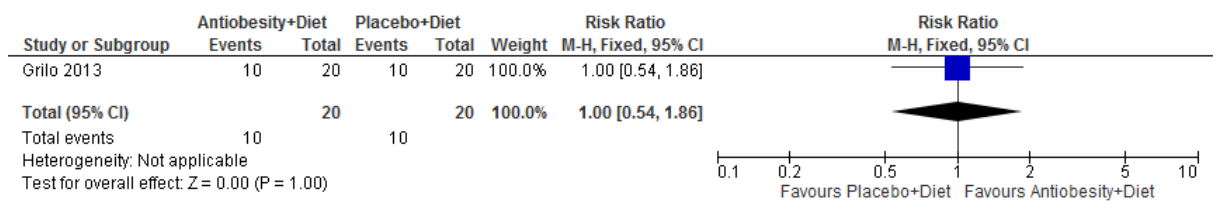
3 **Figure 1697: Depression**



4

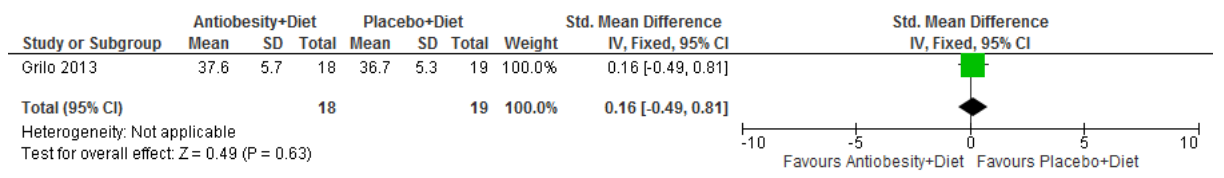
M.6.3.265 **Any antiobesity agent and behavioural weight loss therapy versus placebo and behavioural weight loss therapy in adults with binge eating disorder at follow up**

7 **Figure 1698: Remission**



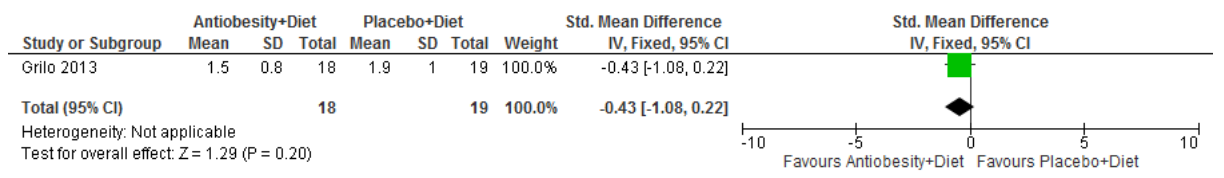
8

9 **Figure 1699: BMI**



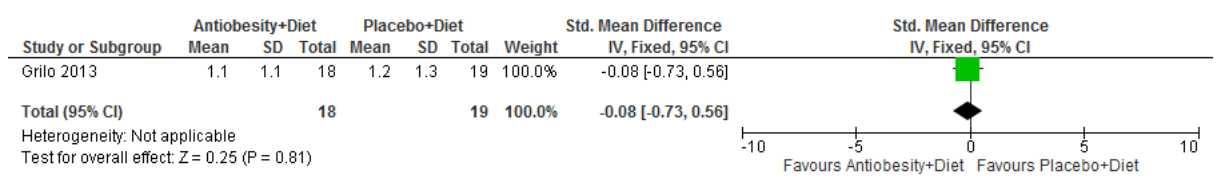
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11 **Figure 1700: EDE Global**



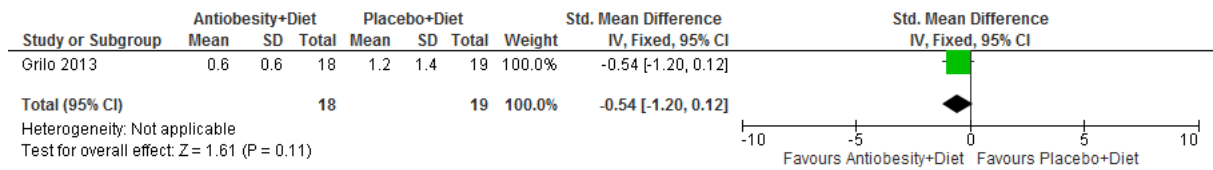
12

13 **Figure 1701: EDE Dietary Restraint**



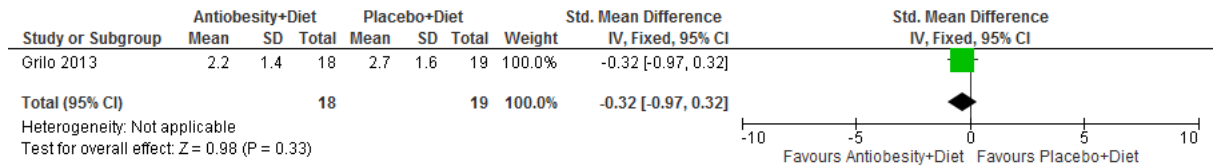
14

1 **Figure 1702: EDE Eating Concern**



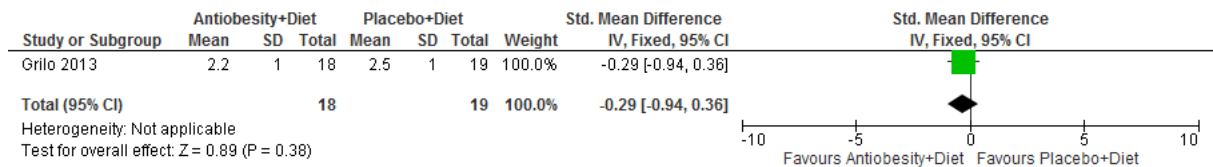
2

3 **Figure 1703: EDE Shape Concern**



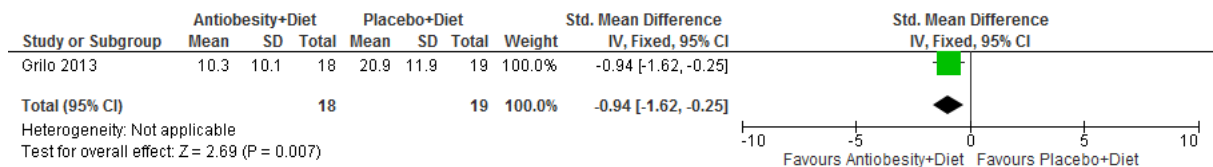
4

5 **Figure 1704: EDE Weight Concern**



6

7 **Figure 1705: Depression**



8

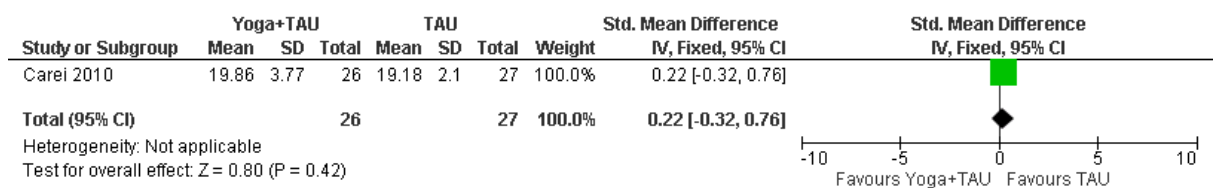
9

M.7.0 Clinical question: Do physical interventions, such as transcranial magnetic stimulation or physiotherapy, produce benefits/harms in people with eating disorders?

M.7.13 Physical interventions for any eating disorder

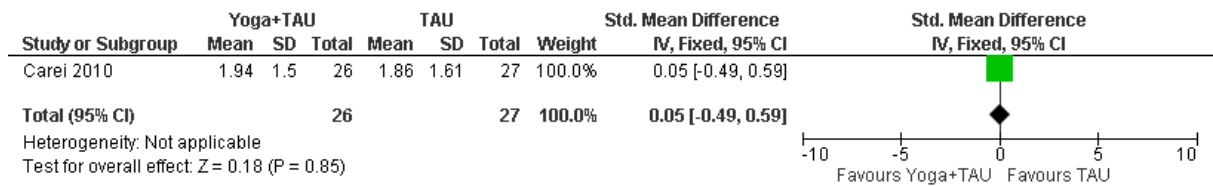
M.7.1.14 Yoga and TAU vs TAU in young people with eating disorders at end of treatment

15 **Figure 1706: BMI**



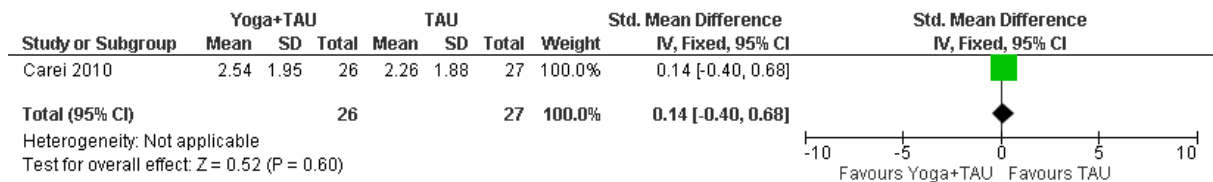
16

1 **Figure 1707: EDE-global**



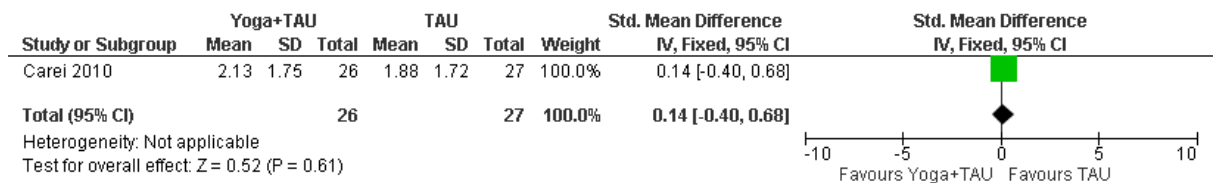
2

3 **Figure 1708: EDE-weight concern**



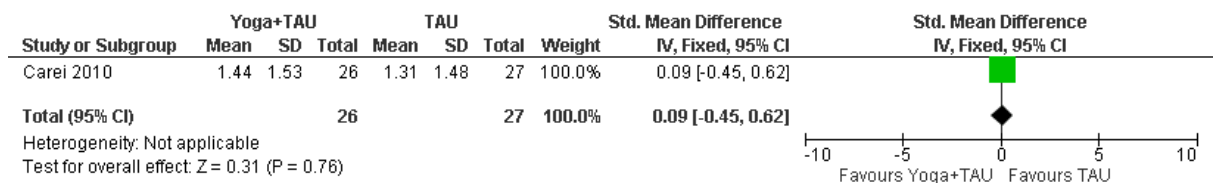
4

5 **Figure 1709: EDE-shape concern**



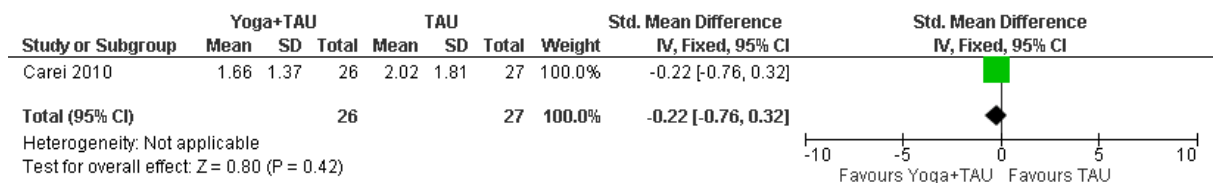
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7 **Figure 1710: EDE-eating concern**



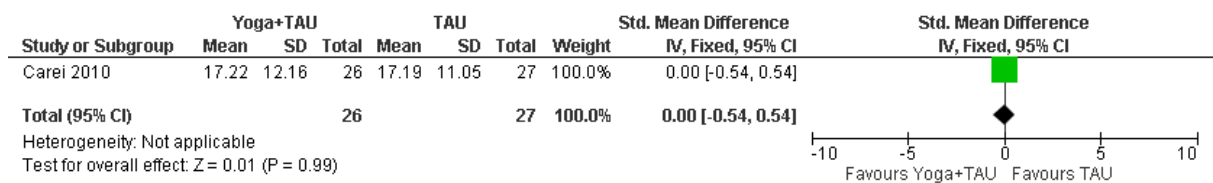
8

9 **Figure 1711: EDE-dietary restraint**



10

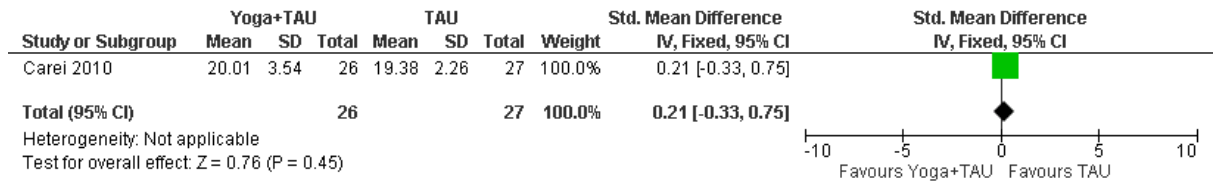
11 **Figure 1712: Depression**



12

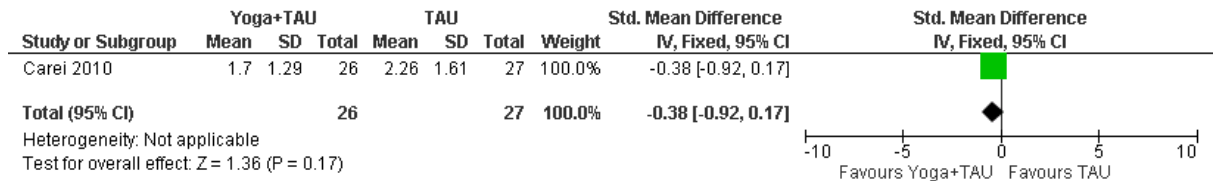
M.7.1.21 Yoga and TAU vs TAU in young people with eating disorders at follow up

2 Figure 1713: BMI



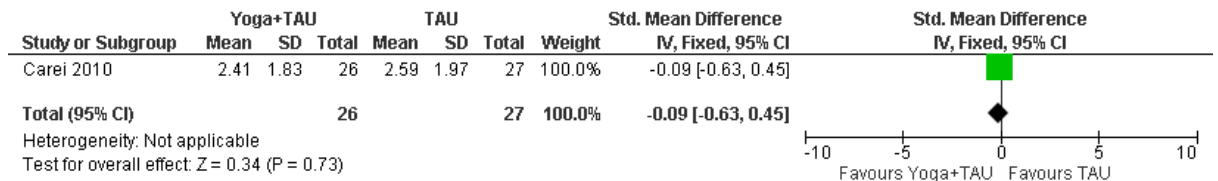
3

4 Figure 1714: EDE-global



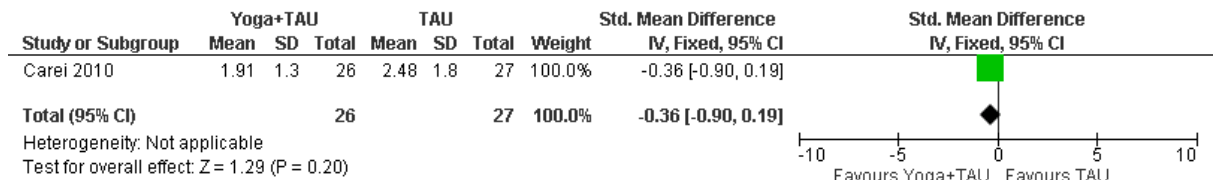
5

6 Figure 1715: EDE-weight concern



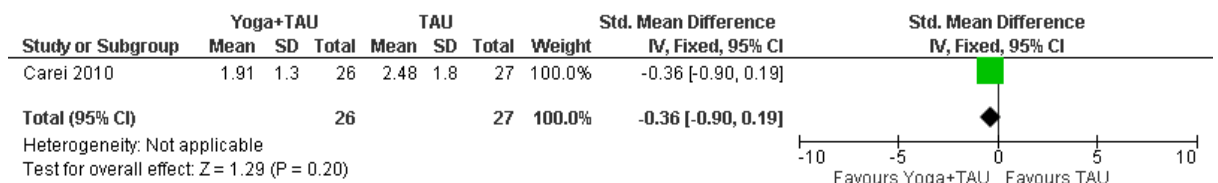
7

8 Figure 1716: EDE-shape concern



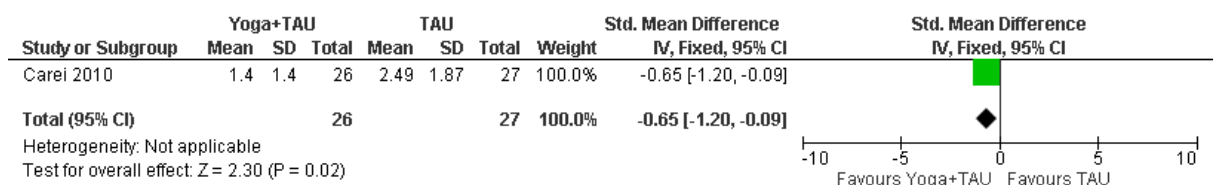
9

10 Figure 1717: EDE-eating concern



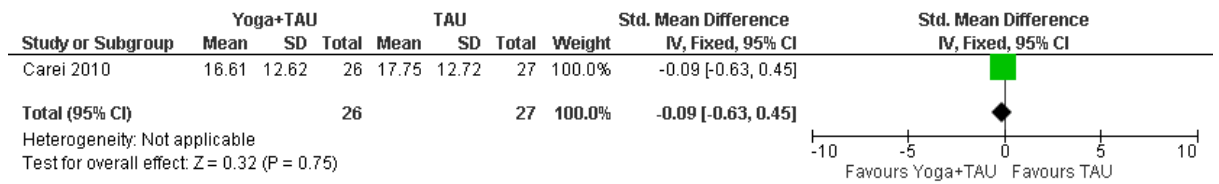
11

12 Figure 1718: EDE-dietary restraint



13

1 **Figure 1719: Depression**

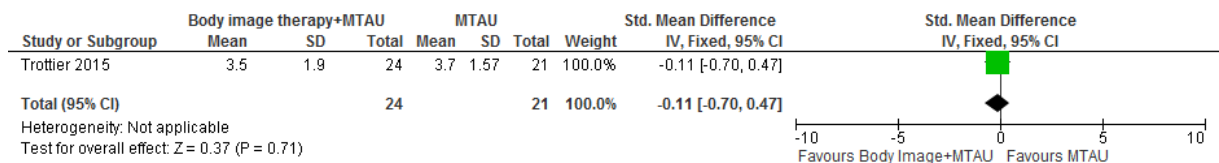


2

M.7.1.33 **Graded body image exposure therapy and maintenance TAU versus maintenance TAU in adults with any eating disorder at end of treatment**

4

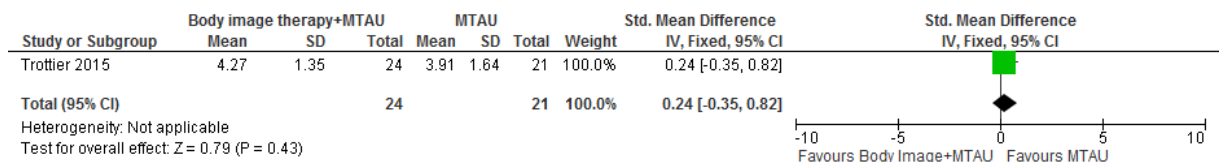
5 **Figure 1720: EDE-weight concern**



6

7

8 **Figure 1721: EDE-shape concern**

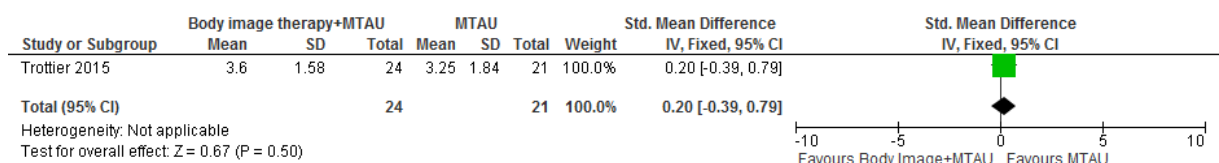


9

M.7.1.40 **Graded body image exposure therapy and maintenance TAU versus maintenance TAU in adults with any eating disorder at follow up**

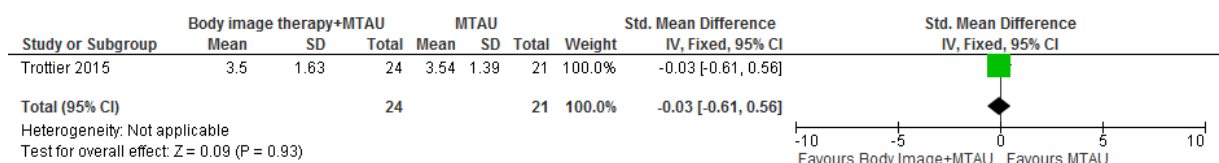
11

12 **Figure 1722: EDE-weight concern**



13

14 **Figure 1723: EDE-shape concerns**



15

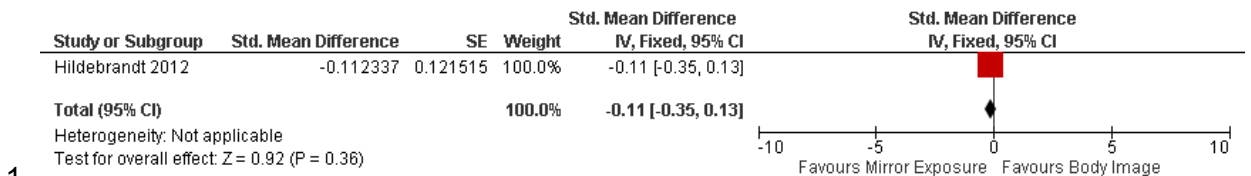
16

M.7.1.57 **Acceptance-based mirror exposure therapy and TAU versus non-directive body image therapy and TAU in adults with any eating disorder at end of treatment**

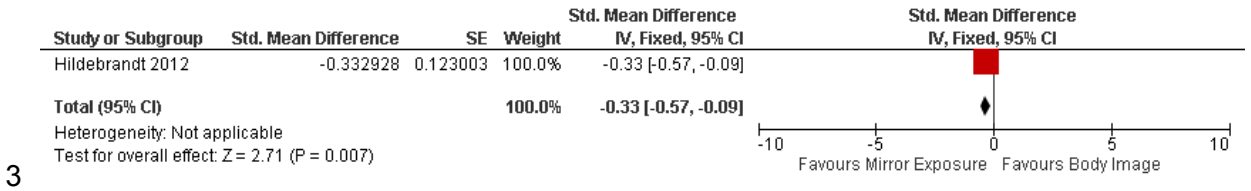
18

19 **Figure 1724: EDE-Q-dietary restraint**

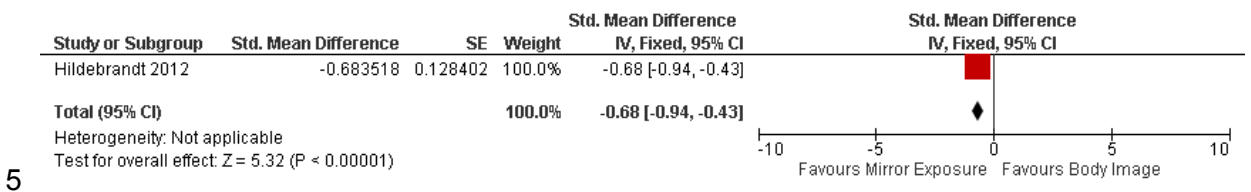
19



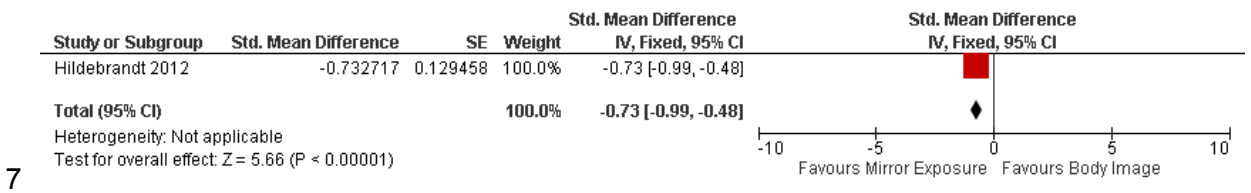
2 **Figure 1725: EDE-Q-eating concern**



4 **Figure 1726: EDE-Q-shape concern**

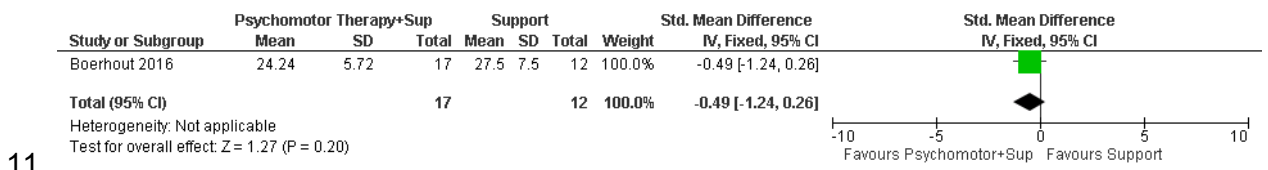


6 **Figure 1727: EDE-Q-weight concern**

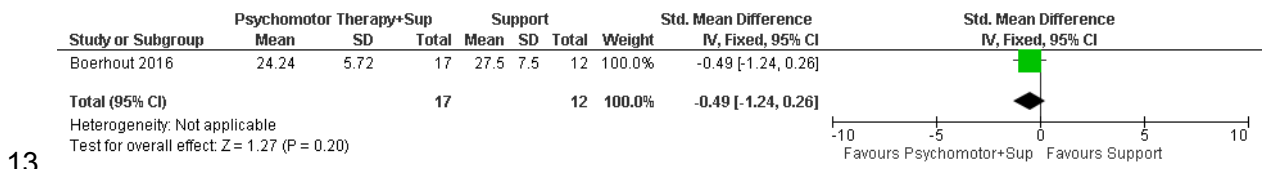


M.7.1.68 **Psychomotor therapy and supportive contact versus supportive contact in adults with any eating disorder at end of treatment**

10 **Figure 1728: Self-Expression and Control Scale-anger in**



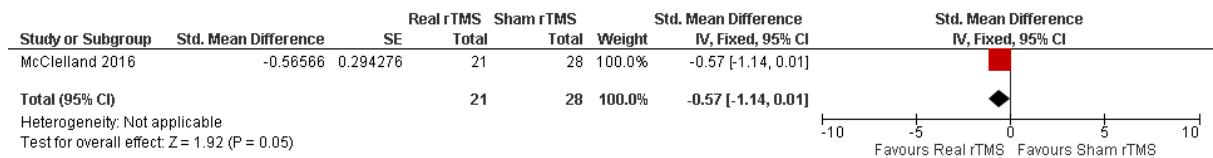
12 **Figure 1729: Self-Expression and Control Scale-anger out**



M.7.21 Physical interventions for anorexia nervosa

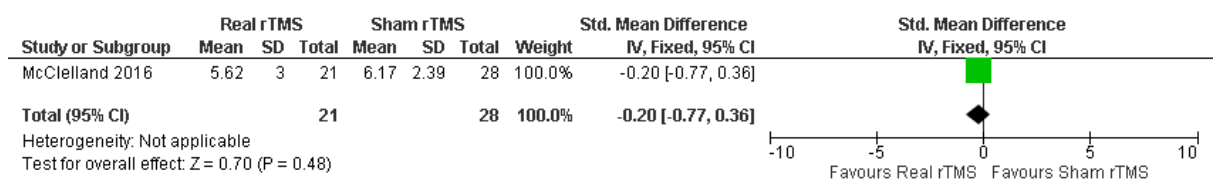
M.7.32 Real repetitive transcranial magnetic stimulation vs 'sham' repetitive transcranial magnetic stimulation in adults with anorexia nervosa at end of treatment

5 Figure 1730: VAS-core anorexia nervosa symptoms



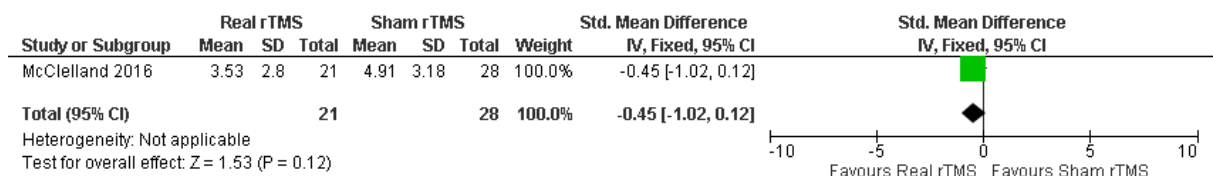
6

7 Figure 1731: VAS-restrict



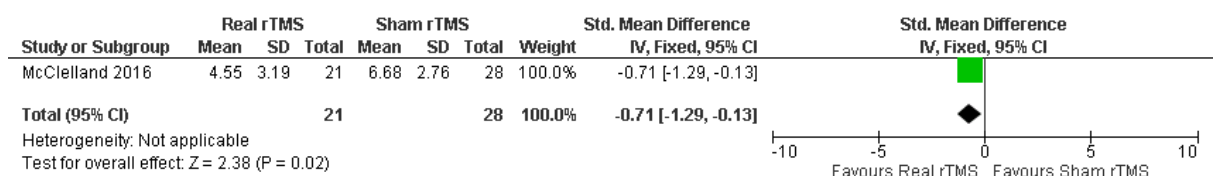
8

9 Figure 1732: VAS-feeling full



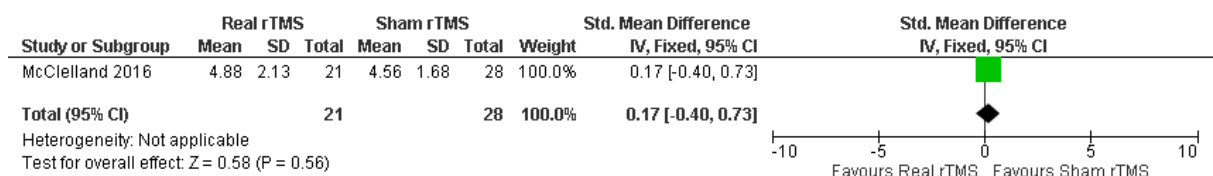
10

11 Figure 1733: VAS-feeling fat



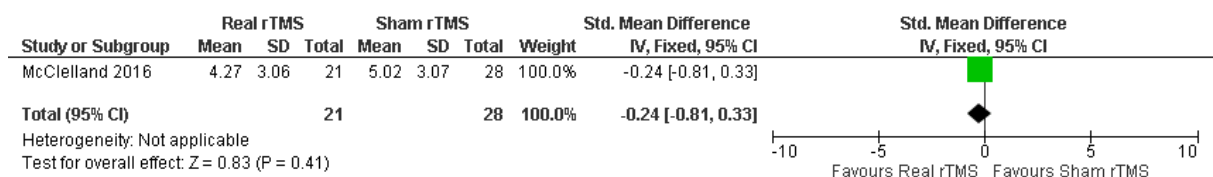
12

13 Figure 1734: VAS-mood



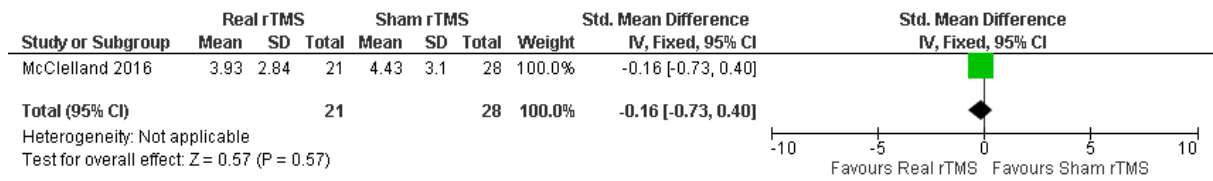
14

15 Figure 1735: VAS-hunger



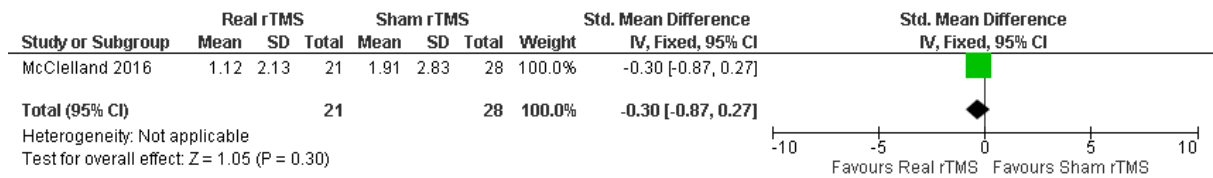
16

1 **Figure 1736: VAS-urge to eat**



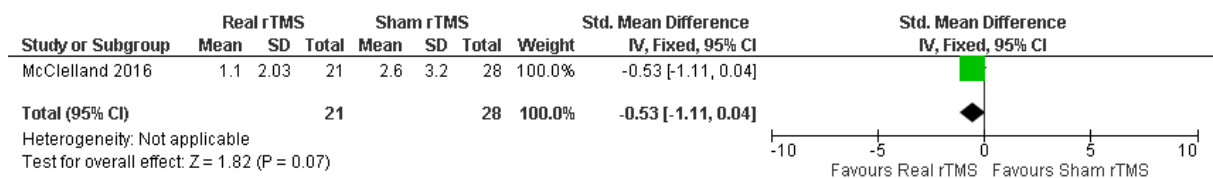
2

3 **Figure 1737: VAS-urge to binge eat**



4

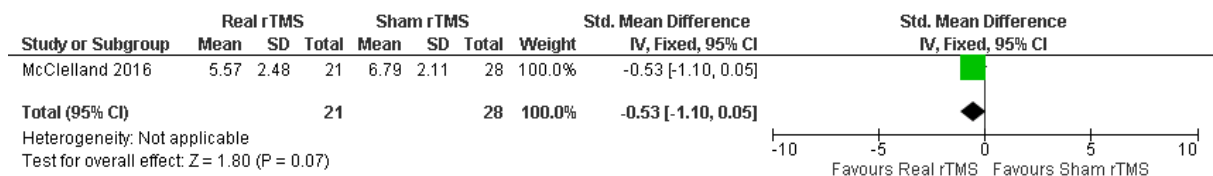
5 **Figure 1738: VAS-urge to be sick/purge**



6

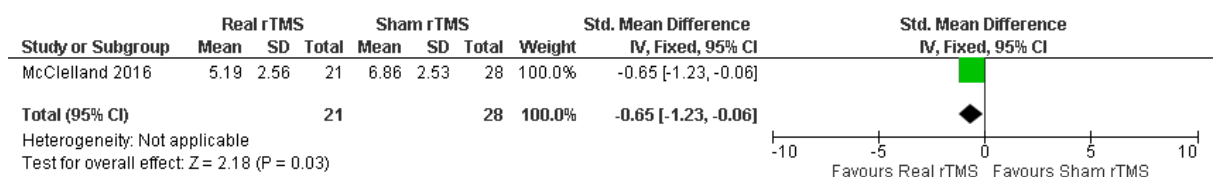
M.7.47 Real repetitive transcranial magnetic stimulation vs 'sham' repetitive transcranial magnetic stimulation in adults with anorexia nervosa at follow up

9 **Figure 1739: VAS-restrict**



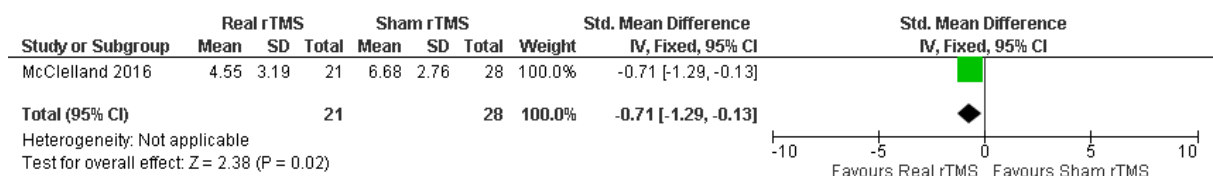
10

11 **Figure 1740: VAS-feeling full**



12

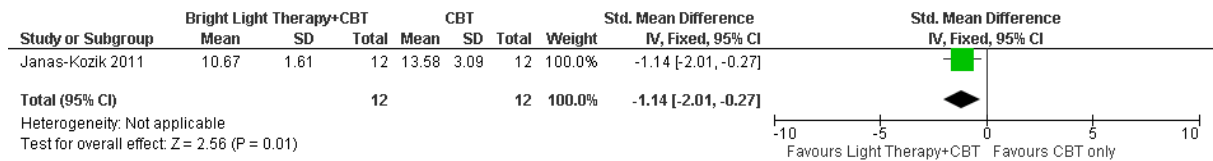
13 **Figure 1741: VAS-feeling fat**



14

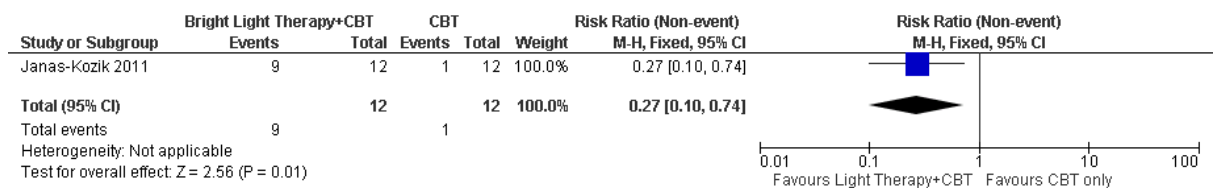
M.7.51 Bright light treatment and CBT versus CBT in young people with anorexia nervosa-restricting

3 Figure 1742: Depression



4

5 Figure 1743: Remission of depression

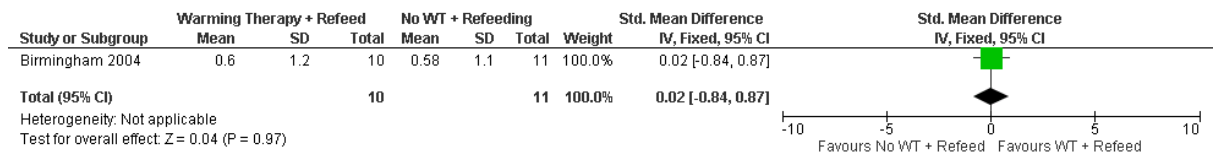


6

7

M.7.68 Warming therapy and refeeding versus refeeding in adult inpatients with anorexia nervosa

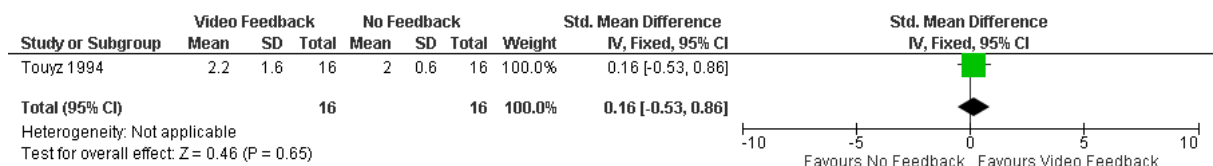
10 Figure 1744: BMI – change scores



11

M.7.72 Video feedback and TAU versus TAU in young people with anorexia nervosa at end of treatment

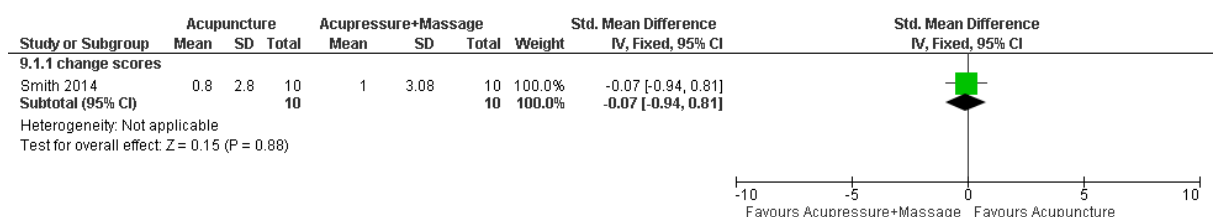
14 Figure 1745: BMI – change scores



15

M.7.86 Acupuncture and TAU versus acupressure, massage and TAU in adults with anorexia nervosa

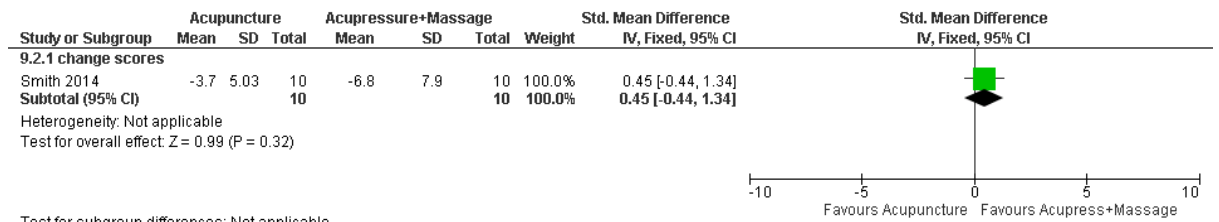
18 Figure 1746: BMI – change scores



19

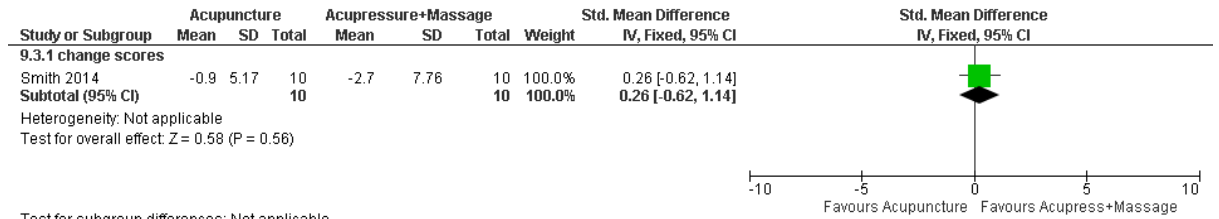
Test for subgroup differences: Not applicable

1 **Figure 1747: EDI-3-bulimia**



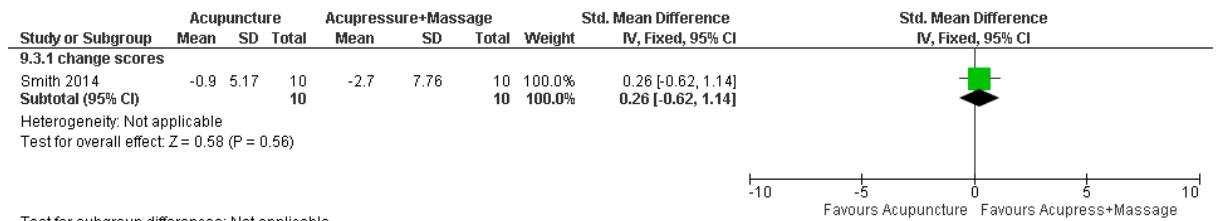
2 Test for subgroup differences: Not applicable

3 **Figure 1748: EDI-3-drive for thinness**



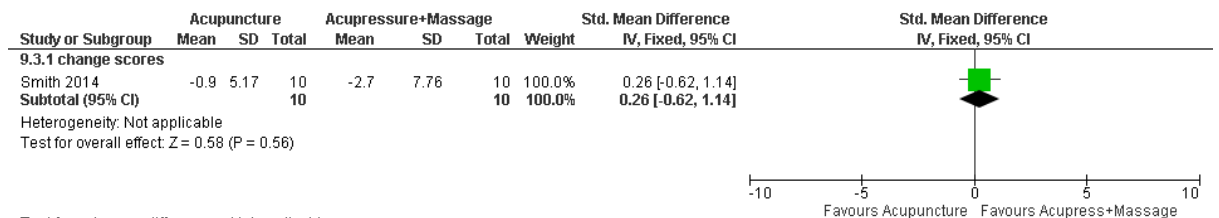
4 Test for subgroup differences: Not applicable

5 **Figure 1749: EDI-3-body dissatisfaction**



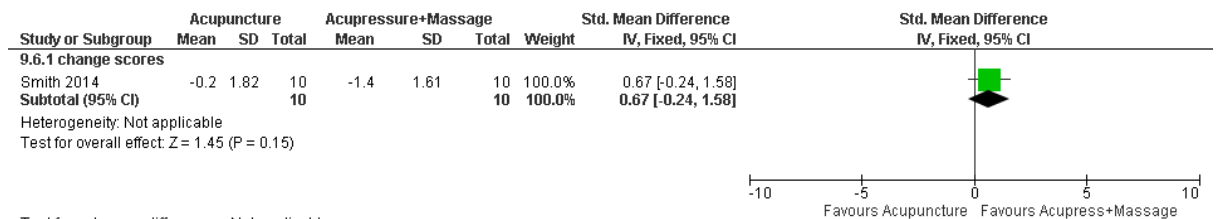
6 Test for subgroup differences: Not applicable

7 **Figure 1750: EDE-Q-global**



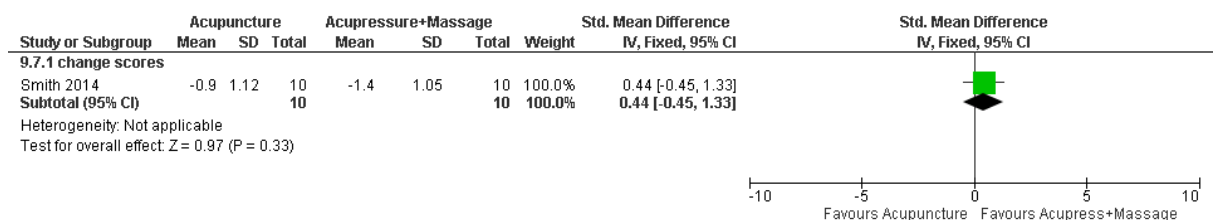
8 Test for subgroup differences: Not applicable

9 **Figure 1751: EDE-Q-dietary restraint**



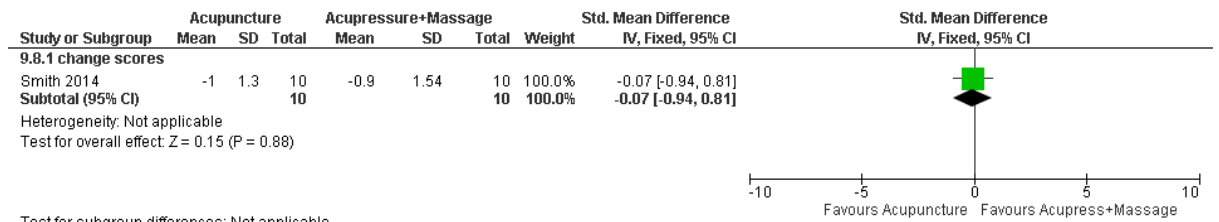
10 Test for subgroup differences: Not applicable

11 **Figure 1752: EDE-Q-eating concern**



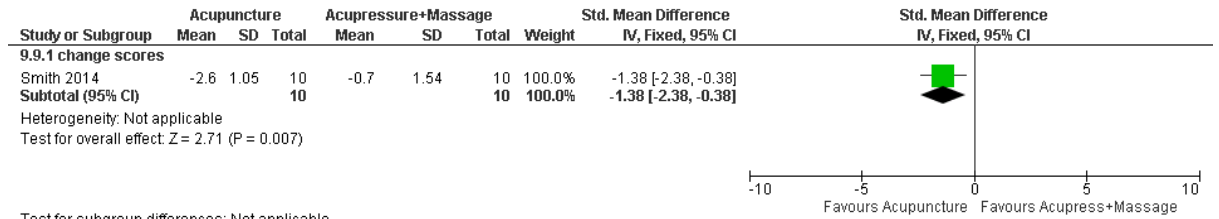
12 Test for subgroup differences: Not applicable

1 **Figure 1753: EDE-Q-weight concern**



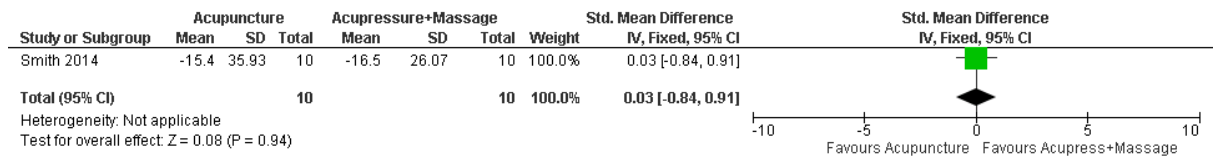
2 Test for subgroup differences: Not applicable

3 **Figure 1754: EDE-Q-shape concern**



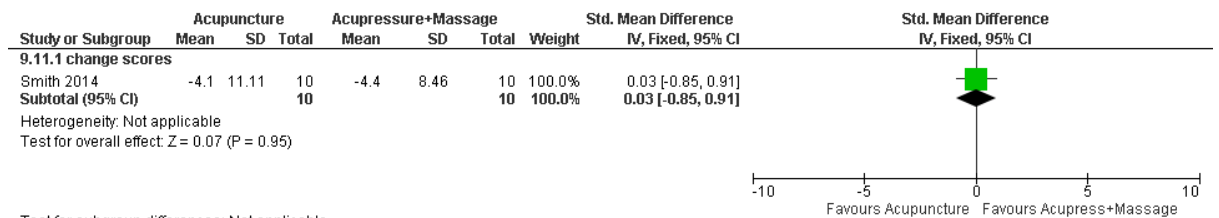
4 Test for subgroup differences: Not applicable

5 **Figure 1755: General psychopathology**



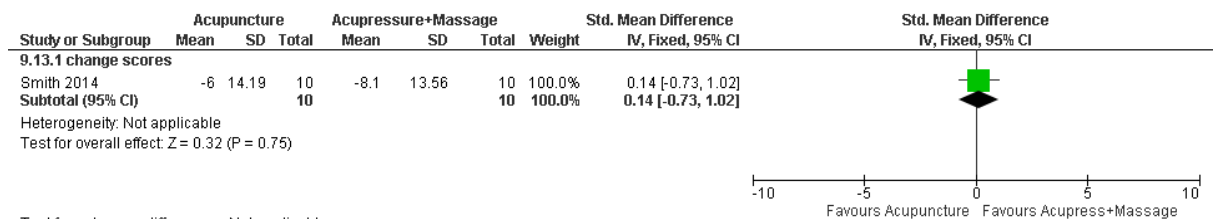
6

7 **Figure 1756: Depression**



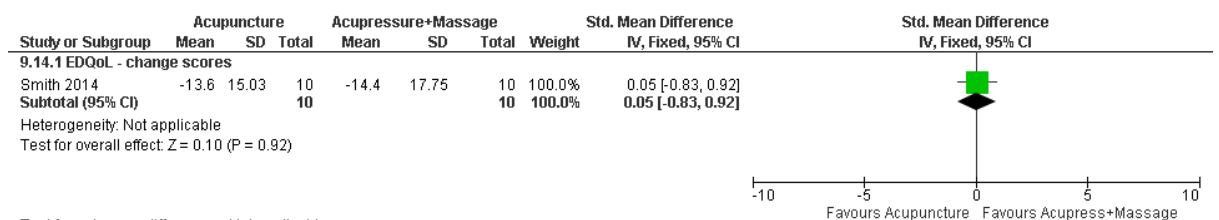
8 Test for subgroup differences: Not applicable

9 **Figure 1757: Stress**



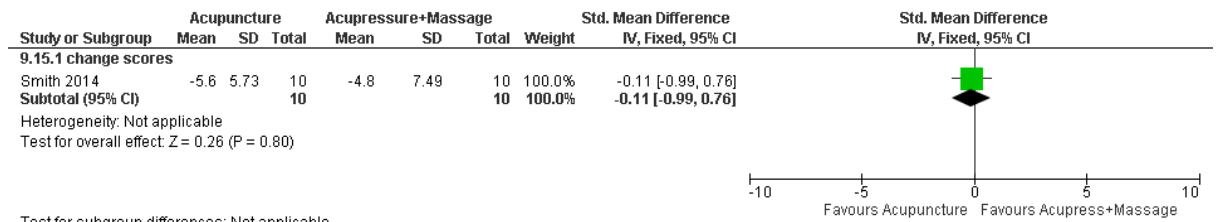
10 Test for subgroup differences: Not applicable

11 **Figure 1758: Quality of life**



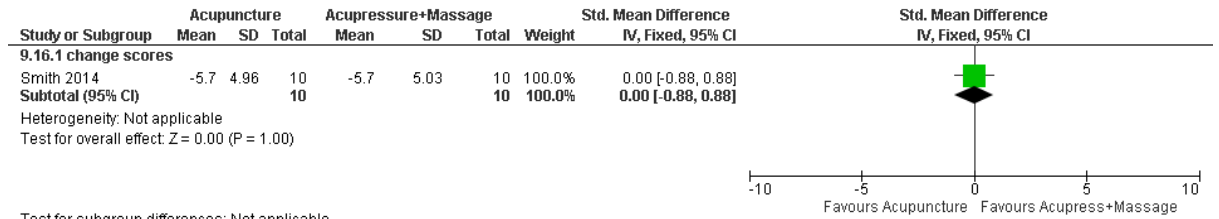
12 Test for subgroup differences: Not applicable

1 **Figure 1759: EDQoL-psychological**



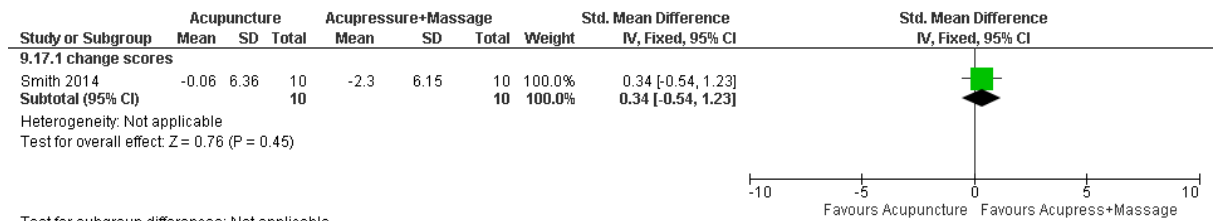
2 Test for subgroup differences: Not applicable

3 **Figure 1760: EDQoL-physical/cognitive**



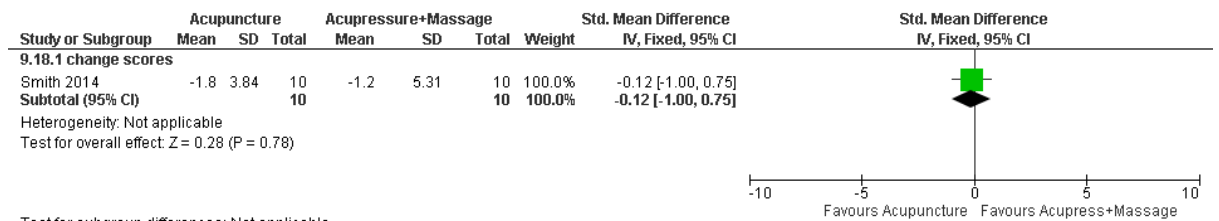
4 Test for subgroup differences: Not applicable

5 **Figure 1761: EDQoL-financial**



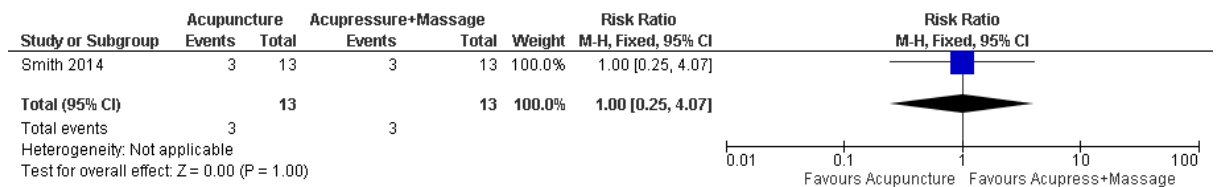
6 Test for subgroup differences: Not applicable

7 **Figure 1762: EDQoL-work/school**



8 Test for subgroup differences: Not applicable

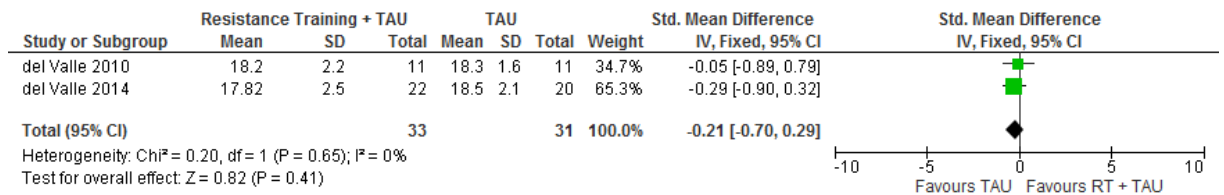
9 **Figure 1763: Withdrawn due to adverse events**



10

**M.7.91 Resistance training and TAU vs TAU in young people with anorexia nervosa-
2 restricting at end of treatment**

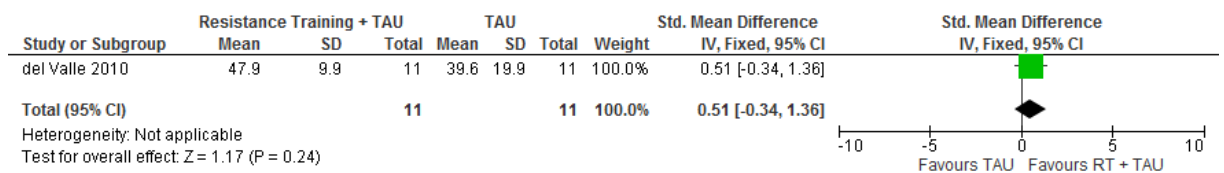
3 Figure 1764: BMI



4

5 Figure 1765: General physical functioning

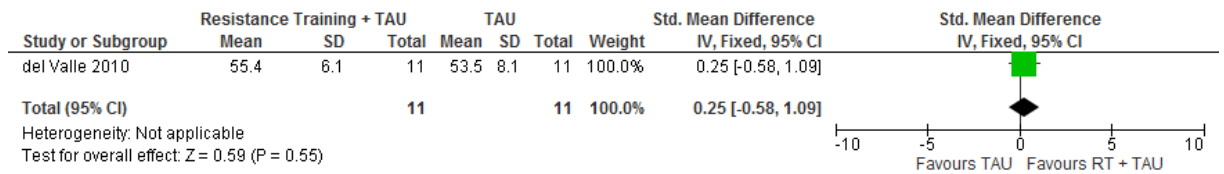
6



7

8 Figure 1766: General mental functioning

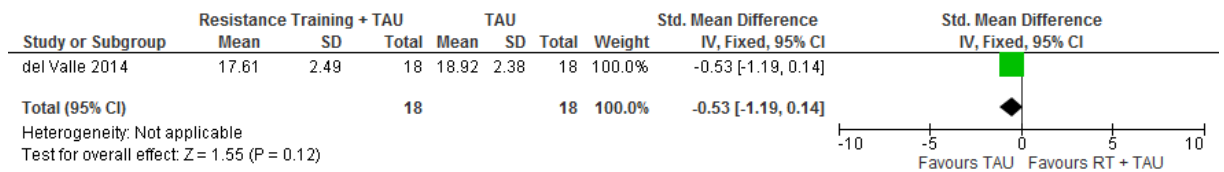
9



**M.7.100 Resistance training and TAU vs TAU in young people with anorexia nervosa-
11 restricting at follow up**

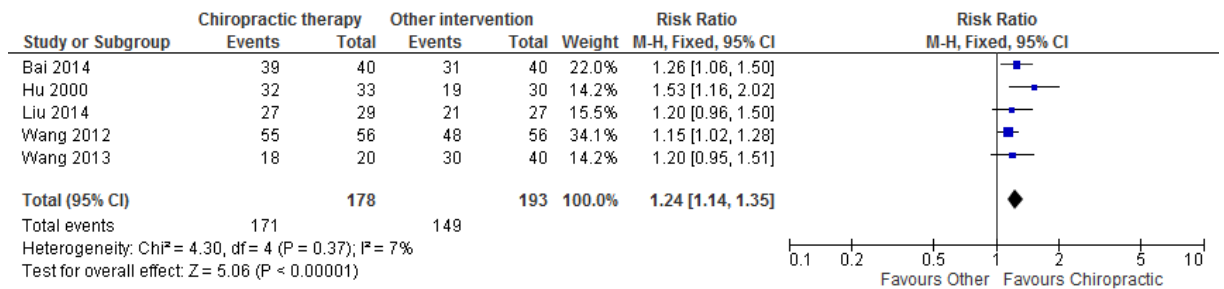
12 Figure 1767: BMI

13



M.7.111 Chiropractic therapy versus any other intervention in children and young people with anorexia nervosa

3 Figure 1768: Efficacy (Recovered or significantly improved)

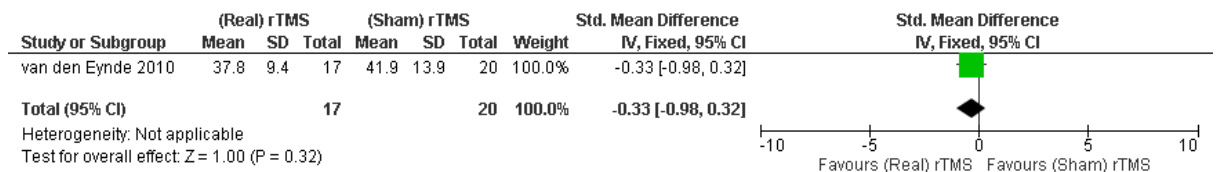


4

M.7.125 Physical interventions for bulimia nervosa

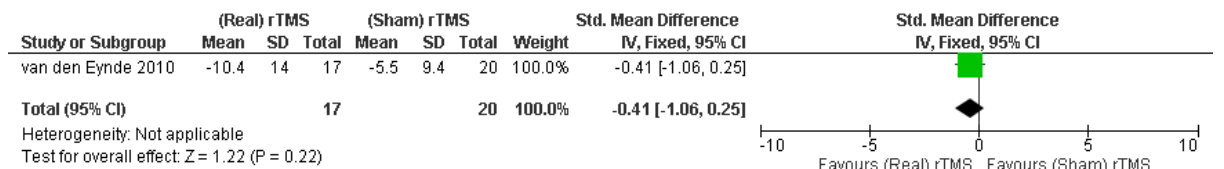
M.7.12.16 Repetitive transcranial magnetic stimulation versus placebo in adults with bulimia nervosa at end of treatment

8 Figure 1769: Food Craving Questionnaire – raw scores



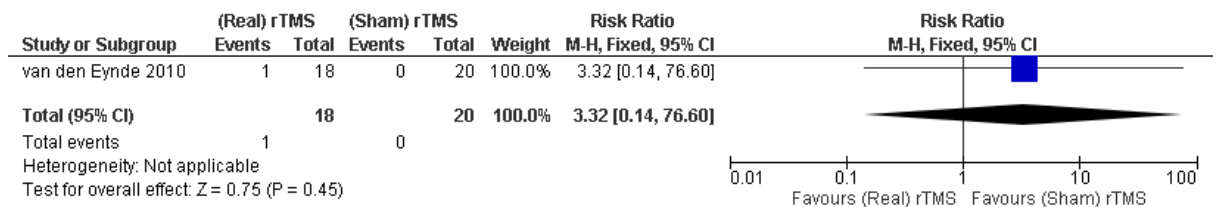
9

10 Figure 1770: Food Craving Questionnaire – change scores



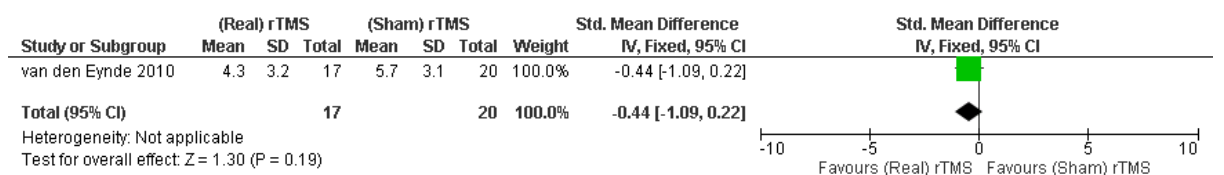
11

12 Figure 1771: Withdrawn due to adverse events



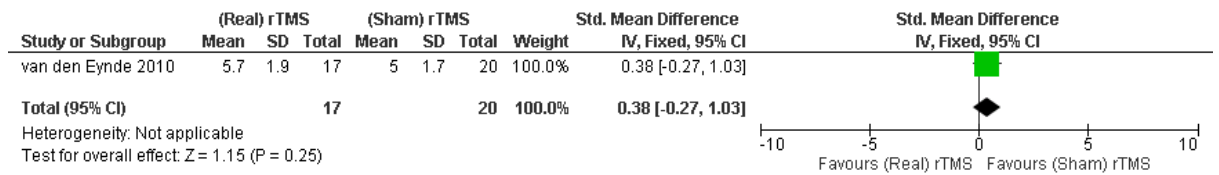
13

14 Figure 1772: VAS-urge to eat



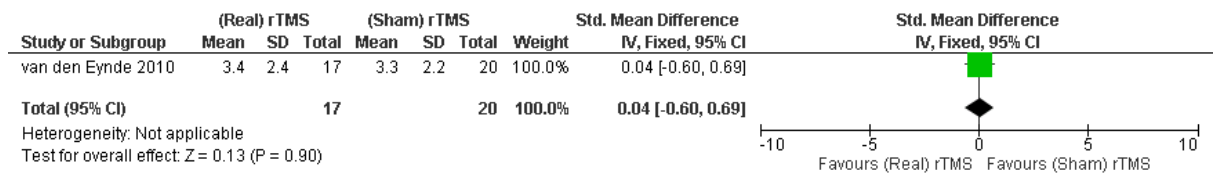
15

1 **Figure 1773: VAS-mood**



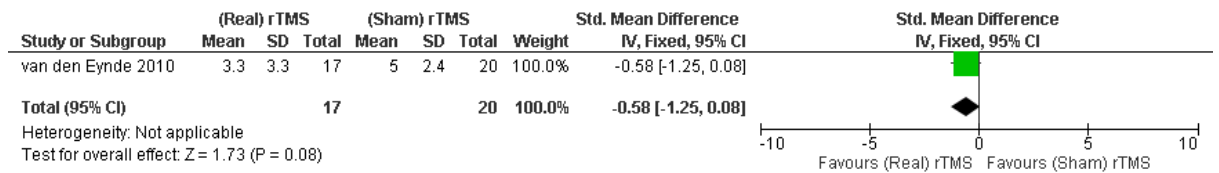
2

3 **Figure 1774: VAS-tension**



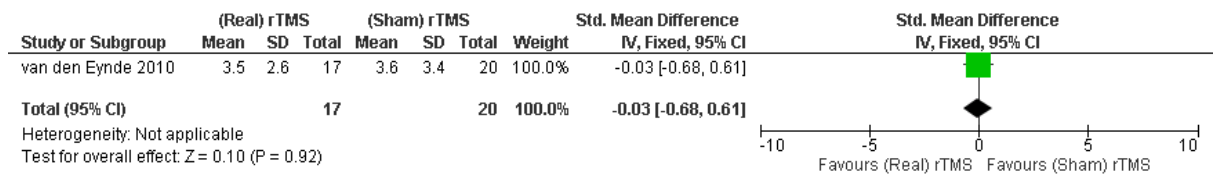
4

5 **Figure 1775: VAS-hunger**



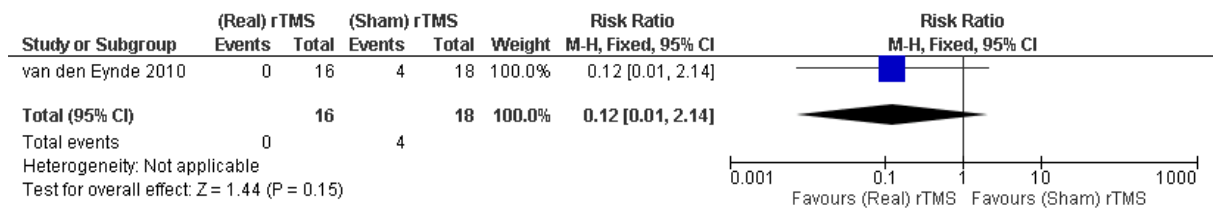
6

7 **Figure 1776: VAS-urge to binge eat**



8

9 **Figure 1777: Number of people who binged 24 hours after treatment**

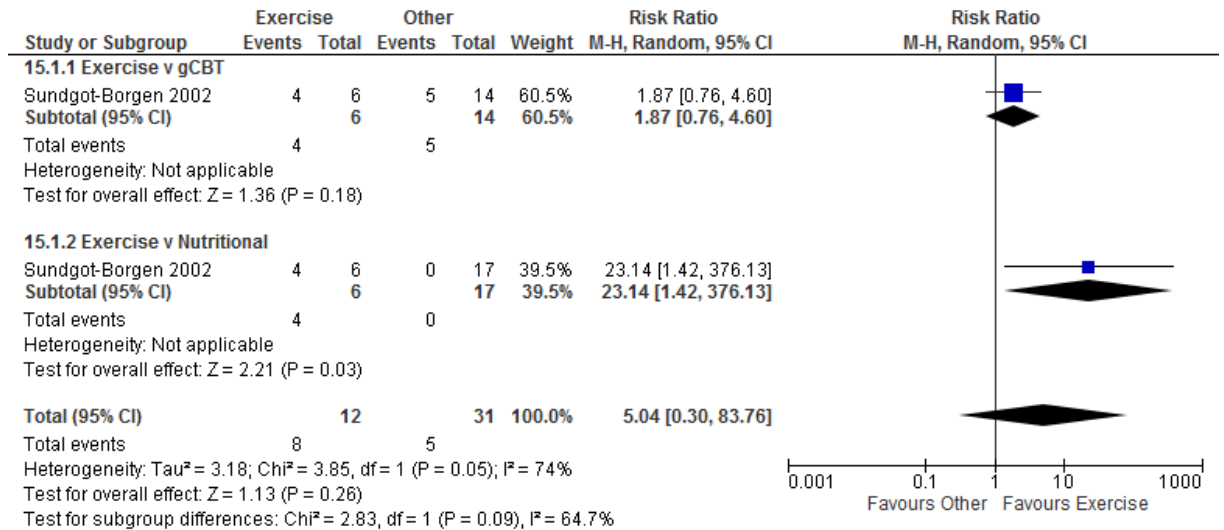


10

M.7.12.21 Aerobic exercise versus any other intervention in adults with bulimia nervosa at follow up

3 Figure 1778: Recovery from bulimia

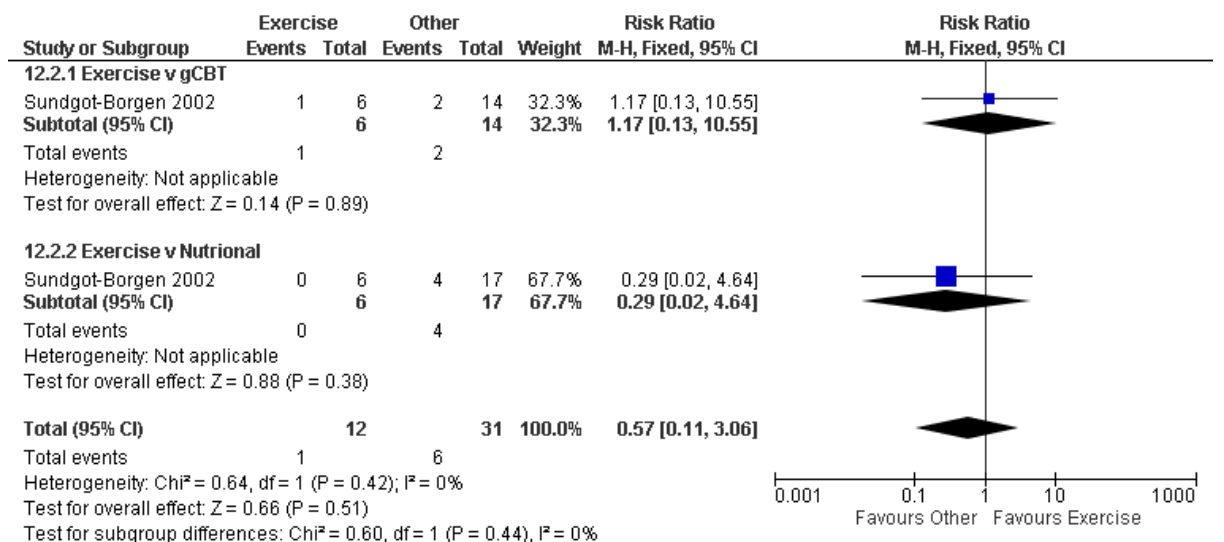
4



5

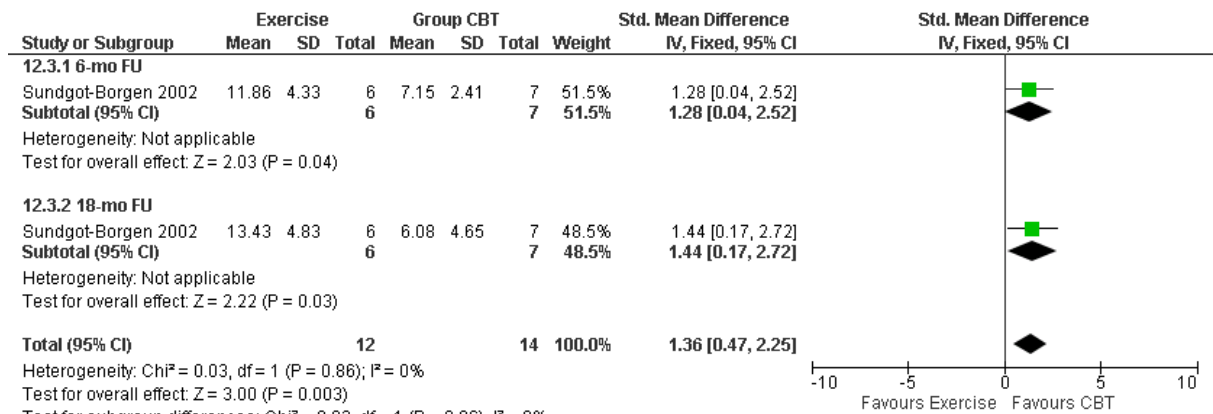
6 Heterogeneity detected at $i^2=74\%$. Sundgot-Borgen 2002 did not provide data on severity of
7 illness nor comorbidities. However the mean age of the participants in the physical exercise
8 group was slightly higher than those in the other groups. Heterogeneity might also be
9 explained by the differences between group CBT-ED and a nutritional intervention. In the
10 absence of a clear explanation a random effects analysis was presented.

11 Figure 1779: Satisfied EDNOS criteria



12

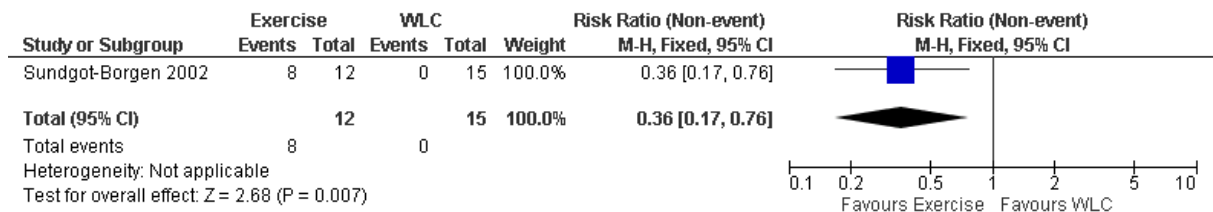
1 **Figure 1780: EDI-drive for thinness**



2

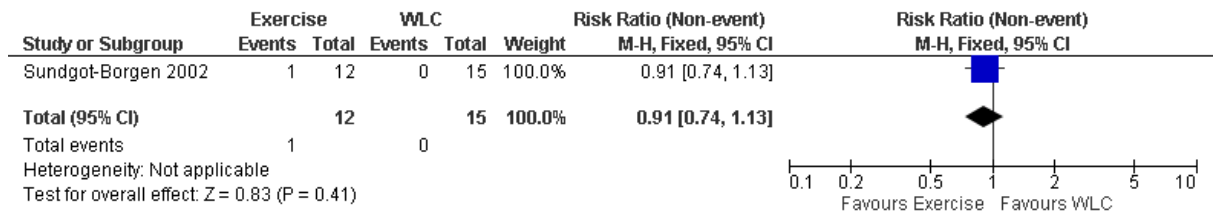
M.7.12.33 **Aerobic exercise versus wait list control in adults with bulimia nervosa at follow up**

4 **Figure 1781: Recovery from bulimia**



5

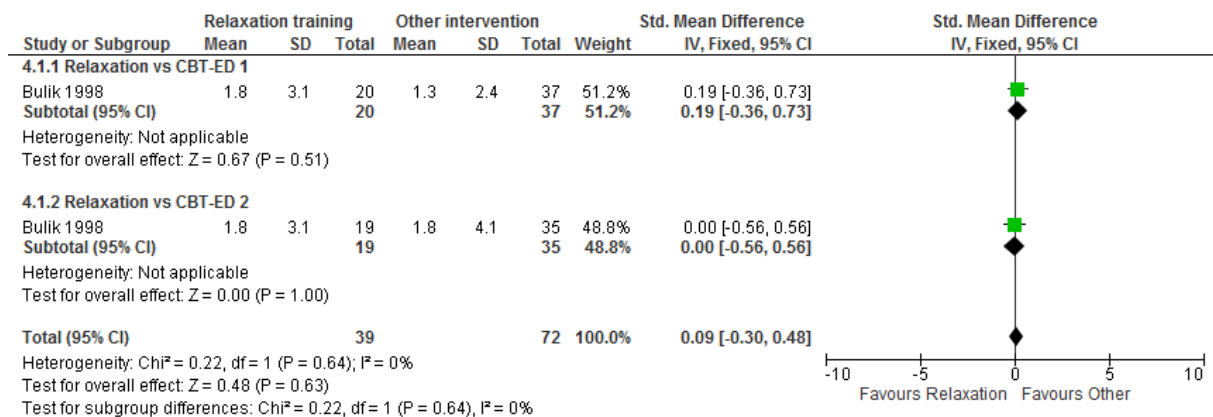
6 **Figure 1782: Satisfied EDNOS criteria**



7

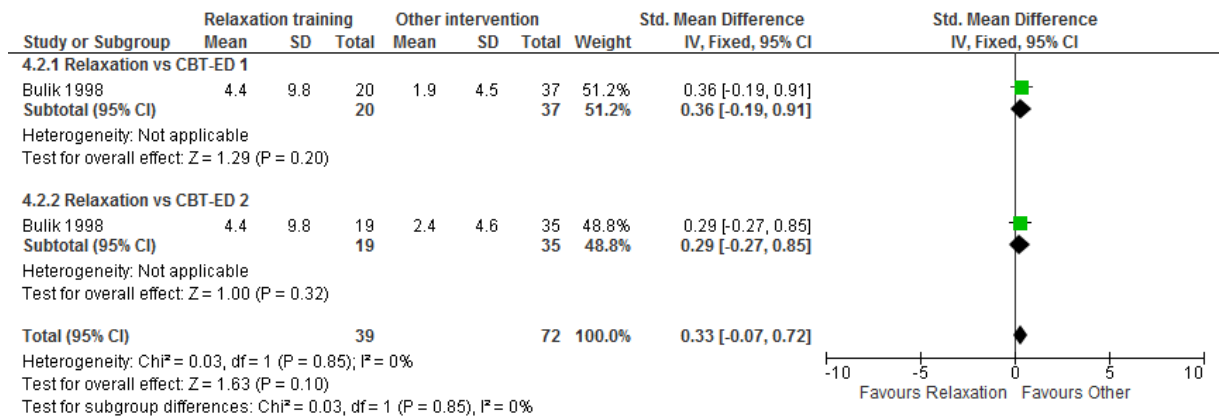
M.7.12.48 **Relaxation training versus any other intervention in adults with bulimia nervosa at end of treatment**

10 **Figure 1783: Binge frequency**



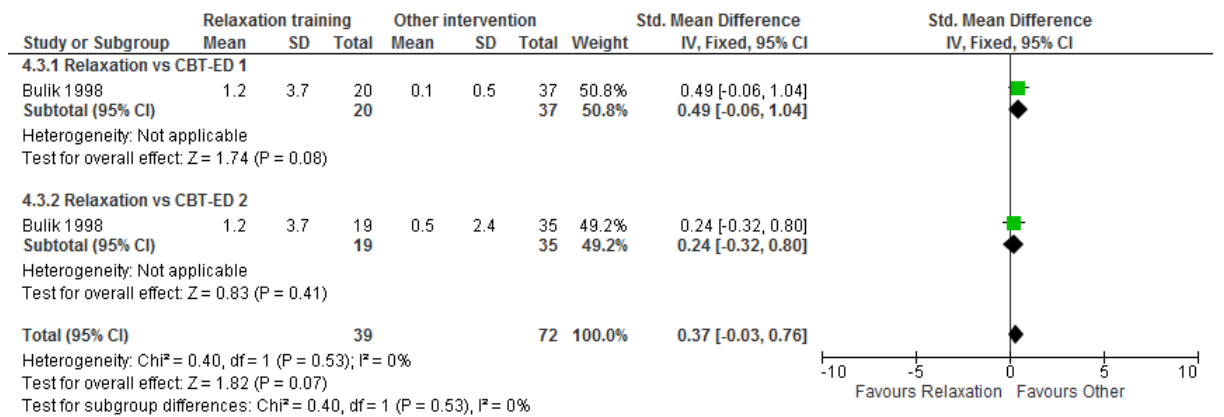
11

1 **Figure 1784: Vomit frequency**



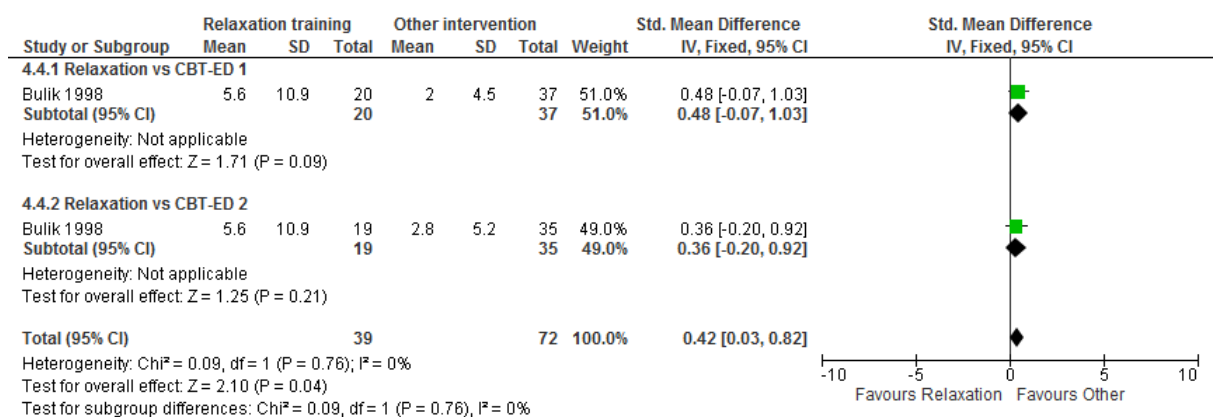
2

3 **Figure 1785: Laxative use frequency**



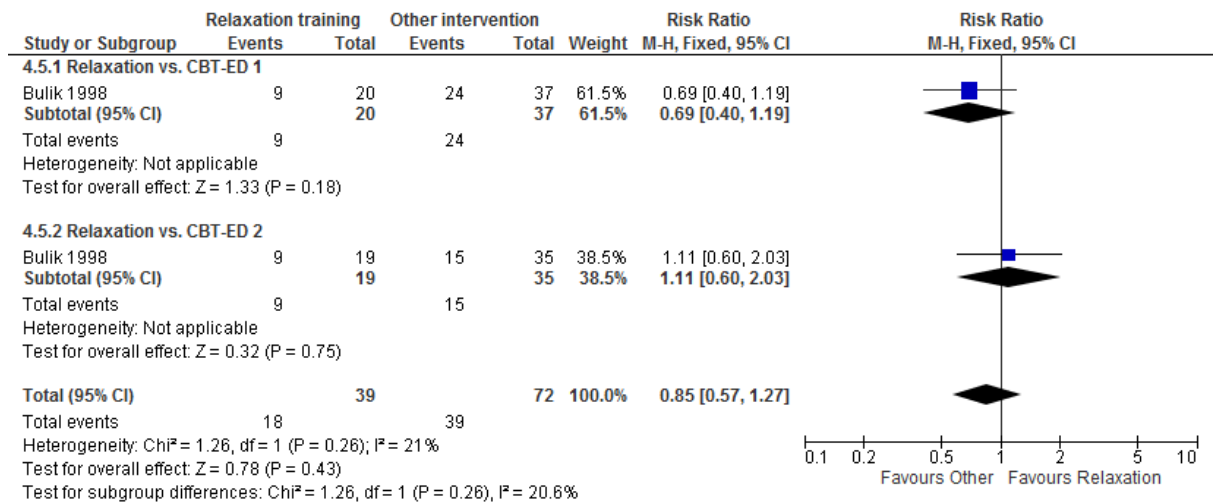
4

5 **Figure 1786: Purge frequency**



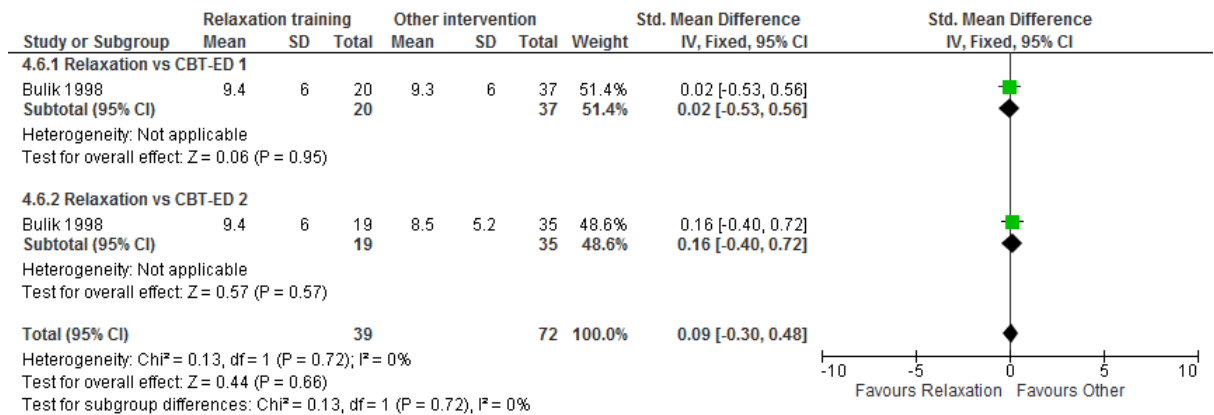
6

1 **Figure 1787: No binge or purge episodes for 2 weeks**



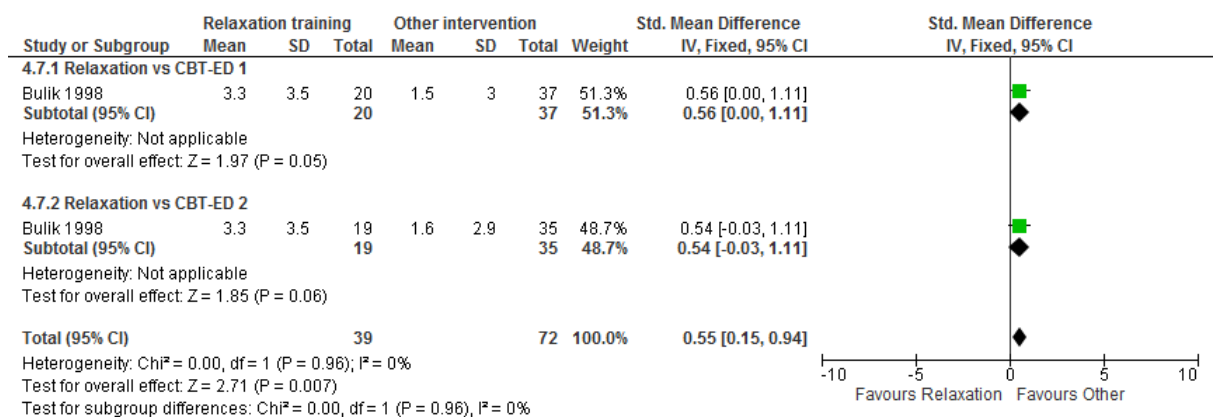
2

3 **Figure 1788: EDI-drive for thinness**



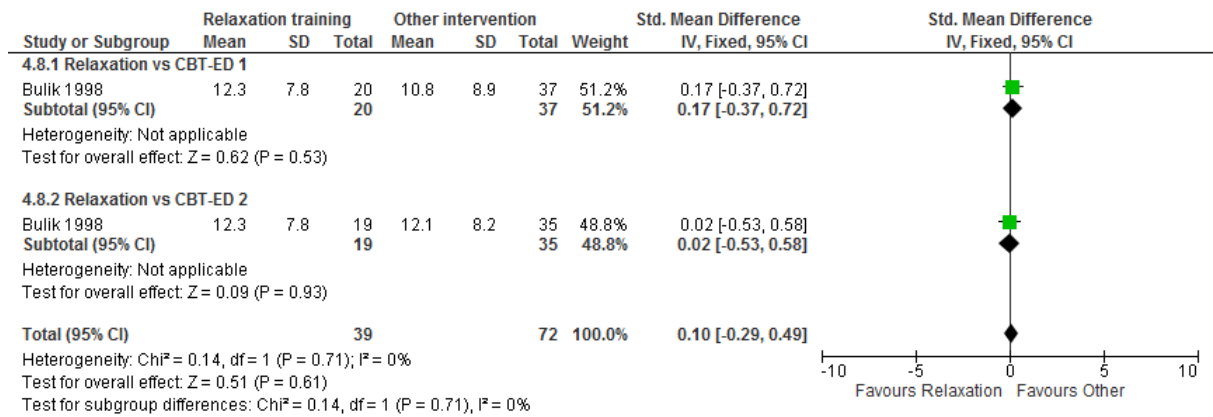
4

5 **Figure 1789: EDI-bulimia**



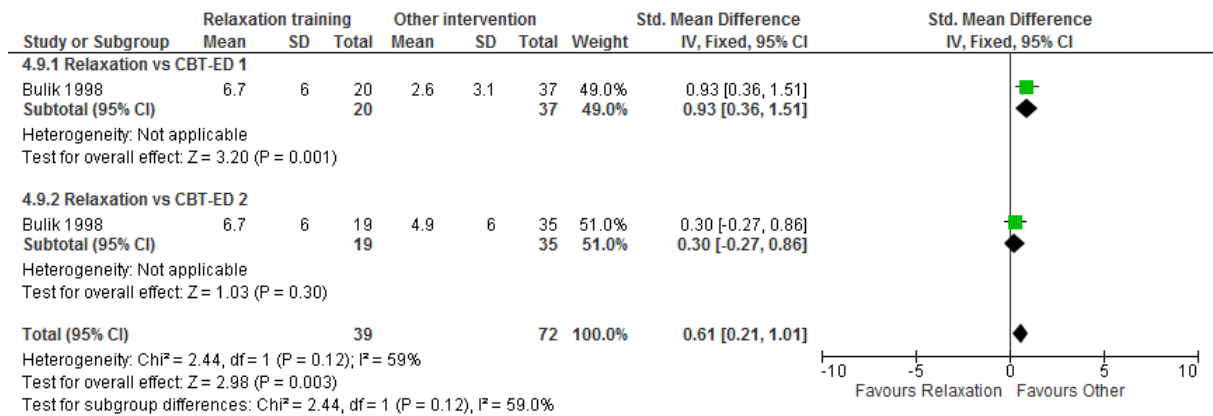
6

1 **Figure 1790: EDI-body dissatisfaction**



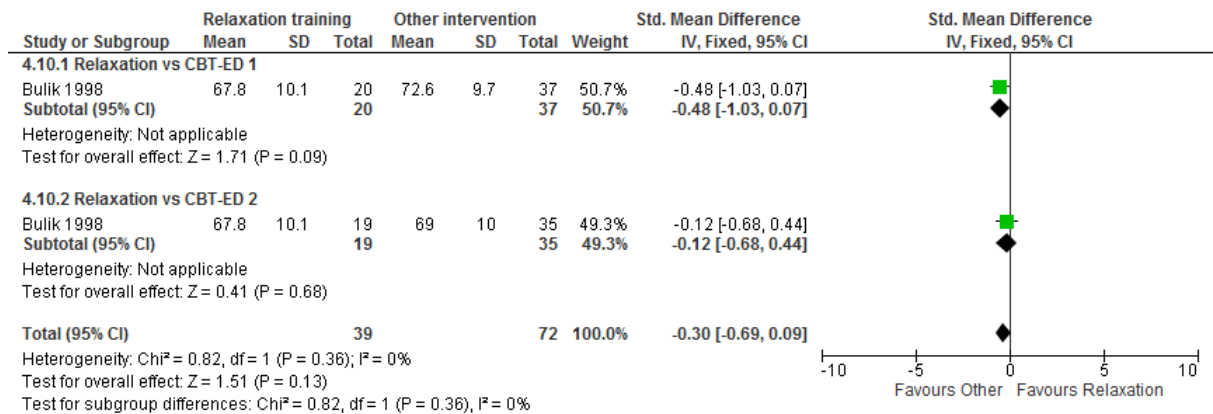
2

3 **Figure 1791: Depression**



4

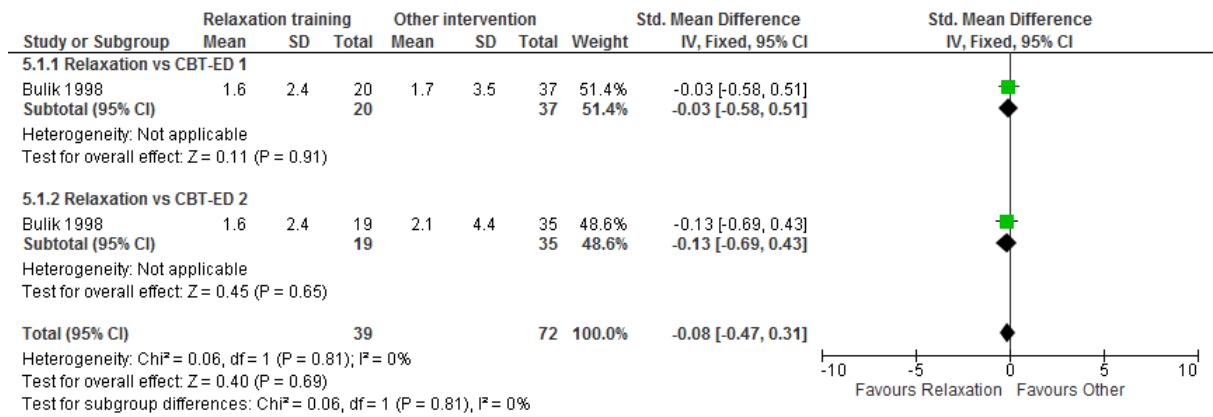
5 **Figure 1792: Global functioning**



6

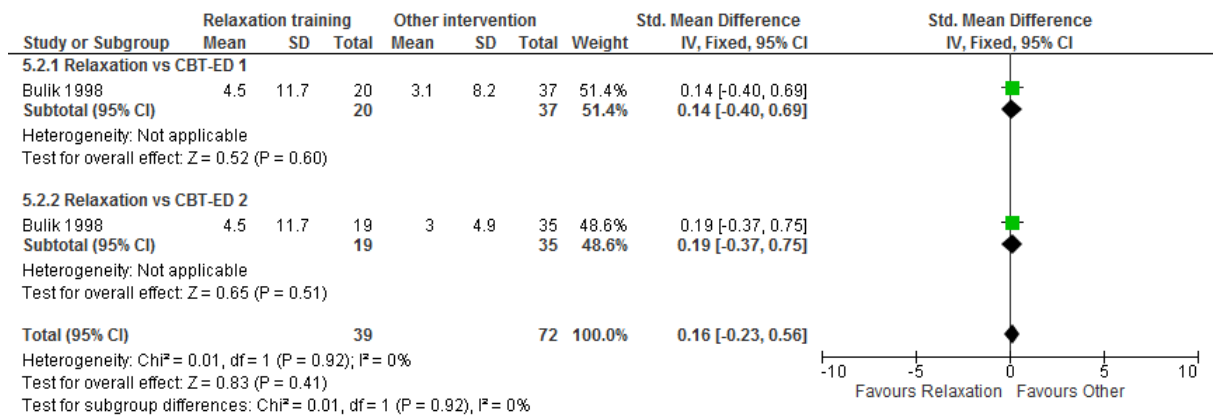
M.7.12.51 Relaxation training versus any other intervention in adults with bulimia nervosa at follow up

3 Figure 1793: Binge frequency



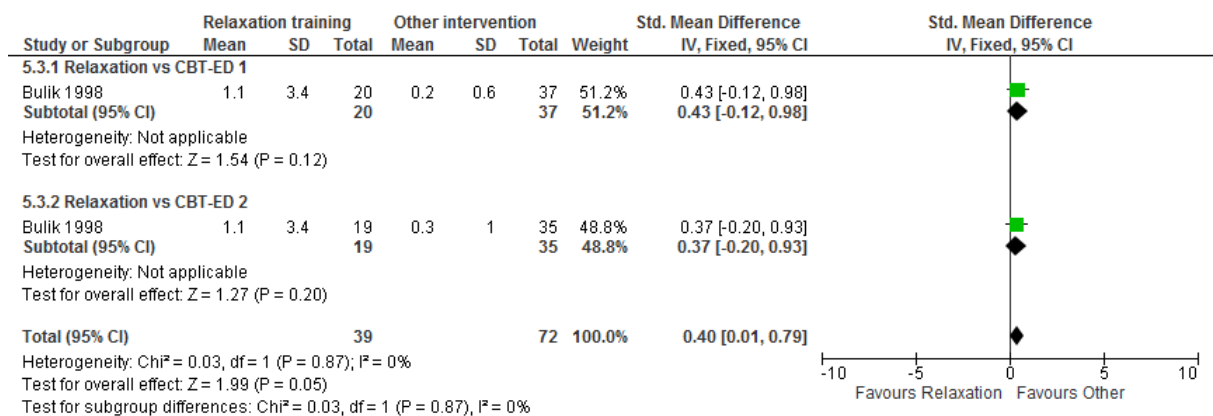
4

5 Figure 1794: Vomit frequency



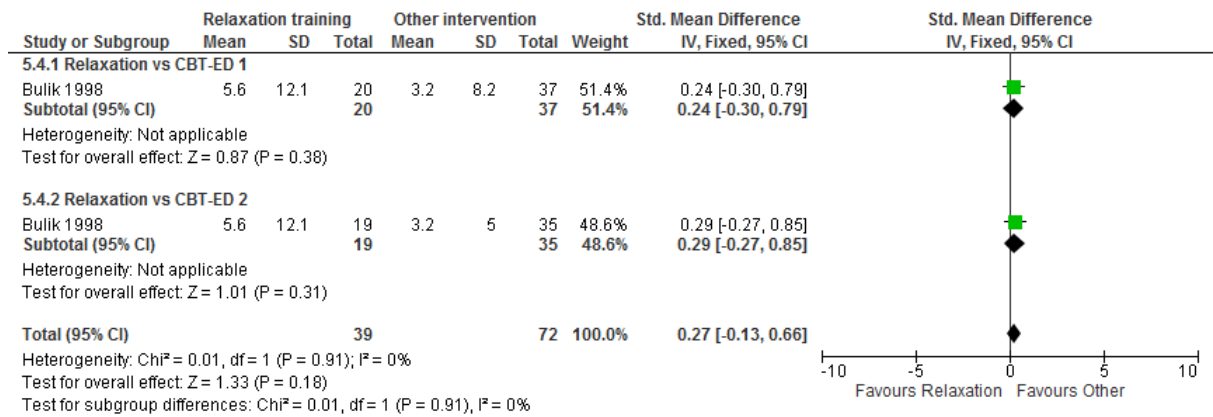
6

7 Figure 1795: Laxative use frequency



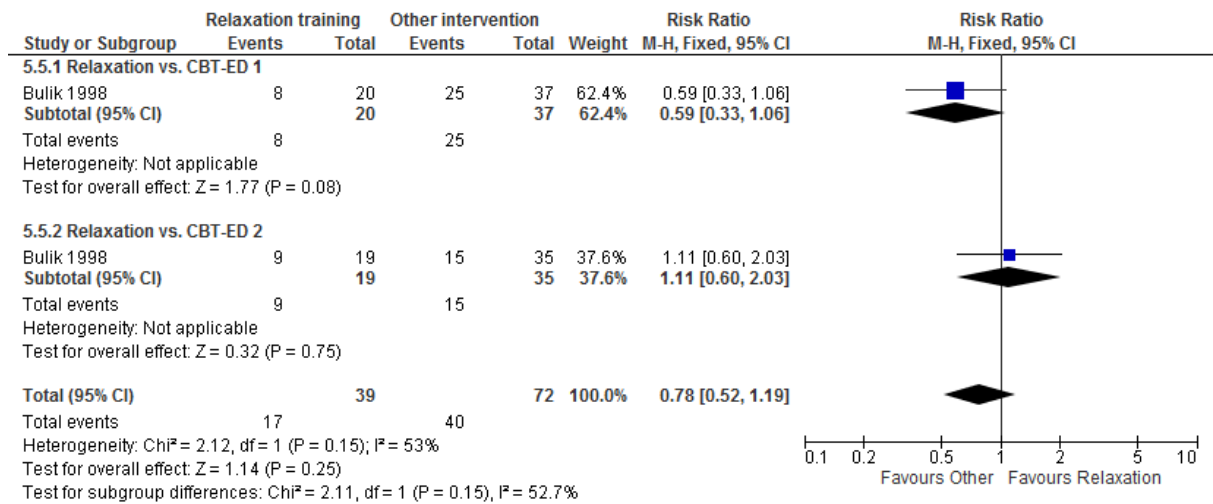
8

1 **Figure 1796: Purge frequency**



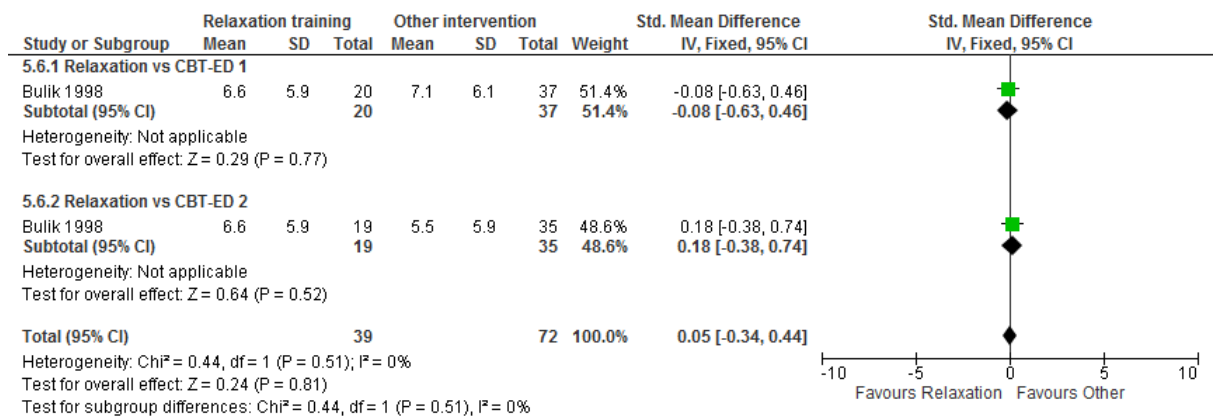
2

3 **Figure 1797: No binge or purge episodes for 2 weeks**



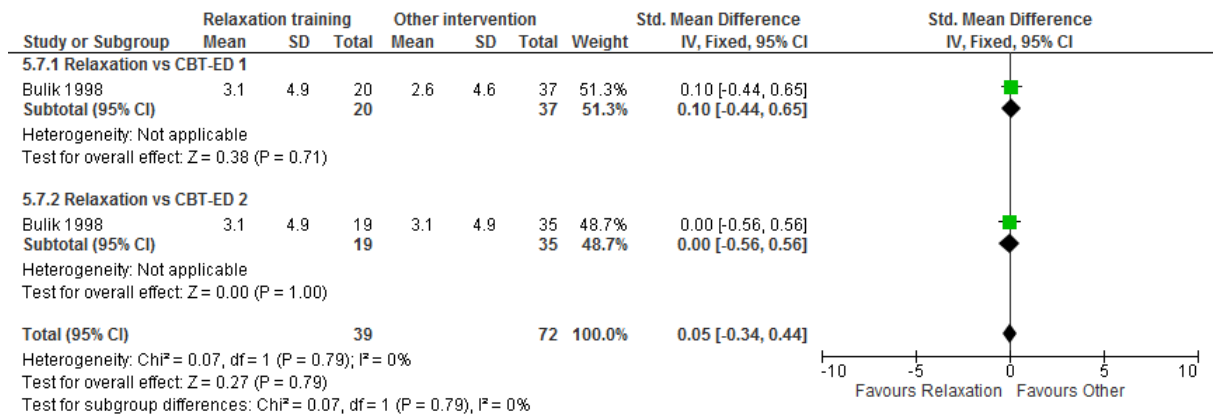
4

5 **Figure 1798: EDI-drive for thinness**



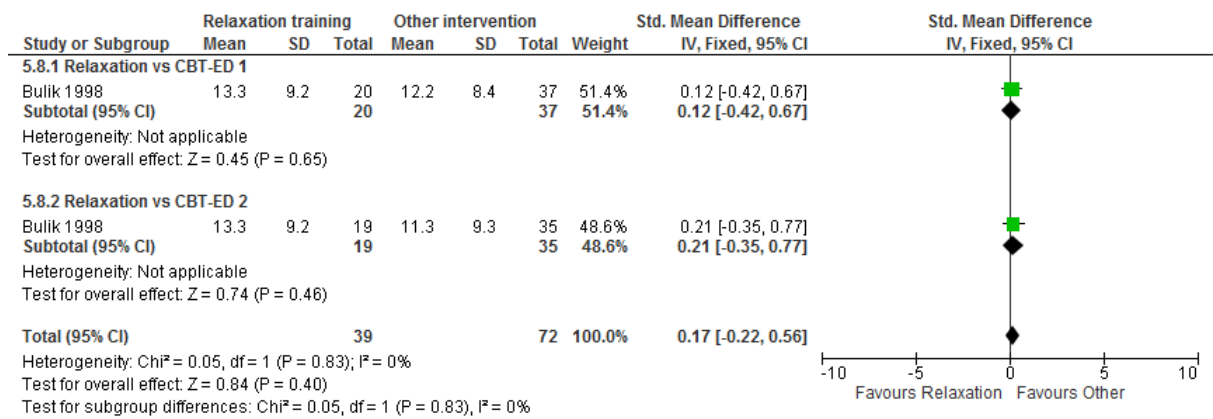
6

1 **Figure 1799: EDI-bulimia**



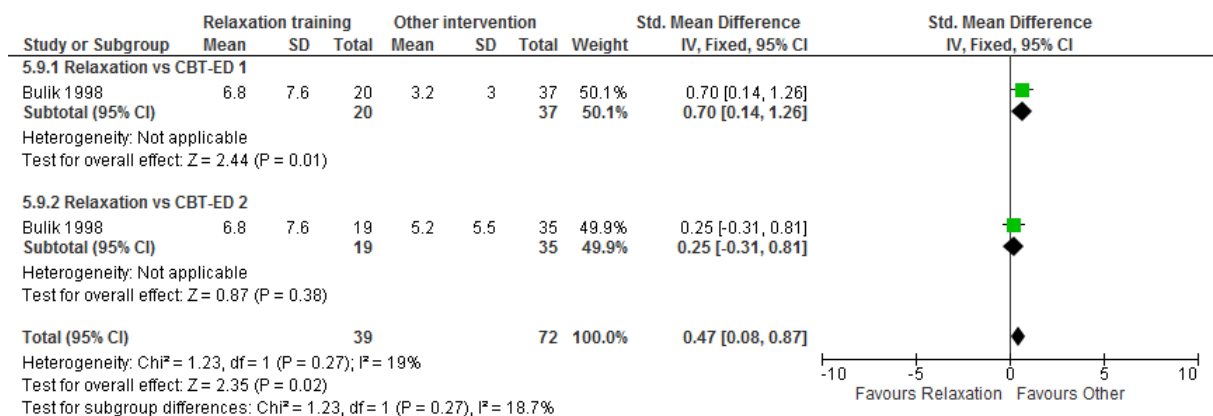
2

3 **Figure 1800: EDI-body dissatisfaction**



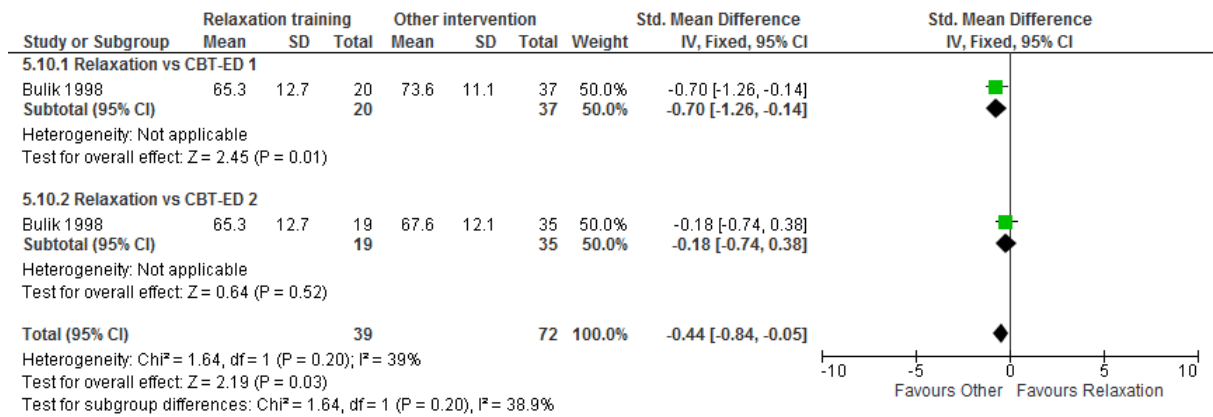
4

5 **Figure 1801: Depression**



6

1 **Figure 1802: Global functioning**



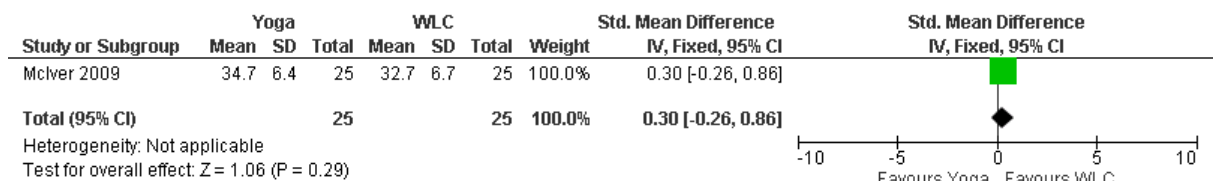
2

3

M.7.134 Physical interventions for binge eating disorder

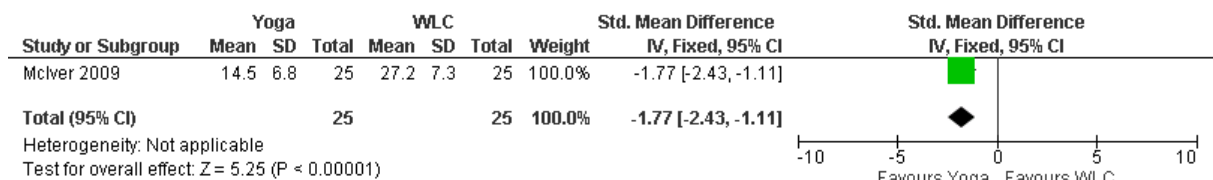
M.7.13.15 Yoga versus wait list control in adults with binge eating disorder

6 **Figure 1803: BMI**



7

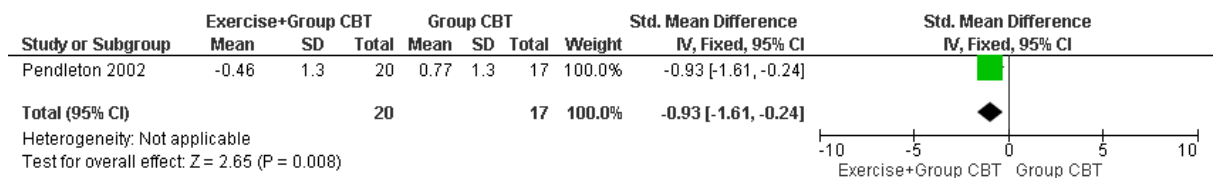
8 **Figure 1804: Binge Eating Scale**



9

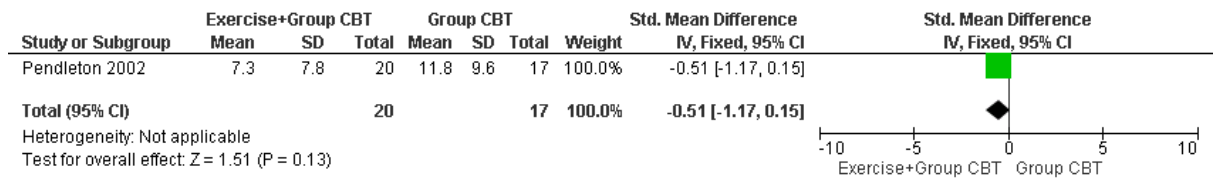
M.7.13.20 Aerobic exercise and group CBT-ED versus group CBT-ED in adults with binge eating disorder at end of treatment

12 **Figure 1805: BMI –change scores**



13

1 **Figure 1806: Depression**

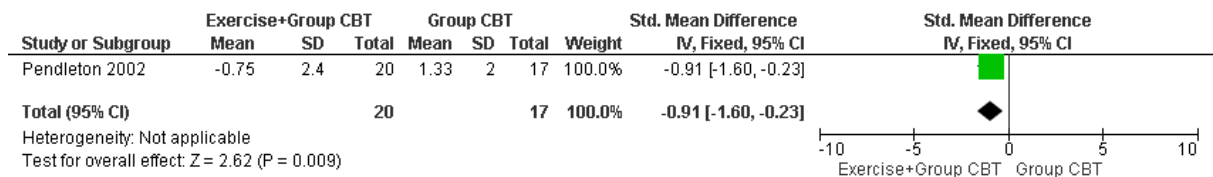


2

M.7.13.33 **Aerobic exercise and group CBT-ED versus group CBT-ED in adults with binge eating disorder at follow up**

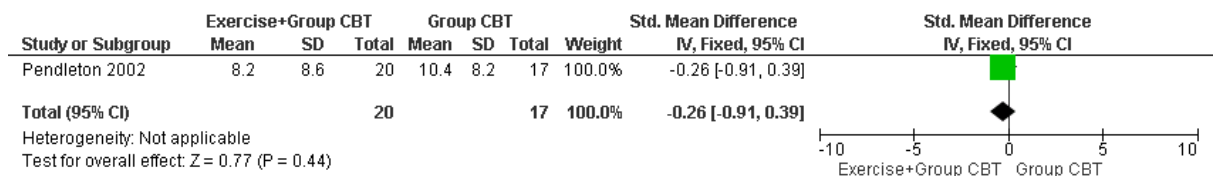
4

5 **Figure 1807: BMI –change scores**



6

7 **Figure 1808: Depression**

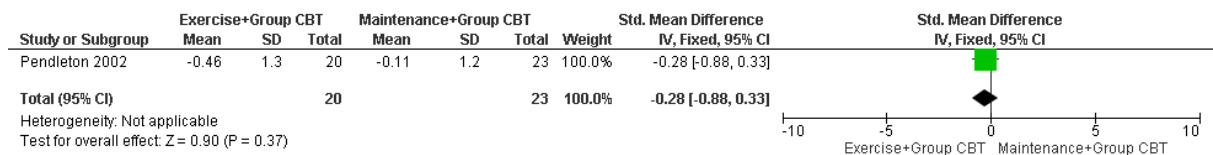


8

M.7.13.49 **Aerobic exercise and group CBT-ED versus group CBT-ED and maintenance in adults with binge eating disorder at end of treatment**

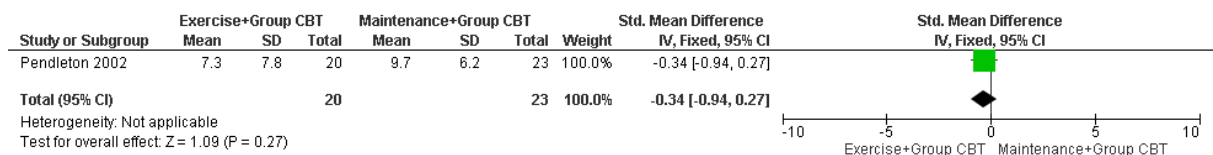
10

11 **Figure 1809: BMI –change scores**



12

13 **Figure 1810: Depression**

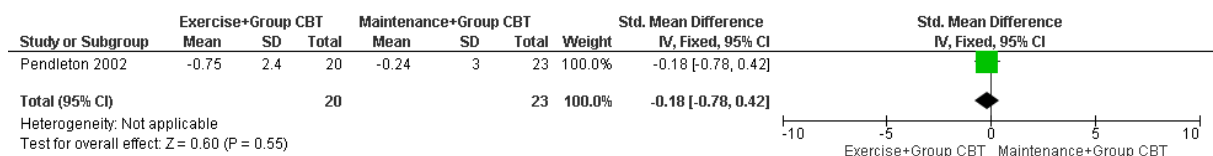


14

M.7.13.55 **Aerobic exercise and group CBT-ED versus group CBT-ED and maintenance in adults with binge eating disorder at follow up**

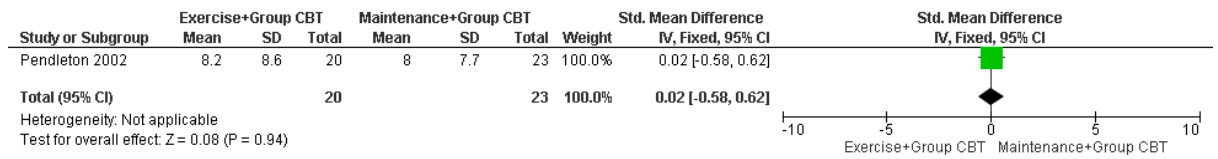
16

17 **Figure 1811: BMI –change scores**



18

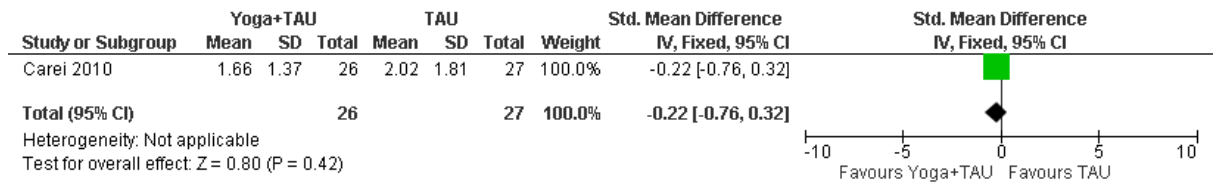
1 **Figure 1812: Depression**



2

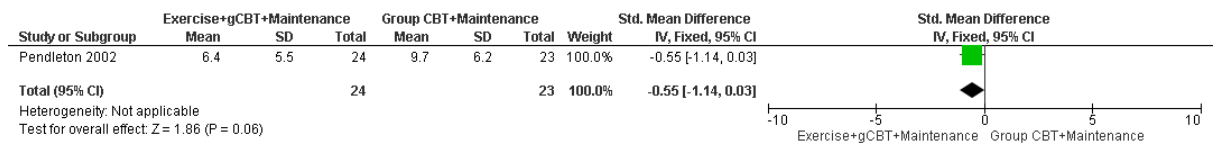
M.7.13.63 **Aerobic exercise, group CBT-ED and maintenance versus group CBT-ED and maintenance in adults with binge eating disorder at end of treatment**

5 **Figure 1813: BMI –change scores**



6

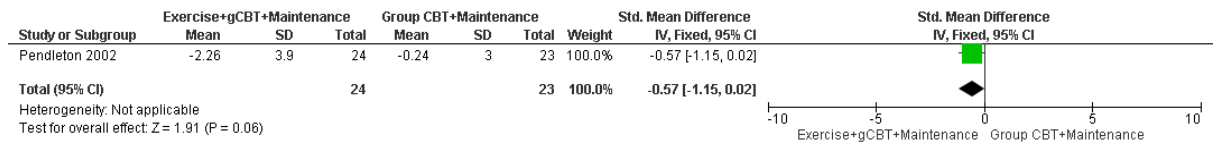
7 **Figure 1814: Depression**



8

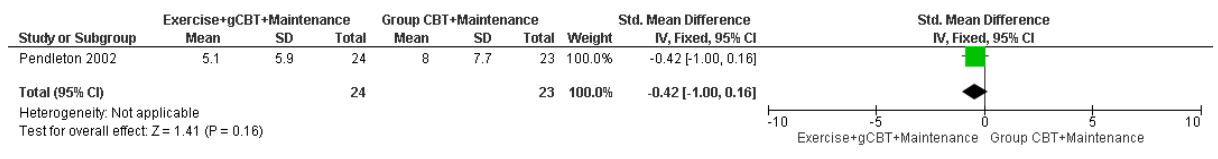
M.7.13.79 **Aerobic exercise, group CBT-ED and maintenance versus group CBT-ED and maintenance in adults with binge eating disorder at follow up**

11 **Figure 1815: BMI –change scores**



12

13 **Figure 1816: Depression**



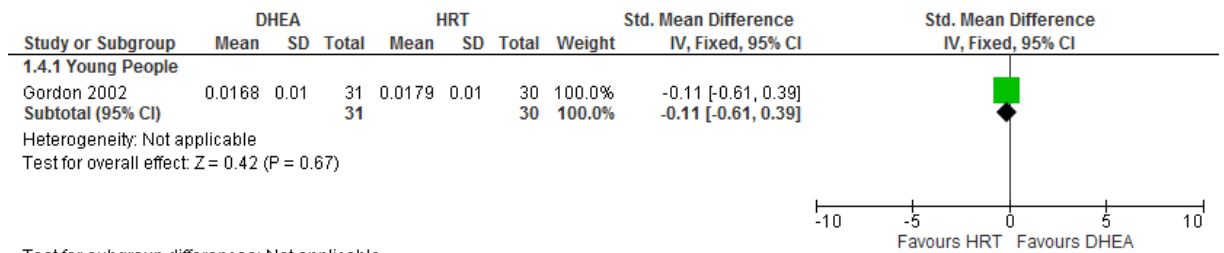
14

**M.8.1 Clinical question: What interventions are effective at
2 managing or reducing short and long-term physical
3 complications of eating disorders?**

**M.8.1.14 Medication for treating low bone mineral density in people with anorexia
5 nervosa**

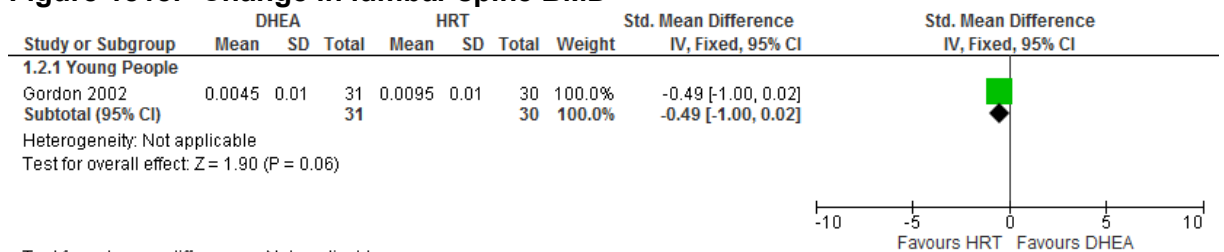
**M.8.1.16 Dehydroepiandrosterone (DHEA) compared with hormone replacement therapy (HRT)
7 in young people with anorexia nervosa at end of treatment**

8 Figure 1817: Change in total hip BMD (higher better)



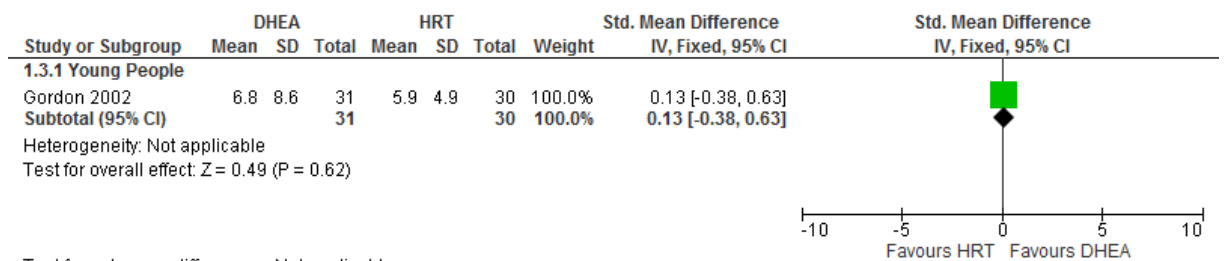
9 Test for subgroup differences: Not applicable

10 Figure 1818: Change in lumbar spine BMD



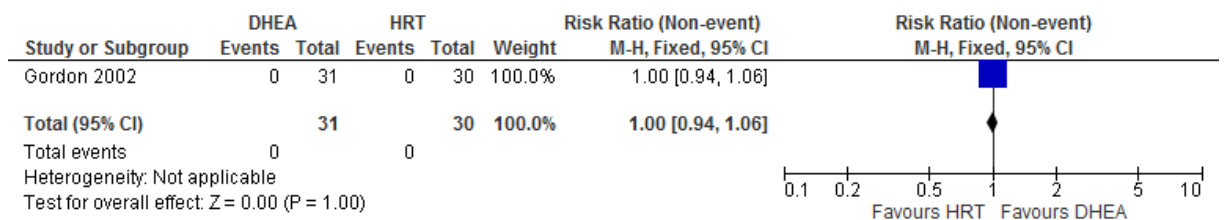
11 Test for subgroup differences: Not applicable

12 Figure 1819: Change in weight



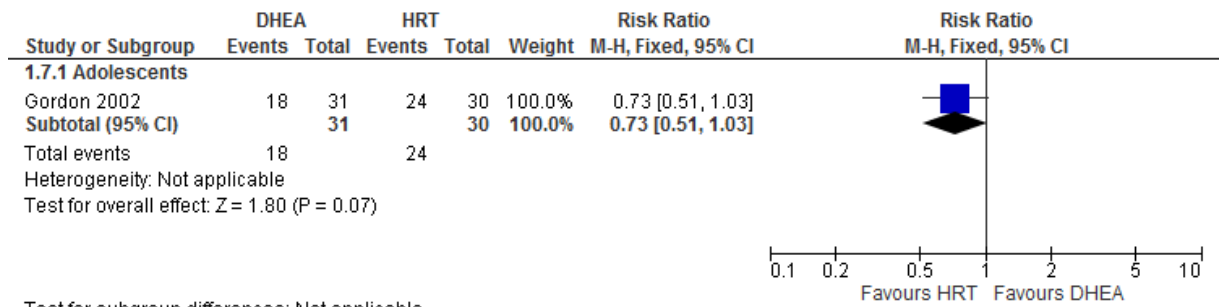
13 Test for subgroup differences: Not applicable

14 Figure 1820: Dropout due to side-effects



15

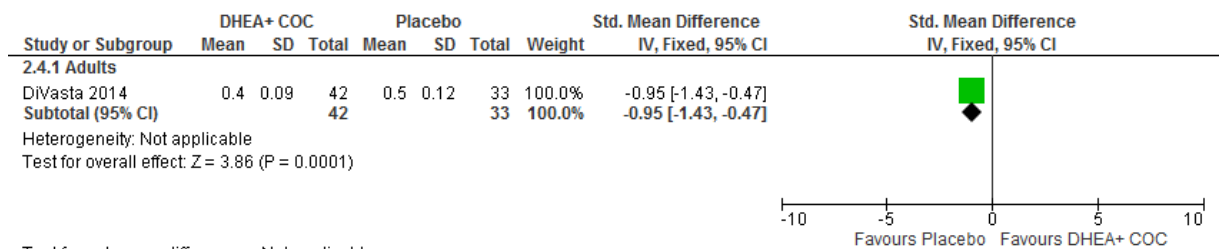
16 Figure 1821: Regular menstruation



1 Test for subgroup differences: Not applicable

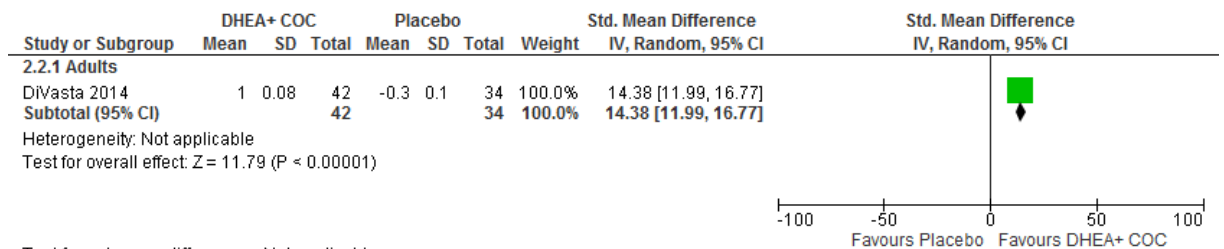
M.8.1.22 Dehydroepiandrosterone (DHEA) and combined oral contraceptive pill (COC) compared with placebo in adults with anorexia nervosa at end of treatment

3 Figure 1822: Change in femoral neck bone strength index



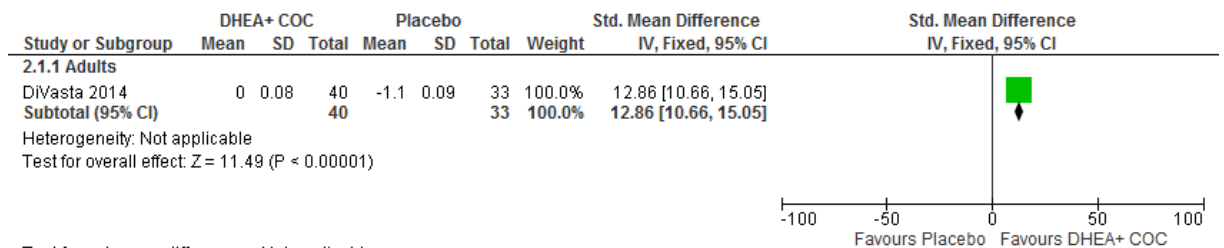
5 Test for subgroup differences: Not applicable

6 Figure 1823: Change in femoral neck BMD



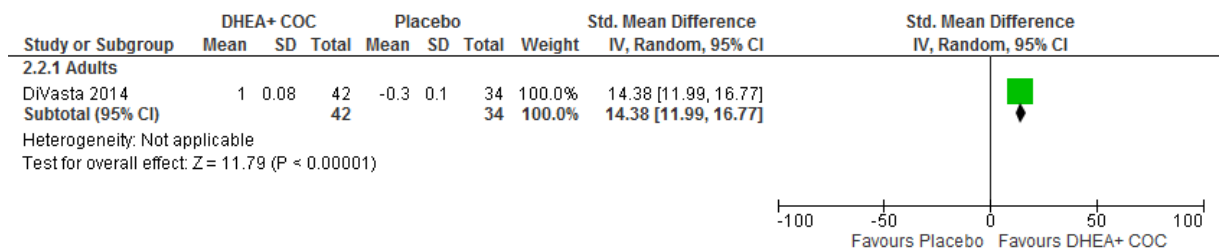
7 Test for subgroup differences: Not applicable

8 Figure 1824: Change in femoral shaft BMD



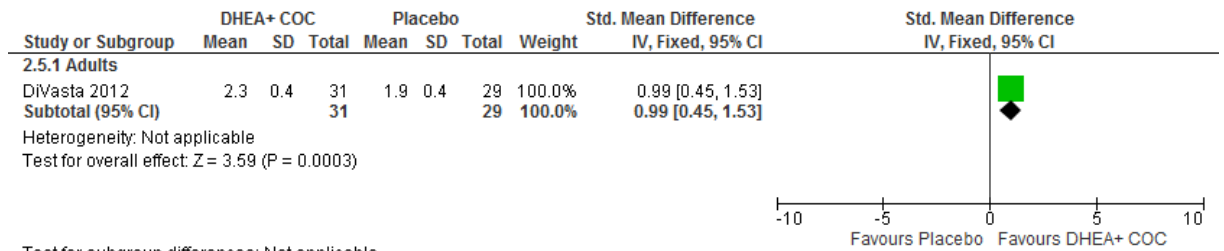
9 Test for subgroup differences: Not applicable

10 Figure 1825: Change in femoral shaft bone strength BMD



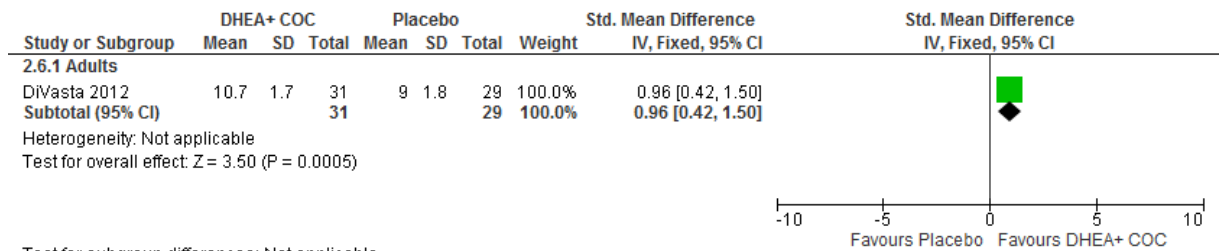
11 Test for subgroup differences: Not applicable

12 Figure 1826: Change in weight



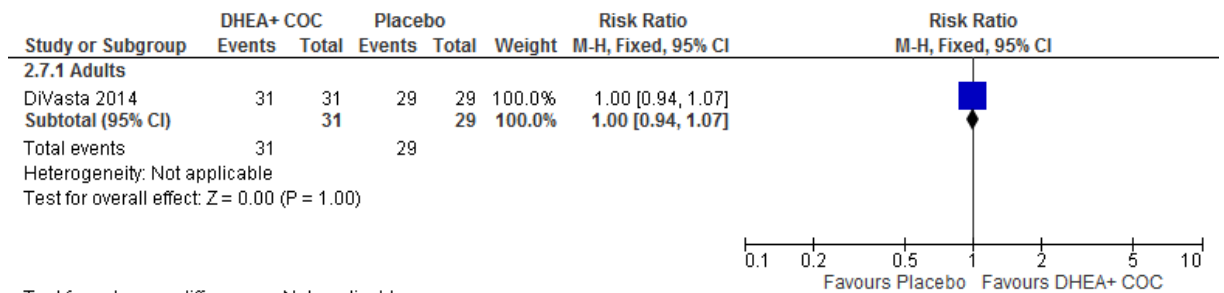
1 Test for subgroup differences: Not applicable

2 Figure 1827: Change in BMI



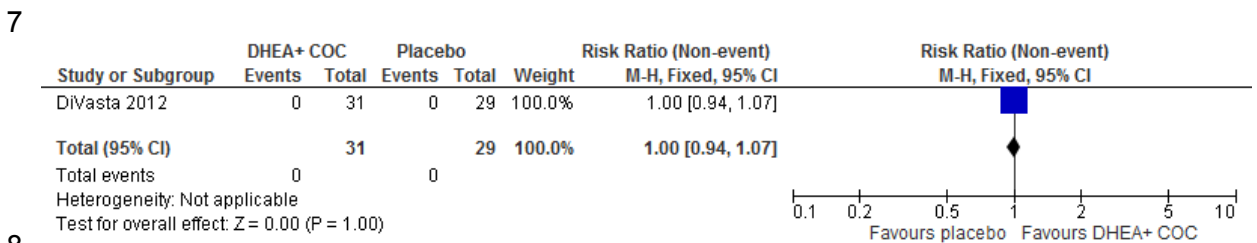
3 Test for subgroup differences: Not applicable

4 Figure 1828: Amenorrheic



5 Test for subgroup differences: Not applicable

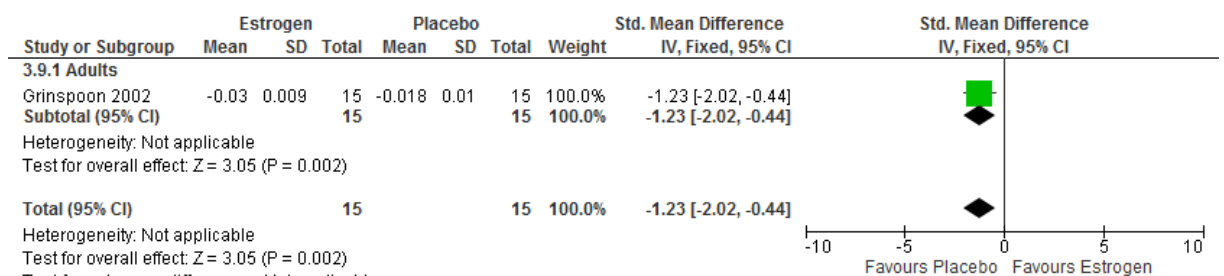
6 Figure 1829: Dropout due to side-effects



8

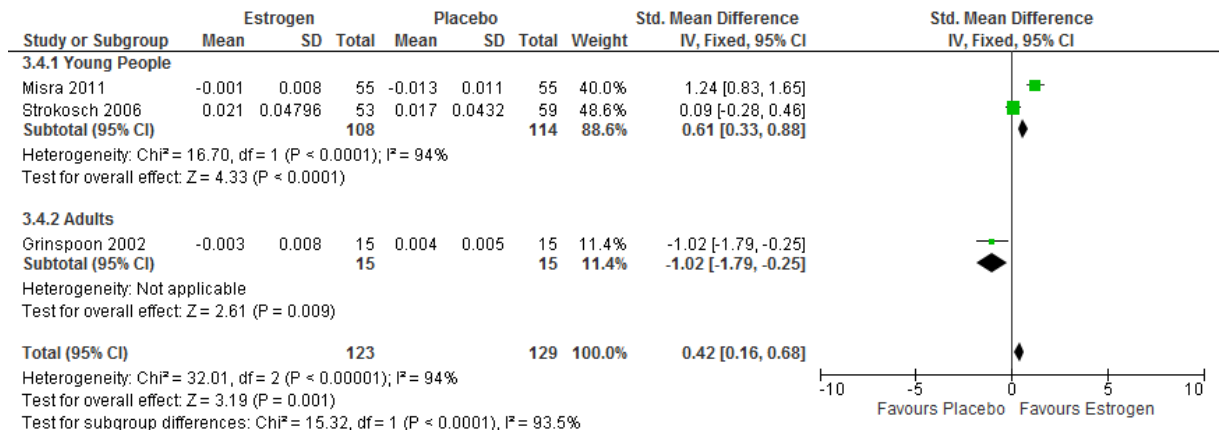
M.8.1.39 Estrogen compared with placebo in young people or adults with anorexia nervosa at end of treatment

11 Figure 1830: Change in total body BMD in adults



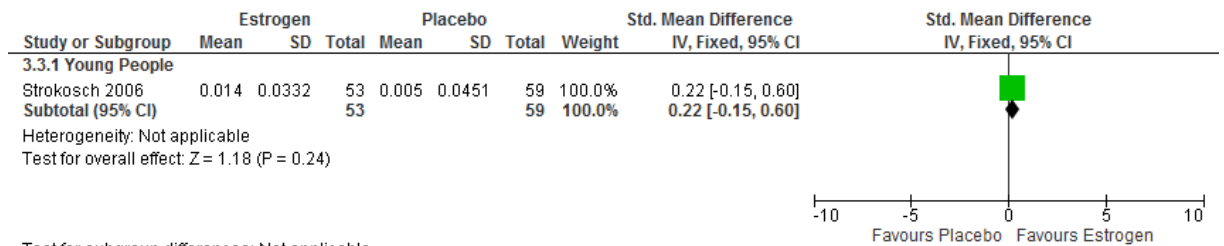
12 Test for subgroup differences: Not applicable

13 Figure 1831: Change in total hip BMD in young people and adults



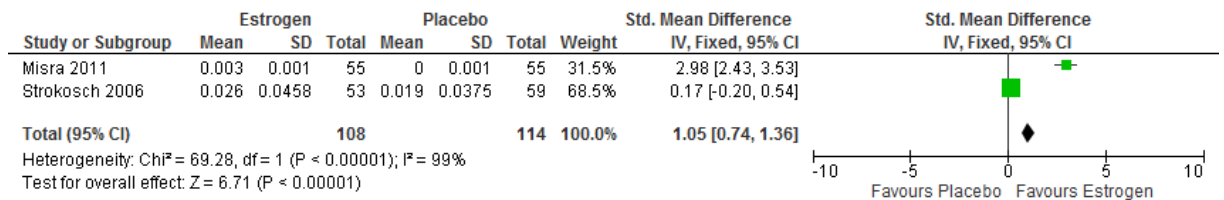
1

2 **Figure 1832: Change in femoral neck BMD in young people**



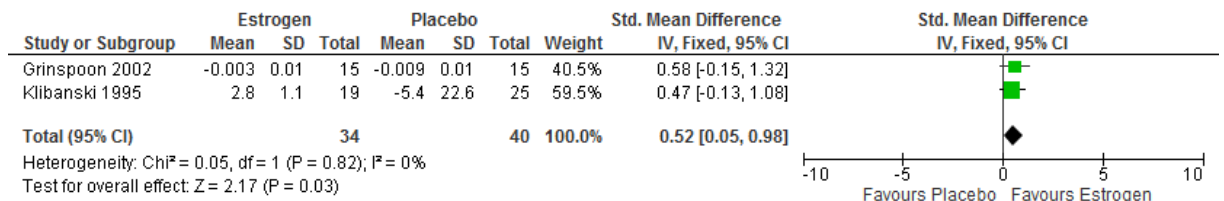
3 Test for subgroup differences: Not applicable

4 **Figure 1833: Change in lumbar spine BMD in young people**



5

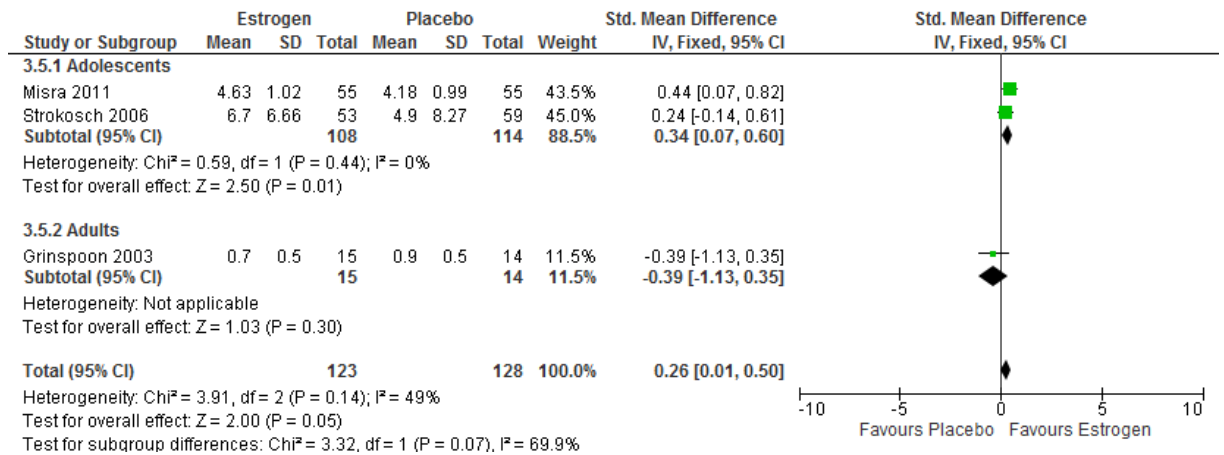
6 **Figure 1834: Change in lumbar spine BMD in adults**



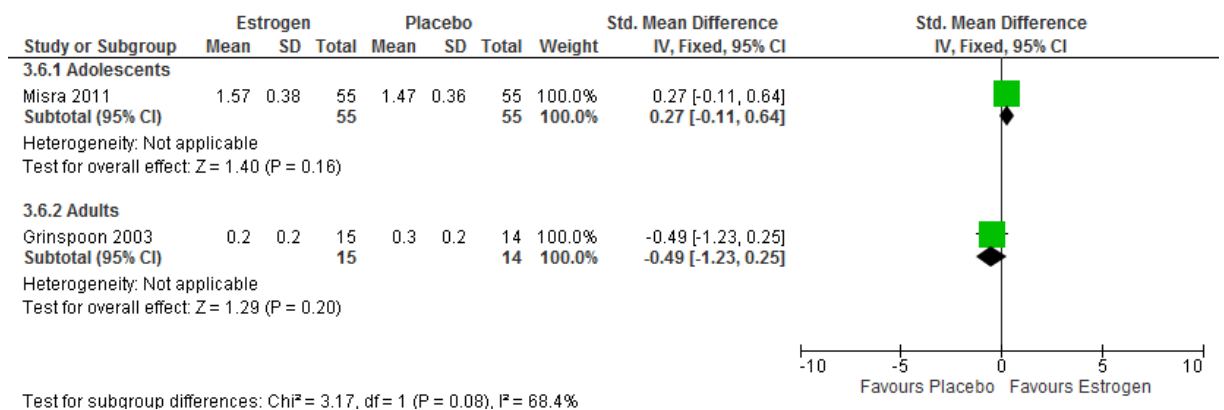
7

8

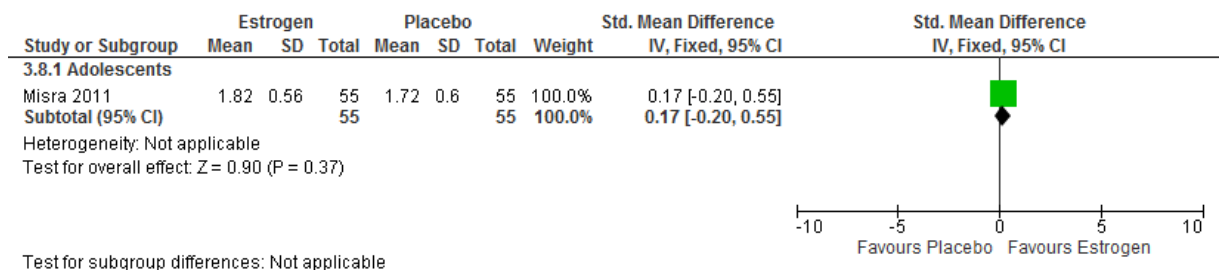
9 **Figure 1835: Change in weight in young people and adults**



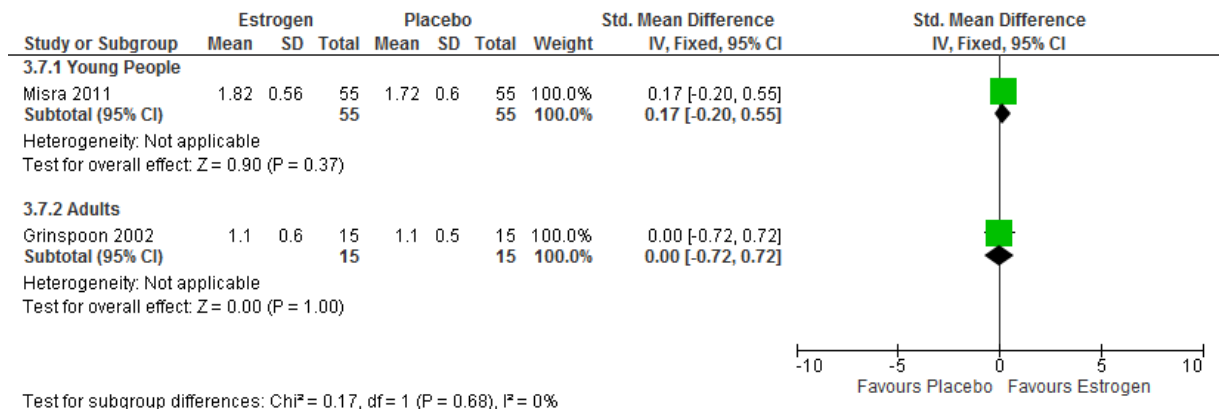
2 **Figure 1836: Change in BMI in young people and adults**



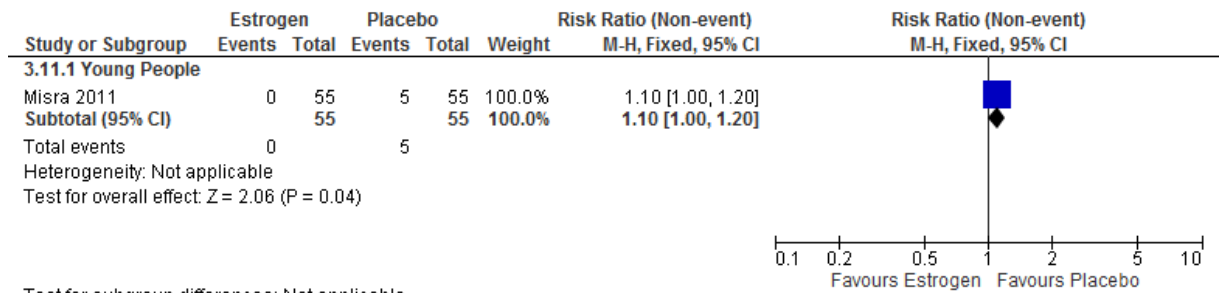
4 **Figure 1837: Change in fat mass in young people**



6 **Figure 1838: Change in lean mass in young people and adults**

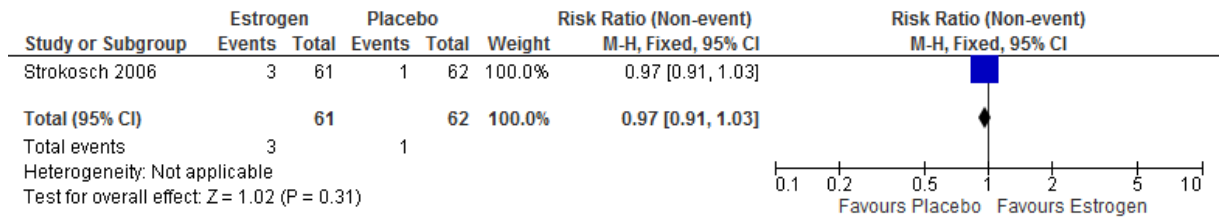


8 **Figure 1839: Regular menstruation in young people**



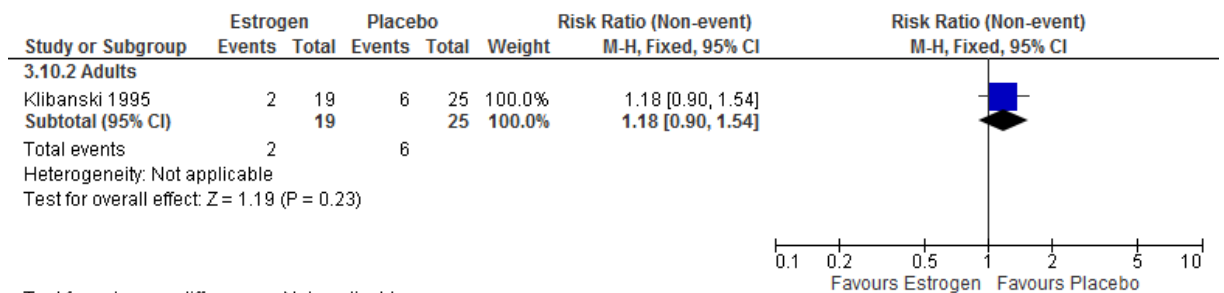
1 Test for subgroup differences: Not applicable

2 Figure 1840: Dropout due to side-effects in young people



3
4

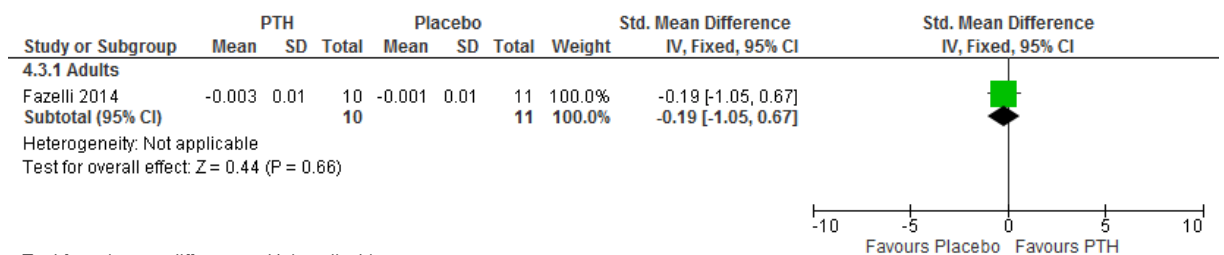
5 Figure 1841: Remission in adults



6 Test for subgroup differences: Not applicable

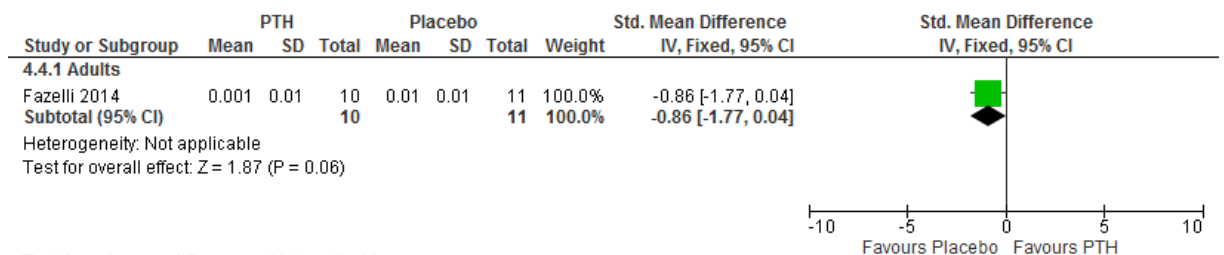
M.8.1.47 Parathyroid hormone therapy (PTH) compared with placebo in adults with anorexia nervosa at end of treatment

9 Figure 1842: Change in total hip BMD



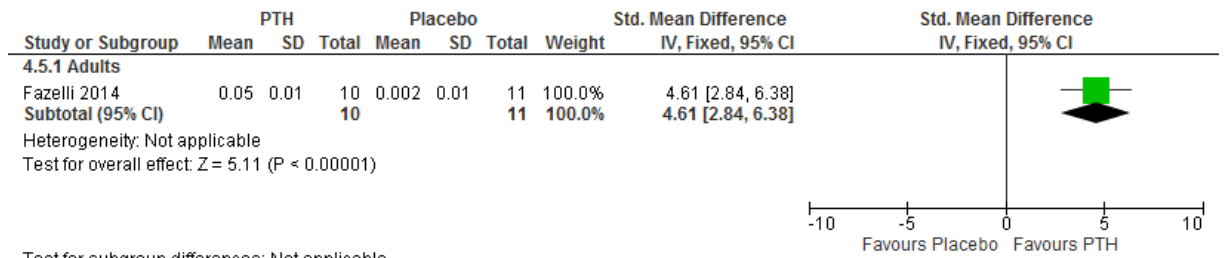
10 Test for subgroup differences: Not applicable

11 Figure 1843: Change in femoral neck BMD



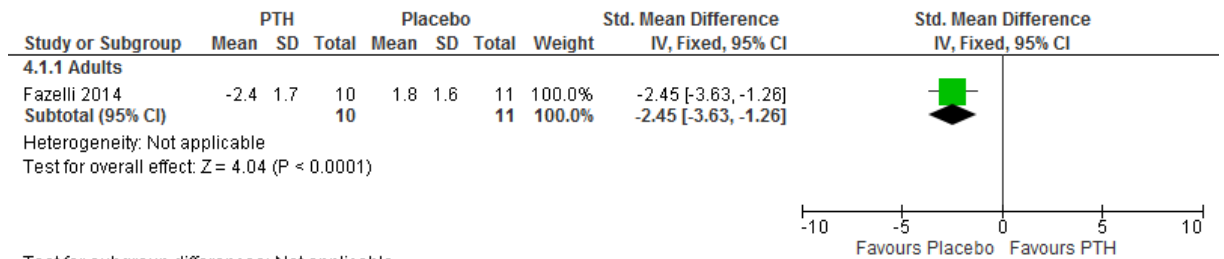
12 Test for subgroup differences: Not applicable

13 Figure 1844: Change in anteroposterior spine BMD



1 Test for subgroup differences: Not applicable

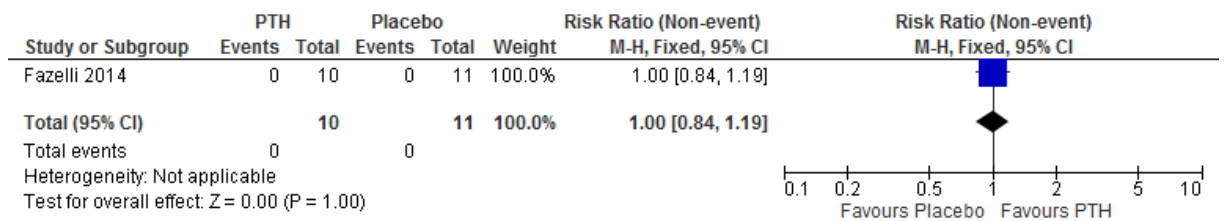
2 Figure 1845: Change in weight



3 Test for subgroup differences: Not applicable

4

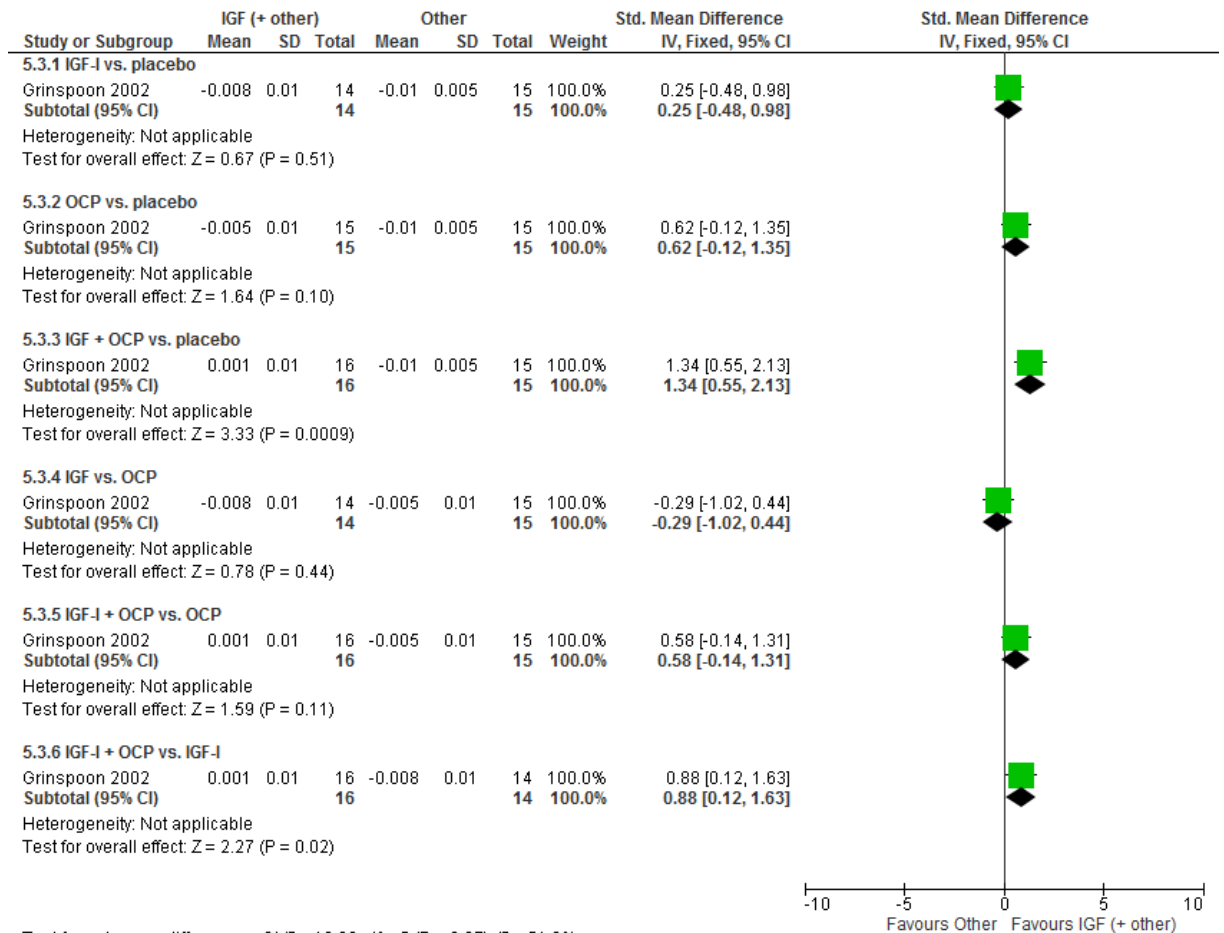
5 Figure 1846: Dropout due to side-effects



6
7

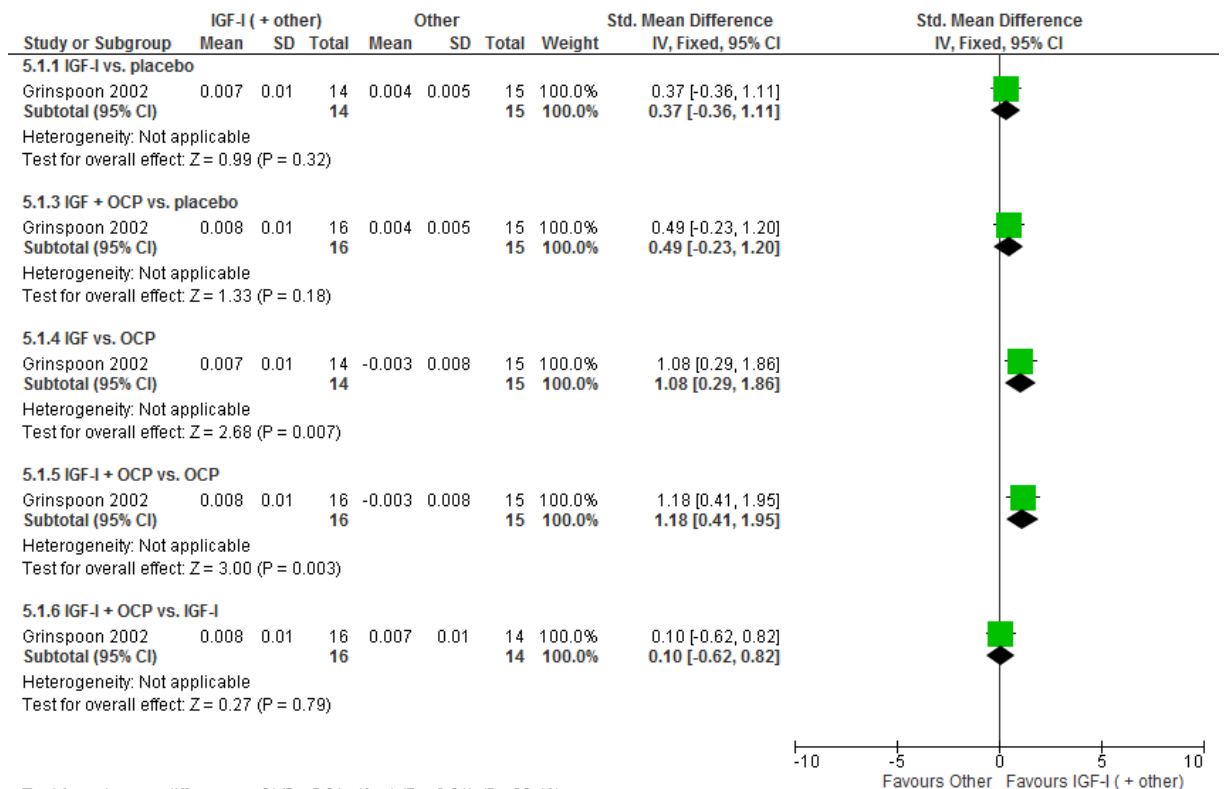
M.8.1.58 Insulin-like growth factor (IGF-I) compared with another treatment in adults with anorexia nervosa at end of treatment

10 Figure 1847: Change in radial BMD



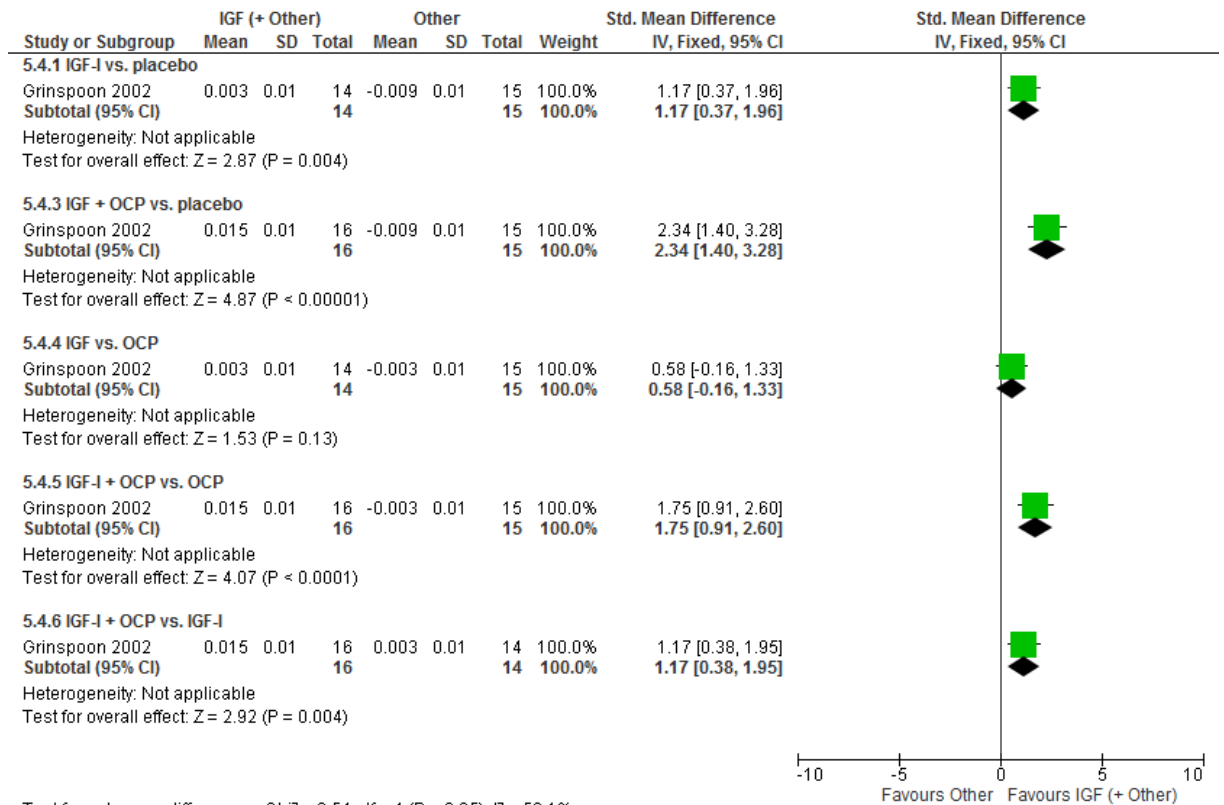
1 Test for subgroup differences: Chi² = 10.32, df = 5 (P = 0.07), I² = 51.6%

2 Figure 1848: Change in total hip BMD



3 Test for subgroup differences: Chi² = 5.91, df = 4 (P = 0.21), I² = 32.4%

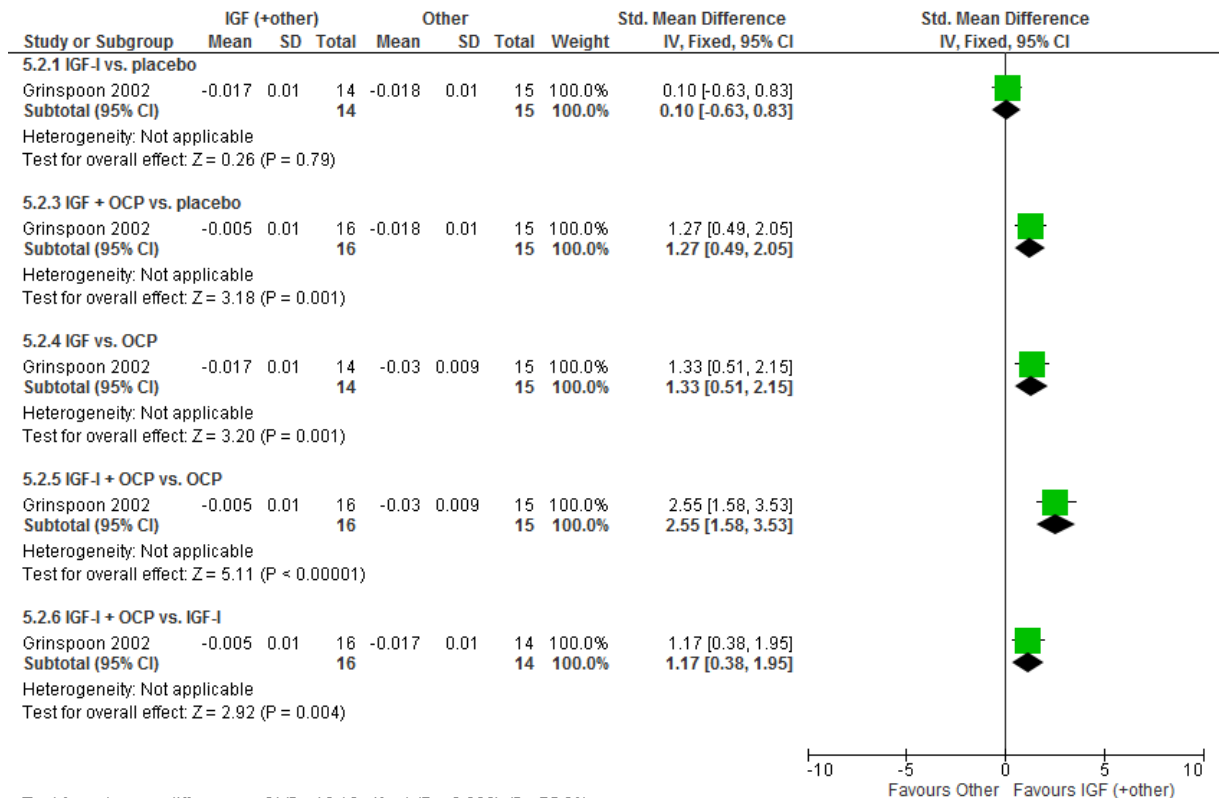
4 Figure 1849: Change in anteroposterior spine BMD



1 Test for subgroup differences: Chi² = 9.54, df = 4 (P = 0.05), I² = 58.1%

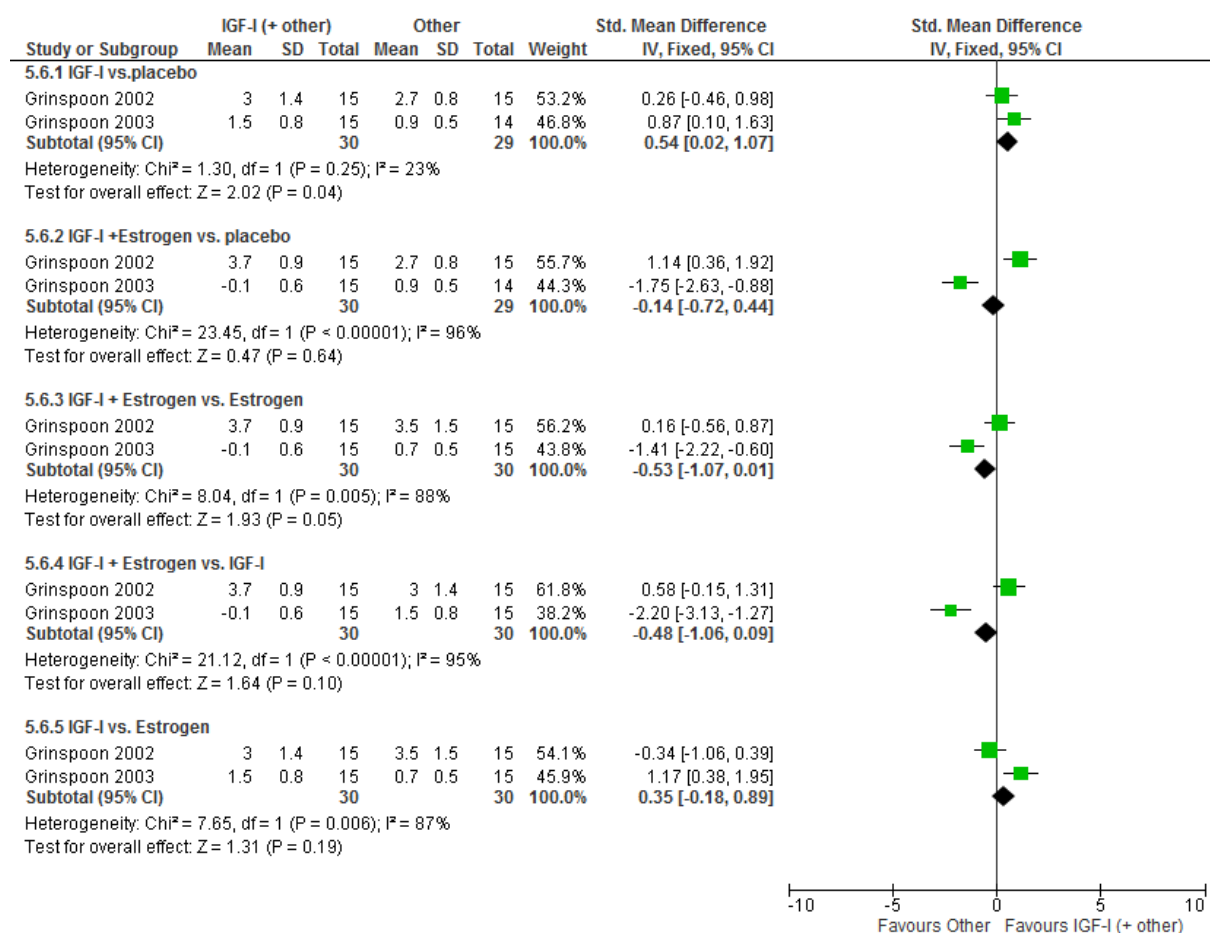
2

3 Figure 1850: Change in total body BMD



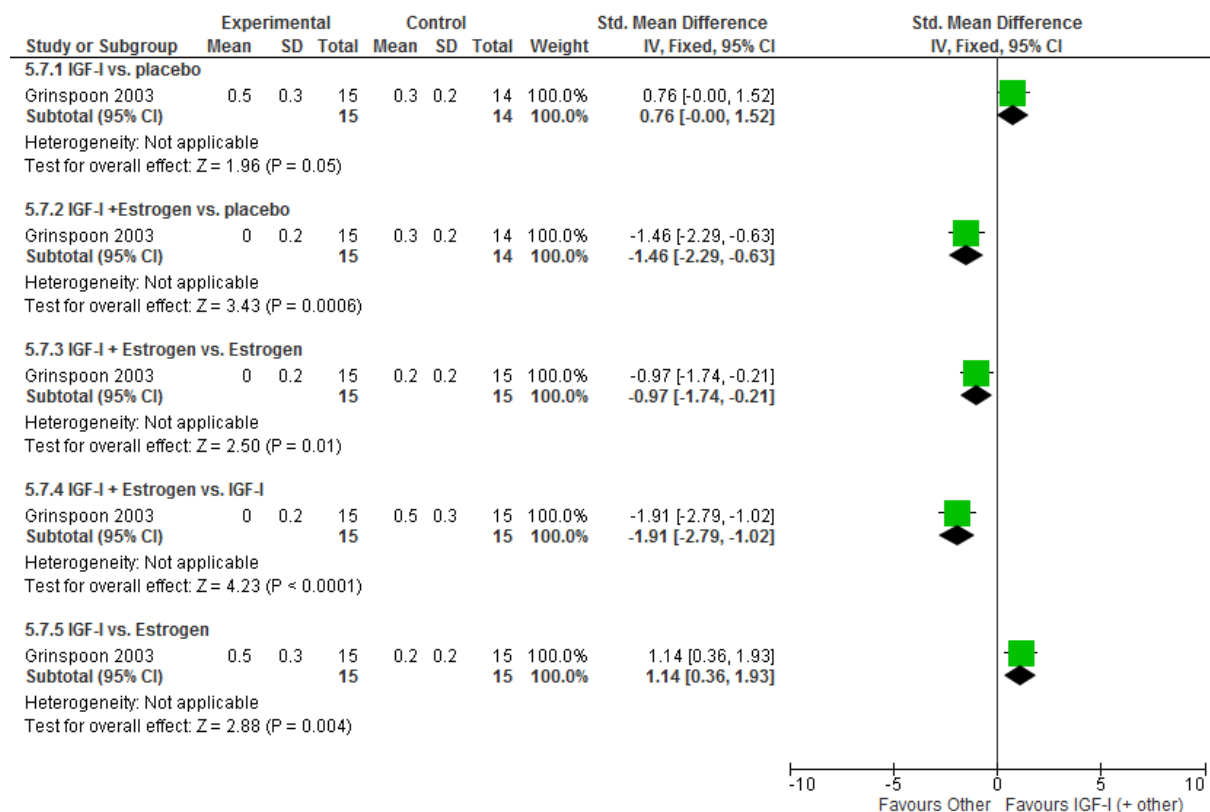
4 Test for subgroup differences: Chi² = 16.19, df = 4 (P = 0.003), I² = 75.3%

5 Figure 1851: Change in weight



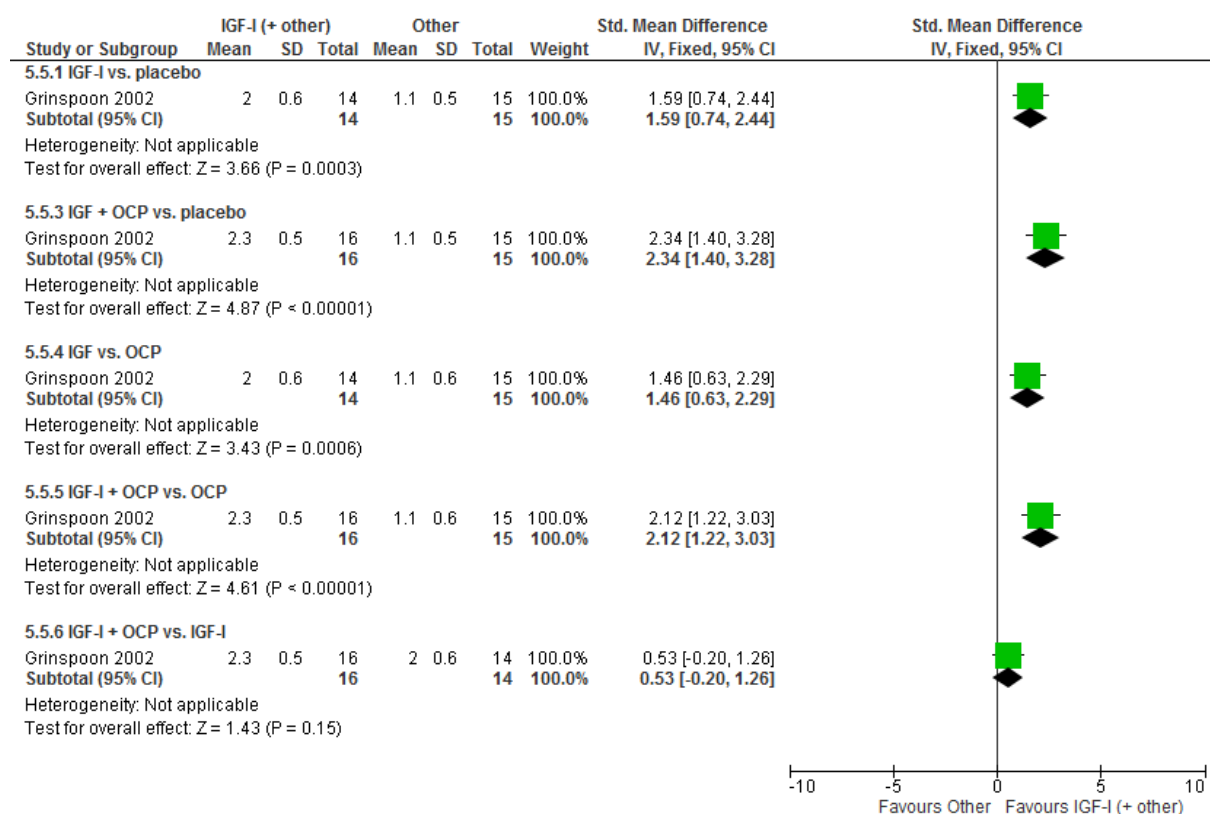
1 Test for subgroup differences: Chi² = 12.41, df = 4 (P = 0.01), I² = 67.8%

2 Figure 1852: Change in BMI



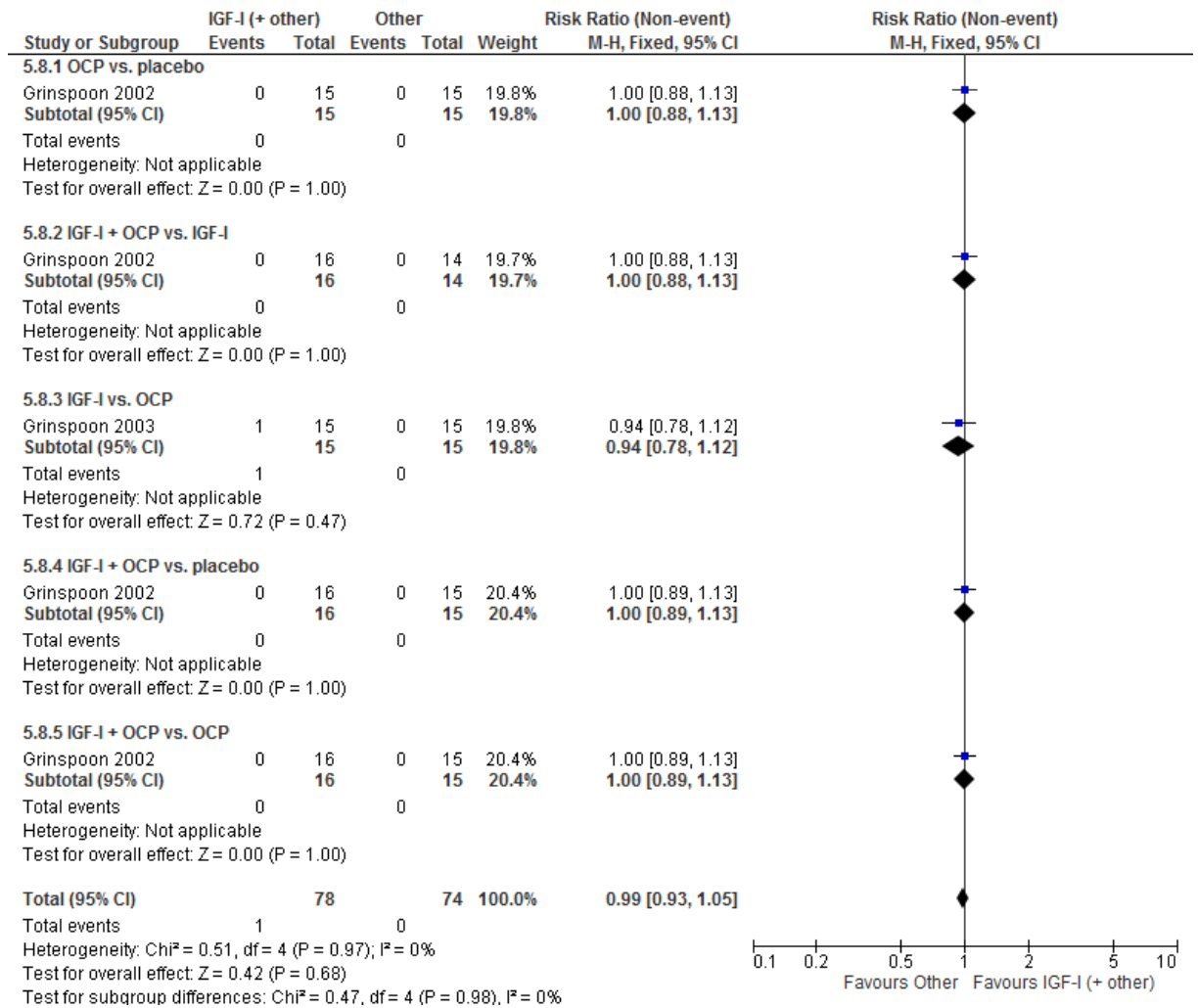
3 Test for subgroup differences: Chi² = 43.57, df = 4 (P < 0.00001), I² = 90.8%

4 Figure 1853: Change in lean mass



1 Test for subgroup differences: Chi² = 11.65, df = 4 (P = 0.02), I² = 65.7%

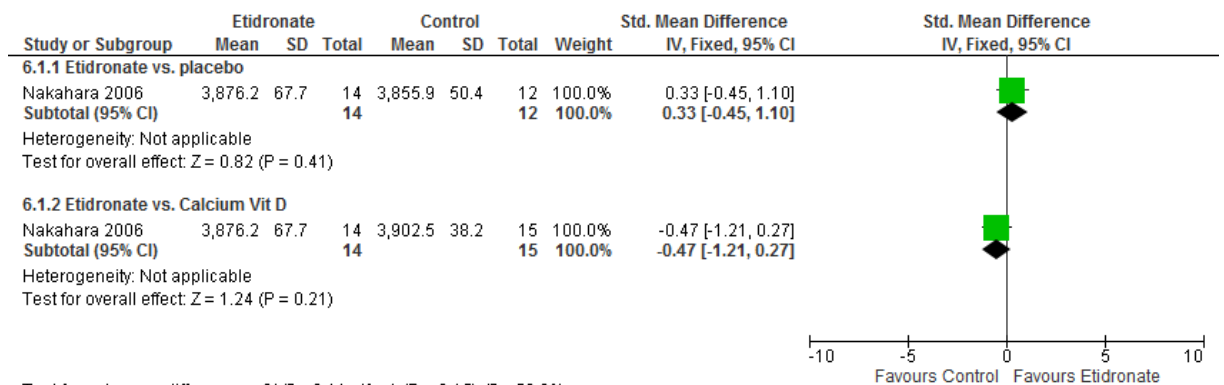
2 Figure 1854: Dropout due to side-effects



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2

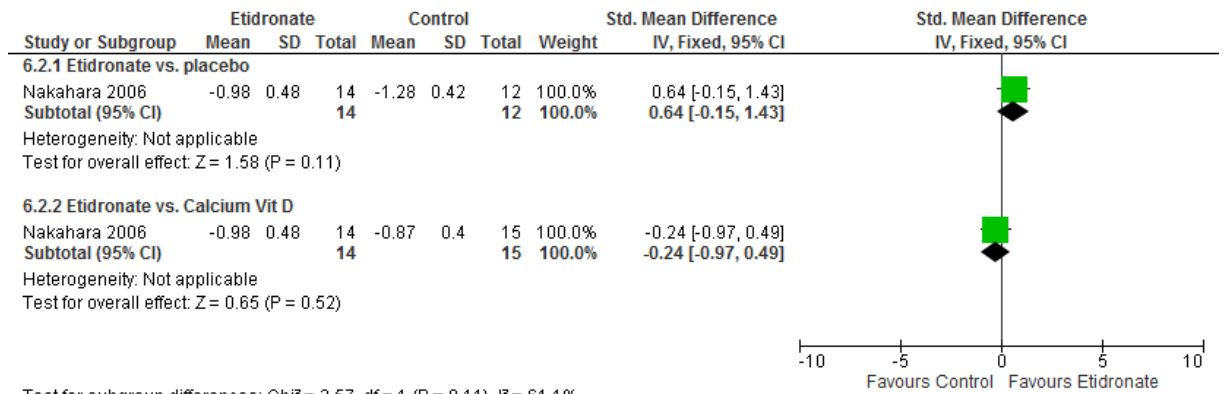
M.8.1.63 Bisphosphonate compared with another treatment in young people or adults with anorexia nervosa at end of treatment

5 Figure 1855: Tibia SOS (speed of sound) in adults



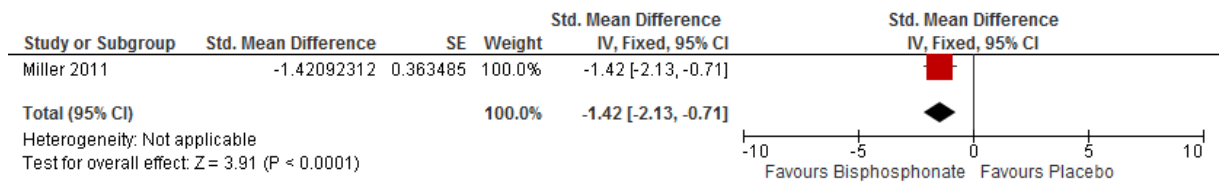
6 Test for subgroup differences: Chi² = 2.11, df = 1 (P = 0.15), I² = 52.6%

7 Figure 1856: Change in tibia Z score in adults



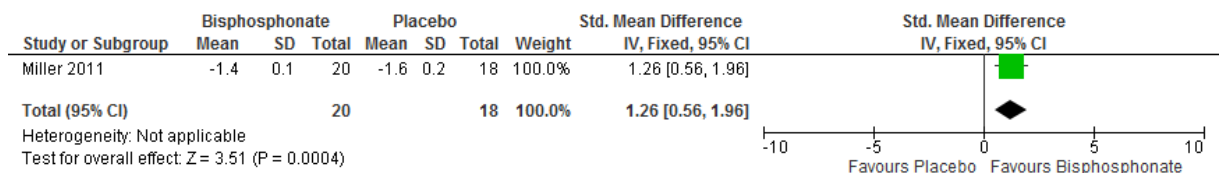
1 Test for subgroup differences: Chi² = 2.57, df = 1 (P = 0.11), I² = 61.1%

2 **Figure 1857: Change in total hip BMD in adults**



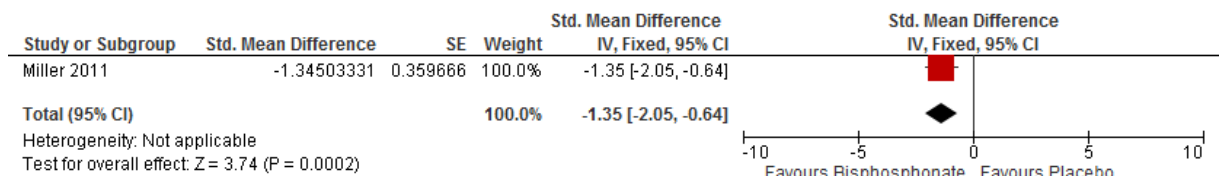
3

4 **Figure 1858: Change in anteroposterior lumbar spine Z BMD in adults**



5

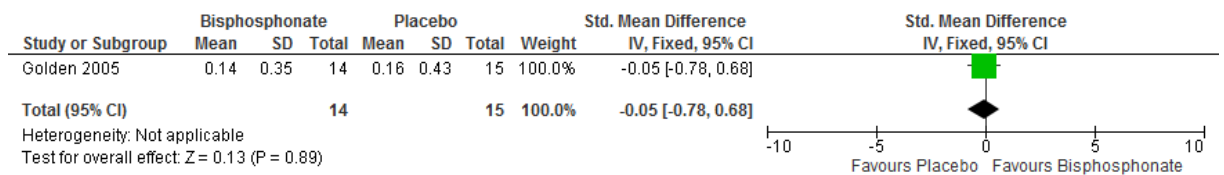
6 **Figure 1859: Change in lateral spine BMD in adults**



7

8 **Figure 1860: Change in lumbar spine BMD Z score in young people**

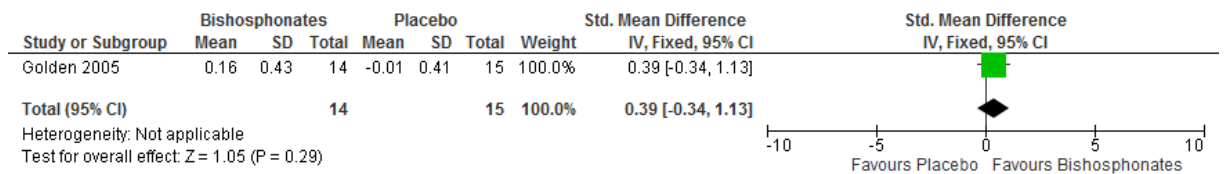
9



10

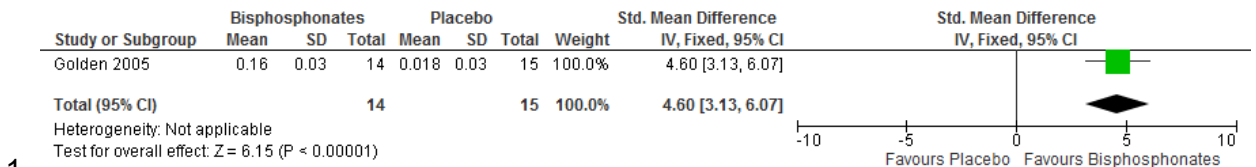
11 **Figure 1861: Change in femoral neck BMD Z score in young people**

12

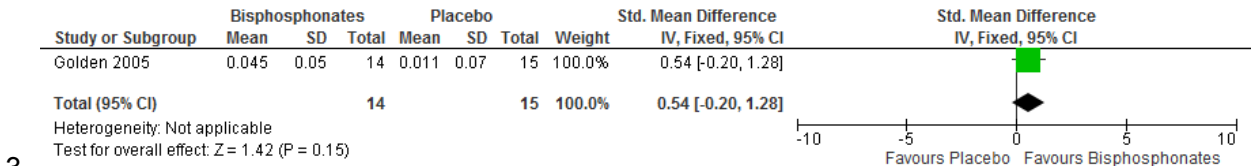


13

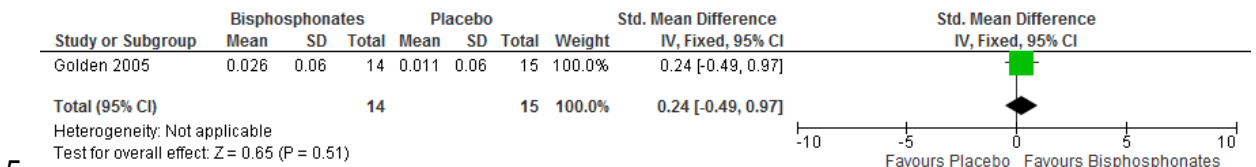
14 **Figure 1862: Change in trochanter BMD Z score in young people**



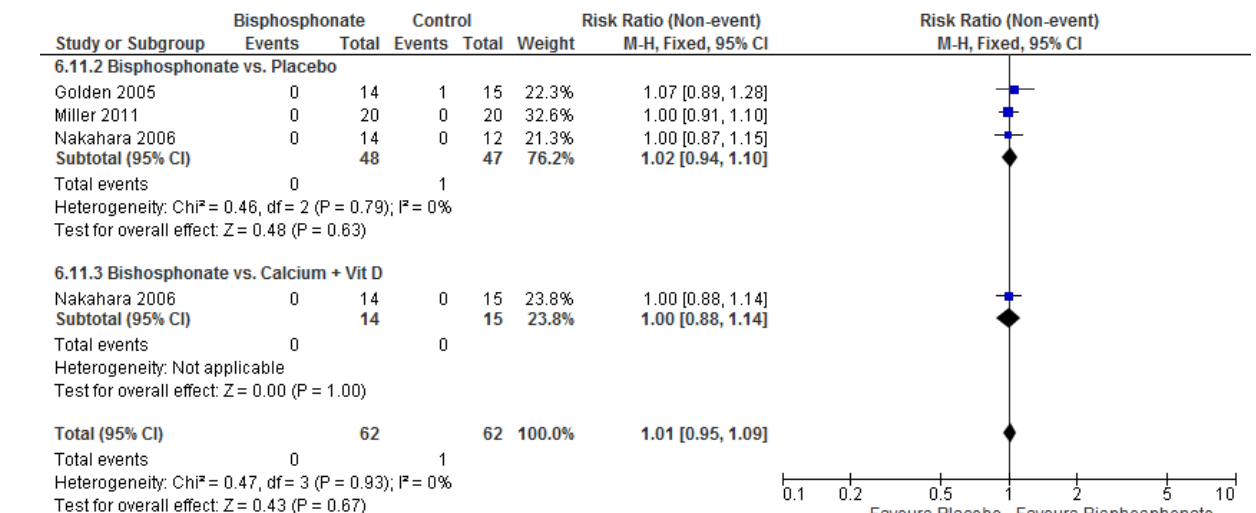
2 **Figure 1863: Change in wards triangle BMD Z score in young people**



4 **Figure 1864: Change in total hip BMD Z score in young people**



6 **Figure 1865: Dropout due to side-effects**

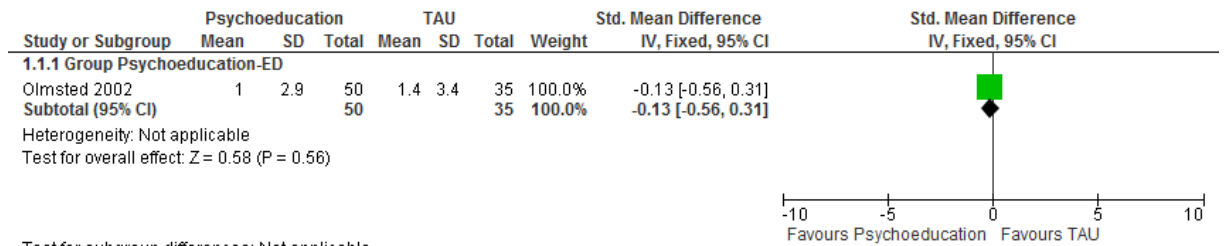


10 **Clinical question: Does any intervention for an eating disorder need to be modified in**
11 **the presence of common long-term health conditions?**

M.8.22 Diabetes and eating disorders

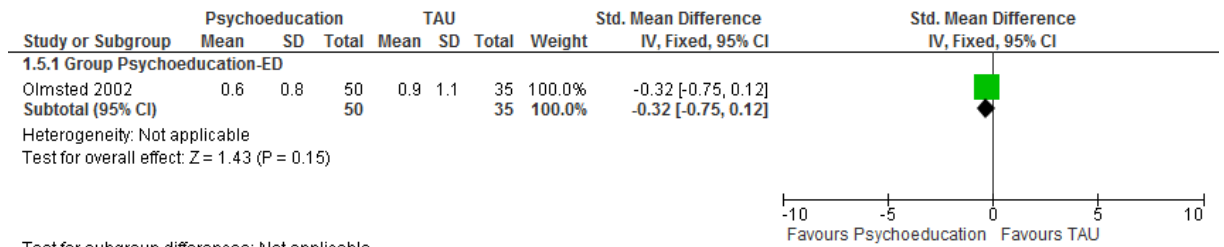
M.8.2.13 **Group psychoeducation compared with treatment as usual (TAU) for young people**
14 **with type I diabetes and disturbed eating at the end of treatment**

15 **Figure 1866: Bingeing**



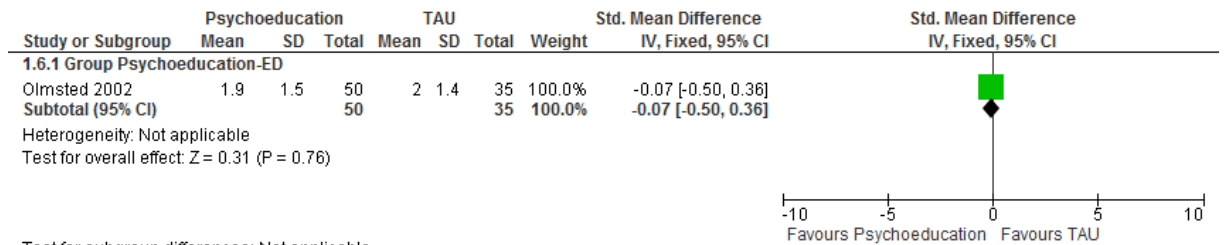
1 Test for subgroup differences: Not applicable

2 Figure 1867: EDE-eating concern



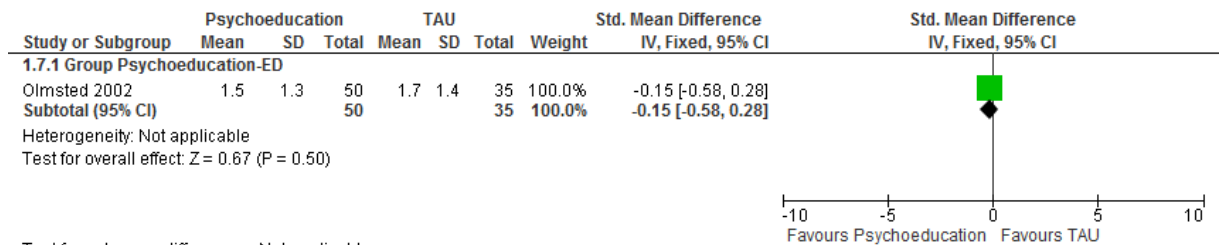
3 Test for subgroup differences: Not applicable

4 Figure 1868: EDE-shape concern



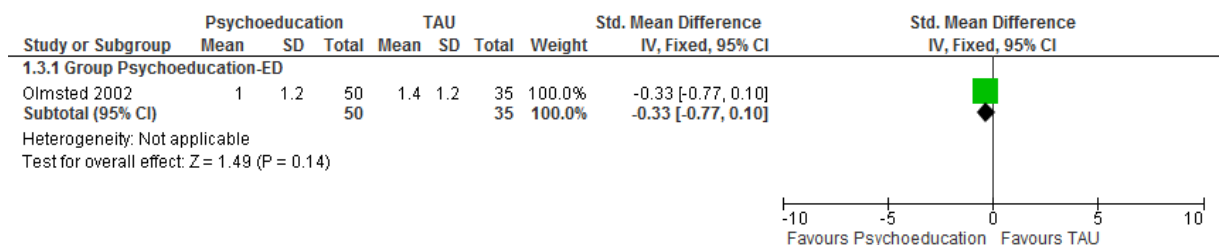
5 Test for subgroup differences: Not applicable

6 Figure 1869: EDE-weight concern



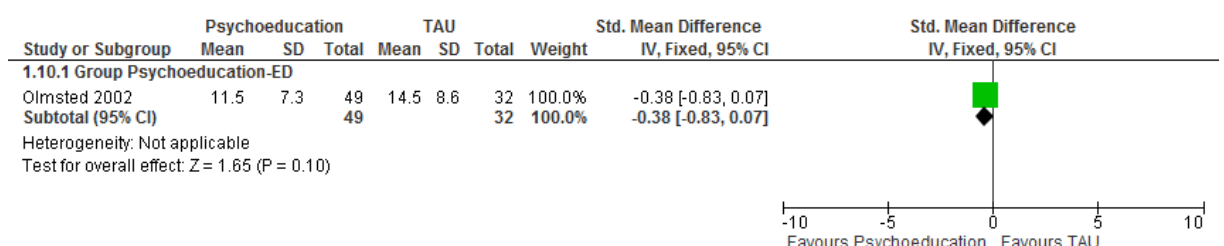
7 Test for subgroup differences: Not applicable

8 Figure 1870: EDE-restraint



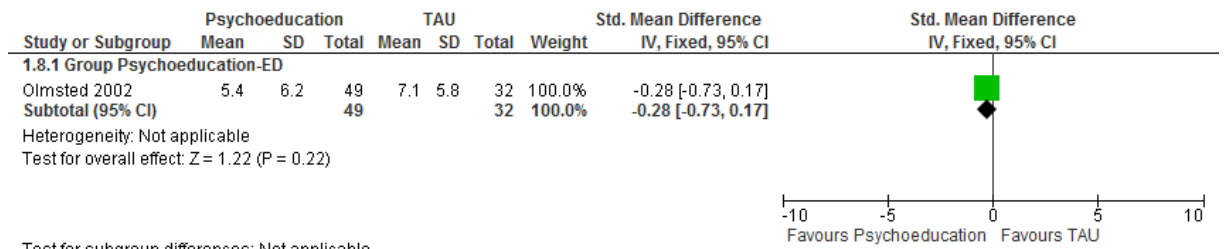
9 Test for subgroup differences: Not applicable

10 Figure 1871: EDI-body dissatisfaction



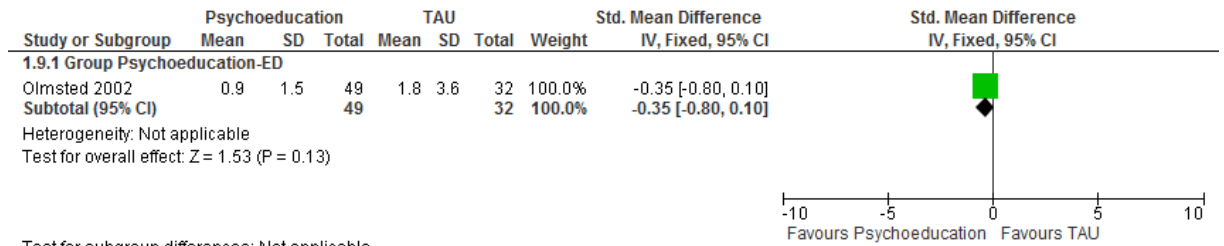
11 Test for subgroup differences: Not applicable

1 **Figure 1872: EDI-drive for thinness**



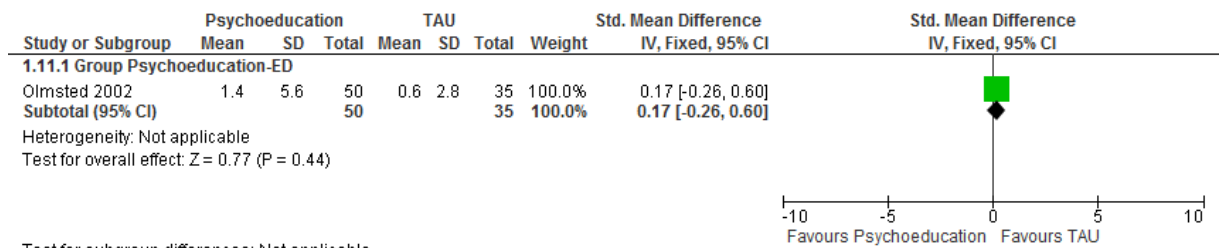
2 Test for subgroup differences: Not applicable

3 **Figure 1873: EDI-bulimia**



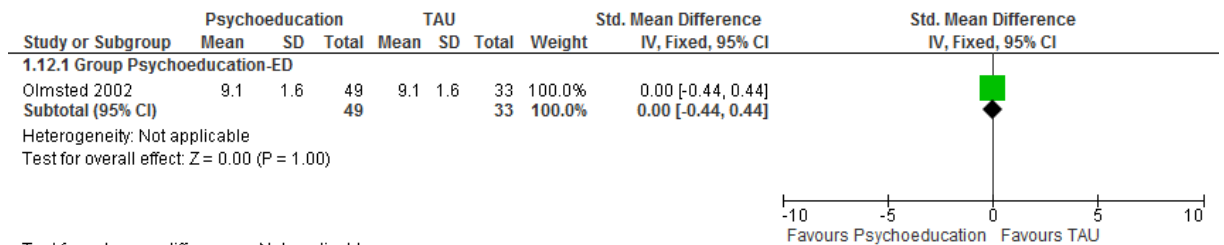
4 Test for subgroup differences: Not applicable

5 **Figure 1874: Insulin omission days**



6 Test for subgroup differences: Not applicable

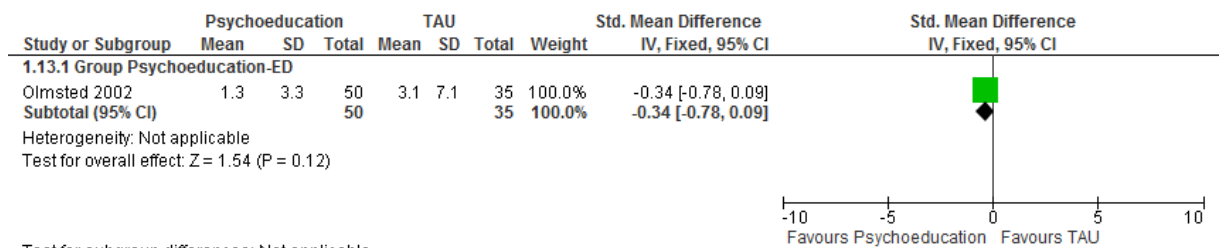
7 **Figure 1875: HbA1c level (%)**



8 Test for subgroup differences: Not applicable

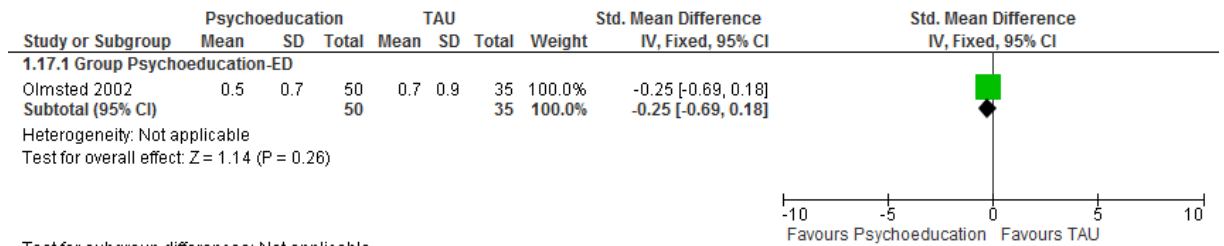
M.8.2.29 Group psychoeducation compared with treatment as usual for young people with type 1 diabetes and disturbed eating at follow-up

11 **Figure 1876: Bingeing**



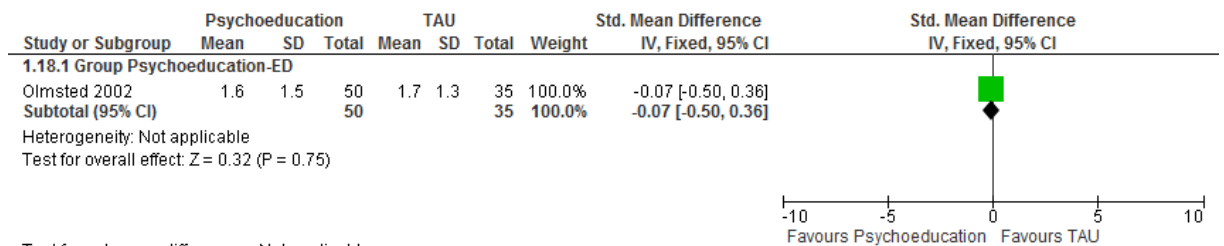
12 Test for subgroup differences: Not applicable

13 **Figure 1877: EDE-eating concern**



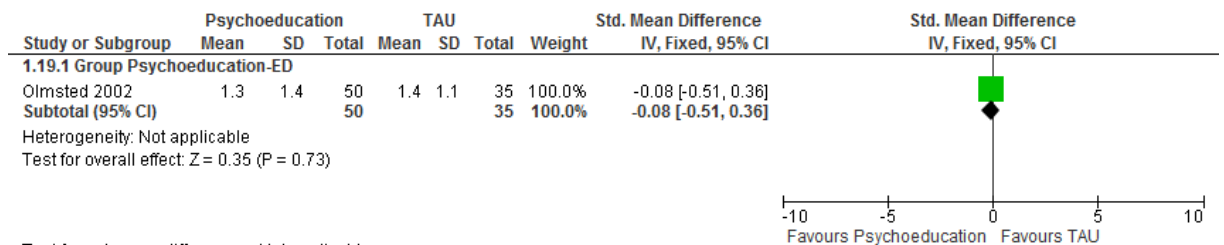
1 Test for subgroup differences: Not applicable

2 Figure 1878: EDE-shape concern



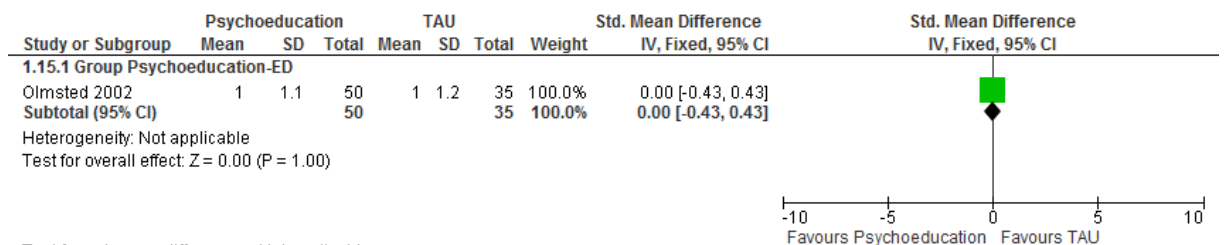
3 Test for subgroup differences: Not applicable

4 Figure 1879: EDE-weight concern



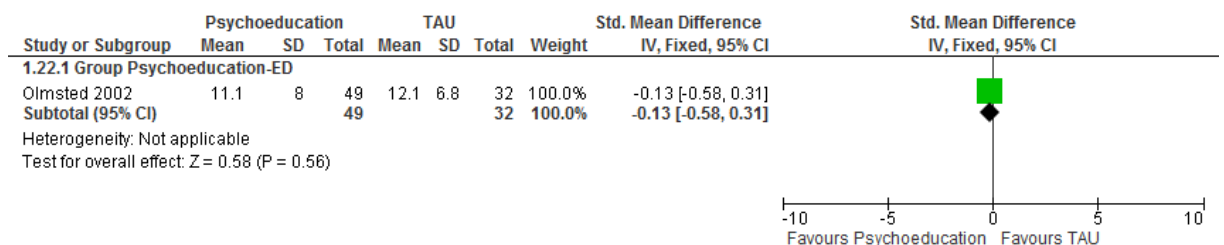
5 Test for subgroup differences: Not applicable

6 Figure 1880: EDE-restraint



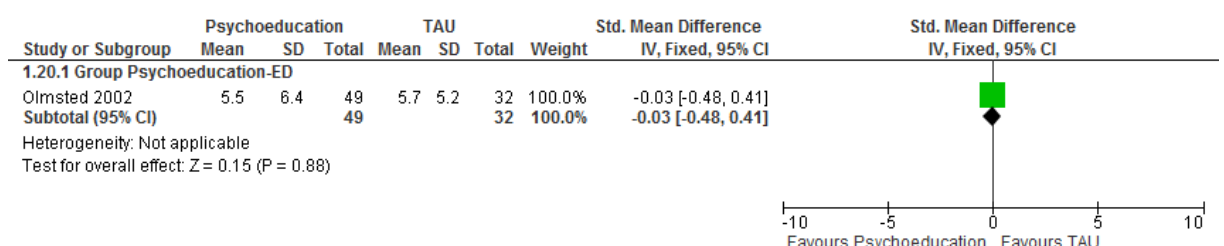
7 Test for subgroup differences: Not applicable

8 Figure 1881: EDI-body dissatisfaction



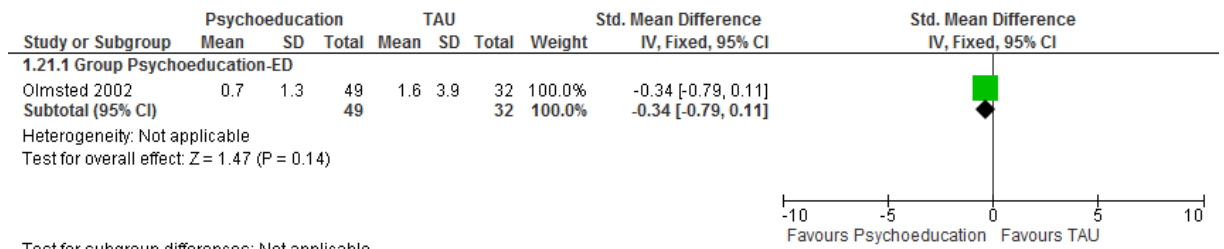
9 Test for subgroup differences: Not applicable

10 Figure 1882: EDI-drive for thinness



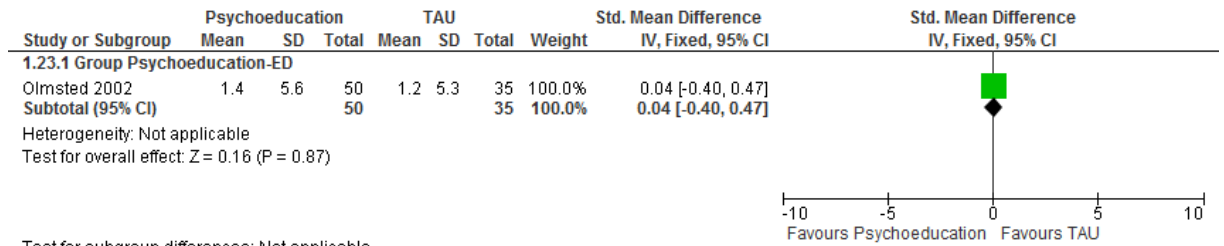
11 Test for subgroup differences: Not applicable

1 **Figure 1883: EDI-bulimia**



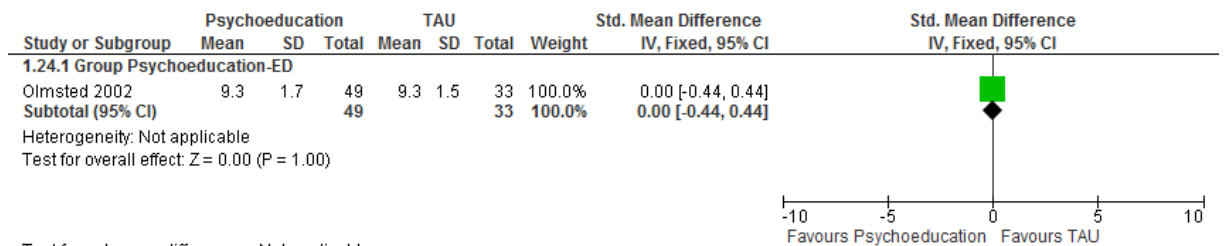
2 Test for subgroup differences: Not applicable

3 **Figure 1884: Insulin omission days**



4 Test for subgroup differences: Not applicable

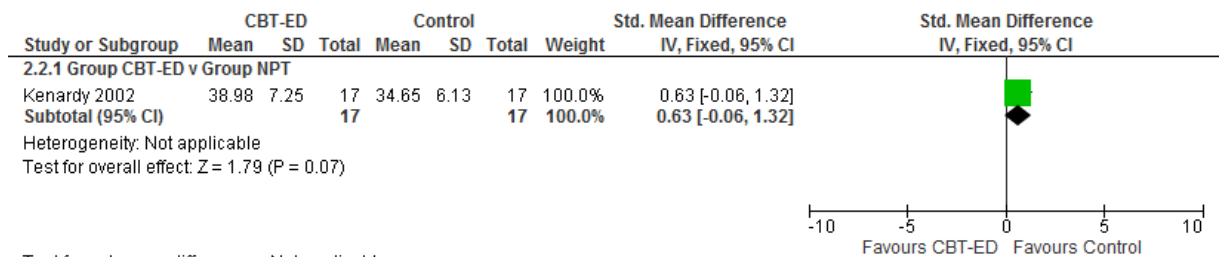
5 **Figure 1885: HbA1c (%)**



6 Test for subgroup differences: Not applicable

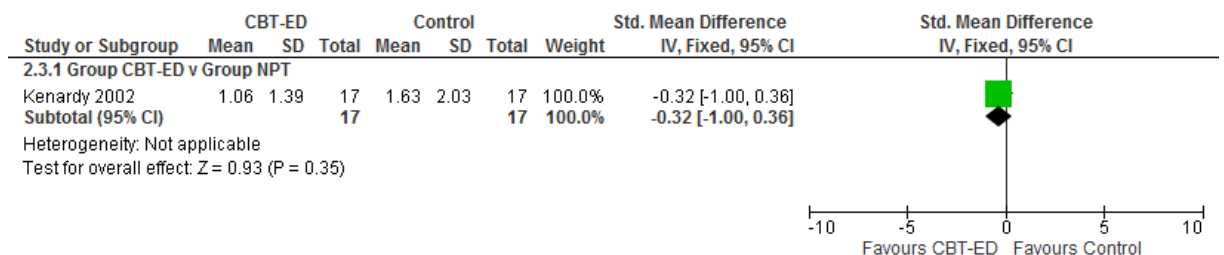
M.8.2.37 **Group CBT-ED compared with another treatment for adults with type II diabetes and 8 disturbed eating at end of treatment**

9 **Figure 1886: BMI**



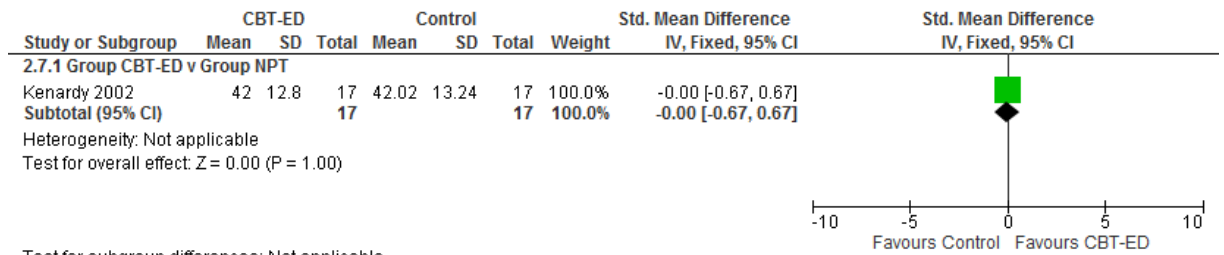
10 Test for subgroup differences: Not applicable

11 **Figure 1887: Bingeing**



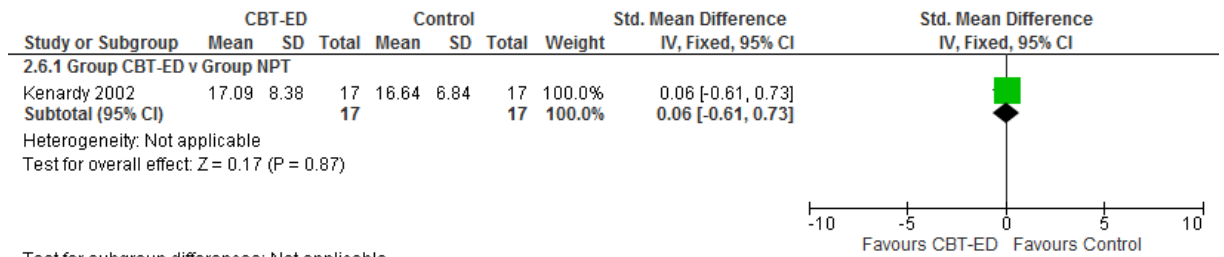
12 Test for subgroup differences: Not applicable

13 **Figure 1888: Quality of life**



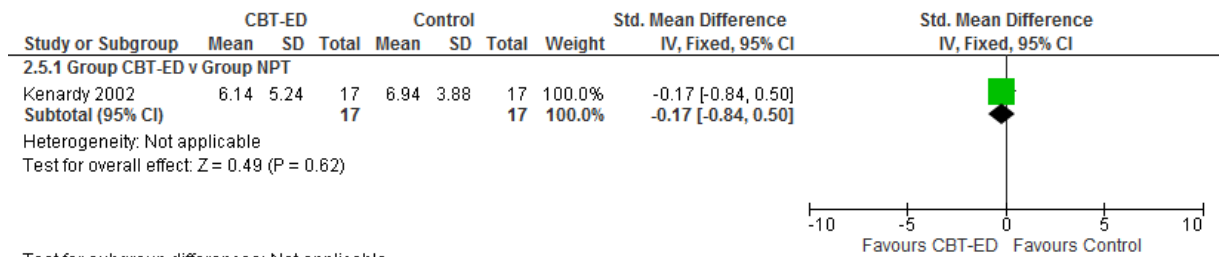
1 Test for subgroup differences: Not applicable

2 Figure 1889: EDI-body dissatisfaction



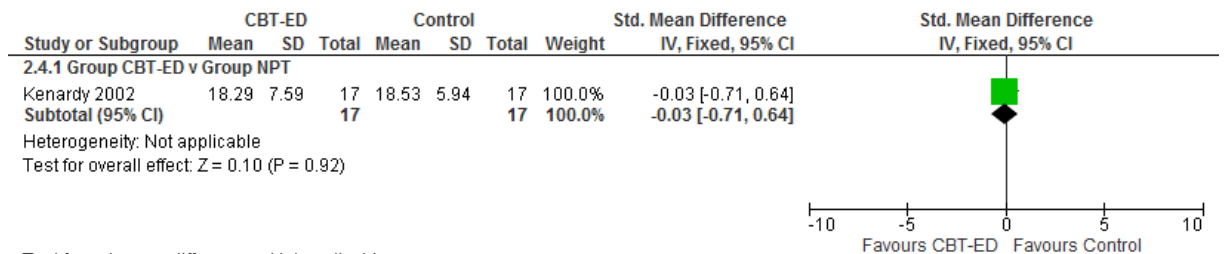
3 Test for subgroup differences: Not applicable

4 Figure 1890: EDI-drive for thinness



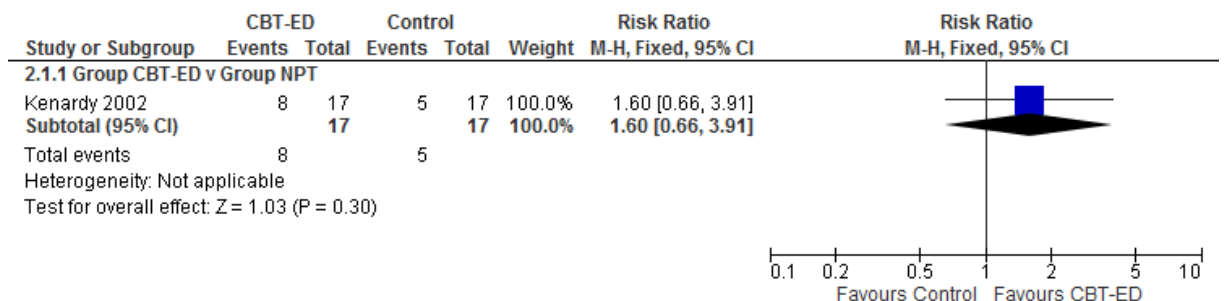
5 Test for subgroup differences: Not applicable

6 Figure 1891: EDI-bulimia



7 Test for subgroup differences: Not applicable

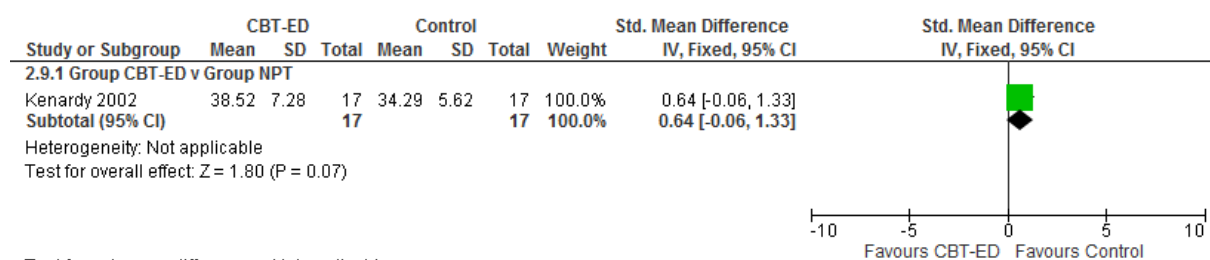
8 Figure 1892: Remission



9 Test for subgroup differences: Not applicable

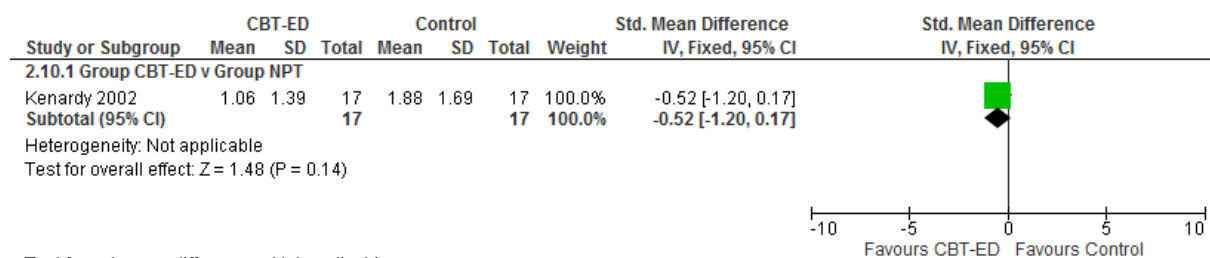
M.8.2.40 Group CBT-ED compared with another treatment for adults with type II diabetes and disturbed eating at follow-up

12 Figure 1893: BMI



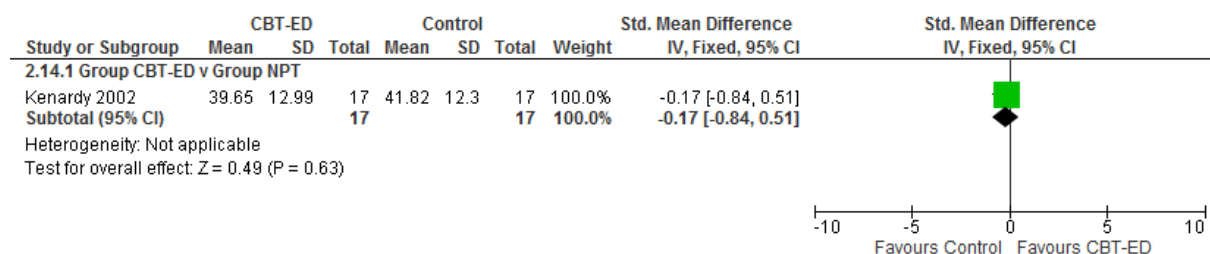
1 Test for subgroup differences: Not applicable

2 Figure 1894: Bingeing



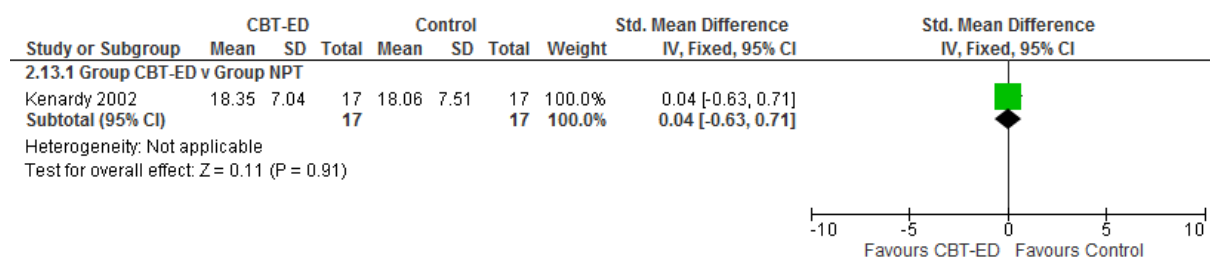
3 Test for subgroup differences: Not applicable

4 Figure 1895: Quality of life



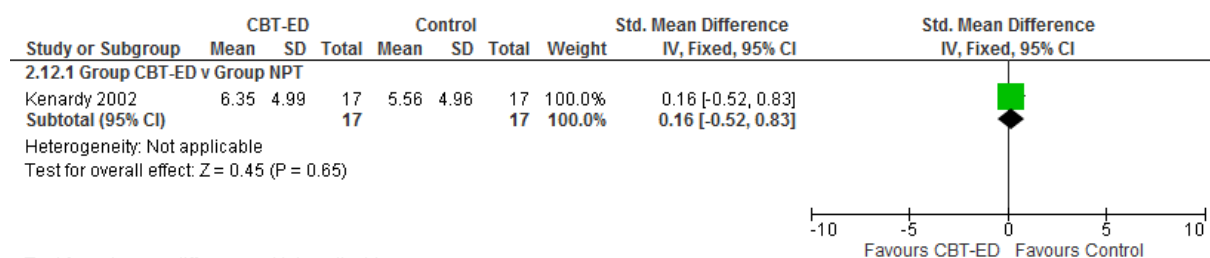
5 Test for subgroup differences: Not applicable

6 Figure 1896: EDI-body dissatisfaction



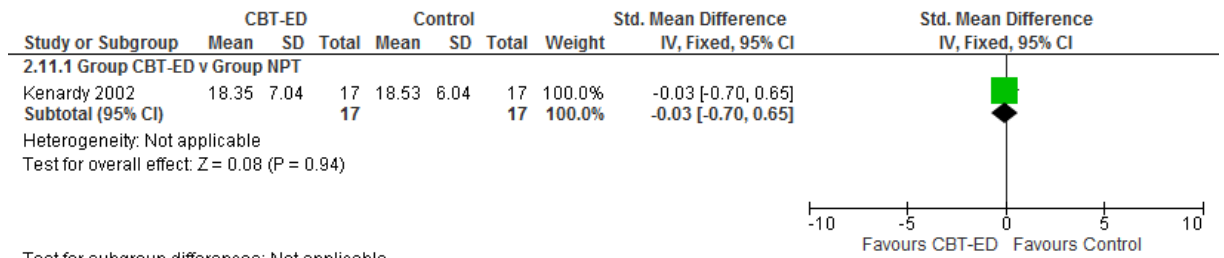
7 Test for subgroup differences: Not applicable

8 Figure 1897: EDI-drive for thinness



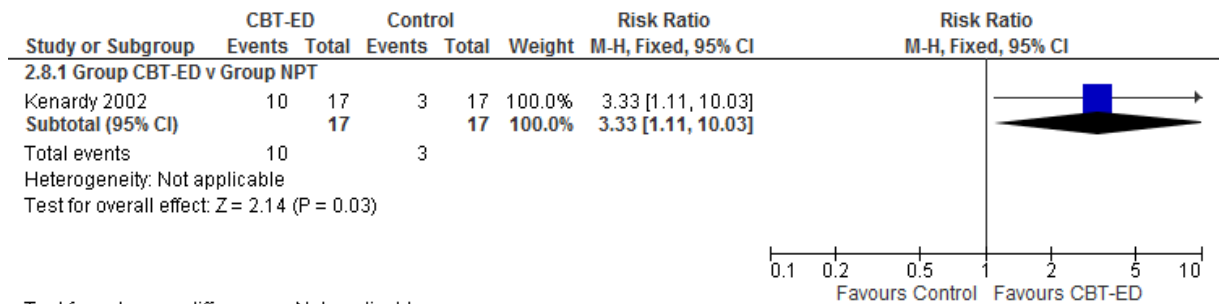
9 Test for subgroup differences: Not applicable

10 Figure 1898: EDI-bulimia



1 Test for subgroup differences: Not applicable

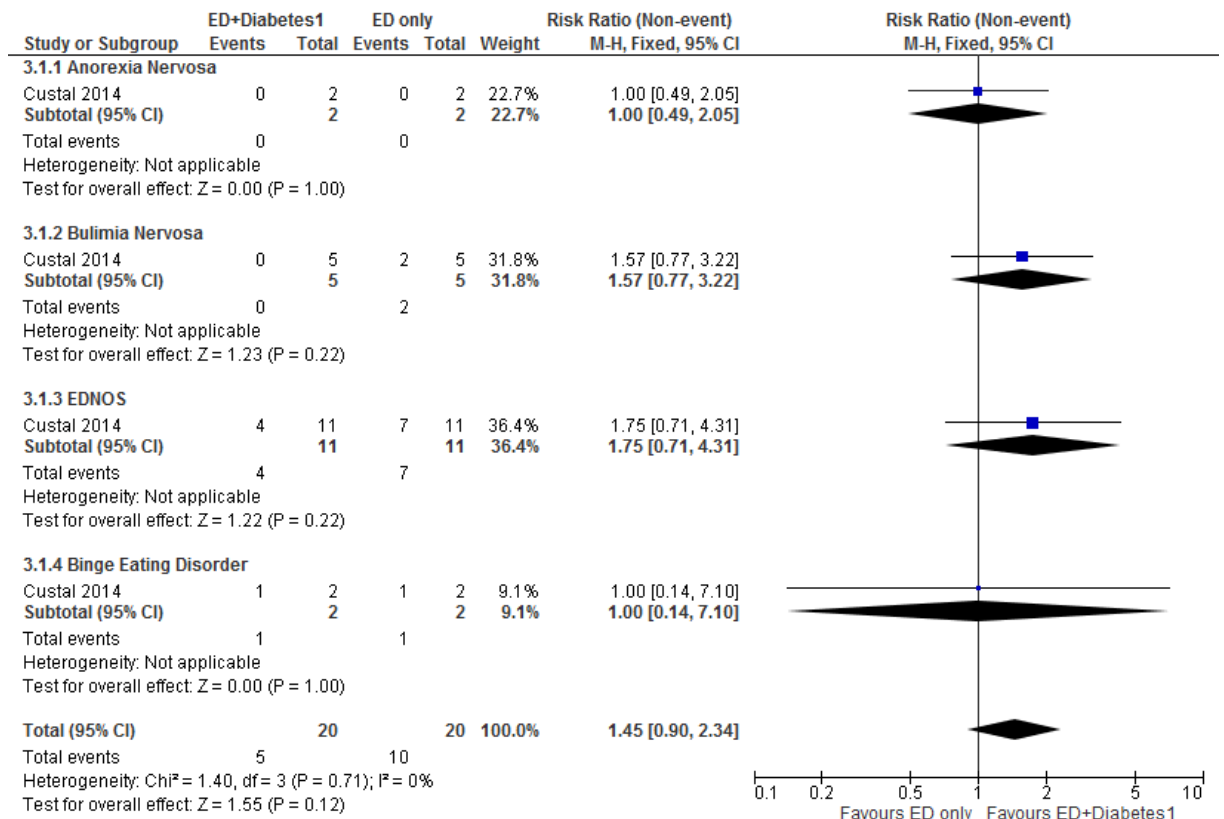
2 Figure 1899: Remission



3 Test for subgroup differences: Not applicable

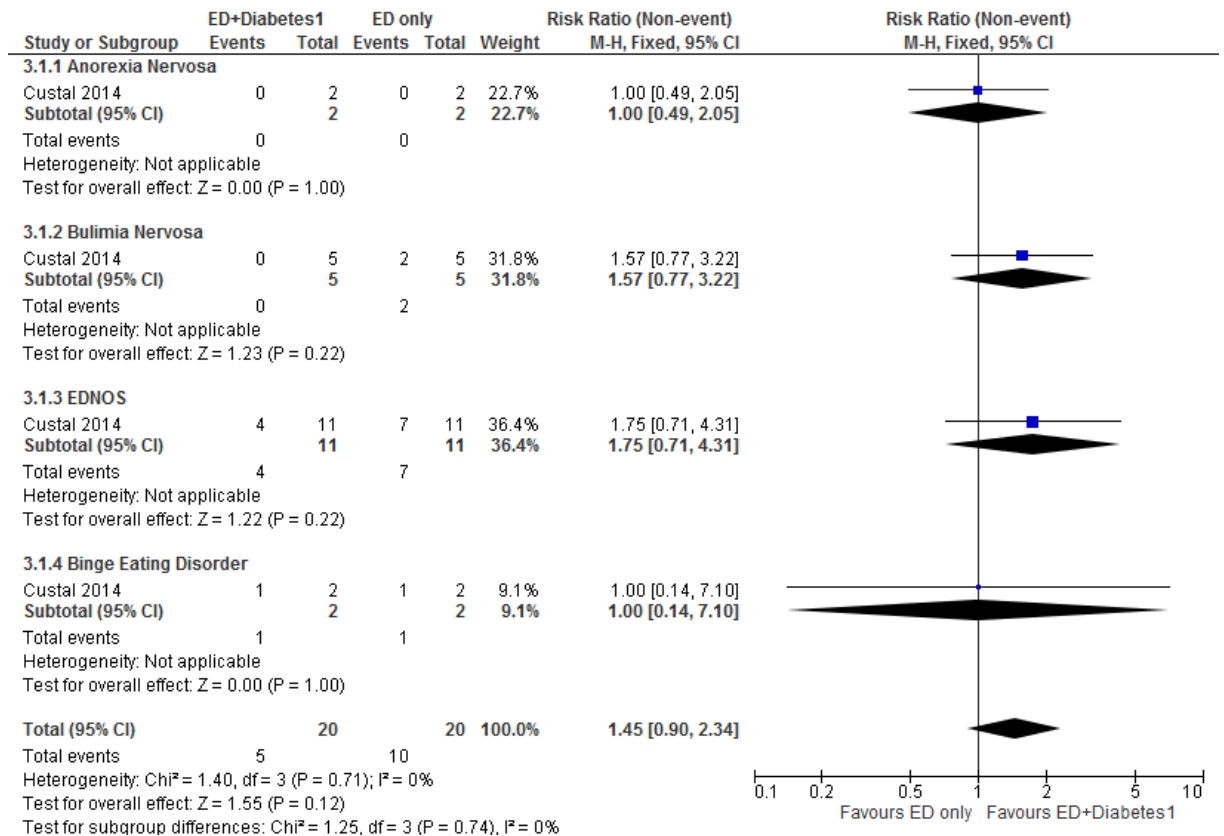
M.8.2.54 CBT-ED in those with an eating disorder and type I diabetes compared with those an eating disorder alone at end of treatment

6 Figure 1900: Dropouts



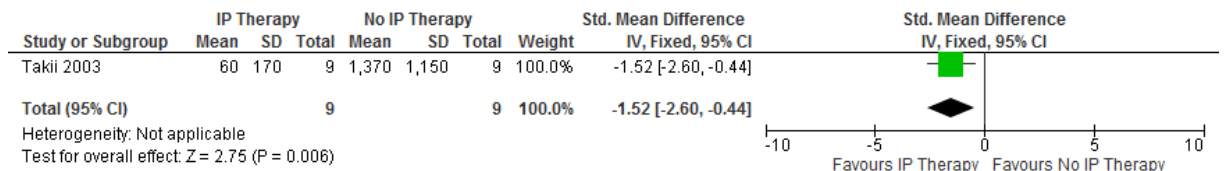
7 Test for subgroup differences: Chi² = 1.25, df = 3 (P = 0.74), I² = 0%

8 Figure 1901: Remission (partial or full)

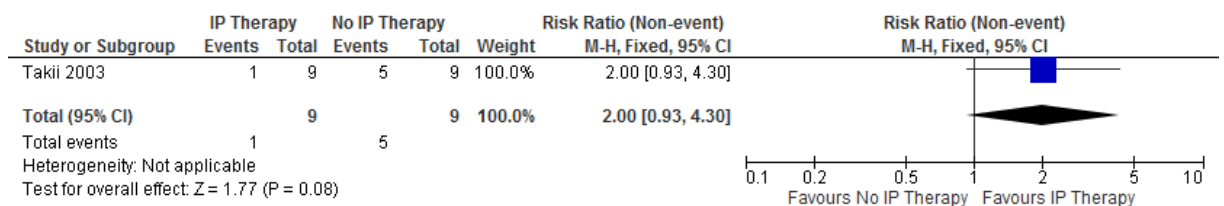


M.8.2.62 Integrated inpatient therapy compared with no integrated inpatient therapy in those with bulimia nervosa and type I diabetes at end of treatment

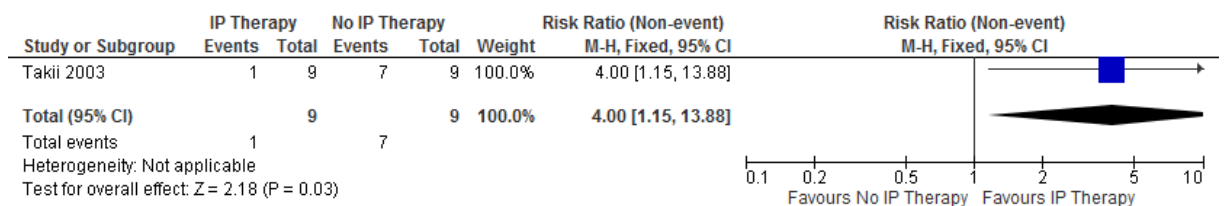
4 Figure 1902: Caloric value of bingeing



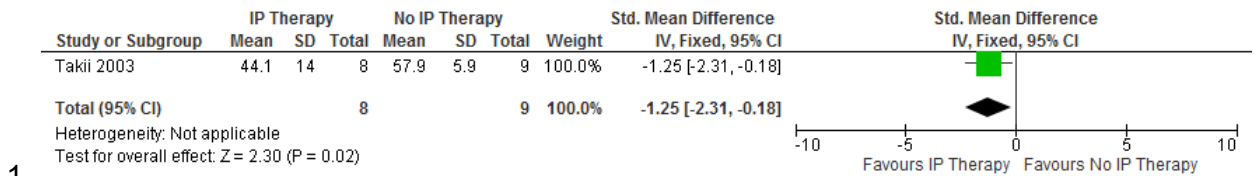
6 Figure 1903: Insulin omission



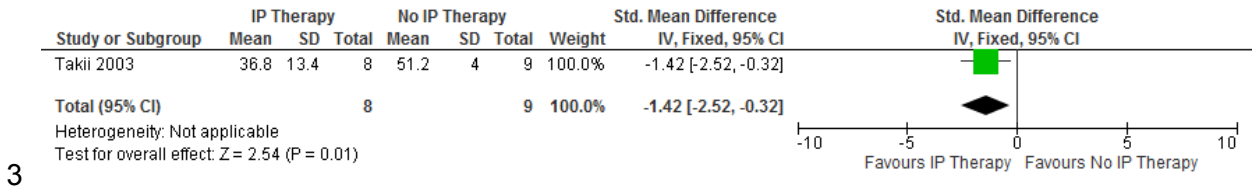
8 Figure 1904: Inappropriate compensatory behaviours to prevent weight gain



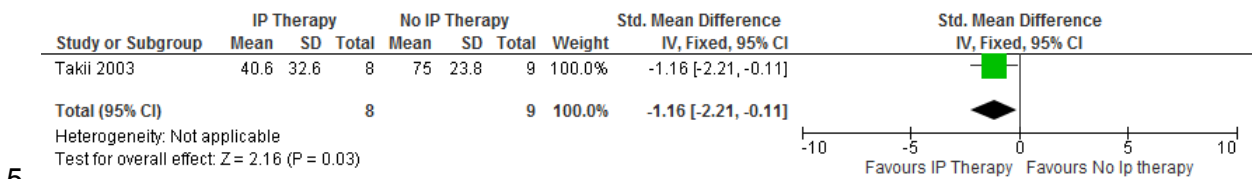
10 Figure 1905: General psychopathology



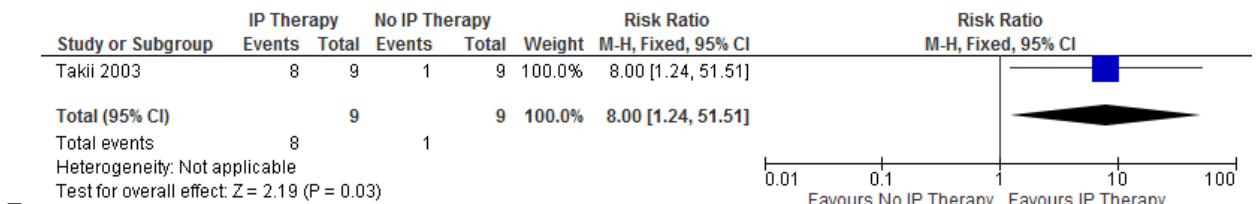
2 **Figure 1906: Depression**



4 **Figure 1907: EDI-total**



6 **Figure 1908: Remission**

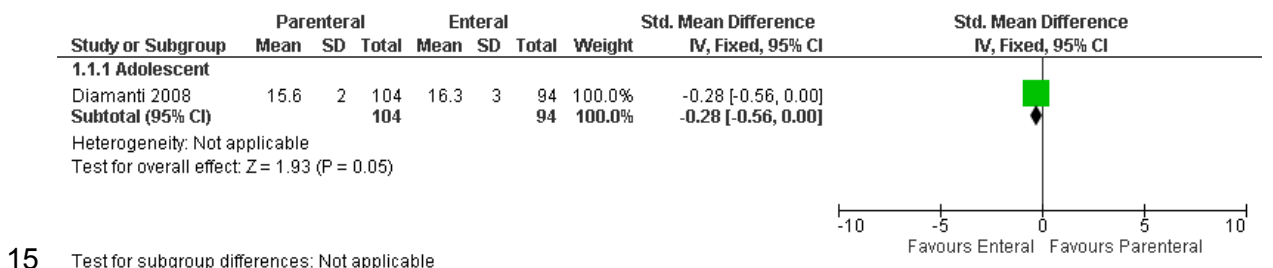


8 **Clinical question: Does the setting (inpatient, outpatient or other specific setting) and**
 9 **different ways of coordinating, transitioning and integrating care for treating eating**
 10 **disorders produce benefits/harms in people with eating disorders?**

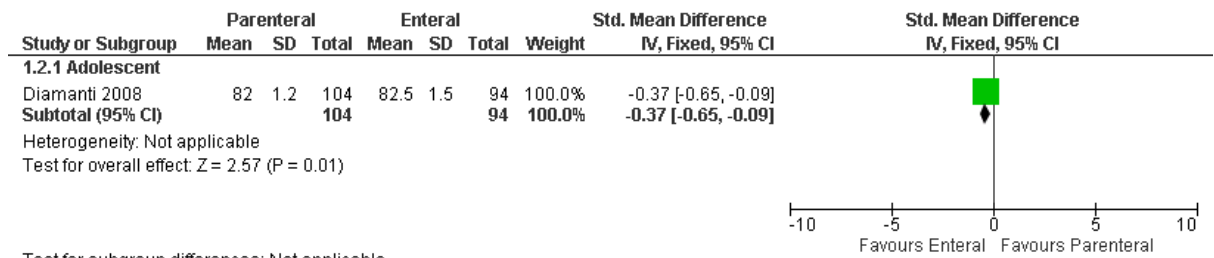
M.8.31 Low body weight and malnutrition

M.8.3.12 Parenteral and enteral nutrition versus enteral nutrition in young people with anorexia
 13 **nervosa at end of treatment**

14 **Figure 1909: BMI**

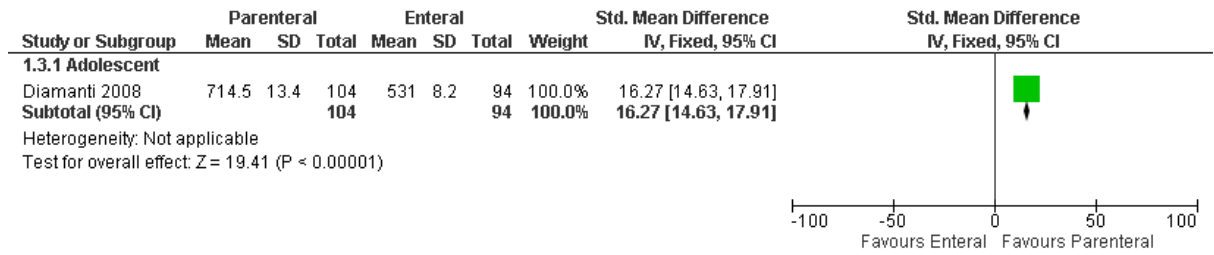


1 **Figure 1910: Percentage of ideal body weight**



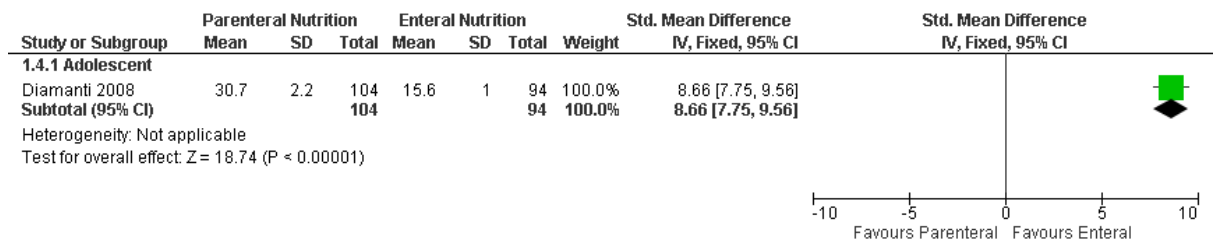
2 Test for subgroup differences: Not applicable

3 **Figure 1911: Weight gain (g/week)**



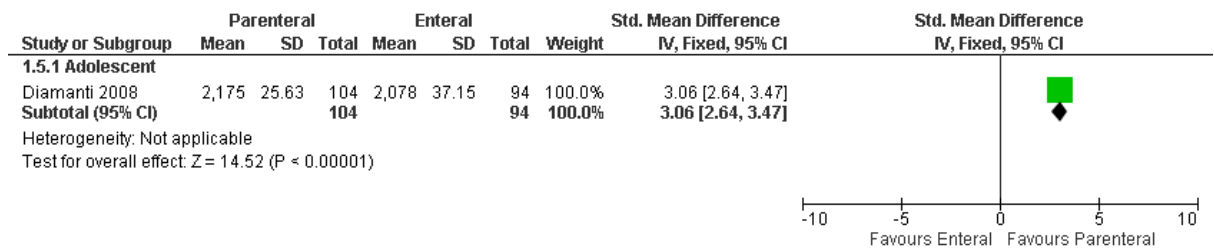
4

5 **Figure 1912: Length of treatment (days)**



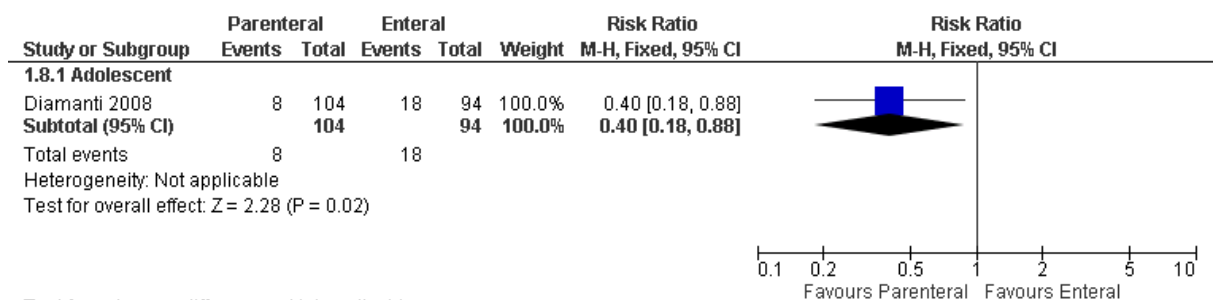
6

7 **Figure 1913: Maximum energy intake (kcal/day)**



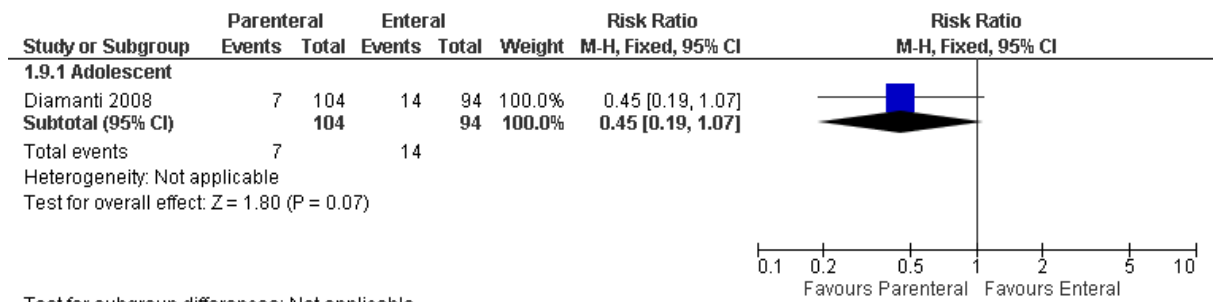
8

9 **Figure 1914: Number of people experiencing abdominal pain**



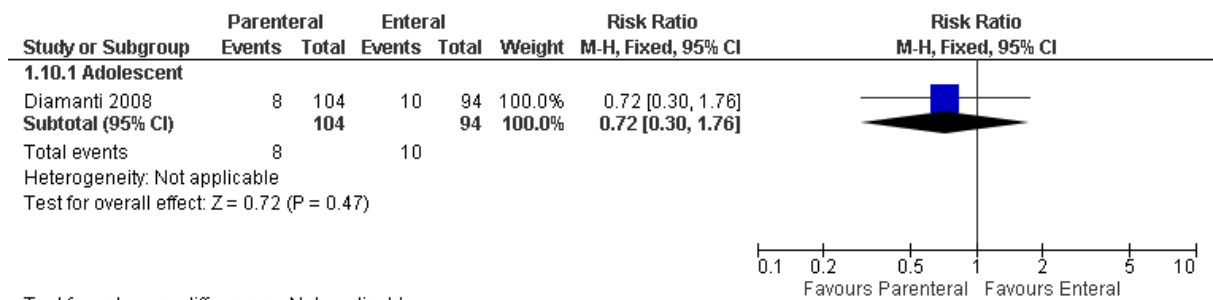
10 Test for subgroup differences: Not applicable

1 **Figure 1915: Number of people experiencing bloating**



2 Test for subgroup differences: Not applicable

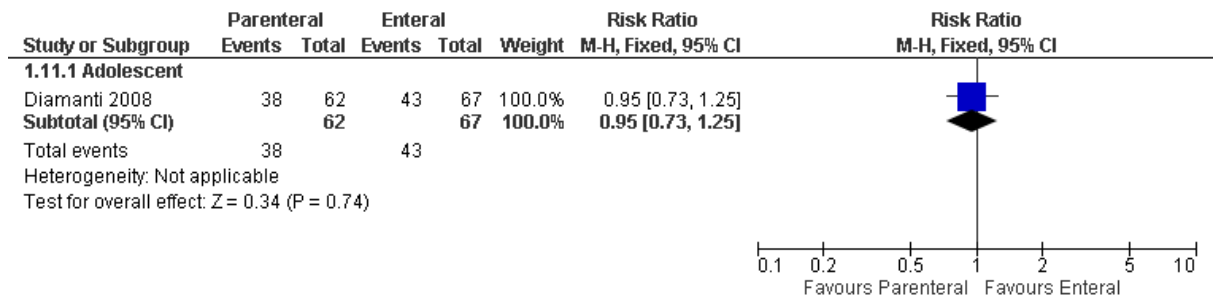
3 **Figure 1916: Number of people experiencing constipation**



4 Test for subgroup differences: Not applicable

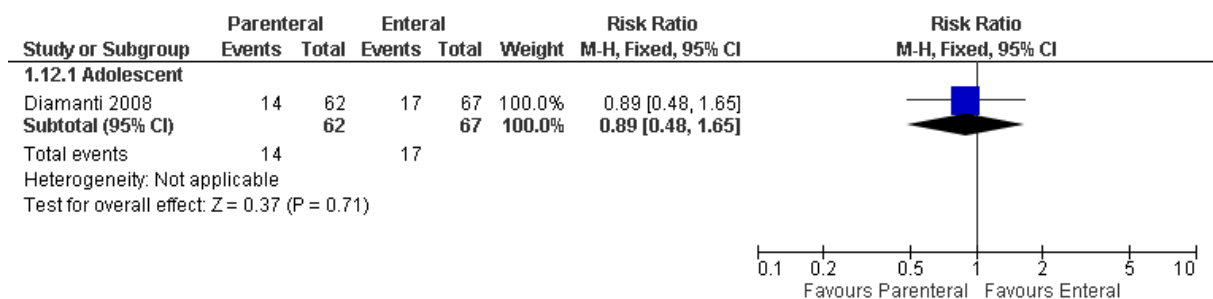
M.8.3.25 **Parenteral and enteral nutrition versus enteral nutrition in young people with anorexia nervosa at follow up**

7 **Figure 1917: Number of people recovered after nutritional rehabilitation**



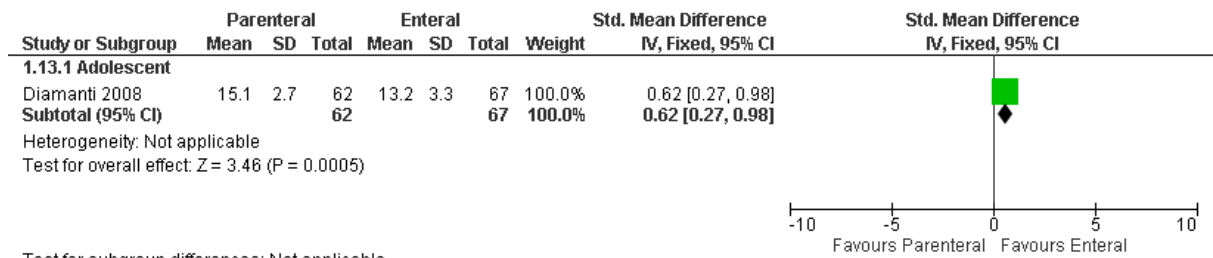
8

9 **Figure 1918: Number of people rehospitalized**



10

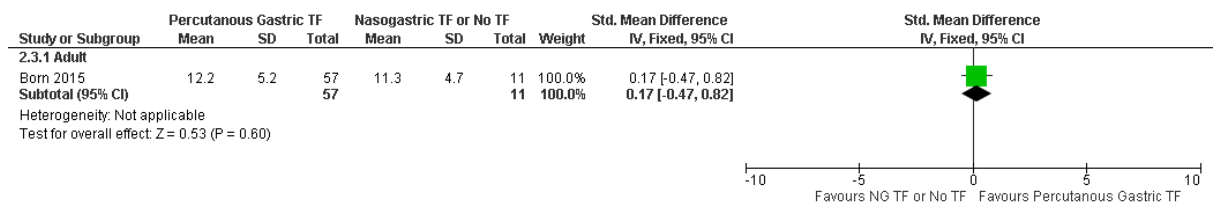
1 **Figure 1919: Length of second rehospitalization**



2 Test for subgroup differences: Not applicable

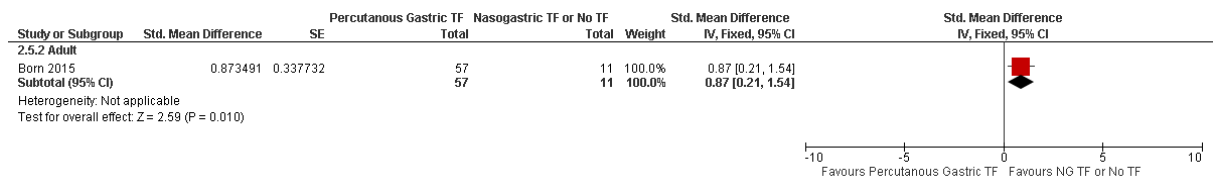
M.8.3.33 **Percutaneous gastric tube feeding and meals versus meals with or without nasogastric tube feeding for underweight adults with anorexia nervosa**

5 **Figure 1920: Weight gain (kg)**



6

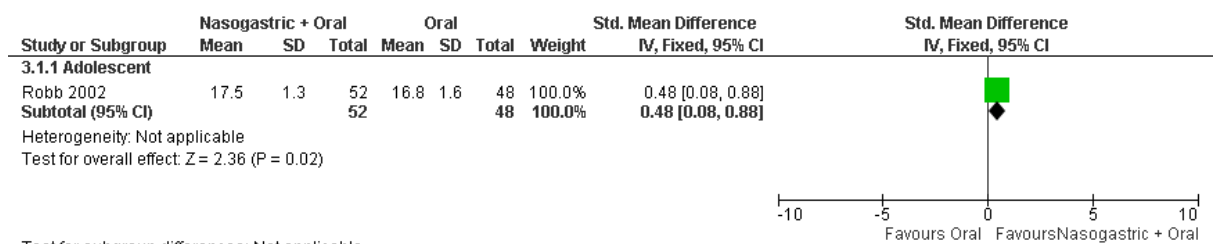
7 **Figure 1921: Length of treatment (days)**



8

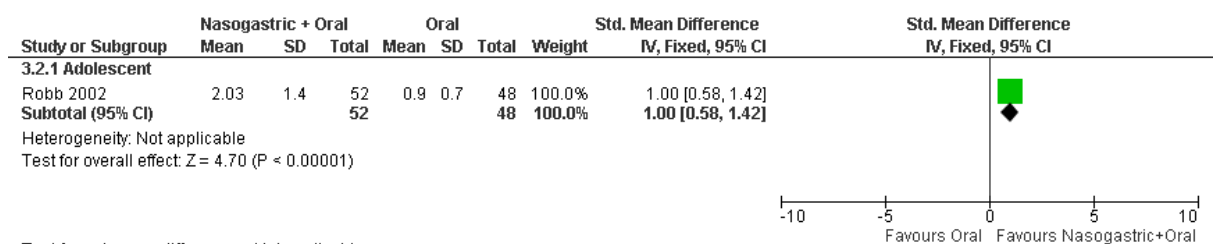
M.8.3.49 **Nasogastric tube and oral refeeding diet versus oral refeeding diet for malnourished young people with anorexia nervosa**

11 **Figure 1922: BMI**



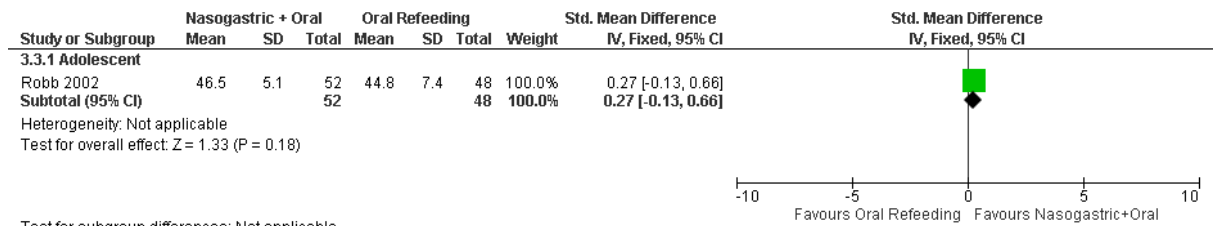
12 Test for subgroup differences: Not applicable

13 **Figure 1923: BMI – change scores**



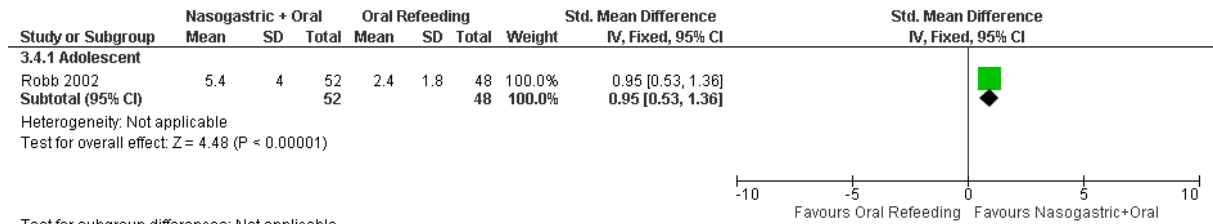
14 Test for subgroup differences: Not applicable

1 **Figure 1924: Weight (kg)**



2 Test for subgroup differences: Not applicable

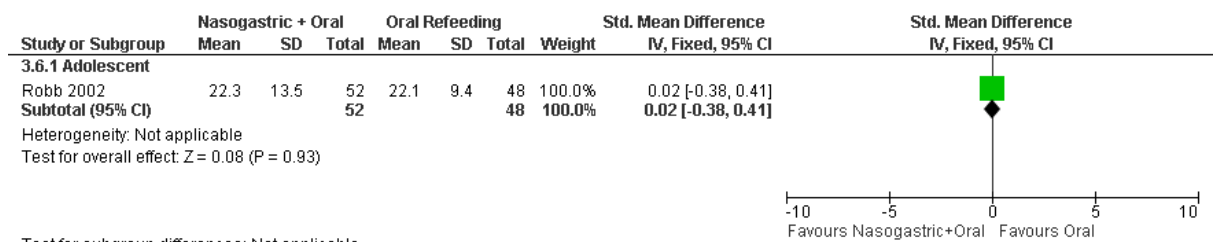
3 **Figure 1925: Weight gain (kg)**



4 Test for subgroup differences: Not applicable

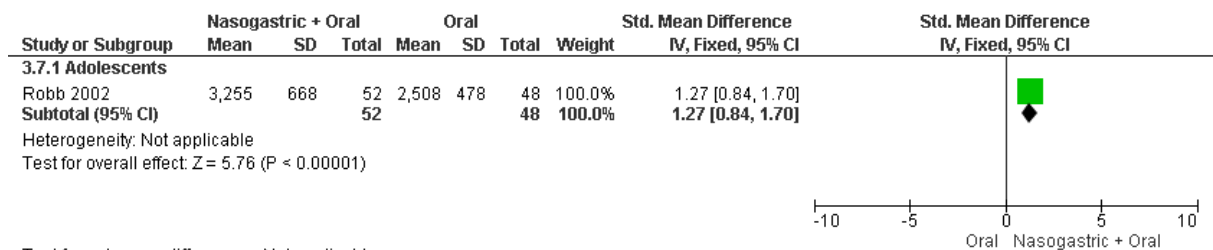
5

6 **Figure 1926: Length of hospitalization (days)**



7 Test for subgroup differences: Not applicable

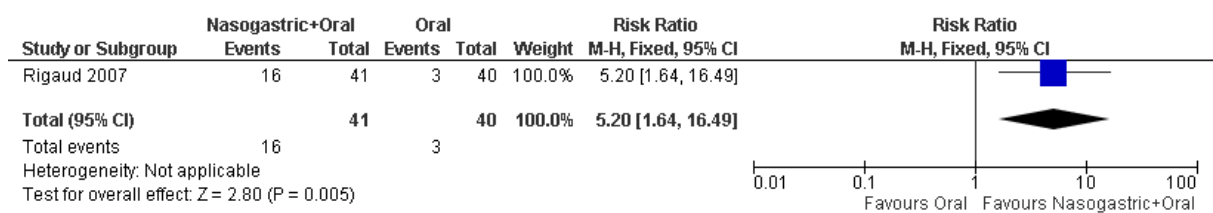
8 **Figure 1927: Maximum caloric intake (kcal/day)**



9 Test for subgroup differences: Not applicable

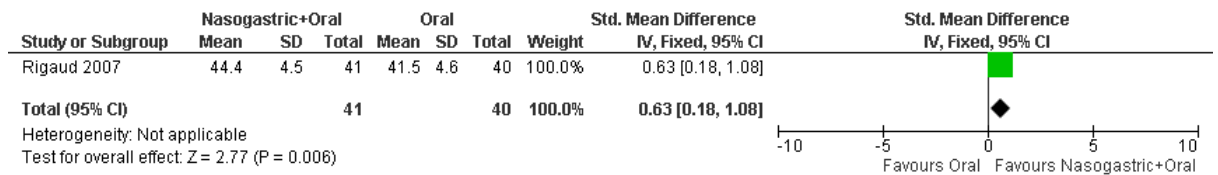
M.8.3.50 **Nasogastric and oral refeeding diet versus oral refeeding diet for malnourished adults with anorexia nervosa at end of treatment**

12 **Figure 1928: Number of people achieving BMI of 18.5 kg/m2 or more**



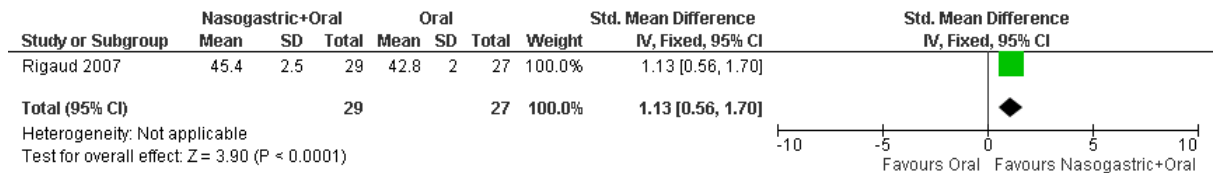
13

1 **Figure 1929: Weight (kg)**



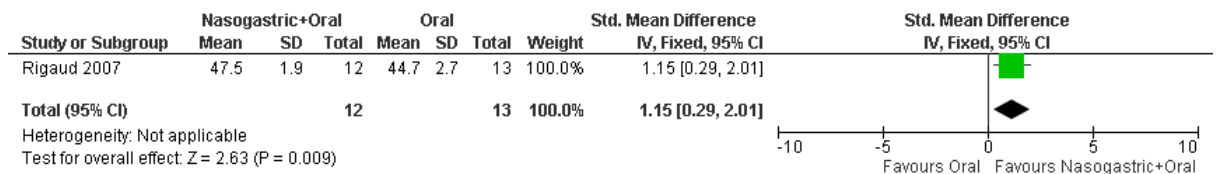
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3 **Figure 1930: Weight (kg) – anorexia nervosa-restricting subtype**



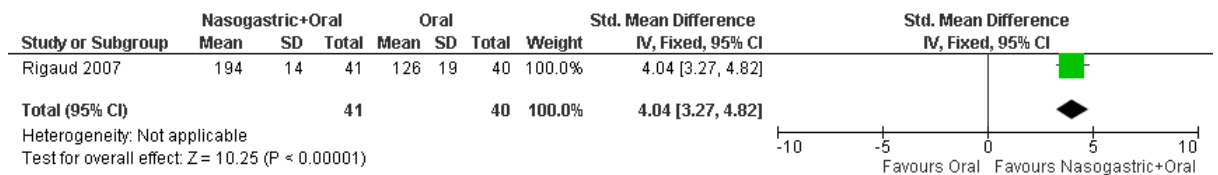
4

5 **Figure 1931: Weight (kg) – anorexia nervosa-binge purge subtype**



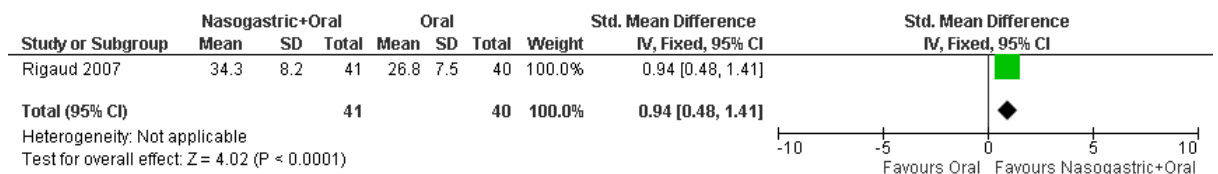
6

7 **Figure 1932: Weight gain (g/day)**



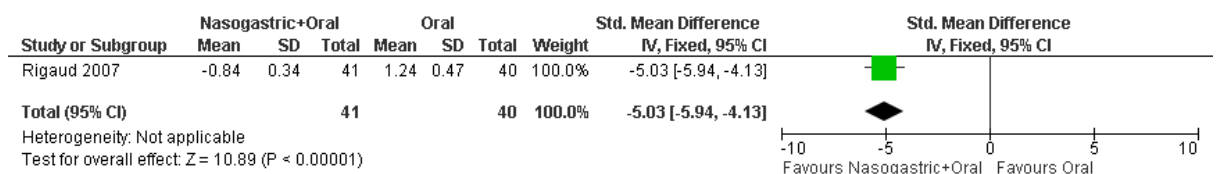
8

9 **Figure 1933: Length of relapse-free period**



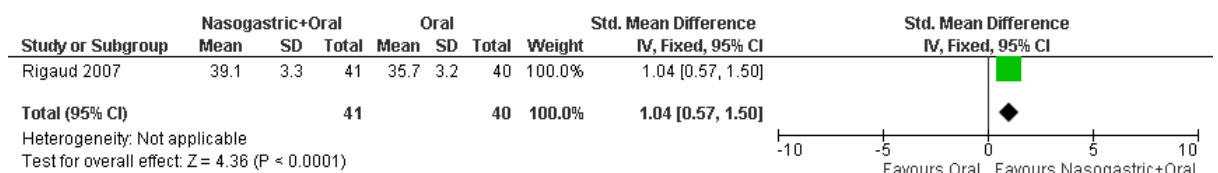
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11 **Figure 1934: Change in extracellular fluids (kg)**



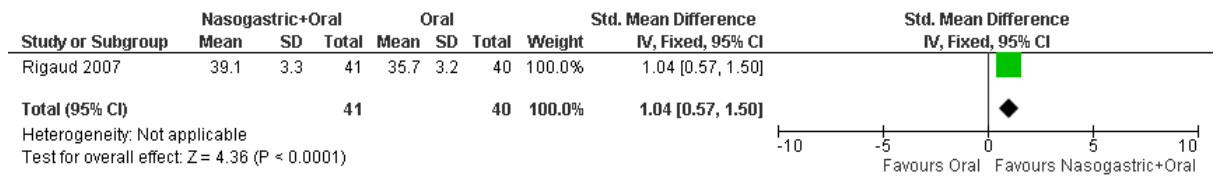
12

13 **Figure 1935: Creatinine urinary output (mg/day)**



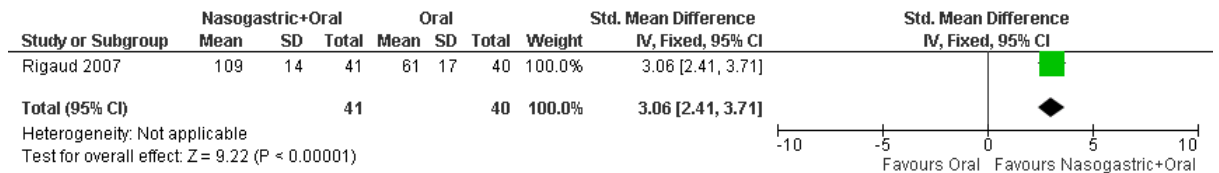
14

1 **Figure 1936: Fat free mass (kg)**



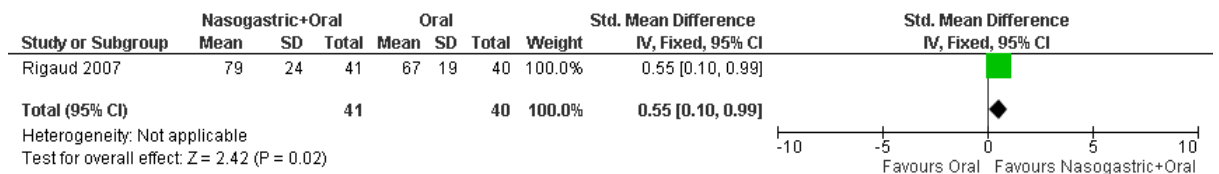
2

3 **Figure 1937: Fat free mass gain (g/day)**



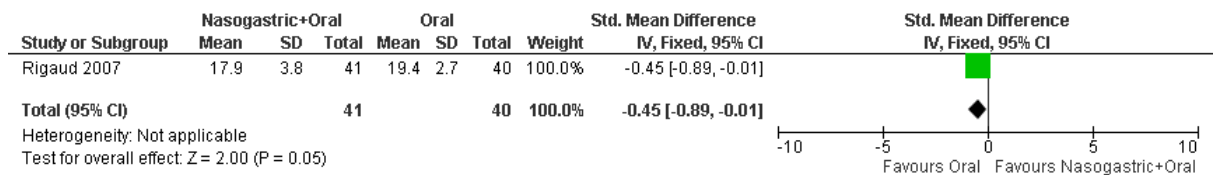
4

5 **Figure 1938: Fat mass gain (g/day)**



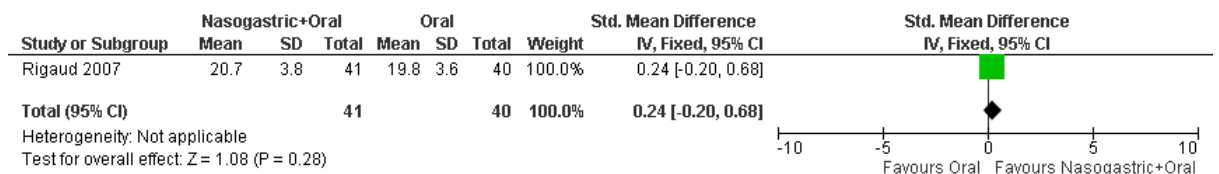
6

7 **Figure 1939: Added sugar (g/day)**



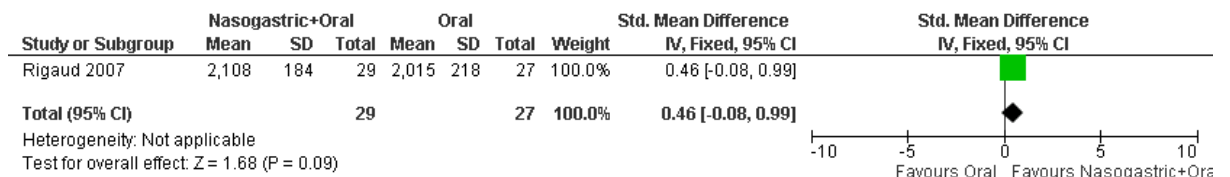
8

9 **Figure 1940: Added fat (g/day)**



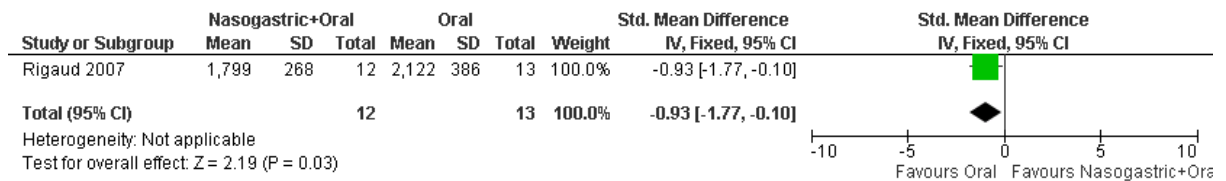
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11 **Figure 1941: Energy intake – anorexia nervosa-restricting subtype**



12

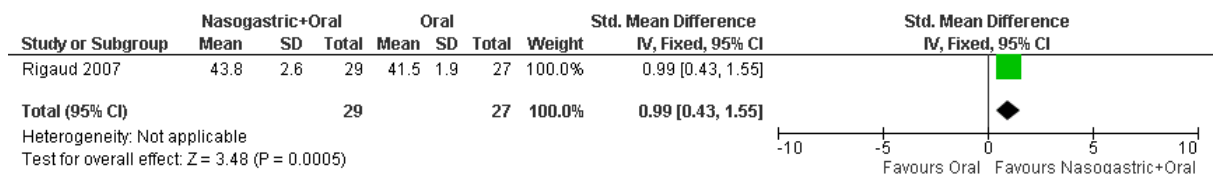
1 **Figure 1942: Energy intake – anorexia nervosa- binge purge subtype**



2

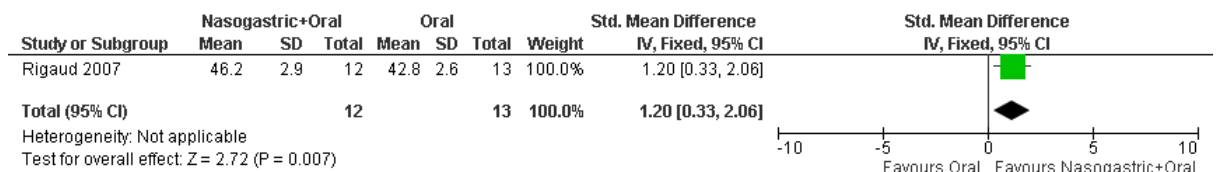
M.8.3.63 **Nasogastric and oral refeeding diet versus oral refeeding diet for malnourished adults with anorexia nervosa at follow up**

5 **Figure 1943: Weight (kg) – anorexia nervosa-restricting subtype**



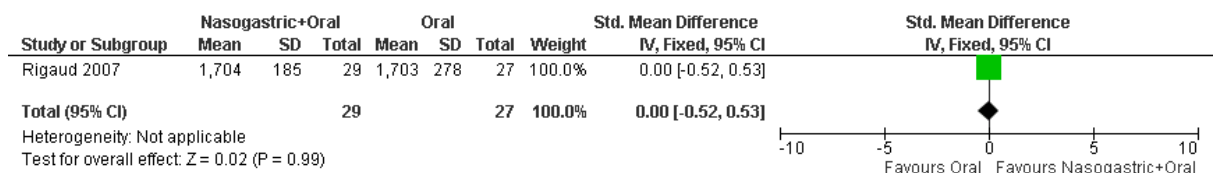
6

7 **Figure 1944: Weight (kg) – anorexia nervosa-binge purge subtype**



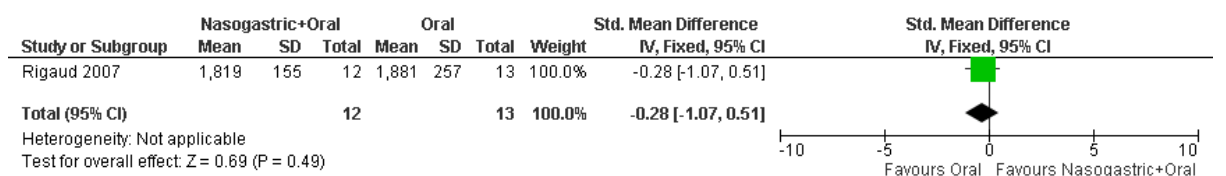
8

9 **Figure 1945: Energy intake (kcal/day) - anorexia nervosa-restricting subtype**



10

11 **Figure 1946: Energy intake (kcal/day) - anorexia nervosa-binge purge subtype**



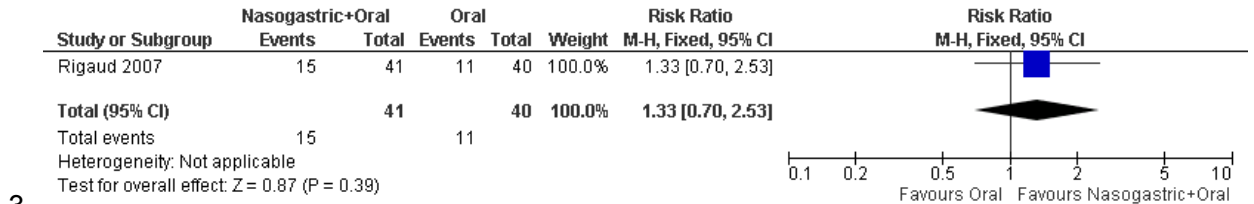
12

13 **Figure 1947: Number of people relapsed**

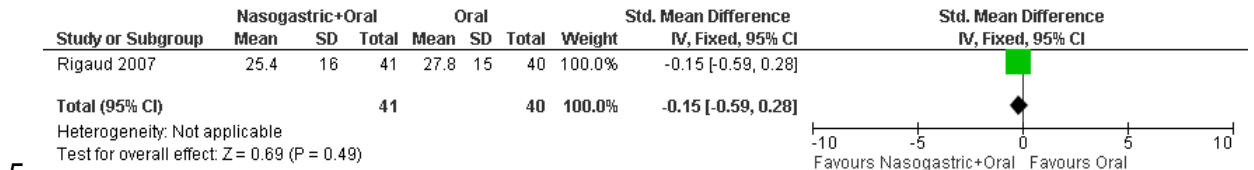


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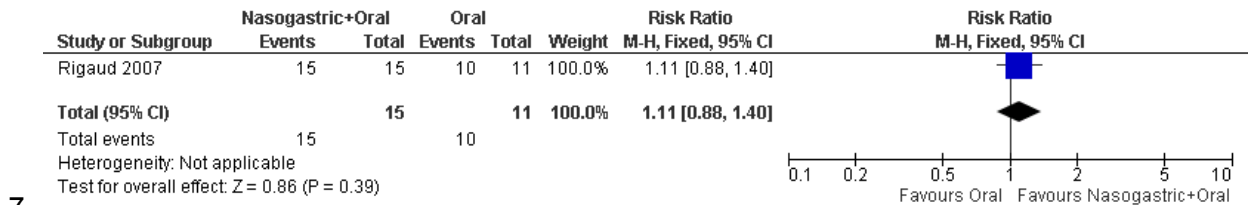
1 **Figure 1948: Number of people achieving BMI of 18.5 kg/m2 and adequate energy intake**



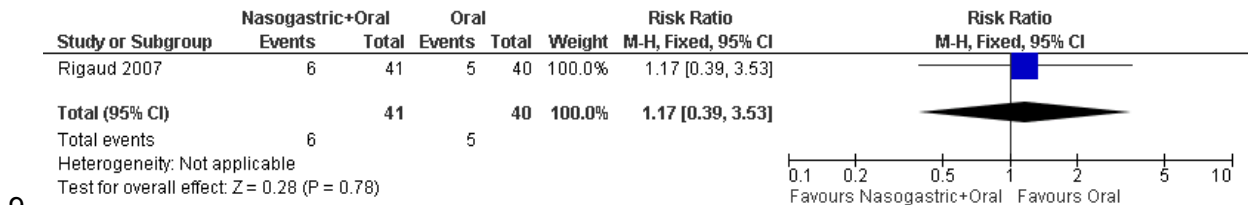
4 **Figure 1949: EDI-total**



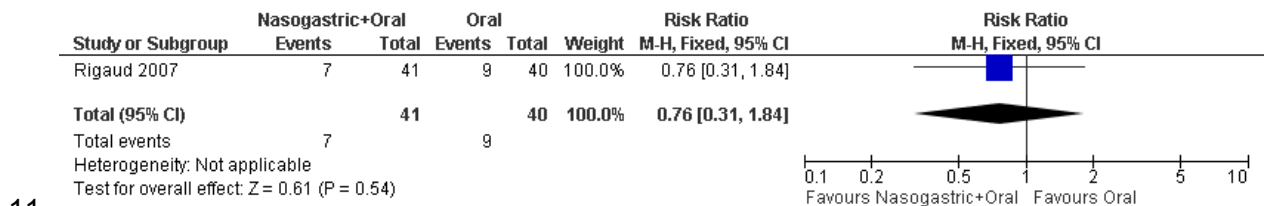
6 **Figure 1950: Number of people resumed menses**



8 **Figure 1951 : Number of people taking antidepressants**

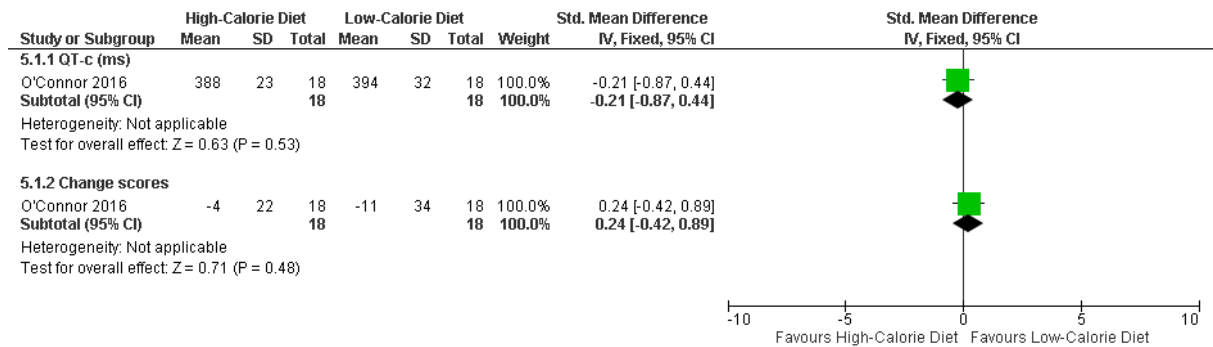


10 **Figure 1952: Number of people taking antixiolytics**



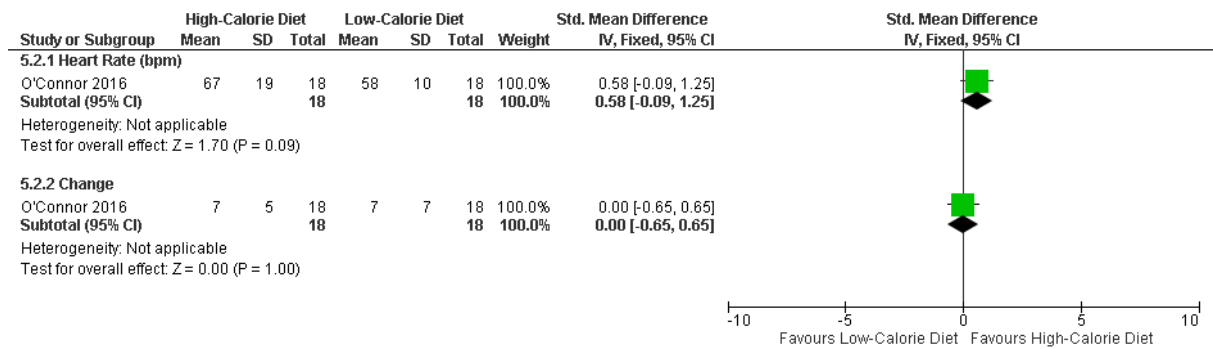
M.8.3.71 High-calorie refeeding diet versus low-calorie refeeding diet for malnourished young people with anorexia nervosa

3 Figure 1953: QT-corrected interval at 4 days



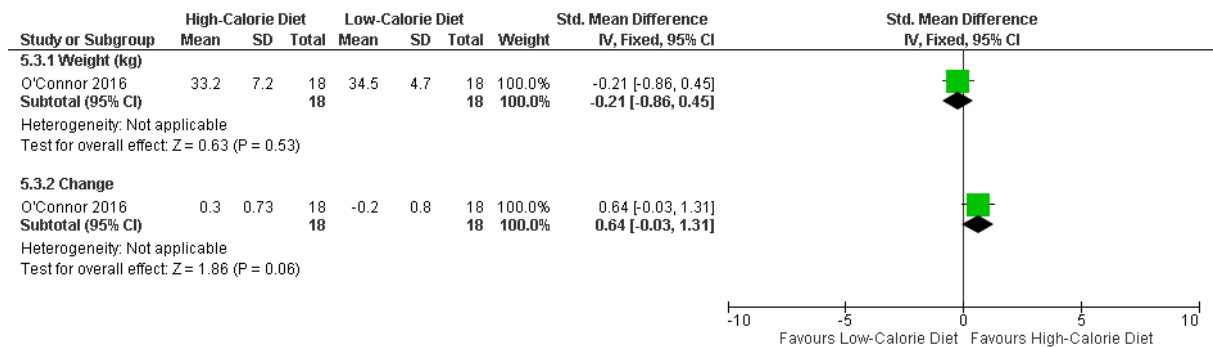
4

5 Figure 1954: Heart rate at 4 days



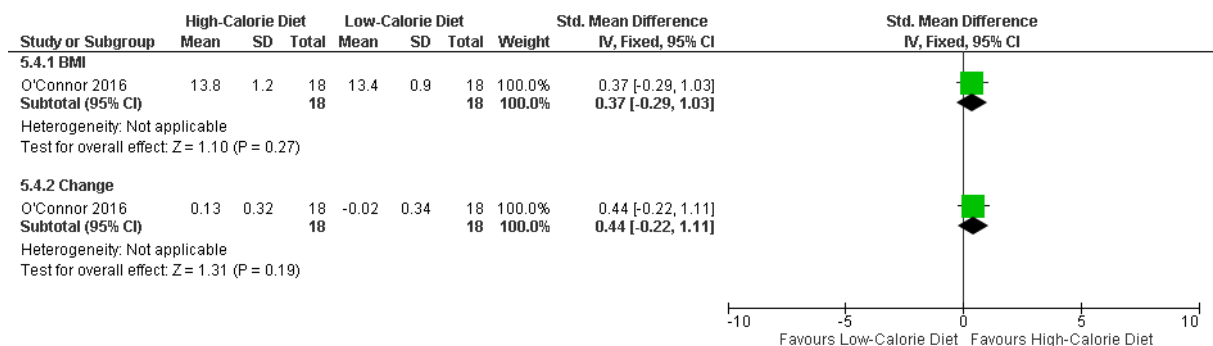
6

7 Figure 1955: Weight (kg) at 4 days



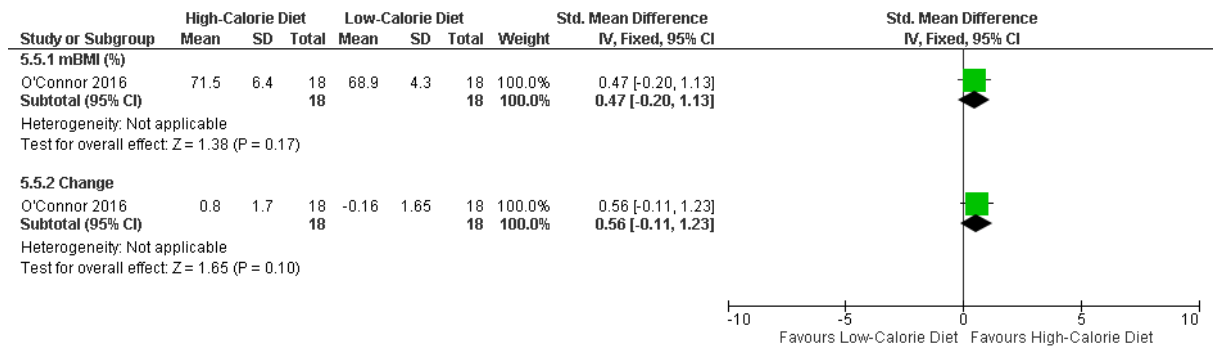
8

9 Figure 1956: BMI at 4 days



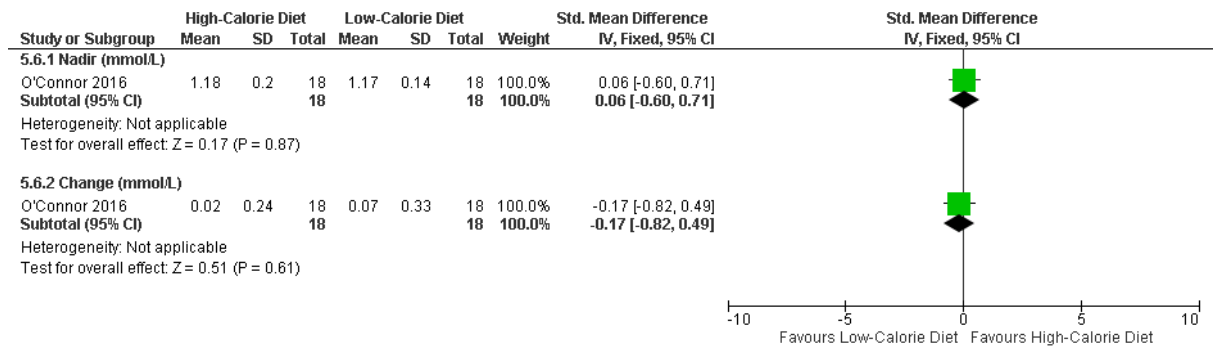
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1 **Figure 1957: mBMI (%) at 4 days**



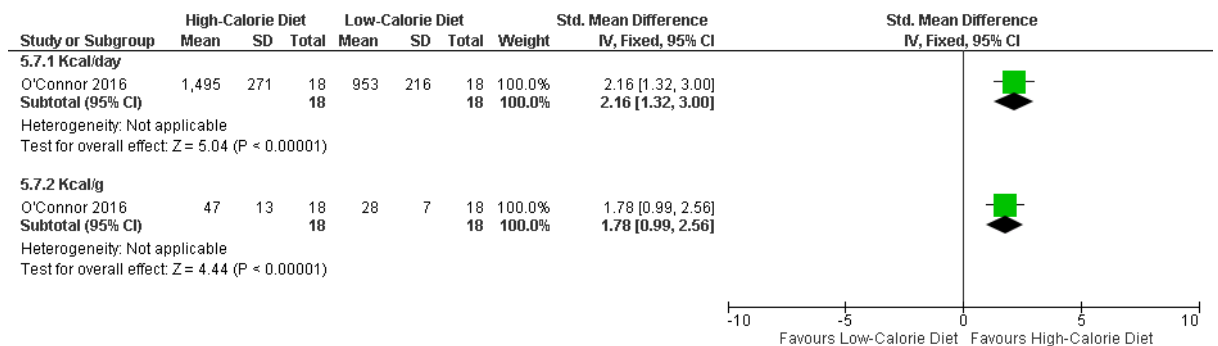
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3 **Figure 1958: Serum phosphate concentration at 4 days**



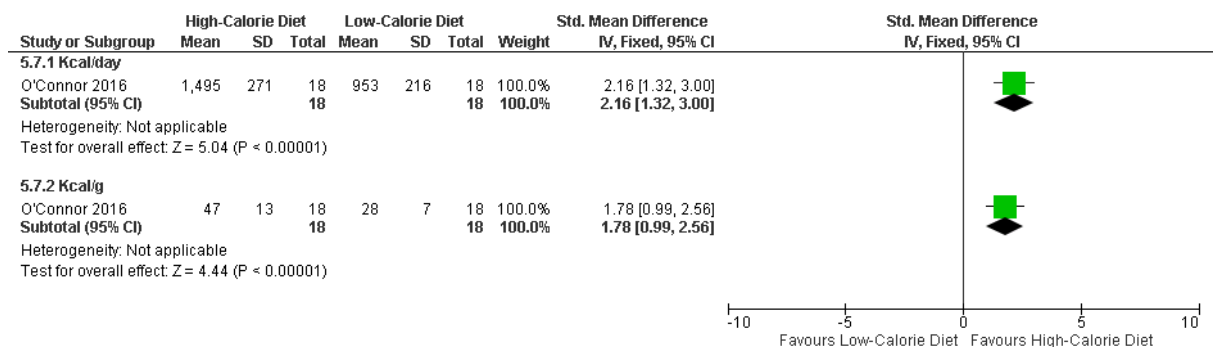
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5 **Figure 1959: Energy Intake at 4 days**



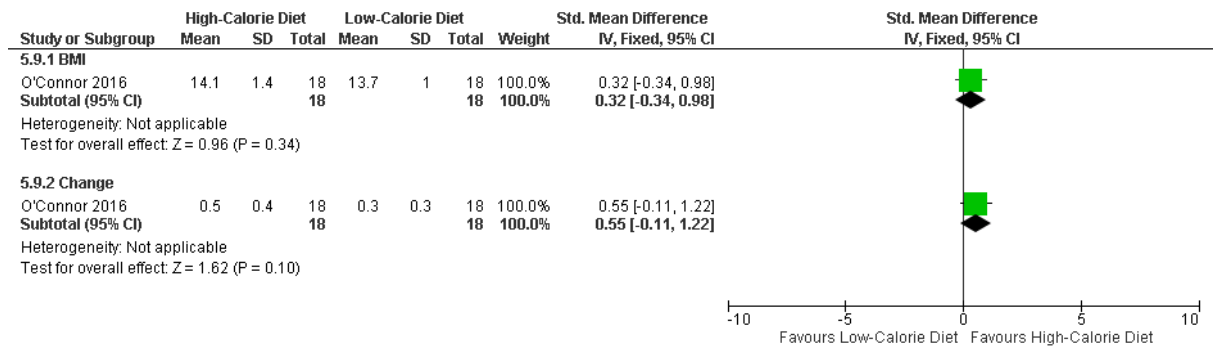
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7 **Figure 1960: Weight (kg) at 10 days**



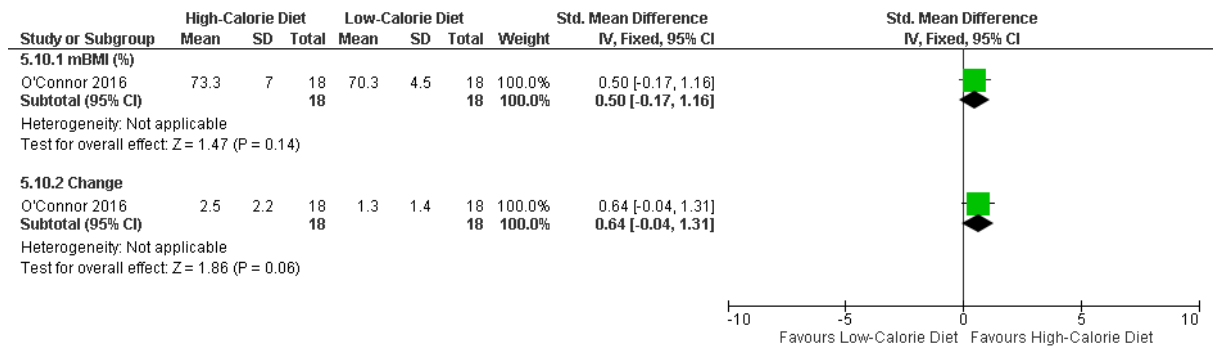
8

1 **Figure 1961: BMI at 10 days**



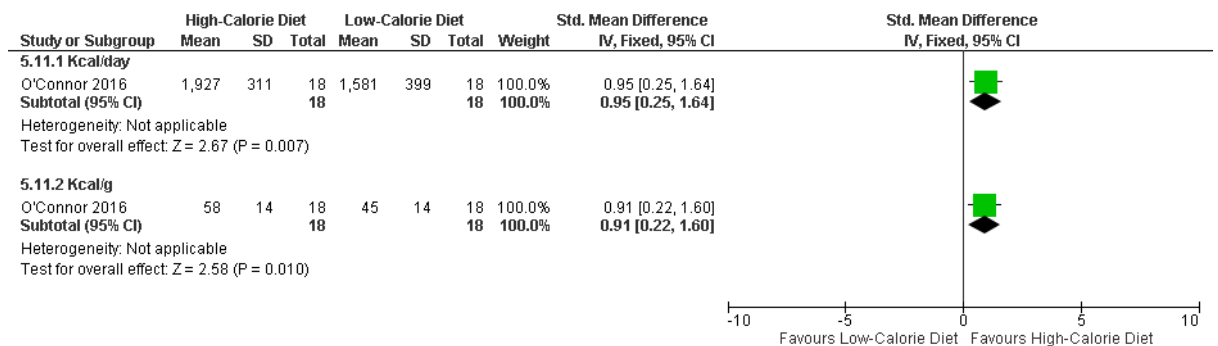
2

3 **Figure 1962: mBMI (%) at 10 days**



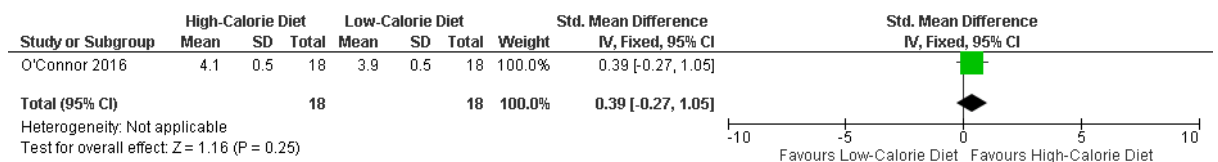
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5 **Figure 1963: Energy intake at 10 days**



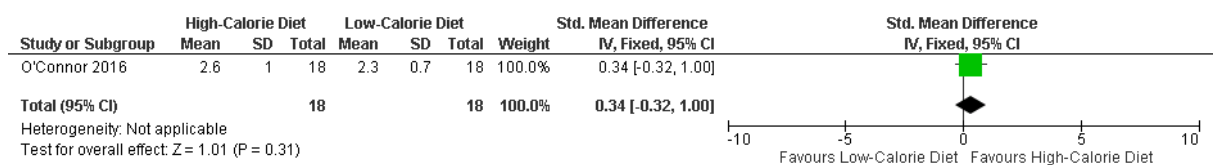
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7 **Figure 1964: Glucose (mmol/L) at 10 days**



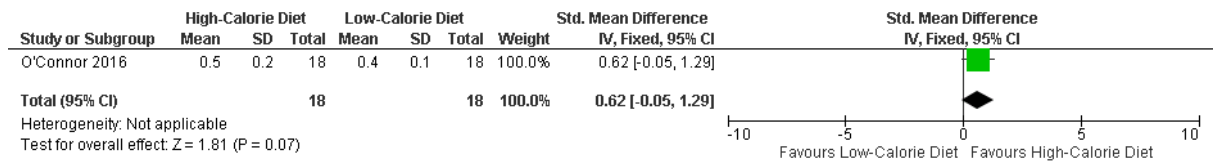
8

9 **Figure 1965: Insulin (mmol/L) at 10 days**



10

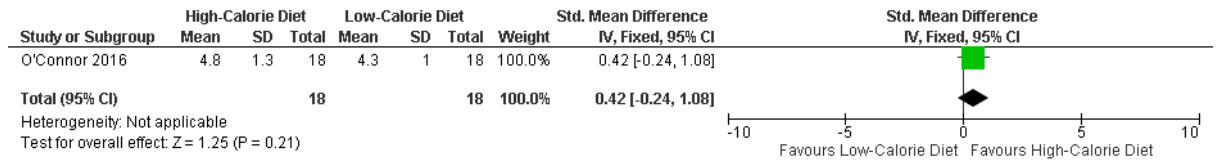
1 **Figure 1966: HOMA at 10 days**



2

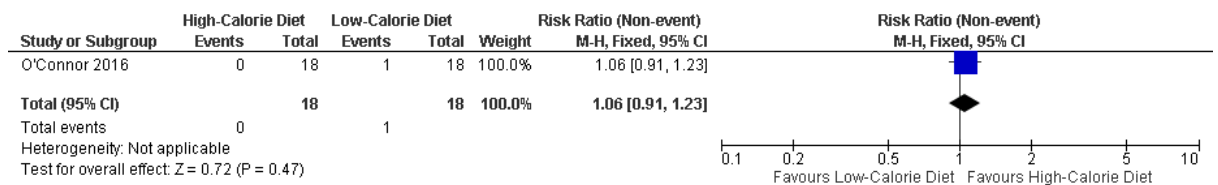
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4 **Figure 1967: White blood cell count (x 10⁹/L)**



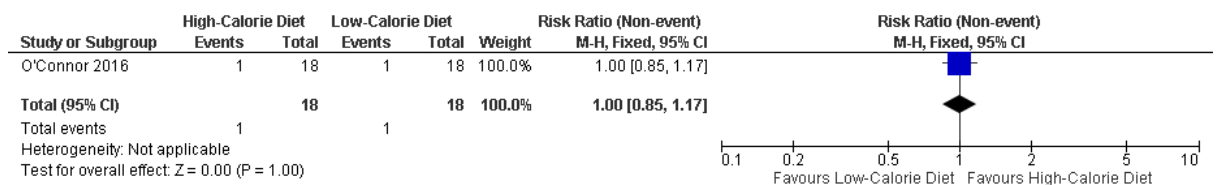
5

6 **Figure 1968: Adverse events in first 4 days**



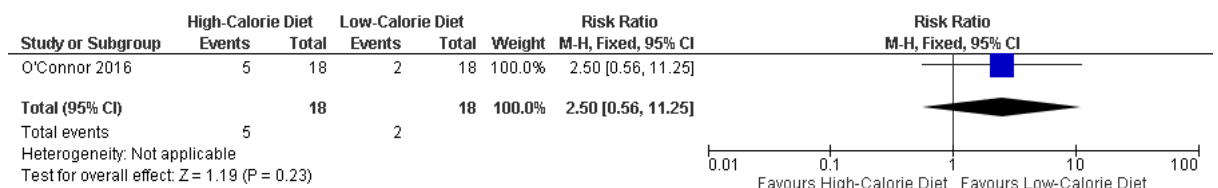
7

8 **Figure 1969: Oral phosphate supplementation due to low PO**



9

10 **Figure 1970: Number of people experiencing hypophosphatemia in first 2 days**

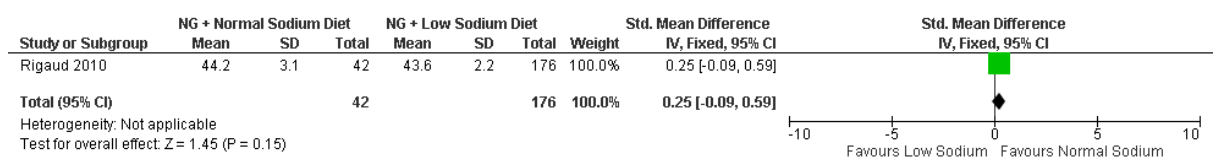


11

M.8.3.82 **Normal-sodium nasogastric and oral refeeding diet versus low-sodium diet for adult anorexia nervosa**

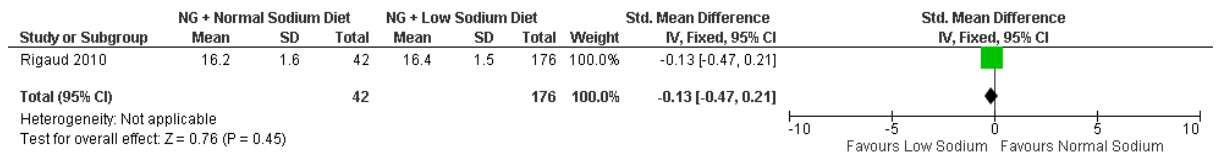
13

14 **Figure 1971: Weight (kg)**



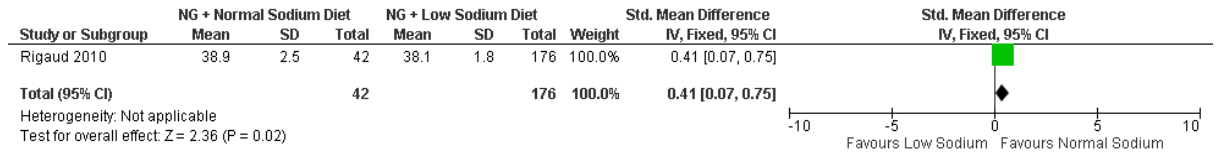
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1 **Figure 1972: BMI**



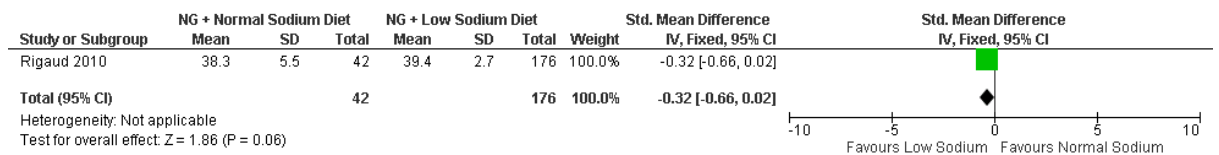
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3 **Figure 1973: Fat Free Mass (kg; skinfold)**



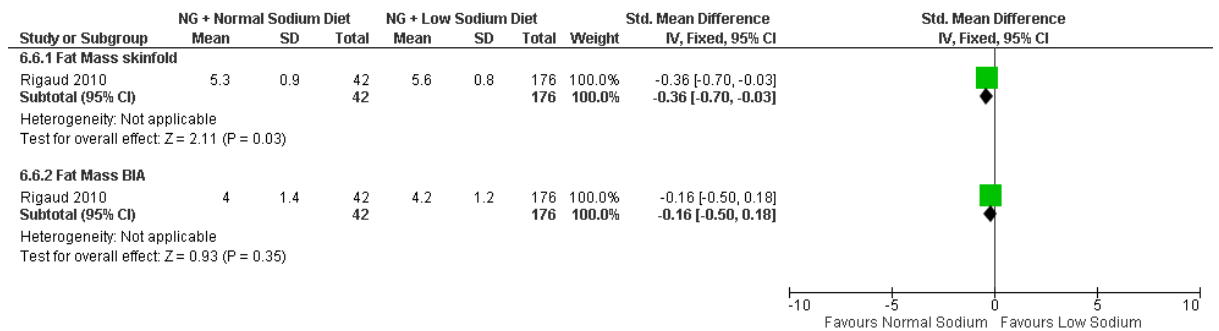
4

5 **Figure 1974: Active Fat Free Mass (kg)**



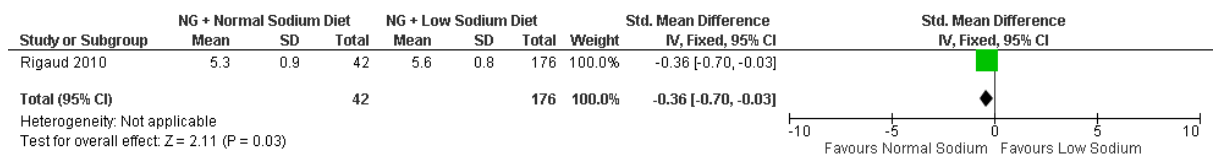
6

7 **Figure 1975: Fat Mass (kg; skinfold and BIA)**



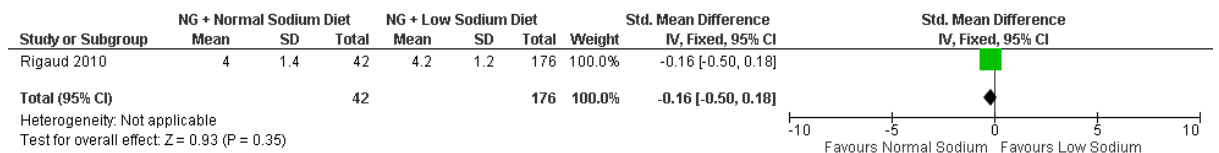
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9 **Figure 1976: Fat Mass (kg; skinfold)**



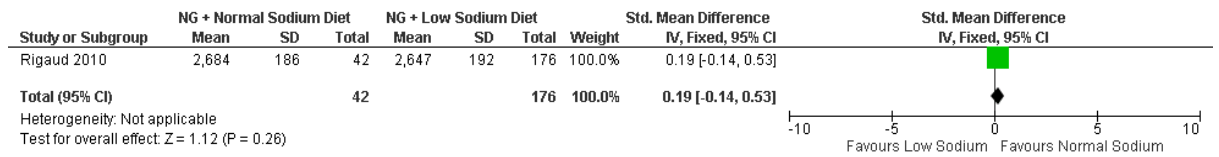
10

11 **Figure 1977: Fat Mass (kg; BIA)**



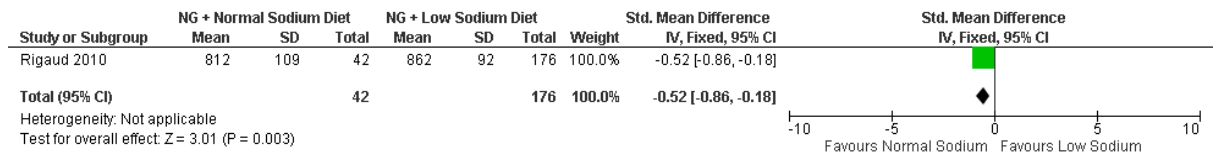
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1 **Figure 1978: Energy Input (kcal/day)**



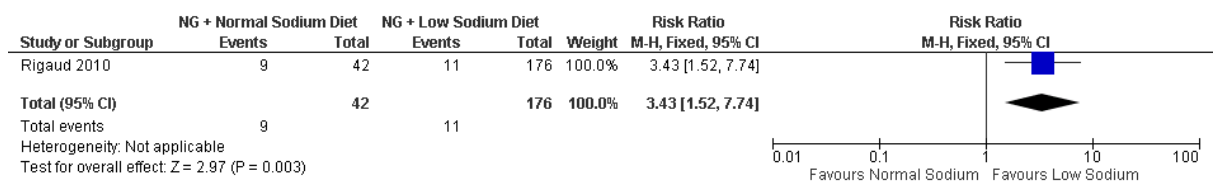
2

3 **Figure 1979: Energy input from tube feeding (kcal/day)**



4

5 **Figure 1980: Number of people experiencing edema of legs**

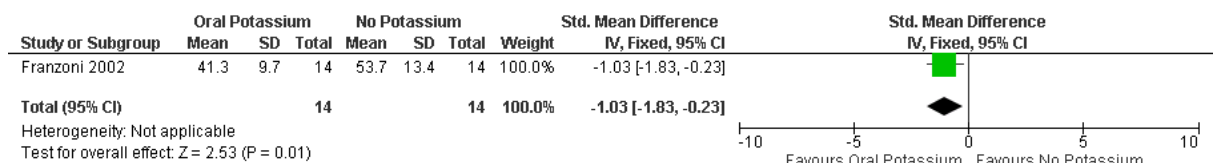


6

M.8.3.97 **Cardiac dysfunction**

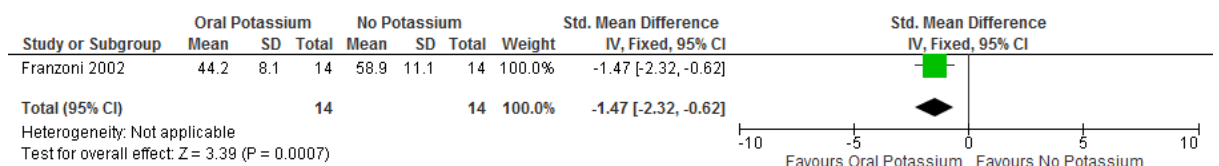
M.8.48 **Oral potassium supplementation versus no supplementation for cardiac dysfunction in female adult anorexia nervosa**

10 **Figure 1981: QT-c dispersion (ms)**



11

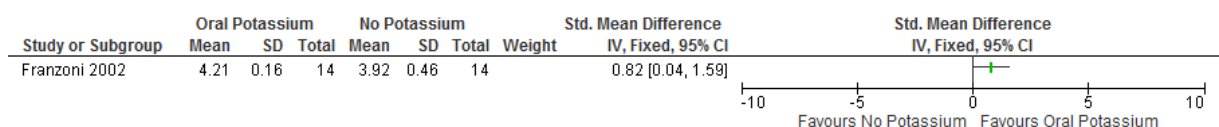
12 **Figure 1982: QT dispersion (ms)**



13

14

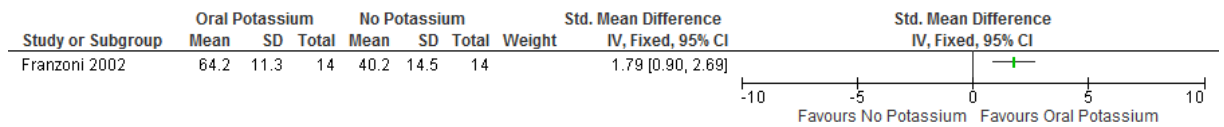
15 **Figure 1983: Serum potassium (mmol l-1)**



16

17

1 **Figure 1984: Urinary potassium excretion (mmol 24h-1)**

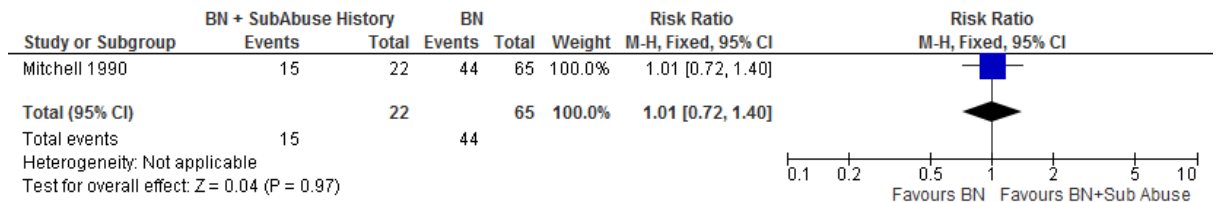


2

M.9.3 Clinical question: Does any intervention for an eating disorder need to be modified in the presence of common long-term health conditions?

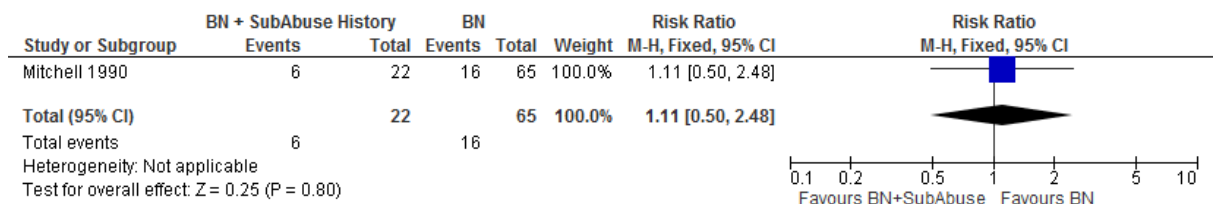
M.9.1.16 Group CBT for people with bulimia nervosa with history of substance abuse versus bulimia nervosa without history of substance abuse at follow up

8 **Figure 1985: Remission (ITT)**



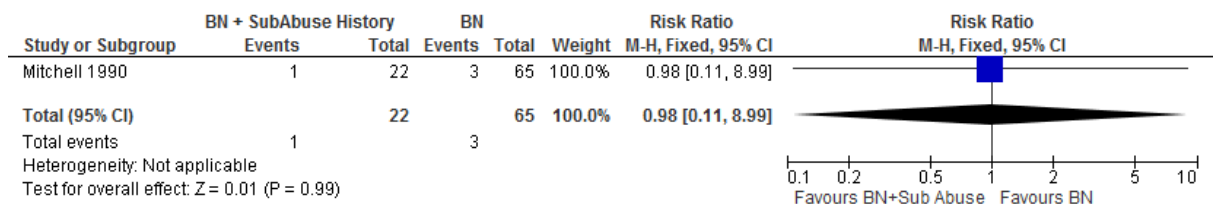
9

10 **Figure 1986: Treatment failures**



11

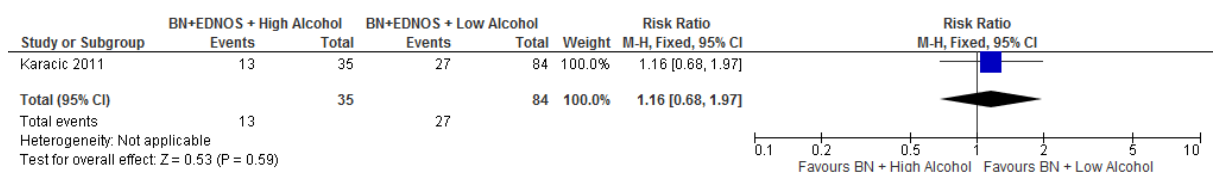
12 **Figure 1987: Hospitalised for substance dependency**



13

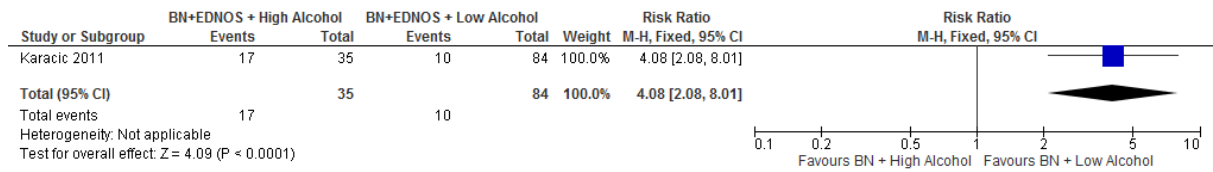
M.9.1.24 CBT-Enhanced for eating disorders for people with eating disorders with high alcohol use versus eating disorders with low alcohol use

16 **Figure 1988: EDE-global score >1 SD above community norm**



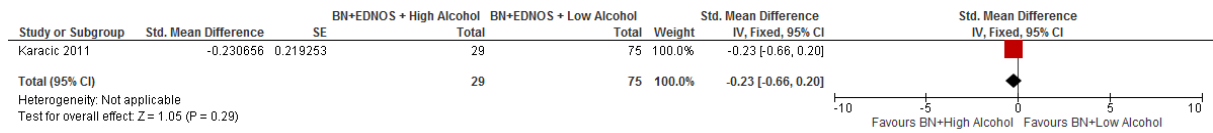
17

1 **Figure 1989: Number of people engaging in excessive drinking**



2

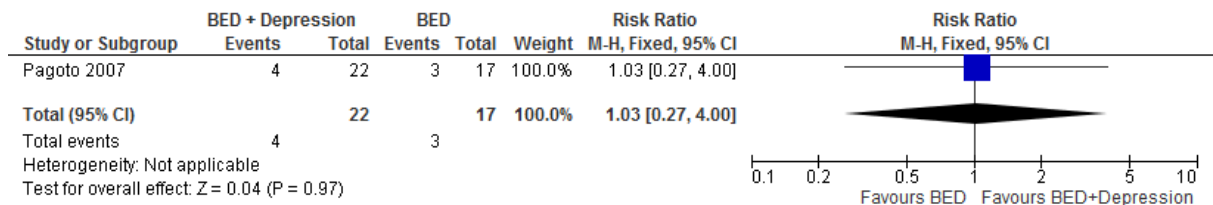
3 **Figure 1990: EDE-global score at 60 weeks follow up**



4

M.9.1.35 **Diabetes prevention program for people with binge eating disorder with major depressive disorder versus binge eating disorder only**

7 **Figure 1991: Number of people achieving goal of 7% or more weight loss**



8

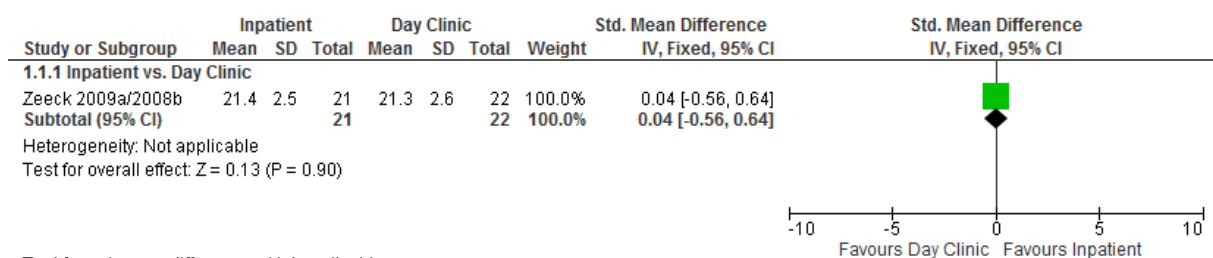
M.10 **Clinical question: Does the setting (inpatient, outpatient or other specific setting) and different ways of coordinating, transitioning and integrating care for treating eating disorders produce benefits/harms in people with eating disorders?**

M.10.14 **Randomised control trials for coordinating care**

M.10.1.15 **Inpatient care compared with another setting for adults with anorexia nervosa at the end of treatment**

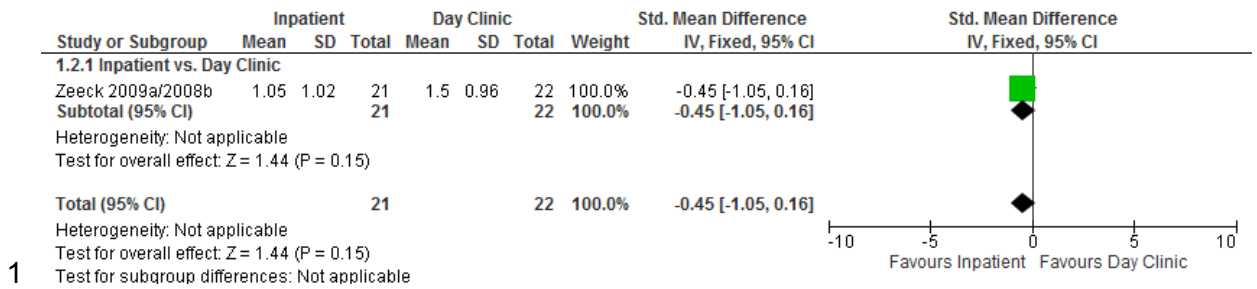
17 **Figure 1992: BMI**

18

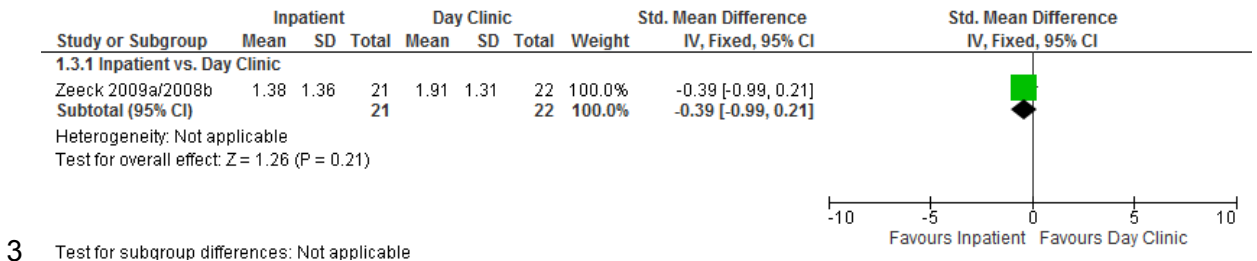


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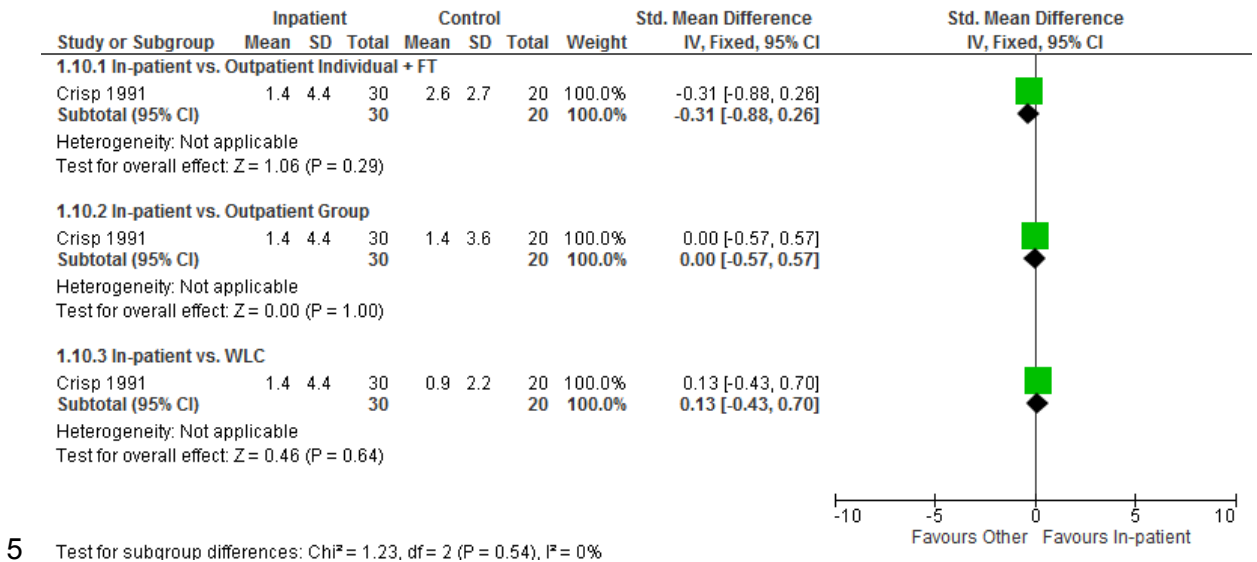
20 **Figure 1993: Bingeing**



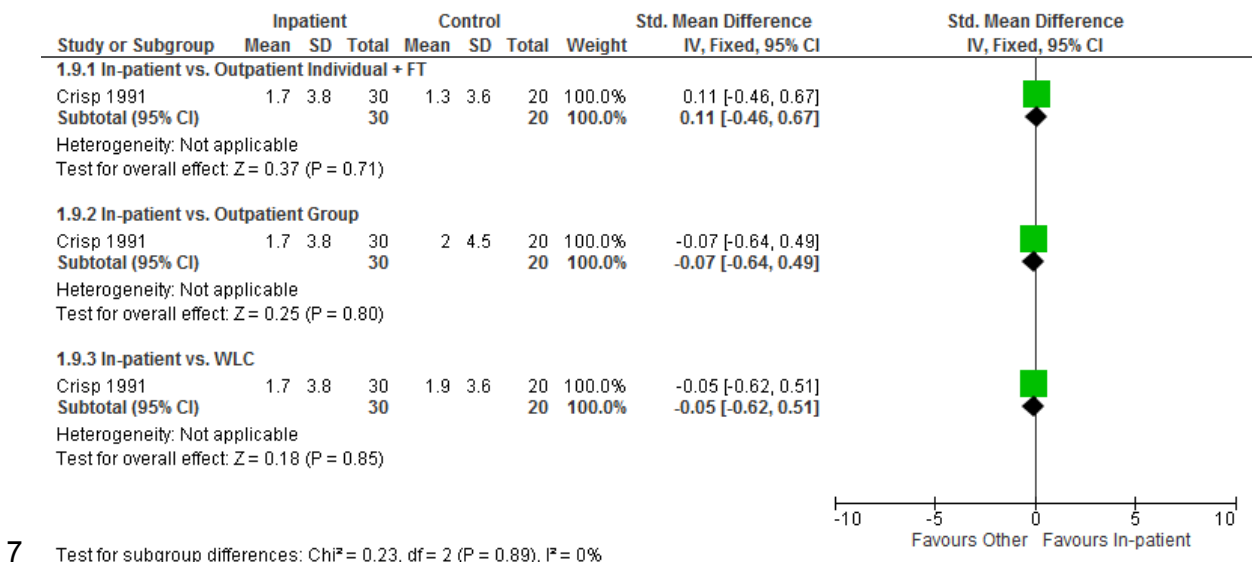
2 **Figure 1994: Vomiting**



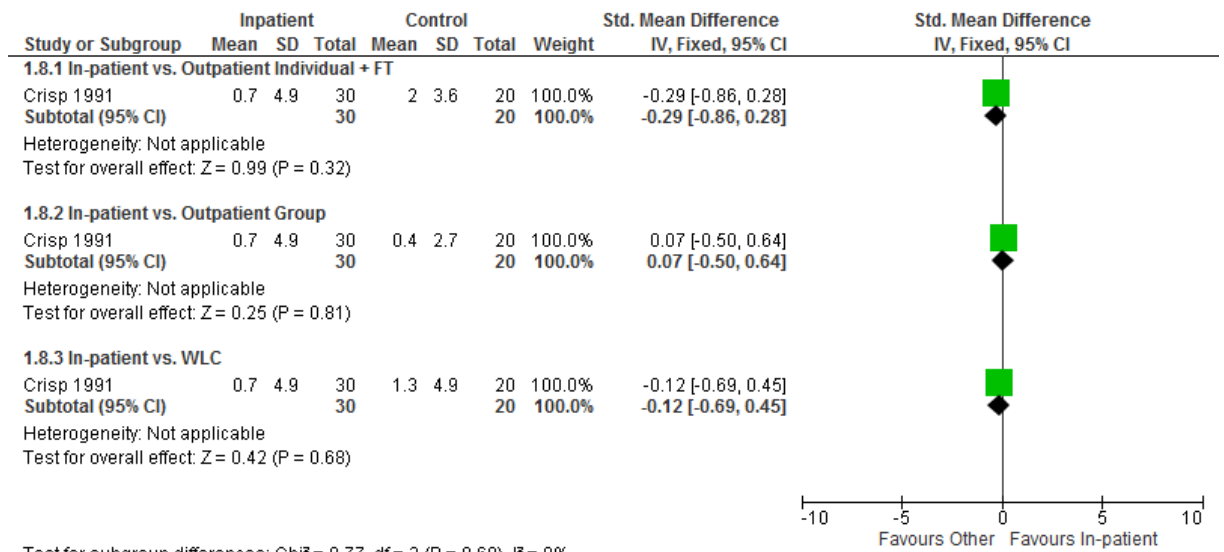
4 **Figure 1995: Change in Morgan-Russell social economic adjustment**



6 **Figure 1996: Change in Morgan-Russell sexual adjustment**

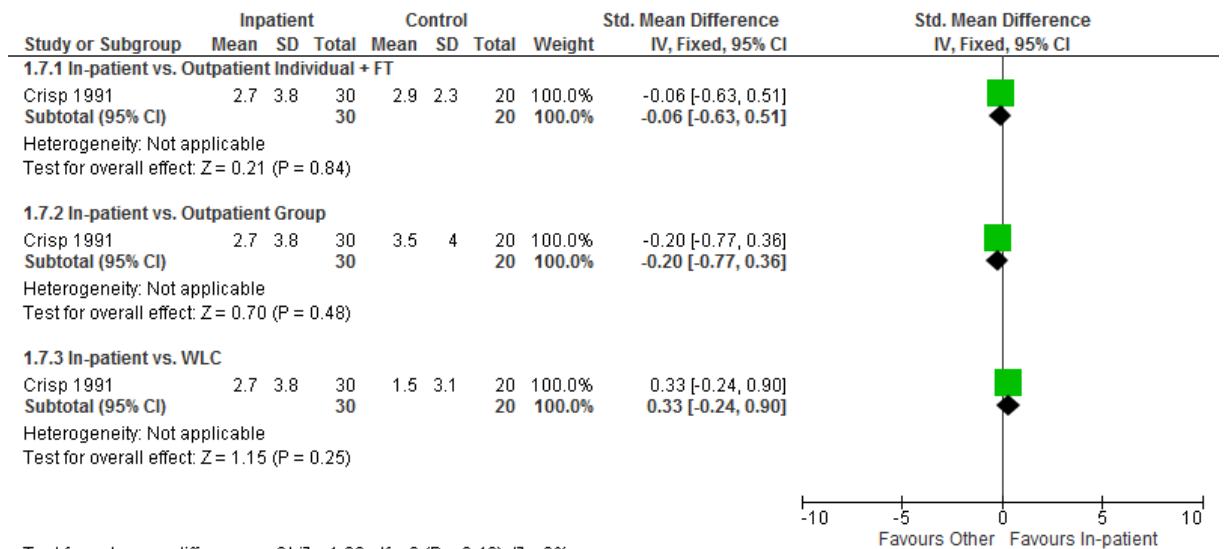


1 **Figure 1997: Change in Morgan-Russell mental state**



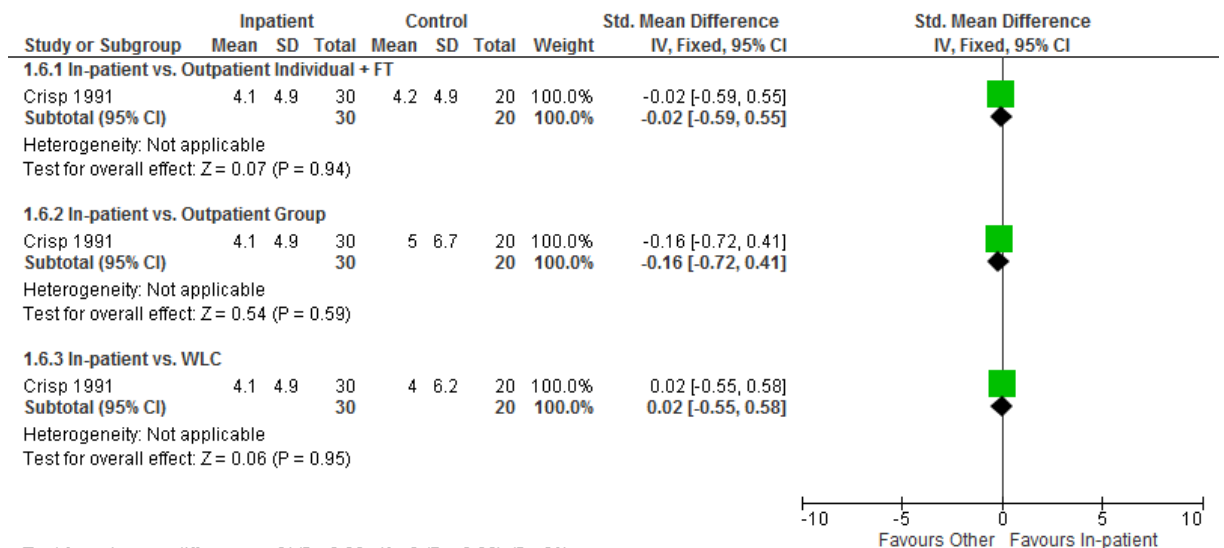
2 Test for subgroup differences: Chi² = 0.77, df = 2 (P = 0.68), I² = 0%

3 **Figure 1998: Change in Morgan-Russell nutrition score**



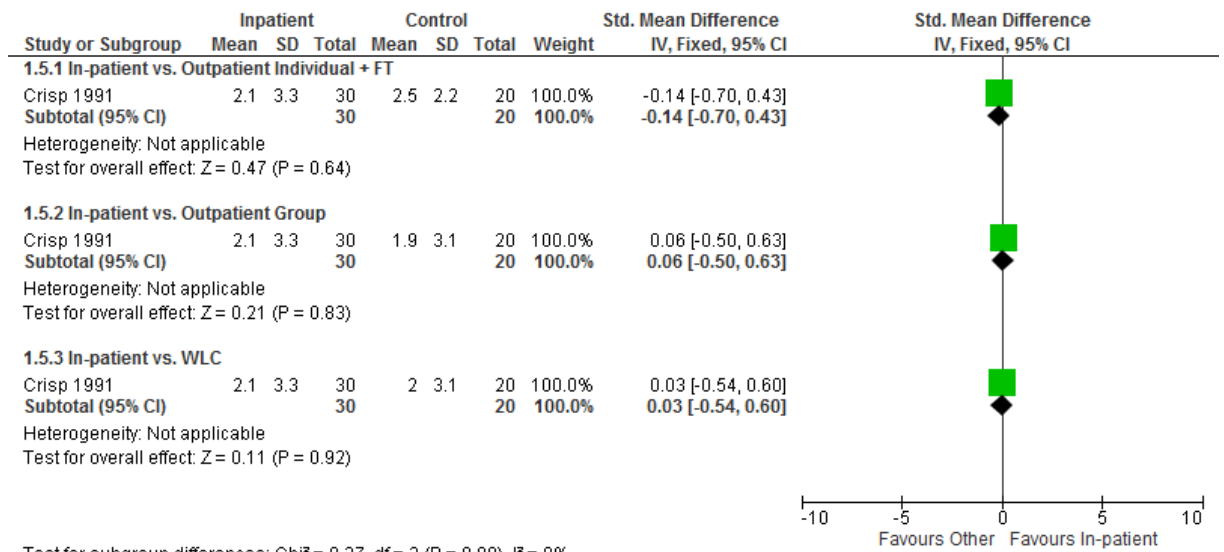
4 Test for subgroup differences: Chi² = 1.83, df = 2 (P = 0.40), I² = 0%

5 **Figure 1999: Change in Morgan-Russell menstruation score**



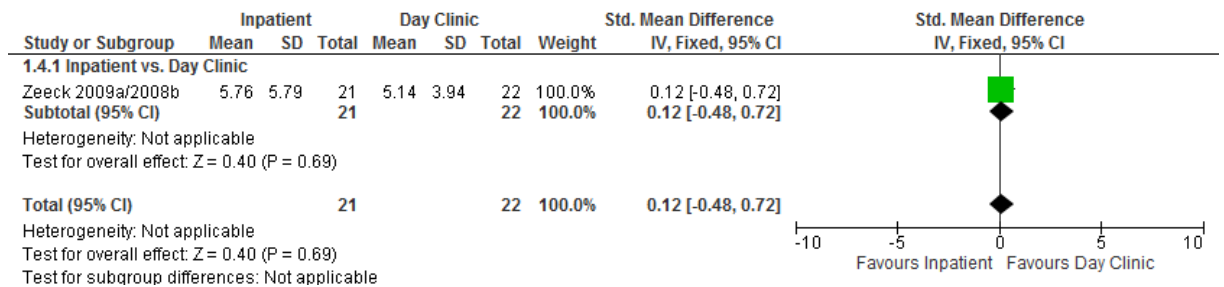
6 Test for subgroup differences: Chi² = 0.20, df = 2 (P = 0.90), I² = 0%

1 **Figure 2000: Change in global Morgan-Russell score**



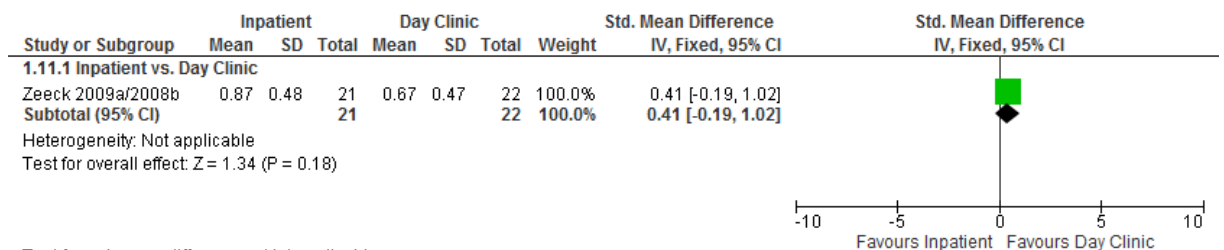
2 Test for subgroup differences: Chi² = 0.27, df = 2 (P = 0.88), I² = 0%

3 **Figure 2001: EDI-bulimia**



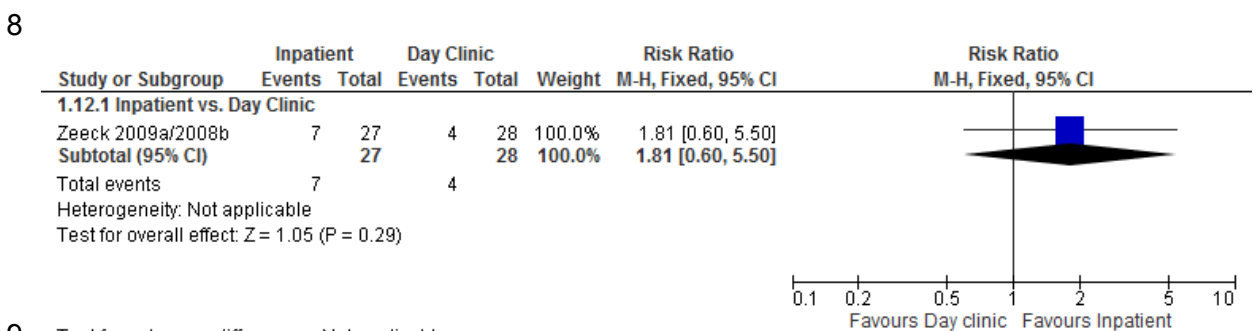
4 Test for subgroup differences: Not applicable

5 **Figure 2002: Global severity index**



6 Test for subgroup differences: Not applicable

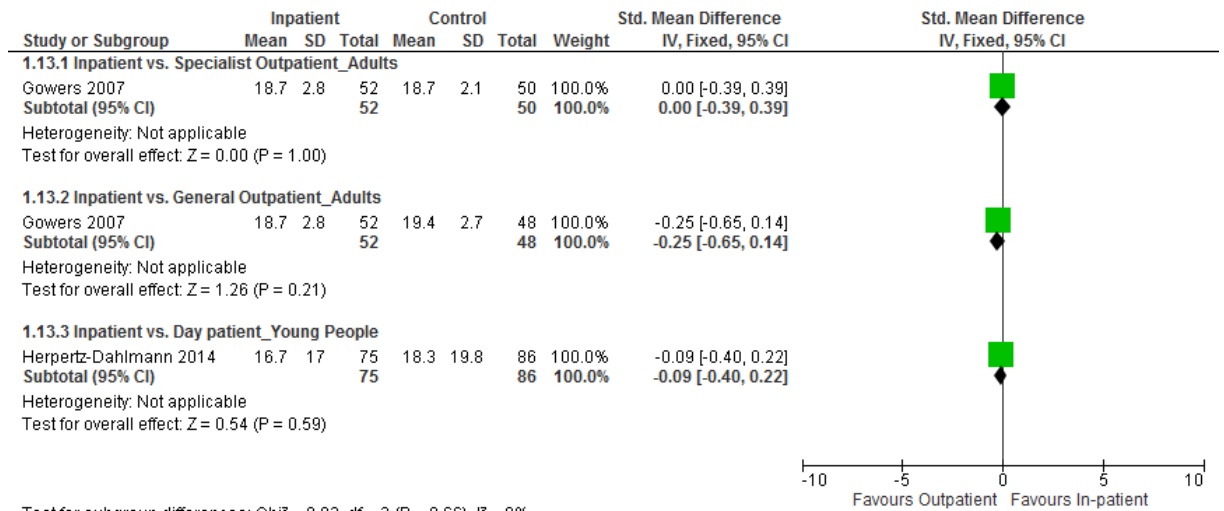
7 **Figure 2003: Remission**



9 Test for subgroup differences: Not applicable

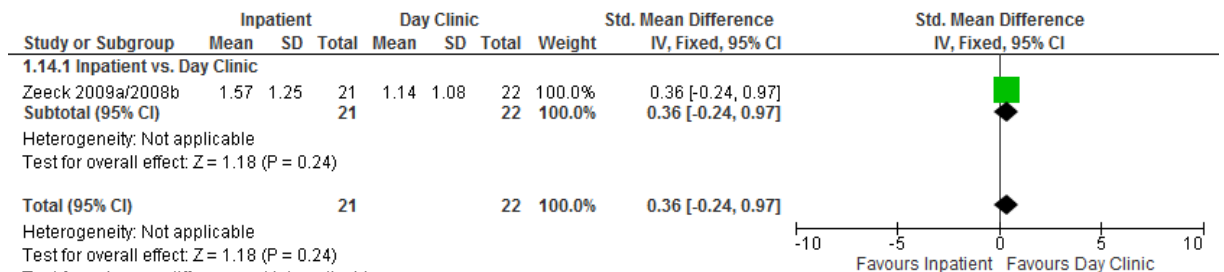
M.10.1.20 **Inpatient care compared with another setting for adults (unless otherwise stated) with anorexia nervosa at follow-up**

12 **Figure 2004: BMI in young people and adults**



1 Test for subgroup differences: Chi² = 0.83, df = 2 (P = 0.66), I² = 0%

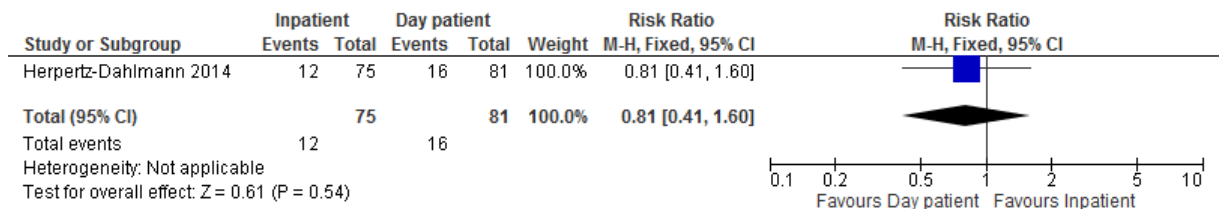
2 Figure 2005: Bingeing



3 Test for subgroup differences: Not applicable

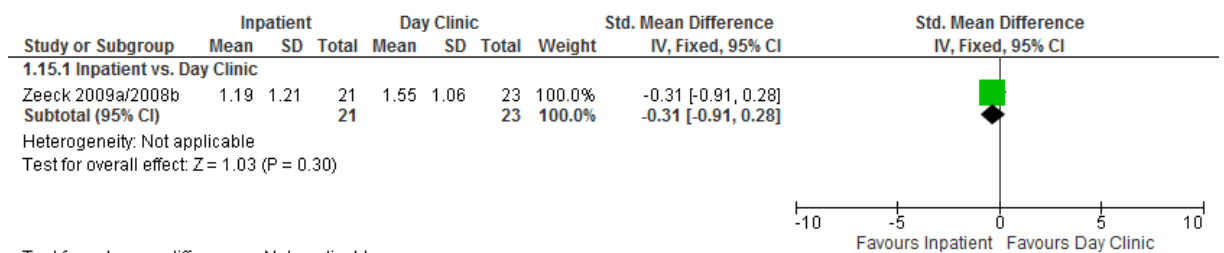
4 Figure 2006: Regular menstruation

5



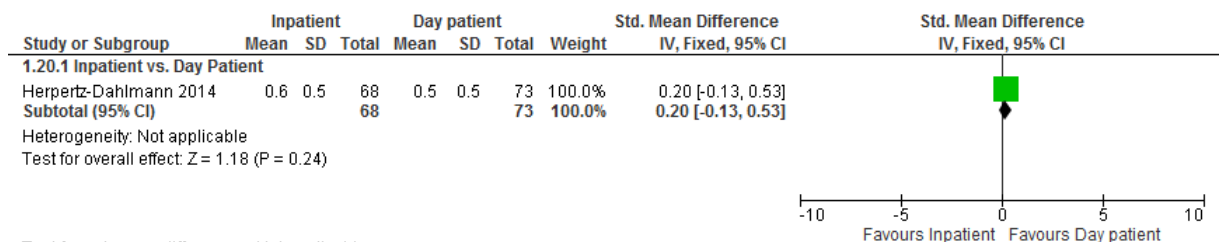
6

7 Figure 2007: Vomiting



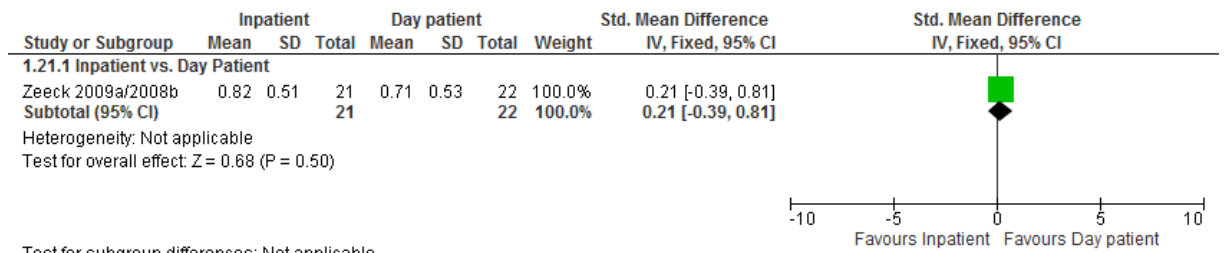
8 Test for subgroup differences: Not applicable

9 Figure 2008: Global severity index in young people



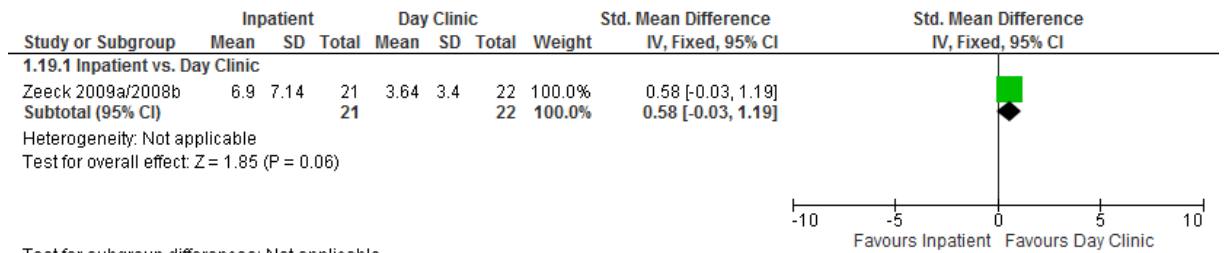
10 Test for subgroup differences: Not applicable

1 **Figure 2009: Global severity index in adults**



2 Test for subgroup differences: Not applicable

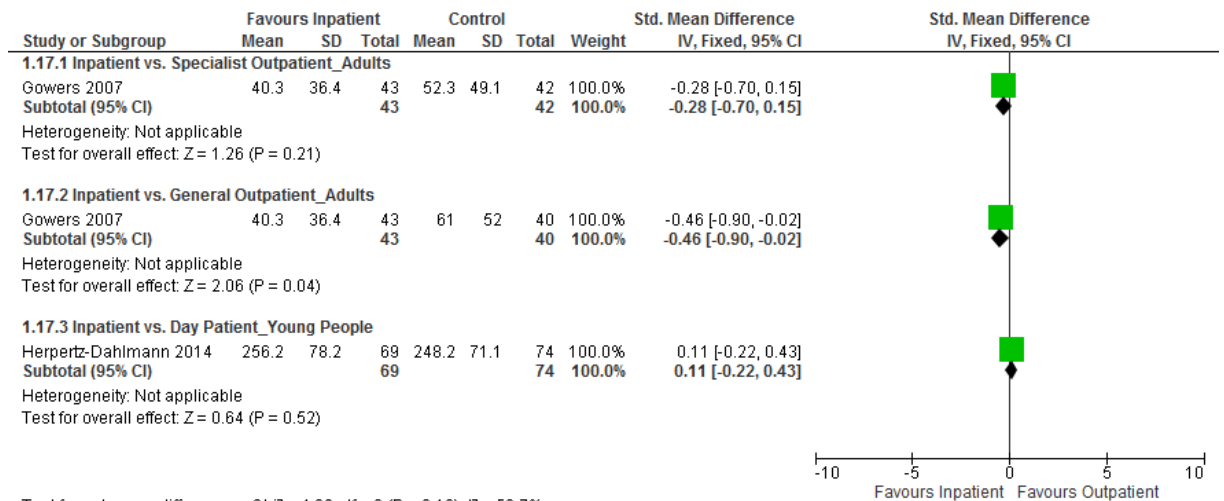
3 **Figure 2010: EDI-bulimia**



4 Test for subgroup differences: Not applicable

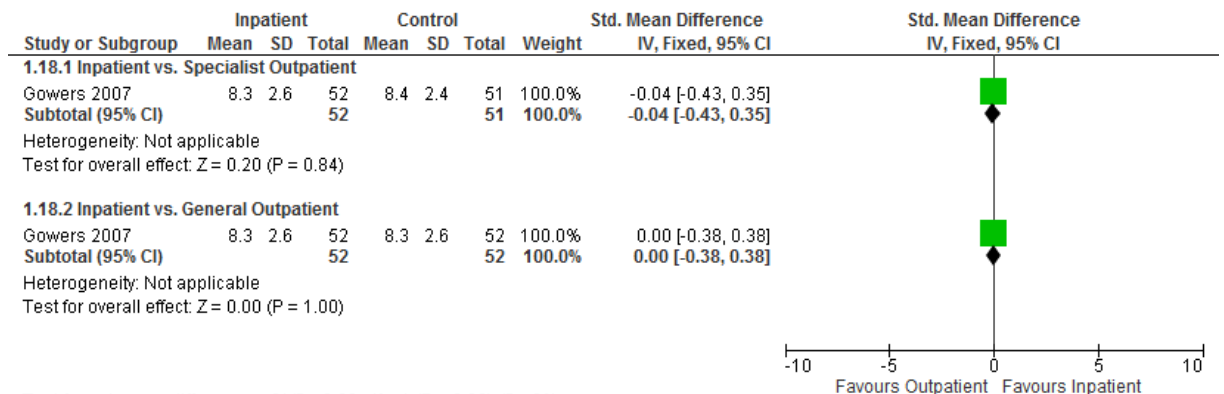
5 **Figure 2011: EDI-total in young people and adults**

6



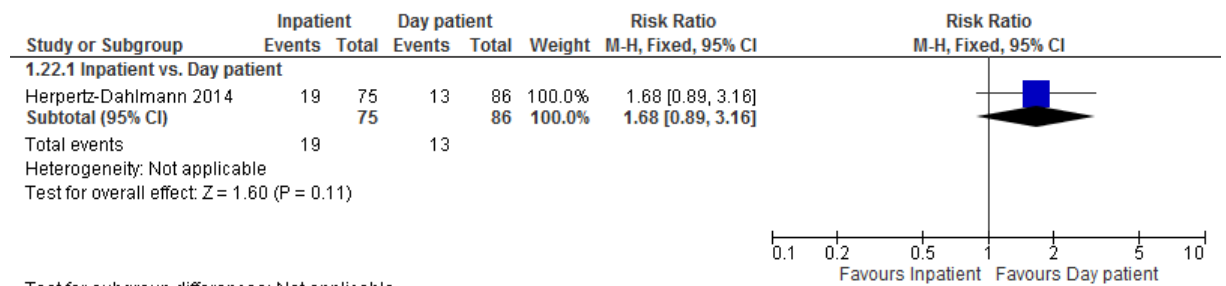
7 Test for subgroup differences: Chi² = 4.62, df = 2 (P = 0.10), I² = 56.7%

8 **Figure 2012: Morgan-Russell total outcome**

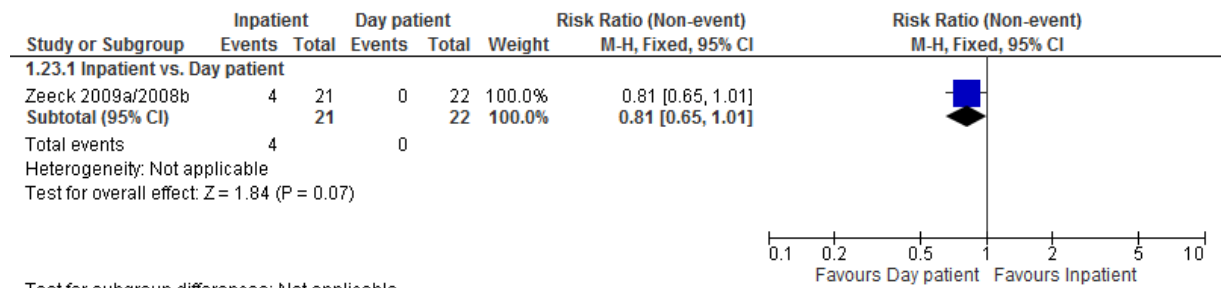


9 Test for subgroup differences: Chi² = 0.02, df = 1 (P = 0.89), I² = 0%

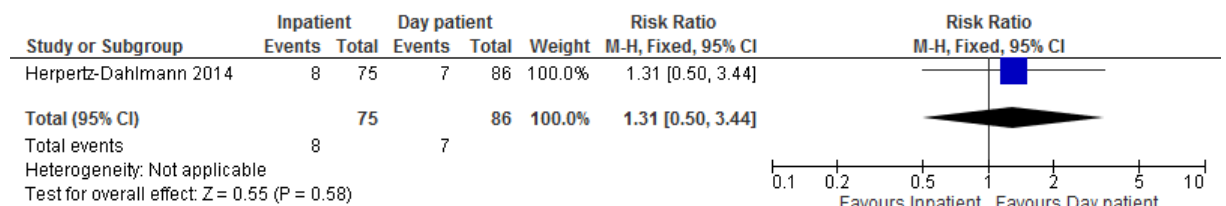
10 **Figure 2013: Readmission for young people**



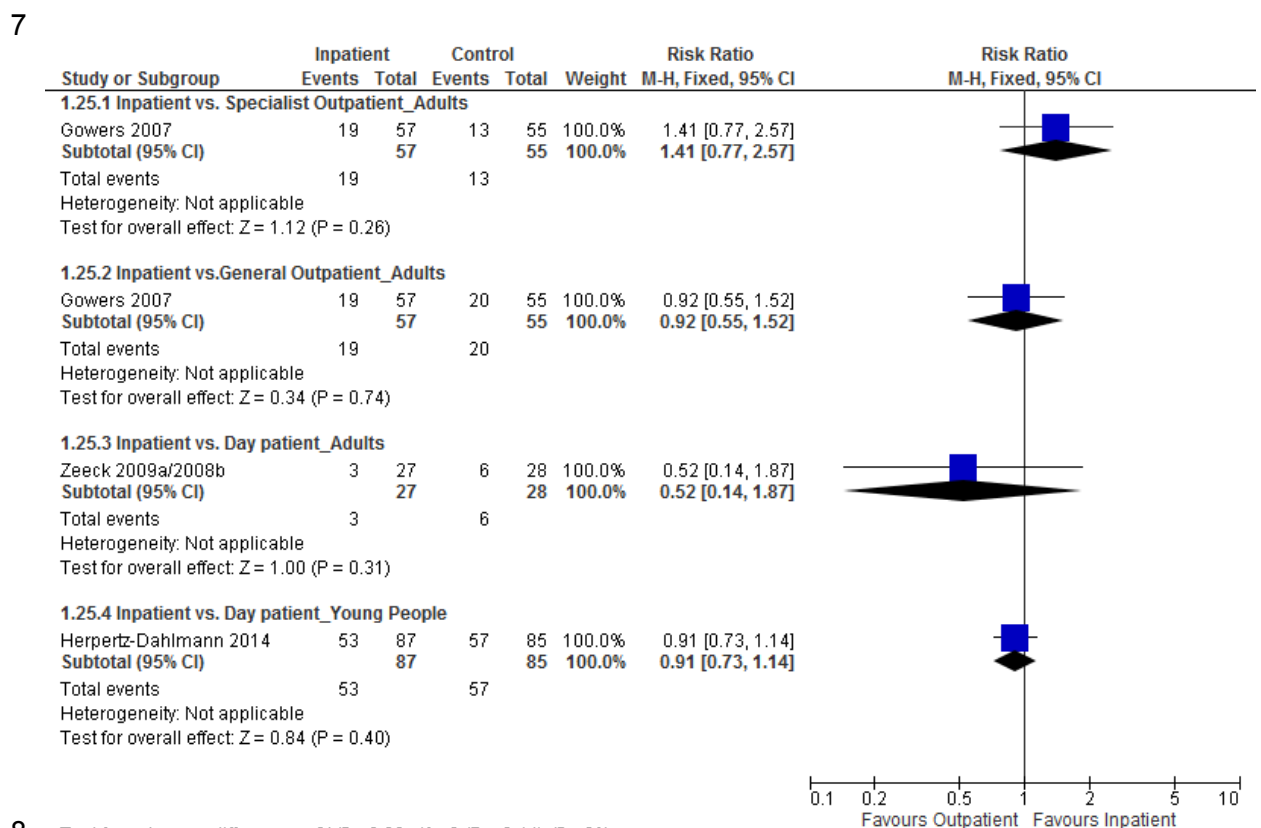
2 Figure 2014: Readmission for adults



4 Figure 2015: Serious adverse events

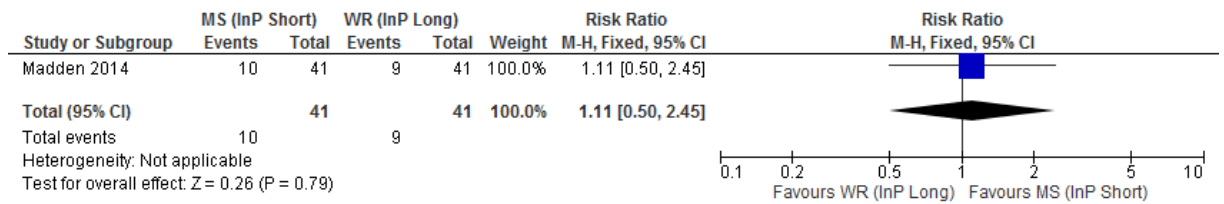


6 Figure 2016: Remission in young people and adults



M.10.1.31 Outpatient group therapy compared with inpatient care for young people with anorexia nervosa the end of treatment

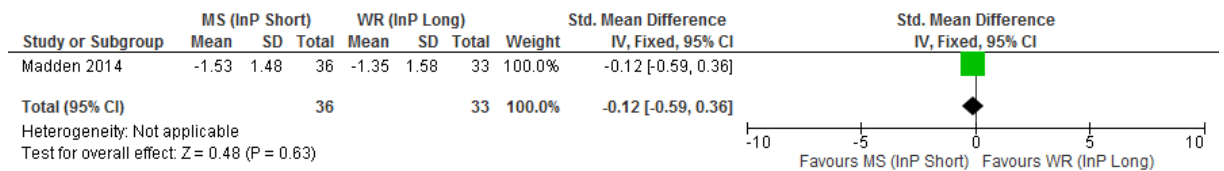
2 Figure 2017: Remission



4

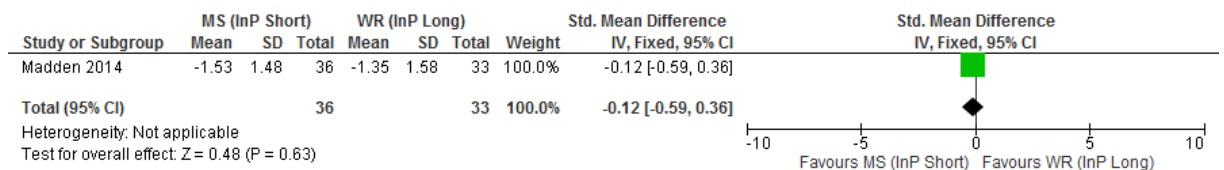
M.10.1.45 Inpatient medical stabilisation (InP MS) (short stay) compared with inpatient weight restoration (InP WR) (longer stay) for young people with anorexia nervosa the follow-up

8 Figure 2018: Change in EDE-global score



9

10 Figure 2019: Hospital readmission



11

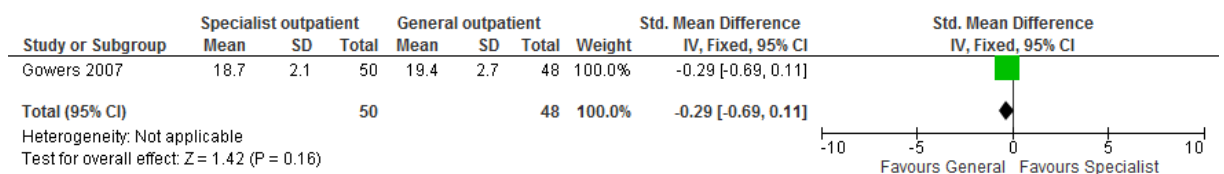
12 Figure 2020: Remission



13

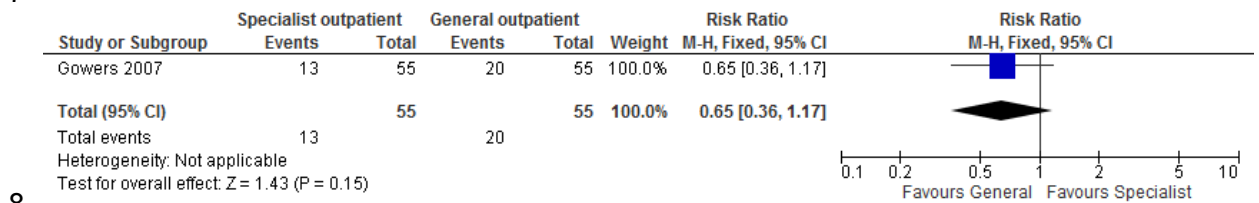
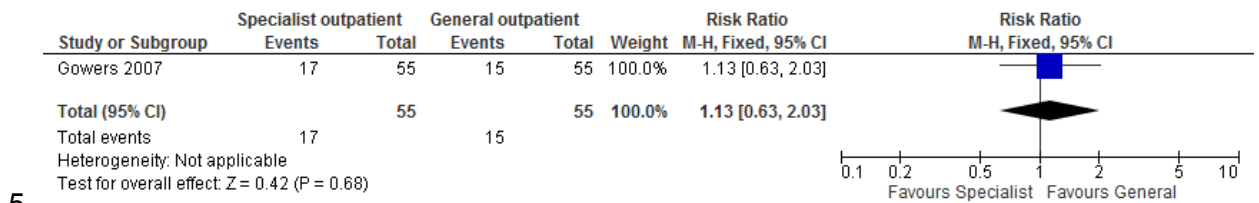
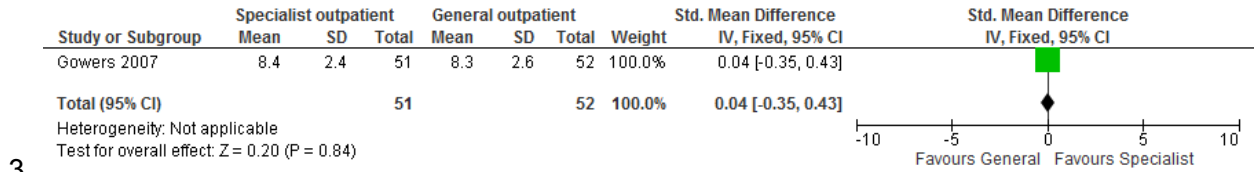
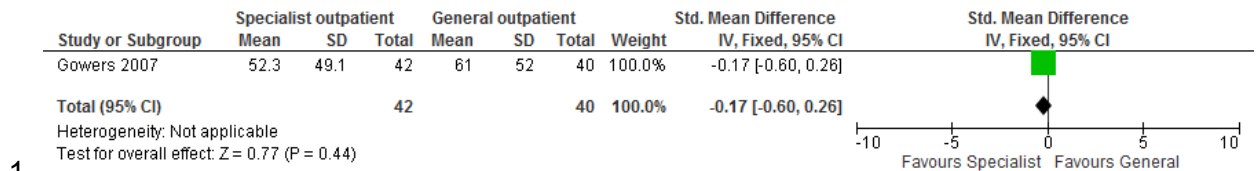
M.10.1.54 Specialist outpatient (CBT-ED) compared with general outpatient for adults with anorexia nervosa at follow-up

16 Figure 2021: BMI

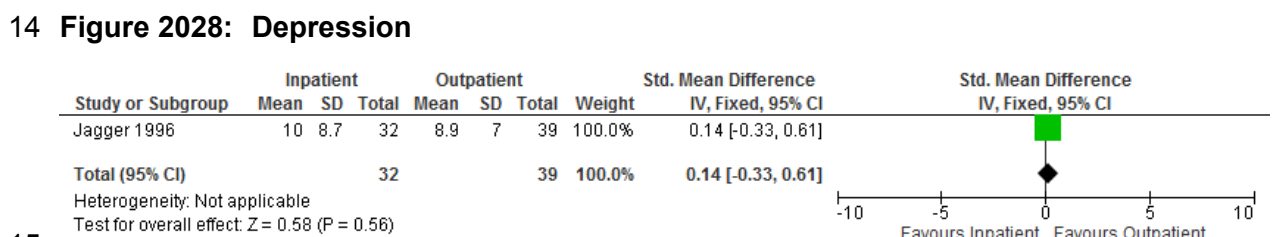
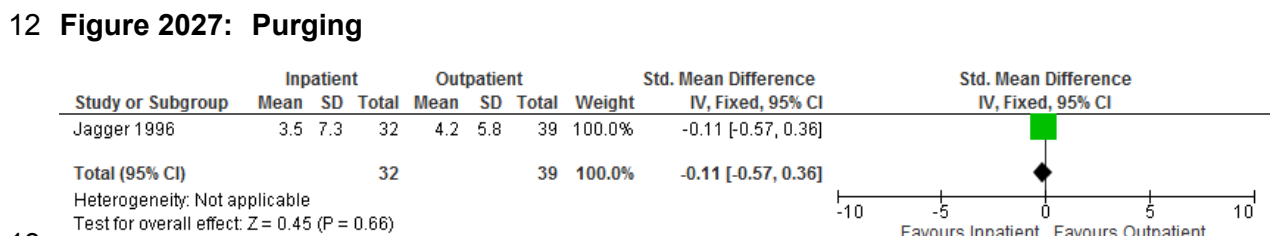
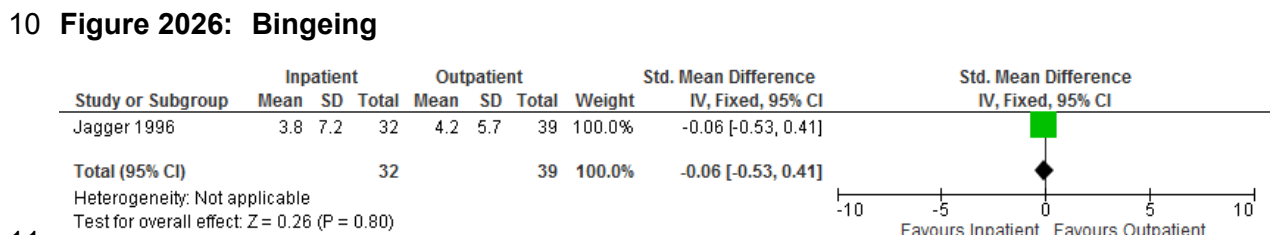


17

18 Figure 2022: EDI-total

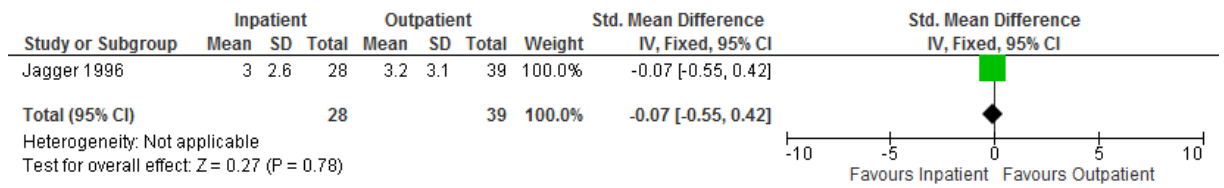


M.10.1.69 Inpatient group compared with outpatient for adults with bulimia nervosa at follow-up



15

1 **Figure 2029: Bulimic severity score**



2

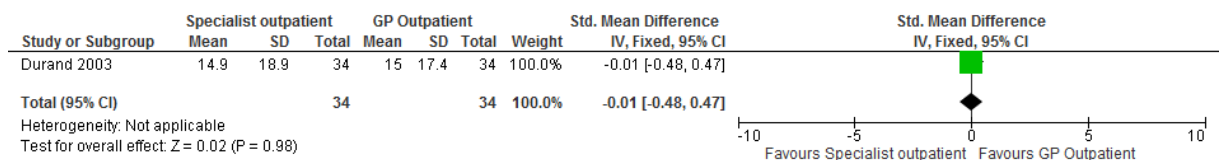
3 **Figure 2030: Remission**



4

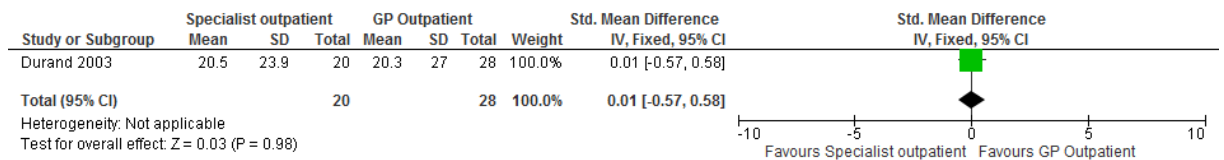
M.10.1.75 **Specialist outpatient compared with group outpatient for adults with bulimia nervosa at end of treatment**

7 **Figure 2031: Bingeing**



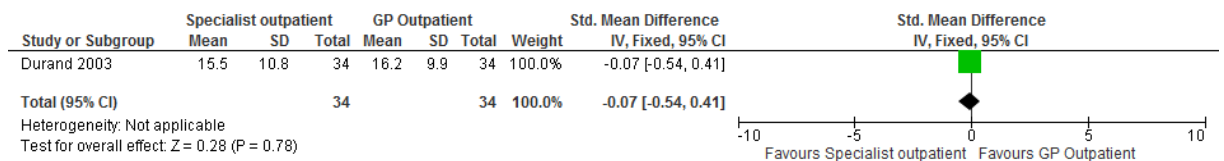
8

9 **Figure 2032: Vomiting**



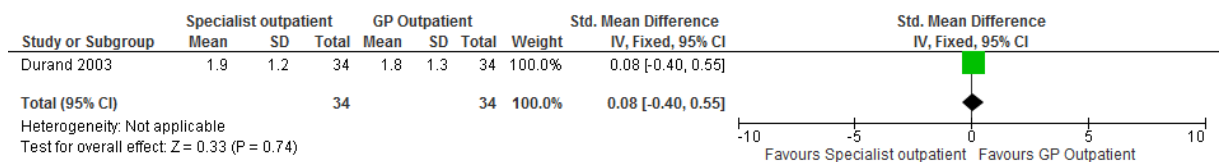
10

11 **Figure 2033: Depression**



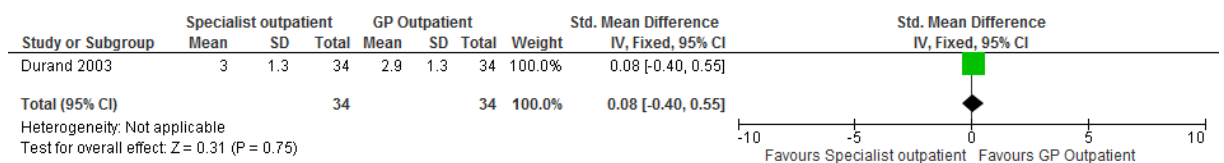
12

13 **Figure 2034: EDE-eating concern**



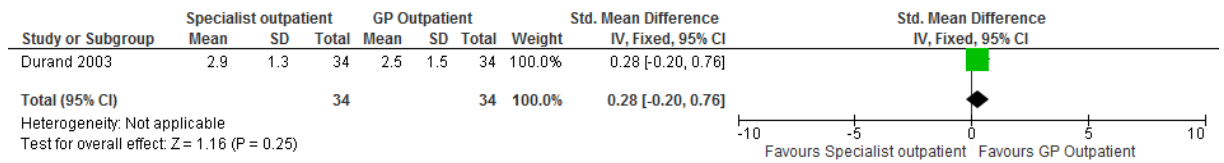
14

15 **Figure 2035: EDE-shape concern**



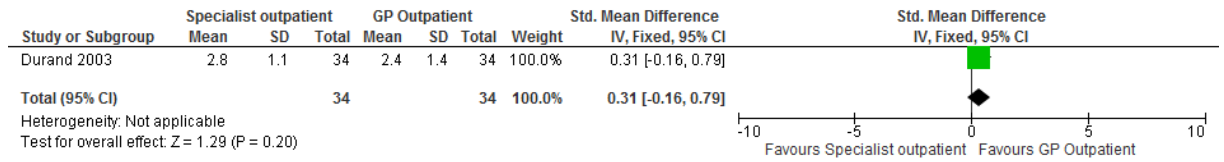
16

1 **Figure 2036: EDE-weight concern**



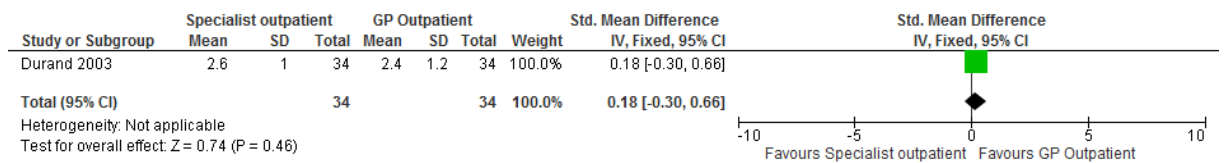
2

3 **Figure 2037: EDE-restraint**



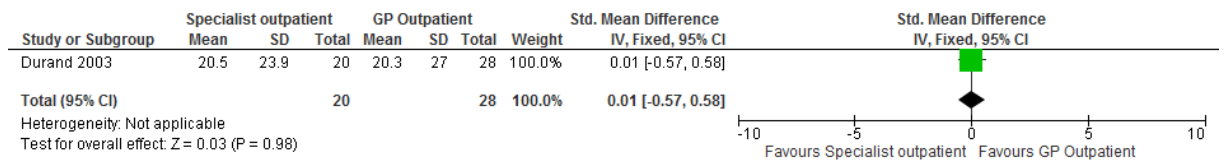
4

5 **Figure 2038: EDE-total**



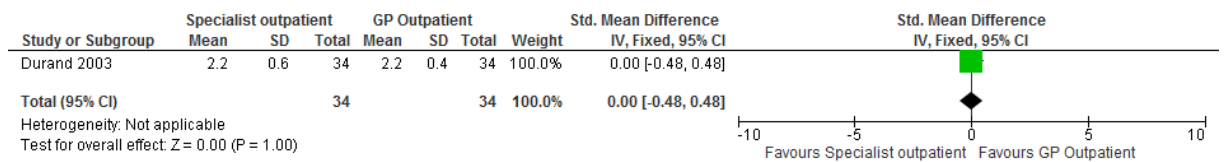
6

7 **Figure 2039: Bulimic investigatory test**



8

9 **Figure 2040: Work leisure life questionnaire**

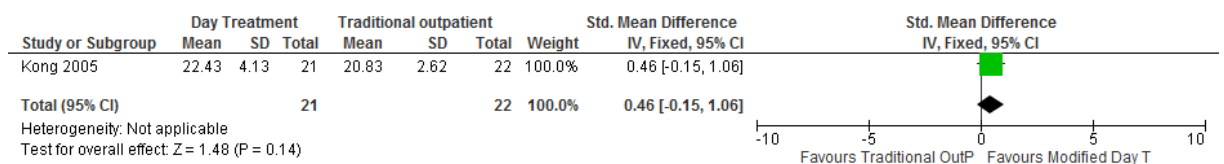


10

M.10.1.81 **Modified day treatment compared with traditional outpatient for adults with any eating disorder at end of treatment**

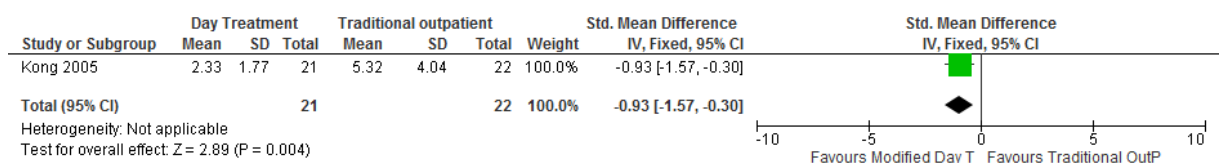
12

13 **Figure 2041: BMI**



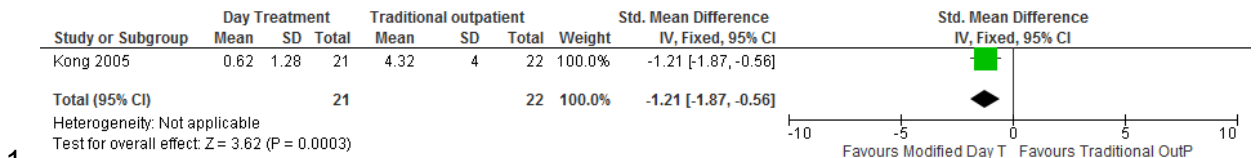
14

15 **Figure 2042: Bingeing**

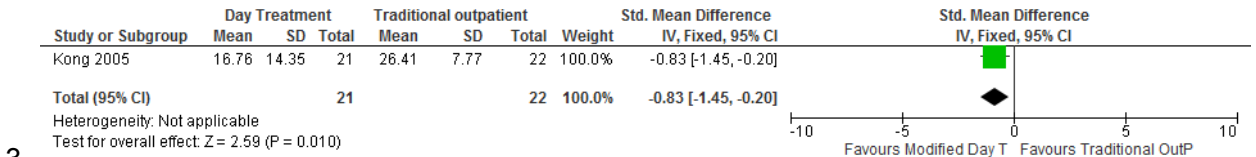


16

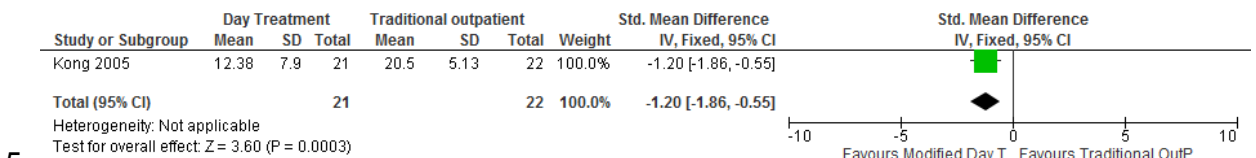
17 **Figure 2043: Purging**



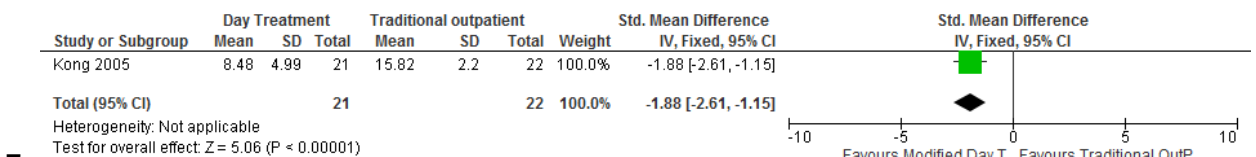
2 **Figure 2044: Depression**



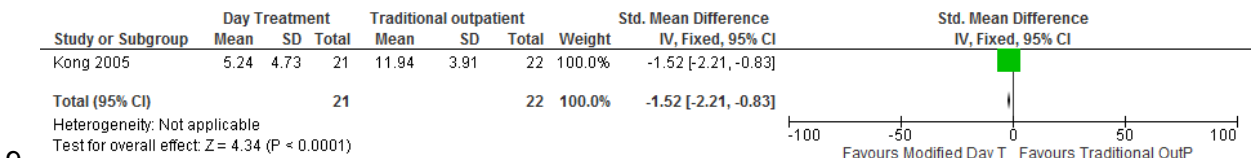
4 **Figure 2045: EDI-body dissatisfaction**



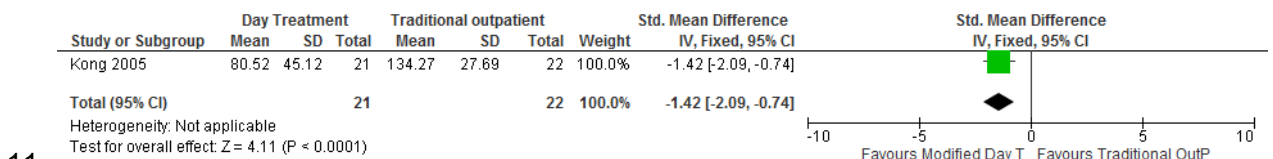
6 **Figure 2046: EDI-drive for thinness**



8 **Figure 2047: EDI-bulimia**



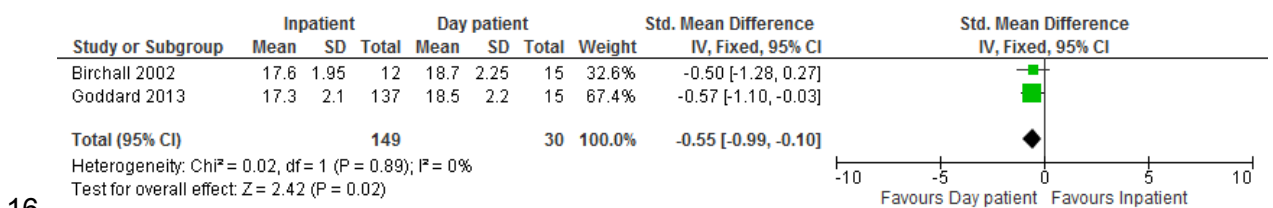
10 **Figure 2048: EDI-total**



M.10.22 Observational studies for coordinating care

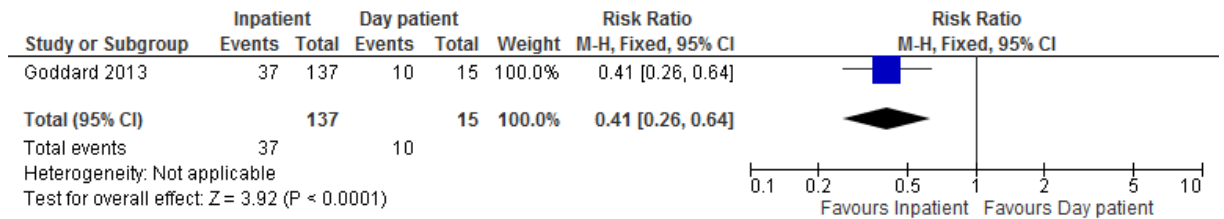
M.10.2.13 Inpatient care compared day patient for adults with anorexia nervosa at end of treatment

15 **Figure 2049: BMI**



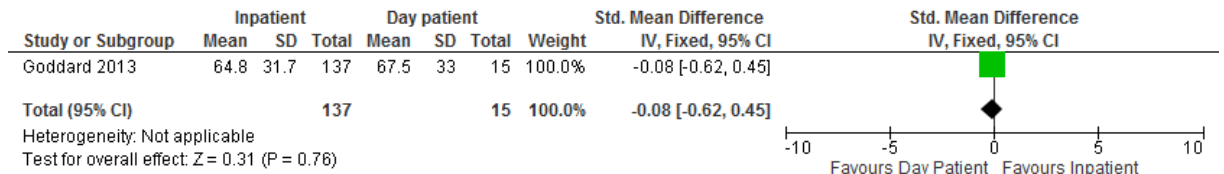
1 **Figure 2050: Bingeing**

2



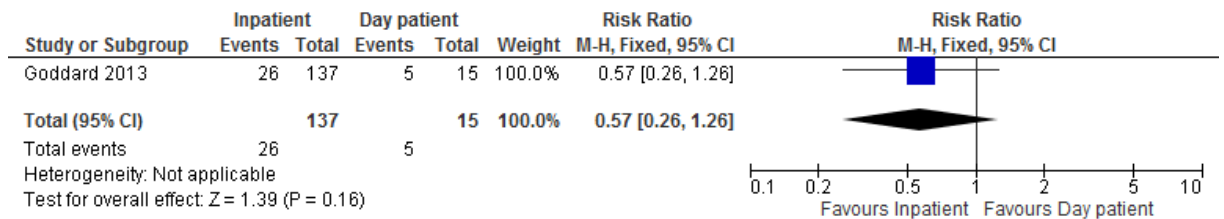
3

4 **Figure 2051: Quality of life**



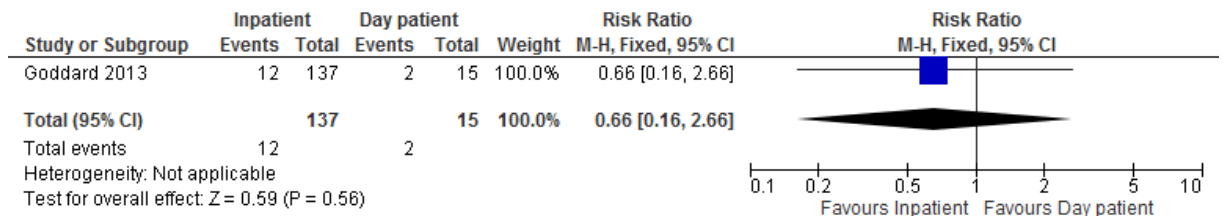
5

6 **Figure 2052: Vomiting**



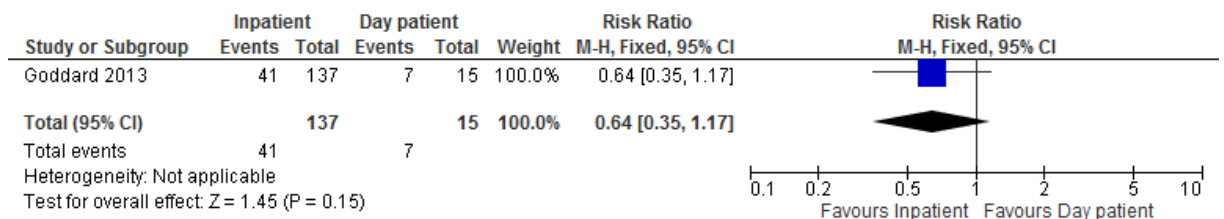
7

8 **Figure 2053: Laxative use**



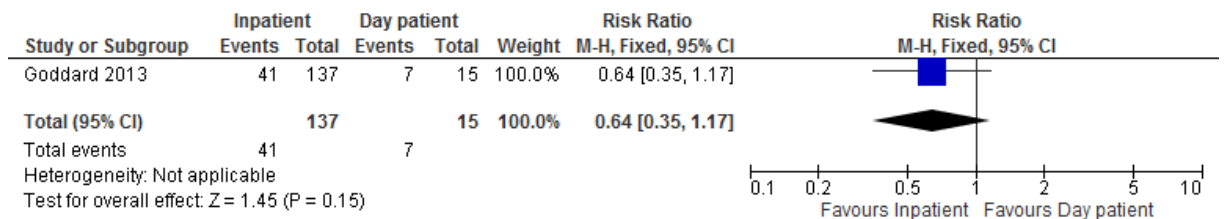
9

10 **Figure 2054: Excessive exercise**



11

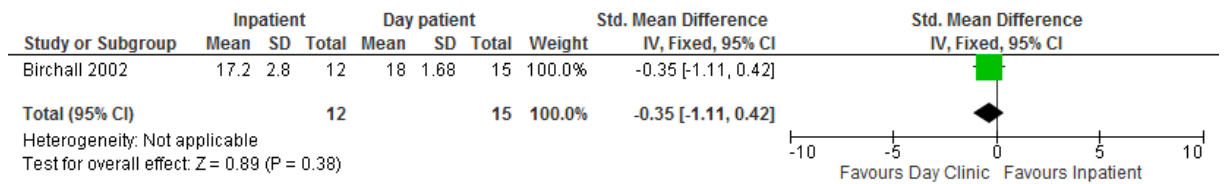
12 **Figure 2055: EDE-total**



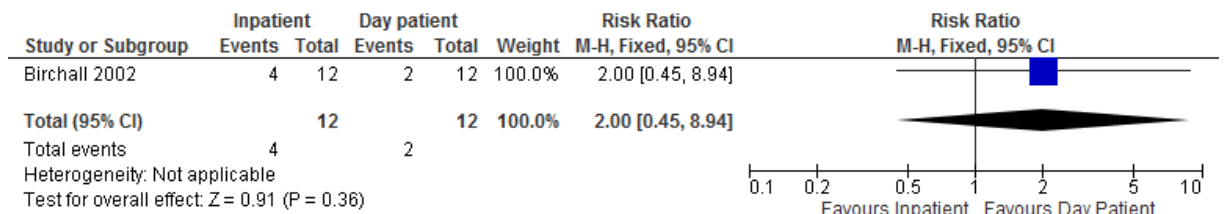
13

M.10.2.21 Inpatient care compared with day patient for adults with anorexia nervosa at follow-up

2 Figure 2056: BMI



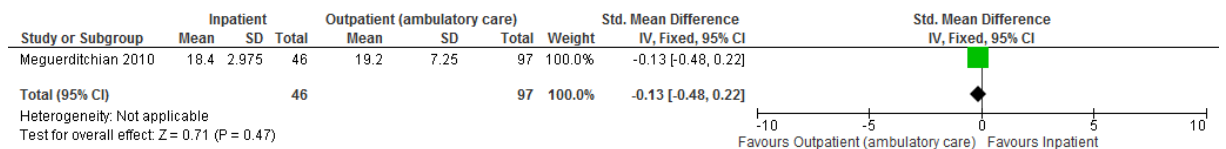
3
4 Figure 2057: Readmission



5

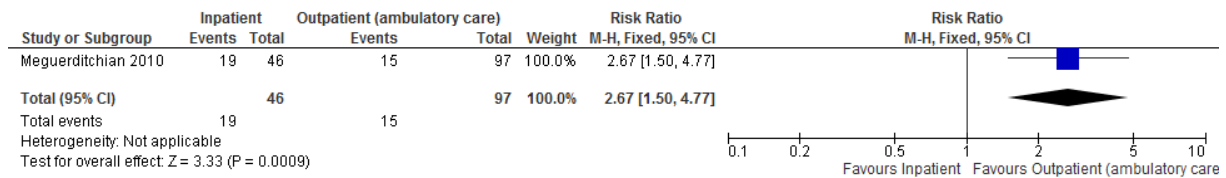
M.10.2.36 Inpatient care compared outpatient for adults with anorexia nervosa at follow-up

7 Figure 2058: BMI



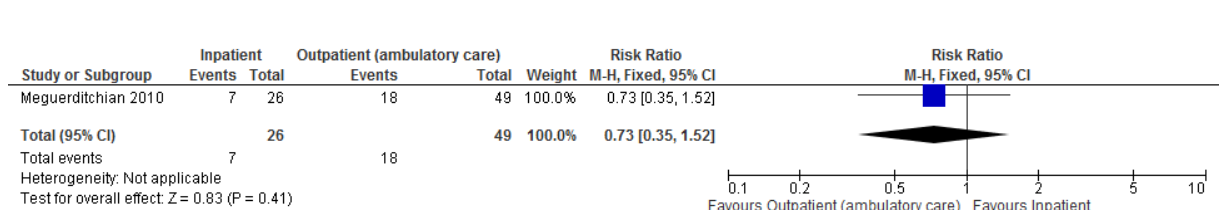
8

9 Figure 2059: Readmission



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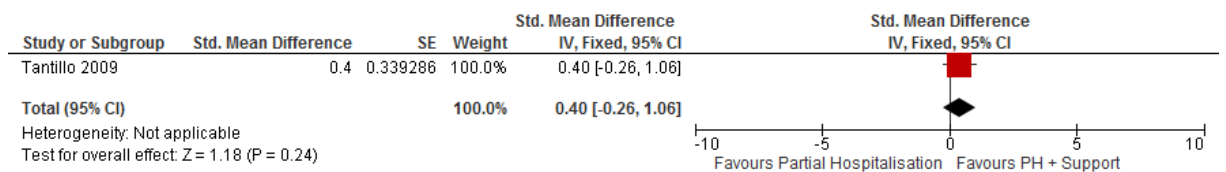
11 Figure 2060: Remission



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13

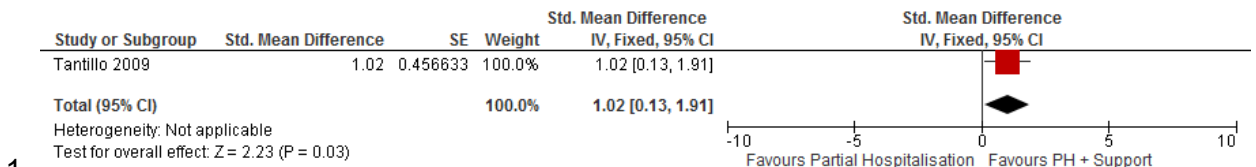
M.10.2.44 Inpatient care compared outpatient for adults with anorexia nervosa at follow-up

15 Figure 2061: Difference in body mass index

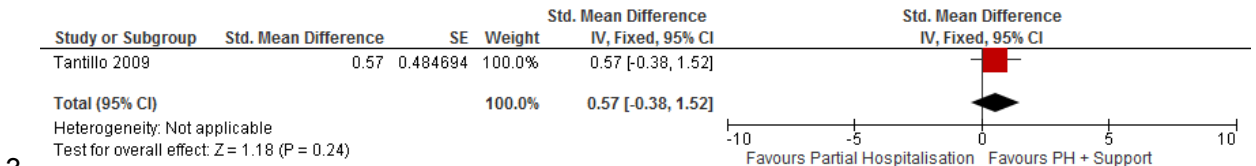


16

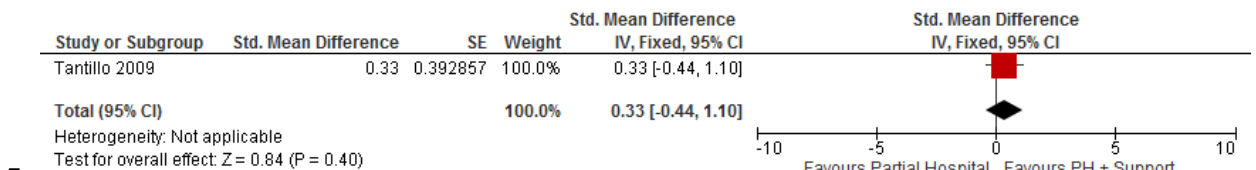
17 Figure 2062: Difference in weight gain



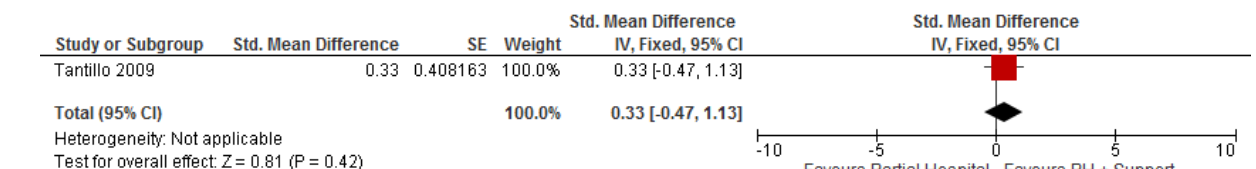
2 **Figure 2063: Difference in purging**



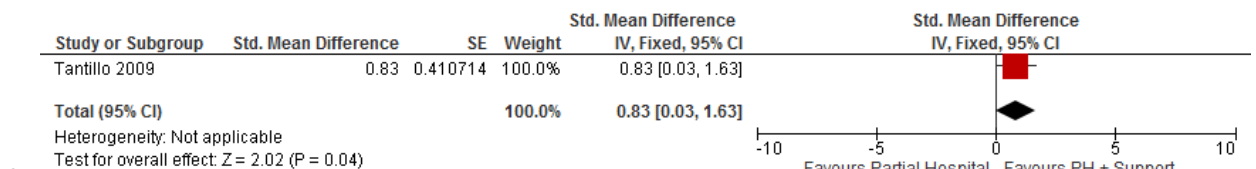
4 **Figure 2064: Difference in EDE-eating concern**



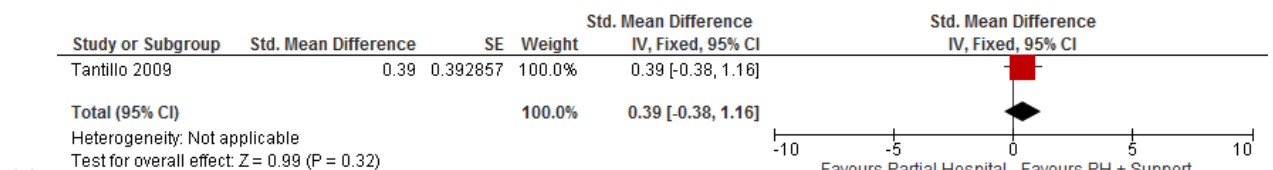
6 **Figure 2065: Difference in EDE-shape concern**



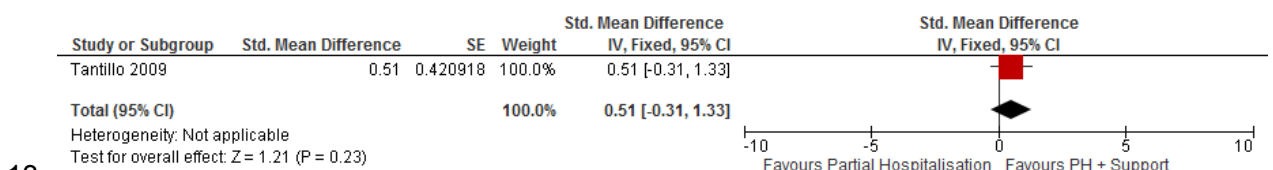
8 **Figure 2066: Difference in EDE-weight concern**



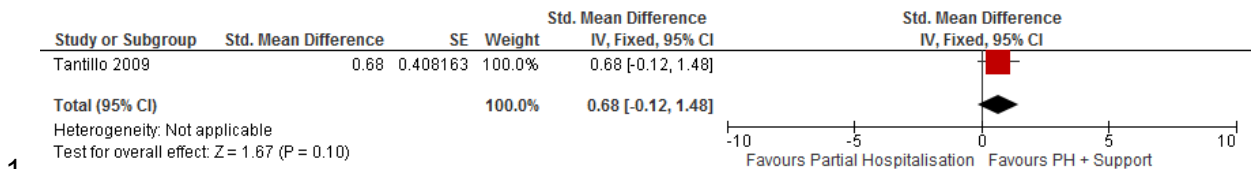
10 **Figure 2067: Difference in EDE-restraint**



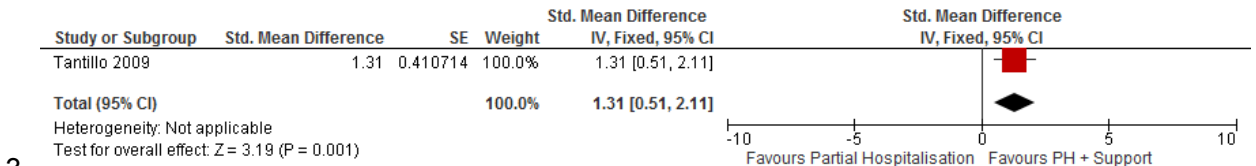
12 **Figure 2068: Difference in EDI-body dissatisfaction**



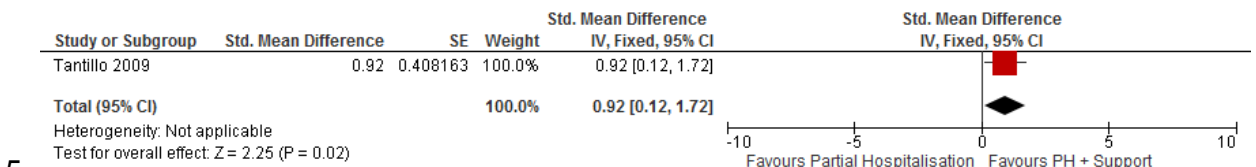
14 **Figure 2069: Difference in EDI-drive for thinness**



2 **Figure 2070: Difference in EDI-bulimia**



4 **Figure 2071: Difference in EDI-total**

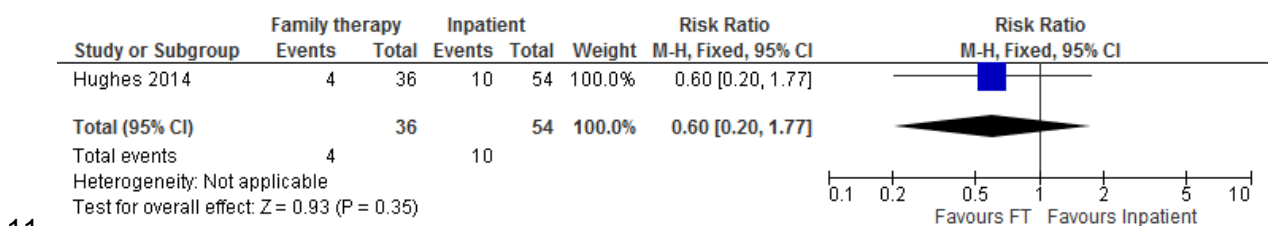


7 **M.10.2.56 Family therapy (FT) compared with inpatient care for adults with anorexia nervosa at end of treatment**

8 **Figure 2072: Readmission**

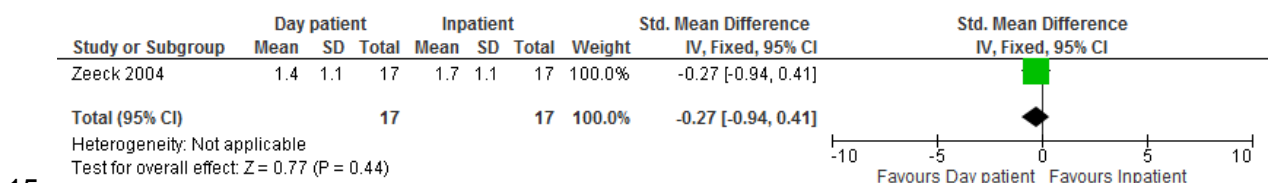


10 **Figure 2073: Readmission >3 times**

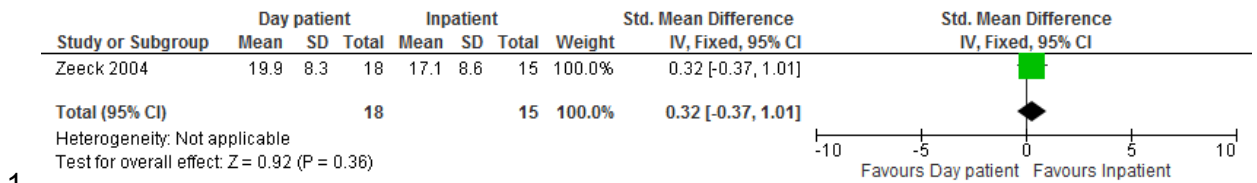


13 **M.10.2.62 Day patient compared with inpatient care for adults with bulimia nervosa at end of treatment**

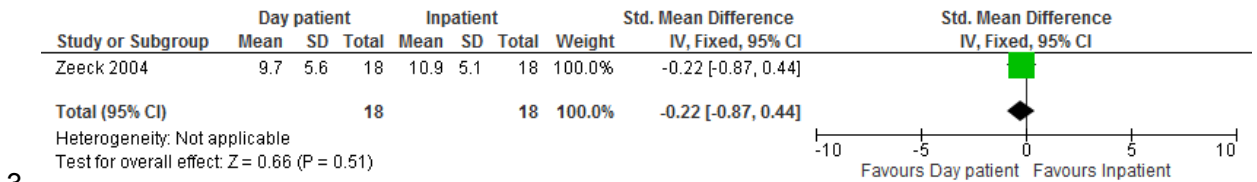
14 **Figure 2074: Depression**



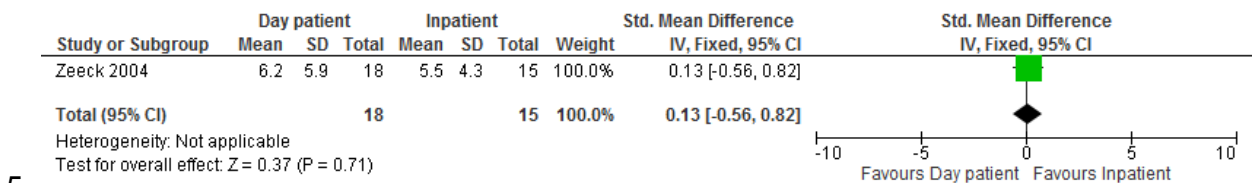
16 **Figure 2075: EDI-body dissatisfaction**



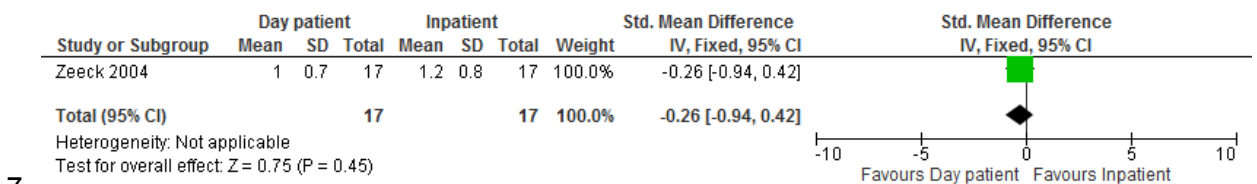
2 **Figure 2076: EDI-drive for thinness**



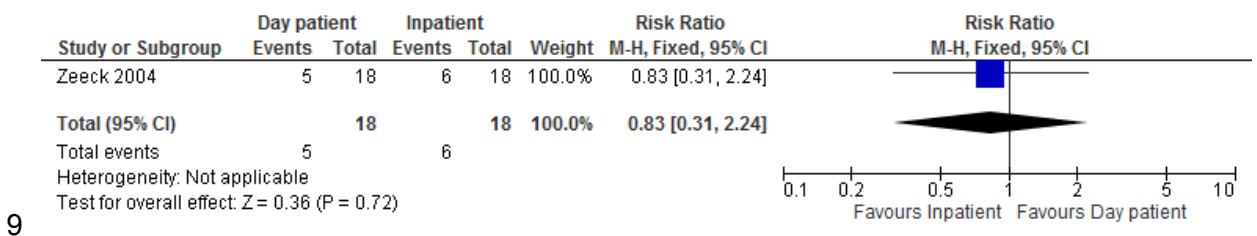
4 **Figure 2077: EDI-bulimia**



6 **Figure 2078: Symptom checklist**

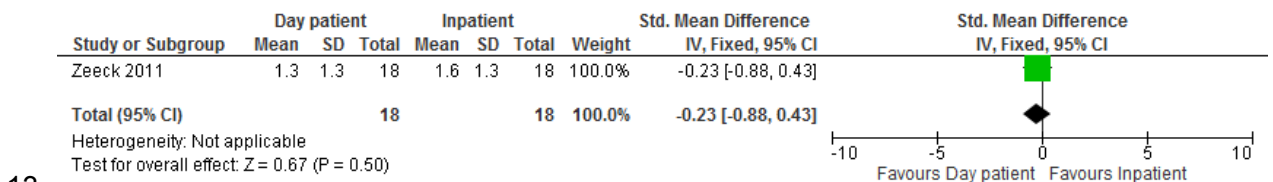


8 **Figure 2079: Remission**

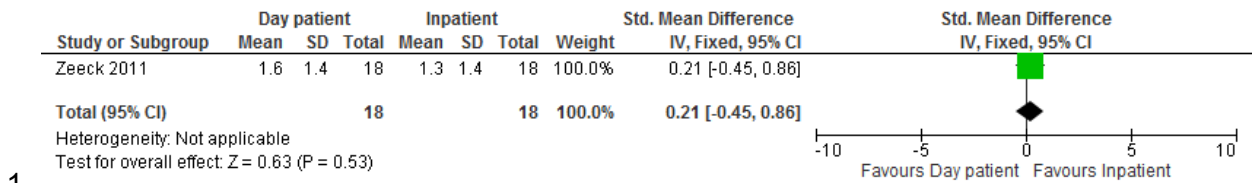


M.10.2.70 **Day patient compared with inpatient care for adults with bulimia nervosa at end of treatment**

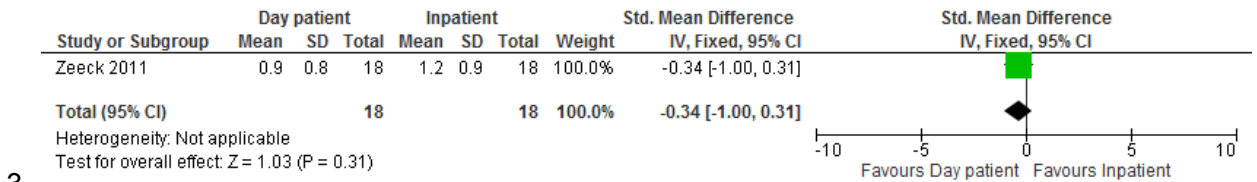
12 **Figure 2080: Bingeing**



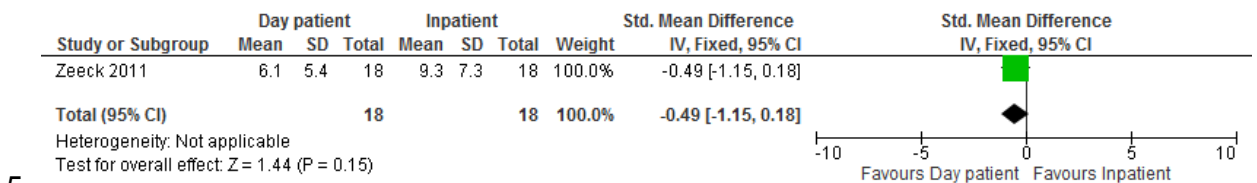
14 **Figure 2081: Vomiting**



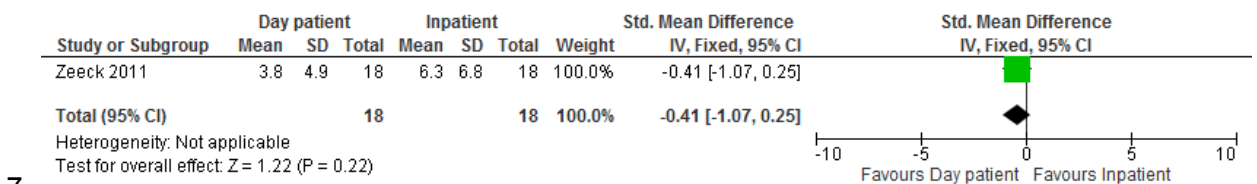
2 **Figure 2082: Depression**



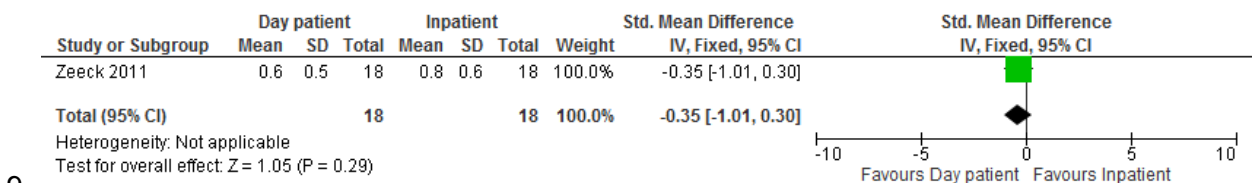
4 **Figure 2083: EDI-drive for thinness**



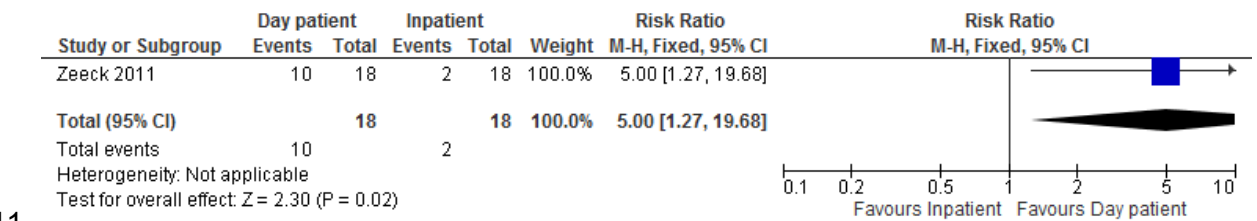
6 **Figure 2084: EDI-bulimia**



8 **Figure 2085: Global severity index SCL-90R**

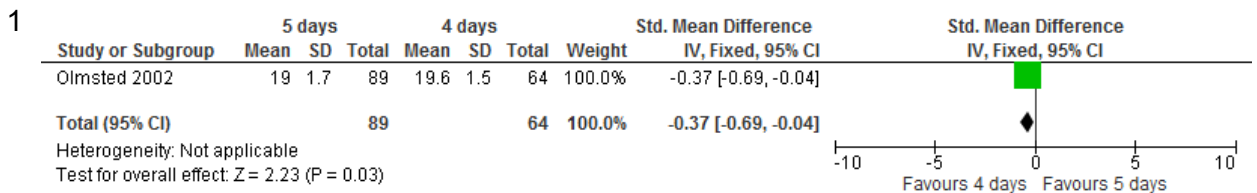


10 **Figure 2086: Remission**



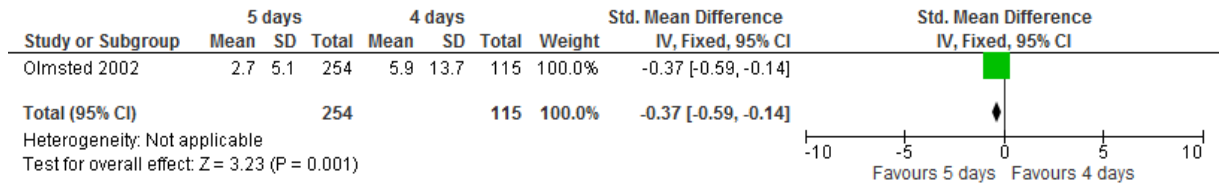
M.10.2.82 **Five-day compared with 4-day inpatient care for adults with anorexia nervosa or bulimia nervosa at end of treatment**

14 **Figure 2087: BMI**



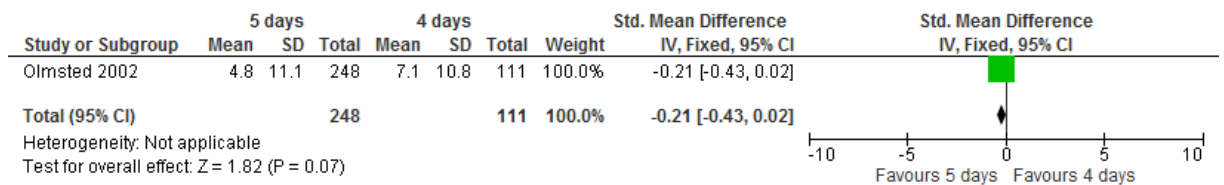
2

3 **Figure 2088: Bingeing**



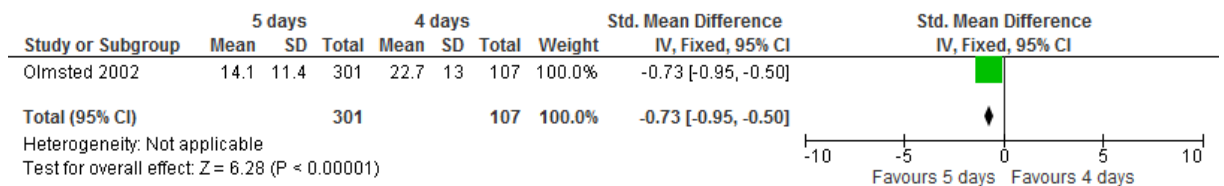
4

5 **Figure 2089: Vomiting**



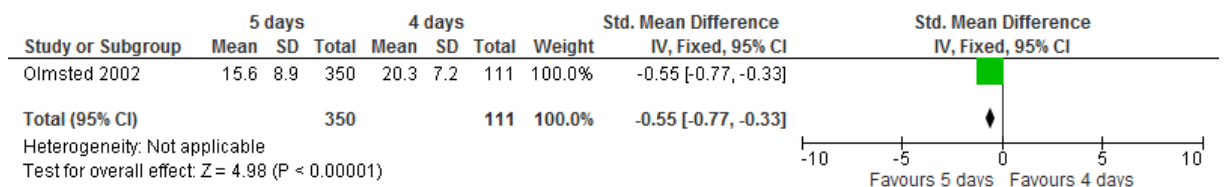
6

7 **Figure 2090: Depression**



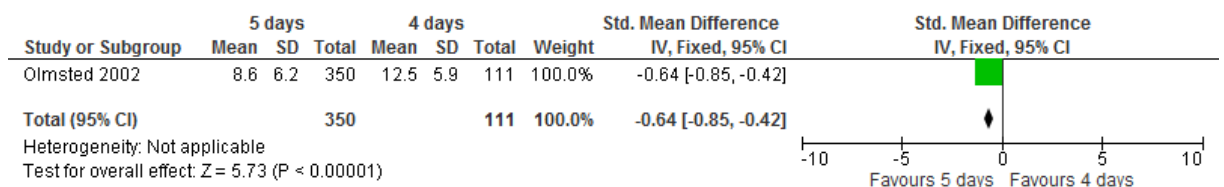
8

9 **Figure 2091: EDI-body dissatisfaction**



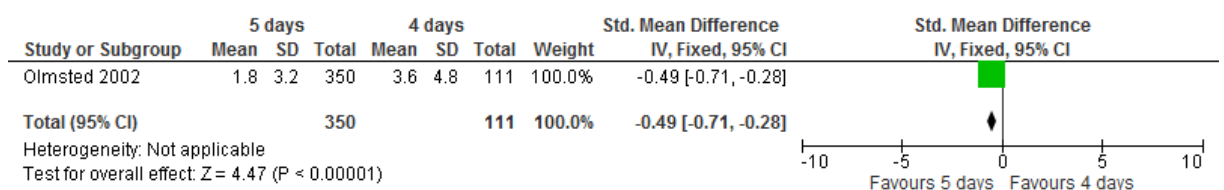
10

11 **Figure 2092: EDI-drive for thinness**



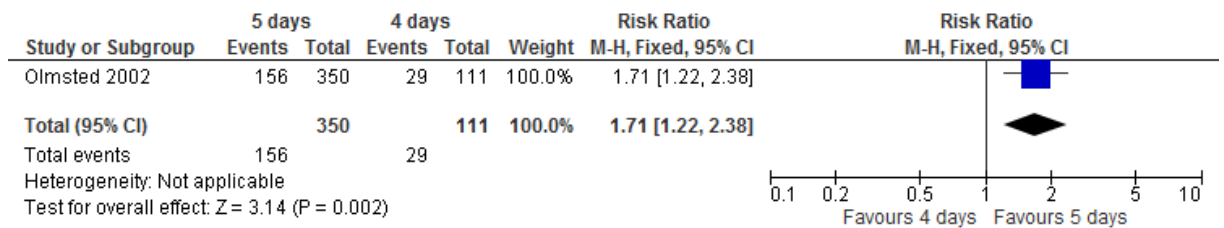
12

13 **Figure 2093: EDI-bulimia**



14

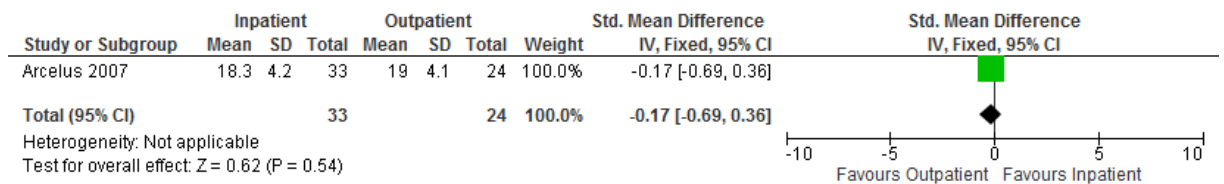
1 **Figure 2094: Remission**



2

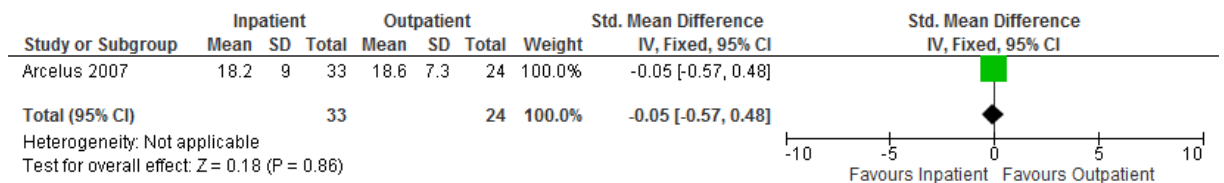
M.10.2.93 **Individual CHAMS compared with outpatient CAMHS for adults with any eating disorder at follow-up**

5 **Figure 2095: BMI**



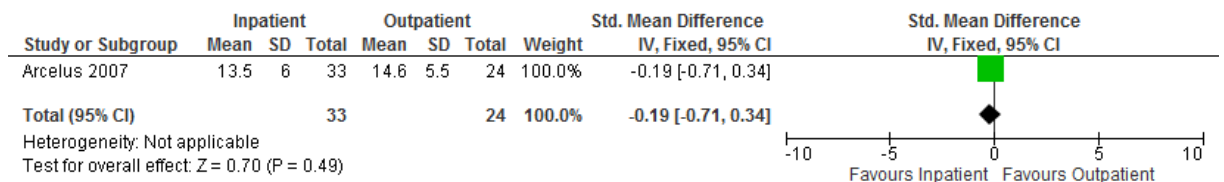
6

7 **Figure 2096: EDI-body dissatisfaction**



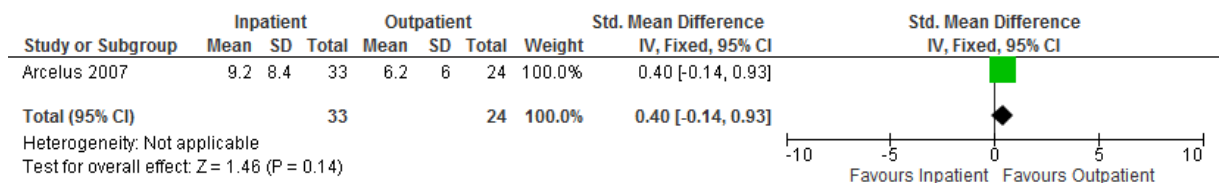
8

9 **Figure 2097: EDI-drive for thinness**



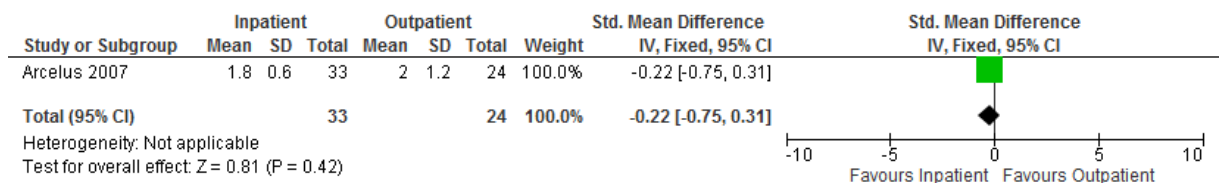
10

11 **Figure 2098: EDI-bulimia**



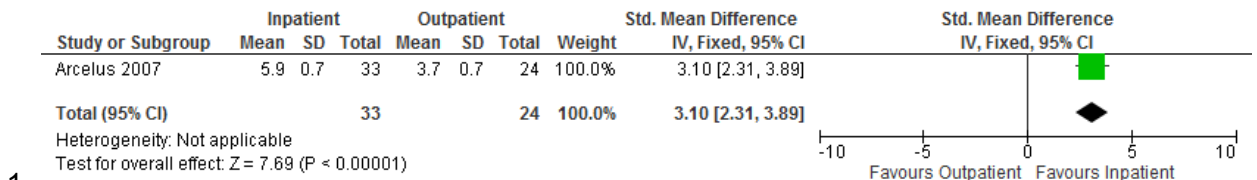
12

13 **Figure 2099: Global severity checklist**



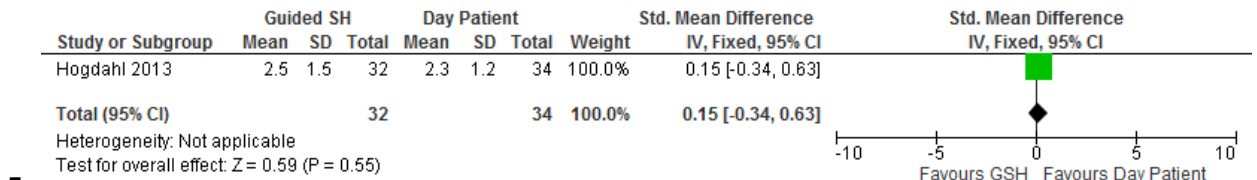
14

15 **Figure 2100: Self-esteem**

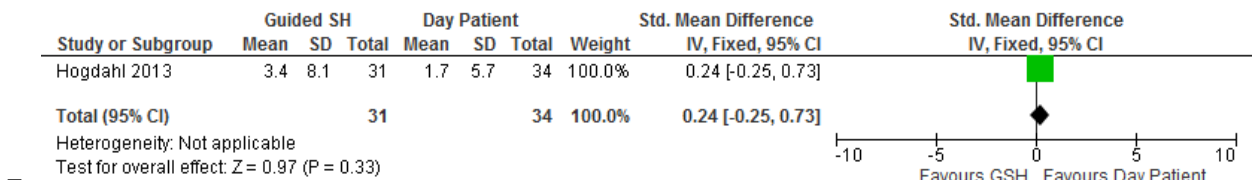


M.10.2.102 Guided self-help (GSH) compared with day patient for adults with bulimia nervosa or EDNOS at end of treatment

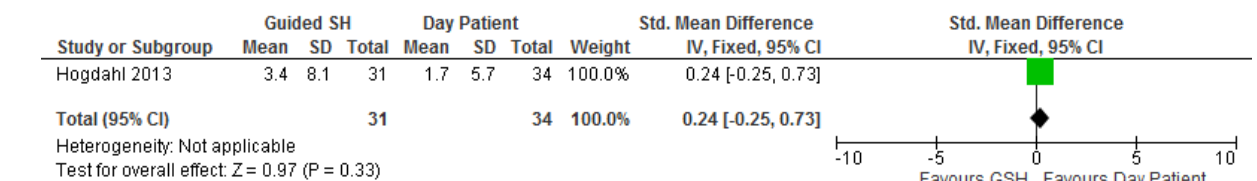
4 Figure 2101: Bingeing



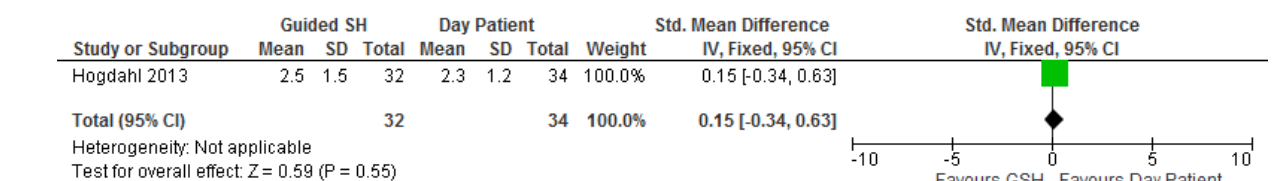
6 Figure 2102: Exercise



8 Figure 2103: Vomiting

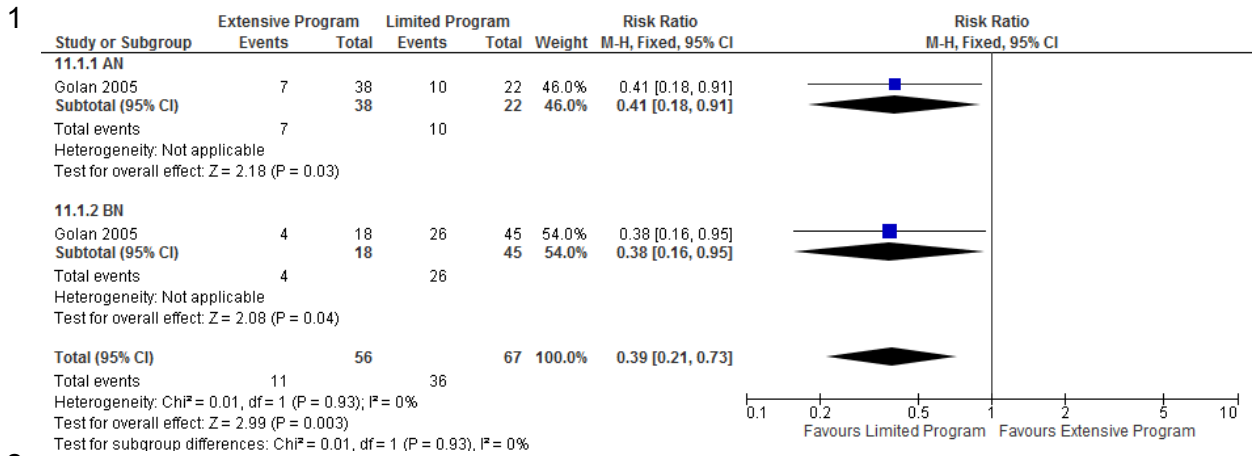


10 Figure 2104: EDE-total



M.10.2.112 Extensive programme compared with a limited programme for adults with anorexia nervosa or bulimia nervosa at end of treatment and follow-up

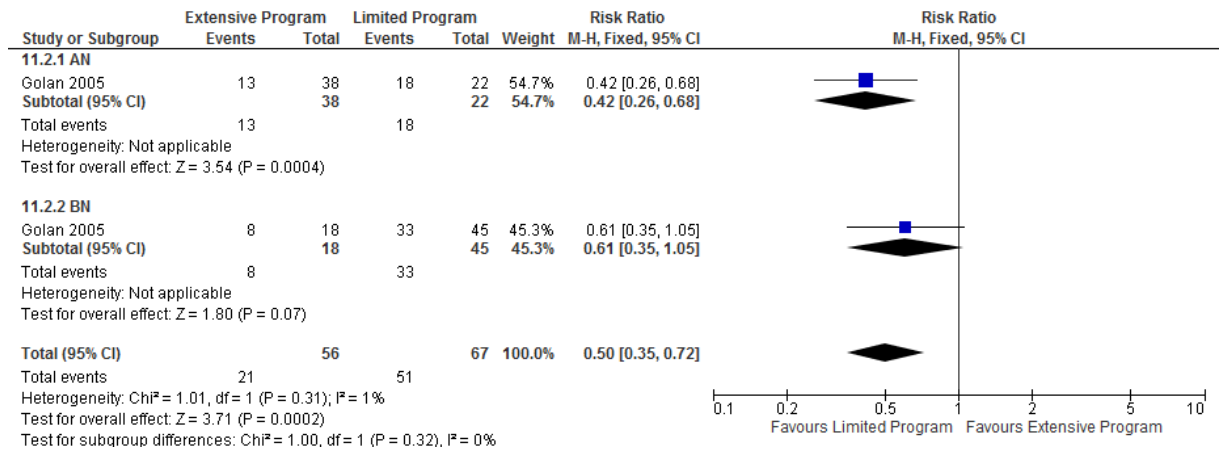
14 Figure 2105: Remission



2

3 **Figure 2106: Remission follow-up**

4

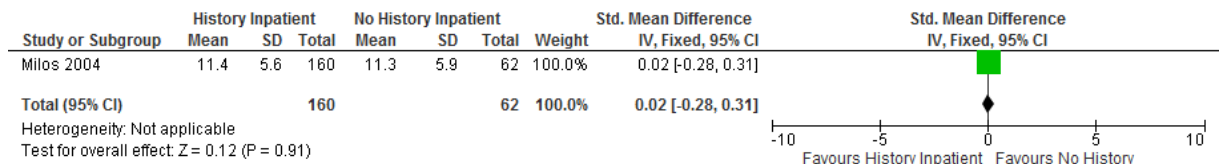


5

M.10.2.126 **History of inpatient care compared no history for adults with any eating disorder at end of treatment**

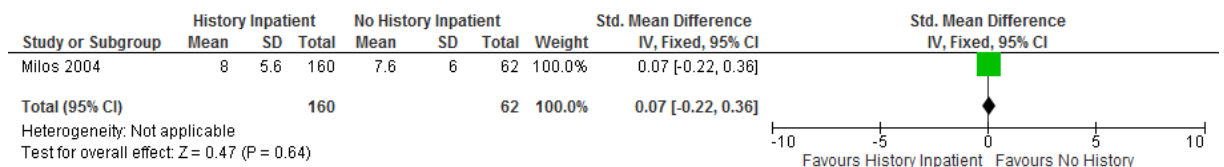
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8 **Figure 2107: EDI-body dissatisfaction**



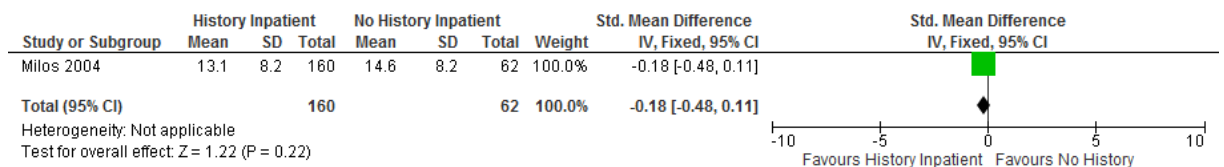
9

10 **Figure 2108: EDI-drive for thinness**



11

12 **Figure 2109: EDI-bulimia**

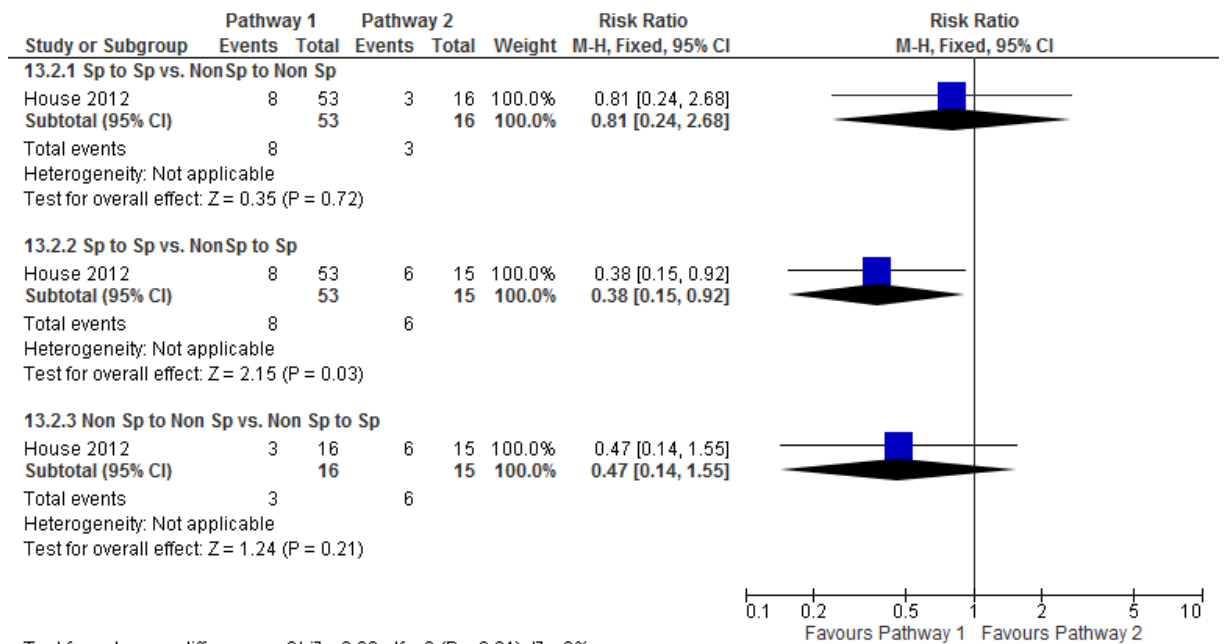


13

M.10.2.131 Specialist (Sp) compared with non-specialist (Non-Sp) assessment and treatment

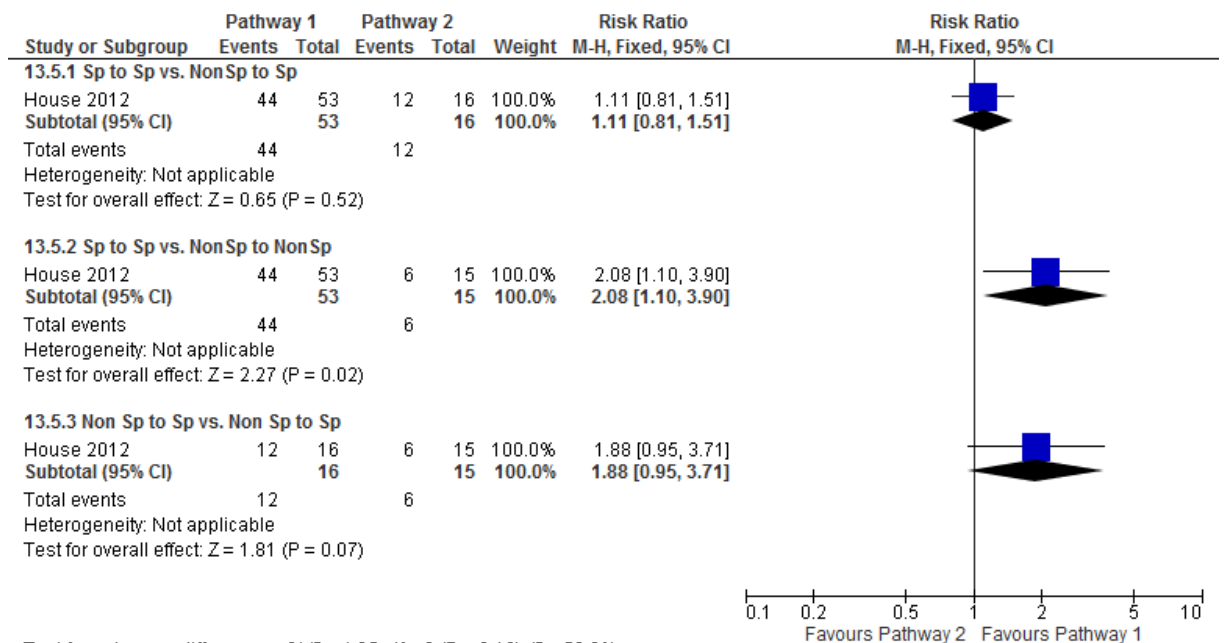
2 Figure 2110: Admitted to inpatient treatment

3



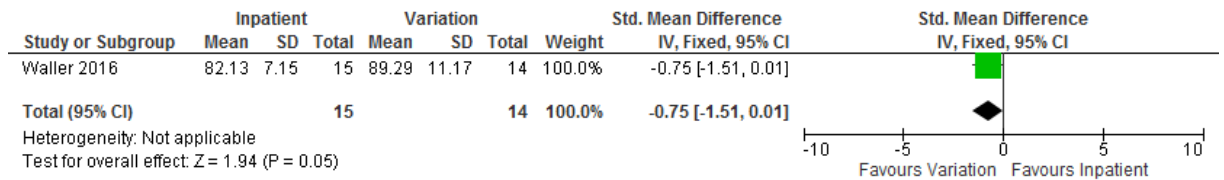
5 Figure 2111: Continuity of care

6



M.10.2.148 Inpatient compared with a variation in outpatient (day, hospital, outpatient) in adults with anorexia nervosa at the end of treatment

10 Figure 2112: Percentage of average body weight

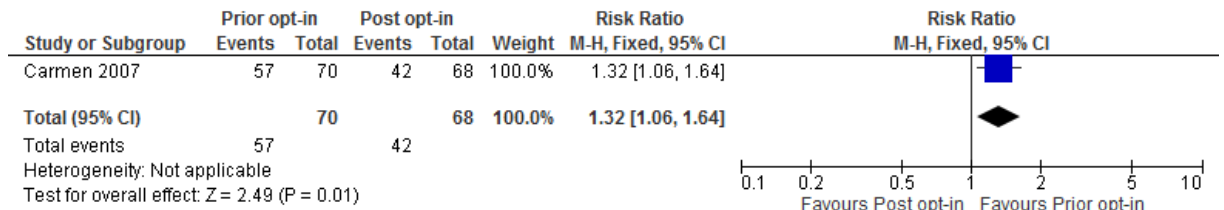


1

M.10.2.152 Prior to opt-in compared with opt-in for adults with any eating disorder at the end of treatment

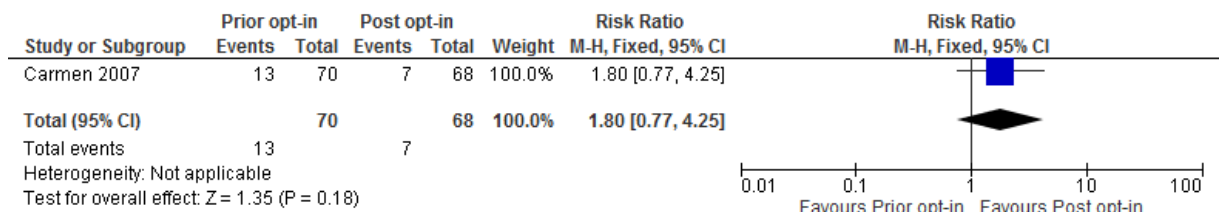
4 Figure 2113: Percentage attended first appointment

5



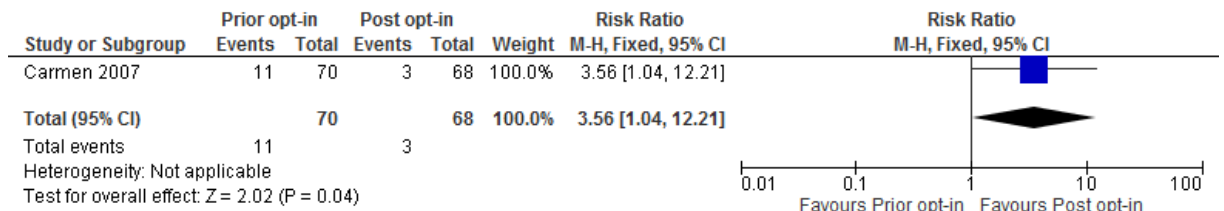
6

7 Figure 2114: Overall attrition rate



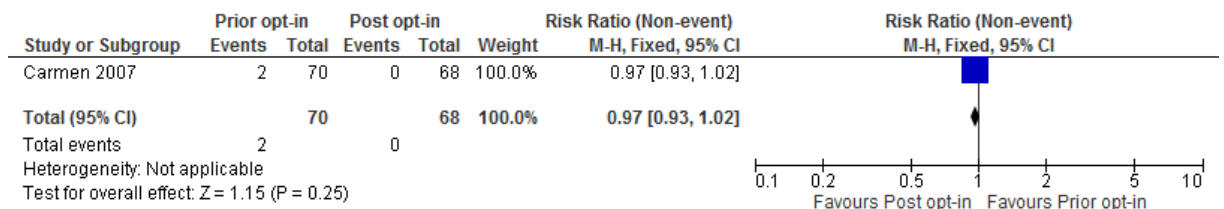
8

9 Figure 2115: Did not attend first appointment



10

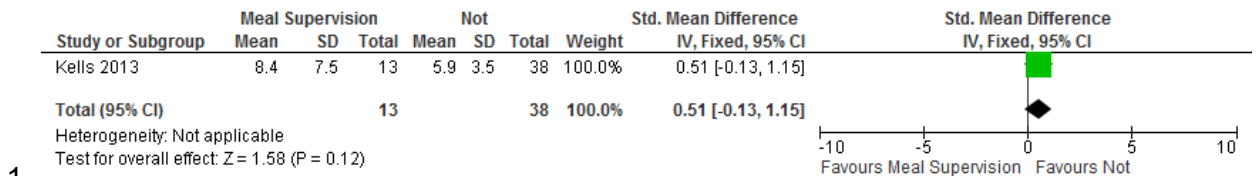
11 Figure 2116: Cancellations



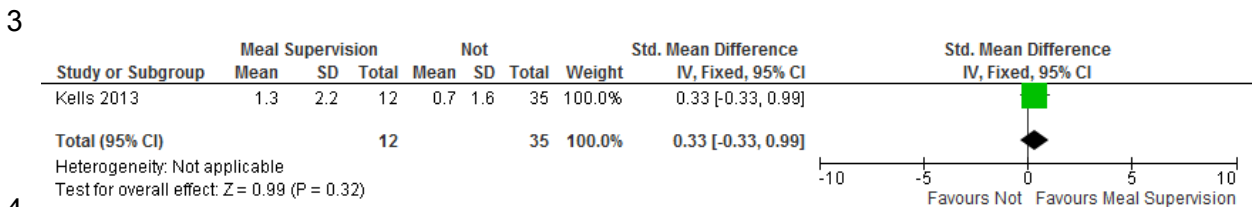
12

M.10.2.163 Meal supervision compared with no supervision (not) for adults with any eating disorder at the end of treatment

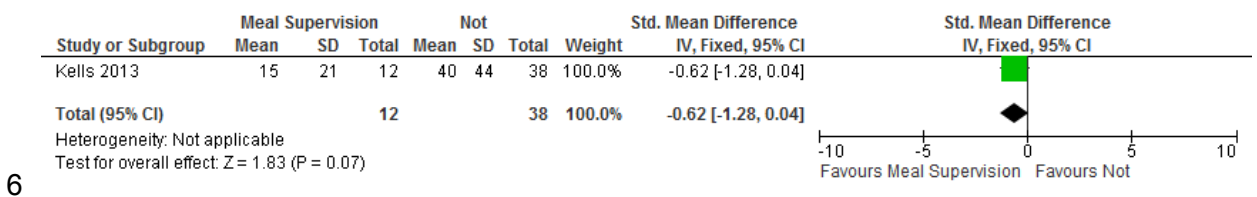
15 Figure 2117: Length of hospital stay



2 **Figure 2118: Weight gain**

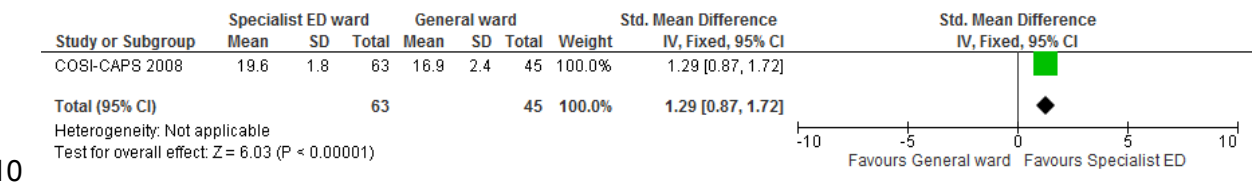


4 **Figure 2119: Bradycardia**

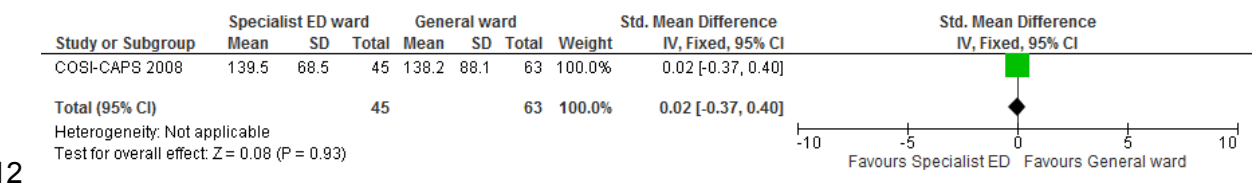


M.10.2.177 **Eating disorder specialist inpatient care compared with general inpatient care for adults with anorexia nervosa at the end of treatment**

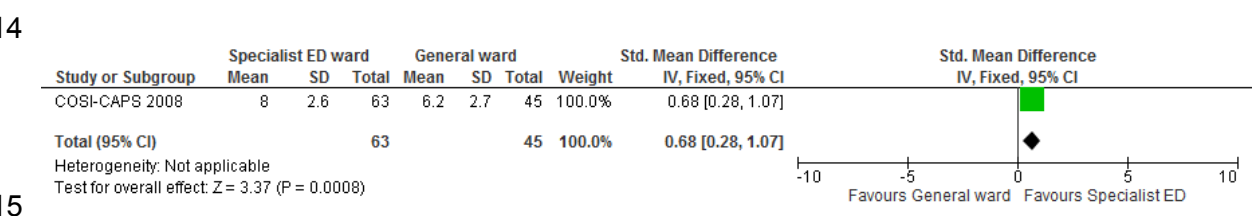
8 **Figure 2120: BMI**



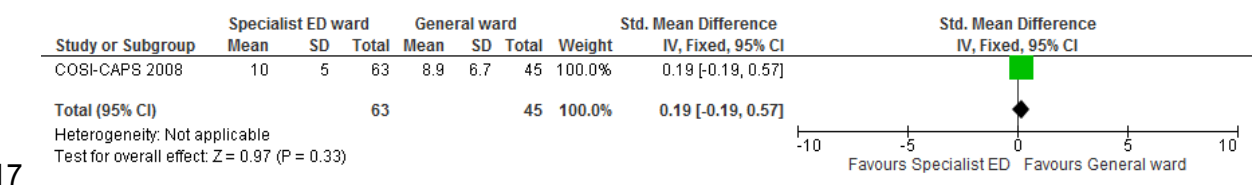
11 **Figure 2121: Length of hospital stay**



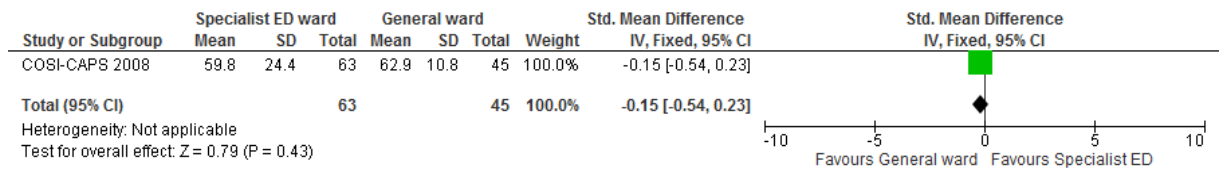
14 **Figure 2122: Morgan-Russell assessment**



17 **Figure 2123: General health**



1 **Figure 2124: Children's global assessment**



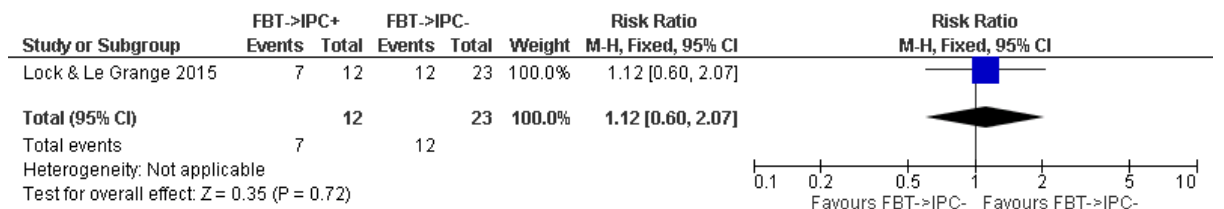
2

M.11.3 Clinical question: Do different ways of coordinating care produce benefits/harms for people with eating disorders?

M.11.15 Anorexia nervosa

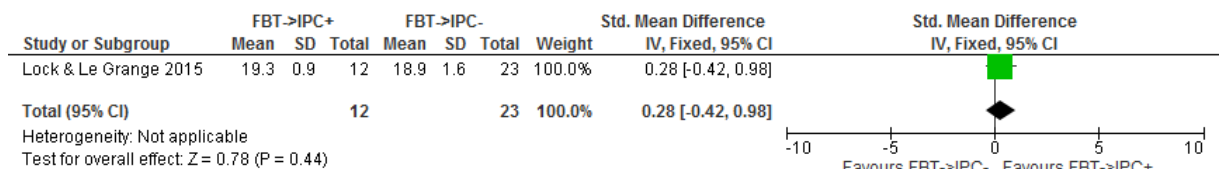
M.11.1.16 Family-based treatment and intensive parental coaching versus family-based treatment only in young people with anorexia nervosa

8 **Figure 2125: Recovery (Number of people achieving 95% or more expected body weight)**



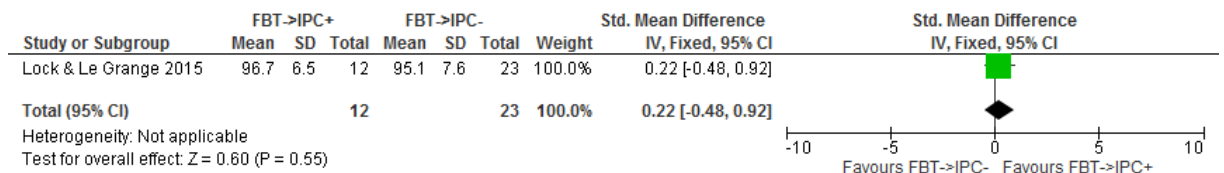
10

11 **Figure 2126: BMI**



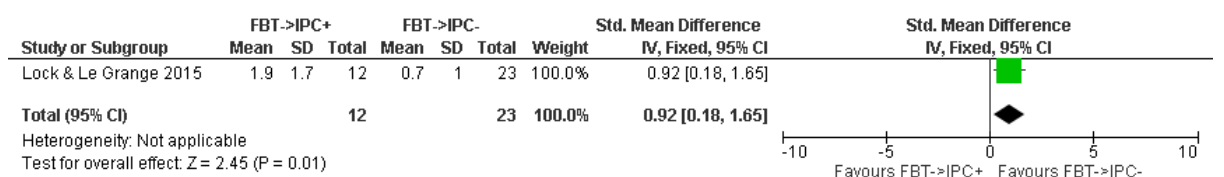
13

14 **Figure 2127: Percentage of expected body weight**



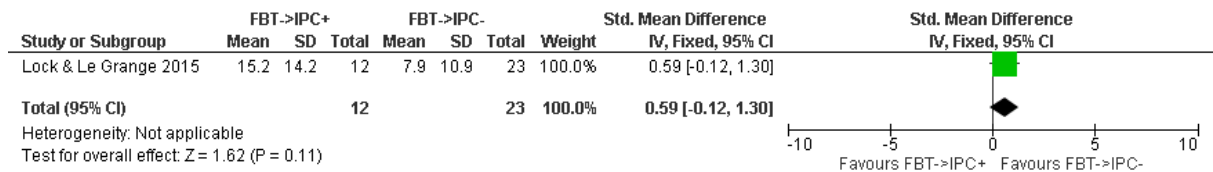
16

17 **Figure 2128: EDE-global**



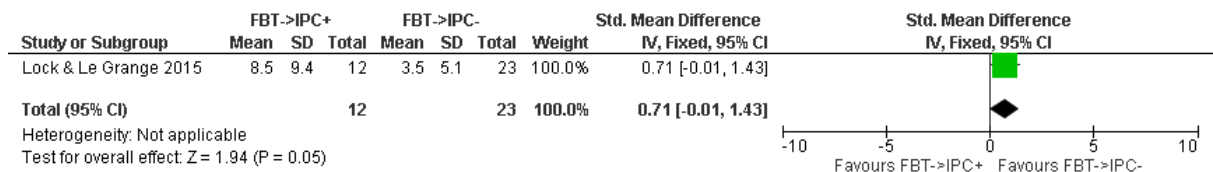
18

1 **Figure 2129: Depression**



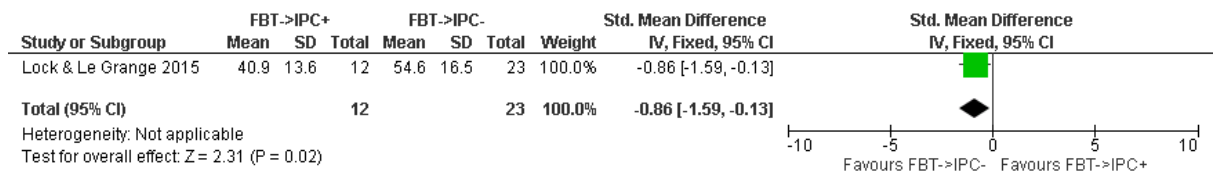
2

3 **Figure 2130: Yale-Brown-Cornell Eating Disorder Scale**



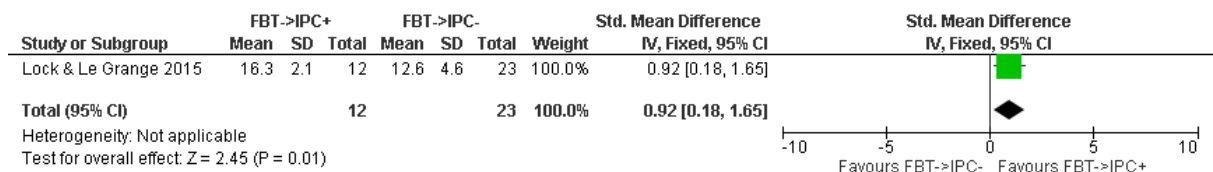
4

5 **Figure 2131: Service user experience**



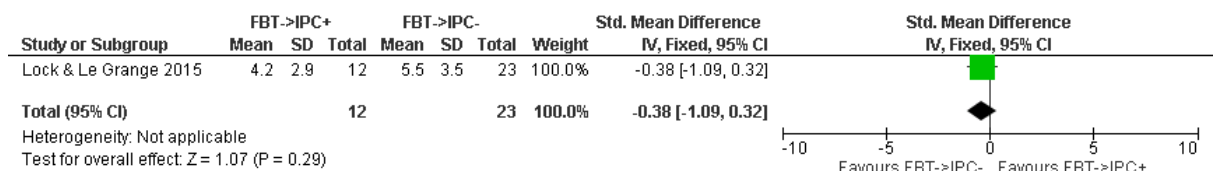
6

7 **Figure 2132 : Number of family-based treatment sessions attended**



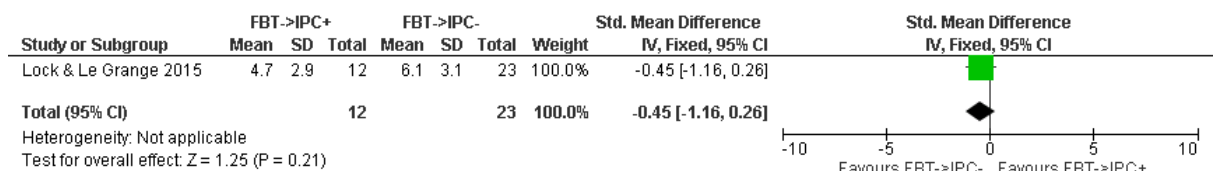
8

9 **Figure 2133: Treatment Suitability and Patient Expectancy-child suitability**



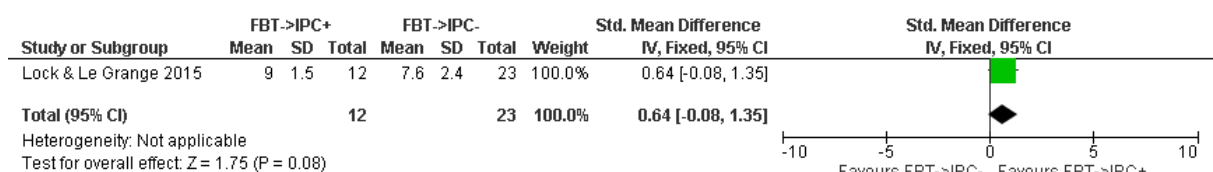
10

11 **Figure 2134: Treatment Suitability and Patient Expectancy-child expectancy**



12

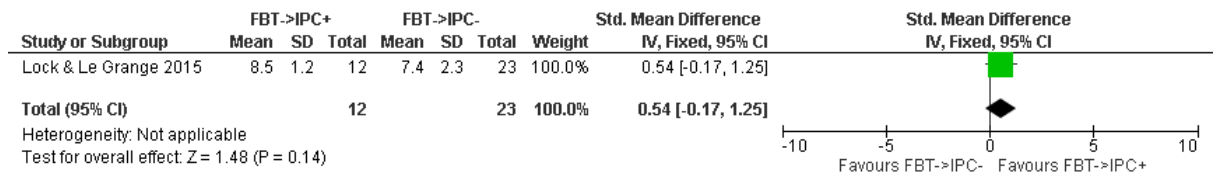
13 **Figure 2135: Treatment Suitability and Patient Expectancy-mother suitability**



14

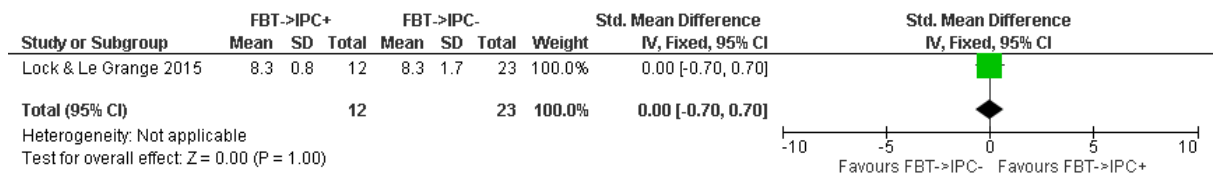
15

1 **Figure 2136: Treatment Suitability and Patient Expectancy-mother expectancy**



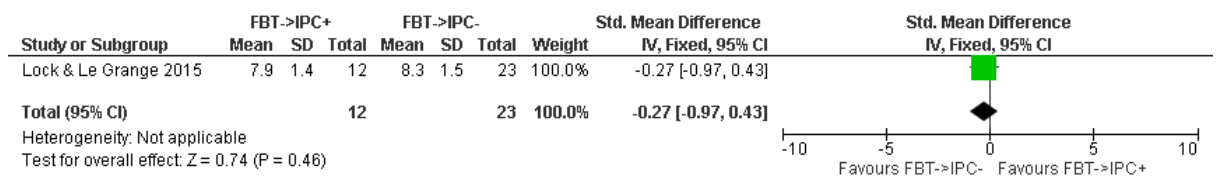
2

3 **Figure 2137: Treatment Suitability and Patient Expectancy-father suitability**



4

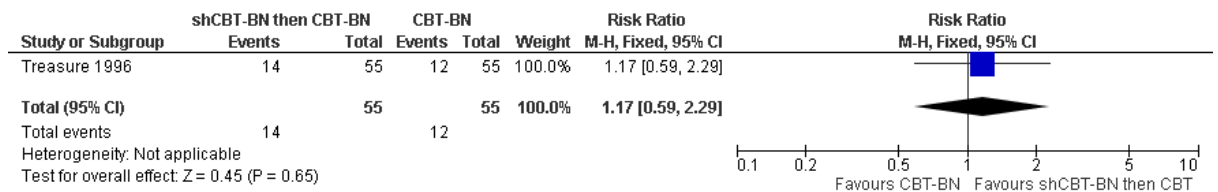
5 **Figure 2138: Treatment Suitability and Patient Expectancy-father expectancy**



6

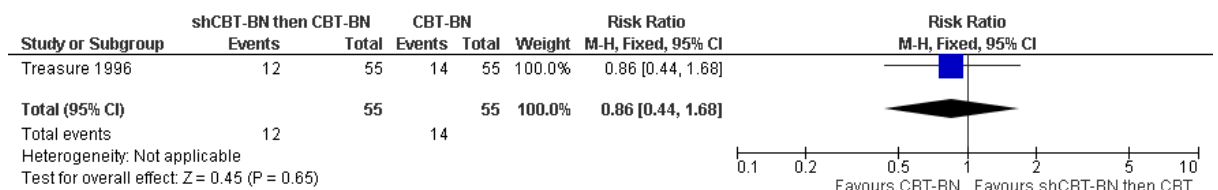
M.11.27 Bulimia nervosa

M.11.2.18 Self-help manual then CBT-ED versus CBT-ED in adults with bulimia nervosa



9

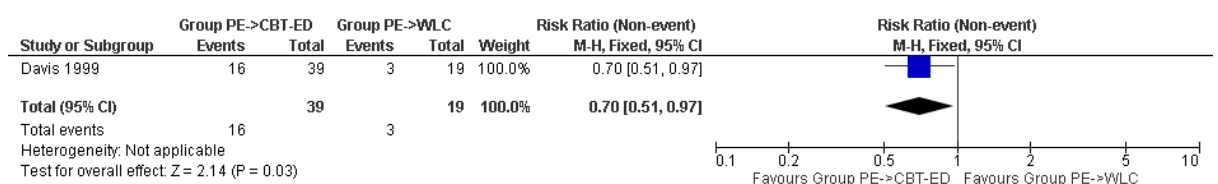
10 **Figure 2139: Remission at follow up (ITT)**



11

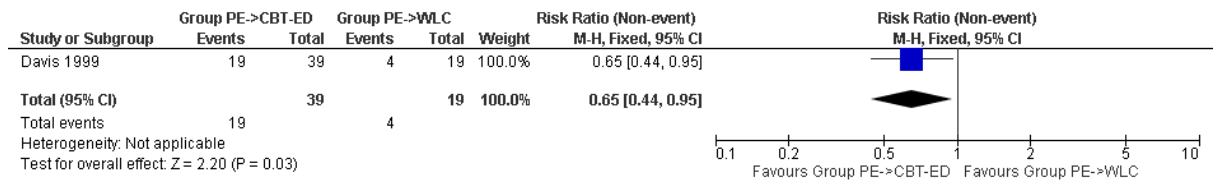
M.11.2.22 Group psychoeducation then CBT-ED versus group psychoeducation in adults with bulimia nervosa

14 **Figure 2140: Remission (ITT)**



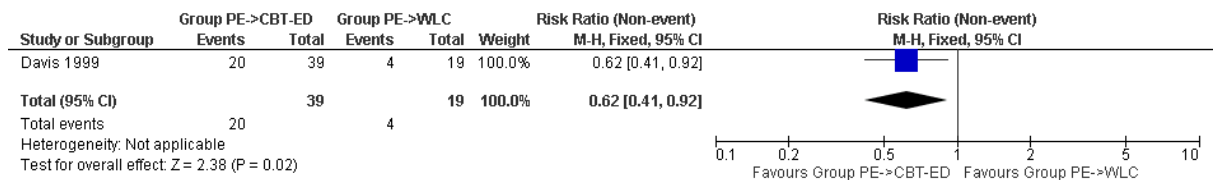
15

1 **Figure 2141: Remission from bingeing (ITT)**



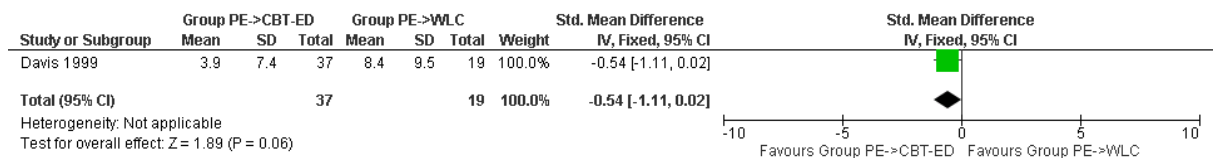
2

3 **Figure 2142: Remission from purging (ITT)**



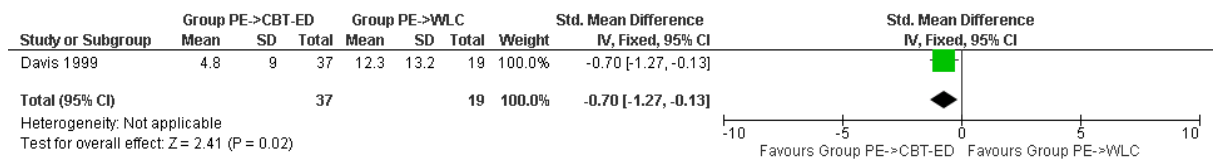
4

5 **Figure 2143: Binge frequency**



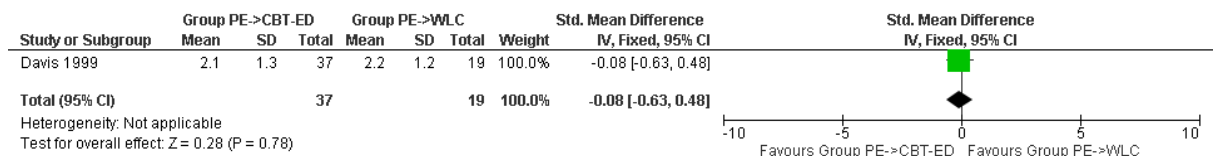
6

7 **Figure 2144: Purge frequency**



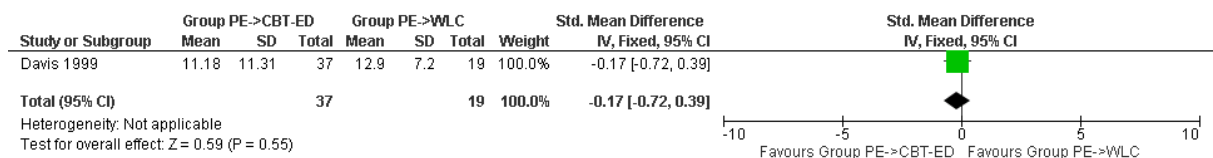
8

9 **Figure 2145: EDE-global**



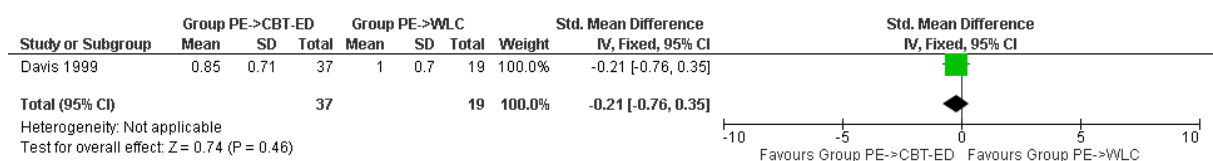
10

11 **Figure 2146: Depression**



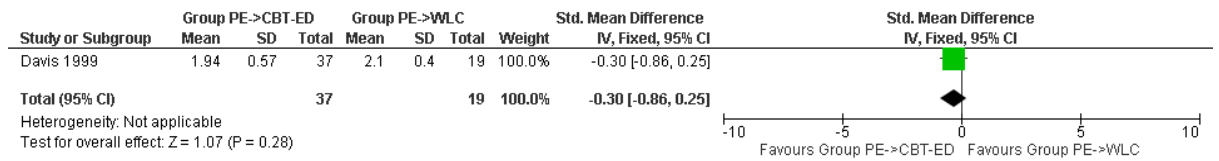
12

13 **Figure 2147: General psychopathology**



14

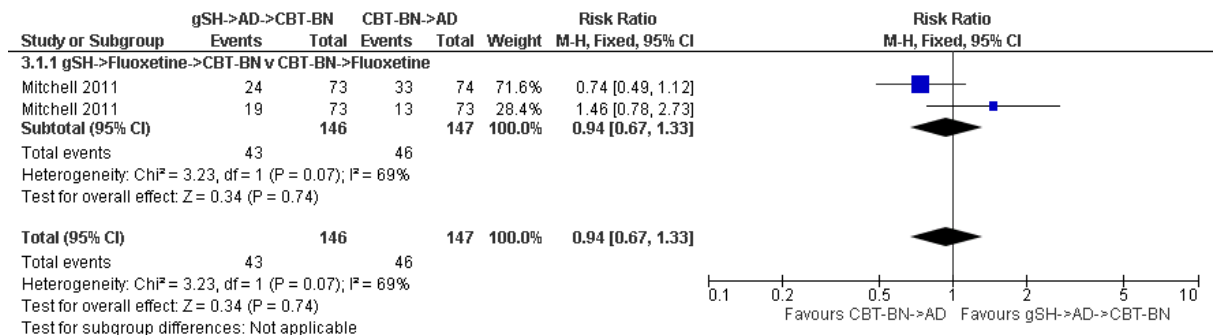
1 **Figure 2148: General functioning**



2

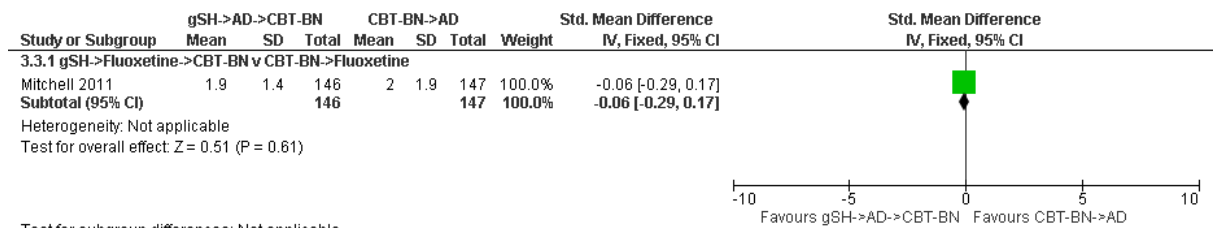
M.11.2.33 **Guided self-help then antidepressant then CBT-ED versus CBT-ED then antidepressant in adults with bulimia nervosa**

5 **Figure 2149: Remission (ITT)**



6

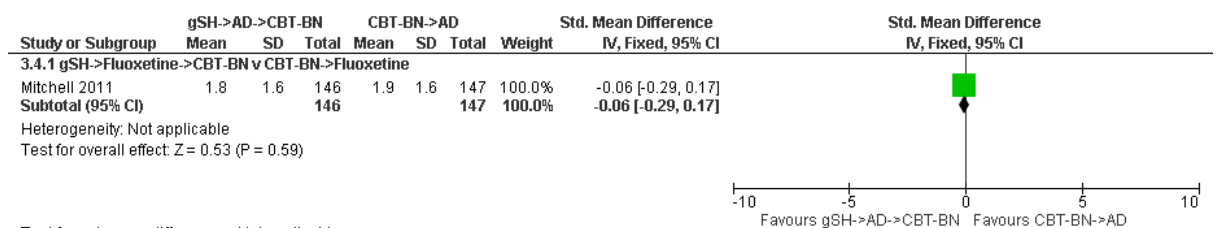
7 **Figure 2150: EDE-global**



8

Test for subgroup differences: Not applicable

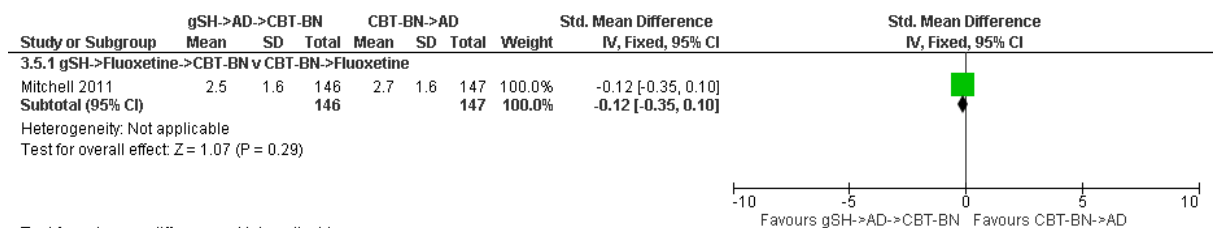
9 **Figure 2151: EDE-dietary restraint**



10

Test for subgroup differences: Not applicable

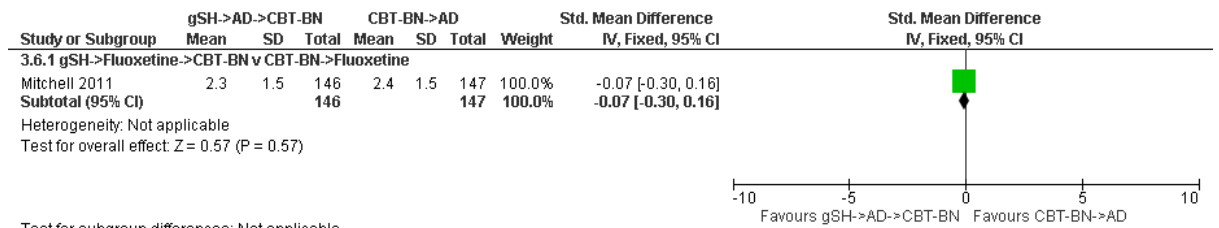
11 **Figure 2152: EDE-shape concern**



12

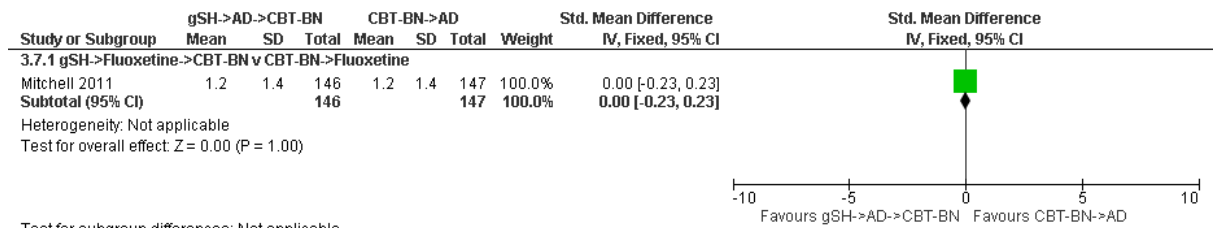
Test for subgroup differences: Not applicable

1 **Figure 2153: EDE-weight concern**



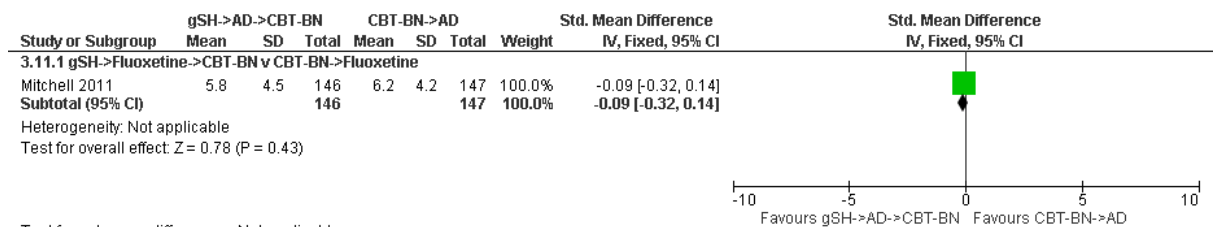
2 Test for subgroup differences: Not applicable

3 **Figure 2154: EDE-eating concern**



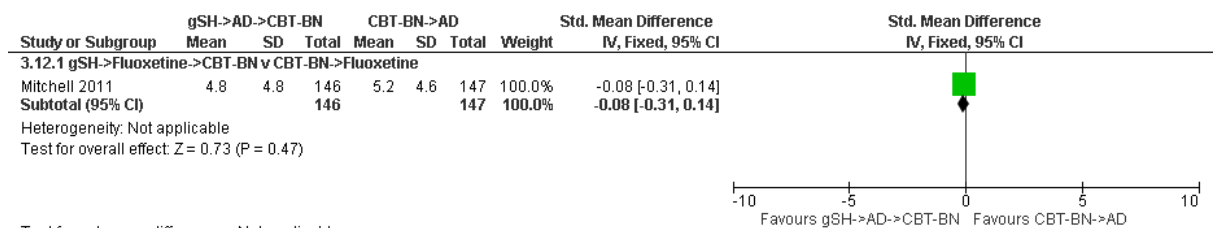
4 Test for subgroup differences: Not applicable

5 **Figure 2155: Yale-Brown-Cornell Eating Disorder Scale-preoccupation**



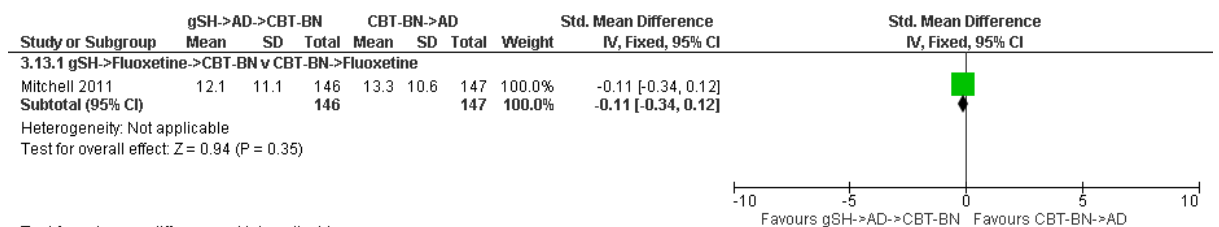
6 Test for subgroup differences: Not applicable

7 **Figure 2156: Yale-Brown-Cornell Eating Disorder Scale-ritual**



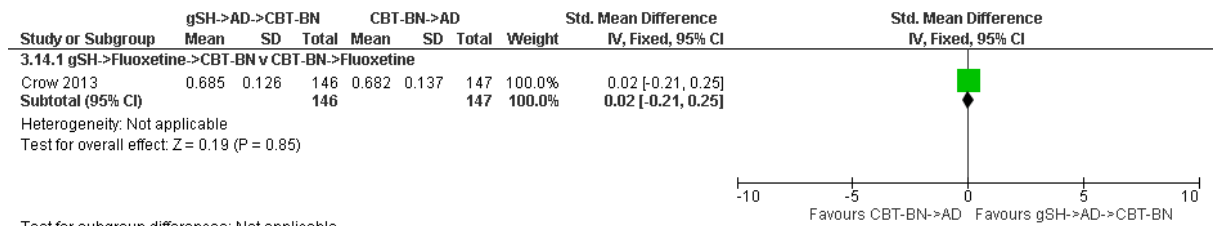
8 Test for subgroup differences: Not applicable

9 **Figure 2157: Depression**



10 Test for subgroup differences: Not applicable

1 **Figure 2158: Quality of Well Being Scale**

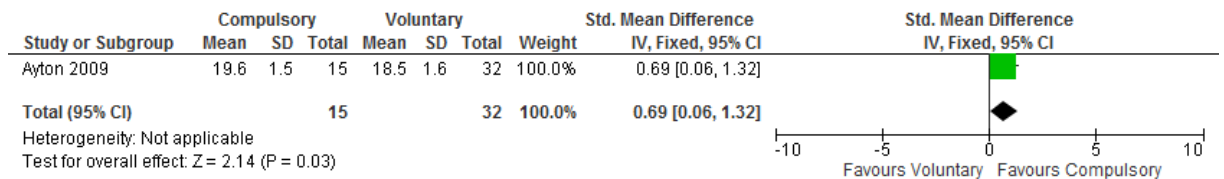


2 Test for subgroup differences: Not applicable

M.12.3 Clinical question: What factors/indicators should be considered when assessing whether a person with an eating disorder should be admitted for compulsory treatment (including any form of restrictive interventions usually implemented in refeeding)?

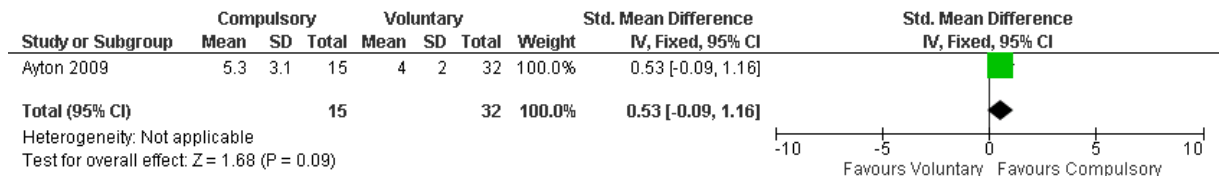
M.12.1.18 Compulsory treatment versus voluntary treatment in young people with any eating disorder at discharge from hospital

10 **Figure 2159: BMI at discharge**



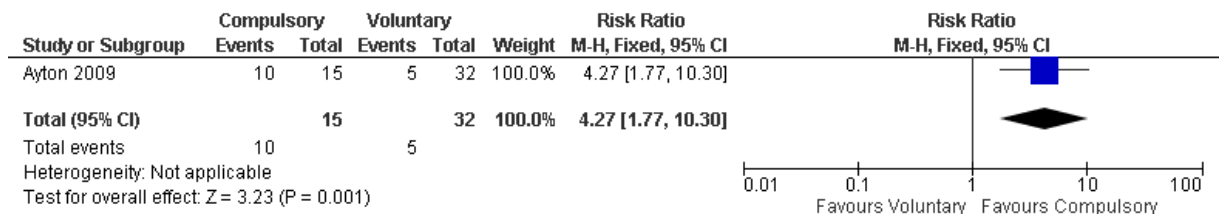
11

12 **Figure 2160: Morgan-Russell Outcome-average (change scores)**



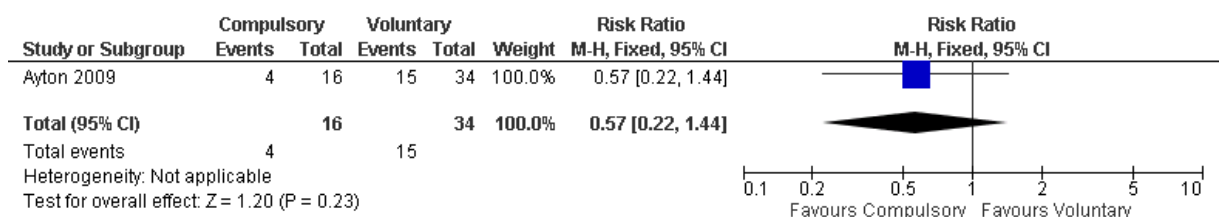
13

14 **Figure 2161: Regular menstruation**



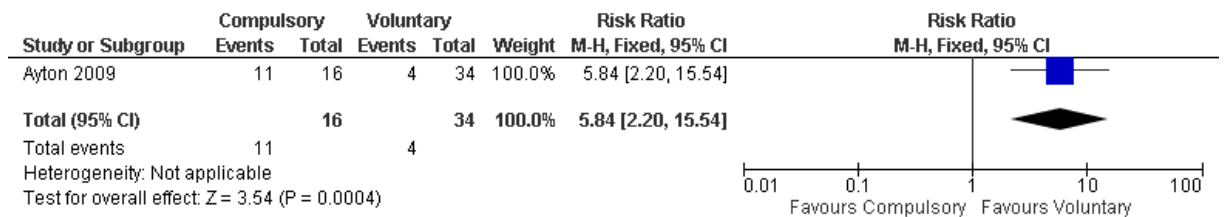
15

16 **Figure 2162: Disengaged from family therapy**



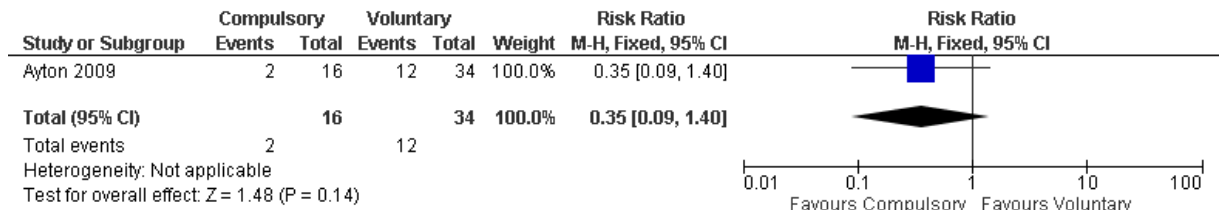
17

1 **Figure 2163: Required nasogastric feeding**



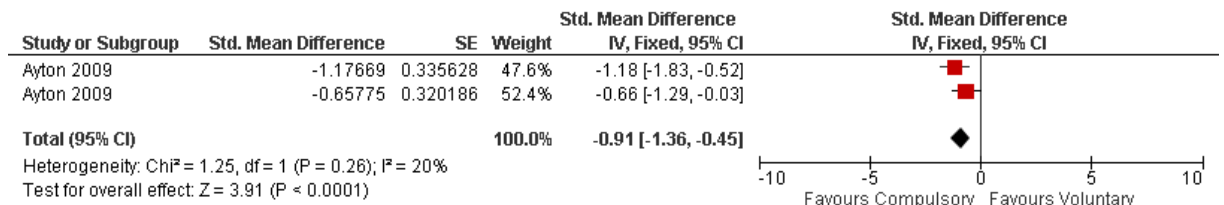
2

3 **Figure 2164: Prematurely discharged**



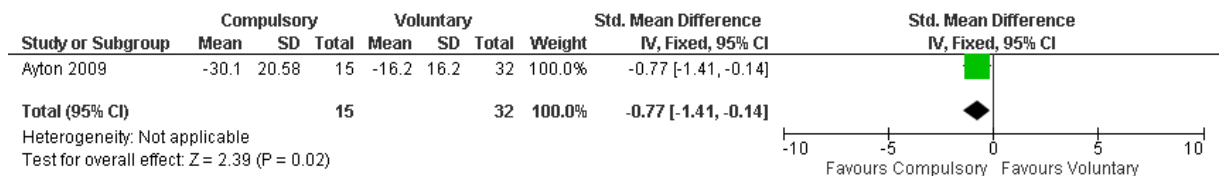
4

5 **Figure 2165: General functioning (change scores)**



6

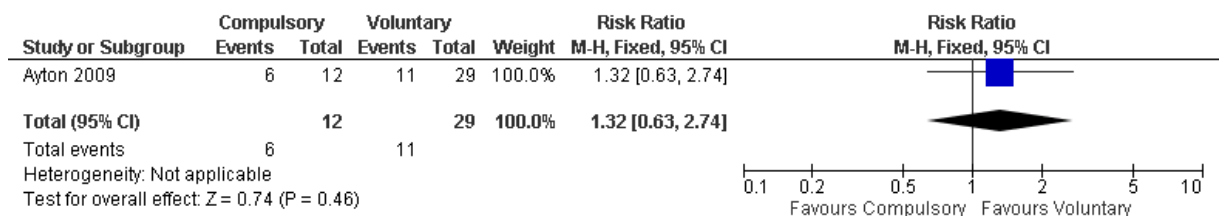
7 **Figure 2166: Depression (change scores)**



8

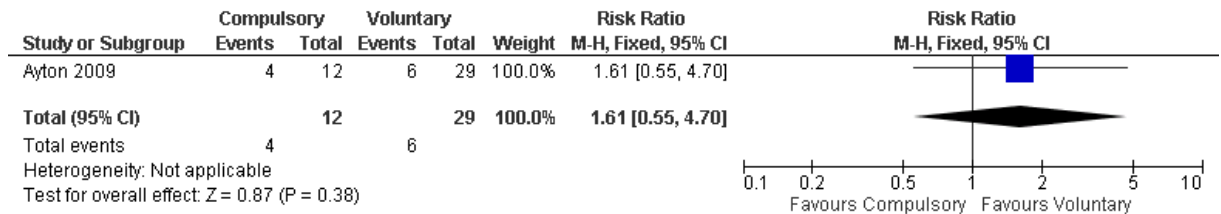
M.12.1.29 **Compulsory treatment versus voluntary treatment in young people with any eating disorder at follow up**

11 **Figure 2167: >90% weight for height ratio 12-mo after discharge - young people**



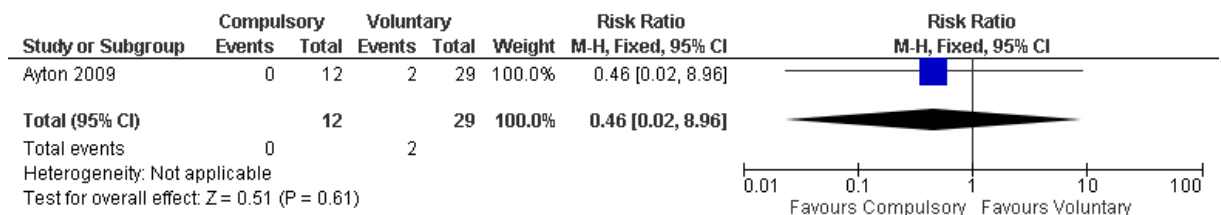
12

1 **Figure 2168: Intermediate outcome (Clinically underweight and either receiving**
 2 **ongoing OP treatment or prematurely disengaged with services) 12-mo after**
 3 **discharge**



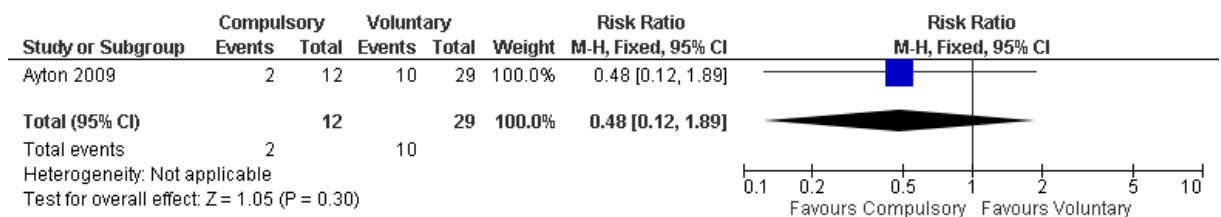
4

5 **Figure 2169: Patient deaths 12-mo after discharge**



6

7 **Figure 2170: Readmitted to hospital 12-mo after discharge**

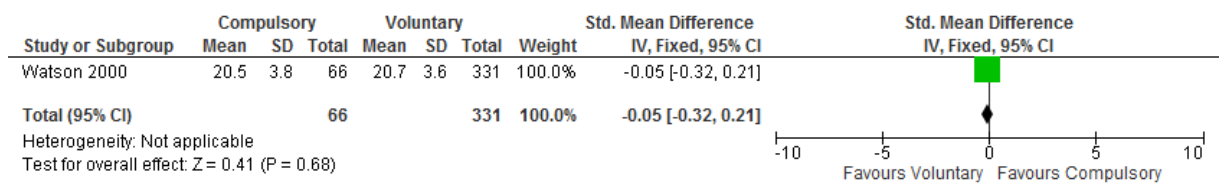


8

M.12.1.39 **Compulsory treatment versus voluntary treatment in adults with any eating disorder at**
 10 **discharge from hospital**

11 **Figure 2171: BMI**

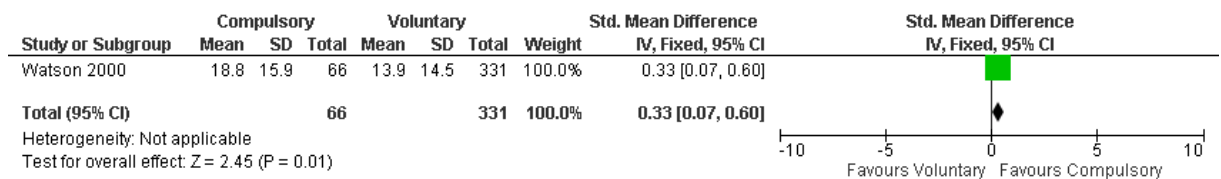
12



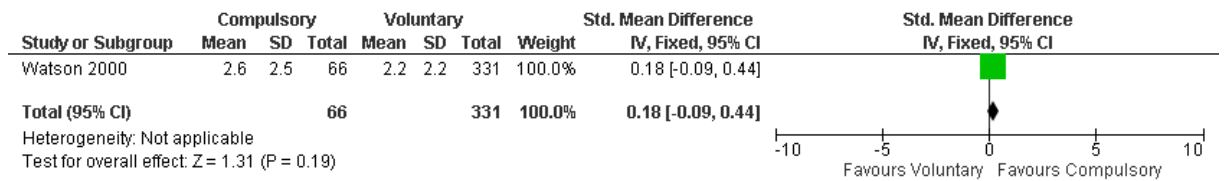
13

14 **Figure 2172: Weight gain (lbs)**

15

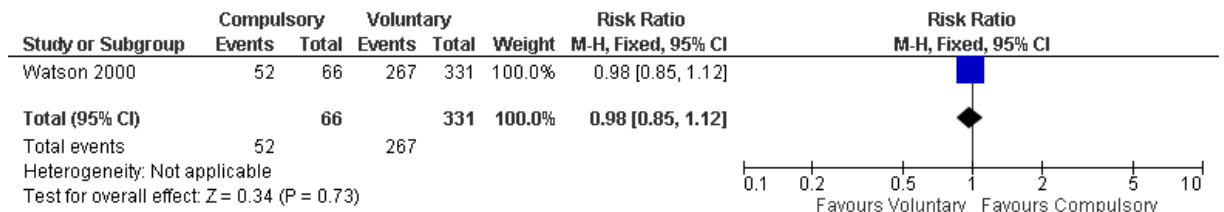


1 **Figure 2173: Rate of weight gain (lbs/week)**



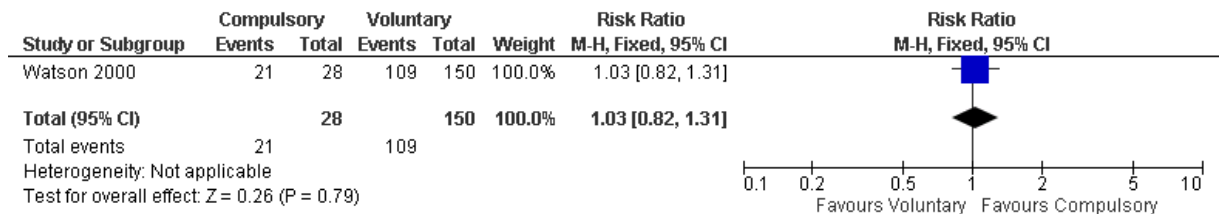
2

3 **Figure 2174: Number of people achieving >85% average body weight or BMI >18 kg/m²**



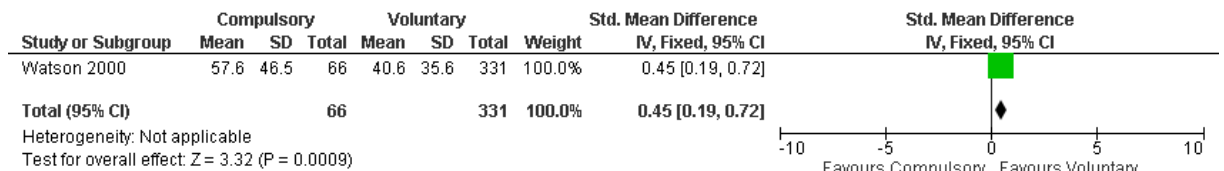
4

5 **Figure 2175: Number of people achieving >85% average body weight**



6

7 **Figure 2176: Length of hospital stay (days)**

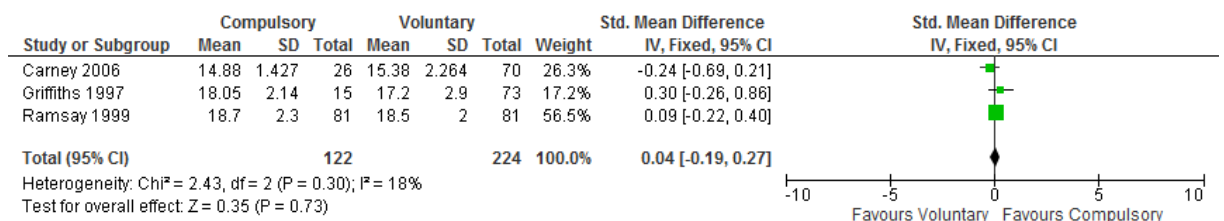


8

M.12.1.49 **Compulsory treatment versus voluntary treatment in adults with anorexia nervosa at discharge**

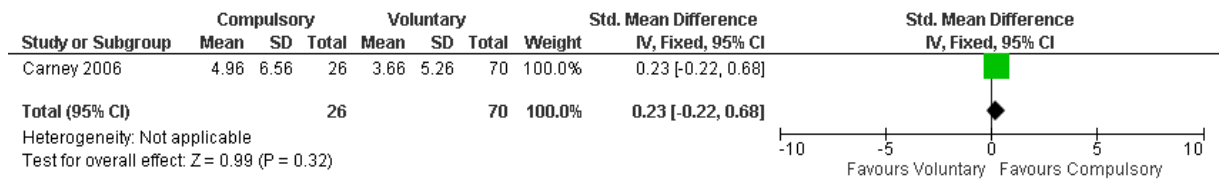
10

11 **Figure 2177: BMI**



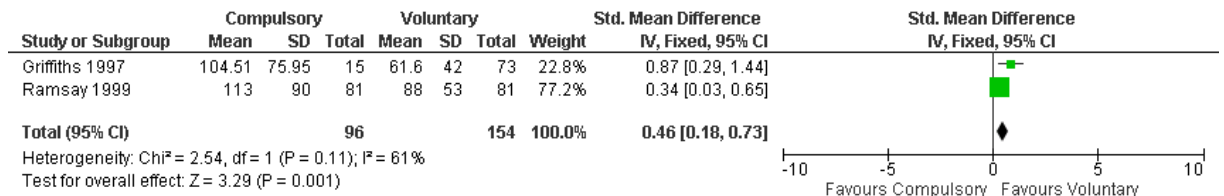
12

1 **Figure 2178: Weight gain**



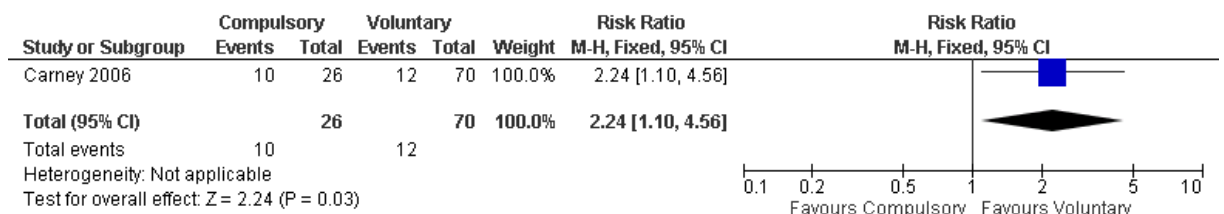
2

3 **Figure 2179: Length of hospital stay (days)**



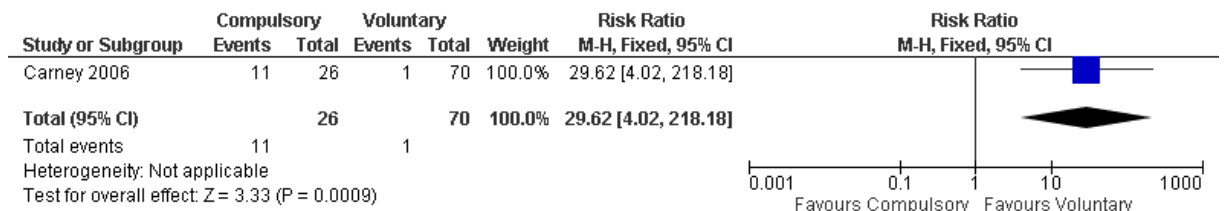
4

5 **Figure 2180: Number of people experiencing refeeding syndrome**



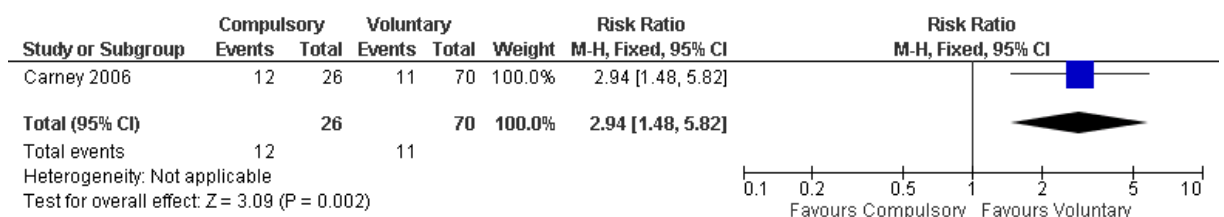
6

7 **Figure 2181: Number of people on locked ward**



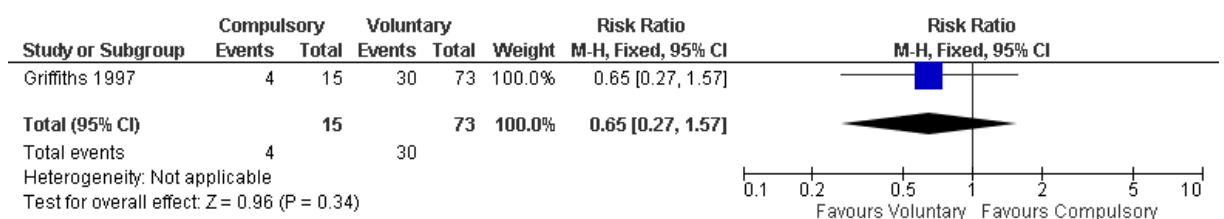
8

9 **Figure 2182: Number of people requiring tube feeding**



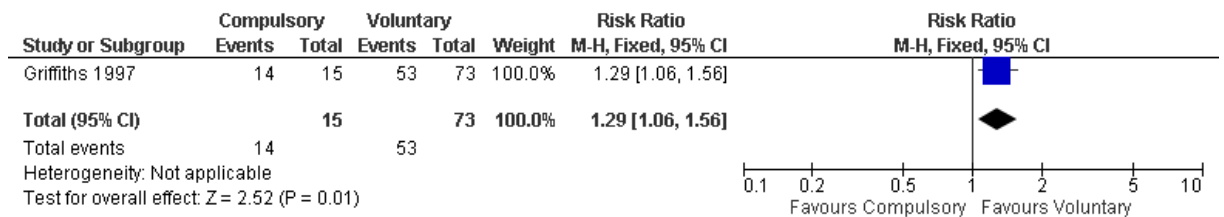
10

11 **Figure 2183: Number of people achieving target weight**



12

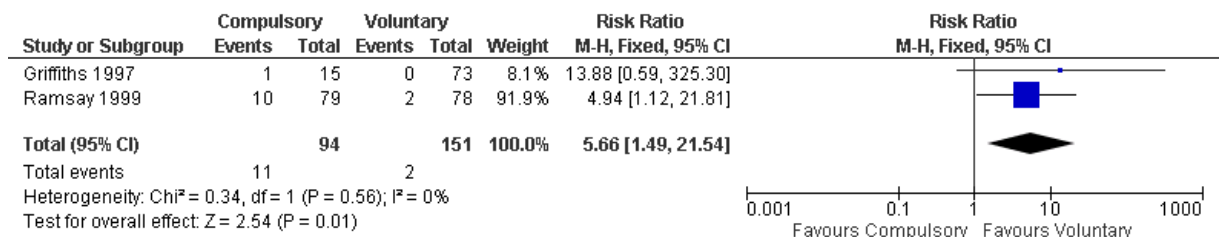
1 **Figure 2184: Number of people requiring >1 specialist medical consultation**



2

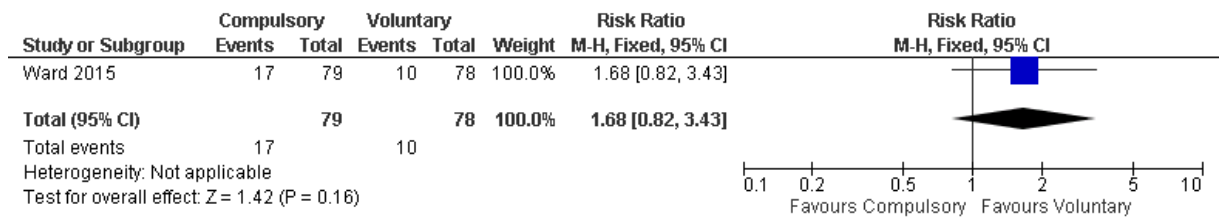
M.12.1.53 **Compulsory treatment versus voluntary treatment in adults with anorexia nervosa at follow up**

5 **Figure 2185: Patient deaths**



6

7 **Figure 2186: Patient deaths at 20 years follow up**



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9

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