National klinisk retningslinje om behandling af moderat og svær bulimi - Evidenstabeller

PICO 1

EvidenstabellerDate: 2014-12-11
Question: Should CBT-BN vs. non symptom-focused psychotherapy be used for Bulimia Nervosa?
Settings:
Bibliography: NKR23 Bulimia PICO 1

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	CBT-BN	non symptom-focused psychotherapy	Relative (95% CI)	Absolute		
ED behaviour, end of treatment (measured with: Binges/month; Better indicated by lower values)												
4	randomised trials	serious[1,2,3,4]	serious[5]	no serious indirectness	no serious imprecision	none	144	141	-	MD 2.73 lower (4.52 to 0.95 lower)	⊕⊕OO LOW	CRITICAL
ED behaviour, end of treatment (measured with: purges/vomiting per month; Better indicated by lower values)												
4	randomised trials	serious[1,2,3,4]	serious[5]	no serious indirectness	no serious imprecision	none	146	143	-	MD 9.85 lower (13.78 to 5.91 lower)	⊕⊕OO LOW	CRITICAL
Remission, longest FU (assessed with: Recovery from ED symptoms)												
4	randomised trials	serious[2,3,4,6]	serious[5]	no serious indirectness	no serious imprecision	none	72/191 (37.7%)	43/187 (23%)	RR 1.53 (1.12 to 2.11)	122 more per 1000 (from 28 more to 255 more)	⊕⊕OO LOW	CRITICAL
Psychological ED symptoms, end of treatment (measured with: EDE Global; Better indicated by lower values)												
2	randomised trials	serious[2,3,4]	serious[5]	no serious indirectness	no serious imprecision	none	100	97	-	MD 0.57 lower (0.85 to 0.29 lower)	⊕⊕OO LOW	IMPORTANT
Psychological ED symptoms, end of treatment (measured with: EDE restraint; Better indicated by lower values)												
4	randomised trials	serious[2,3,4]	no serious inconsistency	no serious indirectness	no serious imprecision	none	146	143	-	MD 0.89 lower (1.22 to 0.55 lower)	⊕⊕⊕O MODERATE	IMPORTANT
Psychological ED symptoms, end of treatment (measured with: EDE eating concern; Better indicated by lower values)												
2	randomised trials	serious[2,3,4]	serious[5]	no serious indirectness	no serious imprecision	none	100	97	-	MD 0.52 lower (0.8 to 0.23 lower)	⊕⊕OO LOW	IMPORTANT
Psychological ED symptoms, end of treatment (measured with: EDE shape concern; Better indicated by lower values)												
4	randomised trials	serious[1,2,3,4]	serious[5]	no serious indirectness	no serious imprecision	none	146	143	-	MD 0.41 lower (0.71 to 0.11 lower)	⊕⊕OO LOW	IMPORTANT
Psychological ED symptoms, end of treatment (measured with: EDE weight concern; Better indicated by lower values)												
4	randomised trials	serious[1,2,3,4]	serious[5]	no serious indirectness	no serious imprecision	none	146	143	-	MD 0.54 lower (0.83 to 0.25 lower)	⊕⊕OO LOW	IMPORTANT
Psychological ED symptoms, end of treatment (measured with: EDI drive for thinness; Better indicated by lower values)												
1	randomised trials	serious[1,2]	no serious inconsistency	no serious indirectness	serious[7]	none	25	24	-	MD 3.5 lower (7.17 lower to 0.17 higher)	⊕⊕OO LOW	IMPORTANT
Psychological ED symptoms, end of treatment (measured with: EDI bulimia; Better indicated by lower values)												
1	randomised trials	serious[1,2]	no serious inconsistency	no serious indirectness	serious[7]	none	25	24	-	MD 2.6 lower (4.96 to 0.24 lower)	⊕⊕OO LOW	IMPORTANT
Psychological ED symptoms, end of treatment (measured with: EDI body dissatisfaction; Better indicated by lower values)												
1	randomised	serious[1,2]	no serious	no serious	serious[7]	none	25	24	-	MD 2 lower (6.63	⊕⊕OO	IMPORTANT

	trials		inconsistency	indirectness						lower to 2.63 higher)	LOW	
Dropout, end of treatment												
6	randomised trials	serious[1,2]	no serious inconsistency	no serious indirectness	no serious imprecision	none	50/221 (22.6%)	45/217 (20.7%)	RR 1.1 (0.77 to 1.56)	21 more per 1000 (from 48 fewer to 116 more)	⊕⊕⊕O MODERATE	IMPORTANT
Somatic complications, end of treatment - not reported												
0	-	-	-	-	-	none	-	-	-	-		IMPORTANT
Level of Functioning, longest FU - not reported												
0	-	-	-	-	-	none	0	-	-	-		IMPORTANT
Quality of Life, longest FU - not reported												
0	-	-	-	-	-	none	0	-	-	-		IMPORTANT

[1] Risk of selection bias
[2] Risk of performance bias
[3] Risk of attrition bias
[4] CBT is for five months and IPT for 24 months (Poulsen 2014).
[5] Sign of heterogeneity
[6] Risk of reporting bias
[7] Small sample size

PICO 2

Date: 2014-12-14
Question: Should Individual therapy vs Group therapy be used for Bulimia Nervosa?
Settings:
Bibliography: NKR23 Bulimia PICO 3

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Individual therapy	Group therapy	Relative (95% CI)	Absolute		
ED behaviour, end of treatment (measured with: Binges/month, Binges (days)/week; Better indicated by lower values)												
2	randomised trials	serious[1,2]	no serious inconsistency	no serious indirectness	serious[3]	none	72	74	-	SMD 0.2 lower (0.52 lower to 0.13 higher)	⊕⊕OO LOW	CRITICAL
ED behaviour, end of treatment (assessed with: Binge eating)												
1	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[3,4]	none	15/20 (75%)	26/33 (78.8%)	RR 0.95 (0.7 to 1.3)	39 fewer per 1000 (from 236 fewer to 236 more)	⊕⊕OO LOW	CRITICAL
ED behaviour, end of treatment (measured with: Vomiting/month, purges (days)/week; Better indicated by lower values)												
2	randomised trials	serious[1,2]	no serious inconsistency	no serious indirectness	no serious imprecision	none	70	72	-	SMD 0.24 lower (0.57 lower to 0.09 higher)	⊕⊕⊕O MODERATE	CRITICAL
ED behaviour, end of treatment (assessed with: Vomiting abstinence)												
1	randomised trials	serious[1,2,5,6]	no serious inconsistency	no serious indirectness	serious[3,4]	none	15/20 (75%)	26/33 (78.8%)	RR 0.95 (0.7 to 1.3)	39 fewer per 1000 (from 236 fewer to 236 more)	⊕⊕OO LOW	CRITICAL
Remission of ED, longest FU (assessed with: remission, binge eating abstinence)												
3	randomised	serious[2]	no serious	no serious	serious[3]	none	28/92	20/87	RR 1.27 (0.79	62 more per 1000 (from	⊕⊕OO	CRITICAL

	trials		inconsistency	indirectness			(30.4%)	(23%)	to 2.05)	48 fewer to 241 more)	LOW	
Dropout, end of treatment												
3	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[3]	none	57/151 (37.7%)	61/147 (41.5%)	RR 0.88 (0.68 to 1.15)	50 fewer per 1000 (from 133 fewer to 62 more)	⊕⊕OO LOW	IMPORTANT
Psychological ED symptoms, end of treatment (measured with: EDE global; Better indicated by lower values)												
1	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	no serious imprecision	none	30	30	-	MD 0.24 lower (1.19 lower to 0.71 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Psychological ED symptoms, end of treatment (measured with: EDI subscales 1-3; Better indicated by lower values)												
1	randomised trials	serious[1,2,6]	no serious inconsistency	no serious indirectness	serious[3]	none	42	44	-	MD 1 higher (9.07 lower to 7.07 higher)	⊕⊕OO LOW	IMPORTANT
Psychological ED symptoms, end of treatment (measured with: EDI drive for thinness; Better indicated by lower values)												
1	randomised trials	serious[1,2,6]	no serious inconsistency	no serious indirectness	serious[3]	none	30	30	-	MD 0.57 higher (2.36 lower to 3.5 higher)	⊕⊕OO LOW	IMPORTANT
Somatic complications, end of treatment - not reported												
0	-	-	-	-	-	none	-	-	-	-		IMPORTANT
Level of Functioning, longest FU - not reported												
0	-	-	-	-	-	none	0	-	-	-		IMPORTANT
Quality of life, longest FU - not reported												
0	-	-	-	-	-	none	0	-	-	-		IMPORTANT

[1] Risk of selection bias
[2] Risk of performance bias
[3] 95% CI could be in favour of both Group and Individual therapy with effect of clinical relvance
[4] Small sample
[5] Risk of attrition bias
[6] Risk of reporting bias

PICO 4

Date: 2014-12-02
Question: Should FBT-BN vs Individual therapy be used for Bulimia Nervosa?
Settings:
Bibliography: NKR23 Bulimia PICO 4.

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	FBT-BN	Individual therapy	Relative (95% CI)	Absolute		
ED behaviour, end of treatment (measured with: Objective binges per month; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	41	39	-	MD 0.9 higher (3.9 lower to 5.7 higher)	⊕⊕OO LOW	CRITICAL
ED behaviour, end of treatment (measured with: Vomiting per month; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	41	39	-	MD 12.6 lower (21.25 to 3.95 lower)	⊕⊕OO LOW	CRITICAL
ED behaviour, end of treatment (assessed with: Binge eating)												

1	randomised trials	serious[1,3]	no serious inconsistency	no serious indirectness	serious[2]	none	16/41 (39%)	6/44 (13.6%)	RR 2.86 (1.24 to 6.6)	254 more per 1000 (from 33 more to 764 more)	⊕⊕OO LOW	CRITICAL
ED behaviour, end of treatment (assessed with: Vomiting)												
1	randomised trials	serious[1,3]	no serious inconsistency	no serious indirectness	serious[2]	none	13/41 (31.7%)	10/44 (22.7%)	RR 1.40 (0.69 to 2.83)	91 more per 1000 (from 70 fewer to 416 more)	⊕⊕OO LOW	CRITICAL
Remission of ED, longest FU												
2	randomised trials	serious[1,3]	no serious inconsistency	no serious indirectness	no serious imprecision	none	24/82 (29.3%)	13/83 (15.7%)	RR 1.83 (0.96 to 3.5)	130 more per 1000 (from 6 fewer to 392 more)	⊕⊕⊕O MODERATE	CRITICAL
Dropout, end of treatment												
2	randomised trials	serious[1,3]	no serious inconsistency	no serious indirectness	no serious imprecision	none	17/82 (20.7%)	17/83 (20.5%)	RR 1.03 (0.58 to 1.85)	6 more per 1000 (from 86 fewer to 174 more)	⊕⊕⊕O MODERATE	IMPORTANT
Psychological ED symptoms, end of treatment (measured with: EDE Restraint; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	41	39	-	MD 0.8 lower (1.48 to 0.12 lower)	⊕⊕OO LOW	IMPORTANT
Psychological ED symptoms, end of treatment (measured with: EDE Eating concern; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	41	39	-	MD 0.5 lower (1.14 lower to 0.14 higher)	⊕⊕OO LOW	IMPORTANT
Psychological ED symptoms, end of treatment (measured with: EDE Shape concern; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	41	39	-	MD 0.9 lower (1.62 to 0.18 lower)	⊕⊕OO LOW	IMPORTANT
Psychological ED symptoms, end of treatment (measured with: EDE Weight concern; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	41	39	-	MD 0.8 lower (1.52 to 0.08 lower)	⊕⊕OO LOW	IMPORTANT
Psychological ED symptoms, end of treatment (measured with: Food preoccupation; Better indicated by lower values)												
1	randomised trials	serious[1,3]	no serious inconsistency	no serious indirectness	serious[2]	none	41	44	-	MD 0 higher (0.36 lower to 0.36 higher)	⊕⊕OO LOW	IMPORTANT
Psychological ED symptoms, end of treatment (measured with: Weight + shape concern; Better indicated by lower values)												
1	randomised trials	serious[1,3]	no serious inconsistency	no serious indirectness	serious[2]	none	41	44	-	MD 0.6 higher (0.04 lower to 1.24 higher)	⊕⊕OO LOW	IMPORTANT
Somatic complications, end of treatment - not reported												
0	-	-	-	-	-	none	-	-	-	-		IMPORTANT
Level of Functioning longest FU - not reported												
0	-	-	-	-	-	none	-	-	-	-		IMPORTANT
Quality of life, longest FU - not reported												
0	-	-	-	-	-	none	-	-	-	-		IMPORTANT
Family function, longest FU - not reported												
0	-	-	-	-	-	none	-	-	-	-		IMPORTANT
								0%		-		

[1] Insufficient blinding
[2] Small sample size
[3] Risk of attrition bias

PICO 5

Date: 2014-12-15
Question: Should CBT-BN vs TAU be used for Bulimia Nervosa (age under 18)?
Settings:
Bibliography: NKR23 Bulimia PICO 5

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**CBT-BN**	**TAU**	**Relative (95% CI)**	**Absolute**		
Binge eating, end of treatment												
1	randomised trials	serious[1,2]	no serious inconsistency	no serious indirectness	serious[3]	none	6/44 (13.6%)	16/41 (39%)	RR 0.35 (0.15 to 0.81)	254 fewer per 1000 (from 74 fewer to 332 fewer)	⊕⊕OO LOW	CRITICAL
Vomiting, end of treatment												
1	randomised trials	serious[1,2]	no serious inconsistency	no serious indirectness	serious[3]	none	10/44 (22.7%)	13/41 (31.7%)	RR 0.72 (0.35 to 1.45)	89 fewer per 1000 (from 206 fewer to 143 more)	⊕⊕OO LOW	CRITICAL
Remission of ED symptoms, longest FU												
1	randomised trials	serious[1,2]	no serious inconsistency	no serious indirectness	serious[3]	none	9/44 (20.5%)	12/41 (29.3%)	RR 0.7 (0.33 to 1.48)	88 fewer per 1000 (from 196 fewer to 140 more)	⊕⊕OO LOW	CRITICAL
Dropout, end of treatment												
1	randomised trials	serious[1,2]	no serious inconsistency	no serious indirectness	serious[3]	none	13/44 (29.5%)	12/41 (29.3%)	RR 1.01 (0.52 to 1.95)	3 more per 1000 (from 140 fewer to 278 more)	⊕⊕OO LOW	IMPORTANT
Psychological ED symptoms, end of treatment (measured with: Weight + shape concerns; Better indicated by lower values)												
1	randomised trials	serious[1,2]	no serious inconsistency	no serious indirectness	serious[3]	none	44	41	-	MD 0.6 higher (0.04 lower to 1.24 higher)	⊕⊕OO LOW	IMPORTANT
Psychological ED symptoms, end of treatment (measured with: Food preoccupation; Better indicated by lower values)												
1	randomised trials	serious[1,2]	no serious inconsistency	no serious indirectness	serious[3]	none	44	41	-	MD 0 higher (0.36 lower to 0.36 higher)	⊕⊕OO LOW	IMPORTANT
ED behaviour, end of treatment - not reported												
0	-	-	-	-	-	none	-	-	-	-		IMPORTANT
Somatic complications, end of treatment - not reported												
0	-	-	-	-	-	none	-	-	-	-		IMPORTANT
Level of Functioning, longest FU - not reported												
0	-	-	-	-	-	none	-	-	-	-		IMPORTANT
Quality of life, longest FU - not reported												
0	-	-	-	-	-	none	-	-	-	-		IMPORTANT

[1] Risk of performance bias
[2] Risk of attrition bias
[3] 95% CI could be in favour of both CBT and TAU with an effect of clinical relevance

PICO 6

Date: 2014-11-16
Question: Should Psychotherapy + antidepressiva vs Psychotherapy +/- placebo be used for Bulimia Nervosa?
Settings:
Bibliography: NKR23 Bulimia PICO 6

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Psychotherapy + antidepressiva	Psychotherapy +/- placebo	Relative (95% CI)	Absolute		
ED behaviour, end of treatment (measured with: Binge eating episodes pr. week, pr. month, % reduction, EDE; Better indicated by lower values)												
6	randomised trials	serious[1,2,3]	no serious inconsistency	serious[4,5]	no serious imprecision	none	146	143	-	SMD 0.37 lower (0.6 to 0.13 lower)	⊕⊕OO LOW	CRITICAL
ED behaviour, end of treatment (measured with: Vomiting episodes pr. week, pr. month, % reduction; Better indicated by lower values)												
5	randomised trials	serious[1,2,3]	no serious inconsistency	serious[4]	no serious imprecision	none	126	123	-	SMD 0.41 lower (0.66 to 0.15 lower)	⊕⊕OO LOW	CRITICAL
Remission of ED, longest FU												
3	randomised trials	serious[1,2]	no serious inconsistency	serious[4]	no serious imprecision	none	20/81 (24.7%)	34/76 (44.7%)	RR 0.56 (0.36 to 0.87)	197 fewer per 1000 (from 58 fewer to 286 fewer)	⊕⊕OO LOW	CRITICAL
Serious side effects of medication, end of treatment												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[4]	serious[6]	none	5/34 (14.7%)	4/33 (12.1%)	RR 1.21 (0.36 to 4.13)	25 more per 1000 (from 78 fewer to 379 more)	⊕⊕OO LOW	CRITICAL
Dropout, end of treatment												
4	randomised trials	serious[1,2]	no serious inconsistency	serious[4]	no serious imprecision	none	33/101 (32.7%)	23/96 (24%)	RR 1.32 (0.86 to 2.05)	77 more per 1000 (from 34 fewer to 252 more)	⊕⊕OO LOW	IMPORTANT
Psychological ED-symptoms, end of treatment (measured with: EDE weight concern; Better indicated by lower values)												
2	randomised trials	serious[1,2,7]	no serious inconsistency	serious[4]	no serious imprecision	none	63	57	-	MD 0.48 lower (1.4 lower to 0.45 higher)	⊕⊕OO LOW	IMPORTANT
Psychological ED-symptoms, end of treatment (measured with: EDE shape concern; Better indicated by lower values)												
2	randomised trials	serious[1,2,7]	no serious inconsistency	serious[4]	no serious imprecision	none	63	57	-	MD 0.33 lower (0.95 lower to 0.29 higher)	⊕⊕OO LOW	IMPORTANT
Psychological ED-symptoms, end of treatment (measured with: EDE eating concern; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	serious[4]	no serious imprecision[6]	none	34	33	-	MD 0.25 lower (0.73 lower to 0.23 higher)	⊕⊕OO LOW	IMPORTANT
Psychological ED-symptoms, end of treatment (measured with: EDI drive for thiness; Better indicated by lower values)												
1	randomised trials	very serious[1,2,3,7]	no serious inconsistency	serious[4]	serious[6]	none	18	19	-	MD 0.16 higher (0.49 lower to 0.8	⊕OOO VERY	IMPORTANT

										higher)	LOW	
Psychological ED-symptoms, end of treatment (measured with: EDI bulimia; Better indicated by lower values)												
2	randomised trials	serious[1,2,3,7]	no serious inconsistency	serious[4]	no serious imprecision[6]	none	38	39	-	MD 0.11 lower (0.56 lower to 0.34 higher)	⊕⊕OO LOW	IMPORTANT
Psychological ED-symptoms, end of treatment (measured with: EDI body dissatisfaction; Better indicated by lower values)												
1	randomised trials	serious[1,2,3,7]	no serious inconsistency	serious[4]	serious[6]	none	18	19	-	MD 0.04 higher (0.61 lower to 0.68 higher)	⊕OOO VERY LOW	IMPORTANT
Other side effects of medication (nausea), end of treatment												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[4]	serious[6]	none	16/34 (47.1%)	5/33 (15.2%)	RR 3.11 (1.28 to 7.51)	320 more per 1000 (from 42 more to 986 more)	⊕⊕OO LOW	IMPORTANT
Other side effects of medication (insomnia), end of treatment												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[4]	serious[6]	none	19/34 (55.9%)	11/33 (33.3%)	RR 1.59 (0.89 to 2.83)	197 more per 1000 (from 37 fewer to 610 more)	⊕⊕OO LOW	IMPORTANT
Other side effects of medication (tiredness), end of treatment												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[4]	serious[6]	none	6/34 (17.6%)	6/33 (18.2%)	RR 0.97 (0.35 to 2.71)	5 fewer per 1000 (from 118 fewer to 311 more)	⊕⊕OO LOW	IMPORTANT
Somatic complications, end of treatment - not reported												
0	-	-	-	-	-	none	0	-	-	-		IMPORTANT
Level of Functioning, longest FU - not reported												
0	-	-	-	-	-	none	0	-	-	-		IMPORTANT
Quality of life, end of treatment - not reported												
0	-	-	-	-	-	none	0	-	-	-		IMPORTANT

[1] Risk of selection bias
[2] Risk of performance bias
[3] Risk of detection bias
[4] Varying intervention and control conditions (+/- placebo)
[5] One study only included patients from the primary sector. This was not considered to cause serious indirectness
[6] small sample size
[7] Risk of attrition bias

PICO 7

Date: 2014-11-13
Question: Should MFT/MI+TAU vs TAU be used for BN?
Settings:
Bibliography: NKR23 Bulimia PICO7

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	MFT/MI+TAU	TAU	Relative (95% CI)	Absolute		
Eating Disorder Behavior (cont. data), end of treatment (measured with: Binge per week; Better indicated by lower values)												
2	randomised trials	very serious[1,2,3,4]	no serious inconsistency	no serious indirectness	no serious imprecision	none	97	88	-	MD 0.07 lower (0.74 lower to 0.6 higher)	⊕⊕OO LOW	CRITICAL
Eating Disorder Behavior (dichotomous data), end of treatment (assessed with: Binge eating)												
1	randomised trials	serious[2,3]	no serious inconsistency	no serious indirectness	serious[5]	none	25/33 (75.8%)	12/20 (60%)	RR 1.26 (0.84 to 1.9)	156 more per 1000 (from 96 fewer to 540 more)	⊕⊕OO LOW	CRITICAL
Eating Disorder Behavior (cont. data), end of treatment (measured with: Purge per week; Better indicated by lower values)												
2	randomised trials	very serious[1,2,3,4]	no serious inconsistency	no serious indirectness	no serious imprecision	none	97	88	-	MD 1.03 lower (1.57 to 0.49 lower)	⊕⊕OO LOW	CRITICAL
Eating Disorder Behavior (dichotomous data), end of treatment (assessed with: Purging)												
1	randomised trials	serious[2,3]	no serious inconsistency	no serious indirectness	serious[5]	none	25/33 (75.8%)	12/20 (60%)	RR 1.26 (0.84 to 1.9)	156 more per 1000 (from 96 fewer to 540 more)	⊕⊕OO LOW	CRITICAL
Remission of ED symptoms, Longest follow-up (assessed with: Binge eating abstinence)												
1	randomised trials	serious[2,3]	no serious inconsistency	no serious indirectness	serious[5]	none	5/13 (38.5%)	12/21 (57.1%)	RR 0.67 (0.31 to 1.47)	189 fewer per 1000 (from 394 fewer to 269 more)	⊕⊕OO LOW	IMPORTANT
Dropout, end of treatment												
3	randomised trials	serious[1,2,3,4]	no serious inconsistency	serious[6]	no serious imprecision	none	75/146 (51.4%)	57/134 (42.5%)	RR 1.19 (0.93 to 1.51)	81 more per 1000 (from 30 fewer to 217 more)	⊕⊕OO LOW	CRITICAL
Psychological ED-symptoms, end of treatment (measured with: Global Severity/EDE-Q Global Score; Better indicated by lower values)												
2	randomised trials	serious[1,2,3,4]	no serious inconsistency	no serious indirectness	no serious imprecision	none	97	88	-	SMD 0.09 lower (0.38 lower to 0.2 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Psychological ED symptoms, end of treatment (measured with: EDE weight concern; Better indicated by lower values)												
1	randomised trials	serious[1,2,3]	no serious inconsistency	no serious indirectness	serious[7]	none	45	45	-	SMD 0.17 lower (0.58 lower to 0.25 higher)	⊕⊕OO LOW	IMPORTANT
Psychological ED symptoms, end of treatment (measured with: EDE eating concern; Better indicated by lower values)												
1	randomised trials	serious[1,2,3]	no serious inconsistency	no serious indirectness	serious[7]	none	45	45	-	SMD 0.24 lower (0.66 lower to 0.17 higher)	⊕⊕OO LOW	IMPORTANT
Psychological ED symptoms, end of treatment (measured with: EDE shape concern; Better indicated by lower values)												
1	randomised trials	serious[1,2,3]	no serious inconsistency	no serious indirectness	serious[7]	none	45	45	-	SMD 0.18 lower (0.59 lower to 0.23 higher)	⊕⊕OO LOW	IMPORTANT
Psychological ED symptoms, end of treatment (measured with: EDE restraint; Better indicated by lower values)												
1	randomised trials	serious[1,2,3]	no serious inconsistency	no serious indirectness	serious[7]	none	45	45	-	SMD 0.01 higher (0.41 lower to 0.42 higher)	⊕⊕OO LOW	IMPORTANT
Somatic complications - not reported												
0	-	-	-	-	-	none	0	-	-	-		IMPORTANT

Level of Functioning - not reported												
0	-	-	-	-	-	none	0	-	-	-		IMPORTANT
Quality of Life - not reported												
0	-	-	-	-	-	none	0	-	-	-		IMPORTANT

[1] Risk of selection bias
[2] Risk of performance bias
[3] Risk of detection bias
[4] Risk of attrition bias
[5] small sample size
[6] Mixed population (other eating disorders included)
[7] 95% CI contains estimates in favour of both intervention and control