NKR23 - PICO5 - Bulimia Nervosa: CBT-BN (<18 yrs)

Characteristics of studies

Characteristics of included studies

Schmidt 2007

Methods	**Study design:** Randomized controlled trial **Study grouping:** **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** FBT ● *Age (SD)*: 17.9 (1.6) ● *BN/BN-like (% of sample (N))*: 100 (41) ● *Sex (% female of sample (N))*: 100 (41) ● *BMI (SD)*: 21.1 (2.8) Individual therapy ● *Age (SD)*: 17.4 (1.8) ● *BN/BN-like (% of sample (N))*: 100 (44) ● *Sex (% female of sample (N))*: 95.5 (42) ● *BMI (SD)*: 21.1 (2.4) **Included criteria:** Consecutively referred patients were invited to participate ifthey were 13–20 years of age, met DSM-IV criteria for bulimianervosa or eating disorder not otherwise specified, and had atleast one “close other” to accompany them for “family treatment.” **Excluded criteria:** We excluded patients with a body mass index below the10th percentile for age and sex (5), patients whose knowledge ofEnglish was insufficient to understand the treatment, and patientswith learning disability, severe mental illness, or substancedependence. We did not exclude patients taking antidepressantsprovided they had been on a stable dose for at least 4 weeks.
Interventions	**Intervention Characteristics** FBT ● *Frequency*: Patients were offered up to 13 sessions with close others and two individualsessions over a 6-month period. ● *Content*: The family therapy used in this study wasadapted from the Maudsley model of family therapy for anorexianervosa (6, 7) and detailed in a manual . In this model, the family is seen as a key resource in theyoung person’s recovery. An attempt is made to engage familymembers and show them that they are in the best position to helpthe adolescent. Treatment is problem oriented, emphasizing therole of the family in promoting restoration of normal eating andproviding education about the effects of bulimia. Individual therapy ● *Frequency*: Patients had 10 weekly sessions, three monthly followupsessions, and two optional sessions with a close other. ● *Content*: We used a manual (8) that was previouslytested with adults with bulimia nervosa (4). The Flesch-Kincaid Grade Level test suggests that the manual can be read byeighth graders (ages 13–14 years). Accompanying workbooks areavailable for patients and close others, as well as a guide for clinicians(9). Thetherapist’s role is to motivate patients and guide them throughthe workbook to fit their needs.
Outcomes	*Continuous*: ● Objective binges per month ● Weight + shape concerns ● EDE Restraint ● EDE Eating concern ● All compensatory behavior ● EDE Shape concern ● Vomiting per month ● EDE Weight concern ● Food preoccupation *Dichotomous*: ● Remission of ED ● Dropout
Identification	**Sponsorship source:** Dr. Treasurereceives a consultancy fee from the Capio Hospital to provide carerworkshops. All other authors report no competing interests.Supported by grant 1206/88 from the Health Foundation, U.K., toDrs. Schmidt, Eisler, Treasure, Beecham, and Rabe-Hesketh. The authorsthank Dr. Rudolf Uher for helpful comments on the manuscript. **Country:** United Kingdom **Setting:** outpatient **Comments:** **Authors name:** Ulrike Schmidt **Institution:** Section of Eating Disorders, Clinical Trials Unit, Centre for the Economics of Mental Health, and the Section of Family Therapy, Institute of Psychiatry, London **Email:** u.schmidt@iop.kcl.ac.uk **Address:** Dr. Schmidt, Section of Eating Disorders (PO59), Instituteof Psychiatry, De Crespigny Park, Denmark Hill, London SE5 8AF, UK

Notes	Identification: Participants: Study design: Baseline characteristics: Intervention characteristics: Pretreatment: Continuous outcomes: Dichotomous outcomes: Adverse outcomes:

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	
Allocation concealment (selection bias)	Low risk	
Blinding of participants and personnel (performance bias)	High risk	
Blinding of outcome assessment (detection bias)	Low risk	
Incomplete outcome data (attrition bias)	High risk	
Selective reporting (reporting bias)	Low risk	
Other bias	Low risk	

Footnotes

Characteristics of excluded studies

Footnotes

Characteristics of studies awaiting classification

Footnotes

Characteristics of ongoing studies

Footnotes

References to studies

Included studies

Schmidt 2007

Schmidt,U.; Lee,S.; Beecham,J.; Perkins,S.; Treasure,J.; Yi,I.; Winn,S.; Robinson,P.; Murphy,R.; Keville,S.; Johnson-Sabine,E.; Jenkins,M.; Frost,S.; Dodge,L.; Berelowitz,M.; Eisler,I.. A randomized controlled trial of family therapy and cognitive behavior therapy guided self-care for adolescents with bulimia nervosa and related disorders.. American Journal of Psychiatry 2007;164(4):591-598. [DOI: 164/4/591 [pii]]

Excluded studies

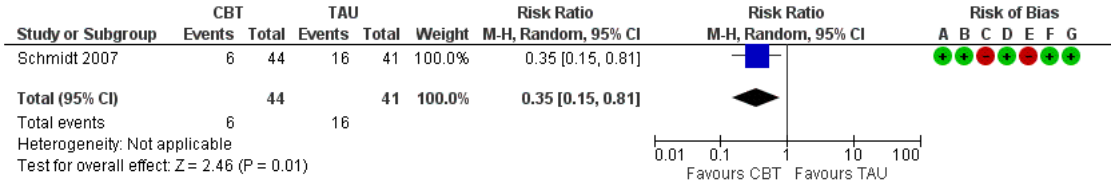
Data and analyses

1 CBT vs TAU therapy

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Binge eating, end of treatment	1	85	Risk Ratio (M-H, Random, 95% CI)	0.35 [0.15, 0.81]
1.2 Vomiting, end of treatment	1	85	Risk Ratio (M-H, Random, 95% CI)	0.72 [0.35, 1.45]
1.3 Remission of ED, longest FU	1	85	Risk Ratio (IV, Random, 95% CI)	0.70 [0.33, 1.48]
1.4 Dropout, end of treatment	1	85	Risk Ratio (IV, Random, 95% CI)	1.01 [0.52, 1.95]
1.5 Weight + shape concerns, end of treatment	1	85	Mean Difference (IV, Random, 95% CI)	0.60 [-0.04, 1.24]
1.6 Food preoccupation, end of treatment	1	85	Mean Difference (IV, Random, 95% CI)	0.00 [-0.36, 0.36]

Figures

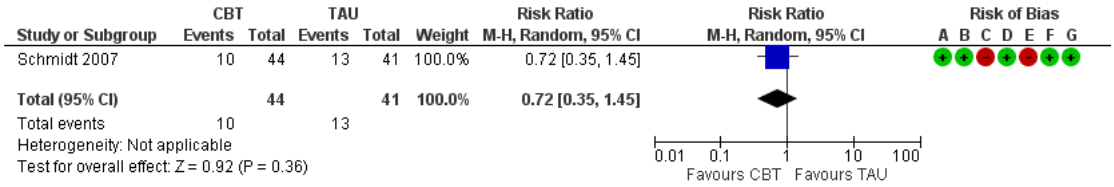
Figure 1 (Analysis 1.1)



Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 CBT vs TAU therapy, outcome: 1.1 Binge eating, end of treatment.

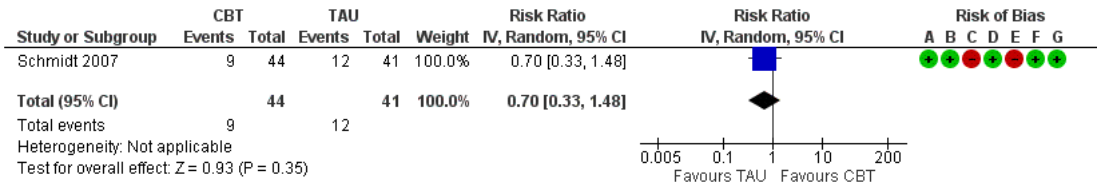
Figure 2 (Analysis 1.2)



Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 CBT vs TAU therapy, outcome: 1.2 Vomiting, end of treatment.

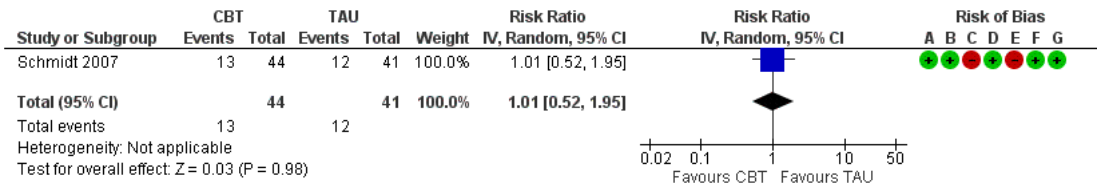
Figure 3 (Analysis 1.3)



Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 CBT vs TAU therapy, outcome: 1.3 Remission of ED, longest FU.

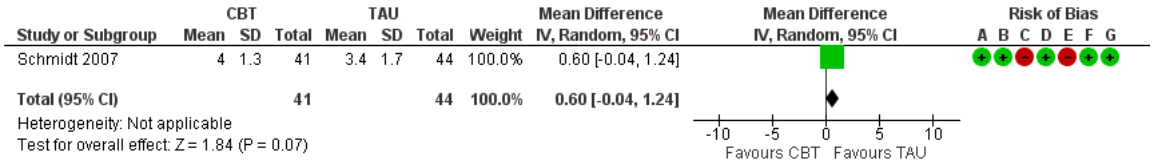
Figure 4 (Analysis 1.4)



Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 CBT vs TAU therapy, outcome: 1.4 Dropout, end of treatment.

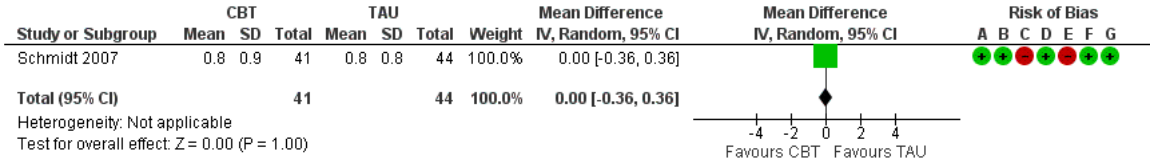
Figure 5 (Analysis 1.5)



Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 CBT vs TAU therapy, outcome: 1.5 Weight + shape concerns, end of treatment.

Figure 6 (Analysis 1.6)



Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 CBT vs TAU therapy, outcome: 1.6 Food preoccupation, end of treatment.