

Eating Disorders

Review 10

Perkins, S. J., Murphy, R., Schmidt, U., & Williams, C. (2006). Self-help and guided self-help for eating disorders. *Cochrane Database of Systematic Reviews*, 3, CD004191. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/16856036>.

Objectives	Evaluate the efficacy of pure self-help (PSH) and guided self-help (GSH) with respect to eating disorder symptoms, compared with wait-list or placebo/attention control, other psychological or pharmacological treatments, or combinations/augmentations in people with eating disorders. Evaluate evidence for the efficacy of PSH and GSH regarding comorbid symptomatology.
Studies Included	Fifteen studies from 1985 to 2005
Participants in the Studies	Patients diagnosed with bulimia nervosa (BN), binge eating disorder (BED), partial BN or BED, or eating disorder not otherwise specified (EDNOS)
Settings	Reported settings included universities, community, primary, and secondary or tertiary service agencies.
Outcomes	Primary outcomes: abstinence from bingeing, abstinence from purging, weight Secondary outcomes: eating disorder symptoms, weight restoration (body mass index) to normal range, dropout rates, patient satisfaction, adherence to treatment, side effects or negative effects of therapy, additional help-seeking, general psychiatric and mental state symptomatology, improvement in interpersonal functioning, depression, health care cost
Limitations of the Studies	Small sample sizes; lack of follow-up data; lack of reporting on allocation concealment; lack of blind assessors; diagnostic mix of participants and recruitment methods limits generalizability; differences in amount of guidance given, the guide’s expertise, and comparison interventions also limit generalizability

Results

PSH provides a clear model and structure of treatment, providing the user with instructions on how to improve skills to cope with and manage difficulties. The material may be in any media (book, CD-ROM, internet package), it can be administered in individual or group format, and it may contain psychoeducation on symptom relief or improvement in knowledge. GSH provides the additional component of contact with a therapist who may be a mental health professional or lay person.

At the end of treatment, PSH or GSH did not significantly differ from a wait list in abstinence from bingeing or purging, but it demonstrated greater improvements in eating disorder symptoms, psychiatric symptoms, and

interpersonal functioning in the short term. Compared to other formal psychological therapies, PSH/GSH did not differ significantly at the end of treatment or follow-up in improvement on bingeing or purging, other eating disorder symptoms, level of interpersonal functioning, or depression. There were no significant differences in treatment dropout.

One small study of BED found that cognitive-behavioral GSH compared to a nonspecific control treatment produced significantly greater improvements in abstinence from bingeing and other eating disorder symptoms. Studies comparing PSH with GSH found no significant differences between treatment groups at end of treatment or follow-up. Comparison between different types of PSH/GSH found significant differences on eating disorder symptoms but not on bingeing/purging abstinence rates. No conclusions could be drawn about pharmacological interventions as there were only three trials and they studied different compounds. No study included a health care cost analysis or patient satisfaction assessment. The authors conclude that PSH/GSH may have utility as a first step in treatment and may have potential as an alternative to therapist-delivered psychotherapy.