

Eating Disorders

Review 13

Shapiro, J. R., Berkman, N. D., Brownley, K. A., Sedway, J. A., Lohr, K. N., & Bulik, C. M. (2007). Bulimia nervosa treatment: A systematic review of randomized controlled trials. *International Journal of Eating Disorders* 40(4), 321–336. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/17370288>.

Objectives	Systematically review evidence on efficacy of treatment for bulimia nervosa (BN), harms associated with treatments, factors associated with treatment efficacy, and differential outcome by sociodemographic characteristics.
Studies Included	Forty-seven U.S. and international studies from 1989-2004
Participants in the Studies	Males and females aged 16 to 55 from diverse races and ethnicities diagnosed with BN
Settings	Reported settings included inpatient and outpatient sites.
Outcomes	<p>Primary outcomes: reduction of and abstinence from binge eating and purging</p> <p>Secondary outcomes: reductions in the psychological features of BN (e.g., body dissatisfaction, bulimia, drive for thinness)</p> <p>Psychiatric outcomes: reductions in depression and anxiety</p> <p>Biomarker outcomes: changes in body mass index</p>
Limitations of the Studies	Small sample size; lack of standardization of outcome measures used; high attrition rates; lack of reporting on abstinence from target behaviors; reporting on only completer analyses may bias results; methodological weaknesses; use of excessive diagnostic and outcome assessment measures can lead to spurious results; lack of consensus on definitions for stage of illness, remission, recovery, and relapse; lack of analyses on impact of race or ethnicity on outcome; lack of reporting on harms

Results

Evidence for medication or behavioral treatment of BN is strong. Medication trials indicate that fluoxetine administered between 8 and 16 weeks led to significant reductions in binge eating, improvements in measures of restraint, weight concern, food preoccupation, and psychological features of BN (e.g., drive for thinness, body satisfaction). Fluoxetine had mixed results for depression and anxiety in this population. The evidence for other antidepressants (trazodone, fluvoxamine), an anticonvulsant (topiramate), and a tricyclic antidepressant (desipramine) is preliminary, and replications are needed. Analysis of factors associated with medication treatment efficacy indicates that patients with greater concern for body shape and weight and longer duration of illness had a more favorable treatment response.

Behavioral intervention trials included cognitive behavior therapy (CBT), dialectical behavior therapy (DBT),

nutritional and stress management, and self-help. There was strong evidence for CBT, with DBT and guided imagery showing preliminary promise in the treatment of BN. Specifically, CBT reduces core behavioral and psychological features in the short and long term. Both nutritional and stress management led to significant reductions in binge eating and vomiting. The evidence for self-help interventions was weak. Two factors were consistently associated with poor outcomes: high frequency of binge eating and longer duration of illness. Evidence for differential outcome by sociodemographic factor is nonexistent. Evidence for medication or behavioral treatment for BN is strong.