Eating Disorders

Review 15

Vocks., S., Tuschen-Caffier, B., Pietrowsky, R., Rustenbach, S. J., Kersting, A., & Herpertz, S. (2010). Meta-analysis of the effectiveness of psychological and pharmacological treatments for binge eating disorder. *International Journal of Eating Disorders, 43*, 205–217. PubMed abstract available at http://www.ncbi.nlm.nih.gov/pubmed/19402028.

Objectives	Estimate and compare mean effects of psychological, pharmacological, and weight loss treatments for binge eating disorder (BED).
Studies Included	Thirty-eight U.S. and international studies from 1994 to 2005
Participants in the Studies	Male and female adults diagnosed with BED
Settings	Settings were not reported for the studies.
Outcomes	Binge-eating behavior (number of days and abstinence rates), body weight, body mass index, restrained eating, general eating disorder pathology (concerns about eating, weight, and shape), depression, dropout rates, treatment compliance
Limitations of the Studies	Mix of self-help approaches limits generalizability of findings; high placebo response rates and the heterogeneity of the drugs used also limits generalizability of findings; small sample sizes; lack of follow-up assessment; abstinence rates were reported in few studies; mean age of participants differed significantly, suggesting age could have a been a confounding variable; probable publication bias

Results

The following treatments for BED were examined: psychotherapy, structured self-help, pharmacotherapy, weight-loss treatment, and combined treatments. Psychotherapy (cognitive behavioral) and structured self-help interventions from randomized controlled trials yielded the highest effect sizes on associated symptoms of BED (such as concerns with eating, weight, and shape) and the highest rates of abstinence from binge eating, but only marginally affected depressive symptoms. Neither cognitive behavioral therapy nor structured self-help had an impact on body weight. Pharmacotherapy yielded moderate effects on the reduction of binge eating and depressive symptoms but had no effect on eating- and body-related concerns. Uncontrolled trials based on within-group comparisons indicated weight loss programs achieved a moderate reduction in binge-eating frequency and body weight but did not affect depressive symptoms. The mean effects of combined treatments did not differ significantly from the effects of psychotherapy and pharmacotherapy alone, suggesting the addition of a further treatment component might not lead to an additive benefit. Except for weight-loss treatment, none of the interventions resulted in considerable weight reduction.