

## Eating Disorders

### Review 3

Brownley , K. A., Berkman, N. D., Sedway, J. A., Lohr, K. N., & Bulik, C. M. ( 2007). Binge eating disorder treatment: A systematic review of randomized controlled trials. *International Journal of Eating Disorders*, 40(4), 337–348. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/17370289>.

<b>Objectives</b>	Evaluate the efficacy of treatments for binge eating disorder (BED), examining the evidence of harms associated with treatment, the factors associated with efficacy, and whether efficacy differs by gender, age, race, ethnicity, or cultural group.
<b>Studies Included</b>	Twenty-six U.S. and international studies from 1994 to 2005
<b>Participants in the Studies</b>	Adult males and females of diverse racial backgrounds diagnosed with BED
<b>Settings</b>	Some of the reported settings were inpatient and outpatient sites.
<b>Outcomes</b>	<p><b>Primary outcomes:</b> reduction in and abstinence from binge eating, weight loss, treatment-related harms</p> <p><b>Secondary outcomes:</b> reductions in psychological features of BED (e.g., dietary restraint, disinhibition), reduction of depression and anxiety</p>
<b>Limitations of the Studies</b>	High dropout rates; lack of long-term follow-up data; lack of reporting of age, race, or ethnicity of participants; small sample sizes; lack of attention to the impact of within-subject repeated design on stated analytic strategies and data interpretation; unstandardized measures of weight and weight change; lack of consensus on definitions of stage of illness, remission, recovery, and relapse, and on metrics for outcome reporting; lack of consensus on what are clinically meaningful versus statistically significant results

### Results

Twenty-six trials addressing treatment efficacy for BED included medication-only interventions, medication-plus-behavioral intervention, and behavioral-intervention only designs. Medications may play a role in treating patients with BED. Medication-only trials compared to a placebo suggest that selective serotonin reuptake inhibitors can lead to greater rates of reduction in target eating, psychiatric, and weight symptoms in individuals with BED. However, there were large dropout and placebo response rates in these trials and conclusions should be viewed as preliminary. The most commonly reported harms were associated with antidepressant side effects, and side effects were the prime impetus for a 24 percent dropout in those treated with desipramine and 20 percent for those treated with topiramate.

There were moderate effects for BED in medication and behavioral interventions, but self-help and virtual reality interventions yielded weak effects. Individual or group cognitive behavioral therapy reduced binge eating and improved abstinence rates and psychological features of BED for up to 4 months after treatment but was not associated with weight loss or conclusive results regarding depression. Overall, there was strong evidence regarding treatment-related harms, weak evidence for factors associated with treatment efficacy, and no evidence for sociodemographic factors. No adverse events were reported for psychotherapy trials; however, three individuals in one trial required treatment for depression during the follow-up period.