

## Eating Disorders

### Review 7

Hay, P. P., Bacaltchuk, J., Stefano, S., & Kashyap, P. ( 2009). Psychological treatments for bulimia nervosa and bingeing. *Cochrane Database of Systematic Reviews*, 7(4), CD000562. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/19821271>.

<b>Objectives</b>	Evaluate the efficacy of cognitive behavioral therapy (CBT), modifications of CBT (CBT-BN [bulimia nervosa]), and other psychotherapies in the treatment of adults with BN or related syndromes of recurrent binge eating.
<b>Studies Included</b>	Forty-eight U.S. and international studies from 1985 to 2007
<b>Participants in the Studies</b>	Males and females aged 16 and older with bulimia nervosa, binge eating disorder (BED), and/or eating disorders not otherwise specified (EDNOS) of a bulimic type
<b>Settings</b>	Reported settings included primary, secondary, and tertiary settings, including general practitioners and specialists, and outpatient eating disorder and university-based clinics.
<b>Outcomes</b>	<p><b>Primary outcomes:</b> 100 percent abstinence from binge eating at the end of therapy; mean bulimic symptom scores, or the estimated (most often weekly) binge frequency at end of therapy</p> <p><b>Secondary outcomes:</b> Side effects or negative effects of therapy, proportion of noncompleters for any reason and those as a result of adverse events; depression, general psychiatric symptomatology, interpersonal functioning, weight (body mass index where possible) at the end of therapy, patient satisfaction</p>
<b>Limitations of the Studies</b>	Variable trial quality, small sample sizes, risk of bias owing to inadequate allocation concealment, lack of blinding to condition, self-report assessments, findings from trials of BN purging type are generalizable only to that subgroup of eating disorder

### Results

Overall, the results of this review support the efficacy of CBT and especially CBT-BN for the treatment of BN and related eating disorder syndromes. There were significantly higher rates of abstinence, improvements in bulimic symptoms, and lower depression in the groups that received CBT, as compared to no-treatment/wait-list controls. When compared to other psychotherapy approaches, CBT was associated with significantly greater improvements in abstinence rates but not for bulimic symptoms, general psychiatric symptoms, or depression. When compared to wait-list control, other psychotherapies were also found to be effective, particularly interpersonal psychotherapy over the long term. Noncompletion rates were moderate to low (~24%) for CBT and other psychotherapy treatments. Self-help approaches that used highly structured CBT treatment manuals were promising, with a larger reduction in bulimic symptoms in the guided self-help

conditions than the pure self-help approach. The addition of exposure and response prevention to CBT treatment did not enhance treatment efficacy. There was insufficient evidence to indicate that any of the treatments had an impact on weight change, although behavioral weight loss therapy approached significance in reducing weight in those diagnosed with BED.