# National klinisk retningslinje om behandling af moderat og svær bulimi - Evidenstabeller

## PICO 1

EvidenstabellerDate: 2014-12-11

Question: Should CBT-BN vs. non symptom-focused psychotherapy be used for Bulimia Nervosa?

Settings

Bibliography: NKR23 Bulimia PICO 1

			Quality ass	essment				No of patients		Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	CBT- BN	non symptom-focused psychotherapy	Relative (95% CI)	Absolute	Quality	importance
ED behav			neasured with: Bir	nges/month; Be	tter indicated by	y lower values)						
	randomised trials	serious <sup>1,2,3,4</sup>	serious <sup>5</sup>	no serious indirectness	no serious imprecision	none	144	141	-	MD 2.73 lower (4.52 to 0.95 lower)	⊕⊕OO LOW	CRITICAL
ED behav				rges/vomiting p	er month; Bette	er indicated by low	er value	es)				
	randomised trials	serious <sup>1,2,3,4</sup>	serious <sup>5</sup>	no serious indirectness	no serious imprecision	none	146	143	-	MD 9.85 lower (13.78 to 5.91 lower)	⊕⊕OO LOW	CRITICAL
Remissio	n, longest FU	(assessed	with: Recovery fr	om ED sympton	ns)							
	randomised trials	serious <sup>2,3,4,6</sup>	serious <sup>5</sup>	no serious indirectness	no serious imprecision	none	72/191 (37.7%)	43/187 (23%)	RR 1.53 (1.12 to 2.11)	122 more per 1000 (from 28 more to 255 more)	⊕⊕OO LOW	CRITICAL
Psycholog			of treatment (mea	asured with: ED	E Global; Bette	r indicated by low	er value	s)				
	randomised trials	serious <sup>2,3,4</sup>	serious <sup>5</sup>	no serious indirectness	no serious imprecision	none	100	97	-	MD 0.57 lower (0.85 to 0.29 lower)	⊕⊕OO LOW	IMPORTANT
Psycholog	gical ED sym	ptoms, end	of treatment (mea	asured with: ED	E restraint; Bet	ter indicated by lo	wer valu	ies)				
	randomised trials	serious <sup>2,3,4</sup>	no serious inconsistency	no serious indirectness	no serious imprecision	none	146	143	-	MD 0.89 lower (1.22 to 0.55 lower)	⊕⊕⊕O MODERATE	IMPORTANT
Psycholog	gical ED sym	ptoms, end	of treatment (mea	asured with: ED	E eating conce	rn; Better indicate	d by low	er values)				
	randomised trials	serious <sup>2,3,4</sup>	serious <sup>5</sup>	no serious indirectness	no serious imprecision	none	100	97	-	MD 0.52 lower (0.8 to 0.23 lower)	⊕⊕OO LOW	IMPORTANT
Psycholog	gical ED sym	ptoms, end	of treatment (mea	asured with: ED	E shape concer	n; Better indicate	d by low	er values)				
	randomised trials	serious <sup>1,2,3,4</sup>	serious <sup>5</sup>	no serious indirectness	no serious imprecision	none	146	143	-	MD 0.41 lower (0.71 to 0.11 lower)	⊕⊕OO LOW	IMPORTANT
Psycholog				asured with: ED	E weight conce	rn; Better indicate	d by lov	ver values)				
	randomised trials	serious <sup>1,2,3,4</sup>	serious <sup>5</sup>	no serious indirectness	no serious imprecision	none	146	143	-	MD 0.54 lower (0.83 to 0.25 lower)	⊕⊕OO LOW	IMPORTANT
Psycholog	gical ED sym	ptoms, end	of treatment (mea	asured with: ED	I drive for thinn	ess; Better indica	ted by lo	ower values)				
	randomised trials	serious <sup>1,2</sup>	no serious inconsistency	no serious indirectness	serious <sup>7</sup>	none	25	24	-	MD 3.5 lower (7.17 lower to 0.17 higher)	⊕⊕OO LOW	IMPORTANT
Psycholo	gical ED sym	ptoms, end	of treatment (mea	asured with: ED	l bulimia; Bette	r indicated by low	er values	s)		,		
	randomised trials	serious <sup>1,2</sup>	no serious inconsistency	no serious indirectness	serious <sup>7</sup>	none	25	24	-	MD 2.6 lower (4.96 to 0.24 lower)	⊕⊕OO LOW	IMPORTANT
Psycholog	gical ED sym	ptoms, end	of treatment (mea	asured with: ED	l body dissatisf	action; Better indi	cated by	/ lower values)				
1	randomised	serious <sup>1,2</sup>	no serious	no serious	serious <sup>7</sup>	none	25	24	-	MD 2 lower (6.63	$\oplus \oplus OO$	IMPORTANT

	trials		inconsistency	indirectness						lower to 2.63 higher)	LOW			
Dropout,	ropout, end of treatment													
6	randomised trials	serious <sup>1,2</sup>		no serious indirectness	no serious imprecision	none	50/221 (22.6%)	45/217 (20.7%)	RR 1.1 (0.77 to 1.56)	21 more per 1000 (from 48 fewer to 116 more)	⊕⊕⊕O MODERATE	IMPORTANT		
Somatic	omatic complications, end of treatment - not reported													
0	-	-	-	-	-	none	-	-	-	-		IMPORTANT		
Level of I	Functioning, I	ongest FU	not reported	•										
0	-	-	-	-	-	none	0	-	-	-		IMPORTANT		
Quality o	Quality of Life, longest FU - not reported													
0	-	-	-	-	-	none	0	-	-	-		IMPORTANT		

Date: 2014-12-14

**Question:** Should Individual therapy vs Group therapy be used for Bulimia Nervosa?

Settings:

Bibliography: NKR23 Bulimia PICO 3

			Quality ass	essment			No of pa	tients		Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Individual therapy	Group therapy	Relative (95% CI)	Absolute	Quanty	Importance
ED behavi	iour, end of tr	eatment (m	easured with: Bing	ges/month, Binge	es (days)/week;	Better indicated by	lower values	)	•			
2	randomised trials	serious <sup>1,2</sup>	no serious inconsistency	no serious indirectness	serious <sup>3</sup>	none	72	74	-	SMD 0.2 lower (0.52 lower to 0.13 higher)	⊕⊕OO LOW	CRITICAL
ED behav	iour, end of tr	eatment (as	ssessed with: Bing	• • • • • • • • • • • • • • • • • • • •								
1	randomised trials	serious <sup>2</sup>	no serious inconsistency	no serious indirectness	serious <sup>3,4</sup>	none	15/20 (75%)	26/33 (78.8%)	RR 0.95 (0.7 to 1.3)	39 fewer per 1000 (from 236 fewer to 236 more)	⊕⊕OO LOW	CRITICAL
ED behav	iour, end of tr	eatment (m	easured with: Von	niting/month, pur	ges (days)/week	; Better indicated	by lower valu	es)				
2	randomised trials	serious <sup>1,2</sup>	no serious inconsistency	no serious indirectness	no serious imprecision	none	70	72	-	SMD 0.24 lower (0.57 lower to 0.09 higher)	⊕⊕⊕O MODERATE	CRITICAL
ED behav			sessed with: Vom	iting abstinence	)							
1	randomised trials	serious <sup>1,2,5,6</sup>	no serious inconsistency	no serious indirectness	serious <sup>3,4</sup>	none	15/20 (75%)	26/33 (78.8%)	RR 0.95 (0.7 to 1.3)	39 fewer per 1000 (from 236 fewer to 236 more)	⊕⊕OO LOW	CRITICAL
Remission	n of ED, longe	est FU (asse	essed with: remiss	ion, binge eating	abstinence)				•			
3	randomised	serious <sup>2</sup>	no serious	no serious	serious <sup>3</sup>	none	28/92	20/87	RR 1.27 (0.79	62 more per 1000 (from	$\oplus \oplus OO$	CRITICAL

<sup>&</sup>lt;sup>1</sup> Risk of selection bias
<sup>2</sup> Risk of performance bias
<sup>3</sup> Risk of attrition bias
<sup>4</sup> CBT is for five months and IPT for 24 months (Poulsen 2014).
<sup>5</sup> Sign of heterogeneity
<sup>6</sup> Risk of reporting bias
<sup>7</sup> Small sample size

	1		1			1						
	trials		inconsistency	indirectness			(30.4%)	(23%)	to 2.05)	48 fewer to 241 more)	LOW	
Dropout,	end of treatme	ent										
3	randomised	serious <sup>2</sup>	no serious	no serious	serious <sup>3</sup>	none	57/151	61/147	RR 0.88 (0.68	50 fewer per 1000 (from	⊕⊕OO	IMPORTANT
	trials		inconsistency	indirectness			(37.7%)	(41.5%)	to 1.15)	133 fewer to 62 more)	LOW	
Psycholog	gical ED symp	toms, end	of treatment (meas	sured with: EDE	global; Better in	dicated by lower v	alues)					•
1	randomised	serious <sup>2</sup>	no serious	no serious	no serious	none	30	30	-	MD 0.24 lower (1.19	$\oplus \oplus \oplus O$	IMPORTANT
	trials		inconsistency	indirectness	imprecision					lower to 0.71 higher)	MODERATE	
Psycholog	gical ED symp	toms, end	of treatment (meas	sured with: EDI s	ubscales 1-3; Be	etter indicated by I	ower values)					•
1	randomised	serious 1,2,6	no serious	no serious	serious <sup>3</sup>	none	42	44	-	MD 1 higher (9.07 lower	⊕⊕ОО	IMPORTANT
	trials		inconsistency	indirectness						to 7.07 higher)	LOW	
Psycholog	gical ED symp	toms, end	of treatment (meas	sured with: EDI d	rive for thinness	; Better indicated	by lower valu	es)				
1	randomised	serious 1,2,6	no serious	no serious	serious <sup>3</sup>	none	30	30	-	MD 0.57 higher (2.36	⊕⊕00	IMPORTANT
	trials		inconsistency	indirectness						lower to 3.5 higher)	LOW	
Somatic of	complications	, end of trea	tment - not report	ed								
0	-	-	-	-	-	none	-	-	-	-		IMPORTANT
Level of F	unctioning, lo	ngest FU -	not reported									
0	-	-	-	-	-	none	0	-	-	-		IMPORTANT
Quality of	life, longest l	FU - not rep	orted	•	•	<u> </u>			-			,
0	-	-	-	-	-	none	0	-	-	-		IMPORTANT

<sup>&</sup>lt;sup>1</sup> Risk of selection bias

Date: 2014-12-02

Question: Should FBT-BN vs Individual therapy be used for Bulimia Nervosa?

Settings: Bibliography: NKR23 Bulimia PICO 4.

			Quality as	sessment			No c	of patients		Effect	Quality	Importance	
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	FBT- BN	Individual therapy	Relative (95% CI)	Absolute	Quanty		
ED behav	behaviour, end of treatment (measured with: Objective binges per month; Better indicated by lower values)												
1	randomised trials	serious <sup>1</sup>		no serious indirectness	serious <sup>2</sup>	none	41	39	- MD 0.9 higher (3.9 ld to 5.7 higher)		⊕⊕OO LOW	CRITICAL	
ED behav	iour, end of tre	eatment (m	neasured with: Von	niting per month;	Better indicated	by lower values)							
											⊕⊕OO LOW	CRITICAL	
ED behav	D behaviour, end of treatment (assessed with: Binge eating)												

<sup>&</sup>lt;sup>2</sup> Risk of performance bias
<sup>3</sup> 95% Cl could be in favour of both Group and Individual therapy with effect of clinical relvance
<sup>4</sup> Small sample

<sup>&</sup>lt;sup>5</sup> Risk of attrition bias

<sup>&</sup>lt;sup>6</sup> Risk of reporting bias

	1	4.0	1	ı								
1		serious <sup>1,3</sup>	no serious	no serious	serious <sup>2</sup>	none	16/41	6/44		254 more per 1000 (from	$\oplus \oplus OO$	CRITICAL
	trials		inconsistency	indirectness			(39%)	(13.6%)	to 6.6)	33 more to 764 more)	LOW	
ED behav			ssessed with: Von	niting)								
1		serious <sup>1,3</sup>	no serious	no serious	serious <sup>2</sup>	none	13/41	10/44	RR 1.40 (0.69		$\oplus \oplus OO$	CRITICAL
	trials		inconsistency	indirectness			(31.7%)	(22.7%)	to 2.83)	70 fewer to 416 more)	LOW	
Remission	n of ED, longe	st FU										
2	randomised	serious <sup>1,3</sup>	no serious	no serious	no serious	none	24/82	13/83	RR 1.83 (0.96	130 more per 1000 (from	⊕⊕⊕О	CRITICAL
	trials		inconsistency	indirectness	imprecision		(29.3%)	(15.7%)	to 3.5)	6 fewer to 392 more)	MODERATE	
Dropout, e	end of treatme	ent										
2	randomised	serious <sup>1,3</sup>	no serious	no serious	no serious	none	17/82	17/83	RR 1.03 (0.58	6 more per 1000 (from 86	$\oplus \oplus \oplus O$	IMPORTANT
	trials		inconsistency	indirectness	imprecision		(20.7%)	(20.5%)	to 1.85)		MODERATE	
Psycholog	gical ED symp	toms, end	of treatment (mea	sured with: EDE	Restraint; Better	indicated by lowe	r values)	<u> </u>	,			
1	randomised	serious <sup>1</sup>	no serious	no serious	serious <sup>2</sup>	none	41	39	_	MD 0.8 lower (1.48 to	⊕⊕00	IMPORTANT
	trials		inconsistency	indirectness						0.12 lower)	LOW	
Psycholog	qical ED symp	toms, end	of treatment (mea	sured with: EDE	Eating concern;	Better indicated by	lower v	alues)				
1	randomised	serious <sup>1</sup>	no serious	no serious	serious <sup>2</sup>	none	41	39	_	MD 0.5 lower (1.14 lower	⊕⊕00	IMPORTANT
	trials		inconsistency	indirectness						to 0.14 higher)	LOW	
Psycholog	qical ED symp	toms, end	of treatment (mea	sured with: EDE	Shape concern;	Better indicated by	lower v	alues)				
1	randomised	serious <sup>1</sup>	no serious	no serious	serious <sup>2</sup>	none	41	39	_	MD 0.9 lower (1.62 to	⊕⊕00	IMPORTANT
	trials		inconsistency	indirectness						0.18 lower)	LOW	
Psycholog	gical ED symp	toms, end	of treatment (mea	sured with: EDE	Weight concern;	Better indicated b	v lower v	ralues)		,		
1			no serious	no serious	serious <sup>2</sup>	none	41	39	_	MD 0.8 lower (1.52 to	⊕⊕00	IMPORTANT
	trials	00000	inconsistency	indirectness	00.100.0		''			0.08 lower)	LOW	01117
Psycholog	gical ED symp	toms, end	of treatment (mea	sured with: Food	preoccupation;	Better indicated by	lower v	alues)				
1	randomised		no serious	no serious	serious <sup>2</sup>	none	41	44	_	MD 0 higher (0.36 lower	⊕⊕00	IMPORTANT
	trials		inconsistency	indirectness						to 0.36 higher)	LOW	
Psvcholog	gical ED symp	toms. end	of treatment (mea	sured with: Weia	ht + shape conc	ern; Better indicate	d by low	er values)				
1			no serious	no serious	serious <sup>2</sup>	none	41	44	_	MD 0.6 higher (0.04 lower	⊕⊕00	IMPORTANT
	trials	00000	inconsistency	indirectness	00.100.0		''			to 1.24 higher)	LOW	01117
Somatic c	omplications.	end of tre	atment - not repor	ted	<u> </u>		ļ					
0	-	-	-	-	-	none	- 1	_	_	-		IMPORTANT
Level of F	unctioning lo	naest FU -	not reported						1			
0	-	-	-	Ī-	I-	none	_	-	_	-		IMPORTANT
Quality of	life, longest F	-U - not rer	orted	1	1	1			1			3
0		-	_	L	L	none		_	T _	_		IMPORTANT
Family fur	ı- nction, longes	t FIL - not :	reported		<u> </u>	110110	ا		Ļ	-		CICIAIVI
o anning ful	longes		- Cporteu	T		none						IMPORTANT
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1 Inquifficia	L	1						U%		-		

<sup>&</sup>lt;sup>1</sup> Insufficient blinding <sup>2</sup> Small sample size <sup>3</sup> Risk of attrition bias

Date: 2014-12-15 Question: Should CBT-BN vs TAU be used for Bulimia Nervosa (age under 18)? Settings: Bibliography: NKR23 Bulimia PICO 5

			Quality asses	ssment			No of p	atients		Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	CBT- BN	TAU	Relative (95% CI)	Absolute	Quanty	importance
Binge eatir	ng, end of treat											
1	randomised trials	serious <sup>1,2</sup>	no serious inconsistency	no serious indirectness	serious <sup>3</sup>	none	6/44 (13.6%)		RR 0.35 (0.15 to 0.81)	254 fewer per 1000 (from 74 fewer to 332 fewer)	⊕⊕OO LOW	CRITICAL
Vomiting,	end of treatmen	nt	•	•	•							
1	trials	serious <sup>1,2</sup>	no serious inconsistency	no serious indirectness	serious <sup>3</sup>	none	10/44 (22.7%)		RR 0.72 (0.35 to 1.45)	89 fewer per 1000 (from 206 fewer to 143 more)	⊕⊕OO LOW	CRITICAL
Remission	of ED sympton	ms, longest	t FU									
1	randomised trials	serious <sup>1,2</sup>	no serious inconsistency	no serious indirectness	serious <sup>3</sup>	none	9/44 (20.5%)	12/41 (29.3%)	RR 0.7 (0.33 to 1.48)	88 fewer per 1000 (from 196 fewer to 140 more)	⊕⊕OO LOW	CRITICAL
Dropout, e	nd of treatmen	t										
1	randomised trials	serious <sup>1,2</sup>	no serious inconsistency	no serious indirectness	serious <sup>3</sup>	none	13/44 (29.5%)			3 more per 1000 (from 140 fewer to 278 more)	⊕⊕OO LOW	IMPORTANT
Psycholog	ical ED sympto	ms, end of	treatment (measure	ed with: Weight + s	shape concer	ns; Better indicated	by lowe	er value:	s)			
1	randomised trials	serious <sup>1,2</sup>	no serious inconsistency	no serious indirectness	serious <sup>3</sup>	none	44	41	-	MD 0.6 higher (0.04 lower to 1.24 higher)	⊕⊕OO LOW	IMPORTANT
Psycholog	ical ED sympto	ms, end of	treatment (measure	ed with: Food preo	ccupation; B	etter indicated by le	ower val	ues)				
1	randomised trials	serious <sup>1,2</sup>	no serious inconsistency	no serious indirectness	serious <sup>3</sup>	none	44	41	-	MD 0 higher (0.36 lower to 0.36 higher)	⊕⊕OO LOW	IMPORTANT
ED behavio	our, end of trea	tment - not	reported									
0	-	-	-	-	-	none	-	-	-	-		IMPORTANT
Somatic co	omplications, e	nd of treatr	ment - not reported	•	•							
0	-	-	-	-	-	none	-	-	-	-		IMPORTANT
Level of Fu	inctioning, lon	gest FU - no	ot reported		_							
0	-	-	-	-	-	none	-	-	-	<u>-</u>		IMPORTANT
Quality of	life, longest FU	- not repor	rted	1				1	1		1	
0	-	-	-	-	-	none	-	-	-	-		IMPORTANT

Date: 2014-11-16

Question: Should Psychotherapy + antidepressiva vs Psychotherapy +/- placebo be used for Bulimia Nervosa?

Settings:
Bibliography: NKR23 Bulimia PICO 6

			Quality asses	sment			No of p	patients		Effect	Quality	Importance
No of studies	Design	Risk of bias		Indirectness	•	Other considerations	antidepressiva	Psychotherapy +/- placebo	Relative (95% CI)	Absolute	Quanty	Importance
ED behav			asured with: Bing		sodes pr. week,	pr. month, % red	uction, EDE; Better	indicated by lower	values)			
6	randomised trials	serious <sup>1,2,3</sup>	no serious inconsistency	serious <sup>4,5</sup>	no serious imprecision	none	146	143	-	SMD 0.37 lower (0.6 to 0.13 lower)	⊕⊕OO LOW	CRITICAL
ED behav			asured with: Von	niting episode	es pr. week, pr.	month, % reducti	on; Better indicated	by lower values)				
5	randomised trials	serious <sup>1,2,3</sup>	no serious inconsistency	serious <sup>4</sup>	no serious imprecision	none	126	123	-	SMD 0.41 lower (0.66 to 0.15 lower)	⊕⊕OO LOW	CRITICAL
Remissio	on of ED, long	gest FU										
-	randomised trials	serious <sup>1,2</sup>	no serious inconsistency	serious <sup>4</sup>	no serious imprecision	none	20/81 (24.7%)	34/76 (44.7%)	RR 0.56 (0.36 to 0.87)	197 fewer per 1000 (from 58 fewer to 286 fewer)	⊕⊕OO LOW	CRITICAL
Serious s	side effects o	f medication,	end of treatment									
1	randomised trials	no serious risk of bias	no serious inconsistency	serious <sup>4</sup>	serious <sup>6</sup>	none	5/34 (14.7%)	4/33 (12.1%)	RR 1.21 (0.36 to 4.13)	25 more per 1000 (from 78 fewer to 379 more)	⊕⊕OO LOW	CRITICAL
Dropout,	end of treatr											
4	randomised trials	serious <sup>1,2</sup>	no serious inconsistency	serious <sup>4</sup>	no serious imprecision	none	33/101 (32.7%)	23/96 (24%)	RR 1.32 (0.86 to 2.05)	77 more per 1000 (from 34 fewer to 252 more)	⊕⊕OO LOW	IMPORTANT
Psycholo	gical ED-syn	nptoms, end o	f treatment (mea	sured with: E	DE weight cond	ern; Better indica	ted by lower values	s)				
2	randomised trials	serious <sup>1,2,7</sup>	no serious inconsistency		no serious imprecision	none	63	57	1	MD 0.48 lower (1.4 lower to 0.45 higher)	⊕⊕OO LOW	IMPORTANT
Psycholo			f treatment (mea	sured with: E	DE shape conc	ern; Better indica	ted by lower values	)				
2	randomised trials	serious <sup>1,2,7</sup>	no serious inconsistency	serious <sup>4</sup>	no serious imprecision	none	63	57	-	MD 0.33 lower (0.95 lower to 0.29 higher)	⊕⊕OO LOW	IMPORTANT
Psycholo	gical ED-syn	nptoms, end o	f treatment (mea	sured with: E	DE eating conc	ern; Better indica	ted by lower values	)				
1	randomised trials	serious <sup>1</sup>	no serious inconsistency	serious <sup>4</sup>	no serious imprecision <sup>6</sup>	none	34	33	-	MD 0.25 lower (0.73 lower to 0.23 higher)	⊕⊕OO LOW	IMPORTANT
Psycholo	gical ED-syn	nptoms, end o	f treatment (mea	sured with: E	DI drive for thir	ess; Better indica	ated by lower values	s)				
1	randomised trials	4007	no serious inconsistency	serious <sup>4</sup>	serious <sup>6</sup>	none	18	19	-	MD 0.16 higher (0.49 lower to 0.8	⊕OOO VERY	IMPORTANT

<sup>&</sup>lt;sup>1</sup> Risk of performance bias

<sup>&</sup>lt;sup>2</sup> Risk of attrition bias

<sup>&</sup>lt;sup>3</sup> 95% CI could be in favour of both CBT and TAU with an effect of clinical relevance

										higher)	LOW	
Psycholo	gical ED-syn	nptoms, end o	of treatment (mea	sured with: E	DI bulimia; Bet	ter indicated by Ic	wer values)					
2	randomised trials	serious <sup>1,2,3,7</sup>	no serious inconsistency	serious <sup>4</sup>	no serious imprecision <sup>6</sup>	none	38	39	-	MD 0.11 lower (0.56 lower to 0.34 higher)	⊕⊕OO LOW	IMPORTANT
Psycholo			of treatment (mea	sured with: E	DI body dissati	isfaction; Better in	dicated by lower val	ues)			-	
1	randomised trials	serious <sup>1,2,3,7</sup>	no serious inconsistency	serious <sup>4</sup>	serious <sup>6</sup>	none	18	19	-	MD 0.04 higher (0.61 lower to 0.68 higher)	⊕000 VERY LOW	IMPORTANT
Other sid	le effects of r	medication (na	ausea), end of tre	atment								
1	randomised trials	no serious risk of bias	no serious inconsistency	serious <sup>4</sup>	serious <sup>6</sup>	none	16/34 (47.1%)	5/33 (15.2%)	RR 3.11 (1.28 to 7.51)	320 more per 1000 (from 42 more to 986 more)	⊕⊕OO LOW	IMPORTANT
Other sid	le effects of r	nedication (in	somnia), end of t	reatment	•						-	
1	randomised trials	no serious risk of bias	no serious inconsistency	serious <sup>4</sup>	serious <sup>6</sup>	none	19/34 (55.9%)	11/33 (33.3%)	RR 1.59 (0.89 to 2.83)	197 more per 1000 (from 37 fewer to 610 more)	⊕⊕OO LOW	IMPORTANT
Other sid	le effects of r	nedication (ti	redness), end of t	reatment	•						-	
1		no serious risk of bias	no serious inconsistency	serious <sup>4</sup>	serious <sup>6</sup>	none	6/34 (17.6%)	6/33 (18.2%)	RR 0.97 (0.35 to 2.71)	5 fewer per 1000 (from 118 fewer to 311 more)	⊕⊕OO LOW	IMPORTANT
Somatic	complication	s, end of trea	tment - not repor	ted	•						-	
0	-	-	-	-	-	none	0	-	-	-		IMPORTANT
Level of I	Functioning,	longest FU - ı	not reported									
0	-	-	-	-	-	none	0	-	-	-		IMPORTANT
Quality o	f life, end of	treatment - no	t reported									
0	-	-	-	-	-	none	0	-	-	-		IMPORTANT
1	alastias bisa											

<sup>&</sup>lt;sup>1</sup> Risk of selection bias

<sup>&</sup>lt;sup>2</sup> Risk of performance bias

Risk of detection bias

Varying intervention and control conditions (+/- placebo)

One study only included patients from the primary sector. This was not considered to cause serious indirectness

small sample size

<sup>&</sup>lt;sup>7</sup> Risk of attrition bias

Date: 2014-11-13

Question: Should MFT/MI+TAU vs TAU be used for BN?
Settings:
Bibliography: NKR23 Bulimia PICO7

			Quality asse	essment			No of pat	ients		Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	MFT/MI+TAU	TAU	Relative (95% CI)	Absolute	Quanty	importance
Eating Di	sorder Behav	ior (cont. data	), end of treatmen	t (measured with	: Binge per weel	k; Better indicated	by lower value	ues)				
2	randomised trials	very serious <sup>1,2,3,4</sup>	no serious inconsistency	no serious indirectness	no serious imprecision	none	97	88	-	MD 0.07 lower (0.74 lower to 0.6 higher)	⊕⊕OO LOW	CRITICAL
Eating Di	sorder Behav	ior (dichotomo	ous data), end of t	reatment (assess	ed with: Binge	eating)	•				•	
1	randomised trials		no serious inconsistency	no serious indirectness	serious <sup>5</sup>	none	25/33 (75.8%)	12/20 (60%)	RR 1.26 (0.84 to 1.9)	156 more per 1000 (from 96 fewer to 540 more)	⊕⊕OO LOW	CRITICAL
Eating Di	sorder Behav	ior (cont. data	), end of treatmen	t (measured with	: Purge per weel	k; Better indicated	by lower val	ues)				
2	randomised trials		no serious inconsistency	no serious indirectness	no serious imprecision	none	97	88	-	MD 1.03 lower (1.57 to 0.49 lower)	⊕⊕OO LOW	CRITICAL
Eating Di	sorder Behav	ior (dichotomo	ous data), end of t	reatment (assess	ed with: Purgin	g)						
1	randomised trials		no serious inconsistency	no serious indirectness	serious <sup>5</sup>	none	25/33 (75.8%)	12/20 (60%)	RR 1.26 (0.84 to 1.9)	156 more per 1000 (from 96 fewer to 540 more)	⊕⊕OO LOW	CRITICAL
Remissio			t follow-up (asses	sed with: Binge e	ating abstinenc	e)	•	•				
1	randomised trials		no serious inconsistency	no serious indirectness	serious <sup>5</sup>	none	5/13 (38.5%)	12/21 (57.1%)	RR 0.67 (0.31 to 1.47)	189 fewer per 1000 (from 394 fewer to 269 more)	⊕⊕OO LOW	IMPORTANT
Dropout,	end of treatm			•		•	•	•				
3	randomised trials		no serious inconsistency	serious <sup>6</sup>	no serious imprecision	none	75/146 (51.4%)	57/134 (42.5%)	RR 1.19 (0.93 to 1.51)	81 more per 1000 (from 30 fewer to 217 more)	⊕⊕OO LOW	CRITICAL
Psycholo	gical ED-sym	ptoms, end of	treatment (measu	red with: Global	Severity/EDE-Q	Global Score; Bet	ter indicated	by lower	values)		•	
2	randomised trials		no serious inconsistency	no serious indirectness	no serious imprecision	none	97	88	-	SMD 0.09 lower (0.38 lower to 0.2 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Psycholo	gical ED sym <sub>l</sub>	ptoms, end of	treatment (measu	red with: EDE we	eight concern; B	etter indicated by	lower values)					
1	randomised trials		no serious inconsistency	no serious indirectness	serious <sup>7</sup>	none	45	45	-	SMD 0.17 lower (0.58 lower to 0.25 higher)	⊕⊕OO LOW	IMPORTANT
Psycholo	gical ED sym <sub>l</sub>	ptoms, end of	treatment (measu	red with: EDE ea	ting concern; Be	etter indicated by	ower values)	<u>.</u>			ļ.	•
1	randomised trials		no serious inconsistency	no serious indirectness	serious <sup>7</sup>	none	45	45	-	SMD 0.24 lower (0.66 lower to 0.17 higher)	⊕⊕OO LOW	IMPORTANT
Psycholo	gical ED sym <sub>l</sub>	ptoms, end of	treatment (measu	red with: EDE sh	ape concern; Be	etter indicated by I	ower values)				!	•
1	randomised trials		no serious inconsistency	no serious indirectness	serious <sup>7</sup>	none	45	45	-	SMD 0.18 lower (0.59 lower to 0.23 higher)	⊕⊕OO LOW	IMPORTANT
Psycholo	gical ED sym <sub>l</sub>	ptoms, end of	treatment (measu	red with: EDE res	straint; Better in	dicated by lower v	/alues)	•				•
1	randomised trials		no serious inconsistency	no serious indirectness	serious <sup>7</sup>	none	45	45	-	SMD 0.01 higher (0.41 lower to 0.42 higher)	⊕⊕OO LOW	IMPORTANT
Somatic of	complications	- not reported	1									
0	-	-	-	_	_	none	0	-	-	-		IMPORTANT

Level of F	Level of Functioning - not reported													
0	0 IMPORTAN													
Quality of	Quality of Life - not reported													
0	-	-	-	_	-	none	0	-	-	-		IMPORTANT		

<sup>&</sup>lt;sup>1</sup> Risk of selection bias

<sup>&</sup>lt;sup>2</sup> Risk of performance bias

<sup>&</sup>lt;sup>3</sup> Risk of detection bias

<sup>&</sup>lt;sup>4</sup> Risk of attrition bias

 <sup>5</sup> small sample size
 6 Mixed population (other eating disorders included)
 7 95% CI contains estimates in favour of both intervention and control