### Characteristics of studies

#### Characteristics of included studies

**Schmidt 2007**

| Methods | Study design: Randomized controlled trial  
| Study grouping:  
| Cluster RCT: |
| Participants | Baseline Characteristics  
| FBT  
| ● Age (SD): 17.9 (1.6)  
| ● BN/BN-like (% of sample (N)): 100 (41)  
| ● Sex (% female of sample (N)): 100 (41)  
| ● BMI (SD): 21.1 (2.8)  
| Individual therapy  
| ● Age (SD): 17.4 (1.8)  
| ● BN/BN-like (% of sample (N)): 100 (44)  
| ● Sex (% female of sample (N)): 95.5 (42)  
| ● BMI (SD): 21.1 (2.4)  
| Included criteria: Consecutively referred patients were invited to participate if they were 13–20 years of age, met DSM-IV criteria for bulimia nervosa or eating disorder not otherwise specified, and had at least one “close other” to accompany them for “family treatment.”  
| Excluded criteria: We excluded patients with a body mass index below the 10th percentile for age and sex (5), patients whose knowledge of English was insufficient to understand the treatment, and patients with learning disability, severe mental illness, or substance dependence. We did not exclude patients taking antidepressants provided they had been on a stable dose for at least 4 weeks.  

| Interventions | Intervention Characteristics  
| FBT  
| ● Frequency: Patients were offered up to 13 sessions with close others and two individual sessions over a 6-month period.  
| ● Content: The family therapy used in this study was adapted from the Maudsley model of family therapy for anorexia nervosa (6, 7) and detailed in a manual. In this model, the family is seen as a key resource in the young person’s recovery. An attempt is made to engage family members and show them that they are in the best position to help the adolescent. Treatment is problem oriented, emphasizing the role of the family in promoting restoration of normal eating and providing education about the effects of bulimia.  
| Individual therapy  
| ● Frequency: Patients had 10 weekly sessions, three monthly follow-up sessions, and two optional sessions with a close other.  
| ● Content: We used a manual (8) that was previously tested with adults with bulimia nervosa (4). The Flesch-Kincaid Grade Level test suggests that the manual can be read by eighth graders (ages 13–14 years). Accompanying workbooks are available for patients and close others, as well as a guide for clinicians (9). The therapist’s role is to motivate patients and guide them through the workbook to fit their needs.  

| Outcomes | Continuous:  
| Objective binges per month  
| Weight + shape concerns  
| EDE Restraint  
| EDE Eating concern  
| All compensatory behavior  
| EDE Shape concern  
| Vomiting per month  
| EDE Weight concern  
| Food preoccupation  
| Dichotomous:  
| Remission of ED  
| Dropout  

| Identification | Sponsorship source: Dr. Treasure receives a consultancy fee from the Capio Hospital to provide care workshops. All other authors report no competing interests. Supported by grant 1206/88 from the Health Foundation, U.K., to Drs. Schmidt, Eisler, Treasure, Beecham, and Rabe-Hesketh. The authors thank Dr. Rudolf Uher for helpful comments on the manuscript.  
| Country: United Kingdom  
| Setting: outpatient  
| Authors name: Ulrike Schmidt  
| Institution: Section of Eating Disorders, Clinical Trials Unit, Centre for the Economics of Mental Health, and the Section of Family Therapy, Institute of Psychiatry, London  
| Email: u.schmidt@iop.kcl.ac.uk  
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Notes

Identification:
Participants:
Study design:
Baseline characteristics:
Intervention characteristics:
Pretreatment:
Continuous outcomes:
Dichotomous outcomes:
Adverse outcomes:

Risk of bias table

<table>
<thead>
<tr>
<th>Bias</th>
<th>Authors' judgement</th>
<th>Support for judgement</th>
</tr>
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<tbody>
<tr>
<td>Random sequence generation (selection bias)</td>
<td>Low risk</td>
<td></td>
</tr>
<tr>
<td>Allocation concealment (selection bias)</td>
<td>Low risk</td>
<td></td>
</tr>
<tr>
<td>Blinding of participants and personnel (performance bias)</td>
<td>High risk</td>
<td></td>
</tr>
<tr>
<td>Blinding of outcome assessment (detection bias)</td>
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</tr>
<tr>
<td>Incomplete outcome data (attrition bias)</td>
<td>High risk</td>
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<tr>
<td>Selective reporting (reporting bias)</td>
<td>Low risk</td>
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<tr>
<td>Other bias</td>
<td>Low risk</td>
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Characteristics of excluded studies

Characteristics of studies awaiting classification

Characteristics of ongoing studies

References to studies

Included studies

**Schmidt 2007**


Excluded studies

Data and analyses

1 CBT vs TAU therapy

<table>
<thead>
<tr>
<th>Outcome or Subgroup</th>
<th>Studies</th>
<th>Participants</th>
<th>Statistical Method</th>
<th>Effect Estimate</th>
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<td>1.1 Binge eating, end of treatment</td>
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<td>Risk Ratio (M-H, Random, 95% CI)</td>
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<td>1.2 Vomiting, end of treatment</td>
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<td>Risk Ratio (M-H, Random, 95% CI)</td>
<td>0.72 [0.35, 1.45]</td>
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<td>1.3 Remission of ED, longest FU</td>
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<td>Risk Ratio (IV, Random, 95% CI)</td>
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<td>Mean Difference (IV, Random, 95% CI)</td>
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Figures
Figure 1 (Analysis 1.1)

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>CBT</th>
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<th>Risk Ratio</th>
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<td>Total</td>
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<tr>
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<td>41</td>
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<tr>
<td>Total events</td>
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<td>16</td>
<td>100.0%</td>
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Risk of bias assessed:
- (A) Random sequence generation (selection bias)
- (B) Allocation concealment (selection bias)
- (C) Blinding of participants and personnel (performance bias)
- (D) Blinding of outcome assessment (detection bias)
- (E) Incomplete outcome data (attrition bias)
- (F) Selective reporting (reporting bias)
- (G) Other bias

Forest plot of comparison: 1 CBT vs TAU therapy, outcome: 1.1 Binge eating, end of treatment.

Figure 2 (Analysis 1.2)

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<td>Total</td>
<td>Weight</td>
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<tr>
<td>Schmeltz 2007</td>
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<td>44</td>
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<td>41</td>
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<tr>
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<td>41</td>
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<td>0.72 (0.35, 1.43)</td>
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<tr>
<td>Total events</td>
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Risk of bias assessed:
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- (D) Blinding of outcome assessment (detection bias)
- (E) Incomplete outcome data (attrition bias)
- (F) Selective reporting (reporting bias)
- (G) Other bias

Forest plot of comparison: 1 CBT vs TAU therapy, outcome: 1.2 Vomiting, end of treatment.

Figure 3 (Analysis 1.3)

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<td>Weight</td>
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<tr>
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Risk of bias assessed:
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- (B) Allocation concealment (selection bias)
- (C) Blinding of participants and personnel (performance bias)
- (D) Blinding of outcome assessment (detection bias)
- (E) Incomplete outcome data (attrition bias)
- (F) Selective reporting (reporting bias)
- (G) Other bias

Forest plot of comparison: 1 CBT vs TAU therapy, outcome: 1.3 Remission of ED, longest FU.

Figure 4 (Analysis 1.4)

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<td>Weight</td>
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<tr>
<td>Schmeltz 2007</td>
<td>13</td>
<td>44</td>
<td>12</td>
<td>41</td>
<td>100.0%</td>
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<tr>
<td>Total (95% CI)</td>
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<td>41</td>
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<tr>
<td>Total events</td>
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Risk of bias assessed:
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- (B) Allocation concealment (selection bias)
- (C) Blinding of participants and personnel (performance bias)
- (D) Blinding of outcome assessment (detection bias)
- (E) Incomplete outcome data (attrition bias)
- (F) Selective reporting (reporting bias)
- (G) Other bias

Forest plot of comparison: 1 CBT vs TAU therapy, outcome: 1.4 Dropout, end of treatment.
Figure 5 (Analysis 1.5)

<table>
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<th>Study or Subgroup</th>
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<th>Risk of Bias</th>
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<tbody>
<tr>
<td></td>
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<td>IV, Random, 95% CI</td>
<td>A</td>
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<tr>
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<td>4 1.7</td>
<td>41</td>
<td>1 10.0%</td>
<td>0.80 [-0.84, 1.24]</td>
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<tr>
<td>Total (95% CI)</td>
<td>41</td>
<td>44</td>
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<td>0.60 [-0.04, 1.24]</td>
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Heterogeneity: Not applicable
Test for overall effect: Z = 1.64 (P = 0.07)

Risk of bias legend:
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 CBT vs TAU therapy, outcome: 1.5 Weight + shape concerns, end of treatment.

Figure 6 (Analysis 1.6)

<table>
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<th>Study or Subgroup</th>
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<th>TAU</th>
<th>Mean Difference</th>
<th>Risk of Bias</th>
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<tbody>
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<td></td>
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<td>IV, Random, 95% CI</td>
<td>A</td>
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<tr>
<td>Schmidt 2009</td>
<td>9.9 6.9</td>
<td>41</td>
<td>0.9 0.8</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total (95% CI)</td>
<td>41</td>
<td>44</td>
<td>100.0%</td>
<td>0.60 [-0.36, 0.36]</td>
</tr>
</tbody>
</table>

Heterogeneity: Not applicable
Test for overall effect: Z = 1.50 (P = 1.00)

Risk of bias legend:
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 CBT vs TAU therapy, outcome: 1.6 Food preoccupation, end of treatment.