NKR46 PICO 4: focus on core symptoms in the treatment of anorexia

Review information

Authors
The Danish Health Authority

[Empty affiliation]

Citation example: TDHA. NKR46 PICO 4: focus on core symptoms in the treatment of anorexia. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Characteristics of studies

Characteristics of included studies

Agras 2014

<table>
<thead>
<tr>
<th>Methods</th>
<th>Study design: Randomized controlled trial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Study grouping: Parallel group</td>
</tr>
<tr>
<td></td>
<td>Open Label:</td>
</tr>
<tr>
<td></td>
<td>Cluster RCT:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participants</th>
<th>Baseline Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fokus på kernesymtomer</td>
<td>Alder (SD): 15.1 (1.7)</td>
</tr>
<tr>
<td></td>
<td>Antal piger/kvinder (%): 67 (85.9)</td>
</tr>
<tr>
<td></td>
<td>Varighed af AN i måneder (SD): 11.6 (9.8)</td>
</tr>
<tr>
<td></td>
<td>Antal i psykofarkalogisk behandling (%): 14 (17.9)</td>
</tr>
<tr>
<td>Bredt fokus (ej kernesymptomer)</td>
<td>Alder (SD): 15.6 (1.8)</td>
</tr>
<tr>
<td></td>
<td>Antal piger/kvinder (%): 74 (92.5)</td>
</tr>
<tr>
<td></td>
<td>Varighed af AN i måneder (SD): 15.4 (16.9)</td>
</tr>
<tr>
<td></td>
<td>Antal i psykofarkalogisk behandling (%): 16 (20.0)</td>
</tr>
</tbody>
</table>

Included criteria: Adolescents (12-18 years). Meeting diagnostic criteria for the DSM-IV definition of AN, except for the amenorrhea criterion, and with weight up to 87% of their IBW.

Excluded criteria: Current psychotic illness, mental retardation, bipolar disorder, pregnancy, dependence on drugs or alcohol, previous family therapy for AN, taking medications that may induce weight loss, and medical instability, including being at a weight at or below 75% of the IBW.

Pretreatment: There were no significant differences between groups for any demographic or baseline variable.

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Intervention Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fokus på kernesymtomer</td>
<td>Behandlingsfokus: Family-based therapy is a focused treatment that engages the family to facilitate weight restoration in their child.</td>
</tr>
<tr>
<td></td>
<td>Terapiform: FBT</td>
</tr>
<tr>
<td>Bredt fokus (ej kernesymptomer)</td>
<td>Behandlingsfokus: In SyFT, the focus is placed on the family system. Difficulties arise not in individuals themselves but in the relationships, interactions, and language that develop between individuals.</td>
</tr>
<tr>
<td></td>
<td>Terapiform: SyFT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Psychologiske spiseforsyrlsessymptomer, EOT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Outcome type: ContinuousOutcome</td>
</tr>
<tr>
<td></td>
<td>Reporting: Partially reported</td>
</tr>
<tr>
<td></td>
<td>Scale: EDE, global score</td>
</tr>
<tr>
<td></td>
<td>Range: 0-6</td>
</tr>
<tr>
<td></td>
<td>Unit of measure: points</td>
</tr>
<tr>
<td></td>
<td>Direction: Lower is better</td>
</tr>
<tr>
<td></td>
<td>Data value: Endpoint</td>
</tr>
<tr>
<td></td>
<td>Notes: EOT=end of treatmentEDE ved baseline er ikke signifikant forskellig. SDS are baseline values</td>
</tr>
</tbody>
</table>

Psychologiske spiseforsyrlsessymptomer, LFU (1 år)

| | Outcome type: ContinuousOutcome |
| | Reporting: Partially reported |
| | Scale: EDE, global score |
| | Range: 0-6 |
| | Unit of measure: points |
| | Direction: Lower is better |
| | Data value: Endpoint |
| | Notes: LFU=længste follow-upSDs are baseline values |

Adfærdssymptomer (restriktiv spising, tvangsnotion, binge, purge), EOT

| | Outcome type: ContinuousOutcome |
| | Reporting: Not reported |
| | Direction: Lower is better |
| | Data value: Endpoint |
| | Notes: Agras 2014: ikke rapporteret |
### Aftandsymptomer (restriktiv spisning, tvangsmotion, binge, purge), LFU (1 år)
- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported
- **Direction**: Lower is better
- **Data value**: Endpoint
- **Notes**: Agras 2014; ikke rapporteret

### Andel af sund kropsvægt/BMI, EOT
- **Outcome type**: ContinuousOutcome
- **Reporting**: Partially reported
- **Scale**: andel af IBW
- **Range**: 0-100
- **Unit of measure**: %
- **Direction**: Higher is better
- **Data value**: Endpoint
- **Notes**: SDs are baseline values

### Andel af sund kropsvægt/BMI, LFU (1 år)
- **Outcome type**: ContinuousOutcome
- **Reporting**: Fully reported
- **Scale**: andel af IBW
- **Range**: 0-100
- **Unit of measure**: %
- **Direction**: Higher is better
- **Data value**: Endpoint
- **Notes**: SDs are baseline values

### Recovery rate, LFU (1 år)
- **Outcome type**: DichotomousOutcome
- **Scale**: antal
- **Range**: 0-100
- **Unit of measure**: %
- **Direction**: Higher is better
- **Data value**: Endpoint
- **Notes**: Agras 2014: Recovery defineret som ≥ 95% af IBW

### Dropout
- **Outcome type**: DichotomousOutcome
- **Reporting**: Fully reported
- **Scale**: dropouts og withdrawn
- **Unit of measure**: antal
- **Direction**: Lower is better
- **Data value**: Endpoint
- **Notes**: Både dropouts og withdrawn from treatment pga. prolonged medical instability

### Indlæggelser (antal dage)
- **Outcome type**: ContinuousOutcome
- **Reporting**: Partially reported
- **Scale**: median antal
- **Unit of measure**: dage
- **Direction**: Lower is better
- **Data value**: Endpoint

### Notes
Nkr 46 Anoreksi on 04/03/2016 15:52

### Interventions
Agras 2014: Behandling med fokus på kernesymptomer=manualiseret FBT. Behandling med bredt fokus = systemisk familieterapi (SyFT)

---

### Risk of bias table

<table>
<thead>
<tr>
<th>Bias</th>
<th>Authors' judgement</th>
<th>Support for judgement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sequence generation</td>
<td>Low risk</td>
<td>Participants were randomized within sites to one of the 2 family therapies using a computer-generated program.</td>
</tr>
<tr>
<td>Allocation concealment</td>
<td>Unclear risk</td>
<td>Judgement Comment: Not reported</td>
</tr>
<tr>
<td>Blinding of personel and participants</td>
<td>High risk</td>
<td>blinding of participants and therapists not possible.</td>
</tr>
<tr>
<td>Blinding of outcome assessors</td>
<td>Low risk</td>
<td>Assessors were blinded to treatment assignment</td>
</tr>
<tr>
<td>Incomplete outcome data</td>
<td>Low risk</td>
<td>Missing data points were treated as missing at random conditional on observed information using maximum likelihood estimation. Dropout er lav, og analyser lager højde for missing data.</td>
</tr>
<tr>
<td>Selective outcome reporting</td>
<td>High risk</td>
<td>Judgement Comment: Der er ikke opgivet estimat for usikkerhed for EOT og FU data, kun for baseline data. Alle planlagte outcomes rapporteres.</td>
</tr>
</tbody>
</table>
Robin 1999

Methods

Participants

Interventions

Outcomes

Notes

Risk of bias table

Bias                     | Authors' judgement | Support for judgement |
-------------------------|--------------------|-----------------------|
Sequence generation      | Low risk           | From Fisher 2010      |
Allocation concealment   | Low risk           | From Fisher 2010      |
Blinding of personnel and participants | High risk | From Fisher 2010 |
Blinding of outcome assessors | Low risk | From Fisher 2010 |
Incomplete outcome data  | Low risk           | From Fisher 2010      |
Selective outcome reporting | Low risk | From Fisher 2010 |
Other bias               | High risk          | From Fisher 2010      |

Touyz 2013

Methods

| Study design: Randomized controlled trial |
| Study grouping: Parallel group            |
| Open Label: Cluster RCT:                  |

Participants

Baseline Characteristics

- **Alder (SD):** 34.6 (9.0)
- **Antal piger (%):** 31 (100)
- **Varighed af AN i år (SD):** 17.7 (7.5)
- **Antal i psykofarkalogisk behandling (%):** 12 (38.7)

Brede fokus (ej kernesymptomer)

- **Alder (SD):** 32.3 (10.0)
- **Antal piger (%):** 32 (100)
- **Varighed af AN i år (SD):** 15.5 (9.3)
- **Antal i psykofarkalogisk behandling (%):** 14 (43.8)

Included criteria: Severe and enduring AN (SE-AN). Aged ≥ 18 years and met DSM-IV criteria for AN, excluding criterion D (amenorrhea), for more than 7 years. Patients were also included if they met all DSM-IV criteria but presented with a BMI between 17.6 and 18.5 kg/m².

Excluded criteria: Current manic episode or psychosis, current alcohol or substance abuse or dependence, significant current medical or neurological illness (including seizure disorder), with the exception of nutrition-related alterations that impact on weight, were currently engaged in psychotherapy and not willing to suspend treatment for the duration of their participation in the study, had plans to move beyond commuting distance from the study site in the following 12 months, or did not live within commuting distance to the study site.

Pretreatment: Twelve participants in CBT-AN (38.7%) and 14 in SSCM (43.8%) were taking psychotropic medication.
### Interventions

<table>
<thead>
<tr>
<th>Intervention Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fokus på kernesymptomer</strong></td>
</tr>
<tr>
<td>- Behandlingsfokus: spise-adfærd, livskvalitet, vægtvækst sekundært.</td>
</tr>
<tr>
<td>- Terapiform: modified CBT-AN</td>
</tr>
<tr>
<td><strong>Bredt fokus (ej kernesymptomer)</strong></td>
</tr>
<tr>
<td>- Behandlingsfokus: livskvalitet, hvad patienten bringer til sessionen, vægtvækst sekundært.</td>
</tr>
<tr>
<td>- Terapiform: modified SSCM</td>
</tr>
</tbody>
</table>

### Outcomes

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Outcome type</th>
<th>Reporting</th>
<th>Scale</th>
<th>Range</th>
<th>Unit of measure</th>
<th>Direction</th>
<th>Data value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psykologiske spiseforstyrrelsessymptomer, EOT</strong></td>
<td>Continuous Outcome</td>
<td>Fully reported</td>
<td>EDE, global score</td>
<td>0-6</td>
<td>points</td>
<td>Lower is better</td>
<td>Endpoint</td>
</tr>
<tr>
<td><strong>Psykologiske spiseforstyrrelsessymptomer, LFU (1 år)</strong></td>
<td>Continuous Outcome</td>
<td>Fully reported</td>
<td>EDE, global score</td>
<td>0-6</td>
<td>points</td>
<td>Lower is better</td>
<td>Endpoint</td>
</tr>
<tr>
<td><strong>Adfærdssymptomer (restriktiv spisning, tvangsmotion, binge, purge), EOT</strong></td>
<td>Continuous Outcome</td>
<td>Not reported</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Adfærdssymptomer (restriktiv spisning, tvangsmotion, binge, purge), LFU (1 år)</strong></td>
<td>Continuous Outcome</td>
<td>Not reported</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Andel af sund kropsvægt/BMI, EOT</strong></td>
<td>Continuous Outcome</td>
<td>Fully reported</td>
<td>BMI</td>
<td></td>
<td></td>
<td>Higher is better</td>
<td>Endpoint</td>
</tr>
<tr>
<td><strong>Andel af sund kropsvægt/BMI, LFU (1 år)</strong></td>
<td>Continuous Outcome</td>
<td>Fully reported</td>
<td>BMI</td>
<td></td>
<td></td>
<td>Higher is better</td>
<td>Endpoint</td>
</tr>
<tr>
<td><strong>Recovery rate, LFU (1 år)</strong></td>
<td>Continuous Outcome</td>
<td>Not reported</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dropout</strong></td>
<td>Dichotomous Outcome</td>
<td>Fully reported</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Endpoint</td>
</tr>
<tr>
<td><strong>Indlæggelser (antal patienter) (LFU)</strong></td>
<td>Dichotomous Outcome</td>
<td>Fully reported</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Endpoint</td>
</tr>
<tr>
<td><strong>Livskvalitet, LFU (1 år)</strong></td>
<td>Continuous Outcome</td>
<td>Partially reported</td>
<td>EDEQOL</td>
<td></td>
<td></td>
<td></td>
<td>Change from baseline</td>
</tr>
</tbody>
</table>

***Notes***: OBS: studiet angiver, at 7 behøvede indlæggelse før EOT, mens yderligere 11 modtog ambulant/dag-hospital/daglegindlæggelse i follow-up perioden. Antallet ikke fordelt på grupper men oplyser, at der ikke er signifikant forskel på hospitalsindlæggelser ved EOT. Her er det samlede antal (7+11) fordelt ligeligt mellem de to interventionalerme.

**EDQOL=Eating Disorder Quality of Life Instrument: a standardized and validated 25-item instrument assessing quality of life in ED populations across four subscales: psychological, physical and cognitive, financial, and work or school.**
Interventions
Both treatments involved 30 individual treatment sessions provided over 8 months in an out-patient setting. Focus of treatment was improving quality of life and minimize harm, rather than weight gain per se. OBS: ingen af behandlingsarmene har fokus på vægtøgning pga. populationen, men CBNT-AN mere aktivt og dirigerende fokus på at udfordre kernesymptomer. The treatments were distinct in that CBNT-AN made use of specific cognitive and behavioral strategies whereas SSCM made use of more general, supportive therapeutic strategies. Fokus på kernesymptomer: CBNT-AN was modified: treatment goals were set collaboratively and weight gain was encouraged but not identified as the primary goal. Eating behaviors are directly challenged through use of behavioral experiments and cognitive strategies. Changes to eating behaviors are encouraged using advice and education around nutrition rather than specific strategies. Highly structured, therapist-directed. Patients are given homework in each session. Bredt fokus: Fostering a therapeutic relationship that promotes adherence to treatment. Aims to assist the patient through use of praise, reassurance and advice. Changes to eating behaviors are encouraged using advice and education around nutrition rather than specific strategies. SSCM was modified for this trial such that weight gain was not prioritized. Instead, SSCM encouraged patients to make changes to improve their quality of life and physical well-being. Less structured sessions, based on what the patient brings to the session.

Risk of bias table

<table>
<thead>
<tr>
<th>Bias</th>
<th>Authors' judgement</th>
<th>Support for judgement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sequence generation</td>
<td>Low risk</td>
<td>Randomization was performed by a biostatistician in the Data and Coordinating Centre (DCC, The University of Chicago), independent from either inter-vention site.</td>
</tr>
<tr>
<td>Allocation concealment</td>
<td>Unclear risk</td>
<td>Judgement Comment: Not reported</td>
</tr>
<tr>
<td>Blinding of personnel and participants</td>
<td>High risk</td>
<td>Blinding of participants and therapist not possible.</td>
</tr>
<tr>
<td>Blinding of outcome assessors</td>
<td>Low risk</td>
<td>Independent assessors blind to treatment assignment conducted all assessments.</td>
</tr>
<tr>
<td>Incomplete outcome data</td>
<td>Low risk</td>
<td>All outcome analyses were based upon an intention-to-treat (ITT) approach. Missing data for continuous outcome measures at EOT and follow-ups were imputed using multiple imputation based upon fully conditional Markov chain Monte Carlo modeling (Schafer, 1997). COMMENTS Dropout er lav, og der tages højde for missing data i analyser.</td>
</tr>
<tr>
<td>Selective outcome reporting</td>
<td>High risk</td>
<td>Judgement Comment: All intended outcomes are reported. Der oplyses ikke usikkerheds-estimator.</td>
</tr>
<tr>
<td>Other bias</td>
<td>Low risk</td>
<td>no comments</td>
</tr>
</tbody>
</table>

Treasure 1995

Methods
Participants
Interventions
Outcomes
Notes

Risk of bias table

<table>
<thead>
<tr>
<th>Bias</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Sequence generation</td>
<td>Low risk</td>
<td>From Hay 2015</td>
</tr>
<tr>
<td>Allocation concealment</td>
<td>Unclear risk</td>
<td>From Hay 2015</td>
</tr>
<tr>
<td>Blinding of personnel and participants</td>
<td>High risk</td>
<td>(not included in Hay 2015)</td>
</tr>
<tr>
<td>Blinding of outcome assessors</td>
<td>High risk</td>
<td>From Hay 2015</td>
</tr>
<tr>
<td>Incomplete outcome data</td>
<td>Unclear risk</td>
<td>From Hay 2015</td>
</tr>
<tr>
<td>Selective outcome reporting</td>
<td>Low risk</td>
<td>From Hay 2015</td>
</tr>
<tr>
<td>Other bias</td>
<td>High risk</td>
<td>From Hay 2015</td>
</tr>
</tbody>
</table>

Zipfel 2014
### Methods

<table>
<thead>
<tr>
<th>Bias</th>
<th>Authors' judgement</th>
<th>Support for judgement</th>
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<tbody>
<tr>
<td>Sequence generation</td>
<td>Low risk</td>
<td>From Hay 2015</td>
</tr>
<tr>
<td>Allocation concealment</td>
<td>Low risk</td>
<td>From Hay 2015</td>
</tr>
<tr>
<td>Blinding of personnel and participants</td>
<td>High risk</td>
<td>(not included in Hay 2015)</td>
</tr>
<tr>
<td>Blinding of outcome assessors</td>
<td>Low risk</td>
<td>From Hay 2015</td>
</tr>
<tr>
<td>Incomplete outcome data</td>
<td>Low risk</td>
<td>From Hay 2015</td>
</tr>
<tr>
<td>Selective outcome reporting</td>
<td>Low risk</td>
<td>From Hay 2015</td>
</tr>
<tr>
<td>Other bias</td>
<td>Low risk</td>
<td>From Hay 2015</td>
</tr>
</tbody>
</table>

### Footnotes

**Characteristics of excluded studies**

**Characteristics of studies awaiting classification**

**Characteristics of ongoing studies**

### Summary of findings tables

### References to studies

**Included studies**

- **Agras 2014**

- **McIntosh 2005**

- **Robin 1999**
  [Empty]

- **Touyz 2013**

- **Treasure 1995**

- **Zipfel 2014**
  Published and unpublished data

**Excluded studies**

**Studies awaiting classification**

**Ongoing studies**

**Other references**

**Additional references**
Other published versions of this review
Classification pending references

**Data and analyses**

**1 Fokus på kernesymptomer vs Bredt fokus (ej kernesymptomer)**

<table>
<thead>
<tr>
<th>Outcome or Subgroup</th>
<th>Studies</th>
<th>Participants</th>
<th>Statistical Method</th>
<th>Effect Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Adfærdssymptomer (restriktiv spisning, tvangsmotion, binge, purge), LFU (1 år)</td>
<td>0</td>
<td>0</td>
<td>Mean Difference (IV, Fixed, 95% CI)</td>
<td>Not estimable</td>
</tr>
<tr>
<td>1.2 Adfærdssymptomer (restriktiv spisning, tvangsmotion, binge, purge), EOT</td>
<td>0</td>
<td>0</td>
<td>Mean Difference (IV, Fixed, 95% CI)</td>
<td>Not estimable</td>
</tr>
<tr>
<td>1.3 Andel af sund kropsvægt/BMI, LFU (1 år)</td>
<td>5</td>
<td>427</td>
<td>Std. Mean Difference (IV, Random, 95% CI)</td>
<td>-0.08 [-0.33, 0.17]</td>
</tr>
<tr>
<td>1.3.3 adults</td>
<td>3</td>
<td>233</td>
<td>Std. Mean Difference (IV, Random, 95% CI)</td>
<td>0.10 [-0.16, 0.36]</td>
</tr>
<tr>
<td>1.3.4 adolescents</td>
<td>2</td>
<td>194</td>
<td>Std. Mean Difference (IV, Random, 95% CI)</td>
<td>-0.34 [-0.62, -0.05]</td>
</tr>
<tr>
<td>1.4 Andel af sund kropsvægt/BMI, EOT</td>
<td>4</td>
<td>410</td>
<td>Std. Mean Difference (IV, Random, 95% CI)</td>
<td>-0.27 [-0.47, -0.08]</td>
</tr>
<tr>
<td>1.4.3 adults</td>
<td>2</td>
<td>216</td>
<td>Std. Mean Difference (IV, Random, 95% CI)</td>
<td>-0.24 [-0.51, 0.03]</td>
</tr>
<tr>
<td>1.4.4 adolescents</td>
<td>2</td>
<td>194</td>
<td>Std. Mean Difference (IV, Random, 95% CI)</td>
<td>-0.31 [-0.59, -0.03]</td>
</tr>
<tr>
<td>1.5 Psykologiske spiseforstyrrelsessymptomer, LFU (1 år)</td>
<td>4</td>
<td>396</td>
<td>Std. Mean Difference (IV, Random, 95% CI)</td>
<td>0.04 [-0.21, 0.28]</td>
</tr>
<tr>
<td>1.5.6 adults (EDE restraint and EDI total)</td>
<td>2</td>
<td>203</td>
<td>Std. Mean Difference (IV, Random, 95% CI)</td>
<td>0.13 [-0.15, 0.41]</td>
</tr>
<tr>
<td>1.5.7 adolescents (EDE global and EAT cognitive distortion)</td>
<td>2</td>
<td>193</td>
<td>Std. Mean Difference (IV, Random, 95% CI)</td>
<td>0.01 [-0.56, 0.59]</td>
</tr>
<tr>
<td>1.6 Psykologiske spiseforstyrrelsessymptomer, EOT</td>
<td>4</td>
<td>409</td>
<td>Std. Mean Difference (IV, Random, 95% CI)</td>
<td>-0.15 [-0.54, 0.23]</td>
</tr>
<tr>
<td>1.6.6 adults (EDE restraint and EDI total)</td>
<td>2</td>
<td>216</td>
<td>Std. Mean Difference (IV, Random, 95% CI)</td>
<td>-0.44 [-1.30, 0.42]</td>
</tr>
<tr>
<td>1.6.7 adolescents (EDE global and EAT cognitive distortion)</td>
<td>2</td>
<td>193</td>
<td>Std. Mean Difference (IV, Random, 95% CI)</td>
<td>0.05 [-0.23, 0.33]</td>
</tr>
<tr>
<td>1.7 Recovery rate, LFU (1 år)</td>
<td>4</td>
<td>237</td>
<td>Risk Ratio (M-H, Random, 95% CI)</td>
<td>0.90 [0.73, 1.10]</td>
</tr>
<tr>
<td>1.7.1 Adults (Recovery not achieved according to Morgan and Russell narrow categories or similar)</td>
<td>3</td>
<td>202</td>
<td>Risk Ratio (M-H, Random, 95% CI)</td>
<td>0.91 [0.74, 1.11]</td>
</tr>
<tr>
<td>1.7.2 adolescents (Remission not achieved)</td>
<td>1</td>
<td>35</td>
<td>Risk Ratio (M-H, Random, 95% CI)</td>
<td>0.67 [0.22, 2.09]</td>
</tr>
<tr>
<td>1.8 Dropout, end of treatment</td>
<td>4</td>
<td></td>
<td>Risk Ratio (IV, Random, 95% CI)</td>
<td>Subtotals only</td>
</tr>
<tr>
<td>1.8.2 adults</td>
<td>3</td>
<td>246</td>
<td>Risk Ratio (IV, Random, 95% CI)</td>
<td>0.89 [0.46, 1.05]</td>
</tr>
<tr>
<td>1.8.3 adolescents</td>
<td>1</td>
<td>158</td>
<td>Risk Ratio (IV, Random, 95% CI)</td>
<td>0.87 [0.55, 1.38]</td>
</tr>
<tr>
<td>1.9 Livskvalitet, LFU (1 år)</td>
<td>1</td>
<td>158</td>
<td>Std. Mean Difference (IV, Random, 95% CI)</td>
<td>0.15 [-0.16, 0.46]</td>
</tr>
<tr>
<td>1.9.2 adolescents (Quality of Life and Enjoyment Scale (SF) (higher=better))</td>
<td>1</td>
<td>158</td>
<td>Std. Mean Difference (IV, Random, 95% CI)</td>
<td>0.15 [-0.16, 0.46]</td>
</tr>
<tr>
<td>1.10 Indlæggelser (antal patienter) (LFU)</td>
<td>4</td>
<td></td>
<td>Risk Ratio (IV, Random, 95% CI)</td>
<td>Subtotals only</td>
</tr>
<tr>
<td>1.10.2 adolescents</td>
<td>1</td>
<td>158</td>
<td>Risk Ratio (IV, Random, 95% CI)</td>
<td>0.63 [0.34, 1.18]</td>
</tr>
<tr>
<td>1.10.3 adults</td>
<td>3</td>
<td>185</td>
<td>Risk Ratio (IV, Random, 95% CI)</td>
<td>0.77 [0.10, 5.87]</td>
</tr>
</tbody>
</table>

**Figures**

Figure 1 (Analysis 1.3)
**NKR46 PICO 4: focus on core symptoms in the treatment of anorexia**

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Intervention</th>
<th>Control</th>
<th>Std. Mean Difference</th>
<th>Std. Mean Difference</th>
<th>Risk of Bias</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Total</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>1.3.3 adults</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>McNicholas 2005</td>
<td>-26.65</td>
<td>2.759</td>
<td>26</td>
<td>26.6</td>
<td>2.1</td>
</tr>
<tr>
<td>Trezona 1995</td>
<td>-17.4</td>
<td>3</td>
<td>16</td>
<td>-18.5</td>
<td>2.1</td>
</tr>
<tr>
<td>Zipursen 2014</td>
<td>-18.1</td>
<td>2.86</td>
<td>18</td>
<td>-18.3</td>
<td>2.1</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>125</td>
<td>100</td>
<td></td>
<td>100</td>
<td>55.6%</td>
</tr>
</tbody>
</table>

Test for overall effect: Z = 0.76 (P = 0.45)

1.3.4 adolescents

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Intervention</th>
<th>Control</th>
<th>Std. Mean Difference</th>
<th>Std. Mean Difference</th>
<th>Risk of Bias</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Total</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>1 Fokus på kernesymptome vs Bred fokus (ej kernesymptomer), outcome: Andel af sund kropsvægt/BMI, LFU (1 år)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>McNicholas 2014</td>
<td>-9.6</td>
<td>2.8</td>
<td>76</td>
<td>-9.2</td>
<td>3.7</td>
</tr>
<tr>
<td>Robins 1999</td>
<td>-29.7</td>
<td>2.7</td>
<td>19</td>
<td>-14.6</td>
<td>3.1</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>97</td>
<td>97</td>
<td></td>
<td>97</td>
<td>44.4%</td>
</tr>
</tbody>
</table>

Test for overall effect: Z = -2.33 (P = 0.02)

Andel af sund kropsvægt/BMI, EOT (1 år)

Forest plot of comparison: 1 Fokus på kernesymptomer vs Bred fokus (ej kernesymptomer), outcome: 1.3 Andel af sund kropsvægt/BMI, LFU (1 år).  

**Figure 2 (Analysis 1.4)**

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Intervention</th>
<th>Control</th>
<th>Std. Mean Difference</th>
<th>Std. Mean Difference</th>
<th>Risk of Bias</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Total</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>McNicholas 2005</td>
<td>-10.4</td>
<td>1.986</td>
<td>35</td>
<td>-10.1</td>
<td>3.1</td>
</tr>
<tr>
<td>Robins 1999</td>
<td>-17.75</td>
<td>1.61</td>
<td>80</td>
<td>-17.3</td>
<td>1.7</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>145</td>
<td>145</td>
<td></td>
<td>145</td>
<td>52.5%</td>
</tr>
</tbody>
</table>

Test for overall effect: Z = 1.71 (P = 0.09)

1.4.4 adolescents

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Intervention</th>
<th>Control</th>
<th>Std. Mean Difference</th>
<th>Std. Mean Difference</th>
<th>Risk of Bias</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Total</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>McNicholas 2005</td>
<td>-9.2</td>
<td>3</td>
<td>79</td>
<td>-9.1</td>
<td>3.7</td>
</tr>
<tr>
<td>Robins 1999</td>
<td>-16.9</td>
<td>1.9</td>
<td>19</td>
<td>-19.9</td>
<td>1.9</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>97</td>
<td>97</td>
<td></td>
<td>97</td>
<td>47.5%</td>
</tr>
</tbody>
</table>

Test for overall effect: Z = 2.15 (P = 0.03)

Andel af sund kropsvægt/BMI, EOT (1 år)

Forest plot of comparison: 1 Fokus på kernesymptomer vs Bred fokus (ej kernesymptomer), outcome: 1.4 Andel af sund kropsvægt/BMI, EOT.

**Figure 3 (Analysis 1.5)**
Forest plot of comparison: 1 Fokus på kernesymptomer vs Bredt fokus (ej kernesymptomer), outcome: 1:5 Psykologiske spiseforstyrrelsessymptomer, LFU (1 år).

### Figure 4 (Analysis 1.6)

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Intervention</th>
<th>Control</th>
<th>Std. Mean Difference IV, Random, 95% CI</th>
<th>Risk of Bias</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD Total</td>
<td>Mean</td>
<td>SD Total</td>
</tr>
<tr>
<td>1.5.6 adults (EDE restraint and EDI total)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>McIntosh 2005</td>
<td>1.799</td>
<td>1.774</td>
<td>29</td>
<td>1.4</td>
</tr>
<tr>
<td>Ziper 2014</td>
<td>293</td>
<td>57.8</td>
<td>80</td>
<td>267</td>
</tr>
<tr>
<td>Subtotal (95%)</td>
<td>109</td>
<td>94</td>
<td>117</td>
<td>96</td>
</tr>
<tr>
<td>Heterogeneity: Tau² = 0.00, Chi² = 0.15, df = 1 (P = 0.70), I² = 9% Test for overall effect: Z = 0.60 (P = 0.37)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Figure 5 (Analysis 1.7)

Forest plot of comparison: 1 Fokus på kernesymptomer vs Bredt fokus (ej kernesymptomer), outcome: 1:6 Psykologiske spiseforstyrrelsessymptomer, EOT.
### 1.7.1 Adults (Recovery not achieved according to Morgan and Russell narrow categories or similar)

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Intervention</th>
<th>Control</th>
<th>Fokus på kernesymptome vs Bredt fokus (ej kernesymptomer), outcome: Recovery rate, LFU (1 år).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Events Total</td>
<td>Events Total</td>
<td>Weight</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>McNicholas 2005</td>
<td>27</td>
<td>35</td>
<td>19</td>
</tr>
<tr>
<td>Treasure 1995</td>
<td>11</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td>Zipple 2014</td>
<td>12</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td><strong>Subtotal (95% CI)</strong></td>
<td>113</td>
<td>89</td>
<td>96.9%</td>
</tr>
<tr>
<td><strong>Total events</strong></td>
<td>56</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td><strong>Heterogeneity</strong></td>
<td>Tau squared: 0.60; CHI²= 2.94, df = 2 (P = 0.26); I² = 8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Test for overall effect:</strong> Z = 0.96 (P = 0.33)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 1.7.2 Adolescents (Remission not achieved)

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Intervention</th>
<th>Control</th>
<th>Fokus på kernesymptome vs Bredt fokus (ej kernesymptomer), outcome: Dropout, end of treatment.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Events Total</td>
<td>Events Total</td>
<td>Weight</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>McNicholas 2005</td>
<td>4</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td><strong>Subtotal (95% CI)</strong></td>
<td>19</td>
<td>16</td>
<td>31.3%</td>
</tr>
<tr>
<td><strong>Total events</strong></td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Heterogeneity</strong></td>
<td>Tau squared: 0.60; CHI²= 3.37, df = 3 (P = 0.42); I² = 8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Test for overall effect:</strong> Z = 1.07 (P = 0.29)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Figure 6 (Analysis 1.8)

### Figure 7 (Analysis 1.9)
### NKR46 PICO 4: focus on core symptoms in the treatment of anorexia

#### 30-Mar-2016

**Forest plot of comparison:** Fokus på kernesymptomer vs Bredt fokus (ej kernesymptomer), outcome: 1.9 Livskvalitet, LFU (1 år).

#### Figure 8 (Analysis 1.10)

**Forest plot of comparison:** 1 Fokus på kernesymptomer vs Bredt fokus (ej kernesymptomer), outcome: 1.10 Indlæggelser (antal patienter) (LFU).

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Intervention</th>
<th>Control</th>
<th>Std. Mean Difference</th>
<th>Risk of Bias</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Total Mean</td>
<td>Total Weight</td>
</tr>
<tr>
<td>Adolescents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.0.2. adolescents</td>
<td>-52.3</td>
<td>9.5</td>
<td>70</td>
<td>54.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Total (95% CI)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Risk of bias legend:
- (A) Sequencing generation
- (B) Allocation concealment
- (C) Blinding of personnel and participants
- (D) Blinding of outcome assessment
- (E) Incomplete outcome data
- (F) Selective outcome reporting
- (G) Other bias

**Risk of bias legend:**
- (A) Sequencing generation
- (B) Allocation concealment
- (C) Blinding of personnel and participants
- (D) Blinding of outcome assessment
- (E) Incomplete outcome data
- (F) Selective outcome reporting
- (G) Other bias

**Forest plot of comparison:** 1.0.2. adolescents (Quality of Life and Enjoyment Scale (QoL) (higher=better)).

### Review Manager 5.3

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