

NKR46 pico 5: Mandatory weight gain for anorexia

Review information

Authors

[Empty name]¹

¹[Empty affiliation]

Citation example: [Empty name]. NKR46 pico 5: Mandatory weight gain for anorexia. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Characteristics of studies

Characteristics of included studies

Thaler 2014

Methods	Study design: Prospective cohort study Study grouping: Open Label: Cluster RCT:
Participants	Baseline Characteristics Intervention <ul style="list-style-type: none"> ● <i>Alder år (SD):</i> 26.2 (8.4) ● <i>Anoreksi, restriktiv subtype %:</i> 35 ● <i>Anoreksi, binge-purge subtype %:</i> 45 ● <i>Bulimi %:</i> 10 ● <i>EDNOS %:</i> 10 ● <i>BMI (SD):</i> 16.7 (1.3), 14.1-18.5 Kontrol <ul style="list-style-type: none"> ● <i>Alder år (SD):</i> 26.7 (9.0) ● <i>Anoreksi, restriktiv subtype %:</i> 38.8 ● <i>Anoreksi, binge-purge subtype %:</i> 42.8 ● <i>Bulimi %:</i> 10.2 ● <i>EDNOS %:</i> 8.2 ● <i>BMI (SD):</i> 16.6 (1.4), 14-18.4 Included criteria: Spiseforstyrrelse BMI ≤ 18.5 fuldført min. 6 ugers behandling Excluded criteria: none Pretreatment: Kontrolgruppe rekrutteret mellem 01.01.2007 og 31.08.2009 Interventionsgruppe rekrutteret mellem 01.09.2009 og 01.05.2012
Interventions	Intervention Characteristics Intervention <ul style="list-style-type: none"> ● <i>Minimumskrav for vægtindhentning pr. uge:</i> 500 g ● <i>behandlingsvarighed i uger:</i> 11.1 (3.9) Kontrol <ul style="list-style-type: none"> ● <i>Minimumskrav for vægtindhentning pr. uge:</i> 0 g ● <i>behandlingsvarighed i uger:</i> 13.6 (3.1)
Outcomes	<i>Adfærdssymptomer (bulimiske episoder)</i> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● Reporting: Fully reported ● Unit of measure: episoder ● Direction: Lower is better ● Data value: Endpoint <i>Adfærdssymptomer (dage med opkast)</i> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● Reporting: Fully reported ● Unit of measure: dage ● Direction: Lower is better ● Data value: Endpoint <i>BMI</i> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● Reporting: Fully reported ● Scale: BMI ● Unit of measure: kg/m² ● Direction: Higher is better ● Data value: Endpoint <i>Psykologiske spiseforstyrrelsessymptomer</i> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● Reporting: Fully reported ● Scale: EDE-Q Total score ● Range: 0-6

	<ul style="list-style-type: none"> ● Unit of measure: points ● Direction: Lower is better ● Data value: Endpoint <p><i>Recovery rate</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome <p><i>Dropout</i></p> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome ● Reporting: Fully reported ● Notes: Som dropout regnes alle grunde til at forlade behandlingen i hele "intention-to-treat" samplet; dem, som startede men ikke gennemførte 6 uger, dem der på eget initiativ forlod behandlingen efter mere end 6 ugers behandling, og dem der blev bedt om at forlade behandlingen grundet for lidt vægtindhentning i den eksperimentelle gruppe. <p><i>Livskvalitet</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome <p><i>Indlæggelser</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome
Identification	<p>Sponsorship source: ingen information</p> <p>Country: Canada</p> <p>Setting: Dag-hospital</p> <p>Comments: ingen</p> <p>Authors name: Lea Thaler</p> <p>Institution: Eating Disorders Program, Douglas University Institute in Mental Health</p> <p>Email: lea.thaler@douglas.mcgill.ca, leathaler@gmail.com</p> <p>Address: 875 LaSalle Blvd, Montreal, Quebec, Canada H4H 1R3</p>
Notes	<p><i>Nkr 46 Anoreksi</i> on 27/02/2016 22:30</p> <p>Interventions</p> <p>Behandlingsvarighed i uger inkluderer dem, der blev bedt om at forlade programmet grundet for lidt vægtindhentning. Hvis disse ikke medregnes, er behandlingsvarighed ens i interventionsgruppe og kontrolgruppe.</p>

Risk of bias table

Footnotes

Characteristics of excluded studies

Allan 2010

Reason for exclusion	Wrong study design
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Bamford 2015

Reason for exclusion	Wrong study design
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Bolton 2005

Reason for exclusion	Wrong study design
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Davies 2005

Reason for exclusion	Wrong study design
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Dempfle 2013

Reason for exclusion	Wrong study design
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Föcker 2015

Reason for exclusion	Wrong study design
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Garber 2012

Reason for exclusion	Wrong study design
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Katzman 2012

Reason for exclusion	Editorial (not a study)
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LeGrange 2013

Reason for exclusion	Editorial (not a study)
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LeGrange 2014

Reason for exclusion	Wrong study design
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Meguerditchian 2009

Reason for exclusion	Wrong study design
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Redgrave 2015

Reason for exclusion	Wrong study design
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Roze 2007

Reason for exclusion	Wrong study design
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Sebastian 2014

Reason for exclusion	Wrong study design
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Steinhausen 2008

Reason for exclusion	Wrong study design
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Swenne 2008

Reason for exclusion	Wrong study design
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Thomas 2009

Reason for exclusion	Wrong study design
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Vale 2014

Reason for exclusion	Wrong study design
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Whitelaw 2010

Reason for exclusion	Wrong study design
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Footnotes

Characteristics of studies awaiting classification

Footnotes

Characteristics of ongoing studies

Footnotes

Summary of findings tables**Additional tables****References to studies****Included studies****Thaler 2014**

Thaler,L.; Wilson,S.; Coelho,J. S.; Mazanek Antunes,J.; Israel,M.; Steiger,H.. Mandating weekly weight gain in a day treatment program for eating disorders.. International Journal of Eating Disorders 2014;47(5):500-506. [DOI: 10.1002/eat.22246]

Excluded studies**Allan 2010**

Allan,R.; Sharma,R.; Sangani,B.; Hugo,P.; Frampton,I.; Mason,H.; Lask,B.. Predicting the weight gain required for recovery from anorexia nervosa with pelvic ultrasonography: an evidence-based approach.. European Eating Disorders Review 2010;18(1):43-48. [DOI: 10.1002/erv.98210.1002/erv.982.]

Bamford 2015

Bamford, Bryony; Barras, Christina; Sly, Richard; Stiles-Shields, Colleen; Touyz, Stephen; Le Grange, Daniel; Hay, Phillipa; Crosby, Ross; Lacey, Hubert. Eating disorder symptoms and quality of life: Where should clinicians place their focus in severe and enduring anorexia nervosa? International Journal of Eating Disorders 2015;48(1):133-138. [DOI: 10.1002/eat.22327]

Bolton 2005

Bolton, James G F; Patel, Sanjeev; Lacey, J Hubert; White, Sarah. A prospective study of changes in bone turnover and bone density associated with regaining weight in women with anorexia nervosa.. *Osteoporosis international : a journal established as result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA* 2005;16(12):1955-1962. [DOI:]

Davies 2005

Davies,Sarah; Jaffa,Tony. Patterns of Weekly Weight Gain during Inpatient Treatment for Adolescents with Anorexia Nervosa.. *European Eating Disorders Review* 2005;13(4):273-277. [DOI:]

Dempfle 2013

Dempfle A.; Herpertz-Dahlmann B.; Timmesfeld N.; Schwarte R.; Egberts KM.; Pfeiffer E.; Fleischhaker C.; Wewetzer C.; Bühren K.. Predictors of the resumption of menses in adolescent anorexia nervosa.. *BMC psychiatry* 2013;13:308. [DOI: 10.1186/1471-244X-13-308]

Föcker 2015

Föcker M.; Bühren K.; Timmesfeld N.; Dempfle A.; Knoll S.; Schwarte R.; Egberts KM.; Pfeiffer E.; Fleischhaker C.; Wewetzer C.; Hebebrand J.; Herpertz-Dahlmann B.. The relationship between premorbid body weight and weight at referral, at discharge and at 1-year follow-up in anorexia nervosa.. *European child & adolescent psychiatry* 2015;24(5):537-44. [DOI: 10.1007/s00787-014-0605-0]

Garber 2012

Garber,Andrea K.; Michihata,Nobuaki; Hetnal,Katherine; Shafer,MaryAnn; Moscicki,AnnaBarbara. A prospective examination of weight gain in hospitalized adolescents with anorexia nervosa on a recommended refeeding protocol.. *Journal of Adolescent Health* 2012;50(1):24-29. [DOI:]

Katzman 2012

Katzman D.K.. Refeeding hospitalized adolescents with anorexia nervosa: Is "start low, advance slow" urban legend or evidence based? *Journal of Adolescent Health* 2012;50(1):1-2. [DOI:]

LeGrange 2013

Le Grange,Daniel. Examining refeeding protocols for adolescents with anorexia nervosa (Again): Challenges to current practices. *Journal of Adolescent Health* 2013;53(5):555-556. [DOI:]

LeGrange 2014

Le Grange,Daniel; Accurso,Erin C.; Lock,James; Agras,Stewart; Bryson,Susan W.. Early weight gain predicts outcome in two treatments for adolescent anorexia nervosa.. *International Journal of Eating Disorders* 2014;47(2):124-129. [DOI: 10.1002/eat.22221]

Meguerditchian 2009

Meguerditchian, C.; Samuelian-Massat, C.; Valero, R.; Begu-Le Corroller, A.; Fromont, I.; Mancini, J.; Sparrow, J. D.; Poinso, F.; Vialettes, B.. The impact of weight normalization on quality of recovery in anorexia nervosa. *Journal of the American College of Nutrition* 2009;28(4):397-404. [DOI:]

Redgrave 2015

Redgrave GW.; Coughlin JW.; Schreyer CC.; Martin LM.; Leonpacher AK.; Seide M.; Verdi AM.; Pletch A.; Guarda AS.. Refeeding and weight restoration outcomes in anorexia nervosa: Challenging current guidelines.. *The International journal of eating disorders* 2015;48(7):866-73. [DOI: 10.1002/eat.22390]

Roze 2007

Roze, C.; Doyen, C.; Le Heuzey, M. F.; Armoogum, P.; Mouren, M. C.; Leger, J.. Predictors of late menarche and adult height in children with anorexia nervosa. *Clinical Endocrinology* 2007;67(3):462-7. [DOI:]

Sebastian 2014

Sebastian, M. R.; Hergenroeder, A.. Does rate of weight gain during hospitalization predict readmission in adolescents with eating disorders? *Journal of Adolescent Health* 2014;54(2):S78-S79. [DOI:]

Steinhausen 2008

Steinhausen HC.; Grigoriou-Serbanescu M.; Boyadjieva S.; Neumärker KJ.; Winkler Metzke C.. Course and predictors of rehospitalization in adolescent anorexia nervosa in a multisite study.. *The International journal of eating disorders* 2008;41(1):29-36. [DOI: 10.1002/eat.20414]

Swenne 2008

Swenne,Ingemar. Weight and growth requirements for menarche in teenage girls with eating disorders, weight loss and primary amenorrhoea.. *Hormone research* 2008;69(3):146-151. [DOI:]

Thomas 2009

Thomas,J. J.; Roberto,C. A.; Brownell,K. D.. Eighty-five per cent of what? Discrepancies in the weight cut-off for anorexia nervosa substantially affect the prevalence of underweight.. *Psychological medicine* 2009;39(5):833-843. [DOI: http://dx.doi.org/10.1017/S0033291708004327]

Vale 2014

Vale B.; Brito S.; Paulos L.; Moleiro P.. Menstruation disorders in adolescents with eating disorders-target body mass index percentiles for their resolution. *Einstein (Sao Paulo, Brazil)* 2014;12(2):175-180. [DOI:]

Whitelaw 2010

Whitelaw,Melissa; Gilbertson,Heather; Lam,PeiYoong; Sawyer,Susan M.. Does aggressive refeeding in hospitalized adolescents with anorexia nervosa result in increased hypophosphatemia? *Journal of Adolescent Health* 2010;46(6):577-582. [DOI:]

Studies awaiting classification

Ongoing studies

Other references

Additional references

Other published versions of this review

Classification pending references

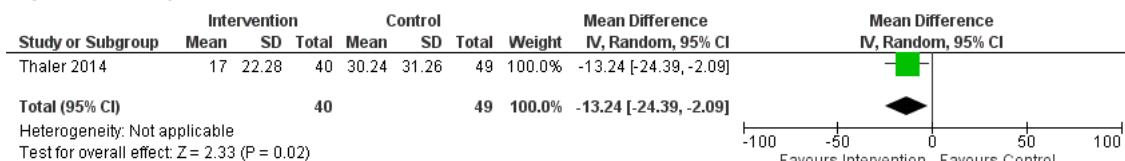
Data and analyses

1 Intervention vs Control

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Adfærdssymptomer (bulimiske episoder, EOT)	1	89	Mean Difference (IV, Random, 95% CI)	-13.24 [-24.39, -2.09]
1.2 Adfærdssymptomer (dage med opkast, EOT)	1	89	Mean Difference (IV, Random, 95% CI)	-3.02 [-7.60, 1.56]
1.3 BMI (EOT)	1	89	Mean Difference (IV, Random, 95% CI)	-0.82 [-1.63, -0.01]
1.4 Psykologiske spiseforstyrrelsessymptomer (EDE-Q total (0-6, lower is better), EOT)	1	89	Mean Difference (IV, Fixed, 95% CI)	-0.20 [-0.87, 0.47]
1.5 Recovery rate	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.6 Livskvalitet	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.7 Indlæggelser	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.8 Dropout	1	107	Risk Ratio (IV, Random, 95% CI)	2.72 [1.44, 5.15]

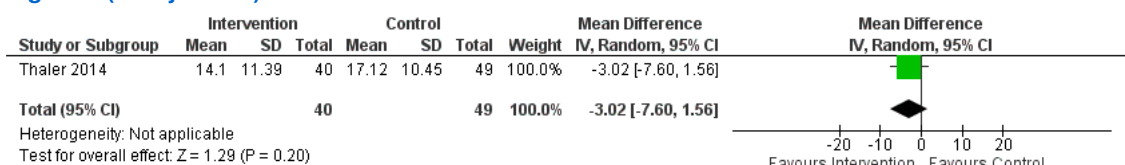
Figures

Figure 1 (Analysis 1.1)



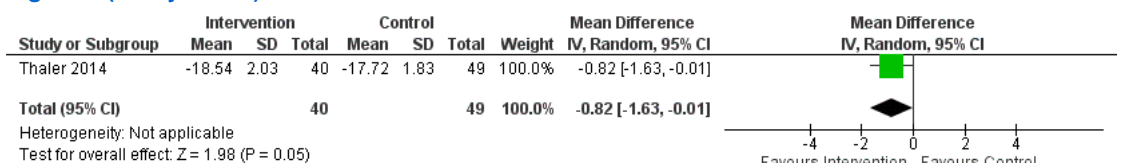
Forest plot of comparison: 1 Intervention vs Control, outcome: 1.1 Adfærdssymptomer (bulimiske episoder, EOT).

Figure 2 (Analysis 1.2)



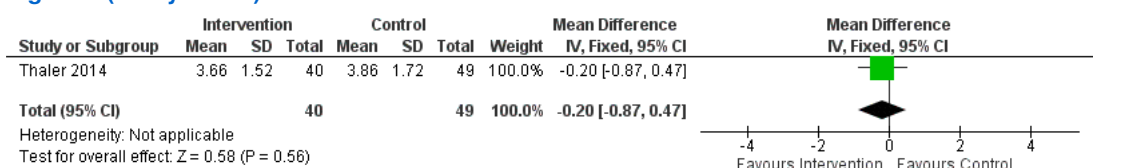
Forest plot of comparison: 1 Intervention vs Control, outcome: 1.2 Adfærdssymptomer (dage med opkast, EOT).

Figure 3 (Analysis 1.3)



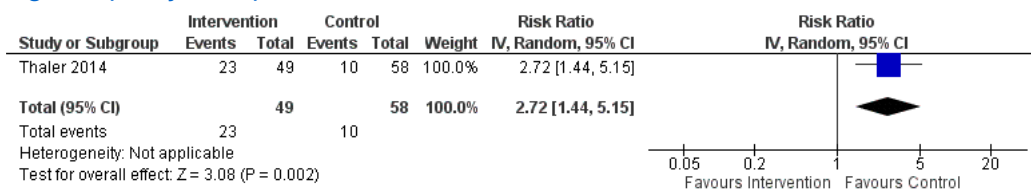
Forest plot of comparison: 1 Intervention vs Control, outcome: 1.3 BMI (EOT).

Figure 4 (Analysis 1.4)



Forest plot of comparison: 1 Intervention vs Control, outcome: 1.4 Psykologiske spiseforstyrrelsessymptomer (EDE-Q total (0-6, lower is better), EOT).

Figure 5 (Analysis 1.8)



Forest plot of comparison: 1 Intervention vs Control, outcome: 1.8 Dropout.