

NKR46 pico 2: Group therapy for anorexia

Review information

Authors

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Citation example: DHA. NKR46 pico 2: Group therapy for anorexia. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Characteristics of studies

Characteristics of included studies

Crisp 1991

Methods	<p>Study design: Randomized controlled trial</p> <p>Study grouping: Parallel group</p> <p>Open Label:</p> <p>Cluster RCT:</p>
Participants	<p>Baseline Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● Age (SD): 19.7 (2.6) ● Sex (% female): 100 ● BMI/% below MMPW (SD): 26.2 (8.7) ● AN (% of sample): 100 ● Restrictive AN (% of AN sample): 55 ● Duration of illness (months): 27.5 (25.8) ● Comorbidity (% of sample): n/a ● Psychotropic medication (% of sample): n/a <p>Control</p> <ul style="list-style-type: none"> ● Age (SD): 21.2 (5.1) ● Sex (% female): 100 ● BMI/% below MMPW (SD): 26.5 (6.9) ● AN (% of sample): 100 ● Restrictive AN (% of AN sample): 65 ● Duration of illness (months): 33.4 (25.9)

	<ul style="list-style-type: none"> ● Comorbidity (% of sample): n/a ● Psychotropic medication (% of sample): n/a <p>Included criteria: Patients diagnosed with anorexia nervosa, fulfilling diagnostic criteria of DSM-III-R (American Psychiatric Association, 1987). Being female. Having a duration of illness of less than ten years. Living within out-patient reach of the service.</p> <p>Excluded criteria: None described.</p> <p>Pretreatment: none reported.</p>
<p>Interventions</p>	<p>Intervention Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● Description: Out-patient groups comprised ten out-patient psychotherapy group meetings with the anorectic involved and ten group meetings for parents separately, at monthly intervals. The groups were 'rolling groups' within which the patients addressed a series of designated topics drawn from the in-patient log-book (Crisp et al., 1985). These included such issues as conflict avoidance, sense of self, family relationships, identification of moods and their attachments and origins, the meaning of weight and shape, management of impulse, and communication and relationship skills. With the parents' groups the same themes were sustained, alongside parents attempting to help each other in managing their 'shared problems' and difficulties over autonomy. ● Manual-based: no ● Duration (weeks): 42 ● Number of sessions: 10 (10 for patients and ten for parents) <p>Control</p> <ul style="list-style-type: none"> ● Description: out-patient individual/family therapy, the patients received 12 out-patient sessions, which nearly always but to a variable extent included both individual and family work according to the perceived needs of the patient, and which always addressed the developmental psychopathology, with the focus on its expression immediately preceding the illness onset. Because of the limited number of sessions, the therapist tended to be active within the therapy, with attention given also to ambivalence regarding patient status, difficulty in asking for help, low self-esteem, deficient sense of mastery, and the ways in which food/weight-related matters were used defensively. ● Manual-based: no ● Duration (weeks): The sessions spanned several months. ● Number of sessions: 12
<p>Outcomes</p>	<p>ED behavior (end of treatment)</p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● Reporting: Fully reported ● Scale: Nutrition scale - MROAS ● Range: 0-12 ● Direction: Higher is better ● Data value: Endpoint <p><i>ED behavior (longest FU (min. 1 yr))</i></p>

- **Outcome type:** ContinuousOutcome

Body weight (end of treatment)

- **Outcome type:** ContinuousOutcome
- **Reporting:** Partially reported
- **Scale:** Kg gained during treatment
- **Unit of measure:** kg
- **Direction:** Higher is better
- **Data value:** Change from baseline

Body weight (longest FU (min. 1 yr))

- **Outcome type:** ContinuousOutcome

Psychological symptoms (end of treatment)

- **Outcome type:** ContinuousOutcome

Psychological symptoms (longest FU (min. 1 yr))

- **Outcome type:** ContinuousOutcome

Recovery rate (longest FU (min. 1 yr))

- **Outcome type:** ContinuousOutcome
- **Reporting:** Fully reported
- **Scale:** MROAS - global scale
- **Range:** 0-12
- **Direction:** Higher is better
- **Data value:** Endpoint

Dropout (end of treatment)

- **Outcome type:** DichotomousOutcome
- **Direction:** Lower is better
- **Data value:** Endpoint

- **Notes:** Dropout only reported when subjects didn't attend any session at all. The study reports that the mean number of sessions attended in the intervention group was 5 and the mean number of sessions attended in the control group was 9.

Quality of life (longest FU (min. 1 yr))

- **Outcome type:** ContinuousOutcome

Hospitalizations (longest FU (min. 1 yr))

- **Outcome type:** DichotomousOutcome

Identification	<p>Sponsorship source: Marks and Spencer plc, St George's Hospital Special Trustees and the Worshipful Company of Grocers.</p> <p>Country: England</p> <p>Setting: Outpatient.</p> <p>Comments: none</p> <p>Authors name: A. H. Crisp</p> <p>Institution: Department of Mental Health Sciences, St George's Hospital Medical School</p> <p>Email: n/a</p> <p>Address: Department of Mental Health Sciences, St George's Hospital Medical School, Cranmer Terrace, London, SWJ7 ORE</p>
Notes	<p><i>Gry Kjær Rsdam TelléUs on 17/02/2016 01:38</i></p> <p>Outcomes</p> <p>Jeg har valgt at tage udgangspunkt i Whole sample og ikke Compilers only. ED Behavior (longest FU): Det eneste jeg umiddelbart mener vi kan anvende til vurdering af ED behavior er change scoren i Nutrition scoren fra Morgan-Russell scalaen (jeg er dog langt fra sikker på om denne score kan anvendes til noget som outcome mål). Change score, Nutrition: Intervention 3.5 / control 2.9. SD er ikke oplyst men den kan jo udregnes ud fra SE (det har jeg dog ikke gjort). Menstruation er jo ikke et adfærdssymptom men change score for menstruation rapporteres ligeledes: Intervention 5.0 / control 4.2. Body Weight (longest FU): Mean weight gain: Intervention 10.2 kg og control 9.0 kg. Vi har også mean vægt ved follow up for controlgruppen (52.6 kg) men jeg kan ikke tyde resultatet for mean vægt ved follow up for interventiongruppen af figuren og det fremgår ikke af teksten (det er muligt det kan ses i en bedre kopi). Drop-out: Drop-out occurred in all three treatment groups, especially the out-patient group psychotherapy. Ud fra Tabel 2 ser det ud til at der var følgende drop-out: 3 i Intervention og 2 i control.</p> <p><i>Nkr 46 Anoreksi on 18/02/2016 01:55</i></p> <p>Outcomes</p> <p>Only 12 sessions in both groups. End of treatment data are from one year after initial assessment. The two treatments differ in length - group psychotherapy lasted almost one year while individual therapy lasted "months".</p>

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	90 patients were randomly allocated to one or other of the four options.
Allocation concealment	Unclear risk	no information
Blinding of participants and personnel	High risk	

Blinding of outcome assessors	Unclear risk	no information
Incomplete outcome data	High risk	The mean number of out-patient sessions attended was nine and the mean number of out-patient groups attended was five. Dropouts not described. More people dropped out of group therapy.
Selective outcome reporting	Unclear risk	Some outcomes are only partially reported.
Other sources of bias	High risk	Different duration of treatment arms. Length of treatment not clearly described. Amount of parent involvement in individual intervention not described. Number of parent group sessions completed not described.

Footnotes

Characteristics of excluded studies

Morris 2007

Reason for exclusion	Wrong study design
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Nevonen 2005

Reason for exclusion	Wrong patient population
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Footnotes

Characteristics of studies awaiting classification

Footnotes

Characteristics of ongoing studies

Footnotes

References to studies

Included studies

Crisp 1991

Crisp AH., Norton K.; Gowers S.; Halek C.; Bowyer C.; Yeldham D.; Levett G.; Bhat A.. A controlled study of the effect of therapies aimed at adolescent and family psychopathology in anorexia nervosa.. The British journal of psychiatry : the journal of mental science 1991;159:325-33. [DOI: 10.1192/bjp.159.3.325]

Excluded studies

Morris 2007

Morris,J.; Twaddle,S.. Anorexia nervosa.. British medical journal 2007;334(7599):894-898. [DOI:]

Nevonen 2005

Nevonen,L.; Broberg,A. G.. A comparison of sequenced individual and group psychotherapy for eating disorder not otherwise specified.. European Eating Disorders Review 2005;13(1):29-37. [DOI: 10.1002/erv.617]

Data and analyses

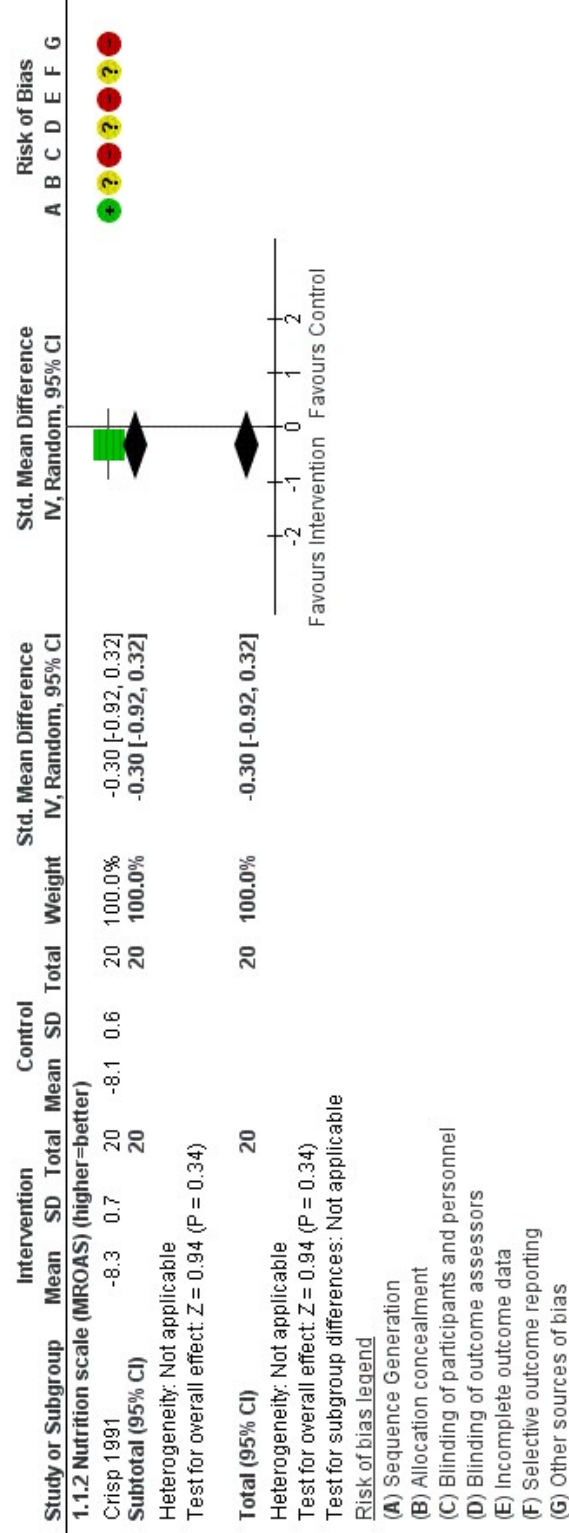
1 Intervention vs Control

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 ED behavior (end of treatment)	1	40	Std. Mean Difference (IV, Random, 95% CI)	-0.30 [-0.92, 0.32]
1.1.2 Nutrition scale (MROAS) (higher=better)	1	40	Std. Mean Difference (IV, Random, 95% CI)	-0.30 [-0.92, 0.32]
1.2 ED behavior (longest FU (min. 1 yr))	0		Mean Difference (IV, Random, 95% CI)	Subtotals only
1.3 Body weight (end of treatment)	1		Mean Difference (IV, Random, 95% CI)	Subtotals only
1.3.1 Kg gained during treatment	1	40	Mean Difference (IV, Random, 95% CI)	-1.20 [-5.48, 3.08]
1.4 Body weight (longest FU (min. 1 yr))	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.5 Psychological symptoms (end of treatment)	0		Mean Difference (IV, Random, 95% CI)	Subtotals only
1.6 Psychological symptoms (longest FU (min. 1 yr))	0		Mean Difference (IV, Random, 95% CI)	Subtotals only

Study or Subgroup	Intervention Mean	Intervention SD	Control Mean	Control SD	Total	Weight	Std. Mean Difference IV, Random, 95% CI	Std. Mean Difference IV, Random, 95% CI	Risk of Bias
1.7 Quality of life (longest FU (min. 1 yr))					0	0		Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.8 Recovery rate (longest FU (min. 1 yr))					1			Mean Difference (IV, Random, 95% CI)	Subtotals only
1.8.1 MROAS - global (higher is better)					1	40		Mean Difference (IV, Random, 95% CI)	0.20 [-1.61, 2.01]
1.9 Dropout (end of treatment)					1			Risk Ratio (IV, Random, 95% CI)	Subtotals only
1.9.1 Time					1	40		Risk Ratio (IV, Random, 95% CI)	1.50 [0.28, 8.04]
1.10 Hospitalizations (longest FU (min. 1 yr))					0			Risk Ratio (IV, Fixed, 95% CI)	No totals

Figures

Figure 1 (Analysis 1.1)



Forest plot of comparison: 1 Intervention vs Control, outcome: 1.1 ED behavior (end of treatment).

Figure 3 (Analysis 1.3)

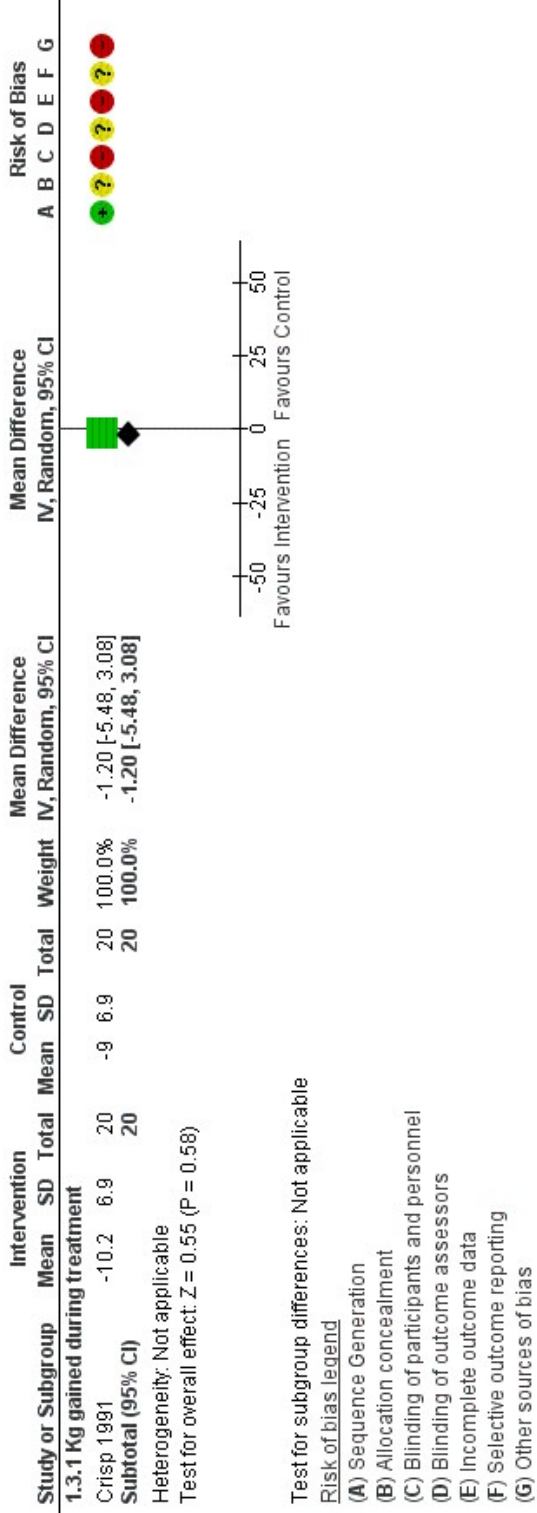
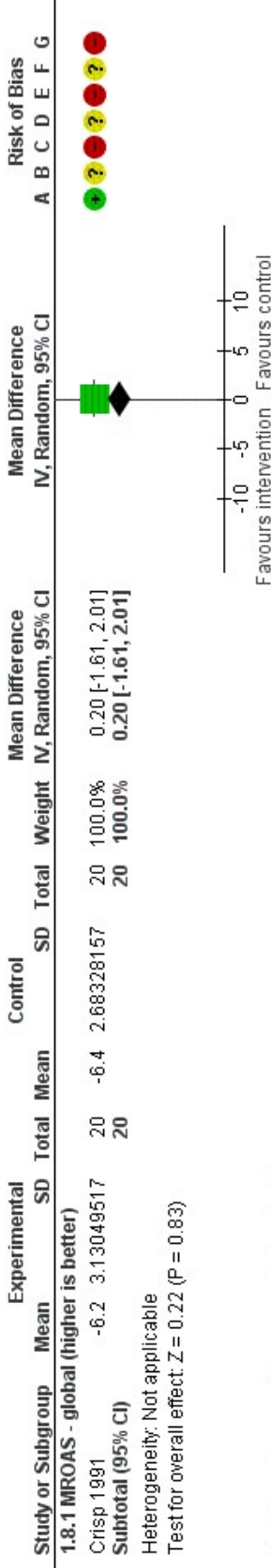


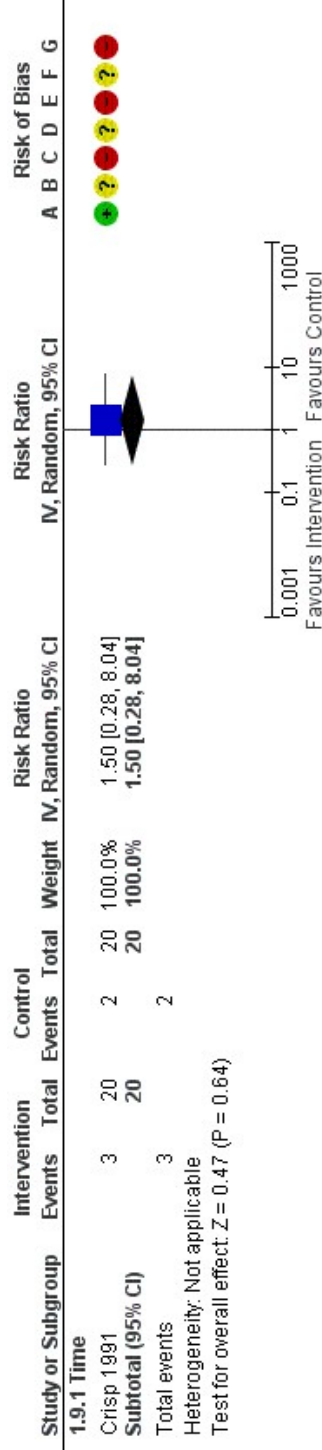
Figure 6 (Analysis 1.8)

Forest plot of comparison: 1 Intervention vs Control, outcome: 1.3 Body weight (end of treatment).



Forest plot of comparison: 1 Intervention vs Control, outcome: 1.8 Recovery rate (longest FU (min. 1 yr)).

Figure 7 (Analysis 1.9)



Forest plot of comparison: 1 Intervention vs Control, outcome: 1.9 Dropout (end of treatment).