Evidence Table E39. Binge eating disorder behavioral and drug treatment – part 3

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| --- | --- | --- | --- | --- | --- | --- |
| First Author's Last Name  Year | Co-Interventions | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
| Agras, 199449 | NA | Cognitive-behavioral therapy (CBT) followed by desipramine + weight loss treatment  12 weekly sessions CBT based on Telch et al. (1990) in study of BED  Desipramine (titrate from 25 mg depending on side effects as well as therapeutic effects to a max dose of 300 mg) mean dose =285 mg with a mean blood level of 212ng/mL; seen in small groups either before or immediately after WL groups on a weekly basis for the 1st 4 wks, biweekly for 4 wks, and then at 4 wk intervals  30, 90-minute group sessions, weekly sessions first 24 wks, biweekly last 6 wks, based on LEARN program for weight controll (Brownell, 1985) modified for population and extended to 30 wks. Material dealing with LOC/BE removed to avoid overlap with CBT | Cognitive-behavioral therapy (see group 1 description) followed by WL (see group 3 description) | Weight loss therapy (see group 1 for description) | NA | NA |

Evidence Table E39. Binge eating disorder behavioral and drug treatment – part 3 (continued)

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| --- | --- | --- | --- | --- | --- | --- |
| First Author's Last Name  Year | Co-Interventions | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
| Brambilla, 200950 | 6-month course held in weekly sessions of group CBT according to the method of Garner et al. 1997 (Garner DM (1997). Psychoeducational principles in treatment. In: Garner DM, Garfinkel PE, ed. Handbook of treatment for Eating Disorders. New York: Guilford Press; pp 145-177). | Well-defined 1700-kcal diet consisting of 21% proteins, 27% lipids, 52% carbohydrates (29% bread, pasta, rice and 71% vegetables and fruits), divided into 3 meals (breakfast, lunch, dinner). Compliance with the diet was controlled by reviewing patients' reports at monthly psychiatric and/or nutritional interviews. Oral sertraline at starting dose of 50mg/day and increased up to 150mg over the next 6 months. Topiramate at starting dose of 25 mg/day increased up to 150mg/day over the next 6 months. CBT intervention. | Well-defined 1700-kcal diet consisting of 21% proteins, 27% lipids, 52% carbohydrates (29% bread, pasta, rice and 71% vegetables and fruits), divided into 3 meals (breakfast, lunch, dinner). Patients had monthly nutritional interviews, but psychiatric assessment arranged only as necessary. Oral sertraline at starting dose of 50mg/day and increased up to 150mg over the next 6 months. NO topiramate. CBT intervention. | CBT intervention only. No monthly psychiatric assessment; received nutritional advice but not a specific diet; no sertraline or topiramate. | NA | NA |

Evidence Table 39. Binge eating disorder behavioral and drug treatment – part 3 (continued)

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| --- | --- | --- | --- | --- | --- | --- |
| First Author's Last Name  Year | Co-Interventions | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
| Claudino, 200751 |  | Cognitive behavioral therapy (CBT) +Topiramate  19, 90-minute group sessions of CBT lead by a therapist and cotherapist, occurred weekly until the last 3 sessions which occurred every other week  Topiramate, 1 dose per day at bedtime  -First 2 weeks: 25mg  -Doses were then increased by 25mg every two weeks up to 150mg  -Doses were then increased weekly by 25mg up to 200mg  -Patients with ≤ 5% reduction in baseline weight or <50% reduction in the number of days with binge episodes were prescribed additional 25mg increments, weekly, until reaching the maximum dose of 300mg  -Dose reductions were allowed for subjects who could not tolerate their current dose (minimum dose required was 25mg) | CBT(see group 1 for description) + Placebo | NA | NA | NA |

Evidence Table 39. Binge eating disorder behavioral and drug treatment – part 3 (continued)

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| --- | --- | --- | --- | --- | --- | --- |
| First Author's Last Name  Year | Co-Interventions | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
| Devlin, 200752  Devlin, 200553 | During the 2-year maintenance phase, of the 116 randomized, 21 had medication treatment, 19 had psychosocial treatment such as weight management or self-help, and 15 had both medication and psychosocial treatment either in combination or at different time points. 29 of 36 who took medication reported taking antidepressants, 4 took weight loss agents, and 3 took in combination or at different time points. | Behavioral weight program + Individual CBT + Fluoxetine (see Devlin 2005 for more detailed description of study design and treatments)  In the 5-month initial trial, all subjects received group behavioral weight control treatment based on the LEARN program (Brownell KD. The LEARN Program for Weight Control, 7th Ed. Dallas, TX: American Health; 1997.) The groups of participants used for the group CBT were randomized as a group to receive individual CBT (G1&G3) or no CBT (G2&G4), to avoid inadvertent dissemination of components of individual CBT to group co-members who were not assigned to individual CBT.  After the initial trial, subjects who attained a reduction in the frequency of binge days of at least 75% were asked to enter a 2-year maintenance phase in which they attended monthly maintenance groups and continued double-blind study medication for 18 of the 24 months. Maintenance sessions were based on the LEARN program and focused on a different component each month (Lifestyle, Exercise, Attitudes, Relationships, Nutrition, Overview/Synthesis). Subjects also discussed progress toward individually set monthly goals. Those who continued medication met with their study doctor before each session for medication management. | Behavioral weight program + Individual CBT + Placebo (see Devlin 2005 for more detailed description of study design and treatments) | Behavioral weight program + Fluoxetine | Behavioral weight progrma + Placebo | NA |

Evidence Table 39. Binge eating disorder behavioral and drug treatment – part 3 (continued)

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| --- | --- | --- | --- | --- | --- | --- |
| First Author's Last Name  Year | Co-Interventions | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
| Golay, 200554 |  | Hypocaloric diet + Orlistat  120mg, taken three times daily with meals for 24 weeks  All participants were prescribed a hypocaloric diet that was deisnged to reduce weight by 0.25 to 0.5 kg/wk, with about 30% of calories from fat, 50% from carbohydrates, and 20% from protein. Maximum daily cholesterol intake was 300mg. Diet required 3 meals a day and, if desired, a low fat snack. Caloric intake was adjusted after 12 weeks of treatment. | Hypocaloric diet (see group 1 for description) + Placebo | NA | NA | NA |
| Grilo, 200555 | diet: Instructed to eat 3 meals and 2-3 snacks per day; aim for modest balanced calorie diet with goals of 1200 kcal for women and 1500 kcal for men, limit fat to less than 30% of intake, and follow Food Guide Pyramid for balanced food choices and portion sizes. | Cognitive behavioral therapy (CBT) + Orlistat 120 mg, 3x's per day  CBT (Fairburn, 1995 - Overcoming Binge Eating). 6 brief indiviudal meetings (15-20 minute session) | CBT + placebo | NA | NA | NA |

Evidence Table 39. Binge eating disorder behavioral and drug treatment – part 3 (continued)

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| --- | --- | --- | --- | --- | --- | --- |
| First Author's Last Name  Year | Co-Interventions | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
| Grilo, 201356 | Patients were given a once-daily multivitamin containing fat-soluble vitamins and instructed to take it 2 hours prior to the study medication at dinner.  Taking at least 1 psych med  Overall: NR  G1: 15 (75%)  G2: 18 (90%)  p=NR, NS  Taking at least 2 psych meds  Overall: NR  G1: 10 (50%)  G2: 16 (80%)  p=NR, NS  Taking antidepressants  Overall: NR  G1: 14 (70%)  G2: 15 (75%)  p=NR, NS | Behavioral Weight Loss (BWL) + Orlistat: 120mg 3 times daily  Behavioral weight loss (BWL) treatment: culturally enhanced adaptation of the Diabetes-Prevention-Program delivered in Spanish by fully bilingual Master's and doctoral-level clinicians at the community center. Focuses on goal-setting including reasonable weight loss, healthy eating behaviors and nutritional practices, lifestyle physical activity, and problem-solving. Adapted for the study to use handouts and examples geared to the Latino/a population of Connecticut, and culture-specific food props to teach healthy portion size and combinations. Following initial training in BWL and DPP methods, clinicians participated in the cultural adaptation process jointly with the investigators and subsequently received weekly supervision in BWL delivery by one of the investigators. When literacy was a concern, clinicians would read and reread the materials to participants. | BWL + Placebo: 3 times daily | NA | NA | NA |

Evidence Table 39. Binge eating disorder behavioral and drug treatment – part 3 (continued)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Author's Last Name  Year | Co-Interventions | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
| Grilo, 201356  (continued) |  | Medication treatments were administered 3 times daily fixed-dose throughout the 4-month treatment. Medication clinical management procedures for Orlistat were delivered in brief individual meetings by a bilingual psychiatrist at the community center who was trained by the investigators. Brief meetings with the study physician during the course of treatment were held as needed to review adherence, problem-solve issues of noncompliance, assess side effects, and if present, methods for coping with side effects. |  |  |  |  |
| Grilo, 200557  Grilo, 201258  Grilo, 201259  Grilo, 200660 | NA | Fluoxetine, 60 mg/day  Instructed to take 3 pills each morning  Minimal clincal management (< 15 mins; weekly during first 4 weeks, biweekly thereafter) | Placebo  Identical capsules  Instructed to take 3 pills each morning  Minimal clinical management (< 15 mins; weekly during first 4 weeks, biweekly thereafter) | CBT+Fluoxetine, 60 mg/day (see Group 1 for details)  CBT  16 weeks of individual, weekly, 60-minute sessions  Followed Fairburn et al., 1993 | CBT (see Group 3 for details) + Placebo (see Group 2 for details) |  |

Evidence Table 39. Binge eating disorder behavioral and drug treatment – part 3 (continued)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| First Author's Last Name  Year | Co-Interventions | Group 1 | | Group 2 | Group 3 | Group 4 | Group 5 |
| Laederach-Hofmann, 199961 |  | Diet counseling + psychological support + Imipramine  Diet counseling: 30 minutes of individual diet counseling by a dietitians on a biweekly basis.  Psychological support: regularly scheduled behavioral-oriented psychological support. Sessions ranged from 15-35 minutes  Imipramine, 25 mg 3 times/day | | Diet counseling + psychological support + Placebo  Identical capsules, 3 times/day | NA | NA | NA |
| Lanzarone, 201462 | One year of CBT. Methods do not provide any detail about frequency, duration, or number of sessions. Background states: "Psychotherapy treatment over a 1y period deals with binge symptoms and aims at reducing the possibility of relapse by gathering different techniques for the maintenance of long-term results through the use of specific individual intervention protocols. The main target of the intervention is to facilitate the management of no-control food intake episodes and of impulsivity through the alteration of behavior, and of cognitive and emotional factors related to eating disorders." | | CBT only | CBT plus Paroxetine (dose not specified other than it was bio-equivalent to the Venlafaxine dose) | CBT plus Venlafaxine (dose not specified other than it was bio-equivalent to the Paroxetine dose) |  |  |

Evidence Table 39. Binge eating disorder behavioral and drug treatment – part 3 (continued)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Author's Last Name  Year | Co-Interventions | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
| Molinari, 200563 | Inpatient phase lasted 4 weeks, outpatient phase lasted 48 weeks.  Monthly sessions with physician and dietician and bimonthly sessions with clinical psychologist.  Physician managed obesity-related medical conditions, monitored effectiveness of tx on weight and on number of binge episodes, adjusted fluoxetine dosage according to binge eating and side effects, and maintained contact with patient's general practitioner.  Balanced diet was adopted during inpatient and outpatient phase. Group nutritional training (6 90m sessions on | Diet/nutritional counseling + CBT  Individual 45m sessions held twice a month for 12 months by the clinical psychologist, based on CBT techniques and discussion of a daily eating record diary  Balanced diet was adopted during inpatient and outpatient phase. Group nutritional training (6 90m sessions on obesity and its causes, nutrition and eating information, regulation of body weight, biological and social stimuli affecting food intake, strategies for exercise and weight, etc.) in the first 4 weeks of treatment, and individual monthly dietary counseling sessions (dietician verified patient compliance with the diet and reinforced both motivation and behavioral strategies) during the following 50 weeks. | Diet/nutritional counseling + Fluoxetine 20mg/day for 1 week, thereafter titrated progressivelyto 60mg if patients continued to present with high frequency of binge episodes. Dose was reduced in response to side effects. | Diet/nutritional counseling + CBT + Fluoxetine | NA | NA |

Evidence Table 39. Binge eating disorder behavioral and drug treatment – part 3 (continued)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Author's Last Name  Year | Co-Interventions | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
| Molinari, 200563  (continued) | obesity and its causes, nutrition and eating information, regulation of body weight, biological and social stimuli affecting food intake, strategies for exercise and weight, etc.) in the first 4 weeks of treatment, and individual monthly dietary counseling sessions (dietician verified patient compliance with the diet and reinforced both motivation and behavioral strategies) during the following 50 weeks. |  |  |  |  |  |

Evidence Table 39. Binge eating disorder behavioral and drug treatment – part 3 (continued)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Author's Last Name  Year | Co-Interventions | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
| Ricca, 200164 | NA | CBT: semi-structured intervention that applies validated behavioral and cognitive strategies, articulated in 3 distinct phases and consisting of 22 individual sessions of 50 minutes each for 24 weeks delivered by trained psychotherapists. Phase 1 aims (8 sessions): elimination of binge episodes and adoption of regular eating pattern. Phase 2 aims (8 sessions): reduction of food intake and modification of dysfunctional beliefs. Phase 3 aims (6 sessions): prevention of relapse and strategy planning. | CBT: semi-structured intervention that applies validated behavioral and cognitive strategies, articulated in 3 distinct phases and consisting of 22 individual sessions of 50 minutes each for 24 weeks delivered by trained psychotherapists. Phase 1 aims (8 sessions): elimination of binge episodes and adoption of regular eating pattern. Phase 2 aims (8 sessions): reduction of food intake and modification of dysfunctional beliefs. Phase 3 aims (6 sessions): prevention of relapse and strategy planning.  Fluoxetine 20mg/day for first week, 40mg/day for second week, 60mg/day for following 20 weeks, in a single dose after breakfast | CBT: semi-structured intervention that applies validated behavioral and cognitive strategies, articulated in 3 distinct phases and consisting of 22 individual sessions of 50 minutes each for 24 weeks delivered by trained psychotherapists. Phase 1 aims (8 | Fluoxetine 20mg/day for first week, 40mg/day for second week, 60mg/day for following 20 weeks, in a single dose after breakfast | Fluvoxamine 100mg/day after dinner for the first week, 100mg bid after lunch and dinner for the second week, 100mg tid after breakfast, lunch, and dinner for the subsequent 20 weeks |

Evidence Table 39. Binge eating disorder behavioral and drug treatment – part 3 (continued)

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| --- | --- | --- | --- | --- | --- | --- |
| First Author's Last Name  Year | Co-Interventions | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
| Ricca, 200965 | NA | CBT only: 22 individual sessions of 50m each for 24 weeks | CBT+zonisamide: 22 individual sessions of 50m each for 24 weeks  Zonisamide: original dose of 25mg/day for first 7 days, then increased, as tolerated, by 50mg/day every seven days to a maximum of 100mg/day for those subjects with a BMI of <35 and to a maximum of 150mg/day for those subjects with a BMI>35. Mean (SD) daily dose (mg) = 112 (32).  After the 24th week, psychotherapy ended. Zonisamide was progressively decreased to total discontinuation over a period of 5 weeks. | NA | NA | NA |