Evidence Table E40. Binge eating disorder behavioral and drug treatment – part 4

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| First Author's Last NameYear | Fidelity of the Intervention | Intervention Comments | Outcomes Collection and Measurement |
| Agras, 199449 | NA | Adherence to desipramine: mean dose of desipramine in blood level 212 ng/mL | All data collected at baseine, 12 wks, 24 wks, 36 wks (posttreatment)Follow up assessment at 3 months post treatment (1 year after enrollment)Binge eating based on a 1-wk period of self-monitoring during which caloric intake and each binge episode were recorded by the participatnt, and by recall collected by an assessor for a second week.Wt collected on a balance beam scale w/ participant wearing indoor clothing w/o shoesAll ofther measures collected by self-report |
| Brambilla, 200950 | Dietary adherence was queried but evidence = NR | NA | Outcomes were measured at baseline and then at monthly intervals for 6 months. Bingeing frequency was recorded from patients' spontaneous reports at assessment with psychiatrists and nutritionists. Psychopathology measures were assessed at baseline and 6 months. |
| Claudino, 200751 | 1) All CBT sessions were taped and reviewed with a CBT specialist to ensure adherence to CBT manual2) Patient's weight, food diary records, and homework were reviewed by therapists in each session to check for adherence to CBT | NA | Binge frequency was measured by food diary records considering the 7 days prior to each visitAll measurements were taken at baseline, and at weeks: 3, 7, 13, 17, and 21 |
| Devlin, 200752Devlin, 200553 | Attendance at group therapy: 10.2 (4.8) sessions out of 16 possibleAttendance at CBT: 13.0 (6.0) of 20 possibleMean fluoxetine dose: 51.8 mg/d | NA | Outcomes were assessed at pre-treatment, post-treatment, and at 6, 12, 18, and 24 months after cessation of treatment. Assessments were completed in-person for most subjects, or by telephone and mail for those not able to complete in person.  |

Evidence Table E40. Binge eating disorder behavioral and drug treatment – part 4 (continued)

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| First Author's Last NameYear | Fidelity of the Intervention | Intervention Comments | Outcomes Collection and Measurement |
| Golay, 200554 | Investigator meetings were held every 6 months to control and check the methodology (diagnostic tools, diet prescription, patient self-report scales) used in the two cetners.Participants were only randomized to drug treatments after a week of good compliance and if they lost >1 kg during the first week. Good compliance was when actual caloric intake deviated <30% from prescribed diet.Diet compliance was assessed at each visit by revieing the patient self-report diary for food intake docuemnted during the 3 days preceding the visit. Drug compliance was assessed by a pill count at each visit. When compliance was less than 75% of drug intake, the patient was trained and motivated to have better compliance | NA | Measures were taken at baseline and after 24 weeks with the following exceptions:Weight loss was measued every 2 weeksEnergy and fat intakes were assessed by the dietician using the self-report diary at weeks 12 and 24Number of binge episodes was recorded in a separate self-report journal throughout the study and was evalutated by the physician throughout the study to evaluate the duration of binge eating episodesMetabolic parameters were assessed at baseline, weeks 12 and 24Measures of body composition were assessed by bioimpedencce and resting energy expenditure calculated using indirect calorimetry |

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| First Author's Last NameYear | Fidelity of the Intervention | Intervention Comments | Outcomes Collection and Measurement |
| Grilo, 200555 | Inter-rater reliability for the EDE based on 20% of interviews at baseline, post-treatment, and 3-month followup, kappa coefficient for BED diagnosis = 1.0 | NA | Data collection occurred at baseline, monthly throughout the trial, and at 12-week follow-up |
| Grilo, 201356 | 68% were compliant (defined as 75% or greater of pill dosages provided that were taken); for the entire study sample (BED and non-BED participants), this did not differ between G1 vs. G2 (p=0.86) | NA | Assessments were conducted at baseline, post-treatment (12 weeks), and 6 months after treatment |
| Grilo, 200557Grilo, 201258Grilo, 201259Grilo, 200660 | Fluoxetine and placebo: during clinical management, participants were interviewed about compliance and pill counts were takenCBTDelivered by doctoral-level research cliniciansMonitored via audiotapes of sessions and supervision by the investigatorsClinicans received extensive training in CBT | NA | Binge eating: mean (SD) - Daily self-monitoring: prosepctively daily record sheet, collected each week, no baseline measure- Self-report on EDE - baseline and follow-up- EDE-Q- Remission (zero objective binges past 28 days)Weight, ED psychpathology, psychopatholgy - All collected at baseline and follow-up - All self- report measures- Information on how weight/BMI were obtained was NOT reported |
| Laederach-Hofmann, 199961 | Adherence to medication was controlled by using the dosette system, checking for the tablets taken, and questioning the patients during the diet counseling sessions.Psychological support provided by an assistant dietitian and supervised by a physician. | NA | Self-report questionnaires taken at 0 , 4, 8, 16, and 32 wksBinge eating assessed by a semistructed interview during diet counseling session at preinclusion (-4 wks), 0, 2, 4, 6, 8 , 10, 12, 14, 16, 18, 20, 24, 28, 32 wksWeight assessed during medical visits at 0, 4, 8, 16, and 32 wks |

Evidence Table 40. Binge eating disorder behavioral and drug treatment – part 4 (continued)

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| First Author's Last NameYear | Fidelity of the Intervention | Intervention Comments | Outcomes Collection and Measurement |
| Lanzarone, 201462 |  |  | Outcomes were assessed at baseline and post-intervention (timing unclear--states that follow-up was in the phase after the 1-year intervention period) |
| Molinari, 200563 | NR | NA | Assessments were completed at baseline, 3m, 6m, and 12m |
| Ricca, 200164 | NR | NA | EDE items were used to measure the frequency of binge eating and compensatory behaviors. Data for 24wk are presented for as-treated analysis although reported to be similar to the ITT analysis.Major Assessments at baseline, 6 months, and 1 year |
| Ricca, 200965 | NR | NA | Assessments were conducted at baseline, 24 weeks (after CBT treatment ended), and one year after end of treatment. |