Appendix A: Search Strategy

#2	Search "Binge-Eating Disorder"[Mesh]	344
#4	Search "Binge-Eating Disorder" OR binge eating	9281
#5	Search loss-of-control eating OR "loss of control" eating	212
#6	Search (#2 OR #4 OR #5) All our terms – both MeSH and keywords	9341
#7	Search (#2 OR #4 OR #5) Filters: Humans	8577
#8	Search (#2 OR #4 OR #5) Filters: Humans; English Limits	7704
#13	Search ((("Randomized Controlled Trial" [Publication Type] OR "Randomized Controlled Trials as Topic"[Mesh]) OR "Single-Blind Method"[Mesh]) OR "Double-Blind Method"[Mesh]) OR "Random Allocation"[Mesh] Filters: Humans; English RTCs	434368
#14	Search (#8 AND #13) Filters: Humans; English Our terms and RCTs	625
#16	Search "Therapeutics"[Mesh] OR "therapy" [Subheading] OR treatment OR intervention Filters: Humans; English Therapy terms	4863637
#17	Search (#8 AND #16) Filters: Humans; English	4222
#18	Search (#17 NOT #14) Filters: Humans; English Our terms and therapy This group is too large so we're going to take out the Anorexia studies	3647
#22	Search ("Anorexia"[Mesh] OR "Anorexia Nervosa"[Mesh]) Filters: Humans; English Anorexia terms	10142
#25	Search #18 NOT #22 Filters: Humans; English Our therapy group without Anorexia	1280
#28	Search "Bariatric Surgery"[Mesh] Filters: Humans; English	11449
#29	Search (#25 AND #28) Filters: Humans; English Identifying the bariatric surgery studies in particular	74
#32	Search (("Outcome Assessment (Health Care)"[Mesh]) OR ("Outcome and Process Assessment (Health Care)"[Mesh] OR "Fatal Outcome"[Mesh])) OR "Treatment Outcome"[Mesh] Filters: Humans; English Outcomes terms	613362
#33	Search (#8 AND #32) Filters: Humans; English Our eating terms and outcomes	736
#34	Search (#33 NOT #14) Filters: Humans; English Taking out things already seen	505
#35	Search (#34 NOT #22) Filters: Humans; English Taking out things already seen	344
#36	Search (#35 NOT #25) Filters: Humans; English Taking out things already seen	8
#37	Search (#2 OR #4 OR #5) Filters: Systematic Reviews; Humans; English	182

Bariatric Surgery BED expansion

This is the very same process with the very same terms, limiting to Bariatric Surgery

#1	Search "Binge-Eating Disorder"[Mesh]	353
#2	Search "Binge-Eating Disorder" OR binge eating	9333
#3	Search loss-of-control eating OR "loss of control" eating	217
#4	Search (#1 OR #2 OR #3)	9392
#5	Search (#1 OR #2 OR #3) Filters: Humans	8606
#6	Search (#1 OR #2 OR #3) Filters: Humans; English	7730
#7	Search ((("Randomized Controlled Trial" [Publication Type] OR "Randomized Controlled Trials as Topic"[Mesh]) OR "Single-Blind Method"[Mesh]) OR "Double-Blind Method"[Mesh]) OR "Random Allocation"[Mesh] Filters: Humans; English	436682
#8	Search (#6 AND #7) Filters: Humans; English	628
#9	Search "Therapeutics"[Mesh] OR "therapy" [Subheading] OR treatment OR intervention Filters: Humans; English	4883946
#10	Search (#6 AND #9) Filters: Humans; English	4236
#11	Search (("Outcome Assessment (Health Care)"[Mesh]) OR ("Outcome and Process Assessment (Health Care)"[Mesh] OR "Fatal Outcome"[Mesh])) OR "Treatment Outcome"[Mesh Filters: Humans; English	617617
#12	Search (#6 AND #11) Filters: Humans; English	741
#13	Search (#8 OR #10 OR #12) Filters: Humans; English	4301
#14	Search "Bariatric Surgery"[Mesh] Filters: Humans; English	11558
#15	Search (#13 AND #14) Filters: Humans; English	150
#16	Search "Bariatric Surgery"[Mesh] Filters: Systematic Reviews; Humans; English	414
#17	Search (#6 AND #16) Filters: Humans; English	7
#18	Search (#17 OR #15) Filters: Humans; English	150

Cost Focus

#1	Search "Binge-Eating Disorder"[Mesh]	353
#2	Search "Binge-Eating Disorder" OR binge eating	9333
#3	Search loss-of-control eating OR "loss of control" eating	217
#4	Search (#1 OR #2 OR #3)	9392
#5	Search (#1 OR #2 OR #3) Filters: Humans	8606
#6	Search (#1 OR #2 OR #3) Filters: Humans; English All our eating terms limited to humans/English	7730
#20	Search "Costs and Cost Analysis"[Mesh] OR "Economics"[Mesh] OR "economics" [Subheading] OR "Cost-Benefit Analysis"[Mesh] Filters: Humans; English Cost terms	350044
#21	Search (#6 AND #20) Filters: Humans; English terms and costs	68

Total Unduplicated PubMed = 2260 All those different searches in one database

Cochrane

Reviews = 2 = 0 new
Other Reviews = 6 = 3 new
Methods Studies = 2 = 0 new
Economic Evaluations = 1 = 0 new

EMBASE = 344 = 316 new

Academic OneFile = 141 = 92 new

Total = 2631 All searches all databases
2006 forward total= 1446 Limiting to 2006 forward

BED Costs= 68 = 2006 Forward = 39
Bariatric Surgery = 150 = 2006 forward = 96

1. BED treatment = 1968 = 2006 forward = 1028

2. BED outcomes = 517 = 2006 forward = 275

3. loss-of-control eating treatment = 99= 2006 forward = 61

4. loss-of-control eating outcomes = 18 = 2006 forward = 10

Updated Search July 2014

#1	Search "Binge-Eating Disorder"[Mesh]	431
#2	Search "Binge-Eating Disorder" OR binge eating	9736
#3	Search loss-of-control eating OR "loss of control" eating	241
#4	Search (#1 OR #2 OR #3)	9798
#5	Search (#1 OR #2 OR #3) Filters: Humans	8919
#6	Search (#1 OR #2 OR #3) Filters: Humans; English	8018
#7	Search (#6) AND ("2013"[Date - Entrez] : "3000"[Date - Entrez]) Filters:Humans; English	334
#10	Search ((("Randomized Controlled Trial" [Publication Type] OR "Randomized Controlled Trials as Topic"[Mesh]) OR "Single-Blind Method"[Mesh]) OR "Double-Blind Method"[Mesh]) OR "Random Allocation"[Mesh]	540164
#12	Search (#7 AND #10)	31
#14	Search "Therapeutics"[Mesh] OR "therapy" [Subheading] OR treatment OR intervention	8346518
#16	Search (#7 AND #14)	188
#18	Search ("Anorexia"[Mesh] OR "Anorexia Nervosa"[Mesh])	14466
#20	Search (#16 NOT #18)	145
#22	Search "Bariatric Surgery"[Mesh]	14252
#24	Search (#7 AND #22)	7
#26	Search (("Outcome Assessment (Health Care)"[Mesh]) OR ("Outcome and Process Assessment (Health Care)"[Mesh] OR "Fatal Outcome"[Mesh])) OR "Treatment Outcome"[Mesh]	756755
#28	Search (#7 AND #26)	51
#30	Search (#6) AND ("2013"[Date - Entrez] : "3000"[Date - Entrez]) Filters:Systematic Reviews; Humans; English	20
#32	Search (#30 OR #28 OR #24 OR #20 OR #16 OR #12)	198

Bariatric Surgery Focus

#1	Search "Binge-Eating Disorder"[Mesh]	431
#2	Search "Binge-Eating Disorder" OR binge eating	9736
#3	Search loss-of-control eating OR "loss of control" eating	241
#4	Search (#1 OR #2 OR #3)	9798
#5	Search (#1 OR #2 OR #3) Filters: Humans	8919
#6	Search (#1 OR #2 OR #3) Filters: Humans; English	8018
#7	Search (#6) AND ("2013"[Date - Entrez] : "3000"[Date - Entrez]) Filters:Humans; English	334
#10	Search ((("Randomized Controlled Trial" [Publication Type] OR "Randomized Controlled Trials as Topic"[Mesh]) OR "Single-Blind Method"[Mesh]) OR "Double-Blind Method"[Mesh]) OR "Random Allocation"[Mesh]	540164
#14	Search "Therapeutics"[Mesh] OR "therapy" [Subheading] OR treatment OR intervention	8346518
#16	Search (#7 AND #14)	188
#18	Search ("Anorexia"[Mesh] OR "Anorexia Nervosa"[Mesh])	14466
#22	Search "Bariatric Surgery"[Mesh]	14252
#26	Search (("Outcome Assessment (Health Care)"[Mesh]) OR ("Outcome and Process Assessment (Health Care)"[Mesh] OR "Fatal Outcome"[Mesh])) OR "Treatment Outcome"[Mesh]	756755
#27	Search (#26 OR #14 OR #10)	8475783
#28	Search (#7 AND #27)	190
#29	Search (#28 AND #22)	7
#30	Search (#7 AND #22)	7
#31	Search (#7 AND #22) Filters: Systematic Reviews	0

Costs

#1	Search "Binge-Eating Disorder"[Mesh]	431
#2	Search "Binge-Eating Disorder" OR binge eating	9736
#3	Search loss-of-control eating OR "loss of control" eating	241
#4	Search (#1 OR #2 OR #3)	9798
#5	Search (#1 OR #2 OR #3) Filters: Humans	8919
#6	Search (#1 OR #2 OR #3) Filters: Humans; English	8018
#7	Search (#6) AND ("2013"[Date - Entrez] : "3000"[Date - Entrez]) Filters:Humans; English	334
#8	Search ("Costs and Cost Analysis"[Mesh] OR "Economics"[Mesh] OR "economics" [Subheading] OR "Cost-Benefit Analysis"[Mesh])	589046
#9	Search (#7 AND #8)	3

PubMed Total Unduplicated = 198

Checked against existing database = 150 NEW

In the other databases, I used the same kinds of terms, altering as the database offered similar terms. I took results from each database and compared them to the existing database from PubMed, and added only new things.
Cochrane = search = binge eating

Reviews = 2 = 0 new
Other Reviews = 8 = 4 new
Methods Studies = 2 = 0 new
Economic Evaluations = 1 = 0 new

EMBASE = 128 = 113 new

Academic OneFile = 31 = 13 new

Total = 280 New

Course of Illness Add-on

#1 Search "Binge-Eating Disorder"[Mesh]	431
#2 Search "Binge-Eating Disorder" OR binge eating	9736
#3 Search loss-of-control eating OR "loss of control" eating	241
#4 Search (#1 OR #2 OR #3)	9798
#5 Search (#1 OR #2 OR #3) Filters: Humans	8919
#6 Search (#1 OR #2 OR #3) Filters: Humans; English	8018
#10 Search ("Disease Progression"[Mesh]) OR "Cross-Sectional Studies"[Mesh] OR "course of illness"	287875
#11 Search (#6 AND #10) Filters: Humans; English	518

PubMed = 518 = 360 NEW

Mental Disorder Abstract Update Sept 2014

601 new (out of 1727 citations) for English citations, and 78 non-English citations.

#1	Search "Binge-Eating Disorder"[Mesh]	452
#2	Search "Binge-Eating Disorder" OR binge eating	9853
#3	Search loss-of-control eating OR "loss of control" eating	247
#4	Search (#1 OR #2 OR #3)	9916
#5	Search (#1 OR #2 OR #3) Filters: Humans	8995
#9	Search "Mental Disorders/epidemiology"[Mesh]	133791
#10	Search (#5 AND #9) Filters: Humans	1727
#13	Search ((("Randomized Controlled Trial" [Publication Type] OR "Randomized Controlled Trials as Topic"[Mesh]) OR "Single-Blind Method"[Mesh]) OR "Double-Blind Method"[Mesh]) OR "Random Allocation"[Mesh]	544978
#14	Search (#10 NOT #13) Filters: Humans	1666
#17	Search "Therapeutics"[Mesh] OR "therapy" [Subheading] OR treatment OR intervention	8417604
#18	Search (#14 NOT #17)	903
#19	Search "Bariatric Surgery"[Mesh]	14447
#20	Search (#18 NOT #19)	903
#21	Search (("Outcome Assessment (Health Care)"[Mesh]) OR ("Outcome and Process Assessment (Health Care)"[Mesh] OR "Fatal Outcome"[Mesh])) OR "Treatment Outcome"[Mesh]	766676
#22	Search (#20 NOT #21)	899
#23	Search (#1 OR #2 OR #3) Filters: Systematic Reviews; Humans	205
#24	Search (#22 NOT #23)	879
#25	Search ("Costs and Cost Analysis"[Mesh] OR "Economics"[Mesh] OR "economics" [Subheading] OR "Cost-Benefit Analysis"[Mesh])	592777
#26	Search (#24 NOT #25)	872
#27	Search ("Disease Progression"[Mesh]) OR "Cross-Sectional Studies"[Mesh] OR "course of illness"	292189
#28	Search (#26 NOT #27)	712
#29	Search (#26 NOT #27) Filters: English	634
#41	Search (#28 NOT #29)	78
#42	Search (#9 OR #13 OR #17 OR #19 OR #21 OR #23 OR #25 OR #27)	9113661
#43	Search (#5 NOT #42)	2866
#44	Search (#5 NOT #42) Filters: Humans	2866
#45	Search (#5 NOT #42) Filters: Humans; English	2603
#49	Search ("Letter" [Publication Type]) OR ("Comment" [Publication Type] OR "Editorial" [Publication Type])	1343643
#50	Search (#45 NOT #49) Filters: Humans; English	2442
#51	Search (#45 NOT #49)	2442
#52	Search (#45 NOT #49) Filters: Humans; English; Core clinical journals	213

Clinical Trials Search

Clinicaltrials.gov= 98 results
European Union Clinical trials= 7 results
National Library of Medicine trials= 6 results

Non-English Search July 2014

#1	Search "Binge-Eating Disorder"[Mesh]	434
#2	Search "Binge-Eating Disorder" OR binge eating	9769
#3	Search loss-of-control eating OR "loss of control" eating	242
#4	Search (#1 OR #2 OR #3)	9831
#5	Search (#1 OR #2 OR #3) Filters: Humans	8933
#6	Search (#1 OR #2 OR #3) Filters: Humans; English	8030
#7	Search (#5 NOT #6)	903
#8	Search (#5 NOT #6) Filters: Abstract	699
#10	Search ((("Randomized Controlled Trial" [Publication Type] OR "Randomized Controlled Trials as Topic"[Mesh]) OR "Single-Blind Method"[Mesh]) OR "Double-Blind Method"[Mesh]) OR "Random Allocation"[Mesh]	541558
#11	Search (#8 AND #10)	16
#12	Search "Therapeutics"[Mesh] OR "therapy" [Subheading] OR treatment OR intervention	8365325
#13	Search (#12 AND #8)	420
#14	Search ("Anorexia"[Mesh] OR "Anorexia Nervosa"[Mesh])	14484
#15	Search (#13 NOT #14)	207
#16	Search "Bariatric Surgery"[Mesh]	14318
#17	Search (#8 AND #16)	11
#18	Search (("Outcome Assessment (Health Care)"[Mesh]) OR ("Outcome and Process Assessment (Health Care)"[Mesh] OR "Fatal Outcome"[Mesh])) OR "Treatment Outcome"[Mesh]	759452
#19	Search (#8 AND #18)	63
#20	Search ("Costs and Cost Analysis"[Mesh] OR "Economics"[Mesh] OR "economics" [Subheading] OR "Cost-Benefit Analysis"[Mesh])	589995
#21	Search (#8 AND #20)	3
#22	Search ("Disease Progression"[Mesh]) OR "Cross-Sectional Studies"[Mesh] OR "course of illness"	289073
#23	Search (#8 AND #22)	35
#24	Search (#23 OR #21 OR #19 OR #17 OR #15 OR #11)	273
#25	Search (#5 NOT #6) Filters: Systematic Reviews	21
#26	Search (#5 NOT #6) Filters: Systematic Reviews; Abstract	20
#28	Search (#24 OR #26)	282

282 total records.

Appendix B: Criteria for Exclusion at the Full Text Review Stage

Include or Exclude Question (If yes or cannot tell, continue to next question. If not, see exclusion code to the right)	Exclusion Code	Reason for Exclusion	Explanation of Reason for Exclusion
1. Was the article published in English?	X1	Not published in English	Study not published in English
2. Does the study report on individuals of any race, ethnicity, and cultural group in one of three subpopulations: (1) BED, based on DSM-IV or DSM-5 criteria; (2) postbariatric surgery patients with LOC eating; or (3) children with LOC eating. Studies measuring BED may do so according to either of the DSM criteria without naming it as such. Because LOC eating has no commonly accepted definition, studies included in the review may define LOC eating using different diagnostic criteria.	X2	Wrong population	Not BED or LOC that can be separately measured: * outcome measures ONLY for a combined group of individuals that has one of our eating disorders of interest and individuals that have a different eating disorder (e.g., a group that includes individuals with BED or BN) *outcome measures ONLY for a group of individuals that has one of our eating disorders of interest and another eating disorder (e.g., BN and BED) Children younger than 6 years of age
3. Was the study conducted using the correct study design?	X3	Wrong study design	• Nonsystematic review • Studies of tx benefits without a control or comparison group, such as case series or case reports
4. Is the sample size correct?	X4	Wrong sample size	Study design: *RCTs with fewer than 10 participants *Nonrandomized studies with fewer than 50 participants.
5. For treatment studies only, does the study include an intervention of interest?	X5	Not an intervention or comparison of interest	Interventions should be pharmacological, behavioral, psychological, or CAM treatments or combinations as included in the PICOTS criteria presented in the protocol. Control interventions include any active intervention described in the PICOTS criteria presented in the protocol, placebo, or usual care. Exclude if intervention is a pharmacological intervention not marketed in the US-- these include: Sibutramine, Rimonabant, d-fenfluramine
6. Is the timing of the outcome measurement appropriate?	X6	Wrong timing	Exclude treatment studies with no outcome measurement at treatment completion or later. Exclude course-of-illness studies with no outcome measurement at 1 year or more post-study entry.
7. Is the outcome appropriate?	X7	Wrong or no outcome	Outcomes include intermediate and final health outcomes, treatment harms, and costs (e.g., health care cost and use, lost work days) as defined in the protocol. Intermediate health outcomes will include biomarkers that can be linked directly to final physical health outcomes, such that an accumulation or worsening over time in that biomarker would result in the final health outcome.
8. If a systematic review, does the article provide original research information?	X8	Systematic review only used for hand search	Exclude the systematic review if the study does not provide additional original research. The systematic review should be hand searched for included studies.

Appendix C. Excluded Studies

X1 Not published in English
X2 Wrong population
X3 Wrong study design

X4 Wrong sample size
X5 Not an intervention or comparison of interest
X6 Wrong timing
X7 Wrong or not outcomes
X8 Systematic review only used to hand search studies
X9 Full-text article not retrievable

1. Psychological treatment superior in bulimia nervosa. Br J Hosp Med. 1991 Jul;46(1):58. PMID: 1868310. Exclusion Code: X2.
2. APA issues practice guidelines for eating disorders. Am Fam Physician. 1993 Apr;47(5):1290-1. PMID: 8465720. Exclusion Code: X2.
3. Practice guideline for eating disorders. American Psychiatric Association. Am J Psychiatry. 1993 Feb;150(2):212-28. PMID: 8422071. Exclusion Code: X2.
4. Dexfenfluramine influences dietary compliance and eating behaviors of obese subjects. Nutr Rev. 1994 Feb;52(2 Pt 1):65-8. PMID: 8183472. Exclusion Code: X5.
5. Practice guideline for the treatment of patients with eating disorders (revision). American Psychiatric Association Work Group on Eating Disorders. Am J Psychiatry. 2000 Jan;157(1 Suppl):1-39. PMID: 10642782. Exclusion Code: X2.
6. Treatment of patients with eating disorders,third edition. American Psychiatric Association. Am J Psychiatry. 2006 Jul;163(7 Suppl):4-54. PMID: 16925191. Exclusion Code: X3.
7. Memantine Shows Early Promise for Binge Eating Disorder. Eating Disorders Review. 2008;19(6):5-. PMID: 35566552. Exclusion Code: X3.
8. Sibutramine for binge eating disorder. Brown University Psychopharmacology Update. 2008;19(4):3-4. PMID: 31381142. Exclusion Code: X3.
9. A battle to overcome "diabulimia". Am Fam Physician. 2009 Feb 15;79(4):263; discussion PMID: 19235493. Exclusion Code: X2.
10. Aardoom JJ, Dingemans AE, Spinhoven P, et al. Treating eating disorders over the internet: a systematic review and future research directions. Int J Eat Disord. 2013 Sep;46(6):539-52. PMID: 23674367. Exclusion Code: X3.
11. Abbott DW, de Zwaan M, Mussell MP, et al. Onset of binge eating and dieting in overweight women: implications for etiology, associated features and treatment. J Psychosom Res. 1998 Mar-Apr;44(3-4):367-74. PMID: 9587880. Exclusion Code: X2.
12. Abraham SF, Brown T, Boyd C, et al. Quality of life: eating disorders. Aust N Z J Psychiatry. 2006 Feb;40(2):150-5. PMID: 16476133. Exclusion Code: X2.
13. Ackard DM, Fulkerson JA, Neumark-Sztainer D. Stability of eating disorder diagnostic classifications in adolescents: five-year longitudinal findings from a population-based study. Eat Disord. 2011 Jul-Aug;19(4):308-22. PMID: 22352971. Exclusion Code: X4.
14. Ackard DM, Fulkerson JA, Neumark-Sztainer D. Psychological and behavioral risk profiles as they relate to eating disorder diagnoses and symptomatology among a school-based sample of youth. Int J Eat Disord. 2011 Jul;44(5):440-6. PMID: 20872753. Exclusion Code: X3.
15. Adami G, Gandolfo P, Meneghelli A, et al. Food- and weight-related attitudes in obese persons: a longitudinal study over two years following biliopancreatic diversion. J Psychosom Res. 1996 Jul;41(1):31-8. PMID: 8887816. Exclusion Code: X2.
16. Adami GF, Campostano A, Marinari GM, et al. Night eating in obesity: A descriptive study. Nutrition. 2002;18(7-8):587-9. Exclusion Code: X2.

17. Adami GF, Gandolfo P, Bauer B, et al. Binge eating in massively obese patients undergoing bariatric surgery. Int J Eat Disord. 1995 Jan;17(1):45-50. PMID: 7894452. Exclusion Code: X3.

18. Adami GF, Gandolfo P, Cocchi FH, et al. Binge eating following biliopancreatic diversion for obesity. Appetite. 1995;25(2):177-88. Exclusion Code: X4.

19. Adami GF, Gandolfo P, Meneghelli A, et al. Binge eating in obesity: a longitudinal study following biliopancreatic diversion. Int J Eat Disord. 1996 Dec;20(4):405-13. PMID: 8953328. Exclusion Code: X4.

20. Adami GF, Meneghelli A, Scopinaro N. Night eating and binge eating disorder in obese patients. Int J Eat Disord. 1999 Apr;25(3):335-8. PMID: 10191999. Exclusion Code: X4.

21. Agras WS. The consequences and costs of the eating disorders. Psychiatr Clin North Am. 2001 Jun;24(2):371-9. PMID: 11416936. Exclusion Code: X3.

22. Alegria M, Woo M, Cao Z, et al. Prevalence and correlates of eating disorders in Latinos in the United States. Int J Eat Disord. 2007 Nov;40 Suppl:S15-21. PMID: 17584870. Exclusion Code: X3.

23. Alger SA, Schwalberg MD, Bigaouette JM, et al. Effect of a tricyclic antidepressant and opiate antagonist on binge-eating behavior in normoweight bulimic and obese, binge-eating subjects. Am J Clin Nutr. 1991 Apr;53(4):865-71. PMID: 2008865. Exclusion Code: X2.

24. Alger-Mayer S, Rosati C, Polimeni JM, et al. Preoperative binge eating status and gastric bypass surgery: a long-term outcome study. Obes Surg. 2009 Feb;19(2):139-45. PMID: 18478306. Exclusion Code: X2.

25. Allen KL, Byrne SM, La Puma M, et al. The onset and course of binge eating in 8- to 13-year-old healthy weight, overweight and obese children. Eating Behaviors. 2008;9(4):438-46. Exclusion Code: X4.

26. Allen KL, Byrne SM, Oddy WH, et al. Early onset binge eating and purging eating disorders: course and outcome in a population-based study of adolescents. J Abnorm Child Psychol. 2013 Oct;41(7):1083-96. PMID: 23605960. Exclusion Code: X4.

27. Allen S, Dalton WT. Treatment of eating disorders in primary care: a systematic review. J Health Psychol. 2011 Nov;16(8):1165-76. PMID: 21459921. Exclusion Code: X3.

28. Allison KC, Grilo CM, Masheb RM, et al. Binge eating disorder and night eating syndrome: A comparative study of disordered eating. J Consult Clin Psychol. 2005;73(6):1107-15. Exclusion Code: X3.

29. Alonso-Alonso M. Brain, reward, and eating disorders: a matter of taste? Am J Psychiatry. 2013 Oct 1;170(10):1082-5. PMID: 24084809. Exclusion Code: X2.

30. Amianto F, Lavagnino L, Leombruni P, et al. Hypomania across the binge eating spectrum. A study on hypomanic symptoms in full criteria and sub-threshold binge eating subjects. J Affect Disord. 2011 Oct;133(3):580-3. PMID: 21621271. Exclusion Code: X3.

31. Andersen A. Stories I tell my patients. Eat Disord. 2009 Mar-Apr;17(2):185-6. PMID: 19242847. Exclusion Code: X3.

32. Appolinario JC, Bacaltchuk J, Sichieri R, et al. A randomized, double-blind, placebo-controlled study of sibutramine in the treatment of binge-eating disorder. Arch Gen Psychiatry. 2003 Nov;60(11):1109-16. PMID: 14609886. Exclusion Code: X5.

33. Araujo DM, Santos GF, Nardi AE. Binge eating disorder and depression: a systematic review. World J Biol Psychiatry. 2010 Mar;11(2 Pt 2):199-207. PMID: 20218783. Exclusion Code: X7.

34. Arbaizar B, Gomez-Acebo I, Llorca J. Efficacy of topiramate in bulimia nervosa and binge-eating disorder: a systematic review. Gen Hosp Psychiatry. 2008 Sep-Oct;30(5):471-5. PMID: 18774432. Exclusion Code: X3.

35. Arcelus J, Haslam M, Farrow C, et al. The role of interpersonal functioning in the maintenance of eating psychopathology: a systematic review and testable model. Clin Psychol Rev. 2013 Feb;33(1):156-67. PMID: 23195616. Exclusion Code: X2.

36. Arcelus J, Mitchell AJ, Wales J, et al. Mortality rates in patients with anorexia nervosa and other eating disorders. A meta-analysis of 36 studies. Arch Gen Psychiatry. 2011 Jul;68(7):724-31. PMID: 21727255. Exclusion Code: X2.

37. Arcelus J, Whight D, Langham C, et al. A case series evaluation of a modified version of Interpersonal Psychotherapy (IPT) for the treatment of bulimic eating disorders: A pilot study. European Eating Disorders Review. 2009;17(4):260-8. Exclusion Code: X2.

38. Arias Horcajadas F, Sanchez Romero S, Gorgojo Martinez JJ, et al. Clinical differences between morbidly obese patients with and without binge eating. Endocrinologia y Nutricion. 2006;53(7):440-7. Exclusion Code: X1.

39. Arias JE, Hawke JM, Arias AJ, et al. Eating disorder symptoms and alcohol use among adolescents in substance abuse treatment. Substance Abuse: Research and Treatment. 2009;3(1):81-91. Exclusion Code: X2.

40. Aschettino-Manevitz DL, Ornstein RM, Meyer Sterling W, et al. Triiodothyronine (T3) and metabolic rate in adolescents with eating disorders: Is there a correlation? Eat Weight Disord. 2012 Dec;17(4):e252-8. PMID: 23221424. Exclusion Code: X2.

41. Ashmore JA, Friedman KE, Reichmann SK, et al. Weight-based stigmatization, psychological distress, & binge eating behavior among obese treatment-seeking adults. Eat Behav. 2008 Apr;9(2):203-9. PMID: 18329599. Exclusion Code: X2.

42. Austin SB, Ziyadeh NJ, Corliss HL, et al. Sexual orientation disparities in purging and binge eating from early to late adolescence. J Adolesc Health. 2009 Sep;45(3):238-45. PMID: 19699419. Exclusion Code: X3.

43. Bardone-Cone AM, Abramson LY, Vohs KD, et al. Predicting bulimic symptoms: an interactive model of self-efficacy, perfectionism, and perceived weight status. Behav Res Ther. 2006 Jan;44(1):27-42. PMID: 16301012. Exclusion Code: X2.

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Appendix D. Risk of Bias Tables

Risk of Bias Assessment Questions for Treatment Studies

Questions 1-10 Response options include: high, low, unclear, NA

Questions 11, 12, 14-16 required a free response

1. Was randomization adequate?
2. Was allocation concealment adequate?
3. Were groups similar at baseline (at randomization)?
4. Were care providers masked?
5. Were patients masked? Were outcome assessors masked?
6. Are outcome data reasonably complete? Note if variation by specific measures and/or time of measurement.
7. Are the proportions of participants and the reasons for missing data similar across study arms? Note if variation in judgment by specific measures and/or time of measurement.
8. Did the study use ITT analyses for benefit outcomes?
9. Were critical cointerventions balanced across intervention groups?
10. Was implementation failure minor? OR if there was more than minor failure, were adjustment techniques used that would likely correct for these issues?
11. Other bias?
12. Explain each categorical high risk of bias rating; Explain unclear risk of bias ratings where determination was not straight forward
13. Summary overall RISK OF BIAS (High, Medium, Low)
14. Summary explanation of overall high risk of bias ratings
15. Could selective reporting of outcomes or manner of reporting outcomes in this study appear to cause it to be at risk of reporting bias? Do not include your answer to this question in your overall risk of bias rating.
16. Describe any reporting bias concerns.

Risk of Bias Assessment Questions for Course of Illness Studies

1. Do the inclusion/exclusion criteria vary across the comparison groups of the study?
    a. yes
    b. partially
    c. no
    d. cannot determine
    e. not applicable
2. Explanation if concern
3. Does the strategy for recruiting participants into the study differ across groups?
    a. yes, differs
    b. no, does not differ
    c. cannot determine
    d. not applicable
4. Explanation if concern
5. Is the selection of the comparison group inappropriate, after taking into account feasibility and ethical considerations?
    a. yes, inappropriate
    b. no, not inappropriate
    c. cannot determine or no description

    d. not applicable
6. Explanation if concern
7. Was the outcome assessor not blinded to the intervention or exposure status of participants?
    a. yes, not blinded
    b. no, blinded
    c. not applicable
8. Explanation if concern
9. Were valid and reliable measures, implemented consistently across all study participants used to assess inclusion/exclusion criteria, intervention/exposure outcomes, participant health benefits and harms, and confounding?
    a. no, valid and reliable measures not used
    b. yes, valid and reliable measures used
    c. cannot determine or NR
10. Explanation if concern
11. Was the length of follow-up different across study groups?
    a. yes, different or cannot determine
    b. no, not different or remedied through analysis
    c. not applicable
12. Explanation if concern
13. In cases of high loss to follow-up (or differential loss to follow-up), was the impact assessed (e.g., through sensitivity analysis or other adjustment method)?
    a. no, impact not assessed
    b. yes, impact assessed
    c. cannot determine
    d. not applicable
14. Explanation if concern
15. Did the authors use an appropriate analysis method that adjusted for all the critically important confounding domains (e.g., through matching, stratification, interaction terms, multivariate analysis, or other statistical adjustment such as instrumental variables)?
    a. no, not accounted for or not identified
    b. partially
    c. yes: taken into account
    d. cannot determine
16. Explanation if concern
17. Summary overall RISK OF BIAS
    a. High
    b. Medium
    c. Low
18. Explanation if high

Risk of Bias Assessment Questions for Systematic Reviews

Response options for questions 1-11: yes, no, unclear, NR

1. Was there duplicate study selection and data extraction?
   There should be at least two independent data extractors and a consensus procedure for disagreements should be in place.

2. Was a comprehensive literature search performed?
   At least two electronic sources should be searched. The report must include years and databases used (e.g., Central, EMBASE, and MEDLINE). Key words and/or MESH terms must be stated and where feasible the search strategy should be provided. All searches should be supplemented by consulting current contents, reviews, textbooks, specialized registers, or experts in the particular field of study, and by reviewing the references in the studies found.
3. Was the scientific quality of the included studies assessed and documented?
   A priori' methods of assessment should be provided (e.g., for effectiveness studies if the author(s) chose to include only randomized, double-blind, placebo controlled studies, or allocation concealment as inclusion criteria); for other types of studies alternative items will be relevant. Note: Can include use of a quality scoring tool or checklist, e.g., Jadad scale, risk of bias, sensitivity analysis, etc., or a description of quality items, with some kind of result for EACH study ("low" or "high" is fine, as long as it is clear which studies scored "low" and which scored "high"; a summary score/range for all studies is not acceptable).
4. Was an 'a priori' design provided?
   The research question and inclusion criteria should be established before the conduct of the review. Note: Need to refer to a protocol, ethics approval, or pre-determined/a priori published research objectives to score a "yes."
5. Was the status of publication (i.e. grey literature) used as an inclusion criterion?
   The authors should state that they searched for reports regardless of their publication type. The authors should state whether or not they excluded any reports (from the systematic review), based on their publication status, language etc.
6. Was a list of studies (included and excluded) provided?
   A list of included and excluded studies should be provided.
7. Were the characteristics of the included studies provided?
   In an aggregated form such as a table, data from the original studies should be provided on the participants, interventions and outcomes. The ranges of characteristics in all the studies analyzed e.g., age, race, sex, relevant socioeconomic data, disease status, duration, severity, or other diseases should be reported.
8. Was the scientific quality of the included studies used appropriately in formulating conclusions?
   The results of the methodological rigor and scientific quality should be considered in the analysis and the conclusions of the review, and explicitly stated in formulating recommendations. Note: Might say something such as "the results should be interpreted with caution due to poor quality of included studies." Cannot score "yes" for this question if scored "no" for question 7.
9. Were the methods used to combine the findings of studies appropriate?
   For the pooled results, a test should be done to ensure the studies were combinable, to assess their homogeneity (i.e., Chi-squared test for homogeneity, I2). If heterogeneity exists a random effects model should be used and/or the clinical appropriateness of

combining should be taken into consideration (i.e., is it sensible to combine?). Note: Indicate “yes” if they mention or describe heterogeneity, i.e., if they explain that they cannot pool because of heterogeneity/variability between interventions.

10. Was the likelihood of publication bias assessed?
    An assessment of publication bias should include a combination of graphical aids (e.g., funnel plot, other available tests) and/or statistical tests (e.g., Egger regression test, Hedges-Olken). Note: If no test values or funnel plot included, score “no”. Score “yes” if mentions that publication bias could not be assessed because there were fewer than 10 included studies.
11. Was the conflict of interest included?
    Potential sources of support should be clearly acknowledged in both the systematic review and the included studies. Note: To get a “yes,” must indicate source of funding or support for the systematic review AND for each of the included studies.
12. RISK OF BIAS
    Response options: high, medium, low
13. Notes; explain high risk of bias ratings

Table 1. BED drug treatment – part 1

Author, Year	Was randomization adequate?	Was allocation concealment adequate?	Were groups similar at baseline (at randomization)?	Were care providers masked?	Were patients masked?	Were outcome assessors masked?
Arnold et al., 2002[1]	Unclear	Unclear	Low	Low	Low	Unclear
Brownley et al., 2013[2]	Unclear	Unclear	Low	Low	Low	Unclear
Golay et al., 2005[3]	Low	Low	Low	Low	Low	Unclear
Grilo et al., 2005[4]	Low	Low	Low	Low	Low	Low
Guerdjikova et al., 2008[5]	Low	Low	Low	Low	Low	Unclear
Guerdjikova et al., 2009[6]	Low	low	low	low	low	Unclear
Guerdjikova et al., 2012[7]	low	low	low	low	low	Unclear
Hudson et al., 1998[8]	Unclear	Unclear	Low	Low	Low	Unclear
Laederach-Hofmann et al., 1999[9]	Unclear	Low	High	Low	Low	Low
Leombruni et al., 2008[10]	Low	Unclear	Low	Unclear	Low	Unclear
McElroy et al., 2000[11]	Unclear	Unclear	Low	Low	Low	Unclear
McElroy et al., 2003[12]	Unclear	Unclear	Low	Low	Low	Low
McElroy et al., 2003[13]	Unclear	Unclear	Low	Low	Low	Unclear
McElroy et al., 2006[14]	Low	Low	Low	Low	Low	Unclear
McElroy et al., 2007[15]	Low	Unclear	Low	Low	Low	Low
McElroy et al., 2007[16]	low	Unclear	Low	low	low	Unclear
McElroy et al., 2011[17]	Low	Low	Low	Low	Low	Unclear
McElroy et al., 2013[18]	Unclear	Unclear	Low	Low	Low	Unclear
Pearlstein et al., 2003[19]	Unclear	Unclear	Low	Low	Low	Low
Ricca et al., 2009[20]	unclear	unclear	low	unclear	high	high
White et al., 2013[21]	Unclear	Low	Low	Low	Low	Unclear

Table 2. BED drug treatment – part 2

Author, Year	Are outcome data reasonably complete? Note if variation by specific measures and/or time of measurement.	Are the proportions of participants and the reasons for missing data similar across study arms? Note if variation in judgment by specific measures and/or time of measurement.	Did the study use ITT analyses for benefit outcomes?	Were critical cointerventions balanced across intervention groups?	Was implementation failure minor? OR if there was more than minor failure, were adjustment techniques used that would likely correct for these issues?	Explain each categorical high risk of bias rating; Explain unclear risk of bias ratings where determination was not straight forward
Arnold et al., 2002[1]	High	Low	Low	N/A	Low	40% overall attrition
Brownley et al., 2013[2]	High	Unclear	Unclear	N/A	Low	"20% overall attrition No info given on differential except at 3 month All unclear data not reported"
Golay et al., 2005[3]	Low	Low	Low	Low	Low	dropout at about 20%
Grilo et al., 2005[4]	Low	Low	Low	Low	Unclear	NA
Guerdjikova et al., 2008[5]	Low	Low	Low	Low	Low	NA
Guerdjikova et al., 2009[6]	high	High	low	unclear	Unclear	NA
Guerdjikova et al., 2012[7]	high	low	low	low	low	NA
Hudson et al., 1998[8]	High	High	Low	N/A	High	Overall attrition = 21% Differential = 19% (fluv > placebo) Only fidelity was patient self-report diaries re: number of capsules taken
Laederach-Hofmann et al., 1999[9]	Low	Low	High	Low	Low	NA

Table 2. BED drug treatment – part 2 (continued)

Author, Year	Are outcome data reasonably complete? Note if variation by specific measures and/or time of measurement.	Are the proportions of participants and the reasons for missing data similar across study arms? Note if variation in judgment by specific measures and/or time of measurement.	Did the study use ITT analyses for benefit outcomes?	Were critical cointerventions balanced across intervention groups?	Was implementation failure minor? OR if there was more than minor failure, were adjustment techniques used that would likely correct for these issues?	Explain each categorical high risk of bias rating; Explain unclear risk of bias ratings where determination was not straight forward
Leombruni et al., 2008[10]	High	Low	High	Unclear	Unclear	The study psychiatrist who did med safety checks also provided support; not clear if he/she was blinded; this could introduce unbalanced bias; also note, the number excluded from the number recruited does not equal the number randomized - off N=4; RMANOVA not ITT
McElroy et al., 2000[11]	High	Low	Low	Low	Unclear	NA
McElroy et al., 2003[12]	Low	Low	Low	NA	Low	NA
McElroy et al., 2003[13]	High	Low	Low	N/A	Low	All "unclear" data is not reported 42% overall attrition
McElroy et al., 2006[14]	High	High	Low	Low	Unclear	drop out = 60% v. 40%, drug v. placebo
McElroy et al., 2007[15]	High	High	Low	Low	Unclear	drop out = 30% v. 45%, drug v. placebo
McElroy et al., 2007[16]	high	low	low	low	Unclear	NA
McElroy et al., 2011[17]	High	Low	Low	Low	Unclear	dropout 38%
McElroy et al., 2013[18]	High	Low	Low	NA	Low	46.2% overall attrition
Pearlstein et al., 2003[19]	High	Unclear	Unclear	NA	Unclear	NA
Ricca et al., 2009[20]	high	high	low	low	NA	NA
White et al., 2013[21]	Low	Low	Low	low	Unclear	NA

Table 3. BED drug treatment – part 3

Author, Year	Summary overall RISK OF BIAS (High, Medium, Low)	Summary explanation of overall high risk of bias ratings	Could selective reporting of outcomes or manner of reporting outcomes in this study appear to cause it to be at risk of reporting bias? Do not include your answer to this question in your overall RoB rating.	Describe any reporting bias concerns.
Arnold et al., 2002[1]	Medium	NA	Low	NA
Brownley et al., 2013[2]	Medium	NA	NA	NA
Golay et al., 2005[3]	low	NA	NA	NA
Grilo et al., 2005[4]	Low	NA	No	NA
Guerdjikova et al., 2008[5]	Low	NA	NA	NA
Guerdjikova et al., 2009[6]	medium	NA	NA	NA
Guerdjikova et al., 2012[7]	LOW	NA	NA	NA
Hudson et al., 1998[8]	Medium	NA	Low	NA
Laederach-Hofmann et al., 1999[9]	Medium	NA	NA	NA
Leombruni et al., 2008[10]	medium	Uncertainties about randomization and blinding procedures and high (25% or greater) dropout w/o ITT analysis	NA	NA
McElroy et al., 2000[11]	Medium	NA	NA	NA
McElroy et al., 2003[12]	Low	NA	NA	NA
McElroy et al., 2003[13]	Medium	NA	Low	NA
McElroy et al., 2006[14]	high	high drop out and high differential dropout rate	NA	NA
McElroy et al., 2007[15]	medium	high dropout and high differential dropout rate	recorded but did not report compliance by pill count	NA
McElroy et al., 2007[16]	LOW	NA	NA	NA
McElroy et al., 2011[17]	medium	NA	NA	NA
McElroy et al., 2013[18]	Medium	NA	NA	NA
Pearlstein et al., 2003[19]	High	25% attrition + unsure whether ITT analyses were used; all other data is too unclear to make determination	NA	NA
Ricca et al., 2009[20]	high	Open trial without assessor blinding unknown.	NA	NA
White et al., 2013[21]	LOW	NA	NA	NA

Table 4. BED combo treatment – part 1

Author, Year	Was randomization adequate?	Was allocation concealment adequate?	Were groups similar at baseline (at randomization)?	Were care providers masked?	Were patients masked?	Were outcome assessors masked?
Agras et al., 1994[22]	Unclear	Unclear	Low	N/A	N/A	Low
Brambilla et al., 2009[23]	unclear	unclear	high: wgt	na	na	unclear
Claudino et al., 2007[24]	Low	Low	Low	Low	Low	Unclear
Devlin et al., 2005[25]	unclear	unclear	unclear	low	low	Unclear
Devlin et al., 2007[26]	unclear	Unclear	Unclear	low	low	Unclear
Grilo et al., 2005[27] Grilo et al., 2006[28] Grilo et al., 2012[29] Grilo et al., 2012[30]	Low	Low	Low	Low	Low	Unclear
Molinari et al., 2005[31]	Unclear	Unclear	Unclear	Unclear	Unclear	Unclear
Ricca et al., 2001[32]	High	Unclear	Low	High	High	High

Table 5. BED combo treatment – part 2

Author, Year	Are outcome data reasonably complete? Note if variation by specific measures and/or time of measurement.	Are the proportions of participants and the reasons for missing data similar across study arms? Note if variation in judgment by specific measures and/or time of measurement.	Did the study use ITT analyses for benefit outcomes?	Were critical cointerventions balanced across intervention groups?	Was implementation failure minor? OR if there was more than minor failure, were adjustment techniques used that would likely correct for these issues?	Explain each categorical high risk of bias rating; Explain unclear risk of bias ratings where determination was not straight forward
Agras et al., 1994[22]	High	Low	High	Low	Unclear	NA
Brambilla et al., 2009[23]	low	low	high	unclear	low	ITT not used
Claudino et al., 2007[24]	Low	Low	Low	Low	Unclear	NA
Devlin et al., 2005[25]	high	low	low	low	Unclear	NA
Devlin et al., 2007[26]	high	low	low	high	Unclear	NA
Grilo et al., 2005[27] Grilo et al., 2006[28] Grilo et al., 2012[29] Grilo et al., 2012[30]	low	Low	Low	N/A	Low	NR
Molinari et al., 2005[31]	Low	Low	Unclear	Unclear	High	did not control for monitor compliance
Ricca et al., 2001[32]	low	Low	Unclear	Unclear	Unclear	randomized based on day of week the patient presented to the clinic; open label study; ITT used for analyses at end-tx but completer analyses for 1 year f/up; unclear if patients could be receiving concomitant treatments; no mention of compliance

Table 6. BED combo treatment – part 3

Author, Year	Summary overall RISK OF BIAS (High, Medium, Low)	Summary explanation of overall high risk of bias ratings	Could selective reporting of outcomes or manner of reporting outcomes in this study appear to cause it to be at risk of reporting bias? Do not include your answer to this question in your overall RoB rating.	Describe any reporting bias concerns.
Agras et al., 1994[22]	High	Groups were different at baseline suggesting that eating related psychopathology outcomes might be biased; randomization unclear	NA	NA
Brambilla et al., 2009[23]	high	Diff in one of the key baseline measures (wgt) not controlled for in the findings, while attrition was only 14%, ITT analysis was not used. Also not clear whether the outcome assessor was masked	NA	NA
Claudino et al., 2007[24]	medium	NA	NA	NA
Devlin et al., 2005[25]	MEDIUM	NA	NA	NA
Devlin et al., 2007[26]	high	Problems in the study included a large loss to f/u, many participants receiving other treatments that are not adjusted for in the analysis as well as uncontrolled for cross-over	NA	NA
Grilo et al., 2005[27] Grilo et al., 2006[28] Grilo et al., 2012[29] Grilo et al., 2012[30]	Low	NA	NA	NA
Molinari et al., 2005[31]	high		NA	NA
Ricca et al., 2001[32]	high	randomized based on day of week the patient presented to the clinic; open label study; ITT used for analyses at end-tx but completer analyses for 1 year f/up; unclear if patients could be receiving concomittant treatments; no mention of compliance	NA	NA

Table 7. BED behavior treatment – part 1

Author, Year	Was randomization adequate?	Was allocation concealment adequate?	Were groups similar at baseline (at randomization)?	Were care providers masked?	Were patients masked?	Were outcome assessors masked?
Agras et al., 1995[33]	unclear	unclear	unclear	NA	NA	unclear
Allen et al., 1999[34]	Unclear	Unclear	Low	NA	NA	Low
Carrard et al., 2011[35]	Low	High	Low	NA	NA	NA
Carter et al., 1998[36]	Low	Low	Low	NA	NA	Low
Cassin et al., 2008[37]	Unclear	Unclear	Low	NA	NA	Unclear
Castelnuovo et al., 2011[38] Castelnuovo et al., 2011[39]	Low	Unclear	Low	NA	NA	NA
Cesa et al., 2013[40]	Low	Unclear	High	NA	NA	Unclear
Compare, 2013[41]	High	High	High	NA	NA	Unclear
De Zwaan, et al., 2005[42]	Unclear	Unclear	Low	NA	NA	Unclear
Dingemans et al., 2007[43]	Unclear	Low	Low	NA	NA	Low
Eldredge et al., 1997[44]	Unclear	Unclear	Low	NA	NA	Unclear
Gorin et al., 2003[45]	Unclear	Unclear	High	NA	NA	Unclear
Grilo et al., 2013[46]	Low	Low	Low	NA	NA	Low
Grilo et al., 2014[47]	Low	Low	Low	Low	Low	Unclear
Grilo et al., 2011[48] Grilo et al., 2012[49]	Low	Unclear	Low	NA	NA	Unclear
Grilo et al., 2005[50] Masheb et al., 2007[51]	Low	Low	Low	N/A	N/A	Unclear
Hilbert et al., 2004[52]	Unclear	Unclear	Low	NA	NA	Low
Le Grange et al., 2002[53]	Unclear	Unclear	Low	NA	NA	Unclear
Masheb et al., 2011[54]	Low	Low	Low	NA	NA	Unclear
Munsch et al., 2007[55] Munsch et al., 2012[56]	unclear	unclear	unclear	NA	NA	High
Peterson et al., 1998[57]	Unclear	Unclear	High	NA	NA	Unclear
Peterson et al., 2001[58]	Unclear	Unclear	High	NA	NA	Unclear
Peterson et al., 2009[59]	Low	Low	Low	NA	NA	Low
Ricca et al., 2010[60]	Low	Low	Low	NA	NA	Low
Riva et al., 2002[61]	Unclear	Unclear	Low	NA	NA	Low
Riva et al., 2003[62]	Unclear	Unclear	Unclear	NA	NA	Unclear
Safer et al., 2010[63] Safer et al., 2011[64] Robinson et al., 2012[65]	unclear	unclear	low	NA	NA	Unclear
Schlup et al., 2009[66]	unclear	Unclear	Unclear	NA	NA	High

Table 7. BED behavior treatment – part 1 (continued)

Author, Year	Was randomization adequate?	Was allocation concealment adequate?	Were groups similar at baseline (at randomization)?	Were care providers masked?	Were patients masked?	Were outcome assessors masked?
Schlup et al., 2010[67]	NA	NA	Low	NA	NA	Unclear
Sysko et al., 2010[68] Wilson et al., 2010[69]	Low	Unclear	Unclear	NA	NA	Low
Tasca et al., 2012[70] Tasca et al., 2006[71]	Unclear	unclear	low	NA	NA	unclear
Telch et al., 2001[72]	Unclear	Unclear	Low	NA	NA	Unclear
Wilfley et al., 2002[73] Hilbert et al., 2012[74]	Unclear	Unclear	Low	NA	NA	Low

Table 8. BED behavior treatment – part 2

Author, Year	Are outcome data reasonably complete? Note if variation by specific measures and/or time of measurement.	Are the proportions of participants and the reasons for missing data similar across study arms? Note if variation in judgment by specific measures and/or time of measurement.	Did the study use ITT analyses for benefit outcomes?	Were critical cointerventions balanced across intervention groups?	Was implementation failure minor? OR if there was more than minor failure, were adjustment techniques used that would likely correct for these issues?	Explain each categorical high risk of bias rating; Explain unclear risk of bias ratings where determination was not straight forward
Agras et al., 1995[33]	unclear	unclear	low	low	Unclear	NA
Allen et al., 1999[34]	High	Low	High	Unclear	Unclear	NA
Carrard et al., 2011[35]	High	Low	Low	Unclear	NA	overall dropout > 20%; unclear if antidepressant use was same in both groups
Carter et al., 1998[36]	Low	High	Low	N/A	High	High differential attrition: 1/24 in WL group and 8 of 24 in GSH No supervision or fidelity as it was a controlled effectiveness study
Cassin et al., 2008[37]	Low	Low	Unclear	High	Low	NA
Castelnuovo et al., 2011[38] Castelnuovo et al., 2011[39]	Low	Low	Unclear	Unclear	Low	NA
Cesa et al., 2013[40]	High	Low	Low	NA	unclear	Higher % of patients in IP group were married (versus ECT and CBT) 33.4% overall attrition
Compare, 2013[41]	Low	High	Low	Low	Unclear	NA
De Zwaan, et al., 2005[42]	low	Low	Low	Low	Unclear	NA

Table 8. BED behavior treatment – part 2 (continued)

Author, Year	Are outcome data reasonably complete? Note if variation by specific measures and/or time of measurement.	Are the proportions of participants and the reasons for missing data similar across study arms? Note if variation in judgment by specific measures and/or time of measurement.	Did the study use ITT analyses for benefit outcomes?	Were critical cointerventions balanced across intervention groups?	Was implementation failure minor? OR if there was more than minor failure, were adjustment techniques used that would likely correct for these issues?	Explain each categorical high risk of bias rating; Explain unclear risk of bias ratings where determination was not straight forward
Dingemans et al., 2007[43]	low	Low	High	Unclear	Unclear	no ITT (mixed model, however); randomization scheme unclear but done independently; unclear if allowed psychotropic meds.
Eldredge et al., 1997[44]	low	Low	High	Low	Unclear	ANOVA - subjects with missing data dropped - essentially a completer analyses
Gorin et al., 2003[45]	High	Low	Low	NA	Low	NA
Grilo et al., 2013[46]	Low	Low	Low	NA	NA	NA
Grilo et al., 2014[47]	High	High	Low	Low	Unclear	26% overall dropout Differential dropout as high as 44%
Grilo et al., 2011[48] Grilo et al., 2012[49]	High	Low	Low	NA	Low	Overall attrition was NR CBT (34%) BWL (31%) CBT+BWL (40%)
Grilo et al., 2005[50] Masheb et al., 2007[51]	High	High	Low	N/A	Low	Assessors - no info given Overall dropout = 22% Control dropout = 13%, BWLgsh dropout = 34%; CBTgsh dropout = 13%
Hilbert et al., 2004[52]	Low	Low	Low	NA	Low	NA

Table 8. BED behavior treatment – part 2 (continued)

Author, Year	Are outcome data reasonably complete? Note if variation by specific measures and/or time of measurement.	Are the proportions of participants and the reasons for missing data similar across study arms? Note if variation in judgment by specific measures and/or time of measurement.	Did the study use ITT analyses for benefit outcomes?	Were critical cointerventions balanced across intervention groups?	Was implementation failure minor? OR if there was more than minor failure, were adjustment techniques used that would likely correct for these issues?	Explain each categorical high risk of bias rating; Explain unclear risk of bias ratings where determination was not straight forward
Le Grange et al., 2002[53]	High	Unclear	Low	NA	Low	CBT+EMA (37%) attrition CBT (28%) attrition
Masheb et al., 2011[54]	Low	Low	Low	NA	Low	NA
Munsch et al., 2007[55] Munsch et al., 2012[56]	high	low	low	low	low	overall dropout > 25%
Peterson et al., 1998[57]	Low	High	Low	Low	Unclear	NA
Peterson et al., 2001[58]	Low	Low	Unclear	NA	Unclear	All unclear data not reported
Peterson et al., 2009[59]	High	High	Low	Low	Low	NA
Ricca et al., 2010[60]	Low	Low	Low	NA	Low	NA
Riva et al., 2002[61]	Low	Low	Unclear	NA	Low	NA
Riva et al., 2003[62]	Low	Low	Unclear	NA	Unclear	NA
Safer et al., 2010[63] Safer et al., 2011[64] Robinson et al., 2012[65]	low	high	low	low	low	NA
Schlup et al., 2009[66]	low	Unclear	low	low	low	NA
Schlup et al., 2010[67]	High	High	High	Low	Low	Overall d/out 25% and differential 21%
Sysko et al., 2010[68] Wilson et al., 2010[69]	Low	High	Low	Unclear	Low	differential dropout rate (7%, 28%, 30%); no statement verifying that baseline values not different across groups; no mention of concealment; unclear if antidepressant medication use consistent across groups
Tasca et al., 2012[70] Tasca et al., 2006[71]	High (21% overall)	low	low	NA	low	NA

Table 8. BED behavior treatment – part 2 (continued)

Author, Year	Are outcome data reasonably complete? Note if variation by specific measures and/or time of measurement.	Are the proportions of participants and the reasons for missing data similar across study arms? Note if variation in judgment by specific measures and/or time of measurement.	Did the study use ITT analyses for benefit outcomes?	Were critical cointerventions balanced across intervention groups?	Was implementation failure minor? OR if there was more than minor failure, were adjustment techniques used that would likely correct for these issues?	Explain each categorical high risk of bias rating; Explain unclear risk of bias ratings where determination was not straight forward
Telch et al., 2001[72]	High	Low	High	Low	Unclear	NA
Wilfley et al., 2002[73] Hilbert et al., 2012[74]	low	Low	Low	Low	Low	NA

Table 9. BED behavior treatment – part 3

Author, Year	Summary overall RISK OF BIAS (High, Medium, Low)	Summary explanation of overall high risk of bias ratings	Could selective reporting of outcomes or manner of reporting outcomes in this study appear to cause it to be at risk of reporting bias? Do not include your answer to this question in your overall RoB rating.	Describe any reporting bias concerns.
Agras et al., 1995[33]	high	virtually all of the information needed to make a RoB assessment is missing from the study	NA	NA
Allen et al., 1999[34]	High	High attrition and no ITT; lots of unclear data including randomization and allocation concealment	NA	NA
Carrard et al., 2011[35]	Medium	NA	NA	not reporting antidepressant use by group could be major bias
Carter et al., 1998[36]	Medium	NA	Low	NA
Cassin et al., 2008[37]	High	Co-interventions were different; can't compare 2 tx arms meaningfully	NA	NA
Castelnuovo et al., 2011[38] Castelnuovo et al., 2011[39]	Low	NA	NA	NA
Cesa et al., 2013[40]	Medium	NA	NA	NA
Compare, 2013[41]	High	Non-randomized, differences at baseline, and differential dropout	NA	NA
De Zwaan, et al., 2005[42]	Medium	NA	NA	NA
Dingemans et al., 2007[43]	Medium	NA	NA	NA
Eldredge et al., 1997[44]	Medium	completer analyses with differential group d/out; lack of information regarding randomization and tx fidelity and compliance	NA	NA
Gorin et al., 2003[45]	High	Differences in baseline were significant and not controlled for in analyses	NA	NA

Table 9. BED behavior treatment – part 3 (continued)

Author, Year	Summary overall RISK OF BIAS (High, Medium, Low)	Summary explanation of overall high risk of bias ratings	Could selective reporting of outcomes or manner of reporting outcomes in this study appear to cause it to be at risk of reporting bias? Do not include your answer to this question in your overall RoB rating.	Describe any reporting bias concerns.
Grilo et al., 2013[46]	Low	NA	NA	NA
Grilo et al., 2014[47]	High	Differential dropout was very high - and it was between the 2 treatment arms we're keeping from this study	NA	NA
Grilo et al., 2011[48] Grilo et al., 2012[49]	Medium	NA	NA	NA
Grilo et al., 2005[50] Masheb et al., 2007[51]	Medium	NA	Low	NA
Hilbert et al., 2004[52]	Low	NA	NA	NA
Le Grange et al., 2002[53]	Medium	NA	NA	NA
Masheb et al., 2011[54]	Low	NA	NA	NA
Munsch et al., 2007[55] Munsch et al., 2012[56]	Medium	NA	NA	NA
Peterson et al., 1998[57]	Medium	NA	NA	NA
Peterson et al., 2001[58]	Medium	NA	Low	NA
Peterson et al., 2009[59]	Medium	NA	NA	NA
Ricca et al., 2010[60]	Low	NA	NA	NA
Riva et al., 2002[61]	Medium	NA	NA	NA
Riva et al., 2003[62]	High	Too much unclear data, particularly the baseline characteristics and the statistical analyses without mention of ITT	NA	NA
Safer et al., 2010[63] Safer et al., 2011[64] Robinson et al., 2012[65]	MEDIUM	NA	NA	NA
Schlup et al., 2009[66]	high	Do not know if baseline data are the same in both groups. Outcome assessors are not masked, randomization and allocation concealment unclear	NA	NA

Table 9. BED behavior treatment – part 3 (continued)

Author, Year	Summary overall RISK OF BIAS (High, Medium, Low)	Summary explanation of overall high risk of bias ratings	Could selective reporting of outcomes or manner of reporting outcomes in this study appear to cause it to be at risk of reporting bias? Do not include your answer to this question in your overall RoB rating.	Describe any reporting bias concerns.
Schlup et al., 2010[67]	High	nonrandomized with high overall and differential droupout.	NA	NA
Sysko et al., 2010[68] Wilson et al., 2010[69]	Medium	downgraded from low overall b/c of lack of reporting of baseline differences, especially use of medications; also no measure of adherence	NA	NA
Tasca et al., 2012[70] Tasca et al., 2006[71]	medium	NA	NA	NA
Telch et al., 2001[72]	High	No ITT; completer only; over 40% drop out	NA	NA
Wilfley et al., 2002[73] Hilbert et al., 2012[74]	Low	NA	NA	NA

Table 10. LOC kids treatment – part 1

Author, Year	Was randomization adequate?	Was allocation concealment adequate?	Were groups similar at baseline (at randomization)?	Were care providers masked?	Were patients masked?	Were outcome assessors masked?
Boutelle et al., 2011[75]	Low	Unclear	Unclear	NA	NA	Low
Jones et al., 2008[76]	Low	Unclear	Low	Unclear	NA	Unclear
Tanofsky-Kraff et al., 2010[77]	Low	Unclear	Low	NA	NA	Unclear

Table 11. LOC kids treatment – part 2

Author, Year	Are outcome data reasonably complete? Note if variation by specific measures and/or time of measurement.	Are the proportions of participants and the reasons for missing data similar across study arms? Note if variation in judgment by specific measures and/or time of measurement.	Did the study use ITT analyses for benefit outcomes?	Were critical cointerventions balanced across intervention groups?	Was implementation failure minor? OR if there was more than minor failure, were adjustment techniques used that would likely correct for these issues?	Explain each categorical high risk of bias rating; Explain unclear risk of bias ratings where determination was not straight forward
Boutelle et al., 2011[75]	Low	Low	Low	NA	Low	NA
Jones et al., 2008[76]	Low	Low	Low	NA	NA	NA
Tanofsky-Kraff et al., 2010[77]	Low	Low	NA	Unclear	Low	NA

Table 12. LOC kids treatment – part 3

Author, Year	Summary overall RISK OF BIAS (High, Medium, Low)	Summary explanation of overall high risk of bias ratings	Could selective reporting of outcomes or manner of reporting outcomes in this study appear to cause it to be at risk of reporting bias? Do not include your answer to this question in your overall RoB rating.	Describe any reporting bias concerns.
Boutelle et al., 201175	Medium	NA	NA	NA
Jones et al., 200876	Medium	NA	NA	NA
Tanofsky-Kraff et al., 201077	Medium	NA	NA	NA

Table 13. Course of illness ROB – part 1

Author, Year	Do the inclusion/exclusion criteria vary across the comparison groups of the study?	Explanation if concern	Does the strategy for recruiting participants into the study differ across groups?	Explain if concern	Is the selection of the comparison group inappropriate, after taking into account feasibility and ethical considerations?	Explanation if concern
Agras et al., 1997[78]	not applicable	one group	not applicable	one group	not applicable	one group
Busetto et al., 2005[79]	No	NA	no, does not differ	NA	no, not inappropriate	NA
Castellini et al., 2012[80]	not applicable	one group	not applicable	one group	not applicable	NA
Eisenberg et al., 2010[81]; Neumark-Sztainer et al., 2011[82]; Goldschmidt et al., 2014[83]	not applicable	one group	not applicable	one group	not applicable	one group
Fichter et al., 1993;[84] Fichter et al., 1998;[85]	not applicable	one group	not applicable	one group	not applicable	one group
Fichter et al., 2003;[86] Fichter et al., 2008[87]	one group	not applicable	one group	not applicable	one group	NA
Hilbert et al., 2013[88]; Hilbert & Brauhardt, 2014[89]	no	NA	no, does not differ	NA	no, not inappropriate	NA
Linna et al., 2013[90]	no	NA	yes, differs	clinic pop v pop registry match	no, not inappropriate	NA
Maxwell et al., 2014[91]	not applicable	NA	not applicable	NA	not applicable	NA
Sonneville et al., 2013[92]; Field et al., 2013[93]	not applicable	one group	not applicable	one group	not applicable	one group
White et al., 2010[94]	no	NA	no, does not differ	NA	no, not inappropriate	NA
Wilfley et al., 2000[95]	not applicable	NA	not applicable	NA	not applicable	NA

Table 14. Course of illness ROB – part 2

Author, Year	Was the outcome assessor not blinded to the intervention or exposure status of participants?	Explanation if concern	Were valid and reliable measures, implemented consistently across all study participants used to assess inclusion/exclusion criteria, intervention/exposure outcomes, participant health benefits and harms, and confounding?	Explanation if concern	Was the length of follow-up different across study groups?	Explanation if concern
Agras et al., 1997[78]	not applicable	unknown if assessor was blinded but just one group	cannot determine or NR	insufficient info in studies to determine	not applicable	one group
Busetto et al., 2005[79]	yes, not blinded	not stated in article	yes, valid and reliable measures used	NA	no, not different or remedied through analysis	NA
Castellini et al., 2012[80]	yes, not blinded	NA	yes, valid and reliable measures used	NA	not applicable	NA
Eisenberg et al., 2010[81]; Neumark-Sztainer et al., 2011[82]; Goldschmidt et al., 2014[83]	not applicable	self-report	no, valid and reliable measures not used	self-report	not applicable	may be some variation within the group based on when they received the surveys
Fichter et al., 1993;[84] Fichter et al., 1998;[85]	not applicable	self-report	no, valid and reliable measures not used	self-report	not applicable	one group
Fichter et al., 2003;[86] Fichter et al., 2008[87]	not applicable	self-report	yes, valid and reliable measures used	manualized assessment measures	not applicable	one group
Hilbert et al., 2013[88]; Hilbert & Brauhardt, 2014[89]	yes, not blinded	not stated	yes, valid and reliable measures used	NA	no, not different or remedied through analysis	NA
Linna et al., 2013[90]	not applicable	NA	yes, valid and reliable measures used	NA	no, not different or remedied through analysis	NA

Table 14. Course of illness ROB – part 2 (continued)

Author, Year	Was the outcome assessor not blinded to the intervention or exposure status of participants?	Explanation if concern	Were valid and reliable measures, implemented consistently across all study participants used to assess inclusion/exclusion criteria, intervention/exposure outcomes, participant health benefits and harms, and confounding?	Explanation if concern	Was the length of follow-up different across study groups?	Explanation if concern
Maxwell et al., 2014[91]	no, blinded	NA	yes, valid and reliable measures used	NA	not applicable	NA
Sonneville et al., 2013[92]; Field et al., 2013[93]	not applicable	self-report	no, valid and reliable measures not used	self-report	not applicable	one group
White et al., 2010[94]	yes, not blinded	blinding unknown	yes, valid and reliable measures used	NA	no, not different or remedied through analysis	NA
Wilfley et al., 2000[95]	not applicable	NA	yes, valid and reliable measures used	NA	not applicable	NA

Table 15. Course of illness ROB – part 3

Author, Year	In cases of high loss to follow-up (or differential loss to follow-up), was the impact assessed (e.g., through sensitivity analysis or other adjustment method)?	Explanation if concern	Did the authors use an appropriate analysis method that adjusted for all the critically important confounding domains (e.g., through matching, stratification, interaction terms, multivariate analysis, or other statistical adjustment such as instrumental variables)?	Explanation if concern	Summary overall RISK OF BIAS (High, Medium, Low)	Explanation if high risk of bias
Agras et al., 1997[78]	yes, impact assessed	missing data was imputed	no, not accounted for or not identified	no control for confounding	High	NR
Busetto et al., 2005[79]	cannot determine	NA	no, not accounted for or not identified	groups are similar at baseline	Medium	NA
Castellini et al., 2012[80]	no, impact not assessed	NA	yes: taken into account	NA	Medium	NA
Eisenberg et al., 2010[81]; Neumark-Sztainer et al., 2011[82]; Goldschmidt et al., 2014[83]	yes, impact assessed	conducted weighted analysis	yes: taken into account	regression controlled for a number of key confounders	Medium	NA
Fichter et al., 1993;[84] Fichter et al., 1998;[85]	no, impact not assessed	no accounting for loss	no, not accounted for or not identified	no control for confounding	High	NR
Fichter et al., 2003;[86] Fichter et al., 2008[87]	no, impact not assessed	no accounting for loss	yes: taken into account	SEM modeling	Medium	NA
Hilbert et al., 2013[88]; Hilbert & Brauhardt, 2014[89]	not applicable	case control study	yes: taken into account	NA	low	NA
Linna et al., 2013[90]	not applicable	case control study	yes: taken into account	NA	Low	NA
Maxwell et al., 2014[91]	no, impact not assessed	NA	partially	NA	Medium	NA

Table 15. Course of illness ROB – part 3 (continued)

Author, Year	In cases of high loss to follow-up (or differential loss to follow-up), was the impact assessed (e.g., through sensitivity analysis or other adjustment method)?	Explanation if concern	Did the authors use an appropriate analysis method that adjusted for all the critically important confounding domains (e.g., through matching, stratification, interaction terms, multivariate analysis, or other statistical adjustment such as instrumental variables)?	Explanation if concern	Summary overall RISK OF BIAS (High, Medium, Low)	Explanation if high risk of bias
Sonneville et al., 2013[92]; Field et al., 2013[93]	no, impact not assessed	used a structure of obtaining data when 2 consecutive questionnaires but measurement may be at different times across participants	yes: taken into account	controlled for multiple critical confounders	Medium	NA
White et al., 2010[94]	no, impact not assessed	NA	partially	NA	Medium	NA
Wilfley et al., 2000[95]	cannot determine	NA	partially	NA	Medium	NA

Table 16. Course of illness review studies ROB

Author, Year	Was there duplicate study selection and data extraction?	Was a comprehensive literature search performed?	Was the scientific quality of the included studies assessed and documented?	Was an 'a priori' design provided?	Was the status of publication (i.e. grey literature) used as an inclusion criterion?	Was a list of studies (included and excluded) provided?
Preti et al., 2011[96]	NR	yes	yes	yes	yes	no

Table 17. Course of illness review studies ROB – part 2

Author, Year	Were the characteristics of the included studies provided?	Was the scientific quality of the included studies used appropriately in formulating conclusions?	Were the methods used to combine the findings of studies appropriate?	Was the likelihood of publication bias assessed?	Was the conflict of interest included?	Risk of Bias
Preti et al., 2011[96]	yes	no	yes	NR	no	medium

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Appendix E. Evidence Tables

Evidence Table 1. Loss of control of eating: Kids

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Boutelle, 2011[1] NA To examine 2 treatments targeted at reducing eating in the absence of hunger in overweight and obese children NR but likely US Academic	randomized controlled trial NR NR 14 months	36 matched pairs of children and 1 parent	G1: Volcravo G2: CAAT	Randomized: G1: 18 pairs G2: 18 pairs Analyzed at posttreatment: G1: 16 G2: 16 Analyzed at 6m: G1: 16 G2: 16 Analyzed at 12m: G1: 13 G2: 12	NR	NR	outpatient	University of Minnesota Faculty Development Grant
Jones, 2008[2] NA To examine the efficacy of an Internet-facilitated intervention for weight maintenance and binge eating in adolescents United States Government	randomized controlled trial assessor NR 16-week intervention, follow up assessment at 9 months	105	G1: StudentBodies2-BED) (SB2-BED) G2: Wait List Control	Randomized: G1: 52 G2: 53 Analyzed (post-treatment): G1: 46 G2: 47 Analyzed (follow-up) G1: 44 G2: 43	2	Boise, Idaho Hayward, California	Outpatient	National Institute of Diabetes and Digestive and Kidney Diseases (grant DK065757)

Evidence Table 1. Loss of control of eating: Kids (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Tanofsky-Kraff, 2010[3] NA To compare the ability of IPT with that of standard-of-care health education to stabilize or reduce excessive weight gain in adolescent girls at risk of inappropriate gain based on current BMI US Government	randomized controlled trial NR Began January 2006, but end of enrollment period NR 12 months	20	G1: IPT-WG G2: Standard-of-care health education (HE)	Girls with baseline LOC eating only Randomized: G1: 11 G2: 9 Analyzed at 6m (ITT): G1: 11 G2: 9 Analyzed at 6m (completers): G1: NR G2: NR Analyzed at 12m (ITT): G1: 11 G2: 9 Analyzed at 12m (completers): G1: NR G2: NR	1	Bethesda, MD	Outpatient	NOTE: N randomized and group sample sizes reflect ONLY girls who reported baseline LOC eating. The remaining girls in the sample are not eligible for our review because they did not present with LOC eating or BED.

Evidence Table 2. Loss of control of eating: Kids – Part 2

Refid First Author's Last Name Year	BED or LOC inclusion definition Exclusion criteria	Brief summary of population Mean age (Range)	% female % non-white Weight	Other inclusion criteria (in addition to BED or LOC eating criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) baseline depression score	Other relevant characteristics Subgroup analysis?	Population Comments
Boutelle, 2011[1]	Eating in the absence of hunger: measure described by Birch&Fisher 2000 and Fisher&Birch 2002. Children who reported eating more than 10% of their daily caloric intake in the free access paradigm. Each child ate pizza with his/her parent and rated satiety post-meal. 10 minutes after the meal the child tasted and rated small samples of 11 sweet and savory snack foods, and was then left in a room for 10 minutes with the snack foods and toys and the amount of snacks consumed was measured. Participation in a weight loss program Medication that could influence weight and eating Food allergies or dietary restrictions Psychiatric disorder or physical disease for which physician supervision of diet and exercise prescription were needed	Overweight and obese children 8-12 years old who met criteria for eating in the absence of hunger, enrolled in pairs with one parent Children Overall: 10.3 years (SD 1.3) G1: 10.3 (SD 1.4) G2: 10.3 (SD 1.3) Parents Overall: 41.2 (SD 7.0) G1: 39.8 (SD 7.8) G2: 42.5 (SD 5.9)	Children Overall: 58% G1: 66.7% G2: 50.0% Parents Overall: 86% G1: 88.9% G2: 83.3% Children Overall: NR G1: 61.1% G2: 58.8% Parents Overall: NR G1: 35.3% G2: 33.3% NA	BMI %ile ≥85, parent reported child eating in the absence of hunger	NA	Parents % currently married G1: 66.7% G2: 83.3% Parents' education (% college graduates) G1: 50.0% G2: 61.1% None	EAH measure described in: Birch LL, Fisher JO. Mothers' child-feeding practices influence daughers' eating and weight. American Journal of Clinical Nutrition. 2000; 71: 1054-1061. Fisher JO, Birch LL. Eating in the absence of hunger and overweight in girls from 5 to 7 years of age. American Journal of Clinical Nutrition. 2002; 76: 226-231.

Evidence Table 2. Loss of Control of Eating: Kids – Part 2 (Continued)

Refid First Author's Last Name Year	BED or LOC inclusion definition Exclusion criteria	Brief summary of population Mean age (Range)	% female % non-white Weight	Other inclusion criteria (in addition to BED or LOC eating criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) baseline depression score	Other relevant characteristics Subgroup analysis?	Population Comments
Jones, 2008[2]	binge eating or overeating behaviors at a frequency of 1 times per week in the previous 3 months NR	Adolescent male and female public high school students at risk for overweight, mean age: 15.1 1.0 years (reported as Mean, SD) Overall: 15.1 +/-1 G1: 15.0 +/-1 G2: 15.2 +/-1.1 p = NS	Overall: 69.5% G1: 73.1% G2: 66% p = NS Overall: 35% G1: 32.7% G2: 39.6% p = NS Measure/scale: BMI, mean +/- SD Overall: 30.61 +/- 5.44 G1: 3.58 +/- 4.59 G2: 30.64 +/- 5.97 p = NS	(1) 85th percentile for age-adjusted BMI, (2) access to a computer and the Internet, (3) not currently enrolled in a formal binge eating or weight loss program (eg, Weight Watchers), (4) absence of any medical condition in which the actual condition or treatment affects weight and/or appetite (ie, cancer, endocrine diseases, or certain medications), and (5) absence of anorexia nervosa and bulimia nervosa.	Measure/scale: Depressed Mood (CES-D Score), mean +/- SD Overall: 14.94 +/- 9.43 G1: 14.26 +/- 9.43 G2: 15.63 +/- 10.33 p = NR	Measure/scale: mother's education (more than high school), % Overall: 53.33% G1: 50% G2: 56.6% p = NS Measure/scale: father's education (more than high school), % Overall: 51.42% G1:46.15% G2: 56.6% p = NS None	NA

Evidence Table 2. Loss of Control of Eating: Kids – Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC inclusion definition Exclusion criteria	Brief summary of population Mean age (Range)	% female % non-white Weight	Other inclusion criteria (in addition to BED or LOC eating criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) baseline depression score	Other relevant characteristics Subgroup analysis?	Population Comments
Tanofsky-Kraff, 2010[3]	LOC eating: episodes of eating during which loss of control is experienced, regardless of amount of food consumed Not meeting BMI percentile within eligible range	Female children 12-17 with LOC eating and BMI in 75th-97th percentile range Entire sample Overall: NR (12-17) G1: 14.7 (1.2) G2: 15.4 (0.2) p = NR LOC sample only Overall: NR G1: NR G2: NR p = NS	Entire sample Overall: 100 G1: 100 G2: 100 p = NA Non-white: Entire sample Overall: NR G1: 63 G2: 63 p = NA LOC sample only Overall: NR G1: NR G2: NR p = NS Black: Entire sample Overall: NR G1: 42 G2: 53 p = NR LOC sample only Overall: NR G1: NR G2: NR p = NS Asian: Entire sample Overall: NR G1: 16 G2: 5 p = NR	Girls with BMI scores between 75th and 97th percentile	NR	NR No	Definition of LOC eating in this study: "the sense of being unable to stop eating once started" (see Ref 30)

Evidence Table 2. Loss of Control of Eating: Kids – Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC inclusion definition Exclusion criteria	Brief summary of population Mean age (Range)	% female % non-white Weight	Other inclusion criteria (in addition to BED or LOC eating criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) baseline depression score	Other relevant characteristics Subgroup analysis?	Population Comments
			LOC sample only Overall: NR G1: NR G2: NR p = NS Hispanic: Entire sample Overall: NR G1: 5 G2: 5 p = NA LOC sample only Overall: NR G1: NR G2: NR p = NS Mean BMI (SD) (kg/m^2): Entire sample Overall: NR G1: 25.1 (2.8) G2: 25.6 (3.1) p = NR LOC sample only Overall: NR G1: NR G2: NR p = NS				

Evidence Table 2. Loss of Control of Eating: Kids – Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC inclusion definition Exclusion criteria	Brief summary of population Mean age (Range)	% female % non-white Weight	Other inclusion criteria (in addition to BED or LOC eating criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) baseline depression score	Other relevant characteristics Subgroup analysis?	Population Comments
			Mean BMI z-score (SD): Entire sample Overall: NR G1: 1.3 (0.4) G2: 1.3 (0.4) p = NR LOC sample only Overall: NR G1: NR G2: NR p = NS Mean BMI percentile (SD): Entire sample Overall: NR G1: 88 (12.0) G2: 88 (10) p = NR LOC sample only Overall: NR G1: NR G2: NR p = NS				

Evidence Table 3. Loss of Control of Eating: Kids – Part 3

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Boutelle, 2011[1]	Weekly treatment for 8 weeks, in separate but simultaneous parent and child groups of 8-10 members for approximately 45 minutes, and both parents and children were given study-specific workbooks and handouts. Content was similar for children and parents except that child materials were presented in the form of games and discussion in an age-appropriate manner. Following the separate groups, parents and children participated in an experiential exercise for an additional 30 minutes at each	Volcravo: Used cue exposure treatment in session to reduce the strength of the association between the subjective and physiological experiences ("cravings") when exposed to food cues. Children were provided a toolbox of coping skills to "ride the craving wave." Participants were provided information about basic learning theory and how physiological responses to food cues can be broken. Sessions focused on recognizing cravings, identifying antecedents of cravings, and learning strategies to ride out craving waves until urges diminished. Children were asked to ride out cravings only when they were not physically hungry. Parents and children self-monitored their cravings outside of sessions. Experiential exercises were conducted in group format, and parent-child dyads were used to implement cue exposure treatment. Session 1: parents and children	CAAT (Children's appetite awareness training): Focused on hunger and used hunger monitoring to increase sensitivity to hunger and satiety as well as coping skills to manage the urge to eat when not hungry. Adapted from Craighead&Allen 1995, which was designed for adults. Goal is to increase child's perceptions of internal states of hunger and satiety to guide amounts of food consumption. ALl sessions focused on improving awareness of hunger and satiety and learning how to monitor these cutes (using a 1-5 scale to rate hunger). Parents and children also learned about potential overeating situations in which they might not listen to their body's hunger signals and different coping skills to manage these	NA	NA	NA

Evidence Table 3. Loss of Control of Eating: Kids – Part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
	session. Both treatment taught the same coping skills (behavioral and cognitive), parenting skills (use of praise, motivation systems, daily meetings, self-monitoring, modeling, shaping behaviors, logical consequences). If a family missed a meeting, they were called and mailed the missed materials. All groups were led by doctoral-level psychologists and assisted by master's-level cotherapists and several undergraduate volunteers. All therapists attended a 1-day training regarding the	identified 7 high-craving foods for the parent and child. Sessions 2-8: parents and children brought a high-craving food and completed a cue exposure treatment exercise, in which they rated their cravings on a 1-5 scale while looking at the food, holding, smelling, and taking 2 bites, and then rated their cravings at 30s-intervals for 15 minutes. After cravings were reduced to a 2 or lower, families disposed of the food without eating it.	situations. Parents and children self-monitored their hunger outside of class. Experiential exercises were conducted in a group format and used parent-child dyads to practice monitoring hunger during meals. During sessions 2-8, parents and children brought dinner and monitored hunger during this meal with prompts from the staff. Hunger was monitored at the start, middle, and end of the meal by parents and children. In addition, participants were prompted to monitor hunger levels 10- and 20-minutes post-completion of the meal.			

Evidence Table 3. Loss of Control of Eating: Kids – Part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
	treatments and attended weekly supervision with the first author.					
Jones, 2008[2]	NA	Student Bodies 2, 16 week online healthy weight maintanence program intervention that incorporates cognitive-behavioral principles from the self-help manual for binge-eating disorder by Fairburn, the adolescent weight loss intervention, Healthy Habits, described by Saelens et al, and hunger and satiety awareness skills; combines psychoeducation and behavioral interventions such as self-monitoring, goal-setting, stimulus control, and appetite awareness and introduces emotion regulation skills. New topic introducted each week, previous week's content could be accessed any time.	Waitlist Control (WLC); WLC participants were informed at the start of the study that they would be offered the program at the 9-month follow-up assessment, in either online or printed format	NA	NA	Adherence was calculated as the mean number of content screens accessed per week over the 16 weeks. Examples of data collected include the mean number of food journal entries and number of messages posted to the discussion group.

Evidence Table 3. Loss of Control of Eating: Kids – Part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Tanofsky-Kraff, 2010[3]	NR	Group IPT-WG (IPT for the prevention of excessive weight gain) based on IPT-Adolescent Skills Training (IPT-AST) and IPT for BED treatment; 12 weekly sessions of 75-90 minutes plus one 90-minute individual pregroup meeting to introduce group format and participation	"Attention-only" comparison: group didactic health education (HE) class based on "Hey-Durham" health program for high school students and covering topics like alcohol, drug, and tobacco use avoidance, identifying signs of depression and suicide, nonviolent conflict resolution, sun safety, domestic violence, and very basic advice about nutritional, body image, and exercise; 12 weekly sessions of unspecified length	NA	NA	NR

Evidence Table 4. Loss of Control of Eating: Kids – Part 4

Refid First Author's Last Name Year	Fidelity of the Intervention	Intervention Comments	Outcomes Collection and Measurement
Boutelle, 2011[1]	NR	CAAT adapted from intervention described in: Craighead LW, Allen HN. Appetite awareness training: A cognitive behavioral intervention for binge eating. Cognitive and Behavioral Practice. 1995; 2:249-270.	EAH (eating in the absence of hunger, expressed as a percent of daily caloric needs): measure described by Birch&Fisher 2000 and Fisher&Birch 2002. Each child ate pizza with his/her parent and rated satiety post-meal. 10 minutes after the meal the child tasted and rated small samples of 11 sweet and savory snack foods, and was then left in a room for 10 minutes with the snack foods and toys and the amount of snacks consumed was measured. Caloric intake: assessed with 3 24h dietary recalls at each assessment point on 3 nonconsecutive days. Using the multiple-pass system of the NDS-R interview methodology, a trained interviewer conducted one 24h recall in person at the assessment visit, along with 2 subsequent phone recalls within the following 2 weeks. During the in-person interview, children used both food models and a food amounts booklet to help them estimate quantities of foods and drinks consumed; the booklet alone was used for phone. Parents were consulted to verify aspects of the food. The 3 recalls were averaged to generate caloric intake. EDE version adapted for children (chEDE, Bryant-Waugh JR, Cooper JP, Taylor CL, Lask BD. The use of the Eating Disorder Examination with children: A pilot study. International Journal of Eating Disorders. 1996; 19: 391-397.) Treatment acceptability assessed at post-treatment only Note: outcomes were reported for parents as well, but did not abstract those outcomes. Parents were not required to meet any eligibility criteria for BED so assumed their data are not included in the review.

Evidence Table 4. Loss of Control of Eating: Kids – Part 4 (continued)

Refid First Author's Last Name Year	Fidelity of the Intervention	Intervention Comments	Outcomes Collection and Measurement
Jones, 2008[2]	NA	Note for results tab: Results shown are for Completers, not ITT population. Authors state that: "Only results from the completer analysis are included, because there were no differences between the completer and intention-to-treat analyses." However, Table 5 in the article reports ITT results. In Table 5, the results at Follow-up for Weight and shape concerns, is not statistically significant, whereas in Table 4, the results are statistically significant.	The baseline questionnaire asked students to report their gender, date of birth, height, weight, grade in school, and contact information. Students were contacted by telephone to complete a more-comprehensive telephone screening questionnaire. Eligible participants were scheduled for an appointment at their respective schools, during which they completed several self-report questionnaires and a semi-structured diagnostic interview (Eating Behaviors Inventory [EBI]) and had their heights and weights measured. Participants completed the same assessment by telephone at the posttreatment assessment and provided self-reported height and weight. Participants were contacted 9 months after the baseline assessment for in-person measurements of height and weight and completion of the telephone selfreport questionnaire and semi-structured interview. Assessments were performed by the study coordinator and trained research assistants, who were supervised by a licensed psychologist and psychiatrist.
Tanofsky-Kraff, 2010[3]	NR	Refs #33 and 34 provide more information about IPT-AST and IPT for BED interventions that were basis for G1's IPT-WG program Ref #35 provides more information about "Hey-Durham" health program that was basis for G2 (HE group) program	Occurrence of LOC episodes evaluated with EDE (follow-up: 6 months) BMI scores and growth evaluated using measured heights and weights, as described in ref 30 (follow-up: 6 months and 12 months)

Evidence Table 5. Loss of Control of Eating: Kids – Part 5

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence, etc.)	Binges Baseline	Binges Outcomes
Boutelle, 2011[1]	EAH (eating in the absence of hunger, expressed as a percent of daily caloric needs) chEDE -SBE (subjective bulimic episode) -OBE (objective bulimic episode) -OOE (objective overeating episode) LOC eating: "based on the combination of OBEs and SBEs", "number of OBEs + SBEs" (no other description provided) Overeating episodes: "based on the combination of OBEs and OOEs", "number of OBEs + OOEs" (no other description provided) Caloric intake	EAH (eating in the absence of hunger, expressed as a percent of daily caloric needs) G1: 21% (9%) G2: 19% (8%) SBE (subjective bulimic episode) G1: 3.33 (SD 6.10) G2: 1.33 (SD 2.87) OBE (objective bulimic episode) G1: 1.22 (SD 4.25) G2: 0.89 (SD 3.53) OOE (objective overeating episode) G1: 0.39 (SD 1.04) G2: 0.06 (SD 0.24) LOC eating G1: 4.56 (SD 8.05) G2: 2.22 (SD 4.68) Overeating episodes G1: 1.61 (SD 4.27) G2: 0.94 (SD 3.52) Caloric intake G1: 1822 (SD 706) G2: 1784 (SD 544)	Observed means Post-treatment EAH G1: 12% (SD 8%) G2: 20% (SD 9%) Statistically significant between-group difference on change from baseline: 10% reduction in EAH in G1 relative to G2 t=3.59 p<0.001 Observed means 6m EAH G1: 16% (SD 9%) G2: 19% (SD 8%) p=G1 statistically significant within-group difference on change from baseline Observed means 12m EAH G1: 17% (SD 10%) G2: 16% (SD 15%) p=NR, NS EAH model: "For the model that included calories eaten at dinner as a covariate, we used a compound symmetry covariance matrix, resulting in a significant time effect for G1 (F=5.81, p=0.001) and not for G2 (F=1.81, p=0.152), and a significant time by condition interaction (F=4.91, p=0.003)." Observed means Post-treatment SBE G1: 1.19 (SD 1.91) G2: 0.56 (SD 1.09) G1 and G2 statistically significant within-group differences on change from baseline: G1: 2.21 decrease from BL (t=3.28, p=0.006) G2: 0.78 decrease from BL (t=3.55, p=0.001) Observed means 6m SBE G1: 0.31 (SD 0.79) G2: 0.44 (SD 1.50) G1 and G2 statistically significant within-group differences on change from baseline: G1: 3.04 decrease from BL (t=2.82, p=0.0173) G2: 0.90 decrease from BL (t=2.52, p=0.026)

Evidence Table 5. Loss of Control of Eating: Kids – Part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence, etc.)	Binges Baseline	Binges Outcomes
			Observed means 12m SBE G1: 0.07 (SD 0.28) G2: 0.09 (SD 0.30) G1 and G2 statistically significant within-group differences on change from baseline: G1: 3.24 decrease from BL (t=5.76, p<0.001) G2: 1.23 decrease from BL (t=2.47, p=0.026) SBE model: "When we used an unstructured covariance matrix with SBE as an outcome, there was a significant time main effect for G1 (F=45.19, p<0.001) and G2 (F=10.40, p<0.001), but not a significant time-by-condition interaction (F=1.69, p=0.176)." Observed means Post-treatment OBE G1: 0.06 (SD 0.25) G2: 0.06 (SD 0.25) p=NR, NS Observed means 6m OBE G1: 0.00 (SD 0.00) G2: 0.44 (SD 1.75) G1 statistically significant within-group difference on change from baseline: G1 decrease from BL to 6m: 1.22 (t=11.07, p<0.001) Statistically significant between-group difference on change from baseline: 0.77 reduction in OBE in G1 relative to G2 (t=6.36, p<0.001) Observed means 12m OBE G1: 0.00 (SD 0.00) G2: 0.00 (SD 0.00) G1 decrease from BL to 12m: 1.22 (t=9.31, p<0.001) G2 decrease from BL to 12m: 0.89 (t=2.72, p=0.035) G1 and G2 statistically significant within-group difference on change from baseline OBE model: "When we used a Toeplitz covariance structure with OBEs as an outcome, there was a significant time main effect for G1 (F=135.82, p<0.001), and for G2 (F=22.53, p<0.001), and a significant time-by-condition interaction (F=17.14, p<0.001)."

Evidence Table 5. Loss of Control of Eating: Kids – Part 5 (continued)

Refid	Definition of Binges (Days;	Binges Baseline	Binges Outcomes

First Author's Last Name Year	Frequency; Remission; Abstinence, etc.)		
			Observed means Post-treatment OOE G1: 0.00 (SD 0.00) G2: 0.00 (SD 0.00) p=NR, NS Observed means 6m OOE G1: 0.13 (SD 0.34) G2: 0.00 (SD 0.00) p=NR, NS Observed means 12m OOE G1: 0.00 (SD 0.00) G2: 0.09 (SD 0.30) p=nR, NS Observed means Post-treatment LOC eating G1: 1.25 (SD 1.91) G2: 0.63 (SD 1.20) G1 statistically significant within-group difference on change from baseline: G1: significant decrease of 3.36 from BL (t=2.97, p=0.004) Observed means 6m LOC eating G1: 0.31 (SD 0.79) G2: 0.88 (SD 3.24) G1 statistically significant within-group difference on change from baseline: G1: significant decrease of 4.26 from BL (t=3.17, p=0.002) Observed means 12m LOC eating G1: 0.08 (SD 0.28) G2: 0.09 (SD 0.30) G1 statistically significant within-group difference on change from baseline: G1: significant decrease of 4.44 from BL (t=5.80, p<0.001) LOC model: "When a Toeplitz covariance matrix was used, there was a significant time main effect for G1 (F=12.20, p<0.001) but not for G2 (F=2.62, p<0.057); nor was there a significant time by condition interaction (F=1.04, p=0.380)." Observed means Post-treatment Overeating episodes G1: 0.06 (SD 0.25) G2: 0.06 (SD 0.25)

Evidence Table 5. Loss of Control of Eating: Kids – Part 5 (continued)

Refid	Definition of Binges (Days;	Binges Baseline	Binges Outcomes

First Author's Last Name Year	Frequency; Remission; Abstinence, etc.)	
		G1 statistically significant within-group difference on change from baseline: G1: significant decrease of 1.55 from BL (t=2.68, p=0.031) Observed means 6m Overeating episodes G1: 0.13 (SD 0.34) G2: 0.44 (SD 1.75) G1 statistically significant within-group difference on change from baseline: G1: significant decrease of 1.48 from BL (t=2.62, p=0.031) Observed means 12m Overeating episodes G1: 0.00 (SD 0.00) G2: 0.09 (SD 0.30) G1 statistically significant within-group difference on change from baseline: G1: significant decrease of 1.61 from BL (t=11.61, p<0.001) Statistically significant between-group difference on change from baseline: G1 had a 0.77 reduction in overeating episodes from BL relative to G2 (t=4.13, p<0.001) Overeating episode model: "When a Toeplitz covariance matrix was used, there was a significant time main effect for G1 (F=49.78, p<0.001) but not G2 (F=1.75, p<0.164), and a significant time-by-condition interaction (F=6.83, p<0.001)." Observed means Post-treatment Caloric intake G1: 1536 (SD 474) G2: 1554 (SD 368) p=NR, NS Observed means 6m Caloric intake G1: 1474 (SD 466) G2: 1609 (SD 318) p=NR, NS Observed means 12m Caloric intake G1: 1644 (SD 412) G2: 1559 (SD 316) p=NR, NS

Evidence Table 5. Loss of Control of Eating: Kids – Part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence, etc.)	Binges Baseline	Binges Outcomes
			Caloric intake model: "When we used an unstructured covariance matrix with caloric intake as an outcome, there was no significant time effect for G1 (F=2.06, p=0.124) or G2 (F=1.74, p=0.178), nor was there a significant group-by-condition interaction (F=0.65, p=0.586).
Jones, 2008[2]	OBE = Binge days/3 months (based on EBI, adapted from the EDE)	Binge Eating, # of episodes, mean +/- SD OBEs and SBEs G1: 15.16 +/- 20.78 G2: 8.42 +/- 18.74 OOEs G1: 7.89 +/- 14.28 G2: 7.53 +/- 14.28	Binge Eating, # of episodes, mean +/- SD OBEs and SBEs (Post Treatment) G1: 0.95 +/- 3.88 G2: 6.98 +/- 17.55 p, NR OOEs (Post Treatment) G1: 2.05 +/- 6.98 G2: 2.34 +/- 5.25 p, NR Binge Eating, # of episodes, mean +/- SD OBEs and SBEs (Follow-up) G1: 2.29 +/- 7.67 G2: 2.74+/- 8.60 p < .05, compared with the WLC group OOEs (Follow-up) G1: 2.16 +/- 9.33 G2: 1.07 +/- 2.80 p, NR
Tanofsky-Kraff, 2010[3]	Reduction in per-person frequency of LOC eating episodes ("the sense of being unable to stop eating once started", see Ref 30) between baseline and 6 month follow-up NOTE: Measurements of presence or absence of LOC eating based on the month prior to assessment at each timepoint (e.g., baseline assessment based on month prior to baseline visit).	NOTE: Data reported for girls with baseline LOC eating only N of LOC episodes: Mean (SD) (measured with EDE version 12OD/C.2) G1: 3.5 (5.4) G2: 1.2 (1.9) p = 0.09 Effect size (partial η^2) = 0.08	NOTE: Data reported for girls with baseline LOC eating only 6m N of LOC episodes, ITT analysis: Mean (SD) (measured with EDE version 12OD/C.2) G1: NR G2: NR p = NR 6m Reduction in frequency of LOC episodes, ITT analysis: Mean (SD) (measured with EDE version 12OD/C.2) G1: 0.53 (0.9) G2: 0.21 (0.5) p = 0.036 Effect size (partial η^2) = 0.12

Evidence Table 6. Loss of Control of Eating: Kids – Part 6

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Boutelle, 2011[1]	NA	NA	NA	NA
Jones, 2008[2]	EBI (adapted from EDE) -compensatory behaviors -weight concerns -shape concerns PACE+ -Dietary Fat and Sugar intake	Weight and shape concerns, mean +/- SD, score Baseline G1: 1.3 +/- 0.80 G2: 1.35 +/- 0.92 Dietary Fat Intake, mean +/- SD, PACE DFS score Baseline G1: 24.54 +/- 8.63 G2: 22.06 +/- 10.73	Weight and shape concerns, mean +/- SD, score Posttreatment G1: 1.05 +/- 0.64 G2: 1.27 +/- 0.78 Follow-up G1: 0.81 +/- 0.67 G2: 1.14 +/- 0.72 P < .05, compared with WLC group Dietary Fat Intake, mean +/- SD, PACE DFS score Posttreatment G1: 18.88 +/- 6.56 G2: 20.05 +/- 7.49 Follow-up G1: 18.25 +/- 6.95 G2: 17.33 +/- 7.57	NA
Tanofsky-Kraff, 2010[3]	NR	NR	NR	NA

Evidence Table 7. Loss of Control of Eating: Kids – Part 7

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes	Psychopathology Outcomes Continued
Boutelle, 2011[1]	NA	NA	NA	NA
Jones, 2008[2]	Center for Epidemiologic Studies Depression Scale -Depressed Mood	Depressed mood, mean +/- SD, CES-D score Baseline G1: 14.26 +/- 9.43 G2: 15.63 +/- 10.33	Depressed mood, mean +/- SD, CES-D score Posttreatment G1: 9.63 +/- 8.30 G2: 12.57 +/- 10.10 Follow-up G1: 12.42 +/- 11.59 G2: 10.49 +/- 11.21	NA
Tanofsky-Kraff, 2010[3]	NR	NR	NR	NA

Evidence Table 8. Loss of Control of Eating: Kids – Part 8

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Boutelle, 2011[1]	BMI	BMI G1: 26.17 (SD 3.21) G2: 28.60 (SD 4.57)	Observed meansPost-treatment BMI G1: 26.12 (SD 2.95) G2: 28.98 (SD 4.69) G2 statistically significant within-group difference on change from baseline: BMI increased 0.34 from BL (t=2.17, p=0.037) Observed means6m BMI G1: 26.55 (SD 3.08) G2: 29.44 (SD 4.79) G2 statistically significant within-group difference on change from baseline: BMI increased 0.79 from BL (t=3.42, p=0.005) Observed means12m BMI G1: 28.09 (SD 4.50) G2: 30.65 (SD 5.07) G2 statistically significant within-group difference on change from baseline: BMI increased 1.30 from BL (t=2.86, p=0.014)	NA	NA	NA

Evidence Table 8. Loss of Control of Eating: Kids – Part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
			BMI model: "When we used an unstructured covariance matrix with BMI as an outcome, there was a significant time main effect for G2 (F=6.19, p=0.002) but not for G1 (F=2.65, p=0.065), and there was no significant time-by-condition interaction (F=0.64, p=0.595)." "When we used an unstructured covariance matrix with BMI z-score as an outcome, there was not a significant time effect for G1 (F=0.87, p=0.466) or for G2 (F=1.00, p=0.405), nor was there a significant time-by-condition interaction (F=0.56, p=0.644)."			

Evidence Table 8. Loss of Control of Eating: Kids – Part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Jones, 2008[2]	-BMI, mean +/- SD, kg/m2 -BMI z score, mean +/- SD	BMI, mean +/- SD, kg/m2 Baseline G1: 30.58 +/- 4.9 G2: 30.64 +/- 5.97 BMI z score, mean +/- SD Baseline G1: 1.81 +/- 0.47 G2: 1.79 +/- 0.51	BMI, mean +/- SD, kg/m2 Posttreatment G1: 28.76 +/- 4.72 G2: 29.99 +/- 5.92 Follow-up G1: 29.76 +/- 5.34 G2: 31.17 +/- 6.33 P< .001, compared with WLC group BMI z score, mean +/- SD Postreatmetn G1: 1.56 +/- 0.59 G2: 1.68 +/- 0.54 Follow-up G1: 1.60 +/- 0.62 G2: 1.76 +/- 0.57 P< .001, compared with WLC group	NR	NR	NR

Evidence Table 8. Loss of Control of Eating: Kids – Part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Tanofsky-Kraff, 2010[3]	BMI (all of the below reported at 1 year follow-up only for girls with baseline LOC eating) - Score (kg/m^2) - Z-score - Percentile - Percentage with growth ≤ expected, as measured using BMI (between baseline and 1 year follow-up)	Baseline data for all three BMI outcomes for girls with baseline LOC eating	Mean BMI (SD) (kg/m^2): G1: NR G2: NR p = NS Mean BMI z-score (SD): G1: NR G2: NR p = NS Mean BMI percentile (SD): G1: NR G2: NR p = NS BMI growth ≤ expected: G1: NR G2: NR p = NS	NR	NR	NR

Evidence Table 9. Loss of Control of Eating: Kids – Part 9

Refid First Author's Last Name Year	Definition of Quality of Life	Quality Of Life Baseline	Quality of Life Outcomes	Definition of Functional Capacity	Functional Capacity Baseline	Functional Capacity Outcomes
Boutelle, 2011[1]	NA	NA	NA	NA	NA	NA
Jones, 2008[2]	NR	NR	NR	NR	NR	NR
Tanofsky-Kraff, 2010[3]	NR	NR	NR	NR	NR	NR

Evidence Table 10. Loss of Control of Eating: Kids – Part 10

Refid First Author's Last Name Year	Definition of Other	Other Baseline	Other Outcomes
Boutelle, 2011[1]	Treatment Acceptability -liked the program "a lot" or "loved it" (5-point likert scale from 1=didn't like, to 5=loved it) -"very true" that they felt more in control of their eating because of the program (scale NR) -thought other kids would like the program (scale NR)	N/A	Post-treatment: Liked the program "a lot" or "loved it" G1: 56% G2: 75% Post-treatment: "very true" that they felt more in control of their eating because of the program G1: 69% G2: 81% Post-treatment: thought other kids would like the program G1: 94% G2: 69%
Jones, 2008[2]	NR	NR	NR
Tanofsky-Kraff, 2010[3]	NR	NR	NR

Evidence Table 11. Loss of Control of Eating: Kids – Part 11

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
Boutelle, 2011[1]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Jones, 2008[2]	G1: 15 G2: 16 Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Tanofsky-Kraff, 2010[3]	6 months G1: 0 G2: 0 p = NA 12 months G1: 1 G2: 2 p = NR	None at 6 or 12 months	None at 6 or 12 months	NR	NR	NR

Evidence Table 12. Loss of Control of Eating: Kids – Part 12

Refid First Author's Last Name Year	Dizziness	Headache	Insomnia	Nausea	Sexual Dysfunction	Cognition
Boutelle, 2011[1]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Jones, 2008[2]	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Tanofsky-Kraff, 2010[3]	NR	NR	NR	NR	NR	NR

Evidence Table 13. Loss of Control of Eating: Kids – Part 13

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug interactions	Harms Other	Harms Comments
Boutelle, 2011[1]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	NA
Jones, 2008[2]	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	NA
Tanofsky-Kraff, 2010[3]	NR	NR	NR	NR	NR	NA

Evidence Table 14. Loss of Control of Eating: Kids – Part 14

Refid First Author's Last Name Year	Describe Subpopulation	Subpopulation Definition of Eating Related Measure(s)	Subpopulation Outcomes	Subpopulation Outcomes for Eating-Related Measures Continued	Subpopulation Definition of Psychological/ Psychiatric Measure(s)	Subpopulation Outcomes
Boutelle, 2011[1]	None	NA	NA	NA	NA	
Jones, 2008[2]	None	NA	NA	NA	NA	
Tanofsky-Kraff, 2010[3]	None	NA	NA	NA	NA	

Evidence Table 15. Loss of control of eating: Kids – Part 15

Refid First Author's Last Name Year	Subpopulation Definition of Weight Related Measure(s)	Subpopulation Outcomes	Subpopulation Definition of Biomarker Outcomes Other Than Weight	Subpopulation Outcomes	Subpopulation Quality Of Life	Subpopulation Functional Capacity
Boutelle, 2011[1]	NA	NA	NA	NA	NA	NA
Jones, 2008[2]	NA	NA	NA	NA	NA	NA
Tanofsky-Kraff, 2010[3]	NA	NA	NA	NA	NA	NA

Evidence Table 16. Loss of control of eating: Kids

Refid First Author's Last Name Year	Subpopulation Overall Discontinuation From Study	Subpopulation Discontinuation Due to AEs	Subpopulation Discontinuation Due to Lack of Efficacy	Subpopulation Serious AEs (Define in Addition to Reporting Rates)	Subpopulation Any AE	Subpopulation Diarrhea
Boutelle, 2011[1]	NA	NA	NA	NA	NA	NA
Jones, 2008[2]	NA	NA	NA	NA	NA	NA
Tanofsky-Kraff, 2010[3]	NA	NA	NA	NA	NA	NA

Evidence Table 17. Loss of control of eating: Kids

Refid First Author's Last Name Year	Subpopulation Dizziness	Subpopulation Headache	Subpopulation Insomnia	Subpopulation Nausea	Subpopulation Sexual Dysfunction	Subpopulation Cognitive Functioning
Boutelle, 2011[1]	NA	NA	NA	NA	NA	NA
Jones, 2008[2]	NA	NA	NA	NA	NA	NA
Tanofsky-Kraff, 2010[3]	NA	NA	NA	NA	NA	NA

Evidence Table 18. Loss of control of eating: Kids

Refid First Author's Last Name Year	Subpopulation Somnolence	Subpopulation Vomiting	Subpopulation Drug Interactions	Subpopulation Other
Boutelle, 2011[1]	NA	NA	NA	NA
Jones, 2008[2]	NA	NA	NA	NA
Tanofsky-Kraff, 2010[3]	NA	NA	NA	NA

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Agras, 1995[4] NA Among overweight patients with BED who did not stop binge eating after 12 weeks of CBT, examine the effectiveness of group IPT NR Government	RCT NR NR 12 weeks (Although the study included 24wk outcomes, they are not included in the review due to loss of original randomization after 12 weeks.)	Overall: 50 G1: 39 G2: 11	G1: CBT G2: Waiting list control	Randomized Overall: 50 G1: 39 G2: 11 Analyzed Overall: 42 G1: 31 G2: 11	NR	NR	NR	NIMH grant 38637 Note: Although the study included 24wk outcomes, they are not included in the review due to loss of original randomization after 12 weeks. Although this study is very similar to Eldredge et al., 1997,[5] it was determined by Kim Brownlee and Catherine Grodensky based on the interventions and samples that the two studies are separate.

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Allen, 1999[6] NA To evaluate whether Appetite Awareness Training would be more effective in reducing binge eating than no treatment and, specifically, to determine whether training to respond to appetite cues would decrease the specific behaviors (getting very hungry and eating past moderate satiety) targeted by the intervention US NR	RCT NR 3 consecutive semesters 8 weeks	29	G1: Appetite awareness training G2: Waitlist control	Randomized G1: 15 G2: 14 Analyzed G1: 11 G2: 9	2	Chapel Hill, NC, Boulder, CO	Outpatient	NA

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Carrard, 2011[7] NA Evaluate the efficacy of an Internet guided self-help treatment programme, based on CBT, for adults with threshold and subthreshold BED Switzerland Foundation/non-profit	RCT none Enrollment began in 2008 but end date NR 12 months	74	G1: Internet group G2: Control group	Randomized: G1: 37 G2: 37 Analyzed: G1: 37 G2: 37	Participants were recruited from the community and completed study requirements at "the University Hospitals of Geneva"; unclear whether this refers to one or multiple sites	Geneva	Intervention was delivered via internet. Study visits were copmleted at hospital but unclear what specialty clinic.	Hans Wilsdorf Foundation, Marie Curie Research Training Network INTACT (Individually tailored stepped care for women with eating disorders; MRTN-CT-2006-035988)

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Carter, 1998[8] NA To evaluate the effectiveness of 2 methods of administering a cognitive-behavioral self-help program for BED England Foundation/non-profit	RCT assessor NR 10 months (12-week intervention period followed by 6 months of follow-up)	72	G1: Pure self-help G2: Guided self-help G3: Waiting list	Randomized: G1: NR G2: NR G3: NR Analyzed: G1: 35 (includes those randomized to G1 at baseline and those from G3 who were randomized to G1 after waiting period) G2: 34 (includes those randomized to G2 at baseline and those from G3 who were randomized to G2 after waiting period) G3: 24	The study was advertised to women as an "Oxford University Study", but location and number of sites is not specified	The study was advertised to women as an "Oxford University Study", but location and number of sites is not specified	Outpatient	Wellcome Trust (Wellcome Prize Studentship, Wellcome Principal Fellowship)

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Cassin, 2008[9] NA Determine if a single session of AMI plus a self-help handbook will reduce binge-eating symptoms to a greater extent than would the handbook alone Canada Academic	RCT Assessor Oct 2004 - July 2005 16 weeks	108	G1: AMI + Self-Help Handbook G2: Self-Help Handbook	Randomized G1: 54 G2: 54 4-week fu G1: 53 G2: 50 8-wk fu G1: 52 G2: 49 16-wk fu G1: 48 G2: 46	1	Calgary, AB	Outpatient	(1) Social Sciences and Humanities Research Council, (2) APA Society for a Science of Clinical Psychology, (3) University of Calgary

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
STRATOB Study, 2011[10] STRATOB (Systematic and STRATegic psychotherapy for Obesity) To compare brief strategic therapy (BST) with the gold standard CBT for the inpatient and telephone-based outpatient treatment of obese people with BED seeking treatment for weight reduction Italy Foundation/non-profit	RCT NR NR 6 month follow-up after discharge from hospital	60	G1: CBT G2: BST	Randomized: G1: 30 G2: 30 Analyzed: G1: 30 G2: 30	1	Verbania	outpatient and inpatient, hospital	Compagnia di San Paolo private foundation

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Cesa, 2013[11] NA To test the brief and long-term clinical efficacy of an enhanced CBT including a virtual reality protocol aimed at unlocking the negative memory of the body (ECT) in morbidly obese patients with BED, compared with standard CBT and inpatient multimodal treatment (IP, control) Italy Government	RCT patient NR 6 weeks of treatment + 12 months follow-up	90	G1: Virtual reality enhanced CBT (ECT) G2: CBT G3: Integrated Multimodal Medically Managed Inpatient Program (IP, control)	Randomized: 90 G1: 31 G2: 30 G3: 29 Analyzed (received allocated treatment): 66 G1: 27 G2: 20 G3: 19 Analyzed at 12m: G1: 18 G2: 14 G3: 12	1	Verbania	inpatient eating disorder unit	Commission of the European Communities (CEC) through its IST program (Project VEPSY Updated and Project INTREPID) and by the Italian MIUR FIRB program

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Compare, 2013[12] NA To evaluate the effect of emotion-focused therapy (EFT), dietary counseling (DC), and combined treatment (CT) to reduce the consumption of energy-dense food in treatment-seeking patients with BED and obesity Italy NR	non-randomized trial NR NR 5 months treatment period + 6 months follow-up after end of treatment	126	G1: DC G2: EFT G3: CT	Randomized: G1: 63 G2: 63 ("half of the participants in the EFT program"--assume this is half of 126 but doesn't report explicitly) G3: 63 ("half of the participants in the EFT program"--assume this is half of 126 but doesn't report explicitly) Analyzed: ITT G1: 63 G2: 63 G3: 63	1	NR	"outpatient department"	Note on group assignment: "Participants were assigned to treatment (without any restriction) by a clinical psychologist; assignment was based on the results of psychometric tests, on clinical interview and partly on the patients' preferences."

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
De Zwaan, 2005[13] NA To compare the short- and long-term ability of a very-low calorie diet (VLCD) alone and in combination with CBT targeting binge eating behavior to improve attrition and attendance rates, weight loss, change in binge-eating frequency, and eating-related and general psychopathology US NR	RCT NR NR 12 months	71	G1: VLCD plus CBT G2: VLCD	Randomized:71 G1: 36 G2: 35 Analyzed at 12 weeks (ITT) : 71 G1: 36 G2: 35 Analyzed at 18 weeks (ITT) : 71 G1: 36 G2: 35 Analyzed at 24 weeks (ITT) : 71 G1: 36 G2: 35 Analyzed at 28 weeks (1m follow-up) (completers): G1: 20-30 G2: 25 Analyzed at 48 weeks (6m follow-up) (completers): G1: 28 G2: 32 Analyzed at 72 weeks (12m follow-up) (completers): G1: 31 G2: 31	1	Minnesota	Outpatient	NA

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Dingemans, 2007[14] NA To explore the effectiveness and identify possible predictors and mediators of CBT for patients with BED Netherlands NR	RCT assessor NR 20 weeks of treatment + 1 year follow-up after treatment	52	G1: CBT G2: Waitlist control group	Randomized G1: 30 G2: 22 Analyzed at end of treatment G1: 28 G2: 22	3 participating clinics recruited patients; treatment sites NR	Rotterdam, Oegstgeest	outpatient	NA

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Eldredge, 1997[5] NA Among overweight patients with BED who did not stop binge eating after 12 weeks of CBT, determine whether extending group CBT would enhance outcome NR Government	RCT NR NR 12 weeks (Although the study included 24wk outcomes, they are not included in the review due to loss of original randomization after 12 weeks.)	Overall: 46 G1: 36 G2: 10	G1: CBT G2: Waiting list control	Randomized Overall: 46 G1: 36 G2: 10 Analyzed Overall: NR G1: NR G2: NR	NR	NR	NR	NIMH grant 38637 Note: Although the study included 24wk outcomes, they are not included in the review due to loss of original randomization after 12 weeks. Although this study is very similar to Agras,[4] it was determined by Kim Brownlee and Catherine Grodensky based on the interventions and samples that the two studies are separate.

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Gorin, 2003[15] Effectiveness of Spouse Involvement in Cognitive Behavior Therapy for Binge-eating disorder To evaluate effects of spouse involvement (SI) in group CBT for BED and replicate previous literature on effectiveness of CBT for BED. USA Academic	RCT NR NM 12 wks + 6m follow up	n=896 responded to advertise-ment; n=399 completed brief telephone screen; n=109 invited for baseline assess-ment;n=94 randomized	G1: Standard CBT G2: CBT-Spousal Involve-ment G3: Wait-list control group	Randomized: G1: 32 G2: 31 G3: 31 Analyzed: NM	1	Providence, RI	Outpatient primary care (eg general practice)	

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Grilo, 2013[16] NA To evaluate the effectiveness of self-help CBT as a potential first-step, primary care intervention among a diverse sample of patients with BED US Government	RCT assessor NR 16 weeks	48	G1: Self-help CBT G2: Usual care	Randomized: 48 G1: 24 G2: 24 Analyzed at 4 weeks (ITT): 48 G1: 24 G2: 24 Analyzed at 8 weeks (ITT): 48 G1: 24 G2: 24 Analyzed at 12 weeks (ITT): 48 G1: 24 G2: 24 Analyzed at 16 weeks (ITT): 48 G1: 24 G2: 24	NR	NR	Outpatient	NA

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Grilo, 2014[17] NA To determine whether treatments with demonstrated efficacy for BED in specialist treatment centers can be delivered effectively in primary care settings to racially / ethnically diverse obese patients with BED US Government	RCT assessor NR 4 months treatment + 12-month follow up after end of treatment	52 (only 2 groups from the trial are abstracted here; full study sample was 104)	G1: Self-help cognitive behavioral therapy (shCBT) G2: Placebo (study included 2 other arms that are not abstracted here)	G1: 25 G2: 27	NR	NR	Primary care settings in a large university-based medical health care center in an urban setting	R01 DK073542, K24 DK070052, K23 DK092279

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19] NA Grilo, Masheb, Wilson, et al., 2011[18]: To test the relative efficacy of CBT and BWL for BED and the durability of the outcomes over a 12-month follow-up period Grilo, White, Wilson, et al., 2012[19]: To examine rapid response in obese patients with BED in a clinical trial testing CBT and BWL NR Government	RCT NR NR 12 months	Grilo, Masheb, Wilson, et al., 2011[18]: 125 Grilo, White, Wilson, et al., 2012[19]: 90	G1: CBT G2: BWL G3: CBT+BWL Trial included all 3 groups; only 2 groups analyzed in Grilo, White, Wilson, et al., 2012[19]	Grilo, Masheb, Wilson, et al., 2011[18]: Randomized: G1: 45 G2: 45 G3: 35 Analyzed 6m: G1: 37 G2:39 G3: 30 Analyzed 12m: G1: 37 G2: 37 G3: 25 Grilo, White, Wilson, et al., 2012[19]: Randomized: G1: 45 G2: 45 Analyzed 6m: G1: 45 G2: 45 Analyzed 12m: G1: 45 G2: 45	NR	NR	outpatient	NIH grant R01 DK49587, K24 DK070052

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Grilo and Masheb, 2005,[20] Masheb and Grilo, 2007[21] NA Grilo and Masheb, 2005[20]: Test the relative efficacy of guided self-help CBT and behavioral weight loss treatments for BED Masheb and Grilo, 2007[21]: To examine the occurrence and characteristics of rapid responders in the Grilo and Masheb, 2005,[20] trial and to determine whether rapid response in prospectively predicting treatment outcome and, if so, whether it has different prognostic significance by treatment arm US Foundation/non-profit	RCT none NR 12 months	90	G1: CBT via guided self-help G2: Behavioral weight loss interventio n via guided self-help G3: Control condition with no guided self-help	Randomized: 90 G1: 37 G2: 38 G3: 15 Grilo and Masheb, 2005,[20]: Analyzed: 90 G1: 37 G2: 38 G3: 15 Masheb and Grilo, 2007[21]: Analyzed: 75 G1: 37 G2: 38 G3: 0 (not included in study)	NR	NR but researchers are located in New Haven, CT	Medical school	Donaghue Medical Research Foundation

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Hilbert, 2004[22] NA Compare CBT along with exposure (CBT-E) and CBT along with cognitive interventions for tx of body image disturbance (CBT-C). Germany Government	RCT assessor NR 5 months (19 weekly sessions)	N = 28	G1: CBT-E G2: CBT-C	Randomized:28 G1: 14 G2: 14 Analyzed:24 G1:12 G2:12	1	Marburg, Germany	Outpatient primary care (eg general practice)	Site - University, outpatient psychotherapeutic unit Randomization occurred after 3, 1 hour preperation therapy sessions. Funding agency - Deutsche Forschungsgemeinschaft (DFG)

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Le Grange, 2002[23] NA To compare short-term ability of group CBT and those of group CBT with EMA to reduce frequency of binge eating episodes US Foundation/non-profit	RCT NR NR 12 months	41	G1: Group CBT with EMA G2: Group CBT	NOTE: No completers analyses conducted Randomized: 41 G1: 19 G2: 22 Analyzed at 12 weeks (ITT): 41 G1: 19 G2: 22 Analyzed at 12 months (ITT): 41 G1: 19 G2: 22	1	Suffolk County, NY	Outpatient	NA

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Masheb, 2011[24] NA To examine a dietary approach (lowering energy density) for producing weight loss in obese patients with BED who also received CBT to address binge eating. NR Government	RCT assessor NR 12 months	50	G1: CBT + low-energy-density diet G2: CBT + general nutrition counseling not related to weight loss	Randomized: G1: 25 G2: 25 Completers analysis: G1: 20 G2: 23	NR	NR	outpatient	R01 MH082629

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Munsch, Biedert, Meyer, et al., 2007[25] Munsch, Meyer, Biedert, et al., 2012[26] NA Munsch, Biedert, Meyer, et al., 2007[25]: To determine the efficacy of CBT and BWLT for overweight patients with BED Munsch, Meyer, Biedert, et al., 2012[26]: To assess the long-term efficacy of CBT and BWLT in patients with BED and to identify predictors of long-term treatment success Switzerland NR	RCT none NR 16 weeks plus 12 months (Munsch, Biedert, Meyer, et al., 2007[25]); 6-year follow-up (Munsch, Meyer, Biedert, et al., 2012[26])	80	G1: CBT G2: BWLT	Randomized G1: 44 G2: 36 Munsch, Biedert, Meyer, et al., 2007[25]: (analyzed sample varies for each outcome; N is indicated in each outcome in tx effectiveness tab) 3m follow-up G1: 30 G2: 27 6m follow-up G1: 30 G2: 24 12m follow-up G1: 28 G2: 23 Munsch, Meyer, Biedert, et al., 2012[26]: 6y follow-up: (analyzed sample varies for each outcome; N is indicated in each outcome in tx effectiveness tab) G1: 26 G2: 26	1	Basel	Outpatient, University Department of Clinical Psychology and Psychotherapy	NA

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Peterson, 1998[27] NA Compare three group CBT tx modules and a WL control. USA Other	RCT NR NR 8 weeks	N= 61	G1: therapist led G2: partial self-help G3: self-help G4: WL	Enrolled: 61 G1: 16 G2: 19 G3: 15 G4: 11 Randomized: 42 G1: 14 G2: 17 G3: 11 G4: 9	1	Minneapolis, MN	Outpatient primary care (eg general practice)	Funding: Foundation & Government

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Peterson, 2001[28] NA Evaluate the long-term outcome of three group CBT delivery modesl for the tx of BED. USA Government	RCT assessor+patient NR 8 Weeks	N = 51	G1: TL CBT G2: PSH CBT G3: SSH CBT	Randomized: 51 G1: 16 G2: 19 G3: 16 Analyzed:44 G1:12 G2:13 G3: 12	1	Minneapolis, MN	Outpatient primary care (eg general practice)	Funding - Center Grant for Eating Disorder Research from the McKnight Foundtion; the Minnesota Obesity Center; NIH P30 DK50546; the Neuropsychiatric Research Institute

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Peterson, 2009[29] NA To compare self-help, therapist-assisted, and therapist-led group CBT for overweight patients with BED and associated symptoms US Other	RCT assessor NR 72 weeks (20 weeks treatment + 12m or 52 weeks follow-up)	259	G1: Self-help group CBT G2: Therapist-assisted group CBT G3: Therapist-led group CBT G4: Waitlist	Randomized: 259 G1: 67 G2: 63 G3: 60 G4: 69 Analyzed at post-treatment (20 weeks post-baseline) (completers): 192 G1: 40 G2: 43 G3: 53 G4: 56 Analyzed at post-treatment (20 weeks post-baseline) (ITT): 259 G1: 67 G2: 63 G3: 60 G4: 69	2	Minnesota and North Dakota (cities NR)	Clinical sites, but otherwise NR	Funding: Government, Foundation/non-profit

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Peterson, 2009[29] (continued)				Analyzed at 6m follow-up (44 weeks post-baseline) (completers): 117 G1: 39 G2: 38 G3: 40 G4: NA Analyzed at 6m follow-up (48 weeks post-baseline) (ITT): 259 G1: 67 G2: 63 G3: 60 G4: 69 Analyzed at 12m follow-up (72 weeks post-baseline) (completers): 114 G1: 36 G2: 38 G3: 40 G4: NA				

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Peterson, 2009[29] (continued)				Analyzed at 12m follow-up (72 weeks post-baseline) (ITT): 259 G1: 67 G2: 63 G3: 60 G4: 69				

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Ricca, 2010[30] NA To evaluate the effectiveness of individual and group CBT and the possible predictors of BED outcome Italy NR	RCT NR January 2000 to June 2003 24 weeks of treatment + 3 years follow-up after treatment	144	G1: Individual CBT G2: Group CBT	Randomized: G1: 72 G2: 72 Analyzed: ITT analysis G1: 72 G2: 72	1	Florence	outpatient ED clinic	NA

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Riva, 2002[31] NA To evaluate the efficacy of a virtual-reality-based multidimensional approach in the treatment of body image attitudes and related constructs Italy NR	RCT NR NR Approximately 6.5 weeks. Mean length for group 1 was 6.6±0.4 weeks; mean length for group 2 was 6.4±0.5 weeks.	20	G1: Virtual reality-based multidimen-sional intervention G2: Traditional cognitive-behavioral psycho-nutritional program	G1: NR G2: NR	1	Verbania	Other	Setting was a residential weight control treatment program at a scientific institute. The methods do not specify the program was inpatient, but the abstract specifies "residential."

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Riva, 2003[32] NA To describe the 6-month follow-up outcome of ECT for BED, compared with CBT and nutritional groups Italy Government	RCT NR NR 6 week treatment + 6 months follow-up after end of treatment	36	G1: ECT G2: CBT G3: NG G4: WL (waiting list)	G1: NR G2: NR G3: NR G4: NR	1	Verbania	outpatient and inpatient, hospital	Commission of the European Communities (CEC), specifically by the IST program through the VEPSY Updated (IST-2000-25323) research project

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Safer, Robinson, and Jo, 2010[33] Safer and Joyce, 2011[34] Robinson and Safer, 2012[35] NA Safer, Robinson, and Jo, 2010[33]: RCT comparing DBT for BED to an active comparison group therapy. Safer and Joyce, 2011[34]: Examine the prognostic significance of rapid response at end-of-treatment and 1 year follow-up within DBT-BED and the active comparison group therapy	RCT NR NR 21 weeks of tx, 12 month follow-up	N= 101	G1: DBT-BED G2: ACGT	Randomized: 101 G1: 50 G2: 51 Analyzed: 101 G1: 50 G2: 51	1	Stanford, CA	Outpatient primary care (eg general practice)	Funding: NIMH, K23MH066330

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Safer, Robinson, and Jo, 2010[33] Safer and Joyce, 2011[34] Robinson and Safer, 2012[35] (continued) Robinson and Safer, 2012[35]: To investigate moderators in the RCT on the post-treatment outcome of binge frequency after 20 two-hour weekly sessions USA Government								

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Schlup, 2009[36] The efficacy of a short version of cognitive-behavioral treatment follow by booster sessions for binge-eating disorder To evaluate the efficacy of a short version of a group CBT for BD followed by booster sessions after the active tx phase Switzerland Other	RCT all December 2004 - June 2007 12m & 8 weeks	- n=132 screeneed via phone - n=60 attended diagnosistic assessment - n=36 randomized -n=35 end of weekly tx - n=32 3m follow up - n=31 12 m follow up	G1: CBT G2: Waitlist (8 wks), then CBT	Randomized: G1: 18 G2: 18 Analyzed (End of TX): G1: 17 G2: 18	1	Basel	Outpatient primary care (eg general practice)	Funded by Basel Scientific Society

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Schlup, 2010[37] NA To compare treatment outcomes of a CBT long-term and CBT short-term treatment for BED and to identify moderators of treatment outcome Switzerland NR	non-randomized trial NR G1: 2001-2003 G2: December 2004 - June 2007 12 months	76	G1: CBT-L G2: CBT -S	Randomized: 76 G1: 40 G2: 36 Analyzed: end of treatment G1: 40 G2: 36 Analyzed: 12 month follow-up G1: 40 G2: 36	Samples were drawn from 2 studies that were conducted at the University of Basel, but number of sites NR	Samples were drawn from 2 studies that were conducted at the University of Basel, but location of sites NR	NR	Additional details about study sites may be available in the articles reporting the two original trials: Munsch S, Biedert E, Meyer AH, Michael T, Schlup B, Tuch A, Margraf J. A randomized comparison of cognitive behavioral therapy and behavioral weight loss treatment for overweigh individuals with binge-eating disorder. Int J Eat Disord 2007; 40: 102-113 Schlup B, Meyer AH, Margraf J, Wilhelm F. The efficacy of a short version of a cognitive-behavioral treatment followed by booster sessions for binge-eating disorder. Behav Res Ther 2009; 47: 628-635

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39] NA Wilson, Wilfley, Agras, et al., 2010[39]: To test whether BED patients require specialty therapy beyond BWL treatment and whether interpersonal therapy is more effective than either BWL or CBTgsh in patients with a high negative affect after 2y follow-up. Sysko, Hildebrandt, Wilson, et al., 2010[38]: To explore heterogeneity and differential treatment outcome among the sample. US Government	RCT assessor nr 24 months	205	G1: BWL G2: CBT guided self help G3: Interpersonal therapy	Randomized: G1: 64 G2: 66 G3: 75 Analyzed: G1: 64 G2: 66 G3: 75	2	New Brunswick, NJ St. Louis, MO	University outpatient clinics	NIH grants R010638363, R01064153, K24070446, R01063862 Follow-up period is 2y so may be suitable as course of illness study

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41] NA Tasca, Balfour, Presniak, et al., 2012[40]: To assess whether Group psychodynamic interpersonal psychotherapy had a greater impact compared to group CBT on cold/distant and intrusive/needy interpersonal problems Tasca, Ritchie, Conrad, et al., 2006[41]: To compare GPIP against GCBT in treating BED, and to examine levels of attachment insecurity, measured at pretreatment among women with BED, were related to outcome depending on type of treatment.	RCT Assessor NR Tasca, Balfour, Presniak, et al., 2012[40]: Approximately 10 months (16 weeks of intervention + 6 months post-intervention follow-up) Tasca, Ritchie, Conrad, et al., 2006[41]: Approximately 16 months (intervention + 12m follow-up)	Tasca, Balfour, Presniak, et al., 2012[40]: 95 Tasca, Ritchie, Conrad, et al., 2006[41]: 135	G1: Group psychodynamic interper-sonal psycho-therapy G2: Group cognitive beha-vioral therapy G3 (presented in Tasca, Ritchie, Conrad, et al., 2006[41] but not Tasca, Balfour, Presniak, et al., 2012[40]): Control	Randomized: G1: 48 G2: 47 G3: 40+L6 Tasca, Balfour, Presniak, et al., 2012[40] Analyzed post-treatment: G1: 40 G2: 39 Tasca, Balfour, Presniak, et al., 2012[40] analyzed 6m: G1: 34 G2: 32 Tasca, Ritchie, Conrad, et al., 2006[41] analyzed post-treatment G1: 37 G2: 37 G3: 33 Tasca, Ritchie, Conrad, et al., 2006[41] analyzed 6m G1: 35 G2: 32 G3: 0	1	NR but researchers are located in Ottowa, Ontario	outpatient: eating disorders center in an urban teaching hospital	Ontario Mental Health Foundation G3 data were only presented in Tasca, Ritchie, Conrad, et al., 2006[41]

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name	Study Design If Trial, Report Blinding Enrollment Period	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments

Year Trial/Study Name Research Objective Country Funding Source	Study Duration, In Weeks Or Months	
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41] (continued) Canada Foundation/non-profit		Tasca, Ritchie, Conrad, et al., 2006[41] analyzed 12m G1: NR G2: NR G3: 0

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Telch, 2001[42] Dialectical Behavior Therapy for Binge-eating disorder Assess the efficacy of DBT tx compared to a waitlist control in women with BED USA Government	RCT NR NR NR	- n= 465 screened by telephone - n= 88 scheduled for clinical screening; n= 77 attended -n= 44 enrolled and randomized - G1: 18 completed through 6-mth FU; G2: 14 accepted waitlist tx, and 10 completed.	G1: DBT G2: Waitlist	Randomized: G1: 22 G2: 22 Analyzed 6m FU: G1: 18 G2:	1	Palo Alto, CA	Outpatient primary care (eg general practice)	NIH Funding

Evidence Table 19. Binge-eating disorder behavioral treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44] NA Wilfley, Welch, Stein, et al., 2002[43]: To compare the effects of group CBT and group IPT across BED-related symptoms among overweight individuals with BED Hilbert, Bishop, Stein, et al., 2012[44] To examine the long-term efficacy of outpatient group CBT and group IPT for BED and to analyze predictors of long-term response US Government	RCT NR NR Wilfley, Welch, Stein, et al., 2002[43]: 17 months (20-week intervention period, 12-month follow-up period) Hilbert, Bishop, Stein, et al., 2012[44] Mean 46.0 months after trial cessation (trial was 20 weeks)	Wilfley, Welch, Stein, et al., 2002[43]: 162 Hilbert, Bishop, Stein, et al., 2012[44] 90	G1: CBT G2: IPT	Wilfley Randomized: G1: 81 G2: 81 Analyzed: Posttreatment G1: 78 G2: 80 4-month G1: 75 G2: 76 8-month G1: 71 G2: 75 12-month G1: 67 G2: 71 Hilbert Randomized: 90 G1: 45 G2: 45 Analyzedin ITT analysis: G1: 45 G2: 45 Analyzed in completers analysis: G1: 25 G2: 33	Wilfley, Welch, Stein, et al., 2002[43]: 2 Hilbert, Bishop, Stein, et al., 2012[44] 1	Wilfley, Welch, Stein, et al., 2002[43]: New Haven, CT San Diego, CA Hilbert, Bishop, Stein, et al., 2012[44] New Haven, CT	Outpatient, ED clinic	NIH grants R29MH51384, R29MH138403

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Agras, 1995[4]	"Meeting the proposed criteria for BED", citing Walsh BT. (1992). Diagnostic criteria for eating disorders in DMS-IV: Work in progress. International Journal of Eating Disorders, 12, 301-303. Current involvement in weight loss program Taking antidepressant medication or any medication that might influence weight Abuse of drugs or alcohol Current major psychiatric condition such as a psychosis History of purging within the previous 6 months BMI<27	Adults with BED and BMI ≥27 Overall mean: 47.6 (SD 10.1), range 24-65 G1: NR G2: NR	Overall: 86% G1: NR G2: NR Overall: NR G1: NR G2: NR Overall Mean weight: 107.3kg (SD 25.4) G1: NR G2: NR Overall Mean BMI: 37.1 (SD 7.3) G1: NR G2: NR	NA	Overall: NR G1: NR G2: NR	Overall Onset of overweight: mean age 18.9 years (SD 12.8) G1: NR G2: NR Overall Onset of binge eating: mean age 21.1 years (SD 12.0) G1: NR G2: NR Overall binge eating scale: NR G1: 33.3 (SD 5.9) G2: 27.2 (SD 6.3) Groups were significantly different in BES score at baseline; article reports p>0.01 but may mean p<0.01 None	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Allen, 1999[6]	DSM-IV Past or current anorexia Significantly underweight (below 90% of ideal body weight) Purging Currently in treatment for their eating difficulties Current bulimia nervosa Over 160% of ideal body weight	Female college students ages 18-28 with BED Overall: 21 (SD 1.2), range 18-28 G1: NR G2: NR	100% NR Percent ideal body weight G1: 122.82 (SD 22.86) G2: 116.50 (SD 21.98)	Female college students	NR	NR None	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Carrard, 2011[7]	Meeting full or subthreshold diagnostic criteria for BED according to DSM-IV. The criterion for subthreshold inclusion was ≥1 objective binge episode a week for the last 3 months Recent suicide attempt, past obesity surgery. Participants on antidepressant medication (n=14) were required to have been stable on medication for ≥3 months	Adult women aged 21-60 with full or subthreshold BED Overall: 36 (range 21-60) G1: 34.4 (SD 11.0) G2: 37.8 (SD 11.8) p = value NR, but no significant differences were found between groups	Overall: 100 G1: 100 G2: 100 p = NA Overall: NR G1: NR G2: NR p = NR Measure/scale: BMI Overall: 28.8 (SD 5.7, range 19.5-42.5) G1: 29.8 (SD 5.9) G2: 27.7 (5.5) p = value NR, but no significant differences were found between groups	Women 18-60 years old fluent in French average Internet skills (not described how this was assessed)	Measure/scale: Beck Depression Inventory-II Overall: G1: 15.3 (SD 9.7) G2: 16.8 (10.2) p = value NR, but no significant differences were found between groups	Full BED G1: 20 (54.1) G2: 23 (62.2) p = NR Subthreshold BED G1: 17 (45.9) G2: 14 (37.8) p = NR Educational level: Compulsory school G1: 2 (5.4) G2: 1 (2.7) p = NR Educational level: Professional school G1: 17 (45.9) G2: 18 (48.6) p = NR Educational level: University G1: 18 (48.6) G2: 18 (48.6) p = NR Marital status: Single G1: 14 (37.8) G2: 14 (37.8) p = NR Marital status: Married--living together G1: 20 (54.0) G2: 20 (54.0) p = NR	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Carrard, 2011[7] (continued)						Marital status: DIvorced/separated G1: 2 (5.4) G2: 3 (8.1) p = NR Marital status: Widowed G1: 1 (2.7) G2: 0 (0) p = NR Professional status: Employed (full or part-time) G1: 25 (67.5) G2: 31 (83.8) p = NR Professional status: Student G1: 3 (8.1) G2: 2 (5.4) p = NR Professional status: Unemployed G1: 3 (8.1) G2: 0 (0) p = NR Professional status: At home G1: 2 (5.4) G2: 2 (5.4) p = NR	

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Carrard, 2011[7] (continued)						Professional status: Other G1: 4 (10.8) G2: 2 (5.4) p = NR ED Treatment history: Past G1: 7 (18.9) G2: 3 (8.1) p = NR ED Treatment history: None G1: 30 (81.1) G2: 34 (91.9) p = NR Other psychological condition: Yes G1: 22 (59.5) G2: 19 (51.4) p = NR None	

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Carter, 1998[8]	Participants were required to meet an operational definition of binge eating disorder using ratings on the EDE. This definition was based on DSM-IV, operatlonalized in the following way: participants had to report at least weekly objective bulimic episodes (as defined by the EDE) over the previous 3 months, but over this period they must not have vomited, fasted, or taken laxatives or diuretics as a means of controlling their shape or weight, nor must they have met DSM-IV diagnostic criteria for bulimia nervosa or anorexia nervosa. Age below 18 or above 65 years Pregnancy Medical disorder or treatment known to influence eating habits or weight Current psychiatric treatment Previous treatment for a binge eating problem (but those who had received help from commercial weight loss agencies were eligible to take part)	Women 18-65 with BED Overall: 39.7 (range 21-59)	100% Overall: 3% BMI Overall: 31.6 (SD 6.6, range 18.9-46.2) Weight Overall: 85.8 kg (SD 19.7, range 52-138) Obesity (BMI>30) Overall: 43 (60%)	None	NR	Average binges over the past 4 weeks Overall: 18.0 (SD 12.1, range 4-56) Average age of onset of binge eating Overall: 23.6 years (SD 11.1, range 5-57 years) History of extreme vomiting as compensatory behavior Overall: 8 (11%) History of laxative misuse as compensatory behavior Overall: 14 (19%) Married or cohabiting Overall: 63% Divorced Overall: 12% Widowed Overall: 3% Single Overall: 22% Employed Overall: 67% none	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Cassin, 2008[9]	Tool: SCID-I (during phone interview) Criteria: DSM-IV-TR Engaging in compensatory behaviors characteristic of bulumia nervosa more than once a month	Women with a current diagnosis of BED 42.5 (SD=12.7)	G1 = 100% G2 = 100% p= N/A 11.1%; Group difference NR BMI = 33.2 kg/m^2 (SD = 7.8)	Female	BDI-II G1 = 25.2 (13.9) G2 = 20.6 (9.8) p = NR, state NS	RSE G1 = 26.3 (6.1) G2 = 24.1 (4.6) (p = 0.04) ESWLS 1. General life - G1: 16.5 (7.8), G2: 17.1 (8.0) 2. Social life - G1: 14.1 (8.0), G2: 15.8 (8.5) 3. Sex life - G1: 12.0 (8.0), G2: 13.5 (8.7) 4. Self - G1: 14.1 (6.5), G2: 16.0 (6.9) 5. Physical appearance - G1: 7.1 (3.9), G2: 8.7 (4.9) 6. Family - G1: 19.5 (8.8), G2: 18.4 (10.1) 7. Relationships - G1: 17.5 (10.1), G2: 19.2 (9.3) No p's reported, state differences are NS for all subscales none	BMI was calculated based on self reported height and weight

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
STRATOB Study, 2011[10]	DSM-IV-TR criteria for BED Other severe psychiatric disturbance diagnosed by DSM-IV-TR crtieria Concurrent medical condition not related to obesity	Obese women inpatients with BED Overall: 46.05 (SD 10.54) G1: 46.2 (SD 10.5) G2: 45.9 (SD 10.76) p=NR, NS	Overall: 100% G1: 100% G2: 100% p=NR, NS Overall: NR G1: NR G2: NR Overall: 106.95 (SD 6.95) G1: 107.37 (SD 6.83) G2: 106.53 (SD 7.14) p=NR, NS	Inpatient at study site hospital Female 18-65 years old BMI of at least 30	Overall: NR G1: NR G2: NR	n/a None	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Cesa, 2013[11]	DSM-IV-TR criteria for BED for at least 6 months prior to the beginning of the study Concurrent severe psychiatric disturbance (psychosis, depression with suicidal risk, alcohol or drug abuse) Concurrent involvement in other treatment for BED, including pharmacotherapy Concurrent medical condition not related to the disorder	Obese women age 18-50 years with BED Overall: 31.79 ±7.9 G1: 32.9 ±8.8 G2: 29.9 ±7.95 G3: 32.2 ±6.36 p=0.324	Overall: 100% G1: 100% G2: 100% G3: 100% Overall: NR G1: NR G2: NR G3: NR Weight (kg) Overall: 106.6 ±17.7 G1: 103 ±18.2 G2: 106.6 ±8.9 G3: 111.6 ±22.9 p=0.223 BMI Overall: 40.5 ±5.2 G1: 39.2 ±5.3 G2: 41.1 ±3.3 G3: 41.8 ±6.3 p=0.189	Women Aged 18-50 years Seeking treatment at the study site Article describes the sample as "obese" multiple times although does not explicitly list obesity/BMI as inclusion criteria	Overall: NR G1: NR G2: NR G3: NR	Education: University Overall: NR G1: 4 (14.8%) G2: 1 (5%) G3: 2 (10.5%) Education: High school Overall: NR G1: 14 (51.9%) G2: 12 (60%) G3: 14 (73.7%) Education: Lower education Overall: G1: 9 (33.3%) G2: 7 (35%) G3: 3 (15.8%) Education: p=0.481 Marital status: Married Overall: NR G1: 44.4% G2: 25% G3: 68.4% p=0.026 None	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Compare, 2013[12]	DSM-IV criteria for BED concurrent treatment for eating and/or weight disorders or psychiatric illness medical conditions that might have influenced weight or eating severe current psychiatric conditions requiring different treatments (psychosis, bipolar disorder) pregnancy or lactation	Obese adults age 35-60 years with BED G1: NR G2: NR G3: NR p=NR, NS	Overall: NR G1: 41.3% G2: 65.5% G3: NR p=0.004 for difference between G1 and G2 G1: NR G2: NR G3: NR p=NR BMI Overall: NR G1: 32.3 (SD 1.3) G2: NR G3: 33.6 (SD 2.6) p=significantly higher BMI in G3 than G1, p NR	age 35-60 years BMI of at least 30	G1: NR G2: NR G3: NR p=NR	G1: NR G2: NR G3: NR p=NR None	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
De Zwaan, 2005[13]	DSM-IV criteria for BED (1) Current use of any psychotropic medication; (2) Medical condition that would preclude safe participation; (3) Current evidence of psychosis, suicidality, or chemical abuse; (4) Current psychiatric or obesity treatment	Adult women 22-55 years with BED and ≥50 lbs. above "ideal" body weight (i.e., midpoint of recommended weight range, medium frame; Metropolitan Life Insurance Company, 1993) Mean (SD) (range) Overall: 39.3 (NR) (22-55) G1: 40.9 (7.7) G2: 37.7 (6.5)	Overall: 100 G1: 100 G2: 100 p = NA Overall: 2.8 G1: 2.8 G2: 2.9 p = NS Mean weight (SD) (lbs.) Overall: NR G1: 217.3 (24.8) G2: 214.9 (27.9) p = NS Mean BMI (SD) (range) (kg/m^2) Overall: 36.1 (NR) (29.2-46.7) G1: 36.6 (3.2) G2: 35.7 (4.2) p = NS	(1) Women aged 18-55 years; (2) ≥50 lbs. above "ideal" body weight (i.e., midpoint of recommended weight range, medium frame; Metropolitan Life Insurance Company, 1993)	NR	Education (% with college degree) Overall: 62 G1: 61.1 G2: 62.9 p = NS Marital status (% married) Overall: NR G1: 61.1 G2: 62.8 p = NS Primary role (% housekeepers) Overall: NR G1: 5.0 G2: 28.6 p = NS No	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Dingemans, 2007[14]	DSM-IV criteria for BED Current history of self-induced vomiting Misuse of laxatives, diuretics, enemas, diet pills or other weight-controlling medications, fasting, or excessive exercise within the last 24 weeks Concurrent psychological or weight loss treatment Comorbid diagnosis of psychotic disorder, self-damaging behviors or mental deficiency Pregnancy	Adults with BED Overall: G1: 38.8 (SD 10.4) G2: 36.4 (SD 11.3) p=0.43	Overall: N=3 G1: NR G2: NR p=NR Overall: NR G1: NR G2: NR p=NR Overall: NR G1: NR G2: NR p=NR	None	Per SCID: Any axis 1 disorder, current Overall: NR G1: 7 (23%) G2: 9 (40%) p=0.18 Any axis 1 disorder, lifetime Overall: NR G1: 21 (70%) G2: 16 (72%) p=0.83 Mood disorders, current Overall: NR G1: 5 (17%) G2: 3 (14%) p=0.54 Anxiety disorders, current	Some previous treatment eating disorders (including psychoeducation, dietician, self-help groups), N (%) Overall: NR G1: 11 (37%) G2: 7 (32%) p=0.78 Never married, N Overall: NR G1: 8 G2: 9 p=0.37 Married/living together, N Overall: NR G1: 16 G2: 12 p=0.37 Divorced, N Overall: NR G1: 5 G2: 1 p=0.37 Widow, N Overall: NR G1: 1 G2: 0 p=0.37	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Dingemans, 2007[14] (continued)						Full-time job/education, N Overall: NR G1: 13 G2: 9 p=0.63 Part-time job, N Overall: NR G1: 7 G2: 5 p=0.63 Unemployed/ homemaker, N Overall: NR G1: 2 G2: 5 p=0.63 Sick leave/disabled, N Overall: NR G1: 6 G2: 3 p=0.63 High education, N Overall: NR G1: 9 G2: 11 p=0.45	

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Dingemans, 2007[14] (continued)						Intermediate education, N Overall: NR G1: 9 G2: 4 p=0.45 Low education, N Overall: NR G1: 12 G2: 8 p=0.45 None	

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Eldredge, 1997[5]	"Met the proposed diagnostic criteria for BED", citing Walsh BT. (1992). Diagnostic criteria for eating disorders in DMS-IV: Work in progress. International Journal of Eating Disorders, 12, 301-303. Additional treatment which might interfere with that provided in the current study (i.e., concurrent involvement in a weight loss program, antidepressant medication, or any other medication which might influence weight) Current drug or alcohol abuse History of purging within the prior 6 months CUrrent major medical or psychiatric condition which might interfere with the treatment (i.e., pregnancy, psychosis, severe suicidality)	Adults with BED and BMI ≥27 Overall mean: 45.2 (SD 9.8), range NR G1: NR G2: NR p=NS	Overall: 96% G1: NR G2: NR p=NS Overall: NR G1: NR G2: NR Overall Mean weight: 106.8kg (SD 28.2) G1: NR G2: NR p=NS Overall Mean BMI: 38.4 (SD 9.5) G1: 37.05 G2: 43.35 F=3.64, p=0.06	BMI ≥27	Overall: NR G1: NR G2: NR	Overall Onset of overweight: mean age 15.8 years (SD 11.7) G1: NR G2: NR p=NS Overall Onset of binge eating: mean age 22.0 years (SD 13.7) G1: NR G2: NR p=NS Mean binge days over 2wk baseline assessment period: 6.9 (SD 3.0) G1: NR G2: NR p=NS	

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Grilo, 2013[16]	DSM-IV or DSM-V criteria for BED - DSM-IV ("threshold"): required patients to exhibit BED symptoms for >6 months and have binge eating episodes >twice weekly - DSM-V ("subthreshold"): required patients to exhibit BED symptoms for >3 months and have binge eating episodes >once weekly (1) BMI ≥50 kg/m^2; (2) Age 65 years or older; (3) Current weight loss treatment or current use of medications known to influence eating/weight; (4) Current antidepressant therapy (5) Select severe psychiatric problems (schizophrenia, bipolar disorder, and current substance use disorder); (6) Severe medical problems (e.g., cardiac disease); (7) Uncontrolled liver disease; (8) Hypertension; (9) Thyroid disease; (10) Diabetes	Obese adults 18-65 years with BED and BMI ≥30 kg/m^2 Mean (SD) Overall: 45.8 (11.0) G1: 45.0 (11.8) G2: 46.5 (10.2) p = 0.64	Overall: 79.2 G1: 87.5 G2: 70.8 p = 0.16 African-American Overall: 35.4 G1: 25.0 G2: 45.8 p = NR Hispanic-American Overall: 6.3 G1: 8.4 G2: 4.2 p = NR Other (i.e., bi- or multi-racial) Overall: 12.5 G1: 20.8 G2: 4.2 p = NR Overall p = 0.22 Mean BMI (SD) (kg/m^2) Overall: 37.6 (4.8) G1: 38.0 (5.4) G2: 37.2 (4.2) p = NS	BMI ≥30 kg/m^2	BDI: mean (SD) Overall: NR G1: 38.0 (5.4) G2: 37.2 (4.2) p = NS DSM-IV comorbidities (%): Mood disorders Overall: 50 G1: 41.7 G2: 58.3 p = 0.25 Anxiety disorders Overall: 50 G1: 54.2 G2: 45.8 p = 0.56 Substance use disorders Overall: 20.8 G1: 16.7 G2:	Education (% with college degree) Overall: 48.9 G1: 54.2 G2: 43.5 p = 0.46 Age onset BED, mean (SD) Overall: 24.7 (13.8) G1: 25.8 (13.9) G2: 23.5 (13.9) p = 0.58 No	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Grilo, 2014[17]	DSM-V criteria for BED for 6 months Current use of antidepressant medication Current use of medication known to influence eating/weight Few select severe psychiatric problems (schizophrenia, bipolar disorder, current substance use disorder) Severe medical problems (cardiac disease, liver disease) Uncontrolled hypertension, thyroid disease, or diabetes	Obese adults aged 18-65 with BED Overall: NR for G1 and G2 only G1: 45.7 (SD 12.4) G2: 43.2 (SD 12.4) No significant differences were found between the 4 study groups in age (direct comparisons between G1 and G2 not reported)	Overall: NR for G1 and G2 only G1: 20 (80%) G2: 18 (66.7%) No significant differences were found between the 4 study groups in gender (direct comparisons between G1 and G2 not reported) Overall: NR for G1 and G2 only G1: 13 (52.0%) G2: 15 (55.6%) No significant differences were found between the 4 study groups in race/ethnicity (direct comparisons between G1 and G2 not reported)	BMI of at least 30 and <50 Age 18-65 years	Mood disorder (DSM-IV) Overall: NR G1: 11 (44.0%) G2: 14 (51.9%) Anxiety disorder (DSM-IV) Overall: NR G1: 9 (36.0%) G2: 11 (40.7%) Substance use disorder (DSM-IV) Overall: NR G1: 5 (20.0%) G2: 7 (25.9%) No significant differences were found between th	College degree Overall: NR G1: 14 (56.0%) G2: 5 (18.5%) p=NR No college degree Overall: NR G1: 11 (44.0%) G2: 22 (81.5%) p=NR Age onset BED Overall: NR G1: 25.7 (SD 15.1) G2: 25.5 (SD 11.1) p=NR None	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Grilo, 2014[17] (continued)			BMI Overall: NR for G1 and G2 only G1: 36.5 (SD 5.3) G2: 39.3 (SD 5.5) Weight Overall: NR for G1 and G2 only G1: 229.6 (SD 41.9) G2: 244.5 (SD 41.4) No significant differences were found between the 4 study groups in any outcome variables (direct comparisons between G1 and G2 not reported)				

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19]	DSM-IV criteria for BED Concurrent treatment for eating/weight problems Medical conditions (e.g., diabetes or thyroid problems) that influence eating/weight Severe current neurological or psychiatric conditions requiring alternative treatments (psychosis, bipolar disorder) Pregnancy	Obese adults age 18-60 with BED Overall: 44.8 (SD 9.4) G1: 45.2 (SD 8.5) G2: 44.6 (SD 10.5) G3: 44.5 (SD 9.2) t=0.08 p=0.93	Overall: 67% G1: 64.4% G2: 62.2% G3: 80.0% t=3.61 p=0.16 Overall: 23% G1: 24.4% G2: 20.0% G3: 25.7% t=0.42 p=0.81 BMI Overall: 38.8 (SD 5.8) G1: NR G2: NR G3: NR t=NR p=NR	Age 18-60 BMI 30-55	DSM-IV comorbidity lifetime Major depressive disorder G1: 42.2% G2: 46.7% G3: 40.0% t=0.38 p=0.83	College G1: 60.0% G2: 44.4% G3: 40.0% Some college G1: 28.9% G2: 37.8% G3: 31.4% High school G1: 11.1% G2: 15.6% G3: 28.6% Some high school G1: 0% G2: 2.2% G3: 0% Education t=3.69 Education p=0.16 Age onset BED G1: 25.5 (SD 13.0) G2: 26.6 (SD 12.0) G3: 27.5 (SD 11.8) F=0.28 p=0.76	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19] (continued)						DSM-IV comorbid lifetime any Axis 1 psychiatric disorder G1: 62.2% G2: 80.0% G3: 65.7% t=3.71 p=0.16 DSM-IV comorbid lifetime anxiety disorder G1: 37.8% G2: 48.9% G3: 25.7% t=4.48 p=0.11 DSM-IV comorbid lifetime alcohol use disorder G1: 11.1% G2: 24.4% G3: 20.0% t=2.75 p=0.25	

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19] (continued)						DSM-IV comorbid lifetime drug use disorder G1: 20.0% G2: 15.6% G3: 20.0% t=0.38 p=0.83 DSM-IV comorbid lifetime any axis 2 personality disorder G1: 24.4% G2: 28.9% G3: 28.6% t=0.27 p=0.87 Rapid responders vs. those without rapid response	

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Grilo and Masheb, 2005,[20] Masheb and Grilo, 2007[21]	DSM-IV Concurrent treatment for eating, weight, or psychiatric illness medical conditions (diabetes, thyroid problems) that influence weight severe current psychiatric conditions requiring different treatments (psychosis, bipolar disorder, current substance use and dependence) pregnancy	Adults aged 20-60 years with BED Overall: 46.3 (range 20-60) G1: 46.0 (SD 9.2) G2: 46.0 (SD 9.2) G3: 48.0 (SD 8.2) p = 0.74	Overall: 79 G1: 86.5% G2: 76.3% G3: 67.7% p = 0.25 Overall: 23 G1: 13.5 G2: 39.5 G3: 6.7 p = 0.23 Measure/ scale: BMI Overall: 35.5 (SD 6.7) G1: 33.4 (SD 5.7) G2: 36.0 (SD 6.6) G3: 36.2 (SD 6.6) p = 0.21	age 18-60 years BMI ≥27	Measure/scale: Beck Depression Inventory, mean (SD) Overall: NR G1: 15.6 (SD 9.2) G2: 17.8 (SD 9.7) G3: 14.5 (SD 7.5) p = 0.41 Any Axis 1 psychiatric disorder, N (%) Overall: NR G1: 24 (64.9) G2: 28 (73.7) G3: 10 (66.7) p=0.70 Major depressive disorder,	Education: College N(%) Overall: NR G1: 16 (43.3) G2: 19 (50.0) G3: 10 (66.7) p (for all education categories)=0.76 Education: Some college N(%) Overall: NR G1: 14 (37.8) G2: 15 (39.5) G3: 4 (26.6) p (for all education categories)=0.76 Education: High school N(%) Overall: NR G1: 7 (18.9) G2: 4 (10.5) G3: 1 (6.7) p (for all education categories)=0.76 Age onset BED, mean (SD) G1: 28.9 (13.5) G2: 27.5 (12.9) G3: 27.1 (14.4) p=0.87	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Grilo and Masheb, 2005,[20] Masheb and Grilo, 2007[21] (continued)						Rapid responders vs. those without rapid response	

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Hilbert, 2004[22]	Bige eaters as defined by DSM-IV criteria for BED + allowed in study even if frequency criterion not met. - pregnancy - presence of psychotic symp - substance dependence - suicidality - use of psychoative medication or medication affecting body wt	- full syndrome and subthreshold BE (subthreshold = DSM-5 consistent) - adults - women Overall range:NR G1: 42.1(12.1) G2: 38.6 (8.5) F: 0.75 p: 0.393	Overall: 100% NR BMI Overall: NR G1: 34.0(10.2) G2: 36.4 (10.4) F:NR p: NR	- Frequency criterion for BED: minimum of 1 day per week over the last 6 months with at least 1 OBE (within DSM-5 guidelines) - females	BDI Overall: NR G1: 19.0(8.6) G2: 16.0(7.7) F: NR p: NR	Full syndrome BED Overall: NR G1: 10 (71.4%) G2: 10(71.4%) Subthreshold BED G1: 4 (28.6%) G2: 4 (28.6%) X^2: 0.00 p: 0.999 Age of years of first binge (X(SD)) G1: 21.7 (14.7) G2: 18.7 (10.4) F:0.38 p: 0.544 Durattion in yrs of BED, X(SD) G1: 13.5(10.7) G2: 17.7(13.2) F: 0.64 p: 0.433 Highest Edu. level Secondary school degree G1: 7 (50%) G2: 6 (42.9%)	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Hilbert, 2004[22] (continued)						HIgh school degree G1: 5 (35.7%) G2: 7 (50%) University degree G1: 2 (14.3%) G2: 1 (7.1%) X^2: 0.74 p: 0.689 NA	

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Le Grange, 2002[23]	DSM-IV criteria for BED (1) Purging (i.e. self-induced vomiting, laxative and/or diuretic use as a means of weight control) more than once per month on average during more than once per month on average during preceding 6 months; (2) Receiving concurrent treatment for weight loss; (3) Currently taking appetite suppressants; (4) Suffering from any medical condition that may impact weight (e.g., pregnancy, diabetes, thyroid conditions)	Adult women 25-63 years with BED and BMI ≥27 kg/m^2 Mean (SD) (range) Overall: 44.2 (8.5) (25-63) G1: NR G2: NR	Overall: 100 G1: 100 G2: 100 p = NA Overall: 7 G1: NR G2: NR Mean BMI (SD) (kg/m^2) Overall: NR G1: 35.5 (7.7) G2: 37.8 (8.2) p = <0.37	BMI ≥27 kg/m^2	BDI: mean (SD) Overall: NR G1: 20.1 (15.7) G2: 20.4 (11.5) p = NS	Patients in treatment for depression (%) Overall: NR G1: NR G2: NR p = 0.34 Married (%) Overall: 49 G1: NR G2: NR p = NS Graduated from college (%) Overall: 66 G1: NR G2: NR p = NS Graduate education (%) Overall: 22 G1: NR G2: NR p = NS No	Pretreat-ment BMI for overall sample reported on PDF pg. 4/13 is incorrect. The mean is higher than either group's average BMI.

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Masheb, 2011[24]	DSM-IV-TR criteria for BED (1) had co-existing psychiatric conditions requiring alternative treatments or hospitalization; (2) met criteria for current substance dependence; (3) were currently receiving psychiatric, psychological, behavioral, or pharmacologic treatment known to affect eating or weight; (4) had any physical conditions, such as diabetes, known to affect eating or weight; (5) had serious cardiac disease; (6) had serious neurologic illness; (7) had cognitive impairments that would interfere with being able to complete assessments and understand treatments; or (8) were pregnant, lactating or planning to become pregnant during the treatment period	Obese adults age 21-60 with BED Overall: 45.8 (SD 7.6, range 29-60) G1: 47.9 (SD 7.9) G2: 43.7 (SD 6.7) p=0.048	Overall: 76% G1: 80% G2: 72% p=0.508 Overall: 20% G1: 28% G2: 12% p=0.301 Overall BMI: 39.1 (SD 6.6) G1: 39.2 (SD 6.9) G2: 39.0 (SD 6.5) p=0.930	age 21-60 BMI ≥30 available for the length of the treatment and follow-up at 12m	DSM-IV lifetime any axis 1 disorder Overall: 86% G1: 84% G2: 88% p=0.684 DSM-IV lifetime any mood disorder Overall: 72% G1: 76% G2: 68% p=0.529 DSM-IV lifetime any anxiety disorder Overall: 58% G1: 56% G2: 60% p=0.774 DSM-IV lifetime any substance use	Some high school Overall: 2% G1: 4% G2: 0% p=0.358 High school graduate Overall: 14% G1: 20% G2: 8% p=0.358 Some college Overall: 26% G1: 28% G2: 24% p=0.358 College graduate Overall: 58% G1: 48% G2: 68% p=0.358 Age onset BED Overall: 24.3 (SD 11.8) G1: 25.4 (SD 12.2) G2: 23.1 (SD 11.6) p=0.490 None	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Munsch, Biedert, Meyer, et al., 2007[25] Munsch, Meyer, Biedert, et al., 2012[26]	DSM-IV-TR criteria for BED "all patients were free of unstable medical conditions" (not clear whether this was exclusion criteria) DSM-IV-TR criteria for mental disorders warranting immediate tx such as suicidal tendency, psychosis, mania, organic dementia, substance use disorder pregnancy participation in diet program or other psychotherapy treatment with weight loss medication (current or in past 3m) previous surgical treatment of obesity	overweight-to-obese adults age 18-70 with BED G1: 44.4 (SD 11.5) G2: 47.8 (SD 11.8)	G1: 40 (90.9%) G2: 31 (86.1%) G1: NR G2: NR BMI G1 (n=42): 33.7 (SD 4.3) G2 (n=33): 34.4 9SD 3.7)	age 18-70 BMI 27-40	Munsch, Biedert, Meyer, et al., 2007[25]: Current comorbidity axis 1 G1: 18 (40.9%) G2: 15 (41.7%) Current Depression G1: 4 (9.1%) G2: 4 (11.1%) Current Anxiety disorders G1: 13 (29.5%) G2: 11 (30.6%) Lifetime comorbidity axis 1 G1: 22 (50%) G2: 15 (	Munsch, Biedert, Meyer, et al., 2007[25]: NR Munsch, Meyer, Biedert, et al., 2012[26]: Self-reported onset of obesity, years G1: 19.9 (SD 12.7) G2: 24.7 (SD 12.8) Self-reported onset of BED, years G1: 24.0 (SD 13.2) G2: 22.9 (SD 14.7) International Socio-Economic Index of Occupational Status (ISEI) (Ganzeboom, de Graaf & Treiman, 1992) G1: 48.4 (SD 9.6) G2: 50.6 (SD 10.8)	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Munsch, Biedert, Meyer, et al., 2007[25] Munsch, Meyer, Biedert, et al., 2012[26] (continued)						Occurence of self-reported binge first, % G1: 28.6% G2: 25.0% Occurence of self-reported diet first, % G1: 69.0% G2: 55.6% None	

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Peterson, 1998[27]	- DSM-IV criteria for BED - current psychoactive medication or psychotherapy - met criteria for substance abuse or substance dependence within the past 6 months - medically unstable or at risk of self-injury at the time of enrollment - any compensatory behaviors within the past 6 months	- females - Adults - BED Overall: 42.4 (10.2)	Overall: 100% Overall: 3.5% Overall BMI: 34.7 (7.5)	NR	NR	Overall Married: 46.4% Overall Divorced: 30.4% Overall never married: 19.6% NA	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Peterson, 2001[28]	DSM-IV research criteria for BED - current psychoactive medication - current psychotherapy - substance abuse or dependence w/in 6 months prior to enrollment - medical instability - acute risk for self-injury - any compensatory behavior within 6 months prior to the study	- Adults - females - BED Overall: 42.9 (10.1) Overall range: 25-64	Overall: 100% Overall: 4% BMI Overall: 34.1 (7.04) Overall range: 21.3 - 34.1	- females - 25-64 yo	NR	Education Grad degree: 21.6% Some grad edu: 17% Grad college: 13.7% Some college: 39.2% HS or less: 7.9% Married: 47.1% Divorced: 33.3% Never married: 15.7% other: 3.9% NA	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Peterson, 2009[29]	DSM-IV criteria for BED (1) Pregnancy or lactation; (2) Lifetime diagnosis of bipolar or psychotic disorder; (3) Current diagnosis of substance abuse or substance dependence; (4) Medical or psychiatric instability including acute suicide risk; (5) Current psychotherapy; (6) Current participation in formal weight loss program	Adults 19-65 years with BED and BMI ≥25 kg/m^2 Overall: 47.1 (19-65) (SD 10.4) G1: 47.1 (SD 10.4) G2: 48.1 (SD 9.1) G3: 48.1 (SD 9.1) G4: 47.6 (SD 10.6) p = NS NOTE: Minnesota site's total sample significantly older than total sample treated at North Dakota site (52.1 [SD 8.3] vs. 45.6 [SD 10.6], res	Overall: 87.6 G1: 89.6 G2: 81.0 G3: 100 G4: 81.2 p = 0.003 (G3 > G2, G4) Overall: 3.9 G1: 0 G2: 4.8 G3: 8.3 G4: 2.9 p = NS BMI (kg/m^2): mean (SD) Overall: 39.0 (7.8) G1: 38.2 (7.2) G2: 40.7 (8.8) G3: 39.2 (8.3) G4: 38.1 (6.9) p = NS	BMI ≥25 kg/m^2	IDS-SR: mean (SD) Overall: 24.7 (11.3) G1: 26.7 (11.2) G2: 20.4 (10.0) G3: 25.2 (10.9) G4: 26.4 (12.2) p = NS	Use of stable dose of antidepressant medication for ≥6 weeks prior to study (%) Overall: 78.8 G1: 82.1 G2: 79.4 G3: 91.7 G4: 76.8 p = NS No	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Ricca, 2010[30]	DSM-IV criteria for BED OR subthreshold BED. BED: minimum average frequency of binge eating twice a week for a minimum duration of 6 consecutive months; subthreshold BED: binges occurred at a minimum average frequency of once a week for a minimum duration of 6 consecutive months Recurrent severe compensatory behaviors (fasting, purging, excessive exercise for weight control). Individuals were excluded if they reported a lifetime history of such behaviors at a frequency exceeding five times in any consecutive 6m period Current comorbid severe mental disorders, such as schizophrenia, bipolar disorder, severe major depression, suicide ideation, psychoactive substance dependence (per SCID)	Adults 18-60 years old with BED or subthreshold BED Overall: G1: 46.5 (SD 12.4) G2: 47.4 (SD 11.9) p=NR, NS	Overall: G1: 86.1% G2: 90.3% p=NR, NS Overall: NR G1: NR G2: NR p=NR Overall: NR G1: NR G2: NR p=NR	Age 18-60 years To accept not to participate in a CBT program other than the experimental one	Any psychiatric comorbidity Overall: NR G1: 37 (51.4%) G2: 41 (56.9%) p=NR, NS Adjustment disorder with depressed mood Overall: NR G1: 27 (37.5%) G2: 20 (27.8%) p=NR, NS Obsessive-compulsive disorder Overall: NR G1: 2 (2.8%) G2: 3 (4.2%) p=NR, NS Panic	Subthreshold binge eating Overall: NR G1: 32 (44.4%) G2: 31 (43.1%) p=NR, NS Overweight during childhood Overall: NR G1: 17 (23.6%) G2: 26 (36.1% p=NR, NS Previous use of amphetamine derivatives Overall: NR G1: 27 (37.5%) G2: 25 (34.7%) p=NR, NS Number of previous diet attempts, median (quartiles) Overall: NR G1: 4.0 (2.0, 10.0) G2: 4.0 (3.0, 10.0) p=NR, NS None	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Ricca, 2010[30] (continued)	Severe medical conditions that preclude an outpatient treatment, such as severe heart, renal, and/or liver failure Prior cognitive behavioral treatments for eating disorders and/or obesity Current or recent (3m) use of psychoactive medications Previous surgical treatment for obesity Illiteracy and mental retardation						

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Riva, 2002[31]	DSM-IV criteria for BED Taking an antidepressant or any type of medication that might influence weight, abused drugs or alcohol, current major psychiatric condition such as a psychosis	women aged 18-45 years with BED, seeking treatment Overall: mean NR; range 18-45 G1: 30.50 (SD 6.72) G2: 30.10 (SD 6.95) p = NR	Overall: 100 G1: 100 G2: 100 p = NA Overall: NR G1: NR G2: NR p = NR Weight in kg Overall: 114.94±24.04 G1: 120.06±28.34 G2: 109.82±21.48 p = NR BMI Overall: 43.21±9.15 G1: 44.07±10.10 G2: 42.35±8.55 p = NR	No history of purging in the previous 6 months BMI>30	Overall: NR G1: NR G2: NR p = NR	None None	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Riva, 2003[32]	DSM-IV criteria for BED for at least 6 months prior to the beginning of the study Concurrent severe psychiatric disturbance (psychosis, depression with suicidal risk, alcohol or drug abuse) Concurrent involvement in other treatment for BED, including pharmacotherapy Concurrent medical condition not related to the disorder	Women aged 18-50 with BED Overall: 33.07 (SD 8.08) G1: NR G2: NR G3: NR p=NR, NS	Overall: 100% G1: 100% G2: 100% G3: 100% p=NR, NS Overall: NR G1: NR G2: NR G3: NR p=NR, NS Weight (kg) Overall: 105.44 (SD 17.73) G1: NR G2: NR G3: NR p=NR, NS BMI Overall: 39.80 (SD 6.10) G1: NR G2: NR G3: NR p=NR, NS	Female Age 18-50 years	Overall: NR G1: NR G2: NR G3: NR	NR None	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Safer, Robinson, and Jo, 2010[33] Safer and Joyce, 2011[34] Robinson and Safer, 2012[35]	- DSM-IV criteria for BED (APA, 1994) - BMI < 17.5 - concfurent psychotherapy tx - unstable dosage of psychotropic medications over the 3 months prior to intial assessment - regular use of purging or other compensatory behaviors over the past 6 months - psychosis - current alcohol/drug abuse or dependence - severe depression with recent (e.g., within past month) suicidality - current use of weight altering medications (e.g., phentermine) - severe medical condition affecting weight or appetite (e.g., insulin-dependent diabetes, cancer requiring active chemotherpy) - current pregnancy or breast feeding	- Adults - males and females - BED - overweight overall: 52.2 (10.6) G1: 51.9 (11.6) G2: 52.35 (9.52)	Overall: 86 (85%) G1: 43 (86%) G2: 43 (84%) Overall: 24% G1:27% G2: 20% BMI Overall: 36.38 (8.62) G1: 35.84 (9.35) G2: 36.90 (7.89)	- lived or worked within commuting distance to the clinic	Concurrent MDE Overall: 15 (14.9%) G1: 11 (22%) G2: 4 (7.8%) Past Hx of Depression Overall: 64 (63.4%) G1: 28 (54.9%) G2: 36 (72%)	Current use of Antidepressants Overall: 33 (32.7%) G1: 17 (34%) G2: 16 (31.4%) Criteria met for any Axis II Overall: 43 (42.%) G1: 25 (50%) G2: 18 (35.3%) Marital Status Married Overall:: 61 (60%) G1: 32 (64%) G2: 29 (57) Divorced Overall: 19 (19%) G1: 6 (12%) G2: 13 (26%) Single/NV married Overall: 17 (17%) G1: 11 (22%) G2: 6 (12%) Widowed Overall: 4 (4%) G1: 1 (2%) G2: 3 (6%)	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Safer, Robinson, and Jo, 2010[33] Safer and Joyce, 2011[34] Robinson and Safer, 2012[35] (continued)	- imminently planning or undergoing gastric bypass surgey - lack of avaliability for times of group meetings and/or duration of study					Edu Background Completed @least 1 grad degree Overall: 30 (30%) G1:14 (28%) G2: 16 (31%) Completed some college/2yr degree Overall: 30 (30%) G1: 12 (24%) G2: 18 (35%) Grad from a 4 yr college Overall: 26 (26%) G1: 16 (32%) G2: 10 (20%) Completed some grad school Overall: 9 (9%) G1: 5 (10%) G2: 4 (8%) Had not completed HS Overall: 4 (4%) G1: 2 (4%) G2: 2 (4%) Have HS degree or equi Overall: 2 (3%) G1: 1 (2%) G2: 1 (2%)	

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Safer, Robinson, and Jo, 2010[33] Safer and Joyce, 2011[34] Robinson and Safer, 2012[35] (continued)						Employment Status Employed Overall: 50 (50%) G1: 29 (58%) G2: 21 (41%) Retired Overall: 19 (19%) G1: 7 (14%) G2: 12 (24%) Homemaker Overall: 14 (14%) G1: 5 (10%) G2: 9 (18%) Unemployed Overall: 12 (12%) G1: 6 (12%) G2: 6 (12%) Student/Other Overall: 6 (6%) G1: 3 (6%) G2: 3 (6%)	

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Safer, Robinson, and Jo, 2010[33] Safer and Joyce, 2011[34] Robinson and Safer, 2012[35] (continued)						- Subgroup 1: Intent to treat -Subgroup 2: Completer -Subgroup 3: Avoidant personality disorder Subgroup 4: <15 years old at onset of overweight and dieting	

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Schlup, 2009[36]	-DSM IV TR BED diagnosis - Meeting DSM-IV-TR criteria for severe mental disorders warranting immediate tx - Pregnancy - Participation in a diet program or another psychotherapy - Tx with wt loss medication (Current or past 3m) - Previous surgical tx for obesity	females adults w/BED Overall (M,SD): 44.3 (10.3) G1: 47.1 (8.5) G2: 41.2 (11.1)	100% NR Overall BMI (M,SD): 33.4 (7.6) G1: 32.4 (5.6) G2: 34.3 (9.1)	18 to 70y old	Overall (n,%): 4 (11.1) G1: 2 (11.1) G2: 2 (11.1)	Anxiety Disorder Overall (n,%): 8 (22.2) G1: 6 (33.3) G2: 2 (11.11) No	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Schlup, 2010[37]	NR NR	Two samples of female patients with BED with mean ages of 44.6 and 44.4 Overall: NR G1: 44.6 (SD 11.2) G2: 44.4 (SD 10.2) p=0.921	Overall: 100 G1: 100 G2: 100 p = NA Overall: NR G1: NR G2: NR p=NA BMI Overall: NR G1: 33.2 (SD 4.3) G2: 33.2 (SD 6.9) p=0.988	NR	DSM-IV-TR Current comorbidity Axis 1 G1: 61.3% G2: 33.3% p=0.368 DSM-IV-TR Depression G1: 11.4% G2: 11.1% p=0.972 DSM-IV-TR Anxiety disorders G1: 29.5% G2: 27.8% p=0.862 DSM-IV-TR Lifetime comorbidity Axis 1 G1: 72.7% G2: 52.8% p=0.065 DSM-IV-TR Depre	Age at onset of disorder Overall: NR G1: 30.4 (SD 14.7) G2: 25.2 (SD 12.1) p=0.124 Education: High school degree G1: 100% G2: 100% p=NR Education: College G1: 17.5% G2: 20.1% p=0.168 Employed G1: 79.5% G2: 85.4% p=0.482 Married or cohabiting with partner G1: 77.3% G2: 61.0% p=0.103 NA	Additional details about inclusion/exclusion reported available in the articles reporting the two original trials: Munsch S, Biedert E, Meyer AH, Michael T, Schlup B, Tuch A, Margraf J. A randomized comparison of cognitive behavioral therapy and behavior

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39]	DSM-IV Current psychosis, bipolar disorder, or suicidal state Alcohol or drug dependence within the past 6 months Medical disorders that would affect weight and ability to participate Insufficient fluency with English to participate in therapy Current participation in a weight-control program Taking medication that would affect weight Pregnancy Participants currently taking antidepressants were entered into the study provided that they had been taking a stable dosage for at least 2 months	Adults with BED and BMI 27-45 Overall: NR G1: 46.2 (SD 10.9) (range 19-69) G2: 50.3 (SD 13.6) (range 19-77) G3: 48.7 (SD 11.2) (range 23-68)	Overall: NR G1: 89 G2: 82 G3: 85 Overall: NR G1: 12 G2: 18 G3: 23 BMI Overall: NR G1: 36.8 (SD 5.5) G2: 36.2 (SD 4.3) G3: 36.3 (SD 5.1)	>18 years old BMI 27-45	Current depression Overall: NR G1: 13 G2: 15 G3: 16 History depression Overall: NR G1: 47 G2: 37 G3: 47	Substance abuse Overall: NR G1: 11 G2: 11 G3: 5 College degree Overall: NR G1: 34 G2: 38 G3: 30 Personality disorder Overall: NR G1: 27 G2: 20 G3: 23 High vs. low negative affect (defined using BDI cutoff >18 at baseline) High vs. low frequency of binge days (>14 days vs. ≤14 days during the past 28 days) High vs. low global EDE score (median split of 2.675) High vs. low self-esteem score (median sp	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41]	DSM-IV Current problems with substance use, bipolar disorder, psychotic disorder, currently suicidal, current other medical or psychological treatment for BED, history of eating disorder other than BED, current purging behavior, <18 years old	Adults (average age 43) with BED Overall: 43.09 G1: NR G2: NR p = NR	Overall: 85 (89.5%) G1: NR G2: NR p = NR Overall: 2% G1: NR G2: NR p = NR BMI in kg/m² Overall: mean 40.44 (SD 10.56) G1: NR G2: NR p = NR	NR	Concurrent mood disorder Overall: 64.7% G1: NR G2: NR p = NR	Married or living with partner Overall: 56.3% G1: NR G2: NR p = NR Single Overall: 26.3% G1: NR G2: NR p = NR Sparated or divorced Overall: 16.4% G1: NR G2: NR p = NR Widowed Overall: 1% G1: NR G2: NR p = NR Employed full-time Overall: 57.9% G1: NR G2: NR p = NR	G3 data were only presented in Tasca, Ritchie, Conrad, et al., 2006[41]

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41] (continued)						Employed part-time Overall: 14.6% G1: NR G2: NR p = NR Median family income Overall: $50,000-59,000 Canadian G1: NR G2: NR p = NR Some graduate education Overall: 11.5 G1: NR G2: NR p = NR Some undergraduate education Overall: 62.5% G1: NR G2: NR p = NR Completed high school Overall: 18.7% G1: NR G2: NR p = NR	

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41] (continued)						Did not complete HS Overall: 7.3% G1: NR G2: NR p = NR 5 attachment styles assessed by the Attachment Styles Questionnaire: -Confidence in relationships -Preoccupied -Need for approval -Discomfort with closeness -Relationships as secondary	

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Telch, 2001[42]	Met full DSM-IV diagnostic research criteria for BED - Current involvement in psychotherapy, wt loss tx, or use of psychotropic medications '- Current substance abuse or dependence '- Current suicidality or psychosis '- Pregnancy	Adults w/BED Overall: 50 yrs	Female: 100% 6% BMI: 36.4 (6.6)	Age 18-65	9%	BED Onset: 20.9 yrs of age (SD=11.7) Duration: 29.2 yrs (SD=11.7) Marital Status: Married: 47% Divorced: 35% Never married: 18% Educational Status: Completed college: 70% Completed high school: 100% Lifetime psychopathology: Major depression: 38% Anxiety disorders: 35% Psychotic disorders: 3% Bulimia nervosa: 6% Substance abuse or dependence: 27% Current psychopathology: Anxiety disorder: 18% Personality disorder: 27% No	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44]	DSM-IV criteria for BED Pregnant or planning to become pregnant Taking weight-affecting or psychotropic medications Psychiatric conditions warranting immediate treatment (e.g., psychotic symptoms, substance dependence, suicidality) Currently enrolled in psychotherapy or a weight loss program	Adults 18-65 with BED Wilfley, Welch, Stein, et al., 2002[43]: Overall: NR G1: 45.6 (SD 9.6) G2: 44.9 (SD 9.6) Hilbert, Bishop, Stein, et al., 2012[44] Overall: NR G1: 45.73 (SD 9.86) G2: 44.02 (SD 10.49) p=0.427	Wilfley, Welch, Stein, et al., 2002[43]: Overall: NR G1: 67 (82.7%) G2: 67 (82.7%) Hilbert, Bishop, Stein, et al., 2012[44] Overall: NR G1: 80.0% G2: 77.8% p=0.796 Wilfley, Welch, Stein, et al., 2002[43]: Overall: NR G1: 5 (6.2%) G2: 7 (8.6%) Hilbert, Bishop, Stein, et al., 2012[44] Overall: NR G1: 8.9% G2: 6.7% p=0.899	18-65 years old BMI 27-48	Wilfley, Welch, Stein, et al., 2002[43]: DSM-III-R dx mood disorders overall, current G1: 21 (25.9%) G2: 15 (18.5%) DSM-III-R dx anxiety disorders overall, current G1: 10 (12.3) G2: 11 (13.6) DSM-III-R dx any axis 1 disorder, current G1: 30 (37.0%) G2	Wilfley, Welch, Stein, et al., 2002[43]: Age at onset of disorder Overall: NR G1: 24.1 (SD 13.5) G2: 25.7 (SD 12.9) DSM-III-R dx substance use disorders overall, current G1: 5 (6.2%) G2: 1 (1.2%) Hilbert, Bishop, Stein, et al., 2012[44] Age at onset of disorder Overall: NR G1: 17.50 (SD 11.76) G2: 18.50 (SD 10.20) p=0.686 none	NA

Evidence Table 20. Binge-eating disorder behavioral treatment- Part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44] (continued)			Wilfley, Welch, Stein, et al., 2002[43]: BMI Overall: NR G1: 37.4 (SD 5.3) G2: 37.4 (SD 5.1) Hilbert, Bishop, Stein, et al., 2012[44] Overall: NR G1: NR G2: NR p=NR				

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Agras, 1995[4]	none	CBT: 12 weekly 90-minute sessions led by 2 PhD-level therapists experienced in the treatment of eating disorders. CBT based on modified version of manual developed for Telch et al. (1990) study, modified to include weekly weighings, 30 minutes of walking 3 times weekly at minimum, and education on low fat food choices. Participants were taught to monitor their food intake, binge eating episodes, and thoughts and moods before and after binge eating. These records formed the focus of treatment, which aimed at gradually changing restricted and chaotic eating patterns and developing a regular pattern of 3 meals a day. Participants were taught to reduce avoidance, enhance self-control, and minimize feelings of	Waiting list control group	NA	NA	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Agras, 1995[4] (continued)		deprivation. Adaptive coping behavior and relapse prevention were also addressed. After the first 12 weeks of CBT, those who succeeded with treatment received an additional 12 weeks of weight loss therapy; those who failed received 12 weeks of IPT. Those interventions are not described here because only 12 week outcomes are for randomized groups.				

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Allen, 1999[6]	NA	Weekly 50-minute group sessions of Appetite Awareness Training for 8 weeks (described in Craighead&Allen 1995). AAT included the following components: 1. Education defining 3 maladaptive cycles associated with BED (dieting, negative affect, ignore satiety) 2. Self-monitoring to increase awareness of moderate hunger and fullness cues and to prompt starting and stopping eating in response to those cues 3. Problem-solving training to reduce episodes of binge eating and overeating 4. Relapse prevention skills Handouts and homework were also used	No intervention during the 8 week study; offered AAT at study completion	NA	NA	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Carrard, 2011[7]	None	Internet-guided self-help treatment program for BED, based on cognitive behavioral therapy, targeting behavioral and psychological aspects of BED such as loss of control on eating and shape and weight concerns	Control group had a 6-month waiting period with no access to the treatment program	NA	NA	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Carter, 1998[8]	The self-help program used in the study is included in the book Overcoming Binge Eating (Fairburn 1995), consisting of an educational section (8 chapters summarizing knowledge about binge eating, BED, and bulimia nervosa, as well as rationale behind CBT and the self-help program) and the program itself (6 additive, sequential steps on how to change eating habits or other associated problems). G1 was mailed the book, G2 used the book as part of the GSH intervention, and G3 was randomized to receive the book or do GSH after their 12-week waiting period.	Pure self-help (PSH): Participants were mailed the Overcoming Binge Eating book, were asked to read the book and do their best to follow its self-help program over the following 12 weeks. Received no additional information, advice, or contact.	Guided self-help (GSH): Nonspecialist therapists led between 6 and 8 25-minute sessions during which they supported the participant in the use of the Overcoming Binge Eating book. A brief manual provided facilitators with guidelines on conducting the treatment. Facilitators were not required to adhere rigidly to the manual, as this would not happen in clinical practice. Therapists had no clinical background and received limited training, including becoming familiar with the book contents and treating 2-3 pilot participants with some guidance from a clinical psychologist. They received no supervision.	After 12 weeks, those assigned to the waiting list were subsequently randomized to receive PSH or GSH. It is implied that they did not receive the Overcoming Binge Eating book during the 12 week waiting period.	NA	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Cassin, 2008[9]	None	One AMI session (mean = 81.8 min, SD = 12.9) + the self-help handbook. It was NR what those in the AMI group were encouraged to do with the self-help handbook, or when they were instructed to look over it. AMI protocol was based on the book Better Bit(e) by Bit(e): A Survival Guide for Sufferers of Bulimia Nervosa and Binge-eating disorders (Treasure & Schmidt, 1997). Protocol was modified to remove information about compensatory behaviors and to be completed in a single session.	Self-help handbook - participants were encourage to read the entire handbook and complete the worksheets at the initial session. No further guidance was provided. Self - Help Handbook: 21 pg handbook utilizing a combination of psychoeducation and cogntive-behavioral techniques. Any MI strategies were excluded. Handbook contained worksheets on goal setting, daily food intake, and automatic thoughts that may trigger eating binges. Developed based on the publication Taming the Hungy Bear: Your Way to Recover From Chronic Overeating.	NA	NA	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
STRATOB Study, 2011[10]	Inpatient treatment (diet, physical activity, dietitian counseling, 8 sessions of CBT or BST therapy) plus 8 outpatient telephone-based sessions of psychological support (oriented in CBT or BST) and monitoring with the same therapist they saw during the inpatient phase. Treatments were delivered by 4 experienced and chartered psychotherapists from diverse backgrounds with specific training in CBT and BST, who received monthly supervision by senior psychotherapists	CBT individual sessions lasting 45 minutes each were based on the approach described by Cooper and Fairburn and emphasize the techniques of self-monitoring, goal setting, time management, prompting and cueing, problem solving, cognitive restructuring, stress management and relapse prevention	BST individual sessions lasting 45 minutes each are mainly based on the brief strategic approach described by Nardone and Portelli and emphasize the techniques of working on "attempted solutions" (such as keeping control by abstaining from food and continuously striving to exert self-control with a subsequent loss of control), using reframing maneuvers, inducing fear of fasting rather than bingeing, understanding what is maintaining and worsening the problem, etc.	NA	NA	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Cesa, 2013[11]	Integrated Multimodal Medically Managed Inpatient Program (IP): Hospital-based living for 6 weeks. Inpatients received medical, nutritional, physical, and psychological care. They maintained a low-calorie diet (tailored to patients' needs), entered weekly nutritional groups held by dieticians, received psychological support both in individual and group settings, and undertook physical training.	VR-Enhanced Cognitive Behavior Therapy (ECT): IP plus 15 CBT sessions (5 weekly group sessions and 10 biweekly individual sessions, similar to G2) over 5 weeks. In addition to IP and CBT, participants had 10 biweekly virtual reality (VR) sessions. (ECT protocol described in Riva et al.) NuroVR open-source software was used which includes 14 virtual environments used by the therapist during a 60-minute session with the patient, presenting critical situations related to the maintaining/relapse mechanisms and 2 body image comparison areas. Through VR, patients practiced both eating/emotional/relational management and general decision-making and problem-solving skills.	CBT: IP plus 15 CBT sessions over 5 weeks. Therapists followed manual based on Fairburn et al. and Ricca et al. After the 1st inpatient week, participants entered 5 weekly group sessions and 10 biweekly individual sessions. The first 8 individual sessions were structured according to stage 1 of the CBT manual for binge eating, focusing on an overview of treatment goals, use of self-monitoring records to identify high-risk situations that might trigger binge eating, support in normalizing eating patterns, and identification of strategies for coping with high-risk situations for binge eating. Final 2 individual sessions focused on maintenance of improvement and on relapse prevention. Group sessions were	Received IP only	NA	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Agras, 1995[4] (continued)		Practicing in VR helps patients develop strategies for avoiding/coping with triggering situations. Session 1: Assess stimuli that could elicit abnormal eating behavior Sessions 2-15: Assess and modify: a) expectations and emotions related to food and weight (functional analysis); b) strategies used to cope with difficult interpersonal and potential maintenance situations; c) body experience of the subject. After hospital discharge, continuity of care and support through telecommunication devices were offered, but contacts were not scheduled and rather dependent on patients' needs.	structured according to stage 2 of the CBT manual for binge eating, focusing on problem-solving strategies and cognitive interventions targeting concerns about body weight and shape and problematic eating. After hospital discharge, continuity of care and support through telecommunication devices were offered, but contacts were not scheduled and rather dependent on patients' needs.			

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Compare, 2013[12]	NA	Dietary counseling (DC): administered via 12 one-hour weekly individual sessions over the first 3m treatment period, and 8 weekly group sessions (30 minutes) over the last 2m treatment period	Emotion-focused therapy (EFT): 20 group sessions (10-15 participants, weekly sessions of 60-90 minutes) over a 5m treatment period EFT is a psychological treatment designed to address the cognitive and interpersonal experiential perspective of emotions. With this treatment, once the contact with the emotional experience is achieved, clients must cognitively orient to taht experience as information and must explore, reflect on and make sense of it. This is achieved by exploring beliefs associated with the experienced emotion and by identifying the needs that can motivate change in personal meanings and beliefs.	Combined therapy: EFT sessions were combined with DC. Individual sessions of DC were programmed over the first 3 months on the same day and 1h before the EFT sessions	NA	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
De Zwaan, 2005[13]	NR	VLCD plus group CBT: same as VLCD alone, except that group CBT focusing on binge eating behavior introduced after 2 weeks of food reintroduction or "refeeding". Group CBT: highly structured and manual-based; groups each contained 6-15 participants; placed special emphasis on relapse prevention; included psychoeducation about BED and binge eating, homework assignments, cognitive restructuring, and behavioral problem solving VCLD component: same duration and dosing as in combined treatment group CBT component: 10 weekly sessions of 1.5 hours	VLCD: protein-sparing modified fast (PSMF) involving 1) consumption of powdered supplement mixed with noncaloric liquids and abstaining from regular food and caloric beverages, 2) weekly group behavioral training (BT) meetings with dietitian (included nutritional education, behavioral strategies for weight reduction not designed to reduce or prevent binge eating, and low-level exercise program), 3) reintroduction of food, and then 4) weight stabilization phase involving balanced deficit diet of 1,200 kcal/day 1) Supplement (containing 70 g protein, 13 g fat,	NA	NA	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
De Zwaan, 2005[13] (continued)			and 100 g carbohydrates for total of 800 kcal/day plus RDA of vitamins and minerals) taken for 12 weeks; 2) 24 weekly group BT meetings of 90 minutes (i.e., throughout entire treatment program); 3) 6 weeks of food reintroduction; and 4) 6 weeks of weight stabilization			

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Dingemans, 2007[14]	NA	CBT: 15 group sessions conducted over a 20-week period. First 10 sessions were weekly and last 5 sessions were biweekly. Each session lasted 2h. 2 therapists trained and experienced in CBT conducted all 15 sessions. Homework assignments and feedback on food diaries and homework were part of all sessions. Phase 1 (sessions 1-7): main goal to develop a regular eating pattern and to resist the urge to binge eat. Learned to identify and correct dysfunctional cognitions and avoidance behaviors related to eating, and to replace these behaviors with healthier, self-enhancing responses. Phase 2 (sessions 8-13): underlying problems such as body image, self-esteem, stress management, problem solving, assertiveness, and weight loss issues were addressed Phase 3 (sessions 14-15): relapse prevention after the end of treatment	No treatment until end of G1 treatment (20 weeks) at which point participants were offered CBT	NA	NA	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Eldredge, 1997[5]	none	CBT: 12-week phase of CBT described in Agras et al. (1995) (320_Agras). After the first 12 weeks of CBT, those who succeeded with treatment received an additional 12 weeks of the LEARN program for weight control; those who failed received 12 additional weeks of CBT. Those interventions are not described here because only 12 week outcomes are for randomized groups.	Waiting list control group	NA	NA	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Grilo, 2013[16]	NR	Self-help CBT plus usual care: PCPs gave patients self-help manual called "Overcoming Binge Eating" (Fairburn, 1995) that follows professional CBT program and is considered to be treatment of choice for BED. Manual uses three stage presentation that offers patients: 1) education about binge eating, diet, and health, introduces graded behavioral techniques for establishing normalized eating patterns; 2) introduces self-monitoring and coping skills to maintain normalized eating; and 3) focuses on maintaining progress and preventing relapse. Usual care: patients instructed to follow whatever advice and treatment their PCPs recommended, although patients asked to refrain from seeking commercial self-help programs. All patients had existing relationships with primary care settings.	Usual care: patients instructed to follow whatever advice and treatment their PCPs recommended, although patients asked to refrain from seeking commercial self-help programs. All patients had existing relationships with primary care settings.	NA	NA	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Grilo, 2014[17]	Placebo: provided by primary care physicians along with information about sibutramine (the study drug), including its potential mechanisms and effects on eating/weight, and potential side effects, and instructed participants how to take it. Physicians instructed participants to contact them if any concerns arose. Physicians were available to meet with patients as needed to discuss any ongoing medication issues, side effects, and their management.	Self-help cognitive behavioral therapy (shCBT) plus placebo medication: Patients were given placebo medication and the book "Overcoming Binge Eating" (Fairburn 1995). Primary care physicians with no specific training as mental health professionals or with eating disorders instructed participants how to read the book and to focus on following the self-help program. The physicians were given brief training and a script to assist them in delivering the message in a standardized manner to participants. The book has 3 stages: 1) Description of CBT model, information about binge eating, dieting and health, and self-monitoring and behavioral techniques for normalizing eating patterns. 2) Maintaining normalized eating patterns, continuing to self-monitor, integrating cognitive procedures, and learning new coping skills for triggers of maladaptive eating. 3) Maintaining changes and learning relapse prevention techniques	Placebo medication only	NA	NA	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19]	Delivered by 5 doctoral-level psychologists all with psychothearpy experience and specific clinical experience treating patients with ED and obesity. Delivered in group sessions (comprising 11-12 participants) co-led by 2 thearpists. Three initial groups (1 for each tx condition) were co-led by one of the investigators and one of the therapists, and subsequent therapist pairs always consisted of at least 1 co-leader experienced in conducting tx for this study. Each therapist delivered each of the 3 different treatments. Therapists received intensive training in CBT and BWL.	CBT: administered in 16 group 60-minute sessions over a 24wk period following the manualized protocol (Fairburn et al. 1993). 3 overlapping phases: 1) establishing a collaborative therapeutic relationship while focusing on educating the patient about the nature of binge eating and factors thought to maintain the problem. Specific behavioral strategies are used to help patients identify problems with their eating patterns while working towards a normal and structured eating pattern. 2) integrates cognitive restructuring procedures, where patients learn to identify and challenge maladaptive cognitions regarding eating and weight/shape and thoughts that serve as triggers for binge eating. 3) maintenance of change and relapse prevention	BWL: administered in 16 group 60-minute sessions over a 24wk period following the manualized LEARN Program for Weight Management (Brownell 2000). LEARN focuses on making gradual lifestyle changes with goals of moderate caloric restriction and increased physical activity to produce gradual weight losses. Nutritional guidance follows federal guidelines. This BWL is structured with a series of steps to assess and change eating and activity behaviors. The steps are presented in an additive fashion yet with redundancy to facilitate mastery.	CBT was delivered first (16 sessions over 16 weeks) followed by BWL (16 sessions over 24 weeks) CBT: administered in 16 group 60-minute sessions over a 24wk period following the manualized protocol (Fairburn et al. 1993). 3 overlapping phases: 1) establ	NA	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Grilo and Masheb, 2005,[20] Masheb and Grilo, 2007[21]	Participants in all groups completed daily self-monitoring record forms about their overeating behaviors. Participants in all groups also met briefly (15-20 minutes) with doctoral research-clinicians 6 times (biweekly during the 12-week intervention period), although the focus of the meetings was different in each arm.	CBT: participants received a self-help CBT patient manual comprised of 2 sections: 1) psychoeducational section comprised of 8 brief chapters describing binge eating and its various forms and associated problems, providing a rationale for the self-help approach and model; 2) self-help program with 6 steps addressing how to assess and change eating behaviors (including binge eating) and associated features. The 6 clinician sessions focused on following the CBT protocol while also a) maintaining and enhancing motivation; b) correcting any misunderstanding of the information; c) problem-solving difficulties with relevant skill-building exercises in the protocols; and d) reinforcing the	Behavioral weight loss: participants received the LEARN (Lifestyle, Exercise, Attitudes, Relationships, and Nurtition) Program for Weight Management manual, focusing on making gradual and moderate lifestyle changes with goals of moderate caloric restriction and increased physical activity to produce modest gradual weight loss. The book is structured with 16 lessons and a series of steps that address how to assess and change eating and activity behaviors. The 6 clinician sessions focused on following the LEARN protocol while also a) maintaining and enhancing motivation; b)	Control: participants received no treatment manual. The focus of the 6 clinician sessions was the necessity and completeness of the self-monitoring of overeating behaviors.	NA	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Grilo and Masheb, 2005,[20] Masheb and Grilo, 2007[21] (continued)		necessity for self-monitoring and record-keeping.	correcting any misunderstanding of the information; c) problem-solving difficulties with relevant skill-building exercises in the protocols; and d) reinforcing the necessity for self-monitoring and record-keeping.			

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Hilbert, 2004[22]	- Guided by a standardized manual based on CBT for BN - 19 weekly sessions with 5 months and a self-management phase of three sessions scheduled every 3rd week - All tx modules focused on eating (sessions 1-8), body image (sessions 2-15), and stress (session 14-19).	CBT- E - body image module included four group sessions and HW assignments based on body exposure (in vivo mirror exposure to one's whole body under various condtionts & exposure to avoided body- related situations)	CBT-C - four group sessions & HW assignments in cognitive restructing provided over four sessions and four HW assignnments.	NA	NA	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Le Grange, 2002[23]	NR	Group CBT with EMA (Ecological Momentary Assessment): identical to group CBT and also required patients to systematically and intensively record mood, events, thoughts, and eating behaviors in situ during first 2 weeks of treatment (Gorin & Stone, 2000). Patients trained in EMA diary-keeping, given detailed instruction of DSM-IV definition of binges, and required to wear wristwatch that beeped to prompt patients to add diary entries. Binge trigger protocols generated for each patient using diary entries and used to identify appropriate individualized strategies to curb future binge eating 12 weeks of sessions, length and frequency of sessions NR	Standard Group CBT, based on Telch and Agras' (1992) CBT for BED therapist manual which was adapted from CBT model for bulimia nervosa (Fairburn, 1985) 12 weeks of sessions, length and frequency of sessions NR	NA	NA	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Masheb, 2011[24]	21 hourly CBT sessions over a 6-month treatment period, weekly for weeks 1-16 and every other week for weeks 17-26, with 40 minutes devoted to CBT and 20 minutes devoted to nutrition. Participants completed daily food diaries that were checked weekly by clinicians, and instructed how to self-monitor binge episodes. First phase of CBT: establishment of collaborative therapeutic relationship while focusing on educating the patient about the nature of binge eating and the factors or processes thought to maintain the problem. Behavioral strategies such as self-monitoring were used to help patients identify eating problems, and other strategies were used to assist the patient in working toward a structured pattern of eating. Second phase of CBT: integrated cognitive skills such that patients learned to identify and challenge maladaptive thoughts and triggers related to eating and weight/shape. Final phase: maintenance of change and relapse prevention.	CBT plus weekly dietary counseling for lowering energy density, using topics adapted from the manualized protocol by Ello-Martin et al. (2007) Phase 1: patients were informed about the objective and science of energy density, shown photos of meals differing in energy density, and taught how to calculate energy using labels and a food chart. Phase 2: Goals were set to increase the patient's consumption of low-energy-density foods which could be eaten in satisfying portions and to exercise portion control over medium to high energy-density foods. Clinicians reviewed and discussed weekly topics with patients and problem-solved any obstacles to achieving goals for lowering energy density.	CBT plus weekly dietary counseling for health Phase 1: Patients were informed about the objective of the general nutrition treatment and the science and definition of nutrients, taught the definition of calories and informed about labels. Phase 2: Weekly topics were designed specifically as a control for the type and amount of dietary information provided in the energy density condition (e.g., dietary fat, calcium, water, etc.). Clinicians reviewed and discussed weekly topics with patients but no problem-solving or goal-setting was conducted in these sessions.	NA	NA	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Munsch, Biedert, Meyer, et al., 2007[25] Munsch, Meyer, Biedert, et al., 2012[26]	Treatment groups consisted of up to 7 members. Active treatment phase consisted of 16 weekly 90-minute group sessions, and 6 monthly 90-minute follow-up group sessions. The last session took place 12 months after the end of active treatment. A therapist (psychotherapists with specialized CBT training) and co-therapist (master's students) led the groups	Group CBT: sessions followed manual developed according to Fairburn et al. Details about goals and techniques/interventions for each session are described in Table 2 of Munsch, Biedert, Meyer, et al., 2007[25].	Group BWLT: sessions based on the manual "Weight loss with Xenical" (Margraf et al. 2000). Details about goals and techniques/interventions for each session are described in Table 2 of Munsch, Biedert, Meyer, et al., 2007[25].		NA	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Peterson, 1998[27]	- manual based CBT previously used for BN - 14 one-hour session over 8 weeks - sessions occurred 2x's p/wk during the first 6 wks, 1x p/wk during last 2 wks	Therapist led - conducted by a PhD trained in CBT - 1st half psychoeducational - 2nd half therapist led group discussion	partial self-help - viewed vidoetape of same psychologist in therapist led - 1st half videotaped psychoeducational - 2nd half therapist led group discussion	self-help - viewed same videotape - 1st half videotaped psychoeducational - 2nd half led own discussion - one group member assigned to facilitate each group	waitlist	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Peterson, 2001[28]	- manual based CBT previously used for BN - 8 -weeks - 14 one hr sessions - 2 sessions per week for the 1st 6 wks, wkly for last 2 wks - each session consisted of psychoeducational infor for 30 mins and then discussion focusing on review of HW	Thearpist led - Ph.D. psychologist led the both psychoeducation and discussion	Partial Self-Help - Participants viewed a video of of the psychologist delivering the psychoeducation portion - Therapist joined in on 2nd part (HW and discussion)	Structured Self-Help - Participants viewed a video of of the psychologist delivering the psychoeducation portion - Participants led their own discussion - Provided with a detailed lsit of discussion topics for each session	NA	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Peterson, 2009[29]	NR	Self-help group CBT, in which group members watched psychoeducational videotape during first half of each session and led their own homework review and discussion on rotating basis during second half; 15 sessions of 80 minutes over 20-week period, with weekly sessions for first 10 weeks and bi-weekly sessions for remaining 10 weeks	Therapist-assisted group CBT, in which group members watched psychoeducational videotape during first half of each session, and doctoral-level psychotherapist led homework review and discussion during second half; 15 sessions of 80 minutes over 20-week period, with weekly sessions for first 10 weeks and bi-weekly sessions for remaining 10 weeks	Therapist-led group CBT, in which doctoral-level therapist provided psychoeducation during first half of each session and homework review and discussion during second half; 15 sessions of 80 minutes over 20-week period, with weekly sessions for first 10 w	Waitlist condition that received therapist-led group CBT at end of 20-week waiting period	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Ricca, 2010[30]	In both groups, CBT is based on the manual of Fairburn, Marcus, and Wilson (1993), with 3 phases: 1) aims to eliminate binge eating and adopt a regular eating pattern; 2) reduce food intake and modify dysfunctional beliefs involved in the maintenance of the disorder; 3) prevent relapses, plan adequate strategies to deal with foreseeable obstacles. Patients received information about nutrition, the multifactorial pathogenesis of overweight, and the role of diet and exercise. Patients were educated to self-monitoring and assignment of tasks; daily diaries were completed and reviewed at each session. Subjects also have to try to identify attractive subjects with a size above average, in order to consider them as possible positive role models. Therapists completed a 4-year training in CBT and are experienced in treating individuals with eating disorders. Co-therapists	Individual CBT: 22 individual sessions of 50 minutes each for 24 weeks. Phase 1 was 8 sessions, phase 2 was 8 sessions, and phase 3 was 6 sessions. When someone did not attend a session, it was repeated.	Group CBT: 20 group sessions of 60 minutes for 22 weeks. Phase 1 was 7 sessions, phase 2 was 7 sessions, and phase 3 was 6 sessions. Treatment groups consisted of up to 12 members. A therapist and co-therapist led each group.	NA	NA	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Ricca, 2010[30] (continued)	were residents of the Department of Neuroscience at the University of Florence. Therapists and co-therapists were trained to implement the manual-based treatments, engaged in weekly peer group supervision using session notes and audiotapes. Session audiotapes were reviewed weekly and therapists were given feedback weekly by an independent expert.					

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Riva, 2002[31]	NA	Psychotherapy or behavioral therapy: Virtual reality for eating disorders modification (VREDIM), which delivers an immersive virtual environment composed of seven 3D Healing Experiences, each used by the therapist during a 50-minute session with the patient. The first 3D Healing Experience assesses stimuli that could elicit abnormal eating behavior. Subsequent sessions assess and modify symptoms of anxiety related to food exposure and the body experience of the subject. In all sessions the therapist uses the Socratic style. Participants also followed a low-calorie diet and physical training program (identical to the diet and physical training in the control group).	Psychotherapy or behavioral therapy: Psychonutritional groups based on the cognitive behavior approach, delivered 3 times a week and focused on helping patients understand the importance of their lifestyle and to modify unhealthy and destructive behavior patterns by teaching methods for improving stress management, problem-solving, and eating. Participants also followed a low-calorie diet and physical training program (identical to the diet and physical training in the intervention group).	Control (presented in Tasca et al., 2006): Patients were assessed, waited 16 weeks without treatment or any other contact from the center, and then were reassessed. After the reassessment, they were offered group therapy for binge eating.	NA	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Riva, 2003[32]	NA	Experiential cognitive therapy (ECT): 15 sessions over 6 weeks. Week 1: 5 weekly group sessions aimed at improving assertiveness and motivation to change, and 10 biweekly virtual reality (VR) sessions. VR sessions provide 14 virtual environments used by the therapist during a 50m session with the patient. Session 1 assesses any stimuli that could elicit abnormal eating behavior (part of the Temptation Exposure with Response Prevention protocol), and ends with solution planning. Sessions 2-10: assesses and modifies food-related anxiety symptoms and the body experience of the subject. All sessions use the Socratic style. Sessions 11-15 not described. This group also received 5 weekly nutritional groups held	CBT: 15 sessions over 6 weeks: 5 weekly group sessions (aimed at improving assertiveness and motivation to change) plus 10 biweekly individual sessions (targeting eating behavior, self-esteem, and related problems). 10 individual sessions based on the CBT manuals by Fairburn. This group also received 5 weekly nutritional groups held by dieticians, in addition to maintaining a low-calorie diet (1200 kcal/day) and physical training. The duration for all treatments was 6 weeks and was administered by 2 charted clinical psychologists and one chartered psychotherapist under the	Nutritional groups: This group also received 5 weekly nutritional groups held by dieticians, in addition to maintaining a low-calorie diet (1200 kcal/day) and physical training. The duration for all treatments was 6 weeks and was administered by 2 charted	Waiting list: No description provided of this group	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Riva, 2003[32] (continued)		by dieticians, in addition to maintaining a low-calorie diet (1200 kcal/day) and physical training. The duration for all treatments was 6 weeks and was administered by 2 charted clinical psychologists and one chartered psychotherapist under the supervision of a senior chartered psychotherapist. The 3 therapists were balanced between the 3 conditions. It is implied that this treatment is inpatient/outpatient, but it is not described which components are inpatient and which are outpatient.	supervision of a senior chartered psychotherapist. The 3 therapists were balanced between the 3 conditions. It is implied that this treatment is inpatient/outpatient, but it is not described which components are inpatient and which are outpatient.			

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Safer, Robinson, and Jo, 2010[33] Safer and Joyce, 2011[34] Robinson and Safer, 2012[35]	- Two co-therapists led sessions, a senior (MD or PhD) and a doctoral candidate	DBT_BED - Based on Linehan's DBT for borderline PD, previously adapted for BED by Telch - 20 sessions including: - 2 intro sessions - 16 sessions teaching adaptive emotion-regulation skills - 2 sessions for review and relapse	ACGT - Safer and Hugo (2006) for detailed description - Based off Markowitz & Sacks (2002) - Follows a Rogerian approach	NA	NA	NA
Schlup, 2009[36]	NA	Shortened CBT, 8 weekly 90-min sessions, followed by 5 90-min booster sessions until 12m follow up	Wait-list, wait 8 weeks then same tx as G1	Examined by coding randomly selected videotaped sessions	NA	NA
Schlup, 2010[37]	Treatment groups started when 5-8 participants had been recruited. In both samples there were 7 treatment groups carried through by fully qualified psychotherapists with specialized training in CBT and master's students of clinical psychology as co-therapists, trained and supervised weekly by the senior researchers of the corresponding study	16 weekly 90-minute group sessions in the active treatment phase and 5 booster sessions during the 12-month follow-up period. During these sessions, treatment contents discussed during the active treatment phase were revised, whereas no new treatment topics were introduced	8 weekly 90-minute group sessions in the active treatment phase, followed by 5 group sessions identical to the CBT-L during follow-up treatment. Protocol mainly focused on reducing the core symptomatology for BED. In contrast to G1, psychoeducation on balanced nutrition and modifcation of body concept were only marginally targeted	NA	NA	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39]	NR	BWL: 16 individual weekly sessions each lasting 50 minutes and followed by 4 sessions at 2-week intervals aimed at continuing weight loss and enhancing maintenance of such losses. Based on NIDDK's Diabetes Prevention Program's manual. Moderate caloric restriction and exercise, reduction of fat intake to 25% of calories from fat. Weight loss goal of 7% of starting weight. Self-monitoring of exercise, fat intake, and (if necessary) caloric intake. Treatment delivered by master's-level therapists in clinical psychology or nutrition, who received supervision every other week.	CBTgsh: 10 treatment sessions, each lasting approximately 25 minutes, except for 1st session which was 60 minutes. First 4 sessions were weekly, next 2 occurred at 2wk intervals, and last 4 occurred at 4wk intervals. Based on Fairburn's book Overcoming Binge Eating, performed under the guidance of a therapist. Book provides education about binge eating and a step-by-step CBT self-help program. Primary focus is devloping a regular pattern of moderate eating using self-monitoring, self-control strategies, and problem-solving. Relapse prevention is emphasized to promote maintenance of behavioral change. Principal role of	IPT: 19 sessions delivered over 24 weeks (first 3 sessions scheduled during first 2 weeks, followed by 12 weekly sessions, and final 4 sessions were at 2-week intervals). All sessions were individual and lasted 50-60 minutes except for the first session which was 2 hours long. Based on treatment developed by Klerman et al. for depression, adapted by Fairburn for treatment of bulimia nervosa, formulated by Wilfley for BED. First phase (4 sessions) devoted to detailed analysis of the interpersonal context within which BED developed and	NA	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39] (continued)			therapist is to explain the rationale for the use of the self-help manual, generate a reasonable expectancy for a successful outcome, and to motivate the patient to focus on using the manual. Therapists were 1st or 2nd-year graduate students with no experience in CBTgsh or treating BED, trained in 3h workshop, no regularly scheduled supervision.	was maintained. Interpersonal problem areas are formulated and second stage is focused on interpersonal changes. Last 3 sessions devoted to a review of progress and exploration of ways to handle future interpersonal difficulties. Thearpy does not contain any of the specific behavioral or cognitive procedures that characterize CBT. Therapists were doctoral-level (PhD and PsyD), trained by Wilfley and supervised weekly by Wilfley or Wilson (based on treatment site), in addition to joint supervision meetings twice a year and quarterly conference calls.		

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41]	NA	Internet-guided self-help treatment program for BED, based on cognitive behavioral therapy, targeting behavioral and psychological aspects of BED such as loss of control on eating and shape and weight concerns	Control group had a 6-month waiting period with no access to the treatment program	NA	NA	NA
Telch, 2001[42]	NA	DBT, delivered at wkly, group 2hr sessions to teach DBT skills for 20 wks	Wait-list	NA	NA	NA

Evidence Table 21. Binge-eating disorder behavioral treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44]	Twenty 90-minute, weekly group sessions and 3 supplemental individual sessions (pre-treatment, mid-treatment, post-treatment) specifically addressing each participant's goals and progress. Participants received weekly personalized, written feedback detailing progress. Groups led by 2 therapists (one doctoral level, one at doctoral level or psych doctoral student). Therapists followed treatment manuals, trained by manuscript authors. Therapists received session-by-session supervision and feedback on each session's audiotapes to ensure manual adherence.	Group CBT: First phase (sessions 1-6): behavioral strategies (e.g., self-monitoring) help patients identify episodes of overrestriction and underrestriction and encourage normalization of eating patterns. Second phase (sessions 7-14): patients learn cognitive skills and cognitive restructuring to counter negative thoughts identified as predisposing binge eating. Third phase (sessions 15-20): patients learn relapse prevention techniques (e.g., problem-solving and coping with high-risk situations), identify reasonable goals and strategies for weight loss that will not promote bingeing	Group IPT: IPT is a brief, focused treatment focusing on problem resolution within 4 social domains: grief, interpersonal role disputes, role transitions, and interpersonal deficits. Phase 1 (sessions 1-5): examination of patient's interpersonal history to identify problem areas associated with BED, provision of a plan for working on problem areas Intermediate phase (sessions 6-15): strategies are implemented to help patients make changes Termination phase: (sessions 16-20): patients evaluate and consolidate gains, detail plans for maintaining improvements, outline remaining work	NA	NA	NA

Evidence Table 22. Binge-eating disorder behavioral treatment – part 4

Refid First Author's Last Name Year	Fidelity of the Intervention	Intervention Comments	Outcomes Collection and Measurement
Agras, 1995[4]	NR	CBT manual cited from Telch CF, Agras WS, Rossiter EM, Wilfley D, and Kenardy J. (1990). Group cognitive-behavioral thearpy for the nonpurging bulimic: An initial evaluation. Journal of consulting and clinical psychology, 58, 629-635.	Assessments took place pretreatment and at 12 weeks. Although the study included 24wk outcomes, they are not included in the review due to loss of original randomization after 12 weeks. Binge eating was measured by means of diary on which they recorded whether they had engaged in binge eating each day for a 14-day period. Both "objective" (i.e., binges consisting of a large amount of food and a sense of LOC of eating behavior) and "subjective" (i.e., binges consisting of a normal or small amount of food accompanied by a sense of LOC) were counted as binges
Allen, 1999[6]	NR	Appetite Awareness Training described in Craighead LW & Allen HN. (1995). Appetite awareness training: A cognitive behavioral intervention for binge eating. Cognitive and Behavioral Practice, 2, 249-270.	Assessments were conducted at baseline and posttreatment (8wk). Patients completed self-monitoring records using the Record of Eating Episodes (REE), a self-monitoring form developed for AAT to record feelings of unger and fullness. The REE is completed for 1 week; clients rate appetite on a scale from 1-7 (from very hungry to very full) both immediately before and immediately after each eating episode. Clients also indicate whether they consider the eating episode a meal, a snack, or a binge.
Carrard, 2011[7]	Among 74 participants, 25 (33.8%) completed all 11 intervention modules. 54 (73%) reached module 6. Participants logged on 81.1 times on average (SD 51.8, range 1-191). Number of days completed in the diary ranged from 0-214 days with a mean of 96.3 days. Participants sent between 1 and 47 messages to their coach (mean=21.8, SD 10.9)	NA	Outcomes were assessed through self-report questionnaires at baseline, after 6 months (at the end of treatment for G1 and at the end of the waiting period for G2), and after 1 year. Outcome measures included the Eating Disorder Examination Questionnaire (EDE-Q), the Eating Disorder Inventory-2 (EDI-2), and the Three-Factor Eating Questionnaire (TFEQ).

Evidence Table 22. Binge-eating disorder behavioral treatment – part 4 (continued)

Refid First Author's Last Name Year	Fidelity of the Intervention	Intervention Comments	Outcomes Collection and Measurement
Carter, 1998[8]	Twenty-three (92%) G2 participants reported that they had read the whole of the educational section (i.e., all eight educational chapters) in comparison with 24 (71%) of those in G1 Similarly, all the G2 participants reported reading the six-step self-help manual in comparison with 26 (77%) of the G1 participants. When asked whether they had followed the entire self-help program, 17 (68%) of the G2 participants responded positively in comparison with only 2 (6%) of the G1 participants. Across all the steps of the program the G1 participants had significantly lower compliance ratings than those who had received G2.	Citation for intervention book: Fairburn, C.G. (1995). Overcoming binge eating. New York: Guilford Press.	Assessments took place on 4 occasions: immediately before treatment, immediately after treatment, and at 3- and 6-month follow-up. Those in G3 were assessed before entering the study and before subsequent randomization to PSH or GSH.

Evidence Table 22. Binge-eating disorder behavioral treatment – part 4 (continued)

Refid First Author's Last Name Year	Fidelity of the Intervention	Intervention Comments	Outcomes Collection and Measurement
Cassin, 2008[9]	AMI sessions were taped; 20 (37%) were rated by two trained undergraduate RA's on the basis of the MI guidelines of the Yale Adherence and Competence Scale - Second Edition. On a 7 point scale where 7 represents that MI features were extensively present, 78.3% were rated as a 7, 21.3% as a 6, and 1.4% as a 5. Scores were averaged across raters; interrater reliability was not calculated due to restricted ranges on the 7-point scale. 5 was deemed the minimal threshold of adherence based on Nuro et al. 2005	NA	Outcome data were obtained immediately following the intervention and then through three follow-up phone interviews using the Timeline Follow-Back Interview (TLFB) at 4 weeks, 8 weeks, and 16 weeks respectively.
STRATOB Study, 2011[10]	NR	NA	Assessments were conducted at baseline, discharge from hospital (about 1 month after discharge), and after 6 months from discharge

Evidence Table 22. Binge-eating disorder behavioral treatment – part 4 (continued)

Refid First Author's Last Name Year	Fidelity of the Intervention	Intervention Comments	Outcomes Collection and Measurement
Cesa, 2013[11]	NR	Fairburn CG. Overcoming binge eating. New York: Guilford Press; 1995. Fairburn CG, Wilson GT. Binge eating: nature, assessment, and treatment. New York: Guilford Press; 1993. Cognitive-behavioral therapy for binge eating and bulimia nervosa: A comprehensive treatment manual. Ricca V, Mannucci E, Zucchi T, Rotella CM, Faravelli C. Cognitive behavioural therapy for bulimia nervosa and binge-eating disorder. A review. Psychother Psychosom. 2000; 69(6):287-95. Riva G, Bacchetta M, Baruffi M, Rinaldi S, Vincelli F, Molinari E. Virtual reality-based experiential cognitive treatment of obesity and binge-eating disorders. Clinical Psychology and Psychotherapy. 2000; 7:209-219. Riva G, Bacchetta M, Cesa G, Conti S, Molinari E. Virtual reality and telemedicine based experiential cognitive therapy: rationale and clinical protocol. In: Riva G, Galimberti C, editors. Towards CyberPsychology: Mind, Cognition and Society in the Internet Age. Amsterdam: IOS Press; 2001. pp273-308.	Assessments obtained 1 week after start of inpatient program, at the last week, and at 1-year follow-up (by postal mail).
Compare, 2013[12]	NR	NA	Assessments were conducted at baseline, at the end of treatment, and at 6-month follow-up. Comparisons were performed using a propensity score approach to adjust treatment for baseline values.

Evidence Table 22. Binge-eating disorder behavioral treatment – part 4 (continued)

Refid First Author's Last Name Year	Fidelity of the Intervention	Intervention Comments	Outcomes Collection and Measurement
De Zwaan, 2005[13]	NR	NA	Outcomes with follow-up at 72 weeks (12 month follow-up) only: - Prevalence of BED diagnosis evaluated with SCID for DSM-IV Outcomes with follow-up at 12 weeks (end of fast), 18 weeks (end of refeeding), 24 weeks (stabilization/end of treatment), and 28 weeks (1 month follow-up): - Frequency of binge eating episodes evaluated using Eating Behavior-IV (EB-IV) (previous 7 days) Outcomes with follow-up at 12 weeks (end of fast), 18 weeks (end of refeeding), 24 weeks (stabilization/end of treatment), 28 weeks (1 month follow-up), and 72 weeks (12 month follow-up): - Percentage of patients abstinent from binge eating evaluated using EB-IV (previous 7 days) - Percentage of weeks abstinent from binge eating evaluated using EB-IV Outcomes with follow-up at 12 weeks (end of fast), 18 weeks (end of refeeding), 24 weeks (end of treatment), 28 weeks (1 month follow-up), 48 weeks (6 month follow-up) and 72 weeks (12 month follow-up): - Weight - BMI - Eating disorder psychopathology evaluated using EDI, TFEQ, and BES - General psychopathology evaluated using BDI, HAM-D, MPQ-Impulsivity, RSE
Dingemans, 2007[14]	NR	NA	Assessments were conducted at baseline, mid-treatment (10 weeks), post-treatment (20 weeks)

Evidence Table 22. Binge-eating disorder behavioral treatment – part 4 (continued)

Refid First Author's Last Name Year	Fidelity of the Intervention	Intervention Comments	Outcomes Collection and Measurement
Eldredge, 1997[5]	NR	CBT intervention described in Agras WS, Telch CF, Arnow B, Eldredge K, Detzer MJ, Henderson J, and Marnell M. (1995). Does interpersonal therapy help patients with binge-eating disorder who fail to respond to cognitive-behavioral therapy? Journal of Counseling and Clinical Psychology, 63, 356-360.	Assessments took place pretreatment and at 12 weeks. Although the study included 24wk outcomes, they are not included in the review due to loss of original randomization after 12 weeks. Binge eating was assessed by self-monitoring throughout treatment, characterized as the number of days during a 14-day period in which patients reported at least one episode of binge eating. The crucial determining factor in labeling an episode a binge was the subjective experience of LOC over eating; therefore, episodes which consisted of both objectively large and small amounts of food were counted as binges.
Grilo, 2013[16]	NR	NA	Outcomes with follow-up at 4, 8, 12, and 16 weeks: - Frequency of OBEs in previous 28 days evaluated using EDE-Q at 4, 8, and 12 weeks or EDE Interview (EDE) at 16 weeks - Eating disorder psychopathology evaluated using EDE-Q Global - Depression evaluated using BDI scores - BMI scores measured with balance beam scale Outcomes with follow-up at 16 weeks only: - Remission from binge eating (i.e., no OBEs during previous 28 days) evaluated using EDE - Eating disorder psychopathology evaluated using EDE-Global NOTE: Only 16-week outcome data reported in article
Grilo, 2014[17]	NA	NA	Outcomes were assessed at baseline, post-treatment, and at 6 and 12 months after post-treatment.

Evidence Table 22. Binge-eating disorder behavioral treatment – part 4 (continued)

Refid First Author's Last Name Year	Fidelity of the Intervention	Intervention Comments	Outcomes Collection and Measurement
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19]	Therapists were monitored by audiotapes of sessions, and received weekly supervision throughout the study by the investigators. Audiotapes were reviewed for adherence to the manualized protocols with specific assessments of session structure, process, and content elements. Evaluations were all above 83% compliance, with the modal ratings being 92-100%.	NA	Data collection occurred at post-treatment and 6- and 12-month follow-ups
Grilo and Masheb, 2005,[20] Masheb and Grilo, 2007[21]	NR	NA	•Primary treatment outcome was "remission", defined as zero binges for the past 28 days, based on data obtained from ongoing daily self-monitoring assessments participants completed throughout the 12-week treatment period. •Secondary treatment outcomes included: -Frequency of binge eating, also obtained from the self-monitoring assessments -The following outcomes assessed at baseline, 4wk, 8wk, and 12wk f/u: *frequency of binge eating (EDE-Q) *features of eating disorders (EDE-Q, TFEQ) *depression (Beck Depression Inventory) *self-esteem (Rosenberg Self-Esteem Scale) *BMI
Hilbert, 2004[22]	Supervision of videotaped sessions provided bi-weekly to ensure manual adherence	NA	- All measures administered at pretreatment posttreatment, 4-month follow-up

Evidence Table 22. Binge-eating disorder behavioral treatment – part 4 (continued)

Refid First Author's Last Name Year	Fidelity of the Intervention	Intervention Comments	Outcomes Collection and Measurement
Le Grange, 2002[23]	NR	For more information about EMA, see Gorin & Stone, 2000. For more information about Standard Group CBT, see Telch and Agras (1992) and Fairburn, 1985.	Outcomes with follow-up at 12 weeks and 12 months: - Prevalence of BED diagnosis evaluated with SCID for DSM-IV - Frequency of binge eating episodes evaluated using self-report (previous 7 days) - Percentage of patients reducing binge-eating frequency by ≥50% - N of patients abstaining from binge eating - Eating disorder psychopathology evaluated using EDE-Q, TFEQ, and Emotional Eating Scale (EES) - BMI scores measured with balance beam scale Outcomes with follow-up at 12 weeks only: - Frequency of binge eating episodes evaluated with EDE (previous 28 days)
Masheb, 2011[24]	Treatment credibility (using an adapted version of the Treatment Credibility Questionnaire): Significantly greater at the end of treatment compared to the beginning (p=0.001) but no significant interaction effect was found suggesting that the treatments were equally credible. Therapist adherence (obtained by independent assessors who listened to randomly selected audio tapes of sessions and rated them for compliance with protocols): 100% for the 3 core elements (reviewing self-monitoring of eating behavior, reviewing daily food diaries, completing CBT portion of the session), 84% for setting the agenda, and 81% for completing the dietary counseling portion of the session	Energy density counseling based on manualized protocol described in: Ello-Martin JA, Roe LS, Ledikwe JH, Beach AM, & Rolls BJ. (2007). Dietary energy density in the treatment of obesity: a year-long trial comparing 2 weight-loss diets. American Journal of Clinical Nutrition, 85(6), 1465-1477.	Assessments were conducted at baseline, 6m, and 12m

Evidence Table 22. Binge-eating disorder behavioral treatment – part 4 (continued)

Refid First Author's Last Name Year	Fidelity of the Intervention	Intervention Comments	Outcomes Collection and Measurement
Munsch, Biedert, Meyer, et al., 2007[25] Munsch, Meyer, Biedert, et al., 2012[26]	NR	"Weight loss with Xenical" described in: Margraf J. Aus dick wird nicht dunn. Falsche Erwartungshaltungen. In: Roche E, editor. In Hulle und Fulle. Dem Fett auf den Leib Geruckt. Basel: Hoffmann-La Roche, 2000.	Assessments were conducted at baseline, after the weekly treatment sessions (16 weeks) and at 12 month follow-up, and at 6y follow-up (Munsch, Meyer, Biedert, et al., 2012[26]). Binges were assessed by EDE and patients also completed self-monitoring.
Peterson, 1998[27]	NA	NA	- All binges recorded using the Eating Behavior - IV (EB-IV) - self monitoring system, participants taught during the baseline session
Peterson, 2001[28]	NA	- All therapist led sessions led by a Ph.D psychologist - Sessions filmed ot standardize delivery and content	- Participants monitored binges 1-week before assessment - Binges were catorgorized into objective bingse, subjective binges, and total binge episodes based on the amount of food. - Additional self-repot measures were also administered - All measures collected at baselin, posttreatment, 1 month, 6 month and 12 month
Peterson, 2009[29]	Reported for G2 and G3 only: Overall therapist rating, mean (SD): 6.32 (0.38) Therapist adherence to protocol, mean (SD): 6.19 (0.93) Therapist comprehensiveness, mean (SD): 6.00 (0.86) Therapist use of effective communication, mean (SD): 6.58 (0.62) Therapeutic technique, mean (SD): 6.46 (0.69) Therapist rapport with group members, mean (SD): 6.40 (0.55)	NA	Binges were assessed with the EDE (ref 20), and eating pathology was assessed using the TFEQ (ref 21). Both were administered by graduate level assessors at baseline, post-treatment (20 weeks post-baseline), and at 6-month and 12-month follow-up (44 and 72 weeks post-baseline, respectively). Patients completed all secondary outcome measures, including BMI, depression symptoms, self-esteem, and weight-specific QOL, at every timepoint: baseline, post-treatment (20 weeks post-baseline), and at 6-month and 12-month follow-up (44 and 72 weeks post-baseline, respectively).

Evidence Table 22. Binge-eating disorder behavioral treatment – part 4 (continued)

Refid First Author's Last Name Year	Fidelity of the Intervention	Intervention Comments	Outcomes Collection and Measurement
Ricca, 2010[30]	Average attendance at groups was 95.4% (G1) and 95% (G2)	NA	Assessments were conducted at baseline, post-treatment (24 weeks), and 3 years after the end of treatment
Riva, 2002[31]	No significant differences in treatment attenddance between the groups. Mean # groups (out of 16 possible sessions) attended: G1: 12.35 (SD 4.41) G2: 11.77 (SD 4.11) p=0.50	G3 data were only presented in Tasca et al., 2006	Methods state that data collection occurred pre-treatment and post-treatment. However, authors allude to a 1-month post-treatment data collection time point in their reporting of binge cessation. Authors provide no description of how binge eating data were collected. Eating Disorders Inventory-2 was administered to participants at study entry but not at post-treatment, so did not abstract for outcomes
Riva, 2003[32]	NR	NA	Assessments were conducted at baseline, post-treatment (6 weeks), and 6 months after the end of treatment
Safer, Robinson, and Jo, 2010[33] Safer and Joyce, 2011[34] Robinson and Safer, 2012[35]	NA	Adherence - tx sessions audiotapes reviewed wkly - wkly meetings - DBT-BED audiotapes reviewed by a DBT expert - integrity checklist for ACGT therapists to make sure no overlap btwn G1 and G2 tx or IPT, CBT, or behavopral wt. loss - therapists provided with clinical supervision	-Demographic and diagnositic info collected at baseline only - questions realted to tx suitability assessed after the pretreatment orientation - all other assessments at baseline, posttreatment, 3, 6 ,12 months
Schlup, 2009[36]	NA	NA	Examined mean differences between both groups post-treatment. Baseline values are overall, as the model assumes equal aseline values for both tx groups. All analysis at th end of active tx, before wait-list started receiving tx (at 8wks into study). Rest of the analysis does not differentiate betweent the two groups

Evidence Table 22. Binge-eating disorder behavioral treatment – part 4 (continued)

Refid First Author's Last Name Year	Fidelity of the Intervention	Intervention Comments	Outcomes Collection and Measurement
Schlup, 2010[37]	NR	Additional details about interventions may be available in the articles reporting the two original trials: Munsch S, Biedert E, Meyer AH, Michael T, Schlup B, Tuch A, Margraf J. A randomized comparison of cognitive behavioral therapy and behavioral weight loss treatment for overweigh individuals with binge-eating disorder. Int J Eat Disord 2007; 40: 102-113 Schlup B, Meyer AH, Margraf J, Wilhelm F. The efficacy of a short version of a cognitive-behavioral treatment followed by booster sessions for binge-eating disorder. Behav Res Ther 2009; 47: 628-635	Variables were assessed at pre-treatment, at the end of treatment (following 16 weeks of CBT in G1 and 8 weeks of CBT in G2), and at 12-month follow-up

Evidence Table 22. Binge-eating disorder behavioral treatment – part 4 (continued)

Refid First Author's Last Name Year	Fidelity of the Intervention	Intervention Comments	Outcomes Collection and Measurement
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39]	NR	IPT references: Wilfley DE, Welch RR, Stein RI, Spurrell EB, Cohen LR, Saelens BE, Dounchis JZ, Frank MA, Wiseman CV, Matt GE. A randomized comparison of group cognitive behavioral therapy and group interpersonal psychothearpy for the treatment of overweight individuals with binge-eating disorder. Arch Gen Psychiatry. 2002; 59 (8): 713-721. Wilfley DE, Frank E, Welch R, Spurrell EB, Rounsaville B. Adapting interpersonal psychotherapy to a group format (IPT-G) for binge-eating disorder: toward a model for adapting empirically-supported treatments. Psychothearpy Res. 1998;8(4):379-391. Fairburn CG. Interpersonal psychothearpy for bulimia nervosa. In: Garner DM, Garfinkel PE, eds. Handbook of treatment for eating disorders. New York, NY: Guilford Press; 1997: 278-294. Klerman GL, Weissman MM, Rounsaville B, Chevron E. Interpersonal Psychothearpy of Depression. New York, NY: Basic Books, 1984. BWL reference: Diabetes Prevention Program (DPP) Research Group. The diabetes prevention program (DPP): description of lifestyle intervention. Diabetes Care. 2002; 25(12):2165-2171. CBT reference: Fairburn CG. Overcoming Binge Eating. New York, NY: Guilford Press; 1995.	Assessments were conducted at the end of treatment (time period not specified) and at 6, 12, 18, and 24m follow-ups

Evidence Table 22. Binge-eating disorder behavioral treatment – part 4 (continued)

Refid First Author's Last Name Year	Fidelity of the Intervention	Intervention Comments	Outcomes Collection and Measurement
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41]	Among 74 participants, 25 (33.8%) completed all 11 intervention modules. 54 (73%) reached module 6. Participants logged on 81.1 times on average (SD 51.8, range 1-191). Number of days completed in the diary ranged from 0-214 days with a mean of 96.3 days. Participants sent between 1 and 47 messages to their coach (mean=21.8, SD 10.9)	NA	Days binged in past 7 days, assessed by EDE and calendar recall method The Inventory of Interpersonal Problems (IIP) was administered pre-treatment, post-treatment (time period not specified), and at 6 months post-treatment. IIP is a 64-item measure that assesses overall distress regarding interpersonal problems, by a total score and 8 subscales (Domineering/controlling, Vindictive/self-centered, Cold/distant, Socially inhibited, Non-assertive, Overly accommodating, Self-sacrificing, Intrusive/needy)
Telch, 2001[42]	NR	NA	Means are reported; square root transformations were used in analyses. Participants asssesd at 20 wks of tx
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44]	Therapists received session-by-session supervision and feedback on each session's audiotapes to ensure manual adherence. Following all treatment, 2 independent raters coded 9 CBT and 9 IBT audiotaped sessions using 30 items adapted from an integrity scale used to differentiate CBT and IPT; treatment-specific indices significantly differentiated the treatments, whereas the nonspecific index did not. No significant differences in number of sessions attended in the two groups.	NA	Wilfley, Welch, Stein, et al., 2002[43]: All data are for completers at each time point unless stated ITT. Outcomes assessed pre-treatment, post-treatment (immediately following treatment cessation, mean 0.5 months), and at 4, 8, and 12 months post-treatment. Hilbert, Bishop, Stein, et al., 2012[44] Data collected at pre-treatment, post-treatment, 1-year follow-up, and long-term follow-up (mean 46.0 months after treatment) Long-term follow-up assessments included phone interviews and self-report questionnaires, whereas all other assessments involved in-person diagnostic visits and self-report questoinnaires. Note: many outcomes were abstracted from a supplemental table not included in the article that can be accessed at http://bjp.rcpsych.org/content/suppl/2012/01/19/bjp.bp.110.089664.DC1/ds89664.pdf

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Agras, 1995[4]	Binges/week: Number of days on which patients binged each week Abstinence from binge eating over a 2-week period	Binges/week G1: 4.4 (SD 1.8) G2: 3.7 (SD 1.2)	12 weeks binges/week G1: 0.7 (SD 1.0) G2: 3.4 (SD 2.0) 12 weeks abstinence G1: 55% G2: 9% chi-square=6.9, p<0.008
Allen, 1999[6]	Record of Eating Episodes -Frequency of binge episodes -Number of "hunger violations" (episodes in which hunger is rated below 2.5 before starting to eat) which indicates the person is waiting too long to eat -Number of "satiety violations" (fullness rated above 5.5 when eating stops), which indicates overeating episodes Binge eating scale (BES)	REE-Frequency of binge episodes G1: 4.86 (SD 2.00) G2: 3.91 (SD 2.28) REE-Number of hunger violations G1: 6.30 (SD 3.90) G2: 11.79 (SD 6.40) REE-Number of satiety violations G1: 6.47 (SD 2.77) G2: 7.42 (SD 3.61) BES G1: 30.36 (SD 3.64) G2: 29.78 (SD 5.56)	REE-Frequency of binge episodes G1: 0.72 (SD 1.10) G2: 4.95 (SD 2.25) F=16.08, p<0.001 REE-Number of hunger violations G1: 3.39 (SD 6.22) G2: 9.87 (SD 6.09) p=NR, NS REE-Number of satiety violations G1: 0.56 (SD 0.76) G2: 6.26 (SD 4.38) F=14.72, p<0.001 BES G1: 17.18 (SD 4.92) G2: 25.22 (SD 9.81) F=5.58, p<0.04

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Carrard, 2011[7]	1. Objective binge episodes (part of EDE-Q measure) in the past 28 days 2. Proportion of patients abstinent from bingeing	1. Objective binge episodes G1: 17.4 (15.6) G2: 14.8 (9.6) 2. Abstinence G1: NR G2: NR	1. Objective Binge Episodes 6-month Objective binge episodes G1: 8.9 (5.9) G2:11.0 (4.9) Mean Between-group difference (95% CI): NR p = 0.031 12-month Objective binge episodes G1: 5.5 (7.9) G2: 5.2 (5.5) Mean Between-group difference (95% CI): NR p = NR Statistical significance of the 12-month results is unclear. Article (p.487) states: "The reduction of OBE (F(1,36)= .0,ns) and the decline in BMI (F(1,36)= .4, ns) were also maintained". 2. 6-month Abstinence G1: 35.1% (N=13) G2: 8.1% (N=3_ Mean between-group difference (95% CI): NR p=0.005
Carter, 1998[8]	Freqency of binge eating in the past 28 days, assessed by EDE	Mean (SD) G1: 19.7 (12.9) G2: 17.8 (10.6) G3: 21.6 (12.5)	After treatment binge frequency Mean (SD) G1: 9.3 (11.7) G2: 4.3 (7.8) G3: 13.5 (10.3) 3-month follow-up binge frequency Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment immediately post-treatment) G1: 5.0 (4.3) G2: 3.6 (3.5) 6-month follow-up binge frequency Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment 3 months post-treatment) G1: 4.7 (4.0) G2: 3.7 (4.2)

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Cassin, 2008[9]	Binge-Eating Frequency: Binges were defined by guidelines in SCID-I Binge Size: Self report	Binge-Eating Frequency (days/month) G1: 14.6 (8.0) G2: 13.6 (6.9) Binge Size: NR	F stat calculated using repeated measures split-plot analysis of variance (i.e. did the experimental group change more over time than the control?) Binge-Eating Frequency (days/month): 16 Week Follow-Up (ITT) G1: 2.8 (3.5) G2: 6.3 (6.0) F = 8.97, (p < 0.01) d=0.58 Binge Size 16 week follow-up No difference between groups: (p = 0.06) Abstinence (no binge eating in past 2 months) G1: 15 G2: 6 (p = 0.03) Does not have 2 or more binges/week G1: 47 G2: 31 (p = 0.001)
STRATOB Study, 2011[10]	Number of weekly binge episodes, "assessed with a self-report procedure" BED remission (<2 weekly binge episodes)	Weekly binge episodes Overall: 2.82 (SD 0.77) G1: 2.83 (SD 0.74) G2: 2.8 (SD 0.8) p=NR, NS	6 month Weekly binge episodes G1: NR G2: NR 6 month BED remission G1: 36.70% G2: 80.00% p=0.001

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Cesa, 2013[11]	Number of binge-eating episodes (assessed by EDI-Symptom Checklist), using N=66 sample with 1y values imputed from baseline values carried forward	Binge episodes G1: NR G2: NR G3: NR Values depited in Figure 3 but not reported	Post-treatment binge episodes G1: 0 G2: 0 G3: 0 No significant between-group difference 1y binge episodes G1: NR G2: NR G3: NR no statistically significant difference between the groups in follow-up median scores (depicted in Figure 3 but numbers not reported)
Compare, 2013[12]	Binge eating remission (0 binges during the previous 28 days, based on the "Binge eating bulimic episodes and other episodes of overeating" section of EDE)	G1: NR G2: NR G3: NR p=NR, NS	ITT Posttreatment binge remission, %, propensity-adjusted OR (95% CI) G1: 28.6%, OR ref G2: 31.7%, CI 1.17 (0.55-2.52) G3: 49.2%, CI 2.54 (1.20-5.36) G2 vs. G3 (G2 ref): OR 2.16 (1.04-4.50) As treated Posttreatment binge remission, %, propensity-adjusted OR (95% CI) G1: 39.1%, OR ref G2: 36.4%, OR 0.87 (0.39-1.97) G3: 49.2%, OR 1.56 (0.72-3.93) G2 vs. G3 (G2 ref): OR 1.78 (0.85-3.77) ITT 6m binge remission, %, propensity-adjusted OR (95% CI) G1: 20.6%, OR ref G2: 42.9%, OR 2.93 (1.33-6.47) G3: 61.9%, OR 6.66 (2.97-14.94) G2 vs. G3 (G2 ref): OR 2.27 (1.10-4.67) As treated 6m binge remission, %, propensity-adjusted OR (95% CI) G1: 28.3%, OR ref G2: 49.1%, OR 2.42 (1.05-5.57) G3: 61.9%, OR 4.28 (1.87-9.77) G2 vs. G3 (G2 ref): OR 1.77 (0.84-3.72)

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
De Zwaan, 2005[13]	Prevalence of BED diagnosis Percentage of patients abstinent from binge eating in previous 7 days Percentage of weeks abstinent from binge eating Frequency of binge eating episodes in previous 7 days	Percentage of patients abstinent from binge eating (previous 7 days) (N) G1: 0 G2: 0 p = NA Percentage of weeks abstinent from binge eating G1: NR G2: NR p = NR Frequency of binge eating episodes in previous 7 days: mean (SD) G1: 3.9 (3.4) G2: 6.2 (5.3) p = 0.03	Prevalence of BED diagnosis 72 months, completers analysis (n=64) (%) G1: 54.5 G2: 58.1 p = NS Percentage of patients abstinent from binge eating in previous 7 days 12 weeks, ITT analysis (N) G1: 30 G2: 31 p = NS 18 weeks, ITT analysis (N) G1: 22 G2: 22 p = NS 24 weeks, ITT analysis (N) G1: 21 G2: 26 p = NS 28 weeks, ITT analysis (N) G1: 15 G2: 14 p = NS 72 weeks, ITT analysis (N) G1: 11 G2: 10 p = NS NOTE: At 72 weeks only, Ns based on abstinence from binge eating in previous 6 months Percentage of weeks abstinent from binge eating 12 weeks, ITT analysis (%) G1: 80.6 G2: 80.4 p = 0.98

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
De Zwaan, 2005[13] (continued)			18 weeks, ITT analysis (%) G1: 64.7 G2: 69 p = 0.58 24 weeks, ITT analysis (%) G1: 64.7 G2: 69 p = 0.58 Frequency of binge eating episodes in previous 7 days 12 weeks, ITT analysis: mean (SD) G1: 0.7 (1.7) G2: 0.6 (2.6) p (adjusted for baseline diff) = 0.25 18 weeks, ITT analysis: mean (SD) G1: 1.1 (1.8) G2: 1.1 (2.0) p (adjusted for baseline diff) = 0.54 24 weeks, ITT analysis: mean (SD) G1: 1.5 (2.8) G2: 1.2 (2.5) p (adjusted for baseline diff) = 0.28 28 weeks, ITT analysis: mean (SD) G1: 2.3 (5.6) G2: 1.5 (2.5) p (adjusted for baseline diff) = 0.15

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Dingemans, 2007[14]	Subjective binge episodes (SBEs) in past 28 days, per EDE Objective overeating episodes (OOEs) in past 28 days, per EDE Abstinence from Objective binge episodes (OBEs), per EDE	Subjective binge episodes (SBEs) in past 28 days, per EDE G1: 7.0 (SD 16.7) G2: 8.8 (SD 11.6) p=NR Objective overeating episodes (OOEs) in past 28 days, per EDE G1: 6.6 (SD 9.9) G2: 9.6 (SD 12.4) p=NR Objective binge episodes (OBEs) in past 28 days, per EDE G1: 14.8 (SD 7.8) G2: 14.7 (SD NR) p=NR	10wk Subjective binge episodes (SBEs) in past 28 days, per EDE G1: 2.3 (SD 3.7) G2: 3.9 (SD 8.0) 10wk Objective overeating episodes (OOEs) in past 28 days, per EDE G1: 1.3 (SD 3.5) G2: 1.2 (SD 3.4) Post-treatment Subjective binge episodes (SBEs) in past 28 days, per EDE G1: 2.3 (SD 5.4) G2: 7.9 (SD 13.3) SBE test statistics and significance Time ß (SE): 3.07 (SE 1.50) Time x condition ß (SE): -2.40 (SE 1.18) p=NR, NS Post-treatment Objective overeating episodes (OOEs) in past 28 days, per EDE G1: 2.1 (SD 5.5) G2: 4.6 (SD 6.0) OOE test statistics and significance Time ß (SE): 2.57 (SE 0.93), p<0.01 Time x condition ß (SE): -0.88 (SE 0.71), p=NR, NS Post-treatment Abstinence from objective binge episodes (OBEs), per EDE; N (%) G1: 19 (63%) G2: 4 (18%) chi-square=10.5 p<0.001 Decrease in objective binge episodes (OBEs) from BL to posttreatment, per EDE; % G1: 86% G2: 11% p=NR

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Dingemans, 2007[14] (continued)			10wk Objective binge episodes (OBEs), per EDE G1: 3.5 (SD 5.8) G2: 10.3 (SD NR) Post-treatment Objective binge episodes (OBEs), per EDE G1: 2.0 (SD 5.5) G2: 13.1 (SD NR) Decrease in OBE frequency from baseline to post-treatment G1: 86% G2: 11% OBE test statistics and significance G1: Wilcoxan z=-4.36, p<0.001 G2: Wilcoxan z=0.74, p=0.46
Eldredge, 1997[5]	Binge eating days	G1: NR G2: NR	12wk Binge eating days G1: NR G2: NR Mean percentage decrease in G1: 68.2% Mean percentage decrease in G2: 19.8% ANOVA comparing G1 to G2 for % change in binge eating after 12 weeks was significant, F=4.27, p=0.046

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Grilo, 2013[16]	Remission from binge eating (i.e., no OBEs during previous 28 days) evaluated using EDE Frequency of OBEs in previous 28 days evaluated using EDE-Q Frequency of OBEs in previous 28 days evaluated using EDE	Frequency of OBEs in previous 28 days evaluated using EDE-Q: mean (SD) G1: 13.8 (8.7) G2: 9.7 (7.1) p = NS Frequency of OBEs in previous 28 days evaluated using EDE G1: 15.1 (7.6) G2: 16.1 (8.9) p = NS	Remission from binge eating (i.e., no OBEs during previous 28 days) (%) 16 months, ITT analysis G1: 25 G2: 8.3 p = 0.12 (chi-square) or 0.24 (Fisher's exact test) OR (95% CI) = 3.7 (0.66 to 20.42); p = 0.14 Frequency of OBEs in previous 28 days evaluated using EDE-Q: mean (SD) 16 months, ITT analysis G1: 4.5 (5.0) G2: 8.2 (9.4) Effect size = 0.9 p = NR Group-by-time interaction p = 0.03 (G1 improved significantly over time, while G2 did not) Frequency of OBEs in previous 28 days evaluated using EDE: mean (SD) 16 months, ITT analysis G1: 5.8 (5.9) G2: 6.5 (7.2) Effect size = 0.24 p = NR Group-by-time interaction p = 0.39

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Grilo, 2014[17]	Binge episodes per month, per EDE Binge abstinence	Binge episodes/month G1: 14.6 (SD 12.8) G2: 21.1 (SD 19.2)	Posttreatment Binge episodes/month G1: 6.4 (SD 7.6) G2: 5.3 (SD 9.9) 6m Binge episodes/month G1: 3.6 (SD 6.4) G2: 5.7 (SD 10.0) 12m Binge episodes/month G1: 4.9 (SD 8.5) G2: 6.7 (SD 13.9) Posttreatment Binge remission G1: 24% G2: 29.6% 6m Binge remission G1: 40% G2: 40.7% 12m Binge remission G1: 40% G2: 37.0%

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19]	Binge episodes/month (OBEs on EDE) for past 28 days Remission (0 binges over the past month)	Binge episodes/month G1:15.6 (SD 8.0) G2: 14.9 (SD 8.5) G3: 17.9 (SD 9.4)	Post-treatment Binge episodes/month G1: 2.2 (SD 3.8) G2: 4.6 (SD 11.0) G3: 3.4 (SD 9.0) F=3.46 p=0.23 6m Binge episodes/month G1: 2.7 (SD 8.5) G2: 5.5 (SD 7.6) G3: 3.2 (SD 7.8) F=3.80 Binge frequency was significantly lower in G1 than G2, t=2.68, p=0.009 p=0.03 12m Binge episodes/month G1: 2.4 (SD 8.1) G2: 4.6 (SD 6.0) G3: 4.0 (SD 8.4) F=3.28 Binge frequency was significantly lower in G1 than G2, t=2.56, p=0.01 p=0.04 Post-treatment Remission, ITT analysis G1: 44.4% G2: 37.8% G3:48.6% chi-square=0.98 p=0.61 6m Remission, ITT analysis G1: 51.1% G2:33.3% G3: 48.6% chi-square=3.30 p=0.19

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19] (continued)			12m Remission, ITT analysis G1: 51.1% G2: 35.6% G3: 40.0% chi-square=2.34 p=0.31 Post-treatment Remission, completers G1: 59% G2: 52% G3: 76% chi-square=NR p=NR, NS 6m Remission, completers G1: 65% G2: 48% G3: 57% chi-square=NR p=NR, NS 12m Remission, completers G1: 65% G2: 42% G3: 48% chi-square=NR p=NR, NS

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Grilo and Masheb, 2005,[20] Masheb and Grilo, 2007[21]	Remission (0 binges over past 28 days) Objective bulimic episodes over past 28 days (EDE, EDE-Q): days/month (EDE), episodes/month (EDE), episodes/month (EDE-Q)	Objective bulimic epidoses days/month (EDE): mean (SD) G1: 13.0 (7.6) G2: 13.9 (7.1) G3: 11.4 (5.9) p=0.53 Objective bulimic epidoses episodes/month (EDE) mean (SD) G1: 14.6 (9.5) G2: 15.3 (7.7) G3: 11.8 (6.0) p=0.38 Objective bulimic epidoses episodes/month (EDE-Q): mean (SD) G1: 12.1 (9.0) G2: 13.4 (12.1) G3: 14.0 (4.8) p=0.77	12-wk Remission rates (daily self-monitoring): G1: 46% G2: 18.4% G3: 13.3% Overall p=0.01 G1 vs. G2 p=0.01 G2 vs. G3 p=0.66 G1 vs. G3 p=0.03 12-wk Remission rates (EDE-Q): G1: 59.5% G2: 23.7% G3: 26.7% Overall p=0.004 G1 vs. G2 p=0.002 G2 vs. G3 p=0.82 G1 vs. G3 p=0.03 12-wk Objective bulimic epidoses episodies/month (daily self-monitoring): mean (SD) G1: 3.8 (6.1) G2: 7.3 (8.2) G3: 6.8 (6.1) G1 vs. G2 p=0.016 G2 vs. G3 p=n/s G1 vs. G3 p=0.019 12-wk Objective bulimic epidoses episodies/month (EDE-Q): mean (SD) G1: 2.8 (5.1) G2: 6.7 (8.0) G3: 8.1 (6.9) G1 vs. G2 p=0.015 G2 vs. G3 p=n/s G1 vs. G3 p=0.014

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Hilbert, 2004[22]	Measure 1: Binge per week past month, mean, SD, (range) from EDE	Measure 1: Pretreatment G1: 2.9 (1.8) (1-7) G2: 3.4 (1.9) (1-8)	Measure 1: Posttreatment G1: 0.6 (0.7) (0-2) G2: 1.0 (1.9) (0-6) 4- month follow-up G1: 1.2 (2.0) (0-5) G2: 0.5 (1.0) (0-5) Repeated measures (Analysis of time) F: 27.41 df: 2, 44 p: <0.001

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Le Grange, 2002[23]	Prevalence of BED diagnosis Frequency of binge eating episodes in previous 28 days Frequency of binge eating episodes evaluated in previous 7 days	Frequency of binge eating episodes in previous 28 days (EDE-Q) G1: 13.6 (8.1) G2: 14.7 (8.9) p = NS Frequency of binge eating episodes in previous 7 days (self-report) G1: 3.9 (1.7) G2: 4.3 (2.9) p = NS	Prevalence of BED diagnosis 12 weeks, ITT analysis (%) G1: 37 G2: 59 p = 0.15 12 months, ITT analysis (%) G1: 58 G2: 55 p = 0.83 Frequency of binge eating episodes in previous 28 days (EDE-Q) 12 weeks, ITT analysis: mean (SD) G1: 4.5 (5.8) G2: 5.1 (6.3) p = <0.42 Group x time interaction: p = <0.7 Frequency of binge eating episodes in previous 7 days (self-report) 12 weeks, ITT analysis: mean (SD) G1: 1.6 (2.4) G2: 2.1 (1.9) p = <0.42 Group x time interaction: p = <0.7 12 months, ITT analysis: mean (SD) G1: 2.3 (2.4) G2: 2.2 (1.3) p = <0.42 Group x time interaction: p = <0.7 Percentage of patients reducing binge-eating frequency by ≥50% 12 weeks, ITT analysis (%) G1: 77 G2: 47 p = 0.098 12 months, ITT analysis (%) G1: 68 G2: 64 p = 0.75

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Le Grange, 2002[23] (continued)			N of patients abstaining from binge eating 12 weeks, ITT analysis (%) G1: NR G2: NR p = >0.34 12 months, ITT analysis (%) G1: NR G2: NR p = >0.34
Masheb, 2011[24]	Objective binge eating (OBE) episodes, EDE past 28 days Binge remission (0 binges for the 28 days prior to the end of treatment) per EDE Binge remission (0 binges for the 28 days prior to the end of treatment) per prospective self-monitoring	Binge eating per month (EDE) G1: 2.3 (SE 0.2) G2: 2.4 (SE 0.2)	12m Binge eating per month (EDE) G1: 0.7 (SE 0.3) G2: 0.0 (SE 0.2) Time x treatment F=1.92, p=0.110 6m Binge remission per self-monitoring, treatment completers (n=38) G1 (n=18): 72.2% (n=13) G2 (n=20): 75.0% (n=15) chi-square=0.04, p=0.846 6m binge remission per self-monitoring, ITT analysis (last observation carried forward) G1: 60% (n=15) G2: 72% (n=18) chi-square=0.80, p=0.370 6m Binge remission per EDE, treatment completers G1 (n=18): 72.2% (n=13) G2 (n=20): 55% (n=11) chi-square=1.21, p=0.272 6m BInge remission per EDE, ITT analysis G1: 52% (n=13) G2: 44% (n=11) chi-square=0.32, p=0.571

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Munsch, Biedert, Meyer, et al., 2007[25] Munsch, Meyer, Biedert, et al., 2012[26]	Munsch, Biedert, Meyer, et al., 2007[25]: Number of objective binge eating (OBE) days in past 28 days, per EDE Number of weekly binges (self-monitoring) Abstainer rates in past 28 days, per EDE BED diagnosis Munsch, Meyer, Biedert, et al., 2012[26] BED diagnosis Remission Number of weekly binges (self-monitoring)	Munsch, Biedert, Meyer, et al., 2007[25] OBE days G1 (n=43): 14.23 (SD 7.66) G2 (n=35): 14.17 (SD 8.09) # weekly binges G1 (n=36): 3.81 (SD 3.47) G2 (n=29): 4.10 (SD 3.71)	Munsch, Biedert, Meyer, et al., 2007[25] Post-treatment OBE days, Completer G1 (n=25): 0.56 (SD 2.06) G2 (n=23): 2.70 (SD 4.43) chi-square=33.3, p<0.001 12m OBE days, Completer G1 (n=15): 0 (SD 0) G2 (n=18): 1.00 (SD 2.93) chi-square=15.94, p<0.001 Post-treatment OBE days, ITT G1 (n=44): 6.20 (SD 8.66) G2 (n=35): 7.54 (SD 9.38) chi-square=2.91, p<0.088 12m OBE days, ITT G1 (n=44): 4.84 (SD 8.00) G2 (n=): 5.77 (SD 9.15) chi-square=0.01, p<0.92 Post-treatment # weekly binges, Completer G1 (n=28): 0.14 (SD 0.45) G2 (n=26): 1.15 (SD 1.89) chi-square=13.4, p<0.001 12m # weekly binges, Completer G1 (n=23): 0.52 (SD 1.59) G2 (n=14): 1.50 (SD 2.14) chi-square=4.0, p<0.045 Post-treatment Abstainers, Completers G1 (n=25): 80% G2 (n=22): 36% chi-square=9.56, p=0.002 12m Abstainers, Completers G1 (n=16): 94% G2 (n=18): 89% chi-square=0.254, p=0.614

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Munsch, Biedert, Meyer, et al., 2007[25] Munsch, Meyer, Biedert, et al., 2012[26] (continued)			Post-treatment Abstainers, ITT G1 (n=44): 41% G2 (n=36): 58% chi-square=6.74, p=0.010 12m Abstainers, ITT G1 (n=44): 52% G2 (n=36): 50% chi-square=0.74, p=0.39 Post-treatment BED diagnosis, Completers G1 (n=26): 4% G2 (n=22): 32% chi-square=7.26, p<0.007 12m BED diagnosis, Completers G1 (n=17): 6% G2 (n=19): 16% chi-square=0.92, p=0.33 6y BED diagnosis, Completers (Munsch, Meyer, Biedert, et al., 2012[26]) G1 (n=26): 3.8% G2 (n=22): 7.7% Post-treatment BED diagnosis, ITT G1 (n=44): 50% G2 (n=36): 78% chi-square=2.40, p=0.12 12m BED diagnosis, ITT G1 (n=44): 43% G2 (n=36): 53% chi-square=0.04, p=0.84 Munsch, Meyer, Biedert, et al., 2012[26]: 6y BED diagnosis G1 (n=26): 3.8% G2 (n=22): 7.7% G1 minus G2 posttreatment: 3.9, effect size=could not be estimated as values were too close to 0, p=NR, NS G1 minus G2 6y: 7.7 (+15, -27), effect size=0.31, p=NR, NS

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Munsch, Biedert, Meyer, et al., 2007[25] Munsch, Meyer, Biedert, et al., 2012[26] (continued)			Remission G1: NR G2: NR G1 minus G2 posttreatment: 44 (+6, -9), effect size=7.00, p<0.01 G1 minus G2 6y: 2.1 (+11, -11), effect size=1.12, p=NR, NS Number of weekly binges G1: NR G2: NR G1 minus G2 posttreatment: -0.289 (0.154), effect size=0.56, p=NR, NS G1 minus G2 6y: -0.646 (0.191), effect size=1.02, p<0.001
Peterson, 1998[27]	Measure 1: objective binge eating episodes per week Measure 2: total episodes (objective and subjective) per week Measure 3: hours binge eating per week	Measure 1: G1: 3.4 (1.7) G2: 5.5 (6.5) G3: 3.1 (2.1) G4: 3.5 (4.9) Measuer 2: G1: 7.7 (3.8) G2: 8.2 (5.9) G3: 6.8 (2.4) G4: 5.7 (6.0) Measure 3: G1: 9.0 (6.7) G2: 13.4 (13.0) G3: 9.8 (5.5) G4: 8.3 (7.6)	Measure 1: G1: 0.7 (1.3) G2: 1.3 (3.4) G3: 0.4 (1.1) G4: 4.7 (4.7) Btwn group diff F (3, 53) = 12.1 p: 0.000 Measure 2: G1: 3.3 (3.6) G2: 2.7 (4.3) G3: 1.8 (2.9) G4: 6.6 (4.5) Btwn group diff F (3, 53) = 5.67 p: 0.002 Measure 3: G1: 4.2 (6.9) G2: 3.2 (5.9) G3: 2.3 (3.3) G4: 9.6 (6.5) Btwn group diff F (3, 53) = 4.83 p: 0.005

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Peterson, 2001[28]	Measure 1: Objective binges per week Measure 2: Total binges per week Measure 3: Hours binged per week Measure 4: percentage abstient from OB for the last week Measure 5: percentage abstient from TB for the last week Measure 6: Full dx Measure 7: subthreshold - BE episodes met DSM-IV criteria but occured less than 2 days per week for 6 month Measure 8: Subjective binges only - participant reported only binge episodes taht were not objectivly large Measure 9: absent	Measure 1: Baseline G1: 3.4 (1.7) G2: 5.5 (6.7) G3: 2.9 (2.2) Measure 2: Baseline G1: 8.3 (3.1) G2: 9.2 (6.7) G3: 6.6 (2.2) Measure 3: Baseline G1: 9.0 (6.6) G2: 13.5 (13.4) G3: 10.0 (5.4) Measure 4: Baseline G1: 0.0 G2: 0.0 G3: 0.0 Measure 5: Baseline G1: 0.0 G2: 0.0 G3: 0.0	Measure 1: Posttreatment G1: 0.6 (1.4) G2: 0.7 (1.5) G3: 0.2 (2.2) 1 month G1: 0.8 (1.1) G2: 1.1 (2.5) G3: 0.9 (1.6) 6 month G1: 0.7 (0.9) G2: 0.4 (0.7) G3: 1.7 (3.9) 12 month G1: 0.5 (0.8) G2: 1.1 (2.7) G3: 1.0 (2.0) Time effects (Random regression) F: 24.04 p < 0.0001 Measure 2: Posttreatment G1: 2.8 (3.2) G2: 2.0 (3.4) G3: 2.4 (6.6) 1 month G1: 4.4 (4.0) G2: 3.7 (5.5) G3: 1.2 (1.6) 6 month G1: 3.7 (3.9) G2: 3.2 (3.0) G3: 3.0 (3.6)

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Peterson, 2001[28] (continued)			12 month G1: 3.5 (3.4) G2: 3.1 (4.8) G3: 3.3 (3.6) Time effects: NS Measure 3: Posttreatment G1: 2.6 (3.2) G2: 2.1 (3.4) G3: 3.2 (8.9) 1 month G1: 3.0 (2.4) G2: 3.8 (5.8) G3: 2.5 (3.8) 6 month G1: 2.3 (2.3) G2: 3.0 (2.5) G3: 3.6 (5.0) 12 month G1: 2.4 (1.8) G2: 2.8 (4.6) G3: 4.5 (5.2) Time effects (Random regression) F: 19.98 p <0.001 Measure 4 Posttreatment G1: 78.6 G2: 75.0 G3: 90.0 1 month G1: 54.5 G2: 69.2 G3: 63.6

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Peterson, 2001[28] (continued)			6 month G1: 55.6 G2: 70.0 G3: 66.7 12 month G1: 66.7 G2: 84.6 G3: 75.0 Measure 5: Posttreatment G1: 21.4 G2: 35.3 G3: 70.0 1 month G1: 18.2 G2: 23.1 G3: 45.5 6 month G1: 20.0 G2: 30.0 G3: 33.3 12 month G1: 16.7 G2: 46.2 G3: 33.3 Measure 6: Posttreatment G1: 15.4 G2: 17.6 G3: 8.3 1 Month G1: 0.0 G2: 13.3 G3: 8.3

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Peterson, 2001[28] (continued)			6 month G1: 0.0 G2: 27. 3 G3: 8.3 12 month G1: 8.3 G2: 15.4 G3: 16.7 Measure 7 posttreatment G1:30.8 G2: 17.6 G3: 50.0 1 month G1: 45.0 G2: 26.7 G3: 41.7 6 month G1: 50.0 G2: 18.2 G3: 33.3 12 Month G1: 41.7 G2: 23.1 G3: 16.7 Measure 8 POSTTREATMENT G1: 30.8 G2: 41.2 G3: 0.0 1 month G1: 27.3 G2: 40.0 G3: 8.3

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Peterson, 2001[28] (continued)			6 month G1: 30.0 G2: 18.2 G3: 33.3 12 month G1: 25.0 G2: 7.7 G3: 41.7 Measure 9 Posttreatment G1: 23.1 G2: 23.5 G3: 41.7 1 month G1: 27.3 G2: 20.0 G3: 41.7 6 month G1: 20.0 G2: 36.4 G3: 25.0 12 month G1: 25.0 G2: 53.8 G3: 25.0

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Peterson, 2009[29]	Frequency of objective binge eating episodes (OBEs) Objective binge days in past 28 days Abstinence from OBEs in past 28 days	OBE frequency, mean (SD) G1: 22.4 (13.7) G2: 21.9 (12.3) G3: 24.6 (18.7) G4: 23.1 (14.1) Abstinence from OBEs (%): NA at baseline Objective binge days, mean (SD) G1: 16.4 (6.8) G2: 16.4 (6.5) G3: 16.0 (6.9) G4: 17.1 (7.1)	OBE frequency, mean (SD) Post-treatment (20 weeks post-baseline): ITT analysis G1: 11.9 (13.2) G2: 9.7 (12.4) G3: 6.3 (12.3) G4: 17.6 (14.6) p = <0.001 (adjusted for baseline value, site, and sex) Partial eta squared = 0.154 Post hoc p (G3 < G1) = <0.008 Post hoc p (G1, G2, G3 < G4) = <0.008 Post-treatment (20 weeks post-baseline): completers analysis Group %s and p values NR 6m follow-up (44 weeks post-baseline): ITT analysis G1: 11.9 (13.8) G2: 12.5 (13.2) G3: 10.6 (14.8) G4: NA p = NS 6m follow-up (44 weeks post-baseline): completers analysis Group %s and p values NR 12m follow-up (72 weeks post-baseline): ITT analysis G1: 12.4 (13.7) G2: 12.3 (12.9) G3: 16.2 (19.4) G4: NA p = NS 12m follow-up (72 weeks post-baseline): completers analysis Group %s and p values NR NOTE: No site differences at any post-baseline timepoint Objective binge days, mean (SD) Post-treatment (20 weeks post-baseline): ITT analysis G1: 9.6 (8.6) G2: 7.6 (8.4) G3: 4.4 (7.3) G4: 13.5 (9.3) p = <0.001 (adjusted for baseline value, site, and sex)

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Peterson, 2009[29] (continued)			Partial eta squared = 0.151 Post hoc p (G3 < G1, G4) = <0.008 Post hoc p (G2 < G4) = <0.008 Post-treatment (20 weeks post-baseline): completers analysis Group %s and p values NR 6m follow-up (44 weeks post-baseline): ITT analysis G1: 9.3 (8.8) G2: 9.6 (8.8) G3: 7.4 (9.3) G4: NA p = NS 6m follow-up (44 weeks post-baseline): completers analysis Group %s and p values NR 12m follow-up (72 weeks post-baseline): ITT analysis G1: 9.6 (8.9) G2: 9.3 (8.6) G3: 10.6 (9.3) G4: NA p = NS 12m follow-up (72 weeks post-baseline): completers analysis Group %s and p values NR NOTE: No site differences at any post-baseline timepoint Abstinence from OBEs (%) Post-treatment (20 weeks post-baseline): ITT analysis G1: 17.9 G2: 33.3 G3: 51.7 G4: 10.1 p = <0.001 (adjusted for site and sex) Post hoc p (G1, G2 > G4) = <0.008 Post hoc p (G3 > G1) = NR but significant Post-treatment (20 weeks post-baseline): completers analysis Group %s NR p = <0.001 (G1, G2 > G4 only; adjusted for site and sex)

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Peterson, 2009[29] (continued)			6m follow-up (44 weeks post-baseline): ITT analysis G1: 19.4 G2: 23.8 G3: 43.3 G4: NA p = 0.62 6m follow-up (44 weeks post-baseline): completers analysis Group %s NR p = 0.035 (adjusted for site and sex) Post hoc p (G3 > G1) = 0.013 12m follow-up (72 weeks post-baseline): ITT analysis G1: 25.4 G2: 27.0 G3: 20.8 G4: NA p = 0.274 12m follow-up (72 weeks post-baseline): completers analysis Group %s NR p = NS (adjusted for site and sex) NOTE: No site differences at any post-baseline timepoint

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Ricca, 2010[30]	Binge episodes per month, per EDE and DSM-IV-TR (not specified how DSM-IV-TR was used) ED full recovery (did not fulfill DSM-IV criteria for BED or subthreshold BED) ED diagnostic change (when a diagnosis of subthreshold BED was performed in former BED patients, or when BED or subthreshold BED patients developed bulimia nervosa) Treatment resistant (post-treatment only) (no diagnostic change or crossover from subthreshold BED toward BED) ED relapses (3y only) (when a diagnosis of BED or subthreshold BED was performed at 3y in patients who had achieved a full recovery at posttreatment)	Binge episodes per month, median (quartiles) G1: 8.0 (4.0, 10.0) G2: 8.0 (4.0, 10.0) p=NR, NS	Posttreatment Binge episodes/month, median (quartiles), p for within-group change BL to posttreatment G1: 4.0 (0, 7.5), p<0.01 G2: 4.0 (2.0, 8.0), p<0.01 3y Binge episodes/month, median (quartiles), p for within-group change posttreatment to 3y G1: 4.0 (0, 6), p=NR, NS G2: 4.0 (0, 8), p<0.05 Binge episodes/month, repeated measures ANOVA for between-group comparison with covariate age F= 0.12 p=0.73 Posttreatment ED full recovery G1: 24 (33.3%) G2: 12 (16.7%) chi-square: 5.33 p=0.02 3y ED full recovery G1: 26 (36.1%) G2: 20 (27.8%)+ p=NR, NS Posttreatment ED diagnostic change G1: 13 (18.1%) G2: 24 (33.3%) chi-squre 4.40 p=0.03 3y ED diagnostic change G1: 12 (16.7%) G2: 18 (25.0%) p=NR, NS Posttreatment treatment resistant G1: 35 (48.6%) G2: 36 (50.0%) p=NR, NS 3y ED relapses G1: 7 (9.7%) G2: 8 (11.1%) p=NR, NS

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Riva, 2002[31]	Complete cessation of binge eating (no binge eating for the past 2 weeks). Authors provide no description of how binge eating data were collected.	N/A	Post-treatment complete cessation of binge eating G1: 100% G2: 100% 1 month after treatment complete cessation of binge eating G1: 100% G2: 100% "All the 20 patients had achieved complete cessation of binge eating… at the end of treatment. This result was maintained in the first month after the end of therapy."

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Riva, 2003[32]	Binge measure not specified EDI-2	Binge eating G1: NR G2: NR G3: NR G4: NR EDI Bulimia score G1: NR G2: NR G3: NR G4: NR	Posttreatment Binge eating abstinence G1: NR, "In all of the treatment groups, the patients quit bingeing at the end of treatment" G2: NR, "In all of the treatment groups, the patients quit bingeing at the end of treatment" G3: NR, "In all of the treatment groups, the patients quit bingeing at the end of treatment" G4: NR 6m Binge eating abstinence G1: 77% G2: 56% G3: 22% G4: NR Posttreatment EDI Bulimia score G1: NR G2: NR G3: NR G4: NR 6m EDI Bulimia score G1: 9.33 G2: 14.56 G3: 18.11 G4: NR p<0.05 ("G1 scored significantly better"

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Safer, Robinson, and Jo, 2010[33] Safer and Joyce, 2011[34] Robinson and Safer, 2012[35]	Measure 1: Abstinence from binge eating (no binge within prior 28 days) ** modeled using a piecewise growth model; modeled as quadratic during the first period and linera during the 2d period. Measure 2: Days of objective binge eating (over the prior 28 days)** modeled using a piecewise growth model; modeled as quadratic during the first period and linera during the 2d period.	Measure 1: NR Measure 2: NR	Measure 1: G1: 64% abstinence rate at posttreatment, 51% at the 3 month follow-up, 52% at the 6 month follow-up, & 64% by the 12 month follow-up G2: 36% abstienence rate at posttreatment, 53% at the 3 month follow-up 43% at the 6 month follow-up, 56% at the 12 month follow-up Measure 2: "Model estimation results indicate that during the first period, binge days in the G2 decreased significantly (p <0.001). Compared to G2, binge days for G1 decreased significantly more (p = 0.001)."
Schlup, 2009[36]	Abstainer rates (%) Objective binge episodes Subective binge episodes # of weekly binges	Abstainer Rates: 0% Objective binge episodes: 7.89 Subjective binge episodes 1.88 # of weekly binges 3.53	Abstainer Rate G1: 39% G2: 0% p=0.008 Objective Binge Episode: G1: -5.47 G2: - 0.43 p=0.009 Subjective binge episodes G1: -0.65 G2: -0.17 p=0.570 # of weekly binges G1: -1.58 G2: 0.35 p=0.0004

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Schlup, 2010[37]	Eating Disorder Examination number of objective binge episodes (OBEs) Eating Disorder Examination abstainer rates (proportion of patients not experiencing a binge during the last 28 days)	Means denote estimates from a linear mixed model or generalized linear mixed model. Values were back-transformed if necessary. OBE episodes G1: 14.80 G2: 14.80 p=0.98	Means denote estimates from a linear mixed model or generalized linear mixed model. Values were back-transformed if necessary. End of treatment OBE episodes G1: 0.43 G2: 2.36 Effect size: 0.29 p=0.23 12-month OBE episodes G1: 0.01 G2: 1.91 Effect size: 0.16 p=0.43 End of treatment Remission (%) G1: 86% G2: 46% OR: 7.4 p=0.008 12-month Remission (%) G1: >99% G2: 64% OR: 127.4 p=0.16

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39]	Number of binge days in the past 28 days, assessed by EDE Remission (time period not specified) No longer meeting DSM-IV criteria for BED	Number of binge days G1: 16.3 (SD 5.9) G2: 16.6 (SD 7.3) G3: 16.1 (SD 6.6)	Post-treatment Number of binge days G1: 4.3 (SD 7.9) G2: 3.8 (SD 7.2) G3: 3.7 (SD 7.2) Mean change: NR p=NS, NR "ITT analyses revealed no differences among the 3 treatments on... reduction in days of binge eating." 1y Number of binge days G1: 6.5 (SD 8.7) G2: 4.3 (SD 7.8) G3: 4.8 (SD 7.6) Mean change: NR p=NS, NR "At 1 year, no significant difference among treatments on any measure of binge eating were found." 2y Number of binge days G1: 5.8 (SD 8.5) G2: 3.7 (SD 7.3) G3: 4.3 (SD 7.8) Mean change: NR p=NR, no results are reported forthe analysis of 2y number of binge days Post-treatment, 1y, and 2y remission rates NR, presented in Figure 2 line graph. Post-treatment remission: G1: NR G2: NR G3: NR Mean change: NR p=NS, NR "ITT analyses revealed no differences among the 3 treatments on remission from binge eating." 1y remission:

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39] (continued)			G1: NR G2: NR G3: NR Mean change: NR p=NS, NR "At 1 year, no significant difference among treatments on any measure of binge eating were found." 2y remission: G1: NR G2: NR G3: NR Mean change: NR; F=3.6 G1 vs. G2 OR: 2.3 G1 vs. G3 OR: 2.6 G2 vs. G3 OR: 1.2 p<0.05 "Both G2 and G3 were significantly more effective than G1 in terms of remission from binge eating" Post-treatment No longer meeting DSM-IV criteria for BED G1: 81% G2: 82% G3: 87% Mean change: NR p=NR, NS "ITT analyses revealed no differences among the 3 treatments on... no longer meeting DSM-IV criteria for BED." 1y No longer meeting DSM-IV criteria for BED G1: NR G2: NR G3: NR Mean change: NR p=NR 2y No longer meeting DSM-IV criteria for BED G1: NR G2: NR G3: NR Mean change: NR p=NR

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41]	Number of days binged in the past 7 days Percent of patients improved for days binged in the past 7 days: fewer than 2 days binged in the past 7 days (those categorized as "abstinent" are also counted in the "improved" category Percent of patients abstinent in the past 7 days: no days binged in the past 7 days	Baseline G1: 4.11 (SD 1.35) G2: 3.95 (SD 1.70) G3: 4.00 (SD 1.52)	Post-treatment G1: 1.11 (SD 1.90) G2: 0.57 (SD 0.93) G3: 3.58 (SD 2.03) G2 vs. G3 Hierarchical linear modeling (HLM) coefficient: -1.41; t-value: -7.71; p<0.001 G1 vs. G3 Hierarchical linear modeling (HLM) coefficient: -1.43; t-value: -5.75, p<0.001 G2 vs. G1 Hierarchical linear modeling (HLM) coefficient:0.27; t-value: 1.37, p=NR 6m G1: 1.06 (SD 1.81) G2: 0.59 (SD 1.13) G3: N/A (6m and 12m not measured for control group) 12m G1: 1.46 (SD 2.10) G2: 0.62 (SD 1.46) G3: (6m and 12m not measured for control group) Pre-treatment to follow-ups modeling Linear modeling coefficients: -5.50, t-value: -9.09, p<0.001 Treatments modeling: 0.18, t-value: 0.61, p=NR Quadratic modeling coefficients: 0.86, t-value: 6.14, p<0.001 Treatments modeling: 0.00, t-value: 0.05, p=NR Post-treatment % improved in days binged in the past 7d G1: 75.7% G2: 86.5% G3: 12.1% 6m % improved in days binged in the past 7d G1: 86.5% G2: 75.7% G3: not measured for control 12m % improved in days binged in the past 7d G1: 78.4% G2: 73.0% G3: not measured for control

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41] (continued)			Post-treatment % abstinent in days binged in the past 7d G1: 59.5% G2: 62.2% G3: 9.1% 6m % abstinent in days binged in the past 7d G1: 62.2% G2: 64.9% G3: not measured for control 12m % abstinent in days binged in the past 7d G1: 56.8% G2: 67.7% G3: not measured for control
Telch, 2001[42]	Binge days, 28 days Binge episodes, per 28 days Binge abstinence (no binge eating in past 4 weeks)	Binge days (M,SD) G1: 10.5 (9.0) G2: 14.0 (5.0) (P = NS) Binge episodes (M,SD) G1: 11.5 (10.8) G2: 14.5 (7.5) (P = NS)	Binge days (M,SD): G1: 0 (0) (P = NR) G2: 8.5 (10.0) (P = NR) Diff between groups (P = NR) Diff between groups in change over time (P < 0.001), G1 better than G2 Binge episodes (M,SD) G1: 0 (0) (P = NR) G2: 10.0 (14.0) (P = NR) Diff between groups (P = NR) Diff between groups in change over time (P < 0.001), G1 better than G2 Binge abstinence (M) G1: 89% G2: 12.5% p<0.001

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44]	Wilfley, Welch, Stein, et al., 2002[43]: Binge-eating days: number of days during previous 28 days on which at least 1 objective bulimic episode occurred (consumption of an unusually large amount of food given the circumstances, accompanied by a loss of control over eating) Percentage of participants in recovery (with no objective bulimic episodes in the past month) Percentage of participants eating at a less than clinically significant level of 4 days per month Hilbert, Bishop, Stein, et al., 2012[44] Binge days per EDE: days with OBEs over previous 28 days Recovered: 0 OBE days in previous 28 days Remitted: fewer than 4 OBE days in previous 28 days Categorical change from 1y to long-term follow-up: maintained abstinence, achieved abstinence, relapse, remained non-abstinent Diagnosed (per EDE) at long-term follow-up with BED, anorexia nervosa, bulimia nervosa, ED not otherwise specified, purging behavior, fasting, or intense exercise	Wilfley, Welch, Stein, et al., 2002[43]: G1: 17.3 (SD 6.9, range 4-28) G2: 16.3 (SD 7.2, range 5-28) Hilbert, Bishop, Stein, et al., 2012[44] Binge days G1: 16.44 (SD 0.81) G2: 15.78 (SD 0.81) Recovered G1: 0% G2: 0% Remitted G1: 0% G2: 0%	Wilfley, Welch, Stein, et al., 2002[43]: Binge-eating days Post-treatment G1: 0.6 (SD 1.6, range 0-8) G2: 0.9 (SD 2.0, range 0-10) % decrease from pre-treatment to post-treatment: 96% in G1, 94% in G2 GEE main effect of time indicated improvement from pretreatment to posttreatment (p<0.001) Binge-eating days 4-month G1: 2.0 (SD 4.6, range 0-26) G2: 1.5 (SD 3.9, range 0-23) Binge-eating days 8-month G1: 2.1 (SD 5.0, range 0-28) G2: 1.9 (SD 4.5, range 0-28) Binge-eating days 12-month G1: 1.7 (SD 4.3, range 0-25) G2: 1.2 (2.6, range 0-11) % decrease from pre-treatment to 12-month: 90% in G1, 93% in G2 G1 and G2 were both effective in reducing number of binge days during treatment (ß=-0.27, SE=0.007, z=-11.68, p<0.001), with no significant treatment-by-time interaction (z=0.11, p=0.91). Significant quadratic (p<0.001) and cubic (p=0.002) time effects occurred through follow-up, with no significant linear or higher-order treatment-by-time interactions (all p-values ≥0.2). Recovery (intent-to-treat) Percentages not reported but presented in line graph (figure 2). No significant treatment differences at any time point (all p-values ≥0.36). Recovery Post-treatment (completers) G1: 64 (82%) G2: 59 (74%) Recovery 4-month (completers) G1: NR G2: NR

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44] (continued)			Recovery 8-month (completers) G1: NR G2: NR Recovery 12-month (completers) G1: 48 (72%) G2: 50 (70%) Sub-clinical bingeing (intent-to-treat) Percentages not reported but presented in line graph (figure 3). No significant treatment differences at any time point (all p-values ≥0.21). Sub-clinical bingeing Post-treatment (completers) G1: 73 (94%) G2: 72 (90%) Sub-clinical bingeing (completers) G1: NR G2: NR Sub-clinical bingeing (completers) G1: NR G2: NR Sub-clinical bingeing (completers) G1: 56 (84%) G2: 63 (89%) Hilbert, Bishop, Stein, et al., 2012[44] ITT Post-treatment binge days G1: 0.49 (SD 0.82) G2: 1.16 (SD 0.81) ITT 1y binge days G1: 1.09 (SD 0.91) G2: 2.15 (SD 0.85) ITT Long-term binge days G1: 5.86 (SD 1.09) G2: 2.32 (SD 0.98) ITT GEE binge days treatment effect F=0.88 p=0.351

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44] (continued)			ITT GEE binge days time effect F=155.94 p=<0.001 ITT GEE binge days treatment x time effect F=2.42 p=0.068 Post-hoc analyses binge days Significant improvements at post-treatment, 1y, and long-term follow-up when compared with pre-treatment (p<0.01) ITT Post-treatment Recovered G1: 81.8% G2: 64.4% ITT 1y Recovered G1: 77.8% G2: 53.7% ITT Long-term Recovered G1: 52.0% G2: 76.7% ITT GEE Recovered treatment effect chi-square 0.68, p=0.411 ITT GEE Recovered time effect chi-square 2.38, p=0.304 ITT GEE Recovered treatment x time effect chi-square 15.85, p<0.001 ITT Post-hoc analyses Recovered No significant between-group differences (all p>0.01) G1: a significant decline in recovery rates from post-treatment and 1-year follow-up to long-term follow-up was observed (both p≥0.002) G2: recovery rates did not change over the follow-up period (both p>0.01) Completer analysis Recovery across all 3 follow-up assessments G1: 27.3% G2: 22.2%

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44] (continued)			Completer analysis Recovery from 1y to long-term follow-up: Maintained abstinence G1: 52.0% G2: 43.3% Completer analysis Recovery from 1y to long-term follow-up: Achieved abstinence G1: 0.0% G2: 33.3% Completer analysis Recovery from 1y to long-term follow-up: Relapsed G1: 24.0% G2: 10.0% Completer analysis Recovery from 1y to long-term follow-up: Remained non-abstinent G1: 24.0% G2: 13.3% ITT Post-treatment Remitted G1: 95.5% G2: 86.7% ITT 1y Remitted G1: 88.9% G2: 80.5% ITT Long-term Remitted G1: 72.0% G2: 83.9% ITT GEE Remitted treatment effect chi-square 0.64, p=0.424 ITT GEE Remitted time effect chi-square 5.14, p=0.077 ITT GEE Remitted treatment x time effect chi-square 3.67, p=0.160 Long-term Dx BED G1: 12.0% G2: 9.4%

Evidence Table 23. Binge-eating disorder behavioral treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44] (continued)			Long-term Dx anorexia nervosa G1: 0% G2: 0% Long-term Dx bulimia nervosa G1: 0% G2: 0% Long-term Dx ED not otherwise specified G1: 0% G2: 0% Long-term Purging behavior G1: 0% G2: 0% Long-term Fasting G1: 0% G2: 0% Long-term Intense exercising G1: 0% G2: 0%

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Agras, 1995[4]	TFEQ -disinhibition -hunger -restraint Binge eating scale (BES) SCL-90 (Global)	12wk TFEQ-disinhibition G1: 12.1 (SD 2.6) G2: 13.6 (SD 1.7) 12wk TFEQ-hunger G1: 8.5 (SD 2.6) G2: 10.0 (SD 3.2) 12wk TFEQ-restraint G1: 9.4 (SD 3.3) G2: 7.8 (SD 4.4) 12wk Binge eating scale (BES) G1: 18.1 (SD 8.0) G2: 23.8 (SD 6.6) 12wk SCL-90 (Global) G1: 0.8 (SD 0.5) G2: 0.8 (SD 0.6)	12wk TFEQ-disinhibition G1: 12.1 (SD 2.6) G2: 13.6 (SD 1.7) 12wk TFEQ-hunger G1: 8.5 (SD 2.6) G2: 10.0 (SD 3.2) 12wk TFEQ-restraint G1: 9.4 (SD 3.3) G2: 7.8 (SD 4.4) 12wk Binge eating scale (BES) G1: 18.1 (SD 8.0) G2: 23.8 (SD 6.6) 12wk SCL-90 (Global) G1: 0.8 (SD 0.5) G2: 0.8 (SD 0.6)	NA

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Allen, 1999[6]	Eating Self-Efficacy Scale (ESES) -Negative affect -Social acc. Situational Appetite Measure-Urges (SAM-U) -Reward -Relaxation -Food present -Negative feelings -Hunger	ESES-Negative affect G1: 61.27 (SD 16.96) G2: 74.00 (SD 17.95) F=4.36, p=0.053 ESES-Social acc. G1: 45.18 (SD 11.15) G2: 50.89 (SD 9.62) p=NR, NS SAM-U-Reward G1: 14.55 (SD 5.11) G2: 20.89 (SD 5.25) F=8.23, p<0.05 SAM-U-Relaxation G1: 17.64 (SD 4.78) G2: 20.00 (SD 3.57) p=NR, NS SAM-U-Food present G1: 18.82 (SD 4.38) G2: 21.22 (SD 4.24) F=5.50, p<0.05 SAM-U-Negative feelings G1: 17.64 (SD 5.75) G2: 21.78 (SD 5.33) F=7.38, p<0.05 SAM-U-Hunger G1: 25.00 (SD 1.95) G2: 25.44 (SD 3.00) p=NR, NS	ESES-Negative affect G1: 61.27 (SD 16.96) G2: 74.00 (SD 17.95) F=4.36, p=0.053 ESES-Social acc. G1: 45.18 (SD 11.15) G2: 50.89 (SD 9.62) p=NR, NS SAM-U-Reward G1: 14.55 (SD 5.11) G2: 20.89 (SD 5.25) F=8.23, p<0.05 SAM-U-Relaxation G1: 17.64 (SD 4.78) G2: 20.00 (SD 3.57) p=NR, NS SAM-U-Food present G1: 18.82 (SD 4.38) G2: 21.22 (SD 4.24) F=5.50, p<0.05 SAM-U-Negative feelings G1: 17.64 (SD 5.75) G2: 21.78 (SD 5.33) F=7.38, p<0.05 SAM-U-Hunger G1: 25.00 (SD 1.95) G2: 25.44 (SD 3.00) p=NR, NS	NA

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Carrard, 2011[7]	EDI-2 -Drive for thinness -Bulimia -Body dissatisfaction -Ineffectiveness -Perfectionism -Interpersonal distrust -Interoceptive awareness -Maturity fears -Impulse regulation -Social insecurity EDE-Q -Restraint -Shape concern -Total EDE-Q TFEQ restraint TFEQ hunger	6m EDI-2 -Drive for thinness G1: 8.9 (5.9) G2: 11.0 (4.9) Mean Between-group difference (95% CI): NR p = 0.020 1y EDI-2 -Drive for thinness G1: 5.4 (4.7) G2: 7.8 (6.0) Mean Between-group difference (95% CI): NR p <0.001 6m-Bulimia G1: 2.8 (2.6) G2: 5.9 (4.4) Mean Between-group difference (95% CI): NR p <0.001 1y-Bulimia G1: 1.7 (1.9) G2: 2.5 (2.9) Mean Between-group difference (95% CI): NR p = NR, but reports ns 6m-Body dissatisfaction G1: 19.0 (7.0) G2: 18.9 (6.8) Mean Between-group difference (95% CI): NR p = 0.001 1y-Body dissatisfaction G1: 15.6 (7.7) G2: 14.5 (9.2)	6m EDI-2 -Drive for thinness G1: 8.9 (5.9) G2: 11.0 (4.9) Mean Between-group difference (95% CI): NR p = 0.020 1y EDI-2 -Drive for thinness G1: 5.4 (4.7) G2: 7.8 (6.0) Mean Between-group difference (95% CI): NR p <0.001 6m-Bulimia G1: 2.8 (2.6) G2: 5.9 (4.4) Mean Between-group difference (95% CI): NR p <0.001 1y-Bulimia G1: 1.7 (1.9) G2: 2.5 (2.9) Mean Between-group difference (95% CI): NR p = NR, but reports ns 6m-Body dissatisfaction G1: 19.0 (7.0) G2: 18.9 (6.8) Mean Between-group difference (95% CI): NR p = 0.001 1y-Body dissatisfaction G1: 15.6 (7.7) G2: 14.5 (9.2)	NA

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Carrard, 2011[7] (continued)		Mean Between-group difference (95% CI): NR p = 0.001 6m-Ineffectiveness G1: 3.7 (3.5) G2: 5.6 (6.1) Mean Between-group difference (95% CI): NR p = 0.646 1y-Ineffectiveness G1: 2.3 (2.8) G2: 3.8 (5.1) Mean Between-group difference (95% CI): NR p = NR 6m-Perfectionism G1: 6.5 (4.3) G2: 5.8 (4.5) Mean Between-group difference (95% CI): NR p = 0.305 12m-Perfectionism G1: 5.1 (3.8) G2: 5.4 (4.1) Mean Between-group difference (95% CI): NR p = NR 6m-Interpersonal distrust G1: 3.0 (3.4) G2: 3.8 (3.3) Mean Between-group difference (95% CI): NR p = 0.956 12m-Interpersonal distrust G1: 2.3 (3.1) G2: 3.0 (3.6)	Mean Between-group difference (95% CI): NR p = 0.001 6m-Ineffectiveness G1: 3.7 (3.5) G2: 5.6 (6.1) Mean Between-group difference (95% CI): NR p = 0.646 1y-Ineffectiveness G1: 2.3 (2.8) G2: 3.8 (5.1) Mean Between-group difference (95% CI): NR p = NR 6m-Perfectionism G1: 6.5 (4.3) G2: 5.8 (4.5) Mean Between-group difference (95% CI): NR p = 0.305 12m-Perfectionism G1: 5.1 (3.8) G2: 5.4 (4.1) Mean Between-group difference (95% CI): NR p = NR 6m-Interpersonal distrust G1: 3.0 (3.4) G2: 3.8 (3.3) Mean Between-group difference (95% CI): NR p = 0.956 12m-Interpersonal distrust G1: 2.3 (3.1) G2: 3.0 (3.6)	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Carrard, 2011[7] (continued)		Mean Between-group difference (95% CI): NR p = NR 6m-Interoceptive awareness G1: 4.5 (4.5) G2: 7.3 (6.2) Mean Between-group difference (95% CI): NR p = 0.024 12m-Interoceptive awareness G1: 3.2 (3.5) G2: 4.1 (4.2) Mean Between-group difference (95% CI): NR p = NR, reports ns 6m-Maturity fears G1: 2.3 (2.6) G2: 2.2 (2.8) Mean Between-group difference (95% CI): NR p = 0.329 12m-Maturity fears G1: 2.3 (2.5) G2: 2.1 (2.9) Mean Between-group difference (95% CI): NR p = NR 6m-Impulse regulation G1: 2.7 (2.6) G2: 3.8 (4.3) Mean Between-group difference (95% CI): NR p = 0.099 12m-Impulse regulation G1: 1.8 (2.4) G2: 2.4 (2.8)	Mean Between-group difference (95% CI): NR p = NR 6m-Interoceptive awareness G1: 4.5 (4.5) G2: 7.3 (6.2) Mean Between-group difference (95% CI): NR p = 0.024 12m-Interoceptive awareness G1: 3.2 (3.5) G2: 4.1 (4.2) Mean Between-group difference (95% CI): NR p = NR, reports ns 6m-Maturity fears G1: 2.3 (2.6) G2: 2.2 (2.8) Mean Between-group difference (95% CI): NR p = 0.329 12m-Maturity fears G1: 2.3 (2.5) G2: 2.1 (2.9) Mean Between-group difference (95% CI): NR p = NR 6m-Impulse regulation G1: 2.7 (2.6) G2: 3.8 (4.3) Mean Between-group difference (95% CI): NR p = 0.099 12m-Impulse regulation G1: 1.8 (2.4) G2: 2.4 (2.8)	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Carrard, 2011[7] (continued)		Mean Between-group difference (95% CI): NR p = NR 6m-Social insecurity G1: 3.6 (2.6) G2: 4.7 (3.9) Mean Between-group difference (95% CI): NR p = 0.518 12m-Social insecurity G1: 2.9 (2.3) G2: 3.7 (3.6) Mean Between-group difference (95% CI): NR p = NR EDE-Q 6m-Restraint G1: 1.7 (1.4) G2: 1.8 (1.3) Mean Between-group difference (95% CI): NR p = 0.063 12m-Restraint G1: 1.3 (1.1) G2: 1.2 (1.3) Mean Between-group difference (95% CI): NR p = NR 6m-Shape concern G1: 3.7 (1.3) G2: 4.1 (1.3) Mean Between-group difference (95% CI): NR p = 0.001 12m-Shape concern G1: 2.9 (1.5) G2: 3.3 (1.9)	Mean Between-group difference (95% CI): NR p = NR 6m-Social insecurity G1: 3.6 (2.6) G2: 4.7 (3.9) Mean Between-group difference (95% CI): NR p = 0.518 12m-Social insecurity G1: 2.9 (2.3) G2: 3.7 (3.6) Mean Between-group difference (95% CI): NR p = NR EDE-Q 6m-Restraint G1: 1.7 (1.4) G2: 1.8 (1.3) Mean Between-group difference (95% CI): NR p = 0.063 12m-Restraint G1: 1.3 (1.1) G2: 1.2 (1.3) Mean Between-group difference (95% CI): NR p = NR 6m-Shape concern G1: 3.7 (1.3) G2: 4.1 (1.3) Mean Between-group difference (95% CI): NR p = 0.001 12m-Shape concern G1: 2.9 (1.5) G2: 3.3 (1.9)	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Carrard, 2011[7] (continued)		Mean Between-group difference (95% CI): NR p = 0.001 6m-Total EDE-Q G1: 2.5 (1.1) G2: 2.9 (1.0) Mean Between-group difference (95% CI): NR p <0.001 12m-Total EDE-Q G1: 1.9 (1.1) G2: 2.3 (1.5) Mean Between-group difference (95% CI): NR p = NR, reports ns 6m TFEQ restraint G1: 8.5 (3.9) G2: 8.3 (3.8) Mean Between-group difference (95% CI): NR p = 0.500 1y TFEQ restraint G1: 7.5 (4.1) G2: 7.6 (3.8) Mean Between-group difference (95% CI): NR p = NR 6m TFEQ hunger G1: 6.7 (2.9) G2: 9.3 (2.8) Mean Between-group difference (95% CI): NR p = 0.001 12m TFEQ hunger G1: 5.1 (3.4) G2: 6.7 (3.5) Mean Between-group difference (95% CI): NR p = 0.002	Mean Between-group difference (95% CI): NR p = 0.001 6m-Total EDE-Q G1: 2.5 (1.1) G2: 2.9 (1.0) Mean Between-group difference (95% CI): NR p <0.001 12m-Total EDE-Q G1: 1.9 (1.1) G2: 2.3 (1.5) Mean Between-group difference (95% CI): NR p = NR, reports ns 6m TFEQ restraint G1: 8.5 (3.9) G2: 8.3 (3.8) Mean Between-group difference (95% CI): NR p = 0.500 1y TFEQ restraint G1: 7.5 (4.1) G2: 7.6 (3.8) Mean Between-group difference (95% CI): NR p = NR 6m TFEQ hunger G1: 6.7 (2.9) G2: 9.3 (2.8) Mean Between-group difference (95% CI): NR p = 0.001 12m TFEQ hunger G1: 5.1 (3.4) G2: 6.7 (3.5) Mean Between-group difference (95% CI): NR p = 0.002	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Carter, 1998[8]	All assessed by EDE: Global EDE-Q4 score Restraint Eating concern Shape concern Weight concern	Global EDE-Q4 score After treatment Mean (SD) G1: 2.7 (1.3) G2: 2.1 (1.2) G3: 3.5 (0.8) Global EDE-Q4 score 3-month follow-up Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment immediately post-treatment) G1: 2.6 (1.5) G2: 2.1 (1.3) Global EDE-Q4 score 6-month follow-up Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment 3 months post-treatment) G1: 2.6 (1.5) G2: 2.4 (1.3) EDE Restraint After treatment Mean (SD) G1: 2.1 (1.4) G2: 1.2 (1.3) G3: 2.6 (1.4) EDE Restraint 3-month follow-up Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment immediately post-treatment) G1: 1.9 (1.6) G2: 1.0 (1.0)	Global EDE-Q4 score After treatment Mean (SD) G1: 2.7 (1.3) G2: 2.1 (1.2) G3: 3.5 (0.8) Global EDE-Q4 score 3-month follow-up Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment immediately post-treatment) G1: 2.6 (1.5) G2: 2.1 (1.3) Global EDE-Q4 score 6-month follow-up Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment 3 months post-treatment) G1: 2.6 (1.5) G2: 2.4 (1.3) EDE Restraint After treatment Mean (SD) G1: 2.1 (1.4) G2: 1.2 (1.3) G3: 2.6 (1.4) EDE Restraint 3-month follow-up Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment immediately post-treatment) G1: 1.9 (1.6) G2: 1.0 (1.0)	NA

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Carter, 1998[8] (continued)		EDE Restraint 6-month follow-up Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment 3 months post-treatment) G1: 2.0 (1.6) G2: 1.3 (1.2) EDE eating concern After treatment Mean (SD) G1: 2.0 (1.6) G2: 1.4 (1.3) G3: 3.7 (1.1) EDE eating concern 3-month follow-up Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment immediately post-treatment) G1: 2.2 (1.7) G2: 1.6 (1.5) EDE eating concern 6-month follow-up Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment 3 months post-treatment) G1: 2.2 (1.6) G2: 1.8 (1.5) EDE shape concern After treatment Mean (SD) G1: 3.7 (1.6) G2: 3.3 (1.5) G3: 4.6 (0.9)	EDE Restraint 6-month follow-up Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment 3 months post-treatment) G1: 2.0 (1.6) G2: 1.3 (1.2) EDE eating concern After treatment Mean (SD) G1: 2.0 (1.6) G2: 1.4 (1.3) G3: 3.7 (1.1) EDE eating concern 3-month follow-up Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment immediately post-treatment) G1: 2.2 (1.7) G2: 1.6 (1.5) EDE eating concern 6-month follow-up Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment 3 months post-treatment) G1: 2.2 (1.6) G2: 1.8 (1.5) EDE shape concern After treatment Mean (SD) G1: 3.7 (1.6) G2: 3.3 (1.5) G3: 4.6 (0.9)	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Carter, 1998[8] (continued)		EDE shape concern 3-month follow-up Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment immediately post-treatment) G1: 3.6 (1.8) G2: 3.3 (1.6) EDE shape concern 6-month follow-up Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment 3 months post-treatment) G1: 3.7 (1.7) G2: 3.6 (1.6) EDE Weight concern After treatment Mean (SD) G1: 3.1 (1.4) G2: 2.5 (1.6) G3: 3.7 (1.1) EDE Weight concern 3-month follow-up Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment immediately post-treatment) G1: 2.8 (1.7) G2: 2.6 (1.5)	EDE shape concern 3-month follow-up Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment immediately post-treatment) G1: 3.6 (1.8) G2: 3.3 (1.6) EDE shape concern 6-month follow-up Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment 3 months post-treatment) G1: 3.7 (1.7) G2: 3.6 (1.6) EDE Weight concern After treatment Mean (SD) G1: 3.1 (1.4) G2: 2.5 (1.6) G3: 3.7 (1.1) EDE Weight concern 3-month follow-up Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment immediately post-treatment) G1: 2.8 (1.7) G2: 2.6 (1.5)	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Carter, 1998[8] (continued)		EDE Weight concern 6-month follow-up Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment 3 months post-treatment) G1: 2.7 (1.7) G2: 2.8 (1.5)	EDE Weight concern 6-month follow-up Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment 3 months post-treatment) G1: 2.7 (1.7) G2: 2.8 (1.5)	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Cassin, 2008[9]	Weight Efficacy Lifestyle Questionnaire (WEL) Change ratings (3 questions on an 11-pt visual analogue scale, anchored not at all to extrememly): 1."How important is it for you change?" 2. "How ready are you to change?" 3. "If you decided to change, how confident are you that you will succeed?"	WEL 1. Negative emotions G1: 22.8 (8.4) G2: 16.6 (7.1) t = 4.16, p < .001 2.Food Availability G1: 25.6 (8.2) G2: 17.6 (8.1) t = 5.03, p < .001 3. Social Pressure G1: 28.5 (7.9) G2: 23.9 (8.4) t = 2.93, p < .01 4. Physical Discomfort G1: 28.1 (7.2) G2: 24.0 (7.5) t = 2.93, p < .01 5. Other Activities G1: 29.8 (8.0) G2: 22.7 (7.7) t = 4.72, p < .001 Change Ratings 1. Importance of change G1: 9.5 (0.9) G2: 9.4 (1.1) t = 0.84, p = NS 2. Readiness for change G1: 8.6 (1.3) G2: 8.4 (1.6) t = 0.52, p = NS 3. Confidence for change G1: 7.6 (1.4) G2: 5.5 (2.8) t = 4.91, p < .001	WEL 1. Negative emotions G1: 22.8 (8.4) G2: 16.6 (7.1) t = 4.16, p < .001 2.Food Availability G1: 25.6 (8.2) G2: 17.6 (8.1) t = 5.03, p < .001 3. Social Pressure G1: 28.5 (7.9) G2: 23.9 (8.4) t = 2.93, p < .01 4. Physical Discomfort G1: 28.1 (7.2) G2: 24.0 (7.5) t = 2.93, p < .01 5. Other Activities G1: 29.8 (8.0) G2: 22.7 (7.7) t = 4.72, p < .001 Change Ratings 1. Importance of change G1: 9.5 (0.9) G2: 9.4 (1.1) t = 0.84, p = NS 2. Readiness for change G1: 8.6 (1.3) G2: 8.4 (1.6) t = 0.52, p = NS 3. Confidence for change G1: 7.6 (1.4) G2: 5.5 (2.8) t = 4.91, p < .001	NA

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
STRATOB Study, 2011[10]	Outcome Questionnaire (OQ 45.2) -Symptom distress -Interpersonal relations -Social role -Global index	OQ 45.2-Symptom distress, change from BL to discharge G1: -2.7 (SD 3.49) G2: -3.2 (SD 3.04) Effect size (Hedges): -0.15 95% CI: -0.66, 0.36 p=0.556 OQ 45.2-Symptom distress, change from discharge to 6m G1: -7.93 (SD 5.12) G2: -14.1(SD 5.98) Effect size (Hedges): -1.09 95% CI: -1.64, -0.55 p=0.000 OQ 45.2-Interpersonal relations, change from BL to discharge G1: -1.5 (SD 6.67) G2: -4.5 (SD 7.78) Effect size (Hedges): -0.41 95% CI: -0.92, 0.10 p=0.114 OQ 45.2-Interpersonal relations, change from discharge to 6m G1: -2.2 (SD 10.3) G2: -4.47 (SD 10.78) Effect size (Hedges): -0.21 95% CI: -0.72, 0.29 p=0.408 OQ 45.2-Social role, change from BL to discharge G1: -1.77 (SD 2.11) G2: -1.7 (SD 2.93) Effect size (Hedges): 0.03 95% CI: -0.48, 0.53 p=0.920	OQ 45.2-Symptom distress, change from BL to discharge G1: -2.7 (SD 3.49) G2: -3.2 (SD 3.04) Effect size (Hedges): -0.15 95% CI: -0.66, 0.36 p=0.556 OQ 45.2-Symptom distress, change from discharge to 6m G1: -7.93 (SD 5.12) G2: -14.1(SD 5.98) Effect size (Hedges): -1.09 95% CI: -1.64, -0.55 p=0.000 OQ 45.2-Interpersonal relations, change from BL to discharge G1: -1.5 (SD 6.67) G2: -4.5 (SD 7.78) Effect size (Hedges): -0.41 95% CI: -0.92, 0.10 p=0.114 OQ 45.2-Interpersonal relations, change from discharge to 6m G1: -2.2 (SD 10.3) G2: -4.47 (SD 10.78) Effect size (Hedges): -0.21 95% CI: -0.72, 0.29 p=0.408 OQ 45.2-Social role, change from BL to discharge G1: -1.77 (SD 2.11) G2: -1.7 (SD 2.93) Effect size (Hedges): 0.03 95% CI: -0.48, 0.53 p=0.920	NA

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
STRATOB Study, 2011[10] (continued)		OQ 45.2-Social role, change from discharge to 6m G1: -4.33 (SD 2.93) G2: -5.57 (SD 4.38) Effect size (Hedges): -0.33 95% CI: -0.84, 0.18 p=0.205 OQ 45.2-Global index, change from BL to discharge G1: -5.97 (SD 6.2) G2: -9.4 (SD 7.46) Effect size (Hedges): -0.49 95% CI: -1.01, 0.02 p=0.570 OQ 45.2-Global index, change from discharge to 6m G1: -14.47 (SD 12.07) G2: -27.2 (SD 10.91) Effect size (Hedges): -1.09 95% CI: -1.63, -0.55 p=0.000	OQ 45.2-Social role, change from discharge to 6m G1: -4.33 (SD 2.93) G2: -5.57 (SD 4.38) Effect size (Hedges): -0.33 95% CI: -0.84, 0.18 p=0.205 OQ 45.2-Global index, change from BL to discharge G1: -5.97 (SD 6.2) G2: -9.4 (SD 7.46) Effect size (Hedges): -0.49 95% CI: -1.01, 0.02 p=0.570 OQ 45.2-Global index, change from discharge to 6m G1: -14.47 (SD 12.07) G2: -27.2 (SD 10.91) Effect size (Hedges): -1.09 95% CI: -1.63, -0.55 p=0.000	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Cesa, 2013[11]	Body Satisfaction Scale (BSS); not analyzed for 1y due to lack of imputation Body Image Avoidance Questionnaire (BIAQ), using N=44 "as-treated" sample ; not analyzed for 1y due to lack of imputation Contour Drawing Rating Scale, using N=44 "as-treated" sample ; not analyzed for 1y due to lack of imputation	Post-treatment BSS G1: 45 (SD 13.9) G2: 52 (SD 15.5) G3: 47.84 (SD 13) p=0.353 (across groups at each time point) Post-treatment BIAQ G1: 27.2 (SD 7.23) G2: 31.95 (SD 6.9) G3: 33.1 (SD 10.26) p=0.031 (across groups at each time point) Post-treatment CDRS G1: 1.58 (SD 0.36) G2: 2.02 (SD 1.69) G3: 1.6 (SD 0.35) p=0.711 (across groups at each time point)	Post-treatment BSS G1: 45 (SD 13.9) G2: 52 (SD 15.5) G3: 47.84 (SD 13) p=0.353 (across groups at each time point) Post-treatment BIAQ G1: 27.2 (SD 7.23) G2: 31.95 (SD 6.9) G3: 33.1 (SD 10.26) p=0.031 (across groups at each time point) Post-treatment CDRS G1: 1.58 (SD 0.36) G2: 2.02 (SD 1.69) G3: 1.6 (SD 0.35) p=0.711 (across groups at each time point)	NA
Compare, 2013[12]	NA	NA	NA	NA

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
De Zwaan, 2005[13]	EDI TFEQ BES	No quantitative data reported for any of the three measures used to measure binge eating-related psychopathology. Reason given by authors: "Because of missing data, particularly during the follow-up period, detailed statistical analyses were not conducted. The overall pattern of change for most of the questionnaires assessing eating-related (BES, EDI, TFEQ)...psychopathology revealed a U-shape with some improvement during active treatment and worsening during follow-up, usually not quite returning to baseline levels" (pg. 95). Qualitative data reported as follows: "ANCOVAs conducted at the end of treatment [24 week] controlling for baseline values and ANCOVAs conducted at the 1-year follow-up controlling for end-of-treatment [24 week] values did not reveal significant differences for most of the scales between participants with and without CBT" (pg. 95).	No quantitative data reported for any of the three measures used to measure binge eating-related psychopathology. Reason given by authors: "Because of missing data, particularly during the follow-up period, detailed statistical analyses were not conducted. The overall pattern of change for most of the questionnaires assessing eating-related (BES, EDI, TFEQ)...psychopathology revealed a U-shape with some improvement during active treatment and worsening during follow-up, usually not quite returning to baseline levels" (pg. 95). Qualitative data reported as follows: "ANCOVAs conducted at the end of treatment [24 week] controlling for baseline values and ANCOVAs conducted at the 1-year follow-up controlling for end-of-treatment [24 week] values did not reveal significant differences for most of the scales between participants with and without CBT" (pg. 95).	NA

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Dingemans, 2007[14]	EDE -global -dietary restraint -eating concern -weight concern -shape concern SCL-90 score	10wk EDE-global G1: 2.3 (SD 1.2) G2: 3.1 (SD 1.1) Post-treatment EDE-global G1: 1.3 (SD 1.0) G2: 2.3 (SD 0.9) EDE-global test statistics and significance Time ß (SE): -0.58 (SE 0.16), p<0.001 Time x condition ß (SE): -0.60 (SE 0.12), p<0.001 10wkEDE -dietary restraint G1: 1.5 (SD 1.3) G2: 2.1 (SD 1.5) Post-treatment EDE -dietary restraint G1: 0.9 (SD 1.0) G2: 1.9 (SD 1.3) EDE-dietary restraint test statistics and significance Time ß (SE): -0.21 (SE 0.21), p=NR, NS Time x condition ß (SE): -0.52 (SE 0.17), p<0.01 EDE-eating concern G1: 1.6 (SD 1.1) G2: 2.6 (SD 1.5) Post-treatment EDE-eating concern G1: 0.9 (SD 1.1) G2: 1.6 (SD 1.1) EDE-eating concern test statistics and significance Time ß (SE): -0.52 (0.23), p=NR, NS Time x condition ß (SE): -0.56 (SE 0.17), p<0.001	10wk EDE-global G1: 2.3 (SD 1.2) G2: 3.1 (SD 1.1) Post-treatment EDE-global G1: 1.3 (SD 1.0) G2: 2.3 (SD 0.9) EDE-global test statistics and significance Time ß (SE): -0.58 (SE 0.16), p<0.001 Time x condition ß (SE): -0.60 (SE 0.12), p<0.001 10wkEDE -dietary restraint G1: 1.5 (SD 1.3) G2: 2.1 (SD 1.5) Post-treatment EDE -dietary restraint G1: 0.9 (SD 1.0) G2: 1.9 (SD 1.3) EDE-dietary restraint test statistics and significance Time ß (SE): -0.21 (SE 0.21), p=NR, NS Time x condition ß (SE): -0.52 (SE 0.17), p<0.01 EDE-eating concern G1: 1.6 (SD 1.1) G2: 2.6 (SD 1.5) Post-treatment EDE-eating concern G1: 0.9 (SD 1.1) G2: 1.6 (SD 1.1) EDE-eating concern test statistics and significance Time ß (SE): -0.52 (0.23), p=NR, NS Time x condition ß (SE): -0.56 (SE 0.17), p<0.001	10wk EDE-weight concern G1: 2.9 (SD 1.6) G2: 3.8 (SD 1.1) Post-treatment EDE-weight concern G1: 1.9 (SD 1.4) G2: 3.2 (SD 1.2) EDE-weight concern test statistics and significance Time ß (SE): -0.47 (SE 0.24), p=NR, NS Time x condition ß (SE): -0.79 (SE 0

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Eldredge, 1997[5]	Binge Eating Scale (BES) Global Severity Index of the SCL-90-R (GSI) Three-Factor Eating Questionnaire (TFEQ) -restraint -disinhibition -hunger	12wk Binge Eating Scale (BES) G1: 17.07 G2: 20.88 Time effect F=79.35, p=0.0001; Table 1 appears to show no effect for treatment 12wk Global Severity Index of the SCL-90-R (GSI) G1: 0.52 G2: 0.47 Time effect F=3.84, p=0.06; Table 1 appears to show no effect for treatment 12wk TFEQ-restraint G1: 11.26 G2: 9.38 Time effect F=17.04, p=0.0002; Table 1 appears to show no effect for treatment 12wk TFEQ-disinhibition G1: 10.94 G2: 12.63 Time effect F=35.77, p=0.0001; Table 1 appears to show no effect for treatment 12wk TFEQ-hunger G1: 6.65 G2: 9.63 Time effect F=12.52, p=0.001; Table 1 appears to show no effect for treatment	12wk Binge Eating Scale (BES) G1: 17.07 G2: 20.88 Time effect F=79.35, p=0.0001; Table 1 appears to show no effect for treatment 12wk Global Severity Index of the SCL-90-R (GSI) G1: 0.52 G2: 0.47 Time effect F=3.84, p=0.06; Table 1 appears to show no effect for treatment 12wk TFEQ-restraint G1: 11.26 G2: 9.38 Time effect F=17.04, p=0.0002; Table 1 appears to show no effect for treatment 12wk TFEQ-disinhibition G1: 10.94 G2: 12.63 Time effect F=35.77, p=0.0001; Table 1 appears to show no effect for treatment 12wk TFEQ-hunger G1: 6.65 G2: 9.63 Time effect F=12.52, p=0.001; Table 1 appears to show no effect for treatment	NA

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Grilo, 2013[16]	Eating disorder psychopathology evaluated using EDE-Q Global Eating disorder psychopathology evaluated using EDE-Global	EDE-Q Global, mean (SD) 16 weeks, ITT analysis G1: 3.0 (0.9) G2: 2.8 (0.9) Effect size = 0.34 p = NR Group-by-time interaction p = 0.43 EDE-Global, mean (SD) 16 weeks, ITT analysis G1: 2.0 (0.6) G2: 2.0 (0.7) Effect size = 0.38 p = NR Group-by-time interaction p = 0.19	EDE-Q Global, mean (SD) 16 weeks, ITT analysis G1: 3.0 (0.9) G2: 2.8 (0.9) Effect size = 0.34 p = NR Group-by-time interaction p = 0.43 EDE-Global, mean (SD) 16 weeks, ITT analysis G1: 2.0 (0.6) G2: 2.0 (0.7) Effect size = 0.38 p = NR Group-by-time interaction p = 0.19	NA
Grilo, 2014[17]	EDE global score	Posttreatment G1: 1.7 (SD 1.2) G2: 2.1 (SD 1.2) 6m G1: 1.7 (SD 0.9) G2: 1.8 (SD 1.0) 12m G1: 1.6 (SD 1.0) G2: 1.8 (SD 1.1)	Posttreatment G1: 1.7 (SD 1.2) G2: 2.1 (SD 1.2) 6m G1: 1.7 (SD 0.9) G2: 1.8 (SD 1.0) 12m G1: 1.6 (SD 1.0) G2: 1.8 (SD 1.1)	NA

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19]	EDE -dietary restraint -eating concern -shape concern -weight concern -global score	Post-treatment EDE-dietary restraint G1: 1.4 (SD 0.8) G2: 1.6 (SD 1.1) G3: 1.5 (SD 1.1) p=NS, NR 6m EDE-dietary restraint G1: 1.4 (SD 1.1) G2:1.5 (SD 1.0) G3: 1.3 (SD 1.1) p=NS, NR 12m EDE-dietary restraint G1: 1.2 (SD 1.1) G2: 1.4 (SD 1.1) G3: 1.1 (SD 1.2) p=NS, NR Post-treatment EDE-eating concern G1: 0.8 (SD 1.1) G2: 1 (SD 1.0) G3: 0.5 (SD 0.6) p=NS, NR 6m EDE-eating concern G1: 0.7 (SD 0.9) G2: 0.8 (SD 0.8) G3: 0.5 (SD 0.6) p=NS, NR 12m EDE-eating concern G1: 0.6 (SD 0.8) G2: 0.6 (SD 0.6) G3: 0.6 (SD 0.7) p=NS, NR	Post-treatment EDE-dietary restraint G1: 1.4 (SD 0.8) G2: 1.6 (SD 1.1) G3: 1.5 (SD 1.1) p=NS, NR 6m EDE-dietary restraint G1: 1.4 (SD 1.1) G2:1.5 (SD 1.0) G3: 1.3 (SD 1.1) p=NS, NR 12m EDE-dietary restraint G1: 1.2 (SD 1.1) G2: 1.4 (SD 1.1) G3: 1.1 (SD 1.2) p=NS, NR Post-treatment EDE-eating concern G1: 0.8 (SD 1.1) G2: 1 (SD 1.0) G3: 0.5 (SD 0.6) p=NS, NR 6m EDE-eating concern G1: 0.7 (SD 0.9) G2: 0.8 (SD 0.8) G3: 0.5 (SD 0.6) p=NS, NR 12m EDE-eating concern G1: 0.6 (SD 0.8) G2: 0.6 (SD 0.6) G3: 0.6 (SD 0.7) p=NS, NR	NA

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19] (continued)		Post-treatment EDE-shape concern G1: 2.3 (SD 1.3) G2: 2.4 (SD 1.2) G3: 2.1 (SD 1.4) p=NS, NR 6m EDE-shape concern G1: 2.0 (SD 1.2) G2: 2.4 (SD 1.3) G3: 2.0 (SD 1.3) p=NS, NR 12m EDE-shape concern G1: 2.1 (SD 1.4) G2: 2.2 (SD 1.3) G3: 1.8 (SD 1.2) p=NS, NR Post-treatment EDE-weight concern G1: 2.4 (SD 1.2) G2: 2.4 (SD 1.1) G3:2.2 (SD 1.1) p=NS, NR 6m EDE-weight concern G1: 2.1 (SD 1.1) G2: 2.4 (SD 0.9) G3: 1.9 (SD 1.1) p=NS, NR 12m EDE-weight concern G1: 2.3 (SD 1.1) G2: 2.3 (SD 1.1) G3: 2.0 (SD 1.0) p=NS, NR	Post-treatment EDE-shape concern G1: 2.3 (SD 1.3) G2: 2.4 (SD 1.2) G3: 2.1 (SD 1.4) p=NS, NR 6m EDE-shape concern G1: 2.0 (SD 1.2) G2: 2.4 (SD 1.3) G3: 2.0 (SD 1.3) p=NS, NR 12m EDE-shape concern G1: 2.1 (SD 1.4) G2: 2.2 (SD 1.3) G3: 1.8 (SD 1.2) p=NS, NR Post-treatment EDE-weight concern G1: 2.4 (SD 1.2) G2: 2.4 (SD 1.1) G3:2.2 (SD 1.1) p=NS, NR 6m EDE-weight concern G1: 2.1 (SD 1.1) G2: 2.4 (SD 0.9) G3: 1.9 (SD 1.1) p=NS, NR 12m EDE-weight concern G1: 2.3 (SD 1.1) G2: 2.3 (SD 1.1) G3: 2.0 (SD 1.0) p=NS, NR	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19] (continued)		Post-treatment EDE-global score G1: 1.7 (SD 0.9) G2: 1.8 (SD 0.8) G3: 1.6 (SD 0.9) p=NS, NR 6m EDE-global score G1: 1.6 (SD 0.8) G2: 1.8 (SD 0.7) G3: 1.4 (SD 0.9) p=NS, NR 12m EDE-global score G1: 1.5 (SD 0.8) G2: 1.6 (SD 0.8) G3: 1.4 (SD 0.9) p=NS, NR	Post-treatment EDE-global score G1: 1.7 (SD 0.9) G2: 1.8 (SD 0.8) G3: 1.6 (SD 0.9) p=NS, NR 6m EDE-global score G1: 1.6 (SD 0.8) G2: 1.8 (SD 0.7) G3: 1.4 (SD 0.9) p=NS, NR 12m EDE-global score G1: 1.5 (SD 0.8) G2: 1.6 (SD 0.8) G3: 1.4 (SD 0.9) p=NS, NR	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Grilo and Masheb, 2005,[20] Masheb and Grilo, 2007[21]	EDE-Q: Dietary restraint, eating concern, weight concern, shape concern, hunger, cognitive restraint, disinhibition	12wk Dietary restraint (EDE-Q) mean (SD) G1: 2.1 (1.3) G2: 2.6 (1.3) G3: 2.4 (1.5) Omnibus analysis p=0.256 12wk Eating concern (EDE-Q) mean (SD) G1: 1.8 (1.3) G2: 2.4 (1.4) G3: 2.4 (1.0) Omnibus analysis p=0.04 G1 vs. G2 p=ns G2 vs. G3 p=0.017 G1 vs. G3 p=ns 12wk Weight concern (EDE-Q) mean (SD) G1: 3.2 (1.4) G2: 3.2 (1.4) G3: 3.1 (0.9) Omnibus analysis p=0.924 12wk Shape concern (EDE-Q) mean (SD) G1: 3.6 (1.6) G2: 3.8 (1.7) G3: 3.9 (1.7) Omnibus analysis p=0.453 12wk Hunger (EDE-Q) mean (SD) G1: 6.6 (3.5) G2: 8.2 (3.7) G3: 9.7 (3.0) Omnibus analysis p=0.001 G1 vs. G2 p=0.025 G2 vs. G3 p=0.001 G1 vs. G3 p=0.046	12wk Dietary restraint (EDE-Q) mean (SD) G1: 2.1 (1.3) G2: 2.6 (1.3) G3: 2.4 (1.5) Omnibus analysis p=0.256 12wk Eating concern (EDE-Q) mean (SD) G1: 1.8 (1.3) G2: 2.4 (1.4) G3: 2.4 (1.0) Omnibus analysis p=0.04 G1 vs. G2 p=ns G2 vs. G3 p=0.017 G1 vs. G3 p=ns 12wk Weight concern (EDE-Q) mean (SD) G1: 3.2 (1.4) G2: 3.2 (1.4) G3: 3.1 (0.9) Omnibus analysis p=0.924 12wk Shape concern (EDE-Q) mean (SD) G1: 3.6 (1.6) G2: 3.8 (1.7) G3: 3.9 (1.7) Omnibus analysis p=0.453 12wk Hunger (EDE-Q) mean (SD) G1: 6.6 (3.5) G2: 8.2 (3.7) G3: 9.7 (3.0) Omnibus analysis p=0.001 G1 vs. G2 p=0.025 G2 vs. G3 p=0.001 G1 vs. G3 p=0.046	NA

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Grilo and Masheb, 2005,[20] Masheb and Grilo, 2007[21] (continued)		12wk Cognitive restraint (TFEQ) mean (SD) G1: 10.8 (4.5) G2: 12.0 (4.7) G3: 7.1 (5.1) Omnibus analysis p=0.002 G1 vs. G2 p=0.047 G2 vs. G3 p=0.037 G1 vs. G3 p=0.001 12wk Disinhibition (TFEQ) mean (SD) G1: 11.2 (3.6) G2: 9.6 (3.7) G3: 12.7 (2.4) Omnibus analysis p=0.01 G1 vs. G2 p=ns G2 vs. G3 p=0.003 G1 vs. G3 p=ns	12wk Cognitive restraint (TFEQ) mean (SD) G1: 10.8 (4.5) G2: 12.0 (4.7) G3: 7.1 (5.1) Omnibus analysis p=0.002 G1 vs. G2 p=0.047 G2 vs. G3 p=0.037 G1 vs. G3 p=0.001 12wk Disinhibition (TFEQ) mean (SD) G1: 11.2 (3.6) G2: 9.6 (3.7) G3: 12.7 (2.4) Omnibus analysis p=0.01 G1 vs. G2 p=ns G2 vs. G3 p=0.003 G1 vs. G3 p=ns	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Hilbert, 2004[22]	Measure 1: Body image vidoe confrontation- Negative automatic thought's on one's body Measure 2: EDE- Wt concern Measure 3: EDE shape concern Measure 4: BSQ Measure 5: Test meal Measure 6: EDE-restraint Measure 7: EDE-eating concern Measure 8: clinical sig improvement in BED, #, % Measure 9:clinical sig improvement in binge eating, #, % Measure 10: Percentage improved (Less than 4 days with obhective episodes of binge eating over the period of the last 28 days) Measure 11: Percentage recovered (Abstinent from binge eating over the period of the last 28 days)	Measure 1: Posttreatment G1: 9.7 (7.7) G2: 13.7 (11.7) 4-month follow-up G1: 8.8 (8.3) G2: 12.8 (7.0) Repeated measures (Analysis of time) F: 3.32 df: 2,44 P:0.045 Measure 2: Posttreatment G1: 2.3 (1.9) G2: 2.3 (1.5) 4-month follow-up G1: 2.5 (1.7) G2: 2.2 (1.5) Repeated measures (Analysis of time) F: 12.60 df: 2, 44 p: <0.001 Measure 3 Posttreatment G1: 2.6 (1.6) G2: 2.3 (1.5) 4-month follow-up G1: 2.8 (1.7) G2: 2.1 (1.3)	Measure 1: Posttreatment G1: 9.7 (7.7) G2: 13.7 (11.7) 4-month follow-up G1: 8.8 (8.3) G2: 12.8 (7.0) Repeated measures (Analysis of time) F: 3.32 df: 2,44 P:0.045 Measure 2: Posttreatment G1: 2.3 (1.9) G2: 2.3 (1.5) 4-month follow-up G1: 2.5 (1.7) G2: 2.2 (1.5) Repeated measures (Analysis of time) F: 12.60 df: 2, 44 p: <0.001 Measure 3 Posttreatment G1: 2.6 (1.6) G2: 2.3 (1.5) 4-month follow-up G1: 2.8 (1.7) G2: 2.1 (1.3)	NA

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Hilbert, 2004[22] (continued)		Repeated measures (Analysis of time) F: 19.37 df: 2, 44 p: <0.001 Measure 4 Posttreatment G1: 94.3 (37.8) G2: 104.8 (29.2) 4-month follow-up G1: 92.2 (35.8) G2: 97.4 (31.9) Repeated measures (Analysis of time) F: 21.77 df: 2, 42 p: <0.001 Measure 5: Posttreatment G1: 2.1 (1.5) G2: 6.7 (5.1) 4-month follow-up G1: 2.8 (2.7) G2: 3.0 (2.3) Repeated measures (Analysis of time) F: 2.39 df: 2, 44 p: 0.104 Measure 6: Posttreatment G1: 0.9 (1.2) G2: 0.9 (1.2) 4-month follow-up G1: 1.0 (1.2) G2: 1.1 (1.3)	Repeated measures (Analysis of time) F: 19.37 df: 2, 44 p: <0.001 Measure 4 Posttreatment G1: 94.3 (37.8) G2: 104.8 (29.2) 4-month follow-up G1: 92.2 (35.8) G2: 97.4 (31.9) Repeated measures (Analysis of time) F: 21.77 df: 2, 42 p: <0.001 Measure 5: Posttreatment G1: 2.1 (1.5) G2: 6.7 (5.1) 4-month follow-up G1: 2.8 (2.7) G2: 3.0 (2.3) Repeated measures (Analysis of time) F: 2.39 df: 2, 44 p: 0.104 Measure 6: Posttreatment G1: 0.9 (1.2) G2: 0.9 (1.2) 4-month follow-up G1: 1.0 (1.2) G2: 1.1 (1.3)	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Hilbert, 2004[22] (continued)		Repeated measures (Analysis of time) F: 24.10 df: 2, 37 p <0.001 Measure 7 Posttreatment G1: 0.2 (0.3) G2: 0.4 (0.6) 4-month follow-up G1: 0.3 (0.5) G2: 0.1 (0.2) Repeated measures (Analysis of time) F: 12.56 df: 1, 32 p <0.001 Measure 8 Posttreatment G1: 2 (16.7%) G2: 3 (25.0%) 4-month follow-up G1: 3 (25.0%) G2: 1 (8.3%) Measure 9 Posttreatment G1: 0 (0.0%) G2: 0 (0.0%) 4-month follow-up G1:0 (0.0%) G2: 2 (16.6%) Measure 10 Posttreatmet G1: 6 (50%) G2: 0 (0.0%)	Repeated measures (Analysis of time) F: 24.10 df: 2, 37 p <0.001 Measure 7 Posttreatment G1: 0.2 (0.3) G2: 0.4 (0.6) 4-month follow-up G1: 0.3 (0.5) G2: 0.1 (0.2) Repeated measures (Analysis of time) F: 12.56 df: 1, 32 p <0.001 Measure 8 Posttreatment G1: 2 (16.7%) G2: 3 (25.0%) 4-month follow-up G1: 3 (25.0%) G2: 1 (8.3%) Measure 9 Posttreatment G1: 0 (0.0%) G2: 0 (0.0%) 4-month follow-up G1:0 (0.0%) G2: 2 (16.6%) Measure 10 Posttreatmet G1: 6 (50%) G2: 0 (0.0%)	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Hilbert, 2004[22] (continued)		4-month follow-up G1: 3 (25%) G2: 1 (8.3%) Measure 11 Posttreatment G1: 4 (33.3%) G2: 9 (75.0%) 4-month follow-up G1: 6 (50.0%) G2: 8 (66.7%)	4-month follow-up G1: 3 (25%) G2: 1 (8.3%) Measure 11 Posttreatment G1: 4 (33.3%) G2: 9 (75.0%) 4-month follow-up G1: 6 (50.0%) G2: 8 (66.7%)	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Le Grange, 2002[23]	EDE-Q: - Restraint - Eating Concerns - Shape Concerns - Weight Concerns TFEQ: - Restraint - Disinhibition - Hunger Emotional Eating Scale (EES) - Anger - Anxiety - Depression	EDE-Q Restraint, mean (SD) 12 weeks, ITT analysis (%) G1: 2.0 (1.3) G2: 2.5 (1.9) p = >0.15 12 months, ITT analysis (%) G1: 2.1 (1.3) G2: 2.2 (1.2) p = >0.15 EDE-Q Eating Concerns, mean (SD) 12 weeks, ITT analysis (%) G1: 2.1 (1.8) G2: 2.0 (1.2) p = >0.15 12 months, ITT analysis (%) G1: 2.4 (1.9) G2: 1.9 (1.2) p = >0.15 EDE-Q Shape Concerns, mean (SD) 12 weeks, ITT analysis (%) G1: 3.8 (1.4) G2: 4.3 (1.0) p = >0.15 12 months, ITT analysis (%) G1: 4.1 (1.3) G2: 4.2 (1.0) p = >0.15 EDE-Q Weight Concerns, mean (SD) 12 weeks, ITT analysis (%) G1: 3.4 (1.3) G2: 3.6 (1.1) p = >0.15	EDE-Q Restraint, mean (SD) 12 weeks, ITT analysis (%) G1: 2.0 (1.3) G2: 2.5 (1.9) p = >0.15 12 months, ITT analysis (%) G1: 2.1 (1.3) G2: 2.2 (1.2) p = >0.15 EDE-Q Eating Concerns, mean (SD) 12 weeks, ITT analysis (%) G1: 2.1 (1.8) G2: 2.0 (1.2) p = >0.15 12 months, ITT analysis (%) G1: 2.4 (1.9) G2: 1.9 (1.2) p = >0.15 EDE-Q Shape Concerns, mean (SD) 12 weeks, ITT analysis (%) G1: 3.8 (1.4) G2: 4.3 (1.0) p = >0.15 12 months, ITT analysis (%) G1: 4.1 (1.3) G2: 4.2 (1.0) p = >0.15 EDE-Q Weight Concerns, mean (SD) 12 weeks, ITT analysis (%) G1: 3.4 (1.3) G2: 3.6 (1.1) p = >0.15	NA

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Le Grange, 2002[23] (continued)		12 months, ITT analysis (%)	12 months, ITT analysis (%)	
		G1: 3.7 (1.3)	G1: 3.7 (1.3)	
		G2: 3.5 (1.1)	G2: 3.5 (1.1)	
		p = >0.15	p = >0.15	
		TFEQ Restraint, mean (SD)	TFEQ Restraint, mean (SD)	
		12 weeks, ITT analysis (%)	12 weeks, ITT analysis (%)	
		G1: 10.1 (4.5)	G1: 10.1 (4.5)	
		G2: 10.1 (4.1)	G2: 10.1 (4.1)	
		p = >0.15	p = >0.15	
		12 months, ITT analysis (%)	12 months, ITT analysis (%)	
		G1: 9.6 (4.2)	G1: 9.6 (4.2)	
		G2: 10.5 (4.3)	G2: 10.5 (4.3)	
		p = >0.15	p = >0.15	
		TFEQ Disinhibition, mean (SD)	TFEQ Disinhibition, mean (SD)	
		12 weeks, ITT analysis (%)	12 weeks, ITT analysis (%)	
		G1: 11.8 (3.8)	G1: 11.8 (3.8)	
		G2: 10.9 (4.2)	G2: 10.9 (4.2)	
		p = >0.15	p = >0.15	
		12 months, ITT analysis (%)	12 months, ITT analysis (%)	
		G1: 12.1 (3.9)	G1: 12.1 (3.9)	
		G2: 10.8 (4.1)	G2: 10.8 (4.1)	
		p = >0.15	p = >0.15	
		TDEQ Hunger, mean (SD)	TDEQ Hunger, mean (SD)	
		12 weeks, ITT analysis (%)	12 weeks, ITT analysis (%)	
		G1: 8.1 (3.8)	G1: 8.1 (3.8)	
		G2: 7.7 (3.6)	G2: 7.7 (3.6)	
		p = >0.15	p = >0.15	
		12 months, ITT analysis (%)	12 months, ITT analysis (%)	
		G1: 8.6 (3.9)	G1: 8.6 (3.9)	
		G2: 8.1 (3.5)	G2: 8.1 (3.5)	
		p = >0.15	p = >0.15	
		EES Anger, mean (SD)	EES Anger, mean (SD)	
		12 weeks, ITT analysis (%)	12 weeks, ITT analysis (%)	
		G1: 2.1 (0.9)	G1: 2.1 (0.9)	
		G2: 1.6 (0.9)	G2: 1.6 (0.9)	
		p = >0.15	p = >0.15	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Le Grange, 2002[23] (continued)		12 months, ITT analysis (%) G1: 2.3 (0.9) G2: 1.8 (1.1) p = >0.15 EES Anxiety, mean (SD) 12 weeks, ITT analysis (%) G1: 1.8 (0.8) G2: 1.2 (0.8) p = >0.15 12 months, ITT analysis (%) G1: 2.0 (1.1) G2: 2.0 (1.1) p = >0.15 EES Depression, mean (SD) 12 weeks, ITT analysis (%) G1: 2.4 (1.0) G2: 1.8 (0.9) p = >0.15 12 months, ITT analysis (%) G1: 2.4 (1.0) G2: 2.4 (1.0) p = >0.15	12 months, ITT analysis (%) G1: 2.3 (0.9) G2: 1.8 (1.1) p = >0.15 EES Anxiety, mean (SD) 12 weeks, ITT analysis (%) G1: 1.8 (0.8) G2: 1.2 (0.8) p = >0.15 12 months, ITT analysis (%) G1: 2.0 (1.1) G2: 2.0 (1.1) p = >0.15 EES Depression, mean (SD) 12 weeks, ITT analysis (%) G1: 2.4 (1.0) G2: 1.8 (0.9) p = >0.15 12 months, ITT analysis (%) G1: 2.4 (1.0) G2: 2.4 (1.0) p = >0.15	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Masheb, 2011[24]	TFEQ -disinhibition -hunger -restraint EDE -weight concern -shape concern -eating concern -total score	12m TFEQ-disinhibition G1: 8.6 (SE 0.9) G2: 7.6 (SE 0.8) Time x treatment F=0.90, p=0.467 12m TFEQ-hunger G1: 4.6 (SE 0.8) G2: 6.8 (SE 0.8) Time x treatment F=0.40, p=0.806 12m TFEQ-restraint G1: 11.2 (SE 0.9) G2: 9.7 (SE 0.8) Time x treatment F=0.64, p=0.634 12m EDE-weight concern G1: 2.1 (SE 0.3) G2: 2.6 (SE 0.2) Time x treatment F=1.38, p=0.242 12m EDE -shape concern G1: 2.8 (SE 0.3) G2: 2.8 (SE 0.3) Time x treatment F=0.37, p=0.829 12m EDE-eating concern G1: 1.4 (SE 0.3) G2: 1.1 (SE 0.3) Time x treatment F=0.53, p=0.715 12m EDE-total score G1: 1.9 (SE 0.2) G2: 2.1 (SE 0.2) Time x treatment F=1.68, p=0.159	12m TFEQ-disinhibition G1: 8.6 (SE 0.9) G2: 7.6 (SE 0.8) Time x treatment F=0.90, p=0.467 12m TFEQ-hunger G1: 4.6 (SE 0.8) G2: 6.8 (SE 0.8) Time x treatment F=0.40, p=0.806 12m TFEQ-restraint G1: 11.2 (SE 0.9) G2: 9.7 (SE 0.8) Time x treatment F=0.64, p=0.634 12m EDE-weight concern G1: 2.1 (SE 0.3) G2: 2.6 (SE 0.2) Time x treatment F=1.38, p=0.242 12m EDE -shape concern G1: 2.8 (SE 0.3) G2: 2.8 (SE 0.3) Time x treatment F=0.37, p=0.829 12m EDE-eating concern G1: 1.4 (SE 0.3) G2: 1.1 (SE 0.3) Time x treatment F=0.53, p=0.715 12m EDE-total score G1: 1.9 (SE 0.2) G2: 2.1 (SE 0.2) Time x treatment F=1.68, p=0.159	NA

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Munsch, Biedert, Meyer, et al., 2007[25] Munsch, Meyer, Biedert, et al., 2012[26]	Munsch, Biedert, Meyer, et al., 2007[25] EDE -dietary restraint -shape concern -weight concern -eating concern Munsch, Meyer, Biedert, et al., 2012[26]: Undergoing a diet to lose weight after active treatment Reporting intake of weight-loss medications EDE -total -restraint eating -eating concern -shape concern -weight concern	Munsch, Biedert, Meyer, et al., 2007[25]: Post-treatment EDE-dietary restraint, Completers G1 (n=25): 0.97 (SD 1.12) G2 (n=23): 0.83 (SD 0.82) F=0.15, p=0.79 12m EDE-dietary restraint, Completers G1 (n=16): 1.14 (SD 1.03) G2 (n=18): 1.06 (SD 0.88) F=0.06, p=0.81 Post-treatment EDE-shape concern, Completers G1 (n=25): 2.04 (SD 1.48) G2 (n=23): 1.85 (SD 1.45) F=0.04, p=0.84 12m EDE-shape concern, Completers G1 (n=16): 1.87 (SD 1.39) G2 (n=18): 1.44 (SD 1.32) F=0.15, p=0.71 Post-treatment EDE-weight concern, Completers G1 (n=25): 2.06 (SD 1.36) G2 (n=23):1.69 (SD 1.13) F=0.37, p=0.55 12m EDE-weight concern, Completers G1 (n=16): 1.75 (SD 1.33) G2 (n=18): 1.37 (SD 1.01) F=0.01, p=0.92	Munsch, Biedert, Meyer, et al., 2007[25]: Post-treatment EDE-dietary restraint, Completers G1 (n=25): 0.97 (SD 1.12) G2 (n=23): 0.83 (SD 0.82) F=0.15, p=0.79 12m EDE-dietary restraint, Completers G1 (n=16): 1.14 (SD 1.03) G2 (n=18): 1.06 (SD 0.88) F=0.06, p=0.81 Post-treatment EDE-shape concern, Completers G1 (n=25): 2.04 (SD 1.48) G2 (n=23): 1.85 (SD 1.45) F=0.04, p=0.84 12m EDE-shape concern, Completers G1 (n=16): 1.87 (SD 1.39) G2 (n=18): 1.44 (SD 1.32) F=0.15, p=0.71 Post-treatment EDE-weight concern, Completers G1 (n=25): 2.06 (SD 1.36) G2 (n=23):1.69 (SD 1.13) F=0.37, p=0.55 12m EDE-weight concern, Completers G1 (n=16): 1.75 (SD 1.33) G2 (n=18): 1.37 (SD 1.01) F=0.01, p=0.92	Munsch, Biedert, Meyer, et al., 2007[25]: 6y EDE-total G1: NR G2: NR G1 minus G2 posttreatment: 0.014 (0.249), effect size=0.02, p=NR, NS G1 minus G2 6y: 0.035 (0.361), effect size=0.03, p=NR, NS 6y EDE-restraint eating G1: NR G2: NR G1 minus G2 postt

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Munsch, Biedert, Meyer, et al., 2007[25] Munsch, Meyer, Biedert, et al., 2012[26] (continued)		Post-treatment EDE-eating concern, Completers G1 (n=25): 0.35 (SD 0.67) G2 (n=23):0.37 (SD 0.45) F=0.18, p=0.67 12m EDE-eating concern, Completers G1 (n=16): 0.23 (SD 0.31) G2 (n=18): 0.14 (SD 0.15) F=0.39, p=0.54	Post-treatment EDE-eating concern, Completers G1 (n=25): 0.35 (SD 0.67) G2 (n=23):0.37 (SD 0.45) F=0.18, p=0.67 12m EDE-eating concern, Completers G1 (n=16): 0.23 (SD 0.31) G2 (n=18): 0.14 (SD 0.15) F=0.39, p=0.54	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Peterson, 1998[27]	Measure 1: BES Measure 2: Disinhibition TFEQ Measure 3: Hunger TFEQ Measure 4: Restraint TFEQ Measure 5: HDRS Measure 6: RSEQ Measure 7: BSQ	Measure 1: Group differences F (3, 46): 3.44 p: 0.024 Measure 2: Group differences F (3, 40): 5.57 p: 0.003 Measure 3: Group differences F (3, 40): 4.3 p: 0.010 Measure 4: Group differences F (3, 40): 0.60 P: 0.617 Measure 5 Group differences F (3, 46): 2.68 p: 0.058 Measure 6 F(3, 45): 0.48 p: 0.697 Measure 7 F (3,47): 2.20 p: 0.101	Measure 1: Group differences F (3, 46): 3.44 p: 0.024 Measure 2: Group differences F (3, 40): 5.57 p: 0.003 Measure 3: Group differences F (3, 40): 4.3 p: 0.010 Measure 4: Group differences F (3, 40): 0.60 P: 0.617 Measure 5 Group differences F (3, 46): 2.68 p: 0.058 Measure 6 F(3, 45): 0.48 p: 0.697 Measure 7 F (3,47): 2.20 p: 0.101	NA

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Peterson, 2001[28]	Measure 1: Restraint (TFEQ) Measure 2: Disinhibition(TFEQ) Measure 3: Hunger (TFEQ) Measure 4: Body shape questionnaire (BSQ)	Measure 1: Posttreatment G1: 8.4 (3.5) G2: 10.2 (4.3) G3: 8.4 (3.9) 1 month G1: 9.2 (3.7) G2: 10.2 (4.1) G3: 9.3 (4.0) 6 month G1: 9.1 (4.6) G2: 10.1 (3.8) G3: 9.7 (5.1) 12 month G1: 8.2 (3.2) G2: 10.8 (5.0) G3: 10.2 (5.6) Measure 2: Posttreatment G1: 10.9 (2.7) G2: 11.2 (2.4) G3: 10.9 (3.9) 1 month G1: 9.7 (3.1) G2: 12.3 (2.2) G3: 10.8 (3.5) 6 months G1: 9.8 (2.6) G2: 12.4 (2.2) G3: 10.7 (3.4) 12 month G1: 11.1 (2.6) G2: 10.0 (3.2) G3: 11.2 (3.6)	Measure 1: Posttreatment G1: 8.4 (3.5) G2: 10.2 (4.3) G3: 8.4 (3.9) 1 month G1: 9.2 (3.7) G2: 10.2 (4.1) G3: 9.3 (4.0) 6 month G1: 9.1 (4.6) G2: 10.1 (3.8) G3: 9.7 (5.1) 12 month G1: 8.2 (3.2) G2: 10.8 (5.0) G3: 10.2 (5.6) Measure 2: Posttreatment G1: 10.9 (2.7) G2: 11.2 (2.4) G3: 10.9 (3.9) 1 month G1: 9.7 (3.1) G2: 12.3 (2.2) G3: 10.8 (3.5) 6 months G1: 9.8 (2.6) G2: 12.4 (2.2) G3: 10.7 (3.4) 12 month G1: 11.1 (2.6) G2: 10.0 (3.2) G3: 11.2 (3.6)	NA

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Peterson, 2001[28] (continued)		Measure 3 Posttreatment G1: 7.3 (3.3) G2: 6.9 (2.5) G3: 7.7 (4.7) 1 month G1: 6.8 (3.7) G2: 8.3 (3.2) G3: 7.3 (5.1) 6 month G1: 7.4 (3.5) G2: 9.8 (3.3) G3: 7.1 (5.0) 12 month G1: 8.4 (3.7) G2: 8.4 (4.0) G3: 7.2 (5.2) Measure 4 Posttreatment G1: 108.4 (45.3) G2: 113.7 (26.9) G3: 110.2 (26.9) 1 month G1: 92.2 (28.7) G2: 112.9 (27.5) G3: 103.5 (28.6) 6 month G1: 94.0 (30.5) G2: 113.9 (23.0) G3: 103.7 (23.2) 12 month G1: 91.1 (36.4) G2: 109.9 (33.0) G3: 105.2 (24.1)	Measure 3 Posttreatment G1: 7.3 (3.3) G2: 6.9 (2.5) G3: 7.7 (4.7) 1 month G1: 6.8 (3.7) G2: 8.3 (3.2) G3: 7.3 (5.1) 6 month G1: 7.4 (3.5) G2: 9.8 (3.3) G3: 7.1 (5.0) 12 month G1: 8.4 (3.7) G2: 8.4 (4.0) G3: 7.2 (5.2) Measure 4 Posttreatment G1: 108.4 (45.3) G2: 113.7 (26.9) G3: 110.2 (26.9) 1 month G1: 92.2 (28.7) G2: 112.9 (27.5) G3: 103.5 (28.6) 6 month G1: 94.0 (30.5) G2: 113.9 (23.0) G3: 103.7 (23.2) 12 month G1: 91.1 (36.4) G2: 109.9 (33.0) G3: 105.2 (24.1)	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Peterson, 2009[29]	EDE: - Global - Restraint - Eating Concerns - Shape Concerns - Weight Concerns TFEQ: - Restraint - Disinhibition - Hunger	NOTE: Ns and p values NR for all completers analyses at all post-treatment and follow-up timepoints EDE Global, mean (SD) Post-treatment (20 weeks post-baseline): ITT analysis G1: 2.3 (1.0) G2: 1.8 (0.8) G3: 2.1 (0.9) G4: 2.3 (0.9) p = NR Post hoc p (G3 < G4) = 0.008; partial eta-squared = 0.046 (as reported in text) (NOTE: Reporting error in article. Findings in the text (bottom of PDF pg. 5/top of PDF pg. 6) don't match findings in Table 2. According to table, G2 < G4 by statistically significant margin at post-treatment. Looking at numbers, I think that only the G3 < G4 difference in EDE Global scores is significant.) 6m follow-up (44 weeks post-baseline): ITT analysis G1: 2.2 (1.0) G2: 1.8 (0.9) G3: 2.1 (0.9) G4: NA p = NS (adjusted for baseline value, site, and sex)	NOTE: Ns and p values NR for all completers analyses at all post-treatment and follow-up timepoints EDE Global, mean (SD) Post-treatment (20 weeks post-baseline): ITT analysis G1: 2.3 (1.0) G2: 1.8 (0.8) G3: 2.1 (0.9) G4: 2.3 (0.9) p = NR Post hoc p (G3 < G4) = 0.008; partial eta-squared = 0.046 (as reported in text) (NOTE: Reporting error in article. Findings in the text (bottom of PDF pg. 5/top of PDF pg. 6) don't match findings in Table 2. According to table, G2 < G4 by statistically significant margin at post-treatment. Looking at numbers, I think that only the G3 < G4 difference in EDE Global scores is significant.) 6m follow-up (44 weeks post-baseline): ITT analysis G1: 2.2 (1.0) G2: 1.8 (0.9) G3: 2.1 (0.9) G4: NA p = NS (adjusted for baseline value, site, and sex)	NA

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Peterson, 2009[29] (continued)		12m follow-up (72 weeks post-baseline): ITT analysis G1: 2.2 (1.1) G2: 1.9 (0.9) G3: 2.4 (1.0) G4: NA p = NS (adjusted for baseline value, site, and sex) EDE Restraint, mean (SD) Post-treatment (20 weeks post-baseline): ITT analysis G1: 1.6 (1.2) G2: 1.1 (1.0) G3: 1.1 (1.0) G4: 1.5 (1.3) p = NS (adjusted for baseline value, site, and sex) Post hoc p (G3 < G4) = 0.017; partial eta-squared = 0.04 6m follow-up (44 weeks post-baseline): ITT analysis G1: 1.4 (1.2) G2: 1.1 (1.0) G3: 1.4 (1.2) G4: NA p = NS (adjusted for baseline value, site, and sex) 12m follow-up (72 weeks post-baseline): ITT analysis G1: 1.5 (1.3) G2: 1.2 (1.1) G3: 1.6 (1.2) G4: NA p = NS (adjusted for baseline value, site, and sex) EDE Eating Concerns, mean (SD)	12m follow-up (72 weeks post-baseline): ITT analysis G1: 2.2 (1.1) G2: 1.9 (0.9) G3: 2.4 (1.0) G4: NA p = NS (adjusted for baseline value, site, and sex) EDE Restraint, mean (SD) Post-treatment (20 weeks post-baseline): ITT analysis G1: 1.6 (1.2) G2: 1.1 (1.0) G3: 1.1 (1.0) G4: 1.5 (1.3) p = NS (adjusted for baseline value, site, and sex) Post hoc p (G3 < G4) = 0.017; partial eta-squared = 0.04 6m follow-up (44 weeks post-baseline): ITT analysis G1: 1.4 (1.2) G2: 1.1 (1.0) G3: 1.4 (1.2) G4: NA p = NS (adjusted for baseline value, site, and sex) 12m follow-up (72 weeks post-baseline): ITT analysis G1: 1.5 (1.3) G2: 1.2 (1.1) G3: 1.6 (1.2) G4: NA p = NS (adjusted for baseline value, site, and sex) EDE Eating Concerns, mean (SD)	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Peterson, 2009[29] (continued)		Post-treatment (20 weeks post-baseline): ITT analysis G1: 1.4 (1.2) G2: 1.0 (1.1) G3: 1.1 (1.1) G4: 1.3 (1.1) p = NS (adjusted for baseline value, site, and sex) 6m follow-up (44 weeks post-baseline): ITT analysis G1: 1.3 (1.2) G2: 1.1 (1.1) G3: 1.2 (1.3) G4: NA p = NS (adjusted for baseline value, site, and sex) 12m follow-up (72 weeks post-baseline): ITT analysis G1: 1.3 (1.2) G2: 1.2 (1.2) G3: 1.6 (1.2) G4: NA p = NS (adjusted for baseline value, site, and sex) EDE Shape Concerns, mean (SD) Post-treatment (20 weeks post-baseline): ITT analysis G1: 3.1 (1.3) G2: 2.7 (1.1) G3: 3.0 (1.1) G4: 3.1 (1.2) p = NS (adjusted for baseline value, site, and sex)	Post-treatment (20 weeks post-baseline): ITT analysis G1: 1.4 (1.2) G2: 1.0 (1.1) G3: 1.1 (1.1) G4: 1.3 (1.1) p = NS (adjusted for baseline value, site, and sex) 6m follow-up (44 weeks post-baseline): ITT analysis G1: 1.3 (1.2) G2: 1.1 (1.1) G3: 1.2 (1.3) G4: NA p = NS (adjusted for baseline value, site, and sex) 12m follow-up (72 weeks post-baseline): ITT analysis G1: 1.3 (1.2) G2: 1.2 (1.2) G3: 1.6 (1.2) G4: NA p = NS (adjusted for baseline value, site, and sex) EDE Shape Concerns, mean (SD) Post-treatment (20 weeks post-baseline): ITT analysis G1: 3.1 (1.3) G2: 2.7 (1.1) G3: 3.0 (1.1) G4: 3.1 (1.2) p = NS (adjusted for baseline value, site, and sex)	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Peterson, 2009[29] (continued)		6m follow-up (44 weeks post-baseline): ITT analysis G1: 3.1 (1.4) G2: 2.7 (1.1) G3: 2.9 (1.2) G4: NA p = NS (adjusted for baseline value, site, and sex) 12m follow-up (72 weeks post-baseline): ITT analysis G1: 3.0 (1.4) G2: 2.6 (1.3) G3: 3.2 (1.3) G4: NA p = NS (adjusted for baseline value, site, and sex) EDE Weight Concerns, mean (SD) Post-treatment (20 weeks post-baseline): ITT analysis G1: 3.1 (1.2) G2: 2.4 (1.3) G3: 3.1 (1.3) G4: 3.1 (1.1) p = NS (adjusted for baseline value, site, and sex) 6m follow-up (44 weeks post-baseline): ITT analysis G1: 3.0 (1.3) G2: 2.5 (1.3) G3: 3.0 (1.2) G4: NA p = NS (adjusted for baseline value, site, and sex)	6m follow-up (44 weeks post-baseline): ITT analysis G1: 3.1 (1.4) G2: 2.7 (1.1) G3: 2.9 (1.2) G4: NA p = NS (adjusted for baseline value, site, and sex) 12m follow-up (72 weeks post-baseline): ITT analysis G1: 3.0 (1.4) G2: 2.6 (1.3) G3: 3.2 (1.3) G4: NA p = NS (adjusted for baseline value, site, and sex) EDE Weight Concerns, mean (SD) Post-treatment (20 weeks post-baseline): ITT analysis G1: 3.1 (1.2) G2: 2.4 (1.3) G3: 3.1 (1.3) G4: 3.1 (1.1) p = NS (adjusted for baseline value, site, and sex) 6m follow-up (44 weeks post-baseline): ITT analysis G1: 3.0 (1.3) G2: 2.5 (1.3) G3: 3.0 (1.2) G4: NA p = NS (adjusted for baseline value, site, and sex)	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Peterson, 2009[29] (continued)		12m follow-up (72 weeks post-baseline): ITT analysis G1: 3.0 (1.3) G2: 2.5 (1.3) G3: 3.3 (1.2) G4: NA p = NS (adjusted for baseline value, site, and sex) TFEQ Restraint, mean (SD) Post-treatment (20 weeks post-baseline): ITT analysis G1: 7.8 (4.4) G2: 7.9 (3.7) G3: 8.7 (3.7) G4: 7.0 (3.5) p = NS (adjusted for baseline value, site, and sex) 6m follow-up (44 weeks post-baseline): ITT analysis G1: 7.8 (4.1) G2: 7.9 (4.3) G3: 8.2 (4.2) G4: NA p = NS (adjusted for baseline value, site, and sex) 12m follow-up (72 weeks post-baseline): ITT analysis G1: 7.7 (3.9) G2: 7.1 (4.2) G3: 8.1 (4.1) G4: NA p = NS (adjusted for baseline value, site, and sex) TFEQ Disinhibition, mean (SD)	12m follow-up (72 weeks post-baseline): ITT analysis G1: 3.0 (1.3) G2: 2.5 (1.3) G3: 3.3 (1.2) G4: NA p = NS (adjusted for baseline value, site, and sex) TFEQ Restraint, mean (SD) Post-treatment (20 weeks post-baseline): ITT analysis G1: 7.8 (4.4) G2: 7.9 (3.7) G3: 8.7 (3.7) G4: 7.0 (3.5) p = NS (adjusted for baseline value, site, and sex) 6m follow-up (44 weeks post-baseline): ITT analysis G1: 7.8 (4.1) G2: 7.9 (4.3) G3: 8.2 (4.2) G4: NA p = NS (adjusted for baseline value, site, and sex) 12m follow-up (72 weeks post-baseline): ITT analysis G1: 7.7 (3.9) G2: 7.1 (4.2) G3: 8.1 (4.1) G4: NA p = NS (adjusted for baseline value, site, and sex) TFEQ Disinhibition, mean (SD)	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Peterson, 2009[29] (continued)		Post-treatment (20 weeks post-baseline): ITT analysis G1: 12.7 (2.3) G2: 12.2 (2.9) G3: 11.9 (3.4) G4: 13.4 (2.1) p = NS (adjusted for baseline value, site, and sex) Post hoc p (G2, G3 < G4) = 0.001; partial eta-squared = 0.07 for both comparisons 6m follow-up (44 weeks post-baseline): ITT analysis G1: 12.6 (2.7) G2: 11.9 (3.0) G3: 12.7 (3.3) G4: NA p = NS (adjusted for baseline value, site, and sex) 12m follow-up (72 weeks post-baseline): ITT analysis G1: 12.8 (2.7) G2: 12.7 (2.5) G3: 13.0 (2.9) G4: NA p = NS (adjusted for baseline value, site, and sex) TDEQ Hunger, mean (SD) Post-treatment (20 weeks post-baseline): ITT analysis G1: 9.9 (3.8) G2: 8.5 (3.5) G3: 8.0 (3.8) G4: 9.0 (3.6) p = NS (adjusted for baseline value, site, and sex)	Post-treatment (20 weeks post-baseline): ITT analysis G1: 12.7 (2.3) G2: 12.2 (2.9) G3: 11.9 (3.4) G4: 13.4 (2.1) p = NS (adjusted for baseline value, site, and sex) Post hoc p (G2, G3 < G4) = 0.001; partial eta-squared = 0.07 for both comparisons 6m follow-up (44 weeks post-baseline): ITT analysis G1: 12.6 (2.7) G2: 11.9 (3.0) G3: 12.7 (3.3) G4: NA p = NS (adjusted for baseline value, site, and sex) 12m follow-up (72 weeks post-baseline): ITT analysis G1: 12.8 (2.7) G2: 12.7 (2.5) G3: 13.0 (2.9) G4: NA p = NS (adjusted for baseline value, site, and sex) TDEQ Hunger, mean (SD) Post-treatment (20 weeks post-baseline): ITT analysis G1: 9.9 (3.8) G2: 8.5 (3.5) G3: 8.0 (3.8) G4: 9.0 (3.6) p = NS (adjusted for baseline value, site, and sex)	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Peterson, 2009[29] (continued)		6m follow-up (44 weeks post-baseline): ITT analysis G1: 9.2 (3.6) G2: 8.2 (3.6) G3: 8.1 (3.5) G4: NA p = NS (adjusted for baseline value, site, and sex) 12m follow-up (72 weeks post-baseline): ITT analysis G1: 9.3 (3.3) G2: 8.7 (3.7) G3: 8.4 (3.8) G4: NA p = NS (adjusted for baseline value, site, and sex)	6m follow-up (44 weeks post-baseline): ITT analysis G1: 9.2 (3.6) G2: 8.2 (3.6) G3: 8.1 (3.5) G4: NA p = NS (adjusted for baseline value, site, and sex) 12m follow-up (72 weeks post-baseline): ITT analysis G1: 9.3 (3.3) G2: 8.7 (3.7) G3: 8.4 (3.8) G4: NA p = NS (adjusted for baseline value, site, and sex)	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Ricca, 2010[30]	SCL-90 GSI Binge Eating Scale (BES) Emotional Eating Scale (EES) EDE-Q -total score -restraint -eating concern -weight concern -shape concern Onset of frequent compensatory behaviors (posttreatment only)	Posttreatment SCL-90 GSI, median (quartiles), p for within-group change BL to posttreatment G1: 1.2 (0.7, 1.7), p<0.05 G2: 1.1 (0.7, 1.3), p=NR, NS 3y SCL-90 GSI, median (quartiles), p for within-group change posttreatment to 3y G1: 1.2 (0.6, 1.7), p=NR, NS G2: 1.1 (0.7, 1.3), p=NR, NS SCL-90 GSI, repeated measures ANOVA for between-group comparison with covariate age F= 1.51 p=0.22 Posttreatment Binge Eating Scale (BES), median (quartiles), p for within-group change BL to posttreatment G1: 16.0 (3.5, 30.0), p<0.01 G2: 17.0 (12.0, 27.7), p<0.01 3y Binge Eating Scale (BES), median (quartiles), p for within-group change posttreatment to 3y G1: 17.5 (12.0, 31.0), p=NR, NS G2: 17.0 (11.0, 25.0), p=NR, NS Binge Eating Scale (BES), repeated measures ANOVA for between-group comparison with covariate age F= 0.81 p=0.36	Posttreatment SCL-90 GSI, median (quartiles), p for within-group change BL to posttreatment G1: 1.2 (0.7, 1.7), p<0.05 G2: 1.1 (0.7, 1.3), p=NR, NS 3y SCL-90 GSI, median (quartiles), p for within-group change posttreatment to 3y G1: 1.2 (0.6, 1.7), p=NR, NS G2: 1.1 (0.7, 1.3), p=NR, NS SCL-90 GSI, repeated measures ANOVA for between-group comparison with covariate age F= 1.51 p=0.22 Posttreatment Binge Eating Scale (BES), median (quartiles), p for within-group change BL to posttreatment G1: 16.0 (3.5, 30.0), p<0.01 G2: 17.0 (12.0, 27.7), p<0.01 3y Binge Eating Scale (BES), median (quartiles), p for within-group change posttreatment to 3y G1: 17.5 (12.0, 31.0), p=NR, NS G2: 17.0 (11.0, 25.0), p=NR, NS Binge Eating Scale (BES), repeated measures ANOVA for between-group comparison with covariate age F= 0.81 p=0.36	Posttreatment EDE-Q-total score, median (quartiles), p for within-group change BL to posttreatment G1: 2.1 (0.5, 3.3) , p<0.01 G2: 2.9 (2.3, 3.5), p=NR, NS 3y EDE-Q-total score, median (quartiles), p for within-group change posttreatment to 3y G1: 1.3

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Ricca, 2010[30] (continued)		Posttreatment Emotional Eating Scale (EES), median (quartiles), p for within-group change BL to posttreatment G1: 1.7 (0.9, 2.1), p<0.05 G2: 1.7 (1.1, 2.3), p<0.01 3y Emotional Eating Scale (EES), median (quartiles), p for within-group change posttreatment to 3y G1: 2.0 (1.3, 2.3), p=NR, NS G2: 1.7 (1.1, 2.5), p=NR, NS Emotional Eating Scale (EES), repeated measures ANOVA for between-group comparison with covariate age F= 0.42 p=0.51	Posttreatment Emotional Eating Scale (EES), median (quartiles), p for within-group change BL to posttreatment G1: 1.7 (0.9, 2.1), p<0.05 G2: 1.7 (1.1, 2.3), p<0.01 3y Emotional Eating Scale (EES), median (quartiles), p for within-group change posttreatment to 3y G1: 2.0 (1.3, 2.3), p=NR, NS G2: 1.7 (1.1, 2.5), p=NR, NS Emotional Eating Scale (EES), repeated measures ANOVA for between-group comparison with covariate age F= 0.42 p=0.51	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Riva, 2002[31]	Body image avoidance questionnaire -total score -eating restraint -clothing -grooming/weighing -social activities Body satisfaction scale (BSS) -total score -head -torso -limbs Contour drawing rating scale (CDRS) -real body -ideal body -body satisfaction index Figure rating scale (FRS) -real body -ideal body -body satisfaction index Dieter's inventory of eating temptations (DIET) -Total score -Positive social -overeating -negative emotions -resisting temptations -exercise -food choice Weight efficacy lifestyle questionnaire (WELSQ) total score	All outcomes are post-treatment BIAQ-total score G1: 32.40 G2: 29.50 G1 Mean difference before and after treatment: 0.80 G2 Mean difference before and after treatment:1.50 G1 before-after p=NS G2 before-after p=NS Between-group mean difference p=NS BIAQ-eating restraint G1: 5.20 G2: 5.00 G1 Mean difference before and after treatment: -2.20 G2 Mean difference before and after treatment:-0.60 G1 before-after p=NS G2 before-after p=NS Between-group mean difference p=NS BIAQ-clothing G1: 13.80 G2: 13.80 G1 Mean difference before and after treatment:2.30 G2 Mean difference before and after treatment:0.80 G1 before-after p=0.021 G2 before-after p=NS Between-group mean difference p=0.035	All outcomes are post-treatment BIAQ-total score G1: 32.40 G2: 29.50 G1 Mean difference before and after treatment: 0.80 G2 Mean difference before and after treatment:1.50 G1 before-after p=NS G2 before-after p=NS Between-group mean difference p=NS BIAQ-eating restraint G1: 5.20 G2: 5.00 G1 Mean difference before and after treatment: -2.20 G2 Mean difference before and after treatment:-0.60 G1 before-after p=NS G2 before-after p=NS Between-group mean difference p=NS BIAQ-clothing G1: 13.80 G2: 13.80 G1 Mean difference before and after treatment:2.30 G2 Mean difference before and after treatment:0.80 G1 before-after p=0.021 G2 before-after p=NS Between-group mean difference p=0.035	All outcomes are post-treatment DIET-Total score G1: 39.03 G2: 45.90 G1 Mean difference before and after treatment:9.77 G2 Mean difference before and after treatment:0.97 G1 before-after p=NS G2 before-after p=NS Between-group mean difference p=NS DIET-

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Riva, 2002[31] (continued)	University of Rhode Island Change Assessment Scale (URICA) -total score -precontemplation -contemplation -action -maintenance	BIAQ-grooming/weighing G1: 5.30 G2: 4.10 G1 Mean difference before and after treatment:-1.20 G2 Mean difference before and after treatment:-0.90 G1 before-after p=NS G2 before-after p=NS Between-group mean difference p=NS BIAQ-social activities G1: 8.10 G2: 6.60 G1 Mean difference before and after treatment:1.90 G2 Mean difference before and after treatment:2.20 G1 before-after p=0.07 G2 before-after p=NS Between-group mean difference p=NS BSS-total score G1: 47.60 G2: 53.70 G1 Mean difference before and after treatment:3.70 G2 Mean difference before and after treatment:3.50 G1 before-after p=0.06 G2 before-after p=NS Between-group mean difference p=NS	BIAQ-grooming/weighing G1: 5.30 G2: 4.10 G1 Mean difference before and after treatment:-1.20 G2 Mean difference before and after treatment:-0.90 G1 before-after p=NS G2 before-after p=NS Between-group mean difference p=NS BIAQ-social activities G1: 8.10 G2: 6.60 G1 Mean difference before and after treatment:1.90 G2 Mean difference before and after treatment:2.20 G1 before-after p=0.07 G2 before-after p=NS Between-group mean difference p=NS BSS-total score G1: 47.60 G2: 53.70 G1 Mean difference before and after treatment:3.70 G2 Mean difference before and after treatment:3.50 G1 before-after p=0.06 G2 before-after p=NS Between-group mean difference p=NS	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Riva, 2002[31] (continued)		BSS-head G1: 9.20 G2: 13.20 G1 Mean difference before and after treatment: 2.60 G2 Mean difference before and after treatment: 1.90 G1 before-after p=NS G2 before-after p=NS Between-group mean difference p=NS BSS-torso G1: 18.10 G2: 19.90 G1 Mean difference before and after treatment: 1.20 G2 Mean difference before and after treatment:0.40 G1 before-after p=NS G2 before-after p=NS Between-group mean difference p=NS BSS-limbs G1: 20.30 G2: 20.60 G1 Mean difference before and after treatment:-0.10 G2 Mean difference before and after treatment:1.20 G1 before-after p=NS G2 before-after p=NS Between-group mean difference p=NS	BSS-head G1: 9.20 G2: 13.20 G1 Mean difference before and after treatment: 2.60 G2 Mean difference before and after treatment: 1.90 G1 before-after p=NS G2 before-after p=NS Between-group mean difference p=NS BSS-torso G1: 18.10 G2: 19.90 G1 Mean difference before and after treatment: 1.20 G2 Mean difference before and after treatment:0.40 G1 before-after p=NS G2 before-after p=NS Between-group mean difference p=NS BSS-limbs G1: 20.30 G2: 20.60 G1 Mean difference before and after treatment:-0.10 G2 Mean difference before and after treatment:1.20 G1 before-after p=NS G2 before-after p=NS Between-group mean difference p=NS	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Riva, 2002[31] (continued)		CDRS-real body G1: 8.10 G2: 8.00 G1 Mean difference before and after treatment:-0.30 G2 Mean difference before and after treatment:0.40 G1 before-after p=NS G2 before-after p=NS Between-group mean difference p=NS CDRS-ideal body G1: 5.10 G2: 4.80 G1 Mean difference before and after treatment:-0.70 G2 Mean difference before and after treatment:-0.40 G1 before-after p=0.035 G2 before-after p=NS Between-group mean difference p=NS CDRS-body satisfaction index G1: 1.66 G2: 2.29 G1 Mean difference before and after treatment:0.21 G2 Mean difference before and after treatment:0.26 G1 before-after p=NS G2 before-after p=NS Between-group mean difference p=NS	CDRS-real body G1: 8.10 G2: 8.00 G1 Mean difference before and after treatment:-0.30 G2 Mean difference before and after treatment:0.40 G1 before-after p=NS G2 before-after p=NS Between-group mean difference p=NS CDRS-ideal body G1: 5.10 G2: 4.80 G1 Mean difference before and after treatment:-0.70 G2 Mean difference before and after treatment:-0.40 G1 before-after p=0.035 G2 before-after p=NS Between-group mean difference p=NS CDRS-body satisfaction index G1: 1.66 G2: 2.29 G1 Mean difference before and after treatment:0.21 G2 Mean difference before and after treatment:0.26 G1 before-after p=NS G2 before-after p=NS Between-group mean difference p=NS	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Riva, 2002[31] (continued)		FRS-real body G1: 6.80 G2: 6.60 G1 Mean difference before and after treatment:0.10 G2 Mean difference before and after treatment:0.20 G1 before-after p=NS G2 before-after p=NS Between-group mean difference p=NS FRS-ideal body G1: 3.90 G2: 3.80 G1 Mean difference before and after treatment:-0.10 G2 Mean difference before and after treatment:0.00 G1 before-after p=NS G2 before-after p=NS Between-group mean difference p=NS FRS-body satisfaction index G1: 1.82 G2: 2.28 G1 Mean difference before and after treatment:5.60 G2 Mean difference before and after treatment:6.20 G1 before-after p=NS G2 before-after p=NS Between-group mean difference p=NS	FRS-real body G1: 6.80 G2: 6.60 G1 Mean difference before and after treatment:0.10 G2 Mean difference before and after treatment:0.20 G1 before-after p=NS G2 before-after p=NS Between-group mean difference p=NS FRS-ideal body G1: 3.90 G2: 3.80 G1 Mean difference before and after treatment:-0.10 G2 Mean difference before and after treatment:0.00 G1 before-after p=NS G2 before-after p=NS Between-group mean difference p=NS FRS-body satisfaction index G1: 1.82 G2: 2.28 G1 Mean difference before and after treatment:5.60 G2 Mean difference before and after treatment:6.20 G1 before-after p=NS G2 before-after p=NS Between-group mean difference p=NS	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Riva, 2003[32]	Dieter's Inventory of Eating Temptations (DIET) -total score -resisting temptations score Weight Efficacy Lifestyle Questionnaire (WELSQ) Body Image Avoidance Questionnaire (BIAQ) Body Satisfaction Scale (BSS) -total score -trunk score Contour Drawing Rating Scale (CDRS)	Posttreatment DIET, mean score, within-group change p-value G1: NR, p=NR, significant improvement G2: NR, p=NR, significant improvement G3: NR, p=NR, significant improvement G4: NR, NS 6m DIET resisting temptations score G1: 19.11 G2: 12 G3: 10.89 G4: NR p<0.05 ("G1 scored significantly better" Posttreatment WELSQ, mean score, within-group change p-value G1: NR, p=NR, significant improvement G2: NR, p=NR, significant improvement G3: NR, p=NR, significant improvement G4: NR, NS 6m WELSQ G1: NR G2: NR G3: NR G4: NR	Posttreatment DIET, mean score, within-group change p-value G1: NR, p=NR, significant improvement G2: NR, p=NR, significant improvement G3: NR, p=NR, significant improvement G4: NR, NS 6m DIET resisting temptations score G1: 19.11 G2: 12 G3: 10.89 G4: NR p<0.05 ("G1 scored significantly better" Posttreatment WELSQ, mean score, within-group change p-value G1: NR, p=NR, significant improvement G2: NR, p=NR, significant improvement G3: NR, p=NR, significant improvement G4: NR, NS 6m WELSQ G1: NR G2: NR G3: NR G4: NR	NA

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Riva, 2003[32] (continued)		Posttreatment BIAQ G1: NR G2: NR G3: NR G4: NR "G1 was more effective than G2 in improving body image (BIAQ-BSS-CDRS); in particular,G1 subjects scored significantly higher after the treatment on body awareness, body satisfaction, and physical acceptance" 6m BIAQ G1: NR G2: NR G3: NR G4: NR Posttreatment BSS G1: NR G2: NR G3: NR G4: NR "G1 was more effective than G2 in improving body image (BIAQ-BSS-CDRS); in particular,G1 subjects scored significantly higher after the treatment on body awareness, body satisfaction, and physical acceptance" 6m BSS total score G1: 8.5 G2: 17.3 G3: 16.2 G4: NR p<0.05 ("G1 scored significantly better")	Posttreatment BIAQ G1: NR G2: NR G3: NR G4: NR "G1 was more effective than G2 in improving body image (BIAQ-BSS-CDRS); in particular,G1 subjects scored significantly higher after the treatment on body awareness, body satisfaction, and physical acceptance" 6m BIAQ G1: NR G2: NR G3: NR G4: NR Posttreatment BSS G1: NR G2: NR G3: NR G4: NR "G1 was more effective than G2 in improving body image (BIAQ-BSS-CDRS); in particular,G1 subjects scored significantly higher after the treatment on body awareness, body satisfaction, and physical acceptance" 6m BSS total score G1: 8.5 G2: 17.3 G3: 16.2 G4: NR p<0.05 ("G1 scored significantly better")	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Riva, 2003[32] (continued)		Posttreatment BSS trunk score G1: NR G2: NR G3: NR G4: NR 6m BSS trunk score G1: 9.56 G2: 17.73 G3: 14.72 G4: NR p<0.05 ("G1 scored significantly better" Posttreatment CDRS G1: NR G2: NR G3: NR G4: NR "G1 was more effective than G2 in improving body image (BIAQ-BSS-CDRS); in particular,G1 subjects scored significantly higher after the treatment on body awareness, body satisfaction, and physical acceptance" 6m CDRS G1: NR G2: NR G3: NR G4: NR	Posttreatment BSS trunk score G1: NR G2: NR G3: NR G4: NR 6m BSS trunk score G1: 9.56 G2: 17.73 G3: 14.72 G4: NR p<0.05 ("G1 scored significantly better" Posttreatment CDRS G1: NR G2: NR G3: NR G4: NR "G1 was more effective than G2 in improving body image (BIAQ-BSS-CDRS); in particular,G1 subjects scored significantly higher after the treatment on body awareness, body satisfaction, and physical acceptance" 6m CDRS G1: NR G2: NR G3: NR G4: NR	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Safer, Robinson, and Jo, 2010[33] Safer and Joyce, 2011[34] Robinson and Safer, 2012[35]	Measure 1: EDE - restraint Measure 2: EDE - weight concnerns Measure 3: EDE - shape concerns Measure 4: EDE - eating concerns Measure 5: Emotional Eating Scale (EES) Anger Measure 6: EES - Anxiety Measure 7: EES Depression	NA	NA	Measure 1: Posttreatment G1: 1.29 (1.04) G2: 1.91 (1.23) 12- month FU G1: 1.10 (1.09) G2: 1. 85 (1.42) Effect size posttreatment: 0.54 Effect size 12 month FU: 0.59 Measure 2: Posttreatment G1: 2.53 (1.18) G2: 3.00 (1.25) 12 month FU G1: 2.27 (1.24) G
Schlup, 2009[36]	EDE-Q Weight concern Shape concern Eating concern Restraint eating	Weight Cocnern G1: -0.66 G2: -0.11 p=0.153 Shape Concern G1: -0.51 G2: 0.07 p=0.164 Eating concern G1: -0.71 G2: 0.21 p=0.009 Restraint eating G1: 0.17 G2: -0.41 p=0.110	Weight Cocnern G1: -0.66 G2: -0.11 p=0.153 Shape Concern G1: -0.51 G2: 0.07 p=0.164 Eating concern G1: -0.71 G2: 0.21 p=0.009 Restraint eating G1: 0.17 G2: -0.41 p=0.110	NA

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Schlup, 2010[37]	EDE -dietary restraint -eating concern -weight concern -shape concern	Means denote estimates from a linear mixed model or generalized linear mixed model. Values were back-transformed if necessary. End of treatment EDE-dietary restraint G1: 1.01 G2: 1.62 Effect size: 0.30 p=0.06 12m EDE-dietary restraint G1: 1.05 G2: 1.75 Effect size: 0.29 p=0.07 End of treatment EDE-shape concern G1: 2.15 G2: 3.00 Effect size: 0.39 p=0.02 12m EDE-shape concern G1: 1.91 G2: 2.59 Effect size: 0.25 p=0.10 End of treatment EDE-weight concern G1: 2.14 G2: 2.52 Effect size: 0.17 p= 0.27	Means denote estimates from a linear mixed model or generalized linear mixed model. Values were back-transformed if necessary. End of treatment EDE-dietary restraint G1: 1.01 G2: 1.62 Effect size: 0.30 p=0.06 12m EDE-dietary restraint G1: 1.05 G2: 1.75 Effect size: 0.29 p=0.07 End of treatment EDE-shape concern G1: 2.15 G2: 3.00 Effect size: 0.39 p=0.02 12m EDE-shape concern G1: 1.91 G2: 2.59 Effect size: 0.25 p=0.10 End of treatment EDE-weight concern G1: 2.14 G2: 2.52 Effect size: 0.17 p= 0.27	NA

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Schlup, 2010[37] (continued)		12m EDE-weight concern G1: 1.66 G2: 2.26 Effect size: 0.23 p=0.14 End of treatment EDE-eating concern G1: 0.34 G2: 0.82 Effect size: 0.29 p=0.07 12m EDE-eating concern G1: 0.16 G2: 0.68 Effect size: 0.26 p=0.09	12m EDE-weight concern G1: 1.66 G2: 2.26 Effect size: 0.23 p=0.14 End of treatment EDE-eating concern G1: 0.34 G2: 0.82 Effect size: 0.29 p=0.07 12m EDE-eating concern G1: 0.16 G2: 0.68 Effect size: 0.26 p=0.09	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39]	EDE -global -dietary restraint -eating concern -shape concern -weight oncern	Post-treatment Global EDE score G1: 2.1 (SD 1.0) G2: 1.7 (SD 1.0) G3: 1.8 (SD 0.9) Mean change: NR p=NR, no results are reported for the analysis of post-treatment EDE global 1y Global EDE score G1: 2.2 (SD 1.0) G2: 1.7 (SD 0.9) G3: 1.9 (SD 1.0) Mean change: NR p=NR, no results are reported for the analysis of 1y EDE global 2y Global EDE score G1: 2.0 (SD 1.2) G2: 1.7 (SD 1.0) G3: 1.7 (SD 1.1) Mean change: NR p=NR, no results are reported for the analysis of 2y EDE global Post-treatment EDE-dietary restraint G1: NR G2: NR G3: NR G1 was significantly more effective than G2 in increasing dietary restraint; Mean change NR, F=5.3 p<0.01	Post-treatment Global EDE score G1: 2.1 (SD 1.0) G2: 1.7 (SD 1.0) G3: 1.8 (SD 0.9) Mean change: NR p=NR, no results are reported for the analysis of post-treatment EDE global 1y Global EDE score G1: 2.2 (SD 1.0) G2: 1.7 (SD 0.9) G3: 1.9 (SD 1.0) Mean change: NR p=NR, no results are reported for the analysis of 1y EDE global 2y Global EDE score G1: 2.0 (SD 1.2) G2: 1.7 (SD 1.0) G3: 1.7 (SD 1.1) Mean change: NR p=NR, no results are reported for the analysis of 2y EDE global Post-treatment EDE-dietary restraint G1: NR G2: NR G3: NR G1 was significantly more effective than G2 in increasing dietary restraint; Mean change NR, F=5.3 p<0.01	NA

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39] (continued)		1y EDE-dietary restraint G1: NR G2: NR G3: NR Mean change: NR p=NR, no results are reported for the analysis of 1y EDE dietary restraint 2y EDE-dietary restraint G1: NR G2: NR G3: NR Mean change: NR p=NR, no results are reported for the analysis of 2y EDE dietary restraint Post-treatment EDE-eating concern G1: NR G2: NR G3: NR Mean change: NR p=NS, NR "No differences were found on the EDE subscales of eating, weight, or shape concerns" 1y EDE-eating concern G1: NR G2: NR G3: NR Mean change: NR p=NR, no results are reported for the analysis of 1y EDE eating concern	1y EDE-dietary restraint G1: NR G2: NR G3: NR Mean change: NR p=NR, no results are reported for the analysis of 1y EDE dietary restraint 2y EDE-dietary restraint G1: NR G2: NR G3: NR Mean change: NR p=NR, no results are reported for the analysis of 2y EDE dietary restraint Post-treatment EDE-eating concern G1: NR G2: NR G3: NR Mean change: NR p=NS, NR "No differences were found on the EDE subscales of eating, weight, or shape concerns" 1y EDE-eating concern G1: NR G2: NR G3: NR Mean change: NR p=NR, no results are reported for the analysis of 1y EDE eating concern	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39] (continued)		2y EDE-eating concern G1: NR G2: NR G3: NR Mean change: NR p=NR, no results are reported for the analysis of 2y EDE eating concern Post-treatment EDE-shape concern G1: NR G2: NR G3: NR Mean change: NR p=NS, NR "No differences were found on the EDE subscales of eating, weight, or shape concerns" 1y EDE-shape concern G1: NR G2: NR G3: NR Mean change: NR p=NR, no results are reported for the analysis of 1y EDE shape concern 2y EDE-shape concern G1: NR G2: NR G3: NR Mean change: NR p=NR, no results are reported for the analysis of 2y EDE shape concern	2y EDE-eating concern G1: NR G2: NR G3: NR Mean change: NR p=NR, no results are reported for the analysis of 2y EDE eating concern Post-treatment EDE-shape concern G1: NR G2: NR G3: NR Mean change: NR p=NS, NR "No differences were found on the EDE subscales of eating, weight, or shape concerns" 1y EDE-shape concern G1: NR G2: NR G3: NR Mean change: NR p=NR, no results are reported for the analysis of 1y EDE shape concern 2y EDE-shape concern G1: NR G2: NR G3: NR Mean change: NR p=NR, no results are reported for the analysis of 2y EDE shape concern	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39] (continued)		Post-treatment EDE-weight concern G1: NR G2: NR G3: NR Mean change: NR p=NS, NR "No differences were found on the EDE subscales of eating, weight, or shape concerns" 1y EDE-weight concern G1: NR G2: NR G3: NR Mean change: NR p=NR, no results are reported for the analysis of 1y EDE weight concern 2y EDE-weight concern G1: NR G2: NR G3: NR Mean change: NR p=NR, no results are reported for the analysis of 2y EDE weight concern	Post-treatment EDE-weight concern G1: NR G2: NR G3: NR Mean change: NR p=NS, NR "No differences were found on the EDE subscales of eating, weight, or shape concerns" 1y EDE-weight concern G1: NR G2: NR G3: NR Mean change: NR p=NR, no results are reported for the analysis of 1y EDE weight concern 2y EDE-weight concern G1: NR G2: NR G3: NR Mean change: NR p=NR, no results are reported for the analysis of 2y EDE weight concern	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41]	Rosenberg Self-Esteem Scale (RSE) TFEQ -dietary restraint -hunger	Post-treatment RSE G1: 25.72 (SD 2.27) G2: 26.17 (SD 2.64) G3: 26.32 (SD 1.97) G2 vs. G3 Hierarchical linear modeling (HLM) coefficient: -0.32; t-value: -0.62, p=NR G1 vs. G3 Hierarchical linear modeling (HLM) coefficient: -0.40; t-value: -0.78, p=NR G2 vs. G1 Hierarchical linear modeling (HLM) coefficient: -0.09; t-value:-0.17, p=NR 6m RSE G1: 31.39 (SD 3.61) G2: 23.76 (SD 3.46) G3: 6m and 12m not measured for control group 12m RSE: not collected at 12m RSE Pre-treatment to follow-ups modeling Linear modeling coefficients: 4.44, t-value: 1.43, p=NR Treatments modeling: -2.87, t-value: -2.44, p=0.016 Quadratic modeling coefficients: -2.29, t-value: -2.44, p=0.016 Treatments modeling: 1.73, t-value: 3.80, p<0.001	Post-treatment RSE G1: 25.72 (SD 2.27) G2: 26.17 (SD 2.64) G3: 26.32 (SD 1.97) G2 vs. G3 Hierarchical linear modeling (HLM) coefficient: -0.32; t-value: -0.62, p=NR G1 vs. G3 Hierarchical linear modeling (HLM) coefficient: -0.40; t-value: -0.78, p=NR G2 vs. G1 Hierarchical linear modeling (HLM) coefficient: -0.09; t-value:-0.17, p=NR 6m RSE G1: 31.39 (SD 3.61) G2: 23.76 (SD 3.46) G3: 6m and 12m not measured for control group 12m RSE: not collected at 12m RSE Pre-treatment to follow-ups modeling Linear modeling coefficients: 4.44, t-value: 1.43, p=NR Treatments modeling: -2.87, t-value: -2.44, p=0.016 Quadratic modeling coefficients: -2.29, t-value: -2.44, p=0.016 Treatments modeling: 1.73, t-value: 3.80, p<0.001	NA

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41] (continued)		Post-treatment TFEQ-dietary restraint G1: 8.75 (SD 3.94) G2: 8.52 (SD 3.75) G3: 6.63 (SD 3.82) G2 vs. G3 Hierarchical linear modeling (HLM) coefficient: 1.09; t-value: 2.20, p=0.028 G1 vs. G3 Hierarchical linear modeling (HLM) coefficient: 1.14; t-value: 2.33, p=0.02 G2 vs. G1 Hierarchical linear modeling (HLM) coefficient: 0.07; t-value: 0.14, p=NR 6m TFEQ-dietary restraint G1: 8.79 (SD 4.29) G2: 8.97 (SD 4.19) G3: 6m and 12m not measured for control group 12m TFEQ-dietary restraint: not collected at 12m TFEQ-dietary restraint Pre-treatment to follow-ups modeling Linear modeling coefficients: 1.82, t-value: 0.81, p=NR Treatments modeling: 1.01, t-value: 0.98, p=NR Quadratic modeling coefficients: -0.08, t-value: -0.12, p=NR Treatments modeling: -0.39, t-value: -1.15, p=NR	Post-treatment TFEQ-dietary restraint G1: 8.75 (SD 3.94) G2: 8.52 (SD 3.75) G3: 6.63 (SD 3.82) G2 vs. G3 Hierarchical linear modeling (HLM) coefficient: 1.09; t-value: 2.20, p=0.028 G1 vs. G3 Hierarchical linear modeling (HLM) coefficient: 1.14; t-value: 2.33, p=0.02 G2 vs. G1 Hierarchical linear modeling (HLM) coefficient: 0.07; t-value: 0.14, p=NR 6m TFEQ-dietary restraint G1: 8.79 (SD 4.29) G2: 8.97 (SD 4.19) G3: 6m and 12m not measured for control group 12m TFEQ-dietary restraint: not collected at 12m TFEQ-dietary restraint Pre-treatment to follow-ups modeling Linear modeling coefficients: 1.82, t-value: 0.81, p=NR Treatments modeling: 1.01, t-value: 0.98, p=NR Quadratic modeling coefficients: -0.08, t-value: -0.12, p=NR Treatments modeling: -0.39, t-value: -1.15, p=NR	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41] (continued)		Post-treatment TFEQ-hunger G1: 9.40 (SD 3.02) G2: 7.73 (SD 3.82) G3: 9.54 (SD 3.37) G2 vs. G3 Hierarchical linear modeling (HLM) coefficient: -0.96; t-value: -2.48, p=0.14 G1 vs. G3 Hierarchical linear modeling (HLM) coefficient: -0.15; t-value: -0.39, p=NR G2 vs. G1 Hierarchical linear modeling (HLM) coefficient: 0.81; t-value:2.19, p=NR 6m TFEQ-hunger G1: 7.61 (SD 3.46) G2: 7.38 (SD 3.62) G3: 6m and 12m not measured for control group 12m TFEQ-hunger: not collected at 12m TFEQ-hunger Pre-treatment to follow-ups modeling Linear modeling coefficients: -4.21, t-value: -2.35, p=0.02 Treatments modeling: 1.21, t-value: 1.44 Quadratic modeling coefficients: 0.72, t-value: 1.39, p=NR Treatments modeling: -0.32, t-value: 1.19, p=NR	Post-treatment TFEQ-hunger G1: 9.40 (SD 3.02) G2: 7.73 (SD 3.82) G3: 9.54 (SD 3.37) G2 vs. G3 Hierarchical linear modeling (HLM) coefficient: -0.96; t-value: -2.48, p=0.14 G1 vs. G3 Hierarchical linear modeling (HLM) coefficient: -0.15; t-value: -0.39, p=NR G2 vs. G1 Hierarchical linear modeling (HLM) coefficient: 0.81; t-value:2.19, p=NR 6m TFEQ-hunger G1: 7.61 (SD 3.46) G2: 7.38 (SD 3.62) G3: 6m and 12m not measured for control group 12m TFEQ-hunger: not collected at 12m TFEQ-hunger Pre-treatment to follow-ups modeling Linear modeling coefficients: -4.21, t-value: -2.35, p=0.02 Treatments modeling: 1.21, t-value: 1.44 Quadratic modeling coefficients: 0.72, t-value: 1.39, p=NR Treatments modeling: -0.32, t-value: 1.19, p=NR	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Telch, 2001[42]	EDE Weight Concern EDE Shape Concern EDE Eating Concern EDE Restraint BES	EDE, Weight Concerns (M,SD): G1: 2.2 (0.9) (P = NR) G2: 3.1 (1.0) (P = NR) Diff between groups (P = NR) Diff between groups in change over time (P < 0.02), G1 better than G2 EDE, Shape Concerns(M,SD) G1: 2.3 (0.9) (P = NR) G2: 3.1 (1.0) (P = NR) Diff between groups (P = NR) Diff between groups in change over time (P < 0.03), G1 better than G2 EDE, Eating Concerns(M,SD) G1: 0.4 (0.4) (P = NR) G2: 1.4 (0.9) (P = NR) Diff between groups (P = NR) Diff between groups in change over time (P < 0.001), G1 better than G2 EDE, Restraint (M,SD) G1: 1.4 (1.0) (P = NR) G2: 1.8 (1.3) (P = NR) Diff between groups (P = NR) Diff between groups in change over time (P = NS) BES(M,SD) G1: 15.7 (9.4) (P = NR) G2: 28.2 (8.3) (P = NR) Diff between groups (P = NR) Diff between groups in change over time (P < 0.001) G1 better than G2	EDE, Weight Concerns (M,SD): G1: 2.2 (0.9) (P = NR) G2: 3.1 (1.0) (P = NR) Diff between groups (P = NR) Diff between groups in change over time (P < 0.02), G1 better than G2 EDE, Shape Concerns(M,SD) G1: 2.3 (0.9) (P = NR) G2: 3.1 (1.0) (P = NR) Diff between groups (P = NR) Diff between groups in change over time (P < 0.03), G1 better than G2 EDE, Eating Concerns(M,SD) G1: 0.4 (0.4) (P = NR) G2: 1.4 (0.9) (P = NR) Diff between groups (P = NR) Diff between groups in change over time (P < 0.001), G1 better than G2 EDE, Restraint (M,SD) G1: 1.4 (1.0) (P = NR) G2: 1.8 (1.3) (P = NR) Diff between groups (P = NR) Diff between groups in change over time (P = NS) BES(M,SD) G1: 15.7 (9.4) (P = NR) G2: 28.2 (8.3) (P = NR) Diff between groups (P = NR) Diff between groups in change over time (P < 0.001) G1 better than G2	NA

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44]	Wilfley, Welch, Stein, et al., 2002[43]: EDE subscales: Dietary restraint Shape concern Weight concern Eating concern Global eating disorder psychopathology at or below a sample of patients who were obese and not bingeing Hilbert, Bishop, Stein, et al., 2012[44] Improved EDE: being at or lower than comparative EDE-Q global score 2.47 EDE -restraint -eating concern -shape concern -weight concern -global score -composite shape/weight concern score	Wilfley, Welch, Stein, et al., 2002[43]: "All other secondary outcomes showed a significant improbelemtn from pre-treatment to post-treatment (linear time effects, all p-values <0.001) except for BMI, which remained stable during the course of treatment." Dietary restraint Post-treatment G1: 0.9 (SD 0.9) G2: 1.5 (SD 1.1) Dietary restraint 4-month G1: 0.9 (SD 0.9) G2: 1.3 (SD 1.2) Dietary restraint 8-month G1: 0.8 (SD 0.8) G2: 1.2 (SD 1.2) Dietary restraint 12-month G1: 1.0 (SD 1.1) G2: 1.3 (SD 1.3) Shape concern Post-treatment G1: 2.3 (SD 1.4) G2: 2.4 (SD 1.1) GEE main effect of time indicated improvement from pretreatment to posttreatment (p<0.001) Shape concern 4-month G1: 2.3 (SD 1.2) G2: 2.4 (SD 1.2) Shape concern 8-month G1: 2.3 (SD 1.3) G2: 2.2 (SD 1.2)	Wilfley, Welch, Stein, et al., 2002[43]: "All other secondary outcomes showed a significant improbelemtn from pre-treatment to post-treatment (linear time effects, all p-values <0.001) except for BMI, which remained stable during the course of treatment." Dietary restraint Post-treatment G1: 0.9 (SD 0.9) G2: 1.5 (SD 1.1) Dietary restraint 4-month G1: 0.9 (SD 0.9) G2: 1.3 (SD 1.2) Dietary restraint 8-month G1: 0.8 (SD 0.8) G2: 1.2 (SD 1.2) Dietary restraint 12-month G1: 1.0 (SD 1.1) G2: 1.3 (SD 1.3) Shape concern Post-treatment G1: 2.3 (SD 1.4) G2: 2.4 (SD 1.1) GEE main effect of time indicated improvement from pretreatment to posttreatment (p<0.001) Shape concern 4-month G1: 2.3 (SD 1.2) G2: 2.4 (SD 1.2) Shape concern 8-month G1: 2.3 (SD 1.3) G2: 2.2 (SD 1.2)	NA

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44] (continued)		Shape concern 12-month G1: 2.2 (SD 1.3) G2: 2.2 (SD 1.3) No significant GEE main effects of time or treatment and no significant interaction across follow-up (e.g., stable during the follow-up period) Weight concern Post-treatment G1: 2.0 (SD 1.2) G2: 2.1 (SD 1.2) GEE main effect of time indicated improvement from pretreatment to posttreatment (p<0.001) Weight concern 4-month G1: 2.0 (SD 1.1) G2: 2.2 (SD 1.3) Weight concern 8-month G1: 2.1 (SD 1.2) G2: 1.9 (SD 1.1) Weight concern 12-month G1: 1.9 (SD 1.3) G2: 1.9 (SD 1.3) No significant GEE main effects of time or treatment and no significant interaction across follow-up (e.g., stable during the follow-up period) Eating concern Post-treatment G1: 0.6 (SD 0.8) G2: 0.7 (SD 0.8) GEE main effect of time indicated improvement from pretreatment to posttreatment (p<0.001)	Shape concern 12-month G1: 2.2 (SD 1.3) G2: 2.2 (SD 1.3) No significant GEE main effects of time or treatment and no significant interaction across follow-up (e.g., stable during the follow-up period) Weight concern Post-treatment G1: 2.0 (SD 1.2) G2: 2.1 (SD 1.2) GEE main effect of time indicated improvement from pretreatment to posttreatment (p<0.001) Weight concern 4-month G1: 2.0 (SD 1.1) G2: 2.2 (SD 1.3) Weight concern 8-month G1: 2.1 (SD 1.2) G2: 1.9 (SD 1.1) Weight concern 12-month G1: 1.9 (SD 1.3) G2: 1.9 (SD 1.3) No significant GEE main effects of time or treatment and no significant interaction across follow-up (e.g., stable during the follow-up period) Eating concern Post-treatment G1: 0.6 (SD 0.8) G2: 0.7 (SD 0.8) GEE main effect of time indicated improvement from pretreatment to posttreatment (p<0.001)	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44] (continued)		Eating concern 4-month G1: 0.6 (SD 0.8) G2: 0.8 (SD 1.0) Eating concern 8-month G1: 0.6 (SD 0.7) G2: 0.7 (SD 0.9) Eating concern 12-month G1: 0.6 (SD 0.8) G2: 0.6 (SD 0.9) No significant GEE main effects of time or treatment and no significant interaction across follow-up (e.g., stable during the follow-up period) Global ED psychopathology ≤ obese non-bingeing sample (intent-to-treat) Percentages not reported but presented in line graph (figure 4). No significant treatment differences at any time point (all p-values ≥0.36). Global ED psychopathology ≤ obese non-bingeing sample (completers) G1: 66 (85%) G2: 60 (75%) Global ED psychopathology ≤ obese non-bingeing sample (completers) G1: NR G2: NR	Eating concern 4-month G1: 0.6 (SD 0.8) G2: 0.8 (SD 1.0) Eating concern 8-month G1: 0.6 (SD 0.7) G2: 0.7 (SD 0.9) Eating concern 12-month G1: 0.6 (SD 0.8) G2: 0.6 (SD 0.9) No significant GEE main effects of time or treatment and no significant interaction across follow-up (e.g., stable during the follow-up period) Global ED psychopathology ≤ obese non-bingeing sample (intent-to-treat) Percentages not reported but presented in line graph (figure 4). No significant treatment differences at any time point (all p-values ≥0.36). Global ED psychopathology ≤ obese non-bingeing sample (completers) G1: 66 (85%) G2: 60 (75%) Global ED psychopathology ≤ obese non-bingeing sample (completers) G1: NR G2: NR	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44] (continued)		Global ED psychopathology ≤ obese non-bingeing sample (completers) G1: NR G2: NR Global ED psychopathology ≤ obese non-bingeing sample (completers) G1: 54 (82%) G2: 56 (79%) Hilbert, Bishop, Stein, et al., 2012[44] Post-treatment Improved EDE G1: 65.0% G2: 36.4% 1y Improved EDE G1: 75.8% G2: 57.1% Long-term Improved EDE G1: 54.5% G2: 61.5% GEE Improved EDE treatment effect chi-square 3.05, p=0.081 GEE Improved EDE time effect chi-square 6.03, p=0.049 GEE Improved EDE treatment x time effect chi-square 3.52, p=0.172 Post-hoc analysis did not reveal any change over the follow-up period (all p>0.01) ITT EDE-restraint Post-treatment G1: 1.65 (SD 0.21) G2: 2.03 (SD 0.20)	Global ED psychopathology ≤ obese non-bingeing sample (completers) G1: NR G2: NR Global ED psychopathology ≤ obese non-bingeing sample (completers) G1: 54 (82%) G2: 56 (79%) Hilbert, Bishop, Stein, et al., 2012[44] Post-treatment Improved EDE G1: 65.0% G2: 36.4% 1y Improved EDE G1: 75.8% G2: 57.1% Long-term Improved EDE G1: 54.5% G2: 61.5% GEE Improved EDE treatment effect chi-square 3.05, p=0.081 GEE Improved EDE time effect chi-square 6.03, p=0.049 GEE Improved EDE treatment x time effect chi-square 3.52, p=0.172 Post-hoc analysis did not reveal any change over the follow-up period (all p>0.01) ITT EDE-restraint Post-treatment G1: 1.65 (SD 0.21) G2: 2.03 (SD 0.20)	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44] (continued)		ITT 1y EDE-restraint G1: 1.25 (SD 0.23) G2: 1.94 (SD 0.22) ITT Long-term EDE-restraint G1: 2.11 (SD 0.27) G2: 1.96 (SD 0.25) ITT GEE EDE-restraint treatment effect F=1.70 p=0.196 ITT GEE EDE-restraint time effect F=7.59 p<0.001 ITT GEE EDE-restraint time x treatment effect F=1.63 p=0.184 Post-hoc analyses EDE-restraint Significant improvements when compared with pre-treatment at post-treatment and 1y (p<0.01) but not at long-term follow-up (p>0.01) ITT Post-treatment EDE-eating concern G1: 1.05 (SD 0.16) G2: 1.85 (SD 0.15) ITT 1y EDE-eating concern G1: 0.92 (SD 0.18) G2: 1.50 (SD 0.17) ITT Long-term EDE-eating concern G1: 1.57 (SD 0.21) G2: 1.19 (SD 0.19)	ITT 1y EDE-restraint G1: 1.25 (SD 0.23) G2: 1.94 (SD 0.22) ITT Long-term EDE-restraint G1: 2.11 (SD 0.27) G2: 1.96 (SD 0.25) ITT GEE EDE-restraint treatment effect F=1.70 p=0.196 ITT GEE EDE-restraint time effect F=7.59 p<0.001 ITT GEE EDE-restraint time x treatment effect F=1.63 p=0.184 Post-hoc analyses EDE-restraint Significant improvements when compared with pre-treatment at post-treatment and 1y (p<0.01) but not at long-term follow-up (p>0.01) ITT Post-treatment EDE-eating concern G1: 1.05 (SD 0.16) G2: 1.85 (SD 0.15) ITT 1y EDE-eating concern G1: 0.92 (SD 0.18) G2: 1.50 (SD 0.17) ITT Long-term EDE-eating concern G1: 1.57 (SD 0.21) G2: 1.19 (SD 0.19)	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44] (continued)		ITT GEE EDE-eating concern treatment effect F=1.92 p=0.169 ITT GEE EDE-eating concern time effect F=121.78 p<0.001 ITT GEE EDE-eating concern time x treatment effect F=6.96 p<0.001 Post-hoc analyses EDE-eating concern Significant improvements at post-treatment, 1y, and long-term follow-up when compared with pre-treatment (p<0.01) Course of EDE-eating concern G1: worsened from 1y to long-term follow-up (p<0.01) G2: improvement from post-treatment to long-term follow-up (p<0.01) ITT Post-treatment EDE-shape concern G1: 3.19 (SD 0.19) G2: 3.72 (SD 0.19) ITT 1y EDE-shape concern G1: 2.92 (SD 0.21) G2: 3.12 (SD 0.20) ITT Long-term EDE-shape concern G1: 3.25 (SD 0.25) G2: 2.82 (SD 0.23)	ITT GEE EDE-eating concern treatment effect F=1.92 p=0.169 ITT GEE EDE-eating concern time effect F=121.78 p<0.001 ITT GEE EDE-eating concern time x treatment effect F=6.96 p<0.001 Post-hoc analyses EDE-eating concern Significant improvements at post-treatment, 1y, and long-term follow-up when compared with pre-treatment (p<0.01) Course of EDE-eating concern G1: worsened from 1y to long-term follow-up (p<0.01) G2: improvement from post-treatment to long-term follow-up (p<0.01) ITT Post-treatment EDE-shape concern G1: 3.19 (SD 0.19) G2: 3.72 (SD 0.19) ITT 1y EDE-shape concern G1: 2.92 (SD 0.21) G2: 3.12 (SD 0.20) ITT Long-term EDE-shape concern G1: 3.25 (SD 0.25) G2: 2.82 (SD 0.23)	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44] (continued)		ITT GEE EDE-shape concern treatment effect F=0.04 p=0.841 ITT GEE EDE-shape concern time effect F=48.51 p<0.001 ITT GEE EDE-shape concern time x treatment effect F=3.03 p=0.030 Post-hoc analyses EDE-shape concern Significant improvements at post-treatment, 1y, and long-term follow-up when compared with pre-treatment (p<0.01) Course of EDE-shape concern G1: NR G2: improvement from post-treatment to long-term follow-up (p<0.01) ITT Post-treatment EDE-weight concern G1: 2.65 (SD 0.18) G2: 3.26 (SD 0.17) ITT 1y EDE-weight concern G1: 2.42 (SD 0.19) G2: 2.69 (SD 0.19) ITT Long-term EDE-weight concern G1: 2.72 (SD 0.23) G2: 2.47 (SD 0.21)	ITT GEE EDE-shape concern treatment effect F=0.04 p=0.841 ITT GEE EDE-shape concern time effect F=48.51 p<0.001 ITT GEE EDE-shape concern time x treatment effect F=3.03 p=0.030 Post-hoc analyses EDE-shape concern Significant improvements at post-treatment, 1y, and long-term follow-up when compared with pre-treatment (p<0.01) Course of EDE-shape concern G1: NR G2: improvement from post-treatment to long-term follow-up (p<0.01) ITT Post-treatment EDE-weight concern G1: 2.65 (SD 0.18) G2: 3.26 (SD 0.17) ITT 1y EDE-weight concern G1: 2.42 (SD 0.19) G2: 2.69 (SD 0.19) ITT Long-term EDE-weight concern G1: 2.72 (SD 0.23) G2: 2.47 (SD 0.21)	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44] (continued)		ITT GEE EDE-weight concern treatment effect F=0.99 p=0.322 ITT GEE EDE-weight concern time effect F=42.98 p<0.001 ITT GEE EDE-weight concern time x treatment effect F=2.27 p=0.082 Post-hoc analyses EDE-weight concern Significant improvements at post-treatment, 1y, and long-term follow-up when compared with pre-treatment (p<0.01) ITT Post-treatment EDE-global score G1: 2.14 (SD 0.14) G2: 2.72 (SD 0.14) ITT 1y EDE-global score G1: 1.88 (SD 0.16) G2: 2.32 (SD 0.15) ITT Long-term EDE-global score G1: 2.41 (SD 0.19) G2: 2.12 (SD 0.17) ITT GEE EDE-global score treatment effect F=1.34 p=0.249	ITT GEE EDE-weight concern treatment effect F=0.99 p=0.322 ITT GEE EDE-weight concern time effect F=42.98 p<0.001 ITT GEE EDE-weight concern time x treatment effect F=2.27 p=0.082 Post-hoc analyses EDE-weight concern Significant improvements at post-treatment, 1y, and long-term follow-up when compared with pre-treatment (p<0.01) ITT Post-treatment EDE-global score G1: 2.14 (SD 0.14) G2: 2.72 (SD 0.14) ITT 1y EDE-global score G1: 1.88 (SD 0.16) G2: 2.32 (SD 0.15) ITT Long-term EDE-global score G1: 2.41 (SD 0.19) G2: 2.12 (SD 0.17) ITT GEE EDE-global score treatment effect F=1.34 p=0.249	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44] (continued)		ITT GEE EDE-global score time effect F=72.98 p=0.001 G1: worsened from 1y to long-term follow-up (p<0.01) G2: NR ITT GEE EDE-global scoretreatment x time effect F=4.72 p=0.003 Post-hoc analyses EDE-global score Significant improvements at post-treatment, 1y, and long-term follow-up when compared with pre-treatment (p<0.01) Course of EDE-global score G1: NR G2: improvement from post-treatment to long-term follow-up (p<0.01) ITT Post-treatment EDE shape/weight composite G1: 2.90 (SD 0.28) G2: 3.40 (SD 0.25) ITT 1y EDE shape/weight composite G1: 2.78 (SD 0.28) G2: 3.27 (SD 0.25) ITT Long-term EDE shape/weight composite G1: 3.80 (SD 0.28) G2: 3.26 (SD 0.25)	ITT GEE EDE-global score time effect F=72.98 p=0.001 ITT GEE EDE-global scoretreatment x time effect F=4.72 p=0.003 Post-hoc analyses EDE-global score Significant improvements at post-treatment, 1y, and long-term follow-up when compared with pre-treatment (p<0.01) Course of EDE-global score G1: NR G2: improvement from post-treatment to long-term follow-up (p<0.01) ITT Post-treatment EDE shape/weight composite G1: 2.90 (SD 0.28) G2: 3.40 (SD 0.25) ITT 1y EDE shape/weight composite G1: 2.78 (SD 0.28) G2: 3.27 (SD 0.25) ITT Long-term EDE shape/weight composite G1: 3.80 (SD 0.28) G2: 3.26 (SD 0.25)	

Evidence Table 24. Binge-eating disorder behavioral treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes	Eating Related Psychopathology Outcomes Continued
Hilbert, Bishop, Stein, et al., 2012[44] (continued)Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44] (continued)		ITT GEE EDE shape/weight composite treatment effect F=0.03 p=0.866 ITT GEE EDE shape/weight composite time effect F=27.56 p<0.001 ITT GEE EDE shape/weight composite treatment x time effect F=3.38 p=0.020 Post-hoc analyses EDE shape/weight composite Significant improvements at post-treatment, 1y, and long-term follow-up when compared with pre-treatment (p<0.01) Course of EDE-shape/weight composite	ITT GEE EDE shape/weight composite treatment effect F=0.03 p=0.866 ITT GEE EDE shape/weight composite time effect F=27.56 p<0.001 ITT GEE EDE shape/weight composite treatment x time effect F=3.38 p=0.020 Post-hoc analyses EDE shape/weight composite Significant improvements at post-treatment, 1y, and long-term follow-up when compared with pre-treatment (p<0.01) Course of EDE-shape/weight composite G1: worsened from 1y to long-term follow-up (p<0.01) G2: NR	

Evidence Table 25. Binge-eating disorder behavioral treatment PART

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Agras, 1995[4]	Beck Depression Inventory (BDI) Inventory of Interpersonal Problems (IIP) Rosenberg Self-Esteem Scale (RSE)	Beck Depression Inventory (BDI) G1: 14.6 (SD 9.7) G2: 11.2 (SD 6.8) Inventory of Interpersonal Problems (IIP) G1: 1.5 (SD 0.6) G2: 1.5 (SD 0.5) Rosenberg Self-Esteem Scale (RSE) G1: 2.8 (SD 1.6) G2: 2.5 (SD 1.4)	12wk Beck Depression Inventory (BDI) G1: 11.5 (SD 8.7) G2: 11.9 (SD 6.6) 12wk Inventory of Interpersonal Problems (IIP) G1: 1.3 (SD 0.6) G2: 1.4 (SD 0.5) 12wk Rosenberg Self-Esteem Scale (RSE) G1: 2.7 (SD 1.7) G2: 2.7 (SD 2.1)
Allen, 1999[6]	BDI Fear of Negative Evaluation Rosenberg Self-esteem scale (RSES)	BDI G1: 17.09 (SD 5.05) G2: 16.22 (SD 8.54) Fear of Negative Evaluation G1: 23.09 (SD 4.11) G2: 23.11 (SD 9.68) Rosenberg Self-esteem scale (RSES) G1: 26.82 (SD 3.71) G2: 28.67 (SD 3.43)	BDI G1: 6.91 (SD 3.21) G2: 12.33 (SD 5.15) F=6.06, p<0.03 Fear of Negative Evaluation G1: 20.00 (SD 5.00) G2: 22.33 (SD 8.66) F=4.80, p<0.05 Rosenberg Self-esteem scale (RSES) G1: 30.27 (SD 3.72) G2: 29.00 (SD 4.18) F=4.36, p=0.053

Evidence Table 25. Binge-eating disorder behavioral treatment PART

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Carrard, 2011[7]	Beck Depression Inventory-II (BDI-II) Blobal Severity Index Symptom Checklist-90 Revised (SCL-90R GSI) Rosenberg Self-Esteem Scale	Beck Depression Inventory-II (BDI-II) G1: 15.3 (9.7) G2: 16.8 (10.2) Global Severity Index Symptom Checklist-90 Revised (SCL-90R GSI) G1: 0.8 (0.4) G2: 0.9 (0.6) Rosenberg Self-Esteem Scale G1: 17.5 (5.2) G2: 18.1 (5.9)	6m Beck Depression Inventory-II (BDI-II) G1: 10.0 (7.4) G2: 13.2 (9.6) Mean Between-group difference (95% CI): NR p = 0.405 1y Beck Depression Inventory-II (BDI-II) G1: 7.7 (5.9) G2: 10.6 (8.3)0 Mean Between-group difference (95% CI): NR p = NR 6m Global Severity Index Symptom Checklist-90 Revised (SCL-90R GSI) G1: 0.6 (0.4) G2: 0.8 (0.5) Mean Between-group difference (95% CI): NR p = 0.880 1y Global Severity Index Symptom Checklist-90 Revised (SCL-90R GSI) G1: 0.4 (0.3) G2: 0.5 (0.3) Mean Between-group difference (95% CI): NR p = NR 6m Rosenberg Self-Esteem Scale G1: 21.3 (4.2) G2: 19.1 (4.9) Mean Between-group difference (95% CI): NR p = 0.015 1y Rosenberg Self-Esteem Scale G1: 22.5 (4.1) G2: 21.0 (5.4) Mean Between-group difference (95% CI): NR p = NR, reports ns

Evidence Table 25. Binge-eating disorder behavioral treatment PART

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Carter, 1998[8]	General psychiatric disturbance, assessed by General Severity Index (GSI) of the Brief Symptom Inventory (BSI) Self-esteem, assessed by the Rosenberg Self-Esteem Scale	G1: 1.3 (0.8) G2: 0.9 (0.6) G3: 1.2 (0.8)	After treatment Mean (SD) G1: 0.8 (0.6) G2: 0.7 (0.6) G3: 1.2 (0.7) 3-month follow-up Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment immediately post-treatment) G1: 1.7 (1.5) G2: 1.6 (1.4) 6-month follow-up Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment 3 months post-treatment) G1: 1.8 (1.5) G2: 1.5 (1.4)
Cassin, 2008[9]	BDI-II Rosenberg Self-Esteem Scale (RSE)	BDI - II G1: 25.2 (13.9) G2: 20.6 (9.8) RSE G1 = 26.3 (6.1) G2 = 24.1 (4.6)	F stat calculated using repeated measures split-plot analysis of variance (i.e. did the experimental group change more over time than the control?) 16 Week Follow-Up BDI - II G1: 14.2 (11.1) G2: 16.2 (12.2) F = 10.9, p < .001 RSE G1: 22.5 (5.8) G2: 22.9 (5.7) F = 9.44, p < .01
STRATOB Study, 2011[10]	NR	NR	NR

Evidence Table 25. Binge-eating disorder behavioral treatment PART

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Cesa, 2013[11]	NA	NA	NA
Compare, 2013[12]	NA	NA	NA
De Zwaan, 2005[13]	BDI HAM-D RSE	NR	No quantitative data reported for any of the three measures used to measure general psychopathology. Reason given by authors: "Because of missing data, particularly during the follow-up period, detailed statistical analyses were not conducted. The overall pattern of change for most of the questionnaires assessing...general (BDI, HAM-D, MPQ-Impulsivity, RSE) psychopathology revealed a U-shape with some improvement during active treatment and worsening during follow-up, usually not quite returning to baseline levels" (pg. 95). Qualitative data reported as follows: "ANCOVAs conducted at the end of treatment [24 week] controlling for baseline values and ANCOVAs conducted at the 1-year follow-up controlling for end-of-treatment [24 week] values did not reveal significant differences for most of the scales between participants with and without CBT" (pg. 95).

Evidence Table 25. Binge-eating disorder behavioral treatment PART

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Dingemans, 2007[14]	BDI Coping styles (Utrecht Coping List) -Active tackling -Palliative reacting -Avoiding,waiting -Seeking social support -Passive reacting -Expression of emotions -Reassuring thoughts	BDI G1: 20.7 (SD 13.1) G2: 17.7 (SD 9.8) p=NR Coping styles (Utrecht Coping List) -Active tackling G1: 17.5 (SD 3.5) G2: 16.5 (SD 3.5) p=NR -Palliative reacting G1: 19.0 (SD 2.9) G2: 19.3 (SD 3.0) p=NR -Avoiding,waiting G1: 17.5 (SD 3.8) G2: 17.2 (SD 3	10wk BDI G1: 14.6 (SD 10.4) G2:18.2 (SD 11.9) Post-treatment BDI G1: 12.9 (SD 13.2) G2: 17.4 (SD 10.5) BDI concern test statistics and significance Time ß (SE): 0.78 (SE 1.41), p=NR, NS Time x condition ß (SE): -3.72 (SE 1.32), p<0.01 10wk UCL-Active tackling G1: 18.1 (SD 4.4) G2: 16.8 (SD 2.9) Post-treatment UCL-Active tackling G1: 17.7 (SD 3.9) G2: 16.3 (SD 3.3) UCL-Active tackling concern test statistics and significance Time ß (SE): -0.63 (SE 0.51), p=NR, NS Time x condition ß (SE): 0.32 (SE 0.41), p=NR, NS 10wk UCL-palliative reacting G1: 18.4 (SD 3.0) G2: 19.6 (SD 3.0) Post-treatment UCL-palliative reacting G1: 18.8 (SD 3.3) G2: 18.6 (SD 2.7) UCL-palliative reacting test statistics and significance Time ß (SE): -0.10 (SE 0.53), p=NR, NS Time x condition ß (SE): -0.08 (SE 0.38), p=NR, NS 10wk UCL-avoiding,waiting G1: 16.2 (SD 3.2) G2: 17.5 (SD 3.6) Post-treatment UCL-avoiding,waiting G1: 16.4 (SD 3.4) G2: 17.1 (SD 3.2) UCL-avoiding,waiting test statistics and significance Time ß (SE): 0.32 (SE 0.46), p=NR, NS Time x condition ß (SE): -0.74 (SE 0.34), p=NR, NS

Evidence Table 25. Binge-eating disorder behavioral treatment PART

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Eldredge, 1997[5]	Inventory of Interpersonal Problems (IIP) Beck Depression Inventory (BDI) Rosenberg Self-Esteem Scale (RSE)	Inventory of Interpersonal Problems (IIP) G1: 1.40 G2: 1.19 Beck Depression Inventory (BDI) G1: 13.67 G2: 14.38 Rosenberg Self-Esteem Scale (RSE) G1: 22.68 G2: 21.0	12wk Inventory of Interpersonal Problems (IIP) G1: 1.17 G2: 0.96 Time effect F=12.54, p=0.001; Table 1 appears to show no effect for treatment 12wk Beck Depression Inventory (BDI) G1: 9.17 G2: 7.88 Time effect F=10.72, p=0.002; Table 1 appears to show no effect for treatment 12wk Rosenberg Self-Esteem Scale (RSE) G1: 20.26 G2: 18.88 Time effect F=8.45, p=0.006; Table 1 appears to show no effect for treatment
Grilo, 2013[16]	BDI	BDI: mean (SD) Overall: NR G1: 38.0 (5.4) G2: 37.2 (4.2) p = NS	BDI: mean (SD) 16 weeks, ITT analysis G1: 8.9 (7.7) G2: 12.0 (7.4) Effect size = 0.13 p = NR Group-by-time interaction p = 0.57
Grilo, 2014[17]	BDI	G1: 17.0 (SD 11.6) G2: 13.6 (SD 11.2)	Posttreatment G1: 9.8 (SD 9.7) G2: 9.6 (SD 11.3) 6m G1: 10.3 (SD 10.6) G2: 8.7 (SD 9.9) 12m G1: 10.5 (SD 9.1) G2: 7.5 (SD 6.9)

Evidence Table 25. Binge-eating disorder behavioral treatment PART

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19]	Beck Depression Inventory (BDI)	G1: 15.2 (SD 6.9) G2: 15.9 (SD 8.4) G3: 17.4 (SD 9.3)	Post-treatment G1: 10.1 (SD 8.8) G2: 11.1 (SD 8.3) G3: 9.7 (SD 9.2) p=NS, NR 6m G1: 8.1 (SD 7.3) G2: 11.1 (SD 8.7) G3: 10.1 (SD 9.9) p=NS, NR 12m G1: 9.1 (SD 7.9) G2: 9.6 (SD 7.7) G3: 9.7 (SD 9.3) p=NS, NR
Grilo and Masheb, 2005,[20] Masheb and Grilo, 2007[21]	Depression (BDI) Self-esteem (RSE)	Depression (BDI) mean (SD) G1: 15.6 (9.2) G2: 17.8 (9.7) G3: 14.5 (7.5) p=0.41 Self-esteem (RSE) mean (SD) G1: 28.6 (5.7) G2: 28.7 (5.0) G3: 30.3 (6.4) p=0.59	12wk Depression (BDI) mean (SD) G1: 9.5 (9.4) G2: 12.0 (10.3) G3: 11.4 (8.5) Omnibus analysis p=0.464 12wk Self-esteem (RSE) mean (SD) G1: 31.5 (5.6) G2: 31.0 (5.8) G3: 30.6 (6.2) Omnibus analysis p=0.09 G1 vs. G2 p=ns G2 vs. G3 p=0.03 G1 vs. G3 p=ns

Evidence Table 25. Binge-eating disorder behavioral treatment PART

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Hilbert, 2004[22]	Measure 1: Depression (BDI)	Measure 1: Prettreatment G1: 19.0 (8.6) G2: 16.0 (7.7)	Measure 1: Posttreatment G1: 12.8 (8.8) G2: 12.7 (9.0) 4- month follow-up G1: 13.9 (8.7) G2: 12.3 (6.9) Repeated Measures (Analysis of time) F: 10.37 df: 2, 44 p: < 0.001
Le Grange, 2002[23]	BDI RSE	BDI: mean (SD) G1: 20.1 (15.7) G2: 20.4 (11.5) p = NS RSE: mean (SD) G1: 26.6 (5.1) G2: 25.1 (5.1) p = NS	BDI, mean (SD) 12 weeks, ITT analysis G1: 15.7 (9.7) G2: 14.8 (10.3) p = >0.15 12 months, ITT analysis G1: 16.7 (9.3) G2: 15.1 (9.9) p = >0.15 RSE: mean (SD) 12 weeks, ITT analysis G1: 28.7 (5.7) G2: 26.4 (6.2) p = >0.15 12 months, ITT analysis G1: 28.5 (5.6) G2: 26.6 (6.3) p = >0.15
Masheb, 2011[24]	BDI	BDI G1: 2.6 (SE 0.1) G2: 2.8 (SE 0.1)	12m BDI G1: 1.9 (SE 0.2) G2: 1.8 (SE 0.2) Time x treatment F=1.58, p=0.187

Evidence Table 25. Binge-eating disorder behavioral treatment PART

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Munsch, Biedert, Meyer, et al., 2007[25] Munsch, Meyer, Biedert, et al., 2012[26]	Munsch, Biedert, Meyer, et al., 2007[25]: Beck Depression Inventory (BDI) Beck Anxiety Inventory (BAI) Munsch, Meyer, Biedert, et al., 2012[26]: Regular intake of medicine % of regularly taken medicine that is psychotropics Seeking additional p	Munsch, Biedert, Meyer, et al., 2007[25]: BDI G1 (n=37): 15.14 (SD 9.16) G2 (n=33): 11.82 (SD 6.72) BAI G1 (n=34): 13.79 (SD 12.95) G2 (n=34): 10.74 (SD 9.43)	Munsch, Biedert, Meyer, et al., 2007[25]: Post-treatment BDI, Completer G1 (n=31): 9.16 (SD 7.80) G2 (n=26): 9.19 (SD 6.54) F=1.30, p=0.26 12m BDI, Completer G1 (n=22): 8.23 (SD 11.31) G2 (n=21): 7.76 (SD 6.48) F=2.26, p=0.14 Post-treatment BAI, Completers G1 (n=32): 9.72 (SD 10.15) G2 (n=27): 11.07 (SD 9.46) F=1.67, p=0.20 12m BAI, Completers G1 (n=23): 6.30 (SD 10.10) G2 (n=21): 11.00 (SD 12.17) F=9.16, p=0.004
Peterson, 1998[27]	NR	NR	NR

Evidence Table 25. Binge-eating disorder behavioral treatment PART

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Peterson, 2001[28]	Measure 1: Depression, Beck Depression Inventory, BDI Measure 2: Depression, Hamilton Depression Rating Scale, HDRS	Measure 1: Baseline G1: 15.5 (9.9) G2: 11.1 (9.1) G3: 13.5 (9.5) Measure 2: Baseline G1: 13.3 (7.3) G2: 8.8 (6.9) G3: 7.7 (5.9)	Measure 1: Posttreatment G1: 10.5 (9.9) G2: 5.6 (3.6) G3: 9.0 (8.1) 1 month G1: 6.6 (7.2) G2: 5.7 (4.6) G3: 6.4 (7.3) 6 month G1: 6.4 (7.0) G2: 6.3 (5.6) G3: 6.9 (6.0) 12 month G1: 7.8 (8.1) G2: 3.9 (3.7) G3: 6.6 (7.4) Measure 2: Posttreatment G1: 10.5 (7.3) G2: 4.8 (3.3) G3: 8.0 (6.4) 1 month G1: 7.6 (3.7) G2: 6.3 (4.9) G3: 7.0 (7.0) 6 month G1: 6.5 (4.4) G2: 7.7 (7.9) G3: 5.5 (4.6) 12 month G1: 9.9 (8.6) G2: 3.8 (3.9) G3: 6.2 (4.7)

Evidence Table 25. Binge-eating disorder behavioral treatment PART

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Peterson, 2009[29]	IDS-SR: Depression symptoms	IDS-SR: mean (SD) G1: 26.7 (11.2) G2: 20.4 (10.0) G3: 25.2 (10.9) G4: 26.4 (12.2) p = NS	NOTE: Ns and p values NR for all completers analyses at all post-treatment and follow-up timepoints IDS-SR, mean (SD) Post-treatment (20 weeks post-baseline): ITT analysis G1: 23.4 (13.4) G2: 17.7 (9.5) G3: 19.8 (11.3) G4: 23.3 (10.7) p = NS (adjusted for baseline value, site, and sex) 6m follow-up (44 weeks post-baseline): ITT analysis G1: 25.2 (12.8) G2: 17.0 (9.4) G3: 20.3 (11.7) G4: NA p = NS (adjusted for baseline value, site, and sex) 12m follow-up (72 weeks post-baseline): ITT analysis G1: 23.8 (12.4) G2: 17.8 (10.0) G3: 20.8 (12.0) G4: NA p = NS (adjusted for baseline value, site, and sex)

Evidence Table 25. Binge-eating disorder behavioral treatment PART

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Ricca, 2010[30]	BDI State-trait anxiety inventory (STAI)	BDI, median (quartiles) G1: 17.0 (11.0, 25.0) G2:17.0 (12.0, 24.0) State-trait anxiety inventory (STAI), median (quartiles) G1: 50.0 (40.0, 58.5) G2: 48.0 (40.0, 59.0)	Posttreatment BDI, median (quartiles), p for within-group change BL to posttreatment G1: 17.0 (12.0, 23.0) , p<0.01 G2: 15.0 (9.0, 22.7), p<0.05 3y BDI, median (quartiles), p for within-group change posttreatment to 3y G1: 17.0 (11.7, 1.5), p=NR, NS G2: 14.0 (7.0, 22.0), p<0.05 BDI, repeated measures ANOVA for between-group comparison with covariate age F= 0.92 p=0.33 Posttreatment State-trait anxiety inventory (STAI), median (quartiles), p for within-group change BL to posttreatment G1: 40.5 (39.2, 56.5), p<0.05 G2: 48.0 (36.7, 55.0), p=NR, NS 3y State-trait anxiety inventory (STAI), median (quartiles), p for within-group change posttreatment to 3y G1: 40.5 (39.0, 59.5), p=NR, NS G2:47.0 (47.0, 55.0), p=NR, NS State-trait anxiety inventory (STAI), repeated measures ANOVA for between-group comparison with covariate age F= 0.01 p=0.99

Evidence Table 25. Binge-eating disorder behavioral treatment PART

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Riva, 2002[31]	STAI-x2 total score Assertion Inventory (AI) -Anxiety -Ability	STAI-x2 total score G1: 47.80 G2: 39.20 AI Anxiety G1: 99.40 G2: 101.50 AI ability G1: 101.30 G2: 105.00	All outcomes are post-treatment STAI-x2 total score G1: 38.80 G2: 37.70 G1 Mean difference before and after treatment:9.00 G2 Mean difference before and after treatment:1.50 G1 before-after p=0.023 G2 before-after p=NS Between-group mean difference p=0.035 AI Anxiety G1: 88.30 G2: 94.00 G1 Mean difference before and after treatment:11.10 G2 Mean difference before and after treatment:7.50 G1 before-after p=0.06 G2 before-after p=0.06 Between-group mean difference p=NS AI ability G1: 93.30 G2: 105.10 G1 Mean difference before and after treatment:8.00 G2 Mean difference before and after treatment:-0.10 G1 before-after p=0.038 G2 before-after p=NS Between-group mean difference p=0.063

Evidence Table 25. Binge-eating disorder behavioral treatment PART

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Riva, 2003[32]	STAI BDI Rathus Assertiveness Schedule (RAS)	STAI, mean score G1: 49.44 G2: NR G3: 49.77 G4: NR BDI, mean score G1: 22.23 G2: 20.55 G3: NR G4: NR RSE, mean score G1: NR G2: NR G3: NR G4: NR RAS mean score G1: NR G2: NR G3: NR G4: NR	Posttreatment STAI, mean score, within-group change p-value G1: 36.77, p=0.018 G2: NR, p=NR, NS G3: 38.77, p=0.013 G4: NR, p=NR, NS 6m STAI G1: NR G2: NR G3: NR G4: NR Posttreatment BDI, mean score, within-group change p-value G1: 8.11, p=0.008 G2: 12.11, p=0.05 G3: NR, NS G4: NR, NS "Complete remission of depressive symptoms was observed only in G1." 6m BDI G1: NR G2: NR G3: NR G4: NR Posttreatment RSE, mean score, within-group change p-value G1: NR, p=NR, significant improvement G2: NR, p=NR, significant improvement G3: NR, p=NR, significant improvement G4: NR, NS 6m RSE G1: NR G2: NR G3: NR G4: NR

Evidence Table 25. Binge-eating disorder behavioral treatment PART

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Riva, 2003[32] (continued)			Posttreatment RAS, mean score, within-group change p-value G1: NR, p=NR, significant improvement G2: NR, NS G3: NR, NS G4: NR, NS 6m RAS G1: NR G2: NR G3: NR G4: NR
Safer, Robinson, and Jo, 2010[33] Safer and Joyce, 2011[34] Robinson and Safer, 2012[35]	Measure 1: Beck Depression Inventory (BDI) Measure 2: Negative Mood Regulation Scale (NMR)	Measure 1: baseline G1: 17.94 (9.37) G2: 15.27 (6.83) Measure 2: baseline G1: 98.86 (19.24) G2: 100.31 (16. 26)	Measure 1: Posttreatment G1: 9.10 (9.21) G2: 10.84 (6.86) 12 month FU G1: 10.36 (9.97) G2: 10.04 (6.86) effect size posttreatment: 0.21 effect size 12 month FU: -0.04 Measure 2: Posttreatment G1: 99.54 (16.67) G2: 99.71 (13.35) 12 month FU G1: 108.40 (19.72) G2: 110. 12 (13.61) effect size posttreatment: 0.01 effect size 12 month FU: 0.10
Schlup, 2009[36]	BDI 9.12 BAI 6.91	BDI G1: -1.86 G2: 0.96 p=0.064 BAI G1: -1.98 G2: -0.28 p=0.318	NA

Evidence Table 25. Binge-eating disorder behavioral treatment PART

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Schlup, 2010[37]	NR	NR	NR
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39]	Beck Depression Inventory (BDI) Rosenberg Self-Esteem (RSE)	BDI >18, % G1: 44% G2: 44% G3: 44% RSE G1: 23.4 (SD 6.2) G2: 22.8 (SD 5.3) G3: 23.7 (SD 5.4)	Post-treatment BDI G1: NR G2: NR G3: NR Mean change: NR p=NR, NS "No differences were found ... for BDI" 1y BDI G1: NR G2: NR G3: NR Mean change: NR p=NR, no results are reported for the analysis of 1y BDI 2y BDI G1: NR G2: NR G3: NR Mean change: NR p=NR, no results are reported for the analysis of 2y BDI

Evidence Table 25. Binge-eating disorder behavioral treatment PART

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39] (continued)			Post-treatment RSE G1: NR G2: NR G3: NR Mean change: NR p=NR, NS "No differences were found ... for the self-esteem scale" 1y RSE G1: NR G2: NR G3: NR Mean change: NR p=NR, no results are reported for the analysis of 1y RSE 2y RSE G1: NR G2: NR G3: NR Mean change: NR p=NR, no results are reported for the analysis of 2y RSE

Evidence Table 25. Binge-eating disorder behavioral treatment PART

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41]	IIP total score and 8 subscales (Domineering/controlling, Vindictive/self-centered, Cold/distant, Socially inhibited, Non-assertive, Overly accommodating, Self-sacrificing, Intrusive/needy) IIP mean score CES-D	IIP Total Score (total score, not mean-item score): mean (SD) Overall: 96.06 (32.21) G1: 91.39 (29.46) G2: 100.82 (34.45) IIP Domineering/controlling (total score, not mean-item score): mean (SD) Overall: 7.39 (4.93) G1: 6.78 (4.94) G2: 8.00 (4.89) IIP	P-values indicate results from a multi-linear model reflecting significant differences in changes between the two arms, but change values and CIs were not reported. IIP Total Score (total score, not mean-item score): mean (SD) Post-treatment G1: 79.41 (31.92) G2: 89.57 (37.28) 6-month G1: 77.16 (35.22) G2: 91.31 (37.61) p=NR IIP Domineering/controlling (total score, not mean-item score): mean (SD) Post-treatment G1: 4.36 (3.93) G2: 7.35 (4.49) 6-month G1: 4.58 (4.45) G2: 6.37 (5.00) p=0.342 IIP Vindictive/self-centered (total score, not mean-item score): mean (SD) Post-treatment G1: 5.67 (3.77) G2: 7.16 (4.80) 6-month G1: 4.41 (3.59) G2: 6.70 (4.47) p=0.174

Evidence Table 25. Binge-eating disorder behavioral treatment PART

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41] (continued)			IIP Cold/distant (total score, not mean-item score): mean (SD) Post-treatment G1: 7.17 (5.20) G2: 8.31 (6.22) 6-month G1: 5.84 (4.98) G2: 9.11 (5.83) p=0.038 IIP Socially inhibited (total score, not mean-item score): mean (SD) Post-treatment G1: 11.47 (5.69) G2: 12.21 (7.20) 6-month G1: 10.50 (6.52) G2: 12.83 (6.51) p=0.836 IIP Non-assertive (total score, not mean-item score): mean (SD) Post-treatment G1: 15.44 (6.90) G2: 15.53 (7.19) 6-month G1: 15.41 (7.51) G2: 16.19 (8.07) p=0.546 IIP Overly accommodating (total score, not mean-item score): mean (SD) Post-treatment G1: 14.58 (5.91) G2: 14.20 (6.93) 6-month G1: 13.65 (6.30) G2: 14.28 (8.09) p=0.523

Evidence Table 25. Binge-eating disorder behavioral treatment PART

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41] (continued)			IIP Self-sacrificing (total score, not mean-item score): mean (SD) Post-treatment G1: 12.81 (5.65) G2: 15.53 (6.30) 6-month G1: 12.78 (6.95) G2: 15.82 (7.91) p=0.484 IIP Intrusive/needy (total score, not mean-item score): mean (SD) Post-treatment G1: 7.67 (4.90) G2: 8.01 (4.97) 6-month G1: 7.53 (4.25) G2: 8.01 (4.97) p=0.309 Post-treatment IIP mean score (from Tasca, Balfour, Presniak, et al., 2012[40]) G1: 1.23 (SD 0.52) G2: 1.29 (SD 0.61) G3: 1.50 (SD 0.67) G2 vs. G3 Hierarchical linear modeling (HLM) coefficient: ; t-value: G1 vs. G3 Hierarchical linear modeling (HLM) coefficient: ; t-value: G2 vs. G1 Hierarchical linear modeling (HLM) coefficient: ; t-value: 6m IIP mean score (from Tasca, Balfour, Presniak, et al., 2012[40]) G1: 1.13 (SD 0.54) G2: 1.29 (SD 0.63) G3: 6m and 12m not measured for control group

Evidence Table 25. Binge-eating disorder behavioral treatment PART

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41] (continued)			12m IIP mean score: not measured at 12m Linear modeling coefficients: , t-value: Treatments modeling: , t-value: Quadratic modeling coefficients: , t-value: Treatments modeling: , t-value: Post-treatment CES-D (from Tasca, Balfour, Presniak, et al., 2012[40]) G1: 16.81 (SD 13.13) G2: 19.03 (SD 13.62) G3: 23.30 (SD 12.28) G2 vs. G3 Hierarchical linear modeling (HLM) coefficient: -2.47; t-value: -1.60 G1 vs. G3 Hierarchical linear modeling (HLM) coefficient: -3.64; t-value: -2.36, p=0.018 G2 vs. G1 Hierarchical linear modeling (HLM) coefficient: -1.17; t-value: -0.79 6m CES-D (from Tasca, Balfour, Presniak, et al., 2012[40]) G1: 17.81 (SD 6.55) G2: 19.61 (SD 11.30) G3: 6m and 12m not measured for control group 12m CES-D (from Tasca, Balfour, Presniak, et al., 2012[40]): not measured at 12m Linear modeling coefficients: -14.81, t-value: -2.51, p=0.014 Treatments modeling: -2.56, t-value: -0.87, , p=NR Quadratic modeling coefficients: 2.70, t-value: 1.61, , p=NR Treatments modeling: 0.79, t-value: 0.88, p=NR

Evidence Table 25. Binge-eating disorder behavioral treatment PART

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Telch, 2001[42]	EES Anxiety EES Depression EES Anger BDI NMR PANAS Positive PANAS Negative RSE	EES, Anxiety (M,SD) G1: 2.3 (0.9) G2: 2.7 (0.6) (P = NS) EES Depression (M,SD) G1: 3.0 (0.7) G2: 3.3 (0.7) (P = NS) EES Anger (M,SD) G1: 2.5 (0.8) G2: 2.8 (0.6) BDI (M,SD) G1: 12.8 (7.4) G2: 13.8 (9.1) (P = NS) NMR (M,SD) G1: 99.8 (15.2) G2: 101.4 (1	EES Anxiety (M,SD) G1: 1.5 (0.9) (P = NR) G2: 2.4 (1.0) (P = NR) Diff between groups (P = NR) Diff between groups in change over time (P = NS) EES Depression (M,SD) G1: 2.4 (1.0) (P = NR) G2: 3.0 (0.8) (P = NR) Diff between groups (P = NR) Diff between groups in change over time (P = NS) BDI (M,SD) G1: 9.9 (10.0) (P = NR) G2: 12.8 (8.3) (P = NR) Diff between groups (P = NR) Diff between groups in change over time (P = NS) PANAS Positive G1: 30.0 (10.8) G2: 31.2 (7.8) p=NS PANAS Negative G1: 17.9 (6.7) G2: 20.6 (8.7) p=0.16 RSE (M,SD) G1: 29.4 (6.1) G2: 29.2 (4.5) p=0.07

Evidence Table 25. Binge-eating disorder behavioral treatment PART

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44]	Wilfley, Welch, Stein, et al., 2002[43]: Global Symptom Index (GSI) Rosenberg Self-Esteem Scale (RSE) Symptom Checklist 90-Revised Depression subscale (SCL Depression) Hilbert, Bishop, Stein, et al., 2012[44] Brief symptom inventory (BSI) -depression	Wilfley, Welch, Stein, et al., 2002[43]: GSI G1: 43.3 (SD 7.8) G2: 42.0 (SD 8.9) RSE G1: 26.8 (SD 5.6) G2: 27.3 (SD 5.9) SCL Depression G1: 44.3 (SD 8.3) G2: 42.4 (SD 9.6) Hilbert, Bishop, Stein, et al., 2012[44] BSI-depression G1: 1.16 (SD 0.15) G2	Wilfley, Welch, Stein, et al., 2002[43]: "All other secondary outcomes showed a significant improbelemtn from pre-treatment to post-treatment (linear time effects, all p-values <0.001) except for BMI, which remained stable during the course of treatment." GSI Post-treatment G1: 32.8 (SD 8.8) G2: 32.3 (SD 8.5) GEE main effect of time indicated improvement from pretreatment to posttreatment (p<0.001) GSI 4-month G1: 33.0 (SD 8.4) G2: 33.2 (SD 10.9) GSI 8-month G1: 31.9 (SD 9.7) G2: 32.7 (SD 10.6) GSI 12-month G1: 32.0 (SD 8.9) G2: 30.7 (SD 10.6) No significant GEE main effects of time or treatment and no significant interaction across follow-up (e.g., stable during the follow-up period) RSE Post-treatment G1: 31.1 (SD 6.0) G2: 30.3 (SD 5.5) GEE main effect of time indicated improvement from pretreatment to posttreatment (p<0.001) RSE 4-month G1: 29.9 (SD 5.8) G2: 30.6 (SD 5.7) RSE 8-month G1: 30.5 (SD 6.1) G2: 30.9 (SD 5.6)

Evidence Table 25. Binge-eating disorder behavioral treatment PART

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44] (continued)			RSE 12-month G1: 30.4 (SD 5.7) G2: 31.4 (SD 5.6) No significant GEE main effects of time or treatment and no significant interaction across follow-up (e.g., stable during the follow-up period) SCL Post-treatment G1: 34.8 (SD 7.9) G2: 33.6 (SD 8.6) GEE main effect of time indicated improvement from pretreatment to posttreatment (p<0.001) SCL 4-month G1: 34.2 (SD 8.3) G2: 34.6 (SD 10.6) SCL 8-month G1: 33.3 (SD 8.6) G2: 34.4 (SD 10.7) SCL 12-month G1: 33.1 (SD 8.2) G2: 32.2 (SD 10.3) No significant GEE main effects of time or treatment and no significant interaction across follow-up (e.g., stable during the follow-up period) Hilbert, Bishop, Stein, et al., 2012[44] ITT Post-treatment BSI-depression G1: 0.49 (SD 0.15) G2: 0.53 (SD 0.13) ITT 1y BSI-depression G1: 0.48 (SD 0.15) G2: 0.63 (SD 0.14) ITT Long-term BSI-depression G1: 0.70 (SD 0.15) G2: 0.64 (SD 0.14) ITT BSI-depression GEE treatment effect F=0.00 p=0.985

Evidence Table 25. Binge-eating disorder behavioral treatment PART

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44] (continued)			ITT BSI-depression GEE time effect F=11.39 p<0.001 ITT GEE BSI-depression treatment x time effect F=0.65 p=0.587 Post-hoc analyses BSI-depression Significant improvements at post-treatment, 1y, and long-term follow-up when compared with pre-treatment (p<0.01) ITT Post-treatment BSI-anxiety G1: 0.33 (SD 0.12) G2: 0.50 (SD 0.10) ITT 1y BSI-anxiety G1: 0.35 (SD 0.12) G2: 0.48 (SD 0.11) ITT Long-term BSI-anxiety G1: 0.49 (SD 0.12) G2: 0.87 (SD 0.11) ITT GEE BSI-anxiety treatment effect F=2.52 p=0.119 ITT GEE BSI-anxiety time effect F=7.05 p<0.001 ITT GEE BSI-anxiety treatment x time effect F=1.28 p=0.283 Post-hoc analyses BSI-anxiety Significant improvements when compared with pre-treatment at post-treatment and 1y (p<0.01) but not at long-term follow-up (p>0.01)

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Agras, 1995[4]	Weight (kg)	G1: 108 (SD 26.7) G2: 106.1 (SD 20.3)	12wk G1: 109.4 (SD 27.3) G2: 109.8 (SD 23.1)	NA	NA	NA
Allen, 1999[6]	Percent ideal body weight	G1: 122.82 (SD 22.86) G2: 116.50 (SD 21.98)	G1: 122.00 (SD 22.78) G2: 118.00 (SD 22.19) p=NR	NA	NA	NA
Carrard, 2011[7]	BMI	BMI G1: 29.8 (5.9) G2: 27.7 (5.5)	6-month BMI G1: 29.2 (6.0) G2: 27.9 (5.4) Mean Between-group difference (95% CI): p = 0.002 12-month BMI G1: 29.0 (6.3) G2: 27.6 (5.5) Mean Between-group difference (95% CI): p = NR Statistical significance of the 12-month results is unclear. Article (p.487) states: "The reduction of OBE (F(1,36)= .0,ns) and the decline in BMI (F(1,36)= .4, ns) were also maintained".	NA	NA	NA

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Carter, 1998[8]	BMI	G1: 30.6 (6.6) G2: 32.2 (6.4) G3: 31.5 (6.6)	After treatment Mean (SD) G1: 30.7 (6.6) G2: 31.7 (6.1) G3: 31.9 (7.4) 3-month follow-up Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment immediately post-treatment) G1: 29.4 (5.6) G2: 30.8 (5.9) 6-month follow-up Mean (SD) (sample includes G3 participants who were subsequently randomized to G1 or G2, for whom this is the assessment 3 months post-treatment) G1: 30.4 (6.5) G2: 31.6 (6.2)	NA	NA	NA
Cassin, 2008[9]	None	None	None	None	None	None

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
STRATOB Study, 2011[10]	Weight (kg) Change in weight	Overall: 106.95 (SD 6.95) G1: 107.37 (SD 6.83) G2: 106.53 (SD 7.14) p=NR, NS	6m weight G1: 94.73 G2: 88.40 Weight, change from BL to discharge G1: -6.3 (SD 2.36) G2: -7.12 (SD 2.02) Effect size (Hedges): -0.37 95% CI: -0.88, 0.14 p=0.152 Weight, change from BL to 6m G1: -11.92 (SD 16.9) G2: -16.93 (SD 5.51) Effect size (Hedges): -0.39 95% CI: -0.90, 0.12 p=0.128 Weight, change from discharge to 6m G1: -5.96 (SD 17.90) G2: -10.53 (SD 6.14) Effect size (Hedges): -0.34 95% CI: -0.85, 0.17 p=0.191	NA	NA	NA

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Cesa, 2013[11]	Weight, using N=66 sample with missing 1y values imputed with 0.3kg per month weight regain BMI, using N=66 sample with missing 1y values imputed with 0.3kg per month weight regain	Weight (kg) G1: 103 (SD 18.2) G2: 106.6 (SD 8.9) G3: 111.7 (SD 22.9) p=0.223 BMI G1: 39.2 (SD 5.3) G2: 41.1 (SD 3.3) G3: 41.8 (SD 6.3) p=0.189	Post-treatment Weight (kg) G1: 96.9 (SD 16.7) G2: 99.5 (SD 7.9) G3: 105 (SD 21.8) p= 0.251 (p estimation across groups at each time point) Post-treatment change in weight (kg), within-group significance G1: -6.17 (CI -7, -5.3), p<0.001 G2: -7.1 (CI -7.9, -6.2), p<0.001 G3: -6.6 (CI -8.1 to -5.2), p<0.001 No significant between-group differences in weight loss Post-treatment BMI G1: 36.9 (SD 5) G2: 38.3 (SD 3) G3: 39.3 (SD 5.9) p= 0.228 (p estimation across groups at each time point)	NA	NA	NA

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Cesa, 2013[11] (continued)			Significance of change in weight from post-treatment to 1y (kg): G1 p=NR, NS G2 p=NR, NS G3 weight gain significant at p<0.001 1y Weight (kg) G1: 96 (SD 16.3) G2: 101 (SD 9.4) G3: 109.3 (SD 22.6) p=0.032 (p estimation across groups at each time point) "Statistically significant differences in... weight median scores at follow-up were found across the 3 groups in favor of G1. In fact, only G1 was effective in further improving weight loss at 1y follow-up" Significance of percentage Weight reduction at 1y follow-up from BL: p=0.052 in favor of G1 and G2 Post-hoc comparisons showed a significant difference between G1 and G2 (p=0.027)			

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Cesa, 2013[11] (continued)			Percentage of participants who succeeded in improving or maintaining weight loss after treatment: G1: 44.4% G2: 40% G3: 10.5% G1 was significantly better after 1y in improving or maintaining weight loss after treatment than G3; OR 6.8, 95% CI 1.3-35.4, p=0.014 G2 was significantly better after 1y in improving or maintaining weight loss after treatment than G3; OR 5.7, 95% CI 1.09-31.5, p=0.035 Participants achieving 5% weight loss G1: 55.6% G2: 50% G3: 31.6% no significant difference across groups, p=NR, NS			

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Cesa, 2013[11] (continued)			1y BMI G1: 36.6 (SD 5) G2: 39 (SD 3.6) G3: 40.9 (SD 6) p= 0.015 (p estimation across groups at each time point) "Statistically significant differences in... BMI median scores at follow-up were found across the 3 groups in favor of G1." Significance of percentage BMI reduction at 1y follow-up from BL: p=0.052 in favor of G1 and G2 Post-hoc comparisons showed a significant difference between G1 and G2 (p=0.027)			

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Compare, 2013[12]	Weight loss at least 5%	G1: NR G2: NR G3: NR p=NR, NS	ITT Posttreatment ≥5% weight reduction, %, propensity-adjusted OR (95% CI) G1: 44.4%, OR ref G2: 61.9%, OR 2.03 (0.99-4.14) G3: 74.6% OR 3.71 (1.73-7.93) G2 vs. G3 (G2 ref): OR 1.82 (0.85-3.92) As treated Posttreatment ≥5% weight reduction, %, propensity-adjusted OR (95% CI) G1: 60.9%, OR ref G2: 70.9%, OR 1.57 (0.68-3.61) G3: 74.6%, 1.88 (0.82-4.28) G2 vs. G3 (G2 ref): OR 1.20 (0.53-2.72) ITT 6m ≥5% weight reduction, %, propensity-adjusted OR (95% CI) G1: 36.5%, OR ref G2: 79.4%, OR 6.77 (3.04-15.08) G3: 85.7%, OR 10.87 (4.49-26.35) G2 vs. G3 (G2 ref): OR 1.60 (0.63-4.10)	NA	NA	NA

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Compare, 2013[12] (continued)			As treated ≥5% weight reduction, %, propensity-adjusted OR (95% CI) G1: 50.0%, OR ref G2: 90.9%, 9.99 (3.37-29.62) G3: 85.7%, OR 6.01 (2.40-15.04) G2 vs. G3 (G2 ref): OR 0.60 (0.19-1.93)			

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
De Zwaan, 2005[13]	Weight (lbs.) Percentage of initial weight lost following VCLD N of patients who lost ≥10% of initial body weight Early substantial weight regain (i.e., regaining ≥50% of lost weight after VCLD) BMI (kg/m^2)	Mean weight (SD) (lbs.) Overall: NR G1: 217.3 (24.8) G2: 214.9 (27.9) p = NS Mean BMI (SD) (range) (kg/m^2) Overall: 36.1 (NR) (29.2-46.7) G1: 36.6 (3.2) G2: 35.7 (4.2) p = NS	Weight (lbs.): mean (SD) 12 weeks, ITT analysis G1: 188.3 (25.5) G2: 182.6 (25.1) p = <0.01 18 weeks, ITT analysis G1: 182.7 (26.6) G2: 179.1 (23.9) p = 0.17 24 weeks, ITT analysis G1: 183.1 (29.3) G2: 178.6 (25.0) p = 0.06 28 weeks, ITT analysis G1: 182.2 (32.5) G2: 176.6 (23.4) p = NR 48 weeks, ITT analysis G1: 196.8 (35.5) G2: 196.9 (30.8) p = NS 72 weeks, ITT analysis G1: 204.9 (31.8) G2: 202.7 (30.3) p = NS	NR	NR	NR

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
De Zwaan, 2005[13] (continued)			Percentage of initial weight lost following VCLD (%) 24 weeks only, ITT analysis G1: 15.8 G2: 16.6 p = NS Percentage of patients who lost ≥10% of initial body weight (%) 72 weeks only, ITT analysis G1: NR G2: NR p = NS Percentage of patients experiencing early substantial weight regain (i.e., regaining ≥50% of lost weight after VCLD) (%) 48 weeks only, completers analysis (n=60) G1: 39.2 G2: 56.3 p = 0.19 BMI (kg/m^2): mean (SD) 12 weeks, ITT analysis G1: 31.7 (3.9) G2: 30.3 (3.9) p = <0.01			

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
De Zwaan, 2005[13] (continued)			18 weeks, ITT analysis G1: 30.7 (3.6) G2: 29.8 (3.9) p = 0.96 24 weeks, ITT analysis G1: 30.7 (4.1) G2: 29.7 (4.2) p = 0.12 28 weeks, ITT analysis G1: 30.6 (4.3) G2: 29.1 (3.8) p = NR 48 weeks, ITT analysis G1: 32.8 (5.1) G2: 32.6 (5.0) p = NS 72 weeks, ITT analysis G1: 34.4 (4.3) G2: 33.8 (4.9) p = NS			
Dingemans, 2007[14]	NA	NA	NA	NA	NA	NA

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Eldredge, 1997[5]	BMI	G1: 36.33 G2: 44.58	12wk G1: 36.29 G2: 44.73 Treatment condition effect F=5.38, p=0.03 Text reports "Neither group experienced a significant change in BMI," but table 1 seems to indicate that there is a significant difference between groups (p=0.03).	NA	NA	NA
Grilo, 2013[16]	BMI (kg/m^2)	Mean BMI (SD) (kg/m^2) Overall: 37.6 (4.8) G1: 38.0 (5.4) G2: 37.2 (4.2) p = NS	BMI, mean (SD) 16 weeks, ITT analysis G1: 37.5 (5.3) G2: 37.4 (4.4) Effect size = 0.54 p = NR Group-by-time interaction p = 0.4	NR	NR	NR

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Grilo, 2014[17]	BMI Weight (pounds)	BMI G1: 36.5 (SD 5.3) G2: 39.3 (SD 5.5) Weight (pounds) G1: 229.6 (SD 41.9) G2: 244.5 (SD 41.4)	Posttreatment BMI G1: 35.9 (SD 5.6) G2: 39.6 (SD 5.7) 6m BMI G1: 35.3 (SD 5.2) G2: 38.8 (SD 5.1) 12m BMI G1: 35.4 (SD 5.9) G2: 39.5 (SD 5.9) Posttreatment Weight (pounds) G1: 226.2 (SD 40.4) G2: 246.6 (SD 42.0) 6m Weight (pounds) G1: 223.4 (SD 40.4) G2: 239.9 (SD 38.0) 12m Weight (pounds) G1: 220.5 (SD 42.7) G2: 246.0 (SD 44.2)	NA	NA	NA

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19]	BMI Weight (pounds) Weight loss (pounds) % BMI loss	BMI G1: 39.3 (6.10 G2: 38.0 (5.3) G3: 39.0 (6.10 Weight (pounds) G1: 250.1 (SD 52.6) G2: 242.7 (SD 45.8) G3: 237.2 (SD 42.8)	Post-treatment BMI G1: 38.5 (SD 5.7) G2: 35.7 (SD 5.9) G3: 38.9 (SD 6.2) 6m BMI G1: 38.7 (SD 5.7) G2: 36.6 (SD 6.8) G3: 38.2 (SD 5.3) 12m BMI G1: 38.3 (SD 6.0) G2: 36.6 (SD 6.5) G3: 38.7 (SD 5.6) Post-treatment Weight (pounds) G1: 248.5 (SD 49.3) G2: 221.1 (SD 43.4) G3: 230.4 (SD 40.9) Random intercept and slope model for the 3 groups on repeated measurements revealed a significant treatment-by-time interaction for weight (F=3.01, p=0.05) Tests of the slope differences indicated significantly faster improvements in G2 than G1 for weight (t=2.45, p=0.02)	NA	NA	NA

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19] (continued)			Intercept and slope models for G1&G2 revealed significant treatment-by-time interaction (F=5.53, p=0.02) Post-hoc testing indicated that weight significantly decreased in G2 (t=-4.16, p<0.0001) but not in G1 (t=-0.97, p=0.33) 6m Weight (pounds) G1: 246.0 (SD 48.4) G2: 231.7 (SD 52.1) G3: 231.7 (SD 44.2) Mixed models analysis (considering baseline and post-treatment values) revealed significant time effects but no significant differences between the treatments for weight 12m Weight (pounds) G1: 243.4 (SD 50.6) G2: 230.6 (SD 49.1) G3: 229.9 (SD 39.0)			

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19] (continued)			Mixed models analysis (considering baseline and post-treatment values) revealed significant time effects but no significant differences between the treatments for weight Post-treatment Weight loss (pounds) G1: 1.7 (SD 11.1) G2: 8.7 (SD 14.4) G3: 7.2 (SD 13.8) Random intercept and slope model for the 3 groups on repeated measurements revealed a non-significant treatment-by-time interaction for weight loss (F=1.95, p=0.15) Analyses indicated significant decreases in weight in G2 (t=-4.31, p<0.0001) and in G3 (t=2.46, p=0.02), but not in G1 (t=-0.99, p=0.32) There was significant absolute weight loss in G2 (t=3.56, p=0.0006) and G3 (t=2.57, p=0.01) but not in G1 (t=0.99, p=0.33).			

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19] (continued)			Tests of the slope differences indicated marginally significantly faster improvements in G2 than G1 for weight loss (t=-1.91, p=0.06). Intercept and slope models for G1&G2 revealed trend treatment-by-time interaction (F=3.21, p=0.08) Post-hoc testing indicated that weight loss was significant in G2 (t=3.4, p=0.001) but not in G1 (t=0.99, p=0.33) 6m Weight loss (pounds) G1: 1.9 (SD 14.9) G2: 9.1 (SD 21.7) G3: 9.6 (SD 22.8) Mixed models analysis (considering baseline and post-treatment values) revealed significant time effects but no significant differences between the treatments for weight loss			

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19] (continued)			12m Weight loss (pounds) G1: 3.1 (SD 18.7) G2: 5.4 (SD 21.2) G3: 6.2 (SD 24.5) Mixed models analysis (considering baseline and post-treatment values) revealed significant time effects but no significant differences between the treatments for weight loss Post-treatment Percent BMI loss G1: -0.5 (SD 3.5) G2: -2.6 (SD 5.3) G3: -2.7 (SD 6.0) G2 had greater % BMI loss than G1, F=5.16, p=0.03 G3 had greater % BMI loss than G1, F=4.26, p=0.04 Random intercept and slope model: Treatment-by-time interaction at trend level (F=2.37, p=0.10) % BMI loss was significant in G2 (t=3.70, p0.0003) and in G3 (t=2.73, p=0.008) but not in G1 (t=0.88, p=0.38)			

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19] (continued)			Tests of slope differences indicated improvement was significantly faster in G2 than G1 (t=2.08, p=0.04) during treatment. Intercept and slope models for G1&G2 revealed significant treatment-by-time interaction (F=3.82, p=0.05) Post-hoc testing indicated that % BMI loss was significant in G2 (t=3.54, p=0.0007) but not in G1 (t=0.90, p=0.37) 6m Percent BMI loss G1: -0.5 (SD 5.2) G2: -3.3 (SD 8.1) G3: -2.9 (SD 7.6) G2 had greater %BMI loss than G1 at a trend level, F=3.67, p=0.059 Random intercept and slope model: Mixed models analysis considering baseline and post-treatment values revealed significant time effects but no			

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19] (continued)			significant differences between the groups 12m Percent BMI loss G1: -0.9 (SD 6.7) G2: -2.1 (sd 8.5) G3: -1.5 (sd 7.4) Random intercept and slope model: Mixed models analysis considering baseline and post-treatment values revealed significant time effects but no significant differences between the groups			
Grilo and Masheb, 2005,[20] Masheb and Grilo, 2007[21]	BMI	BMI mean (SD) G1: 33.4 (5.7) G2: 36.0 (6.6) G3: 36.2 (6.6) p=0.21	12wk BMI mean (SD) G1: 33.1 (5.8) G2: 34.5 (8.8) G3: 35.8 (7.0) Omnibus analysis p=0.570	NA	NA	NA
Hilbert, 2004[22]	Measure 1: Body Mass Index, Mean (SD)	Measure 1: Pretreatment G1: 34.0 (10.2) G2: 36.4 (10.4)	Measure 1: Posttreatment G1: 33.1 (10.4) G2: 37.2 (10.3) 4- month follow-up G1: 33.6 (11.0) G2: 36.4 (11.0) Repeated Measures (Analysis of time) F: 0.12 df: 2, 33 p: 0.810	NR	NR	NR

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Le Grange, 2002[23]	BMI (kg/m^2)	Mean BMI (SD) (kg/m^2) G1: 35.5 (7.7) G2: 37.8 (8.2) p = <0.37	BMI, mean (SD) 12 weeks, ITT analysis G1: 36.2 (8.7) G2: 37.9 (8.4) p = >0.15 12 months, ITT analysis G1: 37.2 (9.3) G2: 39.9 (9.8) p = >0.15	NR	NR	NR
Masheb, 2011[24]	BMI % of all participants who received at least 5% weight loss mean % weight loss	BMI G1: 39.2 (SD 6.9) G2: 39.0 (SD 6.5)	Change in BMI, BL to 6m, ITT analysis G1: 1.34 (SD 2.65) G2: 0.53 (SD 1.59) p=NR, NS Change in BMI, BL to 6m, completers G1: 1.77 (SD 2.80) G2: 0.55 (SD 1.65) p=NR, NS Change in BMI, BL to 12m, ITT analysis G1: 1.24 (SD 2.65) G2: 0.50 (SD 3.0) p=NR, NS Change in BMI, BL to 12m, completers G1: 1.59 (SD 2.86) G2: 0.52 (SD 3.13) p=NR, NS 6m ≥5% weight loss,	Total cholesterol HDL LDL Triglycerides (log-transformed) Waist circumference (inches) Systolic blood pressure Diastolic blood pressure	Total cholesterol G1: 201 (SE 6.3) G2: 193 (SE 6.3) HDL G1: 58 (SE 3.3) G2: 57 (SE 3.3) LDL G1: 119 (SE 5.4) G2: 110 (SE 5.4) Triglycerides G1: 4.7 (SE 0.1) G2: 4.8 (SE 0.1) Waist circumference G1: 45.7 (SE 1.4) G2: 47.2 (SE 1.4) Systolic blood press	6m Total cholesterol G1: 183 (SE 7.8) G2: 188 (SE 7.3) Time x treatment F=2.14, p=0.154 6m HDL G1: 56 (SE 3.4) G2: 56 (SE 3.4) Time x treatment F=0.71, p=0.408 6m LDL G1: 102 (SE 6.3) G2: 110 (SE 5.8) Time x treatment F=3.70, p=0.063 6m Triglycerides G1: 4.8 (SE 0.1) G2: 4.7 (SE 0.1) Time x treatment F=3.66, p=0.065

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Masheb, 2011[24] (continued)			ITT analysis G1: 32%, n=8 G2: 20%, n=5 chi-square=0.94, p=0.333 6m ≥5% weight loss, treatment completers G1 (n=20): 40%, n=8 G2 (n=23): 21.7%, n=5 chi-square=0.169, p=0.193 12m ≥5% weight loss, ITT analysis G1: 28%, n=7 G2: 24%, n=6 chi-square=0.10, p=0.747 12m ≥5% weight loss, treatment completers G1 (n=20): 35%, n=7 G2 (n=23): 26%, n=6 chi-square=0.40, p=0.526 6m mean % weight loss, ITT analysis G1: 3.1% (SD 6.2) G2: 1.5% (SD 4.2) chi-square=NR, p=NR, NS			12m Waist circumference G1: 44.2 (SE 1.5) G2: 46.4 (SE 1.4) Time x treatment F=0.91, p=0.461 12m Systolic blood pressure G1: 126 (SE 3.6) G2: 122 (SE 3.2) Time x treatment F=0.71, p=0.588 12m Diastolic blood pressure G1: 79 (SE 2.6) G2: 78 (SE 2.3) Time x treatment F=0.85, p=0.495

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Masheb, 2011[24] (continued)			6m mean % weight loss, treatment completers G1 (n=20): 4.2% (SD 6.5) G2 (n=23): 1.6% (SD 4.5) chi-square=NR, p=NR, NS 12m mean % weight loss, ITT analysis G1: 2.8% (SD 6.1) G2: 1.4% (SD 7.6) chi-square=NR, p=NR, NS 12m mean % weight loss, treatment completers G1 (n=20): 3.6% (SD 6.6) G2 (n=23): 1.4% (SD 7.9) chi-square=NR, p=NR, NS			

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Munsch, Biedert, Meyer, et al., 2007[25] Munsch, Meyer, Biedert, et al., 2012[26]	BMI	Munsch, Biedert, Meyer, et al., 2007[25]: BMI G1 (n=42): 33.66 (SD 4.31) G2 (n=33): 34.36 (SD 3.74)	Munsch, Biedert, Meyer, et al., 2007[25]: Post-treatment BMI, Completer G1 (n=30): 33.62 (SD 4.70) G2 (n=27): 33.08 (SD 3.69) chi-square=8.8, p=0.004 12m BMI, Completer G1 (n=23): 32.36 (SD 5.38) G2 (n=21): 33.62 (SD 3.99) chi-square=0.15, p=0.70 Post-treatment BMI, ITT G1 (n=44): 33.58 (SD 4.53) G2 (n=36): 32.29 (SD 4.00) chi-square=17.5, p<0.001 12m BMI, ITT G1 (n=44): 33.10 (SD 5.04) G2 (n=36): 33.18 (SD 4.17) chi-square=2.3, p=0.13	NA	NA	NA

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Munsch, Biedert, Meyer, et al., 2007[25] Munsch, Meyer, Biedert, et al., 2012[26] (continued)			Munsch, Meyer, Biedert, et al., 2012[26] 6y BMI G1: NR G2: NR G1 minus G2 posttreatment: 1.271 (0.457), effect size=0.67, p<0.01 G1 minus G2 6y: 0.342 (0.862), effect size=0.21, p=NR, NS			
Peterson, 1998[27]	Measure 1: BMI	NR	Measure 1: Group difference F (3, 43): 2.01 p: 0.127	NR	NR	NR
Peterson, 2001[28]	Measure 1: BMI	Measure 1: baseline G1: 32.6 (8.2) G2: 35.8 (8.0) G3: 33.6 (7.0)	Measure 1: Posttreatment G1: 32.5 (8.9) G2: 36.2 (5.5) G3: 32.4 (7.2) 1 month G1: 31. 5(9.0) G2: 35.8 (5.7) G3: 33.3 (7.6) 6 month G1: 30.2 (7.7) G2: 36.2 (6.5) G3: 32.0 (8.6) 12 month G1: 31.2 (7.9) G2: 35.8 (7.0) G3: 32.8 (7.4)	NA	NA	NA

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Peterson, 2009[29]	BMI (kg/m^2)	BMI: mean (SD) Overall: 39.0 (7.8) G1: 38.2 (7.2) G2: 40.7 (8.8) G3: 39.2 (8.3) G4: 38.1 (6.9) p = NS	NOTE: Ns and p values NR for all completers analyses at all post-treatment and follow-up timepoints BMI: mean (SD) Post-treatment (20 weeks post-baseline): ITT analysis G1: 39.1 (10.6) G2: 40.8 (8.5) G3: 40.8 (11.7) G4: 38.3 (7.4) p = NS (adjusted for baseline value, site, and sex) 6m follow-up (44 weeks post-baseline): ITT analysis G1: 39.5 (14.8) G2: 40.6 (8.9) G3: 39.8 (10.0) G4: NA p = NS (adjusted for baseline value, site, and sex) 12m follow-up (72 weeks post-baseline): ITT analysis G1: 38.7 (10.6) G2: 40.4 (8.9) G3: 38.3 (8.5) G4: NA p = NS (adjusted for baseline value, site, and sex)	NR	NR	NR

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Ricca, 2010[30]	BMI Weight loss >5% of initial BMI Weight loss >10% of initial BMI	BMI, median (quartiles) G1: 38.0 (32.7, 43.2) G2: 38.2 (33.3, 42.1)	Posttreatment BMI, median (quartiles), p for within-group change BL to posttreatment G1: 36.5 (32.1, 42.3) G2: 37.4 (32.0, 40.1) 3y BMI, median (quartiles), p for within-group change posttreatment to 3y G1: 36.0 (31.0, 42.7) G2: 37.0 (31.9, 41.8) BMI, repeated measures ANOVA for between-group comparison with covariate age F= 0.11 p=0.91 Posttreatment Weight loss >5% of initial BMI G1: 22 (30.6%) G2: 18 (25.0%) p=NR, NS 3y Weight loss >5% of initial BMI G1: 27 (37.5%) G2: 23 (31.9%) p=NR, NS	NA	NA	NA

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Ricca, 2010[30] (continued)			Posttreatment Weight loss >10% of initial BMI G1: 8 (11.1%) G2: 6 (8.3%) p=NR, NS 3y Weight loss >10% of initial BMI G1: 13 (18.1%) G2: 12 (16.7%) p=NR, NS			
Riva, 2002[31]	NA	NA	NA	NA	NA	NA

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Riva, 2003[32]	Weight (kg)	G1: 103.7 (SD 17.2) G2: 109.3 (SD 10.5) G3: 103.8 (SD 21.3) G4: NR	Posttreatment Weight (kg) mean, within-group change p-value G1: 97.2 (SD 15.6), p=NR, significant improvement G2: 102.1 (SD 9.14), p=NR, significant improvement G3: 103.8 (SD 21.3), p=NR, significant improvement G4: NR, p=NR No significant between-group differences 6m Weight (kg) G1: NR, "No differences were found.... all of the sample weighed 0.5-1.5kg more at the end of the treatment" G2: NR, "No differences were found.... all of the sample weighed 0.5-1.5kg more at the end of the treatment" G3: NR, "No differences were found.... all of the sample weighed 0.5-1.5kg more at the end of the treatment" G4: NR	NA	NA	NA

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Safer, Robinson, and Jo, 2010[33] Safer and Joyce, 2011[34] Robinson and Safer, 2012[35]	Measure 1: Weight (lb) Measure 2:Body Mass Index, Mean (SD)	Measure 1: baseline G1: 216.19 (54.71) G2: 224.03 (55.29) Measure 2: baseline G1: 35.84 (9.35) G2: 39.90 (7.89)	Measure 1: Posttreatment G1: 212.61 (52.60) G2:221.87 (53.19) 12 month FU G1: 213.23 (52.73) G2: 221.61 (54.89) effect size posttreatment: 0.12 effect size 12 month FU: 0.16 Measure 2: Posttreatment G1: 35.13 (9.03) G2: 36.65 (7.64) 12 month FU G1: 35.29 (9.07) G2: 36.45 (7.53) effect size posttreatment: 0.13 effect size 12 month FU: 0.14	NR	NR	NR
Schlup, 2009[36]	BMI	BMI 32.97	BMI G1: 0.01 G2: 0.42 p=0.08	NA	NA	NA

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Schlup, 2010[37]	BMI	Means denote estimates from a linear mixed model or generalized linear mixed model. Values were back-transformed if necessary. G1: 33.14 G2: 33.36 Effect size: 0.04 p=0.87	Means denote estimates from a linear mixed model or generalized linear mixed model. Values were back-transformed if necessary. End of treatment BMI G1: 33.13 G2: 33.15 Effect size: 0.005 p=0.98 12m BMI G1: 32.24 G2: 32.63 Effect size: 0.06 p=0.79	NA	NA	NA

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39]	BMI Weight (kg) 5% reduction in body weight Mean change in body weight	BMI G1: 36.8 (SD 5.5) G2: 36.2 (SD 4.3) G3: 36.3 (SD 5.1) Weight G1: 103.5 (SD 22.6) G2: 100.3 (SD 14.0) G3: 100.4 (SD 18.6)	Post-treatment BMI G1: 35.4 (SD 5.7) G2: 36.1 (SD 4.4) G3: 35.9 (SD 5.3) Mean change: NR; G1 was significantly more effective in reducing BMI than G2 and G3, F=6.6 G1 vs. G2, d=0.741 G1 vs. G3, d=0.48 G2 vs. G3, d=0.15 p<0.005 1y BMI G1: 36.0 (SD 6.2) G2: 35.7 (SD 4.9) G3: 35.9 (SD 5.4) Mean change: NR; G1 showed significantly more BMI gain than G2, F=3.1 G1 vs. G2: d=0.52 G1 vs. G3: d=0.29 G1 vs. G3: d=0.20 p<0.05 2y BMI G1: 36.3 (SD 6.2) G2: 35.7 (SD 5.0) G3: 36.1 (SD 5.5) Mean change: p=NR, no results reported for the analysis of 2y BMI	NA	NA	NA

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39] (continued)			Post-treatment Weight G1: 99.8 (SD 23.2) G2: 100.0 (SD 14.1) G3: 99.1 (SD 18.3) Mean change: p=NR, no results reported for the analysis of post-treatment weight 1y Weight G1: 101.7 (SD 25.2) G2: 98.8 (SD 15.1) G3: 99.3 (SD 19.0) Mean change: NR p=NR, no results reported for the analysis of 1y weight 2y Weight G1: 102.1 (SD 24.6) G2: 99.3 (SD 15.6) G3: 99.5 (SD 18.7) Mean change: p=NR, NS, "G1 was no longer significantly different from the other treatments in terms of weight loss." Post-treatment 5% reduction in weight G1: 41% G2: 15% G3: 15%			

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39] (continued)			Mean change: NR; G1 produced a greater number of patients with a 5% reduction in body weight than G2 and G3 F=8.3 G1 vs. G2 OR: 3.9 G1 vs. G3 OR: 3.9 p<0.001 1y 5% reduction in weight G1: 27% G2: 26% G3: 21% Mean change:NR p=NR, , no results reported for the analysis of 1y reduction in weight 2y 5% reduction in weight G1: 27% G2: 23% G3: 21% Mean change: NR p=NR, NS, "G1 was no longer significantly different from the other treatments in terms of weight loss."			

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41]	BMI	Baseline G1: 40.03 (SD 9.69) G2: 42.59 (SD 12.95) G3: 42.58 (SD 9.57)	Post-treatment G1: 39.85 (SD 9.37) G2: 42.65 (SD 12.82) G3: 41.63 (SD 9.57) G2 vs. G3 Hierarchical linear modeling (HLM) coefficient: 0.71 ; t-value: 0.80 G1 vs. G3 Hierarchical linear modeling (HLM) coefficient: 0.24; t-value: 0.28 G2 vs. G1 Hierarchical linear modeling (HLM) coefficient: -0.46; t-value:-0.55 6m G1: 38.09 (SD 8.75) G2: 41.32 (SD 13.06) G3: (6m and 12m not measured for control group) 12m G1: 37.67 (SD 8.93) G2: 41.02 (SD 12.61) G3: (6m and 12m not measured for control group)	none	NA	NA

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41] (continued)			Linear modeling coefficients: 1.35; t-value: 0.56, p=NR Treatments modeling: -1.10; t-value: -0.75, p=NR Quadratic modeling coefficients: -0.29; t-value: -0.59, p=NR Treatments modeling: 0.14; t-value: 0.30, p=NR			
Telch, 2001[42]	Weight (lbs)	Wt, lbs (M,SD): G1: 214.7 (49.8) G2: 223.4 (37.1) (P = NS	Wt, lbs (M,SD): G1: 209.2 (49.0) (P = NR) G2: 223.8 (37.6) (P = NR) Diff between groups (P = NR) Diff between groups in change over time (P = 0.130)	NA	NA	NA

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44]	BMI	Wilfley, Welch, Stein, et al., 2002[43]: G1: 37.4 (5.3) G2: 37.4 (5.1) Hilbert, Bishop, Stein, et al., 2012[44] BMI G1: 37.94 (SD 0.82) G2: 36.58 (SD 0.82)	Wilfley, Welch, Stein, et al., 2002[43]: "All other secondary outcomes showed a significant improbelemtn from pre-treatment to post-treatment (linear time effects, all p-values <0.001) except for BMI, which remained stable during the course of treatment." Post-treatment G1: 37.5 (SD 5.3) G2: 37.2 (SD 5.2) No significant GEE main effects of time (p=0.19) or treatment (p=0.98) and no significant interaction (p=0.97) for pretreatment to post-treatment (i.e., stable during the course of treatment). 4-month G1: 37.4 (SD 5.3) G2: 36.6 (SD 5.3) 8-month G1: 37.5 (SD 5.1) G2: 36.4 (SD 5.5) 12-month G1: 37.2 (SD 5.1) G2: 36.3 (SD 5.4)	NA	NA	NA

Evidence Table 26. Binge-eating disorder behavioral treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44] (continued)			The GEE linear main effect of time (p=0.008) indicates a decrease during the follow-up period. Hilbert, Bishop, Stein, et al., 2012[44] ITT Post-treatment BMI G1: 37.97 (SD 0.83) G2: 36.82 (SD 0.82) ITT 1y BMI G1: 37.61 (SD 0.85) G2: 36.47 (SD 0.83) ITT Long-term BMI G1: 37.36 (SD 0.89) G2: 35.90 (SD 0.86) ITT GEE treatment effect BMI F=1.34 p=0.250 ITT GEE time effect BMI F=0.92 p=0.433 ITT GEE treatment x time effect BMI F=0.16 p=0.921			

Evidence Table 27. Binge-eating disorder behavioral treatment – part 9 (continued)

Refid First Author's Last Name Year	Definition of Quality of Life	Quality of Life Baseline	Quality of Life Outcomes	Definition of Functional Capacity	Functional Capacity Baseline	Functional Capacity Outcomes
Agras, 1995[4]	NA	NA	NA	NA	NA	NA
Allen, 1999[6]	NA	NA	NA	NA	NA	NA
Carrard, 2011[7]	Impact of Weight on QOL Short Form (IWQOL-Lite total score)	G1: 66.9 (15.3) G2: 71.6 (16.3)	6m G1: 71.7 (16.7) G2: 71.8 (18.0) Mean Between-group difference (95% CI): NR p = 0.041 1y G1: 78.2 (14.8) G2: 76.0 (20.2) Mean Between-group difference (95% CI): NR p <0.001	NA	NA	NA
Carter, 1998[8]	NA	NA	NA	NA	NA	NA

Evidence Table 27. Binge-eating disorder behavioral treatment – part 9 (continued)

Refid First Author's Last Name Year	Definition of Quality of Life	Quality of Life Baseline	Quality of Life Outcomes	Definition of Functional Capacity	Functional Capacity Baseline	Functional Capacity Outcomes
Cassin, 2008[9]	Extended Satisfaction with Life Scale (ESWLS)	ESWLS 1. General life G1: 16.5 (7.8) G2: 17.1 (8.0) 2. Social life G1: 14.1 (8.0) G2: 15.8 (8.5) 3. Sex life G1: 12.0 (8.0) G2: 13.5 (8.7) 4. Self G1: 14.1 (6.5) G2: 16.0 (6.9) 5. Physical appearance G1: 7.1 (3.9) G2: 8.7 (4.9) 6. Family G1: 19.5 (8.8) G2: 18.4 (10.1) 7. Relationships G1: 17.5 (10.1) G2: 19.2 (9.3)	F stat calculated using repeated measures split-plot analysis of variance (i.e. did the experimental group change more over time than the control?) 16 week Follow Up ESWLS 1. General life G1: 21.9 (8.4) G2: 19.6 (8.4) F = 6.22, (p <0.05) 2. Social life G1: 18.5 (8.9) G2: 18.5 (10.3) F = 1.70, (p = NS) 3. Sex life G1: 15.9 (9.3) G2: 15.3 (9.1) F = 2.06, (p = NS) 4. Self G1: 20.4 (8.3) G2: 19.4 (7.5) F = 5.95, (p < 0.05) 5. Physical appearance G1: 10.6 (6.6) G2: 10.2 (6.0) F = 3.05, (p = NS) 6. Family G1: 23.8 (8.6) G2: 20.9 (9.3) F = 1.93, (p = NS) 7. Relationships G1: 22.1 (9.2) G2: 20.6 (9.2) F = 3.61, (p = NS)	None	None	None

Evidence Table 27. Binge-eating disorder behavioral treatment – part 9 (continued)

Refid First Author's Last Name Year	Definition of Quality of Life	Quality of Life Baseline	Quality of Life Outcomes	Definition of Functional Capacity	Functional Capacity Baseline	Functional Capacity Outcomes
STRATOB Study, 2011[10]	NA	NA	NA	NA	NA	NA
Cesa, 2013[11]	NA	NA	NA	NA	NA	NA
Compare, 2013[12]	NA	NA	NA	NA	NA	NA
De Zwaan, 2005[13]	NR	NR	NR	NR	NR	NR
Dingemans, 2007[14]	NA	NA	NA	NA	NA	NA
Eldredge, 1997[5]	NA	NA	NA	NA	NA	NA
Grilo, 2013[16]	NR	NR	NR	NR	NR	NR
Grilo, 2014[17]	NA	NA	NA	NA	NA	NA
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19]	NA	NA	NA	NA	NA	NA
Grilo and Masheb, 2005,[20] Masheb and Grilo, 2007[21]	NA	NA	NA	NA	NA	NA
Hilbert, 2004[22]	NR	NR	NR	NR	NR	NR
Le Grange, 2002[23]	NR	NR	NR	NR	NR	NR
Masheb, 2011[24]	NA	NA	NA	NA	NA	NA

Evidence Table 27. Binge-eating disorder behavioral treatment – part 9 (continued)

Refid First Author's Last Name Year	Definition of Quality of Life	Quality of Life Baseline	Quality of Life Outcomes	Definition of Functional Capacity	Functional Capacity Baseline	Functional Capacity Outcomes
Munsch, Biedert, Meyer, et al., 2007[25] Munsch, Meyer, Biedert, et al., 2012[26]	Munsch, Biedert, Meyer, et al., 2007[25]: General self-efficacy scale -Jerusalem M, Schwarzer R. Skala zur Allgemeinen Selbstwirksamkeitserwartung (SWE). In: Schwarzer R, Jerusalem M, editors. Skalen zur Erfassung von Lehrer- und Schulermerkmalen. Dok	Munsch, Biedert, Meyer, et al., 2007[25]: Self-efficacy: G1 (n=39): 28.08 (SD 4.87) G2 (n=30): 26.03 (SD 5.74) Life satisfaction: G1 (n=39): 4.94 (SD 2.80) G2 (n=27): 5.13 (SD 2.93)	Munsch, Biedert, Meyer, et al., 2007[25]: 6m Self-efficacy, Completers G1 (n=32): 29.78 (SD 4.21) G2 (n=27): 28.85 (SD 4.11) F=0.53, p=0.49 12m Self-efficacy, Completers G1 (n=23): 31.91 (SD 4.81) G2 (n=21): 29.90 (SD 4.10) F=3.02, p=0.09 6m Life satisfaction, Completers G1 (n=25): 6.10 (SD 3.07) G2 (n=23): 5.55 (SD 2.97) F=0.62, p=0.81 12m Life satisfaction, Completers G1 (n=22): 7.81 (SD 3.92) G2 (n=20): 5.92 (SD 3.41) F=0.24, p=0.63	NA	NA	NA

Evidence Table 27. Binge-eating disorder behavioral treatment – part 9 (continued)

Refid First Author's Last Name Year	Definition of Quality of Life	Quality of Life Baseline	Quality of Life Outcomes	Definition of Functional Capacity	Functional Capacity Baseline	Functional Capacity Outcomes
Peterson, 1998[27]	NR	NR	NR	NR	NR	NR
Peterson, 2001[28]	NA	NA	NA	NA	NA	NA
Peterson, 2009[29]	IWQOL-Lite 24-item scale: Total score	IWQOL-Lite Total score: mean (SD) G1: 53.3 (21.4) G2: 52.0 (20.3) G3: 53.4 (17.5) G4: 55.3 (18.7) p = NS	NOTE: Ns and p values NR for all completers analyses at all post-treatment and follow-up timepoints IWQOL-Lite: Total score, mean (SD) Post-treatment (20 weeks post-baseline): ITT analysis G1: 58.6 (21.2) G2: 58.5 (21.4) G3: 58.7 (18.4) G4: 57.0 (18.1) p = NS (adjusted for baseline value, site, and sex) 6m follow-up (44 weeks post-baseline): ITT analysis G1: 60.3 (23.1) G2: 58.8 (21.8) G3: 60.1 (18.1) G4: NA p = NS (adjusted for baseline value, site, and sex) 12m follow-up (72 weeks post-baseline): ITT analysis G1: 58.3 (22.8) G2: 57.6 (22.1) G3: 58.1 (20.7) G4: NA p = NS (adjusted for baseline value, site, sex)	NR	NR	NR

Evidence Table 27. Binge-eating disorder behavioral treatment – part 9 (continued)

Refid First Author's Last Name Year	Definition of Quality of Life	Quality of Life Baseline	Quality of Life Outcomes	Definition of Functional Capacity	Functional Capacity Baseline	Functional Capacity Outcomes
Ricca, 2010[30]	NA	NA	NA	NA	NA	NA
Riva, 2002[31]	NA	NA	NA	NA	NA	NA
Riva, 2003[32]	NA	NA	NA	NA	NA	NA
Safer, Robinson, and Jo, 2010[33] Safer and Joyce, 2011[34] Robinson and Safer, 2012[35]	NR	NR	NR	NR	NR	NR
Schlup, 2009[36]	SWE (self-efficacy) FLZ (life satisfaction)	SWE 27.33 FLZ 3.08	SWE G1: 0.12 G2: 0.96 p=0.395 FLZ G1: 0.95 G2: -0.01 p=0.297	NA	NA	NA
Schlup, 2010[37]	NA	NA	NA	NA	NA	NA
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39]	NA	NA	NA	NA	NA	NA
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41]	NA	NA	NA	none	NA	NA

Evidence Table 27. Binge-eating disorder behavioral treatment – part 9 (continued)

Refid First Author's Last Name Year	Definition of Quality of Life	Quality of Life Baseline	Quality of Life Outcomes	Definition of Functional Capacity	Functional Capacity Baseline	Functional Capacity Outcomes
Telch, 2001[42]	NA	NA	NA	NA	NA	NA
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44]	NA	NA	NA	Inventory of Interpersonal Problems (IIP) Social Adjustment Scale (SAS)	IIP G1: 1.2 (SD 0.6) G2: 1.2 (SD 0.6) SAS G1: 2.1 (SD 0.5) G2: 2.1 (SD 0.6)	"All other secondary outcomes showed a significant improbelemtn from pre-treatment to post-treatment (linear time effects, all p-values <0.001) except for BMI, which remained stable during the course of treatment." IIP Post-treatment G1: 1.0 (SD 0.6) G2:

Evidence Table 28. Binge-eating disorder behavioral treatment – part 10

Refid First Author's Last Name Year	Definition of Other	Other Baseline	Other Outcomes
Agras, 1995[4]	NA	NA	NA
Allen, 1999[6]	NA	NA	NA
Carrard, 2011[7]	NA	NA	NA
Carter, 1998[8]	Knowledge of the educational content of Overcoming Binge Eating, assessed by a 15-item true-false questionnaire before and after treatment	G1: 4.8 (2.8) G2: 4.6 (2.5) G3: 4.8 (3.1)	After treatment Mean (SD) G1: 9.7 (2.6) G2: 8.9 (3.5) G3: 5.4 (3.3)
Cassin, 2008[9]	NA	NA	NA
STRATOB Study, 2011[10]	NA	NA	NA
Cesa, 2013[11]	NA	NA	NA
Compare, 2013[12]	NA	NA	NA
De Zwaan, 2005[13]	Multidimensional Personality Questionnaire (MPQ): Control/Impulsivity subscale	NR	No quantitative data reported for any of the three measures used to measure general psychopathology. Reason given by authors: "Because of missing data, particularly during the follow-up period, detailed statistical analyses were not conducted. The overall
Dingemans, 2007[14]	NA	NA	NA
Eldredge, 1997[5]	NA	NA	NA
Grilo, 2013[16]	Knowledge Questionnaire	Knowledge Questionnaire, mean (SD) G1: 3.3 (1.9) G2: 3.4 (2.1) p = 0.81	Knowledge Questionnaire, mean (SD) 16 weeks, ITT analysis G1: 4.6 (1.9) G2: 3.8 (2.0) p = 0.14
Grilo, 2014[17]	NA	NA	NA

Evidence Table 28. Binge-eating disorder behavioral treatment – part 10 (continued)

Refid First Author's Last Name Year	Definition of Other	Other Baseline	Other Outcomes
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19]	NA	NA	NA
Grilo and Masheb, 2005,[20] Masheb and Grilo, 2007[21]	NA	NA	NA
Hilbert, 2004[22]	NR	NR	NR
Le Grange, 2002[23]	NR	NR	NR
Masheb, 2011[24]	Dietary outcomes, per 2 random 24h recall interviews over a 2wk period -Energy density -Energy intake (kcal) -Fruit and vegetable servings -Fat intake -Hunger (visual analog scale) (completed 1.5h after evening meal) -Satiety (visual analog scale) (comple	Energy density G1: 1.2 (SE 0.1) G2: 1.2 (SE 0.1) Energy intake (kcal) G1: 2844 (SE 259) G2: 2950 (SE 259) Fruit and vegetable servings G1: 3.7 (SE 0.5) G2: 5.2 (SE 0.5) Fat intake G1: 120.9 (SE 11.0) G2: 131.2 (SE 11.0) Hunger (visual analog scale) G	6m Energy density G1: 0.8 (SE 0.1) G2: 1.0 (SE 0.1) Time x treatment F=5.17, p=0.029 6m Energy intake (kcal) G1: 1674 (SE 128) G2: 1912 (SE 132) Time x treatment F=0.15, p=0.700 6m Fruit and vegetable servings G1: 7.0 (SE 0.6) G2: 5.0 (SE 0.6) Time x tr
Munsch, Biedert, Meyer, et al., 2007[25] Munsch, Meyer, Biedert, et al., 2012[26]	NA	NA	NA
Peterson, 1998[27]	NR	NR	NR

Evidence Table 28. Binge-eating disorder behavioral treatment – part 10 (continued)

Refid First Author's Last Name Year	Definition of Other	Other Baseline	Other Outcomes
Peterson, 2001[28]	Measure 1: Self-esteem; Rosenberg Self-Esteem Scale, RSE	Measure 1: baseline G1: 27.4 (6.2) G2: 28.4 (6.9) G3: 26.9 (5.7)	Measure 1: Posttreatment G1: 29.3 (6.7) G2: 31.4 (5.4) G3: 29.6 (5.3) 1 month G1: 31.9 (5.2) G2: 30.4 (4.4) G3: 31.2 (5.3) 6 month G1: 32.1 (5.3) G2: 32.6 (5.4) G3: 32.2 (5.1) 12 month G1: 30.9 (5.7) G2: 33.7 (4.0) G3: 31.7 (5.0)
Peterson, 2009[29]	Rosenberg Self-Esteem Questionnaire	Rosenberg Self-Esteem Questionnaire: mean (SD) G1: 3.2 (2.1) G2: 2.3 (1.9) G3: 2.6 (1.9) G4: 2.8 (2.0) p = NS	NOTE: Ns and p values NR for all completers analyses at all post-treatment and follow-up timepoints Rosenberg Self-Esteem Questionnaire: mean (SD) Post-treatment (20 weeks post-baseline): ITT analysis G1: 3.0 (2.2) G2: 2.0 (1.7) G3: 2.3 (1.9) G4: 2.3 (1.
Ricca, 2010[30]	NA	NA	NA

Evidence Table 28. Binge-eating disorder behavioral treatment – part 10 (continued)

Refid First Author's Last Name Year	Definition of Other	Other Baseline	Other Outcomes
Riva, 2002[31]	NA	NA	NA
Riva, 2003[32]	NA	NA	NA
Safer, Robinson, and Jo, 2010[33] Safer and Joyce, 2011[34] Robinson and Safer, 2012[35]	Measure 1: Rosenberg Self-Esteem Scale Measure 2: Disorders of Emotion Regulation (DERS) Measure 3: Positive and Negative Affect Scale (PANAS) - Poistive Measure 4: Postive and Negative Affect Scale (PANAS) - Negative	Measure 1: baseline G1: 25.72 (6.62) G2: 27.31 (5.59) Measure 2: baseline G1: 98.24 (20.80) G2: 94.08 (19.05) Measure 3: baseline G1: 25.04 (8.35) G2: 27.16 (6.91) Measure 4: baseline G1: 26.08 (9.45) G2: 24.82 (7.94)	NR
Schlup, 2009[36]	NA	NA	NA
Schlup, 2010[37]	NA	NA	NA
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39]	NA	NA	NA
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41]	none	NA	NA
Telch, 2001[42]	NA	NA	NA

Evidence Table 28. Binge-eating disorder behavioral treatment – part 10 (continued)

Refid First Author's Last Name Year	Definition of Other	Other Baseline	Other Outcomes
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44]	Hilbert, Bishop, Stein, et al., 2012[44] Health utilization: received treatment for eating or weight problems -any -psychotherapy -pharmacotherapy -consultation -alternative treatment	Hilbert, Bishop, Stein, et al., 2012[44] Between 1y and long-term follow-up: Health utilization-any G1: NR G2: NR Between 1y and long-term follow-up: Health utilization-psychotherapy G1: NR G2: NR Between 1y and long-term follow-up: Health utilization-	Hilbert, Bishop, Stein, et al., 2012[44] Between 1y and long-term follow-up: Health utilization-any G1: 80.0% G2: 84.4% Between 1y and long-term follow-up: Health utilization-psychotherapy G1: 44.0% G2: 37.5% Between 1y and long-term follow-up: Health

Evidence Table 29. Binge-eating disorder Behavioral Treatment – part 11 (continued)

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
Agras, 1995[4]	Overall: 8; two of which dropped out before treatment began (group assignment NR) G1: 5 G2: 1 Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Allen, 1999[6]	Overall: 9 G1: 4 G2: 5 Mean Between-group difference (95% CI): NR p = NR "When compared to those who completed treatment, participants who dropped out did not differ significantly on any of the pretreatment measures (including initial percent overweight)."	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR

Evidence Table 29. Binge-eating disorder Behavioral Treatment – part 11 (continued)

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
Carrard, 2011[7]	G1: 9 G2: 7 Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Carter, 1998[8]	G1: 0 G2: 8 G3: 1 Mean Between-group difference (95% CI): NR p = NR (What constituted a dropout was necessarily different in G1 and G2. In G2, participants were considered to have dropped out if they attended fewer than six treatment sessions (i.e., they were treatment dropouts), whereas those in G1 were classed as dropouts only if they declined to comply with the posttreatment assessment protocol (i.e., they were study dropouts) as there was no way of determining whether or not these participants had actually followed the program.)	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR

Evidence Table 29. Binge-eating disorder Behavioral Treatment – part 11 (continued)

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
Cassin, 2008[9]	NA	NA	NA	NA	NA	NA
STRATOB Study, 2011[10]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Cesa, 2013[11]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR; "dropout rates were similar for each group"	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR

Evidence Table 29. Binge-eating disorder Behavioral Treatment – part 11 (continued)

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
Compare, 2013[12]	Overall: 25 (13%) G1: 27% G2: 12.7% G3: 0% Mean Between-group difference (95% CI): NR chi-square=20.01 p <0.001 (higher dropout rate in G1 compared with G2 and G3) Post-hoc analysis showed that the group available at follow-up (N=164) was not different from dropouts on sex, age, and BMI, and no differences were observed across the treatment groups	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
De Zwaan, 2005[13]	24 weeks G1: 2 G2: 7 p = 0.07	NR	NR	NR	NR	NR

Evidence Table 29. Binge-eating disorder Behavioral Treatment – part 11 (continued)

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
Dingemans, 2007[14]	Participants who attended less than 67% (10) of sessions were considered treatment dropouts Overall: 2 G1: 2 G2: 0 Mean Between-group difference (95% CI): NR p = NR Dropouts and completers did not differ significantly regarding age and BMI	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Eldredge, 1997[5]	Overall: 9 (19.6%) G1: 19.4% dropped out during the 24-week period, 4 dropped out during the initial 12 weeks G2: 20% dropped out during the 24-week period, NR dropped out during the initial 12 weeks Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR

Evidence Table 29. Binge-eating disorder Behavioral Treatment – part 11 (continued)

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
Grilo, 2013[16]	NR	NR	NR	NR	NR	NR
Grilo, 2014[17]	Completed treatments Overall: 77 (74%) G1: 21 (95.5%) G2: 14 (51.9%) Mean Between-group difference (95% CI): NR p = NR Across all 4 study groups: Post-treatment assessments were obtained for 84% of patients and follow-up assessments were obtained for 83% at 6m and 86% at 12m.	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR

Evidence Table 29. Binge-eating disorder Behavioral Treatment – part 11 (continued)

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
Grilo and Masheb, 2005,[20] Masheb and Grilo, 2007[21]	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Hilbert, 2004[22]	G1: 2 G2: 2	NR	NR	NR	NR	NR
Le Grange, 2002[23]	12 weeks G1: NR G2: NR p = NS 12 months G1: NR G2: NR p = NS	NR	NR	NR	NR	NR
Masheb, 2011[24]	Treatment completers (completed at least 14 of the 21 treatment sessions and either 6m or 12m assessments, or both) Overall: 43 (86%) G1: 20 (80%) G2: 23 (92%) chi-square=1.50 p = 0.221 6m data collected on 40 (80%) participants 12m data collected on 37 (74%) participants	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR

Evidence Table 29. Binge-eating disorder Behavioral Treatment – part 11 (continued)

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
Munsch, Biedert, Meyer, et al., 2007[25] Munsch, Meyer, Biedert, et al., 2012[26]	Munsch, Biedert, Meyer, et al., 2007[25]: Dropped out during treatment Overall: 22 (27.5%) G1: 13 (29.5%) G2: 9 (25.0%) Mean Between-group difference (95% CI): NR p = NR Dropped out during 12m follow-up Overall: 7 G1: 3 G2: 4 Mean Between-group difference (95% CI): NR chi-square=0.001 p = 0.582 No significant differences between dropouts and completers on sex, age, BMI, BDI, BAI, EDE global score, and comorbid mental disorders Munsch, Meyer, Biedert, et al., 2012[26]: Participated in 6y follow-up Overall: G1: 26 (59%) G2: 26 (72%)	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR

Evidence Table 29. Binge-eating disorder Behavioral Treatment – part 11 (continued)

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
Peterson, 1998[27]	NR	NR	NR	NR	NR	NR
Peterson, 2001[28]	Overall: 7	NR	NR	NR	NR	NR
Peterson, 2009[29]	Post-treatment (20 weeks post-baseline) G1: 27 G2: 20 G3: 7 G4: 13 p = 0.001 (G3, G4 > G1, G2) 6m follow-up (44 weeks post-baseline) G1: 28 G2: 25 G3: 20 G4: NA 12m follow-up (72 weeks post-baseline) G1: 31 G2: 33 G3: 35 G4: NA	NR	NR	NR	NR	NR

Evidence Table 29. Binge-eating disorder Behavioral Treatment – part 11 (continued)

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
Ricca, 2010[30]	Dropped out during treatment, N (%) Overall: 7 G1: 3 (4.1%) G2: 4 (5.5%) Mean Between-group difference (95% CI): NR p = NR Lost to follow-up, N Overall: 3 G1: 1 G2: 2 Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR

Evidence Table 29. Binge-eating disorder Behavioral Treatment – part 11 (continued)

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
Riva, 2002[31]	Overall: 0 G1: 0 G2: 0 Mean Between-group difference (95% CI): NR p = NR Numbers of discontinuation are not explicitly reported, but the following sentences imply there were no dropouts: "All the 20 patients had achieved complete cessation of binge eating... at the end of treatment. This result was maintained in the first month after the end of therapy."	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Riva, 2003[32]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR

Evidence Table 29. Binge-eating disorder Behavioral Treatment – part 11 (continued)

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
Safer, Robinson, and Jo, 2010[33] Safer and Joyce, 2011[34] Robinson and Safer, 2012[35]	Overall: 19 (18.8%) G1: 2 (4%) G2: 17 (33.3%)	NR	G2: 5	NR	NR	NR
Schlup, 2009[36]	Overall:5	NR	NR	NR	NR	NR

Evidence Table 29. Binge-eating disorder Behavioral Treatment – part 11 (continued)

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
Schlup, 2010[37]	12-month dropout Overall: 19 G1: 14 G2: 5 Mean Between-group difference (95% CI): NR p = 0.034 Article reports two conflicting statements about dropout rates: "Dropout rates differed between the 2 samples, with significantly more dropouts in G1 (14 or 35% of all participants) than in G2 (5 or 14% of all participants) between baseline and follow-up (p=0.034, chi-square test)." "During the 12-month follow-up period, there were no significant differences in the dropout rates between the two samples (2, or 5%, and 4, or 11% of all participants in G1 and G2, respectively; p=0.32)."	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR

Evidence Table 29. Binge-eating disorder Behavioral Treatment – part 11 (continued)

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39]	Post-treatment dropout rates Overall: NR G1: 28% G2: 30% G3: 7% Mean Between-group difference (95% CI): NR, F=8.3 "G3 had a significantly lower attrition rate than either G1 or G2" p <0.001 Post-treatment assessment rates Overall: NR G1: 80% G2: 80% G3: 91% 2-year assessment rates: G1: 82% G2: 80% G3: 88%	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR

Evidence Table 29. Binge-eating disorder Behavioral Treatment – part 11 (continued)

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41]	Dropouts: those who attended less than half of the sessions and who did not attend beyond the 12th session G1: 22.9% G2: 21.39% G3: 17.5% (did not return for the reassessment after the 16wk waiting period) Mean Between-group difference (95% CI): NR p = 0.82	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Telch, 2001[42]	G1: 4 G2: 6	NA	NA	NA	NA	NA

Evidence Table 29. Binge-eating disorder Behavioral Treatment – part 11 (continued)

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44]	Wilfley, Welch, Stein, et al., 2002[43]: G1: 9 (11.1%) G2: 7 (8.6%) Mean Between-group difference (95% CI): NR p = 0.06 Hilbert, Bishop, Stein, et al., 2012[44] Did not complete original trial Overall: 7.8% G1: 6.7% G2: 8.9% Mean Between-group difference (95% CI): NR p = NR, NS Were not included in long-term follow-up assessment Overall: 35.6% G1: 44.4% G2: 26.7% Mean Between-group difference (95% CI): NR p = NR, NS	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR

Evidence Table 30. Binge-eating disorder behavioral treatment – part 12

Refid First Author's Last Name Year	Dizziness	Headache	Insomnia	Nausea	Sexual Dysfunction	Cognition
Agras, 1995[4]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Allen, 1999[6]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Carrard, 2011[7]	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Carter, 1998[8]	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Cassin, 2008[9]	NA	NA	NA	NA	NA	NA

Evidence Table 30. Binge-eating disorder behavioral treatment – part 12

Refid First Author's Last Name Year	Dizziness	Headache	Insomnia	Nausea	Sexual Dysfunction	Cognition
STRATOB Study, 2011[10]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Cesa, 2013[11]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Compare, 2013[12]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
De Zwaan, 2005[13]	NR	NR	NR	NR	NR	NR
Dingemans, 2007[14]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR

Evidence Table 30. Binge-eating disorder behavioral treatment – part 12

Refid First Author's Last Name Year	Dizziness	Headache	Insomnia	Nausea	Sexual Dysfunction	Cognition
Eldredge, 1997[5]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Grilo, 2013[16]	NR	NR	NR	NR	NR	NR
Grilo, 2014[17]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Grilo and Masheb, 2005,[20] Masheb and Grilo, 2007[21]	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Hilbert, 2004[22]	NR	NR	NR	NR	NR	NR

Evidence Table 30. Binge-eating disorder behavioral treatment – part 12

Refid First Author's Last Name Year	Dizziness	Headache	Insomnia	Nausea	Sexual Dysfunction	Cognition
Le Grange, 2002[23]	NR	NR	NR	NR	NR	NR
Masheb, 2011[24]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Munsch, Biedert, Meyer, et al., 2007[25] Munsch, Meyer, Biedert, et al., 2012[26]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Peterson, 1998[27]	NR	NR	NR	NR	NR	NR
Peterson, 2001[28]	NR	NR	NR	NR	NR	NR
Peterson, 2009[29]	NR	NR	NR	NR	NR	NR
Ricca, 2010[30]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR

Evidence Table 30. Binge-eating disorder behavioral treatment – part 12

Refid First Author's Last Name Year	Dizziness	Headache	Insomnia	Nausea	Sexual Dysfunction	Cognition
Riva, 2002[31]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Riva, 2003[32]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Safer, Robinson, and Jo, 2010[33] Safer and Joyce, 2011[34] Robinson and Safer, 2012[35]	NR	NR	NR	NR	NR	NR
Schlup, 2009[36]	NR	NR	NR	NR	NR	NR
Schlup, 2010[37]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR

Evidence Table 30. Binge-eating disorder behavioral treatment – part 12

Refid First Author's Last Name Year	Dizziness	Headache	Insomnia	Nausea	Sexual Dysfunction	Cognition
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39]	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41]	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Telch, 2001[42]	NA	NA	NA	NA	NA	NA
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44]	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR

Evidence Table 31. Binge-eating disorder behavioral treatment – part 13

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug Interactions	Harms Other	Harms Comments
Agras, 1995[4]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	NA
Allen, 1999[6]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	NA
Carrard, 2011[7]	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	NA
Carter, 1998[8]	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	NA
Cassin, 2008[9]	NA	NA	NA	NA	NA	NA

Evidence Table 31. Binge-eating disorder behavioral treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug Interactions	Harms Other	Harms Comments
STRATOB Study, 2011[10]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	NA
Cesa, 2013[11]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	NA
Compare, 2013[12]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	NA
De Zwaan, 2005[13]	NR	NR	NR	NR	NR	NA
Dingemans, 2007[14]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	NA

Evidence Table 31. Binge-eating disorder behavioral treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug Interactions	Harms Other	Harms Comments
Eldredge, 1997[5]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	NA
Grilo, 2013[16]	NR	NR	NR	NR	NR	NA
Grilo, 2014[17]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	NA
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	NA

Evidence Table 31. Binge-eating disorder behavioral treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug Interactions	Harms Other	Harms Comments
Grilo and Masheb, 2005,[20] Masheb and Grilo, 2007[21]	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Article reports those not completing the treatments but not those discontinued from the study. Those completing the treatments were: Overall: 70 (78%) G1: 32 (87%) G2: 25 (66%) G3: 13 (87%) Completion rate was significantly higher for G1 than for G2 (p=0
Hilbert, 2004[22]	NR	NR	NR	NR	NR	NA
Le Grange, 2002[23]	NR	NR	NR	NR	NR	NA
Masheb, 2011[24]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	NA
Munsch, Biedert, Meyer, et al., 2007[25] Munsch, Meyer, Biedert, et al., 2012[26]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	NA

Evidence Table 31. Binge-eating disorder behavioral treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug Interactions	Harms Other	Harms Comments
Peterson, 1998[27]	NR	NR	NR	NR	NR	NA
Peterson, 2001[28]	NR	NR	NR	NR	NR	NA
Peterson, 2009[29]	NR	NR	NR	NR	NR	NA
Ricca, 2010[30]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	NA
Riva, 2002[31]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: Simulation sickness G1: 0 G2: 0 Mean Between-group difference (95% CI): NR p = NR	NA
Riva, 2003[32]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	NA

Evidence Table 31. Binge-eating disorder behavioral treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug Interactions	Harms Other	Harms Comments
Safer, Robinson, and Jo, 2010[33] Safer and Joyce, 2011[34] Robinson and Safer, 2012[35]	NR	NR	NR	NR	NR	NR
Schlup, 2009[36]	NR	NR	NR	NR	NR	NR
Schlup, 2010[37]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Dissatisfaction with treatment Overall: NR G1: 6 G2: 1 Mean Between-group difference (95% CI): NR p = NR Lack of time Overall: NR G1: 2 G2: 0 Mean Between-group difference (95% CI): NR p = NR Major depression Overall: NR G1: 1 G2: 0 Mean Between-grou	NA

Evidence Table 31. Binge-eating disorder behavioral treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug Interactions	Harms Other	Harms Comments
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39]	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	NA
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41]	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	NA
Telch, 2001[42]	NA	NA	NA	NA	NA	NA
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44]	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	NA

Evidence Table 32. Binge-eating disorder behavioral treatment – part 14

Refid First Author's Last Name Year	Describe Subpopulation	Subpopulation Definition of Eating Related Measure(s)	Subpopulation Outcomes	Subpopulation Outcomes for Eating-Related Measures Continued	Subpopulation Definition of Psychological/ Psychiatric Measure(s)	Subpopulation Outcomes
Agras, 1995[4]	None	NA	NA	NA	NA	NA
Allen, 1999[6]	None	NA	NA	NA	NA	NA
Carrard, 2011[7]		None	NA	NA	NA	NA
Carter, 1998[8]	None	NA	NA	NA	NA	NA
Cassin, 2008[9]	None	NA	NA	NA	NA	NA
STRATOB Study, 2011[10]	None	NA	NA	NA	NA	NA
Cesa, 2013[11]	None	NA	NA	NA	NA	NA
Compare, 2013[12]	None	NA	NA	NA	NA	NA
De Zwaan, 2005[13]	NA	NA	NA	NA	NA	NA
Dingemans, 2007[14]	None	NA	NA	NA	NA	NA
Eldredge, 1997[5]	None	NA	NA	NA	NA	NA
Grilo, 2013[16]	NA	NA	NA	NA	NA	NA
Grilo, 2014[17]	None	NA	NA	NA	NA	NA
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19]	Rapid responders (at least 70% reduction in binge eating by the 4th week) vs. those without rapid response. In G1, 30 (67%) were rapid responders; in G2, 21 (47%) were rapid responders (p=0.07)	NA	NA	NA	NA	NA

Evidence Table 32. Binge-eating disorder behavioral treatment – part 14 (continued)

Refid First Author's Last Name Year	Describe Subpopulation	Subpopulation Definition of Eating Related Measure(s)	Subpopulation Outcomes	Subpopulation Outcomes for Eating-Related Measures Continued	Subpopulation Definition of Psychological/ Psychiatric Measure(s)	Subpopulation Outcomes
Grilo and Masheb, 2005,[20] Masheb and Grilo, 2007[21]	Rapid responders (65% reduction in binge eating by the 4th week) vs. those without rapid response. In G1, N=23 were rapid responders; in G2, N=18 were rapid responders	Binge episodes per month (prospective self-monitoring) Binge episodes per month EDE-Q) Remission from binge eating (0 OBEs in the past 28 days per daily self-monitoring) Rapid response (65% reduction in binge eating by the 4th week)	EDE-Q-total, estimated marginal mean (SE) G1/[rapid responders]: 2.8 (0.2) G1/[no rapid response]: 3.2 (0.2) G2/[rapid responders]: 2.8 (0.2) G2/[no rapid response]:3.3 (0.2) Mean Between-group difference (95% CI): NR Main effect of rapid response: F=5.4	NA	EDE-Q -total -dietary restraint -eating concern -weight concern -shape concern TFEQ -hunger -cognitive restraint -disinhibition Beck Depression Inventory (BDI)	BMI total loss, estimated marginal mean (SE) G1/[rapid responders]: 0.0 (0.2) G1/[no rapid response]: 0.2 (0.2) G2/[rapid responders]: 0.5 (0.2) G2/[no rapid response]: 0.0 (0.2) Mean Between-group difference (95% CI): NR Main effect of rapid response: F
Hilbert, 2004[22]	NA	NA	NA	NA	NA	NA
Le Grange, 2002[23]	NA	NA	NA	NA	NA	NA
Masheb, 2011[24]	None	NA	NA	NA	NA	NA
Munsch, Biedert, Meyer, et al., 2007[25] Munsch, Meyer, Biedert, et al., 2012[26]	None	NA	NA	NA	NA	NA
Peterson, 1998[27]	NA	NA	NA	NA	NA	NA
Peterson, 2001[28]	NA	NA	NA	NA	NA	NA
Peterson, 2009[29]	NA	NA	NA	NA	NA	NA

Evidence Table 32. Binge-eating disorder behavioral treatment – part 14 (continued)

Refid First Author's Last Name Year	Describe Subpopulation	Subpopulation Definition of Eating Related Measure(s)	Subpopulation Outcomes	Subpopulation Outcomes for Eating-Related Measures Continued	Subpopulation Definition of Psychological/ Psychiatric Measure(s)	Subpopulation Outcomes
Ricca, 2010[30]	None	NA	NA	NA	NA	NA
Riva, 2002[31]	None	NA	NA	NA	NA	NA
Riva, 2003[32]	None	NA	NA	NA	NA	NA
Safer, Robinson, and Jo, 2010[33] Safer and Joyce, 2011[34] Robinson and Safer, 2012[35]	Safer_108: '- Subgroup 1: Intent to treat (last-observation-carried-forward) -Subgroup 2: Completer Safer and Joyce, 2011[34]: Rapid responders (at least 65% reduction in the frequency of days of binge eating by week 4) vs. non-rapid responders. 41	Safer, Robinson, and Jo, 2010[33]: Measure 1: Abstinence from binge eating (no binge within prior 28 days) **computed using a linear mixed model Measure 2: Days of objective binge eating (over the prior 28 days) Safer and Joyce, 2011[34]: Abstinenc	NR	Robinson and Safer, 2012[35]: Mean binge days over past 28 days x avoidant personality disorder G1 [avoidant personality disorder]: 1.13 (±1.73) G1 [no avoidant personality disorder]: 1.43 (±NR) G2 [avoidant personality disorder]: 11.25 (±9.78) G2 [no a	NR	NR
Schlup, 2009[36]	NA	NA	NA	NA	NA	NA
Schlup, 2010[37]	Responders (55% of all participants were classified as rapid responders, which is defined as those with a 65% or more decrease in binge eating within the first 4 weeks) Mixed dietary negative affect subtype (per K-means cluster analysis using the Quick C	EDE number OBEs	Percentage of rapid responders did not differ between the 2 treatment groups (chi-square 0.61, p=0.44) Rapid responders had lower values for EDE dietary restraint in G1 than non-responders, but almost identical in G2 EDE-dietary restraint averaged across	NA	EDE dietary restraint (reported for responders) EDE eating concern (reported for mixed dietary negative affect subtype)	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR

Evidence Table 32. Binge-eating disorder behavioral treatment – part 14 (continued)

Refid First Author's Last Name Year	Describe Subpopulation	Subpopulation Definition of Eating Related Measure(s)	Subpopulation Outcomes	Subpopulation Outcomes for Eating-Related Measures Continued	Subpopulation Definition of Psychological/ Psychiatric Measure(s)	Subpopulation Outcomes
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39]	High vs. low negative affect (defined using BDI cutoff >18 at baseline) High vs. low frequency of binge days (>14 days vs. ≤14 days during the past 28 days) High vs. low global EDE score (median split of 2.675) High vs. low self-esteem score (median sp	BED remission rate, % Change in days of binge eating No longer meeting DSM-IV criteria for BED 2 post-treatment classes predicted by LCA -responder: OBEs, SBEs, and objective overeating episodes were fixed to zero -nonresponder: all others	NA	Probability of transitioning to responder group G1/[class 1]: 0.99 G1/[class 2]: 0.60 G1/[class 3]: 0.64 G1/[class 4]: 0.99 G2/[class 1]: 0.99 G2/[class 2]: 0.59 G2/[class 3]: 0.74 G2/[class 4]: 0.99 G3/[class 1]: 0.99 G3/[class 2]: 0.81 G3/[class 3]: 0.6	NA	NA
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41]	5 attachment styles assessed by the Attachment Styles Questionnaire: -Confidence in relationships -Preoccupied -Need for approval -Discomfort with closeness -Relationships as secondary	Residual change scores of days binged in the past 7 days from baseline to posttreatment (lower change scores indicate better outcomes)	NA	NA	NA	NA
Telch, 2001[42]	NA	NA	NA	NA	NA	NA
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44]	None	NA	NA	NA	NA	NA

Evidence Table 33. Binge-eating disorder behavioral treatment – part 15

Refid First Author's Last Name Year	Subpopulation Definition of Weight Related Measure(s)	Subpopulation Outcomes	Subpopulation Definition of Biomarker Outcomes Other Than Weight	Subpopulation Outcomes	Subpopulation Quality of life	Subpopulation Functional Capacity
Agras, 1995[4]	NA	NA	NA	NA	NA	NA
Allen, 1999[6]	NA	NA	NA	NA	NA	NA
Carrard, 2011[7]	NA	NA	NA	NA	NA	NA
Carter, 1998[8]	NA	NA	NA	NA	NA	NA
Cassin, 2008[9]	NA	NA	NA	NA	NA	NA
STRATOB Study, 2011[10]	NA	NA	NA	NA	NA	NA
Cesa, 2013[11]	NA	NA	NA	NA	NA	NA
Compare, 2013[12]	NA	NA	NA	NA	NA	NA
De Zwaan, 2005[13]	NA	NA	NA	NA	NA	NA
Dingemans, 2007[14]	NA	NA	NA	NA	NA	NA
Eldredge, 1997[5]	NA	NA	NA	NA	NA	NA
Grilo, 2013[16]	NA	NA	NA	NA	NA	NA
Grilo, 2014[17]	NA	NA	NA	NA	NA	NA
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19]	NA	NA	NA	NA	NA	NA

Evidence Table 33. Binge-eating disorder behavioral treatment – part 15 (continued)

Refid First Author's Last Name Year	Subpopulation Definition of Weight Related Measure(s)	Subpopulation Outcomes	Subpopulation Definition of Biomarker Outcomes Other Than Weight	Subpopulation Outcomes	Subpopulation Quality of life	Subpopulation Functional Capacity
Grilo and Masheb, 2005,[20] Masheb and Grilo, 2007[21]	BMI total loss	BMI total loss, estimated marginal mean (SE) G1/[rapid responders]: 0.0 (0.2) G1/[no rapid response]: 0.2 (0.2) G2/[rapid responders]: 0.5 (0.2) G2/[no rapid response]: 0.0 (0.2) Mean Between-group difference (95% CI): NR Main effect of rapid response: F	NA	NA	NA	NA
Hilbert, 2004[22]	NA	NA	NA	NA	NA	NA
Le Grange, 2002[23]	NA	NA	NA	NA	NA	NA
Masheb, 2011[24]	NA	NA	NA	NA	NA	NA
Munsch, Biedert, Meyer, et al., 2007[25] Munsch, Meyer, Biedert, et al., 2012[26]	NA	NA	NA	NA	NA	NA
Peterson, 1998[27]	NA	NA	NA	NA	NA	NA
Peterson, 2001[28]	NA	NA	NA	NA	NA	NA

Evidence Table 33. Binge-eating disorder behavioral treatment – part 15 (continued)

Refid First Author's Last Name Year	Subpopulation Definition of Weight Related Measure(s)	Subpopulation Outcomes	Subpopulation Definition of Biomarker Outcomes Other Than Weight	Subpopulation Outcomes	Subpopulation Quality of life	Subpopulation Functional Capacity
Peterson, 2009[29]	NA	NA	NA	NA	NA	NA
Ricca, 2010[30]	NA	NA	NA	NA	NA	NA
Riva, 2002[31]	NA	NA	NA	NA	NA	NA
Riva, 2003[32]	NA	NA	NA	NA	NA	NA
Safer, Robinson, and Jo, 2010[33] Safer and Joyce, 2011[34] Robinson and Safer, 2012[35]	NR	NR	NR	NR	NR	NR
Schlup, 2009[36]	NA	NA	NA	NA	NA	NA
Schlup, 2010[37]	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39]	NA	NA	NA	NA	NA	NA
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41]	NA	NA	NA	NA	NA	NA

Evidence Table 33. Binge-eating disorder behavioral treatment – part 15 (continued)

Refid First Author's Last Name Year	Subpopulation Definition of Weight Related Measure(s)	Subpopulation Outcomes	Subpopulation Definition of Biomarker Outcomes Other Than Weight	Subpopulation Outcomes	Subpopulation Quality of life	Subpopulation Functional Capacity
Telch, 2001[42]	NA	NA	NA	NA	NA	NA
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44]	NA	NA	NA	NA	NA	NA

Evidence Table 34. Binge-eating disorder behavioral treatment – part 16

Refid First Author's Last Name Year	Subpopulation Overall Discontinuation From Study	Subpopulation Discontinuation Due to AEs	Subpopulation Discontinuation Due to Lack of Efficacy	Subpopulation Serious AEs (Define in Addition to Reporting Rates)	Subpopulation Any AE	Subpopulation Diarrhea
Agras, 1995[4]	NA	NA	NA	NA	NA	NA
Allen, 1999[6]	NA	NA	NA	NA	NA	NA
Carrard, 2011[7]	NA	NA	NA	NA	NA	NA
Carter, 1998[8]	NA	NA	NA	NA	NA	NA
Cassin, 2008[9]	NA	NA	NA	NA	NA	NA
STRATOB Study, 2011[10]	NA	NA	NA	NA	NA	NA
Cesa, 2013[11]	NA	NA	NA	NA	NA	NA
Compare, 2013[12]	NA	NA	NA	NA	NA	NA
De Zwaan, 2005[13]	NA	NA	NA	NA	NA	NA
Dingemans, 2007[14]	NA	NA	NA	NA	NA	NA
Eldredge, 1997[5]	NA	NA	NA	NA	NA	NA
Grilo, 2013[16]	NA	NA	NA	NA	NA	NA
Grilo, 2014[17]	NA	NA	NA	NA	NA	NA
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19]	NA	NA	NA	NA	NA	NA
Grilo and Masheb, 2005,[20] Masheb and Grilo, 2007[21]	NA	NA	NA	NA	NA	NA

Evidence Table 34. Binge-eating disorder behavioral treatment – part 16 (continued)

Refid First Author's Last Name Year	Subpopulation Overall Discontinuation From Study	Subpopulation Discontinuation Due to AEs	Subpopulation Discontinuation Due to Lack of Efficacy	Subpopulation Serious AEs (Define in Addition to Reporting Rates)	Subpopulation Any AE	Subpopulation Diarrhea
Hilbert, 2004[22]	NA	NA	NA	NA	NA	NA
Le Grange, 2002[23]	NA	NA	NA	NA	NA	NA
Masheb, 2011[24]	NA	NA	NA	NA	NA	NA
Munsch, Biedert, Meyer, et al., 2007[25] Munsch, Meyer, Biedert, et al., 2012[26]	NA	NA	NA	NA	NA	NA
Peterson, 1998[27]	NA	NA	NA	NA	NA	NA
Peterson, 2001[28]	NA	NA	NA	NA	NA	NA
Peterson, 2009[29]	NA	NA	NA	NA	NA	NA
Ricca, 2010[30]	NA	NA	NA	NA	NA	NA
Riva, 2002[31]	NA	NA	NA	NA	NA	NA
Riva, 2003[32]	NA	NA	NA	NA	NA	NA
Safer, Robinson, and Jo, 2010[33] Safer and Joyce, 2011[34] Robinson and Safer, 2012[35]	NR	NR	NR	NR	NR	NR
Schlup, 2009[36]	NA	NA	NA	NA	NA	NA
Schlup, 2010[37]	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR

Evidence Table 34. Binge-eating disorder behavioral treatment – part 16 (continued)

Refid First Author's Last Name Year	Subpopulation Overall Discontinuation From Study	Subpopulation Discontinuation Due to AEs	Subpopulation Discontinuation Due to Lack of Efficacy	Subpopulation Serious AEs (Define in Addition to Reporting Rates)	Subpopulation Any AE	Subpopulation Diarrhea
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39]	G1/[low negative affect]: 14% G1/[high negative affect]: 46% G2/[low negative affect]: 35% G2/[high negative affect]: 24% G3/[low negative affect]: NR, "G3 was unaffected by negative affect" G3/[high negative affect]: NR, "G3 was unaffected by negative af	G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41]	NA	NA	NA	NA	NA	NA
Telch, 2001[42]	NA	NA	NA	NA	NA	NA
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44]	NA	NA	NA	NA	NA	NA

Evidence Table 35. Binge-eating disorder behavioral treatment – part 17

Refid First Author's Last Name Year	Subpopulation Dizziness	Subpopulation Headache	Subpopulation Insomnia	Subpopulation Nausea	Subpopulation Sexual Dysfunction	Subpopulation Cognitive Functioning
Agras, 1995[4]	NA	NA	NA	NA	NA	NA
Allen, 1999[6]	NA	NA	NA	NA	NA	NA
Carrard, 2011[7]	NA	NA	NA	NA	NA	NA
Carter, 1998[8]	NA	NA	NA	NA	NA	NA
Cassin, 2008[9]	NA	NA	NA	NA	NA	NA
STRATOB Study, 2011[10]	NA	NA	NA	NA	NA	NA
Cesa, 2013[11]	NA	NA	NA	NA	NA	NA
Compare, 2013[12]	NA	NA	NA	NA	NA	NA
De Zwaan, 2005[13]	NA	NA	NA	NA	NA	NA
Dingemans, 2007[14]	NA	NA	NA	NA	NA	NA
Eldredge, 1997[5]	NA	NA	NA	NA	NA	NA
Grilo, 2013[16]	NA	NA	NA	NA	NA	NA
Grilo, 2014[17]	NA	NA	NA	NA	NA	NA
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19]	NA	NA	NA	NA	NA	NA
Grilo and Masheb, 2005,[20] Masheb and Grilo, 2007[21]	NA	NA	NA	NA	NA	NA
Hilbert, 2004[22]	NA	NA	NA	NA	NA	NA

Evidence Table 35. Binge-eating disorder behavioral treatment – part 17 (continued)

Refid First Author's Last Name Year	Subpopulation Dizziness	Subpopulation Headache	Subpopulation Insomnia	Subpopulation Nausea	Subpopulation Sexual Dysfunction	Subpopulation Cognitive Functioning
Le Grange, 2002[23]	NA	NA	NA	NA	NA	NA
Masheb, 2011[24]	NA	NA	NA	NA	NA	NA
Munsch, Biedert, Meyer, et al., 2007[25] Munsch, Meyer, Biedert, et al., 2012[26]	NA	NA	NA	NA	NA	NA
Peterson, 1998[27]	NA	NA	NA	NA	NA	NA
Peterson, 2001[28]	NA	NA	NA	NA	NA	NA
Peterson, 2009[29]	NA	NA	NA	NA	NA	NA
Ricca, 2010[30]	NA	NA	NA	NA	NA	NA
Riva, 2002[31]	NA	NA	NA	NA	NA	NA
Riva, 2003[32]	NA	NA	NA	NA	NA	NA
Safer, Robinson, and Jo, 2010[33] Safer and Joyce, 2011[34] Robinson and Safer, 2012[35]	NR	NR	NR	NR	NR	NR
Schlup, 2009[36]	NA	NA	NA	NA	NA	NA
Schlup, 2010[37]	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR

Evidence Table 35. Binge-eating disorder behavioral treatment – part 17 (continued)

Refid First Author's Last Name Year	Subpopulation Dizziness	Subpopulation Headache	Subpopulation Insomnia	Subpopulation Nausea	Subpopulation Sexual Dysfunction	Subpopulation Cognitive Functioning
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39]	G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41]	NA	NA	NA	NA	NA	NA
Telch, 2001[42]	NA	NA	NA	NA	NA	NA
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44]	NA	NA	NA	NA	NA	NA

Evidence Table 36. Binge-eating disorder behavioral treatment – part 18

Refid First Author's Last Name Year	Subpopulation Somnolence	Subpopulation Vomiting	Subpopulation Drug Interactions	Subpopulation Other
Agras, 1995[4]	NA	NA	NA	NA
Allen, 1999[6]	NA	NA	NA	NA
Carrard, 2011[7]	NA	NA	NA	NA
Carter, 1998[8]	NA	NA	NA	NA
Cassin, 2008[9]	NA	NA	NA	NA
STRATOB Study, 2011[10]	NA	NA	NA	NA
Cesa, 2013[11]	NA	NA	NA	NA
Compare, 2013[12]	NA	NA	NA	NA
De Zwaan, 2005[13]	NA	NA	NA	NA
Dingemans, 2007[14]	NA	NA	NA	NA
Eldredge, 1997[5]	NA	NA	NA	NA
Grilo, 2013[16]	NA	NA	NA	NA
Grilo, 2014[17]	NA	NA	NA	NA
Grilo, Masheb, Wilson, et al., 2011[18] Grilo, White, Wilson, et al., 2012[19]	NA	NA	NA	NA
Grilo and Masheb, 2005,[20] Masheb and Grilo, 2007[21]	NA	NA	NA	NA

Evidence Table 36. Binge-eating disorder behavioral treatment – part 18 (continued)

Refid First Author's Last Name Year	Subpopulation Somnolence	Subpopulation Vomiting	Subpopulation Drug Interactions	Subpopulation Other
Hilbert, 2004[22]	NA	NA	NA	NA
Le Grange, 2002[23]	NA	NA	NA	NA
Masheb, 2011[24]	NA	NA	NA	NA
Munsch, Biedert, Meyer, et al., 2007[25] Munsch, Meyer, Biedert, et al., 2012[26]	NA	NA	NA	NA
Peterson, 1998[27]	NA	NA	NA	NA
Peterson, 2001[28]	NA	NA	NA	NA
Peterson, 2009[29]	NA	NA	NA	NA
Ricca, 2010[30]	NA	NA	NA	NA
Riva, 2002[31]	NA	NA	NA	NA
Riva, 2003[32]	NA	NA	NA	NA
Safer, Robinson, and Jo, 2010[33] Safer and Joyce, 2011[34] Robinson and Safer, 2012[35]	NR	NR	NR	NR
Schlup, 2009[36]	NA	NA	NA	NA
Schlup, 2010[37]	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR

Evidence Table 36. Binge-eating disorder behavioral treatment – part 18 (continued)

Refid First Author's Last Name Year	Subpopulation Somnolence	Subpopulation Vomiting	Subpopulation Drug Interactions	Subpopulation Other
Sysko, Hildebrandt, Wilson, et al., 2010[38] Wilson, Wilfley, Agras, et al., 2010[39]	G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	NA
Tasca, Balfour, Presniak, et al., 2012[40] Tasca, Ritchie, Conrad, et al., 2006[41]	NA	NA	NA	NA
Telch, 2001[42]	NA	NA	NA	NA
Wilfley, Welch, Stein, et al., 2002[43] Hilbert, Bishop, Stein, et al., 2012[44]	NA	NA	NA	NA

Evidence Table 37. Binge-eating disorder behavioral and drug treatment – part 1

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number of Sites	Location of Sites (Cities)	Type of Setting	Study Characteristics Comments
Agras, 1994[45] NA Examined the potential efficacy of a sequential treatment for binge eating and weight loss among obese binge eaters by comparing 1) weight loss therapy, 2) CBT + weight loss therapy, and 3) CBT + weight loss therapy + desipramine USA Government	randomized controlled trial NR NR 30 weeks By group: '- 9 months WL only - 3 months CBT + 6 months WL - 3 months CBT + 6 months WL + desipramine	N=108	G1: cognitive behavioral therapy followed by weight loss therapy and desipramine G2: cognitive behavioral therapy followed by weight loss therapy G3:weight loss therapy	Randomized:108 G1: 36 G2: 36 G3: 37 Analyzed during at end of treatment: G1: 28 G2: 30 G3: 27 Analyzed at 3 month FU G1: 25 G2: 25 G3: 21	1	Stanford, CA	Outpatient primary care (eg general practice)	Funding - NIH (MH 38637)

Evidence Table 37. Binge-eating disorder behavioral and drug treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number of Sites	Location of Sites (Cities)	Type of Setting	Study Characteristics Comments
Brambilla, 2009[46] NA To evaluate whether a multivariate simultaneous approach for treating BED comprising nutritional rehabilitation, weight-directed pharmacotherapy, psychotherapy, and psychopharmacotherapy could significantly improve all the coexisting impairments in BED and prevent drop-out. Italy NR	randomized controlled trial NR NR 6 months	30	G1: 1700kcal, CBT, oral sertraline, topiramate G2: 1700kcal, CBT, oral sertraline, NO topiramate G3: CBT only	Randomized: G1: 10 G2: 10 G3: 10 Analyzed: G1: NR G2: NR G3: NR	1	Milan	inpatient	NA

Evidence Table 37. Binge-eating disorder behavioral and drug treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number of Sites	Location of Sites (Cities)	Type of Setting	Study Characteristics Comments
Claudino, 2007[47] NA Evaluate the efficacy and tolerability of adjunctive topiramate compared to a placebo in reducing weight and binge eating in obese patients with BED receiving CBT Brazil Industry	randomized controlled trial all Sep 2003 - Apr 2005 21 weeks	73	G1: Topiramate G2: Control (placebo)	Randomized G1: 37 G2: 36 Completed G1: 30 G2: 26	4	2 in Sao Paulo Rio de Janeiro Salvador	Outpatient	Janssen-Cilag Pharmaceuticals

Evidence Table 37. Binge-eating disorder behavioral and drug treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number of Sites	Location of Sites (Cities)	Type of Setting	Study Characteristics Comments
Devlin, 2007[48] Devlin, 2005[49] NA To measure the added long-term benefit attributable to 2 adjunctive treatments, individual CBT and fluoxetine, when administered in the context of a group behavioral treatment for BED NR Other	randomized controlled trial provider+patient NR 29 months	116	G1: Group CBT, Fluoxetine and individual CBT G2: Group CBT, Fluoxetine and no individual CBT G3: Group CBT, Placebo and individual CBT G4: Group CBT, Placebo and no individual CBT	Randomized: 116 G1: NR G2: NR G3: NR G4: NR Analyzed for binge frequency: 116 at post-treatment, 88 at 6 months, 88 at 12 months, 87 at 18 months, 87 at 24 months. Sample size for secondary outcomes varies by outcome. G1: G2: NR G3: NR G4: NR	NR	NR	NR	Short-term effects of the two treatments in this study were reported in Devlin MD, Goldfein JA, Petkova E, et al. Cognitive behavioral therapy and fluoxetine as adjuncts to group behavioral therapy for binge-eating disorder. Obes Res. 2005; 13: 1077-88. Note on blinding: 57 subjects had their blind broken at or before the end of the initial phase of treatment (including 42 initial phase dropouts). 33 subjects had their blind broken after the end of active treatment but before the 18-month follow-up

Evidence Table 37. Binge-eating disorder behavioral and drug treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number of Sites	Location of Sites (Cities)	Type of Setting	Study Characteristics Comments
Devlin, 2007[48] Devlin, 2005[49] (continued)								visit, and 26 subjects had their blind broken at the 18-month follow-up visit. Study arm information not specified. Note on additional treatments: of the 116 subjects randomized, 55 had additional non-study treatment (either medication, psychosocial, or combination). Two patients had bariatric surgery. Study arm information not specified. Funding: NIMH grant MH54612, and Eli Lilly&Co. support for two authors in the form of the Prozac and matching placebo used in the study and for other unspecified support.

Evidence Table 37. Binge-eating disorder behavioral and drug treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number of Sites	Location of Sites (Cities)	Type of Setting	Study Characteristics Comments
Grilo, 2005[50] NA To determine whether adding Orlistat (a lipase inhibitor used for txing obesity) to CBT facilitates weight loss in obese individuals with BED USA Foundation/non-profit	randomized controlled trial assessor+patient NR 12 weeks	N=50	G1: Orlistat+CBT G2: Placebo+CBT	Randomized: G1: 25 G2: 25 Analyzed, ITT: G1:25 G2:25 Analyzed, completers: G1:19 G2:20	1	New Haven, CT	Outpatient specialty mental health (eg psychiatry practice)	NA

Evidence Table 37. Binge-eating disorder behavioral and drug treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number of Sites	Location of Sites (Cities)	Type of Setting	Study Characteristics Comments
Grilo, 2013[51] NA To test the addition of orlistat to behavioral weight loss for obesity in Spanish-speaking-only Latino/as with versus without BED performed at a community mental health center serving educationally- and economically-disadvantaged patients US Other	randomized controlled trial provider+patient August 2007 through October 2009 10 months (4 months of intervention period followed by 6 months of follow-up)	40	G1: Orlistat G2: Placebo	Randomized: 40 G1: 20 G2: 20 Analyzed: 40 (ITT--missing values were imputed with baseline values carried forward) G1: 20 G2: 20	1	New Haven	a community mental health center serving educationally- and economically-disadvantaged patients	Foundation and Government: Donaghue Medical Research Foundation, NIH K24 DK070052 Part of this study involved comparison of participants with vs. without BED (intervention and control in each group). Only data on BED participants are abstracted here.

Evidence Table 37. Binge-eating disorder behavioral and drug treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number of Sites	Location of Sites (Cities)	Type of Setting	Study Characteristics Comments
Grilo, 2005[52] Grilo, 2012[53] Grilo, 2012[54] Grilo, 2006[55] NA To test the efficacy of CBT and fluoxetine alone and in combination for BED. USA Government	randomized controlled trial provider+patient NR 16 weeks	N=108	G1: fluoxetine G2: Placebo G3: CBT + fluoxetine G4: CBT + Placebo	Randomized:108 G1: 27 G2: 27 G3: 26 G4: 28 Analyzed:86 (80%) G1: 21 (78%) G2: 23 (85%) G3: 20 (77%) G4: 22 (79%)	1	New Haven, CT	Outpatient primary care (eg general practice)	Site - University medical school (Yale) Funding - NIH - Grant DK4987, Lilly provided fluoxetine and matching placebo pills

Evidence Table 37. Binge-eating disorder behavioral and drug treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number of Sites	Location of Sites (Cities)	Type of Setting	Study Characteristics Comments
Molinari, 2005[56] NA To compare different integrated therapeutic approaches (CBT alone, fluoxetine alone, CBT+fluoxetine) for the therapy of BED Italy Government	randomized controlled trial NR NR 52 weeks	65	G1: CBT only G2: Fluoxetine only G3: CBT + Fluoxetine	Randomized: G1: 22 G2: 22 G3: 21 Analyzed: G1: 20 G2: 20 G3: 20	1	Verbania	Inpatient and outpatient, nutritional rehabilitation unit of Istituto Auxologico Italiano	Research grant from the Italian Ministry of Health (RF 96)

Evidence Table 37. Binge-eating disorder behavioral and drug treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number of Sites	Location of Sites (Cities)	Type of Setting	Study Characteristics Comments
Ricca, 2001[57] NA To evaluate the effectiveness of antidepressant drugs (fluoxetine and fluvoxamine), CBT, and combined treatments (CBT+FLX, CBT+FLV) in treating BED. Italy nr	randomized controlled trial NR 1/1/98 - 7/31/98 18 months (24 weeks of treatment and follow-up 1 year after end of treatment)	108	G1: CBT G2: CBT+Fluoxetine (FLX) G3: CBT+Fluvoxamine (FLV) G4: FLX G5: FLV	Randomized: G1: 20 G2: 22 G3: 23 G4: 21 G5: 22 Analyzed: Both ITT and as-treated analyses were conducted; as-treated N 24wk: G1: 17 G2: 16 G3: 18 G4: 16 G5: 16 Analyzed: Both ITT and as-treated analyses were conducted; as-treated N 1y post-treatment: G1:	2	Florence	2 outpatient ED clinics	NA

Evidence Table 38. Binge-eating disorder behavioral and drug treatment – part 2

Refid First Author's Last Name Year	BED or LOC inclusion definition Exclusion criteria	Brief summary of population Mean age (Range)	% female % non-white Weight	Other inclusion criteria (in addition to BED or LOC eating criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) baseline depression score	Other relevant characteristics Subgroup analysis?	Population Comments
Agras, 1994[45]	Proposed criteria for BED (Walsh, 1992) - currently involved in weight loss program - taking an antidepressant med - medication that might influence weight - suicidality (that might make outpatient treatment with despiramine dangerous) - drug or alcohol abuse - hx of purging in past 12 months - BMI < 27	- females 22- 65 yo - onset of binge eating at mean of 19 (10.7) yo - onset of overweight at 15.5 (10.2) yo Overall: 22-65 yo Overall mean: 45.0(10) Groups NR P: NR	Overall: 100% NR Weight (KG) overall: 104.9(18.5) G1: 111.9(17.4) G2: 102.1(15.7) G3: 102.9 (15.8) p = NS *stat NR	Female	NR	NA NA	NA

Evidence Table 38. Binge-eating disorder behavioral and drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC inclusion definition Exclusion criteria	Brief summary of population Mean age (Range)	% female % non-white Weight	Other inclusion criteria (in addition to BED or LOC eating criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) baseline depression score	Other relevant characteristics Subgroup analysis?	Population Comments
Brambilla, 2009[46]	DSM-IV criteria for BED General medical impairments, endocrine, metabolic and immune alterations other than those connected with BED, present or past pharmacological treatments of any kind in the past 6 months, axis 1 and 2 disorders other than comorbidities.	Inpatient women with BED and related obesity G1: 47 (SD 8) G2: 45 (SD 11) G3: 46 (SD 8)	100 NR Weight (kg) G1: 105 (SD 3) G2: 86 (SD 14) G3: 88 (SD 13) G1 patients had significantly higher weight and BMI than G2 & G3	Women admitted for assessment and treatment of BED and related obesity at study site	Major depressive disorders (N) G1: 2 G2: 4 G3: 4	Personality disorders (N) G1: 2 G2: 1 G3: 0 Obsessive compulsive disorder (N) G1: 0 G2: 1 G3: 0 Panic disorder (N) G1: 1 G2: 0 G3: 0 Age of BED onset G1: 32 (SD 11) G2: 37 (SD 15) G3: 31 (SD 10) Duration of BED disease G1: 15 (SD 10) G2: 9 (SD 5) G3: 13 (SD 6) none	NA

Evidence Table 38. Binge-eating disorder behavioral and drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC inclusion definition Exclusion criteria	Brief summary of population Mean age (Range)	% female % non-white Weight	Other inclusion criteria (in addition to BED or LOC eating criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) baseline depression score	Other relevant characteristics Subgroup analysis?	Population Comments
Claudino, 2007[47]	Tool: SCID-I Criteria: DSM-IV-TR 1) Prior exposure or known contraindication of topiramate 2) Exposure to any other experimental drug within 1 year prior to enrollment 3) Women who were pregnant, lactating, or of childbearing potential not using a reliable contraceptive method 4) Clinically significant or unstable psychiatric disorders or medical illnesses 5) History of nephrolithiasis 6) Previous surgeries that cause weight loss 7) Recent smoking cessation or intention to quit 8) Regular use (within 3 months of study entry) of: antipsychotics, cyproheptadine, antiepileptics, systemic steroids (except for menopause hormone replacement therapy or	Adults 18-60 diagnosed with BED (that is moderate to severe as chategorized by BES) with a BMI greater than or equal to 30 G1: 41.1 (9.9) G2: 35.4 (10.7) p = (0.02)	G1: 97.3 G2: 94.4 p = (0.54) G1: 47.9 G2: 47.2 p = (0.64) Weight G1: 96.6 (16.7) G2: 98.4 (10.9) p = (0.23) BMI G1: 37.4 (4.9) G2: 37.4 (3.5) p = (0.93)	1) 18-60 years old 2) BMI ≥ 30 3) BES score > 17	Histroy of major depression G1: 43.2% G2: 27.8% p = (0.06) BDI G1: 16.8 (8.3) G2: 15.9 (9.4) p = (0.67)	BES G1: 27.2 (6.5) G2: 26.5 (7.4) p = (0.67) None	NA

Evidence Table 38. Binge-eating disorder behavioral and drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC inclusion definition Exclusion criteria	Brief summary of population Mean age (Range)	% female % non-white Weight	Other inclusion criteria (in addition to BED or LOC eating criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) baseline depression score	Other relevant characteristics Subgroup analysis?	Population Comments
Claudino, 2007[47] (continued)	contraception), antiobesity agents, antidiabetes agents, and those that interfere with gastrointestinal movements or other agents. 9) Unstable use (within last 3 months) of antideppresants, lithium, or thyroid hormones 10) Enrollment in psychotherapy aimed at weight loss or eating disorder treatment within 3 months of entry to the study						

Evidence Table 38. Binge-eating disorder behavioral and drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC inclusion definition Exclusion criteria	Brief summary of population Mean age (Range)	% female % non-white Weight	Other inclusion criteria (in addition to BED or LOC eating criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) baseline depression score	Other relevant characteristics Subgroup analysis?	Population Comments
Devlin, 2007[48] Devlin, 2005[49]	DSM criteria for BED for at least 6 months (did not specify DSM-IV) Current medical illness not adequately controlled with diet or medication Certain psychiatric disorders Concurrent eating/weight control treatments Current use of antidepressants, mood stabilizers, or appetite suppressants	Adults age 18-70 with BED Overall: 43 (SD 12) G1: NR G2: NR G3: NR G4: NR	Overall: 78% G1: NR G2: NR G3: NR G4: NR Black Overall: 12% G1: NR G2: NR G3: NR G4: NR Hispanic Overall: 10% G1: NR G2: NR G3: NR G4: NR Mixed/other Overall: 1% G1: NR G2: NR G3: NR G4: NR Overall: 115.0 (SD 21.8 kg) G1: NR G2: NR G3: NR G4: NR	Overweight or obese men and women Ages 18-70 Maximum weight 350 lbs (159 kg) Randomized in the initial controlled trial (Devlin 2005)	NR	NR None	Further participant characteristics reported in Devlin 2005 article

Evidence Table 38. Binge-eating disorder behavioral and drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC inclusion definition Exclusion criteria	Brief summary of population Mean age (Range)	% female % non-white Weight	Other inclusion criteria (in addition to BED or LOC eating criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) baseline depression score	Other relevant characteristics Subgroup analysis?	Population Comments
Grilo, 2005[50]	DSM-IV research criteria for BED Concurrent treatment for eating, weight, or psychiatric illness; medical conditions (e.g., diabetes or thyroid problems, determined by lab testing) that influence weight ot earting; severe current psychiatric conditions requiring different tx; pregnancy or lactation.	Adult 35-60 years old, BMI greater than or equal to 30, with BED Overall: 35-58 mean= 47.0(7.0) G1: 45.2(7.4) G2: 47.0(7.0) p = .37 NS	Overall: 44(88%) G1: 21 (84%) G2: 23 (92%) p = .38 NS Overall: 6 (12%) G1: 3 (12%) G2: 3 (12) p = NS African American: Total Sample: 3 (6) G1: 1 (4%) G2: 2 (8%) Hispanic: Total Sample: 3 (6) G1: 2 (8%) G2: 1 (4%) Measure/scale: BMI Overall: 36.0(4.7) G1: 36.2(4.7) G2: 36.8(5.1) p = NS	Age: 35-60 years old, BMI >30	Measure/scale: BDI Overall: NR G1: 17.1(8.9) G2: 20.6(9.6) p = NS	NA Posttretament (Intent to treat) and 3-month follow-up	NA

Evidence Table 38. Binge-eating disorder behavioral and drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC inclusion definition Exclusion criteria	Brief summary of population Mean age (Range)	% female % non-white Weight	Other inclusion criteria (in addition to BED or LOC eating criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) baseline depression score	Other relevant characteristics Subgroup analysis?	Population Comments
Grilo, 2013[51]	DSM-V criteria for BED severe mental illnesses (e.g., psychotic disorders, such as schizophrenia, or current severe bipolar illness, uncontrolled current substance dependence, or suicidality) unstable/changing medication regimens and current antipsychotic medications as well as cardiac and neurologic diseases	Spanish-speaking, obese adults with BED Overall: NR G1: 45.9 (SD 9.0) G2: 45.6 (SD 7.6) p=NR, NS	Overall: NR G1: 17 (85%) G2: 14 (70%) p=NR, NS Overall: 100% G1: 100% G2: 100% p=NR, NS BMI Overall: NR G1: 39.0 (SD 7.0) G2: 37.2 (SD 5.3) p=NR, NS	obesity, defined as having a BMI of 30kg/m or greater Age 21-65 monolingual (Spanish speaking only)	Lifetime axis 1 disorder Overall: NR G1: 16 (80%) G2: 19 (95%) p=NR, NS Lifetime mood disorder Overall: NR G1: 16 (80%) G2: 17 (85%) p=NR, NS Lifetime anxiety disorder Overall: NR G1: 10 (50%) G2: 9 (45%) p=NR, NS Lifetime substance disorder Overall: NR G1: 6 (30%) G2: 6 (30%) p=NR, NS Current axis 1 disorder Overall: NR G1: 14 (7%) G2: 16 (80%) p=NR, NS	Less than high school eduction Overall: NR G1: 12 (60%) G2: 9 (45%) p=NR, NS With high school or more Overall: NR G1: 8 (40%) G2: 11 (55%) p=NR, NS none	NA

Evidence Table 38. Binge-eating disorder behavioral and drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC inclusion definition Exclusion criteria	Brief summary of population Mean age (Range)	% female % non-white Weight	Other inclusion criteria (in addition to BED or LOC eating criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) baseline depression score	Other relevant characteristics Subgroup analysis?	Population Comments
Grilo, 2013[51] (continued)					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		

Evidence Table 38. Binge-eating disorder behavioral and drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC inclusion definition Exclusion criteria	Brief summary of population Mean age (Range)	% female % non-white Weight	Other inclusion criteria (in addition to BED or LOC eating criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) baseline depression score	Other relevant characteristics Subgroup analysis?	Population Comments
Grilo, 2005[52] Grilo, 2012[53] Grilo, 2012[54] Grilo, 2006[55]	DSM-IV research criteria for BED - concurrent tx for eating, wt, or psychiatric problems - medical conditions (diabetes, thyroid problems, hypoglycemia) that influence wt/eating - severe psychiatric conditions requiring different tx's (psychosis, BPD) - pregnancy or lactation	- Adults 21-59 yo - Mostly female (78%) - BED Overal range:21-59 Overall mean: 44.0(8.6) G1: 44.3 (9.5) G2: 43.6(8.5) G3: 44.7(8.1) G4: 43.6(8.5) F: 0.11 p: 0.955	Overall:(84) (78%) G1: 19 (70.4%) G2: 23(85.2%) G3: 20(76.9%) G4: 22(78.6%) F: 1.74 p: 0.629 Overall Non-White: 12 of 108 (11)% White G1:27 (100%) G2:20(74.1%) G3:23 (88.5%) G4:26 (92.9%) F: 10.48 p: 0.106	- 18-60 yo - 100% - 200% of ideal body weight based on 1959 metropolitan life insurance company table	BDI Overall: G1: 16.9(8.4) G2: 18.7(9.7) G3: 20.2(12.1) G4: 16.5(8.4) F: 0.83 p:0.480 Lifetime MDD - DSMIV: G1: 11(40.7) G2: 12(44.4) G3: 14(50.0 G4: 17(60.7) F: 2.70 p: 0.440	DSM-IV Co-morbidity Lifetime, No (%) Anxiety disorders G1: 9 (33.3) G2: 10 (37.0%) G3: 8 (30.8%) G4: 13 (46.4%) F: 2.28 p: 0.517 Alcohol use disorders G1: 4 (14.8%) G2: 7 (25.9%) G3: 9(34.6%) G4: 6 (21.4%) F:3.01 p: 0.391 Drug use disorders G1:4(14.8%) G2: 5(18.5%) G3:4(15.4%) G4: 6(21.4%) F: .53 p:0.912	NA

Evidence Table 38. Binge-eating disorder behavioral and drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC inclusion definition Exclusion criteria	Brief summary of population Mean age (Range)	% female % non-white Weight	Other inclusion criteria (in addition to BED or LOC eating criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) baseline depression score	Other relevant characteristics Subgroup analysis?	Population Comments
Grilo, 2005[52] Grilo, 2012[53] Grilo, 2012[54] Grilo, 2006[55] (continued)			BMI Overall: 36.3(7.9) G1: 38.9(9.5) G2: 35.7(7.2) G3: 35.7(8.3) G4: 35.0(6.2) F: 1.30 p: 0.279			Any axis II personality disorder G1: 7 (25.9%) G2: 12 (44.4%) G3: 8(30.8%) G4: 7(25.0%) F: 3.04 p: 0.385 Education, No (%) College G1: 14(51.9%) G2: 13 (48.1%) G3: 11(42.3%) G4: 14 (50.0%) Some college G1:11(40.7%) G2:12(44.4%) G3: 11(42.3%) G4: 9(32.1%) High school G1: 2(7.4%) G2: 2(7.4%) G3: 4 (15.4%) G4: 5(17.9%) F: 3.16 p: 0.788 NA	

Evidence Table 38. Binge-eating disorder behavioral and drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC inclusion definition Exclusion criteria	Brief summary of population Mean age (Range)	% female % non-white Weight	Other inclusion criteria (in addition to BED or LOC eating criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) baseline depression score	Other relevant characteristics Subgroup analysis?	Population Comments
Molinari, 2005[56]	DSM-IV Illiteracy Acute suicidal tendency Pregnancy either current or planned within the following 12 months History of alcohol or drug abuse within the last year Concurrent medical condition contradindicating antidepressant therapy Use of psychotropic drugs within the last year, except for low-dose benzodiazepines	Female severely obese patients age 20-45 with BED G1: 35.53 (SD 9.22) G2: 36.70 (SD 7.82) G3: 34.14 (SD 9.15)	100% NR BMI G1: 38.69 (SD 3.57) G2: 37.45 (SD 2.67) G3: 38.93 (SD 4.88)	Females who were consecutively hospitalized in 1998 at the study site, severely obese patients seeking inpatient treatment	NR	NR None	NA

Evidence Table 38. Binge-eating disorder behavioral and drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC inclusion definition Exclusion criteria	Brief summary of population Mean age (Range)	% female % non-white Weight	Other inclusion criteria (in addition to BED or LOC eating criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) baseline depression score	Other relevant characteristics Subgroup analysis?	Population Comments
Ricca, 2001[57]	DSM-IV criteria for BED Diabetes mellitus, thyroid disorder, or any other disease interfering with eating behavior Contraindication to treatment with FLX or FLV Pregnancy or lactation	Adults 18-45 with BED Overall mean 25.9 (SD 6.8) years G1: 26.3 (SD 6.7) G2: 25.2 (SD 6.3) G3: 25.1 (SD 6.9) G4: 25.1 (SD 6.1) G5: 26.1 (SD 5.9)	Overall: 59% G1: NR G2: NR G3: NR G4: NR G5: NR Overall: NR G1: NR G2: NR G3: NR G4: NR G5: NR BMI Overall: 32.3 (SD 5.8) G1: 32.0 (SD 6.0) G2: 31.7 (SD 5.6) G3: 32.5 (SD 6.1) G4: 32.1 (SD 3.8) G5: 32.7 (SD 4.1)	age 18-45 years	SCID Major depression overall: 6.4% G1: NR G2: NR G3: NR G4: NR G5: NR	SCID Dysthymia overall: 5.5% G1-G5: NR SCID Adaptation disorder with depressed mood: 3.6% G1-G5: NR SCID Obsessive-compulsive disorder: 1.8% G1-G5: NR SCID Panic disorder: 1.8% G1-G5: NR Age of BED onset (years) overall: NR G1: 19.9 (SD 2.3) G2: 24.4 (SD 3.2) G3: 20.5 (SD 3.6) G4: 21.2 (SD 3.1) G5: 22.1 (SD 3.6)	NA

Evidence Table 38. Binge-eating disorder behavioral and drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC inclusion definition Exclusion criteria	Brief summary of population Mean age (Range)	% female % non-white Weight	Other inclusion criteria (in addition to BED or LOC eating criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) baseline depression score	Other relevant characteristics Subgroup analysis?	Population Comments
Ricca, 2001[57] (continued)						Duration of BED (years) overall: 5.6 (SD 5.0) G1: 6.4 (SD 6.0) G2: 4.9 (SD 5.1) G3: 4.8 (SD 4.4) G4: 5.1 (SD 4.7) G5: 5.3 (SD 4.8) None	

Evidence Table 39. Binge-eating disorder behavioral and drug treatment – part 3

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Agras, 1994[45]	NA	Desipramine tx: - Completed CBT (G2 intervention) for 12 weeks - Desipramine (titrate from 25 mg depending on side effects as well as therapeutic effects to a max dose of 300 mg) + WL (G3 intervention) - seen in small groups either before or immediately after WL groups - met weekly for the 1st 4 wks, biweekly for 4 wks, and then at 4 wk intervals - mean dose of desipramine: 285 mg with a mean blood level of 212ng/mL	Cognitive-behavioral therapy: - based on Telch et al. (1990) in study of BED - 12 weekly sessions + 18 sessions of WL therapy (G3)	Weight loss therapy: - 30 group sessions, weekly sessions first 24 wks, biweekly last 6 wks -session time: 90 minutes - 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	NA	NA

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

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Brambilla, 2009[46]	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)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Claudino, 2007[47]	19 sessions of Cognitive Behavioral Therapy lead by a therapist and cotherapist. Sessions lasted 90 minutes and 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 who could not tolerate their current dose (minimum dose required was 25mg)	Placebo	NA	NA	NA

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

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Devlin, 2007[48] Devlin, 2005[49]	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	Fluoxetine and individual CBT (see Devlin 2005 for more detailed description of study design and treatments)	Fluoxetine and no individual CBT (see Devlin 2005 for more detailed description of study design and treatments)	Placebo and individual CBT (see Devlin 2005 for more detailed description of study design and treatments)	Placebo and no individual CBT (see Devlin 2005 for more detailed description of study design and treatments)	NA

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

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Devlin, 2007[48] Devlin, 2005[49] (continued)	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.					

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

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Grilo, 2005[50]	Psychotherapy: CBT (Fairburn, 1995 - Overcoming Binge Eating). 6 brief indiviudal meetings (15-20 minute session) 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.	pharmacotherpy: Orlistat 120 mg, 3x's per day	Pharmacotherpy: placebo	NA	NA	NA

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

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Grilo, 2013[51]	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. 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. 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	Orlistat: 120mg 3 times daily, BWL	Placebo: 3 times daily, BWL	NA	NA	NA

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

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Grilo, 2013[51] (continued)	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.					

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

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Grilo, 2005[52] Grilo, 2012[53] Grilo, 2012[54] Grilo, 2006[55]	NA	Fluoxetine - Instructed to take 3 pills each morning - minimal clincal management (< 15 mins; weekly during first 4 weeks, biweekly thereafter) - fluoxetine 60 mg/day	Placebo - identical capsules - instructed to take 3 pills each morning - minimal clinical management (<15 mins; weekly during first 4 weeks, biweekly thereafter)	CBT+Fluoxetine Fluoxetine - 3 pills each morning - 60 mg/day fluoxetine - minimal clinical management (< 15 mins; weekly during first 4 weeks, biweekly thereafter) CBT - 16 weeks of individual, weekly, 60-minute sessions - followed Fairburn et al., 1993	CBT + Placebo Placebo - identical capsules - instructed to take 3 pills each morning - minimal clinical management (< 15 mins; weekly during first 4 weeks, biweekly thereafter) CBT - 16 weeks of individual, weekly, 60-minute sessions - followed Fairburn et al., 1993	CBT - delivered by doctoral-level research clinicians - monitored via audiotapes of sessions and supervision - clinicans received extensive training in CBT

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

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Molinari, 2005[56]	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 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.	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	Month 1: Fluoxetine 20mg/day Progressively increased to 60mg if patients continued to present with high frequency of binge episodes. Dose was reduced in response to side effects.	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 Month 1: Fluoxetine 20mg/day Progressively increased to 60mg if patients continued to present with high frequency of binge episodes. Dose was reduced in response to side effects.	NA	NA

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

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Ricca, 2001[57]	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	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):	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)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Ricca, 2001[57] (continued)			20mg/day for first week, 40mg/day for second week, 60mg/day for following 20 weeks, in a single dose after breakfast	prevention of relapse and strategy planning. 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 40. Binge-eating disorder behavioral and drug treatment – part 4

Refid First Author's Last Name Year	Fidelity of the Intervention	Intervention Comments	Outcomes Collection and Measurement
Agras, 1994[45]	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 shoes - All ofther measures collected by self-report
Brambilla, 2009[46]	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, 2007[47]	1) All CBT sessions were taped and reviewed with a CBT specialist to ensure adherence to CBT manual 2) 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 visit All measurements were taken at baseline, and at weeks: 3, 7, 13, 17, and 21

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

Refid First Author's Last Name Year	Fidelity of the Intervention	Intervention Comments	Outcomes Collection and Measurement
Devlin, 2007[48] Devlin, 2005[49]	NR	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. The article only presents data collapsed over all 4 treatment groups, except for the outcomes that show significant differences by treatment (BSQ and TFEQ restraint) for which data are presented collapsed over the groups by the treatment that showed significance.
Grilo, 2005[50]	NA	NA	Data collection occurred at baseline, monthly throughout the trial, and at 12-week follow-up
Grilo, 2013[51]	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, 2005[52] Grilo, 2012[53] Grilo, 2012[54] Grilo, 2006[55]	Fluoxetine and placebo: during clinical management, participants were interviewed about compliance and pill counts were taken CBT: sessions were monitored via audiotape and supervision by the investigators	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 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

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

Refid First Author's Last Name Year	Fidelity of the Intervention	Intervention Comments	Outcomes Collection and Measurement
Molinari, 2005[56]	NR	NA	Assessments were completed at baseline, 3m, 6m, and 12m
Ricca, 2001[57]	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.

Evidence Table 41. Binge-eating disorder behavioral and drug treatment – part 5

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Agras, 1994[45]	Measure 1: binges/week Measure 2: abstinence	Measure 1 Pretreatment G1: 5.1 (1.4) G2: 4.4 (1.4) G3: 4.5 (1.6)	Measure 1 12 wks G1: 1.8 (1.3) G2: 1.5 (1.4) G3: 2.5 (1.9) 24 wks G1: 1.6 (1.8) G2: 1.1 (1.1) G3: 1.2 (1.2) 36 wks G1: 0.9 (0.9) G2: 1.2 (1.3) G3: 1.5 (.2) 3 month f/u (change from posttx (36 wk) to 3 mo f/u) G1: 1.5 binge days/week G2: 1.7 binge days/week G3: 2.0 binge days/week Measure 2 36 wks G1: 41% abstinent G2: 37% abstinent G3: 19% abstinent 3 month f/u (change from posttx (36 wk) to 3 mo f/u) G1: 32% abstinent G2: 28% abstinent G3: 14% abstinent

Evidence Table 41. Binge-eating disorder behavioral and drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Brambilla, 2009[46]	Binge frequency/week	G1: 5 (SD 3) G2: 6 (SD 5) G3: 5 (SD 2)	Binge frequency G1: 2 (SD 1), r=0.66 (table 2 reports significance as r) G2: 5 (SD 5), r=NS (table 2 reports significance as r) G3: 4 (SD 4), r=NS (table 2 reports significance as r) Two-way ANOVA revealed significant effect of time (p=0.041, F=4.63), group (p=0.05, F=4.9), and group per time (p=0.046, F=4.1).
Claudino, 2007[47]	Binge day frequency - the number of days per week that a participant engaged in at least one binge episode Binge episode frequency per week	Binge days/wk G1: 4.2 (3.4) G2: 3.4 (1.3) p = (0.18) Binge episodes/wk G1: 4.7 (3.3) G2: 3.8 (1.5) p = (0.13)	Binge days/wk G1: 0.0 (0.2) G2: 0.3 (0.6) p = (0.27) Binge episodes/wk G1: 0.0 (0.2) G2: 0.3 (0.8) p = (0.18)

Evidence Table 41. Binge-eating disorder behavioral and drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Devlin, 2007[48] Devlin, 2005[49]	Binge frequency in the past 28 days Binge abstinence	Pre-treatment binge frequency mean (SD) Overall: 16.3 (6.5) G1: NR G2: NR G3: NR G4: NR Pre-treatment binge abstinence mean (SD) Overall: 0 (0%) G1: NR G2: NR G3: NR G4: NR	Post-treatment binge frequency mean (SD) Overall: 4.5 (6.7) G1: NR G2: NR G3: NR G4: NR 6 months binge frequency Overall: 1.8 (3.6) G1: NR G2: NR G3: NR G4: NR 12 months binge frequency Overall: 3.3 (5.6) G1: NR G2: NR G3: NR G4: NR 18 months binge frequency Overall: 2.2 (5.2) G1: NR G2: NR G3: NR G4: NR 24 months binge frequency Overall: 1.6 (4.0) G1: NR G2: NR G3: NR G4: NR

Evidence Table 41. Binge-eating disorder behavioral and drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Devlin, 2007[48] Devlin, 2005[49] (continued)			Estimated change in binge frequency over 24 months mean (SE): Overall rate ratio (outcome at 24m divided by outcome at post-treatment): 0.689 (0.049) G1: NR G2: NR G3: NR G4: NR Individual CBT (G1&G3 vs. G2&G4): F=10.45, p=0.002 Medication: (G1&G2 vs. G3&G4): F=1.20, p=0.277 Time: F=27.80, p<0.0001 CBT-by-time: NS Medication-by-time: NS Post-treatment binge abstinence N (%) Overall:54 (47%) G1: NR G2: NR G3: NR G4: NR 6 months binge abstinence N (%) Overall: 60 (68%) G1: NR G2: NR G3: NR G4: NR 12 months binge abstinence N (%) Overall: 54 (61%) G1: NR G2: NR G3: NR G4: NR

Evidence Table 41. Binge-eating disorder behavioral and drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Devlin, 2007[48] Devlin, 2005[49] (continued)			18 months binge abstinence N (%) Overall: 61 (70%) G1: NR G2: NR G3: NR G4: NR 24 months binge abstinence N (%) Overall: 64 (74%) G1: NR G2: NR G3: NR G4: NR Estimated change in binge abstinence over 24 months mean (SE): Overall odds ratio (odds at 24m divided by odds at post-treatment): 1.373 (0.104) G1: NR G2: NR G3: NR G4: NR Individual CBT (G1&G3 vs. G2&G4): F=4.28, p=0.041 Medication: (G1&G2 vs. G3&G4): F=0.16, p=0.689 Time: F=17.52, p<0.0001 CBT-by-time: NS Medication-by-time: NS

Evidence Table 41. Binge-eating disorder behavioral and drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Grilo, 2005[50]	Binge days/month (OBEs on EDE) for past 28 days Binge episodes/month (OBEs on EDE) for past 28 days Remission (0 binges over the past month)	Binge days/month G1: 15.3 (SD 6.6) G2: 12.8 (SD 5.4) p=0.15 Binge episodes/month G1: 16.4 (SD 8.0) G2: 13.5 (SD 6.6) p=0.16	Binge days/month G1: NR G2: NR Post-treatment Binge episodes/month G1: 3.2 (SD 5.5) G2: 3.6 (SD 5.2) F=0.24 p=0.62 3m Binge episodes/month G1: 3.4 (SD 6.5) G2: 2.8 (SD 5.3) F=0.03 p=0.87 Post-treatment remission, ITT analysis G1: 64% G2: 36% chi-square 3.920 p=0.048 3m remission, ITT analysis G1: 52% G2: 52% chi-square NR p NR Post-treatment remission, completers G1: 79% G2: 45% chi-sqare 4.74 p=0.029 3m remission, completers G1: 68% G2: 60% chi-square 0.30 p=0.58

Evidence Table 41. Binge-eating disorder behavioral and drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Grilo, 2013[51]	Remission from BED (0 OBEs in the past 28 days) (missing values at follow-up replaced with "failure to remit"), per the Spanish-EDE	NA	Post-treatment Remission from BED G1: 60% G2: 70% chi-square=0.44, p=0.51 6m remission from BED G1: 50% G2: 50% p=NR, NS

Evidence Table 41. Binge-eating disorder behavioral and drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Grilo, 2005[52] Grilo, 2012[53] Grilo, 2012[54] Grilo, 2006[55]	- Measure 1: Daily self-monitoring: prosepctively daily record sheets each week - Measure 2: Binge episodes/month (EDE-Q) - Measure 3: Binge days/month (EDE) - Measure 4: Binge episodes/month (EDE) - Measure 5: Remission rates (from self-monitoring)	Measure 1 NR Measure 2 G1: 17.9 (12.2) G2: 13.2 (9.3) G3: 15.2 (7.7) G4: 16.6 (8.9) F: 1.62 p: 0.188 Measure 3 G1: 16.5 (7.6) G2: 13.5 (7.4) G3: 16.5 (7.2) G4: 17.4 (7.5) F: 1.41 p: 0.245 Measure 4 G1: 20.0 (11.6) G2: 16.3 (11.9) G3: 22.7 (13.7) G4: 22.8 (14.7) F: 1.37 p: 0.255 Measure 5 NR	Measure 1 G1: 11.0 (11.2) G2: 7.4 (10.2) G3: 4.2 (6.9) G4: 2.6 (5.8) ANCOVA p: 0.000 G2 v G1: ns G4 v G3: ns G4 v G2: 0.004 G4 v G1: 0.04 G3 v G2: 0.05 G3 v G1: 0.001 Measure 2 G1: 10.3 (11.1) G2: 7.2 (9.2) G3: 4.7 (11.9) G4: 1.8 (3.9) ANCOVA p: 0.000 G2 v G1: ns G4 v G3: ns G4 v G2: 0.002 G4 v G1: 0.000 G3 v G2: 0.02 G3 v G1: 0.001 Measure 3 NR Measure 4 NR

Evidence Table 41. Binge-eating disorder behavioral and drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Grilo, 2005[52] Grilo, 2012[53] Grilo, 2012[54] Grilo, 2006[55] (continued)			Measure 5 G1: 22% G2: 26% G3: 50% G4: 61% G1 v G2: NS G3 v G4: NS G4 v G2: 0.008 G4 v G1: 0.004 G3 v G2: 0.05 G3 v G1: 0.03

Evidence Table 41. Binge-eating disorder behavioral and drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence etc.)	Binges Baseline	Binges Outcomes
Molinari, 2005[56]	Achieved reduction in binge episodes to <2/week Number of binge eating episodes per month (EDI-2)	G1: NR G2: 15.19 (SD 5.99) G3: NR	3m Achieved reduction in binge episodes to <2/week G1: 100% G2: 100% G3: 100% 6m # binge episodes/month G1: 3.28 (SD 2.12) G2: 4.47 (SD 1.61) G3: 3.20 (SD 2.44) p=NR, NS 12m # binge episodes/month G1: 0.80 (SD 1.32) G2: 4.40 (SD 2.07) G3: 2.10 (SD 1.79) p=0.001
Ricca, 2001[57]	Frequency of binge eating episodes (episodes per month)	G1: 18 (SD 2.3) G2: 17 (SD 3.1) G3: 18 (SD 3.5) G4: 20 (SD 4.3) G5: 20 (SD 5.8)	24 weeks (end of treatment) G1: 8 (SD 3.9), p<0.001 vs. baseline G2: 6 (SD 4.6), p<0.001 vs. baseline G3: 8 (SD 3.2), p<0.001 vs. baseline G4: 19 (SD 3.5) G5: 18 (SD 2.4) 1 year after end of treatment G1: 8 (SD 5.1), p<0.001 vs. baseline G2: 7 (SD 3.4), p<0.001 vs. baseline G3: 8 (SD 2.4), p<0.001 vs. baseline G4: 21 (SD 3.1) G5: 18 (SD 1.7) No differences were observed in the frequency of binge eating episodes in all 5 groups of patients when compared to 24wk

Evidence Table 42. Binge-eating disorder behavioral and drug treatment – part 6

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI, etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Agras, 1994[45]	Measure 1: Disinhibition (TFEQ) Measure 2: Hunger (TFEQ) Measure 3: Restraint (TFEQ)	Measure 1 Prettreatment G1: 14.6 (1.2) G2: 14.0 (1.1) G3: 13. 7 (1.8) Measure 2 Pretreatment G1: 10.6 (2.6) G2: 9.1 (2.9) G3: 10.3 (2.9) Measure 3 Pretreatment G1: 8.2 (3.6) G2: 6.6 (2.8) G3: 8.7 (4.5)	Measure 1 12 wks G1: 12.2 (2.3) G2: 12.7 (1.8) G3: 12.7 (2.6) 24 wks G1: 9.7 (3.5) G2: 10.8 (2.7) G3: 11.7 (3.0) 36 wks G1: 10.2 (4.2) G2: 10.8 (3.1) G3: 11.6 (2.6) Measure 2 12 wks G1: 8.3 (2.4) G2: 7.8 (3.1) G3 9.4 (3.2) 24 wks G1: 5.8 (3.1) G2: 6.2 (2.9) G3: 8.5 (3.2) 36 wks G1: 7.2 (2.8) G2: 6.4 (3.2) G3: 8.4 (3.2) Measure 3 12 wks G1: 10.4 (0.5) G2: 8.5 (3.5) G3: 11.2 (5.1)

Evidence Table 42. Binge-eating disorder behavioral and drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI, etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Agras, 1994[45] (continued)			24 wks G1: 14.6 (3.3) G2: 10.8 (0.4) G3: 12.5 (5.1) 36 wk G1: 13.4 (3.4) G2: 10.9 (4.5) G3: 12.0 (5.1)

Evidence Table 42. Binge-eating disorder behavioral and drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI, etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Brambilla, 2009[46]	EDI-2 (they do not report all of the subscales used--only the ones that showed significant results, which include bulimia, drive for thinness, maturity fear, ascetism, perfectionism, and social insecurity)	EDI-2 total score G1: 82 (SD 39) G2: NR G3: NR EDI-2 bulimia G1: 5 (SD 3) G2: NR G3: NR EDI-2 drive for thinness G1: 11 (SD 6) G2: NR G3: NR EDI-2 maturity fear G1: 7 (SD 6) G2: NR G3: NR EDI-2 ascetism G1: 7 (SD 4) G2: NR G3: NR EDI-2 Perfectionism G1: NR G2: NR G3: NR EDI-2 Social insecurity G1: NR G2: NR G3: NR	6m EDI-2 total scores G1: 64 (SD 36), r=0.32 (Table 3 reports significance as r) G2: NR G3: NR One-way ANOVA showed significant improvement in G1 (p=0.01), but no significant effects in G2&G3 6m EDI-2 bulimia G1: 2 (SD 3), r=0.66 (Table 3 reports significance as r) G2: NR G3: NR One-way ANOVA showed significant improvement in G1 (p=0.03), but no significant effects in G2&G3 6m EDI-2 drive for thinness G1: 7 (SD 8), r=0.60 (Table 3 reports significance as r) G2: NR G3: NR One-way ANOVA showed significant improvement in G1 (p=0.01), but no significant effects in G2&G3 6m EDI-2 maturity fear G1: 6 (SD 6), r=0.39 (Table 3 reports significance as r) G2: NR G3: NR

Evidence Table 42. Binge-eating disorder behavioral and drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI, etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Brambilla, 2009[46] (continued)			One-way ANOVA showed significant improvement in G1 (p=0.03), but no significant effects in G2&G3 6m EDI-2 ascetism G1: 3 (SD 2), r=0.59 (Table 3 reports significance as r) G2: NR G3: NR One-way ANOVA showed significant improvement in G1 (p=0.001), but no significant effects in G2&G3 6m EDI-2 Perfectionism G1: NR G2: NR G3: NR 6m EDI-2 Social insecurity G1: NR G2: NR G3: NR
Claudino, 2007[47]	BES	G1: 27.2 (6.5) G2: 26.5 (7.4) p = (0.67)	G1: 7.5 (7.1) G2: 8.6 (5.7) p = (0.46)

Evidence Table 42. Binge-eating disorder behavioral and drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI, etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Devlin, 2007[48] Devlin, 2005[49]	BSQ TFEQ -restraint -hunger -disinhibition BSI	Pre-treatment BSQ mean (SD) Overall: 132 (31.5) G1: NR G2: NR G3: NR G4: NR Pre-treatment TFEQ-restraint mean (SD) Overall: 7.28 (3.5) G1: NR G2: NR G3: NR G4: NR Pre-treatment TFEQ-hunger mean (SD) Overall: 10.2 (3.1) G1: NR G2: NR G3: NR G4: NR Pre-treatment TFEQ-disinhibition mean (SD) Overall: 13.4 (2.1) G1: NR G2: NR G3: NR G4: NR Pre-treatment BSI mean (SD) Overall: 42.4 (29.7) G1: NR G2: NR G3: NR G4: NR	Post-treatment BSQ mean (SD) Overall: 106 (36.5) G1: NR G2: NR G3: NR G4: NR 6 months mean BSQ (SD) Overall: 98.6 (32.4) G1: NR G2: NR G3: NR G4: NR 12 months mean BSQ (SD) Overall: 101 (37.8) G1: NR G2: NR G3: NR G4: NR 18 months mean BSI (SD) Overall: 97.7 (33.2) G1: NR G2: NR G3: NR G4: NR 24 months mean BSI (SD) Overall: 94.5 (33.1) G1: NR G2: NR G3: NR G4: NR Estimated change in BSQ over 24 months mean (SE): Overall NR Individual CBT (G1&G3) Estimated change in BSQ over 24 months mean (SE): -0.302 (1.975)

Evidence Table 42. Binge-eating disorder behavioral and drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI, etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Devlin, 2007[48] Devlin, 2005[49] (continued)			No individual CBT (G2&G4) Estimated change in BSQ over 24 months mean (SE): -2.642 (0.805) G1: NR G2: NR G3: NR G4: NR Individual CBT (G1&G3 vs. G2&G4): F=1.39, p=0.238 Medication: (G1&G2 vs. G3&G4): F=3.72, p=0.056 Time: F=10.77, p=0.001 CBT-by-time: F=4.00, p=0.046 Medication-by-time: NS Post-treatment mean TFEQ-restraint (SD) Overall: 10.8 (4.2) G1: NR G2: NR G3: NR G4: NR 6 months TFEQ-restraint mean (SD) Overall: 11.6 (4.5) G1: NR G2: NR G3: NR G4: NR 12 months TFEQ-restraint mean (SD) Overall: 10.5 (4.5) G1: NR G2: NR G3: NR G4: NR

Evidence Table 42. Binge-eating disorder behavioral and drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI, etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Devlin, 2007[48] Devlin, 2005[49] (continued)			18 months TFEQ-restraint mean (SD) Overall: 10.2 (4.4) G1: NR G2: NR G3: NR G4: NR 24 months TFEQ-restraint mean (SD) Overall: 10.5 (4.7) G1: NR G2: NR G3: NR G4: NR Estimated change in TFEQ-restraint over 24 months mean (SE): Overall NR Fluoxetine (G1&G2) Estimated change in in TFEQ-restraint over 24 months mean (SE): -0.412 (0.368) Placebo (G3&G4) Estimated change in TFEQ-restraint over 24 months mean (SE): 0.065 (-0.153) G1: NR G2: NR G3: NR G4: NR Individual CBT (G1&G3 vs. G2&G4): F=1.84, p=0.166 Medication: (G1&G2 vs. G3&G4): F=0.73, p=0.392 Time: F=0.18, p=0.670 CBT-by-time: NS Medication-by-time: F=4.94, p=0.027 Post-treatment TFEQ-hunger mean (SD) Overall: 7.4 (3.9) G1: NR G2: NR G3: NR G4: NR

Evidence Table 42. Binge-eating disorder behavioral and drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI, etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Devlin, 2007[48] Devlin, 2005[49] (continued)			6 months TFEQ-hunger mean (SD) Overall: 7.5 (3.9) G1: NR G2: NR G3: NR G4: NR 12 months TFEQ-hunger mean (SD) Overall: 7.5 (4.1) G1: NR G2: NR G3: NR G4: NR 18 months TFEQ-hunger mean (SD) Overall: 8.2 (3.9) G1: NR G2: NR G3: NR G4: NR 24 months TFEQ-hunger mean (SD) Overall: 8.2 (3.8) G1: NR G2: NR G3: NR G4: NR Estimated change in TFEQ-hunger over 24 months mean (SE): Overall: 0.225 (0.075) G1: NR G2: NR G3: NR G4: NR Individual CBT (G1&G3 vs. G2&G4): F=0.39, p=0.536 Medication: (G1&G2 vs. G3&G4): F=0.63, p=0.427 Time: F=9.32, p=0.002

Evidence Table 42. Binge-eating disorder behavioral and drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI, etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Devlin, 2007[48] Devlin, 2005[49] (continued)			CBT-by-time: NS Medication-by-time: NS Post-treatment TFEQ-disinhibition mean (SD) Overall: 10.3 (4.1) G1: NR G2: NR G3: NR G4: NR 6 months TFEQ-disinhibition mean (SD) Overall: 9.9 (3.6) G1: NR G2: NR G3: NR G4: NR 12 months TFEQ-disinhibition mean (SD) Overall: 10.3 (3.8) G1: NR G2: NR G3: NR G4: NR 18 months TFEQ-disinhibition mean (SD) Overall: 10.6 (3.4) G1: NR G2: NR G3: NR G4: NR 24 months TFEQ-disinhibition mean (SD) Overall: 10.5 (3.6) G1: NR G2: NR G3: NR G4: NR

Evidence Table 42. Binge-eating disorder behavioral and drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI, etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Devlin, 2007[48] Devlin, 2005[49] (continued)			Estimated change in TFEQ-4 disinhibition from post-treatment to 24 months (mean, SE): Overall: 0.102 (0.091) G1: NR G2: NR G3: NR G4: NR Individual CBT (G1&G3 vs. G2&G4): F=2.00, p=0.159 Medication: (G1&G2 vs. G3&G4): F=0.13, p=0.720 Time: F=1.25, p=0.265 CBT-by-time: NS Medication-by-time: NS Post-treatment BSI mean (SD) Overall: 25.6 (29.2) G1: NR G2: NR G3: NR G4: NR 6 months BSI mean (SD) Overall: 21.4 (26.2) G1: NR G2: NR G3: NR G4: NR 12 months BSI mean (SD) Overall: 22.5 (31.9) G1: NR G2: NR G3: NR G4: NR

Evidence Table 42. Binge-eating disorder behavioral and drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI, etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Devlin, 2007[48] Devlin, 2005[49] (continued)			18 months BSI mean (SD) Overall: 27.8 (32.2) G1: NR G2: NR G3: NR G4: NR 24 months BSI mean (SD) Overall: 22.8 (29.4) G1: NR G2: NR G3: NR G4: NR Estimated change in BSI over 24 months mean (SE): Overall rate ratio (outcome at 24m divided by outcome at post-treatment): 1.001 (0.035) G1: NR G2: NR G3: NR G4: NR Individual CBT (G1&G3 vs. G2&G4): F=0.60, p=0.441 Medication (G3&G4): F=3.16, p=0.078 Time: 0.00, p=0.967 CBT-by-time: NS CBT-by-time: NS Medication-by-time: NS

Evidence Table 42. Binge-eating disorder behavioral and drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI, etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Grilo, 2005[50]	EDE -dietary restraint -eating concern -weight concern -shape concern -global score	EDE-dietary restraint G1: 2.0 (SD 1.4) G2: 2.1 (SD 1.4) p=0.72 EDE-eating concern G1: 2.6 (SD 1.3) G2: 2.7 (SD 1.1) p=0.83 EDE-weight concern G1: 3.9 (SD 0.8) G2: 3.7 (SD 0.7) p=0.29 EDE-shape concern G1: 4.3 (SD 0.8) G2: 4.4 (SD 0.8) p=0.64 EDE-global score G1: 3.2 (SD 0.9) G2: 3.2 (SD 0.7) p=0.92	NR

Evidence Table 42. Binge-eating disorder behavioral and drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI, etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Grilo, 2013[51]	EDE -restraint -eating concern -shape concern -weight concern -total	EDE-restraint G1: 1.2 (SD 1.3) G2: 1.4 (1.1) EDE-eating concern G1: 1.8 (SD 1.6) G2: 2.0 (SD 1.5) EDE-shape concern G1: 3.8 (SD 1.3) G2: 4.0 (SD 1.5) EDE-weight concern G1: 3.2 (SD 1.0) G2: 3.5 (SD 1.0) EDE-total G1: 2.5 (SD 1.1) G2: 2.7 (SD 0.9)	Post-treatment EDE-restraint G1: 1.8 (SD 1.0) G2: 2.1 (SD 1.1) Groups did not differ significantly in improvements (p=NR, NS) 6m EDE-restraint G1: 1.1 (SD 1.1) G2: 1.2 (SD 1.3) Groups did not differ significantly in improvements (p=NR, NS) Post-treatment EDE-eating concern G1: 0.6 (SD 1.0) G2: 0.6 (SD 0.6) Groups did not differ significantly in improvements (p=NR, NS) 6m EDE-eating concern G1: 0.6 (SD 0.6) G2: 1.2 (SD 1.4) Groups did not differ significantly in improvements (p=NR, NS) Post-treatment EDE-shape concern G1: 2.2 (SD 1.5) G2: 2.6 (SD 1.4) Groups did not differ significantly in improvements (p=NR, NS) 6m EDE-shape concern G1: 2.2 (SD 1.4) G2: 2.7 (SD 1.6) Groups did not differ significantly in improvements (p=NR, NS) Post-treatment EDE-weight concern G1: 2.0 (SD 1.3) G2: 2.6 (SD 1.0)

Evidence Table 42. Binge-eating disorder behavioral and drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI, etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Grilo, 2013[51] (continued)			Groups did not differ significantly in improvements (p=NR, NS) 6m EDE-weight concern G1: 2.2 (SD 1.0) G2: 2.5 (SD 1.0) Groups did not differ significantly in improvements (p=NR, NS) Post-treatment EDE-total G1: 1.6 (SD 0.9) G2: 2.0 (SD 0.7) Groups did not differ significantly in improvements (p=NR, NS) 6m EDE-total G1: 1.5 (SD 0.8) G2: 1.9 (SD 1.0) Groups did not differ significantly in improvements (p=NR, NS)

Evidence Table 42. Binge-eating disorder behavioral and drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI, etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Grilo, 2005[52] Grilo, 2012[53] Grilo, 2012[54] Grilo, 2006[55]	Measure 1: Dietary Restraint (EDE-Q) Measure 2: Eating Concern (EDE-Q) Measure 3: Weight Concern (EDE-Q) Measure 4: Shape concern (EDE-Q) Measure 5: Global Score (EDE-Q) Measure 6: Hunger (TFEQ) Measure 7: Cognitive restraint (TFEQ) Measure 8: Disinhibition (TFEQ) Measure 9: Body Dissatisfaction (BSQ)	Measure 1 G1: 2.4 (1.7) G2: 2.2 (1.5) G3: 2.5 (1.4) G4: 2.6 (1.5) F: 0.38 p: 0.771 Measure 2 G1: 4.0 (1.2) G2: 3.4 (1.4) G3: 3.9 (1.2) G4: 3.6 (1.2) F: 1.47 p: 0.228 Measure 3 G1: 4.1 (0.9) G2: 3.9 (1.5) G3: 4.3 (0.9) G4: 4.0 (0.8) F: 0.75 p:0.525 Measure 4 G1: 5.0 (0.8) G2: 4.5 (1.4) G3: 5.1 (0.7) G4: 5.0 (0.8) F: 1.69 p:0.174	Measure 1 G1: 2.4 (1.6) G2: 1.8 (1.5) G3: 1.6 (1.4) G4: 1.4 (1.0) ANCOVA-p: 0.01 G2 v. G1: ns G4 v. G3: ns G4 v. G2: ns G4 v. G1: 0.002 G3 v. G2: ns G3 v. G1: 0.01 Measure 2 G1: 2.8 (1.8) G2: 2.1 (1.5) G3: 1.5 (1.3) G4: 1.3 (0.7) ANCOVA-p: 0.001 G2 v G1: ns G4 v G3: ns G4 v G2: 0.01 G4 v G1: 0.01 G3 v G2: 0.007 G3 v G1: 0.008 Measure 3 G1: 3.3 (1.3) G2: 3.0 (1.5) G3: 2.4 (1.5) G4: 2.6 (1.0)

Evidence Table 42. Binge-eating disorder behavioral and drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI, etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Grilo, 2005[52]		Measure 5	ANCOVA - p: 0.003
Grilo, 2012[53]		G1: 3.9 (1.2)	G2 v G1: ns
Grilo, 2012[54]		G2: 3.5 (1.5)	G4 v G3: ns
Grilo, 2006[55]		G3: 4.0 (1.1)	G4 v G2: ns
(continued)		G4: 3.8 (1.1)	G4 v G1: 0.04
		F: 1.14	G3 v G2: 0.01
		p: 0.335	G3 v G1: 0.001
		Measure 6	Measure 4
		G1: 10.1 (3.3)	G1: 3.9 (1.7)
		G2: 9.6 (3.9)	G2: 3.6 (1.8)
		G3: 10.0 (3.1)	G3: 3.1 (1.8)
		G4: 9.7 (3.2)	G4: 3.2 (1.4)
		F:0.16	ANCOVA p: 0.005
		p:0.925	G2 v. G1: ns
		Measure 7	G4 v G3: ns
		G1: 8.6 (4.0)	G4 v G2: 0.02
		G2: 8.1 (3.6)	G4 v G1: 0.04
		G3: 8.7 (4.5)	G3 v G2: 0.003
		G4: 7.8 (3.7)	G3 v G1: 0.007
		F: 0.33	Measure 5
		p: 0.801	G1: 3.1 (1.6)
		Measure 8	G2: 2.6 (1.6)
		G1: 14.0 (1.3)	G3: 2.2 (1.5)
		G2: 13.9 (1.9)	G4: 2.1 (1.0)
		G3:14.0 (1.7)	ANCOVA p: 0.005
		G4: 14.2 (1.6)	G2 v G1: ns
		F: 0.15	G4 v G3: ns
		p: 0.928	G4 v G2: 0.007
		Measure 9	G4 v G1: 0.004
		G1: 136.3 (26.0)	G3 v G2: 0.002
		G2: 135.4 (35.2)	G3 v G1: 0.001
		G3: 139.1 (28.8)	Measure 6
		G4: 133.5 (24.3)	G1: 8.9 (4.6)
		F: 0.18	G2: 8.4 (4.3)
		p:0.913	G3: 5.7 (4.0)
			G4: 6.7 (3.3)

Evidence Table 42. Binge-eating disorder behavioral and drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI, etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Grilo, 2005[52] Grilo, 2012[53] Grilo, 2012[54] Grilo, 2006[55] (continued)			ANCOVA p: 0.01 G2 v G1: ns G4 v G3: ns G4 v G2: ns G4 v G1: ns G3 v G2: 0.008 G3 v G1: 0.004 Measure 7 G1: 9.9 (4.7) G2: 9.9 (5.0) G3: 10.0 (4.1) G4: 10.1 (3.1) ANCOVA p: ns G2 v G1: na G4 v G3: na G4 v G2: na G4 v G1: na G3 v G2: na G3 v G1: na Measure 8: G1: 12.2 (3.6) G2: 12.1 (4.3) G3: 8.3 (4.8) G4: 9.3 (4.8) ANCOVA p: 0.000 G2 v G1: ns G4 v G3: ns G4 v G2: 0.001 G4 v G1: 0.002 G3 v G2: 0.000 G3 v G1: 0.001

Evidence Table 42. Binge-eating disorder behavioral and drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI, etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Grilo, 2005[52] Grilo, 2012[53] Grilo, 2012[54] Grilo, 2006[55] (continued)			Measure 9 G1: 117.5 (41.5) G2: 123.6 (41.0) G3: 106.0 (40.2) G4: 100.9 (23.5) ANCOVA p: 0.01 G2 v G1: ns G4 v G3: ns G4 v G2: ns G4 v G1: 0.03 G3 v G2: 0.05 G3 v G1: ns
Molinari, 2005[56]	EDI-2 -Bulimia -Impulsivity	EDI-2-Bulimia G1: 7.10 (SD 3.51) G2: 11.40 (SD 2.36) G3: 13.80 (SD 4.41) EDI-2-Impulsivity G1: 7.00 (SD 5.75) G2: 8.20 (SD 3.52) G3: 9.10 (SD 5.08)	EDI-2-Bulimia G1: 3.20 (SD 3.19) G2: 10.80 (SD 2.69) G3: 8.30 (SD 4.66) p=0.024 EDI-2-Impulsivity G1: 4.00 (SD 5.39) G2: 8.10 (SD 3.54) G3: 1.40 (SD 1.35) p=0.046

Evidence Table 42. Binge-eating disorder behavioral and drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI, etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Ricca, 2001[57]	EDE -total score -restraint -eating concern -weight concern -shape concern	EDE total score, median (25%-75%) G1: 3.8 (3.4-4.3) G2: 3.8 (3.3-3.9) G3: 4.0 (3.6-4.3) G4: 3.4 (3.5-4.3) G5: 3.8 (3.5-4.2) EDE restraint, median (25%-75%) G1: 3.8 (3.6-5.1) G2: 2.6 (2.0-3.3) G3: 3.3 (2.0-5.0) G4: 3.8 (3.3-4.2) G5: 3.5 (3.1-3.9) EDE eating concern, median (25%-75%) G1: 3.6 (2.4-4.4) G2: 3.6 (4.2-5.1) G3: 4.4 (3.4-5.4) G4: 4.0 (3.5-4.4) G5: 3.8 (3.2-4.3) EDE weight concern, median (25%-75%) G1: 4.4 (2.6-6.0) G2: 4.3 (3.6-5.3) G3: 4.2 (3.3-6.0) G4: 4.2 (3.6-4.5) G5: 4.3 (3.8-4.7) EDE shape concern, median (25%-75%) G1: 3.3 (2.9-4.3) G2: 3.2 (2.7-3.8) G3: 3.7 (2.5-4.5) G4: 3.6 (3.2-4.1) G5: 3.5 (3.1-4.1)	24wk EDE total score, median (25%-75%) G1: 3.4 (2.8-3.6), p<0.01 vs. baseline G2: 2.7 (2.6-3.0), p<0.01 vs. baseline G3: 2.7 (2.4-2.9), p<0.01 vs. baseline G4: 3.8 (3.4-4.2) G5: 3.8 (3.6-4.1) Change values from baseline to 24wk: G1: -0.7 (-0.8 to -0.3) G2: -0.8 (-1.1 to -0.6) G3: -1.1 (-1.4 to -1.0) G4: NR G5: NR Reduction in EDE total scores was significantly different in G1, G2, and G3 (p<0.05), with G3 showing significantly greater improvement than G1 and G2 1y post-treatment EDE total score, median (25%-75%) G1: 3.3 (2.9-3.4) G2: 2.7 (2.5-3.0) G3: 2.6 (2.4-2.9) G4: 3.9 (3.5-4.3) G5: 3.8 (3.5-4.0) No differences in scores were observed at 1y compared to 24wk 24wk EDE restraint, median (25%-75%) G1: 2.9 (1.9-3.6), p<0.01 vs. baseline G2: 2.7 (2.1-3.5) G3: 2.1 (1.8-3.2), p<0.01 vs. baseline G4: 3.9 (3.4-4.3) G5: 3.4 (3.0-3.9)

Evidence Table 42. Binge-eating disorder behavioral and drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI, etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Ricca, 2001[57] (continued)			Change values from baseline to 24wk: G1: -0.5 (-0.7 to -0.1) G2: 0.0 (-0.3 to +0.3) G3: -1.4 (-1.9 to -1.0) G4: NR G5: NR Reduction in EDEeating restraint was significantly different in G1, G2, and G3 (p<0.01), with G3 showing significantly greater improvement than G1 and G2 1y post-treatment EDE restraint, median (25%-75%) G1: 2.8 (2.0-3.4) G2: 2.7 (2.1-3.5) G3: 2.1 (1.8-3.1) G4: 3.9 (3.3-4.4) G5: 3.4 (3.0-3.8) No differences in scores were observed at 1y compared to 24wk 24wk EDE eating concern, median (25%-75%) G1: 3.3 (3.1-3.9), p<0.01 vs. baseline G2: 2.8 (2.1-3.3), p<0.01 vs. baseline G3: 2.8 (2.1-3.4), p<0.01 vs. baseline G4: 3.9 (3.4-4.4) G5: 3.7 (3.1-4.4) Change values from baseline to 24wk: G1: 0.7 (-1.0 to -0.2) G2: -1.6 (-2.0 to -0.6) G3: -1.6 (-2.1 to 1.1) G4: NR G5: NR

Evidence Table 42. Binge-eating disorder behavioral and drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI, etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Ricca, 2001[57] (continued)			Reduction in EDE eating concern was significantly different in G1, G2, and G3 (p<0.01), with G2 and G3 showing significantly greater improvement than G1 1y post-treatment EDE eating concern, median (25%-75%) G1: 3.3 (2.9-3.9) G2: 2.8 (2.1-3.4) G3: 2.1 (2.1-3.3) G4: 4.0 (3.5-4.4) G5: 3.7 (3.2-4.3) No differences in scores were observed at 1y compared to 24wk 24wk EDE weight concern, median (25%-75%) G1: 3.7 (2.6-4.4), p<0.01 vs. baseline G2: 2.9 (2.8-3.3), p<0.01 vs. baseline G3: 3.2 (2.6-3.6), p<0.01 vs. baseline G4: 4.1 (3.5-4.3) G5: 4.3 (3.7-4.6) No significant differences among the groups were observed in change in weight concern scores 1y post-treatment EDE weight concern, median (25%-75%) G1: 3.6 (2.6-3.4) G2: 2.9 (2.8-3.3) G3: 3.0 (2.6-3.6) G4: 4.0 (3.4-4.3) G5: 4.2 (3.6-4.5)

Evidence Table 42. Binge-eating disorder behavioral and drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI, etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Ricca, 2001[57] (continued)			No differences in scores were observed at 1y compared to 24wk 24wk EDE shape concern, median (25%-75%) G1: 3.2 (2.8-3.6), p<0.01 vs. baseline G2: 2.8 (2.1-3.3), p<0.01 vs. baseline G3: 2.9 (2.1-3.3), p<0.01 vs. baseline G4: 3.7 (3.1-4.3) G5: 3.6 (3.2-4.1) No significant differences among the groups were observed in change in shape concern scores 1y post-treatment EDE shape concern, median (25%-75%)+H15 G1: 3.1 (2.8-3.6) G2: 2.2 (1.9-3.1) G3: 3.1 (2.1-3.3) G4: 3.8 (3.2-4.4) G5: 3.6 (3.2-4.1) No differences in scores were observed at 1y compared to 24wk

Evidence Table 43. Binge-eating disorder behavioral and drug treatment – part 7

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Agras, 1994[45]	Measure 1: Depression (BDI)	Measure 1 Pretreatment G1: 13.7 (8.1) G2: 13. 5 (7.8) G3: 12.9 (6.5)	Measure 1 12 wks G1:10.8 (8.9) G2: 12.7 (9.2) G3: 11.6 (8.0) 24 wks G1: 8.6 (8.2) G2: 8.5 (6.5) G3: 11.2 (8.5) 36 wks G1: 7.8 (7.8) G2: 8.9 (7.6) G3: 11.3 (10.3)

Evidence Table 43. Binge-eating disorder behavioral and drug treatment – part 7 (continued)

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Brambilla, 2009[46]	SCL-90-R -obsessive-compulsiveness -depression -anxiety -hostility -somatization PDQ-4-R (they do not report the specific personality characteristics measured except the ones that showed significant results, including shizotypic, schizoid, and dependent)	SCL-90-R total scores G1: 100 (SD 46) G2: NR G3: NR SCL-90-R somatization G1: 19 (SD 5) G2: NR G3: NR SCL-90-R depression G1: NR G2: 17 (SD 10) G3: NR SCL-90-R interpersonal relationships G1: NR G2: 10 (SD 6) G3: NR PDQ-4-R schizotypic personality G1: 2 (SD 1) G2: NR G3: NR PDQ-4-R dependent personality G1: 1 (SD 2) G2: NR G3: NR PDQ-4-R schizoid personality G1: NR G2: 32 (SD 1) G3: NR	6m SCL-90-R total scores G1: 65 (SD 72), r=0.28 (table 3 reports significance as r) G2: NR G3: NR One-way ANOVA for repeated measures showed significant improvement in G1 (p=0.05) but no significant effects in G2&G3 6m SCL-90-R somatization G1: 12 (SD 9), r=0.28 (table 3 reports significance as r) G2: NR G3: NR One-way ANOVA for repeated measures showed significant improvement in G1 (p=0.05) but no significant effects in G2&G3 6m SCL-90-R depression G1: NR G2: 12 (SD 7), r=0.60 (table 3 reports significance as r) G3: One-way ANOVA for repeated measures showed significant improvement in G2 (p=0.01) but no significant effects in G1&G3 6m SCL-90-R interpersonal relationships G1: NR G2: 8 (SD 6), r=0.49 (table 3 reports significance as r) G3: NR

43. Binge-eating disorder behavioral and drug treatment – part 7 (continued)

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Brambilla, 2009[46] (continued)			One-way ANOVA for repeated measures showed significant improvement in G2 (p=0.01) but no significant effects in G1&G3 6m PDQ-4-R schizotypic personality G1: 2 (SD 2), r=0.55 (table 3 reports significance as r) G2: NR G3: NR One-way ANOVA for repeated measures showed significant improvement in G1 (p=0.01) but no significant effects in G2&G3 6m PDQ-4-R dependent personality G1: 1 (SD 2), r=0.33 (table 3 reports significance as r) G2: NR G3: NR One-way ANOVA for repeated measures showed significant improvement in G1 (p=0.04) but no significant effects in G2&G3 6m PDQ-4-R schizoid personality G1: NR G2: 1 (SD 1), r=0.44 (table 3 reports significance as r) G3: NR One-way ANOVA for repeated measures showed significant improvement in G2 (p=0.02) but no significant effects in G1&G3
Claudino, 2007[47]	BDI	G1: 16.8 (8.3) G2: 15.9 (9.4) p = (0.67)	G1: 10.9 (7.0) G2: 9.2 (6.9) p = (0.20)

Evidence Table 43. Binge-eating disorder behavioral and drug treatment – part 7 (continued)

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Devlin, 2007[48] Devlin, 2005[49]	Beck Depression Inventory (BDI)	Pre-treatment BDI mean (SD) Overall: 15.3 (9.0) G1: NR G2: NR G3: NR G4: NR	Post-treatment BDI mean (SD) Overall: 8.3 (8.4) G1: NR G2: NR G3: NR G4: NR 6 months BDI mean (SD) Overall: 7.3 (6.8) G1: NR G2: NR G3: NR G4: NR 12 months BDI mean (SD) Overall: 7.6 (8.6) G1: NR G2: NR G3: NR G4: NR 18 months BDI mean (SD) Overall: 7.5 (7.8) G1: NR G2: NR G3: NR G4: NR 24 months BDI mean (SD) Overall: 7.6 (8.9) G1: NR G2: NR G3: NR G4: NR

Evidence Table 43. Binge-eating disorder behavioral and drug treatment – part 7 (continued)

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Devlin, 2007[48] Devlin, 2005[49] (continued)			Estimated change over 24 months mean (SE): Overall rate ratio (outcome at 24m divided by outcome at post-treatment): 0.967 (0.027) G1: NR G2: NR G3: NR G4: NR Individual CBT (G1&G3 vs. G2&G4): F=1.62, p=0.207 Medication: (G1&G2 vs. G3&G4): F=4.27, p=0.041 Time: F=1.43, p=0.235 CBT-by-time: NS Medication-by-time: NS

Evidence Table 43. Binge-eating disorder behavioral and drug treatment – part 7 (continued)

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Grilo, 2005[50]	Post-treatment EDE-dietary restraint G1: 2.1 (SD 2.3) G2: 2.0 (SD 1.1) F=0.39 p=0.54 3m EDE-dietary restraint G1: 2.1 (SD 1.3) G2: 2.3 (SD 1.3) F=0.01 p=0.92 Post-treatment EDE-eating concern G1: 0.9 (SD 1.0) G2: 1.0 (SD 1.0) F=0.13 p=0.73 3m EDE-eating concern G1: 1.1 (SD 1.3) G2: 1.2 (SD 1.4) F=0.12 p=0.73 Post-treatment EDE-weight concern G1: 2.8 (SD 1.1) G2: 3.0 (SD 0.7) F=1.67 p=0.20 3m EDE-weight concern G1: 2.9 (SD 1.3) G2: 2.7 (SD 1.1) F=0.20 p=0.66 Post-treatment EDE-shape concern G1: 2.8 (SD 1.4) G2: 3.3 (SD 1.1) F=1.05 p=0.31	NA	BDI RSE

Evidence Table 43. Binge-eating disorder behavioral and drug treatment – part 7 (continued)

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Grilo, 2005[50] (continued)	3m EDE-shape concern G1: 2.9 (SD 1.6) G2: 3.0 (SD 1.4) F=0.01 p=0.93 Post-treatment EDE-global score G1: 2.1 (SD 1.0) G2: 2.4 (SD 0.7) F=0.33 p=0.57 3m EDE-global score G1: 2.2 (SD 1.1) G2: 2.3 (SD 1.0) F=0.01 p=0.97		
Grilo, 2013[51]	BDI	G1: 22.9 (SD 12.0) G2: 25.7 (SD 10.6)	Post-treatment BDI G1: 11.4 (SD 12.0) G2: 17.7 (SD 12.0) Groups did not differ significantly in improvements (p=NR, NS) 6m BDI G1: 10.3 (SD 10.1) G2: 20.9 (SD 11.9) Groups did not differ significantly in improvements (p=NR, NS)

Evidence Table 43. Binge-eating disorder behavioral and drug treatment – part 7 (continued)

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Grilo, 2005[52] Grilo, 2012[53] Grilo, 2012[54] Grilo, 2006[55]	Measure 1: Depression (BDI)	Measure 1: G1: 16.9 (8.4) G2: 18.7 (9.7) G3: 20.2 (12.1) G4: 16.5 (8.4) F: 0.83 p: 0.480	Measure 1: G1: 11.8 (9.8) G2: 11.7 (10.3) G3: 9.2 (7.3) G4: 6.5 (6.8) ANCOVA p: 0.03 G2 v G1: ns G4 v G3: ns G4 v G2: 0.04 G4 v G1: 0.01 G3 v G2: ns G3 v G1: 0.04

Evidence Table 43. Binge-eating disorder behavioral and drug treatment – part 7 (continued)

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Molinari, 2005[56]	MMPI2 -Hypochondriasis -Depression -Conversion hysteria -Psychasthenia -Schizophrenia -Type A personality -Family problems -Work problems	MMPI2-Hypochondriasis G1: 68.00 (SD 16.91) G2: 61.00 (SD 7.45) G3: 73.20 (SD 10.65) MMPI2-Depression G1: 66.20 (SD 7.20) G2: 64.90 (SD 3.75) G3: 63.70 (SD 10.73) MMPI2-Conversion hysteria G1: 63.00 (SD 11.88) G2: 55.00 (SD 6.37) G3: 63.70 (SD 8.34) MMPI2-Psychasthenia G1: 71.90 (SD 7.20) G2: 56.50 (SD 10.10) G3: 64.90 (SD 11.97) MMPI2-Schizophrenia G1: 64.80 (SD 4.26) G2: 62.20 (SD 6.19) G3: 64.50 (SD 8.54) MMPI2-Type A personality G1: 56.10 (SD 11.85) G2: 59.20 (SD 8.49) G3: 48.50 (SD 12.68) MMPI2-Family problems G1: 60.00 (SD 11.07) G2: 54.80 (SD 19.03) G3: 56.10 (SD 10.30) MMPI2-Work problems G1: 65.90 (SD 8.54) G2: 63.90 (SD 9.08) G3: 64.60 (SD 11.91)	MMPI2-Hypochondriasis G1: 61.80 (SD 18.50) G2: 60.3 (SD 6.94) G3: 64.70 (SD 6.27) p=0.031 MMPI2-Depression G1: 56.60 (SD 9.26) G2: 65.1 (SD 3.92) G3: 61.80 (SD 5.35) p=0.006 MMPI2-Conversion hysteria G1: 54.80 (SD 13.68) G2: 55.10 (SD 5.34) G3: 60.30 (SD 8.55) p=0.046 MMPI2-Psychasthenia G1: 57.40 (SD 12.24) G2: 56.40 (SD 9.00) G3: 61.60 (SD 11.14) p=0.002 MMPI2-Schizophrenia G1: 57.00 (SD 8.47) G2: 61.80 (SD 4.66) G3: 60.80 (SD 6.69) p=0.009 MMPI2-Type A personality G1: 47.50 (SD 10.64) G2: 58.70 (SD 7.91) G3: 46.10 (SD 12.42) p=0.05 MMPI2-Family problems G1: 52.20 (SD 9.98) G2: 54.30 (SD 18.52) G3: 54.80 (SD 7.99) p=0.004

Evidence Table 43. Binge-eating disorder behavioral and drug treatment – part 7 (continued)

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Molinari, 2005[56] (continued)			MMPI2-Work problems G1: 56.50 (SD 10.69) G2: 63.50 (SD 7.15) G3: 57.80 (SD 9.40) p=0.046

Evidence Table 43. Binge-eating disorder behavioral and drug treatment – part 7 (continued)

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Ricca, 2001[57]	STAI-1 STAI-2 BDI	STAI-1 G1: 46 (42-52) G2: 47.5 (36.5-53.7) G3: 52 (41-55) G4: 46.2 (41.1-51.6) G5: 48.2 (43.7-52.4) STAI-2 G1: 48 (44-55) G2: 48 (36-57) G3: 52 (44-55) G4: 47.5 (42.3-52.4) G5: 49.6 (43.4-52.6) BDI G1: 22 (13.5-26) G2: 16.5 (12.2-29.2) G3: 22 (18-24) G4: 20 (14-25) G5: 21 (11-25.3)	24wk STAI-1, median (25%-75%) G1: 37 (34.5-45.7), p<0.01 vs. baseline G2: 45 (36-52.5) G3: 32 (28.0-36.0), p<0.01 vs. baseline G4: 44.8 (40.6-50.7) G5: 34.1 (29.2-38.8), p<0.01 vs. baseline Change values from baseline to 24wk: G1: -6.0 (-8.5 to -4.0) G2: NR G3: -16.0 (-22 to -9.0) G4: NR G5: NR Reduction in STAI-1 was significantly greater (p<0.01) in G3 than G1, and reduction in G5 was not significantly greater than G1 1y post-treatment STAI-1, median (25%-75%) G1: 40 (36-44) G2: 48 (41.0-56.0) G3: 32 (26.7-34.3) G4: 50.5 (44.0-53.9), p<0.01 vs. 24wk G5: 36.1 (30.7-39.3) Scores were significantly increased at 1y in G4 compared with 24wk 24wk STAI-2, median (25%-75%) G1: 44.5 (36-51.2), p<0.01 vs. baseline G2: 46 (38.2-52.8) G3: 36 (33.0-40.1), p<0.01 vs. baseline G4: 46.8 (41.7-50.9) G5: 35 (29.6-39.1), p<0.01 vs. baseline

Evidence Table 43. Binge-eating disorder behavioral and drug treatment – part 7 (continued)

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Ricca, 2001[57] (continued)			Change values from baseline to 24wk: G1: Article reports conflicting data on p.302: -10.0 (-11.5 to -6.0) AND -3.5 (-10.5 to -3.3) G2: NR G3: -17.5 (-22.2 to -12.5) G4: NR G5: -14.6 (-15.1 to -12.0) Reduction in STAI-2 was significantly greater (p<0.01) in G3 than G1, and reduction in G5 was significantly greater than G1 1y post-treatment STAI-2, median (25%-75%) G1: 44 (36-48.7) G2: 48 (41.0-56.0) G3: 36 (33.8-41.5) G4: 47.1 (42.3-51.1) G5: 34.9 (29.5-38.9) No differences in scores were observed at 1y compared to 24wk 24wk BDI, median (25%-75%) G1: 14 (12-16.5), p<0.01 vs. baseline G2: 10.5 (8.0-13.5), p<0.01 vs. baseline G3: 10 (7.5-12.0), p<0.01 vs. baseline G4: 15 (10.1-19.2), p<0.01 vs. baseline G5: 14 (11.1-18.8), p<0.01 vs. baseline Reductions in BDI scores were not significantly different among the groups 1y post-treatment BDI, median (25%-75%) G1: 14 (9.7-15.5) G2: 10.5 (7.0-12.5) G3: 10 (8.0-13.0) G4: 16 (11.2-20.7) G5: 14 (11.2-18.4) No differences in scores were observed at 1y compared to 24wk

Evidence Table 44. Binge-eating disorder behavioral and drug treatment – part 8

Refid First Author's Last Name Year	Definition Of Weight Related Measure(S)	Weight Related Baseline	Weight Related Outcomes	Definition Of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Agras, 1994[45]	Measure 1: Weight, KG	Measure 1 Pretreatment G1: 111.9 (17.4) G2: 102.1 (15.7) G3: 102.9 (15.8)	Measure 1 12 wks G1: 112.7 (18.5) G2: 102.7 (16.5) G3: 100.9 (16.8) 24 wks G1: 107.0 (20.1) G2: 100.7 (16.7) G3: 100.4 (17.3) 36 wks G1: 105.9 (20.5) G2: 100.5 (17.6) G3: 99.2 (16.9) 3 month f/u G1: Lost 4.8 kg from baseline G2: No change in weight from baseline G3: Lost 4.15kg from baseline G1 v G2: $p < 0.05$	NR	NR	NR

Evidence Table 44. Binge-eating disorder behavioral and drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition Of Weight Related Measure(S)	Weight Related Baseline	Weight Related Outcomes	Definition Of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Brambilla, 2009[46]	NA	BMI Weight	BMI G1: 39 (SD 6) G2: 34 (SD 6) G3: 34 (SD 5) Weight (kg) G1: 105 (SD 13) G2: 86 (SD 14) G3: 88 (SD 13)	6m BMI G1: 35 (SD 6), r=0.91 (table 2 reports significance as r) G2: 32 (SD 8), r=NS (table 2 reports significance as r) G3: 34 (SD 8), r=NS One-way ANOVA showed significant decrease in BMI (p=0.00001) in G1 only Two-way ANOVA for repeated measures showed significant effect of group (p=0.03, F=3.2), time (p=0.01, F=2.26) and group per time (p=0.01, F=2.26) on changes in BMI in the 3 groups 6m Weight (kg) G1: 93 (SD 12), r=0.91 (table 2 reports significance as r) G2: 84 (SD 16), r=NS (table 2 reports significance as r)	NA	NA

Evidence Table 44. Binge-eating disorder behavioral and drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition Of Weight Related Measure(S)	Weight Related Baseline	Weight Related Outcomes	Definition Of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Brambilla, 2009[46] (continued)				G3: 87 (SD 13), r=NS (table 2 reports significance as r) One-way ANOVA showed significant decrease in weight (p=0.00001) in G1 only Two-way ANOVA for repeated measures showed significant effect of group (p=0.05, F=2.99), time (p=0.00003, F=5.45) and group per time (p=0.0017, F=3.42) on changes in weight in the 3 groups Correlation analysis (Spearman's test): G1: reduction in weight correlated negatively with change in EDI-2 perfectionism (p=0.04, T=-2.4), social insecurity (p=0.01, T=-3.0), and PDQ-4-R negativism (p=0.05, T=-2.25)		

Evidence Table 44. Binge-eating disorder behavioral and drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition Of Weight Related Measure(S)	Weight Related Baseline	Weight Related Outcomes	Definition Of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Brambilla, 2009[46] (continued)				G2: reduction in weight correlated positively with EDI-2 ineffectiveness (p=0.02, T=2.86) G3: reduction in weight correlated negatively with SCL-90-R obsessivity-compulsivity (p=0.05, T=-2.5) and psychoticism (p=0.02, T=-3.2) Article also states that "no correlations emerged between weight changes and PDQ-4-R data," although this contradicts the significant correlation found between G1 and PDQ-4-R negativism		

Evidence Table 44. Binge-eating disorder behavioral and drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition Of Weight Related Measure(S)	Weight Related Baseline	Weight Related Outcomes	Definition Of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Claudino, 2007[47]	Weight BMI	Weight G1: 96.6 (16.7) G2: 98.4 (10.9) p = (0.23) BMI G1: 37.4 (4.9) G2: 37.4 (3.5) p = (0.93)	Weight G1: 89.8 (13.4) G2: 97.5 (10.5) p < (0.001) BMI G1: 35.? (3.5) G2: 36.7 (4.7) p = (0.0002)	NA	NA	NA

Evidence Table 44. Binge-eating disorder behavioral and drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition Of Weight Related Measure(S)	Weight Related Baseline	Weight Related Outcomes	Definition Of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Devlin, 2007[48] Devlin, 2005[49]	Weight (kg)	Pre-treatment weight (kg) mean (SD) Overall: 115 (21.8) G1: NR G2: NR G3: NR G4: NR	Post-treatment weight (kg) mean (SD) Overall: 113 (23.6) G1: NR G2: NR G3: NR G4: NR 6 months weight (kg) mean (SD) Overall: 111 (23.2) G1: NR G2: NR G3: NR G4: NR 12 months weight (kg) mean (SD) Overall: 111 (23.2) G1: NR G2: NR G3: NR G4: NR 18 months weight (kg) mean (SD) Overall: 113 (23.2) G1: NR G2: NR G3: NR G4: NR 24 months weight (kg) mean (SD) Overall: 115 (23.6) G1: NR G2: NR G3: NR G4: NR	NA	NA	NA

Evidence Table 44. Binge-eating disorder behavioral and drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition Of Weight Related Measure(S)	Weight Related Baseline	Weight Related Outcomes	Definition Of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Devlin, 2007[48] Devlin, 2005[49] (continued)			Estimated change in weight over 24 months mean (SE): 0.484 (0.309) G1: NR G2: NR G3: NR G4: NR Individual CBT (G1&G3 vs. G2&G4): F=0.01, p=0.911 Medication: (G1&G2 vs. G3&G4): F=0.01, p=0.914 Time: F=2.46, p=0.119 CBT-by-time: NS Medication-by-time: NS			

Evidence Table 44. Binge-eating disorder behavioral and drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition Of Weight Related Measure(S)	Weight Related Baseline	Weight Related Outcomes	Definition Of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Grilo, 2005[50]	BDI G1: 17.1 (SD 8.9) G1: 20.6 (SD 9.6) p=0.19 RSE G1: 27.7 (SD 5.1) G2: 26.0 (SD 5.7) p=0.28	Post-treatment BDI G1: 10.1 (SD 7.7) G2: 14.7 (SD 9.0) F=2.00 p=0.16 3m BDI G1: 9.9 (SD 8.6) G2: 14.6 (SD 10.9) F=1.35 p=0.25 Post-treatment RSE G1: 30.7 (SD 5.6) G2: 28.0 (SD 5.6) F=1.68 p=0.20 3m RSE G1: 30.4 (SD 5.7) G2: 28.3 (SD 5.2) F=0.72 p=0.40	BMI Weight loss Percentage weight loss 5% weight loss	BMI G1: 36.2 (SD 4.7) G2: 36.8 (SD 5.1) p=0.67	Post-treatment BMI G1: NR G2: NR F=NR p=NR 3m BMI G1: NR G2: NR F=NR p=NR Post-treatment Weight loss (kg) G1: 3.5 (SD 3.5) G2: 1.6 (SD 2.4) F=5.57 p=0.02 3m Weight loss (kg), mean G1: 3.4 (SD 5.0) G2: 1.3 (SD 3.1) F=3.05 p=0.09 Post-treatment % weight loss G1: 3.3 (SD 3.3) G2: 1.6 (SD 2.4) F=4.52 p=0.04 3m % weight loss G1: 3.3 (SD 5.0) G2: 1.3 (SD 3.0) F=2.69 p=0.10	NA

Evidence Table 44. Binge-eating disorder behavioral and drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition Of Weight Related Measure(S)	Weight Related Baseline	Weight Related Outcomes	Definition Of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Grilo, 2005[50] (continued)					Post-treatment 5% weight loss, ITT analysis G1: 36% G2: 8% chi-square=5.711 p=0.017 3m 5% weight loss, ITT analysis G1: 32% G2: 8% chi-square=4.50 p=0.034 Post-treatment 5% weight loss, completers G1: 47% G2: 10% chi-square=6.72 p=0.01 3m 5% weight loss, completers G1: 42% G2: 10% chi-square=5.27 p=0.022	

Evidence Table 44. Binge-eating disorder behavioral and drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition Of Weight Related Measure(S)	Weight Related Baseline	Weight Related Outcomes	Definition Of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Grilo, 2013[51]	BMI	G1: 39.0 (SD 7.0) G2: 37.2 (SD 5.3)	Post-treatment BMI G1: 37.9 (SD 6.9) G2: 36.0 (SD 5.0) Groups did not differ significantly in improvements (p=NR, NS) 6m BMI G1: 37.6 (SD 5.7) G2: 36.7 (SD 5.3) Groups did not differ significantly in improvements (p=NR, NS)	NA	NA	NA
Grilo, 2005[52] Grilo, 2012[53] Grilo, 2012[54] Grilo, 2006[55]	Measure 1: Body Mass Index, Mean (SD)	Measure 1: G1: 38.9(9.5) G2: 35.7 (7.2) G3: 35.7 (8.3) G4: 35.0 (6.2) F: 1.30 p: 0.279	Measure 1: G1: 38.1 (9.6) G2: 35.7 (7.5) G3: 34.9 (7.9) G4: 34.2 (5.8) ANCOVA p: ns G2 v G1: na G4 v G3: na G4 v G2: na G4 v G1: na G3 v G2: na G3 v G1: na	NR	NR	NR

Evidence Table 44. Binge-eating disorder behavioral and drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition Of Weight Related Measure(S)	Weight Related Baseline	Weight Related Outcomes	Definition Of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Molinari, 2005[56]	Achieved weight loss of at least 5% of initial weight % weight loss	n/a	3m achieved weight loss of at least 5% of initial weight G1: 100% G2: 100% G3: 100% 6m % weight loss G1: 5.25 (SD 1.30) G2: 6.62 (SD 2.74) G3: 7.32 (SD 0.88) p=NR, NS 12m % weight loss G1: 7.53 (SD 3.57) G2: 0.19 (SD 2.74) G3: 6.78 (SD 3.94) p=0.001	NA	NA	NA

Evidence Table 44. Binge-eating disorder behavioral and drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition Of Weight Related Measure(S)	Weight Related Baseline	Weight Related Outcomes	Definition Of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Ricca, 2001[57]	BMI	BMI Overall: 32.3 (SD 5.8) G1: 32.0 (SD 6.0) G2: 31.7 (SD 5.6) G3: 32.5 (SD 6.1) G4: 32.1 (SD 3.8) G5: 32.7 (SD 4.1)	24 weeks (end of treatment) (presented in bar graph only so means not discernable) G1: NR, p<0.01 vs. baseline G2: NR, p<0.01 vs. baseline G3: NR, p<0.01 vs. baseline G4: NR G5: NR 1 year after end of treatment (presented in bar graph only so means not discernable) G1: NR, p<0.01 vs. baseline G2: NR, p<0.01 vs. baseline G3: NR, p<0.01 vs. baseline G4: NR G5: NR G1, G2, and G3 showed increased BMI compared with 24wk but significantly lower than baseline; G4 and G5 showed no significant difference in 1y vs. baseline	NA	NA	NA

Evidence Table 45. Binge-eating disorder behavioral and drug treatment – part 9

Refid First Author's Last Name Year	Definition of Quality of Life	Quality of Life Baseline	Quality of Life Outcomes	Definition of Functional Capacity	Functional Capacity Baseline	Functional Capacity Outcomes
Agras, 1994[45]	NR	NR	NR	NR	NR	NR
Brambilla, 2009[46]	NA	NA	NA	NA	NA	NA
Claudino, 2007[47]	NA	NA	NA	NA	NA	NA
Devlin, 2007[48] Devlin, 2005[49]	NA	NA	NA	NA	NA	NA
Grilo, 2005[50]	NA	NA	NA	NA	NA	NA
Grilo, 2013[51]	NA	NA	NA	NA	NA	NA
Grilo, 2005[52] Grilo, 2012[53] Grilo, 2012[54] Grilo, 2006[55]	NR	NR	NR	NR	NR	NR
Molinari, 2005[56]	NA	NA	NA	NA	NA	NA
Ricca, 2001[57]	NA	NA	NA	NA	NA	NA

Evidence Table 46. Binge-eating disorder behavioral and drug treatment – part 10

Refid First Author's Last Name Year	Definition of Other	Other Baseline	Other Outcomes
Agras, 1994[45]	NR	NR	NR
Brambilla, 2009[46]	NA	NA	NA
Claudino, 2007[47]	NA	NA	NA
Devlin, 2007[48] Devlin, 2005[49]	NA	NA	NA
Grilo, 2005[50]	NA	NA	NA
Grilo, 2013[51]	NA	NA	NA
Grilo, 2005[52] Grilo, 2012[53] Grilo, 2012[54] Grilo, 2006[55]	NR	NR	NR
Molinari, 2005[56]	NA	NA	NA
Ricca, 2001[57]	NA	NA	NA

Evidence Table 47. Binge-eating disorder behavioral and drug treatment – part 11

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
Agras, 1994[45]	Drop-out during tx, N (%): G1: 10 (27%) G2: 6 (17%) G3: 8 (23%) (P = NS) Drop out during 3-mth FU, N: G1: 6 G2: 5 G3: 3	G1: "24% of participants in this group discontinued desipramine before the posttreatment assessment because of side effects."	NR	NR	NR	NR
Brambilla, 2009[46]	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Claudino, 2007[47]	Overall: Tx N = 37, Placebo N = 36 G1: 7 G2: 10 Mean Between-group difference (95% CI): NR p = (0.37)	Overall: G1: 1 G2: 0 Mean Between-group difference (95% CI): NR p = NR	NR	None	Overall: G1: 127 G2: 98 Mean Between-group difference (95% CI): NR p = NR	Overall: G1: 2 G2: 7 Mean Between-group difference (95% CI): NR p = NS

Evidence Table 47. Binge-eating disorder behavioral and drug treatment – part 11 (continued)

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
Devlin, 2007[48] Devlin, 2005[49]	Overall: 44 (38%) G1: NR G2: NR G3: NR G4: NR Mean Between-group difference (95% CI): NR p = NR Number of follow-up assessments completed did not differ by treatment	G1: NR G2: NR G3: NR G4: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR G3: NR G4: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR G3: NR G4: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR G3: NR G4: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR G3: NR G4: NR Mean Between-group difference (95% CI): NR p = NR

Evidence Table 47. Binge-eating disorder behavioral and drug treatment – part 11 (continued)

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
Grilo, 2005[50]	Overall: NR G1: 6 G2: 5 Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: 3 G2: 0 Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: 1 G2: 0 Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR "The overall frequency of reported side effects (at any time during the study) was only slightly higher in G1 than G2, although reports of certain GI events known to be due to orlistat's mode of action were higher for G1. In almost all cases, these events occurred early in treatment, tended to be mild, and were transient."	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Grilo, 2013[51]	Overall: N=11 G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR

Evidence Table 47. Binge-eating disorder behavioral and drug treatment – part 11 (continued)

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
Grilo, 2005[52] Grilo, 2012[53] Grilo, 2012[54] Grilo, 2006[55]	Overall participants dropped out: 22 (20%)	NR	NR	NR	NR	NR
Molinari, 2005[56]	Overall: 5 (8%) G1: 2 G2: 1 G3: 2 Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR
Ricca, 2001[57]	Overall: 25 G1: 3 G2: 6 G3: 5 G4: 5 G5: 6 Mean Between-group difference (95% CI): NR Number of dropouts in the 5 groups were not significantly different. Patients who dropped out were not significantly different from those who completed treatment for age	Overall: NR G1: 0 G2: 3 G3: 3 G4: 2 G5: 4 Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR G4: NR G5: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR G4: NR G5: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: 0 G2: 6 G3: 6 G4: 7 G5: 0 Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: 0 G2: 0 G3: 1 G4: 0 G5: 0 Mean Between-group difference (95% CI): NR p = NR

Evidence Table 48. Binge-eating disorder behavioral and drug treatment – part 12 (continued)

Refid First Author's Last Name Year	Dizziness	Headache	Insomnia	Nausea	Sexual Dysfunction	Cognition
Agras, 1994[45]	NR	NR	NR	NR	NR	NR
Brambilla, 2009[46]	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Claudino, 2007[47]	Overall: G1: 11 G2: 7 Mean Between-group difference (95% CI): NR p = NS	Overall: G1: 19 G2: 19 Mean Between-group difference (95% CI): NR p = NS	Overall: G1: 1 G2: 6 Mean Between-group difference (95% CI): NR p < (0.05)	Overall: G1: 8 G2: 3 Mean Between-group difference (95% CI): NR p = NS	NR	Overall: G1: 5 G2: 4 Mean Between-group difference (95% CI): NR p = NS Reported as confusion
Devlin, 2007[48] Devlin, 2005[49]	G1: NR G2: NR G3: NR G4: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR G3: NR G4: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR G3: NR G4: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR G3: NR G4: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR G3: NR G4: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR G3: NR G4: NR Mean Between-group difference (95% CI): NR p = NR
Grilo, 2005[50]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR

Evidence Table 48. Binge-eating disorder behavioral and drug treatment – part 12 (continued)

Refid First Author's Last Name Year	Dizziness	Headache	Insomnia	Nausea	Sexual Dysfunction	Cognition
Grilo, 2013[51]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Grilo, 2005[52] Grilo, 2012[53] Grilo, 2012[54] Grilo, 2006[55]	NR	NR	NR	NR	NR	NR
Molinari, 2005[56]	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Overall: 1 (either in G2 or G3) G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR
Ricca, 2001[57]	Overall: NR G1: 0 G2: 0 G3: 0 G4: 0 G5: 0 Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: 0 G2: 0 G3: 0 G4: 3 G5: 2 Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: 0 G2: 3 G3: 0 G4: 1 G5: 0 Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: 0 G2: 4 G3: 5 G4: 4 G5: 5 Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: 0 G2: 0 G3: 0 G4: 0 G5: 0 Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: 0 G2: 0 G3: 0 G4: 0 G5: 0 Mean Between-group difference (95% CI): NR p = NR

Evidence Table 49. Binge-eating disorder behavioral and drug treatment – part 13

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug Interactions	Harms Other	Harms Comments
Agras, 1994[45]	NR	NR	NR	NR	NR	NA
Brambilla, 2009[46]	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	NA
Claudino, 2007[47]	Overall: G1: 8 G2: 10 Mean Between-group difference (95% CI): NR p = NS	NR	NR	NR	Paresthesia Overall: G1: 18 G2: 4 Mean Between-group difference (95% CI): NR p < (0.05)	Taste Perversion Overall: G1: 9 G2: 0 Mean Between-group difference (95% CI): NR p < (0.05) Dysuria Overall: G1: 5 G2: 0 Mean Between-group difference (95% CI): NR p < (0.05) Leg Pain Overall: G1: 4 G2: 0 Mean Between-group difference (95% CI): NR p < (0.05 Other AE were reported, only those that were significant were added to "other" columns

Evidence Table 49. Binge-eating disorder behavioral and drug treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug Interactions	Harms Other	Harms Comments
Devlin, 2007[48] Devlin, 2005[49]	G1: NR G2: NR G3: NR G4: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR G3: NR G4: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR G3: NR G4: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR G3: NR G4: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR G3: NR G4: NR Mean Between-group difference (95% CI): NR p = NR	NA
Grilo, 2005[50]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	NA
Grilo, 2013[51]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	NA
Grilo, 2005[52] Grilo, 2012[53] Grilo, 2012[54] Grilo, 2006[55]	NR	NR	NR	NR	NR	NR

Evidence Table 49. Binge-eating disorder behavioral and drug treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug Interactions	Harms Other	Harms Comments
Molinari, 2005[56]	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR G3: NR Mean Between-group difference (95% CI): NR p = NR	Increased anxiety Overall: 1 (either in G2 or G3) G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR Unable to attend sessions due to work or family problems Overall: 3 G1: 2 G2: 0 G3: 1 Mean Between-group difference (95% CI): NR p = NR	NA

Evidence Table 49. Binge-eating disorder behavioral and drug treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug Interactions	Harms Other	Harms Comments
Ricca, 2001[57]	Overall: NR G1: 0 G2: 0 G3: 0 G4: 0 G5: 0 Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: 0 G2: 0 G3: 0 G4: 0 G5: 0 Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: 0 G2: 0 G3: 0 G4: 2 G5: 2 Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: 0 G2: 0 G3: 0 G4: 0 G5: 0 Mean Between-group difference (95% CI): NR p = NR	Vomiting Overall: NR G1: 0 G2: 1 G3: 0 G4: 0 G5: 0 Mean Between-group difference (95% CI): NR p = NR Anorgasmia Overall: NR G1: 0 G2: 1 G3: 0 G4: 0 G5: 0 Mean Between-group difference (95% CI): NR p = NR Hypersomnia Overall: NR G1: 0 G2: 0 G3: 2 G4: 0	NA

Evidence Table 50. Binge-eating disorder behavioral and drug treatment – part 14

Refid First Author's Last Name Year	Describe Subpopulation	Subpopulation Definition of Eating Related Measure(s)	Subpopulation Outcomes	Subpopulation Outcomes for Eating-Related Measures Continued	Subpopulation Definition of Psychological/ Psychiatric Measure(s)	Subpopulation Outcomes
Agras, 1994[45]	NA	NA	NA	NA	NA	NA
Brambilla, 2009[46]	None	NA	NA	NA	NA	NA
Claudino, 2007[47]	None	NA	NA	NA	NA	NA
Devlin, 2007[48] Devlin, 2005[49]	None	NA	NA	NA	NA	NA
Grilo, 2005[50]	None	NA	NA	NA	NA	NA
Grilo, 2013[51]	None	NA	NA	NA	NA	NA
Grilo, 2005[52] Grilo, 2012[53] Grilo, 2012[54] Grilo, 2006[55]	NA	NA	NA	NA	NA	NA
Molinari, 2005[56]	None	NA	NA	NA	NA	NA
Ricca, 2001[57]	None	NA	NA	NA	NA	NA

Evidence Table 51. Binge-eating disorder behavioral and drug treatment – part 15

Refid First Author's Last Name Year	Subpopulation Definition of Weight Related Measure(s)	Subpopulation Outcomes	Subpopulation Definition of Biomarker Outcomes Other Than Weight	Subpopulation Outcomes	Subpopulation Quality of Life	Subpopulation Functional Capacity
Agras, 1994[45]	NA	NA	NA	NA	NA	NA
Brambilla, 2009[46]	NA	NA	NA	NA	NA	NA
Claudino, 2007[47]	NA	NA	NA	NA	NA	NA
Devlin, 2007[48] Devlin, 2005[49]	NA	NA	NA	NA	NA	NA
Grilo, 2005[50]	NA	NA	NA	NA	NA	NA
Grilo, 2013[51]	NA	NA	NA	NA	NA	NA
Grilo, 2005[52] Grilo, 2012[53] Grilo, 2012[54] Grilo, 2006[55]	NA	NA	NA	NA	NA	NA
Molinari, 2005[56]	NA	NA	NA	NA	NA	NA
Ricca, 2001[57]	NA	NA	NA	NA	NA	NA

Evidence Table 52. Binge-eating disorder behavioral and drug treatment – part 16

Refid First Author's Last Name Year	Subpopulation Overall Discontinuation From Study	Subpopulation Discontinuation Due to AEs	Subpopulation Discontinuation Due to Lack of Efficacy	Subpopulation Serious AEs (Define in Addition to Reporting Rates)	Subpopulation any AE	Subpopulation Diarrhea
Agras, 1994[45]	NA	NA	NA	NA	NA	NA
Brambilla, 2009[46]	NA	NA	NA	NA	NA	NA
Claudino, 2007[47]	NA	NA	NA	NA	NA	NA
Devlin, 2007[48] Devlin, 2005[49]	NA	NA	NA	NA	NA	NA
Grilo, 2005[50]	NA	NA	NA	NA	NA	NA
Grilo, 2013[51]	NA	NA	NA	NA	NA	NA
Grilo, 2005[52] Grilo, 2012[53] Grilo, 2012[54] Grilo, 2006[55]	NA	NA	NA	NA	NA	NA
Molinari, 2005[56]	NA	NA	NA	NA	NA	NA
Ricca, 2001[57]	NA	NA	NA	NA	NA	NA

Evidence Table 53. Binge-eating disorder behavioral and drug treatment – part 17

Refid First Author's Last Name Year	Subpopulation Dizziness	Subpopulation Headache	Subpopulation Insomnia	Subpopulation Nausea	Subpopulation Sexual Dysfunction	Subpopulation Cognitive Functioning
Agras, 1994[45]	NA	NA	NA	NA	NA	NA
Brambilla, 2009[46]	NA	NA	NA	NA	NA	NA
Claudino, 2007[47]	NA	NA	NA	NA	NA	NA
Devlin, 2007[48] Devlin, 2005[49]	NA	NA	NA	NA	NA	NA
Grilo, 2005[50]	NA	NA	NA	NA	NA	NA
Grilo, 2013[51]	NA	NA	NA	NA	NA	NA
Grilo, 2005[52] Grilo, 2012[53] Grilo, 2012[54] Grilo, 2006[55]	NA	NA	NA	NA	NA	NA
Molinari, 2005[56]	NA	NA	NA	NA	NA	NA
Ricca, 2001[57]	NA	NA	NA	NA	NA	NA

Evidence Table 54. Binge-eating disorder behavioral and drug treatment – part 18

Refid First Author's Last Name Year	Subpopulation Somnolence	Subpopulation Vomiting	Subpopulation Drug Interactions	Subpopulation Other
Agras, 1994[45]	NA	NA	NA	NA
Brambilla, 2009[46]	NA	NA	NA	NA
Claudino, 2007[47]	NA	NA	NA	NA
Devlin, 2007[48] Devlin, 2005[49]	NA	NA	NA	NA
Grilo, 2005[50]	NA	NA	NA	NA
Grilo, 2013[51]	NA	NA	NA	NA
Grilo, 2005[52] Grilo, 2012[53] Grilo, 2012[54] Grilo, 2006[55]	NA	NA	NA	NA
Molinari, 2005[56]	NA	NA	NA	NA
Ricca, 2001[57]	NA	NA	NA	NA

Evidence Table 55. Binge-eating disorder drug treatment – part 1

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Arnold, 2002[58] A Placebo Controlled, Randomized Trial of Fluoxetine in the Treatment of Binge-eating disorder To assess the efficacy and safety of fluoxetine in the tx of BED USA Industry	randomized controlled trial all February 1998 to June 2000 6 wks	n=60 randomized	G1: Fluoxotine G2: Placebo	Randomized: G1: 30 G2: 30 Analyzed: G1: 23 G2: 13	1	Cincinnati, Ohio	Outpatient primary care (eg general practice)	NA
Brownley, 2013[59] NA Pilot trial to determine the effects of chromium for BED. USA Foundation/non-profit	randomized controlled trial all NR 6 months	N= 24	G1: High does of CrPic G2: Low dose of CrPic G3: Placebo	Randomized:24 G1: 8 G2: 9 G3: 7 Analyzed: 21 G1: 7 G2: 8 G3: 6	1	Chapel Hill, NC	Outpatient primary care (eg general practice)	Funding: Brain & Behavior Resesarch Foundation

Evidence Table 55. Binge-eating disorder drug treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Claudino, 2007[47] NA Evaluate the efficacy and tolerability of adjunctive topiramate compared to a placebo in reducing weight and binge eating in obese patients with BED receiving CBT Brazil Industry	randomized controlled trial all Sep 2003 - Apr 2005 21 weeks	73	G1: Topiramate G2: Control (placebo)	Randomized G1: 37 G2: 36 Completed G1: 30 G2: 26	4	2 in Sao Paulo Rio de Janeiro Salvador	Outpatient	Janssen-Cilag Pharmaceuticals

Evidence Table 55. Binge-eating disorder drug treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Golay, 2005[60] NA Determine the efficacy of 24 weeks of orlistat therapy in combination with a mildly reduced-calorie diet in obese patients with BED Switzerland Industry	randomized controlled trial all NR 24 weeks	89	G1: Orlistat G2: Control (placebo)	Randomized G1: 44 G2: 45 Completed G1: 39 G2: 32 Analyzed G1: 39 G2: 34	2	NR	Outpatient	Roche Pharmaceuticals

Evidence Table 55. Binge-eating disorder drug treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Guerdjikova, 2009[61] Lamotrigine in the treatment of binge-eating disorder with obesity: a rrandomized, placebo-controlled monotherapy trial To evaluate the efficacy and safety of lamotrigine in BED associated with obesity USA Industry	randomized controlled trial all 26 April 2006 to 21 September 2007 16 weeks	n=72 screened n=51 randomized n=31 treatment completers	G1: Lamotrigine G2: Placebo	Randomized: G1: 26 G2: 25 Analyzed, at least 1 outcome: G1: 25 G2: 24 Analyzed, 16wks: G1: 14 G2: 17	1	Cincinnati, Ohio	Outpatient primary care (eg general practice)	NA

Evidence Table 55. Binge-eating disorder drug treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Guerdjikova, 2008[62] NA To evaluate the efficacy and safety of high-dose escitalopram in the treatment of BED associated with obesity NR, likely US Industry	randomized controlled trial provider+patient NR 12 weeks	44	G1: escitalopram G2: placebo	Randomized: 44 G1: 21 G2: 23 Analyzed: ITT G1: 20 G2: 23 Analyzed: Completers G1: 17 G2: 19	1	NR	outpatient	Grant from Forrest Laboratories

Evidence Table 55. Binge-eating disorder drug treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Guerdjikova, 2012[63] NA Determine if duloxetine (an SNRI) would decrease binge eating, as well as excessive body weigh and depressive symptoms in BED patients with comorbid depressive disorders US Industry	randomized controlled trial all Mar 2007 - Aug 2009 12 weeks	40	G1: Duloxetine G2: Contol (placebo)	Randomized G1: 20 G2: 20 Completed G1: 13 G2: 14	1	Cincinnati, OH	Outpatient	(1) Partly funded by Eli Lilly (2) Other funders NR

Evidence Table 55. Binge-eating disorder drug treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Hudson, 1998[64] NA To assess the efficacy of fluvoxamine in the treatment of binge-eating disorder US Industry	randomized controlled trial provider+patient February to September, 1993 9 weeks	85	G1: Fluvoxamine G2: Placebo	Randomized: G1: 42 G2: 45 Analyzed: Intent-to-treat analysis G1: 42 G2: 45 Analyzed: Completed-subjects analysis (completed 9wks treatment) G1: 29 G2: 38 Analyzed: Evaluable-subjects analysis (completed ≥4wks treatment) G1: 34 G2: 41	3	Boston, Cincinnati, University of Minnesota (unclear if this is the Minneapolis or St. Paul campus)	outpatient	The Upjohn Co. and Solvay Pharmaceuticals

Evidence Table 55. Binge-eating disorder drug treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Laederach-Hofmann, 1999[65] NA Compare diet counseling with psychological support and imipramine or placebo on binge eating, weight, and depression during an 8 -week tx phase. Switzerland NR	randomized controlled trial assessor+patient NR 8-weeks	N= 31	G1: Imipramine G2: Placebo	Randomized:31 G1: 15 G2: 16 Analyzed: 28 G1: 14 G2: 14	1	Berne, Switzerland	Outpatient primary care (eg general practice)	Setting: University of Berne

Evidence Table 55. Binge-eating disorder drug treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Leombruni, 2008[66] A randomized, double-bling trial comparing sertraline and fluoxteine 6-month tratement in obese patients with Binge-eating disorder To assess the effictiveness of sertraline and fluoxetine over a period of 24 weeks in obese patients with BED Italy NR	randomized controlled trial all January 2003 to January 2005 6 months tx	- n=134 applied - n=42 randomized	G1: fluoxetine G2: sertraline	Randomized: G1: 20 G2: 22 Analyzed T8: G1: 20 G2: 22 Analyzed T12 G1: 18 G2: 20 Analyzed T24 G1: 15 G2: 16	1	Torino	Outpatient primary care (eg general practice)	NA

Evidence Table 55. Binge-eating disorder drug treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
McElroy, 2007[67] NA Evaluate atomoxetine in the treatment of BED USA Industry	randomized controlled trial all Sept 2004 - Oct 2005 10 weeks	N=40	G1: Atomoxetine G2: Plb	Randomized: 40 G1: 20 G2: 20 Analyzed: 25 G1: 11 G2:14	1	Cincinnati, OH	Outpatient primary care (eg general practice)	Funding source: Eli Lilly
McElroy, 2006[68] NA Evaluate zonisamide in the treatment of BED associated with obesity US Industry	randomized controlled trial provider+patient 9/5/03 - 10/1/04 16 weeks	60	G1: zonisamide G2: placebo	Randomized: G1: 30 G2: 30 Analyzed: G1: 30 G2:30	1	Cincinnati	outpatient	Eisai Pharmaceuticals, Inc.

Evidence Table 55. Binge-eating disorder drug treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
McElroy, 2003[69] NA To assess the efficacy and safety of citalopram in the treatment of binge-eating disorder US Industry	randomized controlled trial provider+patient August 2000 through July 2001 6 weeks	38	G1: Citalopram G2: Placebo	Randomized: G1: 19 G2: 19 Analyzed: G1: 19 G2: 19	1	NR	Outpatient	Study was supported in part by a grant from Forest Laboratories, New York, NY. Blinding of provider was not explicitly stated.
McElroy, 2003[70] Topiramate in the Treatment of Binge-eating disorder Associated with Obesity: A Randomized, Placebo Controlled trial To assess the efficacy and safety of topiramate in the tx of BED associated with obsity USA Industry	randomized controlled trial provider+patient Sept, 1998 through June 2000 18-23 wks (2-5 week screening + 14 week treatment + 2 week taper and discontinuation)	n=98 (screened); n=61 (randomized); n=35 (completed)	G1: Topiramate G2: Placebo	Randomized: G1: 30 G2: 31 Analyzed (ITT): G1: 30 G2:31	1	Cincinnati, Ohio	Outpatient primary care (eg general practice)	NA

Evidence Table 55. Binge-eating disorder drug treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
McElroy, 2000[71] NA Asess the efficacy of sertraline in the tx of BED. USA Industry	randomized controlled trial assessor+patient NR 6 weeks	N= 34	G1: Sertraline G2: Placebo	Randomized: 34 G1: 18 G2: 16 Analyzed:34 G1:18 G2:16	1	Cincinnati, OH	Outpatient primary care (eg general practice)	Funding - Pfizer
McElroy, 2011[72] NA Assess the efficacy and tolerability of acamprosate to treat BED US Industry	randomized controlled trial all Jun 2006 - Aug 2009 10 weeks	40	G1: Acamprosate G2: Control (placebo)	Randomized G1: 20 G2: 20 At least 1 post-randomzatioon efficacy measure (ITT Pop) G1: 19 G2: 20 Completed G1: 15 G2: 9	1	Mason, Ohio	Outpatient	Forest Labs

Evidence Table 55. Binge-eating disorder drug treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
McElroy, 2007[73] NA Assess the efficacy and safety of topiramate in patients with moderate-severe BED with obesity US Industry	randomized controlled trial all Oct 2003 - Feb 2005 16 weeks	394	G1: Topiramate G2: Control (placebo)	Randomized G1: 195 G2: 199 Completed G1: 85 G2: 81	19	NR	Outpatient	Ortho-McNeil Neurologics
McElroy, 2013[74] NA To assess preliminarily the effectiveness of a novel opioid antagonist, ALKS-33, in BED NR Industry	randomized controlled trial all NR 6 weeks	62	G1: ALKS-33 G2: placebo	Randomized: G1: 32 G2: 37 Analyzed: ITT (all randomized patients who received at least 1 dose of study drug and who had at least 1 post-baseline efficacy binge assessment) G1:26 G2: 36	6	NR	1 site was an academic eating disorders program; 5 sites were 4 private research groups and 1 acdemic eating disorder program	Alkermes, contract grant number NCT01098435

Evidence Table 55. Binge-eating disorder drug treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Pearlstein, 2003[75] A double-blind, placebo-controlled trial of fluvoxamine in binge eating disorder: a high placebo response To replicate the findings of previous double-blind RCT of fluvoxamine on BED, with improved methodology USA Industry	randomized controlled trial all NR 12 weeks	n=25 (recruited & screened) n=20 randomized	G1: Fluvoxamine G2: Placebo	Randomized: G1: 9 G2: 11 Analyzed: G1:9 G2:11	1	USA	Outpatient primary care (eg general practice)	NA

Evidence Table 55. Binge-eating disorder drug treatment – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Ricca, 2009[76] NA To evaluate the efficacy of zonisamide as augmentation to individual CBT in the treatment of BED Italy Other	non-randomized trial NR April 1 to June 20, 2006, and between April 1 to June 30, 2007 18 months	52	G1: CBT only G2: CBT + zonisamide	Allocated (not randomized) G1: 24 G2: 28	1	Florence	University outpatient clinic for eating disorders	"There was no funding for the development and writing of this article" (not mentioned whether study was funded)
White, 2013[77] NA To evaluate the short-term efficacy of buproprion for the treatment of BED in overweight and obese women NR Government	randomized controlled trial patient November 2006 to December 2010 8 weeks	61	G1: Buproprion G2: Placebo	Randomized: G1: 31 G2: 30 Analyzed: G1: 31 G2: 30	0	NR	outpatient	NIDDK grants R03 DK081404, K23 DK071646, K24 DK070052

Evidence Table 56. Binge-eating disorder drug treatment – part 2

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Arnold, 2002[58]	DSM-IV, and ≥ 3 BE episodes wkly for at least 6 mths; - Pregnant or lactating - concurrent AN - concurrent or recent (within 1 yr) substance abuse or dependence - lifetime history of psychosis, mania, hypomania, or dementia; history of any psychiatric disorder that could interfere with diagnostic assessment, tx, or compliance - suicide risk; received psychotherapy or behavioral therapy within 3 mths of entry - clinically unstable medical illness - history of seizures, lab abnormalities - MAOIs within 4 wks, or psychotropic meds within 2 wks of entry - received investigational meds or depot neuroleptics within 3 months of entry - previously treated with fluoxetine = experienced < 3 binges in the week before randomization (i.e., were considered placebo responders)	Adults with BED G1: 41.9 (9.7 SD) G2: 40.8 (9.0 SD) p=NS	Overall: 93% G1: 93% G2: 93% p=NS G1: 10% G2: 13% p=NS Completers G1: 112.5 (25.0 SD) G2: 110.3 (18.2 SD)	Age 18-60; weight >85% IBW	Current MDD from SCID G1: 27% G2: 23% p=NS	Lifetime depressive disorder G1: 67% G2: 63% p=NS BED Duration G1: 19.9 yrs (12.5 SD) G2: 16.7 (9.5) No	NA

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Brownley, 2013[59]	- DSM-IV criteria for BED - BMI < 25 or >45 - < 18 or > 60 yo - pregnant, planning on becoming pregnant during the study period, or lactating - current chromium use - current use of insulin or other medications to control glucose metabolism - current use of medications know to significantly influence appetite or weight - fasting glucose level > 126 mg/dL - creatine level > 1.0 for women or > 1.2 for men	- Adults - males and females - BED - overweight Overall: 36.6 (10.6) G1: 41.4 (8.5) G2: 35.1 (12.4) G3: 37.9 (10.8)	Overall: 83.3% Overall: 12.5% BMI Overall: 34.2 (5.4) G1: 34.9 (4.1) G2: 33.5 (7.0) G3: 34.3 (5.4)	- no current suicidal or homicidal intent or other psychiatric condition that required acute intervention	QIDS-SR Overall: 6.8 (3.8) G1: 7.1 (5.4) G2: 8.1 (3.0) G3: 5.7 (3.0)	Duration of illness: 16.6, range 1-45 years Group 1: without outlier	NA

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Claudino, 2007[47]	Tool: SCID-I Criteria: DSM-IV-TR 1) Prior exposure or known contraindication of topiramate 2) Exposure to any other experimental drug within 1 year prior to enrollment 3) Women who were pregnant, lactating, or of childbearing potential not using a reliable contraceptive method 4) Clinically significant or unstable psychiatric disorders or medical illnesses 5) History of nephrolithiasis 6) Previous surgeries that cause weight loss 7) Recent smoking cessation or intention to quit 8) Regular use (within 3 months of study entry) of: antipsychotics, cyproheptadine, antiepileptics, systemic steroids (except for menopause hormone replacement therapy or contraception), antiobesity agents, antidiabetes agents, and those that interfere with gastrointestinal movements or other agents.	Adults 18-60 diagnosed with BED (that is moderate to severe as chategorized by BES) with a BMI greater than or equal to 30 G1: 41.1 (9.9) G2: 35.4 (10.7) p = (0.02)	G1: 97.3 G2: 94.4 p = (0.54) G1: 47.9 G2: 47.2 p = (0.64) Weight G1: 96.6 (16.7) G2: 98.4 (10.9) p = (0.23) BMI G1: 37.4 (4.9) G2: 37.4 (3.5) p = (0.93)	1) 18-60 years old 2) BMI ≥ 30 3) BES score > 17	Histroy of major depression G1: 43.2% G2: 27.8% p = (0.06) BDI G1: 16.8 (8.3) G2: 15.9 (9.4) p = (0.67)	BES G1: 27.2 (6.5) G2: 26.5 (7.4) p = (0.67) None	NA

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Claudino, 2007[47] (continued)	9) Unstable use (within last 3 months) of antideppresants, lithium, or thyroid hormones 10) Enrollment in psychotherapy aimed at weight loss or eating disorder treatment within 3 months of entry to the study						

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Golay, 2005[60]	Tool: NR, "semi-structured interview conducted by a trained clinician Criteria: DSM-IV Women who were pregnant, lactating, or of childbearing potential not using a reliable contraceptive method -Hypersensitivity to Orlistat -History or presence of significant medical disorders -Active gastrointestinal disorder -Pancreatic disease or enzyme deficiency -History or current presence of pancreatitis -Hypertensive at screening and/or baseline -Myocardial infarction -CABG or angioplasty within the last 6 months -Evidence of heart failure -Unstable angina pectoris within the last 3 months -Drug-treated diabetis mellitus -Abnormal lab test results of clinical significance in the clinical chemistry or hematology -Excessive alcohol intake -Smoking cessation in the last 6 months	Adults 18-65 diagnosed with BED with a BMI greater than or equal to 30 G1: 41.2 (6.2) G2 : 40.6 (6.1) p = NR	G1: 91% G2: 91% p = NR Overall: 97%, group differences were not split out Weight G1: 96.9 (2.3) G2: 99.8 (2.1) p = NR BMI G1: 35.7 (0.5) G2: 37.3 (0.8)	Ages 18-65 BMI ≥ 30	Major Depression (measured in interview) G1: 14% G2:22% p = NR BDI G1: 10.8 (1.2) G2: 13.6 (1.3) p = NR	Generalized anxiety (measured in interview) G1: 46% G2: 58% p = NR HAD, anxiety scale G1: 18.4 (0.3) G2: 17.5 (0.5) p = NR HAD, depression scale G1: 15.3 (0.3) G2: 16.1 (0.4) p = NR NHP G1: 7.1 (0.8) G2: 10.8 (1.2) p = NR None	HAD = Hospital anxiety and depression -NHP = Nottingham health profile (quality of life) -Mean (SEM) - numbers in the parentheses are not SD! -Author states that the two groups were similar on these measures but did not make any statements about statistical significance

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Golay, 2005[60] (continued)	-Previous participation in any clinical trial of Orlistat -Taking antidepresssants, appetite suppressants, or tranquelizers -Participating in psychology therapy or counseling -Taking medications known to alter body weight -History or presence of cancer -History or presence of a pscyhological or sensory condition such as to interfere with the subject's ability to participate or give informed consent						

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Guerdjikova, 2009[61]	DSM-IV criteira for BED - Concurrent AN or BN (DSM-IV criteria) - Concurrent or recent (within 6m) substance abuse or dependence - Lifetime history of a psychotic disorder or dementia - History of psychaitric disorder (inc. personality disorder) that could interfere with study - Currently unstable depressive or bipolar disorder (MADRS>24 or YMRS>8) - Displayed clinically significant suicidality or homicidality - Had received either IPT, CBT, or other behavioral therapy for BED within 3m of study entry - Clinically unstable medical ilness - History of seizures - Clinically significant labs or ECG abnormalities - Required tx with any drug that might interact adversely with or obscure study medication - Had received psychotic medication within 1 wk of randomization	Obese adults with BED G1: 46.08 (12.62 SD) G2: 42.88 (12.74 SD) p=NS	G1: 84% G2: 75% p=NS White: G1: 84% G2: 83% p=NS Weight,kg (M,SD) G1: 105.93 (19.08) G2: 120 (25.39) p=NS	- Obese (BMI>=30) - Aged 18-65 years	Overall: 37.2%	Bipolar disorder, overall: 11.7% Age at onset of BED (yrs) G1: 29.77 (16.06 SD) G2: 21.44 (15.32 SD) p=NS No	NA

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Guerdjikova, 2009[61] (continued)	- Had received MAOIs within 4 wks of randomization - Had received investigational meds or depot antipsychotics with lamotrigine in the past - Treated w/lamotrigine int he past - Had < 2 binge days in the wk before randomization - Pregnancy or lactation or not practicing medically accepted contraception						

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Guerdjikova, 2008[62]	DSM-IV criteria for BED (1) had concurrent anorexia nervosa or bulimia nervosa (by DSM-IV criteria), (2) had concurrent or recent (within 1 year of study entry) substance abuse or dependence (by DSM-IV criteria), (3) had a lifetime history of psychosis, mania or hypomania or dementia (by DSM-IV criteria), (4) had a history of any psychiatric disorder that could interfere with diagnostic assessment, treatment or compliance, (5) posed a significant suicide risk, (6) had received interpersonal, cognitive-behavioral or dialectal behavioral therapy for BED within 3 months of entry into the study, (7) had a clinically unstable medical illness, (8) had a history of seizures, (9) had clinically significant laboratory abnormalities,	Obese adults age 18-60 with BED Overall: NR G1: 36.9 (SD 10.0) G2: 41.0 (SD 10.7) p=NS	Overall: NR G1: 95.5% G2: 95.7% p=NS Overall: NR G1: 27.3% G2: 26.1% p=NS Weight in kg Overall: NR G1: 113.0 (SD 20.0) G2: 109.2 (SD 17.2) p=NS	Obesity, defined as having a BMI of 30kg/m or greater Age 18-60	Current major depressive disorder Overall: 22.7% G1: 27.3% G2: 17.4% p=NS	Lifetime major depressive disorder Overall: 77.3% G1: 72.7% G2: 78.3% p=NS Lifetime alcohol use disorder Overall: NR G1: 9.5% G2: 13.0% p=NS Lifetime anxiety disorder: Overall: NR G1: 14.3% G2: 30.4% p=NS None	NA

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Guerdjikova, 2008[62] (continued)	(10) had received monoamine oxidase inhibitors (MAOIs) within 4 weeks of randomization, (11) had received other psychotropic medication within 2 weeks of randomization, (12) had received investigational medications or depot antipsychotics within 3 months of randomization, (13) had previously been treated with escitalopram or (14) had<2 binge days in the week before randomization. (15) Females were excluded if they were pregnant, lactating or if fertile, not practicing a medically accepted form of contraception						

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Guerdjikova, 2012[63]	Tool: SCID-I, and EDE-Q Criteria: DSM-IV-TR 1) Indicated a significant risk for suicide 2) Received psychotherapy for BED or depression within 3 months before randomization 3) Had a DSM-IV-TR diagnosis of: alcohol or substance abuse, bulimia nervosa, or anorexia nervosa with 6 months before randomization 4) Had a lifetime history of a psychotic disorder, a bipolar disorder, or dimentia 5) Had any Axis II disorder that might interfere with study procedures 6) Had a clinically unstable medical disease 7) Had a history of seizures, including febrile seizures in childhood 8) Known hypersensitivity to duloxetine or any of its inactive ingredients 9) Were receiving MAOIs, tricyclics, antipsychotics, lithium, or fluoxetine within 4 weeks before randomization 10) Women were excluded if pregnant, lactating, or if fertile and not practicing a medically accepted form of contraception	Adults 18-65 diagnosed with BED and any of the major depressive disorders G1: 44.4 (SD = 12.1) G2: 35.7 (SD = 10.4) p = (0.02)	G1: 80% G2: 95% p = (0.34) G1: 90% G2: 65% p = (0.41) Weight in kg G1: 111.1 (24.1) G2: 118.4 (23.1) p = (0.34) BMI G1: 38.7 (6.8) G2: 42.8 (7.7) p = (0.09)	1) 18-65 years old 2) Met DSM-IV-TR criteria for a major depressive disorder for at least one month immediately prior to randomization 3) Binged on at least 2 days/week for at least one week immediately prior to randomization 4) Had a score of at least 25 on the IDS-C scale at screening and baseline	Inventory of depressive symtpoms (IDS) G1: 35.6 (7.9) G2: 35.4 (5.4) p = (0.93)	CGI-S-BE G1: 5.0 (0.8) G2: 4.6 (0.7) p = (0.09) CGI-S-DD G1: 4.3 (0.7) G2: 4.2 (0.8) p = (0.50) YBOCS-BE G1: 22.3 (3.5) G2: 21.6 (2.8) p = (0.52) TFEQ G1: 35.6 (7.9) G2: 35.4 (5.4) p = (0.93) HAM-A G1: 16.9 (9.1) G2: 16.2 (5.7) p = (0.79) NA	CGI-S-BE: Clinical global impression-severity scale for binge eating CGI-S-DD: Clinical global impression-severity scale for depressive disorder YBOCS-BE: Yale-brown obsessive-compulsive scale modified for binge eating scale TFEQ: Three factor eating questionnaire HAM-A: Hamilton anxiety scale All numbers were pulled from table 1

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Hudson, 1998[64]	Met draft DSM-IV criteria proposed in 1991 for BED, and also reported hx of ≥3 binge episodes per week for at least 6 months (as opposed to an average of only 2 episodes per week as required in the draft criteria). Defined "binge" using the DSM-IV criteria plus additional requirement that estimated number of calories consumed be at least 1500 kcal. Pregnant or lactating Displayed concurrent anorexia nervosa Concurrent or recent (within 1 year of study entry) major depression or obsessive-compulsive disorder or lifetime substance dependence, psychosis, mania, or organic dementia Posed a significant suicide risk Had received psychotherapy or behavioral therapy within 3 months of entry to the study Had a history of psychosurgery or seizures Had a history of any psychiatric disorder that could interfere with diagnostic assessmenttreatment, or compliance	Adults 18-60 with BED Overall: NR G1: 41.2 (SD 9.9) G2: 43.0 (SD 9.5)	Overall: NR G1: 93% G2: 88% Overall: NR G1: 2% G2: 5% BMI in kg/m² Overall: NR G1: 34.2 (SD 6.0) G2: 36.8 (SD 8.2)	18-60 years old Weigh over 85% of the midpoint of the ideal body weight for their height	Hamilton Depression Scale Score, mean (SD) Overall: NR G1: 4.4 (SD 3.6) G2: 4.1 (SD 3.7) History of major depression, % Overall: NR G1: 48% G2: 28%	NR none	NA

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Hudson, 1998[64] (continued)	Had clinically unstable medical illness Had clinically significant abnormal laboratory results Had received monoamine oxidase inhibitors (MAOIs), tricyclics, neuroleptics, lithium, or fluoxetine within 4 weeks before randomization Had received investigational medications or depot neuroleptics within 3 months before randomization Had previously received fluvoxamine Had fewer than three binges in the week before randomization (i.e., were considered placebo responders)						

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Laederach-Hofmann, 1999[65]	DSM-IV criteria for BED (APA, 1994) - endocrine disorders - diabetes mellitus - pregnancy - arterial hypertension - renal diseases - pulmonary diseases including chronic obstructive lung disease & bronchial astham - use of psychoactive medication or appetite suppressants - contraindications for drugs with anticholinergic side effects - cyclothymia - schizophrenia - major depression - personality disorders - concomitant psychotherapy - other eating disorders (esp. BN) or AN	- Adults -Majority females - obese/overweight - BED Ovearll: NR Overall mean: NR G1: 40.7 (10.9) G2: 35.7 (10.3) p: NS	Overall: 87% NR Weight (KG) overall: NR G1: 96.0 (14.2) G2: 114.8 (29.5) p < 0.05 Body weight index (kg/m^2) G1: 36.1 (6.3) G2: 43.2 (9.4) p <0.02	- overweight or obesity (defined as a BMI > 27.5 kg/m^2) - 20-60 yo - depressive symps. Common in obese were not cotraindictions to participation	Self-Rating Depression Scale (SDS) G1: 35.3 (6.3) G2: 35.0 (5.8) p: NS Hamilton Depression Scale (HAMD) G1: 22.6 (9.8) G2: 21.3 (12.0) p: NS	NA NA	NA
Leombruni, 2008[66]	Diagnosis criteria of BED according to DSM-IV-TR - full syndrome axis I disorder - medically unstable condition	Female adults with BED Overall: 39.6 years (range 21-57 yrs)	100% NM BMI: 39.3 (SD 3.5)	- primary obesity with BMI>=30 - female gender	NA	Mean duration of ilness: 144 months (SD: 46.5 months) Mean amt of schooling: 9.5 yrs (SD 3.7 yrs) No	NA

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
McElroy, 2007[67]	- DSM-IV-TR criteria for BED - had > 3 binge-eating episodes and > 2 binge days in the week before receiving study medications - concurrent AN or BN - had substance use disorder within 6 months of study entry - had a lifetime history of a psychotic disorder, a BPD, or dementia or another cognitive diosrder - had a personality disorder that could interfere with diagnostic assessment, treatment or compliance - displayed clinically significant suicidality or homicidality - had received CBT or interpersonal pschotherapy or behavioral WT management for BED within 3 months of study entry - had a clinically unstable medical illness - had a history of seizures, including childhood febrile seizures - required tx with any drug that might adversely interact with or obscure the action of study medication	- Adults - males and females - BED - overweight G1: 43.1 (10.2) G2: 39.2 (7.7)	Overall: 17% G1: 16 (80%) G2: 17 (85%) Overall: (15%) G1: 3 (15%) G2: 3 (15%) Weight, kg G1: 106.9 (20.2) G2: 116.6 (30.1) BMI G1: 37.3 (6.7) G2: 41.4 (8.5)	- 18-65 yo - weight > 85% of the midpoint of ideal body weight for height	Hamilton Rating Scale for Depression G1: 2.0 (2.4) G2: 3.3 (3.6) Current depressive disorder Overall: 6 (15%) G1: 1 (5.0%) G2: 5 (25%) Lifetime depressive disorder Overall: 19 (47.5%) G1: 9 (45%) G2: 10 (50%)	Clinical Global Impressions - Severity of Illness scale G1: 2.0 (2.4) G2: 3.3 (3.6) NA	NA

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
McElroy, 2007[67] (continued)	- had clinically significant laborartory or electrocardiogram abnormalities - had recieved monoamine oxidase inhibitors, tricyclic antidepressants, lithium, antipsychotics, or fluoxetine within 4 wks prior to randomization - had recieved other psychoactive medication (othe than hypnotics, e.g., zolpidem or zaleplon, as needed for insomnia) within 2 wks of study medication initiation - had previosuly been treated with atomoxetine - Women: pregnant, lactating, or if fertile, not practicing a form of medically accepted contraception						

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
McElroy, 2006[68]	DSM-IV-TR criteria for BED concurrent anorexia nervosa or bulimia nervosa (per DSM-IV-TR criteria) substance use disorder (DSM-IV-TR criteria) within 6 months of study entry lifetime history of a psychotic disorder, bipolar disorder, dementia, or other cognitive disorder (per DSM-IV-TR criteria) personality disorder that could interfere with diagnostic assessment, treatment, or compliance (determined clinically during screening process) clinically significant suicidality or homicidality received CBT or interpersonal psychotherapy or behavioral weight management for BED within 3 months of study entry clinically unstable medical illness history of seizures, including childhood febrile seizures hsitory of nephrolithiasis clinically significant laboratory or electrocardiogram abnormalities received psychoactive medication (other than hyptnotics, e.g., zolpidem or zaleplon, as needed for insomia) within 2wks of study medication initiation	Adults age 18-62 with BED and obesity Overall: NR G1: 44.8 (SD 9.3) G2: 43.0 (SD 10.7)	Overall: NR G1: 27 (90.0%) G2: 26 (87.7%) Overall: NR G1: 23.4% G2: 33.3% Overall: NR G1: 118.0 (SD 30.7) G2: 112.8 (SD 24.3)	age 18-62 years obesity (BMI≥30) ≥2 days with binge eating episodes in the week before receiving study medication, confirmed with prospective diaries	Current depressive disorder Overall: NR G1: 5 (16.7%) G2: 5 (16.7%)	Duration of BED, years G1: 19.0 (SD 13.8) G2: 17.9 (SD 12.9) Leptin, ng/mL G1: 29.1 (SD 9.7) G2: 27.1 (SD 7.8) Ghrelin, ng/L G1: 995.7 (SD 216.0) G2: 934.7 (SD 212.0) Lifetime comorbid depressive disorder G1: 19 (63.3%) G2: 16 (53.3%) Lifetime comorbi none	NA

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
McElroy, 2006[68] (continued)	previously treated by zonisamide females excluded for current pregnancy, lactation, or not practicing a form of medically accepted contraception						

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
McElroy, 2003[69]	DSM-IV and also experienced ≥3 binge eating episodes weekly for at least the prior 6 months Pregnant or lactating; concurrent anorexia nervosa or bulimia nervosa; concurrent or recent (within 1y of study entry) substance abuse or dependence; lifetime history of psychosis, mania or hypomania, or dementia; history of any psychiatric disorder that could interfere with diagnostic assessment, treatment, or compliance; significant suicide risk; received psychotherapy or behavioral therapy within 3m of entry into the study; clinically unstable mental illness; history of seizures; clinically significant laboratory abnormalities; received monoamine oxidase inhibitors within 4 weeks of randomization; received other psychotropic medication within 2 weeks of randomization; received investigational medications or depot neuroleptics within 3m of randomization; previously treated with citalopram; experienced <3 binges in the week before randomization (i.e., were considered placebo responders).	Adults 18-60 with BED Overall: NR G1: 42.0 (SD 9.0) G2: 39.2 (SD 12.0) p=NR, NS	Overall: NR G1: 95% G2: 95% p=NR, NS Overall: NR G1: 21% G2: 5% p=NR, NS Weight in kg Overall: NR G1: 116.8 (21.0) G2: 94.6 (23.2) p=0.004 BMI Overall: NR G1: 41.4 (6.9) G2: 34.2 (7.4) p=0.003	18-60 years old, weighed more than 85% of their ideal body weight	Lifetime diagnosis of major depressive disorder: Overall: 68% Current major depressive disorder: 32%	NR None	NA

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
McElroy, 2003[70]	DSM-IV-TR criteria for BED - substance use disorder (DSM-IV TR) within the last 6 mths - unstable bipolar disorder (DSM-IV TR) within the past 3 mths - clinically sig suicidality - any current or past psychiatric disorder that could interfere with diagnostic assessment, tx or adherence - clinically unstable medical illness - hx of nephrolithiasis or seizures - clinically sig abnormal laboratory results - need for tx with any medication that might adversely interact with or obscure the action of topiramate - tx with psychoactive medication within two wks of random assignment - tx with an experimental drug or an experimental device within 30 days of random assignment - previous tx with topiramate	Obese adults with BED G1: 40.9 (sd 8.2) G2: 40.7 (sd 9.1) p=NS	NM NM Measure/scale: kg G1: 120.4 (18.8) G2: 123.4 (24.4)	Age 18-60 Obese (BMI >/= 30) Score >/= 15 on YBOCS-BE	SCID	Current mood disorder G1: n=4 (13%) G2: n=5 (16%) Lifetime mood disorder G1: 20 (67%) MDD = 18 BP = 2 G2: 19 (61%) MDD = 15 BP = 4 No	NA

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
McElroy, 2000[71]	- DSM-IV criteria for BED (APA, 1994) - At least 3 binge episodes weekly for at least 6 months - binge: DSM criteria + estimated number of kcal 1500 - current AN - substance use disorder within the past 6 months - history of psychosis or mania - risk for suicide - use of psychotropics within 2 wks of random assignment - previous use of sertraline - fewer than 3 binges in the week before random assignment	- Adults - males and females - BED - overweight G1: 43.1 (9.9) G2: 41.0 (12.2) t: 0.55 df: 32 P: 0.58	G1: 89% G2: 100% p: 0.49 NR BMI G1: 36.4 (7.4) G2: 35.8 (7.5) t: 0.23 df: 32 p: 0.82	- 18-60 yo - weigh more than 85% of ideal body weight	Hamilton Depression Scale G1: 6.4 (3.9) G2: 7.5 (8.4) t: -0.50 df: 32 p:0.62 Lifetime depression G1: 11 (61% G2: 7 (44%) P: 0.30 Current depression G1: 3 (17%) G2: 3 (19%) p: 1.00	NR NA	NA

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
McElroy, 2011[72]	Tool: SCID-I Criteria: DSM-IV-TR 1) Concurrent anorexia or bulimia nervosa 2) Substance use disorder 3) Lifetime history of a psychotic or other cognitive disorder 4) Personality disorder that could interfere with study	Overweight adults aged 18-65 diagnosed with BED G1: 46.2 (12.2) G2: 45.8 (9.1) p = (0.91)	G1: 80.0% G2: 90.0% p = (0.66) G1: 10.0% G2: 15.0% p = (0.61) G1: 116.5 (27.3) G2: 107.7 (23.7) p = (0.28)	1) 18-65 years old 2) Weighed ≥ 85% of the midpoint of ideal body weight for height 3) ≥ 3 binge eating episodes and ≥ 2 binge days in the screening week	MADRS G1: 1.8 (2.0) G2: 1.2 (1.4) p = (0.3)	CGI-S G1: 4.9 (0.8) G2: 4.8 (0.9) p = (0.71) CGI-I G1: 0.40 (1.23) G2: 1.0 (1.78) p = (0.22) YBOCS-BE Total G1: 19.6 (2.8) G2: 19.9 (4.7) p = (0.81) Obsession G1: 9.9 (1.8) G2: 10.0 (2.7) p = (0.94) Compulsion G1: None	MADRS: Montgomery Asberg depression rating scale CGI-S: Clinical global impression-severity scale CGI-I: Clinical global impression-improvement scale YBOCS: Yale-brown obsessive-compulsive scale TFEQ: Three factor eating questionnaire FCI: Food craving inventory scale SF-12: Outcomes Study 12-item short form health survey

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
McElroy, 2007[73]	Tool: SCID-I Criteria: DSM-IV 1) Current or lifetime history of major organic psychiatric disease, a psychotic disorder, or a bipolar disorder 2) Clinically significant depression 3) Current or recent (within 3 months of start of study medication) substance abuse or dependence (excluding nicotine or caffeine) 4) Enrollment in a formal psychotherapy program within 6 months before the screening phase 5) A history of factitious disorder,malingering, or a personality disorder that might interfere withassessment or compliance with study procedure 6) A serious orunstable concurrent medical illness 7) Any medical condition that might potentially compromise topiramate absorption, metabolism, or excretion 8) A history of nephrolithiasis or seizures 9) Known hypersensitivity to or a prior adverse event with topiramate.	Overweight adults aged 18-65 diagnosed with BED G1: 44 (11.5) G2 : 45(11.6) p = NR	G1: 84.2% G2: 84.2% p = NR G1:24.3% G2: 18.8% p = NR Weight G1: 106 (18.5) G2: 107 (18.3) p = NR BMI G1: 38 (5.1) G2: 39 (5.5) p = NR	1) Ages 18-65 2) 50 ≥ BMI ≥ 30 3) ≥ 3 binge eating episodes and ≥ 2 binge days in the screening week 4) Women of childbearing age had to be non-pregnant, not lactating, and using a medically accepted form of birth control	MADRS G1: 5.9 (5.4) G2: 6.7 (5.5) p = NR	BIS-11 Overall G1: 64.2 (11.5) G2: 65.7 (11.2) Motor Impulsiveness G1: 22.8 (4.7) G2: 23.1 (4.3) Nonplanning Impulsiveness G1: 25.4 (5.3) G2: 25.8 (5) Attentional Impulsiveness G1: 16.0 (4.2) G2: 16.8 (4.5) YB None	MADRS: Montgomery Asberg depression rating scale CGI-S: Clinical global impression-severity scale YBOCS-BE: Yale-brown obsessive-compulsive scale modified for binge eating TFEQ: Three factor eating questionnaire BIS-11: Barratt Impulsivenes s Scale SDS: Sheehan Disability Scale

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
McElroy, 2013[74]	DSM-IV-TR criteria for BED concurrent symptoms of bulimia nervosa or anorexia nervosa; suicidal ideation (defined as a score 2 on Item 9 of the Beck Depression Inventory, 2nd Ed; current major depressive disorder or a BDI score 17; lifetime bipolar or psychotic disorder; substance abuse or dependence (except nicotine or caffeine abuse or dependence) within 6 months prior to randomization; any psychiatric disorder that might interfere with a diagnostic assessment or compliance with study procedures positive urine toxicological screen at screening or randomization; participated in a psychological or weight loss intervention for BED that was initiated within the 3 months prior to screening; had clinically unstable medical disease or clinically significant findings on ECG, urinalysis, or laboratory results.	Obese adults at least 18 years old with BED Overall: 45.2 (SD 11.3) G1: 40.6 (SD 11.2) G2: 48.6 (SD 10.2) p=0.005 Since the groups were significantly different in age, age was added as a covariate in the longitudinal analysis	Overall: 56 (90%) G1: 23 (88%) G2: 33 (92%) p=0.69 Overall: 12 (19%) G1: 4 (15%) G2: 8 (22%) p=0.50 BMI Overall: 38.95 (SD 5.8) G1: 38.6 (SD 4.8) G2: 39.2 (SD 6.4) p=0.69 Weight (kg) Overall: NR G1: 106.0 (SD 13.5) G2: 107.6 (17.7) p=0.70	at least 18 years old BMI at least 30 at least 3 binge eating daays per week as assessed by take-home binge diary during the 2 weeks of the screening period prior to randomization	BDI total score, mean Overall: NR G1: 3.7 (SD 2.8) G2: 4.7 (SD 4.1) p=0.29	Waist circumference (cm) Overall: NR G1: 114.1 (SD 9.9) G2: 115.2 (SD 12.1) p=0.70 None	NA

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
McElroy, 2013[74] (continued)	Individuals who had used any psychotropic medications (other than hypnotics) within 4 weeks prior to randomization as well as those who had a current or anticipated need for prescribed opioid medication during the study period were also ineligible. Women were excluded if they were pregnant, lactating, or if fertile, not using medically accepted contraception.						
Pearlstein, 2003[75]	DSM-IV research criteria for BED based on EDE NR	Individuals with BED Overall: 41.0 p=NS	Overall: 85% p=NS Overall:10% p=NS BMI: 41.16	NR	p=NS	Married: 70% No	NA

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Ricca, 2009[76]	DSM-IV threshold or subthreshold BED, with binge minimum average frequency of once a week over the 6m period preceeding the interview any organic disease interfering with eating behavior illiteracy and mental retardation lifetime hx psychotic, bipolar, or substance abuse disorders hx seizures contraindication to treatment with zonisamide pregnancy or lactation	ED clinic patients age 18-60 with BED or subthreshold BED Overall: NR G1: 34.8 (SD 11.09) G2: 36.07 (SD 11.56)	Overall: NR G1: 83.3% G2: 82.1% Overall: NR G1: NR G2: NR BMI Overall: NR G1: 39.22 (SD 7.84) G2: 38.43 (SD 5.70)	Patients attending the outpatient ED clinic during recruitment period Age 18-60	Unipolar depression Overall: NR G1: 20.8% G2: 21.4% Panic disorder Overall: NR G1: 12.5% G2: 14.2% Generalized anxiety disorder Overall: NR G1: 20.8% G2: 14.2% Obsessive compulsive disorder Overall: NR G1: 4.1% G2: 7.1%	Diagnosis of subthreshold BED Overall: NR G1: 58.3% G2: 57.1% Age onset BED Overall: NR G1: 27.17 (SD 4.85) G2: 28.14 (SD 6.07) Duration of illness Overall: NR G1: 7.67 (SD 3.07) G2: 6.06 (SD 3.96) None	NA

Evidence Table 56. Binge-eating disorder drug treatment – part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
White, 2013[77]	DSM-IV-TR criteria for BED Diabetes Seizure disorders Uncontrolled hypertension Hypothyroidism Current pregnancy or breastfeeding History of severe renal, hepatic, neurological, chronic pulmonary disease, or other unstable medical disorder Gallbladder disease Current medications or herbal supplements with psychoactive properties Current treatment for eating/weight Serious psychiatric disorder that warrants a higher level of treatment (e.g., bipolar disorder, current substance use disorder) Homicidal or suicidal ideation History of anorexia nervosa or bulimia nervosa	Overweight and obese women aged 18-65 with BED Overall: 44.1 (SD 12.5) G1: 45.2 (12.1) G2: 43.1 (13.0) p=0.523	Overall: 100 G1: 100 G2: 100 p = NA Overall: 16.4% G1: 22.6% G2: 10.0% p=0.185 Overall BMI: 35.8 (SD 6.8) G1: 36.2 (SD 6.6) G2: 35.4 (SD 7.1) p=NR	BMI 25-30 Age 18-65 years	Axis 1 comorbidity (lifetime) Overall: 73.8% G1: 67.7% G2: 80.0% p=0.277 Mood disorder (lifetime) Overall: 52.5% G1: 51.6% G2: 53.3% p=0.893 Anxiety disorder (lifetime) Overall: 37.7% G1: 32.3% G2: 43.4% p=0.372	Substance use disorder (lifetime) Overall: 24.6% G1: 16.1% G2: 33.3% p=0.119 Smoking (lifetime) Overall: 50.8% G1: 45.2% G2: 56.7% p=0.369 none	NA

Evidence Table 57. Binge-eating disorder drug treatment – part 3

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Arnold, 2002[58]	NA	Fluoxetine, dosage began with 20mg/day for 3 days; As tolerated, dose increased to 40 mg/day for 3 days, then 60 mg/day. After 2 wks of treatment with 60mg/day, dose could increase to 80 mg/day. At endpoint, mean dose (SD) was 71.3 (11.4); G2: 67.3 (11.5).	Placebo, dosage began with 20mg/day for 3 days; As tolerated, dose increased to 40 mg/day for 3 days, then 60 mg/day. After 2 wks at 60mg/day, dose could increase to 80 mg/day. At endpoint, mean dose (SD) was 67.3 (11.5).	NA	NA	NA
Brownley, 2013[59]	N/A	Chromium high dose '- 1000 mcg Cr/day as Cr/Pic	Chromium low dose '- 600 mcg Cr/day	- Placebo	NA	NA

Evidence Table 57. Binge-eating disorder drug treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Claudino, 2007[47]	19 sessions of Cognitive Behavioral Therapy lead by a therapist and cotherapist. Sessions lasted 90 minutes and 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 who could not tolerate their current dose (minimum dose required was 25mg)	Placebo	NA	NA	NA

Evidence Table 57. Binge-eating disorder drug treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Golay, 2005[60]	All participants were prescribed a hypocaloric diet that was deisnged to recude weigh 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.	Orlistat 120mg, taken three times daily with meals for 24 weeks	Placebo	NA	NA	NA

Evidence Table 57. Binge-eating disorder drug treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Guerdjikova, 2009[61]	NA	Lamotrigine, flexible dose (236+/-150 mg/day), 16 wks. 25 mg/day for the first 14 days, then dosage increased to 50mg/day. On day 28, the dosage was increased to 50mg twice daily. On day 35 the dosage was increased as tolerate to 100 mg bid. If no response or inadequate the dosage was increased as tolerate to 100mg bid. If no response or inadequate response was evident by wk 6, medication was increased to 150mg bid. If no response or inadequate response by wk 8, dosage was increased to maximum dose of 200 mg bid. During wks 12-16, the dosage was not changed unless a medical reason required such	Placebo, identical to tx group, dose was 232mg/day (range 25-400mg/day)	NA	NA	NA

Evidence Table 57. Binge-eating disorder drug treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Guerdjikova, 2008[62]	Subjects began with 1 week of open evaluation. Then they received 10mg/day for the first 7 days. The dosage was increased, as tolerated, to 20mg/day for 7 days and then 30mg/day, as tolerated, for the remainder of the study. Study medication could be reduced to a minimum of 10mg/day because of intolerable side effects at any time during the 12wk treatment period. All study medication was dispensed in identical tablets (10mg of escitalopram or placebo).	Escitalopram	Placebo	NA	NA	NA

Evidence Table 57. Binge-eating disorder drug treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Guerdjikova, 2012[63]	None	Duloxetine Start: All p's 30mg Duloxetine per day 2nd week: Increased as tolerated to 60mg 4th week: In the absense of remission of binge eating or depressive symptoms and intolerable side effects, increased to 90mg 6th: Increased to 120mg per day on the same criteria Dosing was either once per day or twice per day depending on tolerability	Placebo	NA	NA	NA

Evidence Table 57. Binge-eating disorder drug treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Hudson, 1998[64]	Patients had a 1-week screening period followed by a 1-week single-blind placebo lead-in period. A 9-week treatment period followed. All medications were in identical capsules (50mg) supplied in numbered containers dispensed to patients according to the randomization schedule. During placebo lead-in period, patients took one capsule each evening; in the double-blind tx phase, dose was 50mg each evening for a minimum of 3 days. Beginning on day 4, the dose could be adjusted on an individual basis between 50mg and 300mg until end of week 9. If number of capsules was even, an equal number of capsules was taken in the morning and evening; if odd, the greater number was taken in the evening. Adjustments within the range of 1-6 capsules per day were at discretion of investigator, and medication was increased within this range until a patient was asymptomatic or intolerance intervened.	Study treatment was fluvoxamine	Study treatment was placebo	NA	NA	NA

Evidence Table 57. Binge-eating disorder drug treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Laederach-Hofmann, 1999[65]	- 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/ 3x's a day	Placebo - identical capsules - 3 x's a day	NA	NA	NA
Leombruni, 2008[66]	NA	Fluoxetine, dose of 10 mg for 3 days, after that it was increased in 10 mg increments eveyr 3 days to a max of 80mg/da (range: 40-80 mg, mean dosage 64.5 mg, SD=9.9)	Sertraline, a dose of 25 mg/day for 3 days, after that the dose was increased in 25-mg increments eveyr 3 days to a maximum of 200mg/day, as tolerated. Range: 100-200, mean dose 165.9 mg, SD 32.3	NA	NA	NA

Evidence Table 57. Binge-eating disorder drug treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
McElroy, 2007[67]	- 10 week trial '- 1 week treatment discontinuation - identical capsules - 40 mg for first 7 days - increased at the beginning of the 2nd week to 80 mg/day as tolerated - increased at beginning of 3rd week to 120 mg.day as tolerated - could be reduced to 40 mg daily because of bothersome SE at anytime during the 10 wk trial	Atomoxetine	Placebo	NA	NA	NA
McElroy, 2006[68]	Study medications were delivered in identical 100-mg capsules supplied in numbered containers and dispensed to patients according to a predetermined randomization schedule. For the last 4 weeks of treatment period (weeks 13-16), study medication dose was not changed unless a medical reason (e.g., adverse event) necessitated such a change. Study medication could be reduced to a minimum of 100 mg daily because of bothersome side effects at any time during the 16-week treatment period. Patients took their daily dose of study medication in the evening; however, if patients preferred, they could take half of the daily dose in the morning.	Zonisamide, begun at 100 mg/day for the first 7d and then increased, as tolerated, by 100mg/day every 7 days to a max of 600 mg/day.	Placebo	NA	NA	NA

Evidence Table 57. Binge-eating disorder drug treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
McElroy, 2003[69]	All medications were dispensed in identical capsules (20 mg of citalopram or placebo). Subjects began treatment with 20 mg/day for the first 7 days. The dosage was then increased, as tolerated, to 40 mg/day for 7 days, then 60 mg/day for the remainder of the study. Study medication could be reduced to a minimum of 1 capsule (20mg) daily because of intolerable side effects at any time during the 6 week treatment period.	Study treatment was citalopram	Study treatment was placebo	NA	NA	NA
McElroy, 2003[70]	NA	topiramate flexible-dose 25 mg-600mg/d; median 212mg. 25mg each evening the first 3 days, 50mg days 4-7, 75 or 100mg days 7 on. If after w eks there was no response, the dose was increased 50mg/wk for 4 wks, tehn 75mg/wk for 4 weeks, a max dose of 600mg/day at 10 wks. Dose was not changed wks 10-14	Placebo, same flexible-dose plan as tx group	NA	NA	NA

Evidence Table 57. Binge-eating disorder drug treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
McElroy, 2000[71]	NA	- 1 capsule for at least 3 days --> dose adjusted to between 1 and 4 capsules daily	Sertraline	Placebo	NA	NA
McElroy, 2011[72]	None	Acamprosate First two weeks: 1,998 mg daily, 2 333mg tablets 3 times per day After second week: Participants could increase as tolerated to a maximum of 2,997mg a day Minimum requirement was 999mg a day Increments or schedule to increase NR	Placebo	NA	NA	NA

Evidence Table 57. Binge-eating disorder drug treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
McElroy, 2007[73]	None	Topiramate Twice daily Started 25mg/day First four weeks - could increase daily dose by 25mg each week as tolerated to 100mg Week 5, could increase up to 150mg, week 6, up to 200mg, week 7 up to 300mg, week 8, up to 400mg A single dose reduction to previous dose was allowed to manage tolerability	Placebo	NA	NA	NA
McElroy, 2013[74]	10mg given as a once daily nighttime dose (because of the incidence of somnolence observed in previous studies). At the discretion of the investigator, 1 dose decrease (from 10mg to 5mg ALKS-33 in G1) was permitted for any participant who had poor tolerability to treatment.	ALKS-33	placebo	NA	NA	NA

Evidence Table 57. Binge-eating disorder drug treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
Pearlstein, 2003[75]	Subjects met w/a research nurse or psychiatrist weekly for the first 6 weeks and then biweekly for the next 6 weeks	fluvoxamine, dose was titrated up to 150 mg b.i.d. Avg dose for tx was 239 mg/day	placebo, dose was titrated up to 150 mg b.i.d. Avg dose for tx was 264 mg/day	NA	NA	NA
Ricca, 2009[76]	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 maxi	NA	NA	NA

Evidence Table 57. Binge-eating disorder drug treatment – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2	Group 3	Group 4	Group 5
White, 2013[77]	To ensure concealment of randomization, medication was prepared in identical-appearing capsules	Buproprion: 150mg tablets taken once daily for the first 3 days, then taken twice daily for study days 4-56	Placebo: Tablets taken once daily for the first 3 days, then taken twice daily for study days 4-56	NA	NA	NA

Evidence Table 58. Binge-eating disorder drug treatment – part 4

Refid First Author's Last Name Year	Fidelity of the Intervention	Intervention Comments	Outcomes Collection and Measurement
Arnold, 2002[58]	Capsule count was done weekly	NA	Primary outcome was weekly fq of binges via diary; secondary outcomes were weight, BMI, CGI-S score, HAM-D total score, and response categories
Brownley, 2013[59]	- 1 month placebo run-in - monitored medication	NA	- All measures completed at pretreatment, 3-month midtreatment, 6-month posttreatment, 3-month follow-up - Binges per week recall from EDE
Claudino, 2007[47]	1) All CBT sessions were taped and reviewed with a CBT specialist to ensure adherence to CBT manual 2) 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 visit All measurements were taken at baseline, and at weeks: 3, 7, 13, 17, and 21

Evidence Table 58. Binge-eating disorder drug treatment – part 4 (continued)

Refid First Author's Last Name Year	Fidelity of the Intervention	Intervention Comments	Outcomes Collection and Measurement
Golay, 2005[60]	Investigator meetins 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	Unless specifically listed below, measures were taken at baseline and after 24 weeks -Weight loss was measued every 2 weeks -Energy and fat intakes were assessed by the dietician using the self-report diary at weeks 12 and 24 -Number 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 episodes -Metabolic parameters were assessed at baseline, weeks 12 and 24 Measures of body composition were assessed by bioimpedencce and resting energy expenditure calculated using indirect calorimetry

Evidence Table 58. Binge-eating disorder drug treatment – part 4 (continued)

Refid First Author's Last Name Year	Fidelity of the Intervention	Intervention Comments	Outcomes Collection and Measurement
Guerdjikova, 2009[61]	NR	NA	12 wks outcomes for all variables except the ones on metabolic parameters (those are 16 wks)
Guerdjikova, 2008[62]	NR	NA	Binge episode was defined using DSM-IV criteria, assessed via clinical interview and review of take-home diaries, upon which subjects recorded number and duration of binge episodes and food consumed during binges All analyses are ITT unless specified as completers
Guerdjikova, 2012[63]	NR	NA	Participants were evaluated at least twice during screening/baseline on all outcome measures. Following that, on all except 2 measure, participants were evalauted after 1, 2, 4, 6, 8, 10, and 12 weeks of treatment. For TFEQ and HAM-A, participants were evaluated at weeks 2, 6, 10, and 12. Binge eating episodes were assessed via clinical interivews and review of participant take-home diaries where participants recorded binge episodes
Hudson, 1998[64]	Fidelity was assessed by medical compliance ascertainment by capsule count and diaries. Level of fidelity NR.	NA	Outcomes were assessed weekly through take-home diaries and clinical interview (binge frequency), medication dose, capsule count (medical compliance), self-report (adverse events, use of nonstudy medications, Clinical Global Impression improvement and severity scales), and examination (vital signs, weight). Depression was assessed at baseline, week 5, and week 9 by the Hamilton Rating Scale for Depression. Outcome analyses used 9-week data.

Evidence Table 58. Binge-eating disorder drug treatment – part 4 (continued)

Refid First Author's Last Name Year	Fidelity of the Intervention	Intervention Comments	Outcomes Collection and Measurement
Laederach-Hofmann, 1999[65]	- 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 takedn at 0 , 4, 8, 16, and 32 wks - Binge eating assessed by a semistructed interview during deit counseling session at preclusion (-4 wks), 0, 2, 4, 6, 8 , 10, 12, 14, 16, 18, 20, 24, 28, 32 wks - weight assessed during medical visits at 0, 4, 8, 16, and 32 wks
Leombruni, 2008[66]	NA	NA	Values are M, SD unless otherwise stated T0=Baseline; T8=2 months; T12=3months; T24=6 months A GLM & ANOVA for repeated measures were performed to compare data among four times of observeations for group effect. Post-hoc test was used Bonferrroni (corrected for multiple comparisons) for time factor: T0>T8, T12, T24
McElroy, 2007[67]	- medication supplied in numbered containers and dispensed to pts	NA	- evaluations completed 1, 2, 3, 4, 6, 8 wks and 1 wk after study medication discontinuation - binges recorded via clinical interview and review of pt. take home diaries
McElroy, 2006[68]	Medication compliance was assessed by capsule count	NA	Binge frequency was defined using DSM-IV-TR criteria and assessed via clinical interview and review of patient take-home diaries, upon which patients recorded binges, duration of binges, and food consumed during binges Secondary outcomes were weekly frequency of binge days, weight (kg), BMI, and measures of BED-related pathology and depression

Evidence Table 58. Binge-eating disorder drug treatment – part 4 (continued)

Refid First Author's Last Name Year	Fidelity of the Intervention	Intervention Comments	Outcomes Collection and Measurement
McElroy, 2003[69]	Fidelity was assessed by weekly medical compliance ascertainment by capsule count. Level of fidelity NR.	NA	Outcomes were assessed weekly through take-home diaries and clinical interview (binge frequency), capsule count (medical compliance), self-report (adverse events, use of nonstudy medications), and examination (vital signs, weight). Depression was assessed biweekly by the Hamilton Rating Scale for Depression. Outcome analyses used 6-week data.
McElroy, 2003[70]	NA	NA	Results for ITT group
McElroy, 2000[71]	NA	NA	- binges recorded as number of binges since last visit (1 week) using diaries - CGI and binges recorded each week - self report measures at 2,4,6 wks
McElroy, 2011[72]	NR	NA	Participants were evaluated at least twice during screening/baseline on all outcome measures. Following that, participants were evalauted after 1, 2, 3, 4, 6, 8, and 10 weeks Binges were assessed via clinical interviews and review of the participants take-home diaries
McElroy, 2007[73]	NR	NA	NA
McElroy, 2013[74]	NR	NA	Assessments completed pre-treatment and at 6 weeks post-treatment Binge measures were assessed from take-home diary
Pearlstein, 2003[75]	NA	NA	NR
Ricca, 2009[76]	NR	NA	Assessments were conducted at baseline, 24 weeks (after CBT treatment ended), and one year after end of treatment.

Evidence Table 58. Binge-eating disorder drug treatment – part 4 (continued)

Refid First Author's Last Name Year	Fidelity of the Intervention	Intervention Comments	Outcomes Collection and Measurement
White, 2013[77]	NR	NA	Participants completed daily records of binge eating episodes, based on EDE definitions of different types of overeating episodes involving the loss of control. Each daily record asked whether participants had any OBEs and SBEs and if so, how many. Prior to starting medication, participants self-reported frequency of binge episodes occurring over the previous 7 days for baseline measure.

Evidence Table 59. Binge-eating disorder drug treatment – part 5

Refid First Author's Last Name Year	Definition of Binges (days; frequency; remission; abstinence etc.)	Binges Baseline	Binges Outcomes
Arnold, 2002[58]	Binges/wk	Binges/wk: G1: 6.0 (2.5) G2: 6.1 (4.8) (p = NS)	Binges/wk Endpoint: G1: 1.8 (2.9) G2: 2.7 (3.8) Diff between groups (p = NR) Diff between groups in change over time (time trend analysis, P = 0.033; endpoint analysis, P = NS) Response Categories (% decrease in binges/wk from baseline to endpoint) Intent to treat sample: G1 = 29; G2 = 21 None (<50%): G1: 7 (24); G2: 9 (43) Moderate (50%-74% decrease): G1: 8 (28); G2: 4 (19) Marked (75%-99% decrease): G1: 1 (3); G2: 3 (14) Remission (100%): G1: 13 (45) (p = NR) G2: 5 (24) (p = NR) Diff between groups (p = NS) Diff between groups in change over time (p = NR)
Brownley, 2013[59]	- Measure 1: Binges per 28 days	Measure 1: baseline G1: 31.0 (24.8) G2: 12.8 (3.6) G3: 16.7 (9.5) p: 0.39	Measure 1: Monthly rate of change G1: -1.65 (0.76) G2: -0.93 (0.70) G3: -0.97 (0.78) p: NS

Evidence Table 59. Binge-eating disorder drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (days; frequency; remission; abstinence etc.)	Binges Baseline	Binges Outcomes
Claudino, 2007[47]	Binge day frequency - the number of days per week that a participant engaged in at least one binge episode Binge episode frequency per week	Binge days/wk G1: 4.2 (3.4) G2: 3.4 (1.3) p = (0.18) Binge episodes/wk G1: 4.7 (3.3) G2: 3.8 (1.5) p = (0.13)	Binge days/wk G1: 0.0 (0.2) G2: 0.3 (0.6) p = (0.27) Binge episodes/wk G1: 0.0 (0.2) G2: 0.3 (0.8) p = (0.18)
Golay, 2005[60]	Number of binges was not a main outcome, NR	N/A	N/A
Guerdjikova, 2009[61]	Binges/wk Binge days/wk	Binges/wk (M,SD) G1: 3.92 (1.47) G2: 3.28 (1.31) Binge days/wk (M,SD) G1: 3.81 (1.39) G2: 3.20 (1.26)	Binges/wk (M,SD) G1: 1.65 (2.35) G2: 0.76 (1.71) Diff between groups (p = 0.151) Diff between groups in change over time (p =0.958) Binge days/wk (M, SD) G1: 1.58 (2.212) G2: 0.76 (1.71) Diff between groups (p = 0.156) Diff between groups in change over time (p =0.900)

Evidence Table 59. Binge-eating disorder drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (days; frequency; remission; abstinence etc.)	Binges Baseline	Binges Outcomes
Guerdjikova, 2008[62]	Binge episodes/week Binge days/week Response categories for % decrease in frequency of binges from BL to endpoint -none (<50%) -moderate (50-74%) -marked (75-99%) -remission (100%)	Binge episodes/week G1: 4.9 (SD 2.6) G2: 5.1 (SD 2.3) p=NS Binge days/week G1: 4.0 (SD 1.7) G2: 4.1 (SD 1.5) p=NS	Binge episodes/week G1: 0.9 (SD 1.4) G2: 1.7 (SD 1.5) Binge episodes/week Time-trend analysis Estimate between-group difference in 12-week change (95% CI): -0.27 (-0.50, 0.07) chi-square: 2.7 p=0.100 Binge episodes/week Endpoint analysis Estimate between-group difference in change from BL to final visit (95% CI): -0.31 (-0.52, 0.03) t=2.17 p=0.036 Binge days/week G1: 0.9 (SD 1.4) G2:1.6 (SD 1.4) Binge days/week Time-trend analysis Estimate between-group difference in 12-week change (95% CI): -0.28 (-0.50, 0.05) chi-square: 2.95 p=0.102 Binge days/week Endpoint analysis Estimate between-group difference in change from BL to final visit (95% CI): -0.31 (-0.52, 0.01) t=2.10 p=0.042 ITT analysis Response: None G1: 3 (15%) G2: 5 (22%) p=0.088 for difference between groups

Evidence Table 59. Binge-eating disorder drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (days; frequency; remission; abstinence etc.)	Binges Baseline	Binges Outcomes
Guerdjikova, 2008[62] (continued)			ITT analysis Response: Moderate G1: 3 (15%) G2: 9 (39%) p=0.088 for difference between groups ITT analysis Response: Marked G1: 4 (20%) G2: 3 (13%) p=0.088 for difference between groups ITT analysis Response: Remission G1: 10 (50%) G2: 6 (26%) p=0.088 for difference between groups Completer analysis Response: None G1: 2 (12%) G2: 3 (16%) p=0.176 for difference between groups Completer analysis Response: Moderate G1: 2 (12%) G2: 8 (42%) p=0.176 for difference between groups Completer analysis Response: Marked G1: 5 (29%) G2: 2 (11%) p=0.176 for difference between groups Completer analysis Response: Remission G1: 8 (47%) G2: 6 (32%) p=0.176 for difference between groups

Evidence Table 59. Binge-eating disorder drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (days; frequency; remission; abstinence etc.)	Binges Baseline	Binges Outcomes
Guerdjikova, 2012[63]	Binge day frequency - the number of days per week that a participant engaged in at least one binge episode Binge episode frequency per week	BDF G1: 4.0 (1.8) G2: 3.5 (1.5) p = NR BEF G1: 4.5 (2.0) G2: 4.0 (2.4) p = NR	BDF G1: 1.0 (1.7) G2: 1.3 (1.2) p = (0.04) d = (0.67) BEF G1: 1.1 (2.0) G2: 1.3 (1.2) p = (0.02) d = (0.78)

Evidence Table 59. Binge-eating disorder drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (days; frequency; remission; abstinence etc.)	Binges Baseline	Binges Outcomes
Hudson, 1998[64]	Binge frequency: Number of binges experienced since the last visit (visits were weekly) Additional analyses examined categorical variable of % decrease in frequency of binges from BL to 9wk	Number of binges/wk G1: 5.4 (SD 2.9) G2: 5.3 (SD 2.5) p=NR, NS	Mean frequency of binges (intent-to-treat), in mean log ([binges/week]+1): G1: depicted in graph G2: depicted in graph p=NR, text reports that the rate of reduction in frequency of binges was significantly greater in G1 than in G2 Effect of fluvoxamine on frequency of binges (intent-to-treat), treatment-by-time interaction: -0.181 SE 0.066 p=0.006 Response categories (intent-to-treat): Remission G1: 15 (38%) G2: 11 (26%) Response categories (intent-to-treat): Marked response G1: 3 (8%) G2: 3 (7%) Response categories (intent-to-treat): Moderate response G1: 7 (18%) G2: 7 (16%) Response categories (intent-to-treat): No response G1: 15 (38%) G2: 22 (51%) Response categories (completed-subjects): Remission G1: 13 (45%) G2: 9 (24%)

Evidence Table 59. Binge-eating disorder drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (days; frequency; remission; abstinence etc.)	Binges Baseline	Binges Outcomes
Hudson, 1998[64] (continued)			Response categories (completed-subjects): Marked response G1: 2 (7%) G2: 3 (8%) Response categories (completed-subjects): Moderate response G1: 6 (21%) G2: 6 (16%) Response categories (completed-subjects): No response G1: 8 (28%) G2: 20 (53%) Response categories (evaluable-subjects--those who completed 4wks): Remission G1: 15 (44%) G2: 10 (24%) Response categories (evaluable-subjects--those who completed 4wks): Marked response G1: 3 (9%) G2: 3 (7%) Response categories (evaluable-subjects--those who completed 4wks): Moderate response G1: 6 (18%) G2: 7 (17%) Response categories (evaluable-subjects--those who completed 4wks): No response G1: 10 (29%) G2: 21 (51%)

Evidence Table 59. Binge-eating disorder drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (days; frequency; remission; abstinence etc.)	Binges Baseline	Binges Outcomes
Laederach-Hofmann, 1999[65]	Measure 1: Binge eating episodes per week (N)	Measure 1: Baseline G1: 7.1 (4.1) G2: 7.1 (4.9) p: NS	Measure 1 8 wks G1: 2. 5 (2.9) G1 dif (SD): -4.5 (4.2) G2: 5.3 (5.1) G2 dif (SD): - 1.7 (2.9) 32 wks G1: 4.1 (2.1) G1 dif (SD): - 3.2 (2.9) G2: 7.2 (4.3) G2 dif (SD): 0.0 (1.4)
Leombruni, 2008[66]	Binges/week	Binges/wk G1: 4.6 (3.2) G2: 6.2 (7.3)	Binges/wk T8 G1: 1.3 (1.9) G2: 0.8 (1.1) T12 G1: 1.3 (2.0) G2: 0.6 (0.6) T24 G1: 0.9 (1.1) G2: 1.1 (3.3) Time effect p = 0.000 Time x group p = 0.467

Evidence Table 59. Binge-eating disorder drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (days; frequency; remission; abstinence etc.)	Binges Baseline	Binges Outcomes
McElroy, 2007[67]	Measure 1: binge frequency - mean # of binges per week in the interval between visits Measure 2:Weekly frequency of binge days - days when the pt. had 1 or more binges	Measure 1: G1: 4.2 (1.4) G2: 4.9 (2.5) Measure 2: G1: 3.8 (1.1) G2: 3.9 (1.5)	Measure 1: Longitudinal Analysis Estimate (mean change btwn g1-g2): -0.41 95% CI: -0.61 to -0.09 X^2: 5.27 p: 0.81 Endpoint Analysis Estimate (mean change btwn g1-g2):-0.16 95% CI: -0.29 to - 0.01 t: 2.20 p: 0.34 Measure 1: Longitudinal Analysis Estimate (mean change btwn g1 - g2): -0.45 95% CI: -0.63 to - 0.18 X^2: 8.75 p: 0.003 Endpoint Analysis Estimate (mean change btwn g1 - g2): -0.16 95% CI: -0.30 to - 0.03 t: 2.37 p: 0.023

Evidence Table 59. Binge-eating disorder drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (days; frequency; remission; abstinence etc.)	Binges Baseline	Binges Outcomes
McElroy, 2006[68]	Binge frequency (mean number of binges per week) Frequency of binge days Binge response to treatment categories -remission: cessation of binges -marked: 75%-99% decrease -moderate: 50-74% decrease -none: <50% decrease Time to recovery (recovery = first	Binge frequency (binges/wk) G1: 4.7 (SD 1.4) G2: 4.4 (SD 2.0) Binge days/wk G1: 3.9 (SD 1.1) G2: 3.9 (SD 1.3)	Longitudinal analysis Binge frequency (binges/wk) G1: NR G2: NR Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo: -0.315 (95% CI -0.504 to -0.055); log transformation (log [binges/week]+1) was used for analysis, but these values are expressed in the original scale p=0.021 Endpoint analysis Binge frequency (binges/wk) G1: NR G2: NR Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo (table also says that the "estimate is the test statistic, which is the mean difference in change scores (endpoint minus BL) between the zonisamide and placebo groups): 0.002 (95% CI -0.143 to 0.171); log transformation (log [binges/week]+1) was used for analysis, but these values are expressed in the original scale p=0.979 Longitudinal analysis Binge days/wk G1: NR G2: NR

Evidence Table 59. Binge-eating disorder drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (days; frequency; remission; abstinence etc.)	Binges Baseline	Binges Outcomes
McElroy, 2006[68] (continued)			Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo: -0.271 (95% CI -0.476 to 0.016); log transformation (log [binges/week]+1) was used for analysis, but these values are expressed in the original scale p=0.082 Endpoint analysis Binge days/wk G1: NR G2: NR Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo (table also says that the "estimate is the test statistic, which is the mean difference in change scores (endpoint minus BL) between the zonisamide and placebo groups): -0.040 (95% CI -0.176 to 0.119); log transformation (log [binges/week]+1) was used for analysis, but these values are expressed in the original scale p=0.596 Intent-to-treat Binge response to treatment--none G1: (5 (18%) G2: 4 (14%) p=0.82 (NS difference between groups) Intent-to-treat Binge response to treatment--moderate G1: 4 (14%) G2: 7 (24%) p=0.82 (NS difference between groups)

Evidence Table 59. Binge-eating disorder drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (days; frequency; remission; abstinence etc.)	Binges Baseline	Binges Outcomes
McElroy, 2006[68] (continued)			Intent-to-treat Binge response to treatment--marked G1: 4 (14%) G2: 5 (17%) p=0.82 (NS difference between groups) Intent-to-treat Binge response to treatment--remission G1: 15 (54%) G2: 13 (45%) p=0.82 (NS difference between groups) Analysis of completers uses G1: N=12 G2: N=18 Completer Binge response to treatment--none G1: 0 (0%) G2: 1 (6%) p=0.25 (significant difference between groups) Completer Binge response to treatment--moderate G1: 1 (8%) G2: 5 (28%) p=0.25 (significant difference between groups) Completer Binge response to treatment--marked G1: 0 (0%) G2: 4 (22%) p=0.25 (significant difference between groups) Completer Binge response to treatment--remission G1: 11 (92%) G2: 8 (44%) p=0.25 (significant difference between groups)

Evidence Table 59. Binge-eating disorder drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (days; frequency; remission; abstinence etc.)	Binges Baseline	Binges Outcomes
McElroy, 2003[69]	Binge frequency: Number of binges experienced since the last visit (visits were weekly), per clinical interview and review of take-home diaries Weekly frequency of binge days (days during which there were 1 or more binges) Additional analyses examined c	BL Binges/wk, mean (SD) G1: 5.2 (3.6) G2: 5.7 (2.6) p=NR, NS BL Binge days/wk G1: 4.0 (1.7) G2: 4.0 (1.5) p=NR, NS	6-week Binges/wk, mean (SD) G1: 1.7 (3.1) G2: 3.4 (3.0) Differences between groups in change from BL to 6wk (standardized at 5.5 binges/wk): -1.1 p=0.091 6-week Binge days/wk G1: 1.2 (2.0) G2: 2.8 (2.2) Differences between groups in change from BL to 6wk (standardized at 4.0 binge days/wk): -1.2 p=0.016 Intent-to-treat Response categories for percentage decrease in frequency of binges from BL to 6wk: None (<50%) G1: 5 (26) G2: 11 (58) p=0.068 for difference between groups, by exact trend test Intent-to-treat Response categories for percentage decrease in frequency of binges from BL to 6wk: Moderate (50-74%) G1: 4 (21) G2: 3 (16) p=0.068 for difference between groups, by exact trend test Intent-to-treat Response categories for percentage decrease in frequency of binges from BL to 6wk: Marked (75-99%) G1: 1 (5) G2: 1 (5) p=0.068 for difference between groups, by exact trend test

Evidence Table 59. Binge-eating disorder drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (days; frequency; remission; abstinence etc.)	Binges Baseline	Binges Outcomes
McElroy, 2003[69] (continued)			Intent-to-treat Response categories for percentage decrease in frequency of binges from BL to 6wk: Remission (100%) G1: 9 (47) G2: 4 (21) p=0.068 for difference between groups, by exact trend test As-treated Response categories for percentage decrease in frequency of binges from BL to 6wk: None (<50%) G1: 3 (19) G2: 7 (47) p=0.080 for difference between groups, by exact trend test As-treated Response categories for percentage decrease in frequency of binges from BL to 6wk: Moderate (50-74%) G1: 3 (19) G2: 3 (20) p=0.080 for difference between groups, by exact trend test As-treated Response categories for percentage decrease in frequency of binges from BL to 6wk: Marked (75-99%) G1: 1 (6) G2: 1 (7) p=0.080 for difference between groups, by exact trend test As-treated Response categories for percentage decrease in frequency of binges from BL to 6wk: Remission (100%) G1: 9 (56) G2: 4 (27) p=0.080 for difference between groups, by exact trend test

Evidence Table 59. Binge-eating disorder drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (days; frequency; remission; abstinence etc.)	Binges Baseline	Binges Outcomes
McElroy, 2003[70]	Binge frequency per wk (% reduction) Binge day frequency per wk (% reduction)	NA	Binge Frequency/wk (% decrease) G1: 94% G2: 46% Diff between groups: (p=NS) Diff between groups in change over time: (p=0.02) Diff between groups in rate of change: (p < 0.0004) Binge Day Frequency /wk (% decrease) G1: 93% G2: 46% Diff between groups: (p=NS) Diff between groups in change over time: (p=0.02) Diff between groups in rate of change: (p < 0.0001) G1 greater reduction than G2
McElroy, 2000[71]	Measure 1: binges per week	Measure 1: baseline G1: 7.6 (4.8) G1 LOG: 2.04 (0.48) G2: 7.2 (5.8) G2 LOG: 1.97 (0.52)	Measure 1: Difference in change btwn G1 and G2, mean: -0.441 SE:0.163 Analysis X^2: 7.30 df: 159 p: 0.008
McElroy, 2011[72]	Binge episode frequency per week Binge day frequency - the number of days per week that a participant engaged in at least one binge episode	Binges episodes/wk G1: 4.5 (2.1) G2: 4.5 (2.2) Bingedays/wk G1: 4.2 (1.7) G2: 3.8 (1.2)	Binges episodes/wk G1: 1.9 (2.4) G2: 2.8 (2.5) p = (0.61) d = (0.21) Binge days/wk G1: 1.8 (2.2) G2: 2.6 (2.1) p = (0.23) d = (0.51)

Evidence Table 59. Binge-eating disorder drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (days; frequency; remission; abstinence etc.)	Binges Baseline	Binges Outcomes
McElroy, 2007[73]	Binge episode frequency per week Binge day frequency - the number of days per week that a participant engaged in at least one binge episode	Binges episodes/wk G1: 6.6 (4.6) G2: 6.3 (3.6) Bingedays/wk G1: 4.6 (1.3) G2: 4.6 (1.3)	Binge episodes/wk Change from baseline G1: -3.5 (1.9) G2: -2.5 (2.1) p < 0.001 Binge days/wk Change from baseline G1: -5.0 (4.3) G2: -3.4 (3.8) p < 0.001

Evidence Table 59. Binge-eating disorder drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (days; frequency; remission; abstinence etc.)	Binges Baseline	Binges Outcomes
McElroy, 2013[74]	Weekly binge days Binge days responder categories according to reduction inbinge days by 1, 2, or 3 binge days -≥1 day -≥2 day -≥3 day Weekly binge frequency Weekly binge frequency responder categories according to reduction in weekly binge frequency b	Weekly binge days G1: 3.4 (SD 1.0) G2: 3.7 (SD 1.5) p=0.35 Weekly binge frequency G1: 4.4 (SD 2.3) G2: 4.3 (SD 2.3) p=0.87	Endpoint means NR Weekly binge days, Mean change (SD) from baseline to endpoint: G1: -2.4 (SD 1.6) G2: -2.7 (SD 1.5) p=0.50 Binge days responder-≥1 day, N (%) from baseline to endpoint, N (%): G1: 20 (77%) G2: 32 (89%) p=0.30 Binge days responder-≥2 day, N (%) from baseline to endpoint: G1: 18 (69%) G2: 24 (67%) p=0.83 Binge days responder-≥3 day, N (%) from baseline to endpoint: G1: 11 (42%) G2: 18 (50%) p=0.55 Weekly binge frequency, Mean change (SD) from baseline to endpoint: G1: -3.3 (SD 2.4) G2: -3.2 (SD 1.8) p=0.99 Binge frequency responder-≥2 binges, N (%) from baseline to endpoint: G1: 19 (73%) G2: 26 (SD 72%) p=0.94 Binge frequency responder-≥3 binges, N (%) from baseline to endpoint: G1: 16 (SD 62%) G2: 20 (SD 56%) p=0.64

Evidence Table 59. Binge-eating disorder drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (days; frequency; remission; abstinence etc.)	Binges Baseline	Binges Outcomes
McElroy, 2013[74] (continued)			Binge frequency responder-≥4 binges, N (%) from baseline to endpoint: G1: 10 (38%) G2: 13 (SD 36%) p=0.85 Remission, N (%) G1: 9 (35%) G2: 19 (53%) p=0.16
Pearlstein, 2003[75]	Number of binge days, past 28 days Binge Frequency	Days Binged (M,SD) G1: 14.67 (55.68) G2: 20.00 (6.21) (p = NS)	Days Binged (M,SD) G1: 3.11 (4.20) G2: 7.31 (9.31) Diff between groups (p = NR) Change over time for both groups: (p < 0.001) Diff between groups in change over time (p = NS)
Ricca, 2009[76]	Binge frequency / month Binge eating scale (BES)	Binge frequency / month: mean, 25th and 75th percentiles) G1: 5 (4.0-18.7) G2:5.0 (4.0-15.0) Binge eating scale (BES): mean, 25th and 75th percentiles) G1: 15 (9.5-21.5) G2: 15 (11.0-18.0)	24wk Binge frequency / month: mean, 25th and 75th percentiles) G1: 2.0 (1.0-3.0) G2: 2.0 (0.0-5.0) p=NR 18m Binge frequency / month: mean, 25th and 75th percentiles) G1: 3.0 (2.0-3.0) G2: 2.0 (0.0-5.0) G2 had greater reduction, p<0.01 24wk Binge eating scale (BES): mean, 25th and 75th percentiles) G1: 10 (5.0-11.7) G2: 7 (3.0-16.0) G2 had greater reduction, p<0.05 18m Binge eating scale (BES): mean, 25th and 75th percentiles) G1: 9.0 (5.5-12.7) G2: 7 (2.0-16.0) G2 had greater reduction, p<0.01

Evidence Table 59. Binge-eating disorder drug treatment – part 5 (continued)

Refid First Author's Last Name Year	Definition of Binges (days; frequency; remission; abstinence etc.)	Binges Baseline	Binges Outcomes
White, 2013[77]	Objective binge eating (OBE) episodes, EDE monthly Objective binge eating (OBE) episodes, self-report weekly (via daily monitoring) Subjective binge eating (SBE) episodes, EDE monthly Subjective binge eating (SBE) episodes, self-report weekly (via dail	OBE episodes, EDE monthly G1: 17.8 (SD 11.9) G2: 13.6 (SD 6.5) OBE episodes, SR weekly G1: 3.3 (SD 3.3) G2: 3.0 (SD 2.6) SBE episodes, EDE monthly G1: 13.5 (SD 11.2) G2: 10.3 (SD 14.2) SBE episodes, SR weekly G1: 3.6 (SD 2.7) G2: 2.7 (SD 3.4)	8wk OBE episodes, EDE monthly G1: 5.0 (SD 9.4) G2: 6.3 (SD 8.0) Mixed effects model medication effect F=0.08, p=0.77 8wk OBE episodes, SR weekly G1: 0.8 (SD 1.2) G2: 1.0 (SD 1.5) Mixed effects model medication effect F=2.01, p=0.16 8wk SBE episodes, EDE monthly G1: 9.3 (SD 21.4) G2: 7.5 (SD 8.4) Mixed effects model medication effect F=0.96, p=0.33 8wk SBE episodes, SR weekly G1: 2.2 (SD 4.2) G2: 2.3 (SD 2.4) Mixed effects model medication effect F=0.47, p=0.50 8wk Categorical remission from binge episodes (no binge episodes during the past 4 weeks) G1: 42% G2: 27% Chi-square=1.58, phi coefficient=0.16, p=0.21

Evidence Table 60. Binge-eating disorder drug treatment – part 6

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Arnold, 2002[58]	NA	NA	NA
Brownley, 2013[59]	- Measure 1: EDE global - Measure 2: EDE eating concern - Measure 3: EDE shape concern - Measure 4: EDE weight concern - Measure 5: EDE restraint	Measure 1: baseline G1: 3.3 (1.3) G2: 3.2 (0.9) G3: 3.4 (0.7) p: 0.99 Measure 2: baseline G1: 3.0 (1.9) G2: 3.0 (1.0) G3: 3.2 (1.7) p: 0.PP Measure 3: baseline G1: 4.6 (1.4) G2: 4.3 (1.1) G3: 4.5 (1.0) P: 0.99 Measure 4: baseline G1: 4.2 (1.5) G2: 3.9 (0.9) G3: 4.0 (1.3) p: 0.99 Measure 5: baseline G1: 1.4 (1.5) G2: 1.9 (1.4) G3: 1.8 (1.4) p: 0.99	Measure 1 Monthly rate of change G1: -0.21 (0.07) G2: -0.13 (0.07) G3: -0.04 (0.07) G1 v G3 t: -1.72 df: 31 p: 0.10 G2 v G3 t: -0.95 df: 31 p: 0.35 Measure 2 Monthly rate of change G1: -0.29 (0.08) G2: -0.11 (0.08) G3: -0.02 (0.08) G1 V G3: t: -0.78 df: 37 p: 0.04 G2 V G3 t: -0.78 df: 37 p: 0.44 Measure 3 Monthly rate of change G1: -0.24 (0.08) G2: -0.16 (0.07) G3: -0.01 (0.08) G1 V G3 t: -2.08 df: 37 p: 0.04

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Brownley, 2013[59] (continued)			G2 V G3 t: -1.45 df: 37 p: 0.15 Measure 4 Monthly rate of change G1: -0.20 (0.07) G2: -0.18 (0.06) G3: 0.06 (0.07) G1 V G3 t: -2.67 df: 37 p: 0.01 G2 V G3 t: -2.48 df: 37 p: 0.02 Measure 5 Monthly rate of change G1: -0.13 (0.10) G2: -0.01 (0.09) G3: -0.06 (0.10) G1 V G3 t: -0.55 df: 37 p: 0.59 G2 V G3 t: 0.37 df: 37 pL 0.71

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Claudino, 2007[47]	BES	G1: 27.2 (6.5) G2: 26.5 (7.4) p = (0.67)	G1: 7.5 (7.1) G2: 8.6 (5.7) p = (0.46)
Golay, 2005[60]	BED (measured in clinical interview) EDI	BED G1: 100% G2: 100% EDI G1: 68.0 (3.5) G2: 64.9 (3.4) p = NR	BED G1: 23% G2: 29% p = NS EDI G1: 50.0 (3.6) G2: 58.4 (4.7) p = (0.011)
Guerdjikova, 2009[61]	EOQ EDE-Q Total EDE-Q Restraint EDE-Q Eating Concern EDE-Q Weight Concern EDE-Q Shape Concern TFEQ (EI) Total EI Restraint EI Hunger EI Disinhibition	EOQ (M,SD for this one & all variables below) G1: 8.15 (5.88) G2: 8.83 (7.12) EDE-Q Total G1: 13.43 (4.51) G2: 13.39 (4.26) EDE-Q Restraint G1: 1.76 (1.60) G2: 1.46 (1.63) EDE-Q Eating Concern G1: 3.51 (1.37) G2: 3.48 (1.42) EDE-Q Weight Concern G1: 3.62 (1.31) G2: 3.83 (1.07) EDE-Q Shape Concern G1: 4.54 (1.28) G2: 4.62 (0.96) TFEQ (EI) Total G1: 30.00 (5.18) G2: 17.60 (5.71) EI Restraint G1: 6.96 (5.09) G2: 6.54 (3.01)	EOQ (M,SD) G1: 4.55 (6.99) G2: 2.60 (4.99) Diff between groups (0.248) Diff between groups in change over time (p=0.338) EDE-Q Total (M,SD) G1: 7.96 (4.61) G2: 9.91 (4.19) Diff between groups (p=0.617) EDE-Q Restraint (M,SD) G1: 1.10 (1.40) G2: 1.20 (1.06) Diff between groups (p=0.773) EDE-Q Eating Concern (M,SD) G1: 1.39 (1.06) G2: 1.43 (1.21) Diff between groups (p=0.942) EDE-Q Weight Concern (M,SD) G1: 2.35 (1.47) G2: 3.09 (1.57) Diff between groups (p=0.232) EDE-Q Shape Concern (M,SD) G1: 3.12 (1.76) G2: 4.19 (2.56)

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Guerdjikova, 2009[61] (continued)		EI Hunger G1: 10.77 (3.14) G2: 11.13 (2.33) EI Disinhibition G1: 12.27 (2.27) G2: 13.04 (2.03)	Diff between groups p=0.154 TFEQ (M,SD) G1: 27.05 (7.14) G2: 26.05 (8.55) Diff between groups in change over time p=0.881 Diff between groups p=0.238 EI Restraint (M,SD) G1: 9.59 (5.67) G2: 9.25 (4.62) Diff between groups in change over time p=0.830 Diff between groups p=0.601 EI Hunger (M,SD) G1: 7.82 (4.98) G2: 6.85 (3.51) Diff between groups in change over time p=0.789 Diff between groups p=0.621 EI Disinhibition (M,SD) G1: 9.64 (3.71) G2: 9.95 (4.30) Diff between groups in change over time p=0.880 Diff between groups p=0.427

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Guerdjikova, 2008[62]	Yale-Brown Obsessive-Compulsive Scale modified for Binge Eating (YBOCS-BE) -total -obsessions -compulsions Clinical Global Impression (CGI) -severity -improvement	YBOCS-BE total G1: 19.1 (SD 5.3) G2: 10.0 (SD 3.6) p=NS YBOCS-BE obsessions G1: 9.2 (SD 2.8) G2: 9.0 (SD 2.2) p=NS YBOCS-BE compulsions G1: 9.9 (SD 3.2) G2: 10.0 (SD 1.8) p=NS CGI-severity G1: 4.8 (SD 0.7) G2: 4.7 (SD 0.7) p=NS CGI-improvement G1: NR G2: NR p=NR	YBOCS-BE total G1: 7.9 (SD 6.2) G2: 11.3 (SD 6.2) YBOCS-BE total Time-trend analysis Estimate between-group difference in 12-week change (95% CI): 2.9 (-1.2, -7.1) chi-square: 1.81 p=0.167 YBOCS-BE total Endpoint analysis Estimate between-group difference in change from BL to final visit (95% CI): 3.5 (-0.1, -7.2) t=1.81 p=0.059 YBOCS-BE obsessions G1: 4.4 (SD 3.0) G2: 5.8 (SD 3.1) YBOCS-BE obsessions Time-trend analysis Estimate between-group difference in 12-week change (95% CI): 1.3 (-0.9, -3.3) chi-square: 1.22 p=0.238 YBOCS-BE obsessions Endpoint analysis Estimate between-group difference in change from BL to final visit (95% CI): 1.4 (-0.4, -3.2) t=1.43 p=0.122 YBOCS-BE compulsions G1: 3.5 (SD 3.6) G2: 5.5 (SD 3.5) YBOCS-BE compulsions Time-trend analysis

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Guerdjikova, 2008[62] (continued)			Estimate between-group difference in 12-week change (95% CI): 1.5 (-0.8, -3.9) chi-square: 1.65 p=0.197 YBOCS-BE compulsions Endpoint analysis Estimate between-group difference in change from BL to final visit (95% CI): 2.1 (-0.1, -4.3) t=1.77 p=0.059 CGI-severity G1: 2.3 (SD 1.3) G2: 3.2 (SD 1.4) CGI-severity Time-trend analysis Estimate between-group difference in 12-week change (95% CI): 0.9 (0.1, -1.8) chi-square: 4.56 p=0.029 CGI-severity Endpoint analysis Estimate between-group difference in change from BL to final visit (95% CI): 1.0 (0.1, -1.9) t=2.56 p=0.026 CGI-improvement scale: "The mean final CGI-Improvement Scale at endpoint was rated much or very much improved in 17 (85%) of G1 as compared with 9 (39.1%) of G2 (p=0.029)."

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Guerdjikova, 2012[63]	CGI-S-BE CGI-I-BE YBOCS-BE TFEQ	CGI-S-BE G1: 5.0 (0.8) G2: 4.6 (0.7) p = NR CGI-I-BE Not measured at baseline YBOCS-BE 1. Total G1: 22.3 (3.5) G2: 21.6 (2.8) p = NR 2. Obsessions G1: 11.0 (2.6) G2: 10.7 (1.4) p = NR 3. Compulsions G1: 11.3 (2.1) G2: 11.0 (2.0) p = NR TFEQ 1. Cognitive restraint G1: 6.0 (3.2) G2: 4.4 (4.3) p = NR 2. Disinhibition G1: 13.6 (2.0) G2: 13.6 (1.7) p = NR 3. Hunger G1: 11.0 (2.7) G2: 12.1 (2.0) p = NR	CGI-S-BE G1: 2.3 (1.5) G2: 2.7 (1.3) p = (0.02) d = (0.77) CGI-I-BE G1: 1.7 (1.0) G2: 2.2 (1.3) p = (0.47)* d = (0.24)* YBOCS-BE 1. Total G1: 9.4 (7.0) G2: 10.3 (6.3) p = (0.17) d = (0.44) 2. Obsessions G1: 5.4 (3.6) G2: 5.5 (3.1) p = (0.23) d = (0.39) 3. Compulsions G1: 3.9 (4.0) G2: 4.8 (3.4) p = (0.20) d = (0.42) TFEQ 1. Cognitive restraint G1: 5.6 (3.3) G2: 7.1 (4.8) p = (0.29)* d = (0.39)*

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Guerdjikova, 2012[63] (continued)			2. Disinhibition G1: 11.3 (4.3) G2: 11.5 (3.3) p = (0.96)* d = (0.02)* 3. Hunger G1: 8.7 (3.5) G2: 9.5 (3.9) p = (0.52)* d = (0.24)*
Hudson, 1998[64]	Clinical Global Impressions--improvement Clinical Global Impressions--severity	NR	Effect of fluvoxamine on CGI severity (intent-to-treat), treatment-by-time interaction: -0.360 SE 0.117 p=0.002 Effect of fluvoxamine on CGI improvement (intent-to-treat), treatment-by-time interaction: 0.285 SE 0.127 p=0.02
Laederach-Hofmann, 1999[65]	NA	NA	NA

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Leombruni, 2008[66]	BES	BES	BES
	EDI-2 Drive for thinness (DT)	G1: 32.1 (3.5)	T8
	EDI-2 Bulimia (BU)	G2: 26.1 (8.5)	G1: 18.0 (8.7)
	EDI-2 Body Dissatisfaction (BD)	DT	G2: 16.7 (6.3)
	EDI-2 Ineffectiveness (IN)	G1: 11.9 (3.8)	T12
	EDI-2 Perfoctionism (P)	G2: 13.6 (4.4)	G1: 19.2 (7.8)
	EDI-2 Interpersonal Distrust (ID)	BU	G2: 15.6 (8.5)
	EDI-2 Introceptive Awareness (IA)	G1: 11.6 (3.9)	T24
	EDI-2 Maturity Fears (MF)	G2: 10.8 (4.6)	G1: 19.2 (11.5)
	EDI-2 Asceticism (ASC)	BD	G2: 15.9 (18.2)
	ED	G1: 22.1 (4.9)	Time effect p<0.001
		G2: 21.4 (3.9)	Time x group p<0.495
		IN	DT
		G1: 8.1 (3.9)	T8
		G2: 9.1 (5.2)	G1: 11.5 (4.6)
		P	G2: 13.5 (4.6)
		G1: 3.5 (1.9)	T12
		G2: 4.9 (2.0)	G1: 11.3 (4.9)
		ID	G2: 12.1 (4.6)
		G1: 4.7 (3.9)	T24
		G2: 6.8 (3.8)	G1: 11.7 (4.2)
		IA	G2: 12.9 (4.8)
		G1: 10.2 (4.9)	Time effect p <0.340
		G2: 9.1 (4.0)	Time x group effect p<0.763
		MF	BU
		G1: 5.8 (2.5)	T8
		G2: 5.8 (3.2)	G1: 5.3 (3.3)
		ASC	G2: 5.4 (4.3)
		G1: 5.2 (2.5)	T12
		G2: 8.2 (3.1)	G1: 4.5 (2.6)
		IR	G2: 5.2 (3.4)
		G1: 5.2 (3.1)	T24
		G2: 5.8 (4.0)	G1: 4.7 (2.3)
		SI	G2: 4.0 (3.2)
		G1: 5.8 (2.0)	Time effect p<0.000
		G2: 6.3 (2.5)	Time x group p=0.687

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Leombruni, 2008[66] (continued)			BD T8 G1: 17.5 (4.4) G2: 17.1 (4.7) T12 G1: 16.8 (5.1) G2: 16.0 (6.6) T24 G1: 14.7 (6.1) G2: 15.4 (7.3) time effect p<0.000 time x group p<0.861 IN T8 G1: 6.8 (4.1) G2: 7.5 (2.8) T12 G1: 6.7 (3.5) G2: 7.5 (3.7) T24 G1: 7.0 (3.7) G2: 9.0 (3.7) time effect p<0.085 time x group p<0.854 P T8 G1: 3.5 (2.5) G2: 5.1 (2.4) T12 G1: 3.3 (2.0) G2: 4.1 (2.5) T24 G1: 3.0 (2.0) G2: 5.6 (4.3) time effect p <0.411 time x group p<0.194

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Leombruni, 2008[66] (continued)			ID T8 G1: 4.1 (2.1) G2: 5.1 (2.5) T12 G1: 3.8 (1.7) G2: 5.4 (2.2) T24 G1: 2.9 (2.4) G2: 6.0 (3.7) time effect p< 0.132 time x group p<0.356 IA T8 G1: 6.1 (4.5) G2: 6.2 (5.3) T12: G1: 3.9 (2.5) G2: 4.6 (3.8) T24 G1: 3.5 (1.6) G2: 5.5 (5.5) time effect p<0.000 time x group p<0.196 MF T8 G1: 5.2 (3.4) G2: 4.6 (3.5) T12 G1: 6.6 (3.7) G2: 5.3 (3.7) T24 G1: 6.2 (4.7) G2: 5.6 (3.5) time effect p<0.080 time x group p<0.578

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Leombruni, 2008[66] (continued)			ASC T8 G1: 5.0 (2.0) G2: 6.8 (2.3) T12 G1: 4.7 (2.4) G2: 6.5 (3.0) T24 G1: 4.3 (2.2) G2: 7.8 (3.7) time efect p<0.247 time x group effect p<0.252 IR T8 G1: 4.7 (3.9) G2: 4.4 (3.2) T12 G1: 5.2 (2.9) G2: 4.1 (4.0) T24 G1: 4.9 (2.5) G2: 4.0 (2.9) time effect p<0.145 time x group p<0.342 SI T8 G1: 5.4 (2.4) G2: 5.8 (2.3) T12 G1: 5.8 (2.9) G2 5.6 (3.4) T24 G1: 4.7 (2.5) G2: 5.5 (3.3) time effect p<0.324 time x group p<0.735

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
McElroy, 2007[67]	Measure 1: TFEQ Measure 2: TFEQ - Cognitive restraint Measure 3: TFEQ - Disinhibition Measure 4: TFEQ - Hunger	NR	Measure 1: Longitudinal Analysis Estimate (mean change btwn g1 - g2): -3.54 95% CI: -8.32 to 1.24 X^2: 2.15 p: 0.142 Endpoint Analysis Estimate (mean change btwn g1-g)2: -3.80 95% CI: -9.44 to 1.84 t: 1.44 p: 0.164 Measure 2: Longitudinal Analysis Estimate (mean change btwn g1 - g2): 2.08 95% CI: -1.38 to 5.54 X^2: 1.42 p: 0.234 Endpoint Analysis Estimate (mean change btwn g1-g2): 2.01 95% CI: -2.47 to 6.49 t: 0.93 p: 0.364 Measure 3: Longitudinal Analysis Estimate (mean change btwn g1 - g2): -1.96 95% CI: -4.91 to 0.99 X^2: 1.73 p: 0.189

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
McElroy, 2007[67] (continued)			Endpoint Analysis Estimate (mean change btwn g1-g2): -1.94 95% CI: -5.47 to 1.60 t:1.10 p:0.287 Measure 4: Longitudinal Analysis Estimate (mean change btwn g1 - g2): -3.56 95% CI: -7.15 to 0.02 X^2: 3.88 p: 0.049 Endpoint Analysis Estimate (mean change btwn g1-g2): -3.87 95% CI: -8.56 to 0.82 t: 1.70 p: 0.104

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
McElroy, 2006[68]	Clinical Global Impressions-Severity Scale (CGI-S) Yale-Brown Obsessive Compulsive Scale Modified for Binge Eating (YBOCS-BE) -obsessions -compulsions TFEQ -cognitive restraint -disinhibition -hunger	CGI-S G1: 4.7 (SD 0.5) G2: 4.5 (SD 0.7) YBOCS-BE overall G1: 19.1 (SD 4.0) G2: 18.6 (SD 4.8) YBOCS-BE obsessions G1: 9.2 (SD 2.7) G2: 8.9 (SD 3.4) YBOCS-BE compulsions G1: 9.9 (SD 2.1) G2: 9.8 (SD 2.4) TFEQ-cognitive restraint G1: NR G2: NR TFEQ-disinhibition G1: NR G2: NR TFEQ-hunger G1: NR G2: NR	Longitudinal analysis CGI-S G1: NR G2: NR Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo: -1.43 (95% CI -2.12 to -0.75) p<0.001 Endpoint analysis CGI-S G1: NR G2: NR Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo (table also says that the "estimate is the test statistic, which is the mean difference in change scores (endpoint minus BL) between the zonisamide and placebo groups): -0.79 (95% CI -1.57 to 0.00) p=0.049 Longitudinal analysis YBOCS-BE total G1: NR G2: NR Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo: -7.01 (95% CI -10.45 to -3.57) p<0.001 Endpoint analysis YBOCS-BE total G1: NR G2: NR

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
McElroy, 2006[68] (continued)			Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo (table also says that the "estimate is the test statistic, which is the mean difference in change scores (endpoint minus BL) between the zonisamide and placebo groups): -3.50 (95% CI -7.15 to 0.15) p=0.060 Longitudinal analysis YBOCS-BE obsessions G1: NR G2: NR Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo: -4.14 (95% CI -6.14 to -2.24) p<0.001 Endpoint analysis YBOCS-BE obsessions G1: NR G2: NR Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo (table also says that the "estimate is the test statistic, which is the mean difference in change scores (endpoint minus BL) between the zonisamide and placebo groups): -1.88 (95% CI -4.08 to 0.32) p=0.093 Longitudinal analysis YBOCS-BE compulsions G1: NR G2: NR

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
McElroy, 2006[68] (continued)			Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo: -2.82 (95% CI -4.82 to -0.82) p=0.006 Endpoint analysis YBOCS-BE compulsions G1: NR G2: NR Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo (table also says that the "estimate is the test statistic, which is the mean difference in change scores (endpoint minus BL) between the zonisamide and placebo groups): -1.62 (95% CI -3.48 to 0.24) p=0.087 Longitudinal analysis TFEQ total G1: NR G2: NR Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo: -3.49 (95% CI -8.09 to 1.12) p=0.136 Endpoint analysis TFEQ total G1: NR G2: NR

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
McElroy, 2006[68] (continued)			Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo (table also says that the "estimate is the test statistic, which is the mean difference in change scores (endpoint minus BL) between the zonisamide and placebo groups): -6.19 (95% CI -11.14 to -1.24) p=0.016 Longitudinal analysis TFEQ cognitive restraint G1: NR G2: NR Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo: 2.74 (95% CI -0.27 to 5.76) p=0.074 Endpoint analysis TFEQ cognitive restraint G1: NR G2: NR Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo (table also says that the "estimate is the test statistic, which is the mean difference in change scores (endpoint minus BL) between the zonisamide and placebo groups): 1.32 (95% CI -2.18 to 4.81) p=0.448 Longitudinal analysis TFEQ disinhibition G1: NR G2: NR

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
McElroy, 2006[68] (continued)			Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo: -4.44 (95% CI -7.05 to -1.83) p<0.001 Endpoint analysis TFEQ disinhibition G1: NR G2: NR Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo (table also says that the "estimate is the test statistic, which is the mean difference in change scores (endpoint minus BL) between the zonisamide and placebo groups): -4.26 (95% CI -7.49 to -1.04) p=0.011 Longitudinal analysis TFEQ hunger G1: NR G2: NR Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo: -2.90 (95% CI -5.95 to 0.14) p=0.061 Endpoint analysis TFEQ hunger G1: NR G2: NR Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo (table also says that the "estimate is the test statistic, which is the mean difference in change scores (endpoint minus BL) between the zonisamide and placebo groups): -3.24 (95% CI -6.43 to -0.05) p=0.047

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
McElroy, 2003[69]	Clinical Global Impressions-Severity of Illness scale (CGI-S) scores Yale-Brown Obsessive Compulsive Scale Modified for Binge Eating (YBOCS-BE) scores	BL CGI-S score G1: 4.5 (0.7) G2: 5.0 (0.7) p=0.033 BL YBOCS-BE score: Total G1: 19.4 (4.2) G2: 18.5 (3.1) p=NR, NS BL YBOCS-BE score: Obsessions G1: 9.3 (2.2) G2: 9.3 (1.8) p=NR, NS BL YBOCS-BE score: Compulsions G1: 10.1 (2.2) G2: 9.2 (1.7) p=NR, NS	6-week CGI-S score G1: 2.4 (1.4) G2: 3.6 (1.7) Mean difference between groups in change from BL to 6wk: -0.545 (SE 0.513) p=0.29 6-week YBOCS-BE score: Total G1: 7.6 (7.2) G2: 13.2 (5.9) Mean difference between groups in change from BL to 6wk: -5.73 (SE 2.33) p=0.007 6-week YBOCS-BE score: Obsessions G1: 4.3 (3.6) G2: 6.8 (2.6) Mean difference between groups in change from BL to 6wk: -2.48 (SE 1.22) p=0.041 6-week YBOCS-BE score: Compulsions G1: 3.4 (3.9) G2: 6.4 (3.6) Mean difference between groups in change from BL to 6wk: -2.88 (SE 1.27) p=0.023

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
McElroy, 2003[70]	YBOCS-BE YBOCS-BE Obsessions YBOCS-BE Compulsions	YBOCS-BE (m,sd) G1: 21.5 (3.9) G2: 21.6 (4.6) Obsessions G1: 10.5 (2.1) G2: 10.9 (2.5) Compulsions G1: 11.0 (2.1) G2: 10.7 (2.4)	YBOCS-BE Diff between groups in rate of change: (P = 0.004) YBOCS BE Obsessions Diff between groups in rate of change: (P = 0.04) YBOCS-BE Compulsions Diff between groups in rate of change: (P = 0.0008)
McElroy, 2000[71]	NR	NR	NR

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
McElroy, 2011[72]	YBOCS-BE FCI TFEQ	YBOCS-BE Total G1: 19.6 (2.9) G2: 19.9 (4.7) Obsessions G1: 9.9 (1.9) G2: 10 (2.7) Compulsions G1: 9.7 (1.8) G2: 10 (2.3) FCI G1: 82.2 (16.7) G2: 79.4 (18) TFEQ Total G1: 32.2 (4.3) G2: 32.7 (5.8) Cognitive G1: 6.9 (3.6) G2: 8.2 (3.6) Disinhibtion G1: 14.3 (1.6) G2: 13.5 (2.1) Hunger G1: 11 (2.3) G2: 11.1 (2.7)	YBOCS-BE Total G1: 10.6 (7.1) G2: 15.4 (6.3) p = (0.33) d = (0.31) Obsessions G1: 5.3 (3.6) G2: 7.9 (3.0) p = (0.81) d = (0.08) Compulsions G1: 5.3 (3.6) G2: 7.6 (3.6) p = (0.65) d = (0.15) FCI G1: 59.5 (15.6) G2: 69.7 (22.7) p = (0.1) d = (0.77) TFEQ Total G1: 28.9 (5.5) G2: 31.5 (6.4) Cognitive G1: 8.7 (5.0) G2: 8.5 (5.2) Disinhibtion G1: 11.2 (3.9) G2: 12.3 (3.6) Hunger G1: 9.1 (3.6) G2: 10.7 (3.1)

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
McElroy, 2007[73]	YBOCS-BE TFEQ	YBOCS-BE Total G1: 21.1 (4.9) G2: 21.5 (4.9) Obsessions G1: 10.3 (3.1) G2: 10.6 (3.1) Compulsions G1: 10.8 (2.5) G2: 10.9 (2.4) TFEQ Cognitive G1: 6.7 (3.8) G2: 6.8 (3.8) Disinhibition G1: 13.9 (1.8) G2: 14.1 (1.7) Hunger G1: 10.8 (2.9) G2: 11.3 (2.7)	YBOCS-BE - change from baseline Total G1: -14.3 (8.9) G2: -7.9 (8.9) p < (0.001) Obsessions G1: -6.7 (4.6) G2: -3.8 (4.8) p < (0.001) Compulsions G1: -7.6 (4.8) G2: -4.2 (4.8) p < (0.001) TFEQ - change from baseline Cognitive G1: 3.5 (4.5) G2: 1.6 (4.5) p < (0.001) Disinhibition G1: -5.0 (4.7) G2: -2.0 (3.5) p < (0.001) Hunger G1: -4.5 (4.6) G2: -1.9 (4.1) p < (0.001)

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
McElroy, 2013[74]	CGI-Severity Yale-Brown Obsessive-Compulsive Scale-Binge Eating, total Three-factor eating questionnaire -Total -Cognitive restraint -Disinhibition -Hunger Food craving inventory	CGI-Severity G1: 4.2 (SD 0.8) G2: 4.4 (SD 0.7) p=0.41 Yale-Brown Obsessive-Compulsive Scale-Binge Eating, total G1: 20.3 (SD 4.0) G2: 20.6 (SD 5.0) p=0.80 TFEQ-Total G1: 29.3 (SD 5.8) G2: 30.7 (SD 4.8) p=0.30 TFEQ-Cognitive restraint G1: 6.0 (SD 3.8) G2: 6.9 (SD 3.7) p=0.35 TFEQ-Disinhibition G1: 12.8 (SD 2.8) G2: 13.4 (SD 1.8) p=0.34 TFEQ-Hunger G1: 10.6 (SD 3.2) G2: 10.3 (SD 2.9) p=0.70 Food craving inventory G1: 2.8 (SD 0.7) G2: 2.9 (SD 0.6) p=0.55	CGI-Severity, Mean change (SD) from baseline to endpoint: G1: -1.6 (SD 1.6) G2: -2.1 (SD 1.3) p=0.19 Yale-Brown Obsessive-Compulsive Scale-Binge Eating, total, Mean change (SD) from baseline to endpoint: G1: -10.2 (SD 8.1) G2: -12.3 (SD 8.2) p=0.32 TFEQ-Total, Mean change (SD) from baseline to endpoint: G1: -2.6 (SD 5.3) G2: -4.6 (SD 7.2) p=0.24 TFEQ-Cognitive restraint , Mean change (SD) from baseline to endpoint: G1: 1.2 (SD 3.3) G2: 1.3 (SD 3.3) p=0.91 TFEQ-Disinhibition, Mean change (SD) from baseline to endpoint: G1: -1.7 (SD 2.5) G2: -2.9 (SD 3.6) p=0.15 TFEQ-Hunger, Mean change (SD) from baseline to endpoint: G1: -2.0 (SD 3.3) G2: -3.1 (SD 3.9) p=0.25 Food craving inventory, Mean change (SD) from baseline to endpoint: G1: -0.54 (SD 0.44) G2: -0.72 (SD 0.64) p=0.22

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Pearlstein, 2003[75]	EDE Restraint EDE Eating Concern EDE Shape Concern EDE Weight Concern	EDE Restraint (M,SD): G1: 2.04 (1.24) G2: 1.60 (1.08) (P = NS) EDE Eating Concern (M,SD): G1: 1.10 (0.96) G2: 1.82 (1.02) (P = NS) EDE Shape Concern (M,SD): G1: 3.38 (0.74) G2: 3.56 (0.43) (P = NS) EDE Weight (M,SD): G1: 3.73 (0.49) G2: 3.32 (0.94) (P = NS)	EDE Restraint (M,SD): G1: 0.91 (0.78) G2: 1.45 (0.98) Diff between groups (P = NR) Change over time for both groups: (P = NS) Diff between groups in change over time (P = NS) EDE Eating Concern (M,SD): G1: 0.31 (0.39) G2: 0.44 (0.55) Diff between groups (P = NR) Change over time for both groups: (P <0.001) Diff between groups in change over time (P = NS) EDE Shape Concern (M,SD): G1: 2.24 (0.85) G2: 2.50 (1.15) Diff between groups (P = NR) Change over time for both groups: (P <0.001) Diff between groups in change over time (P = NS) EDE Weight (M,SD): G1: 2.40 (1.22) G2: 2.36 (1.07) Diff between groups (P = NR) Change over time for both groups: (P <0.001) Diff between groups in change over time (P = NS)

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Ricca, 2009[76]	EDE-Q -total score -restraint -eating concern -weight concern -shape concern	EDE-Q: mean (25th and 75th percentiles) -total score G1: 2.8 (2.0-3.6) G2: 2.8 (2.0-3.6) EDE-Q-restraint: mean (25th and 75th percentiles) G1: 2.2 (0.9-2.6) G2: 2.0 (0.9-3.4) EDE-Q-eating concern: mean (25th and 75th percentiles) G1: 2.5 (1.2-3.5) G2:2.5 (1.6-2.7) EDE-Q-weight concern: mean (25th and 75th percentiles) G1: 3.0 (2.1-4.1) G2:3.2 (2.3-3.8) EDE-Q-shape concern: mean (25th and 75th percentiles) G1: 3.8 (2.5-4.5) G2: 4.0 (2.7-4.9)	24wk EDE-Q: mean (25th and 75th percentiles) -total score G1: 2.6 (1.8-3.1) G2: 2.1 (1.7-3.2) G2 had greater reduction, p<0.01 18m EDE-Q: mean (25th and 75th percentiles) -total score G1: 2.7 (1.9-3.0) G2: 2.2 (1.6-3.1) p=NR 24wk EDE-Q-restraint: mean (25th and 75th percentiles) G1: 2.2 (1.4-2.6) G2: 1.8 (0.6-2.8) p=NR 18m EDE-Q-restraint: mean (25th and 75th percentiles) G1: 2.2 (1.9-3.0) G2: 1.6 (0.6-2.5) G2 had greater reduction, p<0.01 24wk EDE-Q-eating concern: mean (25th and 75th percentiles) G1: 2.0 (1.2-3.2) G2: 1.8 (1.6-2.6) p=NR 18m EDE-Q-eating concern: mean (25th and 75th percentiles) G1: 1.9 (1.2-3.3) G2: 1.8 (1.4-3.6) p=NR

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Ricca, 2009[76] (continued)			24wk EDE-Q-weight concern: mean (25th and 75th percentiles) G1: 2.9 (1.8-3.8) G2: 2.8 (1.8-3.2) G2 had greater reduction, p<0.01 18m EDE-Q-weight concern: mean (25th and 75th percentiles) G1: 2.9 (1.9-3.3) G2: 2.6 (1.9-3.4) p=NR 24wk EDE-Q-shape concern: mean (25th and 75th percentiles) G1: 3.1 (2.1-4.1) G2: 3.2 (2.1-4.7) G2 had greater reduction, p<0.05 18m EDE-Q-shape concern: mean (25th and 75th percentiles) G1: 3.1 (2.2-4.2) G2: 3.2 (2.1-4.7) p=NR

Evidence Table 60. Binge-eating disorder drug treatment – part 6 (continued)

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
White, 2013[77]	Eating Disorder Examination (EDE) -restraint -eating concern -shape concern -weight concern -global	EDE-restraint G1: 1.6 (SD 1.2) G2: 1.8 (SD 1.2) EDE-eating concern G1: 1.8 (SD 1.2) G2: 2.0 (SD 1.4) EDE-shape concern G1: 3.5 (SD 1.4) G2: 3.7 (SD 1.1) EDE-weight concern G1: 3.2 (SD 1.2) G2: 3.3 (SD 1.0) EDE-global G1: 2.5 (SD 1.1) G2: 2.7 (SD 0.8)	8wk EDE-restraint G1: 1.4 (SD 1.0) G2: 1.6 (SD 0.8) Mixed effects model medication effect F=1.39, p=0.24 8wk EDE-eating concern G1: 1.0 (SD 1.2) G2: 1.1 (SD 1.3) Mixed effects model medication effect F=0.84, p=0.36 8wk EDE-shape concern G1: 2.4 (SD 1.3) G2: 2.9 (SD 1.5) Mixed effects model medication effect F=1.71, p=0.20 8wk EDE-weight concern G1: 2.6 (SD 1.0) G2: 2.6 (SD 1.0) Mixed effects model medication effect F=0.05, p=0.82 8wk EDE-global G1: 1.8 (SD 0.9) G2: 2.0 (SD 0.9) Mixed effects model medication effect F=2.06, p=0.15

Evidence Table 61. Binge-eating disorder drug treatment – part 7

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Arnold, 2002[58]	CGI-S HAM-D	CGI-S, mean (SD): G1: 4.2 (0.4) G2: 4.3 (0.6) (P = NS) HAM-D, mean (SD): G1: 4.8 (4.3) G2: 4.2 (2.9) (P = NS)	CGI-S, mean (SD): G1: 2.2 (1.4) G2: 3.3 (1.4) Diff between groups (P = NR) Diff between groups in change over time (time trend analysis, P = 0.032; endpoint analysis, P = 0.012), G1 better than G2 HAM-D, mean (SD): G1: 2.6 (3.0) G2: 5.5 (4.1) Diff between groups (P = NR) Diff between groups in change over time (time trend analysis, P = NS; endpoint analysis, P = 0.003), G1better than G2
Brownley, 2013[59]	- Measure 1: Quick Inventory of Depressive Symptomatology; QIDS-SR	Measure 1 baseline G1: 7.1 (5.4) G2: 8.1 (3.0) G3: 5.7 (3.0) p: 0.99	Measure 1 Monthly rate of change G1:-0.30 (0.21) G2: -0.41 (0.19) G3: -0.03 (0.21) p: ns
Claudino, 2007[47]	BDI	G1: 16.8 (8.3) G2: 15.9 (9.4) p = (0.67)	G1: 10.9 (7.0) G2: 9.2 (6.9) p = (0.20)

Evidence Table 61. Binge-eating disorder drug treatment – part 7

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Golay, 2005[60]	Generalized Anxiety (measured in clinical interview) Major Depression (measured in clinical interview) HAD Anxiety Score HAD Depression Score	Generalized anxiety G1: 46% G2: 58% p = NR Major Depression G1: 14% G2: 22% p = NR HAD Anxiety Score G1: 18.4 (0.3) G2: 17.5 (0.5) p = NR HAD Depression Score G1: 15.3 (0.3) G2: 16.1 (0.4) p = NR	Generalized anxiety G1: 26% G2: 38% p = NS Major Depression G1: 3% G2: 12% p = NS HAD Anxiety Score G1: 18.4 (0.4) G2: 18.3 (0.5) p = NS HAD Depression Score G1: 15.6 (0.3) G2: 16.6 (0.4) p = NS

Evidence Table 61. Binge-eating disorder drug treatment – part 7

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Guerdjikova, 2009[61]	CGI-S YBOCS-BE YBOCS BE Obsessions YBOCS BE Compulsions MADRS BIS Total BIS Attention BIS Motor BIS Nonplanning	CGI-S (M,SD) G1: 4.46 (0.65) G2: 4.52 (0.59) YBOCS BE(M,SD) G1: 19.42 (4.12) G2: 20.68 (4.72) YBOCS BE Obsessions (M,SD) G1: 9.04 (2.62) G2: 9.84 (2.98) YBOCS-BE Compulsison (M,SD) G1: 10.38 (2.30) G2: 10.84 (2.01) MADRS (M,SD) G1: 3.85 (3.83) G2: 3.04 (3.35) BIS Total (M,SD) G1: 66.23 (10.56) G2: 35.88 (9.62) BIS Attention (M,SD) G1: 17.88 (3.71) G2: 11.50 (3.87) BIS Motor (M,SD) G1: 22.19 (3.96) G2: 12.60 (3.51) BIS Nonplanning (M,SD) G1: 26.15 (5.24) G2: 12.24 (4.16)	CGI-S (M,SD): G1: 2.38 (1.44) G2: 2.20 (1.32) Diff between groups (P = 0.519) Diff between groups in change over time (P =0.759) YBOCS BE(M,SD) G1: 8.68 (7.91) G2: 7.08 (6.55) Diff between groups (p=0.102) Diff between groups in change over time (p=0.109) YBOCS BE Obsessions (M,SD) G1: 4.52 (4.11) G2: 3.80 (3.30) Diff between groups (p=0.111) Diff between groups in change over time (p=0.188) YBOCS-BE Compulsison (M,SD) G1: 4.16 (4.00) G2: 3.28 (3.40) Diff between groups (p=0.144) Diff between groups in change over time (p=0.079) MADRS (M,SD) G1: 2.16 (3.34) G2: 0.56 (1.23) Diff between groups (p=0.472) Diff between groups in change over time (p=0.944) BIS Total G1: 55.60 (23.41) G2: 46.70 (28.22) Diff between groups (p=0.524)

Evidence Table 61. Binge-eating disorder drug treatment – part 7

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Guerdjikova, 2009[61] (continued)			Diff between groups in change over time (p=0.462) BIS Attention G1: 17.18 (3.59) G2: 16.20 (4.82) Diff between groups (p=0.649) Diff between groups in change over time (p=0.440) BIS Motor G1: 21.41 (5.02) G2: 20.86 (6.85) Diff between groups (p=0.521) Diff between groups in change over time (p=0.849) BIS Nonplanning G1: 24.59 (4.97) G2: 21.31 (6.82) Diff between groups (p=0.642) Diff between groups in change over time (p=0.229)
Guerdjikova, 2008[62]	Hamilton Depression Rating Scale (HAM-D)	HAM-D G1: 4.6 (SD 3.75) G2: 5.7 (SD 4.5) p=NS	HAM-D G1: 2.4 (SD 2.9) G2: 4.8 (SD 5.1) HAM-D Time-trend analysis Estimate between-group difference in 12-week change (95% CI): 1.3 (-1.0, -3.5) chi-square: 1.21 p=0.262 HAM-D Endpoint analysis Estimate between-group difference in change from BL to final visit (95% CI): 1.8 (-0.3, -3.9) t=1.25 p=0.097

Evidence Table 61. Binge-eating disorder drug treatment – part 7

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Guerdjikova, 2012[63]	CGI-S-DD CGI-I-DD IDS-C HAM-A	CGI-S-DD G1: 4.3 (0.7) G2: 4.2 (0.7) p = NR CGI-I-DD Not measured at baseline IDS-C G1: 35.6 (7.9) G2: 35.4 (5.4) p = NR HAM-A G1: 16.9 (9.1) G2: 16.2 (5.7) p = NR	CGI-S-DD G1: 2.3 (1.3) G2: 2.9 (1.0) p = (0.01) d = (0.82) CGI-I-DD G1: 1.7 (1.1) G2: 2.4 (1.4) p = (0.30)* d = (0.34)* IDS-C G1: 19.1 (11.5) G2: 21.6 (12.7) p = (0.58) d = (0.18) HAM-A G1: 9.6 (9.0) G2: 7.2 (6.5) p = (0.6)* d = (0.17)*
Hudson, 1998[64]	Hamilton depression scale score	Hamilton depression scale score G1: 4.4 (SD 3.6) G2: 4.1 (SD 3.7) p=NR, NS	Effect of fluvoxamine on Hamilton depression scale score (intent-to-treat), treatment-by-time interaction: -0.401 SE 0.359 p=0.27

Evidence Table 61. Binge-eating disorder drug treatment – part 7

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Laederach-Hofmann, 1999[65]	Measure 1: Self-Rating Depression Scale (SDS) Measure 2: Hamilton Depression Scale (HAMD)	Measure 1 G1: 35.3 (6.3) G2: 35.0 (5.8) p: NS Measure 2: G1: 22.6 (9.8) G2: 21.3 (12.0) p: NS	Measure 1: 8 wks G1: 28.9 (5.8) G1 dif (SD): -6.3 (5.0) G2: 30.7 (7.3) G2 dif (SD): - 4.6 (4.3) 32 wks G1: 32.2 (4.9) G1 dif (SD): -3.6 (4.2) G2: 33.1 (6.8) G2 diff (SD): - 3.4 (4.1) Measure 2: 8 wks G1: 9.8 (7.0) G1 dif (SD): -9.6 (7.1) G2: 16.0 (10.3) G2 dif (SD): - 3.5 (8.9) 32 wks G1: 12.6 (5.8) G1 dif (SD): - 6.8 (5.0) G2: 19.2 (8.7) G2 dif (SD): 0.0 (4.9)

Evidence Table 61. Binge-eating disorder drug treatment – part 7

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Leombruni, 2008[66]	BDI CGI	BDI G1: 11.1 (4.5) G2: 13.3 (7.0) CGI G1: 4.0 (0.7) G2: 3.8 (0.6)	BDI T8 G1:8.7 (4.1) G2: 8.6 (5.2) T12 G1: 7.1 (4.1) G2: 9.5 (5.9) T24 G1: 8.4 (6.2) G2: 9.9 (5.9) time effect p<0.001 time x group effect p<0.640 CGI T8 G1: 3.4 (0.8) G2: 3.1 (0.8) T12 G1: 2.9 (1.0) G2: 3.0 (1.0) T24 G1: 3.1 (0.9) G2: 2.8 (0.9) Time effect p<0.001 Time x group effect p<0.393

Evidence Table 61. Binge-eating disorder drug treatment – part 7

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
McElroy, 2007[67]	Measure 1: Hamilton depression scale Measure 2: Yale-Brown Obsessive Compulsove Scale (modified for BE) Measure 3: Yale-Brown Obsessive Compulsove Scale (modified for BE) - obsessions Measure 4: Yale-Brown Obsessive Compulsove Scale (modified for BE) - co	Measure 1: baseline G1: 2.0 (2.4) G2: 3.3 (3.6) Measure 2: baseline G1: 17.4 (4.8) G2: 17.9 (3.1) Measure 3: baseline G1: 9.0 (3.1) G2: 8.6 (2.0) Measure 4: baseline G1: 8.4 (2.1) G2: 9.3 (1.6)	Measure 1: Longitudinal Analysis Estimate (mean change btwn g1 - g2): 0.58 95% CI: -1.33 to 2.49 X^2: 0.36 p: 0.551 Endpoint Analysis Estimate (mean change btwn g1-g)2: -0.15 95% CI: -2.13 to 1.83 t: 0.15 p: 0.879 Measure 2: Longitudinal Analysis Estimate (mean change btwn g1 - g2)-4.77 95% CI: -9.25 to 0.28 X^2: 4.40 p: 0.037 Endpoint Analysis Estimate (mean change btwn g1-g)2: -5.30 95% CI:-9.01 to -1.59 t: 2.89 p:0.006 Measure 3: Longitudinal Analysis Estimate (mean change btwn g1 - g2):-3.04 95% CI: -5.41 to -0.66 X^2: 6.36 p: 0.012

Evidence Table 61. Binge-eating disorder drug treatment – part 7

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
McElroy, 2007[67] (continued)			Endpoint Analysis Estimate (mean change btwn g1-g)2: -3.50 95% CI: -5.73 to -1.27 t: 3.18 p: 0.003 Measure 4: Longitudinal Analysis Estimate (mean change btwn g1 - g2): -1.82 95% CI:-4.26 to 0.63 X^2:2.15 p: 0.143 Endpoint Analysis Estimate (mean change btwn g1-g)2: -1.80 95% CI: -3.71 to 0.11 t: 1.91 p: 0.067

Evidence Table 61. Binge-eating disorder drug treatment – part 7

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
McElroy, 2006[68]	Hamilton Rating Scale for Depression (HAM-D)	HAM-D G1: 4.4 (SD 4.4) G2: 4.9 (SD 5.5)	Longitudinal analysis HAM-D G1: NR G2: NR Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo: -0.18 (95% CI -2.79 to 2.42) p=0.892 Endpoint analysis HAM-D G1: NR G2: NR Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo (table also says that the "estimate is the test statistic, which is the mean difference in change scores (endpoint minus BL) between the zonisamide and placebo groups): 2.13 (95% CI -0.78 to 5.04) p=0.147
McElroy, 2003[69]	Hamilton Rating Scale for Depression (HAM-D)	BL HAM-D score G1: 3.1 (3.2) G2: 2.7 (3.7) p=NR, NS	6-week HAM-D score G1: 1.4 (2.3) G2: 1.9 (3.1) Mean difference between groups in change from baseline to 6wk: -2.04 (SE 0.97) p=0.10

Evidence Table 61. Binge-eating disorder drug treatment – part 7

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
McElroy, 2003[70]	CGI Severity Scale HDRS	CGI Severity Scale (m,sd) G1: 4.7 (0.9) G2: 4.9 (0.8) (P = NS) HDRS (m, sd) G1: 5.9 (5.1) G2: 5.8 (4.8) (P = NS)	CGI Severity Scale (m,sd) G1: NR G2: NR Diff between groups: (P = 0.01) Diff between groups in rate of change: (P < 0.02) HDRS (m,sd) G1: NR G2: NR Diff between groups: (P = NR) Diff between groups in rate of change: (P = NS)
McElroy, 2000[71]	Measure 1: Depression, Hamilton depression scale score	Measure 1: baseline G1: 6.4 (3.9) G2: 7.5 (8.4)	Measure 1: Diff in change btwn G1 & G2, mean: 1.33 SE: 1.00 Analysis X^2: 1.78 df: 75 p:0.19
McElroy, 2011[72]	MADRS	G1: 1.9 (2.1) G2: 1.2 (1.4)	G1: 1.4 (2.5) G2: 1.8 (1.9) p = (0.15) d = (0.47)

Evidence Table 61. Binge-eating disorder drug treatment – part 7

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
McElroy, 2007[73]	BIS-11 HAM-A SDS	BIS-11 Overall G1: 64.2 (11.5) G2: 65.7 (11.2) Motor Impulsiveness G1: 22.8 (4.7) G2: 23.1 (4.3) Nonplanning Impulsiveness G1: 25.4 (5.3) G2: 25.8 (5) Attentional Impulsiveness G1: 16.0 (4.2) G2: 16.8 (4.5) HAM-A G1: 5.1 (4.8) G2: 5.5 (5.1) SDS Overall G1: 11.9 (7.9) G2: 12.3 (7.9) School/work disability G1: 3.2 (2.8) G2: 3.4 (3) Social life disability G1: 4.4 (3.2) G2: 4.5 (3.2) Family life disability G1: 4.5 (3.1) G2: 4.3 (3)	BIS-11 Overall G1: -3.9 (9.0) G2: -1.4 (7.9) p < (0.001) Motor Impulsiveness G1: -1.8 (3.8) G2: -0.9 (3.7) p = (0.004) Nonplanning Impulsiveness G1: -1.6 (4.5) G2: 0.01 (3.7) p < (0.001) Attentional Impulsiveness G1: -0.6 (3.6) G2: -0.5 (3.1) p = (0.230) HAM-A G1: -0.7 (4.9) G2: -1.3 (4.5) p = (0.493) SDS Overall G1: -6.8 (7.6) G2: -4.9 (7.6) p = (0.001) School/work disability G1: -1.6 (2.6) G2: -1.4 (2.9) p = (0.181) Social life disability G1: -2.6 (3.2) G2: -1.7 (3.1) p < (0.001) Family life disability G1: -2.7 (3.0) G2: -1.8 (2.9) p < (0.001)

Evidence Table 61. Binge-eating disorder drug treatment – part 7

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
McElroy, 2013[74]	BDI	BDI G1: 3.7 (SD 2.8) G2: 4.7 (SD 4.1) p=0.29	BDI Mean change (SD) from baseline to endpoint G1: -0.7 (SD 3.5) G2: -2.4 (SD 4.1) p=0.09
Pearlstein, 2003[75]	BDI HAM-D SCL-90	BDI (M, SD): G1: 0.44 (0.22) G2: 0.68 (0.57) (P = NS) HAM-D (M,SD): G1: 10.78 (9.22) G2: 14.27 (12.40) (P = NS) SCL-90 (M,SD): G1: 0.62 (0.33) G2: 0.85 (0.55) (P = NS)	BDI (M,SD): G1: 0.32 (0.30) G2: 0.37 (0.26) Diff between groups (P = NR) Change over time for both groups: (P < 0.01) Diff between groups in change over time (P = NS) HAM-D (M,SD): G1: 9.38 (9.71) G2: 7.38 (6.16) Diff between groups (P = NR) Change over time for both groups: (P = NS) Diff between groups in change over time (P = NS) SCL-90 (M, SD): G1: 0.30 (0.29) G2: 0.40 (0.29) Diff between groups (P = NR) Change over time for both groups: (P < 0.001) Diff between groups in change over time (P = NS)

Evidence Table 61. Binge-eating disorder drug treatment – part 7

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Ricca, 2009[76]	BDI STAI	BDI: mean (25th and 75th percentiles) G1: 19.5 (16.2-26.0) G2: 20 (14.0-27.0) STAI: mean (25th and 75th percentiles) G1: 46 (39.0-52.7) G2: 43 (38.0-52.0)	24wk BDI: mean (25th and 75th percentiles) G1: 14.5 (11.0-21.7) G2: 16 (11.0-20.0) G2 had greater reduction, p<0.05 18m BDI: mean (25th and 75th percentiles) G1: 17.5 (13.0-22.0) G2: 16.0 (14.0-20.0) p=NR 24wk STAI: mean (25th and 75th percentiles) G1: 40 (38.5-44.0) G2:40 (32.0-45.0) p=NR 18m STAI: mean (25th and 75th percentiles) G1: 42 (38.5-45.5) G2: 38 (30.0-44.0) G2 had greater reduction, p<0.05
White, 2013[77]	Beck Depression Inventory (BDI) Food Craving Inventory (FCI)	Beck Depression Inventory (BDI) G1: 13.4 (SD 9.8) G2: 10.8 (SD 6.1) Food Craving Inventory (FCI) G1: 2.6 (SD 0.6) G2: 2.4 (SD 0.7)	8wk Beck Depression Inventory (BDI) G1: 8.0 (SD 8.3) G2: 8.7 (SD 7.2) Mixed effects model medication effect F=0.04, p=0.84 8wk Food Craving Inventory (FCI) G1: 2.0 (SD 0.6) G2: 2.0 (SD 0.6) Mixed effects model medication effect F=0.10, p=0.76

Evidence Table 62. Binge-eating disorder drug treatment – part 8

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Arnold, 2002[58]	Weight (kg) (M,SD) BMI (M,SD)	Weight, kg, mean (SD): G1: 110.4 (24.1) G2: 103.5 (19.0) (P = NS) BMI, kg/m², mean(SD): G1: 39.6 (7.0) G2: 36.7 (6.8) (P = NS)	Weight, kg, mean (SE): G1: 112.5 (25.0) G2: 110.3 (18.2) Diff between groups (P = NR) Diff between groups in change over time (time trend analysis, P = 0.001; endpoint analysis, P < 0.0001), G1 better than G2 BMI, kg/m², mean (SD): G1: 40.0 (7.2) G2: 39.5 (6.3) Diff between groups (P = NR) Diff between groups in change over time (time trend analysis, P < 0.0001; endpoint analysis, P < 0.0001), G1 better than G2	NA	NA	NA

Evidence Table 62. Binge-eating disorder drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Brownley, 2013[59]	- Measure 1: weight (kg)	Measure 1 Baseline G1: 99.9 (21.8) G2: 96.3 (26.8) G3: 100.0 (16.1) p: 0.93	Measure 1 Monthly rate of change G1: 0.19 (0.25) G2: -0.13 (0.23) G3: 0.55 (0.25) p: ns	Measure 1: fasting gluclose (mg/dL) Measure 2: glycated hemoglobin (HbA 1 cr%)	Measure 1: baseline G1: 90.6 (10.0) G2: 92.8 (13.8) G3: 91.4 (8.4) p: 0.99 Measure 2: baseline G1: 5.5 (0.3) G2: 5.7 (0.5) G3: 5.5 (0.4) p: 0.99	Measure 1: Monthly rate of change G1: -1.08 (0.80) G2: -0.67 (0.74) G3: 2.53 (0.80) G1 V G3 t: -3.19 df: 35 p < 0.01 G2 V G3 t: -2.93 df: 35 p <0.01 Measure 2: Monthly rate of change overall: 5. 6 (0.4)
Claudino, 2007[47]	Weight BMI	Weight G1: 96.6 (16.7) G2: 98.4 (10.9) p = (0.23) BMI G1: 37.4 (4.9) G2: 37.4 (3.5) p = (0.93)	Weight G1: 89.8 (13.4) G2: 97.5 (10.5) p < (0.001) BMI G1: 35.? (3.5) G2: 36.7 (4.7) p = (0.0002)	NA	NA	NA

Evidence Table 62. Binge-eating disorder drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Golay, 2005[60]	Body fat mass-bioelectrical impedence Waist circumference Hip circumference Total energy expenditure [kcal/d]	Body fat mass-bioelectrical impedence G1: 44.6 (0.9) G2: 44.7 (1.0) p = NR Waist circumference G1: 103.7 (1.8) G2: 107.0 (1.6) p = NR Hip circumference G1: 121.1 (9.2) G2: 120.3 (9.5) p = NR Total energy expenditure G1: 2275 (344.7) G2: 2385 (356.0) p = NR	Body fat mass-bioelectrical impedence G1: 41.3 (1.0) G2: 43.1 (1.0) p = (0.023) Waist circumference G1: 96.5 (1.8) G2: 101.0 (1.5) p = (0.005) Hip circumference G1: 114.5 (8.2) G2: 116.6 (9.3) p = (<0.001) Total energy expenditure G1: 2158 (327.0) G2: 2238 (334.0) p = NS	Total cholesterol LDL HDL Triglycerides SBP (sitting) DBP (sitting) Glucose Insulin Leptin	Total cholesterol G1: 5.8 (0.9) G2: 5.8 (0.9) p = NR LDL G1: 3.5 (0.5) G2: 3.6 (0.5) p = NR HDL G1: 1.5 (0.2) G2: 1.4 (0.2) p = NR Triglycerides G1: 1.7 (0.2) G2: 1.8 (0.3) p = NR SBP (sitting) G1: 123.2 (18.6) G2: 122.1 (18.2) p = NR DBP (sitting) G1: 81.1 (12.3) G2: 80.5 (12.0) p = NR Glucose G1: 5.8 (0.9) G2: 6.0 (0.9) p = NR Insulin G1: 147.0 (22.3) G2: 137.5 (20.5) p = NR Leptin G1: 28.8 (4.4) G2: 27.1 (4.0) p = NR	Total cholesterol G1: 5.3 (0.8) G2: 5.7 (0.9) p = (0.029) LDL G1: 3.4 (0.5) G2: 3.6 (0.5) p = (0.090) HDL G1: 1.4 (0.2) G2: 1.4 (02) p = NS Triglycerides G1: 1.2 (0.2) G2: 1.5 (0.2) p = (0.067) SBP (sitting) G1: 122.0 (18.2) G2: 121.5 (18.0) p = NS DBP (sitting) G1: 78.0 (11.8) G2: 81.7 (12.4) p = (0.048) Glucose G1: 5.5 (0.8) G2: 5.9 (0.9) p = (0.070) Insulin G1: 114.5 (17.3) G2: 144.4 (21.5) p = (0.045) Leptin G1: 23.6 (3.6) G2: 23.9 (3.6) p = NS

Evidence Table 62. Binge-eating disorder drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Guerdjikova, 2009[61]	Weight (kg) Body Mass Index	Weight,kg (M,SD) G1: 105.93 (19.08) G2: 120 (25.39) BMI (M, SD) G1: 38.72 (5.38) G2: 41.52 (7.24)	Weight,kg (M,SD) G1: 104.55 (19.30) G2: 119.95 (25.86) Diff between groups (P = 0.166) Diff between groups in change over time (P =0.207) BMI (M,SD) G1: 38.24 (5.70) G2: 41.50 (7.42) Diff between groups (P =0.189) Diff between groups in change over time (P =0.236)	Glucose (mg/dl) Insulin (mmU/ml) Total cholestrol (mg/dl) HDL (mg/dl) LDL (mg/dl) Triglycerides (mg/dl) Leptin (ng/ml) Ghrelin (ng/dl)	Glucose (mg/dl) (M,SD for this & all variables below) G1: 97.88 (39.30) G2: 84.42 (13.58) Insulin (mmU/ml) G1: 12.80 (9.08) G2: 12.38 (5.94) Total cholestrol (mg/dl) G1: 200.25 (48.20) G2: 195.23 (46.85) HDL (mg/dl) G1: 58.54 (16.33) G2: 51.63 (11.42) LDL (mg/dl) G1: 155.33 (212.04) G2: 120.54 (21.58) Triglycerides (mg/dl) G1: 144.46 (69.92) G2: 154.58 (67.44) Leptin (ng/ml) G1: 39.49 (21.41) G2: 42.00 (29.39) Ghrelin (ng/dl) G1: 722.61 (187.28) G2: 704.00 (260.07)	Glucose (mg/dl) (M,SD) G1: 87.60 (16.61) G2: 90.29 (8.20) p=0.027 (endpoint analysisfor this variable and all below) Insulin (mmU/ml) (M,SD) G1: 11.64 (9.14) G2: 13.26 (7.26) p=0.010 Total cholestrol (mg/dl) (M,SD) G1: 185.07 (38.43) G2: 200.00 (29.12) p=0.177 HDL (mg/dl) (M,SD) G1: 58.54 (16.33) G2: 51.63 (11.42) p=0.493 LDL (mg/dl) (M,SD) G1: 104.87 (33.17) G2: 117.94 (27.2) p=0.809 Triglycerides (mg/dl) (M,SD) G1: 124.73 (67.31) G2: 161.06 (77.54) p=0.015 Leptin (ng/l) (M,SD) G1: 33.09 (23.26) G2: 38.97 (27.05) p=0.220 Ghrelin (ng/l) (M,SD) G1: 753.21 (208.59) G2: 695.40 (234.25) p=0.350

Evidence Table 62. Binge-eating disorder drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Guerdjikova, 2008[62]	Weight (kg) BMI	Weight (kg) G1: 113.0 (SD 20.0) G2: 109.2 (SD 17.2) p=NS BMI: G1: 40.1 (SD 6.8) G2: 40.3 (SD 4.8) p=NS	Weight (kg) G1: 112.0 (SD 20.0) G2: 109.8 (SD 17.8) Weight (kg) Time-trend analysis Estimate between-group difference in 12-week change (95% CI): 2.1 (0.8, -3.4) chi-square: 8.41 p=0.002 Weight (kg) Endpoint analysis Estimate between-group difference in change from BL to final visit (95% CI): 1.7 (0.1, -3.2) t=3.14 p=0.037 Completers analysis change in weight from BL to 12wk G1: -1.1 (SD 2.9) kg G2: 0.7 (2.5) kg p=0.037 BMI G1: 40.4 (SD 7.0) G2:40.5 (SD 5.0) BMI Time-trend analysis	Fasting measures of -insulin -glucose -triglycerides -LDL cholesterol -total cholesterol -leptin -ghrelin	Insulin G1: NR G2: NR p=NS Glucose G1: NR G2: NR p=NS Triglycerides G1: NR G2: NR p=NS LDL cholesterol G1: NR G2: NR p=NS Total cholesterol G1: NR G2: NR p=NS Leptin G1: 43.1 (SD 16.1) G2: 42.9 (SD 18.3) p=NS Ghrelin G1: 818.6 (SD 369.5) G2: 821.9 (SD 343.8) p=NS	Insulin mean change from BL to final visit, µU/ml G1: -0.2 G2: 2.3 p=NS Glucose mean change from BL to final visit, mg/dl G1: -0.3 G2: -2.3 p=NS Triglycerides mean change from BL to final visit, mg/dl G1: -6.6 G2: 3.1 p=NS LDL cholesterol mean change from BL to final visit, mg/dl G1: 2.8 G2: 7.6 p=NS Total cholesterol mean change from BL to final visit, mg/dl G1: 4.8 G2: 10.5 p=NS

Evidence Table 62. Binge-eating disorder drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Guerdjikova, 2008[62] (continued)			Estimate between-group difference in 12-week change (95% CI): 0.7 (0.3, -1.2) chi-square: 8 p=0.003 BMI Endpoint analysis Estimate between-group difference in change from BL to final visit (95% CI): 0.6 (0.0, -1.1) t= 2.03 p=0.048			Leptin mean change from BL to final visit, ng/ml G1: 0.1 G2: 2.9 p=NS Ghrelin mean change from BL to final visit, ng/L G1: -1.6 G2: 71.8 p=NS
Guerdjikova, 2012[63]	Weight (kg) BMI (kg/m^2)	Weight (kg) G1: 111.1 (24.1) G2: 118.3 (23.1) p = NR BMI (kg/m^2) G1: 38.7 (6.8) G2: 42.8 (7.6) p = NR	Weight (kg) G1: 108.3 (23.8) G2: 118.0 (23.2) p = (0.04) d = (0.66) BMI (kg/m^2) G1: 37.7 (7.5) G2: 42.9 (7.3) p = (0.11) d = (0.53)	NA	NA	NA
Hudson, 1998[64]	BMI	BMI in kg/m² Overall: NR G1: 34.2 (SD 6.0) G2: 36.8 (SD 8.2)	Effect of fluvoxamine on BMI (intent-to-treat), treatment-by-time interaction: -0.167 SE 0.083 p=0.04	NA	NA	NA

Evidence Table 62. Binge-eating disorder drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Laederach-Hofmann, 1999[65]	Measure 1: Weight, KG Measure 2: Body weight index (kg/ m^2)	Measure 1: G1: 96.0 (14.2) G2: 114.8 (29.5) p < 0.05 Measure 2: G1: 36.1 (6.3) G2: 43.2 (9.4) p <0.02	Measure 1: 8 wks G1: 93. 8(14.4) G1 dif (SD): - 2.1 (1.7) G2: 113.0 (29.4) G2 dif (SD): 0.2 (3.3) 32 wks G1: 90.8 (13.5) G1 dif (SD): -5.0(2.8) G2: 117.0 (29.2) G2 dif (SD): 2.1 (6.8) Measure 2: NR	Measure 1: Waist to hip ratio Measure 2: Blood pressure, systolic (mmHg) Measure 3: Blood pressure, diastolic (mmHg) Measure 4: Serum glucose (mmol/l) Measure 5: Total serum cholesterol (mmol/l)	Measure 1: G1: 0.96 (0.007) G2: 1.01 (0.07) p: NS Measure 2: G1: 132.2 (18.0) G2: 131.4 (13.5) p: NS Measure 3: G1: 87.0 (9.4) G2: 87.5 (9.1) p: NS Measure 4: G1: 5.6 (1.2) G2: 5.7 (1.3) p: NS Measure 5: G1: 5.3 (1.1) G2: 5.5 (0.9)	"Systolic and diastolic blood pressure, serum cholesterol, and gluclose concentration as well as the other hematochemical parameters and wait-to-hip ratio remained stable during the 8-week study in both groups."

Evidence Table 62. Binge-eating disorder drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Leombruni, 2008[66]	Weight (Kg) BMI	Weight G1: 101.9 (12.5) G2: 99.6 (14.5) BMI G1: 40.2 (3.9) G2: 38.6 (3.8)	Weight T8 G1: 98.3 (12.6) G2: 96.1 (16.3) T12 G1: 97.4 (13.6) G2: 95.5 (17.5) T24 G1: 98.6 (14.8) G2: 94.7 (17.8) time effect p<0.002 time x group effect p<0.576 BMI T8 G1: 38.8 (3.9) G2: 37.2 (3.9) T12 G1: 38.4 (4.2) G2: 36.9 (4.1) T24 G1: 38.5 (5.0) G2: 36.6 (4.3) time effect p<0.001 time x group effect p<0.569	NA	NA	NA

Evidence Table 62. Binge-eating disorder drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
McElroy, 2007[67]	Measure 1: Weight, KG Measure 2: BMI	Measure 1 baseline G1: 106.9 (20.2) G2: 116.6 (30.1) Measure 2 baseline G1: 37.3 (6.7) G2: 41.4 (8.5)	Measure 1 Longitudinal Analysis Estimate (mean change btwn g1 - g2): -3.09 95% CI: -5.46 to -0.72 X^2: 6.61 p: 0.10 Endpoint Analysis Estimate (mean change btwn g1-g)2: -2.69 95% CI: -4.88 to 0.49 t: 2.48 p: 0.018 Measure 2 Longitudinal Analysis Estimate (mean change btwn g1 - g2): -1.03 95% CI: -1.86 to -0.20 X^2: 5.93 p: 0.016 Endpoint Analysis Estimate (mean change btwn g1-g)2: -0.89 95% CI: -1.66 to 0.12 t: 2.34 p: 0.025	NR	NR	NR

Evidence Table 62. Binge-eating disorder drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
McElroy, 2006[68]	Weight (kg) BMI	Weight (kg) G1: 118.0 (SD 30.7) G2: 112.8 (SD 24.3) BMI G1: 42.7 (SD 9.5) G2: 40.6 (SD 7.6)	Longitudinal analysis Weight (kg) G1: NR G2: NR Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo: -2.86 (95% CI -4.57 to -1.14) p<0.001 Endpoint analysis Weight (kg) G1: NR G2: NR Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo (table also says that the "estimate is the test statistic, which is the mean difference in change scores (endpoint minus BL) between the zonisamide and placebo groups): -3.68 (95% CI -5.91 to -1.45) p=0.002	NA	NA	NA

Evidence Table 62. Binge-eating disorder drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
McElroy, 2006[68] (continued)			Longitudinal analysis BMI G1: NR G2: NR Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo: -1.02 (95% CI -1.64 to -0.41) p=0.001 Endpoint analysis BMI G1: NR G2: NR Mean estimate (week 16 minus BL) for zonisamide minus mean (week 16 minus BL) for placebo (table also says that the "estimate is the test statistic, which is the mean difference in change scores (endpoint minus BL) between the zonisamide and placebo groups): -1.32 (95% CI -2.07 to -0.56) p<0.001			

Evidence Table 62. Binge-eating disorder drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
McElroy, 2003[69]	BMI Weight	BL BMI G1: 41.4 (6.9) G2: 34.2 (7.4) p=0.003 BL Weight (kg) G1: 116.8 (21.0) G2: 94.6 (23.2) p=0.004	6-week BMI G1: 40.9 (7.0) G2: 35.7 (7.5) Mean difference between groups in change from BL to 6wk: -0.818 (SE 0.254) p=0.001 6-week Weight (kg) G1: 114.1 (22.4) G2: 99.8 (24.7) Mean difference between groups in change from BL to 6wk: -2.49 (SE 0.66) p<0.001	NA	NA	NA

Evidence Table 62. Binge-eating disorder drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
McElroy, 2003[70]	BMI Weight change (lbs) Body Fat	BMI (m, sd) G1: 44.2 (7.1) G2: 42.0 (6.7)	BMI G1: NR G2: NR Diff between groups: (P = NR) Diff between groups in rate of change: (P < 0.003) Greater improvements for G1 Weight loss (m, sd) G1: 5.9kg G2: 1.2 kg Diff between groups: (P = NR) Diff between groups in rate of change: (P < 0.005) Body Fat Percent: p = 0.005 Total: p = 0.001 Greater improvements for G1	Diastolic blood pressure Insulin (mmu/ml) Glucose (mg/dl) Cholesterol (mg/dl) Triglycerides (mg/dl) Total cholesterol (mg/dl)	NA	Diastolic blood pressure G1> G2, p=0.04 Insulin (mmu/ml) (change) G1: -5.78 G2: -0.76 p=NS Glucose (mg/dl) (change) G1: -2.4 G2: 0.82 LDL Cholesterol (mg/dl) (change) G1: -8.40 G2: -0.44 Triglycerides (mg/dl) (change) G1: -27.2 G2: -8.06 Total cholesterol (mg/dl) (change) G1: -17.13 G2: -2.13

Evidence Table 62. Binge-eating disorder drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
McElroy, 2000[71]	Measure 1: BMI	Measure 1: Baseline G1: 36.4 (7.4) G2: 35.8 (7.5)	Measure 1: Diff in change btwn G1 & G2, mean: -0.596 SE: 0.189 Analysis X^2: 9.89 df: 145 p: 0.002	NR	NR	NR
McElroy, 2011[72]	Weight BMI	Weight G1: 116 (27.9) G2: 107.7 (23.7) BMI G1: 39.7 (7.7) G2: 39.2 (8.4)	Weight G1: 116.3 (27.6) G2: 108.9 (24.3) p = (0.44) d = (0.25) BMI G1: 39.7 (7.4) G2: 39.7 (8.9) p = (0.35) d = (0.31)	NA	NA	NA
McElroy, 2007[73]	Weight BMI	Weight G1: 106 (18.5) G2: 107 (18.3) BMI G1: 38 (5.1) G2: 39 (5.5)	Only the Tx x Time interaction was reported Weight -1.995 (SE = 0.165) p < (0.001) BMI -0.712 (SE = 0.059) p < (0.001)	NA	NA	NA

Evidence Table 62. Binge-eating disorder drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
McElroy, 2013[74]	Weight (kg) BMI Waist circumference (cm)	Weight (kg) G1: 106.0 (SD 13.5) G2: 107.6 (SD 17.7) p=0.70 BMI G1: 38.6 (SD 4.8) G2: 39.2 (SD 6.4) p=0.69 Waist circumference (cm) G1: 114.1 (SD 9.9) G2: 115.2 (SD 12.1) p=0.70	Weight (kg) Mean change (SD) from baseline to endpoint G1: -0.03 (SD 2.02) G2: -0.23 (SD 3.16) p=0.76 BMI Mean change (SD) from baseline to endpoint G1: 0.01 (Sd 0.69) G2: -0.07 (SD 1.27) p=0.75 Waist circumference (cm) Mean change (SD) from baseline to endpoint G1: -0.95 (SD 4.14) G2: -0.57 (SD 3.54) p=0.74	NA	NA	NA
Pearlstein, 2003[75]	Weight (lbs)	Weight, lbs (M, SD) G1: 243 (85) G2: 258 (96) (P = NS)	Weight, lbs (M, SD) G1: 242 (82) G2: 262 (99) Diff between groups (P = NR) Change over time for both groups: (P = NS) Diff between groups in change over time (P = NS)	NA	NA	NA

Evidence Table 62. Binge-eating disorder drug treatment – part 8 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes	Definition of Biomarker Outcomes Other Than Weight	Biomarker Outcomes Other Than Weight Baseline	Biomarker Outcomes Other Than Weight Outcomes
Ricca, 2009[76]	BMI	BMI G1: 39.21 (SD 7.82) G2: 38.43 (SD 5.70)	24wk BMI G1: 38.41 (SD 7.67) G2: 36.77 (SD 5.84) G2 had greater reduction, p<0.01 18m BMI G1: 38.99 (SD 7.02) G2: 36.49 (SD 5.96) p=NR	NA	NA	NA
White, 2013[77]	BMI Weight	BMI G1: 36.2 (SD 6.6) G2: 35.4 (SD 7.1) Weight G1: NR G2: NR	8wk G1: 35.7 (SD 6.6) G2: 35.2 (SD 7.4) Mixed effects model medication effect Percent BMI loss F=10.57, p=0.00 8wk weight G1: NR G2: NR G1 lost an average of 1.8% (SD 2.6) of their body weight, or mean 1.68 kg (SD 2.59) G2 lost an average of 0.6% (SD.2.1) of their body weight, or mean 0.43 kg (SD 2.12)	NA	NA	NA

Evidence Table 63. Binge-eating disorder drug treatment – part 10

Refid First Author's Last Name Year	Definition of Quality of Life	Quality of Life Baseline	Quality of Life Outcomes	Definition of Functional Capacity	Functional Capacity Baseline	Functional Capacity Outcomes
Arnold, 2002[58]	NA	NA	NA	NA	NA	NA
Brownley, 2013[59]	NA	NA	NA	NA	NA	NA
Claudino, 2007[47]	NA	NA	NA	NA	NA	NA
Golay, 2005[60]	NHP	NHP G1: 7.1 (0.8) G2: 10.8 (1.2) p = NR	NHP G1: 5.4 (0.8) G2: 6.8 (1.2) p = NS	NA	NA	NA
Guerdjikova, 2009[61]	Sheehan Disability Scale	Sheehan Disability Scale (M,SD) G1: 10.19 (6.57) G2: 9.88 (7.10)	Sheehan Disability Scale (M,SD) G1: 4.96 (6.87) G2: 3.84 (5.82) diff between groups p=0.659 diff in change over time btn groups p=0.596	NA	NA	NA
Guerdjikova, 2008[62]	NA	NA	NA	NA	NA	NA
Guerdjikova, 2012[63]	NA	NA	NA	NA	NA	NA
Hudson, 1998[64]	NA	NA	NA	NA	NA	NA
Laederach-Hofmann, 1999[65]	NA	NA	NA	NA	NA	NA
Leombruni, 2008[66]	NA	NA	NA	NA	NA	NA
McElroy, 2007[67]	NR	NR	NR	NR	NR	NR
McElroy, 2006[68]	NA	NA	NA	NA	NA	NA

Evidence Table 63. Binge-eating disorder drug treatment – part 10 (continued)

Refid First Author's Last Name Year	Definition of Quality of Life	Quality of Life Baseline	Quality of Life Outcomes	Definition of Functional Capacity	Functional Capacity Baseline	Functional Capacity Outcomes
McElroy, 2003[69]	NA	NA	NA	NA	NA	NA
McElroy, 2003[70]	NA	NA	NA	NA	NA	NA
McElroy, 2000[71]	NR	NR	NR	NR	NR	NR
McElroy, 2011[72]	SF-12 Physical Health SF-12 Mental Health	Physical Health G1: 42.6 (10.1) G2: 46.0 (10.0) Mental Health G1: 48.7 (9.8) G2: 49.3 (9.2)	Physical Health G1: 45.7 (9.4) G2: 48.2 (8.8) Mental Health G1: 53.1 (9.1) G2: 46.9 (11.9)	NA	NA	NA
McElroy, 2007[73]	NA	NA	NA	NA	NA	NA
McElroy, 2013[74]	NA	NA	NA	NA	NA	NA
Pearlstein, 2003[75]	NA	NA	NA	NA	NA	NA
Ricca, 2009[76]	NA	NA	NA	NA	NA	NA
White, 2013[77]	NA	NA	NA	NA	NA	NA

Evidence Table 64. Binge-eating disorder drug treatment – part 10

Refid First Author's Last Name Year	Definition of Other	Other Baseline	Other Outcomes
Arnold, 2002[58]	NA	NA	NA
Brownley, 2013[59]	NA	NA	Estimate (mean change btwn g1 - g2): 0.58
Claudino, 2007[47]	NA	NA	NA
Golay, 2005[60]	NA	NA	NA
Guerdjikova, 2009[61]	NA	NA	NA
Guerdjikova, 2008[62]	NA	NA	NA
Guerdjikova, 2012[63]	NA	NA	NA
Hudson, 1998[64]	NA	NA	NA
Laederach-Hofmann, 1999[65]	NA	NA	NA
Leombruni, 2008[66]	NA	NA	NA
McElroy, 2007[67]	Measure 1: CGI severity	Measure 1 baseline G1: 4.2 (0.4) G2: 4.4 (0.6)	Measure 1 Longitudinal Analysis Estimate (mean change btwn g1 - g2): -1.12 95% CI: -2.01 to -0.22 X^2: 6.03 p: 0.015 Endpoint Analysis Estimate (mean change btwn g1-g)2: -1.20 95% CI: -1.90 to -0.50 t: 3.48 p: 0.013

Evidence Table 64. Binge-eating disorder drug treatment – part 10 (continued)

Refid First Author's Last Name Year	Definition of Other	Other Baseline	Other Outcomes
McElroy, 2006[68]	NA	NA	NA
McElroy, 2003[69]	NA	NA	NA
McElroy, 2003[70]	NA	NA	NA
McElroy, 2000[71]	Measure 1: CGI severity Measure 2: CGI improvement	NR	Measure 1: Diff in change btwn G1 & G2, mean: -1.007 SE: 0.183 Analysis X^2: 30.30 df: 159 P < 0.001 Measure 2: Diff in change btwm G1 & G2, mean: 0.929 SE: 0.929 Analysis X^2: 16.30 df: 159 p <0.001
McElroy, 2011[72]	CGI-S CGI-I	CGI-S G1: 4.9 (0.8) G2: 4.8 (0.9) CGI-I G1: 0.40 (1.23) G2: 1.0 (1.78)	CGI-S G1: 2.7 (1.7) G2: 3.5 (1.4) p = (0.29) d = (0.35) CGI-I G1: 2.1 (1.1) G2: 2.6 (1.1) p = (0.96) d = (0.02)

Evidence Table 64. Binge-eating disorder drug treatment – part 10 (continued)

Refid First Author's Last Name Year	Definition of Other	Other Baseline	Other Outcomes
McElroy, 2007[73]	CGI-S	CGI-S G1: 4.8 (0.9) G2: 4.8 (0.9)	NA
McElroy, 2013[74]	NA	NA	NA
Pearlstein, 2003[75]	NA	NA	NA
Ricca, 2009[76]	NA	NA	NA
White, 2013[77]	NA	NA	NA

Evidence Table 65. Binge-eating disorder drug treatment – part 11 (continued)

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
Arnold, 2002[58]	G1: 7 G2: 17	G1: 2 G2: 2 "including sedation, hand and foot swelling, palpitations, diarrhea, nausea, and apathy	G1:0 G2:2	NA	NA	NA
Brownley, 2013[59]	Overal: 3	Overall: 0	NA	NA	Overall: 8	NA
Claudino, 2007[47]	Overall: Tx N = 37, Placebo N = 36 G1: 7 G2: 10 Mean Between-group difference (95% CI): NR p = (0.37)	Overall: G1: 1 G2: 0 Mean Between-group difference (95% CI): NR p = NR	NR	None	Overall: G1: 127 G2: 98 Mean Between-group difference (95% CI): NR p = NR	Overall: G1: 2 G2: 7 Mean Between-group difference (95% CI): NR p = NS
Golay, 2005[60]	Overall: Tx N = 44, Placebo N = 45 G1: 5 G2: 13 Mean Between-group difference (95% CI): NR p = NR	Overall: G1: 0 G2: 4 Mean Between-group difference (95% CI): NR p = NR	Overall: G1: 0 G2: 2 Mean Between-group difference (95% CI): NR p = NR	None	NR	NR
Guerdjikova, 2009[61]	G1:11 G2: 7	G1: 3 G2: 1	G1:3 G2:1	NA	NA	G1: 2 G2: 1 p=1.000

Evidence Table 65. Binge-eating disorder drug treatment – part 11 (continued)

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
Guerdjikova, 2008[62]	Overall: NR G1: 5 (25%) G2: 4 (17.3%) Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: 1 G2: 2 Mean Between-group difference (95% CI): NR p = NS	Overall: NR G1: 0 G2: 1 Mean Between-group difference (95% CI): NR p = NR	Metatarsal fracture in left foot obtained during a syncopal episode induced by having blood drawn (not thought to be due to study medication) Overall: NR G1: 1 G2: 0 Mean Between-group difference (95% CI): NR p = NR Hospitalized for dehydration due to an acute GI viral syndrome (not thought to be due to study medication) Overall: NR G1: 1 G2: 0 Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: 5 (24%) G2: 5 (22%) Mean Between-group difference (95% CI): NR p = NS

Evidence Table 65. Binge-eating disorder drug treatment – part 11 (continued)

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
Guerdjikova, 2012[63]	Overall: Tx N = 20, Placebo N = 20 G1: 7 G2: 6 Mean Between-group difference (95% CI): NR p = NR	Overall: G1: 3 G2: 0 Mean Between-group difference (95% CI): NR Fisher exact p = (0.19)	Overall: G1: 0 G2: 1 Mean Between-group difference (95% CI): NR p = NR	Overall: G1: 1 G2: 0 Mean Between-group difference (95% CI): NR p = NR Serious event included severe gastrointestinal problems and a sinus infection. Pariticipant was hospitalized for 48 hours but the complication was not thought to be due to duloxetine	Overall: G1: 26 G2: NR Mean Between-group difference (95% CI): NR p = NR	NR
Hudson, 1998[64]	G1: 13 G2: 5 Mean Between-group difference (95% CI): NR p = 04	G1: 5 G2: 0 Mean Between-group difference (95% CI): NR p = 0.03	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: 0 G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: 10% G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Laederach-Hofmann, 1999[65]	Overall: 2 G1: 1 G2: 1	G1: 1 G2: 1	NR	NR	G1: 1 G1: 1	NR
Leombruni, 2008[66]	NA	NA	NA	NA	Overall: 6	Overall: 2
McElroy, 2007[67]	NR	G1: 3 G2: 1	NR	Overall: 0	NR	G1: 2 (10%) G2: 2 (10%)

Evidence Table 65. Binge-eating disorder drug treatment – part 11 (continued)

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
McElroy, 2006[68]	Overall: 12 G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: 8 G2: 4 Mean Between-group difference (95% CI): NR p = NR	G1: 1 G2: 0 Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = no significant differences between groups (all p>0.10)	G1: 2 (7%) G2: 5 (17%) Mean Between-group difference (95% CI): NR p = NR
McElroy, 2003[69]	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: 0 (0%) G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: 7 (37%) G2: 4 (21%) Mean Between-group difference (95% CI): NR p = NR, NS
McElroy, 2003[70]	G1: 14 G2: 12	G1: 6 G: 3	G1: 1 G2: 2	NA	NA	G1: 5 G2: 5 p=NS
McElroy, 2000[71]	Overall: 8	Overall: 0	NR	NR	NR	NR
McElroy, 2011[72]	Overall: Tx N = 20, Placebo N = 20 G1: 5 G2: 11 Mean Between-group difference (95% CI): NR Fishers exact p = (0.05)	Overall: G1: 3 G2: 0 Mean Between-group difference (95% CI): NR p = NR	Overall: G1: 0 G2: 4 Mean Between-group difference (95% CI): NR p = NR	None	Overall: G1: 40 G2: 14 Mean Between-group difference (95% CI): NR p = NR	Overall: G1: 11 G2: 5 Mean Between-group difference (95% CI): NR p = (0.05)

Evidence Table 65. Binge-eating disorder drug treatment – part 11 (continued)

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
McElroy, 2007[73]	Overall: Tx N = 202, Placebo N = 202 (safety population, not ITT) G1: 55 G2: 59 Mean Between-group difference (95% CI): NR p = NR	Overall: G1: 28 G2: 15 Mean Between-group difference (95% CI): NR p = NR	Overall: G1: 1 G2: 3 Mean Between-group difference (95% CI): NR p = NR	Overall: G1: 3 G2: 3 Mean Between-group difference (95% CI): NR p = NR G1: acute cholecystitis, major depression, and tibial fracture G2: Stomach virus, asthma exacerbation, and arrhythmia	Overall: G1: 347 G2: 166 Mean Between-group difference (95% CI): NR p = NR	None
McElroy, 2013[74]	Premature discontinuation Overall: NR G1: 16 (50%) G2: 4 (11%) Mean Between-group difference (95% CI): NR p = <0.001 Discontinuation rate from the time of randomization to finalization of the ITT group: NR G1: 19% G2: 3% p = 0.04 6-week treatment phase	Overall: NR G1: 12 (37%) G2: 0 (0%) Mean Between-group difference (95% CI): NR p <0.001 Of the 12 G1 participants who discontinued prematurely, single adverse events led to drug discontinuation in N=6 (dizziness N=2, nausea N=1, somnolence N=1, hallucin	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: 0 G1: 0 G2: 0 Mean Between-group difference (95% CI): NR p = NR	Of the 68 participant receiving at least 1 dose of study medication: Overall: NR G1: 29 (93.5%) G2: 24 (65%) Mean Between-group difference (95% CI): NR p = 0.004	Overall: NR G1: 2 (6.5%) G2: 2 (5.4%) Mean Between-group difference (95% CI): NR p = NR
Pearlstein, 2003[75]	Overall:5	Overall:1	Overall:1	NA	NA	NA

Evidence Table 65. Binge-eating disorder drug treatment – part 11 (continued)

Refid First Author's Last Name Year	Harms Overall Discontinuation From Study	Discontinuation Due to AEs	Discontinuation Due to Lack of Efficacy	Serious AEs (Define in Addition to Reporting Rates)	Any AE	Diarrhea
Ricca, 2009[76]	Overall: 22 G1: 8 (33%) G2: 14 (50%) Mean Between-group difference (95% CI): NR p = NR, NS	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: 1 G1: 0 G2: 1 Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
White, 2013[77]	Overall: 7 (11%) G1: 4 (13%) G2: 3 (10%) Mean Between-group difference (95% CI): NR; chi-square=0.13 p = 0.72	Overall: 0 G1: 0 G2: 0 Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: 0 G1: 0 G2: 0 Mean Between-group difference (95% CI): NR p = NR	Overall: 0 G1: 0 G2: 0 Mean Between-group difference (95% CI): NR p = NR

Evidence Table 66. Binge-eating disorder drug treatment – part 12 (continued)

Refid First Author's Last Name Year	Dizziness	Headache	Insomnia	Nausea	Sexual Dysfunction	Cognition
Arnold, 2002[58]	NA	NA	NA	NA	NA	NA
Brownley, 2013[59]	NA	NA	NA	NA	NA	NA
Claudino, 2007[47]	Overall: G1: 11 G2: 7 Mean Between-group difference (95% CI): NR p = NS	Overall: G1: 19 G2: 19 Mean Between-group difference (95% CI): NR p = NS	Overall: G1: 1 G2: 6 Mean Between-group difference (95% CI): NR p < (0.05)	Overall: G1: 8 G2: 3 Mean Between-group difference (95% CI): NR p = NS	NR	Overall: G1: 5 G2: 4 Mean Between-group difference (95% CI): NR p = NS Reported as confusion
Golay, 2005[60]	NR	NR	NR	NR	NR	NR
Guerdjikova, 2009[61]	G1: 1 G2:2 p=1.000	G1: 9 G2 7 p=0.765	G1: 9 G2: 5 p=0.349	NA	Abnormal sex function G1:0 G2:2 p=0.235	NA
Guerdjikova, 2008[62]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: 3 (14%) G2: 4 (17%) Mean Between-group difference (95% CI): NR p = NS	Overall: NR G1: 3 (14%) G2: 3 (13%) Mean Between-group difference (95% CI): NR p = NS	Overall: NR G1: 1 (5%) G2: 3 (13%) Mean Between-group difference (95% CI): NR p = NS	Overall: NR G1: 3 (14%) G2: 0 (0%) Mean Between-group difference (95% CI): NR p = NS	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Guerdjikova, 2012[63]	NR	NR	NR	Overall: G1: 9 G2: NR Mean Between-group difference (95% CI): NR p = NR, stated NS	NR	Overall: G1: 1 G2: NR Mean Between-group difference (95% CI): NR p = NR Reported as confusion

Evidence Table 66. Binge-eating disorder drug treatment – part 12 (continued)

Refid First Author's Last Name Year	Dizziness	Headache	Insomnia	Nausea	Sexual Dysfunction	Cognition
Hudson, 1998[64]	G1: 24% G2: 14% Mean Between-group difference (95% CI): NR p = NR, NS	G1: 42% G2: 28% Mean Between-group difference (95% CI): NR p = NR, NS	G1: 44% G2: 14% Mean Between-group difference (95% CI): NR p <0.05	G1: 34% G2: 12% Mean Between-group difference (95% CI): NR p <0.01	"Decreased libido" G1: 10% G2: 2% Mean Between-group difference (95% CI): NR p = NR, NS	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Laederach-Hofmann, 1999[65]	NR	NR	NR	NR	NR	NR
Leombruni, 2008[66]	NA	Overall: 3	Overall:1	Overall: 5	NA	NA
McElroy, 2007[67]	G1: 3 (15%) G2: 0 (0%)	G1: 6 (30%) G2: 4 (20%)	G1: 7 (35%) G2: 3 (15%)	G1: 8 (40%) G2: 2 (10%)	NR	NR
McElroy, 2006[68]	G1: 4 (13%) G2: 2 (17%) Mean Between-group difference (95% CI): NR p = NR	G1: 11 (37%) G2: 9 (30%) Mean Between-group difference (95% CI): NR p = NR	G1: 4 (13%) G2: 2 (17%) Mean Between-group difference (95% CI): NR p = NR	G1: 11 (37%) G2: 5 (17%) Mean Between-group difference (95% CI): NR p = NR	Libido decrease G1: 3 (10%) G2: 1 (3%) Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
McElroy, 2003[69]	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: 8 (42%) G2: 5 (26%) Mean Between-group difference (95% CI): NR p = NR, NS	G1: 3 (16) G2: 1 (5) Mean Between-group difference (95% CI): NR p = NR, NS	G1: 7 (37) G2: 2 (11) Mean Between-group difference (95% CI): NR p = NR, NS	G1: 3 (16) G2: 1 (5) Mean Between-group difference (95% CI): NR p = NR, NS	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR

Evidence Table 66. Binge-eating disorder drug treatment – part 12 (continued)

Refid First Author's Last Name Year	Dizziness	Headache	Insomnia	Nausea	Sexual Dysfunction	Cognition
McElroy, 2003[70]	G1:8 G2: 4 p=NS	G1: 12 (40%) G2: 7 (23%) p = NS	NA	G1: 6 G2: 5 p=NS	NA	Confusion G1: 5 G2:0 p<0.05
McElroy, 2000[71]	NR	NR	G1: 7 (39%) G2: 1 (6%) p:0.04	NR	NR	NR
McElroy, 2011[72]	None	Overall: G1: 3 G2: 2 Mean Between-group difference (95% CI): NR p = NS	Overall: G1: 2 G2: 1 Mean Between-group difference (95% CI): NR p = NS	Overall: G1: 2 G2: 2 Mean Between-group difference (95% CI): NR p = NS	None	None
McElroy, 2007[73]	NA	Overall: G1: 25 G2: 29 Mean Between-group difference (95% CI): NR p = (0.661)	None	Overall: G1: 32 G2: 25 Mean Between-group difference (95% CI): NR p = (0.391)	None	Concentration/Attention G1: 26 G2: 5 Mean Between-group difference (95% CI): NR p < (0.001) Memory (not otherwise specfied) G1: 25 G2: 12 Mean Between-group difference (95% CI): NR p = (0.037)

Evidence Table 66. Binge-eating disorder drug treatment – part 12 (continued)

Refid First Author's Last Name Year	Dizziness	Headache	Insomnia	Nausea	Sexual Dysfunction	Cognition
McElroy, 2013[74]	Overall: NR G1: 10 (32.3%) G2: 0 (0%) Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: 9 (29.0%) G2: 6 (16.2%) Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: 7 (22.6%) G2: 1 (2.7%) Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: 10 (32.3%) G2: 4 (10.8%) Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
Pearlstein, 2003[75]	NA	NA	NA	G1: 4 G2: 1	NA	NA
Ricca, 2009[76]	Overall: 2 G1: 0 G2: 2 Mean Between-group difference (95% CI): NR p = NR	Overall: 2 G1: 0 G2: 2 Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: 2 G1: 0 G2: 2 Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR
White, 2013[77]	Overall: 0 G1: 0 G2: 0 Mean Between-group difference (95% CI): NR p = NR	Overall: 0 G1: 0 G2: 0 Mean Between-group difference (95% CI): NR p = NR	Overall: 0 G1: 0 G2: 0 Mean Between-group difference (95% CI): NR p = NR	Overall: 0 G1: 0 G2: 0 Mean Between-group difference (95% CI): NR p = NR	Overall: 0 G1: 0 G2: 0 Mean Between-group difference (95% CI): NR p = NR	Overall: 0 G1: 0 G2: 0 Mean Between-group difference (95% CI): NR p = NR

Evidence Table 67. Binge-eating disorder drug treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug interactions	Harms Other	Harms Comments
Arnold, 2002[58]	NA	NA	NA	NA	"Other non-drug related reasons" G1: 2 G1: 3	Lost to followup: G1: 3 G2: 10
Brownley, 2013[59]	NA	NA	NA	NA	NA	NA
Claudino, 2007[47]	Overall: G1: 8 G2: 10 Mean Between-group difference (95% CI): NR p = NS	NR	NR	NR	Paresthesia Overall: G1: 18 G2: 4 Mean Between-group difference (95% CI): NR p < (0.05)	Taste Perversion Overall: G1: 9 G2: 0 Mean Between-group difference (95% CI): NR p < (0.05) Dysuria Overall: G1: 5 G2: 0 Mean Between-group difference (95% CI): NR p < (0.05 Leg Pain Overall: G1: 4 G2: 0 Mean Between-group difference (95% CI): NR p < (0.05 Other AE were reported, only those that were significant were added to "other" columns

Evidence Table 67. Binge-eating disorder drug treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug interactions	Harms Other	Harms Comments
Golay, 2005[60]	NR	NR	NR	NR	NR	Further detail on adverse events was not provided. The 12 other participants dropped out due to: lack of cooperation and failure to return
Guerdjikova, 2009[61]	G1: 7 G2: 2 p=0.140	G1: 4 G2: 0 p=0.1100	NA	NA	Rash G1: 4 G2:3 p=1.000 Itching G1: 4 G2: 1 p=0.350 Sinusitis G1:1 G2: 2 p=0.610 Constipation G1:2 G1:0 p=0.490	NA

Evidence Table 67. Binge-eating disorder drug treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug interactions	Harms Other	Harms Comments
Guerdjikova, 2008[62]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: 7 (33%) G2: 6 (27%) Mean Between-group difference (95% CI): NR p = NS	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Withdrew due to non-adherence to study protocol procedures Overall: 5 G1: 4 G2: 1 Mean Between-group difference (95% CI): NR p = NR Fatigue Overall: NR G1: 3 (14%) G2: 5 (22%) Mean Between-group difference (95% CI): NR p = NS Increased urinary frequency Overall: NR G1: 3 (14%) G2: 0 (0%) Mean Between-group difference (95% CI): NR p = NS GI flu Overall: NR G1: 3 (14%) G2: 2 (9%) Mean Between-group difference (95% CI): NR p = NS	NA

Evidence Table 67. Binge-eating disorder drug treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug interactions	Harms Other	Harms Comments
Guerdjikova, 2008[62] (continued)					Sweating Overall: NR G1: 3 (14%) G2: 0 (0%) Mean Between-group difference (95% CI): NR p = NS Yawning Overall: NR G1: 3 (14%) G2: 0 (0%) Mean Between-group difference (95% CI): NR p = NS Nervousness Overall: NR G1: 2 (10%) G2: 1 (4%) Mean Between-group difference (95% CI): NR p = NS Upper respiratory infection Overall: NR G1: 2 (10%) G2: 1 (4%) Mean Between-group difference (95% CI): NR p = NS	

Evidence Table 67. Binge-eating disorder drug treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug interactions	Harms Other	Harms Comments
Guerdjikova, 2008[62] (continued)					Cold/pharyngitis Overall: NR G1: 1 (5%) G2: 4 (17%) Mean Between-group difference (95% CI): NR p = NS Edema Overall: NR G1: 1 (5%) G2: 3 (13%) Mean Between-group difference (95% CI): NR p = NS	
Guerdjikova, 2012[63]	NR	Overall: G1: 7 G2: NR Mean Between-group difference (95% CI): NR p = NR, stated NS	NR	NR	Constipation Overall: G1: 5 G2: NR Mean Between-group difference (95% CI): NR p = NR, stated NS	Hyperhydrosis Overall: G1: 5 G2: NR Mean Between-group difference (95% CI): NR p = NR, stated NS

Evidence Table 67. Binge-eating disorder drug treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug interactions	Harms Other	Harms Comments
Hudson, 1998[64]	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: 15% G2: 2% Mean Between-group difference (95% CI): NR p = NR, NS	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Asthenia G1: 32% G2: 19% Mean Between-group difference (95% CI): NR p = NR, NS Depression G1: 22% G2: 9% Mean Between-group difference (95% CI): NR p=NR, NS Abnormal dreams G1: 20% G2: 5% Mean Between-group difference (95% CI): NR p<0.01 Nervousness G1: 12% G2: 7% Mean Between-group difference (95% CI): NR p=NR, NS	NA

Evidence Table 67. Binge-eating disorder drug treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug interactions	Harms Other	Harms Comments
Laederach-Hofmann, 1999[65]	NR	NR	NR	NR	"…anticholinergic effects (constipation, dry mouth, blurred vision) were ost often reported in the imipramine group (seven vs. three times, p <0.05)"	"One male patient, who had compained of hunger, sweating, palpitations, arrhythmia, and general malaise during the first 10 days of treatment, consequently dropped out of the placebo group." " One female patient discontinued active medication due to skin eruptions and an aversion to tablet intake."
Leombruni, 2008[66]	NA	NA	NA	NA	Anxiety: 3	NA

Evidence Table 67. Binge-eating disorder drug treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug interactions	Harms Other	Harms Comments
McElroy, 2007[67]	G1: 2 (10%) G2: 2 (10%)	G1: 11 (55%) G2: 4 (20%)	NR	NR	Nervousness G1: 7 (35%) G2: 3 (15%) Constiparion G1: 4 (20%) G2: 2 (10%) Sweating G1: 4 (20%) G2: 0 (0%) Hypertension G1: 2 (10%) G2: 1 (5%) Dyspepsia G1: 2 (10%) G2: 1 (5%) Rhinitis G1: 2 (10%) G2: 2 (10%) Hot Falsh G1: 2 (10%) G2: 1 (5%) Depression G1: 2 (10%) G2: 0 (0%) Abdominal Pain G1: 0 (0%) G2: 2 (10%) Urinary hesitancy G1: 2 (10%) G2: 0 (0%) Erucation G1: 2 (10%) G2: 0 (0%)	NR

Evidence Table 67. Binge-eating disorder drug treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug interactions	Harms Other	Harms Comments
McElroy, 2006[68]	G1: 12 (40%) G2: 7 (23%) Mean Between-group difference (95% CI): NR p = NR	G1: 13 (43%) G2: 10 (33%) Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Withdrew due to difficulties with protocol adherence G1: 9 G2: 8 Mean Between-group difference (95% CI): NR p = NR Nervousness G1: 8 (27%) G2: 3 (10%) Mean Between-group difference (95% CI): NR p = NR Constipation G1: 2 (7%) G2: 5 (17%) Mean Between-group difference (95% CI): NR p = NR Flatulence G1: 7 (23%) G2: 8 (27%) Mean Between-group difference (95% CI): NR p = NR	NA

Evidence Table 67. Binge-eating disorder drug treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug interactions	Harms Other	Harms Comments
McElroy, 2006[68] (continued)					Taste perversion G1: 7 (23%) G2: 2 (7%) Mean Between-group difference (95% CI): NR p = NR Dyspepsia G1: 6 (20%) G2: 1 (3%) Mean Between-group difference (95% CI): NR p = NR Gastrointestinal virus G1: 5 (17%) G2: 2 (7%) Mean Between-group difference (95% CI): NR p = NR Thinking abnormality G1: 5 (17%) G2: 3 (10%) Mean Between-group difference (95% CI): NR p = NR Amnesia G1: 5 (17%) G2: 3 (10%) Mean Between-group difference (95% CI): NR p = NR	

Evidence Table 67. Binge-eating disorder drug treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug interactions	Harms Other	Harms Comments
McElroy, 2006[68] (continued)					Paresthesias G1: 4 (13%) G2: 4 (13%) Mean Between-group difference (95% CI): NR p = NR Back pain G1: 4 (13%) G2: 1 (3%) Mean Between-group difference (95% CI): NR p = NR Abdominal pain G1: 3 (10%) G2: 3 (10%) Mean Between-group difference (95% CI): NR p = NR Urine frequency G1: 3 (10%) G2: 4 (13%) Mean Between-group difference (95% CI): NR p = NR Heart palpitations G1: 2 (7%) G2: 5 (17%) Mean Between-group difference (95% CI): NR p = NR	

Evidence Table 67. Binge-eating disorder drug treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug interactions	Harms Other	Harms Comments
McElroy, 2006[68] (continued)					Upper respiratory infection G1: 2 (7%) G2: 3 (10%) Mean Between-group difference (95% CI): NR p = NR Bone fracture resulting from accidental injury G1: 2 (7%) G2: 0 (0%) Mean Between-group difference (95% CI): NR p = NR	

Evidence Table 67. Binge-eating disorder drug treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug interactions	Harms Other	Harms Comments
McElroy, 2003[69]	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: 8 (42) G2: 7 (37) Mean Between-group difference (95% CI): NR p = NR, NS	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Sedation G1: 5 (26%) G2: 4 (21%) Mean Between-group difference (95% CI): NR p = NR, NS Fatigue G1: 5 (26%) G2: 0 (0%) Mean Between-group difference (95% CI): NR p = 0.046 Sweating G1: 9 (47%) G2: 1 (5%) Mean Between-group difference (95% CI): NR p = 0.008	NA

Evidence Table 67. Binge-eating disorder drug treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug interactions	Harms Other	Harms Comments
McElroy, 2003[70]	G1: 8 G2: 8 p = NS	G1: 13 G2: 9	NA	NA	Parasthesia G1: 21 G2:3 p<0.05 Dysepsia G1: 9 G2: 7 p=NS Nervousness G1: 7 G2: 3 p=NS Back pain G1: 6 G2:2 p=NS Taste perversion G1: 6 G2:0 p<0.05 Uper respiratory tract infection G1: 5 G2: 1 p=NS Fatigue G1: 6 G2: 7 p=NS Language problems G1: 6 G2: 1 p=NS	NA

Evidence Table 67. Binge-eating disorder drug treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug interactions	Harms Other	Harms Comments
McElroy, 2000[71]	NR	NR	NR	NR	NR	NA
McElroy, 2011[72]	Overall: G1: 2 G2: 0 Mean Between-group difference (95% CI): NR p = NS	None	None	None	None	No other reported AE's were significantly different b/t groups
McElroy, 2007[73]	None	Overall: G1: 27 G2: 22 Mean Between-group difference (95% CI): NR p = (0.543)	None	None	Paresthesia Overall: G1: 113 G2: 25 Mean Between-group difference (95% CI): NR p < (0.001) Upper Respiratory Tract Infection Overall: G1: 113 G2: 25 Mean Between-group difference (95% CI): NR p = (0.022) Taste Perversion Overall: G1: 28 G2: 2 Mean Between-group difference (95% CI): NR p < (0.001)	No other reported AE's were significantly different b/t groups

Evidence Table 67. Binge-eating disorder drug treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug interactions	Harms Other	Harms Comments
McElroy, 2013[74]	Overall: NR G1: 4 (12.9%) G2: 3 (8.1%) Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: 5 (16.1%) G2: 1 (2.7%) Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: 4 (12.9%) G2: 1 (2.7%) Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Loss to follow-up Overall: NR G1: 3 G2: 4 Mean Between-group difference (95% CI): NR p = NR Fatigue Overall: NR G1: 4 (12.9%) G2: 4 (10.8) Mean Between-group difference (95% CI): NR p = NR Sedation Overall: NR G1: 3 (9.7%) G2: 1 (2.7%) Mean Between-group difference (95% CI): NR p = NR Muscle spasms Overall: NR G1: 2 (6.5%) G2: 2 (5.4%) Mean Between-group difference (95% CI): NR p = NR	NA

Evidence Table 67. Binge-eating disorder drug treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug interactions	Harms Other	Harms Comments
McElroy, 2013[74] (continued)					Sleep disorder Overall: NR G1: 2 (6.5%) G2: 2 (5.4%) Mean Between-group difference (95% CI): NR p = NR Myalgia Overall: NR G1: 1 (3.2%) G2: 3 (8.1%) Mean Between-group difference (95% CI): NR p = NR	
Pearlstein, 2003[75]	NA	G1: 4 G2: 3	NA	NA	Sedation G1: 8 G2: 3 Decreased G1: 3 G2:0	NA

Evidence Table 67. Binge-eating disorder drug treatment – part 13 (continued)

Refid First Author's Last Name Year	Somnolence	Dry Mouth	Vomiting	Drug interactions	Harms Other	Harms Comments
Ricca, 2009[76]	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Overall: NR G1: NR G2: NR Mean Between-group difference (95% CI): NR p = NR	Difficulties with protocol adherence Overall: 7 G1: 0 G2: 7 Mean Between-group difference (95% CI): NR p = NR Lost to follow-up Overall: 7 G1: 3 G2: 4 Mean Between-group difference (95% CI): NR p = NR	NA
White, 2013[77]	Overall: 0 G1: 0 G2: 0 Mean Between-group difference (95% CI): NR p = NR	Overall: 0 G1: 0 G2: 0 Mean Between-group difference (95% CI): NR p = NR	Overall: 0 G1: 0 G2: 0 Mean Between-group difference (95% CI): NR p = NR	Overall: 0 G1: 0 G2: 0 Mean Between-group difference (95% CI): NR p = NR	Overall: 0 G1: 0 G2: 0 Mean Between-group difference (95% CI): NR p = NR	NA

Evidence Table 68. Binge-eating disorder drug treatment – part 14

Refid First Author's Last Name Year	Describe Subpopulation	Subpopulation Definition of Eating Related Measure(s)	Subpopulation Outcomes	Subpopulation Outcomes for Eating-Related Measures Continued	Subpopulation Definition of Psychological/ Psychiatric Measure(s)	Subpopulation Outcomes
Arnold, 2002[58]	None	NA	NA	NA	NA	NA
Brownley, 2013[59]	- Subpopulation 1: sensitivity analysis, outlier removed	NA	NA	NA	NA	Measure 1: weight
Claudino, 2007[47]	None	NA	NA	NA	NA	NA
Golay, 2005[60]	None	NA	NA	NA	NA	NA
Guerdjikova, 2009[61]	None	NA	NA	NA	NA	NA
Guerdjikova, 2008[62]	None	NA	NA	NA	NA	NA
Guerdjikova, 2012[63]	None	NA	NA	NA	NA	NA
Hudson, 1998[64]	None	NA	NA	NA	NA	NA
Laederach-Hofmann, 1999[65]	None	NA	NA	NA	NA	NA
Leombruni, 2008[66]	None	NA	NA	NA	NA	NA
McElroy, 2007[67]	NA	NA	NA	NA	NA	NA
McElroy, 2006[68]	None	NA	NA	NA	NA	NA
McElroy, 2003[69]	None	NA	NA	NA	NA	NA
McElroy, 2003[70]	None	NA	NA	NA	NA	NA
McElroy, 2000[71]	NA	NA	NA	NA	NA	NA
McElroy, 2011[72]	None	NA	NA	NA	NA	NA

Evidence Table 68. Binge-eating disorder drug treatment – part 14

Refid First Author's Last Name Year	Describe Subpopulation	Subpopulation Definition of Eating Related Measure(s)	Subpopulation Outcomes	Subpopulation Outcomes for Eating-Related Measures Continued	Subpopulation Definition of Psychological/ Psychiatric Measure(s)	Subpopulation Outcomes
McElroy, 2007[73]						
McElroy, 2013[74]	None	NA	NA	NA	NA	NA
Pearlstein, 2003[75]	None	NA	NA	NA	NA	NA
Ricca, 2009[76]	None	NA	NA	NA	NA	NA
White, 2013[77]	None	NA	NA	NA	NA	NA

Evidence Table 69. Binge-eating disorder drug treatment – part 15

Refid First Author's Last Name Year	Subpopulation Definition of Weight Related Measure(S)	Subpopulation Outcomes	Subpopulation Definition of Biomarker Outcomes Other Than Weight	Subpopulation Outcomes	Subpopulation Quality of Life	Subpopulation Functional Capacity
Arnold, 2002[58]	NA	NA	NA	NA	NA	NA
Brownley, 2013[59]	Measure 1: Rate of change per month G1: -0.23 (0.21) G2: -0.13 (0.18) G3: 0.55 (0.25) G1 V G3: t: -2.72 df: 35 p <0.02 G2 VS G3 t: -2.59 df: 35 p <0.02	NA	NA	NA	NA	NA
Claudino, 2007[47]	NA	NA	NA	NA	NA	NA
Golay, 2005[60]	NA	NA	NA	NA	NA	NA
Guerdjikova, 2009[61]	NA	NA	NA	NA	NA	NA
Guerdjikova, 2008[62]	NA	NA	NA	NA	NA	NA
Guerdjikova, 2012[63]	NA	NA	NA	NA	NA	NA
Hudson, 1998[64]	NA	NA	NA	NA	NA	NA
Laederach-Hofmann, 1999[65]	NA	NA	NA	NA	NA	NA
Leombruni, 2008[66]	NA	NA	NA	NA	NA	NA

Evidence Table 69. Binge-eating disorder drug treatment – part 15 (continued)

Refid First Author's Last Name Year	Subpopulation Definition of Weight Related Measure(S)	Subpopulation Outcomes	Subpopulation Definition of Biomarker Outcomes Other Than Weight	Subpopulation Outcomes	Subpopulation Quality of Life	Subpopulation Functional Capacity
McElroy, 2007[67]	NA	NA	NA	NA	NA	NA
McElroy, 2006[68]	NA	NA	NA	NA	NA	NA
McElroy, 2003[69]	NA	NA	NA	NA	NA	NA
McElroy, 2003[70]	NA	NA	NA	NA	NA	NA
McElroy, 2000[71]	NA	NA	NA	NA	NA	NA
McElroy, 2011[72]	NA	NA	NA	NA	NA	NA
McElroy, 2007[73]						
McElroy, 2013[74]	NA	NA	NA	NA	NA	NA
Pearlstein, 2003[75]	NA	NA	NA	NA	NA	NA
Ricca, 2009[76]	NA	NA	NA	NA	NA	NA
White, 2013[77]	NA	NA	NA	NA	NA	NA

Evidence Table 70. Binge-eating disorder drug treatment – part 16

Refid First Author's Last Name Year	Subpopulation Overall Discontinuation From Study	Subpopulation Discontinuation Due to AEs	Subpopulation Discontinuation due to Lack of Efficacy	Subpopulation Serious AEs (Define in Addition to Reporting Rates)	Subpopulation Any AE	Subpopulation Diarrhea
Arnold, 2002[58]	NA	NA	NA	NA	NA	NA
Brownley, 2013[59]	NA	NA	NA	NA	NA	NA
Claudino, 2007[47]	NA	NA	NA	NA	NA	NA
Golay, 2005[60]	NA	NA	NA	NA	NA	NA
Guerdjikova, 2009[61]	NA	NA	NA	NA	NA	NA
Guerdjikova, 2008[62]	NA	NA	NA	NA	NA	NA
Guerdjikova, 2012[63]	NA	NA	NA	NA	NA	NA
Hudson, 1998[64]	NA	NA	NA	NA	NA	NA
Laederach-Hofmann, 1999[65]	NA	NA	NA	NA	NA	NA
Leombruni, 2008[66]	NA	NA	NA	NA	NA	NA
McElroy, 2007[67]	NA	NA	NA	NA	NA	NA
McElroy, 2006[68]	NA	NA	NA	NA	NA	NA
McElroy, 2003[69]	NA	NA	NA	NA	NA	NA
McElroy, 2003[70]	NA	NA	NA	NA	NA	NA
McElroy, 2000[71]	NA	NA	NA	NA	NA	NA
McElroy, 2011[72]	NA	NA	NA	NA	NA	NA

Evidence Table 70. Binge-eating disorder drug treatment – part 16 (continued)

Refid First Author's Last Name Year	Subpopulation Overall Discontinuation From Study	Subpopulation Discontinuation Due to AEs	Subpopulation Discontinuation due to Lack of Efficacy	Subpopulation Serious AEs (Define in Addition to Reporting Rates)	Subpopulation Any AE	Subpopulation Diarrhea
McElroy, 2007[73]						
McElroy, 2013[74]	NA	NA	NA	NA	NA	NA
Pearlstein, 2003[75]	NA	NA	NA	NA	NA	NA
Ricca, 2009[76]	NA	NA	NA	NA	NA	NA
White, 2013[77]	NA	NA	NA	NA	NA	NA

Evidence Table 71. Binge-eating disorder drug treatment – part 17

Refid First Author's Last Name Year	Subpopulation Dizziness	Subpopulation Headache	Subpopulation Insomnia	Subpopulation Nausea	Subpopulation Sexual Dysfunction	Subpopulation Cognitive Functioning
Arnold, 2002[58]	NA	NA	NA	NA	NA	NA
Brownley, 2013[59]	NA	NA	NA	NA	NA	NA
Claudino, 2007[47]	NA	NA	NA	NA	NA	NA
Golay, 2005[60]	NA	NA	NA	NA	NA	NA
Guerdjikova, 2009[61]	NA	NA	NA	NA	NA	NA
Guerdjikova, 2008[62]	NA	NA	NA	NA	NA	NA
Guerdjikova, 2012[63]	NA	NA	NA	NA	NA	NA
Hudson, 1998[64]	NA	NA	NA	NA	NA	NA
Laederach-Hofmann, 1999[65]	NA	NA	NA	NA	NA	NA
Leombruni, 2008[66]	NA	NA	NA	NA	NA	NA
McElroy, 2007[67]	NA	NA	NA	NA	NA	NA
McElroy, 2006[68]	NA	NA	NA	NA	NA	NA
McElroy, 2003[69]	NA	NA	NA	NA	NA	NA
McElroy, 2003[70]	NA	NA	NA	NA	NA	NA
McElroy, 2000[71]	NA	NA	NA	NA	NA	NA
McElroy, 2011[72]	NA	NA	NA	NA	NA	NA

Evidence Table 71. Binge-eating disorder drug treatment – part 17 (continued)

Refid First Author's Last Name Year	Subpopulation Dizziness	Subpopulation Headache	Subpopulation Insomnia	Subpopulation Nausea	Subpopulation Sexual Dysfunction	Subpopulation Cognitive Functioning
McElroy, 2007[73]						
McElroy, 2013[74]	NA	NA	NA	NA	NA	NA
Pearlstein, 2003[75]	NA	NA	NA	NA	NA	NA
Ricca, 2009[76]	NA	NA	NA	NA	NA	NA
White, 2013[77]	NA	NA	NA	NA	NA	NA

Evidence Table 72. Binge-eating disorder drug treatment – part 18 (continued)

Refid First Author's Last Name Year	Subpopulation Somnolence	Subpopulation Vomiting	Subpopulation Drug Interactions	Subpopulation Other
Arnold, 2002[58]	NA	NA	NA	NA
Brownley, 2013[59]	NA	NA	NA	NA
Claudino, 2007[47]	NA	NA	NA	NA
Golay, 2005[60]	NA	NA	NA	NA
Guerdjikova, 2009[61]	NA	NA	NA	NA
Guerdjikova, 2008[62]	NA	NA	NA	NA
Guerdjikova, 2012[63]	NA	NA	NA	NA
Hudson, 1998[64]	NA	NA	NA	NA
Laederach-Hofmann, 1999[65]	NA	NA	NA	NA
Leombruni, 2008[66]	NA	NA	NA	NA
McElroy, 2007[67]	NA	NA	NA	NA
McElroy, 2006[68]	NA	NA	NA	NA
McElroy, 2003[69]	NA	NA	NA	NA
McElroy, 2003[70]	NA	NA	NA	NA
McElroy, 2000[71]	NA	NA	NA	NA
McElroy, 2011[72]	NA	NA	NA	NA

Evidence Table 72. Binge-eating disorder drug treatment – part 18 (continued)

Refid First Author's Last Name Year	Subpopulation Somnolence	Subpopulation Vomiting	Subpopulation Drug Interactions	Subpopulation Other
McElroy, 2007[73]				
McElroy, 2013[74]	NA	NA	NA	NA
Pearlstein, 2003[75]	NA	NA	NA	NA
Ricca, 2009[76]	NA	NA	NA	NA
White, 2013[77]	NA	NA	NA	NA

Evidence Table 73. Course of illness studies – part 1

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Agras, 1997[78] NA To examine 1-year posttreatment followup of patients with BED treated with gropu CBT followed by weight loss treatment, data is from 3 controlled studies US Government	cohort study NR NR NA	76 of 93 available for 1 year fu	G1: treatment sample at 1 year fu	G1: 76	3	NR	outpatient	NA
Busetto, 2005[79] NA To investigate 5 year outcomes of morbidly obese patients with BED (compared to those without BED) treated surgically with LAGB Italy NR	cohort study NA LAGB between 1-1996 &12-1998 5 years	379	G1: With BED prior to surgery G2: Without BED prior to surgery	G1: 130 G2: 249	1	Padova	NA	NA

Evidence Table 73. Course of illness studies – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Castellini, 2013[80] NA	cohort study NR	N=218	G1: BED G2: BN purging type	G1: 133; G2: 85	1	Florence	outpatient and community fu	NA
Three year COI in a BED treatment pop compared to BN Italy NR	1/2003-2/2005 3 yr post-tx fu							

Evidence Table 73. Course of illness studies – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Eisenberg, 2010[81] Neumark-Sztainer, 2011[82] Goldschmidt, 2014[83] Eisenberg, 2010[81]: Eating Among Teens and Young Adults (EAT)-II Neumark-Sztainer, 2011[82]: Project EAT-III (Eating among Teens and Young Adults, 1999-2010) Goldschmidt, 2014[83]: Eating Among Teens and Young Adults (EAT)-I, II, & III Eisenberg, 2010[81]: To examine the influence of friends on disordered eating behaviors in adolescents Neumark-Sztainer, 2011[82]: To examine the	cohort study NR EAT I:1998-1999 academic year Eisenberg, 2010[81]: 5 years (2003-2004) Neumark-Sztainer, 2011[82]: 10 years Goldschmidt, 2014[83]: 10 years	Eisenberg, 2010[81]: 2516 Neumark-Sztainer, 2011[82]: 2287 Goldschmidt, 2014[83]: EAT participants with binge eating at T1 (n=132) and/or T2 (n=130)	Eisenberg, 2010[81]: One group, analyses stratified by gender G1: Females G2: Males Neumark-Sztainer, 2011[82]: Analyses stratified by gender and age: G1: Younger cohort females (early adolescence at BL) G2: Older cohort females (middle adolescence at BL) G3: Younger cohort males (early adolescence at BL) G4: Older cohort males	Eisenberg, 2010[81]: One group, participated in EAT I & EAT II: (N=2,516) analyses stratified by gender G1: 1386 G2: 1130 Neumark-Sztainer, 2011[82]: At 10-yr fu, data available for 2,287 (48% of original cohort) G1: 308	31	Eisenberg, 2010[81]: NR, 31 Minnesota public schools Neumark-Sztainer, 2011[82]: Minneapolis/St. Paul metropolitan area Goldschmidt, 2014[83]: Minneapolis/St. Paul metropolitan area	Eisenberg, 2010[81]: in-class surveys, anthropometric measures at 31 Minnesota public schools and mail survey at 5-year fu Neumark-Sztainer, 2011[82] and Goldschmidt, 2014[83]: public schools	Grant #R40 MC00319-02 from the Maternal and Child Health Bureau (Title V, Social Security Act), HRSA, US DHHS

Evidence Table 73. Course of illness studies – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Eisenberg, 2010[81] Neumark-Sztainer, 2011[82] Goldschmidt, 2014[83] (continued) prevalence and tracking of dieting, unhealthy and extreme weight control behaviors, and binge eating from adolescence to young adulthood Goldschmidt, 2014[83]: To examine the course of binge eating from adolescence to young adulthood US Government			(middle adolescence at BL) Goldschmidt, 2014[83]: G1: Binge eating at T1 G2: Binge eating at T2	G2: 722 G3: 377 G4: 880 Goldschmidt, 2014[83]: G1: 132 G2: 130				

Evidence Table 73. Course of illness studies – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Fichter, 1993[84] Fichter, 1998[85] Fichter, 2003[86] Fichter, 2008[87] NA 3 and 6 year and 12 year outcomes post inpatient intensive multimodal therapy Germany Government	cohort study NR 1985-1988 6 years post tx	N=68	G1: inpatient tx for BED	G1: 68	I inpatient hospital	Upper Bavaria	inpatient	grant (FKZ 0702623-8) from the German Bundesministerium fu¨ r Bildung, Forschung and Technologie (BMBF) (3-year course), and a grant (No. 91.004.1) from the Wilhelm-Sander-Stiftung, Munich, Germany.

Evidence Table 73. Course of illness studies – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Field, 2012[88] Sonneville, 2013[89] Growing Up Today Study (GUTS) To investigate the association between overeating (without LOC) and binge eating (overeating with LOC) and adverse outcomes NR Government	cohort study NR Enrollment occurred in 1996 (months not specified) 11 years	16882	No groups	Completed baseline questionnaire: 16882 14166 Met inclusion criteria for at least one of the 5 outcome analyses (provided information in 1 or more consecutive questionnaire cycles and were not prevalent cases at baseline): Overweight/obesity analysis: 10246 High depressive symptoms analysis: 7694 Binge drinking analysis: 10100 Marijuana analysis: 7513 Other drugs analysis: 8000	NR	NR	NR	NIMH grant MH087786-01 Additional information about setting reported in Solomon CG, Willett WC, Carey VJ, et al. A prospective study of pregravid determinants of gestational diabetes mellitus. JAMA. 1997; 278 (13): 1078-1083.

Evidence Table 73. Course of illness studies – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Hilbert, 2013[90] Hilbert, 2014[91] NA Hilbert, 2013[90]: Course of preadolescent LOC eating Germany Government	case control study none NR min of 3 of 5 assessments time points: avg 6.28 months between assessments (2.2 years total)	N =112	G1: LOC eating at baseline G2: matched controls	G1: 55 G2: 57	NR	NR	community	grants
Linna, 2013[92] NA To examine whether BED is associated with elevated reproductive health risk Finland NA	case control study 1995-2010 first occurrence of childbirth, induced abortion or miscarriage	149	NA	NA	1	Helsinki	NA	NA

Evidence Table 73. Course of illness studies – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Maxwell, 2014[93] NA (1) to examine whether decreases in attachment anxiety and avoidance is maintained up to 12 months following GPIP for women with BED, (2) to examine whether these changes in attachment anxiety and avoidance are related to improvement in other outcomes including binge eating, symptoms of depression, and interpersonal problems in the longer term, and (3) to examine whether the significant relationship between reduced attachment	cohort study provider/clinician NR 1 year following tx	Started tx: 102, 12 month fu: 55 for days binged, Less than 50 for other outcomes	One group, separating individuals based on attachment anxiety and attachment avoidance	Started tx: 102, 12 month fu: 55 for days binged, Less than 50 for other outcomes	NR	NR	outpatient tx	NA

Evidence Table 73. Course of illness studies – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Maxwell, 2014[93] (continued) insecurity and other outcomes strengthen overtime, thus testing an adaptive spiral hypothesis Canada Government								
Preti, 2011[94] NA Evaluate risk of suicide in BED population Germany, UK, Italy NA	cohort study none SR through 2010 5 years or more followup	3 studies, N=246	G1: BED patients	NA	NR	NA	NA	NA

Evidence Table 73. Course of illness studies – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
White, 2010[95] NA To investigate 12 and 24 month outcomes, post-bariatric surgery, among those with LOC eating (prior to and post-surgery) and those without United States NA	Longitudinal postsurgical cohort with comparison group NA NA 12 & 24 months post surgery	361	G1: Cases with LOC eating prior to surgery (N = 220) G2: Comparisons without LOC prior to surgery (N = 141)	G1: Cases with LOC eating prior to surgery (N = 220) G2: Comparisons without LOC prior to surgery (N = 141)	NA	NA	NA	NA

Evidence Table 73. Course of illness studies – part 1 (continued)

Refid First Author's Last Name Year Trial/Study Name Research Objective Country Funding Source	Study Design If Trial, Report Blinding Enrollment Period Study Duration, In Weeks Or Months	Overall Sample Size	Define Groups	Group Sample Sizes	Number Of Sites	Location Of Sites (Cities)	Type Of Setting	Study Characteristics Comments
Wilfley, 2000[96] NA The aims of this study were to examine the relation of comorbid psychopathology to severity of binge eating, degree of overall eating pathology, and treatment outcome. NA NA	non-randomized trial NR NR 1 year fu post tx	162	NA	NA	NA	NA	NA	NA

Evidence Table 74. Course of illness studies part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Agras, 1997[78]	BED criteria not specified but say its diagnostic NR	CBT post-tx pop of women from 3 research studies 46	100 0.08 36.7	had completed 30 sessions of group tx over 36-weeks, CBT and weight loss	NR	NR no	NA
Busetto, 2005[79]	DSM-IV established through clinical interview NR	Morbidly obese adults Prior to LAGB G1: 36.0 (10.3) G2: 38.3 (10.9) (p <0.05)	G1: 79% G2: 72% (P < 0.05) NR Prior to LAGB Weight (kg) G1: 129.4 (23.9) G2: 132.2 (24.2) (P = NS) BMI G1: 47.6 (7.4) G2: 46.6 (7.3) (P = NS)	morbidly obese, underwent LAGB, criteria standardized by NIH for obesity	Depression measure not specified G1: 36.2% G2: 18.5% (P <0.001)	Night eating G1: 10.8% G2: 0.8% (P <0.001) Grazing G1: 49.2% G2: 32.5% (P <0.01) no	NA

Evidence Table 74. Course of illness studies part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Castellini, 2013[80]	BED or BN according to DSM-IV-TR assessed by Structural Clinical Interview comorbid severe mental disorders, such as schizophrenia, bipolar disorder, major depression disorder with psychotic symptoms, suicide ideation, psychoactive substance dependence; severe medical conditions that preclude an outpatient treatment, such as severe heart, renal and/or liver failure; – prior CBT for eating disorders and/or obesity; – current or recent (3 months) use of psychoactive medications, with the exception of benzodiazepines; – previous surgical treatment for obesity; – illiteracy and mental retardation.	Adults 18-60 with BED in CBT tx, some comparison to BN patients 18-60	G1: 88% G2: 96.5% NR G1: 38.0 (7.3) G2: 22.8 (5.8)	18-60 years old; agree not to participate in any other CBT program	BDI G1: 18.0 (13-25) G2: 18.0 (13.5-26)	OBEs/wk G1: 5 (2-10) G2: 8 (3-12) SBEs/wk G1: 4 (0-8) G2: 4 (0-8) no	NA

Evidence Table 74. Course of illness studies part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Eisenberg, 2010[81] Neumark-Sztainer, 2011[82] Goldschmidt, 2014[83]	Eisenberg, 2010[81]: Eating disorder not required for entry into longitudianal cohort. Binge eating was assessed with two questions ‘‘In the past year, have you ever eaten so much food in a short period of time that you would be embarrassed if others saw you (binge eating)?’’ and ‘‘During the times when you ate this way, did you feel you couldn’t stop eating or control what or how much you were eating?’’(yes/no; test-retest k = .64). Those who indicated feeling loss of control were classified as binge eaters. Neumark-Sztainer, 2011[82]: No LOC or binge eating was required for study eligibility +B11 Goldschmidt, 2014[83]: Binge eating was assessed with two questions ‘‘In the past year, have you ever eaten so much food in a short period of time that you would be embarrassed if others saw you (binge	Eisenberg, 2010[81]: EAT-II, a longitudinal study of the socio-environmental, personal, and behavioral determinants of dietary intake and weight status among a large ethnically and socioeconomically diverse adolescent population, middle and high school students from 31 Minnesota public schools Neumark-Sztainer, 2011[82]: Data come from EAT-III, a 10-year longitudinal study aimed at examining eating, activity, and weight-related variables among young people in Minnesota public schools.	Eisenberg, 2010[81]: Overall: 55% G1: 100% G2: 0% Neumark-Sztainer, 2011[82]: 45% Goldschmidt, 2014[83]: 85% Eisenberg, 2010[81]: Overall: 50% G1: 52% G2: 47% Neumark-Sztainer, 2011[82]: 51.6% Goldschmidt, 2014[83]: 42%	Eisenberg, 2010[81]: Data come from EAT-II, a longitudinal study of the socio-environmental, personal, and behavioral determinants of dietary intake and weight status among a large ethnically and socioeconomically diverse adolescent population, middle and high school students from 31 Minnesota public schools. Inclusion criteria NR. Of total, at baseline: binge eating	Eisenberg, 2010[81]: Overall: NR G1: NR G2: NR Neumark-Sztainer, 2011[82]: NR Goldschmidt, 2014[83]: Depression scale (Kandel and Davies, 1982) T1: 12.5 (2.7) T2: 13.0 (3.1)	Eisenberg, 2010[81]: SES Low Overall: 429 (18%) G1: 273 (20%) G2: 157 (15%) Lower-middle Overall: 459 (19%) G1: 257 (19%) G2: 202 (19%) Middle Overall: 647 (27%) G1: 345 (26%) G2: 302 (28%) High-middle Overall: 567 (23%) G1: 290 (22%) G2: 277 (26%) High SES Overall: 323 (13%) G1: 177 (13%) G2: 146 (14%) Neumark-Sztainer, 2011[82]: Low SES: 18.0% Mid-low SES: 19.0%	Neumark-Sztainer, 2011[82]: Attrition not equal across socio-demographic characteris-tics. When compared to nonrespondent s in Project EAT-III, respondents were more likely to be girls, white, and of higher SES. Thus, in all analyses, weighted data so longitudinal sample was more similar to the original cohort, and more represen-tative of an

Evidence Table 74. Course of illness studies part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Eisenberg, 2010[81] Neumark-Sztainer, 2011[82] Goldschmidt, 2014[83] (continued)	eating)?" and "During the times when you ate this way, did you feel you couldn't stop eating or control what or how much you were eating?"(yes/no; test-retest k = .64). Those who indicated feeling loss of control were classified as binge eaters. NR	Goldschmidt, 2014[83]: Data come from EAT, a 10-year longitudinal study aimed at examining eating, activity, and weight-related variables among young people in Minnesota public schools. Eisenberg, 2010[81]: Middle school at baseline/hs at time 2 Overall: 807 (32%) G1: 440 (32%) G2: 367 (33%) HS at baseline, Young adult T2 Overall: 1709 (68%) G1: 946 (69%) G2: 763 (68%)	Eisenberg, 2010[81]: BMI Overall: 22.4 (SD 4.5) G1: 22.3 (SD 4.8) G2: 22.4 (SD 4.6) Neumark-Sztainer, 2011[82]: NR Goldschmidt, 2014[83]: BMI T1: 24.2 (5.5) T2: 26.2 (6.1)	group (N=212, 8.7%) at time 2 (N=193, 7.9%) Neumark-Sztainer, 2011[82]: Data come from EAT-III, a 10-year longitudinal study aimed at examining eating, activity, and weight-related variables among young people. Inclusion criteria NR. Goldschmidt, 2014[83]: Data from EAT I,II, and III, subgroup that reported binging at an earlier assessment		Mid SES: 26.2% Mid-high SES: 23.3% Goldschmidt, 2014[83]: High SES: 13.5% Eisenberg, 2010[81]: females/males	adolescent/young adult population. Data weighted using the response propensity method where the inverse of the estimated probability that an individual responded at follow-up was used as the weight; compared responders at fu with nonrespon-ders for the key variables (ie, dieting, unhealthy and extreme weight control behaviors, and binge

Evidence Table 74. Course of illness studies part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Eisenberg, 2010[81] Neumark-Sztainer, 2011[82] Goldschmidt, 2014[83] (continued)		Neumark-Sztainer, 2011[82]: Baseline: Younger cohort (G1 and G3): 12.8 (SD 0.7) Older cohort (G2 and G4): 15.9 (SD 0.8) Goldschmidt, 2014[83]: Baseline: Mean 14.8 years					eating with loss of control). These comparison analyses were stratified by sex and adjusted for SES, ethnicity/ race, and nonresponse weights. In all but one case (responding boys reported lower extreme weight control behaviors than nonrespon-ders) no sig differences found for the targeted variables at baseline,

Evidence Table 74. Course of illness studies part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Eisenberg, 2010[81] Neumark-Sztainer, 2011[82] Goldschmidt, 2014[83] (continued)							indicating that weighting was generally successful in correcting for any response bias
Fichter, 1993[84] Fichter, 1998[85] Fichter, 2003[86] Fichter, 2008[87]	DSM-IV through self report, chart and therapist diagnosis NR	Adults who had received inpatient tx for BED 29.3 (8.4)	100% NR 33.7 (9.0)	NR	BDI: 23.2	NA NA	NA

Evidence Table 74. Course of illness studies part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Field, 2012[88] Sonneville, 2013[89]	Binge eating was assessed with two questions ‘‘In the past year, have you ever eaten so much food in a short period of time that you would be embarrassed if others saw you (binge eating)?’’ and ‘‘During the times when you ate this way, did you feel you couldn’t stop eating or control what or how much you were eating?’’(yes/no). Those who indicated at least weekly edisodes of eating a large amount of food with LOC during the episodes were classified as binge eaters. none	cohort of 9-15 year olds tracked for up to 11 years 9-15, mean: 12.0 (1.6)	NR Sonneville, 2013[89]: <10% Field, 2012[88]: 100% Sonneville, 2013[89]: Overweight or obese: 22.3% Field, 2012[88]: Overweight: 15.7% Obese: 3.8%	9 to 15 years of age at entry; children of women in the Nurses' Health Study II; data available for consecutive questionnaire cycles	NR	NA no	NA

Evidence Table 74. Course of illness studies part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Hilbert, 2013[90] Hilbert, 2014[91]	LOC eating at least 1 episode during past 3 mo The diagnostic version of the semistructured eating disorder interview ChEDE (Bryant-Waugh et al., 1996; Hilbert et al., 2013) was used to assess LOC eating The ChEDE was used to diagnose BED according to the DSM–IV–TR (APA, 2000), and partial BED. Partial BED was defined as: having at least one episode of LOC eating per week over the previous 3 months, based on Tanofsky-Kraff et al.'s definition (2011); having at least some degree of distress associated with the LOC episodes; meeting at least two or more of the five behavioral symptoms, as derived from an empirical classification analysis using this study's sample (Hilbert & Czaja, 2009); an absence of regular inappropriate compensatory behaviors (e.g., purging, fasting, excessive exercise); and an absence of anorexia	8-13 year old children, with and without LOC eating 10.72 (8-13)	60% NR BMI: 23.99 kg/m2 (SD =5.45).	8-13 years old, sufficient German language skills of the child and participating parent Children without LOC eating were individually matched to the LOC children on age, sex, percentile of BMI, education (school type and grade), and the mother's education (years of education). Inclusion criteria for nonLOC children were absence of past or present LOC	NR	no	NA

Evidence Table 74. Course of illness studies part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Hilbert, 2013[90] Hilbert, 2014[91]	nervosa and bulimia nervosa as defined in the DSM–IV–TR. compensatory behaviors (more than once over the past 3 months); psychotic disorder in child or parent; medical conditions affecting eating behavior; treatment for overweight; special education; or a planned move or commute time of more than 30 minutes to the laboratory site.			eating, compensatory behaviors, or an eating disorder.			
Linna, 2013[92]	DSM IV research criteria ≥ 50 years old at baseline	treatment sample of women compared to matched registry controls 34.1 (29.3-40.1)	100 NR NR	Female patients matched for age and geographical area	NR	NA no	NA

Evidence Table 74. Course of illness studies part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Maxwell, 2014[93]	DSM-IV using EDE current or past compensatory behaviors (e.g., vomiting or diuretic use), diagnosis of bipolar or psychotic disorder, drug or alcohol abuse in the past 6 months, taking medication that may affect weight during treatment, being pregnant or planning on becoming pregnant in the following year, and plans to enroll or current enrolment in a weight-loss program.	Treatment population who received Group Psychodynamic Interpersonal Psychotherapy (GPIP), 1 year post tx 44.3	100% 11% NA	the ability to speak and read in English and being overweight (i.e., a body mass index [kg/m2]	NA	NA no	NA

Evidence Table 74. Course of illness studies part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
Preti, 2011[94]	DSM IV Studies reported data on suicidal behaviour other than completed suicide (e.g. suicide-attempt or selfinjury behaviour); were unrelated to the topic; when they were in the form of reviews or past meta-analyses; or were duplicate publications [literature repeatedly reports studies with different follow-ups of the same sample, e.g. the often detailed University of Minnesota study (16)]; or when they did not comply with the main inclusion criteria because their sample was <40 (n = 18); because of a follow-up shorter than 5 years (n = 5), or because they gave no details of mortality (n = 8) (The list is available on request). Some exceptions were allowed for studies with a follow-up very close to the selected interval (4.5 or longer).	3 studies of patients with BED who were followed for at least 5 years. NR	NR NR NR	reported death by suicide, N ≥40, 5 year fu or longer, details of BED diagnosis, English	NR	NR NA	NA

Evidence Table 74. Course of illness studies part 2 (continued)

Refid First Author's Last Name Year	BED or LOC Inclusion Definition Exclusion Criteria	Brief Summary of Population Mean Age (Range)	% Female % Non-White Weight	Other Inclusion Criteria (in Addition to BED or LOC Eating Criteria)	Current Major Depressive Disorder: % of Group or Mean (SD) Baseline Depression Score	Other Relevant Characteristics Subgroup Analysis?	Population Comments
White, 2010[95]	LOC eating: any LOC eating episodes in the previous 28 day period, as measured by the EDE-Q. Includes both objective binge episodes (OBEs) and subjective binge episodes (SBEs) NA	NA 43.7 (10.0)	86% 18.60% NA	NA	Mean depression score: Pre-Op LOC: 17.1 (9.7); No pre-op LOC: 11.1 (8.0) (P = 0.000)	Mean BMI: 51.1 (8.3) NA	NA
Wilfley, 2000[96]	DSM-IV through EDE pregnant or plan on becoming pregnant; and not be taking weight-loss, psychorropic, or weight-affecting prescription medications. In addition, women and men were excluded for current drug or alcohol dependence, psychiatric conditions warranting hospitalization, and current enrollment in other therapy or weight-loss programs.	BED post tx cohort 45.2 (18-65)	83% 7% BMI: 37.1	between 18 and 65 years of age; have a body mass index (BMI [kg/m2]) between 27 and 48; patients receiving CBT or IPT post tx	Current mood disorder: 22% lifetime mood disorder: 61%	NA no	NA

Evidence Table 75. Course of illness studies – part 3

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2
Agras, 1997[78]	NA	group CBT for 12 week followed by weight loss 24	NA
Busetto, 2005[79]	Post-LAGB, all patients followed the same modified liquid diet for 4 weeks, followed by a solid food diet. Band adjustments were not performed before 3 months post-surgery.	Patients with BED prior to surgery LAGB + brief course of psychological therapy before LAGB and psychological support offered as needed during follow up.	Patients without BED prior to surgery LAGB
Castellini, 2013[80]	none	CBT using Fairburn manual	CBT using Fairburn manual
Eisenberg, 2010[81] Neumark-Sztainer, 2011[82] Goldschmidt, 2014[83]	NA	NA	NA
Fichter, 1993[84] Fichter, 1998[85] Fichter, 2003[86] Fichter, 2008[87]	NA	Patients received a broad spectrum of behavioral treatment, very similar to that described by Fichter [20] for bulimic syndromes. It consisted of information, nutritional counseling, functional analysis of antecedent events and eating behavior, training of interoceptive and emotional perception using body-oriented and emotion-provoking approaches, training of social skills and emotional expression in role-play sessions, cognitive therapy, activation of one's own responsibility and initiative, an antidiet approach to body shape and weight [21], and maintenance training. The average duration of the treatment was 76.7 +/- 40 days	NA

Evidence Table 75. Course of illness studies – part 3 (continued)

Refid First Author's Last Name Year	Co-Interventions	Group 1	Group 2
Field, 2012[88] Sonneville, 2013[89]	NA	NA	NA
Hilbert, 2013[90] Hilbert, 2014[91]	NA	NA	NA
Linna, 2013[92]	NA	NA	NA
Maxwell, 2014[93]	NA	none	Group Psychodynamic Interpersonal Psychotherapy (GPIP) combines principles from theories of psychotherapeutic treatment including psychodynamic, interpersonal, and group therapies (Malan, 1979; Tasca et al., 2005; Yalom & Leszcz, 2005). GPIP theory descri
Preti, 2011[94]	NA	NA	NA
White, 2010[95]	NA	Analyses compare outcomes between those with and without LOC at baseline, Pre-Op LOC: Objectively large eating episodes: 42% (N = 153) LOC for small episodes: 40% (N = 145) LOC-general (either small or large episodes: 61% (N = 221) No LOC-general (neither small nor large): 39% (N =)	NA
Wilfley, 2000[96]	NA	group cognitive-behavioral therapy (CBT) or group interpersonal therapy (IPT)	NA

Evidence Table 76. Course of illness studies – part 4

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence, etc.)	Binges Baseline	Binges Outcomes
Agras, 1997[78]	# of days with one or more binges objective binges: consumption of large amounts of food and feeling out of control subjective binges: loss of control over eating	NA	# of days with one or more binge: Post hoc tests revealed the groups to be significantly different (achieved abstinence by 12 wks vs not) at 70 weeks, F(l, 73) = 4.19, p= .04; and at 88 weeks, F(l, 73) = 3.90, p = .05, but not at 52 weeks. Of the 31 participants who were abstinent after 12 weeks of CBT, 45% (n = 14) continued abstinence at the 1-year followup, 29% (n = 9) were binge eating no more than once per week, and 26% (n = 8) had relapsed and again met criteria for BED.
Busetto, 2005[79]	NA	NA	NR
Castellini, 2013[80]	Objective binge episodes were defined as the consumption of a large amount of food in a discrete episode, while experiencing a sense of loss of control. Subjective binge episodes were defined as the consumption of a not objectively large quantity of food in a discrete episode, while experiencing a sense of loss of control. The number of weekly objective and subjective binge episodes was evaluated by means of a face-to-face clinical interview, according to specific questions extracted from the Eating Disorder Examination Interview and from DSM-IVTR.	NA	Change in OBEs (per week episodes) from baseline to 3 year fu: baseline OBE frequence: B= 0.65 (p < 0.001) EES anxiety: B= -0.23 (p <0.01) EES depression: B = -0.39 (p < 0.001) Other non-sig vars in model: gender, age, BMI, SCL-90 GSI Change in SBEs (per week episodes) from baseline to 3 year fu: baseline SBE frequence: B= 0.74 (p < 0.001) BDI: B= -0.34 (p <0.001) EES depression: B = -0.39 (p < 0.001) Other non-sig vars in model: gender, age, BMI, depression Baseline OBEs and SBEs were also sig predictors of OBE and SBE change over time in the BN group

Evidence Table 76. Course of illness studies – part 4

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence, etc.)	Binges Baseline	Binges Outcomes
Eisenberg, 2010[81] Neumark-Sztainer, 2011[82] Goldschmidt, 2014[83]	Eisenberg, 2010[81]: Binge/LOC eating, assessed with 2 questions: -"In the past year, have you ever eaten so much food in a short period of time that you would be embarrassed if others saw you (binge eating)?" -During the times when you ate this way, did you feel you couldn't stop eating or control what or how much you were eating?" Those who indicated feeling LOC in the 2nd question were classified as binge eaters Neumark-Sztainer, 2011[82]: Binge/LOC eating, assessed with 2 questions: -"In the past year, have you ever eaten so much food in a short period of time that you would be embarrassed if others saw you (binge eating)?" -During the times when you ate this way, did you feel you couldn't stop eating or control what or how much you were eating?" Those who indicated feeling LOC in the 2nd question were classified as binge eaters Goldschmidt, 2014[83]:	Eisenberg, 2010[81]: Binge/LOC eating, percent of larger sample Overall: 212 (8.7%) G1: 168 (12.6%) G2: 43 (4.0%) Neumark-Sztainer, 2011[82]: Binge/LOC eating used at predictor Prevalence: Girls: Baseline: 9.9% FU: 14.1% boys: baseline: 3.0% FU:	Eisenberg, 2010[81]: Outcome: 5y Binge/LOC eating Overall: 193 (7.9%) G1: 154 (11.4%) G2: 39 (3.5%) General linear modeling was used to generate probability of binge eating at follow-up Model adjusted for binge eating at BL, friends dieting behavior at BL, same sex parent's dieting at BL, BMI at 5y, race, and SES. All analyses were conducted separately by gender (G1: females, G2: males). Data were weighted using a response propensity method "to be more fully generalizable to the population of young people in this area." G1 (Females) Predictors in multivariate model: BL Friends' dieting, F=3.25, (p=0.021) trend in friends' dieting (p = 0.012) BL Mother's dieting, F=1.5, p=0.212 5y BMI, F=12.7, p < 0.001 White race, F=0.74, p=0.391 SES, F=0.41, p=0.520 Binge/LOC eating, F=22.9, p<0.001 Neumark-Sztainer, 2011[82]: Log binomial model of fu behavior on baseline behaviors stratified by cohort and sex and controlling for nonresponse weight. Probability of binge eating w LOC, controlling for this behavior at baseline: Younger females (n = 308) RR = 2.21 (95% CI, 1.31, 3.71) Older females: (n=722) RR = 2.42 (95% CI, 1.68, 3.47) Younger males (n = 377) RR = 0.47 (95% CI, 0.03, 7.12) Older males (n = 880) RR = 5.27 (95% CI, 2.68, 10.34) Goldschmidt, 2014[83]: Binge eating at T1 and T2: 15.8% Binge eating at T2 and T3: 42%

Evidence Table 76. Course of illness studies – part 4

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence, etc.)	Binges Baseline	Binges Outcomes
Eisenberg, 2010[81] Neumark-Sztainer, 2011[82] Goldschmidt, 2014[83] (continued)	Binge/LOC eating, assessed with 2 questions: -"In the past year, have you ever eaten so much food in a short period of time that you would be embarrassed if others saw you (binge eating)?" -During the times when you ate this way, did you feel you couldn't stop eating or control what or how much you were eating?" Those who indicated feeling LOC in the 2nd question were classified as binge eater		OR for Binge eating cessation (controlling for baseline value of the change variable to ensure that individual differences in functioning at the previous time point did not confound our results. All models additionally controlled for age cohort, sex, race/ethnicity (categorized as non-Hispanic White vs. all others), and SES and weighted to control for attrition) cessation at T2 based on value at previous time point: BMI: 1.10 (1.00–1.21); p =0.06 Body satisfaction: 1.00 (0.94–1.06); p =0.88 Depression symptoms:0.96 (0.81–1.13); p= 0.58 Self-esteem: 1.04 (0.92–1.18); p =0.52 Change in BMI: 0.93 (0.81–1.07); p=0.31 Change in body satisfaction: 1.01 (0.96–1.07); p=0.68 Change in depression symptoms: 0.89 (0.73–1.09); p=0.28 Change in self-esteem: 1.21 (1.02–1.44); p=0.03 cessation at T3 based on value at previous time point: BMI: 0.95 (0.88–1.04); p =0.26 Body satisfaction: 1.01 (0.95–1.06); p= 0.84 Depression symptoms: 0.92 (0.81–1.05); p=0.21 Self-esteem: 1.03 (0.91–1.15); p=0.67 Change in BMI: 0.98 (0.88–1.09); p=0.70 Change in body satisfaction: 1.06 (1.00–1.13); p=0.05 Change in depression symptoms: 0.81 (0.68–0.95); p=0.009 Change in self-esteem: 1.23 (1.07–1.41); p =0.004

Evidence Table 76. Course of illness studies – part 4

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence, etc.)	Binges Baseline	Binges Outcomes
Fichter, 1993[84] Fichter, 1998[85] Fichter, 2003[86] Fichter, 2008[87]	BE ≥ 2 times/wk	100%	3 year: 16.1%; 6 years: 34% BED at 6 year FU: 5.9%, 77.9% no major eating disorder SEM results: BED at t1 (start of tx) sig predicted BED at t2 (end of tx); BED at end of tx predicted BED at 3 year fu and at 6 year fu BED at beginning of tx did not sig predict BED at 3-year fu predictors of poor diagnostic outcome at 12 years (any eating disorder-AN, BN, BED or ED-NOS): psychiatric comorbidity OR = 6.00 (1.17 to 30.95) Severe sexual abuse: OR = 4.55 (1.04 to 1.9) Other non-significant predictor: self-injury Predictors of poor bingeing episode outcome at 12 years (one or more binges occurred in the three months preceding follow-up) Psychiatric comorbidity OR = 13.09 (1.45-118.62) other non-significant predictors: self-injury, emotional liability, interoceptive awareness, obesity of patient's father predictors of Poor bingeing severity outcome at 12 years (severe and frequent binges, meeting DSM-IV definition) Impulsivity: OR=13.60 (1.57–117.68) Psychiatric comorbidity: OR=12.37 (1.42–107.79) Other non-sig predictors: self-injury, inefficiency

Evidence Table 76. Course of illness studies – part 4

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence, etc.)	Binges Baseline	Binges Outcomes
Field, 2012[88] Sonneville, 2013[89]	Binge eating was assessed with a 2-part question. Participants were first asked how often during the past year they had eaten a very large amount of food. Participants who had eaten a very large amount of food at least occasionally were asked a follow-up question about whether they felt out of control (y/n) during these episodes, like they could not stop eating even if they wanted to stop. Binge eating was defined as at least weekly episodes of eating a large amount of food with LOC based on DSM-V.	NR	Binge eating prevalence among 16-year-old females: 2.3% Binge eating prevalence among 24-year-old females: 3.1% Binge eating prevalence among 16-year-old males: 0.3% Binge eating prevalence among 24-year-old males: 1.0% Lagged analysis with time-varying covariates so that outcomes were modeled as a function of predictors assessed on the previous questionnaire. Tested for an interaction between overeating status and sex in fully adjusted models for all outcomes. "No overeating" group is referent for ORs. Associations with weekly binge eating on the previous questionnaire (1-2 years prior) : OR (95% CI) Overweight/obesity: 1.73 (1.11-2.69) (adjusting for age, sex, BMI and dieting) High depressive symptoms: 2.19 (1.40-3.45) (adjusting for age, sex, having 1+ parents who drink, having a sibling who started drinking before age 18 years, having 1+ friends who drink, having a sibling who uses drugs, having friends who use drugs) Frequent binge drinking: 1.14 (0.83-1.57) (age, sex, having 1+ parents who drink, having a sibling who started drinking before age 18 years, having 1+ friends who drink, having a sibling who uses drugs, having friends who use drugs) Marijuana use: 1.85 (1.27-2.67) (age, sex, having 1+ parents who drink, having a sibling who started drinking before age 18 years, having 1+ friends who drink, having a sibling who uses drugs, having friends who use drugs) Other drugs use: 1.59 (1.08-2.33) (age, sex, having 1+ parents who drink, having a sibling who started drinking before age 18 years, having 1+ friends who drink, having a sibling who uses drugs, having friends who use drugs)

Evidence Table 76. Course of illness studies – part 4

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence, etc.)	Binges Baseline	Binges Outcomes
Hilbert, 2013[90] Hilbert, 2014[91]	NA	NA	The MLM to examine the stability of LOC eating in LOC+ and LOC- children yielded no significant association between subsequent reports of LOC eating (Y= .333, t = .853, p = .39, OR = .71). Thus, LOC eating at one specific timepoint was not a reliable predictor of LOC eating at the subsequent timepoint. However, children who reported more LOC eating at t1 were more likely to report LOC eating at one of the subsequent assessment timepoints (β = 1.343, t = 3.245, p = .002, OR = 3.83). The prospective change MLM of LOC eating in the LOC+ group only (because of low occurrence of LOC eating in the LOC - group) showed that within-subject decreases in shape concern and increases in depression were associated with a higher likelihood of LOC eating at the subsequent timepoint.LOC+ children's average shape concern and t1 reports of weight-related teasing were predictive of LOC eating episodes between t2 and t5. Regarding control variables, children who were older, who attended an elementary or comprehensive school, and whose parents had a higher BMI were more likely to report episodes of LOC eating across the t2 to t5 assessments. However, greater child BMI was associated with a lower likelihood of LOC eating at t2 through t5. Regarding the stability of LOC eating, 3.6% of the children diagnosed as LOC eaters at study entry showed persistent LOC eating at all five assessment timepoints, 41.8% showed recurring LOC eating at multiple timepoints, and 54.5% remitted from LOC eating and did not show any LOC eating after baseline LOC eating. In MLM model: partial BED was predicted by LOC eating, BMI but this may be cross sectional

Evidence Table 76. Course of illness studies – part 4

Refid First Author's Last Name Year	Definition of Binges (Days; Frequency; Remission; Abstinence, etc.)	Binges Baseline	Binges Outcomes
Linna, 2013[92]	NA	NA	NA
Maxwell, 2014[93]	Days binged in the past 28 days	15.25 (5.72)	12 months: 4.78 (5.54) Neither attachment avoidance or attachment anxiety sig related to change in days binged (not controlling for other characteristics)
Preti, 2011[94]	NA	NA	NA
White, 2010[95]	LOC eating episodes	NA	NA
Wilfley, 2000[96]	NA	NA	Post hoc analyses indicated that although those with Axis II psychopathology began treatment with significantly more binge episodes, they had similar outcome as those without Axis II psychopathology at posttreatment, F(1, 123) = 3.04, ns, rf = .024, and 1-year follow-up, F(2,246) =1.40, ns, rj = .012. These results did not differ by gender. Specific analyses with clusters of Axis II psychopathology indicated that neither Cluster A nor Cluster C psychopathology was related to treatment outcome, and Cluster B was unrelated to outcome for global eating disorder psychopathology. However, the interaction between presence of Cluster B psychopathology and time (pretreatment, posttreatment, or 1-year follow-up) was significant for the outcome of binge eating, F(2, 246) = 6.28, p = .002, rf = .049. Post hoc analyses indicated that participants with Cluster B psychopathology began treatment with significantly more binge episodes per month,5 F(l,123) = 8.62, p - .004, jf = .065. Those with and without Cluster B personality disorders did not statistically differ in OBEs at posttreatment, F(l, 123) = 0.02, ns, rf < .001. However, by 1-year follow-up, those with Cluster B psychopathology were experiencing significantly more binge episodes than those without Clusters psychopathology,F(l, 123) = 5.36,p = .022, -n2 = .042

Evidence Table 77. Course of illness studies – part 5

Refid First Author's Last Name Year	Definition of Eating Related Psychopathology (EDE; TFEQ; BES; EDI etc.)	Eating Related Psychopathology Baseline	Eating Related Psychopathology Outcomes
Agras, 1997[78]	NA	NA	NA
Busetto, 2005[79]	NA	NA	NA
Castellini, 2013[80]	NA	NA	NA
Eisenberg, 2010[81] Neumark-Sztainer, 2011[82] Goldschmidt, 2014[83]	NA	NA	NA
Fichter, 1993[84] Fichter, 1998[85] Fichter, 2003[86] Fichter, 2008[87]	Eating Disorder Inventory (EDI): total Anorexia Nervosa Inventory of Self Rating (ANIS) Structured Interview for anorexic and bulimic syndromes (SIAB)	EDI Total: 1.34 ANIS Total: 2.56 SIAB-S: 1.83	EDI total: B v FU3: $p < 0.001$ EDI total: B v FU6: $p < 0.001$ ANIS total: B v FU3: $p < 0.001$ ANIS total: B v FU6: $p < 0.001$ SIAB total: B v FU3: $p < 0.001$ SIAB total: B v FU6: $p < 0.001$
Field, 2012[88] Sonneville, 2013[89]	NA	NA	NA
Hilbert, 2013[90] Hilbert, 2014[91]	NA	NA	MLM used to predict global eating disorder (psychopathology (ChEDE-Q): sig variables were depression, female, weight, concurrent LOC,
Linna, 2013[92]	NA	NA	NA
Maxwell, 2014[93]	NA	NA	NA
Preti, 2011[94]	NA	NA	NA
White, 2010[95]	NA	NA	NA
Wilfley, 2000[96]	NA	NA	NA

Evidence Table 78. Course of illness studies – part 6

Refid First Author's Last Name Year	Definition of Psychopathology (BDI; STAI; BAI; RSE; BSQ)	Psychopathology Baseline	Psychopathology Outcomes
Agras, 1997[78]	NA	NA	NA
Busetto, 2005[79]	NA	NA	NA
Castellini, 2013[80]	NA	NA	NA
Eisenberg, 2010[81] Neumark-Sztainer, 2011[82] Goldschmidt, 2014[83]	NA	NA	NA
Fichter, 1993[84] Fichter, 1998[85] Fichter, 2003[86] Fichter, 2008[87]	BDI	BDI baseline: 23.2	BDI: baseline vs FU3: NR BDI: baseline vs FU6: p <0.001
Field, 2012[88] Sonneville, 2013[89]	NA	NA	NA
Hilbert, 2013[90] Hilbert, 2014[91]	NA	NA	MLM prediction of depression (CDI) predicted by shape concern, male,
Linna, 2013[92]	NA	NA	NA
Maxwell, 2014[93]	NA	NA	NA
Preti, 2011[94]	NA	NA	NA
White, 2010[95]	NA	NA	NA
Wilfley, 2000[96]	NA	NA	NA

Evidence Table 79. Course of illness studies – part 7

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes
Agras, 1997[78]	BMI	NA	The group that stopped binge eating after CBT lost on average 0.8 kg during CBT, 4.5 kg by the end of weight loss treatment and 4.0 kg by the end of the follow-up period. Those who continued to binge after CBT gained 2.2 kg during CBT and then lost most of this weight (2.05 kg) by the end of weight loss treatment. By the end of follow-up, however, they had gained 3.6 kg over their baseline weight, resulting in a difference of 7.6 kg between the two groups at that time. A repeated measures ANOVfi showed that the two groups differed across time, F(4, 292) = 4.98, p = .001, for change in weight. Post hoc tests indicated that the differences between groups were significant at 36 weeks, F(l, 73) = 7.61,p - .007; 50 weeks, F(l, 73) = 15.3, p = .0002; 70 weeks, F(l, 73) = 19.9, p = .0000; and 88 weeks, F(l, 73) = 24.71, p = .0000.

Evidence Table 79. Course of illness studies – part 7 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes
Busetto, 2005[79]	NA	NA	5 year FU: % of patients with excess weight loss (EWL) >50%: Cases: 23.1%; Comparisons: 25.7% (P = NR) % patients with %EWL < 20%: Cases: 23.8% Comparisons: 24.1% Diff between groups (P = NR) % of patients with wt regain (at least 20% of baseline excess wt): Cases: 20.8% Comparisons: 22.5% (P = NR)
Castellini, 2013[80]	Mean BMI	38.0 (7.3)	3-year fu: 37.1 (7.4) (P < 0.05)
Eisenberg, 2010[81] Neumark-Sztainer, 2011[82] Goldschmidt, 2014[83]	NA	NA	NA
Fichter, 1993[84] Fichter, 1998[85] Fichter, 2003[86] Fichter, 2008[87]	BMI	33.7 (9.0)	3 year fu: 31.9 (9.9) 6 year fu: 32.7 (10.1) 12 year fu: 32.0 (9.2)
Field, 2012[88] Sonneville, 2013[89]	NA	NA	NA

Evidence Table 79. Course of illness studies – part 7 (continued)

Refid First Author's Last Name Year	Definition of Weight Related Measure(s)	Weight Related Baseline	Weight Related Outcomes
Hilbert, 2013[90] Hilbert, 2014[91]	NA	NA	BMI growth neither accelerated nor decelerated over time (β= .000, t = .151, p = .439). BMI growth in LOC + children (β= .090; 1.08 kg/m2 per year) did not differ signifi-cantly from that in LOC- children (β= .077; 0.92 kg/m2 per year; ϒ= .013, t = .867, p = .193). Shape concern, depression, emotional eating, and weight-related teasing were not significant predictors of BMI trajectory (t < 1.131, p > .130).N13
Linna, 2013[92]	NA	NA	NA
Maxwell, 2014[93]	NA	NA	NA
Preti, 2011[94]	NA	NA	NA
White, 2010[95]	NA	NA	NA
Wilfley, 2000[96]	NA	NA	NA

Evidence Table 80. Course of illness studies – part 8

Refid First Author's Last Name Year	Definition of Other	Other Baseline	Other Outcomes
Agras, 1997[78]	NA	NA	NA
Busetto, 2005[79]	NA	NA	Stoma Stenosis: G1: 34/130 (26.2%), G2: 65/249 (26.1%) (P = NS) Pouch Dilatation G1: 33/130 (25.4%), G2: 44/249 (17.7%) (P = 0.05) Esophageal Dilatation G1: 13/130 (10.0%), G2: 12/249 (4.8%) (P = 0.05) Stomach Slippage: G1: 11/130 (8.5%), G2: 13/249 (5.2%) (P = NS) Erosion G1: 1/130 (0.8%), G2: 3/249 (1.2%) (P = NS) Port-related complications: Port Leakage G1: 40/130 (30.8%), G2: 68/249 (27.3%) (P = NS) Port twisting G1: 1/130 (0.08%), G2: 1/249 (0.4%) (P = NS) Port Infection G1: 2/130 (1.5%), G2: 1/249 (0.4%) (P = NS) Revisional surgery requested related to pouch dilatation: G1: 33.3%, G2: 4.1% (P = NS) Revisional surgery requested in cases of esophageal dilatation: G1: 23.1%, G2: 8.3% (P = NS) Revisional Surgery: G1: 15 (11.5%), G2: 22 (8.8%) (P = NS)

Evidence Table 80. Course of illness studies – part 8 (continued)

Refid First Author's Last Name Year	Definition of Other	Other Baseline	Other Outcomes
Busetto, 2005[79] (continued)			Band removed: G1: 7 (5.4%), G2: 9 (3.6%) (P = NS) Band repositioned: G1: 7 (5.4%), G2: 11 (4.4%) (P = NS) Revised to a secondary operation. G1: 2 (0.8%), G2: 11 (4.4%) (P = NS) Minor portrelated surgery: G1: 28 (21.5%), G2: 54 (21.7%) (P = NS) Postoperative band adjustments: G1: 3.0 (2.1), G2: 2.6 (1.9) (P = 0.05) Max band fill-volume after surgery: G1: 3.2 (1.2), G2: 2.8 (1.3) (P < 0.01)
Castellini, 2013[80]	NA	NA	NA
Eisenberg, 2010[81] Neumark-Sztainer, 2011[82] Goldschmidt, 2014[83]	NA	NA	NA
Fichter, 1993[84] Fichter, 1998[85] Fichter, 2003[86] Fichter, 2008[87]	NA	NA	NA
Field, 2012[88] Sonneville, 2013[89]	NA	NA	NA
Linna, 2013[92]	NA	NA	NA
Maxwell, 2014[93]	NA	NA	NA

Evidence Table 80. Course of illness studies – part 8 (continued)

Refid First Author's Last Name Year	Definition of Other	Other Baseline	Other Outcomes
Preti, 2011[94]	NA	NA	NA
White, 2010[95]	NA	NA	NA
Wilfley, 2000[96]	NA	NA	NA

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Appendix F. Strength of Evidence Tables

Section 1: Binge-Eating Disorder Pharmacological Treatment

Key Question 1: Benefits Outcomes

Anticonvulsant Interventions Versus Placebo

Table F-1. Detailed strength of evidence grading table, binge-eating frequency, abstinence, eating-related and general psychopathology outcomes, and weight-related outcomes

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
Anticonvulsants (3 trials: 1 lamotrigine, 2 topiramate), binge eating, 14-16 weeks	3; 516	Medium	Inconsistent	Direct	Imprecise	Undetected	Low OR (95% CI): 1.79 (0.53, 6.01) (p=0.346)
Anticonvulsants (3 trials: 1 lamotrigine, 2 topiramate), eating-related psychopathology, 14-16 weeks	0; 0	NA	NA	NA	NA	NA	NA
Anticonvulsants (3 trials: 1 lamotrigine, 2 topiramate), weight-related, 14-16 weeks	0; 0	NA	NA	NA	NA	NA	NA
Anticonvulsants (3 trials: 1 lamotrigine, 2 topiramate), general psychopathology, 14-16 weeks	0; 0	NA	NA	NA	NA	NA	NA
Anticonvulsants (3 trials: 1 lamotrigine, 2 topiramate), other, 14-16 weeks	0; 0	NA	NA	NA	NA	NA	NA

Table F-1. Detailed strength of evidence grading table, binge-eating frequency, abstinence, eating-related and general psychopathology outcomes, and weight-related outcomes (continued)

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
Lamotrigine, binge eating, 8 weeks	1; 51	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, no diff frequency or abstinence
Lamotrigine, eating-related psychopathology, 8 weeks	1; 51	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, no diff EDE, EOC, YBOCS, TFEQ
Lamotrigine, weight-related, 8 weeks	1; 51	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, no diff weight or BMI
Lamotrigine, general psychopathology, 8 weeks	1; 51	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, no diff symptoms of depression, CGI severity
Lamotrigine, other, 8 weeks	1; 51	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, lamotrigine greater reduction in insulin, glucose, and triglycerides; no diff impulsivity, disability
Topiramate, binge eating, 14-16 weeks	2; 465	Low	Consistent	Direct	Imprecise	Undetected	Moderate, topiramate better in reducing binge days/wk, binge episodes/wk, and in achieving abstinence (ps<0.2)
Topiramate, eating-related psychopathology, 14-16 weeks	2; 465	Low	Consistent	Direct	Imprecise	Undetected	Moderate, topiramate better in reducing obsessions and compulsions, cognitive restraint, hunger, disinhibition (ps<0.05)
Topiramate, weight-related, 14-16 weeks	2; 465	Low	Consistent	Direct	Imprecise	Undetected	Moderate, topiramate better in reducing weight and BMI (ps<0.01)

Table F-1. Detailed strength of evidence grading table, binge-eating frequency, abstinence, eating-related and general psychopathology outcomes, and weight-related outcomes (continued)

Intervention, Outcome, Time to Outcome	**Number of Studies; Subjects**	**Study Limitations**	**Consistency**	**Directness**	**Precision**	**Reporting Bias**	**Strength of Evidence Grade Magnitude of Effect**
Topiramate, general psychopathology, 14-16 weeks	2; 465	Low	Consistent	Direct	Imprecise	Undetected	Moderate, topiramate better reduction in CGI severity (ps< 0.01), no diff symptoms of depression
Topiramate, other, 16 weeks	1; 407	Low	Consistent	Direct	Imprecise	Undetected	Low, topiramate better reduction in social and family life disability (ps<0.001), motor and nonplanning impulsiveness (ps<0.01)

Antidepressant Interventions Versus Placebo

Table F-2. Detailed strength of evidence grading table, binge-eating frequency, abstinence, eating-related and general psychopathology outcomes, and weight-related outcomes

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	**Strength of Evidence Grade Magnitude of Effect**
Bupropion, binge eating, 8 weeks	1; 61	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, no diff
Bupropion, eating-related psychopathology, 8 weeks	1; 61	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, no diff EDE-Q, food cravings
Bupropion, weight-related, 8 weeks	1; 61	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, bupropion better for reducing BMI (p<0.001)
Bupropion, general psychopathology, 8 weeks	1; 61	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, no diff symptoms of depression

Table F-2. Detailed strength of evidence grading table, binge-eating frequency, abstinence, eating-related and general psychopathology outcomes, and weight-related outcomes (continued)

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
Bupropion, other, 8 weeks	0; 0	NA	NA	NA	NA	NA	NA
Citalopram, binge eating, 6 weeks	1; 38	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, citalopram better binge days (p<0.02)
Citalopram, eating-related psychopathology, 6 weeks	1; 38	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, citalopram better obsessions (p<0.01), compulsions (p<0.05)
Citalopram, weight-related, 6 weeks	1; 38	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, citalopram better weight (p<0.00), BMI (p<0.00)
Citalopram, general psychopathology, 6 weeks	1; 38	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, citalopram no diff HAM-D, CGI-S
Citalopram, other, 6 weeks	0; 0	NA	NA	NA	NA	NA	NA
Duloxetine, binge eating, 12 weeks	1; 40	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, duloxetine better for reducing binge episodes (p<0.02) and days (p<0.04); no diff abstinence
Duloxetine, eating-related psychopathology, 12 weeks	1; 40	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, no diff obsessions, compulsions, hunger, disinhibition, cognitive restraint
Duloxetine, weight-related, 12 weeks	1; 40	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, duloxetine better for reducing weight (p=0.04); no diff BMI

Table F-2. Detailed strength of evidence grading table, binge-eating frequency, abstinence, eating-related and general psychopathology outcomes, and weight-related outcomes (continued)

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
Duloxetine, general psychopathology, 12 weeks	1; 40	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, duloxetine better for reducing CGI severity (p=0.02); no diff symptoms of depression or anxiety
Duloxetine, other, 12 weeks	0; 0	NA	NA	NA	NA	NA	NA
Escitalopram, binge eating, 12 weeks	1; 44	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, escitalopram better for reducing binge episodes (p<0.04) and binge days (p<0.05
Escitalopram, eating-related psychopathology, 12 weeks	1; 44	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, escitalopram no diff obsessions, compulsions
Escitalopram, weight-related, 12 weeks	1; 44	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, escitalopram better for reducing weight (p<0.04), BMI (p<0.05)
Escitalopram, general psychopathology, 12 weeks	1; 44	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, escitalopram better for reducing CGI severity (p<0.03)
Escitalopram, other, 12 weeks	1; 44	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, escitalopram no diff depression symptoms, insulin, glucose, leptin, ghrelin, cholesterol
Fluoxetine, 80 mg/day, binge eating, 6 weeks	1; 60	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, fluoxetine better for reducing binge episodes (p<0.04)

Table F-2. Detailed strength of evidence grading table, binge-eating frequency, abstinence, eating-related and general psychopathology outcomes, and weight-related outcomes (continued)

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
Fluoxetine, 80 mg/day, eating-related psychopathology, 6 weeks	0; 0	NA	NA	NA	NA	NA	NA
Fluoxetine, 80 mg/day, weight-related, 6 weeks	1; 60	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, fluoxetine better for reducing weight and BMI (ps<0.0001)
Fluoxetine, 80 mg/day, general psychopathology, 6 weeks	1; 60	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, fluoxetine better for reducing CGI severity (p<0.02), depression symptoms (p=0.003)
Fluoxetine, 80 mg/day, other, 6 weeks	0; 0	NA	NA	NA	NA	NA	NA
Fluoxetine, 60 mg/day, binge eating, 16 weeks	1, 54	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, no diff binge episodes, abstinence
Fluoxetine, 60 mg/day, eating-related psychopathology, 16 weeks	1; 54	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, no diff EFE-Q, TFEQ, BSQ
Fluoxetine, 60 mg/day, weight-related, 16 weeks	1; 54	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, no diff BMI
Fluoxetine, 60 mg/day, general psychopathology, 16 weeks	1; 54	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, no diff depression symptoms
Fluoxetine, 60 mg/day, other, 16 weeks	0; 0	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, no diff binge episodes, abstinence
Fluvoxamine, binge eating, 9 weeks	1; 85	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, fluvoxamine better (p=0.006)

Table F-2. Detailed strength of evidence grading table, binge-eating frequency, abstinence, eating-related and general psychopathology outcomes, and weight-related outcomes (continued)

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
Fluvoxamine, eating-related psychopathology, 9 weeks	0; 0	NA	NA	NA	NA	NA	NA
Fluvoxamine, weight-related, 9 weeks	1; 85	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, fluvoxamine faster reduction in weight (p=0.04)
Fluvoxamine, general psychopathology, 9weeks	1; 85	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, fluvoxamine faster rate of reduction in CGI severity (p=0.002); no diff depression symptoms
Fluvoxamine, other, 9 weeks	0; 0	NA	NA	NA	NA	NA	NA
Sertraline, binge eating, 6 weeks	1; 34	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient single small study, sertraline better for reducing binge episodes (p<0.008)
Sertraline, eating-related psychopathology, 6 weeks	0; 0	NA	NA	NA	NA	NA	NA
Sertraline, weight-related, 6 weeks	1; 34	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient single small study, sertraline better for reducing BMI (p<0.001)
Sertraline, general psychopathology, 6 weeks	1; 34	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient single small study, sertraline better for reducing CGI severity (p<0.001); no diff depression symptoms
Sertraline, other, 6 weeks	0; 0	NA	NA	NA	NA	NA	NA

Table F-2. Detailed strength of evidence grading table, binge-eating frequency, abstinence, eating-related and general psychopathology outcomes, and weight-related outcomes (continued)

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
Imipramine, binge eating, 8 weeks	1; 31	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, imipramine better for reducing binge episodes at post-tx (p<0.02) and after 16 week f/up (p<0.01)
Imipramine, eating-related psychopathology, 8 weeks	0; 0	NA	NA	NA	NA	NA	NA
Imipramine, weight-related, 8 weeks, 16 wk post-tx f/up	1; 31	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, imipramine better for reducing weight at post-tx (p<0.05) and after 16 week f/up(p=0.003)
Imipramine, general psychopathology, 8 weeks	1; 31	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, imipramine better for reducing symptoms of depression at post-tx(p=0.02) and after 16 week f/up (p=0.01)
Imipramine, other, 8 weeks	1; 31	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, imipramine better

Meta-Analyses of Antidepressants Compared With Placebo

Table F-3. Detailed strength of evidence grading table, binge-eating frequency, abstinence, eating-related and general psychopathology outcomes, and weight-related outcomes

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
Antidepressants, abstinence, 6-16 wks	8; 416	5 low 3 moderate	Consistent	Direct	Precise	Undetected	High OR (95% CI): 2.15 (1.40 to 3.31 (p < 0.001)
Antidepressants, binge episodes per wk, 6-16 wks	7; 331	5 low 2 moderate	Consistent	Direct	Precise	Undetected	Moderate SMD (95% CI): −0.37 (−0.58, −0.15) (p < 0.001)
Antidepressants, binge days per wk, 6-12 wks	3; 122	3 low	Consistent	Direct	Imprecise	Undetected	Low SMD (95% CI): −0.57 (−0.93, −0.21) (p < 0.001)
Antidepressants, eating-related psychopathology, 6-16 wks	0; 0	NA	NA	NA	NA	NA	NA
Antidepressants, BMI, 6-16 wks	6; 297	5 low 1 moderate	Consistent	Direct	Imprecise	Undetected	Low SMD (95% CI): −0.15 (−0.38, 0.08) (p = 0.194)
Antidepressants, weight, 6-12 wks	4; 182	3 low 1 moderate	Consistent	Direct	Imprecise	Undetected	Low SMD (95% CI): −0.41 (−0.74, −0.07) (p < 0.001)
Antidepressants, depression symptoms, 6-12 wks	3; 142	2 low 1 moderate	Consistent	Direct	Imprecise	Undetected	Low SMD (95% CI): −0.58 (−0.92, −0.24) (p < 0.001)
Antidepressants, other outcomes, 6-16 wks	0; 0	NA	NA	NA	NA	NA	NA

Section 2: Binge-Eating Disorder Behavioral Treatment

CBT Versus No or Limited Intervention (Therapist-Led and Self-Help)

Table F-4. Detailed strength of evidence grading table, binge eating

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
CBT-TL v. Waitlist, reduction in binge frequency, post-tx	5; 344	Medium	Consistent 4/5 trials	Direct	Precise	Undetected	High CBT better 1 trial=no difference
CBT-TL v. Waitlist, abstinence, post-tx	4; 298	Medium	Consistent 4/4 trials	Direct	Imprecise	Undetected	High CBT better
CBT-PTL v. Waitlist, binge frequency, post-tx	2; 162	Medium	Consistent 2/2 trials	Direct	Imprecise	Undetected	Low CBT better
CBT-PTL v. Waitlist, abstinence, post-tx	2; 162	Medium	Consistent 2/2 trials	Direct	Imprecise	Undetected	Low CBT better
CBTssh v. Waitlist, reduction in binge frequency, post-tx	2; 162	Medium	Consistent 2/2 trials	Direct	Imprecise	Undetected	Low CBT better
CBTssh v. Waitlist, abstinence, post-tx	2; 162	Medium	Inconsistent 1/2 trials	Direct	Imprecise	Undetected	Insufficient 1 trial: CBT better 1 trial: No difference
CBTgsh v. waitlist control, reduction in binge frequency, post-tx	1; NR (Total N=72)	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study CBT better
CBTgsh v. waitlist control, abstinence, post-tx	1; NR	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study CBT better
CBTgsh (Internet guided) v. Waitlist, reduction in binge episodes/mo, post-tx	1; 74	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study CBT better
CBTgsh (Internet guided) v. Waitlist, abstinence, post-tx	1; 74	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study CBT better

Table F-4. Detailed strength of evidence grading table, binge eating (continued)

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
CBTpsh v. waitlist control, reduction in binge frequency, post-tx	1; NR (Total N=72)	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study CBT better
CBTpsh v. waitlist control, abstinence, post-tx	1; NR (Total N=72)	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study CBT better
CBTgsh v. AC, reduction in binge frequency, post-tx	1; 52	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study CBT better
CBTgsh v. AC, abstinence rate, post-tx	1; 52	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study CBT better
CBTpsh+UC v. UC, reduction in binge frequency, post-tx	1; 48	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study CBT better on EDEQ but not EDE
CBTpsh+UC v. UC, abstinence, post-tx	1; 48	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study NS; 25% v. 8.3%

AC = active control; CBT = cognitive behavioral therapy; CBTgsh = cognitive behavioral therapy, guided self-help; CBTpsh = cognitive behavioral therapy, pure self-help; CBT-PTL = cognitive-behavioral therapy, partially therapist-led; CBTssh = cognitive behavioral therapy, structured self-help; CBT-TL = cognitive behavioral therapy, therapist led; EDE = Eating Disorder Examination Inventory; EDEQ = Eating Disorder Examination Questionnaire; mo = months; NR = not reported; ns = nonsignificant; tx = treatment; UC = usual care; v = versus

Table F-5. Detailed strength of evidence grading table, eating-related psychopathology

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
CBT-TL v. Waitlist, improvement on EDE or TFEQ, post-tx	5; 344	Medium	Consistent 4/5 trials	Direct	Precise	Undetected	High CBT better 1 trial=no difference; (means in same direction)
CBT-PTL v. Waitlist, improvement on EDE or TFEQ, post-tx	2; 162	Medium	Inconsistent 1/2 trials	Direct	Imprecise	Undetected	Insufficient 1 trial=no difference (means in same direction) 1 trial=CBT better, 2 subscales
CBTssh v. Waitlist, improvement on EDE or TFEQ, post-tx	2; 162	Medium	Inconsistent 1/2 trials	Direct	Imprecise	Undetected	Insufficient 1 trial=no difference (means are equal) 1 trial=CBT better, 2 subscales
CBTgsh v. waitlist control, improvement on EDE, post-tx	1; NR (Total N=72)	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study CBT better
CBTgsh (Internet guided) v. Waitlist, improvement on EDEQ or TFEQ, post-tx	1; 74	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study CBT better
CBTpsh v. waitlist control, improvement on EDE, post-tx	1; NR (Total N=72)	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study CBT better
CBTgsh v. AC, improvement on EDEQ or TFEQ, post-tx	1; 52	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study CBT better
CBTpsh+UC v. UC, improvement on EDE, post-tx	1; 48	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference

AC = active control; CBT = cognitive behavioral therapy; CBTgsh = cognitive behavioral therapy, guided self-help; CBTpsh = cognitive behavioral therapy, pure self-help; CBT-PTL = cognitive-behavioral therapy, partially therapist-led; CBTssh = cognitive behavioral therapy, structured self-help; CBT-TL = cognitive behavioral therapy, therapist led;

EDE = Eating Disorder Examination Inventory; EDEQ = Eating Disorder Examination Questionnaire; mo = months; NR = not reported; ns = nonsignificant; TFEQ = Three Factor Eating Questionnaire; tx = treatment; UC = usual care; v = versus

Table F-6. Detailed strength of evidence grading table, weight

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
CBT-TL v. Waitlist, reduction in BMI, post-tx	5; 344	Medium	Consistent 5/5 trials	Direct	Precise	Undetected	Moderate No difference
CBT-PTL v. Waitlist, reduction in BMI, post-tx	2; 162	Medium	Consistent 2/2 trials	Direct	Imprecise	Undetected	Low No difference
CBTssh v. Waitlist, reduction in BMI, post-tx	2; 162	Medium	Consistent 2/2 trials	Direct	Imprecise	Undetected	Low No difference
CBTgsh v. waitlist control, reduction in BMI, post-tx	1; NR (Total N=72)	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBTgsh (Internet guided) v. Waitlist, reduction in BMI, post-tx	1; 74	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study CBT better
CBTpsh v. waitlist control, reduction in BMI, post-tx	1; NR (Total N=72)	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBTgsh v. AC, reduction in BMI, post-tx	1; 52	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBTpsh+UC v. UC, reduction in BMI, post-tx	1; 48	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference

AC = active control; BMI = body mass index; CBT = cognitive behavioral therapy; CBTgsh = cognitive behavioral therapy, guided self-help; CBTpsh = cognitive behavioral therapy, pure self-help; CBT-PTL = cognitive-behavioral therapy, partially therapist-led; CBTssh = cognitive behavioral therapy, structured self-help; CBT-TL = cognitive behavioral therapy, therapist led; mo = months; NR = not reported; ns = nonsignificant; tx = treatment; UC = usual care; v = versus

Table F-7. Detailed strength of evidence grading table, psychological outcomes

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
CBT-TL v. Waitlist, improvement on CESD, BDI, HDRS, or IDS-SR, post-tx	5; 344	Medium	Consistent 4/5 trials	Direct	Precise	Undetected	Moderate No difference 1 trial: CBT better
CBT-PTL v. Waitlist, improvement on HDRS or IDS-SR, post-tx	2; 162	Medium	Consistent 2/2 trials	Direct	Imprecise	Undetected	Low No difference
CBTssh v. Waitlist, improvement on HDRS or IDS-SR, post-tx	2; 162	Medium	Consistent 2/2 trials	Direct	Imprecise	Undetected	Low No difference
CBTgsh v. waitlist control, improvement on SCL-90 (GSI), post-tx	1; NR (Total N=72)	Medium	Unknown, single study	Indirect	Imprecise	Undetected	Insufficient, single small study CBT better
CBTgsh (Internet guided) v. Waitlist, improvement on BDI, post-tx	1; 74	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBTpsh v. waitlist control, improvement on SCL-90 (GSI), post-tx	1; NR (Total N=72)	Medium	Unknown, single study	Indirect	Imprecise	Undetected	Insufficient, single small study CBT better
CBTgsh v. AC, improvement on BDI, post-tx	1; 52	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBTpsh+UC v. UC, improvement on BDI, post-tx	1; 48	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference

AC = active control; BDI = Beck Depression Inventory; CBT = cognitive behavioral therapy; CBTgsh = cognitive behavioral therapy, guided self-help; CBTpsh = cognitive behavioral therapy, pure self-help; CBT-PTL = cognitive-behavioral therapy, partially therapist-led; CBTssh = cognitive behavioral therapy, structured self-help; CBT-TL = cognitive behavioral therapy, therapist led; CESD = Center for Epidemiological Studies Depression scale; GSI = Global Severity Index; HDRS = Hamilton Depression Rating Scale; IDS-SR = Inventory of Depressive Symptoms – Self-Report; mo = months; NR = not reported; ns = nonsignificant; SCL-90 = Symptom Checklist-90; tx = treatment; UC = usual care; v = versus

CBT Versus CBT (Therapist-Led and Self-Help)

Table F-8. Detailed strength of evidence grading table, binge eating[a]

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
CBT-C v. CBT-E, reduction in binge frequency, post-tx	1; 28	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-C v. CBT-E, abstinence, post-tx	1; 28	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-C v. CBT-E, reduction in binge frequency, short-term followup	1; 28	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-C v. CBT-E, abstinence, short-term followup	1; 28	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT v. CBT+EMA, reduction in binge frequency, post-tx	1; 41	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT v. CBT+EMA, abstinence, post-tx	1; 41	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT v. CBT+EMA, reduction in binge frequency, short-term followup	1; 41	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT v. CBT+EMA, abstinence, short-term followup	1; 41	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
Individual CBT v. Group CBT, reduction in binge frequency, post-tx	1; 144	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
Individual CBT v. Group CBT, reduction in binge frequency, long-term followup	1; 144	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference

Table F-8. Detailed strength of evidence grading table, binge eating (continued)

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
CBT-TL v. CBT-PTL, reduction in binge frequency, post-tx	3; 193	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference
CBT-TL v. CBT-PTL, abstinence, post-tx	3; 193	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference
CBT-TL v. CBT-PTL, reduction in binge frequency, short-term followup	2; 158	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference
CBT-TL v. CBT-PTL, abstinence, short-term followup	2; 158	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference
CBTpsh v. CBTgsh, reduction in binge frequency, post-tx	1; NR (Total N=72)	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBTpsh v. CBTgsh, abstinence, post-tx	1; NR (Total N=72)	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBTpsh v. CBTgsh, reduction in binge frequency, short-term followup	1; NR (Total N=72)	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBTpsh v. CBTgsh, abstinence, short-term followup	1; NR (Total N=72)	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBTssh v. CBT-TL, reduction in binge frequency, post-tx	3; 189	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference
CBTssh v. CBT-TL, abstinence, post-tx	3; 189	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference
CBTssh v. CBT-TL, reduction in binge frequency, short-term followup	2; 158	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Insufficient 2 trials NS 1 trial CBT-TL better

Table F-8. Detailed strength of evidence grading table, binge eating (continued)

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
CBTssh v. CBT-TL, abstinence, short-term followup	2; 158	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Insufficient 2 trials NS 1 trial CBT-TL better
CBTssh v. CBT-PTL, reduction in binge frequency, post-tx	3; 198	Medium	Consistent 2/3 trials	Direct	Imprecise	Undetected	Low No difference
CBTssh v. CBT-PTL, abstinence, post-tx	3; 198	Medium	Consistent 2/3 trials	Direct	Imprecise	Undetected	Low No difference
CBTssh v. CBT-PTL, reduction in binge frequency, short-term followup	2; 164	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference
CBTssh v. CBT-PTL, abstinence, short-term followup	2; 164	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference

[a] Binge eating measured in binge days, binge episodes, and abstinence

BDI = Beck Depression Inventory; BMI = body mass index; CBT-C-TL = cognitive behavioral therapy – cognitive restructuring, therapist-led; CBT-E-TL = cognitive behavioral therapy – exposure, therapist-led; CBT+EMA-TL = cognitive behavioral therapy plus ecological momentary assessment; CBTgsh = cognitive behavioral therapy, guided self-help; CBTpsh = cognitive behavioral therapy, pure self-help; CBT-PTL = cognitive behavioral therapy, partially therapist-led; CBTssh = cognitive behavioral therapy, structured self-help; CBT-TL = cognitive behavioral therapy, therapist led; EDE = Eating Disorders Examination; EDEQ = Eating Disorders Examination Questionnaire; GCBT = group cognitive behavioral therapy, therapist-led; GSI = Global Severity Index; HDRS = Hamilton Depression Rating Scale; IDS-SR = Inventory of Depressive Symptoms – Self-Report; ICBT = individual cognitive behavioral therapy, therapist-led; TFEQ = Three Factor Eating Questionnaire; tx = treatment; v = versus

Table F-9. Detailed strength of evidence grading table, eating-related psychopathology

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
CBT-C v. CBT-E, improvement on EDE subscale scores, post-tx	1; 28	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-C v. CBT-E, improvement on EDE subscale scores, short-term followup	1; 28	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT v. CBT+EMA, improvement on EDE-Q subscale scores, post-tx	1; 41	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT v. CBT+EMA, improvement on EDE-Q subscale scores, short-term followup	1; 41	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
Individual CBT v. Group CBT, improvement on EDE-Q subscale scores, post-tx	1; 144	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study ICBT better
Individual CBT v. Group CBT, improvement on EDE-Q subscale scores, long-term followup	1; 144	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study ICBT better
CBT-TL v. CBT-PTL, improvement in EDE or TFEQ subscale scores, post-tx	3; 189	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference
CBT-TL v. CBT-PTL, improvement in EDE or TFEQ subscale scores, short-term followup	2; 158	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference

Table F-9. Detailed strength of evidence grading table, eating-related psychopathology (continued)

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
CBTpsh v. CBTgsh, improvement on EDE subscales, post-tx	1; NR (Total N=72)	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study CBTgsh better, 1 subscale
CBTpsh v. CBTgsh, improvement on EDE subscales, short-term followup	1; NR (Total N=72)	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study CBTgsh better, 1 subscale at 3mo but not 6mo followup
CBTssh v. CBT-TL, improvement in TFEQ or EDE subscales, post-tx	3; 189	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference
CBTssh v. CBT-TL, improvement on TFEQ or EDE subscales, short-term followup	2; 158	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference
CBTssh v. CBT-PTL, improvement on TFEQ or EDE subscales, post-tx	3; 198	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference
CBTssh v. CBT-PTL, improvement in TFEQ or EDE subscales, short-term followup	2; 164	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference

BDI = Beck Depression Inventory; BMI = body mass index; CBT-C-TL = cognitive behavioral therapy – cognitive restructuring, therapist-led; CBT-E-TL = cognitive behavioral therapy – exposure, therapist-led; CBT+EMA-TL = cognitive behavioral therapy plus ecological momentary assessment; CBTgsh = cognitive behavioral therapy, guided self-help; CBTpsh = cognitive behavioral therapy, pure self-help; CBT-PTL = cognitive behavioral therapy, partially therapist-led; CBTssh = cognitive behavioral therapy, structured self-help; CBT-TL = cognitive behavioral therapy, therapist led; EDE = Eating Disorders Examination; EDEQ = Eating Disorders Examination Questionnaire; GCBT = group cognitive behavioral therapy, therapist-led; GSI = Global Severity Index; HDRS = Hamilton Depression Rating Scale; IDS-SR = Inventory of Depressive Symptoms – Self-Report; ICBT = individual cognitive behavioral therapy, therapist-led; N = number; TFEQ = Three Factor Eating Questionnaire; tx = treatment; v = versus

Table F-10. Detailed strength of evidence grading table, weight

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
CBT-C v. CBT-E, reduction in BMI, post-tx	1; 28	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-C v. CBT-E, reduction in BMI, short-term followup	1; 28	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT v. CBT+EMA, reduction in BMI, post-tx	1; 41	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT v. CBT+EMA, reduction in BMI, short-term followup	1; 41	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
Individual CBT v. Group CBT, reduction in BMI, post-tx	1; 144	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
Individual CBT v. Group CBT, reduction in BMI, long-term followup	1; 144	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBT-TL v. CBT-PTL, reduction in BMI, post-tx	3; 189	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference
CBT-TL v. CBT-PTL, reduction in BMI, short-term followup	2; 158	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference
CBTpsh v. CBTgsh, reduction in BMI, post-tx	1; NR (Total N=72)	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBTpsh v. CBTgsh, reduction in BMI, short-term followup	1; NR (Total N=72)	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBTssh v. CBT-TL, reduction in BMI, post-tx	3; 189	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference

Table F-10. Detailed strength of evidence grading table, weight (continued)

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
CBTssh v. CBT-TL, reduction in BMI, short-term followup	2; 158	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference
CBTssh v. CBT-PTL, reduction in BMI, post-tx	3; 198	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference
CBTssh v. CBT-PTL, reduction in BMI, short-term followup	2; 164	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference

BDI = Beck Depression Inventory; BMI = body mass index; CBT-C-TL = cognitive behavioral therapy – cognitive restructuring, therapist-led; CBT-E-TL = cognitive behavioral therapy – exposure, therapist-led; CBT+EMA-TL = cognitive behavioral therapy plus ecological momentary assessment; CBTgsh = cognitive behavioral therapy, guided self-help; CBTpsh = cognitive behavioral therapy, pure self-help; CBT-PTL = cognitive behavioral therapy, partially therapist-led; CBTssh = cognitive behavioral therapy, structured self-help; CBT-TL = cognitive behavioral therapy, therapist led; EDE = Eating Disorders Examination; EDEQ = Eating Disorders Examination Questionnaire; GCBT = group cognitive behavioral therapy, therapist-led; GSI = Global Severity Index; HDRS = Hamilton Depression Rating Scale; IDS-SR = Inventory of Depressive Symptoms – Self-Report; ICBT = individual cognitive behavioral therapy, therapist-led; TFEQ = Three Factor Eating Questionnaire; tx = treatment; v = versus

Table F-11. Detailed strength of evidence grading table, psychological outcomes

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
CBT-C v. CBT-E, improvement on BDI score, post-tx	1; 28	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-C v. CBT-E, improvement on BDI score, short-term followup	1; 28	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT v. CBT+EMA, improvement on BDI score, post-tx	1; 41	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT v. CBT+EMA, improvement on BDI score, short-term followup	1; 41	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
Individual CBT v. Group CBT, improvement on BDI score, post-tx	1; 144	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
Individual CBT v. Group CBT, improvement on BDI score, long-term followup	1; 144	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBT-TL v. CBT-PTL, improvement on BDI, HDRS, or IDS-SR score, post-tx	3; 189	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference
CBT-TL v. CBT-PTL, improvement on BDI, HDRS, or IDS-SR score, short-term followup	2; 158	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference
CBTpsh v. CBTgsh, improvement on GSI scores, post-tx	1; NR (Total N=72)	Medium	Unknown, single study	Indirect	Imprecise	Undetected	Insufficient, single small study No difference

Table F-11. Detailed strength of evidence grading table, psychological outcomes (continued)

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
CBTpsh. V. CBTgsh, improvement in GSI scores, short-term followup	1; NR (Total N=72)	Medium	Unknown, single study	Indirect	Imprecise	Undetected	Insufficient, single small study No difference
CBTssh v. CBT-TL, improvement on HDRS, BDI, or IDS-SR scores, post-tx	3; 189	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference
CBTssh v. CBT-TL, improvement on HDRS, BDI, or IDS-SR scores, short-term followup	2; 158	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference
CBTssh v. CBT-PTL, improvement on HDRS, BDI, or IDS-SR scores, post-tx	3; 198	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference
CBTssh v. CBT-PTL, improvement on HDRS, BDI, or IDS-SR scores, short-term followup	2; 164	Medium	Consistent 3/3 trials	Direct	Imprecise	Undetected	Low No difference

BDI = Beck Depression Inventory; BMI = body mass index; CBT-C-TL = cognitive behavioral therapy – cognitive restructuring, therapist-led; CBT-E-TL = cognitive behavioral therapy – exposure, therapist-led; CBT+EMA-TL = cognitive behavioral therapy plus ecological momentary assessment; CBTgsh = cognitive behavioral therapy, guided self-help; CBTpsh = cognitive behavioral therapy, pure self-help; CBT-PTL = cognitive behavioral therapy, partially therapist-led; CBTssh = cognitive behavioral therapy, structured self-help; CBT-TL = cognitive behavioral therapy, therapist led; EDE = Eating Disorders Examination; EDEQ = Eating Disorders Examination Questionnaire; GCBT = group cognitive behavioral therapy, therapist-led; GSI = Global Severity Index; HDRS = Hamilton Depression Rating Scale; IDS-SR = Inventory of Depressive Symptoms – Self-Report; ICBT = individual cognitive behavioral therapy, therapist-led; TFEQ = Three Factor Eating Questionnaire; tx = treatment; v = versus

CBT Versus BWL (Therapist-Led and Self-Help)

Table F-12. Detailed strength of evidence grading table, binge eating[a]

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
CBT-TL v. BWL-TL, reduction in binge frequency, post-tx	2; 170	Medium	Consistent 2/2 trials	Direct	Imprecise	Undetected	Low CBT better
CBT-TL v. BWL-TL, abstinence, post-tx	2; 170	Medium	Inconsistent 1/2 trials	Direct	Imprecise	Undetected	Insufficient CBT better (1 trial)
CBT-TL v. BWL-TL, reduction in binge frequency, short-term followup	2; 170	Medium	Consistent 2/2 trials	Direct	Imprecise	Undetected	Low CBT better
CBT-TL v. BWL-TL, abstinence, short-term followup	2; 170	Medium	Consistent 2/2 trials	Direct	Imprecise	Undetected	Low No difference
CBT-TL v. BWL-TL, reduction in binge frequency, long-term followup	1; 80	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study CBT better
CBT-TL v. BWL-TL, abstinence, long-term followup	1; 80	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-TL+BWL-TL v. BWL-TL, reduction in binge frequency, post-tx	1; 80	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-TL+BWL-TL v. BWL-TL, abstinence, post-tx	1; 80	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-TL+BWL-TL v. BWL-TL, reduction in binge frequency, short-term followup	1; 80	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-TL+BWL-TL v. BWL-TL, abstinence, short-term followup	1; 80	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference

Table F-12. Detailed strength of evidence grading table, binge eating (continued)

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
CBTgsh v. BWLgsh, reduction in binge frequency, post-treatment	1; 75	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study CBT better
CBTgsh v. BWLgsh, abstinence, post-treatment	1; 75	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study CBT better
CBTgsh v. BWL-TL, reduction in binge frequency, post-tx	1; 130	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBTgsh v. BWL-TL, abstinence, post-tx	1; 130	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBTgsh v. BWL-TL, reduction in binge frequency, short-term followup	1; 130	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study, NR
CBTgsh v. BWL-TL, abstinence, short-term followup	1; 130	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study, NR
CBTgsh v. BWL-TL, reduction in binge frequency, long-term followup	1; 130	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study, NR
CBTgsh v. BWL-TL, abstinence, long-term followup	1; 130	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study, CBT better

[a] Binge eating measured in binge days and binge episodes

BWLgsh = behavioral weight loss, guided self-help; BWL-TL = behavioral weight loss, therapist-led; CBT = cognitive behavioral therapy; CBTgsh = cognitive behavioral therapy, guided self-help; CBT-TL = cognitive behavioral therapy, therapist led; NR = not reported; tx = treatment; v = versus

Table F-13. Detailed strength of evidence grading table, eating-related psychopathology

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
CBT-TL v. BWL-TL, improvement on EDE subscales, post-tx	2; 170	Medium	Consistent 2/2 trials	Direct	Imprecise	Undetected	Low No difference
CBT-TL v. BWL-TL, improvement on EDE subscales, short-term followup	2; 170	Medium	Consistent 2/2 trials	Direct	Imprecise	Undetected	Low No difference
CBT-TL v. BWL-TL, improvement on EDE subscales, long-term followup	1; 52	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-TL+BWL-TL v. BWL-TL, improvement on EDE subscales, post-tx	1; 80	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-TL+BWL-TL v. BWL-TL, improvement on EDE subscales, short-term followup	1; 80	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBTgsh v. BWLgsh, improvement on EDE/TFEQ subscales, post-treatment	1; 80	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study, BWL worse (1 subscale)
CBTgsh v. BWL-TL, improvement on EDE subscales, post-treatment	1; 130	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study, BWL worse (1 subscale)
CBTgsh v. BWL-TL, improvement on EDE subscales, short-term followup	1; 130	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study, NR

Table F-13. Detailed strength of evidence grading table, eating-related psychopathology (continued)

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
CBTgsh v. BWL-TL, improvement on EDE subscales , long-term followup	1; 130	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study, NR

BWLgsh = behavioral weight loss, guided self-help; BWL-TL = behavioral weight loss, therapist-led; CBT = cognitive behavioral therapy; CBTgsh = cognitive behavioral therapy, guided self-help; CBT-TL = cognitive behavioral therapy, therapist led; EDE = Eating Disorder Examination Inventory; NR = not reported; TFEQ = Three Factor Eating Questionnaire tx = treatment; v = versus

Table F-14. Detailed strength of evidence grading table, weight

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
CBT-TL v. BWL-TL, reduction in BMI, post-tx	2; 170	Medium	Consistent 2/2 trials	Direct	Imprecise	Undetected	Moderate BWL better
CBT-TL v. BWL-TL, reduction in BMI, short-term followup	2; 170	Medium	Consistent 2/2 trials	Direct	Imprecise	Undetected	Low No difference
CBT-TL v. BWL-TL, reduction in BMI, long-term followup	1; 52	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-TL+BWL-TL v. BWL-TL, reduction in BMI, post-tx	1; 80	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-TL+BWL-TL v. BWL-TL, reduction in BMI, short-term followup	1; 80	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBTgsh v. BWLgsh, reduction in BMI, post-treatment	1; 80	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBTgsh v BWL-TL reduction in BMI, post-treatment	1; 130	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study BWL better
CBTgsh v. BWL-TL, reduction in BMI, short-term followup	1; 130	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study NR
CBTgsh v. BWL-TL, reduction in BMI, long-term followup	1; 130	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference

BMI = body mass index; BWLgsh = behavioral weight loss, guided self-help; BWL-TL = behavioral weight loss, therapist-led; CBT = cognitive behavioral therapy; CBTgsh = cognitive behavioral therapy, guided self-help; CBT-TL = cognitive behavioral therapy, therapist led; EDE = Eating Disorder Examination Inventory; NR = not reported; TFEQ = Three Factor Eating Questionnaire tx = treatment; v = versus

Table F-15. Detailed strength of evidence grading table, psychological outcomes

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
CBT-TL v. BWL-TL, improvement in BDI, post-tx	2; 170	Medium	Consistent 2/2 trials	Direct	Imprecise	Undetected	Low No difference
CBT-TL v. BWL-TL, improvement in BDI scores, short-term followup	2; 170	Medium	Consistent 2/2 trials	Direct	Imprecise	Undetected	Low No difference
CBT-TL v. BWL-TL, improvement in BDI scores, long-term followup	1; 52	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-TL+BWL-TL v. BWL-TL, improvement in BDI scores, post-tx	1; 80	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-TL+BWL-TL v. BWL-TL, improvement in BDI scores, short-term followup	1; 80	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBTgsh v. BWLgsh, improvement on BDI, post-tx	1; 80	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBTgsh v. BWL-TL, improvement on BDI, post-tx	1; 130	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBTgsh v. BWL-TL, improvement on BDI, short-term followup	1; 130	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBTgsh v. BWL-TL, improvement on BDI, long-term followup	1; 130	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference

BDI = Beck Depression Inventory; BMI = body mass index; BWLgsh = behavioral weight loss, guided self-help; BWL-TL = behavioral weight loss, therapist-led; CBT = cognitive behavioral therapy; CBTgsh = cognitive behavioral therapy, guided self-help; CBT-TL = cognitive behavioral therapy, therapist led; EDE = Eating Disorder Examination Inventory; NR = not reported; TFEQ = Three Factor Eating Questionnaire tx = treatment; v = versus

PIPT-TL Versus Waitlist Control (Therapist-Led)

Table F-16. Detailed strength of evidence grading table, binge eating

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
PIPT-TL v. waitlist control, reduction in binge frequency, post-tx	1; 88	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study PIPT-TL better
PIPT-TL v. waitlist control, abstinence, post-tx	1; 88	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study PIPT-TL better

PIPT-TL = psychodynamic interpersonal therapy, therapist-led; tx = treatment

Table F-17. Detailed strength of evidence grading table, eating-related psychopathology

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
PIPT-TL v. waitlist control, improvement in TFEQ subscales, post-tx	1; 88	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study PIPT-TL better (1 of 2 subscales)

PIPT-TL = psychodynamic interpersonal therapy, therapist-led; TFEQ = Three Factor Eating Questionnaire; tx = treatment

Table F-18. Detailed strength of evidence grading table, weight

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
PIPT-TL v. waitlist control, reduction in BMI, post-tx	1; 88	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference

BMI = body mass index; PIPT-TL = psychodynamic interpersonal therapy, therapist-led; tx = treatment

Table F-19. Detailed strength of evidence grading table, psychological outcomes

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
PIPT-TL v. waitlist control, improvement in CESD scores, post-tx	1; 88	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study PIPT-TL better

CESD = Center for Epidemiological Studies Depression Scale; PIPT-TL = psychodynamic interpersonal therapy, therapist-led; tx = treatment

BWL v. Active Control (Self-help)

Table F-20. Detailed strength of evidence grading table, binge eating

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
BWLgsh v. active control, reduction in binge frequency, post-tx	1; 53	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
BWLgsh v. active control, abstinence, post-tx	1; 53	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference

Abbreviations: BWLgsh = behavioral weight loss, guided self-help; tx = treatment; v = versus

Table F-21. Detailed strength of evidence grading table, eating-related psychopathology

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
BWLgsh v. active control, improvement in EDEQ/TFEQ subscales, post-tx	1; 53	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study BWLgsh better

Abbreviations: BWLgsh = behavioral weight loss, guided self-help; EDEQ = Eating Disorders Examination Questionnaire; TFEQ = Three Factor Eating Questionnaire; tx = treatment; v = versus

Table F-22. Detailed strength of evidence grading table, weight

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
BWLgsh v. active control, reduction in BMI, post-tx	1; 53	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference

Abbreviations: BMI = body mass index; BWLgsh = behavioral weight loss, guided self-help; tx = treatment; v = versus

Table F-23. Detailed strength of evidence grading table, psychological outcomes

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
BWLgsh v. active control, improvement in BDI scores, post-tx	1; 53	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference

Abbreviations: BDI = Beck Depression Inventory; BWLgsh = behavioral weight loss, guided self-help; tx = treatment; v = versus

BWL v. IPT (Therapist-led)

Table F-24. Detailed strength of evidence grading table, binge eating

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
BWL-TL v. IPT-TL, reduction in binge frequency, post-tx	1; 139	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
BWL-TL v. IPT-TL, abstinence, post-tx	1; 139	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
BWL-TL v. IPT-TL, reduction in binge frequency, short-term	1; 139	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
BWL-TL v. IPT-TL, abstinence, post-tx	1; 139	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
BWL-TL v. IPT-TL, reduction in binge frequency, long-term	1; 139	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
BWL-TL v. IPT-TL, abstinence, post-tx	1; 139	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study IPT-TL better

Abbreviations: BWL-TL = behavioral weight loss, therapist-led; IPT-TL = interpersonal therapy, therapist-led; tx = treatment; v = versus

Table F-25. Detailed strength of evidence grading table, eating-related psychopathology

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
BWL-TL v. IPT-TL, improvement in EDE subscales, post-tx	1; 139	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
BWL-TL v. IPT-TL, improvement in EDE subscales, short-term	1; 139	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
BWL-TL v. IPT-TL, improvement in EDE subscales, long-term	1; 139	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference

Abbreviations: BWL-TL = behavioral weight loss, therapist-led; IPT-TL = interpersonal therapy, therapist-led; tx = treatment; v = versus

Table F-26. Detailed strength of evidence grading table, weight

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
BWL-TL v. IPT-TL, reduction in BMI, post-tx	1; 139	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study BWL better
BWL-TL v. IPT-TL, reduction in BMI, short-term	1; 139	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
BWL-TL v. IPT-TL, reduction in BMI, long-term	1; 139	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference

Abbreviations: BMI = body mass index; BWL-TL = behavioral weight loss, therapist-led; IPT-TL = interpersonal therapy, therapist-led; tx = treatment; v = versus

Table F-27. Detailed strength of evidence grading table, psychological outcomes

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
BWL-TL v. IPT-TL, improvement in BDI, post-tx	1; 139	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
BWL-TL v. IPT-TL, improvement in BDI, short-term	1; 139	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
BWL-TL v. IPT-TL, improvement in BDI, long-term	1; 139	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference

Abbreviations: BDI = Beck Depression Inventory; BWL-TL = behavioral weight loss, therapist-led; IPT-TL = interpersonal therapy, therapist-led; tx = treatment; v = versus

CBT vs Interpersonal Therapies (Therapist-led and self-help)

Table F-28. Detailed strength of evidence grading table, binge eating

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
CBT-TL v. PIPT-TL, reduction in binge frequency, post-tx	1; 95	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-TL v. PIPT-TL, abstinence, post-tx	1; 95	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-TL v. PIPT-TL, reduction in binge frequency, short-term followup	1; 95	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-TL v. PIPT-TL, abstinence, short-term followup	1; 95	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-TL v. IPT-TL, reduction in binge frequency, post-tx	1; 162	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBT-TL v. IPT-TL, abstinence, post-tx	1; 162	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBT-TL v. IPT-TL, reduction in binge frequency, short-term followup	1; 162	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBT-TL v. IPT-TL, abstinence, short-term followup	1; 162	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBT-TL v. IPT-TL, reduction in binge frequency, long-term followup	1; 162	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBT-TL v. IPT-TL, abstinence, long-term followup	1; 162	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study IPT-TL better
CBTgsh v. IPT-TL, reduction in binge frequency, post-tx	1; 141	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference

Table F-28. Detailed strength of evidence grading table, binge eating (continued)

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
CBTgsh v. IPT-TL, abstinence, post-tx	1; 141	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBTgsh v. IPT-TL, reduction in binge frequency, short-term followup	1; 141	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBTgsh v. IPT-TL, abstinence, short-term followup	1; 141	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBTgsh v. IPT-TL, reduction in binge frequency, long-term followup	1; 141	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBTgsh v. IPT-TL, abstinence, long-term followup	1; 141	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference

Abbreviations: CBTgsh = cognitive behavioral therapy, guided self-help; CBT-TL = cognitive behavioral therapy, therapist led; PIPT-TL = psychodynamic interpersonal therapy, therapist-led; tx = treatment; v = versus

Table F-29. Detailed strength of evidence grading table, eating-related psychopathology

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
CBT-TL v. PIPT-TL, improvement on TFEQ subscales, post-tx	1; 95	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-TL v. PIPT-TL, improvement on TFEQ subscales, short-term followup	1; 95	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-TL v. IPT-TL, improvement on EDE subscales, post-tx	1; 162	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study CBT-TL better on EDE restraint; no difference on all other subscales
CBT-TL v. IPT-TL, improvement on EDE subscales, short-term followup	1; 162	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study CBT-TL better on EDE restraint; no difference on all other subscales
CBT-TL v. IPT-TL, improvement on EDE-Q and EDE shape/weight subscales, long-term followup	1; 162	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study CBT-TL worsened on EDE-Q eating concern and EDE shape/weight (12mo to 46mo); IPT-TL improved on EDE-Q eating, shape, global (post- to 46mo)
CBTgsh v. IPT-TL, improvement on EDE subscales, post-tx	1; 141	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBTgsh v. IPT-TL, improvement on EDE subscales, short-term followup	1; 141	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study Data not reported
CBTgsh v. IPT-TL, improvement on EDE subscales, long-term followup	1; 141	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study Data not reported

Abbreviations: CBTgsh = cognitive behavioral therapy, guided self-help; CBT-TL = cognitive behavioral therapy, therapist led; EDE = Eating Disorder Examination; EDEQ = Eating Disorder Examination Questionnaire; PIPT-TL = psychodynamic interpersonal therapy, therapist-led; TFEQ = Three Factor Eating Questionnaire; tx = treatment; v = versus

Table F-30. Detailed strength of evidence grading table, weight

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
CBT-TL v. PIPT-TL, reduction in BMI, post-tx	1; 95	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-TL v. PIPT-TL, reduction in BMI, short-term followup	1; 95	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-TL v. IPT-TL, reduction in BMI, post-tx	1; 162	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBT-TL v. IPT-TL, reduction in BMI, short-term followup	1; 162	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBT-TL v. IPT-TL, reduction in BMI, long-term followup	1; 162	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBTgsh v. IPT-TL, reduction in BMI, post-tx	1; 141	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBTgsh v. IPT-TL, reduction in BMI, short-term followup	1; 141	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study Data not reported
CBTgsh v. IPT-TL, reduction in BMI, long-term followup	1; 141	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study Data not reported

Abbreviations: BMI = body mass index; CBTgsh = cognitive behavioral therapy, guided self-help; CBT-TL = cognitive behavioral therapy, therapist led; PIPT-TL = psychodynamic interpersonal therapy, therapist-led; tx = treatment; v = versus

Table F-31. Detailed strength of evidence grading table, psychological outcomes

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
CBT-TL v. PIPT-TL, improvement on CESD score, post-tx	1; 95	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-TL v. PIPT-TL, improvement on CESD score, short-term followup	1; 95	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
CBT-TL v. IPT-TL, improvement on SCL-D score, post-tx	1; 162	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBT-TL v. IPT-TL, improvement on SCL-D score, short-term followup	1; 162	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBT-TL v. IPT-TL, improvement on BSI-Depression, long-term followup	1; 162	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBTgsh v. IPT-TL, improvement on BDI score, post-tx	1; 141	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
CBTgsh v. IPT-TL, improvement on BDI score, short-term followup	1; 141	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study Data not reported
CBTgsh v. IPT-TL, improvement on BDI score, long-term followup	1; 141	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study Data not reported

Abbreviations: BDI = Beck Depression Inventory; BSI-Depression = Brief Symptom Inventory; CBTgsh = cognitive behavioral therapy, guided self-help; CBT-TL = cognitive behavioral therapy, therapist led; CESD = Center for Epidemiologic Studies Depression Scale; PIPT-TL = psychodynamic interpersonal therapy, therapist-led; SCL-D = Symptom Checklist, Depression subscale; tx = treatment; v = versus

DBT v. Active Comparison Group Therapy (Therapist-led)

Table F-32. Detailed strength of evidence grading table, binge eating

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
DBT-TL v. ACGT-TL, reduction in binge frequency, first period (pre- to post-tx)	1; 101	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study DBT-TL better
DBT-TL v. ACGT-TL, abstinence, first period (post-tx to 6mo)	1; 101	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study DBT-TL better
DBT-TL v. ACGT-TL, reduction in binge frequency, second period (post-tx through 12mo)	1; 101	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
DBT-TL v. ACGT-TL, abstinence, second period (6mo-12mo)	1; 101	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference

Abbreviations: ACGT-TL = active comparison group therapy, therapist-led; DBT-TL = dialectical behavioral therapy, therapist-led; mo = months; tx = treatment; v = versus

Table F-33. Detailed strength of evidence grading table, eating-related psychopathology

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
DBT-TL v. ACGT-TL, improvement on EDE subscales, post-tx	1; 101	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study DBT-TL better (2 subscales)
DBT-TL v. ACGT-TL, improvement on EDE subscales, short-term followup	1; 101	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study DBT-TL better (2 subscales)

Abbreviations: ACGT-TL = active comparison group therapy, therapist-led; DBT-TL = dialectical behavioral therapy, therapist-led; EDE = Eating Disorder Examination; mo = months; tx = treatment; v = versus

Table F-34. Detailed strength of evidence grading table, weight

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
DBT-TL v. ACGT-TL, reduction in BMI, post-tx	1; 101	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference
DBT-TL v. ACGT-TL, reduction in BMI, short-term	1; 101	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference

Abbreviations: ACGT-TL = active comparison group therapy, therapist-led; BMI = body mass index; DBT-TL = dialectical behavioral therapy, therapist-led; tx = treatment; v = versus

Table F-35. Detailed strength of evidence grading table, psychological outcomes

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
DBT-TL v. ACGT-TL, improvement on BDI, post-tx	1; 101	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study DBT-TL better
DBT-TL v. ACGT-TL, improvement on BDI, short-term	1; 101	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single study No difference

Abbreviations: ACGT-TL = active comparison group therapy, therapist-led; BDI = Beck Depression Inventory; DBT-TL = dialectical behavioral therapy, therapist-led; tx = treatment; v = versus

Inpatient Treatment

Table F-36. Detailed strength of evidence grading table, binge eating

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
IP+VREDIM v. IP+psychonutritional groups, abstinence rate, post-tx	1; NR (Total N = 20)	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference (both abstinent)
IP v. IP+CBT, reduction in binge frequency, post-tx	1; 69	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference (both decreased)
IP v. IP+CBT, reduction in binge frequency, short-term followup	1; 69	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference (both increased)
IP v. IP+CBT+VREDIM, reduction in binge frequency, post-tx	1; 60	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference (both decreased)
IP v. IP+CBT+VREDIM, reduction in binge frequency, short-term followup	1; 60	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference (both increased)
IP+CBT v. IP+CBT+VREDIM, reduction in binge frequency, post-tx	1; 61	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study NO difference (both decreased)
IP+CBT v. IP+CBT+VREDIM, reduction in binge frequency, short-term followup	1; 61	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference (both increased)
IP+CBT v. IP+BST, reduction in binge frequency, post-tx	1; NR (Total N = 60)	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference (data not reported)

Table F-36. Detailed strength of evidence grading table, binge eating (continued)

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
IP+CBT v. IP+BST, reduction in binge frequency, short-term followup	1; NR (Total N = 60)	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study CBT better than BST

Abbreviations: BST = Brief Strategic Therapy; CBT = cognitive behavioral therapy; IP = inpatient program; NR = not reported; VRIDEM = Virtual Reality for Eating Disorders Modification; tx = treatment; vs = versus

Table F-37. Detailed strength of evidence grading table, eating-related psychopathology[1]

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
IP+VREDIM v. IP+psychonutritional groups, improvement on DIET subscales, post-tx	1; NR (Total N = 20)	Medium	Unknown, single study	Indirect	Imprecise	Undetected	Insufficient, single small study No difference (means in favor of VREDIM)

Abbreviations: DIET = Dieter's Inventory of Eating Temptations; IP = inpatient program; VRIDEM = Virtual Reality for Eating Disorders Modification; tx = treatment; vs = versus

Table F-38. Detailed strength of evidence grading table, weight[1]

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude of Effect
IP v. IP+CBT, reduction in BMI, post-tx	1; 69	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference (both decreased)
IP v. IP+CBT, reduction BMI, short-term followup	1; 69	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference
IP v. IP+CBT+VREDIM, reduction in BMI, post-tx	1; 60	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference (both decreased)
IP v. IP+CBT+VREDIM, reduction in BMI, short-term followup	1; 60	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study IP+CBT+VREDIM better
IP+CBT v. IP+CBT+VREDIM, reduction in BMI, post-tx	1; 61	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference (both decreased)
IP+CBT v. IP+CBT+VREDIM, reduction in BMI, short-term followup	1; 61	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study IP+CBT+VREDIM better
IP+CBT v. IP+BST, absolute weight loss, post-tx	1; NR (Total N = 60)	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference (both decreased)
IP+CBT v. IP+BST, absolute weight loss, short-term followup	1; NR (Total N = 60)	Low	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study No difference (both decreased)

Abbreviations: BMI = body mass index; BST = Brief Strategic Therapy; CBT = cognitive behavioral therapy; IP = inpatient program; NR = not reported; VRIDEM = Virtual Reality for Eating Disorders Modification; tx = treatment; vs = versus

Section 3: Loss of Control Eating In Children Treatment

Key Question 11: Effectiveness of Treatments for LOC Eating Among Children

Behavioral Intervention Versus No or "Attention Only" Intervention

Table F-39. Detailed strength of evidence grading table, binge eating

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude/Direction of Effect
Self-help CBT v. waitlist, OBEs and SBEs, 16 wks	1; 105	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, no difference
IPT v. Attention-only, Reduction in LOC episodes, 6 mo post-tx	1; 20	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, IPT better
Self-help CBT v. waitlist, OBEs and SBEs, 9 mo post-tx	1; 105	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, CBT better

mo = month; v. = versus.

Table F-40. Detailed strength of evidence grading table, weight

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude/Direction of Effect
Self-help CBT v. waitlist, BMI, 9 mo post-tx	1; 105	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, self-help CBT better
IPT v. Attention-only, BMI, 1 year post-tx	1; 20	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, no difference

mo = month; v. = versus.

Behavioral Intervention Versus Behavioral Intervention

Table F-41. Detailed strength of evidence grading table, binge eating

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude/Direction of Effect
Cue exposure v appetite awareness training, binge measures	1; 36	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, no difference

mo = month; v. = versus.

Table F-42. Detailed strength of evidence grading table, weight

Intervention, Outcome, Time to Outcome	Number of Studies; Subjects	Study Limitations	Consistency	Directness	Precision	Reporting Bias	Strength of Evidence Grade Magnitude/Direction of Effect
Cue exposure v appetite awareness training, BMI	1; 36	Medium	Unknown, single study	Direct	Imprecise	Undetected	Insufficient, single small study, no difference

mo = month; v. = versus.

Appendix G. List of Abbreviations

µU/mL = microunits
AB =____ ?? don't see this in the report
ACGT = active comparison group therapy
AMI = adapted motivational interviewing
ANCOVA = analysis of covariance
ANOVA = analysis of variance
APA = American Psychiatric Association
b/t = between
BDI = Beck Depression Inventory
BE = binge eating
BED = binge-eating disorder
BES = Binge Eating Scale
BIS = Barrat Impulsivity Scale
BIS = Brief Symptom Inventory
BL = baseline
BMI = body mass index
BP= blood pressure
BSI = Brief Symptom Inventory
BSQ = Body Shape Questionnaire
BWL = behavioral weight loss
BWLT = behavioral weight loss treatment
CA = California
CBT = cognitive behavioral therapy
CBT-C = cognitive interventions for treatment of body image disturbance
CBT-E = cognitive behavioral therapy with exposure
CBT-L = cognitive behavioral therapy long-term
CBT-S = cognitive behavioral therapy short-term
CEC = Commission of the European Communities
CGI = Clinical Global Impression scale
CGI-I = Clinical Global Impressions-Improvement scale
CGI-S = Clinical Global Impressions-Severity of Illness scale
CI = confidence interval
CO = Colorado
CrPic = chromium picolinate
CT = combined therapy
CT = Connecticut
DBP = diastolic blood pressure
DBT = dialectical behavior therapy
DIC = dietary counseling
diff = difference
dL = deciliter
DSM = Diagnostic and Statistical Manual for Mental Disorders
DSM-IV = Diagnostic and Statistical Manual of Mental Disorders, 4th Edition

DSM-IV-TR = Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision
DSM-V = Diagnostic and Statistical Manual of Mental Disorders, 5th Edition
ECT = experiential cognitive therapy
ED = emergency department
EDE = Eating Disorder Examination
EDE-Q = Eating Disorder Examination Questionnaire
EDI = Eating Disorders Inventory
EFT = emotion-focused therapy
EMA = ecological momentary assessment
EOQ = Error Orientation Questionnaire
ESWLS = Extended Satisfaction with Life Scale
FCI = Food Craving Inventory
FLV = fluvoxamine
FLX = fluoxetine
FU = follow up
G = group
GAD = Generalized Anxiety Disorder
GI= gastrointestinal
HAM-A = Hamilton Anxiety scale
HAM-D = Hamilton Depression Rating Scale (a.k.a., Hamilton Rating Scale for Depression)
HC= hypocaloric
HDL = high density lipoprotein
HDRS = Hamilton Depression Rating Scale (a.k.a. HAM-D)
IBW = ideal body weight
IDS-C = Inventory of Depressive Symptomatology
IIP = Inventory of Interpersonal Problems
just name of project… not abbreviation
INTACT= Individually tailored stepped care for women with eating disorders
IP = Inpatient Program
IPT = interpersonal therapy
IST =Information Society Technologies
ITT = intent to treat
IV = fourth edition
kcal = kilocalories
kg = kilogram
kg/m^2 = kilogram per meter squared
LDL = low density lipoprotein
LEARN = Lifestyle, Exercise, Attitudes, Relationships, Nutrition, Overview/Synthesis
LOC = “loss of control”
LOC/BE = loss of control/binge eating
m = month
MADRS = Montgomery-Asberg Depression Rating Scale
MDD = major depressive disorder
MDE = major depressive episode
mg = milligram

min= minute
m-ITT = modified intent to treat
MIUR FIRB =____ Ministry of Education, Universities and Research's Basic research investment fund
mL = milliliter
MMPI2= Minnesota Multiphasic Personality Inventory-2
MN = Minnesota
mo = months
N = number
NA = not applicable
NC = North Carolina
NG = nutritional group
ng/mL = Nanogram/milliliter
NHP= Nottingham Health Profile
NIH = National Institutes of Health
NIMH NM = National Institute of Mental Health NM not in report, recommend removing
NR = not reported
NS = not sufficient
NY = New York
OBE = objective binge episode
PDQ-4-R = Personality diagnostic questionnaire-4-revised
post-tx = post-treatment
pre-tx = pre-treatment
PSH = partial self-help
QID-SR16 = Quick Inventory of Depressive Symptomatology (self-report 16 items)
QIDS-SR= Quick Inventory of Depressive Symptomatology-Self-Report
RCT = randomized controlled trial
RMANOVA = Repeated Measures Analysis of Variance
RSE = Rosenberg Self-Esteem Scale
S-BDI = BDI, Spanish version
SBE = subjective binge episode
SCID = Structured Clinical Interview for DSM Disorders
SCID-I = Structured Clinical Interview for DSM-IV Axis 1 Disorders
SCL-90-R = Symptoms checklist-90-revised
SD = standard deviation
SDRS = Self Depression Rating Scale
SDS = Sheehan Disability Scale
SE = standard error
S-EDE = EDE, Spanish version
sig = significant
SNS= sympathetic nervous system
SSH = structured self-help
STAI = State-trait anxiety inventory
STRATOB = Systematic and STRATegic psychotherapy for Obesity
SUD = substance use disorder
TFEQ = Three-Factor Eating Questionnaire

TL = therapist-led
TR = Text Revision
tx = treatment
US = United States
USA = United States
VEPSY =____ project name… don't think this is an abbreviation
VLCD = very-low calorie diet
WC = waist circumference
WHR = waist-to-hip ratio
wk = week
WL = weight loss.
YBOCS = Yale-Brown Obsessive Compulsive Scale
YBOCS-BE = Yale-Brown Obsessions and Compulsion Scale modified for binge-eating
yo = years old
yr= year