



Effective Health Care

Eating Disorder Treatments

Results of Topic Selection Process & Next Steps

The nominator is interested in a new evidence review on eating disorders to improve treatment decisions and quality of care.

We identified an in-process clinical practice guideline informed by systematic reviews covering the scope of the nomination, therefore, a new review would be duplicative of an existing product. No further activity on this nomination will be undertaken by the Effective Health Care (EHC) Program.

Topic Brief

Topic Number and Name: Eating Disorder Treatments, #840

Nomination Date: 2/7/2019

Topic Brief Date: 6/27/2019

Authors

Christine Chang

Conflict of Interest: None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report.

Background

- Eating disorders encompass a number of conditions, including
 - Anorexia nervosa, characterized by a restriction of energy intake leading to a significantly low body weight, and accompanied by a fear of gaining weight and disturbance in one's body image.¹ The lifetime prevalence of anorexia nervosa in adults was 0.6%.²
 - Binge eating disorder characterized by recurrent and persistent episodes of binge eating associated with distress about binge eating, and absence of compensatory behaviors.¹ Estimated prevalence of binge eating disorder was 1.2% in 2003.²
 - Bulimia nervosa characterized by recurrent episodes of binge eating, recurrent inappropriate behavior to prevent weight gain, and self-evaluation unduly influenced by body shape or weight.¹ Prevalence of bulimia nervosa was 0.3% in 2003.²
- The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) was published in 2013.¹ It included
 - Changes to the diagnostic criteria for anorexia nervosa and bulimia nervosa;
 - Established binge eating disorder as an official diagnosis;
 - Re-named eating disorders not otherwise specified as unspecified feeding or eating disorders;
 - Added avoidant/restrictive food intake disorder, rumination, and pica.
- A review of studies³ comparing prevalence of different eating disorders based on differences in diagnostic criteria between DSMIV-TR and DSM 5 have found
 - Decrease in EDNOS
 - Increases in anorexia nervosa, bulimia nervosa, and binge eating disorder
- Treatments vary by eating disorder type. Generally these include pharmacologic and nonpharmacologic treatments.
- The nominator expresses concerns about effectiveness of treatments using the new diagnostic criteria for the different eating disorders.

Key Questions and PICOs

The key questions for this nomination are:

1. What is the effectiveness of treatments for anorexia nervosa?
 - a. Do outcomes vary by level of care?
 - b. Do outcomes vary by patient characteristics?
2. What is the effectiveness of treatments for bulimia nervosa?
3. What is the effectiveness of treatments for binge-eating disorder?
4. What is the effectiveness of treatments for avoidant/restrictive food intake disorder?
5. What is the effectiveness of treatments for other specified feeding or eating disorder?

To define the inclusion criteria for the key questions, we specify the population, interventions, comparators, outcomes, timing, and setting (PICOTS) of interest (Table 1).

Table 1. Key Questions and PICOTS

Key Questions	1. Anorexia nervosa (AN)	2. Bulimia nervosa (BN)	3. Binge-eating disorder (BED)	4. Avoidant/restrictive food intake disorder (ARFID)	5. Other specified feeding or eating disorder (OSFED)
Population	Children and adults diagnosed with AN defined by DSM 5	Children and adults diagnosed with BN defined by DSM 5	Children and adults diagnosed with BED defined by DSM 5	Children and adults diagnosed with ARFID defined by DSM 5	Children and adults diagnosed with OSFED defined by DSM 5
Interventions	<ul style="list-style-type: none"> Pharmacologic treatment Non-pharmacologic treatment Combination treatment 	<ul style="list-style-type: none"> Pharmacologic treatment Non-pharmacologic treatment Combination treatment 	<ul style="list-style-type: none"> Pharmacologic treatment Non-pharmacologic treatment Combination treatment 	<ul style="list-style-type: none"> Pharmacologic treatment Non-pharmacologic treatment Combination treatment 	<ul style="list-style-type: none"> Pharmacologic treatment Non-pharmacologic treatment Combination treatment
Comparators	<ul style="list-style-type: none"> Usual care Other active treatment 	<ul style="list-style-type: none"> Usual care Other active treatment 	<ul style="list-style-type: none"> Usual care Other active treatment 	<ul style="list-style-type: none"> Usual care Other active treatment 	<ul style="list-style-type: none"> Usual care Other active treatment
Outcomes	<ul style="list-style-type: none"> Inappropriate compensatory behaviors Psychological features of the eating disorder Depression Anxiety Substance use Weight/BMI Vital signs (BP, pulse, temperature) Medical morbidity (osteoporosis, infertility, GI disorders) Death 	<ul style="list-style-type: none"> Inappropriate compensatory behaviors Psychological features of the eating disorder Depression Anxiety Substance use Weight/BMI Vital signs (BP, pulse, temperature) Medical morbidity (osteoporosis, infertility, GI disorders) Death 	<ul style="list-style-type: none"> Binge-eating episodes Inappropriate compensatory behaviors Psychological features of the eating disorder Depression Anxiety Substance use Weight/BMI Vital signs (BP, pulse, temperature) Medical morbidity (osteoporosis, infertility, GI disorders) Death 	<ul style="list-style-type: none"> Inappropriate compensatory behaviors Psychological features of the eating disorder Depression Anxiety Substance use Weight/BMI Vital signs (BP, pulse, temperature) Medical morbidity (osteoporosis, infertility, GI disorders) Death 	<ul style="list-style-type: none"> Inappropriate compensatory behaviors Psychological features of the eating disorder Depression Anxiety Substance use Weight/BMI Vital signs (BP, pulse, temperature) Medical morbidity (osteoporosis, infertility, GI disorders) Death
Timing	All	All	All	All	All
Setting	Inpatient, residential, partial hospitalization/day treatment, intensive out-patient, Outpatient	Inpatient, residential, partial hospitalization/day treatment, intensive out-patient, Outpatient	Inpatient, residential, partial hospitalization/day treatment, intensive out-patient, Outpatient	Inpatient, residential, partial hospitalization/day treatment, intensive out-patient, Outpatient	Inpatient, residential, partial hospitalization/day treatment, intensive out-patient, Outpatient

Abbreviations: AN=anorexia nervosa; ARFID=Avoidant/restrictive food intake disorder; BED=binge-eating disorder; BMI=body mass index; BN=bulimia nervosa; BP=blood pressure; DSM= Diagnostic and Statistical Manual of Mental Disorders; GI=gastrointestinal; OSFED=Other specified feeding or eating disorder

Methods

We assessed nomination for priority for a systematic review or other AHRQ EHC report with a hierarchical process using established selection criteria. Assessment of each criteria determined the need to evaluate the next one. See Appendix A for detailed description of the criteria.

1. Determine the *appropriateness* of the nominated topic for inclusion in the EHC program.
2. Establish the overall *importance* of a potential topic as representing a health or healthcare issue in the United States.
3. Determine the *desirability of new evidence review* by examining whether a new systematic review or other AHRQ product would be duplicative.
4. Assess the *potential impact* a new systematic review or other AHRQ product.
5. Assess whether the *current state of the evidence* allows for a systematic review or other AHRQ product (feasibility).
6. Determine the *potential value* of a new systematic review or other AHRQ product.

Appropriateness and Importance

We assessed the nomination for appropriateness and importance.

Desirability of New Review/Duplication

We searched for high-quality, completed or in-process evidence reviews published in the last three years on the key questions of the nomination. See Appendix B for sources searched.

Results

See Appendix A for detailed assessments of all EPC selection criteria.

Appropriateness and Importance

This is an appropriate and important topic.

Desirability of New Review/Duplication

A new evidence review would be duplicative of an existing evidence review. We found multiple reviews on the four conditions, though it was not always clear whether they focused only on individuals diagnosed with DSM V criteria (Appendix C). In addition a guideline is underway by the American Psychiatric Association (APA); this guideline will be informed by systematic reviews. They plan to assess the impact of different diagnostic criteria (DSM 5 vs. DSM IV)⁴.

The nominator confirmed that the efforts by APA would meet their needs and a new AHRQ systematic review would duplicate these efforts.

Summary of Findings

- Appropriateness and importance: The topic is both appropriate and important.
- Duplication: A new review would be duplicative of an existing product. We found multiple systematic reviews, with most focused on bulimia, anorexia nervosa, and binge-eating disorder. In addition there is an in-process review and guideline that addresses all conditions included in this nomination.

References

1. Association AP. Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA; 2013.
2. Eating Disorders. Bethesda, MD: National Institute of Mental Health; 2017. <https://www.nimh.nih.gov/health/statistics/eating-disorders.shtml>. Accessed on June 27 2019.
3. Lindvall Dahlgren C, Wisting L, Ro O. Feeding and eating disorders in the DSM-5 era: a systematic review of prevalence rates in non-clinical male and female samples. *J Eat Disord*. 2017;5:56. doi: 10.1186/s40337-017-0186-7. PMID: 29299311. <https://www.ncbi.nlm.nih.gov/pubmed/29299311>
4. AHRQ EPC Program: suggestion for new systematic review on eating disorders. In: Chang C, editor. Rockville, MD; 2019.
5. Samnaliev M, Noh HL, Sonnevile KR, et al. The economic burden of eating disorders and related mental health comorbidities: An exploratory analysis using the U.S. Medical Expenditures Panel Survey. *Prev Med Rep*. 2015;2:32-4. doi: 10.1016/j.pmedr.2014.12.002. PMID: 26844048. <https://www.ncbi.nlm.nih.gov/pubmed/26844048>
6. Clus D, Larsen ME, Lemey C, et al. The Use of Virtual Reality in Patients with Eating Disorders: Systematic Review. *J Med Internet Res*. 2018 Apr 27;20(4):e157. doi: 10.2196/jmir.7898. PMID: 29703715. <https://www.ncbi.nlm.nih.gov/pubmed/29703715>
7. de Jong M, Schoorl M, Hoek HW. Enhanced cognitive behavioural therapy for patients with eating disorders: a systematic review. *Curr Opin Psychiatry*. 2018 Nov;31(6):436-44. doi: 10.1097/YCO.0000000000000452. PMID: 30188385. <https://www.ncbi.nlm.nih.gov/pubmed/30188385>
8. Linardon J, Fairburn CG, Fitzsimmons-Craft EE, et al. The empirical status of the third-wave behaviour therapies for the treatment of eating disorders: A systematic review. *Clin Psychol Rev*. 2017 Dec;58:125-40. doi: 10.1016/j.cpr.2017.10.005. PMID: 29089145. <https://www.ncbi.nlm.nih.gov/pubmed/29089145>
9. Linardon J, Wade TD, de la Piedad Garcia X, et al. The efficacy of cognitive-behavioral therapy for eating disorders: A systematic review and meta-analysis. *J Consult Clin Psychol*. 2017 Nov;85(11):1080-94. doi: 10.1037/ccp0000245. PMID: 29083223. <https://www.ncbi.nlm.nih.gov/pubmed/29083223>
10. Beauchamp MT, Lundgren JD. A Systematic Review of Bright Light Therapy for Eating Disorders. *Prim Care Companion CNS Disord*. 2016 Oct 27;18(5). doi: 10.4088/PCC.16r02008. PMID: 27835724. <https://www.ncbi.nlm.nih.gov/pubmed/27835724>
11. Fogarty S, Smith CA, Hay P. The role of complementary and alternative medicine in the treatment of eating disorders: A systematic review. *Eat Behav*. 2016 Apr;21:179-88. doi: 10.1016/j.eatbeh.2016.03.002. PMID: 26970732. <https://www.ncbi.nlm.nih.gov/pubmed/26970732>
12. van den Berg E, Houtzager L, de Vos J, et al. Meta-analysis on the efficacy of psychological treatments for anorexia nervosa. *Eur Eat Disord Rev*. 2019 Jul;27(4):331-51. doi: 10.1002/erv.2683. PMID: 31124215. <https://www.ncbi.nlm.nih.gov/pubmed/31124215>
13. Fisher CA, Skocic S, Rutherford KA, et al. Family therapy approaches for anorexia nervosa. *Cochrane Database Syst Rev*. 2019 May 1;5:CD004780. doi: 10.1002/14651858.CD004780.pub4. PMID: 31041816. <https://www.ncbi.nlm.nih.gov/pubmed/31041816>
14. Zeeck A, Herpertz-Dahlmann B, Friederich H-C, et al. Psychotherapeutic Treatment for Anorexia Nervosa: A Systematic Review and Network Meta-Analysis. *Frontiers in psychiatry*. 2018;9:158-. doi: 10.3389/fpsy.2018.00158. PMID: 29765338. <https://www.ncbi.nlm.nih.gov/pubmed/29765338>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5939188/>

15. Tchanturia K, Giombini L, Leppanen J, et al. Evidence for Cognitive Remediation Therapy in Young People with Anorexia Nervosa: Systematic Review and Meta-analysis of the Literature. *Eur Eat Disord Rev.* 2017 Jul;25(4):227-36. doi: 10.1002/erv.2522. PMID: 28573705. <https://www.ncbi.nlm.nih.gov/pubmed/28573705>
16. Sala M, Heard A, Black EA. Emotion-focused treatments for anorexia nervosa: a systematic review of the literature. *Eat Weight Disord.* 2016 Jun;21(2):147-64. doi: 10.1007/s40519-016-0257-9. PMID: 26886827. <https://www.ncbi.nlm.nih.gov/pubmed/26886827>
17. Gelin Z, Cook-Darzens S, Simon Y, et al. Two models of multiple family therapy in the treatment of adolescent anorexia nervosa: a systematic review. *Eat Weight Disord.* 2016 Mar;21(1):19-30. doi: 10.1007/s40519-015-0207-y. PMID: 26223191. <https://www.ncbi.nlm.nih.gov/pubmed/26223191>
18. Murray SB, Quintana DS, Loeb KL, et al. Treatment outcomes for anorexia nervosa: a systematic review and meta-analysis of randomized-controlled trials - CORRIGENDUM. *Psychol Med.* 2019 Mar;49(4):701-4. doi: 10.1017/S0033291718003185. PMID: 30430952. <https://www.ncbi.nlm.nih.gov/pubmed/30430952>
19. Wade TD, Treasure J, Schmidt U, et al. Comparative efficacy of pharmacological and non-pharmacological interventions for the acute treatment of adult outpatients with anorexia nervosa: study protocol for the systematic review and network meta-analysis of individual data. *J Eat Disord.* 2017;5:24. doi: 10.1186/s40337-017-0153-3. PMID: 28775847. <https://www.ncbi.nlm.nih.gov/pubmed/28775847>
20. Pittcock A, Hodges L, Lawrie SM. The effectiveness of internet-delivered cognitive behavioural therapy for those with bulimic symptoms: a systematic review : A review of iCBT treatment for bulimic symptoms. *BMC Res Notes.* 2018 Oct 22;11(1):748. doi: 10.1186/s13104-018-3843-2. PMID: 30348226. <https://www.ncbi.nlm.nih.gov/pubmed/30348226>
21. de Carvalho MR, Dias TRS, Duchesne M, et al. Virtual Reality as a Promising Strategy in the Assessment and Treatment of Bulimia Nervosa and Binge Eating Disorder: A Systematic Review. *Behav Sci (Basel).* 2017 Jul 9;7(3). doi: 10.3390/bs7030043. PMID: 28698483. <https://www.ncbi.nlm.nih.gov/pubmed/28698483>
22. Peat CM, Berkman ND, Lohr KN, et al. Comparative Effectiveness of Treatments for Binge-Eating Disorder: Systematic Review and Network Meta-Analysis. *Eur Eat Disord Rev.* 2017 Sep;25(5):317-28. doi: 10.1002/erv.2517. PMID: 28467032. <https://www.ncbi.nlm.nih.gov/pubmed/28467032>
23. Brownley KA, Berkman ND, Peat CM, et al. Binge-Eating Disorder in Adults: A Systematic Review and Meta-analysis. *Ann Intern Med.* 2016 Sep 20;165(6):409-20. doi: 10.7326/M15-2455. PMID: 27367316. <https://www.ncbi.nlm.nih.gov/pubmed/27367316>
24. Richards IL, Subar A, Touyz S, et al. Augmentative Approaches in Family-Based Treatment for Adolescents with Restrictive Eating Disorders: A Systematic Review. *Eur Eat Disord Rev.* 2018 Mar;26(2):92-111. doi: 10.1002/erv.2577. PMID: 29282801. <https://www.ncbi.nlm.nih.gov/pubmed/29282801>

Appendix A. Selection Criteria Assessment

Selection Criteria	Assessment
1. Appropriateness	
1a. Does the nomination represent a health care drug, intervention, device, technology, or health care system/setting available (or soon to be available) in the U.S.?	Yes
1b. Is the nomination a request for a systematic review?	Yes
1c. Is the focus on effectiveness or comparative effectiveness?	Yes
1d. Is the nomination focus supported by a logic model or biologic plausibility? Is it consistent or coherent with what is known about the topic?	Yes
2. Importance	
2a. Represents a significant disease burden; large proportion of the population	<ul style="list-style-type: none"> The lifetime prevalence of anorexia nervosa in adults was 0.6%.² Estimated prevalence of binge eating disorder was 1.2% in 2003.² Prevalence of bulimia nervosa was 0.3% in 2003²
2b. Is of high public interest; affects health care decision making, outcomes, or costs for a large proportion of the US population or for a vulnerable population	Yes, this affects healthcare decisionmaking around how best to treat people with eating disorders.
2c. Represents important uncertainty for decision makers	Yes, The nominator voices concern about uncertainty about the effectiveness of treatments for people diagnosed with an eating disorder under DSM-5.
2d. Incorporates issues around both clinical benefits and potential clinical harms	Yes
2e. Represents high costs due to common use, high unit costs, or high associated costs to consumers, to patients, to health care systems, or to payers	Individuals with ED had greater annual health care costs (\$1869). ⁵
3. Desirability of a New Evidence Review/Duplication	
3. Would not be redundant (i.e., the proposed topic is not already covered by available or soon-to-be available high-quality systematic review by AHRQ or others)	<p>Yes, we found an in-process review and guideline by the American Psychiatric Association that addresses the scope of the nomination.⁴ The nominator confirms that this effort meets their needs.</p> <p>In addition we identified many systematic reviews on the different types of eating disorders. However it is unclear whether they will be addressing changes in the diagnostic criteria under DSM-5. See Appendix C for the full list of potentially relevant systematic reviews.</p>

Abbreviations: AHRQ=Agency for Healthcare Research and Quality; KQ=Key Question

Appendix B. Search for Evidence Reviews (Duplication)

Listed below are the sources searched, hierarchically

AHRQ: Evidence reports and technology assessments https://effectivehealthcare.ahrq.gov/ ; https://www.ahrq.gov/research/findings/ta/index.html ; https://www.ahrq.gov/research/findings/evidence-based-reports/search.html
VA Products: PBM, and HSR&D (ESP) publications, and VA/DoD EBCPG Program https://www.hsr.d.research.va.gov/publications/esp/
Cochrane Systematic Reviews http://www.cochranelibrary.com/
AHRQ Products in development https://effectivehealthcare.ahrq.gov/
VA Products in development https://www.hsr.d.research.va.gov/publications/esp/
Cochrane Protocols http://www.cochranelibrary.com/
PROSPERO Database (international prospective register of systematic reviews and protocols) http://www.crd.york.ac.uk/prospéro/
PubMed https://www.ncbi.nlm.nih.gov/pubmed/

Appendix C. Potentially Relevant Systematic Reviews

We found multiple systematic reviews on various treatments. Almost none stated that they explicitly focused only on studies that defined an eating disorder under DSM V.

Eating disorders –general

- Nonpharmacological treatment
 - Clus et al. The Use of Virtual Reality in Patients with Eating Disorders: Systematic Review. 2018⁶
 - De Jong et al. Enhanced cognitive behavioural therapy for patients with eating disorders: a systematic review. 2018⁷
 - Linardon et al. The empirical status of the third-wave behaviour therapies for the treatment of eating disorders: A systematic review. 2017.⁸
 - Linardon et al. The efficacy of cognitive-behavioral therapy for eating disorders: A systematic review and meta-analysis. 2017⁹
 - Beauchamp et al. A systematic review of bright light therapy for eating disorders. 2016.¹⁰
 - Fogarty. The role of complementary and alternative medicine in the treatment of eating disorders: a systematic review. 2016 ¹¹
 - Medina et al. A systematic review of the efficacy of psychological interventions for eating disorders in outpatient settings. Inclusion of people diagnosed with an eating disorder recognized in DSM 5.
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=122618
 - Batista et al. Does repetitive transcranial magnetic stimulation have positive effects on adults with eating disorders and/or excessive weight?
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=110078

Anorexia Nervosa

- Pharmacologic treatment
 - Couturier et al. Systematic review of pharmacological and psychotherapeutic treatment practices for children and adolescents with eating disorders.
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=56890
 - Focuses on atypical antipsychotics
- Non-pharmacologic treatment
 - Van den Berg. Meta-analysis on the efficacy of psychological treatments for anorexia nervosa. 2019. ¹²
 - Fisher et al. Family therapy for those diagnosed with anorexia nervosa. 2018.¹³
 - Zeeck et al. Psychotherapeutic treatment for anorexia nervosa: A systematic review and network meta-analysis. 2018.¹⁴
 - Tchanturia, Evidence for Cognitive remediation therapy in young people with anorexia nervosa: systematic review and meta-analysis of the literature. 2017 ¹⁵
 - Sala et al. Emotion-focused treatments for anorexia nervosa: a systematic review of the literature. 2016.¹⁶
 - Gelin et al. Two models of multiple family therapy in the treatment of adolescent anorexia nervosa: a systematic review. 2016.¹⁷
 - Hay et al. Specific psychological therapies versus other therapies or no treatment for severe and enduring anorexia nervosa.
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=25641

- Rhind et al. A systematic review of group-based psychological therapies for adolescents diagnosed with anorexia nervosa.
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=93341
 - Couturier et al. Systematic review of pharmacological and psychotherapeutic treatment practices for children and adolescents with eating disorders.
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=56890
 - Focuses on family-based treatment
 - Goertzen. Family-based treatment for adolescents with eating disorders: a meta-analysis.
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=114475
 - Traviss-Turner et al. Guided self-help for disordered eating: a systematic review and meta-analysis.
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=24544
 - Jones et al. How does the emerging evidence base for multifamily therapy compare to the current first-line treatment for children and adolescents with eating disorders? A systematic review.
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=87286
 - Stephen Jones. The use of "Third-wave" Psychological Therapies for people diagnosed with eating disorders: a systematic review. PROSPERO 2016 CRD42016045784 Available from:
http://www.crd.york.ac.uk/PROSPERO/display_record.php?ID=CRD42016045784
- Pharmacological vs. non-pharmacological treatments
 - Murray et al. Treatment outcomes for anorexia nervosa: a systematic review and meta-analysis of randomized-controlled trials. 2019.¹⁸
 - Wade et al. Comparative efficacy of pharmacological and non-pharmacological interventions for the acute treatment of adult outpatients with anorexia nervosa: study protocol for the systematic review and network meta-analysis of individual data. 2017.¹⁹

Bulimia nervosa

- Pharmacologic treatment
 - Price et al. Psychological and pharmacological treatment for bulimia nervosa: an updated meta-analysis of randomized controlled trials. Diagnosis by DSM or ICD.
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=36280
 - Dekker et al. The efficacy of pharmacotherapy for bulimia nervosa. Diagnosis by DSM or ICD.
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=2397
 - Couturier et al. Systematic review of pharmacological and psychotherapeutic treatment practices for children and adolescents with eating disorders.
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=56890
 - Includes SSRI
- Nonpharmacologic treatment
 - Pittock et al. The effectiveness of internet-delivered cognitive behavioural therapy for those with bulimic symptoms: a systematic review : A review of iCBT treatment for bulimic symptoms. 2018.²⁰

- De Carvalho et al. Virtual Reality as a Promising Strategy in the Assessment and Treatment of Bulimia Nervosa and Binge Eating Disorder: A Systematic Review. 2017.²¹
- Hodges et al. Internet CBT for bulimiar nervosa a systematic review.
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=2867
- Price et al. Psychological and pharmacological treatment for bulimia nervosa: an updated meta-analysis of randomized controlled trials. Diagnosis by DSM or ICD.
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=36280
- Dekker et al. The efficacy of psychotherapy for bulimia nervosa. Diagnosis by DSM or ICD
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=2400
- Couturier et al. Systematic review of pharmacological and psychotherapeutic treatment practices for children and adolescents with eating disorders.
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=56890
 - Includes family-based treatment, cognitive behavioral therapy, and dialectical behavior therapy
- Goertzen. Family-based treatment for adolescents with eating disorders: a meta-analysis.
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=114475
- Traviss-Turner et al. Guided self-help for disordered eating: a systematic review and meta-analysis.
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=24544
- Jones et al. How does the emerging evidence base for multifamily therapy compare to the current first-line treatment for children and adolescents with eating disorders? A systematic review.
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=87286
- Stephen Jones. The use of "Third-wave" Psychological Therapies for people diagnosed with eating disorders: a systematic review. PROSPERO 2016 CRD42016045784 Available from:
http://www.crd.york.ac.uk/PROSPERO/display_record.php?ID=CRD42016045784

Binge-eating disorder

- Pharmacologic treatment
 - Peat et al. Comparative Effectiveness of Treatments for Binge-Eating Disorder: Systematic Review and Network Meta-Analysis. 2017.²²
 - Updates an AHRQ EPC systematic review
 - Brownley et al. Binge-Eating Disorder in Adults: A Systematic Review and Meta-analysis. 2016.²³
 - Derived from an AHRQ EPC systematic review
 - Nourredine et al. Effect of topiramate on the frequency of binge eating episode in adults with binge eating disorder, a systematic review and meta-analysis.
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=124500
 - Dekker et al. The efficacy of pharmacotherapy in the treatment of binge eating disorder. DSM or ICD.
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=2404
- Non-pharmacologic treatment
 - De Carvalho et al. Virtual Reality as a Promising Strategy in the Assessment and Treatment of Bulimia Nervosa and Binge Eating Disorder: A Systematic Review. 2017.²¹

- Dekker et al. Binge eating disorder: the effectivity of psychological treatments. Patients identified by DSM or ICD.
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=2403
- Traviss-Turner et al. Guided self-help for disordered eating: a systematic review and meta-analysis.
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=24544
- Stephen Jones. The use of "Third-wave" Psychological Therapies for people diagnosed with eating disorders: a systematic review. PROSPERO 2016 CRD42016045784 Available from:
http://www.crd.york.ac.uk/PROSPERO/display_record.php?ID=CRD42016045784

Avoidant/restrictive food intake disorder

- Richards et al. Augmentative Approaches in Family-Based Treatment for Adolescents with Restrictive Eating Disorders: A Systematic Review. 2018.²⁴

Other specified feeding disorder

- Traviss-Turner et al. Guided self-help for disordered eating: a systematic review and meta-analysis.
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=24544
- Stephen Jones. The use of "Third-wave" Psychological Therapies for people diagnosed with eating disorders: a systematic review. PROSPERO 2016 CRD42016045784 Available from:
http://www.crd.york.ac.uk/PROSPERO/display_record.php?ID=CRD42016045784