



Topic Brief: Eating Disorder Care Delivery

Date: 8/29/2019

Nomination Number: 0858

Purpose: This document summarizes the information addressing a nomination submitted on 6/2/2019 through the Effective Health Care Website. This information was used to inform the Evidence-based Practice Center (EPC) Program decisions about whether to produce an evidence report on the topic, and if so, what type of evidence report would be most suitable.

Issue: Treatment for eating disorders is increasingly offered by for-profit residential treatment centers with limited accessibility and affordability¹. Further, evidence-based practices are limited in these settings due to a lack of research and data collection^{2, 3}. Additionally, an AHRQ review on the effectiveness of treatments for eating disorders has not been conducted since 2016⁴.

Program Decision:

The EPC Program will not develop a new systematic because, while we identified some primary studies, they did not adequately address many components of the nomination.

Key Findings

While we identified several systematic reviews and primary studies, this evidence covered only parts of the nomination and there was very little to no evidence for several components of the nomination.

Background

The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition categorizes eating disorders types as anorexia nervosa, bulimia nervosa, binge eating disorder, or other or unspecified feeding or eating disorders⁵. The incidence of eating disorders, as measured from 2001 to 2004, was 2.7% in adolescents and 1.2% in adults⁶. Eating disorder deaths have been cited as second only to opioid-related deaths in mental health disorder-related deaths⁷, with a mortality rate of approximately 10% in anorexia nervosa⁸.

Despite the harm associated with eating disorders, a limited proportion of the affected population seeks treatment (33%-43%)⁶. Barriers to treatment include cost⁹ and many insurance carriers do not cover eating disorder treatment¹⁰. For those who do seek treatment, the options are increasingly for-profit centers¹, for which there is limited research on the effectiveness of treatment in these settings, and in which there may be limited data collection^{2, 3}.

Nomination Summary

The original nomination focused on affordability, accessibility and effectiveness of care provided in for-profit versus not-for-profit eating disorder treatment models. Through discussion with the

nominator, the scope was expanded to include an update of much of a 2006 AHRQ Evidence Report that evaluated efficacy and harms of treatment and factors and demographic features associated with treatment outcomes for anorexia nervosa, bulimia nervosa, and binge eating disorder⁴.

Scope

- 1) What is the evidence for efficacy of treatments for each of the following eating disorders: anorexia nervosa, bulimia nervosa, binge eating disorder, and avoidant/restrictive food intake disorder?
- 2) What is the evidence of harms associated with treatments for each of the following eating disorders: anorexia nervosa, bulimia nervosa, binge eating disorder, and avoidant/restrictive food intake disorder?
- 3) Does the efficacy of treatment for anorexia nervosa, bulimia nervosa, binge eating disorder, and avoidant/restrictive food intake disorder differ by patient characteristics?
- 4) For patients with eating disorders, do clinical outcomes vary with model of care delivery or setting?
- 5) For people with eating disorders, do outcomes vary based on insurance status?

Table 1. Questions and PICOS (population, intervention, comparator, outcome, and setting)

Questions	1, 2) Efficacy and harms of treatment	3) Factors associated with treatment outcomes	4) Care model/setting	5) Insurance status
Population	<p>People with anorexia nervosa, bulimia nervosa, binge eating disorder, or avoidant/restrictive food intake disorder 10 years of age or older</p> <p>Subgroup by 1. Age (Adults, adolescents) 2. Severe and enduring types</p>	<p>People with severe and enduring anorexia nervosa, bulimia nervosa, binge eating disorder, or avoidant/restrictive food intake disorder 10 years of age or older</p> <p>Subgroup by 1. Age (Adults, adolescents) 2. Severe and enduring types</p> <p>Patient characteristics including: Sex, gender, age, race, ethnicity, cultural group, and other factors (e.g., comorbid conditions, BMI, motivation level)</p>	<p>People with severe and enduring anorexia nervosa, bulimia nervosa, binge eating disorder, or avoidant/restrictive food intake disorder 10 years of age or older</p> <p>Subgroup by 1. Age (Adults, adolescents) 2. Severe and enduring types</p>	<p>People with severe and enduring anorexia nervosa, bulimia nervosa, binge eating disorder, or avoidant/restrictive food intake disorder 10 years of age or older</p> <p>Subgroup by 1. Age (Adults, adolescents) 2. Severe and enduring types</p>
Interventions	<p>Pharmaceutical Behavioral Refeeding/weight restoration Combination and other</p>	<p>Pharmaceutical Behavioral Refeeding/weight restoration Combination and other</p>	<p>Inpatient care (but only outpatient for bulimia) Residential Care Outpatient care Partial hospitalization/day hospital care</p>	<p>Private insurance Medicare Medicaid No health insurance</p>
Comparators	<p>Any other intervention or no intervention</p>	<p>N/A</p>	<p>Intervention compared to any other model of care delivery</p>	<p>Other type of insurance</p>

Outcomes	Weight/BMI, bone density, % body fat, hormonal measures Binge eating/purging Oral and dental disease, esophagitis, laryngitis Psychological features of the eating disorder such as shape and weight concerns, restraint, disinhibition, hunger Quality of life measures Medical morbidity Mortality	Weight/BMI, bone density, % body fat, hormonal measures Binge eating/purging Psychological features of the eating disorder such as shape and weight concerns, restraint, disinhibition, hunger, quality of life Medical morbidity Mortality Measure of treatment recovery	Weight/BMI, bone density, % body fat, hormonal measures Binge eating/purging Psychological features of the eating disorder such as shape and weight concerns, restraint, disinhibition, hunger, quality of life Medical morbidity Mortality	Receipt of any treatment, Receipt of intensive treatment, Weight/BMI, bone density, % body fat, hormonal measures Binge eating/purging Psychological features of the eating disorder such as shape and weight concerns, restraint, disinhibition, hunger, quality of life Medical morbidity Mortality Cost (out of pocket), cost of treatment, cost-effectiveness and cost of weight restoration based on rates of gain
Setting	Any	Any	University or other non-profit treatment setting; Private, for-profit treatment setting	University or other non-profit treatment setting; Private, for-profit treatment setting

Assessment Methods

See Appendix A.

Summary of Literature Findings

We found 20 SRs related to this nomination but none of the reviews fully addressed any of the questions. Specifically, each question asked for evidence on five eating disorder types, in two age groups (adolescents and adults), and in both non-severe and enduring types and severe and enduring types. The multiple SRs did not address all of these subgroups for any of the questions. Instead, they covered a portion of each of these subcategories for Questions 1-4, and none for Question 5. Because the SRs did not fully cover any of the questions, we searched for primary studies and found a total of nine studies. These nine studies addressed portions of Questions 1-3, but did not cover the entirety of the subgroups for any of these questions. We did not identify any primary studies for Questions 4-5 (treatment setting and insurance status).

Table 2. Literature identified for each Question

Question	Systematic reviews (8/2016-8/2019)	Primary studies (8/2014-8/2019)
Question 1: Efficacy of treatment	Total: 15 Anorexia nervosa: 2 SRs ¹¹ (one of these Cochrane) ¹² , 1 protocol (adolescents) ¹³ Bulimia nervosa: 1 protocol ¹⁴ Binge eating disorder: 3 SRs ¹⁵⁻¹⁷ Multiple eating disorders: 5 SRs ¹⁸⁻²² , 3 protocols ^{23, 24} (1 severe and enduring) ²⁵	Total: 4 Anorexia nervosa: 3 RCT ²⁶⁻²⁸ , 1 observational ²⁹ Binge eating disorder: 0

Question	Systematic reviews (8/2016-8/2019)	Primary studies (8/2014-8/2019)
Question 2: Harms of treatment	Total: 6 Anorexia nervosa: 1 SR ¹² ; 1 protocol ¹³ Binge eating disorder: 3 SRs ¹⁵⁻¹⁷ Multiple eating disorders: 1 SR ¹⁹	Total: 2 Anorexia nervosa: 2 RCTs ^{27, 28} Binge eating disorder: 0
Question 3: Demographic and other factors associated with treatment outcomes	Total: 4 Anorexia nervosa: 1 SR ³⁰ Multiple eating disorders: 2 SRs ^{31, 32} , 1 protocol ³³	Total: 5 Binge eating disorder: 2 observational ^{34, 35} Multiple eating disorders: 3 observational ³⁶⁻³⁸
Question 4: Care model/setting	Total: 1 Multiple eating disorders: 1 ³⁹ (Cochrane)	Total: 0
Question 5: Insurance status	Total: 0	Total: 0

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

Summary of Selection Criteria Assessment

A new systematic review would assist with guideline development. We identified several systematic reviews that were partially duplicative for Questions 1, 2, 4, and 5. The Questions included subgroups of anorexia nervosa, binge eating disorders, bulimia nervosa, and avoidant/restrictive food intake disorder, as well the age subgroups of adolescents and adults. The identified systematic reviews did not adequately address all of these categories, nor did the body of identified primary studies. The systematic review findings are detailed above.

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Appendix A: Methods

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

Appropriateness and Importance

We assessed the nomination for appropriateness and importance.

Desirability of New Review/Absence of Duplication

We searched for high-quality, completed or in-process evidence reviews published in the last three years 8/15/2016-8/15/2019 on the questions of the nomination from these sources:

- AHRQ: Evidence reports and technology assessments
 - [AHRQ Evidence Reports](https://www.ahrq.gov/research/findings/evidence-based-reports/index.html) <https://www.ahrq.gov/research/findings/evidence-based-reports/index.html>
 - [EHC Program](https://effectivehealthcare.ahrq.gov/) <https://effectivehealthcare.ahrq.gov/>
 - [US Preventive Services Task Force](https://www.uspreventiveservicestaskforce.org/) <https://www.uspreventiveservicestaskforce.org/>
 - [AHRQ Technology Assessment Program](https://www.ahrq.gov/research/findings/ta/index.html) <https://www.ahrq.gov/research/findings/ta/index.html>
- US Department of Veterans Affairs Products publications
 - Evidence Synthesis Program <https://www.hsrp.research.va.gov/publications/esp/>
 - VA/Department of Defense Evidence-Based Clinical Practice Guideline Program <https://www.healthquality.va.gov/>
- Cochrane Systematic Reviews <https://www.cochranelibrary.com/>
- PROSPERO Database (international prospective register of systematic reviews and protocols) <http://www.crd.york.ac.uk/prospero/>
- PubMed <https://www.ncbi.nlm.nih.gov/pubmed/>

Impact of a New Evidence Review

The impact of a new evidence review was qualitatively assessed by analyzing the current standard of care, the existence of potential knowledge gaps, and practice variation. We considered whether it was possible for this review to influence the current state of practice through various dissemination pathways (practice recommendation, clinical guidelines, etc.).

Feasibility of New Evidence Review

We conducted a limited literature search in PubMed for the last five years August 21 2014-August 21 2019. We reviewed all studies identified titles and abstracts for inclusion for Questions 1, 2 and 6. Due to the large number of titles and abstracts for Questions 3 and 4, and 5, we evaluated a random sample of 200 for inclusion.

Search strategy

Feasibility Question 1	
MEDLINE(PubMed) searched on August 21, 2019	
Concept	
Treatment for Eating Disorders	"Feeding and Eating Disorders/therapy"[Majr]

NOT	
Patient or Program Characteristics OR Patient Harms OR Care Delivery Model OR Insurance Status	<p>(((((("etiology" [Subheading]) OR "Risk Factors"[Mesh]) OR "Comorbidity"[Mesh]) OR "Gender Identity"[Mesh]) OR "Age Groups"[Mesh]) OR "Population Characteristics"[Mesh]) OR "Population Groups"[Mesh])) OR "Sex"[Mesh])) OR (((race[Title/Abstract] OR ethnicity[Title/Abstract] OR cultural[Title/Abstract])) OR (gender[Title/Abstract] OR male[Title/Abstract] OR female[Title/Abstract] OR sex[Title/Abstract])) OR (age[Title/Abstract] OR adult[Title/Abstract] OR adolescent[Title/Abstract])) OR</p> <p>((("Health Personnel"[Mesh]) OR "Psychotherapy"[Mesh]) OR "Behavioral Medicine"[Mesh]) OR "Behavior Therapy"[Mesh]) OR "Telemedicine"[Mesh] OR</p> <p>((("Patient Harm"[Mesh]) OR ("adverse effects" [Subheading] OR "Long Term Adverse Effects"[Mesh])) OR "Drug-Related Side Effects and Adverse Reactions"[Mesh]) OR ("injuries" [Subheading] OR "Wounds and Injuries"[Mesh])) OR "drug effects" [Subheading]</p> <p>OR</p> <p>((("Delivery of Health Care"[Mesh]) OR "Inpatients"[Mesh]) OR ("Outpatients"[Mesh] OR "Outpatient Clinics, Hospital"[Mesh] OR "Ambulatory Care"[Mesh] OR "Ambulatory Care Facilities"[Mesh]))</p> <p>OR</p>
Limits:	Filters activated: published in the last 5 years, Humans, English.
SR N=15	systematic[sb]
RCT N=14	(((((groups[tiab]) OR (trial[tiab]) OR (randomly[tiab]) OR (drug therapy[sh]) OR (placebo[tiab]) OR (randomized[tiab]) OR (controlled clinical trial[pt]) OR (randomized controlled trial[pt])
Observational N=1	(((((("Cohort Studies"[Mesh]) OR "Controlled Clinical Trial"[Publication Type]) OR "Case-Control Studies"[Mesh]) OR ("Evaluation Studies"[Publication Type]) OR "Comparative Study"[Publication Type])) OR

	((("Comparative Study"[Publication Type]) OR "Follow-Up Studies"[Mesh])
Other N=50	

Feasibility Question 2	
MEDLINE(PubMed) searched on August 21, 2019	
Concept	
Eating Disorders	((("Feeding and Eating Disorders"[Mesh])) OR (((((anorexia nervosa[Title/Abstract]) OR bulimia nervosa[Title/Abstract]) OR binge eating disorder[Title/Abstract]) OR avoidant food intake disorder[Title/Abstract]) OR restrictive food intake disorder[Title/Abstract]))
AND	
Patient Harms	((("Patient Harm"[Mesh]) OR ("adverse effects" [Subheading] OR "Long Term Adverse Effects"[Mesh])) OR "Drug-Related Side Effects and Adverse Reactions"[Mesh]) OR ("injuries" [Subheading] OR "Wounds and Injuries"[Mesh])) OR "drug effects" [Subheading]
Limits:	Filters activated: published in the last 5 years, Humans, English.
SR N=9	systematic[sb]
RCT N=140	((((((((groups[tiab])) OR (trial[tiab])) OR (randomly[tiab])) OR (drug therapy[sh])) OR (placebo[tiab])) OR (randomized[tiab])) OR (controlled clinical trial[pt])) OR (randomized controlled trial[pt]))
Observational N=40	(((((("Cohort Studies"[Mesh]) OR "Controlled Clinical Trial"[Publication Type]) OR "Case-Control Studies"[Mesh])) OR (("Evaluation Studies"[Publication Type]) OR "Comparative Study"[Publication Type])) OR ((("Comparative Study"[Publication Type]) OR "Follow-Up Studies"[Mesh]))
Other N=151	

Feasibility Questions 3	
MEDLINE(PubMed) searched on August 21, 2019	
Concept	
Treatment for Eating Disorders	"Feeding and Eating Disorders/therapy"[Majr]
AND	
Patient or Program Characteristics	((((((((((("etiology" [Subheading]) OR "Risk Factors"[Mesh]) OR "Comorbidity"[Mesh])

	OR "Gender Identity"[Mesh]) OR "Age Groups"[Mesh]) OR "Population Characteristics"[Mesh]) OR "Population Groups"[Mesh])) OR "Sex"[Mesh])) OR (((race[Title/Abstract] OR ethnicity[Title/Abstract] OR cultural[Title/Abstract])) OR (gender[Title/Abstract] OR male[Title/Abstract] OR female[Title/Abstract] OR sex[Title/Abstract])) OR (age[Title/Abstract] OR adult[Title/Abstract] OR adolescent[Title/Abstract])) OR OR (((("Health Personnel"[Mesh]) OR "Psychotherapy"[Mesh]) OR "Behavioral Medicine"[Mesh]) OR "Behavior Therapy"[Mesh]) OR "Telemedicine"[Mesh])
Limits:	Filters activated: published in the last 5 years, Humans, English.
SR N=49	systematic[sb]
RCT N=465	(((((((groups[tiab])) OR (trial[tiab])) OR (randomly[tiab])) OR (drug therapy[sh])) OR (placebo[tiab])) OR (randomized[tiab])) OR (controlled clinical trial[pt])) OR (randomized controlled trial[pt])
Observational N=109	(((("Cohort Studies"[Mesh]) OR "Controlled Clinical Trial"[Publication Type]) OR "Case-Control Studies"[Mesh])) OR (("Evaluation Studies"[Publication Type]) OR "Comparative Study"[Publication Type])) OR (("Comparative Study"[Publication Type]) OR "Follow-Up Studies"[Mesh])
Other N=518	

Feasibility Question 4	
MEDLINE(PubMed) searched on August 21, 2019	
Concept	
Eating Disorders	((("Feeding and Eating Disorders"[Mesh])) OR (((((anorexia nervosa[Title/Abstract]) OR bulimia nervosa[Title/Abstract]) OR binge eating disorder[Title/Abstract]) OR avoidant food intake disorder[Title/Abstract]) OR restrictive food intake disorder[Title/Abstract]))
AND	
Care Delivery Model	((("Delivery of Health Care"[Mesh]) OR "Inpatients"[Mesh]) OR (

	"Outpatients"[Mesh] OR "Outpatient Clinics, Hospital"[Mesh] OR "Ambulatory Care"[Mesh] OR "Ambulatory Care Facilities"[Mesh])
Limits:	Filters activated: published in the last 5 years, Humans, English.
SR N=14	systematic[sb]
RCT N=170	(((((groups[tiab]) OR (trial[tiab])) OR (randomly[tiab])) OR (drug therapy[sh])) OR (placebo[tiab])) OR (randomized[tiab])) OR (controlled clinical trial[pt])) OR (randomized controlled trial[pt])
Observational N=78	((("Cohort Studies"[Mesh]) OR "Controlled Clinical Trial"[Publication Type]) OR "Case-Control Studies"[Mesh]) OR ("Evaluation Studies"[Publication Type]) OR "Comparative Study"[Publication Type])) OR ("Comparative Study"[Publication Type]) OR "Follow-Up Studies"[Mesh])
Other N=316	

Feasibility Question 5	
MEDLINE(PubMed) searched on August 21, 2019	
Concept	
Eating Disorders	((("Feeding and Eating Disorders"[Mesh])) OR (((anorexia nervosa[Title/Abstract]) OR bulimia nervosa[Title/Abstract]) OR binge eating disorder[Title/Abstract]) OR avoidant food intake disorder[Title/Abstract]) OR restrictive food intake disorder[Title/Abstract])
AND	
Insurance Status	("Insurance Coverage"[Mesh]) OR ((insured[Title/Abstract] OR insurance[Title/Abstract] OR uninsured[Title/Abstract]))
Limits:	Filters activated: published in the last 5 years, English.
SR N=0	systematic[sb]
RCT N=4	(((((groups[tiab]) OR (trial[tiab])) OR (randomly[tiab])) OR (drug therapy[sh])) OR (placebo[tiab])) OR (randomized[tiab])) OR (controlled clinical trial[pt])) OR (randomized controlled trial[pt])
Other N=14	

Appendix B. 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 an evidence report?	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	Eating disorder deaths have been cited as second only to opioid-related deaths in mental health disorder-related deaths ⁷ , with a mortality rate of approximately 10% in anorexia nervosa ⁸ . The incidence of eating disorders, as measured from 2001 to 2004, was 2.7% in adolescents and 1.2% in adults ⁶ .
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. Eating disorder deaths have been cited as second only to opioid-related deaths in mental health disorder-related deaths ⁷ , with a mortality rate of approximately 10% in anorexia nervosa ⁸ . The incidence of eating disorders, as measured from 2001 to 2004, was 2.7% in adolescents and 1.2% in adults ⁶ .
2c. Incorporates issues around both clinical benefits and potential clinical harms	Yes
2d. 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	Yes. Treatment options for eating disorders are increasingly for-profit treatment centers ¹ which are costly ⁹ and many insurance carriers do not cover eating disorder treatment ¹⁰ .
3. Desirability of a New Evidence Review/Absence of Duplication	
3. A recent high-quality systematic review or other evidence review is not available on this topic	Yes. We found systematic reviews that addressed portions of Question 1 (treatment outcome), Question 2 (treatment harms), Question 3 (factors associated with effectiveness), and treatment setting (Question 4). No reviews addressed Question 5 (insurance status). Most reviews addressed anorexia nervosa and binge-eating disorder. The SRs did not fully address any of the questions. The components of the questions that were and were not addressed are described below. <ul style="list-style-type: none"> • Anorexia nervosa: <ul style="list-style-type: none"> ○ We identified 3 SRs on treatment efficacy and harms (Questions 1 and 2). We did not consider these

	<p>duplicative because they did not address the range of relevant interventions, particularly nonpharmacologic interventions; and they did not look at subgroups of interest:</p> <ul style="list-style-type: none"> ▪ One SR on body-image directed interventions in all age groups¹¹. ▪ One SR on efficacy and harms of family therapy in all age groups¹². ▪ One in-process SR on efficacy and harms of psychotropics in adolescents¹³ <ul style="list-style-type: none"> ○ We identified one SR for Question 3. It did not fully answer the question because it did not address all subcategories (e.g., adolescents, severe and enduring): <ul style="list-style-type: none"> ▪ One SR on non-demographic patient characteristics associated with treatment outcomes in adults³⁰. ○ For Question 4, we identified one systematic review that evaluated relative effectiveness of treatment setting on clinical outcomes in anorexia and bulimia with no age restriction³⁹, but did not fully address the question for anorexia because it did not analyze treatment separately for adolescents and adults. ○ For Question 5, we did not identify any systematic reviews. <ul style="list-style-type: none"> • Bulimia nervosa: <ul style="list-style-type: none"> ○ We identified one systematic review for the efficacy of treatment and no reviews on harms (Questions 1-2). While this review covered the scope of potential treatments, it did not present results on the subgroups of interest: <ul style="list-style-type: none"> ▪ One systematic review that included efficacy of a variety of treatments and all ages¹⁴, which addressed the portion of the question for bulimia nervosa. ○ We did not identify any systematic reviews for the remainder of the questions on bulimia. • Binge eating:
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	<ul style="list-style-type: none"> ○ We identified three systematic reviews that each addressed the efficacy and harms of treatments (Questions 1 and 2). These were not duplicative because they did not address the subgroups of interest. <ul style="list-style-type: none"> ▪ Two systematic reviews in all ages psychological and pharmacological treatments¹⁵¹⁶. ▪ One reviewing psychological and pharmaceutical interventions in adults¹⁷. ○ We did not identify any systematic reviews for demographic factors (Question 3) associated with treatment outcomes ○ We did not identify reviews for the remainder of the questions on binge-eating disorder. • Avoidant/restrictive food intake disorder: <ul style="list-style-type: none"> ○ We did not identify any systematic reviews that evaluated only patients with avoidant/restrictive food intake disorder. • Multiple eating disorders: <ul style="list-style-type: none"> ○ We identified eight systematic reviews of treatment efficacy (Questions 1 and 2). One of these also evaluated harms. These SRs did not fully address the question because they each addressed different specific interventions and did not address the subcategories of age and severity type: <ul style="list-style-type: none"> ▪ We identified systematic reviews for third wave psychological intervention (in adults)¹⁸, structured computer and book-based self-help (in any age)²², guided self-help (in any age)²⁰, mHealth (in any age)²¹, and one that evaluated both efficacy and harms of complementary and alternative medicine (in any age)¹⁹ ▪ Two protocols for an in-process systematic review on psychological interventions in outpatient settings²³ and text-based interventions²⁴. ▪ One protocol for an in-process systematic review of treatments for severe and enduring eating disorder
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	<p>types in adults²⁵ answered the question for the subgroup of severe and enduring in adults, but not in adolescents.</p> <ul style="list-style-type: none"> ○ We identified three systematic reviews on the impact of patient factors on outcomes. However, the question was not fully covered because we did not identify any evidence for targeted demographic factors (i.e., sex, gender, age, race, ethnicity, or cultural group) associated with treatment outcomes and because the existing systematic reviews were limited to specific treatments (e.g., cognitive behavioral therapy), and did not address all eating disorder types, or age groups. <ul style="list-style-type: none"> ▪ One systematic review of studies that included any mediator, moderator, or predictor of treatment outcome following cognitive-behavioral therapy in patients with any eating disorder³¹, and one on factors associated with recovery in patients with any eating disorder³². ▪ One protocol for an in-process systematic review of moderators and mediators of treatment effects in adolescents with bulimia or anorexia³³. ○ We identified one systematic review on the role of the following treatment settings on clinical outcomes in patients with anorexia nervosa or bulimia nervosa: inpatient, partial hospitalization, or outpatient) (Question 4)³⁹, but this did not fully address the question because the intervention for bulimia was inpatient and the nominators were not interested in inpatient treatment for bulimia since it is not the standard treatment in the U.S. ○ We did not identify any studies for Question 5.
4. Impact of a New Evidence Review	

<p>4a. Is the standard of care unclear (guidelines not available or guidelines inconsistent, indicating an information gap that may be addressed by a new evidence review)?</p>	<p>Yes. Evidence-based practices in intensive inpatient treatment centers have not been adequately investigated, resulting in inconsistency in practices^{2,3}. Further, a 2017 study identified nine treatment guidelines for eating disorders that had both similarities and differences⁴⁰, indicating inconsistencies in guidelines.</p>
<p>4b. Is there practice variation (guideline inconsistent with current practice, indicating a potential implementation gap and not best addressed by a new evidence review)?</p>	<p>Yes. Evidence-based practices in intensive inpatient treatment centers have not been adequately investigated, resulting in inconsistency in practices^{2,3}. Further, a 2017 study identified nine treatment guidelines for eating disorders that had both similarities and differences⁴⁰, indicating inconsistencies in guidelines.</p>
<p>5. Primary Research</p>	
<p>5. Effectively utilizes existing research and knowledge by considering: - Adequacy (type and volume) of research for conducting a systematic review - Newly available evidence (particularly for updates or new technologies)</p>	<p>We identified nine primary studies. These nine studies identified for Questions 1-3 did not cover the full range of eating disorders, age groups, and severity types specified in the questions. For Questions 4 and 5, we did not identify any studies. Overall, the studies did not cover the full scope of any of the questions.</p> <p>Findings:</p> <p>Anorexia nervosa:</p> <ul style="list-style-type: none"> • One study in adults with anorexia that compared efficacy of two psychological treatments²⁶. • Two primary studies in adolescents with anorexia that evaluated the efficacy of a partial dopamine D2 receptor agonist²⁹ and the efficacy and harms of treatment with intranasal oxytocin²⁷, respectively. • One primary study in women of all ages on the efficacy of a ghrelin agonist²⁸ <p>Bulimia nervosa: none</p> <p>Binge eating:</p> <ul style="list-style-type: none"> • Two primary studies that evaluated sex differences in treatment effectiveness methylphenidate³⁵, and race as a moderator of treatment effectiveness³⁴, respectively. <p>Avoidant/restrictive food intake disorder: none</p> <p>Multiple eating disorders:</p> <ul style="list-style-type: none"> • Three observational studies on motivational status in patients with any eating disorder enrolled in an outpatient treatment center³⁶, feelings of incompetence in patients with anorexia nervosa, bulimia nervosa, binge-eating disorder, or other specified feeding or eating disorder treated at a private outpatient clinic³⁷, and pre-treatment attachment and

	mentalization in patients with anorexia nervosa or bulimia nervosa ³⁸ , respectively
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Abbreviations: AHRQ=Agency for Healthcare Research and Quality;