TITLE: Optimal Evidence-Based Therapies for the Treatment of Compulsive Behaviours and Eating Disorders: Clinical Effectiveness and Guidelines

DATE: 13 January 2016

RESEARCH QUESTIONS

1. What is the clinical evidence regarding optimal therapies for the treatment of compulsive behaviours?

2. What is the clinical evidence regarding optimal therapies for the treatment of feeding and eating disorders?

3. What are the evidence-based guidelines regarding optimal therapies for the treatment of compulsive behaviours?

4. What are the evidence-based guidelines regarding optimal therapies for the treatment of feeding and eating disorders?

KEY FINDINGS

Twenty-two systematic reviews and meta-analyses were identified regarding the treatment of eating disorders.

METHODS

A limited literature search was conducted on key resources including PubMed, The Cochrane Library, University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. Methodological filters were applied to limit retrieval to health technology assessments, systematic reviews, meta-analyses, and guidelines. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2010 and December 23, 2015. Internet links were provided, where available.

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The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.

SELECTION CRITERIA

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

Table 1: Selection Criteria

| Population                      | Adults with compulsive behaviours (hoarding disorder, body dysmorphic, sex, pornography)  
|                                 | Adults with eating disorders (anorexia, bulimia, pica, avoidant/restrictive food intake, this includes excessive exercise) |
| Intervention                    | Evidence-based therapy options (non-pharmacological only) |
| Comparator                      | Another evidence based therapy option; Other therapy options; Wait list |
| Outcomes                        | Q1/Q2: Evidence-based therapy options that result in better management of compulsions or the cessation of the behaviour  
|                                 | Q3: Guidelines for the optimal treatment of adults with compulsive behaviours (hoarding, body dysmorphic, sex, pornography)  
|                                 | Q4: Evidence based guidelines for the optimal treatment of feeding and eating disorders |
| Study Designs                    | Health technology assessments, systematic reviews, meta-analyses, evidence-based guidelines |

RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by evidence-based guidelines.

Twenty-two systematic reviews and meta-analyses were identified regarding the treatment of compulsive behaviours and eating disorders. No relevant health technology assessments or evidence-based guidelines were identified.

Additional references of potential interest are provided in the appendix.

OVERALL SUMMARY OF FINDINGS

Twenty-two systematic reviews and meta-analyses were identified regarding the treatment of compulsive behaviours and eating disorders. The studies reviewed different forms of interventions on various conditions (bulimia, anorexia, hoarding disorder, and disordered eating). Most of the interventions provided some evidence of effectiveness in treating these disorders. Study details are summarized in Table 2.
Table 2: Summary of Included Systematic Reviews

<table>
<thead>
<tr>
<th>Author, Year</th>
<th>Intervention</th>
<th>Condition</th>
<th>Main Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Godfrey, 2015</td>
<td>Mindfulness-based interventions</td>
<td>Binge eating</td>
<td>Mindfulness-based interventions were supported as a form of treatment for binge eating</td>
</tr>
<tr>
<td>Hay, 2015</td>
<td>Online interventions</td>
<td>Bulimia</td>
<td>No conclusions were stated in the abstract</td>
</tr>
<tr>
<td>Hay, 2015</td>
<td>Individual psychological therapy</td>
<td>Anorexia</td>
<td>No notable findings were found in this study</td>
</tr>
<tr>
<td>Schlegl, 2015</td>
<td>TBI</td>
<td>• Anorexia • Bulimia</td>
<td>TBI's may be another way of providing treatment for individuals with eating disorders</td>
</tr>
<tr>
<td>Tolin, 2015</td>
<td>CBT</td>
<td>Hoarding disorder</td>
<td>CBT may be a promising treatment for hoarding disorder</td>
</tr>
<tr>
<td>Beintner, 2014</td>
<td>Manualized self-help interventions</td>
<td>• Bulimia • Binge eating disorder</td>
<td>• Self-help interventions have a role in treating these disorders • The authors recommend that the features of the delivery and indications should be considered before implementation</td>
</tr>
<tr>
<td>Galsworthy-Francis, 2014</td>
<td>CBT</td>
<td>Anorexia</td>
<td>CBT is an effective method of increasing adherence to treatment in these patients</td>
</tr>
<tr>
<td>Katterman, 2014</td>
<td>Mindfulness meditation</td>
<td>• Binge eating • Emotional eating • Weight loss</td>
<td>Decreases in bing and emotional eating were evident when mindfulness meditation was engaged in these patients</td>
</tr>
<tr>
<td>Loucas, 2014</td>
<td>E-therapy</td>
<td>Eating disorders</td>
<td>Unclear if e-therapy is an effective treatment; however, some positive findings were apparent in the study</td>
</tr>
<tr>
<td>Machado, 2014</td>
<td>Physiotherapy</td>
<td>• Anorexia • Bulimia</td>
<td>Physiotherapy interventions resulted in significant reductions in eating disorder outcomes and moderate to significant improvements in QoL in these patients.</td>
</tr>
<tr>
<td>Polnay, 2014</td>
<td>CBT (Group therapy)</td>
<td>Bulimia</td>
<td>CBT was suggested as an effective form of treatment in these patients</td>
</tr>
<tr>
<td>Tchanturia, 2014</td>
<td>CRT</td>
<td>Anorexia</td>
<td>CRT may be a promising method for treatment in these patients</td>
</tr>
<tr>
<td>Vancamfort, 2014</td>
<td>Physiotherapy</td>
<td>• Anorexia • Bulimia</td>
<td>Aerobic exercise, massage, basic body awareness therapy, and yoga may reduce eating pathologies in these patients</td>
</tr>
<tr>
<td>Aardoom, 2013</td>
<td>Internet-based treatment</td>
<td>• Anorexia • Bulimia</td>
<td>Internet-based treatment is an acceptable form of treatment for eating disorders</td>
</tr>
<tr>
<td>Dolemeyer, 2013</td>
<td>Internet-based treatment</td>
<td>Eating disorders</td>
<td>Internet-based interventions are supported as a form of intervention for these patients</td>
</tr>
<tr>
<td>Koskina, 2013</td>
<td>Exposure therapy</td>
<td>Eating disorders</td>
<td>No conclusions were stated in the abstract</td>
</tr>
<tr>
<td>Vancamfort, 2013</td>
<td>Physiotherapy</td>
<td>Binge eating</td>
<td>Yoga and aerobic exercise were shown to reduce binge eating pathology</td>
</tr>
<tr>
<td>Macdonald, 2012</td>
<td>MI</td>
<td>Eating disorders</td>
<td>MI showed some promising results in these patients, particularly in increasing motivation to change</td>
</tr>
<tr>
<td>Allen, 2011</td>
<td>Psychological treatments</td>
<td>Eating disorders</td>
<td>Therapeutic alliance between provider and patient were highlighted as important due to high attrition and non-compliance</td>
</tr>
</tbody>
</table>
### Table 2: Summary of Included Systematic Reviews

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Wanden-Berghe, 2011</td>
<td>Mindfulness-based interventions</td>
<td>Eating disorders</td>
<td>The use of mindfulness-based interventions are supported for the treatment of eating disorders</td>
</tr>
<tr>
<td>Fisher, 2010</td>
<td>Family therapy</td>
<td>Anorexia</td>
<td>Family therapy may be effective in the short term for these patients</td>
</tr>
<tr>
<td>Vocks, 2010</td>
<td>Psychological treatments</td>
<td>Binge eating</td>
<td>Psychotherapy and structured self-help were effective interventions for these patients</td>
</tr>
</tbody>
</table>

CBT = cognitive behavioural therapy; CRT = cognitive remediation therapy; MET = Motivational enhancement therapy; MI = motivational interviewing; QoL = quality of life; TBI = Technology-based psychological intervention.
REFERENCES SUMMARIZED

Health Technology Assessments
No literature identified.

Systematic Reviews and Meta-analyses


   PubMed: PM21459921

   PubMed: PM21181578

   PubMed: PM20393940

   PubMed: PM19402028

Guidelines and Recommendations
No literature identified.

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Appendix – Further information:

Systematic Reviews and Meta-analyses

Treatment Settings


Alternate Outcomes


Alternate Intervention and Comparator


Clinical Practice Guidelines – Uncertain Methodology


Review Articles

