

A Patient-Centered Summary of ECRI Institute's 2010 Systematic Review
***Bulimia Nervosa: Comparative Effectiveness of Available Psychological
and Pharmacological Treatments***
www.bulimiaguide.org

In 2010, ECRI Institute completed a comprehensive systematic review on available treatments for bulimia nervosa, titled *Bulimia Nervosa: Comparative Effectiveness of Available Psychological and Pharmacological Treatments*. Below, we briefly describe the main findings of the report.

What treatments are used for bulimia nervosa?

In our report, we considered the efficacy of treatments commonly offered to people who suffer from bulimia nervosa: medications (e.g., antidepressants) and various behavioral health therapies such as cognitive behavioral therapy. We also considered how certain types of treatments are delivered—for example, self-help versus therapist-led cognitive behavioral therapy. The treatments considered in this report may have been used alone or in combination (e.g., medication plus cognitive behavioral therapy). Varying amounts of clinical evidence exist about how well various treatments work. For some treatments, little or no evidence is available from clinical research studies about how well they work.

Treatment is delivered through various levels of inpatient and outpatient care settings. The setting depends on the severity of the illness and the treatment plan that has been developed for a patient. A multidisciplinary team should develop the plan in consultation with the patient and family members as deemed appropriate by the patient and his or her team. The team should be experienced in treating bulimia nervosa and should include at least a medical doctor, psychologist, psychopharmacologist (if drug therapy is planned), and a nutritionist. The patient's family doctor should be consulted, and both the patient's family doctor and dentist should be informed of the plan as well.

How well do the various treatments work?

ECRI Institute identified and analyzed clinical trials published from 2005 through July 2010 that compared one type of treatment to another (medication versus cognitive behavioral therapy) to determine which treatments work best for individuals with bulimia nervosa.

Analysts pooled together data from studies that met pre-specified inclusion criteria (e.g., randomized controlled trials that included 20 or more patients). The inclusion criteria and other details about the methodology are discussed in detail in the full [evidence report](#). Analysts compared the effectiveness cognitive behavioral therapy to drug therapy, cognitive behavioral therapy to other types of psychotherapies, and the method of delivery and treatment setting of treatment.

What are the main results of the analysis?

- ▶ Cognitive behavioral therapy was more effective than antidepressant medications in reducing the average number of binge eating episodes for some individuals.
- ▶ Individuals who receive cognitive behavioral therapy are about three times more likely to go into remission from purging than individuals treated with supportive therapies (34% versus 12%, respectively). (Supportive therapies focus on management and resolution of personal difficulties and life decisions using the patient's strengths.)
- ▶ Cognitive behavioral therapy is more effective than supportive therapies in improving eating disorder symptoms for some individuals.
- ▶ Cognitive behavioral therapy is more effective than [behavioral therapy](#) in reducing the average number of purging episodes for some individuals.
- ▶ Therapist-led cognitive behavioral therapy is more effective than [self-help](#) cognitive behavioral therapy in reducing symptoms of depression.
- ▶ Because of the differences in how treatments were provided, we could not determine the effectiveness of [family-based therapy](#) compared to other forms of psychotherapy for individuals with bulimia nervosa.
- ▶ The data did not provide clear evidence that enabled us to determine whether cognitive behavioral therapy plus [exposure response prevention therapy](#)—therapy aimed at preventing purging until the individual's anxiety associated with eating subsides—is better than cognitive behavioral therapy alone for the outcomes of remission, depression, and frequency of purging.
- ▶ The data did not provide clear evidence for us to determine whether cognitive behavioral therapy plus an antidepressant is better than cognitive behavioral therapy alone or an antidepressant alone for reducing the frequency of binge eating or purging.
- ▶ Too few published data were available to determine whether inpatient treatment is more or less effective than outpatient treatment for bulimia nervosa.

Click [here](#) to access the full 264-page report of the analysis.

The current report expands on the previous by including questions about the efficacy of combination therapies to single therapies and inpatient care settings to outpatient settings.