Management of Eating Disorders

Key Questions draft v.0.2

Rermt:
Remit: The management of people with eating disorders (ICD10 and/or DSM-V criteria) – all ages and gender groups, in any health or social care setting.
Eating disorders covered are anorexia nervosa, bulimia nervosa, binge eating disorder and diabulimia.
Comorbidities to consider: Borderline Personality disorder, emotional personality disorder, physical illness, autism spectrum disorder, obsessive-compulsive disorder (OCD), depression, trauma (PTSD), substance misuse, bipolar affective disorder, schizophrenia.

Psychological therapies

1. What psychological therapies are effective in the treatment of children and young people with low-weight eating disorder?

<table>
<thead>
<tr>
<th>Population</th>
<th>Interventions</th>
<th>Comparators</th>
<th>Outcomes</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people with anorexia nervosa +/− emerging personality disorder, emotional personality disorder</td>
<td>a. Family therapies</td>
<td>Between therapies</td>
<td>Weight Improvement</td>
<td>Consider co-morbidities: physical illness, autism spectrum disorder, OCD, depression, PTSD, anxiety, substance misuse, bipolar affective disorder, schizophrenia</td>
</tr>
<tr>
<td></td>
<td>b. Family-based treatment (FBT)</td>
<td>Treatment as usual</td>
<td>Weight Restoration</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Interpersonal therapy (IPT)</td>
<td></td>
<td>BMI change (in relation to age and height)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Cognitive behavioural Therapy (CBT)</td>
<td></td>
<td>Psychological Measures for Improvement:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. Enhanced Cognitive behavioural Therapy (CBT-E)</td>
<td></td>
<td>EDE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>f. Adolescent focussed therapy</td>
<td></td>
<td>EDEQ</td>
<td></td>
</tr>
<tr>
<td></td>
<td>g. Dialectical behavioural therapy (DBT)</td>
<td></td>
<td>EDI</td>
<td></td>
</tr>
<tr>
<td></td>
<td>h. Cognitive analytical therapy (CAT)</td>
<td></td>
<td>Clinical Global Outcomes (CGII)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>i. Acceptance and Commitment Therapy (ACT)</td>
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<td>BITE</td>
<td></td>
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<tr>
<td></td>
<td>j. Group therapy</td>
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<td></td>
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<tr>
<td></td>
<td>k. Individual therapy</td>
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</tbody>
</table>
2. What psychological therapies are effective in the treatment of children and young people with normal/overweight eating disorders?

<table>
<thead>
<tr>
<th>Population</th>
<th>Interventions</th>
<th>Comparators</th>
<th>Outcomes</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Children and young people with bulimia nervosa or binge eating disorder +/− emerging personality disorder | a. Family therapies  
b. Family-based treatment (FBT)  
c. Interpersonal therapy (IPT)  
d. Cognitive behavioural Therapy (CBT)  
e. Enhanced Cognitive behavioural Therapy (CBT-E)  
f. Adolescent focussed therapy  
g. Dialectical behavioural therapy (DBT)  
h. Cognitive analytical therapy (CAT)  
i. Acceptance and Commitment Therapy (ACT)  
j. Group therapy  
k. Individual therapy | Between therapies  
Treatment as usual | Weight Improvement  
Weight Restoration  
Psychological Measures for Improvement:  
EDE  
EDEQ  
EDI  
Clinical Global Outcomes (CGII)  
BITE | Consider co-morbidities:  
physical illness, autism spectrum disorder, OCD, depression, PTSD, anxiety, substance misuse, bipolar affective disorder, schizophrenia |

3. What psychological therapies are effective in the treatment of children and young people with diabulimia?

<table>
<thead>
<tr>
<th>Population</th>
<th>Interventions</th>
<th>Comparators</th>
<th>Outcomes</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Children and young people with diabulimia +/− emerging personality disorder, emotional personality disorder | a. Family therapies  
b. Family-based treatment (FBT)  
c. Interpersonal therapy (IPT)  
d. Cognitive behavioural Therapy (CBT)  
e. Enhanced Cognitive behavioural Therapy (CBT-E)  
f. Adolescent focussed therapy  
g. Dialectical behavioural therapy (DBT)  
h. Cognitive analytical therapy (CAT)  
i. Acceptance and Commitment Therapy (ACT)  
j. Group therapy  
k. Individual therapy | Between therapies  
Treatment as usual | Weight Improvement  
Weight Restoration  
Psychological Measures for Improvement:  
EDE  
EDEQ  
EDI  
Clinical Global Outcomes (CGII)  
BITE | Consider co-morbidities:  
physical illness, autism spectrum disorder, OCD, depression, PTSD, anxiety, substance misuse, bipolar affective disorder, schizophrenia |
4. What psychological therapies are effective in the treatment of adults with low-weight eating disorder?

<table>
<thead>
<tr>
<th>Population</th>
<th>Interventions</th>
<th>Comparators</th>
<th>Outcomes</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Adults with anorexia nervosa +/- borderline personality disorder, emotional personality disorder | a. Family therapies  
b. Family-based treatment (FBT)  
c. Mentalisation-based therapy (MBT)  
d. Interpersonal therapy (IPT)  
e. Compassion-focused therapy (CFT)  
f. Cognitive remediation therapy (CRT)  
g. Specialist supportive clinical management (SSCM)  
h. Cognitive behavioural Therapy (CBT)  
i. Enhanced Cognitive behavioural Therapy (CBT-E)  
j. Adolescent focussed therapy  
k. Dialectical behavioural therapy (DBT)  
l. Psychodynamic cognitive analytical therapy (CAT)  
m. Acceptance and Commitment Therapy (ACT)  
m. Group therapy  
o. Individual therapy | Between therapies Treatment as usual | Weight Improvement  
Weight Restoration  
BMI change  
Psychological Measures for Improvement:  
EDE  
EDEQ  
EDI  
Clinical Global Outcomes (CGII)  
BITE | Consider co-morbidities: physical illness, autism spectrum disorder, OCD, depression, PTSD, anxiety, substance misuse, bipolar affective disorder, schizophrenia |

5. What psychological therapies are effective in the treatment of adults with normal/overweight eating disorders?

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<tr>
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<th>Notes</th>
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</thead>
</table>
| Adults with bulimia nervosa or binge eating disorder +/- borderline personality disorder, emotional personality disorder | a. Family therapies  
b. Family-based treatment (FBT)  
c. Mentalisation-based therapy (MBT)  
d. Interpersonal therapy (IPT)  
e. Compassion-focused therapy (CFT) | Between therapies Treatment as usual | Weight Improvement  
Weight Restoration  
Psychological Measures for Improvement:  
EDE  
EDEQ  
EDI | Consider co-morbidities: physical illness, autism spectrum disorder, OCD, depression, PTSD, anxiety, substance misuse, bipolar affective disorder, schizophrenia |
6. What psychological therapies are effective in the treatment of adults with diabulimia?

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Adults with diabulimia +/- borderline</td>
<td>a. Family therapies</td>
<td>Between therapies</td>
<td>Weight Improvement</td>
<td>Consider co-morbidities: physical illness, autism spectrum disorder, OCD, depression, PTSD, anxiety, substance misuse, bipolar affective disorder, schizophrenia</td>
</tr>
<tr>
<td>personality disorder, emotional personality</td>
<td>b. Family-based treatment (FBT)</td>
<td>Treatment as usual</td>
<td>Weight Restoration</td>
<td></td>
</tr>
<tr>
<td>disorder</td>
<td>c. Mentalisation-based therapy (MBT)</td>
<td></td>
<td>BMI change</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Interpersonal therapy (IPT)</td>
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<td>Psychological Measures for Improvement:</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>
## Cognitive Behavioural Therapy – Bulimia Nervosa (CBT-BN)

### Enhanced Cognitive Behavioural Therapy (CBT-E)

### Adolescent Focussed Therapy (ACT)

### Dialectical Behavioural Therapy (DBT)

### Psychodynamic Cognitive Analytical Therapy (CAT)

### Acceptance and Commitment Therapy (ACT)

### Group Therapy

### Individual Therapy

### Weight Restoration

7. Does re-nutrition to BMI 20-25 improve outcomes (long and short term) for patients compared to stabilisation at lower weight?

<table>
<thead>
<tr>
<th>Population</th>
<th>Interventions</th>
<th>Comparators</th>
<th>Outcomes</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with anorexia nervosa</td>
<td>Weight restoration to BMI 20-25</td>
<td>Weight restoration to BMI at lower level stabilisation</td>
<td>Stability of weight gain Clinical Global Outcomes (CGII) Return to work/education</td>
<td></td>
</tr>
</tbody>
</table>

8. In patients with severe anorexia nervosa what is the most effective/safe method for restoring weight and patient acceptance of weight restoration?

<table>
<thead>
<tr>
<th>Population</th>
<th>Interventions</th>
<th>Comparators</th>
<th>Outcomes</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with severe anorexia nervosa</td>
<td>a. Nasogastric feeding</td>
<td>Normal meals or sip feeds</td>
<td>Mortality Relapse rate</td>
<td>Consider setting: Inpatient general hospital wards Specialist eating disorder units General psychiatric wards Consider: ethical and medicolegal aspects and include MWC advice</td>
</tr>
</tbody>
</table>
9. Is it possible to support and maintain recovery from acute eating disorder whilst following a fully vegan diet?

<table>
<thead>
<tr>
<th>Population</th>
<th>Interventions</th>
<th>Comparators</th>
<th>Outcomes</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with severe anorexia nervosa who are vegan</td>
<td>Vegan preparations</td>
<td>Usual care</td>
<td>Stability of weight gain BMI change EDE-Q changes Clinical Global Outcomes (CGII) Return to work/education</td>
<td>Consider co-morbidities: pregnancy physical illness, autism spectrum disorder, OCD, depression, PTSD, anxiety, substance misuse, bipolar affective disorder, schizophrenia</td>
</tr>
</tbody>
</table>

**Pharmacological therapies**

10. In children and young people who have anorexia nervosa are pharmacological therapies effective in improving outcomes?

<table>
<thead>
<tr>
<th>Population</th>
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<th>Outcomes</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>Children and young people with anorexia nervosa +/- OCD, ASD</td>
<td>a. Antidepressants (SSRI) b. Antipsychotic drugs: olanzapine c. other</td>
<td>Between pharma therapies Placebo Usual care</td>
<td>Weight gain Reduction in distress/anxiety Relapse Mortality Adverse effects Cost effectiveness</td>
<td>Consider co-morbidities: physical illness, autism spectrum disorder, OCD, depression, PTSD, anxiety, substance misuse, bipolar affective disorder, schizophrenia</td>
</tr>
</tbody>
</table>

11. In children and young people who have bulimia nervosa or binge eating disorders are pharmacological therapies effective in improving outcomes?

<table>
<thead>
<tr>
<th>Population</th>
<th>Interventions</th>
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<tbody>
<tr>
<td>Children and young people with bulimia nervosa or binge eating disorder +/- OCD, ASD</td>
<td>a. Antidepressants (SSRI) b. Antipsychotic drugs: olanzapine</td>
<td>Between pharma therapies Placebo Usual care</td>
<td>Weight gain Reduction in distress/anxiety Relapse Mortality Adverse effects Cost effectiveness</td>
<td>Consider co-morbidities: physical illness, autism spectrum disorder, OCD, depression, PTSD, anxiety, substance misuse, bipolar affective disorder, schizophrenia</td>
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12. In children and young people who have diabulimia are pharmacological therapies effective in improving outcomes?

<table>
<thead>
<tr>
<th>Population</th>
<th>Interventions</th>
<th>Comparators</th>
<th>Outcomes</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Children and young people with diabulimia +/- OCD, ASD | a. Antidepressants (SSRI)  
   b. Antipsychotic drugs: olanzapine | Between pharma therapies  
   Placebo  
   Usual care | Reduction in distress/anxiety  
   Relapse  
   Mortality  
   Adverse effects  
   Cost effectiveness | Consider co-morbidities: physical illness, autism spectrum disorder, OCD, depression, PTSD anxiety, substance misuse, bipolar affective disorder, schizophrenia |

13. In adults who have anorexia nervosa are pharmacological therapies effective in improving outcomes?

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<tr>
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<th>Outcomes</th>
<th>Notes</th>
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</thead>
</table>
| Adults with anorexia nervosa +/- borderline personality disorder, emotionally unstable personality disorder, +/- OCD | a. Antidepressants (SSRI)  
   b. Antipsychotic drugs: olanzapine  
   c. other | Between pharma therapies  
   Placebo  
   Usual care | Weight gain  
   Reduction in distress/anxiety  
   Relapse  
   Mortality  
   Adverse effects  
   Cost effectiveness | Consider co-morbidities: physical illness, autism spectrum disorder, depression, PTSD, anxiety, substance misuse, bipolar affective disorder, schizophrenia |

14. In adults who have bulimia nervosa or binge eating disorder are pharmacological therapies effective in improving outcomes?

<table>
<thead>
<tr>
<th>Population</th>
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<th>Comparators</th>
<th>Outcomes</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Adults with bulimia or binge eating disorder +/- borderline personality disorder, emotionally unstable personality disorder +/- OCD | a. Antidepressants (SSRI)  
   b. Antipsychotic drugs: olanzapine | Between pharma therapies  
   Placebo  
   Usual care | Weight gain  
   Reduction in distress/anxiety  
   Relapse  
   Mortality  
   Adverse effects  
   Cost effectiveness | Consider co-morbidities: physical illness, autism, depression, PTSD, anxiety, substance misuse, bipolar affective disorder, schizophrenia |
15. In adults who have diabulimia are pharmacological therapies effective in improving outcomes?

<table>
<thead>
<tr>
<th>Population</th>
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<th>Comparators</th>
<th>Outcomes</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Adults with diabulimia +/- borderline personality disorder, emotionally unstable personality disorder | a. Antidepressants (SSRI)  
b. Antipsychotic drugs: olanzapine  
c. other | Between pharma therapies  
Placebo  
Usual care | Weight gain  
Reduction in distress/anxiety  
Relapse  
Mortality  
Adverse effects  
Cost effectiveness | Consider co-morbidities: physical illness, autism spectrum disorder, OCD, depression, PTSD, anxiety, substance misuse, bipolar affective disorder, schizophrenia |

16. In patients who have experienced loss of bone density due to starvation, what is the most effective treatment for improving outcomes?

<table>
<thead>
<tr>
<th>Population</th>
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<th>Outcomes</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Adults and adolescents with an eating disorder +/- comorbidity | a. Bisphosphonates  
b. hormone preparations (oestrogen)  
c. calcium and Vitamin D supplements  
d. exercise programmes | Placebo  
Usual care | Improved bone mineral density  
Reduced fracture risk (vertebral/hip/other) at 1, 5 and 10 years  
Adverse effects  
Treatment concordance  
Cost effectiveness | Consider if patients are dancers or athletes |

**Eating disorders in pregnancy/pueperium**

17. What are the most effective interventions to support pregnant women who have an eating disorder?

<table>
<thead>
<tr>
<th>Population</th>
<th>Interventions</th>
<th>Comparators</th>
<th>Outcomes</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Pregnant women with eating disorders +/-comorbidity | a. High-risk monitoring/prebirth plans  
b. Antidepressants  
c. Antipsychotics  
d. Mother and baby unit (MBU) admission  
e. Nasogastric feeding or nutritional support/supplements | Treatment as usual | Relapse  
Mood  
(Depression/anxiety)  
Preterm labour  
Intrauterine growth retardation  
Neonatal adaptation syndrome  
Small for dates  
Large for dates  
Cost effectiveness | Consider co-morbidities: physical illness, autism spectrum disorder, OCD, depression, PTSD, anxiety, substance misuse, bipolar affective disorder, schizophrenia |
18. What are the most effective postnatal interventions to support new mothers who have an eating disorder?

<table>
<thead>
<tr>
<th>Population</th>
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<th>Outcomes</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Postnatal women with eating disorders +/- comorbidity | a. Mother-infant interventions  
b. CBT  
c. IPT  
d. Parenting interventions  
e. Couple counselling  
f. Video interactive guidance (VIG)  
g. Mentalisation  
h. Lamotrigine  
i. Antidepressants  
j. Antipsychotics | No treatment  
Treatment as usual | Relapse prevention  
Relapse  
Mood disorder  
Infant outcomes (growth and developmental ages and stages)  
Attachment  
Bonding  
Recovery from ED  
Cost effectiveness | Consider co-morbidities: physical illness, autism spectrum disorder, OCD, depression, PTSD, anxiety, substance misuse bipolar affective disorder schizophrenia Postpartum psychosis |

Service delivery

19. What treatments for patients with eating disorders can be delivered effectively in a non-specialist setting?

<table>
<thead>
<tr>
<th>Population</th>
<th>Interventions</th>
<th>Comparators</th>
<th>Outcomes</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Patients with eating disorders    | a. Guided self help  
b. CBT  
c. Dietetic advice  
d. Psychiatric interventions  
e. Pharmacological interventions | Therapies delivered by specialists  
No treatment/waiting list | Weight Improvement  
Weight Restoration  
BMI change  
Psychological Measures for Improvement  
EDE  
EDEQ  
EDI  
Clinical Global Outcomes (CGII)  
BITE |
20. What are the main requirements for ensuring effective transition from paediatric to adult services for young people with eating disorders?

<table>
<thead>
<tr>
<th>Population</th>
<th>Interventions</th>
<th>Comparators</th>
<th>Outcomes</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young people with eating disorders and their family/carers</td>
<td>Models of transition</td>
<td>Between models</td>
<td>Engagement with adult services/continuity of care</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No structured transition</td>
<td>Relapse rates</td>
<td></td>
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<td></td>
<td></td>
<td>Patient/family/carer satisfaction</td>
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<td>Cost effectiveness</td>
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