PSH/GSH compared to waiting list for eating disorder

Patient or population: patients with eating disorder
Settings: Diagnoses of AN,BN,BED or EDNOS, either gender, children, adolescents and adults, treated in community, primary,secondary or tertiary services
Intervention: PSH/GSH
Comparison: waiting list

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk **Waiting list**	Corresponding risk **PSH/GSH**				
Bingeing Number not abstinent from bingeing (end of treatment) Follow-up: 0-12 months	**Study population**		**RR 0.72** (0.47 to 1.09)	287 (3 studies)	⊕⊕⊖⊖ **low**[1,2,3]	Det er ikke signifikant bedre å få PSH/GSH sammenlignet med venteliste målt med overspising ved endt behandling.
	889 per 1000	**640 per 1000** (418 to 969)				
	Moderate					
Purging Number not abstinent from purging (end of treatment) Follow-up: 0-12 months	**Study population**		**RR 0.86** (0.68 to 1.08)	178 (2 studies)	⊕⊕⊖⊖ **low**[1,4]	Det er ikke signifikant bedre å få PSH/GSH sammenlignet med venteliste målt med oppkast ved endt behandling.
	896 per 1000	**771 per 1000** (609 to 968)				
	Moderate					
BMI BMI (end of treatment) Follow-up: 6-12 months	The mean bmi ranged across control groups from **23,1-31,9 BMI**	The mean bmi in the intervention groups was **0.75 lower** (2.05 lower to 0.55 higher)		202 (2 studies)	⊕⊕⊕⊖ **moderate**[5]	Det er ikke signifikant bedre å få PSH/GSH sammenlignet med venteliste målt med BMI ved endt behandling.
General psychiatric and mental state symptomatology Mean scores on any general psychiatric symptom rating scale at end of treatment Follow-up: 6-12 months	The mean general psychiatric and mental state symptomatology ranged across control groups from **1.01-1.2**	The mean general psychiatric and mental state symptomatology in the intervention groups was **0.32 lower** (0.51 to 0.13 lower)		202 (2 studies)	⊕⊕⊕⊖ **moderate**[4]	Det er signifikant bedre å få PSH/GSH sammenlignet med venteliste målt med generelle symptomer ved endt behandling.
Mean scores on any scale measuring depressive symptoms (end of treatment) Men scores on any scale measuring depressive symptoms at end of treatment Follow-up: 0-12 months	The mean scores on any scale measuring depressive symptoms (end of treatment) ranged across control groups from **19,8-20,9**	The mean scores on any scale measuring depressive symptoms (end of treatment) in the intervention groups was **1.06 lower** (8.92 lower to 6.8 higher)		194 (2 studies)	⊕⊕⊖⊖ **low**[5,6]	Det er ikke signifikant bedre å få PSH/GSH sammenlignet med venteliste målt med symptomer på depresjon ved endt behandling.

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

[1] Heterogeneity, I-square = 91%
[2] Wide 95% CI
[3] Total number of events is less than 300
[4] Only two studies, total number of events less than 300
[5] Only two studies, population size is less than 400, wide 95% CI
[6] Heterogeneity, I squared = 77% (p=0.04)

PSH/GSH compared to Placebo/attention control for eating disorder

Patient or population: patients with eating disorder
Settings: Diagnoses of AN,BN,BED or EDNOS, either gender, children, adolescents and adults, treated in community, primary,secondary or tertiary services
Intervention: PSH/GSH
Comparison: Placebo/attention control

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk **Placebo/attention control**	Corresponding risk **PSH/GSH**				
Bingeing Number not abstinent form bingeing (end of treatment)	**Study population**		**RR 0.62** (0.44 to 0.89)	52 (1 study)	⊕⊕⊖⊖ **low**[1]	Det er signifikant bedre å få PSH/GSH enn placebo/attention control målt med overspising ved endt behandling.
	867 per 1000	**537 per 1000** (381 to 771)				
	Moderate					
BMI BMI (end of treatment)	The mean bmi in the control groups was **35.8 BMI**	The mean bmi in the intervention groups was **2.70 lower** (6.71 lower to 1.31 higher)		52 (1 study)	⊕⊕⊖⊖ **low**[1]	Det er ikke signifikant bedre å få PSH/GSH enn placebo/attention control målt med BMI ved endt behandling.
Mean scores on any scale measuring depressive symptoms Mean scores on any scale measuring depressive symptoms at end of treatment	The mean scores on any scale measuring depressive symptoms in the control groups was **11.4 Beck Depression Inventory**	The mean scores on any scale measuring depressive symptoms in the intervention groups was **1.90 lower** (7.16 lower to 3.36 higher)		52 (1 study)	⊕⊕⊖⊖ **low**[1]	Det er ikke signifikant bedre å få PSH/GSH enn placebo/attention control målt med symptomer på depresjon ved endt behandling.

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

[1] Only one study with few participants (n<100) Wide 95% CI.

PSH/GSH compared to other formal psychotherapy for Eating disorder

Patient or population: patients with Eating disorder
Settings: Diagnoses of AN,BN,BED or EDNOS, either gender, children, adolescents and adults, treated in community, primary,secondary or tertiary services
Intervention: PSH/GSH
Comparison: other formal psychotherapy

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk **Other formal psychotherapy**	Corresponding risk **PSH/GSH**				
Bingeing Number not abstinent from bingeing (end of treatment) Follow-up: 0-12 months	**Study population** **667 per 1000** **Moderate**	 **987 per 1000** (387 to 1000)	**RR 1.48** (0.58 to 3.75)	143 (2 studies)	⊕⊖⊖⊖ **very low**[1,2,3,4]	Det er ikke signifikant bedre å få PSH/GSH sammenlignet med andre former for psykoterapi målt med overspising ved endt behandling.
Purging Number not abstinent from purging (end of treatement) Follow-up: 0-12 months	**694 per 1000**	**889 per 1000** (514 to 1000)	**RR 1.28** (0.74 to 2.21)	143 (2 studies)	⊕⊖⊖⊖ **very low**[1,2,3,4]	Det er ikke signifikant bedre å få PSH/GSH sammenlignet med andre former for psykoterapi målt med oppkast ved endt behandling.
BMI BMI (end of treatment) Follow-up: 12 months	The mean bmi in the control groups was **20.74 BMI**	The mean bmi in the intervention groups was **0.99 higher** (0.01 to 1.97 higher)		81 (1 study)	⊕⊖⊖⊖ **very low**[1,4,5]	Det er ikke signifikant bedre å få PSH/GSH sammenlignet med andre former for psykoterapi målt med BMI ved endt behandling.
Mean scores on any scale measuring depressive symptoms Mean scores on any scale measuring depressive symptoms at end of treatment Follow-up: 0-12 months	The mean mean scores on any scale measuring depressive symptoms ranged across control groups from **9,9-18,1**	The mean mean scores on any scale measuring depressive symptoms in the intervention groups was **0.03 lower** (0.59 lower to 0.54 higher)		186 (3 studies)	⊕⊖⊖⊖ **very low**[2,3,6,7]	Det er ikke signifikant bedre å få PSH/GSH sammenlignet med andre former for psykoterapi målt med symptomer på depresjon ved endt behandling.

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

Very low quality: We are very uncertain about the estimate.

[1] Risk of bias is unclear, due to unclear allocation and randomisation in all studies
[2] Heterogeneity, I-squared is more than 70%
[3] Wide 95% CI
[4] Only 2 studies, number of total events less than 300
[5] Only one study with few participants, wide 95% CI
[6] Risk of bias is unclear, due to unclear allocation and randomisation in most studies
[7] Total population size less than 400