Summary of Findings: CBT compared to any other psychological therapy for binge eating disorder at end of treatment

***Patients and setting*: Adults (aged >16 years) diagnosed with BED at specialist settings (eating disorder centre or clinic, or inpatient units) in Canada, Italy, the Netherlands, Switzerland and the USA.**

***Comparison:* Cognitive behavioural therapy (face-to-face) versus any other psychological therapy (face-to-face), including behavioural weight loss therapy, psychodynamic interpersonal psychological therapy, integrated multimodal medically managed inpatient program, and brief strategic therapy**

Outcome	Plain language summary	Absolute effect		Relative effect (95% CI) Nº oparticipants & studies	Certainty of the evidence (GRADE)
		Any psychological therapy (except CBT)	CBT		
Number of people who did not show 100% abstinence from binge eating	CBT **may make little or no difference** to reducing 100% abstinence from binge eating in people with BED compared to any other psychological therapy at EOT.	376 per 1000	349 per 1000	RR 0.93 (0.67 to 1.28) Based on data from 408 participants in 5 studies	⊕⊕OO LOW [1,2]
		Difference 26 fewer per 1000 (from 124 fewer to 105 more)			
Mean binging symptoms Measured by binge days per week, binge days per month and BES, assessed by binge days per week[3]	CBT **probably slightly reduces** mean binging symptoms in people with BED compared to any other psychological therapy at end of treatment.	Mean: 1.11 binge days/week**	Mean: 0.597 binge days/week	MD -0.513 (-0.836 to -0.171)* Based on data from 511 participants in 7 studies	⊕⊕⊕O MODERATE [1]
		Difference 0.513 lower (0.836 to 0.171 lower)			
Mean depressive symptoms Measured by BDI, CES-D and SCL-90-D, assessed by BDI[4]	CBT **probably makes little or no difference** to mean depressive symptoms in people with BED compared to any other psychological therapy at EOT.	Mean: 11.1 points**	Mean: 11.4 points	MD 0.332 (-1.162 to 1.826)* Based on data from 489 participants in 7 studies	⊕⊕⊕O MODERATE [1]
		Difference 0.332 higher (1.162 lower to 1.826 higher)			
Mean general psychiatric symptoms Measured and assessed by GSI	We are uncertain about the effect of CBT on general psychiatric symptoms compared to any other psychological therapy at EOT.	Mean: 32.3 points**	Mean: 32.8 points	MD 0.5 (-2.2 to 3.2) Based on data from 158 participants in 1 study	⊕OOO VERY LOW [5,6]
		Difference 0.5 higher (2.2 lower to 3.2 higher)			
Mean psychosocial/interpersonal functioning Measured by FLZ, IIP and SAS, assessed by SAS[7]	CBT **may make little or no difference** in improving psychosocial/interpersonal functioning in people with BED compared to any other psychological therapy at EOT.	Mean: 1.9 points**	Mean: 1.875 points	MD -0.025 (-0.145 to 0.09)* Based on data from 280 participants in 3 studies	⊕⊕OO LOW [1,8]
		Difference 0.025 lower (0.145 lower to 0.09 higher)			
Weight (BMI preferable) Measured by BMI or kg, assessed by BMI[9]	CBT **probably does not reduce weight** in people with BED compared to any other psychological therapy at EOT.	Mean: BMI 35.7**	Mean: BMI 36.9	MD 1.239 (0.295 to 2.183)* Based on data from 611 participants in 9 studies	⊕⊕⊕O MODERATE [1]
		Difference 1.239 higher (0.295 to 2.183 higher)			

BDI=Beck Depression Inventory; BED=Binge Eating Disorder; BES=Binge Eating Scale; BMI=Body Mass Index; CBT=Cognitive Behavioural Therapy; CES-D= Center for Epidemiological Studies-Depression Scale; CI= confidence interval; EOT=End of treatment; FLZ=Fragebogen zur Lebenszufriedenheit; GSI=Global Symptom Index; IIP= Inventory of Interpersonal Problems; MD= mean difference; RR= risk ratio; SAS=Social Adjustment Scale; SCL-90-D=Symptom Checklist-90-Revised Depression Subscale; SMD=standardised mean difference

*Analysed with SMD and back-estimated to MD to enable interpretation (12.6.4 Re-expressing SMDs using a familiar instrument), see footnotes. **Based on mean score for representative study, see footnotes. [1] Downgraded one level for risk of bias: Most studies reported inadequately on randomisation procedures. [2] Downgraded one level for inconsistency: Heterogeneity was considerable (I^2=42%). [3] Three of the seven studies measured this outcome with binge days/week. Scores were back-estimated to binge days/week from SMD -0.27 (-0.44 to -0.09) using control group SD 1.9 from representative study Tasca 2002. [4] Five of the seven studies measured this outcome with BDI. Scores were back-estimated to BDI from SMD 0.04 (-0.14 to 0.22) using control group SD 8.3 from representative study Grilo 2011. [5]Downgraded one level for risk of bias: The included study reported inadequately on randomisation procedures. [6] Downgraded two levels for imprecision: only one study with 158 participants was included, and confidence intervals were very wide including appreciable benefit for both types of intervention. [7] One of the three studies measured this outcome with SAS. Scores were back-estimated to SAS from SMD -0.05 (-0.29 to 0.18) using control group SD 0.5 from representative study Wilfley 2002. [8] Downgraded one level for imprecision: only 280 participants were included. [9] Five of the nine studies measured this outcome with BMI. Scores were back-estimated to BMI from SMD 0.21 (0.05 to 0.37) using control group SD 5.9 from representative study Grilo 2011.