Bacalchuk J & Hay (2003). Antidepressants versus placebo for people with bulimia nervosa (Review). The Cochrane Library, 1

Antidepressants compared to placebo for bulimia nervosa

Patient or population: patients with bulimia nervosa
Settings: all gender, age or treatment setting
Intervention: Antidepressants
Comparison: placebo

Outcomes	Illustrative comparative risks* (95% CI) Assumed risk Placebo	Corresponding risk Antidepressants	Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
Remission The number of people per treatment group who did not show a remission in the bulimic symptoms, defined as 100% reduction in binge-eating episodes from baseline at endpoint Follow-up: 6-16 weeks	**Study population**		**RR 0.89** (0.84 to 0.94)	824 (10 studies)	⊕⊕⊕⊖ **moderate**[1]	Det er signifikant bedre å få antidepressiva sammenlignet med placebo målt med remisjon av bulimiske symptomer ved endt behandling.
	922 per 1000	**821 per 1000** (775 to 867)				
	Moderate					
Clinical improvement The number of people per treatment group who did not show a clinical improvement in the bulimic symptoms, defined as more than 50% reduction in binge-eating episodes from baseline at endpoint Follow-up: 6-16 weeks	**Study population**		**RR 0.64** (0.54 to 0.74)	901 (8 studies)	⊕⊕⊕⊖ **moderate**[1]	Det er signifikant bedre å få antidepressiva sammenlignet med placebo målt med klinisk forbedring av bulimiske symptomer ved endt behandling.
	674 per 1000	**432 per 1000** (364 to 499)				
	Moderate					
Bulimic symptoms The difference in the mean number of bulimic episodes at the end of the trial Follow-up: 2-16 weeks	The mean bulimic symptoms ranged across control groups from **3,61-8,6**	The mean bulimic symptoms in the intervention groups was **0.25 standard deviations lower** (0.94 lower to 0.44 higher)		259 (6 studies)	⊕⊖⊖⊖ **very low**[1,2,3]	Det er ikke signifikant bedre å få antidepressiva sammenlignet med placebo målt med bulimiske symptomer ved endt behandling.
Dropouts due to adverse events Tolerability of the intervention as measured by the number of people per treatment group dropping out during the trial due to adverse events Follow-up: 6-16 weeks	**Study population**		**RR 1.65** (1.05 to 2.57)	1200 (13 studies)	⊕⊕⊖⊖ **low**[1,4]	Det er ikke signifikant bedre å få antidepressiva sammenlignet med placebo målt med frafall som skyldes bivirkninger.
	57 per 1000	**95 per 1000** (60 to 148)				
	Moderate					
Dropouts due to any cause acceptability of the intervention to the participant group as measured by the number of people per treatment group dropping out during the trial for any cause Follow-up: 6-16 weeks	**Study population**		**RR 0.98** (0.78 to 1.24)	1335 (15 studies)	⊕⊕⊕⊖ **moderate**[1]	Det er ikke signifikant bedre å få antidepressiva sammenlignet med placebo målt med frafall (av alle grunner).
	319 per 1000	**313 per 1000** (249 to 396)				
	Moderate					
Depression Difference in the severity of depressive symptoms at the end of the trial Follow-up: 2-16 weeks	The mean depression ranged across control groups from **6,26-14,1**	The mean depression in the intervention groups was **0.19 standard deviations lower** (0.41 lower to 0.03 higher)		323 (7 studies)	⊕⊕⊕⊖ **moderate**[1]	Det er ikke signifikant bedre å få antidepressiva sammenlignet med placebo målt med symptomer på depresjon.

*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 risk of bias in most studies
[2] Heterogeneity, I-squared= 86%
[3] Total population size is less than 400
[4] Number of events is less than 300, wide 95% CI

any drug compared to placebo for bulimia nervosa

Patient or population: patients with bulimia nervosa
Settings: all gender, age or treatment setting
Intervention: any drug
Comparison: placebo

Outcomes	Illustrative comparative risks* (95% CI) Assumed risk Placebo	Corresponding risk Any drug	Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
Binge Bulimic versus purging episodes Follow-up: 6-12 weeks	**Study population**		**RR 0.86** (0.78 to 0.95)	299 (5 studies)	⊕⊕⊕⊖ **moderate**[1]	Det er signifikant bedre å få «any drugs» sammenlignet med placebo målt med overspising.
	955 per 1000	**821 per 1000** (745 to 907)				
	Moderate					
Purge Bulimic versus purging episodes Follow-up: 8-16 weeks	**Study population**		**RR 0.82** (0.68 to 0.99)	478 (4 studies)	⊕⊕⊕⊖ **moderate**[1]	Det er signifikant bedre å få «any drugs» sammenlignet med placebo målt med oppkast.
	886 per 1000	**726 per 1000** (602 to 877)				
	Moderate					

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GRADE Working Group grades of evidence
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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.

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"Any drug" versus placebo målt ved to utfallsmål

a. *Binge:* Binge-eating versus Purging episodes reported as a measure of recovery (analyse 4.1)
b. *Purge:* Binge-eating versus purging episodes reported as a measure of recovery (analyse 4.2)

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any drug compared to placebo for bulimia nervosa

Patient or population: patients with bulimia nervosa
Settings: all gender, age or treatment setting
Intervention: any drug
Comparison: placebo

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk **Placebo**	Corresponding risk **Any drug**				
Binge Bulimic versus purging episodes Follow-up: 6-12 weeks	**Study population**		**RR 0.86** (0.78 to 0.95)	299 (5 studies)	⊕⊕⊕⊖ **moderate**[1]	Det er signifikant bedre å få antidepressiva sammenlignet med placebo målt med overspising.
	955 per 1000	**821 per 1000** (745 to 907)				
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Purge Bulimic versus purging episodes Follow-up: 8-16 weeks	**Study population**		**RR 0.82** (0.68 to 0.99)	478 (4 studies)	⊕⊕⊕⊖ **moderate**[1]	Det er signifikant bedre å få antidepressiva sammenlignet med placebo målt med oppkast.
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