

## NKR46 pico 3: change in treatment or intensity for anorexia

### Review information

#### Authors

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Citation example: DHA. NKR46 pico 3: change in treatment or intensity for anorexia. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

### Characteristics of studies

#### Characteristics of included studies

##### Lock 2015

<b>Methods</b>	<p><b>Study design:</b> Randomized controlled trial</p> <p><b>Study grouping:</b> Parallel group</p> <p><b>Open Label:</b></p> <p><b>Cluster RCT:</b></p>
<b>Participants</b>	<p><b>Baseline Characteristics</b></p> <p>Intervention</p> <ul style="list-style-type: none"> <li>● Age, years (SD): 14.6 (1.7)</li> <li>● Gender, male (%): 8.6%</li> <li>● %/BW (percent ideal body weight): 82.4</li> <li>● Duration of illness, months (SD): 12.6 (19.4)</li> <li>● Comorbidity (%): 51.4%</li> </ul> <p>Control</p> <ul style="list-style-type: none"> <li>● Age, years (SD): 14.3 (1.5)</li> <li>● Gender, male (%): 10 %</li> <li>● %/BW (percent ideal body weight): 82.8</li> <li>● Duration of illness, months (SD): 4.6 (1.3)</li> <li>● Comorbidity (%): 30%</li> </ul> <p><b>Included criteria:</b> 12-18 years, living with their families, met DSM-IV criteria for AN except for the amenorrhea requirement, medically stable</p> <p><b>Excluded criteria:</b> Physical or psychiatric illness requiring hospitalization, drug or alcohol dependence, physical conditions known to</p>

	<p>influence eating or weight, psychotropic medication not on a stable dose for at least 8 weeks.  <b>Pretreatment:</b> Longer duration of illness in intervention group. Randomization with a ratio 1:3.5, leading to N=10 in control and N=35 in intervention group.</p>
<p><b>Interventions</b></p>	<p><b>Intervention Characteristics</b></p> <p>Intervention</p> <ul style="list-style-type: none"> <li>● <b>Description:</b> Intensive Parental Coaching: if weight gain &lt; 2.3 kg at week 4, then three sessions were added to FBT: a family session, a parent session and an additional meal session.</li> <li>● <b>Duration:</b> 6 months</li> <li>● <b>Number of sessions:</b> 18</li> </ul> <p>Control</p> <ul style="list-style-type: none"> <li>● <b>Description:</b> FBT as usual</li> <li>● <b>Duration:</b> 6 months</li> <li>● <b>Number of sessions:</b> 15</li> </ul>
<p><b>Outcomes</b></p>	<p><i>Adfærdssymptomer (restriktiv spisning, tvangsmotion, binge, purge), EOT</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> </ul> <p><i>Adfærdssymptomer (restriktiv spisning, tvangsmotion, binge, purge) LFU</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> </ul> <p><i>Andel af sund kropsvægt/BMI, EOT</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> </ul> <p><i>Andel af sund kropsvægt/BMI, LFU</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> </ul> <p><i>Psykologiske spiseforstyrrelsessymptomer, EOT</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> </ul> <p><i>Psykologiske spiseforstyrrelsessymptomer, LFU</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> </ul> <p><i>Recovery rate, LFU</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> DichotomousOutcome</li> </ul> <p><i>Dropout, EOT</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> DichotomousOutcome</li> </ul> <p><i>Livskvalitet, LFU</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> </ul> <p><i>Indlæggelser</i></p>

	<p>● <b>Outcome type:</b> DichotomousOutcome</p>
<b>Identification</b>	<p><b>Sponsorship source:</b> Funding for the study was provided by NIMH to Dr. Lock (PI) R34-MH09349303, Dr. Le Grange (PI) R34-MH093768, and Dr. Agras, (co-PI), R34-MH09349303.</p> <p><b>Country:</b> USA</p> <p><b>Setting:</b> Multi-site, outpatient</p> <p><b>Comments:</b> Note that our project was mainly intended to provide the feasibility information and was not properly powered for formal group comparisons.</p> <p><b>Authors name:</b> James Lock</p> <p><b>Institution:</b> Department of Psychiatry and Behavioral Sciences, University School of Medicine</p> <p><b>Email:</b> jimlock@stanford.edu</p> <p><b>Address:</b> 401 Quarry Road, Standford, CA 94305, USA</p>
<b>Notes</b>	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Allocation concealment	Unclear risk	Judgement Comment: no specific information
Blinding of participants and personnel	High risk	Judgement Comment: blinding not possible
Incomplete outcome data	Low risk	Judgement Comment: samme attrition rate i intervention og kontrol, og mindre forskel mellem intervention plus og intervention minus de ekstra sessioner.
Blinding of outcome assessors	Low risk	Quote: "Independent trained assessors conducted assessments blind to participant randomization."
Sequence Generation	Unclear risk	Judgement Comment: no specific information
Selective outcome reporting	Low risk	
Other sources of bias	High risk	Judgement Comment: Ulige størrelse af intervention og kontrol, meget lille kontrolgruppe.

Footnotes

**Characteristics of excluded studies**

***Carter 2011***

Reason for exclusion	Wrong intervention
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***Carter 2015***

Reason for exclusion	Wrong study design
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***Couturier 2013***

Reason for exclusion	Wrong study design
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***Dalle 2013***

Reason for exclusion	Wrong study design
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***Darcy 2013***

Reason for exclusion	Wrong study design
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***Fairburn 2009***

Reason for exclusion	Wrong patient population
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***Fairfax 2008***

Reason for exclusion	no study(abstract/comment/discussion)
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***Focker 2013***

Reason for exclusion	no study(abstract/comment/discussion)
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**GalsworthyFrancis 2014**

Reason for exclusion	Wrong study design
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**Geller 2011**

Reason for exclusion	Wrong intervention
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**Ghaderi 2007**

Reason for exclusion	no study(abstract/comment/discussion)
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**Gilbert 2008**

Reason for exclusion	Wrong study design
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**Gनावेल 2014**

Reason for exclusion	no study(abstract/comment/discussion)
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**Goldstein 2011**

Reason for exclusion	Wrong study design
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**Gowers 2007**

Reason for exclusion	Wrong intervention
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**Gowers 2010**

Reason for exclusion	Wrong intervention
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**Grave 2010**

Reason for exclusion	Wrong study design
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***Guarda 2008***

Reason for exclusion	no study(abstract/comment/discussion)
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***Harrington 2015***

Reason for exclusion	no study(abstract/comment/discussion)
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***Herpertz Dahlmann 2013***

Reason for exclusion	no study(abstract/comment/discussion)
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***Herpertz Dahlmann 2014***

Reason for exclusion	Wrong intervention
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***Herpertz Dahlmann 2015***

Reason for exclusion	no study(abstract/comment/discussion)
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***Keel 2008***

Reason for exclusion	Wrong intervention
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***Kong 2005***

Reason for exclusion	Wrong intervention
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***LeGrange 2014***

Reason for exclusion	Wrong study design
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***Lock 2006***

Reason for exclusion	Wrong study design
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**Lock 2007**

Reason for exclusion	Wrong study design
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**Lose 2014**

Reason for exclusion	Wrong study design
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**Madden 2015**

Reason for exclusion	Wrong intervention
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**Marco 2013**

Reason for exclusion	Wrong intervention
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**McIntosh 2005**

Reason for exclusion	Wrong intervention
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**Mitchell 2005**

Reason for exclusion	Wrong study design
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**Naab 2012**

Reason for exclusion	Wrong study design
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**Nicholls 2013**

Reason for exclusion	no study(abstract/comment/discussion)
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**Nunes 2009**

Reason for exclusion	no study(abstract/comment/discussion)
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**Rhodes 2005**

Reason for exclusion	Wrong study design
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**Schaffner 2008**

Reason for exclusion	Wrong intervention
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**Schmidt 2013**

Reason for exclusion	no study (abstract/comment/discussion)
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**Schmidt 2015**

Reason for exclusion	Wrong intervention
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**Stein 2011**

Reason for exclusion	Wrong study design
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**Stiles Shields 2013**

Reason for exclusion	Wrong intervention
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**Suarez Pinilla 2015**

Reason for exclusion	Wrong intervention
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**Tasca 2012**

Reason for exclusion	Wrong study design
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**Utzinger 2014**

Reason for exclusion	Wrong study design
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**Wade 2009**

Reason for exclusion	Wrong intervention
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**Waterman Collins 2014**

Reason for exclusion	Wrong intervention
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**Zainal 2016**

Reason for exclusion	Wrong study design
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**Zipfel 2014**

Reason for exclusion	Wrong intervention
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*Footnotes***References to studies****Included studies****Lock 2015**

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Carter, Jacqueline C.; Kelly, Allison C.. Autonomous and controlled motivation for eating disorders treatment: Baseline predictors and relationship to treatment outcome. *British Journal of Clinical Psychology* 2015;54(1):76-90 15p. [DOI: 10.1111/bjc.12062]

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Couturier, Jennifer; Kimber, Melissa; Szatmari, Peter. Efficacy of family-based treatment for adolescents with eating disorders: A systematic review and meta-analysis.. International Journal of Eating Disorders 2013;46(1):3-11. [DOI: ]

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**Schmidt 2015**

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(ANTOP study): Randomised controlled trial. The Lancet 2014;383(9912):127-137. [DOI:.]

## Data and analyses

### 1 Intervention vs Control

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Adfærdssymptomer (restriktiv spising, tvangsmotion, binge, purge), EOT	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.2 Adfærdssymptomer (restriktiv spising, tvangsmotion, binge, purge) LFU	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.3 Andel af sund kropsvægt/BMI, EOT	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.4 Andel af sund kropsvægt/BMI, LFU	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.5 Psykologiske spiseforstyrrelsessymptomer , EOT	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.6 Psykologiske spiseforstyrrelsessymptomer, LFU	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.7 Livskvalitet, LFU	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.8 Recovery rate, LFU	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.9 Dropout, EOT	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.10 Indlæggelser	0		Risk Ratio (IV, Fixed, 95% CI)	No totals

## Figures