

Best Evidence Summaries of Topics in Mental Healthcare

BEST *in* **MH** *clinical question-answering service*

Question

In adults with eating disorders (excluding binge eating disorder) how effective is group cognitive behavioural therapy (GCBT) when compared to cognitive behavioural therapy (CBT) in reducing eating disordered behaviours and preoccupation with eating, weight and shape?

Clarification of question using PICO structure

Patients: adults with eating disorders

Intervention: group cognitive behavioural therapy (GCBT)

Comparator: cognitive behavioural therapy (CBT)

Outcome: reducing eating disordered behaviours and preoccupation with eating, weight and shape

Clinical and research implications

No definite clinical implications can be made from the available evidence. Two randomised controlled trials suggested that group cognitive behavioural therapy (GCBT) should be considered as a valid alternative to individual CBT (after a few individual sessions at the start), or as a first-line treatment in a stepped care approach to treating bulimia nervosa.

It was suggested that more research on group CBT versus individual CBT is needed to substantiate the current evidence. The authors of one trial also suggested that future studies might also want to conduct qualitative interviews to assess reasons for drop-out, and the authors of another trial suggested that further research should address how best to encourage abstinence of bingeing and vomiting in patients undergoing *group* CBT.

What does the evidence say?

Number of included studies/reviews (number of participants)

Two RCTs (n=285 patients) met the inclusion criteria for this BEST summary. Both trials compared individual versus group CBT in patients with bulimia nervosa (Chen et al. 2003; Katzman et al. 2010).

Main Findings

Both RCTs found very few differences between individual and group CBT, and that many outcomes improved with time for all treatments. Outcomes evaluated in Chen et al. (2003) included objective and subjective bingeing, vomiting, laxative and diuretic abuse, over exercise, dietary restraint,

dysfunctional weight and shape concerns, Drive for Thinness, Bulimia, Body Dissatisfaction, Perfectionism, Interpersonal Distrust, Interoceptive Awareness, Impulse Regulation subscale scores, depressed mood, self-esteem, state and trait anxiety, poor social adjustment, and general psychopathology. One significant difference observed in Chen et al. (2003) was that a greater proportion of ICBT patients than GCBT patients were abstinent from objective and subjective bingeing and vomiting at post-treatment (20% vs. 0%, $p=0.009$). This difference was however, not significant at 3 and 6 months follow-up.

The other RCT (Katzman et al. 2010) reported no significant group by time interaction for bingeing or self-induced vomiting (as reported by the therapist or patient). Both outcomes decreased over time in all groups. The authors did report that the odds of laxative use were greater in the group that received group therapy compared to individual therapy (as rated by a therapist).

Authors Conclusions

No firm conclusions were made by Chen et al. (2003), although the study authors stated that both group and individual CBT were effective in reducing the primary and secondary symptoms of bulimia nervosa. These findings were also reflected in the conclusions by Katzman et al. (2010) who stated that outcome differences between individual and group CBT were minor. They also suggested that group treatment prefaced by a short individual intervention may be a cost-effective alternative to purely individual treatment.

Reliability of conclusions/Strength of evidence

One of the RCTs was well reported and the results are likely to be reliable (Katzman et al. 2010). The other RCT (Chen et al. 2003) was generally well-conducted but it had a small sample size, which introduces some bias.

What do guidelines say? No UK guidelines were found that discuss the use of group CBT in comparison with individual CBT

Date question received: 16/05/2012

Date searches conducted: 17/05/2012

Date answer completed: 01/06/2012

References

RCTs

1. Chen E, Touyz S, Beumont P, Fairburn C, Griffiths R, Butow P, Russell J, Schotte D, Gertler R, C Basten. Comparison of Group and Individual Cognitive Behavioral Therapy for Patients with Bulimia Nervosa. 2003 *Published online in Wiley InterScience (www.interscience.wiley.com)*. DOI: 10.1002/eat.10137
2. Katzman M, Bara-Carril N, Rabe-Hesketh S, Schmidt U, Troop N, Treasure J. A Randomized Controlled Two-Stage Trial in the Treatment of Bulimia Nervosa, Comparing CBT Versus Motivational Enhancement in Phase 1 Followed by Group Versus Individual CBT in Phase 2. *Psychosomatic Medicine* 72:000–000 (2010).











Results

RCTs

Author (year)	Inclusion criteria	Number of participants	Summary of results	Risk of bias
Chen (2002)	<p><i>Participants</i> – participants were required to meet the DSM-IV criteria for Bulimia Nervosa (BN), female, and aged 18 or over.</p> <p><i>Intervention</i> – individual cognitive behavioural therapy delivered through a semi-structured, three stage programme of nineteen 50-min sessions over 4.5 months (Fairburn et al 1993).</p> <p><i>Comparator</i> – group cognitive behavioural therapy adapted from the Oxford manual (Fairburn et al 1993). The handouts, schedule and content were identical to the intervention group. The groups were closed and began with 6 participants per group.</p> <p><i>Outcome</i> – Outcomes were assessed in terms of 1. Restraint and Weight and Shape Attitudes 2. General psychiatric Symptoms 3. Self esteem and Social Adjustment 4. Ratings of Treatment Suitability 5. Ratings for Validation of GCBT and CBT.</p> <p><i>Duration</i> – 4.5 months duration, and 6 months follow-up.</p>	N = 60 (44 completed the study: 22 CBT, 22 GCBT)	<p>There were very few significant differences between group and individual CBT. Outcomes evaluated included objective and subjective bingeing, vomiting, laxative and diuretic abuse, over-exercise, dietary restraint, dysfunctional weight and shape concerns, Drive for Thinness, Bulimia, Body Dissatisfaction, Perfectionism, Interpersonal Distrust, Interoceptive Awareness, Impulse Regulation subscale scores, depressed mood, self-esteem, state and trait anxiety, poor social adjustment, and general psychopathology.</p> <p>To examine <i>clinical significance</i>, chi-square tests were used to compare GCBT and ICBT at post-treatment and at follow-up for: 1) percentages abstinent from objective bingeing and vomiting, (2) percentages abstinent from objective and subjective bingeing and vomiting, (3) percentage of patients meeting DSM-IV eating disorder diagnoses or nil eating disorders, and (4) the percentages of patients who had improved.</p> <p>There were no significant differences between treatment groups at post-treatment or follow-up for items 1, 3, or 4, although a higher percentage of patients met the DSM-IV eating disorder diagnoses in the GCBT condition at post-treatment. There was a significantly greater proportion of ICBT patients than GCBT patients (20% vs. 0%, $p=0.009$ were abstinent from objective and subjective bingeing and vomiting at post-treatment. At 3 and 6 months follow-up, there was no significant difference between treatment</p>	Some (well-conducted, but small sample sizes)

			groups. Drop-out rates were similar between treatment groups.	
Katzman (2010)	<p><i>Study Design</i> – a three group, two phase study design was adopted.</p> <p><i>Participants</i> – patients were recruited from both primary and secondary care, meeting the DSM-IV criteria for bulimia nervosa or eating disorder not specified.</p> <p><i>Intervention & Comparisons</i> – Participants were randomised to receive either <i>i). MET-I</i>: 4 sessions of motivational enhancement therapy (MET) in the first phase followed by eight sessions of individual CBT. <i>ii). MET-G</i>: Four sessions of MET in the first phase followed by eight sessions of GCBT. And <i>iii). CBT-G</i>: Four sessions of CBT followed by eight sessions of GCBT.</p> <p><i>Outcomes</i> – Outcomes were measured in terms of binge eating, self induced vomiting, laxative or diuretic use, and abstinence rates.</p> <p><i>Duration</i> - 12 weeks treatment with follow-ups at 1 year and 2.5 years</p>	N = 225 (79 MET and CBT, 73 MET and GCBT, 73 CBT and GCBT)	<p>There was no significant group by time interaction for bingeing or self-induced vomiting (as reported by the therapist or patient). Both outcomes decreased over time in all groups.</p> <p>The <i>therapist</i> rating of laxative/diuretic use showed a significant group by time interaction ($p=0.03$). The effect of time differed significantly between the condition which received MET-G and the condition which received MET-I ($p=0.01$) and not between any other pairs. The odds of laxative use were greater in the group that received group therapy. The <i>patient</i> rating of laxative/diuretic use showed no significant group by time interaction. All groups showed decreased laxative/diuretic use.</p> <p>There were no differences between groups in treatment up-take, completion, or dropout rates.</p>	Low

RCTs

Study	RISK OF BIAS					
	Random allocation	Allocation concealment	Blinding of participants and personnel	Blinding of outcome assessment	Incomplete outcome data	Selective Reporting
Chen (2002)			NA			
Katzman (2010)			NA			

 Low Risk

 High Risk

 Unclear Risk

Search Details

Source	Search Strategy	Number of hits	Relevant evidence identified
SRs and Guidelines			
NICE	("Eating Disorder*" OR bulimia OR bing* OR anorexi* OR EDNOS) AND (cbt OR "cognitive behavio* therapy") AND group	30	0
DARE	1 MeSH DESCRIPTOR Eating Disorders EXPLODE ALL TREES 50 2 MeSH DESCRIPTOR Bulimia Nervosa EXPLODE ALL TREES 9 3 MeSH DESCRIPTOR Anorexia EXPLODE ALL TREES 7 4 MeSH DESCRIPTOR Anorexia Nervosa EXPLODE ALL TREES 22 5 (eating adj4 disorder*) IN DARE 79 6 (bulimia) IN DARE 36 7 (bing*) IN DARE 43 8 (overeat*) IN DARE 1 9 (compulsive adj2 eat*) IN DARE 0	202	1

	10 (BN) IN DARE 11 11 (anorexi*) IN DARE 80 12 (EDNOS) IN DARE 3 13 (purge*) IN DARE 6 14 (rumination) IN DARE 4 15 (pica) IN DARE 6 16 (eating adj4 syndrome) IN DARE 1 17 #1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #16 202		
Primary studies			
CENTRAL	ID Search Hits Edit Delete #1 (eating disorder):ti,ab,kw or (anorexia):ti,ab,kw or (bulimia):ti,ab,kw or (Binge*):ti,ab,kw or (EDNOS):ti,ab,kw 2973 edit delete #2 MeSH descriptor Eating Disorders explode all trees 681 edit delete #3 (#1 OR #2) 2979 edit delete #4 MeSH descriptor Cognitive Therapy explode all trees 3871 edit delete #5 (CBT):ti,ab,kw or (cognitive behav*):ti,ab,kw or (cognitive therapy):ti,ab,kw 9749 edit delete #6 (#4 OR #5) 9749 edit delete #7 MeSH descriptor Psychotherapy, Group explode all trees 2082 edit delete #8 (#3 AND #6 AND #7) 47 edit delete #9 (group therapy):ti,ab,kw or (group psychotherapy):ti,ab,kw or (group treatment):ti,ab,kw or (groupwork):ti,ab,kw 146916 edit delete #10 (#7 OR #9) 147434 edit delete #11 (#3 AND #6 AND #10) 209 edit delete	198	2
PsycINFO	1. PsycINFO; "eating disorder*".ti,ab; 14709 results.	180	

	<p>2. PsycINFO; exp EATING DISORDERS/; 20549 results.</p> <p>3. PsycINFO; anorexia.ti,ab; 10467 results.</p> <p>4. PsycINFO; bulimia.ti,ab; 7388 results.</p> <p>5. PsycINFO; binge*.ti,ab; 6497 results.</p> <p>6. PsycINFO; ednos.ti,ab; 243 results.</p> <p>7. PsycINFO; 1 OR 2 OR 3 OR 4 OR 5 OR 6; 28822 results.</p> <p>8. PsycINFO; (cognitive adj3 therap*).ti,ab; 16764 results.</p> <p>9. PsycINFO; cbt.ti,ab; 5846 results.</p> <p>10. PsycINFO; COGNITIVE BEHAVIOR THERAPY/ OR COGNITIVE THERAPY/; 19216 results.</p> <p>11. PsycINFO; 8 OR 9 OR 10; 24670 results.</p> <p>12. PsycINFO; group*.ti,ab; 575632 results.</p> <p>13. PsycINFO; GROUP PSYCHOTHERAPY/; 15831 results.</p> <p>14. PsycINFO; GROUP INTERVENTION/; 620 results.</p> <p>15. PsycINFO; 12 OR 13 OR 14; 576181 results.</p> <p>16. PsycINFO; 7 AND 11 AND 15; 436 results.</p> <p>17. PsycINFO; CLINICAL TRIALS/; 6037 results.</p> <p>18. PsycINFO; random*.ti,ab; 108955 results.</p> <p>19. PsycINFO; groups*.ti,ab; 323961 results.</p> <p>20. PsycINFO; (doubl* adj3 blind*).ti,ab; 16298 results.</p> <p>21. PsycINFO; (singl* adj3 blind*).ti,ab; 1344 results.</p> <p>22. PsycINFO; EXPERIMENTAL DESIGN/; 8222 results.</p> <p>23. PsycINFO; controlled.ti,ab; 68115 results.</p> <p>24. PsycINFO; (clinical adj3 study).ti,ab; 6787 results.</p> <p>25. PsycINFO; trial.ti,ab; 57352 results.</p> <p>26. PsycINFO; "treatment outcome clinical trial".md; 21846 results.</p> <p>27. PsycINFO; 17 OR 18 OR 19 OR 20 OR 21 OR 22 OR 23 OR 24 OR 25 OR 26; 497229 results.</p> <p>28. PsycINFO; 17 OR 18 OR 20 OR 21 OR 22 OR 23 OR 24 OR 25 OR 26; 213743 results.</p> <p>29. PsycINFO; 16 AND 28; 180 results.</p>		
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MEDLINE	<p>30. MEDLINE; "eating disorder*".ti,ab; 10261 results.</p> <p>31. MEDLINE; exp EATING DISORDERS/; 20063 results.</p> <p>32. MEDLINE; anorexia.ti,ab; 19986 results.</p> <p>33. MEDLINE; bulimia.ti,ab; 5230 results.</p> <p>34. MEDLINE; binge*.ti,ab; 6345 results.</p> <p>35. MEDLINE; EDNOS.ti,ab; 204 results.</p> <p>36. MEDLINE; 30 OR 31 OR 32 OR 33 OR 34 OR 35; 38812 results.</p> <p>37. MEDLINE; (cognitive adj3 therap*).ti,ab; 8859 results.</p> <p>38. MEDLINE; CBT.ti,ab; 3752 results.</p> <p>39. MEDLINE; COGNITIVE THERAPY/; 12861 results.</p> <p>40. MEDLINE; group*.ti,ab; 2160616 results.</p> <p>41. MEDLINE; PSYCHOTHERAPY, GROUP/; 11178 results.</p> <p>42. MEDLINE; 37 OR 38 OR 39; 17236 results.</p> <p>43. MEDLINE; 40 OR 41; 2163878 results.</p> <p>44. MEDLINE; 36 AND 42 AND 43; 331 results.</p> <p>54. MEDLINE; "randomized controlled trial".pt; 327846 results.</p> <p>55. MEDLINE; "controlled clinical trial".pt; 84125 results.</p> <p>56. MEDLINE; placebo.ab; 136122 results.</p> <p>57. MEDLINE; random*.ab; 581643 results.</p> <p>58. MEDLINE; trial.ti; 104653 results.</p> <p>59. MEDLINE; CLINICAL TRIALS AS TOPIC/; 160100 results.</p> <p>60. MEDLINE; 54 OR 55 OR 56 OR 57 OR 58 OR 59; 924213 results.</p> <p>61. MEDLINE; exp ANIMALS/ NOT HUMANS/; 3717656 results.</p> <p>62. MEDLINE; 8 NOT 9; 844631 results.</p> <p>63. MEDLINE; 44 AND 62; 179 results.</p>	179	
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EMBASE	<ol style="list-style-type: none"> 1. EMBASE; "eating disorder*.ti,ab; 13758 results. 2. EMBASE; exp EATING DISORDER/; 31266 results. 3. EMBASE; anorexia.ti,ab; 24641 results. 4. EMBASE; bulimia.ti,ab; 6998 results. 5. EMBASE; binge*.ti,ab; 7938 results. 6. EMBASE; 1 OR 2 OR 3 OR 4 OR 5; 50491 results. 7. EMBASE; CBT.ti,ab; 5501 results. 8. EMBASE; (cognitive adj3 therap*).ti,ab; 13289 results. 9. EMBASE; COGNITIVE THERAPY/; 27309 results. 10. EMBASE; group*.ti,ab; 2608523 results. 11. EMBASE; GROUP PSYCHOLOGY/ OR GROUP THERAPY/; 17306 results. 12. EMBASE; 10 OR 11; 2614345 results. 13. EMBASE; 7 OR 8 OR 9; 31679 results. 14. EMBASE; 6 AND 12 AND 13; 527 results. 15. EMBASE; random*.tw; 723756 results. 16. EMBASE; factorial*.tw; 18748 results. 17. EMBASE; placebo*.tw; 173855 results. 18. EMBASE; (crossover* OR cross-over*).tw; 60769 results. 19. EMBASE; (doubl* adj3 blind*).tw; 127469 results. 20. EMBASE; (singl* adj3 blind*).tw; 13980 results. 21. EMBASE; assign*.tw; 201961 results. 22. EMBASE; allocat*.tw; 67684 results. 23. EMBASE; volunteer*.tw; 155344 results. 24. EMBASE; CROSSOVER PROCEDURE/; 33809 results. 25. EMBASE; DOUBLE-BLIND PROCEDURE/; 108767 results. 26. EMBASE; SINGLE-BLIND PROCEDURE/; 15866 	214	
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	results. 27. EMBASE; RANDOMIZED CONTROLLED TRIAL/; 321671 results. 28. EMBASE; 15 OR 16 OR 17 OR 18 OR 19 OR 20 OR 21 OR 22 OR 23 OR 24 OR 25 OR 26 OR 27; 1195383 results. 29. EMBASE; 14 AND 28; 214 results.		
Summary	NA	NA	

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