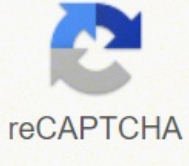




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# Binge eating disorder guided self help

## Clinical and cost-effectiveness of two ways of delivering guided self-help for people with an eating disorder: A multi-arm randomized controlled trial

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**Abstract**  
**Objective** Increasing the availability and accessibility of evidence-based treatments for eating disorders is an important goal. This study investigated the effectiveness and cost-effectiveness of guided self-help via face-to-face meetings (GSHF) and a more scalable method, providing support via email (GSH).  
**Method** A pragmatic, randomized controlled trial was conducted at three sites. Adults with binge-eating disorders were randomized to GSHF, GSH or a waiting list condition, each lasting 12 weeks. The primary outcome variable for clinical effectiveness was overall severity of eating psychopathology and, for cost-effectiveness, binge-free days, with exploratory analyses using symptom, abstinence. Costs were estimated from both a partial societal and healthcare provider perspective.  
**Results** Study participants were included in each condition. Both forms of GSH were superior to the control condition in reducing eating psychopathology (IRR = -1.32 [95% CI -1.77, -0.87],  $p < .0001$ , IRR = -1.42 [95% CI -2.25, -1.05],  $p < .0001$ ) and binge eating. Abstinence was higher in GSH. Probabilities that GSHF and GSH were cost-effective compared with WL were 93% (95% CI 82-100) and 51% (95% CI 31-68), respectively, for a willingness to pay of £50,000 per additional binge-free day.  
**Discussion** Both forms of GSH were associated with clinical improvement and were likely to be cost-effective compared with a waiting list condition. Provision of support via email is likely to be more convenient for many patients although the risk of non-completion is greater.  
**KEYWORDS**  
binge eating, cognitive behavioral therapy, cost effectiveness, guided self-help

**1 | INTRODUCTION**  
Eating disorders (EDs) are associated with significant disease burden (\$12.6B for each of the 5.4 million individuals who develop an ED globally; Brown, Kessler, & Price, 2005). As an individual symptom, binge eating, binge eating is common and associated with significant

Lambert, & Toulmin, 2019). The costs of EDs in the United States have been estimated at around \$4 billion in 2010-2019, equating to \$12.6B for each of the 5.4 million individuals who develop an ED globally. Brown, Kessler, & Price, 2005. As an individual symptom, binge eating, binge eating is common and associated with significant

**Table 1**  
Baseline characteristics of participants assigned to cognitive-behavioral therapy and guided self-help (CBT-GSH) or to usual care for binge eating

Characteristic	Usual care (N=70)		CBT-GSH (N=81)		Test statistic	df	p
	N	%	N	%			
Age (M±SD)	38.51±6.52		39.58±6.89		t=-1.01	158	.313
Education at least some college	66	94	68	84	$\chi^2=0.01$	1	.914
Race/ethnicity <sup>a</sup>					$\chi^2=11.61$	1	.001
Non-Hispanic white	66	94	80	99			
Hispanic	7	10	9	11			
Body mass index (M±SD) <sup>b</sup>	31.52±6.29		31.42±5.60		t= .11	157	.949
Days of binge eating (M±SD)	25	35	27	33	$\chi^2=0.08$	1	.777
Disordered eating symptomatology (post 28 days)					t=2.31	156	.022
Day of binge eating (M±SD)	13.27±6.53		15.83±7.47		$\chi^2=2.10$	1	.036
Self-reported purging <sup>c</sup>	21	27	22	27	t=0.01	1	.914

<sup>a</sup> An additional 7 participants did not report their race/ethnicity or reported "other" race/ethnicity.  
<sup>b</sup> Weight in kilograms divided by height in meters squared. An index above 30 indicates obesity.  
<sup>c</sup> Purging included self-induced vomiting, use of laxatives, or both.



## Eating disorder is any abnormal or disturbed eating habits

**Anorexia nervosa** is an eating disorder characterized by self-imposed starvation leading to excessive weight loss. Some warning signs and symptoms: Dry skin, Fainting, Brittle hair, Dehydration, Loss of body fat, Loss of menstruation.

**the effects of bulimia:** Damage the heart, Damage the kidney due to laxative abuse, Vomiting and laxative abuse can lead to dehydration and serious malnutrition, Overeating can cause the stomach to enlarge and vomiting can cause the stomach to rupture, Damage the tooth enamel and injure the mouth and throat.

**Binge eating disorder** is characterized by compulsive eating. People who indulge in compulsive eating consume a large amount of food at one time but they do not eliminate it.

**Try the following strategies to stop binge eating:**  
• Cope with stress  
• Take three regular meals and choose healthy snacks  
• Stay away from temptation  
• Stop dieting  
• Do some exercises  
• Have enough sleep  
• Know your body  
• Note the food you eat  
• Get help  
• Build a solid support network such as with your family, friends, or join a support group. You can also seek medical help.

## Binge-eating-disorder-focused guided self-help programme. Dialectical behavior therapy guided self-help for binge-eating disorder.

Objective: Despite the proven efficacy of cognitive behavioral therapy (CBT) to treat eating disorders with binge eating as a central symptom, few patients receive CBT in clinical practice. Our combined efficacy and effectiveness study seeks to assess whether a form of manual self-help TCC (CBT-GSH), delivered in 8 sessions<sup>3</sup> a health maintenance organization, over a period of 12 weeks by master level interventionists, is more effective than standard treatment (TAU). Everything. In total, 123 individuals (mean age = 37.2; 91.9% women, 96.7% non-Hispanic whites) were randomized, including 10.6% with bulimia nervosa (BN), 48% with atraçá<sup>3</sup> n disorder (BED) and 41.4% with atraçá<sup>3</sup> a recurrent in the absence of BN or BED. Baseline, post-treatment and follow-up data at 6 and 12 months were used<sup>3</sup> the intent-to-treat analysis. Results: At 12 months of follow-up, CBT-AGE resulted in higher abstinence from binge eating (64.2%) than CTU (44.6%). Number needed for treatment = 5), as measured by the Eating Disorder Examination (EDE). The secondary results showed greater improvements in the CBT-GSH group in the<sup>3</sup> a dietA6 (d = 0.30); worrying feed<sup>3</sup> shape and weight (ds = 0.54, 1.01, 0.49, respectively; measured by the EDE questionnaire); depression<sup>3</sup> n (d = 0.56; Beck depression inventory); and social adjustment (d = 0.58; Labor and Social Adjustment Scale), but no change of weight. Conclusions: CBT-GSH is a viable first-line treatment option<sup>3</sup> most patients with recurrent atraçá<sup>3</sup> who do not meet the diagnostic criteria<sup>3</sup> BN or anorexia nervosa. This online book describes a guided self-help program (GSH) based on the principles of cognitive behavioral therapy (CBT). To the patients to of a maximum of twelve required 25-minute sessions with a therapist or clinician with the patient using the book as a guide. Guide provides ways to learn and practice practicing Skills needed to overcome eating disorders<sup>3</sup> establish healthy habits, while consulting the therapist for encouragement and support. Through daily self-control of eating patterns, and strategies such<sup>3</sup> challenging negative thoughts and solving formal problems, this online work book will help reduce patients' desires to engage in behavior associated with eating disorders<sup>3</sup> n. Keywords: Bulimia nervosa, eating disorder<sup>3</sup> not attractive, self-help guided program, GSH, healthy habits, self-control, consumption patterns, resolution<sup>3</sup> formal problems, cognitive-behavioral therapy,<sup>3</sup> information in CBT bibliography Page 2 Print Save quote Email this content Copy this link, or<sup>3</sup> click to email this content<sup>3</sup> a friend via email<sup>3</sup> this content or copy the link directly: :psych/9780195334562.001.0001/med-9780195334562-chapter-1 show Summary Details DOI Page: 10.1093 / Med. Psych / 9780195334562.003.0001 Printed page of the psychology of Oxford (www.oxfordclinicalpsych.com). Â© A Oxford University Press, 2021. All rights reserved. According to the terms of the license agreement, an individual user can print a single-chapter PDF of a title in the Oxford lexicon for personal use (for more information, see the Privacy Policy and Legal Notice | 6, 2022 Chapter 1 Provides an introduction<sup>3</sup> GSH treatment for eating disorders,<sup>3</sup> based on the principles of CBT. Discusses the contents of the book, including what is known about eating disorders,<sup>3</sup> effectiveness of CBT, and of the therapy program. Access to full content in Oxford Clinical Psychology requires a subscription or purchase. Public users can search the site and view summaries and keywords for each book and chapter without a subscription. Please subscribe or log in to access full text content. If you purchased a print title that contains Token, see the Token to get information about how to record your code. For questions about access or troubleshooting, consult our frequently asked questions and, if you can not find the answer there, contact us. The proposed study will use randomized design to evaluate the effectiveness of two groups of guided self-help based on groups: integrative response therapy (IRT) and cognitive-behavioral guided self-help, a known efficacy treatment, in group format ( CBT-GSHG) in the treatment of hazing disorder (BED), and explore (1) moderators and mediators of treatment, (2) relative profitability of two treatments, and (3) between-group differences in secondary measures (eg, eating disorder and general psychopathy). Condition or Disease Phase Intervention \ / Treatment Disorder by behavioral Assistance: Integrative behavioral response therapy: Cognitive-behavioral therapy Not applicable The approach of this proposal is in bed among an adult population. Guided self-help (GSH) treatments seem promising and can be spread more easily than effective specialized treatments, such as behavioral cognitive (TCC) therapy and interpersonal psychotherapy (TPI), given administration costs and The time requirements of this Last. The proposed study uses a new Bed treatment of groups based on groups called Integrative Response Therapy (IRT). The IRR is mainly based on the theory of the regulation of the Affection of the Eggs (for example, the busters are an attempt to alter the anguish emotional states), while adding cognitive restructuring techniques. IRT teaches effective ways to deal with aversive emotions and rethink defective cognitions while reducing that are likely to lead to problematic emotional responses and cognitions, such as physical needs (e.g., hunger, sleep deprivation), interpersonal conflicts, and where possible, unpleasant external events. IRT IRT Primary I is significantly reducing the episodes of bustling and the associated pathology of the eating disorder. CBT-GSH is a form of GSH frequently used manual that has demonstrated effectiveness. The CTC, based on the restriction model, intervenes through behavioral techniques to replace the restricted feeding with more regular and cognitive motering patterns to restructure the problematic thoughts of an individual that overvalue Form and weight. The literature indicates that the CBT-GSH is a viable self-help self-help that seems to be higher than the waiting list control conditions, equivalent to IPT, a specialized treatment, and superior to the treatment of behavioral weight loss 2 years after follow-up. There is then a series of reasons to continue investigating GSH in general and CBT-GSH specifically. The proposed study will set the basis for identifying GSH treatment should be investigated in a more broad subsequent assay that would evaluate a clinically relevant algorithm for the treatment of the BED. Intervention of the arm / experimental treatment: the TRI integrative response therapy is based on the regulation theories of the affection of compulsive intake and adds to the cognitive restructuring techniques. The TRI is a guided self-help treatment based on groups of 10 sessions that works to reduce the intake of itching, mainly improving emotional coping skills, in addition to transforming defective interpretations and reducing vulnerabilities (for example, interpersonal events) that risk emotions Overwhelming and problematic cognitions. Behavior: Integrative response therapy A manual version of IRT sessions is used. Each of the 10 group therapy sessions will have a duration of 60 minutes. The therapists level of non-specialized master directing the TRI after receiving training<sup>3</sup> TRI with the IP. Active comparator: Cognitive behavioral therapy Cognitive behavioral therapy guides self-help (CBT-GSH), based on the model of restriction<sup>3</sup> binge eating binge eating It has been adapted from the individual format to a 10-session, group-based therapy for the purpose of this study. The book "Overcoming the Binge Eater" is used in the present study and consists of Part 1, an educational training in bed and Part 2, a 6-step treatment program to overcome overeating. Behavior: Cognitive behavioral therapy A 10-session manual version of CBT-GSH is used. Each of the 10 group therapy sessions will be 60 minutes long. Non-specialized trained master's level therapists will lead CBT-GSH after undergoing CBT-GSH training with IP. Primary outcome measures: Number of days of adherence in the previous 28 days [a time frame: A 16 weeks after treatment] assessed through the eating disorder examination Secondary outcome measures: Emotion driven by emotion to eat [a time frame: A 16 weeks after treatment, 6 and 12 months of follow-up]. - A 16 weeks of postal treatment, 6 and 12 months of follow-up] assessed through beck's depression inventory self-esteem [Time frame: A 16 weeks after treatment, 6 and 12 months follow-up] assessed through the Rosenberg self. - Scale the quality of life of life [Time] Frame: A Post-treatment, 6 and 12 months of follow-up] assessed through the quality of use of the health services well-being scale [Time] of the frame: A at intervals of 1 month of 1 month Over 16 weeks of intervention (4 times total) - ED through health care diary inclusion criteria: Meet the DSM-IV research criteria for binge eating disorder (although the frequency criteria will be reduced to the DSM-V proposal; 1 time per week 3 months). Be a man or woman between 18 and 75 years old. Be available and committed to assist complete treatment and follow-up follow-up Transportation to the clinic. Being alphabetized in English (this is necessary for inclusion because the sessions will be carried out in English and written and visual materials are in English). Have a primary health care provider. Exclusion criteria: current psychosis or severe depression with suicidal risk; A severity that probably would require additional psychotherapizing or psychopharmacological treatment or interfere with participation in this group therapy or daily operation. Depressive disorders that do not comply with the intensity factor of the exclusion criteria can be admitted to the study. Current anorexia or bulimia nervosa or purge behaviors in the last six months. Consumption / current dependence on drugs and / or alcohol. Current medication indicated mainly for its effect on appetite or weight, unless the participant is willing to withdraw from said medications under the supervision of his primary care medical. Current chemotherapy. Current participation in psychotherapy, unless the participant is willing to interrupt the treatment. The use of psychotropic drugs, including antidepressants, is acceptable if the doses remained stable for at least 1 month before the evaluation. Pregnant or plans to become pregnant in the next 12 months. DMC greater than 45. Planning bariatry operate in the next 12 months. No Transportation Table for Design for Location Information United States, California Stanford University School of Medicine Stanford, California, United States, 94305 Design table for investigator Information Main Researcher: Athena Robinson Stanford University guided self-help programmes; a type of talking therapy called cognitive behavioural therapy (CBT), which is in group sessions or individual (1-on-1) sessions; Read more about treating binge eating disorder. Causes of binge eating. The exact causes of binge eating disorder are not known, but you are more likely to have an eating disorder if: 01/03/2021 - Self-Help Books For Eating Disorder Sufferers Overcoming Binge Eating (Christopher Fairburn) Overcoming Binge Eating is, in my opinion, the best self-help book for people struggling with binge eating. The binge eating book contains a psychoeducation component and a structured self-help component, shown to be highly effective. 30/11/2020 - Binge eating disorder (BED) is an eating disorder introduced in 2013 in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Although newly recognized as a distinct disorder, it is the most common eating disorder and is more common than anorexia nervosa and bulimia nervosa. 03/12/2019 - Binge eating disorder (BED) is the most common type of eating disorder. ... guided self-help CBT is another option. ... Self-help CBT has been shown to ... 07/09/2021 - Binge eating disorder treatment usually focuses on individual psychotherapy. Cognitive behavioral therapy (CBT) is the most researched therapy for BED. ... One strategy to bridge the treatment gap has been the development of self-help and guided self-help treatments for binge eating disorder, which show promise. An eating disorder is a mental disorder defined by abnormal eating behaviors that negatively affect a person's physical or mental health. Only one eating disorder can be diagnosed at a given time. Types of eating disorders include binge eating disorder, where the afflicted eats a large amount in a short period of time; anorexia nervosa, where the person afflicted has an intense ... Guided help. You'll probably be offered a guided self-help programme as a first step in treating binge eating disorder. This often involves working through a self-help book combined with sessions with a healthcare professional, such as a therapist. These self-help books may take you through a programme that helps you: monitor what you're eating ... Binge eating disorder (BED) is an eating disorder characterized by frequent and recurrent binge eating episodes with associated negative psychological and social problems, but without the compensatory behaviors common to bulimia nervosa, OSFED, or the binge-purge subtype of anorexia nervosa.. BED is a recently described condition, which was required to distinguish ...





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