Evidence Table E57. Binge eating disorder drug treatment – part 3

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Author's Last Name  Year | Co-Interventions | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
| Arnold, 200266 | NA | Fluoxetine, dosage began with 20mg/day for 3 days; As tolerated, dose increased to 40 mg/day for 3 days, then 60 mg/day. After 2 wks of treatment with 60mg/day, dose could increase to 80 mg/day. At endpoint, mean dose (SD) was 71.3 (11.4); G2: 67.3 (11.5). | Placebo, dosage began with 20mg/day for 3 days; As tolerated, dose increased to 40 mg/day for 3 days, then 60 mg/day. After 2 wks at 60mg/day, dose could increase to 80 mg/day. At endpoint, mean dose (SD) was 67.3 (11.5). | NA | NA | NA |
| Brownley, 201367 | 1 subject on stable SSRI regimen | Chromium high dose  1000 mcg Cr/day as Cr/Pic | Chromium low dose  600 mcg Cr/day | Placebo | NA | NA |

Evidence Table E57. Binge eating disorder drug treatment – part 3 (continued)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Author's Last Name  Year | Co-Interventions | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
| Guerdjikova, 200968 | NA | Lamotrigine, flexible dose (236+/-150 mg/day), 16 wks. 25 mg/day for the first 14 days, then dosage increased to 50mg/day. On day 28, the dosage was increased to 50mg twice daily. On day 35 the dosage was increased as tolerate to 100 mg bid. If no response or inadequate the dosage was increased as tolerate to 100mg bid. If no response or inadequate response was evident by wk 6, medication was increased to 150mg bid. If no response or inadequate response by wk 8, dosage was increased to maximum dose of 200 mg bid. During wks 12-16, the dosage was not changed unless a medical reason required such | Placebo, identical to tx group, dose was 232mg/day (range 25-400mg/day) | NA | NA | NA |

Evidence Table 57. Binge eating disorder drug treatment – part 3 (continued)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Author's Last Name  Year | Co-Interventions | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
| Guerdjikova, 200869 | None | Escitalopram  Subjects began with 1 week of open evaluation. Then they received 10mg/day for the first 7 days. The dosage was increased, as tolerated, to 20mg/day for 7 days and then 30mg/day, as tolerated, for the remainder of the study. Study medication could be reduced to a minimum of 10mg/day because of intolerable side effects at any time during the 12wk treatment period. All study medication was dispensed in identical tablets (10mg of escitalopram or placebo). | Placebo | NA | NA | NA |

Evidence Table 57. Binge eating disorder drug treatment – part 3 (continued)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Author's Last Name  Year | Co-Interventions | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
| Guerdjikova, 201270 | None | Duloxetine  Start: 30mg per day  2nd week: Increased as tolerated to 60mg  4th week: In the absense of remission of binge eating or depressive symptoms and intolerable side effects, increased to 90mg  6th: Increased to 120mg per day on the same criteria  Dosing was either once per day or twice per day depending on tolerability | Placebo | NA | NA | NA |

Evidence Table 57. Binge eating disorder drug treatment – part 3 (continued)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Author's Last Name  Year | Co-Interventions | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
| Hudson, 199871 | Patients had a 1-week screening period followed by a 1-week single-blind placebo lead-in period. A 9-week treatment period followed. All medications were in identical capsules (50mg) supplied in numbered containers dispensed to patients according to the randomization schedule. During placebo lead-in period, patients took one capsule each evening; in the double-blind tx phase, dose was 50mg each evening for a minimum of 3 days. Beginning on day 4, the dose could be adjusted on an individual basis between 50mg and 300mg until end of week 9. If number of capsules was even, an equal number of capsules was taken in the morning and evening; if odd, the greater number was taken in the evening. Adjustments within the range of 1-6 capsules per day were at discretion of investigator, and medication was increased within this range until a patient was asymptomatic or intolerance intervened. | Study treatment was fluvoxamine | Study treatment was placebo | NA | NA | NA |

Evidence Table 57. Binge eating disorder drug treatment – part 3 (continued)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Author's Last Name  Year | Co-Interventions | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
| Leombruni, 200872 | none | Fluoxetine, dose of 10 mg for 3 days, after that it was increased in 10 mg increments every 3 days to a max of 80mg/day (range: 40-80 mg, mean dosage 64.5 mg, SD=9.9) | Sertraline, a dose of 25 mg/day for 3 days, after that the dose was increased in 25-mg increments eveyr 3 days to a maximum of 200mg/day, as tolerated. Range: 100-200, mean dose 165.9 mg, SD 32.3 | NA | NA | NA |
| McElroy, 200773 | - 10 week trial  '- 1 week treatment discontinuation  - | Atomoxetine, 40 mg for first 7 days, increased at the beginning of the 2nd week to 80 mg/day as tolerated, increased at beginning of 3rd week to 120 mg.day as tolerated, could be reduced to 40 mg daily because of bothersome SE at anytime during the 10 wk trial | Placebo, identical capsules | NA | NA | NA |

Evidence Table 57. Binge eating disorder drug treatment – part 3 (continued)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Author's Last Name  Year | Co-Interventions | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
| McElroy, 200674 |  | Zonisamide, began at 100 mg/day for the first 7d and then increased, as tolerated, by 100mg/day every 7 days to a max of 600 mg/day.  For the last 4 weeks of treatment period (weeks 13-16), study medication dose was not changed unless a medical reason (e.g., adverse event) necessitated such a change. Study medication could be reduced to a minimum of 100 mg daily because of bothersome side effects at any time during the 16-week treatment period. Patients took their daily dose of study medication in the evening; however, if patients preferred, they could take half of the daily dose in the morning. | Placebo, in idential 100-mg capsules | NA | NA | NA |

Evidence Table 57. Binge eating disorder drug treatment – part 3 (continued)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Author's Last Name  Year | Co-Interventions | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
| McElroy, 200375 | None | Citalopram, dispensed in identical 20 mg capsules. Subjects began treatment with 20 mg/day for the first 7 days. The dosage was then increased, as tolerated, to 40 mg/day for 7 days, then 60 mg/day for the remainder of the study. Study medication could be reduced to a minimum of 1 capsule (20mg) daily because of intolerable side effects at any time during the 6 week treatment period. | Study treatment was placebo, dispensed in identical 20 mg capsules | NA | NA | NA |

Evidence Table 57. Binge eating disorder drug treatment – part 3 (continued)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Author's Last Name  Year | Co-Interventions | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
| McElroy, 200376 | NA | topiramate flexible-dose 25 mg- 600mg/d; median 212mg. 25mg each evening the first 3 days, 50mg days 4-7, 75 or 100mg days 7 on. If after 2 weeks there was no response (i.e., < 50% reduction in binge frequency), the dose was increased 50mg/wk for 4 wks, then 75mg/wk for 4 weeks, a max dose of 600mg/day at 10 wks. Dose was not changed wks 10-14 | Placebo, same flexible-dose plan as tx group, identical 25mg or 100 mg capsules | NA | NA | NA |
| McElroy, 200077 | NA | Sertraline  1, 50 mg capsule for at least 3 days, then dose adjusted to between 1 and 4 capsules daily | Placebo |  | NA | NA |

Evidence Table 57. Binge eating disorder drug treatment – part 3 (continued)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Author's Last Name  Year | Co-Interventions | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
| McElroy, 201178 | None | Acamprosate  First two weeks: 1,998 mg daily, 2 333mg tablets 3 times per day  After second week: Participants could increase as tolerated to a maximum of 2,997mg a day  Minimum requirement was 999mg a day  Increments or schedule to increase NR | Placebo | NA | NA | NA |
| McElroy, 200779 | None | Topiramate  Twice daily  Started 25mg/day  First four weeks - could increase daily dose by 25mg each week as tolerated to 100mg  Week 5, could increase up to 150mg, week 6, up to 200mg, week 7 up to 300mg, week 8, up to 400mg  A single dose reduction to previous dose was allowed to manage tolerability | Placebo | NA | NA | NA |

Evidence Table 57. Binge eating disorder drug treatment – part 3 (continued)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Author's Last Name  Year | Co-Interventions | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
| McElroy, 201380 |  | ALKS-33: 10mg given as a once daily nighttime dose (because of the incidence of somnolence observed in previous studies). At the discretion of the investigator, 1 dose decrease (from 10mg to 5mg ALKS-33 in G1) was permitted for any participant who had poor tolerability to treatment. | placebo | NA | NA | NA |
| McElroy, 201581 | None | Lisdexamfetamine Dimesylate 30 mg/day | Lisdexamfetamine Dimesylate 50 mg/day | Lisdexamfetamine Dimesylate 70 mg/day | Placebo | NA |
| Pearlstein, 200382 | Subjects met w/a research nurse or psychiatrist weekly for the first 6 weeks and then biweekly for the next 6 weeks  Subjects were instructed not to engage in psychotherapy or weight reduction program during the trial.  Psychoeducation materials on healthy eating were distributed at each study visit. | fluvoxamine, dose was titrated up to 150 mg b.i.d. Avg dose for tx was 239 mg/day | placebo, dose was titrated up to 150 mg b.i.d. Avg dose for tx was 264 mg/day | NA | NA | NA |

Evidence Table 57. Binge eating disorder drug treatment – part 3 (continued)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Author's Last Name  Year | Co-Interventions | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
| Shire, 201483,84 | None | Lisdexamfetamine Dimesylate 50 or 70 mg/day | Placebo | NA | NA | NA |
| Shire, 201484,85 | None | Lisdexamfetamine Dimesylate 50 or 70 mg/day | Placebo | NA | NA | NA |

Evidence Table 57. Binge eating disorder drug treatment – part 3 (continued)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Author's Last Name  Year | Co-Interventions | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 |
| White, 201386 |  | Buproprion: 150mg tablets taken once daily for the first 3 days, then taken twice daily for study days 4-56 | Placebo: Tablets taken once daily for the first 3 days, then taken twice daily for study days 4-56 | NA | NA | NA |