

Publication

A non-randomized direct comparison of cognitive-behavioral short- and long-term treatment for binge eating disorder

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Background: To compare treatment outcomes of a cognitive-behavioral long-term (CBT-L) and short-term (CBT-S) treatment for binge eating disorder (BED) in a non-randomized comparison and to identify moderators of treatment outcome. **Methods:** 76 female patients with BED participated in the study: 40 in CBT-L and 36 in CBT-S. Outcome values were compared at the end of the active treatment phase (16 sessions for CBT-L, 8 sessions for CBT-S) and at 12-month follow-up. **Results:** Both treatments produced significant reductions in binge eating. At the end of active treatment, but not at the end of follow-up, effects of primary outcomes (e.g. remission from binge eating, EDE shape concern) were better for CBT-L than for CBT-S. Dropout rates were significantly higher in CBT-L (35%) than in CBT-S (14%). Moderator analyses revealed that treatment efficacy for rapid responders and individuals exhibiting high scores on the mixed dietary negative affect subtype differed between the CBT-L and CBT-S with respect to objective binges, restraint eating and eating concern. **Conclusion:** Findings suggest that CBT in general represents an effective treatment for BED, but that subgroups of patients might profit more from a prolonged treatment. Short, lessintensive CBT treatments could nevertheless be a viable option in the treatment of BED.

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