Reviewer's report

Title: Guided self-help for binge eating: randomised comparison of face-to-face versus e-mail treatment

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Reviewer: Paul Farrand

Reviewer's report:

Overall I liked the paper and feel it is very timely given large developments in the use of CBT self-help, now across many countries (for example the IAPT programme in England), predominately for depression and anxiety. The paper makes a big contribution to this area, in the least by highlighting the potential to included BED within such programmes, although I feel the paper needs to do more to develop this. The pear is also novel by looking at variations in support relating to effectiveness, however methodologically I feel there are concerns here also that are addressed below. Overall the paper is well written and I feel if the issues raised below can be addressed feel the paper will make a solid contribution to this emerging area of research. However I do feel the methodological issues at least need addressing if the paper is really to developed research in this area.

• Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

1. Given the main comparator of interest, face to face v. e-mail support for self-help, I feel far greater attention is needed in the methodology section regarding the nature of support and indeed more description concerning the workforce providing such support for the self-help interventions. Whilst an overview is provided highlighting support provided, this aspect of the methodology would be improved were the nature of support classified using the taxonomy developed by Glasgow & Rosen (1978) adopted. This issue is highlighted as a weakness of research into self-help by Farrand & Woodford (2013), so perhaps reference to this paper will improve the methodological quality of the paper, as indeed this paper make recommendations surrounding methodology for research in this area.

2. I particularly feel more detail is required concerning the type and nature of support as provided by ‘e-mail’. Far greater consideration of the nature of the support protocol would be required to support replication I feel. For example, is such support merely ‘motivational’ or does it seek to provide problem solving etc in the use of the self-help package, and perhaps track usage of the relevant sections of the package and provide deadlines etc? There is many ways such support could be provided and greater detail would be helpful.

3. Related to methodological improvements, I also feel far greater detail is required regarding the workforce providing support, beyond simply stating their
professional background. An emerging issue in research examining self-help interventions is related to the nature of the workforce providing such support beyond merely professional background. This issue is partly raised in the paper by reference to the nature of the workforce called ‘therapists’ that is adopted, versus other titles that have been adopted, such as paraprofessional or coach more latterly. As such, more detail concerning the nature of the workforce, their professional or paraprofessional status and any training provided with respect to supporting self-help interventions would be helpful. The latter point is particularly helpful given the developments in the role of ‘psychological wellbeing practitioner’ associated with the ‘Improving Access to Psychological Therapies’ (IAPT) programme.

4. Sample size is calculated on the basis of an effect size of 1 derived from a single paper Ljotsson et al 2007. This provides a fair starting point, however the systematic review of CBT self help interventions (Farrand & Woodford, 2013) that included recurrent binge eating disorders identified 8 studies classified with ‘Guided’ support with effect size of .54 and 3 studies with ‘Self-administered’ classification of support with effect size of .12. In both cases the effect size was much smaller than the 1 the study is based on, therefore consideration of this may be useful.

5. The paper by Farrand & Woodford (2013) also identify a number of wider methodological considerations related to effect size with studies into CBT self-help across a range of ‘higher prevalence’ disorders, including BED. It would be helpful if consideration to at least some of these factors could be given, perhaps this would help the authors at least address some of these in the methodology.

6. One factor that is known as related to higher effect size is an adequate level of concealment (internal validity) concerning the randomization process (Cuijpers et al, 2010). This is addressed in the CONSORT statement and other reporting guidance, and I feel aspects of the paper related to these areas may be improved if the authors can review these sections in the light of such guidance to ensure all methodological detail is covered.

• Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. The description of the nature of support provided is good (with consideration of the points raised previously). However I do wonder if a better way to report the ‘Typical Format for Support Session’ on Page 8 could be found in contrast to this long list. Potentially given the similarities in format by week it may be possible to verbally summarise this?

2. Could the authors give greater consideration to the term given to those supporting the intervention. I have raised some issues relating to this earlier with respect to the status of the workforce. A related issue concerns the use of ‘therapist’ that is adopted, that the authors admittedly highlight. However some consideration of the issues regarding terminology as raised by David Richards and Karina Lovell concerning ‘therapists’ being defined as those using ‘therapeutic use of self’ in treatment unlike those supporting self–help may be
helpful.

- Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)

1. The coverage of the literature related to the treatment of binge eating disorder using self-help interventions is very good. However, I do feel the impact of the paper could be increased were at least some mention made regarding the Improving Access to Psychological Therapies programme, which is the main England wide programme that has encapsulated CBT self-help within a stepped care model, which the authors do allude to in terms of ‘step 1’ interventions. It is true that the IAPT programme does not include CBT self-help for BED at present, however perhaps this paper could go some way to pointing out the potential that not including BED, especially with the potential to include e-mail support may be an oversight.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I confirm that I have no competing interests with respect to this paper.