Author's response to reviews

Title: Binge-eating disorder diagnosis and treatment. A recap in front of DSM-5.

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Author's response to reviews: see over
ANSWER TO THE REFEREES

The answers of the authors follow the commentary of the Referee #1 since the one of the Referee #2 are substantially included in it.

Major Compulsory Revisions

- First, the authors make claims throughout the paper for which the evidence is unclear or for which no references are cited, leading to problematic statements throughout the paper as well as problematic overarching conclusions. The authors do not characterize the ways in which the reviewed treatments warrant further study.

We revised references and completed text citations, providing literature evidences for all the statements included in the review. We described with wider detail the ways in which available literature data deserves further deepening.

- The article would be strengthened by a more detailed description of the treatment trials under review, including an overview of the patient population, comparative treatment(s) and duration, results, and rates of drop-out. Further, it would be helpful for the authors to describe how each reviewed trial extends the extant literature on that treatment and note areas for where future evaluation of that treatment may be needed.

We included required information in the summary table of revised studies. We also deepened the description of the results in the Discussion section, we payed special attention to the ways in which reviewed trials extends literature and future evaluation may be needed.

- Second, the authors frequently discuss treatments for obesity as concurrent with treatment for BED, and it is important for the authors to be cautious in not conflating the two, as some efficacious treatments for BED do not target weight loss as a primary outcome. Similarly, it is recommended the authors be careful in their discussion of bariatric surgery as a treatment for BED versus as a treatment for obesity among patients with BED.

We better clarified in the text the reasons of our statements and the role of obesity related problems in BED psychopathology and treatment. In particular we evidenced as the surgical treatment for obesity also impacts the psychopathology of BED.

- Providing a more comprehensive review of the bariatric surgery literature in relation to its effects on binge eating may help to improve the clarity of this discussion.

This issue was only partially accomplished due to the target and limits of the present review (we considered all papers we have found in the last years addressing the BED). We agree with the referee that it could be interesting to address more specifically this issue with a more extensive literature search, but this should be done in the future extending the search in the past.

- Moreover, throughout their discussion of the treatment literature, the authors note several targets that “must” or “should” be addressed in treatment. These statements lack references, and represent intervention targets from different evidence-based treatments; as such, it is misleading to conclude that the combination of these treatment targets “must” be included in treatment for BED. The authors might consider instead summarizing common factors associated with improved outcomes across BED treatments and/or note areas for which combined/stepped-care intervention has demonstrated efficacy or been proposed for future evaluation, after reviewing the treatment trials to date for the reader.
We better explained treatment recommendation, specifying available level of literature evidence for each one and the areas for which stepped care intervention has demonstrated efficacy.

- Third, the Discussion section on diagnostic issues and pathological features lacks clarity for why it is included in this review. The authors’ concluding statement that “further research is needed on BED diagnosis” suggests the authors may be arguing other pathological features, such as overvaluation of shape and weight, be considered as criteria or subtypes for the diagnosis of BED. However, this point is not clearly specified and the authors do not argue for why modified diagnostic criteria may be needed. Given the wealth of research substantiating the inclusion of BED as a clinical eating disorder in the DSM-5, a more informed discussion of pathological features that may improve potential limitations of current diagnostic criteria and/or impact BED treatment might increase the relevance of this section of the paper.

We understand the perplexity of the referee since the sentence we used is unclear and leads to misleading conclusions. In fact a discussion about the issue of new diagnostic criteria of the BED was not the purpose of our paper which only wish to make the point of existing evidences on BED at the light of the DSM 5 inclusion in the main ED diagnoses. We better explained, in a biopsychosocial framework of eating disorders, the usefulness of psychopathological core aspects of BED diagnosis for treatment choices, and their clinical relevance.

- Fourth, it would be helpful for the authors to provide a rationale for including only studies published in the past six years. Clarifying this decision and noting the exact dates for which the review is comprised is important for the reader, as six years from the time of publication will be different from the six years over which the literature search was conducted.

We specified the rationale of this choice and we explained in the text the dates in which the review is comprised.

**Minor Essential Revisions**

- In Table 2, it would be helpful for the authors to clarify in the table title or in a note below the table that the review focused on studies published in the last six years and included only adults with BED.

We added the specification required.

- Please check for spelling errors throughout the text, including the manuscript title and references.

We checked spelling errors and we revised grammar.

**Discretionary Revisions**

- The authors might consider removing Table 1, as a description of the diagnostic changes between DSM-IV-TR to DSM-5 is provided in the text of the paper. If the authors elect to keep the table in the manuscript, it is recommended they include references to the relevant diagnostic manuals.

We followed reviewer suggestion and removed the table.