Reviewer's report

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

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Reviewer: Andrea Kass

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Major Compulsory Revisions

In their article, “Binge-eating eating disorder diagnosis and treatment. A recap in front of DSM-5,” the authors reviewed studies published in the past six years on the classification, diagnosis, and treatment of binge eating disorder (BED). Given the recent addition of BED as a clinical eating disorder diagnosis in DSM-5, a review of evidence-based interventions for BED is beneficial for informing treatment decision-making. However, substantial aspects of this paper warrant improvement for publication.

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. Accordingly, several aspects of the paper seem based on the authors’ opinion rather than on a critical summary of available evidence. For example, the authors conclude “BED diagnosis and treatment strategies still seem to deserve further deepening.” However, the authors do not characterize the ways in which the reviewed treatments warrant further study. 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. Dropout rates would be particularly important to specify in light of the authors’ statements that high dropout is “typical of this disease,” as it is unclear on what basis the authors derived this conclusion. 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.

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, as it is unclear whether the authors are recommending bariatric surgery for the treatment of binge eating in addition to weight loss. 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.
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.

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.

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.

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.

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

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.

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

**Quality of written English:** Needs some language corrections before being
published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.