

Studies evaluating efficacy of technology-based psychological treatments for anorexia and bulimia nervosa <sup>a</sup>

Study	Participants		Recruitment	Design/ Assessment timepoints	Intervention and conditions		Contact	Outcome	Compliance (completion of treatment)	Weaknesses of studies
	Diagnosis (N, assessment tool)	Number of participants/ starters (uptake rate)			Intervention Duration	Conditions N (in case of RCT)				
<b>Computer- and Internet-based Unguided Self-help</b>										
Bara-Carril et al [42]  United Kingdom	BN (N=46) EDNOS (N=11) (DSM- IV)	57/47 (82.5%)	Consecutive referrals to the ED unit	<b>Uncontrolled study</b> Baseline, session 3, session 8 (post), 2-month follow- up	<b>“Overcoming Bulimia”</b> 8 modules 4-8 weeks		No contact with a clinician	Improved	19/57 (33.3%)	1,3
Schmidt et al [43]  United Kingdom	BN (N=60) EDNOS (N=37) (DSM- IV)	97/64 (66.0%) <u>CD- ROM</u> 49/32 (65.3%) <u>WL</u> 48/32 (66.7%)	Consecutive referrals to the ED out- patients service	<b>RCT</b> Baseline, 3 months (post), 4-month follow- up	<b>“Overcoming Bulimia”</b> 8 modules 8-12 weeks	<u>CD-ROM</u> + 5 or 15 F2F-sessions (N=49) <u>Waiting list</u> ( <u>WL</u> ) + 15 F2F- sessions (N=48)	<u>CD-ROM</u> No practitioner guidance	CD-ROM = WL	<u>CD-ROM</u> 16/49 (32.7%)	4,8
Johnston et al [44]  United Kingdom	BN (N=94) (BITE >10)	94	Universities, colleges, Internet	<b>RCT</b> Baseline, 4-week follow- up, 8-week follow- up	<b>Therapeutic writing</b> 20 min on 3 consecutive days	<u>Therapeutic writing</u> (N=48) <u>Control writing</u> (N=46)	No guidance	Therapeutic writing = Control writing	<u>Therapeu- tic writing</u> 40/48 (83.3%) <u>Control writing</u> 42/46 (91.3%)	3,5
<b>Computer- and Internet-based Guided Self-help</b>										

Huon [45] Australia	BN (N=120) (DSM-III)	120	Community	<b>RCT</b> Baseline, 7 months (post), 3-month follow- up, 6-month follow- up	<b>Internet-guided self-help</b> 7 modules 7 months	<u>Group 1-3: Mailed program</u> (in each case N=30) <u>Control group</u> (N=30)	<u>Group 1</u> Contact to cured person <u>Group 2</u> Contact to improved person <u>Group 3 &amp; Control group</u> No contact	Group 1/Group2 > Group3 > Control group		3,5,7
Graham & Walton [46] United Kingdom	BN (N=13) BED (N=27) (DSM- IV)	77/66 (85.7%)	Consecutive referrals to the ED service	<b>Uncontrolled study</b> Baseline, session 8 (post), 1-year follow-up (not published)	<b>“Overcoming Bulimia”</b> 8 modules 8 weeks		Three scheduled contacts with a clinician	Improved	40/77 (51.9%)	1,3,4,6
Murray et al [47] United Kingdom	BN (N=77) EDNOS (N=5) (DSM- IV)	103/82 (79.6%) <u>MG</u> 53/43 (81.1%) <u>TG</u> 50/39 (78.0%)	Consecutive referrals to the ED unit	<b>Controlled study</b> Baseline, session 3 (post), 6-8-week follow-up	<b>“Overcoming Bulimia”</b> 8 modules 8-12 weeks	<u>Minimal guidance group</u> ( <u>MG</u> ) (N=53) <u>Therapist guidance group</u> ( <u>TG</u> ) (N=50)	<u>MG</u> Low-key interaction with a researcher <u>TG</u> Three 20- min sessions of therapist guidance	MG = TG	<u>MG</u> 20/53 (37.7%) <u>TG</u> 17/50 (34.0%)	3,4,6,7
Sánchez-Ortiz et al [48] United Kingdom	BN (N=39) EDNOS (N=37) (DSM- IV)	76/55 (72.4%) <u>iCBT</u> 38/30 (78.9%) <u>WL</u> 38/25 (65.8%)	University, email	<b>RCT</b> Baseline, 3 months (post), 3-month follow- up	<b>“Overcoming Bulimia”</b> 8 modules 8-12 weeks continued access to the online-sessions for 24 weeks	<u>Internet-based cognitive behavioral therapy (iCBT)</u> (N=38) <u>Waiting list/Delayed treatment control group (WL)</u>	<u>iCBT</u> Email support once every 1-2 weeks	iCBT > WL	Mean number of sessions <u>iCBT</u> 5.5 (S.D.=2.5) <u>WL</u> 5.3 (S.D.=2.5)	6,7,8

						(N=38)				
Ljotsson et al [49] Sweden	BN (N=33) BED (N=36) (DSM-IV)	73/69 (94.5%) <u>Intervention group</u> 37/35 (94.6%)	Community, homepage of anorexia/bulimia patients association	<b>RCT</b> Baseline, weekly reports, 6 weeks (mid-treatment), 3 months (post), 6-month follow-up	<b>“Overcoming Binge eating”</b> 6 modules 12 weeks	<u>Intervention group</u> (N=37) <u>Waiting list (WL)</u> (N=36)	Email-contact with a therapist at least once a week	Intervention group > WL	<u>Intervention group</u> 24/37 (64.9%)	3,7,8
Carrard et al [50] Switzerland	BN (N=41) EDNOS (N=4) (DSM-IV)	45	Community, referrals from local health care professionals	<b>Uncontrolled study</b> Baseline, 4 months (post), 2-month follow-up	<b>“SALUT”</b> 7 modules 4 months		Weekly email contact with a therapist	Improved	29/45 (64.4%)	1,3,5,6,7,9
Liwowsky et al [51] Germany	BN (N=22) (DSM-IV)	22	Internet, newspaper, public bulletins	<b>Uncontrolled study</b> Baseline, 4 months (post), 2-month follow-up	<b>“SALUT”</b> 7 modules 4 months		Weekly email contact with a psychologist	Improved	21/22 (95.5%)	1,4,5,6,7,9
Nevonen et al [52] Sweden	BN (N=27) EDNOS (N=11) (DSM-IV)	38	Patients from waiting list at the AN and BN unit	<b>Uncontrolled study</b> Baseline, 6 months (post), 2-month follow-up	<b>“SALUT”</b> 7 modules 6 months		Weekly email contact with a coach	Improved	7/38 (18.4%)	1,9
Fernández-Aranda et al [53] Spain	BN (N=62) (DSM-IV)	62	Referrals at the Department of Psychiatry	<b>Controlled study</b> Baseline, 4 months (post)	<b>“SALUT”</b> 7 modules 4 months	<u>Internet-based therapy (IBT)</u> (N=31) <u>Waiting list (WL)</u> (N=31)	Weekly email contact with a coach	IBT > WL		2,3,4,5,6,7,8
Carrard et al [54] Switzerland Spain	BN (N=100) EDNOS (N=27) (DSM-	127	Internet, newspaper articles, advertisements, study center	<b>Uncontrolled study</b> Baseline, 4 months (post), 2-month follow-	<b>“SALUT”</b> 7 modules 4 months		Weekly email contact with a coach	Improved	40/127 (31.5%)	1,3,5,6

Sweden Germany	IV)		waiting list, referrals to the study center	up						
Wagner et al [55]  Austria Germany	BN or EDNOS (N=155) (DSM- IV)	155/126 (81.3%) <u>INT- GSH</u> 83/70 (84.3%) <u>BIB- GSH</u> 72/56 (77.8%)	Advertise- ments	<b>RCT</b> Baseline, 4 months, 7 months, 18 months	<b>“SALUT”</b> 7 modules 4-7 months	<u>Internet-based guided self-help (INT-GSH)</u> (N=70) <u>Conventional guided self-help (BIB-GSH)</u> (N=56)	Weekly email contact with psycholo- gists or psychothe- rapists	INT-GSH = BIB-GSH		5,6,7
Leung et al [56]  China Australia	ED (N=280) (SCOFF, EDE-Q5)	280/176 (62.9%)	Outpatient ED clinics, treatment units, university student newspaper, Internet websites	<b>Uncontrolled study</b> Baseline, 1 month, 3 months (not reported), 6 months (not reported)	<b>“SMART EATING”</b> 6 components Open end		Monthly email by a therapist	Improved		1,3,5,6,7
Pretorius et al [57]  United Kingdom	BN (N=61) EDNOS (N=40) (DSM- IV)	101 adoles- cents	ED clinics	<b>Uncontrolled study</b> Baseline, 3 months (post), 3-month follow- up	<b>“Overcoming Bulimia”</b> (adapted for adolescents) 8 modules 3 months		Weekly flexible email support from a clinician	Improved	On average 3 out of a possible 8 sessions were completed	1
Wagner et al [58]  Austria Germany	BN or EDNOS (N=155) (DSM- IV)	155/126 (81.3%) 29 ado- lescents, 97 adults	Advertise- ments	<b>RCT</b> Baseline, 4 months, 7 months, 18 months	<b>“SALUT”</b> 7 modules 4-7 months	<u>Internet-based guided self-help (INT-GSH)</u> (n=52 adults, n=18 adolescents) <u>Conventional guided self-help (BIB-GSH)</u>	Weekly email contact with psycholo- gists or psychothe- rapists	Adults = adolescents		5,6,7

						(n=45 adults, n=11 adolescents)				
<b>Internet-based Therapist-delivered Treatment</b>										
Robinson & Serfaty [59]  United Kingdom	BN (N=18) BED (N=4) EDNOS (N=1) (BITE >10)	23/19 (82.6%)	University, email	<b>Uncontrolled study</b> Baseline, 3 months (post)	<b>Email Therapy</b> 3 months		Email contact with a therapist twice a week	Improved		1,2,3,5,6,7,9
Robinson & Serfaty [60]  United Kingdom	BN (N=51) EDNOS (N=20) BED (N=26) (DSM-IV)	97	University, email	<b>RCT</b> Baseline, 3 months (post)	<b>Email Therapy</b> 3 months	<u>Email bulimia therapy (eBT)</u> (N=36) <u>Self-directed writing (SDW)</u> (N=34) <u>Waiting list control (WLC)</u> (N=27)	Email contact with a therapist twice a week	eBT = SDW > WLC		2,3,5,7
Simpson et al [61]  United Kingdom	BN (N=5) AN (N=1) EDNOS (N=6) (SEDs)	12	ED service waiting list	<b>Uncontrolled study</b> Baseline, after therapy (post)	<b>Videoconferencing</b> 12-20 sessions CBT 6-8 sessions of nutritional education if necessary		CBT therapist	Improved		1,2,3,4,5,6,7,9
Mitchell et al [62]  USA	BN (N=71) EDNOS (N=57) (DSM-IV)	128/116 (90.6%) <u>F2F-CBT</u> 66/58 (87.9%) <u>TV-CBT</u> 62/58 (93.5%)	Mailings, advertisements	<b>RCT</b> Baseline, 4 months (post), 3-month follow-up, 12-month follow-up	<b>Videoconferencing</b> Manual-based cognitive behavioral therapy (CBT) 20 sessions 4 months	<u>Face-to-face CBT (F2F-CBT)</u> (N=66)  <u>Telemedicine CBT (TV-CBT)</u> (N=62)	CBT (F2F or via telemedicine) by trained therapists	F2F-CBT = TV-CBT	<u>F2F-CBT</u> 40/66 (60.6%) <u>TV-CBT</u> 37/62 (59.7%)	4,5
<b>Internet-based Relapse Prevention</b>										

Fichter et al [63, 64] Germany	AN (N=258) (DSM-IV)	258	Hospitals	<b>RCT</b> Baseline, 9 months (post), 9-month follow-up	<b>“VIA”</b> 9 modules 9 months	<u>Relapse prevention (RP)</u> (N=128) <u>Treatment as usual (TAU)</u> (N=130)	Email contact to a therapist	RP > TAU (completer)	51/128 (39.8%)	6,7,8
Mezei et al [65] Hungary	BN or EDNOS (N=39) (DSM-IV)	39	Inpatient and outpatient treatment centers, online and paper advertisement	<b>Uncontrolled study</b> Baseline, 4 months (post)	<b>“EDINA”</b> 4 months		Weekly group chat (90 min) with a therapist, voluntary individual chat session (30 min)	Unchanged		1,2,3,5,6,8,9
<b>Body Image and Eating Disorder Prevention</b>										
Gollings & Paxton [66] Australia	BSQ > 81.5 (N=40)	40	Advertisements on university campus and community notice-boards	<b>Pilot RCT</b> Baseline, 2 months (post), 2-month follow-up	<b>“Set Your Body Free”</b> Weekly 90-min group sessions 8 weeks	<u>Face-to-face group (F2F)</u> (N=19) <u>Internet group</u> (N=21)	F2F and Internet group sessions led by a therapist	F2F = Internet group	<u>F2F</u> 15/19 (78.9%) <u>Internet group</u> 18/21 (85.7%)	3,5,6,7,9
Paxton et al [67] Australia	BSQ ≥ 100 or BULIT-R > 104 and BSQ = 90-99 (N=116)	116	Advertisements on community notice-boards and referral services	<b>RCT</b> Baseline, 8-9 weeks (post), 6-month follow-up	<b>“Set Your Body Free”</b> Weekly 90-min group sessions 8 weeks	<u>Face-to-face group (F2F)</u> (N=42) <u>Internet group</u> (N=37) <u>Delayed treatment control (DTC) group</u> (N=37)	F2F and Internet group sessions led by a therapist	F2F > Internet group > DTC group	<u>F2F</u> 32/42 (76.2%) <u>Internet group</u> 26/37 (70.3%) <u>DTC group</u> 30/37 (81.1%)	3,5,6

Stice et al [68, 69] USA	Students with body dissatisfaction (N=107)	107	Participants from a local university invited via email messages and posters	<b>RCT</b> Baseline, 4-6 weeks (post), 1-year follow-up, 2-year follow-up	<b>“eBody Project”</b> 6 modules 3 weeks <b>“Body Project”</b> Weekly 1-hour group sessions 4 weeks <b>Educational video condition</b> 55-min documentary <b>Educational brochure control condition</b> 2-page brochure	<u>eBody Project</u> (N=19) <u>Body Project</u> (N=39) <u>Educational video condition</u> (N=29) <u>Educational brochure condition</u> (N=20)	<u>eBody Project</u> No guidance <u>Body Project</u> Delivered by pairs of clinicians <u>Video/brochure controls</u> No guidance	eBody Project = Body Project > Educational video condition = Educational brochure condition	<u>eBody Project</u> 17/19 (89.5%) <u>Body Project</u> 31/39 (79.5%)	4,5
Serdar et al [70] USA	Weight and/or shape concerns (N=333)	333	Participant pool at a public university	<b>RCT</b> Baseline, session 3 (post)	<b>Dissonance-based ED prevention (DB)</b> 3 sessions for 1 hour	<u>Face-to-face (F2F) DB</u> (N=107) <u>Online DB</u> (N=112) <u>Assessment only</u> (N=114)	F2F DB and Online DB delivered by doctoral-level psychology graduate students	F2F DB = Online DB		2,3,4,5
Zabinski et al [71] USA	Weight Concerns Scale ≥ 57 (N=60)	60	Public, west coast university	<b>RCT</b> Baseline, 8 weeks (post), 10-week follow-up	<b>Synchronous Internet relay chat (IRC)</b> Weekly 1-hour chat discussions 8 weeks	<u>Internet relay chat (IRC)</u> (N=30) <u>Waiting list control (WLC)</u> (N=30)	IRC delivered by an advanced graduate student in clinical psychology	IRC > WLC		6,7,8
Ohlmer et al [72] Germany	Women at risk for AN (BMI, WCS, Restraint scale of	36	Lectures and seminars from different departments of 3 German universities	<b>Uncontrolled study</b> Baseline, 10 weeks (post), 6-month follow-up	<b>“Student Bodies” for AN (SB-AN)</b> Weekly sessions for 45-90 min 10 weeks		Individual weekly feedback by the moderator	Improved		1,4,5,8,9

	EDE-Q (N=36)									
Heinicke et al [73]  Australia	Self- identifi- cation as having body image or eating problems (N=83)	83/73 (88.0%) adoles- cents <u>Inter- vention group</u> 40/36 (90.0%) <u>DTC group</u> 43/37 (86.0%)	Flyers about the program to school counsellors and principals	<b>RCT</b> Baseline, 6 weeks (post)	<b>“My Body, My Life”</b> Weekly 90-min online sessions 6 weeks	<u>Intervention group</u> (N=40) <u>Delayed treatment control (DTC) group</u> (N=43)	Sessions conducted by a trained therapist	Intervention group > DTC group	<u>Interven- tion group</u> 30/40 (75.0%) <u>DTC group</u> 34/43 (79.1%)	3,6,8
<b>Eating Disorder Symptoms/Subthreshold Eating Disorders</b>										
Ruwaard et al [74]  Netherlands	Bulimic symp- toms (N=105) (EDE-Q, BAT)	105	Community	<b>RCT</b> Baseline, 20 weeks (post), 1-year follow-up	20 weeks	<u>Online CBT</u> (N=35) <u>Bibliotherapy</u> ( <u>Biblio.</u> ) (N=35) <u>Waiting list</u> ( <u>WL</u> ) (N=35)	25 scheduled therapist feedback moments during online CBT	<u>Post</u> Online CBT > Biblio. = WL <u>Follow-up</u> Online CBT = Biblio.	<u>Online CBT</u> 26/35 (74.3%) <u>Biblio.</u> 17/35 (48.6%)	3,6
Jacobi et al [75]  Germany	Sub- threshold ED (N=29)  ED symp- toms at lower level (N=97)	126	Universities and announce- ments (seminars, advertise- ments, email), fitness- studios,	<b>RCT</b> Baseline, 2 months (post), 6-month follow- up	<b>“Student Bodies+” (SB+)</b> 8 sessions 8 weeks	<u>Intervention group (SB+)</u> (N=64) <u>Waiting list control (WLC)</u> (N=62)	Individual weekly feedback by a group moderator	SB+ > WLC		3,6,7,8

			private practices of physicians, pharmacies							
<b>Motivation</b>										
Hötzel et al [76] Germany	ED symptoms (N=212) (SEED)	212	Media announcements (radio, newspaper, magazines, social networks, or websites)	<b>RCT</b> Baseline, 6 weeks (post)	<b>“ESS-KIMO“</b> Weekly online sessions for 45 min 6 weeks	<u>Intervention group (ESS-KIMO)</u> (N=103) <u>Waiting list control (WLC)</u> (N=109)	Asynchronous weekly feedback on website by therapist (individualized but standardized by predefined text elements)	ESS-KIMO > WLC (completer)		2,3,5,6,7,8
Leung et al [77] China Australia	ED (N=185) (SCOFF, EDE-Q5)	185/101 (54.6%)	Leaflets, posters, advertisements in outpatient ED clinics, ED treatment units, university student newspaper, Internet	<b>Uncontrolled study</b> Baseline, 1 month, 3 months	<b>“SMART EATING”</b> 11 worksheets		Monthly emails by a therapist	Improved	36/185 (19.5%)	1,3,5,8
<b>Carers/Parents</b>										

Binford Hopf et al [78] USA	Parents of AN patients (N=13)	13	Parents who were involved in FBT at the University of Chicago	<b>Uncontrolled study</b> Baseline, before and after each chat session, 7 weeks (midstudy), 15 weeks (post)	<b>Internet-based Chat Support Groups</b> 15 weekly online chat sessions for 90 min		Licensed clinical psychologist	Improved	9/13 (69.2%)	1,2,3,6,8,9
Grover et al [79] United Kingdom	Carers of AN patients (N=27)	27	Clinical departments, volunteer database, advertisements	<b>Uncontrolled study</b> Baseline, 9 weeks (post), 10-12-week follow-up	<b>Web-based systemic CBT intervention</b> 9 workbooks (encouraged 1 per week, but no formal time limit)		Flexible support (trained CBT practitioner), up to 20 min per week (email or phone)	Improved	22/27 (81.5%)	1,3,4,8,9
Grover et al [80] United Kingdom	Carers of AN patients (N=64)	64/62 (96.9%) <u>OAD</u> 34/33 (97.1%) <u>BEAT</u> 30/29 (96.7%)	Online advertisements, carers' groups, clinical departments	<b>RCT</b> Baseline, 4 months (post), 6-month follow-up	<b>"Overcoming anorexia online" (OAD)</b> 8 modules 4 months	<u>OAD</u> (N=34) <u>Control intervention (BEAT)</u> (N=30)	A psychologist and a psychotherapist with CBT skills (up to 20 min per week, email or phone)	OAD > BEAT	<u>OAD</u> 17/34 (50.0%) <u>BEAT</u> 5/30 (16.6%)	3,4
Hoyle et al [81] Australia United Kingdom	Carers of AN patients (N=37)	37/33 (89.2%) <u>OAD</u> 18/17 (94.4%) <u>OAD G</u> 19/16 (84.2%)	Websites of consumer support associations, Facebook	<b>RCT</b> Baseline, 7 weeks (post), 3-month follow-up	<b>"Overcoming anorexia online" (OAD)</b> 7 modules + 2 additional modules for carers 7 weeks	<u>OAD without guidance (OAD-NoG)</u> (N=18) <u>OAD with guidance (OAD-G)</u> (N=19)	Email or telephone by a master level trainee psychologist once a week	OAD-NoG = OAD-G		3,4,6,7,9

Bruning Brown et al [82] USA	Parents of sophomore students (N=69)	69/58 (84.1%) <u>Intervention group</u> 22/11 (50.0%)	Private, sectarian school	<b>RCT</b> Baseline, 2 months (post), 3-month follow-up	<b>“Student Bodies” Parent Intervention</b> 4 weeks	<u>Intervention group</u> (N=22) <u>Controls</u> (N=47)		Intervention group > Controls	8/22 (36.4%)	2,3,4,6,8
<b>Mobile/SMS Text Messaging</b>										
Shapiro et al [83] USA	BN (N=31) (DSM-IV)	31/25 (80.6%)	From physician or from the university ED program, advertisements in the community	<b>Uncontrolled study</b> Baseline, 12 weeks (post), 12-week follow-up	<b>Text Messaging</b> Daily, 24 weeks + 12 Face-to-face (F2F) CBT sessions for 1,5 hours		F2F groups led by a clinical psychologist, automatic feedback messages	Improved	15/31 (48.4%)	1,3,5,8,9
Robinson et al [84] United Kingdom	BN or EDNOS (N=34) (DSM-IV)	34/21 (61.8%)	Patients who had outpatient or day patient treatment at a specialist ED service	<b>Uncontrolled study</b> Baseline, 6 months (post)	<b>SMS-based intervention</b> Weekly 6 months			Unchanged	9/34 (26.5%)	1,2,3,4,5,8,9
Bauer et al [85] Germany	BN or EDNOS (N=165) (DSM-IV)	165/161 (97.6%) <u>SMS</u> 82/78 (95.1%) <u>TAU</u> 83/83 (100%)	Consecutive admissions to specialized inpatient care based on CBT	<b>RCT</b> Admission, discharge, 4 months (post), 4-month follow-up	<b>Aftercare SMS-based intervention</b> Weekly symptom report via SMS 16 weeks	<u>SMS-based maintenance intervention</u> (SMS) (N=82) <u>Treatment as usual (TAU)</u> (N=83)	Automatic, tailored feedback	<u>Patients with outpatient treatment</u> SMS = TAU <u>Patients without outpatient treatment</u> SMS > TAU	<u>SMS</u> 61%	5,8
Cardi et al [86] United Kingdom	AN (N=18) BN (N=13) (DSM-IV)	31	Institute of Psychiatry ED unit’s volunteer database, advertisements and	<b>Uncontrolled study</b> Baseline, 3 weeks (post)	Mp4 player or iPod with 10 video clips (vodcasts) between 3 to 20 min each, workbook and daily monitoring forms 3 weeks		Three 30-45 min sessions provided by a PhD psychologist	Improved	29/31 (93.5%)	1,2,3,5,8,9

			posters in local ED services							
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<sup>a</sup> AN = Anorexia nervosa, BAT = Body Attitude Test, BEAT = Beating Eating Disorders, BED = Binge eating disorder, BIB-GSH = Conventional guided bibliotherapy, Biblio. = bibliotherapy, BITE = Bulimic Investigatory Test-Edinburgh, BMI = Body-Mass-Index, BN = Bulimia nervosa, BSQ = Body Shape Questionnaire, BULIT-R = Bulimia Test-Revised, CBT = Cognitive behavioral therapy, CD-ROM = Compact Disc Read Only Memory, DB = Dissonance-based, DSM = Diagnostic and Statistical Manual of Mental Disorders, DTC = Delayed treatment control, eBT = Email bulimia therapy, ED = Eating Disorder, EDE-Q = Eating Disorder Examination Questionnaire, EDNOS = Eating disorders not otherwise specified, FBT = Family-based treatment, F2F = Face-to-face, IBT = Internet-based therapy, iCBT = Internet-based cognitive behavioral therapy, INT-GSH = Internet-based guided self-help, IRC = Internet relay chat, MG = Minimal guidance, OAO = Overcoming Anorexia Online, OAO G = Overcoming Anorexia Online with Guidance, RCT = Randomized controlled trial, RP = Relapse prevention, SB-AN = Student Bodies for AN, SB+ = Student Bodies adapted for subthreshold ED, SCOFF = Sick Control One Fat Food, SDW = Self-directed writing, SEDs = Survey for Eating Disorders, SEED = Short Evaluation of Eating Disorders, SMS = Short Message Service, TAU = Treatment as usual, TG = Therapist guidance, TV-CBT = Telemedicine cognitive behavioral therapy, WCS = Weight Concerns Scale, WL = Waiting list, WLC = Waiting list control.

Codes for weaknesses following Newman and et al [121]: 1. Uncontrolled, 2. No follow-up, 3. Used only self-reports as outcome measure, 4. No information about additional psychological therapy, 5. No information about additional pharmacological treatment, 6. No adherence or quality checks on treatment or no information about it, 7. No information on therapist training, 8. Only used a waiting list or no treatment comparison, 9. Small sample (N < 50).