Hypnosis as an adjunct to cognitive-behavioral psychotherapy for obesity: a meta-analytic reappraisal

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Authors' objectives
To compare the efficacy of cognitive-behaviour therapy (CBT) alone to CBT plus hypnotherapy in the treatment of obesity.

Searching
The review is based on the six studies identified by Kirsch et al. (see Other Publications of Related Interest no.1).

Study selection
Study designs of evaluations included in the review
Randomised trials. Other criteria were not specified, but are as described by Kirsch et al. (see Other Publications of Related Interest no.1).

Specific interventions included in the review
CBT including the following:
- covert modelling;
- imagery and coping suggestions;
- self-monitoring and stimulus control and self-reinforcement;
- self-monitoring and goal setting and stimulus control;
- self-monitoring and goal setting; and
- hypnosis.

Participants included in the review
The participants were defined as obese, although this was not clinically defined.

Outcomes assessed in the review
The change in mean weight of the participants was assessed.

How were decisions on the relevance of primary studies made?
The authors do not state how the papers were selected for the review, or how many of the authors performed the selection.

Assessment of study quality
The authors do not report the criteria used to assess validity, or how the validity assessment was performed.

Data extraction
The authors do not state how the data were extracted for the review, or how many of the authors performed the data extraction.
Methods of synthesis

How were the studies combined?
The studies were combined through: (1) calculation of the standardised mean difference (d) using the within group standard deviation; (2) weighted analyses using the sample sizes; (3) the unbiased estimator of d using the inverse of the variance of each observation as a weighting (Hedges and Olkin test).

How were differences between studies investigated?
Heterogeneity was assessed using the chi-squared statistic described by Hedges and Olkin (see Other Publications of Related Interest no.2).

Results of the review

Six randomised trials (252 patients) were included.

The analysis calculated a mean weighted d of 0.28 (P=0.02), a small effect compared to that found by Kirsch et al. (see Other Publications of Related Interest no.1), i.e. a mean weighted d of 1.96 (P<0.0001). The d-value was recalculated using Hedges and Olkin's unbiased estimator of d and weights equal to the inverse of each observations variance. The recalculated d, i.e. dh, was 0.26 (P=0.02). This result was affected by heterogeneity, i.e. chi-squared was 12.32 (P=0.09), so the analysis was recalculated excluding an influential study. The mean weighted dh was then 0.21 (P=0.01) with an insignificant chi-squared of 7.36 (P=0.20).

Authors' conclusions

Previous conclusions regarding hypnosis as an adjunct to CBT are erroneous since any effect is, on average, small. If a questionable study is excluded, the results are no longer significant.

CRD commentary

The review does not provide many of the criteria important to a systematic approach, these are provided in the meta-analysis undertaken by Kirsch et al. (see Other Publications of Related Interest no.1). Specifically, the review does not discuss study designs included, sources searched, validity criteria, and the processes by which decisions on relevance, validity or methods of data extraction were undertaken. Study details are well presented and methods of combining studies and heterogeneity are discussed. It is important that other studies of related interest are assessed in conjunction with this review in order to judge the strength of evidence.

Bibliographic details


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Other publications of related interest


Indexing Status

Subject indexing assigned by NLM

MeSH

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Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.