WEBVTT

NOTE duration:"01:02:26" NOTE recognizability:0.849

NOTE language:en-us

NOTE Confidence: 0.703122584285714

 $00:00:00.000 \longrightarrow 00:00:03.437$ Thank you very much, I appreciate it.

NOTE Confidence: 0.703122584285714

 $00:00:03.440 \longrightarrow 00:00:06.360$ Very much the opportunity to

NOTE Confidence: 0.703122584285714

00:00:06.360 --> 00:00:08.280 speak to folks about our work,

NOTE Confidence: 0.703122584285714

 $00:00:08.280 \longrightarrow 00:00:11.508$ and I certainly appreciate everyone here.

NOTE Confidence: 0.967088415

00:00:13.520 --> 00:00:17.896 Making the time to join us this morning

NOTE Confidence: 0.967088415

 $00:00:17.900 \longrightarrow 00:00:19.286$ to hear about some of our work.

NOTE Confidence: 0.938903716666667

00:00:21.470 --> 00:00:24.386 Again, I will provide an overview,

NOTE Confidence: 0.938903716666667

 $00:00:24.390 \longrightarrow 00:00:26.902$ a balanced overview of

NOTE Confidence: 0.938903716666667

 $00{:}00{:}26.902 \dashrightarrow 00{:}00{:}29.414$ developments in recent advances.

NOTE Confidence: 0.938903716666667

 $00:00:29.420 \longrightarrow 00:00:32.068$ Regarding binge eating disorder

NOTE Confidence: 0.938903716666667

 $00{:}00{:}32.068 \mathrel{--}{>} 00{:}00{:}36.358$ and its treatment. I will try.

NOTE Confidence: 0.938903716666667

 $00{:}00{:}36.360 \dashrightarrow 00{:}00{:}39.279$ To be balanced along side that I

NOTE Confidence: 0.938903716666667

 $00:00:39.279 \longrightarrow 00:00:42.538$ will also try to highlight a lot

00:00:42.538 --> 00:00:45.401 of the work that our program here

NOTE Confidence: 0.938903716666667

00:00:45.401 --> 00:00:50.300 at Yale has been working hard on.

NOTE Confidence: 0.938903716666667

 $00:00:50.300 \longrightarrow 00:00:53.348$ The usual disclosures in past 24

NOTE Confidence: 0.938903716666667

 $00:00:53.348 \longrightarrow 00:00:55.783$ months I've received royalties for

NOTE Confidence: 0.938903716666667

 $00:00:55.783 \longrightarrow 00:00:57.798$ academic books from Guilford Press

NOTE Confidence: 0.938903716666667

00:00:57.798 --> 00:01:00.210 and Taylor and Francis Publishers.

NOTE Confidence: 0.938903716666667

00:01:00.210 --> 00:01:05.815 Our aims are to look at the prevalence of BD,

NOTE Confidence: 0.938903716666667

00:01:05.815 --> 00:01:08.275 its distribution and associated

NOTE Confidence: 0.938903716666667

 $00:01:08.275 \longrightarrow 00:01:08.890$ comorbidities,

NOTE Confidence: 0.938903716666667

 $00:01:08.890 \longrightarrow 00:01:10.150$ talk a little bit about the

NOTE Confidence: 0.938903716666667

 $00:01:10.150 \longrightarrow 00:01:10.990$ diagnosis of being D,

NOTE Confidence: 0.938903716666667

 $00:01:10.990 \longrightarrow 00:01:12.523$ its clinical features,

NOTE Confidence: 0.938903716666667

 $00:01:12.523 \longrightarrow 00:01:14.756$ and associated context that's relevant.

NOTE Confidence: 0.938903716666667

 $00:01:14.756 \longrightarrow 00:01:17.175$ For case and clinical formulation.

NOTE Confidence: 0.938903716666667

 $00:01:17.175 \longrightarrow 00:01:21.310$ Provide an overview of the

NOTE Confidence: 0.938903716666667

 $00:01:21.310 \longrightarrow 00:01:23.960$ evidence base for psychological and

 $00:01:23.960 \longrightarrow 00:01:25.830$ pharmacological interventions for DD.

NOTE Confidence: 0.938903716666667

 $00:01:25.830 \longrightarrow 00:01:27.837$ And then focus a bit more on the recent

NOTE Confidence: 0.938903716666667

 $00:01:27.837 \longrightarrow 00:01:29.787$ advances in effective treatments for being D.

NOTE Confidence: 0.938903716666667

 $00:01:29.790 \longrightarrow 00:01:30.910$ As long as we, as,

NOTE Confidence: 0.938903716666667

 $00{:}01{:}30.910 \dashrightarrow 00{:}01{:}33.510$ along with recent advances in

NOTE Confidence: 0.938903716666667

 $00:01:33.510 \longrightarrow 00:01:36.827$ methods for trying to gain a

NOTE Confidence: 0.938903716666667

00:01:36.827 --> 00:01:39.319 better understanding of which

NOTE Confidence: 0.938903716666667

 $00:01:39.319 \longrightarrow 00:01:41.706$ treatments work and for whom they

NOTE Confidence: 0.938903716666667

 $00{:}01{:}41.706 \dashrightarrow 00{:}01{:}43.780$ may work and ways to enhance them.

NOTE Confidence: 0.864218602

 $00{:}01{:}46.130 \dashrightarrow 00{:}01{:}49.077$ PD was included for the first time

NOTE Confidence: 0.864218602

 $00:01:49.077 \longrightarrow 00:01:52.446$ as a research diagnosis in the DSM 4.

NOTE Confidence: 0.864218602

 $00:01:52.450 \longrightarrow 00:01:55.346$ And then following a fair amount of research,

NOTE Confidence: 0.864218602

00:01:55.350 --> 00:01:57.018 it was bumped up to a

NOTE Confidence: 0.864218602

 $00{:}01{:}57.018 \dashrightarrow 00{:}01{:}58.450$ formal category in the DSM.

NOTE Confidence: 0.864218602

 $00:01:58.450 \longrightarrow 00:02:02.150$ 5 criteria are listed here.

 $00:02:02.150 \longrightarrow 00:02:04.586$ The main piece that pay that's

NOTE Confidence: 0.864218602

 $00:02:04.590 \dashrightarrow 00:02:06.600$ really focused on perhaps too much.

NOTE Confidence: 0.864218602

 $00{:}02{:}06.600 \dashrightarrow 00{:}02{:}08.664$ I'll say a little bit about that a

NOTE Confidence: 0.864218602

 $00:02:08.664 \longrightarrow 00:02:10.717$ little while with binge eating episodes.

NOTE Confidence: 0.864218602

 $00:02:10.720 \longrightarrow 00:02:13.182$ This is a two part definition.

NOTE Confidence: 0.864218602

 $00:02:13.182 \longrightarrow 00:02:15.430$ It's eating unusually large

NOTE Confidence: 0.864218602

00:02:15.430 --> 00:02:19.040 quantities of food and I believe,

NOTE Confidence: 0.864218602

 $00:02:19.040 \longrightarrow 00:02:20.972$ and I believe the empirical literature

NOTE Confidence: 0.864218602

 $00{:}02{:}20.972 \dashrightarrow 00{:}02{:}22.801$ suggests that the subjective sense of

NOTE Confidence: 0.864218602

00:02:22.801 --> 00:02:24.516 loss of control that needs to accompany

NOTE Confidence: 0.864218602

 $00{:}02{:}24.516 \dashrightarrow 00{:}02{:}26.158$ it is actually the key feature.

NOTE Confidence: 0.864218602

00:02:26.160 --> 00:02:29.828 In fact, the ICD has eliminated the need

NOTE Confidence: 0.864218602

00:02:29.828 --> 00:02:31.940 for unusually large quantities of food,

NOTE Confidence: 0.864218602

 $00{:}02{:}31.940 \dashrightarrow 00{:}02{:}33.254$ and they focus more on a

NOTE Confidence: 0.864218602

 $00:02:33.254 \longrightarrow 00:02:34.470$ subjective sense of control during.

NOTE Confidence: 0.864218602

 $00:02:34.470 \longrightarrow 00:02:35.808$ Certain eating episodes,

 $00:02:35.808 \longrightarrow 00:02:39.339$ but here on this side up on the

NOTE Confidence: 0.864218602

 $00:02:39.339 \longrightarrow 00:02:40.975$ diagnosis requires large quantities

NOTE Confidence: 0.864218602

 $00:02:40.975 \longrightarrow 00:02:43.020$ of food while experiencing a

NOTE Confidence: 0.864218602

00:02:43.083 --> 00:02:45.249 subjective sense of loss of control.

NOTE Confidence: 0.864218602

 $00:02:45.250 \longrightarrow 00:02:48.172$ Loss of control can be a

NOTE Confidence: 0.864218602

 $00:02:48.172 \longrightarrow 00:02:49.704$ little vague for some people.

NOTE Confidence: 0.864218602

 $00:02:49.704 \longrightarrow 00:02:51.270$ If you capture it as a

NOTE Confidence: 0.864218602

 $00{:}02{:}51.329 \dashrightarrow 00{:}02{:}53.069$ clinician and talking to them,

NOTE Confidence: 0.864218602

 $00{:}02{:}53.070 \dashrightarrow 00{:}02{:}54.610$ you'll see the light bulb go off.

NOTE Confidence: 0.864218602

00:02:54.610 --> 00:02:55.170 If not,

NOTE Confidence: 0.864218602

 $00{:}02{:}55.170 \dashrightarrow 00{:}02{:}56.850$ you sometimes have to guide them

NOTE Confidence: 0.864218602

 $00:02:56.850 \longrightarrow 00:02:58.475$ through it because they haven't

NOTE Confidence: 0.864218602

 $00{:}02{:}58.475 \dashrightarrow 00{:}03{:}00.485$ talked about this with other people

NOTE Confidence: 0.864218602

 $00{:}03{:}00.485 \dashrightarrow 00{:}03{:}02.938$ with the SM provides us with five

NOTE Confidence: 0.864218602

 $00:03:02.938 \longrightarrow 00:03:04.224$ behavioral indicators for assessing

 $00:03:04.224 \longrightarrow 00:03:06.006$ the loss of control and diagnosis.

NOTE Confidence: 0.864218602

 $00{:}03{:}06.010 \dashrightarrow 00{:}03{:}07.138$ Requires endorsement of at

NOTE Confidence: 0.864218602

 $00:03:07.138 \longrightarrow 00:03:08.266$ least three of these.

NOTE Confidence: 0.864218602

 $00:03:08.270 \longrightarrow 00:03:09.785$ These include things such as

NOTE Confidence: 0.864218602

00:03:09.785 --> 00:03:11.300 eating much more rapidly than

NOTE Confidence: 0.864218602

00:03:11.352 --> 00:03:12.708 usual during that episode,

NOTE Confidence: 0.864218602

 $00:03:12.710 \longrightarrow 00:03:14.150$ eating large quantities of

NOTE Confidence: 0.864218602

00:03:14.150 --> 00:03:15.950 food despite not being hungry,

NOTE Confidence: 0.864218602

 $00{:}03{:}15.950 \dashrightarrow 00{:}03{:}18.014$ eating until physically and

NOTE Confidence: 0.864218602

 $00:03:18.014 \longrightarrow 00:03:20.078$ emotionally uncomfortable or painful.

NOTE Confidence: 0.864218602

 $00:03:20.080 \longrightarrow 00:03:22.376$ Eating alone due to embarrassment about the

NOTE Confidence: 0.864218602

00:03:22.376 --> 00:03:24.976 quantity or the nature of the eating itself,

NOTE Confidence: 0.864218602

 $00:03:24.980 \longrightarrow 00:03:26.540$ and then feeling disgusted,

NOTE Confidence: 0.864218602

 $00{:}03{:}26.540 \dashrightarrow 00{:}03{:}28.016$ guilty, and depressed afterwards.

NOTE Confidence: 0.864218602

 $00:03:28.016 \longrightarrow 00:03:29.464$ Those are strong words.

NOTE Confidence: 0.864218602

 $00:03:29.470 \longrightarrow 00:03:31.790$ This is not the regret of having overeaten.

 $00:03:31.790 \longrightarrow 00:03:35.186$ These are really intense emotional sequelae.

NOTE Confidence: 0.864218602

 $00{:}03{:}35.190 \dashrightarrow 00{:}03{:}37.452$ The diagnosis requires that there be

NOTE Confidence: 0.864218602

 $00:03:37.452 \longrightarrow 00:03:39.440$ market distress about binge eating.

NOTE Confidence: 0.864218602

 $00:03:39.440 \longrightarrow 00:03:43.668$ Interestingly, some people do.

NOTE Confidence: 0.864218602

00:03:43.670 --> 00:03:45.840 Experience.

NOTE Confidence: 0.864218602

 $00:03:45.840 \longrightarrow 00:03:47.096$ With those behavioral features

NOTE Confidence: 0.864218602

 $00:03:47.096 \longrightarrow 00:03:48.666$ and the loss of control,

NOTE Confidence: 0.864218602

 $00:03:48.670 \longrightarrow 00:03:51.295$ and are not particularly distressed about it.

NOTE Confidence: 0.864218602

 $00:03:51.300 \longrightarrow 00:03:54.755$ The DSM would exclude those

NOTE Confidence: 0.864218602

00:03:54.755 --> 00:03:58.340 people from the diagnosis.

NOTE Confidence: 0.864218602

 $00:03:58.340 \longrightarrow 00:04:00.920$ The couple of exclusionary features.

NOTE Confidence: 0.864218602

 $00:04:00.920 \longrightarrow 00:04:02.284$ There are no wait,

NOTE Confidence: 0.864218602

 $00:04:02.284 \longrightarrow 00:04:03.648$ compensatory behaviors such as

NOTE Confidence: 0.864218602

 $00:04:03.648 \longrightarrow 00:04:05.466$ the extreme restriction that

NOTE Confidence: 0.864218602

 $00{:}04{:}05.466 \dashrightarrow 00{:}04{:}07.077$ characterizes anorexia nervosa,

 $00:04:07.080 \longrightarrow 00:04:11.040$ and there is the absence of a

NOTE Confidence: 0.864218602

 $00{:}04{:}11.040 \dashrightarrow 00{:}04{:}13.160$ variety of inappropriate purging

NOTE Confidence: 0.864218602

 $00:04:13.160 \longrightarrow 00:04:15.520$ behaviors that characterize bleeding.

NOTE Confidence: 0.864218602

 $00:04:15.520 \longrightarrow 00:04:17.152$ There no Rosa,

NOTE Confidence: 0.864218602

00:04:17.152 --> 00:04:19.757 the frequency is requirements and

NOTE Confidence: 0.864218602

 $00{:}04{:}19.757 \dashrightarrow 00{:}04{:}22.799$ stipulations are that at least one

NOTE Confidence: 0.864218602

 $00:04:22.799 \longrightarrow 00:04:25.583$ loss of control episode happened weekly

NOTE Confidence: 0.864218602

 $00:04:25.583 \longrightarrow 00:04:29.227$ with the duration of at least three months.

NOTE Confidence: 0.864218602

 $00{:}04{:}29.230 \dashrightarrow 00{:}04{:}31.099$ This is a self monitoring record to

NOTE Confidence: 0.864218602

00:04:31.099 --> 00:04:33.624 give you a quick idea from a clinical

NOTE Confidence: 0.864218602

 $00{:}04{:}33.624 \dashrightarrow 00{:}04{:}35.980$ perspective of what the eating

NOTE Confidence: 0.864218602

 $00:04:35.980 \longrightarrow 00:04:39.355$ architecture topography may look like.

NOTE Confidence: 0.864218602

 $00:04:39.360 \longrightarrow 00:04:41.120$ And it's not just so much the eating.

NOTE Confidence: 0.864218602

 $00:04:41.120 \longrightarrow 00:04:42.884$ It's not so much the healthiness

NOTE Confidence: 0.864218602

 $00:04:42.884 \longrightarrow 00:04:44.060$ and sometimes different eating

NOTE Confidence: 0.864218602

 $00:04:44.115 \longrightarrow 00:04:45.660$ episodes can look rather similar.

 $00:04:45.660 \longrightarrow 00:04:47.670$ It's when the loss of control

NOTE Confidence: 0.864218602

 $00{:}04{:}47.670 \dashrightarrow 00{:}04{:}50.310$ kicks in that we can categorize the

NOTE Confidence: 0.864218602

 $00:04:50.310 \longrightarrow 00:04:52.960$ presence of a binge eating episode.

NOTE Confidence: 0.864218602

 $00:04:52.960 \longrightarrow 00:04:54.420$ So this gentleman starts off

NOTE Confidence: 0.864218602

 $00:04:54.420 \longrightarrow 00:04:55.588$ today at 7:00 o'clock,

NOTE Confidence: 0.864218602

 $00:04:55.590 \longrightarrow 00:04:57.560$ through a drive-thru as a

NOTE Confidence: 0.864218602

00:04:57.560 --> 00:04:59.390 toasted bagel with egg, sausage,

NOTE Confidence: 0.864218602

 $00:04:59.390 \longrightarrow 00:05:00.640$ and cheese, a coffee roll,

NOTE Confidence: 0.864218602

 $00:05:00.640 \longrightarrow 00:05:03.970$ large regular coffee.

NOTE Confidence: 0.80615364625

 $00:05:03.970 \longrightarrow 00:05:06.058$ Not a great nutritional start to the day,

NOTE Confidence: 0.80615364625

 $00:05:06.060 \longrightarrow 00:05:12.590$ but. Didn't concern this gentleman.

NOTE Confidence: 0.80615364625

 $00:05:12.590 \longrightarrow 00:05:14.942$ At 12:00 o'clock, another fast food

NOTE Confidence: 0.80615364625

 $00{:}05{:}14.942 \dashrightarrow 00{:}05{:}17.079$ restaurant to be ef burritos at beef,

NOTE Confidence: 0.80615364625

 $00:05:17.080 \dashrightarrow 00:05:19.296$ a bean burrito and extra large soda goes

NOTE Confidence: 0.80615364625

 $00:05:19.296 \longrightarrow 00:05:21.585$ back to the office for Chocolate Chip

 $00:05:21.585 \longrightarrow 00:05:24.456$ cookies and Work Lounge with his coworkers.

NOTE Confidence: 0.80615364625

00:05:24.456 --> 00:05:26.848 Gentleman arrives home and

NOTE Confidence: 0.80615364625

 $00:05:26.848 \longrightarrow 00:05:29.698$ he lives alone about 6:15.

NOTE Confidence: 0.80615364625

00:05:29.698 --> 00:05:32.318 Start thinking about ordering dinner,

NOTE Confidence: 0.80615364625

 $00:05:32.320 \longrightarrow 00:05:33.643$ ordering a pizza.

NOTE Confidence: 0.80615364625

 $00:05:33.643 \longrightarrow 00:05:37.620$ He proceeds as some chip dip and pretzels.

NOTE Confidence: 0.80615364625

 $00:05:37.620 \longrightarrow 00:05:38.870$ A few minutes later has

NOTE Confidence: 0.80615364625

 $00{:}05{:}38.870 \dashrightarrow 00{:}05{:}39.870$ some crackers with cheese.

NOTE Confidence: 0.80615364625

 $00{:}05{:}39.870 \dashrightarrow 00{:}05{:}41.582$ Has a half a bowl, leftover macaroni

NOTE Confidence: 0.80615364625

 $00:05:41.582 \longrightarrow 00:05:43.286$ while watching television awaits.

NOTE Confidence: 0.80615364625

00:05:43.290 --> 00:05:44.676 Green pizza, delivery,

NOTE Confidence: 0.80615364625

00:05:44.676 --> 00:05:46.986 pizza delivery finally comes on.

NOTE Confidence: 0.80615364625

 $00:05:46.990 \longrightarrow 00:05:48.418$ The gentleman has four

NOTE Confidence: 0.80615364625

00:05:48.418 --> 00:05:49.846 slices of sausage pizza,

NOTE Confidence: 0.80615364625

 $00:05:49.850 \longrightarrow 00:05:53.394$ a bag of chips and two sodas that's

NOTE Confidence: 0.80615364625

 $00:05:53.400 \longrightarrow 00:05:56.191$ experienced by him as his dinner.

00:05:56.191 --> 00:05:59.096 Again, not a stellar nutritional.

NOTE Confidence: 0.80615364625

 $00{:}05{:}59.100 \longrightarrow 00{:}06{:}01.910$ Day, but you do see a bit of structure to

NOTE Confidence: 0.80615364625

 $00{:}06{:}01.982 \dashrightarrow 00{:}06{:}04.782$ the day and that it's not continuous eating

NOTE Confidence: 0.80615364625

 $00:06:04.782 \longrightarrow 00:06:08.085$ like we sometimes see in some of these folks,

NOTE Confidence: 0.80615364625

 $00:06:08.090 \longrightarrow 00:06:10.939$ there are some eating episodes that are

NOTE Confidence: 0.80615364625

 $00:06:10.939 \longrightarrow 00:06:13.789$ roughly at mealtimes and so on and so forth.

NOTE Confidence: 0.80615364625

00:06:13.790 --> 00:06:14.828 An hour and a half later,

NOTE Confidence: 0.80615364625

 $00:06:14.830 \longrightarrow 00:06:17.450$ despite being.

NOTE Confidence: 0.80615364625

 $00:06:17.450 \longrightarrow 00:06:20.320$ Completely satiated.

NOTE Confidence: 0.80615364625

00:06:20.320 --> 00:06:20.768 Gentlemen,

NOTE Confidence: 0.80615364625

 $00:06:20.768 \longrightarrow 00:06:23.568$ thinking about some things against the field,

NOTE Confidence: 0.80615364625

 $00:06:23.568 \longrightarrow 00:06:25.920$ some distress goes back into the kitchen.

NOTE Confidence: 0.80615364625

 $00{:}06{:}25.920 \dashrightarrow 00{:}06{:}28.656$ And proceeds to have another 4 slices of

NOTE Confidence: 0.80615364625

 $00:06:28.656 \longrightarrow 00:06:31.707$ the sausage pizza and finds bowl with the

NOTE Confidence: 0.80615364625

 $00:06:31.707 \longrightarrow 00:06:33.900$ leftover macaroni and cheese finishes.

 $00:06:33.900 \longrightarrow 00:06:37.236$ It grabs 3 or 4 handfuls of chips

NOTE Confidence: 0.80615364625

 $00:06:37.240 \longrightarrow 00:06:40.004$ and reported literally stuffing

NOTE Confidence: 0.80615364625

 $00:06:40.004 \longrightarrow 00:06:43.324$ them in his mouth and then had a

NOTE Confidence: 0.80615364625

 $00:06:43.324 \longrightarrow 00:06:45.307$ leftover sandwich that was tucked

NOTE Confidence: 0.80615364625

 $00:06:45.307 \longrightarrow 00:06:48.156$ away on the side of the refrigerator.

NOTE Confidence: 0.80615364625

00:06:48.160 --> 00:06:49.760 During this episode he labeled

NOTE Confidence: 0.80615364625

 $00:06:49.760 \longrightarrow 00:06:51.930$ it as a binge eating episode.

NOTE Confidence: 0.80615364625

 $00:06:51.930 \longrightarrow 00:06:53.160$ He said he was eating.

NOTE Confidence: 0.80615364625

 $00{:}06{:}53.160 \dashrightarrow 00{:}06{:}54.469$ He didn't know why he was eating.

NOTE Confidence: 0.80615364625

 $00:06:54.470 \longrightarrow 00:06:55.410$ He was eating rapidly.

NOTE Confidence: 0.80615364625

 $00{:}06{:}55.410 \dashrightarrow 00{:}06{:}55.880$ He was.

NOTE Confidence: 0.80615364625

 $00{:}06{:}55.880 \dashrightarrow 00{:}06{:}58.208$ Shoving the food in his mouth.

NOTE Confidence: 0.80615364625

 $00:06:58.210 \longrightarrow 00:07:00.682$ It was actually uncomfortable and he

NOTE Confidence: 0.80615364625

 $00{:}07{:}00.682 \dashrightarrow 00{:}07{:}02.910$ felt utterly disgusted with himself.

NOTE Confidence: 0.80615364625

00:07:02.910 --> 00:07:04.827 If you look at the binge in the dinner,

NOTE Confidence: 0.80615364625

 $00:07:04.830 \longrightarrow 00:07:07.038$ just not really much of a difference there,

 $00:07:07.040 \longrightarrow 00:07:08.565$ it is really the subjective

NOTE Confidence: 0.80615364625

00:07:08.565 --> 00:07:09.785 experience during the latter,

NOTE Confidence: 0.80615364625

 $00:07:09.790 \longrightarrow 00:07:12.835$ so this is not an issue around

NOTE Confidence: 0.80615364625

 $00:07:12.835 \longrightarrow 00:07:14.650$ overeating which most of us do

NOTE Confidence: 0.80615364625

 $00:07:14.650 \longrightarrow 00:07:16.870$ from time to time or frequently,

NOTE Confidence: 0.80615364625

 $00:07:16.870 \longrightarrow 00:07:20.246$ but rather a an episode that is very

NOTE Confidence: 0.80615364625

 $00:07:20.246 \longrightarrow 00:07:23.050$ salient and individuals who experience

NOTE Confidence: 0.80615364625

 $00:07:23.050 \longrightarrow 00:07:27.418$ these episodes are quite distressed by them.

NOTE Confidence: 0.80615364625

 $00:07:27.420 \longrightarrow 00:07:30.088$ How common is this?

NOTE Confidence: 0.80615364625

00:07:30.088 --> 00:07:32.756 Our colleagues and I.

NOTE Confidence: 0.80615364625

 $00{:}07{:}32.760 \dashrightarrow 00{:}07{:}38.020$ Performed a epidemiologic analysis.

NOTE Confidence: 0.80615364625

 $00{:}07{:}38.020 \dashrightarrow 00{:}07{:}42.860$ With this arc three which use DSM 5.

NOTE Confidence: 0.80615364625

 $00:07:42.860 \longrightarrow 00:07:45.107$ Criteria and we found that BD is

NOTE Confidence: 0.80615364625

 $00:07:45.107 \longrightarrow 00:07:47.025$ more prevalent than either anorexia

NOTE Confidence: 0.80615364625

00:07:47.025 --> 00:07:48.797 nervosa or bulimia nervosa.

 $00:07:48.800 \longrightarrow 00:07:53.490$ Our estimate was a lifetime rate of .85%.

NOTE Confidence: 0.80615364625

 $00{:}07{:}53.490 \dashrightarrow 00{:}07{:}56.017$ This rate is lower than previous studies.

NOTE Confidence: 0.80615364625

 $00:07:56.020 \longrightarrow 00:07:57.541$ This rate, however,

NOTE Confidence: 0.80615364625

 $00:07:57.541 \longrightarrow 00:08:00.076$ is consistent with the median

NOTE Confidence: 0.80615364625

00:08:00.076 --> 00:08:02.299 rates performed with a variety

NOTE Confidence: 0.80615364625

 $00:08:02.299 \longrightarrow 00:08:04.310$ of large scale European.

NOTE Confidence: 0.80615364625

 $00:08:04.310 \longrightarrow 00:08:05.190$ Studies.

NOTE Confidence: 0.80615364625

 $00:08:05.190 \longrightarrow 00:08:06.070$ Interestingly,

NOTE Confidence: 0.80615364625

 $00:08:06.070 \longrightarrow 00:08:07.830$ and importantly,

NOTE Confidence: 0.80615364625

 $00:08:07.830 \longrightarrow 00:08:09.818$ understanding the the distribution

NOTE Confidence: 0.80615364625

 $00:08:09.818 \longrightarrow 00:08:12.800$ is valuable for clinicians to help

NOTE Confidence: 0.80615364625

 $00:08:12.877 \longrightarrow 00:08:15.229$ recognize what potentially recognize

NOTE Confidence: 0.80615364625

 $00:08:15.229 \longrightarrow 00:08:18.170$ this problem occurs in men and women.

NOTE Confidence: 0.80615364625

 $00:08:18.170 \longrightarrow 00:08:20.480$ More women than men appear to

NOTE Confidence: 0.80615364625

00:08:20.480 --> 00:08:22.099 suffer from binge eating disorder,

NOTE Confidence: 0.80615364625

 $00:08:22.099 \longrightarrow 00:08:24.080$ but it does not show the market

 $00:08:24.132 \longrightarrow 00:08:25.520$ gender distribution that we

NOTE Confidence: 0.80615364625

 $00:08:25.520 \longrightarrow 00:08:26.908$ see for anorexia nervosa.

NOTE Confidence: 0.80615364625

00:08:26.910 --> 00:08:27.746 In particular,

NOTE Confidence: 0.80615364625

 $00:08:27.746 \longrightarrow 00:08:31.090$ a BD occurs across ethnic and racial groups.

NOTE Confidence: 0.80615364625

 $00:08:31.090 \longrightarrow 00:08:34.936$ People of color appear to have

NOTE Confidence: 0.80615364625

 $00:08:34.936 \longrightarrow 00:08:36.859$ strikingly comparable rates.

NOTE Confidence: 0.80615364625

 $00:08:36.860 \longrightarrow 00:08:39.680$ As as wide as individuals,

NOTE Confidence: 0.767892006666667

 $00{:}08{:}39.680 \dashrightarrow 00{:}08{:}42.596$ BD occurs across all weight groups,

NOTE Confidence: 0.767892006666667

 $00{:}08{:}42.600 \dashrightarrow 00{:}08{:}44.838$ but is associated strongly with severe

NOTE Confidence: 0.767892006666667

 $00:08:44.838 \longrightarrow 00:08:47.435$ obesity that we have a treatment confound

NOTE Confidence: 0.767892006666667

 $00{:}08{:}47.435 \dashrightarrow 00{:}08{:}50.356$ in the sense that in most clinical settings

NOTE Confidence: 0.767892006666667

 $00:08:50.356 \longrightarrow 00:08:53.740$ most people with PD have coexisting obesity,

NOTE Confidence: 0.767892006666667

 $00{:}08{:}53.740 \dashrightarrow 00{:}08{:}55.774$ but at the national community level

NOTE Confidence: 0.767892006666667

 $00{:}08{:}55.774 \dashrightarrow 00{:}08{:}58.200$ it is found across all week groups.

NOTE Confidence: 0.767892006666667

 $00:08:58.200 \longrightarrow 00:09:00.520$ But if you wait long enough, the excess

 $00:09:00.520 \longrightarrow 00:09:02.740$ weight will eventually build the association.

NOTE Confidence: 0.767892006666667

 $00:09:02.740 \longrightarrow 00:09:05.740$ With obesity is a strong one.

NOTE Confidence: 0.767892006666667

00:09:05.740 --> 00:09:08.386 Large ratios there from three of the

NOTE Confidence: 0.767892006666667

 $00:09:08.386 \longrightarrow 00:09:10.400$ major epidemiologic studies and National

NOTE Confidence: 0.767892006666667

 $00:09:10.400 \longrightarrow 00:09:13.880$ comorbidity survey replication at a 4.9.

NOTE Confidence: 0.767892006666667

 $00:09:13.880 \longrightarrow 00:09:16.370$ Odds ratio adjusted odds ratio.

NOTE Confidence: 0.767892006666667

 $00:09:16.370 \longrightarrow 00:09:18.225$ The World Health Organization Mental

NOTE Confidence: 0.767892006666667

00:09:18.225 --> 00:09:20.362 Health Study 6.6 and our analysis

NOTE Confidence: 0.767892006666667

 $00{:}09{:}20.362 \to 00{:}09{:}24.069$ with Nice start three point 4.6 again.

NOTE Confidence: 0.767892006666667

00:09:24.069 --> 00:09:25.983 I emphasize that obesity and weight

NOTE Confidence: 0.767892006666667

 $00{:}09{:}25.983 \dashrightarrow 00{:}09{:}27.896$ fluctuation are most often the reasons

NOTE Confidence: 0.767892006666667

00:09:27.896 --> 00:09:29.690 that lead people to seek treatment,

NOTE Confidence: 0.767892006666667

 $00:09:29.690 \longrightarrow 00:09:32.800$ not to be D itself.

NOTE Confidence: 0.767892006666667

 $00:09:32.800 \longrightarrow 00:09:35.625$ It is associated with elevated

NOTE Confidence: 0.767892006666667

00:09:35.625 --> 00:09:37.320 risk psychiatric occurrences.

NOTE Confidence: 0.767892006666667 00:09:37.320 --> 00:09:37.697 Nationally,

00:09:37.697 --> 00:09:39.205 representative samples consistently find

NOTE Confidence: 0.767892006666667

 $00{:}09{:}39.205 \dashrightarrow 00{:}09{:}41.830$ that the majority in the vast majority,

NOTE Confidence: 0.767892006666667

 $00{:}09{:}41.830 \dashrightarrow 00{:}09{:}44.116$ nearly all patients have at least

NOTE Confidence: 0.767892006666667

00:09:44.116 --> 00:09:45.640 one other psychiatric disorder.

NOTE Confidence: 0.767892006666667

 $00:09:45.640 \longrightarrow 00:09:47.896$ The most common Co occurring disorders

NOTE Confidence: 0.767892006666667

00:09:47.896 --> 00:09:50.767 are listed there in our in our analysis,

NOTE Confidence: 0.767892006666667

 $00:09:50.770 \longrightarrow 00:09:57.578$ 70% moved 68% Sud and 59% anxiety disorders.

NOTE Confidence: 0.767892006666667

 $00{:}09{:}57.578 \dashrightarrow 00{:}10{:}00.358$ These rates are fairly comparable

NOTE Confidence: 0.767892006666667

 $00{:}10{:}00.358 \dashrightarrow 00{:}10{:}03.268$ to other large scale studies.

NOTE Confidence: 0.767892006666667

00:10:03.270 --> 00:10:06.650 This is sometimes viewed as are

NOTE Confidence: 0.767892006666667

 $00{:}10{:}06.650 \dashrightarrow 00{:}10{:}08.070$ the other eating disorders.

NOTE Confidence: 0.767892006666667

00:10:08.070 --> 00:10:09.726 Unfortunately, as you know,

NOTE Confidence: 0.767892006666667

 $00:10:09.726 \dashrightarrow 00:10:12.210$ using unfortunate term as boutique disorders,

NOTE Confidence: 0.767892006666667

 $00:10:12.210 \longrightarrow 00:10:14.910$ these disorders are associated with

NOTE Confidence: 0.767892006666667

 $00:10:14.910 \longrightarrow 00:10:18.262$ high rates of chronicity and rather

 $00:10:18.262 \longrightarrow 00:10:20.050$ concerning functional impairments.

NOTE Confidence: 0.767892006666667

 $00:10:20.050 \longrightarrow 00:10:22.078$ Just as one example,

NOTE Confidence: 0.767892006666667

 $00:10:22.078 \longrightarrow 00:10:24.706$ you're the prevalence rates that

NOTE Confidence: 0.767892006666667

00:10:24.706 --> 00:10:27.936 we found for persons with eating

NOTE Confidence: 0.767892006666667

 $00:10:27.936 \longrightarrow 00:10:30.474$ disorders and the adjusted odds ratios

NOTE Confidence: 0.767892006666667

 $00:10:30.474 \longrightarrow 00:10:32.675$ for suicide attempts in persons

NOTE Confidence: 0.767892006666667

00:10:32.675 --> 00:10:35.491 with binge eating disorder was 4.8.

NOTE Confidence: 0.767892006666667 00:10:35.491 --> 00:10:36.172 Three,

NOTE Confidence: 0.767892006666667

 $00{:}10{:}36.172 \dashrightarrow 00{:}10{:}39.700$ that's a fairly concerning elevation

NOTE Confidence: 0.767892006666667

 $00:10:39.700 \longrightarrow 00:10:41.962$ and risk of interest,

NOTE Confidence: 0.767892006666667

00:10:41.962 --> 00:10:43.617 and the reasons are uncertain.

NOTE Confidence: 0.767892006666667

00:10:43.620 --> 00:10:45.432 The onset of BD was significantly

NOTE Confidence: 0.767892006666667

 $00:10:45.432 \longrightarrow 00:10:46.640$ more likely to proceed.

NOTE Confidence: 0.767892006666667

 $00:10:46.640 \longrightarrow 00:10:48.492$ Suicide attempts in those

NOTE Confidence: 0.767892006666667

00:10:48.492 --> 00:10:50.344 persons characterized with BD,

NOTE Confidence: 0.767892006666667

00:10:50.350 --> 00:10:51.784 whereas people characterize,

 $00:10:51.784 \longrightarrow 00:10:54.174$ without erexion impulsive blooming orvos,

NOTE Confidence: 0.767892006666667

00:10:54.180 --> 00:10:56.238 it was about half and half.

NOTE Confidence: 0.767892006666667

00:10:56.240 --> 00:11:01.232 Point being there are significant social,

NOTE Confidence: 0.767892006666667 00:11:01.232 --> 00:11:01.860 psychosocial,

NOTE Confidence: 0.767892006666667

 $00{:}11{:}01.860 \dashrightarrow 00{:}11{:}03.615$ and functional impairments as well

NOTE Confidence: 0.767892006666667

 $00:11:03.615 \longrightarrow 00:11:05.920$ as other kind of important health

NOTE Confidence: 0.767892006666667

 $00:11:05.920 \longrightarrow 00:11:08.114$ indicators that these individuals

NOTE Confidence: 0.76789200666666700:11:08.114 --> 00:11:09.250 suffer from.

NOTE Confidence: 0.767892006666667

 $00:11:09.250 \longrightarrow 00:11:11.350$ In terms of medical Co,

NOTE Confidence: 0.767892006666667

00:11:11.350 --> 00:11:14.130 occurrences also has high elevated,

NOTE Confidence: 0.767892006666667

 $00:11:14.130 \longrightarrow 00:11:16.440$ significantly elevated risk for a

NOTE Confidence: 0.767892006666667

 $00:11:16.440 \longrightarrow 00:11:18.750$ variety of medical Cohen currencies.

NOTE Confidence: 0.767892006666667

 $00{:}11{:}18.750 \dashrightarrow 00{:}11{:}20.818$ First and foremost, obesity,

NOTE Confidence: 0.767892006666667

00:11:20.818 --> 00:11:22.886 which I mentioned earlier,

NOTE Confidence: 0.767892006666667

 $00:11:22.890 \longrightarrow 00:11:23.990$ but a variety of cardio,

00:11:23.990 --> 00:11:25.034 metabolic problems,

NOTE Confidence: 0.767892006666667

00:11:25.034 --> 00:11:26.078 various Crain,

NOTE Confidence: 0.767892006666667

00:11:26.078 --> 00:11:28.688 chronic pain conditions and elevated

NOTE Confidence: 0.767892006666667

 $00:11:28.688 \longrightarrow 00:11:31.420$ rates for a variety of these

NOTE Confidence: 0.767892006666667

 $00:11:31.420 \longrightarrow 00:11:32.980$ medical conditions are elevated

NOTE Confidence: 0.767892006666667

 $00:11:32.980 \longrightarrow 00:11:34.990$ even after adjusting for a variety

NOTE Confidence: 0.767892006666667

 $00:11:34.990 \longrightarrow 00:11:36.875$ of socio demographic factors as

NOTE Confidence: 0.767892006666667

00:11:36.875 --> 00:11:39.185 well As for adjustment for obesity.

NOTE Confidence: 0.767892006666667

00:11:39.190 --> 00:11:41.650 The World Health Organization study

NOTE Confidence: 0.767892006666667

 $00:11:41.650 \longrightarrow 00:11:44.110$ also found that the significant

NOTE Confidence: 0.767892006666667

 $00:11:44.189 \longrightarrow 00:11:45.995$ associations were temporarily

NOTE Confidence: 0.767892006666667

00:11:45.995 --> 00:11:49.005 primary be deleting or proceeding

NOTE Confidence: 0.767892006666667

 $00:11:49.005 \longrightarrow 00:11:51.320$ subsequent medical comorbidities.

NOTE Confidence: 0.767892006666667

00:11:51.320 --> 00:11:53.474 Something that does not come up

NOTE Confidence: 0.767892006666667

 $00:11:53.474 \longrightarrow 00:11:56.800$ in the DSM or in a lot of kind of

NOTE Confidence: 0.767892006666667

 $00:11:56.800 \longrightarrow 00:11:59.125$ clinical settings is a critically

 $00:11:59.125 \longrightarrow 00:12:02.164$ important context that I would like

NOTE Confidence: 0.767892006666667

 $00{:}12{:}02.164 \dashrightarrow 00{:}12{:}05.212$ to highlight and that is the issue of

NOTE Confidence: 0.767892006666667

 $00:12:05.212 \longrightarrow 00:12:07.720$ weight based stigma and negative biases.

NOTE Confidence: 0.767892006666667

00:12:07.720 --> 00:12:09.872 To put it bluntly,

NOTE Confidence: 0.767892006666667

 $00:12:09.872 \longrightarrow 00:12:12.441$ negative weight based stereotypes in

NOTE Confidence: 0.767892006666667

00:12:12.441 --> 00:12:14.496 our society and similar societies

NOTE Confidence: 0.767892006666667

00:12:14.496 --> 00:12:16.545 offer basic individuals with obesity

NOTE Confidence: 0.767892006666667

 $00:12:16.545 \longrightarrow 00:12:18.890$ are widely viewed as lazy and lacking

NOTE Confidence: 0.767892006666667

 $00{:}12{:}18.890 \dashrightarrow 00{:}12{:}21.530$ in self discipline and in rural power.

NOTE Confidence: 0.767892006666667

 $00{:}12{:}21.530 \rightarrow 00{:}12{:}24.562$ Tests and and assessments

NOTE Confidence: 0.767892006666667

 $00:12:24.562 \longrightarrow 00:12:26.836$ asking for explicit.

NOTE Confidence: 0.8359905

00:12:26.840 --> 00:12:33.210 Views document this. Remarkably.

NOTE Confidence: 0.8359905

 $00{:}12{:}33.210 \dashrightarrow 00{:}12{:}35.790$ Stigmatising view that many of us

NOTE Confidence: 0.8359905

 $00{:}12{:}35.790 \dashrightarrow 00{:}12{:}39.910$ have studies that look at implicit

NOTE Confidence: 0.8359905

 $00:12:39.910 \longrightarrow 00:12:41.848$ ways of getting at these attitudes.

 $00:12:41.850 \longrightarrow 00:12:42.882$ Find the same.

NOTE Confidence: 0.8359905

 $00{:}12{:}42.882 \dashrightarrow 00{:}12{:}44.946$ I emphasize that such views exist

NOTE Confidence: 0.8359905

 $00:12:44.946 \longrightarrow 00:12:47.401$ even among health care workers and

NOTE Confidence: 0.8359905

00:12:47.401 --> 00:12:49.446 studies have also done documented

NOTE Confidence: 0.8359905

 $00:12:49.512 \longrightarrow 00:12:51.904$ that these views are often common,

NOTE Confidence: 0.8359905

00:12:51.904 --> 00:12:55.386 often present even in health care

NOTE Confidence: 0.8359905

 $00:12:55.386 \longrightarrow 00:12:58.050$ workers with a specialty in the areas of

NOTE Confidence: 0.8359905

 $00:12:58.121 \longrightarrow 00:13:00.474$ obesity and related metabolic problems.

NOTE Confidence: 0.8359905

00:13:00.474 --> 00:13:02.378 So that's one problem.

NOTE Confidence: 0.8359905

 $00:13:02.380 \longrightarrow 00:13:04.360$ The second problem is that such

NOTE Confidence: 0.8359905

 $00{:}13{:}04.360 \dashrightarrow 00{:}13{:}05.680$ views are often internalized

NOTE Confidence: 0.8359905

 $00:13:05.742 \longrightarrow 00:13:07.230$ by the patients themselves.

NOTE Confidence: 0.8359905

 $00{:}13{:}07.230 \dashrightarrow 00{:}13{:}09.650$ Unlike some other discrimination

NOTE Confidence: 0.8359905

 $00{:}13{:}09.650 \dashrightarrow 00{:}13{:}11.465$ and stigmatizing experiences,

NOTE Confidence: 0.8359905

 $00:13:11.470 \longrightarrow 00:13:12.774$ people with obesity often

NOTE Confidence: 0.8359905

 $00:13:12.774 \longrightarrow 00:13:14.404$ buy into the same views,

 $00:13:14.410 \longrightarrow 00:13:17.539$ and they begin to stigmatise themselves with

NOTE Confidence: 0.8359905

 $00:13:17.539 \longrightarrow 00:13:20.848$ the same harsh language and harsh views.

NOTE Confidence: 0.8359905

 $00:13:20.850 \longrightarrow 00:13:25.680$ So persons with obesity face.

NOTE Confidence: 0.8359905

00:13:25.680 --> 00:13:28.640 Would be The Who have coexisting obesity and

NOTE Confidence: 0.8359905

 $00:13:28.640 \longrightarrow 00:13:31.472$ come to us for help face weight based stigma.

NOTE Confidence: 0.8359905

 $00:13:31.472 \longrightarrow 00:13:33.708$ They have long histories of being stigmatized

NOTE Confidence: 0.8359905

00:13:33.708 --> 00:13:36.039 because of their size and their weight,

NOTE Confidence: 0.8359905

 $00:13:36.040 \longrightarrow 00:13:37.840$ and they also have the added

NOTE Confidence: 0.8359905

 $00:13:37.840 \longrightarrow 00:13:39.530$ shame about the binge eating.

NOTE Confidence: 0.8359905

00:13:39.530 --> 00:13:41.210 So it's a kind of a double whammy,

NOTE Confidence: 0.8359905

 $00{:}13{:}41.210 \dashrightarrow 00{:}13{:}43.540$ so appreciation of the history.

NOTE Confidence: 0.8359905

 $00:13:43.540 \longrightarrow 00:13:46.044$ There are many of our patients have with

NOTE Confidence: 0.8359905

 $00{:}13{:}46.044 \dashrightarrow 00{:}13{:}48.077$ weight based bias and discrimination

NOTE Confidence: 0.8359905

 $00:13:48.077 \longrightarrow 00:13:50.759$ experiences is essential for effective care.

NOTE Confidence: 0.8359905

00:13:50.760 --> 00:13:53.140 Language matters a great deal.

00:13:53.140 --> 00:13:54.440 To belabor this point further,

NOTE Confidence: 0.8359905

 $00:13:54.440 \longrightarrow 00:13:55.420$ this is an example.

NOTE Confidence: 0.8359905

 $00:13:55.420 \longrightarrow 00:13:56.890$ This is not just bad manners.

NOTE Confidence: 0.8359905

 $00:13:56.890 \longrightarrow 00:13:58.942$ This is not just we need

NOTE Confidence: 0.8359905

 $00:13:58.942 \longrightarrow 00:14:00.310$ to be more respectful,

NOTE Confidence: 0.8359905

 $00:14:00.310 \longrightarrow 00:14:02.420$ which I think we do.

NOTE Confidence: 0.8359905

 $00:14:02.420 \longrightarrow 00:14:03.940$ This has medical consequences,

NOTE Confidence: 0.8359905

 $00:14:03.940 \longrightarrow 00:14:06.563$ so just as an example analysis we

NOTE Confidence: 0.8359905

 $00{:}14{:}06.563 \mathrel{--}{>} 00{:}14{:}08.779$ did with Denise Arc wave one and two,

NOTE Confidence: 0.8359905

00:14:08.780 --> 00:14:11.198 we looked at weight based discrimination,

NOTE Confidence: 0.8359905

 $00{:}14{:}11.200 \dashrightarrow 00{:}14{:}13.310$ race based discrimination and sex

NOTE Confidence: 0.8359905

00:14:13.310 --> 00:14:16.472 based discrimination and wave one and

NOTE Confidence: 0.8359905

 $00{:}14{:}16.472 \dashrightarrow 00{:}14{:}20.680$ associations with new cardiovascular

NOTE Confidence: 0.8359905

 $00:14:20.680 \longrightarrow 00:14:23.710$ reports or incidents that we too.

NOTE Confidence: 0.8359905

 $00:14:23.710 \longrightarrow 00:14:26.070$ Even after adjusting for

NOTE Confidence: 0.8359905

 $00{:}14{:}26.070 \dashrightarrow 00{:}14{:}27.250$ sociodemographic factors,

00:14:27.250 --> 00:14:29.506 adjusting for BMI, adjusting for smoking,

NOTE Confidence: 0.8359905

00:14:29.510 --> 00:14:31.514 alcohol, depression and stress,

NOTE Confidence: 0.8359905

 $00:14:31.514 \longrightarrow 00:14:34.520$ we found that weight and race

NOTE Confidence: 0.8359905

 $00:14:34.610 \longrightarrow 00:14:36.533$ based discrimination experiences

NOTE Confidence: 0.8359905

 $00{:}14{:}36.533 \dashrightarrow 00{:}14{:}39.738$ were associated with elevated odds

NOTE Confidence: 0.8359905

00:14:39.738 --> 00:14:42.669 ratios for new cardiovascular.

NOTE Confidence: 0.8359905

 $00:14:42.670 \longrightarrow 00:14:43.920$ Disease reports

NOTE Confidence: 0.857575700833333

 $00{:}14{:}46.000 \dashrightarrow 00{:}14{:}47.512$ adults who perceive weight

NOTE Confidence: 0.857575700833333

 $00:14:47.512 \longrightarrow 00:14:49.024$ and racial discrimination and

NOTE Confidence: 0.857575700833333

 $00{:}14{:}49.024 \dashrightarrow 00{:}14{:}50.800$ multiple forms of discrimination.

NOTE Confidence: 0.857575700833333

 $00:14:50.800 \longrightarrow 00:14:52.656$ The previous slide did not show the analysis.

NOTE Confidence: 0.857575700833333

 $00:14:52.660 \longrightarrow 00:14:54.725$ We actually looked at the impacts of

NOTE Confidence: 0.857575700833333

 $00{:}14{:}54.725 \dashrightarrow 00{:}14{:}56.669$ multiple forms of discrimination may be

NOTE Confidence: 0.857575700833333

 $00:14:56.669 \longrightarrow 00:14:58.667$ at heightened risk for certain types

NOTE Confidence: 0.857575700833333

 $00:14:58.667 \longrightarrow 00:15:01.004$ of disease and with chronic medical

 $00:15:01.004 \longrightarrow 00:15:02.944$ conditions among persons with obesity.

NOTE Confidence: 0.857575700833333

 $00:15:02.950 \longrightarrow 00:15:04.078$ Clinically, we are starting

NOTE Confidence: 0.857575700833333

 $00:15:04.078 \longrightarrow 00:15:05.206$ to see that stigma,

NOTE Confidence: 0.857575700833333

 $00:15:05.210 \longrightarrow 00:15:07.398$ internalized weight biases are

NOTE Confidence: 0.857575700833333

 $00:15:07.398 \longrightarrow 00:15:09.956$ associated with poor weight outcomes

NOTE Confidence: 0.857575700833333

 $00:15:09.956 \longrightarrow 00:15:12.246$ and with reduced preventative care.

NOTE Confidence: 0.857575700833333

 $00:15:12.250 \longrightarrow 00:15:13.930$ Many clinicians talk about poor

NOTE Confidence: 0.857575700833333

 $00:15:13.930 \longrightarrow 00:15:15.610$ follow up and everything else.

NOTE Confidence: 0.857575700833333

00:15:15.610 --> 00:15:17.794 A lot of patients when we interview

NOTE Confidence: 0.857575700833333

 $00:15:17.794 \longrightarrow 00:15:19.649$ them and assess them overtime,

NOTE Confidence: 0.857575700833333

 $00:15:19.650 \longrightarrow 00:15:22.565$ they often attribute the limited

NOTE Confidence: 0.857575700833333

 $00:15:22.565 \longrightarrow 00:15:25.076$ follow-up to unfortunate and

NOTE Confidence: 0.857575700833333

 $00{:}15{:}25.076 \to 00{:}15{:}26.360$ stigmatising experiences.

NOTE Confidence: 0.88323713

 $00:15:28.390 \longrightarrow 00:15:29.710$ Another aspect of binge eating disorder

NOTE Confidence: 0.88323713

00:15:29.710 --> 00:15:31.409 that I wish to highlight and this,

NOTE Confidence: 0.88323713

 $00{:}15{:}31.410 \dashrightarrow 00{:}15{:}34.206$ I think is a major diagnostic

00:15:34.210 --> 00:15:37.087 shortcoming in the DSM is the absence

NOTE Confidence: 0.88323713

 $00{:}15{:}37.087 \dashrightarrow 00{:}15{:}40.866$ of a body image criterion for BD body.

NOTE Confidence: 0.88323713

00:15:40.870 --> 00:15:44.074 Image criteria are front Center for

NOTE Confidence: 0.88323713

 $00:15:44.074 \longrightarrow 00:15:47.418$ Nexium and for bulimia nervosa.

NOTE Confidence: 0.88323713

 $00:15:47.420 \longrightarrow 00:15:50.115$ We know that body image concerns are

NOTE Confidence: 0.88323713

 $00:15:50.115 \longrightarrow 00:15:52.980$ much stronger in persons with BD than

NOTE Confidence: 0.88323713

 $00:15:52.980 \longrightarrow 00:15:55.422$ in persons with obesity without BD.

NOTE Confidence: 0.88323713

 $00{:}15{:}55.430 \dashrightarrow 00{:}15{:}58.110$ Overvaluation of shape and weight

NOTE Confidence: 0.88323713

 $00:15:58.110 \longrightarrow 00:15:59.718$ which is indistinct.

NOTE Confidence: 0.88323713

 $00{:}15{:}59.720 \dashrightarrow 00{:}16{:}01.538$ Construct this is not being unsatisfied

NOTE Confidence: 0.88323713

 $00:16:01.538 \longrightarrow 00:16:03.100$ with one's weight and shape,

NOTE Confidence: 0.88323713

 $00:16:03.100 \longrightarrow 00:16:05.010$ which in Western cultures is

NOTE Confidence: 0.88323713

 $00{:}16{:}05.010 \dashrightarrow 00{:}16{:}07.211$ merely normative. If you will.

NOTE Confidence: 0.88323713

 $00:16:07.211 \longrightarrow 00:16:10.550$ This is a cognitive process by which

NOTE Confidence: 0.88323713

00:16:10.655 --> 00:16:13.109 people defined define their primary

00:16:13.109 --> 00:16:16.176 worth as a human being based on their

NOTE Confidence: 0.88323713

 $00{:}16{:}16.176 \dashrightarrow 00{:}16{:}17.950$ ability to control their weight or

NOTE Confidence: 0.88323713

00:16:17.950 --> 00:16:19.769 shape or what their weight and shape

NOTE Confidence: 0.88323713

 $00:16:19.770 \longrightarrow 00:16:22.794$ is viewed as and for whatever reason.

NOTE Confidence: 0.88323713

 $00:16:22.800 \longrightarrow 00:16:25.590$ It was not a diagnostic criterion

NOTE Confidence: 0.88323713

 $00:16:25.590 \longrightarrow 00:16:28.318$ or specifier for BDE to DSM 5.

NOTE Confidence: 0.88323713

 $00:16:28.320 \longrightarrow 00:16:31.407$ A series of our studies in clinical.

NOTE Confidence: 0.88323713

00:16:31.410 --> 00:16:33.990 Community convenience sample that

NOTE Confidence: 0.88323713

 $00:16:33.990 \longrightarrow 00:16:35.925$ epidemiologic samples demonstrated

NOTE Confidence: 0.88323713

 $00:16:35.925 \longrightarrow 00:16:38.398$ overvaluation was associated with

NOTE Confidence: 0.88323713

00:16:38.398 --> 00:16:40.914 greater severity in a variety

NOTE Confidence: 0.88323713

 $00:16:40.914 \longrightarrow 00:16:43.026$ of these adult samples.

NOTE Confidence: 0.88323713

 $00:16:43.030 \longrightarrow 00:16:45.250$ We have done predictor analysis with

NOTE Confidence: 0.88323713

00:16:45.250 --> 00:16:47.968 a variety of trials and we found

NOTE Confidence: 0.88323713

 $00:16:47.968 \longrightarrow 00:16:49.918$ that its overvaluation is associated

NOTE Confidence: 0.88323713

 $00{:}16{:}49.918 \dashrightarrow 00{:}16{:}52.020$ with poor treatment outcomes.

 $00:16:52.020 \longrightarrow 00:16:55.702$ The figure to the bottom there shows

NOTE Confidence: 0.88323713

 $00{:}16{:}55.702 \dashrightarrow 00{:}16{:}58.034$ rather a significant difference at

NOTE Confidence: 0.88323713

00:16:58.034 --> 00:17:00.740 follow up between patients who had

NOTE Confidence: 0.88323713

 $00:17:00.814 \longrightarrow 00:17:03.143$ overvaluation and higher levels

NOTE Confidence: 0.88323713

 $00:17:03.143 \longrightarrow 00:17:04.987$ of valuation at baseline,

NOTE Confidence: 0.88323713

 $00:17:04.990 \longrightarrow 00:17:07.730$ so it predicts poor outcomes.

NOTE Confidence: 0.88323713

 $00:17:07.730 \longrightarrow 00:17:09.890$ It predicts and is associated with

NOTE Confidence: 0.88323713

 $00:17:09.890 \longrightarrow 00:17:11.850$ poor functioning and variety of ways.

NOTE Confidence: 0.88323713

 $00:17:11.850 \longrightarrow 00:17:13.340$ I feel it should be.

NOTE Confidence: 0.88323713

 $00{:}17{:}13.340 \dashrightarrow 00{:}17{:}15.412$ Diagnostic specifier or criterion.

NOTE Confidence: 0.88323713

00:17:15.412 --> 00:17:17.484 But regardless of that,

NOTE Confidence: 0.88323713

 $00:17:17.490 \longrightarrow 00:17:19.070$ in your case formulation,

NOTE Confidence: 0.88323713

 $00{:}17{:}19.070 \dashrightarrow 00{:}17{:}21.966$ it is an important thing to assess

NOTE Confidence: 0.88323713

 $00:17:21.966 \longrightarrow 00:17:24.390$ and to understand very few moderators

NOTE Confidence: 0.88323713

00:17:24.390 --> 00:17:26.190 of treatment have been identified

 $00:17:26.190 \longrightarrow 00:17:28.297$ in the first study there that

NOTE Confidence: 0.728752805714286

00:17:30.610 --> 00:17:33.280 JC P222 2012 paper we actually

NOTE Confidence: 0.728752805714286

 $00:17:33.280 \longrightarrow 00:17:35.126$ found a very useful moderator

NOTE Confidence: 0.728752805714286

 $00:17:35.126 \longrightarrow 00:17:37.220$ effect in that if you had

NOTE Confidence: 0.728752805714286

00:17:37.300 --> 00:17:39.368 people high in overvaluation,

NOTE Confidence: 0.728752805714286

 $00:17:39.370 \longrightarrow 00:17:42.090$ they did better in CBT,

NOTE Confidence: 0.728752805714286

 $00:17:42.090 \longrightarrow 00:17:44.310$ and if you gave them

NOTE Confidence: 0.728752805714286

00:17:44.310 --> 00:17:45.690 pharmacotherapy without CBT,

NOTE Confidence: 0.728752805714286

 $00:17:45.690 \longrightarrow 00:17:47.600$ they did. Rather miserably

NOTE Confidence: 0.874199073333333

 $00:17:51.200 \longrightarrow 00:17:56.213$ so let me belabor this a little bit further.

NOTE Confidence: 0.874199073333333

00:17:56.220 --> 00:17:58.649 Then that that kind of crawling

NOTE Confidence: 0.874199073333333

00:17:58.649 --> 00:18:00.760 through the importance of overvaluation,

NOTE Confidence: 0.874199073333333

 $00{:}18{:}00.760 \dashrightarrow 00{:}18{:}02.920$ comes from our traditional

NOTE Confidence: 0.874199073333333

00:18:02.920 --> 00:18:04.540 models of psychopathology.

NOTE Confidence: 0.874199073333333

00:18:04.540 --> 00:18:06.994 A little bit about a complementary

NOTE Confidence: 0.874199073333333

 $00:18:06.994 \longrightarrow 00:18:09.260$ approach which involves network analysis.

00:18:09.260 --> 00:18:11.565 Uhm? Again, our traditional models

NOTE Confidence: 0.874199073333333

 $00:18:11.565 \longrightarrow 00:18:13.870$ view symptoms as somehow emerging

NOTE Confidence: 0.874199073333333

 $00:18:13.939 \longrightarrow 00:18:16.375$ from some sort of underlying entity.

NOTE Confidence: 0.874199073333333

00:18:16.380 --> 00:18:18.788 If you, if you will network models,

NOTE Confidence: 0.874199073333333

 $00:18:18.790 \longrightarrow 00:18:20.575$ you disorders and ever in

NOTE Confidence: 0.874199073333333

 $00:18:20.575 \longrightarrow 00:18:22.740$ a in a very different way.

NOTE Confidence: 0.874199073333333

 $00:18:22.740 \longrightarrow 00:18:24.570$ That there are these symptoms,

NOTE Confidence: 0.874199073333333

 $00:18:24.570 \longrightarrow 00:18:26.720$ they're interconnected.

NOTE Confidence: 0.874199073333333

 $00:18:26.720 \longrightarrow 00:18:28.172$ They influence one another.

NOTE Confidence: 0.874199073333333

00:18:28.172 --> 00:18:30.350 They are maintained by one another

NOTE Confidence: 0.874199073333333

 $00:18:30.416 \longrightarrow 00:18:32.468$ and they interact with one another.

NOTE Confidence: 0.874199073333333

 $00:18:32.470 \longrightarrow 00:18:35.134$ If we are able to find ways to quantify.

NOTE Confidence: 0.822487976666667

 $00{:}18{:}37.900 \dashrightarrow 00{:}18{:}41.008$ The symptom interactions.

NOTE Confidence: 0.822487976666667

00:18:41.010 --> 00:18:43.235 Within, you know some sort

NOTE Confidence: 0.822487976666667

00:18:43.235 --> 00:18:44.570 of hypothetical construct.

 $00:18:44.570 \longrightarrow 00:18:46.130$ We can then identify the

NOTE Confidence: 0.822487976666667

 $00{:}18{:}46.130 \dashrightarrow 00{:}18{:}47.690$ symptoms that are most central.

NOTE Confidence: 0.822487976666667

 $00:18:47.690 \longrightarrow 00:18:49.602$ Again, the most central

NOTE Confidence: 0.822487976666667

 $00:18:49.602 \longrightarrow 00:18:51.992$ being the key lingo there.

NOTE Confidence: 0.822487976666667

 $00:18:52.000 \longrightarrow 00:18:53.687$ And the way that this is manifested

NOTE Confidence: 0.822487976666667

 $00:18:53.687 \longrightarrow 00:18:55.476$ on the on the left side on

NOTE Confidence: 0.822487976666667

 $00:18:55.476 \longrightarrow 00:18:56.988$ the blue you have the circles.

NOTE Confidence: 0.822487976666667

 $00:18:56.990 \longrightarrow 00:18:59.660$ Those are symptoms.

NOTE Confidence: 0.822487976666667 00:18:59.660 --> 00:19:00.320 Symptoms.

NOTE Confidence: 0.885929388888889

 $00:19:02.400 \longrightarrow 00:19:06.478$ The lingo in in that field is nodes and

NOTE Confidence: 0.885929388888889

 $00:19:06.478 \longrightarrow 00:19:08.620$ then you have the various lines you see all

NOTE Confidence: 0.885929388888889

 $00:19:08.673 \longrightarrow 00:19:10.696$ sorts of lines between all the symptoms.

NOTE Confidence: 0.885929388888889

 $00:19:10.700 \longrightarrow 00:19:13.270$ The lines are called edges. In that system,

NOTE Confidence: 0.885929388888889

 $00{:}19{:}13.270 \longrightarrow 00{:}19{:}17.920$ the thicker the edges the the stronger.

NOTE Confidence: 0.88592938888889

 $00:19:17.920 \longrightarrow 00:19:20.060$ Interactions and and the connections.

NOTE Confidence: 0.885929388888889

 $00{:}19{:}20.060 \dashrightarrow 00{:}19{:}22.405$ So the most central symptoms in the

00:19:22.405 --> 00:19:25.165 network are those that caused most

NOTE Confidence: 0.885929388888889

 $00:19:25.165 \longrightarrow 00:19:27.972$ others or internal caused by most others.

NOTE Confidence: 0.885929388888889

00:19:27.972 --> 00:19:30.000 If you look on the right,

NOTE Confidence: 0.885929388888889

00:19:30.000 --> 00:19:32.619 the red you can see the rank ordering of

NOTE Confidence: 0.885929388888889

 $00:19:32.619 \longrightarrow 00:19:35.344$ the centrality and overvaluation of shaping

NOTE Confidence: 0.885929388888889

 $00:19:35.344 \longrightarrow 00:19:39.080$ and weight are the core symptoms of the.

NOTE Confidence: 0.88592938888889

 $00:19:39.080 \longrightarrow 00:19:41.468$ So that's another.

NOTE Confidence: 0.885929388888889

 $00{:}19{:}41.470 \dashrightarrow 00{:}19{:}43.792$ Reason I think that overvaluation of

NOTE Confidence: 0.885929388888889

 $00:19:43.792 \dashrightarrow 00:19:46.574$ weight and shape is an important aspect.

NOTE Confidence: 0.885929388888889

00:19:46.574 --> 00:19:48.842 So in terms of treatment needs is

NOTE Confidence: 0.885929388888889

00:19:48.842 --> 00:19:50.858 a complicated construct and binge

NOTE Confidence: 0.885929388888889

00:19:50.858 --> 00:19:52.312 eating behaviors. The disordered,

NOTE Confidence: 0.885929388888889

 $00{:}19{:}52.312 \dashrightarrow 00{:}19{:}53.767$ unhealthy eating outside the binge,

NOTE Confidence: 0.885929388888889

 $00:19:53.770 \longrightarrow 00:19:56.022$ eating associated cognitive features,

NOTE Confidence: 0.885929388888889

 $00:19:56.022 \longrightarrow 00:19:58.842$ the obesity, the medical comorbidities,

00:19:58.842 --> 00:19:59.970 psychiatric comorbidity,

NOTE Confidence: 0.885929388888889

00:19:59.970 --> 00:20:01.454 body image, in particular,

NOTE Confidence: 0.885929388888889

00:20:01.454 --> 00:20:04.264 valuation of shape and weight and larger,

NOTE Confidence: 0.885929388888889

00:20:04.264 --> 00:20:06.649 broader structural context that obesity,

NOTE Confidence: 0.885929388888889

 $00:20:06.650 \longrightarrow 00:20:09.378$ stigma and discrimination experiences.

NOTE Confidence: 0.826315008

00:20:12.750 --> 00:20:15.614 Well, a lot of people with BDC treatment

NOTE Confidence: 0.826315008

 $00:20:15.614 \longrightarrow 00:20:18.528$ but they don't seek treatment for BDD.

NOTE Confidence: 0.826315008

 $00{:}20{:}18.530 \dashrightarrow 00{:}20{:}21.322$ Here when we looked at this and niece

NOTE Confidence: 0.826315008

 $00{:}20{:}21.322 \dashrightarrow 00{:}20{:}24.016$ are less than half people reported

NOTE Confidence: 0.826315008

00:20:24.016 --> 00:20:26.416 every seeking treatment for BD.

NOTE Confidence: 0.826315008

 $00:20:26.420 \longrightarrow 00:20:27.925$ When they do seek treat on that,

NOTE Confidence: 0.826315008

 $00:20:27.930 \longrightarrow 00:20:30.006$ by the way, is particularly striking

NOTE Confidence: 0.826315008

 $00:20:30.006 \longrightarrow 00:20:32.528$ for men and for people of color.

NOTE Confidence: 0.826315008

 $00:20:32.530 \longrightarrow 00:20:34.462$ When they do seek treatments for other

NOTE Confidence: 0.826315008

 $00:20:34.462 \longrightarrow 00:20:36.636$ things and when they are in treatment

NOTE Confidence: 0.826315008

 $00:20:36.636 \longrightarrow 00:20:38.246$ for whether it's medical comorbidities

00:20:38.246 --> 00:20:39.960 or psychiatric comorbidities,

NOTE Confidence: 0.826315008

 $00{:}20{:}39.960 \dashrightarrow 00{:}20{:}42.480$ they are rarely asked about their

NOTE Confidence: 0.826315008

 $00:20:42.480 \longrightarrow 00:20:45.800$ binge eating. They're often.

NOTE Confidence: 0.826315008

00:20:45.800 --> 00:20:49.930 Counseled or told or criticized for their

NOTE Confidence: 0.826315008

00:20:49.930 --> 00:20:52.280 eating behaviors and their weight, perhaps,

NOTE Confidence: 0.826315008

 $00:20:52.280 \longrightarrow 00:20:54.597$ but they're never asked about their body.

NOTE Confidence: 0.826315008

 $00:20:54.600 \longrightarrow 00:20:56.886$ Image concerns and never asked about

NOTE Confidence: 0.826315008

 $00{:}20{:}56.890 \dashrightarrow 00{:}20{:}59.020$ any kind of binge eating patterns.

NOTE Confidence: 0.826315008

 $00:20:59.020 \longrightarrow 00:21:03.500$ This large scale survey with over 20,000 US

NOTE Confidence: 0.826315008

 $00{:}21{:}03.500 \dashrightarrow 00{:}21{:}07.148$ adults found that of those with PD diagnosis.

NOTE Confidence: 0.826315008

 $00:21:07.148 \longrightarrow 00:21:09.020$ Only three point.

NOTE Confidence: 0.826315008

 $00:21:09.020 \longrightarrow 00:21:12.594$ 2% of them had been diagnosed by

NOTE Confidence: 0.826315008

 $00:21:12.594 \longrightarrow 00:21:15.846$ any of their health care providers.

NOTE Confidence: 0.826315008

 $00:21:15.850 \longrightarrow 00:21:17.278$ So it goes unrecognized.

NOTE Confidence: 0.826315008

00:21:17.278 --> 00:21:19.791 Good news is this is something if

 $00:21:19.791 \longrightarrow 00:21:21.926$ we can recognize that there are a

NOTE Confidence: 0.826315008

 $00{:}21{:}21.926 \to 00{:}21{:}24.420$ variety of treatment options available.

NOTE Confidence: 0.826315008

 $00:21:24.420 \longrightarrow 00:21:27.228$ Start with pharmacol therapy.

NOTE Confidence: 0.826315008

00:21:27.230 --> 00:21:29.673 Small RCT's have found that a variety

NOTE Confidence: 0.826315008

 $00:21:29.673 \longrightarrow 00:21:32.028$ of medications are superior to placebo.

NOTE Confidence: 0.826315008

 $00:21:32.030 \longrightarrow 00:21:33.110$ Food duesing binge eating,

NOTE Confidence: 0.826315008

 $00:21:33.110 \longrightarrow 00:21:34.730$ at least over the short term.

NOTE Confidence: 0.826315008

 $00:21:34.730 \longrightarrow 00:21:38.048$ The effects from an effect size perspective

NOTE Confidence: 0.826315008

 $00{:}21{:}38.048 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}21{:}40.360$ are not particularly oppressive.

NOTE Confidence: 0.826315008

 $00:21:40.360 \longrightarrow 00:21:43.180$ Except for topiramate.

NOTE Confidence: 0.826315008

 $00{:}21{:}43.180 \dashrightarrow 00{:}21{:}44.780$ Agents at the epileptic agent,

NOTE Confidence: 0.826315008

00:21:44.780 --> 00:21:46.145 which reduces both binge eating

NOTE Confidence: 0.826315008

 $00:21:46.145 \longrightarrow 00:21:47.800$ and weight over the short term.

NOTE Confidence: 0.826315008

 $00:21:47.800 \longrightarrow 00:21:50.080$ Most of the medications taste tested to date,

NOTE Confidence: 0.826315008

 $00:21:50.080 \longrightarrow 00:21:52.648$ have yielded minimal losses.

NOTE Confidence: 0.826315008

00:21:52.648 --> 00:21:53.290 Sadly,

 $00:21:53.290 \longrightarrow 00:21:55.800$ there's only one FDA approved

NOTE Confidence: 0.826315008

 $00:21:55.800 \longrightarrow 00:21:57.272$ medication for BED.

NOTE Confidence: 0.826315008

 $00:21:57.272 \longrightarrow 00:21:59.120$ Currently that's listex feta

NOTE Confidence: 0.826315008

00:21:59.120 --> 00:22:01.430 mean it's a prodrug stimulant.

NOTE Confidence: 0.826315008

 $00:22:01.430 \longrightarrow 00:22:03.410$ Those of you who work with

NOTE Confidence: 0.826315008

 $00:22:03.410 \longrightarrow 00:22:05.410$ ADHD know that as Vyvanse,

NOTE Confidence: 0.826315008

 $00:22:05.410 \longrightarrow 00:22:07.258$ this is the only FDA approved

NOTE Confidence: 0.826315008

 $00:22:07.258 \longrightarrow 00:22:08.182$ medication for BD.

NOTE Confidence: 0.826315008

 $00:22:08.190 \longrightarrow 00:22:09.153$ By the way,

NOTE Confidence: 0.826315008

 $00{:}22{:}09.153 \dashrightarrow 00{:}22{:}11.079$ there are no FDA approved medications

NOTE Confidence: 0.826315008

 $00{:}22{:}11.079 \dashrightarrow 00{:}22{:}13.426$ for an orexia nervosa and ferocity is

NOTE Confidence: 0.826315008

 $00:22:13.426 \longrightarrow 00:22:15.842$ the only FDA approved medication for

NOTE Confidence: 0.826315008

 $00{:}22{:}15.842 \dashrightarrow 00{:}22{:}18.146$ bulimia nervosa going to present some

NOTE Confidence: 0.826315008

 $00:22:18.146 \longrightarrow 00:22:20.066$ emerging findings for various medications.

NOTE Confidence: 0.826315008

 $00:22:20.070 \longrightarrow 00:22:21.820$ And I should note that there's almost

 $00:22:21.820 \longrightarrow 00:22:23.524$ no data existing regarding the longer

NOTE Confidence: 0.826315008

00:22:23.524 --> 00:22:24.728 term effects of pharmacotherapy

NOTE Confidence: 0.826315008

 $00:22:24.728 \longrightarrow 00:22:26.723$ and not lead up to some of the

NOTE Confidence: 0.826315008

 $00:22:26.723 \longrightarrow 00:22:28.024$ studies that we're doing at power.

NOTE Confidence: 0.826315008

 $00:22:28.024 \longrightarrow 00:22:29.548$ Now to try to address that,

NOTE Confidence: 0.826315008

 $00:22:29.550 \longrightarrow 00:22:30.918$ the available studies,

NOTE Confidence: 0.826315008

00:22:30.918 --> 00:22:31.830 mostly hours,

NOTE Confidence: 0.826315008

 $00:22:31.830 \longrightarrow 00:22:34.595$ have found that seeking to be a

NOTE Confidence: 0.826315008

 $00:22:34.595 \longrightarrow 00:22:37.219$ superior to medications over the long haul.

NOTE Confidence: 0.826315008

 $00:22:37.220 \longrightarrow 00:22:38.396$ These are the.

NOTE Confidence: 0.826315008

 $00:22:38.396 \longrightarrow 00:22:40.748$ This is the summary slide of

NOTE Confidence: 0.826315008

 $00:22:40.748 \longrightarrow 00:22:42.885$ pivotal findings from the trials

NOTE Confidence: 0.826315008

 $00:22:42.885 \longrightarrow 00:22:45.375$ from from this text that feta

NOTE Confidence: 0.826315008

 $00:22:45.461 \longrightarrow 00:22:48.079$ mean that led to the FDA approval.

NOTE Confidence: 0.826315008

 $00:22:48.080 \longrightarrow 00:22:51.531$ LDX at dosing of 50 to 70

NOTE Confidence: 0.826315008

00:22:51.531 --> 00:22:54.469 milligrams over 12 week period.

 $00:22:54.470 \longrightarrow 00:22:55.835$ Separated significantly from

NOTE Confidence: 0.826315008

 $00{:}22{:}55.835 \dashrightarrow 00{:}22{:}58.110$ place bo with pretty good effect.

NOTE Confidence: 0.826315008

 $00:22:58.110 \longrightarrow 00:23:01.950$ Sizes .83 and higher.

NOTE Confidence: 0.826315008

00:23:01.950 --> 00:23:04.358 And if you look at categorical remission,

NOTE Confidence: 0.826315008

 $00:23:04.360 \longrightarrow 00:23:05.845$ rates are complete.

NOTE Confidence: 0.826315008

 $00:23:05.845 \longrightarrow 00:23:07.825$ Abstinence from binge eating.

NOTE Confidence: 0.826315008

 $00:23:07.830 \longrightarrow 00:23:10.666$ The remission rates were 36% and

NOTE Confidence: 0.826315008

 $00:23:10.666 \longrightarrow 00:23:18.499 40\%$ versus 13% and 14% for placebo.

NOTE Confidence: 0.826315008

 $00:23:18.500 \longrightarrow 00:23:21.170$ We also did a study out,

NOTE Confidence: 0.826315008

 $00:23:21.170 \longrightarrow 00:23:23.750$ collaborated on study with Destro Lean.

NOTE Confidence: 0.826315008

 $00:23:23.750 \longrightarrow 00:23:27.090$ This is a DNR inhibitor.

NOTE Confidence: 0.826315008

 $00:23:27.090 \longrightarrow 00:23:29.004$ The design of the study was

NOTE Confidence: 0.826315008

 $00{:}23{:}29.004 \dashrightarrow 00{:}23{:}30.600$ almost identical to the LVX.

NOTE Confidence: 0.837929425

 $00:23:33.020 \longrightarrow 00:23:38.340$ Pivotal studies one was a flexible dose

NOTE Confidence: 0.837929425

 $00:23:38.340 \longrightarrow 00:23:40.881$ and it was superior to place be for

 $00:23:40.881 \longrightarrow 00:23:42.822$ reducing binge eating or remission.

NOTE Confidence: 0.837929425

 $00{:}23{:}42.822 --> 00{:}23{:}46.520$ Rate was 47% versus 21%.

NOTE Confidence: 0.837929425

 $00:23:46.520 \longrightarrow 00:23:48.825$ A fixed dose follow-up study

NOTE Confidence: 0.837929425

 $00:23:48.825 \longrightarrow 00:23:51.624$ found that 6 milligrams but not

NOTE Confidence: 0.837929425

00:23:51.624 --> 00:23:53.904 4 milligrams was superior to

NOTE Confidence: 0.837929425

 $00:23:53.904 \longrightarrow 00:23:56.514$ placebo for reducing binge eating.

NOTE Confidence: 0.837929425

 $00{:}23{:}56.520 \dashrightarrow 00{:}23{:}58.830$ The remission rates at the categorical level

NOTE Confidence: 0.837929425

 $00:23:58.830 \longrightarrow 00:24:02.720$ in the three doses were not significant.

NOTE Confidence: 0.837929425

 $00:24:02.720 \longrightarrow 00:24:03.680$ The company, by the way,

NOTE Confidence: 0.837929425

 $00{:}24{:}03.680 \dashrightarrow 00{:}24{:}06.182$ has decided not to do additional

NOTE Confidence: 0.837929425

 $00{:}24{:}06.182 \dashrightarrow 00{:}24{:}08.380$ studies to pursue FDA approval.

NOTE Confidence: 0.837929425

 $00:24:08.380 \longrightarrow 00:24:10.605$ In terms of psychological treatment,

NOTE Confidence: 0.837929425

 $00:24:10.610 \longrightarrow 00:24:13.502$ a variety of focal manualized

NOTE Confidence: 0.837929425

 $00:24:13.502 \longrightarrow 00:24:15.098$ treatments are available.

NOTE Confidence: 0.837929425

00:24:15.098 --> 00:24:17.226 CBT interpersonal psychotherapy behavior,

NOTE Confidence: 0.837929425

 $00:24:17.230 \longrightarrow 00:24:19.897$ weight loss and a lot of folks

00:24:19.897 --> 00:24:21.964 have tried combining psychological

NOTE Confidence: 0.837929425

 $00:24:21.964 \longrightarrow 00:24:24.490$ and pharmacological treatments.

NOTE Confidence: 0.837929425

 $00:24:24.490 \longrightarrow 00:24:25.939$ Not going to show some of the

NOTE Confidence: 0.837929425

 $00:24:25.939 \longrightarrow 00:24:26.950$ data that are weaker,

NOTE Confidence: 0.837929425

 $00{:}24{:}26.950 \dashrightarrow 00{:}24{:}29.554$ but I should highlight my clinical

NOTE Confidence: 0.837929425

 $00:24:29.554 \longrightarrow 00:24:31.949$ perspective that there is no support

NOTE Confidence: 0.837929425

 $00:24:31.949 \longrightarrow 00:24:34.294$ and I emphasize the no support

NOTE Confidence: 0.837929425

 $00:24:34.294 \longrightarrow 00:24:36.940$ for the common clinical war about

NOTE Confidence: 0.837929425

 $00:24:37.026 \longrightarrow 00:24:39.540$ integrating different treatments.

NOTE Confidence: 0.837929425

 $00:24:39.540 \longrightarrow 00:24:42.564$ One of the major studies that was

NOTE Confidence: 0.837929425

 $00:24:42.564 \longrightarrow 00:24:44.889$ published back in 2010 through the

NOTE Confidence: 0.837929425

 $00:24:44.889 \longrightarrow 00:24:46.604$ multi site study Wilson Wolfley

NOTE Confidence: 0.837929425

 $00{:}24{:}46.604 \dashrightarrow 00{:}24{:}48.680$ in their sights alone Stanford.

NOTE Confidence: 0.837929425

 $00:24:48.680 \longrightarrow 00:24:50.564$ They found interpersonal psychotherapy,

NOTE Confidence: 0.837929425

 $00:24:50.564 \longrightarrow 00:24:52.919$ behavioral weight loss and cognitive

00:24:52.919 --> 00:24:54.265 behavioral therapy produced

NOTE Confidence: 0.837929425

 $00:24:54.265 \longrightarrow 00:24:56.130$ these effects which were roughly

NOTE Confidence: 0.837929425

00:24:56.130 --> 00:24:57.530 60% remission rates for.

NOTE Confidence: 0.837929425

 $00:24:57.530 \longrightarrow 00:25:01.010$ Call the remission rates.

NOTE Confidence: 0.837929425

00:25:01.010 --> 00:25:02.170 Precaution compare cross study,

NOTE Confidence: 0.837929425

 $00{:}25{:}02.170 \dashrightarrow 00{:}25{:}04.837$ but we call it remission rates that I had

NOTE Confidence: 0.837929425

 $00:25:04.837 \longrightarrow 00:25:06.583$ noted for the pharmacotherapy Albany studies.

NOTE Confidence: 0.837929425

 $00:25:06.590 \longrightarrow 00:25:08.630$ So these were three different treatments.

NOTE Confidence: 0.837929425

 $00:25:08.630 \longrightarrow 00:25:11.880$ They are conceptually behaviourally and

NOTE Confidence: 0.837929425

00:25:11.880 --> 00:25:13.982 procedurally distinct focal treatments,

NOTE Confidence: 0.837929425

 $00{:}25{:}13.982 \dashrightarrow 00{:}25{:}17.816$ but they produce 60% roughly remission

NOTE Confidence: 0.837929425

00:25:17.816 --> 00:25:21.778 rates and then after the these brief

NOTE Confidence: 0.837929425

 $00:25:21.778 \longrightarrow 00:25:23.718$ treatments was particularly impressive.

NOTE Confidence: 0.837929425

00:25:23.718 --> 00:25:25.998 Here are the durable effects,

NOTE Confidence: 0.837929425

 $00:25:26.000 \longrightarrow 00:25:27.368$ particularly for interpersonal

NOTE Confidence: 0.837929425

 $00:25:27.368 \longrightarrow 00:25:29.192$ psychotherapy and for cognitive

 $00:25:29.192 \longrightarrow 00:25:31.451$ behavioral therapy where the the.

NOTE Confidence: 0.837929425

 $00{:}25{:}31.451 \dashrightarrow 00{:}25{:}34.175$ Benefits were very well

NOTE Confidence: 0.837929425

 $00:25:34.175 \longrightarrow 00:25:36.899$ sustained for two years.

NOTE Confidence: 0.837929425

 $00:25:36.900 \longrightarrow 00:25:39.548$ After the completion and

NOTE Confidence: 0.837929425

00:25:39.548 --> 00:25:41.458 discontinuation of the treatments,

NOTE Confidence: 0.837929425

00:25:41.458 --> 00:25:43.122 behavioral weight loss showed

NOTE Confidence: 0.837929425

00:25:43.122 --> 00:25:45.539 a little bit less durability,

NOTE Confidence: 0.837929425

 $00:25:45.540 \longrightarrow 00:25:48.276$ but still at 2 year follow up we

NOTE Confidence: 0.837929425

 $00:25:48.276 \longrightarrow 00:25:51.738$ still had 40% of people who were.

NOTE Confidence: 0.837929425

 $00:25:51.740 \longrightarrow 00:25:54.869$ Abstinent and that's nothing to sneeze about.

NOTE Confidence: 0.837929425

 $00:25:54.870 \longrightarrow 00:25:57.400$ This was one of our.

NOTE Confidence: 0.837929425

 $00:25:57.400 \longrightarrow 00:26:00.790$ Relatively early studies here at power.

NOTE Confidence: 0.837929425

 $00{:}26{:}00.790 \dashrightarrow 00{:}26{:}02.778$ That compare cognitive behavioral

NOTE Confidence: 0.837929425

 $00{:}26{:}02.778 \dashrightarrow 00{:}26{:}05.780$ and behavioral weight loss for BD.

NOTE Confidence: 0.837929425

 $00:26:05.780 \longrightarrow 00:26:08.840$ A little bit of historical context

 $00:26:08.840 \longrightarrow 00:26:12.260$ for this study and and some of this

NOTE Confidence: 0.837929425

 $00{:}26{:}12.260 \dashrightarrow 00{:}26{:}14.150$ is beginning to resurface again.

NOTE Confidence: 0.837929425

00:26:14.150 --> 00:26:15.850 Which you know comes around

NOTE Confidence: 0.837929425

 $00:26:15.850 \longrightarrow 00:26:17.210$ goes around I guess.

NOTE Confidence: 0.837929425

 $00:26:17.210 \longrightarrow 00:26:21.980$ There for decades there were longstanding.

NOTE Confidence: 0.837929425

 $00:26:21.980 \longrightarrow 00:26:23.492$ Controversial in fact,

NOTE Confidence: 0.837929425

 $00:26:23.492 \longrightarrow 00:26:26.012$ rather heated claims by some

NOTE Confidence: 0.837929425

00:26:26.012 --> 00:26:27.600 groups that behavioral weight

NOTE Confidence: 0.837929425

 $00:26:27.600 \longrightarrow 00:26:29.400$ loss was not only ineffective,

NOTE Confidence: 0.837929425

00:26:29.400 --> 00:26:31.896 but might actually exacerbate binge eating

NOTE Confidence: 0.837929425

 $00:26:31.896 \longrightarrow 00:26:34.160$ and might exacerbate eating disorder.

NOTE Confidence: 0.837929425

 $00:26:34.160 \longrightarrow 00:26:36.248$ Psychopathology and those individuals

NOTE Confidence: 0.837929425

00:26:36.248 --> 00:26:39.380 who had excess weight or obesity

NOTE Confidence: 0.837929425

 $00:26:39.380 \longrightarrow 00:26:41.050$ and also had binge eating.

NOTE Confidence: 0.837929425

 $00:26:41.050 \longrightarrow 00:26:43.270$ Some of those models followed the

NOTE Confidence: 0.837929425

 $00:26:43.270 \longrightarrow 00:26:45.316$ early restraint models of excessive

 $00:26:45.316 \longrightarrow 00:26:47.786$ restrictive restraint leading to binge

NOTE Confidence: 0.837929425

 $00{:}26{:}47.786 \to 00{:}26{:}50.338$ eating and a bunch of groups took that.

NOTE Confidence: 0.837929425

00:26:50.340 --> 00:26:52.890 And we're pretty passionate about.

NOTE Confidence: 0.837929425

00:26:52.890 --> 00:26:56.010 As being a contraindicated treatment,

NOTE Confidence: 0.837929425

 $00{:}26{:}56.010 \dashrightarrow 00{:}26{:}57.468$ obesity feels I'm eating sort of

NOTE Confidence: 0.837929425

 $00:26:57.468 \longrightarrow 00:26:59.058$ fields were not really on the same

NOTE Confidence: 0.837929425

 $00:26:59.058 \longrightarrow 00:27:00.388$ page about this and I would get

NOTE Confidence: 0.837929425

 $00:27:00.435 \longrightarrow 00:27:01.495$ very different messages depending

NOTE Confidence: 0.837929425

00:27:01.495 --> 00:27:03.630 on which places I would go to,

NOTE Confidence: 0.837929425

 $00:27:03.630 \longrightarrow 00:27:06.330$ present findings, and so forth.

NOTE Confidence: 0.837929425

00:27:06.330 --> 00:27:06.866 I emphasize,

NOTE Confidence: 0.837929425

 $00:27:06.866 \longrightarrow 00:27:09.010$ for those of you who do not know

NOTE Confidence: 0.837929425

 $00{:}27{:}09.073 \dashrightarrow 00{:}27{:}10.768$ that behavioral weight loss is

NOTE Confidence: 0.837929425

00:27:10.768 --> 00:27:12.830 not a rigid or restrictive diet,

NOTE Confidence: 0.837929425

00:27:12.830 --> 00:27:14.070 but it's rather a balanced,

 $00:27:14.070 \longrightarrow 00:27:15.914$ moderate lifestyle approach to

NOTE Confidence: 0.9325994025

 $00{:}27{:}15.914 \dashrightarrow 00{:}27{:}17.758$ eating and physical activity,

NOTE Confidence: 0.9325994025

 $00:27:17.760 \longrightarrow 00:27:19.705$ and it's delivered within the

NOTE Confidence: 0.9325994025

00:27:19.705 --> 00:27:22.305 context of a very solid learning

NOTE Confidence: 0.9325994025

 $00:27:22.305 \longrightarrow 00:27:24.597$ theory and behavioral therapy.

NOTE Confidence: 0.9325994025

00:27:24.600 --> 00:27:27.589 Platform, so we did this CBT versus

NOTE Confidence: 0.9325994025

00:27:27.589 --> 00:27:29.963 BWL versus a third condition

NOTE Confidence: 0.9325994025

 $00:27:29.963 \longrightarrow 00:27:32.963$ which was CBT followed by BW.

NOTE Confidence: 0.9325994025

 $00{:}27{:}32.970 \dashrightarrow 00{:}27{:}37.106$ Well we maximize the horse race so to speak.

NOTE Confidence: 0.9325994025

 $00:27:37.110 \longrightarrow 00:27:39.581$ Given the historical context I provided and

NOTE Confidence: 0.9325994025

 $00:27:39.581 \longrightarrow 00:27:42.410$ here are the findings of post treatment.

NOTE Confidence: 0.9325994025

00:27:42.410 --> 00:27:43.934 Six month and 12 month follow

NOTE Confidence: 0.9325994025

 $00:27:43.934 \longrightarrow 00:27:45.921$ up on the left side for percent

NOTE Confidence: 0.9325994025

 $00:27:45.921 \longrightarrow 00:27:47.436$ limited on right side 4%.

NOTE Confidence: 0.80547384

00:27:49.870 --> 00:27:52.798 BMI loss at 12 month follow-up

NOTE Confidence: 0.80547384

00:27:52.800 --> 00:27:55.550 ITT remission rates were about

 $00:27:55.550 \longrightarrow 00:28:01.980$ 50% for CBT and 36% for BWL.

NOTE Confidence: 0.80547384

 $00:28:01.980 \longrightarrow 00:28:03.888$ Mixed models analysis again.

NOTE Confidence: 0.80547384

 $00:28:03.888 \longrightarrow 00:28:05.796$ ITT revealed a significant

NOTE Confidence: 0.80547384

00:28:05.796 --> 00:28:07.718 advantage for CBT over BWL,

NOTE Confidence: 0.80547384

 $00:28:07.720 \longrightarrow 00:28:10.420$ for reducing binge eating and mixed

NOTE Confidence: 0.80547384

 $00:28:10.420 \longrightarrow 00:28:12.670$ models revealed a significant advantage

NOTE Confidence: 0.80547384

00:28:12.670 --> 00:28:15.330 for BWL over CBT for reducing weight

NOTE Confidence: 0.80547384

 $00{:}28{:}15.330 \dashrightarrow 00{:}28{:}17.760$ at least through post treatment.

NOTE Confidence: 0.80547384

 $00:28:17.760 \longrightarrow 00:28:19.698$ The failure of CBT to produce

NOTE Confidence: 0.80547384

 $00:28:19.698 \longrightarrow 00:28:20.667$ any weight loss.

NOTE Confidence: 0.80547384

 $00:28:20.670 \longrightarrow 00:28:22.749$ Or essentially no weight loss is a

NOTE Confidence: 0.80547384

 $00:28:22.749 \longrightarrow 00:28:24.930$ consistent finding in our center and

NOTE Confidence: 0.80547384

 $00{:}28{:}24.930 \dashrightarrow 00{:}28{:}26.570$ centers nationally and internationally.

NOTE Confidence: 0.80547384

 $00:28:26.570 \longrightarrow 00:28:28.670$ The findings we see here for BWL,

NOTE Confidence: 0.80547384

 $00:28:28.670 \longrightarrow 00:28:31.030$ have been replicated a number of times since.

00:28:35.430 --> 00:28:39.093 Before I go onto the new wave of studies,

NOTE Confidence: 0.895165646666667

 $00{:}28{:}39.100 \dashrightarrow 00{:}28{:}41.676$ one criticism that I often hear about

NOTE Confidence: 0.895165646666667

 $00:28:41.676 \longrightarrow 00:28:43.984$ these kinds of manualized treatments is

NOTE Confidence: 0.895165646666667

 $00:28:43.984 \longrightarrow 00:28:47.255$ that you can do them in your specialized

NOTE Confidence: 0.895165646666667

 $00:28:47.255 \longrightarrow 00:28:49.108$ up sessional research clinics.

NOTE Confidence: 0.895165646666667

00:28:49.108 --> 00:28:52.590 But how do they apply to real world clinics?

NOTE Confidence: 0.895165646666667

 $00:28:52.590 \longrightarrow 00:28:55.130 \text{ I don't buy that.}$

NOTE Confidence: 0.895165646666667

00:28:55.130 --> 00:28:56.426 Regardless of what I buy here,

NOTE Confidence: 0.895165646666667

 $00:28:56.430 \longrightarrow 00:28:58.382$ here at the data we did a study

NOTE Confidence: 0.895165646666667

00:28:58.382 --> 00:29:00.109 with the Yale Hispanic Center

NOTE Confidence: 0.895165646666667

00:29:00.109 --> 00:29:02.059 with the Yale Hispanic Clinic.

NOTE Confidence: 0.895165646666667

 $00:29:02.060 \dashrightarrow 00:29:05.315$ Excuse me in which we delivered manualized

NOTE Confidence: 0.895165646666667

00:29:05.320 --> 00:29:06.784 behavioral weight loss treatment,

NOTE Confidence: 0.895165646666667

00:29:06.784 --> 00:29:09.446 which was a hybrid of our behavioral

NOTE Confidence: 0.895165646666667

 $00:29:09.446 \longrightarrow 00:29:11.828$ weight loss manual and the VP

NOTE Confidence: 0.895165646666667

 $00{:}29{:}11.828 \dashrightarrow 00{:}29{:}13.560$ the diabetes Prevention Program

 $00:29:13.560 \longrightarrow 00:29:15.448$ behavioral Weight Loss Manual.

NOTE Confidence: 0.895165646666667

 $00{:}29{:}15.450 \dashrightarrow 00{:}29{:}18.200$ The treatments were delivered in

NOTE Confidence: 0.895165646666667

 $00:29:18.200 \longrightarrow 00:29:20.922$ Spanish by the clinicians there.

NOTE Confidence: 0.895165646666667

 $00:29:20.922 \longrightarrow 00:29:23.637$ The patients there have every

NOTE Confidence: 0.895165646666667

 $00{:}29{:}23.637 \dashrightarrow 00{:}29{:}25.520$ imaginable socio economic.

NOTE Confidence: 0.895165646666667

 $00:29:25.520 \longrightarrow 00:29:27.410$ And educational disadvantage and you

NOTE Confidence: 0.895165646666667

 $00:29:27.410 \longrightarrow 00:29:30.219$ see here a summary of the findings.

NOTE Confidence: 0.895165646666667

 $00:29:30.220 \longrightarrow 00:29:32.540$ Completion rates were over 80%.

NOTE Confidence: 0.895165646666667

 $00:29:32.540 \longrightarrow 00:29:33.725$ Patient did great.

NOTE Confidence: 0.895165646666667

 $00:29:33.725 \longrightarrow 00:29:36.095$ The clinician bought into the treatment.

NOTE Confidence: 0.895165646666667

00:29:36.100 --> 00:29:38.002 The patient brought into the treatment

NOTE Confidence: 0.895165646666667

 $00:29:38.002 \longrightarrow 00:29:40.005$ and the outcomes are outstanding with

NOTE Confidence: 0.895165646666667

 $00{:}29{:}40.005 \dashrightarrow 00{:}29{:}42.212$ over 60% remission at post treatment

NOTE Confidence: 0.895165646666667

 $00:29:42.212 \longrightarrow 00:29:44.510$ and six months after the completion

NOTE Confidence: 0.895165646666667

 $00:29:44.573 \longrightarrow 00:29:46.577$ and discontinuation of treatment.

 $00:29:46.580 \longrightarrow 00:29:48.632$ 50% of the patients were still

NOTE Confidence: 0.895165646666667

00:29:48.632 --> 00:29:50.000 absent from binge eating,

NOTE Confidence: 0.895165646666667

 $00:29:50.000 \longrightarrow 00:29:53.180$ so those are significant durable outcomes.

NOTE Confidence: 0.895165646666667

 $00:29:53.180 \longrightarrow 00:29:54.680$ My point here it is possible

NOTE Confidence: 0.895165646666667

 $00:29:54.680 \longrightarrow 00:29:56.430$ to train and it is possible.

NOTE Confidence: 0.895165646666667

 $00:29:56.430 \longrightarrow 00:29:58.602$ Disseminate these focal manualized

NOTE Confidence: 0.895165646666667

 $00{:}29{:}58.602 \dashrightarrow 00{:}30{:}00.774$ treatments to real-world settings.

NOTE Confidence: 0.8527254

00:30:02.800 --> 00:30:03.973 Common question, well,

NOTE Confidence: 0.8527254

 $00{:}30{:}03.973 \dashrightarrow 00{:}30{:}05.537$ these this is complicated.

NOTE Confidence: 0.8527254

 $00{:}30{:}05.540 \dashrightarrow 00{:}30{:}07.808$ Should I take out the bazooka

NOTE Confidence: 0.8527254

 $00{:}30{:}07.808 \dashrightarrow 00{:}30{:}09.320$ and combine treatments with

NOTE Confidence: 0.8527254

00:30:09.395 --> 00:30:10.988 more difficult patients?

NOTE Confidence: 0.9677389

 $00:30:13.590 \longrightarrow 00:30:15.570$ So far the answer is no.

NOTE Confidence: 0.9677389

 $00:30:15.570 \longrightarrow 00:30:17.250$ Adding pharmacotherapy to cognitive

NOTE Confidence: 0.9677389

 $00:30:17.250 \longrightarrow 00:30:19.770$ behavioral therapy has failed to enhance

NOTE Confidence: 0.9677389

00:30:19.830 --> 00:30:22.070 binge eating outcomes in six of the

 $00:30:22.070 \longrightarrow 00:30:24.090$ seven relevant studies published to date.

NOTE Confidence: 0.9677389

 $00{:}30{:}24.090 \dashrightarrow 00{:}30{:}25.000$ Again, in a little while,

NOTE Confidence: 0.9677389

 $00:30:25.000 \longrightarrow 00:30:27.380$ we'll see some of ongoing studies where

NOTE Confidence: 0.9677389

 $00:30:27.380 \longrightarrow 00:30:29.392$ we have picked medications that have

NOTE Confidence: 0.9677389

 $00:30:29.392 \longrightarrow 00:30:31.390$ a little bit more clinical rationale

NOTE Confidence: 0.9677389

 $00:30:31.449 \longrightarrow 00:30:33.399$ are supposedly a bit more synergistic.

NOTE Confidence: 0.9677389

 $00:30:33.400 \longrightarrow 00:30:35.638$ From a mechanistic perspective in a

NOTE Confidence: 0.9677389

00:30:35.638 --> 00:30:38.225 story may change overtime, but so far,

NOTE Confidence: 0.9677389

 $00:30:38.225 \longrightarrow 00:30:40.050$ based on the available data,

NOTE Confidence: 0.9677389

 $00:30:40.050 \longrightarrow 00:30:41.750$ there is no noted.

NOTE Confidence: 0.9677389

00:30:41.750 --> 00:30:43.450 Notable advantage to adding

NOTE Confidence: 0.9677389

 $00:30:43.450 \longrightarrow 00:30:45.570$ pharmacotherapy to CBT for enhancing

NOTE Confidence: 0.9677389

 $00{:}30{:}45.570 \dashrightarrow 00{:}30{:}47.174$ the binge eating outcome.

NOTE Confidence: 0.9677389

 $00:30:47.180 \longrightarrow 00:30:50.996$ Saying it goes for weight loss except for

NOTE Confidence: 0.9677389

 $00:30:51.000 \longrightarrow 00:30:55.880$ the CORDINO study which found at Pyro mate,

 $00:30:55.880 \longrightarrow 00:30:57.170$ significantly enhanced

NOTE Confidence: 0.9677389

00:30:57.170 --> 00:30:59.750 short term weight loss.

NOTE Confidence: 0.9677389

 $00:30:59.750 \longrightarrow 00:31:03.194$ Achievable CBT as well as enhanced the.

NOTE Confidence: 0.810777478

 $00:31:07.280 \longrightarrow 00:31:09.280$ The the binge eating outcomes.

NOTE Confidence: 0.810777478

 $00:31:09.280 \longrightarrow 00:31:11.105$ There's no, there's no support

NOTE Confidence: 0.810777478

 $00{:}31{:}11.105 \dashrightarrow 00{:}31{:}14.027$ for combining as a way to enhance

NOTE Confidence: 0.810777478

 $00:31:14.027 \longrightarrow 00:31:15.557$ the behavioral treatments.

NOTE Confidence: 0.810777478

 $00:31:15.560 \longrightarrow 00:31:16.736$ The flip side is not true.

NOTE Confidence: 0.810777478

 $00{:}31{:}16.740 \dashrightarrow 00{:}31{:}18.005$ We studied it produced that

NOTE Confidence: 0.810777478

 $00:31:18.005 \longrightarrow 00:31:19.017$ in the other direction,

NOTE Confidence: 0.810777478

 $00{:}31{:}19.020 \dashrightarrow 00{:}31{:}21.475$ in which adding behavioral or

NOTE Confidence: 0.810777478

00:31:21.475 --> 00:31:23.439 cognitive behavioral to the

NOTE Confidence: 0.810777478

 $00:31:23.439 \longrightarrow 00:31:25.080$ pharmacotherapy did enhance both

NOTE Confidence: 0.810777478

 $00:31:25.080 \longrightarrow 00:31:29.548$ retention and clinical outcomes.

NOTE Confidence: 0.810777478

 $00:31:29.550 \longrightarrow 00:31:30.685$ Finally, to some of the

NOTE Confidence: 0.810777478

 $00:31:30.685 \longrightarrow 00:31:31.820$ work that we're doing now.

 $00:31:34.230 \longrightarrow 00:31:36.876$ Been trying and struggling with my

NOTE Confidence: 0.8247146525

 $00{:}31{:}36.876 \dashrightarrow 00{:}31{:}39.569$ colleagues to find new designs and

NOTE Confidence: 0.8247146525

 $00:31:39.570 \longrightarrow 00:31:43.050$ RCT's that perhaps bear a greater

NOTE Confidence: 0.8247146525

 $00:31:43.050 \longrightarrow 00:31:45.370$ resemblance to treatments and

NOTE Confidence: 0.8247146525

 $00:31:45.467 \longrightarrow 00:31:48.471$ treatment approaches in real settings.

NOTE Confidence: 0.8247146525

 $00:31:48.471 \longrightarrow 00:31:51.052$ A lot of the RCT's reviewed

NOTE Confidence: 0.8247146525

 $00:31:51.052 \longrightarrow 00:31:53.116$ up until this point.

NOTE Confidence: 0.8247146525

 $00:31:53.120 \longrightarrow 00:31:54.960$ The basic question is which

NOTE Confidence: 0.8247146525

 $00:31:54.960 \longrightarrow 00:31:56.800$ treatment can help the most?

NOTE Confidence: 0.8247146525

 $00:31:56.800 \longrightarrow 00:31:58.860$ Or which treatment can

NOTE Confidence: 0.8247146525

 $00:31:58.860 \longrightarrow 00:32:00.920$ help the most patients.

NOTE Confidence: 0.8247146525

 $00:32:00.920 \longrightarrow 00:32:02.376$ A lot of work in the past

NOTE Confidence: 0.8247146525

 $00:32:02.376 \longrightarrow 00:32:03.609$ ten years in our field,

NOTE Confidence: 0.8247146525

 $00:32:03.610 \dashrightarrow 00:32:06.386$ another field has looked at step care models.

NOTE Confidence: 0.8247146525

 $00:32:06.390 \longrightarrow 00:32:08.558$ These often consider scalable,

 $00:32:08.558 \longrightarrow 00:32:10.184$ less costly methods.

NOTE Confidence: 0.8247146525

 $00{:}32{:}10.190 \dashrightarrow 00{:}32{:}13.242$ Prior to moving on to more intensive

NOTE Confidence: 0.8247146525

 $00:32:13.242 \longrightarrow 00:32:15.580$ treatments when there is an insufficient

NOTE Confidence: 0.8247146525

 $00:32:15.580 \longrightarrow 00:32:16.779$ response, that's very logical.

NOTE Confidence: 0.8247146525

 $00:32:16.779 \longrightarrow 00:32:17.598$ It makes sense.

NOTE Confidence: 0.8247146525

 $00:32:17.600 \longrightarrow 00:32:19.248$ There are cost effectiveness

NOTE Confidence: 0.8247146525

 $00:32:19.248 \longrightarrow 00:32:20.896$ reasons for doing that.

NOTE Confidence: 0.8247146525

00:32:20.900 --> 00:32:22.838 They're scholarly reasons for doing that.

NOTE Confidence: 0.8247146525

 $00:32:22.840 \longrightarrow 00:32:24.872$ The the National Institute

NOTE Confidence: 0.8247146525

00:32:24.872 --> 00:32:26.396 of Clinical Excellence,

NOTE Confidence: 0.8247146525

 $00{:}32{:}26.400 \dashrightarrow 00{:}32{:}28.998$ the Nice guidelines in the UK,

NOTE Confidence: 0.8247146525

 $00:32:29.000 \longrightarrow 00:32:31.700$ not very scholarly approach to guidelines.

NOTE Confidence: 0.8247146525

 $00:32:31.700 \longrightarrow 00:32:34.458$ I feel, in fact,

NOTE Confidence: 0.8247146525

 $00:32:34.458 \longrightarrow 00:32:37.321$ suggests that start with a guided self

NOTE Confidence: 0.8247146525

 $00:32:37.321 \longrightarrow 00:32:40.730$ help form of cognitive behavioral therapy.

NOTE Confidence: 0.8247146525

 $00:32:40.730 \longrightarrow 00:32:43.065$ And only if the patient

00:32:43.065 --> 00:32:44.466 doesn't benefit enough,

NOTE Confidence: 0.8247146525

 $00:32:44.470 \longrightarrow 00:32:47.694$ you move on to a more intensive full

NOTE Confidence: 0.8247146525

 $00:32:47.694 \longrightarrow 00:32:49.600$ blown and more expensive treatment that

NOTE Confidence: 0.8247146525

 $00:32:49.600 \longrightarrow 00:32:51.790$ makes sense from a cost perspective.

NOTE Confidence: 0.8247146525

 $00{:}32{:}51.790 \dashrightarrow 00{:}32{:}54.172$ It might make sense from a

NOTE Confidence: 0.8247146525

00:32:54.172 --> 00:32:55.363 broad community perspective.

NOTE Confidence: 0.8247146525

 $00:32:55.370 \longrightarrow 00:32:57.005$ Make sense from an availability

NOTE Confidence: 0.8247146525

 $00:32:57.005 \longrightarrow 00:32:58.640$ perspective there only so many

NOTE Confidence: 0.8247146525

00:32:58.694 --> 00:33:02.010 specialist clinicians on and on but.

NOTE Confidence: 0.8247146525

 $00:33:02.010 \longrightarrow 00:33:03.030$ As you'll see,

NOTE Confidence: 0.8247146525

 $00:33:03.030 \longrightarrow 00:33:05.410$ there are some potential glitches to that,

NOTE Confidence: 0.8247146525

 $00:33:05.410 \longrightarrow 00:33:07.762$ so one of the things we've been thinking

NOTE Confidence: 0.8247146525

 $00:33:07.762 \longrightarrow 00:33:10.068$ about are more complex models of care.

NOTE Confidence: 0.8247146525

00:33:10.070 --> 00:33:12.134 And instead of just the usual

NOTE Confidence: 0.8247146525

 $00:33:12.134 \longrightarrow 00:33:13.166$ stepped care approaches,

00:33:13.170 --> 00:33:15.966 we've thought about some adaptive approaches,

NOTE Confidence: 0.8247146525

 $00{:}33{:}15.970 \dashrightarrow 00{:}33{:}17.962$ and this comes out of analysis

NOTE Confidence: 0.8247146525

 $00:33:17.962 \longrightarrow 00:33:19.754$ that we've done with previous

NOTE Confidence: 0.8247146525

 $00{:}33{:}19.754 \dashrightarrow 00{:}33{:}22.100$ trials where we have looked at

NOTE Confidence: 0.8247146525

00:33:22.100 --> 00:33:23.930 initial responses in patients,

NOTE Confidence: 0.8247146525

 $00:33:23.930 \longrightarrow 00:33:28.025$ so coral so called early rapid response.

NOTE Confidence: 0.8247146525

 $00:33:28.030 \longrightarrow 00:33:31.124$ As a way to guide subsequent clinical

NOTE Confidence: 0.8247146525

 $00:33:31.124 \longrightarrow 00:33:33.458$ decision making and this also fits

NOTE Confidence: 0.8247146525

 $00{:}33{:}33.458 \dashrightarrow 00{:}33{:}35.268$ with an important development in

NOTE Confidence: 0.8247146525

 $00:33:35.268 \longrightarrow 00:33:37.910$ several fields so called smart designs

NOTE Confidence: 0.8247146525

 $00{:}33{:}37.910 \dashrightarrow 00{:}33{:}39.678$ stands for sequential multiple

NOTE Confidence: 0.8247146525

 $00:33:39.678 \longrightarrow 00:33:41.479$ assignment randomization trials.

NOTE Confidence: 0.849296952

00:33:43.990 --> 00:33:46.530 Early on, back in 2016,

NOTE Confidence: 0.849296952

 $00:33:46.530 \longrightarrow 00:33:48.539$ we published a paper in which we

NOTE Confidence: 0.849296952

 $00:33:48.539 \longrightarrow 00:33:50.649$ looked at the pattern of response

NOTE Confidence: 0.849296952

 $00:33:50.650 \longrightarrow 00:33:54.316$ to CBT and to phylloxera teen

 $00:33:54.316 \longrightarrow 00:33:56.270$ treatment for binge eating disorder.

NOTE Confidence: 0.849296952

 $00{:}33{:}56.270 \dashrightarrow 00{:}33{:}58.700$ And we found that the majority of

NOTE Confidence: 0.849296952

 $00:33:58.700 \longrightarrow 00:34:00.465$ the treatment advances and benefits

NOTE Confidence: 0.849296952

 $00:34:00.465 \longrightarrow 00:34:02.529$ happened in the first two weeks.

NOTE Confidence: 0.927272305333333

 $00:34:04.780 \longrightarrow 00:34:07.756$ And then we did a variety of analysis

NOTE Confidence: 0.927272305333333

 $00:34:07.756 \longrightarrow 00:34:11.130$ and we found that this rapid response

NOTE Confidence: 0.927272305333333

00:34:11.130 --> 00:34:15.530 was highly predictive of who?

NOTE Confidence: 0.927272305333333

 $00:34:15.530 \longrightarrow 00:34:18.560$ Remitted at the end of treatment.

NOTE Confidence: 0.927272305333333

 $00:34:18.560 \longrightarrow 00:34:20.330$ But we also found that

NOTE Confidence: 0.927272305333333

 $00:34:20.330 \longrightarrow 00:34:21.746$ the pattern was differed.

NOTE Confidence: 0.927272305333333

 $00:34:21.750 \longrightarrow 00:34:23.250$ It was different for different treatment.

NOTE Confidence: 0.927272305333333

 $00:34:23.250 \longrightarrow 00:34:27.048$ So if you did not have a rapid response.

NOTE Confidence: 0.927272305333333

 $00{:}34{:}27.050 \dashrightarrow 00{:}34{:}29.165$ Medication staying with the medication

NOTE Confidence: 0.927272305333333

 $00{:}34{:}29.165 --> 00{:}34{:}31.910$ did not have any added benefit.

NOTE Confidence: 0.927272305333333

 $00:34:31.910 \longrightarrow 00:34:34.280$ If you didn't have an added.

 $00:34:34.280 \longrightarrow 00:34:37.017$ If you didn't have a rapid response

NOTE Confidence: 0.927272305333333

 $00{:}34{:}37.017 \dashrightarrow 00{:}34{:}39.979$ to CBT and you stayed with CBT,

NOTE Confidence: 0.927272305333333

 $00:34:39.980 \longrightarrow 00:34:41.520$ there was kind of a sleeper effect

NOTE Confidence: 0.927272305333333

 $00:34:41.520 \longrightarrow 00:34:42.640$ and eventually you caught up.

NOTE Confidence: 0.927272305333333

 $00:34:42.640 \longrightarrow 00:34:44.530$ We have since replicated that in a

NOTE Confidence: 0.927272305333333

00:34:44.530 --> 00:34:46.611 variety of ways with a variety of

NOTE Confidence: 0.927272305333333

 $00:34:46.611 \longrightarrow 00:34:48.126$ treatments with the CBT findings

NOTE Confidence: 0.927272305333333

 $00:34:48.126 \longrightarrow 00:34:50.158$ being replicated over and over again.

NOTE Confidence: 0.927272305333333

00:34:50.160 --> 00:34:50.886 But importantly,

NOTE Confidence: 0.927272305333333

 $00:34:50.886 \longrightarrow 00:34:53.064$ we have found that for medication

NOTE Confidence: 0.927272305333333

 $00{:}34{:}53.064 \dashrightarrow 00{:}34{:}54.493$ treatments with various medications

NOTE Confidence: 0.927272305333333

00:34:54.493 --> 00:34:57.085 that if you don't get a quick response.

NOTE Confidence: 0.927272305333333

 $00:34:57.090 \longrightarrow 00:34:58.745$ Better off switching the person

NOTE Confidence: 0.927272305333333

 $00:34:58.745 \longrightarrow 00:35:00.069$ sooner rather than later.

NOTE Confidence: 0.927272305333333

 $00:35:00.070 \longrightarrow 00:35:01.110$ Most clinicians I think.

NOTE Confidence: 0.927272305333333

 $00:35:01.110 \longrightarrow 00:35:03.246$ Well, let's let's wait a few more weeks.

 $00:35:03.250 \longrightarrow 00:35:04.786$ Let's wait a few more months

NOTE Confidence: 0.927272305333333

 $00:35:04.786 \longrightarrow 00:35:06.600$ that that I don't support that.

NOTE Confidence: 0.927272305333333

 $00{:}35{:}06.600 \dashrightarrow 00{:}35{:}09.996$ But interestingly, we did an analysis.

NOTE Confidence: 0.927272305333333

 $00:35:10.000 \longrightarrow 00:35:10.996$ We did a couple of these.

NOTE Confidence: 0.927272305333333 00:35:11.000 --> 00:35:11.740 In fact, NOTE Confidence: 0.927272305333333

 $00:35:11.740 \longrightarrow 00:35:13.960$ different trials with behavioral weight loss,

NOTE Confidence: 0.927272305333333

 $00:35:13.960 \longrightarrow 00:35:15.616$ and we found an interesting finding.

NOTE Confidence: 0.927272305333333

 $00{:}35{:}15.620 \dashrightarrow 00{:}35{:}18.038$ If you had a rapid response

NOTE Confidence: 0.927272305333333

 $00:35:18.038 \longrightarrow 00:35:19.650$ to behavioral weight loss.

NOTE Confidence: 0.927272305333333

 $00:35:19.650 \longrightarrow 00:35:22.660$ That was highly predictive of of really

NOTE Confidence: 0.927272305333333

 $00:35:22.660 \longrightarrow 00:35:25.845$ good longer term outcomes in both binge

NOTE Confidence: 0.927272305333333

 $00:35:25.845 \dashrightarrow 00:35:28.563$ eating remission and in weight loss.

NOTE Confidence: 0.927272305333333 00:35:28.570 --> 00:35:29.071 Remember, NOTE Confidence: 0.927272305333333

 $00:35:29.071 \dashrightarrow 00:35:32.077$ CBT does not produce weight loss.

NOTE Confidence: 0.927272305333333 00:35:32.080 --> 00:35:33.308 So that. NOTE Confidence: 0.927272305333333 $00:35:33.308 \longrightarrow 00:35:36.378$ Let us to this design.

NOTE Confidence: 0.927272305333333

 $00:35:36.380 \longrightarrow 00:35:38.174$ This is one of our first

NOTE Confidence: 0.927272305333333

00:35:38.174 --> 00:35:39.600 adaptive smart approaches to BD.

NOTE Confidence: 0.927272305333333

 $00:35:39.600 \longrightarrow 00:35:42.174$ We start on the left side of the figure

NOTE Confidence: 0.927272305333333

 $00:35:42.174 \longrightarrow 00:35:44.738$ with the first step care randomization.

NOTE Confidence: 0.927272305333333

00:35:44.740 --> 00:35:47.029 We randomized people to either VWL

NOTE Confidence: 0.927272305333333

 $00:35:47.029 \longrightarrow 00:35:49.174$ behavioral weight loss for six

NOTE Confidence: 0.927272305333333

 $00:35:49.174 \longrightarrow 00:35:51.720$ months as the standard treatment,

NOTE Confidence: 0.927272305333333

 $00:35:51.720 \longrightarrow 00:35:53.880$ the other condition we considered was

NOTE Confidence: 0.927272305333333

00:35:53.880 --> 00:35:56.259 obviously CBT as you Norma CBT guy,

NOTE Confidence: 0.927272305333333

 $00:35:56.260 \longrightarrow 00:35:57.260$ why did we pick BW?

NOTE Confidence: 0.927272305333333

 $00:35:57.260 \longrightarrow 00:35:58.668$ Well, two pragmatic reasons.

NOTE Confidence: 0.927272305333333

 $00:35:58.668 \longrightarrow 00:36:00.428$ BWL produces weight loss which

NOTE Confidence: 0.927272305333333

00:36:00.428 --> 00:36:02.141 is an important clinical outcome

NOTE Confidence: 0.927272305333333

 $00:36:02.141 \longrightarrow 00:36:04.430$ and and there are many many more.

NOTE Confidence: 0.927272305333333

 $00:36:04.430 \longrightarrow 00:36:06.495$ Clinicians trained in doing behavioral

 $00:36:06.495 \longrightarrow 00:36:09.615$ weight loss than they are in doing

NOTE Confidence: 0.927272305333333

00:36:09.615 --> 00:36:11.088 cognitive behavioral therapy.

NOTE Confidence: 0.927272305333333

00:36:11.090 --> 00:36:11.910 For better or for worse,

NOTE Confidence: 0.927272305333333

 $00:36:11.910 \longrightarrow 00:36:13.926$ that was our thinking. This step?

NOTE Confidence: 0.927272305333333

 $00:36:13.930 \longrightarrow 00:36:14.530$ Care randomization.

NOTE Confidence: 0.927272305333333

 $00:36:14.530 \longrightarrow 00:36:16.030$ We start people with behavioral

NOTE Confidence: 0.927272305333333

 $00:36:16.030 \longrightarrow 00:36:17.429$ weight loss for one month.

NOTE Confidence: 0.927272305333333

 $00:36:17.430 \longrightarrow 00:36:19.582$ At the end of one month we stopped

NOTE Confidence: 0.927272305333333

 $00:36:19.582 \longrightarrow 00:36:21.839$ and we see how people are doing.

NOTE Confidence: 0.927272305333333

 $00:36:21.840 \longrightarrow 00:36:23.110$ If they are doing great,

NOTE Confidence: 0.927272305333333

 $00:36:23.110 \longrightarrow 00:36:27.716$ we label those as as rapid responders.

NOTE Confidence: 0.927272305333333

 $00:36:27.720 \longrightarrow 00:36:30.546$ We had an algorithm based on

NOTE Confidence: 0.927272305333333

 $00{:}36{:}30.546 \dashrightarrow 00{:}36{:}32.655$ several Roc analysis that we did

NOTE Confidence: 0.927272305333333

 $00:36:32.655 \longrightarrow 00:36:34.290$ with different trials before and

NOTE Confidence: 0.927272305333333

 $00:36:34.347 \longrightarrow 00:36:36.046$ we landed on a 70% reduction in

 $00:36:36.046 \longrightarrow 00:36:38.710$ binge eating by the 4th week as our

NOTE Confidence: 0.927272305333333

00:36:38.780 --> 00:36:41.000 marker for doing for doing well,

NOTE Confidence: 0.927272305333333

 $00:36:41.000 \longrightarrow 00:36:43.640$ and if they weren't doing well.

NOTE Confidence: 0.927272305333333

 $00:36:43.640 \longrightarrow 00:36:45.572$ We label them as non responders and

NOTE Confidence: 0.927272305333333

00:36:45.572 --> 00:36:47.105 we switched treatment so if they

NOTE Confidence: 0.927272305333333

 $00:36:47.105 \longrightarrow 00:36:48.600$ were doing well, it's not broken.

NOTE Confidence: 0.927272305333333

00:36:48.600 --> 00:36:49.440 Don't fix it,

NOTE Confidence: 0.927272305333333

 $00:36:49.440 \longrightarrow 00:36:51.336$ keep doing it and try to do it

NOTE Confidence: 0.927272305333333

 $00:36:51.336 \longrightarrow 00:36:52.917$ better so we continue with the

NOTE Confidence: 0.927272305333333

 $00:36:52.917 \longrightarrow 00:36:54.889$ beat up you well and we also

NOTE Confidence: 0.927272305333333

 $00{:}36{:}54.889 \dashrightarrow 00{:}36{:}56.619$ randomized them to an obesity.

NOTE Confidence: 0.927272305333333 00:36:56.620 --> 00:36:57.312 I'm sorry.

NOTE Confidence: 0.927272305333333

 $00:36:57.312 \longrightarrow 00:36:59.042$ Weight loss medication what to

NOTE Confidence: 0.927272305333333

 $00:36:59.042 \longrightarrow 00:37:00.800$ a placebo and if they were not

NOTE Confidence: 0.927272305333333

 $00:37:00.800 \longrightarrow 00:37:01.860$ doing well we randomized them

NOTE Confidence: 0.927272305333333

 $00:37:01.909 \longrightarrow 00:37:03.097$ to an alternative treatment.

00:37:03.100 --> 00:37:04.420 Cognitive behavioral therapy guided

NOTE Confidence: 0.751441802105263

 $00:37:04.420 \dashrightarrow 00:37:06.723$ self help with some people say treatment

NOTE Confidence: 0.751441802105263

 $00:37:06.723 \dashrightarrow 00:37:08.859$ of choice sort of good place to start.

NOTE Confidence: 0.751441802105263

 $00:37:08.860 \longrightarrow 00:37:11.085$ And we also randomized them

NOTE Confidence: 0.751441802105263

 $00:37:11.085 \longrightarrow 00:37:14.320$ to weight loss. Medication.

NOTE Confidence: 0.751441802105263

 $00:37:14.320 \longrightarrow 00:37:16.308$ Or placebo in a double blind fashion.

NOTE Confidence: 0.751441802105263

 $00:37:16.310 \longrightarrow 00:37:18.956$ And then we followed them up.

NOTE Confidence: 0.751441802105263

 $00:37:18.960 \dashrightarrow 00:37:20.780$ Our findings are summarized here.

NOTE Confidence: 0.751441802105263

 $00:37:20.780 \longrightarrow 00:37:22.676$ We had remission rates in the two conditions,

NOTE Confidence: 0.751441802105263

 $00:37:22.680 \longrightarrow 00:37:25.730$ which did not differ significantly

NOTE Confidence: 0.751441802105263

 $00:37:25.730 \longrightarrow 00:37:27.315$ of 74% and 67%,

NOTE Confidence: 0.751441802105263

 $00:37:27.315 \longrightarrow 00:37:30.139$ so we're getting a little bit better with

NOTE Confidence: 0.751441802105263

 $00{:}37{:}30.139 \dashrightarrow 00{:}37{:}32.519$ this behavioral weight loss treatment.

NOTE Confidence: 0.751441802105263

 $00:37:32.520 \longrightarrow 00:37:34.752$ As we've seen this kind of

NOTE Confidence: 0.751441802105263

00:37:34.752 --> 00:37:37.136 steady creeping factor,

 $00:37:37.136 \longrightarrow 00:37:39.682$ so getting a little bit better each

NOTE Confidence: 0.751441802105263

 $00:37:39.682 \longrightarrow 00:37:41.045$ time we've refined our treatments

NOTE Confidence: 0.751441802105263

 $00:37:41.045 \longrightarrow 00:37:42.490$ based on some other lessons

NOTE Confidence: 0.751441802105263

 $00:37:42.490 \longrightarrow 00:37:43.980$ we've learned from each trial.

NOTE Confidence: 0.751441802105263

 $00:37:43.980 \longrightarrow 00:37:46.278$ And the right.

NOTE Confidence: 0.751441802105263

 $00{:}37{:}46.280 \dashrightarrow 00{:}37{:}48.805$ Slide shows the remission rates

NOTE Confidence: 0.751441802105263

 $00:37:48.805 \longrightarrow 00:37:51.330$ within the different cells within

NOTE Confidence: 0.751441802105263

 $00:37:51.414 \longrightarrow 00:37:53.669$ the different step care arms.

NOTE Confidence: 0.751441802105263

00:37:53.670 --> 00:37:55.342 Adding the medication didn't

NOTE Confidence: 0.751441802105263

 $00:37:55.342 \longrightarrow 00:37:57.880$ seem to do much with either.

NOTE Confidence: 0.751441802105263

 $00:37:57.880 \longrightarrow 00:38:00.029$ The people who had an initial response

NOTE Confidence: 0.751441802105263

 $00:38:00.029 \longrightarrow 00:38:02.487$ and did not have an initial response

NOTE Confidence: 0.751441802105263

00:38:02.490 --> 00:38:04.762 in terms of weight loss is the left

NOTE Confidence: 0.751441802105263

 $00:38:04.762 \longrightarrow 00:38:06.999$ slide shows the overall findings from

NOTE Confidence: 0.751441802105263

00:38:06.999 --> 00:38:09.399 step care versus behavioral weight loss,

NOTE Confidence: 0.751441802105263

 $00:38:09.400 \longrightarrow 00:38:11.241$ and you see that the treatments did

00:38:11.241 --> 00:38:12.841 not change did not differ either

NOTE Confidence: 0.751441802105263

 $00:38:12.841 \longrightarrow 00:38:14.605$ in terms of the time course of

NOTE Confidence: 0.751441802105263

 $00{:}38{:}14.664 \dashrightarrow 00{:}38{:}16.456$ weight or the outcome at the end.

NOTE Confidence: 0.751441802105263

 $00:38:16.460 \longrightarrow 00:38:18.278$ Six month treatments.

NOTE Confidence: 0.751441802105263

 $00:38:18.278 \longrightarrow 00:38:20.096$ The right slide,

NOTE Confidence: 0.751441802105263

 $00:38:20.100 \longrightarrow 00:38:21.735$ which is beyond today's scope

NOTE Confidence: 0.751441802105263

 $00:38:21.735 \longrightarrow 00:38:22.716$ for good obsessional,

NOTE Confidence: 0.751441802105263

 $00:38:22.720 \longrightarrow 00:38:26.626$ does look at some people who did.

NOTE Confidence: 0.751441802105263

00:38:26.630 --> 00:38:28.289 Depending on which treatment they were in,

NOTE Confidence: 0.751441802105263

 $00:38:28.290 \longrightarrow 00:38:31.489$ adding a weight loss medication did help.

NOTE Confidence: 0.751441802105263

 $00:38:31.490 \longrightarrow 00:38:32.730$ Some of the weight loss,

NOTE Confidence: 0.751441802105263

 $00:38:32.730 \longrightarrow 00:38:33.990$ which is fairly logical,

NOTE Confidence: 0.751441802105263

00:38:33.990 --> 00:38:35.880 but overall it did lead to

NOTE Confidence: 0.751441802105263

 $00:38:35.941 \longrightarrow 00:38:37.297$ a difference with the.

NOTE Confidence: 0.751441802105263

 $00:38:37.300 \longrightarrow 00:38:39.568$ With the standard treatment.

00:38:39.568 --> 00:38:42.403 Good news is 6 months,

NOTE Confidence: 0.751441802105263

00:38:42.410 --> 00:38:44.600 12 months after the completion

NOTE Confidence: 0.751441802105263

 $00:38:44.600 \longrightarrow 00:38:46.352$ of discontinuation of these.

NOTE Confidence: 0.798658038

 $00:38:49.690 \longrightarrow 00:38:50.842$ These treatments,

NOTE Confidence: 0.798658038

 $00:38:50.842 \longrightarrow 00:38:53.641$ the remission rates, were fairly well.

NOTE Confidence: 0.798658038

 $00:38:53.641 \longrightarrow 00:38:55.783$ They're not at quite in that

NOTE Confidence: 0.798658038

 $00:38:55.783 \longrightarrow 00:38:58.974$ same stratosphere of 67 and 74%,

NOTE Confidence: 0.798658038

 $00{:}38{:}58.974 \dashrightarrow 00{:}39{:}01.814$ but remission rates were still

NOTE Confidence: 0.798658038

 $00:39:01.820 \longrightarrow 00:39:04.628$ 45% and 41% at 12 months,

NOTE Confidence: 0.798658038

 $00:39:04.630 \longrightarrow 00:39:06.814$ which is not differ significantly between

NOTE Confidence: 0.798658038

 $00:39:06.814 \dashrightarrow 00:39:09.029$ the standard and it's destep care.

NOTE Confidence: 0.798658038

 $00:39:09.030 \longrightarrow 00:39:11.286$ Mixed models of binge eating frequency.

NOTE Confidence: 0.798658038

00:39:11.290 --> 00:39:13.090 So binge eating frequency,

NOTE Confidence: 0.798658038

 $00{:}39{:}13.090 \dashrightarrow 00{:}39{:}13.990$ considered continuously.

NOTE Confidence: 0.798658038

 $00:39:13.990 \longrightarrow 00:39:15.785$ We're also not significant between

NOTE Confidence: 0.798658038

 $00:39:15.785 \longrightarrow 00:39:17.580$ the two treatment conditions and,

 $00:39:17.580 \longrightarrow 00:39:19.200$ importantly, to drop off.

NOTE Confidence: 0.798658038

 $00:39:19.200 \longrightarrow 00:39:21.630$ From post to 12 month follow-up

NOTE Confidence: 0.798658038

 $00:39:21.702 \longrightarrow 00:39:24.560$ was not significant.

NOTE Confidence: 0.798658038

 $00:39:24.560 \longrightarrow 00:39:27.440$ 12 month follow up at percent

NOTE Confidence: 0.798658038

 $00:39:27.440 \longrightarrow 00:39:30.470$ weight loss in the step care.

NOTE Confidence: 0.798658038

 $00:39:30.470 \longrightarrow 00:39:33.190$ I was a little bit less than the

NOTE Confidence: 0.798658038

 $00:39:33.190 \longrightarrow 00:39:35.075$ behavioral weight loss where we

NOTE Confidence: 0.798658038

 $00:39:35.075 \dashrightarrow 00:39:39.000$ actually hit a mean of 5% weight loss.

NOTE Confidence: 0.798658038

 $00:39:39.000 \longrightarrow 00:39:41.160$ At 12 months after treatment,

NOTE Confidence: 0.798658038

 $00:39{:}41.160 \dashrightarrow 00{:}39{:}43.401$ 5% is often used as a marker in the

NOTE Confidence: 0.798658038

 $00:39:43.401 \longrightarrow 00:39:45.430$ obesity field as potentially approaching

NOTE Confidence: 0.798658038

 $00:39:45.430 \longrightarrow 00:39:48.004$ a clinically meaningful amount of weight.

NOTE Confidence: 0.919830394

 $00{:}39{:}52.290 \dashrightarrow 00{:}39{:}56.720$ We then designed this study.

NOTE Confidence: 0.919830394

 $00:39:56.720 \longrightarrow 00:40:01.274$ Funded by NIH, in which we are finally

NOTE Confidence: 0.919830394

 $00:40:01.274 \longrightarrow 00:40:04.158$ getting to the point where we have.

 $00:40:04.160 \longrightarrow 00:40:06.220$ Different artillery available to us,

NOTE Confidence: 0.919830394

 $00{:}40{:}06.220 \dashrightarrow 00{:}40{:}08.824$ so we now have medications that seem

NOTE Confidence: 0.919830394

 $00:40:08.824 \longrightarrow 00:40:11.270$ to potentially have greater benefit for

NOTE Confidence: 0.919830394

00:40:11.270 --> 00:40:13.700 conceptually addressing the binge eating,

NOTE Confidence: 0.919830394

 $00:40:13.700 \longrightarrow 00:40:14.774$ and more importantly,

NOTE Confidence: 0.919830394

00:40:14.774 --> 00:40:17.280 they are a little bit more potent

NOTE Confidence: 0.919830394

 $00:40:17.347 \longrightarrow 00:40:19.039$ for producing weight loss,

NOTE Confidence: 0.919830394

 $00:40:19.040 \longrightarrow 00:40:20.820$ and that can be tolerated.

NOTE Confidence: 0.919830394

 $00{:}40{:}20.820 \dashrightarrow 00{:}40{:}23.868$ This is a study with naltrex one

NOTE Confidence: 0.919830394

 $00:40:23.868 \longrightarrow 00:40:25.400$ bupropion combination medication

NOTE Confidence: 0.919830394

 $00:40:25.400 \longrightarrow 00:40:28.460$ that's FDA approved for weight loss.

NOTE Confidence: 0.919830394

 $00:40:28.460 \longrightarrow 00:40:30.504$ In this study, we had a balance

NOTE Confidence: 0.919830394

 $00:40:30.504 \longrightarrow 00:40:33.920$ two by two factorial design, so.

NOTE Confidence: 0.919830394

00:40:33.920 --> 00:40:35.520 You get behavioral weight loss,

NOTE Confidence: 0.919830394

 $00:40:35.520 \longrightarrow 00:40:36.309$ yes or no.

NOTE Confidence: 0.919830394

 $00:40:36.309 \longrightarrow 00:40:37.098$ You get naltrexone,

 $00:40:37.100 \longrightarrow 00:40:39.520$ be appropriate or placebo in

NOTE Confidence: 0.919830394

 $00:40:39.520 \longrightarrow 00:40:42.668$ double blind fashion that heals for

NOTE Confidence: 0.919830394

 $00{:}40{:}42.668 \operatorname{--}{>} 00{:}40{:}45.058$ treatment conditions and the treatment

NOTE Confidence: 0.919830394

 $00:40:45.058 \longrightarrow 00:40:47.254$ conditions went on for 16 weeks.

NOTE Confidence: 0.919830394

 $00:40:47.260 \longrightarrow 00:40:50.104$ The behavioral weight loss by a

NOTE Confidence: 0.919830394

 $00:40:50.104 \longrightarrow 00:40:52.000$ doctoral clinicians followed protocol

NOTE Confidence: 0.919830394

 $00:40:52.070 \longrightarrow 00:40:54.200$ that had been well established.

NOTE Confidence: 0.919830394

00:40:54.200 --> 00:40:57.048 Treatments with done well.

NOTE Confidence: 0.919830394 00:40:57.050 --> 00:40:57.393 No, NOTE Confidence: 0.919830394

 $00{:}40{:}57.393 \dashrightarrow 00{:}41{:}00.137$ I didn't hear 2 manuals and and

NOTE Confidence: 0.919830394

 $00:41:00.137 \longrightarrow 00:41:02.965$ so forth and then at the end of the

NOTE Confidence: 0.919830394

 $00{:}41{:}02.965 \dashrightarrow 00{:}41{:}05.058$ six weeks we conduct a post treatment

NOTE Confidence: 0.919830394

 $00:41:05.058 \longrightarrow 00:41:07.746$ assessment and we see how they're doing.

NOTE Confidence: 0.919830394

 $00:41:07.750 \longrightarrow 00:41:10.198$ If they responded to the initial

NOTE Confidence: 0.919830394

 $00:41:10.198 \longrightarrow 00:41:11.830$ stage one treatments we?

00:41:11.830 --> 00:41:15.722 Re randomize them to naltrexone placebo,

NOTE Confidence: 0.919830394

00:41:15.722 --> 00:41:17.018 or to place bo.

NOTE Confidence: 0.919830394

00:41:17.018 --> 00:41:19.886 This, as answer the very important question,

NOTE Confidence: 0.919830394

00:41:19.890 --> 00:41:20.548 which, remarkably,

NOTE Confidence: 0.919830394

 $00:41:20.548 \longrightarrow 00:41:22.522$ there is a dearth of data

NOTE Confidence: 0.919830394

 $00:41:22.522 \longrightarrow 00:41:23.870$ available for clinicians.

NOTE Confidence: 0.919830394

00:41:23.870 --> 00:41:24.382 Which is,

NOTE Confidence: 0.919830394

00:41:24.382 --> 00:41:25.918 if you have a patient who

NOTE Confidence: 0.919830394

 $00{:}41{:}25.918 {\: -->\:} 00{:}41{:}27.169$ has responded to treatment.

NOTE Confidence: 0.919830394

 $00:41:27.170 \longrightarrow 00:41:29.613$ Just keeping them or putting them on

NOTE Confidence: 0.919830394

 $00:41:29.613 \longrightarrow 00:41:34.742$ a weight loss medication help them to

NOTE Confidence: 0.919830394

00:41:34.742 --> 00:41:37.270 maintain their progress remarkably,

NOTE Confidence: 0.919830394

 $00:41:37.270 \longrightarrow 00:41:40.320$ there's only one randomized control

NOTE Confidence: 0.919830394

 $00{:}41{:}40.320 \dashrightarrow 00{:}41{:}44.016$ test of a maintenance medication for BD,

NOTE Confidence: 0.919830394

 $00:41:44.016 \longrightarrow 00:41:46.600$ and I was with LDX and LDX continuing

NOTE Confidence: 0.919830394

 $00:41:46.677 \longrightarrow 00:41:49.072$ after the two treatment did

00:41:49.072 --> 00:41:51.756 significantly reduce the chances of relapse,

NOTE Confidence: 0.919830394

 $00{:}41{:}51.756 \dashrightarrow 00{:}41{:}54.729$ so this is only the second such study.

NOTE Confidence: 0.919830394

00:41:54.729 --> 00:41:56.463 We didn't have an exploratory arm

NOTE Confidence: 0.919830394

00:41:56.463 --> 00:41:58.725 that what do you do with the people

NOTE Confidence: 0.919830394

00:41:58.725 --> 00:42:00.340 who don't benefit to these two?

NOTE Confidence: 0.919830394

 $00:42:00.340 \longrightarrow 00:42:01.534$ Presumably decent treatments.

NOTE Confidence: 0.919830394

 $00:42:01.534 \longrightarrow 00:42:04.620$ One of the FDA approved medication and BWL.

NOTE Confidence: 0.919830394

 $00:42:04.620 \longrightarrow 00:42:06.020$ I showed you all the data before.

NOTE Confidence: 0.919830394

 $00{:}42{:}06.020 \dashrightarrow 00{:}42{:}09.009$ Well here we switched them to CBT

NOTE Confidence: 0.919830394

 $00:42:09.009 \longrightarrow 00:42:11.949$ here we learned from the previous.

NOTE Confidence: 0.919830394

 $00:42:11.950 \longrightarrow 00:42:13.770$ Design where we switched them

NOTE Confidence: 0.919830394

00:42:13.770 --> 00:42:15.226 to cognitive behavioral therapy.

NOTE Confidence: 0.919830394

00:42:15.230 --> 00:42:16.175 Guided self help.

NOTE Confidence: 0.919830394

00:42:16.175 --> 00:42:18.065 I was perhaps overly influenced by

NOTE Confidence: 0.919830394

 $00:42:18.065 \longrightarrow 00:42:20.106$ Nice because I went to guided self

 $00:42:20.106 \longrightarrow 00:42:21.990$ help but didn't seem to do enough.

NOTE Confidence: 0.919830394

 $00:42:21.990 \longrightarrow 00:42:23.982$ So here we switch him to the full

NOTE Confidence: 0.919830394

 $00:42:23.982 \longrightarrow 00:42:25.996$ blown CBT to see if that helps

NOTE Confidence: 0.919830394

 $00:42:25.996 \longrightarrow 00:42:26.866$ the non responders.

NOTE Confidence: 0.852383811

 $00:42:29.270 \longrightarrow 00:42:30.226$ Yeah, findings for you.

NOTE Confidence: 0.852383811

 $00:42:30.226 \longrightarrow 00:42:31.660$ This is hot off the press.

NOTE Confidence: 0.852383811

 $00:42:31.660 \longrightarrow 00:42:32.950$ We just did the analysis

NOTE Confidence: 0.852383811

 $00:42:32.950 \longrightarrow 00:42:34.240$ over the last couple weeks.

NOTE Confidence: 0.852383811

 $00:42:34.240 \longrightarrow 00:42:35.188$ Thank you relypsa.

NOTE Confidence: 0.896311968518518

 $00:42:37.290 \longrightarrow 00:42:39.672$ We randomized 136 patients with PD

NOTE Confidence: 0.896311968518518

 $00{:}42{:}39.672 \dashrightarrow 00{:}42{:}42.413$ and obesity and here are the remission

NOTE Confidence: 0.896311968518518

 $00:42:42.413 \longrightarrow 00:42:44.933$ rates at the end of treatment on

NOTE Confidence: 0.896311968518518

 $00:42:45.014 \longrightarrow 00:42:47.177$ the left side in the blue box,

NOTE Confidence: 0.896311968518518

 $00:42:47.180 \longrightarrow 00:42:50.150$ remission rates were significant for

NOTE Confidence: 0.896311968518518

 $00:42:50.150 \longrightarrow 00:42:52.328$ behavioral weight loss and for naltrexone,

NOTE Confidence: 0.896311968518518

 $00:42:52.330 \longrightarrow 00:42:55.066$ but the interaction was not significant.

 $00:42:55.070 \longrightarrow 00:42:57.282$ When you consider the four cell design

NOTE Confidence: 0.896311968518518

 $00{:}42{:}57.282 \dashrightarrow 00{:}43{:}00.268$ in each of the active treatments were

NOTE Confidence: 0.896311968518518

 $00{:}43{:}00.268 \to 00{:}43{:}02.236$ significantly superior to place bo.

NOTE Confidence: 0.896311968518518

 $00:43:02.240 \longrightarrow 00:43:04.319$ I do not show a graph here

NOTE Confidence: 0.896311968518518

 $00:43:04.319 \longrightarrow 00:43:05.980$ for binge eating frequency,

NOTE Confidence: 0.896311968518518

 $00:43:05.980 \longrightarrow 00:43:08.780$ but we saw the same rapid response

NOTE Confidence: 0.896311968518518

 $00:43:08.780 \longrightarrow 00:43:11.136$ in binge eating frequency.

NOTE Confidence: 0.896311968518518

 $00{:}43{:}11.136 \dashrightarrow 00{:}43{:}14.396$ The decrease was significant for

NOTE Confidence: 0.896311968518518

 $00:43:14.396 \longrightarrow 00:43:17.470$ being for behavioral weight loss.

NOTE Confidence: 0.896311968518518

 $00{:}43{:}17.470 \dashrightarrow 00{:}43{:}20.164$ It was not significant for naltrex one

NOTE Confidence: 0.896311968518518

 $00:43:20.164 \longrightarrow 00:43:22.880$ bupropion nor was the interaction

NOTE Confidence: 0.896311968518518

 $00{:}43{:}22.880 \dashrightarrow 00{:}43{:}24.660$ significant the right slide.

NOTE Confidence: 0.896311968518518

 $00{:}43{:}24.660 \dashrightarrow 00{:}43{:}27.392$ So shows 5% weight loss categories.

NOTE Confidence: 0.896311968518518

 $00{:}43{:}27.392 \dashrightarrow 00{:}43{:}30.176$ The rate was the proportion meeting

NOTE Confidence: 0.896311968518518

 $00:43:30.176 \longrightarrow 00:43:33.106$ this category was significant for BWL.

00:43:33.110 --> 00:43:35.630 But not not trackson be propri

NOTE Confidence: 0.896311968518518

 $00{:}43{:}35.630 \dashrightarrow 00{:}43{:}37.554$ on and percent weight loss.

NOTE Confidence: 0.896311968518518

00:43:37.554 --> 00:43:38.306 Considered continuously,

NOTE Confidence: 0.896311968518518 00:43:38.310 --> 00:43:38.751 however, NOTE Confidence: 0.896311968518518

 $00:43:38.751 \longrightarrow 00:43:41.397$ was significant for BWL and for

NOTE Confidence: 0.896311968518518

00:43:41.397 --> 00:43:43.974 now tracks don't be propri on as

NOTE Confidence: 0.896311968518518

 $00:43:43.974 \longrightarrow 00:43:45.438$ well As for an interaction effect.

NOTE Confidence: 0.896311968518518

 $00:43:45.440 \longrightarrow 00:43:47.495$ Again there wouldn't consider weight

NOTE Confidence: 0.896311968518518

 $00:43:47.495 \longrightarrow 00:43:49.904$ loss as a percent continuously.

NOTE Confidence: 0.896311968518518

 $00:43:49.904 \longrightarrow 00:43:52.960$ Each active treatment with

NOTE Confidence: 0.896311968518518

 $00{:}43{:}52.960 \dashrightarrow 00{:}43{:}56.016$ significantly superior to place bo.

NOTE Confidence: 0.896311968518518

 $00:43:56.020 \longrightarrow 00:43:58.477$ We do not yet have the findings

NOTE Confidence: 0.896311968518518

00:43:58.477 --> 00:44:00.705 were nearly done with the stage

NOTE Confidence: 0.896311968518518

 $00:44:00.705 \longrightarrow 00:44:02.675$ two trial on whether behavioral

NOTE Confidence: 0.896311968518518

00:44:02.675 --> 00:44:05.200 now trackson bupropion is superior

NOTE Confidence: 0.896311968518518

 $00{:}44{:}05.200 \dashrightarrow 00{:}44{:}07.860$ to place be for preventing relapse.

 $00:44:07.860 \longrightarrow 00:44:09.510$ Hopefully we can present that

NOTE Confidence: 0.896311968518518

 $00:44:09.510 \longrightarrow 00:44:10.650$ down down the line,

NOTE Confidence: 0.896311968518518

 $00:44:10.650 \longrightarrow 00:44:12.000$ but that's one of the

NOTE Confidence: 0.896311968518518

 $00:44:12.000 \longrightarrow 00:44:13.210$ things we're looking at.

NOTE Confidence: 0.896311968518518

 $00:44:13.210 \longrightarrow 00:44:15.828$ And we are also looking at ultrex

NOTE Confidence: 0.896311968518518

 $00:44:15.828 \longrightarrow 00:44:17.412$ zone bupropion versus placebo

NOTE Confidence: 0.896311968518518

 $00:44:17.412 \longrightarrow 00:44:18.988$ in a different study.

NOTE Confidence: 0.896311968518518

 $00{:}44{:}18.990 \dashrightarrow 00{:}44{:}22.218$ This is with our colleagues in.

NOTE Confidence: 0.896311968518518

 $00:44:22.220 \longrightarrow 00:44:24.468$ Sherry Mackey's groups there,

NOTE Confidence: 0.896311968518518

 $00:44:24.468 \longrightarrow 00:44:28.620$ that's a straight medication versus placebo,

NOTE Confidence: 0.896311968518518

 $00:44:28.620 \longrightarrow 00:44:31.750$ designed with slightly more folks allocated

NOTE Confidence: 0.896311968518518

 $00:44:31.750 \longrightarrow 00:44:34.060$ to the two medication conditions,

NOTE Confidence: 0.896311968518518

 $00{:}44{:}34.060 \dashrightarrow 00{:}44{:}39.828$ and she has embedded a nifty laboratory.

NOTE Confidence: 0.896311968518518

 $00:44:39.830 \longrightarrow 00:44:43.865$ Eating paradigm to look at

NOTE Confidence: 0.896311968518518

 $00:44:43.865 \longrightarrow 00:44:46.286$ behavioral and metabolic.

00:44:46.290 --> 00:44:46.775 Correlate's,

NOTE Confidence: 0.896311968518518

 $00:44:46.775 \longrightarrow 00:44:49.200$ and as moderators and potential

NOTE Confidence: 0.896311968518518

 $00:44:49.200 \longrightarrow 00:44:51.140$ mediators have changed with

NOTE Confidence: 0.896311968518518

 $00:44:51.207 \longrightarrow 00:44:52.610$ the medication treatment.

NOTE Confidence: 0.878246676

 $00:44:55.140 \longrightarrow 00:44:58.430$ This is another ongoing smart design that

NOTE Confidence: 0.878246676

 $00:44:58.430 \longrightarrow 00:45:02.020$ we have when we talk you through the.

NOTE Confidence: 0.878246676

 $00:45:02.020 \longrightarrow 00:45:05.170$ Through the treatment. Come sell here,

NOTE Confidence: 0.878246676

 $00:45:05.170 \longrightarrow 00:45:07.922$ this is a straight horse race from the

NOTE Confidence: 0.878246676

 $00{:}45{:}07.922 \dashrightarrow 00{:}45{:}10.144$ supposed leading treatments for BDL.

NOTE Confidence: 0.878246676

 $00:45:10.144 \longrightarrow 00:45:13.502$ DX is the soul. Medication approved

NOTE Confidence: 0.878246676

 $00{:}45{:}13.502 \dashrightarrow 00{:}45{:}16.939$ by the FDA for binge eating disorder.

NOTE Confidence: 0.878246676

 $00{:}45{:}16.940 \dashrightarrow 00{:}45{:}20.004$ CBT is in in most guidelines and most

NOTE Confidence: 0.878246676

 $00{:}45{:}20.004 \dashrightarrow 00{:}45{:}22.711$ meta analysis and reviews considered

NOTE Confidence: 0.878246676

 $00{:}45{:}22.711 \dashrightarrow 00{:}45{:}25.199$ the leading psychological treatment

NOTE Confidence: 0.878246676

 $00:45:25.200 \longrightarrow 00:45:30.255$ for BDD and we then did CBT plus LDX.

NOTE Confidence: 0.878246676

 $00:45:30.255 \longrightarrow 00:45:31.835$ There is no control,

 $00:45:31.840 \longrightarrow 00:45:34.730$ no placebo condition here as

NOTE Confidence: 0.878246676

 $00{:}45{:}34.730 \dashrightarrow 00{:}45{:}37.042$ both active treatments have.

NOTE Confidence: 0.878246676

 $00:45:37.050 \longrightarrow 00:45:38.858$ Clearly demonstrated efficacy and

NOTE Confidence: 0.878246676

 $00:45:38.858 \longrightarrow 00:45:41.118$ effectiveness in variety of setting.

NOTE Confidence: 0.85392067

 $00:45:43.390 \longrightarrow 00:45:45.982$ The study here is how to

NOTE Confidence: 0.85392067

 $00:45:45.982 \longrightarrow 00:45:47.710$ compare the two treatments.

NOTE Confidence: 0.85392067

 $00:45:47.710 \longrightarrow 00:45:50.610$ The three treatments overtime.

NOTE Confidence: 0.85392067

 $00{:}45{:}50.610 \dashrightarrow 00{:}45{:}52.125$ Three month treatments.

NOTE Confidence: 0.85392067

 $00{:}45{:}52.125 \dashrightarrow 00{:}45{:}55.492$ That's the labeling for the LDX we

NOTE Confidence: 0.85392067

00:45:55.492 --> 00:45:57.816 have manuals for CBT for 12 weeks,

NOTE Confidence: 0.85392067

 $00:45:57.820 \longrightarrow 00:46:01.159$ 20 weeks, 24 weeks and our effects.

NOTE Confidence: 0.85392067

 $00{:}46{:}01.160 \dashrightarrow 00{:}46{:}03.055$ Our comparable so the treatments

NOTE Confidence: 0.85392067

 $00{:}46{:}03.055 \dashrightarrow 00{:}46{:}05.280$ are nicely matched in that way.

NOTE Confidence: 0.85392067

 $00:46:05.280 \longrightarrow 00:46:08.274$ At post treatment we assess again

NOTE Confidence: 0.85392067

 $00:46:08.274 \longrightarrow 00:46:10.270$ a response based randomization.

 $00:46:10.270 \longrightarrow 00:46:12.993$ If you were in either of the

NOTE Confidence: 0.85392067

 $00{:}46{:}12.993 \dashrightarrow 00{:}46{:}14.160$ LDX medication treatments,

NOTE Confidence: 0.85392067

 $00:46:14.160 \longrightarrow 00:46:15.976$ you get re randomized.

NOTE Confidence: 0.85392067

 $00:46:15.976 \longrightarrow 00:46:19.699$ If you were a responder to either LDX

NOTE Confidence: 0.85392067

 $00:46:19.699 \longrightarrow 00:46:22.870$ or to place be to see whether LDX.

NOTE Confidence: 0.85392067

00:46:22.870 --> 00:46:24.314 Is superior to placebo

NOTE Confidence: 0.85392067

 $00:46:24.314 \longrightarrow 00:46:25.397$ for preventing relapse.

NOTE Confidence: 0.85392067

 $00:46:25.400 \longrightarrow 00:46:27.304$ This would be a replication of the

NOTE Confidence: 0.85392067

 $00{:}46{:}27.304 \dashrightarrow 00{:}46{:}29.009$ Hudson and all the sole report

NOTE Confidence: 0.85392067

 $00:46:29.009 \longrightarrow 00:46:30.671$ in the literature that was in

NOTE Confidence: 0.85392067

00:46:30.671 --> 00:46:32.369 JAMA Psychiatry suggesting that

NOTE Confidence: 0.85392067

 $00:46:32.369 \longrightarrow 00:46:34.177$ the medicine prevents relapse.

NOTE Confidence: 0.85392067

 $00:46:34.180 \longrightarrow 00:46:36.616$ If you were a non responder here,

NOTE Confidence: 0.85392067

 $00{:}46{:}36.620 \dashrightarrow 00{:}46{:}38.265$ we had much debate here with you.

NOTE Confidence: 0.870686794444444

 $00:46:40.780 \longrightarrow 00:46:41.806$ Assign them to.

NOTE Confidence: 0.870686794444444

00:46:41.806 --> 00:46:43.858 We took a cookie cutter approach.

 $00:46:43.860 \longrightarrow 00:46:45.855$ We assign them to a different medication

NOTE Confidence: 0.870686794444444

 $00:46:45.855 \longrightarrow 00:46:47.949$ that has a completely different.

NOTE Confidence: 0.84971044

00:46:50.630 --> 00:46:52.166 Mechanism of action if you will.

NOTE Confidence: 0.84971044

 $00:46:52.170 \longrightarrow 00:46:54.554$ So we chose naltrexone,

NOTE Confidence: 0.84971044

 $00:46:54.554 \longrightarrow 00:46:57.534$ bupropion and our comparison condition

NOTE Confidence: 0.84971044

 $00:46:57.534 \longrightarrow 00:47:01.339$ over the stage two is CBT that had

NOTE Confidence: 0.84971044

 $00:47:01.339 \longrightarrow 00:47:04.099$ received CBT without any medication.

NOTE Confidence: 0.84971044

 $00:47:04.100 \longrightarrow 00:47:07.170$ They received no further intervention,

NOTE Confidence: 0.84971044

 $00:47:07.170 \longrightarrow 00:47:09.410$ and then we assess them at post

NOTE Confidence: 0.84971044

 $00{:}47{:}09.410 \dashrightarrow 00{:}47{:}12.049$ treatment and then at 6 and 12

NOTE Confidence: 0.84971044

 $00:47:12.049 \longrightarrow 00:47:14.064$ months after this continually discuss

NOTE Confidence: 0.84971044

 $00:47:14.064 \longrightarrow 00:47:16.328$ discontinuing the second stage treatments.

NOTE Confidence: 0.84971044

 $00:47:16.330 \longrightarrow 00:47:17.810$ We do not have the findings for you.

NOTE Confidence: 0.84971044

 $00:47:17.810 \longrightarrow 00:47:18.812$ As of yesterday.

NOTE Confidence: 0.84971044

 $00:47:18.812 \longrightarrow 00:47:20.816$ I believe we had 84 people.

 $00:47:20.820 \longrightarrow 00:47:23.368$ Randomized and nearly completed

NOTE Confidence: 0.84971044

00:47:23.368 --> 00:47:25.916 treatment and stage one,

NOTE Confidence: 0.84971044

 $00:47:25.920 \longrightarrow 00:47:28.303$ but we don't have those

NOTE Confidence: 0.84971044

 $00:47:28.303 \longrightarrow 00:47:30.270$ outcomes to share with you yet.

NOTE Confidence: 0.92473547

 $00:47:32.340 \longrightarrow 00:47:34.755$ Much of our work is evolved in

NOTE Confidence: 0.92473547

 $00{:}47{:}34.755 \dashrightarrow 00{:}47{:}37.446$ terms of trying to predict and

NOTE Confidence: 0.92473547

00:47:37.446 --> 00:47:38.900 understand treatment outcomes.

NOTE Confidence: 0.92473547

 $00:47:38.900 \longrightarrow 00:47:41.300$ One of the most common questions

NOTE Confidence: 0.92473547

00:47:41.300 --> 00:47:43.948 that I get asked is, you know,

NOTE Confidence: 0.92473547

 $00:47:43.948 \longrightarrow 00:47:45.668$ most of my patients have

NOTE Confidence: 0.92473547

 $00{:}47{:}45.668 \dashrightarrow 00{:}47{:}46.700$ comorbidity with treatments.

NOTE Confidence: 0.92473547

00:47:46.700 --> 00:47:48.320 Should I use should I combine?

NOTE Confidence: 0.92473547

 $00:47:48.320 \longrightarrow 00:47:50.208$ Should I add medications?

NOTE Confidence: 0.92473547

 $00:47:50.208 \longrightarrow 00:47:52.568$ This is analysis that Janet

NOTE Confidence: 0.92473547

 $00:47:52.568 \longrightarrow 00:47:53.880$ Whitaker and I did.

NOTE Confidence: 0.92473547

 $00:47:53.880 \longrightarrow 00:47:55.074$ Australia this year.

 $00:47:55.074 \longrightarrow 00:47:57.064$ Last year I should say.

NOTE Confidence: 0.92473547

 $00{:}47{:}57.070 \dashrightarrow 00{:}47{:}59.080$ And we examined psychiatric comorbidity

NOTE Confidence: 0.92473547

 $00:47:59.080 \longrightarrow 00:48:01.945$ as a predictor and moderator or treatment

NOTE Confidence: 0.92473547

 $00:48:01.945 \longrightarrow 00:48:03.930$ outcomes and an aggregated sample.

NOTE Confidence: 0.92473547

 $00{:}48{:}03.930 \dashrightarrow 00{:}48{:}06.690$ 636 patients with BD who had received CBT,

NOTE Confidence: 0.92473547

 $00:48:06.690 \longrightarrow 00:48:08.498$ behavioral weight loss medication,

NOTE Confidence: 0.92473547

 $00:48:08.498 \longrightarrow 00:48:10.306$ plus therapy and controls

NOTE Confidence: 0.92473547

00:48:10.310 --> 00:48:11.274 comorbidity predicted,

NOTE Confidence: 0.92473547

 $00:48:11.274 \longrightarrow 00:48:13.202$ worst BD outcomes overall

NOTE Confidence: 0.92473547

 $00{:}48{:}13.202 \dashrightarrow 00{:}48{:}15.629$ and across treatments but did

NOTE Confidence: 0.92473547

 $00:48:15.629 \longrightarrow 00:48:17.349$ not interact with treatments.

NOTE Confidence: 0.92473547

 $00:48:17.350 \longrightarrow 00:48:19.774$ And it did not moderate binge

NOTE Confidence: 0.92473547

 $00{:}48{:}19.774 \dashrightarrow 00{:}48{:}22.330$ eating nor weight loss treatments.

NOTE Confidence: 0.92473547

 $00:48:22.330 \longrightarrow 00:48:23.866$ So there's some evidence that if

NOTE Confidence: 0.92473547

 $00:48:23.866 \longrightarrow 00:48:26.018$ you have a mood disorder you may do.

 $00:48:26.020 \longrightarrow 00:48:29.209$ More poorly overall.

NOTE Confidence: 0.92473547

 $00:48:29.210 \longrightarrow 00:48:30.716$ But that does not signal the

NOTE Confidence: 0.92473547

 $00:48:30.716 \longrightarrow 00:48:32.110$ need for a combined treatment

NOTE Confidence: 0.92473547

 $00:48:32.110 \longrightarrow 00:48:33.770$ or for a specific treatment.

NOTE Confidence: 0.92473547

00:48:33.770 --> 00:48:35.650 I will remind you, however,

NOTE Confidence: 0.92473547

 $00:48:35.650 \longrightarrow 00:48:36.859$ that this analysis,

NOTE Confidence: 0.92473547

 $00:48:36.859 \longrightarrow 00:48:38.471$ the overall finding included

NOTE Confidence: 0.92473547

 $00:48:38.471 \longrightarrow 00:48:39.277$ control conditions.

NOTE Confidence: 0.92473547

 $00:48:39.280 \longrightarrow 00:48:41.568$ We do not find this kind of effect

NOTE Confidence: 0.92473547

 $00:48:41.568 \longrightarrow 00:48:44.042$ from major depression or for

NOTE Confidence: 0.92473547

 $00:48:44.042 \longrightarrow 00:48:45.830$ depression considered dimensionally.

NOTE Confidence: 0.92473547

 $00:48:45.830 \longrightarrow 00:48:48.646$ Using a variety of rating scales as a

NOTE Confidence: 0.92473547

 $00:48:48.646 \longrightarrow 00:48:50.368$ significant predictor or moderate are.

NOTE Confidence: 0.92473547

00:48:50.370 --> 00:48:52.820 So that's I think a fairly definitive

NOTE Confidence: 0.92473547

 $00:48:52.820 \longrightarrow 00:48:55.296$ answer to one of the most common

NOTE Confidence: 0.92473547

 $00:48:55.296 \longrightarrow 00:48:57.318$ questions that is asked of me,

 $00:48:57.320 \longrightarrow 00:48:58.820$ particularly by clinical psychiatrist.

NOTE Confidence: 0.905735498

 $00:49:01.090 \longrightarrow 00:49:04.710$ Another way that we have tried

NOTE Confidence: 0.905735498

 $00:49:04.710 \longrightarrow 00:49:07.310$ to predict treatment is here.

NOTE Confidence: 0.905735498

00:49:07.310 --> 00:49:09.848 Earlier on I indicated that finding

NOTE Confidence: 0.905735498

 $00:49:09.848 \longrightarrow 00:49:12.386$ reliable predictors of treatment and I just

NOTE Confidence: 0.905735498

 $00{:}49{:}12.386 \dashrightarrow 00{:}49{:}14.250$ showed you the the comorbidity findings,

NOTE Confidence: 0.905735498

 $00:49:14.250 \longrightarrow 00:49:16.594$ which is a logical clinical thing to

NOTE Confidence: 0.905735498

00:49:16.594 --> 00:49:18.547 look at to people comorbidity to worse.

NOTE Confidence: 0.905735498

 $00:49:18.550 \longrightarrow 00:49:20.811$ Overall they do not and they certainly

NOTE Confidence: 0.905735498

 $00{:}49{:}20.811 \dashrightarrow 00{:}49{:}23.002$ don't point to a specific available

NOTE Confidence: 0.905735498

 $00{:}49{:}23.002 \dashrightarrow 00{:}49{:}25.318$ treatment that we have tested today.

NOTE Confidence: 0.854831953333333

 $00:49:27.560 \longrightarrow 00:49:28.589$ A different way.

NOTE Confidence: 0.84872175

 $00:49:31.020 \longrightarrow 00:49:34.032$ Again, we have found one reliable

NOTE Confidence: 0.84872175

 $00:49:34.032 \longrightarrow 00:49:35.710$ treated predictor which is

NOTE Confidence: 0.84872175

00:49:35.710 --> 00:49:37.332 actually a treatment process,

00:49:37.332 --> 00:49:39.140 and that's rapid response,

NOTE Confidence: 0.84872175

 $00:49:39.140 \longrightarrow 00:49:41.303$ which is why we built these smart

NOTE Confidence: 0.84872175

 $00:49:41.303 \longrightarrow 00:49:43.151$ designs around that our reliable

NOTE Confidence: 0.84872175

00:49:43.151 --> 00:49:45.148 predictor and the overvaluation of

NOTE Confidence: 0.84872175

00:49:45.148 --> 00:49:47.924 shape and weight was the only other

NOTE Confidence: 0.84872175

 $00:49:47.924 \longrightarrow 00:49:50.704$ thing a body image criterion that

NOTE Confidence: 0.84872175

 $00:49:50.704 \longrightarrow 00:49:54.856$ predicted some outcomes in some trials,

NOTE Confidence: 0.84872175

 $00:49:54.860 \longrightarrow 00:49:58.160$ and it actually moderated CBT

NOTE Confidence: 0.84872175

 $00:49:58.160 \longrightarrow 00:50:00.003$ versus peroxide treatments.

NOTE Confidence: 0.84872175

00:50:00.003 --> 00:50:02.618 Effects in a different trial,

NOTE Confidence: 0.84872175

 $00:50:02.620 \longrightarrow 00:50:04.748$ but for the most part finding reliable

NOTE Confidence: 0.84872175

 $00:50:04.748 \longrightarrow 00:50:06.360$ predictors have been hard, so.

NOTE Confidence: 0.842887570769231

 $00:50:09.350 \dashrightarrow 00:50:13.590$ A different way to do this is may be

NOTE Confidence: 0.842887570769231

 $00{:}50{:}13.590 \dashrightarrow 00{:}50{:}16.490$ computers are smarter than us.

NOTE Confidence: 0.842887570769231

 $00:50:16.490 \longrightarrow 00:50:18.070$ Clinician so we tried some

NOTE Confidence: 0.842887570769231

 $00{:}50{:}18.070 \dashrightarrow 00{:}50{:}19.018$ machine learning models.

 $00:50:21.140 \longrightarrow 00:50:23.660$ And the answer is they didn't do

NOTE Confidence: 0.887026403333333

 $00:50:23.660 \longrightarrow 00:50:26.270$ much better. But why did we do this?

NOTE Confidence: 0.648865006

 $00:50:28.580 \longrightarrow 00:50:33.430$ A lot of field anxiety, some.

NOTE Confidence: 0.648865006

 $00:50:33.430 \longrightarrow 00:50:34.942$ Depression, some dangerousness

NOTE Confidence: 0.648865006

00:50:34.942 --> 00:50:37.462 domains people have been using

NOTE Confidence: 0.648865006

00:50:37.462 --> 00:50:39.572 machine learning models to try

NOTE Confidence: 0.648865006

 $00:50:39.572 \longrightarrow 00:50:41.630$ to predict what has is generally

NOTE Confidence: 0.648865006

 $00:50:41.630 \longrightarrow 00:50:43.848$ viewed as hard to predict outcomes.

NOTE Confidence: 0.648865006

 $00{:}50{:}43.850 \dashrightarrow 00{:}50{:}45.030$ Machine learning is in contrast

NOTE Confidence: 0.648865006

 $00:50:45.030 \longrightarrow 00:50:46.589$ to the way we've done our

NOTE Confidence: 0.648865006

 $00{:}50{:}46.589 \dashrightarrow 00{:}50{:}47.909$ predictor and moderator analysis,

NOTE Confidence: 0.648865006

 $00{:}50{:}47.910 \dashrightarrow 00{:}50{:}51.576$ where we have either theoretical or

NOTE Confidence: 0.648865006

 $00:50:51.576 \longrightarrow 00:50:55.798$ clinical variables chosen based on.

NOTE Confidence: 0.648865006

 $00:50:55.800 \longrightarrow 00:50:58.019$ Some kind of model that should be

NOTE Confidence: 0.648865006

 $00:50:58.019 \longrightarrow 00:50:59.849$ associated with the treatments or

 $00:50:59.849 \longrightarrow 00:51:01.899$ with the outcomes machine learning

NOTE Confidence: 0.648865006

00:51:01.900 --> 00:51:04.438 rely on patterns in the data.

NOTE Confidence: 0.648865006

 $00:51:04.440 \longrightarrow 00:51:07.602$ So you don't have these apriori

NOTE Confidence: 0.648865006

 $00:51:07.602 \longrightarrow 00:51:09.183$ kinds of concepts.

NOTE Confidence: 0.648865006

00:51:09.190 --> 00:51:10.650 Which might be theoretically smart,

NOTE Confidence: 0.648865006

00:51:10.650 --> 00:51:14.835 or they may be biased in one point view,

NOTE Confidence: 0.648865006

 $00:51:14.840 \longrightarrow 00:51:17.856$ but they learn patterns of data and then

NOTE Confidence: 0.648865006

 $00:51:17.856 \longrightarrow 00:51:21.710$ they can generate and optimize models.

NOTE Confidence: 0.648865006

00:51:21.710 --> 00:51:23.480 Are there ways to enhance

NOTE Confidence: 0.648865006

 $00:51:23.480 \longrightarrow 00:51:25.250$ generalizability of those models by

NOTE Confidence: 0.648865006

00:51:25.309 --> 00:51:27.094 doing a whole bunch of what they

NOTE Confidence: 0.648865006

 $00:51:27.094 \longrightarrow 00:51:29.430$ refer to as cross validation attempts,

NOTE Confidence: 0.648865006

 $00:51:29.430 \longrightarrow 00:51:31.614$ which in English means you can run a

NOTE Confidence: 0.648865006

00:51:31.614 --> 00:51:33.649 whole bunch of different simulations?

NOTE Confidence: 0.648865006

00:51:33.650 --> 00:51:36.357 And the other advantage to machine

NOTE Confidence: 0.648865006

00:51:36.357 --> 00:51:39.279 learning is you can throw many

 $00:51:39.279 \longrightarrow 00:51:41.157$ more variables into the models,

NOTE Confidence: 0.648865006

 $00{:}51{:}41.157 \dashrightarrow 00{:}51{:}43.250$ and in fact the more variables the

NOTE Confidence: 0.648865006

 $00:51:43.313 \longrightarrow 00:51:45.448$ better because it just turns and turns

NOTE Confidence: 0.648865006

 $00:51:45.448 \longrightarrow 00:51:48.009$ and turns and finds optimal combinations.

NOTE Confidence: 0.648865006

00:51:48.010 --> 00:51:50.992 If there are so it actually benefits

NOTE Confidence: 0.648865006

 $00:51:50.992 \longrightarrow 00:51:52.725$ from having many conditions.

NOTE Confidence: 0.648865006

 $00:51:52.725 \longrightarrow 00:51:55.000$ This is not a panacea,

NOTE Confidence: 0.648865006

00:51:55.000 --> 00:51:57.506 and I think the fields are trying

NOTE Confidence: 0.648865006

 $00:51:57.506 \longrightarrow 00:51:59.329$ are finally coming around to

NOTE Confidence: 0.648865006

 $00:51:59.329 \longrightarrow 00:52:01.688$ seeing that and some of the early.

NOTE Confidence: 0.648865006

 $00{:}52{:}01.690 \dashrightarrow 00{:}52{:}04.084$ You know great findings that some of

NOTE Confidence: 0.648865006

 $00:52:04.084 \longrightarrow 00:52:05.903$ these machine learning models found

NOTE Confidence: 0.648865006

 $00{:}52{:}05.903 \dashrightarrow 00{:}52{:}09.438$ were because how they did some of the

NOTE Confidence: 0.648865006

 $00:52:09.438 \longrightarrow 00:52:12.105$ simulations and most of the ones that

NOTE Confidence: 0.648865006

 $00:52:12.105 \longrightarrow 00:52:13.830$ provided these great benefits for.

 $00:52:16.030 \longrightarrow 00:52:17.958$ And we wrote about it a little bit

NOTE Confidence: 0.904523348333333

 $00{:}52{:}17.958 \dashrightarrow 00{:}52{:}20.227$ in in this paper in Psychological

NOTE Confidence: 0.904523348333333

 $00{:}52{:}20.227 \dashrightarrow 00{:}52{:}21.947$ Medicine published last year.

NOTE Confidence: 0.904523348333333

00:52:21.950 --> 00:52:24.330 If you use certain types of simulations,

NOTE Confidence: 0.904523348333333

 $00:52:24.330 \longrightarrow 00:52:27.500$ and you in particular certain

NOTE Confidence: 0.904523348333333

00:52:27.500 --> 00:52:30.288 bootstrapping in methods such as

NOTE Confidence: 0.904523348333333

00:52:30.288 --> 00:52:31.806 optimism corrected bootstrapping,

NOTE Confidence: 0.904523348333333

 $00:52:31.810 \longrightarrow 00:52:33.386$ you can overinflate things.

NOTE Confidence: 0.904523348333333

 $00:52:33.386 \longrightarrow 00:52:35.750$ So we just did this as

NOTE Confidence: 0.904523348333333

 $00:52:35.835 \longrightarrow 00:52:37.647$ a math exercise awhile.

NOTE Confidence: 0.904523348333333

 $00:52:37.650 \dashrightarrow 00:52:39.750$ We also used the regular regression

NOTE Confidence: 0.904523348333333

00:52:39.750 --> 00:52:42.746 approach to look at some of the clinical

NOTE Confidence: 0.904523348333333

 $00:52:42.746 \longrightarrow 00:52:45.038$ variables based on our clinical models.

NOTE Confidence: 0.904523348333333

00:52:45.040 --> 00:52:46.725 And machine model machine learning

NOTE Confidence: 0.904523348333333

00:52:46.725 --> 00:52:48.410 models didn't have much advantage

NOTE Confidence: 0.904523348333333

00:52:48.461 --> 00:52:49.797 over our regression models.

 $00:52:49.800 \longrightarrow 00:52:52.481$ The area under the curve across the

NOTE Confidence: 0.904523348333333

 $00{:}52{:}52.481 \dashrightarrow 00{:}52{:}54.790$ different approaches was was poor to fair.

NOTE Confidence: 0.85727284

 $00:52:57.030 \longrightarrow 00:53:00.070$ The the better way of doing these models,

NOTE Confidence: 0.85727284

00:53:00.070 --> 00:53:01.942 I think, is with unbiased resampling

NOTE Confidence: 0.85727284

 $00:53:01.942 \longrightarrow 00:53:03.990$ methods and they really had minimal

NOTE Confidence: 0.85727284

 $00:53:03.990 \longrightarrow 00:53:05.850$ advantage over our traditional models.

NOTE Confidence: 0.85727284

 $00:53:05.850 \longrightarrow 00:53:07.911$ So this is some of the ways in which

NOTE Confidence: 0.85727284

 $00{:}53{:}07.911 \dashrightarrow 00{:}53{:}10.131$ we you know we tried to think a

NOTE Confidence: 0.85727284

00:53:10.131 --> 00:53:12.338 little bit outside the box and to

NOTE Confidence: 0.85727284

 $00:53:12.338 \longrightarrow 00:53:13.979$ identify predictors of outcome which

NOTE Confidence: 0.85727284

00:53:13.979 --> 00:53:16.212 would really help us come up with

NOTE Confidence: 0.85727284

 $00:53:16.212 \longrightarrow 00:53:18.479$ better ways to target our treatments.

NOTE Confidence: 0.85727284

 $00:53:18.480 \longrightarrow 00:53:20.442$ And and to know ahead of time who who

NOTE Confidence: 0.85727284

00:53:20.442 --> 00:53:22.137 needs more attention and so forth.

NOTE Confidence: 0.85727284

 $00:53:22.140 \longrightarrow 00:53:24.120$ I will note that the analysis

 $00:53:24.120 \longrightarrow 00:53:25.840$ across different ways did converge

NOTE Confidence: 0.85727284

00:53:25.840 --> 00:53:27.540 in a couple notable ways.

NOTE Confidence: 0.85727284

 $00{:}53{:}27.540 \dashrightarrow 00{:}53{:}29.712$ Rapid response again emerged

NOTE Confidence: 0.85727284

 $00:53:29.712 \longrightarrow 00:53:32.879$ as a rather robust predictor.

NOTE Confidence: 0.85727284

 $00:53:32.879 \longrightarrow 00:53:34.958$ And then importantly,

NOTE Confidence: 0.85727284

 $00:53:34.960 \longrightarrow 00:53:38.128$ we bias internalization.

NOTE Confidence: 0.85727284

 $00{:}53{:}38.130 \dashrightarrow 00{:}53{:}39.804$ Which I highlighted early on in

NOTE Confidence: 0.85727284

00:53:39.804 --> 00:53:42.448 my talk on my sofa box about being

NOTE Confidence: 0.85727284

 $00:53:42.448 \longrightarrow 00:53:44.273$ respectful and polite to people.

NOTE Confidence: 0.85727284

 $00:53:44.280 \longrightarrow 00:53:46.432$ Because they couldn't internalize

NOTE Confidence: 0.85727284

 $00{:}53{:}46.432 \dashrightarrow 00{:}53{:}49.122$ some of these negative attitudes.

NOTE Confidence: 0.85727284

 $00:53:49.130 \longrightarrow 00:53:53.330$ Predicted poor binge eating and.

NOTE Confidence: 0.85727284

 $00:53:53.330 \longrightarrow 00:53:57.278$ Eating disorder psychopathology outcomes.

NOTE Confidence: 0.85727284

 $00{:}53{:}57.280 \dashrightarrow 00{:}53{:}58.440$ Another approach that we tried

NOTE Confidence: 0.85727284

 $00:53:58.440 \longrightarrow 00:54:00.180$ to use to kind of understand.

NOTE Confidence: 0.88664162

 $00:54:02.700 \longrightarrow 00:54:04.068$ How treatments work.

00:54:06.210 --> 00:54:08.120 Before I mentioned network analysis,

NOTE Confidence: 0.81424064

 $00{:}54{:}08.120 \dashrightarrow 00{:}54{:}11.110$ this is a network analysis.

NOTE Confidence: 0.81424064

00:54:11.110 --> 00:54:13.630 It's performed this is hot off

NOTE Confidence: 0.81424064

 $00{:}54{:}13.630 \dashrightarrow 00{:}54{:}15.990$ the press and under review.

NOTE Confidence: 0.81424064

 $00:54:15.990 \longrightarrow 00:54:18.400$ Reason to do this is.

NOTE Confidence: 0.81424064

 $00:54:18.400 \longrightarrow 00:54:19.800$ A lot about predictor analysis.

NOTE Confidence: 0.81424064

 $00:54:19.800 \longrightarrow 00:54:22.665$ Have looked at predicting intensities

NOTE Confidence: 0.81424064

 $00:54:22.665 \longrightarrow 00:54:25.530$ or outcomes of the symptoms.

NOTE Confidence: 0.81424064

 $00:54:25.530 \longrightarrow 00:54:27.874$ And this is an approach where we can

NOTE Confidence: 0.81424064

 $00{:}54{:}27.874 \dashrightarrow 00{:}54{:}30.316$ look at how does treatment impact

NOTE Confidence: 0.81424064

 $00{:}54{:}30.316 \dashrightarrow 00{:}54{:}34.170$ the way that symptoms are kind of

NOTE Confidence: 0.81424064

 $00:54:34.170 \longrightarrow 00:54:37.190$ interconnected or related to one another.

NOTE Confidence: 0.81424064

 $00:54:37.190 \longrightarrow 00:54:39.550$ And again you have.

NOTE Confidence: 0.81424064

 $00:54:39.550 \longrightarrow 00:54:42.406$ If you look at the left side,

NOTE Confidence: 0.81424064

 $00:54:42.410 \longrightarrow 00:54:44.609$ the first blue.

00:54:44.610 --> 00:54:46.716 Figure is what the network looks

NOTE Confidence: 0.81424064

 $00{:}54{:}46.716 \longrightarrow 00{:}54{:}48.557$ at Pretreatment II blue figure

NOTE Confidence: 0.81424064

00:54:48.557 --> 00:54:50.387 what the network looks like.

NOTE Confidence: 0.81424064

 $00:54:50.390 \longrightarrow 00:54:52.931$ It's at post treatment and then this

NOTE Confidence: 0.81424064

 $00:54:52.931 \longrightarrow 00:54:55.909$ the the final blue figure is what the

NOTE Confidence: 0.81424064

00:54:55.909 --> 00:54:58.668 network looks like at post at 12 month.

NOTE Confidence: 0.81424064

 $00:54:58.670 \longrightarrow 00:55:01.166$ Follow up the post and the follow up

NOTE Confidence: 0.81424064

 $00:55:01.166 \longrightarrow 00:55:03.419$ were very similar to one another.

NOTE Confidence: 0.81424064

 $00:55:03.420 \longrightarrow 00:55:06.234$ The indices for that are in those

NOTE Confidence: 0.81424064

 $00:55:06.234 \longrightarrow 00:55:09.025$ squares there and to take home message

NOTE Confidence: 0.81424064

 $00{:}55{:}09.025 \dashrightarrow 00{:}55{:}11.010$ here is at pretreatment overvaluation.

NOTE Confidence: 0.711088024333333

 $00:55:13.220 \longrightarrow 00:55:17.500$ Was the most central.

NOTE Confidence: 0.711088024333333

00:55:17.500 --> 00:55:20.408 A feature. And remember,

NOTE Confidence: 0.711088024333333

 $00:55:20.408 \longrightarrow 00:55:23.096$ I had highlighted that in a different

NOTE Confidence: 0.711088024333333

 $00:55:23.096 \longrightarrow 00:55:24.898$ analysis earlier on in a talk,

NOTE Confidence: 0.711088024333333

 $00:55:24.900 \longrightarrow 00:55:28.930$ so before treatment over valuation.

 $00:55:28.930 \longrightarrow 00:55:31.653$ What is the most Australian feature and

NOTE Confidence: 0.711088024333333

 $00:55:31.653 \longrightarrow 00:55:34.806$ you can see that in the right figure

NOTE Confidence: 0.711088024333333

 $00.55:34.806 \longrightarrow 00.55:37.560$ for over valuation in the green dot?

NOTE Confidence: 0.711088024333333

 $00:55:37.560 \longrightarrow 00:55:42.636$ At the end of treatment and at follow up.

NOTE Confidence: 0.711088024333333

00:55:42.640 --> 00:55:46.336 This satisfaction had the highest centrality,

NOTE Confidence: 0.711088024333333

 $00:55:46.340 \longrightarrow 00:55:49.373$ and you can see that in the right figure

NOTE Confidence: 0.711088024333333

 $00:55:49.373 \longrightarrow 00:55:51.721$ towards the bottom of the two circles

NOTE Confidence: 0.711088024333333

 $00:55:51.721 \longrightarrow 00:55:54.348$ that are way out towards the right.

NOTE Confidence: 0.711088024333333

 $00:55:54.350 \longrightarrow 00:55:56.942$ So the way to interpret this

NOTE Confidence: 0.711088024333333

 $00:55:56.942 \longrightarrow 00:55:59.579$ is not so much that we.

NOTE Confidence: 0.711088024333333

00:55:59.580 --> 00:56:01.980 I reduced overvaluation of shape and

NOTE Confidence: 0.711088024333333

 $00:56:01.980 \longrightarrow 00:56:04.310$ weight because you can't really say

NOTE Confidence: 0.711088024333333

 $00{:}56{:}04.310 \longrightarrow 00{:}56{:}07.520$ that in a valid way given some of the

NOTE Confidence: 0.711088024333333

 $00:56:07.520 \longrightarrow 00:56:09.326$ in's and outs of these analysis and

NOTE Confidence: 0.711088024333333

 $00:56:09.326 \longrightarrow 00:56:11.309$ some of the concepts in the math.

00:56:11.310 --> 00:56:13.482 And you also shouldn't say clinically

NOTE Confidence: 0.711088024333333

00:56:13.482 --> 00:56:15.762 that we, oh, great job Grillo,

NOTE Confidence: 0.711088024333333

 $00:56:15.762 \longrightarrow 00:56:17.110$ you, you and your team there.

NOTE Confidence: 0.711088024333333

00:56:17.110 --> 00:56:18.154 You increase the satisfaction

NOTE Confidence: 0.711088024333333

 $00:56:18.154 \longrightarrow 00:56:19.198$ with Wade and shape.

NOTE Confidence: 0.711088024333333

00:56:19.200 --> 00:56:20.550 That's not what's happening here.

NOTE Confidence: 0.711088024333333

 $00:56:20.550 \longrightarrow 00:56:21.732$ What's happening here?

NOTE Confidence: 0.711088024333333

 $00:56:21.732 \longrightarrow 00:56:24.096$ Is the relationships among the symptoms

NOTE Confidence: 0.711088024333333

 $00:56:24.096 \longrightarrow 00:56:26.164$ and the features of the disorder

NOTE Confidence: 0.711088024333333

00:56:26.164 --> 00:56:28.699 and what I will highlight is if you

NOTE Confidence: 0.711088024333333

 $00{:}56{:}28.699 \dashrightarrow 00{:}56{:}30.415$ look at those squiggly lines there

NOTE Confidence: 0.711088024333333

00:56:30.415 --> 00:56:33.182 and you match them up with network

NOTE Confidence: 0.711088024333333

 $00:56:33.182 \longrightarrow 00:56:35.376$ analysis of similar constructs in

NOTE Confidence: 0.711088024333333

 $00{:}56{:}35.376 \dashrightarrow 00{:}56{:}37.268$ people without eating disorders,

NOTE Confidence: 0.711088024333333

 $00:56:37.270 \longrightarrow 00:56:39.270$ they look rather similar.

NOTE Confidence: 0.924884181111111

 $00:56:43.090 \longrightarrow 00:56:44.265$ Other ways in which we

 $00:56:44.265 \longrightarrow 00:56:45.205$ are looking at treatment.

NOTE Confidence: 0.924884181111111

 $00:56:45.210 \longrightarrow 00:56:48.050$ Let me just go back.

NOTE Confidence: 0.924884181111111

00:56:48.050 --> 00:56:52.368 Is I mentioned? This study,

NOTE Confidence: 0.924884181111111

00:56:52.368 --> 00:56:55.626 Doctor Potenza group and I have

NOTE Confidence: 0.924884181111111

00:56:55.626 --> 00:56:58.090 a have an NIH grant grant in

NOTE Confidence: 0.924884181111111

00:56:58.187 --> 00:57:00.989 which we are integrating F MRI.

NOTE Confidence: 0.9182937

00:57:03.810 --> 00:57:05.620 Protocols before and after treatment,

NOTE Confidence: 0.9182937

 $00:57:05.620 \longrightarrow 00:57:06.964$ along with neurocognitive testing

NOTE Confidence: 0.9182937

00:57:06.964 --> 00:57:08.308 before and after treatment,

NOTE Confidence: 0.9182937

 $00:57:08.310 \longrightarrow 00:57:10.749$ also is a way to look at both predictors,

NOTE Confidence: 0.9182937

 $00:57:10.750 \longrightarrow 00:57:14.800$ but also potential moderators of treatment,

NOTE Confidence: 0.9182937

 $00:57:14.800 \longrightarrow 00:57:16.768$ neurobiological and or psychiatric

NOTE Confidence: 0.9182937

 $00{:}57{:}16.768 \dashrightarrow 00{:}57{:}19.720$ moderators of treatment and by looking

NOTE Confidence: 0.9182937

 $00{:}57{:}19.795 \dashrightarrow 00{:}57{:}23.740$ at some of the changes that occur.

NOTE Confidence: 0.9182937

 $00:57:23.740 \longrightarrow 00:57:27.034$ We will gain glimpses into potential

 $00:57:27.034 \longrightarrow 00:57:30.260$ mediators and mechanisms of the change,

NOTE Confidence: 0.9182937

 $00:57:30.260 \longrightarrow 00:57:33.956$ and that could also eventually guide him

NOTE Confidence: 0.9182937

 $00:57:33.956 \longrightarrow 00:57:37.008$ more rational approach to ahead of time.

NOTE Confidence: 0.9182937

 $00:57:37.008 \longrightarrow 00:57:38.476$ Telling a patient well.

NOTE Confidence: 0.9182937

00:57:38.480 --> 00:57:41.720 Yeah, CBT and have LDX given

NOTE Confidence: 0.9182937

 $00:57:41.720 \longrightarrow 00:57:42.880$ this this and this.

NOTE Confidence: 0.9182937

 $00:57:42.880 \longrightarrow 00:57:44.536$ I would suggest this for you,

NOTE Confidence: 0.9182937

 $00:57:44.540 \longrightarrow 00:57:48.248$ so that's another area that hopefully.

NOTE Confidence: 0.9182937

 $00{:}57{:}48.250 \dashrightarrow 00{:}57{:}49.702$ Will have the opportunity to report

NOTE Confidence: 0.9182937

 $00:57:49.702 \longrightarrow 00:57:51.400$ to you at some point in time.

NOTE Confidence: 0.946479

 $00{:}57{:}54.270 --> 00{:}57{:}55.320$ So in summary.

NOTE Confidence: 0.893426385714286

 $00:57:57.750 \longrightarrow 00:57:59.094$ Please recognize the

NOTE Confidence: 0.893426385714286

00:57:59.094 --> 00:58:00.886 broader context of obesity,

NOTE Confidence: 0.893426385714286

 $00:58:00.890 \longrightarrow 00:58:03.796$ stigma and chain and shame and the

NOTE Confidence: 0.893426385714286

 $00:58:03.796 \longrightarrow 00:58:05.688$ important body image constructs.

NOTE Confidence: 0.893426385714286

 $00:58:05.690 \longrightarrow 00:58:07.636$ Big take home message for patients is

 $00:58:07.636 \longrightarrow 00:58:09.650$ that there are effective treatments.

NOTE Confidence: 0.893426385714286

 $00:58:09.650 \longrightarrow 00:58:10.342$ These treatments,

NOTE Confidence: 0.893426385714286

00:58:10.342 --> 00:58:12.764 some of them can help very quickly.

NOTE Confidence: 0.893426385714286

 $00:58:12.770 \longrightarrow 00:58:14.245$ On average our patients have

NOTE Confidence: 0.893426385714286

 $00:58:14.245 \longrightarrow 00:58:15.720$ suffered in silence without coming

NOTE Confidence: 0.893426385714286

 $00:58:15.770 \longrightarrow 00:58:17.270$ for treatment for over 10 years.

NOTE Confidence: 0.893426385714286

00:58:17.270 --> 00:58:19.290 That's consistent with epidemiologic data

NOTE Confidence: 0.893426385714286

 $00{:}58{:}19.290 \to 00{:}58{:}21.310$ regarding long persistence and duration.

NOTE Confidence: 0.893426385714286

 $00:58:21.310 \longrightarrow 00:58:23.844$ Of these problems when they go untreated,

NOTE Confidence: 0.893426385714286

00:58:23.850 --> 00:58:25.422 our treatments often help

NOTE Confidence: 0.893426385714286

 $00:58:25.422 \longrightarrow 00:58:26.994$ people within a month.

NOTE Confidence: 0.893426385714286

 $00:58:27.000 \longrightarrow 00:58:29.196$ So there are effective treatments and

NOTE Confidence: 0.893426385714286

 $00{:}58{:}29.196 \dashrightarrow 00{:}58{:}30.987$ some can help quickly pharmacotherapy.

NOTE Confidence: 0.893426385714286

 $00{:}58{:}30.987 \dashrightarrow 00{:}58{:}32.622$ There's only one FDA approved

NOTE Confidence: 0.893426385714286

 $00:58:32.622 \longrightarrow 00:58:33.930$ medication down the X,

 $00:58:33.930 \longrightarrow 00:58:35.862$ or the others would be using off

NOTE Confidence: 0.893426385714286

 $00:58:35.862 \longrightarrow 00:58:37.439$ label and presented some of that,

NOTE Confidence: 0.893426385714286

 $00:58:37.440 \longrightarrow 00:58:38.824$ or regarding utility to

NOTE Confidence: 0.893426385714286

 $00:58:38.824 \longrightarrow 00:58:40.554$ pirate made for some people,

NOTE Confidence: 0.893426385714286

00:58:40.560 --> 00:58:41.736 even though that's a tricky medicine,

NOTE Confidence: 0.893426385714286

 $00:58:41.740 \longrightarrow 00:58:43.156$ it's hard to get people up to 300,

NOTE Confidence: 0.893426385714286

00:58:43.160 --> 00:58:44.858 four, 100 milligrams, which you have,

NOTE Confidence: 0.893426385714286

 $00:58:44.860 \longrightarrow 00:58:45.980$ which is what you have to do.

NOTE Confidence: 0.893426385714286

00:58:45.980 --> 00:58:47.076 But if you can,

NOTE Confidence: 0.893426385714286

00:58:47.076 --> 00:58:48.446 does have some nice outcomes,

NOTE Confidence: 0.893426385714286

 $00{:}58{:}48.450 \dashrightarrow 00{:}58{:}49.980$ at least over the short term.

NOTE Confidence: 0.893426385714286

 $00:58:49.980 \longrightarrow 00:58:51.552$ Psychological treatments include

NOTE Confidence: 0.893426385714286

 $00:58:51.552 \longrightarrow 00:58:53.648$ several specific evidence based

NOTE Confidence: 0.893426385714286

 $00:58:53.648 \longrightarrow 00:58:55.220$ focal manualized treatments,

NOTE Confidence: 0.893426385714286

00:58:55.220 --> 00:58:56.984 most notably CBT, IPT,

NOTE Confidence: 0.893426385714286

 $00{:}58{:}56.984 \dashrightarrow 00{:}58{:}58.748$ and behavioral weight loss.

 $00:58:58.750 \longrightarrow 00:59:00.682$ And what you see with those treatments

NOTE Confidence: 0.893426385714286

 $00:59:00.682 \longrightarrow 00:59:02.549$ is that over 50% of the patients

NOTE Confidence: 0.893426385714286

 $00:59:02.549 \longrightarrow 00:59:04.187$ seem to benefit a great deal,

NOTE Confidence: 0.893426385714286

 $00:59:04.190 \longrightarrow 00:59:06.128$ and they have durable outcomes over

NOTE Confidence: 0.893426385714286

00:59:06.128 --> 00:59:08.620 two to five years follow up and in

NOTE Confidence: 0.893426385714286

00:59:08.620 --> 00:59:10.095 pharmacotherapy to CBT and behavioral

NOTE Confidence: 0.893426385714286

 $00:59:10.095 \longrightarrow 00:59:11.994$ weight loss has generally failed to

NOTE Confidence: 0.893426385714286

 $00{:}59{:}11.994 \dashrightarrow 00{:}59{:}13.594$ enhance either with the medications

NOTE Confidence: 0.893426385714286

 $00:59:13.594 \longrightarrow 00:59:15.269$ that have been tested to date,

NOTE Confidence: 0.893426385714286

 $00:59:15.270 \longrightarrow 00:59:16.806$ but emerging research as

NOTE Confidence: 0.893426385714286

00:59:16.806 --> 00:59:18.726 I presented from our lab,

NOTE Confidence: 0.893426385714286

 $00:59:18.730 \longrightarrow 00:59:20.882$ is testing combination approved

NOTE Confidence: 0.893426385714286

 $00{:}59{:}20.882 \dashrightarrow 00{:}59{:}23.572$ approaches using new medications that,

NOTE Confidence: 0.893426385714286

00:59:23.580 --> 00:59:25.148 from a mechanistic perspective,

NOTE Confidence: 0.893426385714286

 $00:59:25.148 \longrightarrow 00:59:27.546$ should have a greater synergistic effect.

00:59:27.546 --> 00:59:30.437 And we're working on coming up with

NOTE Confidence: 0.893426385714286

 $00{:}59{:}30.437 \dashrightarrow 00{:}59{:}32.306$ treatment research to integrate

NOTE Confidence: 0.893426385714286

00:59:32.306 --> 00:59:34.018 methods to identify predictors,

NOTE Confidence: 0.893426385714286

00:59:34.018 --> 00:59:36.098 moderators, and processes of change,

NOTE Confidence: 0.893426385714286

 $00:59:36.100 \longrightarrow 00:59:38.165$ and we hope that this would lead

NOTE Confidence: 0.893426385714286

 $00:59:38.165 \longrightarrow 00:59:39.536$ to more rational prescription

NOTE Confidence: 0.893426385714286

 $00:59:39.536 \longrightarrow 00:59:42.918$ of truth treatments over time.

NOTE Confidence: 0.893426385714286

00:59:42.920 --> 00:59:46.371 I am quite indebted to my colleagues

NOTE Confidence: 0.893426385714286

 $00{:}59{:}46.371 \dashrightarrow 00{:}59{:}49.464$ at power like to acknowledge Dr.

NOTE Confidence: 0.893426385714286

00:59:49.464 --> 00:59:52.532 Lydecker and or my associate directors,

NOTE Confidence: 0.893426385714286

 $00:59:52.532 \longrightarrow 00:59:56.120$ our faculty. These are our current faculty.

NOTE Confidence: 0.893426385714286

00:59:56.120 --> 00:59:58.488 We have many faculty who have left us

NOTE Confidence: 0.893426385714286

 $00:59:58.488 \longrightarrow 01:00:00.942$ for their own programs and leadership

NOTE Confidence: 0.893426385714286

 $01:00:00.942 \longrightarrow 01:00:02.738$ positions here and elsewhere.

NOTE Confidence: 0.893426385714286

01:00:02.740 --> 01:00:05.799 These are our current faculty and most

NOTE Confidence: 0.893426385714286

 $01:00:05.799 \longrightarrow 01:00:09.178$ indebted to them for their collaborations.

01:00:09.180 --> 01:00:12.756 We also have a number of study physicians

NOTE Confidence: 0.893426385714286

01:00:12.756 --> 01:00:15.338 and coinvestigators gentek under Johnston,

NOTE Confidence: 0.893426385714286

01:00:15.340 --> 01:00:17.056 Prof and Jorge Moreno.

NOTE Confidence: 0.893426385714286

 $01:00:17.056 \longrightarrow 01:00:20.345$ And here we have our medical input

NOTE Confidence: 0.893426385714286

01:00:20.345 --> 01:00:22.837 comes as represents psychiatry,

NOTE Confidence: 0.893426385714286

 $01:00:22.840 \longrightarrow 01:00:26.110$ endocrinology and internal medicine so.

NOTE Confidence: 0.893426385714286

 $01:00:26.110 \longrightarrow 01:00:27.698$ It's a very rich.

NOTE Confidence: 0.89344239

 $01:00:30.430 \longrightarrow 01:00:31.420$ And stimulating.

NOTE Confidence: 0.8889537

01:00:35.600 --> 01:00:37.684 Constant discussions and then

NOTE Confidence: 0.8889537

 $01:00:37.684 \longrightarrow 01:00:39.247$ I'll postdoctoral associates.

NOTE Confidence: 0.8889537

 $01{:}00{:}39.250 \dashrightarrow 01{:}00{:}41.520$ These are our current Coast postdoctoral

NOTE Confidence: 0.8889537

 $01:00:41.520 \longrightarrow 01:00:44.520$ associates who deliver the treatments

NOTE Confidence: 0.8889537

 $01{:}00{:}44.520 \dashrightarrow 01{:}00{:}47.118$ faithfully at a very high level.

NOTE Confidence: 0.8889537

 $01:00:47.120 \longrightarrow 01:00:48.980$ Our retention rates are remarkable.

NOTE Confidence: 0.8889537

 $01:00:48.980 \longrightarrow 01:00:50.792$ Both of completion treatments as well

 $01:00:50.792 \longrightarrow 01:00:52.720$ As for the completion of retention,

NOTE Confidence: 0.8889537

 $01:00:52.720 \longrightarrow 01:00:54.432$ follow-up assessments, and then,

NOTE Confidence: 0.8889537

01:00:54.432 --> 01:00:56.144 through our pre doctoral

NOTE Confidence: 0.8889537

01:00:56.144 --> 01:00:57.740 and research assistants,

NOTE Confidence: 0.8889537

 $01:00:57.740 \longrightarrow 01:01:00.255$ who somehow keep the machinery

NOTE Confidence: 0.8889537

 $01:01:00.255 \longrightarrow 01:01:03.120$ of the bazillions of pieces of.

NOTE Confidence: 0.8889537

01:01:03.120 --> 01:01:05.416 Of of data in an organized way,

NOTE Confidence: 0.8889537

 $01:01:05.420 \longrightarrow 01:01:07.450$ and we don't let people fall through

NOTE Confidence: 0.8889537

 $01{:}07.450 \dashrightarrow 01{:}01{:}09.190$ the cracks and we get everything

NOTE Confidence: 0.8889537

 $01:01:09.190 \longrightarrow 01:01:11.066$ done that we need to get done

NOTE Confidence: 0.8889537

 $01{:}01{:}11.124 \dashrightarrow 01{:}01{:}12.962$ and we are most appreciative of

NOTE Confidence: 0.8889537

01:01:12.962 --> 01:01:15.908 their efforts and finally to the

NOTE Confidence: 0.8889537

 $01:01:15.908 \longrightarrow 01:01:20.808$ thousands of patients who have.

NOTE Confidence: 0.8889537

 $01:01:20.810 \longrightarrow 01:01:22.980$ Come to us for help and have

NOTE Confidence: 0.8889537

 $01:01:22.980 \longrightarrow 01:01:24.908$ been most generous of their time,

NOTE Confidence: 0.8889537

 $01:01:24.910 \longrightarrow 01:01:27.206$ and they've had the courage to share

 $01:01:27.206 \longrightarrow 01:01:29.290$ with us and reach out for help.

NOTE Confidence: 0.8889537

01:01:29.290 --> 01:01:29.814 But then,

NOTE Confidence: 0.8889537

01:01:29.814 --> 01:01:31.648 even long after the treatments are done,

NOTE Confidence: 0.8889537

01:01:31.650 --> 01:01:33.337 they stay in touch with us and

NOTE Confidence: 0.8889537

01:01:33.337 --> 01:01:34.870 how long follow-up studies to let

NOTE Confidence: 0.8889537

 $01:01:34.870 \longrightarrow 01:01:36.376$ us know what's going well and

NOTE Confidence: 0.8889537

 $01:01:36.376 \longrightarrow 01:01:37.570$ what's not going so well.

NOTE Confidence: 0.8889537

 $01:01:37.570 \longrightarrow 01:01:39.054$ And that's the only way we can

NOTE Confidence: 0.8889537

 $01:01:39.054 \longrightarrow 01:01:40.463$ get a little bit better at

NOTE Confidence: 0.8889537

 $01:01:40.463 \longrightarrow 01:01:41.909$ doing what we're trying to do.

NOTE Confidence: 0.8889537

 $01:01:41.910 \longrightarrow 01:01:43.050$ We need to get better,

NOTE Confidence: 0.8889537

 $01:01:43.050 \longrightarrow 01:01:45.120$ so we really appreciate the giving

NOTE Confidence: 0.8889537

 $01:01:45.120 \longrightarrow 01:01:47.676$ of these patients as they share these

NOTE Confidence: 0.8889537

 $01:01:47.676 \longrightarrow 01:01:50.266$ very private and sensitive issues with us.

NOTE Confidence: 0.8889537

 $01:01:50.270 \longrightarrow 01:01:51.242$ Before I take questions.

 $01:01:51.242 \longrightarrow 01:01:53.548$ Put in a plug for one of our studies.

NOTE Confidence: 0.8889537

 $01:01:53.550 \longrightarrow 01:01:56.160$ Any of you have in various

NOTE Confidence: 0.8889537

 $01:01:56.160 \longrightarrow 01:01:57.465$ clinics and programs.

NOTE Confidence: 0.8889537

 $01:01:57.470 \longrightarrow 01:02:00.330$ People who might have binge

NOTE Confidence: 0.8889537

 $01:02:00.330 \longrightarrow 01:02:02.618$ eating disorder or concerns.

NOTE Confidence: 0.8889537

01:02:02.620 --> 01:02:04.220 Here's one of our Flyers.

NOTE Confidence: 0.8889537

 $01:02:04.220 \longrightarrow 01:02:07.492$ We thank YCCI for their excellence

NOTE Confidence: 0.8889537

 $01:02:07.492 \longrightarrow 01:02:08.636$ in creating good Flyers.

NOTE Confidence: 0.8889537

01:02:08.640 --> 01:02:09.700 The language we use there,

NOTE Confidence: 0.8889537

 $01:02:09.700 \longrightarrow 01:02:12.440$ by the way, was carefully.

NOTE Confidence: 0.8889537

 $01{:}02{:}12.440 \dashrightarrow 01{:}02{:}13.940$ An obsession really thought out.

NOTE Confidence: 0.8889537

 $01:02:13.940 \longrightarrow 01:02:15.278$ Given several studies that we did

NOTE Confidence: 0.8889537

 $01:02:15.278 \longrightarrow 01:02:16.746$ in terms with our patient groups

NOTE Confidence: 0.8889537

 $01:02:16.746 \longrightarrow 01:02:18.342$ and different settings and times in

NOTE Confidence: 0.8889537

 $01:02:18.342 \longrightarrow 01:02:19.885$ the course of their illnesses to

NOTE Confidence: 0.8889537

 $01{:}02{:}19.885 \dashrightarrow 01{:}02{:}21.325$ figure out what kinds of language

 $01{:}02{:}21.330 \dashrightarrow 01{:}02{:}24.198$ in terms they find least offensive.

NOTE Confidence: 0.8889537

 $01:02:24.200 \longrightarrow 01:02:26.000$ So thank you very much.