

Understanding how Vyvanse works to treat Binge-Eating Disorder

Do you binge-eat at least 3 days a week?

Are you distressed about your binge eating?

You may be eligible to participate in a clinical trial looking at how the medication VYVANSE works to reduce binge-eating symptoms, if:

- You are 18-40 years old
- You have Moderate to Severe Binge-Eating Disorder (if you are unsure, use the form on the next page as a guide)
- Your Body Mass Index is 20 – 45kg/m²

The trial runs for 8 weeks and you would need to:

- Attend Westmead Institute for Medical Research & Westmead Hospital twice (before medication and after 8 weeks of medication) to complete interviews, questionnaires, cognitive tests, and brain scans.
- Have a blood pressure check at week 2, at Westmead or by your GP.
- Have a doctors appointment at Westmead Hospital at week 4, to check your medication dose.

During the trial, you would not be able to use any other treatments for your binge-eating symptoms.

If you are interested, please contact Jenny:

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This study is sponsored by the University of Sydney and has been approved by the WSLHD Human Research Ethics Committee.

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Please use this form as a guide only. It should not be used for diagnostic purposes.

The following questions ask about your eating patterns and behaviors within the last 3 months. For each question, choose the answer that best applies to you.

| | | |
|--|-----|----|
| 1. During the last 3 months, did you have any episodes of excessive overeating (i.e., eating significantly more than what most people would eat in a similar period of time)? | Yes | No |
|--|-----|----|

NOTE: IF YOU ANSWERED "NO" TO QUESTION 1, YOU MAY STOP. THE REMAINING QUESTIONS DO NOT APPLY TO YOU.

| | | |
|---|-----|----|
| 2. Do you feel distressed about your episodes of excessive overeating? | Yes | No |
|---|-----|----|

| Within the past 3 months... | Never or Rarely | Sometimes | Often | Always |
|--|-----------------|-----------|-------|--------|
| 3. During your episodes of excessive overeating, how often did you feel like you had no control over your eating (e.g., not being able to stop eating, feel compelled to eat, or going back and forth for more food)? | | | | |
| 4. During your episodes of excessive overeating, how often did you continue eating even though you were not hungry? | | | | |
| 5. During your episodes of excessive overeating, how often were you embarrassed by how much you ate? | | | | |
| 6. During your episodes of excessive overeating, how often did you feel disgusted with yourself or guilty afterward? | | | | |
| 7. During the last 3 months, how often did you make yourself vomit as a means to control your weight or shape? | | | | |

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