

# Appendix P: Clinical evidence – forest plots for all studies

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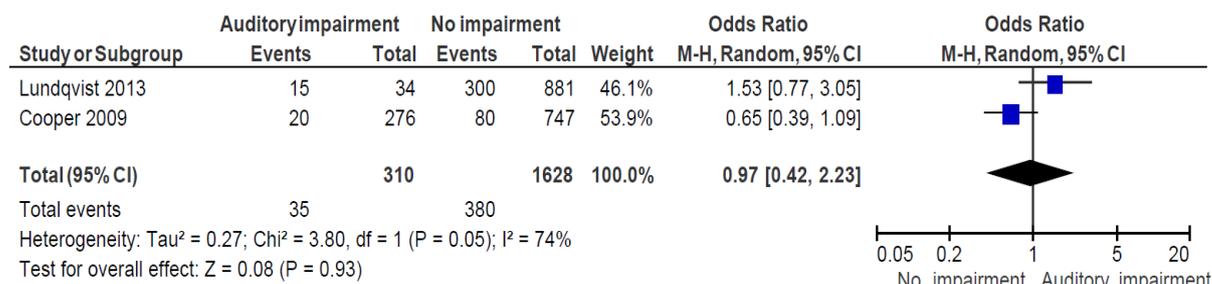
## Abbreviations

CBT	cognitive behavioural therapy
CI	confidence interval
CSHQ	Children’s Sleep Habits Questionnaire
C & YP	children and young people
EBI	early behavioural intervention
EIBI	Early Intensive Behavioural Intervention
HHHR	hand-held health record
ICD-10	International Statistical Classification of Diseases and Related Health Problems (10 <sup>th</sup> edition)
M-H	Mantel-Haenszel
PAS-ADD	Psychiatric Assessment Schedule for Adults with a Developmental Disability Checklist
ROC	receiver operating characteristic
SD	standard deviation
SSTP	Stepping Stones Triple-P
TAU	treatment as usual

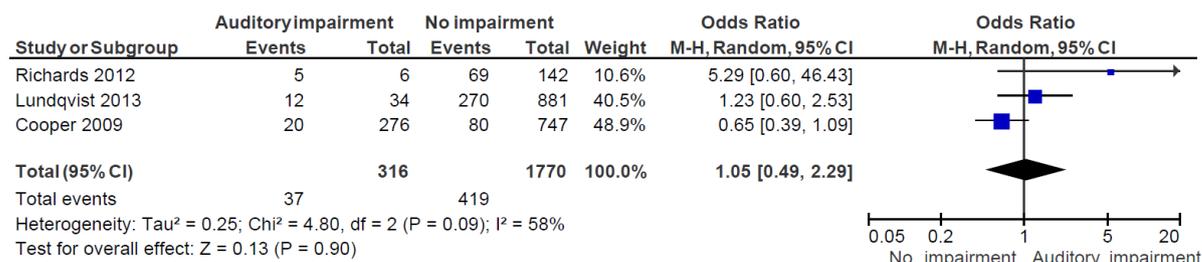
## A.1 Risk markers associated with the development of behaviour that challenges

### A.1.1 Auditory impairment

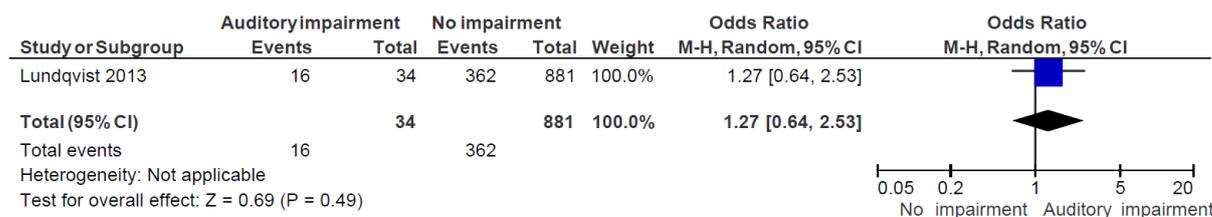
#### A.1.1.1 Auditory impairment versus no auditory impairment as a risk factor for all aggression (physical, verbal and destructive)



#### A.1.1.2 Auditory impairment versus no auditory impairment as a risk factor for self-injury

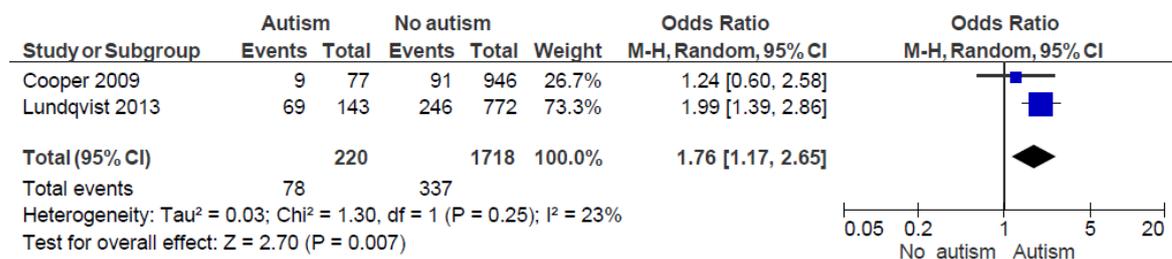


#### A.1.1.3 Auditory impairment versus no auditory impairment as a risk factor for stereotypy

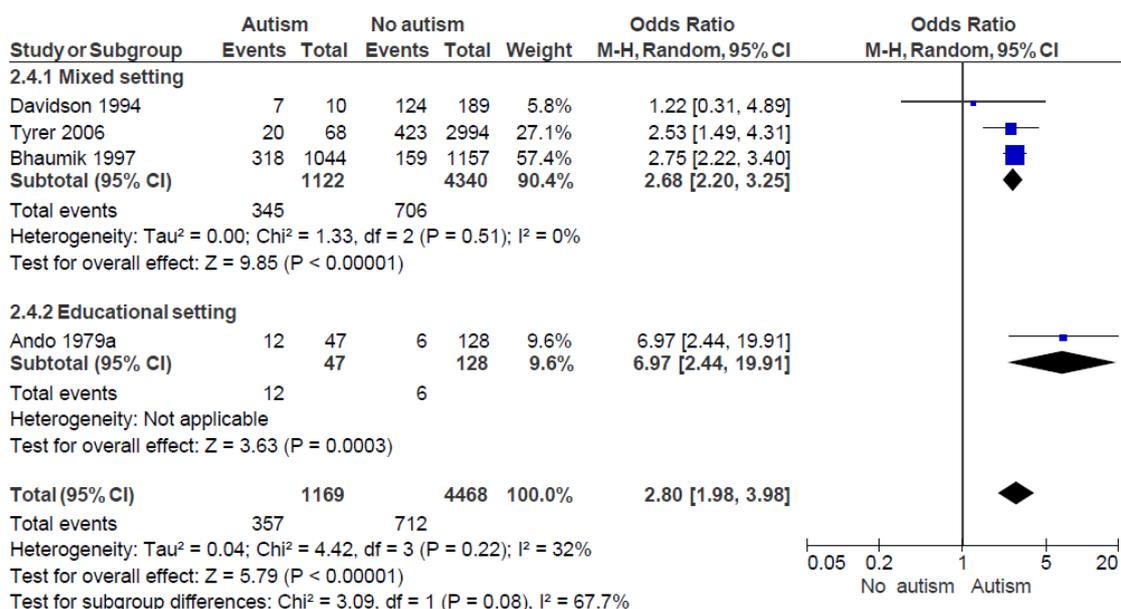


### A.1.2 Autism diagnosis

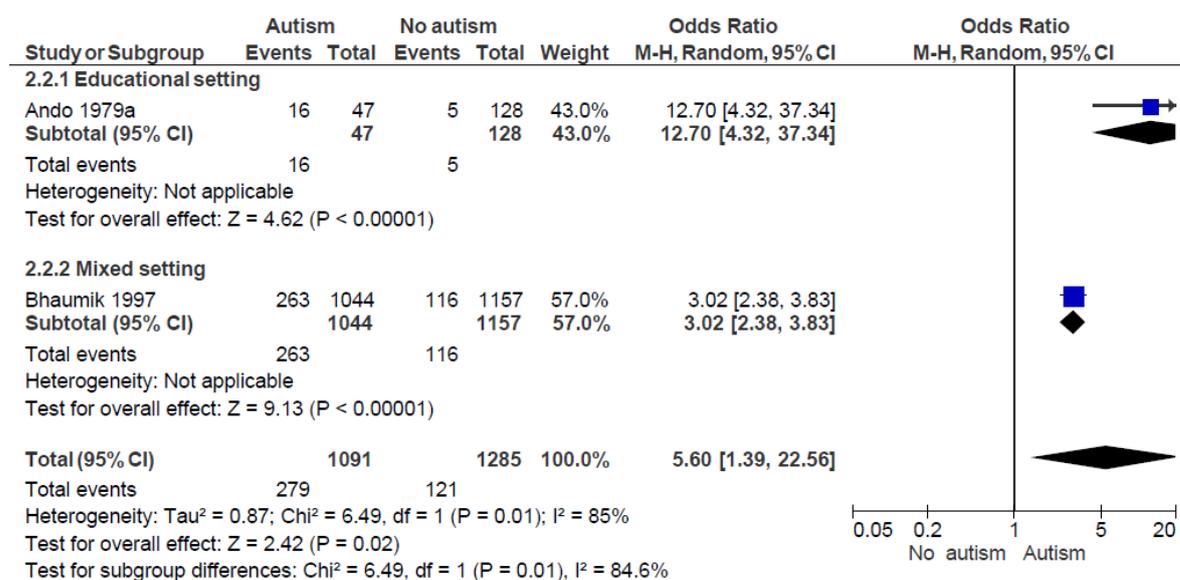
#### A.1.2.1 Autism diagnosis versus no autism diagnosis as a risk factor for all aggression (physical, verbal and destructive)



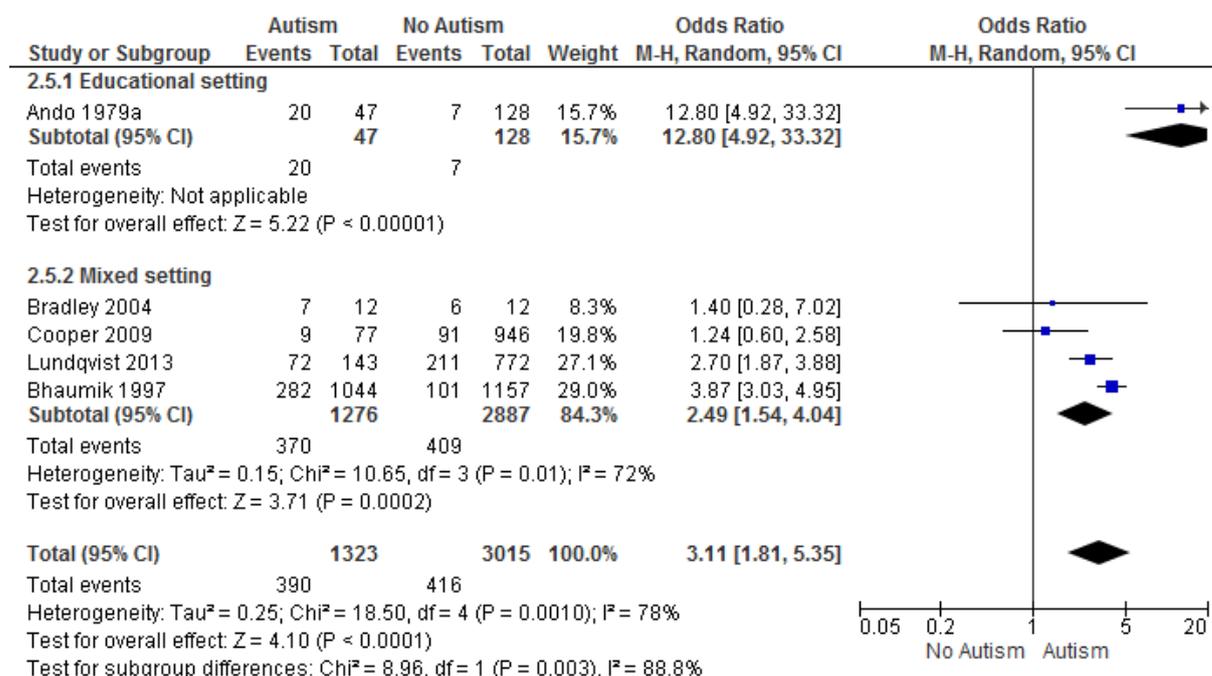
### A.1.2.2 Autism diagnosis versus no autism diagnosis as a risk factor for physical aggression



### Autism diagnosis versus no autism diagnosis as a risk factor for destruction of property

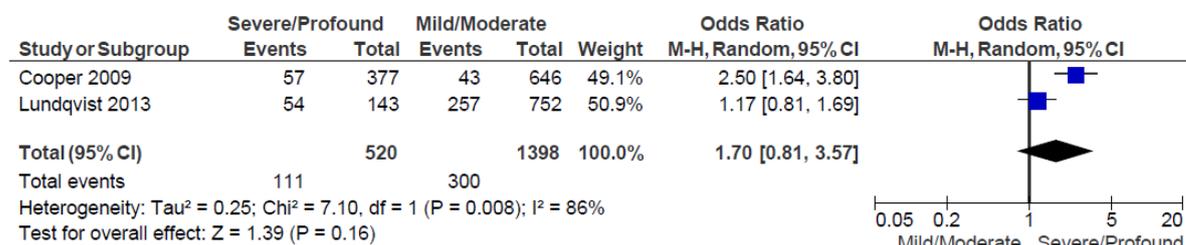


### A.1.2.3 Autism diagnosis versus no autism diagnosis as a risk factor for self-injury

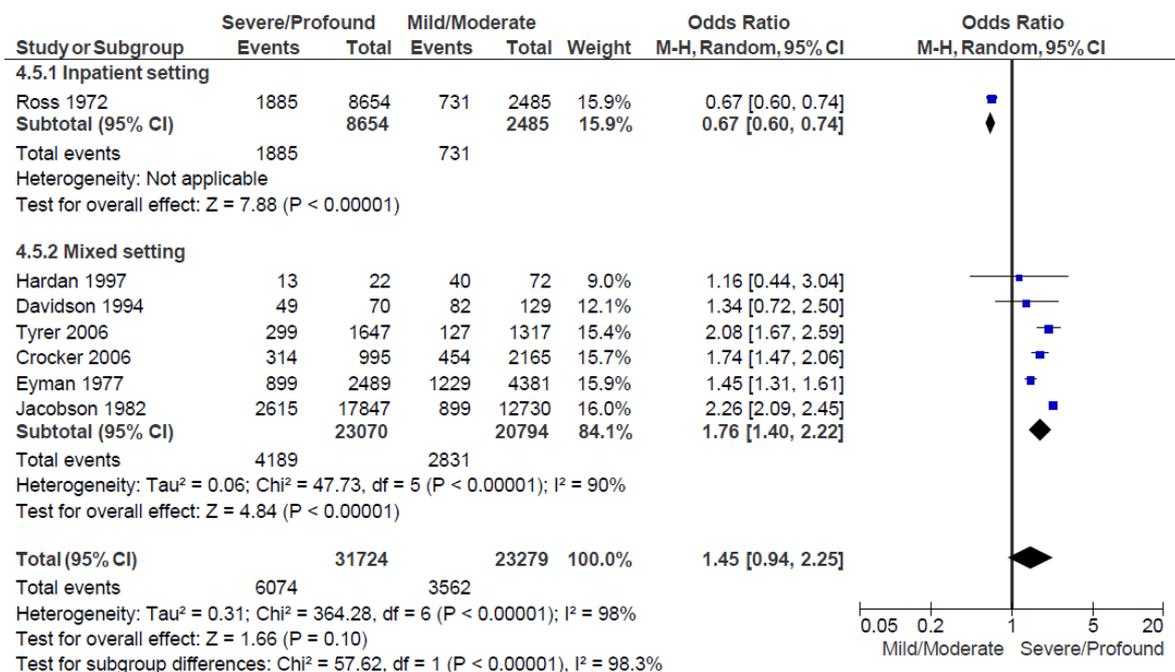


### A.1.3 Degree of learning disability

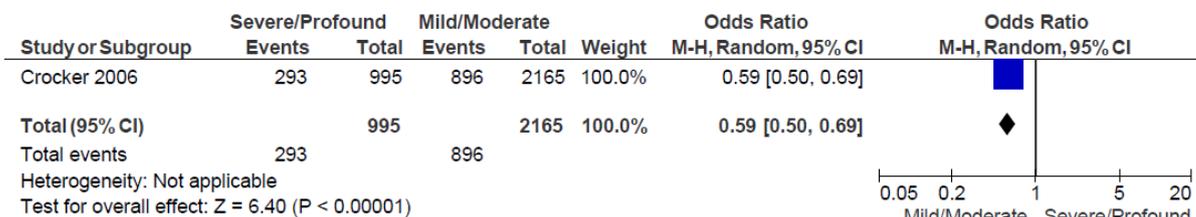
#### A.1.3.1 Mild/moderate learning disability versus severe/profound learning disability as a risk factor for all aggression (physical, verbal and destructive)



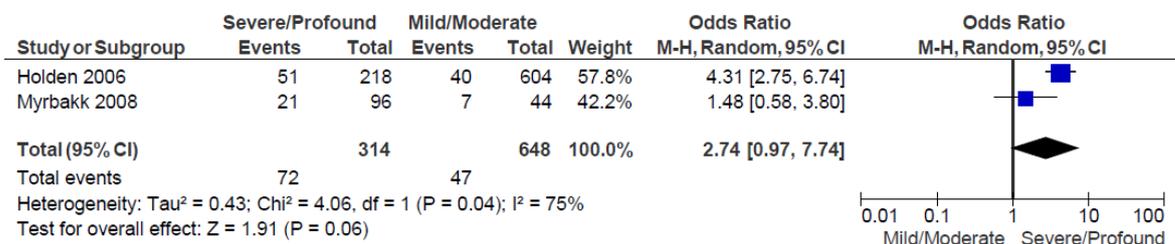
### A.1.3.2 Mild/moderate learning disability versus severe/profound learning disability as a risk factor for physical aggression



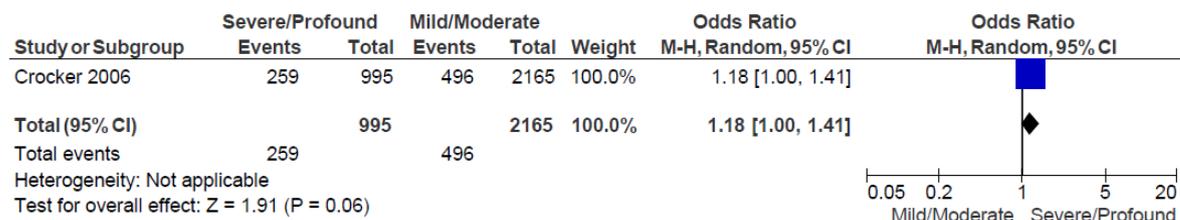
### A.1.3.3 Mild/moderate learning disability versus severe/profound learning disability as a risk factor for verbal aggression



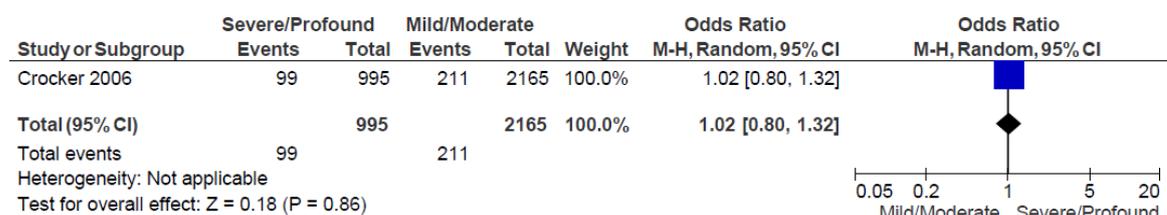
### A.1.3.4 Mild/moderate learning disability versus severe/profound learning disability as a risk factor for all challenging behaviour (physical aggression, self-injury, destructive behaviour and aberrant behaviour [measured by the Aberrant Behaviour Checklist])



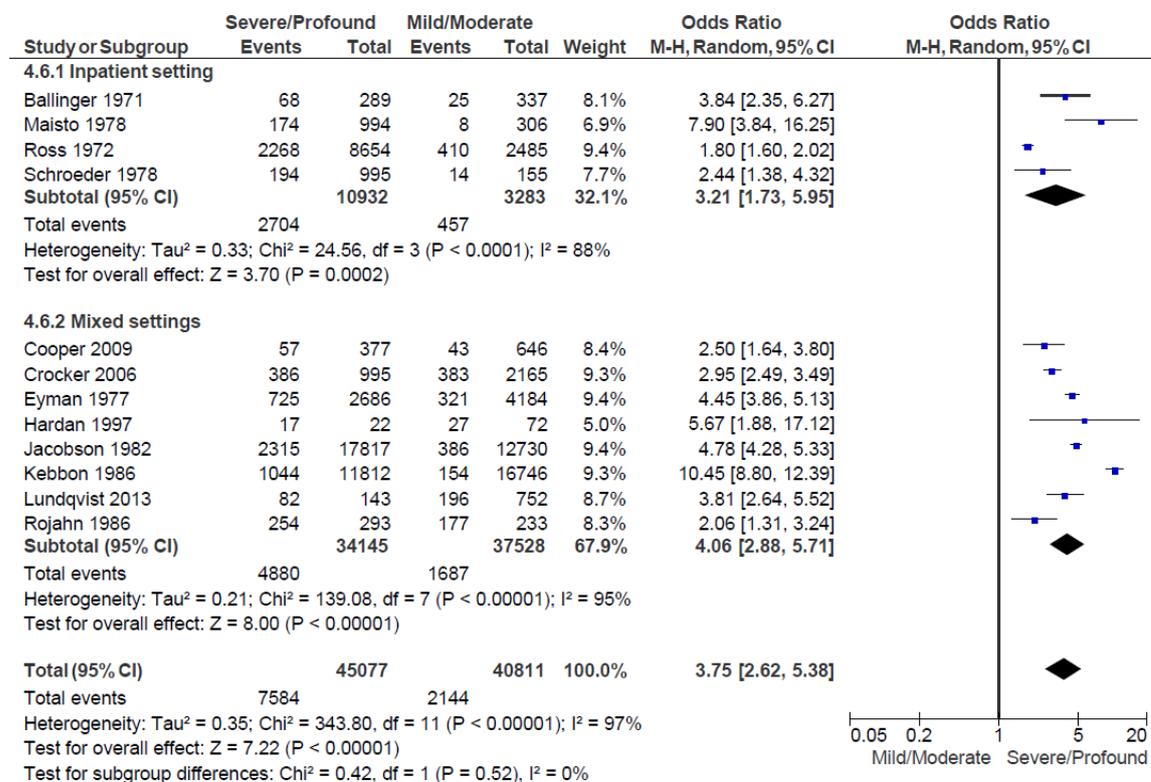
### A.1.3.5 Mild/moderate learning disability versus severe/profound learning disability as a risk factor for destruction of property



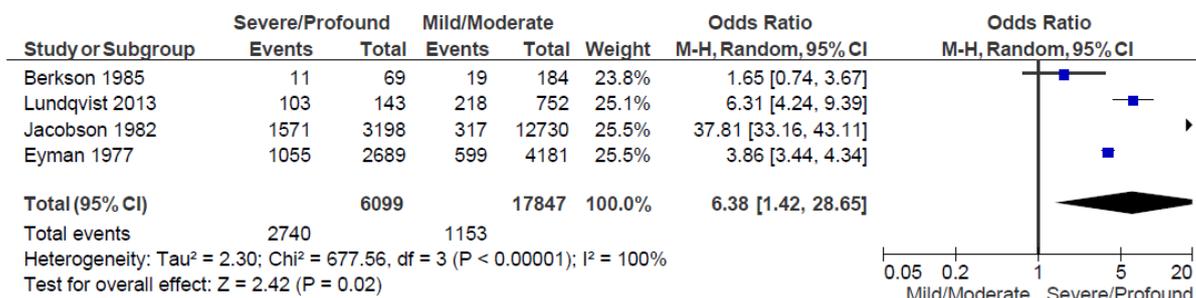
### A.1.3.6 Mild/moderate learning disability versus severe/profound learning disability as a risk factor for inappropriate sexual behaviour



### A.1.3.7 Mild/moderate learning disability versus severe/profound learning disability as a risk factor for self-injury

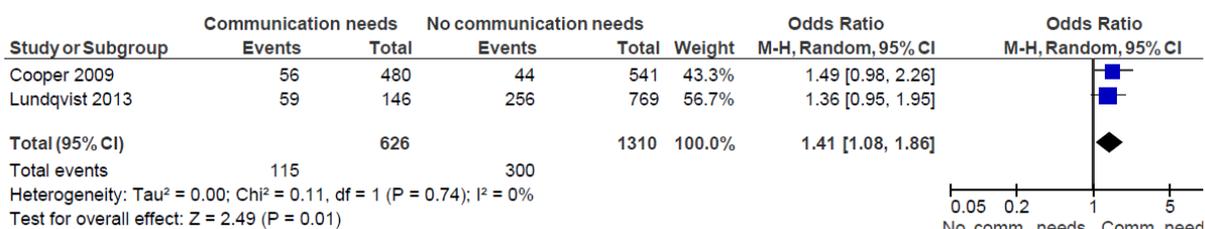


### A.1.3.8 Mild/moderate learning disability versus severe/profound learning disability as a risk factor for stereotypy

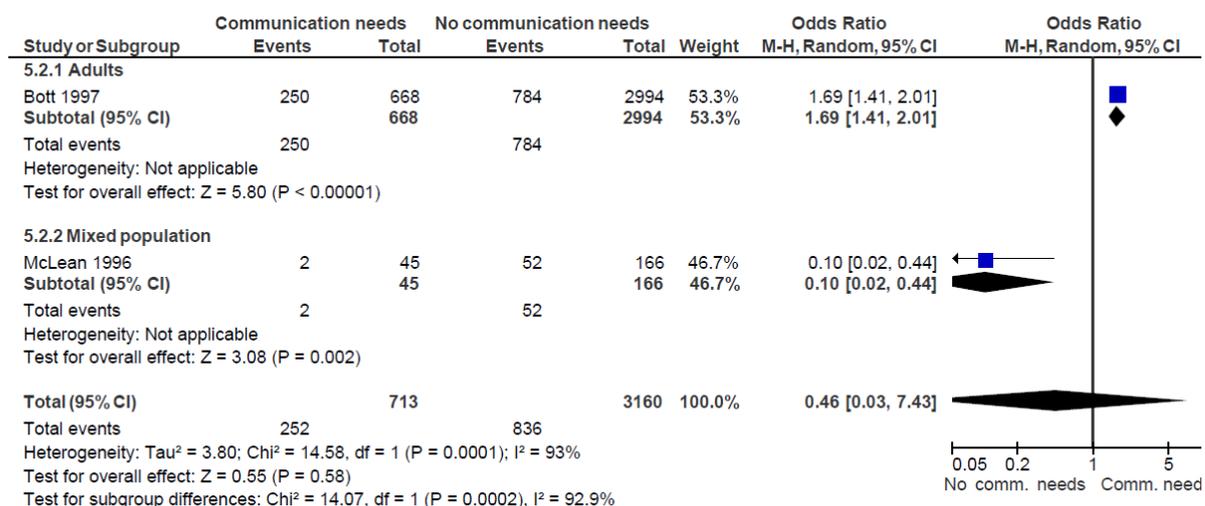


### A.1.4 Expressive communication

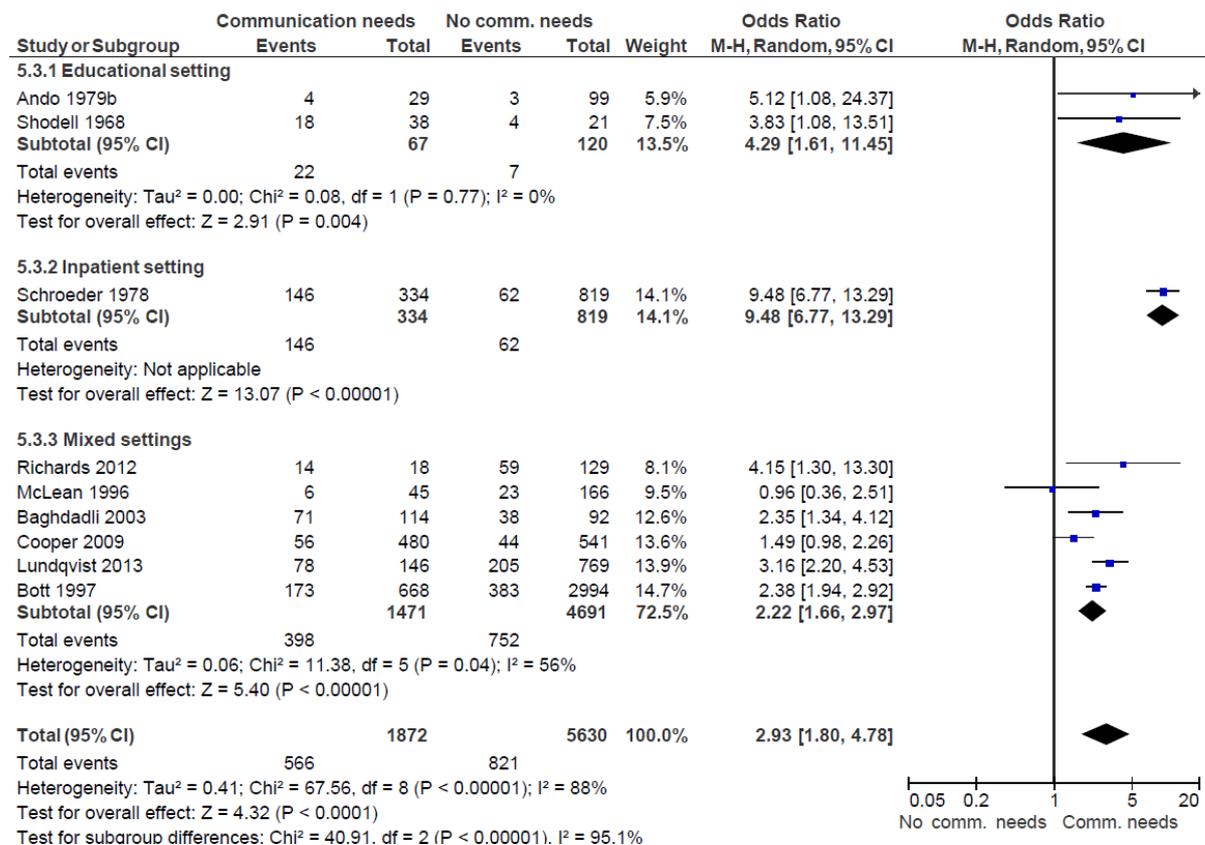
#### A.1.4.1 Expressive communication difficulties versus no expressive communication difficulties as a risk factor for all aggression (physical, verbal and destructive)



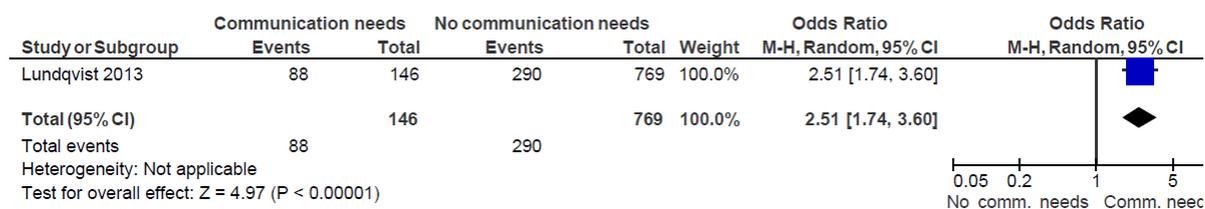
#### A.1.4.2 Expressive communication difficulties versus no expressive communication difficulties as a risk factor for physical aggression



### A.1.4.3 Expressive communication difficulties versus no expressive communication difficulties as a risk factor for self-injury

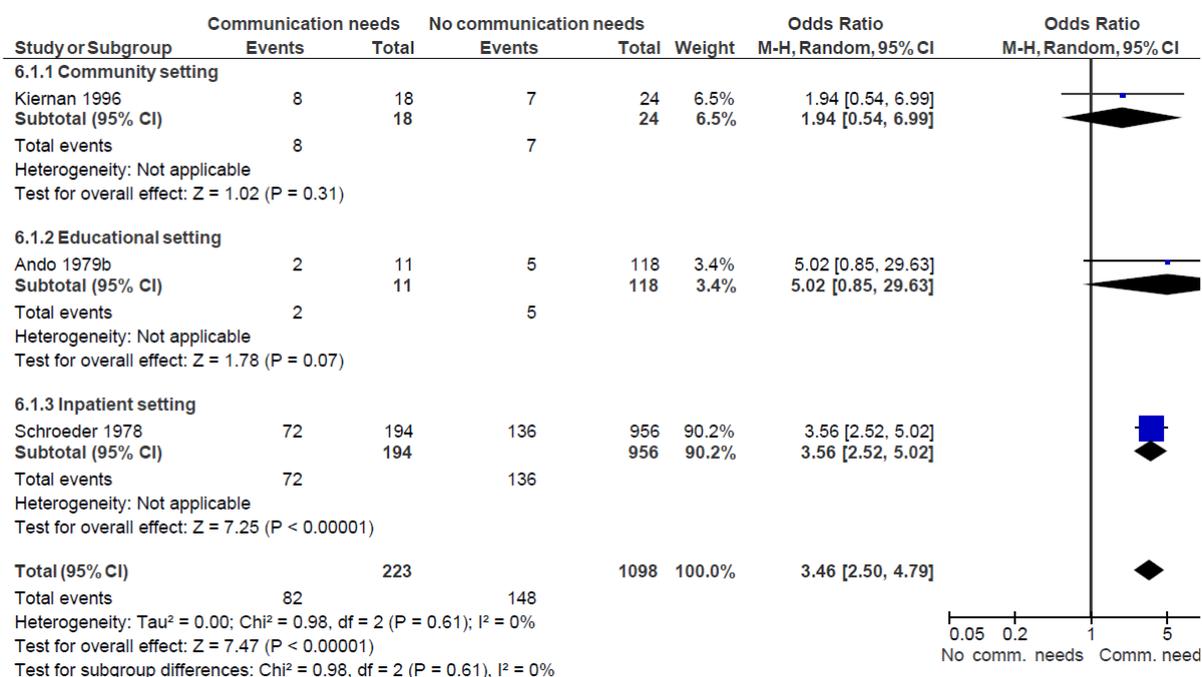


### A.1.4.4 Expressive communication difficulties versus no expressive communication difficulties as a risk factor for stereotypy



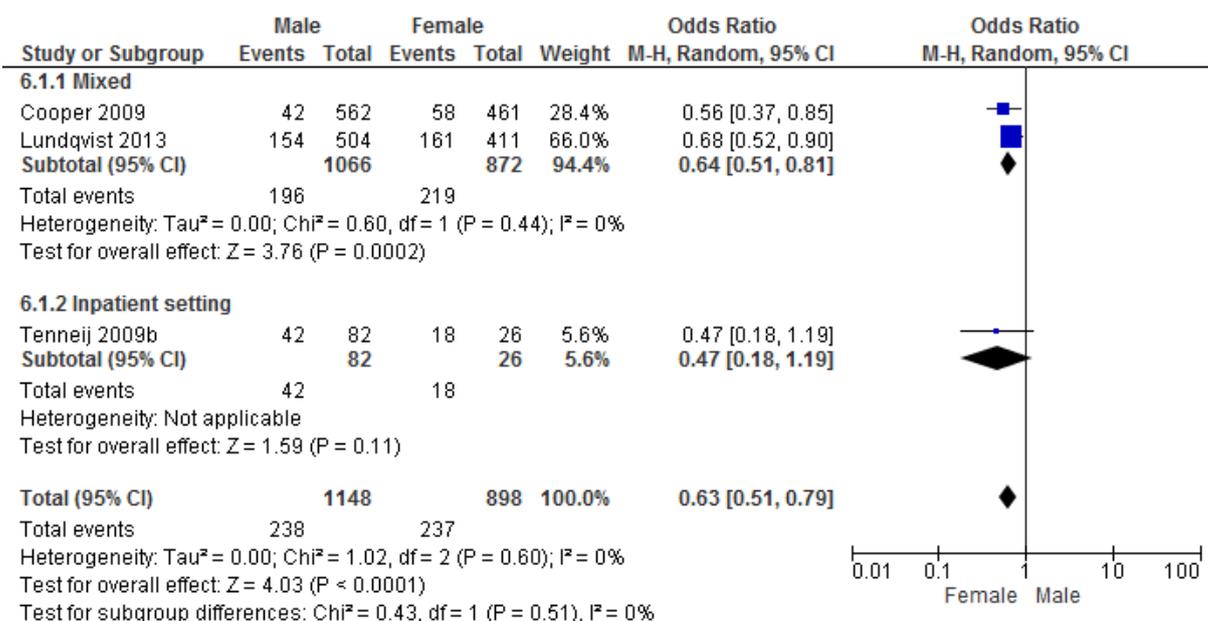
## A.1.5 Receptive communication

### A.1.5.1 Receptive communication difficulties versus no receptive communication difficulties as a risk factor for self-injury

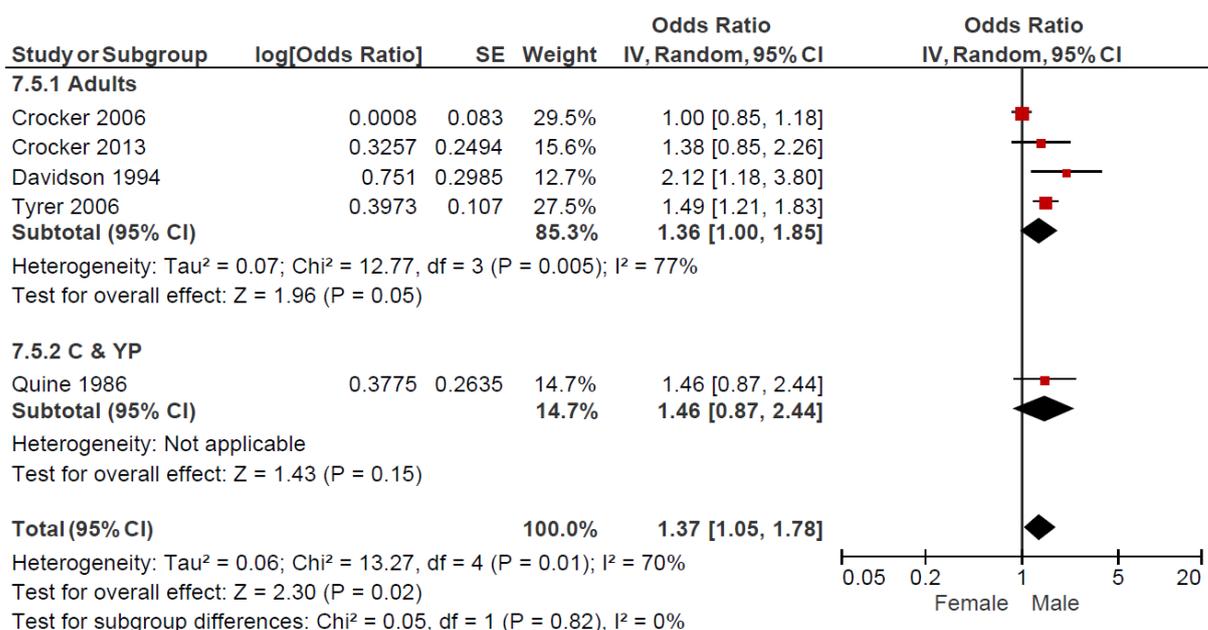


## A.1.6 Gender

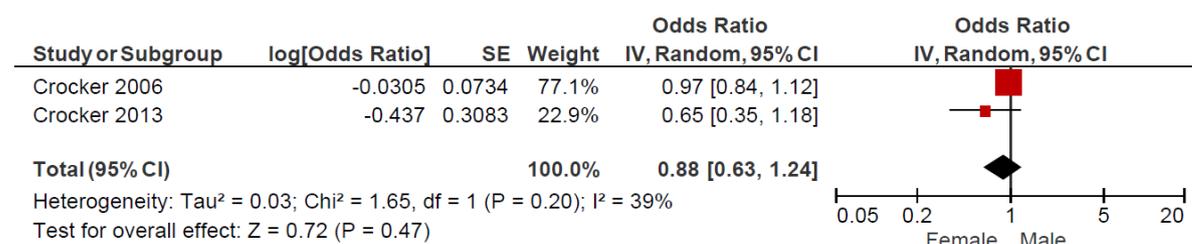
### A.1.6.1 Male gender versus female gender as a risk factor for all aggression (physical, verbal and destructive)



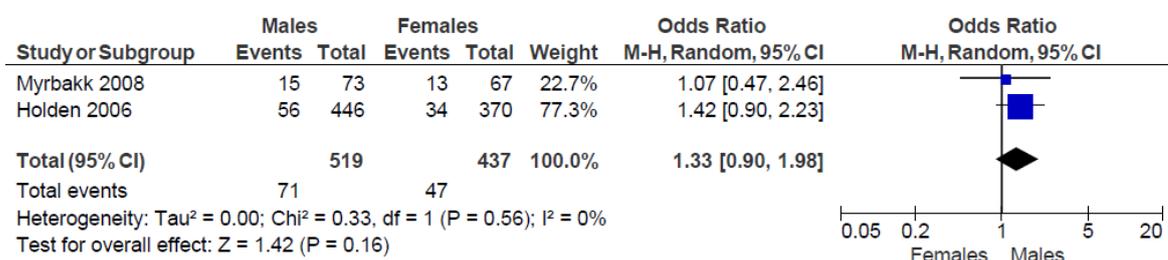
### A.1.6.2 Male gender versus female gender as a risk factor for physical aggression



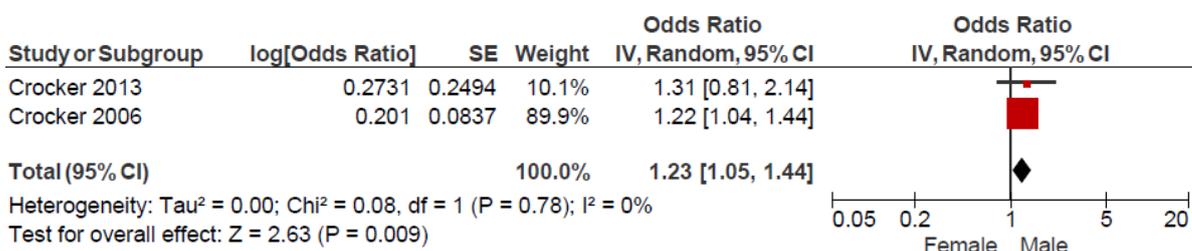
### A.1.6.3 Male gender versus female gender as a risk factor for verbal aggression



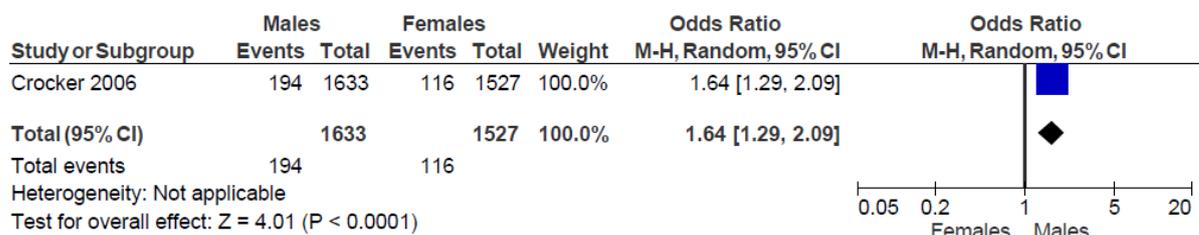
### A.1.6.4 Male gender versus female gender as a risk factor for all challenging behaviour (aggression, self-injury, stereotypy and property destruction)



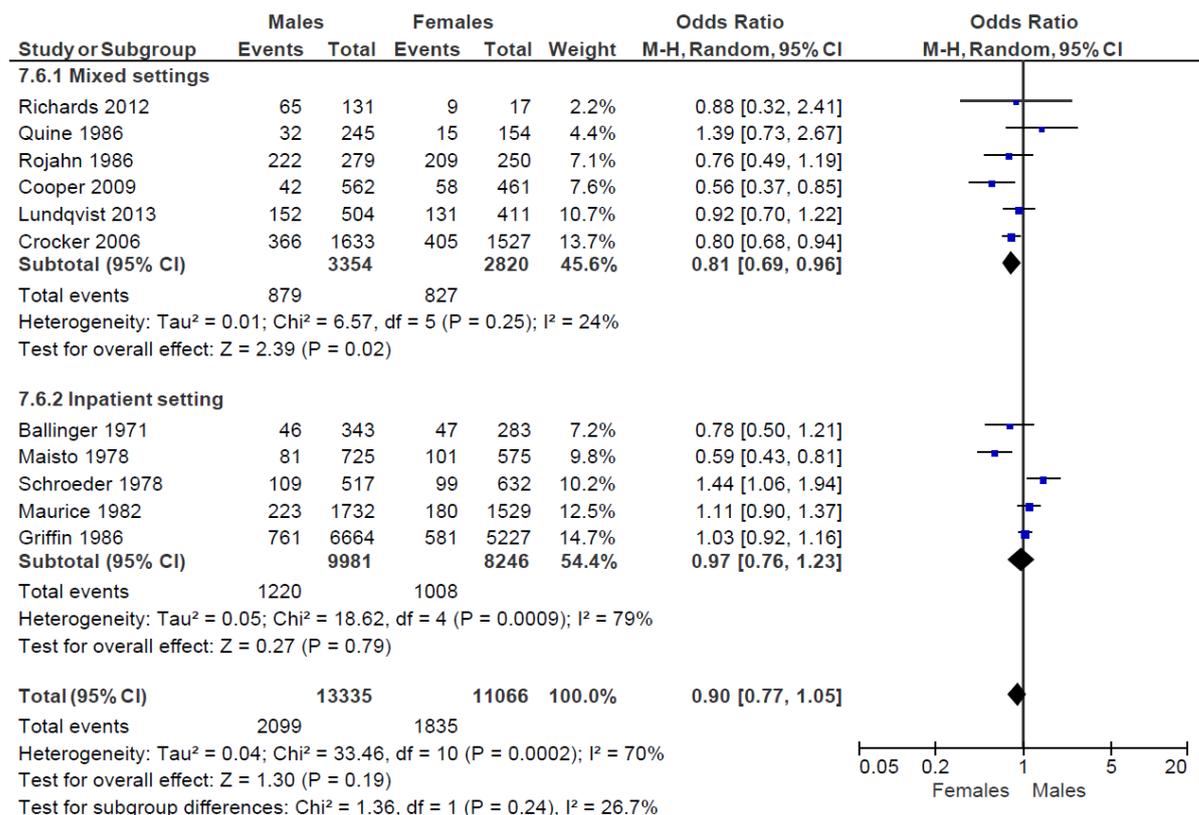
### A.1.6.5 Male gender versus female gender as a risk factor for destruction of property



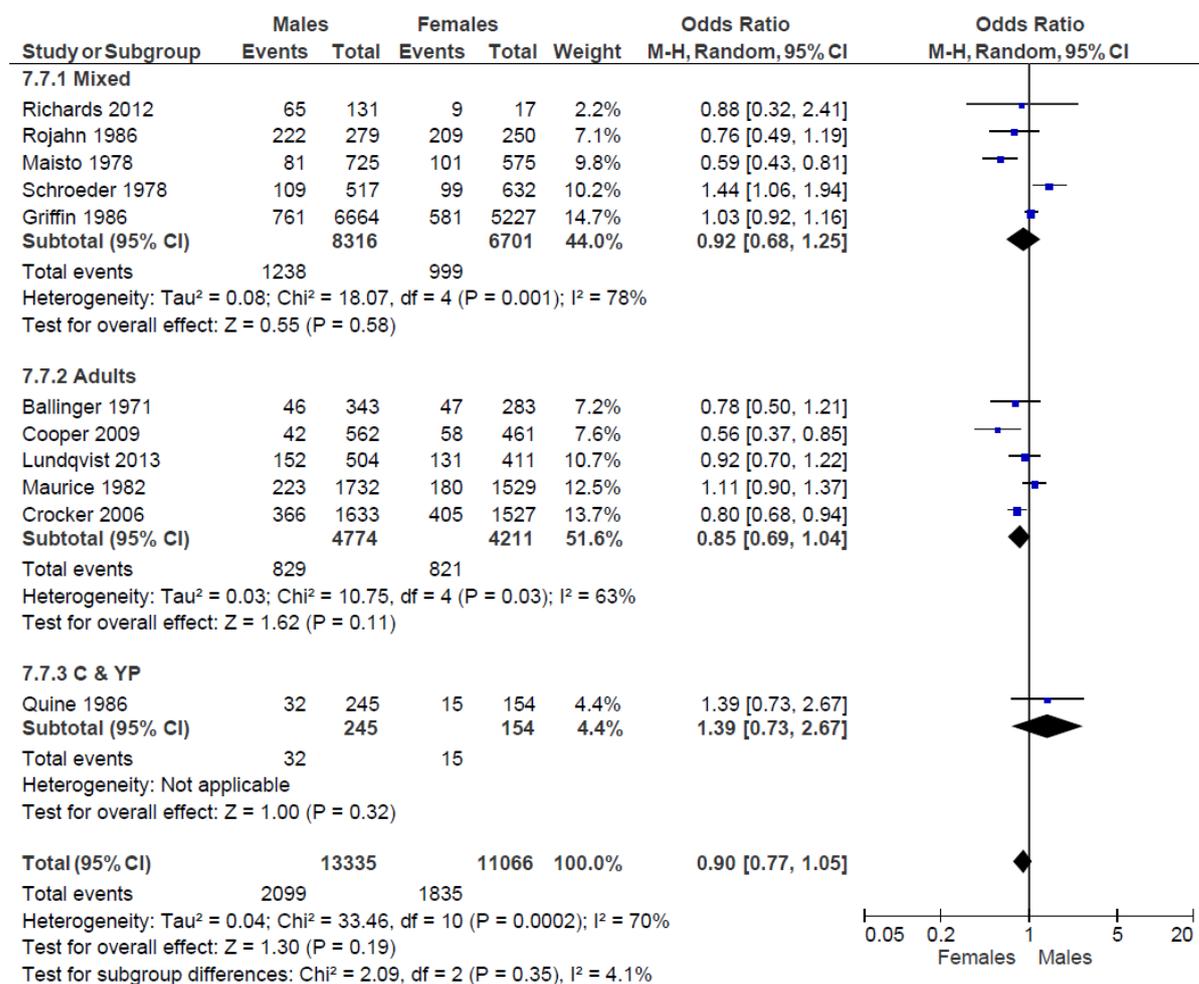
### A.1.6.6 Male gender versus female gender as a risk factor for inappropriate sexual behaviour



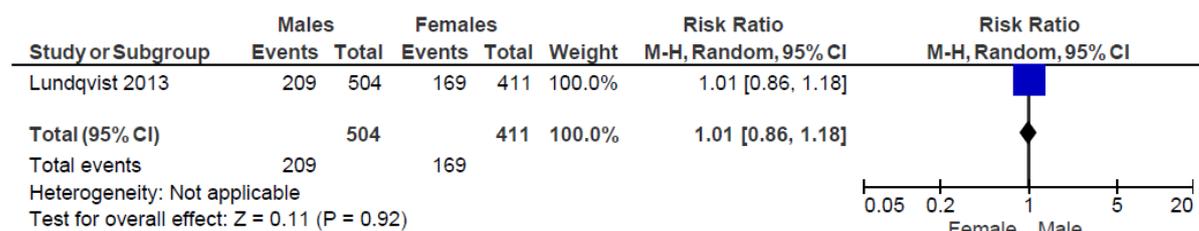
### A.1.6.7 Male gender versus female gender as a risk factor for self-injury (by setting)



### A.1.1.6.8 Male gender versus female gender as a risk factor for self-injury (by population)

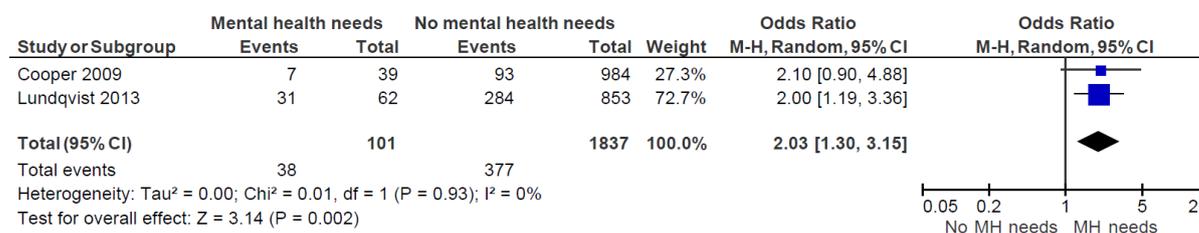


### A.1.1.6.9 Male gender versus female gender as a risk factor for stereotypy

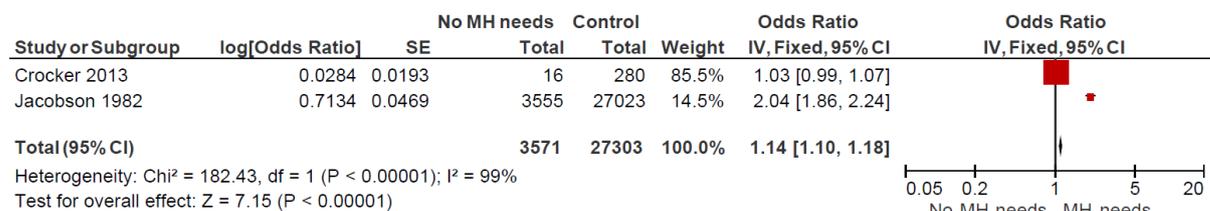


## A.1.7 Mental health needs

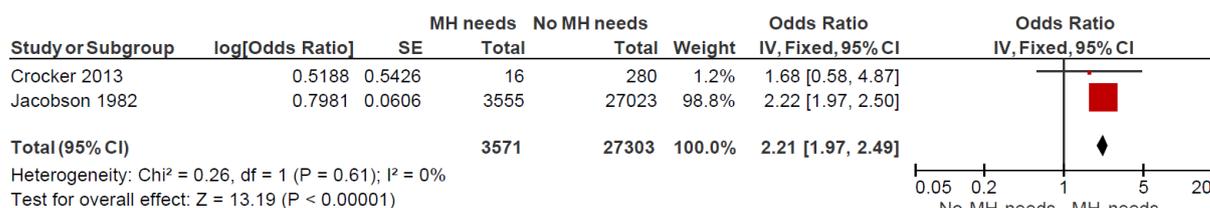
### A.1.1.7.1 Mental health needs versus no mental health needs as a risk factor for all aggression (physical, verbal and destructive)



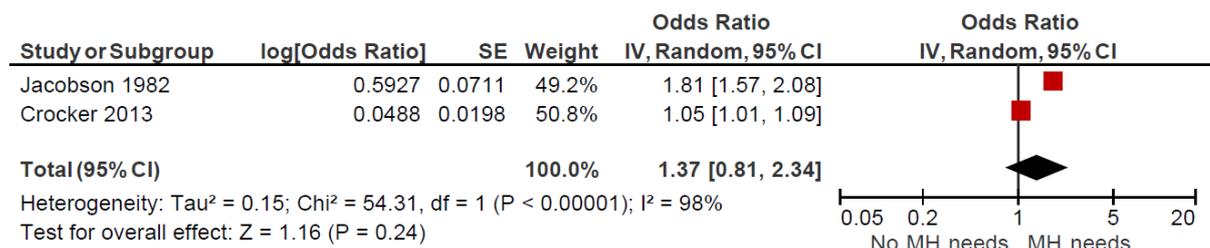
### A.1.7.2 Mental health needs versus no mental health needs as a risk factor for physical aggression



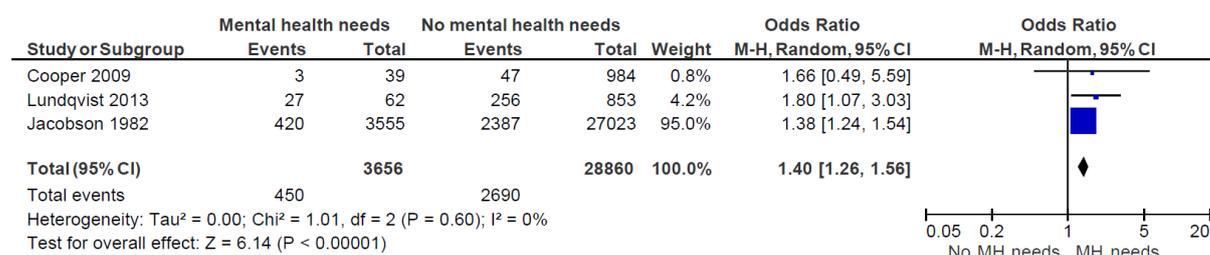
### A.1.7.3 Mental health needs versus no mental health needs as a risk factor for verbal aggression



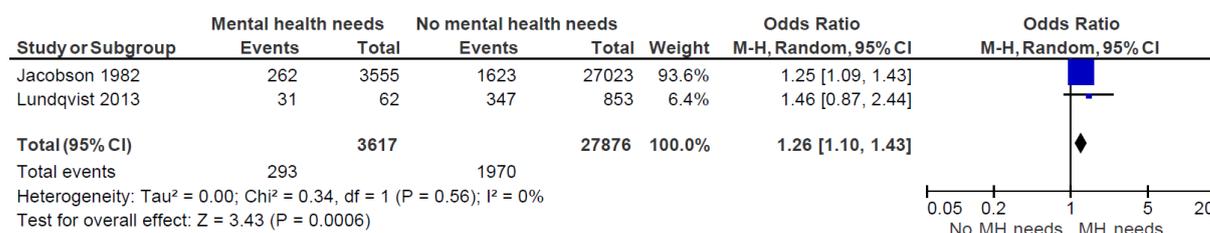
### A.1.7.4 Mental health needs versus no mental health needs as a risk factor for destruction of property



### A.1.7.5 Mental health needs versus no mental health needs as a risk factor for self-injury

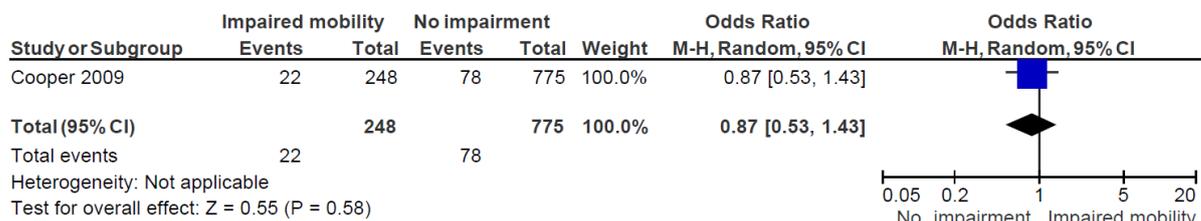


### A.1.7.6 Mental health needs versus no mental health needs as a risk factor for stereotypy

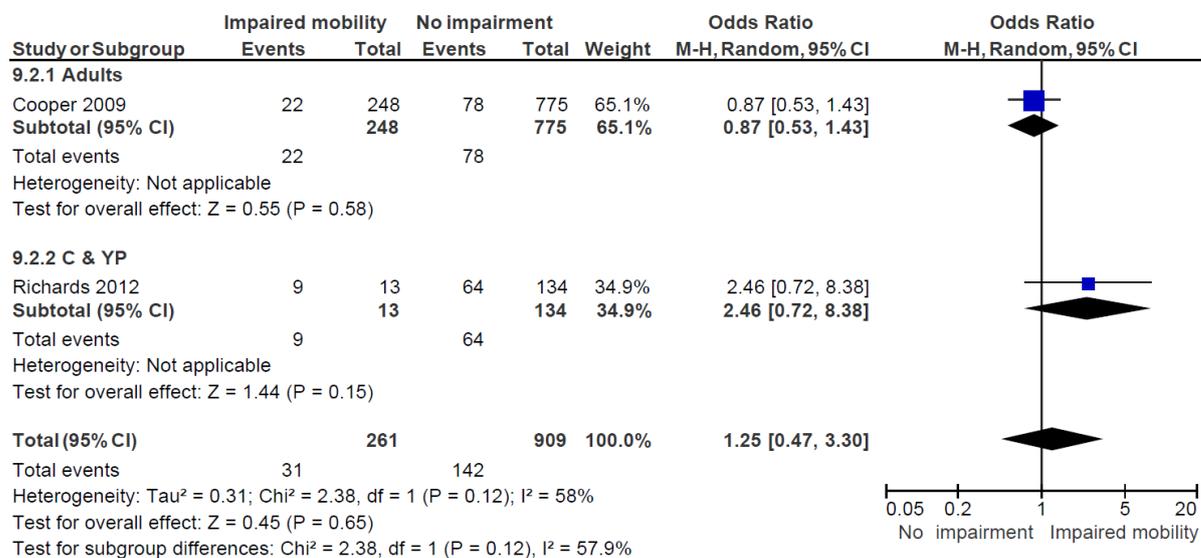


## A.1.8 Mobility impairment

### A.1.8.1 Mobility impairment versus no mobility impairment as a risk factor for all aggression (physical, verbal and destructive)

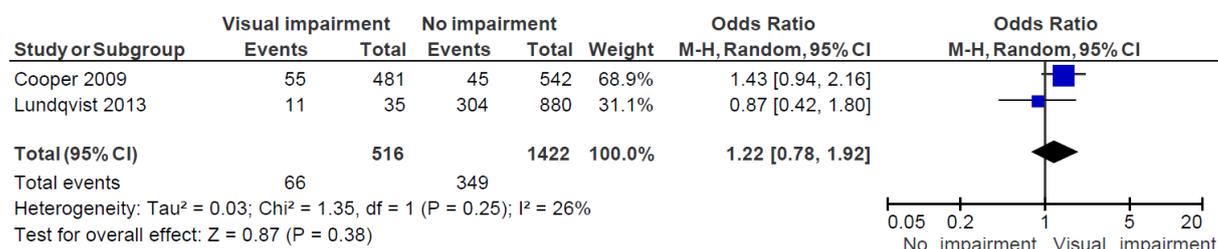


### A.1.8.2 Mobility impairment versus no mobility impairment as a risk factor for self-injury

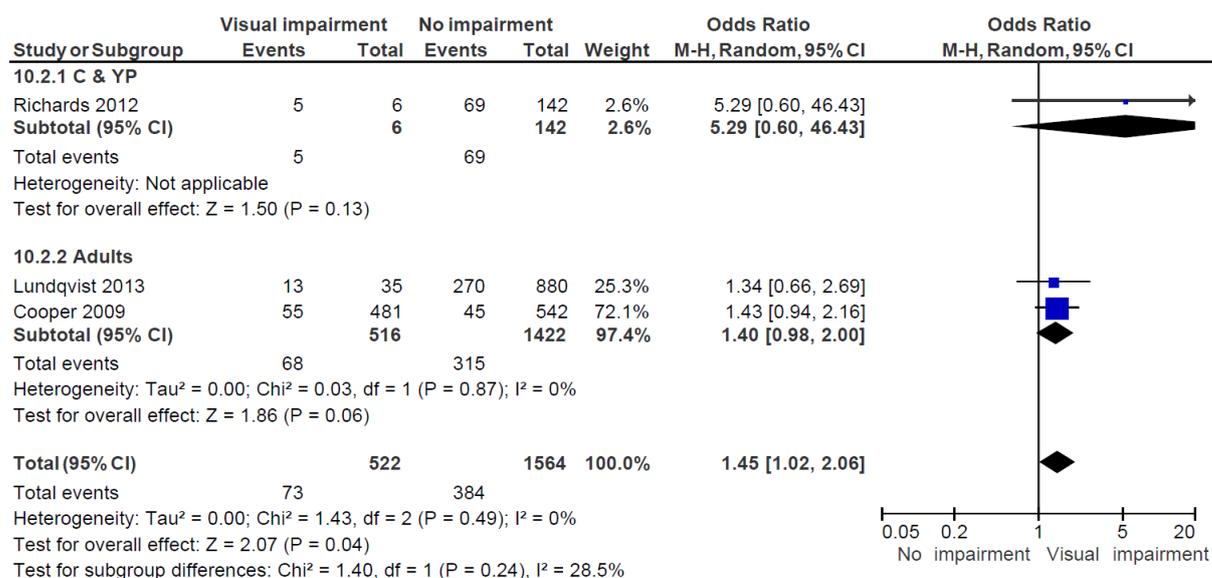


## A.1.9 Visual impairment

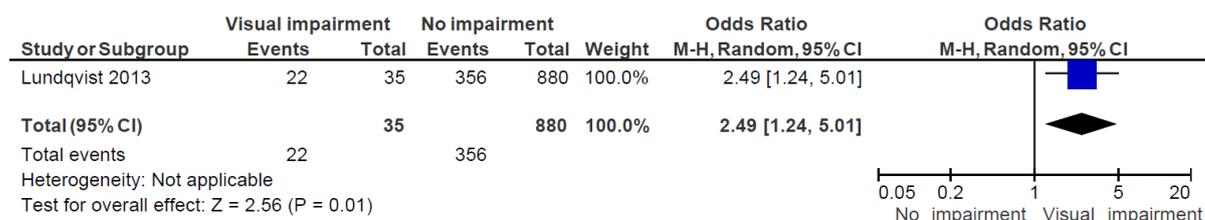
### A.1.9.1 Visual impairment versus no visual impairment as a risk factor for all aggression (physical, verbal and destructive)



### A.1.9.2 Visual impairment versus no visual impairment as a risk factor for self-injury



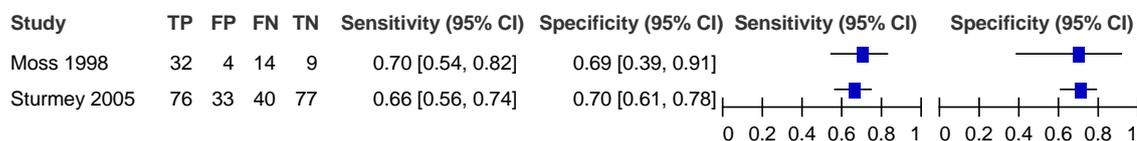
### A.1.9.3 Visual impairment versus no visual impairment as a risk factor for stereotypy



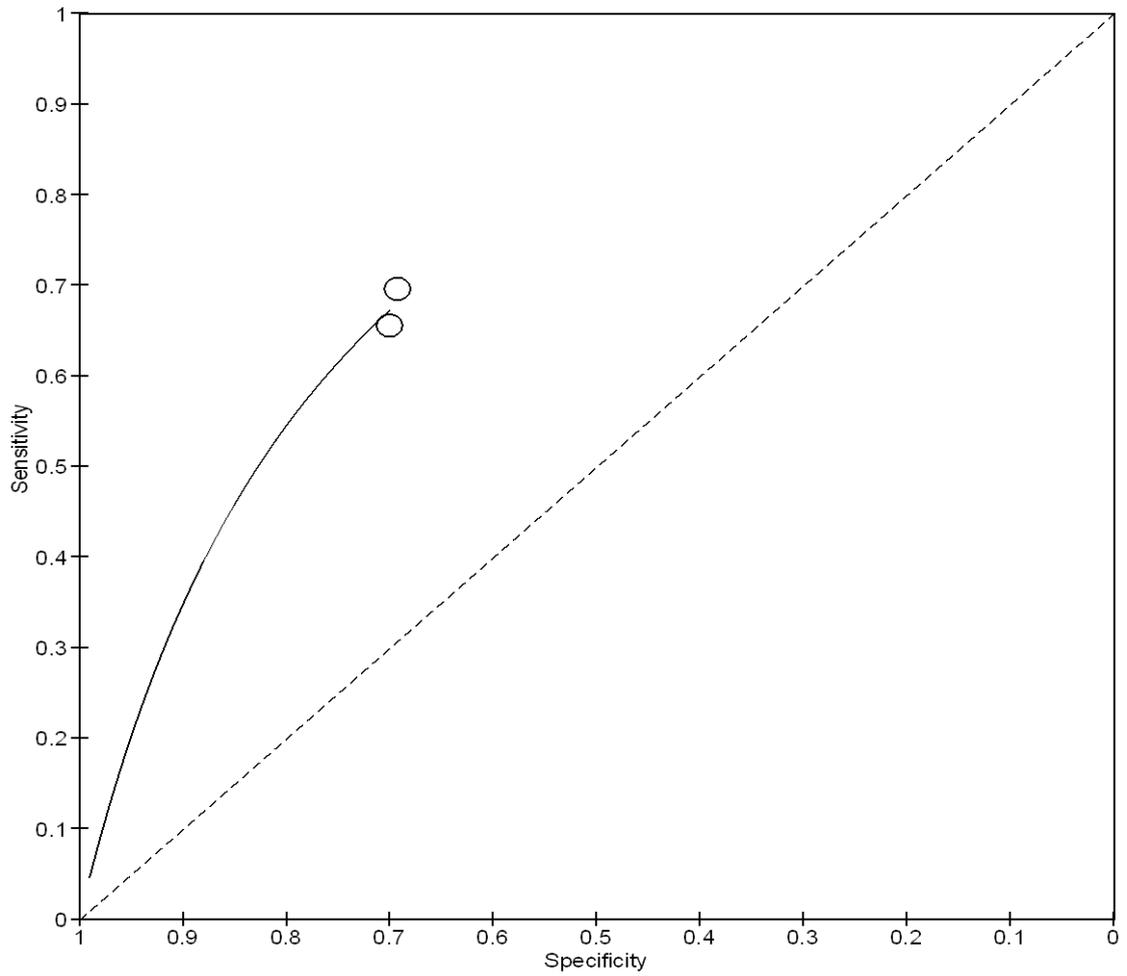
## A.2 Measures to assess mental health needs among individuals with learning disabilities

### A.2.1 Psychiatric Assessment Schedule for Adults with a Developmental Disability Checklist (PAS-ADD Checklist)

#### A.2.1.1 Sensitivity and specificity of the PAS-ADD Checklist for the detection of mental health needs among adults with learning disabilities



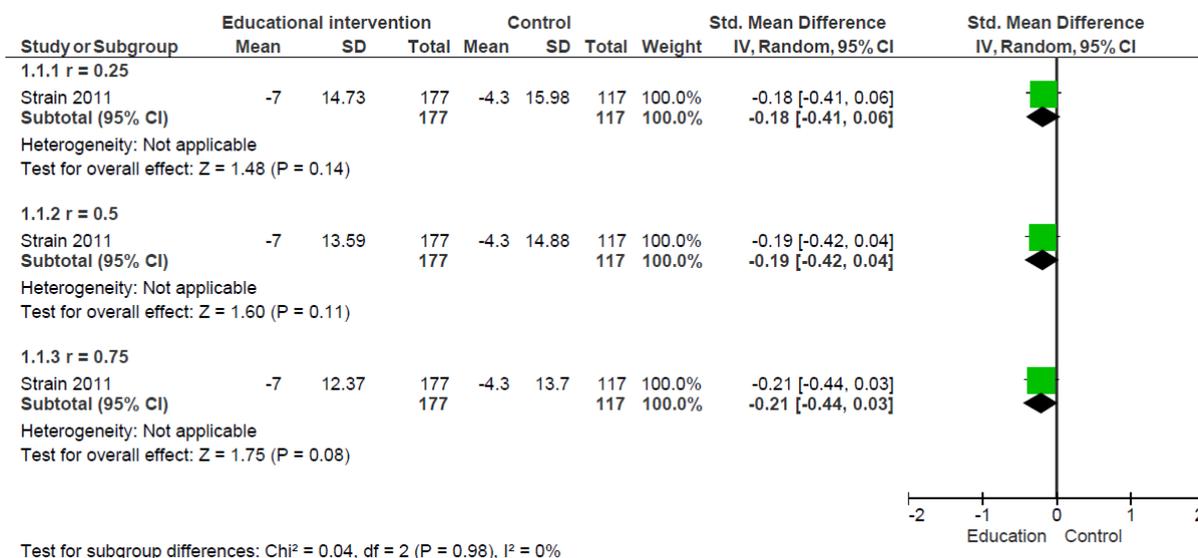
**A.2.1.2 ROC curve for PAS-ADD Checklist (ICD-10 and psychiatric diagnosis [unspecified] reference standard)**



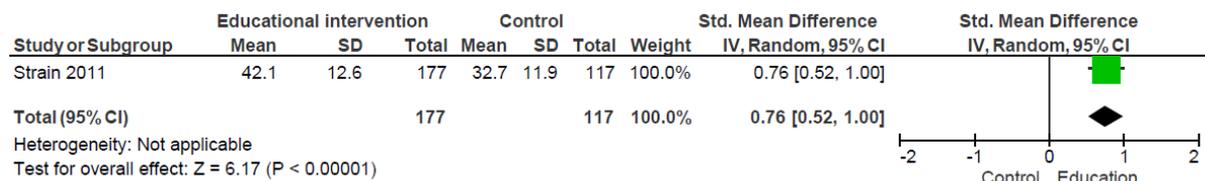
## A.3 Interventions aimed at the prevention of behaviour that challenges

### A.3.1 Educational intervention versus attention control

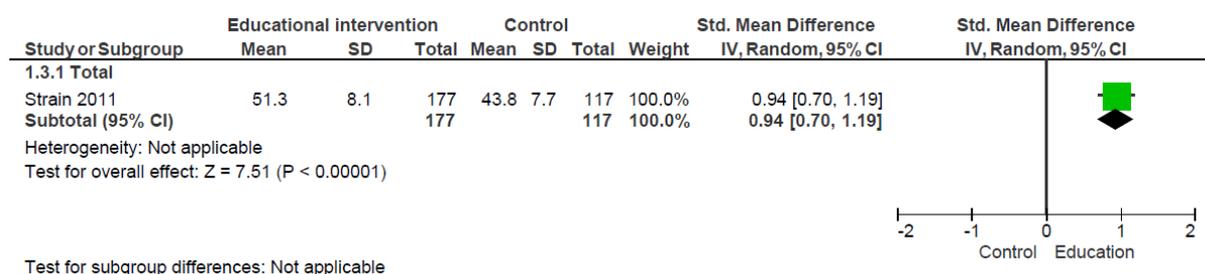
#### A.3.1.1 Targeted behaviour that challenges (severity) – post-treatment



#### A.3.1.2 Adaptive functioning (social) – post-treatment

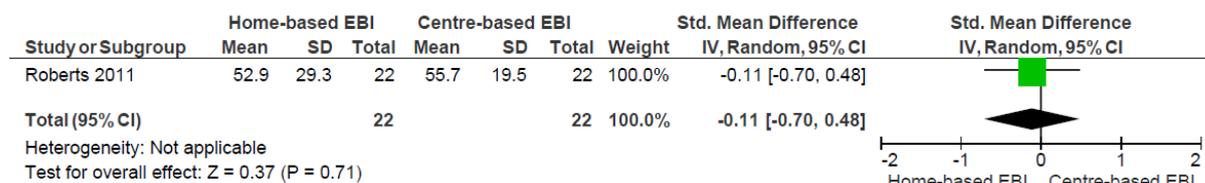


#### A.3.1.3 Adaptive functioning (communication) – post-treatment

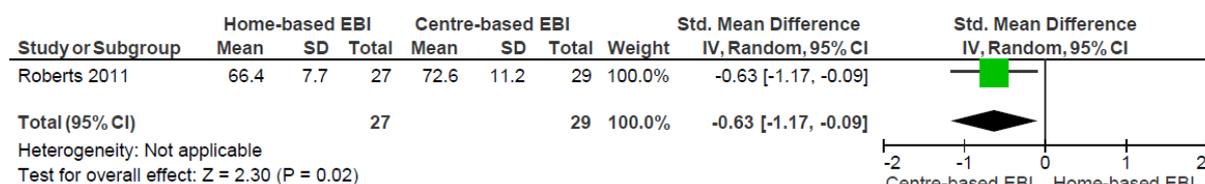


### A.3.2 Home-based EBI versus centre-based EBI

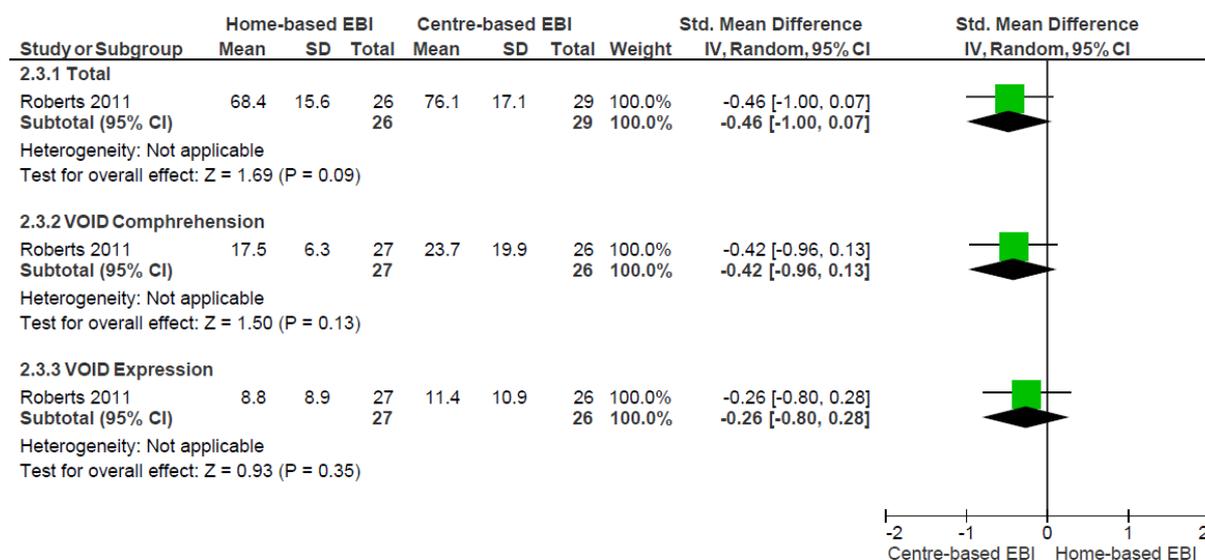
#### A.3.2.1 Targeted behaviour that challenges (severity) – post-treatment



#### A.3.2.2 Adaptive functioning (social) – post-treatment

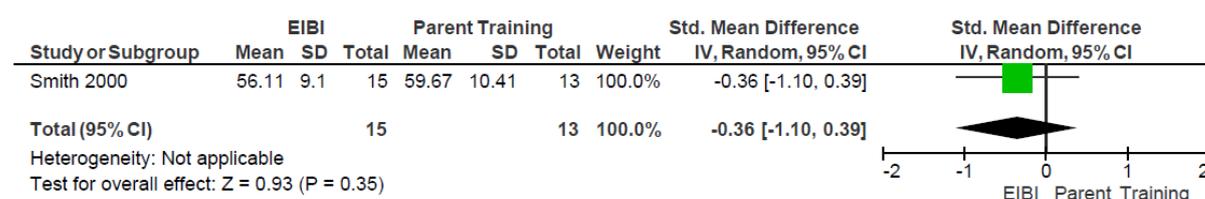


#### A.3.2.3 Adaptive functioning (communication) – post-treatment

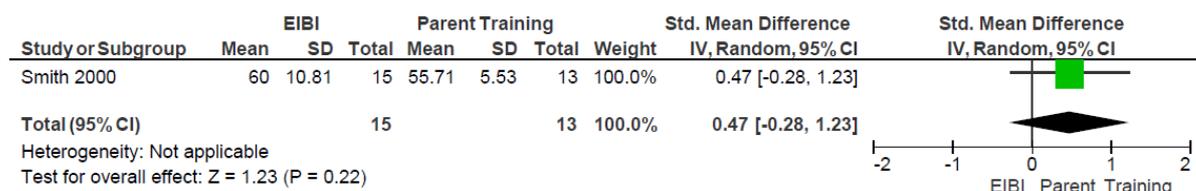


### A.3.3 EIBI versus parent training

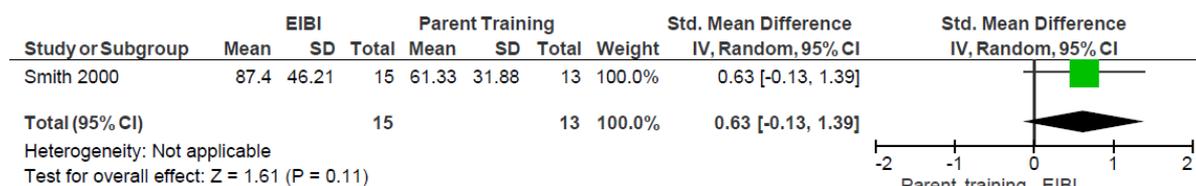
#### A.3.3.1 Targeted behaviour that challenges (severity; parent report) – post-treatment



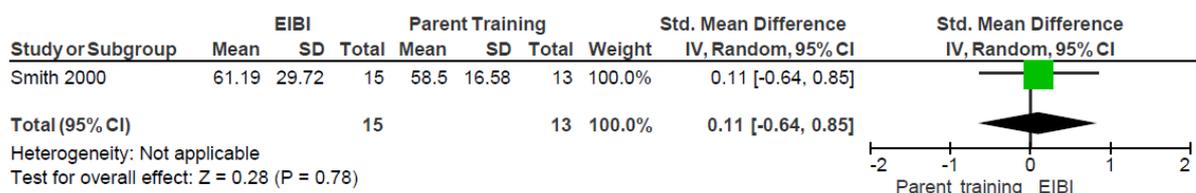
### A.3.3.2 Targeted behaviour that challenges (severity; teacher report) – post-treatment



### A.3.3.3 Adaptive functioning (communication) – post-treatment

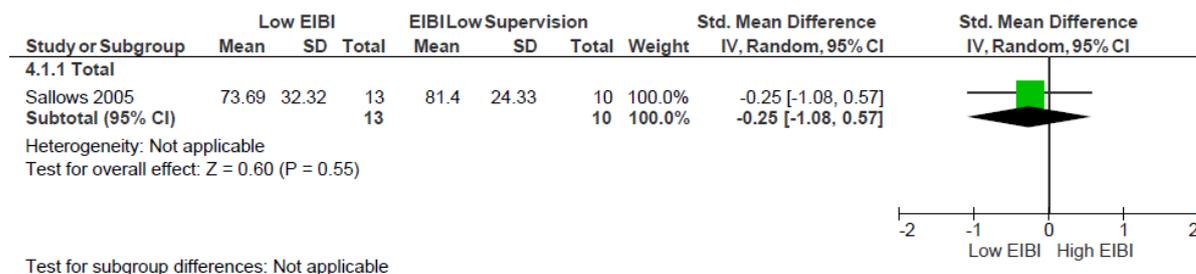


### A.3.3.4 Adaptive functioning (global) – post treatment



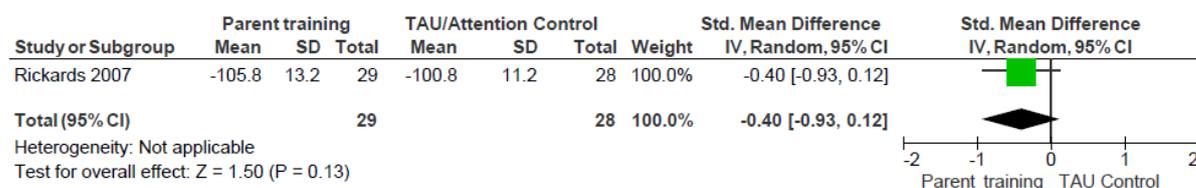
## A.3.4 High supervision EIBI (clinic-directed) versus low supervision EIBI (parent-directed)

### A.3.4.1 Adaptive functioning (communication) – post-treatment

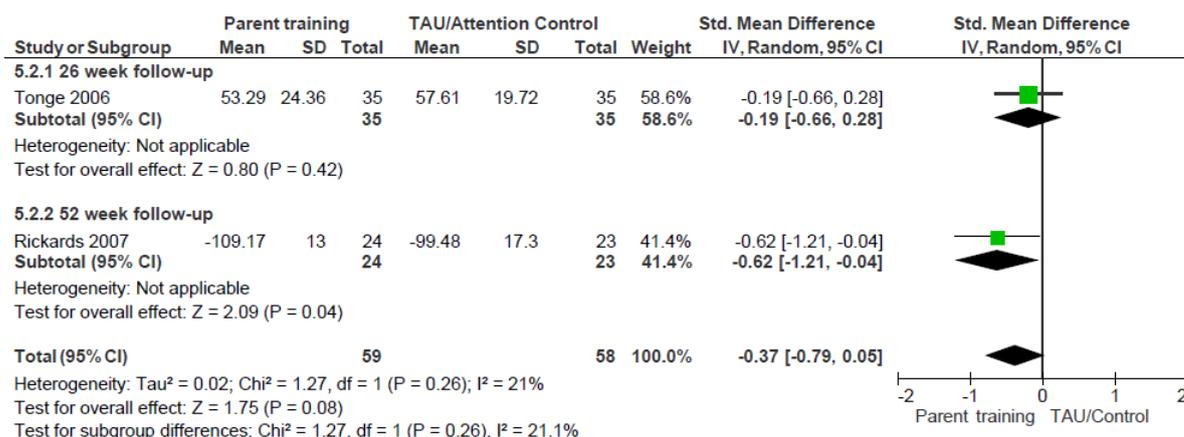


## A.3.5 Parent training versus any control

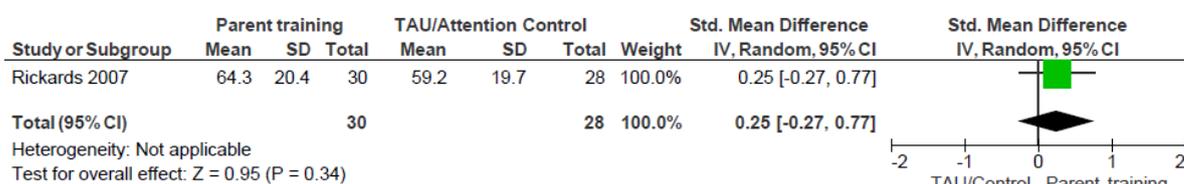
### A.3.5.1 Targeted behaviour that challenges (severity) – post-treatment



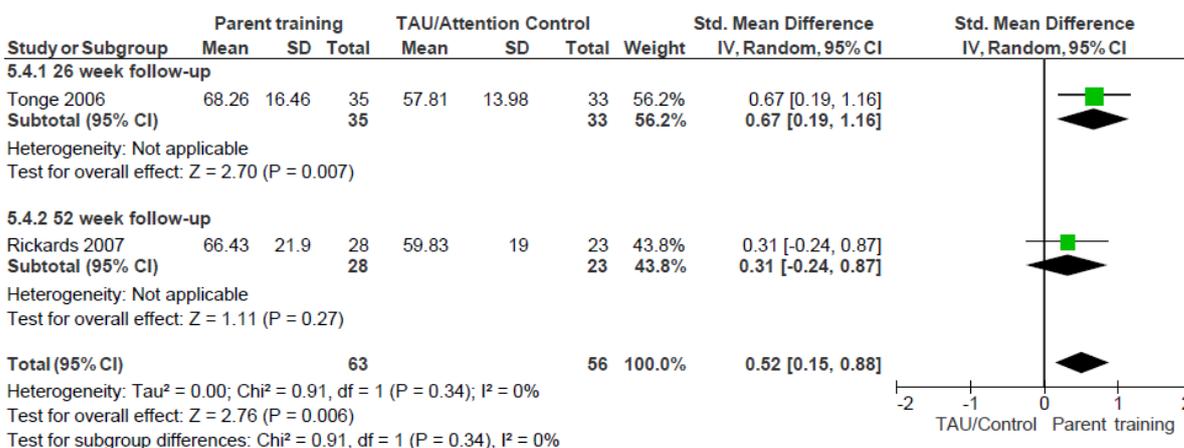
### A.3.5.2 Targeted behaviour that challenges (severity) – follow-up



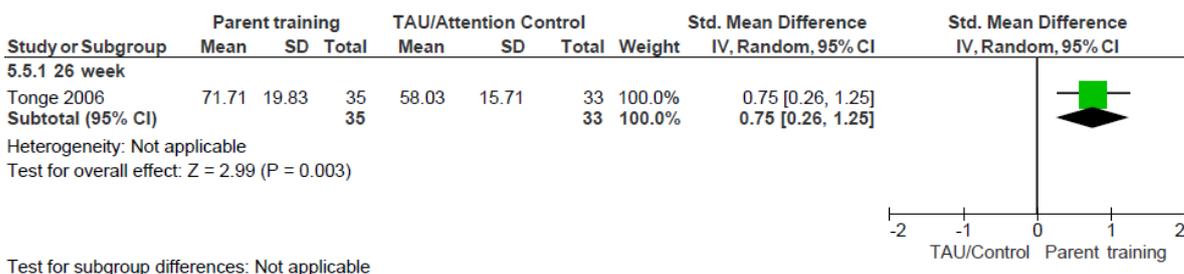
### A.3.5.3 Adaptive functioning (global) – post-treatment



### A.3.5.4 Adaptive functioning (global) – follow-up



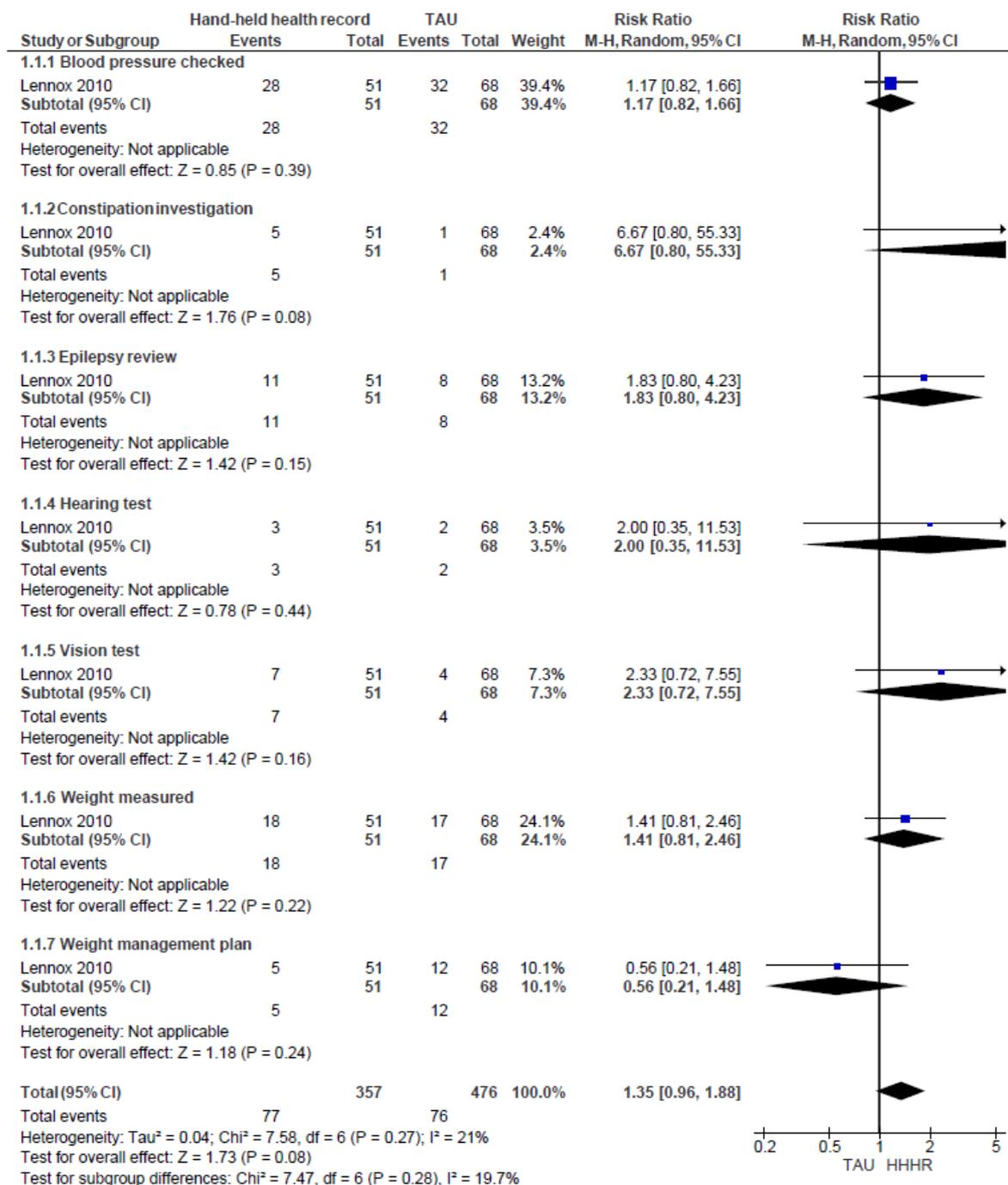
### A.3.5.5 Adaptive functioning (communication) – follow-up



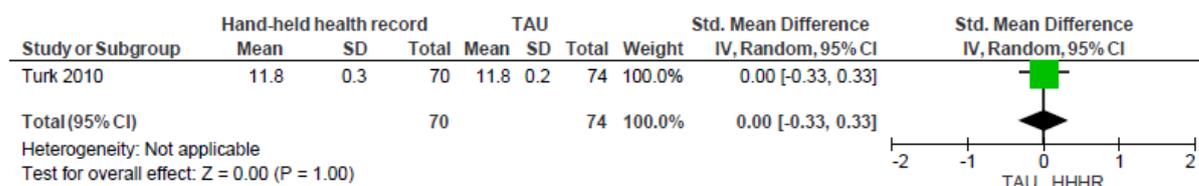
## A.4 Interventions aimed at reducing health risks and increasing understanding of physical illness or mental health problems in relation to the prevention or management of the behaviour that challenges

### A.4.1 Hand-held health records (HHHR) versus treatment as usual

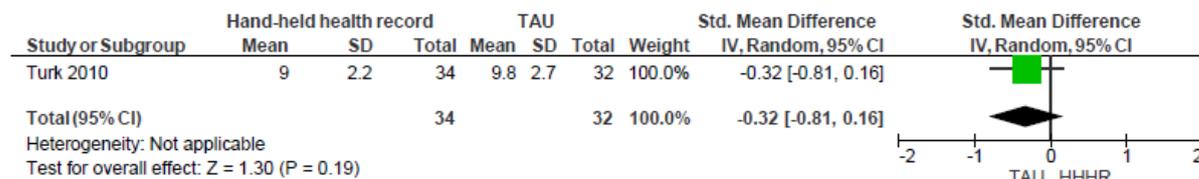
#### A.4.1.1 Health promotion



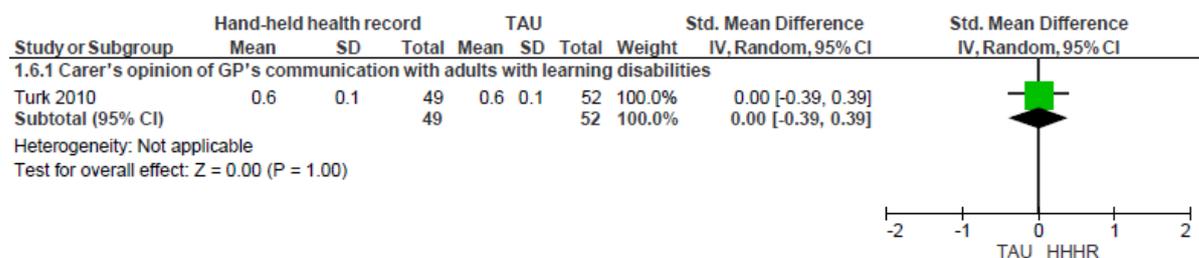
### A.4.1.2 Carer knowledge of health problems



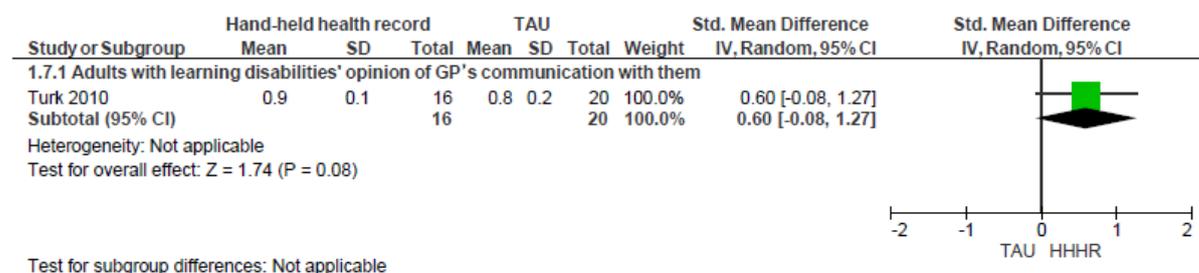
### A.4.1.3 Service user knowledge of health problems



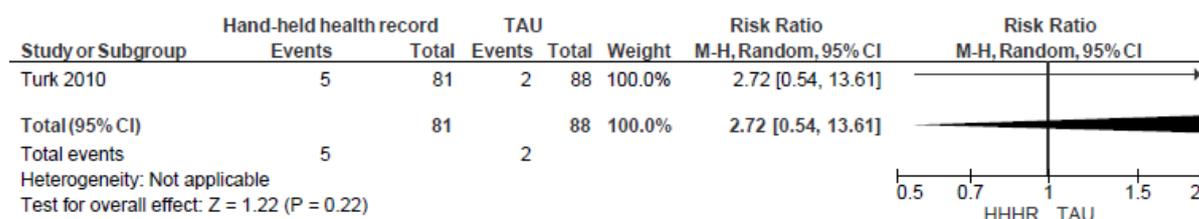
### A.4.1.4 Carer satisfaction



### A.4.1.5 Service user satisfaction

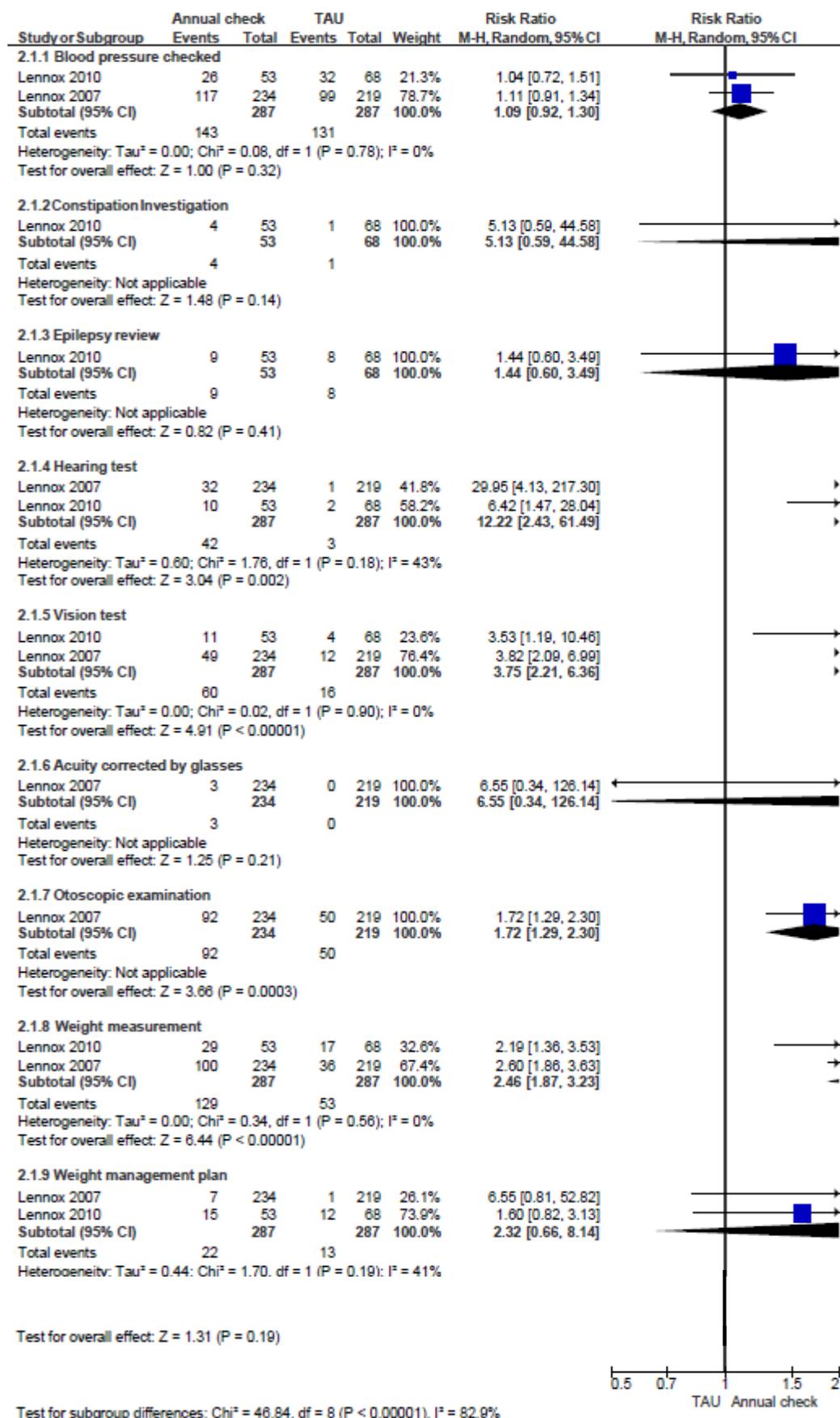


### A.4.1.6 Premature death

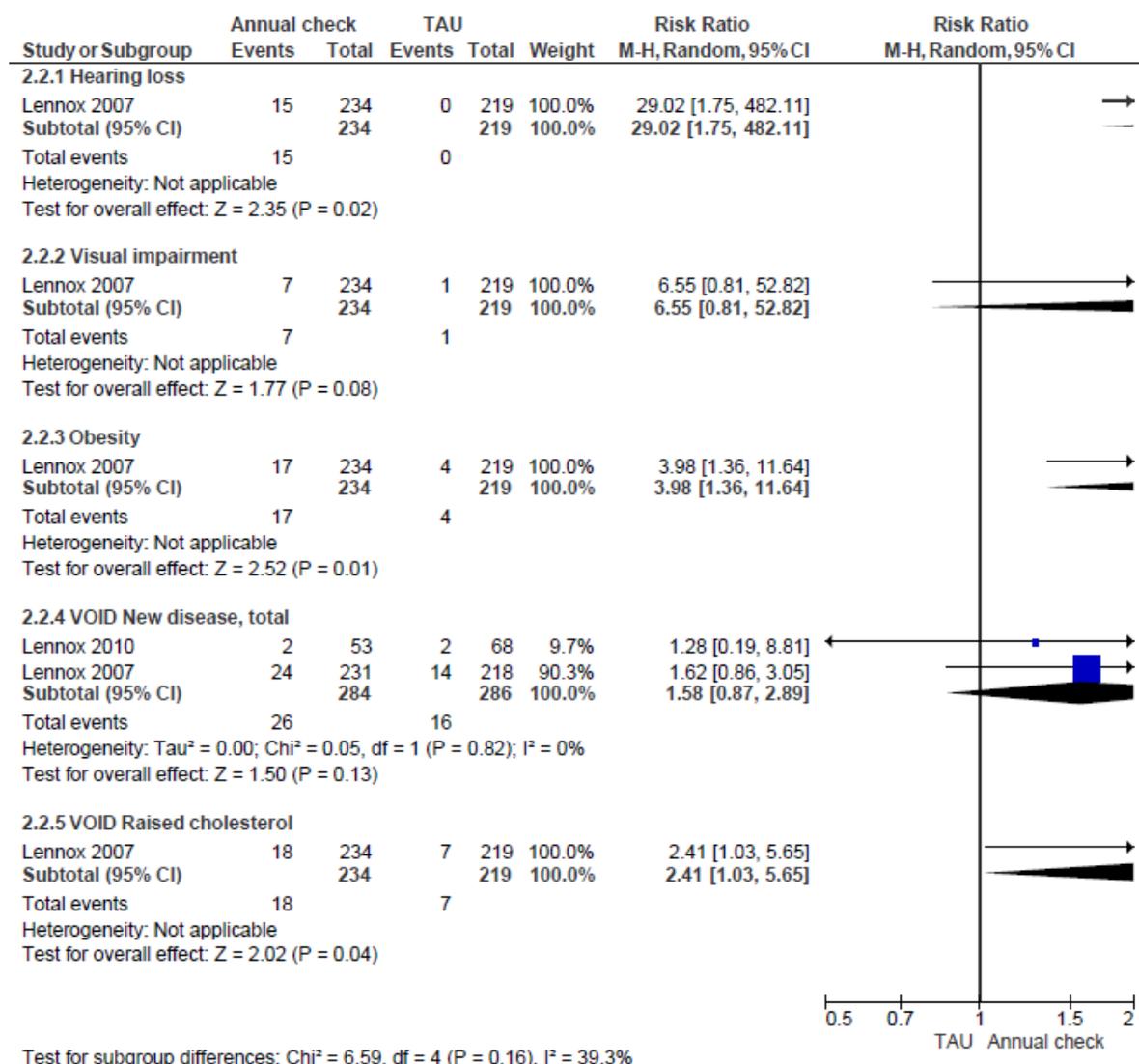


## A.4.2 Annual health check versus treatment as usual

### A.4.2.1 Health promotion



### A.4.2.2 Identification of health problems

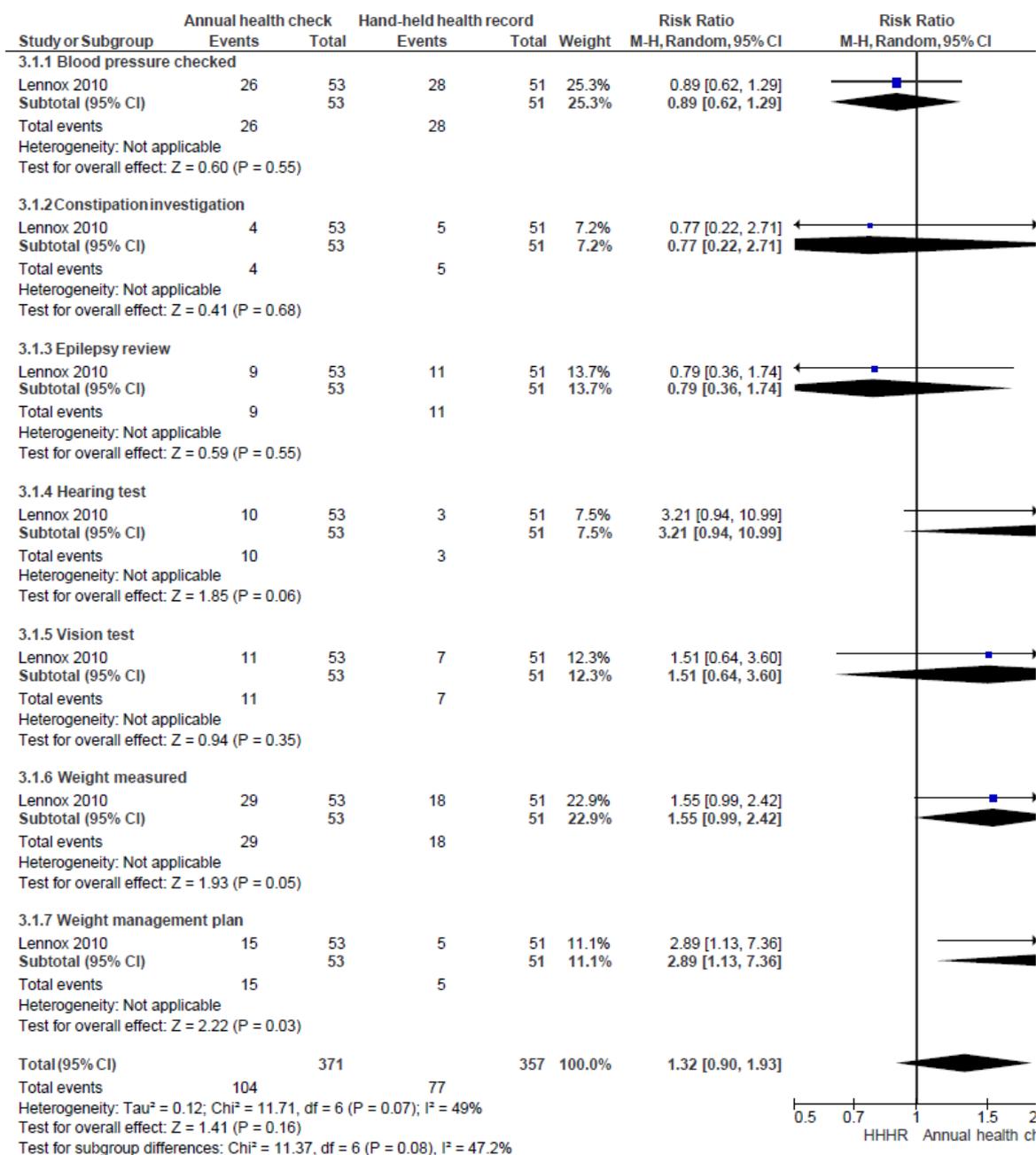


### A.4.2.3 Premature death



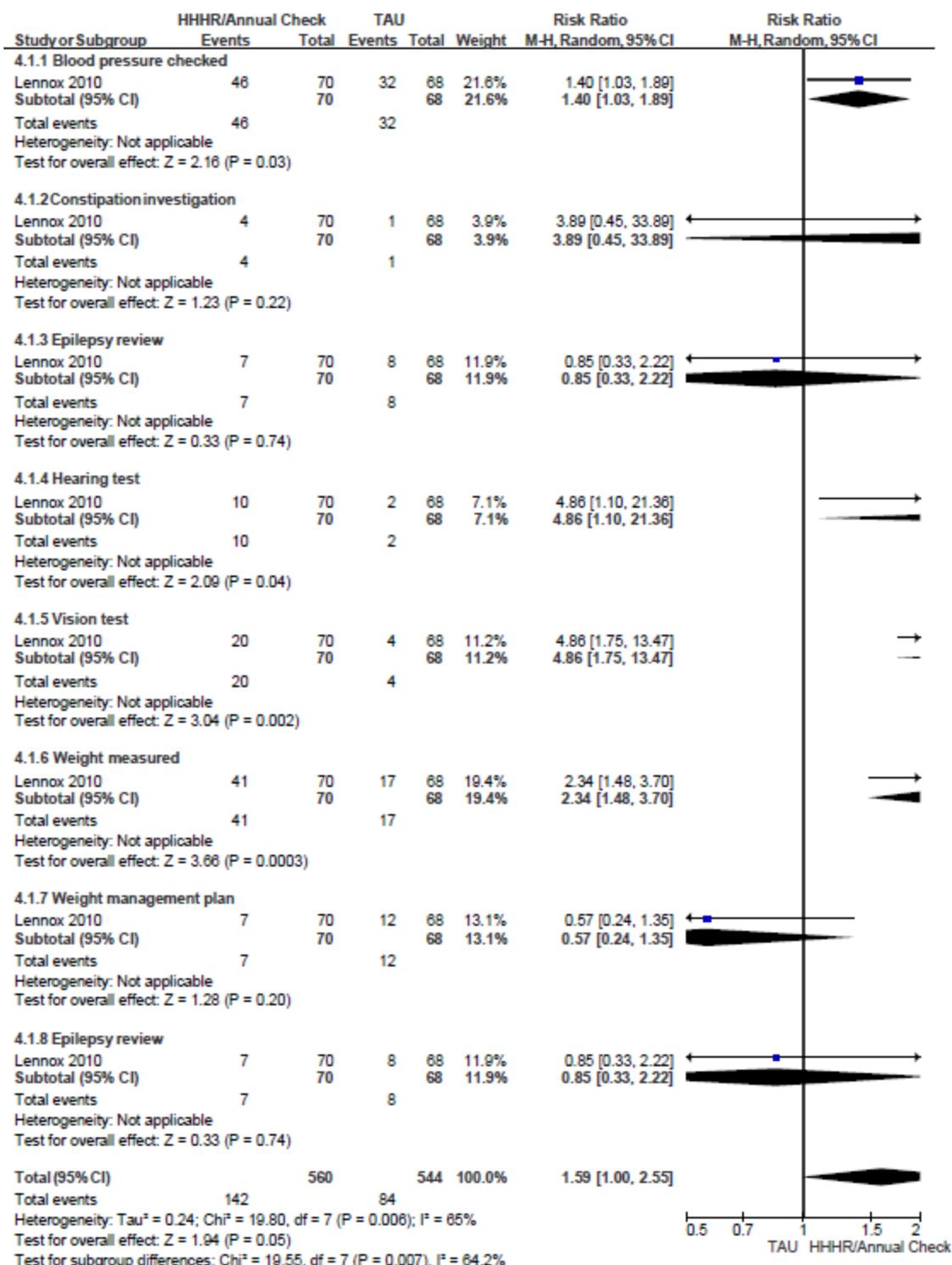
### A.4.3 Annual health check versus hand-held health record

#### A.4.3.1 Health promotion



## A.4.4 Hand-held health record and annual health check versus treatment as usual

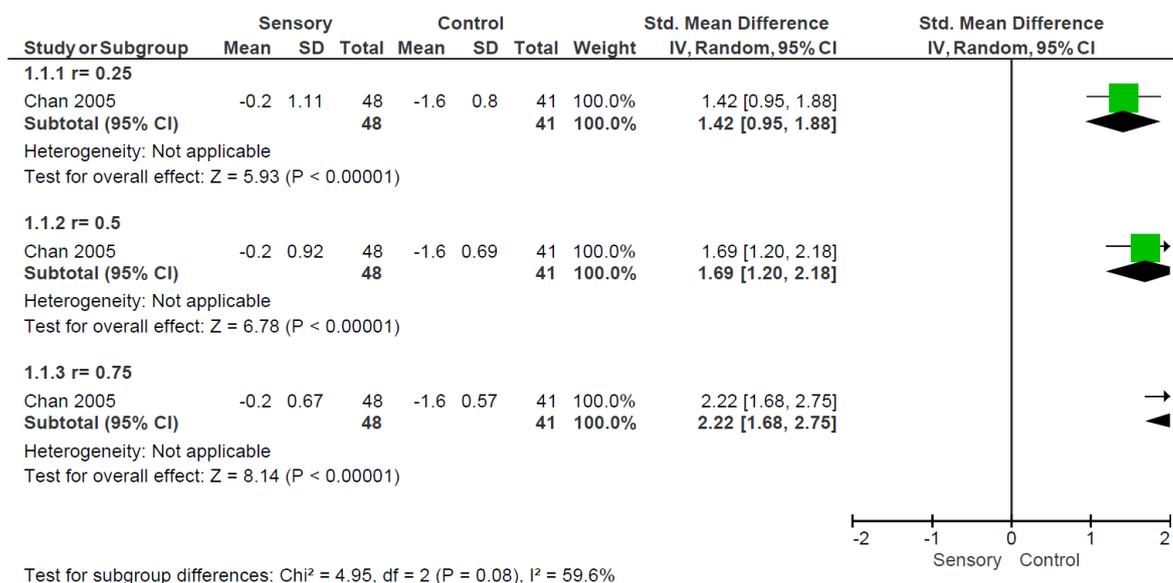
### A.4.4.1 Health promotion



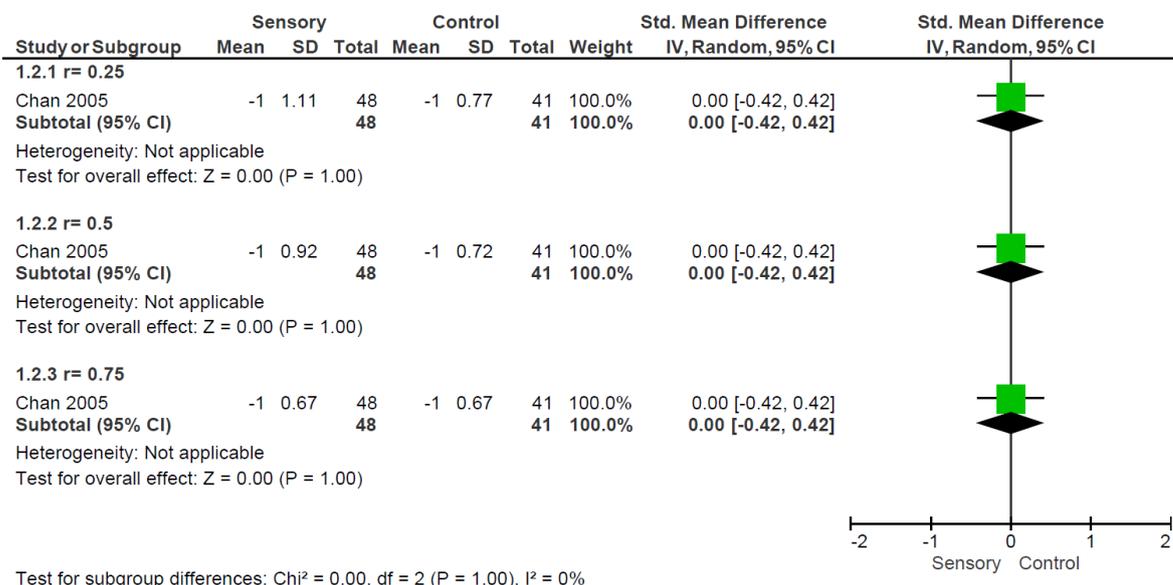
## A.5 Environmental change interventions aimed at reducing and managing behaviour that challenges

### A.5.1 Sensory intervention versus any control

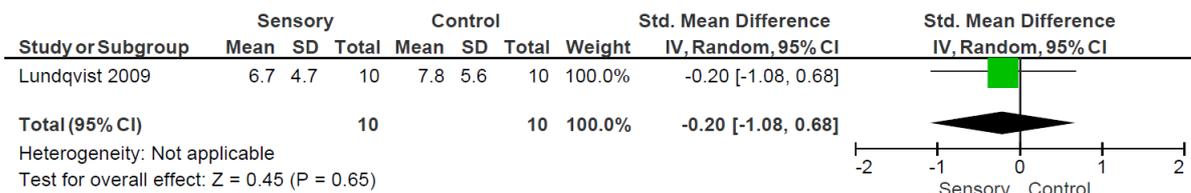
#### A.5.1.1 Targeted behaviour that challenges (global) – post-treatment



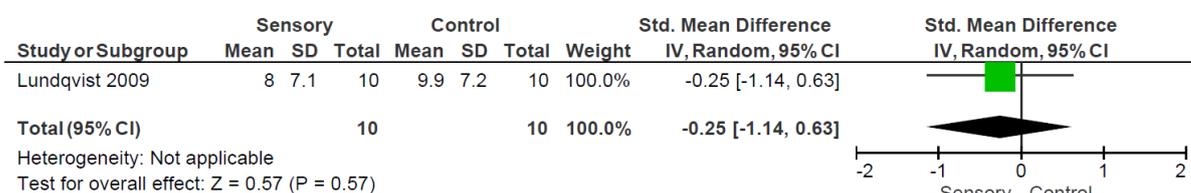
#### A.5.1.2 Targeted behaviour that challenges (global) – follow up at 12 weeks



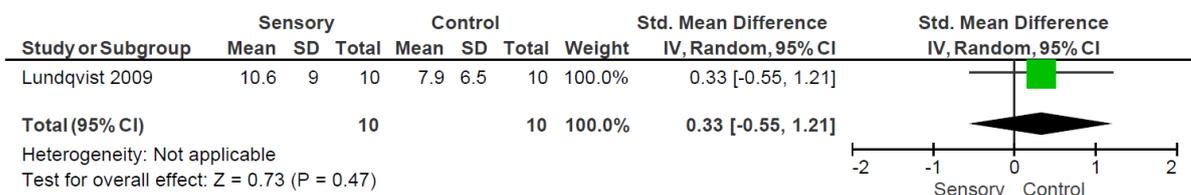
**A.5.1.3 Targeted behaviour that challenges (self-injurious behaviour; severity) – post-treatment**



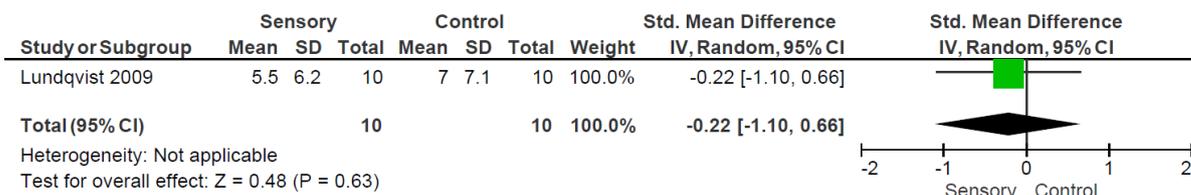
**A.5.1.4 Targeted behaviour that challenges (self-injurious behaviour; frequency) – post-treatment**



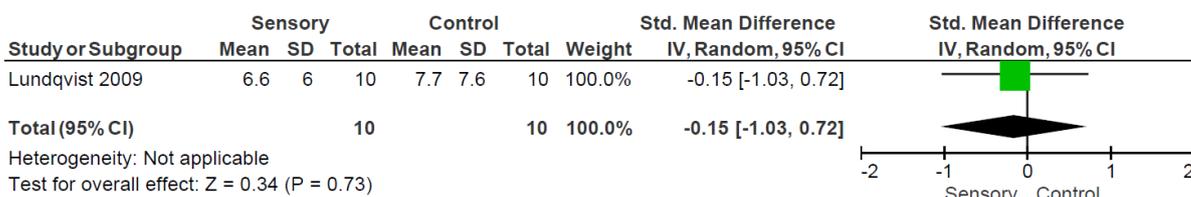
**A.5.1.5 Targeted behaviour that challenges (stereotypical behaviour; severity) – post-treatment**



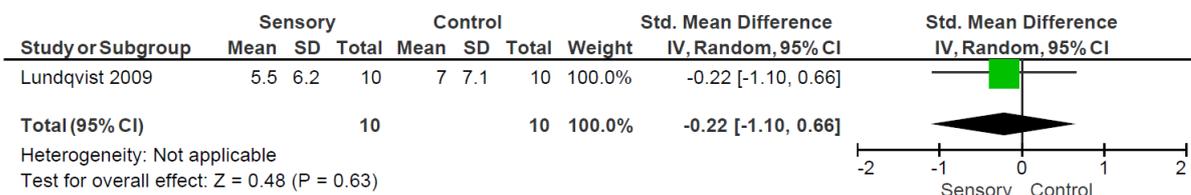
**A.5.1.6 Targeted behaviour that challenges (stereotypical behaviour; frequency) – post-treatment**



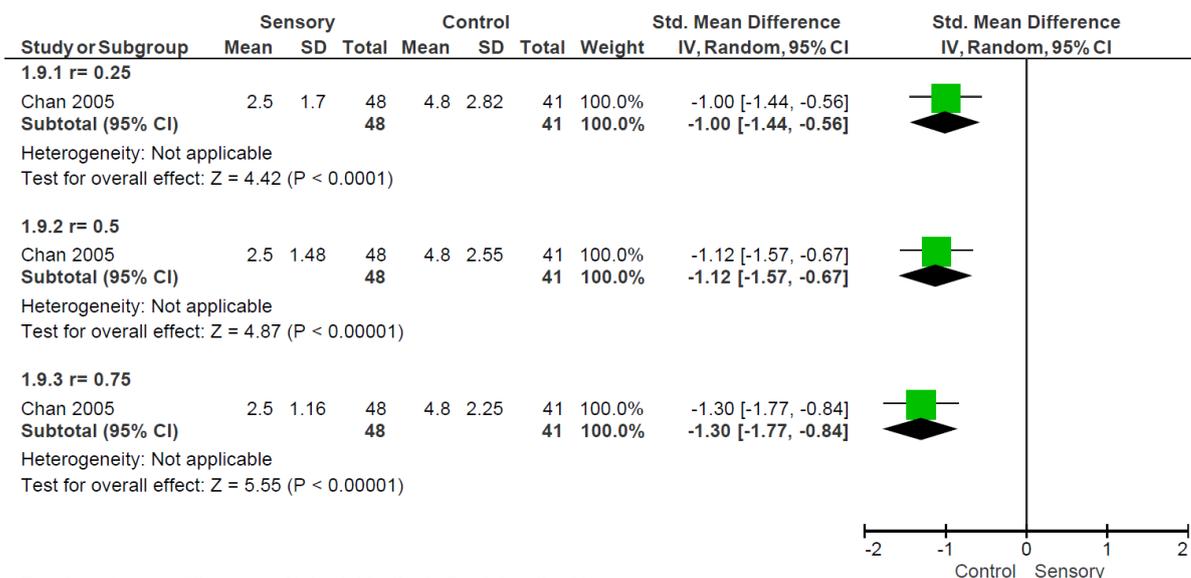
**A.5.1.7 Targeted behaviour that challenges (aggressive/destructive behaviour; severity) – post-treatment**



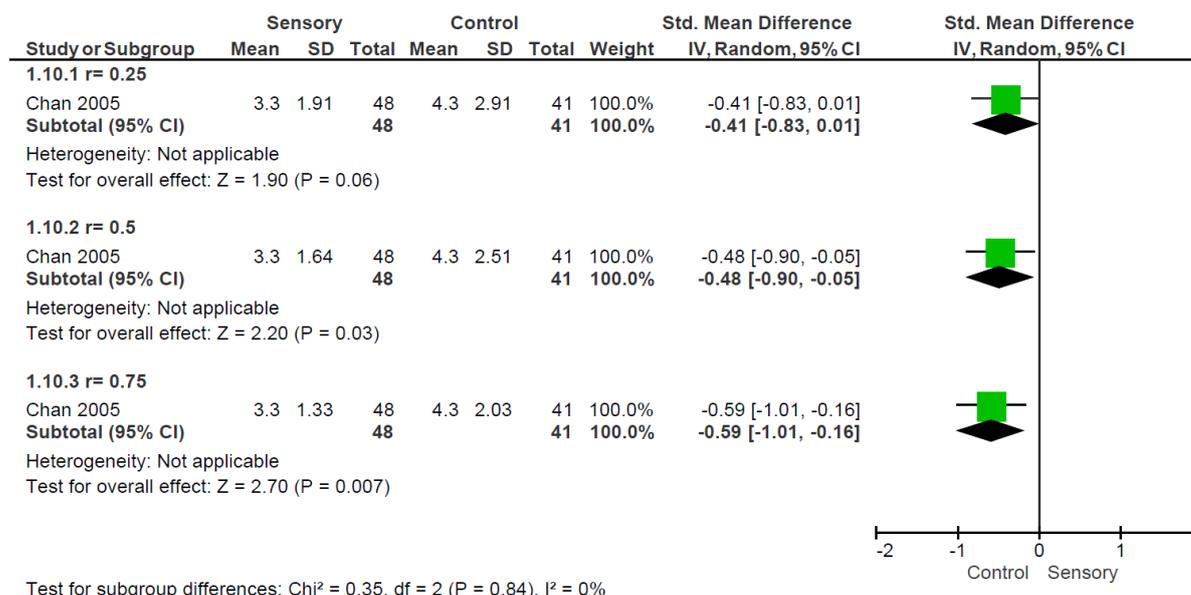
### A.5.1.8 Targeted behaviour that challenges (aggressive/destructive behaviour; frequency) – post-treatment



### A.5.1.9 Adaptive functioning – post treatment

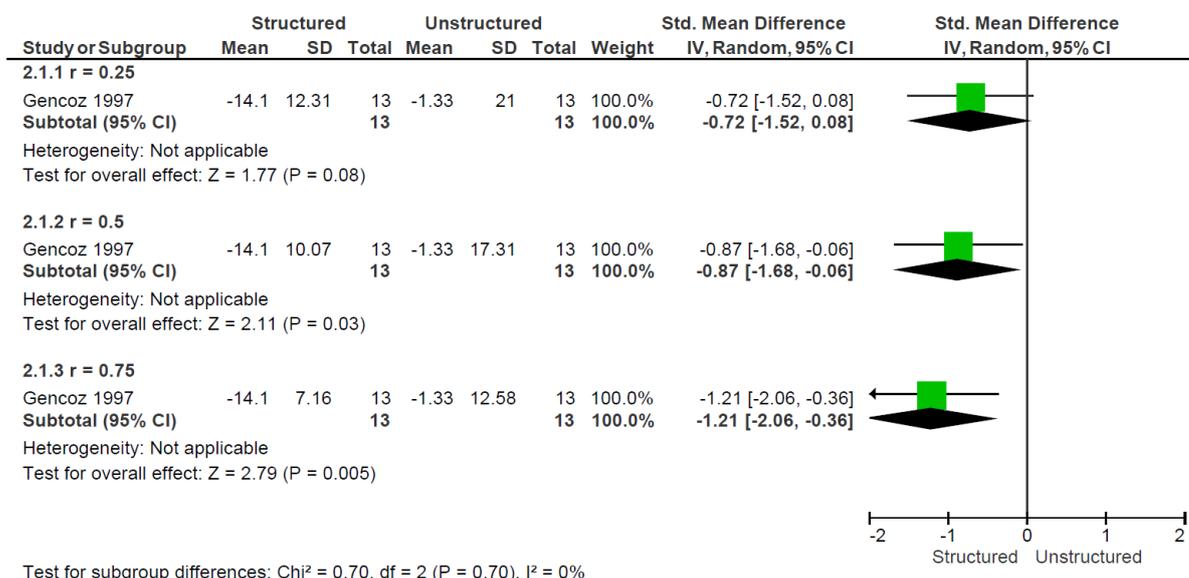


### A.5.1.10 Adaptive functioning – follow-up at 12 weeks

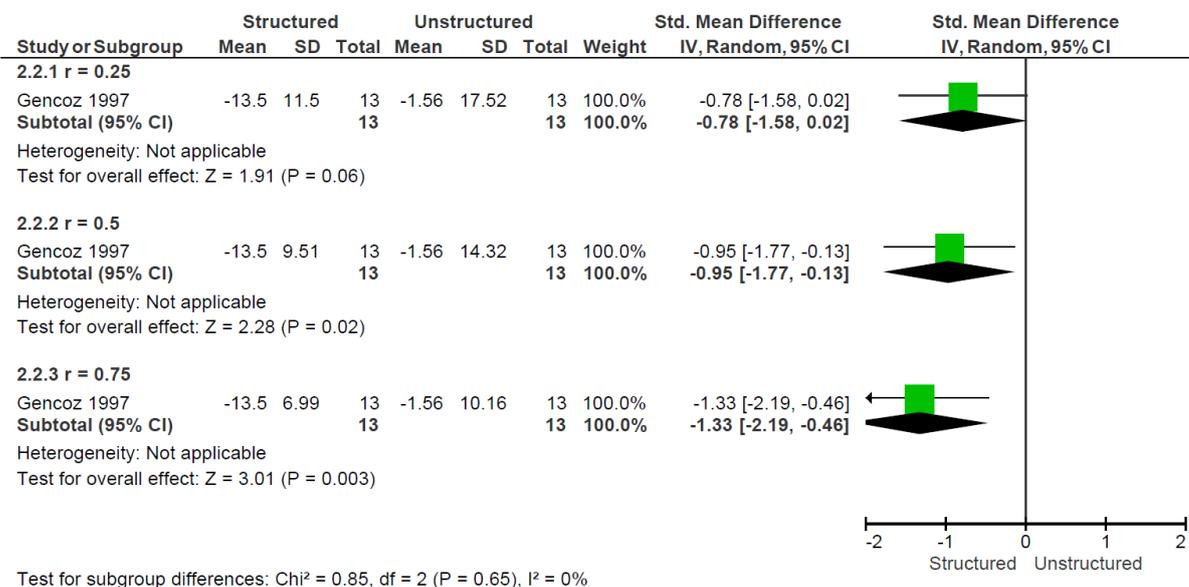


## A.5.2 Structured activity versus unstructured activity

### A.5.2.1 Targeted behaviour that challenges (severity) – post-treatment



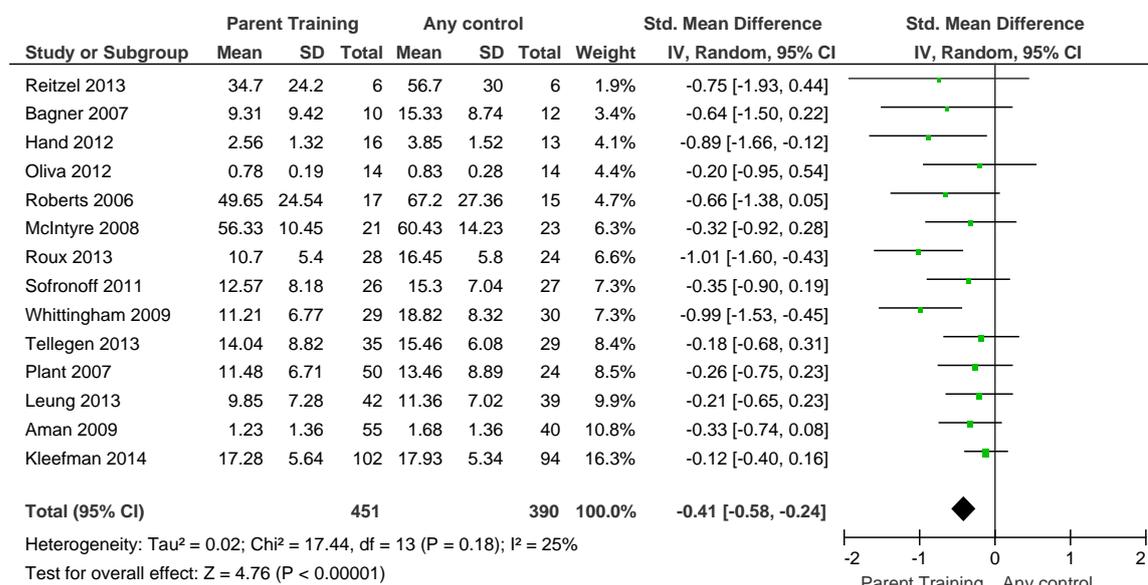
### A.5.2.2 Targeted behaviour that challenges (severity) – follow-up at six weeks



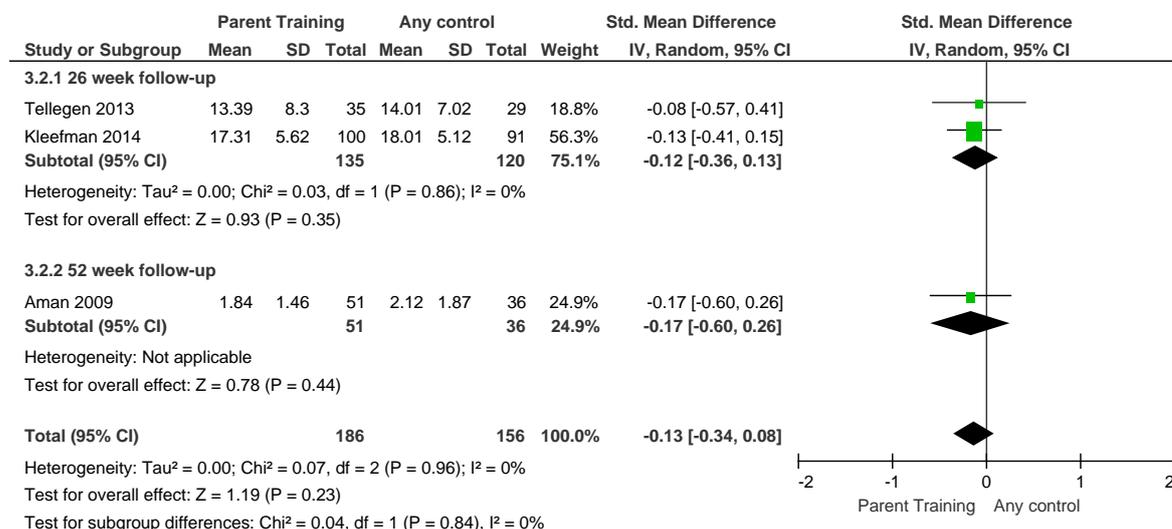
## A.6 Parent training interventions aimed at reducing and managing behaviour that challenges

### A.6.1 Parent training versus any control

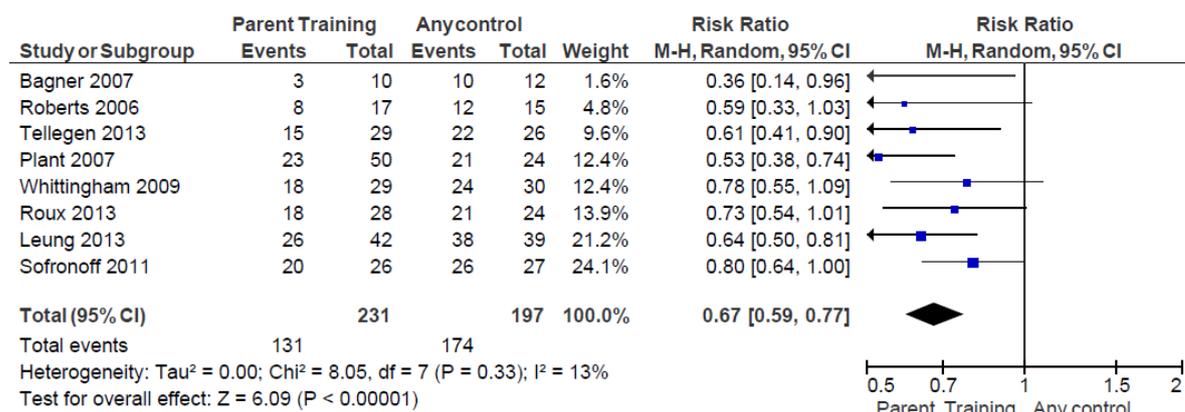
#### A.6.1.1 Targeted behaviour that challenges (severity) – post-treatment



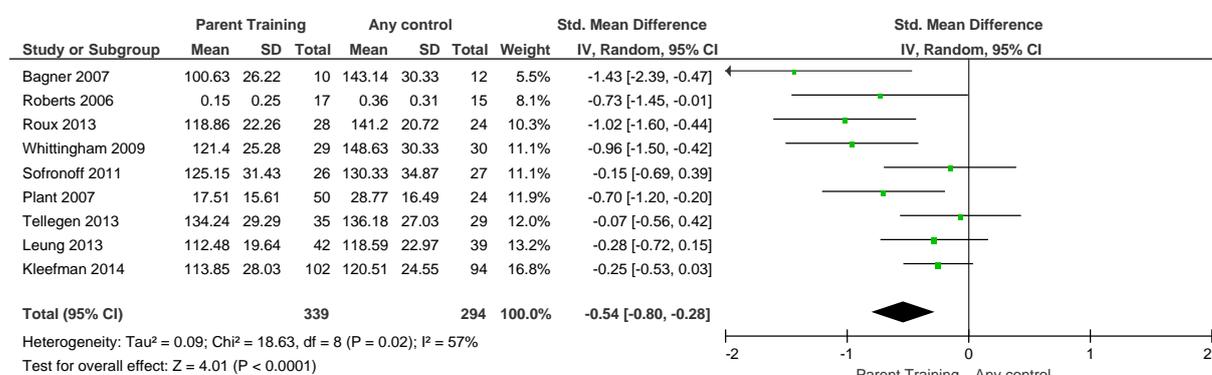
#### A.6.1.2 Targeted behaviour that challenges (severity) – follow-up



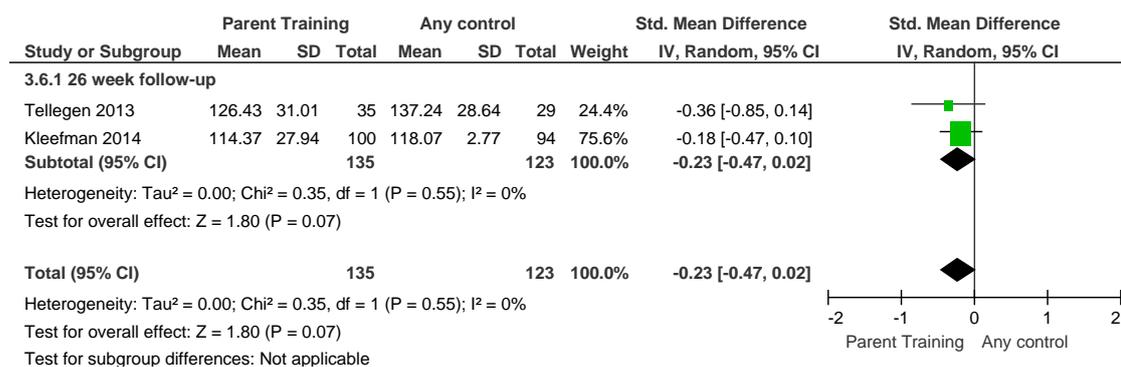
### A.6.1.3 Targeted behaviour that challenges (severity, non-improvement) – post-treatment



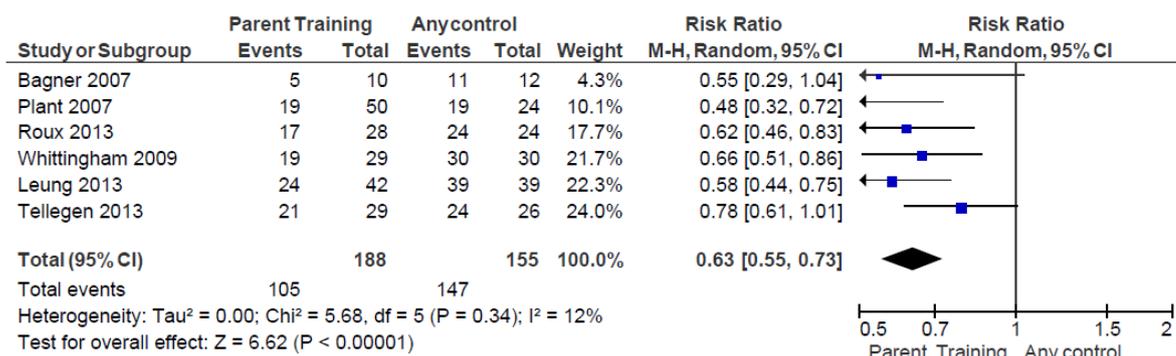
### A.6.1.4 Targeted behaviour that challenges (frequency) – post-treatment



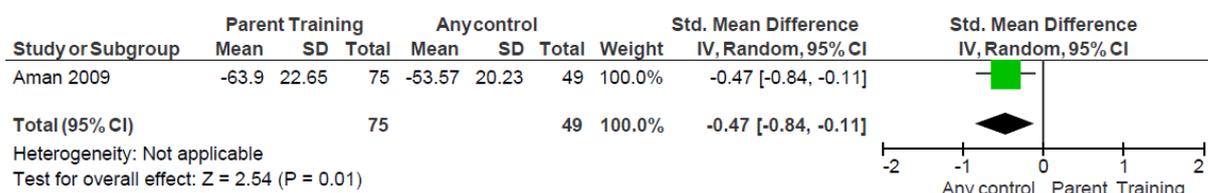
### A.6.1.5 Targeted behaviour that challenges (frequency) – follow-up



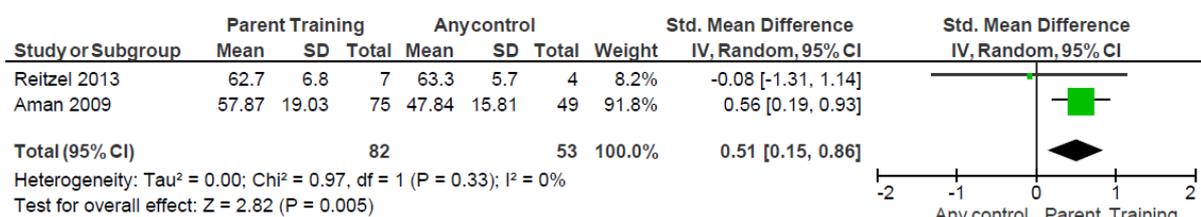
### A.6.1.6 Targeted behaviour that challenges (frequency, non-improvement) – follow-up



### A.6.1.7 Adaptive functioning (communication) – post-treatment

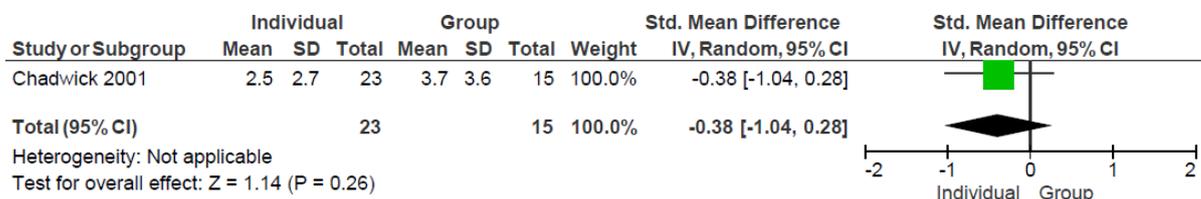


### A.6.1.8 Adaptive functioning (global) – post-treatment

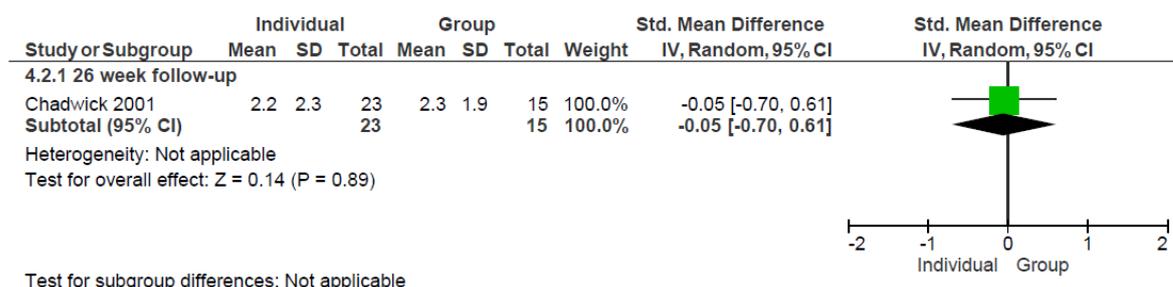


## A.6.2 Individual parent training versus group parent training

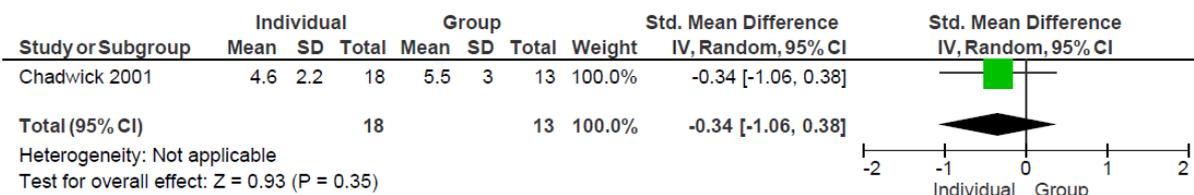
### A.6.2.1 Targeted behaviour that challenges (severity) – post-treatment



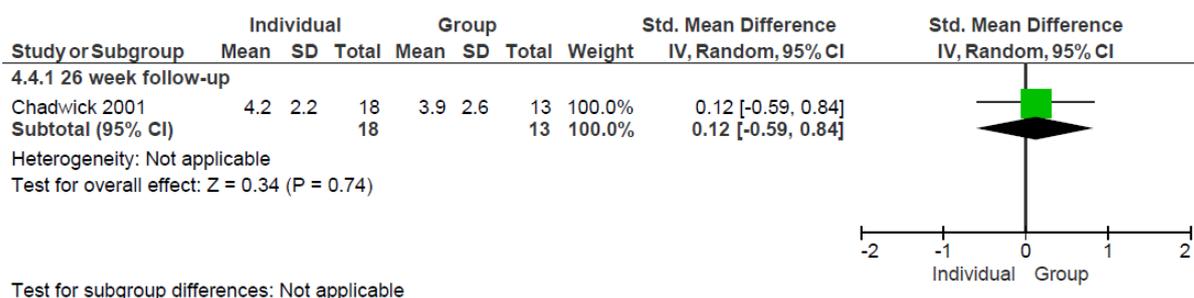
### A.6.2.2 Targeted behaviour that challenges (severity) – follow-up



### A.6.2.3 Targeted behaviour that challenges (frequency) – post-treatment

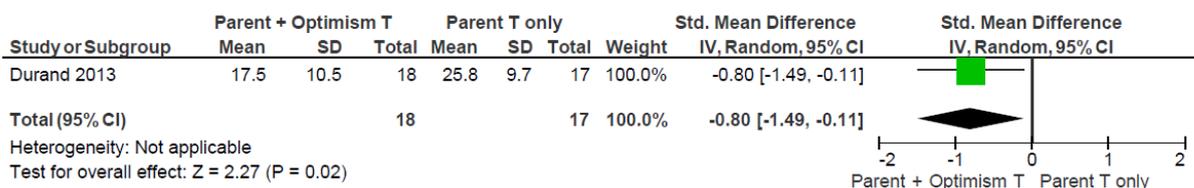


### A.6.2.4 Targeted behaviour that challenges (frequency) – follow-up

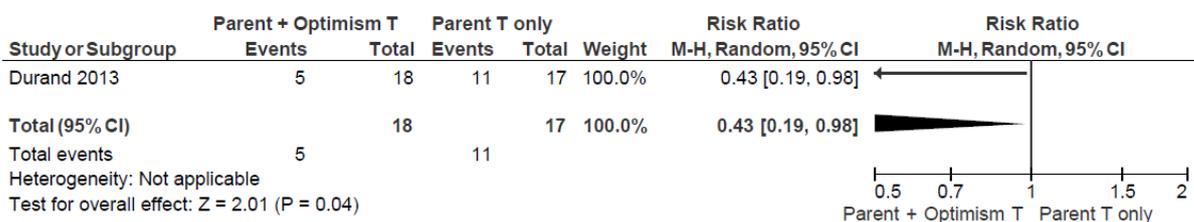


## A.6.3 Parent training plus optimism training versus parent training alone

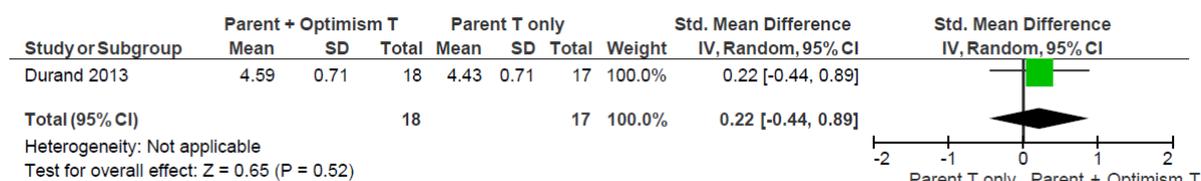
### A.6.3.1 Targeted behaviour that challenges (severity) – post-treatment



### A.6.3.2 Targeted behaviour that challenges (severity) – follow-up

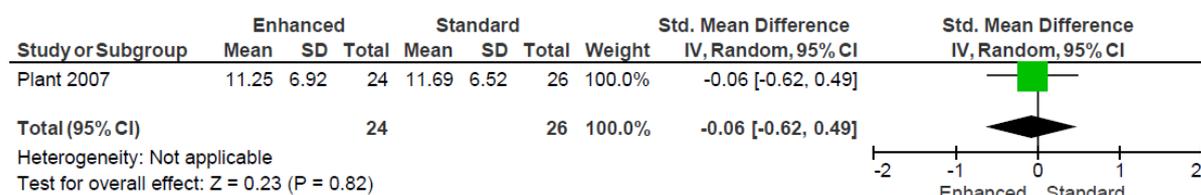


### A.6.3.3 Carer satisfaction – follow-up

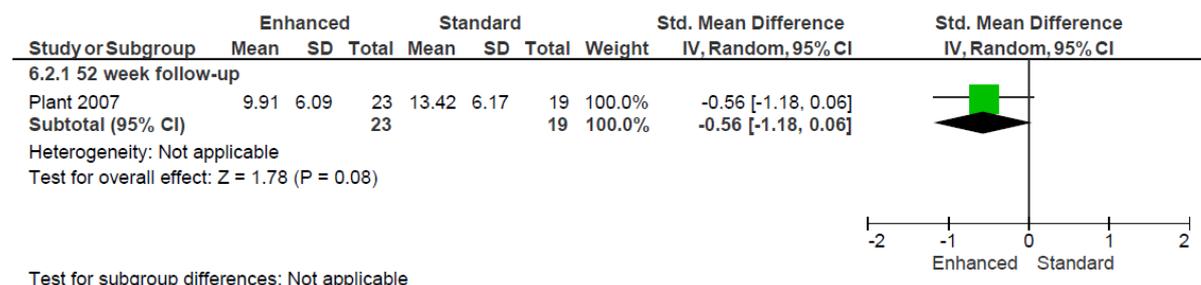


## A.6.4 Enhanced parent training (SSTP) versus standard parent training (SSTP)

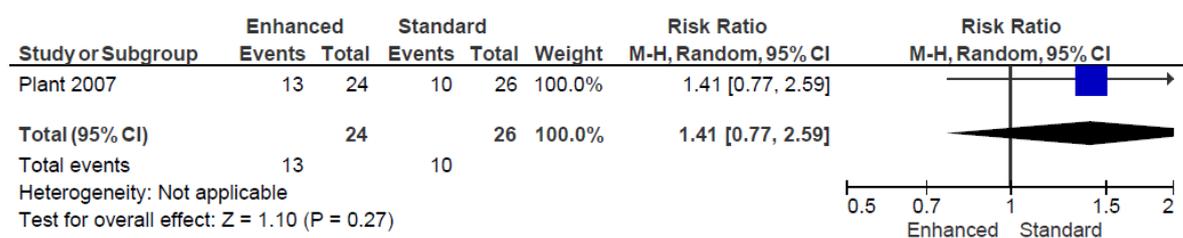
### A.6.4.1 Targeted behaviour that challenges (severity) – post-treatment



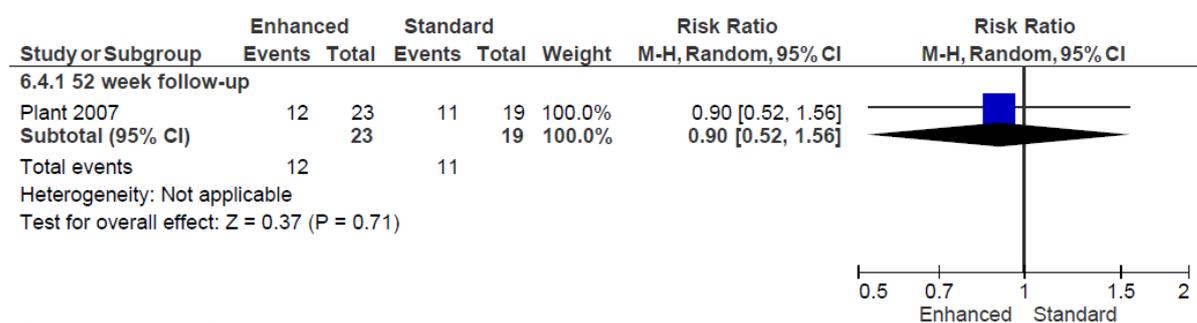
### A.6.4.2 Targeted behaviour that challenges (severity) – follow-up



### A.6.4.3 Targeted behaviour that challenges (severity, non-improvement) – post-treatment

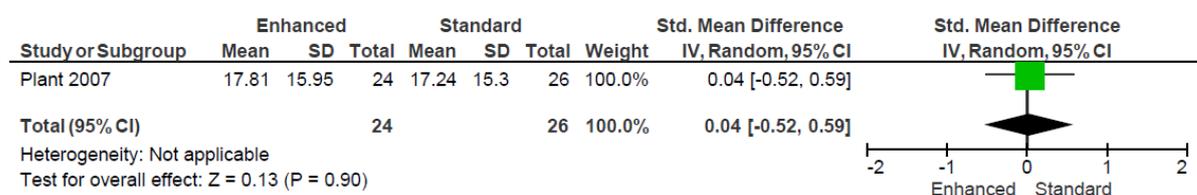


#### A.6.4.4 Targeted behaviour that challenges (severity, non-improvement) – follow-up

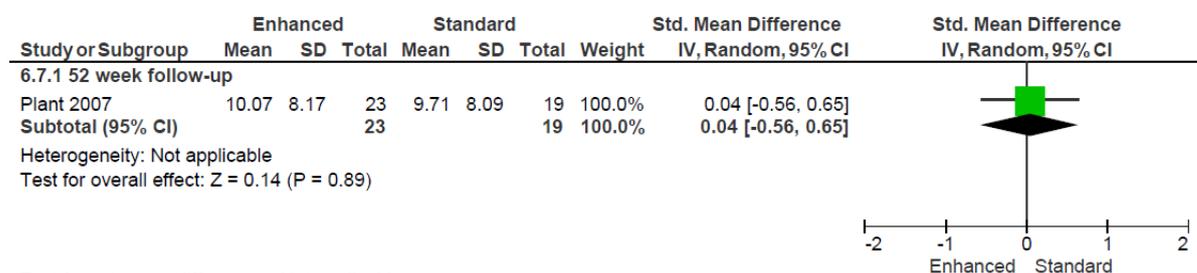


Test for subgroup differences: Not applicable

#### A.6.4.5 Targeted behaviour that challenges (frequency) – post-treatment

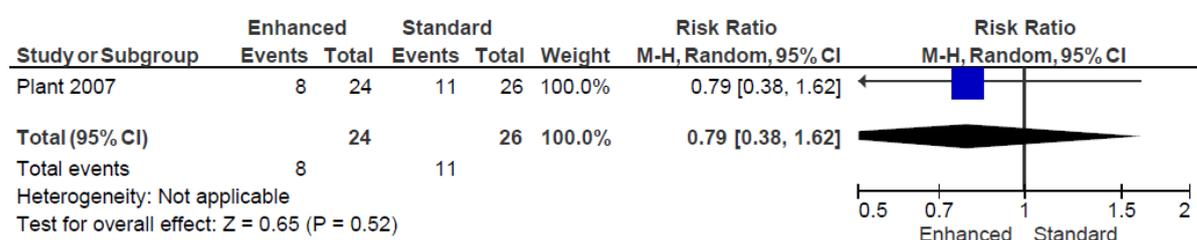


#### A.6.4.6 Targeted behaviour that challenges (frequency) – follow-up

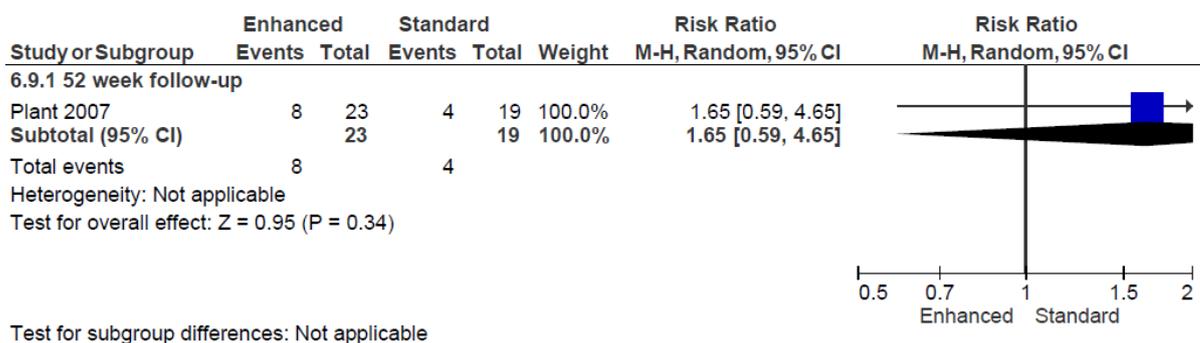


Test for subgroup differences: Not applicable

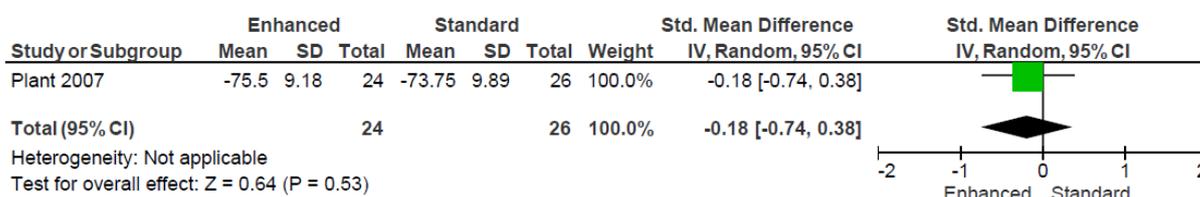
#### A.6.4.7 Targeted behaviour that challenges (frequency, non-improvement) – post-treatment



### A.6.4.8 Targeted behaviour that challenges (frequency, non-improvement) – follow-up



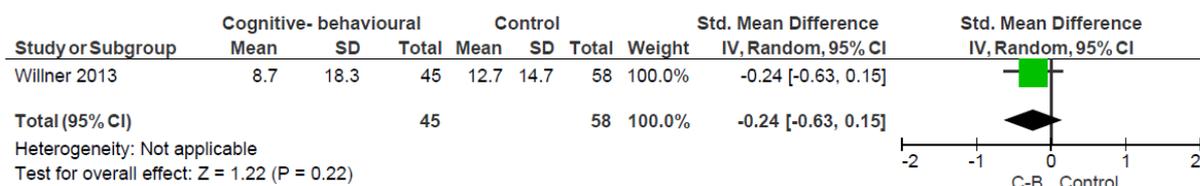
### A.6.4.9 Carer satisfaction – post-treatment



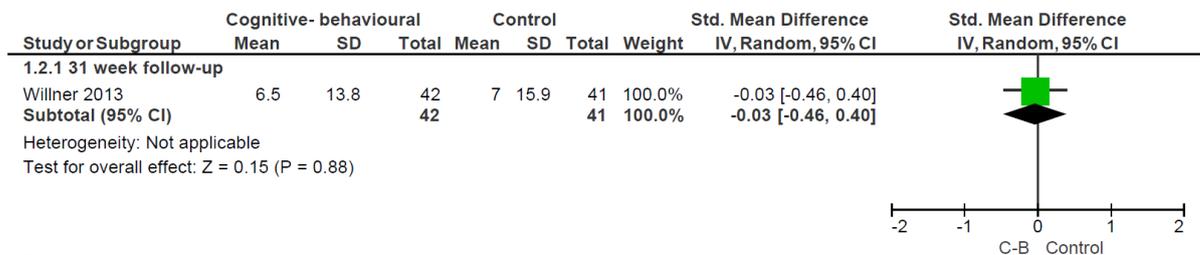
## A.7 Psychosocial interventions aimed at reducing and managing behaviour that challenges

### A.7.1 Cognitive behavioural interventions versus any control

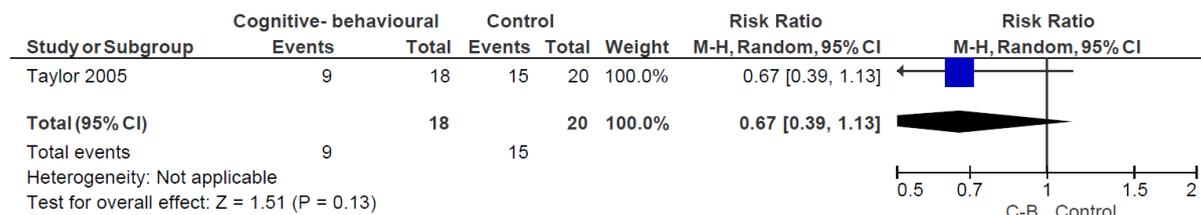
#### A.7.1.1 Targeted behaviour that challenges (severity, family carer rated) – post-treatment



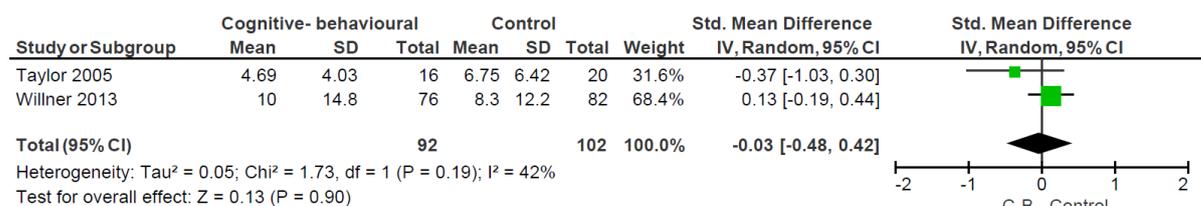
#### A.7.1.2 Targeted behaviour that challenges (severity, family carer rated) – follow-up



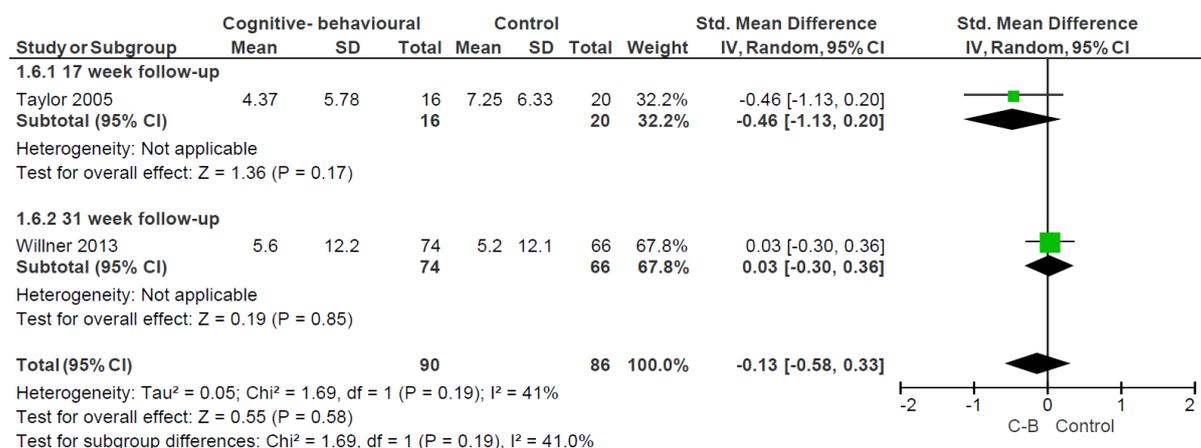
### A.7.1.3 Targeted behaviour that challenges (severity, non-improvement, paid carer rated) – post-treatment



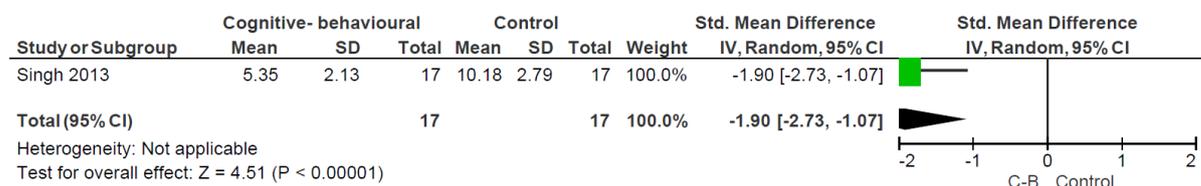
### A.7.1.4 Targeted behaviour that challenges (severity, paid carer rated) – post-treatment



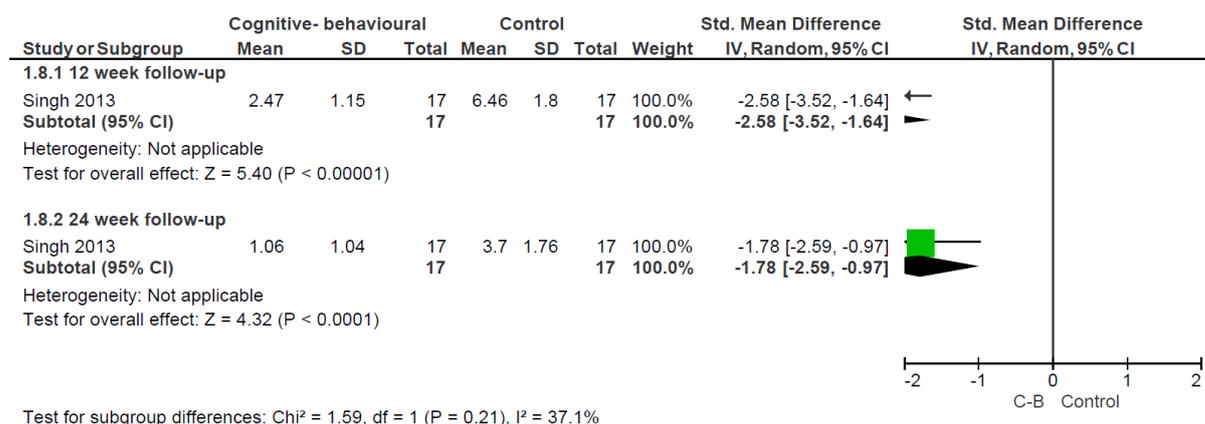
### A.7.1.5 Targeted behaviour that challenges (severity, paid carer rated) – follow-up



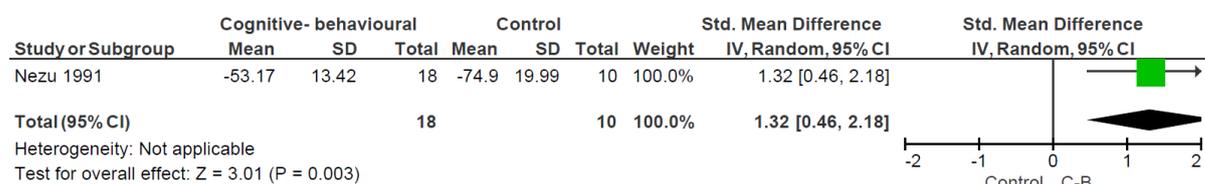
### A.7.1.6 Targeted behaviour that challenges (frequency, family carer rated) – post-treatment



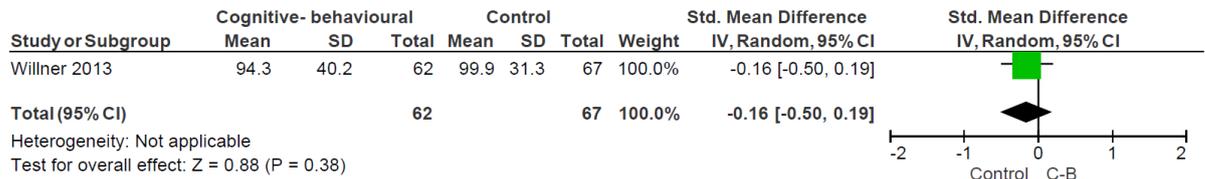
### A.7.1.7 Targeted behaviour that challenges (frequency, family carer rated) – follow-up



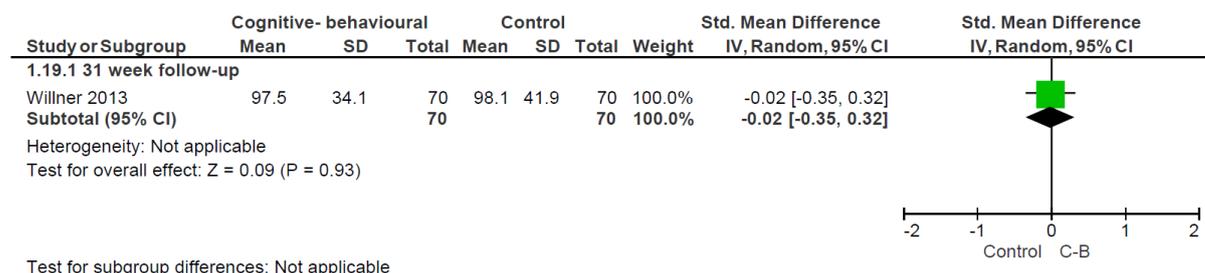
### A.7.1.8 Adaptive functioning (paid carer rated) – post-treatment



### A.7.1.9 Quality of life – post-treatment

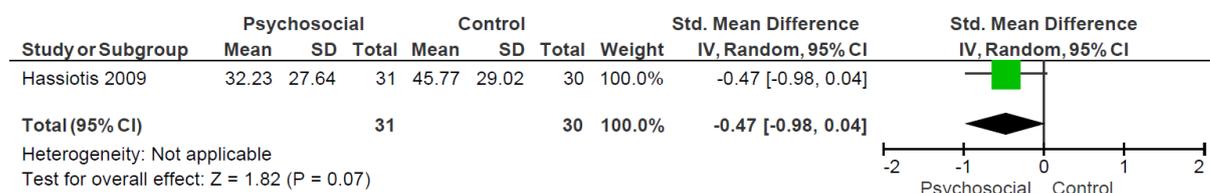


### A.7.1.10 Quality of life – follow-up

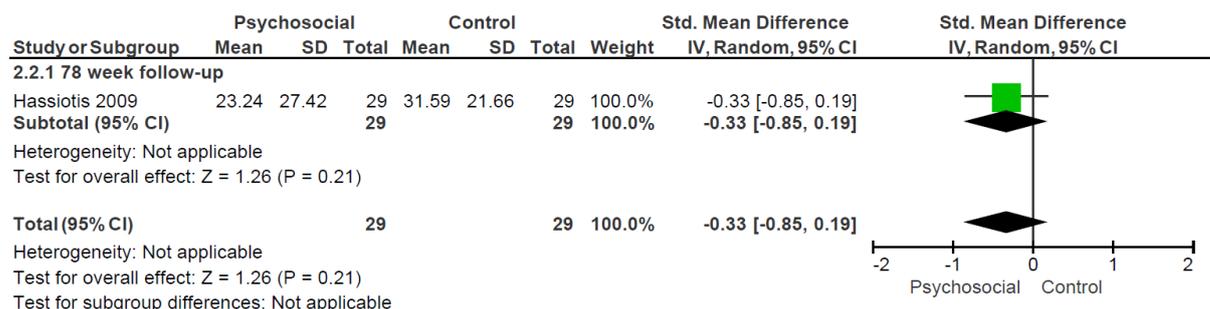


## A.7.2 Behavioural therapy versus any control

### A.7.2.1 Targeted behaviour that challenges (severity, family carer rated) – post-treatment



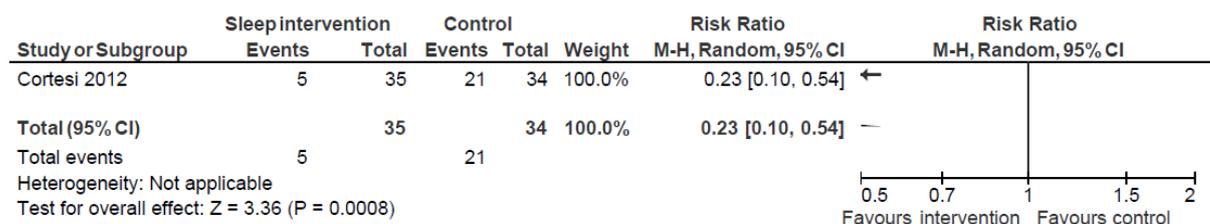
### A.7.2.2 Targeted behaviour that challenges (severity, family carer rated) – follow-up



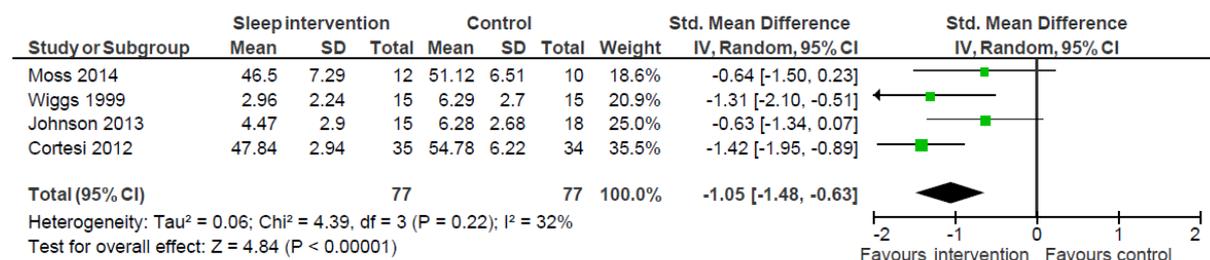
## A.8 Sleep interventions aimed at reducing and managing behaviour that challenges

### A.8.1 Sleep interventions versus any control

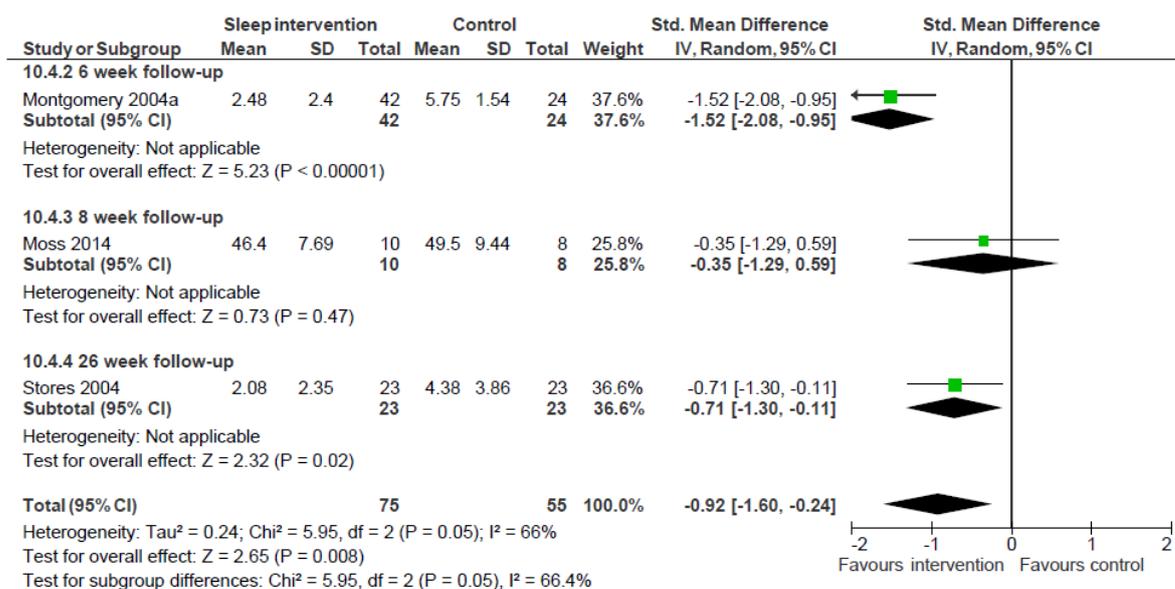
#### A.8.1.1 Targeted behaviour that challenges (global problem sleep behaviour, non-improvement) – post-treatment



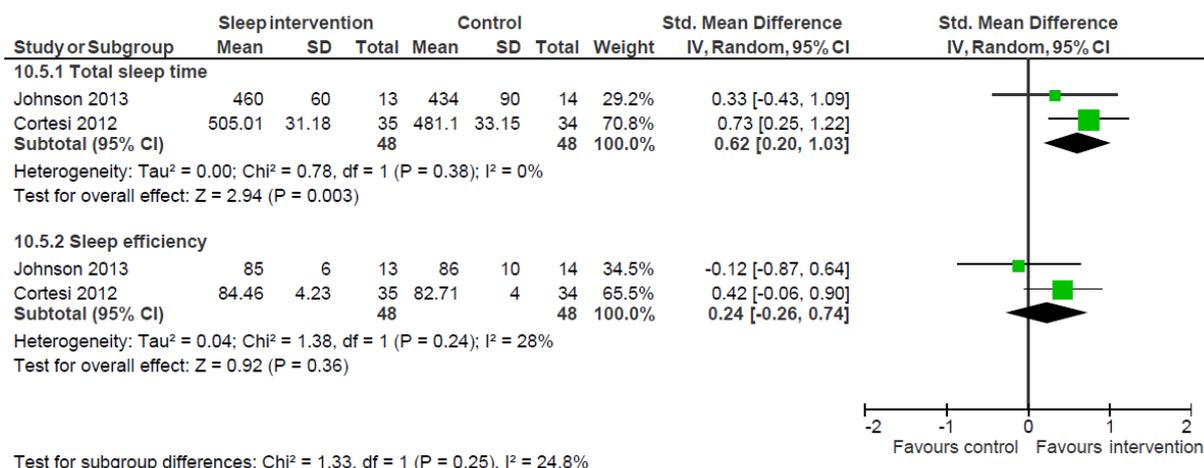
#### A.8.1.2 Targeted behaviour that challenges (global problem sleep behaviour) – post-treatment



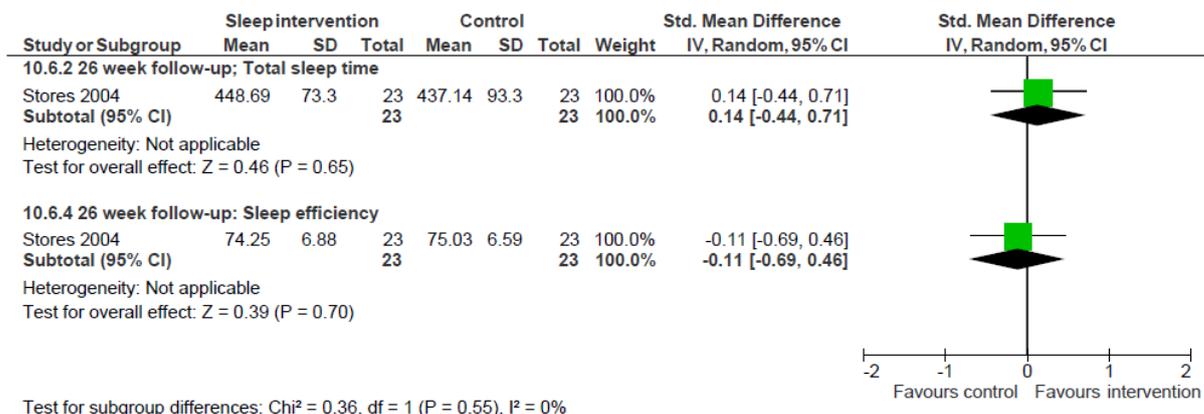
### A.8.1.3 Targeted behaviour that challenges (global problem sleep behaviour) – follow-up



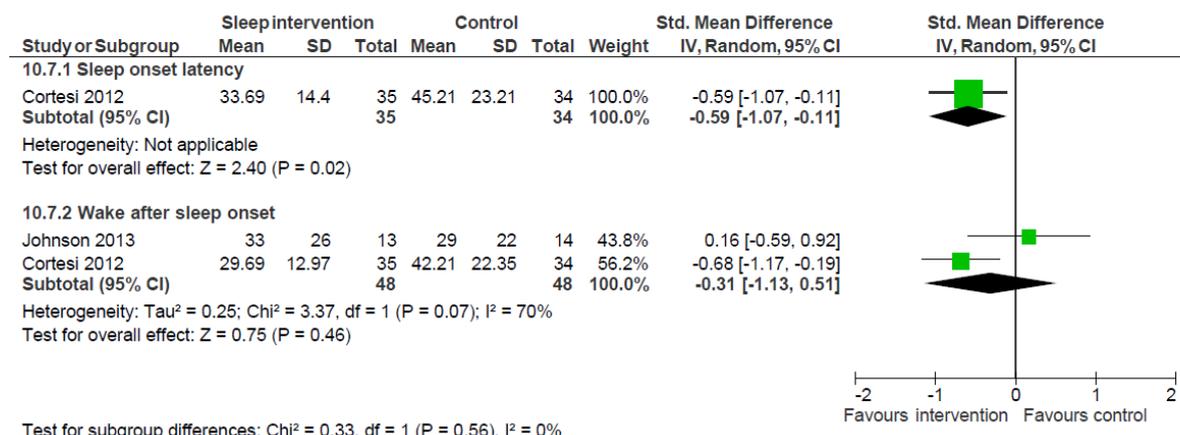
### A.8.1.4 Targeted behaviour that challenges (positive sleep behaviour, actigraph) – post-treatment



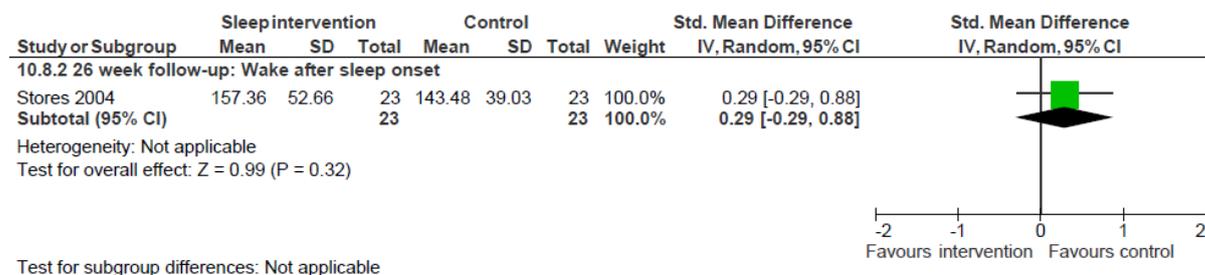
### A.8.1.5 Targeted behaviour that challenges (positive sleep behaviour, actigraph) – follow-up



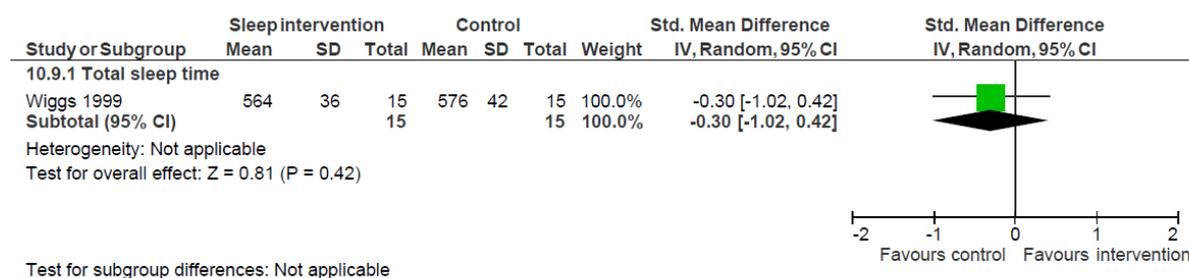
### A.8.1.6 Targeted behaviour that challenges (problem sleep behaviour, actigraph) – post-treatment



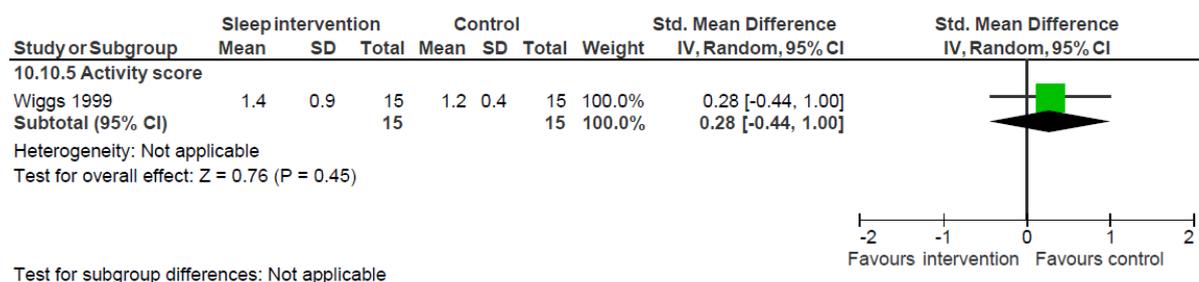
### A.8.1.7 Targeted behaviour that challenges (problem sleep behaviour, actigraph) – follow-up



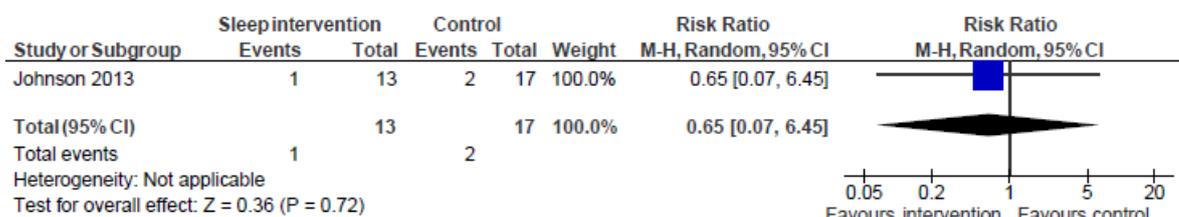
### A.8.1.8 Targeted behaviour that challenges (positive sleep behaviour, sleep diary) – post-treatment



### A.8.1.9 Targeted behaviour that challenges (problem sleep behaviour, sleep diary) – post-treatment

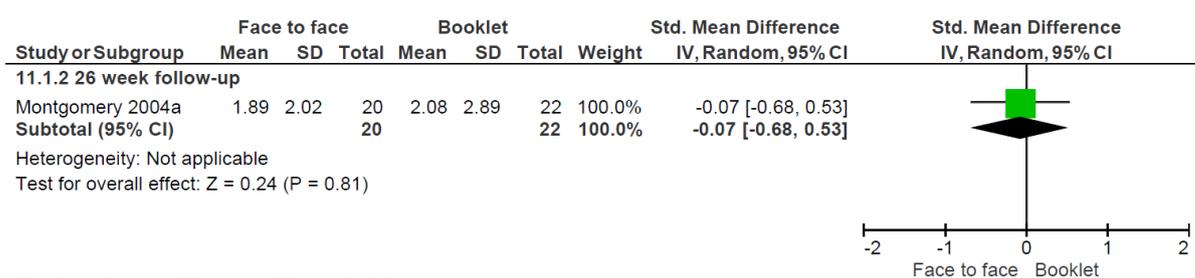


### A.8.1.10 Carer satisfaction (non-satisfied) – post-treatment



## A.8.2 Face-to-face sleep intervention versus booklet only sleep intervention

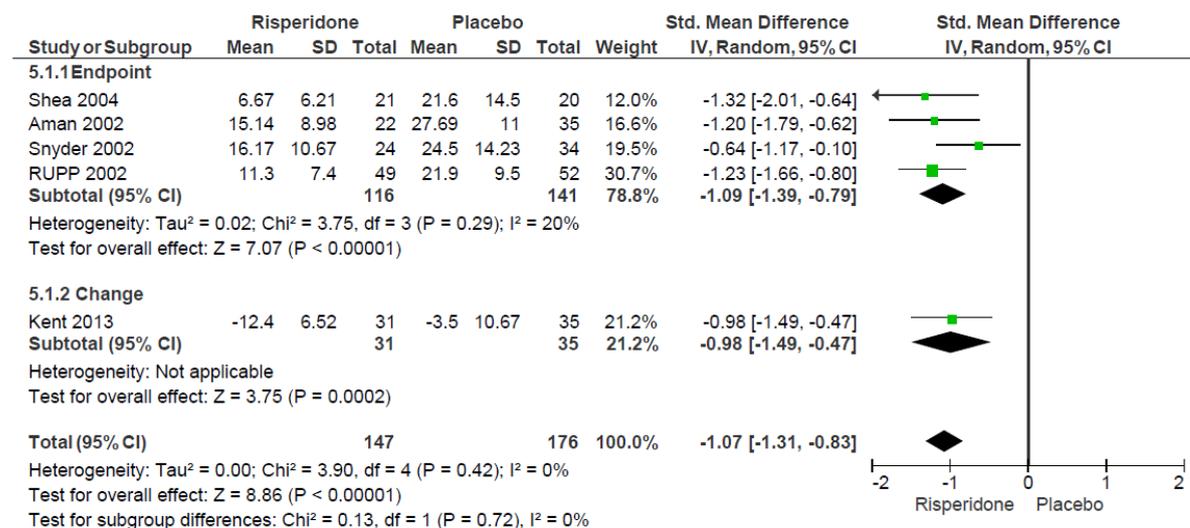
### A.8.2.1 Targeted behaviour that challenges (sleep problem behaviour) – follow-up



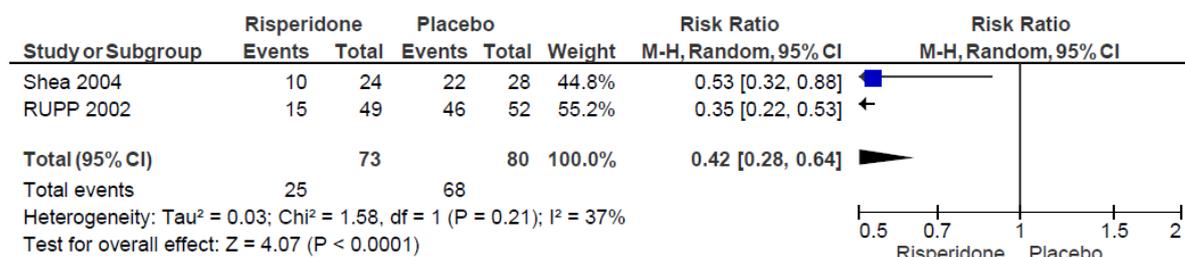
## A.9 Pharmacological interventions aimed at reducing and managing behaviour that challenges

### A.9.1 Risperidone versus placebo in children and young people

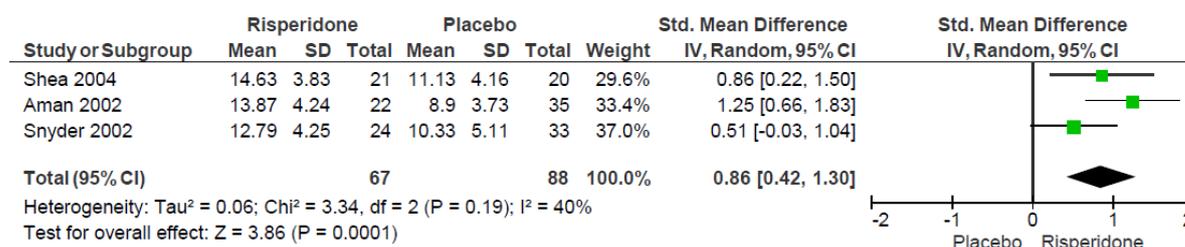
#### A.9.1.1 Targeted behaviour that challenges (severity) – post-treatment



### A.9.1.2 Targeted behaviour that challenges (severity, non-improvement) – post-treatment



### A.9.1.3 Adaptive functioning (social) – post-treatment



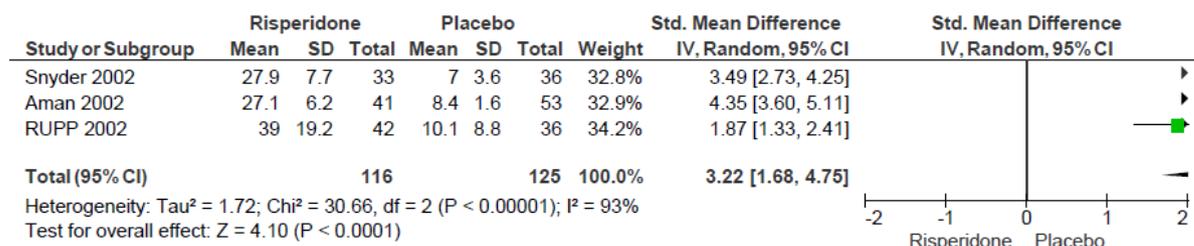
### A.9.1.4 Adverse events (elevated prolactin, non-occurrence) – post-treatment



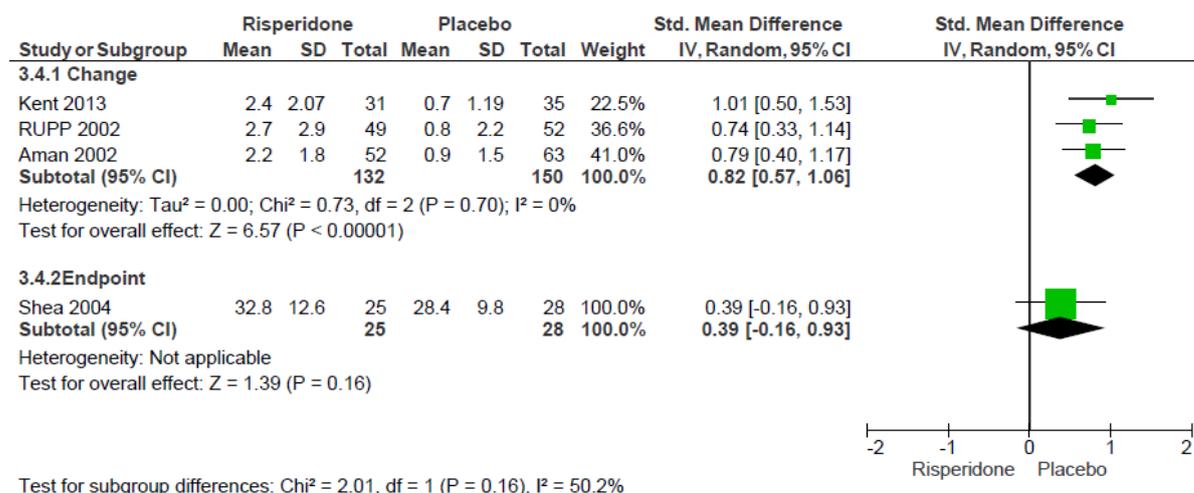
### A.9.1.5 Adverse events (prolactin-related adverse event; oligomenorrhea, non-occurrence) – post-treatment



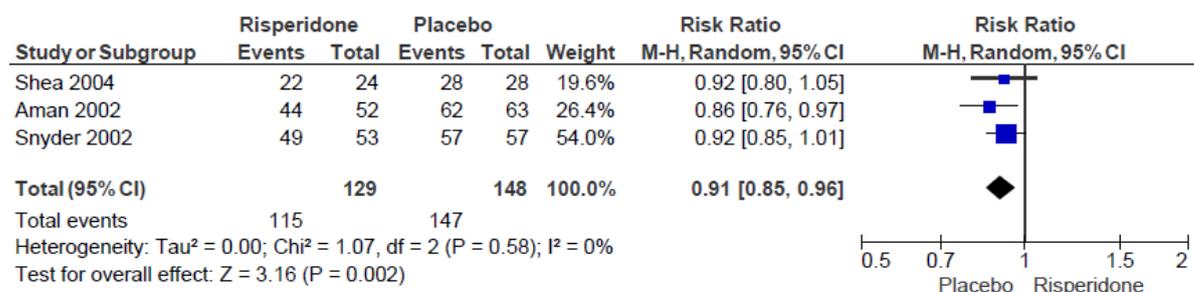
### A.9.1.6 Adverse events (prolactin level; ng/ml) – post-treatment



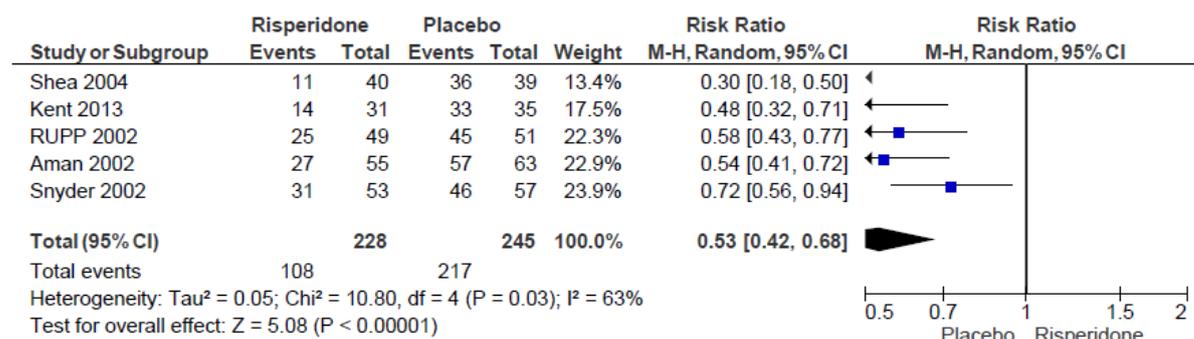
### A.9.1.7 Adverse events (weight; kg) – post-treatment



### A.9.1.8 Adverse events (weight gain, non-occurrence) – post-treatment



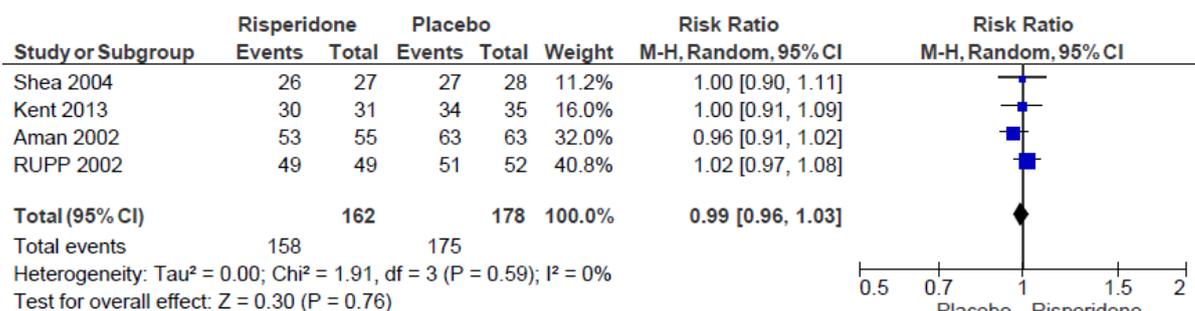
### A.9.1.9 Adverse events (somnolence/sedation, non-occurrence) – post-treatment



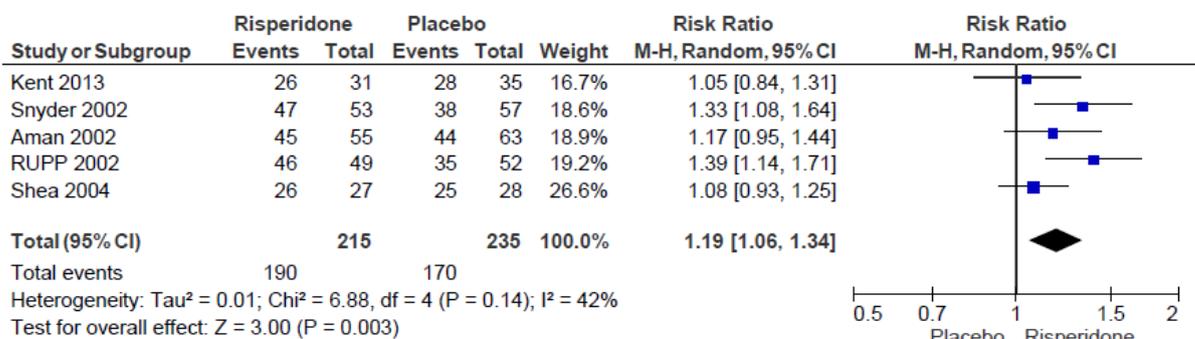
### A.9.1.10 Adverse events (seizure, non-occurrence) – post-treatment



### A.9.1.11 Adverse events (discontinuation due to adverse events, non-occurrence) – post-treatment

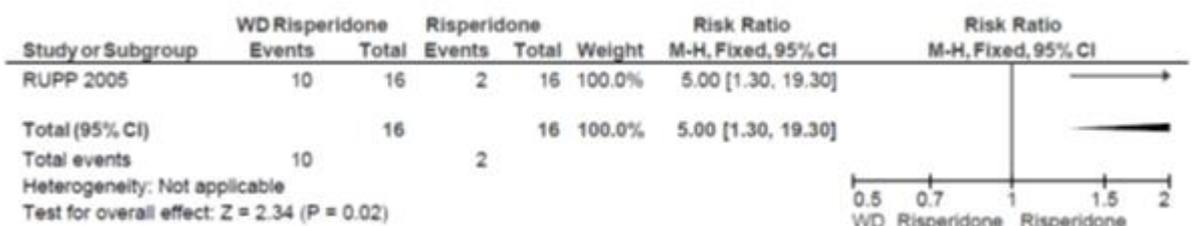


### A.9.1.12 Adverse events (discontinuation due to other reasons, non-occurrence) – post-treatment



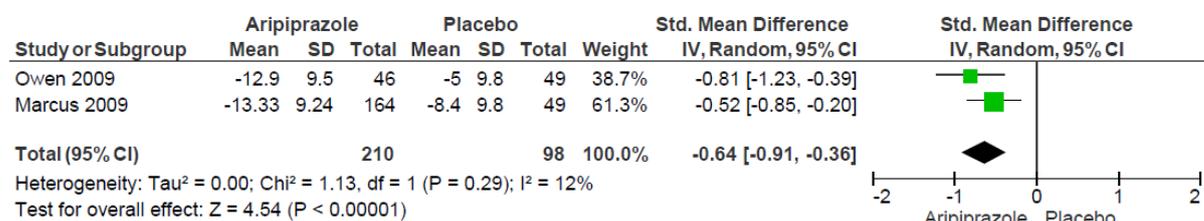
## A.9.2 Withdrawal of risperidone versus continuation of risperidone in children and young people

### A.9.2.1 Targeted behaviour that challenges (relapse) – post-treatment



### A.9.3 Aripiprazole versus placebo in children and young people

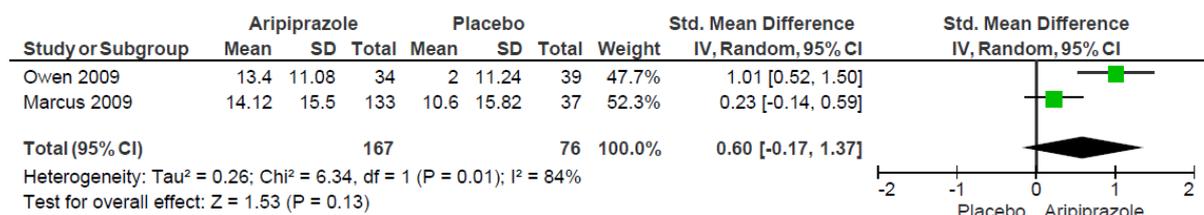
#### A.9.3.1 Targeted behaviour that challenges (severity) – post-treatment



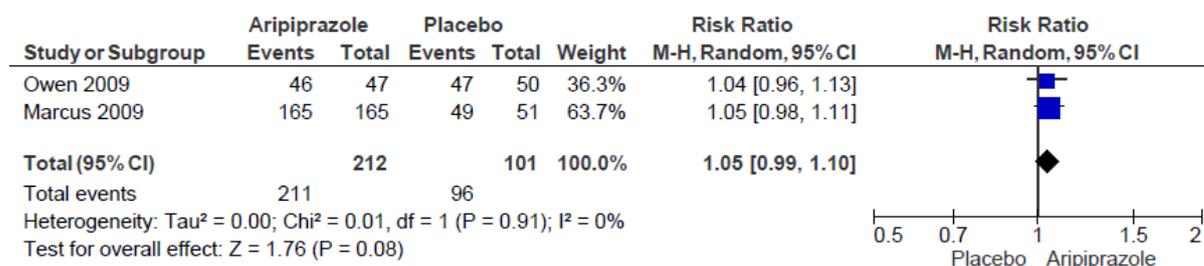
#### A.9.3.2 Targeted behaviour that challenges (severity, non-improvement) – post-treatment



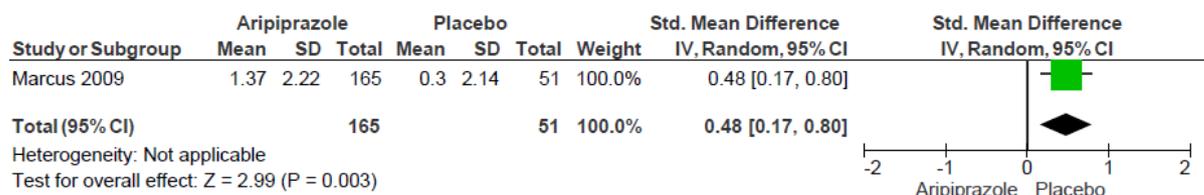
#### A.9.3.3 Quality of life – post-treatment



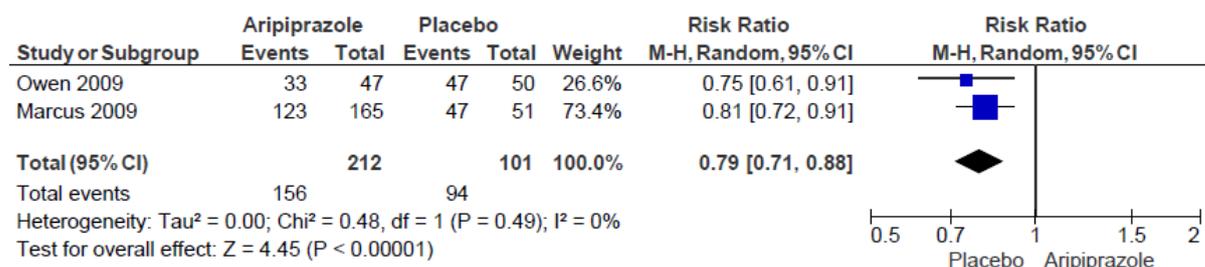
#### A.9.3.4 Adverse events (elevated prolactin, non-occurrence) – post-treatment



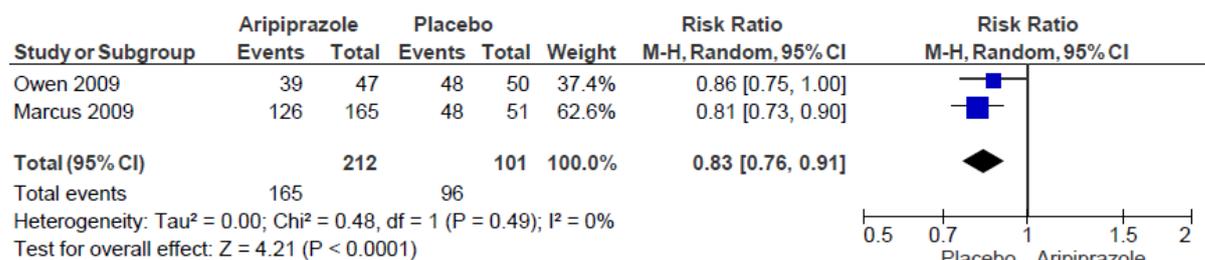
#### A.9.3.5 Adverse events (weight gain; kg) – post-treatment



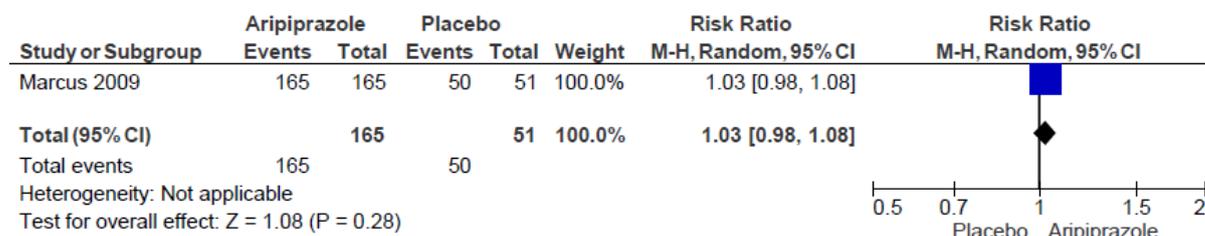
**A.9.3.6 Adverse events (weight gain; clinically significant, non-occurrence) – post-treatment**



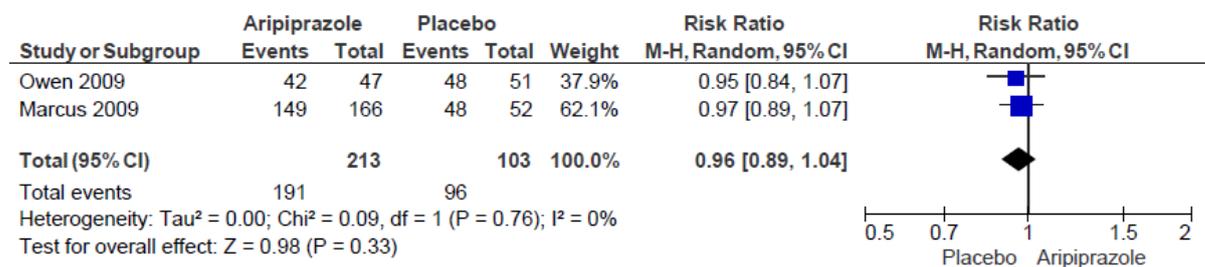
**A.9.3.7 Adverse events (sedation, non-occurrence) – post-treatment**



**A.9.3.8 Adverse events (seizure, non-occurrence) – post-treatment**



**A.9.3.9 Adverse events (discontinuation due to adverse events, non-occurrence) – post-treatment**

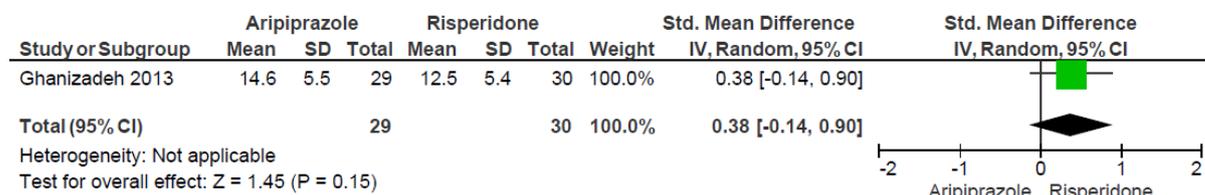


### A.9.3.10 Adverse events (discontinuation due to other reasons, non-occurrence) – post-treatment

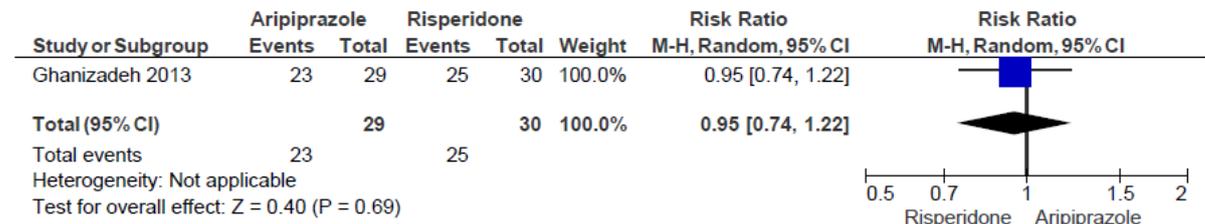


## A.9.4 Aripiprazole versus risperidone in children and young people

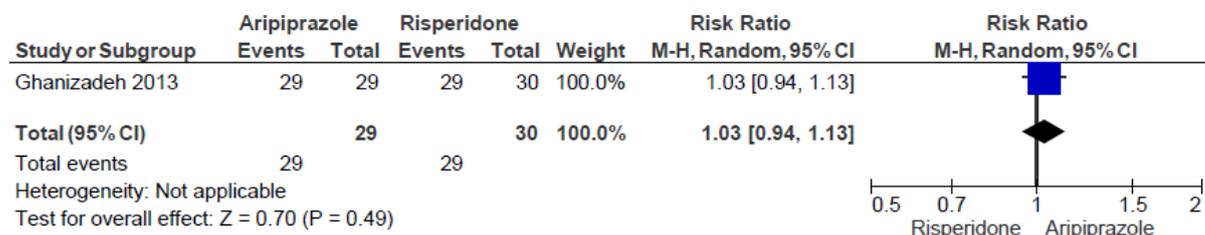
### A.9.4.1 Targeted behaviour that challenges (severity) – post-treatment



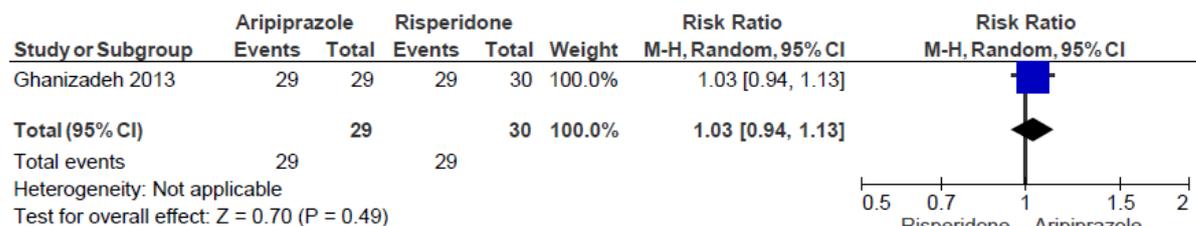
### A.9.4.2 Adverse events (drowsiness, non-occurrence) – post-treatment



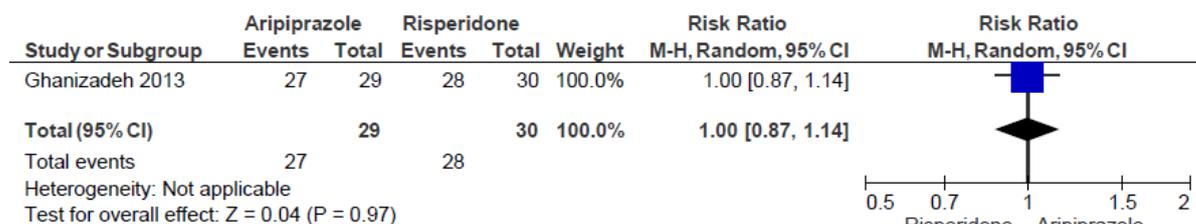
### A.9.4.3 Adverse events (seizure, non-occurrence) – post-treatment



### A.9.4.4 Adverse events (discontinuation due to adverse events, non-occurrence) – post-treatment

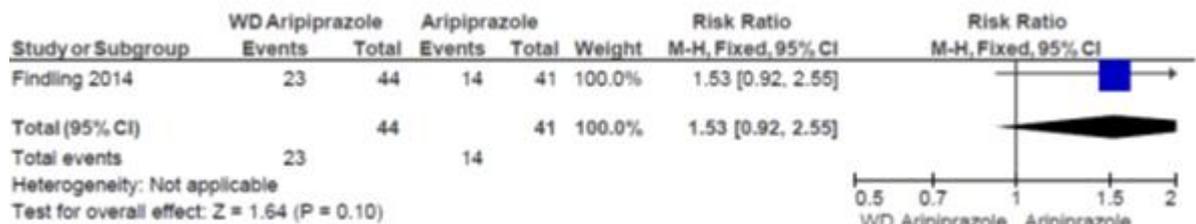


### A.9.4.5 Adverse events (discontinuation due to other reasons, non-occurrence) – post-treatment



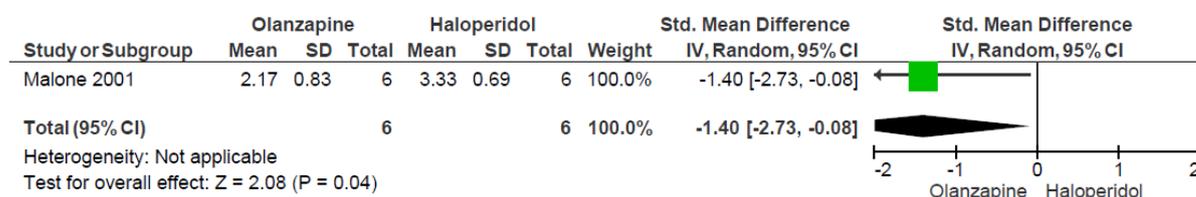
## A.9.5 Withdrawal of aripiprazole versus continuation of aripiprazole in children and young people

### A.9.5.1 Targeted behaviour that challenges (relapse) – post-treatment



## A.9.6 Olanzapine versus haloperidol in children and young people

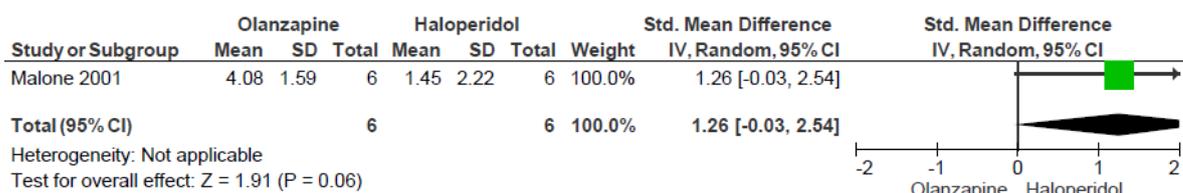
### A.9.6.1 Targeted behaviour that challenges (severity) – post-treatment



### A.9.6.2 Adverse events (drowsiness, non-occurrence) – post-treatment



### A.9.6.3 Adverse events (weight gain; kg) – post-treatment

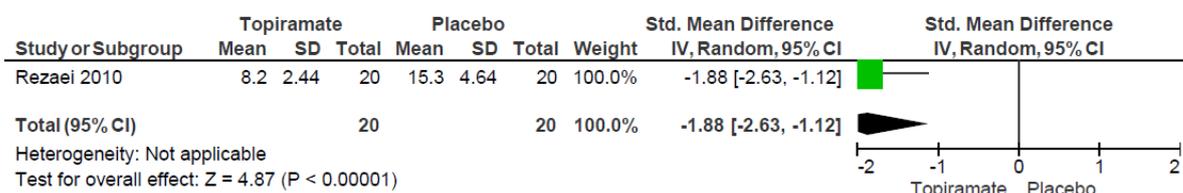


### A.9.6.4 Adverse events (weight gain) – post-treatment



## A.9.7 Topiramate (plus risperidone) versus placebo (plus risperidone) in children and young people

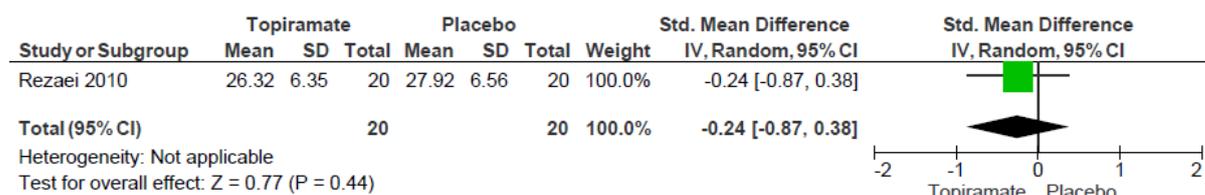
### A.9.7.1 Targeted behaviour that challenges (severity) – post-treatment



### A.9.7.2 Adverse events (sedation, non-occurrence) – post-treatment

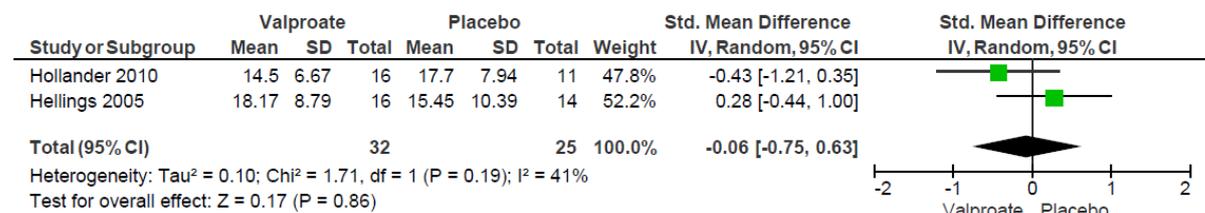


### A.9.7.3 Adverse events (weight at endpoint) – post-treatment



## A.9.8 Valproate versus placebo in children and young people

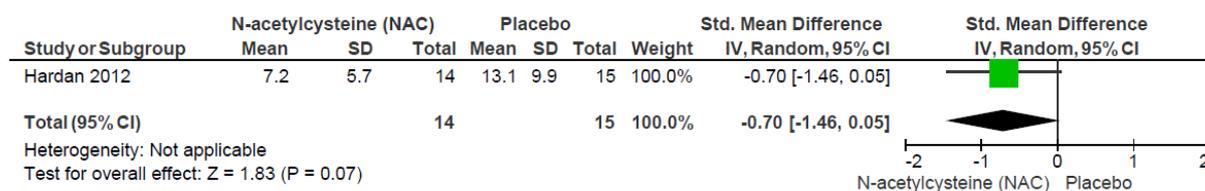
### A.9.8.1 Targeted behaviour that challenges (severity) – post-treatment



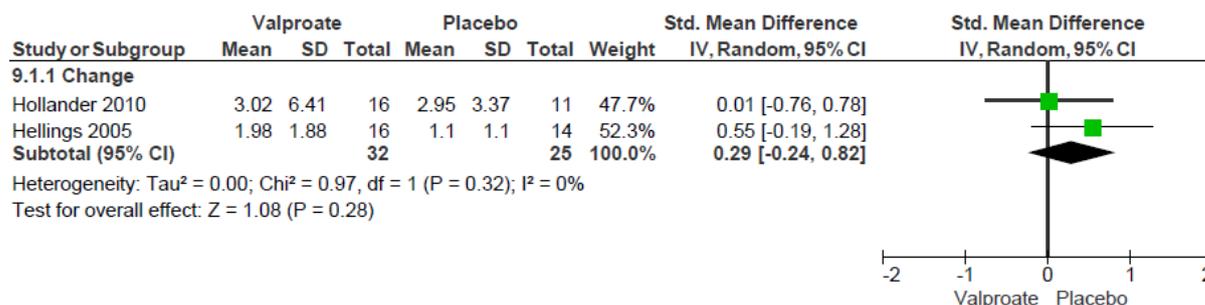
### A.9.8.2 Targeted behaviour that challenges (severity, non-improvement) – post-treatment



### A.9.8.3 Targeted behaviour that challenges (severity) – post-treatment



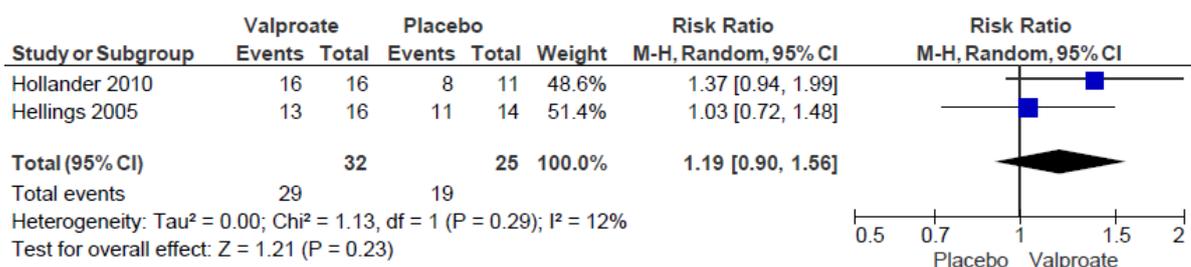
### A.9.8.4 Adverse events (weight; kg) – post-treatment



**A.9.8.5 Adverse events (weight gain, non-occurrence) – post-treatment**



**A.9.8.6 Adverse events (somnolence/sedation, non-occurrence) – post-treatment**



**A.9.8.7 Adverse events (discontinuation due to adverse events, non-occurrence) – post-treatment**

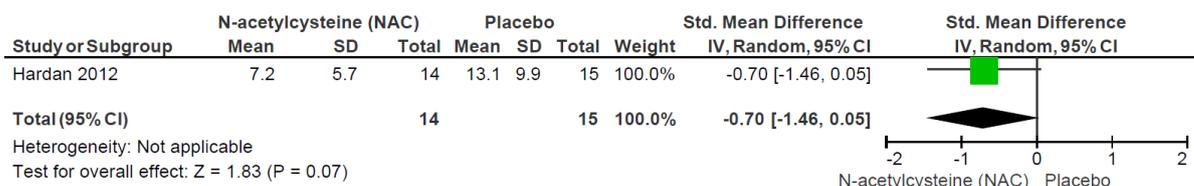


**A.9.8.8 Adverse events (discontinuation due to other reasons, non-occurrence) – post-treatment**

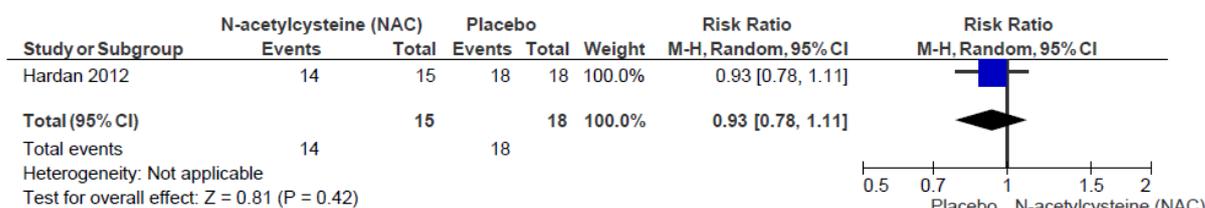


## A.9.9 N-acetylcysteine versus placebo in children and young people

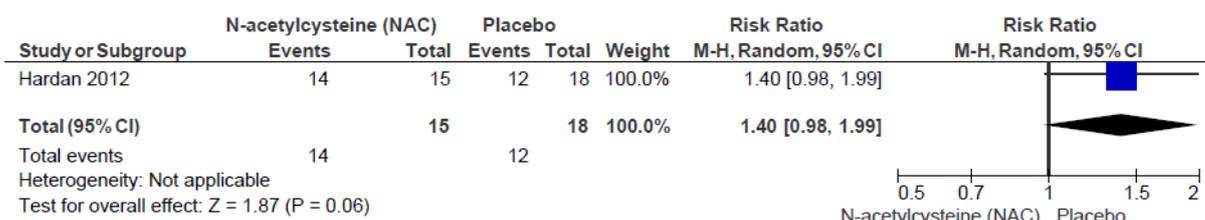
### A.9.9.1 Targeted behaviour that challenges (severity) – post-treatment



### A.9.9.2 Adverse events (discontinuation due to adverse events, non-occurrence) – post-treatment

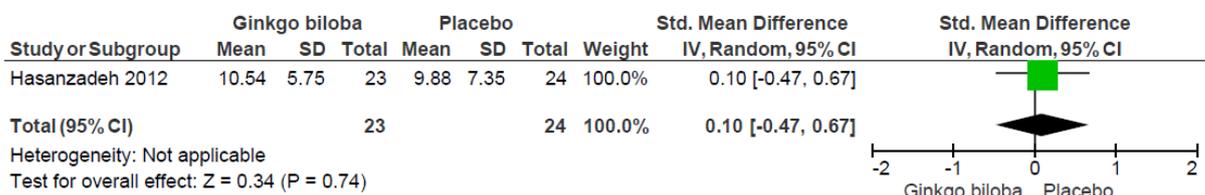


### A.9.9.3 Adverse events (discontinuation due to other reasons, non-occurrence) – post-treatment

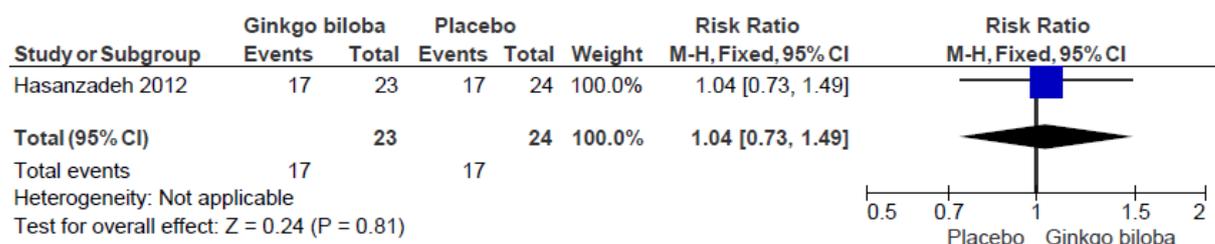


## A.9.10 Ginkgo biloba (plus risperidone) versus placebo (plus risperidone) in children and young people

### A.9.10.1 Targeted behaviour that challenges (severity) – post-treatment

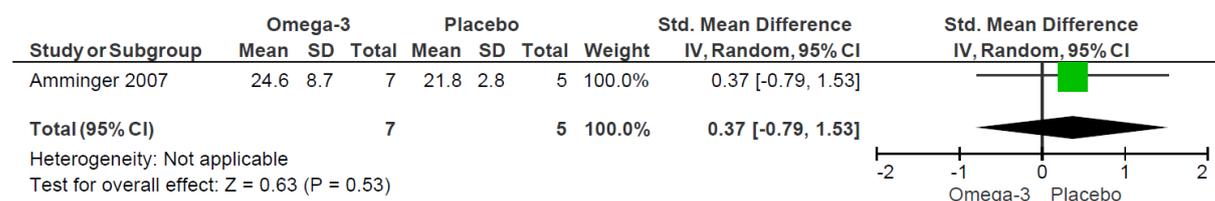


### A.9.10.2 Adverse events (drowsiness, non-occurrence) – post-treatment



### A.9.11 Omega-3 versus placebo in children and young people

#### A.9.11.1 Targeted behaviour that challenges (severity) – post-treatment



#### A.9.11.2 Adverse events (discontinuation due to adverse events, non-occurrence) – post-treatment



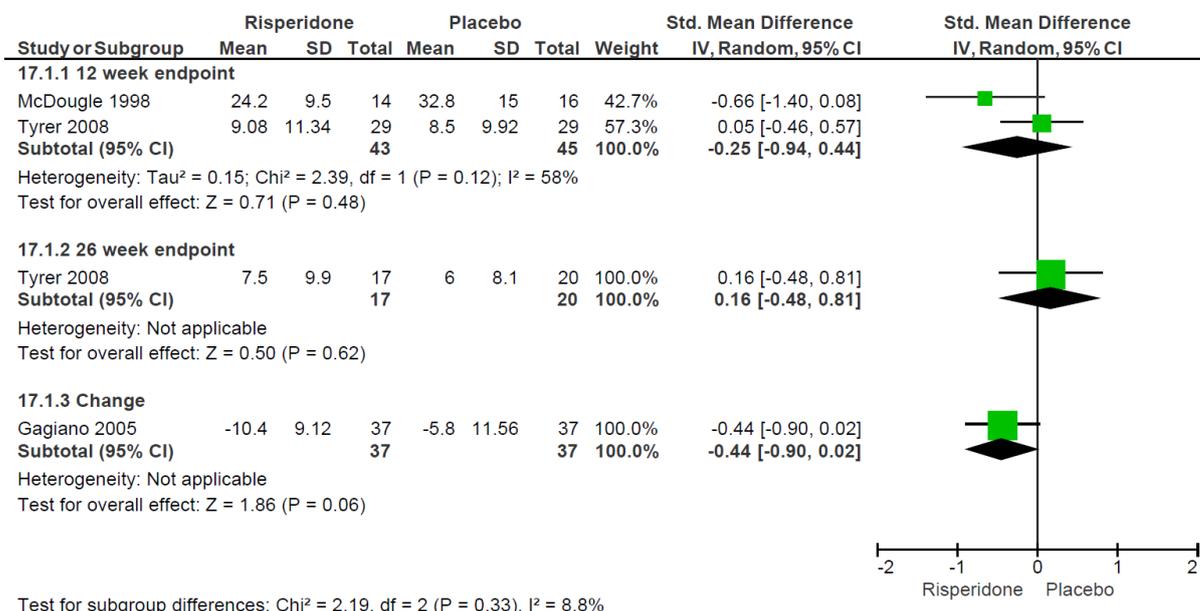
### A.9.12 Piracetam (plus risperidone) vs placebo (plus risperidone) be used in children and young people

#### A.9.12.1 Adverse events (drowsiness, non-occurrence) – post-treatment

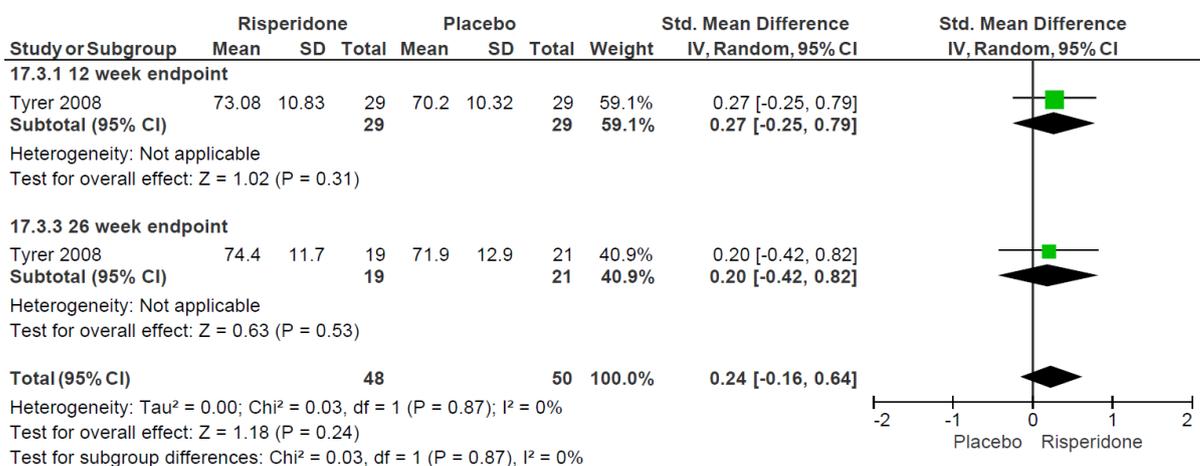


### A.9.13 Risperidone versus placebo in adults

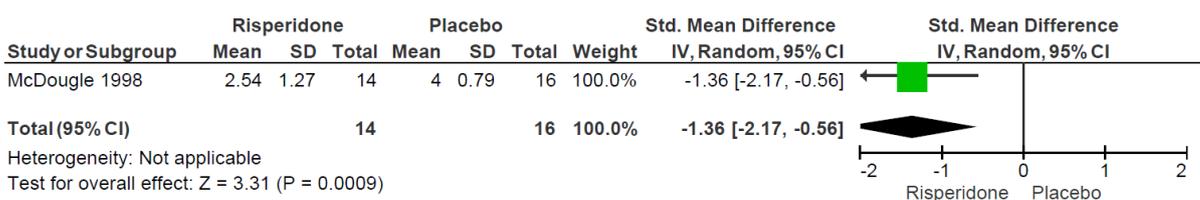
#### A.9.13.1 Targeted behaviour that challenges (severity) – post-treatment



#### A.9.13.2 Quality of life – post-treatment



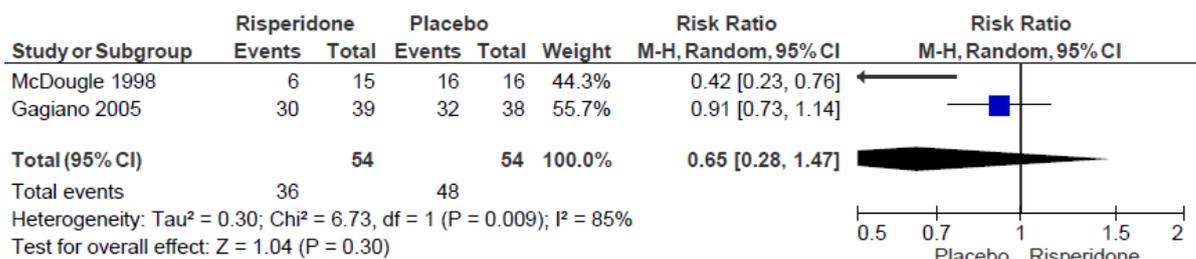
#### A.9.13.3 Adaptive functioning (social) – post-treatment



### A.9.13.4 Adverse events (weight gain, non-occurrence) – post-treatment



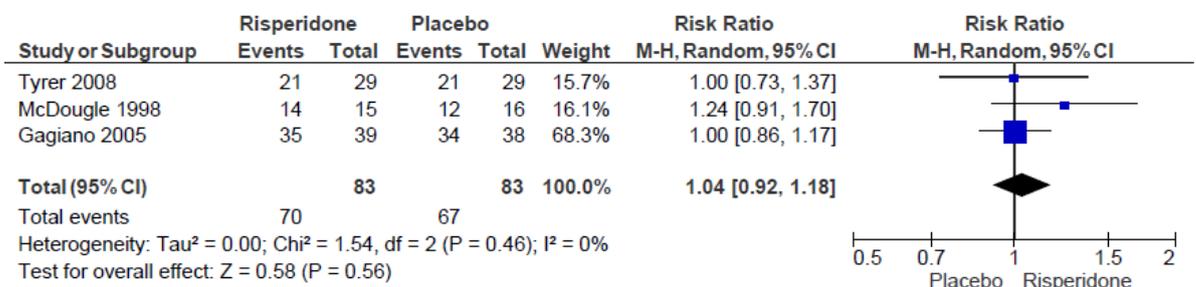
### A.9.13.5 Adverse events (somnolence/sedation, non-occurrence) – post-treatment



### A.9.13.6 Adverse events (discontinuation due to adverse events, non-occurrence) – post-treatment

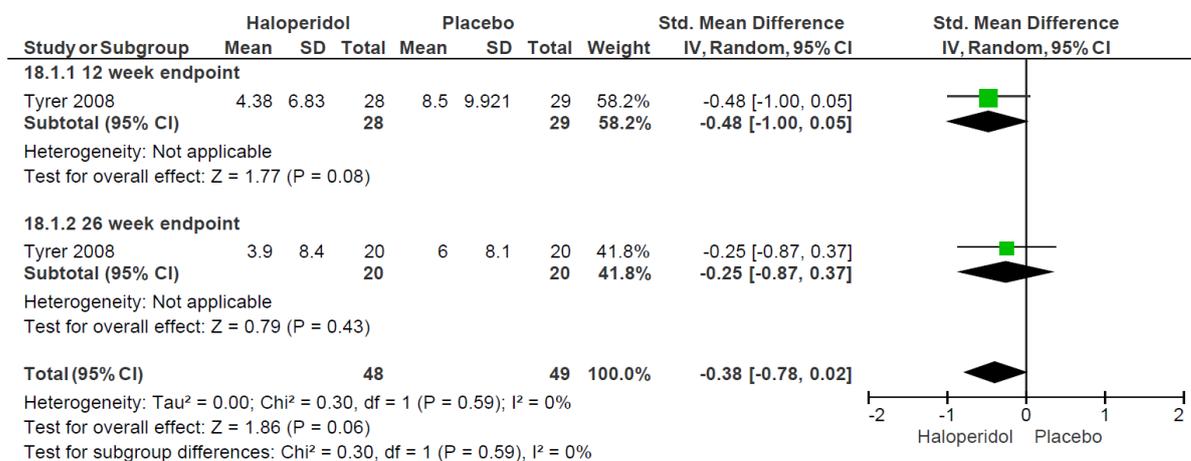


### A.9.13.7 Adverse events (discontinuation due to other reasons, non-occurrence) – post-treatment

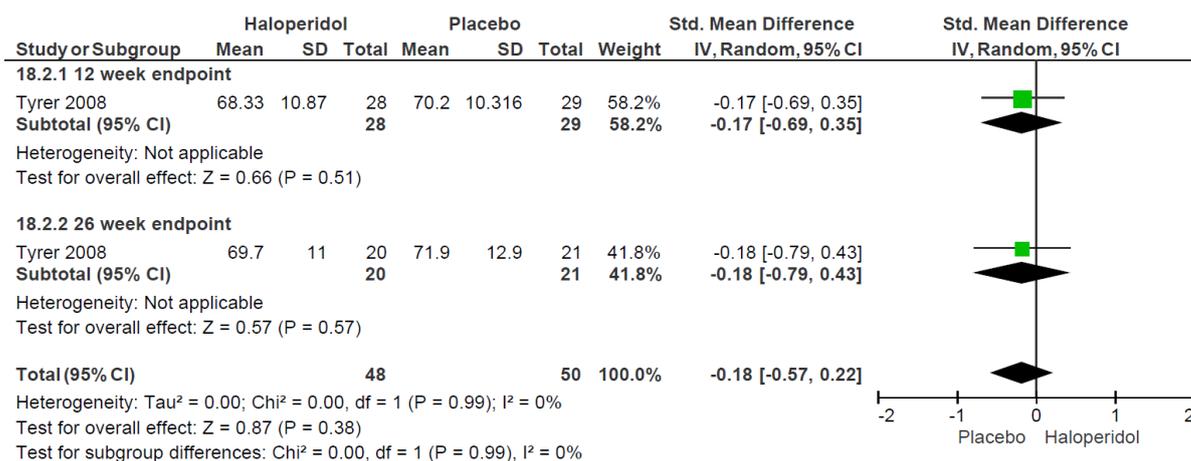


### A.9.14 Haloperidol versus placebo in adults

#### A.9.14.1 Targeted behaviour that challenges (severity) – post treatment



#### A.9.14.2 Quality of life – post-treatment



#### A.9.14.3 Adverse events (seizure, non-occurrence) – post-treatment



### A.9.14.4 Adverse events (discontinuation due to adverse events, non-occurrence) – post-treatment

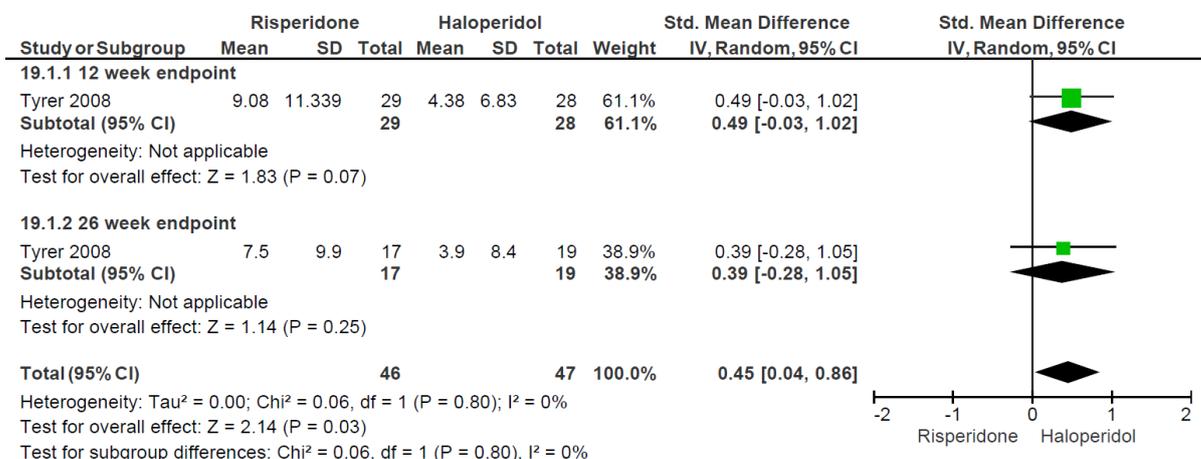


### A.9.14.5 Adverse events (discontinuation due to other reasons, non-occurrence) – post-treatment

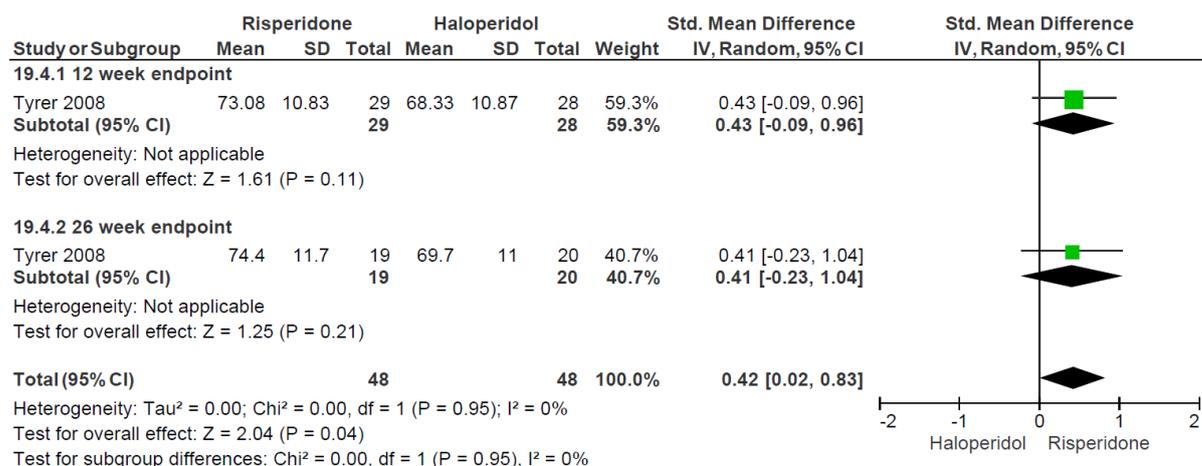


## A.9.15 Risperidone versus haloperidol in adults

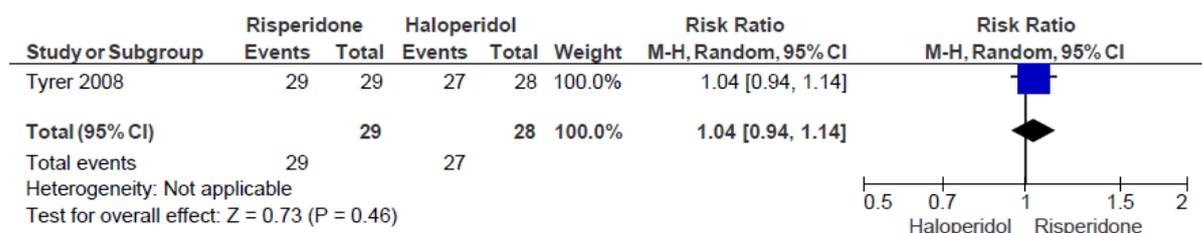
### A.9.15.1 Targeted behaviour that challenges (severity) – post treatment



### A.9.15.2 Quality of life – post-treatment



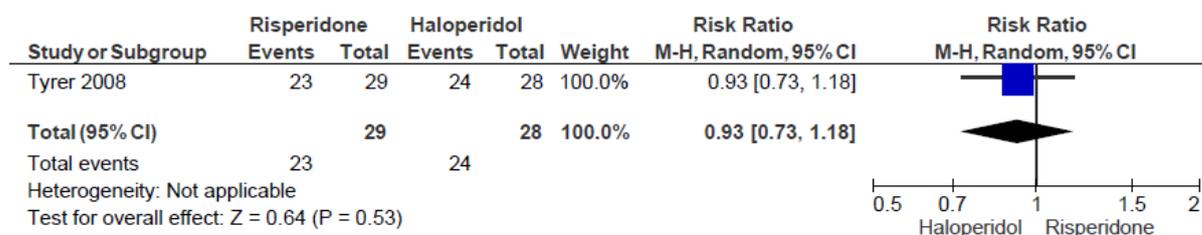
### A.9.15.3 Adverse events (seizure, non-occurrence) – post-treatment



### A.9.15.4 Adverse events (discontinuation due to adverse events, non-occurrence) – post-treatment

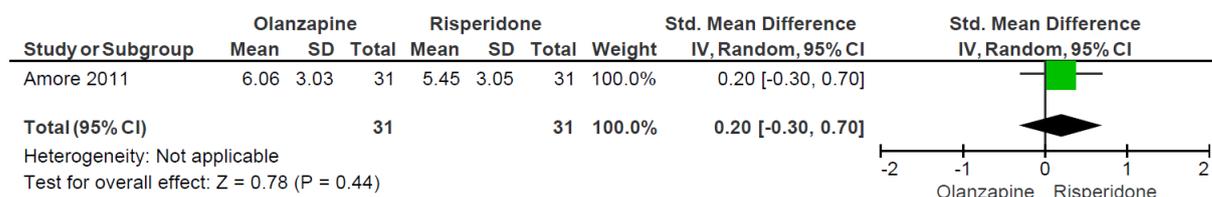


### A.9.15.5 Adverse events (discontinuation due to other reasons, non-occurrence) – post-treatment

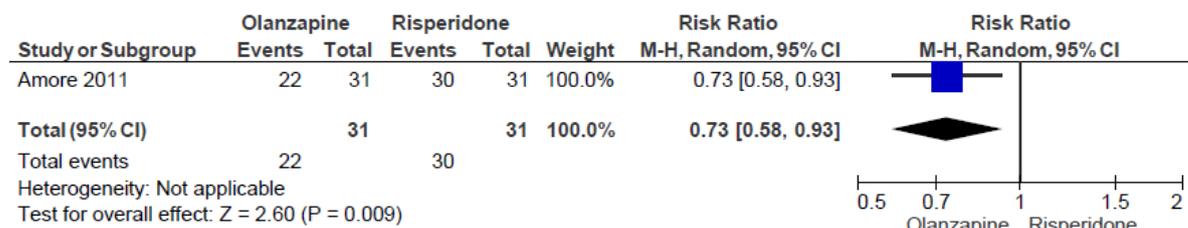


## A.9.16 Olanzapine versus risperidone in adults

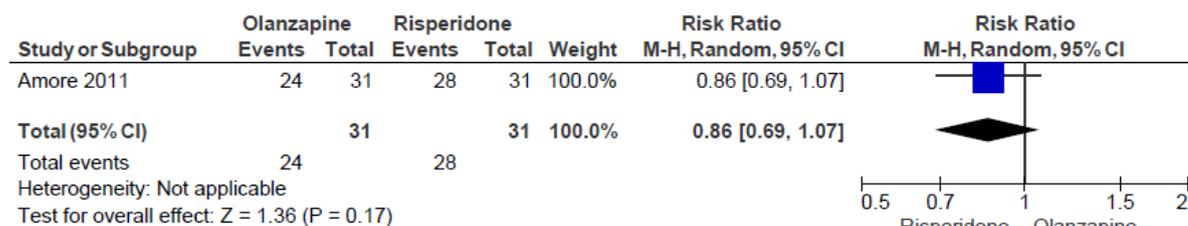
### A.9.16.1 Targeted behaviour that challenges (severity) – post treatment



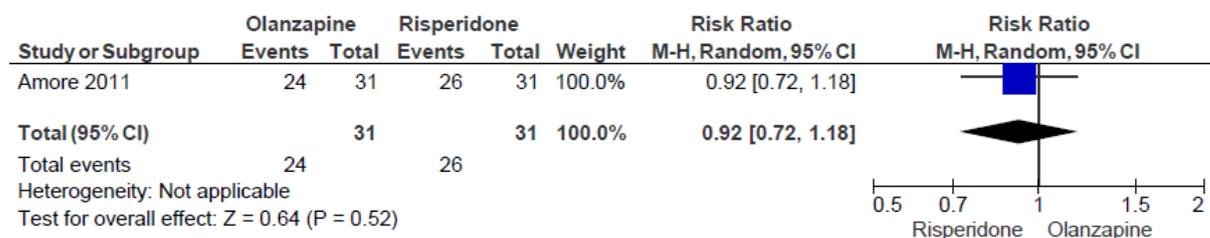
### A.9.16.2 Adverse events (elevated prolactin) – post treatment



### A.9.16.3 Adverse events (weight gain, non-occurrence) – post-treatment



### A.9.16.4 Adverse events (sedation, non-occurrence) – post-treatment



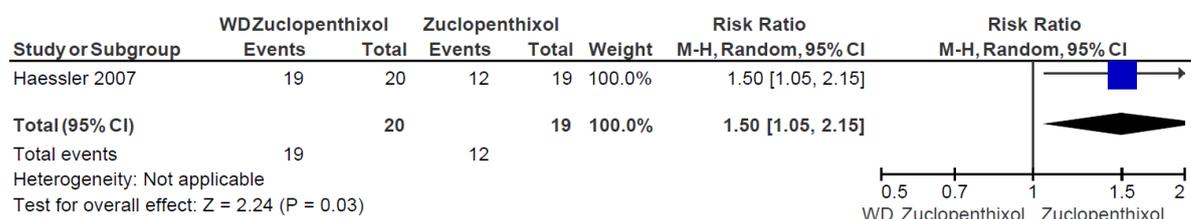
### A.9.17 Lithium versus placebo in adults

#### A.9.17.1 Targeted behaviour that challenges (frequency, non-improvement) – post treatment

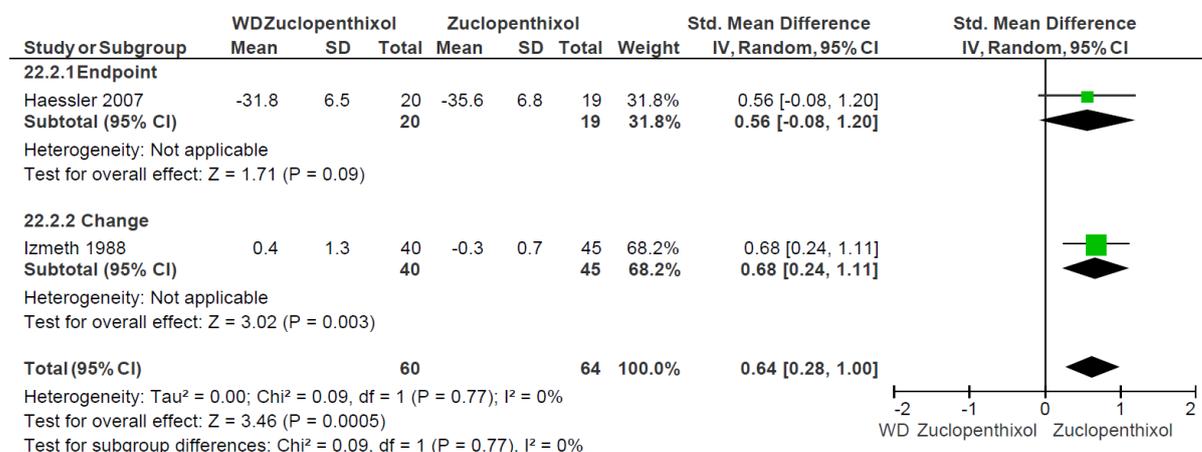


### A.9.18 Withdrawal of zuclopenthixol versus continuation of zuclopenthixol in adults

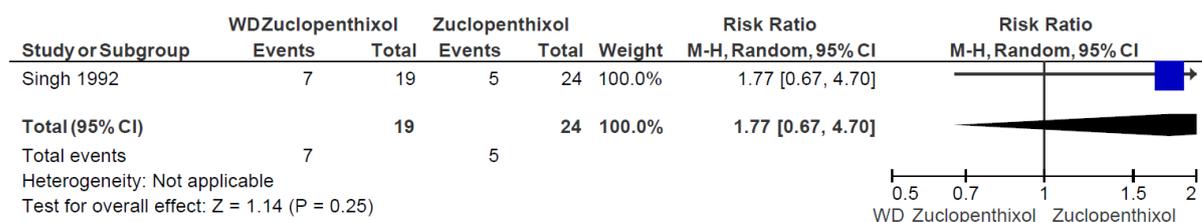
#### A.9.18.1 Targeted behaviour that challenges (relapse) – post-treatment



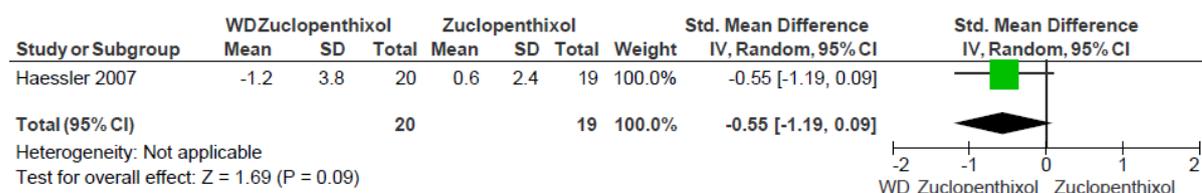
#### A.9.18.2 Targeted behaviour that challenges (severity, continuous outcome) – post-treatment



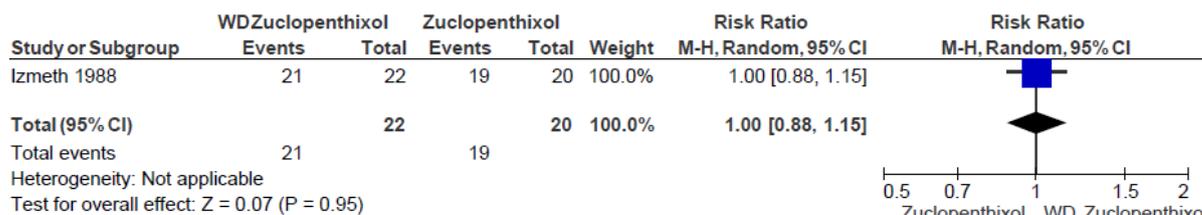
#### A.9.18.3 Targeted behaviour that challenges (severity, categorical outcome) – post-treatment



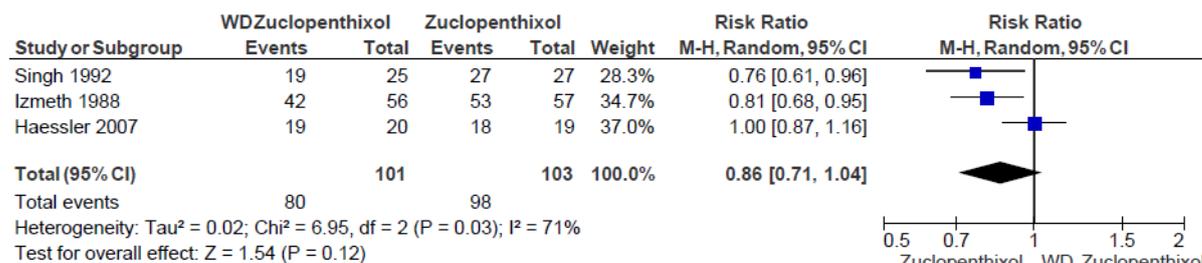
### A.9.18.4 Adverse events (weight gain; kg) – post-treatment



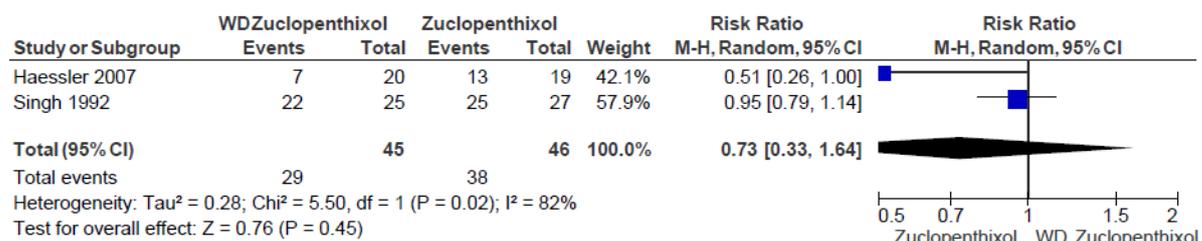
### A.9.18.5 Adverse events: (drowsiness, non-occurrence) – post-treatment



### A.9.18.6 Adverse events (discontinuation due to adverse events, non-occurrence) – post-treatment

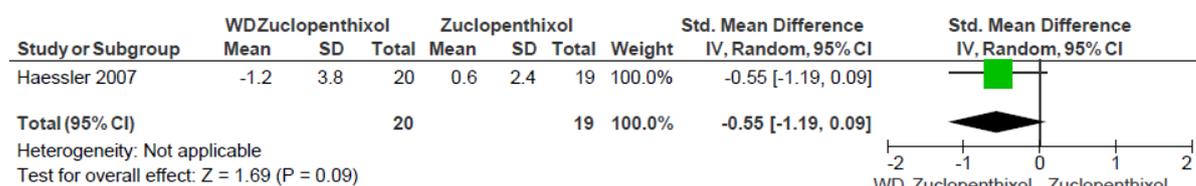
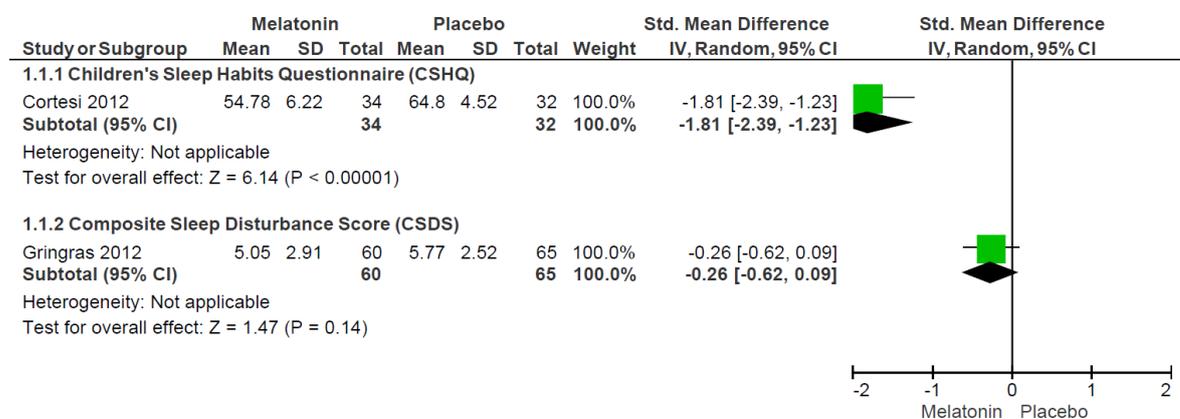


### A.9.18.7 Adverse events (discontinuation due to other reasons, non-occurrence) – post-treatment

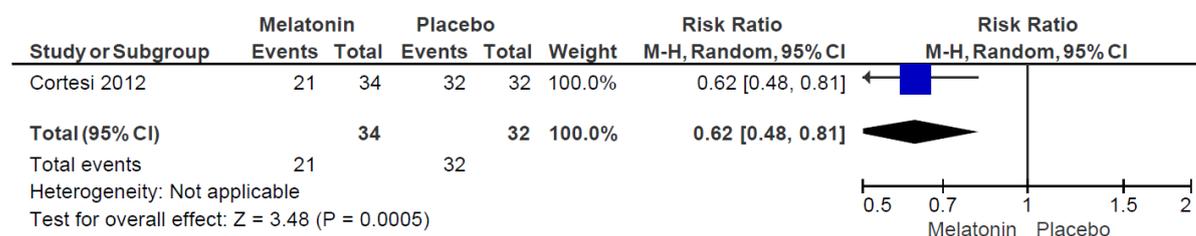


### A.9.19 Melatonin versus placebo in children and young people

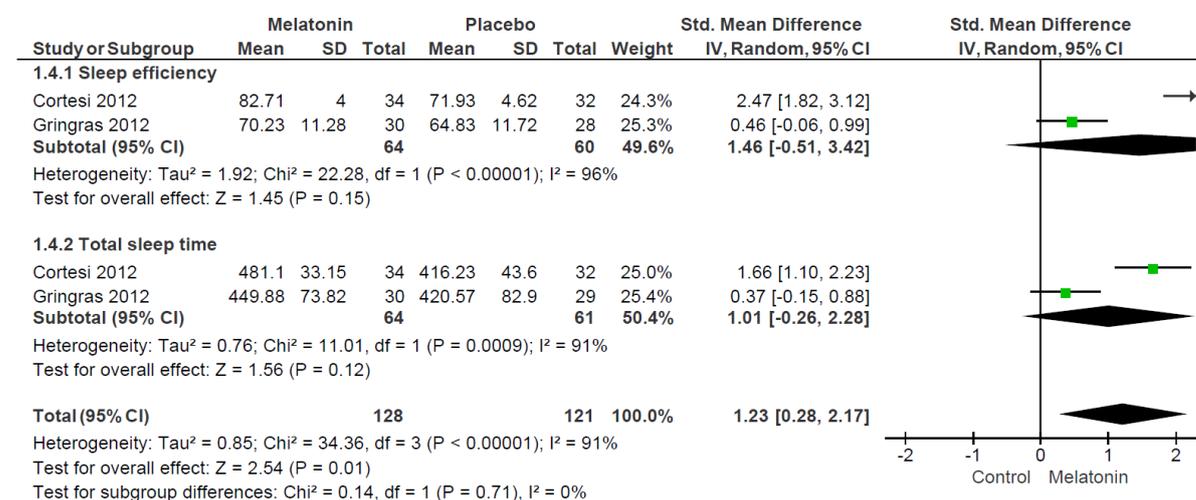
#### A.9.19.1 Targeted behaviour that challenges (global problem sleep behaviour) – post-treatment



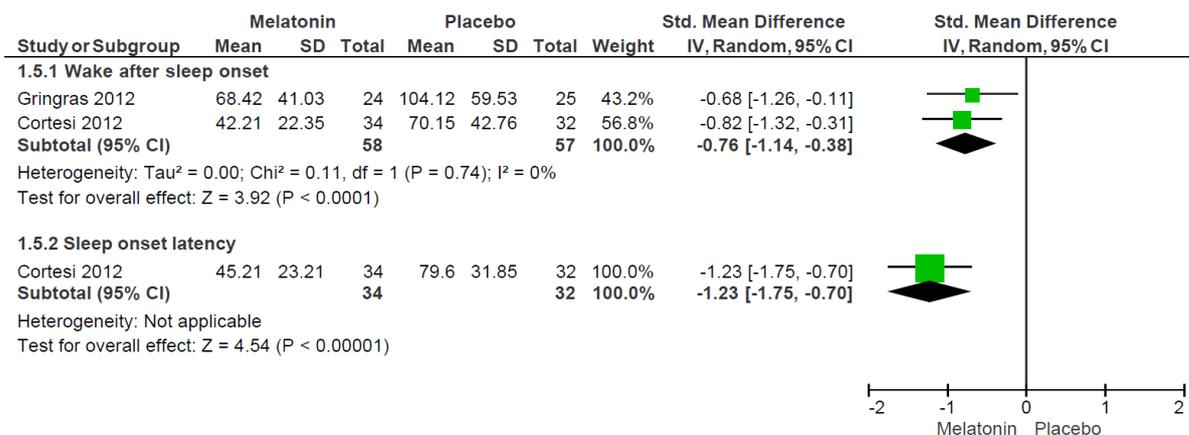
#### A.9.19.2 Targeted behaviour that challenges (global problem sleep behaviour, non-improvement) – post-treatment



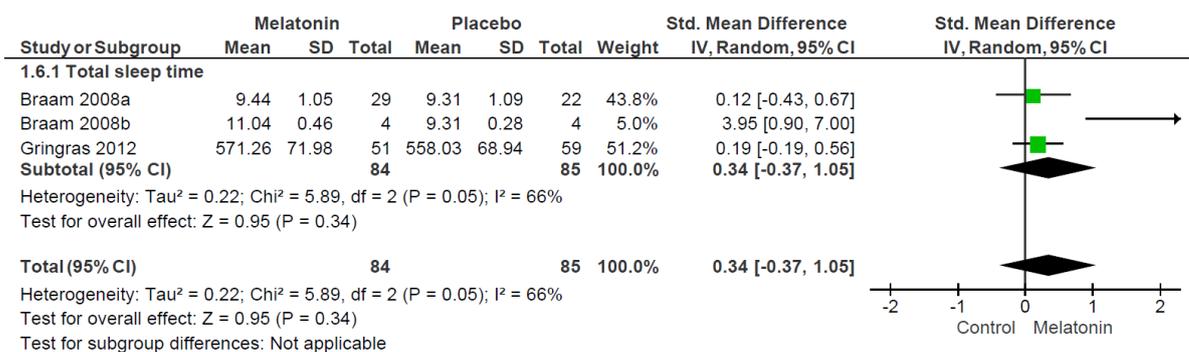
#### A.9.19.3 Targeted behaviour that challenges (positive sleep behaviour, actigraph) – post-treatment



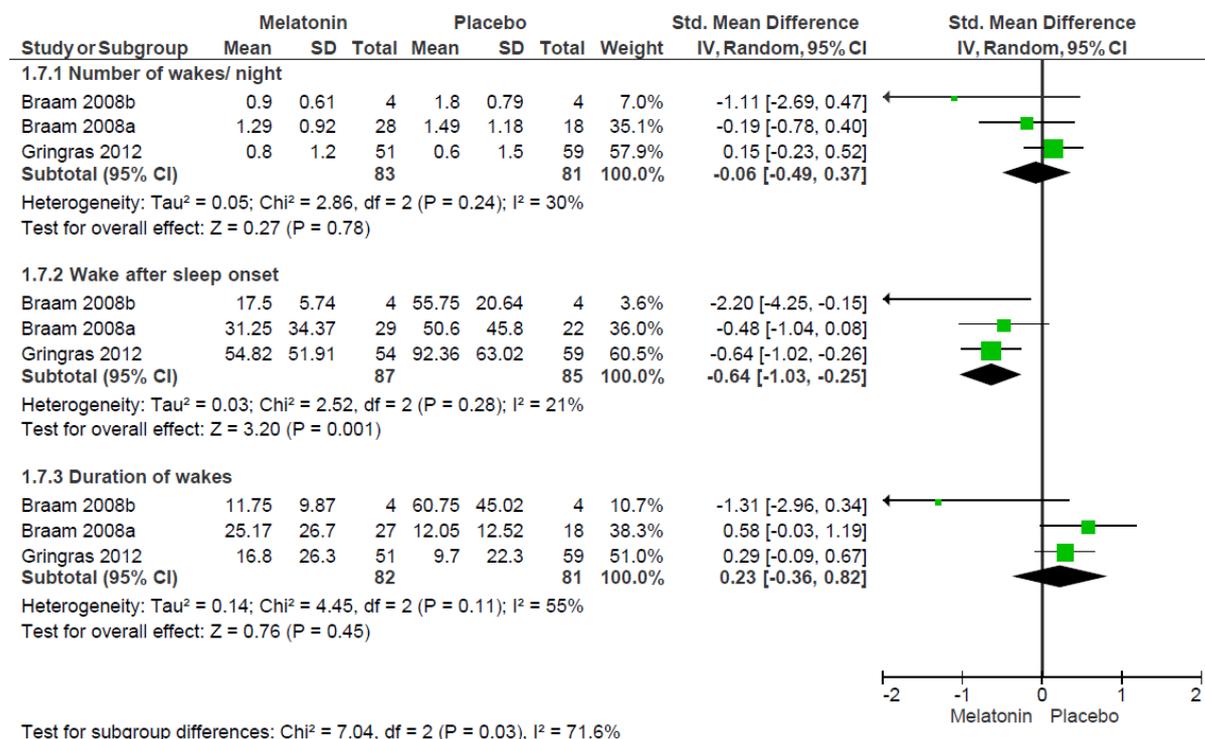
### A.9.19.4 Targeted behaviour that challenges (problem sleep behaviour, actigraph) – post-treatment



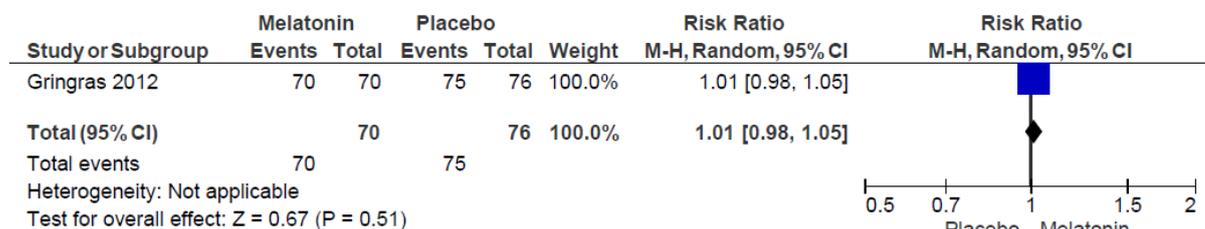
### A.9.19.5 Targeted behaviour that challenges (positive sleep behaviour, sleep diary) – post-treatment



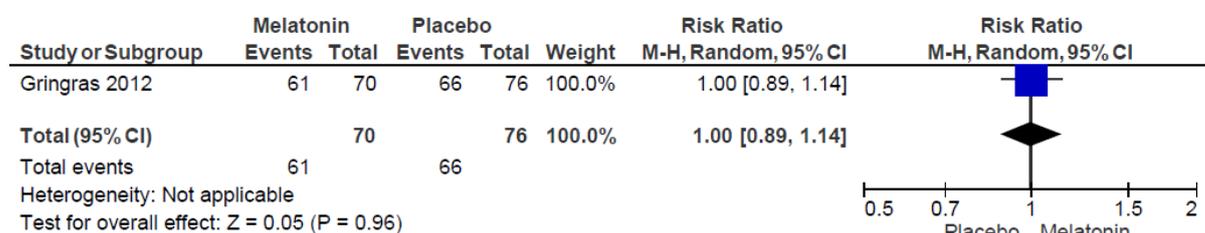
### A.9.19.6 Targeted behaviour that challenges (problem sleep behaviour, sleep diary) – post-treatment



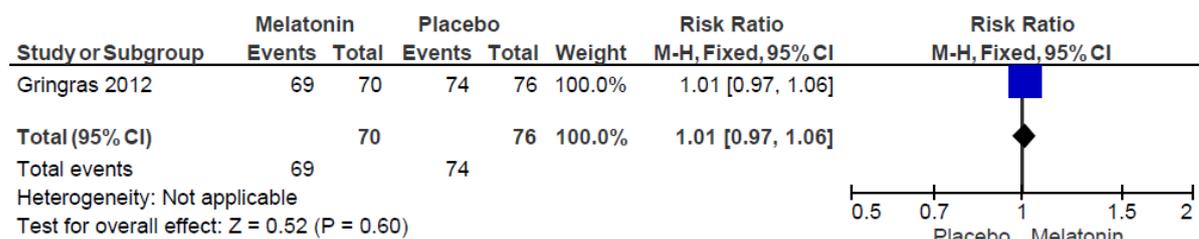
### A.9.19.7 Adverse events (seizure, non-occurrence) – post-treatment



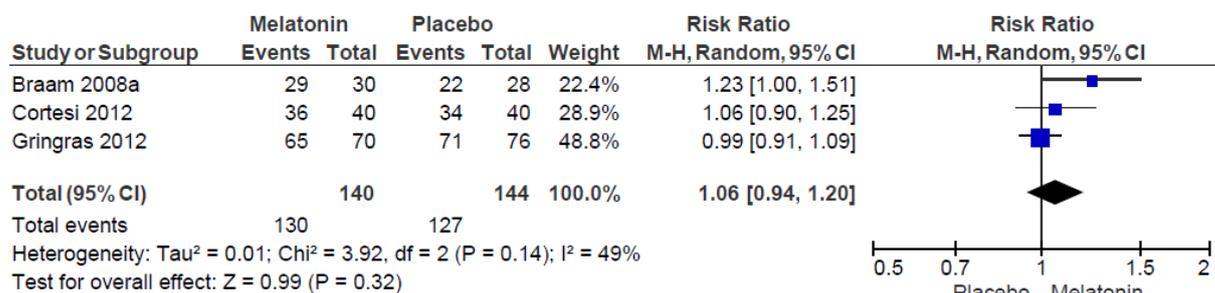
### A.9.19.8 Adverse events (somnolence/sedation, non-occurrence) – post-treatment



### A.9.19.9 Adverse events (discontinuation due to adverse events, non-occurrence) – post-treatment

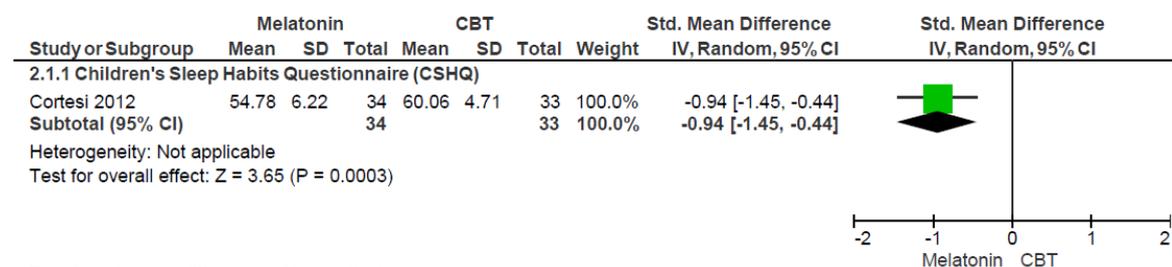


### A.9.19.10 Adverse events (discontinuation due to other reasons, non-occurrence) – post-treatment

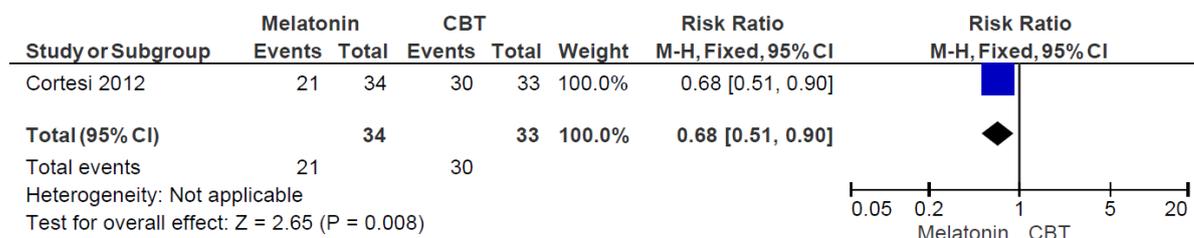


## A.9.20 Melatonin versus CBT in children and young people

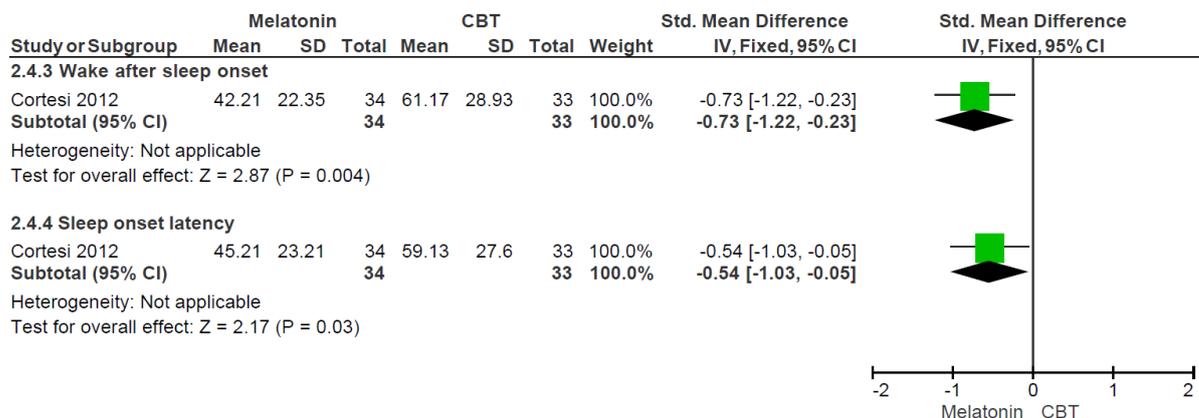
### A.9.20.1 Targeted behaviour that challenges (global problem sleep behaviour) – post-treatment



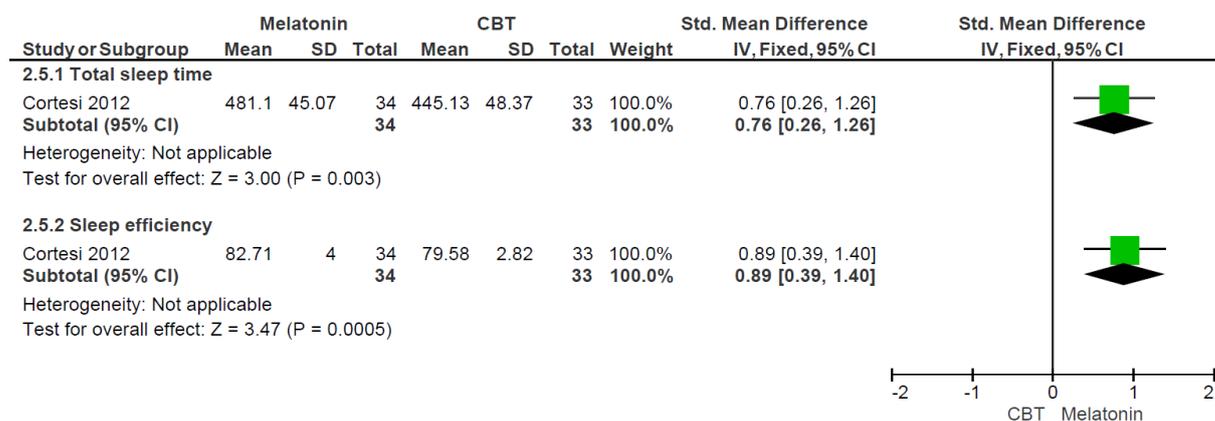
### A.9.20.2 Targeted behaviour that challenges (global problem sleep behaviour, non-improvement) – post-treatment



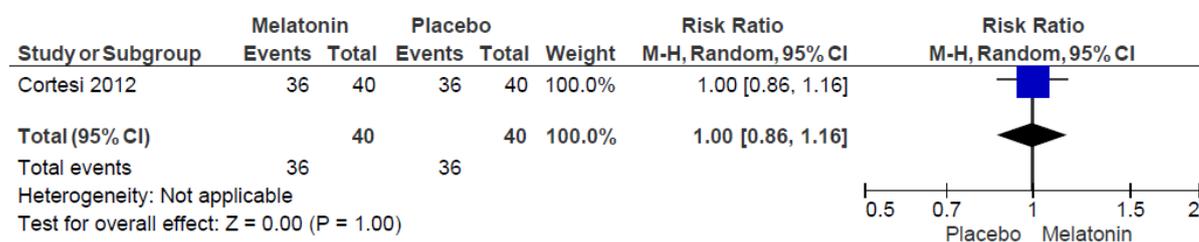
### A.9.20.3 Targeted behaviour that challenges (problem sleep behaviour, actigraph) – post-treatment



### A.9.20.4 Targeted behaviour that challenges (positive sleep behaviour, actigraph) – post-treatment



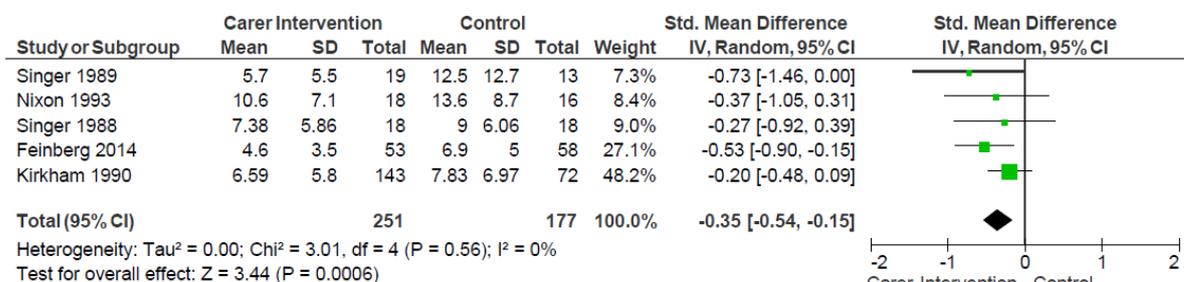
### A.9.20.5 Adverse events (discontinuation due to other reasons, non-occurrence) – post-treatment



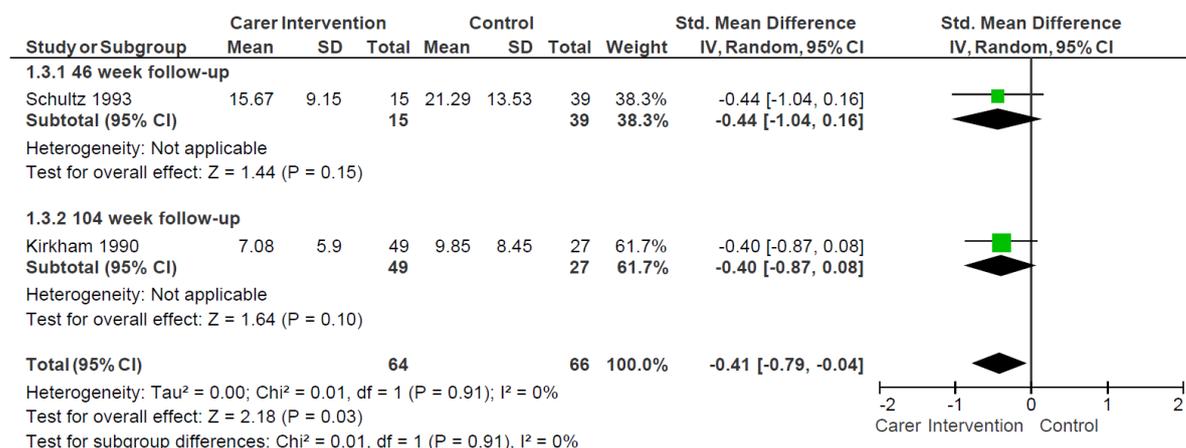
## A.10 Interventions aimed at improving the health and well-being of carers of people with learning disabilities

### A.10.1 Cognitive behavioural interventions for family carers versus any control

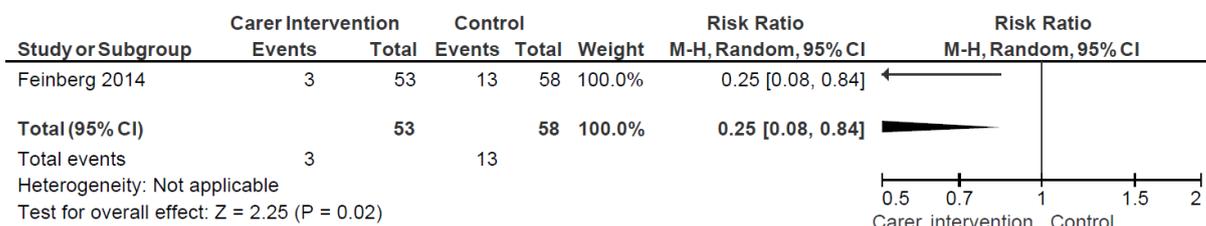
#### A.10.1.1 Carer health and well-being (depression) – post-treatment



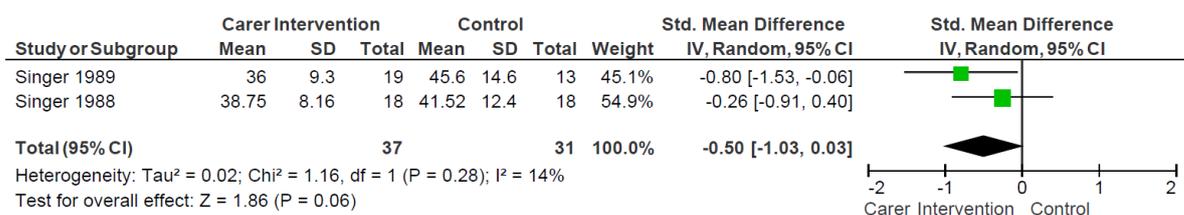
#### A.10.1.2 Carer health and well-being (depression) – follow-up



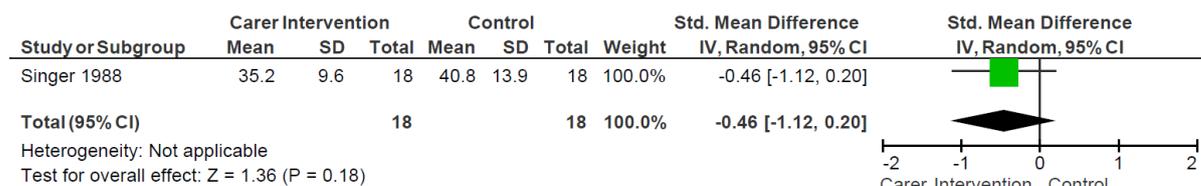
#### A.10.1.3 Carer health and well-being (clinically depressed) – follow-up



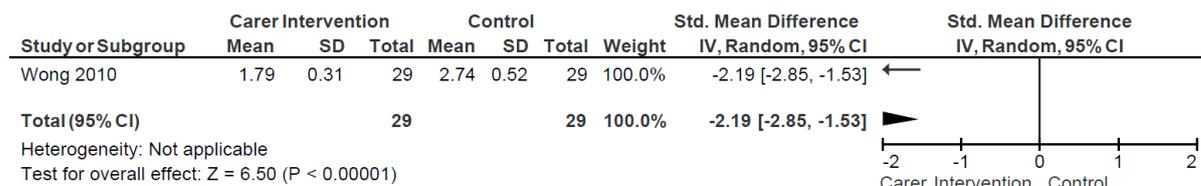
#### A.10.1.4 Carer health and well-being (anxiety, trait) – post-treatment



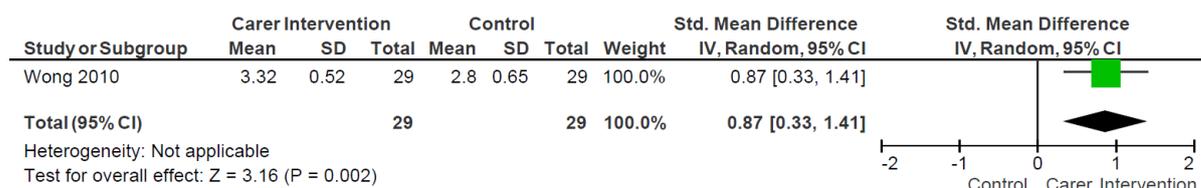
### A.10.1.5 Carer health and well-being (anxiety, state) – post-treatment



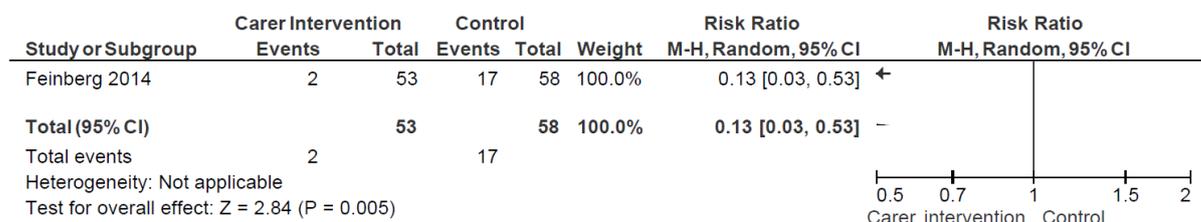
### A.10.1.6 Carer health and well-being (mental ill health) – post-treatment



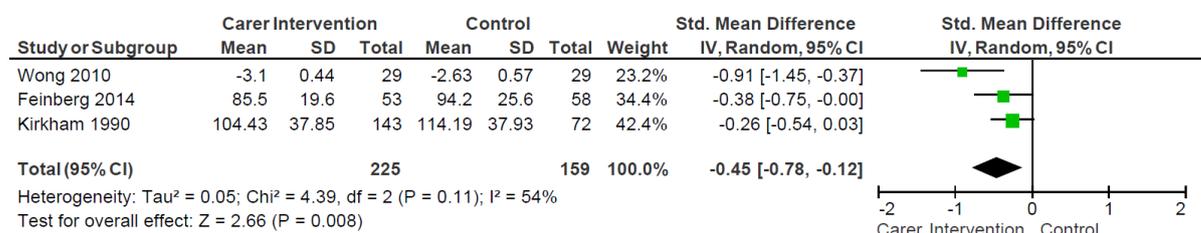
### A.10.1.7 Carer health and well-being (quality of life) – post-treatment



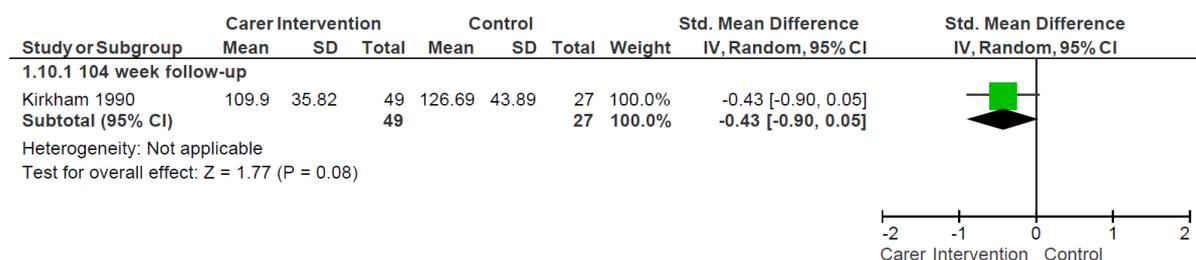
### A.10.1.8 Carer health and well-being (clinically stressed) – post-treatment



### A.10.1.9 Carer health and well-being (stress) – post-treatment

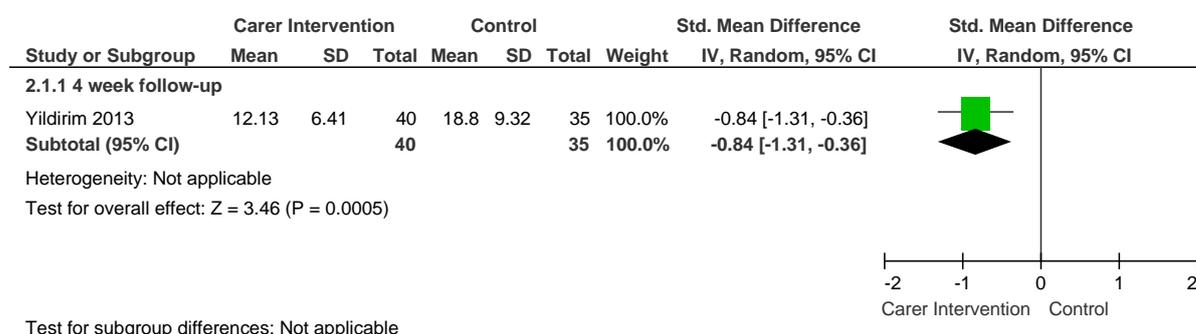


### A.10.1.10 Carer health and well-being (stress) – follow-up

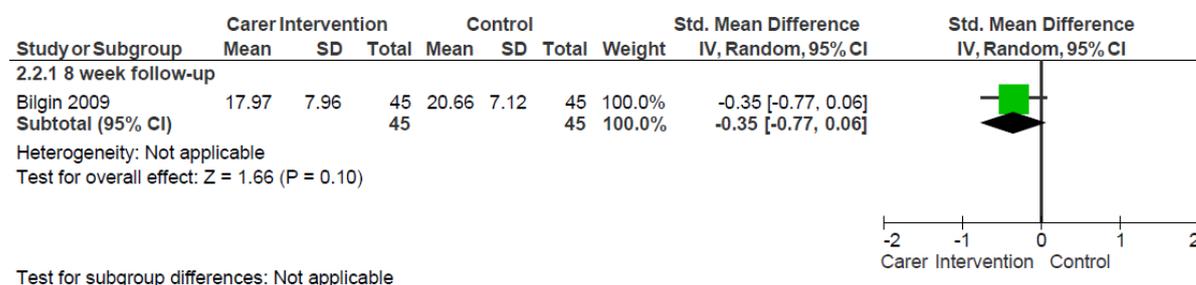


## A.10.2 Psychoeducational interventions for family carers versus any control

### A.10.2.1 Carer health and well-being (depression) – follow-up

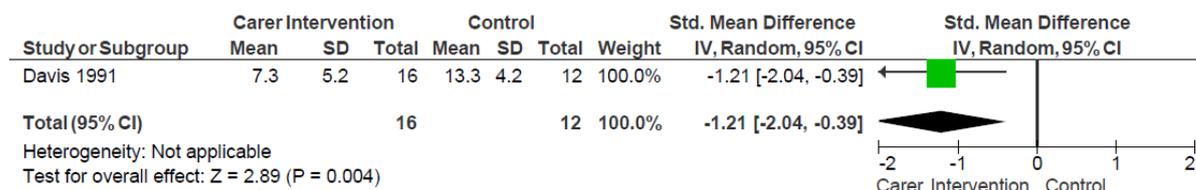


### A.10.2.2 Carer health and well-being (burnout) – follow-up



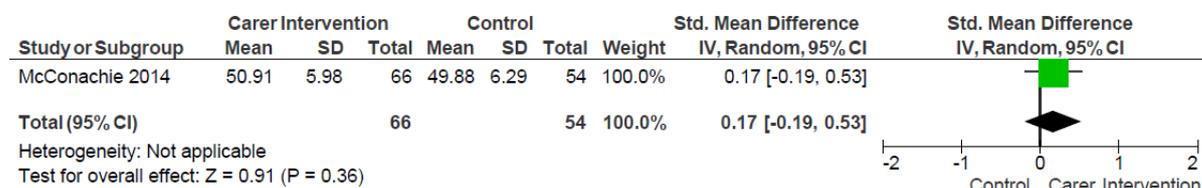
## A.10.3 Support interventions for family carers versus any control

### A.10.3.1 Carer health and well-being (stress) – post-treatment

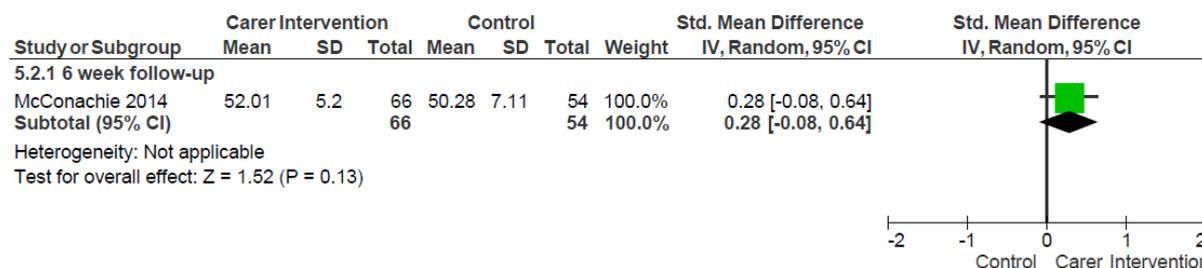


### A.10.4 Mindfulness interventions for paid carers versus any control

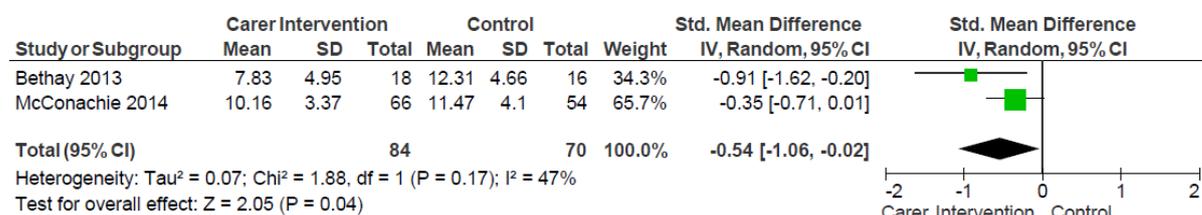
#### A.10.4.1 Carer health and well-being (mental well-being) – post-treatment



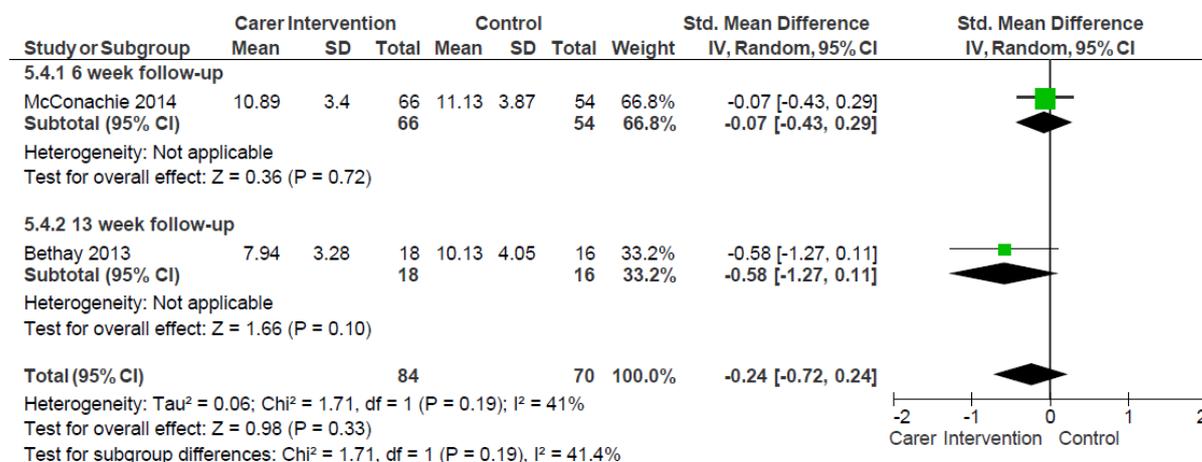
#### A.10.4.2 Carer health and well-being (mental well-being) – follow-up



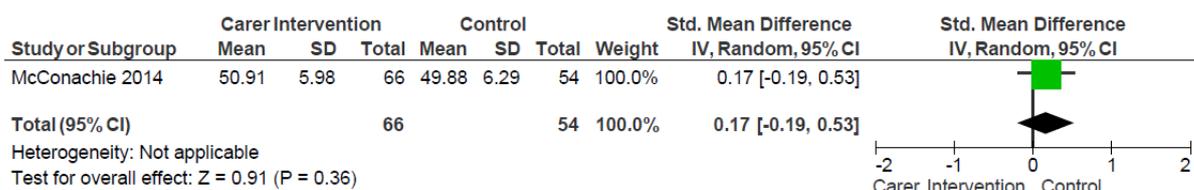
#### A.10.4.3 Carer health and well-being (mental ill health) – post-treatment



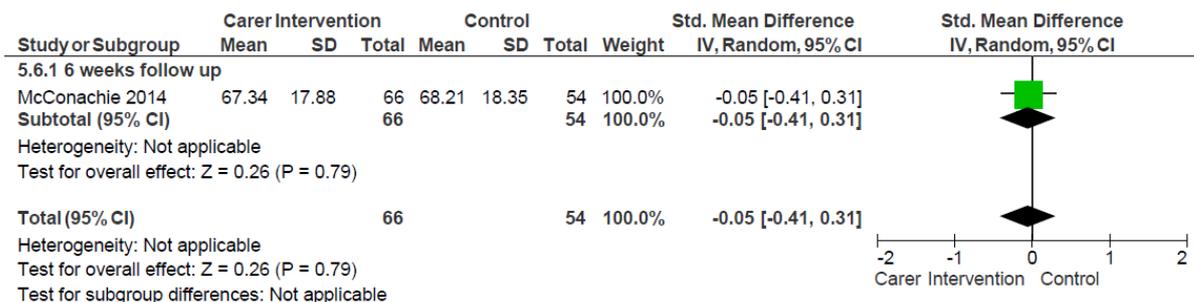
#### A.10.4.4 Carer health and well-being (mental ill health) – follow-up



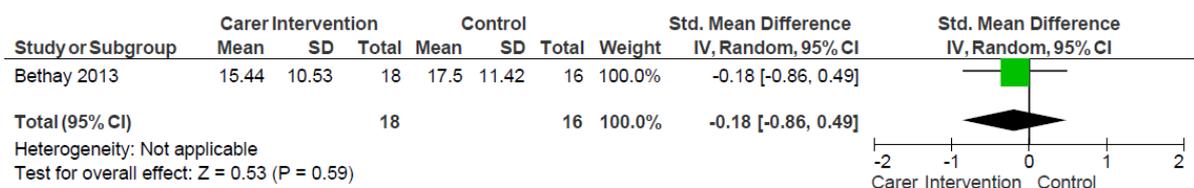
### A.10.4.5 Carer health and well-being (stress) – post-treatment



### A.10.4.6 Carer health and well-being (stress) – follow-up



### A.10.4.7 Carer health and well-being (burnout) – post-treatment



### A.10.4.8 Carer health and well-being (burnout) – follow-up

