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Abbreviations

AAMD American Association on Mental Deficiency

ADHD attention deficit hyperactivity disorder
A-PS assertiveness then social problem-solving
BDI(-II) Beck Depression Inventory (revised)

CBT cognitive behavioural therapy

CES-D Center for Epidemiologic Studies - Depression scale

CGI Clinical Global Impression scale

CI confidence interval

Grades of Recommendation Assessment, Development and

GRADE Evaluation

GSI Global Severity Index

HAM-A Hamilton Anxiety Rating Scale

ITT intention to treat MD mean difference

NCBRF Nisonger Child Behavior Rating Form PS-A social problem-solving then assertiveness

PSI Parenting Stress Index

PTSD post-traumatic stress disorder RCT randomised controlled trial

RR risk ratio

Zung Self-Rating Anxiety Scale for Adults with Intellectual

SAS-ID Disabilities

SCL-90-R Symptom CheckList-90-Revised SF-12 12-Item Short Form Health Survey

SIB-R Scales of Independent Behavior-Revised

SMD standardised mean difference

SNAP-IV Swanson, Nolan and Pelham Questionnaire - revised

TAU treatment as usual

N.1 Psychological/psychosocial interventions

N.1.1 Psychological interventions versus control for mental health problems

i sycholo	gical litter	/ CIILIOII	3 Versus	CONTROL	or mem	ai neaith pr						
		C	Quality assessme	ent			Number of patien	ts		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	psychological interventions	control	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Mental health – F	RCTs (follow up: mea	n 13.25 weeks	s; assessed with: v	various scales)								
3	randomised trials	very serious ¹	serious ²	not serious	serious ³	none	41	-	-	SMD 1.24 SD lower (2.31 lower to 0.18 lower)	⊕○○○ VERY LOW	CRITICAL
Mental health – C	Controlled before-and	-after studies	(follow up: 12 wee	ks; assessed wi	th: Brief Sympto	m Inventory: Global Se	everity Index [GSI])					
1	observational studies	very serious ⁴	not serious	not serious	serious ³	none	12	12	-	MD 0.83 lower (1.29 lower to 0.37 lower)	⊕○○○ VERY LOW	CRITICAL
Quality of life – n	ot reported											•
-	-	-	-	-	-	-					-	CRITICAL
Community partic	cipation and meaning	ful occupation	– not reported									
-	-	-	-	-	-	-					-	CRITICAL
Low problem beh	naviour (follow up: 10	weeks; asses	sed with: Role-pla	y test of anger a	arousing situation	ns)						
1	randomised trials	serious 1	not serious	not serious	serious ⁵	none	18	10	-	MD 11.69 more (7.06 more to 16.32 more)	ФФ <u></u>	IMPORTANT

		G	Quality assessme	ent			Number of patien	ts		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	psychological interventions	control	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Maladaptive func	tioning (follow up: 10	weeks; asses	sed with: Adaptive	e Behaviour Sca	le – revised – pa	art II)						
1	randomised trials	serious 1	not serious	not serious	serious ³	none	18	10		MD 21.74 lower (36.45 lower to 7.02 lower)	ФФ <u></u>	IMPORTANT
Interpersonal skil	lls (follow up: 18 weel	ks; assessed v	vith: Social Perfor	mance Survey S	Schedule)							
1	randomised trials	serious 1	not serious	not serious	very serious	none	22	10	-	MD 20.45 more (9.74 fewer to 50.74 more)	⊕○○○ VERY LOW	IMPORTANT

- 1. Risk of selection and performance bias
- 2. I2 suggests considerable heterogeneity
- 3. Confidence intervals cross minimally important difference in one direction. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes)
- 4. Risk of selection and performance bias and unclear risk of selective outcomes, attrition and detection bias
- 5. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).
- 6. Confidence intervals cross two minimally important differences. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).

N.1.2 Social problem-solving than assertiveness training (PS-A) versus assertiveness then social problem-solving (A-PS) for mental health problems

			Quality asses	ssment			Number of	f patients		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	social problem- solving, then assertiveness training (PS-A)	assertiveness, then social problem- solving (A-PS)	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Psychiatric/p	osychological sy	mptoms (fo	ollow up: 23 weeks	s; assessed with	: Brief Sympton	n Inventory)						

			Quality asses	ssment			Number of	patients		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	social problem- solving, then assertiveness training (PS-A)	assertiveness, then social problem- solving (A-PS)	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
1	randomised trials	serious	not serious	not serious	serious ³	none	9	9	-	MD 0.02 more (0.43 fewer to 0.47 more)	⊕⊕ ○○ Low	CRITICAL
Quality of life	e – not reported											
-	-	-	-	-	-	-					-	CRITICAL
Community	participation and	d meaningf	ul occupation – no	ot reported								
-	-	-	-	-	-						-	CRITICAL
Psychologic	al distress (follo	w up: 23 w	eeks; assessed w	ith: Subjective U	Init of Distress S	Scale)						
1	randomised trials	serious	not serious	not serious	very serious	none	9	9	-	MD 0.22 fewer (2.82 fewer to 2.38 more)	⊕○○○ VERY LOW	IMPORTANT
Low problem	n behaviour – F	ollow-up (fa	ollow up: 23 weeks	s; assessed with	: Role-play test	of anger arousing si	tuations)					,
1	randomised trials	serious	not serious	not serious	serious ³	none	9	9	-	MD 4.11 more (1.07 fewer to 9.29 more)	ФФ О	IMPORTANT
Adaptive be	haviour (follow (ıp: 23 week	ks; assessed with:	Adaptive Behav	vior Scale – Rev	rised)						
1	randomised trials	serious	not serious	not serious	very serious	none	9	9	-	MD 2.02 fewer (18.88 fewer to 14.84 more)	⊕○○○ VERY LOW	IMPORTANT

			Quality asse	ssment			Number of	f patients		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	social problem- solving, then assertiveness training (PS-A)	assertiveness, then social problem- solving (A-PS)	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Adaptive be	haviour (follow t	up: 23 weel	ks; assessed with	: Problem-Solvir	ng Task)							
1	randomised trials	serious	not serious	not serious	very serious	none	9	9		MD 4 fewer (20.7 fewer to 12.7 more)	⊕○○○ VERY LOW	IMPORTANT

- Risk of selection bias (unclear allocation method, no details of allocation concealment)
- Risk of performance bias (not blind)
- Confidence intervals cross one minimally important difference. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).

 Confidence intervals cross minimally important difference in both directions (downgrade 2). Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).

Psychodynamic psychotherapy (8 sessions) versus psychodynamic psychotherapy (12 or 24+ sessions) for mental health nrohlame

problem	13											
			Quality assessr	ment			Number	of patients	Ef	fect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	psychodynamic psychotherapy (8 sessions)	psychodynamic psychotherapy (12 or 24+ sessions)	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Mental health	(follow up: ?; asses	ssed with: SC	CL-90-R)									
1	observational studies	very serious ¹	not serious	not serious	serious ²	none	No statistically significant different treatment	rences were found between arms v	vith differing	g lengths of	⊕○○○ VERY LOW	CRITICAL
Quality of life -	- not reported	<u> </u>										
-	-	-	-	-	-	-					-	CRITICAL

			Quality assessr	ment			Number	of patients	Ef	fect			
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	psychodynamic psychotherapy (8 sessions)	psychodynamic psychotherapy (12 or 24+ sessions)	Relative (95% CI)	Absolute (95% CI)	Quality	Importance	
Community pa	articipation and mea	ningful occu	pation – not repor	ted				•					
-	-	-	-	-	-	-					-	CRITICAL	
Interpersonal p	problems (follow up	: ?; assesse	d with: Inventory o	of Interpersonal	Problems-32)								
1	observational studies	very serious ¹	not serious	not serious	serious ²	none	No statistically significant diffe treatment	g lengths of	⊕○○○ VERY LOW	IMPORTANT			

N.1.4 Psychological interventions versus control for substance misuse

, cyclic s			Quality assessm	ent			Number of patient	s		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	psychological interventions	control	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Alcohol misuse (fo	ollow up: 34 weeks)										
1	randomised trials	very serious ¹	not serious	not serious	very serious	none	42	42	-	MD 0.12 fewer (1.01 fewer to 0.77 more)	⊕○○○ VERY LOW	CRITICAL
Quality of life – no	t reported											
-	-	-	-	-	-	-					-	CRITICAL

Risk of selection, detection and performance bias.
 Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).

			Quality assessm	ent			Number of patient	s		Effect		
Number of studies							psychological interventions	control	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Community partic	pation and meanin	gful occupation	n – not reported									
-	-	-	-	-	-	-					-	CRITICAL

Assertiveness training versus modelling and social inference for substance misuse

		<u> </u>	Quality assess	ment			Number	of patients		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	assertiveness training	modelling and social inference	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Alcohol misuse	(follow up: mean	34 weeks)										
1	randomised trials	very serious ¹	not serious	not serious	very serious	none	21	21	-	MD 0.07 fewer (0.82 fewer to 0.68 more)	⊕○○○ VERY LOW	CRITICAL
Quality of life –	not reported								•			
-	-	-	-		1	-					-	CRITICAL
Community par	ticipation and me	aningful occu	pation – not repor	rted								•
-	-	-	-	-	-	-					-	CRITICAL

Risk of selection bias (no details of allocation method or concealment but, most importantly and not comparable risk at baseline), risk of performance bias Confidence intervals cross minimally important difference in both directions (downgrade 2). Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).

- Risk of selection bias (no details of allocation method or concealment but, most importantly, not comparable risk at baseline), Risk of performance bias
 Confidence intervals cross minimally important difference in both directions (downgrade 2). Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).

N.1.6 Psychological intervention versus control for anxiety symptoms

· cyclicit	gioai iiico		11 101040	00111101	ioi alixi	ety sympton	110					
			Quality assessn	nent			Number of patie	ents		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	psychological intervention	control	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Anxiety sympton	ns (RCTs) (follow u	p: mean 42 w	eeks; assessed w	ith: various scale	es)							
2	randomised trials	very serious ¹	serious ²	not serious	very serious	none	29	•	-	SMD 0.87 SD fewer (1.14 fewer to 1.36 more)	⊕○○○ VERY LOW	CRITICAL
Anxiety sympton	ns (Controlled before	re-and-after)	(follow up: 12 wee	ks; assessed wi	th: Brief Sympto	m Inventory: anxiety sy	mptom dimension)					
1	before-after studies	very serious ⁴	not serious	not serious	serious ⁵	none	12	12	-	MD 0.4 SD lower (1.23 lower to 0.43 higher)	⊕○○○ VERY LOW	CRITICAL
Quality of life – r	not reported											
-	-	-	-	-							-	CRITICAL
In paid employm	nent after treatment	(follow up: 16	S weeks)									
1	randomised trials	very serious ⁶	not serious	not serious	serious ⁵	none	1/16 (6.3%)	4/14 (28.6%)	RR 0.22 (0.03 to 1.73)	223 fewer per 1000 (from 209 more to 277 fewer)	⊕○○○ VERY LOW	CRITICAL
Voluntary work (follow up: 16 weeks	s)										•
1	randomised trials	very serious ⁶	not serious	not serious	very serious	none	6/16 (37.5%)	4/14 (28.6%)	RR 1.31 (0.46 to 3.72)	89 more per 1000 (from 154 fewer to 777 more)	⊕○○○ VERY LOW	CRITICAL

- 1. Risk of selection, performance and detection bias
- 2. I2 suggests considerable heterogeneity
- 3. Confidence intervals cross minimally important difference in both directions. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes)
- 4. Risk of selection and performance bias and unclear risk of attrition and detection bias
- 5. Confidence intervals cross minimally important difference in one direction. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes)
- 6. Risk of performance and selection bias

N.1.7 Relaxation training versus control for anxiety symptoms

	traning v				- ,										
		Qı	uality assessmen	t			Number of patie	ents		Effect					
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	relaxation training	control	Relative (95% CI)	Absolute (95% CI)	Quality	Importance			
Anxiety symptoms (G	Group relaxation trai	ning versus con	trol) (follow up: rar	nge 2.29 weeks	to unclear; asse	essed with: various tools)									
2	randomised trials	very serious	not serious	not serious	serious ²	none	35	-	-	SMD 2.31 lower (2.92 lower to 1.7 lower)	⊕○○○ VERY LOW	CRITICAL			
Anxiety symptoms (Ir	y symptoms (Individual relaxation training versus control) (follow up: 2.29 weeks; assessed with: 5-point scale on 10 ratings; Scale from: relaxed to very anxious)														
2	randomised trials	very serious	serious ⁴	not serious	serious ²	none	20	-	-	SMD 2.97 SD lower (4.36 lower to 1.57 lower)	⊕○○○ VERY LOW	CRITICAL			
Quality of life (relaxat	ion versus story-tell	ling) – not report	ted									•			
-	-	-	-	-							-	CRITICAL			
Community participat	tion and meaningful	occupation (rela	axation versus sto	ry-telling) – not r	reported							•			
-	-		-	-	-	-					-	CRITICAL			

- 1. Risk of selection, performance and possible detection bias
- 2. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes)
- s. Risk of selection bias (no details of allocation method or concealment); Risk of performance bias (no blinding); Possible risk of detection bias (unclear if outcome assessors blind to treatment and confounding)
- 4. I2 suggests substantial heterogeneity.

N.1.8 Dating skills versus control for social anxiety symptoms

Dating Ski	iis veisus	COILLIO	101 50012	ii alixiet	y Sympt	UIIIS						
		d	Quality assessme	nt			Number of patie	ents		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	dating skills training	control	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Social anxiety sym	ptoms (follow up: 2	4 weeks; asses	sed with: Social A	voidance and D	istress Scale)							
1	randomised trials	very serious	not serious	not serious	serious ²	none	13	12		MD 0.39 lower (1.18 lower to 0.4 higher)	⊕○○○ VERY LOW	CRITICAL
Proportion with sig	nificant change in s	ocial anxiety sy	mptoms (follow up	o: 20 weeks; ass	sessed with: So	cial Avoidance and Distr	ess Scale)					
1	randomised trials	very serious	not serious	not serious	serious ³	none	-/13	-/12	not estimable		⊕○○○ VERY LOW	CRITICAL
Quality of life – not	reported											
-	-	-	-	-	-						-	CRITICAL
Community particip	pation and meaning	ful occupation -	- not reported									
-	-	-	-	-							-	CRITICAL

Risk of selection and detection bias

Confidence intervals cross one minimally important difference. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes). Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).

N.1.9 Cognitive behavioural therapy versus ABA/IBI for post-traumatic stress disorder

		Qu	ality assessment				Numbe	r of patients		Effect		
lumber of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	СВТ	ABA/IBI	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
omatic symptoms (fo	ollow up: not reported;	assessed with: A	Achenbach: somati	c subscale)								
	before-after studies	very serious ¹	not serious	not serious	serious ²	none	42	45		MD 3.74 more (0.69 more to 6.79 more)	⊕○○○ VERY LOW	CRITICAL
ithdrawn symptoms	(follow up: not reporte	d; assessed with	: Achenbach: with	drawn subscale)			•					
	before-after studies	very serious ¹	not serious	not serious	serious ²	none	42	45	-	MD 4.58 more (1.12 more to 8.04 more)	⊕○○ VERY LOW	CRITICAL
nxious/depressed sy	ymptoms (follow up: no	ot reported; asses	ssed with: Achenba	ach: anxious/dep	pressed subscale							
	before-after studies	very serious ¹	not serious	not serious	serious ²	none	42	45	-	MD 6.89 more (3.68 more to 10.1 more)	⊕○○○ VERY LOW	CRITICAL
hought problems (fo	llow up: not reported; a	assessed with: Ad	chenbach: thought	problems subsc	cale)							
	before-after studies	very serious ¹	not serious	not serious	very serious ³	none	42	45	-	MD 7.53 more (4.83 more to 10.23 more)	⊕○○○ VERY LOW	CRITICAL
ttention subscale (fo	ollow up: not reported; a	assessed with: A	chenbach: attentio	n subscale)								-
	before-after studies	very serious ¹	not serious	not serious	serious ²	none	42	45	-	MD 4.58 more (1.56 more to 7.6 more)	⊕○○○ VERY LOW	CRITICAL

		Qu	ality assessment				Numbe	r of patients		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	СВТ	ABA/IBI	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
-	-	-	-	-	-	-					-	CRITICAL
Community participati	on and meaningful occ	cupation – not rep	ported									
-	-	-	-	-	-						-	CRITICAL
Social problems (follo	w up: not reported; ass	sessed with: Acho	enbach: social pro	blems subscale)								
1	before-after studies	very serious ¹	not serious	not serious	serious ²	none	42	45	-	MD 2.97 more (0.38 fewer to 6.32 more)	⊕○○○ VERY LOW	IMPORTANT
Aggressive behaviour	(follow up: not reporte	d; assessed with	: Achenbach: Agg	ressive behaviou	ur subscale)				-			•
1	before-after studies	very serious ¹	not serious	not serious	very serious ³	none	42	45	-	MD 7.22 more (4.66 more to 9.78 more)	⊕○○○ VERY LOW	IMPORTANT
Rule breaking sympto	ms (follow up: not repo	orted; assessed v	with: Achenbach: F	Rule breaking sul	bscale)							
1	before-after studies	very serious ¹	not serious	not serious	very serious ³	none	42	45	-	MD 9.18 more (6.95 more to 11.41 more)	⊕○○○ VERY LOW	IMPORTANT

Risk of selection bias, performance bias (no blinding) and unclear risk of attrition bias

Confidence intervals cross minimally important difference in one direction. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes)

Confidence intervals cross minimally important difference in both directions. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes)

N.1.10 Cognitive behavioural therapy versus control for depressive symptoms

Number of studies Study design Risk of bias Inconsistency Indirectness Imprecision Other considerations CBT Control Relative (95% CI) Absolute (95% CI) Depressive symptoms (RCT) (follow up: range 6 weeks to 42 weeks; assessed with: BDI) Trandomised trials Very serious 1 not serious not serious 2 none 68 SMD 0.82 fewer (1.64 fewer to 0) VERY LOW CRITICAL Depressive symptoms (Controlled before-and-after) (follow up: range 12 weeks to 46.7 weeks; assessed with: various)	Jognitive	penavioura	n therap	by versus	control	tor depi	essive sym	otoms					
Number of Study design Risk of bias inconsistency indirectness imprecision considerations CBT control Relative (95% CI)			Q	uality assessmer	nt			Number o	f patients		Effect		
randomised trials very not serious not serious serious serious none 68		Study design		Inconsistency	Indirectness	Imprecision		СВТ	control			Quality	Importance
Depressive symptoms (Controlled before-and-after) (follow up: range 12 weeks to 46.7 weeks; assessed with: various) a observational very serious observational studies were serious observational studies serious observational improvement (follow up: 12 weeks; assessed with: BDI) a randomised trials serious observational serious not serious serious on tot serious serious observation not serious serious observational	Depressive sympto	oms (RCT) (follow up:	range 6 weeks	s to 42 weeks; ass	sessed with: BDI)							
Observational studies very serious 3 not serious serious 2 none 84 SMD 0.81 lower (1.39 lower to 0.23 lower) VERY LOW CRITICAL very serious 3 not serious 3 not serious serious 2 none 19/20 17/27 (85.0%)	3	randomised trials		not serious	not serious	serious ²	none	68					CRITICAL
Serious 3 (1.39 lower to 0.23 lower) Cepression: at least small improvement (follow up: 12 weeks; assessed with: BDI) I randomised trials serious 4 not serious not serious serious 2 none 19/20 17/27 (63.0%) (1.11 to 2.05) (1.11 to 2.05) (1.11 to 2.05) Certrical Certrical Certrical I randomised trials very serious 5 not serious not serious serious 2 none -/16 4/14 RR 0.22 (0.03 to 1.73) (1.73)	Depressive sympto	oms (Controlled before	e-and-after) (fo	llow up: range 12	weeks to 46.7 w	reeks; assessed	with: various)						
randomised trials serious 4 not serious serious 2 none 19/20 (95.0%) 17/27 (63.0%) RR 1.51 (1.11 to 2.05) RR 1.51 (1.11 to 2.05) CRITICAL Quality of life – not reported	3			not serious	not serious	serious ²	none	84	-	-			CRITICAL
(95.0%) (63.0%) (1.11 to 2.05) (from 69 more to 661 more) COMPANDED	Depression: at leas	st small improvement	(follow up: 12 v	weeks; assessed	with: BDI)								
	1	randomised trials	serious ⁴	not serious	not serious	serious ²	none			(1.11 to			CRITICAL
n paid employment after treatment (follow up: 16 weeks) randomised trials very serious 5 not serious not serious serious 2 none	Quality of life – not	reported						-					
randomised trials very serious 5 not serious not serious serious 2 none -/16 4/14 RR 0.22 (0.03 to 1.73) RR 0.22 (0.03 to 1.73) CRITICAL	-	-	-									-	CRITICAL
serious ⁵ (28.6%) (0.03 to 1.73) (from 209 more to 277 fewer) VERY LOW	In paid employmer	at after treatment (follo	w up: 16 week	(s)									
n voluntary work after treatment (follow up: 16 weeks)	1	randomised trials		not serious	not serious	serious ²	none	-/16		(0.03 to			CRITICAL
	In voluntary work a	fter treatment (follow	up: 16 weeks)					-					,

		Q	uality assessmer	nt			Number o	of patients		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	СВТ	control	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
1	randomised trials	very serious ⁵	not serious	not serious	very serious	none	-/16	4/14 (28.6%)	RR 1.31 (0.46 to 3.72)	89 more per 1000 (from 154 fewer to 777 more)	⊕○○○ VERY LOW	CRITICAL
Problem behaviou	r (Controlled before-a	nd-after) (follow	v up: 23 weeks; as	ssessed with: SI	B-R)							
1	before-after studies	very serious ³	not serious	not serious	serious ²	none	16	8	-	MD 7 fewer (18.58 fewer to 4.58 more)	⊕○○○ VERY LOW	IMPORTANT
Social skills (mild	to moderate learning o	disabilities) (foll	ow up: 6-12 week	s; assessed with	n: Social compa	rison scale)						
2	randomised trials	very serious ⁵	serious 7	not serious 8	serious ²	none	54	42	-	MD 1.24 more (0.66 more to 1.82 more)	⊕○○○ VERY LOW	IMPORTANT
Social behaviours	social behaviours (Controlled before-and-after) (follow up: 23 weeks; assessed with: Social performance survey schedule)											
1	before-after studies	very serious ³	serious ⁸	not serious	serious ⁹	none	16	8	-	MD 11.12 fewer (17.11 fewer to 5.13 fewer)	⊕○○○ VERY LOW	IMPORTANT

; RR: Risk ratio; MD: Mean difference

- 1. Risk of selection and performance bias in studies contributing to >50% weighting in analysis
- 2. Confidence intervals cross one minimally important difference. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).
- 3. Risk of selection, performance and detection bias
- 4. Risk of selection bias
- 5. Risk of selection and performance bias
- 6. Confidence intervals cross minimally important differences in both directions. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).
- 7. No explanation was provided
- 8. Inconsistency in the impact on social skills between RCTs and controlled before-and-after studies.
- 9. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).

Cognitive behavioural therapy versus behavioural strategies for depressive symptoms N.1.11

Cognitive	e Dellaviot	ıraı tile	rapy vers	sus pena	iviourai	strategies i	or depre	essive symp	toms			
			Quality assessm	ent			Numi	per of patients		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	СВТ	behavioural strategies only	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Depressive sym	ptoms (follow up: 38	weeks; asse	ssed with: BDI-II)									
1	observational studies	very serious ¹	not serious	not serious	serious ²	none	23	24		MD 1.56 fewer (6.57 fewer to 3.45 more)	⊕○○ VERY LOW	CRITICAL
Improvement in	those with clinical d	epression at b	paseline (follow up	o: 38 weeks; ass	essed with: BDI	-II [reduced score])						
1	observational studies	very serious ¹	not serious	not serious	serious ²	none	14/14 (100.0%)	14/17 (82.4%)	RR 1.20 (0.94 to 1.53)	165 more per 1000 (from 49 fewer to 436 more)	⊕○○ VERY LOW	CRITICAL
Recovery in thos	se with clinical depre	ession at base	eline (follow up: 38	weeks; assess	ed with: BDI-II [s	score 12 or less])				<u></u>		
1	observational studies	very serious ¹	not serious	not serious	very serious	none	8/14 (57.1%)	12/17 (70.6%)	RR 0.81 (0.47 to 1.40)	134 fewer per 1000 (from 282 more to 374 fewer)	⊕○○ VERY LOW	CRITICAL
Quality of life – ı	not reported											
-	-	-	-			_					-	CRITICAL
Community part	icipation and meani	ngful occupati	on – not reported									
-	-	-			-	-					-	CRITICAL

Risk of selection, performance and detection bias

Confidence intervals cross minimally important difference in one direction. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes)

Confidence intervals cross minimally important difference in both directions. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes)

Cognitive behavioural therapy versus cognitive strategies for depressive symptoms N.1.12

oogiiitiv	e bellaviou	irai tiici	iapy vers	us cogn	11146 3116	ategies for c	acpi coo	ive sympton	113			
			Quality assessm	ent			Numb	er of patients		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	СВТ	cognitive strategies only	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Depressive sym	nptoms (follow up: 38	weeks; asses	ssed with: BDI-II)									
1	observational studies	very serious ¹	not serious	not serious	serious ²	none	23	23		MD 1.3 fewer (5.89 fewer to 3.29 more)	⊕○○○ VERY LOW	CRITICAL
Improvement in	those with clinical de	epression at b	aseline (follow up:	38 weeks; asse	essed with: BDI-	II [reduced score])						
1	observational studies	very serious ¹	not serious	not serious	serious ²	none	14/14 (100.0%)	11/15 (73.3%)	RR 1.34 (0.98 to 1.85)	249 more per 1000 (from 15 fewer to 623 more)	⊕○○○ VERY LOW	CRITICAL
Recovery in tho	se with clinical depre	ssion at base	line (follow up: 38	weeks; assesse	d with: BDI-II [s	core 13 or less])						•
1	observational studies	very serious ¹	not serious	not serious	very serious	none	8/14 (57.1%)	7/15 (46.7%)	RR 1.22 (0.60 to 2.48)	103 more per 1000 (from 187 fewer to 691 more)	⊕○○○ VERY LOW	CRITICAL
Quality of life –	not reported											
-	-	-	-								-	CRITICAL
Community part	ticipation and meanin	gful occupation	on – not reported									
-	-	-	-	-		-					-	CRITICAL

Risk of selection, performance and detection bias

Confidence intervals cross minimally important difference in one direction. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes) Confidence intervals cross minimally important difference in both directions. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes)

N.1.13 Psychodynamic psychotherapy versus no treatment for sexually inappropriate behaviour

			Quality assessn	nent			Number of patie	ents		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	psychodynamic psychotherapy	no treatment	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Recidivism (foll	ow up: 208 weeks)											
1	observational studies	serious 1	not serious	serious ²	very serious	none	2/13 (15.4%)	3/5 (60.0%)	RR 0.26 (0.06 to 1.11)	444 fewer per 1000 (from 66 more to 564 fewer)	⊕○○○ VERY LOW	CRITICAL
Quality of life –	not reported											
-	-	-	-	-	-						-	CRITICAL
Community par	rticipation and mean	ingful occup	ation – not reporte	d								
-	-	-	-	-	-						-	CRITICAL

^{1.} Risk of selection bias, performance bias

I.1.14 Parent training versus control

			Quality asse	essment			Number (of patients		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	parent training	any control	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Behavioural and	l emotional probler	ns (severity)	– post-treatment (assessed with:	various scales)							

^{2.} Participants are only those who were arrested by the criminal justice system and, therefore, are unlikely to represent all individuals with learning disabilities who present with sexually inappropriate behaviour as not all will be in contact with the criminal justice system.

^{3.} Confidence intervals cross minimally important difference in both directions. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes)

			Quality asse	essment			Number o	of patients		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	parent training	any control	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
13	randomised trials	serious 1	not serious	not serious	not serious	none	349			SMD 0.4 SD lower (0.55 lower to 0.24 lower)	⊕⊕⊕○ MODERATE	CRITICAL
Behavioural and	emotional probler	ms (severity)	– follow-up (follow	up: range 26- 5	i2 weeks to 0; as	ssessed with: various scales)						
2	randomised trials	serious ¹	not serious	serious ²	serious ³	publication bias strongly suspected	86	·	-	SMD 0.13 fewer (0.45 fewer to 0.19 more)	⊕○○○ VERY LOW	CRITICAL
Quality of life – r	not reported											
-	-	-	-	-	-						-	CRITICAL
Community part	icipation and mear	ningful occupa	ation – not reporte	d								
-					-						-	CRITICAL
Problem behavio	our (severity, non-	mprovement) – post-treatment	(assessed with:	various scales)							
8	randomised trials	serious 1	not serious	not serious	not serious	none	131/231 (56.7%)	174/197 (88.3%)	RR 0.67 (0.59 to 0.77)	291 fewer per 1000 (from 203 fewer to 362 fewer)	⊕⊕⊕○ MODERATE	IMPORTANT
Problem behavio	our (frequency) – p	oost-treatmen	at (assessed with:	various scales)								•
8	randomised trials	serious 1	serious ⁴	not serious	not serious	none	237	-	-	SMD 0.6 fewer (0.9 fewer to 0.3 fewer)	ФФОО LOW	IMPORTANT
Problem behavio	our (frequency) – f	ollow-up (foll	ow up: mean 26 w	eeks; assessed	with: various sc	ales)				1		

			Quality asse	essment			Number o	of patients		Effect				
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	parent training	any control	Relative (95% CI)	Absolute (95% CI)	Quality	Importance		
1	randomised trials	serious ⁵	not serious	not serious	very serious	publication bias strongly suspected	35			SMD 0.36 fewer (0.85 fewer to 0.14 more)	⊕○○○ VERY LOW	IMPORTANT		
Problem behavio	roblem behaviour (frequency, non-improvement) – post-treatment (assessed with: various scales)													
6	randomised trials	serious 1	not serious	serious ²	not serious	none	105/188 (55.9%)	147/155 (94.8%)	RR 0.63 (0.55 to 0.73)	351 fewer per 1000 (from 256 fewer to 427 fewer)	⊕⊕⊜ _{Low}	IMPORTANT		
Adaptive function	ning (communicati	ion) – post-tre	eatment									•		
1	randomised trials	serious ⁵	not serious	serious ²	very serious	none	75	-	-	SMD 0.47 more (0.11 more to 0.84 more)	⊕○○○ VERY LOW	IMPORTANT		
Adaptive function	ning (total) – post-	treatment												
2	randomised trials	serious 1	not serious	serious ²	serious ³	none	82	-	-	SMD 0.51 more (0.15 more to 0.86 more)	⊕○○○ VERY LOW	IMPORTANT		

^{1.} Most information is from studies at moderate risk of bias

For the full GRADE evidence profiles for other pairwise comparisons relating to the quality of evidence for parent training, please refer to the NICE guideline Challenging Behaviour and Learning Disabilities, NG11.

^{2.} Concerns with applicability – different populations

^{3.} Optimal information size not met

^{4.} I2 > 40%. This is the criterion that was used in the challenging behaviour guideline.

^{5.} Crucial limitation for one criterion or some limitations for multiple criteria sufficient to lower ones confidence in the estimate of effect

^{6.} Optimal information size not met; small, single study

^{7.} Publication bias strongly suspected

Pharmacological interventions

Amphetamine versus placebo N.2.1

, unpriota	iiiiiie veisu	o places	,						
		C	tuality assessme	nt					
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Impact	Quality	Importance
Overall effect of	treatment on bespoke	form (follow up	: mean 23 weeks;	assessed with:	14-item 'patient	evaluation form')			
1	randomised trials	very serious	not serious	not serious	serious ²	none	The differences between groups on 10 subscales (hyperkinesis, concentration, attention, aggressiveness, sociability, interpersonal relationship, mood, work capacity, reading, spelling, arithmetic and class standing) were reported as not significant; however, the comprehension and work interest subscales were reported to be significantly better in the amphetamine group than the placebo group (p < 0.05).	⊕○○ VERY LOW	CRITICAL
Quality of life – ı	not reported								
-	-	-	-	-	-	-		-	CRITICAL
Community part	icipation and meaning	ful occupation –	not reported						
-	-	-	-	,				-	CRITICAL

Risk of selection and selective outcomes bias; unclear risk of detection, attrition and performance bias. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).

N.2.2 Methylphenidate versus placebo

			Quality assessm	ent			Number of pa	atients		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Methylphenidate	placebo	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
ADHD (follow up: m	nean 16 weeks; as	ssessed with: (Connors' ADHD ir	ndex [parent rate	ed])							
	randomised trials	not serious	not serious	not serious	serious ¹	none	61	61		MD 3.3 fewer (6.79 fewer to 0.19 more)	⊕⊕⊕○ MODERATE	CRITICAL
DHD (follow up: m	nean 16 weeks; as	ssessed with: (Connors' ADHD ir	ndex [teacher rat	ed])							
	randomised trials	not serious	not serious	not serious	serious ¹	none	61	61	-	MD 4.1 fewer (7.57 fewer to 0.63 fewer)	⊕⊕⊕○ MODERATE	CRITICAL
lyperactivity (follov	w up: mean 16 we	eks; assessed	with: Conners' hy	peractivity scale	e [parent rated])							
	randomised trials	not serious	not serious	not serious	serious ²	none	61	61		MD 1.5 fewer (3.44 fewer to 0.44 more)	⊕⊕⊕○ MODERATE	CRITICAL
lyperactivity (follov	w up: mean 16 we	eks; assessed	with: Conners' hy	peractivity scale	e [teacher rated])						·
	randomised trials	not serious	not serious	not serious	serious ¹	none	61	61	-	MD 2.6 fewer (4.68 fewer to 0.52 fewer)	⊕⊕⊕ MODERATE	CRITICAL
mproved' or 'bette	er' (follow up: mear	n 16 weeks; as	sessed with: Clini	ical Global Impre	essions-Improve	ement)						
	randomised trials	not serious	not serious	not serious	serious ¹	none	24/61 (39.3%)	4/61 (6.6%)	RR 6.00 (2.21 to 16.26)	328 more per 1000 (from 79 more to 1000 more)	⊕⊕⊕○ MODERATE	CRITICAL

			Quality assessm	ent			Number of pa	atients		Effect			
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Methylphenidate	placebo	Relative (95% CI)	Absolute (95% CI)	Quality	Importance	
-	-	-	-	-	-	-					-	CRITICAL	
Community particip	Community participation and meaningful occupation – not reported												
-		1	-	-	-	-					-	CRITICAL	
Weight (follow up:	mean 16 weeks; a	ssessed with:	kg)										
1	randomised trials	not serious	not serious	not serious	serious ²	none	61	61	-	MD 4.2 kg fewer (10.25 fewer to 1.85 more)	⊕⊕⊕○ MODERATE	IMPORTANT	

N.2.3 Methylphenidate plus behavioural modification training vs placebo plus behavioural modification training

			Quality assessme	nt										
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Impact	Quality	Importance					
Behaviour (includin	ehaviour (including ADHD and hyperactivity) (follow up: 2 weeks; assessed with: Conner's Teacher Report form - all subscales)													
1	randomised trials	very serious ¹	not serious	not serious	serious ²	none	The authors found significant improvement for methylphenidate treatment compared to placebo on two categories: behaviour modification and deviant vocalization. However, they reported that this only occurred when the behavioural modification program was in place.	⊕⊖⊖⊖ VERY LOW	CRITICAL					
Quality of life - not	Quality of life - not reported													
-	-	-			-	-		-						

Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).
 Confidence intervals cross one minimally important difference. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).

			Quality assessme	nt									
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Impact	Quality	Importance				
Community particip	Community participation and meaningful occupation - not reported												
-	-	-	-	-	-	-		-					

CI: Confidence interval

- 1. Risk of selection and detection bias.
- 2. Sample size less than optimal information size (<400 for continuous outcomes or <300 events for dichotomous outcomes).

N.2.4 Clonidine versus placebo

		Q	uality assessme	nt			Number o	f patients		Effect				
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Clonidine	placebo	Relative (95% CI)	Absolute (95% CI)	Quality	Importance		
ADHD symptoms: c	HD symptoms: conduct (follow up: 6 weeks; assessed with: Parent Connor's score – conduct scale)													
1	randomised trials	very serious	not serious	not serious	serious ²	none	9	10	-	MD 7.4 fewer (10.34 fewer to 4.46 fewer)	⊕○○○ VERY LOW			
ADHD symptoms: ir	DHD symptoms: impulsive hyperactivity (follow up: 6 weeks; assessed with: Parent Connor's score – Impulsive hyperactive scale)													
1	randomised trials	very serious	not serious	not serious	serious ³	none	9	10	-	MD 2.6 fewer (6.54 fewer to 1.34 more)	⊕○○○ VERY LOW			
ADHD symptoms: o	ADHD symptoms: overall (follow up: 6 weeks; assessed with: Parent Connor's score – Total score)													

		Q	uality assessme	nt			Number o	of patients		Effect			
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Clonidine	placebo	Relative (95% CI)	Absolute (95% CI)	Quality	Importance	
1	randomised trials	very serious	not serious	not serious	serious ³	none	9	10		MD 24.7 fewer (49.35 fewer to 0.05 fewer)	⊕○○ VERY LOW		
ADHD symptoms (c	linician rated) (follo	w up: 6 weeks; a	assessed with: Co	GI)									
1	randomised trials	very serious	not serious	not serious	serious ³	none	9	10	-	MD 1.8 fewer (3.11 fewer to 0.49 fewer)	⊕○○○ VERY LOW		
Much or very much	uch or very much improved (follow up: 6 weeks; assessed with: CGI)												
1	randomised trials	very serious	not serious	not serious	serious ²	none	7/9 (77.8%)	0/10 (0.0%)	RR 16.50 (1.07 to 253.40)	0 fewer per 1000 ⁴ (from 0 fewer to 0 fewer)	⊕○○ VERY LOW		
Quality of life – not r	reported										,	•	
-	-	-	-	-	-	-					-		
Community participa	ation and meaningfu	ul occupation – i	not reported									•	
-	-	-	-			-					-		

Risk of selection and selective outcome reporting bias
Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).
Confidence intervals cross one minimally important difference. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).

Absolute risk value is 0 as no events of interest occurred for this outcome

N.2.5 Risperidone versus methylphenidate

rispe	speridone versus methylphenidate													
			Quality ass	essment			Numbe	r of patients		Effect				
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Risperidone	methylphenidate	Relative (95% CI)	Absolute (95% CI)	Quality	Importance		
ADHD syn	nptoms (follow	up: mean	4 weeks; assess	ed with: SNAP-I	V total score)									
1	randomised trials	very serious	not serious	not serious	serious ²	none	22		·	SMD 0.54 lower (1.14 lower to 0.06 higher)	⊕⊖⊖ VERY LOW	CRITICAL		
Hyperactiv	yperactivity (NCBRF) (follow up: mean 4 weeks)													
1	randomised trials	very serious	not serious	not serious	serious ³	none	No significant	between-group differ	nange scores.	⊕○○○ VERY LOW	CRITICAL			
Quality of	uality of life – not reported													
-	-	-	-	-	-	-					-	CRITICAL		
Communit	y participation	and mear	ningful occupation	– not reported										
-	-		-	-	-						-	CRITICAL		
Side effect	ts (Barkley's S	ide Effects	s Rating Scale) (fo	ollow up: mean 4	weeks)									
1	randomised trials	very serious	not serious	not serious	very serious	none	22	-	-	SMD 0.08 higher (0.54 lower to 0.69 higher)	⊕○○○ VERY LOW	IMPORTANT		
Weight (fo	llow up: 4 wee	ks; asses	sed with: kg)					·				ı		

	Quality assessment							r of patients		Effect		
Number of studies	Study	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Risperidone	methylphenidate	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
1	randomised trials	very serious	not serious	not serious	serious ³	none		n of 0.53 kg in the mone group (reported t	⊕○○○ VERY LOW			

Risk of selection and selective outcome reporting bias

Pharmacological interventions for dementia in Down's syndrome

Donepezil versus placebo for prevention of dementia

			Quality assessr	ment			Number of pat	ients		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Comparison 1a: donepezil	placebo	Relative (95% CI)	Absolute (95% CI)	Quality	Importanc
ognitive abilities (follow up: 12 weeks; assessed with: Severe Impairment Battery)												
	randomised trials	not serious	very serious ¹	not serious ²	very serious	none	68	-	-	SMD 0.34 higher (0.65 lower to 1.33 higher)	⊕○○○ VERY LOW	CRITICAL
Quality of life – not reported												
	-	-	-			-					-	CRITICAL

Confidence intervals cross one minimally important difference. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).

Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).

			Quality assessr	nent			Number of par	tients		Effect				
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Comparison 1a: donepezil	placebo	Relative (95% CI)	Absolute (95% CI)	Quality	Importance		
-	-	-	-	-	-	-					-	CRITICAL		
Behavioural pro	blems (follow up: 1	2 weeks; ass	sessed with: vario	us scales)										
2	randomised trials	not serious	not serious	not serious	serious ³	none	62	-		SMD 0.28 higher (0.07 lower to 0.63 higher)	⊕⊕⊕○ MODERATE	IMPORTANT		
Serious adverse	Serious adverse events (follow up: 12 weeks)													
2	randomised trials	not serious	not serious	not serious	serious ⁴	none	0/71 (0.0%)	0/70 (0.0%)	not estimable		⊕⊕⊕○ MODERATE	IMPORTANT		
Severe adverse	events (follow up:	12 weeks)												
1	randomised trials ⁵	not serious	not serious	not serious	very serious	none	2/62 (3.2%)	0/61 (0.0%)	RR 4.92 (0.24 to 100.43)	0 fewer per 1000 ⁶ (from 0 fewer to 0 fewer)	⊕⊕ ○○ Low	IMPORTANT		
Any adverse eve	ent (follow up: 12 v	veeks)												
1	randomised trials ⁷	not serious	not serious	not serious	serious ³	none	46/62 (74.2%)	29/61 (47.5%)	RR 1.56 (1.15 to 2.11)	266 more per 1000 (from 71 more to 528 more)	⊕⊕⊕⊖ MODERATE	IMPORTANT		

^{1.} Downgraded two levels for imprecision (wide confidence interval) and inconsistency ($l^2 = 73\%$). This was the criterion used in the Livingstone 2015 review.

^{2.} Downgraded two levels for serious imprecision (wide confidence interval) and small number of events. This was the criterion used in the Livingstone 2015 review.

^{3.} Downgraded one level for imprecision (wide confidence interval). This was the criterion used in the Livingstone 2015 review.

^{4.} Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).

^{5.} Serious adverse events: hypertension and emotional lability.

^{6.} Absolute risk value is 0 as no events of interest occurred for this outcome.

^{7.} Most common side effects were asthenia, anorexia, dyspepsia, nausea, vomiting, and insomnia.

N.3.2 Donepezil versus placebo for treatment of dementia

Doncpczi	ii versus į	Jiacebi	o for trea	unent or	dement	ıa						
			Quality assessn	nent			Number of pati	ents		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Comparison 1b: donepezil	placebo	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Cognitive abilities (follow up: 24 weeks; assessed with: Severe Impairment Battery)												
1	randomised trials	not serious	not serious	not serious	serious ¹	none	14			SMD 0.93 higher (0.13 higher to 1.73 higher)	⊕⊕⊕○ MODERATE	CRITICAL
Proportion with in	mproved impressio	n of quality o	f life (follow up: 24	weeks)								
1	randomised trials	not serious	not serious	not serious	serious ¹	none	11/11 (100.0%)	4/10 (40.0%)	RR 2.34 (1.14 to 4.81)	536 more per 1000 (from 56 more to 1000 more)	⊕⊕⊕⊖ MODERATE	CRITICAL
Community partic	cipation and mean	ingful occupa	tion – not reported	d								
	-	-	-	=	-						-	CRITICAL
Behavioural prob	olems (follow up: 24	4 weeks; asse	essed with: Ameri	can Association	of Mental Retard	dation Adaptive Behavi	our Scale)					,
1	randomised trials	not serious	not serious	not serious	serious 1	none	14	-	-	SMD 0.99 higher (0.18 higher to 1.79 higher)	⊕⊕⊕⊖ MODERATE	IMPORTANT
Serious adverse	events (follow up:	24 weeks)										,
1	randomised trials	not serious	not serious	not serious	serious ¹	none	8/16 (50.0%)	3/14 (21.4%)	RR 2.33 (0.76 to 7.13)	285 more per 1000 (from 51 fewer to 1000 more)	⊕⊕⊕○ MODERATE	IMPORTANT
At least one serious event (follow up: 24 weeks)												

			Quality assessr	nent			Number of pat	ients		Effect		Importance
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Comparison 1b: donepezil	placebo	Relative (95% CI)	Absolute (95% CI)	Quality	
1	randomised trials	not serious	not serious	not serious	serious ¹	none	12/16 (75.0%)	7/14 (50.0%)	RR 1.50 (0.83 to 2.72)	250 more per 1000 (from 85 fewer to 860 more)	⊕⊕⊕○ MODERATE	IMPORTANT
Minor adverse re	Minor adverse reaction (follow up: 24 weeks)											
1	randomised trials ²	not serious	not serious	not serious	very serious	none	2/11 (18.2%)	3/10 (30.0%)	RR 0.61 (0.13 to 2.92)	117 fewer per 1000 (from 261 fewer to 576 more)	⊕⊕ ○○	IMPORTANT

- Downgraded one level for imprecision (wide confidence interval). This was the criterion used in the Livingstone 2015 review.
- Included soft stool and skin rash (donepezil, one placebo) or mild skin rash only (2 placebo). Downgraded two levels for serious imprecision (wide confidence interval).

Memantine versus placebo for dementia in Down's syndrome

			Quality assessr	nent			Number of pati	ents	ŀ	Effect		Importance
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Comparison 2: memantine	placebo	Relative (95% CI)	Absolute (95% CI)	Quality	
Cognitive abilitie	Cognitive abilities (follow up: range 16 weeks to 52 weeks; assessed with: various scales)											
2	randomised trials	not serious	serious ¹	not serious	serious ¹	none	91	-	-	SMD 0.05 more (0.43 fewer to 0.52 more)	ФФ <u></u>	CRITICAL
Quality of life – n	Quality of life – not reported											
-	-	-	-	-	-	-					-	CRITICAL

			Quality assessr	ment			Number of pati	ients		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Comparison 2: memantine	placebo	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Community participation and meaningful occupation – not reported												
-	-	-	-	-	-	-					-	CRITICAL
Behavioural problems (follow up: range 16 weeks to 52 weeks; assessed with: various scales)												
2	randomised trials	not serious	not serious	not serious	very serious	none	94	1		SMD 0.17 fewer (0.46 fewer to 0.11 more)	⊕⊕⊜⊝ Low	IMPORTANT
Clinically signific	ant/serious advers	se events (fol	low up: range 16 v	weeks to 52 wee	eks)							•
2	randomised trials	not serious	not serious	not serious	very serious	none	12/107 (11.2%)	6/104 (5.8%)	RR 1.79 (0.72 to 4.50)	46 more per 1000 (from 16 fewer to 202 more)	⊕⊕⊜⊝ Low	IMPORTANT
Any adverse eve	Any adverse event (follow up: mean 16 weeks)											
1	randomised trials	not serious	not serious	not serious	very serious	none	4/19 (21.1%)	1/19 (5.3%)	RR 4.00 (0.49 to 32.57)	158 more per 1000 (from 27 fewer to 1000 more)	⊕⊕ ○○ Low	IMPORTANT

Downgraded two levels due to imprecision (wide confidence intervals) and inconsistency (I² = 48%). This was the criterion used in the Livingstone 2015 review. Downgraded two levels for serious imprecision (wide confidence interval) and small number of events. This was the criterion used in the Livingstone 2015 review.

N.3.4 Simvastatin versus placebo for dementia in Down's syndrome

Omivasiai	iii versus	placed	o ioi dei	iiciilia iii	DOWIIS	synarome							
			Quality assessm	nent			Number of patier	nts		Effect			
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Comparison 3: simvastatin	placebo	Relative (95% CI)	Absolute (95% CI)	Quality	Importance	
Cognitive abilities	ognitive abilities (follow up: 52 weeks; assessed with: Neuropsychological Assessment of Dementia in Intellectual Disabilities battery)												
1	randomised trials	not serious	not serious	not serious	very serious	none	10	11	-	MD 10 higher (0.4 lower to 1.6 higher)	ФФ <u>С</u> С	CRITICAL	
Quality of life – no	ot reported												
-	-	-	-	-	-						-	CRITICAL	
Community partic	ipation and meanir	ngful occupatio	on – not reported										
-	-	-	-	-	-						-	CRITICAL	
Adaptive functioni	daptive functioning (follow up: 52 weeks; assessed with: AAMR: ABS)												
1	randomised trials	not serious	not serious	not serious	very serious	none	10	11	-	MD 0.7 higher (0 to 1.4 higher)	ФФ <u>С</u> С	IMPORTANT	

^{1.} Downgraded two levels for serious imprecision (wide confidence interval) and small number of events.

N.4 Other interventions

N.4.1 Annual health check versus treatment as usual

			Quality assessr	nent			Number o	f patients		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Annual health check	treatment as usual	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Psychosis (Ident	ification of mental	health needs	; all levels of learn	ing disabilities)	(follow up: mean	39 weeks)						
1	randomised trials	serious 1	not serious	serious ²	serious ³	none	4/83 (4.8%)	6/66 (9.1%)	RR 0.53 (0.16 to 1.80)	43 fewer per 1000 (from 73 more to 76 fewer)	⊕○○○ VERY LOW	CRITICAL
Psychiatric cons	ultation/ visit (Iden	tification of m	ental health needs	s; all levels of lea	arning disabilities	s) (follow up: range 39	weeks to 52 weeks)					
2	randomised trials	serious ⁴	not serious	serious ²	very serious	none	26/287 (9.1%)	31/287 (10.8%)	RR 0.83 (0.50 to 1.36)	18 fewer per 1000 (from 39 more to 54 fewer)	⊕○○○ VERY LOW	CRITICAL
Psychiatric disor	ders (Identification	of mental he	alth needs; all lev	els of learning di	isabilities) (follov	v up: mean 52 weeks)	<u> </u>					•
1	randomised trials	serious ¹	not serious	serious ²	very serious	none	2/234 (0.9%)	0/219 (0.0%)	RR 4.68 (0.23 to 96.96)	0 fewer per 1000 ⁸ (from 0 fewer to 0 fewer)	⊕○○ VERY LOW	CRITICAL
Newly detected I	health issues (all le	evels of learn	ing disabilities) (fo	llow up: range 3	9 weeks to 52 w	eeks)	,					•
3	randomised trials	serious ¹	not serious	serious ²	serious ³	none	-/367	-/352	OR 1.69 (1.08 to 2.64)	0 fewer per 1000 ⁹ (from 0 fewer to 0 fewer)	⊕⊖⊖ VERY LOW	CRITICAL
Newly detected I	health monitoring r	needs (all leve	els of learning disa	abilities) (follow u	up: mean 39 wee	eks)	I.	l				1

			Quality assessn	nent			Number o	f patients		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Annual health check	treatment as usual	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
1	randomised trials	serious ¹	not serious	serious ²	serious ⁶	none	-/83	-/66	OR 2.38 (1.31 to 4.32)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕○○○ VERY LOW	CRITICAL
Newly detected h	lewly detected health promotion needs (all levels of learning disabilities) (follow up: mean 39 weeks)											
1	randomised trials	serious 1	not serious	serious ²	very serious	none	-/83	-/66	OR 0.98 (0.73 to 1.32)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕○○○ VERY LOW	CRITICAL
Obesity (Identific	ation of health nee	eds; all levels	of learning disabil	ities) (follow up:	range 39 weeks	s to 52 weeks)						
2	randomised trials	serious 1	serious 7	serious ²	serious ⁶	none	74/317 (23.3%)	43/285 (15.1%)	RR 1.41 (1.09 to 1.82)	62 more per 1000 (from 14 more to 124 more)	⊕○○○ VERY LOW	CRITICAL
Community partic	Community participation and meaningful occupation – not reported											•
-	-	-	-	-							-	CRITICAL

- Risk of performance bias
- Indirect outcome
- Confidence intervals cross one minimally important difference. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).
- Risk of performance, selection, attrition bias
- Confidence intervals cross two minimally important differences. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes). Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).

- I2 suggests considerable heterogeneity
 Absolute risk value is 0 as no events of interest occurred for this outcome.
 Absolute risk value is listed as 0 as data were not reported by the authors.

N.4.2 Acetyl-L-carnitine versus placebo for attention deficit hyperactivity disorder

Accidi E od	THE VC	i sus pia	CCDO IOI	atterition	1 acricit	nyperactivity	y disorder					
		Qı	uality assessmer	nt			Number of pat	ients		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acetyl-L- carnitine	placebo	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
ADHD (follow up: me	DHD (follow up: mean 52 weeks; assessed with: Conners' Parents)											
1	randomised trials	very serious	not serious	not serious	serious ²	none	24	27		MD 2.8 fewer (7.58 fewer to 1.98 more)	⊕○○○ VERY LOW	CRITICAL
ADHD (follow up: me	ean 52 weeks; asse	ssed with: Conn	ers' Teachers)									
1	randomised trials	very serious	not serious	not serious	serious ²	none	24	27	-	MD 0.5 more (5.08 fewer to 6.08 more)	⊕○○○ VERY LOW	CRITICAL
Quality of life – not re	eported											
-	-	-	-	-							-	CRITICAL
Community participa	tion and meaningfu	l occupation – n	ot reported									
-	-	-	-								-	CRITICAL
Adaptive functioning	(post-treatment) (fo	ollow up: mean 5	52 weeks; assesse	ed with: VABS -	full scale)							
1	randomised trials	very serious	not serious	not serious	serious ²	none	24	27	-	MD 8.2 more (0.04 fewer to 16.44 more)	⊕⊖⊖ VERY LOW	IMPORTANT
Adaptive functioning	Adaptive functioning (follow up: mean 52 weeks; assessed with: VABS – socialization scale)											

		Q	uality assessmer	nt			Number of pat	ients		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acetyl-L- carnitine	placebo	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
1	randomised trials	very serious	not serious	not serious	serious ²	none	24	27	-	MD 11.3 more (2.18 more to 20.42 more)	⊕○○○ VERY LOW	IMPORTANT

^{1.} Risk of selection and detection bias

N.4.3 Acetyl-L-carnitine versus placebo for dementia

		Q	uality assessme	nt									
Number of studies						Other considerations	Impact	Quality	Importance				
Cognitive functioning (mild to moderate learning disabilities) (follow up: mean 39 weeks; assessed with: Multiple measures)													
1	randomised trials randomised tr												
Dementia: (mild to	moderate learning o	lisabilities) (follo	ow up: mean 39 w	eeks; assessed	with: Emotional	disorder rating scale)							
1	randomised trials	very serious	not serious	not serious	serious ²	none	No significant difference between Acetyl-L-Carnitine and placebo groups	⊕○○○ VERY LOW	CRITICAL				
Dementia (mild to n	noderate learning di	isabilities) (follo	w up: mean 39 we	eeks; assessed v	with: Child beha	viour checklist)							
1	randomised trials very serious not serious not serious serious serious 2 none No significant difference between Acetyl-L-Carnitine and placebo groups							⊕○○○ VERY LOW	CRITICAL				

^{2.} Confidence intervals cross one minimally important difference. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).

		Q	tuality assessme	nt								
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Impact	Quality	Importance			
Quality of life – not r	reported											
-	-	-	-	-	-	-		-	CRITICAL			
Community participation and meaningful occupation – not reported												
-	-	-	-	-	-	-		-	CRITICAL			

^{1.} Risk of selection, selective outcomes and attrition bias.

Antioxidant plus acetylcholinesterase inhibitor versus placebo plus acetylcholinesterase inhibitor for dementia

	-		Quality asses	sment			Number of	patients		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Antioxidant	placebo	Absolute (95% CI)	Quality	Importance	
Mental health (all levels of learning disabilities) (follow up: mean 104 weeks; assessed with: DMR [sum of cognitive scores])												
1	randomised trials	serious 1	not serious	not serious	serious ²	none	No significant dif	ferences in DMF	res scores between antioxidant and placebo	ФФСС	CRITICAL	
Mental health (all levels of learning disabilities) (follow up: mean 104 weeks; assessed with: Severe impairment battery)												
1	randomised trials	serious 1	not serious	not serious	serious ²	none	No significant dif placebo groups	ferences in Sev	Battery scores between antioxidant and	ФФОО LOW	CRITICAL	

Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).
 Risk of selection, selective outcomes, detection bias and attrition bias.

			Quality asses	sment			Number of	patients		Effect			
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Antioxidant	placebo	Relative (95% CI)	Absolute (95% CI)	Quality	Importance	
Quality of life	- not reported												
-	-	-	-	-	-	-					-	CRITICAL	
Community participation and meaningful occupation – not reported													
-	-	-	-	-	-	-				-	CRITICAL		
Adaptive fund	daptive functioning (all levels of learning disabilities) (follow up: mean 104 weeks; assessed with: Brief Praxis Test)												
1	randomised trials	serious 1	not serious	not serious	serious ²	none	No significant dif groups	ferences in Brie	f Praxis Test so	cores between antioxidant and placebo	⊕⊕○○ LOW	IMPORTANT	
Adaptive fund	ctioning (all levels	s of learning	disabilities) (follo	w up: mean 104	weeks; assess	ed with: DMR [sum o	f social skills])						
1	randomised trials	serious 1	not serious	not serious	serious ²	none	No significant dif	ferences in DMI	R sum of social	scores scores between antioxidant and	ФФОО	IMPORTANT	
Adaptive fund	ctioning (all levels	s of learning	disabilities) (follo	w up: mean 104	weeks; assess	ed with: Bristol Activi	ties of Daily Living	Scale)					
1	randomised trials	serious 1	not serious	not serious	serious ²	none	No significant dif antioxidant and p		tol Activities of	Daily Living Scale scores between	⊕⊕○○ LOW	IMPORTANT	
Any serious a	ny serious adverse event (incapacitation and/or inability to sustain daily activities) (all levels of learning disabilities) (follow up: mean 104 weeks; assessed with: [ITT/analysed as randomised])												
1	randomised trials	serious 1	not serious	not serious	serious ²	none	14/29 (48.3%)	11/29 (37.9%)	RR 1.27 (0.70 to 2.32)	102 more per 1000 (from 114 fewer to 501 more)	ФФ <u></u>	IMPORTANT	

- 1. Risk of selective outcomes bias.
- 2. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).

N.4.5 Exercise versus any control for anxiety symptoms

-xerc	ise vers	ous a	ny contro	or ior arra	tiety syi	приліз					ı	1			
			Quality ass	essment			Numb patie			Effect					
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Exercise	any control	Relative (95% CI)	Absolute (95% CI)	Quality	Importance			
Anxiety (m	nxiety (mild learning disabilities) (follow up: mean 39 weeks; assessed with: Hamilton Anxiety Scale)														
1	randomised trials	II-A scores in the aerobic and leisure groups only (no significant tional activities control group.)	⊕○○○ VERY LOW	CRITICAL											
Anxiety (m	trials serious decrease was found for the vocational activities control group.) Nxiety (mild to moderate learning disabilities) (follow up: mean 12 weeks; assessed with: Zung Self-rating anxiety scale (adapted for learning disabilities and named Self-rated Anxiety Scale or SAS-ID)														
1	randomised trials	very serious	not serious	not serious	serious 4	none	14	13		MD 6.62 fewer (7.97 fewer to 5.27 fewer)	⊕○○○ VERY LOW	CRITICAL			
Quality of	life – not repoi	rted										!			
											-	CRITICAL			
Communit	y participation	and mear	ningful occupation	- not reported											
	-	-	-	-	-	-					-	CRITICAL			

^{1.} Risk of selection, performance and detection bias

^{2.} Risk of selective outcome (no variance reported so not possible to use in meta-analysis), performance and selection bias

^{3.} Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes). Not possible to assess confidence without variance.

^{4.} Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).

Exercise versus painting control for depressive symptoms

Exercise ve	i sus pairit	ing com	ioi ioi ac	picaaiv	Cayinpt	Oilio						
		Qı	ıality assessmen	t			Numb	er of patients		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Exercise	painting control	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Depressive symptoms	s (mild to moderate	learning disabilit	ies) (follow up: me	ean 12 weeks; a	ssessed with: Z	ung Self-rating Depression	on Scale)					
1	randomised trials	very serious ¹	not serious	not serious	serious ²	none	14	13		MD 6.06 fewer (7.25 fewer to 4.87 fewer)	⊕○○○ VERY LOW	CRITICAL
Quality of life – not re	ported											•
-	-	-	-	-	-						-	CRITICAL
Community participat	ion and meaningful	occupation – no	t reported									•
-	-	-	-	-							-	CRITICAL

Exercise and education versus control for depressive symptoms

EXCITION O	na caaba	IOII VCI	Jus Conti	or ior ac	PI 03314	e symptoms								
		C	Quality assessme	nt			Number of patier	nts		Effect				
Number of studies	Study design Risk of bias Inconsis		Inconsistency	Indirectness	Imprecision	Other considerations	Exercise and education	control	Relative (95% CI)	Absolute (95% CI)	Quality	Importance		
Depressive sympto	Depressive symptoms (mild to moderate learning disabilities) (follow up: mean 12 weeks; assessed with: Child Depression Inventory)													
1	randomised trials	very serious	not serious	not serious	serious ²	none	32	21	-	MD 1.53 fewer (3.29 fewer to 0.23 more)	⊕○○○ VERY LOW	CRITICAL		

Risk of selection, performance and detection bias
 Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).

		C	Quality assessme	nt			Number of patier	nts		Effect			
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Exercise and education	control	Relative (95% CI)	Absolute (95% CI)	Quality	Importance	
Community participation and meaningful occupation (mild to moderate learning disabilities) (follow up: mean 12 weeks; assessed with: Communication integration scale)													
1	randomised trials	very serious	not serious	not serious	serious ²	none	32	21	-	MD 0.78 fewer (2.06 fewer to 0.5 more)	⊕○○○ VERY LOW	CRITICAL	
Quality of life (mild-	Quality of life (mild-moderate learning disabilities) (follow up: mean 12 weeks; assessed with: Life Satisfaction Scale)												
1	randomised trials	very serious	not serious	not serious	serious ²	none	32	21	-	MD 2.52 more (0.87 fewer to 5.91 more)	⊕○○○ VERY LOW	CRITICAL	

^{1.} Selection and detection bias

N.5 Organisation and Service Delivery

N.5.1 Assertive community treatment versus standard community treatment

			Quality as	sessment			№ of p	atients	Effect				
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Assertive community treatment	standard community treatment	Relative (95% CI)	Absolute (95% CI)	Quality	Importance	
Mental health	Mental health (service user) - not reported												
-	-	-		-	-	-					-	CRITICAL	

^{2.} Confidence intervals cross one minimally important difference. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).

			Quality as	ssessment			Nº of p	atients	Effec	t		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Assertive community treatment	standard community treatment	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Healthcare pr	actitioner health a	nd well-being - not re	ported									
-	-	-	-	-	-	-					-	CRITICAL
Quality of life	(follow up: range	13 weeks to 26 weeks	8)									
2	randomised trials	serious ¹	not serious	not serious	serious ²	none	25	25	-	SMD 0.2 lower (0.75 lower to 0.36 higher)	⊕⊕⊖⊖ Low	CRITICAL
Community p	articipation and m	eaningful occupation	- not reported									
	-	-	-	-	-						-	CRITICAL
Problem beha	aviours - not repor	ted										
	-	-	-	-	-						-	CRITICAL
Global asses	sment of function ((symptomatology) (fol	low up: range 13 wee	eks to 26 weeks)								
2	randomised trials	serious ¹	not serious	not serious	serious ²	none	25	25	-	MD 0.76 lower (6.07 lower to 4.55 higher)	⊕⊕⊖ Low	IMPORTANT
lobal asses	sment of function ((Disability) (follow up:	range 13 weeks to 26	ô weeks)								•

			Quality as	ssessment			Nº of p	patients	Effect	ı		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Assertive community treatment	standard community treatment	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
2	randomised trials	serious ¹	not serious	not serious	serious ²	none	25	25		MD 1.05 higher (4.05 lower to 6.16 higher)	ФФОО Low	IMPORTANT
Carer uplift/b	urden (follow up: ra	ange 13 weeks to 26	weeks)									
2	randomised trials	serious ¹	not serious	not serious	very serious ³	none	25	25	-	MD 0.03 higher (3.48 lower to 3.54 higher)	⊕⊖⊖⊖ VERY LOW	IMPORTANT

CI: Confidence interval; SMD: Standardised mean difference; MD: Mean difference

- Risk of performance bias.
- Confidence intervals cross one minimally important difference. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).

 Confidence intervals cross two minimally important differences. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).

N.5.2 Active case management model versus standard model

ACTIVE C	ase Illai	iageiii	ent mout	FI VEISUS	Stariua	ra modei							
			Quality asses	sment			Number of p	patients		Effect			
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Active treatment case management model	standard model of service delivery	Relative (95% CI)	Absolute (95% CI)	Quality	Importance	
Mental health	al health (service user) – not reported												
-	health (service user) – not reported												
Healthcare pr	actitioner health	and well-bei	ing – not reported										

			Quality assess	sment			Number of p	patients		Effect				
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Active treatment case management model	standard model of service delivery	Relative (95% CI)	Absolute (95% CI)	Quality	Importance		
-	-	-	-	-	-	-					-	CRITICAL		
Quality of life	(service user) –	not reported	ı											
-	-	-	-	-	-	-					-	CRITICAL		
Community pa	ommunity participation and meaningful occupation – not reported													
-	-	-	-	1	-	-					-	CRITICAL		
Maladaptive b	behaviour (follow	up: 3 years	; assessed with: A	AMD Maladapti	ve Behaviour S	cale)								
1	randomised trials	very serious ¹	not serious	serious ²	serious ³	none	23	23	-	MD 12.91 fewer (27.37 fewer to 1.55 more)	⊕○○○ VERY LOW	CRITICAL		
Adaptive beha	aviour (follow up	: 3 years; as	sessed with: AAM	ID Adaptive Beh	naviour Scale)									
1	randomised trials	very serious ¹	not serious	serious ²	serious ³	none	23	23	-	MD 10.56 more (6.77 fewer to 27.89 more)	⊕○○○ VERY LOW	IMPORTANT		
Move to more	e staff intensive r	esidential pr	ogramming (follov	v up: 3 years)								_		
1	randomised trials	very serious ¹	not serious	serious ²	very serious	none	1/23 (4.3%)	4/23 (17.4%)	RR 0.25 (0.03 to 2.07)	130 fewer per 1000 (from 169 fewer to 186 more)	⊕○○○ VERY LOW	IMPORTANT		
Move to more	e staff intensive o	lay program	ming (follow up: 3	weeks)		·						1		

				Quality asses	sment			Number of p	patients		Effect		
	Inconsistency Indirectness Imprecision					Other considerations	Active treatment case management model	standard model of service delivery	Relative (95% CI)	Absolute (95% CI)	Quality	Importance	
1	I	randomised trials	very serious ¹	not serious	serious ²	very serious	none	0/23 (0.0%)	2/23 (8.7%)	RR 0.20 (0.01 to 3.95)	70 fewer per 1000 (from 86 fewer to 257 more)	⊕○○○ VERY LOW	IMPORTANT

- Risk of selection, performance and detection bias
 American study so service structures less applicable to UK population
 Confidence intervals cross one minimally important difference. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).
 Confidence intervals cross two minimally important differences. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).

Liaison worker versus no liaison worker

			Quality assessm	nent			Number of	patients		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Liaison worker model	no liaison worker	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Mental health (foll	ow up: 39 weeks;	assessed with	: Strength and Dif	ficulties Questio	nnaire)							
1	randomised trials	very serious ¹	not serious	not serious	serious ²	none	14	-	-	SMD 1.12 SD lower (1.95 lower to 0.29 lower)	⊕○○○ VERY LOW	CRITICAL
Quality of life (ser	vice user) – not re	ported										
-	-	-	-			-					-	CRITICAL
Community partic	pation and meani	ngful occupation	on – not reported									
-	-	-	-		-	-					-	CRITICAL

			Quality assessm	ent			Number of	patients		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Liaison worker model	no liaison worker	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Problem behavio	urs – not reported											
-	-	-	-	-	-	-					-	CRITICAL
Carer quality of li	fe – physical (follov	w up: 39 weeks	s; assessed with:	SF-12-physical)								
1	randomised trials	very serious ¹	not serious	not serious	serious ²	none	14		-	SMD 0.8 lower (1.6 lower to 0)	⊕○○○ VERY LOW	IMPORTANT
Care quality of life	e – mental (follow u	up: 39 weeks;	assessed with: SF	-12-mental)								<u>, </u>
1	randomised trials	very serious ¹	not serious	not serious	very serious	none	14	-	-	SMD 0.26 fewer (1.03 fewer to 0.51 more)	⊕○○○ VERY LOW	IMPORTANT
Carer mental hea	ılth (follow up: 39 w	/eeks; assesse	ed with: General H	lealth Questionn	aire-30)							1
1	randomised trials	very serious ¹	not serious	not serious	very serious	none	14	-	-	SMD 0.11 fewer (0.88 fewer to 0.66 more)	⊕○○ VERY LOW	IMPORTANT

^{1.} Risk of selective outcome, performance, and detection bias

Confidence intervals cross one minimally important difference. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes). Confidence intervals cross two minimally important differences. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).

N.6 Interventions to enhance carer well-being

N.6.1 Interventions informed by cognitive behavioural principles versus control for family carers

			oy ooginic	170 80110	viourai	principios v	ersus control	or rain	liy dare	10		
			Quality assess	ment			Number of patie	nts		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Cognitive behavioural intervention	any control	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Carer health an	ıd well-being (depi	ession) – po	st-treatment									
5	randomised trials	serious ¹	not serious	serious ²	serious ³	none	251	·	_	SMD 0.35 fewer (0.54 fewer to 0.15 fewer)	⊕○○○ VERY LOW	CRITICAL
Carer health an	d well-being (depr	ession) – fol	low-up (follow up:	range 46 to 104	weeks to)							
2	randomised trials	serious ¹	not serious	serious ²	serious ³	none	64	-	-	SMD 0.41 fewer (0.79 fewer to 0.04 fewer)	⊕○○○ VERY LOW	CRITICAL
Carer health an	nd well-being (clinic	cally depress	sed) – post-treatme	ent								
1	randomised trials	serious ¹	not serious	serious ²	very serious	none	3/53 (5.7%)	13/58 (22.4%)	RR 0.25 (0.08 to 0.84)	168 fewer per 1000 (from 36 fewer to 206 fewer)	⊕○○○ VERY LOW	CRITICAL
Carer health an	d well-being (anxi	ety, trait) – p	ost-treatment									
2	randomised trials	serious ¹	not serious	serious ²	serious ³	none	37	-	-	SMD 0.5 fewer (1.03 fewer to 0.03 more)	⊕○○○ VERY LOW	CRITICAL
Carer health an	nd well-being (anxi	ety, state) – į	post-treatment									
1	randomised trials	serious ⁵	not serious	serious ²	very serious	none	18	-	-	SMD 0.46 fewer (1.12 fewer to 0.2 more)	⊕○○○ VERY LOW	CRITICAL

			Quality assess	ment			Number of patie	nts		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Cognitive behavioural intervention	any control	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Carer health and	d well-being (mer	ital ill health)	– post-treatment									
1	randomised trials	serious ⁵	not serious	serious ²	very serious	none	29	·		SMD 2.19 fewer (2.85 fewer to 1.53 fewer)	⊕○○○ VERY LOW	CRITICAL
Carer health and	d well-being (qua	ity of life) – p	ost-treatment									•
1	randomised trials	serious ⁵	not serious	serious ²	very serious	none	29		-	SMD 0.87 more (0.33 more to 1.41 more)	⊕○○○ VERY LOW	CRITICAL
Carer health and	d well-being (stre	ss) – post-tre	atment									
3	randomised trials	serious ¹	serious ⁶	serious ²	serious ³	none	225	-	-	SMD 0.45 fewer (0.78 fewer to 0.12 fewer)	⊕○○○ VERY LOW	CRITICAL
Carer health and	d well-being (stre	ss) – follow-u	p (follow up: mea	n 104 weeks)								
1	randomised trials	serious ⁵	not serious	serious ²	very serious	none	49	-	-	SMD 0.43 fewer (0.9 fewer to 0.05 more)	⊕○○○ VERY LOW	CRITICAL
Carer health and	d well-being (clini	cally stressed	d) – post-treatmer	ıt								
1	randomised trials	serious ⁵	not serious	serious ²	very serious	none	2/53 (3.8%)	17/58 (29.3%)	RR 0.13 (0.03 to 0.53)	255 fewer per 1000 (from 138 fewer to 284 fewer)	⊕○○○ VERY LOW	CRITICAL

Most information is from studies at moderate risk of bias
Population not family carers of people with learning disabilities with no mental health problems.
Optimal information size not met
Optimal information size not met; small, single study

- Crucial limitation for one criterion or some limitations for multiple criteria sufficient to lower ones confidence in the estimate of effect
- 12 > 40%. This is the criterion that was used in the challenging behaviour guideline.

N.6.2 Psychosocial support interventions versus control for parents

			Quality assess	ment			Number of patient	s		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Psychosocial support interventions	any control	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Carer health and	d well-being (stres	s) – post-trea	atment									
1	randomised trials	serious 1	not serious	serious ²	very serious	none	16		-	SMD 1.21 fewer (2.04 fewer to 0.39 fewer)	⊕○○○ VERY LOW	CRITICAL

- 1. Crucial limitation for one criterion or some limitations for multiple criteria sufficient to lower ones confidence in the estimate of effect
- Population not family carers of people with learning disabilities with no mental health problems.
 Optimal information size not met; small, single study

Psychoeducation versus control for parents

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		(Quality assessme	ent			Number of pa	atients		Effect			
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Psychoeducation	any control	Relative (95% CI)	Absolute (95% CI)	Quality	Importance	
Carer health and we	ell-being (depressio	n) – follow-up	(follow up: mean 4	1 weeks)									
1	Carer health and well-being (depression) – follow-up (follow up: mean 4 weeks) 1 randomised trials serious 1 not serious serious 2 very serious none 40 SMD 0.84 fewer (1.31 fewer to 0.36 fewer) VERY LOW CRIT												
Carer health and we	ell-being (burnout) -	- follow-up (fol	low up: mean 8 we	eeks)									

		(Quality assessme	ent			Number of pa	ntients		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Psychoeducation	any control	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
1	randomised trials	serious 1	not serious	serious ²	very serious	none	45			SMD 0.35 fewer (0.77 fewer to 0.06 more)	⊕○○○ VERY LOW	CRITICAL

Crucial limitation for one criterion or some limitations for multiple criteria sufficient to lower ones confidence in the estimate of effect

Mindfulness versus control for staff

			Quality assessm	nent			Number of patie	ents		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Mindfulness interventions	any control	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Carer health and	well-being (mental	well-being) –	post-treatment									
1	randomised trials	serious 1	not serious	serious ²	very serious	none	66	-	-	SMD 0.17 more (0.19 fewer to 0.53 more)	⊕⊖⊖ VERY LOW	CRITICAL
Carer health and	well-being (mental	well-being) –	follow-up (follow t	ıp: mean 6 week	(S)							•
1	randomised trials	serious 1	not serious	serious ²	very serious	none	66	-	-	SMD 0.28 more (0.08 fewer to 0.64 more)	⊕○○○ VERY LOW	CRITICAL
Carer health and	well-being (mental	ill health) - po	ost-treatment									•

Population not family carers of people with learning disabilities with no mental health problems. Optimal information size not met; small, single study

			Quality assessm	nent			Number of patie	ents		Effect		
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Mindfulness interventions	any control	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
2	randomised trials	serious 4	serious ⁵	serious ²	serious ³	none	84	·		SMD 0.54 fewer (1.06 fewer to 0.02 fewer)	⊕○○○ VERY LOW	CRITICAL
Carer health and	well-being (mental	ill health) – fo	ollow-up (follow up	: range 6-13 we	eks to)							
2	randomised trials	serious 4	serious ⁵	serious ²	serious ³	none	84	-	-	SMD 0.24 fewer (0.72 fewer to 0.24 more)	⊕○○○ VERY LOW	CRITICAL
Carer health and	well-being (stress)	– post-treatm	ent									
1	randomised trials	serious 1	not serious	serious ²	very serious	none	66	-	-	SMD 0.17 more (0.19 fewer to 0.53 more)	⊕○○○ VERY LOW	CRITICAL
Carer health and	well-being (stress)	– follow-up (fo	ollow up: mean 6	weeks)								
1	randomised trials	serious 1	not serious	serious ²	very serious	none	66	-	-	SMD 0.05 fewer (0.41 fewer to 0.31 more)	⊕○○ VERY LOW	CRITICAL
Carer health and	well-being (burnou	t) – post-treat	ment									
1	randomised trials	serious 1	not serious	serious ²	very serious	none	18	-	-	SMD 0.18 fewer (0.86 fewer to 0.49 more)	⊕○○○ VERY LOW	CRITICAL
Carer health and	well-being (burnou	t) – follow-up	(follow up: mean	13 weeks)								
1	randomised trials	serious ¹	not serious	serious ²	very serious	none	18	-	-	SMD 0.08 fewer (0.76 fewer to 0.59 more)	⊕○○○ VERY LOW	CRITICAL

- 1. Crucial limitation for one criterion or some limitations for multiple criteria sufficient to lower ones confidence in the estimate of effect
- 2. Population not family carers of people with learning disabilities with no mental health problems.
- Optimal information size not met; small, single study
- 4. Most information is from studies at moderate risk of bias
- 5. I2 > 40%. This is the criterion that was used in the challenging behaviour guideline.

N.6.5 Mindfulness versus control for parents

			ioi paioi									
		c	Quality assessme	ent								
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Impact	Quality	Importance			
Carer health and well-being (mental well-being) – post-treatment (follow up: 8 weeks; assessed with: CES-D Total depression score)												
1	randomised trials	serious ¹	not serious	serious ²	serious ³	none	Parent depression appeared to decrease in the intervention group from baseline (from 17.86 to 11.67) and increase after treatment in the control group from baseline (from 17.53 to 22.0). (no variance reported)	⊕○○○ VERY LOW	CRITICAL			
Carer health and we	Carer health and well-being (mental ill health) – post-treatment (follow up: 8 weeks; assessed with: PSI Parental Distress Subscale)											
1	randomised trials	serious 1	not serious	serious ²	serious ³	none	Parent distress appeared to decrease in the intervention group from baseline (from 35.17 to 31.72) and also in the control group from baseline (from 38.28 to 37.61). However, the control group appeared to have higher distress at baseline. (no variance reported)	⊕⊖⊖ VERY LOW	CRITICAL			
Carer health and well-being (satisfaction with life) – post-treatment (follow up: 8 weeks)												
1	randomised trials	serious 1	not serious	serious ²	serious ³	none	Satisfaction with life appeared to increase in both groups but the increased appeared larger in the intervention group (19.8 to 24.65 in the intervention group versus from 18.41 to 19.42 in the control group). (no variance reported)	⊕⊖⊖ VERY LOW	CRITICAL			

- Risk of selection, selective outcomes bias.

 Population not family carers of people with learning disabilities with no mental health problems.
- Optimal information size not met; small, single study

N.6.6 Carer outcomes from parent training for child mental health

Quality assessment								№ of patients		Effect		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Parent training	Waiting list control	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
ental health	n after individual tra	aining (end of treatme	ent) (follow up: range	10 weeks to 16 weeks	s; assessed with: Dep	ression Anxiety and Stress Scale	es (DASS))					
	randomised trials	very serious ¹	not serious	serious ²	not serious	none	73			SMD 0.36 SD lower (1.27 lower to 0.55 higher)	⊕⊖⊖ VERY LOW	CRITICAL
rer satisfa	ction after individua	al training (end of trea	atment) (follow up: rar	nge 10 weeks to 16 w	eeks; assessed with:	Parenting Sense of Competence	Scale (PSOC))			•		
	randomised trials	not serious	not serious	serious ²	serious ³	none	50	-	-	SMD 0.81 SD higher (0.3 higher to 1.31 higher)	⊕⊕⊖⊖ Low	CRITICAL
uality of life	after individual tra	ining (end of treatme	nt) (follow up: range 1	0 weeks to 16 weeks	; assessed with: Abb	reviated Dyadic Adjustment Scale	(ADAS))					
	randomised trials	not serious	not serious	serious ²	serious ³	none	50	-	-	SMD 0.29 SD higher (0.2 lower to 0.78 higher)	⊕⊕⊜⊝ Low	CRITICAL
ress after i	ndividual parent tra	aining (end of treatme	ent) (follow up: range	10 weeks to 16 weeks	s; assessed with: Pare	enting Scale)						
	randomised trials	not serious	not serious	serious ²	serious ³	none	50	-	-	SMD 0.55 SD lower (1.05 lower to 0.05 lower)	⊕⊕ ○○ Low	IMPORTANT

Quality assessment								№ of patients		Effect		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Parent training	Waiting list control	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
1	randomised trials	not serious	not serious	serious ²	serious ³	none	23	19		MD 5.98 lower (15.13 lower to 3.17 higher)	⊕⊕⊖⊖ Low	CRITICAL
Quality of life after standard or enhanced individual parent training (follow up: mean 52 weeks; assessed with: Abbreviated Dyadic Adjustment Scale (ADAS))												
1	randomised trials	not serious	not serious	serious ²	serious ³	none	19	23		MD 0.73 higher (1.95 lower to 3.41 higher)	ФФСС	CRITICAL
Carer satisfaction after standard or enhanced individual parent training (follow up: mean 52 weeks; assessed with: Parenting Sense of Competence Scale (PSOC))												
1	randomised trials	not serious	not serious	serious ²	serious ³	none	19	23	-	MD 0.43 higher (7.27 lower to 8.13 higher)	⊕⊕⊖ Low	CRITICAL
Stress after s	standard or enhance	ed individual parent t	raining (follow up: me	an 52 weeks; assess	ed with: Parenting Sc	ale)						
I	randomised trials	not serious	not serious	serious ²	serious ³	none	23	19	-	MD 0.15 higher (0.23 lower to 0.53 higher)	ФФОО Low	IMPORTANT
Carer satisfa	ction after group pa	arent training (end of	treatment) (follow up:	mean 8 weeks; asses	ssed with: Kansas Pa	arental Satisfaction Scale - Short F	Form (KPS-SF))			•		
	randomised trials	serious ⁴	not serious	serious ²	serious ³	none	16	13	-	MD 3.43 higher (0.54 higher to 6.32 higher)	⊕⊖⊖ VERY LOW	CRITICAL
tress after g	group parent trainin	ng (follow up: mean 8	weeks; assessed with	h: Parenting Stress In	dex (short and long for	orms))						

Quality assessment							Nº of p	patients	Effect			
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Parent training	Waiting list control	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
2	randomised trials	very serious ⁵	serious ⁶	serious ²	serious ³	none	30			SMD 0.08 SD higher (0.44 lower to 0.61 higher)	⊕⊖⊖ VERY LOW	IMPORTANT

CI: Confidence interval; SMD: Standardised mean difference; MD: Mean difference

- Downgraded as high risk of bias on allocation concealment, missing outcome data and unclear risk of selective reporting Downgraded as patients have learning disabilities but no mental health problem

- Downgraded as small sample size
 Downgraded as high risk of performance and detection bias
 Downgraded for unclear allocation concealment and high risk of performance and detection bias
- Downgraded as studies show opposing direction of effect

