| **Topic** | ***'AT RISK' MENTAL STATES IN PSYCHOSIS AND SCHIZOPHRENIA IN CHILDREN AND YOUNG PEOPLE*** |
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| **Scope** | 4.3.1 (a) |
| **Review question(s) (RQs)** | **RQ B1**<br>For CYP who are at risk of developing psychosis[1] and schizophrenia (at risk mental state), does the provision of pharmacological and/or psychological or psychosocial interventions improve outcomes? |
| **Sub-question(s)** | **RQ A1**<br>In CYP, what are the specific behaviours and symptoms that are associated with an increased risk of developing psychosis[1] and schizophrenia (at risk mental state):<br><br>a) What is the course of these behaviours and symptoms?<br>b) What are the specific behaviours and symptoms that prompt initial recognition of psychoses[1] or prompt diagnosis of schizophrenia? |
| **Chapter** | Chapter 5 |
| **Sub-section** | None |
| **Topic Group** | None |
| **Sub-section lead** | n/a |
| **Objectives** | To provide evidence based recommendations, via GDG-consensus, regarding early recognition and management of at risk mental states and early psychosis before a formal diagnosis of schizophrenia has been made. |
| **Criteria for considering studies for the review** | |
| • Population | **Inclusion:**<br><br>Children and young people (aged ≤ 18 years) who are considered to be 'at risk' of developing psychosis and more specifically schizophrenia. Consideration will be given to studies in which the study sample consists of children and young people meeting the above criteria AND young people >18, but with a sample mean age ≤25 years. Consideration will be given to individuals with mild learning disability; and those from black and minority ethnic groups.<br><br>**Exclusion:**<br><br>Study samples consisting only of individuals with a formal diagnosis of Bipolar Disorder. |

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| • Intervention | For RCTs or systematic reviews of RCTs, pharmacological and psychological interventions will be considered.<br><br>*Pharmacological interventions include:* all antipsychotic medication licensed in the UK for the treatment of children and young people with psychosis or schizophrenia, including considerations related to the age of CYP (e.g. dose modifications). Off label use may be considered if clearly supported by evidence (e.g. those licensed only for adults with psychosis and schizophrenia). Note that guideline recommendations will not normally fall outside licensed indications. Exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended.<br><br>Licensed antipsychotics include:<br><br>• Amisulpride<br>• Aripiprazole<br>• Benperidol<br>• Chlorpromazine hydrochloride<br>• Clozapine<br>• Flupentixol<br>• Haloperidol<br>• Levomepromazine<br>• Pericyazine<br>• Paliperidone<br>• Pimozide<br>• Prochlorperazine<br>• Promazine hydrochloride<br>• Olanzapine<br>• Quetiapine<br>• Risperidone<br>• Sulpiride<br>• Trifluoperazine<br>• Zuclopenthixol<br>• Zuclopenthixol acetate<br>•<br>*Psychological interventions include:*<br><br>• Cognitive Behavioural Therapy<br>• Cognitive Remediation<br>• Counselling and Supportive Psychotherapy<br>• Family Interventions (including family therapy)<br>• Psychodynamic Psychotherapy and Psychoanalysis<br>• Psychoeducation<br>• Social Skills Training |

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| | • Art Therapies |
| • Comparison | Alternative Management Strategies |
| • Primary outcomes | • Transition to psychosis<br>• Time to transition to psychosis |
| • Secondary outcomes | • Mental state (symptoms, depression, anxiety, mania)<br>• Mortality (including suicide)<br>• Global state<br>• Psychosocial functioning<br>• Social functioning<br>• Leaving the study early for any reason<br>• Adverse events (including effects on metabolism; extrapyramidal side effects; hormonal changes; and , cardiotoxicity) |
| • Other outcomes | None |
| • Study design | RCTs; Systematic Reviews |
| • Include unpublished data? | Yes (if criteria met).<br><br>The GDG will use a number of criteria when deciding whether or not to accept unpublished data. First, the evidence must be accompanied by a trial report containing sufficient detail to properly assess the quality of the data. Second, the evidence must be submitted with the understanding that data from the study and a summary of the study's characteristics will be published in the full guideline. Therefore, the GDG will not accept evidence submitted as commercial in confidence. However, the GDG recognises that unpublished evidence submitted by investigators, might later be retracted by those investigators if the inclusion of such data would jeopardise publication of their research. |
| • Dosage | Any |
| • Minimum sample size | RCTs: >10 per arm. Exclude studies with > 50% attrition from either arm of trial (unless adequate statistical methodology has been applied to account for missing data) |
| • Study setting | Any |
| **Databases searched** | Mainstream databases:<br>Embase, Medline, PreMedline, PsycINFO<br>Topic specific databases:<br>CDSR*, CENTRAL, DARE*, HTA* |

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| | *Note: any evidence resulting from generic guideline searches also mapped to RQ* |
| **Database search dates** | SR: 1995 to May 2012; RCT: inception of databases to May 2012 |
| **General search strategy used** | [(population terms – version 2) AND (at risk terms) AND (SR/RCT)]<br>*Note: any evidence resulting from generic guideline searches also mapped to RQ* |
| **Amendments to filter/ search strategy** | None |
| **Searching other resources** | • Hand-reference searching of reference lists of included studies.<br>• GDG members will be asked to confirm that the list of included studies includes key papers.<br>• Drug companies will be requested to provide relevant published and unpublished data. |
| **Existing reviews** | |
| • Updated | No |
| • Not updated | n/a |
| **The review strategy** | • Two independent reviewers will review the full texts obtained through sifting all initial hits for their eligibility according to the inclusion criteria outlined in this protocol.<br>• The initial approach is to conduct a meta-analysis evaluating the benefits and harms of pharmacological treatment. However, in the absence of adequate data, the literature will be presented via a narrative synthesis of the available evidence.<br>• The main review will focus on children and young people between the ages of 14 and ≤18 years. The review will seek to identify whether modifications in treatment and management of children ≤13 years need to be made. |
| * CDSR (Cochrane Database of Systematic Reviews), DARE (Database of Abstracts of Reviews and Effectiveness), HTA (Health Technology Assessments) | |

[1] CYP who are 'at risk' of developing psychosis and those who have early psychosis but do not have a formal diagnosis of either schizophrenia or bipolar disorder.

| **Topic** | ***PHARMACOLOGICAL INTERVENTIONS IN THE TREATMENT AND MANAGEMENT OF SCHIZOPHRENIA*** |
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| **Scope** | 4.3.1 (c) – (h) & (k) |
| **Review question(s) (RQs)** | **RQB2***<br><br>Does the efficacy profile of continuous antipsychotic drug treatment, compared to alternative management strategies (placebo, another drug treatment, psychological interventions, psychosocial interventions) differ between CYP and adults with schizophrenia?<br><br>**RQB3***<br><br>Are CYP with psychosis[1] and schizophrenia more susceptible to side effects of antipsychotic medication, compared to adults with psychosis and schizophrenia[1] (in particular, the metabolic, neurological and cognitive impairments)?<br><br>**RQB5**<br><br>For initial treatment in CYP with schizophrenia:<br><br>a. Should the dose/duration (and where relevant frequency) be different compared to adult patients?<br><br>**RQB6***<br><br>Are the same baseline measurements/ monitoring procedures taken before initiating antipsychotic medication used in CYP with schizophrenia compared to adults with schizophrenia?<br><br>**RQB7**<br><br>For CYP with schizophrenia in whom antipsychotic medication is ineffective (treatment resistance), what is the next most effective treatment strategy and when do you decide to change treatment? Does this differ from adults with schizophrenia?<br><br>**RQB8***<br><br>Does the most appropriate treatment strategy in cases where antipsychotic medication is effective but not tolerated, differ between CYP with |

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| | schizophrenia compared to adults with schizophrenia?<br><br>**RQB9**<br><br>Does the length of antipsychotic medication that is continued for prevention of relapse (maintaining and promoting recovery) differ between CYP and adults with schizophrenia?<br><br>**RQB10**<br><br>Does the risk of adverse events associated with antipsychotic augmentation differ between CYP and adults with psychosis[1] and schizophrenia that is in remission?<br><br>*The following subgroups will be considered:<br><br>a) Initial treatment (first episode psychosis)<br>b) Acute treatment (not FEP)<br>c) Treatment resistance<br>d) Remission<br>*e)* Maintaining and promoting recovery |
| **Sub-question(s)** | **RQB4**<br><br>Do clinicians manage and monitor side effects of antipsychotic treatment differently in CYP with psychosis[1] and schizophrenia compared to adults with psychosis[1] and schizophrenia?<br><br>**RQB5**<br><br>For initial treatment in CYP with schizophrenia:<br><br>b. Are there any different factors (including patient populations, age etc) which predict the nature and degree of response to medication, which should be considered in CYP with schizophrenia that are not considered necessary to consider in adults with schizophrenia? |
| **Chapter** | Chapter 7 |
| **Sub-section** | None |
| **Topic Group** | None |
| **Sub-section lead** | n/a |

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| **Objectives** | To provide evidence based recommendations, via GDG-consensus, regarding the pharmacological (antipsychotic) treatment and management of CYP with psychosis and schizophrenia, including a review of NICE Clinical Guidance 82 for its relevancy to CYP. |
| **Criteria for considering studies for the review** | |
| • Population | **Inclusion**<br><br>Children and young people (aged ≤ 18 years) with a clinical diagnosis of schizophrenia (including schizoaffective disorder and delusional disorder). Consideration will be given to studies in which the study sample consists of children and young people meeting the above criteria AND young people >18, but with a sample mean age ≤25 years. Children and young people with psychosis will be included to address review questions pertaining to the possible side effects of antipsychotic medication.<br><br>Consideration will also be given to the specific needs of CYP with schizophrenia and mild learning disability; and CYP from black and minority ethnic groups.<br><br>**Exclusion**<br><br>Individuals with a formal diagnosis of Bipolar Disorder. |
| • Intervention | All antipsychotic medication licensed in the UK for the treatment of children and young people with psychosis or schizophrenia, including considerations related to the age of CYP (e.g. dose modifications). Off label use may be considered if clearly supported by evidence (e.g. those licensed only for adults with psychosis and schizophrenia). Note that guideline recommendations will not normally fall outside licensed indications. Exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended.<br><br>Licensed antipsychotics include:<br><br>Licensed antipsychotics include:<br><br>• Amisulpride<br>• Aripiprazole<br>• Benperidol<br>• Chlorpromazine hydrochloride<br>• Clozapine |

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| | • Flupentixol<br>• Haloperidol<br>• Levomepromazine<br>• Pericyazine<br>• Paliperidone<br>• Pimozide<br>• Prochlorperazine<br>• Promazine hydrochloride<br>• Olanzapine<br>• Quetiapine<br>• Risperidone<br>• Sulpiride<br>• Trifluoperazine<br>• Zuclopenthixol<br>• Zuclopenthixol acetate |
| • Comparison | Alternative Management Strategies |
| • Primary outcomes | • Mental state (symptoms, depression, anxiety, mania)<br>• Mortality (including suicide)<br>• Global state<br>• Psychosocial functioning<br>• Social functioning<br>• Leaving the study early for any reason<br>• Adverse events (including effects on metabolism; extrapyramidal side effects; hormonal changes; and , cardiotoxicity)<br>• Remission |
| • Secondary outcomes | None |
| • Other outcomes | None |
| • Study design | RCTs; Systematic Reviews; Observational Studies |
| • Include unpublished data? | Yes (if criteria met).<br><br>The GDG will use a number of criteria when deciding whether or not to accept unpublished data. First, the evidence must be accompanied by a trial report containing sufficient detail to properly assess the quality of the data. Second, the evidence must be submitted with the understanding that data from the study and a summary of the study's characteristics will be published in the full guideline. Therefore, the GDG will not accept evidence submitted as commercial in confidence. However, the GDG recognises that unpublished evidence submitted by investigators, might later be retracted by those |

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| | investigators if the inclusion of such data would jeopardise publication of their research. |
| • Dosage | Any |
| • Minimum sample size | ≥ 10 per arm<br><br>Exclude studies with > 50% attrition from either arm of trial (unless adequate statistical methodology has been applied to account for missing data) |
| • Study setting | Any |
| **Databases searched** | RQ B2, B5, B6, B7, B8, B9<br><br>Mainstream databases:<br>Embase, Medline, PreMedline, PsycINFO<br>Topic specific databases:<br>AEI*, AMED* ASSIA*, BEI*, CDSR*, CENTRAL, CINAHL*, DARE*, ERIC*, HTA*, IBSS*, Sociological Abstracts, SSA*, SSCI*<br>Grey literature databases:<br>HMIC*, PsycBOOKS, PsycEXTRA<br><br>RQ B3, B4, B10<br><br>Mainstream databases:<br>Embase, Medline, PreMedline, PsycINFO<br>Topic specific databases:<br>CDSR*, CENTRAL, DARE* |
| **Database search dates** | SR: 1995 to May 2012; RCT/Observational studies: inception of databases to May 2012 |
| **General search strategy used** | RQ B2, B5, B6, B7, B8, B9<br><br>Mainstream/topic specific databases – generic search: [(population terms – version 1) AND (SR/RCT study design filters)]<br><br>Grey literature databases – generic search: [(Population search terms only – version 1)] |

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| | RQ B3, B4, B10<br><br>[(population terms – version 1) AND (antipsychotic terms) AND (side effect terms) AND (Observational study filter)] |
| **Amendments to filter/ search strategy** | None |
| **Searching other resources** | • Hand-reference searching of reference lists of included studies.<br>• GDG members will be asked to confirm that the list of included studies includes key papers.<br>• Drug companies will be requested to provide relevant published and unpublished data. |
| **Existing reviews** | |
| • Updated | Schizophrenia in Adults |
| • Not updated | n/a |
| **The review strategy** | • Two independent reviewers will review the full texts obtained through sifting all initial hits for their eligibility according to the inclusion criteria outlined in this protocol.<br>• The initial approach is to conduct a meta-analysis evaluating the benefits and harms of pharmacological treatment. However, in the absence of adequate data, the literature will be presented via a narrative synthesis of the available evidence.<br>• In order to assess the possible side effects of antipsychotic medication, CYP with psychosis[1] and schizophrenia will be included. In order to assess the efficacy of antipsychotic medication, CYP with a formal diagnosis of schizophrenia will be included.<br>• The main review will focus on CYP between the ages of 14 and ≤18 years. The review will seek to identify whether modifications in treatment and management of children ≤13 years need to be made. |
| * AEI (Australian Education Index), AMED (Allied and Complementary Medicine Database), ASSIA (Applied Social Services Index and Abstracts), BEI (British Education Index), CDSR (Cochrane Database of Systematic Reviews), CINAHL, (Cumulative Index to Nursing and Allied Health Literature), DARE (Database of Abstracts of Reviews and Effectiveness), ERIC (Education Resources in Curriculum), HMIC (Health Management Information Consortium), HTA (Health Technology Assessment database), IBSS (International Bibliography of Social Science), SSA (Social Services Abstracts), SSCI (Social Sciencies Citation Index – Web of Science) | |

[1] CYP who are 'at risk' of developing psychosis and those who have early psychosis but do not have a formal diagnosis of either schizophrenia or bipolar disorder.

| **Topic** | ***PSYCHOLOGICAL THERAPY AND PSYCHOSOCIAL INTERVENTIONS IN THE TREATMENT AND MANAGEMENT OF SCHIZOPHRENIA*** |
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| **Scope** | 4.3.1 (b), (d) - (h) & (k) |
| **Review question(s) (RQs)** | **RQB11***<br><br>Do the advantages and disadvantages of psychological or psychosocial interventions, compared to alternative management differ between CYP and adults with schizophrenia?<br><br>**RQB12***<br><br>Are the advantages and disadvantages of combining particular psychological/ psychosocial interventions with an antipsychotic, either concurrently or sequentially, different for CYP with schizophrenia compared to adults with schizophrenia?<br><br>**RQB13**<br><br>Should the duration (and where relevant frequency) of an initial psychological/ psychosocial intervention be different in CYP with schizophrenia compared to adults with schizophrenia?<br><br>**RQB14***<br><br>Is the most effective format for particular psychological/ psychosocial interventions (e.g. group or individual) the same for CYP with schizophrenia compared to adults with schizophrenia?<br><br>*The following subgroups will be considered for each RQ:<br><br>f) Initial treatment (first episode psychosis)<br>g) Acute treatment (not FEP)<br>h) Treatment resistance<br>i) Remission<br>*j)* Maintaining and promoting recovery |

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| **Sub-question(s)** | **RQB15**<br><br>Do the competencies or training requirements for practitioners to be able to deliver such interventions differ for those working with CYP with schizophrenia compared to those working with adults with schizophrenia?<br><br>**RQB16**<br><br>Are there any different factors (including patient populations, age etc) which predict the nature and degree of response to psychological /psychosocial interventions, which should be considered in CYP with schizophrenia that are not considered necessary to consider in adults with schizophrenia? |
| **Chapter** | Chapter 6 |
| **Sub-section** | None |
| **Topic Group** | None |
| **Sub-section lead** | n/a |
| **Objectives** | To provide evidence based recommendations, via GDG-consensus, regarding the psychological and psychosocial treatment and management of CYP with psychosis and schizophrenia, including a review of NICE Clinical Guidance 82 for its relevancy to CYP. |
| **Criteria for considering studies for the review** | |
| • Population | **Inclusion:**<br><br>Children and young people (aged ≤ 18 years) with first episode psychosis. Consideration will be given to studies in which the study sample consists of children and young people meeting the above criteria AND young people >18, but with a sample mean age ≤25 years.<br><br>Consideration will also be given to the specific needs of children and young people with schizophrenia and mild learning disability; and children and young people from black and minority ethnic groups.<br><br>**Exclusions:**<br><br>Study samples consisting only of individuals with a formal diagnosis of Bipolar Disorder. |
| • Intervention | • Cognitive Behavioural Therapy |

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| | • Cognitive Remediation<br>• Counselling and Supportive Psychotherapy<br>• Family Interventions (including family therapy)<br>• Psychodynamic Psychotherapy and Psychoanalysis<br>• Psychoeducation<br>• Social Skills Training<br>• Art Therapies |
| • Comparison | Alternative Management Strategies |
| • Primary outcomes | • Mental state (symptoms, depression, anxiety, mania)<br>• Mortality (including suicide)<br>• Global state<br>• Psychosocial functioning<br>• Social functioning<br>• Leaving the study early for any reason<br>• Remission |
| • Secondary outcomes | None |
| • Other outcomes | None |
| • Study design | RCTs; Systematic Reviews |
| • Include unpublished data? | Yes (if criteria met).<br><br>The GDG will use a number of criteria when deciding whether or not to accept unpublished data. First, the evidence must be accompanied by a trial report containing sufficient detail to properly assess the quality of the data. Second, the evidence must be submitted with the understanding that data from the study and a summary of the study's characteristics will be published in the full guideline. Therefore, the GDG will not accept evidence submitted as commercial in confidence. However, the GDG recognises that unpublished evidence submitted by investigators, might later be retracted by those investigators if the inclusion of such data would jeopardise publication of their research. |
| • Number of seesions | Any |
| • Minimum sample size | ≥ 10 per arm<br><br>Exclude studies with > 50% attrition from either arm of trial (unless adequate statistical methodology has been applied to account for missing data) |

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| • Study setting | Any |
| **Databases searched** | Mainstream databases:<br>Embase, Medline, PreMedline, PsycINFO<br>Topic specific databases:<br>AEI*, AMED* ASSIA*, BEI*, CDSR*, CENTRAL, CINAHL*, DARE*, ERIC*, HTA*, IBSS*, Sociological Abstracts, SSA*, SSCI*<br>Grey literature databases:<br>HMIC*, PsycBOOKS, PsycEXTRA |
| **Database search dates** | SR: 1995 to May 2012; RCT: inception of databases to May 2012 |
| **General search strategy used** | Mainstream/topic specific databases – generic search: [(population terms – version 1) AND (SR/RCT study design filters)]<br>Grey literature databases – generic search: [(Population search terms only – version 1)] |
| **Amendments to filter/ search strategy** | None |
| **Searching other resources** | • Hand-reference searching of reference lists of included studies.<br>• GDG members will be asked to confirm that the list of included studies includes key papers. |
| **Existing reviews** | |
| • Updated | Schizophrenia in Adults |
| • Not updated | n/a |
| **The review strategy** | • Two independent reviewers will review the full texts obtained through sifting all initial hits for their eligibility according to the inclusion criteria outlined in this protocol.<br>• The initial approach is to conduct a meta-analysis evaluating the benefits and harms of pharmacological treatment. However, in the absence of adequate data, the literature will be presented via a narrative synthesis of the available evidence.<br>• The main review will focus on children and young people between the ages of 14 and ≤18 years. The review will seek to identify whether modifications in treatment and management of children ≤13 years need to be made. |

* AEI (Australian Education Index), AMED (Allied and Complementary Medicine Database), ASSIA (Applied Social Services Index and Abstracts), BEI (British Education Index), CDSR (Cochrane Database of Systematic Reviews), CINAHL, (Cumulative Index to Nursing and Allied Health Literature), DARE (Database of Abstracts of Reviews and Effectiveness), ERIC (Education Resources in Curriculum), HMIC (Health Management Information Consortium), HTA (Health Technology Assessment database), IBSS (International Bibliography of Social Science), SSA (Social Services Abstracts), SSCI (Social Sciencies Citation Index – Web of Science)

| **Topic** | *COGNITION, EMPLOYMENT AND EDUCATIONAL IN CHILDREN AND YOUNG PEOPLE WITH PSYCHOSIS AND SCHIZOPHRENIA* |
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| **Scope** | 4.3.1 (i) & (j) |
| **Review question(s) (RQs)** | **RQC1**<br><br>For CYP with psychosis and schizophrenia:<br><br>a) Are there any psychological or psychosocial interventions (cognitive remediation) that enhance cognition and/or improve engagement with education/occupational activities?<br><br>**RQC2**<br><br>For CYP with psychosis and schizophrenia:<br><br>a) Do specialised intensive services (early intervention services; specialised CAMHS) improve outcomes compared to routine care/CAMHS?<br>b) Do specialised intensive services improve access and engagement with mental health services for CYP with schizophrenia (particularly in black and minority ethnic groups)? |
| **Sub-question(s)** | **RQC1**<br><br>For CYP with psychosis and schizophrenia:<br><br>b) What are the competencies or training requirements for practitioners to be able to deliver such interventions?<br>**RQC3**<br><br>What is the best way of providing educational opportunities to integrate/coordinate access to education/employment opportunities for CYP with schizophrenia: school, or a classroom in a CAMHS unit? |
| **Chapter** | Chapter 8 |
| **Sub-section** | None |
| **Topic Group** | None |
| **Sub-section lead** | n/a |
| **Objectives** | To provide evidence based recommendations, via GDG-consensus, regarding the organisation and integration of services; a care pathway outline including primary care, CAMHS, EIS and tertiary CAMHS (inpatient services); and way to improve access to and engagement with |

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| | mental health services for CYP and particularly those from black and minority ethnic groups. |
| **Criteria for considering studies for the review** | |
| • Population | **Inclusion:**<br><br>Children and young people (aged ≤ 18 years) with first episode psychosis. Consideration will be given to studies in which the study sample consists of children and young people meeting the above criteria AND young people >18, but with a sample mean age ≤25 years.<br><br>Consideration should be given to the specific needs of CYP with schizophrenia and mild learning disability; and CYP from black and minority ethnic groups.<br><br>**Exclusion:**<br><br>Individuals with a formal diagnosis of Bipolar Disorder. |
| • Intervention | • Specialised intensive services (CAMHS, EIS)<br>• Cognitive Remediation<br>• Psychoeducation<br>• Social Skills Training |
| • Comparison | Alternative management strategies |
| • Primary outcomes | • Engagement with education/occupational activities.<br>• Educational attainment<br>• Engagement with mental health services<br>• Cognition (including social cognition) |
| • Secondary outcomes | • Symptoms<br>• Psychosocial functioning |
| • Other outcomes | None |
| • Study design | RCTs; Systematic Reviews |
| • Include unpublished data? | Yes (if criteria met).<br><br>The GDG will use a number of criteria when deciding whether or not to accept unpublished data. First, the evidence must be accompanied by a trial report containing sufficient detail to properly assess the quality of the data. Second, the evidence must be submitted with the understanding that data from the study and a summary of the study's characteristics will be published in the full guideline. Therefore, the GDG will not accept evidence submitted as commercial in confidence. However, the GDG recognises that unpublished evidence submitted by |

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| | investigators, might later be retracted by those investigators if the inclusion of such data would jeopardise publication of their research. |
| • Dosage | n/a |
| • Minimum sample size | >10 per arm. Exclude studies with > 50% attrition from either arm of trial (unless adequate statistical methodology has been applied to account for missing data) |
| • Study setting | Any |
| **Databases searched** | Mainstream databases:<br>Embase, Medline, PreMedline, PsycINFO<br>Topic specific databases:<br>AEI*, AMED* ASSIA*, BEI*, CDSR*, CENTRAL, CINAHL*, DARE*, ERIC*, HTA*, IBSS*, Sociological Abstracts, SSA*, SSCI*<br>Grey literature databases:<br>HMIC*, PsycBOOKS, PsycEXTRA |
| **Database search dates** | SR: 1995 to May 2012; RCT: inception of databases to May 2012 |
| **General search strategy used** | Mainstream/topic specific databases – generic search: [(population terms – version 1) AND (SR/RCT study design filters)]<br>Grey literature databases – generic search: [(Population search terms only – version 1)] |
| **Amendments to filter/ search strategy** | None |
| **Searching other resources** | • Hand-reference searching of reference lists of included studies.<br>• GDG members will be asked to confirm that the list of included studies includes key papers. |
| **Existing reviews** | |
| • Updated | No |
| • Not updated | n/a |
| **The review strategy** | • Two independent reviewers will review the full texts obtained through sifting all initial hits for their eligibility according to the inclusion criteria outlined in this protocol.<br>• The initial approach is to conduct a meta-analysis evaluating the benefits and harms of pharmacological treatment. However, in the absence of adequate data, the literature will be presented via a narrative synthesis of the available evidence.<br>• The main review will focus on children and young people between the ages of 14 and ≤18 years. The review will seek to identify whether modifications in treatment and management of children ≤13 years need to be made |
| * AEI (Australian Education Index), AMED (Allied and Complementary Medicine Database), ASSIA (Applied Social Services Index and Abstracts), BEI (British Education Index), CDSR (Cochrane Database of Systematic Reviews), CINAHL, (Cumulative Index to Nursing and Allied Health Literature), DARE (Database of Abstracts of | |

Reviews and Effectiveness), ERIC (Education Resources in Curriculum), HMIC (Health Management Information Consortium), HTA (Health Technology Assessment database), IBSS (International Bibliography of Social Science), SSA (Social Services Abstracts), SSCI (Social Sciencies Citation Index – Web of Science)