APPENDIX 19: INTERVENTIONS FOR CHILDREN AND YOUNG PEOPLE – GRADE PROFILES

SSRI/SNRI COMPARED WITH PILL PLACEBO FOR SOCIAL ANXIETY DISORDER IN CHILDREN AND YOUNG PEOPLE

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**SSRI/SNRI**	**Pill placebo**	**Relative (95% CI)**	**Absolute**		
Recovery at PT (clinican)												
3	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	reporting bias[2]	43/208 (20.7%)	12/194 (6.2%)	RR 0.85 (0.78 to 0.92)	9 fewer per 1000 (from 5 fewer to 14 fewer)	⊕⊕OO LOW	
								5.4%		8 fewer per 1000 (from 4 fewer to 12 fewer)		
Social anxiety at PT (self) (Better indicated by lower values)												
3	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	reporting bias[2]	295	300	-	SMD 0.53 lower (0.69 to 0.36 lower)	⊕⊕OO LOW	

[1] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Few trials were identified, trials in this area have not been registered, and previous reviews of medication for children and young people finds evidence of important differences between published and unpublished studies.

SSRI/SNRI COMPARED WITH PILL PLACEBO (CHILDREN WITH MUTISM) FOR SOCIAL ANXIETY DISORDER IN CHILDREN AND YOUNG PEOPLE

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	SSRI/SNRI	Pill placebo (children with mutism)	Relative (95% CI)	Absolute		
Social anxiety at PT (parent) (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	6	9	-	SMD 0.74 lower (1.81 lower to 0.32 higher)	⊕OOO VERY LOW	

[1] Methods poorly described.
[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[3] Few trials were identified, trials in this area have not been registered, and previous reviews of medication for children and young people finds evidence of important differences between published and unpublished studies.

CBT COMPARED WITH WAIT LIST FOR SOCIAL ANXIETY DISORDER IN CHILDREN AND YOUNG PEOPLE

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	CBT	Wait list	Relative (95% CI)	Absolute		
Recovery at PT (clinician)												
7	randomised trials	no serious	serious[1]	no serious indirectness	serious[2]	none	51/123 (41.5%)	3/94 (3.2%)	RR 0.65 (0.5 to	11 fewer per 1000 (from 5	⊕⊕OO LOW	

		risk of bias							0.85)	fewer to 16 fewer)		
								0%		-		
Social anxiety at PT (self) (Better indicated by lower values)												
6	randomised trials	no serious risk of bias	serious[3]	no serious indirectness	serious[2]	none	145	90	-	SMD 1.2 lower (1.97 to 0.43 lower)	⊕⊕OO LOW	
Social anxiety at FU (self) (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[2]	none	57	26	-	SMD 3.08 lower (3.75 to 2.41 lower)	⊕⊕OO LOW	
Social anxiety at PT (parent) (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[2]	none	19	16	-	SMD 0.29 lower (0.96 lower to 0.38 higher)	⊕⊕OO LOW	

[1] No explanation was provided
[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[3] Substantial and significant heterogeneity.

CBT VS PSYCHOLOGICAL PLACEBO FOR SOCIAL ANXIETY DISORDER IN CHILDREN AND YOUNG PEOPLE

Quality assessment							**No of patients**		**Effect**		**Quality**	**Importance**
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**CBT**	**Psychological placebo**	**Relative (95% CI)**	**Absolute**		
Recovery at PT (clinician)												
4	randomised	no	serious[1]	no serious	serious[2]	none	42/114	8/89	RR 0.72	25 fewer	⊕⊕OO	

	trials	serious risk of bias		indirectness			(36.8%)	(9%)	(0.51 to 1.02)	per 1000 (from 44 fewer to 2 more)	LOW	
								7.7%		22 fewer per 1000 (from 38 fewer to 2 more)		
Recovery at FU (clinician)												
3	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	very serious[2]	none	23/78 (29.5%)	6/58 (10.3%)	RR 0.79 (0.57 to 1.1)	22 fewer per 1000 (from 44 fewer to 10 more)	⊕OOO VERY LOW	
								10.5%		22 fewer per 1000 (from 45 fewer to 11 more)		
Social anxiety at PT (self) (Better indicated by lower values)												
4	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	serious[2]	none	99	72	-	SMD 0.56 lower (1.16 lower to 0.04 higher)	⊕⊕OO LOW	
Social anxiety at FU (self) (Better indicated by lower values)												
3	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	serious[2]	none	68	50	-	SMD 0.54 lower (1.21 lower to 0.13 higher)	⊕⊕OO LOW	
Social anxiety at PT (parent) (Better indicated by lower values)												
3	randomised trials	no serious	no serious inconsistency	no serious indirectness	serious[2]	none	69	53	-	SMD 0.19 higher (0.18	⊕⊕⊕O MODERATE	

		risk of bias								lower to 0.56 higher)		
Social anxiety at FU (parent) (Better indicated by lower values)												
3	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	serious[2]	none	68	51	-	SMD 0.13 higher (0.82 lower to 1.09 higher)	⊕⊕OO LOW	

[1] Substantial and significant heterogeneity.
[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

CBT COMPARED WITH SSRI FOR SOCIAL ANXIETY DISORDER IN CHILDREN AND YOUNG PEOPLE

Quality assessment							**No of patients**		**Effect**		**Quality**	**Importance**
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**CBT**	**SSRI**	**Relative (95% CI)**	**Absolute**		
Recovery at PT (clinician)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	30/59 (50.8%)	7/43 (16.3%)	RR 0.59 (0.44 to 0.79)	67 fewer per 1000 (from 34 fewer to 91 fewer)	⊕⊕OO LOW	
								16.3%		67 fewer per 1000 (from 34 fewer to 91 fewer)		
Social anxiety at PT (self) (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	reporting bias[2]	57	33	-	SMD 0.15 higher (0.27 lower to 0.58 higher)	⊕⊕OO LOW	

[1] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Few trials were identified, trials in this area have not been registered, and previous reviews of medication for children and young people finds evidence of important differences between published and unpublished studies.

CBT VIA PARENTS COMPARED WITH WAIT LIST FOR SOCIAL ANXIETY DISORDER IN CHILDREN AND YOUNG PEOPLE

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	CBT via parents	Wait list	Relative (95% CI)	Absolute		
Recovery at PT (clinician)												
4	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	20/62 (32.3%)	4/49 (8.2%)	RR 0.82 (0.64 to 1.06)	15 fewer per 1000 (from 29 fewer to 5 more)	⊕⊕OO LOW	
								11.1%		20 fewer per 1000 (from 40 fewer to 7 more)		
Recovery at FU (clinician)												
2	randomised trials	no serious risk of bias	serious[2]	no serious indirectness	very serious[1]	none	5/27 (18.5%)	3/25 (12%)	RR 0.72 (0.19 to 2.67)	34 fewer per 1000 (from 97 fewer to 200 more)	⊕OOO VERY LOW	
								14.2%		40 fewer per 1000 (from 115 fewer to 237 more)		
Social anxiety at PT (self) (Better indicated by lower values)												
2	randomised	no	no serious	no serious	very	none	19	17	-	SMD 0.15 lower	⊕⊕OO	

	trials	serious risk of bias	inconsistency	indirectness	serious[1]					(1.03 lower to 0.73 higher)	LOW	
Social anxiety at PT (parent) (Better indicated by lower values)												
3	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	25	26	-	SMD 0.38 lower (0.96 lower to 0.19 higher)	⊕⊕OO LOW	
Social anxiety at FU (parent) (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	6	9	-	SMD 0.72 lower (1.8 lower to 0.35 higher)	⊕⊕OO LOW	

[1] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Substantial and significant heterogeneity.

SELF-HELP COMPARED WITH WAIT LIST FOR SOCIAL ANXIETY DISORDER IN CHILDREN AND YOUNG PEOPLE

Quality assessment							**No of patients**		**Effect**		**Quality**	**Importance**
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Self-help**	**Control**	**Relative (95% CI)**	**Absolute**		
Recovery at PT (clinician)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	6/25 (24%)	2/21 (9.5%)	RR 0.85 (0.62 to 1.15)	14 fewer per 1000 (from 36 fewer to 14 more)	⊕⊕OO LOW	
								9.1%		14 fewer per 1000 (from 35 fewer to 14		

										more)		
Social anxiety at PT (self) (Better indicated by lower values)												
3	randomised trials	no serious risk of bias	serious[2]	no serious indirectness	serious[1]	none	32	30	-	SMD 0.47 lower (1.71 lower to 0.78 higher)	⊕⊕OO LOW	
Social anxiety at PT (parent) (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	22	21	-	SMD 0.33 lower (0.94 lower to 0.27 higher)	⊕⊕OO LOW	

[1] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Substantial and significant heterogeneity.

CBT COMPARED WITH CBT VIA PARENTS FOR SOCIAL ANXIETY DISORDER IN CHILDREN AND YOUNG PEOPLE

Quality assessment							**No of patients**		**Effect**		**Quality**	**Importance**
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**CBT**	**CBT via parents**	**Relative (95% CI)**	**Absolute**		
Social anxiety at PT (self) (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	19	21	-	SMD 0.01 lower (0.63 lower to 0.61 higher)	⊕⊕OO LOW	
Social anxiety at FU (self) (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	7	7	-	SMD 0.2 higher (0.85 lower to 1.25 higher)	⊕⊕OO LOW	
Social anxiety at PT (parent) (Better indicated by lower values)												

2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	19	20	-	SMD 0.21 higher (0.42 lower to 0.84 higher)	⊕⊕OO LOW	
Social anxiety at FU (parent) (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	5	6	-	SMD 0.07 lower (1.25 lower to 1.12 higher)	⊕⊕OO LOW	

[1] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

CBT COMPARED WITH PILL PLACEBO FOR SOCIAL ANXIETY DISORDER IN CHILDREN AND YOUNG PEOPLE

Quality assessment							**No of patients**		**Effect**		**Quality**	**Importance**
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**CBT**	**Pill placebo**	**Relative (95% CI)**	**Absolute**		
Recovery at PT (clinician)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	30/59 (50.8%)	1/37 (2.7%)	RR 0.51 (0.39 to 0.66)	13 fewer per 1000 (from 9 fewer to 16 fewer)	⊕⊕OO LOW	
								2.7%		13 fewer per 1000 (from 9 fewer to 16 fewer)		
Social anxiety at PT (self) (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	57	32	-	SMD 0.22 lower (0.66 lower to 0.21 higher)	⊕⊕OO LOW	

[1] Risk of bias in several domains.
[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

CBT COMPARED WITH CBT WITH PARENT ANXIETY MANAGEMENT FOR SOCIAL ANXIETY DISORDER IN CHILDREN AND YOUNG PEOPLE

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	CBT	CBT with parent anxiety management	Relative (95% CI)	Absolute		
Recovery at PT (clinician)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	5/20 (25%)	4/21 (19%)	RR 1.31 (0.41 to 4.2)	59 more per 1000 (from 112 fewer to 610 more)	⊕⊕OO LOW	
								19.1%		59 more per 1000 (from 113 fewer to 611 more)		
Recovery at FU (clinician)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	7/20 (35%)	6/21 (28.6%)	RR 1.23 (0.5 to 3.02)	66 more per 1000 (from 143 fewer to 577 more)	⊕⊕OO LOW	
								28.6%		66 more per 1000 (from 143 fewer to 578 more)		
Social anxiety at PT (self) (Better indicated by lower values)												
1	randomised trials	no serious risk of	no serious inconsistency	no serious indirectness	very serious[1]	none	16	18	-	SMD 0.19 higher (0.48 lower to 0.87	⊕⊕OO LOW	

		bias								higher)		
Social anxiety at FU (self) (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	16	14	-	SMD 0.58 higher (0.16 lower to 1.31 higher)	⊕⊕OO LOW	
Social anxiety at PT (parent) (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	15	18	-	SMD 0.13 lower (0.81 lower to 0.56 higher)	⊕⊕OO LOW	
Social anxiety at FU (parent) (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	16	13	-	SMD 0.23 higher (0.51 lower to 0.96 higher)	⊕⊕OO LOW	

[1] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

CBT (GROUP+INDIVIDUAL) 12 SESSION COMPARED WITH 6 SESSIONS FOR SOCIAL ANXIETY DISORDER IN CHILDREN AND YOUNG PEOPLE

Quality assessment							**No of patients**		**Effect**		**Quality**	**Importance**
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**CBT (group+individual) 12 session**	**6 sessions**	**Relative (95% CI)**	**Absolute**		
Recovery at PT (clinician)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	9/19 (47.4%)	8/20 (40%)	RR 0.88 (0.5 to 1.53)	48 fewer per 1000 (from 200 fewer to	⊕⊕OO LOW	

										212 more)		
								40%		48 fewer per 1000 (from 200 fewer to 212 more)		
Social anxiety at PT (self) (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	19	20	-	SMD 0.31 lower (0.94 lower to 0.33 higher)	⊕⊕OO LOW	
Social anxiety at FU (self) (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	19	20	-	SMD 0.33 lower (0.96 lower to 0.31 higher)	⊕⊕OO LOW	

[1] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.