APPENDIX 15: INTERVENTIONS FOR ADULTS (SUBGROUPS) – GRADE PROFILES

MAOI COMPARED WITH PLACEBO FOR SOCIAL ANXIETY DISORDER

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	MAOI	Placebo	Relative (95% CI)	Absolute		
Social Anxiety at post-treatment (without brofaromine) (measured with: Continuous measures; range of scores: 0-144; Better indicated by lower values)												
9	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	no serious imprecision	reporting bias[2]	589	553	-	SMD 0.53 lower (0.81 to 0.25 lower)	⊕⊕OO LOW	CRITICAL
Social Anxiety at follow-up (without brofaromine) (measured with: Continuous measures; range of scores: 0-144; Better indicated by lower values)												
2	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	very serious[3]	reporting bias[2]	37	34	-	SMD 0.27 lower (1.05 lower to 0.51 higher)	⊕OOO VERY LOW	CRITICAL

[1] Evidence of substantial and significant heterogeneity.
[2] Searches identified multiple unpublished studies of pharmacotherapy for social anxiety disorder.
[3] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

MAOI - TRANYLCYPROMIDE 60MG COMPARED WITH 30MG FOR SOCIAL ANXIETY DISORDER

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	MAOI - Tranylcypromide	30mg	Relative (95%	Absolute		

							60mg		CI)			
Social anxiety at post-treatment (measured with: Continuous measures; range of scores: 0-144; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	reporting bias[2]	17	19	-	SMD 0.85 lower (1.54 to 0.17 lower)	⊕OOO VERY LOW	CRITICAL

[1] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Searches identified multiple unpublished studies of pharmacotherapy for social anxiety disorder.

SNRI - DULOXETINE 120MG COMPARED WITH 60MG FOR SOCIAL ANXIETY DISORDER

Quality assessment							**No of patients**		**Effect**		**Quality**	**Importance**
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**SNRI - Duloxetine 120mg**	**60mg**	**Relative (95% CI)**	**Absolute**		
Social Anxiety at post-treatment (measured with: Continuous measures; range of scores: 0-144; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	reporting bias[2]	15	13	-	SMD 1.22 lower (2.05 to 0.39 lower)	⊕OOO VERY LOW	CRITICAL

[1] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Searches identified multiple unpublished studies of pharmacotherapy for social anxiety disorder.

SSRI COMPARED WITH PLACEBO FOR SOCIAL ANXIETY DISORDER

Quality assessment							**No of patients**		**Effect**		**Quality**	**Importance**
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**SSRI**	**Placebo**	**Relative (95% CI)**	**Absolute**		

Social anxiety at follow-up - Paroxetine (measured with: Continuous measures; range of scores: 0-144; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	reporting bias[2]	42	43	-	SMD 0.39 lower (0.82 lower to 0.04 higher)	⊕⊕OO LOW	CRITICAL
Social anxiety at follow-up - Sertraline (measured with: Continuous measures; range of scores: 0-144; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	reporting bias[2]	168	160	-	SMD 0.02 higher (0.2 lower to 0.23 higher)	⊕⊕OO LOW	CRITICAL

[1] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Searches identified multiple unpublished studies of pharmacotherapy for social anxiety disorder.

RELAPSE AT POST-TREATMENT

Settings:
Bibliography: Social anxiety disorder: recognition, assessment and treatment of social anxiety disorder

Quality assessment							**No of patients**		**Effect**		**Quality**	**Importance**
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**SSRI (Relapse prevention)**	**Control**	**Relative (95% CI)**	**Absolute**		
Relapse at post-treatment												
4	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	85/365 (23.3%)	190/352 (54%)	RR 0.47 (0.27 to 0.82)	286 fewer per 1000 (from 97 fewer to 394 fewer)	⊕OOO VERY LOW	CRITICAL
								56.4%		299 fewer per 1000 (from 102 fewer to 412 fewer)		

[1] High dropout
[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[3] Searches identified multiple unpublished studies of pharmacotherapy for social anxiety disorder.

[HIGH SEVERITY] CITALOPRAM COMPARED WITH MOCLOBEMIDE (ATMACA 2002) FOR SOCIAL ANXIETY DISORDER

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	[High severity] Citalopram	Moclobemide (Atmaca 2002)	Relative (95% CI)	Absolute		
Social anxiety at post-treatment (measured with: Continuous measures; range of scores: 0-144; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	36	35	-	SMD 0.36 lower (0.69 to 0.03 lower)	⊕OOO VERY LOW	CRITICAL

[1] Poorly reported trial
[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[3] Searches identified multiple unpublished studies of pharmacotherapy for social anxiety disorder.

CBT INDIVIDUAL VS WAITLIST FOR SOCIAL ANXIETY DISORDER

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	CBT individual	Waitlist	Relative (95% CI)	Absolute		
Social anxiety at follow-up (measured with: Continuous measures; range of scores: 0-144; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	18	20	-	SMD 0.6 lower (1.26 lower to 0.05 higher)	⊕⊕OO LOW	CRITICAL

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

CBT GROUP COMPARED WITH CONTROLS FOR SOCIAL ANXIETY DISORDER

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	CBT group	Controls	Relative (95% CI)	Absolute		
Social anxiety at follow-up - Waitlist (measured with: Continuous measures; range of scores: 0-144; Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	39	40	-	SMD 0.76 lower (1.98 lower to 0.47 higher)	⊕⊕⊕O MODERATE	CRITICAL
Social anxiety at follow-up - Psychological placebo (measured with: Continuous measures; range of scores: 0-144; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	15	14	-	SMD 0.37 lower (1.14 lower to 0.39 higher)	⊕⊕OO LOW	CRITICAL

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

CBT COMPARED WITH APPLIED RELAXATION (RENNER 2008) FOR SOCIAL ANXIETY DISORDER

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	CBT	Applied relaxation (Renner 2008)	Relative (95% CI)	Absolute		
Social anxiety at PT (measured with: Continuous measures; range of scores: 0-144; Better indicated by lower values)												
1	randomised	serious[1]	no serious	no serious	very	none	14	14	-	SMD 1.13	⊕OOO	CRITICAL

	trials		inconsistency	indirectness	serious[2]					higher (0.32 to 1.94 higher)	VERY LOW	

[1] Intervention and methods poorly described
[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

COGNITIVE BIAS MODIFICATION COMPARED WITH SHAM THERAPY FOR SOCIAL ANXIETY DISORDER

Quality assessment							**No of patients**		**Effect**		**Quality**	**Importance**
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Cognitive bias modification**	**Sham therapy**	**Relative (95% CI)**	**Absolute**		
Recovery at post-treatment (assessed with: Loss of diagnosis)												
3	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	serious[2]	reporting bias[3]	30/75 (40%)	12/81 (14.8%)	RR 0.59 (0.25 to 1.42)	61 fewer per 1000 (from 111 fewer to 62 more)	⊕OOO VERY LOW	CRITICAL
								11.5%		47 fewer per 1000 (from 86 fewer to 48 more)		
Recovery at follow-up (assessed with: Loss of diagnosis)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	9/19 (47.4%)	3/20 (15%)	RR 0.62 (0.39 to 0.99)	57 fewer per 1000 (from 1 fewer to 92 fewer)	⊕⊕OO LOW	
								15%		57 fewer per 1000 (from 1 fewer to 92 fewer)		
Social Anxiety at post-treatment (measured with: Continuous measures; range of scores: 0-144; Better indicated by lower values)												

6	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	serious[2]	reporting bias[3]	156	152	-	SMD 0.24 lower (0.49 lower to 0.01 higher)	⊕OOO VERY LOW	CRITICAL
Social Anxiety at follow-up (measured with: Continuous measures; range of scores: 0-144; Better indicated by lower values)												
3	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	serious[2]	reporting bias[3]	93	80	-	SMD 0.29 lower (0.77 lower to 0.19 higher)	⊕OOO VERY LOW	CRITICAL

[1] Trials od internet-based and labratory-based interventions have different outcomes.
[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[3] Authors failed to provide data requested.

SELF-HELP COMPARED WITH WAITLIST FOR SOCIAL ANXIETY DISORDER

Quality assessment							**No of patients**		**Effect**		**Quality**	**Importance**
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Self-help**	**Waitlist**	**Relative (95% CI)**	**Absolute**		
Recovery at follow-up (assessed with: Loss of diagnosis)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	reporting bias[2]	40/80 (50%)	26/40 (65%)	RR 0.77 (0.56 to 1.06)	150 fewer per 1000 (from 286 fewer to 39 more)	⊕⊕OO LOW	
								65%		150 fewer per 1000 (from 286 fewer to 39 more)		

[1] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Most studies were not registered and reviews demonstrate that many self-help studies are not published.

BOTILIUM TOXIN COMPARED WITH PLACEBO (WITH OPEN-LABEL PAROXETINE) FOR SOCIAL

ANXIETY DISORDER

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Botilium toxin	Placebo (with open-label paroxetine)	Relative (95% CI)	Absolute		
Social anxiety at post-treatment (measured with: Continuous measures; range of scores: 0-144; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	reporting bias[2]	20	20	-	SMD 0.22 lower (0.84 lower to 0.41 higher)	⊕OOO VERY LOW	CRITICAL

[1] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Searches identified multiple unpublished studies of pharmacotherapy for social anxiety disorder.

ANTICONVULSANT (RELAPSE PREVENTION) COMPARED WITH PLACEBO FOR SOCIAL ANXIETY DISORDER

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Anticonvulsant (Relapse prevention)	Placebo	Relative (95% CI)	Absolute		
Relapse (assessed with: Return of symptoms)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	reporting bias	22/35 (62.9%)	32/40 (80%)	RR 0.79 (0.58 to 1.06)	168 fewer per 1000 (from 336 fewer to 48 more)	⊕OOO VERY LOW	
								80%		168 fewer		

										per 1000 (from 336 fewer to 48 more)		

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

ANTIPSYCHOTICS COMPARED WITH PLACEBO FOR SOCIAL ANXIETY DISORDER

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Antipsychotics	Placebo	Relative (95% CI)	Absolute		
Symptoms of social anxiety at post-treatment - Quetiapine (measured with: Continuous measures; range of scores: 0-144; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	reporting bias[2]	10	5	-	SMD 0.28 lower (1.36 lower to 0.81 higher)	⊕OOO VERY LOW	CRITICAL
Symptoms of social anxiety at post-treatment - Olanzapine (measured with: Continuous measures; range of scores: 0-144; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	reporting bias[2]	4	5	-	SMD 2.28 lower (4 to 0.55 lower)	⊕OOO VERY LOW	CRITICAL

[1] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Searches identified multiple unpublished studies of pharmacotherapy for social anxiety disorder.

PREFERENCE-BASED COMPARED WITH TAU FOR SOCIAL ANXIETY DISORDER

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Preference-based**	**TAU**	**Relative (95% CI)**	**Absolute**		
Social anxiety at post-treatment (measured with: Continuous measures; range of scores: 0-144; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	74	58	-	SMD 0.48 lower (0.83 to 0.14 lower)	⊕⊕⊕O MODERATE	CRITICAL
Social anxiety at follow-up (1yr) (measured with: Continuous measures; range of scores: 0-144; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	74	58	-	SMD 0.39 lower (0.74 to 0.05 lower)	⊕⊕⊕O MODERATE	CRITICAL
Social anxiety at follow-up (18m) (measured with: Continuous measures; range of scores: 0-144; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	74	58	-	SMD 0.3 lower (0.64 lower to 0.05 higher)	⊕⊕⊕O MODERATE	CRITICAL

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

[WITH EXPOSURE] COGNITIVE ENHANCER COMPARED WITH PLACEBO FOR SOCIAL ANXIETY DISORDER

Quality assessment							**No of patients**		**Effect**		**Quality**	**Importance**
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**[With exposure] Cognitive enhancer**	**Placebo**	**Relative (95% CI)**	**Absolute**		
Social Anxiety at post-treatment (combined) - D-Cycloserine (measured with: Continuous measures; range of scores: 0-144; Better indicated by lower												

values)												
3	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	127	125	-	SMD 0.36 lower (0.61 to 0.11 lower)	⊕⊕⊕O MODERATE	CRITICAL
Social Anxiety at post-treatment (combined) - Oxytocin (measured with: Continuous measures; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	12	13	-	SMD 0.26 higher (0.53 lower to 1.05 higher)	⊕⊕OO LOW	CRITICAL
Social anxiety at follow-up (combined) - D-Cycloserine (measured with: Continuous measures; Better indicated by lower values)												
3	randomised trials	no serious risk of bias	no serious inconsistency[2]	no serious indirectness	serious[1]	none	125	123	-	SMD 0.2 lower (0.45 lower to 0.05 higher)	⊕⊕⊕O MODERATE	CRITICAL
Social anxiety at follow-up (combined) - Oxytocin (measured with: Continuous measures; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	12	13	-	SMD 0.15 higher (0.64 lower to 0.93 higher)	⊕⊕OO LOW	CRITICAL

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

[FEAR OF BLUSHING, TREMBLING, SWEATING] ATTENTION TRAINING COMPARED WITH APPLIED RELAXATION FOR SOCIAL ANXIETY DISORDER

Quality assessment							**No of patients**		**Effect**		**Quality**	**Importance**
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**[Fear of blushing, trembling, sweating]**	**Applied Relaxation**	**Relative (95% CI)**	**Absolute**		

							Attention training					
Social Anxiety at post-treatment (16w) (measured with: Continuous measures; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	33	32	-	SMD 0.01 higher (0.48 lower to 0.5 higher)	⊕⊕OO LOW	CRITICAL
Social Anxiety at follow-up 1 (29w) (measured with: Continuous measures; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	33	32	-	SMD 0.02 higher (0.47 lower to 0.5 higher)	⊕⊕OO LOW	CRITICAL
Social Anxiety at follow-up (68w) (measured with: Continuous measures; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	33	32	-	SMD 0.17 lower (0.65 lower to 0.32 higher)	⊕⊕OO LOW	CRITICAL

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

[FEAR OF BLUSHING, TREMBLING, SWEATING] SOCIAL SKILLS COMPARED WITH GCBT FOR SOCIAL ANXIETY DISORDER

Quality assessment							**No of patients**		**Effect**		**Quality**	**Importance**
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**[Fear of blushing, trembling, sweating] Social Skills**	**GCBT**	**Relative (95% CI)**	**Absolute**		
Social Anxiety at post-treatment (12w) (measured with: Continuous measures; Better indicated by lower values)												
1	randomised	serious[1]	no serious	no serious	serious[2]	none	28	27	-	SMD 0.19	⊕⊕OO	CRITICAL

	trials		inconsistency	indirectness						higher (0.34 lower to 0.72 higher)	LOW	
Social Anxiety at follow-up (64w) (measured with: Continuous measures; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	28	27	-	SMD 0.11 higher (0.42 lower to 0.64 higher)	⊕⊕OO LOW	CRITICAL

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

[FEAR OF BLUSHING] IN VIVO EXPOSURE COMPARED WITH ATTENTION TRAINING FOR SOCIAL ANXIETY DISORDER

Quality assessment							**No of patients**		**Effect**		**Quality**	**Importance**
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**[Fear of blushing] in vivo exposure**	**Attention training**	**Relative (95% CI)**	**Absolute**		
Social Anxiety at post-treatment (6w) (measured with: Continuous measures; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency[2]	no serious indirectness	serious[3]	none	12	14	-	SMD 0.42 lower (1.2 lower to 0.36 higher)	⊕⊕OO LOW	CRITICAL
Social Anxiety at follow-up (58w) (measured with: Continuous measures; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[3]	none	9	12	-	SMD 0.15 lower (1.02 lower to 0.71 higher)	⊕OOO VERY LOW	CRITICAL

[1] Methods poorly described.
[2] Leibowitz Social Anxiety Scale
[3] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

[FEAR OF PUBLIC SPEAKING] CBT COMPARED WITH SELF-HELP FOR SOCIAL ANXIETY DISORDER

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	[Fear of public speaking] CBT	Self-help	Relative (95% CI)	Absolute		
Social Anxiety at post-treatment (9w) (measured with: Continuous measures; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	36	62	-	SMD 0.01 higher (0.39 lower to 0.42 higher)	⊕⊕OO LOW	CRITICAL
Social Anxiety at follow-up (61w) (measured with: Continuous measures; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	36	62	-	SMD 0.23 lower (0.65 lower to 0.18 higher)	⊕⊕OO LOW	CRITICAL

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

[FEAR OF PUBLIC SPEAKING] SELF-HELP COMPARED WITH WAITLIST FOR SOCIAL ANXIETY DISORDER

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	[Fear of public speaking] Self-help	Waitlist	Relative (95% CI)	Absolute		
Social Anxiety at post-treatment (9w) (measured with: Continuous measures; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	62	29	-	SMD 1.09 lower (1.56 to 0.63 lower)	⊕⊕OO LOW	CRITICAL

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

[FEAR OF PUBLIC SPEAKING] CBT COMPARED WITH WAITLIST FOR SOCIAL ANXIETY DISORDER

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	[Fear of public speaking] CBT	Waitlist	Relative (95% CI)	Absolute		
Social Anxiety at post-treatment (9w) (measured with: Continuous measures; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	36	29	-	SMD 1.18 lower (1.72 to 0.65 lower)	⊕⊕OO LOW	CRITICAL

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

[FEAR OF PUBLIC SPEAKING] IN VIVO EXPOSURE COMPARED WITH WAITLIST FOR SOCIAL ANXIETY DISORDER

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**[Fear of public speaking] in vivo exposure**	**Waitlist**	**Relative (95% CI)**	**Absolute**		
Social Anxiety at post-treatment (8w) (measured with: Continuous measures; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	16	17	-	SMD 0.6 lower (1.3 lower to 0.11 higher)	⊕⊕OO LOW	CRITICAL

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

[FEAR OF PUBLIC SPEAKING] IN VIVO EXPOSURE (W/ SELF-STUDY) COMPARED WITH SUPPORTED SELF-HELP FOR SOCIAL ANXIETY DISORDER

Quality assessment							**No of patients**		**Effect**			
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**[Fear of public speaking] in vivo exposure (w/ self-study)**	**Supported self-help**	**Relative (95% CI)**	**Absolute**	**Quality**	**Importance**
Social Anxiety at post-treatment (9w) (measured with: Continuous measures; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	18	18	-	SMD 0.1 lower (0.74 lower to 0.54 higher)	⊕⊕OO LOW	CRITICAL
Social Anxiety at follow-up (61w) (measured with: Continuous measures; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	16	18	-	SMD 0.15 higher (0.51	⊕⊕OO LOW	CRITICAL

										lower to 0.81 higher)		

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

[COMORBID ALCOHOL MISUSE] PAROXETINE COMPARED WITH PLACEBO FOR SOCIAL ANXIETY DISORDER

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	[Comorbid alcohol misuse] Paroxetine	Placebo	Relative (95% CI)	Absolute		
Social anxiety at post-treatment (measured with: Continuous measures; Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	reporting bias[2]	26	30	-	SMD 0.91 lower (1.56 to 0.26 lower)	⊕⊕OO LOW	CRITICAL

[1] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Searches identified multiple unpublished studies of pharmacotherapy for social anxiety disorder.

[COMORBID ALCOHOL MISUSE] CBT+ ALCOHOL PROGRAMME COMPARED WITH CBT ALONE FOR SOCIAL ANXIETY DISORDER

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	[Comorbid alcohol misuse] CBT+ alcohol	CBT alone	Relative (95% CI)	Absolute		

							programme					
Social anxiety at post-treatment (measured with: Continuous measures; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	reporting bias[2]	10	13	-	SMD 0.32 lower (1.15 lower to 0.51 higher)	⊕OOO VERY LOW	CRITICAL

[1] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Searches identified multiple unpublished studies of pharmacotherapy for social anxiety disorder.

[COMORBID ADHD] ATOMOXETINE COMPARED WITH PLACEBO FOR SOCIAL ANXIETY DISORDER

Quality assessment							**No of patients**		**Effect**		**Quality**	**Importance**
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**[Comorbid ADHD] Atomoxetine**	**Placebo**	**Relative (95% CI)**	**Absolute**		
Social anxiety at post-treatment (measured with: Continuous measures; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	reporting bias[2]	200	192	-	SMD 0.24 lower (0.44 to 0.04 lower)	⊕⊕OO LOW	CRITICAL

[1] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Searches identified multiple unpublished studies of pharmacotherapy for social anxiety disorder.

[FOLLOWING OPEN LABEL PAROXETINE] CBT COMPARED WITH WAITLIST FOR SOCIAL ANXIETY DISORDER

Quality assessment	**No of patients**	**Effect**	**Quality**	**Importance**

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	[Following open label paroxetine] CBT	Waitlist	Relative (95% CI)	Absolute		
Symptoms of Social Anxiety at post-treatment (measured with: Continuous measures; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	32	29	-	SMD 0.49 lower (1 lower to 0.02 higher)	⊕⊕OO LOW	CRITICAL

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

[RESIDENTIAL] CBT (GROUP) COMPARED WITH INTERPERSONAL PSYCHOTHERAPY FOR SOCIAL ANXIETY DISORDER

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	[Residential] CBT (group)	Interpersonal psychotherapy	Relative (95% CI)	Absolute		
Symptoms of Social Anxiety at post-treatment (measured with: Continuous measures; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	35	38	-	SMD 0.07 lower (0.53 lower to 0.39 higher)	⊕OOO VERY LOW	CRITICAL
Symptoms of Social Anxiety at follow-up (measured with: Continuous measures; Better indicated by lower values)												
1	randomised trials		no serious inconsistency	no serious indirectness	serious[2]	none	35	37	-	SMD 0.02 lower (0.48 lower to 0.44 higher)		CRITICAL

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