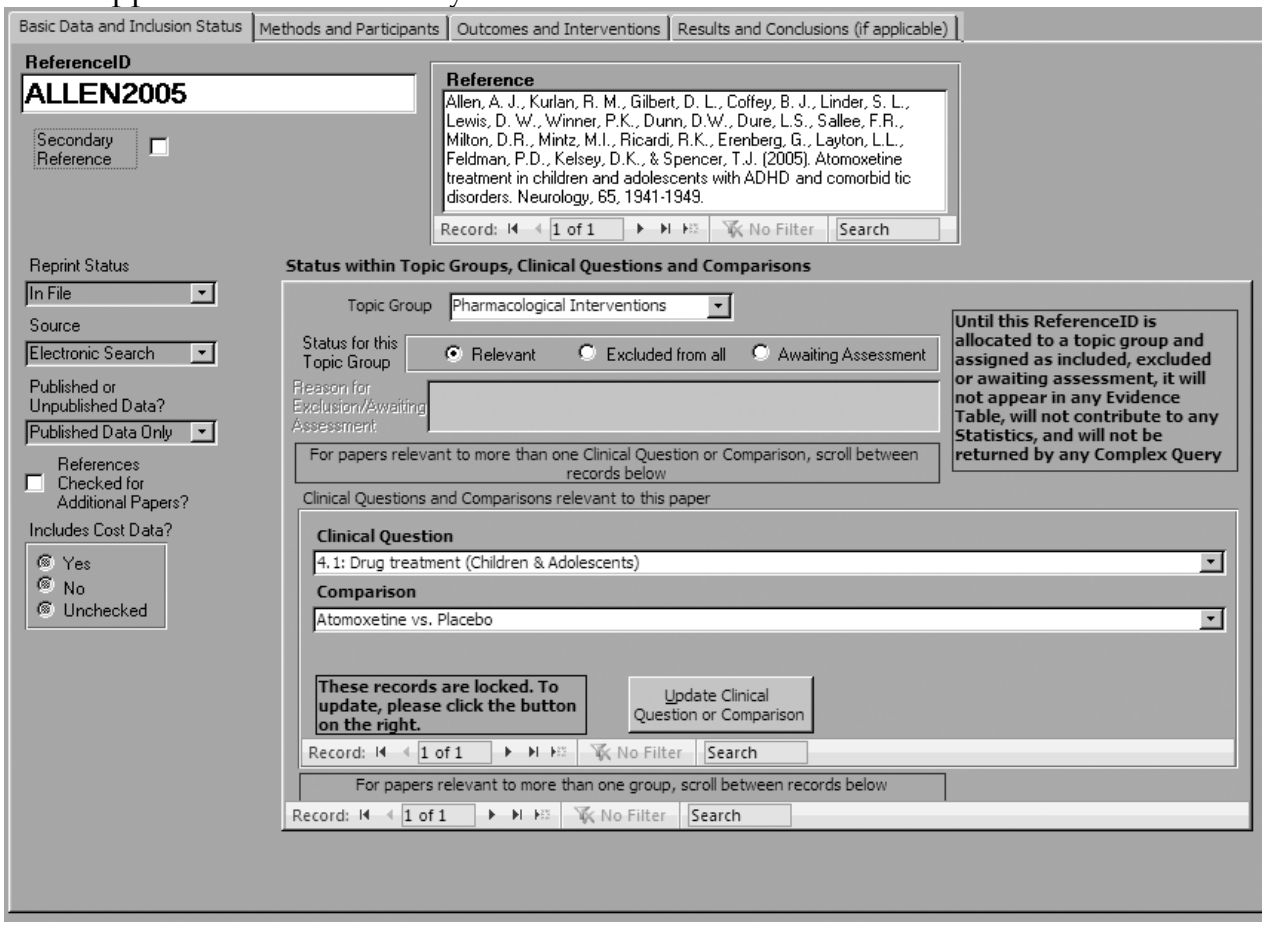
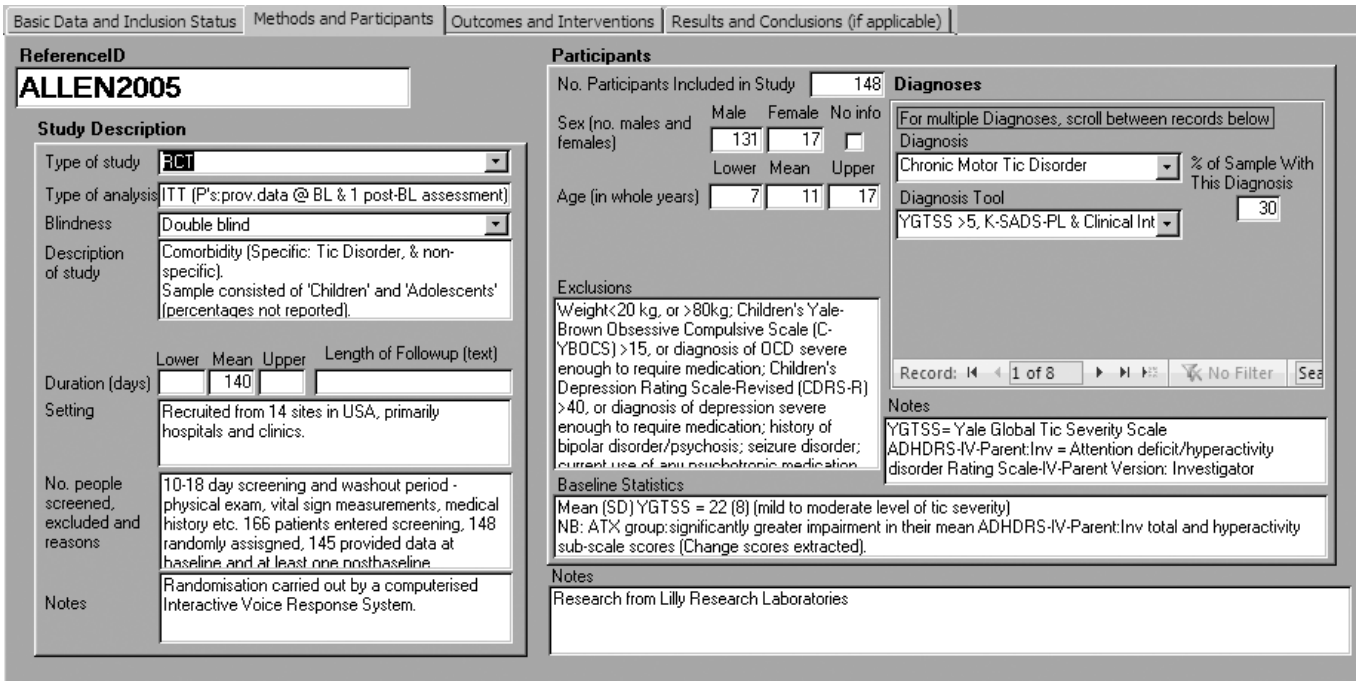
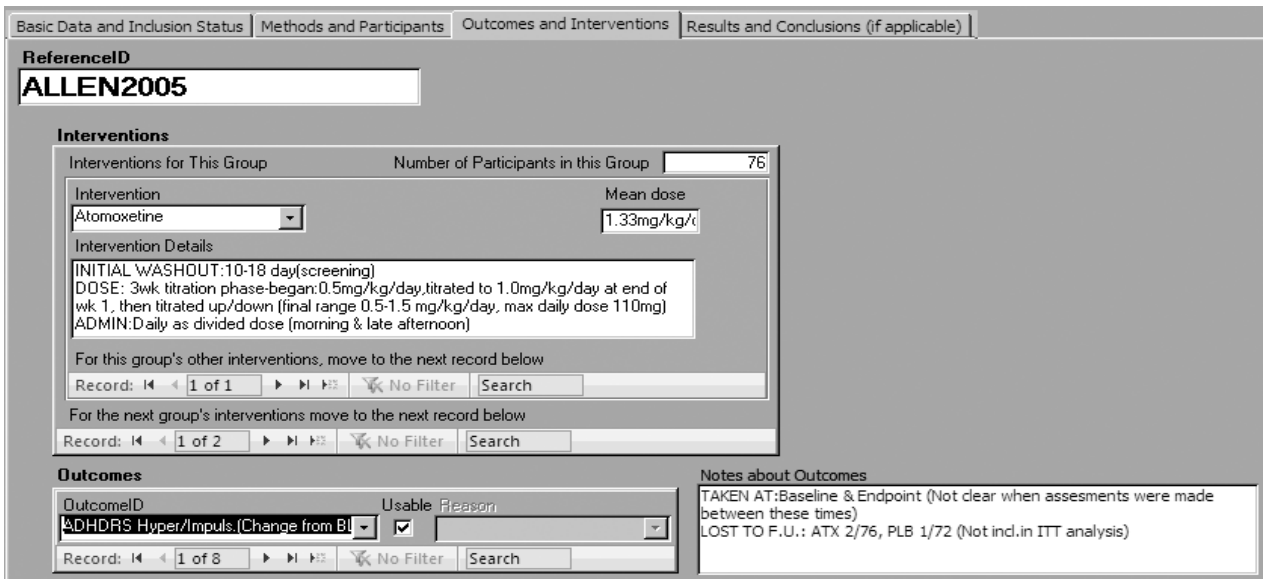
1 Appendices

Appendix 1: Clinical study information database






Basic Data and Inclusion Status
Methods and Participants
Outcomes and Interventions
Results and Conclusions (if applicable)
ReferenceID
ALLEN2005
Interventions
Interventions for This Group
Number of Participants in this Group
76
Intervention
Atomoxetine
Mean dose
1.33mg/kg/
Intervention Details
INITIAL WASHOUT:10-18 day(screening)
DOSE: 3wk titration phase-began:0.5mg/kg/day,titrated to 1.0mg/kg/day at end of wk 1, then titrated up/down (final range 0.5-1.5 mg/kg/day, max daily dose 110mg)
ADMIN:Daily as divided dose (morning & late afternoon)
For this group's other interventions, move to the next record below
Record: 1 of 1
No Filter
Search
For the next group's interventions move to the next record below
Record: 1 of 2
No Filter
Search
Outcomes
OutcomeID
Usable
Reason
ADHDRS Hyper/Impuls.(Change from Bl
Record: 1 of 8
No Filter
Search
Notes about Outcomes
TAKEN AT:Baseline & Endpoint (Not clear when assesments were made between these times)
LOST TO F.U.: ATX 2/76, PLB 1/72 (Not incl.in ITT analysis)

Appendix 2: Quality checklists for diagnostic studies, clinical studies and reviews

The methodological quality of each study was evaluated using dimensions adapted from SIGN (SIGN, 2001). SIGN originally adapted its quality criteria from checklists developed in Australia (Liddel et al., 1996). Both groups reportedly undertook extensive development and validation procedures when creating their quality criteria. For information about how to use these checklists please see (*The Guidelines Manual*[1]).

Quality Checklist for a Systematic Review or Meta-Analysis			
Study ID:			
Guideline topic:		Key question no:	
Checklist completed by:			
SECTION 1: INTERNAL VALIDITY			
In a well-conducted systematic review:		In this study this criterion is: *(Circle one option for each question)*	
1.1	The study addresses an appropriate and clearly focused question.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.2	A description of the methodology used is included.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.3	The literature search is sufficiently rigorous to identify all the relevant studies.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.4	Study quality is assessed and taken into account.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.5	There are enough similarities between the studies selected to make combining them reasonable.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
SECTION 2: OVERALL ASSESSMENT OF THE STUDY			

[1] Available from: www.nice.org.uk

2.1	How well was the study done to minimise bias? *Code ++, + or –*	

Quality Checklist for an RCT			
Study ID:			
Guideline topic:		Key question no:	
Checklist completed by:			
SECTION 1: INTERNAL VALIDITY			
In a well-conducted RCT study:		**In this study this criterion is: (Circle one option for each question)**	
1.1	The study addresses an appropriate and clearly focused question.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.2	The assignment of subjects to treatment groups is randomised.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.3	An adequate concealment method is used.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.4	Subjects and investigators are kept 'blind' about treatment allocation.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.5	The treatment and control groups are similar at the start of the trial.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.6	The only difference between groups is the treatment under investigation.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.7	All relevant outcomes are measured in a standard, valid and reliable way.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable

1.8	What percentage of the individuals or clusters recruited into each treatment arm of the study dropped out before the study was completed?		
1.9	All the subjects are analysed in the groups to which they were randomly allocated (often referred to as intention-to-treat analysis).	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.10	Where the study is carried out at more than one site, results are comparable for all sites.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
SECTION 2: OVERALL ASSESSMENT OF THE STUDY			
2.1	How well was the study done to minimise bias? *Code ++, + or –*		

Quality Checklist for a Cohort Study*			
Study ID:		Relevant questions:	
Guideline topic:			
Checklist completed by:			
SECTION 1: INTERNAL VALIDITY			
In a well conducted cohort study:		**In this study the criterion is: (*Circle one option for each question)***	
1.1	The study addresses an appropriate and clearly focused question.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
SELECTION OF SUBJECTS			
1.2	The two groups being studied are selected from source populations that are comparable in all respects other than the factor under investigation.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable

1.3	The study indicates how many of the people asked to take part did so, in each of the groups being studied.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.4	The likelihood that some eligible subjects might have the outcome at the time of enrolment is assessed and taken into account in the analysis.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.5	What percentage of individuals or clusters recruited into each arm of the study dropped out before the study was completed?		
1.6	Comparison is made between full participants and those lost to follow-up, by exposure status.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
ASSESSMENT			
1.7	The outcomes are clearly defined.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.8	The assessment of outcome is made blind to exposure status.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.9	Where blinding was not possible, there is some recognition that knowledge of exposure status could have influenced the assessment of outcome.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.10	The measure of assessment of exposure is reliable.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.11	Evidence from other sources is used to demonstrate that the method of outcome assessment is valid and reliable.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable

1.12	Exposure level or prognostic factor is assessed more than once.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
CONFOUNDING			
1.13	The main potential confounders are identified and taken into account in the design and analysis.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
STATISTICAL ANALYSIS			
1.14	Have confidence intervals been provided?		
SECTION 2: OVERALL ASSESSMENT OF THE STUDY			
2.1	How well was the study done to minimise the risk of bias or confounding, and to establish a causal relationship between exposure and effect? *Code ++, + or –*		

*A cohort study can be defined as a retrospective or prospective follow-up study. Groups of individuals are defined on the basis of the presence or absence of exposure to a suspected risk factor or intervention. This checklist is not appropriate for assessing uncontrolled studies (for example, a case series where there is no comparison [control] group of patients).

Quality Checklist for an RCT			
Study ID			
Guideline topic		Key question no:	
Checklist completed by:			
SECTION 1: INTERNAL VALIDITY			
In a well conducted diagnostic study:		**In this study the criterion is: (*Circle one option for each question)***	
1.1	The nature of the test being studied is clearly specified.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable

1.2	The test is compared with an appropriate gold standard.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.3	Where no gold standard exists, a validated reference standard is used as a comparator.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.4	Patients for testing are selected wither as a consecutive series or randomly, from a clearly defined study population.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.5	The test and gold standard are measured independently (blind) of each other.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.6	The test and gold standard are applied as close together in time as possible.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.7	Results are reported for all patients that are entered into the study.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
ASSESSMENT			
1.8	A pre-diagnosis is made and reported.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
SECTION 2: OVERALL ASSESSMENT OF THE STUDY			
2.1	**How reliable are the conclusions of this study?** ***Code ++, + or –***		
2.2	Is the spectrum of patients assessed in this study comparable with the patient group targeted by this guideline in terms of the proportion with the disease, or the proportion with severe versus mild disease?		