

## Appendix 8: review protocols

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## Assessment

Topic	Assessment
Review question(s)	<p>a) What are the most effective (i) diagnostic and (ii) assessment tools for alcohol dependence and harmful alcohol use?</p> <p>b) What are the most effective ways of monitoring clinical progress in alcohol dependence and harmful alcohol use?</p> <p>c) To answer these questions, what are the advantages, disadvantages and clinical utility of:</p> <ul style="list-style-type: none"> <li>• the structure of the overall clinical assessment,</li> <li>• biological measures,</li> <li>• psychological/behavioural measures,</li> <li>• neuropsychiatric measures (including cognitive impairment),</li> <li>• and physical assessment?</li> </ul>
Subquestion(s)	n/a
Chapter	5. The assessment of harmful drinking and alcohol dependence
Subsection	n/a
Topic group	Assessment: Colin Drummond Tom Phillips John Dervan Julia Sinclair Adrian Brown Amina Udechuku
Subsection lead	Tom Phillips
Objectives	<ul style="list-style-type: none"> <li>• To evaluate the accuracy of diagnostic and assessment tools which aid in a diagnosis of alcohol dependence and harmful alcohol use.</li> <li>• To identify the most effective ways of monitoring progress</li> <li>• To evaluate the key components of an effective clinical interview, biological, psychological/behavioural, neuropsychiatric and physical measures and whether these aid in reaching a diagnosis of alcohol dependence of harmful alcohol use</li> </ul>
Criteria for considering studies for the review	n/a
<ul style="list-style-type: none"> <li>• Intervention</li> </ul>	<p>Formal assessments of the nature and severity of alcohol dependence and harmful alcohol use (including problem specification or diagnosis)</p> <p>The following assessment domains were evaluated: Dependence (and severity of dependence); consumption/frequency; alcohol withdrawal; motivation and readiness to</p>

	change; physical, psychological and social problems; clinical interview; physical examination; blood, breath and urine testing
<ul style="list-style-type: none"> <li>• Comparator</li> </ul>	<p>Gold standard: Diagnostic Statistical Manual (DSM) or International Classification of Diseases (ICD) diagnosis of alcohol dependence</p> <p>Other assessment tools or strategies</p>
<ul style="list-style-type: none"> <li>• Types of participants</li> </ul>	<p>Adults (&gt;18 years)</p> <p>At least 80% of the sample meet the criteria for alcohol dependence or harmful alcohol use (clinical diagnosis or drinking &gt;30 drinks per week)</p> <p>Exclude: Hazardous drinkers and those drinking &lt;30 drinks per week Pregnant women</p>
<ul style="list-style-type: none"> <li>• Critical outcomes</li> </ul>	<p>Critical outcomes for quantitative review: sensitivity, specificity, area under the curve, positive predictive value, negative predictive value</p> <p>For quantitative meta-analyses calculating the diagnostic accuracy of an assessment tool, raw data (true positive, true negative, false positive, false negative) is needed. See methods, Chapter 3, for a definition of these terms</p>
<ul style="list-style-type: none"> <li>• Study design</li> </ul>	Cross sectional; RCTs; systematic reviews
<ul style="list-style-type: none"> <li>• Include unpublished data?</li> </ul>	If available
<ul style="list-style-type: none"> <li>• Restriction by date?</li> </ul>	Systematic reviews from 1993 to March 2010. All other searches from database inception to March 2010
<ul style="list-style-type: none"> <li>• Dosage</li> </ul>	n/a
<ul style="list-style-type: none"> <li>• Minimum sample size</li> </ul>	Ten per arm in the trial
<ul style="list-style-type: none"> <li>• Study setting</li> </ul>	Inpatient, outpatient
<b>Search strategy</b>	<b>Databases:</b> COCHRANE, CINAHL, EMBASE, MEDLINE, PsycINFO
<b>Searching other resources</b>	<ol style="list-style-type: none"> <li>1. Reference searching – reference list of all retrieved articles and any previous reviews were sifted for additional trials which met inclusion criteria</li> <li>2. Personal contact – no authors were contacted or asked for their knowledge of other studies</li> <li>3. No drug companies were contacted for requests for additional data</li> </ol>
<b>Existing reviews</b>	
<ul style="list-style-type: none"> <li>• Updated</li> </ul>	n/a
<ul style="list-style-type: none"> <li>• Not updated</li> </ul>	n/a
<b>General search filter used</b>	
<b>Question-specific search filter</b>	
<b>Amendments to filter/search strategy</b>	
<b>The review strategy</b>	To provide a GDG consensus-based narrative, identifying the key components of an effective clinical diagnostic interview

	To conduct pooled diagnostic accuracy meta-analyses on the sensitivity and specificity, reliability and validity of assessment tools. This is dependent on available data from the literature. In the absence of this, a narrative review of assessment tools will be conducted and guided by a pre-defined list of consensus-based criteria (for example, the clinical utility of the tool, administrative characteristics, and psychometric data evaluating its sensitivity, specificity, reliability and validity)
<b>Additional assessments</b>	n/a

## Experience of care

Topic	Experience of care
<b>Review question(s)</b>	4.4.2 For people who misuse alcohol, what are their experiences of having problems with alcohol, of access to services and of treatment?  For families and carers of people who misuse alcohol, what are their experiences of caring for people with an alcohol problem and what support is available for families and carers?
<b>Subquestion(s)</b>	n/a
<b>Chapter</b>	4. Experience of care
<b>Subsection</b>	4.4 Review of the qualitative literature
<b>Topic group</b>	Experience of care: Jan Fry Laura Shields Esther Flanagan Clare Taylor
<b>Subsection lead</b>	Jan Fry
<b>Objectives</b>	To explore the experience of care for people with alcohol problems and their families and carers in terms of broad topics of receiving a diagnosis, accessing services and having treatment
<b>Criteria for considering studies for the review</b>	
• Intervention	n/a
• Comparator	n/a
• Types of participants	Adults (>18 years) or young people (10 to 17 years of age) with a diagnosis of alcohol dependence or meeting criteria for harmful alcohol use. Studies were excluded if studies were quantitative, questionnaire- or survey-based, or if participants were not harmful or dependent drinkers, or if the qualitative studies were primarily aimed at service user experience of substance misuse (and therefore not alcohol-focused)
• Critical outcomes	None specified – any narrative description service user experience with alcohol problems
• Important but not critical outcomes	n/a

• Other outcomes	n/a
• Study design	Qualitative studies, focus groups, systematic reviews and narratives of qualitative studies
• Include unpublished data?	Yes (one published qualitative study also had unpublished qualitative interviews, which we received with permission from a GDG member)
• Restriction by date?	n/a
• Dosage	n/a
• Minimum sample size	n/a
• Study setting	Inpatient, outpatient
<b>Search strategy</b>	<b>Databases:</b> CINAHL, EMBASE, MEDLINE, PsycINFO
<b>Searching other resources</b>	<ol style="list-style-type: none"> <li>4. Reference searching – reference list of all retrieved articles and any previous reviews were sifted for additional trials which met inclusion criteria</li> <li>5. Personal contact – No authors were contacted or asked for their knowledge of other studies</li> <li>6. No drug companies were contacted for requests for additional data</li> <li>7. One GDG member, Marsha Morgan, provided additional qualitative data from a published study authored by one of her former students whom she had supervised. Another GDG member, Alex Copello, provided suggestions for qualitative studies</li> </ol>
<b>Existing reviews</b>	
• Updated	n/a
• Not updated	n/a
<b>General search filter used</b>	
<b>Question-specific search filter</b>	
<b>Amendments to filter/search strategy</b>	
<b>The review strategy</b>	Narrative synthesis of qualitative studies, wherein themes were extracted across qualitative studies and written as a review
<b>Additional assessments</b>	Sensitivity analyses were not applicable

## Organisation and delivery of care

### Assertive community treatment

Topic	Assertive community treatment
Review question(s)	5.4. In adults with alcohol misuse, what is the clinical efficacy, cost-effectiveness and safety of, and patient satisfaction associated with different systems for the organisation of care?
Subquestion(s)	n/a
Chapter	5. Assessment and delivery
Subsection	5.7. Assertive community treatment
Topic group	Organisation of care/settings: Colin Drummond Steve Pilling Laura Shields
Subsection lead	Colin Drummond
Objectives	To assess the effectiveness, and benefits and harms of assertive community treatment in organising and delivering care to those with harmful alcohol abuse or alcohol dependence
Criteria for considering studies for the review	
• Intervention	Assertive community treatment
• Comparator	Treatment as usual, other active treatment
• Types of participants	Adults (>18 years) or young people (10 to 17 years of age) with a diagnosis of alcohol dependence or meeting criteria for harmful alcohol use (30 to 50 units of alcohol per week). Studies were excluded if participants received assertive community treatment for substance misuse only (and therefore not alcohol focused), or if outcomes were not separated by substance type, or if participants did not consume at least 30 to 50 units of alcohol per week (to meet cut-offs for harmful or dependent alcohol consumption)
• Critical outcomes	Drinking frequency measures (for example, number of days drinking in the past month) Drinking quantity measures (for example, DDD) Relapse Lapse Abstinence
• Important but not critical outcomes	Engagement in aftercare Aftercare attendance
• Other outcomes	n/a
• Study design	In the first instance, RCTs were searched for. Because there was no RCT evidence that met inclusion criteria, observational studies were sifted and one observational study was included in the narrative review
• Include unpublished data?	Unpublished data was not included
• Restriction by date?	n/a
• Dosage	n/a

<ul style="list-style-type: none"> <li>Minimum sample size</li> </ul>	Ten per arm in the trial
<ul style="list-style-type: none"> <li>Study setting</li> </ul>	Inpatient, outpatient
<b>Search strategy</b>	<b>Databases:</b> COCHRANE, CINAHL, EMBASE, MEDLINE, PsycINFO
<b>Searching other resources</b>	<ol style="list-style-type: none"> <li>Reference searching – reference list of all retrieved articles and any previous reviews were sifted for additional trials which met inclusion criteria</li> <li>Personal contact – no authors were contacted or asked for their knowledge of other studies</li> <li>No drug companies were contacted for requests for additional data</li> </ol>
<b>Existing reviews</b>	
<ul style="list-style-type: none"> <li>Updated</li> </ul>	n/a
<ul style="list-style-type: none"> <li>Not updated</li> </ul>	n/a
<b>General search filter used</b>	
<b>Question specific search filter</b>	
<b>Amendments to filter/search strategy</b>	
<b>The review strategy</b>	Narrative review of one observational study
<b>Additional assessments</b>	No sensitivity analyses were conducted due to the limited number of studies included in the evidence review

## Case management

Topic	Case management
<b>Review question(s)</b>	5.4. In adults with alcohol misuse, what is the clinical efficacy, cost-effectiveness and safety of, and patient satisfaction associated with different systems for the organisation of care?
<b>Subquestion(s)</b>	
<b>Chapter</b>	5. Assessment and delivery
<b>Subsection</b>	5.6 Case management
<b>Topic Group</b>	Organisation of care/settings: Colin Drummond Steve Pilling Laura Shields
<b>Sub-section lead</b>	Colin Drummond
<b>Objectives</b>	To assess the effectiveness, and benefits and harms of case management in organising and delivering care to those with harmful alcohol abuse or alcohol dependence
<b>Criteria for considering studies for the review</b>	
<ul style="list-style-type: none"> <li>Intervention</li> </ul>	Case management
<ul style="list-style-type: none"> <li>Comparator</li> </ul>	Treatment as usual (or standard care)
<ul style="list-style-type: none"> <li>Types of participants</li> </ul>	Adults (>18 years) or young people (10 to 17 years of age) with a diagnosis of alcohol dependence or meeting criteria for harmful alcohol use (30 to 50 units of alcohol per week). Studies were excluded if participants received case management for substance misuse only (and therefore not

	alcohol focused), or if outcomes were not separated by substance type, or if participants did not consume at least 30 to 50 units of alcohol per week (in order to meet cut-offs for harmful or dependent alcohol consumption)
<ul style="list-style-type: none"> <li>Critical outcomes</li> </ul>	<p>Drinking frequency measures (for example, number of days drinking in the past month)</p> <p>Drinking quantity measures (for example, DDD)</p> <p>Relapse</p> <p>Lapse</p> <p>Abstinence</p>
<ul style="list-style-type: none"> <li>Important, but not critical outcomes</li> </ul>	<p>Engagement in aftercare</p> <p>Aftercare attendance</p>
<ul style="list-style-type: none"> <li>Other outcomes</li> </ul>	n/a
<ul style="list-style-type: none"> <li>Study design</li> </ul>	<p>RCTs were included in the meta-analysis in first instance. Because RCT evidence was limited (only three RCT's met inclusion criteria for the meta-analysis), two observational were included in the meta-analysis, but analysed separately from the RCT evidence</p> <p>Second, both RCTs and observational studies were included in the narrative section of case management to support the meta-analysis</p>
<ul style="list-style-type: none"> <li>Include unpublished data?</li> </ul>	Unpublished data was not included
<ul style="list-style-type: none"> <li>Restriction by date?</li> </ul>	n/a
<ul style="list-style-type: none"> <li>Dosage</li> </ul>	n/a
<ul style="list-style-type: none"> <li>Minimum sample size</li> </ul>	Ten per arm in the trial
<ul style="list-style-type: none"> <li>Study setting</li> </ul>	Primarily outpatient settings, however some inpatient settings were included
<b>Search strategy</b>	<b>Databases:</b> COCHRANE, CINAHL, EMBASE, MEDLINE, PsycINFO
<b>Searching other resources</b>	<ol style="list-style-type: none"> <li>Reference searching – reference list of all retrieved articles and any previous reviews were sifted for additional trials which met inclusion criteria</li> <li>Personal contact – no authors were contacted or asked for their knowledge of other studies; however, Colin Drummond provided additional papers for this section at GDG meetings</li> <li>No drug companies were contacted for requests for additional data</li> </ol>
<b>Existing reviews</b>	
<ul style="list-style-type: none"> <li>Updated</li> </ul>	n/a
<ul style="list-style-type: none"> <li>Not updated</li> </ul>	n/a
<b>General search filter used</b>	
<b>Question specific search filter</b>	
<b>Amendments to filter/search strategy</b>	
<b>The review strategy</b>	Meta-analysis and narrative review of RCTs and

	observational studies which could not be put into a meta-analysis
<b>Additional assessments</b>	No sensitivity analyses were conducted due to the limited number of studies included in the evidence review

## Residential settings

Topic	Residential settings
<b>Review question(s)</b>	5.24.3. In adults with harmful or dependent alcohol use what are the preferred structures are for and components of community-based and residential specialist alcohol services to promote long-term clinical and cost-effective outcomes?
<b>Subquestion(s)</b>	
<b>Chapter</b>	5. Assessment and delivery
<b>Subsection</b>	5.2.8. Residential and community settings for the delivery of interventions for alcohol misuse
<b>Topic group</b>	Organisation of care/settings: Ed Day Colin Drummond Steve Pilling Laura Shields Stephanie Noble Brendan Georgeson
<b>Subsection lead</b>	Ed Day
<b>Objectives</b>	To assess which residential rehabilitation settings are most clinically and cost effective when it comes to the delivery of interventions or reduce alcohol consumption, promote abstinence and reduce relapse
<b>Criteria for considering studies for the review</b>	
• Intervention	Inpatient (various intensities and durations)
• Comparator	Outpatient (various intensities)
• Types of participants	Adults (>18 years) or young people (10 to 17 years of age) with a diagnosis of alcohol dependence or meeting criteria for harmful alcohol use (30 to 50 units of alcohol per week). Studies were excluded if the outcomes reported in the study were for substance misuse only (and therefore not alcohol focused), or if outcomes were not separated by substance type, or if participants did not consume at least 30 to 50 units of alcohol per week (to meet cut-offs for harmful or dependent alcohol consumption)
• Critical outcomes	Drinking frequency measures (for example, number of days drinking in the past month) Drinking quantity measures (for example, DDD) Relapse Lapse Abstinence
• Important but not critical outcomes	Attendance in aftercare Engagement in aftercare
• Other outcomes	
• Study design	RCTs were included in the meta-analysis in first instance

	Secondly, both RCTs and observational studies were included in the narrative section of residential settings to support the meta-analysis
<ul style="list-style-type: none"> <li>• Include unpublished data?</li> </ul>	Unpublished data was not included
<ul style="list-style-type: none"> <li>• Restriction by date?</li> </ul>	n/a
<ul style="list-style-type: none"> <li>• Dosage</li> </ul>	n/a
<ul style="list-style-type: none"> <li>• Minimum sample size</li> </ul>	Ten per arm in the trial
<ul style="list-style-type: none"> <li>• Study setting</li> </ul>	Outpatient, inpatient, intensive outpatient
<b>Search strategy</b>	<b>Databases:</b> COCHRANE, CINAHL, EMBASE, MEDLINE, PsycINFO  <b>New search:</b>
<b>Searching other resources</b>	<p>14. Reference searching – reference list of all retrieved articles and any previous reviews were sifted for additional trials which met inclusion criteria</p> <p>15. Personal contact – no authors were contacted or asked for their knowledge of other studies, however, Ed day and Colin Drummond provided additional papers for this section at GDG meetings</p> <p>16. No drug companies were contacted for requests for additional data</p>
<b>Existing reviews</b>	
<ul style="list-style-type: none"> <li>• Updated</li> </ul>	n/a
<ul style="list-style-type: none"> <li>• Not updated</li> </ul>	n/a
<b>General search filter used</b>	
<b>Question specific search filter</b>	
<b>Amendments to filter/search strategy</b>	
<b>The review strategy</b>	Meta-analysis and narrative review of RCTs and observational studies which could not be put into a meta-analysis
<b>Additional assessments</b>	No additional assessments were conducted

## Stepped care

Topic	Stepped care
<b>Review question(s)</b>	5.4. In adults with alcohol misuse, what is the clinical efficacy, cost-effectiveness, and safety of, and patient satisfaction associated with different systems for the organisation of care?
<b>Subquestion(s)</b>	
<b>Chapter</b>	5. Assessment and delivery
<b>Subsection</b>	5.8 Stepped care
<b>Topic group</b>	Organisation of care/settings: Colin Drummond Steve Pilling Laura Shields

<b>Subsection lead</b>	Colin Drummond
<b>Objectives</b>	To assess the effectiveness and benefits and harms of using a stepped care approach in organising and delivering care to those with harmful alcohol abuse or alcohol dependence
<b>Criteria for considering studies for the review</b>	
• Intervention	Stepped care
• Comparator	Treatment as usual or control
• Types of participants	Adults (>18 years) or young people (10 to 17 years of age) with a diagnosis of alcohol dependence or meeting criteria for harmful alcohol use (30 to 50 units of alcohol per week). Studies were excluded if the stepped-care approach was primarily aimed at addressing substance misuse (and therefore not alcohol focused), or if outcomes were not separated by substance type, or if participants did not consume at least 30 to 50 units of alcohol per week (to meet cut-offs for harmful or dependent alcohol consumption)
• Critical outcomes	Drinking frequency measures (for example, number of days drinking in the past month) Drinking quantity measures (for example, DDD) Relapse Lapse Abstinence
• Important but not critical outcomes	
• Other outcomes	
• Study design	RCTs were included in the narrative review in the first instance. As RCT evidence was limited, observational studies were included in the narrative review as well
• Include unpublished data?	Unpublished data was not included
• Restriction by date?	n/a
• Dosage	n/a
• Minimum sample size	Ten per arm in the trial
• Study setting	Outpatient
<b>Search strategy</b>	<b>Databases:</b> COCHRANE, CINAHL, EMBASE, MEDLINE, PsycINFO  <b>New search:</b>
<b>Searching other resources</b>	17. Reference searching – reference list of all retrieved articles and any previous reviews were sifted for additional trials which met inclusion criteria 18. Personal contact – no authors were contacted or asked for their knowledge of other studies 19. No drug companies were contacted for requests for additional data
<b>Existing reviews</b>	
• Updated	n/a
• Not updated	n/a
<b>General search filter</b>	

<b>used</b>	
<b>Question specific search filter</b>	
<b>Amendments to filter/search strategy</b>	
<b>The review strategy</b>	Narrative review of RCTs and observational studies that could not be put into a meta-analysis
<b>Additional assessments</b>	No sensitivity analyses were conducted due to the limited number of studies included in the evidence review

## Psychological interventions

<b>Topic</b>	<b>Psychological interventions</b>
<b>Review question(s)</b>	For people with alcohol dependence or harmful alcohol use is psychological <i>treatment x</i> when compared to <i>y</i> more clinically and cost-effective and does this depend on: <ul style="list-style-type: none"> <li>• Presence of comorbidities</li> <li>• Subtypes (matching effects)</li> <li>• Therapist-related factors (quality, therapeutic alliance, competence, training, and so on)</li> </ul>
<b>Sub-question(s)</b>	
<b>Chapter</b>	6. Psychological and psychosocial interventions in the treatment and management of alcohol misuse
<b>Sub-section</b>	
<b>Topic Group</b>	Psychological interventions: Steve Pilling Amina Udechuku Trevor McCarthy Pamela Roberts Laura Shields
<b>Sub-section lead</b>	Chair - Alex Copello Steve Pilling Amina Udechuku Trevor McCarthy Pamela Roberts Laura Shields
<b>Objectives</b>	To review the clinical efficacy of psychological interventions without pharmacological interventions for the treatment of alcohol dependence and harmful alcohol use
<b>Criteria for considering studies for the review</b>	
• Intervention	Any psychological intervention
• Comparator	Control, treatment as usual, other active treatment
• Types of participants	Adults (>18 years) At least 80% of the sample meet the criteria for alcohol dependence or harmful alcohol use (clinical diagnosis or drinking >30 drinks per week)  Exclude: Hazardous drinkers and those drinking <30 drinks per week Pregnant women
• Critical	Drinking frequency measures (for example, number of days

outcomes	drinking in the past month) Drinking quantity measures (for example, DDD) Relapse Lapse Abstinence
• Study design	RCTs
• Include unpublished data?	Unpublished data was not included
• Restriction by date?	n/a
• Minimum sample size	Ten per arm in the trial
• Study setting	Inpatient, outpatient
<b>Search strategy</b>	<b>Databases:</b> COCHRANE, CINAHL, EMBASE, MEDLINE, PsycINFO
<b>Searching other resources</b>	20. Reference searching – reference list of all retrieved articles and any previous reviews were sifted for additional trials which met inclusion criteria 21. Personal contact – no authors were contacted or asked for their knowledge of other studies. 22. No drug companies were contacted for requests for additional data
<b>General search filter used</b>	
<b>Question specific search filter</b>	
<b>Amendments to filter/ search strategy</b>	
<b>The review strategy</b>	Meta-analyses of RCTs
<b>Additional assessments</b>	Sensitivity analyses (where possible) for participant severity, and treatment intensity

## Pharmacological interventions

Topic	Pharmacological interventions
<b>Review question(s)</b>	For people with alcohol dependence or harmful alcohol, what pharmacological interventions are more clinically and cost-effective? In addition:- (a) What are the impacts of severity and comorbidities on outcomes? (b) When should pharmacological treatments be initiated and for what duration should they be prescribed?
<b>Subquestion(s)</b>	
<b>Chapter</b>	7. Pharmacological Interventions
<b>Subsection</b>	7.2. Review of the pharmacological interventions
<b>Topic group</b>	Pharmacological interventions: Colin Drummond Marsha Morgan Anne Lingford-Hughes Rob Saunders

<b>Subsection lead</b>	Anne Lingford-Hughes
<b>Objectives</b>	To review the clinical efficacy of pharmacological interventions for the treatment of alcohol dependence and harmful alcohol use
<b>Criteria for considering studies for the review</b>	
• Intervention	Any pharmacological intervention
• Comparator	Control, treatment as usual, other active treatment
• Types of participants	Adults (>18 years) At least 80% of the sample meet the criteria for alcohol dependence or harmful alcohol use (clinical diagnosis or drinking >30 drinks per week)  Exclude: Hazardous drinkers and those drinking <30 drinks per week Pregnant women
• Critical outcomes	Drinking frequency measures (for example, number of days drinking in the past month) Drinking quantity measures (for example, DDD) Relapse Lapse Abstinence
• Important but not critical outcomes	n/a
• Other outcomes	n/a
• Study design	RCTs
• Include unpublished data?	If available
• Restriction by date?	n/a
• Dosage	n/a
• Minimum sample size	Ten per arm in the trial
• Study setting	Inpatient, outpatient
<b>Search strategy</b>	<b>Databases:</b> COCHRANE, CINAHL, EMBASE, MEDLINE, PsycINFO
<b>Searching other resources</b>	23. Reference searching – reference list of all retrieved articles and any previous reviews were sifted for additional trials which met inclusion criteria 24. Personal contact – authors of unpublished data were contacted 25. No drug companies were contacted for requests for additional data
<b>Existing reviews</b>	
• Updated	n/a
• Not updated	n/a
<b>General search filter used</b>	
<b>Question-specific search filter</b>	
<b>Amendments to filter/search strategy</b>	

<b>The review strategy</b>	Meta-analyses of RCTs
<b>Additional assessments</b>	Sensitivity analyses (where possible) for participant severity, and treatment intensity