APPENDIX 17B: GRADE EVIDENCE PROFILES:

PHARMACOLOGICAL INTERVENTIONS

Should low-dose fluphenazine versus ultra low-dose fluphenazine be used for people who self-harm? 2
Should antidepressants versus placebo be used for people who self-harm? 2
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Should low-dose fluphenazine versus ultra low-dose fluphenazine be used for people who self-harm?

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Low dose fluphenazine	Ultra low-dose fluphenazine	Relative risk (95% CI)	Absolute		
Repetition – during 6 months after trial entry												
1	Randomised trials	No serious limitations	-	-	Serious[1]	None	12/27 (44.4%)	9/26 (34.6%)	RR 1.28 (0.65 to 2.52)	97 more per 1000 (from 121 fewer to 526 more)	-	-
							-	34.6%		97 more per 1000 (from 121 fewer to 526 more)		
[1] Total sample size is smaller than 300.												

Should antidepressants versus placebo be used for people who self-harm?

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Antidepressants	Placebo	Relative risk (95% CI)	Absolute		
Per protocol repetition of self-harm – during first 6 months												
1	Randomised trials	No serious limitations	-	-	Serious[1,2]	None	16/76 (21.1%)	5/38 (13.2%)	RR 1.6 (0.63 to 4.04)	79 more per 1000 (from 49 fewer to 400 more)	-	-
							-	13.2%		79 more per 1000 (from 49 fewer to 401 more)		
Per protocol repetition of self-harm – at last follow-up												
1	Randomised trials	No serious limitations	-	-	Serious[1,2]	None	16/76 (21.1%)	5/38 (13.2%)	RR 1.6 (0.63 to 4.04)	79 more per 1000 (from 49 fewer to 400 more)	-	-
							-	13.2%		79 more per 1000 (from 49 fewer to 401 more)		
[1] Not statistically significant. [2] Total sample size is smaller than 300.												

Please note that inconsistency and indirectness were not rated in comparisons that contain only one study.

Should flupenthixol versus placebo be used for people who self-harm?

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Flupenthixol	Placebo	Relative risk (95% CI)	Absolute		
Repetition – during 6 months after trial entry												
1	Randomised trials	No serious limitations	-	-	Serious[1]	None	3/14 (21.4%)	12/16 (75%)	RR 0.29 (0.1 to 0.81)	533 fewer per 1000 (from 142 fewer to 675 fewer)	-	-
							-	75%		533 fewer per 1000 (from 142 fewer to 675 fewer)		
Compliance												
1	Randomised trials	No serious limitations	-	-	-	None	14/18 (77.8%)	16/19 (84.2%)	Not pooled	Not pooled	-	-
							-	84.2%		Not pooled		
[1] Total sample size is smaller than 300												

Should lithium versus placebo be used for people who self-harm?

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Lithium	Placebo	Relative risk (95% CI)	Absolute		
Repetition – at 12 months from trial entry												
1	Randomised trials	No serious limitations	-	-	Serious[1,2]	None	7/84 (8.3%)	7/83 (8.4%)	RR 0.99 (0.36 to 2.69)	1 fewer per 1000 (from 54 fewer to 143 more)	-	-
							-	8.4%		1 fewer per 1000 (from 54 fewer to 142 more)		
Depression (HAM-D) – at 3 months (better indicated by lower values)												
1	Randomised trials	No serious limitations	-	-	Serious[1,2]	None	59	51	-	SMD 0.05 lower (0.42 lower to 0.33 higher)	-	-
Depression (HAM-D) – at 6 months (better indicated by lower values)												
1	Randomised trials	No serious limitations	-	-	Serious[1,2]	None	47	38	-	SMD 0.07 higher (0.36 lower to 0.5 higher)	-	-

Please note that inconsistency and indirectness were not rated in comparisons that contain only one study.

Depression (HAM-D) – at 12 months (better indicated by lower values)												
1	Randomised trials	No serious limitations	-	-	Serious[1,2]	None	31	33	-	SMD 0.05 lower (0.54 lower to 0.44 higher)	-	-
Hopelessness (BHS) – at 3 months (better indicated by lower values)												
1	Randomised trials	No serious limitations	-	-	Serious[1,2]	None	45	53	-	SMD 0.1 lower (0.49 lower to 0.3 higher)	-	-
Hopelessness (BHS) – at 6 months (better indicated by lower values)												
1	Randomised trials	No serious limitations	-	-	Serious[1,2]	None	28	24	-	SMD 0.12 lower (0.67 lower to 0.42 higher)	-	-
Hopelessness (BHS) – at 12 months (better indicated by lower values)												
1	Randomised trials	No serious limitations	-	-	Serious[1,2]	None	26	25	-	SMD 0.03 lower (0.58 lower to 0.52 higher)	-	-
Depression (HAM-D) – at 3 months (better indicated by lower values)												
1	Randomised trials	No serious limitations	-	-	Serious[1,2]	None	59	51	-	SMD 0.05 lower (0.42 lower to 0.33 higher)	-	-
Depression (HAM-D) – at 6 months (better indicated by lower values)												
1	Randomised trials	No serious limitations	-	-	Serious[1,2]	None	47	38	-	SMD 0.07 higher (0.36 lower to 0.5 higher)	-	-
Depression (HAM-D) – at 12 months (better indicated by lower values)												
1	Randomised trials	No serious limitations	-	-	Serious[1,2]	None	31	33	-	SMD 0.05 lower (0.54 lower to 0.44 higher)	-	-

[1] Not statistically significant.
[2] Total sample size is smaller than 300.

Please note that inconsistency and indirectness were not rated in comparisons that contain only one study.

Should omega-3 fatty acid supplement versus placebo be used for people who self-harm?

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Omega-3 fatty acid supplement	Placebo	Relative risk (95% CI)	Absolute		
Repetition – during 12 weeks treatment phase												
1	Randomised trials	No serious limitations	-	-	Serious[1,2]	None	7/22 (31.8%)	7/27 (25.9%)	RR 1.23 (0.51 to 2.97)	60 more per 1000 (from 127 fewer to 511 more)	-	-
							-	25.9%		60 more per 1000 (from 127 fewer to 510 more)		
Depression – after 6 months (better indicated by lower values)												
1	Randomised trials	No serious limitations	-	-	Serious[1,2]	None	22	27	-	SMD 0.3 lower (0.87 lower to 0.26 higher)	-	-
Adherence												
1	Randomised trials	No serious limitations	-	-	-	None	19/22 (86.4%)	20/27 (74.1%)	Not pooled	Not pooled	-	-
							-	74.1%		Not pooled		
Reported suicide ideation – at 12 weeks after trial entry												
1	Randomised trials	No serious limitations	-	-	Serious[2]	None	8/27 (29.6%)	14/22 (63.6%)	RR 0.47 (0.24 to 0.9)	337 fewer per 1000 (from 64 fewer to 484 fewer)	-	-
							-	63.6%		337 fewer per 1000 (from 64 fewer to 483 fewer)		

[1] Not statistically significant.
[2] Total sample size smaller than 300.

Please note that inconsistency and indirectness were not rated in comparisons that contain only one study.