APPENDIX 18:

GRADE EVIDENCE PROFILES

Key

ART	aggression replacement training	**ICER**	incremental cost-effectiveness ratio
CBT	cognitive behavioural therapy	**IP&TX**	indicated prevention and treatment intervention
CI	confidence interval	**N**	number of participants
CBCL	Child Behaviour Checklist	**NHS**	National Health Service
CEAC	cost-effectiveness acceptability curve	**OIS**	optimal information size
ECBI	Eyberg Child Behavior Inventory	**PSS**	personal social services
FEI	family empowerment intervention	**QALY**	quality of life year
FFT	family-focused therapy	**RR**	relative risk
GBP	British Pounds	**SMD**	standardised mean difference
HRQoL	health-related quality of life	**TAU**	treatment as usual

1.1 SELECTIVE PREVENTION – CRITICAL OUTCOMES META-ANALYSIS

1.1.1 Child-focused selective prevention versus control for children and young people at risk of a conduct disorder (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Child-focused selective prevention	Any control group	Relative (95% CI)	Absolute		
Researcher-/clinician-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	15	15	-	SMD 0.82 lower (1.54 to 0.09 lower)	⊕⊕⊕O MODERATE	CRITICAL
Teacher-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	25	22	-	SMD 1.93 lower (2.61 to 1.24 lower)	⊕⊕⊕O MODERATE	CRITICAL
Parent-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	136	146	-	SMD 0.08 lower (0.31 lower to 0.16 higher)	⊕⊕⊕O MODERATE	CRITICAL
Self-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	115	112	-	SMD 0.06 lower (0.32 lower to 0.2 higher)	⊕⊕⊕O MODERATE	CRITICAL

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

1.1.2 Parent-focused selective prevention versus control for children and young people at risk of a conduct disorder (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Parent-focused selective prevention	Any control group	Relative (95% CI)	Absolute		
Researcher-/clinician-rated offending behaviour (measured with: frequency of arrest; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	125	70	-	SMD 0.08 higher (0.22 lower to 0.37 higher)	⊕⊕⊕O MODERATE	CRITICAL
Teacher-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	20	20	-	SMD 0.05 lower (0.66 lower to 0.56 higher)	⊕⊕⊕O MODERATE	CRITICAL
Parent-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
14	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	1392	1382	-	SMD 0.09 lower (0.16 to 0.01 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Self-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
2	randomised trials	no serious risk of bias	serious[2]	no serious indirectness	serious	none	127	132	-	SMD 0.17 higher (0.61 lower to 0.95 higher)	⊕⊕OO LOW	CRITICAL

[1] OIS (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] There is evidence of substantial heterogeneity of study effect sizes.

1.1.3 Parent-focused selective prevention versus control for children and young people at risk of a conduct disorder (follow-up)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Parent-focused selective prevention	Any control group	Relative (95% CI)	Absolute		
Researcher-/clinician-rated antisocial/offending behaviour (follow-up 663 weeks; measured with: any valid rating scale/any measure of offending behaviour; better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	313	494	-	SMD 0.12 lower (0.27 lower to 0.02 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Teacher-rated antisocial behaviour (follow-up 416 weeks; measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	86	44	-	SMD 0.25 lower (0.61 lower to 0.12 higher)	⊕⊕⊕O MODERATE	CRITICAL
Parent-rated antisocial behaviour (follow-up 25 to 312 weeks; measured with: any valid rating scale; better indicated by lower values)												
8	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	942	706	-	SMD 0.02 lower (0.12 lower to 0.09 higher)	⊕⊕⊕⊕ HIGH	CRITICAL

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

1.1.4 Parent-focused selective prevention versus control for children and young people at risk of a conduct disorder (dichotomous outcomes) (follow-up)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Parent-focused selective prevention	Any control group	Relative (95% CI)	Absolute		
Researcher-/clinician-rated offending behaviour (follow-up 663 weeks)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	6/191 (3.1%)	13/422 (3.1%)	RR 1.02 (0.39 to 2.64)	1 more per 1000 (from 19 fewer to 51 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%		-		
Parent-rated antisocial behaviour (follow-up 52 weeks; assessed with: any valid rating scale)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	13/58 (22.4%)	22/59 (37.3%)	RR 0.60 (0.3 to 1.2)	149 fewer per 1000 (from 261 fewer to 75 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%		-		
Self-rated antisocial behaviour (follow-up 991 weeks; assessed with: convicted, lifetime)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	11/91 (12.1%)	39/140 (27.9%)	RR 0.43 (0.23 to 0.80)	159 fewer per 1000 (from 56 fewer to 214 fewer)	⊕⊕⊕O MODERATE	CRITICAL
								0%		-		

1.1.5 Parent–child-based selective prevention versus control for children and young people at risk of a conduct disorder (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Parent-child based selective prevention	Any control group	Relative (95% CI)	Absolute		
Observer-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	50	49	-	SMD 0.1 lower (0.49 lower to 0.29 higher)	⊕⊕⊕O MODERATE	CRITICAL
Researcher-/clinician-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	205	165	-	SMD 0.14 higher (0.07 lower to 34 higher)	⊕⊕⊕O MODERATE	
Parent-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
3	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	122	120	-	SMD 0.12 lower (0.45 lower to 0.22 higher)	⊕⊕⊕O MODERATE	CRITICAL

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

1.1.6 Parent–child-based selective prevention versus control for children and young people at risk of a conduct disorder (follow-up)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Parent-child based selective prevention	Any control group	Relative (95% CI)	Absolute		
Observer-rated antisocial behaviour (follow-up 104 weeks; measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	50	49	-	SMD 0.41 lower (0.8 to 0.01 lower)	⊕⊕⊕O MODERATE	CRITICAL
Researcher-/clinician-rated antisocial behaviour (follow-up 624 weeks; measured with: any valid rating scale; better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[2]	none	238	204	-	SMD 0.09 lower (0.73 lower to 0.54 higher)	⊕⊕⊕O MODERATE	CRITICAL
Parent-rated antisocial behaviour (follow-up 104 to 312 weeks; measured with: any valid rating scale; better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	133	125	-	SMD 0.08 lower (0.32 lower to 0.16 higher)	⊕⊕⊕O MODERATE	CRITICAL

[1] OIS (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] CI includes both (1) no effect and (2) appreciable benefit or appreciable harm.

1.1.7 Parent–teacher-based selective prevention versus control for children and young people at risk of a conduct disorder (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Parent-teacher-based selective prevention	Any control group	Relative (95% CI)	Absolute		
Observer-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
3	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	509	262	-	SMD 0.22 lower (0.44 lower to 0.01 higher)	⊕⊕⊕O MODERATE	CRITICAL
Teacher-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
3	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	509	262	-	SMD 0.20 lower (0.85 lower to 0.44 higher)	⊕⊕OO LOW	CRITICAL
Parent-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
3	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	509	262	-	SMD 0.03 lower (0.22 lower to 0.15 higher)	⊕⊕⊕O MODERATE	CRITICAL

[1] Risk of bias across domains was generally high or unclear.
[2] There is evidence of substantial heterogeneity of study effect sizes.

1.1.8 Parent–teacher-based selective prevention versus control for children and young people at risk of a conduct disorder (follow-up)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Parent-teacher-based selective prevention	Any control group	Relative (95% CI)	Absolute		
Observer-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	206	114	-	SMD 0.31 lower (0.58 to 0.04 lower)	⊕⊕OO LOW	CRITICAL
Teacher-rated antisocial behaviour (follow-up 624 weeks; measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	78	59	-	SMD 0.39 lower (0.89 lower to 0.11 higher)	⊕⊕OO LOW	CRITICAL
Parent-rated antisocial behaviour (follow-up 104 to 312 weeks; measured with: any valid rating scale; better indicated by lower values)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	206	114	-	SMD 0.15 lower (0.46 lower to 0.17 higher)	⊕⊕OO LOW	CRITICAL

[1] Risk of bias across domains was generally high or unclear.
[2] OIS (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

1.1.9 Family-focused selective prevention versus control for children and young people at risk of a conduct disorder (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Family-focused selective prevention	Any control group	Relative (95% CI)	Absolute		
Parent-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	127	125	-	SMD 0.05 lower (0.3 lower to 0.19 higher)	⊕⊕⊕O MODERATE	CRITICAL
Self-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	126	112	-	SMD 0.11 lower (0.37 lower to 0.14 higher)	⊕⊕⊕O MODERATE	CRITICAL

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

1.1.10 Multi-component selective prevention versus control for children and young people at risk of a conduct disorder (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Multi-component selective prevention	Any control group	Relative (95% CI)	Absolute		
Parent-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	64	64	-	SMD 0.37 lower (0.72 to 0.02 lower)	⊕⊕⊕O MODERATE	CRITICAL
Self-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	185	188	-	SMD 0.02 lower (0.27 lower to 0.24 higher)	⊕⊕⊕O MODERATE	CRITICAL

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

1.1.11 Multi-component selective prevention versus control for children and young people at risk of a conduct disorder (follow-up)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Multi-component selective prevention	Any control group	Relative (95% CI)	Absolute		
Teacher-rated antisocial behaviour (follow-up 104 weeks; measured with: any valid rating scale; better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	64	64	-	SMD 0.48 lower (0.83 to 0.13 lower)	⊕⊕⊕O MODERATE	CRITICAL

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

1.1.12 Classroom-based (teacher involved) selective prevention versus control for children and young people at risk of a conduct disorder (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Classroom based – by teacher selective prevention	Any control group	Relative (95% CI)	Absolute		
Observer-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	52	59	-	SMD 0.43 lower (0.96 lower to 0.09 higher)	⊕⊕⊕O MODERATE	CRITICAL
Teacher-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
4	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	245	262	-	SMD 0.43 lower (0.66 to 0.20 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Parent-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	133	140	-	SMD 0.13 lower (0.39 lower to 0.13 higher)	⊕⊕⊕O MODERATE	CRITICAL

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

1.1.13 Classroom-based (teacher involved) selective prevention versus control for children and young people at risk of a conduct disorder (follow-up)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Classroom based (by teacher) selective prevention	Any control group	Relative (95% CI)	Absolute		
Observer-rated antisocial behaviour (follow-up 64 weeks; measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	52	59	-	SMD 0.07 lower (0.59 lower to 0.45 higher)	⊕⊕⊕O MODERATE	CRITICAL
Teacher-rated antisocial behaviour (follow-up 64 weeks; measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	52	59	-	SMD 0.40 lower (0.92 lower to 0.13 higher)	⊕⊕⊕O MODERATE	CRITICAL
Parent-rated antisocial behaviour (follow-up 64 weeks; measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	52	59	-	SMD 0.24 lower (0.76 lower to 0.28 higher)	⊕⊕⊕O MODERATE	CRITICAL

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

1.1.14 Classroom-based (other, non-teacher involved) selective prevention versus control for children and young people at risk of a conduct disorder (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Classroom based (by non-teacher) selective prevention	Any control group	Relative (95% CI)	Absolute		
Self-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	204	188	-	SMD 0.04 higher (0.22 lower to 0.29 higher)	⊕⊕⊕O MODERATE	CRITICAL

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

1.2 PSYCHOLOGICAL/PSYCHOSOCIAL INDICATED PREVENTION AND TREATMENT – CRITICAL OUTCOMES META-ANALYSIS

1.2.1 Child-focused indicated prevention/treatment interventions versus control for children and young people with, or at high risk of, a conduct disorder (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Child-focused IP&TX	Any control group	Relative (95% CI)	Absolute		
Observer-rated antisocial behaviour (measured with: any valid method; better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	47	43	-	SMD 0.20 lower (0.61 lower to 0.21 higher)	⊕⊕⊕O MODERATE	CRITICAL
Researcher-/clinician-rated antisocial/offending behaviour (measured with: any valid rating scale/any measure of offending behaviour; better indicated by lower values)												
4	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	109	112	-	SMD 0.42 lower (0.69 to 0.16 lower)	⊕⊕⊕O MODERATE	CRITICAL
Peer-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	40	39	-	SMD 0.25 lower (0.72 lower to 0.23 higher)	⊕⊕⊕O MODERATE	CRITICAL
Teacher-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
25	randomised trials	no serious risk of bias	serious[2]	no serious indirectness	no serious imprecision	none	764	571	-	SMD 0.37 lower (0.55 to 0.19 lower)	⊕⊕⊕O MODERATE	CRITICAL
Parent-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
11	randomised trials	no serious risk of bias	serious[3]	no serious indirectness	no serious imprecision	none	280	189	-	SMD 0.34 lower (0.67 to 0.01 lower)	⊕⊕⊕O MODERATE	CRITICAL

[1] OIS (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] There is evidence of moderate heterogeneity of study effect sizes.
[3] There is evidence of substantial heterogeneity of study effect sizes.

Health economic profile on child-focused intervention plus TAU versus TAU

Study; country	Limitations	Applicability	Other comments	Incremental cost: 2011GBP	Incremental effect	ICER	Uncertainty
Guideline analysis, UK	Potentially serious limitations[1]	Directly applicable[2]	Time horizon was 8 years. Model assumed a 50% relapse rate.	-£1,898	51% increase in number of children with improved behaviour.	Child-focused plus TAU is dominant.	Deterministic sensitivity analysis: result was robust over variations in relapse rate and costs.

[1] Model was based on arbitrary cut-off points and assumption of normal distribution of the CBCL T-score.
[2] Setting, costs and outcomes are relevant to the guideline; costs included services costs and crime costs for those aged 10 years and older.

1.2.2 Child-focused indicated prevention/treatment interventions versus control for children and young people with, or at high risk of, a conduct disorder (follow-up)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Child-focused IP&TX	Any control group	Relative (95% CI)	Absolute		
Teacher-rated antisocial behaviour (follow-up 12 to 52 weeks; measured with: any valid rating scale; better indicated by lower values)												
6	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	serious[2]	none	128	118	-	SMD 0.45 lower (0.88 to 0.03 lower)	⊕⊕OO LOW	CRITICAL
Parent-rated antisocial behaviour (follow-up 52 to 117 weeks; measured with: any valid rating scale; better indicated by lower values)												
7	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	serious[2]	none	156	144	-	SMD 0.26 lower (0.66 lower to 0.14 higher)	⊕⊕OO LOW	CRITICAL

[1] There is evidence of substantial heterogeneity of study effect sizes.
[2] OIS (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

1.2.3 Any parent-focused indicated prevention/treatment intervention versus control for children and young people with, or at risk of, conduct disorders (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Any parent-focused IP&TX	Any control group	Relative (95% CI)	Absolute		
Observer-rated antisocial behaviour (measured with: any valid method; better indicated by lower values)												
19	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	no serious imprecision	none	673	353	-	SMD 0.40 lower (0.58 to 0.21 lower)	⊕⊕⊕O MODERATE	CRITICAL
Researcher-/clinician-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[2]	none	30	26	-	SMD 0.69 lower (1.22 to 0.16 lower)	⊕⊕⊕O MODERATE	CRITICAL
Teacher-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
10	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	406	265	-	SMD 0.04 lower (0.22 lower to 0.13 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Parent-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
63	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	no serious imprecision	none	2110	1440	-	SMD 0.54 lower (0.65 to 0.44 lower)	⊕⊕⊕O MODERATE	CRITICAL

[1] There is evidence of moderate heterogeneity of study effect sizes.
[2] OIS (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

Health economic profile on parent-focused intervention versus no treatment							
Study; country	**Limitations**	**Applicability**	**Other comments**	**Incremental cost: 2011 GBP**	**Incremental effect**	**ICER**	**Uncertainty**
Edward et al., 2007; UK	Minor limitations[1]	Partially applicable[2]	Interventions: group parenting programme (Incredible Years) versus waitlist control. Time horizon of analysis was 6 months,	£2,400	27.29 (ECBI intensity score).	£84 per 1 point change in the ECBI intensity score.	CEAC: 83.9% at willingness to pay threshold of £100 per point change in the ECBI intensity score.
Sharac et al., 2011; UK	Minor limitations[3]	Partially applicable[4]	Interventions: parenting programme versus TAU.	£1,804	No significant difference in the treatment effect between the two groups.	Routine care is dominant.	No data reported.
Foster et al., 2006, US	Potentially serious limitations[5]	Partially applicable[6]	Intervention considered: fast track versus matching control.	£44,000	Not reported.	Fast track is not cost-effective at willingness to pay of £38,000.	If higher-risk group alone was considered, the programme has 69% probability of being cost-effective at willingness to pay of £38,000 for conduct disorder outcomes.
Bonin et al., 2011; UK	Potentially serious limitations[7]	Partially applicable[8]	Estimation of treatment effect is based on studies reporting ECBI with dichotomisation of continuous outcomes.	1. NHS and PSS: -£1,300 2. All sectors: -£15,800	34% reduction in proportion of people with conduct disorder.	Parenting programme is dominant.	Scenario analysis (worst and best case).
Dretzke et al., 2005, UK	Potentially serious limitations[9]	Partially applicable[10]	Interventions: parent education training versus no treatment. The impact of the programme on quality of life was based on assumptions.	Not reported	Not reported.	At assumption of 5% improvement in quality of life: ICER = £16,000/QALY (group clinic-based) and £97,572/QALY(individual home-based). At 10% improvement in quality of life: ICER = £8,000/QALY (group clinic-based) and £48,800/QALY (individual home-based).	No further sensitivity analysis reported.
Muntz et al., 2004; UK	Minor limitations	Partially applicable[11]	Interventions: intensive practice-based parenting programme versus standard treatment. Outcome measures were not reported in QALYs and all relevant outcomes were not considered.	-£5,000[12]	Not reported	Intensive practice-based parenting programme is dominant.	CEAC[13:] >89.9% at £0 willingness to pay and above. No deterministic sensitivity analysis was estimated.

McCabe, 2005; UK	Potentially serious limitations[14]	Partially applicable[15]	The effect size used in the analysis is on the premise that there is no difference in the clinical effectiveness between different forms of parent training programme.	Relative to no treatment 1. Group community-based: £110 2. Individual home-based: £1,700 3. Individual clinic-based: £2,900 4. Group clinic-based: -£85 (cost saving).	No difference in effect across the different forms of parent training programme	Group clinic-based is dominant.	80% probability that parent training will cost-effective at willingness to pay of £1000.

[1] The model is based on one trial with a short time horizon (6 months).
[2] The measure of outcome was the ECBI intensity score; no QALYs were used; perspective includes educational system.
[3] Time horizon is 6 months; small sample size (N = 37).
[4] HRQoL was not measured; intervention costs considered only.
[5] Lack of clarity on time horizon of analysis,.
[6] The study was conducted in the US; intervention costs considered only.
[7] Assumptions about the possible natural history of conduct disorder are highly uncertain and may not reflect the true natural history of conduct disorder.
[8] There was no information available about the impact of the programme on HRQoL outcomes.
[9] The treatment effect and costs of programmes were not combined.
[10] The estimates of the programme costs are applicable in the guideline but the assumptions around the impact of programme on HRQoL is highly uncertain. Only intervention costs considered.
[11] HRQoL outcome was not measured.
[12] Cost values are converted from 1999/00 to 2011 GBP prices.
[13] CEAC: cost-effectiveness acceptability curve.
[14] Time horizon is 1 year, which is relatively short, and the estimation of the outcome was based on dichotomisation of continuous outcome measures, which has created considerable uncertainty around the distribution of the outcome.
[15] HRQoL outcome measure was not evaluated.

1.2.4 Parent-focused indicated prevention/treatment interventions versus control for children and young people with, or at high risk of, a conduct disorder (follow-up)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Any parent-focused IP&TX	Any control group	Relative (95% CI)	Absolute		
Observer-rated antisocial behaviour (follow-up 38 to 52 weeks; measured with: any valid method; better indicated by lower values)												
3	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	134	111	-	SMD 0.18 higher (0.07 lower to 0.43 higher)	⊕⊕⊕O MODERATE	CRITICAL
Researcher-/clinician-rated antisocial behaviour (follow-up 52 weeks; measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	78	76	-	SMD 0.28 higher (0.04 lower to 0.59 higher)	⊕⊕⊕O MODERATE	CRITICAL
Teacher-rated antisocial behaviour (follow-up 25 to 52 weeks; measured with: any valid rating scale; better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	138	102	-	SMD 0.16 higher (0.09 lower to 0.42 higher)	⊕⊕⊕O MODERATE	CRITICAL
Parent-rated antisocial behaviour (follow-up 13 to 87 weeks; measured with: any valid rating scale; better indicated by lower values)												
12	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	425	337	-	SMD 0.28 lower (0.48 to 0.08 lower)	⊕⊕⊕⊕ HIGH	CRITICAL

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

1.2.5 Standard parent-focused indicated prevention/treatment (excluding attenuated interventions) versus control in children and young people with, or at risk of, conduct disorders (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Standard parent-focused IP&TX (excluding attenuated interventions)	Any control group	Relative (95% CI)	Absolute		
Observer-rated antisocial behaviour (measured with: any valid method; better indicated by lower values)												
10	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	424	290	-	SMD 0.40 lower (0.6 to 0.2 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Researcher-/clinician-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	30	26	-	SMD 0.69 lower (1.22 to 0.16 lower)	⊕⊕⊕O MODERATE	CRITICAL
Teacher-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
7	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	296	224	-	SMD 0.03 higher (0.16 lower to 0.21 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Parent-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
39	randomised trials	no serious risk of bias	serious[2]	no serious indirectness	no serious imprecision	none	1413	1000	-	SMD 0.50 lower (0.63 to 0.38 lower)	⊕⊕⊕O MODERATE	CRITICAL

[1] OIS (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] There is evidence of moderate heterogeneity of study effect sizes.

Health economic profile on parent-focused intervention (excluding attenuated interventions) versus no treatment

Study; country	Limitations	Applicability	Other comments	Incremental cost: 2011 GBP	Incremental effect	ICER	Uncertainty
Guideline analysis, UK	Potentially serious limitations[1]	Directly applicable[2]	Time horizon was 6 years and costs include both the service costs and intervention costs. Model assumed a 50% relapse rate.	-£767 per family.	57% increase in the number of children with improved behaviour.	Parent-focused is dominant.	Result was robust over variations in relapse rate and costs.

[1] Model was based on arbitrary cut-off points and assumption of normal distribution of the CBCL T-score.
[2] Setting, costs and outcomes are relevant to the guideline.

1.2.6 Standard parent-focused indicated prevention/treatment (excluding attenuated interventions) versus control group in children and young people with, or at risk of, conduct disorders (follow-up)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Standard parent-focused IP&TX (excluding attenuated interventions)	Any control group	Relative (95% CI)	Absolute		
Observer-rated antisocial behaviour (follow-up 38 to 52 weeks; measured with: any valid method; better indicated by lower values)												
3	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	None	134	111	-	SMD 0.18 higher (0.07 lower to 0.43 higher)	⊕⊕⊕O MODERATE	CRITICAL
Researcher-/clinician-rated antisocial behaviour (follow-up 52 weeks; measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	None	78	76	-	SMD 0.28 higher (0.04 lower to 0.59 higher)	⊕⊕⊕O MODERATE	CRITICAL
Teacher-rated antisocial behaviour (follow-up 25 to 52 weeks; measured with: any valid rating scale; better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	None	138	102	-	SMD 0.16 higher (0.09 lower to 0.42 higher)	⊕⊕⊕O MODERATE	CRITICAL
Parent-rated antisocial behaviour (follow-up 13 to 87 weeks; measured with: any valid rating scale; better indicated by lower values)												
11	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	None	406	318	-	SMD 0.26 lower (0.47 to 0.05 lower)	⊕⊕⊕⊕ HIGH	CRITICAL

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

1.2.7 Foster carer-focused indicated prevention/treatment interventions versus control for children and young people with, or at high risk of, a conduct disorder (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Foster carer-focused IP&TX	Any control group	Relative (95% CI)	Absolute		
Parent-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
3	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	None	435	420	-	SMD 0.19 lower (0.39 lower to 0.02 higher)	⊕⊕⊕⊕ HIGH	CRITICAL

1.2.8 Parent–child-based indicated prevention/treatment interventions versus control for children and young people with, or at high risk of, a conduct disorder (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Parent-child based IP&TX	Any control group	Relative (95% CI)	Absolute		
Observer-rated antisocial behaviour (measured with: any valid method; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	None	22	22	-	SMD 0.20 lower (0.78 lower to 0.38 higher)	⊕⊕⊕O MODERATE	CRITICAL
Teacher-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
7	randomised trials	serious[2]	serious[3]	no serious indirectness	no serious imprecision	None	269	319	-	SMD 0.44 lower (0.86 to 0.01 lower)	⊕⊕OO LOW	CRITICAL
Parent-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
8	randomised trials	serious[2]	serious[3]	no serious indirectness	no serious imprecision	None	254	270	-	SMD 0.52 lower (0.96 to 0.08 lower)	⊕⊕OO LOW	CRITICAL

[1] OIS (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Risk of bias across domains was generally high or unclear.
[3] There is evidence of moderate heterogeneity of study effect sizes.

1.2.9 Parent-child-based indicated prevention/treatment interventions versus control for children and young people with, or at high risk of, a conduct disorder (follow-up)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Parent-child based IP&TX	Any control group	Relative (95% CI)	Absolute		
Teacher-rated antisocial behaviour (follow-up 76 to 156 weeks; measured with: any valid rating scale; better indicated by lower values)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	None	45	39	-	SMD 1.29 lower (1.79 to 0.78 lower)	⊕⊕OO LOW	CRITICAL
Parent-rated antisocial behaviour (follow-up 76 to 156 weeks; measured with: any valid rating scale; better indicated by lower values)												
3	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	None	87	82	-	SMD 1.40 lower (2.35 to 0.45 lower)	⊕⊕OO LOW	CRITICAL

[1] Risk of bias across domains was generally high or unclear.
[2] OIS (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

1.2.10 Parent–teacher-based indicated prevention/treatment interventions versus control for children and young people with, or at high risk of, a conduct disorder (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Parent--teacher-based IP & TX	Any control group	Relative (95% CI)	Absolute		
Observer-rated antisocial behaviour (measured with: any valid method; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	91	64	-	SMD 0.03 lower (0.34 lower to 0.29 higher)	⊕⊕⊕O MODERATE	CRITICAL
Researcher-/clinician-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	24	26	-	SMD 0.26 lower (0.81 lower to 0.30 higher)	⊕⊕⊕O MODERATE	CRITICAL
Teacher-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
4	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[1]	none	204	100	-	SMD 0.05 lower (0.29 lower to 0.19 higher)	⊕⊕OO LOW	CRITICAL
Parent-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
4	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[1]	none	158	87	-	SMD 0.11 lower (0.40 lower to 0.17 higher)	⊕⊕OO LOW	CRITICAL

[1] OIS (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Risk of bias across domains was generally high or unclear.

1.2.11 Parent–teacher-based indicated prevention/treatment interventions versus control for children and young people with, or at high risk of, a conduct disorder (follow-up)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Parent--teacher-based IP & TX	Any control group	Relative (95% CI)	Absolute		
Parent-rated antisocial behaviour (follow-up 26 to 82 weeks; measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	53	55	-	SMD 0.20 lower (0.58 lower to 0.17 higher)	⊕⊕OO LOW	CRITICAL

[1] Risk of bias across domains was generally high or unclear.
[2] OIS (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

1.2.12 Family-focused indicated prevention/treatment interventions versus control for children and young people with, or at high risk of, a conduct disorder (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Family-focused IP&TX	Any control group	Relative (95% CI)	Absolute		
Researcher-/clinician-rated offending behaviour (measured with: frequency of arrests/charges; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	149	154	-	SMD 0.01 lower (0.24 lower to 0.21 higher)	⊕⊕⊕O MODERATE	CRITICAL
Teacher-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[1]	none	16	13	-	SMD 0.95 lower (1.7 to 0.2 lower)	⊕⊕OO LOW	CRITICAL
Parent-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
4	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[1]	none	133	76	-	SMD 0.26 lower (0.55 lower to 0.02 higher)	⊕⊕OO LOW	CRITICAL

[1] OIS (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Risk of bias across domains was generally high or unclear.

1.2.13 Family-focused indicated prevention/treatment interventions versus control for children and young people with, or at high risk of, a conduct disorder (dichotomous outcomes) (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Family-focused IP&TX	Any control group	Relative (95% CI)	Absolute		
Researcher-/clinician-rated drug and/or alcohol use (assessed with: drug screen percentage positive for cannabis)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	0/20 (0%)	0/20 (0%)	RR 1 (0.16 to 6.42)	-	⊕⊕⊕O MODERATE	CRITICAL
								0%		-		
Researcher-/clinician-rated offending behaviour (assessed with: recidivism)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	0/46 (0%)	0/40 (0%)	RR 0.47 (0.27 to 0.83)	-	⊕⊕⊕O MODERATE	CRITICAL
								0%		-		

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

Health economic profile on family-focused programme versus any control

Study; country	Limitations	Applicability	Other comments	Incremental cost: 2011 GBP	Incremental effect	ICER	Uncertainty
Barnoski, 2004; US	Potentially serious limitations	Partially applicable	Intervention: FFT and ART versus waitlist control. Method of conversion of benefits into monetary terms was not detailed.	Incremental costs: not reported. Intervention cost estimates per participant: FFT: £1631 ART: £579.	Compared with control, the percentage reduction in the rates of recidivism are given as: FFT: 38% ART: 24%.	Benefit–cost ratio: FFT: £8.30 ART: £9.06.	Not analysed.
Dembo et al., 2000; US	Potentially serious limitations[1]	Partially applicable[2]	Partial economic evaluation: of cost analysis looking at the potential cost-saving from crime rate reduction between FEI and extended services intervention. No healthcare service costs were included and HRQoL outcome was not evaluated.	Net saving of £1,080 per youth.	59% lower arrest rate in FEI group compared with extended services intervention.	FEI is dominant.	Not reported.

[1] The baseline data is from control arm where in itself is an intensive intervention. No sensitivity analysis was conducted and outcome measure not inclusive of HRQoL.

[2] Perspective is criminal justice system only and setting is US.

1.2.14 Family-focused indicated prevention/treatment interventions versus control for children and young people with, or at high risk of, a conduct disorder (follow-up)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Family-focused IP&TX	Any control group	Relative (95% CI)	Absolute		
Parent-rated antisocial behaviour (follow-up 78 weeks; measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	23	14	-	SMD 0.43 higher (0.22 lower to 1.09 higher)	⊕⊕OO LOW	CRITICAL

[1] Risk of bias across domains was generally high or unclear.
[2] OIS (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

1.2.15 Family-focused indicated prevention/treatment interventions versus control for children and young people with, or at high risk of, a conduct disorder (dichotomous outcomes) (follow-up)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Family-focused IP&TX	Any control group	Relative (95% CI)	Absolute		
Researcher-/clinician-rated offending behaviour (follow-up 52 weeks; assessed with: Recidivism)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	96/438 (21.9%)	71/323 (22%)	RR 1.00 (0.76 to 1.31)	0 fewer per 1000 (from 53 fewer to 68 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%		-		

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

1.2.16 Multimodal indicated prevention/treatment interventions versus control for children and young people with, or at high risk of, a conduct disorder (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Multi-modal IP&TX	Any control group	Relative (95% CI)	Absolute		
Researcher-/clinician-rated antisocial/offending behaviour (measured with: any valid rating scale/any measure of offending behaviour; better indicated by lower values)												
7	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	295	322	-	SMD 0.47 lower (0.74 to 0.21 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Researcher-/clinician-rated drug and/or alcohol use (measured with: urine screen – cocaine/marijuana; drug screen percentage positive for cannabis; better indicated by lower values)												
2	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	serious[2]	none	96	91	-	SMD 0.62 lower (2.07 lower to 0.83 higher)	⊕⊕OO LOW	CRITICAL
Parent-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
8	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	serious[3]	none	416	370	-	SMD 0.25 lower (0.52 lower to 0.02 higher)	⊕⊕OO LOW	CRITICAL

[1] There is evidence of substantial heterogeneity of study effect sizes.
[2] OIS (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[3] CI includes both 1) no effect and 2) appreciable benefit or appreciable harm.

1.2.17 Multimodal indicated prevention/treatment interventions versus control for children and young people with, or at high risk of, a conduct disorder (dichotomous outcomes) (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Multi-modal IP&TX	Any control group	Relative (95% CI)	Absolute		
Researcher-/clinician-rated offending behaviour (assessed with: Any measure of offending behaviour)												
3	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	0/298 (0%)	0/359 (0%)	RR 0.77 (0.53 to 1.11)	-	⊕⊕⊕O MODERATE	CRITICAL
								0%		-		

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

1.2.18 Multi-modal indicated prevention/treatment interventions versus control for children and young people with, or at high risk of, a conduct disorder (follow-up)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Multi-modal IP&TX	Any control group	Relative (95% CI)	Absolute		
Researcher-/clinician-rated antisocial/offending behaviour (follow-up 52 to 208 weeks; measured with: any valid rating scale/any measure of offending behaviour; better indicated by lower values)												
5	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	serious[2]	none	450	422	-	SMD 0.41 lower (0.93 lower to 0.1 higher)	⊕⊕OO LOW	CRITICAL
Researcher-/clinician-rated drug and/or alcohol use (follow-up 52 to 226 weeks; measured with: urine screen – cocaine/marijuana; drug screen percentage positive for cocaine; better indicated by lower values)												
2	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	serious[3]	none	72	64	-	SMD 0.58 lower (1.91 lower to 0.75 higher)	⊕⊕OO LOW	CRITICAL

[1] There is evidence of substantial heterogeneity of study effect sizes.
[2] CI includes both 1) no effect and 2) appreciable benefit or appreciable harm.
[3] OIS (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

1.2.19 Multi-modal indicated prevention/treatment interventions versus control for children and young people at risk of a conduct disorder (dichotomous outcomes) (follow-up)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Multi-modal IP&TX	Any control group	Relative (95% CI)	Absolute		
Researcher-/clinician-rated antisocial/offending behaviour (follow-up 48 to 1143 weeks; assessed with: any valid rating scale/any measure of offending behaviour)												
6	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	serious[2]	none	0/485 (0%)	0/458 (0%)	RR 0.72 (0.52 to 1.02)	-	⊕⊕OO LOW	CRITICAL
								0%		-		
Researcher-/clinician-rated drug and/or alcohol use (follow-up 226 weeks; assessed with: drug screen percentage positive for cocaine)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[3]	none	0/43 (0%)	0/37 (0%)	RR 1.61 (0.94 to 2.76)	-	⊕⊕⊕O MODERATE	CRITICAL
								0%		-		

[1] There is evidence of substantial heterogeneity of study effect sizes.
[2] CI includes both 1) no effect and 2) appreciable benefit or appreciable harm.
[3] OIS (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

Health economic profile on multimodal intervention versus any control (dichotomous outcome)							
Study; country	**Limitations**	**Applicability**	**Other comments**	**Incremental cost: 2010 GBP**	**Incremental effect**	**ICER**	**Uncertainty**
Klietz et al., 2010; US	Potentially serious limitations[1]	Partially applicable[2]	Interventions: multi-systemic therapy versus individual therapy.	Net intervention cost: £5,729 Net savings: £48,751 to £129,406	31% reduction in the rate of recidivism by multi-systemic therapy compared with individual therapy.	Benefit–cost ratio: £6.17 to £15.31	Uncertainty around the treatment effect of multi-systemic therapy was not explored.
Olsson, 2010a; Sweden	Potentially serious limitations[3]	Partially applicable[4]	Interventions: multi-systemic therapy versus TAU.	£9,941	No significant difference in clinical effect between intervention and TAU.	TAU is dominant	Uncertainty around cost and effects were not explored.
Olsson, 2010b; Sweden	Potentially serious limitations	Partially applicable	Interventions: multi-systemic therapy versus TAU. Using the long-term follow-up data from Olsson (2010a). No details on the model structure were given though relevant costs were considered. Similarly to what was reported by Olsson (2010a), multi-systemic therapy had no marginal benefit to TAU in the Swedish Health and Social Services context.	£4,552	No significant difference in clinical effect between intervention and TAU.	TAU is dominant	Uncertainty around cost and effects were not explored.
Guideline analysis, UK	Potentially serious limitations[5]	Partially applicable[6]	Time horizon was 6 years and costs included both service and intervention costs. Model assumed a 50% relapse rate.	-£7,125	53% increase in number of children with improved behaviour.	Parent-focused is dominant.	Deterministic sensitivity analysis: Result was robust over variations in relapse rate and costs.

[1] Method used in valuation of the monetary value of quality of life loss was shown; possible outcomes of conduct disorder other than offending were not considered.
[2] The setting and perspective is non-NHS and PSS. No measure of HRQoL was used.
[3] The analysis is alongside trial with short time horizon of 7 months. No detail on the model structure was given.
[4] There is no report on the impact of intervention on the HRQoL outcome.
[5] Model was based on arbitrary cut-off points and assumption of normal distribution of the CBCL T-score.
[6] Setting, costs and outcomes are relevant to the guideline; no estimation of QALYs was possible.

1.2.20 Multi-component indicated prevention/treatment interventions versus control for children and young people at risk of a conduct disorder (dichotomous outcomes) (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Multi-component IP&TX	Any control group	Relative (95% CI)	Absolute		
Observer-rated antisocial behaviour (measured with: any valid method; better indicated by lower values)												
3	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	433	446	-	SMD 0.07 higher (0.07 lower to 0.2 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Researcher-/clinician-rated antisocial/offending behaviour (measured with: any valid rating scale/any measure of offending behaviour; better indicated by lower values)												
3	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	no serious imprecision	none	232	235	-	SMD 0.06 lower (0.37 lower to 0.24 higher)	⊕⊕⊕O MODERATE	CRITICAL
Peer-rated antisocial behaviour (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	325	307	-	SMD 0.10 higher (0.05 lower to 0.26 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Teacher-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
10	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	1093	846	-	SMD 0.08 lower (0.2 lower to 0.03 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Parent-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
12	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	no serious imprecision	none	1240	982	-	SMD 0.23 lower (0.37 to 0.09 lower)	⊕⊕⊕O MODERATE	CRITICAL

[1] There is evidence of moderate heterogeneity of study effect sizes.

Health economic profile on multi-component intervention versus any control (dichotomous outcome)							
Study; country	**Limitations**	**Applicability**	**Other comments**	**Incremental cost: 2011 GBP**	**Incremental effect**	**ICER**	**Uncertainty**
Cadwell et al., 2006; US	Potentially serious limitations[1]	Partially applicable[2]	The programme is described as an intensive juvenile corrective service program using a decompression treatment model (a form of institutional adjustment model) plus an ART model (a form of CBT model). The control was usual juvenile corrective service.	-£35,000	1.40 offences less in the treatment group relative to control.	Intensive juvenile corrective service is dominant.	No details on uncertainty analysis was reported.
Foster et al., 2007; US	Potentially serious limitations	Partially applicable	Interventions: multi-component parent-child-teacher training programmes versus no treatment. Potential conflict of interest exists and time horizon of analysis was short. No baseline ICER estimate was reported.	Not reported	Not reported.	No baseline ICER estimate was reported.	From CEAC, at willingness to pay of £2,278 and more, parent training + teacher training is more cost-effective for Preschool Behavior Questionnaire outcomes while child training + parent training + teacher training is more cost-effective for Dyadic Parent-Child Interactive Coding System – Revised.
Robertson et al., 2001; US	Potentially serious limitations[3]	Partially applicable[4]	Community-based intervention comprising either an intensive supervision or CBT. Evidence is based on quasi-experimental study and cost regression analysis used in determining the cost.	1. Intensive supervision versus regular probation: £260 2. CBT versus regular probation: -£2,800	Not reported separately but taken as an explanatory variable in cost regression.	CBT is most cost-effective followed by regular probation.	No details on uncertainty analysis was reported.

[1] Effect size is derived from one randomised controlled trial with no details on model structure to reflect the natural outcome of antisocial behaviour despite sufficient time horizon of 4.5 years on follow-up.
[2] HRQoL was not measured, health system and perspective of analysis non-NHS and PSS.
[3] The analysis is based on cost regression using rate of re-offending as an explanatory variable. No detail of sensitivity analysis reported..
[4] Health system and perspective of analysis if non-NHS and PSS and no QALYs estimated.

1.2.21 Multi-component indicated prevention/treatment interventions versus control for children and young people at risk of a conduct disorder (dichotomous outcomes) (follow-up)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Multi-component IP&TX	Any control group	Relative (95% CI)	Absolute		
Researcher-/clinician-rated offending behaviour (follow-up 52 weeks; measured with: frequency of arrest; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	42	19	-	SMD 0.36 lower (0.79 lower to 0.08 higher)	⊕⊕⊕O MODERATE	CRITICAL
Peer-rated antisocial behaviour (follow-up 156 weeks; measured with: any valid method; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	259	236	-	SMD 0.15 lower (0.32 lower to 0.03 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Teacher-rated antisocial behaviour (follow-up 122 to 156 weeks; measured with: any valid rating scale; better indicated by lower values)												
2	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	no serious imprecision	none	344	325	-	SMD 0.16 lower (0.31 to 0.01 lower)	⊕⊕⊕O MODERATE	CRITICAL
Parent-rated antisocial behaviour (follow-up 122 to 156 weeks; measured with: any valid rating scale; better indicated by lower values)												
2	randomised trials	serious[2]	serious[3]	no serious indirectness	serious[4]	none	335	309	-	SMD 0.01 higher (0.5 lower to 0.53 higher)	⊕OOO VERY LOW	CRITICAL

[1] OIS (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Risk of bias across domains was generally high or unclear.
[3] There is evidence of substantial heterogeneity of study effect sizes.
[4] CI includes both 1) no effect and 2) appreciable benefit or appreciable harm.

1.2.22 Classroom-based (teacher involved) indicated prevention/treatment interventions versus control for children and young people with, or at high risk of, a conduct disorder (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Classroom based (by teacher) IP&TX	Any control group	Relative (95% CI)	Absolute		
Observer-rated antisocial behaviour (measured with: any valid method; better indicated by lower values)												
2	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	serious[2]	none	165	194	-	SMD 0.09 lower (0.58 lower to 0.4 higher)	⊕⊕OO LOW	CRITICAL
Researcher-/clinician-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
2	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	serious[2]	none	140	135	-	SMD 0.13 lower (0.79 lower to 0.53 higher)	⊕⊕OO LOW	CRITICAL
Teacher-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
3	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	237	262	-	SMD 0.43 lower (0.63 to 0.24 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Parent-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[2]	none	176	207	-	SMD 0.19 lower (0.4 lower to 0.02 higher)	⊕⊕⊕O MODERATE	CRITICAL

[1] There is evidence of moderate heterogeneity of study effect sizes.
[2] OIS (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

1.2.23 Classroom-based (other, non-teacher involved) indicated prevention/treatment interventions versus control for children and young people with, or at high risk of, a conduct disorder (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Classroom based (by non-teacher) IP&TX	Any control group	Relative (95% CI)	Absolute		
Observer-rated antisocial behaviour (measured with: any valid method; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	27	15	-	SMD 0.39 lower (1.02 lower to 0.23 higher)	⊕⊕⊕O MODERATE	CRITICAL
Researcher-/clinician-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	27	15	-	SMD 0.17 lower (0.79 lower to 0.45 higher)	⊕⊕⊕O MODERATE	CRITICAL
Peer-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	16	15	-	SMD 0.15 lower (0.75 lower to 0.46 higher)	⊕⊕⊕O MODERATE	CRITICAL
Teacher-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
5	randomised trials	no serious risk of bias	serious[2]	no serious indirectness	serious[1]	none	217	150	-	SMD 0.45 lower (0.88 to 0.02 lower)	⊕⊕OO LOW	CRITICAL

[1] OIS (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] There is evidence of substantial heterogeneity of study effect sizes.

1.2.24 Parent-focused indicated prevention/treatment interventions versus parent-child based indicated prevention/treatment interventions for children and young people with, or at risk of, conduct disorders (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Parent-focused IP&TX	Parent-child based IP&TX	Relative (95% CI)	Absolute		
Observer-rated antisocial behaviour (measured with: any valid method; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	26	22	-	SMD 0.15 lower (0.71 lower to 0.41 higher)	⊕⊕⊕O MODERATE	CRITICAL
Researcher-/clinician-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[1]	none	22	29	-	SMD 0.68 higher (0.12 to 1.24 higher)	⊕⊕OO LOW	CRITICAL
Teacher-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
3	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[1]	none	97	101	-	SMD 0.25 higher (0.14 lower to 0.64 higher)	⊕⊕OO LOW	CRITICAL
Parent-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
4	randomised trials	serious[2]	serious[3]	no serious indirectness	serious[1]	none	116	132	-	SMD 0.19 higher (0.54 lower to 0.91 higher)	⊕OOO VERY LOW	CRITICAL

[1] OIS (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Risk of bias across domains was generally high or unclear.
[3] There is evidence of substantial heterogeneity of study effect sizes.

1.2.25 Parent-focused indicated prevention/treatment interventions versus parent-child based indicated prevention/treatment interventions for children and young people with, or at risk of, conduct disorders (follow-up)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Parent-focused IP&TX	Parent-child based IP&TX	Relative (95% CI)	Absolute		
Observer-rated antisocial behaviour (measured with: any valid method; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	26	22	-	SMD 0.65 higher (0.07 to 1.22 higher)	⊕⊕⊕O MODERATE	CRITICAL
Researcher-/clinician-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[1]	none	22	29	-	SMD 0.92 higher (0.34 to 1.49 higher)	⊕⊕OO LOW	CRITICAL
Teacher-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
3	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[1]	none	92	98	-	SMD 0.08 lower (0.36 lower to 0.20 higher)	⊕⊕OO LOW	CRITICAL
Parent-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
4	randomised trials	serious[2]	serious[3]	no serious indirectness	serious[1]	none	116	132	-	SMD 0.34 higher (0.10 lower to 0.77 higher)	⊕OOO VERY LOW	CRITICAL

[1] OIS (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Risk of bias across domains was generally high or unclear.
[3] There is evidence of substantial heterogeneity of study effect sizes.

1.2.26 Family-focused indicated prevention/treatment interventions versus child-based indicated prevention/treatment interventions for children and young people with, or at risk of, conduct disorders (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Family-focused IP&TX	Child-based IP&TX	Relative (95% CI)	Absolute		
Researcher-/clinician-rated offending behaviour (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	29	27	-	SMD 0.21 lower (0.73 lower to 0.31 higher)	⊕⊕⊕O MODERATE	CRITICAL
Parent-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
2	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[1]	none	55	53	-	SMD 0.47 lower (0.77 to 0.16 lower)	⊕⊕OO LOW	CRITICAL

[1] OIS (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Baseline differences were as large as endpoint; analysis of change scores suggested the effect favoured child-focused intervention for AZRIN2001.

1.2.27 Family-focused indicated prevention/treatment interventions versus child-based indicated prevention /treatment interventions for children and young people with, or at risk of, conduct disorders (follow-up)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Family-focused IP TX	Child-based IP & TX	Relative (95% CI)	Absolute		
Researcher-/clinician-rated offending behaviour (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	29	27	-	SMD 0.57 higher (0.04 to 1.09 higher)	⊕⊕⊕O MODERATE	CRITICAL
Parent-rated antisocial behaviour (measured with: any valid rating scale; better indicated by lower values)												
2	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[1]	none	55	53	-	SMD 0.47 lower (0.77 lower to 0.16 higher)	⊕⊕OO LOW	CRITICAL

[1] OIS (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Baseline differences were large relative to post-treatment differences; analysis of change scores suggested the effect favoured child-focused intervention for AZRIN2001.

1.3 PHARMACOLOGICAL INTERVENTIONS – CRITICAL OUTCOMES META-ANALYSIS

1.3.1 Antihypertensive drugs versus placebo for children and young people with conduct disorders (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Antihypertensive drugs	Placebo	Relative (95% CI)	Absolute		
Teacher-rated antisocial behaviour (continuous outcome) (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	38	29	-	SMD 0.68 lower (1.17 to 0.19 lower)	⊕⊕⊕O MODERATE	CRITICAL
Parent-rated antisocial behaviour (continuous outcome) (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	38	29	-	SMD 0.31 lower (0.80 lower to 0.18 higher)	⊕⊕⊕O MODERATE	CRITICAL
Parent-rated antisocial behaviour (dichotomous outcome) (assessed with: Conners Parent Rating Scale – conduct problems – number achieving 38% reduction from baseline)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	0/37 (0%)	0/29 (0%)	RR 0.55 (0.36 to 0.82)	-	⊕⊕⊕O MODERATE	CRITICAL
								0%		-		

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

1.3.2 Antimanic and anticonvulsant drugs versus placebo for children and young people with conduct disorders (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Antimanic and anticonvulsant drugs	Placebo	Relative (95% CI)	Absolute		
Researcher-/clinician-rated antisocial behaviour (continuous outcome)/carbamazepine (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	11	11	-	SMD 0.01 lower (0.81 lower to 0.79 higher)	⊕⊕⊕O MODERATE	CRITICAL
Parent-rated antisocial behaviour (continuous outcome)/divalproex (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	14	13	-	SMD 0.26 lower (1.00 lower to 0.48 higher)	⊕⊕⊕O MODERATE	CRITICAL
Researcher-/clinician-rated antisocial behaviour (continuous outcome)/lithium (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	20	20	-	SMD 0.56 lower (1.19 lower to 0.07 higher)	⊕⊕⊕O MODERATE	CRITICAL
Researcher-/clinician-rated antisocial behaviour (dichotomous outcome)/carbamazepine (assessed with: response)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	0/11 (0%)	0/11 (0%)	RR 0.40 (0.10 to 1.64)	-	⊕⊕⊕O MODERATE	CRITICAL
								0%		-		
Researcher-/clinician-rated antisocial behaviour (dichotomous outcome)/divalproex (assessed with: response)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	0/10 (0%)	0/10 (0%)	RR 0.24 (0.08 to 0.71)	-	⊕⊕⊕O MODERATE	CRITICAL
								0%		-		
Parent-rated antisocial behaviour (dichotomous outcome)/divalproex (assessed with: Remission [Retrospective – Modified Overt Aggression Scale – total score <10])												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	0/14 (0%)	0/13 (0%)	RR 0.51 (0.27 to 0.97)	-	⊕⊕⊕O MODERATE	CRITICAL
								0%		-		
Researcher-/clinician-rated antisocial behaviour (dichotomous outcome)/lithium (assessed with: response)												
3	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	34/59 (57.6%)	15/57 (26.3%)	RR 0.60 (0.36 to 1.00)	105 fewer per 1000 (from 168 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%		-		

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

1.3.3 Antipsychotic drugs versus placebo for children and young people with conduct disorders (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Antipsychotic drugs	Placebo	Relative (95% CI)	Absolute		
Researcher-/clinician-rated antisocial behaviour (continuous outcome) (measured with: any valid rating scale; better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	29	27	-	SMD 0.31 lower (1.15 lower to 0.52 higher)	⊕⊕⊕O MODERATE	CRITICAL
Teacher-rated antisocial behaviour (continuous outcome) (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	19	19	-	SMD 0.13 higher (0.50 lower to 0.76 higher)	⊕⊕⊕O MODERATE	CRITICAL
Parent-rated antisocial behaviour (continuous outcome) (measured with: any valid rating scale; better indicated by lower values)												
3	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	205	182	-	SMD 0.49 lower (0.69 to 0.30 lower)	⊕⊕⊕O MODERATE	CRITICAL
Researcher-/clinician-rated antisocial behaviour (dichotomous outcome) (assessed with: Clinical Global Impression – Improvement – much/very much improved/symptom recurrence)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	0/155 (0%)	0/125 (0%)	RR 0.57 (0.44 to 0.73)	-	⊕⊕⊕O MODERATE	CRITICAL
								0%		-		

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

1.3.4 Central nervous system stimulants versus placebo for children and young people with conduct disorders (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	CNS stimulants	Placebo	Relative (95% CI)	Absolute		
Observer-rated antisocial behaviour (continuous outcome) (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	23	24	-	SMD 0.88 lower (1.47 to 0.29 lower)	⊕⊕⊕O MODERATE	CRITICAL
Teacher-rated antisocial behaviour (continuous outcome) (measured with: any valid rating scale; better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	70	65	-	SMD 0.93 lower (1.51 to 0.35 lower)	⊕⊕⊕O MODERATE	CRITICAL
Parent-rated antisocial behaviour (continuous outcome) (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	37	37	-	SMD 0.47 lower (0.94 lower to 0.00 higher)	⊕⊕⊕O MODERATE	CRITICAL

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

1.3.5 Selective norepinephrine reuptake inhibitor drugs versus placebo for children and young people with conduct disorders (post-treatment)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Norepinephrine reuptake inhibitor drugs (atomoxetine)	Placebo	Relative (95% CI)	Absolute		
Researcher-/clinician-rated antisocial behaviour (continuous outcome) (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	153	68	-	SMD 0.16 lower (0.45 lower to 0.13 higher)	⊕⊕⊕O MODERATE	CRITICAL
Teacher-rated antisocial behaviour (continuous outcome) (measured with: any valid rating scale; better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	105	32	-	SMD 1.12 lower (1.53 to 0.71 lower)	⊕⊕⊕O MODERATE	CRITICAL
Parent-rated antisocial behaviour (continuous outcome) (measured with: any valid rating scale; better indicated by lower values)												
4	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	327	170	-	SMD 0.40 lower (0.60 to 0.20 lower)	⊕⊕⊕⊕ HIGH	CRITICAL

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