Appendix O: Clinical evidence – forest plots for all studies

Appendix	(O: Clinical evidence – forest plots for all studies	1
O.1	Measures to assess mental health needs among people with learning disabilities	4
0.1.1	General measures of mental health	
0.1.1.1	Mood and Anxiety Semi-Structured Interview (MASS)	4
O.1.1.2	Psychiatric Assessment Schedule for Adults with Developmental Disabilities (PAS-ADD) – Interview	6
O.1.1.3	Psychiatric Assessment Schedule for Adults with Developmental Disabilities (PAS-ADD) – Checklist	
O.1.1.4	Psychiatric assessment schedule for adults with developmental disabilities (PAS-ADD) – Mini	8
O.1.1.5	Comparison between different tools used to identify mental health problems in adults with learning disabilities	10
0.1.2	Dementia	12
O.1.2.1	Dementia Screening Questionnaire for Individuals with Intellectual Disabilities (DSQIID), Dementia Questionnaire for Mentally Retarded (DMR) and Down Syndrome Dementia Scale (DSDS)	12
O.2	Psychological interventions	14
O.2.1	Mixed mental health problems	14
O.2.1.1	Mild to moderate learning disabilities	
O.2.2	Substance misuse	16
O.2.2.1	Unclear level of learning disabilities	16
O.2.3	Anxiety disorders	16
O.2.3.1	Anxiety symptoms	16
0.2.3.1.1	Mild to moderate learning disabilities	16
O.2.3.1.2	Moderate to severe learning disabilities	18
O.2.3.2	Social anxiety symptoms	18
O.2.3.2.1	Mild to moderate learning disabilities	18
O.2.3.3	Post-traumatic stress disorder	19
O.2.3.3.1	Mild learning disabilities	19
0.2.4	Depressive symptoms	20
0.2.4.1	Mild to moderate learning disabilities	20
O.2.5	Sexually inappropriate behaviour	22
O.3	Parent training interventions aimed at reducing and managing behaviour that challenges	22
O.3.1	Parent training versus any control	23

0.4	Pharmacological interventions for prevention and/or treatment	. 23
0.4.1	Attention deficit hyperactivity disorder in children and young people	. 23
0.4.2	Dementia	. 27
O.5	Other interventions	. 31
O.5.1	Annual health checks	. 31
0.5.2	Dietary interventions	. 33
0.5.2.1	ADHD	. 33
0.5.2.2	Unclear level of learning disabilities	. 33
O.5.2.3	Dementia	. 34
0.5.2.3.1	Mild to moderate learning disabilities	. 34
O.5.3	Exercise interventions	
O.5.3.1	Anxiety symptoms	. 35
O.5.3.1.1	Mild to moderate learning disabilities	. 35
O.5.3.2	Depressive symptoms- mild to moderate learning disabilities	
O.5.3.2.1	Mild to moderate learning disabilities	. 35
0.6	Organising health care services for people with intellectual disabilities	
O.6.1	Innovative intensive support services model versus standard model of service delivery	. 36
0.6.2	Assertive community treatment versus standard model	. 37
O.6.3	Specialist liaison worker model versus no liaison worker	. 38
0.7	Interventions aimed at improving the health and well-being of carers of people with learning disabilities	. 39
0.7.1	Carer outcomes from parent training	. 39
0.7.1.1	Individually delivered parent training	. 39
0.7.1.2	Group parent training	. 41

Abbreviations

AAMD American Association for Mental Deficiency (now American

Association on Intellectual and Developmental Disabilities)

ABA applied behaviour analysis

ADAS Abbreviated Dyadic Adjustment Scale ADHD attention deficit hyperactivity disorder

A-PS assertiveness training, followed by social problem solving

BDI Beck Depression Inventory
CBT cognitive behavioural therapy

CI confidence interval

DASS Depression Anxiety and Stress Scale

DC-LD Diagnostic Criteria for Psychiatric Disorders for Use with Adults with

Learning Disabilities/mental Retardation

DMR Dementia Questionnaire for Mentally Retarded

DSDS Down Syndrome Dementia Scale

DSM-IV Diagnostic and Statistical Manual of Mental Disorders (4th edition)
DSQIID Dementia Screening Questionnaire for Individuals with Intellectual

Disabilities

FN false negatives FP false positives

GHQ30 General Health Questionnaire (30 item)

ICD-10 International Statistical Classification of Diseases and Related Health

Problems (10th edition)

IV Inverse variance method

KPS-SF Kansas Parental Satisfaction Scale – Short Form MASS Mood and Anxiety Semi-structured Interview

M-H Mantel-Haenszel method

NADIID Neuropsychological Assessment of Dementia in Intellectual Disabilities
PAS-ADD Psychiatric Assessment Schedule for Adults with a Developmental

Disability

PS-A social problem solving, followed by assertiveness training

PSI (-SF) Parenting Stress Index (-Short Form)
PSOC Parenting Sense of Competence Scale

QoL quality of life

RCT randomised controlled trial ROC receiver operating characteristic

SAS-ID Zung Self-rating Anxiety Scale for Adults with Intellectual Disabilities

SD standard deviation

SDQ Strengths and Difficulties Questionnaire

SE standard error

SF-12 Short Form Health Survey

SIB-R Severe Impairment Battery – Revised

SNAP-IV Swanson, Nolan and Pelham Questionnaire (version 4)

SSTP Stepping Stones Triple-P

STATE-A state anxiety
TAU treatment as usual
TN true negatives
TP true positives
TRAIT-A trait anxiety

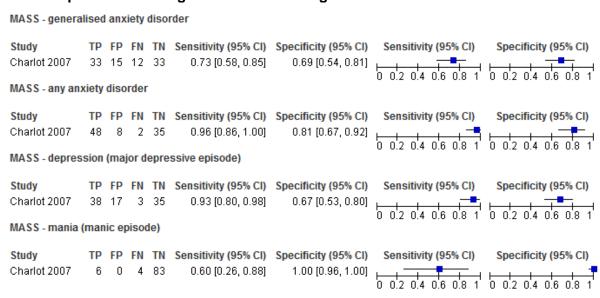
VABS Vineland Adaptive Behaviour Scales

O.1 Measures to assess mental health needs among people with learning disabilities

0.1.1 General measures of mental health

O.1.1.1 Mood and Anxiety Semi-Structured Interview (MASS)

Figure 1: Sensitivity and specificity of the MASS for the detection of mental health problems among adults with learning disabilities





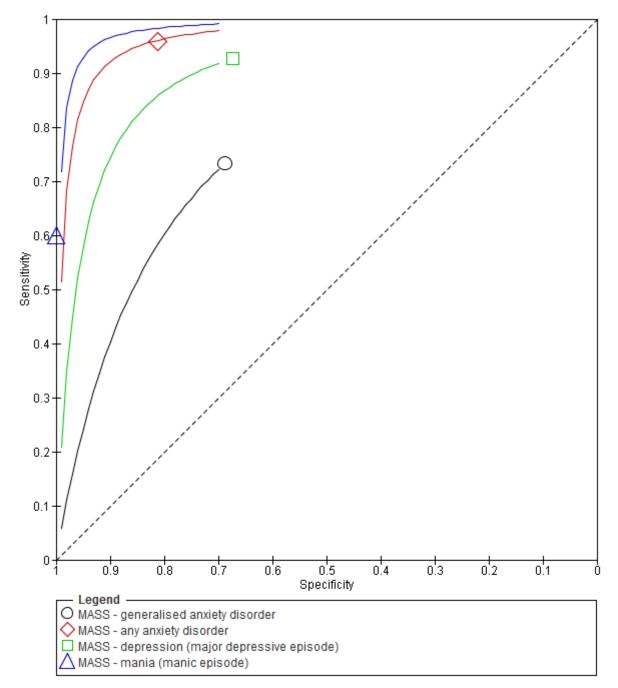


Figure 2: : ROC curve for MASS (DSM-IV reference standard)

O.1.1.2 Psychiatric Assessment Schedule for Adults with Developmental Disabilities (PAS-ADD) – Interview

Figure 3: Sensitivity and specificity of the PAS-ADD Interview for detecting mental health problems in adults with learning disabilities

PAS-ADD interview - anxiety and phobias TP FP FN TN Sensitivity (95% CI) Specificity (95% CI) Sensitivity (95% CI) Study Specificity (95% CI) 1.00 [0.29, 1.00] Moss 1997 3 3 0 89 0.97 [0.91, 0.99] PAS-ADD interview - schizophrenia Study TP FP FN TN Sensitivity (95% CI) Specificity (95% CI) Sensitivity (95% CI) Specificity (95% CI) 0.75 [0.58, 0.88] Moss 1997 9 52 0.88 [0.77, 0.95] PAS-ADD interview - depression TP FP FN TN Sensitivity (95% CI) Specificity (95% CI) Sensitivity (95% CI) Specificity (95% CI) Study 6 3 10 76 Moss 1997 0.38 [0.15, 0.65] 0.96 [0.89, 0.99] 0.2 0.4 0.6 0.8 1 0 0.2 0.4 0.6 0.8 1



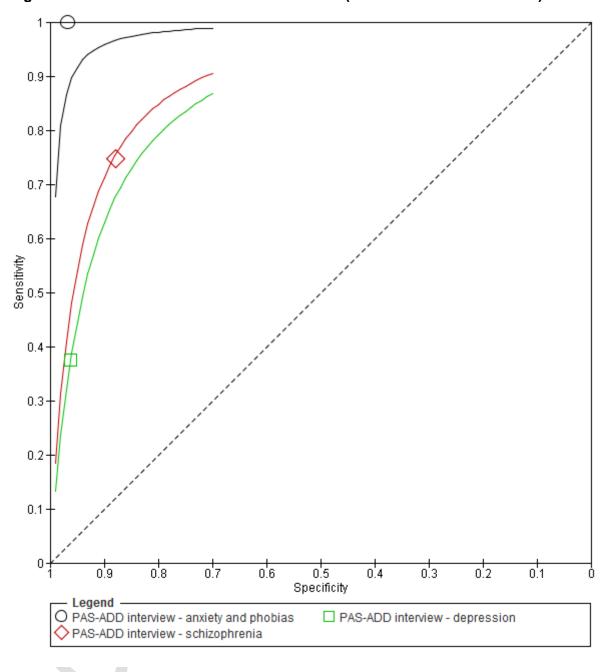


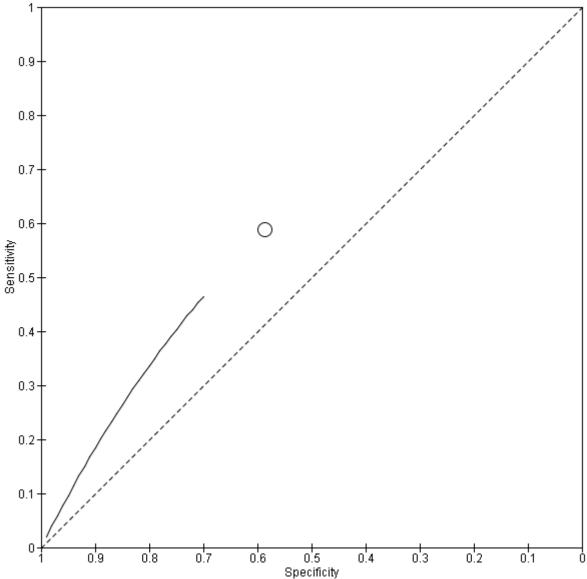
Figure 4: ROC curve for the PAS-ADD Interview (unclear reference standard)

O.1.1.3 Psychiatric Assessment Schedule for Adults with Developmental Disabilities (PAS-ADD) – Checklist

Figure 5: Sensitivity and specificity of the PAS-ADD Checklist for the detection of mental health problems among adults with learning disabilities



Figure 6: ROC curve for the PAS-ADD Checklist (psychiatric [unspecified] reference standard)



O.1.1.4 Psychiatric assessment schedule for adults with developmental disabilities (PAS-ADD) – Mini

Figure 7: Sensitivity and specificity of the Mini PAS-ADD for the detection of mental health problems in adults with learning disabilities



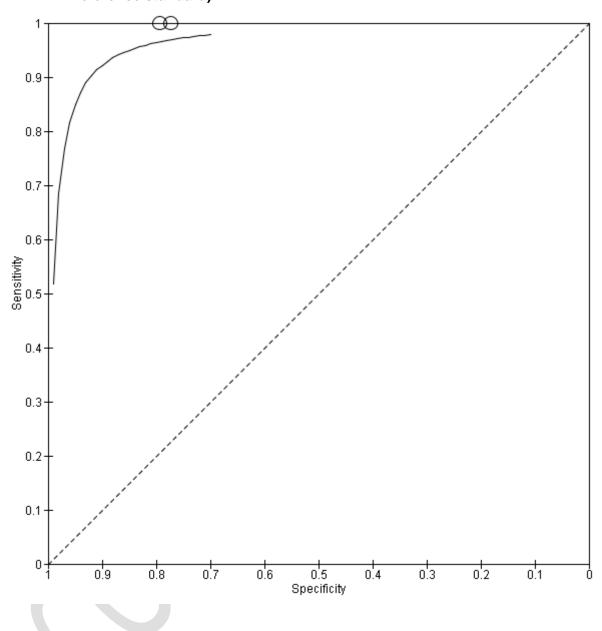


Figure 8: ROC curve for the Mini PAS-ADD (psychiatric diagnosis [unspecified] reference standard)

O.1.1.5 Comparison between different tools used to identify mental health problems in adults with learning disabilities

Figure 9: Sensitivity and specificity of different tools used to identify mental health problems in adults with learning disabilities

MASS - generalised anxiety diso	rder	
Study TP FP FN TN Charlot 2007 33 15 12 33 MASS - any anxiety disorder	Sensitivity (95% CI) Specificity (95% CI) 0.73 [0.58, 0.85] 0.69 [0.54, 0.81]	
Study TP FP FN TN Charlot 2007 48 8 2 35 MASS - depression (major depression)	Sensitivity (95% CI) Specificity (95% CI) 0.96 [0.86, 1.00] 0.81 [0.67, 0.92] essive episode)	
Study TP FP FN TN Charlot 2007 38 17 3 35 MASS - mania (manic episode)	Sensitivity (95% CI) Specificity (95% CI) 0.93 [0.80, 0.98] 0.67 [0.53, 0.80]	
Study TP FP FN TN Charlot 2007 6 0 4 83 PAS-ADD checklist	Sensitivity (95% CI) Specificity (95% CI) 0.60 [0.26, 0.88] 1.00 [0.96, 1.00]	
Study TP FP FN TN Gerber 2013 40 24 28 34 Mini PAS-ADD	Sensitivity (95% CI) Specificity (95% CI) 0.59 [0.46, 0.71] 0.59 [0.45, 0.71]	
Study TP FP FN TN Devine 2009 5 5 0 17 Prosser 1998 39 6 0 23		<u> </u>
Moss 1997 3 3 0 89	Sensitivity (95% CI) Specificity (95% CI) 1.00 [0.29, 1.00] 0.97 [0.91, 0.99]	Sensitivity (95% CI) Specificity (95% CI) 0 0.2 0.4 0.6 0.8 1 0 0.2 0.4 0.6 0.8 1
PAS-ADD interview - schizophre Study TP FP FN TN 1 Moss 1997 27 7 9 52 PAS-ADD interview - depression	Sensitivity (95% CI) Specificity (95% CI) 0.75 [0.58, 0.88] 0.88 [0.77, 0.95]	Sensitivity (95% CI) Specificity (95% CI) 0 0.2 0.4 0.6 0.8 1 0 0.2 0.4 0.6 0.8 1
Study TP FP FN TN Moss 1997 6 3 10 76	Sensitivity (95% CI) Specificity (95% CI) 0.38 [0.15, 0.65] 0.96 [0.89, 0.99]	Sensitivity (95% CI) Specificity (95% CI) 0 0.2 0.4 0.6 0.8 1 0 0.2 0.4 0.6 0.8 1

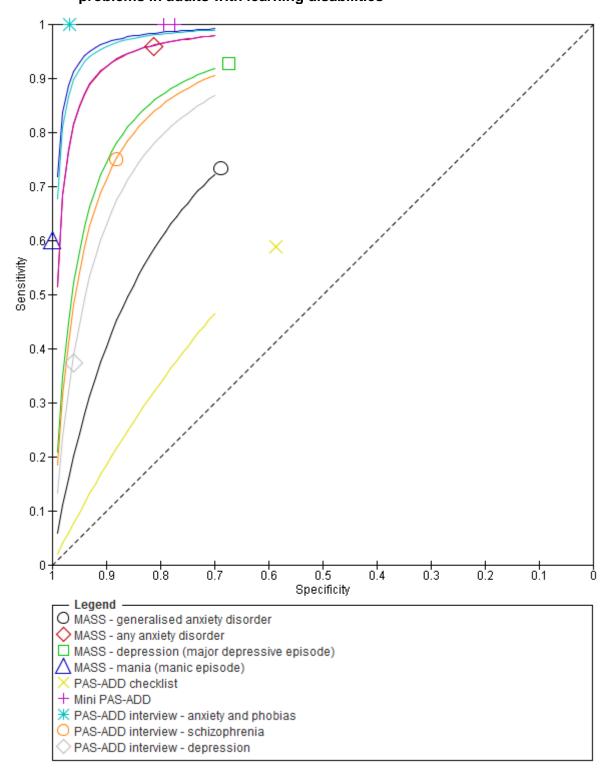
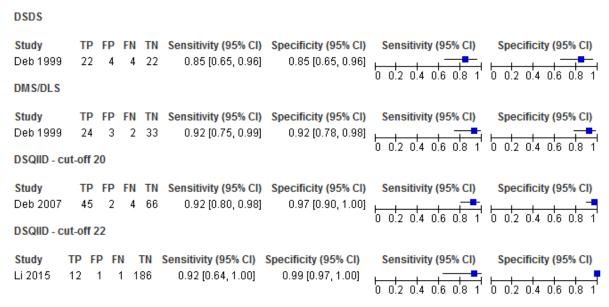


Figure 10: ROC curves for instruments designed to identify mental health problems in adults with learning disabilities

O.1.2 Dementia

O.1.2.1 Dementia Screening Questionnaire for Individuals with Intellectual Disabilities (DSQIID), Dementia Questionnaire for Mentally Retarded (DMR) and Down Syndrome Dementia Scale (DSDS)

Figure 11: Sensitivity and specificity of the DSQIID, DMR and DSDS for detecting symptoms of dementia in people with learning disabilities



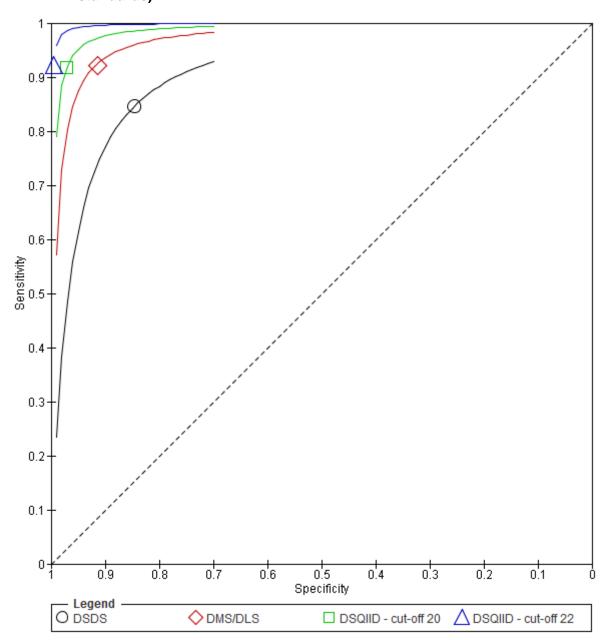


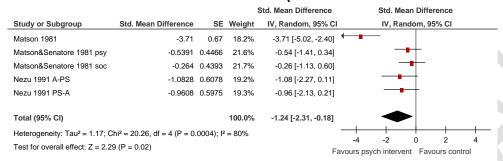
Figure 12: ROC curve for the DSQIID, DMR and DSDS (ICD-10 and DC-LD reference standards)

O.2 Psychological interventions

O.2.1 Mixed mental health problems

O.2.1.1 Mild to moderate learning disabilities

Figure 13: Psychological intervention versus control (RCTs) – mental health measured with various scales (after mean 13.25 weeks of treatment)



Various scales used including Overall fear rating, Nurses' Observation Scale for Inpatient Evaluation (NOSIE-30), Brief Symptom Inventory; random-effects model used because of unexplained heterogeneity

Figure 14: Psychological intervention versus control (controlled before-and-after studies) – mental health (Brief Symptom Inventory: Global Severity Index, after 12 weeks of treatment)

	Psych	interver	ntion	С	ontrol		Mean Difference	е		Mea	an Dif	feren	ce	
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	IV, Fixed, 95%	6 CI		IV,	Fixed	l, 95%	CI	
Lindsay 2015	0.55	0.33	12	1.38	0.74	12	-0.83 [-1.29, -0.3	37]			+			
									-10	-5	0		5	10
								F	avours	psych in	terv	Favo	urs contr	rol

Figure 15: Psychological intervention versus control – low problem behaviour (
Role-play test of anger arousing situations, after 10 weeks of treatment)

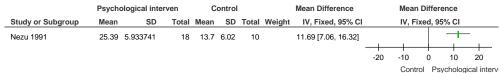


Figure 16: Psychological intervention versus control – maladaptive functioning (Adaptive behaviour scale - revised - part II, carer version, after 10 weeks of treatment)

	Psychological interven			C	Control			Mean Difference		Mean Difference			
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Fixed, 95% CI		IV, F	ixed, 9	5% CI	
Nezu 1991	53.165	17.18202	18	74.9	19.99	10		-21.74 [-36.45, -7.02]			-		
									-50	-25	0	25	 50
								Psy	cholog	gical interv	en C	ontrol	

Figure 17: Psychological intervention versus control – adaptive functioning - interpersonal skills on the social performance survey schedule after 18 weeks of treatment)



Figure 18: Social problem solving then assertiveness training versus assertiveness training followed by social problem solving – mental health (Brief Symptom Inventory, after 3 months' follow-up)

	-	PS-A			A-PS			Mean Difference		Mear	Differe	ence		
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Fixed, 95% CI		IV, F	ixed, 95	i% CI		
Nezu 1991	0.75	0.49	9	0.73	0.49	9		0.02 [-0.43, 0.47]						
									\vdash		+	-	—	
									-1	-0.5	0	0.5	1	
										Favours PS	S-A Fa	vours A-P	'S	

Figure 19: Social problem solving then assertiveness training versus assertiveness training followed by social problem solving – maladaptive behaviour (Adaptive Behavior Scale-Revised, after 3 months' follow-up)

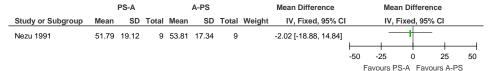


Figure 20: Social problem solving then assertiveness training versus assertiveness training followed by social problem solving – adaptive behaviour (problem-solving task, after 3 months' follow-up)

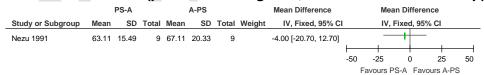


Figure 21: Social problem solving then assertiveness training versus assertiveness training followed by social problem solving – low problem behaviour (role-play test of anger arousing situations, after 3 months' follow-up)

	PS-A		A-PS			Mean Difference			Mean Difference				
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Fixed, 95% CI		IV, F	ixed, 95	% CI	
Nezu 1991	28.11	5.87	9	24	5.32	9		4.11 [-1.07, 9.29]		1	+		
									-20	-10	0	10	20

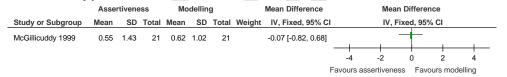
O.2.2 Substance misuse

O.2.2.1 Unclear level of learning disabilities

Figure 22: Psychological intervention versus control – alcohol abuse (after 34 weeks' follow-up)

	Psychological intervent		Control				Mean Difference		Mean Difference						
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Fixed, 95% C	l		IV, F	ixed, 9	5% CI		
McGillicuddy 1999	0.59	1.23	42	0.71	1.9	21		-0.12 [-1.01, 0.77]				+			
									-4		-2	0	2	4	_
									Favour	s inte	erventi	on Fa	avours c	ontrol	

Figure 23: Assertiveness versus modelling – alcohol abuse (after 34 weeks' follow-up)

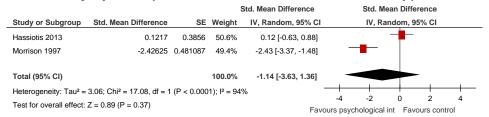


O.2.3 Anxiety disorders

O.2.3.1 Anxiety symptoms

O.2.3.1.1 Mild to moderate learning disabilities

Figure 24: Any psychological intervention versus control (RCTs) – anxiety symptoms (various scales at 42 weeks follow-up)



Various scales used – modified Beck's anxiety inventory and modified Zung anxiety scale; random-effects model used because of unexplained heterogeneity

Figure 25: Any psychological intervention versus control (controlled before-andafter study) – anxiety symptoms (Brief Symptom Inventory: anxiety symptom dimension after 12 weeks follow-up)

	Psych interv		Control			Mean Difference			Mean Difference				
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Fixed, 95% C	1	IV, F	ixed, 95	5% CI	
Lindsay 2015	1.03	1.14	12	1.43	0.92	12		-0.40 [-1.23, 0.43]		-	+		
									_	_		_	-
									-4	-2	0	2	4
									Favours	nsych int	erv Fav	ours co	ntrol

Figure 26: Any psychological intervention versus control – in employment after treatment (16 weeks after treatment)

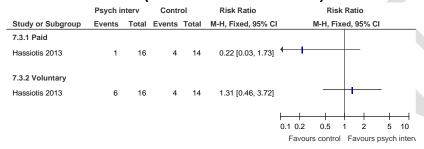


Figure 27: Any psychological intervention versus control – hours per week in paid employment after treatment (16 weeks after treatment)

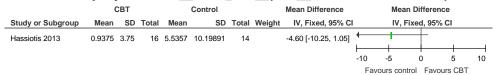
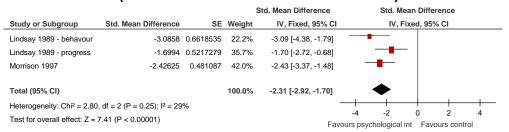


Figure 28: Any psychological intervention versus control – hours per week in voluntary work after treatment (16 weeks after treatment)

	CBT			(Control			Mean Difference					
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Fixed, 95% CI		IV, I	Fixed, 95°	% CI	
Hassiotis 2013	2	4.08831	15	1.6429	2.95107	14		0.36 [-2.23, 2.94]			+	-	
									-10	-5	0	5	10
									Fav	ours con	trol Favo	ours CB	Γ

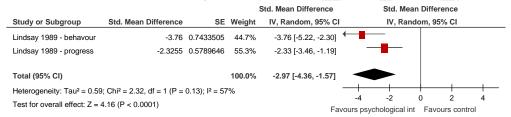
O.2.3.1.2 Moderate to severe learning disabilities

Figure 29: Group relaxation training versus control – anxiety symptoms on various scales (after treatment – 2.29 weeks or unclear)



Various scales used – Behavioural anxiety scale and modified Zung anxiety scale; SMD estimated from t-value for Lindsay 1989

Figure 30: Individual relaxation training versus control – anxiety symptoms on Behavioural anxiety scale (after treatment – 2.29 weeks)



SMD estimated from t-value; random-effects model used because of unexplained heterogeneity.

O.2.3.2 Social anxiety symptoms

O.2.3.2.1 Mild to moderate learning disabilities

Figure 31: Dating skills programme versus control – mental health (social anxiety symptoms at 24 weeks' follow-up)

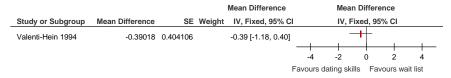


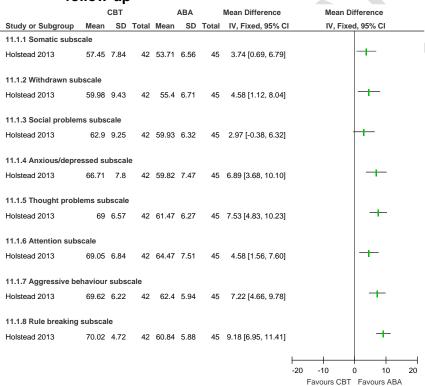
Figure 32: Dating skills programme versus control – mental health: significant change in anxiety symptoms (20 weeks' follow-up)

	Dating skills prog	ramme	Wait list c	ontrol		Risk Ratio		Risk	Ratio		
Study or Subgroup	Events	Total	Events	Total \	Weight	M-H, Fixed, 95% C	CI	M-H, Fixe	ed, 95% C	<u> </u>	
Valenti-Hein 1994	0	13	0	12		Not estimable	Э				
Total (95% CI)		13		12		Not estimable	е				
Total events	0		0								
Heterogeneity: Not ap	plicable						04.00		 	_	
Test for overall effect:	Not applicable						0.1 0.2 Favours dat	0.5 ′ ing skills	Favours	5 wait li	

0.2.3.3 Post-traumatic stress disorder

O.2.3.3.1 Mild learning disabilities

Figure 33: CBT versus applied behavioural analysis – mental health/problem behaviour/adaptive behaviour (teacher-rated Achenbach subscale); unclear follow-up



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O.2.4 Depressive symptoms

0.2.4.1 Mild to moderate learning disabilities

Figure 34: CBT versus control – depressive symptoms (BDI; from 6 to 42 weeks)

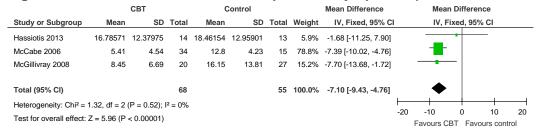


Figure 35: CBT versus control – depressive symptoms (various scales; from 12 to 46.7 weeks)



Various scales used including BDI, GDS-LD, and depression subscale on Brief Symptom Inventory Source

Figure 36: CBT versus control – at least small improvement in depressive symptoms on BDI (RCT, 12 weeks)



Figure 37: CBT versus control – problem behaviour on the SIB-R (controlled before-and-after; 23 weeks)

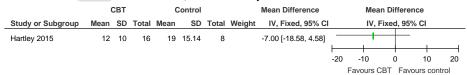


Figure 38: CBT versus control – social skills (adaptive functioning on the Social Comparison Scale, RCT, 6-12 weeks)

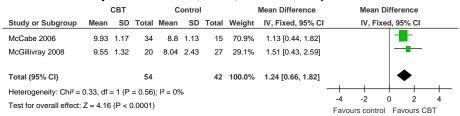


Figure 39: CBT versus control – social behaviours (adaptive functioning, controlled before-and-after study, 23 weeks)



Figure 40: CBT versus behavioural strategies only – depressive symptoms on BDI (38 weeks)

		CBT		Behavio	ural strate	egies		Mean Difference		Mea	n Differe	nce	
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Fixed, 95% CI		IV, F	ixed, 95	% CI	
McGillivray 2015	9.61	7.29	23	11.17	10.08	24		-1.56 [-6.57, 3.45]			+		
									-20	-10	0	10	20
										Favours C	BT Fav	ours heh	avioural

Figure 41: CBT versus behavioural strategies only – improvement in those with clinical depression at baseline (reduced score on BDI II at 38 weeks)



Figure 42: CBT versus behavioural strategies only – recovery in those with clinical depression at baseline (score 13 or less on BDI II at 38 weeks)

	CBT	Г	Behavioural st	rategies		Risk Ratio		Ri	isk Rat	io	
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Fixed, 95% Cl		M-H, F	ixed,	95% CI	
McGillivray 2015	8	14	12	17		0.81 [0.47, 1.40]			+	-	
							\vdash	_	+	_	-
							0.2	0.5	1	2	5
						Fa	vours l	oehaviou	ral Fa	vours CE	ЗТ

Figure 43: CBT versus cognitive strategies only – depressive symptoms (BDI, 38 weeks)

		CBT		Cognitive	strategies	only		Mean Difference		Mea	n Differ	ence	
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Fixed, 95% CI		IV, F	ixed, 9	5% CI	
McGillivray 2015	9.61	7.29	23	10.91	8.55	23		-1.30 [-5.89, 3.29]		_	+		
									-20	-10	0	10	20
									F	avours C	RT Fa	vours con	nitive

Figure 44: CBT versus cognitive strategies only – improvement in those with clinical depression at baseline (reduced score on BDI II, 38 weeks)

	CBT	Г	Cognitive strate	gy only		Risk Ratio		Ri	sk Rat	io		h
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Fixed, 95% C	1	M-H, F	ixed, 9	95% CI		_\
McGillivray 2015	14	14	11	15		1.34 [0.98, 1.85]			H	— <u>. </u>		
							_					k
							0.2	0.5	1	2	5	
							Favour	s cognitiv	e Fa	vours Cl	BT	

Figure 45: CBT versus cognitive strategies only – recovery in those with clinical depression at baseline (score 13 or less on BDI II, 38 weeks)

	CB	Γ	Cognitive strateg	gy only	Risk Ratio		Ri	sk Rat	tio	
Study or Subgroup	Events	Total	Events	Total Weight	M-H, Fixed, 95% C	1	M-H, F	ixed,	95% CI	
McGillivray 2015	8	14	7	15	1.22 [0.60, 2.48]			+		
						0.2	0.5	1	2	5
						Favou	rs cognitiv	ve Fa	vours CE	3T

O.2.5 Sexually inappropriate behaviour

Figure 46: Psychodynamic psychotherapy versus no treatment – recidivism

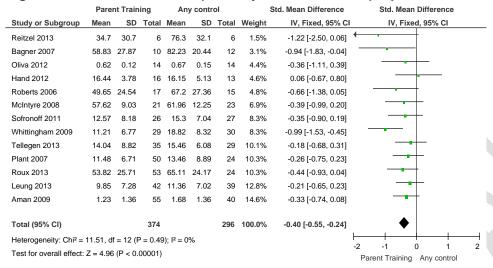


O.3 Parent training interventions aimed at reducing and managing behaviour that challenges

Figure 47 was amended from the challenging behaviour guideline and has therefore been included in this appendix. However for all other forest plots relating to the effectiveness of parent training please refer to the appropriate appendix in the challenging behaviour guideline.

O.3.1 Parent training versus any control

Figure 47: Mental health (severity, various scales) – post-treatment



Various scales included DBC-total score, CBCL – total score, Parent Symptom Questionnaire, SDQ – total score, Home Situations Questionnaire (severity), ECBI – problem subscale, 2 studies did not report a total score on the DBC so the disruptive behaviour score was used.

O.4 Pharmacological interventions for prevention and/or treatment

O.4.1 Attention deficit hyperactivity disorder in children and young people

Figure 48: Methylphenidate versus placebo – mental health (ADHD symptoms at 16 weeks measured with the Conners ADHD Index)

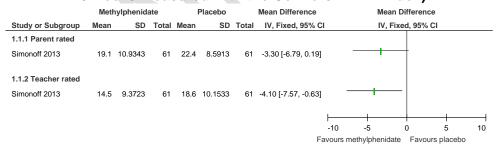


Figure 49: Methylphenidate versus placebo – mental health (hyperactivity at 16 weeks measured with the Conners hyperactivity scale)

	Meth	ylphenic	late	F	Placebo		Mean Difference		Mea	an Differen	ce	
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	IV, Fixed, 95%	CI	IV,	Fixed, 95%	CI	
1.3.1 Parent rated												
Simonoff 2013	7.7	5.4672	61	9.2	5.4672	61	-1.50 [-3.44, 0.44	1]	_	+		
1.3.2 Teacher rated												
Simonoff 2013	6.4	5.4672	61	9	6.2482	61	-2.60 [-4.68, -0.52	2]		_		
								—	-		-	—
								-10	-5	0	5	10
							1	Favours m	nethylphenic	late Favo	urs placebo)

Figure 50: Methylphenidate versus placebo – mental health (hyperactivity at 16 weeks measured with Aberrant Behavior Checklist)

	Meth	nylphenida	ate	1	Placebo		Mean Difference		Mean D	ifference	
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	IV, Fixed, 95% C	1	IV, Fixe	ed, 95% CI	
1.5.1 Parent rated											
Simonoff 2013	20.6	12.4964	61	28.7	12.4964	61	-8.10 [-12.53, -3.67]	\leftarrow			
1.5.2 Teacher rated											
Simonoff 2013	13.2	11.7154	61	18.1	13.2774	61	-4.90 [-9.34, -0.46]		+		
								-	+	-	+
								-10	-5	0	5 10
							F	avours me	thylphenidate	Favours p	lacebo

Figure 51: Methylphenidate versus placebo – mental health ('improved' or 'better' on Clinical Global Impressions scale at 16 weeks)

	Methylpher	nidate	Place	bo		Risk Ratio			Risk	Ratio		
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Fixed, 95% CI			M-H, Fixe	ed, 95	% CI	
Simonoff 2013	24	61	4	61		6.00 [2.21, 16.26]				_	+	
							0.01	0	1	1	10	100
								-	rs placebo	Favo		

Figure 52: Methylphenidate versus placebo – side effects (weight loss at 16 weeks in kg)

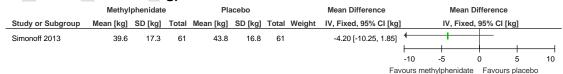


Figure 53: Methylphenidate versus placebo – side effects (trouble falling asleep at 16 weeks)

		,											
	Methylphe	nidate	Place	bo		Risk Ratio			Ris	sk Ra	tio		
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Fixed, 95% C	ı		M-H, F	ixed,	95% CI		
Simonoff 2013	13	61	2	61		6.50 [1.53, 27.59]							→
							0.1	0.2	0.5	1	2		10
						Fox	, o r o	mothy	Inhonidat		overire pl	aaaba	

Figure 54: Methylphenidate versus placebo – side effects (poor appetite at 16 weeks)



Figure 55: Methylphenidate versus placebo – side effects (looks sad/miserable at 16 weeks)



Figure 56: Methylphenidate versus placebo – side effects (crying at 16 weeks)



Figure 57: Methylphenidate versus placebo – side effects (looks anxious at 16 weeks)



Figure 58: Methylphenidate versus placebo – side effects (meaningless repetitive behaviour at 16 weeks)



Figure 59: Methylphenidate versus placebo – side effects (talks less with other children at 16 weeks)

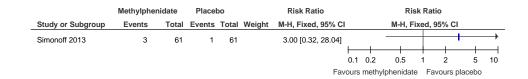


Figure 60: Clonidine versus placebo – mental health (ADHD symptoms on Conners Parent scale at 6 weeks)

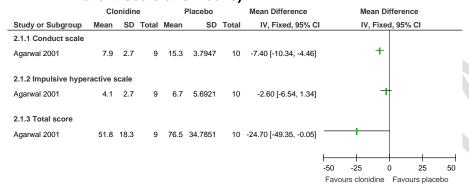


Figure 61: Clonidine versus placebo – mental health (ADHD symptoms on Clinical Global Impression Scale at 6 weeks)

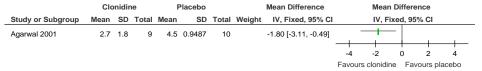
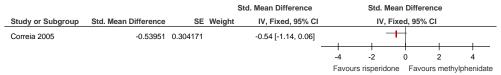


Figure 62: Clonidine versus placebo – mental health (much or very much improved ADHD symptoms on Clinical Global Impression Scale at 6 weeks)

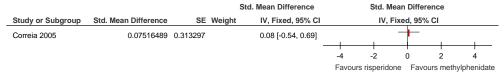


Figure 63: Risperidone versus methylphenidate – ADHD symptoms (measured on SNAP-IV total score at 4 weeks)



SMD estimated from F-value

Figure 64: Risperidone versus methylphenidate – side effects (measured on Barkley's Side Effects Rating Scale at 4 weeks)

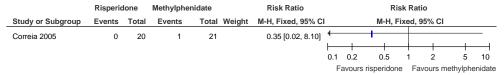


SMD estimated from F-value

Figure 65: Risperidone versus methylphenidate – side effects (vomiting at 4 weeks)

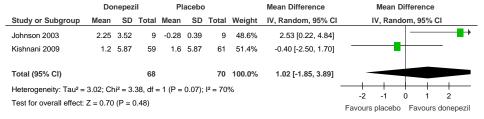


Figure 66: Risperidone versus methylphenidate – side effects (galactorrhoea at 4 weeks)



O.4.2 Dementia

Figure 67: Donepezil versus placebo (prevention) – cognitive abilities (Severe Impairment Battery; 12 weeks)



Random-effects model used as significant unexplained heterogeneity

Figure 68: Donepezil versus placebo (prevention) – behavioural problems (various scales; 12 weeks)

	nepez	11	Р	lacebo			Std. Mean Difference	٤	td. Me	an Dif	terenc	:e
Mean	SD	Total	Mean	SD	Total	Weight	IV, Fixed, 95% CI		IV, Fi	xed, 9	5% CI	_
84.22	7.86	9	85	13.88	9	14.0%	-0.07 [-0.99, 0.86]		_	+_	_	
3.4	8.01	53	0.6	8.45	59	86.0%	0.34 [-0.04, 0.71]			į.	-	
		62			68	100.0%	0.28 [-0.07, 0.63]			•	•	
63, df =	= 1 (P	= 0.43)	; I ² = 0%	6				+	+	+	-	
for overall effect: Z = 1.59 (P = 0.11)								_		-	1	2
8	34.22 3.4 63, df =	34.22 7.86 3.4 8.01 33, df = 1 (P	34.22 7.86 9 3.4 8.01 53 62 63, df = 1 (P = 0.43)	34.22 7.86 9 85 3.4 8.01 53 0.6 62 53, df = 1 (P = 0.43); l ² = 0%	34.22 7.86 9 85 13.88 3.4 8.01 53 0.6 8.45 62 53, df = 1 (P = 0.43); l ² = 0%	34.22 7.86 9 85 13.88 9 3.4 8.01 53 0.6 8.45 59 62 68 33, df = 1 (P = 0.43); l ² = 0%	34.22 7.86 9 85 13.88 9 14.0% 3.4 8.01 53 0.6 8.45 59 86.0% 62 68 100.0% 53, df = 1 (P = 0.43); l ² = 0%	34.22 7.86 9 85 13.88 9 14.0% -0.07 [-0.99, 0.86] 3.4 8.01 53 0.6 8.45 59 86.0% 0.34 [-0.04, 0.71] 62 68 100.0% 0.28 [-0.07, 0.63] 33, df = 1 (P = 0.43); l ² = 0%	34.22 7.86 9 85 13.88 9 14.0% -0.07 [-0.99, 0.86] 3.4 8.01 53 0.6 8.45 59 86.0% 0.34 [-0.04, 0.71] 62 68 100.0% 0.28 [-0.07, 0.63] 33, df = 1 (P = 0.43); l² = 0% -1.59 (P = 0.11)	34.22 7.86 9 85 13.88 9 14.0% -0.07 [-0.99, 0.86] 3.4 8.01 53 0.6 8.45 59 86.0% 0.34 [-0.04, 0.71] 62 68 100.0% 0.28 [-0.07, 0.63] 33, df = 1 (P = 0.43); ² = 0% = 1.59 (P = 0.11)	34.22 7.86 9 85 13.88 9 14.0% -0.07 [-0.99, 0.86] 3.4 8.01 53 0.6 8.45 59 86.0% 0.34 [-0.04, 0.71] 62 68 100.0% 0.28 [-0.07, 0.63] 33, df = 1 (P = 0.43); l ² = 0% = 1.59 (P = 0.11)	34.22 7.86 9 85 13.88 9 14.0% -0.07 [-0.99, 0.86] 3.4 8.01 53 0.6 8.45 59 86.0% 0.34 [-0.04, 0.71] 62 68 100.0% 0.28 [-0.07, 0.63] 33, df = 1 (P = 0.43); ² = 0%

Various scales used included Scales of Independent Behavior-Revised (SIB-R) and Vineland Adaptive Behaviour Scale

Figure 69: Donepezil versus placebo (prevention) – adverse events (12 weeks)

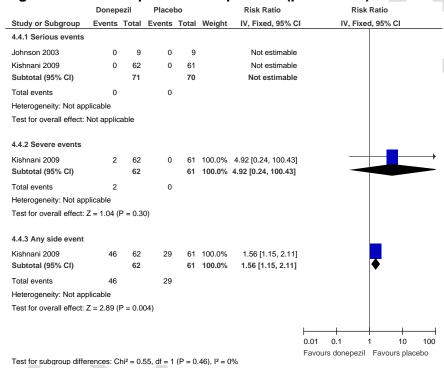


Figure 70: Donepezil versus placebo (treatment) – cognitive abilities (Severe Impairment Battery; 24 weeks)

	Do	nepez	il	Pla	aceb	0		Std. Mean Difference		S	td. Me	an Dif	ferenc	e
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Fixed, 95% CI			IV, Fi	xed, 9	5% CI	
Prasher 2002	31.6	28.2	14	11.2	8.7	13		0.93 [0.13, 1.73]				-	+	_
								-			_	-	_	-+
									-2	2	-1	0	1	2
								Favo	urs	placeb	o Fa	vours	donepezil	

Figure 71: Donepezil versus placebo (treatment) – behavioural problems (24 weeks)

	Do	nepez	il	PI	acebo)		Std. Mean Difference		S	td. Me	an Dif	erend	e	
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Fixed, 95% CI			IV, Fi	xed, 9	5% CI		
Prasher 2002	120.5	44.1	14	84.5	22.4	13		0.99 [0.18, 1.79]				-	+	- .	
										-2	-1	0	1	2	_
									Fav	ours/	placeb	o Fa	vours	donepe	zil

Figure 72: Donepezil versus placebo (treatment) – global functioning (proportion with improved impression of quality of life; 24 weeks)

	Donep	ezil	Place	bo		Risk Ratio			Risk Rati	0		
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Fixed, 95% CI		М-Н	, Fixed, 9	5% CI		_
Kondoh 2011	11	11	4	10		2.34 [1.14, 4.81]				+		
							0.05	0.2	1	5	20	
							Favo	ours plac	ebo Fav	ours don	nepezil	

Figure 73: Donepezil versus placebo (treatment) – adverse events (24 weeks)

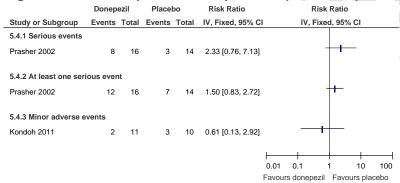


Figure 74: Memantine versus placebo (prevention or treatment) – cognitive abilities (various scales, 16-52 weeks)

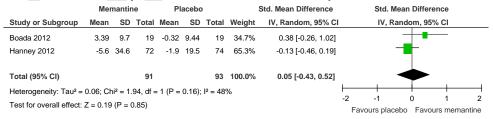


Figure 75: Memantine versus placebo (prevention or treatment) – behavioural problems (various scales, 16-52 weeks)

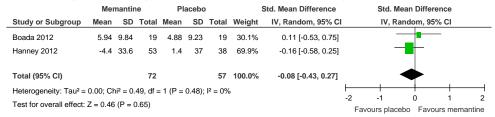


Figure 76: Memantine versus placebo (prevention or treatment) – adverse events (16-52 weeks)

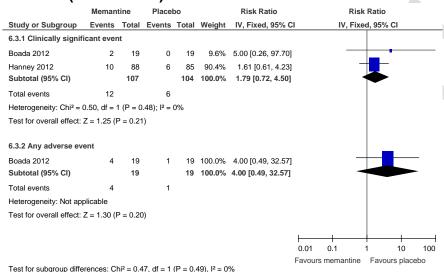


Figure 77: Simvastin versus placebo (prevention or treatment) – cognitive abilities (NADIID battery; 52 weeks)

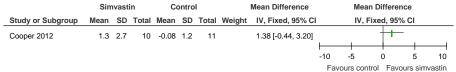


Figure 78: Simvastin versus placebo (prevention or treatment) – cognitive abilities (NADIID battery; 52 weeks, adjusted for baseline and stratification values)

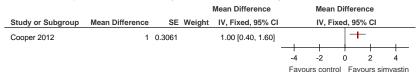
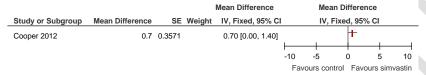


Figure 79: Simvastin versus placebo (prevention or treatment) – adaptive functioning (52 weeks)



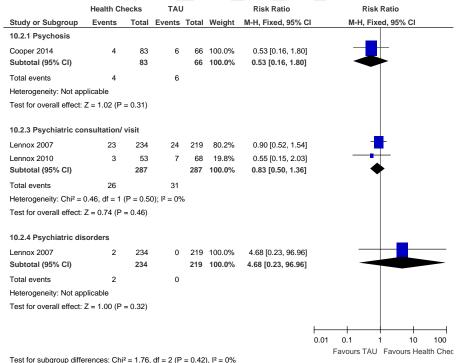
Figure 80: Simvastin versus placebo (prevention or treatment) – adaptive functioning (52 weeks, adjusted for baseline and stratification values)



0.5 Other interventions

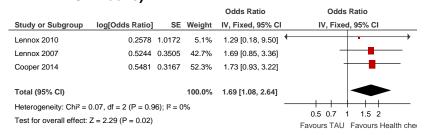
O.5.1 Annual health checks

Figure 81: Annual health checks versus treatment as usual – Identification of mental health needs for all levels of learning disabilities (Mental health at 39 weeks)



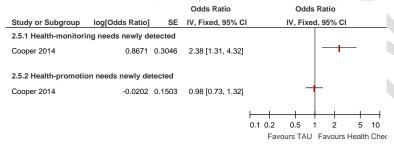
[©] National Guideline Alliance, 2016

Figure 82: Annual health checks versus treatment as usual – Newly detected health issues for all levels of learning disabilities (Quality of life at 39 to 52 weeks)



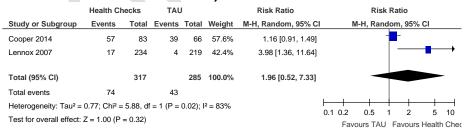
Overall OR reported rather than RR as one study only reported the OR only and the RR was not calculable

Figure 83: Annual health checks versus treatment as usual – Newly detected health monitoring and health promotion needs for all levels of learning disabilities (Quality of life at 39 weeks)



Overall OR reported rather than RR as one study only reported the OR only and the RR was not calculable

Figure 84: Annual health checks versus treatment as usual – Obesity (Identification of health needs for all levels of learning disabilities; Quality of life at 39 to 52 weeks)



Random-effects model used because of unexplained heterogeneity.

O.5.2 Dietary interventions

0.5.2.1 ADHD

0.5.2.2 Unclear level of learning disabilities

Figure 85: L-acetylcarnitine versus placebo for the treatment of ADHD in children with Fragile X syndrome – ADHD symptoms (mental health; Conners Parents rating scale; 52 weeks)

	Lacet	ylcarni	tine	P	lacebo			Mean Difference			Mea	n Dif	ferer	ice	
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Fixed, 95% Cl			IV, I	Fixed	I, 95%	6 CI	
Torrioli 2008	62.2	7.22	24	65	10.11	27		-2.80 [-7.58, 1.98]			. 1				
									-10		-5	0)	5	10
										Fav	ours L	AC	Favo	urs pla	cebo

Figure 86: L-acetylcarnitine versus placebo for the treatment of ADHD in children with Fragile X syndrome – ADHD symptoms (mental health; Conners Teachers rating scale; 52 weeks)

	Lacet	cetylcarnitine Placebo				Mean Difference		Mea	ın Differe	ence			
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Fixed, 95% CI		IV,	Fixed, 95	% CI	
Torrioli 2008	67.5	9.47	24	67	10.87	27	0.50 [-5.08, 6.08]			_	-		
									-10	-5	Ó	5	10
										Favours I	AC Fav	ours pla	cebo

Figure 87: L-acetylcarnitine versus placebo for the treatment of ADHD in children with Fragile X syndrome – adaptive functioning (VABS – full scale; 52 weeks)

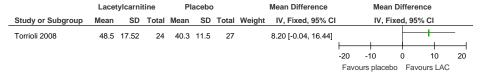
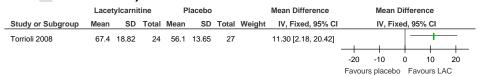


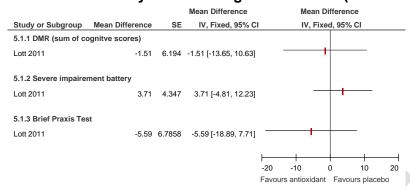
Figure 88: L-acetylcarnitine versus placebo for the treatment of ADHD in children with Fragile X syndrome – adaptive functioning (VABS – socialisation scale; 52 weeks)



O.5.2.3 Dementia

O.5.2.3.1 Mild to moderate learning disabilities

Figure 89: Antioxidant versus placebo for the treatment of dementia in people with Down's syndrome – cognitive abilities (mental health; 2 year follow-up)



Direction of effect not reported in study (only the mean difference in change scores) and author not contactable so the direction of effect was assumed. However, the paper reported that there was no significant difference between groups on these measures.

Figure 90: Antioxidant versus placebo for the treatment of dementia in people with Down's syndrome – adaptive functioning (2 year follow-up)

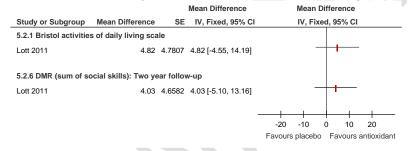


Figure 91: Antioxidant versus placebo for the treatment of dementia in people with Down's syndrome – Any serious adverse events (incapacitation and/or inability to sustain daily activities: 2 year follow-up)



Assuming no events among missing data (intention-to-treat analysis).

0.5.3 Exercise interventions

O.5.3.1 Anxiety symptoms

O.5.3.1.1 Mild to moderate learning disabilities

Figure 92: Exercise versus painting control – Trait anxiety (self-report; TRAIT-A, 12 weeks)

	Ex	ercis	е	Pa	intin	g		Mean Difference		Mear	Differ	ence		
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Fixed, 95% CI		IV, F	ixed, 9	5% CI		
Carraro 2012	38.1	2.5	14	57.2	4.3	13		-19.10 [-21.78, -16.42]	+					
									-20	-10	0	10	20	
									Favours exercise Favours painting					

Figure 93: Exercise versus painting control – State anxiety (self-report; STATE-A, 12 weeks)

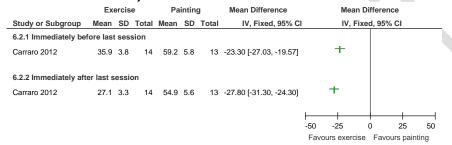


Figure 94: Exercise versus painting control – Anxiety symptoms (self-report; Zung anxiety SAS-ID, 12 weeks)



0.5.3.2 Depressive symptoms—mild to moderate learning disabilities

O.5.3.2.1 Mild to moderate learning disabilities

Figure 95: Exercise versus painting control – Depressive symptoms (Zung Self-Rating Depression Scale, 12 weeks)

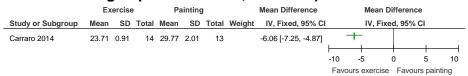


Figure 96: Exercise + education versus no treatment – Depressive symptoms (Child Depression Inventory; 12 weeks)



Figure 97: Exercise + education versus no treatment – Community participation and meaningful occupation (Community Integration Scale; 12 weeks)

	Exercise+education			С	ontrol			Mean Difference		Me	an Diff	erence		
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Fixed, 95% CI		IV,	Fixed	, 95% CI		
Heller 2004	6.41	2.86	32	7.19	1.89	21		-0.78 [-2.06, 0.50]	-10	-5	1		10	
									Fa	avours co	ontrol	Favours e	xer+educ	,

Figure 98: Exercise + education versus no treatment – Quality of life (Life Satisfaction Scale; 12 weeks)

	Exercis	e+educa	ation	С	ontrol			Mean Difference		Mea	n Differe	ence	
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Fixed, 95% CI		IV, F	ixed, 95	% CI	
Heller 2004	52	5.85	32	49.48	6.35	21		2.52 [-0.87, 5.91]		++-			
									-10	-5	0	5	10
									Fa	vours Con	trol Fav	ours exe	r+educ

O.6 Organising health care services for people with intellectual disabilities

O.6.1 Innovative intensive support services model versus standard model of service delivery

Figure 99: Impact on maladaptive behaviour (AAMD scale)

	intensive	support n	noaei	Standard	support n	noaei	Mean Difference		iviea	n Differe	nce	
Study or Subgroup	Mean	SD	Total	Mean	SD	Total Weight	IV, Fixed, 95% CI		IV, I	ixed, 95	% CI	
Coelho 1993	40.09	20.31	23	53	28.97	23	-12.91 [-27.37, 1.55]			+		
								-50	-25	0	25	50
								Favo	urs intens	ive Fav	ours star	ndard

Figure 100: Impact on adaptive behaviour (AAMD scale)

	Intensive	support n	nodel	Standard	support n	nodel	Mean Difference		Mea	n Differe	ence	
Study or Subgroup	Mean	SD	Total	Mean	SD	Total Weight	IV, Fixed, 95% CI		IV, F	ixed, 95	% CI	
Coelho 1993	211.86	30.94	23	201.3	29.01	23	10.56 [-6.77, 27.89]		++-			
								-50	-25		25	50
									-25 urs standa	ord Fav	∠5 rours inter	

Figure 101: Impact on maladaptive behaviour (Michigan Maladaptive Behaviour Scale)

	Intensive	support n	nodel	Standard	support m	nodel		Mean Difference		Mea	n Diffe	erence	
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Fixed, 95% CI		IV, F	ixed,	95% CI	
Coelho 1993	6.45	4.56	23	11.48	6.37	23		-5.03 [-8.23, -1.83]		_ +	-		
									-20	-10	0	10	20
									Eavo	ire intone	ivo E	Envolure etc	andard

Figure 102: Effect on a move to more staff intensive day or residential programming

	Intensive suppor	rt model	Standard suppor	t model	Risk Ratio	Risk Ratio
Study or Subgroup	Events	Total	Events	Total	M-H, Fixed, 95% C	I M-H, Fixed, 95% CI
1.4.1 Residential						
Coelho 1993	5	23	2	23	2.50 [0.54, 11.60]	++
1.4.2 Day programming	g					
Coelho 1993	9	23	4	23	2.25 [0.81, 6.28]	+-
						0.01 0.1 1 10 100
						Favours standard Favours intensive

O.6.2 Assertive community treatment versus standard model

Figure 103: Global assessment of function (symptomatology) – follow-up

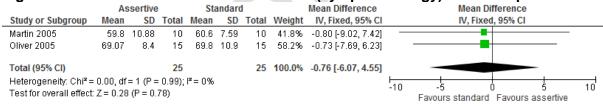


Figure 104: Global assessment of function (disability) - follow-up

	As	sertive		Sta	andaro	i		Mean Difference	Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Fixed, 95% CI	IV, Fixed, 95% CI
Martin 2005	61.6	9.29	10	58.9	6.14	10	54.6%	2.70 [-4.20, 9.60]	-
Oliver 2005	69.4	10.47	15	70.33	10.7	15	45.4%	-0.93 [-8.51, 6.65]	
Total (95% CI)			25			25	100.0%	1.05 [-4.05, 6.16]	
Heterogeneity: Chi² = Test for overall effect				² = 0%					-10 -5 0 5 10 Favours standard Favours assertive

Figure 105: Carer uplift or burden - follow-up

	As	sertiv	9	Sta	andaro	1		Mean Difference	Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Fixed, 95% CI	I IV, Fixed, 95% CI
Martin 2005	41.3	8.3	10	38.1	5.26	10	33.2%	3.20 [-2.89, 9.29]]
Oliver 2005	1.13	6.01	15	2.67	5.99	15	66.8%	-1.54 [-5.83, 2.75]	1
Total (95% CI)			25			25	100.0%	0.03 [-3.48, 3.54]	
Heterogeneity: Chi² = Test for overall effect); I² = 36	i%				-10 -5 0 5 1 Favours assertive Favours standard

Figure 106: Quality of life - follow-up

	As	sertive		Sta	andard			Std. Mean Difference		Std. Mean Di	ifference		
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Fixed, 95% CI		IV, Fixed, 9	95% CI		
Martin 2005	76.4	17.37	10	80.2	10.15	10	39.8%	-0.26 [-1.14, 0.63]		-			
Oliver 2005	175.87	23.64	15	179.93	26.33	15	60.2%	-0.16 [-0.87, 0.56]		-			
Total (95% CI)			25			25	100.0%	-0.20 [-0.75, 0.36]		•			
Heterogeneity: Chi²: Test for overall effec		,		'= 0%					-10 -5 Favour	o s standard F	avours as	f sertive	10

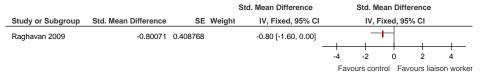
O.6.3 Specialist liaison worker model versus no liaison worker

Figure 107: Mental health (SDQ score) - follow-up

			S	Std. Mean Difference		Std. Mea	n Diffe	erence		
Study or Subgroup	Std. Mean Difference	SE	Weight	IV, Fixed, 95% CI		IV, Fix	ed, 95	% CI		
Raghavan 2009	-1.11811	0.422852		-1.12 [-1.95, -0.29]			-			
					-		+	-+	-+	_
					-4	-2	0	2	4	
				Fa	vours liai	son worke	Fav	ours cor	ntrol	

SMD estimated from p-value

Figure 108: Carer quality of life (SF12-physical score; ANOVA) – follow-up



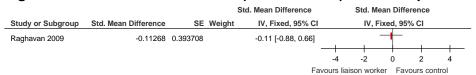
SMD estimated from p-value

Figure 109: Carer quality of life (SF12-mental health score) - follow-up



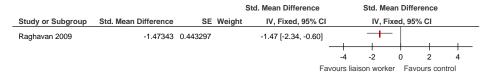
SMD estimated from p-value

Figure 110: Carer mental health (GHQ30 score) – follow-up



SMD estimated from p-value

Figure 111: Frequency of contact with services – follow-up



SMD estimated from p-value

O.7 Interventions aimed at improving the health and well-being of carers of people with learning disabilities

Forest plots for carer outcomes from parent training are presented below. For all other forest plots relating to the effectiveness of interventions aimed at improving the health and well-being of carers of people with learning disabilities please refer to the appropriate appendix in the challenging behaviour guideline.

0.7.1 Carer outcomes from parent training

0.7.1.1 Individually delivered parent training

Figure 112: Individual parent training versus waitlist control – mental health measured by the DASS at end of treatment

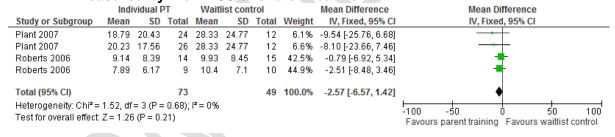


Figure 113: Individual parent training versus waitlist control – carer satisfaction measured by the PSOC at the end of treatment

	Indi	vidual F	PΤ	Wait	list con	trol		Mean Difference	Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Fixed, 95% CI	IV, Fixed, 95% CI
Plant 2007	68.25	8.87	24	58.46	11.56	12	52.2%	9.79 [2.35, 17.23]	-
Plant 2007	65.85	10.91	26	58.46	11.56	12	47.8%	7.39 [-0.38, 15.16]	
Total (95% CI)			50			24	100.0%	8.64 [3.27, 14.02]	•
Heterogeneity: Chi² = Test for overall effect:		,			-100 -50 0 50 100 Favours Waitlist control Favours Parent training				

Figure 114: Individual parent training versus waitlist control – quality of life measured by the ADAS at the end of treatment

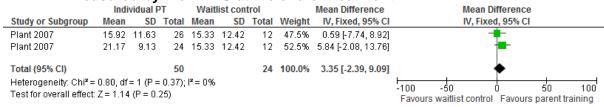


Figure 115: Individual parent training versus waitlist control – stress measured by the parenting scale at the end of treatment

	Indiv	/idual	PT	Waitli	st con	trol		Mean Difference	Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Fixed, 95% CI	IV, Fixed, 95% CI
Plant 2007	2.41	0.72	26	2.96	0.65	12	50.5%	-0.55 [-1.01, -0.09]	•
Plant 2007	2.72	0.71	24	2.96	0.65	12	49.5%	-0.24 [-0.70, 0.22]	•
Total (95% CI)			50			24	100.0%	-0.40 [-0.72, -0.07]	
Heterogeneity: Chi ² = 0.86, df = 1 (P = 0.35); i ² = 0% Test for overall effect: $Z = 2.38$ (P = 0.02)									-100 -50 0 50 100 Favours parent training Favours waitlist control

Figure 116: Individual parent training (standard) versus individual parent training (enhanced) – mental health measured by the DASS at 52-week follow-up

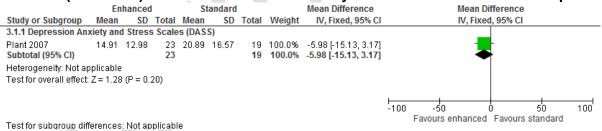
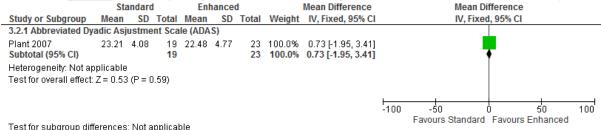


Figure 117: Individual parent training (standard) versus individual parent training (enhanced) – quality of life measured by the ADAS at 52-week follow-up



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Figure 118: Individual parent training (standard) versus individual parent training (enhanced) – carer satisfaction measured by the PSOC at 52-week follow-up

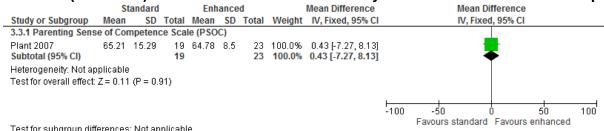
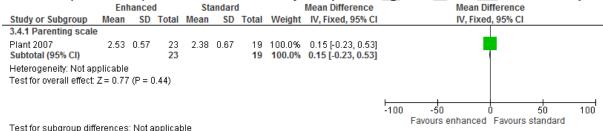


Figure 119: Individual parent training (standard) versus individual parent training (enhanced) – stress measured by the parenting scale at 52-week follow-up



0.7.1.2 Group parent training

Figure 120: Group parent training versus no treatment – carer satisfaction measured using the KPS-SF at the end of treatment

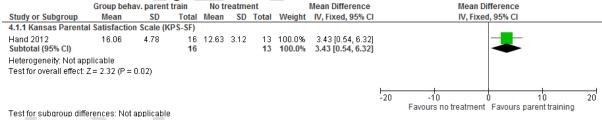


Figure 121: Group parent training versus no treatment – stress measured using the parenting scale at the end of treatment

