

NKR 43 PICO 5 Specifikke programmer vs generiske

Review information

Authors

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Contact person

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Dates

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Date of Search:

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Protocol First Published: Not specified

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Last Citation Issue: Not specified

What's new

Date / Event	Description
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History

Date / Event	Description
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Characteristics of studies

Characteristics of included studies

Ingul 2014

<p>Methods</p>	<p>Study design: Randomized controlled trial Study grouping: Parallel group Open Label: Cluster RCT:</p>
<p>Participants</p>	<p>Baseline Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● Number with primary social phobia (n, %): 100% ● Number with primary generalized anxiety disorder (n, %): 0 ● Number with primary separation anxiety disorder (n, %): 0 ● Number with other types of primary anxiety disorders (n, %): 0 ● Age in years (mean, SD): 14.98 (0.94) ● Age range and proportion of children and adolescents: 13 - 16 (100% adolescents) <p>Control</p> <ul style="list-style-type: none"> ● Number with primary social phobia (n, %): 100% ● Number with primary generalized anxiety disorder (n, %): 0 ● Number with primary separation anxiety disorder (n, %): 0 ● Number with other types of primary anxiety disorders (n, %): 0 ● Age in years (mean, SD): 14.3 (0.89) ● Age range and proportion of children and adolescents: 13 - 16 (100% adolescents) <p>Included criteria: To qualify for inclusion, students had to be in grades 8–10 and experiencing SP as their primary problem. Excluded criteria: The presence of mental retardation or psychoses was considered a ground for exclusion. Participants</p>

	<p>who were already being treated elsewhere for mentalhealth conditions were also excluded (fig. 1).</p> <p>Pretreatment: None detected</p>
<p>Interventions</p>	<p>Intervention Characteristics Intervention</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> CBTI : The manual was developed by Clark and Wells [18] as a treatment for adult SP. The language, tempo and type of interventions were adapted for use with adolescents by the first and third authors. The treatment included 3 phases ● <i>Length of intervention/control (weeks and sessions):</i> 12 sessions of 50 min each. Not stated over how many weeks ● <i>Length of follow-up (in months):</i> 12 months <p>Control</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> CBTG: The groups consisted of 4–6 participants. The manual was based on The C.A.T. Project Manual for the Cognitive Behavioral Treatment of Anxious Adolescents[35] with some ‘play elements’ from the Social Effectiveness Therapy for Children and Adolescents pro-gram [36] . The manual was divided into two parts (online suppl. table 1; for all online suppl. material, see www.karger.com/doi/10.1159/000354672). Prior to the study, the protocol was test-ed by the second author in a pilot study, showing significant symp-tom reductions ● <i>Length of intervention/control (weeks and sessions):</i> 10 sessions of 90 each. Not stated over how many weeks ● <i>Length of follow-up (in months):</i> 12 months
<p>Outcomes</p>	<p><i>Remission of primary anxiety diagnosis (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome ● Reporting: Not reported ● Direction: Higher is better ● Data value: Endpoint ● Notes: Not reported <p><i>Youth reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: SPAL-C ● Range: 0 - 52 ● Unit of measure: Points ● Direction: Lower is better

- **Data value:** Endpoint

Parent reported anxiety symptoms (EoT)

- **Outcome type:** ContinuousOutcome
- **Reporting:** Not reported
- **Notes:** Not reported

Remission of primary anxiety diagnosis (longest FU, at least 3 months)

- **Outcome type:** DichotomousOutcome
- **Reporting:** Fully reported
- **Direction:** Higher is better
- **Data value:** Endpoint
- **Notes:** 1 year fuBased on ADIS-C

Youth reported anxiety symptoms (longest FU, at least 3 months)

- **Outcome type:** ContinuousOutcome
- **Reporting:** Fully reported
- **Scale:** SPAI-C
- **Range:** 0 - 52
- **Unit of measure:** Points
- **Direction:** Lower is better
- **Data value:** Endpoint
- **Notes:** 1 year fu

Parent reported anxiety symptoms (longest FU, at least 3 months)

- **Outcome type:** ContinuousOutcome
- **Reporting:** Not reported
- **Notes:** Not reported

Youth reported functioning (EoT)

- **Outcome type:** ContinuousOutcome
- **Reporting:** Not reported

Observer reported functioning (EoT)

- **Outcome type:** ContinuousOutcome
- **Reporting:** Not reported

	<ul style="list-style-type: none"> ● Notes: Not reported <p><i>Number that discontinued treatment or control (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome <p><i>Combined youth and observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● Reporting: Not reported ● Notes: Not reported
Identification	<p>Sponsorship source: This study was supported by a grant from the Liaison Committee between the Central Norway Regional Health Authority and the Norwegian University of Science and Technology.</p> <p>Country: Norway</p> <p>Setting: School-based screening</p> <p>Comments:</p> <p>Authors name: Ingul 2014</p> <p>Institution: Department of Child and Adolescent Psychiatry, Also Department of Psychology, Norwegian University of Science and Technology, Trondheim</p> <p>Email: jo.magne.ingul@hnt.no</p> <p>Address:</p>
Notes	<p><i>Nkr 43 Angst on 31/03/2016 07:15</i></p> <p>Select Spot on!</p>

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	Quote: "2014;83:54-61 DOI: 10.1159/000354672 56 Randomization The randomization was performed at each site, because of long travelling distances. Randomization was conducted using a pre- assigned random schedule generated from the SPSS 15.0 random number generator. Measures Structured Interview The ADIS-C"
Allocation concealment	Unclear risk	Judgement Comment: Not stated

Blinding of participants and personnel	High risk	Judgement Comment: Impossible to blind participants for being in group or individual treatment
Blinding of outcome assessors	Low risk	Quote: "the follow-up inter- view, assessors were blinded with respect to treatment conditions, receiving only the name and contact information of each adoles- cent."
Incomplete outcome data	High risk	Judgement Comment: Over 50% drop out in both groups, mostly due to drop out before the treatment began
Selective outcome reporting	Low risk	Judgement Comment: None detected
Other sources of bias	Low risk	Judgement Comment: None detected

Footnotes

Characteristics of excluded studies

O'Shea 2015

Reason for exclusion	Wrong patient population
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Footnotes

Characteristics of studies awaiting classification

Footnotes

Characteristics of ongoing studies

Footnotes

Summary of findings tables

Additional tables

References to studies

Included studies

Ingul 2014

Ingul J.M.; Aune T.; Nordahl,H. M.. A randomized controlled trial of individual cognitive therapy, group cognitive behaviour therapy and attentional placebo for adolescent social phobia.. Psychotherapy and psychosomatics 2014;83(1):54-61 . [DOI:]

Excluded studies

O'Shea 2015

O'Shea, Gabrielle; Spence, Susan H.; Donovan, Caroline L.. Group versus individual interpersonal psychotherapy for depressed adolescents.. Behavioural & Cognitive Psychotherapy 2015;43(1):1-19. [DOI:]

Studies awaiting classification

Ongoing studies

Other references

Additional references

Other published versions of this review

Data and analyses

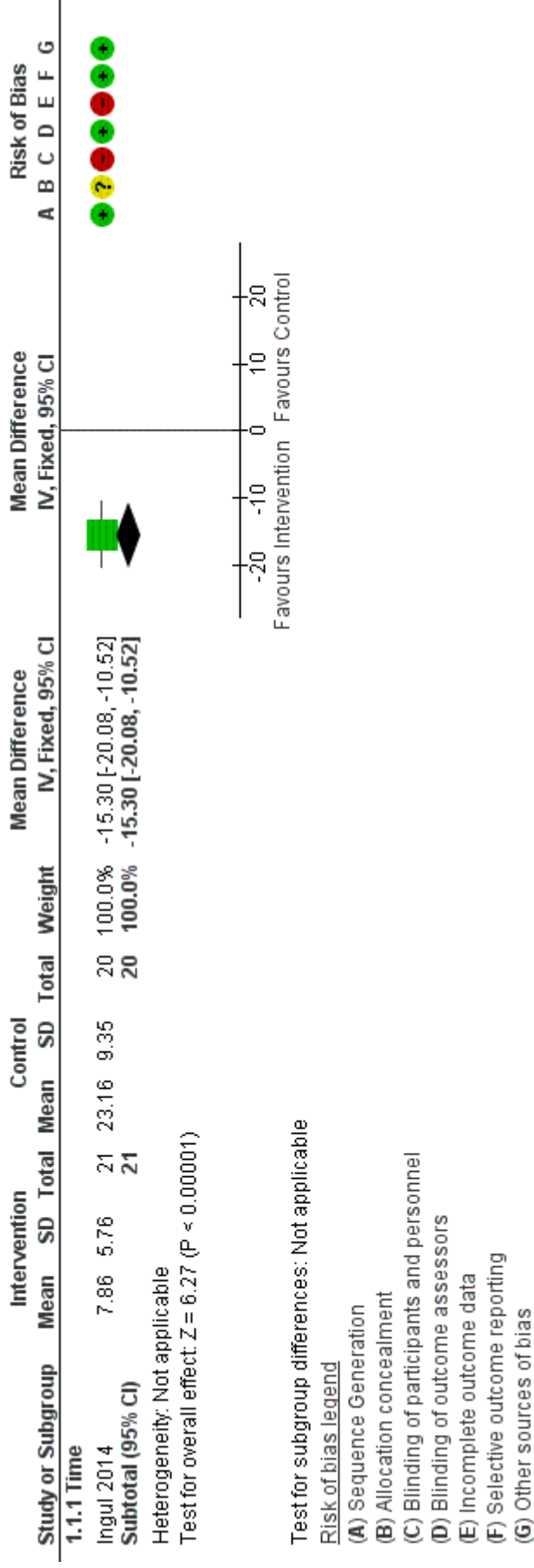
1 Intervention vs Control

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
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1.1 Youth reported anxiety symptoms (EoT)	1							Subtotals only
1.1.1 Time	1	41			Mean Difference (IV, Fixed, 95% CI)			-15.30 [-20.08, -10.52]
1.2 Parent reported anxiety symptoms (EoT)	0	0			Mean Difference (IV, Fixed, 95% CI)			Not estimable
1.3 Youth reported anxiety symptoms (longest FU, at least 3 months)	1				Mean Difference (IV, Fixed, 95% CI)			Subtotals only
1.3.1 Time	1	41			Mean Difference (IV, Fixed, 95% CI)			-8.06 [-12.95, -3.17]
1.4 Parent reported anxiety symptoms (longest FU, at least 3 months)	0	0			Mean Difference (IV, Fixed, 95% CI)			Not estimable
1.5 Youth reported functioning (EoT)	0	0			Mean Difference (IV, Fixed, 95% CI)			Not estimable
1.6 Observer reported functioning (EoT)	0	0			Mean Difference (IV, Fixed, 95% CI)			Not estimable
1.7 Combined youth and observer reported functioning (EoT)	0	0			Mean Difference (IV, Fixed, 95% CI)			Not estimable
1.8 Remission of primary anxiety diagnosis (EoT)	0				Risk Ratio (IV, Fixed, 95% CI)			No totals
1.9 Remission of primary anxiety diagnosis (longest FU, at least 3 months)	1				Risk Ratio (IV, Fixed, 95% CI)			Subtotals only
1.9.1 Time	1	27			Risk Ratio (IV, Fixed, 95% CI)			1.43 [0.73, 2.80]
1.10 Number that discontinued treatment or control (EoT)	1				Risk Ratio (IV, Fixed, 95% CI)			Subtotals only
1.10.1 Time	1	94			Risk Ratio (IV, Fixed, 95% CI)			0.65 [0.42, 1.01]

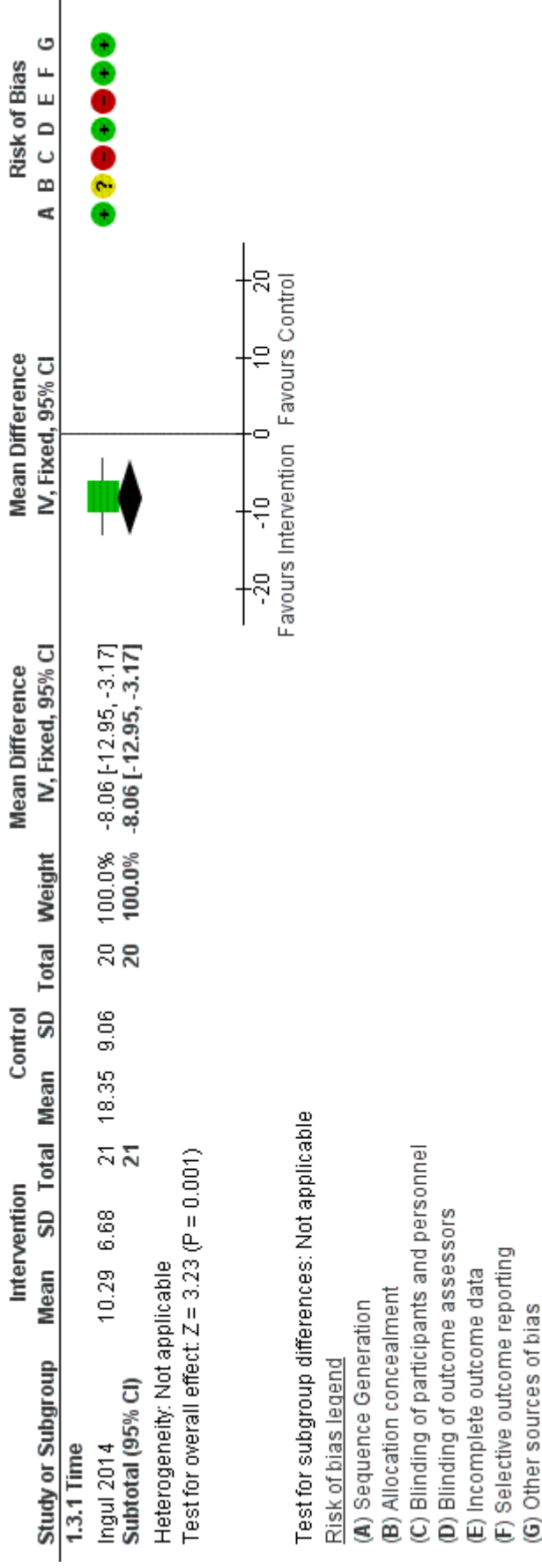
Figures

Figure 1 (Analysis 1.1)



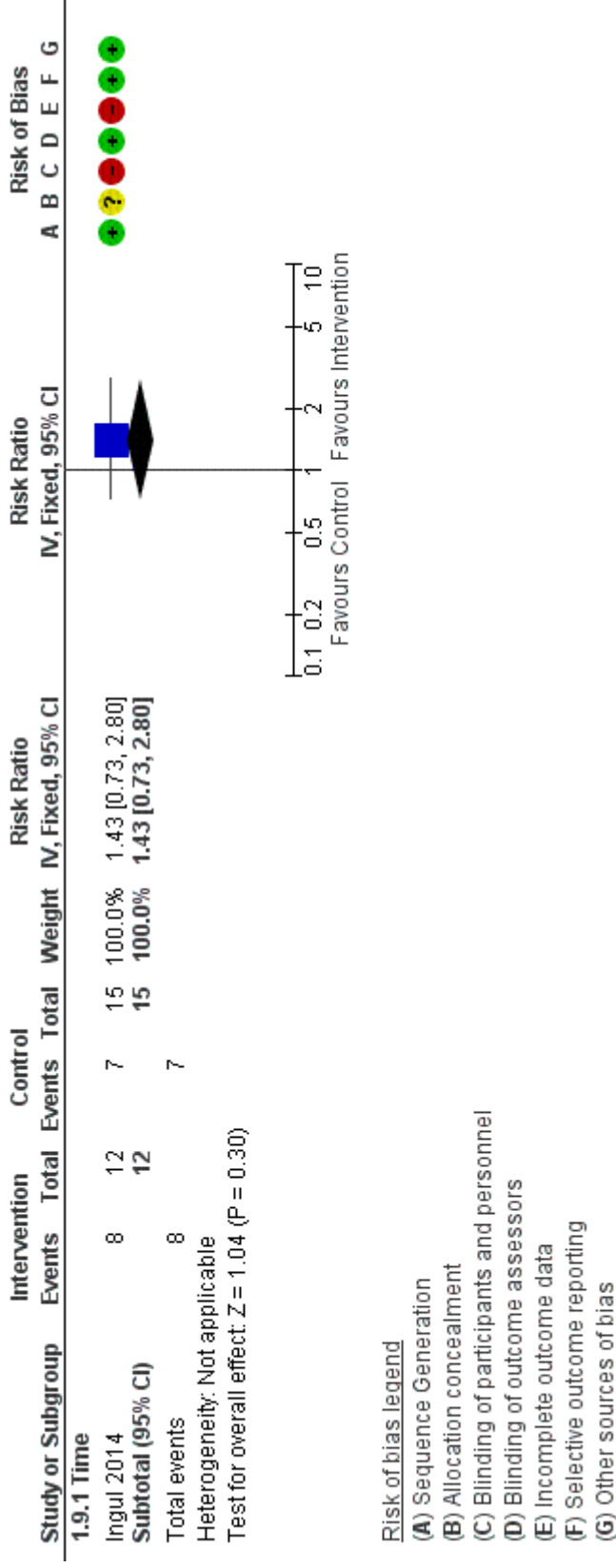
Forest plot of comparison: 1 Intervention vs Control, outcome: 1.1 Youth reported anxiety symptoms (EoT).

Figure 2 (Analysis 1.3)



Forest plot of comparison: 1 Intervention vs Control, outcome: 1.3 Youth reported anxiety symptoms (longest FU, at least 3 months).

Figure 3 (Analysis 1.9)



Forest plot of comparison: 1 Intervention vs Control, outcome: 1.9 Remission of primary anxiety diagnosis (longest FU, at least 3 months).

Figure 4 (Analysis 1.10)

Ingul 2014	+	?	-	+	-	+	+	+
Sequence Generation	+							
Allocation concealment		?						
Blinding of participants and personnel			-					
Blinding of outcome assessors				+				
Incomplete outcome data					-			
Selective outcome reporting						+		
Other sources of bias							+	

Risk of bias summary: review authors' judgements about each risk of bias item for each included study.