NKR 43 PICO 5 Specifikke programmer vs generiske

Review information

Authors

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Contact person

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Dates

Assessed as Up-to-date:	
Date of Search:	
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Protocol First Published:	Not specified
Review First Published:	Not specified
Last Citation Issue:	Not specified

What's new

Date / Event	Description

History

Date / Event	Description

Characteristics of studies

Characteristics of included studies

Ingul 2014

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *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) Control ● *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) **Included criteria:** To qualify for inclusion, students had to be in grades 8–10 andexperiencing SP as their primary problem. **Excluded criteria:** The presence of mentalretardation or psychoses was considered a ground for exclusion.Participants

	who were already being treated elsewhere for mentalhealth conditions were also excluded (fig. 1). **Pretreatment:** None detected
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: 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 ● *Length of intervention/control (weeks and sessions)*: 12 sessions of 50 min each. Not stated over how many weeks ● *Length of follow-up (in months)*: 12 months Control ● *Description of type of intervention/control*: 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 ● *Length of intervention/control (weeks and sessions)*: 10 sessions of 90 each. Not stated over how many weeks ● *Length of follow-up (in months)*: 12 months
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Not reported ● **Direction**: Higher is better ● **Data value**: Endpoint ● **Notes**: Not reported *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: SPAI-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

	● **Notes**: Not reported *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported ● **Notes**: Not reported
Identification	**Sponsorship source:** This study was supported by a grant from the Liaison Committeebetween the Central Norway Regional Health Authority andthe Norwegian University of Science and Technology. **Country:** Norway **Setting:** School-based screening **Comments:** **Authors name:** Ingul 2014 **Institution:** Department of Child and Adolescent Psychiatry. Also Department of Psychology, Norwegian University of Science and Technology, Trondheim **Email:** jo.magne.ingul @ hnt.no **Address:**
Notes	*Nkr 43 Angst* on 31/03/2016 07:15 **Select** Spot on!

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

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

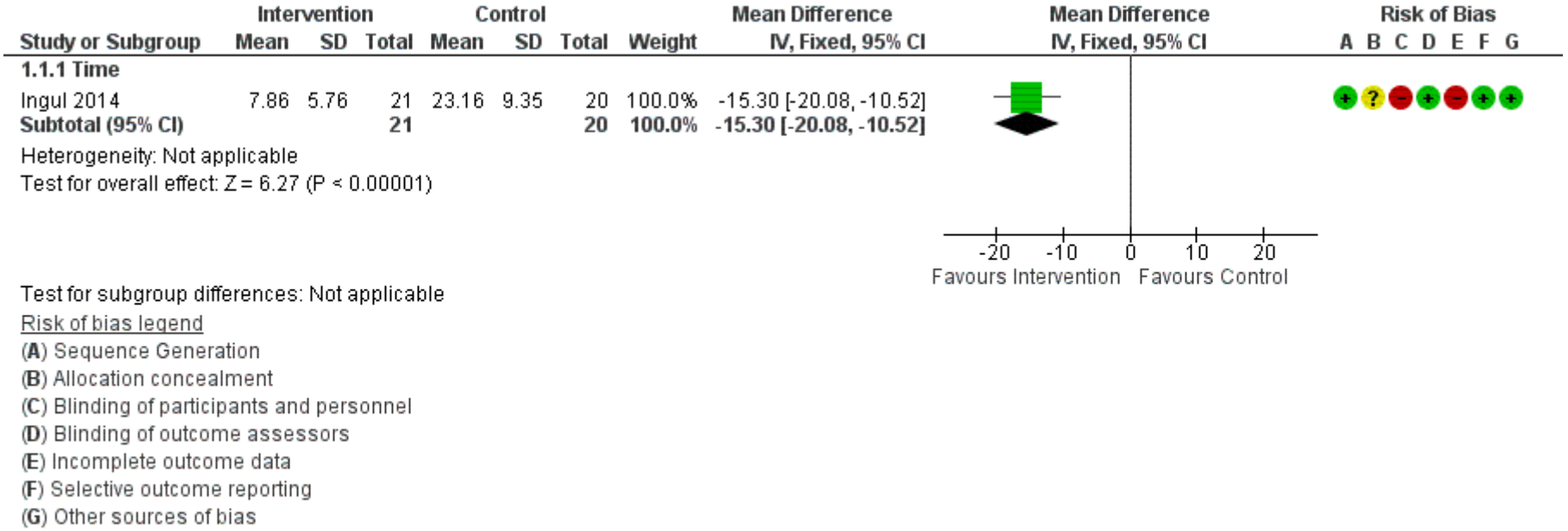
1 Intervention vs Control

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate

1.1 Youth reported anxiety symptoms (EoT)	1		Mean Difference (IV, Fixed, 95% CI)	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]

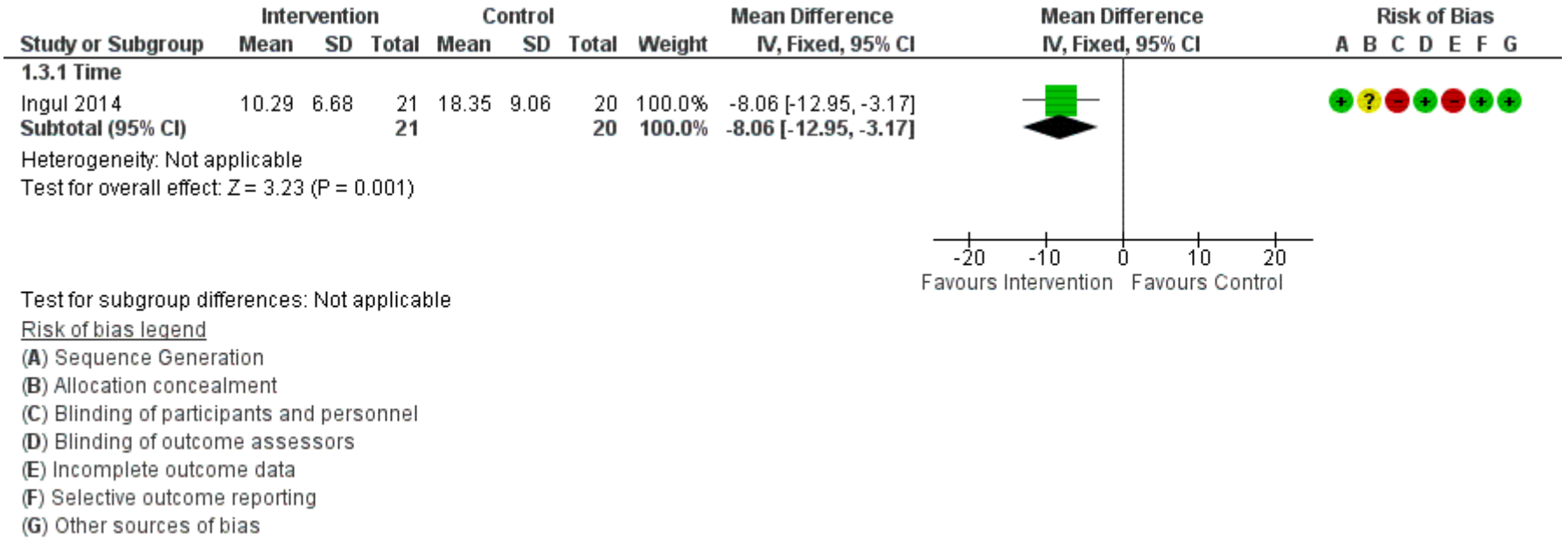
Figures

Figure 1 (Analysis 1.1)



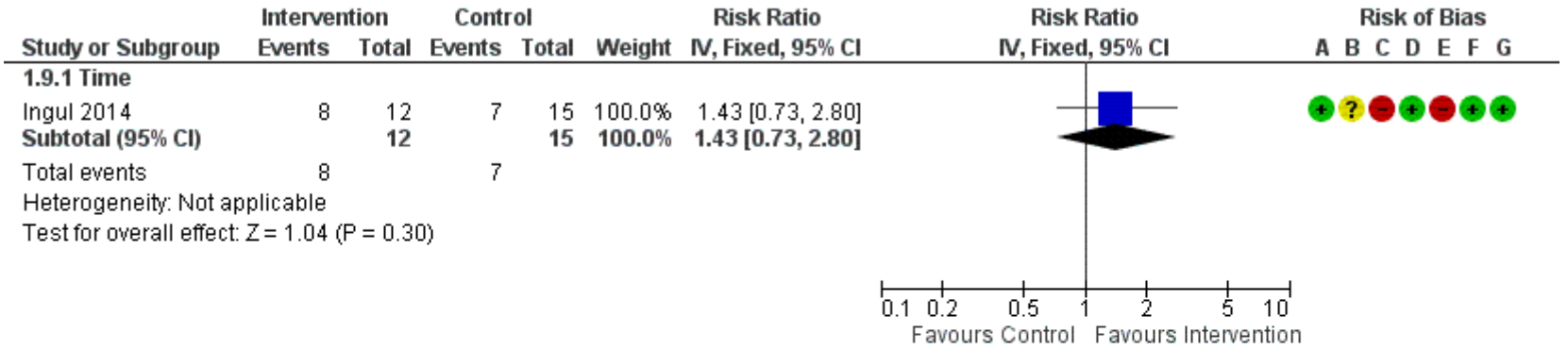
Forest plot of comparison: 1 Intervention vs Control, outcome: 1.1 Youth reported anxiety symptoms (EoT).

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).

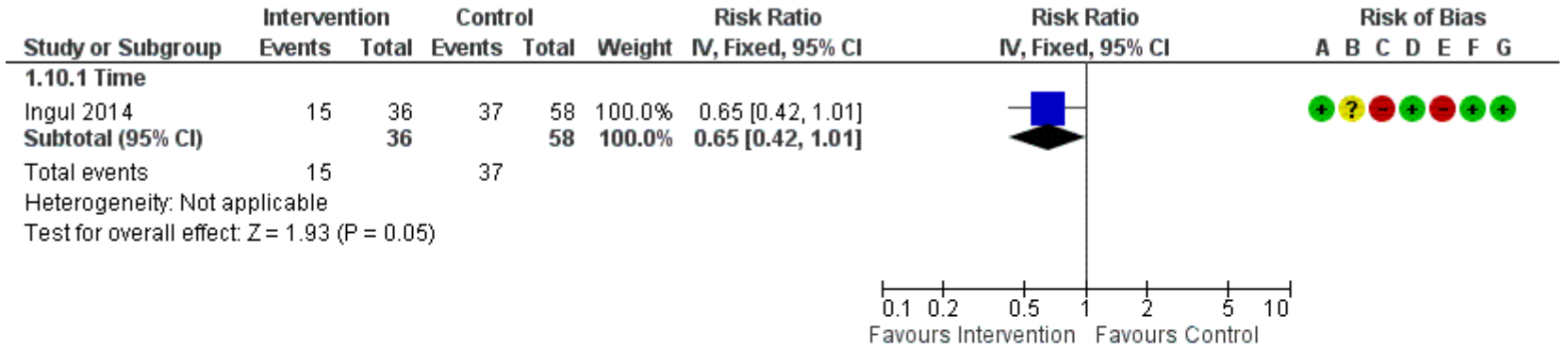
Figure 3 (Analysis 1.9)



Risk of bias legend
(**A**) Sequence Generation
(**B**) Allocation concealment
(**C**) Blinding of participants and personnel
(**D**) Blinding of outcome assessors
(**E**) Incomplete outcome data
(**F**) Selective outcome reporting
(**G**) Other sources of bias

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

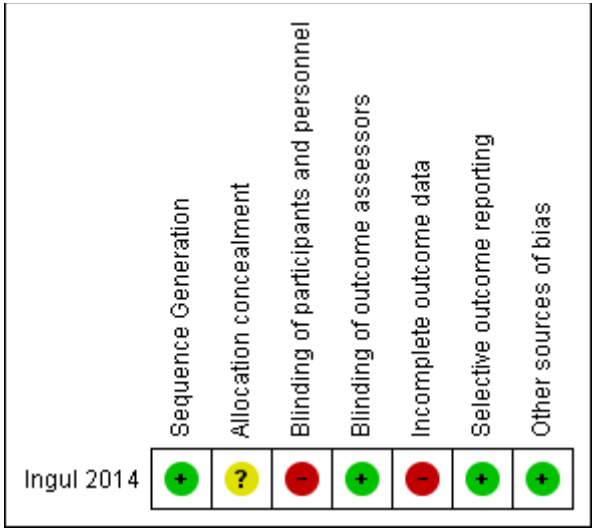
Figure 4 (Analysis 1.10)



Risk of bias legend
(**A**) Sequence Generation
(**B**) Allocation concealment
(**C**) Blinding of participants and personnel
(**D**) Blinding of outcome assessors
(**E**) Incomplete outcome data
(**F**) Selective outcome reporting
(**G**) Other sources of bias

Forest plot of comparison: 1 Intervention vs Control, outcome: 1.10 Number that discontinued treatment or control (EoT).

Figure 5



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