APPENDIX 15: INTERVENTIONS FOR ADULTS – GRADE PROFILES

Abbreviations

CBT	cognitive behavioural therapy
CI	confidence interval
MAOI	monoamine oxidase inhibitor
OIS	optimal information size
RR	risk ratio/relative risk
SMD	standardised mean difference
SNRI	serotonin and noradrenaline reuptake inhibitor
SSRI	selective serotonin reuptake inhibitor
TAU	treatment as usual

PHARMACOLOGICAL INTERVENTIONS

See Chapter 6, Section 6.6 of the guideline.

MONOAMINE OXIDASE INHIBITORS (MAOIS)

See Section 6.6.3 of the guideline.

MAOIs compared with placebo

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	MAOI	Placebo	Relative (95% CI)	Absolute		
Social anxiety disorder at post-treatment (without brofaromine) (measured with: continuous measures; range of scores: 0–144; better indicated by lower values)												
9	Randomised trials	No serious risk of bias	Serious[1]	No serious indirectness	No serious imprecision	Reporting bias[2]	589	553	-	SMD 0.53 lower (0.81 to 0.25 lower)	⊕⊕OO LOW	CRITICAL
Social anxiety disorder at follow-up (without brofaromine) (measured with: continuous measures; range of scores: 0–144; better indicated by lower values)												
2	Randomised trials	No serious risk of bias	Serious[1]	No serious indirectness	Very serious[3]	Reporting bias[2]	37	34	-	SMD 0.27 lower (1.05 lower to 0.51 higher)	⊕OOO VERY LOW	CRITICAL

[1] Evidence of substantial and significant heterogeneity.
[2] Searches identified multiple unpublished studies of pharmacotherapy for social anxiety disorder.
[3] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

Tranylcypromine 60 mg compared with 30 mg

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Tranylcypromine 60 mg	30 mg	Relative (95% CI)	Absolute		
Social anxiety disorder at post-treatment (measured with: continuous measures; range of scores: 0–144; better indicated by lower values)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Very serious[1]	Reporting bias[2]	17	19	-	SMD 0.85 lower (1.54 to 0.17 lower)	⊕OOO VERY LOW	CRITICAL

[1] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Searches identified multiple unpublished studies of pharmacotherapy for social anxiety disorder.

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) AND SEROTONIN AND NORADRENALINE REUPTAKE INHIBITORS (SNRIS)

See Chapter 6, Section 6.6.4 of the guideline.

SSRIs compared with placebo

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	SSRI	Placebo	Relative (95% CI)	Absolute		
Social anxiety disorder at follow-up – paroxetine (measured with: continuous measures; range of scores: 0–144; better indicated by lower values)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Serious[1]	Reporting bias[2]	42	43	-	SMD 0.39 lower (0.82 lower to 0.04 higher)	⊕⊕OO LOW	CRITICAL
Social anxiety disorder at follow-up –sertraline (measured with: continuous measures; range of scores: 0–144; better indicated by lower values)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Serious[1]	Reporting bias[2]	168	160	-	SMD 0.02 higher (0.2 lower to 0.23 higher)	⊕⊕OO LOW	CRITICAL

[1] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Searches identified multiple unpublished studies of pharmacotherapy for social anxiety disorder.

Duloxetine 120 mg compared with 60 mg

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Duloxetine 120 mg	60 mg	Relative (95% CI)	Absolute		
Social anxiety at post-treatment (measured with: continuous measures; range of scores: 0–144; better indicated by lower values)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Very serious[1]	Reporting bias[2]	15	13	-	SMD 1.22 lower (2.05 to 0.39 lower)	⊕OOO VERY LOW	CRITICAL

[1]Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Searches identified multiple unpublished studies of pharmacotherapy for social anxiety disorder.

OTHER PHARMACOLOGICAL INTERVENTIONS

Antipsychotics compared with placebo

See Section 6.6.5 of the guideline.

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Antipsychotics**	**Placebo**	**Relative (95% CI)**	**Absolute**		
Symptoms of social anxiety disorder at post-treatment – quetiapine (measured with: continuous measures; range of scores: 0–144; better indicated by lower values)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Very serious[1]	Reporting bias[2]	10	5	-	SMD 0.28 lower (1.36 lower to 0.81 higher)	⊕OOO VERY LOW	CRITICAL
Symptoms of social anxiety disorder at post-treatment – olanzapine (measured with: continuous measures; range of scores: 0–144; better indicated by lower values)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Very serious[1]	Reporting bias[2]	4	5	-	SMD 2.28 lower (4 to 0.55 lower)	⊕OOO VERY LOW	CRITICAL

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

[2] Searches identified multiple unpublished studies of pharmacotherapy for social anxiety disorder.

CONTINUED PHARMACOTHERAPY FOR RELAPSE PREVENTION, POST-TREATMENT

See Section 6.6.6 of the guideline.

Selective serotonin reuptake inhibitors compared with placebo

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	SSRI (relapse prevention)	Control	Relative (95% CI)	Absolute		
Relapse at post-treatment												
4	Randomised trials	serious[1]	No serious inconsistency	No serious indirectness	serious[2]	Reporting bias[3]	85/365 (23.3%)	190/352 (54%)	RR 0.47 (0.27 to 0.82)	286 fewer per 1000 (from 97 fewer to 394 fewer)	⊕OOO VERY LOW	CRITICAL
								56.4%		299 fewer per 1000 (from 102 fewer to 412 fewer)		

[1] High dropout.
[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[3] Searches identified multiple unpublished studies of pharmacotherapy for social anxiety disorder.

Anticonvulsants compared with placebo

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Anticonvulsant (relapse prevention)	Placebo	Relative (95% CI)	Absolute		
Relapse (assessed with: return of symptoms)												
1	Randomised trials	serious[1]	No serious inconsistency	No serious indirectness	serious[2]	Reporting bias	22/35 (62.9%)	32/40 (80%)	RR 0.79 (0.58 to 1.06)	168 fewer per 1000 (from 336 fewer to 48 more)	⊕OOO VERY LOW	
								80%		168 fewer per 1000 (from 336 fewer to 48 more)		

[1] High dropout.

[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

PSYCHOLOGICAL INTERVENTIONS

See Chapter 6, Section 6.7 of the guideline.

COGNITIVE BEHAVIOURAL INTERVENTIONS – INDIVIDUAL

See Section 6.7.1 of the guideline.

Individual CBT individual compared with waitlist

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**CBT individual**	**Waitlist**	**Relative (95% CI)**	**Absolute**		
Social anxiety disorder at follow-up (measured with: continuous measures; range of scores: 0–144; better indicated by lower values)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Very serious[1]	none	18	20	-	SMD 0.6 lower (1.26 lower to 0.05 higher)	⊕⊕OO LOW	CRITICAL

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

CBT compared with applied relaxation (RENNER2008)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	CBT	Applied relaxation (Renner 2008)	Relative (95% CI)	Absolute		
Social anxiety disorder at post-treatment (measured with: continuous measures; range of scores: 0–144; better indicated by lower values)												
1	Randomised trials	Serious[1]	No serious inconsistency	No serious indirectness	Very serious[2]	none	14	14	-	SMD 1.13 higher (0.32 to 1.94 higher)	⊕OOO VERY LOW	CRITICAL

[1] Intervention and methods poorly described.

[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

COGNITIVE BEHAVIOURAL INTERVENTIONS – GROUP

See Section 6.7.2 of the guideline.

CBT group compared with controls

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	CBT group	Controls	Relative (95% CI)	Absolute		
Social anxiety disorder at follow-up – waitlist (measured with: continuous measures; range of scores: 0–144; better indicated by lower values)												
2	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	serious[1]	none	39	40	-	SMD 0.76 lower (1.98 lower to 0.47 higher)	⊕⊕⊕O MODERATE	CRITICAL
Social anxiety disorder at follow-up – psychological placebo (measured with: continuous measures; range of scores: 0–144; better indicated by lower values)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Very serious[1]	none	15	14	-	SMD 0.37 lower (1.14 lower to 0.39 higher)	⊕⊕OO LOW	CRITICAL

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

CBT following open-label paroxetine compared with waitlist

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	CBT following open label paroxetine	Waitlist	Relative (95% CI)	Absolute		
Symptoms of social anxiety disorder at post-treatment (measured with: continuous measures; better indicated by lower values)												
1	Randomised trials	serious[1]	No serious inconsistency	No serious indirectness	Serious[2]	None	32	29	-	SMD 0.49 lower (1 lower to 0.02 higher)	⊕⊕OO LOW	CRITICAL

[1] Methods poorly described.
[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

COGNITIVE BIAS MODIFICATION

See Section 6.7.3 of the guideline.

Cognitive bias modification compared with sham therapy

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Cognitive bias modification	Sham therapy	Relative (95% CI)	Absolute		
Recovery at post-treatment (assessed with: loss of diagnosis)												
3	Randomised trials	No serious risk of bias	Serious[1]	No serious indirectness	Serious[2]	Reporting bias[3]	30/75 (40%)	12/81 (14.8%)	RR 0.59 (0.25 to 1.42)	61 fewer per 1000 (from 111 fewer to 62 more)	⊕OOO VERY LOW	CRITICAL
								11.5%		47 fewer per 1000 (from 86 fewer to 48 more)		
Recovery at follow-up (assessed with: loss of diagnosis)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Serious[2]	Reporting bias[3]	9/19 (47.4%)	3/20 (15%)	RR 0.62 (0.39 to 0.99)	57 fewer per 1000 (from 1 fewer to 92 fewer)	⊕⊕OO LOW	
								15%		57 fewer per 1000 (from 1 fewer to 92 fewer)		

Social anxiety disorder at post-treatment (measured with: continuous measures; range of scores: 0–144; better indicated by lower values)												
7	Randomised trials	No serious risk of bias	Serious[1]	No serious indirectness	Serious[2]	Reporting bias[3]	156	152	-	SMD 0.24 lower (0.49 lower to 0.01 higher)	⊕OOO VERY LOW	CRITICAL
Social anxiety disorder at follow-up (measured with: continuous measures; range of scores: 0–144; better indicated by lower values)												
3	Randomised trials	No serious risk of bias	Serious[1]	No serious indirectness	No serious imprecision	Reporting bias[3]	93	80	-	SMD 0.30 lower (0.55 lower to 0.05 lower)	⊕⊕⊕O MODERATE	CRITICAL

[1] Trials of internet-based and laboratory-based interventions have different outcomes.

[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

[3] Authors failed to provide data requested.

EXPOSURE WITH COGNITIVE ENHANCERS

See Section 6.7.6 of the guideline.

Exposure with cognitive enhancers compared with placebo

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Exposure with cognitive enhancers	Placebo	Relative (95% CI)	Absolute		
Social anxiety disorder at post-treatment– D-cycloserine (measured with: continuous measures; range of scores: 0–144; better indicated by lower values)												
3	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Serious[1]	None	127	125	-	SMD 0.36 lower (0.61 to 0.11 lower)	⊕⊕⊕O MODERATE	CRITICAL
Social anxiety disorder at post-treatment – oxytocin (measured with: continuous measures; better indicated by lower values)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Very serious[1]	None	12	13	-	SMD 0.26 higher (0.53 lower to 1.05 higher)	⊕⊕OO LOW	CRITICAL
Social anxiety disorder at follow-up – D-cycloserine (measured with: continuous measures; better indicated by lower values)												
3	Randomised trials	No serious risk of bias	No serious inconsistency[2]	No serious indirectness	Serious[1]	None	125	123	-	SMD 0.2 lower (0.45 lower to 0.05 higher)	⊕⊕⊕O MODERATE	CRITICAL
Social anxiety disorder at follow-up – oxytocin (measured with: continuous measures; better indicated by lower values)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Very serious[1]	None	12	13	-	SMD 0.15 higher (0.64 lower to 0.93 higher)	⊕⊕OO LOW	CRITICAL

[1] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Substantial and significant heterogeneity.

SELF-HELP

See Section 6.7.11 of the guideline.

Self-help compared with waitlist

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Self-help	Waitlist	Relative (95% CI)	Absolute		
Recovery at follow-up (assessed with: loss of diagnosis)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	serious[1]	Reporting bias[2]	40/80 (50%)	26/40 (65%)	RR 0.77 (0.56 to 1.06)	150 fewer per 1000 (from 286 fewer to 39 more)	⊕⊕OO LOW	
								65%		150 fewer per 1000 (from 286 fewer to 39 more)		

[1] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Most studies were not registered and reviews demonstrate that many self-help studies are not published.

COMBINED PSYCHOLOGICAL AND PHARMACOLOGICAL INTERVENTIONS

See Chapter 6, Section 6.8 of the guideline.

PREFERENCE-BASED THERAPY

Preference-based therapy compared with treatment as usual

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Preference-based	TAU	Relative (95% CI)	Absolute		
Social anxiety disorder at post-treatment (measured with: continuous measures; range of scores: 0–144; better indicated by lower values)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Serious[1]	None	74	58	-	SMD 0.48 lower (0.83 to 0.14 lower)	⊕⊕⊕O MODERATE	CRITICAL
Social anxiety disorder at follow-up (1 year) (measured with: continuous measures; range of scores: 0–144; better indicated by lower values)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Serious[1]	None	74	58	-	SMD 0.39 lower (0.74 to 0.05 lower)	⊕⊕⊕O MODERATE	CRITICAL
Social anxiety disorder at follow-up (18 months) (measured with: continuous measures; range of scores: 0–144; better indicated by lower values)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Serious[1]	None	74	58	-	SMD 0.3 lower (0.64 lower to 0.05 higher)	⊕⊕⊕O MODERATE	CRITICAL

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

SPECIFIC SUBGROUPS

See Chapter 6, Section 6.9 of the guideline.

INTERVENTIONS FOR FEAR OF PUBLIC SPEAKING

See Section 6.9.1 of the guideline.

CBT compared with self-help for fear of public speaking

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	CBT	Self-help	Relative (95% CI)	Absolute		
Social anxiety disorder at post-treatment (9 weeks) (measured with: continuous measures; better indicated by lower values)												
1	Randomised trials	serious[1]	No serious inconsistency	No serious indirectness	serious[2]	none	36	62	-	SMD 0.01 higher (0.39 lower to 0.42 higher)	⊕⊕OO LOW	CRITICAL
Social anxiety disorder at follow-up (61 weeks) (measured with: continuous measures; better indicated by lower values)												
1	Randomised trials	serious[1]	No serious inconsistency	No serious indirectness	serious[2]	none	36	62	-	SMD 0.23 lower (0.65 lower to 0.18 higher)	⊕⊕OO LOW	CRITICAL

[1] Methods poorly described.
[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

Self-help compared with waitlist for fear of public speaking

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Self-help	Waitlist	Relative (95% CI)	Absolute		
Social anxiety disorder at post-treatment (9 weeks) (measured with: continuous measures; better indicated by lower values)												
1	Randomised trials	Serious[1]	No serious inconsistency	No serious indirectness	Serious[2]	None	62	29	-	SMD 1.09 lower (1.56 to 0.63 lower)	⊕⊕OO LOW	CRITICAL

[1] Methods poorly described.
[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

CBT compared with waitlist for fear of public speaking

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	CBT	Waitlist	Relative (95% CI)	Absolute		
Social anxiety disorder at post-treatment (9 weeks) (measured with: continuous measures; better indicated by lower values)												
1	Randomised trials	Serious[1]	No serious inconsistency	No serious indirectness	Serious[2]	None	36	29	-	SMD 1.18 lower (1.72 to 0.65 lower)	⊕⊕OO LOW	CRITICAL

[1] Methods poorly described.
[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

Exposure in vivo compared with waitlist for fear of public speaking

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Exposure in vivo	Waitlist	Relative (95% CI)	Absolute		
Social anxiety disorder at post-treatment (8 weeks) (measured with: continuous measures; better indicated by lower values)												
1	Randomised trials	Serious[1]	No serious inconsistency	No serious indirectness	Serious[2]	None	16	17	-	SMD 0.6 lower (1.3 lower to 0.11 higher)	⊕⊕OO LOW	CRITICAL

[1] Methods poorly described.

[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

Exposure in vivo (with self-study) compared with supported self-help for fear of public speaking

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Exposure in vivo (with self-study)	Supported self-help	Relative (95% CI)	Absolute		
Social anxiety disorder at post-treatment (9 weeks) (measured with: continuous measures; better indicated by lower values)												
1	Randomised trials	Serious[1]	No serious inconsistency	No serious indirectness	Serious[2]	None	18	18	-	SMD 0.1 lower (0.74 lower to 0.54 higher)	⊕⊕OO LOW	CRITICAL
Social anxiety disorder at follow-up (61 weeks) (measured with: continuous measures; better indicated by lower values)												
1	Randomised trials	Serious[1]	No serious inconsistency	No serious indirectness	Serious[2]	None	16	18	-	SMD 0.15 higher (0.51 lower to 0.81 higher)	⊕⊕OO LOW	CRITICAL

[1] Methods poorly described.

[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

INTERVENTIONS FOR FEAR OF BLUSHING, TREMBLING OR SWEATING

See Chapter 6, Section 6.9.2 of the guideline.

Exposure in vivo compared with attention training for fear of blushing

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Exposure in vivo	Attention training	Relative (95% CI)	Absolute		
Social anxiety disorder at post-treatment (6 weeks) (measured with: continuous measures; better indicated by lower values)												
1	Randomised trials	Serious[1]	No serious inconsistency[2]	No serious indirectness	Serious[3]	None	12	14	-	SMD 0.42 lower (1.2 lower to 0.36 higher)	⊕⊕OO LOW	CRITICAL
Social anxiety disorder at follow-up (58 weeks) (measured with: continuous measures; better indicated by lower values)												
1	Randomised trials	Serious[1]	No serious inconsistency	No serious indirectness	Very serious[3]	None	9	12	-	SMD 0.15 lower (1.02 lower to 0.71 higher)	⊕OOO VERY LOW	CRITICAL

[1] Methods poorly described.
[2] Leibowitz Social Anxiety Scale.
[3] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

Task concentration training compared with applied relaxation for fear of blushing, trembling or sweating

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Attention training	Applied relaxation	Relative (95% CI)	Absolute		
Social anxiety disorder at post-treatment (16 weeks) (measured with: continuous measures; better indicated by lower values)												
1	Randomised trials	Serious[1]	No serious inconsistency	No serious indirectness	Serious[2]	None	33	32	-	SMD 0.01 higher (0.48 lower to 0.5 higher)	⊕⊕OO LOW	CRITICAL
Social anxiety disorder at follow-up 1 (29 weeks) (measured with: continuous measures; better indicated by lower values)												
1	Randomised trials	Serious[1]	No serious inconsistency	No serious indirectness	Serious[2]	None	33	32	-	SMD 0.02 higher (0.47 lower to 0.5 higher)	⊕⊕OO LOW	CRITICAL
Social anxiety disorder at follow-up (68 weeks) (measured with: continuous measures; better indicated by lower values)												
1	Randomised trials	Serious[1]	No serious inconsistency	No serious indirectness	Serious[2]	None	33	32	-	SMD 0.17 lower (0.65 lower to 0.32 higher)	⊕⊕OO LOW	CRITICAL

[1] Methods poorly described.

[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

Social skills training compared with group CBT for fear of blushing, trembling or sweating

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Social skills training	Group CBT	Relative (95% CI)	Absolute		
Social anxiety disorder at post-treatment (12 weeks) (measured with: continuous measures; better indicated by lower values)												
1	Randomised trials	serious[1]	No serious inconsistency	No serious indirectness	serious[2]	none	28	27	-	SMD 0.19 higher (0.34 lower to 0.72 higher)	⊕⊕OO LOW	CRITICAL
Social anxiety disorder at follow-up (64 weeks) (measured with: continuous measures; better indicated by lower values)												
1	Randomised trials	serious[1]	No serious inconsistency	No serious indirectness	serious[2]	none	28	27	-	SMD 0.11 higher (0.42 lower to 0.64 higher)	⊕⊕OO LOW	CRITICAL

[1] Methods poorly described.

[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

PHYSICAL INTERVENTIONS FOR FEAR OF BLUSHING OR SWEATING

See Section 6.9.3 of the guideline.

Botulinum toxin compared with placebo (with open-label paroxetine)

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Botulinum toxin**	**Placebo (with open-label paroxetine)**	**Relative (95% CI)**	**Absolute**		
Social anxiety disorder at post-treatment (measured with: continuous measures; range of scores: 0–144; better indicated by lower values)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Very serious[1]	Reporting bias[2]	20	20	-	SMD 0.22 lower (0.84 lower to 0.41 higher)	⊕OOO VERY LOW	CRITICAL

[1] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Searches identified multiple unpublished studies of pharmacotherapy for social anxiety disorder.

RESIDENTIAL INTERVENTIONS

See Section 6.9.4 of the guideline.

Group CBT compared with interpersonal psychotherapy for inpatients

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Group CBT	Interpersonal psychotherapy	Relative (95% CI)	Absolute		
Symptoms of social anxiety disorder at post-treatment (measured with: continuous measures; better indicated by lower values)												
1	Randomised trials	Very serious[1]	No serious inconsistency	No serious indirectness	Serious[2]	None	35	38	-	SMD 0.07 lower (0.53 lower to 0.39 higher)	⊕OOO VERY LOW	CRITICAL
Symptoms of social anxiety disorder at follow-up (measured with: continuous measures; better indicated by lower values)												
1	Randomised trials	Very serious[1]	No serious inconsistency	No serious indirectness	Serious[2]	None	35	37	-	SMD 0.02 lower (0.48 lower to 0.44 higher)	⊕OOO VERY LOW	CRITICAL

[1] Risk of bias in several important domains.
[2] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.

INTERVENTIONS FOR SOCIAL ANXIETY DISORDER AND COMORBID ALCOHOL MISUSE

See Section 6.9.5 of the guideline.

Paroxetine compared with placebo

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Paroxetine	Placebo	Relative (95% CI)	Absolute		
Social anxiety disorder at post-treatment (measured with: continuous measures; better indicated by lower values)												
2	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Serious[1]	Reporting bias[2]	26	30	-	SMD 0.91 lower (1.56 to 0.26 lower)	⊕⊕OO LOW	CRITICAL

[1] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Searches identified multiple unpublished studies of pharmacotherapy for social anxiety disorder.

CBT with an alcohol programme compared with CBT alone

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	CBT+ alcohol programme	CBT alone	Relative (95% CI)	Absolute		
Social anxiety disorder at post-treatment (measured with: continuous measures; better indicated by lower values)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Very serious[1]	Reporting bias[2]	10	13	-	SMD 0.32 lower (1.15 lower to 0.51 higher)	⊕OOO VERY LOW	CRITICAL

[1] Optimal information size (for dichotomous outcomes, OIS = 300 events; for continuous outcomes, OIS = 400 participants) not met.
[2] Searches identified multiple unpublished studies of pharmacotherapy for social anxiety disorder.

INTERVENTIONS FOR SOCIAL ANXIETY DISORDER COMORBID WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER

See Section 6.9.6 of the guideline.

Atomoxetine compared with placebo

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Atomoxetine	Placebo	Relative (95% CI)	Absolute		
Social anxiety disorder at post-treatment (measured with: continuous measures; better indicated by lower values)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Serious[1]	Reporting bias[2]	200	192	-	SMD 0.24 lower (0.44 to 0.04 lower)	⊕⊕OO LOW	CRITICAL

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

[2] Searches identified multiple unpublished studies of pharmacotherapy for social anxiety disorder.