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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					patients		Effect		Ouality	Importance	
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	MAOI	Placebo	Relative (95% CI)		~~~~	I the second sec
Social ar values)	nxiety disorde	r at post-tro	eatment (witho	out brofaromin	e) (measured v	vith: continuous	measui	es; rang	e of score	es: 0–144; better i	ndicated	by lower
9	Randomised trials	No serious risk of bias	Serious ¹		No serious imprecision	Reporting bias ²	589	553		SMD 0.53 lower (0.81 to 0.25 lower)	⊕⊕OO LOW	CRITICAL
Social ar values)	xiety disorde	r at follow	-up (without b	rofaromine) (m	neasured with:	continuous meas	sures; ra	ange of s	scores: 0-	144; better indic	ated by l	ower
2	Randomised trials	No serious risk of bias	Serious ¹	No serious indirectness	Very serious ³	Reporting bias ²	37	34		`	⊕OOO VERY LOW	CRITICAL

¹ Evidence of substantial and significant heterogeneity.

² Searches identified multiple unpublished studies of pharmacotherapy for social anxiety disorder.

Tranylcypromine 60 mg compared with 30 mg

Quality	assessment					No. of patients	Effect		Quality	Importance		
No. of studies	Design	Risk of bias	Inconsistency	Indirectness		Other considerations	Tranylcypromine 60 mg		Relative (95% CI)	Absolute	Quality	importance
Social a	nxiety disorde	er at post-	treatment (meas	sured with: co	ntinuous me	asures; range of	scores: 0–144; bette	r in	dicated b	y lower valu	es)	
					Very serious ¹	Reporting bias ²	17	19		lower (1.54	⊕000 VERY LOW	CRITICAL

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

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 a	Quality assessment										Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	SSRI	Placebo	ĊI)		~	1
Social an	xiety disorder	r at follow-	up – paroxetine (measured with	: continuous	measures; range	of sco	ores: 0-14	14; better	indicated by low	ver value	es)
1	trials			No serious indirectness	Serious ¹	Reporting bias ²	42	43			⊕⊕OO LOW	CRITICAL
Social an	xiety disorder	r at follow-	up –sertraline (m	easured with: o	continuous n	neasures; range o	of scor	es: 0–144	; better i	ndicated by lowe	r values)
	trials			No serious indirectness	Serious ¹	Reporting bias ²	168	160		SMD 0.02 higher (0.2 lower to 0.23 higher)		CRITICAL

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

Duloxetine 120 mg compared with 60 mg

Quality	Quality assessment								Effect		Oralita	Transactor
No. of studies	Design	Risk of bias	Inconsistency	Indirectness		Other considerations	Duloxetine 120 mg	60	Relative (95% CI)	Absolute	Quality	Importance
Social ar	xiety at post-	reatment (measured with:	continuous me	asures; range	e of scores: 0–144	; better indic	ated	by lowe	r values)		
					Very serious ¹	Reporting bias ²	15	13		SMD 1.22 lower (2.05 to 0.39 lower)	⊕OOO VERY LOW	CRITICAL

¹Optimal 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 Effe				Oualitv	Importance	
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Antipsychotics		Relative (95% CI)		~	
Sympto lower va		nxiety di	sorder at post-t	reatment – quo	etiapine (me	asured with: cor	itinuous measu	res; rang	e of score	es: 0–144; bett	er indica	nted by
	Randomised trials	No serious risk of bias		No serious indirectness	Very serious ¹	Reporting bias ²	10	5			VERY	CRITICAL
Sympto lower va		nxiety di	sorder at post-tr	reatment – ola	nzapine (me	asured with: cor	ntinuous measu	res; rang	ge of scor	es: 0–144; bet	ter indic	ated by
	Randomised trials	No serious risk of bias		No serious indirectness	Very serious ¹	Reporting bias ²	4	5		lower (4 to	⊕OOO VERY LOW	CRITICAL

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

CONTINUED PHARMACOTHERAPY FOR RELAPSE PREVENTION, POST-TREATMENT

See Section 6.6.6 of the guideline.

Selective serotonin reuptake inhibitors compared with placebo

Quality assessment								ts	Effect		Oualitv	Importance
No. of studies	llocian	Risk of bias	Inconsistency	Indirectness	Imprecision	Other	SSRI (relapse prevention)	Control	Relative (95% CI)		~~~~	r
Relapse	at post-treatm	nent										
	Randomised trials			No serious indirectness	serious ²	Reporting bias ³	85/365 (23.3%)	· /	RR 0.47 (0.27 to 0.82)	286 fewer per 1000 (from 97 fewer to 394 fewer)		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.

Anticonvulsants compared with placebo

Quality	assessment				No. of patients	Effect		Quality	Importance			
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other	Anticonvulsant (relapse prevention)	Placebo	Relative (95% CI)	Absolute	~~~~	I The second sec
Relapse	(assessed wi	th: return	n of symptoms)		•	•			•	•		
	Randomised trials			No serious indirectness	serious ²	1 0		,		per 1000	⊕OOO VERY LOW	
								80%		168 fewer per 1000 (from 336 fewer to 48 more)		

¹ High dropout.

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 patie	ents	Effect		Orality	Terreroritore og		
No. of studies	Design	Risk of bias	Inconsistency	Indirectness		Other considerations	CBT individual	Waitlist	Relative (95% CI)	95% Absolute I)		Importance
Social a	nxiety disorde	er at follov	v-up (measured	with: continuo	ous measures	; range of scores	: 0-144; bett	er indica	ted by lo	wer values)	•	
1	Randomised	No	No serious	No serious	Very	none	18	20	-	SMD 0.6	$\oplus \oplus OO$	CRITICAL
	trials	serious	inconsistency	indirectness	serious ¹					lower (1.26	LOW	
		risk of								lower to 0.05		
		bias								higher)		

CBT compared with applied relaxation (RENNER2008)

Quality	assessment					No. of patients		Effect		Ouality	Importance	
No. of studies	Deston	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	CBT Applied Relative relaxation (95% Abs (Renner 2008) CI)				~	r
Social an	nxiety disorde	r at post-	treatment (meas	ured with: con	tinuous meas	sures; range of so	cores	: 0–144; better i	ndicated	by lower valu	es)	
	Randomised trials				Very serious²	none	14	14		higher (0.32 to		CRITICAL

¹ Intervention and methods poorly described.

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		Other considerations	CBT group	Controls	Relative (95% CI)			1
Social a	nxiety disorde	er at follo	w-up – waitlist (measured wit	h: continuous	s measures; rang	ge of sco	ores: 0–14	4; better	indicated by l	ower values)	
2	Randomised	No			serious ¹	none	39	40				CRITICAL
	trials		inconsistency	indirectness						(MODERATE	
		risk of								lower to 0.47		
		bias								higher)		
Social an values)	nxiety disorde	er at follo	w-up – psycholo	ogical placebo	(measured w	ith: continuous	measur	es; range	of scores	s: 0–144; better	indicated by	lower
1	Randomised	No	No serious	No serious	Very	none	15	14	-	SMD 0.37	⊕⊕OO	CRITICAL
	trials	serious	inconsistency	indirectness	serious ¹					lower (1.14	LOW	
		risk of								lower to 0.39		
		bias								higher)		

CBT following open-label paroxetine compared with waitlist

Quality	assessment						No. of patients	5	Effect			_
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	CBT following open label paroxetine	Waitlist	Relative (95% CI)		Quality	Importance
Sympton	ms of social a	nxiety di	sorder at post-tr	eatment (mea	sured with: c	ontinuous meas	ures; better inc	licated b	y lower v	values)	•	
	Randomised trials			No serious indirectness	Serious ²	None	32	29			⊕⊕OO LOW	CRITICAL

¹ Methods poorly described.

COGNITIVE BIAS MODIFICATION

See Section 6.7.3 of the guideline.

Cognitive bias modification compared with sham therapy

Quality	assessment						No. of patient	S	Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Cognitive bias modification	Sham therapy	Relative (95% CI)	Absolute		1
Recover	y at post-trea	itment (a	ssessed with:	loss of diagno	sis)	•	•		•			
		No serious risk of bias	Serious ¹	No serious indirectness	Serious ²	Reporting bias ³	30/75 (40%)		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)		
Recover	y at follow-u	p (asses	sed with: loss o	of diagnosis)								
			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 a	nxiety disord	er at pos	st-treatment (m	easured with	: continuous	measures; range	e of scores: 0–1	44; bette	r indicate	ed by lower	values)	
7	Randomised	No	Serious ¹	No serious	Serious ²	Reporting bias ³	156	152	-	SMD 0.24	⊕000	CRITICAL
	trials	serious		indirectness						lower (0.49	VERY LOW	
		risk of								lower to		
		bias								0.01		
										higher)		
Social a	nxiety disord	er at fol	low-up (measu	red with: con	tinuous meas	sures; range of s	cores: 0–144; b	etter ind	icated by	lower valu	es)	
3	Randomised	No	Serious ¹	No serious	No serious	Reporting bias ³	93	80	-	SMD 0.30	$\oplus \oplus \oplus \Theta$	CRITICAL
	trials	serious		indirectness	imprecision					lower (0.55	MODERATE	
		risk of								lower to		
		bias								0.05 lower)		

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 patier	nts	Effect			
No. of studies		Risk of bias	Inconsistency	Indirectness	mnrocicion	Other considerations	Exposure with cognitive enhancers	Placebo	Relative (95% CI)	Absolute	Quality	Importance
Social a	nxiety disord	er at pos	t-treatment- D-	cycloserine (n	neasured wit	h: continuous m	easures; rang	ge of sco	res: 0–14	4; better indi	icated by low	er values)
				No serious indirectness	Serious ¹	None	127	125		SMD 0.36 lower (0.61 to 0.11 lower)	⊕⊕⊕O MODERATE	CRITICAL
Social a	nxiety disord	er at pos	t-treatment – ox	ytocin (measu	red with: co	ntinuous measu	res; better in	dicated	by lower	values)		
				No serious indirectness	Very serious ¹	None	12	13		SMD 0.26 higher (0.53 lower to 1.05 higher)		CRITICAL
Social a	nxiety disord	er at foll	ow-up - D-cycle	oserine (meas	ured with: co	ontinuous meas	ures; better in	ndicated	by lower	r values)		
			No serious inconsistency ²		Serious ¹	None	125	123			⊕⊕⊕O MODERATE	CRITICAL
Social a	nxiety disord	er at foll	ow-up – oxytoci	in (measured	with: continu	ious measures;	better indica	ted by lo	wer valu	es)		
				No serious indirectness	Very serious ¹	None	12	13		SMD 0.15 higher (0.64 lower to 0.93 higher)		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 patien		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision		Self- help	Waitlist	Relative (95% CI)	Absolute		
Recovery	y at follow-up	(assessed	with: loss of dia	ignosis)								
				No serious indirectness	serious ¹	1 0	40/80 (50%)		(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 patier	nts	Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Preference- based	TAU	Relative (95% CI)		2	- r
Social a	nxiety disorde	er at post-	treatment (meas	sured with: co	ntinuous me	asures; range of	scores: 0-144	l; bet	ter indica	ted by lower	values)	
	Randomised trials			No serious indirectness	Serious ¹	None	74	58	-	SMD 0.48 lower (0.83 to 0.14 lower)		CRITICAL
Social a	nxiety disorde	er at follo	w-up (1 year) (n	neasured with:	continuous	measures; range	of scores: 0-	-144;	better in	dicated by lov	ver values)	
	Randomised trials			No serious indirectness	Serious ¹	None	74	58	-	SMD 0.39 lower (0.74 to 0.05 lower)		CRITICAL
Social a	nxiety disorde	er at follo	w-up (18 month	s) (measured v	with: continu	ious measures; r	ange of score	es: 0-3	144; bette	er indicated by	y lower value	s)
	Randomised trials			No serious indirectness	Serious ¹	None	74	58	-		⊕⊕⊕O MODERATE	CRITICAL

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 a	ssessment						No. o patie		Effect		Ouality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Improduction	Other considerations	СВТ	Self- help	Relative (95% CI)		~	r
Social an	xiety disorder	at post-tr	eatment (9 weeks	s) (measured wit	is measures; bette	er ind	licated	by lower	r values)			
	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)		CRITICAL
Social an	xiety disorder	at follow	-up (61 weeks) (n	neasured with: c	ontinuous m	easures; better ir	ndica	ted by	lower va	lues)	•	
	Randomised trials	serious ¹		No serious indirectness	serious ²	none	36	62		SMD 0.23 lower (0.65 lower to 0.18 higher)		CRITICAL

¹ Methods poorly described.

Self-help compared with waitlist for fear of public speaking

Quality a	ssessment						No. of patier		Effect		Onality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Self- help	Waitlist	Relative (95% CI)	Absolute	Quality	importance
Social an	xiety disorder	at post-tr	eatment (9 weeks	s) (measured with	th: continuou	us measures; bett	er indi	icated by	v lower va	alues)		
	Randomised trials			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 a	ssessment						No. o patie		Effect		Ouality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	СВТ	Waitlist	Relative (95% CI)	Absolute	Quality	importance
Social and	xiety disorder	at post-tr	eatment (9 weeks) (measured wit	h: continuou	s measures; bette	er inc	licated by	y lower v	alues)	•	
	Randomised trials			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.

Exposure in vivo compared with waitlist for fear of public speaking

Quality	assessment						No. of pati	ents	Effect		Ouality	Importance
No. of studies	o. of udies Design Risk of bias Inconsistency Indirectness Imprecision Other consideration ocial anxiety disorder at post-treatment (8 weeks) (measured with: continuous mea						Exposure in vivo	Waitlist	Relative (95% CI)		~~~~	r
Social ar	nxiety disorde	r at post-	treatment (8 wee	ks) (measured	with: contin	uous measures;	better indic	ated by l	lower val	ues)		
	Randomised trials			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.

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

Quality	assessment						No. of patie		Effect		Ouality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision		Exposure in vivo (with self-study)	seit-nein	Relative (95% CI)		2	
Social a	nxiety disord	er at post	-treatment (9 w	eeks) (measur	ed with: con	tinuous measur	es; better ind	licated by lo	wer valu	es)		
	Randomised trials	Serious ¹	No serious inconsistency	No serious indirectness	Serious ²	None	18	18	-		⊕⊕OO LOW	CRITICAL
Social a	nxiety disord	er at folle	ow-up (61 week	s) (measured v	with: continu	ious measures; l	oetter indicat	ed by lower	values)			
	Randomised trials	Serious ¹	No serious inconsistency	No serious indirectness	Serious ²	None	16	18			⊕⊕OO LOW	CRITICAL

¹ Methods poorly described.

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						Effect		Ouality	Importance		
No. of studies	Design	Risk of bias	Inconsistency	Indirectness		Other considerations	-	Attention training	Relative (95% CI)		~ ,	
Social a	Social anxiety disorder at post-treatment (6 weeks) (measured with: continuous measures; better indicated by lower values)											
	Randomised trials			No serious indirectness	Serious ³	None	12	14		SMD 0.42 lower (1.2 lower to 0.36 higher)	⊕⊕OO LOW	CRITICAL
Social a	nxiety disorde	er at follo	w-up (58 weeks) (measured w	vith: continuo	ous measures; be	etter indica	ted by lowe	er values)		
	Randomised trials			No serious indirectness	Very serious ³	None	9	12		lower (1.02	⊕000 VERY LOW	CRITICAL

¹ Methods poorly described.

² Leibowitz Social Anxiety Scale.

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

Quality	assessment			-			No. of patie	ents	Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Attention training	11	Relative (95% CI)	Absolute		
Social a	Social anxiety disorder at post-treatment (16 weeks) (measured with: continuous measures; better indicated by lower values)									•		
1	Randomised trials		No serious inconsistency		Serious ²	None	33	32	-	SMD 0.01 higher (0.48 lower to 0.5 higher)	⊕⊕OO LOW	CRITICAL
Social a	nxiety disor	der at fo	ollow-up 1 (29	weeks) (meas	sured with: c	ontinuous mea	sures; better	r indicated by	lower values)			
1	Randomised trials		No serious inconsistency		Serious ²	None	33	32	-	SMD 0.02 higher (0.47 lower to 0.5 higher)	⊕⊕OO LOW	CRITICAL
Social a	nxiety disor	der at fo	ollow-up (68 w	eeks) (measu	red with: con	ntinuous measu	res; better i	ndicated by lo	ower values)			
	Randomised trials		No serious inconsistency		Serious ²	None	33	32	-	SMD 0.17 lower (0.65 lower to 0.32 higher)	⊕⊕OO LOW	CRITICAL

¹ Methods poorly described.

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

Quality	Quality assessment								Effect		Ouality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness				Group	Relative (95% CI)	Absolute	2	P
Social an	Social anxiety disorder at post-treatment (12 weeks) (measured with: continuous measures; better indicated by lower values)											
1	Randomised trials			No serious indirectness	serious ²	none	28	27		SMD 0.19 higher (0.34 lower to 0.72 higher)	⊕⊕OO LOW	CRITICAL
Social an	nxiety disorde	r at follo	w-up (64 weeks)	(measured wit	th: continuou	is measures; bett	ter indicate	d by low	ver value	s)		
1	Randomised trials			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.

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 patie	ents	Effect					
No. of studies	locion	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Botulinum toxin	(with open-	Relative (95% CI)		Quality	Importance
Social a	nxiety disord	er at pos	t-treatment (me	asured with: o	ontinuous n	neasures; range	of scores: 0-	144; better inc	licated by	y lower valu	es)	
					Very serious ¹	Reporting bias ²	20	20		lower (0.84	⊕OOO VERY LOW	CRITICAL

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

RESIDENTIAL INTERVENTIONS

See Section 6.9.4 of the guideline.

Group CBT compared with interpersonal psychotherapy for inpatients

Quality	assessment				No. of j	patients	Effect		Ouality	Importance		
No. of studies	1 100101	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations		Interpersonal	Relative (95% CI)	Absolute	2	
Sympto	Symptoms of social anxiety disorder at post-treatment (measured with: continuous measures; better indicated by lower values)											
	Randomised trials	5	No serious inconsistency	No serious indirectness	Serious ²	None	35	38			⊕OOO VERY LOW	CRITICAL
Sympto	ms of social a	nxiety di	isorder at follov	v-up (measure	d with: conti	nuous measure	s; better	r indicated by lov	ver value	es)		
	Randomised trials	5	No serious inconsistency	No serious indirectness	Serious ²	None	35	37			⊕OOO VERY LOW	CRITICAL

¹ Risk of bias in several important domains.

INTERVENTIONS FOR SOCIAL ANXIETY DISORDER AND COMORBID ALCOHOL MISUSE

See Section 6.9.5 of the guideline.

Paroxetine compared with placebo

Quality a	assessment			No. of patients		Effect		Ouality	Importance			
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Paroxetine	Placebo	Relative (95% CI)		Zuanty	L
Social ar	xiety disorde	r at post-tr	eatment (measu	red with: conti	nuous measu	ires; better indic	ated by lov	ver value	es)	•	•	
	Randomised trials			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.

CBT with an alcohol programme compared with CBT alone

Quality	assessment				No. of patient	s	Effect		Quality	Importance		
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Improcicion	Other considerations			Relative (95% CI)			
Social a	nxiety disorde	er at post-l	treatment (meas	ured with: cor	itinuous mea	sures; better inc						
					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.

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		Ouality	Importance		
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	mnrocicion	Other considerations	Atomoxetine	Placebo	Relative (95% CI)		~ ,	1
Social an	nxiety disorde	er at post-l	treatment (meas	ured with: cont	tinuous meas	sures; better ind	icated by low	er value	s)			
			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.