8. Anomalie del comportamento e disturbo pervasivo dello sviluppo o ritardo mentale

Anomalie del comportamento e disturbo pervasivo dello sviluppo

Question: Should risperidone vs placebo be used for autism?

Bibliography: NICE. Autism: recognition, referral, diagnosis and management of adults on the autism spectrum. National Clinical Practice Guideline 142. National Institute for Health & Clinical Excellence 2012.

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Risperidone	Placebo	Relative (95% CI)	Absolute		
Challenging behaviour - irritability and aggression (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	very serious[2]	none	33	33	-	SMD 0.79 lower (1.29 to 0.28 lower)	⊕OOO VERY LOW	CRITICAL
Repetitive behaviour (follow-up mean 24 weeks; Better indicated by lower values)												
1	randomised trials	serious	no serious inconsistency	no serious indirectness	very serious[3]	none	15	16	-	SMD 0.94 lower (1.68 to 0.19 lower)	⊕OOO VERY LOW	CRITICAL
Autistic behaviour (follow-up mean 24 weeks; Better indicated by lower values)												
1	randomised trials	serious	no serious inconsistency	no serious indirectness	very serious[3]	none	15	16	-	SMD 0.72 lower (1.45 lower to 0.01 higher)	⊕OOO VERY LOW	CRITICAL
Symptom severity or improvement (follow-up mean 24 weeks; Better indicated by lower values)												
1	randomised trials	serious	no serious inconsistency	no serious indirectness	very serious[3]	none	15	16	-	SMD 1.40 lower (2.18 to 0.61 lower)	⊕OOO VERY LOW	CRITICAL

[1] Children and adults considered together

[2] Only 2 RCTs included (66 participants overall)

[3] Only one trial (31 participants) included; blinding stated but not tested; no details on allocation concealment

Question: Should haloperidol vs placebo be used for autism?

Bibliography: NICE. Autism: recognition, referral, diagnosis and management of adults on the autism spectrum. National Clinical Practice Guideline 142. National Institute for Health & Clinical Excellence 2012.

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Haloperidol	Placebo	Relative (95% CI)	Absolute		
Autistic behaviour (follow-up mean 7 weeks; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	serious[2]	very serious[3]	none	17	16	-	MD 2.70 lower (7.19 lower to 1.79 higher)	⊕OOO VERY LOW	CRITICAL
Tolerability (follow-up mean 7 weeks; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	serious[2]	very serious[3]	none	17	16	-	MD 1.50 higher (0.28 lower to 3.28 higher)	⊕OOO VERY LOW	CRITICAL

[1] Risk of bias: randomization, allocation concealment and blinding not clearly described. High drop-out rate in the haloperidol group

[2] Adolescent sample

[3] 95% CI ranges from substantial benefit with haloperidol to substantial benefit with placebo; number of included patients is less than 50

Question: Should valproate vs placebo be used for autism?

Bibliography: NICE. Autism: recognition, referral, diagnosis and management of adults on the autism spectrum. National Clinical Practice Guideline 142. National Institute for Health & Clinical Excellence 2012.

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Valproate	Placebo	Relative (95% CI)	Absolute		
Challenging behaviour - irritability - continuos outcome (follow-up mean 10 weeks; Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	very serious[1]	very serious[2]	none	32	25	-	SMD 0.05 lower (0.58 lower to 0.48 higher)	⊕OOO VERY LOW	CRITICAL
Challenging behaviour - irritability - dichotomous outcome												
1	randomised trials	no serious risk of bias	no serious inconsistency	very serious[1]	very serious[2,3]	none	10/16 (62.5%)	1/11 (9.1%)	RR 6.87 (1.02 to 46.28)	534 more per 1000 (from 2 more to 1000 more)	⊕OOO VERY LOW	CRITICAL
Challenging behaviour - aggression (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	very serious[1]	very serious[2]	none	16	14	-	MD 0.14 higher (2.93 lower to 3.21 higher)	⊕OOO VERY LOW	CRITICAL
Symptoms severity - improvement (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	very serious[1]	very serious[2]	none	16	14	-	MD 0.37 lower (0.97 lower to 0.23 higher)	⊕OOO VERY LOW	CRITICAL
Tolerability - side effects												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	very serious[2]	none	15/16 (93.8%)	11/14 (78.6%)	RR 1.19 (0.88 to 1.61)	149 more per 1000 (from 94 fewer to 479 more)	⊕OOO VERY LOW	CRITICAL

[1] Evidence from children
[2] 95% CI ranges from substantial benefit with valproate to substantial benefit with placebo; number of included patients is less than 100
[3] 95% CI ranges from no difference to substantial benefit with valproate; number of included patients is less than 100

Question: Should clomipramine vs placebo be used for autism?

Bibliography: NICE. Autism: recognition, referral, diagnosis and management of adults on the autism spectrum. National Clinical Practice Guideline 142. National Institute for Health & Clinical Excellence 2012.

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Clomipramine**	**Placebo**	**Relative (95% CI)**	**Absolute**		
Autistic behaviour (follow-up mean 7 weeks; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	very serious[2]	none	16	16	-	MD 1.60 lower (7.07 lower to 3.87 higher)	⊕OOO VERY LOW	CRITICAL
Tolerability - side effects (follow-up mean 7 weeks; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	very serious[2]	none	16	16	-	MD 1.20 higher (0.45 lower to 2.85 higher)	⊕OOO VERY LOW	CRITICAL

[1] Evidence from adolescents

[2] 95% CI ranges from substantial benefit with clomipramine to substantial benefit with placebo; number of included patients is less than 50

Question: Should fluvoxamine vs placebo be used for autism?

Bibliography: NICE. Autism: recognition, referral, diagnosis and management of adults on the autism spectrum. National Clinical Practice Guideline 142. National Institute for Health & Clinical Excellence 2012.

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Fluvoxamine	Placebo	Relative (95% CI)	Absolute		
Repetitive behaviour (follow-up mean 12 weeks; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	15	15	-	MD 8.20 lower (13.92 to 2.48 lower)	⊕⊕OO LOW	CRITICAL
Autistic behaviour (follow-up mean 12 weeks; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	15	15	-	MD 0.82 lower (1.56 to 0.07 lower)	⊕⊕OO LOW	CRITICAL
Challenging behaviour - aggression (follow-up mean 12 weeks; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	15	15	-	SMD 0.92 lower (1.68 to 0.17 lower)	⊕⊕OO LOW	CRITICAL
Maladaptive behaviour (follow-up mean 12 weeks; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	15	15	-	MD 1.61 lower (2.43 to 0.79 lower)	⊕⊕OO LOW	CRITICAL
Symptom severity - improvement - dichotomous outcome (follow-up mean 12 weeks)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	8/15 (53.3%)	0/15 (0%)	RR 17 (1.07 to 270.41)	-	⊕⊕OO LOW	CRITICAL
Symptom severity - improvement - continuous outcome (follow-up mean 12 weeks; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	15	15	-	MD 1.94 lower (2.8 to 1.07 lower)	⊕⊕OO LOW	CRITICAL

[1] Only 1 RCT with 30 participants overall

Anomalie del comportamento e ritardo mentale

Question: Should risperidone vs placebo be used for adults with learning disabilities?

Bibliography: NICE. Autism: recognition, referral, diagnosis and management of adults on the autism spectrum. National Clinical Practice Guideline 142. National Institute for Health & Clinical Excellence 2012.

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Risperidone	Placebo	Relative (95% CI)	Absolute		
Challenging behaviour (follow-up mean 4 weeks; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	29	29	-	MD 4.77 lower (18.38 lower to 8.84 higher)	⊕⊕OO LOW	CRITICAL
Challenging behaviour - aggression (follow-up mean 4 weeks; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	29	29	-	MD 0.58 higher (4.9 lower to 6.06 higher)	⊕⊕OO LOW	CRITICAL
Symptoms severity - improvement (follow-up mean 4 weeks; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[2]	very serious[1]	none	29	29	-	MD 0.30 lower (0.64 lower to 0.04 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (follow-up mean 4 weeks; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	29	29	-	MD 2.88 higher (2.56 lower to 8.32 higher)	⊕⊕OO LOW	CRITICAL

[1] 95% CI ranges from substantial benefit with risperidone to substantial benefit with placebo; number of patients is less than 100

[2] Gagiano 2005 enrolled people with coexisting psychiatric disorders (conduct disorder, disruptive behaviour disorder, intermittent explosive disorder, oppositional defiant disorder and antisocial personality disorder)

Question: Should haloperidol vs placebo be used for adults with learning disabilities?

Bibliography: NICE. Autism: recognition, referral, diagnosis and management of adults on the autism spectrum. National Clinical Practice Guideline 142. National Institute for Health & Clinical Excellence 2012.

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Haloperidol	Placebo	Relative (95% CI)	Absolute		
Challenging behaviour (follow-up mean 4 weeks; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	28	29	-	MD 4.30 lower (19.3 lower to 10.7 higher)	⊕⊕OO LOW	CRITICAL
Challenging behaviour - aggression (follow-up mean 4 weeks; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	28	29	-	MD 4.12 lower (8.53 lower to 0.29 higher)	⊕⊕OO LOW	CRITICAL
Symptom severity - improvement (follow-up mean 4 weeks; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[2]	none	28	29	-	MD 0.88 lower (1.57 to 0.19 lower)	⊕⊕OO LOW	CRITICAL
Quality of life (follow-up mean 4 weeks; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	28	29	-	MD 1.87 lower (7.38 lower to 3.64 higher)	⊕⊕OO LOW	CRITICAL

[1] 95% CI ranges from substantial benefit with haloperidol to substantial benefit with placebo; number of patients is less than 100

[2] Number of patients is less than 100

Question: Should risperidone vs haloperidol be used for adults with learning disabilities?

Bibliography: NICE. Autism: recognition, referral, diagnosis and management of adults on the autism spectrum. National Clinical Practice Guideline 142. National Institute for Health & Clinical Excellence 2012.

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Risperidone	Haloperidol	Relative (95% CI)	Absolute		
Challenging behaviour (follow-up mean 4 weeks; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	29	28	-	MD 0.47 lower (14.12 lower to 13.18 higher)	⊕⊕OO LOW	CRITICAL
Challenging behaviour - aggression (follow-up mean 4 weeks; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	29	28	-	MD 4.70 higher (0.14 lower to 9.54 higher)	⊕⊕OO LOW	CRITICAL
Symptoms severity - improvement (follow-up mean 4 weeks; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[2]	none	29	28	-	MD 0.73 higher (0.04 to 1.42 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (follow-up mean 4 weeks; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	29	28	-	MD 4.75 higher (0.88 lower to 10.38 higher)	⊕⊕OO LOW	CRITICAL

[1] 95% CI ranges from substantial benefit with risperidone to substantial benefit with haloperidol; number of patients is less than 100

[2] Number of patients is less than 100

Question: Should zuclopenthixol vs placebo be used for adults with learning disabilities?

Bibliography: NICE. Autism: recognition, referral, diagnosis and management of adults on the autism spectrum. National Clinical Practice Guideline 142. National Institute for Health & Clinical Excellence 2012.

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Zuclopenthixol	Placebo	Relative (95% CI)	Absolute		
Challenging behaviour - aggression												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	7/19 (36.8%)	1/20 (5%)	RR 7.37 (1 to 54.39)	319 more per 1000 (from 0 more to 1000 more)	⊕⊕OO LOW	CRITICAL
Challenging behaviour - irritability (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious	very serious[2]	none	45	40	-	MD 2.20 lower (3.86 to 0.54 lower)	⊕OOO VERY LOW	CRITICAL
Symptoms severity - improvement												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[3]	very serious[4]	none	5/24 (20.8%)	1/19 (5.3%)	RR 3.96 (0.5 to 31.09)	156 more per 1000 (from 26 fewer to 1000 more)	⊕OOO VERY LOW	CRITICAL

[1] 95% CI ranges from no difference to substantial benefit with zuclopenthixol; number of patients is less than 100
[2] Number of patients is less than 100
[3] Details about the patient population are unclear
[4] 95% CI ranges from substantial benefit with zuclopenthixol to substantial benefit with placebo; number of patients is less than 100

Bibliografia

NICE. Autism: recognition, referral, diagnosis and management of adults on the autism spectrum. National Clinical Practice Guideline 142. National Institute for Health & Clinical Excellence 2012.