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antipsychotics compared to placebo or usual care for anorexia nervosa

Patient or population: patients with anorexia nervosa
Settings: patients with anorexia nervosa
Intervention: antipsychotics
Comparison: placebo or usual care

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk **Placebo or usual care**	Corresponding risk **Antipsychotics**				
Weigth or BMI Differences in body weight or body mass index between antipsychotic treatment and placebo or usual care	The mean weigth or BMI in the control groups was **0**	The mean weigth or BMI in the intervention groups was **0.27 standard deviations higher** (0.01 lower to 0.56 higher)		195 (7 studies)	⊕⊕⊖⊖ **low**[1,2]	Det er ikke signifikant bedre å få antipsykotika sammenlignet med placebo eller standard behandling målt med vekt eller BMI.
anorexia-related rating scale-based psychopathology Questionnaires related to anorexia nervosa	The mean anorexia-related rating scale-based psychopathology in the control groups was **0**	The mean anorexia-related rating scale-based psychopathology in the intervention groups was **0.27 standard deviations lower** (0.81 lower to 0.27 higher)		114 (5 studies)	⊕⊕⊖⊖ **low**[1,2,3]	Det er ikke signifikant bedre å få antipsykotika sammenlignet med placebo eller standard behandling målt med symptomer på anorexia.
Dropout rate Dropout due to any cause	**Study population**		**RR 0.94** (0.53 to 1.67)	181 (7 studies)	⊕⊕⊖⊖ **low**[1,3,4]	Det er ikke signifikant bedre å få antipsykotika sammenlignet med placebo eller standard behandling målt med frafall.
	200 per 1000	**188 per 1000** (106 to 334)				
	Moderate					
Side effects Drowsiness/sedation/somnolence	**Study population**		**RR 3.69** (1.34 to 9.95)	129 (5 studies)	⊕⊖⊖⊖ **very low**[1,4,5]	Det er signifikant bedre å få placebo eller vanlig behandling enn å få antipsykotika målt med noen bivirkninger
	215 per 1000	**795 per 1000** (289 to 1000)				
	Moderate					

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

Very low quality: We are very uncertain about the estimate.

[1] Unclear allocation concealment in one of the studies

[2] Total population size is less than 400

[3] Wide 95% CI

[4] Total events less than 300, wide 95% CI

[5] Heterogeneity, $I^2 = 67\%$ ($p=0.02$)