Quality assessment							Number of patients		Effect		Quality	Importance
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Risperidone	methylphenidate	Relative (95% CI)	Absolute (95% CI)		
ADHD symptoms (follow up: mean 4 weeks; assessed with: SNAP-IV total score)												
1	randomised trials	very serious [1]	not serious	not serious	serious [2]	none	22	-	-	SMD **0.54 lower** (1.14 lower to 0.06 higher)	⊕◯◯◯ VERY LOW	CRITICAL
Hyperactivity (NCBRF) (follow up: mean 4 weeks)												
1	randomised trials	very serious [1]	not serious	not serious	serious [3]	none	No significant between-group differences in change scores.				⊕◯◯◯ VERY LOW	CRITICAL
Quality of life – not reported												
-	-	-	-	-	-	-					-	CRITICAL
Community participation and meaningful occupation – not reported												
-	-	-	-	-	-	-					-	CRITICAL
Side effects (Barkley's Side Effects Rating Scale) (follow up: mean 4 weeks)												
1	randomised trials	very serious [1]	not serious	not serious	very serious [2]	none	22	-	-	SMD **0.08 higher** (0.54 lower to 0.69 higher)	⊕◯◯◯ VERY LOW	IMPORTANT
Weight (follow up: 4 weeks; assessed with: kg)												

Quality assessment							Number of patients		Effect		Quality	Importance
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Risperidone	methylphenidate	Relative (95% CI)	Absolute (95% CI)		
1	randomised trials	very serious [1]	not serious	not serious	serious [3]	none	Mean reduction of 0.53 kg in the methylphenidate group compared with a weight increase of 1.01 kg in the risperidone group (reported to be significant).				⊕○○○ VERY LOW	

1. Risk of selection and selective outcome reporting bias
2. Confidence intervals cross one minimally important difference. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).
3. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).