

Mental health problems in people with learning disabilities  
Appendix N: GRADE evidence profiles for all studies

Quality assessment							Number of patients		Effect		Quality	Importance
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Annual health check	treatment as usual	Relative (95% CI)	Absolute (95% CI)		
Psychosis (Identification of mental health needs; all levels of learning disabilities) (follow up: mean 39 weeks)												
1	randomised trials	serious <sup>1</sup>	not serious	serious <sup>2</sup>	serious <sup>3</sup>	none	4/83 (4.8%)	6/66 (9.1%)	RR 0.53 (0.16 to 1.80)	<b>43 fewer per 1000</b> (from 73 more to 76 fewer)	⊕○○○ VERY LOW	CRITICAL
Psychiatric consultation/ visit (Identification of mental health needs; all levels of learning disabilities) (follow up: range 39 weeks to 52 weeks)												
2	randomised trials	serious <sup>4</sup>	not serious	serious <sup>2</sup>	very serious <sup>5</sup>	none	26/287 (9.1%)	31/287 (10.8%)	RR 0.83 (0.50 to 1.36)	<b>18 fewer per 1000</b> (from 39 more to 54 fewer)	⊕○○○ VERY LOW	CRITICAL
Psychiatric disorders (Identification of mental health needs; all levels of learning disabilities) (follow up: mean 52 weeks)												
1	randomised trials	serious <sup>1</sup>	not serious	serious <sup>2</sup>	very serious <sup>5</sup>	none	2/234 (0.9%)	0/219 (0.0%)	RR 4.68 (0.23 to 96.96)	<b>0 fewer per 1000<sup>9</sup></b> (from 0 fewer to 0 fewer)	⊕○○○ VERY LOW	CRITICAL
Newly detected health issues (all levels of learning disabilities) (follow up: range 39 weeks to 52 weeks)												
3	randomised trials	serious <sup>1</sup>	not serious	serious <sup>2</sup>	serious <sup>3</sup>	none	-/367	-/352	OR 1.69 (1.08 to 2.64)	<b>0 fewer per 1000<sup>9</sup></b> (from 0 fewer to 0 fewer)	⊕○○○ VERY LOW	CRITICAL
Newly detected health monitoring needs (all levels of learning disabilities) (follow up: mean 39 weeks)												

Quality assessment							Number of patients		Effect		Quality	Importance
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Annual health check	treatment as usual	Relative (95% CI)	Absolute (95% CI)		
1	randomised trials	serious <sup>1</sup>	not serious	serious <sup>2</sup>	serious <sup>6</sup>	none	-/83	-/66	<b>OR 2.38</b> (1.31 to 4.32)	<b>0 fewer per 1000</b> (from 0 fewer to 0 fewer)	⊕○○○ VERY LOW	CRITICAL
Newly detected health promotion needs (all levels of learning disabilities) (follow up: mean 39 weeks)												
1	randomised trials	serious <sup>1</sup>	not serious	serious <sup>2</sup>	very serious <sup>5</sup>	none	-/83	-/66	<b>OR 0.98</b> (0.73 to 1.32)	<b>0 fewer per 1000</b> (from 0 fewer to 0 fewer)	⊕○○○ VERY LOW	CRITICAL
Obesity (Identification of health needs; all levels of learning disabilities) (follow up: range 39 weeks to 52 weeks)												
2	randomised trials	serious <sup>1</sup>	serious <sup>7</sup>	serious <sup>2</sup>	serious <sup>6</sup>	none	74/317 (23.3%)	43/285 (15.1%)	<b>RR 1.41</b> (1.09 to 1.82)	<b>62 more per 1000</b> (from 14 more to 124 more)	⊕○○○ VERY LOW	CRITICAL
Community participation and meaningful occupation – not reported												
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1. Risk of performance bias
2. Indirect outcome
3. Confidence intervals cross one minimally important difference. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).
4. Risk of performance, selection, attrition bias
5. Confidence intervals cross two minimally important differences. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).
6. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes).
7. I2 suggests considerable heterogeneity
8. Absolute risk value is 0 as no events of interest occurred for this outcome.
9. Absolute risk value is listed as 0 as data were not reported by the authors.