

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	Acetyl-L-carnitine	placebo	Relative (95% CI)	Absolute (95% CI)		
ADHD (follow up: mean 52 weeks; assessed with: Conners' Parents)												
1	randomised trials	very serious ¹	not serious	not serious	serious ²	none	24	27	-	MD 2.8 fewer (7.58 fewer to 1.98 more)	⊕○○○ VERY LOW	CRITICAL
ADHD (follow up: mean 52 weeks; assessed with: Conners' Teachers)												
1	randomised trials	very serious ¹	not serious	not serious	serious ²	none	24	27	-	MD 0.5 more (5.08 fewer to 6.08 more)	⊕○○○ VERY LOW	CRITICAL
Quality of life – not reported												
-	-	-	-	-	-	-					-	CRITICAL
Community participation and meaningful occupation – not reported												
-	-	-	-	-	-	-					-	CRITICAL
Adaptive functioning (post-treatment) (follow up: mean 52 weeks; assessed with: VABS – full scale)												
1	randomised trials	very serious ¹	not serious	not serious	serious ²	none	24	27	-	MD 8.2 more (0.04 fewer to 16.44 more)	⊕○○○ VERY LOW	IMPORTANT
Adaptive functioning (follow up: mean 52 weeks; assessed with: VABS – socialization scale)												

Quality assessment							Number of patients		Effect		Quality	Importance
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acetyl-L-carnitine	placebo	Relative (95% CI)	Absolute (95% CI)		
1	randomised trials	very serious ¹	not serious	not serious	serious ²	none	24	27	-	MD 11.3 more (2.18 more to 20.42 more)	⊕○○○ VERY LOW	IMPORTANT

1. Risk of selection and detection 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).

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