

Quality assessment							Number of patients		Effect		Quality	Importance
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	psychological intervention	control	Relative (95% CI)	Absolute (95% CI)		
Anxiety symptoms (RCTs) (follow up: mean 42 weeks; assessed with: various scales)												
2	randomised trials	very serious ¹	serious ²	not serious	very serious ³	none	29	-	-	SMD 0.87 SD fewer (1.14 fewer to 1.36 more)	⊕○○○ VERY LOW	CRITICAL
Anxiety symptoms (Controlled before-and-after) (follow up: 12 weeks; assessed with: Brief Symptom Inventory: anxiety symptom dimension)												
1	before-after studies	very serious ⁴	not serious	not serious	serious ⁵	none	12	12	-	MD 0.4 SD lower (1.23 lower to 0.43 higher)	⊕○○○ VERY LOW	CRITICAL
Quality of life – not reported												
-	-	-	-	-	-	-	-	-	-	-	-	CRITICAL
In paid employment after treatment (follow up: 16 weeks)												
1	randomised trials	very serious ⁶	not serious	not serious	serious ⁵	none	1/16 (6.3%)	4/14 (28.6%)	RR 0.22 (0.03 to 1.73)	223 fewer per 1000 (from 209 more to 277 fewer)	⊕○○○ VERY LOW	CRITICAL
Voluntary work (follow up: 16 weeks)												
1	randomised trials	very serious ⁶	not serious	not serious	very serious ³	none	6/16 (37.5%)	4/14 (28.6%)	RR 1.31 (0.46 to 3.72)	89 more per 1000 (from 154 fewer to 777 more)	⊕○○○ VERY LOW	CRITICAL

1. Risk of selection, performance and detection bias
2. I² suggests considerable heterogeneity
3. Confidence intervals cross minimally important difference in both directions. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes)
4. Risk of selection and performance bias and unclear risk of attrition and detection bias
5. Confidence intervals cross minimally important difference in one direction. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes)
6. Risk of performance and selection bias

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