

Table 28: Clinical evidence profile: Antidepressants (fluoxetine) versus antipsychotics (amisulpride)

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
|--|-------------------|---------------------------|--------------------------|----------------------|------------------------|----------------------|--|---------|-------------------|--------------------------------------|------------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Antidepressants (fluoxetine) versus antipsychotics (amisulpride) | Control | Relative (95% CI) | Absolute | | |
| Quality of Life: SF12 (follow-up 12 weeks; range of scores: 0-100; Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | very serious ¹ | no serious inconsistency | serious ² | no serious imprecision | none | 20 | 20 | - | MD 15.6 lower (18.61 to 12.59 lower) | ⊕000 VERY LOW | CRITICAL |
| Fatigue: Fatigue Severity Scale (follow-up 12 weeks; range of scores: 9-63; Better indicated by lower values) | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|---|-------------------|---------------------------|--------------------------|----------------------|------------------------|------|----|----|---|---|------------------|----------|
| 1 | randomised trials | very serious ¹ | no serious inconsistency | serious ² | no serious imprecision | none | 20 | 20 | - | MD 12.6 higher (8.26 to 16.94 higher) | ⊕000 VERY LOW | CRITICAL |
| Psychological status: HADS anxiety (follow-up 12 weeks; range of scores: 0-21; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | very serious ¹ | no serious inconsistency | serious ² | serious ³ | none | 20 | 20 | - | MD 0.4 higher (0.22 lower to 1.02 higher) | ⊕000 VERY LOW | CRITICAL |
| Psychological status: HADS depression (follow-up 12 weeks; range of scores: 0-21; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | very serious ¹ | no serious inconsistency | serious ² | serious ³ | none | 20 | 20 | - | MD 0.1 lower (0.69 lower to 0.49 higher) | ⊕000 VERY LOW | CRITICAL |
| Pain: pain on VAS (follow-up 12 weeks; range of scores: 0-100; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | very serious ¹ | no serious inconsistency | serious ² | no serious imprecision | none | 20 | 20 | - | MD 12.6 higher (5.8 to 19.4 higher) | ⊕000 VERY LOW | CRITICAL |
| Adverse events: FIBSER global burden (follow-up 12 weeks; range of scores: not reported; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | very serious ¹ | no serious inconsistency | serious ² | serious ³ | none | 20 | 20 | - | MD 0.2 lower (0.67 lower to 0.27 higher) | ⊕000 VERY LOW | CRITICAL |
| Symptom scales: Clinical Global Impression Severity (CGI-S) (follow-up 12 weeks; range of scores: 1-7; Better indicated by lower values) | | | | | | | | | | | | |
| 1 | randomised trials | very serious ¹ | no serious inconsistency | serious ² | no serious imprecision | none | 20 | 20 | - | MD 1.3 higher (0.75 to 1.85 higher) | ⊕000 VERY LOW | CRITICAL |

¹ Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

² The majority of the evidence included an indirect population (downgraded by one increment) or a very indirect population (downgraded by two increments). Populations were downgraded if the ME/CFS diagnostic criteria used did not include PEM as a compulsory feature

³ Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs