A.1 Review protocol for Patient information and support

Field	Content
PROSPERO registration number	CRD42020167895
Review title	Information and support for people who are being offered, taking or stopping prescribed medicines associated with dependence or withdrawal symptoms.
Review question	What information and support is needed by people who may develop dependence, or who have developed dependence or withdrawal symptoms and their families and carers (for example information about the possible risk of dependence or withdrawal symptoms) related to prescribed medicines?
Objective	Qualitative review: to identify the information and support needed by people who are being offered, are already taking or are stopping prescribed medicines associated with dependence or withdrawal symptoms. This could include information about the possible risk of dependence or withdrawal symptoms for the drugs being prescribed to them, expectations and what to do if they experience dependence and/or withdrawal symptoms. To identify the information needed by the family and carers of the above. To identify information that prescribers think patients/their families should know.
Searches	The following databases (from inception) will be searched: • Embase • MEDLINE • CINAHL, Cumulative Index to Nursing and Allied Health Literature

	• PsycINFO • ASSIA Searches will be restricted by: • English language studies • Human studies • Letters and comments are excluded Other searches: Inclusion lists of relevant systematic reviews will be checked by the reviewer. The searches may be re-run 6 weeks before final committee meeting and further studies retrieved for inclusion if relevant. For full search strategies see Appendix B.
Condition or domain being studied	Dependence and/or withdrawal symptoms associated with prescribed opioids, benzodiazepines, Z-drugs, gabapentinoids, or antidepressants.
Population	Inclusion: adults (≥18 years) who ***are being offered*** or ***are taking*** *or* ***are stopping*** prescribed medicines that are associated with dependence or withdrawal symptoms (opioids, benzodiazepines, Z-drugs, gabapentinoids, or antidepressants) or their families and carers. Prescribers of the above. NB. for this question, include prescription medicines which can also be bought over the counter (e.g., codeine, co-codamol). **Stratification**

	Stratified by: • Before taking or currently taking/stopping: - People who are being offered one of the above prescribed medicines (information needed before choosing to take one of the prescribed medicines, for example, the risk of dependence or withdrawal symptoms) - people currently taking or stopping one of the above prescribed medicines • Families and carers • Prescribers • Drug class (opioids, benzodiazepines, Z-drugs, gabapentinoids, antidepressants (further stratified by SSRIs, MAOIs, tricyclics, others)). Rationale: each drug class has a different mechanism of action of dependence and/or withdrawal and, therefore, the information patients need to be given may differ. **Exclusions:** Children and young people (<18 years) People taking opioids for end-of-life care, acute pain, cancer pain. Use of gabapentinoids when prescribed for epilepsy. People taking any of the above drugs that have not been prescribed for their own use (with the exception of prescription medicines which can also be bought over the counter (these will be included in this question) **Decision rules for inclusion of primary studies** If the study includes people <18 years old, the study will only be included if at least 80% of people were ≥18 years old.
Intervention/Exposure/Test/ Phenomena of interest	Perceptions and experiences of patients and their families and carers of the information and support that they require. Perceptions and experiences of the prescribers of the information that patients and their families and carers need to know.
Comparator/Reference standard/Confounding factors	Not applicable

Types of study to be included	Qualitative studies (e.g., transcript data collected from focus groups/semi structured interviews) **Exclusions:** Quantitative studies (i.e., closed questionnaire surveys; surveys will only be included if they contain open ended free text answers) Non-English language studies. Conference abstracts will be excluded as they will not provide enough information to inform analysis.
Other exclusion criteria	Non-NHS prescribed medicines (for the full list of medicines to be included in the guideline see Appendix H) Antipsychotic and stimulant medicines. Use of gabapentinoids when prescribed for epilepsy Medicines to treat drug misuse disorders (e.g., methadone and buprenorphine when prescribed for withdrawal from illicit drugs).
Context	This question is specific to prescribed medicines and should focus on all aspects of information people might require through the pathway of considering taking a drug, when taking it, and when wanting to stop it. This may be in any setting in which the drug is prescribed.
Primary outcomes (critical outcomes)	Themes emerging from qualitative data (themes will be derived from the evidence identified for this review and not pre-specified)
Secondary outcomes (important outcomes)	Not applicable
Data extraction (selection and coding)	EndNote will be used for reference management, sifting, citations and bibliographies. All references identified by the searches and from other sources will be screened for inclusion. 10% of the abstracts will be reviewed by two reviewers, with any disagreements resolved by discussion or, if necessary, a third independent reviewer. The full text of potentially eligible studies will be retrieved and will be assessed in line with the criteria outlined above.

	A standardised form will be used to extract data from studies (see Developing NICE guidelines: the manual section 6.4). Once saturation is considered to have been reached (all the themes are already covered in the data extraction) data from other included papers will not be extracted or critically appraised, but the paper will still be read to check for any additional themes and will be noted in the included studies. The point at which data extraction is reached will be noted within the review.
Risk of bias (quality) assessment	Risk of bias will be assessed using the appropriate checklist as described in Developing NICE guidelines: the manual. For this review the Critical Appraisal Skills Programme (CASP) qualitative checklist will be used to assess risk of bias of individual studies. 10% of all evidence reviews are quality assured by a senior research fellow. This includes checking: • papers were included/excluded appropriately • a sample of the data extractions • correct methods are used to synthesise data • a sample of the risk of bias assessments Disagreements between the review authors over the risk of bias in particular studies will be resolved by discussion, with involvement of a third review author where necessary.
Strategy for data synthesis	The synthesis of qualitative data will follow a thematic analysis approach. Information will be synthesised into main review findings. Results will be presented in a detailed narrative and in table format with summary statements of main review findings. GRADE CERQual will be used to synthesise the qualitative data and assess the certainty of evidence for each review finding.
Analysis of sub-groups	None

Type and method of review	☐	Intervention
	☐	Diagnostic
	☐	Prognostic
	☒	Qualitative
	☐	Epidemiologic
	☐	Service Delivery
	☐	Other (please specify)
Language	English	
Country	England	
Review team members	From the National Guideline Centre: Serena Carville, Guideline lead Emily Terrazas-Cruz, Senior systematic reviewer Melina Vasileiou, Senior systematic reviewer Alfredo Mariani, Health economist Elizabeth Pearton, Information specialist Tamara Diaz, Project Manager	
Funding sources/sponsor	This systematic review is being completed by the National Guideline Centre which receives funding from NICE.	
Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before	

	each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10141
Other registration details	n/a
Reference/URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020167895
Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: • notifying registered stakeholders of publication • publicising the guideline through NICE's newsletter and alerts • issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.
Details of existing review of same topic by same authors	None
Additional information	None
Details of final publication	www.nice.org.uk