PICO 9: Bør seponering af antidepressiva forsøges efter 6 måneder eller 12 måneder efter stabilisering af symptombilledet hos børn, unge og voksne med OCD?

Review information

Authors

Sundhedsstyrelsen [1]

[1] [Empty affiliation]

Citation example: S. PICO 9: Bør seponering af antidepressiva forsøges efter 6 måneder eller 12 måneder efter stabilisering af symptombilledet hos børn, unge og voksne med OCD? Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Characteristics of studies

Characteristics of included studies

Fineberg 2007

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	
Allocation concealment	Low risk	
Blinding of participants and personnel	Low risk	
Blinding of outcome assessors	Low risk	
Incomplete outcome data	Low risk	
Selective outcome reporting	Unclear risk	-
Other sources of bias	High risk	

Geller 2003

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**

Participants	**Baseline Characteristics** Intervention Comparison **Included criteria:** Male and femalepatients were allowed in the study if they were8–17 years of age, met Diagnostic and StatisticalManual of Mental Disorders, fourth edition(DSM-IV; American Psychiatric Association1994) criteria for OCD (300.30) as their predominantpsychiatric diagnosis, and had a Children'sYale-Brown Obsessive Compulsive Scale(CY-BOCS; Scahill et al. 1997) score 16 or moreat entry **Excluded criteria:** Any axis I disorderother than OCD as the predominant diagnosis(defined as that disorder that is the primaryfocus of treatment, including mood disorder, psychosis, disruptive behavior disorders, eatingdisorder, Tourette syndrome, pervasive developmentaldisorders, and non-OCD anxietydisorder); history of seizure disorder, mentalretardation, or recent substance abuse; serioussuicidal or homicidal risk; patients requiringconcomitant behavioral therapy, psychotherapy, or concomitant therapy with other psychotropicdrugs; and pregnancy were all reasons forstudy exclusion. **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention Comparison
Outcomes	*Antal genhenvisninger: Efter udtrapning (indenfor 6 mdr.)* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] *Angst: End of treatment* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] *Social funktionsevne: Efter udtrapning (indenfor 6 mdr.)* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] *Livskvalitet: Efter udtrapning (indenfor 6 mdr.)* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] *Drop-out: End of Treatment* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Symptomscore (CY-BOCS/Y-BOCS: ≤ 9) : Efter udtrapning (indenfor 6 mdr.)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Symptomscore (CGI-I: >4/ CGI-S: ≤ 2): Efter udtrapning (indenfor 6 mdr.)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Frafald på grund af bivirkninger (AE): End of treatment* ● **Outcome type**: AdverseEvent ● **Measure names**: ["Baseline"] *Alvorlige bivirkninger (SAE): End of treatment* ● **Outcome type**: AdverseEvent ● **Measure names**: ["Baseline"] *relapse Efter udtrapningen (indenfor 6 mdr)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"]

	● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** Supported by an unrestricted grant from GlaxoSmithKline Pharmaceuticals. **Country:** US **Setting:** **Comments:** **Authors name:** Daniel A. Geller, Joseph Biederman, S. Evelyn Stewart, Benjamin Mullin, Colleen Farrell, Karen Dineen Wagner, Graham Emslie, David Carpenter **Institution:** Obsessive Compulsive Disorder Program and Pediatric Psychopharmacology Research Program **Email:** **Address:** MassachusettsGeneral Hospital, Boston, Massachusetts
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	-
Allocation concealment	Unclear risk	-
Blinding of participants and personnel	Low risk	
Blinding of outcome assessors	Unclear risk	-
Incomplete outcome data	Low risk	
Selective outcome reporting	Unclear risk	-
Other sources of bias	High risk	Judgement Comment: Funded by GlaxoSmithKline

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Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	-
Allocation concealment	Unclear risk	-
Blinding of participants and personnel	Low risk	
Blinding of outcome assessors	Unclear risk	-
Incomplete outcome data	Low risk	
Selective outcome reporting	High risk	

Other sources of bias	High risk	Unpublished

Hollander 2003

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention Comparison **Included criteria:** **Excluded criteria:** **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention Comparison
Outcomes	*Antal genhenvisninger: Efter udtrapning (indenfor 6 mdr.)* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] *Angst: End of treatment* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] *Social funktionsevne: Efter udtrapning (indenfor 6 mdr.)* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] *Livskvalitet: Efter udtrapning (indenfor 6 mdr.)* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] *Drop-out: End of Treatment* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Symptomscore (CY-BOCS/Y-BOCS: ≤ 9) : Efter udtrapning (indenfor 6 mdr.)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Symptomscore (CGI-I: >4/ CGI-S: ≤ 2): Efter udtrapning (indenfor 6 mdr.)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Frafald på grund af bivirkninger (AE): End of treatment* ● **Outcome type**: AdverseEvent ● **Measure names**: ["Baseline"] *Alvorlige bivirkninger (SAE): End of treatment* ● **Outcome type**: AdverseEvent ● **Measure names**: ["Baseline"]

	relapse Efter udtrapningen (indenfor 6 mdr) ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** Dr. Hollander has been a consultant for, has received grant/research support from, and has served on the spreakers/advisory board for GlaxoSmithKline; Dr.Steiner is an employee of GlazoSmithKline; Dr. Wheadon is an employee of and a major stockholder in GlaxoSmithKline; and Dr. Burnham is an emplyww of SmithKline Beecham Pharmaceuticals. **Country:** US **Setting:** **Comments:** **Authors name:** Eric Hollander for the Paroxetine OCD Study Group **Institution:** Department of Psychiatry, Mount Sinai School of Medicince. NY **Email:** eric.hollander@mssm.edu **Address:** One Gustave L. Levy Place. NY
Notes	*Birgitte Holm Petersen* on 30/09/2015 19:04 **Dichotomous Outcomes** relapse : CGI-S 1 point drop from baseline

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	
Allocation concealment	Unclear risk	-
Blinding of participants and personnel	Low risk	
Blinding of outcome assessors	Unclear risk	-
Incomplete outcome data	Low risk	
Selective outcome reporting	Unclear risk	-
Other sources of bias	High risk	Judgement Comment: Dr. Hollander has been a consultant for, has received grant/research support from, and has served on the spreakers/advisory board for GlaxoSmithKline; Dr.Steiner is an employee of GlazoSmithKline; Dr. Wheadon is an employee of and a major stockholder in GlaxoSmithKline; and Dr. Burnham is an emplyww of SmithKline Beecham Pharmaceuticals.

Koran 2002

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention Comparison **Included criteria:** male and female outpatients 18 years of ageand older who met DSM-III-R criteria for obsessive-compulsivedisorder as determined by the Structured Clinical Interview forDSM-III-R (SCID-P) (18). At baseline, the patients had to have aminimum total score of 20 on the Yale-Brown Obsessive CompulsiveScale (19, 20) and a score of at least 7 on the NIMH Global ObsessiveCompulsive Scale (21) **Excluded criteria:** 1. Having a total score on the 24-item Hamilton DepressionRating Scale (22) of 17 or higher.2. Being a woman who was currently pregnant or lactating or

	ofchildbearing potential and not using a medically accepted formof contraception.3. Having a current diagnosis of organic mental disorder, majordepression, bipolar disorder, Tourette's syndrome, or a severe axisII personality disorder or a principle diagnosis of trichotillomania,somatoform disorder, panic disorder, social phobia, or generalizedanxiety disorder.4. Having a current or verified past diagnosis of schizophrenia,delusional disorder, or other psychosis.5. Having a DSM-III-R-defined diagnosis of alcohol or substanceabuse and/or dependence in the past 6 months6. Having a positive urine drug screening test.7. Having any medical contraindications to treatment with sertraline.8. Having a history or evidence of malignancy other than excisedbasal cell carcinoma.9. Having an acute or unstable medical illness.10. Participating in an investigational drug study within 28 daysbefore entering the study.11. Taking sertraline within 2 months of study entry, not respondingto an adequate trial of sertraline in the past, or participatingin an investigational study of sertraline.12. Concomitantly using any psychotropic medication (otherthan chloral hydrate for sleep).13. Receiving concurrent behavior therapy for OCD.14. Receiving treatment with an monoamine oxidase inhibitorwithin 2 weeks, a depot neuroleptic within 6 months, fluoxetinewithin 5 weeks, or a neuroleptic, anxiolytic, or antidepressant ona daily basis in the 2 weeks before the first administration of sertraline.15. Having a test of liver function showing a level at more thantwice the upper limit of normal on the first day of the washoutperiod.16. Being illiterate, or, in the investigator's judgment, unable orunlikely to follow the study protocol for the full 80 weeks. **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention Comparison
Outcomes	*Antal genhenvisninger: Efter udtrapning (indenfor 6 mdr.)* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] *Angst: End of treatment* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] *Social funktionsevne: Efter udtrapning (indenfor 6 mdr.)* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] *Livskvalitet: Efter udtrapning (indenfor 6 mdr.)* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] *Drop-out: End of Treatment* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Symptomscore (CY-BOCS/Y-BOCS: ≤ 9) : Efter udtrapning (indenfor 6 mdr.)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Symptomscore (CGI-I: >4/ CGI-S: ≤ 2): Efter udtrapning (indenfor 6 mdr.)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Frafald på grund af bivirkninger (AE): End of treatment* ● **Outcome type**: AdverseEvent ● **Measure names**: ["Baseline"] *Alvorlige bivirkninger (SAE): End of treatment* ● **Outcome type**: AdverseEvent ● **Measure names**: ["Baseline"] *relapse Efter udtrapningen (indenfor 6 mdr)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"]

	● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** Supported by a grant from Pfizer.Inc. **Country:** US **Setting:** **Comments:** **Authors name:** Lorrin M. Koran, Elizabeth Hackett, Arkady Rubin, Robert Wolkow, Delbert Robinson **Institution:** From the Department of Psychiatry, Stanford University; the Research Department **Email:** lkoran@stanford.edu **Address:** OCD Clinic, Rm. 2363, Department of Psychiatry, 401Quarry Rd., Stanford,
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	-
Allocation concealment	Unclear risk	-
Blinding of participants and personnel	Low risk	Judgement Comment: Double blinded
Blinding of outcome assessors	Unclear risk	-
Incomplete outcome data	Unclear risk	-
Selective outcome reporting	Unclear risk	Judgement Comment: described the presence of a protocol but no link to protocol
Other sources of bias	High risk	Judgement Comment: Supported by Pfizer.

Romano 2001

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention Comparison **Included criteria:** Obsessive-compulsivesymptoms were of at least moderate severity, asdefined by a score of 19 or greater on the Yale-Brown ObsessiveCompulsive Scale (Y-BOCS)25, 26 and by a ratingof moderate or worse on the Clinical Global Impressions(CGI) Severity scale.27 Patients had no serious medicalconditions and normal clinical laboratory findings. **Excluded criteria:** Patients with comorbid schizophrenia, bipolar disorder,Tourette syndrome (or other tic disorder), borderlinepersonality disorder, or psychotic features were excluded.If present, comorbid depression was considereda result of OCD. Patients were excluded if they werepreviously nonresponsive to adequate fluoxetine treatmentor were exposed to fluoxetine within the preceding8 weeks. Patients were not receiving or planning tobegin any concomitant treatment for OCD or depressionother than supportive psychotherapy at any timeduring the study. Pregnant or lactating patients werealso excluded from the protocol **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention Comparison

Outcomes	*Antal genhenvisninger: Efter udtrapning (indenfor 6 mdr.)* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] *Angst: End of treatment* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] *Social funktionsevne: Efter udtrapning (indenfor 6 mdr.)* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] *Livskvalitet: Efter udtrapning (indenfor 6 mdr.)* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] *Drop-out: End of Treatment* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Symptomscore (CY-BOCS/Y-BOCS: ≤ 9) : Efter udtrapning (indenfor 6 mdr.)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Symptomscore (CGI-I: >4/ CGI-S: ≤ 2): Efter udtrapning (indenfor 6 mdr.)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Frafald på grund af bivirkninger (AE): End of treatment* ● **Outcome type**: AdverseEvent ● **Measure names**: ["Baseline"] *Alvorlige bivirkninger (SAE): End of treatment* ● **Outcome type**: AdverseEvent ● **Measure names**: ["Baseline"] *relapse Efter udtrapningen (indenfor 6 mdr)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** Supported by a clinical research grant from Eli Lilly and Company. **Country:** US **Setting:** **Comments:** **Authors name:** STEVEN ROMANO, WAYNE GOODMAN, ROY TAMURA, JILL GONZALES AND THE COLLABORATIVE RESEARCH GROUP **Institution:** Lilly Research Laboratories, Eli Lilly and Company, Indianapolis, Indiana; **Email:** **Address:** Lilly Corporate Center 2423, Indianapolis, IN46285.
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	-
Allocation concealment	Unclear risk	-
Blinding of participants and personnel	Low risk	
Blinding of outcome assessors	Unclear risk	-
Incomplete outcome data	Unclear risk	-
Selective outcome reporting	Unclear risk	Judgement Comment: no protocol or ethical approval described
Other sources of bias	High risk	Judgement Comment: clinical research grant from Eli Lilly and Company

Footnotes

Characteristics of excluded studies

Footnotes

References to studies

Included studies

Fineberg 2007

[Empty]

Geller 2003

Geller,D. A.; Biederman,J.; Stewart,S. E.; Mullin,B.; Farrell,C.; Wagner,K. D.; Emslie,G.; Carpenter,D.. Impact of comorbidity on treatment response to paroxetine in pediatric obsessive-compulsive disorder: is the use of exclusion criteria empirically supported in randomized clinical trials? Journal of child and adolescent psychopharmacology 2003;13 Suppl 1(Journal Article):S19-29. [DOI: 10.1089/104454603322126313 [doi]]

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[Empty]

Hollander 2003

Hollander,E.; Allen,A.; Steiner,M.; Wheadon,D. E.; Oakes,R.; Burnham,D. B.; Paroxetine OCD Study Group. Acute and long-term treatment and prevention of relapse of obsessive-compulsive disorder with paroxetine. The Journal of clinical psychiatry 2003;64(9):1113-1121. [DOI:]

Koran 2002

Koran,L. M.; Hackett,E.; Rubin,A.; Wolkow,R.; Robinson,D.. Efficacy of sertraline in the long-term treatment of obsessive-compulsive disorder. The American Journal of Psychiatry 2002;159(1):88-95. [DOI:]

Romano 2001

Romano,S.; Goodman,W.; Tamura,R.; Gonzales,J.. Long-term treatment of obsessive-compulsive disorder after an acute response: a comparison of fluoxetine versus placebo. Journal of clinical psychopharmacology 2001;21(1):46-52. [DOI:]

Excluded studies

Other references

Additional references

Other published versions of this review

Classification pending references

Data and analyses

1 PICO 9: Bør seponering af antidepressiva forsøges efter 6 måneder eller 12 måneder efter stabilisering af symptombilledet hos børn, unge og voksne med OCD?

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.2 Angst: End of treatment	1	190	Mean Difference (IV, Fixed, 95% CI)	-1.30 [-2.84, 0.24]
1.2.1 Efter 16 uger	1	190	Mean Difference (IV, Fixed, 95% CI)	-1.30 [-2.84, 0.24]
1.2.2 Efter 20-26 uger	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.2.3 Efter 52 uger	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.3 Social funktionsevne: Efter udtrapning (indenfor 6 mdr.)	2	259	Std. Mean Difference (IV, Random, 95% CI)	0.07 [-0.25, 0.39]
1.3.1 Efter 16 uger	1	191	Std. Mean Difference (IV, Random, 95% CI)	0.19 [-0.10, 0.47]
1.3.2 Efter 20-26 uger	1	68	Std. Mean Difference (IV, Random, 95% CI)	-0.15 [-0.63, 0.32]
1.3.3 Efter 52 uger	0	0	Std. Mean Difference (IV, Random, 95% CI)	Not estimable
1.4 Livskvalitet: Efter udtrapning (indenfor 6 mdr.)	1	215	Mean Difference (IV, Fixed, 95% CI)	9.80 [4.91, 14.69]
1.4.2 Efter 16 uger	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.4.3 Efter 20-26 uger	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.4.4 Efter 52 uger	1	215	Mean Difference (IV, Fixed, 95% CI)	9.80 [4.91, 14.69]
1.5 Drop-out Efter udtrapning	6	954	Risk Ratio (IV, Random, 95% CI)	0.64 [0.53, 0.76]
1.5.1 Efter 16 ugers behandling	2	513	Risk Ratio (IV, Random, 95% CI)	0.67 [0.42, 1.06]
1.5.2 Efter 20-26 ugers behandling	3	218	Risk Ratio (IV, Random, 95% CI)	0.61 [0.47, 0.78]
1.5.3 Efter 52 ugers behandling	1	223	Risk Ratio (IV, Random, 95% CI)	0.58 [0.42, 0.82]
1.6 Symptomscore (CY-BOCS/Y-BOCS: ≤ 9) : Efter udtrapning (indenfor 6 mdr.)	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.7 Symptomscore (CGI-I: >4/ CGI-S: ≤ 2): Efter udtrapning (indenfor 6 mdr.)	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.8 Genhenvisninger (~relapse) Efter udtrapningen	5	911	Risk Ratio (IV, Random, 95% CI)	0.60 [0.46, 0.78]
1.8.1 Efter 16 ugers behandling	2	513	Risk Ratio (IV, Random, 95% CI)	0.60 [0.36, 1.02]
1.8.2 Efter 20-26 ugers benahdling	2	175	Risk Ratio (IV, Random, 95% CI)	0.61 [0.32, 1.17]
1.8.3 Efter 52 ugers behandling	1	223	Risk Ratio (IV, Random, 95% CI)	0.63 [0.15, 2.56]

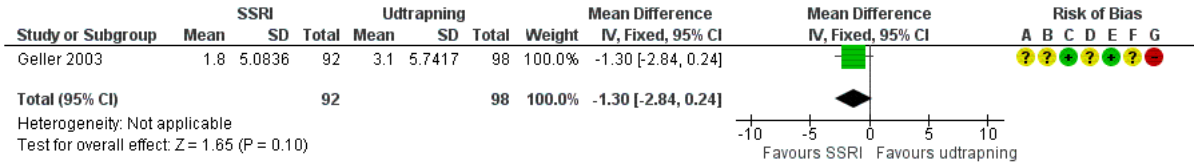
1.9 Drop-out pga. bivirkninger Efter udtrapning	6	912	Risk Ratio (IV, Random, 95% CI)	0.48 [0.23, 0.98]
1.9.1 Efter 16 ugers behandling	2	513	Risk Ratio (IV, Random, 95% CI)	0.73 [0.33, 1.59]
1.9.2 Efter 20-26 ugers behandling	3	176	Risk Ratio (IV, Random, 95% CI)	0.43 [0.04, 5.24]
1.9.3 Efter 52 ugers behandling	1	223	Risk Ratio (IV, Random, 95% CI)	0.44 [0.16, 1.20]
1.10 Alvorlige bivirkninger Efter udtrapning	6	662	Risk Ratio (IV, Random, 95% CI)	1.18 [0.28, 4.91]
1.10.1 Efter 16 ugers behandling	2	513	Risk Ratio (IV, Random, 95% CI)	0.52 [0.08, 3.37]
1.10.2 Efter 20-26 ugers behandling	3	149	Risk Ratio (IV, Random, 95% CI)	4.28 [0.49, 37.65]
1.10.3 Efter 52 ugers behandling	1	0	Risk Ratio (IV, Random, 95% CI)	Not estimable

2 PICO 9: Bør seponering af antidepressiva forsøges efter 6 måneder eller 12 måneder efter stabilisering af symptombilledet hos børn, unge og voksne med OCD? - Overall

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
2.2 Angst: End of treatment	1	190	Mean Difference (IV, Fixed, 95% CI)	-1.30 [-2.84, 0.24]
2.3 Social funktionsevne: Efter udtrapning (indenfor 6 mdr.)	2	259	Mean Difference (IV, Random, 95% CI)	1.78 [-1.51, 5.07]
2.4 Livskvalitet: Efter udtrapning (indenfor 6 mdr.)	1	215	Mean Difference (IV, Fixed, 95% CI)	9.80 [4.91, 14.69]
2.5 Drop-out Efter udtrapning	6	954	Risk Ratio (IV, Random, 95% CI)	0.64 [0.53, 0.76]
2.6 Symptomscore (CY-BOCS/Y-BOCS: ≤ 9) : Efter udtrapning (indenfor 6 mdr.)	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
2.7 Symptomscore (CGI-I: >4/ CGI-S: ≤ 2): Efter udtrapning (indenfor 6 mdr.)	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
2.8 Genhenvisninger (~relapse) Efter udtrapningen	5	911	Risk Ratio (IV, Random, 95% CI)	0.60 [0.46, 0.78]
2.9 Drop-out pga. bivirkninger Efter udtrapning	6	912	Risk Ratio (IV, Random, 95% CI)	0.48 [0.23, 0.98]
2.10 Alvorlige bivirkninger Efter udtrapning	6	662	Risk Ratio (IV, Random, 95% CI)	1.18 [0.28, 4.91]

Figures

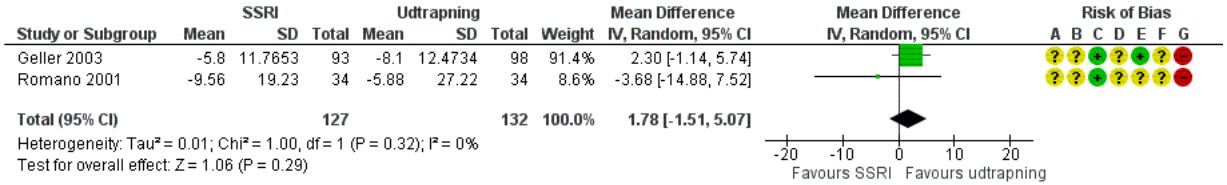
Figure 1 (Analysis 2.2)



Risk of bias legend
(A) Sequence Generation
(B) Allocation concealment
(C) Blinding of participants and personnel
(D) Blinding of outcome assessors
(E) Incomplete outcome data
(F) Selective outcome reporting
(G) Other sources of bias

Forest plot of comparison: 2 PICO 9: Bør seponering af antidepressiva forsøges efter 6 måneder eller 12 måneder efter stabilisering af symptombilledet hos børn, unge og voksne med OCD? - Overall, outcome: 2.2 Angst: End of treatment.

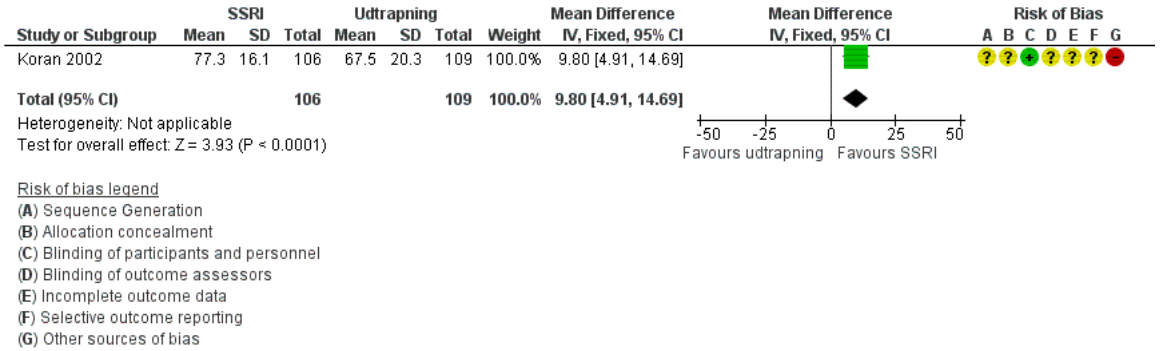
Figure 2 (Analysis 2.3)



Risk of bias legend
(A) Sequence Generation
(B) Allocation concealment
(C) Blinding of participants and personnel
(D) Blinding of outcome assessors
(E) Incomplete outcome data
(F) Selective outcome reporting
(G) Other sources of bias

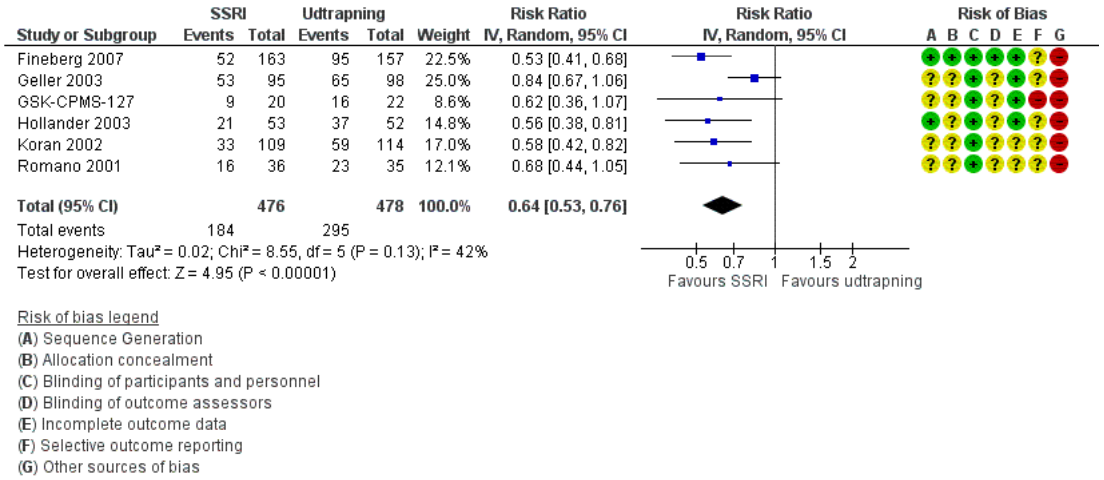
Forest plot of comparison: 2 PICO 9: Bør seponering af antidepressiva forsøges efter 6 måneder eller 12 måneder efter stabilisering af symptombilledet hos børn, unge og voksne med OCD? - Overall, outcome: 2.3 Social funktionsevne: Efter udtrapning (indenfor 6 mdr.).

Figure 3 (Analysis 2.4)



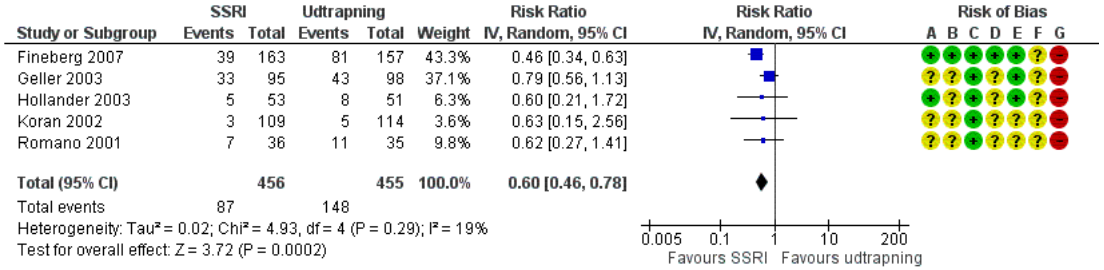
Forest plot of comparison: 2 PICO 9: Bør seponering af antidepressiva forsøges efter 6 måneder eller 12 måneder efter stabilisering af symptombilledet hos børn, unge og voksne med OCD? - Overall, outcome: 2.4 Livskvalitet: Efter udtrapning (indenfor 6 mdr.).

Figure 4 (Analysis 2.5)



Forest plot of comparison: 2 PICO 9: Bør seponering af antidepressiva forsøges efter 6 måneder eller 12 måneder efter stabilisering af symptombilledet hos børn, unge og voksne med OCD? - Overall, outcome: 2.5 Drop-out Efter udtrapning.

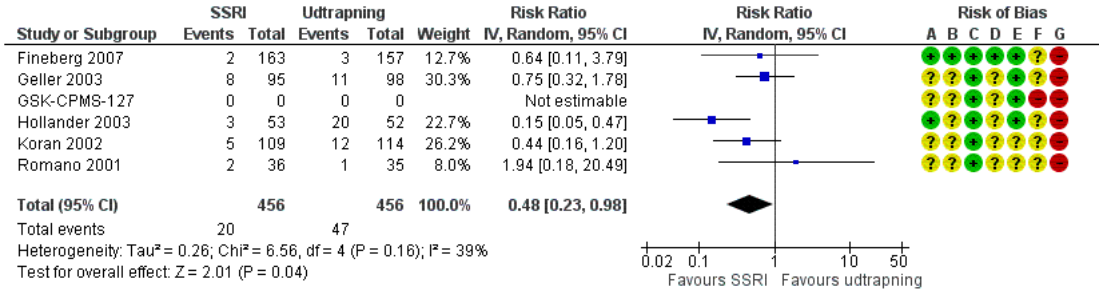
Figure 5 (Analysis 2.8)



Risk of bias legend
(A) Sequence Generation
(B) Allocation concealment
(C) Blinding of participants and personnel
(D) Blinding of outcome assessors
(E) Incomplete outcome data
(F) Selective outcome reporting
(G) Other sources of bias

Forest plot of comparison: 2 PICO 9: Bør seponering af antidepressiva forsøges efter 6 måneder eller 12 måneder efter stabilisering af symptombilledet hos børn, unge og voksne med OCD? - Overall, outcome: 2.8 Genhenvisninger (~relapse) Efter udtrapningen.

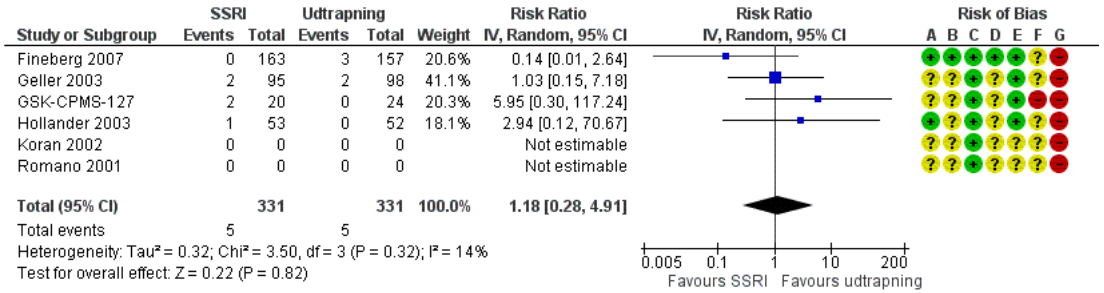
Figure 6 (Analysis 2.9)



Risk of bias legend
(A) Sequence Generation
(B) Allocation concealment
(C) Blinding of participants and personnel
(D) Blinding of outcome assessors
(E) Incomplete outcome data
(F) Selective outcome reporting
(G) Other sources of bias

Forest plot of comparison: 2 PICO 9: Bør seponering af antidepressiva forsøges efter 6 måneder eller 12 måneder efter stabilisering af symptombilledet hos børn, unge og voksne med OCD? - Overall, outcome: 2.9 Drop-out pga. bivirkninger Efter udtrapning.

Figure 7 (Analysis 2.10)



Risk of bias legend
(**A**) Sequence Generation
(**B**) Allocation concealment
(**C**) Blinding of participants and personnel
(**D**) Blinding of outcome assessors
(**E**) Incomplete outcome data
(**F**) Selective outcome reporting
(**G**) Other sources of bias

Forest plot of comparison: 2 PICO 9: Bør seponering af antidepressiva forsøges efter 6 måneder eller 12 måneder efter stabilisering af symptombilledet hos børn, unge og voksne med OCD? - Overall, outcome: 2.10 Alvorlige bivirkninger Efter udtrapning.