NKR ADHD hos børn og unge_opdatering af PICO 3a_PUFA

Characteristics of studies

Characteristics of included studies

Aman 1987

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	For more information, please see the following reference: Gillies D, Sinn JKh, Lad SS, Leach MJ, Ross MJ. Polyunsaturated fatty acids (PUFA) for attention deficit hyperactivity disorder (ADHD) in children and adolescents. Cochrane Database Syst Rev. 2012 Jul 11;(7):CD007986. doi: 10.1002/14651858.CD007986.pub2. Review.

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Gillies et al., 2012
Allocation concealment (selection bias)	Unclear risk	Gillies et al., 2012
Blinding of participants and personnel (performance bias)	Low risk	Gillies et al., 2012
Blinding of outcome assessment (detection bias)	Low risk	Gillies et al., 2012
Incomplete outcome data (attrition bias)	Unclear risk	Gillies et al., 2012
Selective reporting (reporting bias)	Low risk	Gillies et al., 2012
Other bias	Unclear risk	Gillies et al., 2012

Arnold 1989

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Other bias	Unclear risk	Gillies et al., 2012

Assareh 2012

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 Placebo Overall **Included criteria:** ADHD diagnosis was confirmed based on DSM-IV (4th ed.; American Psychiatric Association, 1994) criteria. All included patients also scored more than 20 based on the Parent ADHD Rating Scale. **Excluded criteria:** Patients with any psychiatric disorder, except for oppositional defiant disorder (ODD) and learning disability (LD), based on Kiddi Scheduled for Affective Disorders Schizophrenia (K-SADS) questionnaire as well as those with intelligence quotient (IQ) less than 70; use of any psychotropic substance, opioid, or other drugs affecting central nervous system in two previous weeks; any significant neurologic disease; and use of any combination containing PUFAs

	more than once weekly were excluded from the study. **Pretreatment:** None detected
Interventions	**Intervention Characteristics** Intervention 1 ● *Description*: The intervention group received methylphenidate with the dose of 0.3 mg/kg/day in two divided doses that was increased to 1 mg/kg/day during 2 weeks. The treatment arm also received 430 mg capsules containing 241 mg DHA, 33 mg EPA, and 180 mg omega-6 (Minami Company, Belgium) once daily. ● *Duration (wk)*: 10 weeks ● *Dose*: 430 mg capsules containing 241 mg DHA, 33 mg EPA, and 180 mg omega-6 once daily. Placebo ● *Description*: The control group received methylphenidate with the dose of 0.3 mg/kg/day in two divided doses that was increased to 1 mg/kg/day during 2 weeks. The control arm received identical placebo capsules from the same com-pany with the same order. ● *Duration (wk)*: 10 weeks ● *Dose*: Placebo
Outcomes	*ADHD kernesymptomer, forælderbestemt, SD, EoT* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: Checklist of ADHD symptoms ● **Range**: 11-33 ● **Unit of measure**: Scale ● **Direction**: Lower is better ● **Data value**: Endpoint *ADHD, kernesymptomer, lærerbestemt* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: Connor scale ● **Range**: 1-6 ● **Unit of measure**: scale ● **Direction**: Lower is better ● **Data value**: Endpoint *Adfærdsforstyrelser, forælderbedømt (oppositionality)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: Connor scale ● **Range**: 1-6 ● **Unit of measure**: scale ● **Direction**: Lower is better ● **Data value**: Endpoint *Adfærdsforstyrrelse, lærerbestemt (oppositionality)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: Connor scale ● **Unit of measure**: scale ● **Direction**: Lower is better ● **Data value**: Endpoint *Diarré* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported *Gastrointestinale gener* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported *Kvalme* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported
Identification	**Sponsorship source:** This work was supported in part by the grant from the Behavioral Sciences Research Center of Shahid Beheshti University of Medical Sciences (Tehran, Iran). **Country:** Iran **Setting:** An outpatient clinic of child psychiatry. **Comments:** NA **Authors name:** Rozita Davari Ashtiani **Institution:** Behavioral Sciences Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran **Email:** rodavari@sbmu.ac.ir **Address:** P.O. Box 1617763141, Tehran, Iran **Registration of Clinical Trials:** Iranian Registration of Clinical Trials: IRCT138803122000N1
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: "The sample was randomly selected based on random numbers table from the outpatient clinic of child psychiatry. Patients were given numbers using order of attendance in clinic, and those with desired numbers were included in study." Quote: "The study population was randomly assigned into two groups."
Allocation concealment (selection bias)	Unclear risk	Judgement Comment: Allocation concealment not described
Blinding of participants and personnel (performance bias)	Low risk	Quote: "Patients and investigator were blind about the study groups (treatment or placebo)."
Blinding of outcome assessment (detection bias)	Low risk	Quote: "Patients and investigator were blind about the study groups (treatment or placebo). Dose" Judgement Comment: As the parents were blinded about the study groups- we assume that the outcome assessors were blinded.
Incomplete outcome data (attrition bias)	Low risk	Quote: "our drop-out rate was zero during the follow-up." Judgement Comment: No flow-chart presented.
Selective reporting (reporting bias)	Low risk	Judgement Comment: Registrated with the number IRCT13880312200N1. Match to protocol
Other bias	Low risk	Judgement Comment: No other apparent sources of bias.

Belanger 2009

Methods	
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Incomplete outcome data (attrition bias)	High risk	Gillies et al., 2012
Selective reporting (reporting bias)	High risk	Gillies et al., 2012
Other bias	Unclear risk	Gillies et al., 2012

Bos 2015

Methods	
Participants	
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Outcomes	
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Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	High risk	
Allocation concealment (selection bias)	Unclear risk	Nothing mentioned
Blinding of participants and personnel (performance bias)	Low risk	Investigators, parents and participants were all blind to the treatment conditions
Blinding of outcome assessment (detection bias)	Low risk	Investigators, parents and participants were all blind to the treatment conditions
Incomplete outcome data (attrition bias)	Low risk	
Selective reporting (reporting bias)	Low risk	In complicance with Clinical trial registered protocol
Other bias	Low risk	

Brue 2001

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Selective reporting (reporting bias)	Low risk	Gillies et al., 2012
Other bias	Unclear risk	Gillies et al., 2012

Dashti 2014

Methods	
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Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	This was a double-blind, randomized, clinical trial performed using a parallel method
Allocation concealment (selection bias)	Unclear risk	Not described
Blinding of participants and personnel (performance bias)	Unclear risk	Described as double-blinded, yet nothing further mentioned
Blinding of outcome assessment (detection bias)	Low risk	Outcome is patient reported
Incomplete outcome data (attrition bias)	High risk	It is mentioned that the study duration was longer than expected due to dropout rate. Nothing further was specified.
Selective reporting (reporting bias)	Unclear risk	The article refers to both the parents and teacher scoring the child after end treatment. It is not specified who scored the data provided in the article. Furthermore, it is not specified which sub-scale of the conners scale was used. In the protocol, they refer to conner patient rating scale.
Other bias	Low risk	

Dubnov Raz 2014

Methods	
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Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Both types of capsules were supplied in identical amounts in solid plastic bottles. The bottles were numbered consecutively and coded by a person uninvolved in the study, and each participant received three bottles that contained all pills necessary for the study duration. Each ADHD clinic received half of the bottles, numbered consecutively. The children that agreed to participate in the study received their designated bottles in consecutive order
Allocation concealment (selection bias)	Low risk	Both types of capsules were supplied in identical amounts in solid plastic bottles. The bottles were numbered consecutively and coded by a person uninvolved in the study, and each participant received three bottles that contained all pills necessary for the study duration. Each ADHD clinic received half of the bottles, numbered consecutively. The children that agreed to participate in the study received their designated bottles in consecutive order
Blinding of participants and personnel (performance bias)	Low risk	All study participants, parents, teachers, and study personnel were blinded to the allocation until completion of all data collection
Blinding of outcome assessment (detection bias)	Low risk	All study participant, parents and teachers, and study personnel were blinded to the allocation until completion of all data collectiom
Incomplete outcome data (attrition bias)	Unclear risk	After 8 weeks, only 17 participants remained in the study, and underwent the post-supplementation assessment: nine in placebo group (six males, three females, mean age 10.9 ± 2.3 years) and eight in the oil group. Very large dropout and no ITT
Selective reporting (reporting bias)	Low risk	all outcomes described are meassured
Other bias	Low risk	

Gustafsson 2010

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Hirayama 2004

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Hirayama 2014

Methods	
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Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	The subjects were randomly assigned to the PS and control group. Unclear how randomization was done
Allocation concealment (selection bias)	Unclear risk	Nothing mentioned
Blinding of participants and personnel (performance bias)	Unclear risk	The parents were informed that the purpose of the study was to investigate the effects of a dietary supplement that might have beneficial effects on ADHD symptoms and cognition in a placebo-controlled manner. The pur- pose of the study was not shared with the children. Unclear if the personnel was blinded.
Blinding of outcome assessment (detection bias)	Unclear risk	Unclear if the interviewer, who performed the interview with the parents was blinded
Incomplete outcome data (attrition bias)	Low risk	One subject dropped out because of the subject's refusal to comply with the daily supplementation. Seven- teen of the 20 children in the placebo group completed the study. Three children were withdrawn from the study by their parents without giving a specific reason. The drop- outs did not differ significantly from the completers in terms of age, severity of symptoms or symptom subgroups.
Selective reporting (reporting bias)	Low risk	
Other bias	Low risk	

Johnson 2009

Methods	
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Other bias	Unclear risk	Gillies et al., 2012

Manor 2011

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Incomplete outcome data (attrition bias)	High risk	Gillies et al., 2012
Selective reporting (reporting bias)	High risk	Gillies et al., 2012
Other bias	Unclear risk	Gillies et al., 2012

Manor 2013

Methods	
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Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	During the double-blind phase, participants were randomly assigned to the study groups according to a computerised randomization process based on random block size using a 2:1 ratio (PS-Omega3: placebo) and stratified by gender.
Allocation concealment (selection bias)	Unclear risk	not described
Blinding of participants and personnel (performance bias)	Unclear risk	double-blind. Yet, nothing written about capsules being equal.
Blinding of outcome assessment (detection bias)	Low risk	Not described but outcome probably not affected (blood tests and patient reported)
Incomplete outcome data (attrition bias)	Low risk	Dropouts were similarly distributed over the two groups (20% and 17.5%, respectively), and reasons for discontinuation were generally similar across the treatment groups
Selective reporting (reporting bias)	High risk	The primary outcome mentioned in the protocol includes behavioral and attention assessment. There is nothing mentioned on the behavioral outcome in the article. From the protocol: Primary measures of attention and behavior will be evaluated using Conners Rating Scale (CRS) teacher- rating scales. As a secondary endpoint, the attention and behavior will be measured by CRS and strength and difficulties questionnaires (SDQ) parental- and SDQ teacher-rating scales, assessment a continuous performance test (TOVA), and parental Child Health questionnaire (CHQ).
Other bias	Low risk	

Milte 2015

Methods	
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Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Children were independently allocated to one of the three treatment conditions using the process of randomization by minimization on the basis of age and gender
Allocation concealment (selection bias)	Unclear risk	Nothing mentioned
Blinding of participants and personnel (performance bias)	Low risk	Study investigators involved in the recruitment and data collection, and parents and children were blinded to randomization until completion of data collection and analysis

Blinding of outcome assessment (detection bias)	Low risk	only patient (parent) reported outcome
Incomplete outcome data (attrition bias)	Unclear risk	37% children discontinued the intervention over the 12 months. 56 for children receiving EPA, 54 for DHA and 57 after LA. Article referring to figure 1, which is not included in the article
Selective reporting (reporting bias)	Unclear risk	Outcomes unclearly reported
Other bias	Low risk	

Moghaddam 2017

Methods	
Participants	
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Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Patients were randomly divided into two groups using a random numbers table.
Allocation concealment (selection bias)	Low risk	For the study being double blinded, patients were divided into placebo and PUFA groups randomly by the author and were referred to via a code to the person in charge of drug distribution.
Blinding of participants and personnel (performance bias)	Low risk	During the study, the prescriber and patient rater were not aware of the type of prescribed medicine and they were different. For the study being double blinded, patients were divided into placebo and PUFA groups randomly by the author and were referred to via a code to the person in charge of drug distribution. In addition, methylphenidate and PUFA were taken to the patients in pre-prepared envelopes based on code 1 and 2. Considering the special PUFA form that is typically in capsules, its placebo was prepared and was taken to the other group to prevent drug takers from noticing the patient rater of their used drugs.
Blinding of outcome assessment (detection bias)	Low risk	During the study, the prescriber and patient rater were not aware of the type of prescribed medicine and they were different.
Incomplete outcome data (attrition bias)	Unclear risk	There are no reports of dropouts. The total n for each group is missing
Selective reporting (reporting bias)	Unclear risk	There is an ethics protocol aproved - difficult to asses but results could be more clearly reported. Unclear if SE or SD's are used
Other bias	Low risk	

Perera 2012

Methods	**Study design:** RCT **Study grouping:** intervention vs placebo
Participants	**Baseline Characteristics** Intervention 1 Placebo Overall **Included criteria:** Participants for the study were children 6 to 12 years of age, selected froman outpatient treatment program for ADHD. All children in the programwere clinically diagnosed (according to criteria from theDiagnostic andStatistical Manual of Mental Disorders, Fourth Edition), supported bypositive scores in Swanson, Nolan and Pelham version IV(SNAP) parentand teacher evaluation. **Excluded criteria:** The ADHD treatment program had 422 registered children.Ninety-five were excluded for being registered for less than 6 months.Eleven children whose hyperactivity was primarily related to intellec-tual impairment, brain injury, and insult were also excluded. Another141 were excluded for satisfactory outcome in ADHD symptoms,behavior, and school-based learning, evidenced from clinical recordsfor 3 consecutive months or more. A further 77 were excluded formissed follow-up appointments and medication refills as they couldnot be counted as definitively ‘‘refractory to treatment.’ **Pretreatment:** No significant differences between groups.
Interventions	**Intervention Characteristics** Intervention 1 ● *Description*: fish oil and cold-pressed evening primroseoil in the ratio 1.6:1,N3=296.37 mg,N6N180.75 mgV ● *Duration (wk)*: 12 weeks ● *Dose*: 2 capsules per day in 2 doses Placebo ● *Description*: Sunflower oil ● *Duration (wk)*: 12 weeks ● *Dose*: 2 capsules per day in 2 doses

Outcomes	*ADHD kernesymptomer, forælderbestemt, SD, EoT* ● **Outcome type**: ContinuousOutcome *ADHD, kernesymptomer, lærerbestemt* ● **Outcome type**: ContinuousOutcome *Adfærdsforstyrelser, forælderbedømt (oppositionality)* ● **Outcome type**: ContinuousOutcome *Adfærdsforstyrrelse, lærerbestemt (oppositionality)* ● **Outcome type**: ContinuousOutcome *Diarré* ● **Outcome type**: DichotomousOutcome *Gastrointestinale gener* ● **Outcome type**: DichotomousOutcome *Kvalme* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** The authors disclosed receipt of the following financial support for theresearch, authorship, and/or publication of this article: The preparationof study material was sponsored by Igennus Ltd, Cambridge, UK /Gpristine Pvt Ltd, Sri Lanka. **Country:** Sri Lanka **Setting:** Outpatient hospital setting **Comments:** NA **Authors name:** Hemamali Perera, Kamal Chandima Jeewandara, Sudarshi Seneviratne, Chandima Guruge **Institution:** Department of Psychological Medicine, Faculty of Medicine, University ofColombo, Sri Lanka and Lady Ridgeway Hospital for Children, Colombo, Sri Lanka **Email:** hemamali_p@yahoo.com **Address:** Department of Psychological Medicine,Faculty of Medicine, University of Colombo, and Lady Ridgeway Hospital forChildren, Colombo, 08, Sri Lanka
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Quote: "The eligible chil- dren were randomly assigned in a 1:1 ratio to receive active treatment or placebo, which were labeled in code." Judgement Comment: it is unclear how the allocation were made. Was it done by computer or a person?
Allocation concealment (selection bias)	Low risk	Quote: "The true identity of the codes was revealed in the presence of authorized persons independent of the study, after all data were collected, verified, and analyzed." Judgement Comment: masked to group allocation, allocation were done by a third person
Blinding of participants and personnel (performance bias)	Low risk	Quote: "The researchers and the patients were masked to group allocation, carried out by an indepen- dent third person. The" Judgement Comment: Participants were blinded, as both groups recieved capsules - that it the risk of Bias for the participants are low. We also assume that the personnel is blinded
Blinding of outcome assessment (detection bias)	Low risk	Quote: "The outcome of intervention was assessed by using an 11-item checklist, written in local language, which was self-administered by the parents. The" Judgement Comment: Parrent answered the questionnaires, but as they were blinded for the intervention, the RoB is considered low
Incomplete outcome data (attrition bias)	Low risk	Quote: "From a total of 98 children recruited to the study, 1 from the active treatment group and 2 from the placebo group were dis- continued for refusal to take the supplement. One child from the placebo group dropped out of the study. All 4 left before the first outcome measure was made at 3 months. The total number who completed the study was 94 (48 and 46 receiving"
Selective reporting (reporting bias)	High risk	Judgement Comment: time to assess primary outcome: At 1 month, 3 months and 6 month after commencement of treatment - see trial registration: http://slctr.lk/trials/73
Other bias	High risk	Quote: "Small sample sizes as well as the relatively short period of intervention are also limitations." Quote: "The study did not use a standardized schedule and relied on relatively subjective information from parents, although this information was clinically verified."

Raz 2009

Methods	
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Salehi 2016

Methods	
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Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Selection of patients in all groups was done based on block randomization. Uncertain how the block randomisation was done
Allocation concealment (selection bias)	Unclear risk	Nothing mentioned
Blinding of participants and personnel (performance bias)	Unclear risk	Nothing mentioned
Blinding of outcome assessment (detection bias)	Unclear risk	Nothing mentioned
Incomplete outcome data (attrition bias)	High risk	Nothing reported on dropout or adverse events
Selective reporting (reporting bias)	Unclear risk	Nothing mentioned
Other bias	Unclear risk	The following is missing: Flow of participants, attrition data, adverse events.

Sinn 2007

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Stevens 2003

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Vaisman 2008

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Outcomes	
Identification	
Notes	For more information, please see the following reference: Gillies D, Sinn JKh, Lad SS, Leach MJ, Ross MJ. Polyunsaturated fatty acids (PUFA) for attention deficit hyperactivity disorder (ADHD) in children and adolescents. Cochrane Database Syst Rev. 2012 Jul 11;(7):CD007986. doi: 10.1002/14651858.CD007986.pub2. Review.

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Gillies et al., 2012
Allocation concealment (selection bias)	Unclear risk	Gillies et al., 2012
Blinding of participants and personnel (performance bias)	Low risk	Gillies et al., 2012
Blinding of outcome assessment (detection bias)	Low risk	Gillies et al., 2012
Incomplete outcome data (attrition bias)	High risk	Gillies et al., 2012
Selective reporting (reporting bias)	Low risk	Gillies et al., 2012
Other bias	Unclear risk	Gillies et al., 2012

Voigt 2001

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	For more information, please see the following reference: Gillies D, Sinn JKh, Lad SS, Leach MJ, Ross MJ. Polyunsaturated fatty acids (PUFA) for attention deficit hyperactivity disorder (ADHD) in children and adolescents. Cochrane Database Syst Rev. 2012 Jul 11;(7):CD007986. doi: 10.1002/14651858.CD007986.pub2. Review.

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Incomplete outcome data (attrition bias)	High risk	Gillies et al., 2012
Selective reporting (reporting bias)	High risk	Gillies et al., 2012
Other bias	Unclear risk	Gillies et al., 2012

Widenhorn Muller 2014

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	A computer-generated random sequence was used to allocate the participants either to the supplement or the placebo group. Participants, parents and those assessing outcome measures were blind to the intervention condition. Blinding was maintained until data analysis was completed.
Allocation concealment (selection bias)	Low risk	Blinding was maintained until data analysis was completed.
Blinding of participants and personnel (performance bias)	Low risk	Participants, parents and those assessing outcome measures were blind to the intervention condition.
Blinding of outcome assessment (detection bias)	Low risk	A computer-generated random sequence was used to allocate the participants either to the supplement or the placebo group. Participants, parents and those assessing outcome measures were blind to the intervention condition. Blinding was maintained until data analysis was completed
Incomplete outcome data (attrition bias)	Low risk	Thirteen (12%) children did not return to the follow-up assess- ment. In two cases the families were lost to follow-up. Eleven discontinued the intervention. Of those: five children had pro- blems swallowing the provided capsules. In 4 cases symptom severity required stimulant medication. Two families were unable to cope with the study protocol.
Selective reporting (reporting bias)	Low risk	
Other bias	Low risk	

Footnotes

Summary of findings tables

Additional tables

Data and analyses

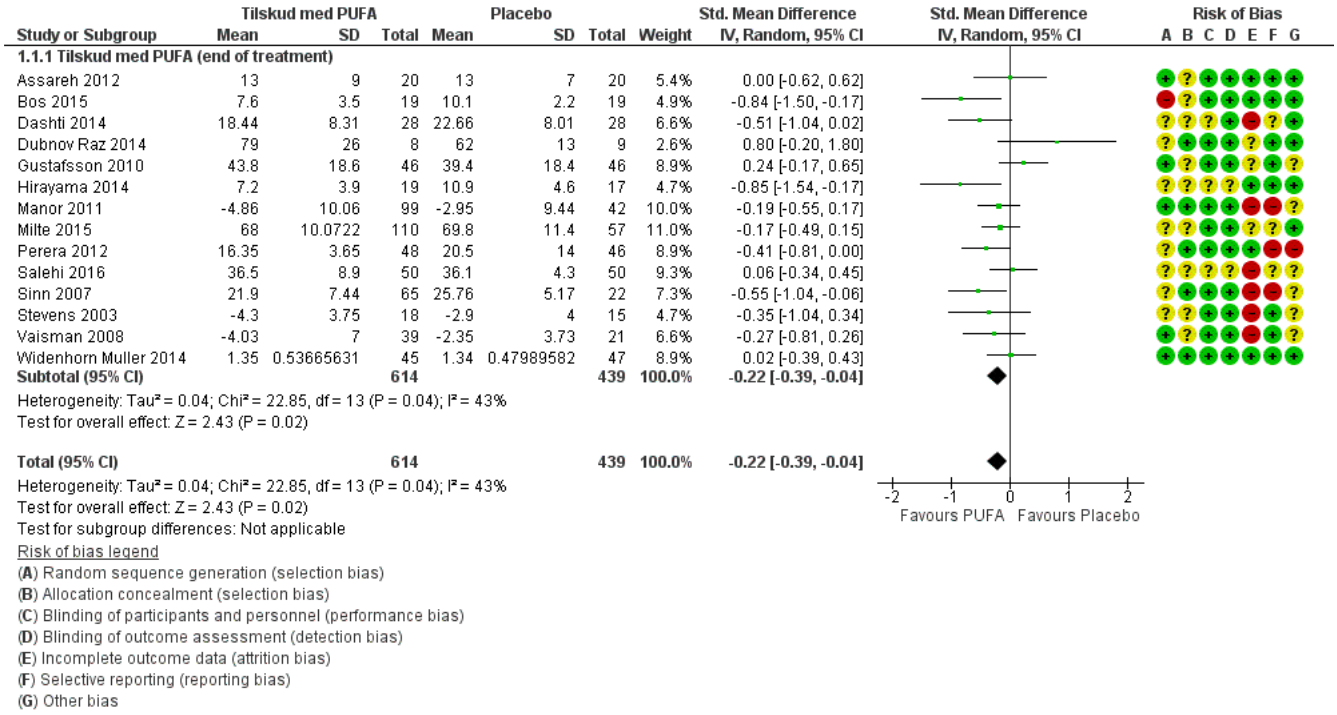
1 Tilskud med PUFA vs Placebo

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 ADHD kernesymptomer, forældrebestemt	14	1053	Std. Mean Difference (IV, Random, 95% CI)	-0.22 [-0.39, -0.04]
1.1.1 Tilskud med PUFA (end of treatment)	14	1053	Std. Mean Difference (IV, Random, 95% CI)	-0.22 [-0.39, -0.04]
1.2 ADHD, kernesymptomer, lærerbestemt (end of treatment)	8	509	Std. Mean Difference (IV, Random, 95% CI)	-0.02 [-0.19, 0.16]
1.3 Adfærdsforstyrelser, forældrebedømt (oppositionality) (end of treatment)	4	433	Std. Mean Difference (IV, Random, 95% CI)	-0.00 [-0.20, 0.19]
1.4 Diarré	2	121	Risk Ratio (IV, Random, 95% CI)	0.73 [0.17, 3.08]
1.5 Gastrointestinale gener, længste follow-up	4	496	Risk Ratio (IV, Random, 95% CI)	0.69 [0.32, 1.52]
1.5.3 Gastrointestinal discomfort (end of treatment)	4	496	Risk Ratio (IV, Random, 95% CI)	0.69 [0.32, 1.52]

1.6 Adfærdsforstyrrelse, lærerbestemt (oppositionality) (end of treatment)	4	295	Std. Mean Difference (IV, Random, 95% CI)	-0.08 [-0.49, 0.34]
1.7 Kvalme, længste follow-up	5	542	Risk Ratio (IV, Random, 95% CI)	1.01 [0.39, 2.59]
1.8 Livskvalitet, længste follow-up	1	138	Std. Mean Difference (IV, Random, 95% CI)	-0.01 [-0.37, 0.35]

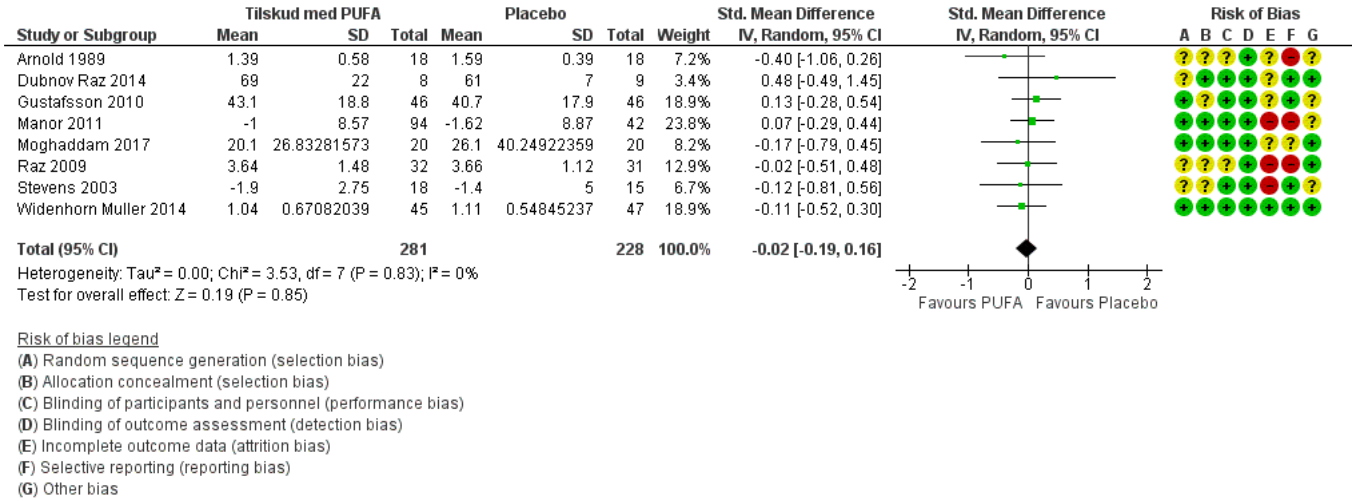
Figures

Figure 1 (Analysis 1.1)



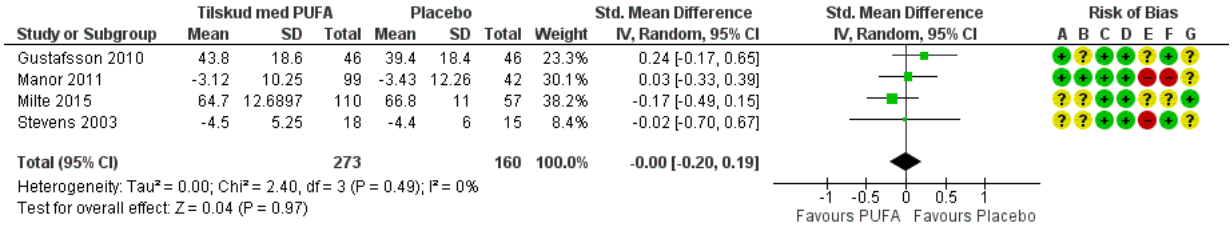
Forest plot of comparison: 1 Tilskud med PUFA vs Placebo, outcome: 1.1 ADHD kernesymptomer, forældrebestemt.

Figure 2 (Analysis 1.2)



Forest plot of comparison: 1 Tilskud med PUFA vs Placebo, outcome: 1.2 ADHD, kernesymptomer, lærerbestemt (end of treatment).

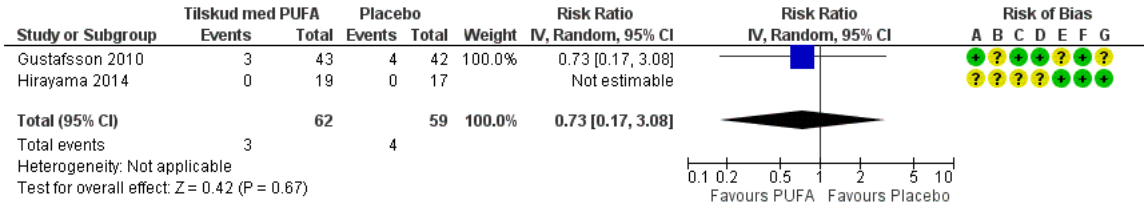
Figure 3 (Analysis 1.3)



Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 Tilskud med PUFA vs Placebo, outcome: 1.3 Adfærdsforstyrelser, forældrebedømt (oppositionality) (end of treatment).

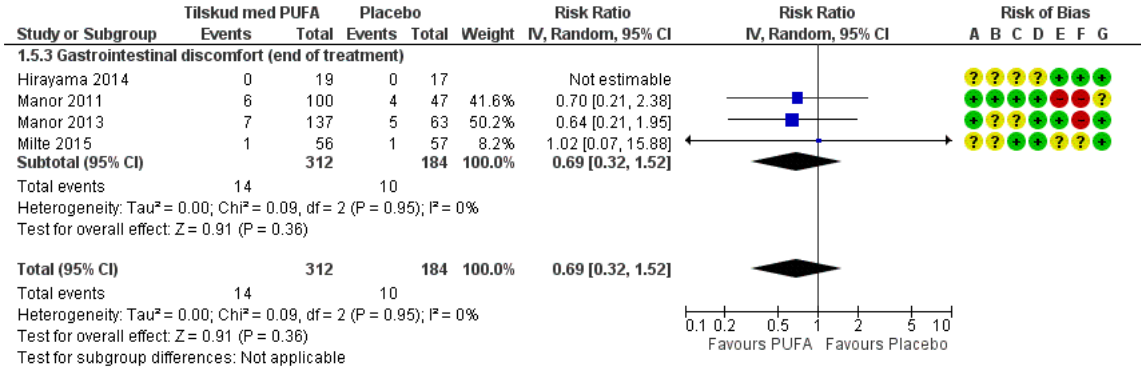
Figure 4 (Analysis 1.4)



Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 Tilskud med PUFA vs Placebo, outcome: 1.4 Diarré.

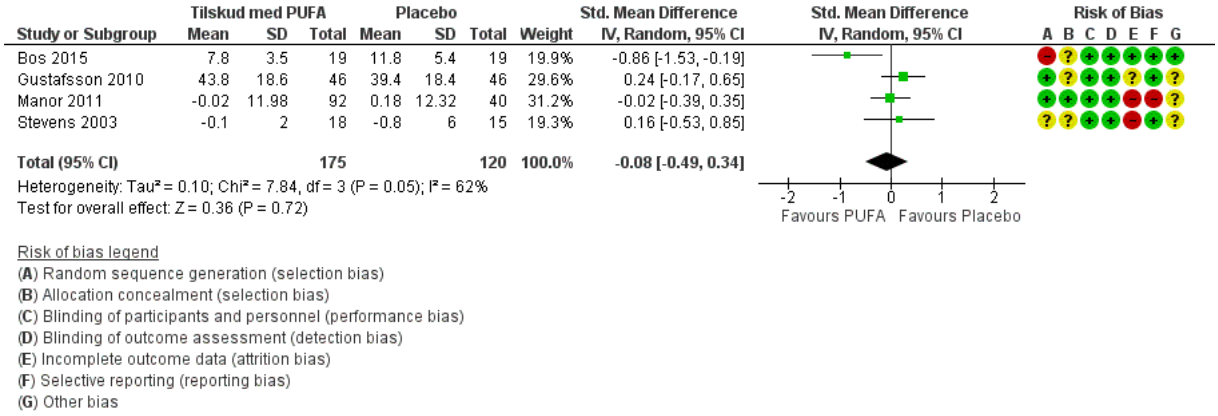
Figure 5 (Analysis 1.5)



Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

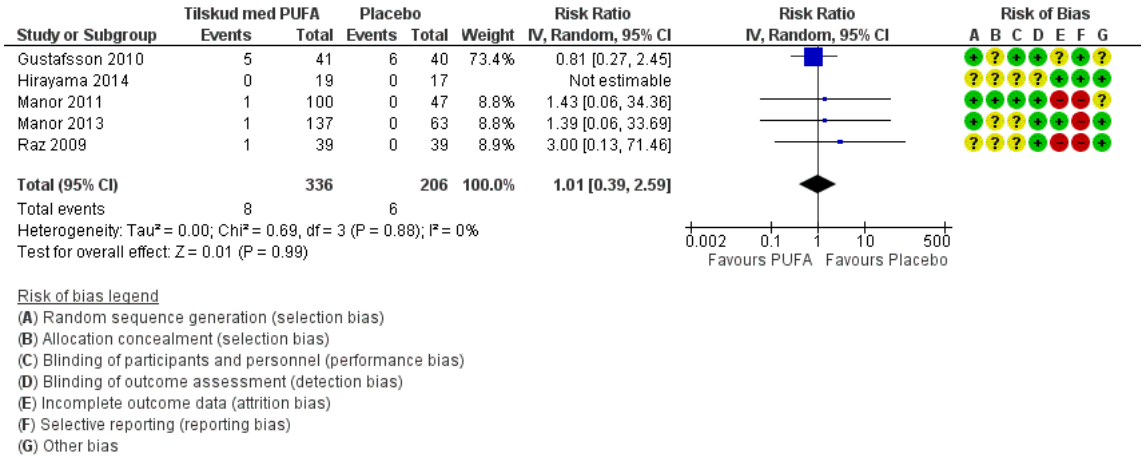
Forest plot of comparison: 1 Tilskud med PUFA vs Placebo, outcome: 1.5 Gastrointestinale gener, længste follow-up.

Figure 6 (Analysis 1.6)



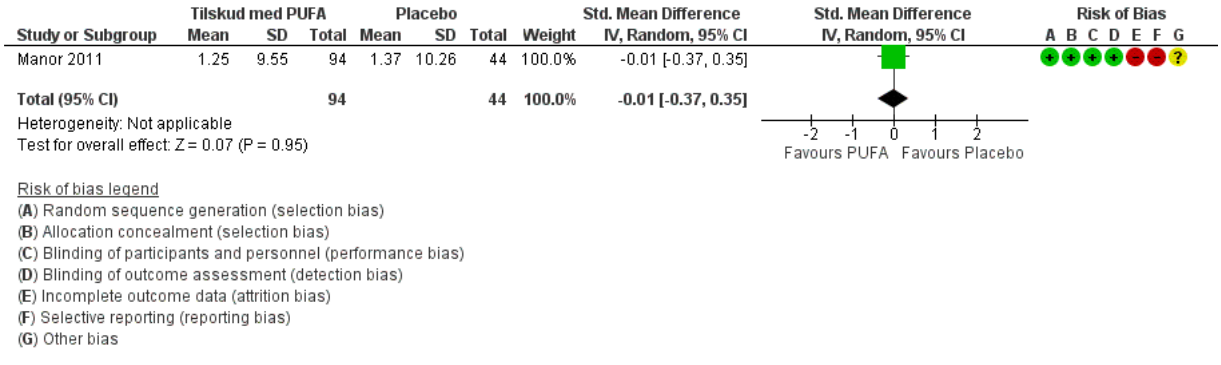
Forest plot of comparison: 1 Tilskud med PUFA vs Placebo, outcome: 1.6 Adfærdsforstyrrelse, lærerbestemt (oppositionality) (end of treatment).

Figure 7 (Analysis 1.7)



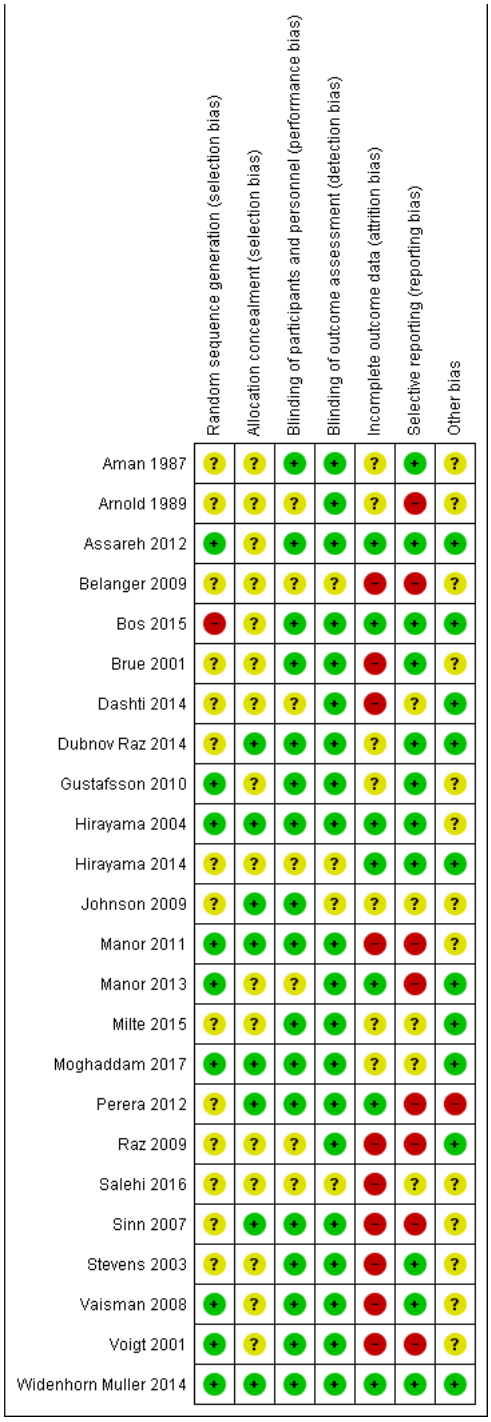
Forest plot of comparison: 1 Tilskud med PUFA vs Placebo, outcome: 1.7 Kvalme, længste follow-up.

Figure 8 (Analysis 1.8)



Forest plot of comparison: 1 Tilskud med PUFA vs Placebo, outcome: 1.8 Livskvalitet, længste follow-up.

Figure 9



Risk of bias summary: review authors' judgements about each risk of bias item for each included study.