

Appendix A: PICO table for weight management searches

PICO table and question was informed by review protocols for questions contained in the following:

CG178: protocols for the reviews of oral antipsychotics in the initial treatment of schizophrenia and in the treatment of acute exacerbation or recurrence of schizophrenia (see [tables 91 p.306 and table 92 p.312 in full guideline see tables 90 p.307 and table 91 p.312 in full guideline](#))

CG155: protocols about initial treatment with antipsychotic medication of children and young people with first episode psychosis and antipsychotics in the treatment of acute episodes in children and young people ([see pages 217 and 247 of the full guideline](#)).

Intervention types are taken from recommendation headings in [CG189 Obesity: identification, assessment and management](#).

Several outcomes are taken from the [scope of the currently ongoing weight management update](#).

Population for antisocial behaviour and conduct disorder is as defined in protocol 1.4.2 in CG158 antisocial behaviour and conduct disorders ([see p.14 of appendix 15](#)).

RCT and SR study types are used because they are considered the most robust type of study design that can produce an unbiased estimate of the intervention effects. They also reflect the study types prioritised in the CG189 2014 update ([see full guideline 14.4.3 p.22](#)).

Component	Description
<p>Questions to be answered by monitoring</p>	<p>What weight management interventions are effective for children, young people and adults being treated with antipsychotics for schizophrenia and psychosis or bipolar disorder?</p> <p>What weight management interventions are effective for children and young people being treated with antipsychotics for antisocial behaviour and conduct disorders?</p>
<p>Population</p>	<p>Inclusion criteria: Children, young people and adults being treated with antipsychotics for schizophrenia and psychosis or bipolar disorder.</p> <p>Children and young people, including looked-after children and those in contact with the criminal justice system, (aged 18 years and younger), being treated with antipsychotics for a conduct disorder, including oppositional defiant disorder or persistent offending/symptoms of conduct problems (conduct disorder and oppositional defiant disorder are characterised by</p>

	<p>repetitive and persistent patterns of antisocial, aggressive or defiant behaviour that amounts to significant and persistent violations of age-appropriate social expectations).</p> <p>Exclusion criteria: children, adults and young people not receiving antipsychotics</p>
Intervention	<p>Lifestyle, behavioural, physical activity, dietary or pharmacological* weight management strategies</p> <p>*note this may include adjuncts and add-on medications that reduce overall antipsychotic dosage e.g., antidepressants</p>
Comparison	<p>Lifestyle, behavioural, physical activity, dietary or pharmacological weight management strategies</p> <p>Waiting list</p> <p>Placebo</p>

	No intervention
Critical outcomes	<p>Mortality</p> <p>Morbidity (for example, progression of type 2 diabetes or cardiovascular disease, non-alcoholic liver disease, COVID-19 recovery, or long-term musculoskeletal problems such as osteoarthritis)</p> <p>Change in weight (for example, changes in BMI or waist circumference)</p> <p>Maintenance of weight loss</p> <p>Intermediate outcomes (for example changes in diet and physical activity level)</p> <p>Health-related quality of life</p> <p>Adherence (for example, dropout rates, intervention compliance)</p>

	<p>Adverse events</p> <p>Mental state (symptoms, depression, anxiety, mania) (note: this outcome is not included in the weight management update scope. It has been added to this monitoring protocol because of evidence identified during surveillance of CG155 about switching of antipsychotics to minimise weight gain which identified mental state as an important outcome in this population. 'Switching' has the potential to adversely impact mental state. Other weight management interventions may have the potential to impact on mental state in this population).</p> <p>Cost effectiveness</p>
Databases to be searched initially – to be reviewed based on number of results	<p>Medline</p> <p>Embase</p> <p>PsychInfo</p> <p>CENTRAL</p>
Other sources	Clinical trials registries

	<p>Non-NICE guidelines</p> <p>Forward citation searching - suggested 'seed' article: Correll CU, Sikich L, Reeves G, Johnson J, Keeton C, Spanos M, et al. Metformin add-on vs. antipsychotic switch vs. continued antipsychotic treatment plus healthy lifestyle education in overweight or obese youth with severe mental illness: results from the IMPACT trial. World Psychiatry. 2020;19(1):69–80</p>
Date range	01 June 2016 to current
Study design	RCTs, Systematic reviews of RCTs.

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