**Supplement 5:** Risk of Bias Tables

**Correll et al. 2017:**

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| **Bias** | **Authors' judgement** | **Support for judgement** |
| Random sequence generation (selection bias) | Unclear risk | Subjects were randomly assigned (1:1) to placebo or aripiprazole, but the method of randomisation was not described in the manuscript. |
| Allocation concealment (selection bias) | Unclear risk | Allocated to aripiprazole or placebo groups. Details of allocation concealment were not reported. |
| Blinding (participants and outcome assessment) | Unclear risk | The dose increase and decrease were permitted in 5mg increments to a dose of 10 to 30mg, with the final dose determined by the investigator based on response and tolerability. Details of the blinding was not reported. Reported as double-blind, but blinding was not described.  |
| Incomplete outcome data (attrition bias) | High risk | 15 out of 98 in the aripiprazole arm, and 6 subjects out of 48 in the placebo arm completed the study. Investigators used the last observation carried forward (LOCF) method. All the row outcome data was not provided. |
| Selective reporting (reporting bias) | Low risk | Primary efficacy outcome (from randomizations to exacerbation of psychotic symptoms/impending relapse) was reported, and all the secondary efficacy outcome data were reported. All the safety assessment outcomes were reported.  |
| Other bias | Low risk | No other sources of bias identified |

**Findling et al. 2012:**

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| **Bias** | **Authors' judgement** | **Support for judgement** |
| Random sequence generation (selection bias) | Unclear risk | Patients that achieve syndromal remission during Phase 1 were randomized in a double-blind fashion to receive either ongoing aripiprazole or placebo therapy during Phase 2, but the method of randomisation was not described in the manuscript. |
| Allocation concealment (selection bias) | Unclear risk | Allocated to aripiprazole or placebo groups. Details of allocation concealment were not reported. |
| Blinding (participants and outcome assessment) | Low risk | Aripiprazole and the corresponding placebo were administered as identically appearing tables. |
| Incomplete outcome data (attrition bias) | High risk | 6 participants in the aripiprazole arm completed the study, and none in the placebo arm completed the study. Investigators used the last observation carried forward (LOCF) method. All the row outcome data was not provided. |
| Selective reporting (reporting bias) | Low risk | Outcomes of mean duration before discontinuation due to deterioration, YMRS, CGAS, CGI, CDRS-R scores were reported. |
| Other bias | Low risk | No other sources of bias identified |

**Findling et al. 2013:**

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| **Bias** | **Authors' judgement** | **Support for judgement** |
| Random sequence generation (selection bias) | Unclear risk | Randomization occurred at 1:1:1 ratio, to aripiprazole 10mg/day, 30mg a day or matching placebo once daily. The method of randomisation was not described in the manuscript. |
| Allocation concealment (selection bias) | Unclear risk | The details of allocation concealment was not reported. |
| Blinding (participants and outcome assessment) | Unclear risk | Double-blinded aripiprazole or placebo was taken daily. Investigators could decrease the dose once to 5mg/day from 10mg/day or to 15mg/day from 30mg/day, and increasing the dose once to 10mg/day or 20mg/day respectably. The details how this was carried out whilst blinding was maintained was not reported. Details of the blinding not reported. |
| Incomplete outcome data (attrition bias) | High risk | In the 10mg/day aripiprazole, 30mg/day and placebo arms, 41 out of 75, 49 out of 71 and 52 out of 64 completed the study respectively. All the row outcome data was not reported. Intention-to treat analysis was implemented (LOCF).  |
| Selective reporting (reporting bias) | Low risk | Outcomes of mean duration before discontinuation due to any reason, YMRS, CGAS, CGI, CDRS-R scores were reported. |
| Other bias | Low risk | This study was funded by Pharmaceutical Company. However, we did not consider this to be a matter of concern |

**Findling et al. 2014:**

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| **Bias** | **Authors' judgement** | **Support for judgement** |
| Random sequence generation (selection bias) | Unclear risk | Method of randomisation was not described in the manuscript |
| Allocation concealment (selection bias) | Low risk | Randomisation was performed via a centralised call-in system |
| Blinding (participants and outcome assessment) | Unclear risk | Double-blinded aripiprazole or placebo was taken once daily. Details of the blinding was not reported. |
| Incomplete outcome data (attrition bias) | High risk | 19 out of 44 children/adolescents completed the placebo arm of the trial. Twenty-five discontinued and 23 of them due to lack of efficacy. Out of 41 subjects, 22 completed the aripiprazole arm of the trial. Row outcome data was not provided. However, the last observation of the subjects who discontinued was carried forward. |
| Selective reporting (reporting bias) | Unclear risk | Although NCBRF D-Total scores were reported as the primary outcome, two of the remaining subscales (ie: Oppositional, and Conduct Problems) data were not reported |
| Other bias | Low risk | No other sources of bias identified |

**Findling et al. 2017:**

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| **Bias** | **Authors' judgement** | **Support for judgement** |
| Random sequence generation (selection bias) | Unclear risk | Randomization occurred at 1:1 ratio, was stratified by site, and balanced for diagnosis of comorbid conduct disorder (CD) versus Opposition Defiant Disorder (ODD). |
| Allocation concealment (selection bias) | Low risk | Randomization was performed by web-based centralization system. |
| Blinding (participants and outcome assessment) | Unclear risk | Double-blinded risperidone or placebo was taken daily. Patients and parents were unaware of assignment to placebo or risperidone. Details of the blinding was not reported.  |
| Incomplete outcome data (attrition bias) | Low risk | 47 out of 54 participants completed the risperidone arm of the trial, and 41 out of 49 participants of placebo arm of completed the trial. The last observations were carried forward. |
| Selective reporting (reporting bias) | Low risk | Primary outcome (NCBRF Disruptive Behaviour Total) data available. Some of the secondary outcome data (CASI-4R scores and CGI-I scores) were not available. However, the non-significance after comparison of this data were reported. |
| Other bias | Low risk | No other sources of bias identified |

**Reyes et al. 2006:**

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| **Bias** | **Authors' judgement** | **Support for judgement** |
| Random sequence generation (selection bias) | Low risk | The randomization code was generated by the study sponsor. Treatment numbers allocated at each investigative centre in chronological order. |
| Allocation concealment (selection bias) | Unclear risk | Allocated to risperidone or placebo groups. Details of allocation concealment were not reported |
| Blinding (participants and outcome assessment) | Low risk | Patients and parents were unaware of assignment to placebo or risperidone. Placebo and risperidone oral solutions were identical in appearance and flavour. |
| Incomplete outcome data (attrition bias) | Unclear risk | 100 participants out of 172 who were on risperidone completed the study. In the placebo arm, out of 163 subjects, 62 completed the study. Row outcome data was not provided. The last observation of all subjects who received at least one dose of placebo or risperidone during double blind maintenance phase was carried forward. |
| Selective reporting (reporting bias) | Low risk | All outcomes in protocol were reported in the study. |
| Other bias | Low risk | No other sources of bias identified. |