Efficacy of clozapine compared with other second-generation antipsychotic drugs in patients with treatment-resistant schizophrenia: protocol for a systematic review and individual patient data meta-analysis of randomised controlled trials

Spyridon Siafis, Johannes Schneider-Thoma, Tasnim Hamza, Irene Bighelli, Shimeng Dong, Wulf-Peter Hansen, John M Davis, Georgia Salanti, Stefan Leucht

ABSTRACT

Introduction Guidelines recommend clozapine for treatment-resistant schizophrenia. However, meta-analysis of aggregate data (AD) did not demonstrate higher efficacy of clozapine compared with other second-generation antipsychotics but found substantial heterogeneity between trials and variation between participants in treatment effects. Therefore, we will conduct an individual participant data (IPD) meta-analysis to estimate the efficacy of clozapine compared with other second-generation antipsychotics while accounting for potentially important effect modifiers.

Methods and analysis In a systematic review, two reviewers will independently search Cochrane Schizophrenia Group’s trial register (without restrictions in date, language or state of publication) and related reviews. We will include randomised controlled trials (RCTs) in participants with treatment-resistant schizophrenia comparing clozapine with other second-generation antipsychotics for at least 6 weeks. We will apply no restrictions in age, gender, origin, ethnicity or setting, but exclude open-label studies, studies from China, experimental studies and phase II of cross-over trials. IPD will be requested from trial authors and cross-check against published results. AD will be extracted in duplicate. Risk of bias will be assessed using Cochrane’s Risk of Bias 2 tool. The primary outcome will be overall symptoms of schizophrenia. We will synthesise results using random-effects meta-analysis and meta-regression methods in a 3-level Bayesian model. The model combines IPD with AD when IPD is not available for all studies, and include participant, intervention and study design characteristics as potential effect modifiers. The effect size measures will be mean difference or standardised mean difference when different scales were used. Confidence in the evidence will be assessed using GRADE.

STRENGTHS AND LIMITATIONS OF THIS STUDY

⇒ To our knowledge, this is the first meta-analysis of the efficacy of clozapine compared with other antipsychotics based on individual participant data (IPD). The use of IPD is a strength of the review because it allows more fine-grained analyses of moderators of treatment effects.

⇒ The resulting review may be limited because IPD may not be available for all studies (eg, because data sets were deleted or because study authors might not be reached). In this case, we combine IPD and aggregate data (of studies for which no IPD is available) in a hierarchical model.

⇒ As a further possible limitation, not all potentially clinically relevant moderators may be available to be included in the analysis (eg, because they have not been measured in the original studies).

⇒ Premature study discontinuation of participants is a known limitation of randomised controlled trials (RCTs) in schizophrenia and therefore also in meta-analysis of these RCTs. IPD will allow to impute missing observations and thus mitigate this problem to a certain extent.

⇒ Moreover, our review may be limited because criteria to diagnose schizophrenia and to define treatment resistance may vary between the original RCTs. Primarily, we will include all RCTs, but heterogeneity introduced thereby will be investigated in additional analyses.

Ethics and dissemination This project has been approved by the ethics commission of the Technical University of Munich (#612/21 S-NP). The results will be published open-access in a peer-review journal and a plain-language version of the results will be disseminated.
INTRODUCTION

Schizophrenia is a frequent and serious mental disorder characterised by delusions, hallucinations, cognitive impairments and loss of emotions. The main treatment is antipsychotic drugs, but up to one-third of individuals affected do not respond adequately to antipsychotics and are treatment-resistant. Clozapine is considered to be more efficacious than other antipsychotics for treatment-resistant schizophrenia and thus recommended by clinical guidelines. 

However, in previous meta-analyses on this topic, clozapine was mainly superior to the first-generation antipsychotics haloperidol and chlorpromazine. Superiority to other second generation was not demonstrated as the overall effect was mostly around no difference (in network meta-analysis) or even in favour of the other second-generation antipsychotics (in pairwise meta-analysis), although with uncertainty in any case. Particularly, it needs to be noted that there was substantial heterogeneity between trials of the same comparison (with mean estimates in favour of clozapine in some studies and in favour of other SGAs in other studies) and high variation in the effects between participants (reflected by wide 95% CIs in the results of individual studies). This indicates that there are factors modifying the treatment effects, which are possibly related to differences between patients (eg, illness severity, chronicity) and treatment regimens (eg, type, dose, duration). A recent analysis of the variability of effects observed a numerical increase in variation with clozapine compared with other first-generation and second-generation antipsychotics in patients with treatment-resistant schizophrenia (which could in principle indicate a subgroup of patients specifically responsive to clozapine) but with very high uncertainty which prevented firm conclusions. Consequently, it is currently unclear whether clozapine can be superior to other second-generation antipsychotics for treatment-resistant schizophrenia and if yes, under which circumstances—a question of high clinical relevance because other antipsychotics have more benign side effect profiles than clozapine.

Of note, the existing meta-analyses are based on aggregate data, that is, summary results for each study group. Data for each individual patient (IPD) allow to incorporate patient and treatment characteristics on the participant level (such as the individual illness severity or the drug dosage used by the individual patient). This can increase statistical power and allows more fine-grained analyses of moderators of treatment effects.

Therefore, summarised following the PICO(S) scheme, we will conduct a systematic review with individual patient data meta-analysis of randomised controlled trials (Study design) to investigate how patient and treatment characteristics modify the efficacy to reduce psychotic symptoms after treatment over 6–8 weeks (Outcome) of clozapine (Intervention) compared with other second-generation antipsychotics (Comparator) in individuals with treatment-resistant schizophrenia (Population).

The use of IPD to provide more precise and individualised estimates, the update of the existing reviews from 2016 or older using newer standards (eg, in terms of risk of bias), and the importance of the review question which can impact on clinicians prescribing practices and clinical guidelines (which are currently based on imprecise evidence) justify the conduct of the review.

METHODS AND ANALYSIS

This review is registered with PROSPERO (https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=254986). We report this protocol according to the Preferred Reporting Items for Systematic review and Meta-analysis protocols (PRISMA-P) 2015 statement (checklist in online supplemental appendix 1). We will conduct IPD meta-analysis following the statistical recommendations for conduct and planning of IPD meta-analysis examining interactions between treatment effect and participant-level covariates by Riley et al.

Criteria for considering studies for this review

Study designs

We will only include blinded (at least single-blind) randomised controlled trials (RCTs). We will exclude non-randomised studies, quasi-randomised studies and open-label studies. Moreover, we will exclude trials with an experimental focus and design component, like neuroimaging, trials from mainland China (due to serious quality concerns which are difficult to rule out) and the second phase of cross-over trials (due to possible carry-over effects).

Participants

We will include studies with participants with a treatment-resistant form of schizophrenia, schizophreniform disorder or schizoaffective disorder. Primarily, we will include studies irrespective of the criteria used to diagnose the disorder (because those are not meticulously used in clinical practice either) and the definition of treatment resistance (because a consensus about it has only been reached recently, before the conduct of most relevant studies), but we will address differences in the diagnostic accuracy, as well as differences between diagnoses, in the analytical approach (see methods below and discussion). There will be no restrictions in age, gender or ethnicity of the study participants.

Setting

Studies in inpatients or outpatients are eligible.

Interventions

Eligible studies need to investigate clozapine used as antipsychotic monotherapy, that is, we will exclude clozapine as add-on to other antipsychotics.
Comparators
Comparators will be any other second-generation antipsychotics, in monotherapy, in any form of administration. Second-generation antipsychotic drugs listed by WHO are amisulpride, aripiprazole, asenapine, brexpiprazole, cariprazine, clozapine, iloperidone, lumateperone, lurasidone, olanzapine, paliperidone, quetiapine, risperidone, sertindole, ziprasidone and zotepine.

Outcomes
The primary outcome will be overall symptoms of schizophrenia as measured by validated scales such as the Positive and Negative Syndrome Scale (PANSS) or the Brief Psychiatric Rating Scale (BPRS).21

As additional measures of efficacy, when sufficient data are available from the original studies, we plan to investigate the secondary outcomes positive symptoms of schizophrenia, negative symptoms of schizophrenia, clinical global impression of severity and improvement, quality of life and social functioning as measured by rating scales, and the number of participants leaving the study early due to inefficacy and the number of participants experiencing clinical improvement (ie, response), defined as at least a 20% reduction of PANSS/BPRS (which corresponds to ‘minimally improved on the clinical global impression of improvement scale’22; we opt for this threshold because we feel that even minimal improvement can be clinically important in the context of treatment-resistant schizophrenia). For the calculation of PANSS/BPRS percentage reduction from baseline, the minimum score will be subtracted.

Moreover, we plan to investigate the number of participants leaving the study early due to adverse events and due to any reason, respectively. These shall parallel efficacy findings as measures of overall tolerability and acceptability. We do not conduct a comprehensive analysis of side effects because there is less uncertainty in this regard and because it requires a review on its own.

Timing
The time point of outcome measurement will be 6–8 weeks (8 weeks preferred) or the closest time point to it available because this is the typical time frame used in studies investigating efficacy of antipsychotics for psychotic symptoms23 and differences between antipsychotics have been observed for treatment-resistant schizophrenia at this time point (eg, in the pivotal 6-week study by Kane et al24). Accordingly, only studies with a follow-up of at least 6 weeks will be included.

Search strategy
Electronic searches
We will search the Cochrane Schizophrenia Group’s Study-Based Register of Trials—a specialised register for clinical trials of interventions for schizophrenia25–28—without date, language, document type and publication status limitations. Following the methods from Cochrane,29 this register is compiled of monthly searches in multiple electronic databases of scientific articles (MEDLINE, Embase, Allied and Complementary Medicine, Cumulative Index to Nursing and Allied Health Literature, PsycINFO, PubMed), clinical trial registries (US National Institute of Health Ongoing Trials Register (ClinicalTrials.gov), WHO International Clinical Trials Registry Platform (www.who.int/ictrp)), databases for thesis and dissertations (ProQuest Dissertations and Theses AI), Chinese databases (Chinese Biomedical Literature Database, China Knowledge Resource Integrated Database and Wanfang, until the end of 2016) and hand searches of conference books and other grey literature. In addition to the comprehensive searches used to compile this register, it has the practical advantages of being pre-selected to contain only records related to studies in schizophrenia (ie, it does not contain clearly irrelevant references) and of being study based (meaning that multiple references belonging to the same study are tagged).

The strategy to search Cochrane Schizophrenia Group’s register, developed by Farhad Shokraneh,25–28 the former information specialist of the Cochrane Schizophrenia Group, Nottingham, UK, will be broad and include the names of all second-generation antipsychotics specified above in ‘Interventions’ and ‘Comparators’, as well as the names of several first-generation antipsychotics. The reason to include these first-generation antipsychotics in the search strategy is that we will use this broad search for different projects of our group, some of which address also first-generation antipsychotics. Studies with first-generation antipsychotics are, however, not relevant for this review and will be excluded during screening. Specifically, the information specialist will search in the Intervention Field of STUDY for (*Amisulpride* OR *Aripiprazole* OR *Asenapine* OR *Benperidol* OR *Brexpiprazole* OR *Cariprazine* OR *Chlorpromazine* OR *Clopenthixol* OR *Clozapine* OR *Fluphenazine* OR *Fluspirilene* OR *Haloperidol* OR *Iloperidone* OR *Levomepromazine* OR *Loxapine* OR *Lumateperone* OR *Lurasidone* OR *Molindone* OR *Olanzapine* OR *Paliperidone* OR *Penfluridol* OR *Perazin* OR *Perphenazine* OR *Pimozide* OR *Quetiapine* OR *Risperidone* OR *Sertindole* OR *Sulpiride* OR *Thoridazine* OR *Tiotixene* OR *Trifluoperazine* OR *Ziprasidone* OR *Zotepine* OR *Zuclopenthixol*).

The specific search strategies for the multiple databases used to compile the register are provided in online supplemental appendix 2.

During the conduct of the review, we will update the literature search by searching updated versions of the Cochrane Schizophrenia Group’s register and when eventually the last months before submission of the resulting publication are not covered by a search in PubMed.

Reference lists and other sources
Moreover, we will search previous reviews on clozapine for treatment-resistant schizophrenia or comparing clozapine with second-generation antipsychotics7–9 as well...
as all articles citing these reviews (using Google Scholar for citation index).

In case of articles published in languages other than English, we will reach out to our international network of researchers (mainly systematic reviewers and trialist in the field of psychiatry and thus familiar with the topic) and the network of the Cochrane Schizophrenia Group for help with data extraction or seek professional translation.

**Identification and selection of studies**

Two reviewers will independently inspect titles, abstracts and, if needed, full publications of references identified in the literature search to decide whether the studies match the eligibility criteria. In case of disagreement, a decision will be reached by discussion, by consulting a third reviewer or by contacting study authors for clarification.

The selection process will be managed using the reference software Citavi (Swiss Academic Software, Zurich, Switzerland).

**Data extraction**

We will contact the investigators and the sponsoring pharmaceutical industries of eligible trials and request de-identified individual patient data (IPD). In addition, we will request IPD from data-sharing portals (such as vivli.org or yoda.yale.edu). We will convert IPD received in different formats (different files, structures and outcome names) to a common format using 'R'30 (particularly the packages 'haven'31 and 'tidyverse'32).

When IPD is not obtained, two reviewers will extract independently aggregate data (AD) from the references identified in the literature search. AD will be managed in a Microsoft Access database with specifically customised data-entry forms (see online supplemental appendix 3) and an algorithm to check for differences between independent extractions. Emerging differences will be solved by discussion (among the extracting reviewers or with a third reviewer) or by seeking clarification from original authors.

Data extraction for analysis from IPD and AD will start after submission of the protocol.

**IPD integrity**

IPD integrity of each study will be evaluated, including checking for missing data, duplicates, extreme outliers or unusual values. Moreover, we will cross-check the IPD used for analysis against the summary statistics from the published reports. Therefore, we will recalculate the summary statistics from the IPD. Moreover, we will examine the pattern of group allocation over time and the distribution of baseline characteristics between groups which will then be used for the assessment of risk of bias arising from the randomisation process (see below).

**Data items**

From IPD and AD we will seek information on

► Criteria used to diagnose schizophrenia and related disorders.
► Diagnoses of participants (in terms of schizophrenia and related disorders and psychiatric comorbidities).
► Definition of treatment resistance.
► Sponsorship.
► Number of participants.
► Age.
► Gender.
► Weight.
► Smoking status.
► Current use of illicit drugs.
► History of substance abuse.
► Duration of illness.
► Duration of current episode.
► Number of previous episodes.
► Number of previous hospitalisations.
► Previous antipsychotic medications.
► Type (compound, administration) and dose of antipsychotic use in the study.
► Plasma level of antipsychotic used in the study.
► Outcomes (see above) together with the time point of outcome measurement and the baseline value of the scales used.

For the primary outcome 'overall symptoms of schizophrenia', we will transform BPRS values to PANSS results by a validated method of equipercentile linking.35 If other scales apart from PANSS and BPRS were used, results will be standardised into z-scores, similar to other IPD meta-analyses.34 This method will also be used in other outcomes when data from different scales are available, and a more appropriate method is not stated.

For the secondary outcomes 'positive symptoms' and 'negative symptoms', no such linking method exists. Moreover, there are different ways to construct positive and negative subscores in PANSS and BPRS. Therefore, in order to use the same outcome measures across trials, in IPD, positive and negative subscores will be expressed as BPRS subscores (BPRS items 4, 11, 12 and 15 for positive and 3, 13 and 16 for negative subscore) for which all required items are available even when a patient was assessed by PANSS (PANSS items 2, 3, 6 and 23 for positive and 8, 9 and 21 for negative subscore).35

**Risk-of-bias assessment**

Two independent reviewers will evaluate risk of bias of individual studies using the Cochrane Risk of Bias 2 tool.36 This tool assessed the risk of bias on the outcome level for biases 1) arising from the randomisation process, 2) due to deviations from intended interventions, 3) due to missing outcome data, 4) in the measurement of the outcome and 5) in the selection of reported results with the judgement options ‘High risk’, ‘Some concerns’ and ‘Low risk’. The assessment will be performed independently by two reviewers with experience in systematic reviews and with this tool, but not blinded to the studies (which is practically almost impossible). Disagreements between reviewers will be solved by discussion, if needed.
involving a third even more experienced reviewer (but no specific evaluation of inter-rater agreement is planned for the expected small sample of studies). Studies with inadequate randomisation (which we will additionally examine using IPD; see ‘IPD integrity’ above) will be excluded from the review, as well as open-label studies which may have a high risk of deviations from the intended interventions and in the measurement of the outcome. Moreover, studies with an overall judgement of high risk of bias will be excluded in sensitivity analysis.

**Data analysis**

**Synthesis**

We will conduct Bayesian IPD meta-analysis. The primary outcome as well as the secondary outcomes measured by rating scales (see ‘Outcomes’ above) will be analysed by a linear regression where the mean difference (MD) will be used to measure the effect size (provided that all results are from the same scale; when the outcome was measured on different scales, the standardised mean difference (SMD) will be used). The secondary outcomes based on number of participants with an event will be analysed by a logistic regression model where the OR will be used to measure the effect size because of its better mathematical properties for statistical modelling as compared with risk ratios (RRs). However, for presentation of results, we will transform ORs to RRs to increase interpretability and prevent misinterpretation of the magnitude of effects.

These regression models will be used to estimate how the treatment effect changes with different participant and treatment characteristics. Potential covariates will be the participant-level characteristics baseline severity, duration of current episode and illness, number of previous episodes and hospitalisations, previous antipsychotics, specific diagnoses, age, sex, weight, antipsychotic dose, smoking status, current or previous substance abuse, plasma level of antipsychotic and duration of follow-up. Because not all clinically relevant characteristics may be available in all studies, we will decide on a final set of covariates based on clinical relevance and availability across studies balancing statistical power and the aim to inform about as much clinically relevant aspects as possible.

We will consider Bayesian and non-Bayesian imputation methods to address missing observations. Considering that with Bayesian models with IPD computation time is an issue, we will choose a pragmatic approach that is feasible and scientifically sound, depending on the amount of missing observations.

The effect sizes and covariate effects will be combined across studies using a Bayesian random-effects meta-analysis model. Minimally informative priors will be assumed for all location parameters (effect sizes and regression coefficients), and for heterogeneity, we will use a half-normal prior on the heterogeneity SD.

When IPD is not obtained for all trials, we will combine IPD and AD studies using the three-level hierarchical model as described by Sutton et al. The model separately analyses IPD and AD studies, then their results are combined across studies using standard meta-analysis methods. To assess the impact of including AD studies, we will perform a sensitivity analysis with IPD studies only and compare that with the results from the combined IPD–AD model.

For the primary outcome, we will additionally perform sensitivity analyses by excluding studies that did not use operationalised criteria to diagnose schizophrenia, single-blind studies (ie, studies in which participants knew their assigned treatment, but raters did not) and studies judged at high risk of bias (if substantially different results arise, we will consider this approach for the primary analysis).

Subgroup analyses of the primary outcome will address 1) the definition of treatment resistance applied in the study, 2) sponsoring of pharmaceutical industry, 3) the specific second-generation antipsychotic drugs used as comparator and 4) covariates for which the meta-regression analysis suggests a moderating effect.

We will summarise the estimates of treatment effects and of interaction effects between covariates and treatment effects in forest plots, and we will measure the heterogeneity by estimating the between-study variance in treatment effect ($\tau^2$).

The statistical model will be implemented in R by performing Bayesian analyses using self-programmed routines in ‘JAGS’.

**Meta-bias(es)/risk of bias across studies**

We will present the association between study sample size and treatment effect in funnel plots, which can be an indication of publication bias. Moreover, we will report for which studies IPD was available and compare the meta-analysis estimates based on IPD trials with the estimates from an analysis that combines IPD and AD (if not all trials provide the IPD) (see sensitivity analysis above).

**Confidence in cumulative evidence**

We will assess the confidence in the cumulative evidence using the Grading of Recommendations Assessment, Development and Evaluation working group (GRADE) methodology. This framework considers domains of risk of bias, inconsistency, directness, precision and publication bias to judge the quality of the evidence for specific outcomes as high, moderate, low or very low. Methods to assess risk of bias, inconsistency (=heterogeneity) and publication bias are described above. Directness will be assessed using the inclusion criteria of the individual trials, particularly the definitions concerning treatment resistance. To assess precision of an estimate, we consider effect sizes larger than SMD 0.1/1 step in CGI-S or CGI-I (or the corresponding MDs) for continuous outcomes and ORs smaller than 0.8 and larger than 1.25 for binary outcomes as appreciable benefit/harm.

**Patient and public involvement**

This project was recognised as having a high relevance in a meeting that we held with a group of patients and
relatives to identify patient-relevant research questions. They will be also involved as consultants during the process of the project. Particularly, they are involved in identifying patient-relevant outcomes and moderators during the protocol stage (WPH agreed to become a co-author) and in interpreting the results from a patients’ and relatives’ perspective. Moreover, they will help to prepare a ‘plain-language’ version of the results for dissemination to patients, relatives and non-academic audiences.

Author affiliations
1Department of Psychiatry and Psychotherapy, School of Medicine, Technical University of Munich, Munich, Germany
2Institute of Social and Preventive Medicine, University of Bern, Bern, Switzerland
3Graduate School of Health Sciences, University of Bern, Bern, Switzerland
4BASTA – Bündnis für psychisch erkrankte Menschen, Munich, Germany
5Psychiatric Institute, University of Illinois at Chicago, Chicago, Illinois, USA
6Department of Psychiatry, School of Medicine, Johns Hopkins University, Baltimore, Maryland, USA

Acknowledgements We would like to thank Farhad Shokraneh, former information specialist of the Cochrane Schizophrenia Group, who conducted the first search in electronic databases. Also, we would like to thank for the support of SD by a scholarship of the China Scholarship Council (CSC, File No 202006240091).

Contributors SL obtained the funding and supervises the study. SS, JS-T, TH, IB, SD, JMD, GS and SL designed the systematic review and meta-analysis. GS and TH particularly advised on methodological and statistical aspects. W-PH provided the patients’ perspective. SS, JS-T, TH and SL drafted the manuscript. All authors critically reviewed the manuscript for important intellectual content and approved the final manuscript. JS-T is the guarantor of the article.

Funding This work was supported by the German Ministry for Education and Research (Bundesministerium für Bildung und Forschung, BMBF), grant number FKZ 01KZ015.

Disclaimer The funder has no role in study design, data collection, data analysis, interpretation of results or writing of the report.

Competing interests In the last 3 years, SL has received honoraria as a consultant/advisor and/or for lectures from Angelini, Böhninger Ingelheim, Geodon&Richter, Janssen, Johnson&Johnson, Lundbeck, LTS Lohmann, MSD, Otsuka, Recordati, SanofiAventis, Sandoz; Sunovion, TEVA, Eisai, Rovi, Medichem and Mitsubishi.

Patient and public involvement Patients and/or the public were involved in the design, or conduct, or reporting, or dissemination plans of this research. Refer to the Methods section for further details.

Patient consent for publication Not applicable.

Provenance and peer review Not commissioned; externally peer reviewed.

Supplemental material This content has been supplied by the author(s). It has not been vetted by BMJ Publishing Group Limited (BMJ) and may not have been peer-reviewed. Any opinions or recommendations discussed are solely those of the author(s) and are not endorsed by BMJ. BMJ disclaims all liability and responsibility arising from any reliance placed on the content. Where the content includes any translated material, BMJ does not warrant the accuracy and reliability of the translations (including but not limited to local regulations, clinical guidelines, terminology, drug names and drug dosages), and is not responsible for any error and/or omissions arising from translation and adaptation or otherwise.

Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: http://creativecommons.org/licenses/by-nc/4.0/.

ORCID iDs
Spyridon Siafis http://orcid.org/0000-0001-8264-2039
Johannes Schneider-Thoma http://orcid.org/0000-0002-3448-9532
Tasnim Hamza http://orcid.org/0000-0002-4700-6990
Irene Bighelli http://orcid.org/0000-0002-5661-5149
Shimeng Dong http://orcid.org/0000-0002-8095-0545
Georgia Salanti http://orcid.org/0000-0002-3830-8508
Stefan Leucht http://orcid.org/0000-0002-4934-4352

REFERENCES
16 Leucht S, Li C, Davis JM, et al. About the issue of including or excluding studies from China in systematic reviews. Schizophren Res 2022;240:162–3.
22 Huhn M, Nikolakopoulou A, Schneider-Thoma J, et al. Comparative efficacy and tolerability of 32 oral antipsychotics for the acute


28 Shokraneh F, Adams CE. Classification of all pharmacological interventions tested in trials relevant to people with schizophrenia: a study-based analysis. *Health Info Libr J* 18, 2021.


<table>
<thead>
<tr>
<th>Section and topic</th>
<th>Item No</th>
<th>Checklist item</th>
<th>Section/page where the information can be found</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMINISTRATIVE INFORMATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identification</td>
<td>1a</td>
<td>Identify the report as a protocol of a systematic review</td>
<td>Title</td>
</tr>
<tr>
<td>Update</td>
<td>1b</td>
<td>If the protocol is for an update of a previous systematic review, identify as such</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Registration</td>
<td>2</td>
<td>If registered, provide the name of the registry (such as PROSPERO) and registration number</td>
<td>Abstract</td>
</tr>
<tr>
<td>Authors:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact</td>
<td>3a</td>
<td>Provide name, institutional affiliation, e-mail address of all protocol authors; provide physical mailing address of corresponding author</td>
<td>Title page (email address of corresponding author only)</td>
</tr>
<tr>
<td>Contributions</td>
<td>3b</td>
<td>Describe contributions of protocol authors and identify the guarantor of the review</td>
<td>Authors’ contributions section</td>
</tr>
<tr>
<td>Amendments</td>
<td>4</td>
<td>If the protocol represents an amendment of a previously completed or published protocol, identify as such and list changes; otherwise, state plan for documenting important protocol amendments</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Support:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sources</td>
<td>5a</td>
<td>Indicate sources of financial or other support for the review</td>
<td>Abstract, Funding statement</td>
</tr>
<tr>
<td>Sponsor</td>
<td>5b</td>
<td>Provide name for the review funder and/or sponsor</td>
<td>Abstract, Funding statement</td>
</tr>
<tr>
<td>Role of sponsor or funder</td>
<td>5c</td>
<td>Describe roles of funder(s), sponsor(s), and/or institution(s), if any, in developing the protocol</td>
<td>Funding statement</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>6</td>
<td>Describe the rationale for the review in the context of what is already known</td>
<td>Introduction page 4</td>
</tr>
<tr>
<td>Objectives</td>
<td>7</td>
<td>Provide an explicit statement of the question(s) the review will address with reference to participants, interventions, comparators, and outcomes (PICO)</td>
<td>Introduction page 4</td>
</tr>
<tr>
<td>METHODS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Eligibility criteria</td>
<td>8</td>
<td>Specify the study characteristics (such as PICO, study design, setting, time frame) and report characteristics (such as years considered, language, publication status) to be used as criteria for eligibility for the review</td>
<td>Methods page 5</td>
</tr>
<tr>
<td>Information sources</td>
<td>9</td>
<td>Describe all intended information sources (such as electronic databases, contact with study authors, trial registers or other grey literature sources) with planned dates of coverage</td>
<td>Methods page 6</td>
</tr>
<tr>
<td>Search strategy</td>
<td>10</td>
<td>Present draft of search strategy to be used for at least one electronic database, including planned limits, such that it could be repeated</td>
<td>Methods page 6 and Appendix2</td>
</tr>
<tr>
<td>Study records:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data management</td>
<td>11a</td>
<td>Describe the mechanism(s) that will be used to manage records and data throughout the review</td>
<td>Methods page 7</td>
</tr>
<tr>
<td>Selection process</td>
<td>11b</td>
<td>State the process that will be used for selecting studies (such as two independent reviewers) through each phase of the review (that is, screening, eligibility and inclusion in meta-analysis)</td>
<td>Methods page 7</td>
</tr>
<tr>
<td>Data collection process</td>
<td>11c</td>
<td>Describe planned method of extracting data from reports (such as piloting forms, done independently, in duplicate), any processes for obtaining and confirming data from investigators</td>
<td>Methods page 7</td>
</tr>
<tr>
<td>Data items</td>
<td>12</td>
<td>List and define all variables for which data will be sought (such as PICO items, funding sources), any pre-planned data assumptions and simplifications</td>
<td>Methods page 7</td>
</tr>
<tr>
<td>Outcomes and prioritization</td>
<td>13</td>
<td>List and define all outcomes for which data will be sought, including prioritization of main and additional outcomes, with rationale</td>
<td>Methods page 5</td>
</tr>
<tr>
<td>Risk of bias in individual studies</td>
<td>14</td>
<td>Describe anticipated methods for assessing risk of bias of individual studies, including whether this will be done at the outcome or study level, or both; state how this information will be used in data synthesis</td>
<td>Methods page 8</td>
</tr>
<tr>
<td>Data synthesis</td>
<td>15a</td>
<td>Describe criteria under which study data will be quantitatively synthesised</td>
<td>Methods page 8</td>
</tr>
<tr>
<td></td>
<td>15b</td>
<td>If data are appropriate for quantitative synthesis, describe planned summary measures, methods of handling data and methods of combining data from studies, including any planned exploration of consistency (such as I^2, Kendall’s τ)</td>
<td>Methods page 8 and 9</td>
</tr>
<tr>
<td></td>
<td>15c</td>
<td>Describe any proposed additional analyses (such as sensitivity or subgroup analyses, meta-regression)</td>
<td>Methods page 9</td>
</tr>
<tr>
<td>15d</td>
<td>If quantitative synthesis is not appropriate, describe the type of summary planned</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>--------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Specify any planned assessment of meta-bias(es) (such as publication bias across studies, selective reporting within studies)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Describe how the strength of the body of evidence will be assessed (such as GRADE)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*It is strongly recommended that this checklist be read in conjunction with the PRISMA-P Explanation and Elaboration (cite when available) for important clarification on the items. Amendments to a review protocol should be tracked and dated. The copyright for PRISMA-P (including checklist) is held by the PRISMA-P Group and is distributed under a Creative Commons Attribution Licence 4.0.

Search strategies to compile Cochrane Schizophrenia Group’s trial register

List of Searches Resources
ABS Database
Host: PC-TM Ltd.
URL: http://nt-cmb.medun.acad.bg/absw/abs.htm
Geographical Coverage: Bulgaria
Dates Last Searched: 2004 [We need volunteers to update this search]
Time Coverage: Unclear – Present
Search Strategy:
Search option: Всички думи [all words]
#1 андом%
#2 двоино%
#3 сляпо%
#4 (клиничен% AND опит%%)
#5 опит%
#6 random%
#7 alloc%
#8 assign%
#9 double-blind%
#10 placebo%
#11 (clinical% AND trial%)
#12 trial%
#13 or/1-12

AFRIMS: Armed Forces Research Institute for Medical Sciences
URL: http://www.afrims.org/frmsetlibrary.html
Geographical Coverage: Thailand
Dates Last Searched: February 11, 2015 [Planned Annual Update]
Time Coverage: 1960 – Present
Search Strategy:
#1 rando$
#2 double and blin$
#3 blin$
#4 #2 and #3
#5 #1 and #4

AFROLIB: World Health Organization Regional Office for Africa
URL: http://afrolib.afro.who.int/cgi-bin/wxis.exe/iah/?IsisScript=iah/iah.xic&lang=I&base=afrolib
Geographical Coverage: African Countries
Dates Last Searched: February 11, 2015 [Planned Annual Update]
Time Coverage: Unclear – Present
Search Strategy:
random OR randomized OR randomised OR randomly OR randomisation OR randomization
blind OR blinding
trial OR trials
placebo OR placebos

AIM (African Index Medicus): World Health Organization Regional Office for Africa
URL: http://indexmedicus.afro.who.int/cgi-bin/wxis.exe/iah/?IsisScript=iah/iah.xic&lang=I&base=AIM
Geographical Coverage: Africa
Dates Last Searched: February 11, 2015 [Planned Annual Update]
Time Coverage: Unclear – Present
Search Strategy:
random OR randomized OR randomised OR randomly OR randomisation OR randomization
blind OR blinding
trial OR trials
placebo OR placebos

AL MANHAL
URL: http://www.almanhal.com
Geographical Coverage: Arab and Islamic World
Dates Last Searched: February 11, 2015 [Planned Annual Update]
Time Coverage: Unclear – Present
Search Strategy:
schizophrenia [all subjects]
schizoaffective [all subjects]
psychosis [all subjects]

AMED: Allied and Complementary Medicine Database
Host: Ovid SP
URL: http://ovidsp.ovid.com/
Geographical Coverage: UK
Dates Last Searched: October 22, 2015 [Regular Monthly Updates]
Time Coverage: 1985 – Present
Search Strategy:
1. exp clinical trials/
2. exp randomized controlled trials/
3. exp double-blind method/
4. randomized controlled trial.pt.
5. clinical trial.pt.
6. controlled clinical trial.pt.
7. (clinic$ adj4 trial$).mp.
8. (random$ adj5 (assign$ or allocat$ or assort$)).mp.
9. (random$ adj5 control$ adj5 trial$).mp.
10. (crossover or cross-over).mp.
11. ((singl$ or doubl$ or trebl$ or tripl$) adj (blind$ or mask$)).mp.
12. exp random allocation/
13. or/1-12
14. exp Dyskinesia, Drug-Induced/
15. exp Movement Disorders/
16. exp psychotic disorders/
17. exp schizophrenia/
18. schizo$.mp.
19. hebephreni$.mp.
20. hebephreni$.mp.
21. oligophreni$.mp.
22. psychotic$.mp.
23. psychos#s.mp.
24. ((chronic$ or sever$) adj2 mental$ adj2 (ill$ or disorder$)).mp.
25. (tardiv$ adj dyskine$).mp.
26. akathisis.mp.
27. (neuroleptic adj5 malignant adj2 syndrome).mp.
28. (movement adj5 (disorder or disorders)).mp.
29. neuroleptic-induc$.mp.
30. parkinsoni$.mp.
31. exp Parkinson Disease/
32. (parkinson$'s adj disease).ti.
33. or/31-32
34. 30 not 33
35. or/14-29
36. 35 or 34
37. 13 and 36

ANZCTR: Australian New Zealand Clinical Trials Registry (ANZCTR)
Host: WHO ICTRCP
URL: http://www.who.int/trialsearch/
Geographical Coverage: Australia and New Zealand
Dates Last Searched: October 22, 2015 [Regular Monthly Updates]
Time Coverage: 2009 – Present
Search Strategy:
See WHO ICTRP

BiblioMedica: Aggregate collection of relevant Czech National Medical Library databases
URL: http://www.medvik.cz/bmc/
Geographical Coverage: Czech
Dates Last Searched: February 11, 2015 [Planned Annual Update]
Time Coverage: Unclear – Present
Search Strategy:
3. 1 and 2
2. "schiz*" OR psychosis OR "psychotic*" OR tardive OR akathisia OR parkinsonism OR "delusion*"
1. "random*" OR "placebo*" OR "trial*" OR "blind*

Biological Abstracts
Host: Web of Knowledge
URL: http://isiknowledge.com/
Geographical Coverage: Multi-National [Focused on English-Speaking World]
Dates Last Searched: October 22, 2015 [via BIOSIS Previews; Regular Monthly Updates]
Time Coverage: 1925 – Present
Note: The combination of Biological Abstracts/RRM and Biological Abstracts is BIOSIS Previews.
Search Strategy:
#1 CLIN*
#2 TRIAL*
#3 #1 near #2
#4 SINGL*
#5 DOUBL*
#6 TREBL*
#7 TRIPL*
#8 BLIND*
#9 MASK*
#10 (#4 or #5 or #6 or #7) near (#8 or #9)
#11 RANDOMI*
#12 RANDOM*
#13 ALLOCAT*
#14 ASSIGN*
#15 #12 near (#13 or #14)
#16 CROSSOVER
#17 #16 or #15 or #11 or #10 or #3
#18 SCHIZO*
#19 HEBEPHRENI*
#20 OLIGOPHRENI*
#21 PSYCHOTIC*
#22 PSYCHOSIS
#23 PSYCHOSES
#24 CHRONIC*
#25 SEVER*
#26 MENTAL*
#27 ILL*
#28 DISORDER*
#29 ((CHRONIC* or SEVER*) near2 MENTAL*) near2 (ILL* or DISORDER*)
#30 #18 or #19 or #20 or #21 or #22 or #23 or #24
#31 TARDIV*
#32 DYSKINE*
#33 TARDIV* near DYSKINE*
#34 AKATHISI*
#35 ACATHISI*
#36 NEUROLEPTIC*
#37 MALIGNANT
#38 SYNDROME
#39 NEUROLEPTIC* and (MALIGNANT near2 SYNDROME)
#40 MOVEMENT
#41 DISORDER*
#42 #36 and MOVEMENT and DISORDER*
#43 PARKINSONI*
#44 NEUROLEPTIC-INDUC*
#45 PARKINSON'S
#46 DISEASE
#47 PARKINSON'S near1 (DISEASE in TI)
#48 #33 or #34 or #35 or #39 or #42 or #43 or #44
#49 #48 not #47
#50 #49 or #30

BIOSIS Previews
Host: Web of Knowledge
URL: http://isiknowledge.com/
Geographical Coverage: Multi-National [Focused on English-Speaking World]
Dates Last Searched: October 22, 2015 [Regular Monthly Updates]
Time Coverage: 1969 – Present
Search Strategy:
# 1 TS=schizo* OR TI=schizo* OR DS=schizo*
# 2 TS=psychosis* or TI=psychosis* OR DS=psychosis*
# 3 TS=psychotic* or TI=psychotic* OR DS=psychotic*
# 4 TS=psychoses* or TI=psychoses* OR DS=psychoses*
# 5 TS=oligophreni* or TI=oligophreni* OR DS=oligophreni*
# 6 TS=hebephreni* or TI=hebephreni* OR DS=hebephreni*
# 7 TS=tardiv* OR TI=tardiv* OR DS=tardiv*
# 8 TS=dyskine* OR TI=dyskine* OR DS=dyskine*
# 9 #8 AND #7
# 10 TS=akathisi* OR TI=akathisi* OR DS=akathisi*
# 11 TS=acathisi* OR TI=acathisi* OR DS=acathisi*
# 12 TS=neuroleptic malignant syndrome* OR TI=neuroleptic malignant syndrome* OR DS=neuroleptic malignant syndrome*
# 13 TS=neuroleptic movement disorder* OR TI=neuroleptic movement disorder* OR DS=neuroleptic movement disorder*
# 14 TS=severe mental illness* OR TI=severe mental illness* OR DS=severe mental illness*
# 15 TS=chronic mental illness* OR TI=chronic mental illness* OR DS=chronic mental illness*
# 16 TS=chronic mental disorder* OR TI=chronic mental disorder* OR DS=chronic mental disorder*
# 17 TS=severe mental disorder* OR TI=severe mental disorder* or DS=severe mental disorder*
# 18 TS=neuroleptic-induc* OR TI=neuroleptic-induc* OR DS=neuroleptic-induc*
# 19 DS=parkinson's disease
**Dates Last Searched:** November 2008 [We need volunteers to update this search]

**Time Coverage:** Unclear – Present

**Search Strategy:**
- #1 randomi*
- #2 double blind
- #3 สุ่ม
- #4 #1 or #2 or #3

**China VIP**

**URL:** http://www.cqvip.com

**Geographical Coverage:** China

**Dates Last Searched:** January 31, 2015 [Regular Annual Updates]

**Time Coverage:** 1989 – Present

**Search Strategy:**
精神分裂 and’ 随机

**China Wanfang**

**URL:** http://www.wanfangdata.com

**Geographical Coverage:** China

**Dates Last Searched:** January 31, 2015 [Regular Annual Updates]

**Time Coverage:** Unclear – Present

**Search Strategy:**
精神分裂 and’ 随机

**Chulalongkorn University: Chulalongkorn University Library Information Network**

**URL:** http://library.car.chula.ac.th/

**Geographical Coverage:** Thailand

**Dates Last Searched:** February 11, 2015 [Planned Annual Update]

**Time Coverage:** Unclear – Present

**Search Strategy:**
Search option: medical
- #1 randomi**
- #2 double*
- #3 blind*
- #4 #2 and #3
- #5 random*
- #6 allo*
- #7 assign*
- #8 #6 or #7
- #9 #5 and #8
- #10 สุ่ม
- #11 ปะทะเทียบ
- #12 #1 or #4 or #9 or #10 or #11

**CINAHL: Current Index to Nursing and Allied Health Literature A**

**Host:** Ovid SP

**Geographical Coverage:** Multi-National

**Dates Last Searched:** 2006

**Time Coverage:** 1982 – Present

**Note:** This database is no longer available via Ovid SP and only is available via EBSCOhost.

**Search Strategy:**
1. pilot studies/
2. reproducibility of results/
3. exp clinical research/
4. exp clinical trials/
5. research methodology/
6. meta analysis/
7. crossover design/
8. patient selection/
9. random assignment/
10. sample size/
11. placebos/
12. comparative studies/
13. study design/
14. experimental studies/
15. community trials/
16. exp random sample/
17. research/
18. exp professional practice, research-based/
19. exp "outcomes (health care)"
20. (research or clinical trial$).pt.
22. nursing interventions.pt.
23. (Critical path or care plan or protocol).pt.
24. random$tw.
25. (Efficacy or effectiveness).tw.
26. ((double or single or triple) adj blind$).tw.
27. placebo$tw.
28. (sham or mask$).tw.
29. intention to treat.tw.
30. (control$ adj2 trial$).tw.
31. or/1-30

CINAHL: Current Index to Nursing and Allied Health Literature B
Host: EBSCO
URL: http://search.ebscohost.com/
Geographical Coverage: Multi-National
Dates Last Searched: October 22, 2015 [Regular Monthly Updates]
Time Coverage: 1982 – Present
Search Strategy:
S43 S41 and S42
S42 S37 or S38 or S39 or S40
S41 S1 or S2 or S3 or S4 or S5 or S14 or S15 or S16 or S19 or S20 or S21 or S22 or S26 or S30 or S31 or S32 or S33 or S34 or S35 or S36
S40 MW random* or TI random* or AB random* or IN random*
S39 MH triple-blind studies
S38 MH double-blind studies
S37 MH single-blind studies
S36 (MH "Neuroleptic Malignant Syndrome")
S35 (MH "Dyskinesia, Drug-Induced")
S34 (MH "Akathisia, Drug-Induced")
S33 (MH "Movement Disorders")
S32 MW neuroleptic-induc* or TI neuroleptic-induc* or AB neuroleptic-induc* or IN neuroleptic-induc*
S31 MW parkinsoni* or TI parkinsoni* or AB parkinsoni* or IN parkinsoni*
S30 S22 and S29
S29 S27 and S28
S28 MW disorder or TI disorder or AB disorder or IN disorder
S27 MW movement or TI movement or AB movement or IN movement
S26 S22 and S25
S25 S23 and S24
S24 MW syndrome* or TI syndrome* or AB syndrome* or IN syndrome*
S23 MW malignant* or TI malignant* or AB malignant* or IN malignant*
S22 MW neuroleptic* or TI neuroleptic* or AB neuroleptic* or IN neuroleptic*
S21 MW acathisi* or TI acathisi* or AB acathisi* or IN acathisi*
S20 MW akathisi* or TI akathisi* or AB akathisi* or IN akathisi*
S19 S17 and S18
S18 MW dyskine* or TI dyskine** or AB dyskine* or IN dyskine*
S17 MW tardiv* or TI tardiv* or AB tardiv* or IN tardiv*
S16 MW hebephreni* or TI hebephreni* or AB hebephreni* or IN hebephreni*
S15 MW oligophreni* or TI oligophreni* or AB oligophreni* or IN oligophreni*
S14 S11 and S13
S13 S8 or S12
S12 S9 or S10
S11 S6 or S7
S10 MW disorder* or TI disorder* or AB disorder* or IN disorder*
S9 MW ill* or TI ill* or AB ill* or IN ill*
S8 MW mental* or TI mental* or AB mental* or IN mental*
S7 MW sever* or TI sever* or AB sever* or IN sever*
S6 MW chronic* or TI chronic* or AB chronic* or IN chronic*
S5 MW psychoses* or TI psychoses* or AB psychoses* or IN psychoses*
S4 MW psychotic* or TI psychotic* or AB psychotic* or IN psychotic*
S3 MW psychosis or TI psychosis or AB psychosis or IN psychosis
S2 MW schizo* or TI schizo* or AB schizo* or IN schizo*
S1 (MH "Psychotic Disorders+")

ClinicalStudyResults.org
URL: http://www.clinicalstudyresults.org/home/
Geographical Coverage: USA
Dates Last Searched: May 2011; February 11, 2015 [Inactive]
Search Strategy:
Search option: Studied indications or disease
#1 Schizophrenia
#2 Schizophrenia (adolescents)
#3 Schizophrenia consta
#4 Schizophrenia maintenance
#5 Schizophrenia & schizoaffective disorder
#6 Schizophrenia acute exacerbation
#7 Schizophrenia bipolar disorder & psychotic disorder nos
#8 Schizophrenia treatment resistant
#9 Acute Schizophrenia
#10 Agitation
#11 Long-acting injection, Schizophrenia
#12 Mania
#13 Psychosis
#14 Psychotic disorders
#15 Schizoaffective disorder, schizophreniaform disorder

ClinicalTrials.gov
URL: http://clinicaltrials.gov/
Geographical Coverage: Multi-National
Dates Last Searched: October 22, 2015 [Regular Monthly Updates]
Time Coverage: 2000 – Present
Search Strategy:
Tardive dyskinesia OR schizophrenia OR schizophreniform OR schizoaffective OR psychosis OR akathisia
Limit to interventional studies

Counseling and Psychotherapy: Counseling and Psychotherapy Transcripts, Client Narratives, and Reference Works
URL: http://asp6new.alexanderstreet.com/psyc/psyc.index.map.aspx
Geographical Coverage: USA
Dates Last Searched: July 14, 2009; October 22, 2015 [Inactive]
Time Coverage: Unknown
Search Strategy:
Search option:
Full text
Material Type=Session Transcript OR Client Narrative OR Reference OR Editorial
#1 randomi*
#2 schizo*
#3 #1 AND #2

CRISP: Computer Retrieval of Information on Scientific Projects
URL: https://projectreporter.nih.gov/reporter.cfm
Geographical Coverage: USA
Dates Last Searched: February 11, 2015 [Planned Annual Update]
Time Coverage: Unclear – Present
Note: CRISP has been replaced by RePORT Expenditures and Results (RePORTER)
Search Strategy:
Search option: ALL in other fields except research grants or projects
#1 schizophrenia
#2 randomized
#3 randomly
#4 #2 or #3
#5 #1 and #4

CSA: CSA Sociological Abstracts
Host: ProQuest
URL: http://search.proquest.com/
Geographical Coverage: Multi-National
Dates Last Searched: May 2007
Time Coverage: 1952 – Present
Note: CSA has been merged with ProQuest.
Search Strategy:
#1 psychoses
#2 catatonia
#3 chronic schizophrenia
#4 #1 or #2 or #3
#5 paranoid schizophrenia
#6 paraphrenia
#7 schizophreniform disorder
#8 parkinsoni*
#9 neuroleptic-induc*
#10 #8 and #9
#11 neuroleptic*
#12 movement
#13 disorder*
#14 #11 and #12 and #13
#15 malignant
#16 #11 and #15
#17 syndrome
#18 #16 within 2 #17
#19 chronic*
#20 sever*
#21 #19 or #20
#22 mental*
#23 #21 within 2 #22
#24 tardive*
#25 dyskinetic*
#26 #24 within 2 #25
#27 illness*
#28 disorder*
#29 schizophrenia*
#30 hebephrenic*
#31 oligophrenic*
#32 psychotic*
#33 psychosis
#34 psychoses
#35 #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27 or #28 or #29 or #30 or #31 or #32
#36 random*
#37 randomised controlled trials
#38 double-blind*
#39 double-blind*
#40 double-blind studies
#41 single-blind*
#42 #36 or #37 or #38 or #39 or #40 or #41
#43 #35 and #42

Current Controlled Trials (Now ISRCTN)
URL: http://www.isrctn.com/
Geographical Coverage: USA and Europe
Dates Last Searched: October 22, 2015 [Regular Monthly Updates]
Time Coverage: 2000 – Present
Search Strategy:
#1 schizophrenia%
#2 psychosis
#3 psychoses
#4 psychotic
#5 tardive dyskinesia
#6 akathisia
#7 #1 or #2 or #3 or #4 or #5 or #6
Search Strategy Since 2015:
Schizophrenia
Schizotypal
Schizoaffective
Schizophreniform
Psychosis
Psychoses
Psychotic
Tardive Dyskinesia
Akathisia
**Datastar PASCAL**

**Host:** Datastar [Now ProQuest Dialog]

**URL:** http://www.datastarweb.com

**Geographical Coverage:** Europe

**Dates Last Searched:** May 20, 2005

**Time Coverage:** 1973 – Present

**Note:** The hosts for this database are ProQuest Dialog, Ovid SP, EBSCOhost and STN International.

**Search Strategy:**

1. randomi$
2. trial$
3. stud$
4. etud$
5. estud$
6. juicio$
7. #2 or #3 or #4 or #5 or #6
8. #1 same #7
9. randomized-allocation
10. randomized-clinical-trial
11. randomized-control
12. randomized-control-trial
13. randomized-controlled-trial
14. rct-randomized-controlled-trials
15. randomized-design
16. randomized-evaluation
17. randomized-experiment
18. randomized-protocol
19. randomized-study
20. non-randomized-study-design
21. randomized-trial
22. randomizedcontrolled
23. randomizedmulticenter
24. randomizedparallel
25. randomizedplacebo
26. randomizedstudies
27. randomizedto)
28. #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27
29. crossover$
30. placebo$
31. aleatorizad$
32. double$
33. single$
34. triple$
35. #32 or #33 or #34
36. blind$
37. #36 near #35
38. insu
39. #32 near #38
40. doble
41. ciego
42. #40 near #41
43. par chance$
44. par hazard$
45. #28 or #29 or #30 or #31 or #37 or #39 or #42 or #43 or #44
Department of Mental Health Research
URL: http://www.dmh.go.th/
Geographical Coverage: Thailand
Dates Last Searched: 2008 [We need volunteers to update this search]
Time Coverage: Unclear – Present
Search Strategy:
#1 randomized
#2 randomised
#3 double-blind
#4 ฉัน
#5 #1 or #2 or #3 or #4

EDINA BIOSIS-Web
URL: http://edina.ac.uk/
Geographical Coverage: Multi-National
Dates Last Searched: 2002; 2006 [Inactive]
Search Strategy:
#1 SCHIZO*
#2 PSYCHOSIS*
#3 PSYCHOTIC*
#4 PSYCHOSES
#5 OLIGOPHRENI*
#6 HEBEPHRENI*
#7 #1 or #2 or #3 or #4 or #5 or #6

EMBASE
Host: Ovid SP
URL: http://ovidsp.ovid.com
Geographical Coverage: Multi-National
Dates Last Searched: October 21, 2015 [Regular Monthly Updates]
Time Coverage: 1974 – Present
Search Strategy:
1. (clin$ adj2 trial).mp.
2. ((singl$ or doubl$ or trebl$ or tripl$) adj (blind$ or mask$)).mp.
3. (random$ adj5 (assign$ or allocat$)).mp.
4. randomi$.mp.
5. crossover.mp.
6. exp randomized-controlled-trial/
7. exp double-blind-procedure/
8. exp crossover-procedure/
9. exp single-blind-procedure/
10. exp randomization/
11. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10
12. (schizo$ or psychotic$ or psychosis or psychoses).mp.
13. ((chronic$ or severe$ or persistent$) adj (mental$ or psychological$) adj (disorder$ or ill$)).mp.
14. exp schizophrenia/
15. exp psychosis/
16. mental patient/
17. (tardiv$ adj dyskine$).mp.
18. neuroleptic agent/
19. (neuroleptic$ and (malignant adj2 syndrome)).mp.
20. tardive dyskinesia/
21. akathisia/
22. exp neuroleptic malignant syndrome/
23. (neuroleptic$ and movement and disorder$).mp.
24. parkinsoni$.mp.
25. parkinson's.mp.
26. 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25
27. 26 not parkinson's.ti.
28. 11 and 27

Health Research Information Centre
Geographical Coverage: Thailand
Dates Last Searched: November 2008; October 22, 2015 [Inactive]
Time Coverage: Unclear
Search Strategy:
Links to another database, where only the Department of Mental Health Research database can be accessed.

Health Sciences E-index & Clipping: Health Sciences e-Index & Clipping, Naraesuan University
URL: http://mis.lib.nu.ac.th/med_index/
Geographical Coverage: Thailand
Dates Last Searched: November 2008 [We need volunteers to update this search]
Time Coverage: Unclear – Present
Search Strategy:
#1 randomized
#2 randomised
#3 double-blind
#4 สุ่ม
#5 เปรียบเทียบ
#6 #1 or #2 or #3 or #4 or #5

Health Sciences E-Research, Naraesuan University
URL: http://mis.lib.nu.ac.th/med_research/
Geographical Coverage: Thailand
Dates Last Searched: November 2008 [We need volunteers to update this search]
Time Coverage: 1998
Search Strategy:
#1 randomized
#2 randomised
#3 double-blind
#4 สุ่ม
#5 #1 or #2 or #3 or #4

Health System Research Institute Library: ห้องสมุดสถานบันวิจัยระบบสาธารณสุข
URL: http://library.hsri.or.th/en/database.php?
Geographical Coverage: Thailand
Dates Last Searched: November 2008 [We need volunteers to update this search]
Time Coverage: Unclear
Search Strategy:
#1 randomi$
#2 double blind
#3 double-blind
#4 สุ่ม
#5 #1 or #2 or #3 or #4

HEED: Health Economic Evaluations Database
Host: Wiley
Geographical Coverage: Multi-National
Dates Last Searched: 2014; October 22, 2015 [Inactive]
Time Coverage: Unclear - 2014
Search Strategy:
#1 schizo*
#2 random*
#3 #1 AND #2

Health Research and Development Information Network (HERDIN)
URL: http://www.herdin.ph/
Geographical Coverage: Philippines
Dates Last Searched: 1995 – Present [Planned Annual Update]
Time Coverage: Unclear – Present
Search Strategy:
#1 random$

HERDIN biomedical bibliographic database
URL: http://www.herdin.ph/old/
Geographical Coverage: Philippines
Dates Last Searched: August 2006; October 22, 2015 [Inactive]
Search Strategy:
#1 random$

iKnowledge Digital Contents Management Centre SWU
URL: http://dclib.swu.ac.th/main.nsp?view=DCMS
Geographical Coverage: Thailand
Dates Last Searched: November 2008; October 22, 2015 [Inactive]
Time Coverage: Unclear
Search Strategy:
#1 randomi*
#2 double blin*
#3 random*
#4 alloc*
#5 #3 and #4
#6 assign*
#7 #3 and #6
#8 สุ่ม
#9 #1 or #2 or #5 or #7 or #8

iKnowledge Digital Contents Management Centre: Knowledge Digital Contents Management Centre Khon Kaen University
URL: http://dcmskku.kku.ac.th/dcms/main.nsp?view=DCMS
Geographical Coverage: Thailand
Dates Last Searched: December 2008; October 22, 2015 [Inactive]
Time Coverage: Unclear
Search Strategy:
#1 randomi*
#2 double blin*
#3 random*
#4 alloc*
#5 #3 and #4
#6 assign*
#7 #3 and #6
#8 ∨
#9 #1 or #2 or #5 or #7 or #8

**IMSEAR: Index Medicus for South-East Asia Region**
**URL:** http://library.searo.who.int/modules.php?op=modload&name=websis&file=imsear

**Geographical Coverage:** South-East Asia
**Dates Last Searched:** 2006 [Planned Annual Update]
**Time Coverage:** Unclear – Present
**Search Strategy:**
Unclear

**IndMED**
**URL:** http://indmed.nic.in/

**Geographical Coverage:** India
**Dates Last Searched:** 2004 [Planned Annual Update]
**Time Coverage:** 1985 – Present
**Search Strategy:**
#1 random$ 
#2 random$ 
#3 alloc$ 
#4 assign$ 
#5 #3 or #4 
#6 #2 and #5 
#7 double 
#8 blind$ 
#9 mask$ 
#10 #8 or #9 
#11 #7 and #10 
#12 crossover 
#13 placebo$ 
#14 #1 or #6 or #11 or #12 or #13

**International Pharmaceutical Abstracts**
**Host:** Ovid SP
**URL:** http://ovidsp.ovid.com/

**Geographical Coverage:** USA
**Dates Last Searched:** May 2010 [Planned Annual Update]
**Time Coverage:** 1970 – Present
**Search Strategy:**
#1 (clinic$ adj2 trial).mp. [mp=title, subject heading word, registry word, abstract, trade name/generic name] 
#2 (random$ adj5 control$ adj5 trial$).mp. [mp=title, subject heading word, registry word, abstract, trade name/generic name] 
#3 (crossover or cross-over).mp. [mp=title, subject heading word, registry word, abstract, trade name/generic name] 
#4 ((singl$ or double$ or trebl$ or tripl$) adj (blind$ or mask$)).mp. [mp=title, subject heading word, registry word, abstract, trade name/generic name] 
#5 random$ .mp. [mp=title, subject heading word, registry word, abstract, trade name/generic name] 
#6 (random$ adj5 (assign$ or allocat$ or assort$ or reciev$)).mp. [mp=title, subject heading word, registry word, abstract, trade name/generic name] 
#7 1 or 2 or 3 or 4 or 5 or 6 
#8 schizo$.mp. [mp=title, subject heading word, registry word, abstract, trade name/generic name]
#9 hebephreni$.mp. [mp=title, subject heading word, registry word, abstract, trade name/generic name]
#10 oligophreni$.mp. [mp=title, subject heading word, registry word, abstract, trade name/generic name]
#11 psychotic$.mp. [mp=title, subject heading word, registry word, abstract, trade name/generic name]
#12 psychosis.mp. [mp=title, subject heading word, registry word, abstract, trade name/generic name]
#13 psychoses.mp. [mp=title, subject heading word, registry word, abstract, trade name/generic name]
#14 ((chronic$ or sever$) adj2 mental$ adj2 (ill$ or disorder$)).mp. [mp=title, subject heading word, registry word, abstract, trade name/generic name]
#15 (tardiv$ adj dyskine$).mp. [mp=title, subject heading word, registry word, abstract, trade name/generic name]
#16 akathisi$.mp. [mp=title, subject heading word, registry word, abstract, trade name/generic name]
#17 acathisi$.mp. [mp=title, subject heading word, registry word, abstract, trade name/generic name]
#18 (neuroleptic$ and (malignant adj2 syndrome$)).mp. [mp=title, subject heading word, registry word, abstract, trade name/generic name]
#19 (neuroleptic$ and (movement and disorder$)).mp. [mp=title, subject heading word, registry word, abstract, trade name/generic name]
#20 parkinsoni$.mp. [mp=title, subject heading word, registry word, abstract, trade name/generic name]
#21 neuroleptic-induc$.mp. [mp=title, subject heading word, registry word, abstract, trade name/generic name]
#22 15 or 16 or 17 or 18 or 19 or 20 or 21
#23 22 not (parkinson's adj1 disease).ti.
#24 8 or 9 or 10 or 11 or 12 or 13 or 14
#25 23 or 24
#26 7 and 25

IranMedex [Now Barakat Knowledge Network System]
URL: http://www.barakatkns.com/
Geographical Coverage: Iran
Dates Last Searched: May 2015 [Planned Annual Update]
Time Coverage: 1966 – Present
Search Strategy:
#1 randomised
#2 randomized
#3 “double blind”
#4 allocated
#5 randomly
#6 #1 or #2 or #3 or #4 or #5
#7 schizophrenia
#8 schizophrenics
#9 psychosis
#10 #7 or #8 or #9
#11 #6 and #10

IRAN-ParsMed
URL: http://www.parsmed.com/
Geographical Coverage: Iran
Dates Last Searched: 2005; October 22, 2015 [Inactive]
Time Coverage: 1995
Search Strategy:
Schizophrenia

J-EAST
URL: http://science-links.jp/j-east/
Geographical Coverage: Japan
Dates Last Searched: 2004; October 22, 2015 [Inactive] [We need volunteers to update this search]
Time Coverage: Unclear – Present
Search Strategy:
#1 schizophrenia/KW
#2 schizophrenia/TI
#3 #1 or #2
#4 blind/KW
#5 #3 and #4

Khon Kaen University Library Catalogue
URL: http://kkulib.kku.ac.th/
Geographical Coverage: Thailand
Dates Last Searched: November 2008 [We need volunteers to update this search]
Time Coverage: 1999 – Present
Search Strategy:
Two searches:
Search option: Books, periodicals, etc -
#1 randomi**
#2 double
#3 blind*
#4 #2 and #3
#5 random*
#6 allo*
#7 assign*
#8 #6 or #7
#9 #5 and #8
#10 สุ่ม
#11 ปรับเทียบ
#12 #1 or #4 or #9 or #10 or #11
#13 #12 in search field medical
Search option: Thai journal index database:
#1 randomi**
#2 double
#3 blind*
#4 #2 and #3
#5 random*
#6 allo*
#7 assign*
#8 #6 or #7
#9 #5 and #8
#10 สุ่ม
#11 สุ่ม or #4 or #9 or #10
#12 #11 in all language, all materials, all regions

KoreaMED
URL: http://www.koreamed.org/
Geographical Coverage: Korea
Dates Last Searched: July 2013
Time Coverage: 1990 – Present
Search Strategy:
#1 randomi*
#2 double-blind*
#3 "double blind"
#4 #1 or #2 or #3
LILACS
URL: http://bases.bireme.br/cgi-bin/wxislind.exe/iah/online/?IsisScript=iah/iah.xis&base=LILACS&lang=i
Geographical Coverage: Latin America and Caribbean Region
Dates Last Searched: 1996
Time Coverage: 1982 – Present
Search Strategy:
#1 RANDOM$
#2 ALEATORI$ or CASUAL or ACASO or AZAR
#3 ((DUPL0 or DOBLE or SIMPLE or TRIPLO or TRIPLE) and (CEGO or CIEGO))
#4 ((D0UBL$ or SINGL$ or TRIPL$ or TREBLS) and (BLIND$ or MASK$)
#5 SINGLE-MASKED STUDY/
#6 DOUBLE-MASKED STUDY/
#7 PROPHYLACTIC CONTROLLED TRIALS/
#8 PLACEBO$ and CONTROL$
#9 CLINICAL$ and TRIALS/
#10 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9

LILACS 2010-ongoing
Host: BIREME
URL: http://bases.bireme.br/cgi-bin/wxislind.exe/iah/online/?IsisScript=iah/iah.xis&base=LILACS&lang=i
Geographical Coverage: Latin America and Caribbean Region
Dates Last Searched: March 23, 2010 [Planned Annual Update]
Time Coverage: 1982 - Present
Search Strategy:
#1 ((Pt RANDOMIZED CONTROLLED TRIAL OR Pt CONTROLLED CLINICAL TRIAL OR Mh RANDOMIZED CONTROLLED TRIALS OR Mh RANDOM ALLOCATION OR Mh DOUBLE-BLIND METHOD OR Mh SINGLE-BLIND METHOD OR Pt MULTICENTER STUDY) OR ((tw ensaio or tw ensayo or tw trial) and (tw azar or tw acaso or tw placebo or tw controlo or tw aleat or tw random or tw duplo and tw cego) or (tw doble and tw ciego) or (tw double and tw blind)) and tw clinic$)) AND NOT ((Ct ANIMALS OR Mh ANIMALS OR Ct RABBITS OR Ct MICE OR Mh RATS OR Mh PRIMATES OR Mh DOGS OR Mh RABBITS OR Mh SWINE) AND NOT (Ct HUMAN AND Ct ANIMALS)) [Words] and schizo$ [Words]
#2 ((Pt ENSAYO CONTROLADO ALEATORIO OR Pt ENSAYO CLINICO CONTROLADO OR Mh ENSAYOS CONTROLADOS ALEATORIOS OR Mh DISTRIBUCIÓN ALEATORIA OR Mh METODO DOBLE CIEGO OR Mh METODO SIMPLECIEGO OR Pt ESTUDIO MULTICÉNTRICO) OR ((tw ensaio or tw ensayo or tw trial) and (tw azar or tw acaso or tw placebo or tw controlo or tw aleat or tw random or (tw duplo and tw cego) or (tw doble and tw ciego) or (tw double and tw blind)) and tw clinic$)) AND NOT ((Ct ANIMALES OR Mh ANIMALES OR Ct RATÓN OR Mh Ratas OR Mh Primates OR Mh Perros OR Mh Conejos OR Mh Porcinos) AND NOT (Ct HUMANO AND Ct ANIMALES)) [Palavras] and Esquizofrenia or Schizo$ or F03.700.750 [Palavras]
# 3((Pt ENSAYO CONTROLADO ALEATORIO OR Pt ENSAYO CLINICO CONTROLADO OR Mh ENSAYOS CONTROLADOS ALEATORIOS OR Mh DISTRIBUICAO ALEATORIA OR Mh METODO DUPL0-CEGO OR Mh METODO SIMPLES-CEGO OR Pt ESTUDO MULTICENTRICO) OR ((tw ensaio or tw ensayo or tw trial) and (tw azar or tw acaso or tw placebo or tw controlo or tw aleat or tw random or (tw duplo and tw cego) or (tw doble and tw ciego) or (tw double and tw blind)) and tw clinic$)) AND NOT ((Ct ANIMAS OR ct coelhos or ct camundongos or Mh ANIMAS OR Mh RATOS OR Mh PRIMATAS OR Mh CAES OR Mh CAES OR Mh SUINOS) AND NOT (Ct HUMANO AND Ct ANIMAS)) [Palavras] and Esquizofrenia or Schizo$ or F03.700.750 [Palavras]
#4 #1 AND #2 AND #3
Lilly Clinical Trial Registry
URL: http://www.lillytrials.com/
Geographical Coverage: Multi-National
Dates Last Searched: 2006
Time Coverage: Unclear – Present
Note: No longer searching as site redirects clinicaltrials.gov
Search Strategy:
See ClinicalTrials.gov

Lundbeck Trials
URL: http://www.lundbecktrials.com/
Geographical Coverage: Multi-National
Dates Last Searched: October 2010
Time Coverage: Unclear – Present
Search Strategy:
No search facility available

Magyar Orvosi Bibliográfia
URL: http://www.eski.hu/index_en.html
Geographical Coverage: Hungary
Dates Last Searched: 2004 [Planned Annual Update]
Time Coverage: 1989 – Present
Search Strategy:
#1 kontrollált vizsgálat
#2 controlled trial
#3 kontrollált tanulmány
#4 controlled study
#5 randomizált vizsgálat
#6 randomised trial
#7 randomized trial
#8 randomizált kontrollált vizsgálat
#9 randomised (or randomized) controlled trial
#10 randomized controlled trial
#11 randomizált kontrollált tanulmány
#12 randomised controlled study
#13 randomized controlled study
#14 véletlen besorolásos kontrollált vizsgálat
#15 controlled trial with random assignment
#16 véletlen besorolásos vizsgálat
#17 trial with random assignment
#18 véletlen besorolásos tanulmány
#19 study with random assignment
#20 véletlen besorolásos kontrollált tanulmány
#21 controlled study with random assignment
#22 Randomizált
#23 randomizes
#24 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23

Mahidol University Library and Information Centre: สำนักหอสมุด มหาวิทยาลัยมหิดล
URL: http://www.li.mahidol.ac.th/
Geographical Coverage: Thailand
Dates Last Searched: November 2008 [We need volunteers to update this search]
Time Coverage: Unclear – Present
Search Strategy:
#1 randomi*
#2 double blin*
#3 random*
#4 alloc*
#5 assign*
#6 #4 or #5
#7 #3 and #6
#8 
#9 #1 or #2 or #7 or #8

MEDIC
URL: http://www.terkko.helsinki.fi/medic/
Geographical Coverage: Finland
Dates Last Searched: 2004 [Planned Annual Update]
Time Coverage: Unclear – Present
Search Strategy:
Unclear

MEDLINE
Host: Ovid SP
Geographical Coverage: Multi-National [Focused on English-Speaking World]
URL: http://ovidsp.ovid.com/
Dates Last Searched: October 22, 2015 [Regular Monthly Updates]
Time Coverage: 1946 – Present
Search Strategy:
1. exp clinical trials/
2. exp randomized controlled trials/
3. exp double-blind method/
4. exp single-blind method/
5. exp cross-over studies/
6. randomized controlled trial.pt.
7. clinical trial.pt.
8. controlled clinical trial.pt.
10. (random$ adj5 control$ adj5 trial$).mp.
11. (crossover or cross-over).mp.
12. ((singl$ or double$ or trebl$ or tripl$) adj (blind$ or mask$)).mp.
13. randomi$.mp.
14. (random$ adj5 (assign$ or allocat$ or assort$ or reciev$)).mp.
15. or/1-14
16. exp SCHIZOPHRENIA/
17. exp Paranoid Disorders/
18. schizo$.mp.
19. hebephreni$.mp.
20. oligophreni$.mp.
21. psychotic$.mp.
22. psychosis.mp.
23. psychoses.mp.
24. ((chronic$ or sever$) adj2 mental$ adj2 (ill$ or disorder$)).mp.
25. exp dyskinesia, drug-induced/
26. exp psychomotor agitation/
27. exp neuroleptic malignant syndrome/
28. exp "diagnosis, dual (psychiatry)"/
29. (tardiv$ adj dyskine$).mp.
30. akathisi$.mp.
31. acathisi$.mp.
32. (neuroleptic$ and (malignant adj2 syndrome)).mp.
33. (neuroleptic$ and (movement and disorder$)).mp.
34. parkinsoni$.mp.
35. neuroleptic-induc$.mp.
36. or/29-35
37. 36 not (parkinson's adj1 disease).ti.
38. or/16-28
39. 37 or 38
40. 15 and 39

Mental Health & Psychiatric Nursing Abstract: ฐานข้อมูลวิจัยทางสุขภาพจิตและจิตเวช
URL: http://www.dmh.moph.go.th/abstract/nurse.asp
Geographical Coverage: Thailand
Dates Last Searched: November 2008 [We need volunteers to update this search]
Time Coverage: Unclear – Present
Search Strategy:
#1 randomi
#2 double-blind
#3 สุ่ม
#4 ประเมิน
#5 #1 or #2 or #3 or #4

Mental Health and Psychiatric Abstract Database
URL: http://www.dmh.moph.go.th/abstract/
Geographical Coverage: Thailand
Dates Last Searched: November 2008 [We need volunteers to update this search]
Time Coverage: Unclear – Present
Search Strategy:
#1 randomi
#2 random
#3 double-blind
#4 สุ่ม
#5 #1 or #2 or #3 or #4

Midwifery and Infant Care: Maternity and Infant Care
URL: http://arc.uk.ovid.com/
Dates Last Searched: May 2006; October 22, 2015 [Inactive]
Time Coverage: Unclear
Search Strategy:
#1 random*
#2 clinical trial*
#3 double?blind*
#4 ยา?
#5 #1 or #2 or #3 or #4
#6 dyskines*
#7 a?athisia
#8 neuroleptic malignant syndrom*
#9 schizo*
#10 psychotic*
#11 psychos?s
#12 #6 or #7 or #8 or #9 or #10 or #11
#13 #5 and #12
National Alliance for Research: National Alliance for Research on Schizophrenia and Depression
URL: http://www.mhsource.com/marsad/bd/studyops.html
Geographical Coverage: USA
Dates Last Searched: February 2001; October 22, 2015 [Inactive]
Time Coverage: Unclear
Search Strategy:
#1 schiz*

National Institutes of Health
URL: http://www.nih.gov/
Geographical Coverage: USA
Dates Last Searched: 2006
Time Coverage: Unclear
Search Strategy:
#1 schiz*
#2 randomi*
#3 #1 and #2

National Research Council of Thailand Library: ห้องสมุดงานวิจัย สานักงานคณะกรรมการวิจัยแห่งชาติ
URL: http://www.riclib.nrct.go.th/index_e.html
Geographical Coverage: Thailand
Dates Last Searched: November 2008 [We need volunteers to update this search]
Time Coverage: Unclear – Present
Search Strategy:
#1 randomi$
#2 double-blind
#3 สุ่ม
#4 เปรียบเทียบ
#5 #1 or #2 or #3 or #4

National Research Register
Geographical Coverage: UK
Dates Last Searched: March 2001; October 22, 2015 [Inactive]
Time Coverage: Unclear
Note: The UK National Research Register is an archived site and is no longer being updated.
Search Strategy:
#1 randomi*
#2 double*
#3 #1 or #2
#4 schiz*
#5 psychoses
#6 psychosis
#7 psychotic*
#8 #4 or #5 or #6 or #7
#9 #3 and #8

National Technical Information Service
URL: http://www.ntis.gov/search/index.aspx
Geographical Coverage: USA
Dates Last Searched: May 2010 [Planned Annual Update]
Time Coverage: Unclear – Present
Search Strategy:
Search option: title
#1 Schizophrenia

Office of Research Development, PCM & PKH: สานักงานพัฒนางานวิจัย
วิทยาลัยแพทยศาสตร์พระมงกุฎเกล้า/โรงพยาบาลพระมงกุฎเกล้า
URL: http://research.pcm.ac.th/research/datatitle.php
Geographical Coverage: Thailand
Dates Last Searched: November 2008; October 22, 2015 [Inactive]
Time Coverage: Unclear
Search Strategy:
#1 randomized
#2 double blind
#3 #1 or #2
#4 #3 in English title field
#5 randomized
#6 double blind
#7 a Thai term
#8 #5 or #6 or #7
#9 #8 in Thai title field
#10 #4 and #9

Panteleimon: Medical and biological databases
URL: http://www.panteleimon.org/
Geographical Coverage: Ukraine
Dates Last Searched: August 25, 2004 [Planned Annual Update]
Time Coverage: Unclear – Present
Search Strategy:
Search option: Abstract, title, article, keyword:
#1 randomi
#2 double-blind
#3 allocate
#4 assign
#5 clinical trial
#6 placebo
#7 crossover
#8 Рандомиз
#9 двойного слепого
#10 распределить
#11 определить
#12 клиническое исследование
#13 плацебо
#14 скрестить
#15 перекрест
#16 Рандомиз
#17 ДВОЙСТИЙ СЛІПИЙ
#18 РОЗПОДІЛИТИ
#19 ВИЗНАЧИТИ
#20 КЛІНІЧНА ДОСЛІДЖЕННЯ
#21 плацебо
#22 СХРЕСТИТИ
#23 перекрест
#24 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or
#16 or #17 or #18 or #19 or #20 or #21 or #22 or #23
28 (akathisi$ or acathisi$).mp. (1)
29 (neuroleptic$ adj4 malignant adj4 syndrom$).mp. (2)
30 (movement adj5 disorder$).mp. (27)
31 parkinsoni$.mp. (12)
32 neuroleptic-induc$.mp. (1)
33 (parkinson?s adj disease).ti. (48)
34 13 or 14 or 15 or 21 or 22 or 23 or 24 or 25 or 26 (1131)
35 16 or 17 or 18 or 19 or 20 or 27 or 28 or 29 or 30 or 31 or 32 (141)
36 35 not 33 (139)
37 34 or 36 (1258)
38 12 and 37 (45)
39 from 38 keep 1-45 (45)

Psychiatry
URL: http://www.psikiyatridizini.org/
Geographical Coverage: Turkey
Dates Last Searched: June 2006 [Planned Annual Update]
Time Coverage: 1968
Search Strategy:
#1 Randomi
#2 allocated
#3 double blind
#4 double-blind
#5 #1 or #2 or #3 or #4

PsycINFO
Host: Ovid SP
URL: http://www.apa.org/psycinfo/
Geographical Coverage: Multi-National
Dates Last Searched: October 22, 2015 [Regular Monthly Updates]
Time Coverage: 1806 – Present
Search Strategy:
1. randomi$.mp.
2. ((singl$ or doubl$ or trebl$ or tripl$) adj (blind$ or mask$)).mp.
3. placebo$.mp.
4. exp placebo/
5. crossover.mp.
6. exp treatment effectiveness evaluation/
7. exp mental health program evaluation/
8. (random$ adj (assign$ or allocate$)).mp.
9. or/1-8
10. schizo$.mp.
11. hebephreni$.mp.
12. oligophreni$.mp.
13. psychotic$.mp.
14. psychosis.mp.
15. psychoses.mp.
16. ((chronic$ or sever$) adj2 mental$ adj2 (ill$ or disorder$)).mp.
17. exp psychosis/
18. exp schizophrenia/
19. exp schizoaffective disorder/
20. (tardiv$ adj dyskine$).mp.
21. akathisi$.mp.
22. acathisi$.mp.
23. (neuroleptic$ and (malignant adj2 syndrome)).mp.
24. (neuroleptic$ and (movement and disorder$)).mp.
25. exp neuroleptic malignant syndrome/
26. exp dyskinesia/
27. exp tardive dyskinesia/
28. exp akathisia/
29. neuroleptic-induc$.mp.
30. parkinsoni$.mp.
31. parkinsonism-.sh.
32. (parkinson's adj1 disease).ti.
33. or/10-31
34. 33 not 32
35. 9 and 34

PsycLIT
Geographical Coverage: USA
Dates Last Searched: 1996; October 22, 2015 [Inactive]
Time Coverage: 1974
Note: It was merged into the PsycINFO online database in 2000.
Search Strategy:
Trial search phrase:
#1 randomi*
#2 singl*
#3 doubl*
#4 trebl*
#5 tripl*
#6 blind*
#7 mask*
#8 (#2 or #3 or #4 or #5) near (#6 or #7)
#9 clin*
#10 trial*
#11 #9 near #10
#12 placebo*
#13 placebo- in de
#14 crossover
#15 treatment-effectiveness-evaluation in de
#16 mental-health-program-evaluation in de
#17 random*
#18 assign*
#19 allocate*
#20 #17 near (#18 or #19)
#21 #20 or #16 or #15 or #14 or #13 or #12 or #11 or #8 or #1
schizophrenia search phrase:
#1 schizo*
#2 hebephreni*
#3 oligophreni*
#4 psychotic*
#5 psychosis
#6 psychoses
#7 chronic*
#8 sever*
#9 mental*
#10 ill*
#11 disorder*
#12 (chronic* or sever*) near2 mental* near2 (ill* or disorder*)
#13 explode "schizophrenia"
#14 explode "psychosis"
#15 explode "schizoaffective-disorder"
#16 #1 or #2 or #3 or #4 or #5 or #6 or #12 or #13 or #14 or #15
#17 tardiv*
#18 dyskine*
#19 tardiv* near dyskine*
#20 akathisi*
#21 acathisi*
#22 neuroleptic*
#23 malignant
#24 syndrome
#25 neuroleptic* and (malignant near2 syndrome)
#26 movement
#27 disorder*
#28 #22 and movement and disorder*
#29 parkinsoni*
#30 neuroleptic-induc*
#31 parkinson's
#32 disease
#33 parkinson's near1 (disease in ti)
#34 #19 or #20 or #21 or #25 or #28 or #29 or #30
#35 #34 not #33
#36 "neuroleptic-malignant-syndrome" in de
#37 explode "dyskinesia"
#38 explode "akathisia"
#39 "parkinsonism-" in de
#40 #35 or #36 or #37 or #38 or #39
#41 #40 or #16
(Journal Articles 1/1974 - 12/1996; Chapters and Books 1/1987 - 12/1996)

PSYINDEX
Geographical Coverage: Germany, Switzerland, Austria
Dates Last Searched: September 2009 [Planned Annual Update]
Time Coverage: 1977 – Unclear
Search Strategy:
#1 random* and (allocat* or assign* or zugewiesen or zugeteilt oder eingeteilt) and (UD=199501-200204)
#2 (randomi* or zufall* or zufaell*) and (UD=199501-200204)
#3 ((doubl* or doppel* or singl* or einfach* or tripl* or dreifach*) near (blind* or mask*)) and (UD=199501-200204)
#4 pla?ebo* and (treat* or behand* or untersuch*) and (UD=199501-200204)
#5 (doppelblind* or verblind*) and (UD=199501-200204)
#6 (pla?ebo* near ((vs or versus or gegen) or verum)) and (UD=199501-200204) and (UD=199501-200204)
#7 (zufa?ll* or random*) and (experiment* or evalu* or effe?t* or wirk* ) and (behand* or untersuch* or treat*) and (UD=199501-200204)
#8 (allocat* or assign* or zugewiesen or zugeteilt oder eingeteilt) and (control group* or kontrollgruppe* or beobachtungsgruppe*) and (UD=199501-200204)
#9 random* and (kontroll* or kontroll*) and (studie* or trial*) and (UD=199501-200204)
#10 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9
#11 random* and (kontroll* or kontroll*) and (UD=199501-200204) and (UD=199501-200204)
#12 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #11

PubMed
URL: http://www.ncbi.nlm.nih.gov/pubmed
Geographical Coverage: Multi-National [Focused on English-Speaking World]

Dates Last Searched: October 22, 2015 [Regular Monthly Updates]

Time Coverage: 1946 – Present

Search Strategy:
1# schizophrenia[MeSH Terms]
2# paranoid disorders[MeSH Terms]
3# dyskinesia, drug -induced[MeSH Terms]
4# psychomotor agitation[MeSH Terms]
5# diagnosis, dual psychiatry[MeSH Terms]
6# psychotic disorders[MeSH Terms]
7# akathisia drug induced[All Fields]
8# neuroleptic malignant syndrome[MeSH Terms]
9# #1 OR #2 OR #3 OR #4 OR #8 OR #9 OR #10 OR #11
10# hebephreni*
11# oligophreni*
12# psychotic*
13# psychoses
14# akathisi*
15# acathisi*
16# parkinsoni*
17# parkinson*
18# neuroleptic-induc*
19# #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18
20# tardiv*
21# dyskine*
22# #23 AND #24
23# neuroleptic*
24# malignant
25# syndrome
26# #23 AND #24
27# #26 and #25
28# movement*
29# #23 and #28
30# disorder*
31# #29 and #30
32# #9 OR #19 OR #22 OR #27 OR #31
33# parkinson's disease [ti]
34# parkinson disease [ti]
35# #35 OR #34
36# #32 NOT #35
37# randomized controlled trial [pt]
38# controlled clinical trial [pt]
39# randomized [tiab]
40# placebo [tiab]
41# drug therapy [sh]
42# randomly [tiab]
43# trial [tiab]
44# groups [tiab]
45# #37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43 OR #44
46# humans [mh]
47# #45 AND #46
48# #36 AND #47

Russian Medical Journal Search
URL: http://www.rmj.ru/main.htm
Geographical Coverage: Russia
Dates Last Searched: October 01, 2004 [We need volunteers to update this search]
Time Coverage: 1995 – Present
Search Strategy:
#1 Рандомиз
#2 двойно слепо
#3 плацебо
#4 клиническое исследование
#5 определить
#6 распределить
#7 Распредел*
#8 скрестить
#9 Перекрест*
#10 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9

RUSSMED
URL: http://www.russmed.ru/eng/ramn.htm
Geographical Coverage: Russia
Dates Last Searched: 1999 [We need volunteers to update this search]
Time Coverage: 1960 – Present
Search Strategy: Unclear

SIGLE [Now OpenSIGLE and OpenGrey]
URL: http://www.opengrey.eu/
Geographical Coverage: Europe
Dates Last Searched: December 2004 [Planned Annual Update]
Time Coverage: 1980 – Present
Search Strategy:
Trial search phrase:
#1 clin*
#2 trial*
#3 #1 near #2
#4 singl*
#5 doubl*
#6 trebl*
#7 tripl*
#8 blind*
#9 mask*
#10 (#4 or #5 or #6 or #7) near (#8 or #9)
#11 randomi*
#12 random*
#13 allocat*
#14 assign*
#15 #12 near (#13 or #14)
#16 crossover
#17 #16 or #15 or #11 or #10 or #3
schizophrenia search phrase:
#1 schizo*
#2 hebephreni*
#3 oligophreni*
#4 psychotic*
#5 psychosis
#6 psychoses
#7 chronic*
#8 sever*
#9 mental*
#10 ill*
#11 disorder*
#12 ((chronic* or sever*) near2 mental*) near2 (ill* or disorder*)
#13 #1 or #2 or #3 or #4 or #5 or #6 or #12
#14 tardiv*
#15 dyskine*
#16 tardiv* near dyskine*
#17 akathisi*
#18 acathisi*
#19 neuroleptic*
#20 malignant
#21 syndrome
#22 neuroleptic* and (malignant near2 syndrome)
#23 movement
#24 disorder*
#25 #19 and movement and disorder*
#26 parkinsoni*
#27 neuroleptic-induc*
#28 parkinson's
#29 disease
#30 parkinson's near1 (disease in ti)
#31 #16 or #17 or #18 or #22 or #25 or #26 or #27
#32 #31 not #30
#33 #32 or #13

SocioFile [Now Sociological Abstracts]
Host: ProQuest
URL: http://search.proquest.com/
Dates Last Searched: September 11, 2007 [Planned Annual Update]
Time Coverage: 1973 – Present
Search Strategy:
Trial search phrase:
#1 randomi*
#2 clin*
#3 trial*
#4 clin* near trial*
#5 singl*
#6 doubl*
#7 tripl*
#8 trebl*
#9 mask*
#10 blind*
#11 (singl* or doubl* or tripl* or trebl*) and (mask* or blind*)
#12 crossover
#13 random*
#14 allocate*
#15 assign*
#16 random* near (allocate* or assign*)
#17 #16 or #12 or #11 or #4 or #1
Schizophrenia search phrase:
#1 explode "schizophrenia"
#2 explode "psychosis"
#3 schizo*
#4 psychosis
#5 psychotic*
#6 psychoses
#7 chronic*
#8 sever*
#9 mental*
#10 ill*
#11 disorder*
#12 (chronic* or sever*) and (mental* and (ill* or disorder*))
#13 oligophreni*
#14 hebephreni*
#15 #1 or #2 or #3 or #4 or #5 or #6 or #12 or #13 or #14
#16 tardiv*
#17 dyskine*
#18 tardiv* near dyskine*
#19 akathisi*
#20 acathisi*
#21 neuroleptic*
#22 malignant
#23 syndrome
#24 neuroleptic* and (malignant near2 syndrome)
#25 movement
#26 disorder*
#27 #21 and movement and disorder*
#28 parkinsoni*
#29 neuroleptic-induc*
#30 parkinson's
#31 disease
#32 parkinson's near1 (disease in ti)
#33 #18 or #19 or #20 or #24 or #27 or #28 or #29
#34 #33 not #32
#35 #34 or #15

**Stanley Database**
**URL:** http://www.stanleyresearch.org/
**Geographical Coverage:** USA
**Dates Last Searched:** February 2011 [Planned Annual Update]
**Time Coverage:** 1999 – Present
**Search Strategy:**
#1 Schizophrenia
#2 psychosis
#3 #1 and #2

**STEB: Scientific and Technical Egyptian Bibliographic Database**
**URL:** http://www.sti.sci.eg/enstinetdatabases.htm
**Geographical Coverage:** Egypt
**Dates Last Searched:** 2000; October 22, 2015 [Inactive]
**Time Coverage:** Unclear
**Search Strategy:**
#1 randomi$
#2 double-blind
#3 assign$
#4 allocate$
#5 #1 or #2 or #3 or #4
Thai Index Medicus: ข้อมูลวารสารทางการแพทย์
URL: http://cuml.md.chula.ac.th/index.shtml
Geographical Coverage: Thailand
Dates Last Searched: November 2008 [Planned Annual Update]
Time Coverage: 1991 – Present
Search Strategy:
Search option: All fields
#1 randomi$
#2 double
#3 blind$
#4 #2 and #3
#5 random$
#6 alloc$
#7 assign$
#8 สุ่ม$
#9 เปรียบเทียบ$
#10 #8 or #9
#11 #10 not #1

Thai Journal Citation Index Centre: ศูนย์ดัชนีอ้างอิงวารสารไทย
URL: http://www.kmutt.ac.th/jif/public_html/searchp.html
Geographical Coverage: Thailand
Dates Last Searched: November 2008 [Planned Annual Update]
Time Coverage: 1996 – Present
Search Strategy:
#1 randomi
#2 double blind
#3 #1 or #2

Thai Medical Index: ข้อมูลวารสารทางการแพทย์
URL: http://www2.medlib.si.mahidol.ac.th/elib/cgi-bin/opacexe.exe?op=gsf&frm=simsch&db=Medindex&skin=su
Geographical Coverage: Thailand
Dates Last Searched: March 2007 [Planned Annual Update]
Time Coverage: 1990 – Present
Search Strategy:
Search option: general keyword
#1 random$i
#2 double blind*$
#3 #1 or #2
#4 $สุ่ม$
#5 #4 NOT #1
#6 #3 or #5

Thai Research: ฐานข้อมูลวิจัยไทย
URL: http://www.thairesearch.in.th/
Geographical Coverage: Thailand
Dates Last Searched: December 2008; October 22, 2015 [Inactive]
Time Coverage: Unclear
Search Strategy:
#1 randomized
#2 randomised
#3 double blind
#4 สุ่ม
#5 #1 or #2 or #3 or #4

**Thai Thesis online:** วิทยานิพนธ์ไทย
**URL:** http://thesis.stks.or.th/
**Geographical Coverage:** Thailand
**Dates Last Searched:** November 2008 [Planned Annual Update]
**Time Coverage:** Unclear – Present
**Search Strategy:**
#1 randomized
#2 double blind
#3 สุ่ม
#4 #1 or #2 or #3

**ThaiLis**
**URL:** http://uc.thailis.or.th/main/index.aspx and http://dcms.thailis.or.th/tdc/
**Geographical Coverage:** Thailand
**Dates Last Searched:** November 2008
**Time Coverage:** 1998 – Present
**Search Strategy:**
Search option: In all universities, all field, in 'some words'
#1 randomi
#2 double blind
#3 #1 or #2

**The Cochrane Library**
**URL:** http://www.cochranelibrary.com/
**Geographical Coverage:** Multi-National
**Dates Last Searched:** September 2012 [Planned Annual Update]
**Time Coverage:** 1995 – Present
**Search Strategy:**
#1 MeSH descriptor Schizophrenia, this term only
#2 MeSH descriptor Paranoid Disorders, this term only
#3 schizo* in Clinical Trials
#4 hebephreni* in Clinical Trials
#5 oligophreni* in Clinical Trials
#6 psychotic* in Clinical Trials
#7 psychosis in Clinical Trials
#8 psychoses in Clinical Trials
#9 chronic* in Clinical Trials
#10 sever* in Clinical Trials
#11 mental* in Clinical Trials
#12 ill* in Clinical Trials
#13 disorder* in Clinical Trials
#14 (#9 OR #10)
#15 (#14 AND #11)
#16 (#12 OR #13)
#17 (#15 AND #16)
#18 (#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #17)
#19 tardiv* in Clinical Trials
#20 dyskine* in Clinical Trials
#21 (#19 AND #20)
#22 akathisi* in Clinical Trials
#23 acathisi* in Clinical Trials
#24 neuroleptic* in Clinical Trials
#25 malignant in Clinical Trials
#26 syndrome in Clinical Trials
#27 (#25 AND #26)
#28 (#24 AND #27)
#29 movement in Clinical Trials
#30 disorder* in Clinical Trials
#31 (#24 AND #29 AND #30)
#32 parkinsoni* in Clinical Trials
#33 neuroleptic-induc* in Clinical Trials
#34 parkinson's in Clinical Trials
#35 disease in Clinical Trials
#36 disease:ti in Clinical Trials
#37 (#34 AND #36)
#38 (#21 OR #22 OR #23 OR #28 OR #31 OR #32 OR #33)
#39 (#38 AND NOT #37)
#40 MeSH descriptor Dyskinesia, Drug-Induced, this term only
#41 MeSH descriptor Akathisia, Drug-Induced, this term only
#42 MeSH descriptor Neuroleptic Malignant Syndrome, this term only
#43 (#39 OR #40 OR #41 OR #42)
#44 (#43 OR #18)
#45 MeSH descriptor Schizophrenia and Disorders with Psychotic Features, this term only
#46 (#45 OR #44)

The Thailand Research Fund’s Collection: สานักงานกองทุนสนับสนุนการวิจัย
URL: http://elibrary.trf.or.th/default.asp
Geographical Coverage: Thailand
Dates Last Searched: November 2008 [Planned Annual Update]
Time Coverage: Unclear – Present
Search Strategy:
#1 randomized
#2 randomised
#3 double-blind
#4 ถ้า
#5 #1 or #2 or #3 or #4

UKCRN Portfolio Database
URL: http://public.ukcrn.org.uk/search/
Geographical Coverage: UK
Dates Last Searched: January 22, 2014 [Now Not Getting Updated]
Time Coverage: Unclear – Present
Search Strategy:
Select Mental Health

Web of Science
Host: Web of Knowledge
URL: http://isiknowledge.com/
Geographical Coverage: Multi-National [Focused on English-Speaking World]
Dates Last Searched: December 01, 2010 [Planned Annual Update]
Time Coverage: 1900 – Present
Search Strategy:
# 1 Topic=(schizo*) OR Title=(schizo*)
# 2 Topic=(psychosis*) OR Title=(psychosis*)
# 3 Topic=(psychotic*) OR Title=(psychotic*)
WHO International Clinical Trials Registry Platform (ICTRP)
Host: WHO
URL: http://apps.who.int/trialsearch/AdvSearch.aspx
Geographical Coverage: Multi-National
Dates Last Searched: October 22, 2015 [Regular Monthly Updates]
Time Coverage: 2000 – Present
Note: This source includes 16 clinical trial registries.

Search Strategy:
Recruitment status is ALL
Schizophrenia OR Schizotypal OR Schizoaffective OR Schizophreniform OR Psychosis OR Psychoses OR Psychotic OR Tardive OR Dyskinesia OR Akathisia

WHO Representative to Thailand Library: Office of the WHO Representative to Thailand Library
URL: Unclear
Geographical Coverage: Thailand
Dates Last Searched: November 2008
Time Coverage: Unclear

Search Strategy:
#1 randomized
#2 randomised
#3 double-blind
#4 ศุภ}
WHO: EMRO Virtual Health Sciences Library
URL: http://www.emro.who.int/entity/information-resources/index.html
Dates Last Searched: 2005 [Planned Annual Update]
Time Coverage: Unclear – Present

Search Strategy:
#1 randomly
#2 randomi$
#3 allocat$
#4 assign$
#5 placebo
#6 double-blind$
#7 double
#8 blind
#9 #7 or #8
#10 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8

Conference Proceedings
Conference proceedings are searched using a combination of hand searching and electronic searches. Where proceedings are supplied in electronic form these are searched using the following search phrase:
#1 RANDOMI*
#2 RANDOMLY
#3 (RANDOM* AND ALLOC*)
#4 CROSSOVER
#5 ((SINGL* or DOUBL* or TRIPL* or TREBL*) and (BLIND* or MASK*))
#6 (CLIN* AND TRIAL*)
#7 META-ANALYSIS
#8 (PLACEBO* AND CONTROL*)
#9 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8
The results of electronic searches are then hand searched. All reports likely to relate to a trial relevant to the scope of the Group are obtained and added to the Group’s Register. All other trials are forwarded to the Cochrane Central Register of Controlled Trials (formerly known as the Cochrane Controlled Trials Register).

List of Proceedings
Annual Congress of the International Society of Psychoneuroendocrinology
25th Annual Congress; 1994 Aug 14-18; Seattle, Washington, USA
30th Annual Congress; 1999 Jul 30 - Aug 3; Orlando, Florida, USA
Annual Meeting of the College of Psychiatric and Neurologic Pharmacists
2nd Annual Meeting; 1999 Mar 25-28; Lake Tahoe, California, USA
Annual Meeting of the International Society of Technology Assessment in Health Care
12th Annual Meeting; 1996 Jun 23-26; San Francisco, California USA
18th Annual Meeting; 2002 Jun 9-12; Berlin, Germany
Annual Meeting of the New Clinical Drug Evaluation Unit
21st Annual Meeting; 1981 May 26-28; Key Biscane, Florida, USA
Annual Meeting of the Society for Neuroscience
27th Annual Meeting; 1997 Oct 25-30; New Orleans, Louisiana, USA
30th Annual Meeting; 2000 Nov 4-9; New Orleans, Louisiana, USA
31st Annual Meeting; 2001 Nov 10-15; San Diego, California, USA
Annual Meeting of the Society for Research on Nicotine and Tobacco
6th Annual Meeting; 2000 Feb 18-20; Arlington, Virginia, USA
9th Annual Meeting; 2003 Feb 19-22; New Orleans, Louisiana, USA
10th Annual Meeting; 2004 Feb 18-21; Phoenix, Arizona, USA
Collegium Internationale Neuro-Psychopharmacologicum Regional Meeting 1997 Aug 21-23; Acapulco, Mexico
Congres de Neuropsychopharmacologie
9th Congres - Nouveaux Developpements du Sulpiride; 1974 Jul 10; Paris, France
Congres de Psychiatrie et de Neurologie de Langue Francaise
86th Congres; 1988 Jun 13-17; Chamberry, France
96th Congres; 1998 May 10-15; Saint Paul, France
International Congress of Endocrinology
9th International Congress; 1992 Aug 30 - Sep 5; Nice, France
International Risperdione Investigators' Meeting
1st International Risperdione Investigators' Meeting; 1992 Mar 9-10; Paris, France
International Symposium for the Psychological Treatment of Schizophrenia and other Psychoses
13th International Symposium; 2000 Jun 5-9; Stavanger, Norway
International Workshop on Brain Uptake and Utilization of Fatty Acids
2000 Mar 2-4; Bethesda, Maryland, USA
Keio University International Symposia for Life Sciences and Medicine on Comprehensive Treatment of Schizophrenia
8th Keio University International Symposia - Linking Neurobehavioural Findings to Psychosocial Approaches; 2000 Jun 5-7; Tokyo, Japan
Symposium der Arbeitsgemeinschaft fuer Neuropsychopharmakologie und Pharmakopsychiatrie 1981; Nuernberg, Germany
Treatment-resistant schizophrenia and beyond: current concepts and future prospects 1998 Jul 8-9; London, UK

Hand Searching
Arab Journal of Psychiatry - Start: 1990 Last year done: 1997 Ongoing: no
Archives of General Psychiatry - Start: 1959 Last year done: 2008 Ongoing: no
Australian and New Zealand Journal of Psychiatry - Start: 1967 Last year done: Ongoing: no
Biological Psychiatry - Start: 1994 Last year done: 1995 Ongoing: no
Canadian Journal of Psychiatry - Start: 1979 Last year done: Ongoing: no
Clinical Schizophrenia and Related Psychoses – Start: 2008 Last year done 2015 Ongoing: yes
Der Nervenarzt - Start: 1980 Last year done: 1995 Ongoing: no
Hospital and Community Psychiatry (continued as Psychiatric Services) - Start: 1966 Last year done: 1994 Ongoing: no
Journal of Mental Deficiency Research (continued as Journal of Intellectual Disability Research) - Start: 1958 Last year done: 1991 Ongoing: no
Journal of Mental Science (continued as British Journal of Psychiatry) - Start: 1948 Last year done: 1962 Ongoing: no
Journal of Nervous and Mental Disease - Start: 1948 Last year done: 1993 Ongoing: no
Korean Journal of Schizophrenia Research – Ongoing yes

Psychiatria Fennica - Start: 1970 Last year done: Ongoing: no
Psychiatric Services - Start: 1995 Last year done: Ongoing: no
Psychosis – Start: 2009 Last year done 2015 Ongoing: yes
Schizophrenia Frontier – Ongoing: yes
The following journals have been/are being searched and relevant trials are entered into the Register:

Additional Search Strategies

Citation Searching: This can be undertaken either electronically or manually. The methods by which reports are selected for citation searching are made explicit and reproducible.

Personal Contact: The methods by which individuals were selected for contact are made explicit and reproducible.

Pharmaceutical Industry: The methods by which companies are selected for contact and, in turn, how they select material for the review are made explicit and reproducible. It is important that pharmaceutical companies are not contacted directly but through the editorial base. CSG works to foster good relationships with pharmaceutical companies in an attempt to obtain the largest dataset possible. Individual approaches may lead to rejection, duplication of effort and the perception that CSG's efforts are ill-coordinated.
Data extraction forms used within the Microsoft-Access/MS-SQL-database

For presentation of the data extraction forms, we selected an almost empty study (Acacia 2016) from our database which is not included in the current review.

This template also contains fields not necessary for the described review because it is used in parallel for another project.

We skipped the form “Contacts”, in which we collect name and address of the corresponding author, because it contains information about an original author.

We also skipped the form “Subgroups” because it is not relevant for the described project.

Then there are several forms in which we judge the risk of bias per domain according to the Cochrane Risk of Bias I tool and the last sheet “Go to Arms” is used to open extraction forms specific for each study arm.
This is the first form in which information specific for each arm can be entered.

The forms “Positive (Symptoms)”, “Negative (Symptoms)”, “Depression”, “QoL (Quality of life)” and “(Social) Functioning” have the same structure as the form for “Overall Symptoms” because they are all for extraction of continuous, scale-derived data.
The forms “Events” and “Scales” are not relevant for the described project. In them we test a different approach for data extraction.