

Risk of unintentional injuries in children and adolescents with ADHD and the impact of ADHD medications: protocol for a systematic review and meta-analysis

Supplementary Information

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Conflict of Interest Disclosures

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Databases included in the Unika Service

The databases included in the biomedical sciences profile of the Unika Service from the University of Navarra are named here in alphabetical order:

1. Academic Search Index (asx)
2. AccessAnesthesiology
3. AccessMedicine
4. AccessPediatrics
5. AccessScience
6. AccessSurgery
7. Ambrose Digital Library
8. ASM Handbooks Online (edsaho)
9. ASM Medical Materials Database
10. ASM Micrograph Database
11. BioOne Online Journals
12. Books at JSTOR
13. British Library Document Supply Centre Inside Serials & Conference Proceedings (edsbl)
14. British Standards Online
15. Business Source Complete
16. Canadian Electronic Library
17. Catálogo de la Biblioteca de la Universidad de Navarra (cat00378a)
18. Center for Research Libraries
19. ChemSpider
20. China/Asia On Demand
21. CINAHL (cin20)
22. CogPrints
23. Credo Reference Collections (edscrc)
24. DADUN (ir00048a)
25. DASH
26. Data-Planet Statistical Datasets & Statistical Ready Reference
27. Dialnet
28. Directory of Open Access Journals (edsdoj)
29. eArticle
30. eBook Academic Collection (EBSCOhost) (e000xww)
31. eBook Collection (EBSCOhost) (nlebk)
32. EconLit (ecn)
33. EDS Foundation Index (eda)
34. eLibro Premium
35. ERIC (eric)
36. eScholarship (edssch)
37. EThOS
38. EU Bookshop (edseub)
39. European Union Open Data Portal
40. Europeana
41. Expanded Academic ASAP
42. Films on Demand
43. Fuente Académica Premier (fua)
44. Gale Cengage Learning, Health & Wellness Resource Center
45. Gale Virtual Reference Library
46. Gallica Bibliothèque Numérique
47. Google Book Search (fe334f7c)
48. GreenFILE (8gh)
49. Harvard Library Bibliographic Dataset (edshlc)
50. HathiTrust (edshtl)
51. Henry Stewart Talks
52. HighWire Press (fa0f9666)
53. Idunn.no
54. IndianJournals.com
55. Informit Health Collection (edsihc)
56. Iprbooks
57. JSTOR (fd43b2a1)
58. JSTOR Life Sciences (edsjls)
59. KERIS Theses & Dissertations (edsker)
60. Knigafund.ru (edskig)
61. Korean Studies Information Service System (KISS) (edskis)
62. LexisNexis Academic: Law Reviews (edslex)
63. Maruzen eBook Library
64. McGraw-Hill
65. Medical Online
66. Medical Online E-books
67. Medical Online-E
68. MEDLINE (cmedm)
69. Minority Health Archive (edsuph)
70. NARCIS
71. Networked Digital Library of Theses & Dissertations (edsndl)
72. NORA (Norwegian Open Research Archive)
73. OAlster (edsoai)
74. OJS vid Lunds Universitet (edsojs)
75. Ovid Journals Full Text Medical Research Database (fb0698e8)
76. Oxford Bibliographies Online
77. Oxford Clinical Psychology
78. Oxford Handbooks Online (edsoho)
79. Oxford Medicine Online
80. Oxford Reference (edsoro)
81. Oxford Scholarship Online (edsoso)

- | | |
|---|---|
| 82. ProQuest Dissertations and Theses (fb458d87) | 98. SAGE Video |
| 83. PsycARTICLES (edspdh) | 99. Scielo |
| 84. PsycBOOKS (edspzh) | 100. Scielo Books |
| 85. PsycCRITIQUES (edspvh) | 101. Science Citation Index (edswsc) |
| 86. PsycheVisual | 102. ScienceDirect (edselp) |
| 87. Psychology and Behavioral Sciences Collection (pbh) | 103. Scopus |
| 88. PsycINFO (psyh) | 104. Social Sciences Citation Index (edswss) |
| 89. Publisher Provided Full Text Searching File (edb) | 105. Springer Science+Business Media, SpringerProtocols |
| 90. PubMed Central (fd5a6824) | 106. STAT!Ref |
| 91. R2 Digital Library | 107. Supplemental Index (edo) |
| 92. RACO | 108. SveMed+ (edssmd) |
| 93. RECERCAT | 109. Torrossa |
| 94. ReferenceSearch (edsref) | 110. TOXNET: GENETOX |
| 95. RÖMPP Online | 111. TOXNET: TOXLINE |
| 96. SA ePublications Service | 112. University Library Online -
Университетская библиотека онлайн |
| 97. SAGE Research Methods Datasets | 113. World Bank eLibrary (edswbe) |

Search syntax

The following search syntax will be used to find relevant terms in reference titles, abstracts or key words (any field in the case of PubMed-Medline Plus).

PubMed (Medline Plus) and Unika

In the case of PubMed-Medline Plus, the search was not limited to any field. In the case of Unika, the search was limited to titles, keywords, and abstracts through the website options

(ADHD OR adhd OR attention deficit disorder with hyperactivity OR syndrome hyperkinetic OR hyperkinetic syndrome OR hyperactivity disorder OR hyperactive child syndrome OR childhood hyperkinetic syndrome OR attention deficit hyperactivity disorders OR attention deficit hyperactivity disorder OR adhd attention deficit hyperactivity disorder OR adhd OR overactive child syndrome OR attention deficit hyperkinetic disorder OR hyperkinetic disorder OR attention deficit disorder hyperactivity OR attention deficit disorders hyperactivity OR child attention deficit disorder OR hyperkinetic syndromes OR syndromes hyperkinetic OR hyperkinetic syndrome childhood) AND ((fracture OR fractures OR traumatism OR traumatisms OR traumatology OR wound OR wounds OR drowning OR poisoning OR burning) OR ((trauma OR traumat* OR harm OR lesion OR lesions OR injury OR injuries) AND (emergency OR emergency visit OR emergency room OR hospital OR hospitaliz* OR er OR inpatient)))

Scopus

TITLE-ABS-KEY ((ADHD OR adhd OR "attention deficit disorder with hyperactivity" OR "syndrome hyperkinetic" OR "hyperkinetic syndrome" OR "hyperactivity disorder" OR "hyperactive child syndrome" OR "childhood hyperkinetic syndrome" OR "attention deficit hyperactivity disorders" OR "attention deficit hyperactivity disorder" OR "adhd attention deficit hyperactivity disorder" OR adhd OR "overactive child syndrome" OR "attention deficit hyperkinetic disorder" OR "hyperkinetic disorder" OR "attention deficit disorder hyperactivity" OR "attention deficit disorders hyperactivity" OR "child attention deficit disorder" OR "hyperkinetic syndromes" OR "syndromes hyperkinetic" OR "hyperkinetic syndrome childhood") AND ((fracture OR fractures OR traumatism OR traumatisms OR traumatology OR wound OR wounds OR drowning OR poisoning OR burning) OR ((trauma OR traumat* OR harm OR lesion OR lesions OR injury OR injuries) AND (emergency OR "emergency visit" OR "emergency room" OR hospital OR hospitaliz* OR er OR inpatient))))

Web of Science (Core Collection)

TS= ((ADHD OR adhd OR "attention deficit disorder with hyperactivity" OR "syndrome hyperkinetic" OR "hyperkinetic syndrome" OR "hyperactivity disorder" OR "hyperactive child syndrome" OR "childhood hyperkinetic syndrome" OR "attention deficit hyperactivity

disorders" OR "attention deficit hyperactivity disorder" OR "adhd attention deficit hyperactivity disorder" OR adhd OR "overactive child syndrome" OR "attention deficit hyperkinetic disorder" OR "hyperkinetic disorder" OR "attention deficit disorder hyperactivity" OR "attention deficit disorders hyperactivity" OR "child attention deficit disorder" OR "hyperkinetic syndromes" OR "syndromes hyperkinetic" OR "hyperkinetic syndrome childhood") AND ((fracture OR fractures OR traumatism OR traumatisms OR traumatology OR wound OR wounds OR drowning OR poisoning OR burning) OR ((trauma OR traumat* OR harm OR lesion OR lesions OR injury OR injuries) AND (emergency OR "emergency visit" OR "emergency room" OR hospital OR hospitaliz* OR er OR inpatient)))

Modified Newcastle-Ottawa Scale

Studies comparing injured-non injured (case-control studies)

Selection

1) Is the case definition adequate?

- a) yes, with independent validation * (acute injury or record linkage+interview or other validation)
- b) yes, eg record linkage or based on self-reports
- c) no description

2) Representativeness of the cases

- a) consecutive or obviously representative series of cases*
- b) potential for selection biases or not stated

3) Selection of Controls

- a) community controls *
- b) hospital controls
- c) no description

4) Definition of Controls

- a) no history of disease (endpoint) *
- b) no description of source

Comparability (up to 2 stars)

1) Comparability of injured and non-injured individuals on the basis of the design or analysis (Note: all articles should control sex for inclusion).

- a) study controls for AGE and COMORBIDITY **
- b) study controls for AGE *
- c) study controls for COMORBIDITY *

Exposure (ADHD)

1) Ascertainment of ADHD

- a) secure record (eg surgical records) or data linkage *
- b) structured interview *
- c) written self-report, (not codified) medical history or clinical questionnaire
- d) no description

2) Same method of ascertainment for cases and controls

- a) yes *
- b) no

3) Non-Response rate

- a) same rate for both groups *
- b) non respondents described
- c) rate different and no designation

Cohort studies

Selection

- 1) Representativeness of the exposed cohort. Individuals with ADHD are
 - a) truly representative of the average child with ADHD in the community *
 - b) somewhat representative of the average child with ADHD in the community (individuals may differ slightly from the typical ADHD child)*
 - c) selected group of users eg only medicated ADHD, all ADHD+Comorbidity, only one sex, only hospital-treated ADHD...
 - d) no description of the derivation of the cohort

- 2) Selection of the non-exposed cohort (individuals without ADHD)
 - a) drawn from the same community as the exposed cohort *
 - b) drawn from a different source
 - c) no description of the derivation of the non-exposed cohort

- 3) Ascertainment of ADHD
 - a) secure record (eg surgical records) or data linkage *
 - b) structured interview *
 - c) written self-report, (not codified) medical history or clinical questionnaire
 - d) no description

- 4) Demonstration that outcome of interest was not present at start of study: IRRELEVANT IN OUR CASE THAT ADHD IS PRESENT BEFORE STUDY STARTS
 - a) yes *
 - b) no

Comparability (up to 2 stars)

- 1) Comparability of individuals with ADHD and no ADHD on the basis of the design or analysis (NOTE: all studies should control for gender)
 - a) study controls for AGE and comorbidity **
 - b) study controls for AGE *
 - c) study controls for comorbidity *

Outcome

- 1) Assessment of the lesions
 - a) independent blind assessment * (NOT RELEVANT IN OUR CASE)
 - b) record linkage *
 - c) self-report
 - d) no description

- 2) Adequacy of follow up of cohorts
 - a) complete follow up - all subjects accounted for *
 - b) subjects lost to follow up unlikely to introduce bias - small number lost - >80 % follow up, or description provided of those lost) *
 - c) follow up rate < 80% and no description of those lost
 - d) no statement

Cross-sectional studies

Selection

- 1) Representativeness of the exposed cohort. Individuals with ADHD are
 - a) truly representative of the average child with ADHD in the community *
 - b) somewhat representative of the average child with ADHD in the community (individuals may differ slightly from the typical ADHD child)*
 - c) selected group of users eg only medicated ADHD, all ADHD+Comorbidity, only one sex, only hospital-treated ADHD...
 - d) no description of the derivation of the cohort

- 2) Selection of the non-exposed cohort (individuals without ADHD)
 - a) drawn from the same community as the exposed cohort *
 - b) drawn from a different source
 - c) no description of the derivation of the non-exposed cohort

- 3) Ascertainment of ADHD
 - a) secure record (eg surgical records) or data linkage *
 - b) structured interview *
 - c) written self-report, (not codified) medical history or clinical questionnaire
 - d) no description

- 4) Demonstration that outcome of interest was not present at start of study: IRRELEVANT IN OUR CASE THAT ADHD IS PRESENT BEFORE STUDY STARTS
 - a) yes *
 - b) no

Comparability (up to 2 stars)

- 1) Comparability of individuals with ADHD and no ADHD on the basis of the design or analysis (NOTE: all studies should control for gender)
 - a) study controls for AGE and comorbidity **
 - b) study controls for AGE *
 - c) study controls for comorbidity *

Outcome

- 1) Assessment of the lesions
 - a) independent blind assessment * (NOT RELEVANT IN OUR CASE)
 - b) record linkage *
 - c) self report
 - d) no description

- 2) Non-respondents:
 - a) Comparability between respondents and non-respondents characteristics is established, and the response rate is satisfactory. *
 - b) The response rate is unsatisfactory, or the comparability between respondents and non-respondents is unsatisfactory.
 - c) No description of the response rate or the characteristics of the responders and the non-responders.