

Annex 1 Evidence profiles

The following evidence profiles have been produced by applying the GRADE questions addressed. More information on this approach is contained in working group approach to determining the quality of evidence to the Section 2.

A1.1 Is methadone effective for the treatment of opioid dependence?

GRADE evidence profile

Author(s): Amato L
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Question: Should methadone maintenance treatment versus opioid withdrawal or no treatment be used for opioid dependence?
Patient or population: opioid addicts
Settings: outpatient
Systematic review: Mattick RP et al. (in press) *Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence* (CLIB 3, 2003)¹⁰⁵; Bargagli AM et al. (2007) *A systematic review of observational studies on treatment of opioid dependence*.¹⁹⁷

(Throughout this annex, -1 is used to indicate that the score has been reduced by one because of a weakness in this area).

Quality assessment						Summary of findings				Quality	Importance
No. studies	Design	Limitations	Consistency	Directness	Other considerations	Methadone maintenance treatment	No treatment	Relative risk (RR) (95% CI)	Absolute risk (AR) (95% CI)		
Use of opiates ^[66,188,189] (subjective follow-up: 1 month–2 years)											
3 ^a	Randomized trials ^b	Some limitations ^b (-1)	No important inconsistency	No uncertainty	None	28/104 (26.9%)	110/126 (87.3%)	RR 0.323 (0.23 to 0.44)	AR 630/1000 less (830 less to 430 less)	⊕⊕⊕○ Moderate	7
Criminal behaviour ^[66,188,189] (objective follow-up: 1 month–2 years)											
3 ^a	Randomized trials ^b	Some limitations ^b (-1)	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)	5/178 (2.8%)	18/185 (9.7%)	RR 0.393 (0.12 to 1.25)	AR 250/1000 less (700 less to 19 more)	⊕⊕○○ Low	6
Mortality from randomized controlled trials ^[88,106,189] (RCTs) (objective follow-up: 2–3 years)											
3 ^d	Randomized trials ^e	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-2)	3/216 (1.4%)	7/219 (3.2%)	RR 0.493 (0.06 to 4.23)	AR 16/1000 less (100 less to 30 more)	⊕⊕○○ Low	9
Mortality (any cause) from observational studies ^[190,191,192,193,194] (objective follow-up: 2.5 years–21 years)											
5 ^f	Observational studies ^g	No limitations	No important inconsistency	No uncertainty	None	257/19421 (1.3%)	1063/23614 (4.5%)	RR 0.37 (0.29 to 0.48)	AR 20/1000 less (30 less to 10 less)	⊕⊕○○ Low	9
Mortality (overdose) from observational studies ^[190,191,195,193,196] (objective follow-up: 2.5 years–12 years)											
5 ^h	Observational studies ⁱ	No limitations	Inconsistent results between studies (-1)10	No uncertainty	Extremely strong effect (+2)	70/37516 (0.2%)	416/32454 (1.3%)	RR 0.17 (0.05 to 0.63)	AR 10/1000 less (20 less to 0.00)	⊕⊕⊕○ Moderate	9
Retention in treatment ^[106,108,107] (objective follow-up: 1 month–2 years)											
3 ^k	Randomized trials ^l	No limitations	No important inconsistency	No uncertainty	None	173/254 (68.1%)	63/251 (25.1%)	RR 3.053 (1.75 to 5.35)	AR 460/1000 more (270 more to 650 more)	⊕⊕⊕⊕ High	7

^a Three studies in an outpatient setting; two were conducted in the United States and one in Sweden.
^b Three randomized controlled trials (RCTs): one with adequate allocation concealment, one unclear and one inadequate.
^c Random effect model.
^d Three RCTs, one conducted in the United States, one in Sweden and one in China.
^e One adequate and two unclear allocation concealment.
^f Five studies in an outpatient setting; conducted in Italy, Australia, Sweden, the United States and Spain (one in each).
^g Quality of studies using Newcastle–Ottawa Scale: selection, two studies rated 3 and three studies rated 2; comparability, one study rated 3, three studies rated 1 and one study rated 0; outcome, two studies rated 2 and three studies rated 1.
^h Five studies in an outpatient setting; two conducted in the Netherlands and one each in Italy, the United States and Spain.
ⁱ Quality of studies using Newcastle–Ottawa Scale: selection, four studies rated 3 and one study rated 2; comparability, two studies rated 2 and three studies rated 1; outcome, one study rated 2 and four studies rated 1.
^j High statistical heterogeneity $P < 0.00001$, but all consistent results.
^k Three studies in an outpatient setting, conducted in Hong Kong, Thailand and the United States (one each).
^l Three RCTs, all with unclear allocation concealment.