A1.13 Is psychosocial assistance plus pharmacological assistance for opioid withdrawal more useful than pharmacological assistance alone?

GRADE evidence profile

Author(s):	Hill S, Davoli M, Amato L
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Question:	Should any pharmacological withdrawal treatment plus psychosocial treatment versus any pharmacological withdrawal treatment alone be used in opioid-dependent patients requiring withdrawal?
Patient or population:	Opioid users
Settings:	Outpatients
Systematic review:	Amato et al.; *Psychosocial and pharmacological treatments versus pharmacological treatments for opioid detoxification* (CLIB 2, 2004)[169].

Quality assessment						Summary of findings					
						No of patients		**Effect**		**Quality**	**Importance**
No. studies	**Design**	**Limitations**	**Consistency**	**Directness**	**Other considerations**	**Pharmacological withdrawal plus psychosocial treatment**	**Pharmacological withdrawal alone**	**Relative risk (RR) (95% CI)**	**Absolute risk (AR) (95% CI)**		
Completion of treatment[258, 259, 260, 261, 262] (Objective follow-up: average 18 weeks, range 2-52[e])											
5[a]	Randomized trials	No limitations[b]	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)	37/89 (41,6%)	24/95 (25,3%)	RR 1.68[c, e] (1.11 to 2.55)	170 more / 1 000 (40 more to 300 more)	⊕⊕⊕◯ Moderate	7
Use of primary substance during treatment[258, 260, 261] (urine samples) (follow-up: average 18 weeks, range 2-52[d])											
3[a]	Randomized trials	No limitations[f]	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[g]	40/55 (72.7%)	30/54 (55.6%)	RR 1.30[c] (0.99 to 1.70)	170 more / 1 000 (10 less to 330 more)	⊕⊕⊕◯ Moderate	7
Relapsed at follow-up[258, 261, 263] (Objective :urine test. follow-up: 1 year)											
3[a]	Randomized trials	No limitations[f]	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)	25/123 (20.3%)	38/85 (44.7%)	RR 0.41[c,m] (0.27 to 0.62)	280 less / 1 000 (400 less to 150 less)	⊕⊕⊕◯ Moderate	7
Subjects using other substances: barbiturates[258] (Objective: urine samples) follow-up: 16 weeks[e])											
1[h]	Randomized trials	No limitations[i]	No important inconsistency	No uncertainty	Very imprecise or sparse data (-2)[j]	9/19 (47,4%)	6/20 (30%)	RR 1.58[c] (0.70 to 3.59)	170 more / 1 000 (130 less to 470 more)	⊕◯◯◯ Very low	4
Subjects using other substances: benzodiazepines[258] (Objective (urine samples) follow-up: 16 weeks[e])											
1[h]	Randomized trials	No limitations[i]	No important inconsistency	No uncertainty	Very imprecise or sparse data (-2)[l]	15/19 (75%)	17/20 (89.5%)	RR 0.84[c] (0.62 to 1.13)	140 less / 1 000 (380 less to 90 more)	⊕◯◯◯ Very low	4
Subjects using other substances: cocaine[258] (urine test follow-up: 16 weeks[e])											
1[h]	Randomized trials	No limitations[i]	No important inconsistency	No uncertainty	Very imprecise or sparse data (-2)[l]	11/19 (55%)	12/20 (63.2%)	RR 0.87[c] (0.52 to 1.47)	80 less / 1 000 (390 less to 230 more)	⊕◯◯◯ Very low	5

[a]   All studies were conducted in the USA and all in outpatient setting
[b]   Four studies with unclear allocation concealment and one with inadequate; 2 studies were single blind (participants blind only for pharmacological interventions) and 3 did not report data on blindness
[c]   Fixed effect model
[d]   Performing a sensitivity analysis excluding the study with inadequate allocation concealment (class C) from meta-analysis (Robles 2002, 48 participants)[262]. The result did not change, remaining significantly in favour of the associated treatments (RR 0.46 (95% CI 0.27 to 0.79)
[e]   Length of treatment
[f]   All studies with unclear allocation concealment, 2 single blind an 1 not blind
[g]   Few patients (109)
[h]   The study was conducted in USA, in outpatient setting (Bickel 1997)[258]
[i]   Unclear allocation concealment, single blind
[j]   Only one study, few participants and wide confidence interval
[k]   Low generalizability of treatments offered
[l]   Only one study, few participants
[m]   Performing a sensitivity analysis excluding the study with inadequate allocation concealment (class C) from meta-analysis (Yandoli 2002, 119 participants)[263]. The result became not statistically significant RR 0.84 (95% CI 0.68 to 1.04)
[n]   Inadequate allocation concealment, open label
[o]   Few patients and wide confidence interval
[p]   The study was conducted in USA, in an outpatient setting (Yandoli, 2002)[263]