Author(s): CMM/MN/AT Date: 2015-03-24

Question: Should applied tension (exposure and muscle tension) vs exposure be used for reducing fainting during vaccine injections in children 7 years and above and adults?

Settings: unclear

Bibliography: Ost 1991 (2)

Quality assessment						No of patients		Effect		Quality	Importance	
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Applied tension (exposure and muscle tension)	Exposure	Relative (95% CI)	Absolute		
ainting (	measured wit	h: validat	ed tool (Fainting	Behaviour du	ring lab-base	ed fear-inducing to	ask 0-4); Better indi	cated by Ic	wer value	es)		
	randomised trials		no serious inconsistency	serious <sup>2</sup>	serious <sup>3</sup>	none	10	10	-	SMD 1.16 lower (2.12 to 0.19 lower)	⊕OOO VERY LOW	CRITICAL
ainting a	at 1 year follow	wup (mea	sured with: valid	ated tool (Fair	nting Behavio	our during lab-bas	sed fear-inducing ta	sk 0-4); Be	tter indic	ated by lower val	ues)	
	randomised trials		no serious inconsistency	serious <sup>2</sup>	serious <sup>3</sup>	none	10	10	-	SMD 0.97 lower (1.91 to 0.03 lower)	⊕OOO VERY LOW	CRITICAL
			•			0, Fear Survey Sc dicated by lower v	hedule 3rd Ed - Bloo alues)	od Subsca	le 8-40, F	ear Questionnaire	e - Blood/	Injury
	randomised trials		no serious inconsistency	serious <sup>2</sup>	serious <sup>5</sup>	none	10	10	-	SMD 0.27 higher (0.61 lower to 1.16 higher)	⊕OOO VERY LOW	IMPORTAN
		-			•		30, Fear Survey Sch ed by lower values)	edule 3rd	Ed - Bloo	d Subscale 8-40,	Fear Que	stionnaire -
	randomised trials		no serious inconsistency	serious <sup>2</sup>	serious <sup>5</sup>	none	10	10	-	SMD 0.43 lower (1.32 lower to	⊕OOO VERY	IMPORTAN

1	randomised trials	serious <sup>4</sup>	no serious inconsistency	serious <sup>2</sup>	serious⁵	none	10	10	-	SMD 0.21 higher (0.67 lower to 1.09 higher)	⊕OOO VERY LOW	IMPORTANT
Fear (ge	eneral) at 1 yea	r followup	(measured with	validated to	ool (Fear Surv	ey Schedule 3rd E	d 76-380); Better inc	licated by	lower val	ues)		
1	randomised trials	serious <sup>4</sup>	no serious inconsistency	serious <sup>2</sup>	serious <sup>5</sup>	none	10	10	-	SMD 0.09 higher (0.78 lower to 0.97 higher)	⊕OOO VERY LOW	IMPORTANT
Compli	ance (measure	d with: va	lidated tool (Beha	avioural Avo	idance Test);	Better indicated b	y higher values)			<u>'</u>		
1	randomised trials	serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	serious <sup>5</sup>	none	10	10	-	SMD 0.80 higher (0.12 lower to 1.72 higher)	⊕OOO VERY LOW	IMPORTANT
Compli	ance at 1 year f	ollowup (ı	measured with: v	alidated too	l (Behavioura	I Avoidance Test)	; Better indicated by	higher val	ues)			
1	randomised trials	serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	serious <sup>5</sup>	none	10	10	-	SMD 0.80 higher (0.12 lower to 1.72 higher)	⊕OOO VERY LOW	IMPORTANT
Pain, D	istress, Proced	ure Outco	mes, Preference	Satisfaction	ı (assessed w	vith: no data were	identified for these in	mportant o	utcomes	<u> </u> 		
0	No evidence available					none	-	-	-	-		IMPORTANT
			dod: uncloar if out					0%		-		

<sup>&</sup>lt;sup>1</sup> Therapist and participant not blinded; unclear if outcome assessor blinded

<sup>&</sup>lt;sup>2</sup> Not vaccination or needle procedure; however, includes individuals with blood and injury phobia

<sup>&</sup>lt;sup>3</sup> Sample size was below the recommended optimum information size (OIS) of 400 for an effect size of 0.2

<sup>&</sup>lt;sup>4</sup> Therapist and participants not blinded; outcome assessor not blinded

<sup>&</sup>lt;sup>5</sup> Confidence intervals cross the line of nonsignificance and the sample size was below the recommended optimum information size (OIS) of 400 for an effect size of 0.2