Revman Plots: Acetaminophen

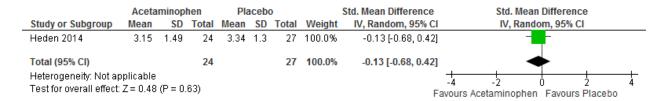
Pain

	Acetar	Acetaminophen				0		Std. Mean Difference	Std. Mean Difference					
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI		IV, Ra	ndom, 95	5% CI		
Heden 2014	1.1	1.4	12	2.3	2.1	14	100.0%	-0.64 [-1.43, 0.15]		_	+			
Total (95% CI)			12			14	100.0%	-0.64 [-1.43, 0.15]		<	>			
Heterogeneity: Not ap Test for overall effect		(P = 0.	11)					Fa	-4 Ivours A	-2 cetaminoph	0 en Favo	2 ours Place	4 ebo	

Fear

	len 2014 1.1 1.48 al (95% CI)			Pla	ceb	0	Std. Mean Difference			Std. Mean Difference				
Study or Subgroup	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI		IV, Ran	dom, 9	5% CI			
Heden 2014	1.1	1.48	12	2.35	2	14	100.0%	-0.68 [-1.48, 0.12]		_	H			
Total (95% CI)			12			14	100.0%	-0.68 [-1.48, 0.12]		•	-			
Heterogeneity: Not a Test for overall effect			09)					Fa	-4 avours A	-2 cetaminophe	0 n Favo	2 ours Place	4 ebo	

Distress



Author(s): VS/AT **Date:** 2015-03-12

Question: Should acetaminophen vs placebo be used for reducing vaccine injection pain in people of all ages?

Settings: hospital

Bibliography: Aoki 1993, Chernesky 1993, Doedee 2014, Gross 1994, Heden 2014. Prymula 2009

			Quality assessi	ment	No of patie	nts	Effect		Quality	Importance		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acetaminophen	Placebo	Relative (95% CI)	Absolute		
Pain (mea	sured with: va	lidated tool	(Visual Analog Sc	ale, 0-100); B	Setter indicat	ed by lower value	es)					
1	randomised trials ¹		no serious inconsistency	serious ²	serious ³	none	12	14	-	SMD 0.64 lower (1.43 lower to 0.15 higher)	⊕⊕OO LOW	CRITICAL
Fear (mea	sured with: va	lidated tool	(Visual Analog So	cale 0-100); B	etter indicate	ed by lower values	s)					
1	randomised trials ¹		no serious inconsistency	serious ²	serious ³	none	12	14	-	SMD 0.68 lower (1.48 lower to 0.12 higher)	⊕⊕OO LOW	IMPORTANT
Distress (by lower		: validated t	 ool (Children's Ho	ospital of Eas	l tern Ontario	Pain Scale 4-13,	 Visual Analog Sc	 :ale 0-100) by nur	ses, researcher, par	ent; Bet	ter indicated
1	randomised trials ¹		no serious inconsistency	serious ²	serious ³	none	24	27	-	SMD 0.13 lower (0.68 lower to 0.42 higher)	⊕⊕OO LOW	IMPORTANT
Safety⁵ (m	neasured with:	validated to	ol (antibody titres	s, proportion	of individual	s with adequate a	ntibody titres); E	Better ind	licated by	y lower values)		
5	randomised trials					none	0	-	_5	not pooled⁵		IMPORTANT
Vaccine C	Compliance, Pro	eference, Sa	tisfaction (assess	sed with: no o	lata were ide	entified for these i	mportant outcon	nes)				
0	No evidence					none	-	-	-	-		IMPORTANT

ava	ailable				00/	_	
					0%	-	
							1

Children in both groups received topical anesthetics and children in the intervention group (acetaminophen) received 40mg/kg.

² Study (Heden 2014) includes children with cancer undergoing needle insertion into a subcutaneously implanted port.

³ Confidence interval crosses the line of nonsignificance and sample size was below the recommended optimum information size (OIS) of 400 for an effect size of 0.2

⁴ In included study (Heden 2014), 26/51 children were included in this analysis who were able to self-report pain; hence, this outcome was downgraded to an important outcome

⁵ In 5 included studies (Aoki 1993, Chernesky 1993, Gross 1994, Doedee 2014, Prymula 2009), 3 did not demonstrate an effect and 2 demonstrated a reduction in selected antibody titre levels in the acetaminophen group compared to control. A variety of vaccines and acetaminophen dosing regimens were evaluated in these studies.