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

Question: Should multiple session in vivo exposure-based therapy vs single session in vivo exposure-based therapy be used for reducing vaccine injection fear in children 7 years and older and adults with high levels of needle fear?

Settings: university centre and unclear Bibliography: Ost 1992, Vika 2009

Quality assessment						No of patients		Effect		.		
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other	Multiple session in vivo exposure-based therapy	Single session in vivo exposure-based therapy	Relative (95% CI)	Absolute	Quality	Importance
				•			uring lab-based fe indicated by lowe		l 0-10, Inject	l ion Phobia Scal	e - Anxie	ty subscale
	randomised trials ¹	serious ²	no serious inconsistency	serious ³	serious ⁴	none	45	48	-	SMD 0.66 lower (1.08 to 0.24 lower)	⊕OOO VERY LOW	CRITICAL
	•				•		nnaire 0-30, Anxie d - Injection item)	•			Injection	Phobia
_	randomised trials ¹	serious ²	no serious inconsistency	serious ³	serious⁵	none	42	41	-	SMD 0.37 lower	⊕000	CRITICAL
			,							(0.87 lower to 0.13 higher)	VERY LOW	ORTHOAL
Fear (ger	neral) (measu	red with:	,	(Fear Survey	Schedule 3	d Ed 76-380, Bed	ck Anxiety Invento	ry 0-63); Better in	ndicated by	0.13 higher)		ONTIONE
1			,	(Fear Survey	Schedule 3r	d Ed 76-380, Bed	tk Anxiety Invento	20	ndicated by	0.13 higher)	LOW	IMPORTANT
1	randomised trials	serious ²	no serious inconsistency	serious ³	serious ⁵	none	-	20	-	O.13 higher) SMD 0.15 higher (0.48 lower to 0.78 higher)	⊕OOO VERY LOW	IMPORTANT

										higher)	LOW	
Compli	ance (measure	ad with: v	 alidated tool (B	ehaviour Av	roidance Tes	t): Better indicate	ed by higher values	1				
Joniphi	ance (measure	ou with. V	andated tool (D	CHAVIOUI AV	oluanice res	i, Better maicat	ca by migner values	,				
2	randomised	serious ⁶	no serious	serious ³	serious ⁵	none	45	48	-	SMD 0.14	⊕000	IMPORTAN
	trials1		inconsistency							higher (0.31	VERY	
										lower to 0.59	LOW	
										higher)		
Complia	ance at 12 mo	nth follow	vup (measured	with: validat	ed tools (Be	haviour Avoidan	ce Test) ; Better inc	licated by higher	values)			
2	randomised	serious ⁶	no serious	serious ³	serious ⁵	none	42	41	_	SMD 0.17	⊕000	IMPORTANT
_	trials ¹	55545	inconsistency	55.1545	0011040					higher (0.55	VERY	
			,							lower to 0.88	LOW	
										higher)		
										3 - ,		
Complia	ance at 12 mo	nth follov	vup (yes/no) (as	sessed with	: validated to	ool (Voluntary bl	ood donation or vo	luntary dental inj	ection, yes	/no))		
1	randomised	serious ⁷	no serious	serious ³	serious ⁵	none	26/27	23/28	RR 1.17	140 more per	⊕OOO	IMPORTANT
	trials		inconsistency				(96.3%)	(82.1%)	(0.97 to	1000 (from 25	VERY	
									1.41)	fewer to 337	LOW	
										more)		
Fainting	g (measured w	/ith: valid	lated tool (Faint	ing behavio	ur during lab	 -based fear-indu	cing task 0-4); Bett	er indicated by Id	wer values] ;)		
1	randomised	corious ²	no serious	serious ³	serious ⁵	none	19	20		SMD 0.53 lower	⊕000	IMPORTAN1
1	trials	Sellous	inconsistency	Serious	Serious	none	19	20	-	(1.17 lower to	VERY	IIVIFORTAINI
	liiais		liticorisistericy							0.11 higher)	LOW	
										0.11 fligher)	LOW	
Fainting	at 12 month	followup	(measured with	: validated t	ool (Fainting	behaviour durin	g lab-based fear-in	ducing task 0-4);	Better indi	cated by lower v	alues)	
1	randomised	serious ²	no serious	serious ³	serious ⁵	none	18	20		MD 0.00 higher	⊕OOO	IMPORTANT
	trials		inconsistency							(0.64 lower to	VERY	
			,							0.64 higher)	LOW	
										are in ingriting		
Pain, Di	stress, Proce	dure Out	comes, Memory	, Preference	, Satisfaction	n (assessed with	: no data were iden	tified for these in	nportant ou	itcomes)		1
0	No evidence					none	-	-	-	-		IMPORTANT
-	available											
								0%		_		
1	disability of the disability of	(0-14000	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	!			ssion. In Oct (1992)		+	! 	<u> </u>	L

In 2 included studies (Ost 1992, Vika 2009) 5 invivo sessions were compared to 1 invivo session. In Ost (1992), 5 sessions of approximately 1 hour per week were compared to 1 session of a maximum of 3 hours. In Vika (2009), no information was given for duration or timing of sessions.

² Therapist and participant not blinded; outcome assessor not blinded

³ Not vaccination; however, includes individuals with blood injury injection phobia or high fear of needles/injections

⁴ Sample size was below the recommended optimum information size (OIS) of 400 for an effect size of 0.2

⁵ 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

⁶ Therapist and participant not blinded; outcome assessor not consistently blinded

⁷ Therapist and participant not blinded; outcome assessor blinded