Jauhar et al. Cognitive—behavioural therapy for the symptoms of schizophrenia: systematic review and meta-analysis with examination of potential bias. *Br J Psychiatry* doi: 10.1192/bjp.bp.112.116285

# Data supplement 1

Formula for calculating PANSS total scores, from PANSS positive, negative and general psychopathology subscale scores

The total score as the sum of the three subscale scores, and its standard deviation, were calculated from:

$$\sigma_T = \sqrt{\sigma_P^2 + \sigma_N^2 + \sigma_G^2 + 2\sigma_P\sigma_N\rho_{PN} + 2\sigma_P\sigma_G\rho_{PG} + 2\sigma_N\sigma_G\rho_{NG}}$$

where  $\sigma_T$ ,  $\sigma_P$ ,  $\sigma_N$  and  $\sigma_G$  are the standard deviations for the total, positive, negative and general psychopathology scores respectively, and  $\rho_{PN}$ ,  $\rho_{PG}$  and  $\rho_{NG}$  are the correlation coefficients between the subscale scores as reported by Peralta{Peralta, 1994 #150} in a sample of 100 patients with DSM-III-R schizophrenia.

**Table DS1** Summary table of study characteristics and effect sizes (Note: a version of this table giving more detail/justification about the bias classifications is available at <a href="www.cbtinschizophrenia.com/">www.cbtinschizophrenia.com/</a>)

	CBT N	Control N	Sequence generation	Allocation concealment	Blinding	Completeness of outcome data	Use of control intervention	Effect sizes (CI)	Notes
Drury et al (1996) <sup>52</sup>	20	20	Low risk	Unclear	High risk	Low risk	Recreation and support	Positive -0.94 (-1.58/-0.30) Negative -0.18 (-0.79/-0.42)	-
Kuipers et al (1997) <sup>1</sup>	23	24	Low risk	Unclear	High risk	Low risk	No	Overall -0.34 (-0.91/+0.22)	-
Daniels et al (1998) <sup>77</sup>	20	20	Unclear	Unclear	Low risk	Unclear	No	Negative -0.67 (-1.30/-0.05)	-
Levine et al (1998) <sup>78</sup>	6	6	Unclear	Unclear	Unclear	Unclear	Group support	Overall -3.97 (-5.87/-2.07) Positive -1.60 (-2.83/-0.38) Negative -2.51 (-3.96/-1.06)	Total symptom score ES combined from PANSS subscale scores
Haddock et al (1999) <sup>79</sup>	8	10	Unclear	Unclear	Low risk	Low risk	Supportive counselling/ psychoeducation	Overall +0.57 (-0.34/+1.47)	-
Pinto et al (1999) <sup>80</sup>	19	18	Unclear	Unclear	High risk	Low risk	Supportive therapy	Overall -0.72 (-1.37/-0.07) Positive -0.79 (-1.45/-0.14) Negative -0.33 (-0.97/+0.30)	-
Tarrier et al (1999) <sup>72, 106</sup>	23	47	Low risk	Low risk	Low risk	Low risk	Two control groups used	Positive -0.43 (-0.92/+0.07) Negative -0.14 (-0.63/+0.35)	-
Bradshaw (2000) <sup>53</sup>	8	7	Unclear	Unclear	Low risk	High risk	No	Overall -1.45 (-2.54/-0.37)	-
LeClerc et al (2000) <sup>63</sup>	55	44	Unclear	Unclear	Low risk	Low risk	No	Overall -0.09 (-0.48/+0.31) Positive -0.08 (-0.48/+0.31) Negative +0.01 (-0.38/+0.40)	Total symptom score ES combined from PANSS subscale scores
Sensky et al (2000) <sup>8</sup>	46/44*	44	Unclear	Low risk	Low risk	Low risk	Befriending	Overall -0.08 (-0.49/+0.33) Negative +0.07 (-0.35/+0.48)	-
Turkington et al (2000) <sup>81</sup>	10	5	Unclear	Unclear	Low risk	Low risk	Befriending	Overall -1.14 (-2.22/-0.05)	-
Granholm et al (2002) <sup>82</sup>	8	7	Unclear	Unclear	High risk	Unclear	No	Overall -0.74 (-1.73/+0.25) Positive -0.76 (-1.75/+0.23) Negative -0.03 (-0.98/+0.93)	Not a subgroup of Granholm 2005
Lewis et al (2002) 9	78*	131*	Low risk	Low risk	Low risk	Unclear	Two control groups used	Overall -0.01 (-0.29/+0.26) Positive -0.01 (-0.29/+0.27)	-

								Hallucinations -0.11 (-0.46/+0.25)	
Turkington et al (2002) <sup>13</sup>	257	165	Low risk	Unclear	Low risk	Low risk	No	Overall -0.22 (-0.42/-0.03)	-
Durham et al (2003) <sup>73</sup>	22	38	Low risk	Low risk	Low risk	Low risk	Two control groups used	Overall +0.19 (-0.33/+0.71) Positive +0.05 (-0.47/+0.57) Hallucinations -0.16 (-0.69/+0.36)	-
Gumley et al (2003) <sup>83</sup>	72	72	Unclear	Low risk	High risk	Low risk	No	Overall -0.42 (-0.75/-0.09) Positive -0.35 (-0.67/-0.02) Negative -0.35 (-0.69/-0.01)	Total symptom score ES combined from PANSS subscale scores
Jolley et al (2003) <sup>70</sup>	7	8	Low risk	Low risk	Unclear	Low risk	No	Overall +0.06 (-0.90/+1.01) Positive +0.11 (-0.84/+1.07) Negative -0.08 (-1.03/+0.88)	Total symptom score ES combined from PANSS subscale scores Blindness compromised
Rector et al (2003) <sup>84</sup>	24	18	Unclear	Low risk	Low risk	Low risk	No	Overall -0.70 (-1.32/-0.08) Positive -0.35 (-0.95/+0.25) Negative -0.49 (-1.10/+0.12)	Total symptom score ES combined from PANSS subscale scores
Wang et al (2003) <sup>85</sup>	126	125	Unclear	Unclear	High risk	Low risk	No	Overall -0.52 (-0.77/-0.27) Positive -0.69 (-0.95/-0.44) Negative -0.71 (-0.97/-0.46)	-
Bechdolf et al (2004) <sup>10</sup>	40	48	Low risk	Unclear	Low risk	Low risk	Psychoeducation	Overall +0.29 (-0.13/+0.71) Positive -0.02 (-0.44/+0.39) Negative +0.16 (-0.25/+0.58)	Total symptom score ES combined from PANSS subscale scores
Startup et al (2004) <sup>86</sup>	34	32	Low risk	Low risk	High risk	Low risk	No	Overall -0.60 (-1.09/-0.11) Positive -0.52 (-1.00/-0.03) Negative -0.32 (-0.80/+0.16)	Positive symptom score ES combined from SAPS delusion/hallucinatio n and disorganisation scores
Trower et al (2004) <sup>87</sup>	15	17	Low risk	Low risk	Low risk	Low risk	No	Hallucinations -0.75 (-1.45/-0.05)	Hallucinations ES combined from PSYRATS subscale scores
Cather et al	15	13	Low risk	Low risk	Low risk	Low risk	Psychoeducation	Positive -0.05 (-0.77/+0.67)	-

(2005) <sup>88</sup>		T						Negative -0.01 (-0.73/+0.71)	
								Hallucinations -0.20 (-0.92/+0.53)	
Granholm et al	32/37**	33/39**	Low risk	Unclear	Low risk	Low risk	No	Overall -0.05 (-0.53/+0.43)	-
$(2005)^{54}$								Positive +0.35 (-0.10/+0.80)	
	<u> </u>							Negative +0.15 (-0.30/+0.59)	
Valmaggia et al (2005) <sup>89</sup>	35	23	Low risk	Low risk	Low risk	Low risk	Supportive	Overall +0.08 (-0.44/+0.60)	Total symptom
(2005)							counselling	Positive -0.30 (-0.83/+0.22)	score ES combined
								Negative +0.36 (-0.16/+0.89)	from PANSS
Wykes et al	37	36	Low risk	Low risk	High risk	Low risk	No	Hallucinations -0.74 (-1.28/-0.21) Hallucinations -0.03 (-0.48/+0.43)	subscale scores
(2005) <sup>90</sup>					Ŭ			,	-
Barrowclough et al	54	45	Low risk	Low risk	Low risk	Low risk	No	Overall -0.25 (-0.65/+0.14)	-
(2006) <sup>91</sup>								Positive -0.03 (-0.43/+0.36)	
<u> </u>	124	1.0	1	11:1 : 1	1,			Negative -0.06 (-0.45/+0.33)	
Gaudiano et al (2006) <sup>62</sup>	21	19	Low risk	High risk	High risk	Low risk	No	Overall -0.48 (-1.10/+0.14) Positive -0.96 (-1.61/-0.32)	-
(2006)								Negative +0.09 (-0.52/+0.69)	
Penadés et al	20	20	Low risk	Low risk	Low risk	Low risk	Cognitive	Overall -0.55 (-1.17/+0.07)	PANSS total score
(2006) <sup>92</sup>	20	20	LOWING	LOW HISK	LOWIISK	LOWING	remediation	Positive +0.75 (+0.12/+1.38)	data obtained from
(2000)								Negative +0.11 (-0.50/+0.72)	authors.
McLeod et al	10	10	Unclear	Unclear	Unclear	Low risk	No	Hallucinations -1.06 (-1.96/-0.16)	Hallucinations ES
(2007) <sup>93</sup>								·	combined from
									PSYRATS subscale
									scores
Deng et al (2008) <sup>94</sup>	64	64	Unclear	Unclear	High risk	Unclear	No	Overall -0.92 (-1.28/-0.56)	
England et al	44	21	Low risk	Unclear	High risk	Low risk	No	Hallucinations -1.82 (-2.42/-1.22)	-
(2007, 2008) <sup>95, 107</sup>			<u> </u>	<u> </u>	<u> </u>		<u> </u>		
Garety et al	90*	90*	Low risk	Low risk	Low risk	Low risk	No	Overall -0.12 (-0.41/+0.17)	Hallucinations ES
(2008) (no carer) <sup>11</sup>								Positive -0.17 (-0.46/+0.12)	combined from
								Negative -0.10 (-0.39/+0.19)	PSYRATS subscale
Garety et al	21*	23*	Low risk	Low risk	Low risk	Low risk	No	Hallucinations +0.07 (-0.34/+0.49) Overall -0.31 (-0.90/+0.27)	scores Hallucinations ES
(2008) (carer) <sup>11</sup>	۷1	23	LOWIISK	LOW IISK	LOW 119K	LOWIISK	INU	Positive -0.20 (-0.79/+0.38)	combined from
(2000) (daici)								Negative -0.17 (-0.75/+0.41)	PSYRATS subscale
								Hallucinations -0.73 (-1.60/+0.14)	scores
Jackson et al	31	31	Low risk	Low risk	Unclear	Low risk	Befriending	Positive -0.05 (-0.54/+0.44)	Blindness
(2008) <sup>71</sup>								Negative -0.44 (-0.94/+0.05)	compromised
LeComte et al	36	51	High risk	Unclear	Low risk	Unclear	Two control	Overall -0.15 (-0.57/+0.27)	-
$(2008)^{69}$	l	l					groups used	Positive -0.07 (-0.49/+0.35)	

	$\top$	T	$\top$			$\top$		Negative +0.14 (-0.28/+0.56)	
Wu et al (2008) <sup>96</sup>	48	52	Unclear	Unclear	High risk	Unclear	Unclear	Overall -1.52 (-1.96/-1.07)	Measure of positive symptoms not used, since based on scores on only 2 PANSS items
Farhall et al (2009) <sup>34</sup>	45	47	Low risk	Low risk	High risk	Low risk	No	Overall +0.01 (-0.39/+0.42) Positive -0.20 (-0.61/+0.20) Negative +0.36 (-0.05/+0.77)	-
Fowler et al (2009) <sup>35</sup>	20	23	Low risk	Unclear	Low risk	Low risk	No	Overall -0.34 (-0.94/+0.25)	-
Haddock et al (2009) <sup>36</sup>	approx 28*	approx 29*	Low risk	Low risk	Low risk	Low risk	Social activity therapy	Overall -0.23 (-0.75/+0.28) Positive -0.16 (-0.68/+0.35) Negative -0.38 (-0.90/+0.13) Hallucinations -0.11 (-0.67/+0.45)	Numbers in each group estimated from total study numbers.
Penn et al (2009) <sup>33</sup>	32	33	Low risk	Low risk	Low risk	Low risk	Supportive therapy	Hallucinations -0.12 (-0.61/+0.36)	-
Pinninti et al (2010) <sup>37</sup>	14	11	Low risk	Low risk	Low risk	High risk	No	Positive -0.34 (-1.11/+0.43) Hallucinations -0.13 (-0.89/+0.64)	-
Edwards et al (2011) (thioridazine) <sup>39</sup>	12	11	Unclear	Unclear	Low risk	Low risk	No	Positive -0.64 (-1.45/+0.17) Negative -0.62 (-1.43/+0.19)	-
Edwards et al (2011) (clozapine) <sup>39</sup>	11	14	Unclear	Unclear	Low risk	Low risk	No	Positive +0.19 (-0.58/+0.95) Negative -0.30 (-1.07/+0.47)	-
Grant et al (2011) <sup>40</sup>	31	29	Low risk	Low risk	Low risk	Low risk	No	Negative -0.06 (-0.56/+0.44)	Negative symptom ES combined from SANS subscale scores
Klingberg et al (2011) <sup>12</sup>	99	99	Low risk	Low risk	Low risk	Low risk	Cognitive remediation	Negative +0.12 (-0.16/+0.40)	-
Van der Gaag et al (2011) <sup>14</sup>	109	97	Low risk	Low risk	Unclear	Low risk	No	Overall -0.09 (-0.37/+0.18) Positive -0.46 (-0.73/-0.18)	Blindness compromised
White et al (2011) <sup>41</sup>	14	10	Low risk	Unclear	Low risk	Low risk	No	Positive -0.46 (-1.25/+0.33) Negative -0.40 (-1.20/+0.39)	-
Lincoln et al (2012) <sup>38</sup>	40	40	Low risk	Unclear	Unclear	Low risk	No	Overall -0.29 (-0.72/+0.15) Positive -0.41 (-0.85/+0.03) Negative +0.10 (-0.33/+0.54)	Blindness compromised

Shawyer et al (2012) <sup>43</sup>	19	18	Low risk	Low risk	Low risk	Low risk	Befriending	Hallucinations +0.53 (-011/+1.17)	Hallucinations ES combined from PSYRATS subscale scores
Granholm et al (2012) <sup>42</sup>	26	32	Low risk	Low risk	Low risk	High risk	Goal focused supportive contact	Positive -0.11 (-0.62/+0.40) Negative -0.05 (-0.56/+0.46)	-
Rathod et al (2012) <sup>97</sup>	13	14	Low risk	Low risk	Low risk	Low risk	No	Overall -0.18 (-0.91/+0.56) Negative +0.01 (-0.72/+0.74) Hallucinations -0.15 (-0.89/-0.58)	-

<sup>\*</sup>Numbers different in different analyses.

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107 England M. Efficacy of cognitive nursing intervention for voice hearing. *Perspect Psychiatr Care* 2007; **43**: 69–76.

<sup>\*\*</sup>Numbers varied depending on whether ITT or completer data could be extracted.

Fig. DS1 Forest plot of studies of negative symptoms

<u>Studyname</u>	Statistics for each	study	Sampl	lesize_	Hedges's g and 95%Cl
	Hedges's Lowe g lim		CBT	Control	
Druy 1996 Dariels 1998 Lexine 1999 Tarrier 1999 Lederc 2000 Sensky 2000 Granholm 2002 Gunley 2003 Rector 2003 Wang 2003 Beachdof 2004 Stantup 2004 Cather 2005 Granholm 2005 Valmaggia 2005 Barrowdough 2006 Gaudano 2006 Penades 2006 Gerety 2008 rocarer Garety 2008 carer Jackson 2008 LeConte 2008 Farhall 2009 Hadbok 2009 Grant 2011 Edwards 2011 CLOZ Klingberg 2011 White 2011 Granholm 2012 Lincoln 2012 Rathod 2012	-0.19 -0.7 -0.67 -1.3 -2.51 -3.9 -0.34 -0.9 -0.14 -0.6 -0.07 -0.3 -0.03 -0.9 -0.35 -0.6 -0.08 -1.7 -0.71 -0.9 -0.16 -0.2 -0.32 -0.8 -0.01 -0.7 -0.15 -0.3 -0.36 -0.1 -0.06 -0.4 -0.09 -0.5 -0.11 -0.5 -0.10 -0.3 -0.17 -0.7 -0.44 -0.9 -0.14 -0.2 -0.38 -0.9 -0.06 -0.5 -0.06 -0.5 -0.06 -0.5 -0.07 -0.7 -0.41 -1.2 -0.05 -0.5 -0.10 -0.3 -0.11 -0.5 -0.12 -0.1 -0.12 -0.1 -0.13 -0.2	0 -005 6 -1.06 7 0.30 4 0.35 8 0.41 5 0.48 9 -0.01 3 0.88 9 -0.01 6 0.59 6 0.33 0.71 0.059 6 0.33 0.70 0.40 6 0.40 6 0.40 6 0.40 6 0.40 6 0.40 6 0.40 6 0.40 6 0.40 6 0.40	20269254867426031535512282138423121914643	226844447688825823923592355422211491034914	-200 -1.00 0.00 1.00 200
					Favours CBT Favours control

Fig. DS2 Forest plot of studies of hallucinations

Study name	Statistics for	or each st	udy	Samp	ole size_	H <u>edges's gand 95% Cl</u>			% <b>a</b>	
	Hedges's g	Lower limit	Upper limit	ŒT	Control					
Lewis 2002	-0.11	-0.46	0.25	47	84			-		
Durham2003	-0.16	-0.69	0.36	21	38					
Trower 2004	-0.75	-1.45	-0.05	15	17					
Valmaggia 2005	-0.74	-1.28	-0.21	35	23		<del>-   -   -   -   -   -   -   -   -   -  </del>	- 1		
Wykes 2005	-0.03	-0.48	0.43	37	36					
Cather 2005	-0.20	-0.92	0.53	15	13		I —	-	-	
McLeod 2007	-1.06	-1.96	-0.16	10	10		-			
England 2008	-1.82	-2.42	-1.22	44	21	₩-	-			
Garety 2008 no carer	0.08	-0.34	0.49	40	50			-	-	
Garety 2008 carer	-0.73	-1.60	0.14	10	10					
Haddock 2009	-0.11	-0.67	0.45	23	24		-	-	.	
Penn 2009	-0.13	-0.61	0.36	32	33		-	-		
Phninti 2010	-0.13	-0.89	0.64	14	11			-	-	
Rathod 2012	-0.15	-0.89	0.58	13	14				-	
Shawyer 2012	0.53	-0.11	1.17	19	18			+	■┼	
-	-0.34	-0.61	-0.07				•			
						-2.00	-1.00	0.00	1.00	2.00
						Fav	ours CB	T Favo	urs cont	rol

### Data supplement 2

#### Excluded studies

(Note: only studies employing a control group are listed)

Milton et al, 1993<sup>1</sup>

- Effect sizes not extractable.

Tarrier et al, 1993<sup>2</sup>

- Waitlist control was not a parallel group.

Bentall et al, 1994/Haddock et al, 1998<sup>3,4</sup>

- Used an unpublished rating scale (for hallucinations).

Garety et al, 1994<sup>5</sup>

- Not randomized.

Kemp et al, 1996<sup>6</sup>

- Intervention now universally regarded as compliance therapy.

LeCompte & Pelc, 1996<sup>7</sup>

- Only relapse data reported.

Buchkremer et al, 1997<sup>8</sup>/Hornung et al 1995<sup>9</sup>

- CBT part of a multimodal intervention, not directed to symptoms

Jackson et al, 1998<sup>10</sup>

- Not randomized.

Barrowclough et al, 1999<sup>11</sup>

- Multimodal intervention given to pairs of patients and family members. Only half the pts received the CBT/psychotic symptoms part of package.

Bailer et al, 2001<sup>12</sup>

- Not randomized.

Barrowclough et al, 2001<sup>13</sup>

- Study carried out on dual diagnosis patients.

Klingberg et al, 2001<sup>14</sup>

- Intervention not CBT

Bach and Hayes, 2002<sup>15</sup>

- No symptom measures reported.

Hall and Tarrier, 2003<sup>16</sup>

- CBT directed only to self-esteem.

Power et al, 2003<sup>17</sup>

- CBT directed to suicidality. No diagnostic specification of patients.

Jenner et al. 2004<sup>18</sup>

- Multimodal intervention.

Kuipers et al, 2004<sup>19</sup>

- Multimodal intervention.

Morrison et al, 2004<sup>20</sup>

- Not randomized.

Jackson et al. 2005<sup>21</sup>

- Not adequately randomized (randomization by alternation).

Temple et al, 2005<sup>22</sup>

- Not randomized.

Baker et al, 2006<sup>23</sup>

- Study carried out on dual-diagnosis patients.

Garety et al, 2006<sup>24</sup>

- Multimodal intervention.

Grawe et al, 2006<sup>25</sup>

- Multimodal intervention.

Barton et al. 2009<sup>26</sup>

- Same study as Fowler et al (2009).

Barretto et al, 2009<sup>27</sup>

- Not randomized.

Chadwick et al, 2009<sup>28</sup>

- Effect sizes not extractable. Trial of mindfulness therapy (related to acceptance and commitment therapy).

Gleeson et al, 2009<sup>29</sup>

- Multimodal intervention (CBT, family therapy, other optional modules) provided to both patients and families.

Jackson et al, 2009<sup>30</sup>

- CBT directed to PTSD symptoms.

Barrowclough et al, 2010 31

- Study carried out on dual diagnosis patients.

Peters et al. 2010<sup>32</sup>

- Study carried out on patients with psychotic symptoms but with no further diagnostic specification.

Moritz et al, 2011<sup>33</sup>

- Multimodal intervention with overall small component of CBT.

Mortan et al. 2011<sup>34</sup>

- Not adequately randomized.

Premkumar et al, 2011<sup>35</sup>

Not randomized.

Palma-Sevillano et al, 2011<sup>36</sup>

- Multimodal intervention.

Tundo et al, 2012<sup>37</sup>

- CBT directed to OCD symptoms.

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