Evidence-Based Mental Health
Evidence-Based Mental Health surveys a wide range of international medical journals applying strict criteria for the quality and validity of research. Practising clinicians assess the clinical relevance of the best studies in mental health. The key details of these essential studies are presented in a succinct, informative abstract with an expert commentary on its clinical application.

Glossary

**TERMS USED IN THERAPEUTICS**

Algorithms concealed: deemed to have taken adequate measures to conceal allocation to study group assignments from those responsible for assessing patients for entry in the trial.

Allocation concealed: deemed to have taken adequate measures to conceal allocation to study group assignments from those responsible for assessing patients for entry in the trial.

Unclear allocation concealment: the author of the article did not report or provide us with a description of an allocation concealment approach that allowed for the classification as concealed or not concealed.

Blinded: the clinician, patients/participants, outcome assessors and/or statisticians were unaware of who received which study intervention. This was indicated in parenthesis.

Blinded (unclear): the article did not report or provide us with an indication of who, if any, was unaware of who received which study intervention.

Unblinded: all participants in the trial (clinicians, patients/participants, outcome assessors, and statisticians) were aware of who received which study intervention.

**DEFINITIONS RELATING TO DATA PRESENTATION IN THERAPEUTICS**

**ARR (absolute risk reduction)**: the absolute difference in event rates, |EER – CER|.

**ARI (absolute risk increase)**: a measure of the relative benefit of the experimental odds by the control odds.

**CI (confidence interval)**: the probability, or event rate, divided by (1 – event rate).

**NNT (number needed to treat)**: the number of patients who, if they received the experimental treatment, would lead to 1 additional person being harmed compared with patients receiving the control treatment, and calculated as 1/ARR.

**NHH (number needed to harm)**: the number of patients who need to be treated to create or prevent one additional outcome, calculated as 1/ARR. The lower the NHH, the more effective the intervention.

**Odds of an event**: the proportion of people who have the disorder divided by the proportion of people who do not have the disorder. The odds of an event vary from 0 to 1. Once this value is fixed, the likelihood ratio (1 + OR) = sensitivity / (1 – specificity).

**OR (odds ratio)**: a measure of the relative benefit of the experimental treatment that can be obtained by dividing the experimental odds by the control odds.

**PEER (1–OR)**: the likelihood that the patient received the experimental treatment and calculated as 1/ARR.

**RRI (relative risk increase)**: the increase in rates of events, comparing the experimental patients to control patients in a trial, calculated as RRI = (ARR/RR) – 1.

**RRR (relative risk reduction)**: the proportional reduction in rates of events between experimental and control participants in a trial, calculated as RRR = (1 – RRI).

**Effect size**: is an estimate of a treatment’s effectiveness derived by dividing the difference in effect between the intervention and control group by the standard deviation of their difference. The proportion of control group scores that are less than the average score in the experimental group is obtained by referring to the Normal distribution in statistical tables.

**Percentage of control scores that would be below the average experimental score for each effect size**

<table>
<thead>
<tr>
<th>Effect size</th>
<th>Percentage of control scores which would be below the average experimental score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
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</tr>
<tr>
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<td>0.6</td>
</tr>
<tr>
<td>1.2</td>
<td>0.8</td>
</tr>
<tr>
<td>1.6</td>
<td>0.9</td>
</tr>
</tbody>
</table>

**TERMS USED IN DIAGNOSIS**

The following terms are used in comparing a new test against a diagnostic (gold) standard:

**Sensitivity**: the proportion of people who have the disorder (according to the diagnostic [gold] standard) who are detected by the test.

**Specificity**: the proportion of people who do not have the disorder (according to the diagnostic [gold] standard) who are detected by the test.

**Likelihood ratio for a positive test result**: the likelihood that a positive test comes from a person with the disorder rather than one without the disorder = sensitivity/(1 – specificity).

**Likelihood ratio for a negative test result**: the likelihood that a negative test comes from a person with the disorder rather than one without the disorder = (1 - sensitivity)/specificity.