# NKR 29. PICO 2: Fysisk træning.

## Review information

### Authors

Sundhedsstyrelsen (Danish Health Authority)[1], [Empty name][1]

[1][Empty affiliation]

Citation example: S(HA, [Empty name]. NKR 29. PICO 2: Fysisk træning.. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

### Contact person

***[Empty name]***

## Characteristics of studies

### Characteristics of included studies

#### *Blumenthal 1999*

| | |
|---|---|
| **Methods** | |
| **Participants** | |
| **Interventions** | |
| **Outcomes** | |
| **Identification** | |
| **Notes** | |

Risk of bias table

| Bias | Authors' judgement | Support for judgement |
|---|---|---|
| Random sequence generation (selection bias) | Low risk | |
| Allocation concealment (selection bias) | Unclear risk | Unable to make judgement |
| Blinding of participants and personnel (performance bias) | High risk | |
| Blinding of outcome assessment (detection bias) | Low risk | |
| Incomplete outcome data (attrition bias) | Low risk | |
| Selective reporting (reporting bias) | Low risk | |
| Other bias | Low risk | |

#### *Daley 2015*

| | |
|---|---|
| **Methods** | **Study design:** Randomized controlled trial<br>**Study grouping:** Parallel group<br>**Open Label:**<br>**Cluster RCT:** |
| **Participants** | **Baseline Characteristics**<br>Træning som add on<br>● *Depressions sværhedsgrad*: At baseline most women were experiencing a severe/ moderate depressive episode<br><br>Vanlig behandling<br>● *Depressions sværhedsgrad*: At baseline most women were experiencing a severe/ moderate depressive episode<br><br>**Included criteria:** Women were eligible if they were within 6 months of giving birth, aged 18 years or more and had anInternational Classification of Diseases (ICD)-10 diagnosis of a major depressive episode (World HealthOrganization, 2011)), following initial screening using the Edinburgh Postnatal Depression Scale (EPDS;Cox et al. 1987) and a clinical diagnostic interview(Lewis et al. 1992). Women with a diagnosis of mixedanxiety and depression were also eligible.<br>**Excluded criteria:** Patients were excluded if they were pregnant again, experiencing psychotic symptoms or dependent on illicit drugs or alcohol. Women needed to be currently inactive (not meeting the current guidelines for physical activity)(Department of Health, 2004).<br>**Pretreatment:** |
| **Interventions** | **Intervention Characteristics**<br>Træning som add on<br>● *Supervised*: ja<br>● *Min. 1 x uge*: ja<br>● *Min. 6 uger*: ja<br>● *Intensitet*: Moderate<br>● *Description*: A detailed description of the 6 months intervention canbe found in the published protocol (Daley et al. 2012).The initial goal (weeks 1–12) was for participants toprogress towards accumulating 30 min of moderateintensityexercise on 3 days per week. During weeks13–24 participants were encouraged to work towards accumulating30 min of moderate-intensity exercise on 3–5days per week<br><br>Vanlig behandling<br>● *Supervised*:<br>● *Min. 1 x uge*:<br>● *Min. 6 uger*:<br>● *Intensitet*:<br>● *Description*: Usual care could have included women spontaneouslyconsulting their GP and given active treatment or justconsultation to discuss symptoms, or informal counsellingfrom their health visitor or referral by their healthvisitor to the GP, or that they consulted no one and hadno treatment. The usual-care group was sent the study‘Looking after yourself’ leaflet at baseline and exercisewas not further encouraged beyond receipt of this singleleaflet. |

| | |
|---|---|
| **Outcomes** | *Livskvalitet, endt behandling*<br>● **Outcome type**: ContinuousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Funktionsevne (aktivitet og deltagelse), længeste fu, min ½ år*<br>● **Outcome type**: ContinuousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Livskvalitet, endt behandling*<br>● **Outcome type**: ContinuousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Funktionsevne (aktivitet og deltagelse), længeste fu, min ½ år*<br>● **Outcome type**: ContinuousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Farmakologisk behandling, længeste fu min ½ år*<br>● **Outcome type**: DichotomousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Remissionsrate, endt behandling*<br>● **Outcome type**: DichotomousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Arbejdsfastholdelse, længeste fu min ½ år*<br>● **Outcome type**: DichotomousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Responsrate, efter endt behandling*<br>● **Outcome type**: DichotomousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Frafald/All-cause discontinuation, efter endt behandling*<br>● **Outcome type**: DichotomousOutcome<br>● **Measure names**: ["Baseline"] |
| **Identification** | **Sponsorship source:** This study was funded by the National Institute forHealth Research (NIHR) School for Primary CareResearch. A.J.D. is supported by a NIHR SeniorResearch Fellowship. C.M. and K.J. are part-fundedby the NIHR through the Collaborations forLeadership in Applied Health Research and Care forWest Midlands (CLAHRC-WM) programme<br>**Country:** UK<br>**Setting:**<br>**Comments:** Additional data can be obtained from the corre-sponding author (K.J.) for the purposes of secondaryresearch. The ISRCTN trial registration no. isCCT-NAPN-13286.<br>**Authors name:** Daley, 2015<br>**Institution:**<br>**Email:**<br>**Address:** |
| **Notes** | *Lene Nyboe* on 02/09/2015 23:47<br>**Select**<br>Tau er lidt tyndt beskrevet. Har dog inkluderet studiet |

## Risk of bias table

| Bias | Authors' judgement | Support for judgement |
|---|---|---|
| Random sequence generation (selection bias) | Low risk | |
| Allocation concealment (selection bias) | Low risk | |
| Blinding of participants and personnel (performance bias) | High risk | |
| Blinding of outcome assessment (detection bias) | High risk | |
| Incomplete outcome data (attrition bias) | Low risk | |
| Selective reporting (reporting bias) | Low risk | |
| Other bias | Low risk | |

## *delaCerda 2011*

| | |
|---|---|
| **Methods** | |
| **Participants** | |
| **Interventions** | |
| **Outcomes** | |
| **Identification** | |
| **Notes** | |

## Risk of bias table

| Bias | Authors' judgement | Support for judgement |
|---|---|---|
| Random sequence generation (selection bias) | High risk | |
| Allocation concealment (selection bias) | High risk | |
| Blinding of participants and personnel (performance bias) | Unclear risk | Unable to make judgement |
| Blinding of outcome assessment (detection bias) | Unclear risk | Unable to make judgement |
| Incomplete outcome data (attrition bias) | Unclear risk | Unable to make judgement |
| Selective reporting (reporting bias) | Low risk | |
| Other bias | Low risk | |

## *Kerling 2015*

| | |
|---|---|
| **Methods** | **Study design:** Randomized controlled trial<br>**Study grouping:** Parallel group<br>**Open Label:**<br>**Cluster RCT:** |
| **Participants** | **Baseline Characteristics**<br>Træning som add on<br>● *Depressions sværhedsgrad*: MADRS omk 23 = moderat dep.<br><br>Vanlig behandling |

| | |
|---|---|
| | ● *Depressions sværhedsgrad*: MADRS omk 23 = moderat dep.<br><br>**Included criteria:** inpatients with MDD treated at the Department of Psychiatry, Social Psychiatry and Psychotherapy, Hannover Medical School were included<br>**Excluded criteria:** Exclusion criteria were acute or chronic infectious dis-ease, acute or lifetime immunological disorders, diabetes mellitustype 1 and type 2, lifetime or current cardiovascular disorders,pregnancy, schizophrenia, mental retardation, bipolar disorder, cur-rent substance abuse or dependency, and age younger than 18 years<br>**Pretreatment:** |
| **Interventions** | **Intervention Characteristics**<br>Træning som add on<br>● *Supervised*: ja<br>● *Min. 1 x uge*: ja<br>● *Min. 6 uger*: Ja<br>● *Intensitet*: Moderat<br>● *Description*: Theexercisetrainingstartedwitha25minworkoutphaseonabicycle ergometer (Ergometrics 900s, ergoline, Bitz, Germany) with60−70 revolutions per minute. Training was continued at personalpreference for 20 min on a crosstrainer (Motion cross 500med; emo-tionfitness, Hochspeyer, Germany), stepper (Motion stair 500med;emotionfitness, Hochspeyer, Germany), arm ergometry (Motion body500med; emotionfitness, Hochspeyer, Germany), treadmill (quasar;hp cosmos, Nussdorf-Traunstein, Germany), recumbent (Motion Relax500med; emotionfitness, Hochspeyer, Germany) or a rowing ergo-metry (Concept2; Indoor Rower, Hamburg, Germany). The trainingheart rate was allowed to be a maximum of 10% above the averageheart rate on the bicycle ergometer for all devices except for therecumbent (same pulse rate) and the arm ergometry (here the pulserate should be about 10% lower). The intensity was adjusted accordingto heart rate as mentioned above<br><br>Vanlig behandling<br>● *Supervised*:<br>● *Min. 1 x uge*:<br>● *Min. 6 uger*:<br>● *Intensitet*: specialized psychotherapy wards andreceived cognitive behavioral therapy Antidepressant treatment wasgiven to 17/22 (77%) patients in the EXERCISE group, and to 15/20patients (75%) in the TAU group. Details are shown in<br>● *Description*: Patients in the TAU group were allowed to take part in the dailyactivity program of the ward, that consists of supervised activationin the morning (walking, ball games and stretching exercises for20 min) |
| **Outcomes** | *Livskvalitet, endt behandling*<br>● **Outcome type**: ContinuousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Funktionsevne (aktivitet og deltagelse), længeste fu, min ½ år*<br>● **Outcome type**: ContinuousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Farmakologisk behandling, længeste fu min ½ år* |

| | |
|---|---|
| | ● **Outcome type**: DichotomousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Remissionsrate, endt behandling*<br>● **Outcome type**: DichotomousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Arbejdsfastholdelse, længeste fu min ½ år*<br>● **Outcome type**: DichotomousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Responsrate, efter endt behandling*<br>● **Outcome type**: DichotomousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Frafald/All-cause discontinuation, efter endt behandling*<br>● **Outcome type**: DichotomousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Farmakologisk behandling, længeste fu min ½ år*<br>● **Outcome type**: DichotomousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Livskvalitet, endt behandling*<br>● **Outcome type**: ContinuousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Funktionsevne (aktivitet og deltagelse), længeste fu, min ½ år*<br>● **Outcome type**: ContinuousOutcome<br>● **Measure names**: ["Baseline"] |
| **Identification** | **Sponsorship source:** Role of funding sourceThe study was not funded<br>**Country:** Germany<br>**Setting:**<br>**Comments:**<br>**Authors name:** Kerling, 2015<br>**Institution:**<br>**Email:**<br>**Address:** |
| **Notes** | *Birgitte Holm Petersen* on 09/09/2015 08:35<br>**Participants**<br>Seventeen patients (77%) in the EXERCISE group, and 15patients in the TAU group (75%) received antidepressant medication atdischarge. |

## Risk of bias table

| Bias | Authors' judgement | Support for judgement |
|---|---|---|
| Random sequence generation (selection bias) | Unclear risk | Unable to make judgement |
| Allocation concealment (selection bias) | Unclear risk | Unable to make judgement |
| Blinding of participants and personnel (performance bias) | High risk | Unable to make judgement |
| Blinding of outcome assessment (detection bias) | High risk | |

| | | |
|---|---|---|
| Incomplete outcome data (attrition bias) | Low risk | |
| Selective reporting (reporting bias) | Low risk | |
| Other bias | Low risk | |

### *Mather 2002*

| | |
|---|---|
| **Methods** | |
| **Participants** | |
| **Interventions** | |
| **Outcomes** | |
| **Identification** | |
| **Notes** | |

## Risk of bias table

| Bias | Authors' judgement | Support for judgement |
|---|---|---|
| Random sequence generation (selection bias) | Low risk | |
| Allocation concealment (selection bias) | Low risk | |
| Blinding of participants and personnel (performance bias) | High risk | |
| Blinding of outcome assessment (detection bias) | Low risk | |
| Incomplete outcome data (attrition bias) | Low risk | |
| Selective reporting (reporting bias) | Low risk | |
| Other bias | Low risk | |

### *Mota Pereira 2011*

| | |
|---|---|
| **Methods** | |
| **Participants** | |
| **Interventions** | |
| **Outcomes** | |
| **Identification** | |
| **Notes** | |

## Risk of bias table

| Bias | Authors' judgement | Support for judgement |
|---|---|---|
| Random sequence generation (selection bias) | Low risk | |
| Allocation concealment (selection bias) | Low risk | |
| Blinding of participants and personnel (performance bias) | High risk | |
| Blinding of outcome assessment (detection bias) | Low risk | |
| Incomplete outcome data (attrition bias) | Low risk | |

| | | |
|---|---|---|
| Selective reporting (reporting bias) | Low risk | |
| Other bias | Low risk | |

## *Pfaff 2014*

| | |
|---|---|
| **Methods** | **Study design:** Randomized controlled trial<br>**Study grouping:** Parallel group<br>**Open Label:**<br>**Cluster RCT:** |
| **Participants** | **Baseline Characteristics**<br>Træning som add on<br>● *Depressions sværhedsgrad*: SIGMA: 21.02<br><br>Vanlig behandling<br>● *Depressions sværhedsgrad*: SIGMA: 21.02<br><br>**Included criteria:** Over 50 yrs. 7346 individuals were mailed a questionnaire (PHQ-9). 12.4% (426) responded and were formally assessed by trained clinicians (DSM-IV). Those with scores over 10 were considered depressed. 200 with minor or major depressive illness were included.<br>**Excluded criteria:** Individuals meeting the depression criteria were excluded from the study ifthey reported suicide intent, delusions or hallucinations, concur-rent alcohol or substance abuse or dependency, a medical condi-tion or locomotion difficulties that would preclude participationin a physical activity programme, or if they were notfluent inwritten or spoken English.<br>**Pretreatment:** Significantly more patients took antidepressants in the intervention group at baseline. |
| **Interventions** | **Intervention Characteristics**<br>Træning som add on<br>● *Supervised*: ja<br>● *Min. 1 x uge*: ja: 5 x pr. uge moderat intensitet; 3 gang ugl høj intensitets<br>● *Min. 6 uger*: ja : 12 uger<br>● *Intensitet*: Programme designed fo r65 year olds. 12 weeks programme.<br>● *Description*: Participants were asked to perform resistance exercises athome three times per week, resulting in 36 exposures for thosefully compliant with the programme. Participants were alsoencouraged to engage in a minimum of 150 min of aerobic exer-cise per week (usually 30 min/day over 5 days) in activities suchas swimming, walking and cycling. Participants who preferreddoing their aerobic exercise at home were provided with anexercise step. Warm-up, cool down and stretching wereexplained to the participants and encouraged for each exercisesession.<br><br>Vanlig behandling<br>● *Supervised*:<br>● *Min. 1 x uge*:<br>● *Min. 6 uger*:<br>● *Intensitet*:<br>● *Description*: GP's were asked to put previously untreated patients in treatment. No further details |

| | |
|---|---|
| **Outcomes** | *Livskvalitet, endt behandling*<br>● **Outcome type**: ContinuousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Funktionsevne (aktivitet og deltagelse), længeste fu, min ½ år*<br>● **Outcome type**: ContinuousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Farmakologisk behandling, længeste fu min ½ år*<br>● **Outcome type**: DichotomousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Remissionsrate, endt behandling*<br>● **Outcome type**: DichotomousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Arbejdsfastholdelse, længeste fu min ½ år*<br>● **Outcome type**: DichotomousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Responsrate, efter endt behandling*<br>● **Outcome type**: DichotomousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Frafald/All-cause discontinuation, efter endt behandling*<br>● **Outcome type**: DichotomousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Farmakologisk behandling, længeste fu min ½ år*<br>● **Outcome type**: DichotomousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Livskvalitet, endt behandling*<br>● **Outcome type**: ContinuousOutcome<br>● **Measure names**: ["Baseline"]<br><br>*Funktionsevne (aktivitet og deltagelse), længeste fu, min ½ år*<br>● **Outcome type**: ContinuousOutcome<br>● **Measure names**: ["Baseline"] |
| **Identification** | **Sponsorship source:** FundingThis study was supported by the project grant number 18037 fromHealthway (the Western Australian Health Promotion Foundation). JJP is funded by apostdoctoral medical research fellowship from the Medical Research Foundation,Royal Perth Hospita<br>**Country:** Australia<br>**Setting:** Home based/GP<br>**Comments:** The study was registered with theAustralian and New Zealand Clinical Trials Registry(ACTRN12609000150246)<br>**Authors name:** Pfaff 2014<br>**Institution:**<br>**Email:**<br>**Address:** |

| | |
|---|---|
| **Notes** | *Lene Nyboe* on 03/09/2015 05:01<br>**Select**<br>Muligvis ikke tilstrækkelig fysisk aktivitet ift vores defintion, men inkluderet på trods heraf<br><br>*Lene Nyboe* on 07/09/2015 21:59<br>**Continuous Outcomes**<br>data på ændring i funktionsniveau i træningsgruppe: "timed up and go"-test, men dette sammenlignes ikke med controlgruppe.<br><br>*Karsten Jensen* on 08/09/2015 22:59<br>**Dichotomous Outcomes**<br>Remission defined as 50% reduction in symtom score (SIGMA) |

## Risk of bias table

| Bias | Authors' judgement | Support for judgement |
|---|---|---|
| Random sequence generation (selection bias) | Low risk | |
| Allocation concealment (selection bias) | Low risk | |
| Blinding of participants and personnel (performance bias) | High risk | |
| Blinding of outcome assessment (detection bias) | Low risk | |
| Incomplete outcome data (attrition bias) | Low risk | |
| Selective reporting (reporting bias) | Low risk | |
| Other bias | Low risk | |

## *Pilu 2007*

| | |
|---|---|
| **Methods** | |
| **Participants** | |
| **Interventions** | |
| **Outcomes** | |
| **Identification** | |
| **Notes** | |

## Risk of bias table

| Bias | Authors' judgement | Support for judgement |
|---|---|---|
| Random sequence generation (selection bias) | Low risk | |
| Allocation concealment (selection bias) | Unclear risk | Unable to make judgement |
| Blinding of participants and personnel (performance bias) | High risk | |
| Blinding of outcome assessment (detection bias) | Unclear risk | Unable to make judgement |
| Incomplete outcome data (attrition bias) | Low risk | |

| | | |
|---|---|---|
| Selective reporting (reporting bias) | Low risk | |
| Other bias | Low risk | |

### *Schuch 2011*

| | |
|---|---|
| **Methods** | |
| **Participants** | |
| **Interventions** | |
| **Outcomes** | |
| **Identification** | |
| **Notes** | |

## Risk of bias table

| Bias | Authors' judgement | Support for judgement |
|---|---|---|
| Random sequence generation (selection bias) | Unclear risk | Unable to make judgement |
| Allocation concealment (selection bias) | Unclear risk | Unable to make judgement |
| Blinding of participants and personnel (performance bias) | High risk | |
| Blinding of outcome assessment (detection bias) | High risk | |
| Incomplete outcome data (attrition bias) | Low risk | |
| Selective reporting (reporting bias) | Low risk | |
| Other bias | Low risk | |

### *Veale 1992*

| | |
|---|---|
| **Methods** | |
| **Participants** | |
| **Interventions** | |
| **Outcomes** | |
| **Identification** | |
| **Notes** | |

## Risk of bias table

| Bias | Authors' judgement | Support for judgement |
|---|---|---|
| Random sequence generation (selection bias) | Unclear risk | Unable to make judgement |
| Allocation concealment (selection bias) | Unclear risk | Unable to make judgement |
| Blinding of participants and personnel (performance bias) | High risk | |
| Blinding of outcome assessment (detection bias) | High risk | |
| Incomplete outcome data (attrition bias) | Low risk | |
| Selective reporting (reporting bias) | Low risk | |

| | | |
|---|---|---|
| Other bias | Low risk | |

*Footnotes*

## Characteristics of excluded studies

### *Adamson 2015*

| | |
|---|---|
| **Reason for exclusion** | Wrong patient population |

### *Archer 2014*

| | |
|---|---|
| **Reason for exclusion** | Wrong study design |

### *Bartley 2013*

| | |
|---|---|
| **Reason for exclusion** | Wrong patient population |

### *Battle 2013*

| | |
|---|---|
| **Reason for exclusion** | Wrong study design |

### *Bernard 2015*

| | |
|---|---|
| **Reason for exclusion** | Wrong patient population |

### *Blumenthal 2013*

| | |
|---|---|
| **Reason for exclusion** | Wrong study design |

### *Blumenthal 2014*

| | |
|---|---|
| **Reason for exclusion** | Wrong study design |

### *Bombardier 2013*

| | |
|---|---|
| **Reason for exclusion** | Wrong patient population |

### *Brown 2013*

| | |
|---|---|
| **Reason for exclusion** | Wrong patient population |

### *Callister 2013*

| | |
|---|---|
| **Reason for exclusion** | Wrong study design |

### *Carraro 2014*

| | |
|---|---|
| **Reason for exclusion** | Wrong patient population |

### *Chen 2015*

| | |
|---|---|
| **Reason for exclusion** | Wrong patient population |

### *Chu 2015*

| | |
|---|---|
| **Reason for exclusion** | Wrong intervention |

### *Chung 2014*

| | |
|---|---|
| **Reason for exclusion** | Wrong intervention |

### *Clum 2014*

| | |
|---|---|
| **Reason for exclusion** | Wrong patient population |

### *Colquhoun 2013*

| | |
|---|---|
| **Reason for exclusion** | Wrong study design |

### *Cooney 2013*

| | |
|---|---|
| **Reason for exclusion** | Wrong intervention |

### *Cooney 2014*

| | |
|---|---|
| **Reason for exclusion** | Wrong intervention |

### *Coventry 2013*

| | |
|---|---|
| **Reason for exclusion** | Wrong patient population |

### *Daley 2015a*

| | |
|---|---|
| **Reason for exclusion** | Wrong intervention |

### *Dalgas 2015*

| | |
|---|---|
| **Reason for exclusion** | Wrong patient population |

### *Dougherty 2014*

| | |
|---|---|
| **Reason for exclusion** | Wrong patient population |

### *Ellard 2014*

| | |
|---|---|
| **Reason for exclusion** | Wrong patient population |

### *Eng 2014*

| | |
|---|---|
| **Reason for exclusion** | Wrong patient population |

### *Ensari 2014*

| | |
|---|---|
| **Reason for exclusion** | Wrong patient population |

### *Esmaeilzadeh 2013*

| | |
|---|---|
| **Reason for exclusion** | Wrong intervention |

### *Haglund 2015*

| | |
|---|---|
| **Reason for exclusion** | Wrong patient population |

### *Huang 2015*

| | |
|---|---|
| **Reason for exclusion** | Wrong intervention |

### *Hughes 2013*

| | |
|---|---|
| **Reason for exclusion** | Wrong patient population |

### *Janzon 2015*

| | |
|---|---|
| **Reason for exclusion** | Wrong patient population |

### *Josefsson 2014*

| | |
|---|---|
| **Reason for exclusion** | Wrong intervention |

### *Kelley 2014*

| | |
|---|---|
| **Reason for exclusion** | Wrong patient population |

### *Kelley 2014a*

| | |
|---|---|
| **Reason for exclusion** | Wrong intervention |

### *Kelley 2015*

| | |
|---|---|
| **Reason for exclusion** | Wrong intervention |

### *Leigh Hunt 2015*

| | |
|---|---|
| **Reason for exclusion** | Wrong intervention |

### *Lewis 2014*

| | |
|---|---|
| **Reason for exclusion** | Wrong patient population |

### *Mura 2013*

| | |
|---|---|
| **Reason for exclusion** | Wrong study design |

### *Mura 2014*

| | |
|---|---|
| **Reason for exclusion** | Wrong study design |

### *Nordentoft 2014*

| | |
|---|---|
| **Reason for exclusion** | Wrong intervention |

### *Nystrom 2015*

| | |
|---|---|
| **Reason for exclusion** | Wrong intervention |

### *Park 2014*

| | |
|---|---|
| **Reason for exclusion** | Wrong intervention |

### *Park 2014a*

| | |
|---|---|
| **Reason for exclusion** | Wrong intervention |

### *Perales 2015*

| | |
|---|---|
| **Reason for exclusion** | Wrong patient population |

### *Pereira 2013*

| | |
|---|---|
| **Reason for exclusion** | Wrong intervention |

### *Quist 2015*

| | |
|---|---|
| **Reason for exclusion** | Wrong patient population |

### *Rashidi 2013*

| | |
|---|---|
| **Reason for exclusion** | Wrong intervention |

### *Rethorst 2013*

| | |
|---|---|
| **Reason for exclusion** | Wrong study design |

### *Rimer 2013*

| | |
|---|---|
| **Reason for exclusion** | Wrong intervention |

### *Saeedi 2013*

| | |
|---|---|
| **Reason for exclusion** | Outside language selection - arabisk |

### *Seong HiPark 2014*

| | |
|---|---|
| **Reason for exclusion** | Wrong intervention |

### *Shaughnessy 2013*

| | |
|---|---|
| **Reason for exclusion** | Wrong intervention |

### *Silveira 2013*

| | |
|---|---|
| **Reason for exclusion** | Wrong study design |

### *Stanton 2014*

| | |
|---|---|
| **Reason for exclusion** | Wrong intervention |

### *Underwood 2013*

| | |
|---|---|
| **Reason for exclusion** | Wrong intervention |

### *VanDer 2013*

| | |
|---|---|
| **Reason for exclusion** | Wrong patient population |

### *vanderWaerden 2013*

| | |
|---|---|
| **Reason for exclusion** | Wrong intervention |

### *Wegner 2014*

| | |
|---|---|
| **Reason for exclusion** | Wrong study design |

*Footnotes*

## Characteristics of ongoing studies

*Footnotes*

# Summary of findings tables

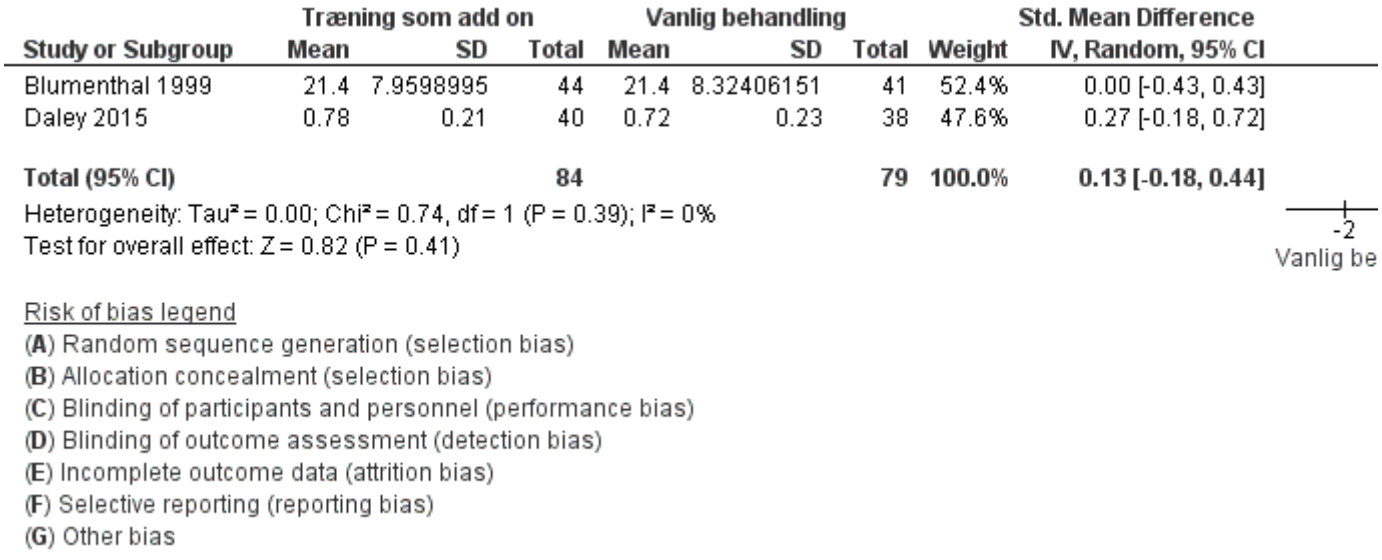
# Data and analyses

## 1 Træning som add on vs Vanlig behandling

| Outcome or Subgroup | Studies | Participants | Statistical Method | Effect Estimate |
|---|---|---|---|---|
| 1.1 Livskvalitet, endt behandling | 2 | 163 | Std. Mean Difference (IV, Random, 95% CI) | 0.13 [-0.18, 0.44] |
| 1.2 Funktionsevne (aktivitet og deltagelse), længeste fu, min ½ år | 3 | 137 | Std. Mean Difference (IV, Random, 95% CI) | 2.30 [-0.05, 4.65] |
| 1.4 Farmakologisk behandling, længeste fu min ½ år | 0 | | Risk Ratio (IV, Fixed, 95% CI) | No totals |
| 1.5 Remissionsrate, endt behandling | 5 | 368 | Risk Ratio (IV, Random, 95% CI) | 1.20 [0.91, 1.58] |
| 1.6 Arbejdsfastholdelse, længeste fu min ½ år | 0 | | Risk Ratio (IV, Fixed, 95% CI) | No totals |
| 1.7 Responsrate, efter endt behandling | 4 | 313 | Risk Ratio (IV, Random, 95% CI) | 1.45 [1.09, 1.94] |
| 1.8 Frafald/All-cause discontinuation, efter endt behandling | 9 | 622 | Risk Ratio (IV, Random, 95% CI) | 1.27 [0.79, 2.05] |

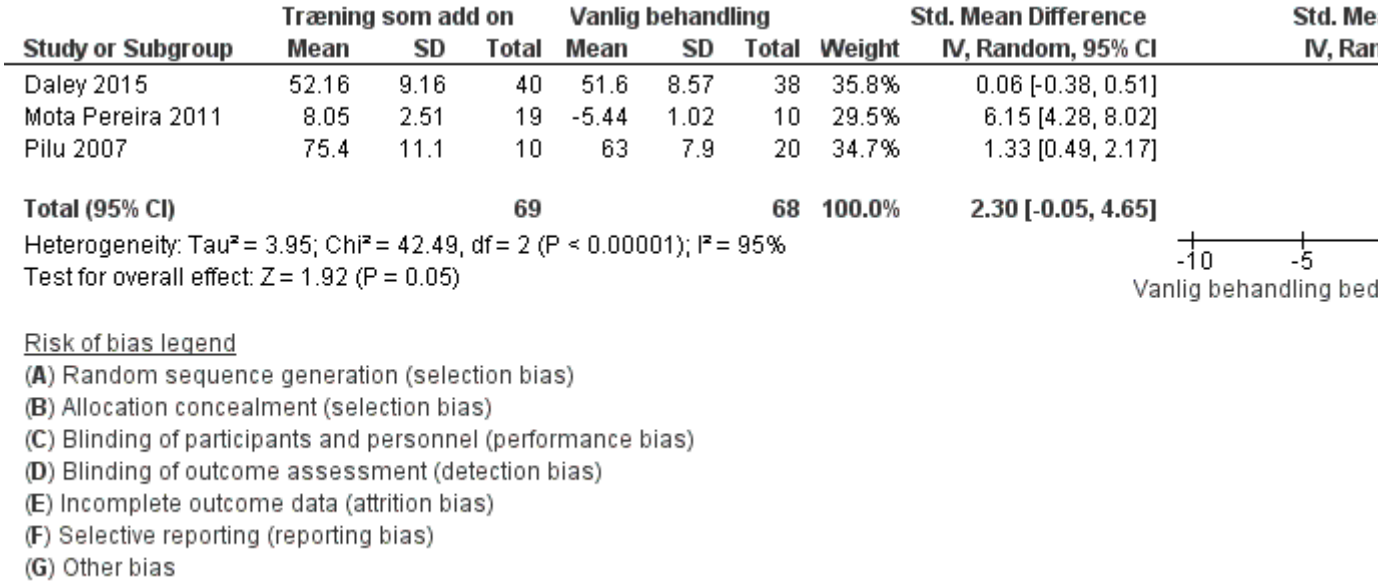
# Figures

## Figure 1 (Analysis 1.1)




Forest plot of comparison: 1 Træning som add on vs Vanlig behandling, outcome: 1.1 Livskvalitet, endt behandling.

## Figure 2 (Analysis 1.2)



| Study or Subgroup | Træning som add on Mean | SD | Total | Vanlig behandling Mean | SD | Total | Weight | Std. Mean Difference IV, Random, 95% CI |
|---|---|---|---|---|---|---|---|---|
| Daley 2015 | 52.16 | 9.16 | 40 | 51.6 | 8.57 | 38 | 35.8% | 0.06 [-0.38, 0.51] |
| Mota Pereira 2011 | 8.05 | 2.51 | 19 | -5.44 | 1.02 | 10 | 29.5% | 6.15 [4.28, 8.02] |
| Pilu 2007 | 75.4 | 11.1 | 10 | 63 | 7.9 | 20 | 34.7% | 1.33 [0.49, 2.17] |
| **Total (95% CI)** | | | **69** | | | **68** | **100.0%** | **2.30 [-0.05, 4.65]** |

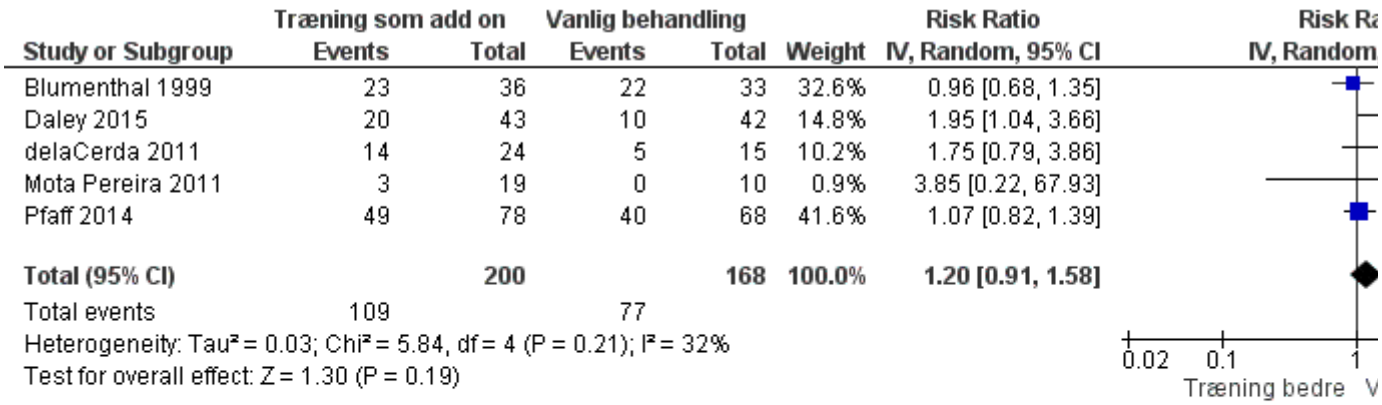
Heterogeneity: Tau² = 3.95; Chi² = 42.49, df = 2 (P < 0.00001); I² = 95%
Test for overall effect: Z = 1.92 (P = 0.05)



Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Blinding of outcome assessment (detection bias)
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

Forest plot of comparison: 1 Træning som add on vs Vanlig behandling, outcome: 1.2 Funktionsevne (aktivitet og deltagelse), længeste fu, min ½ år.

## Figure 3 (Analysis 1.5)



| Study or Subgroup | Træning som add on Events | Total | Vanlig behandling Events | Total | Weight | Risk Ratio IV, Random, 95% CI |
|---|---|---|---|---|---|---|
| Blumenthal 1999 | 23 | 36 | 22 | 33 | 32.6% | 0.96 [0.68, 1.35] |
| Daley 2015 | 20 | 43 | 10 | 42 | 14.8% | 1.95 [1.04, 3.66] |
| delaCerda 2011 | 14 | 24 | 5 | 15 | 10.2% | 1.75 [0.79, 3.86] |
| Mota Pereira 2011 | 3 | 19 | 0 | 10 | 0.9% | 3.85 [0.22, 67.93] |
| Pfaff 2014 | 49 | 78 | 40 | 68 | 41.6% | 1.07 [0.82, 1.39] |
| **Total (95% CI)** | | **200** | | **168** | **100.0%** | **1.20 [0.91, 1.58]** |
| Total events | 109 | | 77 | | | |

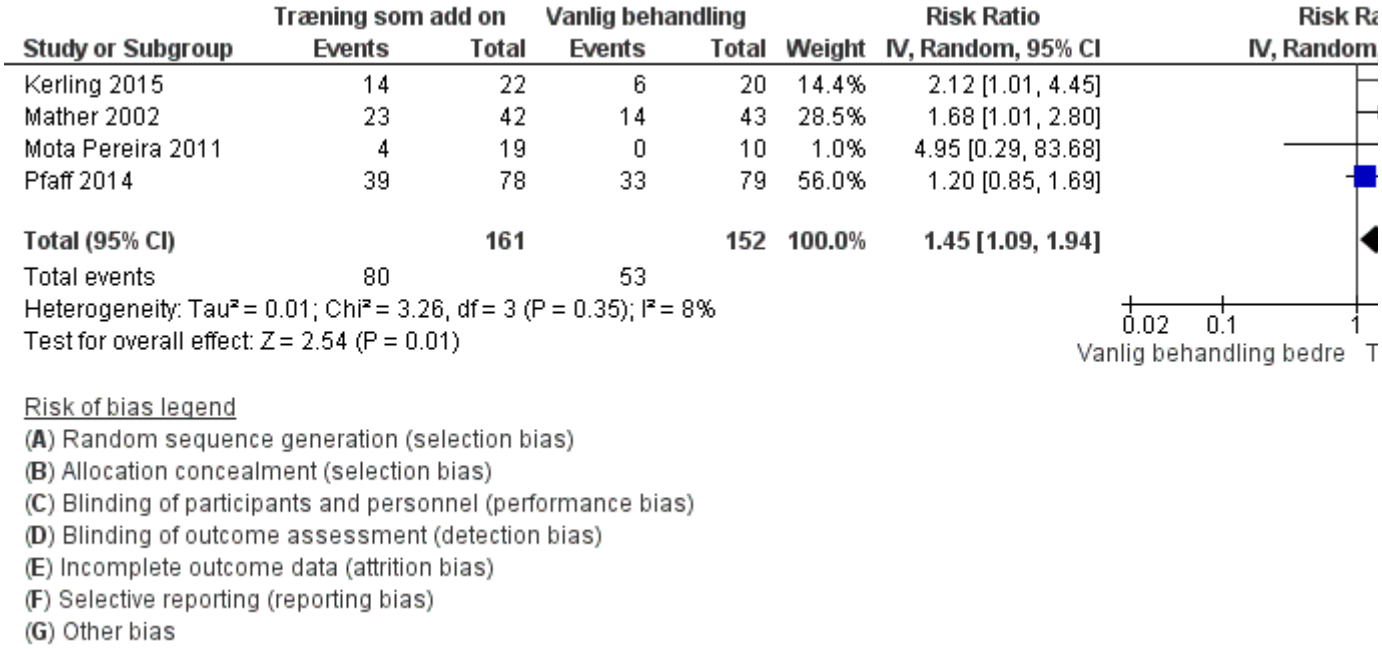
Heterogeneity: Tau² = 0.03; Chi² = 5.84, df = 4 (P = 0.21); I² = 32%
Test for overall effect: Z = 1.30 (P = 0.19)



Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Blinding of outcome assessment (detection bias)
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

Forest plot of comparison: 1 Træning som add on vs Vanlig behandling, outcome: 1.5 Remissionsrate, endt behandling.

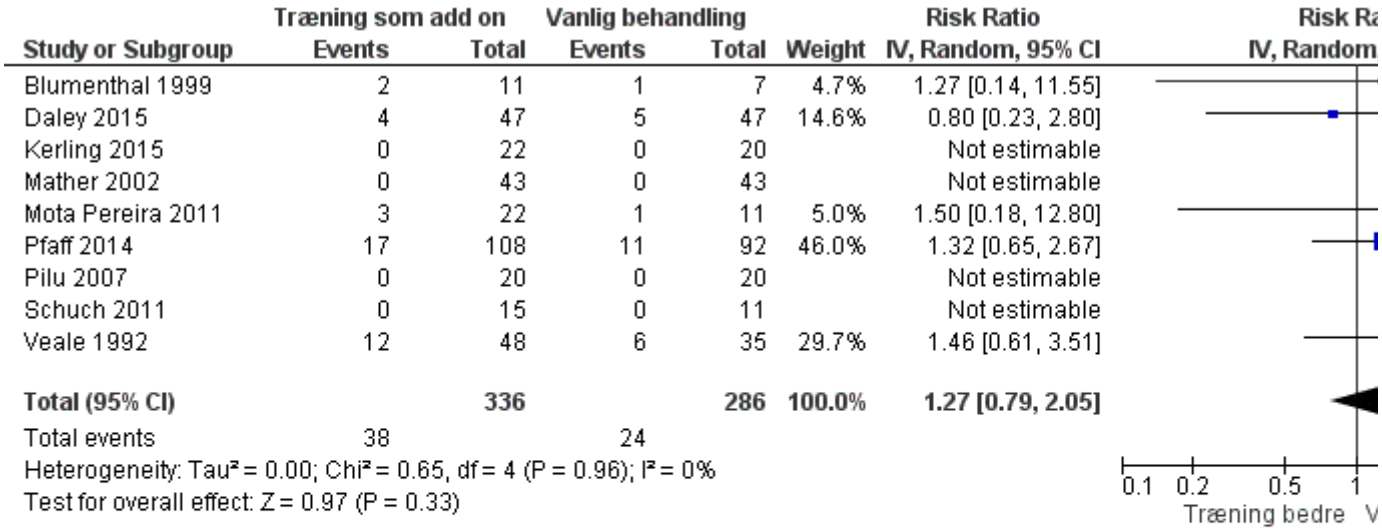
## Figure 4 (Analysis 1.7)




Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 Træning som add on vs Vanlig behandling, outcome: 1.7 Responsrate, efter endt behandling.

## Figure 5 (Analysis 1.8)




Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 Træning som add on vs Vanlig behandling, outcome: 1.8 Frafald/All-cause discontinuation, efter endt behandling.