Online supplement for Ostuzzi et al., Maintenance Treatment With Long-Acting Injectable Antipsychotics for People With Nonaffective Psychoses: A Network Meta-Analysis. Am J Psychiatry (doi: 10.1176/appi.ajp.2020.20071120)

Supplement A - PRISMA NMA checklist

Section/Topic	Item #	Checklist Item	Reported on Page #
TITLE			
Title	1	Identify the report as a systematic review *incorporating a network meta-analysis (or related form of meta-analysis).*	p. 3
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: **Background:** main objectives **Methods:** data sources; study eligibility criteria, participants, and interventions; study appraisal; and *synthesis methods, such as network meta-analysis.* **Results:** number of studies and participants identified; summary estimates with corresponding confidence/credible intervals; *treatment rankings may also be discussed. Authors may choose to summarize pairwise comparisons against a chosen treatment included in their analyses for brevity.* **Discussion/Conclusions:** limitations; conclusions and implications of findings. **Other:** primary source of funding; systematic review registration number with registry name.	p. 6-7
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known*, including mention of why a network meta-analysis has been conducted.*	p. 8-9
Objectives	4	Provide an explicit statement of questions being addressed, with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	p. 9
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists and if and where it can be accessed (e.g., Web address); and, if available, provide registration information, including registration number.	p. 9
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale. *Clearly describe eligible treatments included in the treatment network, and note whether any have been clustered or merged into the same node (with justification).*	p. 10
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	p. 10
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	Suppl. B
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	p. 9-11
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	p. 9-11
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	p. 11-13
Geometry of the network	**S1**	Describe methods used to explore the geometry of the treatment network under study and potential biases related to it. This should include how the evidence base has been graphically summarized for presentation, and what characteristics were compiled and used to describe the evidence base to readers.	p. 11-12
Risk of bias within individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	p. 13
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means). *Also describe the use of additional summary measures assessed, such as treatment rankings and surface under the cumulative ranking curve (SUCRA) values, as well as modified approaches used to present summary findings from meta-analyses.*	p. 11-12
Planned methods of analysis	14	Describe the methods of handling data and combining results of studies for each network meta-analysis. This should include, but not be limited to: • *Handling of multi-arm trials;* • *Selection of variance structure;* • *Selection of prior distributions in Bayesian analyses; and* • *Assessment of model fit.*	p. 11-13
Assessment of Inconsistency	**S2**	Describe the statistical methods used to evaluate the agreement of direct and indirect evidence in the treatment network(s) studied. Describe efforts taken to address its presence when found.	p. 12-13
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	p. 13
Additional analyses	16	Describe methods of additional analyses if done, indicating which were pre-specified. This may include, but not be limited to, the following: • Sensitivity or subgroup analyses; • Meta-regression analyses;	p. 13

		• *Alternative formulations of the treatment network; and* • *Use of alternative prior distributions for Bayesian analyses (if applicable).*	
RESULTS†			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	p. 13-14; Suppl. C-D
Presentation of network structure	**S3**	Provide a network graph of the included studies to enable visualization of the geometry of the treatment network.	Fig. 1
Summary of network geometry	**S4**	Provide a brief overview of characteristics of the treatment network. This may include commentary on the abundance of trials and randomized patients for the different interventions and pairwise comparisons in the network, gaps of evidence in the treatment network, and potential biases reflected by the network structure.	p. 13-14
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	Table 1; Suppl. E
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment.	Suppl. F
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: 1) simple summary data for each intervention group, and 2) effect estimates and confidence intervals. *Modified approaches may be needed to deal with information from larger networks.*	Suppl. G-Z
Synthesis of results	21	Present results of each meta-analysis done, including confidence/credible intervals. *In larger networks, authors may focus on comparisons versus a particular comparator (e.g. placebo or standard care), with full findings presented in an appendix. League tables and forest plots may be considered to summarize pairwise comparisons.* If additional summary measures were explored (such as treatment rankings), these should also be presented.	p. 15-19; Fig. 2; Table 2-3; Suppl. G-Z
Exploration for inconsistency	**S5**	Describe results from investigations of inconsistency. This may include such information as measures of model fit to compare consistency and inconsistency models, *P* values from statistical tests, or summary of inconsistency estimates from different parts of the treatment network.	p. 16-20; Suppl. G-Z
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies for the evidence base being studied.	Suppl. G and L
Results of additional analyses	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression analyses*, alternative network geometries studied, alternative choice of prior distributions for Bayesian analyses,* and so forth).	Suppl. G-P
DISCUSSION			
Summary of evidence	24	Summarize the main findings, including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy-makers).	p. 20-21
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review level (e.g., incomplete retrieval of identified research, reporting bias). *Comment on the validity of the assumptions, such as transitivity and consistency. Comment on any concerns regarding network geometry (e.g., avoidance of certain comparisons).*	p. 21-22
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	p. 20-23
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review. This should also include information regarding whether funding has been received from manufacturers of treatments in the network and/or whether some of the authors are content experts with professional conflicts of interest that could affect use of treatments in the network.	p. 22-23

PICOS = population, intervention, comparators, outcomes, study design.

* Text in italics indicates wording specific to reporting of network meta-analyses that has been added to guidance from the PRISMA statement.

† Authors may wish to plan for use of appendices to present all relevant information in full detail for items in this section.

Supplement B - Search strategy

Last update: June 8th, 2020

PUBMED

(((risperidone[Title/Abstract] OR haloperidol[Title/Abstract] OR bromperidol[Title/Abstract] OR fluphenazine[Title/Abstract] OR perphenazine[Title/Abstract] OR pipothiazine[Title/Abstract] OR flupenthixol[Title/Abstract] OR zuclopenthixol[Title/Abstract] OR fluspirilene[Title/Abstract] OR olanzapine[Title/Abstract] OR paliperidone[Title/Abstract] OR aripiprazole[Title/Abstract])) AND (long-acting[Title/Abstract] OR long-acting injectable[Title/Abstract] OR intramuscular[Title/Abstract] OR polymer[Title/Abstract] OR decanoate[Title/Abstract] OR enanthate[Title/Abstract] OR undecylenate[Title/Abstract] OR palmitate[Title/Abstract] OR microsphere[Title/Abstract] OR monohydrate[Title/Abstract] OR pamoate[Title/Abstract] OR acetate[Title/Abstract] OR depot[Title/Abstract] OR inject*[Title/Abstract] OR "Delayed-Action Preparations"[Mesh])) AND (Randomized controlled trial[Title/Abstract] OR controlled clinical trial[Title/Abstract] OR random*[Title/Abstract] OR "Randomized Controlled Trial"[Publication Type])

PsycINFO (database platform: HEBSCOHost)

ab(risperidone OR haloperidol OR bromperidol OR fluphenazine OR perphenazine OR pipothiazine OR flupenthixol OR zuclopenthixol OR fluspirilene OR olanzapine OR paliperidone OR aripiprazole) AND ab(long-acting OR long-acting injectable OR intramuscular OR polymer OR decanoate OR enanthate OR undecylenate OR palmitate OR microsphere OR monohydrate OR pamoate OR acetate OR depot OR inject*) AND ab(Randomized controlled trial OR controlled clinical trial OR random*)

Cochrane Central Register of Controlled Trials (CENTRAL) (database platform: Ovid)

risperidone OR haloperidol OR bromperidol OR fluphenazine OR perphenazine OR pipothiazine OR flupenthixol OR zuclopenthixol OR fluspirilene OR olanzapine OR paliperidone OR aripiprazole
in Title, Abstract, Keywords
AND
long-acting OR long-acting injectable OR intramuscular OR polymer OR decanoate OR enanthate OR undecylenate OR palmitate OR microsphere OR monohydrate OR pamoate OR acetate OR depot OR inject*
in Title, Abstract, Keywords
AND
Randomized controlled trial OR controlled clinical trial OR random*
in Title, Abstract, Keywords

MEDLINE (database platform: HEBSCOHost)

# 4	#3 AND #2 AND #1 *Indexes=MEDLINE Timespan=All years*
# 3	TI=(Randomized controlled trial OR controlled clinical trial OR random*) OR TS=(Randomized controlled trial OR controlled clinical trial OR random*) *Indexes=MEDLINE Timespan=All years*
# 2	TI=(long-acting OR long-acting injectable OR intramuscular OR polymer OR decanoate OR enanthate OR undecylenate OR palmitate OR microsphere OR monohydrate OR pamoate OR acetate OR depot OR inject*) OR TS=(long-acting OR long-acting injectable OR intramuscular OR polymer OR decanoate OR enanthate OR undecylenate OR palmitate OR microsphere OR monohydrate OR pamoate OR acetate OR depot OR inject*) *Indexes=MEDLINE Timespan=All years*
# 1	TI=(risperidone OR haloperidol OR bromperidol OR fluphenazine OR perphenazine OR pipothiazine OR flupenthixol OR zuclopenthixol OR fluspirilene OR olanzapine OR paliperidone OR aripiprazole) OR TS=(risperidone OR haloperidol OR bromperidol OR fluphenazine OR perphenazine OR pipothiazine OR flupenthixol OR zuclopenthixol OR fluspirilene OR olanzapine OR paliperidone OR aripiprazole) *Indexes=MEDLINE Timespan=All years*

EMBASE (database platform: OvidSP)

#4	#1 AND #2 AND #3
#3	randomized AND controlled AND trial:ab,ti OR controlled AND clinical AND trial:ab,ti OR random*:ab,ti
#2	'long acting':ab,ti OR 'long acting' AND injectable:ab,ti OR intramuscular:ab,ti OR polymer:ab,ti OR decanoate:ab,ti OR enanthate:ab,ti OR undecylenate:ab,ti OR palmitate:ab,ti OR microsphere:ab,ti OR monohydrate:ab,ti OR pamoate:ab,ti OR acetate:ab,ti OR depot:ab,ti OR inject*:ab,ti

#1 risperidone:ab,ti OR haloperidol:ab,ti OR bromperidol:ab,ti OR fluphenazine:ab,ti OR perphenazine:ab,ti OR pipothiazine:ab,ti OR flupenthixol:ab,ti OR zuclopenthixol:ab,ti OR fluspirilene:ab,ti OR olanzapine:ab,ti OR paliperidone:ab,ti OR aripiprazole:ab,t

Web of Science Core Collection

4 #3 AND #2 AND #1

Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=All years

3 TI=(risperidone OR haloperidol OR bromperidol OR fluphenazine OR perphenazine OR pipothiazine OR flupenthixol OR zuclopenthixol OR fluspirilene OR olanzapine OR paliperidone OR aripiprazole) OR TS=(risperidone OR haloperidol OR bromperidol OR fluphenazine OR perphenazine OR pipothiazine OR flupenthixol OR zuclopenthixol OR fluspirilene OR olanzapine OR paliperidone OR aripiprazole)

Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=All years

2 TI=(long-acting OR long-acting injectable OR intramuscular OR polymer OR decanoate OR enanthate OR undecylenate OR palmitate OR microsphere OR monohydrate OR pamoate OR acetate OR depot OR inject*) OR TS=(long-acting OR long-acting injectable OR intramuscular OR polymer OR decanoate OR enanthate OR undecylenate OR palmitate OR microsphere OR monohydrate OR pamoate OR acetate OR depot OR inject*)

Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=All years

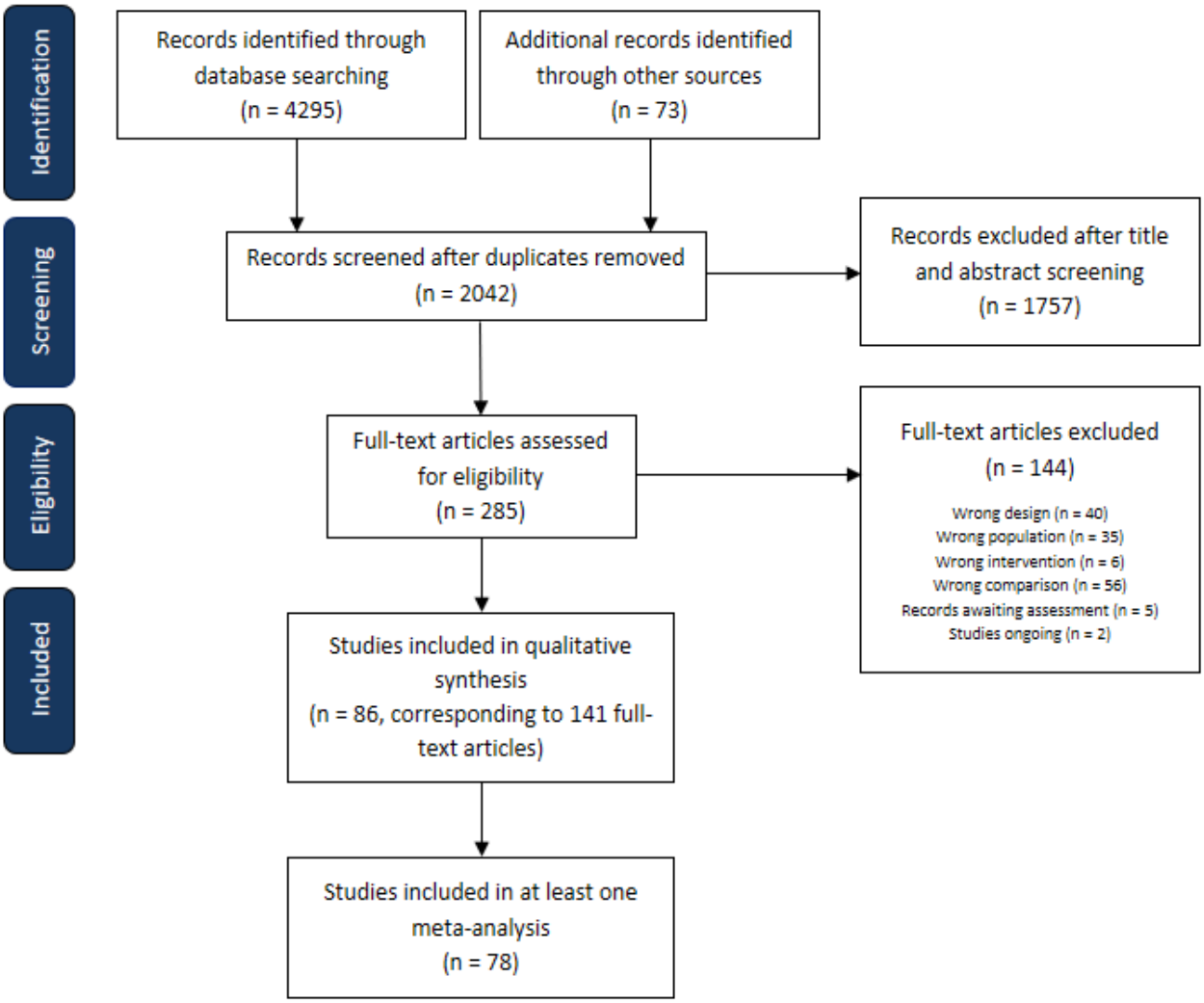
1 TI=(Randomized controlled trial OR controlled clinical trial OR random*) OR TS=(Randomized controlled trial OR controlled clinical trial OR random*)

Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=All years

CINAHL Complete

AB (risperidone OR haloperidol OR bromperidol OR fluphenazine OR perphenazine OR pipothiazine OR flupenthixol OR zuclopenthixol OR fluspirilene OR olanzapine OR paliperidone OR aripiprazole) AND AB (long-acting OR long-acting injectable OR intramuscular OR polymer OR decanoate OR enanthate OR undecylenate OR palmitate OR microsphere OR monohydrate OR pamoate OR acetate OR depot OR inject*) AND AB (Randomized controlled trial OR controlled clinical trial OR random*)

Supplement C - PRISMA flow-chart



Supplement D - List of studies included, excluded, awaiting assessment and ongoing

List of included studies

1.	Albert et al. Long term double-blind evaluation of pipotiazine palmitate and fluphenazine decanoate. Current Therapeutic Research 1980;27(6):897-907.	**PRIMARY PUBLICATION**
2.	Bai et al. Equivalent switching dose from oral risperidone to risperidone long-acting injection: a 48-week randomized, prospective, single-blind pharmacokinetic study. J Clin Psychiatry 2007;68(8): 1218-1225.	**PRIMARY PUBLICATION**
3.	Bai et al. A comparative efficacy and safety study of long-acting risperidone injection and risperidone oral tablets among hospitalized patients: 12-week randomized, single-blind study. Pharmacopsychiatry 2006;39(4): 135-141.	SECONDARY PUBLICATION of Bai 2007
4.	Barnes et al. Use of the Social Behaviour Assessment Schedule (SBAS) in a trial of maintenance antipsychotic therapy in schizophrenic outpatients: pimozide versus fluphenazine. Soc Psychiatry. 1983;18(4):193-199. doi:10.1007/BF00583530	**PRIMARY PUBLICATION**
5.	Bechelli et al. A double-blind trial of haloperidol decanoate and pipothiazine palmitate in the maintenance treatment of schizophrenics in a public out-patient clinic. Current Therapeutic Research 1985;37(4): 662-671.	**PRIMARY PUBLICATION**
6.	Berwaerts et al. Efficacy and Safety of the 3-Month Formulation of Paliperidone Palmitate vs. Placebo for Relapse Prevention of Schizophrenia: A Randomized Clinical Trial. JAMA Psychiatry 2015; 72: 830-839 DOI: 10.1001/jamapsychiatry.2015.0241. clinicaltrials.gov ID: NCT01529515	**PRIMARY PUBLICATION**
7.	Benson et al. Health resource use and cost analysis of Schizophrenia patients participating in a Randomized, Multicenter, Double-Blind, relapse prevention study of paliperidone palmitate 3-month formulation. Value in Health. 2015;18(3):A119.	Secondary publication of Berwaerts 2015
8.	Bell Lynum et al. Paliperidone palmitate once-every-3-months in adults with early illness schizophrenia. *Early Interv Psychiatry*. 2019;13(3):667-672. doi:10.1111/eip.12685	Secondary publication of Berwaerts 2015
9.	Bozzatello et al. Effects on Satisfaction and Service Engagement of Paliperidone Palmitate Compared with Oral Paliperidone in Patients with Schizophrenia: An Open Label Randomized Controlled Trial. Clin Drug Investig. 2019;39(2):169-178. doi: 10.1007/s40261-018-0734-1.	**PRIMARY PUBLICATION**
10.	Chai XS, Wang JH, Liu XY, Ju HZ, Yu JL, Wang WW, Liang CS, Pang DJ, Zhang SJ, Zhang SL, Zhang DP, Zhao JT, Weng Z. A comparison trial of pipotiazine palmitate, haloperidol decanoate and flupenthixol decanoate in treatment of schizophrenic patients. Chinese Journal of Psychiatry 1998;31(4): 218–21.	**PRIMARY PUBLICATION**
11.	Chouinard G, Annable L, Kropsky M. A double-blind controlled study of pipothiazine palmitate in the maintenance treatment of schizophrenic outpatients. *J Clin Pharmacol*. 1978;18(2-3):148-154. doi:10.1002/j.1552-4604.1978.tb02436.x	**PRIMARY PUBLICATION**
12.	Chouinard et al. A double-blind, controlled clinical trial of haloperidol decanoate and fluphenazine decanoate in the maintenance treatment of schizophrenia. Psychopharmacology Bulletin 1984;20(1): 108-109.	**PRIMARY PUBLICATION**
13.	Chowdhury ME, Chacon C. Depot fluphenazine and flupenthixol in the treatment of stabilized schizophrenics. A double-blind comparative trial. *Compr Psychiatry*. 1980;21(2):135-139. doi:10.1016/0010-440x(80)90090-5	**PRIMARY PUBLICATION**
14.	Chue et al. Comparative efficacy and safety of long-acting risperidone and risperidone oral tablets. Eur Neuropsychopharmacol 2005;15(1): 111-117.	**PRIMARY PUBLICATION**
15.	Cookson et al. Weight gain and prolactin levels in patients on long-term antipsychotic medication: a double-blind comparative trial of haloperidol decanoate and fluphenazine decanoate. Int Clin Psychopharmacol 1986;1(Suppl 1):41-51	**PRIMARY PUBLICATION**

16.	Crawford R, Forrest A. Controlled trial of depot fluphenazine in out-patient schizophrenics. The British journal of psychiatry : the journal of mental science 1974;124(0): 385-391.	**PRIMARY PUBLICATION**
17.	Cuomo et al. Head-to-head comparison of 1-year aripiprazole long-acting injectable (LAI) versus paliperidone LAI in comorbid psychosis and substance use disorder: impact on clinical status, substance craving, and quality of life. Neuropsychiatr Dis Treat. 2018;21(14):1645-1656. doi: 10.2147/NDT.S171002.	**PRIMARY PUBLICATION**
18.	Del Giudice et al. Prevention of recidivism of schizophrenics treated with fluphenazine enanthate. Psychosomatics 1975;16: 32-36. (HANDSEARCHED)	**PRIMARY PUBLICATION**
19.	Detke et al. Comparison of olanzapine long-acting injection and oral olanzapine: a 2-year, randomized, open-label study in outpatients with schizophrenia. J Clin Psychopharmacol 2014;34(4): 426-434.	**PRIMARY PUBLICATION**
20.	Detke et al. Dose correspondence between olanzapine long-acting injection and oral olanzapine: recommendations for switching. Int Clin Psychopharmacol 2011;26(1): 35-42.	SECONDARY PUBLICATION of Detke 2014
21.	Detke et al. Open-label comparison of olanzapine long-acting injection and oral olanzapine: a 2-year, randomized study in outpatients with schizophrenia. Schizophrenia Bulletin 2011;37: 300-300.	SECONDARY PUBLICATION of Detke 2014
22.	Detke et al. Efficacy and safety of olanzapine long-acting injection for maintenance treatment of schizophrenia. European Neuropsychopharmacology 2008;18(S4): S393-S394.	SECONDARY PUBLICATION of Detke 2014
23.	Detke et al. Olanzapine long-acting injection in patients with schizophrenia at risk of relapse: 12-week switching data. European Neuropsychopharmacology 2008;18(S4): S435.	SECONDARY PUBLICATION of Detke 2014
24.	Novick et al. Olanzapine long-acting injection for schizophrenia: An evaluation of patient functioning during 24 weeks of maintenance therapy. Value in health 2011;14(7): A287.	SECONDARY PUBLICATION of Detke 2014
25.	Novick et al. Risk of relapse and hospitalization in the 2-year open-label treatment of outpatients with schizophrenia randomized to olanzapine long-acting injection or oral olanzapine. Value in Health 2011;14(7): a288-a289.	SECONDARY PUBLICATION of Detke 2014
26.	Novick et al. Risk of relapse and hospitalization in the 2-year open-label treatment of outpatients with schizophrenia randomized to olanzapine long-acting injection or oral olanzapine. Schizophrenia Research 2012;136: S357.	SECONDARY PUBLICATION of Detke 2014
27.	Detke et al. Olanzapine long-acting injection vs oral olanzapine in schizophrenia outpatients: a 2-year, randomized, open-label study. European Neuropsychopharmacology 2010;20: S464-S464.	SECONDARY PUBLICATION of Detke 2014
28.	Dencker SJ, Frankenberg K, Malm U, Zell B. A controlled one-year study of pipotiazine palmitate and fluphenazine decanoate in chronic schizophrenic syndromes. Evaluation of results at 6 and 12 months' trial. *Acta Psychiatr Scand Suppl*. 1973;241:101-118. doi:10.1111/j.1600-0447.1973.tb07048.x	**PRIMARY PUBLICATION**
29.	Dencker et al. How schizophrenic patients change during 3 years' treatment with depot neuroleptics. *Acta Psychiatr Scand*. 1978;57(2):115-123. doi:10.1111/j.1600-0447.1978.tb06879.x	SECONDARY PUBLICATION of Dencker 1973
30.	Dencker SJ, Lepp M, Malm U. Clopenthixol and flupenthixol depot preparations in outpatient schizophrenics. I. A one year double-blind study of clopenthixol decanoate and flupenthixol palmitate. *Acta Psychiatr Scand Suppl*. 1980;279:10-28. doi:10.1111/j.1600-0447.1980.tb07080.x	**PRIMARY PUBLICATION**
31.	Dencker SJ, Frankenberg K, Hansen V, Malm U. Clopenthixol and flupenthixol depot preparations in outpatient schizophrenics. II. Factor analysis of the CPRS sub-scale for schizophrenia. *Acta Psychiatr Scand Suppl*. 1980;279:29-40. doi:10.1111/j.1600-0447.1980.tb07081.x	SECONDARY PUBLICATION of Dencker 1980
32.	Jrgensen A, Overø KF. Clopenthixol and flupenthixol depot preparations in outpatient schizophrenics. III. Serum levels. *Acta Psychiatr Scand Suppl*. 1980;279:41-54. doi:10.1111/j.1600-0447.1980.tb07082.x	SECONDARY PUBLICATION of Dencker 1980

33.	Dencker SJ, Malm U, Jørgensen A, Overø KF. Clopenthixol and flupenthixol depot preparations in outpatient schizophrenics. IV. Serum levels and clinical outcome. *Acta Psychiatr Scand Suppl*. 1980;279:55-63. doi:10.1111/j.1600-0447.1980.tb07083.x	SECONDARY PUBLICATION of Dencker 1980
34.	Dencker et al. A long-term cross-over pharmacokinetic study comparing perphenazine decanoate and haloperidol decanoate in schizophrenic patients. *Psychopharmacology (Berl)*. 1994;114(1):24-30. doi:10.1007/BF02245440	**PRIMARY PUBLICATION**
35.	Dotti et al. Double-blind trial of fluphenazine decanoate against placebo in ambulant maintenance treatment of chronic schizophrenics [Studio in doppio cieco della flufenazina decanoato versus placebo nella terapia ambulatoriale di mantenimento di pazienti schizofrenici cronici]. Rivista di Psichiatria 1979;14: 374–83.	**PRIMARY PUBLICATION**
36.	Eberhard G, Hellbom E. Haloperidol decanoate and flupenthixol decanoate in schizophrenia. A long-term double-blind cross-over comparison. Acta Psychiatr Scand 1986;74(3):255-262.	**PRIMARY PUBLICATION**
37.	Eklund K, Forsman A. Minimal effective dose and relapse--double-blind trial: haloperidol decanoate vs. placebo. Clin Neuropharmacol 1991;14 Suppl 2:S7-12; discussion S12-5	**PRIMARY PUBLICATION**
38.	Eufe R, Wegener G. Double-blind comparison of 2 depot neuroleptics (perphenazine enanthate and flupentixol decanoate) in chronic schizophrenia (author's transl) [Doppelblindvergleich von 2 depotneuroleptika (Perphenazinonanthat und flupentixol-decaoat bei chronischer schizophrenie)]. Nervenarzt 1979;50:534-9	**PRIMARY PUBLICATION**
39.	Feng L. Double blind controlled trial of haloperidol decanoate and fluphenazine decanoate in chronic schizophrenia. Chinese Journal of Nervous and Mental Disorders 1990;16(5):299.	**PRIMARY PUBLICATION**
40.	Fleischhacker et al. Aripiprazole once-monthly for treatment of schizophrenia: double-blind, randomised, non-inferiority study. Br J Psychiatry 2014; 205(2): 135-144. Protocol ID: 2008-002676-10	**PRIMARY PUBLICATION**
41.	Fleischhacker et al. Aripiprazole Once-monthly for the Treatment of Schizophrenia: A Double-blind, Randomized, Non-inferiority Study vs. Oral Aripiprazole. Neuropsychopharmacology 2012;38, S339	SECONDARY PUBLICATION of Fleischhacker 2014
42.	Fleischhacker et al. Aripiprazole once-monthly for the treatment of schizophrenia: A double-blind, randomized, noninferiority study versus oral aripiprazole. CNS Spectrums 2013;18, 376	SECONDARY PUBLICATION of Fleischhacker 2014
43.	Fleischhacker et al. Personal and social performance in schizophrenia: Double-blind, non-inferiority study of once-monthly vs oral aripiprazole. European Neuropsychopharmacology 2013;23,S474-s475	SECONDARY PUBLICATION of Fleischhacker 2014
44.	Fleischhacker et al. Long-term safety and tolerability of aripiprazole once-monthly in maintenance treatment of patients with schizophrenia. Int Clin Psychopharmacol 2013;28(4):171-176.	SECONDARY PUBLICATION of Fleischhacker 2014
45.	Peters-Strickland et al. Aripiprazole once-monthly for schizophrenia: A double-blind, randomised, non-inferiority study versus oral aripiprazole. European Neuropsychopharmacology 2013;23:S473-S474.	SECONDARY PUBLICATION of Fleischhacker 2014
46.	Peters-Strickland et al. The effect of aripiprazole once-monthly on personal and social functioning: post hoc analyses of acute and long-term studies. *Neuropsychiatr Dis Treat*. 2019;15:1659-1669. Published 2019 Jun 24. doi:10.2147/NDT.S198241	SECONDARY PUBLICATION of Fleischhacker 2014
47.	Fu et al. Paliperidone palmitate once-monthly reduces risk of relapse of psychotic, depressive, and manic symptoms and maintains functioning in a double-blind, randomized study of schizoaffective disorder. J Clin Psychiatry 2015;76(3):253-62	**PRIMARY PUBLICATION**
48.	Joshi et al. Medical cost-offset of once-monthly paliperidone palmitate monotherapy and adjunctive therapy in 15-month trial. Value in health 2015;18, A121	SECONDARY PUBLICATION of Fu 2015
49.	Gaebel et al. Relapse prevention in schizophrenia and schizoaffective disorder with risperidone long-acting injectable vs quetiapine: results of a long-term, open-label, randomized clinical trial. Neuropsychopharmacology 2010;35(12):2367-77	**PRIMARY PUBLICATION**

50.	Gitlin et al. Persistence of fluphenazine in plasma after decanoate withdrawal. *J Clin Psychopharmacol*. 1988;8(1):53-56.	**PRIMARY PUBLICATION**
51.	Gitlin et al. Clinical outcome following neuroleptic discontinuation in patients with remitted recent-onset schizophrenia. *Am J Psychiatry*. 2001;158(11):1835-1842. doi:10.1176/appi.ajp.158.11.1835	**PRIMARY PUBLICATION**
52.	Glick ID, Marder SR. Long-term maintenance therapy with quetiapine versus haloperidol decanoate in patients with schizophrenia or schizoaffective disorder. J Clin Psychiatry 2005;66(5):638-41	**PRIMARY PUBLICATION**
53.	Green et al. Long-acting injectable vs oral risperidone for schizophrenia and co-occurring alcohol use disorder: a randomized trial. Journal of Clinical Psychiatry 2015;76:1359-1365.	**PRIMARY PUBLICATION**
54.	Hirsch SR et al. Maintenance Therapy in Out-patient Schizophrenics: a report of a double-blind trial comparison of fluphenazine decanoate and flupenthixol decanoate. British Journal of Psychiatry 1978;133:370-1 (*Abstract of some of the papers given at the Annual Meeting of the Royal College of Psychiatrists in London on 4-6 July 1978).*	**PRIMARY PUBLICATION**
55.	Hirsch et al. Outpatient maintenance of chronic schizophrenic patients with long-acting fluphenazine: double-blind placebo trial. Report to the Medical Research Council Committee on Clinical Trials in Psychiatry. Br Med J. 1973 Mar 17;1(5854):633-7.	**PRIMARY PUBLICATION**
56.	Hirsch SR. The interaction between depot-phenothiazines and the social and clinical manifestations of behaviour in patients with stabilised chronic schizophrenia. In: Van Praag HM editor(s). On the Origin of Schizophrenic Psychoses. De Erven Bohn BV, 1975:209-22.	SECONDARY PUBLICATION of Hirsch 1973
57.	Hogarty et al. Fluphenazine and social therapy in the aftercare of schizophrenic patients. Relapse analyses of a two-year controlled study of fluphenazine decanoate and fluphenazine hydrochloride. Archives of General Psychiatry 1979;36(12):1283-1294	**PRIMARY PUBLICATION**
58.	Hough et al. Paliperidone palmitate maintenance treatment in delaying the time-to-relapse in patients with schizophrenia: a randomized, double-blind, placebo-controlled study. Schizophr Res 2010;116(2-3):107-17.	**PRIMARY PUBLICATION**
59.	Hough et al. Paliperidone palmitate, an injectable antipsychotic, in prevention of symptom recurrence in patients with schizophrenia: A randomized, double-blind, placebo-controlled study. Biological Psychiatry 2008;63(7): 285S-286S.	SECONDARY PUBLICATION of Hough 2010
60.	Hranov et al. Haloperidol decanoate and fluphenazine decanoate for schizophrenia: A comparative naturalistic medium-term study of efficacy and tolerability. European Neuropsychopharmacology 1998;P.2.008:s213. DOI:10.1016/S0924-977X(98)80340-4	**PRIMARY PUBLICATION**
61.	Ishigooka et al. Efficacy and safety of aripiprazole once-monthly in Asian patients with schizophrenia: a multicenter, randomized, double-blind, non-inferiority study versus oral aripiprazole. Schizophr Res 2015;161(2-3): 421-428.	**PRIMARY PUBLICATION**
62.	Ishigooka et al. Efficacy of aripirpazole once-monthly in Asian patients with schizophrenia: Secondary efficacy outcomes in a multicenter, randomized, double-blind, non-inferiority study versus oral aripiprazole. International Journal of Neuropsychopharmacology 2014;17, 62.	SECONDARY PUBLICATION of Ishigooka 2015
63.	Jain RC, Ananth JV, Lehmann HE, Ban TA. A comparative study with pipothiazine palmitate and fluphenazine enanthate in the treatment of schizophrenic patients. Current Therapeutic Research 1975;18(4):585-9.	**PRIMARY PUBLICATION**
64.	Janssen Korea, Ltd. NCT00992407. An Efficacy and Safety Study of Long Acting Injectable Risperidone and Oral Risperidone in Participants With Schizophrenia or Schizoaffective Disorder. Last Update Posted: March 11, 2014 (HANDSEARCHED)	**PRIMARY PUBLICATION.** Only online data available.
65.	Javed MA, Chaudhry MR. Double blind comparison of flupenthixol decanoate and fluphenazine decanoate in the treatment of chronic schizophrenia. Pakistan Journal of Clinical Psychiatry 1991;1(2):69-74.	**PRIMARY PUBLICATION**

66.	Jolley et al. Trial of brief intermittent neuroleptic prophylaxis for selected schizophrenic outpatients: clinical and social outcome at two years. BMJ 1990;301(6756):837-42.	**PRIMARY PUBLICATION**
67.	Hirsch SR, Jolley AG. The dysphoric syndrome in schizophrenia and its implications for relapse. *Br J Psychiatry Suppl*. 1989;(5):46-50.	SECONDARY PUBLICATION of Jolley 1990
68.	Kamijima et al. Comparison study between risperidone long-acting injectable and risperidone tablets in patients with schizophrenia. Jpn J Clin Psychopharmacol. 2009; 12: 1199–1222. Data were extracted from the report linked to the protocol NCT00240708. A Study of the Efficacy and Safety of Long-acting Injectable Risperidone and Risperidone Tablets in Patients With Schizophrenia. Last Update Posted: May 17, 2011. The original publication was not retrieved.	**PRIMARY PUBLICATION**
69.	Kane et al. Long-acting injectable risperidone: efficacy and safety of the first long-acting atypical antipsychotic. Am J Psychiatry 2003;160(6):1125-32.	**PRIMARY PUBLICATION**
70.	Kane et al. Olanzapine long-acting injection: a 24-week, randomized, double-blind trial of maintenance treatment in patients with schizophrenia. Am J Psychiatry 2010;167(2): 181-189. Clinicaltrials.gov: NCT00088491	**PRIMARY PUBLICATION**
71.	Erratum: Comparison of metabolic changes in patients with schizophrenia during randomized treatment with intramuscular olanzapine long-acting injection versus oral olanzapine (Human Psychopharmacology (2011) 26 (422-433) DOI: 10.1002/hup.1225). Human psychopharmacology 2011;26(7): 536.	SECONDARY PUBLICATION of Kane 2010
72.	McDonnell et al. Comparison of metabolic changes in patients with schizophrenia during randomized treatment with intramuscular olanzapine long-acting injection versus oral olanzapine. Hum Psychopharmacol 2011: 26(6): 422-433.	SECONDARY PUBLICATION of Kane 2010
73.	Detke et al. Olanzapine long-acting injection for the maintenance treatment of schizophrenia: A 24-week, randomized, double-blind trial. Schizophrenia Research 2008:102(1):251-251.	SECONDARY PUBLICATION of Kane 2010
74.	Kane et al. Low dose fluphenazine decanoate in maintenance treatment of schizophrenia. *Psychiatry Res*. 1979;1(3):341-348. doi:10.1016/0165-1781(79)90016-7	**PRIMARY PUBLICATION**
75.	Kane et al. Aripiprazole intramuscular depot as maintenance treatment in patients with schizophrenia: a 52-week, multicenter, randomized, double-blind, placebo-controlled study. J Clin Psychiatry 2012;73(5):617-24.	**PRIMARY PUBLICATION**
76.	Kaneno et al. A Double-blind Comparative Study on the Efficacy and Safety of Fluphenazine Decanoate (SQ10, 733) and Oral Haloperidol in the Treatment of Schizophrenic Patients. Clinical Evaluation 1991;19(1):15-45. Link: https://jglobal.jst.go.jp/en/detail?JGLOBAL_ID=200902044881238461&rel=0	**PRIMARY PUBLICATION**
77.	Kelly HB et al. Clinical and social comparison of fluphenazine decanoate and flupenthixol decanoate in the community maintenance therapy of schizophrenia. International pharmacopsychiatry 1977; 12(1): 54-64	**PRIMARY PUBLICATION**
78.	Keskiner et al. Maintenance treatment of schizophrenic outpatients with a depot phenothiazine. Psychosomatics 1968; 9(3): 166-71.	**PRIMARY PUBLICATION**
79.	Kissling et al. Double-blind comparison of haloperidol decanoate and fluphenazine decanoate effectiveness, side-effects, dosage and serum levels during a six months' treatment for relapse prevention. Pharmacopsychiatry 1985;18(3):240-5.	**PRIMARY PUBLICATION**
80.	Koshikawa et al. The Comparative Effects of Risperidone Long-Acting Injection and Paliperidone Palmitate on Social Functioning in Schizophrenia: A 6-Month, Open-Label, Randomized Controlled Pilot Trial. Neuropsychobiology 2016;73(1):35-42.	**PRIMARY PUBLICATION**
81.	Takekita et al. Cognitive function and risperidone long-acting injection vs. paliperidone palmitate in schizophrenia: a 6-month, open-label, randomized, pilot trial. BMC Psychiatry 2016; 29(16):172.	SECONDARY PUBLICATION OF Koshikawa 2016

82.	Koshikawa et al. The effects of risperidone long-acting injection versus paliperidone palmitate on cognitive and social function in schizophrenia - an open pilot randomised controlled trial." European Neuropsychopharmacology 2015;25: S500-S501.	SECONDARY PUBLICATION OF Koshikawa 2016
83.	Lapierre YD, von Frenckell R. AMDP psychopathology factors in chronic schizophrenia: a clinical trial of two long-acting neuroleptics. *Mod Probl Pharmacopsychiatry*. 1983;20:193-203. doi:10.1159/000407841	**PRIMARY PUBLICATION**
84.	Leong et al. A comparative study of pipothiazine palmitate and fluphenazine decanoate in the maintenance of remission of schizophrenia. Singapore medical journal 1989; 30(5): 436-40.	**PRIMARY PUBLICATION**
85.	Lundin et al. Community-based rehabilitation of schizophrenia, Nordic Journal of Psychiatry 1992; 46:2, 121-127, DOI: 10.3109/08039489209103313	**PRIMARY PUBLICATION**
86.	Macfadden et al. A Prospective Study Comparing the Long-term Effectiveness of Injectable Risperidone Long-acting Therapy and Oral Aripiprazole in Patients with Schizophrenia. Psychiatry (Edgmont) 2010;7(11):23-31.	**PRIMARY PUBLICATION**
87.	McCreadie et al. Once weekly pimozide versus fluphenazine decanoate as maintenance therapy in chronic schizophrenia. British Journal of Psychiatry 1982;140:280-6.	**PRIMARY PUBLICATION**
88.	McCreadie et al. Intermittant pimozide versus fluphenazine decanoate as maintenance therapy in chronic schizophrenia. British Journal of Psychiatry 1980;137:510-7	**PRIMARY PUBLICATION**
89.	MC Evoy et al. Effectiveness of paliperidone palmitate vs haloperidol decanoate for maintenance treatment of schizophrenia: a randomized clinical trial. JAMA 2014;311(19):1978-87	**PRIMARY PUBLICATION**
90.	McKane et al. Haloperidol decanoate v. fluphenazine decanoate as maintenance therapy in chronic schizophrenic in-patients. British Journal of Psychiatry 1987;151:333-6.	**PRIMARY PUBLICATION**
91.	McLaren et al. Positive and negative symptoms, depression and social disability in chronic schizophrenia: a comparative trial of bromperidol and fluphenazine decanoates. Int Clin Psychopharmacol. 1992;7(2):67-72.	**PRIMARY PUBLICATION**
92.	Odejide OA, Aderounmu AF. Double-blind placebo substitution: withdrawal of fluphenazine decanoate in schizophrenic patients. The Journal of clinical psychiatry 1982; 43(5): 195-6.	**PRIMARY PUBLICATION**
93.	Mosolov et al. Comparative efficacy, tolerability and impact on the social functioning of prolonged risperidone (Konsta) and olanzapine in the long-term treatment of schizophrenia and schizoaffective disorder. ТРУДНЫЙ ПАЦИЕНТ ЖУРНАЛ ДЛЯ ВРАЧЕЙ 2008. Available: http://t-pacient.ru/articles/6358/	**PRIMARY PUBLICATION**
94.	Potapov et al. Response, remission and relapse during the long-term treatment of schizophrenia patients with long-acting injectable risperidone versus olanzapine. The International Journal of Neuropsychopharmacology 2018; 11(s1):158	SECONDARY PUBLICATION of Mosolov 2008
95.	Pinto R, Bannerjee A, Ghosh N. A double-blind comparison of flupenthixol decanoate and fluphenazine decanoate in the treatment of chronic schizophrenia. *Acta Psychiatr Scand*. 1979;60(4):313-322. doi:10.1111/j.1600-0447.1979.tb00281.x	**PRIMARY PUBLICATION**
96.	Potkin et al. Multidimensional Assessment of Functional Outcomes in Schizophrenia: Results From QUALIFY, a Head-to-Head Trial of Aripiprazole Once-Monthly and Paliperidone Palmitate. Int J Neuropsychopharmacol 2017;20(1):40-49.	**PRIMARY PUBLICATION**
97.	Potkin et al. Reduced sexual dysfunction with aripiprazole once-monthly versus paliperidone palmitate: results from QUALIFY. Int Clin Psychopharmacol 2017;32(3):147-154.	SECONDARY PUBLICATION of Potkin 2017
98.	Salzman et al. Effects of aripiprazole once-monthly and paliperidone palmitate on work readiness in patients from the QUALIFY study stratified by age. CNS spectrums 2016;22(1):93-94. Conference: 2016 neuroscience education institute psychopharmacology congress.	SECONDARY PUBLICATION of Potkin 2017

99.	Sapin et al. Pharmacoeconomic comparison of aripiprazole once-monthly and paliperidone palmitate from a head-to-head clinical trial in schizophrenia: a US analysis. Drugs Context. 2016;23;5:212301.	SECONDARY PUBLICATION of Potkin 2017
100.	Naber et al. Improvement in secondary effectiveness measures with aripiprazole once-monthly vs paliperidone palmitate in qualify, a head-to-head study. CNS spectrums 2015;21(1):95-96. Conference: 11th annual neuroscience education institute psychopharmacology congress.	SECONDARY PUBLICATION of Potkin 2017
101.	Quitkin et al. Long-acting oral vs injectable antipsychotic drugs in schizophrenics. Archives of General Psychiatry 1978;35:889-92.	**PRIMARY PUBLICATION**
102.	Rifkin et al. Fluphenazine decanoate, fluphenazine hydrochloride given orally, and placebo in remitted schizophrenics. I. Relapse rates after one year. Arch Gen Psychiatry 1977;34(1): 43-47.	**PRIMARY PUBLICATION**
103.	Rifkin et al. Fluphenazine decanoate, oral fluphenazine, and placebo in treatment of remitted schizophrenics. II. Rating scale data. Arch Gen Psychiatry 1977;34(10): 1215-1219.	SECONDARY PUBLICATION of Rifkin 1977
104.	Rossi et al. Efficacia terapeutica e tollerabilità del bromperidolo decanoato vs. flufenazina decanoato nel disturbo schizofrenico. Rivista sperimentale di freniatria e medicina legale delle alienazioni mentali 1990;64(6):1379-1386	**PRIMARY PUBLICATION**
105.	Rossi et al. Action of bromperidol decanoate in the treatment of negative symptoms of schizophrenia - comparison with haloperidol decanoate [Azione del bromperidolo decanoato nel trattamento dei sintomi negativi della schizofrenia - confronto con l'aloperidolo decanoato]. Rivista di Psichiatria 1992;27:265-70.	**PRIMARY PUBLICATION**
106.	Sampath et al. Neuroleptic discontinuation in the very stable schizophrenic patient relapse rates and serum neuroleptic levels. Human Psychopharmacology 1992;7:255–64.	**PRIMARY PUBLICATION**
107.	Savitz et al. Efficacy and Safety of Paliperidone Palmitate 3-Month Formulation for Patients with Schizophrenia: A Randomized, Multicenter, Double-Blind, Noninferiority Study. Int J Neuropsychopharmacol 2016;19(7). pii: pyw018.	**PRIMARY PUBLICATION**
108.	Savitz et al. Efficacy and safety of paliperidone palmitate 3-month formulation in Latin American patients with schizophrenia: A subgroup analysis of data from two large phase 3 randomized, double-blind studies. Braz J Psychiatry. 2019;41(6):499-510. doi:10.1590/1516-4446-2018-0153	SECONDARY PUBLICATION of Savitz 2016 and Berwaerts 2015
109.	Savitz et al. Paliperidone Palmitate (3-Month Formulation) Administered once Quarterly Prevents Relapse in Latin American Patients with Schizophrenia. Biological Psychiatry 2017; 81(10), Supplement: S211.	SECONDARY PUBLICATION of Savitz 2016
110.	Kern Sliwa et al. An assessment of injection site reaction and injection site pain of 1-month and 3-month long-acting injectable formulations of paliperidone palmitate. Perspect Psychiatr Care. 2018;54(4):530-538. doi: 10.1111/ppc.12267	SECONDARY PUBLICATION of Savitz 2016
111.	Mathews et al. Comparison of Paliperidone Palmitate 1-Month Vs 3-Month Long-Acting Injectables for Negative Symptom Improvement. Biological Psychiatry 2018; 83 (9) Supplement: S316. F199.	SECONDARY PUBLICATION of Savitz 2016
112.	Gopal et al. Improvement of Negative Symptoms in Schizophrenia with Paliperidone Palmitate 1-Month and 3-Month Long-Acting Injectables: Results from a Phase 3 Non-Inferiority Study. *Neuropsychiatr Dis Treat*. 2020;16:681-690. Published 2020 Mar 6. doi:10.2147/NDT.S226296	SECONDARY PUBLICATION of Savitz 2016
113.	Russu et al. Pharmacokinetic-Pharmacodynamic Characterization of Relapse Risk for Paliperidone Palmitate 1-Month and 3-Month Formulations. *J Clin Psychopharmacol*. 2019;39(6):567-574. doi:10.1097/JCP.0000000000001137	SECONDARY PUBLICATION of Savitz 2016
114.	Brown et al. Evaluation of paliperidone palmitate long-acting injectable antipsychotic therapy as an early treatment option in patients with schizophrenia [published online ahead of print, 2019 Sep 13]. *Early Interv Psychiatry*. 2019;10.1111/eip.12868. doi:10.1111/eip.12868	SECONDARY PUBLICATION of Savitz 2016
115.	Nash et al. Predictors of achieving remission in schizophrenia patients treated with paliperidone palmitate 3-month formulation. *Neuropsychiatr Dis Treat*. 2019;15:731-737. Published 2019 Mar 22. doi:10.2147/NDT.S194264	SECONDARY PUBLICATION of Savitz 2016

116.	Schlosberg A, Shadmi M. A comparative controlled study of two long-acting phenothiazines: Pipothiazine palmitate and fluphenazine decanoate. Current Therapeutic Research 1978;23(5):642-54.	**PRIMARY PUBLICATION**
117.	Schooler et al. Prevention of relapse in schizophrenia. An evaluation of fluphenazine decanoate. Archives of General Psychiatry 1980;37(1):16-24	**PRIMARY PUBLICATION**
118.	Levine et al. Discontinuation of oral and depot fluphenazine in schizophrenic patients after one year of continuous medication: a controlled study. Advances in biochemical psychopharmacology 1980;24:483-493.	SECONDARY PUBLICATION of Schooler 1980
119.	Sharma SK, Jaigirdar SH. A comparison of fluphenazine decanoate and haloperidol decanoate in chronic schizophrenia. British Journal of Clinical Research 1991;2:177-86.	**PRIMARY PUBLICATION**
120.	Schneider et al. Clinical blood chemistry values and long acting phenothiazines. Pharmacopsychiatry 1981;14:107-114	**PRIMARY PUBLICATION**
121.	Simon et al. Standard and long-acting depot neuroleptics in chronic schizophrenics. Archives of General Psychiatry 1978;35:893-897	**PRIMARY PUBLICATION**
122.	Singh AN, Saxena B. A comparative study of prolonged action (depot) neuroleptics: pipotiazine palmitate versus fluphenazine enanthate in chronic schizophrenic patients. Current Therapeutic Research 1979;25(1):121-32.	**PRIMARY PUBLICATION**
123.	Smeraldi et al. Bromperidol decanoate vs placebo in treating schizophrenia in the residual phase. New Trends in Experimental and Clinical Psychiatry 1990;6(4):187-198	**PRIMARY PUBLICATION**
124.	Song Y. A double-blind control study on the effect of pipotiazine palmitate and fluphenazine decanoate in the treatment of schizophrenia [data not available]. Chinese Journal of Neurology and Psychiatry 1993;26(3):137-140	**PRIMARY PUBLICATION**
125.	Steinert et al. A comparative trial of depot pipothiazine. The Journal of international medical research 1986;14(2):72-77	**PRIMARY PUBLICATION**
126.	Subotnik et al. Long-Acting Injectable Risperidone for Relapse Prevention and Control of Breakthrough Symptoms After a Recent First Episode of Schizophrenia: A Randomized Clinical Trial. JAMA Psychiatry 2015;72:822-829	**PRIMARY PUBLICATION**
127.	Subotnik et al. Clinical advantages of long-acting injectable risperidone after an initial episode of schizophrenia. Schizophrenia Bulletin 2013;39:s353-s354.	SECONDARY PUBLICATION of Subotnik 2015
128.	Nuechterlein et al. The impact of long-acting injectable versus oral risperidone on cognition and work functioning after an initial psychotic episode: The critical role of early medication adherence. Early Intervention in Psychiatry 2012;6,8	SECONDARY PUBLICATION of Subotnik 2015
129.	Nuechterlein et al. Long-acting injectable risperidone and medication adherence enhance cognition and work functioning after a first psychotic episode. Schizophrenia Bulletin 2013;39,S347.	SECONDARY PUBLICATION of Subotnik 2015
130.	Bartzokis et al. Long acting injection versus oral risperidone in first-episode schizophrenia: differential impact on white matter myelination trajectory. Schizophr Res 2011;132(1): 35-41.	SECONDARY PUBLICATION of Subotnik 2015
131.	Bartzokis et al. Impact on intracortical myelination trajectory of long acting injection versus oral risperidone in first-episode schizophrenia. Schizophr Res 2012;140(1-3): 122-128.	SECONDARY PUBLICATION of Subotnik 2015
132.	Bartzokis et al. The impact of antipsychotic medication on intracortical myelination in schizophrenia. Schizophrenia Bulletin 2013;39: S322.	SECONDARY PUBLICATION of Subotnik 2015

133.	Bartzokis et al. The mechanism of action of antipsychotics and intracortical myelination in schizophrenia. Biological Psychiatry 2014;75(9): 325S.	SECONDARY PUBLICATION of Subotnik 2015
134.	Subotnik et al. Effectiveness of long-acting injectable risperidone after an initial psychotic episode: Relapse prevention and symptom reduction. Early Intervention in Psychiatry 2012;6,7.	SECONDARY PUBLICATION of Subotnik 2015
135.	Walker CA. A double-blind comparative trial of the decanoates of clopenthixol and fluphenazine in the treatment of chronic schizophrenic out-patients. Pharmatherapeutica 1983;3(5):289-93.	**PRIMARY PUBLICATION**
136.	Wistedt et al. A clinical double blind comparison between haloperidol decanoate and fluphenazine decanoate. Current Therapeutic Research 1984; 35(5):804–14.	**PRIMARY PUBLICATION**
137.	Wistedt B. A comparison trial of haloperidol decanoate and fluphenazine decanaote in chronic schizophrenic patients. International Clinical Psychopharmacology 1986;Suppl 1:15–23.	SECONDARY PUBLICATION of Wistedt 1984
138.	Wistedt B, Koskinen T, Thelander S, Nerdrum T, Pedersen V, Mølbjerg C. Zuclopenthixol decanoate and haloperidol decanoate in chronic schizophrenia: a double-blind multicentre study. *Acta Psychiatr Scand*. 1991;84(1):14-21. doi:10.1111/j.1600-0447.1991.tb01414.x	**PRIMARY PUBLICATION**
139.	Woggon B, Dick P, Fleischhauer HJ, Gmur M, Gruber G, Angst J, et al. [Comparison of the effects of pipothiazine palmitate and fluphenazine decanoate. Results of a Multicenter Double-Blind Trial]. [Article in German]. International Pharmacopsychiatry 1977;12(4):193-209	**PRIMARY PUBLICATION**
140.	Zissis et al. Haloperidol decanoate, a new long-acting antipsychotic, in chronic schizophrenics: Double-blind comparison with placebo. Curr Ther Res, Clin Exp 1982;31,650-655	**PRIMARY PUBLICATION**
141.	Zuardi et al. Double-blind comparison between two forms of haloperidol: an oral preparation and a new depot decanoate in the maintenance of schizophrenic inpatients. Current Therapeutic Research 1983;34 (2) 253-261. (HANDSEARCHED)	**PRIMARY PUBLICATION**

List of excluded studies

1.	Adamson et al. Fluphenazine decanoate trial in chronic inpatient schizophrenics failing to absorb oral chlorpromazine. Diseases of the Nervous System 1973;34(4):181-91.	WRONG DESIGN (short follow-up)
2.	Ahlfors et al. Clopenthixol decanoate and perphenazine enanthate in schizophrenic patients. A double-blind Nordic multicentre trial. *Acta Psychiatr Scand Suppl*. 1980;279:77-91. doi:10.1111/j.1600-0447.1980.tb07085.x	WRONG POPULATION (patients requiring treatment for acute symptoms)
3.	Alphs et al. Design and rationale of the Paliperidone Palmitate Research in Demonstrating Effectiveness (PRIDE) study: a novel comparative trial of once-monthly paliperidone palmitate versus daily oral antipsychotic treatment for delaying time to treatment failure in persons with schizophrenia. J Clin Psychiatry 2014;75(12): 1388-1393.	WRONG COMPARISON (LAI vs. mixed oral APs)
4.	Alphs et al. Real-world outcomes of paliperidone palmitate compared to daily oral antipsychotic therapy in schizophrenia: a randomized, open-label, review board-blinded 15-month study. Journal of Clinical Psychiatry 2015;76, 554-561.	WRONG COMPARISON (LAI vs. mixed oral APs)
5.	Alphs et al. A pragmatic analysis comparing once-monthly paliperidone palmitate versus daily oral antipsychotic treatment in patients with schizophrenia. Schizophrenia Research 2016;170(2-3):259-64.	WRONG COMPARISON (LAI vs. mixed oral APs)
6.	Alphs et al. Treatment effect with paliperidone palmitate compared with oral antipsychotics in patients with recent-onset versus more chronic schizophrenia and a history of criminal justice system involvement. Early Interv Psychiatry 2018;12(1):55-65.	WRONG COMPARISON (LAI vs. mixed oral APs)
7.	Altamura AC, Curry SH, Montgomery S, Wiles DH. Early unwanted effects of fluphenazine esters related to plasma fluphenazine concentrations in schizophrenic patients. Psychopharmacology 1985;87:30-3.	WRONG COMPARISON (different doses of the same medication are compared)
8.	Andorn et al. Monthly Extended-Release Risperidone (RBP-7000) in the Treatment of Schizophrenia: Results From the Phase 3 Program. *J Clin Psychopharmacol*. 2019;39(5):428-433. doi:10.1097/JCP.0000000000001076	WRONG DESIGN (not randomized)

9.	Angst J, Frei M, Scharfetter C. The depot neuroleptic agent fluspirilene [Das Depotneurolepticum Fluspirilen. Klinische Pruefung im offenen Versuch und als Doppelblindstudie im Vergleich zu Fluphenazin Decanoat]. Pharmakopsychiatrie und Neuropsychopharmakologie 1973;6(1):13-28. [MEDLINE: 74281360]	WRONG COMPARISON (fluspirilene)
10.	Arango et al. Randomised clinical trial comparing oral versus depot formulations of zuclopenthixol in patients with schizophrenia and previous violence. Eur Psychiatry 2006;21(1): 34-40.	WRONG POPULATION (patients requiring treatment for acute symptoms)
11.	Asarnow RE, Marder SR, Mintz J, Van Putten T, Zimmerman KE. Differential effect of low and conventional doses of fluphenazine on schizophrenic outpatients with good or poor information-processing skills. Archives of General Psychiatry 1988;45:822-7.	WRONG COMPARISON (different doses of the same medication are compared)
12.	Baastrup et al. A controlled Nordic multicentre study of zuclopenthixol acetate in oil solution, haloperidol and zuclopenthixol in the treatment of acute psychosis. Acta Psychiatrica Scandinavica 1993:87(1): 48-58.	WRONG INTERVENTION (LAIs not included)
13.	Bankier RG. A comparison of fluspirilene and trifluopera ine in the treatment of acute schi ophrenic psychosis. Journal of Clinical Pharmacology and The Journal of New Drugs 1973;13(1):44-7.	WRONG POPULATION (patients requiring treatment for acute symptoms)
14.	Barnes et al. Large effect of baseline treatment with long acting antipsychotic drugs on randomized treatment outcomes. Schizophrenia Research 2010;117(2-3):380.	WRONG COMPARISON (LAI vs. mixed oral APs)
15.	Barnett et al. Cost and cost-effectiveness in a randomized trial of long-acting risperidone for schizophrenia. J Clin Psychiatry 2012;73(5):696-702.	WRONG COMPARISON (LAI vs. mixed oral APs)
16.	Bechelli LP, Navas Filho F. Short term double blind trial of pipothiazine palmitate and haloperidol in the acute phase of schizophrenia. Encephale 1986;12(3):121–5.	WRONG POPULATION (patients requiring treatment for acute symptoms)
17.	Bellnier et al. A Pilot Study to Evaluate the Risk of Sexual Dysfunction Associated with Long-term Use of Atypical Long-Acting Injectable Antipsychotics (LAIs) in the Treatment of Schizophrenia. College of Psychiatric and Neurologic Pharmacists 2016 Poster Abstracts. Journal of Pharmacy Practice 2016:29(3).	WRONG DESIGN (observational study)
18.	Benabarre et al. Efficacy and safety of long-acting injectable risperidone in maintenance phase of bipolar and schizoaffective disorder. Actas Españolas de Psiquiatría 2009;37(3): 143-147.	WRONG DESIGN (observational study)
19.	Bilone et al. Fluphenazine decanoate and haloperidol decanoate: 2 neuroleptics compared in nonacute psychiatric pathology. Long-term crossover trial. II. Tolerability and side effects. Neurologia Psichiatria Scienze Umane 1988;8(3 SUPPL.): 49-59.	WRONG DESIGN (cross-over longitudinal study)
20.	Binder et al. Randomized comparison trial of oral atypicals vs long-acting injectable risperidone in patients with bipolar disorder. International Journal of Neuropsychopharmacology 2006:9:S181-S181.	WRONG COMPARISON (LAI vs. mixed oral APs)
21.	Bobo et al. A randomized open comparison of long-acting injectable risperidone and treatment as usual for prevention of relapse, rehospitalization, and urgent care referral in community-treated patients with rapid cycling bipolar disorder. Clin Neuropharmacol 2011: 34(6): 224-233.	WRONG COMPARISON (LAI vs. mixed oral APs)
22.	Bobo et al. Does long-acting injectable risperidone (RLAI) reduce relapse and rehospitalization in patients with frequently relapsing bipolar disorder? Biological Psychiatry 2011:69(9): 37S.	WRONG COMPARISON (risperidone depot + treatment as usual vs. treatment as usual alone)
23.	Borger J, Van Epen JH, Dekkers A. A double-blind clinical evaluation of diCerent dose intervals with fluspirilene (IMAP). Acta Psychiatria Belgica 1978;78:383-91.	WRONG COMPARISON (different doses of the same medication are compared)
24.	Boulton et al. Pharmacokinetics and tolerability of intramuscular, oral and intravenous aripiprazole in healthy subjects and in patients with schizophrenia. Clin Pharmacokinet 2008;47(7): 475-485.	WRONG COMPARISON (LAI vs. mixed oral APs)
25.	Buckley et al. PROACTIVE Study Comparison of SGA oral medications and a long-acting injectable SGA: the PROACTIVE study. Schizophr Bull 2015;41(2):449-59.	WRONG COMPARISON (LAI vs. mixed oral APs)
26.	Saito et al. Predicting relapse with residual symptoms in schizophrenia: A secondary analysis of the PROACTIVE trial. *Schizophr Res*. 2020;215:173-180. doi:10.1016/j.schres.2019.10.037 SECONDARY PUBLICATION OF Buckley 2015	WRONG COMPARISON (LAI vs. mixed oral APs)

27.	Buckley et al. Comparison of Injectable and Oral Antipsychotics in Relapse Rates in a Pragmatic 30-Month Schizophrenia Relapse Prevention Study. Psychiatr Serv 2016;67(12):1370-1372.	WRONG COMPARISON (LAI vs. mixed oral APs)
28.	Chien CP, Cole JO. Depot phenothiazine treatment in acute psychosis: A sequential comparative clinical study. American Journal of Psychiatry 1973;130(1):13-7.	WRONG POPULATION (patients requiring treatment for acute symptoms)
29.	Chouinard et al. Fluphenazine enanthate and fluphenazine decanoate in the treatment of schizophrenic outpatients: extrapyramidal symptoms and therapeutic effect. The American Journal of Psychiatry 1982:139(3): 312-318.	WRONG COMPARISON (two formulations of the same medication are compared: Fluphenazine decanoate vs. Fluphenazine enantate)
30.	Chouinard G, Annable L, Steinberg S. A controlled clinical trial of flusipirilene, a long-acting injectable neuroleptic, in schizophrenic patients with acute exacerbation. Journal of Clinical Psychopharmacology 1986;6(1):21-6.	WRONG POPULATION (patients requiring treatment for acute symptoms)
31.	Citrome et al. Assessing effectiveness of aripiprazole lauroxil vs placebo for the treatment of schizophrenia using number needed to treat and number needed to harm. *Neuropsychiatr Dis Treat*. 2019;15:2639-2646. Published 2019 Sep 12. doi:10.2147/NDT.S207910 SECONDARY PUBLICATION of Meltzer 2015	WRONG POPULATION (patients requiring treatment for acute symptoms)
32.	Citrome et al. Effect of aripiprazole lauroxil in patients with acute schizophrenia as assessed by the Positive and Negative Syndrome Scale-supportive analyses from a Phase 3 study. CNS Spectr. 2018;23(4):284-290. doi: 10.1017/S1092852917000396. SECONDARY PUBLICATION of Meltzer 2015	WRONG POPULATION (patients requiring treatment for acute symptoms)
33.	Cookson IB, Muthu MS, George A, Dewey M. High dose neuroleptic treatment of chronic schizophrenic inpatients. Research Communications in Psychology, Psychiatry and Behaviour 1983;8(4):305-15.	WRONG COMPARISON (different doses of the same medication are compared)
34.	Cookson IB. The effects of a 50% reduction of cis(Z)-flupenthixol decanoate in chronic schizophrenic patients maintained on a high dose regime. International Clinical Psychopharmacology 1987;2:141-9.	WRONG COMPARISON (different doses of the same medication are compared)
35.	Correll et al. Social and functional outcomes with two doses of aripiprazole lauroxil vs placebo in patients with schizophrenia: a post-hoc analysis of a 12-week phase 3 efficacy study. Psychiatry Res. 2019;274:176-181. SECONDARY PUBLICATION of Meltzer 2015	WRONG POPULATION (patients requiring treatment for acute symptoms)
36.	Covell et al. Effectiveness of switching from long-acting injectable fluphenazine or haloperidol decanoate to long-acting injectable risperidone microspheres: an open-label, randomized controlled trial. J Clin Psychiatry 2012;73(5):669-75. HANDSEARCHED	WRONG COMPARISON (mixed LAIs vs. mixed oral APs)
37.	Curry SH, Adamson L. Double-blind trial of fluphenazine decanoate. Lancet 1972; 2(7776): 543-544.	WRONG DESIGN (short follow-up: 4 weeks)
38.	Curson et al. Long-term depot maintenance of chronic schizophrenic out-patients: the seven year follow-up of the Medical Research Council fluphenazine/placebo trial. III. Relapse postponement or relapse prevention? The implications for long-term outcome. The British journal of psychiatry: the journal of mental science 1985;146: 474-480.	WRONG DESIGN (observational study)
39.	Curtis et al. Long-acting risperidone improves negative symptoms in stable psychotic patients. Journal of Psychopharmacology 2008;22(3): 254-261.	WRONG DESIGN (post-hoc analysis)
40.	Czekalla et al. Analysis of randomized clinical trials with oral and intramuscular (IM) olanzapine in bipolar-affective disorders based on EBM criteria and therapeutic effect calculation. Schizophrenia Research 2003:60(1): 279-279.	WRONG DESIGN (abstract of a systematic review)
41.	De Hert et al. fficacy and safety of aripiprazole once-monthly in obese and nonobese patients with schizophrenia: a post hoc analysis. Neuropsychiatr Dis Treat 2015;11: 1299-1306.	WRONG DESIGN (post-hoc analysis)
42.	De Marinis et al. Switching to long-acting injectable risperidone is beneficial with regard to clinical outcomes, regardless of previous conventional medication in patients with schizophrenia. Pharmacopsychiatry 2007:40(6): 257-263.	WRONG COMPARISON (LAI vs. mixed oral APs)
43.	De Nardi et al. Fluphenazine decanoate and haloperidol decanoate: 2 neuroleptics compared in nonacute psychiatric pathology. Long-term crossover trial. III Psychodynamic aspects. Neurologia Psichiatria Scienze Umane 1988:8(3 SUPPL.): 60-83.	WRONG DESIGN (longitudinal cross-over study)
44.	Donlon PT, Axelrad AD, Tupin JP, Chien C. Comparison of depot fluphenazines: Duration of action and incidence of side effects. Comprehensive Psychiatry 1976;17(2):369-76.	WRONG DESIGN (short follow-up)

45.	Dyachkova et al. Effectiveness of 300mg/4 weeks Olanzapine Long-Acting Injection from data mining of an open-label extension study. Schizophrenia Research 2010;117(2-3): 264-265.	WRONG DESIGN (observational study)
46.	Eramo et al. All-cause discontinuation and safety of aripiprazole once-monthly for the treatment of schizophrenia: A pooled analysis of two double-blind, randomized, controlled trials. Schizophrenia Research 2014;153: S174.	WRONG DESIGN (pooled analysis of two RCTs)
47.	Eramo et al. The efficacy and safety of aripiprazole once-monthly in obese and non-obese patients with schizophrenia; a post-hoc analysis. International Journal of Neuropsychopharmacology 2014;17: 69.	WRONG DESIGN (post-hoc analysis)
48.	Fallon et al. The social outcome of patients in a trial of long-term continuation therapy in schizophrenia: pimozide vs fluphenazine. Psychological Medicine 1978;8:265-74. SECONDARY PUBLICATION of Falloon 1978	WRONG POPULATION (patients requiring treatment for acute symptoms)
49.	Falloon I, Watt D. A comparative controlled trial of pimozide and fluphenazine decanoate in the continuation therapy of schizophrenia. Psychological Medicine 1978;8:59-70.	WRONG POPULATION (patients requiring treatment for acute symptoms)
50.	Fallu et al. Randomized trial of oral atypical antipsychotics compared to long acting injectable risperidone in patients with bipolar disorder: An interim safety analysis." Biological Psychiatry 2005:57(8): 23S-23S.	WRONG COMPARISON (LAI vs. mixed oral APs)
51.	Fensbo C. Zuclopenthixol acetat, haloperidol og zuclopenthixol i behandling af akut psykotiske patienter. En kontrolleret multicenterundersøgelse. Nordisk Psykiatrisk Tidsskrift 1990:44(3): 295-297. Secondary publication of Baastrup 1993	WRONG INTERVENTION (LAIs not included)
52.	Fleischhacker et al. Treatment of schizophrenia with long-acting injectable risperidone: a 12-month open-label trial of the first long-acting second-generation antipsychotic. The Journal of clinical psychiatry 2003:64(10): 1250-1257.	WRONG COMPARISON (different doses of the same medication are compared)
53.	Fleischhacker et al. Functional outcomes with aripiprazole once-monthly in two double-blind, placebo- and active-controlled studies (aspire us 246 and aspire eu 247) for the treatment of schizophrenia. Value in health 2013;16, A550.	WRONG DESIGN (pooled analysis of two RCTs)
54.	Frangos H, Zissis NP, Leontopoulos I, et al. Double-blind therapeutic evaluation of fluspirilene compared with fluphenazine decanoate in chronic schizophrenics. *Acta Psychiatr Scand*. 1978;57(5):436-446. doi:10.1111/j.1600-0447.1978.tb06912.x	WRONG COMPARISON (fluspirilene)
55.	Fricchione Parise et al. Long-acting injectable antipsychotics: second-generation compared to first-generation drugs. Clinical outcomes and reflections. Journal: European neuropsychopharmacology 2016;26(0): s535-S536. Conference: 29th european college of neuropsychopharmacology congress, ECNP 2016. Austria.	WRONG COMPARISON (comparison of mixed groups of LAIs)
56.	Galfi B, Benson K, Grynaeus T. Results with the sustained action neuroleptic fluspirilene on chronic schizophrenic patients undergoing occupational therapy [Erfahrungen mit dem anhaltend wirkenden Neuroleptikum Fluspirilene bei arbeitstherapeutisch beschaNigten chronisch Schizophrenen]. International Pharmacopsychiatry 1973;8(1):37-59.	WRONG COMPARISON (fluspirilene)
57.	Gerlach J, Kramp P, Kristjansen P, Lauritsen B, Luhdorf K, Munkvad I. Peroral and parenteral administration of long-acting neuroleptics: a double-blind study of penfluridol compared to flupenthixol decanoate in the treatment of schizophrenia. Acta Psychiatrica Scandinavica 1975;52:132-44.	WRONG DESIGN (patients were already on one of the studied medications and have been randomised to keep it or switch to the other one)
58.	Gopal et al. Incidence and time course of extrapyramidal symptoms: A comparison of oral and long-acting injectable paliperidone randomized controlled studies. International Journal of Neuropsychopharmacology 2012;15: 50-51.	WRONG DESIGN (pooled analysis)
59.	Gopal et al. Rates and time course of extrapyramidal symptoms: A comparison of oral and long-acting intramuscular (LAI) paliperidone randomized controlled studies. Schizophrenia Research 2012;136, S257.	WRONG DESIGN (pooled analysis)
60.	Goldstein MJ, Rodnick EH, Evans JR, May PRA, Steinberg MR. Drug and family therapy in the aftercare of acute schizophrenics. Archives of General Psychiatry 1978;35:1169-77.	WRONG COMPARISON (different doses of the same medication are compared)
61.	Haider I. A controlled trial of fluphenazine enanthate in hospitalized chronic schizophrenics. The British journal of psychiatry: the journal of mental science 1968;114(512): 837-841.	WRONG DESIGN (short follow-up: 6 weeks)
62.	Hard et al. Pharmacokinetics and safety of deltoid or gluteal injection of aripiprazole lauroxil NanoCrystal® Dispersion used for initiation of the long-acting antipsychotic aripiprazole lauroxil. *Ther Adv Psychopharmacol*. 2019;9:2045125319859964. Published 2019 Jul 2. doi:10.1177/2045125319859964	WRONG COMPARISON (different doses and sites of injection of the same medication are compared)

63.	Hodgson RE. Evaluating the cost and clinical effectiveness of long-acting, injectable aripiprazole and paliperidone palmitate once a month in a real-world setting [published correction appears in Clinicoecon Outcomes Res. 2019 Sep 09;11:dlxvii]. *Clinicoecon Outcomes Res*. 2019;11:517-524. Published 2019 Aug 13. doi:10.2147/CEOR.S191198	WRONG DESIGN (observational study)
64.	Hogarty GE, McEvoy JP, Munetz M, DiBarry AL, Bartone P, Cather R, et al. Dose of fluphenazine, familial expressed emotion, and outcome in schizophrenia. Archives of General Psychiatry 1988;45:797-805.	WRONG COMPARISON (different doses of the same medication are compared)
65.	Hill et al. Incidences of extrapyramidal symptoms in patients with schizophrenia after treatment with long-acting injection (depot) or oral formulations of olanzapine. Clinical Schizophrenia and Related Psychoses 2014;7, 216-222.	WRONG DESIGN (pooled analysis)
66.	Hirsch SR, Jolley AG. The dysphoric syndrome in schizophrenia and its implications for relapse. *Br J Psychiatry Suppl*. 1989;(5):46-50.	WRONG DESIGN (discontinuation study)
67.	Hsu et al. Comparison of intramuscular olanzapine, orally disintegrating olanzapine tablets, oral risperidone solution, and intramuscular haloperidol in the management of acute agitation in an acute care psychiatric ward in Taiwan. J Clin Psychopharmacol 2010:30(3): 230-234.	WRONG COMPARISON (long-acting formulations not included)
68.	Huang et al. A randomized, 13-week study assessing the efficacy and metabolic effects of paliperidone palmitate injection and olanzapine in first-episode schizophrenia patients. *Prog Neuropsychopharmacol Biol Psychiatry*. 2018;81:122-130. doi:10.1016/j.pnpbp.2017.10.021	WRONG POPULATION (patients requiring treatment for acute symptoms)
69.	Isitt et al. Health-related quality of life in acute schizophrenia patients treated with RBP-7000 once monthly risperidone: An 8-week, randomized, double-blind, placebo-controlled, multicenter phase 3 study. Schizophr Res 2016;174(1-3):126-131. doi: 10.1016/j.schres.2016.03.020.	WRONG POPULATION (patients requiring treatment for acute symptoms)
70.	Johnson DAW, Ludlow JM, Street K, Taylor RDW. Double-blind comparison of half-dose and standard-dose flupenthixol decanoate in the maintenance treatment of stabilised outpatients with schizophrenia. British Journal of Psychiatry 1987;151:634-8.	WRONG COMPARISON (different doses of the same medication are compared)
71.	Ju H, Cong Z, Deng P. A control study on using pipothiazine palmitate to treat schizophrenic patients. Journal of Clinical Psychological Medicine 2000;10(1):24-5.	WRONG POPULATION (patients requiring treatment for acute symptoms)
72.	Kahn et al. Efficacy and tolerability of intramuscular followed by oral remoxipride and haloperidol in psychosis: A double blind controlled multicenter trial. European Neuropsychopharmacology 1993:3, 382-383	WRONG INTERVENTION (LAIs not included)
73.	Kane J, Quitkin F, Rifkin A, Klein DF. Comparison of the incidence and severity of extrapyramidal side effects with fluphenazine enanthate and fluphenazine decanoate. American Journal of Psychiatry 1978;135:1539-42.	WRONG DESIGN (short follow-up)
74.	Kane JM, Rifkin A, Woerner M, Reardon G. Low-dose neuroleptics in outpatient schizophrenics. Psychopharmacology Bulletin 1982;18(1):20-1.	WRONG COMPARISON (different doses of the same medication are compared)
75.	Kane et al. Fluphenazine vs placebo in patients with remitted, acute first-episode schizophrenia. Archives of General Psychiatry 1982;39(1): 70-73.	WRONG INTERVENTION (fluphenazine LAI & OS vs. placebo)
76.	Kane et al. Low dose fluphenazine decanoate in maintenance treatment of schizophrenia. *Psychiatry Res*. 1979;1(3):341-348. doi:10.1016/0165-1781(79)90016-7	WRONG DESIGN (discontinuation study)
77.	Keks et al. Long-acting injectable risperidone v. olanzapine tablets for schizophrenia or schizoaffective disorder. Randomised, controlled, open-label study. Br J Psychiatry 2007;191:131-9. Clinicaltrials.gov: NCT00236457	WRONG POPULATION (patients requiring treatment for acute symptoms)
78.	Keskiner A, Itil T, Han H, Hsu W, Ulett G. EEG changes after fluphenazine enanthate and decanoate based on analog power spectra and digital computer period analysis. Psychopharmacologia 1971;20(3):230-41. [MEDLINE: 71275801]	WRONG DESIGN (short follow-up)
79.	Khazaie H, Shakeri J. Comparative efficacy of every 2 weeks versus every 6 weeks injections of fluphenazine decanoate. Archives of Iranian Medicine 2005;8(2):109-14.	WRONG COMPARISON (different doses of the same medication are compared)

80.	Kim et al. Once-monthly paliperidone palmitate compared with conventional and atypical daily oral antipsychotic treatment in patients with schizophrenia. CNS Spectr. 2016;21(6):466-477 (clinicaltrials.gov: NCT02918825)	WRONG COMPARISON (LAI vs. mixed oral APs)
81.	Kinross-Wright J, Charalampous KD. A controlled study of a very long-acting phenothiazine preparation. International Journal of Neuropsychiatry 1965; 1:66-70. (HANDSEARCHED)	WRONG DESIGN (short follow-up: 6 weeks)
82.	Knudsen P, Hansen LB, Auken G, Waehrens J, Hojholdt K, Larsen NE. Perphenazine decanoate vs perphenazine enanthate efficacy and side effects in a 6 week double-blind, comparative study of 50 drug monitored psychotic patients. Acta Psychiatrica Scandinavica 1985;72(supp 322):15–28.	WRONG DESIGN (short follow-up: 6 weeks)
83.	Kramer et al. Paliperidone palmitate, a potential long-acting treatment for patients with schizophrenia. Results of a randomized, double-blind, placebo-controlled efficacy and safety study. International Journal of Neuropsychopharmacology 2009:13, 1-13	WRONG POPULATION (patients requiring treatment for acute symptoms)
84.	Kreisman D, Blumenthal R, Borenstein M, Woerner M, Kane J, Rifkin A, et al. Family attitudes and patient social adjustment in a longitudinal study of outpatient schizophrenics receiving lowdose neuroleptics: the family's view. Psychiatry 1988;51(1):3-13. [MEDLINE: 88218101]	WRONG COMPARISON (different doses of the same medication are compared)
85.	Kurland AA, Richardson JH. A comparative study of two long acting phenothiazine preparations, fluphenazine enanthate and fluphenazine decanoate. Psychopharmacologia (Berl) 1966;9:320-7.	WRONG COMPARISON (two formulations of the same medication are compared: Fluphenazine decanoate vs. Fluphenazine enantate)
86.	Lauriello et al. An 8-week, double-blind, randomized, placebo-controlled study of olanzapine long-acting injection in acutely ill patients with schizophrenia. J Clin Psychiatry 2008;69(5):790-9.	WRONG POPULATION (patients requiring treatment for acute symptoms)
87.	Lehmann E, Quadbeck H, Tegeler J, Fararuni M, Heinrich K. Drug-response differences of high and standard dosage of fluphenazine-decanoate in relation to schizophrenic symptoms. Pharmakopsychiatrie und Neuropsychopharmakologie 1980;13(3):117-29.	WRONG COMPARISON (different doses of the same medication are compared)
88.	Levenson AJ, Burnett GB, Nottingham JD, Sermas CE, Thornby JI. Speed and rate of remission in acute schizophrenia: a comparison of intramuscularly administered fluphenazine HC1 with thiothixene and haloperidol. Current Therapeutic Research Clinical and Experimental 1976;20(5):695-700.	WRONG DESIGN (short follow-up: 21 days)
89.	Li et al. A comparative randomized, open-label, rater-blinded study of paliperidone palmitate and risperidone long-acting injectable therapy in patients with schizophrenia." International Journal of Neuropsychopharmacology 2010:13: 167-167.	WRONG POPULATION (patients requiring treatment for acute symptoms)
90.	MacCrimmon DJ, Saxena B, Foley P, Grof P. Fluphenazine decanoate and fluphenazine enanthate in the out-patient management of chronic schizophrenia. Neuropsychobiology 1978;4:360-5.	WRONG COMPARISON (two formulations of the same medication are compared: Fluphenazine decanoate vs. Fluphenazine enantate)
91.	Magnus RV. A comparative study of fluspirilene and fluphenazine decanoate in schizophrenic patients. Journal of Pharmacotherapy 1979;2(3):109-14.	WRONG POPULATION (patients requiring treatment for acute symptoms)
92.	Malla et al. An Exploratory, Open-Label, Randomized Trial Comparing Risperidone Long-Acting Injectable with Oral Antipsychotic Medication in the Treatment of Early Psychosis. Clin Schizophr Relat Psychoses. 2016;9(4):198-208. doi: 10.3371/CSRP.MACH.061213. (HANDSEARCED)	WRONG COMPARISON (LAI vs. mixed oral APs)
93.	Malla et al. An open-label randomized trial comparing risperidone long acting injectable (RLAI) with oral antipsychotic medication in the treatment of early psychosis. Early Intervention in Psychiatry 2012;6: 100-100.	WRONG COMPARISON (LAI vs. mixed oral APs)
94.	Mallikaarjun et al. Pharmacokinetics, tolerability and safety of aripiprazole once-monthly in adult schizophrenia: an open-label, parallel-arm, multiple-dose study. Schizophr Res 2013:150(1): 281-288.	WRONG COMPARISON (different LAI doses are compared)
95.	Malm U, Perris C, Rapp W, Wedren G. A multicenter controlled trial of fluspirilene and fluphenazine enanthate in chronic schizophrenic syndromes. Acta Psychiatrica Scandinavica Supplementum 1974;249:94-116.	WRONG COMPARISON (fluspirilene)
96.	Manli et al. A randomized, 13-week study assessing the efficacy and safety of paliperidone palmitate and olanzapine in first-episode schizophrenic patients. European Neuropsychopharmacology 2015:25: S486-S487.	WRONG POPULATION (patients requiring treatment for acute symptoms)
97.	Marder SR, Van Putten T, Mintz J, Lebell M, McKenzie J, May PRA. Low and conventional dose maintenance therapy with fluphenazine decanoate. Archives of General Psychiatry 1987;44:518-21.	WRONG COMPARISON (different doses of the same medication are compared)

98.	Markowitz et al. Long-acting injectable paliperidone palmitate versus oral paliperidone extended release: a comparative analysis from two placebo-controlled relapse prevention studies. Ann Gen Psychiatry 2013;12(1): 22.	WRONG DESIGN (post-hoc analysis)
99.	Martyns-Yellowe IS. The decanoates of flupenthixol and clopenthixol in the treatment of chronic schizophrenic inpatients implications for community psychiatry. West African Journal of Medicine 1993;12(2):110-2.	WRONG POPULATION ("drug free" patients were included)
100	McClelland H, Farquharson RG, Leyburn P, Furness JA, SchiG AA. Very high dose fluphenazine decanoate. Archives of General Psychiatry 1976;33:1435-9	WRONG COMPARISON (different doses of the same medication are compared)
101	McCreadie RG, Flanagan WL, McKnight J, Jorgensen A. High dose flupenthixol decanoate in chronic schizophrenia. British Journal of Psychiatry 1979;135:175-9.	WRONG COMPARISON (different doses of the same medication are compared)
102	Meltzer et al. A randomized, double-blind, placebo-controlled trial of aripiprazole lauroxil in acute exacerbation of schizophrenia. J Clin Psychiatry. 2015;76(8):1085-90.	WRONG POPULATION (patients requiring treatment for acute symptoms)
103	Millar J, Daniel GR. A trial of fluphenazine enanthate in chronic schizophrenia. The British Journal of Psychiatry 1967;113(505): 1431-1432.	WRONG DESIGN (observational study)
104	Muser et al. Cost effectiveness of paliperidone palmitate versus oral antipsychotics in patients with schizophrenia and a history of criminal justice involvement. J Med Econ 2015: 1-9.	WRONG DESIGN (cost-analysis of the a randomized trial)
105	Nasrallah et al. Effect of Aripiprazole Lauroxil on Metabolic and Endocrine Profiles and Related Safety Considerations Among Patients With Acute Schizophrenia. J Clin Psychiatry 2016;77(11):1519-1525. doi: 10.4088/JCP.15m10467. SECONDARY PUBLICATION of Meltzer 2015	WRONG POPULATION (patients requiring treatment for acute symptoms)
106	Nasser et al. Efficacy, Safety, and Tolerability of RBP-7000 Once-Monthly Risperidone for the Treatment of Acute Schizophrenia: An 8-Week, Randomized, Double-Blind, Placebo-Controlled, Multicenter Phase 3 Study. J Clin Psychopharmacol. 2016;36(2):130-40. SECONDARY PUBLICATION of Isitt 2016	WRONG POPULATION (patients requiring treatment for acute symptoms)
107	NCT01567527. 52-week, Multicenter, Randomized, Double-blind, Placebo-controlled Study to Evaluate the Efficacy, Safety, and Tolerability of an Intramuscular Depot Formulation of Aripiprazole (OPC-14597) as Maintenance Treatment in Patients With Bipolar I Disorder. Last updated: 2012. (HANDSEARCHED)	WRONG POPULATION (bipolar patients)
108	NCT02282085 Treatment Study Comparing Aripiprazole Once Monthly With Standard of Care Medication in Outpatients With Schizophrenia. Last updated: 2015	WRONG COMPARISON (LAI vs. mixed oral APs)
109	Nylander et al. The effect of previous dose of oral aripiprazole (10 or 30 mg/day) on the efficacy and tolerability of aripiprazole once-monthly: Post-hoc analysis of two double-blind, randomized, controlled trials. International Journal of Neuropsychopharmacology 2014;17:149-150.	WRONG DESIGN (post-hoc analysis)
110	Ohkuma et al. A phase III study of KD-136 (haloperidol decanoate: a long-acting neuroleptic) in the treatment of schizophrenia - The detailed analysis of multi-clinical double-blind comparative study of haloperidol decanoate with oral haloperidol preparation. Rinsho Hyoka (Clin. Eval.) 1987; 15(1):37-72. (HANDSEARCHED)	WRONG POPULATION (patients requiring treatment for acute symptoms)
111	Pandina G. A Randomized, Placebo-Controlled Study to Assess the Efficacy and Safety of 3 Doses of Paliperidone Palmitate in Adults With Acutely Exacerbated Schizophrenia (vol 30, pg 235, 2010). Journal of Clinical Psychopharmacology 2010:30(4): 364-364.	WRONG POPULATION (patients requiring treatment for acute symptoms)
112	Pandina et al. A double-blind study of paliperidone palmitate and risperidone long-acting injectable in adults with schizophrenia. Prog Neuropsychopharmacol Biol Psychiatry 2011:35(1): 218-226.	WRONG POPULATION (patients requiring treatment for acute symptoms)
113	Potkin SG, Preda A. Aripiprazole once-monthly long-acting injectable for the treatment of schizophrenia. Expert Opin Pharmacother 2016;17(3):395-407. doi: 10.1517/14656566.2015.1114100.	WRONG DESIGN (systematic review)
114	Quiroz et al. Randomized, placebo-controlled, long-term study of risperidone long-acting injectable in relapse prevention in bipolar I disorder patients. Bipolar Disorders 2009:11: 71-71.	WRONG POPULATION (bipolar patients)
115	Ravaris et al. A controlled study of fluphenazine enanthate in chronic schizophrenic patients. Diseases of the Nervous System 1965;25:33–9. (HADSEARCHED)	WRONG DESIGN (not randomized)
116	Robak OH. Pipothiazine palmitate in the long-term treatment of chronic psychoses. A controlled trial on inpatients. Acta Psychiatrica Scandinavica 1973;244:83–94.	WRONG COMPARISON (LAI vs. mixed oral APs)
117	Rosenheck et al. Long-acting risperidone and oral antipsychotics in unstable schizophrenia. N Engl J Med 2011;364(9): 842-851.	WRONG COMPARISON (LAI vs. mixed oral APs)

118	Russell N, Landmark J, Merskey H, Turpin T. A double-blind comparison of fluspirilene and fluphenazine decanoate in schizophrenia. Canadian Journal of Psychiatry 1982;27:593-6.	WRONG POPULATION (patients requiring treatment for acute symptoms)
119	Schooler NR, Levine J, NIMH-PRB Collaborative Fluphenazine Study Group. The initiation of long-term pharmacotherapy in schizophrenia: dosage and side eGect comparisons between oral and depot fluphenazine. Pharmakopsychiatria 1976;9(4):159-69.	WRONG POPULATION (patients requiring treatment for acute symptoms)
120	Schooler NR, Levine J, Severe JB. Depot fluphenazine in the prevention of relapse in schizophrenia: evaluation of a treatment regimen. Psychopharmacology Bulletin 1979;15(2):44-7	WRONG POPULATION (patients requiring treatment for acute symptoms)
121	Schooler NR, Keith SJ, Sever JB, Matthews SM, Bellack AS, Glick ID, et al. Relapse and rehospitalisation during maintenance treatment of schizophrenia: the effects of dose reduction and family treatment. Archives of General Psychiatry 1997;54(5):453-63.	WRONG COMPARISON (different doses of the same medication are compared)
122	Schooler NR. Risperidone long-acting injection vs. oral risperidone: Analysis of relapse and rehospitalization controlling for switching in a pragmatic trial. Schizophrenia Bulletin 2015;41, S333.	WRONG COMPARISON (LAI vs. mixed oral APs)
123	Schreiner et al. The effect of long-acting paliperidone palmitate once-monthly on negative and depressive symptoms in patients with schizophrenia switched from previous unsuccessful treatment with oral aripiprazole. Ther Adv Psychopharmacol. 2017;7(2):59-65.	WRONG DESIGN (post-hoc analysis of an interventional single-arm trial)
124	Shenoy et al. Effects of a six-week drug holiday on symptom status, relapse, and tardive dyskinesia in chronic schizophrenics. Journal of Clinical Psychopharmacology 1981;1:141-5.	WRONG DESIGN (short follow-up: 6 weeks)
125	Shu L. Double-blind study of domestic penfluridol and fluphenazine decanoate. *Chung Hua Shen Ching Ching Shen Ko Tsa Chih (Chinese Journal of Neurology and Psychiatry)* 1983;16(3):141-5	WRONG DESIGN (short follow-up: 6 weeks)
126	Tegeler J, Floru L. A comparative study of the longacting neuroleptics perphenazin enanthate and fluspirilene [Eine Vergleichende Untersuchung Der Depot–Neuroleptika Perphenazin Onanthat Und Fluspirilen]. PharmakopsychiatrieNeuropsychopharmakologie 1979;12(5):357–65. [: EMBASE 1980018158]	WRONG COMPARISON (fluspirilene)
127	Van Praag et al. A controlled comparative study of Fluphenazine and Fluphenazine Enanthate in acute and cronic psychotic patients. Psychiatria, Neurologia, neurochirurgia 1970:73, 165-175.	WRONG POPULATION (patients requiring treatment for acute symptoms)
128	Van Praag HM, Dols LCW. Fluphenazine enanthate and fluphenazine decanoate: A comparison of their duration of action and motor side effects. American Journal of Psychiatry 1973;130(7):801-4.	WRONG DESIGN (short follow-up: 4 weeks)
129	Vereecken JLTH, Tanghe A. Fluspirilene and pipothiazine undecylenate, two long-acting injectable neuroleptics. Psychiatria, Neurologia, Neurochirurgia 1972;75:117-27.	WRONG DESIGN (short follow-up: 6 weeks)
130	Villeneuve A, Dogan K, Lachance R, Proulx C. A controlled study of fluspirilene in chronic schizophrenia. Current Therapeutic Research, Clinical and Experimental 1970;12(12):819-27.	WRONG COMPARISON (fluspirilene)
131	Weiden et al. A randomized controlled trial of long-acting injectable risperidone vs continuation on oral atypical antipsychotics for first-episode schizophrenia patients: initial adherence outcome. Journal of Clinical Psychiatry 2009;70, 1397-1406. SECONDARY PUBLICATION of Weiden 2012	WRONG COMPARISON (LAI vs. mixed oral APs)
132	Weiden et al. Maintenance treatment with long-acting injectable risperidone in first-episode schizophrenia: a randomized effectiveness study. J Clin Psychiatry 2012;73(9): 1224-1233.	WRONG COMPARISON (LAI vs. mixed oral APs)
133	Winter K, Fullerton AG, Hussain K, Tarlo L. A comparative double-blind trial of fluspirilene and fluphenazine decanoate in the treatment of chronic schizophrenia. Br J Clin Pract. 1973;27(10):377-380	WRONG COMPARISON (fluspirilene)
134	Wistedt B, Jorgensen A, Wiles D. A depot withdrawal study. Palsma concentration of fluphenazine and flupenthixol and relapse frequency. Psychopharmacology 1982;78:301-4.	WRONG INTERVENTION (fluphenazine + flupenthixol)
135	Wistedt B, Wiles D, Jorgensen A. A depot neuroleptic withdrawal study neurological effects. Psychopharmacology 1983;80(2):101-5.	WRONG INTERVENTION (fluphenazine + flupenthixol)

136	Wistedt B, Ranta J. Comparative double-blind study of flupenthixol decanoate and fluphenazine decanoate in the treatment of patients relapsing in a schizophrenic symptomatology. Acta Psychiatria Scandanavica 1983;67:378-88.	WRONG POPULATION (patients requiring treatment for acute symptoms)
137	Yatham et al. A 6-month randomized open-label comparison of continuation of oral atypical antipsychotic therapy or switch to long acting injectable risperidone in patients with bipolar disorder. Acta Psychiatr Scand Suppl 2007;(434):50-6.	WRONG POPULATION (bipolar patients)

Records studies awaiting assessment

1.	Czekalla et al. Randomised controlled clinical trials with oral and intramuscular olanzapine in the treatment of bipolar disorders - An analysis using criteria of evidence-based medicine (EbM). Pharmacopsychiatry 2002:35(5): II-II.	The reference is apparently wrong, there is no matching with the indicated journal.
2.	Detke et al. Olanzapine long-acting injection: An 8-week double-blind, randomized, placebo-controlled study in acutely-ill patients with schizophrenia. International Journal of Neuropsychopharmacology 2008:11: 152-152.	The reference is apparently wrong, there is no matching with the indicated journal.
3.	Filip et al. [Oxyprothepin decanoate in maintenance therapy of schizophrenia--a double-blind, standardized controlled study]. Ceskoslovenska psychiatrie 1985:81, 6-14	Not available after online research.
4.	Montgomery et al. Randomized, double-blind, placebo-controlled study of risperidone long-acting injectable in relapse prevention in patients with bipolar i disorder." European Psychiatry 2010:25.	The reference is apparently wrong, there is no matching with the indicated journal.
5.	Yi et al. Efficacy of flexible dose of paliperidone palmitate in the treatment of acute schizophrenia: A randomized, open, placebo-controlled study. Chinese Journal of New Drugs 2013:22(10): 1190-1195.	The reference is apparently wrong, there is no matching with the indicated journal.

List of ongoing studies

1.	NCT03172871. Aripiprazole IM Depot in the Acute Treatment of Adults With Schizophrenia. Last updated: January 2020.	Recruitment Status: Completed. No data available.
2.	CTRI/2012/04/002552. A clinical trial to study the effect of Olanzapine Long Acting Injection with Oral Olanzapine in Patients with Schizophrenia. Last modified on: April 2012 (HANDSEARCHED)	According to the protocol the study is open to recruitment.

Supplement E - Characteristics of included studies

Table. Characteristics of included studies. Legend: LAI=long-acting antipsychotics; OS=oral treatment; SCZ=schizophrenia; SCZ-AFF=schizo-affective disorder; OL=open-label; DB=double-blind; PANSS=Positive and Negative Syndrome Scale; BPRS= Brief Psychiatric Rating Scale; CGI=Clinical Global Impression; CPRS=Comprehensive Psychopathological Rating Scale; ICD=International Classification of Diseases; TSQM=Treatment Satisfaction Questionnaire for Medication; SBAS= Social Behaviour Assessment Schedule; SWN-K=subjective well-being under neuroleptic scale, short version; SES=Socio-Economic Status scales; PSE=Present State Examination; PSP=Personal and Social Performance; QLS=Quality of Life Scale; BMI=body mass index; DSM=Diagnostic and Statistical Manual of Mental Disorders; mg=milligrams; w=weeks; NR=not reported; NA=not applicable. Outcomes: A=relapse; B=acceptability; C=tolerability; D=efficacy (continuous); E=quality of life; F=hospitalization; G=functioning; H=weight gain; I=QTc prolongation; J=hyperprolactinaemia; K=extrapyramidal symptoms; L=sedation.

First author, year	Treatment 1	Treatment 2	Treatment 1 dose	Treatment 2 dose	N. patients	% women	Mean age (SD or range)	Diagnosis (criteria employed)	Setting	Country	Follow-up length	Blinding	Primary outcome	Provided data for the following outcomes
Studies comparing LAIs head-to-head														
Albert 1980	fluphenazine LAI	pipothiazine LAI	flexible mean 50 mg/2w	flexible mean 100 mg/4w	33	0%	About 45	SCZ (criteria unclear)	inpatients	Canada	12	DB	Multiple outcomes (mainly, BPRS subscales endpoint change)	B, C, D, K
Bechelli 1985	haloperidol LAI	pipothiazine LAI	flexible 50-150 mg/4w; mean 100 mg/4w	flexible 50-125 mg/4w; mean 65 mg/4w	41	0%	32 (19-43)	SCZ + schizotypal personality (Research Diagnostic Criteria)	outpatients	Brazil	24	DB	BPRS endpoint change	A, B, C, D, H, K
~~**Chai 1998**~~	~~pipothiazine LAI~~	fluphenazine LAI haloperidol LAI	Flexible: 50-150 mg/4w	Flexible: 25-75 mg/4w Flexible: 50-150 mg/4w	~~209~~	~~39.2%~~	~~30~~	SCZ (criteria unclear)	~~inpatients~~	~~China~~	~~12~~	OL	multiple outcomes	None
Chouinard 1978	fluphenazine LAI	pipothiazine LAI	flexible: administered each 2w; median at 9 months = 50 mg (6.25-100 mg)/month	flexible: administered each 2w; median at 9 months = 75 mg (12.5-450 mg)/month	32	50%	FLU-LAI median 36; PIPO-LAI median 39	SCZ (DSM-II)	outpatients	Canada	36	DB	multiple outcomes	A, B, C, D, F, J, K
Chouinard 1984	haloperidol LAI	fluphenazine LAI	flexible 15-900 mg/4w (median 225 mg/4w)	flexible 2,5-300 mg/2w (median 75 mg/2w)	72	50%	NR	SCZ (DSM-III)	outpatients	Canada	32	DB	BPRS and CGI endpoint change	None

Chowdhury 1980	flupenthixol LAI	fluphenazine LAI	flexible (no details)	flexible (no details)	26	36%	40 males; 43 females	SCZ (criteria unclear)	outpatients	UK	12	DB	multiple outcomes	None
Cookson 1985	fluphenazine LAI	haloperidol LAI	flexible 12,5-37,5 mg/2-6w	flexible 100-200 mg/2-6w	19	52.6%	42,8 (NR)	SCZ (criteria unclear); BMI>25	outpatients	UK	52	NR	BMI endpoint change	A, B, C, J
Cuomo 2018	aripiprazole LAI	paliperidone LAI-1	fixed 400 mg/4w	fixed 100 mg/4w	101	13%	31,9 (12,1)	SCZ spectrum/bipolar disorder with psychotic features (DSM-5) + DSM-5 substance use disorder. Note: 11% of patients had a diagnosis of bipolar disorder with psychotic features	inpatients	Italy	52	OL	CGI endpoint change	A, B, C, D, E, F, J, K
Dencker 1973	fluphenazine LAI	pipothiazine LAI	flexible: mean 16.2 mg/4w	flexible: mean 145.7 mg/4w	67	20.9%	40.2 pipothiazine; 42.1 fluphenazine	SCZ (criteria unclear)	mixed	Sweden	52	DB	multiple outcomes	A, B, C, D, K
Dencker 1980	flupenthixol LAI	clopenthixol LAI	flexible	flexible	60	21.7%	40.4	SCZ (criteria similar to the Schneiderian criteria)	outpatients	Sweden	52	DB	multiple outcomes	A, C, D, K, L
Dencker 1994	haloperidol LAI	perphenazine LAI	flexible: mean 120 mg/3w	flexible: mean 117 mg/3w	29	31%	43.8 (22-62)	SCZ (DSM-III-R; ICD-9 295)	mixed	Sweden	24	DB	CPRS endpoint change	None
Eberhard 1986	haloperidol LAI	flupenthixol LAI	flexible 25-300mg/4w	flexible 10-120 mg/4w	32	46.9%	38	SCZ (DSM-III)	mixed	NR	48	DB	CPRS endpoint change	A, B, D
Eufe 1979	flupenthixol LAI	perphenazine LAI	fixed 20 mg/2w	fixed 100 mg/2w	32	12.5%	28-63	SCZ (ICD-9)	outpatients	Germany	12	NR	NR	B, D, K
Feng 1990	haloperidol LAI	fluphenazine LAI	fixed 25 mg/4w	fixed 25 mg/2w	30	20%	40.4 (25-54)	SCZ (Huangshan council schizophrenia standard 1984)	NR	China	12	DB	CGI endpoint change	B, D, K
Hirsch 1978	flupenthixol LAI	fluphenazine LAI	NR	NR	57	NR	NR	SCZ (PSE criteria)	outpatients	UK	26	DB	multiple outcomes	None
Hranov 1998	haloperidol LAI	fluphenazine LAI	Flexible: mean 99.3 mg/4w	Flexible: mean 47.3 mg/2w	41	58.5%	41.3	SCZ (ICD-10 F20)	NR	Bulgaria	26	NR	PANSS endpoint change	B, K
Jain 1975	fluphenazine LAI	pipothiazine LAI	flexible: mean 125 mg/2w	flexible: mean 250 mg/2w	30	46.7%	49 (24-61)	SCZ (criteria unclear)	Inpatients	Canada	20	DB	BPRS endpoint change	A, B, D

Javed 1991	flupenthixol LAI	fluphenazine LAI	fixed: mean 40 mg/2w	fixed: mean 25 mg/2w	38	11.1%	50	SCZ (DSM-III)	outpatients	Pakistan	12	DB	CGI endpoint change	D, K
Kelly 1977	flupenthixol LAI	fluphenazine LAI	fixed 20-40 mg/3w	fixed 25 mg, 50 mg/3w	60	unclear	41.9	SCZ (criteria unclear)	outpatients	UK	39	DB	BPRS endpoint change	A, B, C, K
Kissling 1985	haloperidol LAI	fluphenazine LAI	flexible 68 mg/4w at the end of the study	flexible 10 mg/2w at the end of the study	54	74%	33 (sd 11.5)	SCZ (ICD 295,-)	NR	Germany	26	DB	multiple outcomes	A, B, C, D
Koshikawa 2016	risperidone LAI	paliperidone LAI-1	flexible upper limit 50 mg/2w	flexible upper limit 150 mg/4w	30	48.2%	45 (sd 10.9)	SCZ + SCZ-AFF (DSM-IV-TR)	inpatients	Japan	26	OL	SFS endpoint change	A, B, C, D, E, G
Lapierre 1983	fluphenazine LAI	pipothiazine LAI	Males: mean 65.17 (6.25 to 150); females: 49.21 (12.5 to 125.0)	Males: mean 76.38 /12.5 to 150); females: 78.9 (18.75 to 112.5)	43	46.5%	FLU-LAI: 36.5 (19-56); PIPO-LAI: 31.3 (21-49)	SCZ (DSM-III)	outpatients	Canada	52	DB	AMDP Psychopathology Scale endpoint change	None
Leong 1989	fluphenazine LAI	pipothiazine LAI	flexible mean 19,4 mg/4w. Range: 12,5-50 mg/4w	flexible mean 39,8 mg/4w. Range mean 25-50 mg/4w	60	55%	37.8 (se 1.87)	SCZ (ICD 295,-)	outpatients	Singapore	28	DB	multiple outcomes	A, B, C, D, K
Lundin 1992	fluphenazine LAI	flupenthixol LAI	flexible mean 21 mg/4w	flexible mean 82 mg/4w	58	20.7%	35	SCZ (DSM-III)	outpatients	Sweden	26	DB	multiple outcomes	A, B, D
McEvoy 2014	paliperidone LAI-1	haloperidol LAI	flexible 39-234 mg/4w	flexible 25-200 mg/4w	311	25.5%	44 (sd 12.5)	SCZ + SCZ-AFF (DSM-IV-TR)	outpatients	US	104	DB	Efficacy failure (rated by an Outcome Adjudication Committee)	A, B, C, D, F, H, J, K
McKane 1987	haloperidol LAI	fluphenazine LAI	flexible mean 127 mg/4w	flexible mean 106 mg/4w	38	42%	56 (NR)	SCZ (Feighner criteria)	inpatients	Scotland	60	DB	Relapse rate	A, B
McLaren 1992	bromperidol LAI	fluphenazine LAI	flexible mean 242 mg/4w	flexible mean 103 mg/4w	47	42.6%	46.2 (sd 11.4)	SCZ (ICD-9)	outpatients	UK	52	DB	Relapse rate	A, B, C, L
Pinto 1979	fluphenazine LAI	flupenthixol LAI	flexible mean 25 mg/3w	flexible mean 36.6 mg/3w	64	NR	NR	SCZ (criteria unclear)	outpatients	UK	78	DB	BPRS endpoint change	B, C, D, K

Potkin 2017	aripiprazole LAI	paliperidone LAI-1	flexible 300-400 mg/4w	flexible 78-234 mg/4w	295	40.2%	41.9 (sd 10.8)	SCZ (DSM-IV-TR)	outpatients	Multicenter (Canada, Czech Republic, Estonia, France, Italy, Germany, Spain, Sweden, UK, US)	28	OL	QLS endpoint change	A, B, C, D, E, H, K
Rossi 1990	bromperidol LAI	fluphenazine LAI	flexible 85 mg/4w	flexible 30 mg/4w	30	40%	29.3 (19-42)	SCZ (DSM-III-R)	mixed	Italy	26	DB	multiple outcomes	A, B, C, D, K
Rossi 1992	bromperidol LAI	haloperidol LAI	flexible mean 164 mg/4w	flexible mean 119 mg/4w	20	55%	48 (34-68)	SCZ (DSM-III-R)	inpatients	Italy	52	DB	multiple outcomes	A, B, C, D, H, K
Savitz 2016	paliperidone LAI-1	paliperidone LAI-3	fixed 50, 75, 100, or 150 mg/4w	fixed 175, 263, 350, or 525 mg/4w	1016	48%	38.7 (12)	SCZ (DSM-IV)	mixed	Multicenter (26 countries)	48	DB	Relapse according to composite criteria	A, B, C, D, F, G, H, I, J, K, L
~~**Schlosberg 1978**~~	fluphenazine LAI pipothiazine LAI	~~placebo~~	Flexible 6.25-50 mg/4w Flexible 6.25-50 mg/4w	~~NA~~	~~75~~	~~NR~~	~~41.6 (sd 10.6)~~	~~SCZ (cirteria unclear); "highly resistant to treatment"~~	inpatients	Israel	36	DB	multiple outcomes	A, B, C, K
Schneider 1981	fluphenazine LAI	pipothiazine LAI	flexible 12.5-100 mg/2-5w	Flexible 50-400 mg/2-5w	59	13.5%	44.5 (22-61)	SCZ (DSM-II)	outpatients	US	16 to 32	DB	Blood laboratory values	None
Sharma 1991	fluphenazine LAI	haloperidol LAI	Fixed 100 mg/4w	Fixed 100 mg/4w	59	42.4%	52 (30-81)	SCZ (DSM-III)	NR	UK	48	DB	multiple outcomes	A, B ,K
Simon 1978	fluphenazine LAI	pipothiazine LAI	flexible: mean 88 mg/3w	flexible: mean 90 mg/25 days	118	34.7%	30% 20-29; 37% 30-39; 33% > 40	SCZ (official French classification)	inpatients	France	78	OL	multiple outcomes	A, B, C, D, K
Singh 1979	fluphenazine LAI	pipothiazine LAI	Flexible: mean 44.2 mg/4w	Flexible: mean 125 mg/4w	30	20%	44 (29-59)	SCZ (DSM-II)	Outpatients	Canada	44	DB	BPRS endpoint change	B, D, K
Song 1993	fluphenazine LAI	pipothiazine LAI	unclear	unclear	109	unclear	unclear	SCZ (criteria unclear)	outpatients	China	24	NR	multiple outcomes	A, B, C
Steinert 1986	flupenthixol LAI	pipothiazine LAI	flexible 20-40 mg/2w	flexible 25-100 mg/4w	39	38.5%	42.4 (11.5)	SCZ (operational definition Priest Steinert 1977)	inpatients	UK	52	DB	BPRS endpoint change	A, B, C, D, K
Walker 1983	fluphenazine LAI	clopenthixol LAI	flexible mean 24.8 mg/3-4w	flexible mean 220 mg/3-4w	39	NR	45 (23-67)	SCZ (criteria unclear)	outpatients	UK	24	DB	multiple outcomes	A, B, C, D, F, K, L

Wistedt 1991	haloperidol LAI	zuclopenthixol LAI	flexible 38-200 mg/4w	flexible 100-600 mg/4w	64	54.1%	38 (21-61)	SCZ (DSM-III) and 18-item BPRS between 5 and 26	outpatients	Finland, Sweden	36	DB	CGI endpoint change	A, B, C, D, K
Wistedt 1984	fluphenazine LAI	haloperidol LAI	flexible 25-300 mg/4w	flexible 25-300 mg/4w	51	35.3%	37.3 (NR)	SCZ, chronic (Research Diagnostic Criteria)	inpatients	Multicenter	20	DB	CPRS endpoint change	A, B, C, D, H, J, K
Woggon 1977	fluphenazine LAI	pipothiazine LAI	flexible 25-37.5 mg/3w	flexible starting from 100 mg/4w	61	41%	21-79	SCZ (ICD, version not specified)	outpatients	Germany	26	DB	multiple outcomes	B
Studies comparing LAIs vs. oral antipsychotics														
Bai 2007	risperidone LAI	risperidone OS	flexible 25-50 mg/2w	flexible 1-8 mg/day	50	50%	46.4 (11.9)	SCZ (DSM-IV)	inpatients	Taiwan	52	OL	PANSS endpoint change	A, B, C, D, E, G, K
Barnes 1983	fluphenazine LAI	pimozide OS	fixed 25 mg/2w	fixed: 8 mg/day	36	50%	49.4 (10.01)	SCZ (Syndrome Check List of the Present State Examination 9th edition)	outpatients	UK	52	DB	SBAS endpoint change	A, B, F, G
Bozzatello 2019	paliperidone LAI-1	paliperidone OS	flexible 50-150 mg/4w	flexible 6-12 mg/day	72	NR	46.4 (NR)	SCZ (DSM-5)	outpatients	Italy	24	OL	TSQM, SWN-K, SES endpoint change	A, B, D, E, G, H, J
Chue 2005	risperidone LAI	risperidone OS	fixed 25, 50, 75 mg/2w	fixed 2, 4, 6 mg/day	640	35.3%	40 (0.6)	SCZ (DSM-IV)	mixed	UK, mainland Europe, North America, Africa	12	DB	PANSS endpoint change	A, B, C, D, H, J
Crawford 1974	fluphenazine LAI	trifluoperazine OS	NR	NR	29	NR	NR	SCZ (criteria unclear)	outpatients	Scotland	40	DB	Relapse rate	A, B, F
Del Giudice 1975	fluphenazine LAI	fluphenazine OS	fixed 25 mg/4w	flexible 5-80 mg/day; mean 21.7 mg/day	58	NR	NR	SCZ (criteria unclear)	outpatients	US	69	DB	Re-hospitalization rate	A, B, C, H, K, L
Detke 2014	olanzapine LAI	olanzapine OS	flexible 150-405/4w	flexible 5-20/day	524	32.8%	40.9 (10.9)	SCZ (DSM-IV)	outpatients	US	96	OL	Time to all-cause discontinuation	A, B, C, D, F, H, J, K, L
Gaebel 2010	risperidone LAI	quetiapine OS	flexible 25-50 mg/2w	flexible 50-750 mg/day	710		41.6 (12.8)	SCZ + SCZ-AFF (DSM-IV)	outpatients	Multicenter (25 countries)	104	OL	Time to relapse	A, B, C, D, F, H, J, K, L
Glick 2005	haloperidol LAI	quetiapine OS	flexible mean 170 mg/4w	flexible mean 493 mg/day	29	NR	42.2 (12.7)	SCZ + SCZ-AFF (DSM-IV)	inpatients	US	48	OL	PANSS endpoint change	A, B, D
Green 2015	risperidone LAI	risperidone OS	flexible 25-37.5 mg/2w	flexible 2-4 mg/day	95	23.2%	41.7 (10.7)	SCZ + ALCOHOL ABUSE (DSM-IV)	outpatients	US	24	OL	Days of heavy drinking	A, B, D

Hogarty 1979	fluphenazine LAI	fluphenazine OS	flexible 12.5-125 mg/2w	flexible 2.5.40 mg/day	105	54%	34.2 (NR)	SCZ (criteria unclear)	outpatients	US	104	DB	Relapse rate	A, B, C, K
Ishigooka 2015	aripiprazole LAI	aripiprazole OS	flexible 300-400 mg/4w	flexible 6-24 mg/day	455	39.1%	39.2 (11.5)	SCZ (DSM-IV)	NR	Japan, Malaysia, Taiwan, Philippines	52	DB	Non-relapse rate	A, B, C, D, E, H, J, K
Janssen Korea, Ltd. (NCT00992407) 2014	risperidone LAI	risperidone OS	flexible 25; 37,5; 50 mg/2w	flexible 0.5-10 mg/day	75	39%	34.5 (10)	SCZ + SCZ-AFF (criteria unclear)	NR	Republic of Korea	52	OL	PSP endpoint change	A, B, C, D, E
Kamijima 2009	risperidone LAI	risperidone OS	flexible 25-50 mg/2w	flexible 2-6 mg/day	205	NR	42.7 (NR)	SCZ (DSM-IV)	mixed	Japan	24	OL	PANSS endpoint change	A, B, C, H, J
Kaneno 1991	fluphenazine LAI	haloperidol OS	flexible 12,6–50 mg/4w	3,1-12 mg/day	263	35%	NR	SCZ (criteria unclear)	NR	Japan	24	DB	Discontinuation rate due to symptoms worsening	A, B, C
MacFadden 2010	risperidone LAI	aripiprazole OS	flexible 25-50 mg/2w	flexible 10-30 mg/day	355	39.9%	37.9 (11.5)	SCZ (DSM-IV)	outpatients	Multicenter (US, South America, India)	104	OL	Time to relapse; time in remission according to PANSS score	A, B, C, D, J, K
McCreadie 1980	fluphenazine LAI	pimozide OS	flexible 12,5-50 mg/1-2w	flexible 8-32 mg/day	34	0	49 (19-70)	definite SCZ (Feighner criteria)	mixed	Scotland	36	DB	multiple outcomes	A, B, C, K
McCreadie 1982	fluphenazine LAI	pimozide OS	flexible 12,5-50 mg/1-2w	fixed, the initial dose was gradually reduced	28	0	55.5 (NR)	definite SCZ (Feighner criteria)	outpatients	Scotland	36	DB	multiple outcomes	A, B, C, K
Mosolov 2008	risperidone LAI	olanzapine OS	flexible mean 41,7 mg/2w	flexible mean 15,9 mg/day	40	42.5%	34.5 (8.7)	SCZ + SCZ-AFF (ICD-10)	outpatients	Russia	53	OL	PANSS and CGI endpoint change	A, B, C, D, K
Quitkin 1978	fluphenazine LAI	penfluridol OS	flexible 0,5-20 mg/2w	flexible 40-80 mg/day	60	31.6%	26 (6)	SCZ (Research Diagnostic Criteria)	outpatients	US	52	DB	multiple outcomes	A, B, C
Schooler 1980	fluphenazine LAI	fluphenazine OS	flexible 12,5-100 mg/3w	flexible 2,5-60 mg/day	214	41.4%	29 (9)	SCZ (DSM-II)	inpatients	US	52	DB	Relapse rate	A, B, C, F
Subotnik 2015	risperidone LAI	risperidone OS	flexible 12,5-37,5 mg/2w	flexible 1-7,5 mg/day	86	22%	21.5 (3)	SCZ + SCZ-AFF + schizophreniform disorder (DSM-IV)	mixed	US	52	OL	Relapse rate	A, B, C, F, J, K
Zuardi 1983	haloperidol LAI	haloperidol OS	unclear	unclear	22	40.9%	45 (NR)	SCZ (criteria unclear)	inpatients	Brazil	16	DB	unclear	A, D, K
Studies comparing LAIs vs. placebo														

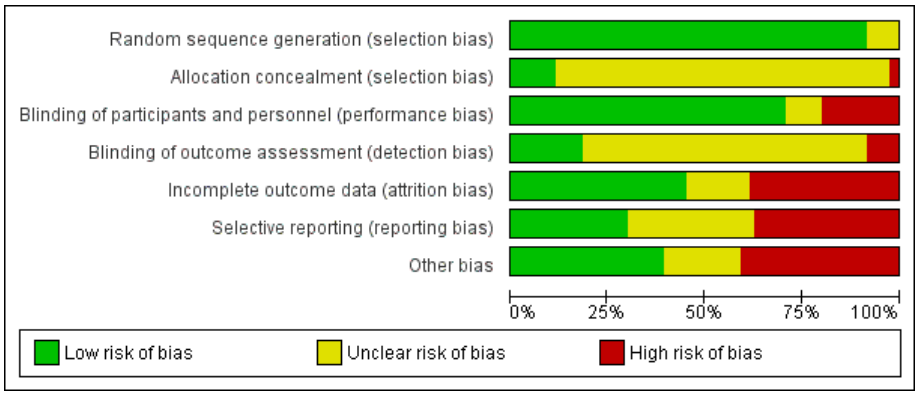
Berwaerts 2015	paliperidone LAI-3	placebo	fixed 175, 263, 350, 525 mg/12w	NA	305	25%	37.8 (11)	SCZ (DSM-IV-TR)	mixed	Multicenter (8 countries)	12	DB	Time to relapse	A, B, C, D, F, G, H, I, J, K
Dotti 1979	fluphenazine LAI	placebo	flexible 25-50 mg/4w	NA	20	0	NR	SCZ (criteria unclear)	outpatients	NR	36	DB	Relapse rate	A, B, D
Eklund 1991	haloperidol LAI	Placebo	60 mg/4w	NA	43	NR	NR	SCZ (Research Diagnostic Criteria)	mixed	Sweden	48	DB	Relapse rate	A, B, C
Fu 2015	paliperidone LAI-1	placebo	fixed 78, 117, 156, 234 mg/4w	NA	334	49.4%	38.6 (19-66)	SCZ-AFF (DSM-IV)	mixed	US	65	DB	Relapse rate	A, B, C, D, F, H, J, K
Gitlin 1988	fluphenazine LAI	placebo	fixed 12.5 mg/2w	NA	12	33.3%	25 (20-33)	SCZ + SCZ-AFF (Research Diagnostic Criteria)	NR	US	12	DB	Plasma levels of the drug	None
Gitlin 2001	fluphenazine LAI	placebo	flexible, starting from 12.5 mg/2w	NA	53	13%	25 (4.3)	SCZ + SCZ-AFF (Research Diagnostic Criteria)	outpatients	US	12	DB	Multiple outcomes	None
Hirsch 1973	fluphenazine LAI	placebo	flexible 25 mg-no upper limit/4w	NA	81	35.9%	43.4 (10.2)	SCZ (criteria unclear)	outpatients	UK	36	DB	Relapse rate	A, B, F, K
Hough 2010	paliperidone LAI-1	placebo	flexible 25-100 mg/4w	NA	410	66%	39.1 (11.1)	SCZ (DSM-IV)	mixed	Multicenter (9 countries)	63	DB	Time to relapse	A, B, C, D, H, I
Jolley 1990	fluphenazine LAI	placebo	flexible mean 133 mg/4w	NA	54	NR	NR	SCZ (DSM-III)	outpatients	UK	104	DB	Relapse rate	A, B, C, F, K
Kane 1979	fluphenazine LAI	placebo	flexible 12.5-50/2w	NA	16	NR	26.7 (5.3)	SCZ (Research Diagnostic Criteria)	outpatients	US	12	DB	Relapse rate	A, B, C
Kane 2003	risperidone LAI	placebo	fixed 25, 50, 75 mg/2w	NA	400	24.6%	37.7	SCZ (DSM-IV)	mixed	US	12	DB	PANSS endpoint change	A, B, C, D, H, K
Kane 2012	aripiprazole LAI	placebo	flexible 300-400 mg/4w	NA	403	40.2%	40.6 (10.8)	SCZ (DSM-IV-TR)	mixed	Multicenter (US, Mexico, Argentina, Bulgaria, Romania, Serbia, Slovakia, Russia, India, Taiwan, Malaysia, Philippines)	52	DB	Impending relapse rate according to operationalized criteria	A, B, C, D, H, J, K

Keskiner 1968	fluphenazine LAI	placebo	fixed 12,5-75 mg/8w	NA	24	83.3%	36 (22-50)	SCZ (criteria unclear)	outpatients	US	12	DB	CGI endpoint change	A, B, C
Odejide 1982	fluphenazine LAI	placebo	fixed 50 mg/4w	NA	70	NR	NR	SCZ (ICD-9)	outpatients	Nigeria	52	DB	Relapse rate	A, B, C, K
Sampath 1992	fluphenazine LAI	placebo	flexible mean 50,4 mg/4w	NA	24	NR	57.1 (5.4)	SCZ (Research Diagnostic Criteria)	inpatients	UK	52	DB	Discontinuation of antipsychotic maintenance	A, B, C, J
Smeraldi 1990	bromperidol LAI	placebo	fixed 150 mg/4w	NA	20	50%	42 (18-65)	SCZ, residual (DSM-III-R)	outpatients	Italy	26	DB	multiple outcomes	A, B, D, H, K
Zissis 1982	haloperidol LAI	placebo	fixed 100 mg/4w	NA	32	28.1%	46.5 (NR)	SCZ (Feighner criteria)	inpatients	Greece	16	DB	BPRS endpoint change	A, B, C, D, K, L
Studies comparing LAIs vs. oral antipsycotics vs. placebo														
Fleischhacker 2014	aripiprazole LAI aripiprazole OS	very low dose of aripiprazole LAI (pseudo-placebo)	fixed 400 mg/4w flexible 10-30 mg/day	fixed 50 mg/4w	662	38.7%	41.2 (10.4)	SCZ (DSM-IV)	outpatients	Multicenter (15 countries)	38	DB	Relapse rate	A, B, C, D, H, I, J, K
Kane 2010	olanzapine LAI olanzapine OS	very low dose of olanzapine LAI (pseudo-placebo)	fixed 150mg/2w, 405 mg/4w, 300 mg/2w fixed 10, 15, 20 mg/day	fixed 45 mg/4w	1065	34.6%	35 (15.1)	SCZ (DSM-IV)	outpatients	Multicenter (26 countries)	24	DB	Relapse rate	A, B, C, D, H, J, K
Rifkin 1977	fluphenazine LAI fluphenazine OS	placebo	flexible 12,5-50 mg/2w flexible 5-20 mg/day	NA	73	31.5%	23.2 (NR)	SCZ (criteria unclear)	outpatients	US	52	DB	Relapse rate	A, B, C, K, L

Supplement F - Risk of bias of included studies

Risk of bias summary: review authors' judgements about each risk of bias item for each included study

Risk of bias graph: review authors' judgements about each risk of bias item presented as percentages across all included studies



Risk of bias tables

Note: the **"overall" Risk of Bias**, which was used for the analysis of the certainty of results with CINeMA, was calculated according to the following criteria: (a) LOW risk if four or more domains were at low risk (even if three were at high risk); (b) HIGH risk if three or more domains were at high risk; (c) UNCLEAR RISK in all other cases.

Albert 1980

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: "Patients were randomly assigned […]".
Allocation concealment (selection bias)	Unclear risk	No details provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	Low risk	Quote: "The identity of the medications was masked and the double blind character of the study preserved by inserting an identical placebo injection at two week intervals".
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided
Incomplete outcome data (attrition bias)	Low risk	Apparently, although not clearly stated, all patients completed the study and were included in the analyses.
Selective reporting (reporting bias)	Unclear risk	Protocol not available. Standard deviations and information on Serious Adverse Events have not been reported.
Other bias	Unclear risk	Source of funding not reported.
Overall (CINeMA)	Unclear risk	

Bai 2007

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Described as randomised, but no details are provided regarding generation of random sequence
Allocation concealment (selection bias)	Unclear risk	No details provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	High risk	The study is described as single-blind, which probably refers to the blinding of the outcome assessor, as a double-dummy procedure was not employed. However, this is not clearly discussed in the text.

Blinding of outcome assessment (detection bias)	Low risk	Although authors do not clearly state that assessors were unblinded, the description of the trial as "single blind" suggests so
Incomplete outcome data (attrition bias)	Low risk	Overal dropouts were not particularly high, however rates were strongly unbalanced between the two groups: oral risperidone 0/25 (0%), long-acting risperidone 5/25 (20%). Quote: "All data were analyzed on an ITT basis, and endpoint data were generated with the LOCF". Authors applied a "loose" ITT analysis, including only patients who received at least one dose of the drug. Although this is not clearly specified in the text, it seem likely that all patients received at least 1 dose of medication (see p. 1221, Results).
Selective reporting (reporting bias)	Unclear risk	No primary and secondary outcome clealry specified, no protocol available. All relevant outcomes are clearly reported in the text and tables, however tables did not always report the number of patients included in the analysis.
Other bias	High risk	Study "supported by grants from Janssen-Cilag Taiwan [and] the Johnson & Johnson Corporation, Taipei". The role of the funder in planning and conducting the study and writing the paper is not clearly discussed.
Overall (CINeMA)	Unclear risk	

Barnes 1983

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Described as a “double-blind, placebo-controlled trial”, although the terms “random” is not used, and no details are provided regarding generation of random sequence.
Allocation concealment (selection bias)	Unclear risk	No details provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	Low risk	A doubl-blind and double-dummy method is described.
Blinding of outcome assessment (detection bias)	Unclear risk	No details are provided on whether and how the blinding of the outcome assessor was guaranteed.
Incomplete outcome data (attrition bias)	Low risk	Dropout rates were relatively high: pimozide were 5/17 (29%) and fluphenazine LAI 5/19 (26%). An ITT approach is described: “the 1-year follow-up results of all patients who had begun the trial, including drop-outs, withdrawals and relapsers, were involved in the analysis”.
Selective reporting (reporting bias)	Low risk	The primary outcome is indicated as the Social Behaviour Assessment Schedule (SBAS).
Other bias	Low risk	Funding source is not clearly reported, although apparently there was no involvement of the industry in planning and writing the study.
Overall (CINeMA)	Low risk	

Bechelli 1985

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Stratified randomisation employed, but no details provided regarding generation of the random sequence
Allocation concealment (selection bias)	Unclear risk	No details provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	Low risk	Study described as "double blind". Quote:"The medications had a similar physical appearance and were injected by a nurse who did not participate in patient evaluation".
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided. Quote:"[...] evaluation carried out every month by the same investigator (LPCB)"
Incomplete outcome data (attrition bias)	Low risk	Relatively low drop out rate (<20%) in both arms: HD 2/21 9%, PP 2/20 10%.
Selective reporting (reporting bias)	Low risk	Although no protocol is available, the outcomes reported are coherent with study objectivies
Other bias	High risk	An author (Iecco MC) is an employee of Janssen Farmaceutica do Brasil, the role f the pharmaceutical company in planning and conducting the study and writing the paper is not clearly discussed.
Overall (CINeMA)	Low risk	

Berwaerts 2015

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"Stabilized patients were then randomized (1:1 ratio; via a sponsor-prepared computer-generated randomization scheme; administered by an interactive voice/web response system)". Quote:"Randomization was balanced using permuted blocks across the 2 treatment groups and stratified by study center to ensure balance of treatment allocation within a center"
Allocation concealment (selection bias)	Low risk	See quoted text on random sequence generation
Blinding of participants and personnel (performance bias)	Low risk	Study defined as double blind and details are provided regarding strategies employed to ensure placebo and active intervention injections could not be distinguished on administration
Blinding of outcome assessment (detection bias)	Unclear risk	No clear details are provided regarding blinding of assessors
Incomplete outcome data (attrition bias)	Low risk	Drop out rates are <20% in both arms: PP3M 12/160 7.5%, PBO 23/145 16%.
Selective reporting (reporting bias)	Low risk	Primary and secondary outcome described in the protocol are reported in the paper
Other bias	High risk	Janssen Research & Development, LLC had a direct involvment in the trial, some authors are company employed. The protocol mentions an ITT approach not reported in the paper
Overall (CINeMA)	Low risk	

Bozzatello 2019

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"Research Randomizer [...], free, web-based service for randomization, was used." p.3
Allocation concealment (selection bias)	Low risk	See above (apparently, a centralized web-based randomization was employed).
Blinding of participants and personnel (performance bias)	High risk	Open label trial
Blinding of outcome assessment (detection bias)	High risk	No masking performed according to the trial registration page @ACTRN12618001113246
Incomplete outcome data (attrition bias)	Low risk	An ITT analysis has been done with LOCF. The ITT sample encludes all of the randomised subjects.
Selective reporting (reporting bias)	Unclear risk	Primary and secondary outcomes are stated in the paper and are all reported. However, a protocol published before the pubblication is not available. The trial registration has been done Retrospectively in the australian New Zeland Clinical Trial Registry (the trial being performed by an Italian team in Italy). Given the current standard on clinical trial, an unclear risk judgment seems appropriate.
Other bias	Low risk	No industry role, no other source of bias detected.
Overall (CINeMA)	Low risk	

Chai 1998

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	WARNING: PDF COULD NOT BE LOCATED. The Risk of Bias judgments were not reported in Dinesh M, David A, Quraishi SN. Depot pipotiazine palmitate and undecylenate for schizophrenia. Cochrane Database of Systematic Reviews 2004, Issue 3. Art. No.: CD001720
Allocation concealment (selection bias)	Unclear risk	Not reported.
Blinding of participants and personnel (performance bias)	Unclear risk	Not reported.

Blinding of outcome assessment (detection bias)	Unclear risk	Not reported.
Incomplete outcome data (attrition bias)	Unclear risk	Not reported.
Selective reporting (reporting bias)	Unclear risk	Not reported.
Other bias	Unclear risk	Not reported.
Overall (CINeMA)	Unclear risk	

Chouinard 1978

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Subjects were allocated “at random”. Quote: “Except for the nurse responsible for giving the injections, the procedure was double-blind”.
Allocation concealment (selection bias)	Unclear risk	Allocation concealment not addressed in the paper.
Blinding of participants and personnel (performance bias)	Low risk	See above.
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided.
Incomplete outcome data (attrition bias)	Low risk	Dropout rates: fluphenazine 1/16 (6.2%); pipothiazine 3/16 (18.7%). All randomized patients were included in the analysis.
Selective reporting (reporting bias)	Unclear risk	No protocol available. Primary and secondary outcome are not clearly defined.
Other bias	Low risk	Poulenc Canada Ltd supplied the drug. Apparently, there was not other involvement of the industry in planning and writing the study.
Overall (CINeMA)	Low risk	

Chouinard 1984

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"[...] randomly assigned [...] in a balanced 2x2x3 factorial design". No details provided regarding generation of the random sequence.
Allocation concealment (selection bias)	Unclear risk	Allocation concealment not addressed in the paper
Blinding of participants and personnel (performance bias)	Low risk	Although the study is reported as "double blind", the authors do not report measures to ensure blinding
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided
Incomplete outcome data (attrition bias)	Low risk	No clear definition of primary and secondary outcomes. All of them are however (poorly described)
Selective reporting (reporting bias)	High risk	Results are only summiresed in the text, basic information lacking e.g. number of patients randomised to each arm
Other bias	High risk	Results were only narratively reported. No industry envolvment.
Overall (CINeMA)	Unclear risk	

Chowdhury 1980

Bias	Authors' judgement	Support for judgement

Random sequence generation (selection bias)	Low risk	Quote:" Patients were assigned to start on one or the other of the active drugs following a random number list".
Allocation concealment (selection bias)	Unclear risk	No details provided.
Blinding of participants and personnel (performance bias)	Low risk	Although the study is reported as "double blind", the authors do not report measures to ensure blinding
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided
Incomplete outcome data (attrition bias)	Unclear risk	26 patients were randomized and 22 patients completed the study (dropout rate 15%). The number of patients randomized to each arm is not reported. Analysis were performed per protocol.
Selective reporting (reporting bias)	High risk	See above.
Other bias	Unclear risk	Lundbeck Ltd. is acknowledged, but the role in planning and writing the study is not discussed.
Overall (CINeMA)	Unclear risk	

Chue 2005

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:" Randomization was stratified according to site, Positive and Negative Syndrome Scale (PANSS) score, Extrapyramidal Symptom Rating Scale (ESRS) total score, use of depot antipsychotics in the previous 6 months and daily dose of oral risperidone at randomization". Comment: no details are provided regarding generation of the random sequence, the stratification process seems to imply a computer generated scheme.
Allocation concealment (selection bias)	Unclear risk	No details provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	Low risk	Double dummy approach, quote:"stable patients were randomly assigned to receive long-acting risperidone (active injections, dummy oral) or continued oral risperidone (dummy injections, active oral)"
Blinding of outcome assessment (detection bias)	Unclear risk	Quote: "Psychotic symptoms were assessed by trained investigators at screening, randomization, and weeks 8 and 12 of the double-blind trial...". Comment: no details are provided regarding blinding of these investigators
Incomplete outcome data (attrition bias)	Low risk	For the primary outcome, trialists included in the analyses patients who recieved at least 4 injections (Loose ITT), however rates of patients non included are relatively low (<20%) in both arms: Oral 46/321= 14%, LAI 53/319= 17% (NB: più accurato di Ostuzzi 2017)
Selective reporting (reporting bias)	Low risk	All outcomes planned on the original trial registration at clinical trials.gov (NCT00249223) are reported in the paper. The paper reports moreover PANSS subscales not stated (nor as primary or secondary) in orginal trial registration.
Other bias	High risk	Jenssen funded trial, 2 authors are Jenssen employees. The role of the funder in planning and conducting the study and writing the paper is not clearly discussed
Overall (CINeMA)	Low risk	

Cookson 1986

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"Separate randomisation sequences were used for male and female patients". Comment: no details provided regarding how the randomisation sequences were generated
Allocation concealment (selection bias)	Unclear risk	No details provided
Blinding of participants and personnel (performance bias)	Low risk	Trial reported as double blind, however the strategy employed to ensure blinding is not reported
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided

Incomplete outcome data (attrition bias)	Low risk	Haloperidol drop out rate: 2/10 20%, no drop out in Fluphenazine arm.
Selective reporting (reporting bias)	Unclear risk	Clinical ratings are poorly reported by a summary description, no quantitive result
Other bias	Low risk	No industry envolvement. No other possible source of bias detected
Overall (CINeMA)	Low risk	

Crawford 1974

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Described as randomised but random sequence generation strategy not reported
Allocation concealment (selection bias)	Unclear risk	No details regarding allocation concealment reported
Blinding of participants and personnel (performance bias)	Low risk	Double blind wth double dummy strategy employed. Quote:"The preparations employed had identical appereances" (p386)
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided
Incomplete outcome data (attrition bias)	Low risk	2 patients not analised in the Trifluoperazine arm: 2/17 11.7%, no drop out from fluphenazine arm (n=14).
Selective reporting (reporting bias)	Low risk	All pre specified outcomes are reported. No protocol available.
Other bias	High risk	2 industry employees are mentioned in the acknowledgements, their role is not clearly addressed
Overall (CINeMA)	Low risk	

Cuomo 2018

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"those who accepted [enrollment] were randomly assigned [...] according to a block randomization design". Comment: no details provided regarding the random sequence generation
Allocation concealment (selection bias)	Unclear risk	No details provided regarding the allocation concealment
Blinding of participants and personnel (performance bias)	High risk	Quote:"The open design of the study, despite randomization, may limit the validity of its data, but this is compensated by its naturalistic design"
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided.
Incomplete outcome data (attrition bias)	Low risk	Quote:"A remarkable finding of our study was the complete adherence of our patients and the absence of dropouts" Comment: all randomized patients were analysed
Selective reporting (reporting bias)	Low risk	Although no protocol is available, the paper is overall coherent and the oucomes chosen are reasonable for the population type. Quote: "We used no other, disorder-specific tools, like the Positive and Negative Syndrome Scale or the Brief Psychiatric Rating Scale (BPRS) due to our population's diagnostic heterogeneity"
Other bias	Low risk	No other source of bias detected. No industry involvement.
Overall (CINeMA)	Low risk	

Del Giudice 1975

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"Within each block patients were randomly assigned by the visiting nurse to one of three study groups." Comment: Stratified randomisation employed, but no details are provided regarding the random sequence generation
Allocation concealment (selection bias)	Unclear risk	No details are provided regarding the allocation concealment

Blinding of participants and personnel (performance bias)	Low risk	Patients were randomized to three groups. A double-dummy procedure was used in two groups (fluphenazine depot + oral PBO; oral fluphenazine + PBO injection), while the third group was open-label (oral fluphenazine). Only the nurse who administered the intervention had the code, in case of adverse reactions needed to be managed, which is consistent with a single-blind design, as stated by the authors.
Blinding of outcome assessment (detection bias)	Low risk	Quote:"The investigators and ward physicians were blind" p 32. Comment: probably done
Incomplete outcome data (attrition bias)	High risk	Quote:"The life table analyses were adjusted for the partial and censored data through a calculation of the "effective number present at the beginning of an interval". As a result, the probabilities of returning are based on all of the available data." Comment: results are provided in not enough detail to ensure the validity of this approach as an ITT. Number of drop out patients of group 3 seems to be wrong (quote:"In Group III of 8 patients, 2 refused to participate, 1 refused injection and 1 refused the nurse's visits. The other 6 left the area after starting injection." 2+1+1+6=10). Over all, dropout rates were high: LAI + oral PBO 8/27 (29.6%); oral + LAI PBO 11/31 (35.5%), oral alone 6/30 (20%).
Selective reporting (reporting bias)	Unclear risk	The primary outcome was pre-specified and reported in the text and tables. No other efficacy outcomes were reported. Adverse events were not reported for group II. No protocol available
Other bias	High risk	The trial was founded by the Veteran administration and Squibb International. A Squibb and Sons statitician employee was involved in the trial design. The role of the funder in conducting the study and writing the paper is not clearly discussed.
Overall (CINeMA)	Unclear risk	

Dencker 1973

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:" These 67 patients were matched for sex and age (10 year classes), and distributed randomly between the treatment series".
Allocation concealment (selection bias)	Unclear risk	No details are provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	Low risk	Quote: "The double blind technique was applied and one of the psychiatrists regulated the treatment by prescribing the neuroleptics in the form of dose units".
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided on the blinding of the outcome assessment.
Incomplete outcome data (attrition bias)	Low risk	Dropout rates: fluphenazine LAI 6/35 (17.1%); pipothiazine LAI 3/32 (9.4%). A per protocol analysis was employed, however the number of patients analysed was similar to those randomized.
Selective reporting (reporting bias)	Unclear risk	No protocol available. No clear distinction between primary and secondary outcomes. All outcomes are reported, although many details are missing (e.g. standard deviations).
Other bias	Low risk	Possible role of the industry in funding, planning and writing the study is not reported. Apparently, the study was conducted independently from industry.
Overall (CINeMA)	Low risk	

Dencker 1980

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: "60 patients started the 12-month study during the years 1974-75. These patients were allocated at random to treatment with clopenthixol decanoate (30) or flupenthixol palmitate (30)" and "The injections were given by one of two nurses who knew the code but were unaware of other details of the study and who were not participating in the ratings or other assessments. This method of drug administration has been found in other trials to function well for maintaining double-blind conditions".
Allocation concealment (selection bias)	Unclear risk	No details are provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	Low risk	See above.
Blinding of outcome assessment (detection bias)	Low risk	See above.

Incomplete outcome data (attrition bias)	High risk	Dropout rates: flupenthixol LAI 7/30 (23.3%); clopenthixol LAI 3/30 (10%). A per protocol analysis was employed.
Selective reporting (reporting bias)	Unclear risk	No protocol available. No clear distinction between primary and secondary outcomes. All outcomes are reported, although many details are missing (e.g. standard deviations).
Other bias	Low risk	Possible role of the industry in funding, planning and writing the study is not reported. Apparently, the study was conducted independently from industry.
Overall (CINeMA)	Low risk	

Dencker 1994

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:" The trial was carried out as a randomised, double-blind, cross-over, multicentre study (five centres) with a total treatment period of 51 weeks".
Allocation concealment (selection bias)	Unclear risk	No details are provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	Low risk	Quote: "The double blind technique was applied and one of the psychiatrists regulated the treatment by prescribing the neuroleptics in the form of dose units".
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided.
Incomplete outcome data (attrition bias)	Unclear risk	Overall dropout rate was 5/29 (17.2%), however the number of patients randomized for each arm is not provided. Apparently, analyses were perfomed according to a per protocol approach.
Selective reporting (reporting bias)	Unclear risk	No protocol available. No clear distinction between primary and secondary outcomes. All outcomes are reported, although many details are missing (e.g. standard deviations).
Other bias	Low risk	Possible role of the industry in funding, planning and writing the study is not reported. Apparently, the study was conducted independently from industry.
Overall (CINeMA)	Unclear risk	

Detke 2014

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"At randomization (week 0) patients were randomly assigned to and received either olanzapine LAI [...] or oral olanzapine". (p. 427). Comment: no details are provided regarding the generation of the random sequence
Allocation concealment (selection bias)	Unclear risk	No details are provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	High risk	Quote:"This was a global, multicenter, 2-year, randomized, open label study comparing the long-term treatment effectiveness and safety of monthly olanzapine LAI versus daily oral olanzapine" p 427
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided on the blinding of the outcome assessment
Incomplete outcome data (attrition bias)	High risk	Dropout rates were very high: LAI group 142/264 (53.8%), oral group 133/260 (51.2%). Quote: "All analyses were conducted on an intention-to-treat basis; efficacy analyses included all randomized patients with baseline and post-baseline observations, unless otherwise stated". Missing data were imputed with LOCF and MMRM approaches.
Selective reporting (reporting bias)	Low risk	All outcomes stated in the first registration at clincialtrials.gov (May 2006) are reported in the paper DA RICONTROLLARE: credo che ce ne siano moltissimi su ct.gov - li hannop tenuti da parte just in case?
Other bias	High risk	Eli Lilly sponsored trial. 4 authors are Eli Lilly employees. The role of the funder in planning and conducting the study and writing the paper is not clearly discussed. Quote: "Patients who discontinued because of sponsor decision (n = 6/524, 1.1%) were excluded from discontinuation analyses to minimize potential bias".
Overall (CINeMA)	High risk	

Dotti 1979

Bias	Authors' judgement	Support for judgement

Random sequence generation (selection bias)	Low risk	The paper states that allocation was randomized but does not repot randomization strategy.
Allocation concealment (selection bias)	Unclear risk	No details provided regarding allocation concealment.
Blinding of participants and personnel (performance bias)	Low risk	No details provided regarding the appearence of the placebo injections. Investigators are reported as unaware of patients' assignement.
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided
Incomplete outcome data (attrition bias)	High risk	No ITT approach reported. All randomized subjects are accounted for the drop-out outcome. Regarding the BPRS score: in the placebo group 3 out of 10 patients (30%) and 1 out of 10 in the Fluphenazine arm (10%) were not analyzed, moreover this being due to relapse.
Selective reporting (reporting bias)	Low risk	No protocol available. No clearly prespecified primary and secondary outcomes, however all of the measures reported in the "methods" section are reported within the paper.
Other bias	Low risk	No industry envolvement. No other source of bias detected
Overall (CINeMA)	Low risk	

Eberhard 1986

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"The patients were randomised in groups of six" p. 256. N o details provided regarding random seuquence generation.
Allocation concealment (selection bias)	Unclear risk	No details provided regarding allocation concelament
Blinding of participants and personnel (performance bias)	Low risk	The trial is described as "double blind", although the blinding is not described in detail, two similar looking interventions were compared. Probably effective.
Blinding of outcome assessment (detection bias)	Unclear risk	Quote:"At weeks, 0, 12, 16 and 24 of both the HALd and the FLUd treatment phases, the psychiatrist completed the comprehensive psychopathological rating scale (CPRS) [...] At weeks 0, 14, 18, (i.e. 2 weeks after injections) and 24 of each study phase, the patient stated wether the condition had improved or deterioreted as compared to the preceding control assessment. In particular a check list was completed of side effects expected to occur" p. 258. Although the study is stated to be "double blind", strategy for ensure blinding of assessor is not described. It's also unclear wether the assessor psychiatrists were the same prescibing drugs increase (flexible dose trial) and the fact that 10 subjects were inpatients should also be taken into account. Overall the risk of bias seems unclear.
Incomplete outcome data (attrition bias)	Low risk	Quote:"All patients completed the first period, thereafter six dropped out" p. 256. Since only the first phase of this crossover study is tacken into account, the attrition rate for both arms is 0%
Selective reporting (reporting bias)	Low risk	A protocol for his trial is not available. Although the paper does not clearly state a primary outcome, a major importance of the CRSP scale is implied and all outcomes reported (weight change is described but not quantitatively reported).
Other bias	High risk	Janssen sponsored trial. One of the two author was a Janssen employee, moreover in the Acknowledgements some more Jenssen employees are recognized (quote) "for their active collaboration in this study" p.261. The role of the funder in planning and conducting the study and writing the paper is not clearly discussed.
Overall (CINeMA)	Low risk	

Eklund 1991

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: "After 15 countdown weeks, the patients either continued HD treatment or received placebo injection in accordance with randomization performed at baseline." No details on the sequence generation are provided.
Allocation concealment (selection bias)	Unclear risk	No details provided regarding allocation concealment.
Blinding of participants and	Low risk	Trial design generically stated to be "double blind", but without enough detail to establish the active/PBO injection could not be distinguished.

personnel (performance bias)		
Blinding of outcome assessment (detection bias)	High risk	No details are given regarding who performed the outcome assessment and whether blinded to allocation, however part of the discussion seems to imply that who made the assessment had knowledge of allocation and was informed of the overall clinical course of patients (see "other bias")
Incomplete outcome data (attrition bias)	Low risk	Altough original investigators defined as "dropped out" patients who relapsed, the drop out rate measured as leaving the assigned arm early due to any reason (but relapse) are <20% (run in: 5/56 9%, HD 3/20 15%, PBO 0/23 0%)
Selective reporting (reporting bias)	High risk	No clear definition of primary and secondary outcomes. No definition of "relapse" provided. Data are poorly reported.
Other bias	High risk	Original investigators report concern that some patients may have deviated from study drug. Quote:"Judged from high prolactin and RRA values in serum, a few patients may have occasionally used additional antipsychotic drugs, probably as a result of this emotional pressure (positive noncompliance)". Original investigators report concern on the efficacy of the instrument used to assess relapse in some cases. Quote:"Because two of the seven patients who remained well in the placebo group were skilled dissimulants, their psychiatric condition was difficult to assess. Reports from nurses as well as neighbours suggested that these two patients behaved strangely at times. The fact that they subsequently denied psychiatric symptoms during CPRS determinations demostrate the difficulty of drawing the line between ill and well."
Overall (CINeMA)	High risk	

Eufe 1979

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Quote: "According to chance”.
Allocation concealment (selection bias)	Unclear risk	No details provided.
Blinding of participants and personnel (performance bias)	Low risk	Described as double-blind.
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided.
Incomplete outcome data (attrition bias)	Low risk	Dropout rate: perphenazine LAI 1/16 (6.2%); flupenthixol LAI 2/16 (12.5%). Apparently, intention-to-treat analysis was done using a LOCF approach.
Selective reporting (reporting bias)	Unclear risk	Protocol not available. Some outcomes of interest regarding Mental State, side effects and nurses’ assessments were reported incompletely.
Other bias	Unclear risk	No details provided on a possible role of the funder.
Overall (CINeMA)	Unclear risk	

Feng 1990

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Quote: "randomly assigned".
Allocation concealment (selection bias)	Unclear risk	No details provided.
Blinding of participants and personnel (performance bias)	Unclear risk	"double blind...patients and doctors did not know what kind of medicine to be applied till end of treatment". Blinding details not reported.
Blinding of outcome assessment (detection bias)	Unclear risk	See above.

Incomplete outcome data (attrition bias)	High risk	Losses to follow-up unbalanced between groups: 3 (20%) in the haloperidol group and 1 (7%) in the fluphenazine group.
Selective reporting (reporting bias)	Low risk	Protocol not available. Primary outcome clearly reported.
Other bias	Unclear risk	Source of funding not reported.
Overall (CINeMA)	Unclear risk	

Fleishhacker 2014

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"eligible patients were randomised 2:2:1 to aripiprazole once-monthly 400 mg, oral aripiprazole (10–30 mg/day) or aripiprazole once-monthly 50 mg." p 136. Comment: generation of random sequence not described
Allocation concealment (selection bias)	Unclear risk	See quote above. No details provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	Low risk	Quote:"Aripiprazole once-monthly was administered into the gluteal muscle using a double-dummy design such that all patients, including those randomised to oral aripiprazole, received an injection. For patients randomised to aripiprazole once-monthly 400 mg or 50 mg, a one-time option to decrease to 300 mg or 25 mg, respectively, was permitted" p. 136 Quote"Aripiprazole depot was supplied in 400 mg lyophilized vials [...] Placebo tablets were identical in appearance to the aripiprazole tablets [...] Placebo depot was supplied in lyophilized vials [...] Aripiprazole depot was supplied in 200 mg lyophilized vials. (clinicaltrials.gov for NCT00706654) Comment: although some details are not reported, the double dummy procedure was likely effective in ensuring double blind fashion
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided regarding blinding of assessor
Incomplete outcome data (attrition bias)	Low risk	Quote:"The intent-to-treat (ITT) sample included all patients randomised to the double-blind treatment. The efficacy sample included all patients who received at least one dose of treatment and had at least one efficacy outcome assessment in the double-blind, active-controlled phase." "The Kaplan–Meier estimated impending relapse rates at week 26 were calculated as 1 minus the proportions of patients free of impending relapse events" p 137 (other outcomes measures employed LOCF as imputational approach) Comment: although "loose", an ITT approach is employed and the vast majority of patients were eventually included in the analysis of data.
Selective reporting (reporting bias)	Unclear risk	Quote:"Also, because of the very low initial relapse rates, the primary outcome was adjusted (as approved by the EMA; see online supplement DS1) from time to observed impending relapse at week 38 to Kaplan–Meier estimated relapse rates at week 26" p.144 Comment: primary outcome was changed during course of the study. Otherwise, no pre planned outcome is omitted.
Other bias	High risk	Study funded and sponsored by Otsuka Pharmaceutical Development & Commercialization, Inc, several authors are eployed by Otsuka and Lundbeck. The funder played an active role in the analysis and interpretation of data.
Overall (CINeMA)	Unclear risk	

Fu 2015

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	A double-blind approach with a "matching placebo" was employed. No details on the generation of the randomization sequence.
Allocation concealment (selection bias)	Unclear risk	No details provided.
Blinding of participants and personnel (performance bias)	Low risk	A double-blind approach with a "matching placebo" was employed.
Blinding of outcome assessment (detection bias)	Unclear risk	It is unclear whether the oucome assessor was blinded.
Incomplete outcome data (attrition bias)	Unclear risk	Dropout rates: paliperidone LAI 24%; placebo 28%. The primary analysis was performed on the ITT analysis set (all patients who received at least one injection).
Selective reporting (reporting bias)	High risk	According to the protocol, the primary outcome was the percentage of patients experiencing relapse, while in the paper multiple primary outcomes are described (i.e. delaying relapse, safety and tolerability).

Other bias	High risk	The study was sponsored, designed and written by the Janssen Scientific Affairs, LLC.
Overall (CINeMA)	Unclear risk	

Gaebel 2010

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"Stratified randomization according to previous treatment used three strata [...]. Patients were randomly allocated 1 : 1 to RLAI or quetiapine" p.2369
Allocation concealment (selection bias)	Unclear risk	No details provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	High risk	Study definied as open label
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided regarding masking of outcome assessor in the context of an open label trial.
Incomplete outcome data (attrition bias)	Low risk	For the primary putcome (time to relapse), an ITT approach was employed (Kaplan-Meier product limit method), and in both arms most of the randomised subjects were included (RLAI: 327/355: 92% QUET: 326/355 92%). For secondary outcomes the ITT approach employed the LOCF method. All the secondary outcomes had an attrition rate < 20, the highest being the SF-12 (RLAI 17%, QUET: 18%).
Selective reporting (reporting bias)	High risk	The primary outcome is clearly stated and reported both in paper and in the trial registration at clinicaltrials.gov. The SF-12 quality of life score secondary outcome is reported in the trial registration entry but omitted from the published paper. All the other outcomes are coherent betweeen trial registration and published paper.
Other bias	High risk	Industry sponsored Trial. Jansenn Cilag employes 2 of the authors (A. Schreiner, P Bergemans), other company employees provided study design, medical conduct supervision, statistical analyses.
Overall (CINeMA)	High risk	

Gitlin 1988

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: “Each patient was treated with either continued fluphenazine decanoate or placebo administered double blind for 12 weeks with random assignment […]”.
Allocation concealment (selection bias)	Unclear risk	No details provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	Low risk	See above.
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided.
Incomplete outcome data (attrition bias)	Low risk	Apparently, no dropouts occurred. A per protocol analysis was performed.
Selective reporting (reporting bias)	High risk	No protocol available. Implicitly, the primary outcome is represented by variations of plasma levels of fluphenazine. No other outcomes are reported.
Other bias	Low risk	Apparently, the sponsor participated only by providing the drug for the study.
Overall (CINeMA)	Low risk	

Gitlin 2001

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: “During the first 24 weeks of the study, patients were randomly assigned to treatment in a double-blind fashion to 12 weeks of their usual fluphenazine decanoate regimen or 12 weeks of placebo treatment, administered by a research nurse or physician”.
Allocation concealment (selection bias)	Unclear risk	No details provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	Low risk	See above.

Blinding of outcome assessment (detection bias)	Unclear risk	No details provided.
Incomplete outcome data (attrition bias)	Unclear risk	The number of patients analysed varies across different analyses. The number of dropout is apparently low, however the reasons for dropout and their distribution across study arms are not described.
Selective reporting (reporting bias)	High risk	No protocol available. Primary and secondary outcomes are not clearly described. The distribution of events across study arms is not clearly reported, thus data are not usable for the meta-analysis.
Other bias	Low risk	Apparently, the sponsor participated only by providing the drug for the study.
Overall (CINeMA)	Unclear risk	

Glick 2005

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Paper states that the patients were randomized without providing additional details
Allocation concealment (selection bias)	Unclear risk	No details provided regardin allocation concealment.
Blinding of participants and personnel (performance bias)	High risk	Trial is definied as "open-label".
Blinding of outcome assessment (detection bias)	Low risk	Quote:"All ratings were performed by clinicians who were not aware of the patients' treatment assignment."
Incomplete outcome data (attrition bias)	High risk	Quote:"Thirty-five patients were enrolled in the study. Of these, 6 patients declined to participate after learning of their treatment assignment [...]" p. 639. Although non explicitly stated, the number of randomized subjects was 35. The attrition rate was very high for the PANSS outcome: (QUET: 6/21: 29%, HALD: 7/14: 50%), for the survival curve (QUET: 5/21: 24%, HALD: 9/14: 36%). No details are provided regarding the number of analysed subjects for the remaining outcomes.
Selective reporting (reporting bias)	Unclear risk	No protocol available. In the paper the outcomes are pre-specified before the results, without a clear definition of primary and secondary ones. Results from the Simpson-Angus Scale and Barnes Akathisia Acale are only shortly and qualitatively reported.
Other bias	High risk	AstraZeneca supported the trial along with the Department of Veterans Affairs Medical Research Service. It is stated that editorial support was provided by the industry sponsor, but its role in designing and carrying out the trial is not described.
Overall (CINeMA)	High risk	

Green 2015

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"Randomization was stratified by use of oral risperidone at recruitment" p 1360. Comment: methods for generation of the random sequence are not reported.
Allocation concealment (selection bias)	Unclear risk	No details are provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	High risk	Quote:"the open-label nature of the study could have potentially led to biases in the way subjects were treated and the way in which they reported outcomes" p. 1364. Comment: open-label study.
Blinding of outcome assessment (detection bias)	Low risk	Quote:"At these visits, unblinded study investigators assessed participants for overall response to treatment and adverse events; and trained, blinded raters assessed participants for alcohol and other substance use, psychiatric symptoms, and treatment utilization" p 1360 "Blinding was maintained by ensuring that raters did not participate in the treatment aspects of the study, and patients were asked not to discuss the details of their treatment with raters." p 1361. Comment: blinding of assessors of raing scales likely effective.
Incomplete outcome data (attrition bias)	Unclear risk	Quote:"For the intent-to-treat analyses, data were censored (1) for the rest of the study if a subject was given clozapine or received a medication thought to decrease alcohol use or (2) for every week that a subject was in the hospital or otherwise incarcerated for more than 4 days during that week." p 1361 Comment: completers rate as from the clincialtrials.gov registration website for NCT00130923: Risperidone

		oral: 32/46 (69.6%), risperidone LAI 36/49 (73.5%). An ITT approach was employed but not as a primary outcome of the trial. Results are reported in not enough detail to establish how many partecipants were included in the ITT analyses
Selective reporting (reporting bias)	Unclear risk	The primary outcome has been originally described as (quote - NCT00130923 6/12/2007) "Alcohol use assessed by the Timeline Followback scale 6 months" and later changed to (quote - NCT00130923 23/09/2012) "Mean Heavy Drinking Days Per Week". Secondary outcome are not fully reported in the paper (PANSS, CGI, GAF).
Other bias	Low risk	Quote:"The sponsor [Janssen Pharmaceutical] had no role in the study itself. The investigators requested information from the sponsor regarding clinical use of LAI risperidone" p 1364
Overall (CINeMA)	Unclear risk	

Hirsh 1973

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"Patients were randomly allocated by a research assistant to the active drug or placebo group as they came into the trial over a period of seven months. No one else knew who was on drug or placebo until after the data were analysed." p 634. Comment: no details provided regarding strategy for generation of random sequence
Allocation concealment (selection bias)	Unclear risk	See quote above: no detalails provided regarding allocation concelament
Blinding of participants and personnel (performance bias)	Low risk	See quote above. Moreover:"Questionnaires filled in as patients completed the trial give no indication that the community or the ward nurses giving the medication could discern which patients had been receiving active medication. The same was true of general practitioners. They rarely saw a patient unless there was a crisis or the patient became ill. Patients seemed unaware of any change". Although not enough details are provided regarding the means to ensure blinding, it was likely effective.
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided regarding blinding of outcome assessors.
Incomplete outcome data (attrition bias)	Low risk	Analyses have been conducted by a per protocol approach, with low attrition rates: PBO: 3/41 7.3%, FLUPH-D: 4/40 10%
Selective reporting (reporting bias)	Unclear risk	No protocol available. No clearly predefined primary and secondary outcomes.
Other bias	Low risk	No industry envolvement. No other source of bias detected.
Overall (CINeMA)	Low risk	

Hirsh 1978

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	The study is defined as a “double-blind trial”, and no more details are provided.
Allocation concealment (selection bias)	Unclear risk	See above.
Blinding of participants and personnel (performance bias)	Low risk	See above.
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided regarding blinding of outcome assessors.
Incomplete outcome data (attrition bias)	High risk	30% dropped out of treatment (not clear how many in each arm). No details provided on the analysis methodology employed.
Selective reporting (reporting bias)	Unclear risk	No protocol available. No clearly predefined primary and secondary outcomes.
Other bias	Unclear risk	No details on the funder are provided.
Overall (CINeMA)	Unclear risk	

Hogarty 1979

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"105 schizophrenic patients were randomly assigned to a clinic to receive either oral fluphenazine hydrochloride or long-actingfluphenazine decanoate. Within the two drug conditions, patients were randomly assigned to either intensive ST (high ST) or routine surveillance (low ST). Thus, four distinct treatment groups were created" p1284. Comment: no details are provided regarding the generation of the random sequence
Allocation concealment (selection bias)	Unclear risk	No details provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	Low risk	Quote"The active and placebo form of the medication were identical in appearence" p1284. Comment: doble dummy procedure employed
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided
Incomplete outcome data (attrition bias)	High risk	Dropout rates are not reported in the text, however, according to the number of analyzed patients reported in table 2, they seem to be very high: depot arm 32/55 (58.2%), oral arm 37/50 (74%). No details provided on the management of missing data in the analysis. According to table 3 the analysis of the primary outcome (relapse rate) was performed on an intention-to-treat basis (all randomized patients are reported as the denominator), however the methods of imputation was not described.
Selective reporting (reporting bias)	High risk	The criteria for deeming clinical deterioration are not explained. Moreover, the major role adjustment inventory scale results are not reported.
Other bias	Low risk	The study was supported by a public grant. A pharmaceutical company (Squibb and Sons Inc) only supplied medications.
Overall (CINeMA)	Unclear risk	

Hough 2010

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"were randomized in a 1:1 ratio (via a sponsor-prepared computer-generated randomization scheme; assigned by an interactive voice-response system) to receive either paliperidone palmitate (at the previously stabilized dose), or placebo." p 108.
Allocation concealment (selection bias)	Low risk	See quote above
Blinding of participants and personnel (performance bias)	Low risk	Trial described as double blind. Quote "Paliperidone palmitate was provided as prefilled syringes containing 25, 50, or 100mg eq paliperidone palmitate (or matching placebo [Intralipid® 20% injectable emulsion])." p 108.
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided regarding blinding of outcome assessor.
Incomplete outcome data (attrition bias)	Low risk	Quote:"All efficacy analyses (interim and final) from the double-blind phase used the intent-to-treat (ITT) analysis set, which included all randomized patients who received at least one injection in the double-blind phase and had data available at the time of interim analysis cut-offdate or through study completion date. Safety analysis set for the double-blind phase was the same as the ITT analysis set." With this loose ITT approach, attrition rate were low: PP: 1/206 0.5%, PBO 1/204 0.5%.
Selective reporting (reporting bias)	Low risk	The paper pre specifies primary and secondary outcomes (clinicaltrial.gov registration entry less accurate but coherent). All the outcomes are reported, although some minor ones just in a narrative fashion.
Other bias	High risk	Quote:"This study was funded by Johnson & Johnson Pharmaceutical Research & Development, L.L.C., Raritan, New Jersey, USA. The employees of the sponsor and consultants for the study were directly involved in the design of the study, the collection, analysis and interpretation of data, the writing of the report and in the decision to submit this paper for publication."
Overall (CINeMA)	Low risk	

Hranov 1998

Bias	Authors' judgement	Support for judgement

Random sequence generation (selection bias)	Low risk	Described as “randomized”, however no details are provided regarding the generation of the random sequence.
Allocation concealment (selection bias)	Unclear risk	No information provided.
Blinding of participants and personnel (performance bias)	Unclear risk	No information provided.
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided.
Incomplete outcome data (attrition bias)	Unclear risk	Dropout rates: haloperidol LAI 4/21 (19%), fluphenazine LAI 6/20 (30%). No details on the analysis methodology are provided.
Selective reporting (reporting bias)	High risk	In this abstract multiple outcomes are reported and many details are lacking (e.g. mean rating scale scores).
Other bias	Unclear risk	No information provided.
Overall (CINeMA)	Unclear risk	

Ishigooka 2015

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"[patients] were randomized 1:1 to either aripiprazole once monthly group or oral aripiprazole group using permuted block method according to the instruction of the Interactive Voice Response System or the Interactive Web Response System" p422. The randomization process seems to imply a computer generated random sequence
Allocation concealment (selection bias)	Low risk	See quote above. Allocation concealment via voice/web response system
Blinding of participants and personnel (performance bias)	Low risk	A double dummy system is reported, however no description of the appearence of the placebo tablets/injections is provided
Blinding of outcome assessment (detection bias)	Low risk	Quote:"In the double-blind phase, the treatment allocation code for the administration of the investigational product was double-blind, meaning that the investigators and the subjects did not know whether the treatment group was the aripiprazole once-monthly group or the oral aripiprazole group. The sponsor's trial personnel, such as those involved in monitoring (blinded), data management, or data analysis, did not access to the treatment allocation code during the conduct of the trial." p422. Comment: it seems likely that assessors were blinded to allocation
Incomplete outcome data (attrition bias)	High risk	The completers rate is <80% in both arms (aripiprazole once monthly 169/228 74%, aripiprazole oral 151/227 66%). According to the number of analysed patients in tables 3, 4 and 5 all randomised patients were included in the analyses, and a (loose) ITT aproach is reported (p424). However, the imputational method employed (LOCF) is not appropriate in the context of a mantainence trial as it risks to overstimate the effecacy of the intervention. Moreover, some outcomes were analyzed according to a "per protocol" approach (see for example motor symptoms, weight gain, etc.).
Selective reporting (reporting bias)	High risk	Primary outcome is reported as "The primary efficacy endpoint was the non-exacerbation of psychotic symptoms/non-relapse rate at Week 26 in the double-blind phase" p423 - on a trial lasting 52 weeks. Moreover, the primary outcome listed on the registration trial @ clinicaltrials.jp (JapicCTI-R171013) reads "Non-exacerbation of psychotic symptoms/non-relapse rate in Phase 3 calculated by the Kaplan-Meier method", that given the timeframe reported in the registration entry seems to imply a study endpoint timeframe.
Other bias	High risk	The trial was funded by Otsuka Pharmaceutical Co., Ltd. One of the authors is a company employee, an other company employee provided "editorial support". The role of the funder in planning and conducting the study and writing the paper is not clearly discussed
Overall (CINeMA)	Low risk	

Jain 1975

Bias	Authors' judgement	Support for judgement

Random sequence generation (selection bias)	Low risk	Quote: "…randomly assigned…".
Allocation concealment (selection bias)	Unclear risk	Details of allocation concealment not reported
Blinding of participants and personnel (performance bias)	Unclear risk	Described as "double-blind". Blinding details not reported.
Blinding of outcome assessment (detection bias)	Unclear risk	See above.
Incomplete outcome data (attrition bias)	High risk	Losses to follow-up relatively high and unbalanced between groups: 4 (27%) participants left the study early in the pipothiazine group and 1 (5%) in the fluphenazine group. Appartently, a per protocol analysis was performed.
Selective reporting (reporting bias)	High risk	Protocol not available. The primary outcome is reported, although no SDs are presented.
Other bias	Low risk	Partially supported by Public Health Service Grant from the Department of Health, Education and Welfare, Washington D.C.
Overall (CINeMA)	Unclear risk	

Javed 1991

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: "randomised". No further details.
Allocation concealment (selection bias)	Unclear risk	Details of allocation concealment not reported
Blinding of participants and personnel (performance bias)	Low risk	Described as "double-blind". Blinding details not reported.
Blinding of outcome assessment (detection bias)	Unclear risk	See above.
Incomplete outcome data (attrition bias)	Unclear risk	7/45 patients dropped out of the study. 1/7 died and 6/7 "dropped out for reasons not related to the treatment [...] did not keep up their appointments." The number of drop-outs not reported across the intervention group.
Selective reporting (reporting bias)	Unclear risk	Protocol not available. All outcomes reported as mean scores (without SD): CGI, BPRS, Hamilton, SAS, Side effects checklist (side effects not described).
Other bias	Unclear risk	Employees of Lundbeck are acknowledged, however the role of industry in planning and conducting the trial is not clear.
Overall (CINeMA)	Unclear risk	

Jolley 1990

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"The patients were randomized into intermittent treatment (n=27) and control (n=27) groups." P. 838. no details provided regarding random sequence generation strategy.
Allocation concealment (selection bias)	Unclear risk	See above: no details provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	Low risk	Quote:"The control group (n=27) continued to receive fluphenazine decanoate in clinically optimal (that is, pretrial) doses, whereas in the intermittent group (n=27) equivalent doses of placebo injections were substituted under double blind conditions." P. 986. No further details provided.
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided.
Incomplete outcome data (attrition bias)	High risk	No ITT approach employed. Attrition rates are very high regarding the outcomes on extrapyramidal side effects: FLUPH-D: 9/27 30%, INTERM 15/27 55%.
Selective reporting (reporting bias)	High risk	Quote:" This paper is a report of clinical outcome after one year in terms of symptoms, treatment, and side effects. Data on social outcome will be reported separatly after a longer period of follow up" Jolley 1989 p 986. Unclear if the two year timeframe was effectively pre planned. The report after 2 years follow up does

		not mention the Manchester scale, the Global Assessment Scale, the Herz early signs questionnaire, the Symptom check list 90. The results from the SAS-II are only narratively reported.
Other bias	Low risk	E. R. Squibb and Sond had a role only in providing active intervention and placebo. No other source of bias detected
Overall (CINeMA)	Unclear risk	

Kamijima 2009

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	No details provided.
Allocation concealment (selection bias)	Unclear risk	No details provided.
Blinding of participants and personnel (performance bias)	High risk	The study employs an open label design.
Blinding of outcome assessment (detection bias)	High risk	See above.
Incomplete outcome data (attrition bias)	Unclear risk	Dropout rates: risperidone LAI 24%; risperidone OS 23%. No further details available on the approach amployed for the analyses. According to the reporting available from clinicaltrails.gov (NCT00240708) different analysis sets were defined in advance, and the primary outcome was measured on the "full analysis set", excluding "Patients who have not been treated with the investigational drug; Patients whose efficacy evaluation after treatment with the investigational drug was not conducted at all)
Selective reporting (reporting bias)	Low risk	The primary endpoint was declared in advance according to the protocol registered in clincialtrial.gov and repoted.
Other bias	High risk	The study was sponsored and directed by Janssen Pharmaceutical K.K.
Overall (CINeMA)	High risk	

Kane 1979

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"[…] 16 patients […] entered a double-blind placebo-controlled discontinuation study”.
Allocation concealment (selection bias)	Unclear risk	No details provided regarding allocation concealment.
Blinding of participants and personnel (performance bias)	Low risk	See above.
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided regarding blinding of outcome assessors.
Incomplete outcome data (attrition bias)	Low risk	Authors report only one dropout in the fluphenazine arm. The analysis of relapses was performed on all randomized patients.
Selective reporting (reporting bias)	Unclear risk	No protocol available. Primary and secondary outcomes are not defined. Only the outcome relapse is reported.
Other bias	Unclear risk	No disclosure is provided regarding the possible role of the industry in the study.
Overall (CINeMA)	Unclear risk	

Kane 2003

Bias	Authors' judgement	Support for judgement

Random sequence generation (selection bias)	Low risk	Quote:"A dynamic method [Pocock minimisation strategy] was used to randomly assign patients to treatment groups." P. 1126
Allocation concealment (selection bias)	Unclear risk	No details provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	Low risk	Trial is described as double blind. Quote:"[...]patients with schizophrenia received intramuscular injections of long-acting risperidone [...] or placebo injections that were identical in appearance every 2 weeks." p 1126.
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided regarding blinding of outcome assessors
Incomplete outcome data (attrition bias)	Unclear risk	The authors employed a loose ITT (including subjects who received at least one dose and with at least one post baseline evaluation) by LOCF. Attrition rates would be overall low: PBO: 6/98 6.1%, RLAI25: 6/99 6.1%, RLAI50:5/103 4.8%, RLAI75: 13/100 13%; however, on the reigistration entry at cinicaltrial.gov (NCT00253136) 458 subjects are reported as randomized instead of 400 (paper-reported). Reasons for this difference are unclear.
Selective reporting (reporting bias)	High risk	The SF-36 (Quality of life) outcome, reported as assesed in the registration entry at clnicaltrials.gov is missing from the paper.
Other bias	High risk	Johnson & Johnson founded the trial and employed some of the authors. The role of the funder in planning and conducting the study and writing the paper is not clearly discussed.
Overall (CINeMA)	Unclear risk	

Kane 2010

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	The study is described as randomized, however no further details are provided.
Allocation concealment (selection bias)	Unclear risk	No details provided.
Blinding of participants and personnel (performance bias)	Low risk	Quote: "Patients and study personnel were blind to treatment assignment". A double-dummy procedure was employed, however authors report that: "The staff administering injections were not part of the study team and provided no clinical ratings."
Blinding of outcome assessment (detection bias)	Unclear risk	Measures for ensuring the blinding of the outcome assessor are not clearly discussed.
Incomplete outcome data (attrition bias)	High risk	Dropout rates are above 20% in almost all groups: LAI 45 mg: 68/144 (47.2%), LAI 150 mg: 50/140 (35.7%), LAI 300 mg: 34/141 (24.1%), LAI 405 mg: 96/318 (30.2%), oral group 64/322 (19.9%). A loose ITT analysis was employed, as apparently missing data were imputed with the LOCF approach only for those who underwent at least one follow-up assessment.
Selective reporting (reporting bias)	Low risk	The primary and secondary outcomes are clearly pre-specified and reported in the text and tables.
Other bias	High risk	The study was supported by Eli Lilly and Company. The role of the funder in planning, conducting and writing the study are not clearly discussed. Further, table 2 e figure 1 of supplemental material do not match in terms of combined number of patients for the LAI arms.
Overall (CINeMA)	Unclear risk	

Kane 2012

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"Subjects who met stability criteria (as defined above) on single-blind aripiprazole-IM- depot for 12 consecutive weeks were randomly assigned 2:1 to maintenance treatment (phase 4, up to 52 weeks) with aripiprazole-IM-depot at the dose they were receiving (400 or 300 mg) or placebo-IM-depot. Aripiprazole-IM-depot and placebo-IM-depot were administered every 4 weeks and injected into the gluteal muscle in an alternating fashion." p 618. Comment: no details provided regarding strategfy of random sequence generation.
Allocation concealment (selection bias)	Unclear risk	See quote above: no details provided regarding allocation concealment

Blinding of participants and personnel (performance bias)	Low risk	Trial described as double blinded, however no details are provided regarding effective measures to ensure blinding.
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided regarding blinding of outcome assessors
Incomplete outcome data (attrition bias)	Low risk	All of the oucomes reported on the registration entry on clinicaltrials.gov (NCT00705783) include almost all randomized patients by applying a loose LOCF ITT. There's a mistake in the reporting of the numebr of analized patients on the mean chenge on PANSS total score: values are coherent with figure 3 of the papers that reports all of the randomized patients as randomized. Mean change of positive and negative subscales are reported and employing the same number of analyzed patients of figure 3, as moreover proof of a reporting mistake.
Selective reporting (reporting bias)	High risk	Not all of the secondary outcomes listed on ct.gov are reported on the paper, although these results are available on the ct.gov registration entry. The secondary outcomes were not pre specified on ct.gov before pubblication of the paper but added thereafter. Moreover, the paper and a secondary pubblication (Kane 2015) report some secondary outcomes (AIMS, SAS, BARS, DAI, MAQ) not listed on the registration entry.
Other bias	High risk	Otsuka Pharmaceutical employed most of the authors, supported the trial, founded editorial support. The company role in designing and conducting the trial is not further described.
Overall (CINeMA)	Unclear risk	

Kaneno 1991

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	WARNING: COULD NOT LOCATE THE ORIGINAL PAPER. Risk of Bias derived from Kishi et al. Schiz Bull 2016;42(6):1438–45; supplementary material, although reasons for RoB judgments are not reported.
Allocation concealment (selection bias)	Unclear risk	See above.
Blinding of participants and personnel (performance bias)	Unclear risk	See above.
Blinding of outcome assessment (detection bias)	Unclear risk	See above.
Incomplete outcome data (attrition bias)	Unclear risk	See above.
Selective reporting (reporting bias)	High risk	See above.
Other bias	Unclear risk	See above.
Overall (CINeMA)	Unclear risk	

Kelly 1977

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: “The patients were randomly allocated …”. No details provided on sequence generation strategy
Allocation concealment (selection bias)	Low risk	Quote:"the key to the allocation being known only to the hospital pharmacist and to the nurse administering the injections" p55
Blinding of participants and personnel (performance bias)	Unclear risk	See quote above. No details reported regarding strategy for partecipants blinding. The trial is not described neither as double blind nor as open label
Blinding of outcome assessment (detection bias)	Unclear risk	No details reported regarding effective measures for blinding of the assessors

Incomplete outcome data (attrition bias)	Low risk	The authors do not clearly report the number of patients allocated to each arm, but the overall randomised numer (60-p55). Table I and II report 14/15/15/15 patients at week one, suggesting original randomization of 15 patients for each arm. Upon this assumption, no study arm had a drop out rate >20% at study end point (2/15 16%; 3/15 20%; 1/15 6.7%; 1/15 6.7%). No imputational strategy employed. 6 out of 7 of the dropped out patients did so due to relapse.
Selective reporting (reporting bias)	Unclear risk	All prespecified outcomes are reported
Other bias	High risk	One author is an employee of E.R. Squibb & Sons, Twickenham. The role of the funder in planning and conducting the study and writing the paper is not clearly discussed.
Overall (CINeMA)	Unclear risk	

Keskiner 1967

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"[...] the patients were randomly assigned into two groups.". Comment: no details regarding the generation of the random sequence are provided.
Allocation concealment (selection bias)	Unclear risk	See quote above: no details provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	High risk	Although the placebo injections are reported to be of sesame oil (and thus likely very similar to active intervention), the paper states:" If deterioration had occurred by the next due injection, placebo was replaced by fluphenazine decanoate 2.5 mg I.M. " p 167, implying that personellel was unblinded
Blinding of outcome assessment (detection bias)	High risk	No mention of blinding of outcome assessor, likely not done considering the above quote
Incomplete outcome data (attrition bias)	High risk	Counting the patients switched within the placebo group from placebo to active compound as dropped out, attrition rates are high for this group: 8/11 72%
Selective reporting (reporting bias)	High risk	No protocol available. The paper states clearly the trials's aims, but not primary or secondary outcomes. The drug indiced psychosomatic scale results are not reported. The side effects are only briefly and narratively reported
Other bias	High risk	The Squibb institute for Medical research was among the founders of the trial and provided the pluphenazine decanaote. The role of the funder in planning and conducting the study and writing the paper is not discussed.
Overall (CINeMA)	High risk	

Kissling 1985

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Patients were randomized by coin throwing.
Allocation concealment (selection bias)	Low risk	See above.
Blinding of participants and personnel (performance bias)	Low risk	A double-blind double-dummy procedure was employed.
Blinding of outcome assessment (detection bias)	Low risk	See above.
Incomplete outcome data (attrition bias)	High risk	The attrition rate was high: 30% in the haloperidol LAI arm and 60% in the fluphenazine LAI arm.
Selective reporting (reporting bias)	Unclear risk	Protocol of the study not available. All relevant outcomes are reported, however a primary outcome is not explicitly mentioned.
Other bias	Unclear risk	No information about sponsorship bias nor conflict of interest are reported..
Overall (CINeMA)	Low risk	

Koshikawa 2016

Bias	Authors' judgement	Support for judgement

Random sequence generation (selection bias)	Low risk	Quote:"Patients who satisfied the inclusion criteria were randomly allocated [...] using the pseudo-random number generation program of SPSS software" p36
Allocation concealment (selection bias)	Low risk	On the trail registration page (https://upload.umin.ac.jp/cgi-open-bin/ctr_e/ctr_view.cgi?recptno=R000014342, retrieved on 26.04.2019), under "concealment" the entry reads "Numbered container method".
Blinding of participants and personnel (performance bias)	High risk	Quote:"Patients and raters were not blind to the patient group because this study had an open-label design" p. 36
Blinding of outcome assessment (detection bias)	Unclear risk	Not clear whether the assessors were blinded.
Incomplete outcome data (attrition bias)	High risk	Quote: "the final analysis included the 21 patients who completed this study (RLAI, n = 11; PP group, n = 10)." p37. A per protocol approach was employed, with an high attrition rate: RLAI 5/16 31%, PP 9/30 30%.
Selective reporting (reporting bias)	High risk	All of the primary outcomes described in the original trial registration are reported in either Koshikawa 2016 or in Takekita 2016. However, the JART-25 ans SAS outcomes are not reported in neither of the papers (JART is stated to jhave been employed during screening phase, but is listed as "Key secondary outcome" in the trial registration page.
Other bias	Low risk	No other source of bias detected. no industry envolvement. Self funded by Kansai Medical University
Overall (CINeMA)	High risk	

Lapierre 1983

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: “Treatment with pípotiazine palmitate and fluphenazine decanoate was randomized and administered under double-blind conditions”.
Allocation concealment (selection bias)	Unclear risk	No details provided.
Blinding of participants and personnel (performance bias)	Low risk	See above.
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided on the outcome assessment.
Incomplete outcome data (attrition bias)	Unclear risk	No details on the number of dropouts. It is not clear whether all randomized patients were included in the analysis.
Selective reporting (reporting bias)	High risk	No protocol was available. The discussion is narrowly focused on the factor analysis of AMDP (data not usable for the meta-analysis).
Other bias	Unclear risk	No details provided.
Overall (CINeMA)	Unclear risk	

Leong 1989

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"patients were assigned the next available study number in numerical sequence and allocated to receive either [...]" p. 436. Unclear how the numerical sequence was generated
Allocation concealment (selection bias)	Unclear risk	See quote above.
Blinding of participants and personnel (performance bias)	High risk	Quote:"The administration of the study medications was open to the person giving the injections but the patient's symptoms and side effects, recorded after each four-week period of treatment, were assessed by one of the investigators who had no knowledge of wich study medication had been prescribed". P. 436
Blinding of outcome assessment (detection bias)	Low risk	See quote above

Incomplete outcome data (attrition bias)	Low risk	Attrition rate low for both arms: Pipothiazine LAI 1/30 (3%), Fluphenazine LAI 2/30 (6%)
Selective reporting (reporting bias)	Low risk	Although the CGI results are only narratively reported, all of the outcomes are reported
Other bias	High risk	May Baker Clinical research Department employed one of the author, had a role in the processing of the statistical data. The role of the company in funding, designing etc the study is not addressed.
Overall (CINeMA)	Low risk	

Lundin 1992

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: “The patients were randomly allocated”.
Allocation concealment (selection bias)	Unclear risk	No details provided.
Blinding of participants and personnel (performance bias)	Low risk	Arguably, the study employed a double-blind fashon. Quote: “The doses were monitored blindly by units by the patient’s psychiatrist as described by Dencker et al.”.
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided on the outcome assessment.
Incomplete outcome data (attrition bias)	High risk	Dropout rates (in the first 6 months of the study, before a further randomization to a psychosocial supportive program): flupenthixol LAI 6/28 (21.4%), fluphenazine LAI (30%). Apparently, a “per protocol” analysis was employed.
Selective reporting (reporting bias)	Unclear risk	No protocol was available. The primary outcome is not clearly identified and multiple outcomes are reported.
Other bias	Unclear risk	No details provided.
Overall (CINeMA)	Unclear risk	

Macfadden 2010

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"Subjects were randomly assigned in a 1:1 ratio to receive open-label RLAT" p 25. No details provided regarding strategy of random sequence generation.
Allocation concealment (selection bias)	Unclear risk	No details provided regarding allocation concelament.
Blinding of participants and personnel (performance bias)	High risk	Trial was open label with flexible dosages
Blinding of outcome assessment (detection bias)	Low risk	Quote:"Assessments were made by raters who were blinded to drug-treatment information" p 25. Comment: probably done
Incomplete outcome data (attrition bias)	Low risk	Attrition rates were low: a loose ITT approach was employed (subjects who had at least one administration of study drug as well as at least one follow-up efficacy measurement). RLAI: 2/179 1.1%, ARI-O 4/176 2.3%
Selective reporting (reporting bias)	High risk	Quote:"The secondary objectives of the trial are to compare the effectiveness of Risperdal Consta to that of Abilify, as assessed by time to remission, as well as safety/tolerability, subject impact, and social impact." clinicaltrials.gov/NCT00299702. Of these secondary outcomes, only TEAEs are reported.
Other bias	High risk	All of the authors were employed by Janssen at the time of trial, Jenssen supported the trial, and its role in designing and carrying out the trial is not described.
Overall (CINeMA)	High risk	

McCreadie 1980

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"Patients were randomly and blindly allocated either to continue on fluphenazine decanoate [...] or to receive the approximate therapeutic equivalent of pimozide [...] wich was given four days each week" p 511. Comment: no details provided regarding random sequence generation strategy
Allocation concealment (selection bias)	Unclear risk	See quote above: no details provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	Low risk	A double dummy procedure is described
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided regarding blinding of outcome assessors.
Incomplete outcome data (attrition bias)	Low risk	All but one patients randomized were considered for the relapse outcome. The Hamilton-Lorr, Krawiecka, tardive dyskinesia and Wing ward behaviour scales scores were not reported: unable to assess attrition rates for these outcomes
Selective reporting (reporting bias)	High risk	No protocol available. See above: Hamilton-Lorr, Krawiecka, tardive dyskinesia and Wing ward behaviour scales scores were not reported.
Other bias	High risk	One of the authors was an employee of Jannsen Pharmaceutica. Personnel from Jannsen and E.R. Squibb is acknowledged for providing "advice" and supplying the medication. The role of these personnel is not further discussed.
Overall (CINeMA)	Unclear risk	

McCreadie 1982

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"Patients were randomly and blindly allocated to either pimozide or fluphenazine decanoate" p 280. Comment: no details provided regarding random sequence generation strategy
Allocation concealment (selection bias)	Unclear risk	See quote above: no details provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	Low risk	A double dummy procedure is described
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided regarding blinding of outcome assessors
Incomplete outcome data (attrition bias)	Low risk	All of the randomized but one subject were considered for the relapse outcome. For the tardive dyskinesia outcome table II reports the total score at the time of withdrawal for non completers. The Hamilton-Lorr, Krawiecka and Wing ward behaviour scales scores were not reported, unable to assess attrition rates for these outcomes.
Selective reporting (reporting bias)	High risk	No protocol available. See above: Hamilton-Lorr, Krawiecka and Wing ward behaviour scales scores were not reported.
Other bias	High risk	Personnel from Jannsen and E.R. Squibb is acknowledged for providing "advice" and supplying the medication and other materials. The role of this personnel in trials design and carry-over is not further discussed.
Overall (CINeMA)	Unclear risk	

McEvoy 2014

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"311 were found to be eligible and randomized to study treatment" p. 1979. Comment: do details provided regarding generation of random sequence.
Allocation concealment (selection bias)	Unclear risk	No details provided regarding allocation concealment
Blinding of participants and	Low risk	Quote:"Treatment condition was blinded from study physicians and all other personnel. Study physicians wrote orders for both of the potential l[medications] [...]. Each patient was then injected with only the randomly assigned drug. A clinician not otherwise involved in the trial administered the injection and

personnel (performance bias)		concealed the identity of the medication from the patient and study personnel" p 1979-80. Comment: likely effective.
Blinding of outcome assessment (detection bias)	Low risk	Quote:"outcome adjudication committee consisting of 3 research psychiatrists who were blind to treatment assignment and not otherwise involved in the study. A majority vote of the committee determined whether and when a participant experienced efficacy failure" p 1980. Comment: although not specified that the same blinding approach has been employed to the secondary outcomes, this seems likely. Moreover some of the secondary outcomes are "hard" (weight, blood testing...).
Incomplete outcome data (attrition bias)	High risk	When considering the original outcomes listed on CT.gov at (NCT01136772), low attrition rates are found for the primary outcome (PP 12/157 7.6%, HD 9/154 5.8%), but very high for the PANSS change from baseline at 6 months (PP 66/157 42.0%, HD 66/154 42.8%) despite a loose ITT. On the supplementary material is reported the change from baseline for "selected months", of these timepoints only the 3 months timpoint yelds attrition rates are below 20%.
Selective reporting (reporting bias)	High risk	The original registration entry at ct.gov (NCT01136772) reports specified time frame for assessing the primary and secondary outcomes (24 and 6 months). this was confirmed in later revision of the registration entry but the paper does not reflect that. Moreover, two secondary outcomes were cancelled (Clinical Global Impressions-Severity Scale (CGI-S) Alcohol Use Scale and Drug Use Scale (AUS/DUS)) within the time of conducting the trial and are not reported. The parer does report several secondary outcomes not mentioned on the CT.gov registration entry.
Other bias	Low risk	Trial founded by grants from NIMH, which had no role in designing and conducting the trials or analysing and interpreting the data. No other source of bias detected.
Overall (CINeMA)	Low risk	

McKane 1987

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"Patients were randomly and blindly allocated to injections every 4 weeks of haloperidol decanoate or fluphenazine decanoate" p 333. Comment: No details provided regarding generation of random sequence
Allocation concealment (selection bias)	Unclear risk	See above quote: no details provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	Low risk	Trial is described as double-blind, although no futher details are provided.
Blinding of outcome assessment (detection bias)	Unclear risk	Quote:"It was the decision [to deem a patient relapsed] of the consultant psychiatrist who was responsible for the patient's care, and who was blind to which drug the patient was receiving" p 334. Blinding for outcome "relapse" is described in enough detail. However no details are provided regarding the blinding of the assessors for the other outcomes.
Incomplete outcome data (attrition bias)	High risk	Attrition rate were high in both study arms: HALD: 8/19 42%, FLUPHD: 7/19 37%.
Selective reporting (reporting bias)	Unclear risk	No protocol available. No clear definition of a primary outcome among the ones reported. Relapse rates are reported in details among the text. Most of the other oucomes are reported in a narrative way, rating scales as well.
Other bias	High risk	Janssen Pharmaceutical is ackowledged "for financial and other assistance" (p 336), the industry role is not further described.
Overall (CINeMA)	Unclear risk	

McLaren 1992

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Patients were “randomly allocated”. No details provided regarding generation of random sequence
Allocation concealment (selection bias)	Unclear risk	No details provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	Low risk	Flexible dose design employed. Quote:"[...] dosage ratio of approximately 1:0.5 for bromperidol and fluphenazine in higher dosages ranges. Patients were therefore randomly allocated to receive either bromperidol decanoate or fluphenazine decanoate, in identical ampoules containing either 50mg bromperidol decanoate or 25mg fluphenazine decanoate" p 67. Comment: blinding of partecipants and personnel likely effective

Blinding of outcome assessment (detection bias)	Unclear risk	No details provided regarding blindness of outcome assessors
Incomplete outcome data (attrition bias)	Unclear risk	Quote:"When all patients were included in the analysis no statistically significant differences [...] for changes in total score from entry to last recorded visit." Although authors employed a LOCF approach, the number of patients actually included in the analysis is not provided.
Selective reporting (reporting bias)	High risk	No endpoint scores at Krawiecka-Goldberg scale, NSRS, MARDRS, Simpson & Angus scale, MRSS, AIMS, weight measures and blood samples provided.
Other bias	High risk	Janssen Pharmaceutical provided financial support. The role of the company in designing and conducting the study is not futher addressed.
Overall (CINeMA)	Unclear risk	

Mosolov 2008

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Sequence of random number generated via Software (Statistica 6.0)
Allocation concealment (selection bias)	Unclear risk	No details provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	High risk	Although not clearly stated, the design appears to be open label.
Blinding of outcome assessment (detection bias)	Unclear risk	No mention of blinding of outcome assessors (most likely not done)
Incomplete outcome data (attrition bias)	Low risk	ITT by LOCF employed, 20/20 for both arms analysed
Selective reporting (reporting bias)	Low risk	No protocol available. Potapov 2008 (Poster session) reports as an outcome the categorization of patients according to 3 groups of PANNS improvment (<25%, 25-50%, >50%). This outcome is not reported on the main paper, who employs a >20% improvment on the PANSS. However, the main paper reports mean PANSS score at studyendpoint as well, thus overcoming the risk of bias that converting the continuous PANSS scale to three categories wuold have brought.
Other bias	Low risk	No further source of bias detected.
Overall (CINeMA)	Low risk	

NCT00992407

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	The study is described as randomized, however no details on the sequence generation process are provided.
Allocation concealment (selection bias)	Unclear risk	No details provided.
Blinding of participants and personnel (performance bias)	High risk	An open-label design was employed.
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided.
Incomplete outcome data (attrition bias)	High risk	Dropout rates were extremely high: LAI group 31/37 (83.8%), oral group 24/38 (63.1%). Apparently, some imputation method was employed, considering that 17 and 24 patients, respectively, were analyzed, however this is not discussed in the protocol.
Selective reporting (reporting bias)	Low risk	Primary and secondary outcomes are clearly pre-specified and reported in tables.
Other bias	High risk	Janssen Korea funded the study and its role in planning and conducting it was not discussed. Baseline measures are not reported for all randomized patients, but only for those who were analyzed.
Overall (CINeMA)	High risk	

Odejide 1982

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"In each pair, one patient was given the active drug and the other received the inactive placebo, with assignment based on randomization schedule" p 195.
Allocation concealment (selection bias)	High risk	See quote above. No allocation concelament reported with a vulnerable randomization strategy
Blinding of participants and personnel (performance bias)	Unclear risk	"Patients were unaware of the content of their injections" p .195 "Dosages were 2 cc (25 mg/cc) of fluphenazine decanoate or 2 cc of vitamin B complex given intramuscolary at each follow up clinic visit" p 195. Comment: vitamin B injections are well known for being associated with burning sensation on injection site. It can not be ruled out that this phenomenon could have lead to unbling of patients. No mention of blinding of who administered the drugs.
Blinding of outcome assessment (detection bias)	Low risk	"The psychiatrist who evaluated follow-up status was blind to treatment status" p 195. Most likely done.
Incomplete outcome data (attrition bias)	High risk	No ITT approach was performed. Subjects excluded from the analyses PBO: 8/35 22.9%, FLUPH-D: 9/35 25.7%. Attrition rates were overall high.
Selective reporting (reporting bias)	High risk	No protocol available. No clearly prespecified primary and secondary outcomes. The BPRS scale is reported in a categorical way instead of by means. The AIMS scale reported only narratively.
Other bias	Low risk	No industry envolvment. No other source of bias detected
Overall (CINeMA)	High risk	

Pinto 1979

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: “[…] randomly allocated for treatment with either flupenthixol or fluphenazine depot injections. […] The trial was organised on a double blind basis. The depot injections used were the standard ampoules available in Britain but the injections were prepared and administered by nursing staff who kept the rating clinicians in ignorance of the allocation of patients to treatment groups. Neither the clinician nor the patients were aware of the treatment allocation. An independent clinician who had no part in the assessments prescribed the drugs”.
Allocation concealment (selection bias)	Unclear risk	See above.
Blinding of participants and personnel (performance bias)	Low risk	See above.
Blinding of outcome assessment (detection bias)	Unclear risk	See above.
Incomplete outcome data (attrition bias)	High risk	Dropout rate: flupenthixol LAI 0/31 (0%); fluphenazine LAI 8/33 (24.2%). A per protocol analysis was performed.
Selective reporting (reporting bias)	Unclear risk	Protocol not available. No clear distinction is made between primary and secondary outcomes. The outcome BPRS is reported in detail.
Other bias	Low risk	Possible role of the industry in funding, planning and writing the study is not reported. Apparently, the study was conducted independently from industry.
Overall (CINeMA)	Unclear risk	

Potkin 2017

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"Randomization was stratified by age (≤35 years or >35 years) and was achieved using an interactive voice response system using block randomization to ensure that equal numbers of patients entered each treatment group within each stratum." p 42.

Allocation concealment (selection bias)	Low risk	See quote above
Blinding of participants and personnel (performance bias)	High risk	Open label trial
Blinding of outcome assessment (detection bias)	High risk	Raters for QLS and IAQ were blinded to treatment assignement and had no access to medical records, study file, study medications (Naber 2015 p500). Raters for all other outcomes (comprising CGI) were not blinded
Incomplete outcome data (attrition bias)	Low risk	Quote:"Effectiveness data is based on all patients who received study medicine, who had a valid baseline assessment, and at least 1 valid post-baseline assessment of the QLS (Full analysis set)" (NCT01795547 CT.gov). Attrition rate for the CGI-S outcome: PP 16/148: 10.8%, AOM400 11/147: 7.5%
Selective reporting (reporting bias)	High risk	When comparing the available publications and results posted on ct.gov with the original secondary outcomes posted on ct.gov, the outcome "Risk of suicidality [Time Frame: Up to 28 weeks and 4-week safety follow up] Columbia-Suicide Severity Rating Scale (C-SSRS) score" is missing. Moreover, a secondary pubblication (Potkin 2017 - Int Clin Psychopharmacol. 2017 May;32(3):147-154. doi: 10.1097/YIC.0000000000000168.) is based on the Arizona Sexual Experience Scale wich is not listed as an outcome measure tool. Quote:"Preplanned secondary analyses included mean total CGI-I and IAQ scores at week 28 and changes from baseline in SWN-S and TooL at week 28." p 42, however, the orginal trial registration on CT.gov does not list the CGI-I but the CGI-S. The WoRQ tool is not listed as an outcome in the orginal trial registration on CT.gov. The overall risk of selective reporting is judged to be high.
Other bias	High risk	Otsuka and Lundbeck founded the trial. Most of the authors but 2 were employees of the companies. All authors contributed to interpretation of the data. The role of the companies is designing and conducting the trial is not further described.
Overall (CINeMA)	High risk	

Quitkin 1978

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"In a double-blind random fashion each patient was assigned to [...]" p 890. Sequence generation strategy is not reported
Allocation concealment (selection bias)	Unclear risk	No details are provided regarding sequence concealment
Blinding of participants and personnel (performance bias)	Low risk	A double dummy approach was employed. Means to ensure placebo and active interventions could not be distinguidhed are described.
Blinding of outcome assessment (detection bias)	Unclear risk	Quote:" This judgment [relapse] was made by a treatment-blind psychiatrist" p 890. Unclear if the raters of the other outcomes were blinded.
Incomplete outcome data (attrition bias)	High risk	Results are poorly reported. No imputational strategy is mentioned, assuming a per protocol apporach, attrition rates would be high: Pentifluridol 11/30 36%, FLUPH-D 14/30 46.7%
Selective reporting (reporting bias)	High risk	Quote:"Relapse was not defined using strict operational criteria". The results of the scales employed (BPRS CGI KASP KARS SAS) are not provided.
Other bias	Low risk	Results are poorly and partially reported. No industry involvement.
Overall (CINeMA)	Unclear risk	

Rifkin 1977

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	The study is described as randomized, however details on the sequence generation are not reported.
Allocation concealment (selection bias)	Unclear risk	No details provided.
Blinding of participants and personnel (performance bias)	Low risk	A double-dummy procedure was employed.
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided.
Incomplete outcome data (attrition bias)	High risk	Dropout rates are very high: LAI arm 13/23 (56.5%), oral arm 7/28 (25%), placebo arm 19/22 (86.4%). No details are provided on the management of missing patients in the analysis.

Selective reporting (reporting bias)	Unclear risk	Data are poorly reported. The primary outcome (relapse rate) was clearly pre-specified. The number of patients experiencing relapse is reported, however tables report only the raw number of patients experiencing each outcome (relapse, toxicity, etc.).
Other bias	Low risk	The study was supported by a public grant.
Overall (CINeMA)	Unclear risk	

Rossi 1990

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Described as randomized. No details provided regarding generation of the random sequence.
Allocation concealment (selection bias)	High risk	According to the authors, a "functional" double-blind design was employed, as one investigator "selects patients and assess parameters at follow-up visits", and another investigator "checks the allocation list and deliver the corresponding medication". This old-fashioned approach is at high risk for selection and detection bias.
Blinding of participants and personnel (performance bias)	Low risk	The method emplyed for blinding (see above) is likely to gurantee the blindness of participants, who also received both medications with the same frequency.
Blinding of outcome assessment (detection bias)	High risk	See above.
Incomplete outcome data (attrition bias)	Low risk	Dropouts are about 20% in both arms. Only patients who completed the study were included in the analysis (no ITT approach was employed), howevere the impact of this procedure might be mitigated by the relatively low number of dropouts.
Selective reporting (reporting bias)	Low risk	Protocol of the study not available. All outcomes of interent are reported.
Other bias	Unclear risk	No information about sponsorship bias nor conflict of interest are reported..
Overall (CINeMA)	Low risk	

Rossi 1992

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Described as randomized. No details provided regarding generation of the random sequence.
Allocation concealment (selection bias)	Unclear risk	No details provided ragarding allocation concealment.
Blinding of participants and personnel (performance bias)	Low risk	Quote: "i farmaci venvivano forniti in confezioni indistinguibili al fine di salvaguardare la doppia cecità [With the purpose of safeguarding double blindness, drugs have been provided in undistinguishable packages]".
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided regarding blinding of outcomes assessors
Incomplete outcome data (attrition bias)	High risk	No denominator reported. Assuming dropped out patients were not included in the analyses (no imputational strategy is mantioned), the attrition rate would be overall very high: 9/20 45%
Selective reporting (reporting bias)	High risk	The paper does not explicitly name a primary outcome. Side effects scale results are only summarized. SANS SANP HAM-D BPRS scales are reported without SD and denominator.
Other bias	Low risk	No other source of bias detected.
Overall (CINeMA)	Unclear risk	

Sampath 1992

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"At the end of this phase, 24 patients (from the initial sample of 30), who had remained clinically stable, were randomly allocated to either a placebo group who received injections without active medication or a control group who continued to receive their usual dose of fluphenazine decanoate" p 256. Comment: no details provided regarding generation of random sequence

Allocation concealment (selection bias)	Unclear risk	See quote above: no details provided regarding allocation concealment.
Blinding of participants and personnel (performance bias)	Low risk	Quote:"The placebo injections consisted of sesame oil without the active drug in a volume identical to the original volume of the injection which the patient regularly received during initial phase of the study and was identical in physical appearance to the normal fluphenazine preparation. The researchers were blind to patients' treatments throughout the course of the study." p 256.
Blinding of outcome assessment (detection bias)	Low risk	See quote above: blinding of outcome assessors likely done
Incomplete outcome data (attrition bias)	Unclear risk	No denominators are provided regarding the BPRS outcome. All of the randomized have been considered for calculating relapse rates.
Selective reporting (reporting bias)	High risk	No protocol avalable. The BPRS outcome is reported as a mean at study endpoint for patients who did not relapse and relapser among the placebo and fluphenazine group, i.e. three groups different from the two arms of the trial. Although it seems implied, it is not clearly reported if all of the patients were included in this approach of reporting. The PIP scale is missing.
Other bias	Low risk	Squibb and Sons had a role in providing the active intervention and placebo drugs. No other source of bias detected.
Overall (CINeMA)	Low risk	

Savitz 2016

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: "Randomization was performed using a computer-generated randomization scheme administered by an interactive web response system, balanced using permuted blocks across the 2 groups, and stratified by study center".
Allocation concealment (selection bias)	Low risk	See above
Blinding of participants and personnel (performance bias)	Low risk	Quote: "[…] patients received active medication every 3 months and, to maintain the blinding, received matched placebo injections (20% intralipid) monthly when they did not receive active medication. All medications (PP3M, PP1M, and placebo) were administered by a study drug administrator who was not involved in any safety or efficacy assessments during the DB phase."
Blinding of outcome assessment (detection bias)	Low risk	See above
Incomplete outcome data (attrition bias)	Low risk	Dropouts are about 18% in both arms. A modified ITT approach was employed (quote: "[…] defined as all patients who received at least 1 dose of study drug during the DB phase and had no errors in the delivery of active treatment due to the manufacturing of the investigational product."
Selective reporting (reporting bias)	Low risk	Primary and secondary outcomes are clearly described and in line with the protocol of the study (ClinicalTrials.gov Identifier: NCT01515423).
Other bias	High risk	Quote: "This work was supported by Janssen Research & Development, LLC, USA". Also, the funder provided editiorial and writing assistance.
Overall (CINeMA)	Low risk	

Schlosberg 1978

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: "randomised". Method not reported.
Allocation concealment (selection bias)	Unclear risk	Details of allocation concealment not reported.
Blinding of participants and personnel (performance bias)	Low risk	Quote: "Double-blind". Patients blinded: "The drugs injected were pipotiazine palmitate, fluphenazine decanoate, and placebo...". Blinding details of personnel not reported.
Blinding of outcome assessment (detection bias)	Unclear risk	See above.
Incomplete outcome data (attrition bias)	High risk	Dropout rates were very high: fluphenazine LAI 21/30; pipthiazine LAI 21/30; placebo 13/15. Only analysis for the reponders are reported.
Selective reporting (reporting bias)	High risk	Protocol not available. Outcomes are incompletely reported. Only analysis for the reponders are reported.

Other bias	Low risk	Source of funding not reported. Apparently, industry was not involved in the planning and writing of the study.
Overall (CINeMA)	Unclear risk	

Schneider 1981

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: "[…] randomly assigned in a double blind design, to receive either I.M. fluphenazine enanthate or I.M. pipothiazine palmitate".
Allocation concealment (selection bias)	Unclear risk	No details provided regarding allocation concealment.
Blinding of participants and personnel (performance bias)	Low risk	See above.
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided regarding blinding of outcome assessors.
Incomplete outcome data (attrition bias)	High risk	Overall dropout rate was 25/59 (42.4%), however no details are provided on the distribution across arms. Apparently, a per protocol approach was employed.
Selective reporting (reporting bias)	Low risk	No protocol available. Blood chemistry alterations are described as the primary outcome, and are thoroughly reported. Other variables have been collected, but are not reported in detail (mo usable data for the meta-analysis).
Other bias	Low risk	Apparently, no support in planning and writing the study came from the industry.
Overall (CINeMA)	Low risk	

Schooler 1980

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	The study is described as randomized, however no details on the sequence generation process are provided.
Allocation concealment (selection bias)	Unclear risk	No details provided.
Blinding of participants and personnel (performance bias)	Low risk	A double-dummy procedure was employed.
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided.
Incomplete outcome data (attrition bias)	High risk	Dropout rates are not clearly reported in the text, however, according to table 2 and 3 they are very high: depot arm 94/143 (65.7%), oral arm 106/147 (72.1%). 76 individuals were randomized and subsequently removed after the "intensive treatment" phase. They were not included in the analysis. No details provided on the management of missings in the analysis, however, according to the number of analyzed patients reported in tables 7 and 10, only completers were included, which is consistent with a "per protocol" analysis.
Selective reporting (reporting bias)	High risk	The primary outcome is not clearly pre-specified and no data on adverse events and total scores on rating scales are reported.
Other bias	Low risk	The study was supported by a public grant. A pharmaceutical company (Squibb and Sons Inc) only supplied medications.
Overall (CINeMA)	Unclear risk	

Sharma 1991

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	WARNING. The Risk of Bias is reported according to Maayan et al. *Cochrane Database of Systematic Reviews* 2015, Issue 2. Art. No.: CD000307, and adapted. Quote: "randomised". Method not reported.

Allocation concealment (selection bias)	Unclear risk	Details of allocation concealment not reported
Blinding of participants and personnel (performance bias)	Unclear risk	Described as "double-blind". Blinding details not reported.
Blinding of outcome assessment (detection bias)	Unclear risk	See above.
Incomplete outcome data (attrition bias)	High risk	Losses to follow-up unbalanced in numbers (6/30 fluphenazine vs 10/29 haloperidol) and reasons (treatment failure "primary reason for withdrawal in one patient on fluphenazine and 5 patients on haloperidol").
Selective reporting (reporting bias)	Unclear risk	Protocol not available. Some outcomes are incompletely reported.
Other bias	Unclear risk	Source of funding not reported.
Overall (CINeMA)	Unclear risk	

Simon 1978

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"A balanced randomization was prepared placing each patient in one of the following groups [...]" p894. Comment: no details provided regarding the strategy for sequence generation
Allocation concealment (selection bias)	Unclear risk	No details provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	High risk	Study is open label
Blinding of outcome assessment (detection bias)	Unclear risk	Study is open label, no mention of blinding of outcome assessors
Incomplete outcome data (attrition bias)	Low risk	Although with an ad hoc approach, an ITT was performed. Attrition rate are low: SM 6/57 10.5%; PIP 6/55 10.9%, FLU 6/51 11.8%
Selective reporting (reporting bias)	Low risk	All stated outcomes are reported
Other bias	Low risk	None detected
Overall (CINeMA)	Low risk	

Singh 1979

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: "randomised". Method not reported.
Allocation concealment (selection bias)	Unclear risk	Details of allocation concealment not reported.
Blinding of participants and personnel (performance bias)	Low risk	Quote: "double blind". Patients were blinded: " ...test medications were administered blind...on alternate two weeks, patients in the pipotiazine group received an injection of sesame oil...". Blinding details of personnel not reported.
Blinding of outcome assessment (detection bias)	Unclear risk	See above.
Incomplete outcome data (attrition bias)	Low risk	All patients completed the study.
Selective reporting (reporting bias)	Low risk	Protocol not available. The main outcomes are clearly reported.
Other bias	Unclear risk	Source of funding not reported.
Overall (CINeMA)	Low risk	

Smeraldi 1990

Bias	Authors' judgement	Support for judgement

Random sequence generation (selection bias)	Low risk	Described as randomized. No details provided regarding random sequence generation
Allocation concealment (selection bias)	Unclear risk	No details provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	Low risk	Trial is described ad "double blind". Quote:"The palcebo and bromperidol phials were perfectly identical" p 189.
Blinding of outcome assessment (detection bias)	Unclear risk	No details provided regarding blinding of outcome assessors
Incomplete outcome data (attrition bias)	High risk	Attrition rates were high, especially for the placebo arm: PBO: 5/10: 50%, BROM: 2/10: 80%. No ITT approach employed, no imputational strategy employed.
Selective reporting (reporting bias)	Low risk	No protocol available. Although no outcome was clearly stated to be primary, all of the outcomes are reported. Side effects only summarized.
Other bias	Low risk	No industry role, no futher source of bias detected.
Overall (CINeMA)	Low risk	

Song 1993

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Described as ranodmized. No details provided regarding generation of random sequence
Allocation concealment (selection bias)	Unclear risk	No details provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	Low risk	Personnel carrying out the trial blinded to allocation, but unclear how partecipants were blinded
Blinding of outcome assessment (detection bias)	Low risk	Outcome assessment carried out by external clinicians
Incomplete outcome data (attrition bias)	Low risk	Attrition rates were overall below 20%: PIPO: 11/57 19.3%, FLUPH 5/52 9.6%.
Selective reporting (reporting bias)	Low risk	All the outcomes mentioned in the methods paragraphs are reported in the results
Other bias	Low risk	No other source of bias detected
Overall (CINeMA)	Low risk	

Steinert 1986

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"The patients were randomly assigned to one of the two treatments (blind to patient, nurse and doctor) and medication" p73 Comment: no details provided on sequence generation strategy
Allocation concealment (selection bias)	Unclear risk	See quote above, no detals reported
Blinding of participants and personnel (performance bias)	Low risk	See quote above. Sesame oil injection were used to preserve masking (the two drugs have different time interval between injections)
Blinding of outcome assessment (detection bias)	Low risk	Blinding of outcome assessor is not explicity mentioned, but considering that at the time of the trial there was not a focus on reporting this information, and the quote above, it seems likey that assessor were blinded to allocation
Incomplete outcome data (attrition bias)	High risk	High attrition rate for both arms: PPT 9/14 39%, FPX 7/16 43%.
Selective reporting (reporting bias)	High risk	Only the BPRS oputcome is described in enough detail, whereas all the other outcomes are very poorly reported
Other bias	Low risk	No other source of bias found
Overall (CINeMA)	Low risk	

Subotnik 2015

Bias	Authors' judgement	Support for judgement

Random sequence generation (selection bias)	Low risk	The study is described as randomized, however no details on the sequence generation process are provided.
Allocation concealment (selection bias)	Unclear risk	No details provided.
Blinding of participants and personnel (performance bias)	High risk	Even though this is not clearly specified in the text, no measures for ensuring blinding were employed, which is consistent with an "open-label" approach.
Blinding of outcome assessment (detection bias)	High risk	Quote: " [...] symptom raters were not blinded to treatment condition".
Incomplete outcome data (attrition bias)	High risk	Dropout rates were relatively high: oral risperidone 16/43 (37.2%), long-acting risperidone 13/43 (30.2%). The primary analysis was performed on all randomized patients, according to an ITT approach.
Selective reporting (reporting bias)	Low risk	The primary and secondary outcomes are clearly pre-specified and reported in the text.
Other bias	Low risk	Quote: " [...] supplementary funding and medication was provided by Janssen Scientific Affairs, LLC. Role of the Funder/Sponsor: The funding sources had no role in the design and conduct of the study; collection, management, analysis, and interpretation of the data; preparation, review, or approval of the manuscript; and decision to submit the manuscript for publication".
Overall (CINeMA)	High risk	

Walker 1983

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: “[…] randomly allocated”. No further details provided.
Allocation concealment (selection bias)	Unclear risk	No details provided.
Blinding of participants and personnel (performance bias)	Low risk	The study is described as “double-blind”, with no further details.
Blinding of outcome assessment (detection bias)	Unclear risk	Unclear whether the assessor was aware of the allocation of the patient
Incomplete outcome data (attrition bias)	Low risk	Apparently, all patients included in the double-blind phase, but one (in the clopenthixol arm) were assessed at the end of the trial. A “per protocol” analysis was performed.
Selective reporting (reporting bias)	Unclear risk	Protocol not available. Priamry and secondary outcomes are not clearly reported. SD not reported for the following rating scales: CGI, BPRS, Krawiecka, Goldberg & Vaughan Rating Scale.
Other bias	High risk	Source of funding not reported, however an employee of Lundbeck Ltd. Is acknowledged for his help and advice.
Overall (CINeMA)	Unclear risk	

Wistedt 1984

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"The patients were allocated to the two groups according to a randomization list, one for each hospital" Wistedt 1984 p 805.
Allocation concealment (selection bias)	Unclear risk	See quote above: no details are provided regarding the concealment of the randomization list
Blinding of participants and personnel (performance bias)	Low risk	Quote:"Injections were given double blind every four weeks". Comment: both injections were active decanoate drugs.
Blinding of outcome assessment (detection bias)	Unclear risk	No details are provided to ensure there was blinding of assessor for all the outcomes
Incomplete outcome data (attrition bias)	Low risk	Low attrion rate for both arms: Haloperidol 4/29 13.8%, Fluphenazine 4/26 15.4%
Selective reporting (reporting bias)	High risk	Not all the outcomes measured are reported in sufficient detail in neither the publications.

Other bias	High risk	One of the author was a Janssen emplyee. Role of the company in planning and conducting the study and writing the paper is not clearly discussed.
Overall (CINeMA)	Unclear risk	

Wistedt 1991

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: “patients were randomly allocated…”
Allocation concealment (selection bias)	Unclear risk	No details provided
Blinding of participants and personnel (performance bias)	Low risk	Quote: “As the 2 depot preparations are not quite identical in the appearance, the so-called triple-blind technique was used to keep blindness. The injections were given by a nurse who had access to the code, but was not involved in the assessment of the patients”.
Blinding of outcome assessment (detection bias)	Unclear risk	Unclear whether the assessor was aware of the allocation of the patient
Incomplete outcome data (attrition bias)	Low risk	Dropout rates were realtively low: haloperidol LAI 5/28 (17.8%), zuclopenthixol LAI 3/35 (8.6%). A per protocol analysis was employed, however the number of patients analysed was quite similar to those randomized.
Selective reporting (reporting bias)	Low risk	Protocol not available. Primary and secondary outcomes are implicitly defined and reported.
Other bias	Low risk	No details on the funder are provided. Apparently, the study was conducted independently from industry.
Overall (CINeMA)	Low risk	

Woggon 1977

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	The study is described as “randomized”.
Allocation concealment (selection bias)	Unclear risk	No details are provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	Low risk	Quote: “The tests were performed double-blind. The dosage of both drugs and the additional medications were prescribed by an investigator who himself did not take part in the ratings”.
Blinding of outcome assessment (detection bias)	Unclear risk	Unclear whether the assessor was aware of the patients’ allocation.
Incomplete outcome data (attrition bias)	High risk	Dropout rates: fluphenazine LAI 9/30 (30%), pipothiazine LAI 9/31 (29%). Apparently, all patients were included in the analyses.
Selective reporting (reporting bias)	Unclear risk	No protocol available. Primary and secondary outcomes are not clearly described. Data for side effects not usable, other outcomes reported.
Other bias	Unclear risk	Source of funding not reported.
Overall (CINeMA)	Unclear risk	

Zissis 1982

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote:"Patientes were alloted to the two treatment groups according to a pre-established randomization code" p. 651
Allocation concealment (selection bias)	Unclear risk	No details are provided regarding allocation concealment
Blinding of participants and personnel (performance bias)	Low risk	Quote:"The double-blind medication was administered by a particular nurse and the randomization code was unknown to the evaluating investigators" p. 652
Blinding of outcome assessment (detection bias)	Low risk	See quote above

Incomplete outcome data (attrition bias)	High risk	12 (out of 16) patients from the placebo arm were withdrawn due to "therapeutic failure" (i.e. relapse). For these no outcome measure were apparently collected at the time of withdrawn, with an attriction rate of 75%.
Selective reporting (reporting bias)	Unclear risk	All outcomes are reported in detail. No protocol available.
Other bias	High risk	Janssen Pharmaceutica is credited as an affiliation istitute, but its role in planning and conducting the study and writing the paper is not clearly addressed in the paper.
Overall (CINeMA)	Unclear risk	

Zuardi 1983

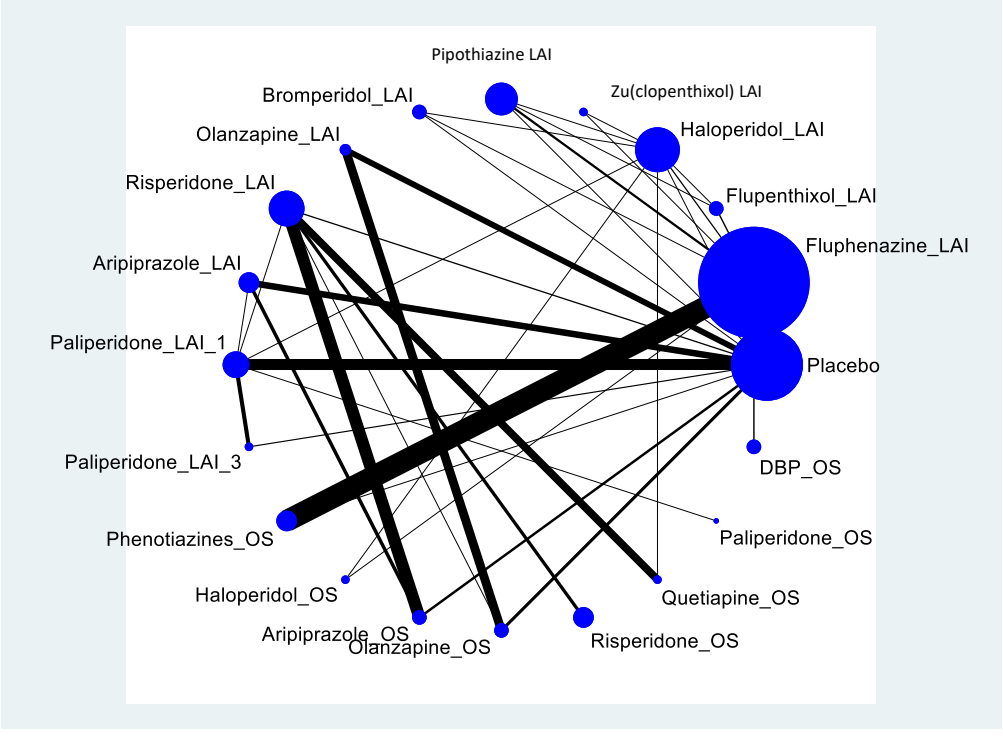
Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: “[…] patients were divided into two groups […]” and “The assistant-physician had no need to disclose the randomization code to any patient during the study. This way the study was blind both to the assistant and to the valuator-physician”. No details about the sequence generation are reported.
Allocation concealment (selection bias)	Low risk	No details reported.
Blinding of participants and personnel (performance bias)	Low risk	A double-dummy procedure was employed and the randomization code was never disclosed (see above).
Blinding of outcome assessment (detection bias)	Unclear risk	See above.
Incomplete outcome data (attrition bias)	Low risk	The number of dropouts is not reported. Apparently, all patients were included in the analysis.
Selective reporting (reporting bias)	Low risk	The primary and secondary outcomes were not clearly pre-specified. All relevant outcomes were reported only graphically. This supports an unclear risk for selective reporting. However, some of these data were included in the meta-analysis, as they were provided by the authors of the trial to the review authors of the Cochrane Review Quraishi et al. 1999.
Other bias	High risk	The sponsorship bias cannot be ruled out, as a conflict of interest disclosure is not reported.
Overall (CINeMA)	Low risk	

Supplement G - Primary outcome: relapse

Treatment codes

Placebo	A
Fluphenazine LAI	B
Flupenthixol LAI	C
Haloperidol LAI	D
Zu(clopenthixol) LAI	E
Pipothiazine LAI	F
Bromperidol LAI	G
Olanzapine LAI	H
Risperidone LAI	I
Aripiprazole LAI	J
Paliperidone LAI-1	K
Paliperidone LAI-3	L
Phenotiazines OS	M
Haloperidol OS	N
Aripiprazole OS	O
Olanzapine OS	P
Risperidone OS	Q
Quetiapine OS	R
Paliperidone OS	S
DBP_OS	T

Network map



Pairwise meta-analysis

Study	ES	[95% Conf.	Interval]
Q - I			
1	0.994	0.324	3.049
2	0.333	0.037	2.991
3	7.000	1.692	28.960
4	0.901	0.450	1.806
5	0.974	0.063	14.998

58	0.817	0.319	2.091
Sub-total			
D+L pooled ES	1.127	0.583	2.177
J - A			
6	0.375	0.225	0.626
39	0.254	0.168	0.384
Sub-total			
D+L pooled ES	0.299	0.205	0.437
O - A			
6	0.357	0.212	0.601
Sub-total			
D+L pooled ES	0.357	0.212	0.601
O - J			
6	0.951	0.536	1.687
7	1.004	0.503	2.006
Sub-total			
D+L pooled ES	0.972	0.625	1.512
H - A			
8	0.389	0.277	0.546
Sub-total			
D+L pooled ES	0.389	0.277	0.546
P - A			
8	0.245	0.153	0.391
Sub-total			
D+L pooled ES	0.245	0.153	0.391
P - H			
8	0.629	0.400	0.990
9	0.920	0.647	1.306
Sub-total			
D+L pooled ES	0.782	0.542	1.130
N - D			
10	1.000	0.170	5.888
Sub-total			
D+L pooled ES	1.000	0.170	5.888
M - B			
11	1.293	1.034	1.616
12	1.232	0.225	6.759
13	1.600	1.089	2.351
14	1.310	0.833	2.058
19	7.500	0.438	128.401
Sub-total			
D+L pooled ES	1.363	1.143	1.626
B - A			
12	0.128	0.033	0.494
35	0.333	0.041	2.686
37	0.123	0.040	0.375
38	0.125	0.017	0.932
40	0.423	0.044	4.063
41	0.333	0.136	0.818
45	0.444	0.187	1.055
67	0.143	0.022	0.910
76	0.500	0.234	1.068
Sub-total			
D+L pooled ES	0.301	0.204	0.444
M - A			
12	0.157	0.052	0.475
Sub-total			
D+L pooled ES	0.157	0.052	0.475
N - B			
15	1.082	0.431	2.718
Sub-total			
D+L pooled ES	1.082	0.431	2.718
R - D			
16	2.105	0.547	8.097
Sub-total			
D+L pooled ES	2.105	0.547	8.097

R - I			
17	1.889	1.406	2.538
Sub-total			
D+L pooled ES	1.889	1.406	2.538
O - I			
18	0.942	0.744	1.192
Sub-total			
D+L pooled ES	0.942	0.744	1.192
F - C			
20	0.708	0.015	33.972
Sub-total			
D+L pooled ES	0.708	0.015	33.972
C - B			
21	1.000	0.219	4.564
62	0.857	0.395	1.859
Sub-total			
D+L pooled ES	0.885	0.444	1.763
K - J			
23	1.007	0.020	50.403
24	2.353	0.894	6.192
Sub-total			
D+L pooled ES	2.241	0.876	5.732
D - B			
25	0.167	0.022	1.255
46	1.034	0.068	15.773
47	0.909	0.020	41.676
55	0.688	0.045	10.417
74	1.611	0.672	3.861
Sub-total			
D+L pooled ES	1.010	0.455	2.240
D - C			
26	1.500	0.288	7.807
Sub-total			
D+L pooled ES	1.500	0.288	7.807
G - B			
27	1.043	0.393	2.770
56	1.500	0.291	7.731
Sub-total			
D+L pooled ES	1.147	0.496	2.655
K - A			
28	0.368	0.264	0.511
54	0.455	0.299	0.691
Sub-total			
D+L pooled ES	0.399	0.308	0.517
I - A			
29	0.349	0.170	0.718
Sub-total			
D+L pooled ES	0.349	0.170	0.718
G - A			
30	1.000	0.022	46.053
Sub-total			
D+L pooled ES	1.000	0.022	46.053
D - A			
31	25.000	1.605	389.347
36	9.200	2.403	35.216
Sub-total			
D+L pooled ES	11.157	3.341	37.260
S - K			
32	1.000	0.065	15.380
Sub-total			
D+L pooled ES	1.000	0.065	15.380
F - B			
33	8.224	0.453	149.154
51	1.000	0.363	2.751

53	0.467	0.089	2.454
64	0.365	0.079	1.678
68	5.000	0.259	96.587
73	3.000	0.350	25.678
76	0.750	0.296	1.900
Sub-total			
D+L pooled ES	0.920	0.500	1.693
L - A			
34	0.141	0.066	0.303
Sub-total			
D+L pooled ES	0.141	0.066	0.303
K - I			
42	1.133	0.024	53.684
Sub-total			
D+L pooled ES	1.133	0.024	53.684
T - B			
43	1.059	0.247	4.544
44	1.071	0.258	4.455
52	0.800	0.238	2.692
61	1.118	0.259	4.815
Sub-total			
D+L pooled ES	0.982	0.493	1.954
P - I			
48	3.000	0.129	69.515
Sub-total			
D+L pooled ES	3.000	0.129	69.515
K - D			
49	0.981	0.062	15.543
Sub-total			
D+L pooled ES	0.981	0.062	15.543
F - D			
50	2.100	0.206	21.391
Sub-total			
D+L pooled ES	2.100	0.206	21.391
G - D			
57	3.000	0.372	24.171
Sub-total			
D+L pooled ES	3.000	0.372	24.171
L - K			
59	0.843	0.561	1.266
Sub-total			
D+L pooled ES	0.843	0.561	1.266
E - D			
63	1.067	0.260	4.378
Sub-total			
D+L pooled ES	1.067	0.260	4.378
F - A			
76	0.375	0.159	0.884
Sub-total			
D+L pooled ES	0.375	0.159	0.884
E - B			
77	0.702	0.131	3.748
Sub-total			
D+L pooled ES	0.702	0.131	3.748

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
Q - I	8.38	5	0.137	40.3%	0.2517
J - A	1.35	1	0.246	25.7%	0.0196
O - A	0.00	0	.	.%	0.0000
O - J	0.01	1	0.905	0.0%	0.0000
H - A	0.00	0	.	.%	0.0000
P - A	0.00	0	.	.%	0.0000
P - H	1.68	1	0.194	40.6%	0.0293

N - D	0.00	0	.	.%	0.0000
M - B	2.31	4	0.679	0.0%	0.0000
B - A	8.02	8	0.432	0.2%	0.0008
M - A	0.00	0	.	.%	0.0000
N - B	0.00	0	.	.%	0.0000
R - D	0.00	0	.	.%	0.0000
R - I	0.00	0	.	.%	0.0000
O - I	0.00	0	.	.%	0.0000
F - C	0.00	0	.	.%	0.0000
C - B	0.03	1	0.859	0.0%	0.0000
K - J	0.17	1	0.680	0.0%	0.0000
D - B	4.21	4	0.378	5.0%	0.0583
D - C	0.00	0	.	.%	0.0000
G - B	0.14	1	0.709	0.0%	0.0000
K - A	0.61	1	0.434	0.0%	0.0000
I - A	0.00	0	.	.%	0.0000
G - A	0.00	0	.	.%	0.0000
D - A	0.41	1	0.521	0.0%	0.0000
S - K	0.00	0	.	.%	0.0000
F - B	6.87	6	0.333	12.7%	0.0878
L - A	0.00	0	.	.%	0.0000
K - I	0.00	0	.	.%	0.0000
T - B	0.16	3	0.983	0.0%	0.0000
P - I	0.00	0	.	.%	0.0000
K - D	0.00	0	.	.%	0.0000
F - D	0.00	0	.	.%	0.0000
G - D	0.00	0	.	.%	0.0000
L - K	0.00	0	.	.%	0.0000
E - D	0.00	0	.	.%	0.0000
F - A	0.00	0	.	.%	0.0000
E - B	0.00	0	.	.%	0.0000

** I-squared: the variation in ES attributable to heterogeneity)

Net league table

Aripiprazole_LAI	1.74 (0.72, 4.22)	1.11 (0.51, 2.41)	1.20 (0.76, 1.89)	1.98 (1.08, 3.64)	1.30 (0.82, 2.06)	1.35 (0.93,1.97)	0.94 (0.55,1.60)	1.22 (0.65, 2.32)	1.21 (0.78, 1.85)	1.44 (0.44,4.74)	3.50 (2.59, 4.74)	1.60 (0.98, 2.60)	1.42 (0.56, 3.63)	1.12 (0.76, 1.65)	1.04 (0.63, 1.73)	1.28 (0.68, 2.41)	2.35 (1.38, 4.01)	1.35 (0.09, 21.40)	1.18 (0.52, 2.70)
0.57 (0.24, 1.39)	Bromperidol_LAI	0.64 (0.24, 1.73)	0.69 (0.32, 1.49)	1.14 (0.47, 2.74)	0.74 (0.30, 1.84)	0.78 (0.33,1.85)	0.54 (0.21,1.40)	0.70 (0.28, 1.77)	0.69 (0.28, 1.73)	0.83 (0.21,3.18)	2.01 (0.87, 4.62)	0.92 (0.41, 2.03)	0.82 (0.26, 2.52)	0.64 (0.26, 1.59)	0.60 (0.23, 1.52)	0.74 (0.26, 2.05)	1.35 (0.52, 3.51)	0.78 (0.04, 13.70)	0.68 (0.24, 1.91)
0.90 (0.41, 1.95)	1.57 (0.58, 4.25)	Flupenthixol_LAI	1.08 (0.57, 2.05)	1.78 (0.83, 3.81)	1.17 (0.53, 2.59)	1.22 (0.57,2.60)	0.84 (0.36,1.97)	1.10 (0.49, 2.47)	1.09 (0.48, 2.44)	1.30 (0.36,4.64)	3.15 (1.54, 6.45)	1.44 (0.74, 2.80)	1.28 (0.45, 3.62)	1.01 (0.45, 2.24)	0.93 (0.41, 2.14)	1.15 (0.45, 2.93)	2.12 (0.90, 5.00)	1.22 (0.07, 20.80)	1.06 (0.41, 2.72)
0.83 (0.53, 1.31)	1.45 (0.67, 3.14)	0.93 (0.49, 1.75)	Fluphenazine_LAI	1.65 (1.01, 2.71)	1.08 (0.66, 1.76)	1.13 (0.74,1.72)	0.78 (0.44,1.38)	1.02 (0.61, 1.70)	1.01 (0.60, 1.68)	1.20 (0.39,3.69)	2.92 (2.07, 4.11)	1.33 (1.10, 1.62)	1.18 (0.52, 2.72)	0.93 (0.57, 1.53)	0.87 (0.51, 1.48)	1.07 (0.53, 2.14)	1.96 (1.08, 3.55)	1.13 (0.07, 17.95)	0.98 (0.49, 1.96)
0.51 (0.28, 0.93)	0.88 (0.37, 2.12)	0.56 (0.26, 1.20)	0.61 (0.37, 0.99)	Haloperidol_LAI	0.66 (0.35, 1.24)	0.68 (0.38,1.23)	0.47 (0.24,0.95)	0.62 (0.31, 1.22)	0.61 (0.32, 1.15)	0.73 (0.24,2.19)	1.77 (1.03, 3.03)	0.81 (0.48, 1.37)	0.72 (0.29, 1.79)	0.57 (0.30, 1.06)	0.52 (0.27, 1.03)	0.65 (0.30, 1.42)	1.19 (0.60, 2.36)	0.68 (0.04, 11.22)	0.60 (0.25, 1.39)
0.77 (0.49, 1.22)	1.34 (0.54, 3.32)	0.86 (0.39, 1.90)	0.92 (0.57, 1.51)	1.53 (0.80, 2.89)	Olanzapine_LAI	1.04 (0.68,1.61)	0.72 (0.41,1.27)	0.94 (0.49, 1.84)	0.93 (0.55, 1.58)	1.11 (0.33,3.71)	2.70 (1.90, 3.83)	1.23 (0.73, 2.07)	1.10 (0.42, 2.85)	0.86 (0.52, 1.43)	0.80 (0.59, 1.08)	0.99 (0.49, 2.00)	1.81 (0.98, 3.37)	1.04 (0.07, 16.62)	0.91 (0.39, 2.12)
0.74 (0.51, 1.08)	1.29 (0.54, 3.07)	0.82 (0.39, 1.75)	0.89 (0.58, 1.36)	1.46 (0.81, 2.64)	0.96 (0.62, 1.48)	Paliperidone_LAI_1	0.69 (0.46,1.05)	0.91 (0.49, 1.68)	0.89 (0.56, 1.42)	1.07 (0.33,3.47)	2.59 (2.01, 3.34)	1.18 (0.75, 1.87)	1.05 (0.42, 2.65)	0.83 (0.53, 1.29)	0.77 (0.47, 1.25)	0.95 (0.49, 1.83)	1.74 (1.00, 3.04)	1.00 (0.06, 15.43)	0.87 (0.39, 1.96)
1.07 (0.63, 1.81)	1.86 (0.71, 4.83)	1.18 (0.51, 2.77)	1.28 (0.73, 2.25)	2.11 (1.05, 4.24)	1.38 (0.79, 2.43)	1.44 (0.95,2.19)	Paliperidone_LAI_3	1.31 (0.63, 2.70)	1.29 (0.70, 2.36)	1.54 (0.45,5.29)	3.73 (2.38, 5.85)	1.70 (0.94, 3.09)	1.52 (0.56, 4.12)	1.19 (0.67, 2.12)	1.11 (0.62, 1.99)	1.37 (0.63, 2.95)	2.51 (1.25, 5.05)	1.44 (0.09, 22.94)	1.26 (0.51, 3.07)
0.82 (0.43, 1.55)	1.42 (0.57, 3.57)	0.91 (0.41, 2.03)	0.98 (0.59, 1.63)	1.62 (0.82, 3.19)	1.06 (0.54, 2.06)	1.10 (0.59,2.05)	0.77 (0.37,1.58)	Pipothiazine_LAI	0.98 (0.50, 1.95)	1.18 (0.35,4.00)	2.86 (1.62, 5.03)	1.30 (0.76, 2.25)	1.16 (0.44, 3.06)	0.91 (0.47, 1.79)	0.85 (0.42, 1.71)	1.05 (0.46, 2.39)	1.92 (0.91, 4.05)	1.10 (0.07, 18.24)	0.96 (0.41, 2.27)
0.83 (0.54, 1.27)	1.44 (0.58, 3.61)	0.92 (0.41, 2.07)	0.99 (0.59, 1.67)	1.64 (0.87, 3.10)	1.08 (0.63, 1.83)	1.12 (0.70,1.79)	0.78 (0.42,1.43)	1.02 (0.51, 2.01)	Risperidone_LAI	1.19 (0.36,4.00)	2.90 (1.94, 4.34)	1.32 (0.77, 2.28)	1.18 (0.45, 3.10)	0.93 (0.72, 1.20)	0.86 (0.49, 1.53)	1.06 (0.67, 1.69)	1.95 (1.41, 2.70)	1.12 (0.07, 17.99)	0.98 (0.41, 2.32)
0.69 (0.21, 2.28)	1.21 (0.31, 4.65)	0.77 (0.22, 2.76)	0.83 (0.27, 2.56)	1.37 (0.46, 4.14)	0.90 (0.27, 3.01)	0.94 (0.29,3.05)	0.65 (0.19,2.24)	0.85 (0.25, 2.89)	0.84 (0.25, 2.80)	(Zu)clopenthixol_LAI	2.43 (0.77, 7.71)	1.11 (0.36, 3.46)	0.99 (0.25, 3.90)	0.78 (0.23, 2.59)	0.72 (0.21, 2.45)	0.89 (0.24, 3.25)	1.63 (0.47, 5.65)	0.94 (0.05, 18.47)	0.82 (0.22, 3.06)
0.29 (0.21, 0.39)	0.50 (0.22, 1.15)	0.32 (0.16, 0.65)	0.34 (0.24, 0.48)	0.57 (0.33, 0.97)	0.37 (0.26, 0.53)	0.39 (0.30,0.50)	0.27 (0.17,0.42)	0.35 (0.20, 0.62)	0.34 (0.23, 0.52)	0.41 (0.13,1.31)	Placebo	0.46 (0.31, 0.67)	0.41 (0.17, 0.99)	0.32 (0.22, 0.46)	0.30 (0.20, 0.45)	0.37 (0.20, 0.68)	0.67 (0.40, 1.12)	0.39 (0.02, 6.03)	0.34 (0.16, 0.73)
0.63 (0.38, 1.02)	1.09 (0.49, 2.42)	0.70 (0.36, 1.36)	0.75 (0.62, 0.91)	1.24 (0.73, 2.10)	0.81 (0.48, 1.37)	0.85 (0.53,1.34)	0.59 (0.32,1.06)	0.77 (0.44, 1.32)	0.76 (0.44, 1.30)	0.90 (0.29,2.81)	2.19 (1.49, 3.22)	Phenothiazines_OS	0.89 (0.38, 2.09)	0.70 (0.41, 1.19)	0.65 (0.37, 1.14)	0.80 (0.39, 1.64)	1.47 (0.79, 2.74)	0.85 (0.05, 13.56)	0.74 (0.36, 1.51)
0.70 (0.28, 1.80)	1.23 (0.40, 3.78)	0.78 (0.28, 2.21)	0.84 (0.37, 1.94)	1.39 (0.56, 3.46)	0.91 (0.35, 2.38)	0.95 (0.38,2.39)	0.66 (0.24,1.79)	0.86 (0.33, 2.27)	0.85 (0.32, 2.23)	1.01 (0.26,4.00)	2.46 (1.01, 6.00)	1.12 (0.48, 2.64)	Haloperidol_OS	0.79 (0.30, 2.05)	0.73 (0.27, 1.95)	0.90 (0.31, 2.63)	1.65 (0.60, 4.53)	0.95 (0.05, 17.07)	0.83 (0.28, 2.44)

0.89 (0.61, 1.32)	1.56 (0.63, 3.86)	0.99 (0.45, 2.21)	1.07 (0.65, 1.77)	1.77 (0.94, 3.32)	1.16 (0.70, 1.93)	1.21 (0.77,1 .89)	0.84 (0.47,1 .49)	1.09 (0.56, 2.15)	1.08 (0.83, 1.40)	1.29 (0.39,4. 29)	3.13 (2.15, 4.55)	1.43 (0.84, 2.42)	1.27 (0.49, 3.31)	Aripip razole _OS	0.93 (0.54, 1.61)	1.15 (0.67, 1.95)	2.10 (1.38, 3.21)	1.21 (0.08, 19.33)	1.05 (0.45, 2.47)
0.96 (0.58, 1.60)	1.68 (0.66, 4.27)	1.07 (0.47, 2.45)	1.16 (0.68, 1.97)	1.91 (0.97, 3.74)	1.25 (0.93, 1.68)	1.30 (0.80,2 .11)	0.90 (0.50,1 .62)	1.18 (0.59, 2.38)	1.16 (0.65, 2.06)	1.39 (0.41,4. 72)	3.37 (2.24, 5.08)	1.54 (0.87, 2.70)	1.37 (0.51, 3.65)	1.08 (0.62, 1.86)	Olanz apine _OS	1.23 (0.59, 2.59)	2.27 (1.17, 4.40)	1.30 (0.08, 20.95)	1.13 (0.47, 2.72)
0.78 (0.41, 1.47)	1.36 (0.49, 3.78)	0.87 (0.34, 2.20)	0.94 (0.47, 1.87)	1.54 (0.70, 3.39)	1.01 (0.50, 2.05)	1.05 (0.55,2 .03)	0.73 (0.34,1 .58)	0.96 (0.42, 2.18)	0.94 (0.59, 1.49)	1.12 (0.31,4. 10)	2.73 (1.48, 5.04)	1.25 (0.61, 2.55)	1.11 (0.38, 3.24)	0.87 (0.51, 1.49)	0.81 (0.39, 1.70)	Risper idone _OS	1.84 (1.05, 3.21)	1.05 (0.06, 17.58)	0.92 (0.35, 2.45)
0.42 (0.25, 0.72)	0.74 (0.28, 1.93)	0.47 (0.20, 1.11)	0.51 (0.28, 0.92)	0.84 (0.42, 1.67)	0.55 (0.30, 1.02)	0.57 (0.33,1 .00)	0.40 (0.20,0 .80)	0.52 (0.25, 1.10)	0.51 (0.37, 0.71)	0.61 (0.18,2. 12)	1.49 (0.90, 2.47)	0.68 (0.37, 1.26)	0.60 (0.22, 1.65)	0.48 (0.31, 0.72)	0.44 (0.23, 0.86)	0.54 (0.31, 0.95)	Queti apine _OS	0.57 (0.04, 9.37)	0.50 (0.20, 1.25)
0.74 (0.05, 11.71)	1.29 (0.07, 22.75)	0.82 (0.05, 14.06)	0.89 (0.06, 14.15)	1.46 (0.09, 24.05)	0.96 (0.06, 15.32)	1.00 (0.06,1 5.43)	0.69 (0.04,1 1.05)	0.91 (0.05, 14.98)	0.89 (0.06, 14.32)	1.07 (0.05,2 0.98)	2.59 (0.17, 40.42)	1.18 (0.07, 18.94)	1.05 (0.06, 18.89)	0.83 (0.05, 13.23)	0.77 (0.05, 12.37)	0.95 (0.06, 15.82)	1.74 (0.11, 28.42)	Palipe ridon e_OS	0.87 (0.05, 15.13)
0.85 (0.37, 1.94)	1.48 (0.52, 4.17)	0.94 (0.37, 2.42)	1.02 (0.51, 2.03)	1.68 (0.72, 3.93)	1.10 (0.47, 2.57)	1.15 (0.51,2 .58)	0.80 (0.33,1 .94)	1.04 (0.44, 2.45)	1.02 (0.43, 2.42)	1.22 (0.33,4. 56)	2.97 (1.37, 6.43)	1.35 (0.66, 2.78)	1.21 (0.41, 3.56)	0.95 (0.40, 2.23)	0.88 (0.37, 2.11)	1.09 (0.41, 2.90)	2.00 (0.80, 4.97)	1.15 (0.07, 19.90)	DBP_ OS

Net league table: head-to-head comparisons. Relative risks (RRs) and 95% confidence intervals (CIs) are reported. RRs lower than 1 favour the column-defining treatment. Statistically significant results are highlighted in grey. LAI=long-acting antipsychotics

Evaluation of heterogeneity and incoherence

Overall heterogeneity
Estimated between-studies SD: .0661036

Overall incoherence
Design-by-treatment test: P = 0.453

Loop-specific approach
 * 21 triangular loops found
 * 3 quadratic loops found

Note: Heterogeneity of loop A-D-F cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-D-G cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-H-P cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-I-K cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-I-O cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-I-P cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-J-O cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-K-L cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop C-D-F cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-D-I-R cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop D-I-K-R cannot be estimated due to insufficient observations - set equal to 0

Evaluation of inconsistency using loop-specific heterogeneity estimates:

Loop	ROR	z_value	p_value	CI_95	Loop_Heterog_tau2
A-D-F	62.478	2.944	0.003	(3.98,980.01)	0.000
A-D-I-R	35.582	3.557	0.000	(4.97,254.69)	0.000
A-B-D	34.579	4.755	0.000	(8.03,148.98)	0.000
A-D-G	33.470	1.521	0.128	(1.00,3089.02)	0.000
A-D-K	27.444	2.146	0.032	(1.33,565.57)	0.000
C-D-F	4.447	0.609	0.543	(1.00,543.07)	0.000
A-I-P	4.281	0.875	0.382	(1.00,111.32)	0.000
A-B-G	2.897	0.529	0.597	(1.00,148.91)	0.000
A-B-M	2.818	1.704	0.088	(1.00,9.28)	0.000
B-D-G	2.804	0.855	0.393	(1.00,29.80)	0.000
A-K-L	2.384	1.886	0.059	(1.00,5.88)	0.000
B-D-F	2.266	0.615	0.539	(1.00,30.75)	0.080
I-J-K-O	1.915	0.318	0.750	(1.00,104.75)	0.000
A-B-F	1.665	0.898	0.369	(1.00,5.06)	0.000
A-J-K	1.664	0.972	0.331	(1.00,4.64)	0.000
B-D-E	1.535	0.346	0.729	(1.00,17.36)	0.058

A-H-P	1.462	1.099	0.272	(1.00,2.88)	0.000
B-C-F	1.430	0.177	0.860	(1.00,75.68)	0.000
D-I-K-R	1.288	0.100	0.920	(1.00,180.27)	0.000
B-C-D	1.238	0.217	0.829	(1.00,8.53)	0.000
A-J-O	1.199	0.385	0.700	(1.00,3.02)	0.000
A-I-O	1.084	0.171	0.864	(1.00,2.72)	0.000
B-D-N	1.072	0.061	0.952	(1.00,10.20)	0.058
A-I-K	1.007	0.003	0.997	(1.00,51.41)	0.000

Consistency between direct and indirect estimates

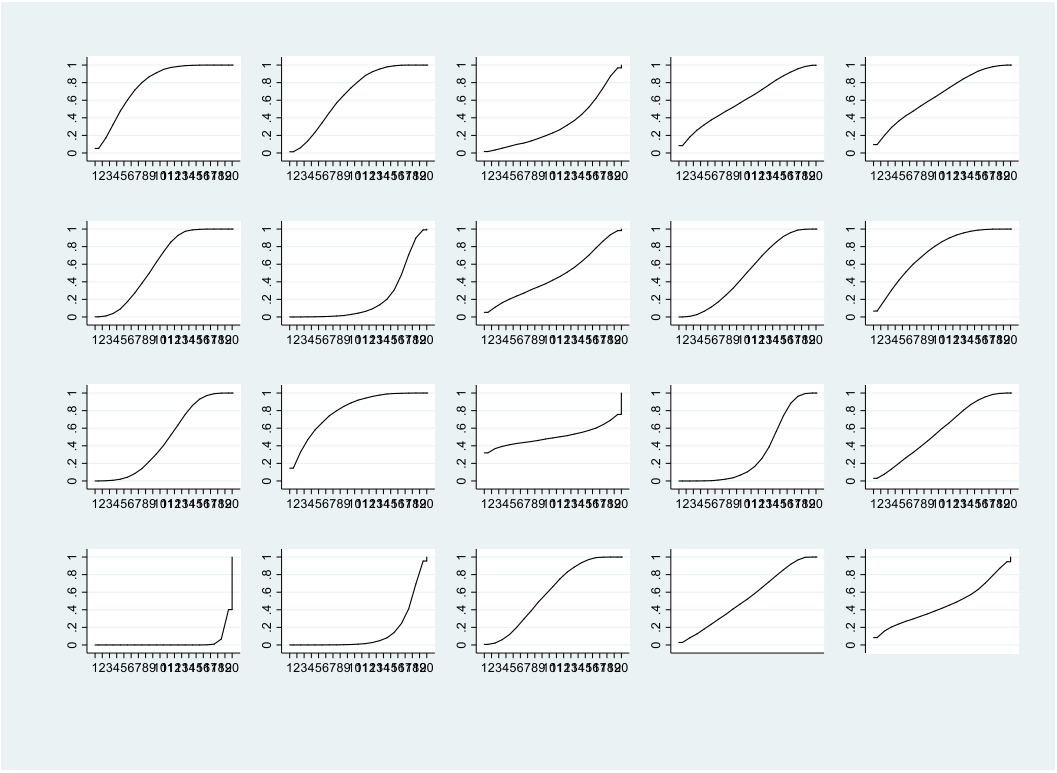
Side	Direct		Indirect		Difference		
	Coef.	Std. Err.	Coef.	Std. Err.	Coef.	Std. Err.	P>|z|
A B	-1.302397	.2085646	-.0781746	.467297	-1.224222	.5333786	0.022
A D	2.412044	.6152606	-1.296328	.3036415	3.708372	.6861077	0.000
A F	-.8955038	.4354568	-1.162145	.3751997	.2666411	.5637971	0.636
A G	1.37e-10	1.955159	-.7323252	.4356085	.7323252	2.003098	0.715
A H	-.9411271	.1729056	-1.536832	.5446163	.5957049	.5652758	0.292
A I	-1.051352	.3880762	-1.068561	.2725293	.0172096	.4742102	0.971
A J	-1.207921	.1897704	-1.435167	.3759277	.2272465	.4243239	0.592
A K	-.9161484	.144513	-1.135581	.3368776	.2194327	.3614458	0.544
A L	-1.959192	.3897856	-1.054122	.2431796	-.9050701	.4594226	0.049
A M	-1.985488	.5328399	-.5918196	.2075202	-1.393668	.5777743	0.016
A O	-1.005914	.2860251	-1.268874	.2734272	.2629599	.3912183	0.501
A P	-1.412684	.2388381	-.5896256	.4667082	-.823058	.5638714	0.144
B C	-.1216655	.357366	.155526	.8098896	-.2771916	.8852104	0.754
B D	.0589586	.3808337	.8678771	.3447855	-.8089185	.515876	0.117
B E	-.3541809	.8576282	.6141304	.7687811	-.9683113	1.151757	0.401
B F	-.1076075	.2782237	.7516277	.6333765	-.8592352	.6785964	0.205
B G	.1381599	.4304993	1.534177	.9593469	-1.396017	1.051504	0.184
B M *	.3097304	.0898763	-2.142524	.9720713	2.452254	.977973	0.012
B N	.0791686	.4757987	.5278995	.9444179	-.4487309	1.057502	0.671
B T *	-.0179938	.3526913	2.146149	68.83413	-2.164143	68.835	0.975
C D	.4054782	.8451152	.6232467	.4389563	-.2177685	.9523136	0.819
C F	-.3448407	1.975903	.1171529	.4202427	-.4619937	2.020098	0.819
D E	.0645432	.7237907	-.9036145	.8959235	.9681576	1.151762	0.401
D F	.7419523	1.186036	-.5949932	.3634522	1.336946	1.240475	0.281
D G	1.098659	1.066197	-.3902095	.4926104	1.488868	1.174501	0.205
D K	-.0192932	1.411402	-.3987161	.3081948	.3794229	1.444659	0.793
D N	1.83e-10	.9076921	-.4486247	.5426454	.4486247	1.05753	0.671
D R	.7444666	.6910401	-.0183615	.4014646	.7628281	.7991928	0.340
H P *	-.2323917	.1570458	2.35533	3.26199	-2.587722	3.270568	0.429
I K	.1251633	1.96959	.1137154	.2415116	.0114479	1.984342	0.995
I O	-.0600587	.1777933	-.2074132	.4161314	.1473544	.4525215	0.745
I P	1.098646	1.605567	-.1952121	.3105764	1.293858	1.63533	0.429
I Q *	.0610814	.2354253	2.369477	69.53775	-2.308396	69.5382	0.974
I R	.6359892	.16695	1.39881	.7814813	-.7628212	.7991158	0.340
J K	.8056177	.4852968	.2042264	.2194108	.6013913	.5319168	0.258
J O	-.029609	.2274195	.5033336	.3763568	-.5329427	.4388878	0.225
K L	-.1708379	.2073171	-1.075896	.4099859	.9050576	.4594222	0.049
K S *	-1.43e-09	1.395994	1.903183	373.7651	-1.903183	373.7677	0.996

* Warning: all the evidence about these contrasts comes from the trials which directly compare them. See help file for more information.

SUCRA and cumulative probability plots

Treatment	SUCRA	PrBest	MeanRank
Placebo	2.5	0.0	19.5
Fluphenazine_LAI	60.9	0.2	8.4
Flupenthixol_LAI	65.4	9.6	7.6
Haloperidol_LAI	21.1	0.0	16.0
(Zu)clopenthix_LAI	45.9	8.4	11.3
Pipothiazine_LAI	57.5	3.1	9.1
Bromperidol_LAI	32.8	1.7	13.8
Olanzapine_LAI	50.9	0.1	10.3
Risperidone_LAI	58.9	0.7	8.8
Aripiprazole_LAI	78.0	5.2	5.2
Paliperidone_LAI_1	46.8	0.0	11.1
Paliperidone_LAI_3	80.2	14.6	4.8
Phenotiazines_OS	32.6	0.0	13.8
Haloperidol_OS	47.0	5.3	11.1
Aripiprazole_OS	67.2	1.4	7.2
Olanzapine_OS	73.2	6.7	6.1
Risperidone_OS	53.5	2.8	9.8

Quetiapine_OS	13.9	0.0	17.4
Paliperidone_OS	50.6	32.0	10.4
DBP_OS	60.8	8.4	8.4



Funnel plot

Not applicable: no comparisons with 10 one more studies.

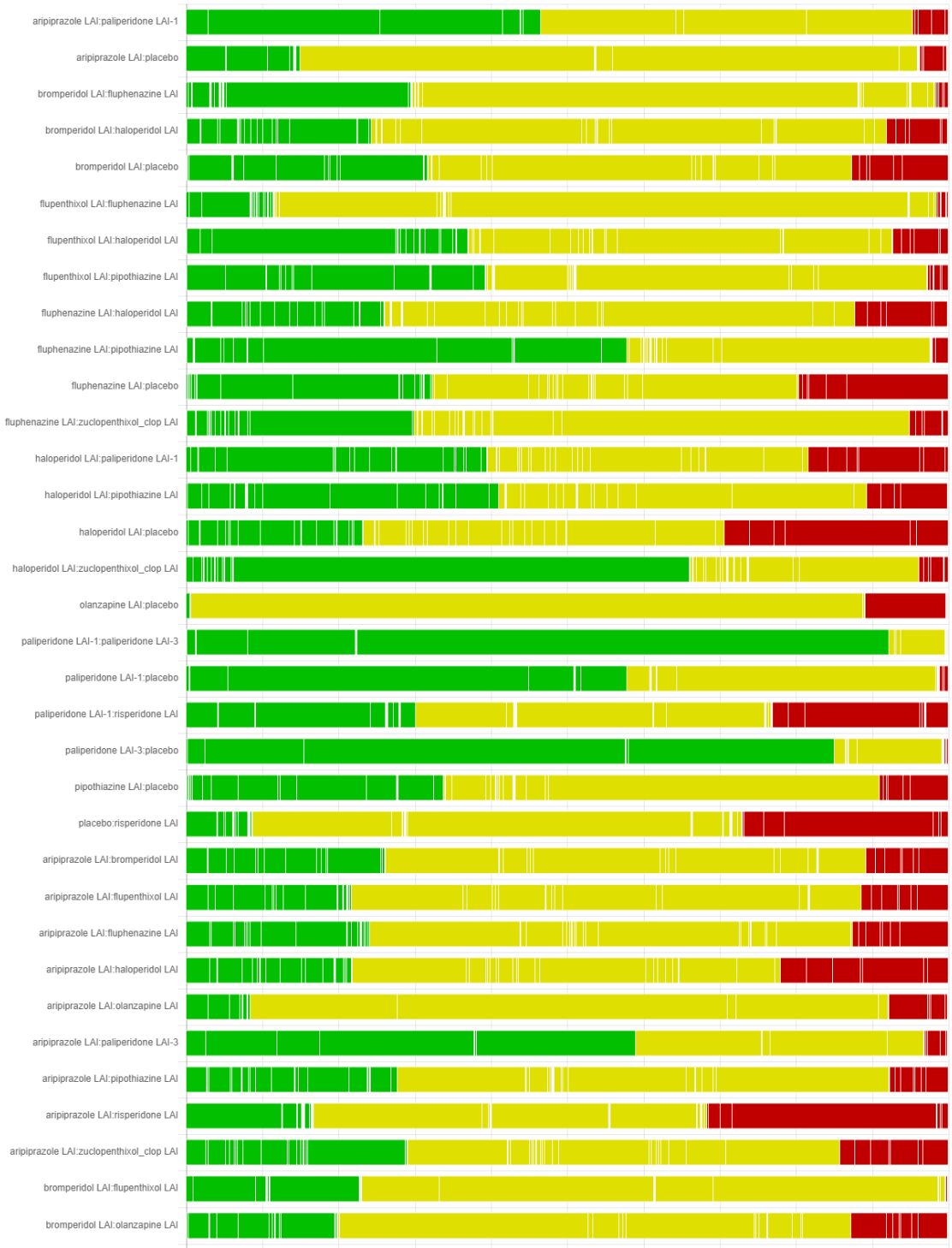
GRADE appraisal (CINeMA)

The analysis of the certainty of the evidence was performed with the online application CINeMA, which follows the principles of the GRADE methodology. The following criteria were applied:

- Within-study bias: the "overall" risk of bias of each study was calculated as follows: (a) LOW risk if four or more domains of the Cochrane RoB were at low risk (even if three were at high risk); (b) HIGH risk if three or more domains were at high risk; (c) UNCLEAR RISK in all other cases. For each comparison, the histogram was interpreted according to a "Majority risk of bias" rule;
- Across-studies bias was considered "undetected" when was not possible to evaluate the risk of publication bias;
- Indirectness: the histogram was interpreted according to a "Majority risk of bias" rule;
- Imprecision: risk ratio between 0.667 to 1.5 was considered as a clinically important size of effect;
- Heterogeneity: risk ratio between 0.667 to 1.5 was considered as a clinically important size of effect;
- Incoherence: for all the comparisons for which only a direct or indirect estimation was available (Inconsistency measures: Not applicable) we reported "some concern".

Within-study bias

The bar chart shows the contributions of each piece of study to the network estimate.
Green=low risk; Yellow=unclear risk; Red=high risk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aripiprazole LAI:placebo
bromperidol LAI:fluphenazine LAI
bromperidol LAI:haloperidol LAI
bromperidol LAI:placebo
flupenthixol LAI:fluphenazine LAI
flupenthixol LAI:haloperidol LAI
flupenthixol LAI:pipothiazine LAI
fluphenazine LAI:haloperidol LAI
fluphenazine LAI:pipothiazine LAI
fluphenazine LAI:placebo
fluphenazine LAI:zuclopenthixol_clop LAI
haloperidol LAI:paliperidone LAI-1
haloperidol LAI:pipothiazine LAI
haloperidol LAI:placebo
haloperidol LAI:zuclopenthixol_clop LAI
olanzapine LAI:placebo
paliperidone LAI-1:paliperidone LAI-3
paliperidone LAI-1:placebo
paliperidone LAI-1:risperidone LAI
paliperidone LAI-3:placebo
pipothiazine LAI:placebo
placebo:risperidone LAI
aripiprazole LAI:bromperidol LAI
aripiprazole LAI:flupenthixol LAI
aripiprazole LAI:fluphenazine LAI
aripiprazole LAI:haloperidol LAI
aripiprazole LAI:olanzapine LAI
aripiprazole LAI:paliperidone LAI-3
aripiprazole LAI:pipothiazine LAI
aripiprazole LAI:risperidone LAI
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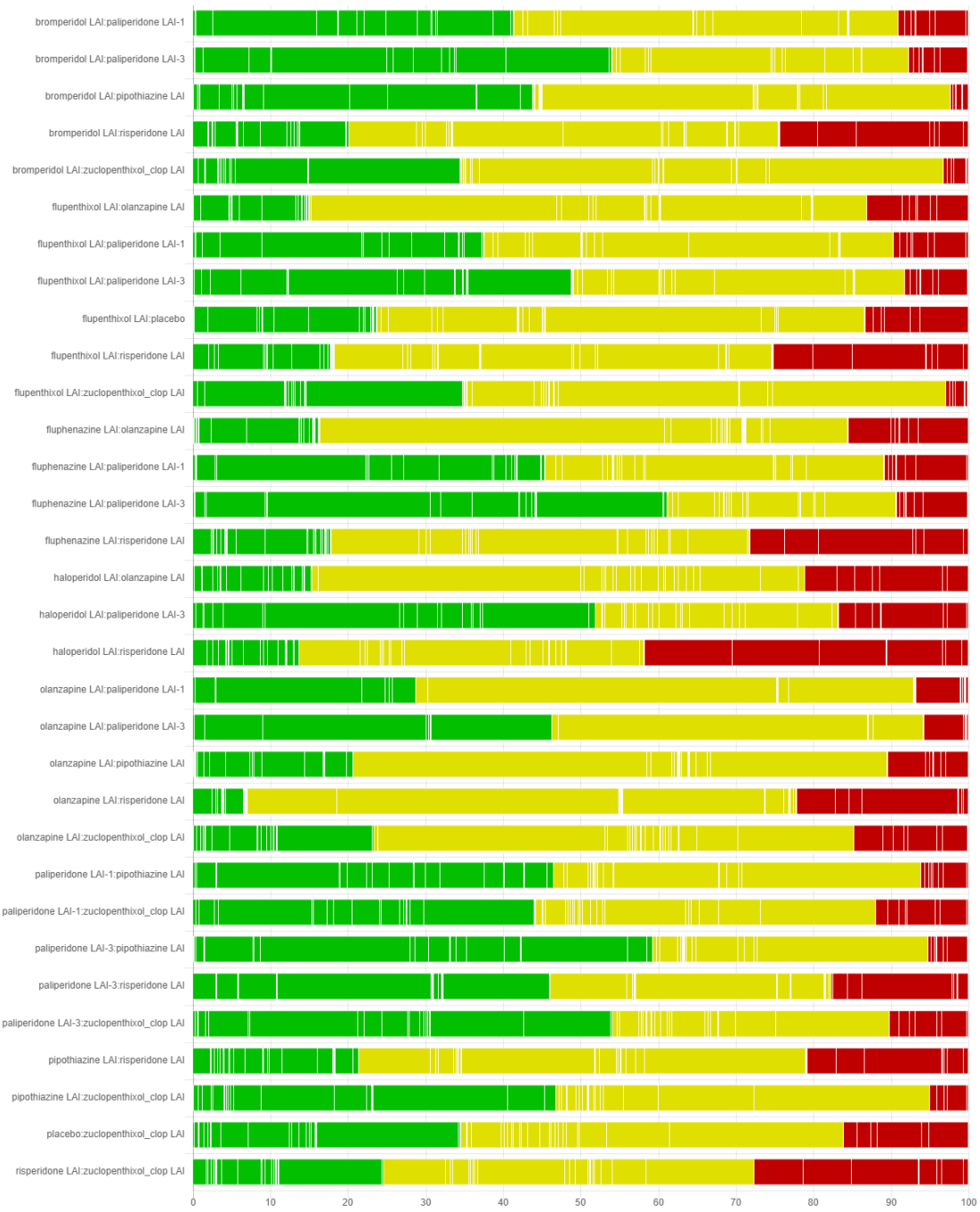
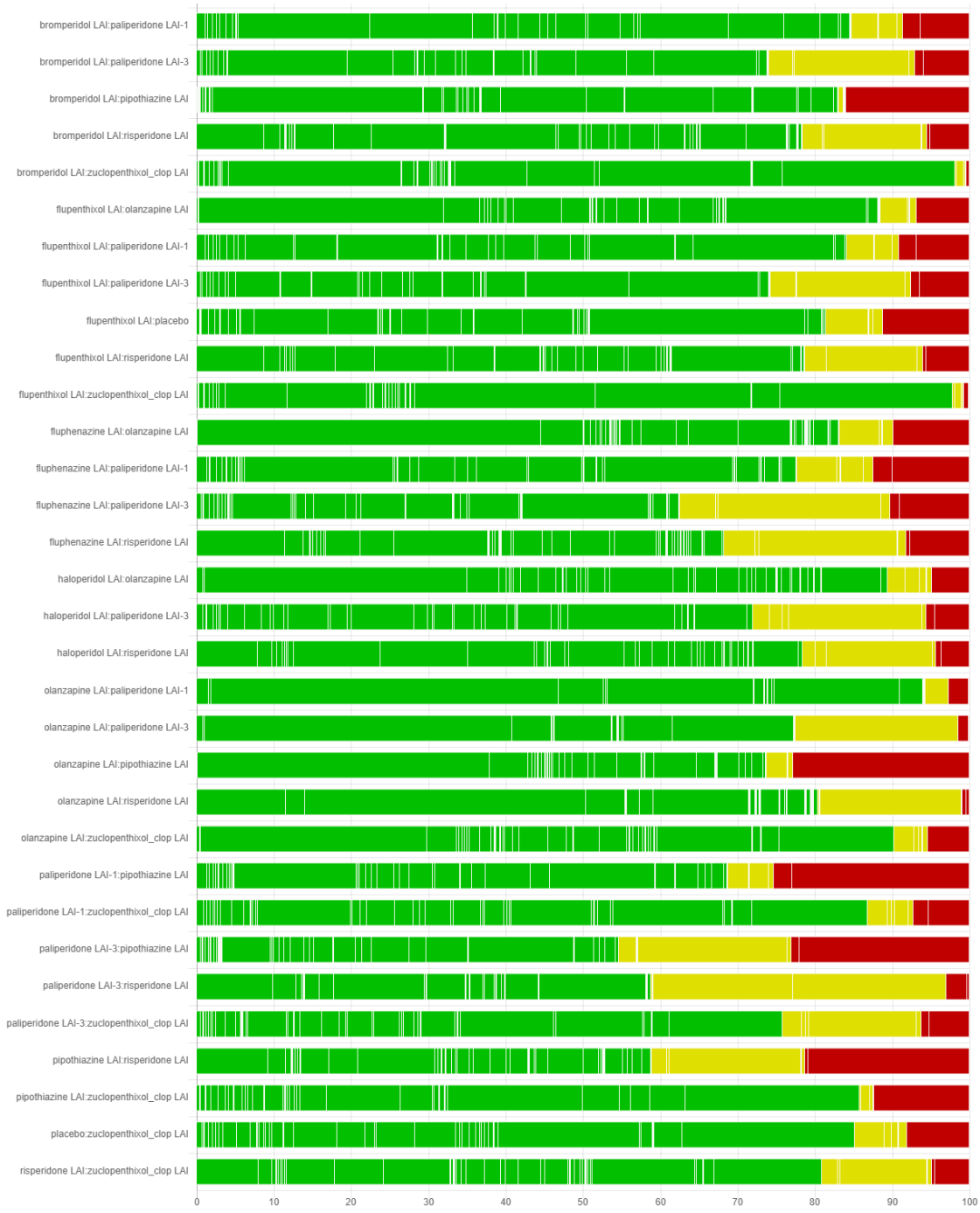
bromperidol LAI:flupenthixol LAI
bromperidol LAI:olanzapine LAI



Indirectness

The bar chart shows the contributions of each study to the network estimate.
Green=low risk; Yellow=unclear risk; Red=high risk


aripiprazole LAI:paliperidone LAI-1
aripiprazole LAI:placebo
bromperidol LAI:fluphenazine LAI
bromperidol LAI:haloperidol LAI
bromperidol LAI:placebo
flupenthixol LAI:fluphenazine LAI
flupenthixol LAI:haloperidol LAI
flupenthixol LAI:pipothiazine LAI
fluphenazine LAI:haloperidol LAI
fluphenazine LAI:pipothiazine LAI
fluphenazine LAI:placebo
fluphenazine LAI:zuclopenthixol_clop LAI
haloperidol LAI:paliperidone LAI-1
haloperidol LAI:pipothiazine LAI
haloperidol LAI:placebo
haloperidol LAI:zuclopenthixol_clop LAI
olanzapine LAI:placebo
paliperidone LAI-1:paliperidone LAI-3
paliperidone LAI-1:placebo
paliperidone LAI-1:risperidone LAI
paliperidone LAI-3:placebo
pipothiazine LAI:placebo
placebo:risperidone LAI
aripiprazole LAI:bromperidol LAI
aripiprazole LAI:flupenthixol LAI
aripiprazole LAI:fluphenazine LAI
aripiprazole LAI:haloperidol LAI
aripiprazole LAI:olanzapine LAI
aripiprazole LAI:paliperidone LAI-3
aripiprazole LAI:pipothiazine LAI
aripiprazole LAI:risperidone LAI
aripiprazole LAI:zuclopenthixol_clop LAI
bromperidol LAI:flupenthixol LAI
bromperidol LAI:olanzapine LAI



Final report

Comparison	Number of studies	Within-study bias	Reporting bias	Indirectness	Imprecision	Heterogeneity	Incoherence	Confidence rating
aripiprazole LAI:paliperidone LAI-1	2	Some concerns	Undetected	No concerns	Some concerns	Some concerns	No concerns	Very low
aripiprazole LAI:placebo	2	Some concerns	Undetected	No concerns	No concerns	No concerns	No concerns	Moderate
bromperidol LAI:fluphenazine LAI	2	Some concerns	Undetected	No concerns	Major concerns	No concerns	No concerns	Very low
bromperidol LAI:haloperidol LAI	1	Some concerns	Undetected	No concerns	Major concerns	No concerns	No concerns	Very low
bromperidol LAI:placebo	1	Some concerns	Undetected	No concerns	Some concerns	Some concerns	No concerns	Very low
flupenthixol LAI:fluphenazine LAI	2	Some concerns	Undetected	No concerns	Major concerns	No concerns	No concerns	Very low
flupenthixol LAI:haloperidol LAI	1	Some concerns	Undetected	No concerns	Some concerns	Some concerns	No concerns	Very low
flupenthixol LAI:pipothiazine LAI	1	Some concerns	Undetected	No concerns	Major concerns	No concerns	No concerns	Very low
fluphenazine LAI:haloperidol LAI	5	Some concerns	Undetected	No concerns	Some concerns	No concerns	No concerns	Low
fluphenazine LAI:pipothiazine LAI	7	No concerns	Undetected	No concerns	Major concerns	No concerns	No concerns	Low
fluphenazine LAI:placebo	9	Some concerns	Undetected	No concerns	No concerns	No concerns	Some concerns	Low
fluphenazine LAI:zuclopenthixol_clop LAI	1	Some concerns	Undetected	No concerns	Major concerns	No concerns	No concerns	Very low
haloperidol LAI:paliperidone LAI-1	1	Some concerns	Undetected	No concerns	Some concerns	Some concerns	No concerns	Very low
haloperidol LAI:pipothiazine LAI	1	Some concerns	Undetected	No concerns	Some concerns	Some concerns	No concerns	Very low
haloperidol LAI:placebo	2	Some concerns	Undetected	No concerns	Some concerns	No concerns	Major concerns	Very low
haloperidol LAI:zuclopenthixol_clop LAI	1	No concerns	Undetected	No concerns	Major concerns	No concerns	No concerns	Low
olanzapine LAI:placebo	1	Some concerns	Undetected	No concerns	No concerns	No concerns	No concerns	Moderate

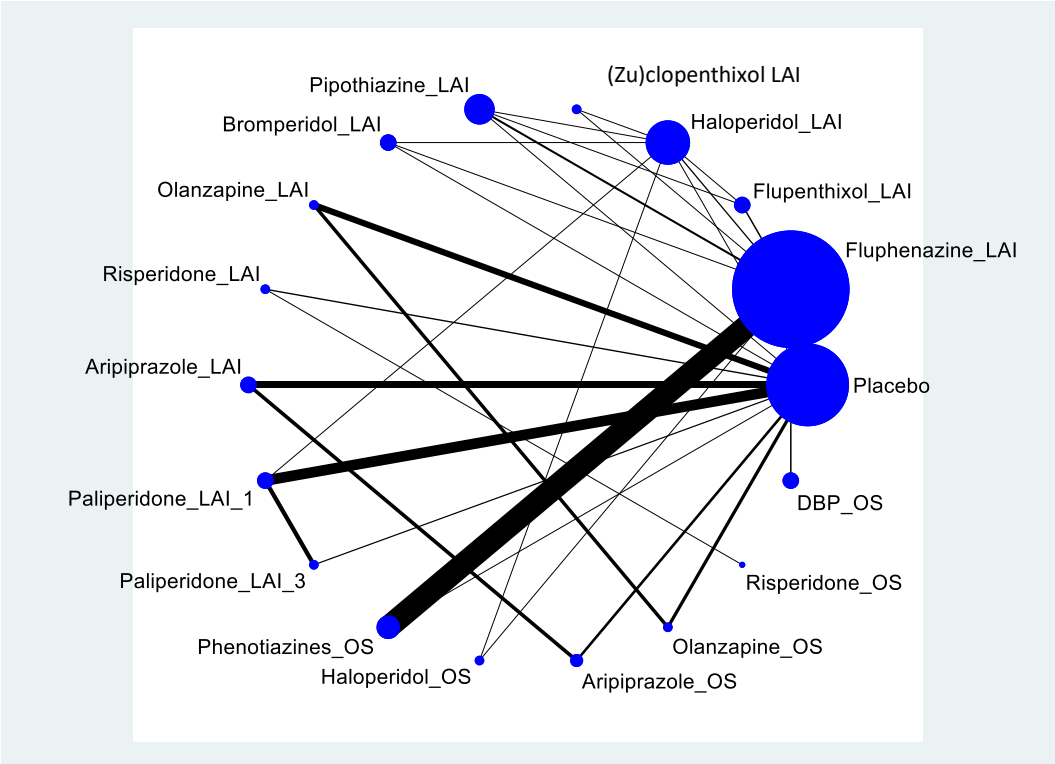
paliperidone LAI-1:paliperidone LAI-3	1	No concerns	Undetected	No concerns	Some concerns	No concerns	No concerns	Moderate
paliperidone LAI-1:placebo	2	No concerns	Undetected	No concerns	No concerns	No concerns	No concerns	High
paliperidone LAI-1:risperidone LAI	1	Some concerns	Undetected	No concerns	Major concerns	No concerns	No concerns	Very low
paliperidone LAI-3:placebo	1	No concerns	Undetected	No concerns	No concerns	No concerns	No concerns	High
pipothiazine LAI:placebo	1	Some concerns	Undetected	No concerns	No concerns	No concerns	No concerns	Moderate
placebo:risperidone LAI	1	Some concerns	Undetected	No concerns	No concerns	No concerns	No concerns	Moderate
aripiprazole LAI:bromperidol LAI	0	Some concerns	Undetected	No concerns	Some concerns	Some concerns	Some concerns	Very low
aripiprazole LAI:flupenthixol LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
aripiprazole LAI:fluphenazine LAI	0	Some concerns	Undetected	No concerns	Some concerns	Some concerns	Some concerns	Very low
aripiprazole LAI:haloperidol LAI	0	Some concerns	Undetected	No concerns	Some concerns	No concerns	Some concerns	Very low
aripiprazole LAI:olanzapine LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
aripiprazole LAI:paliperidone LAI-3	0	No concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
aripiprazole LAI:pipothiazine LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
aripiprazole LAI:risperidone LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
aripiprazole LAI:zuclopenthixol_clop LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
bromperidol LAI:flupenthixol LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
bromperidol LAI:olanzapine LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
bromperidol LAI:paliperidone LAI-1	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
bromperidol LAI:paliperidone LAI-3	0	No concerns	Undetected	No concerns	Some concerns	Some concerns	Some concerns	Very low
bromperidol LAI:pipothiazine LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
bromperidol LAI:risperidone LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
bromperidol LAI:zuclopenthixol_clop LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
flupenthixol LAI:olanzapine LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
flupenthixol LAI:paliperidone LAI-1	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
flupenthixol LAI:paliperidone LAI-3	0	No concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
flupenthixol LAI:placebo	0	Some concerns	Undetected	No concerns	No concerns	No concerns	Some concerns	Low
flupenthixol LAI:risperidone LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
flupenthixol LAI:zuclopenthixol_clop LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
fluphenazine LAI:olanzapine LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
fluphenazine LAI:paliperidone LAI-1	0	No concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
fluphenazine LAI:paliperidone LAI-3	0	No concerns	Undetected	No concerns	Some concerns	Some concerns	Some concerns	Very low
fluphenazine LAI:risperidone LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
haloperidol LAI:olanzapine LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
haloperidol LAI:paliperidone LAI-3	0	No concerns	Undetected	No concerns	Some concerns	No concerns	Some concerns	Low
haloperidol LAI:risperidone LAI	0	Some concerns	Undetected	No concerns	Some concerns	Some concerns	Some concerns	Very low
olanzapine LAI:paliperidone LAI-1	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
olanzapine LAI:paliperidone LAI-3	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
olanzapine LAI:pipothiazine LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
olanzapine LAI:risperidone LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
olanzapine LAI:zuclopenthixol_clop LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
paliperidone LAI-1:pipothiazine LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
paliperidone LAI-1:zuclopenthixol_clop LAI	0	No concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
paliperidone LAI-3:pipothiazine LAI	0	No concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
paliperidone LAI-3:risperidone LAI	0	No concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
paliperidone LAI-3:zuclopenthixol_clop LAI	0	No concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
pipothiazine LAI:risperidone LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
pipothiazine LAI:zuclopenthixol_clop LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
placebo:zuclopenthixol_clop LAI	0	Some concerns	Undetected	No concerns	Some concerns	Some concerns	Some concerns	Very low
risperidone LAI:zuclopenthixol_clop LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low

Supplement H - Sensitivity analysis: relapse (excluding trials in which clinicians and participants were not blind to treatment allocation)

Treatment codes

Placebo	A
Fluphenazine LAI	B
Flupenthixol LAI	C
Haloperidol LAI	D
(Zu)clopenthixol LAI	E
Pipothiazine LAI	F
Bromperidol LAI	G
Olanzapine LAI	H
Risperidone LAI	I
Aripiprazole LAI	J
Paliperidone LAI-1	K
Paliperidone LAI-3	L
Phenotiazines OS	M
Haloperidol OS	N
Aripiprazole OS	O
Olanzapine OS	P
Risperidone OS	Q
DBP_OS	R

Network map



Pairwise meta-analysis

Study	ES	[95% Conf.	Interval]
Q - I			
1	0.994	0.324	3.049
Sub-total			
D+L pooled ES	0.994	0.324	3.049

J - A			
6	0.375	0.225	0.626
39	0.254	0.168	0.384
Sub-total			
D+L pooled ES	0.299	0.205	0.437
O - A			
6	0.357	0.212	0.601
Sub-total			
D+L pooled ES	0.357	0.212	0.601
O - J			
6	0.951	0.536	1.687
7	1.004	0.503	2.006
Sub-total			
D+L pooled ES	0.972	0.625	1.512
H - A			
8	0.389	0.277	0.546
Sub-total			
D+L pooled ES	0.389	0.277	0.546
P - A			
8	0.245	0.153	0.391
Sub-total			
D+L pooled ES	0.245	0.153	0.391
P - H			
8	0.629	0.400	0.990
Sub-total			
D+L pooled ES	0.629	0.400	0.990
N - D			
10	1.000	0.170	5.888
Sub-total			
D+L pooled ES	1.000	0.170	5.888
M - B			
11	1.293	1.034	1.616
12	1.232	0.225	6.759
13	1.600	1.089	2.351
14	1.310	0.833	2.058
19	7.500	0.438	128.401
Sub-total			
D+L pooled ES	1.363	1.143	1.626
B - A			
12	0.128	0.033	0.494
35	0.333	0.041	2.686
37	0.123	0.040	0.375
38	0.125	0.017	0.932
40	0.423	0.044	4.063
41	0.333	0.136	0.818
45	0.444	0.187	1.055
67	0.143	0.022	0.910
76	0.500	0.234	1.068
Sub-total			
D+L pooled ES	0.301	0.204	0.444
M - A			
12	0.157	0.052	0.475
Sub-total			
D+L pooled ES	0.157	0.052	0.475
N - B			
15	1.082	0.431	2.718
Sub-total			
D+L pooled ES	1.082	0.431	2.718
F - C			
20	0.708	0.015	33.972
Sub-total			
D+L pooled ES	0.708	0.015	33.972
C - B			
21	1.000	0.219	4.564
62	0.857	0.395	1.859
Sub-total			

D+L pooled ES	0.885	0.444	1.763
D - B			
25	0.167	0.022	1.255
46	1.034	0.068	15.773
55	0.688	0.045	10.417
74	1.611	0.672	3.861
Sub-total			
D+L pooled ES	0.843	0.287	2.478
D - C			
26	1.500	0.288	7.807
Sub-total			
D+L pooled ES	1.500	0.288	7.807
G - B			
27	1.043	0.393	2.770
56	1.500	0.291	7.731
Sub-total			
D+L pooled ES	1.147	0.496	2.655
K - A			
28	0.368	0.264	0.511
54	0.455	0.299	0.691
Sub-total			
D+L pooled ES	0.399	0.308	0.517
I - A			
29	0.349	0.170	0.718
Sub-total			
D+L pooled ES	0.349	0.170	0.718
G - A			
30	1.000	0.022	46.053
Sub-total			
D+L pooled ES	1.000	0.022	46.053
D - A			
31	25.000	1.605	389.347
36	9.200	2.403	35.216
Sub-total			
D+L pooled ES	11.157	3.341	37.260
L - A			
34	0.141	0.066	0.303
Sub-total			
D+L pooled ES	0.141	0.066	0.303
R - B			
43	1.059	0.247	4.544
44	1.071	0.258	4.455
52	0.800	0.238	2.692
61	1.118	0.259	4.815
Sub-total			
D+L pooled ES	0.982	0.493	1.954
K - D			
49	0.981	0.062	15.543
Sub-total			
D+L pooled ES	0.981	0.062	15.543
F - D			
50	2.100	0.206	21.391
Sub-total			
D+L pooled ES	2.100	0.206	21.391
F - B			
51	1.000	0.363	2.751
64	0.365	0.079	1.678
68	5.000	0.259	96.587
73	3.000	0.350	25.678
76	0.750	0.296	1.900
Sub-total			
D+L pooled ES	0.889	0.492	1.606
G - D			
57	3.000	0.372	24.171
Sub-total			

```
  D+L pooled ES       |    3.000     0.372    24.171
----------------------+-------------------------------------------------
     L - K
59                    |    0.843     0.561     1.266
 Sub-total            |
  D+L pooled ES       |    0.843     0.561     1.266
----------------------+-------------------------------------------------
     E - D
63                    |    1.067     0.260     4.378
 Sub-total            |
  D+L pooled ES       |    1.067     0.260     4.378
----------------------+-------------------------------------------------
     F - A
76                    |    0.375     0.159     0.884
 Sub-total            |
  D+L pooled ES       |    0.375     0.159     0.884
----------------------+-------------------------------------------------
     E - B
77                    |    0.702     0.131     3.748
 Sub-total            |
  D+L pooled ES       |    0.702     0.131     3.748
----------------------+-------------------------------------------------

Test(s) of heterogeneity:
               Heterogeneity  degrees of
                 statistic     freedom       P    I-squared**   Tau-squared

Q - I                 0.00           0         .          .%        0.0000
J - A                 1.35           1     0.246      25.7%        0.0196
O - A                 0.00           0         .          .%        0.0000
O - J                 0.01           1     0.905       0.0%        0.0000
H - A                 0.00           0         .          .%        0.0000
P - A                 0.00           0         .          .%        0.0000
P - H                 0.00           0         .          .%        0.0000
N - D                 0.00           0         .          .%        0.0000
M - B                 2.31           4     0.679       0.0%        0.0000
B - A                 8.02           8     0.432       0.2%        0.0008
M - A                 0.00           0         .          .%        0.0000
N - B                 0.00           0         .          .%        0.0000
F - C                 0.00           0         .          .%        0.0000
C - B                 0.03           1     0.859       0.0%        0.0000
D - B                 4.20           3     0.241      28.6%        0.3759
D - C                 0.00           0         .          .%        0.0000
G - B                 0.14           1     0.709       0.0%        0.0000
K - A                 0.61           1     0.434       0.0%        0.0000
I - A                 0.00           0         .          .%        0.0000
G - A                 0.00           0         .          .%        0.0000
D - A                 0.41           1     0.521       0.0%        0.0000
L - A                 0.00           0         .          .%        0.0000
R - B                 0.16           3     0.983       0.0%        0.0000
K - D                 0.00           0         .          .%        0.0000
F - D                 0.00           0         .          .%        0.0000
F - B                 4.03           4     0.402       0.7%        0.0038
G - D                 0.00           0         .          .%        0.0000
L - K                 0.00           0         .          .%        0.0000
E - D                 0.00           0         .          .%        0.0000
F - A                 0.00           0         .          .%        0.0000
E - B                 0.00           0         .          .%        0.0000
** I-squared: the variation in ES attributable to heterogeneity)
```

Net league table

Fluphenazine_LAI	0.94 (0.49,1.81)	1.80 (1.06,3.06)	1.26 (0.40,3.93)	1.03 (0.59,1.80)	1.48 (0.67,3.25)	1.11 (0.64,1.92)	0.99 (0.43,2.30)	0.85 (0.51,1.42)	1.05 (0.66,1.68)	0.72 (0.37,1.40)	2.84 (1.99,4.06)	1.33 (1.05,1.68)	1.21 (0.52,2.83)	0.90 (0.50,1.64)	0.70 (0.37,1.32)	0.99 (0.24,4.09)	0.98 (0.49,1.98)
1.06 (0.55,2.05)	Flupenthixol_LAI	1.91 (0.86,4.22)	1.34 (0.37,4.89)	1.10 (0.47,2.55)	1.57 (0.57,4.34)	1.18 (0.50,2.75)	1.06 (0.37,3.05)	0.91 (0.40,2.06)	1.12 (0.50,2.49)	0.77 (0.30,1.97)	3.02 (1.44,6.33)	1.41 (0.70,2.84)	1.29 (0.44,3.73)	0.96 (0.40,2.32)	0.74 (0.30,1.84)	1.05 (0.22,5.00)	1.04 (0.40,2.72)
0.56 (0.33,0.95)	0.52 (0.24,1.16)	Haloperidol_LAI	0.70 (0.23,2.14)	0.57 (0.27,1.20)	0.82 (0.33,2.04)	0.62 (0.30,1.27)	0.55 (0.21,1.45)	0.48 (0.24,0.95)	0.58 (0.30,1.13)	0.40 (0.18,0.90)	1.58 (0.88,2.86)	0.74 (0.42,1.32)	0.67 (0.26,1.72)	0.50 (0.23,1.08)	0.39 (0.18,0.86)	0.55 (0.12,2.46)	0.55 (0.23,1.32)
0.79 (0.25,2.47)	0.75 (0.20,2.73)	1.43 (0.47,4.35)	(Zu)clopenthixol_LAI	0.82 (0.23,2.87)	1.17 (0.30,4.61)	0.88 (0.25,3.06)	0.79 (0.19,3.20)	0.68 (0.20,2.33)	0.83 (0.25,2.80)	0.57 (0.16,2.09)	2.25 (0.69,7.32)	1.05 (0.33,3.36)	0.96 (0.24,3.88)	0.72 (0.20,2.55)	0.55 (0.15,2.01)	0.78 (0.13,4.79)	0.78 (0.21,2.96)
0.97 (0.56,1.69)	0.91 (0.39,2.12)	1.74 (0.83,3.65)	1.22 (0.35,4.29)	Pipothiazine_LAI	1.43 (0.55,3.73)	1.07 (0.51,2.24)	0.96 (0.36,2.55)	0.83 (0.41,1.68)	1.02 (0.52,2.01)	0.70 (0.30,1.62)	2.76 (1.50,5.05)	1.29 (0.71,2.36)	1.17 (0.43,3.22)	0.88 (0.40,1.90)	0.67 (0.30,1.51)	0.96 (0.21,4.31)	0.95 (0.39,2.33)
0.68 (0.31,1.49)	0.64 (0.23,1.76)	1.22 (0.49,3.02)	0.85 (0.22,3.35)	0.70 (0.27,1.82)	Bromperidol_LAI	0.75 (0.29,1.94)	0.67 (0.21,2.11)	0.58 (0.23,1.46)	0.71 (0.28,1.77)	0.49 (0.17,1.40)	1.92 (0.82,4.52)	0.90 (0.39,2.05)	0.82 (0.26,2.58)	0.61 (0.23,1.63)	0.47 (0.17,1.29)	0.67 (0.13,3.38)	0.67 (0.23,1.91)
0.90 (0.52,1.57)	0.85 (0.36,1.99)	1.62 (0.79,3.35)	1.14 (0.33,3.97)	0.93 (0.45,1.95)	1.34 (0.52,3.46)	Olanzapine_LAI	0.90 (0.38,2.14)	0.77 (0.44,1.34)	0.95 (0.57,1.59)	0.65 (0.32,1.31)	2.57 (1.69,3.90)	1.20 (0.67,2.16)	1.09 (0.40,2.99)	0.82 (0.43,1.54)	0.63 (0.38,1.05)	0.89 (0.21,3.76)	0.89 (0.37,2.16)
1.01 (0.43,2.33)	0.95 (0.33,2.74)	1.81 (0.69,4.74)	1.27 (0.31,5.15)	1.04 (0.39,2.74)	1.49 (0.47,4.67)	1.11 (0.47,2.65)	Risperidone_LAI	0.86 (0.37,2.00)	1.06 (0.47,2.40)	0.73 (0.28,1.87)	2.86 (1.34,6.12)	1.34 (0.56,3.18)	1.22 (0.37,4.00)	0.91 (0.37,2.23)	0.70 (0.28,1.77)	0.99 (0.32,3.13)	0.99 (0.33,2.95)

1.17 (0.70,1.95)	1.10 (0.48,2.50)	2.10 (1.05,4.22)	1.47 (0.43,5.06)	1.21 (0.60,2.44)	1.73 (0.69,4.35)	1.29 (0.74,2.25)	1.16 (0.50,2.70)	Aripiprazole_LAI	1.23 (0.76,2.00)	0.84 (0.42,1.70)	3.32 (2.31,4.78)	1.55 (0.89,2.71)	1.42 (0.53,3.78)	1.06 (0.67,1.66)	0.81 (0.43,1.55)	1.15 (0.28,4.79)	1.15 (0.48,2.73)
0.95 (0.60,1.52)	0.90 (0.40,2.00)	1.71 (0.89,3.30)	1.20 (0.36,4.03)	0.98 (0.50,1.94)	1.41 (0.56,3.51)	1.05 (0.63,1.77)	0.95 (0.42,2.14)	0.81 (0.50,1.32)	Paliperidone_LAI_1	0.69 (0.42,1.11)	2.70 (1.99,3.67)	1.26 (0.76,2.10)	1.15 (0.44,3.03)	0.86 (0.49,1.52)	0.66 (0.36,1.22)	0.94 (0.23,3.85)	0.94 (0.40,2.17)
1.39 (0.71,2.70)	1.30 (0.51,3.35)	2.49 (1.12,5.56)	1.75 (0.48,6.38)	1.43 (0.62,3.31)	2.05 (0.72,5.87)	1.53 (0.76,3.09)	1.38 (0.54,3.54)	1.19 (0.59,2.39)	1.46 (0.90,2.36)	Paliperidone_LAI_3	3.94 (2.25,6.91)	1.84 (0.93,3.65)	1.68 (0.57,4.96)	1.25 (0.60,2.63)	0.96 (0.45,2.09)	1.37 (0.31,6.05)	1.36 (0.52,3.59)
0.35 (0.25,0.50)	0.33 (0.16,0.69)	0.63 (0.35,1.14)	0.44 (0.14,1.44)	0.36 (0.20,0.67)	0.52 (0.22,1.22)	0.39 (0.26,0.59)	0.35 (0.16,0.75)	0.30 (0.21,0.43)	0.37 (0.27,0.50)	0.25 (0.14,0.45)	Placebo	0.47 (0.31,0.71)	0.43 (0.17,1.06)	0.32 (0.20,0.51)	0.24 (0.14,0.42)	0.35 (0.09,1.38)	0.35 (0.16,0.76)
0.75 (0.60,0.95)	0.71 (0.35,1.42)	1.35 (0.76,2.41)	0.95 (0.30,3.02)	0.78 (0.42,1.42)	1.11 (0.49,2.54)	0.83 (0.46,1.50)	0.75 (0.31,1.78)	0.64 (0.37,1.12)	0.79 (0.48,1.31)	0.54 (0.27,1.08)	2.14 (1.41,3.24)	Phenotiazines_OS	0.91 (0.38,2.20)	0.68 (0.36,1.28)	0.52 (0.27,1.03)	0.74 (0.18,3.13)	0.74 (0.35,1.55)
0.83 (0.35,1.93)	0.78 (0.27,2.25)	1.48 (0.58,3.80)	1.04 (0.26,4.20)	0.85 (0.31,2.34)	1.22 (0.39,3.85)	0.91 (0.33,2.50)	0.82 (0.25,2.69)	0.71 (0.26,1.88)	0.87 (0.33,2.28)	0.60 (0.20,1.76)	2.35 (0.94,5.86)	1.10 (0.45,2.65)	Haloperidol_OS	0.75 (0.27,2.09)	0.57 (0.20,1.65)	0.82 (0.16,4.25)	0.81 (0.27,2.44)
1.11 (0.61,2.02)	1.04 (0.43,2.52)	1.99 (0.93,4.27)	1.40 (0.39,4.98)	1.14 (0.53,2.48)	1.64 (0.61,4.36)	1.23 (0.65,2.32)	1.10 (0.45,2.70)	0.95 (0.60,1.49)	1.16 (0.66,2.06)	0.80 (0.38,1.68)	3.15 (1.95,5.09)	1.47 (0.78,2.78)	1.34 (0.48,3.77)	Aripiprazole_OS	0.77 (0.38,1.57)	1.09 (0.25,4.70)	1.09 (0.43,2.73)
1.44 (0.76,2.72)	1.35 (0.54,3.36)	2.58 (1.17,5.71)	1.81 (0.50,6.58)	1.48 (0.66,3.31)	2.12 (0.78,5.80)	1.59 (0.95,2.66)	1.43 (0.57,3.60)	1.23 (0.65,2.33)	1.51 (0.82,2.78)	1.04 (0.48,2.24)	4.08 (2.41,6.93)	1.91 (0.98,3.74)	1.74 (0.60,5.00)	1.30 (0.63,2.65)	Olanzapine_OS	1.42 (0.32,6.19)	1.41 (0.55,3.64)
1.01 (0.24,4.20)	0.95 (0.20,4.55)	1.82 (0.41,8.14)	1.28 (0.21,7.81)	1.04 (0.23,4.70)	1.50 (0.30,7.57)	1.12 (0.27,4.72)	1.01 (0.32,3.17)	0.87 (0.21,3.60)	1.06 (0.26,4.36)	0.73 (0.17,3.23)	2.88 (0.73,11.40)	1.35 (0.32,5.67)	1.23 (0.24,6.40)	0.91 (0.21,3.93)	0.71 (0.16,3.08)	Risperidone_OS	1.00 (0.20,4.86)
1.02 (0.51,2.05)	0.96 (0.37,2.50)	1.83 (0.76,4.40)	1.28 (0.34,4.87)	1.05 (0.43,2.56)	1.50 (0.52,4.31)	1.13 (0.46,2.74)	1.01 (0.34,3.01)	0.87 (0.37,2.06)	1.07 (0.46,2.48)	0.73 (0.28,1.93)	2.89 (1.32,6.34)	1.35 (0.65,2.83)	1.23 (0.41,3.70)	0.92 (0.37,2.30)	0.71 (0.27,1.82)	1.00 (0.21,4.90)	DBP_OS

Net league table: head-to-head comparisons. Relative risks (RRs) and 95% confidence intervals (CIs) are reported. RRs lower than 1 favour the column-defining treatment. Statistically significant results are highlighted in grey. LAI=long-acting antipsychotics

Evaluation of heterogeneity and incoherence

Overall heterogeneity
Estimated between-studies SD: .12469547

Overall incoherence
Design-by-treatment test: P = 0.410

Loop-specific approach
 * 17 triangular loops found

Note: Heterogeneity of loop A-D-F cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-D-G cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-H-P cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-J-O cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-K-L cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop C-D-F cannot be estimated due to insufficient observations - set equal to 0

Evaluation of inconsistency using loop-specific heterogeneity estimates:

Loop	ROR	z_value	p_value	CI_95	Loop_Heterog_tau2
A-D-F	62.478	2.944	0.003	(3.98,980.01)	0.000
A-B-D	36.264	4.655	0.000	(7.99,164.49)	0.025
A-D-G	33.470	1.521	0.128	(1.00,3089.02)	0.000
A-D-K	27.444	2.146	0.032	(1.33,565.57)	0.000
C-D-F	4.447	0.609	0.543	(1.00,543.07)	0.000
A-B-G	2.897	0.529	0.597	(1.00,148.91)	0.000
A-B-M	2.818	1.704	0.088	(1.00,9.28)	0.000
B-D-G	2.610	0.760	0.447	(1.00,31.02)	0.064
A-K-L	2.384	1.886	0.059	(1.00,5.88)	0.000
B-D-F	2.228	0.586	0.558	(1.00,32.45)	0.112
A-B-F	1.681	0.897	0.370	(1.00,5.22)	0.000
B-C-F	1.417	0.172	0.864	(1.00,75.45)	0.000
B-C-D	1.291	0.248	0.804	(1.00,9.73)	0.040
B-D-N	1.284	0.173	0.863	(1.00,21.89)	0.376
B-D-E	1.281	0.163	0.870	(1.00,25.10)	0.376
A-J-O	1.199	0.385	0.700	(1.00,3.02)	0.000
A-H-P	.	.	.		0.000

*** Note: Loop A-H-P is formed only by multi-arm trial(s) - Consistent by definition

Consistency between direct and indirect estimates

Side	Direct		Indirect		Difference		
	Coef.	Std. Err.	Coef.	Std. Err.	Coef.	Std. Err.	P>|z|
A B	-1.320289	.2129636	.372854	.5232487	-1.693143	.5886798	0.004
A D	2.412044	.6152606	-1.312559	.3362532	3.724604	.7011503	0.000
A F	-.9048191	.4588046	-1.098684	.4231059	.1938649	.6144835	0.752
A G	1.96e-10	1.958119	-.6877813	.4473407	.6877813	2.008567	0.732
A H	.	.	.	.	.	.	.
A I *	-1.051352	.3877984	2.13e-06	99.97588	-1.051354	99.97663	0.992
A J *	-1.197957	.2301372	-1.06275	1.043247	-.1352077	1.07513	0.900
A K	-.9194	.13217	-1.673719	.4221332	.7543188	.4423408	0.088
A L	-1.959192	.3897856	-1.086337	.245568	-.8728557	.4606913	0.058
A M	-1.990255	.532862	-.5546306	.2109888	-1.435624	.5793683	0.013
A O	-1.016585	.3060854	-1.434901	.458978	.4183162	.5497346	0.447
A P	.	.	.	.	.	.	.
B C	-.120033	.3707594	.2374028	.8219469	-.3574358	.9017768	0.692
B D	.0590448	.3973599	1.084457	.3776427	-1.025412	.545909	0.060
B E	-.3541907	.8639933	.71144	.7828001	-1.065631	1.165864	0.361
B F	-.1138402	.3039993	.7310599	.6424289	-.8449001	.6960527	0.225
B G	.1393851	.4355164	1.602761	.9644333	-1.463376	1.058296	0.167
B M *	.3096633	.0898767	-2.228936	.9760621	2.538599	.9819254	0.010
B N	.0791596	.4904677	.6225186	.9580679	-.543359	1.07631	0.614
B R *	-.0174463	.3567547	2.071743	100.0108	-2.08919	100.0102	0.983
C D	.4054298	.8538519	.7146673	.4635783	-.3092374	.9715814	0.750
C F	-.345014	1.978887	.1130379	.4425608	-.4580519	2.027773	0.821
D E	.0645142	.7313255	-1.001021	.9079803	1.065535	1.165868	0.361
D F	.7418595	1.190133	-.6990023	.3950853	1.440862	1.253997	0.251
D G	1.098546	1.069504	-.4906761	.5071348	1.589222	1.183646	0.179
D K	-.0193636	1.416251	-.5685537	.3495419	.5491901	1.45875	0.707
D N	-.0000285	.9154576	-.543304	.5660326	.5432755	1.076312	0.614
H P	.	.	.	.	.	.	.
I Q *	-.00625	.5853467	2.096361	199.9466	-2.102611	199.9458	0.992
J O *	-.0277713	.2314605	.731344	.6405484	-.7591153	.679204	0.264
K L	-.1708405	.207317	-1.043683	.4114069	.8728421	.4606905	0.058

* Warning: all the evidence about these contrasts comes from the trials which directly compare them.

Funnel plot

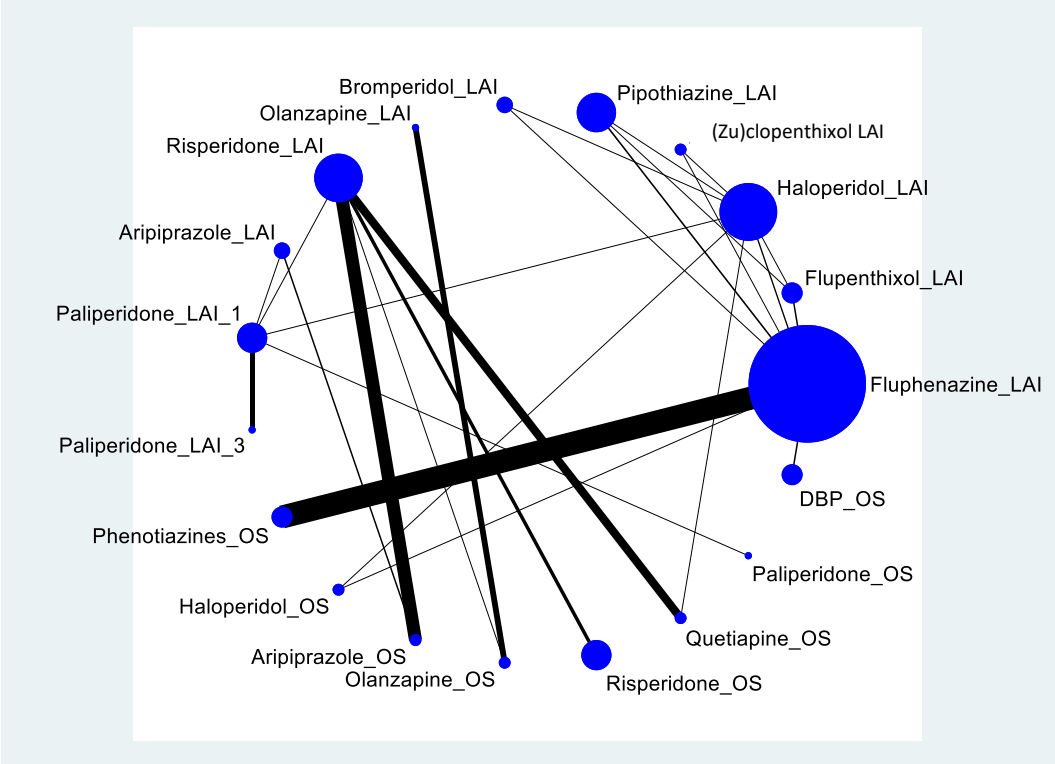
Not applicable: no comparisons with 10 one more studies.

Supplement I - Sensitivity analysis: relapse (excluding trials comparing LAIs with placebo)

Treatment codes

Fluphenazine LAI	A
Flupenthixol LAI	B
Haloperidol LAI	C
(Zu)clopenthixol LAI	D
Pipothiazine LAI	E
Bromperidol LAI	F
Olanzapine LAI	G
Risperidone LAI	H
Aripiprazole LAI	I
Paliperidone LAI-1	J
Paliperidone LAI-3	K
Phenotiazines OS	L
Haloperidol OS	M
Aripiprazole OS	N
Olanzapine OS	O
Risperidone OS	P
Quetiapine OS	Q
Paliperidone OS	R
DBP_OS	S

Network map



Pairwise meta-analysis

Study	ES	[95% Conf.	Interval]
P - H			
1	0.994	0.324	3.049
2	0.333	0.037	2.991
3	7.000	1.692	28.960
4	0.901	0.450	1.806

5	0.974	0.063	14.998
58	0.817	0.319	2.091
Sub-total			
D+L pooled ES	1.127	0.583	2.177
N - I			
7	1.004	0.503	2.006
Sub-total			
D+L pooled ES	1.004	0.503	2.006
O - G			
9	0.920	0.647	1.306
Sub-total			
D+L pooled ES	0.920	0.647	1.306
M - C			
10	1.000	0.170	5.888
Sub-total			
D+L pooled ES	1.000	0.170	5.888
L - A			
11	1.293	1.034	1.616
13	1.600	1.089	2.351
14	1.310	0.833	2.058
19	7.500	0.438	128.401
Sub-total			
D+L pooled ES	1.364	1.143	1.629
M - A			
15	1.082	0.431	2.718
Sub-total			
D+L pooled ES	1.082	0.431	2.718
Q - C			
16	2.105	0.547	8.097
Sub-total			
D+L pooled ES	2.105	0.547	8.097
Q - H			
17	1.889	1.406	2.538
Sub-total			
D+L pooled ES	1.889	1.406	2.538
N - H			
18	0.942	0.744	1.192
Sub-total			
D+L pooled ES	0.942	0.744	1.192
E - B			
20	0.708	0.015	33.972
Sub-total			
D+L pooled ES	0.708	0.015	33.972
B - A			
21	1.000	0.219	4.564
62	0.857	0.395	1.859
Sub-total			
D+L pooled ES	0.885	0.444	1.763
J - I			
23	1.007	0.020	50.403
24	2.353	0.894	6.192
Sub-total			
D+L pooled ES	2.241	0.876	5.732
C - A			
25	0.167	0.022	1.255
46	1.034	0.068	15.773
47	0.909	0.020	41.676
55	0.688	0.045	10.417
74	1.611	0.672	3.861
Sub-total			
D+L pooled ES	1.010	0.455	2.240
C - B			
26	1.500	0.288	7.807
Sub-total			
D+L pooled ES	1.500	0.288	7.807

F - A				
27	1.043	0.393	2.770	
56	1.500	0.291	7.731	
Sub-total				
D+L pooled ES	1.147	0.496	2.655	
R - J				
32	1.000	0.065	15.380	
Sub-total				
D+L pooled ES	1.000	0.065	15.380	
E - A				
33	8.224	0.453	149.154	
51	1.000	0.363	2.751	
53	0.467	0.089	2.454	
64	0.365	0.079	1.678	
68	5.000	0.259	96.587	
73	3.000	0.350	25.678	
Sub-total				
D+L pooled ES	1.058	0.459	2.437	
J - H				
42	1.133	0.024	53.684	
Sub-total				
D+L pooled ES	1.133	0.024	53.684	
S - A				
43	1.059	0.247	4.544	
44	1.071	0.258	4.455	
52	0.800	0.238	2.692	
61	1.118	0.259	4.815	
Sub-total				
D+L pooled ES	0.982	0.493	1.954	
O - H				
48	3.000	0.129	69.515	
Sub-total				
D+L pooled ES	3.000	0.129	69.515	
J - C				
49	0.981	0.062	15.543	
Sub-total				
D+L pooled ES	0.981	0.062	15.543	
E - C				
50	2.100	0.206	21.391	
Sub-total				
D+L pooled ES	2.100	0.206	21.391	
F - C				
57	3.000	0.372	24.171	
Sub-total				
D+L pooled ES	3.000	0.372	24.171	
K - J				
59	0.843	0.561	1.266	
Sub-total				
D+L pooled ES	0.843	0.561	1.266	
D - C				
63	1.067	0.260	4.378	
Sub-total				
D+L pooled ES	1.067	0.260	4.378	
D - A				
77	0.702	0.131	3.748	
Sub-total				
D+L pooled ES	0.702	0.131	3.748	

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
P - H	8.38	5	0.137	40.3%	0.2517
N - I	0.00	0	.	.%	0.0000
O - G	0.00	0	.	.%	0.0000

M - C	0.00	0	.	.%	0.0000
L - A	2.30	3	0.513	0.0%	0.0000
M - A	0.00	0	.	.%	0.0000
Q - C	0.00	0	.	.%	0.0000
Q - H	0.00	0	.	.%	0.0000
N - H	0.00	0	.	.%	0.0000
E - B	0.00	0	.	.%	0.0000
B - A	0.03	1	0.859	0.0%	0.0000
J - I	0.17	1	0.680	0.0%	0.0000
C - A	4.21	4	0.378	5.0%	0.0583
C - B	0.00	0	.	.%	0.0000
F - A	0.14	1	0.709	0.0%	0.0000
R - J	0.00	0	.	.%	0.0000
E - A	6.66	5	0.248	24.9%	0.2671
J - H	0.00	0	.	.%	0.0000
S - A	0.16	3	0.983	0.0%	0.0000
O - H	0.00	0	.	.%	0.0000
J - C	0.00	0	.	.%	0.0000
E - C	0.00	0	.	.%	0.0000
F - C	0.00	0	.	.%	0.0000
K - J	0.00	0	.	.%	0.0000
D - C	0.00	0	.	.%	0.0000
D - A	0.00	0	.	.%	0.0000

** I-squared: the variation in ES attributable to heterogeneity)

Net league table

Fluphenazine_LAI	0.85 (0.45,1.61)	0.95 (0.53,1.68)	0.87 (0.28,2.69)	1.02 (0.54,1.94)	1.30 (0.60,2.85)	2.98 (0.09,93.71)	0.91 (0.23,3.62)	0.81 (0.18,3.59)	1.65 (0.33,8.23)	1.39 (0.27,7.30)	1.36 (1.14,1.63)	1.05 (0.46,2.40)	0.86 (0.21,3.44)	2.74 (0.09,84.65)	0.97 (0.23,4.13)	1.74 (0.45,6.75)	1.65 (0.07,39.33)	0.98 (0.49,1.95)
1.17 (0.62,2.21)	Flupenthixol_LAI	1.11 (0.50,2.46)	1.02 (0.28,3.64)	1.20 (0.50,2.90)	1.53 (0.56,4.15)	3.49 (0.11,114.71)	1.07 (0.24,4.72)	0.95 (0.19,4.65)	1.94 (0.35,10.58)	1.63 (0.28,9.35)	1.60 (0.83,3.09)	1.23 (0.44,3.46)	1.00 (0.22,4.48)	3.21 (0.10,103.64)	1.14 (0.24,5.36)	2.04 (0.47,8.81)	1.94 (0.08,48.33)	1.15 (0.45,2.93)
1.06 (0.59,1.87)	0.90 (0.41,2.00)	Haloperidol_LAI	0.92 (0.30,2.77)	1.08 (0.47,2.47)	1.37 (0.55,3.46)	3.15 (0.11,94.29)	0.97 (0.28,3.37)	0.86 (0.22,3.38)	1.74 (0.39,7.82)	1.47 (0.31,6.96)	1.44 (0.79,2.63)	1.11 (0.44,2.83)	0.90 (0.25,3.21)	2.89 (0.10,85.15)	1.02 (0.27,3.88)	1.84 (0.54,6.27)	1.74 (0.08,39.40)	1.04 (0.42,2.54)
1.15 (0.37,3.57)	0.98 (0.27,3.51)	1.09 (0.36,3.30)	(Zu)clopenthixol_LAI	1.18 (0.33,4.27)	1.50 (0.39,5.81)	3.43 (0.10,122.54)	1.05 (0.20,5.59)	0.93 (0.16,5.44)	1.90 (0.30,12.26)	1.60 (0.24,10.80)	1.57 (0.50,4.93)	1.21 (0.31,4.77)	0.99 (0.18,5.29)	3.16 (0.09,110.76)	1.12 (0.20,6.30)	2.00 (0.38,10.45)	1.90 (0.07,51.98)	1.13 (0.30,4.25)
0.98 (0.52,1.85)	0.83 (0.34,2.02)	0.93 (0.40,2.12)	0.85 (0.23,3.07)	Pipothiazine_LAI	1.27 (0.47,3.48)	2.91 (0.09,96.36)	0.89 (0.20,4.00)	0.79 (0.16,3.94)	1.61 (0.29,8.95)	1.36 (0.23,7.91)	1.33 (0.69,2.58)	1.03 (0.36,2.90)	0.84 (0.18,3.80)	2.68 (0.08,87.06)	0.95 (0.20,4.54)	1.70 (0.39,7.47)	1.61 (0.06,40.62)	0.96 (0.38,2.45)
0.77 (0.35,1.68)	0.66 (0.24,1.78)	0.73 (0.29,1.83)	0.67 (0.17,2.59)	0.79 (0.29,2.15)	Bromperidol_LAI	2.29 (0.07,77.57)	0.70 (0.15,3.32)	0.62 (0.12,3.26)	1.27 (0.22,7.38)	1.07 (0.18,6.52)	1.05 (0.47,2.34)	0.81 (0.26,2.50)	0.66 (0.14,3.15)	2.11 (0.06,70.09)	0.75 (0.15,3.76)	1.34 (0.29,6.20)	1.27 (0.05,32.76)	0.75 (0.27,2.14)
0.34 (0.01,10.54)	0.29 (0.01,9.40)	0.32 (0.01,9.52)	0.29 (0.01,10.40)	0.34 (0.01,11.35)	0.44 (0.01,14.78)	Olanzapine_LAI	0.31 (0.01,7.24)	0.27 (0.01,6.93)	0.55 (0.02,15.58)	0.47 (0.02,13.46)	0.46 (0.01,14.45)	0.35 (0.01,11.99)	0.29 (0.01,6.84)	0.92 (0.65,1.31)	0.33 (0.01,7.93)	0.58 (0.02,13.96)	0.55 (0.01,41.37)	0.33 (0.01,11.08)
1.09 (0.28,4.33)	0.93 (0.21,4.11)	1.04 (0.30,3.62)	0.95 (0.18,5.04)	1.12 (0.25,5.01)	1.42 (0.30,6.73)	3.26 (0.14,76.95)	Risperidone_LAI	0.89 (0.44,1.79)	1.81 (0.62,5.25)	1.52 (0.49,4.77)	1.49 (0.37,5.98)	1.15 (0.24,5.48)	0.94 (0.74,1.18)	3.00 (0.13,69.39)	1.06 (0.67,1.67)	1.90 (1.42,2.55)	1.81 (0.10,33.96)	1.07 (0.23,5.00)
1.23 (0.28,5.47)	1.05 (0.22,5.16)	1.17 (0.30,4.62)	1.07 (0.18,6.26)	1.26 (0.25,6.28)	1.61 (0.31,8.41)	3.68 (0.14,93.85)	1.13 (0.56,2.28)	Aripiprazole_LAI	2.04 (0.85,4.92)	1.72 (0.65,4.53)	1.68 (0.38,7.55)	1.30 (0.25,6.84)	1.06 (0.54,2.06)	3.38 (0.14,84.68)	1.20 (0.52,2.77)	2.15 (1.01,4.58)	2.04 (0.12,36.01)	1.21 (0.23,6.25)
0.61 (0.12,3.02)	0.52 (0.09,2.82)	0.57 (0.13,2.57)	0.53 (0.08,3.39)	0.62 (0.11,3.44)	0.79 (0.14,4.58)	1.80 (0.06,50.76)	0.55 (0.19,1.61)	0.49 (0.20,1.18)	Paliperidone_LAI_1	0.84 (0.56,1.27)	0.83 (0.16,4.16)	0.64 (0.11,3.73)	0.52 (0.18,1.48)	1.66 (0.06,45.82)	0.59 (0.18,1.87)	1.05 (0.35,3.15)	1.00 (0.07,15.38)	0.59 (0.10,3.41)
0.72 (0.14,3.76)	0.61 (0.11,3.51)	0.68 (0.14,3.22)	0.62 (0.09,4.20)	0.73 (0.13,4.27)	0.93 (0.15,5.69)	2.14 (0.07,61.72)	0.66 (0.21,2.06)	0.58 (0.22,1.53)	1.19 (0.79,1.78)	Paliperidone_LAI_3	0.98 (0.19,5.18)	0.76 (0.12,4.63)	0.61 (0.20,1.90)	1.97 (0.07,55.72)	0.70 (0.20,2.38)	1.25 (0.39,4.02)	1.19 (0.07,18.80)	0.71 (0.12,4.24)
0.73 (0.61,0.87)	0.63 (0.32,1.21)	0.69 (0.38,1.27)	0.64 (0.20,2.00)	0.75 (0.39,1.45)	0.95 (0.43,2.13)	2.19 (0.07,68.99)	0.67 (0.17,2.69)	0.59 (0.13,2.66)	1.21 (0.24,6.09)	1.02 (0.19,5.40)	Phenotiazines_OS	0.77 (0.33,1.79)	0.63 (0.15,2.55)	2.01 (0.06,62.32)	0.71 (0.17,3.06)	1.27 (0.32,5.00)	1.21 (0.05,28.97)	0.72 (0.35,1.46)
0.95 (0.42,2.17)	0.81 (0.29,2.28)	0.90 (0.35,2.29)	0.83 (0.21,3.25)	0.97 (0.34,2.75)	1.24 (0.40,3.83)	2.83 (0.08,96.27)	0.87 (0.18,4.14)	0.77 (0.15,4.06)	1.57 (0.27,9.19)	1.32 (0.22,8.11)	1.30 (0.56,3.02)	Haloperidol_OS	0.81 (0.17,3.92)	2.61 (0.08,87.00)	0.92 (0.18,4.69)	1.65 (0.35,7.73)	1.57 (0.06,40.67)	0.93 (0.32,2.73)
1.17 (0.29,4.69)	1.00 (0.22,4.45)	1.11 (0.31,3.92)	1.01 (0.19,5.45)	1.20 (0.26,5.42)	1.52 (0.32,7.28)	3.48 (0.15,82.91)	1.07 (0.85,1.35)	0.95 (0.48,1.85)	1.93 (0.67,5.52)	1.63 (0.53,5.02)	1.59 (0.39,6.47)	1.23 (0.25,5.92)	Aripiprazole_OS	3.20 (0.14,74.77)	1.13 (0.68,1.89)	2.03 (1.40,2.95)	1.93 (0.10,36.06)	1.15 (0.24,5.41)
0.36 (0.01,11.26)	0.31 (0.01,10.04)	0.35 (0.01,10.16)	0.32 (0.01,11.11)	0.37 (0.01,12.13)	0.47 (0.01,15.80)	1.09 (0.77,1.54)	0.33 (0.01,7.72)	0.30 (0.01,7.39)	0.60 (0.02,16.63)	0.51 (0.02,14.37)	0.50 (0.02,15.43)	0.38 (0.01,12.81)	0.31 (0.01,7.29)	Olanzapine_OS	0.35 (0.01,8.46)	0.63 (0.03,14.88)	0.60 (0.01,44.34)	0.36 (0.01,11.84)
1.03 (0.24,4.39)	0.88 (0.19,4.15)	0.98 (0.26,3.70)	0.90 (0.16,5.05)	1.06 (0.22,5.06)	1.34 (0.27,6.78)	3.07 (0.13,74.95)	0.94 (0.60,1.49)	0.84 (0.36,1.93)	1.70 (0.53,5.43)	1.44 (0.42,4.91)	1.41 (0.33,6.06)	1.08 (0.21,5.51)	0.88 (0.53,1.47)	2.83 (0.12,67.60)	Risperidone_OS	1.79 (1.04,3.08)	1.70 (0.09,33.16)	1.01 (0.20,5.04)
0.57 (0.15,2.23)	0.49 (0.11,2.12)	0.54 (0.16,1.86)	0.50 (0.10,2.61)	0.59 (0.13,2.59)	0.75 (0.16,3.48)	1.71 (0.07,41.02)	0.53 (0.39,0.71)	0.47 (0.22,0.99)	0.95 (0.32,2.85)	0.80 (0.25,2.58)	0.78 (0.20,3.08)	0.60 (0.13,2.83)	0.49 (0.34,0.72)	1.58 (0.07,37.00)	0.56 (0.32,0.96)	Quetiapine_OS	0.95 (0.05,18.06)	0.56 (0.12,2.58)
0.61 (0.03,14.41)	0.52 (0.02,12.90)	0.57 (0.03,12.96)	0.53 (0.02,14.37)	0.62 (0.02,15.59)	0.79 (0.03,20.34)	1.80 (0.02,134.77)	0.55 (0.03,10.41)	0.49 (0.03,8.66)	1.00 (0.07,15.38)	0.84 (0.05,13.36)	0.83 (0.03,19.76)	0.64 (0.02,16.50)	0.52 (0.03,9.69)	1.66 (0.02,122.17)	0.59 (0.03,11.43)	1.05 (0.06,20.01)	Paliperidone_OS	0.59 (0.02,15.23)
1.02 (0.51,2.03)	0.87 (0.34,2.22)	0.96 (0.39,2.36)	0.88 (0.24,3.32)	1.04 (0.41,2.66)	1.33 (0.47,3.76)	3.04 (0.09,102.15)	0.93 (0.20,4.34)	0.82 (0.16,4.26)	1.68 (0.29,9.65)	1.42 (0.24,8.53)	1.39 (0.68,2.83)	1.07 (0.37,3.14)	0.87 (0.18,4.11)	2.79 (0.08,92.30)	0.99 (0.20,4.92)	1.77 (0.39,8.10)	1.68 (0.07,43.12)	DBP_OS

Net league table: head-to-head comparisons. Relative risks (RRs) and 95% confidence intervals (CIs) are reported. RRs lower than 1 favour the column-defining treatment. Statistically significant results are highlighted in grey. LAI=long-acting antipsychotics

Evaluation of heterogeneity and incoherence

Overall heterogeneity
Estimated between-studies SD: 1.597e-09

Overall incoherence

Design-by-treatment test: P = 1.000

Loop-specific approach
 * 7 triangular loops found
 * 2 quadratic loops found

Note: Heterogeneity of loop B-C-E cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop C-H-J-Q cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop H-I-J-N cannot be estimated due to insufficient observations - set equal to 0

Evaluation of inconsistency using loop-specific heterogeneity estimates:

Loop	ROR	z_value	p_value	CI_95	Loop_Heterog_tau2
B-C-E	4.447	0.609	0.543	(1.00,543.07)	0.000
A-C-F	2.804	0.855	0.393	(1.00,29.80)	0.000
A-C-E	1.858	0.441	0.659	(1.00,29.22)	0.191
H-I-J-N	1.854	0.300	0.764	(1.00,105.05)	0.000
A-B-E	1.592	0.220	0.826	(1.00,100.10)	0.078
A-C-D	1.535	0.346	0.729	(1.00,17.36)	0.058
C-H-J-Q	1.288	0.100	0.920	(1.00,180.27)	0.000
A-B-C	1.238	0.217	0.829	(1.00,8.53)	0.000
A-C-M	1.072	0.061	0.952	(1.00,10.20)	0.058

Consistency between direct and indirect estimates

Side	Direct Coef.	Direct Std. Err.	Indirect Coef.	Indirect Std. Err.	Difference Coef.	Difference Std. Err.	P>|z|
A B	-.1223495	.3518231	-.3533029	.8195693	.2309534	.8918931	0.796
A C	.069867	.3708522	-.2595601	.47745	.3294271	.6045576	0.586
A D	-.3541718	.8548109	.0373133	.781748	-.3914852	1.158375	0.735
A E	-.01653	.342528	.3937474	1.045543	-.4102774	1.10022	0.709
A F	.1375501	.428048	1.107555	1.106727	-.9700052	1.186621	0.414
A L	.	.	.	.	.	.	.
A M	.0791682	.469746	-.0660813	.9547911	.1452495	1.06409	0.891
A S	.	.	.	.	.	.	.
B C	.4054664	.8416246	.0126336	.463968	.3928327	.96104	0.683
B E	-.3448405	1.974718	.2104188	.4626801	-.5552593	2.028197	0.784
C D	.0645394	.7204495	-.3269396	.9070779	.391479	1.158379	0.735
C E	.7419366	1.18422	-.0193933	.4517686	.7613299	1.267466	0.548
C F	1.098594	1.064568	.1284307	.5243876	.9701635	1.186716	0.414
C J	-.0192932	1.409658	.7966775	.911484	-.8159707	1.678672	0.627
C M	-8.65e-13	.904534	.1452568	.5605005	-.1452568	1.064116	0.891
C Q	.7444332	.6872804	-.068567	1.52715	.8130002	1.674736	0.627
G O *	-.0838234	.1790732	2.021396	129.4811	-2.105219	129.4812	0.987
H J	.1251631	1.968377	.629788	.5665171	-.5046249	2.04828	0.805
H N	-.0600594	.1200442	-.8308081	1.366021	.7707487	1.371285	0.574
H O *	1.09861	1.603561	.0381843	63.09444	1.060426	63.11587	0.987
H P *	.0588381	.2319802	.4212608	69.61447	-.3624227	69.61489	0.996
H Q	.6359887	.1506275	1.449101	1.668464	-.8131127	1.675249	0.627
I J	.8067543	.4792522	.0356451	1.28508	.7711092	1.37154	0.574
I N	.0043956	.3529052	.7753998	1.325239	-.7710042	1.371422	0.574
J K *	-.1708376	.2073171	-1.012741	207.8029	.8419035	207.8029	0.997
J R *	-8.66e-12	1.394433	-1.004045	374.0756	1.004045	374.0782	0.998

* Warning: all the evidence about these contrasts comes from the trials which directly compare them.

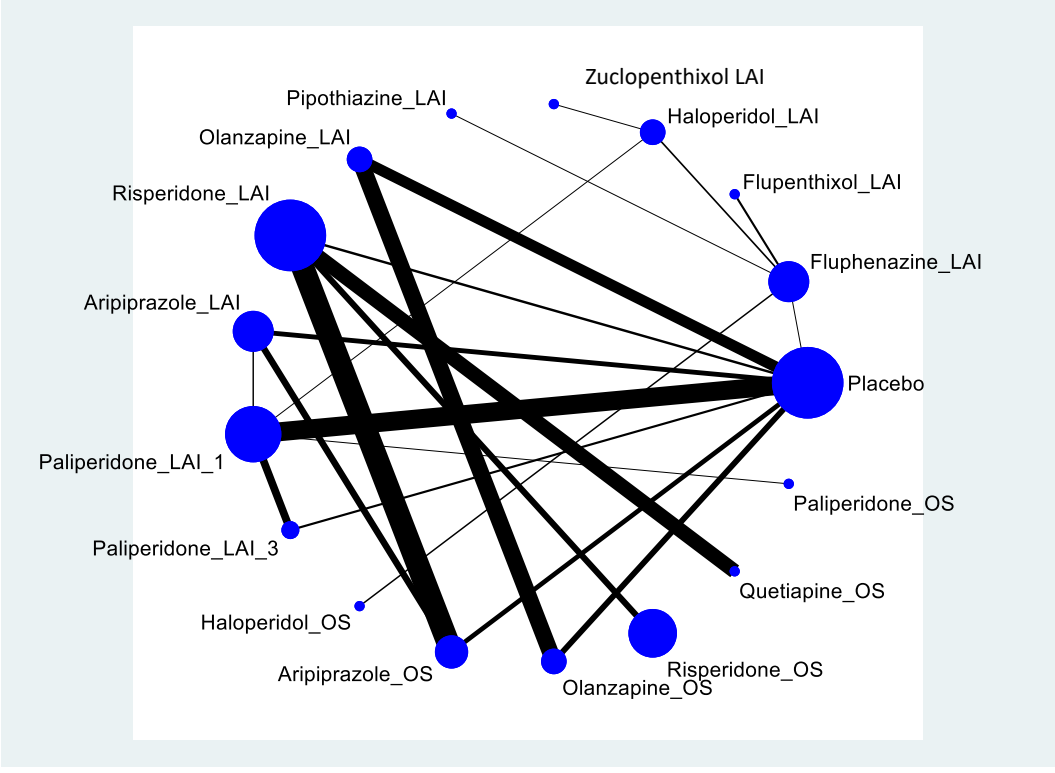
Funnel plot
Not applicable: no comparisons with 10 one more studies.

Supplement J - Sensitivity analysis: relapse (excluding trials with less than 50 participants AND published before 1990)

Treatment codes

Placebo	A
Fluphenazine LAI	B
Flupenthixol LAI	C
Haloperidol LAI	D
Zuclopenthixol LAI	E
Pipothiazine LAI	F
Olanzapine LAI	G
Risperidone LAI	H
Aripiprazole LAI	I
Paliperidone LAI-1	J
Paliperidone LAI-3	K
Haloperidol OS	L
Aripiprazole OS	M
Olanzapine OS	N
Risperidone OS	O
Quetiapine OS	P
Paliperidone OS	Q

Network map



Pairwise meta-analysis

```
            Study     |     ES    [95% Conf. Interval]
----------------------+-------------------------------------------------
     O - H
1                     |    0.994     0.324     3.049
2                     |    0.333     0.037     2.991
3                     |    7.000     1.692    28.960
4                     |    0.901     0.450     1.806
```

5	0.974	0.063	14.998
58	0.817	0.319	2.091
Sub-total			
D+L pooled ES	1.127	0.583	2.177
I - A			
6	0.375	0.225	0.626
Sub-total			
D+L pooled ES	0.375	0.225	0.626
M - A			
6	0.357	0.212	0.601
Sub-total			
D+L pooled ES	0.357	0.212	0.601
M - I			
6	0.951	0.536	1.687
7	1.004	0.503	2.006
Sub-total			
D+L pooled ES	0.972	0.625	1.512
G - A			
8	0.389	0.277	0.546
Sub-total			
D+L pooled ES	0.389	0.277	0.546
N - A			
8	0.245	0.153	0.391
Sub-total			
D+L pooled ES	0.245	0.153	0.391
N - G			
8	0.629	0.400	0.990
9	0.920	0.647	1.306
Sub-total			
D+L pooled ES	0.782	0.542	1.130
L - B			
15	1.082	0.431	2.718
Sub-total			
D+L pooled ES	1.082	0.431	2.718
P - H			
17	1.889	1.406	2.538
Sub-total			
D+L pooled ES	1.889	1.406	2.538
M - H			
18	0.942	0.744	1.192
Sub-total			
D+L pooled ES	0.942	0.744	1.192
J - I			
23	1.007	0.020	50.403
24	2.353	0.894	6.192
Sub-total			
D+L pooled ES	2.241	0.876	5.732
J - A			
28	0.368	0.264	0.511
54	0.455	0.299	0.691
Sub-total			
D+L pooled ES	0.399	0.308	0.517
H - A			
29	0.349	0.170	0.718
Sub-total			
D+L pooled ES	0.349	0.170	0.718
Q - J			
32	1.000	0.065	15.380
Sub-total			
D+L pooled ES	1.000	0.065	15.380
F - B			
33	8.224	0.453	149.154
Sub-total			
D+L pooled ES	8.224	0.453	149.154

K - A			
34	0.141	0.066	0.303
Sub-total			
D+L pooled ES	0.141	0.066	0.303
B - A			
38	0.125	0.017	0.932
Sub-total			
D+L pooled ES	0.125	0.017	0.932
J - D			
49	0.981	0.062	15.543
Sub-total			
D+L pooled ES	0.981	0.062	15.543
K - J			
59	0.843	0.561	1.266
Sub-total			
D+L pooled ES	0.843	0.561	1.266
C - B			
62	0.857	0.395	1.859
Sub-total			
D+L pooled ES	0.857	0.395	1.859
E - D			
63	1.067	0.260	4.378
Sub-total			
D+L pooled ES	1.067	0.260	4.378
D - B			
74	1.611	0.672	3.861
Sub-total			
D+L pooled ES	1.611	0.672	3.861

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
O - H	8.38	5	0.137	40.3%	0.2517
I - A	0.00	0	.	.%	0.0000
M - A	0.00	0	.	.%	0.0000
M - I	0.01	1	0.905	0.0%	0.0000
G - A	0.00	0	.	.%	0.0000
N - A	0.00	0	.	.%	0.0000
N - G	1.68	1	0.194	40.6%	0.0293
L - B	0.00	0	.	.%	0.0000
P - H	0.00	0	.	.%	0.0000
M - H	0.00	0	.	.%	0.0000
J - I	0.17	1	0.680	0.0%	0.0000
J - A	0.61	1	0.434	0.0%	0.0000
H - A	0.00	0	.	.%	0.0000
Q - J	0.00	0	.	.%	0.0000
F - B	0.00	0	.	.%	0.0000
K - A	0.00	0	.	.%	0.0000
B - A	0.00	0	.	.%	0.0000
J - D	0.00	0	.	.%	0.0000
K - J	0.00	0	.	.%	0.0000
C - B	0.00	0	.	.%	0.0000
E - D	0.00	0	.	.%	0.0000
D - B	0.00	0	.	.%	0.0000

** I-squared: the variation in ES attributable to heterogeneity)

Net league table

Fluphenazine_LAI	0.86 (0.38,1.92)	1.68 (0.70,4.02)	1.79 (0.34,9.57)	8.22 (0.45,150.41)	2.34 (0.42,12.93)	2.23 (0.40,12.53)	2.01 (0.36,11.22)	2.48 (0.47,13.22)	1.69 (0.30,9.49)	6.43 (1.22,33.91)	1.08 (0.42,2.79)	2.09 (0.38,11.67)	1.85 (0.33,10.36)	2.38 (0.40,14.23)	4.21 (0.72,24.61)	2.48 (0.10,61.64)
1.17 (0.52,2.61)	Flupenthixol_LAI	1.96 (0.60,6.43)	2.09 (0.33,13.42)	9.59 (0.47,195.76)	2.73 (0.41,18.06)	2.60 (0.39,17.48)	2.34 (0.35,15.65)	2.90 (0.45,18.53)	1.98 (0.30,13.23)	7.50 (1.18,47.58)	1.26 (0.36,4.38)	2.44 (0.37,16.29)	2.16 (0.32,14.45)	2.77 (0.39,19.73)	4.91 (0.70,34.20)	2.90 (0.11,79.42)
0.59 (0.25,1.42)	0.51 (0.16,1.67)	Haloperidol_LAI	1.07 (0.26,4.45)	4.89 (0.24,101.61)	1.39 (0.24,8.23)	1.32 (0.22,7.97)	1.19 (0.20,7.13)	1.48 (0.26,8.39)	1.01 (0.17,6.03)	3.82 (0.68,21.61)	0.64 (0.18,2.33)	1.24 (0.21,7.42)	1.10 (0.18,6.59)	1.41 (0.22,9.02)	2.50 (0.40,15.63)	1.48 (0.06,37.94)
0.56 (0.10,2.97)	0.48 (0.07,3.06)	0.94 (0.22,3.91)	Zuclopenthixol_LAI	4.58 (0.16,131.15)	1.30 (0.13,12.76)	1.24 (0.13,12.31)	1.12 (0.11,11.04)	1.38 (0.15,13.13)	0.94 (0.10,9.32)	3.58 (0.38,33.85)	0.60 (0.09,4.13)	1.17 (0.12,11.49)	1.03 (0.10,10.19)	1.32 (0.13,13.77)	2.34 (0.23,23.95)	1.38 (0.04,48.05)
0.12 (0.01,2.22)	0.10 (0.01,2.13)	0.20 (0.01,4.25)	0.22 (0.01,6.25)	Pipothiazine_LAI	0.28 (0.01,8.29)	0.27 (0.01,7.96)	0.24 (0.01,7.15)	0.30 (0.01,8.63)	0.21 (0.01,6.04)	0.78 (0.03,22.25)	0.13 (0.01,2.80)	0.25 (0.01,7.45)	0.22 (0.01,6.59)	0.29 (0.01,8.78)	0.51 (0.02,15.34)	0.30 (0.00,22.97)

0.43 (0.08,2.36)	0.37 (0.06,2.42)	0.72 (0.12,4.25)	0.77 (0.08,7.50)	3.51 (0.12,102.27)	Olanzapine_LAI	0.95 (0.52,1.75)	0.86 (0.47,1.55)	1.06 (0.66,1.72)	0.72 (0.39,1.33)	2.75 (1.86,4.06)	0.46 (0.07,3.26)	0.89 (0.50,1.60)	0.79 (0.57,1.09)	1.02 (0.47,2.19)	1.80 (0.88,3.66)	1.06 (0.07,17.17)
0.45 (0.08,2.53)	0.38 (0.06,2.59)	0.76 (0.13,4.55)	0.81 (0.08,7.99)	3.69 (0.13,108.56)	1.05 (0.57,1.93)	Risperidone_LAI	0.90 (0.54,1.50)	1.12 (0.65,1.91)	0.76 (0.39,1.47)	2.89 (1.80,4.63)	0.49 (0.07,3.48)	0.94 (0.69,1.27)	0.83 (0.43,1.58)	1.07 (0.67,1.71)	1.89 (1.31,2.73)	1.12 (0.07,18.23)
0.50 (0.09,2.79)	0.43 (0.06,2.86)	0.84 (0.14,5.02)	0.89 (0.09,8.83)	4.10 (0.14,120.12)	1.17 (0.65,2.11)	1.11 (0.67,1.85)	Aripiprazole_LAI	1.24 (0.75,2.05)	0.84 (0.46,1.57)	3.20 (2.03,5.05)	0.54 (0.08,3.85)	1.04 (0.67,1.62)	0.92 (0.49,1.72)	1.18 (0.59,2.38)	2.10 (1.12,3.93)	1.24 (0.08,20.12)
0.40 (0.08,2.14)	0.34 (0.05,2.20)	0.68 (0.12,3.85)	0.72 (0.08,6.85)	3.31 (0.12,94.58)	0.94 (0.58,1.52)	0.90 (0.52,1.53)	0.81 (0.49,1.34)	Paliperidone_LAI_1	0.68 (0.44,1.07)	2.59 (1.96,3.42)	0.44 (0.06,2.97)	0.84 (0.51,1.39)	0.74 (0.44,1.27)	0.96 (0.47,1.95)	1.69 (0.88,3.25)	1.00 (0.06,15.52)
0.59 (0.11,3.30)	0.51 (0.08,3.38)	0.99 (0.17,5.94)	1.06 (0.11,10.45)	4.85 (0.17,142.25)	1.38 (0.75,2.54)	1.31 (0.68,2.53)	1.18 (0.64,2.20)	1.47 (0.94,2.29)	Paliperidone_LAI_3	3.79 (2.33,6.17)	0.64 (0.09,4.56)	1.24 (0.66,2.31)	1.09 (0.58,2.05)	1.40 (0.62,3.17)	2.48 (1.17,5.27)	1.47 (0.09,23.59)
0.16 (0.03,0.82)	0.13 (0.02,0.85)	0.26 (0.05,1.48)	0.28 (0.03,2.64)	1.28 (0.04,36.41)	0.36 (0.25,0.54)	0.35 (0.22,0.56)	0.31 (0.20,0.49)	0.39 (0.29,0.51)	0.26 (0.16,0.43)	Placebo	0.17 (0.02,1.14)	0.33 (0.21,0.50)	0.29 (0.18,0.45)	0.37 (0.19,0.72)	0.65 (0.36,1.19)	0.39 (0.02,6.08)
0.92 (0.36,2.38)	0.79 (0.23,2.74)	1.55 (0.43,5.63)	1.66 (0.24,11.35)	7.60 (0.36,161.50)	2.16 (0.31,15.26)	2.06 (0.29,14.76)	1.85 (0.26,13.22)	2.30 (0.34,15.67)	1.57 (0.22,11.17)	5.94 (0.88,40.25)	Haloperidol_OS	1.93 (0.27,13.76)	1.71 (0.24,12.20)	2.20 (0.29,16.63)	3.89 (0.52,28.84)	2.30 (0.08,65.29)
0.48 (0.09,2.66)	0.41 (0.06,2.73)	0.80 (0.13,4.79)	0.86 (0.09,8.44)	3.93 (0.13,114.89)	1.12 (0.63,2.00)	1.06 (0.78,1.44)	0.96 (0.62,1.49)	1.19 (0.72,1.96)	0.81 (0.43,1.51)	3.07 (1.99,4.75)	0.52 (0.07,3.67)	Aripiprazole_OS	0.88 (0.48,1.64)	1.14 (0.65,1.99)	2.01 (1.25,3.24)	1.19 (0.07,19.27)
0.54 (0.10,3.04)	0.46 (0.07,3.11)	0.91 (0.15,5.47)	0.97 (0.10,9.62)	4.45 (0.15,130.66)	1.27 (0.91,1.76)	1.21 (0.63,2.30)	1.09 (0.58,2.03)	1.35 (0.79,2.29)	0.92 (0.49,1.73)	3.48 (2.21,5.48)	0.59 (0.08,4.19)	1.13 (0.61,2.10)	Olanzapine_OS	1.29 (0.58,2.88)	2.28 (1.08,4.79)	1.35 (0.08,21.97)
0.42 (0.07,2.52)	0.36 (0.05,2.57)	0.71 (0.11,4.52)	0.75 (0.07,7.84)	3.46 (0.11,105.02)	0.98 (0.46,2.13)	0.94 (0.58,1.50)	0.84 (0.42,1.70)	1.05 (0.51,2.13)	0.71 (0.32,1.61)	2.70 (1.39,5.25)	0.46 (0.06,3.45)	0.88 (0.50,1.55)	0.78 (0.35,1.74)	Risperidone_OS	1.77 (0.97,3.22)	1.05 (0.06,17.76)
0.24 (0.04,1.39)	0.20 (0.03,1.42)	0.40 (0.06,2.50)	0.43 (0.04,4.36)	1.95 (0.07,58.63)	0.56 (0.27,1.13)	0.53 (0.37,0.77)	0.48 (0.25,0.89)	0.59 (0.31,1.13)	0.40 (0.19,0.86)	1.53 (0.84,2.78)	0.26 (0.03,1.91)	0.50 (0.31,0.80)	0.44 (0.21,0.92)	0.57 (0.31,1.03)	Quetiapine_OS	0.59 (0.04,9.89)
0.40 (0.02,9.98)	0.34 (0.01,9.45)	0.68 (0.03,17.39)	0.72 (0.02,25.06)	3.31 (0.04,251.61)	0.94 (0.06,15.25)	0.90 (0.05,14.65)	0.81 (0.05,13.12)	1.00 (0.06,15.52)	0.68 (0.04,10.98)	2.59 (0.16,40.71)	0.44 (0.02,12.39)	0.84 (0.05,13.69)	0.74 (0.05,12.15)	0.96 (0.06,16.25)	1.69 (0.10,28.35)	Paliperidone_OS

Net league table: head-to-head comparisons. Relative risks (RRs) and 95% confidence intervals (CIs) are reported. RRs lower than 1 favour the column-defining treatment. Statistically significant results are highlighted in grey. LAI=long-acting antipsychotics

Evaluation of heterogeneity and incoherence

Overall heterogeneity
Estimated between-studies SD: .112541

Overall incoherence
Design-by-treatment test: P = 0.387

Loop-specific approach
 * 5 triangular loops found
 * 1 quadratic loops found

Note: Heterogeneity of loop A-G-N cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-H-M cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-I-M cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-J-K cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-B-D-J cannot be estimated due to insufficient observations - set equal to 0

Evaluation of inconsistency using loop-specific heterogeneity estimates:

Loop	ROR	z_value	p_value	CI_95	Loop_Heterog_tau2
A-J-K	2.384	1.886	0.059	(1.00,5.88)	0.000
A-I-J	2.107	1.327	0.185	(1.00,6.34)	0.000
A-B-D-J	2.019	0.389	0.697	(1.00,69.28)	0.000
A-G-N	1.462	1.099	0.272	(1.00,2.88)	0.000
A-H-M	1.084	0.171	0.864	(1.00,2.72)	0.000
A-I-M	1.056	0.106	0.915	(1.00,2.89)	0.000

Consistency between direct and indirect estimates

Side	Direct Coef.	Direct Std. Err.	Indirect Coef.	Indirect Std. Err.	Difference Coef.	Difference Std. Err.	P>|z|
A B	-2.079442	1.031909	-1.401059	1.49319	-.6783828	1.815063	0.709
A G *	-.9436086	.1729205	-1.70245	.5653683	.7588411	.5847102	0.194
A H	-1.051352	.4089094	-1.080577	.3621541	.0292254	.5462257	0.957
A I	-.9790029	.2920479	-1.493714	.386439	.5147116	.48534	0.289
A J	-.9111086	.1655705	-1.135525	.3640385	.2244161	.3969316	0.572
A K	-1.959192	.3897856	-1.052308	.2436256	-.9068842	.4596588	0.049
A M	-1.013619	.3127978	-1.292157	.3738619	.2785375	.4885923	0.569
A N *	-1.406917	.2392438	-.6479241	.487486	-.7589929	.5847162	0.194
B C *	-.1541507	.4106304	3.710421	94.28845	-3.864572	94.2891	0.967
B D	.476942	.4612617	1.151803	1.756536	-.6748606	1.816092	0.710

B	F	*	2.107073	1.482828	2.700803	291.3945	-.5937298	291.4044	0.998
B	L	*	.0791682	.4830381	3.717493	238.5309	-3.638325	238.5315	0.988
D	E	*	.0645385	.7291856	2.671941	178.947	-2.607402	178.9489	0.988
D	J		-.0192932	1.414584	.6540286	1.138854	-.6733218	1.81605	0.711
G	N		.	.	.	.	.	.	.
H	M		-.0600596	.2163115	-.0897547	.5016216	.029695	.5462736	0.957
H	O	*	.065139	.2405328	2.349802	69.48517	-2.284663	69.48562	0.974
H	P	*	.6359888	.1880302	2.020268	119.0986	-1.384279	119.0988	0.991
I	J		.8053495	.4866935	.0076949	.2840737	.7976546	.5631031	0.157
I	M		-.0286047	.2515612	.6041349	.6958259	-.6327396	.7395872	0.392
J	K		-.1708379	.2073171	-1.07771	.4102506	.9068719	.4596584	0.049
J	Q	*	-2.07e-10	1.398967	1.901034	374.0399	-1.901034	374.0425	0.996

* Warning: all the evidence about these contrasts comes from the trials which directly compare them.

Funnel plot

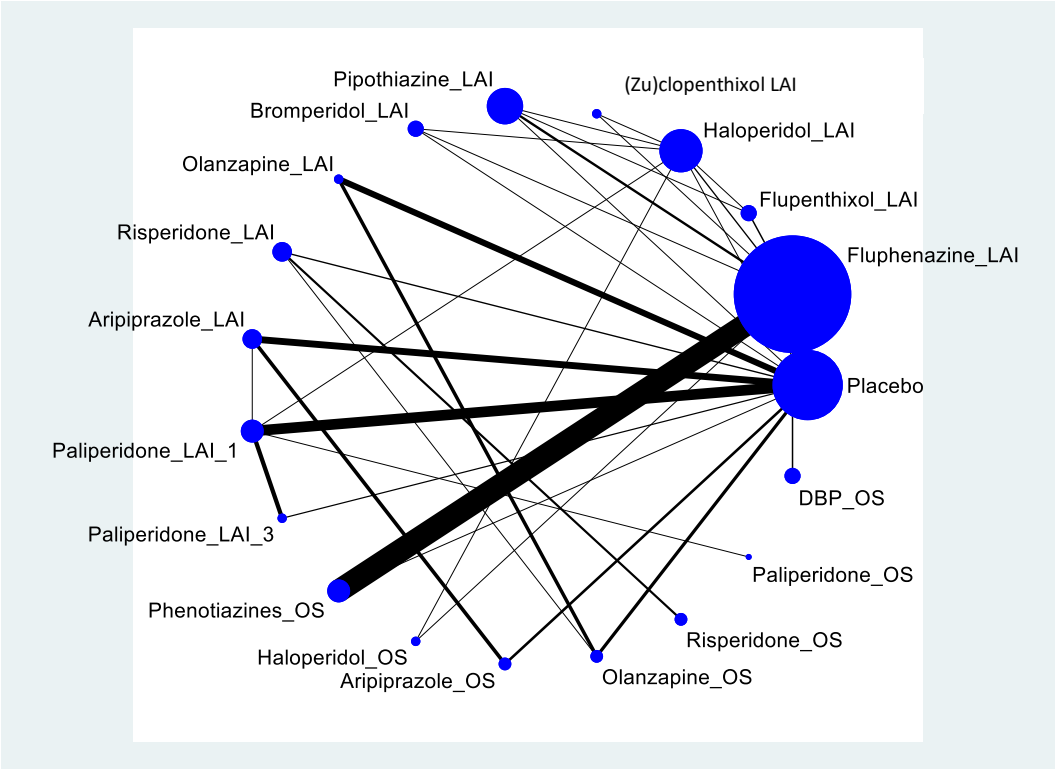
Not applicable: no comparisons with 10 one more studies.

Supplement K - Sensitivity analysis: relapse (excluding trials with a high risk of bias - three or more RoB items at “high risk”)

Treatment codes

Placebo	A
Fluphenazine LAI	B
Flupenthixol LAI	C
Haloperidol LAI	D
(Zu)clopenthixol LAI	E
Pipothiazine LAI	F
Bromperidol LAI	G
Olanzapine LAI	H
Risperidone LAI	I
Aripiprazole LAI	J
Paliperidone LAI-1	K
Paliperidone LAI-3	L
Phenotiazines OS	M
Haloperidol OS	N
Aripiprazole OS	O
Olanzapine OS	P
Risperidone OS	Q
Paliperidone OS	R
DBP_OS	S

Network map



Pairwise meta-analysis

Study	ES	[95% Conf.	Interval]
Q - I			
1	0.994	0.324	3.049

2	0.333	0.037	2.991
4	0.901	0.450	1.806
Sub-total			
D+L pooled ES	0.864	0.489	1.529
J - A			
6	0.375	0.225	0.626
39	0.254	0.168	0.384
Sub-total			
D+L pooled ES	0.299	0.205	0.437
O - A			
6	0.357	0.212	0.601
Sub-total			
D+L pooled ES	0.357	0.212	0.601
O - J			
6	0.951	0.536	1.687
7	1.004	0.503	2.006
Sub-total			
D+L pooled ES	0.972	0.625	1.512
H - A			
8	0.389	0.277	0.546
Sub-total			
D+L pooled ES	0.389	0.277	0.546
P - A			
8	0.245	0.153	0.391
Sub-total			
D+L pooled ES	0.245	0.153	0.391
P - H			
8	0.629	0.400	0.990
Sub-total			
D+L pooled ES	0.629	0.400	0.990
N - D			
10	1.000	0.170	5.888
Sub-total			
D+L pooled ES	1.000	0.170	5.888
M - B			
11	1.293	1.034	1.616
12	1.232	0.225	6.759
13	1.600	1.089	2.351
14	1.310	0.833	2.058
19	7.500	0.438	128.401
Sub-total			
D+L pooled ES	1.363	1.143	1.626
B - A			
12	0.128	0.033	0.494
35	0.333	0.041	2.686
37	0.123	0.040	0.375
38	0.125	0.017	0.932
45	0.444	0.187	1.055
67	0.143	0.022	0.910
76	0.500	0.234	1.068
Sub-total			
D+L pooled ES	0.265	0.155	0.451
M - A			
12	0.157	0.052	0.475
Sub-total			
D+L pooled ES	0.157	0.052	0.475
N - B			
15	1.082	0.431	2.718
Sub-total			
D+L pooled ES	1.082	0.431	2.718
F - C			
20	0.708	0.015	33.972
Sub-total			
D+L pooled ES	0.708	0.015	33.972
C - B			

21	1.000	0.219	4.564
62	0.857	0.395	1.859
Sub-total			
D+L pooled ES	0.885	0.444	1.763
K - J			
24	2.353	0.894	6.192
Sub-total			
D+L pooled ES	2.353	0.894	6.192
D - B			
25	0.167	0.022	1.255
46	1.034	0.068	15.773
47	0.909	0.020	41.676
55	0.688	0.045	10.417
74	1.611	0.672	3.861
Sub-total			
D+L pooled ES	1.010	0.455	2.240
D - C			
26	1.500	0.288	7.807
Sub-total			
D+L pooled ES	1.500	0.288	7.807
G - B			
27	1.043	0.393	2.770
56	1.500	0.291	7.731
Sub-total			
D+L pooled ES	1.147	0.496	2.655
K - A			
28	0.368	0.264	0.511
54	0.455	0.299	0.691
Sub-total			
D+L pooled ES	0.399	0.308	0.517
I - A			
29	0.349	0.170	0.718
Sub-total			
D+L pooled ES	0.349	0.170	0.718
G - A			
30	1.000	0.022	46.053
Sub-total			
D+L pooled ES	1.000	0.022	46.053
D - A			
31	25.000	1.605	389.347
Sub-total			
D+L pooled ES	25.000	1.605	389.347
R - K			
32	1.000	0.065	15.380
Sub-total			
D+L pooled ES	1.000	0.065	15.380
F - B			
33	8.224	0.453	149.154
51	1.000	0.363	2.751
53	0.467	0.089	2.454
64	0.365	0.079	1.678
68	5.000	0.259	96.587
73	3.000	0.350	25.678
76	0.750	0.296	1.900
Sub-total			
D+L pooled ES	0.920	0.500	1.693
L - A			
34	0.141	0.066	0.303
Sub-total			
D+L pooled ES	0.141	0.066	0.303
S - B			
43	1.059	0.247	4.544
44	1.071	0.258	4.455
52	0.800	0.238	2.692
61	1.118	0.259	4.815
Sub-total			

D+L pooled ES	0.982	0.493	1.954
P - I			
48	3.000	0.129	69.515
Sub-total			
D+L pooled ES	3.000	0.129	69.515
K - D			
49	0.981	0.062	15.543
Sub-total			
D+L pooled ES	0.981	0.062	15.543
F - D			
50	2.100	0.206	21.391
Sub-total			
D+L pooled ES	2.100	0.206	21.391
G - D			
57	3.000	0.372	24.171
Sub-total			
D+L pooled ES	3.000	0.372	24.171
L - K			
59	0.843	0.561	1.266
Sub-total			
D+L pooled ES	0.843	0.561	1.266
E - D			
63	1.067	0.260	4.378
Sub-total			
D+L pooled ES	1.067	0.260	4.378
F - A			
76	0.375	0.159	0.884
Sub-total			
D+L pooled ES	0.375	0.159	0.884
E - B			
77	0.702	0.131	3.748
Sub-total			
D+L pooled ES	0.702	0.131	3.748

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
Q - I	0.80	2	0.671	0.0%	0.0000
J - A	1.35	1	0.246	25.7%	0.0196
O - A	0.00	0	.	.%	0.0000
O - J	0.01	1	0.905	0.0%	0.0000
H - A	0.00	0	.	.%	0.0000
P - A	0.00	0	.	.%	0.0000
P - H	0.00	0	.	.%	0.0000
N - D	0.00	0	.	.%	0.0000
M - B	2.31	4	0.679	0.0%	0.0000
B - A	7.85	6	0.249	23.6%	0.1191
M - A	0.00	0	.	.%	0.0000
N - B	0.00	0	.	.%	0.0000
F - C	0.00	0	.	.%	0.0000
C - B	0.03	1	0.859	0.0%	0.0000
K - J	0.00	0	.	.%	0.0000
D - B	4.21	4	0.378	5.0%	0.0583
D - C	0.00	0	.	.%	0.0000
G - B	0.14	1	0.709	0.0%	0.0000
K - A	0.61	1	0.434	0.0%	0.0000
I - A	0.00	0	.	.%	0.0000
G - A	0.00	0	.	.%	0.0000
D - A	0.00	0	.	.%	0.0000
R - K	0.00	0	.	.%	0.0000
F - B	6.87	6	0.333	12.7%	0.0878
L - A	0.00	0	.	.%	0.0000
S - B	0.16	3	0.983	0.0%	0.0000
P - I	0.00	0	.	.%	0.0000
K - D	0.00	0	.	.%	0.0000
F - D	0.00	0	.	.%	0.0000
G - D	0.00	0	.	.%	0.0000
L - K	0.00	0	.	.%	0.0000

```
E - D                0.00          0          .          .%         0.0000
F - A                0.00          0          .          .%         0.0000
E - B                0.00          0          .          .%         0.0000
** I-squared: the variation in ES attributable to heterogeneity)
```

Net league table

Fluphenazine_LAI	0.88 (0.47,1.66)	1.16 (0.67,2.01)	0.98 (0.32,3.01)	1.04 (0.63,1.73)	1.39 (0.65,2.99)	1.36 (0.81,2.28)	1.13 (0.50,2.51)	0.97 (0.60,1.59)	1.33 (0.84,2.10)	0.93 (0.53,1.63)	3.46 (2.34,5.11)	1.33 (1.12,1.59)	1.10 (0.48,2.51)	1.06 (0.59,1.90)	0.87 (0.48,1.60)	0.97 (0.36,2.61)	1.33 (0.08,21.23)	0.98 (0.49,1.95)
1.14 (0.60,2.14)	Flupenthixol_LAI	1.31 (0.60,2.88)	1.11 (0.31,3.96)	1.19 (0.53,2.64)	1.58 (0.59,4.25)	1.55 (0.69,3.48)	1.28 (0.46,3.55)	1.11 (0.50,2.46)	1.51 (0.70,3.29)	1.06 (0.46,2.46)	3.94 (1.88,8.24)	1.52 (0.79,2.93)	1.25 (0.45,3.50)	1.21 (0.51,2.84)	0.99 (0.41,2.38)	1.11 (0.34,3.56)	1.51 (0.09,25.91)	1.12 (0.44,2.85)
0.87 (0.50,1.50)	0.76 (0.35,1.67)	Haloperidol_LAI	0.84 (0.28,2.55)	0.90 (0.44,1.86)	1.20 (0.49,2.96)	1.18 (0.56,2.45)	0.97 (0.37,2.54)	0.84 (0.41,1.73)	1.15 (0.58,2.30)	0.81 (0.38,1.74)	2.99 (1.56,5.75)	1.15 (0.65,2.06)	0.95 (0.38,2.40)	0.92 (0.42,2.01)	0.76 (0.34,1.68)	0.84 (0.28,2.57)	1.15 (0.07,19.28)	0.85 (0.35,2.05)
1.03 (0.33,3.16)	0.90 (0.25,3.22)	1.18 (0.39,3.57)	(Zu)clopenthixol_LAI	1.07 (0.31,3.65)	1.42 (0.37,5.47)	1.39 (0.41,4.78)	1.15 (0.29,4.58)	1.00 (0.29,3.39)	1.36 (0.41,4.56)	0.96 (0.27,3.34)	3.55 (1.08,11.60)	1.37 (0.44,4.28)	1.13 (0.29,4.43)	1.09 (0.31,3.84)	0.89 (0.25,3.20)	1.00 (0.22,4.43)	1.36 (0.07,27.04)	1.01 (0.27,3.77)
0.96 (0.58,1.59)	0.84 (0.38,1.88)	1.11 (0.54,2.29)	0.94 (0.27,3.19)	Pipothiazine_LAI	1.33 (0.53,3.33)	1.30 (0.66,2.55)	1.08 (0.43,2.69)	0.93 (0.49,1.80)	1.27 (0.68,2.39)	0.89 (0.44,1.81)	3.32 (1.85,5.93)	1.28 (0.75,2.19)	1.05 (0.40,2.76)	1.02 (0.49,2.10)	0.84 (0.40,1.76)	0.93 (0.32,2.73)	1.27 (0.08,21.05)	0.94 (0.40,2.22)
0.72 (0.33,1.55)	0.63 (0.24,1.70)	0.83 (0.34,2.04)	0.70 (0.18,2.69)	0.75 (0.30,1.88)	Bromperidol_LAI	0.98 (0.39,2.44)	0.81 (0.27,2.44)	0.70 (0.28,1.73)	0.96 (0.40,2.31)	0.67 (0.26,1.72)	2.49 (1.06,5.83)	0.96 (0.44,2.11)	0.79 (0.26,2.42)	0.76 (0.29,1.98)	0.63 (0.24,1.66)	0.70 (0.20,2.42)	0.96 (0.05,16.90)	0.71 (0.25,1.98)
0.74 (0.44,1.23)	0.65 (0.29,1.46)	0.85 (0.41,1.78)	0.72 (0.21,2.46)	0.77 (0.39,1.50)	1.02 (0.41,2.56)	Olanzapine_LAI	0.83 (0.38,1.80)	0.72 (0.46,1.13)	0.98 (0.65,1.48)	0.69 (0.41,1.16)	2.55 (1.82,3.57)	0.98 (0.57,1.68)	0.81 (0.31,2.13)	0.78 (0.45,1.35)	0.64 (0.41,1.01)	0.72 (0.27,1.88)	0.98 (0.06,15.53)	0.72 (0.31,1.71)
0.89 (0.40,1.98)	0.78 (0.28,2.16)	1.03 (0.39,2.68)	0.87 (0.22,3.43)	0.93 (0.37,2.30)	1.23 (0.41,3.72)	1.21 (0.56,2.62)	Risperidone_LAI	0.87 (0.40,1.86)	1.18 (0.56,2.48)	0.83 (0.37,1.86)	3.07 (1.52,6.20)	1.19 (0.52,2.68)	0.97 (0.31,3.07)	0.94 (0.41,2.15)	0.78 (0.34,1.78)	0.86 (0.49,1.53)	1.18 (0.07,20.04)	0.87 (0.30,2.51)
1.03 (0.63,1.68)	0.90 (0.41,2.00)	1.19 (0.58,2.43)	1.00 (0.29,3.40)	1.07 (0.56,2.06)	1.43 (0.58,3.51)	1.39 (0.89,2.19)	1.16 (0.54,2.48)	Aripiprazole_LAI	1.36 (0.94,1.97)	0.96 (0.58,1.57)	3.55 (2.63,4.79)	1.37 (0.82,2.29)	1.13 (0.43,2.93)	1.09 (0.72,1.65)	0.90 (0.52,1.56)	1.00 (0.39,2.59)	1.36 (0.09,21.51)	1.01 (0.43,2.35)
0.75 (0.48,1.19)	0.66 (0.30,1.44)	0.87 (0.44,1.74)	0.73 (0.22,2.45)	0.78 (0.42,1.47)	1.05 (0.43,2.53)	1.02 (0.67,1.55)	0.85 (0.40,1.78)	0.73 (0.51,1.06)	Paliperidone_LAI_1	0.70 (0.49,1.01)	2.60 (2.05,3.31)	1.00 (0.62,1.62)	0.83 (0.32,2.11)	0.80 (0.49,1.30)	0.66 (0.39,1.11)	0.73 (0.29,1.87)	1.00 (0.07,15.38)	0.74 (0.32,1.69)
1.07 (0.61,1.88)	0.94 (0.41,2.19)	1.24 (0.58,2.66)	1.05 (0.30,3.65)	1.12 (0.55,2.27)	1.49 (0.58,3.82)	1.46 (0.86,2.47)	1.21 (0.54,2.71)	1.04 (0.64,1.71)	1.43 (0.99,2.05)	Paliperidone_LAI_3	3.71 (2.47,5.56)	1.43 (0.80,2.56)	1.18 (0.44,3.18)	1.14 (0.63,2.05)	0.94 (0.51,1.73)	1.04 (0.39,2.81)	1.43 (0.09,22.45)	1.05 (0.43,2.56)
0.29 (0.20,0.43)	0.25 (0.12,0.53)	0.33 (0.17,0.64)	0.28 (0.09,0.92)	0.30 (0.17,0.54)	0.40 (0.17,0.94)	0.39 (0.28,0.55)	0.33 (0.16,0.66)	0.28 (0.21,0.38)	0.38 (0.30,0.49)	0.27 (0.18,0.40)	Placebo	0.39 (0.25,0.59)	0.32 (0.13,0.79)	0.31 (0.20,0.47)	0.25 (0.16,0.40)	0.28 (0.11,0.70)	0.38 (0.02,5.97)	0.28 (0.13,0.63)
0.75 (0.63,0.89)	0.66 (0.34,1.27)	0.87 (0.49,1.54)	0.73 (0.23,2.29)	0.78 (0.46,1.34)	1.04 (0.47,2.29)	1.02 (0.59,1.74)	0.84 (0.37,1.91)	0.73 (0.44,1.22)	1.00 (0.62,1.61)	0.70 (0.39,1.25)	2.59 (1.70,3.94)	Phenotiazines_OS	0.82 (0.35,1.91)	0.79 (0.44,1.45)	0.65 (0.35,1.22)	0.73 (0.27,1.98)	1.00 (0.06,15.98)	0.74 (0.36,1.50)
0.91 (0.40,2.08)	0.80 (0.29,2.25)	1.05 (0.42,2.66)	0.89 (0.23,3.50)	0.95 (0.36,2.50)	1.27 (0.41,3.88)	1.24 (0.47,3.27)	1.03 (0.33,3.24)	0.89 (0.34,2.31)	1.21 (0.47,3.10)	0.85 (0.31,2.30)	3.15 (1.27,7.83)	1.22 (0.52,2.83)	Haloperidol_OS	0.97 (0.35,2.65)	0.80 (0.29,2.21)	0.89 (0.25,3.20)	1.21 (0.07,21.79)	0.89 (0.31,2.62)
0.94 (0.53,1.69)	0.83 (0.35,1.95)	1.09 (0.50,2.38)	0.92 (0.26,3.25)	0.98 (0.48,2.03)	1.31 (0.50,3.40)	1.28 (0.74,2.22)	1.06 (0.47,2.42)	0.92 (0.61,1.39)	1.25 (0.77,2.04)	0.88 (0.49,1.58)	3.26 (2.12,5.03)	1.26 (0.69,2.30)	1.03 (0.38,2.83)	Aripiprazole_OS	0.82 (0.44,1.55)	0.92 (0.34,2.50)	1.25 (0.08,20.13)	0.93 (0.38,2.28)
1.15 (0.62,2.10)	1.01 (0.42,2.41)	1.32 (0.59,2.95)	1.12 (0.31,3.99)	1.19 (0.57,2.51)	1.59 (0.60,4.20)	1.56 (0.99,2.44)	1.29 (0.56,2.95)	1.12 (0.64,1.94)	1.52 (0.90,2.57)	1.07 (0.58,1.98)	3.96 (2.49,6.30)	1.53 (0.82,2.86)	1.26 (0.45,3.49)	1.21 (0.64,2.29)	Olanzapine_OS	1.11 (0.41,3.05)	1.52 (0.09,24.61)	1.12 (0.45,2.81)
1.03 (0.38,2.75)	0.90 (0.28,2.90)	1.19 (0.39,3.62)	1.00 (0.23,4.45)	1.07 (0.37,3.14)	1.43 (0.41,4.94)	1.40 (0.53,3.65)	1.16 (0.65,2.05)	1.00 (0.39,2.60)	1.37 (0.54,3.48)	0.96 (0.36,2.58)	3.55 (1.44,8.78)	1.37 (0.51,3.72)	1.13 (0.31,4.07)	1.09 (0.40,2.97)	0.90 (0.33,2.45)	Risperidone_OS	1.37 (0.08,24.55)	1.01 (0.30,3.35)
0.75 (0.05,12.01)	0.66 (0.04,11.33)	0.87 (0.05,14.57)	0.73 (0.04,14.56)	0.78 (0.05,12.96)	1.05 (0.06,18.48)	1.02 (0.06,16.21)	0.85 (0.05,14.38)	0.73 (0.05,11.56)	1.00 (0.07,15.38)	0.70 (0.04,11.05)	2.60 (0.17,40.44)	1.00 (0.06,16.10)	0.83 (0.05,14.85)	0.80 (0.05,12.81)	0.66 (0.04,10.61)	0.73 (0.04,13.16)	Paliperidone_OS	0.74 (0.04,12.83)
1.02 (0.51,2.03)	0.90 (0.35,2.28)	1.18 (0.49,2.84)	0.99 (0.27,3.72)	1.06 (0.45,2.50)	1.42 (0.51,3.96)	1.38 (0.59,3.27)	1.15 (0.40,3.30)	0.99 (0.43,2.31)	1.35 (0.59,3.09)	0.95 (0.39,2.31)	3.52 (1.60,7.77)	1.36 (0.67,2.76)	1.12 (0.38,3.27)	1.08 (0.44,2.66)	0.89 (0.36,2.22)	0.99 (0.30,3.30)	1.35 (0.08,23.52)	DBP_OS

Net league table: head-to-head comparisons. Relative risks (RRs) and 95% confidence intervals (CIs) are reported. RRs lower than 1 favour the column-defining treatment. Statistically significant results are highlighted in grey. LAI=long-acting antipsychotics

Evaluation of heterogeneity and incoherence

Overall heterogeneity
Estimated between-studies SD: 7.830e-09

Overall incoherence
Design-by-treatment test: P = 1.000

Loop-specific approach
 * 19 triangular loops found

```
  Note: Heterogeneity of loop A-D-F cannot be estimated due to insufficient observations - set equal to 0

  Note: Heterogeneity of loop A-D-G cannot be estimated due to insufficient observations - set equal to 0

  Note: Heterogeneity of loop A-D-K cannot be estimated due to insufficient observations - set equal to 0

  Note: Heterogeneity of loop A-H-P cannot be estimated due to insufficient observations - set equal to 0

  Note: Heterogeneity of loop A-I-P cannot be estimated due to insufficient observations - set equal to 0

  Note: Heterogeneity of loop A-J-O cannot be estimated due to insufficient observations - set equal to 0

  Note: Heterogeneity of loop A-K-L cannot be estimated due to insufficient observations - set equal to 0

  Note: Heterogeneity of loop C-D-F cannot be estimated due to insufficient observations - set equal to 0

 Evaluation of inconsistency using loop-specific heterogeneity estimates:
```

Loop	ROR	z_value	p_value	CI_95	Loop_Heterog_tau2
A-D-F	140.000	2.620	0.009	(3.47,5641.05)	0.000
A-B-D	96.901	2.997	0.003	(4.87,1928.87)	0.108
A-D-G	75.000	1.642	0.101	(1.00,12978.68)	0.000
A-D-K	61.497	2.068	0.039	(1.24,3049.36)	0.000
C-D-F	4.447	0.609	0.543	(1.00,543.07)	0.000
A-I-P	4.281	0.875	0.382	(1.00,111.32)	0.000
A-B-G	3.136	0.561	0.575	(1.00,170.27)	0.056
B-D-G	2.804	0.855	0.393	(1.00,29.80)	0.000
A-B-M	2.768	1.645	0.100	(1.00,9.31)	0.000
A-K-L	2.384	1.886	0.059	(1.00,5.88)	0.000
B-D-F	2.266	0.615	0.539	(1.00,30.75)	0.080
A-B-F	1.922	1.035	0.301	(1.00,6.63)	0.037
A-J-K	1.747	1.039	0.299	(1.00,5.00)	0.000
B-D-E	1.535	0.346	0.729	(1.00,17.36)	0.058
B-C-F	1.430	0.177	0.860	(1.00,75.68)	0.000
B-C-D	1.238	0.217	0.829	(1.00,8.53)	0.000
A-J-O	1.199	0.385	0.700	(1.00,3.02)	0.000
B-D-N	1.072	0.061	0.952	(1.00,10.20)	0.058
A-H-P	.	.	.		0.000

*** Note: Loop A-H-P is formed only by multi-arm trial(s) - Consistent by definition

Consistency between direct and indirect estimates

Side	Direct		Indirect		Difference		
	Coef.	Std. Err.	Coef.	Std. Err.	Coef.	Std. Err.	P>|z|
A B	-1.3176	.2217218	-.7964143	.597178	-.5211861	.660935	0.430
A D	3.218876	1.40084	-1.354825	.3432117	4.573701	1.442272	0.002
A F	-.8679911	.4288189	-1.484512	.39984	.6165213	.5777525	0.286
A G	-4.43e-10	1.954017	-.9585664	.4451671	.9585664	2.004085	0.632
A H *	-.9436102	.1729205	1.96495	3.318975	-2.90856	3.324628	0.382
A I	-1.051352	.3672006	-2.502438	1.620364	1.451086	1.66145	0.382
A J	-1.212364	.1644035	-1.637552	.4384192	.4251876	.4714677	0.367
A K	-.9193986	.13217	-1.183004	.3275993	.2636058	.3532566	0.456
A L	-1.959192	.3897856	-1.057646	.2434306	-.9015459	.4595555	0.050
A M	-1.967112	.5330459	-.7354216	.2376645	-1.23169	.5923645	0.038
A O	-1.00917	.264548	-1.548131	.3795289	.5389613	.4546235	0.236
A P *	-1.406914	.2392441	.0473665	1.645004	-1.45428	1.66231	0.382
B C	-.1223549	.3518231	-.1644836	.815	.0421287	.8876947	0.962
B D	.0698582	.370851	.2459501	.4318631	-.1760919	.5692412	0.757
B E	-.3541851	.8548104	.2473125	.7768712	-.6014976	1.155085	0.603
B F	-.1151403	.2774853	.9987285	.6512584	-1.113869	.6953969	0.109
B G	.137553	.4280479	1.298208	.9626536	-1.160655	1.053533	0.271
B M *	.3097299	.0898763	-1.862935	1.000186	2.172665	1.005923	0.031
B N	.0791688	.469746	.1501367	.9506854	-.070968	1.060408	0.947
B S *	-.0182145	.3510965	2.485914	68.79844	-2.504128	68.7993	0.971
C D	.4054838	.8416246	.2349792	.4552073	.1705046	.9568412	0.859
C F	-.3448408	1.974718	.1940146	.4174234	-.5388554	2.018354	0.789
D E	.0645448	.7204495	-.5367361	.9028778	.6012809	1.155093	0.603
D F	.7419588	1.18422	-.1940669	.3897116	.9360257	1.246696	0.453
D G	1.098687	1.064568	-.0241836	.5087098	1.122871	1.179873	0.341
D K	-.0192932	1.409658	.1501387	.3643968	-.1694319	1.455995	0.907
D N	-5.42e-10	.904534	-.0707849	.5534868	.0707849	1.060438	0.947
H P *	-.4633034	.2311041	2.445256	3.308328	-2.90856	3.324622	0.382
I P	1.098648	1.603561	-.3556326	.4382532	1.454281	1.662369	0.382
I Q *	-.1458003	.2909682	2.279746	94.8934	-2.425546	94.89368	0.980
J K	.855678	.4936849	.2176925	.2039176	.6379854	.5341414	0.232
J O *	-.0280212	.22519	.871321	.5878133	-.8993422	.6274168	0.152
K L	-.1708379	.2073171	-1.072371	.4101349	.9015336	.4595552	0.050
K R *	6.97e-11	1.394433	1.912598	374.2345	-1.912598	374.2371	0.996

* Warning: all the evidence about these contrasts comes from the trials which directly compare them.

Funnel plot

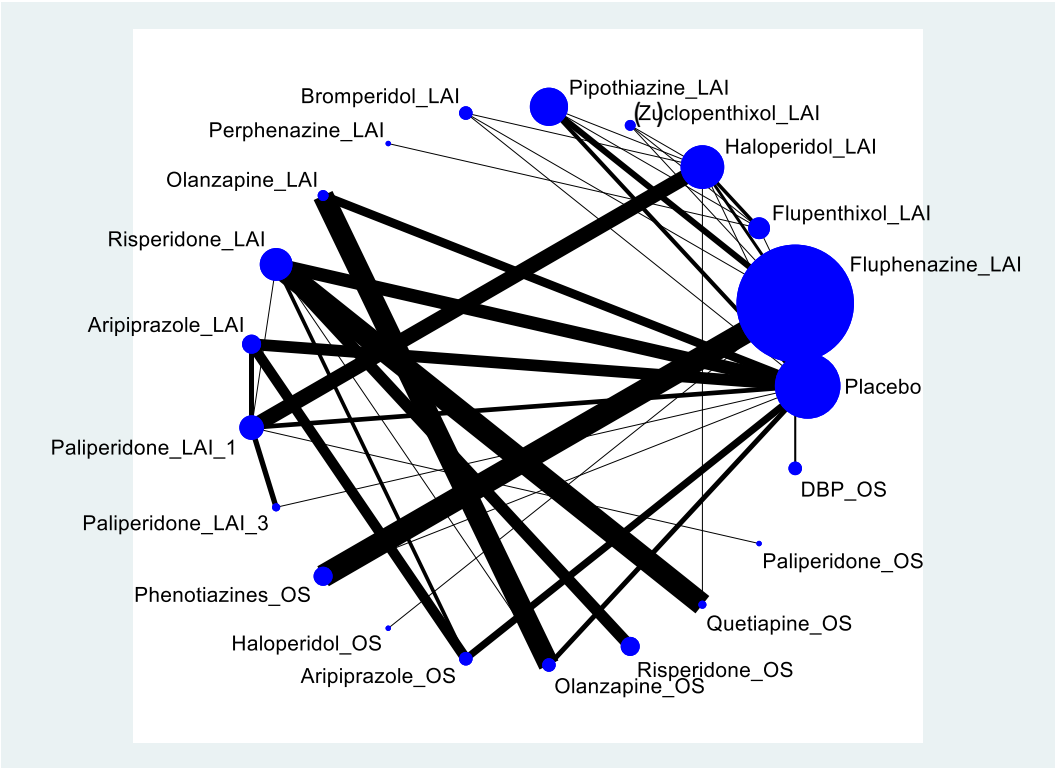
Not applicable: no comparisons with 10 one more studies.

Supplement L - Primary outcome: acceptability (dropouts due to any reason)

Treatment codes

Placebo	A
Fluphenazine LAI	B
Flupenthixol LAI	C
Haloperidol LAI	D
(Zu)clopenthixol LAI	E
Pipothiazine LAI	F
Bromperidol LAI	G
Perphenazine LAI	H
Olanzapine LAI	I
Risperidone LAI	J
Aripiprazole LAI	K
Paliperidone LAI-1	L
Paliperidone LAI-3	M
Phenotiazines OS	N
Haloperidol OS	O
Aripiprazole OS	P
Olanzapine OS	Q
Risperidone OS	R
Quetiapine OS	S
Paliperidone OS	T
DBP_OS	U

Network map



Pairwise meta-analysis

Study	ES	[95% Conf.	Interval]
R - J			
1	0.789	0.563	1.105
2	0.091	0.005	1.562

3	1.231	0.677	2.237
4	1.147	0.606	2.173
5	0.754	0.569	0.999
58	0.954	0.540	1.687
Sub-total			
D+L pooled ES	0.854	0.694	1.051
K - A			
6	0.487	0.376	0.631
39	0.457	0.353	0.592
Sub-total			
D+L pooled ES	0.472	0.393	0.567
P - A			
6	0.619	0.490	0.782
Sub-total			
D+L pooled ES	0.619	0.490	0.782
P - K			
6	1.271	0.974	1.657
7	1.294	0.972	1.722
Sub-total			
D+L pooled ES	1.281	1.055	1.556
I - A			
8	0.636	0.515	0.786
Sub-total			
D+L pooled ES	0.636	0.515	0.786
Q - A			
8	0.421	0.318	0.556
Sub-total			
D+L pooled ES	0.421	0.318	0.556
Q - I			
8	0.661	0.515	0.850
9	0.951	0.808	1.120
Sub-total			
D+L pooled ES	0.804	0.563	1.146
N - B			
11	0.932	0.464	1.870
12	0.442	0.212	0.922
13	1.272	0.963	1.679
14	1.097	0.939	1.281
19	2.471	0.588	10.381
Sub-total			
D+L pooled ES	1.050	0.794	1.388
B - A			
12	0.654	0.441	0.972
35	0.333	0.041	2.686
37	1.367	0.326	5.723
38	0.600	0.319	1.128
40	0.050	0.003	0.786
41	1.125	0.491	2.578
45	0.444	0.187	1.055
67	3.000	0.140	64.262
76	0.808	0.594	1.098
Sub-total			
D+L pooled ES	0.712	0.555	0.913
N - A			
12	0.289	0.149	0.562
Sub-total			
D+L pooled ES	0.289	0.149	0.562
O - B			
15	1.184	0.594	2.361
Sub-total			
D+L pooled ES	1.184	0.594	2.361
S - D			
16	1.263	0.622	2.566
Sub-total			
D+L pooled ES	1.263	0.622	2.566
S - J			

17	1.219	1.067	1.392
Sub-total			
D+L pooled ES	1.219	1.067	1.392
P - J			
18	0.959	0.693	1.329
Sub-total			
D+L pooled ES	0.959	0.693	1.329
F - C			
20	0.894	0.421	1.901
Sub-total			
D+L pooled ES	0.894	0.421	1.901
C - B			
21	0.750	0.183	3.068
62	0.714	0.292	1.749
66	0.063	0.004	1.039
Sub-total			
D+L pooled ES	0.562	0.217	1.461
L - K			
23	1.342	0.998	1.806
24	0.981	0.020	48.494
Sub-total			
D+L pooled ES	1.340	0.997	1.801
D - B			
25	1.143	0.519	2.519
46	1.034	0.285	3.752
47	4.545	0.247	83.699
55	0.529	0.284	0.984
60	0.635	0.210	1.921
72	1.667	0.483	5.757
74	1.611	0.672	3.861
Sub-total			
D+L pooled ES	0.961	0.631	1.463
D - C			
26	1.000	0.717	1.395
Sub-total			
D+L pooled ES	1.000	0.717	1.395
G - B			
27	3.130	0.702	13.954
56	1.500	0.291	7.731
Sub-total			
D+L pooled ES	2.242	0.743	6.766
L - A			
28	1.061	0.658	1.710
54	0.842	0.585	1.212
Sub-total			
D+L pooled ES	0.917	0.686	1.225
J - A			
29	0.740	0.623	0.878
Sub-total			
D+L pooled ES	0.740	0.623	0.878
G - A			
30	0.400	0.100	1.599
Sub-total			
D+L pooled ES	0.400	0.100	1.599
D - A			
31	0.040	0.003	0.623
36	0.359	0.161	0.804
Sub-total			
D+L pooled ES	0.180	0.024	1.329
T - L			
32	1.333	0.321	5.538
Sub-total			
D+L pooled ES	1.333	0.321	5.538
F - B			
33	2.007	0.747	5.391

51	3.000	0.127	70.829
53	1.001	0.532	1.885
64	0.547	0.149	2.007
68	3.000	0.348	25.870
70	0.968	0.446	2.102
71	0.522	0.011	24.698
73	4.000	0.504	31.736
75	1.000	0.021	47.380
76	1.000	0.718	1.393
Sub-total			
D+L pooled ES	1.062	0.824	1.368
M - A			
34	0.473	0.244	0.916
Sub-total			
D+L pooled ES	0.473	0.244	0.916
L - J			
42	0.914	0.304	2.752
Sub-total			
D+L pooled ES	0.914	0.304	2.752
U - B			
43	1.412	0.369	5.403
44	0.893	0.350	2.279
52	0.786	0.429	1.441
61	1.118	0.390	3.203
Sub-total			
D+L pooled ES	0.911	0.591	1.406
Q - J			
48	1.125	0.546	2.318
Sub-total			
D+L pooled ES	1.125	0.546	2.318
L - D			
49	1.010	0.861	1.185
Sub-total			
D+L pooled ES	1.010	0.861	1.185
F - D			
50	1.050	0.163	6.757
Sub-total			
D+L pooled ES	1.050	0.163	6.757
G - D			
57	2.000	0.684	5.851
Sub-total			
D+L pooled ES	2.000	0.684	5.851
M - L			
59	0.905	0.690	1.187
Sub-total			
D+L pooled ES	0.905	0.690	1.187
E - D			
63	0.480	0.125	1.837
Sub-total			
D+L pooled ES	0.480	0.125	1.837
E - C			
65	0.429	0.122	1.502
Sub-total			
D+L pooled ES	0.429	0.122	1.502
H - C			
69	0.500	0.050	4.978
Sub-total			
D+L pooled ES	0.500	0.050	4.978
F - A			
76	0.808	0.594	1.098
Sub-total			
D+L pooled ES	0.808	0.594	1.098
E - B			
77	3.150	0.136	72.885
Sub-total			

```
  D+L pooled ES      |    3.150     0.136    72.885
---------------------+-------------------------------------------------------

Test(s) of heterogeneity:
                Heterogeneity  degrees of
                  statistic     freedom       P     I-squared**   Tau-squared

R - J                5.73          5        0.333      12.7%        0.0090
K - A                0.12          1        0.733       0.0%        0.0000
P - A                0.00          0           .          .%        0.0000
P - K                0.01          1        0.927       0.0%        0.0000
I - A                0.00          0           .          .%        0.0000
Q - A                0.00          0           .          .%        0.0000
Q - I                5.65          1        0.017      82.3%        0.0543
N - B                8.39          4        0.078      52.3%        0.0430
B - A                9.12          8        0.332      12.3%        0.0180
N - A                0.00          0           .          .%        0.0000
O - B                0.00          0           .          .%        0.0000
S - D                0.00          0           .          .%        0.0000
S - J                0.00          0           .          .%        0.0000
P - J                0.00          0           .          .%        0.0000
F - C                0.00          0           .          .%        0.0000
C - B                2.73          2        0.256      26.6%        0.2085
L - K                0.02          1        0.875       0.0%        0.0000
D - B                7.43          6        0.283      19.2%        0.0612
D - C                0.00          0           .          .%        0.0000
G - B                0.42          1        0.516       0.0%        0.0000
L - A                0.57          1        0.451       0.0%        0.0000
J - A                0.00          0           .          .%        0.0000
G - A                0.00          0           .          .%        0.0000
D - A                2.26          1        0.133      55.8%        1.3444
T - L                0.00          0           .          .%        0.0000
F - B                5.82          9        0.757       0.0%        0.0000
M - A                0.00          0           .          .%        0.0000
L - J                0.00          0           .          .%        0.0000
U - B                0.78          3        0.853       0.0%        0.0000
Q - J                0.00          0           .          .%        0.0000
L - D                0.00          0           .          .%        0.0000
F - D                0.00          0           .          .%        0.0000
G - D                0.00          0           .          .%        0.0000
M - L                0.00          0           .          .%        0.0000
E - D                0.00          0           .          .%        0.0000
E - C                0.00          0           .          .%        0.0000
H - C                0.00          0           .          .%        0.0000
F - A                0.00          0           .          .%        0.0000
E - B                0.00          0           .          .%        0.0000
** I-squared: the variation in ES attributable to heterogeneity)
```

Net league table

Aripiprazole_LAI	2.10 (1.03,4.28)	1.27 (0.86,1.88)	1.37 (1.06,1.76)	1.30 (0.99,1.71)	1.26 (0.93,1.71)	1.43 (1.14,1.79)	1.23 (0.87,1.75)	0.64 (0.06,6.58)	1.50 (1.09,2.05)	1.42 (1.11,1.82)	0.68 (0.27,1.73)	2.05 (1.71,2.44)	1.48 (1.08,2.01)	1.62 (0.76,3.43)	1.30 (1.06,1.59)	1.07 (0.78,1.46)	1.21 (0.88,1.66)	1.73 (1.26,2.36)	1.91 (0.45,8.13)	1.25 (0.75,2.08)
0.48 (0.23,0.97)	Bromperidol_LAI	0.61 (0.29,1.28)	0.65 (0.33,1.29)	0.62 (0.31,1.24)	0.60 (0.29,1.25)	0.68 (0.34,1.37)	0.58 (0.28,1.24)	0.30 (0.03,3.41)	0.71 (0.35,1.46)	0.68 (0.33,1.38)	0.32 (0.10,1.00)	0.97 (0.49,1.94)	0.70 (0.35,1.43)	0.77 (0.29,2.06)	0.62 (0.30,1.26)	0.51 (0.24,1.06)	0.57 (0.27,1.21)	0.82 (0.39,1.71)	0.91 (0.18,4.47)	0.59 (0.26,1.35)
0.79 (0.53,1.16)	1.65 (0.78,3.48)	Fluphenazine_LAI	1.07 (0.76,1.52)	1.02 (0.75,1.39)	0.99 (0.64,1.53)	1.12 (0.78,1.61)	0.97 (0.62,1.51)	0.50 (0.05,5.01)	1.18 (0.80,1.73)	1.12 (0.76,1.65)	0.54 (0.22,1.32)	1.61 (1.12,2.30)	1.16 (0.79,1.70)	1.27 (0.58,2.79)	1.02 (0.68,1.52)	0.84 (0.54,1.30)	0.95 (0.61,1.48)	1.36 (0.89,2.08)	1.50 (0.34,6.56)	0.98 (0.56,1.72)
0.73 (0.57,0.95)	1.54 (0.77,3.07)	0.93 (0.66,1.32)	Fluphenazine_LAI	0.95 (0.75,1.21)	0.92 (0.67,1.26)	1.05 (0.82,1.34)	0.90 (0.63,1.29)	0.47 (0.05,4.79)	1.10 (0.86,1.40)	1.04 (0.80,1.35)	0.50 (0.20,1.25)	1.50 (1.23,1.82)	1.08 (0.91,1.29)	1.18 (0.58,2.40)	0.95 (0.72,1.25)	0.78 (0.57,1.08)	0.89 (0.64,1.24)	1.26 (0.92,1.74)	1.40 (0.33,5.98)	0.91 (0.59,1.43)
0.77 (0.58,1.01)	1.61 (0.81,3.22)	0.98 (0.72,1.33)	1.05 (0.83,1.33)	Haloperidol_LAI	0.97 (0.69,1.36)	1.10 (0.89,1.36)	0.94 (0.67,1.33)	0.49 (0.05,4.99)	1.15 (0.85,1.56)	1.09 (0.83,1.44)	0.52 (0.21,1.29)	1.57 (1.24,1.99)	1.13 (0.85,1.51)	1.24 (0.59,2.62)	1.00 (0.74,1.34)	0.82 (0.58,1.15)	0.93 (0.66,1.31)	1.32 (0.96,1.83)	1.46 (0.34,6.23)	0.96 (0.58,1.59)
0.79 (0.59,1.07)	1.67 (0.80,3.48)	1.01 (0.65,1.56)	1.08 (0.79,1.48)	1.03 (0.73,1.45)	Olanzapine_LAI	1.13 (0.83,1.55)	0.98 (0.65,1.47)	0.50 (0.05,5.26)	1.19 (0.83,1.71)	1.13 (0.83,1.53)	0.54 (0.21,1.40)	1.62 (1.27,2.07)	1.17 (0.82,1.68)	1.28 (0.59,2.78)	1.03 (0.75,1.41)	0.85 (0.70,1.02)	0.96 (0.67,1.38)	1.37 (0.95,1.96)	1.51 (0.35,6.55)	0.99 (0.58,1.70)
0.70 (0.56,0.87)	1.47 (0.73,2.97)	0.89 (0.62,1.28)	0.95 (0.74,1.22)	0.91 (0.74,1.13)	0.88 (0.65,1.21)	Paliperidone_LAI_1	0.86 (0.64,1.15)	0.45 (0.04,4.58)	1.05 (0.77,1.43)	0.99 (0.76,1.30)	0.48 (0.19,1.20)	1.43 (1.18,1.74)	1.03 (0.76,1.40)	1.13 (0.53,2.39)	0.91 (0.70,1.18)	0.75 (0.54,1.03)	0.85 (0.61,1.17)	1.21 (0.87,1.67)	1.33 (0.32,5.59)	0.87 (0.53,1.45)
0.81 (0.57,1.15)	1.71 (0.81,3.63)	1.03 (0.66,1.62)	1.11 (0.77,1.59)	1.06 (0.75,1.50)	1.03 (0.68,1.54)	1.16 (0.87,1.55)	Paliperidone_LAI_3	0.52 (0.05,5.41)	1.22 (0.81,1.83)	1.16 (0.80,1.68)	0.55 (0.21,1.44)	1.66 (1.20,2.31)	1.20 (0.80,1.79)	1.31 (0.59,2.91)	1.05 (0.73,1.53)	0.87 (0.57,1.32)	0.98 (0.65,1.50)	1.40 (0.93,2.12)	1.55 (0.36,6.69)	1.02 (0.57,1.80)
1.57 (0.15,16.24)	3.31 (0.29,37.22)	2.00 (0.20,20.02)	2.14 (0.21,22.03)	2.05 (0.20,20.92)	1.98 (0.19,20.66)	2.25 (0.22,23.14)	1.93 (0.18,20.20)	Perphenazine_LAI	2.35 (0.23,24.33)	2.23 (0.22,23.10)	1.07 (0.09,12.70)	3.21 (0.31,33.07)	2.32 (0.22,23.95)	2.54 (0.22,28.99)	2.04 (0.20,21.13)	1.68 (0.16,17.48)	1.90 (0.18,19.84)	2.71 (0.26,28.24)	3.00 (0.19,46.25)	1.96 (0.18,21.02)
0.67 (0.49,0.91)	1.40 (0.68,2.89)	0.85 (0.58,1.25)	0.91 (0.71,1.16)	0.87 (0.64,1.18)	0.84 (0.59,1.21)	0.95 (0.70,1.30)	0.82 (0.55,1.23)	0.42 (0.04,4.39)	Pipothiazine_LAI	0.95 (0.69,1.31)	0.45 (0.18,1.16)	1.36 (1.05,1.78)	0.98 (0.73,1.33)	1.08 (0.51,2.28)	0.87 (0.62,1.21)	0.71 (0.49,1.03)	0.81 (0.55,1.18)	1.15 (0.80,1.67)	1.27 (0.29,5.51)	0.83 (0.50,1.38)
0.70 (0.55,0.90)	1.48 (0.73,3.02)	0.90 (0.61,1.32)	0.96 (0.74,1.25)	0.92 (0.69,1.21)	0.89 (0.65,1.21)	1.01 (0.77,1.31)	0.87 (0.60,1.26)	0.45 (0.04,4.63)	1.05 (0.76,1.45)	Risperidone_LAI	0.48 (0.19,1.22)	1.44 (1.18,1.75)	1.04 (0.76,1.41)	1.14 (0.53,2.42)	0.91 (0.72,1.16)	0.75 (0.55,1.02)	0.85 (0.69,1.04)	1.21 (0.99,1.48)	1.34 (0.31,5.76)	0.88 (0.52,1.47)
1.47 (0.58,3.72)	3.09 (1.00,9.54)	1.87 (0.76,4.59)	2.00 (0.80,5.01)	1.91 (0.78,4.70)	1.85 (0.71,4.80)	2.10 (0.84,5.26)	1.80 (0.69,4.71)	0.93 (0.08,11.08)	2.20 (0.86,5.60)	2.09 (0.82,5.30)	(Zu)clopenthixol_LAI	3.00 (1.20,7.53)	2.17 (0.85,5.50)	2.37 (0.74,7.56)	1.90 (0.74,4.86)	1.56 (0.60,4.06)	1.77 (0.68,4.62)	2.53 (0.98,6.54)	2.80 (0.51,15.36)	1.83 (0.66,5.08)
0.49 (0.41,0.58)	1.03 (0.51,2.06)	0.62 (0.44,0.89)	0.67 (0.55,0.81)	0.64 (0.50,0.81)	0.62 (0.48,0.79)	0.70 (0.58,0.85)	0.60 (0.43,0.84)	0.31 (0.03,3.20)	0.73 (0.56,0.96)	0.70 (0.57,0.85)	0.33 (0.13,0.84)	Placebo	0.72 (0.56,0.94)	0.79 (0.38,1.65)	0.63 (0.52,0.78)	0.52 (0.40,0.68)	0.59 (0.45,0.78)	0.84 (0.64,1.11)	0.93 (0.22,3.96)	0.61 (0.38,0.99)

0.68 (0.50,0 .92)	1.43 (0.70,2. 90)	0.86 (0.59,1. 26)	0.93 (0.78,1. 10)	0.88 (0.66,1 .17)	0.85 (0.60,1. 23)	0.97 (0.71,1. 32)	0.83 (0.56,1. 25)	0.43 (0.04,4. 46)	1.02 (0.75,1. 37)	0.96 (0.71,1. 31)	0.46 (0.18,1.1 7)	1.39 (1.07,1 .80)	Phenoti azines_ OS	1.10 (0.53,2. 27)	0.88 (0.63,1. 22)	0.72 (0.50,1. 04)	0.82 (0.56,1. 19)	1.17 (0.82,1. 68)	1.29 (0.30,5. 59)	0.85 (0.52,1. 36)
0.62 (0.29,1 .31)	1.30 (0.48,3. 49)	0.79 (0.36,1. 73)	0.84 (0.42,1. 71)	0.81 (0.38,1 .70)	0.78 (0.36,1. 69)	0.88 (0.42,1. 87)	0.76 (0.34,1. 69)	0.39 (0.03,4. 49)	0.93 (0.44,1. 96)	0.88 (0.41,1. 87)	0.42 (0.13,1.3 4)	1.26 (0.61,2 .64)	0.91 (0.44,1. 89)	Halope ridol_O S	0.80 (0.38,1. 72)	0.66 (0.30,1. 44)	0.75 (0.34,1. 64)	1.07 (0.49,2. 32)	1.18 (0.23,5. 95)	0.77 (0.33,1. 78)
0.77 (0.63,0 .94)	1.62 (0.79,3. 33)	0.98 (0.66,1. 47)	1.05 (0.80,1. 39)	1.00 (0.75,1 .35)	0.97 (0.71,1. 33)	1.10 (0.85,1. 43)	0.95 (0.65,1. 38)	0.49 (0.05,5. 09)	1.16 (0.83,1. 61)	1.10 (0.86,1. 39)	0.53 (0.21,1.3 4)	1.58 (1.29,1 .93)	1.14 (0.82,1. 58)	1.25 (0.58,2. 66)	Aripipr azole_ OS	0.82 (0.59,1. 14)	0.93 (0.68,1. 27)	1.33 (0.98,1. 81)	1.47 (0.34,6. 31)	0.96 (0.57,1. 62)
0.94 (0.68,1 .29)	1.97 (0.94,4. 13)	1.19 (0.77,1. 85)	1.28 (0.93,1. 77)	1.22 (0.87,1 .72)	1.18 (0.99,1. 42)	1.34 (0.97,1. 86)	1.15 (0.76,1. 75)	0.60 (0.06,6. 23)	1.41 (0.97,2. 04)	1.33 (0.98,1. 82)	0.64 (0.25,1.6 6)	1.92 (1.47,2 .49)	1.38 (0.96,1. 99)	1.52 (0.70,3. 30)	1.22 (0.88,1. 69)	Olanza pine_O S	1.13 (0.78,1. 64)	1.62 (1.13,2. 33)	1.79 (0.41,7. 78)	1.17 (0.68,2. 03)
0.83 (0.60,1 .13)	1.74 (0.83,3. 65)	1.05 (0.68,1. 64)	1.13 (0.81,1. 57)	1.08 (0.76,1 .52)	1.04 (0.73,1. 50)	1.18 (0.85,1. 64)	1.02 (0.67,1. 55)	0.53 (0.05,5. 49)	1.24 (0.85,1. 81)	1.18 (0.96,1. 44)	0.56 (0.22,1.4 7)	1.69 (1.28,2 .23)	1.22 (0.84,1. 77)	1.34 (0.61,2. 92)	1.07 (0.79,1. 46)	0.88 (0.61,1. 27)	Risperi done_ OS	1.43 (1.07,1. 90)	1.58 (0.36,6. 86)	1.03 (0.59,1. 80)
0.58 (0.42,0 .79)	1.22 (0.58,2. 54)	0.74 (0.48,1. 13)	0.79 (0.57,1. 09)	0.75 (0.55,1 .04)	0.73 (0.51,1. 05)	0.83 (0.60,1. 14)	0.71 (0.47,1. 08)	0.37 (0.04,3. 84)	0.87 (0.60,1. 26)	0.82 (0.67,1. 01)	0.39 (0.15,1.0 2)	1.18 (0.90,1 .56)	0.85 (0.60,1. 22)	0.94 (0.43,2. 04)	0.75 (0.55,1. 02)	0.62 (0.43,0. 89)	0.70 (0.53,0. 93)	Quetia pine_O S	1.10 (0.25,4. 80)	0.72 (0.42,1. 25)
0.52 (0.12,2 .23)	1.10 (0.22,5. 44)	0.67 (0.15,2. 92)	0.72 (0.17,3. 06)	0.68 (0.16,2 .91)	0.66 (0.15,2. 87)	0.75 (0.18,3. 14)	0.65 (0.15,2. 78)	0.33 (0.02,5. 15)	0.79 (0.18,3. 40)	0.75 (0.17,3. 20)	0.36 (0.07,1.9 6)	1.07 (0.25,4 .55)	0.77 (0.18,3. 35)	0.85 (0.17,4. 27)	0.68 (0.16,2. 92)	0.56 (0.13,2. 43)	0.63 (0.15,2. 76)	0.91 (0.21,3. 93)	Paliperi done_ OS	0.65 (0.14,2. 99)
0.80 (0.48,1 .33)	1.68 (0.74,3. 82)	1.02 (0.58,1. 79)	1.09 (0.70,1. 70)	1.04 (0.63,1 .73)	1.01 (0.59,1. 74)	1.15 (0.69,1. 90)	0.98 (0.56,1. 75)	0.51 (0.05,5. 46)	1.20 (0.72,1. 99)	1.14 (0.68,1. 91)	0.55 (0.20,1.5 1)	1.64 (1.01,2 .66)	1.18 (0.73,1. 91)	1.29 (0.56,2. 99)	1.04 (0.62,1. 75)	0.85 (0.49,1. 48)	0.97 (0.56,1. 69)	1.38 (0.80,2. 39)	1.53 (0.33,6. 98)	DBP_O S

Net league table: head-to-head comparisons. Relative risks (RRs) and 95% confidence intervals (CIs) are reported. RRs lower than 1 favour the column-defining treatment. Statistically significant results are highlighted in grey. LAI=long-acting antipsychotics

Evaluation of heterogeneity and incoherence

Overall heterogeneity
Estimated between-studies SD: .08120208

Overall incoherence
Design-by-treatment test: P = 0.220

Loop-specific approach
 * 22 triangular loops found
 * 3 quadratic loops found

Note: Heterogeneity of loop A-D-F cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-D-G cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-I-Q cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-J-L cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-J-P cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-J-Q cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-K-P cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-L-M cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop C-D-E cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop C-D-F cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-D-J-S cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop D-J-L-S cannot be estimated due to insufficient observations - set equal to 0

Evaluation of inconsistency using loop-specific heterogeneity estimates:

Loop	ROR	z_value	p_value	CI_95	Loop_Heterog_tau2
B-C-E	13.068	1.236	0.217	(1.00,770.41)	0.208
B-D-E	6.829	1.073	0.283	(1.00,228.34)	0.061
A-B-G	4.015	1.496	0.135	(1.00,24.79)	0.008
A-D-L	3.144	1.963	0.050	(1.00,9.87)	0.037
A-B-N	2.617	1.875	0.061	(1.00,7.15)	0.044
A-D-F	2.548	0.899	0.369	(1.00,19.58)	0.000
A-D-J-S	2.364	1.575	0.115	(1.00,6.90)	0.000
A-B-D	2.302	1.589	0.112	(1.00,6.44)	0.044
A-J-Q	1.977	1.683	0.092	(1.00,4.37)	0.000
B-C-F	1.933	1.196	0.232	(1.00,5.69)	0.000
A-L-M	1.756	1.432	0.152	(1.00,3.79)	0.000
B-C-D	1.640	0.852	0.394	(1.00,5.12)	0.080
A-D-G	1.510	0.421	0.673	(1.00,10.26)	0.000
A-K-L	1.450	1.609	0.108	(1.00,2.28)	0.000
A-I-Q	1.438	1.842	0.065	(1.00,2.12)	0.000
A-J-L	1.356	0.518	0.605	(1.00,4.29)	0.000
B-D-G	1.184	0.200	0.841	(1.00,6.17)	0.034
C-D-F	1.174	0.154	0.877	(1.00,8.99)	0.000

A-J-P	1.146	0.614	0.539	(1.00,1.77)		0.000
C-D-E	1.120	0.119	0.905	(1.00,7.25)		0.000
B-D-F	1.101	0.099	0.921	(1.00,7.46)		0.000
J-K-L-P	1.098	0.152	0.879	(1.00,3.65)		0.000
D-J-L-S	1.066	0.095	0.925	(1.00,4.02)		0.000
A-B-F	1.034	0.120	0.905	(1.00,1.77)		0.000
A-K-P	1.014	0.065	0.948	(1.00,1.53)		0.000

Consistency between direct and indirect estimates

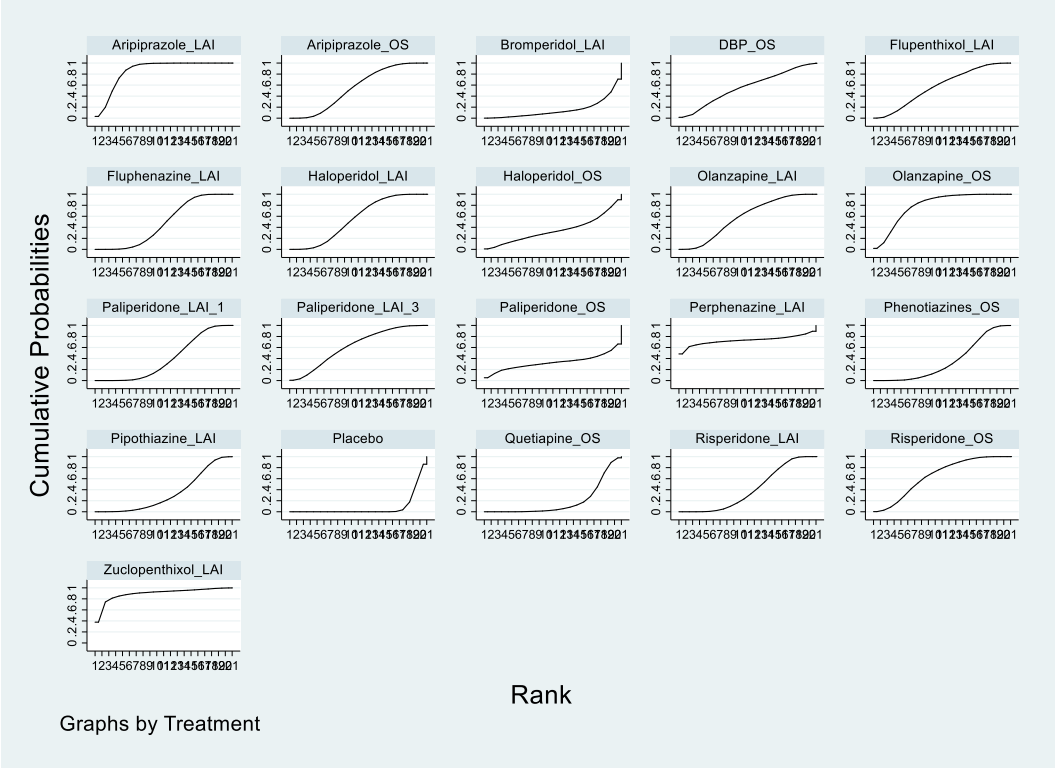
Side	Direct		Indirect		Difference		
	Coef.	Std. Err.	Coef.	Std. Err.	Coef.	Std. Err.	P>|z|
A B	-.3584688	.1180232	-.5517565	.2113194	.1932878	.2432149	0.427
A D	-1.201602	.3996779	-.3817692	.1164581	-.8198329	.4158375	0.049
A F	-.2040437	.1778463	-.4568781	.2060239	.2528344	.2701946	0.349
A G	-.9162907	.7112449	.3369561	.4058253	-1.253247	.8188794	0.126
A I	-.4332336	.1075931	-.8123554	.2496536	.3791218	.2625495	0.149
A J	-.3015421	.1247382	-.4891355	.1719051	.1875934	.2123935	0.377
A K	-.7522521	.1122152	-.6333478	.1681113	-.1189042	.2026729	0.557
A L	-.0845222	.1543094	-.5305405	.1225964	.4460183	.1974115	0.024
A M	-.7490276	.3475466	-.4349496	.1927618	-.314078	.3974239	0.429
A N	-.9332753	.2851742	-.1663494	.1329146	-.7669259	.3194369	0.016
A P	-.479227	.1525934	-.4318568	.1557715	-.0473702	.2178206	0.828
A Q	-.8637654	.1420238	-.160389	.2095304	-.7033764	.2657996	0.008
B C	-.4909101	.3769057	.046712	.1982496	-.537622	.4258823	0.207
B D	-.0781731	.1881836	-.0264037	.158221	-.0517694	.2472297	0.834
B E	1.147426	1.604912	-.8658357	.4892526	2.013262	1.677831	0.230
B F	.0674962	.1389402	.205487	.2922166	-.1379908	.3248802	0.671
B G	.8069811	.5665884	.1983863	.4479201	.6085948	.7222547	0.399
B N *	.0928686	.0820479	-.5620682	.4396522	.6549368	.4401293	0.137
B O *	.1690245	.3613343	.7975224	178.2127	-.6284978	178.2132	0.997
B U *	-.0890366	.2264024	.820888	45.17074	-.9099246	45.17121	0.984
C D	2.70e-11	.1901175	.0762988	.2885917	-.0762988	.3455862	0.825
C E	-.8473093	.6452064	-.3969261	.6529991	-.4503832	.9179825	0.624
C F	-.1115892	.3944483	.2555733	.2297764	-.3671625	.4564938	0.421
C H *	-.6931472	1.17541	.8298544	196.6017	-1.523002	196.6027	0.994
D E	-.7339765	.6897831	-.5794421	.61532	-.1545343	.924346	0.867
D F	.0487902	.9534607	.1425328	.1589808	-.0937426	.9666241	0.923
D G	.693162	.5536478	.3337699	.456934	.3593921	.7178629	0.617
D L	.0099773	.1145972	.3277267	.1946047	-.3177495	.2258395	0.159
D S	.2336281	.3720287	.2951295	.1913174	-.0615014	.4183396	0.883
I Q *	-.185876	.0972389	.7982918	.8255047	-.9841678	.8358916	0.239
J L	-.0896153	.5683949	.0129493	.1412334	-.1025646	.5856788	0.861
J P	-.0413672	.1892926	-.1243612	.1691019	.082994	.253825	0.744
J Q	.1177857	.378403	-.3742808	.1774682	.4920665	.4179519	0.239
J R *	-.161441	.1040817	.7687703	30.42659	-.9302113	30.42664	0.976
J S	.198114	.1108947	.1366823	.4033421	.0614317	.4183092	0.883
K L	.2920154	.1759227	.41137	.1561594	-.1193546	.2352602	0.612
K P	.2470355	.1187384	.309143	.2402562	-.0621075	.2695652	0.818
L M	-.099321	.1620218	-.413391	.3628969	.31407	.3974232	0.429
L T *	.2876821	.731004	.6942335	192.6889	-.4065514	192.6907	0.998

* Warning: all the evidence about these contrasts comes from the trials which directly compare them. See help file for more information.

SUCRA and cumulative probability plots

Treatment	SUCRA	PrBest	MeanRank
Placebo	8.0	0.0	19.4
Fluphenazine_LAI	48.3	0.0	11.3
Flupenthixol_LAI	57.9	0.2	9.4
Haloperidol_LAI	55.5	0.0	9.9
Zuclopenthixol_LAI	89.6	37.7	3.1
Pipothiazine_LAI	34.0	0.0	14.2
Bromperidol_LAI	15.4	0.1	17.9
Perphenazine_LAI	72.9	48.3	6.4
Olanzapine_LAI	58.3	0.0	9.3
Risperidone_LAI	40.7	0.0	12.9
Aripiprazole_LAI	86.1	3.3	3.8
Paliperidone_LAI_1	39.5	0.0	13.1
Paliperidone_LAI_3	62.5	0.5	8.5
Phenotiazines_OS	35.7	0.0	13.9
Haloperidol_OS	34.8	0.9	14.0
Aripiprazole_OS	55.4	0.0	9.9
Olanzapine_OS	79.6	1.9	5.1

Risperidone_OS	65.4	0.3	7.9
Quetiapine_OS	19.2	0.0	17.2
Paliperidone_OS	32.9	5.2	14.4
DBP_OS	58.3	1.6	9.3



Funnel plot

Not applicable: no comparisons with 10 one more studies.

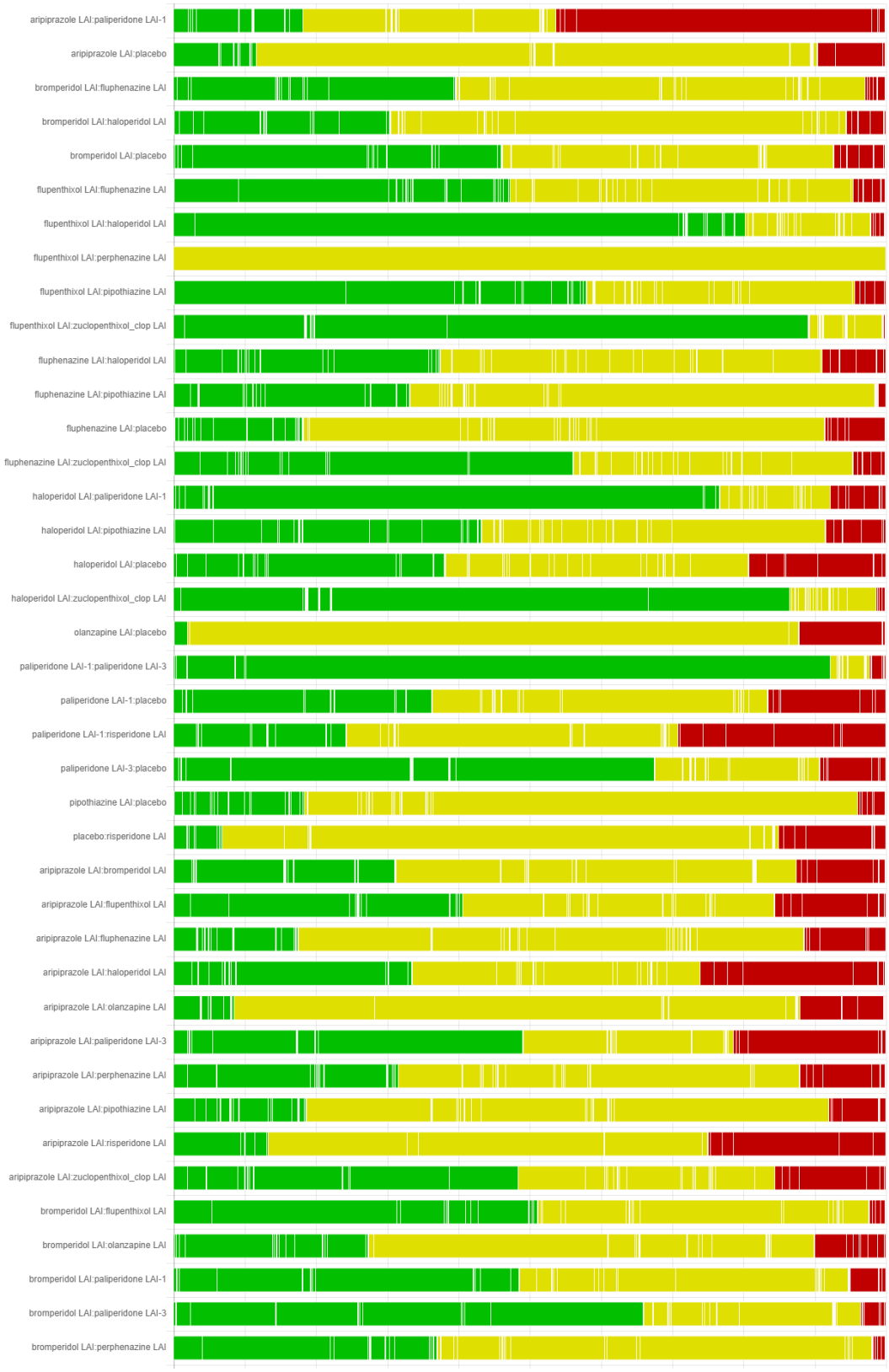
GRADE appraisal (CINeMA)

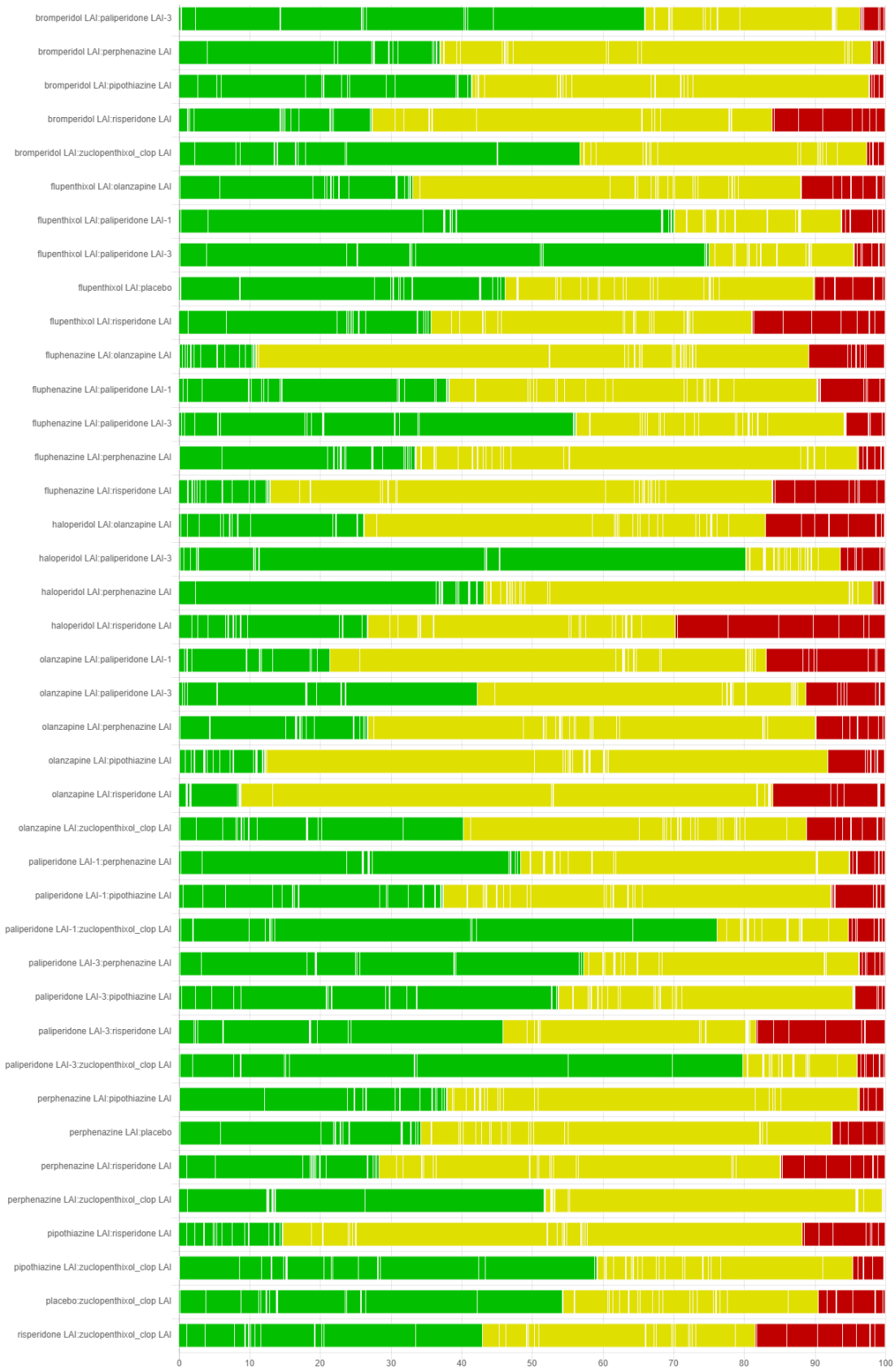
The analysis of the certainty of the evidence was performed with the online application CINeMA, which follows the principles of the GRADE methodology. The following criteria were applied:

- Within-study bias: the "overall" risk of bias of each study was calculated as follows: (a) LOW risk if four or more domains of the Cochrane RoB were at low risk (even if three were at high risk); (b) HIGH risk if three or more domains were at high risk; (c) UNCLEAR RISK in all other cases. For each comparison, the histogram was interpreted according to a "Majority risk of bias" rule;
- Across-studies bias was considered "undetected" when was not possible to evaluate the risk of publication bias;
- Indirectness: the histogram was interpreted according to a "Majority risk of bias" rule;
- Imprecision: risk ratio between 0.667 to 1.5 was considered as a clinically important size of effect;
- Heterogeneity: risk ratio between 0.667 to 1.5 was considered as a clinically important size of effect;
- Incoherence: for all the comparisons for which only a direct or indirect estimation was available (Inconsistency measures: Not applicable) we reported "some concern".

Within-study bias

The bar chart shows the contributions of each piece of study to the network estimate.
Green=low risk; Yellow=unclear risk; Red=high risk


aripiprazole LAI:paliperidone LAI-1
aripiprazole LAI:placebo
bromperidol LAI:fluphenazine LAI
bromperidol LAI:haloperidol LAI
bromperidol LAI:placebo
flupenthixol LAI:fluphenazine LAI
flupenthixol LAI:haloperidol LAI
flupenthixol LAI:perphenazine LAI
flupenthixol LAI:pipothiazine LAI
flupenthixol LAI:zuclopenthixol_clop LAI
fluphenazine LAI:haloperidol LAI
fluphenazine LAI:pipothiazine LAI
fluphenazine LAI:placebo
fluphenazine LAI:zuclopenthixol_clop LAI
haloperidol LAI:paliperidone LAI-1
haloperidol LAI:pipothiazine LAI
haloperidol LAI:placebo
haloperidol LAI:zuclopenthixol_clop LAI
olanzapine LAI:placebo
paliperidone LAI-1:paliperidone LAI-3
paliperidone LAI-1:placebo
paliperidone LAI-1:risperidone LAI
paliperidone LAI-3:placebo
pipothiazine LAI:placebo
placebo:risperidone LAI
aripiprazole LAI:bromperidol LAI
aripiprazole LAI:flupenthixol LAI
aripiprazole LAI:fluphenazine LAI
aripiprazole LAI:haloperidol LAI
aripiprazole LAI:olanzapine LAI
aripiprazole LAI:paliperidone LAI-3
aripiprazole LAI:perphenazine LAI
aripiprazole LAI:pipothiazine LAI
aripiprazole LAI:risperidone LAI
aripiprazole LAI:zuclopenthixol_clop LAI
bromperidol LAI:flupenthixol LAI
bromperidol LAI:olanzapine LAI
bromperidol LAI:paliperidone LAI-1
bromperidol LAI:paliperidone LAI-3
bromperidol LAI:perphenazine LAI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bromperidol LAI:zuclopenthixol_clop LAI
flupenthixol LAI:olanzapine LAI
flupenthixol LAI:paliperidone LAI-1
flupenthixol LAI:paliperidone LAI-3
flupenthixol LAI:placebo
flupenthixol LAI:risperidone LAI
fluphenazine LAI:olanzapine LAI
fluphenazine LAI:paliperidone LAI-1
fluphenazine LAI:paliperidone LAI-3
fluphenazine LAI:perphenazine LAI
fluphenazine LAI:risperidone LAI
haloperidol LAI:olanzapine LAI
haloperidol LAI:paliperidone LAI-3
haloperidol LAI:perphenazine LAI
haloperidol LAI:risperidone LAI
olanzapine LAI:paliperidone LAI-1
olanzapine LAI:paliperidone LAI-3
olanzapine LAI:perphenazine LAI
olanzapine LAI:pipothiazine LAI
olanzapine LAI:risperidone LAI
olanzapine LAI:zuclopenthixol_clop LAI
paliperidone LAI-1:perphenazine LAI
paliperidone LAI-1:pipothiazine LAI
paliperidone LAI-1:zuclopenthixol_clop LAI
paliperidone LAI-3:perphenazine LAI
paliperidone LAI-3:pipothiazine LAI
paliperidone LAI-3:risperidone LAI
paliperidone LAI-3:zuclopenthixol_clop LAI
perphenazine LAI:pipothiazine LAI
perphenazine LAI:placebo
perphenazine LAI:risperidone LAI
perphenazine LAI:zuclopenthixol_clop LAI
pipothiazine LAI:risperidone LAI
pipothiazine LAI:zuclopenthixol_clop LAI
placebo:zuclopenthixol_clop LAI
risperidone LAI:zuclopenthixol_clop LAI
0
10
20
30
40
50
60
70
80
90
100

Indirectness

The bar chart shows the contributions of each study to the network estimate.
Green=low risk; Yellow=unclear risk; Red=high risk

Final report

Comparison	Number of studies	Within-study bias	Reporting bias	Indirectness	Imprecision	Heterogeneity	Incoherence	Confidence rating
aripiprazole LAI:paliperidone LAI-1	2	Major concerns	Undetected	No concerns	No concerns	No concerns	No concerns	Low
aripiprazole LAI:placebo	2	Some concerns	Undetected	No concerns	No concerns	No concerns	No concerns	Moderate
bromperidol LAI:fluphenazine LAI	2	Some concerns	Undetected	No concerns	Some concerns	No concerns	No concerns	Low
bromperidol LAI:haloperidol LAI	1	Some concerns	Undetected	No concerns	Some concerns	No concerns	No concerns	Low
bromperidol LAI:placebo	1	Some concerns	Undetected	No concerns	Major concerns	No concerns	No concerns	Very low
flupenthixol LAI:fluphenazine LAI	3	Some concerns	Undetected	No concerns	Some concerns	No concerns	No concerns	Low
flupenthixol LAI:haloperidol LAI	1	No concerns	Undetected	No concerns	No concerns	Some concerns	No concerns	Moderate
flupenthixol LAI:perphenazine LAI	1	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low

flupenthixol LAI:pipothiazine LAI	1	No concerns	Undetected	No concerns	Some concerns	No concerns	No concerns	Moderate
flupenthixol LAI:zuclopenthixol_clop LAI	1	No concerns	Undetected	No concerns	Some concerns	No concerns	No concerns	Moderate
fluphenazine LAI:haloperidol LAI	7	Some concerns	Undetected	No concerns	No concerns	No concerns	No concerns	Moderate
fluphenazine LAI:pipothiazine LAI	10	Some concerns	Undetected	No concerns	No concerns	Some concerns	No concerns	Low
fluphenazine LAI:placebo	9	Some concerns	Undetected	No concerns	No concerns	No concerns	No concerns	Moderate
fluphenazine LAI:zuclopenthixol_clop LAI	1	No concerns	Undetected	No concerns	Some concerns	No concerns	No concerns	Moderate
haloperidol LAI:paliperidone LAI-1	1	No concerns	Undetected	No concerns	No concerns	Some concerns	No concerns	Moderate
haloperidol LAI:pipothiazine LAI	1	Some concerns	Undetected	No concerns	Some concerns	No concerns	No concerns	Low
haloperidol LAI:placebo	2	Some concerns	Undetected	No concerns	No concerns	No concerns	Some concerns	Low
haloperidol LAI:zuclopenthixol_clop LAI	1	No concerns	Undetected	No concerns	Some concerns	No concerns	No concerns	Moderate
olanzapine LAI:placebo	1	Some concerns	Undetected	No concerns	No concerns	No concerns	No concerns	Moderate
paliperidone LAI-1:paliperidone LAI-3	1	No concerns	Undetected	No concerns	Some concerns	No concerns	No concerns	Moderate
paliperidone LAI-1:placebo	2	Some concerns	Undetected	No concerns	No concerns	No concerns	No concerns	Moderate
paliperidone LAI-1:risperidone LAI	1	Some concerns	Undetected	No concerns	No concerns	No concerns	No concerns	Moderate
paliperidone LAI-3:placebo	1	No concerns	Undetected	No concerns	No concerns	No concerns	No concerns	High
pipothiazine LAI:placebo	1	Some concerns	Undetected	Major concerns	No concerns	Some concerns	No concerns	Very low
placebo:risperidone LAI	1	Some concerns	Undetected	Some concerns	No concerns	No concerns	No concerns	Low
aripiprazole LAI:bromperidol LAI	0	Some concerns	Undetected	No concerns	No concerns	Some concerns	Some concerns	Very low
aripiprazole LAI:flupenthixol LAI	0	Some concerns	Undetected	No concerns	Some concerns	No concerns	Some concerns	Very low
aripiprazole LAI:fluphenazine LAI	0	Some concerns	Undetected	No concerns	No concerns	Some concerns	Some concerns	Very low
aripiprazole LAI:haloperidol LAI	0	Some concerns	Undetected	No concerns	Some concerns	No concerns	Some concerns	Very low
aripiprazole LAI:olanzapine LAI	0	Some concerns	Undetected	No concerns	Some concerns	No concerns	Some concerns	Very low
aripiprazole LAI:paliperidone LAI-3	0	No concerns	Undetected	No concerns	Some concerns	No concerns	Some concerns	Low
aripiprazole LAI:perphenazine LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
aripiprazole LAI:pipothiazine LAI	0	Some concerns	Undetected	No concerns	No concerns	Some concerns	Some concerns	Very low
aripiprazole LAI:risperidone LAI	0	Some concerns	Undetected	No concerns	No concerns	No concerns	Some concerns	Low
aripiprazole LAI:zuclopenthixol_clop LAI	0	No concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
bromperidol LAI:flupenthixol LAI	0	No concerns	Undetected	No concerns	Some concerns	No concerns	Some concerns	Low
bromperidol LAI:olanzapine LAI	0	Some concerns	Undetected	No concerns	Some concerns	No concerns	Some concerns	Very low
bromperidol LAI:paliperidone LAI-1	0	No concerns	Undetected	No concerns	Some concerns	No concerns	Some concerns	Low
bromperidol LAI:paliperidone LAI-3	0	No concerns	Undetected	No concerns	Some concerns	No concerns	Some concerns	Low
bromperidol LAI:perphenazine LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
bromperidol LAI:pipothiazine LAI	0	Some concerns	Undetected	No concerns	Some concerns	Some concerns	Some concerns	Very low
bromperidol LAI:risperidone LAI	0	Some concerns	Undetected	No concerns	Some concerns	No concerns	Some concerns	Very low
bromperidol LAI:zuclopenthixol_clop LAI	0	No concerns	Undetected	No concerns	Some concerns	No concerns	Some concerns	Low
flupenthixol LAI:olanzapine LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
flupenthixol LAI:paliperidone LAI-1	0	No concerns	Undetected	No concerns	Some concerns	No concerns	Some concerns	Low
flupenthixol LAI:paliperidone LAI-3	0	No concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
flupenthixol LAI:placebo	0	No concerns	Undetected	No concerns	No concerns	No concerns	Some concerns	Moderate
flupenthixol LAI:risperidone LAI	0	Some concerns	Undetected	No concerns	Some concerns	No concerns	Some concerns	Very low
fluphenazine LAI:olanzapine LAI	0	Some concerns	Undetected	No concerns	No concerns	Some concerns	Some concerns	Very low
fluphenazine LAI:paliperidone LAI-1	0	Some concerns	Undetected	No concerns	No concerns	No concerns	Some concerns	Low
fluphenazine LAI:paliperidone LAI-3	0	No concerns	Undetected	No concerns	Some concerns	No concerns	Some concerns	Low
fluphenazine LAI:perphenazine LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
fluphenazine LAI:risperidone LAI	0	Some concerns	Undetected	No concerns	No concerns	No concerns	Some concerns	Low
haloperidol LAI:olanzapine LAI	0	Some concerns	Undetected	No concerns	No concerns	Some concerns	Some concerns	Very low

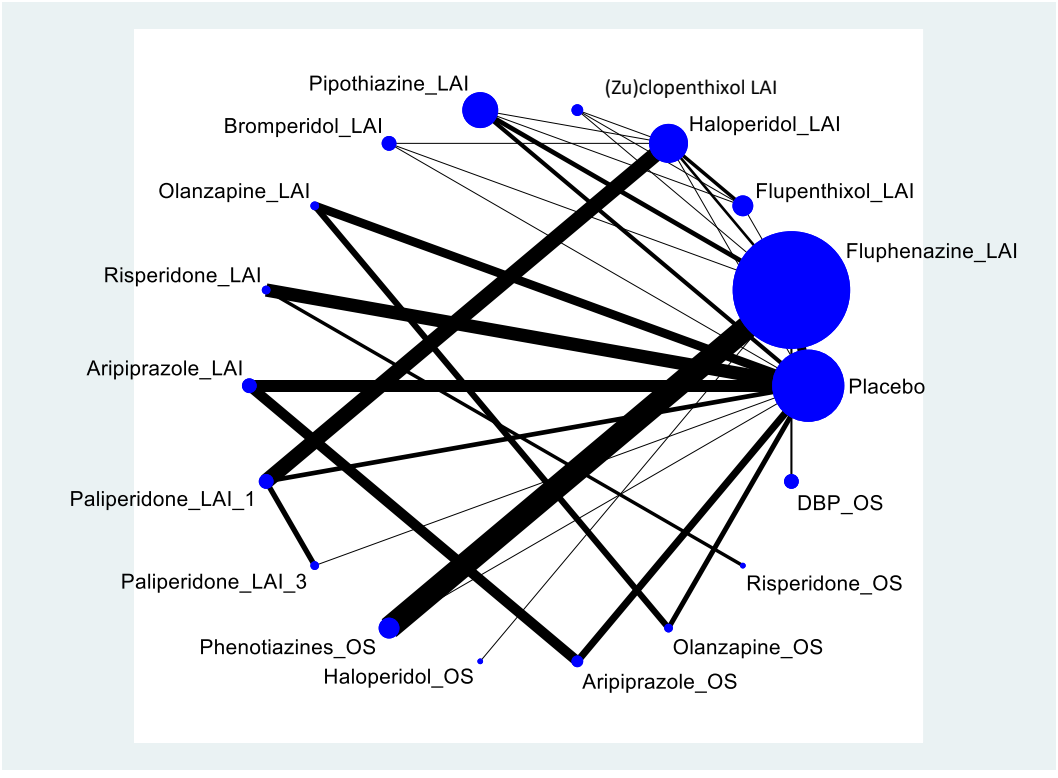
haloperidol LAI:paliperidone LAI-3	0	No concerns	Undetected	No concerns	Some concerns	No concerns	Some concerns	Low
haloperidol LAI:perphenazine LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
haloperidol LAI:risperidone LAI	0	Some concerns	Undetected	No concerns	No concerns	Some concerns	Some concerns	Very low
olanzapine LAI:paliperidone LAI-1	0	Some concerns	Undetected	No concerns	Some concerns	No concerns	Some concerns	Very low
olanzapine LAI:paliperidone LAI-3	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
olanzapine LAI:perphenazine LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
olanzapine LAI:pipothiazine LAI	0	Some concerns	Undetected	No concerns	Some concerns	No concerns	Some concerns	Very low
olanzapine LAI:risperidone LAI	0	Some concerns	Undetected	No concerns	Some concerns	No concerns	Some concerns	Very low
olanzapine LAI:zuclopenthixol_clop LAI	0	Some concerns	Undetected	No concerns	Some concerns	No concerns	Some concerns	Very low
paliperidone LAI-1:perphenazine LAI	0	No concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
paliperidone LAI-1:pipothiazine LAI	0	Some concerns	Undetected	No concerns	No concerns	Some concerns	Some concerns	Very low
paliperidone LAI-1:zuclopenthixol_clop LAI	0	No concerns	Undetected	No concerns	Some concerns	No concerns	Some concerns	Low
paliperidone LAI-3:perphenazine LAI	0	No concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
paliperidone LAI-3:pipothiazine LAI	0	No concerns	Undetected	No concerns	Some concerns	No concerns	Some concerns	Low
paliperidone LAI-3:risperidone LAI	0	No concerns	Undetected	No concerns	Some concerns	No concerns	Some concerns	Low
paliperidone LAI-3:zuclopenthixol_clop LAI	0	No concerns	Undetected	No concerns	Some concerns	Some concerns	Some concerns	Very low
perphenazine LAI:pipothiazine LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
perphenazine LAI:placebo	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
perphenazine LAI:risperidone LAI	0	Some concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
perphenazine LAI:zuclopenthixol_clop LAI	0	No concerns	Undetected	No concerns	Major concerns	No concerns	Some concerns	Very low
pipothiazine LAI:risperidone LAI	0	Some concerns	Undetected	No concerns	No concerns	Some concerns	Some concerns	Very low
pipothiazine LAI:zuclopenthixol_clop LAI	0	No concerns	Undetected	No concerns	Some concerns	No concerns	Some concerns	Low
placebo:zuclopenthixol_clop LAI	0	No concerns	Undetected	No concerns	No concerns	No concerns	Some concerns	Moderate
risperidone LAI:zuclopenthixol_clop LAI	0	No concerns	Undetected	No concerns	Some concerns	No concerns	Some concerns	Low

Supplement M - Sensitivity analysis: acceptability (excluding trials in which clinicians and participants were not blind to treatment allocation)

Treatment codes

Placebo	A
Fluphenazine LAI	B
Flupenthixol LAI	C
Haloperidol LAI	D
(Zu)clopenthixol LAI	E
Pipothiazine LAI	F
Bromperidol LAI	G
Olanzapine LAI	H
Risperidone LAI	I
Aripiprazole LAI	J
Paliperidone LAI-1	K
Paliperidone LAI-3	L
Phenotiazines OS	M
Haloperidol OS	N
Aripiprazole OS	O
Olanzapine OS	P
Risperidone OS	Q
DBP_OS	R

Network map



Pairwise meta-analysis

```
           Study      |     ES    [95% Conf. Interval]
----------------------+-------------------------------------------------
     Q - I
1                     |    0.789     0.563     1.105
 Sub-total            |
  D+L pooled ES       |    0.789     0.563     1.105
```

J - A			
6	0.487	0.376	0.631
39	0.457	0.353	0.592
Sub-total			
D+L pooled ES	0.472	0.393	0.567
O - A			
6	0.619	0.490	0.782
Sub-total			
D+L pooled ES	0.619	0.490	0.782
O - J			
6	1.271	0.974	1.657
7	1.294	0.972	1.722
Sub-total			
D+L pooled ES	1.281	1.055	1.556
H - A			
8	0.636	0.515	0.786
Sub-total			
D+L pooled ES	0.636	0.515	0.786
P - A			
8	0.421	0.318	0.556
Sub-total			
D+L pooled ES	0.421	0.318	0.556
P - H			
8	0.661	0.515	0.850
Sub-total			
D+L pooled ES	0.661	0.515	0.850
M - B			
11	0.932	0.464	1.870
12	0.442	0.212	0.922
13	1.272	0.963	1.679
14	1.097	0.939	1.281
19	2.471	0.588	10.381
Sub-total			
D+L pooled ES	1.050	0.794	1.388
B - A			
12	0.654	0.441	0.972
35	0.333	0.041	2.686
37	1.367	0.326	5.723
38	0.600	0.319	1.128
40	0.050	0.003	0.786
41	1.125	0.491	2.578
45	0.444	0.187	1.055
67	3.000	0.140	64.262
76	0.808	0.594	1.098
Sub-total			
D+L pooled ES	0.712	0.555	0.913
M - A			
12	0.289	0.149	0.562
Sub-total			
D+L pooled ES	0.289	0.149	0.562
N - B			
15	1.184	0.594	2.361
Sub-total			
D+L pooled ES	1.184	0.594	2.361
F - C			
20	0.894	0.421	1.901
Sub-total			
D+L pooled ES	0.894	0.421	1.901
C - B			
21	0.750	0.183	3.068
62	0.714	0.292	1.749
66	0.063	0.004	1.039
Sub-total			
D+L pooled ES	0.562	0.217	1.461
D - B			

25	1.143	0.519	2.519
46	1.034	0.285	3.752
55	0.529	0.284	0.984
72	1.667	0.483	5.757
74	1.611	0.672	3.861
Sub-total			
D+L pooled ES	0.999	0.615	1.622
D - C			
26	1.000	0.717	1.395
Sub-total			
D+L pooled ES	1.000	0.717	1.395
G - B			
27	3.130	0.702	13.954
56	1.500	0.291	7.731
Sub-total			
D+L pooled ES	2.242	0.743	6.766
K - A			
28	1.061	0.658	1.710
54	0.842	0.585	1.212
Sub-total			
D+L pooled ES	0.917	0.686	1.225
I - A			
29	0.740	0.623	0.878
Sub-total			
D+L pooled ES	0.740	0.623	0.878
G - A			
30	0.400	0.100	1.599
Sub-total			
D+L pooled ES	0.400	0.100	1.599
D - A			
31	0.040	0.003	0.623
36	0.359	0.161	0.804
Sub-total			
D+L pooled ES	0.180	0.024	1.329
L - A			
34	0.473	0.244	0.916
Sub-total			
D+L pooled ES	0.473	0.244	0.916
R - B			
43	1.412	0.369	5.403
44	0.893	0.350	2.279
52	0.786	0.429	1.441
61	1.118	0.390	3.203
Sub-total			
D+L pooled ES	0.911	0.591	1.406
K - D			
49	1.010	0.861	1.185
Sub-total			
D+L pooled ES	1.010	0.861	1.185
F - D			
50	1.050	0.163	6.757
Sub-total			
D+L pooled ES	1.050	0.163	6.757
F - B			
51	3.000	0.127	70.829
64	0.547	0.149	2.007
68	3.000	0.348	25.870
70	0.968	0.446	2.102
71	0.522	0.011	24.698
73	4.000	0.504	31.736
75	1.000	0.021	47.380
76	1.000	0.718	1.393
Sub-total			
D+L pooled ES	1.018	0.763	1.358
G - D			
57	2.000	0.684	5.851

```
 Sub-total            |
  D+L pooled ES       |    2.000     0.684     5.851
----------------------+-------------------------------------------------
     L - K
59                    |    0.905     0.690     1.187
 Sub-total            |
  D+L pooled ES       |    0.905     0.690     1.187
----------------------+-------------------------------------------------
     E - D
63                    |    0.480     0.125     1.837
 Sub-total            |
  D+L pooled ES       |    0.480     0.125     1.837
----------------------+-------------------------------------------------
     E - C
65                    |    0.429     0.122     1.502
 Sub-total            |
  D+L pooled ES       |    0.429     0.122     1.502
----------------------+-------------------------------------------------
     F - A
76                    |    0.808     0.594     1.098
 Sub-total            |
  D+L pooled ES       |    0.808     0.594     1.098
----------------------+-------------------------------------------------
     E - B
77                    |    3.150     0.136    72.885
 Sub-total            |
  D+L pooled ES       |    3.150     0.136    72.885
----------------------+-------------------------------------------------
```

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
Q - I	0.00	0	.	.%	0.0000
J - A	0.12	1	0.733	0.0%	0.0000
O - A	0.00	0	.	.%	0.0000
O - J	0.01	1	0.927	0.0%	0.0000
H - A	0.00	0	.	.%	0.0000
P - A	0.00	0	.	.%	0.0000
P - H	0.00	0	.	.%	0.0000
M - B	8.39	4	0.078	52.3%	0.0430
B - A	9.12	8	0.332	12.3%	0.0180
M - A	0.00	0	.	.%	0.0000
N - B	0.00	0	.	.%	0.0000
F - C	0.00	0	.	.%	0.0000
C - B	2.73	2	0.256	26.6%	0.2085
D - B	5.84	4	0.212	31.5%	0.0953
D - C	0.00	0	.	.%	0.0000
G - B	0.42	1	0.516	0.0%	0.0000
K - A	0.57	1	0.451	0.0%	0.0000
I - A	0.00	0	.	.%	0.0000
G - A	0.00	0	.	.%	0.0000
D - A	2.26	1	0.133	55.8%	1.3444
L - A	0.00	0	.	.%	0.0000
R - B	0.78	3	0.853	0.0%	0.0000
K - D	0.00	0	.	.%	0.0000
F - D	0.00	0	.	.%	0.0000
F - B	4.11	7	0.767	0.0%	0.0000
G - D	0.00	0	.	.%	0.0000
L - K	0.00	0	.	.%	0.0000
E - D	0.00	0	.	.%	0.0000
E - C	0.00	0	.	.%	0.0000
F - A	0.00	0	.	.%	0.0000
E - B	0.00	0	.	.%	0.0000

** I-squared: the variation in ES attributable to heterogeneity)

Net league table

Fluphenazine_LAI	0.96 (0.69,1.33)	0.99 (0.78,1.25)	0.51 (0.21,1.27)	1.07 (0.83,1.38)	1.55 (0.78,3.08)	0.93 (0.70,1.23)	1.08 (0.84,1.38)	0.69 (0.54,0.89)	1.06 (0.83,1.35)	0.91 (0.65,1.27)	1.46 (1.22,1.75)	1.09 (0.96,1.24)	1.18 (0.59,2.36)	0.89 (0.68,1.17)	0.61 (0.44,0.86)	0.85 (0.56,1.29)	0.91 (0.59,1.41)
1.05 (0.75,1.46)	Flupenthixol_LAI	1.03 (0.78,1.38)	0.54 (0.22,1.31)	1.12 (0.77,1.62)	1.62 (0.78,3.38)	0.97 (0.65,1.44)	1.13 (0.78,1.64)	0.72 (0.49,1.05)	1.10 (0.81,1.51)	0.95 (0.64,1.42)	1.53 (1.09,2.13)	1.14 (0.80,1.63)	1.24 (0.58,2.66)	0.93 (0.63,1.38)	0.64 (0.42,0.99)	0.89 (0.54,1.47)	0.95 (0.55,1.64)
1.01 (0.80,1.28)	0.97 (0.73,1.29)	Haloperidol_LAI	0.52 (0.21,1.26)	1.08 (0.79,1.47)	1.57 (0.79,3.12)	0.94 (0.69,1.28)	1.09 (0.82,1.45)	0.70 (0.52,0.93)	1.07 (0.92,1.24)	0.92 (0.69,1.23)	1.48 (1.18,1.85)	1.11 (0.85,1.45)	1.20 (0.58,2.49)	0.90 (0.67,1.22)	0.62 (0.43,0.89)	0.86 (0.55,1.34)	0.92 (0.56,1.51)
1.95 (0.79,4.85)	1.87 (0.77,4.55)	1.93 (0.79,4.71)	(Zu)clopenthixol _LAI	2.09 (0.82,5.29)	3.03 (0.99,9.29)	1.81 (0.71,4.62)	2.11 (0.83,5.33)	1.35 (0.53,3.40)	2.06 (0.84,5.08)	1.78 (0.70,4.53)	2.85 (1.15,7.09)	2.14 (0.85,5.35)	2.31 (0.74,7.25)	1.74 (0.69,4.43)	1.20 (0.46,3.11)	1.66 (0.62,4.46)	1.78 (0.65,4.88)
0.94 (0.73,1.21)	0.89 (0.62,1.30)	0.92 (0.68,1.26)	0.48 (0.19,1.21)	Pipothiazine_LAI	1.45 (0.71,2.98)	0.87 (0.62,1.21)	1.01 (0.74,1.38)	0.64 (0.47,0.88)	0.99 (0.72,1.35)	0.85 (0.58,1.26)	1.37 (1.06,1.77)	1.02 (0.77,1.36)	1.11 (0.53,2.31)	0.84 (0.60,1.16)	0.57 (0.39,0.84)	0.80 (0.50,1.26)	0.85 (0.52,1.41)

0.64 (0.33,1.27)	0.62 (0.30,1.28)	0.64 (0.32,1.26)	0.33 (0.11,1.01)	0.69 (0.34,1.41)	Bromperidol_LAI	0.60 (0.29,1.22)	0.69 (0.34,1.41)	0.44 (0.22,0.90)	0.68 (0.34,1.36)	0.59 (0.28,1.22)	0.94 (0.47,1.86)	0.70 (0.35,1.41)	0.76 (0.29,2.01)	0.57 (0.28,1.17)	0.40 (0.19,0.83)	0.55 (0.25,1.20)	0.59 (0.26,1.32)
1.08 (0.82,1.42)	1.03 (0.69,1.53)	1.06 (0.78,1.45)	0.55 (0.22,1.40)	1.15 (0.82,1.61)	1.67 (0.82,3.43)	Olanzapine_LAI	1.16 (0.89,1.53)	0.74 (0.56,0.98)	1.14 (0.84,1.54)	0.98 (0.67,1.43)	1.57 (1.27,1.94)	1.18 (0.87,1.59)	1.28 (0.61,2.68)	0.96 (0.72,1.29)	0.66 (0.51,0.85)	0.92 (0.59,1.41)	0.98 (0.59,1.64)
0.93 (0.72,1.19)	0.89 (0.61,1.29)	0.92 (0.69,1.22)	0.47 (0.19,1.20)	0.99 (0.73,1.35)	1.44 (0.71,2.92)	0.86 (0.66,1.13)	Risperidone_LAI	0.64 (0.50,0.82)	0.98 (0.74,1.29)	0.84 (0.59,1.21)	1.35 (1.14,1.60)	1.01 (0.77,1.34)	1.10 (0.53,2.28)	0.83 (0.64,1.08)	0.57 (0.41,0.79)	0.79 (0.56,1.11)	0.84 (0.51,1.39)
1.45 (1.13,1.86)	1.39 (0.95,2.02)	1.43 (1.08,1.91)	0.74 (0.29,1.88)	1.55 (1.14,2.12)	2.25 (1.11,4.57)	1.35 (1.02,1.77)	1.57 (1.23,2.00)	Aripiprazole_LAI	1.53 (1.16,2.02)	1.32 (0.93,1.89)	2.12 (1.78,2.52)	1.59 (1.20,2.10)	1.72 (0.82,3.58)	1.29 (1.08,1.56)	0.89 (0.64,1.24)	1.24 (0.81,1.87)	1.32 (0.80,2.18)
0.95 (0.74,1.21)	0.91 (0.66,1.24)	0.94 (0.81,1.09)	0.49 (0.20,1.20)	1.01 (0.74,1.38)	1.47 (0.74,2.94)	0.88 (0.65,1.19)	1.02 (0.78,1.35)	0.65 (0.49,0.86)	Paliperidone_LAI_1	0.86 (0.67,1.11)	1.38 (1.11,1.72)	1.04 (0.79,1.36)	1.12 (0.54,2.33)	0.85 (0.63,1.13)	0.58 (0.41,0.83)	0.81 (0.52,1.25)	0.86 (0.53,1.42)
1.10 (0.78,1.53)	1.05 (0.71,1.56)	1.08 (0.81,1.45)	0.56 (0.22,1.43)	1.17 (0.80,1.72)	1.70 (0.82,3.54)	1.02 (0.70,1.48)	1.18 (0.83,1.69)	0.76 (0.53,1.08)	1.16 (0.90,1.49)	Paliperidone_LAI_3	1.60 (1.17,2.19)	1.20 (0.84,1.71)	1.30 (0.60,2.80)	0.98 (0.68,1.42)	0.67 (0.44,1.02)	0.93 (0.57,1.52)	1.00 (0.58,1.73)
0.69 (0.57,0.82)	0.66 (0.47,0.91)	0.68 (0.54,0.85)	0.35 (0.14,0.87)	0.73 (0.57,0.95)	1.06 (0.54,2.11)	0.64 (0.52,0.79)	0.74 (0.62,0.88)	0.47 (0.40,0.56)	0.72 (0.58,0.90)	0.62 (0.46,0.85)	Placebo	0.75 (0.60,0.93)	0.81 (0.40,1.66)	0.61 (0.50,0.75)	0.42 (0.32,0.56)	0.58 (0.40,0.85)	0.62 (0.39,1.00)
0.91 (0.80,1.04)	0.87 (0.61,1.25)	0.90 (0.69,1.18)	0.47 (0.19,1.17)	0.98 (0.74,1.30)	1.42 (0.71,2.85)	0.85 (0.63,1.15)	0.99 (0.75,1.30)	0.63 (0.48,0.83)	0.97 (0.73,1.27)	0.83 (0.58,1.19)	1.33 (1.07,1.66)	Phenotiazines_OS	1.08 (0.54,2.19)	0.82 (0.61,1.10)	0.56 (0.39,0.80)	0.78 (0.50,1.20)	0.83 (0.53,1.31)
0.84 (0.42,1.68)	0.81 (0.38,1.74)	0.83 (0.40,1.73)	0.43 (0.14,1.36)	0.90 (0.43,1.88)	1.31 (0.50,3.46)	0.78 (0.37,1.65)	0.91 (0.44,1.90)	0.58 (0.28,1.21)	0.89 (0.43,1.85)	0.77 (0.36,1.66)	1.23 (0.60,2.51)	0.92 (0.46,1.86)	Haloperidol_OS	0.75 (0.36,1.58)	0.52 (0.24,1.12)	0.72 (0.32,1.61)	0.77 (0.34,1.74)
1.12 (0.86,1.47)	1.07 (0.73,1.58)	1.11 (0.82,1.50)	0.57 (0.23,1.46)	1.20 (0.86,1.66)	1.74 (0.85,3.55)	1.04 (0.78,1.39)	1.21 (0.93,1.57)	0.77 (0.64,0.93)	1.18 (0.88,1.59)	1.02 (0.71,1.48)	1.64 (1.34,2.00)	1.23 (0.91,1.65)	1.33 (0.63,2.78)	Aripiprazole_OS	0.69 (0.49,0.97)	0.95 (0.62,1.46)	1.02 (0.61,1.70)
1.63 (1.17,2.27)	1.56 (1.01,2.40)	1.61 (1.12,2.30)	0.83 (0.32,2.16)	1.74 (1.19,2.54)	2.53 (1.21,5.30)	1.51 (1.18,1.94)	1.76 (1.27,2.44)	1.12 (0.81,1.56)	1.72 (1.21,2.45)	1.48 (0.98,2.26)	2.38 (1.80,3.14)	1.78 (1.25,2.54)	1.93 (0.90,4.15)	1.45 (1.03,2.05)	Olanzapine_OS	1.39 (0.87,2.22)	1.48 (0.86,2.56)
1.17 (0.77,1.79)	1.12 (0.68,1.86)	1.16 (0.75,1.80)	0.60 (0.22,1.61)	1.26 (0.79,1.98)	1.82 (0.83,3.99)	1.09 (0.71,1.68)	1.27 (0.90,1.78)	0.81 (0.53,1.23)	1.24 (0.80,1.92)	1.07 (0.66,1.75)	1.71 (1.17,2.50)	1.28 (0.83,1.99)	1.39 (0.62,3.12)	1.05 (0.68,1.61)	0.72 (0.45,1.15)	Risperidone_OS	1.07 (0.59,1.96)
1.10 (0.71,1.69)	1.05 (0.61,1.81)	1.08 (0.66,1.78)	0.56 (0.20,1.54)	1.17 (0.71,1.94)	1.70 (0.76,3.83)	1.02 (0.61,1.71)	1.18 (0.72,1.95)	0.76 (0.46,1.25)	1.16 (0.70,1.90)	1.00 (0.58,1.73)	1.60 (1.00,2.56)	1.20 (0.76,1.89)	1.30 (0.58,2.94)	0.98 (0.59,1.63)	0.67 (0.39,1.16)	0.93 (0.51,1.71)	DBP_OS

Net league table: head-to-head comparisons. Relative risks (RRs) and 95% confidence intervals (CIs) are reported. RRs lower than 1 favour the column-defining treatment. Statistically significant results are highlighted in grey. LAI=long-acting antipsychotics

Evaluation of heterogeneity and incoherence

Overall heterogeneity
Estimated between-studies SD: .00008013

Overall incoherence
Design-by-treatment test: P = 1.000

Loop-specific heterogeneity
 * 18 triangular loops found

Note: Heterogeneity of loop A-D-F cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-D-G cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-H-P cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-J-O cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-K-L cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop C-D-E cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop C-D-F cannot be estimated due to insufficient observations - set equal to 0

Evaluation of inconsistency using loop-specific heterogeneity estimates:

Loop	ROR	z_value	p_value	CI_95	Loop_Heterog_tau2
B-C-E	13.068	1.236	0.217	(1.00,770.41)	0.208
B-D-E	6.572	1.038	0.299	(1.00,229.96)	0.095
A-B-G	4.015	1.496	0.135	(1.00,24.79)	0.008
A-D-K	3.144	1.963	0.050	(1.00,9.87)	0.037
A-B-M	2.617	1.875	0.061	(1.00,7.15)	0.044
A-D-F	2.548	0.899	0.369	(1.00,19.58)	0.000
A-B-D	2.370	1.579	0.114	(1.00,6.91)	0.051
B-C-F	1.853	1.111	0.266	(1.00,5.50)	0.000
A-K-L	1.756	1.432	0.152	(1.00,3.79)	0.000
B-C-D	1.723	0.860	0.390	(1.00,5.96)	0.113
A-D-G	1.510	0.421	0.673	(1.00,10.26)	0.000
A-B-F	1.205	0.722	0.470	(1.00,2.00)	0.000
C-D-F	1.174	0.154	0.877	(1.00,8.99)	0.000
B-D-G	1.139	0.149	0.882	(1.00,6.30)	0.060
C-D-E	1.120	0.119	0.905	(1.00,7.25)	0.000
B-D-F	1.038	0.038	0.969	(1.00,7.10)	0.000
A-J-O	1.014	0.065	0.948	(1.00,1.53)	0.000

| A-H-P | . | . | . | | 0.000 |
+---+---+---+---+---+---+

*** Note: Loop A-H-P is formed only by multi-arm trial(s) - Consistent by definition

Consistency between direct and indirect estimates

Side	Direct Coef.	Direct Std. Err.	Indirect Coef.	Indirect Std. Err.	Difference Coef.	Difference Std. Err.	P>|z|
A B	-.3605799	.1256708	-.5923288	.2954392	.2317489	.3182475	0.466
A D	-1.197495	.3944845	-.3142595	.1205541	-.8832353	.412494	0.032
A F	-.2070025	.1614533	-.5493932	.2410853	.3423907	.2858469	0.231
A G	-.9162907	.7071068	.3790718	.4020236	-1.295363	.8134021	0.111
A H	.	.	.	.	.	.	.
A I *	-.3015421	.0874194	.1114906	67.94919	-.4130327	67.94924	0.995
A J *	-.7507404	.1202771	-.7506526	.4620057	-.0000878	.4816506	1.000
A K	-.0867661	.1476732	-.6217189	.1655885	.5349528	.2218714	0.016
A L	-.7490276	.3381692	-.3893421	.1857617	-.3596855	.3858315	0.351
A M	-.934476	.2765295	-.1391581	.1254484	-.7953179	.3119863	0.011
A O	-.4789558	.1616751	-.527074	.2498832	.0481183	.2975476	0.872
A P	.	.	.	.	.	.	.
B C	-.4875908	.3723537	.0697634	.1894825	-.5573542	.4177924	0.182
B D	-.0685959	.1962246	.0229166	.1537193	-.0915125	.2492664	0.714
B E	1.147425	1.602818	-.835845	.4852721	1.98327	1.674671	0.236
B F	.0178145	.1469954	.2346615	.2746772	-.216847	.311537	0.486
B G	.8073326	.5635957	.2130861	.4436771	.5942465	.7172826	0.407
B M *	.0975358	.0665214	-.6105479	.4209862	.7080837	.4207329	0.092
B N *	.1690245	.3520984	.745857	178.3433	-.5768325	178.3438	0.997
B R *	-.0928124	.2212651	.769197	45.18116	-.8620094	45.18161	0.985
C D	1.17e-08	.1716716	.1242428	.293474	-.1242428	.3399978	0.715
C E	-.8473082	.6399391	-.3971927	.6462477	-.4501156	.9094784	0.621
C F	-.1115893	.390753	.2051295	.2551558	-.3167187	.466682	0.497
D E	-.733976	.68487	-.5969997	.6087281	-.1369763	.9162932	0.881
D F	.0487902	.9499373	.0787977	.1593701	-.0300075	.9632133	0.975
D G	.6931593	.5477174	.2864492	.4545841	.4067101	.711796	0.568
D K	.0099772	.0815686	.4582802	.21595	-.448303	.2308416	0.052
H P	.	.	.	.	.	.	.
I Q *	-.2373618	.1721132	.5877531	136.3318	-.8251148	136.3319	0.995
J O *	.2480971	.1253461	.3660116	.4430287	-.1179145	.4639487	0.799
K L	-.0993212	.1407872	-.4590007	.3592355	.3596796	.3858386	0.351

* Warning: all the evidence about these contrasts comes from the trials which directly compare them.

Funnel plot

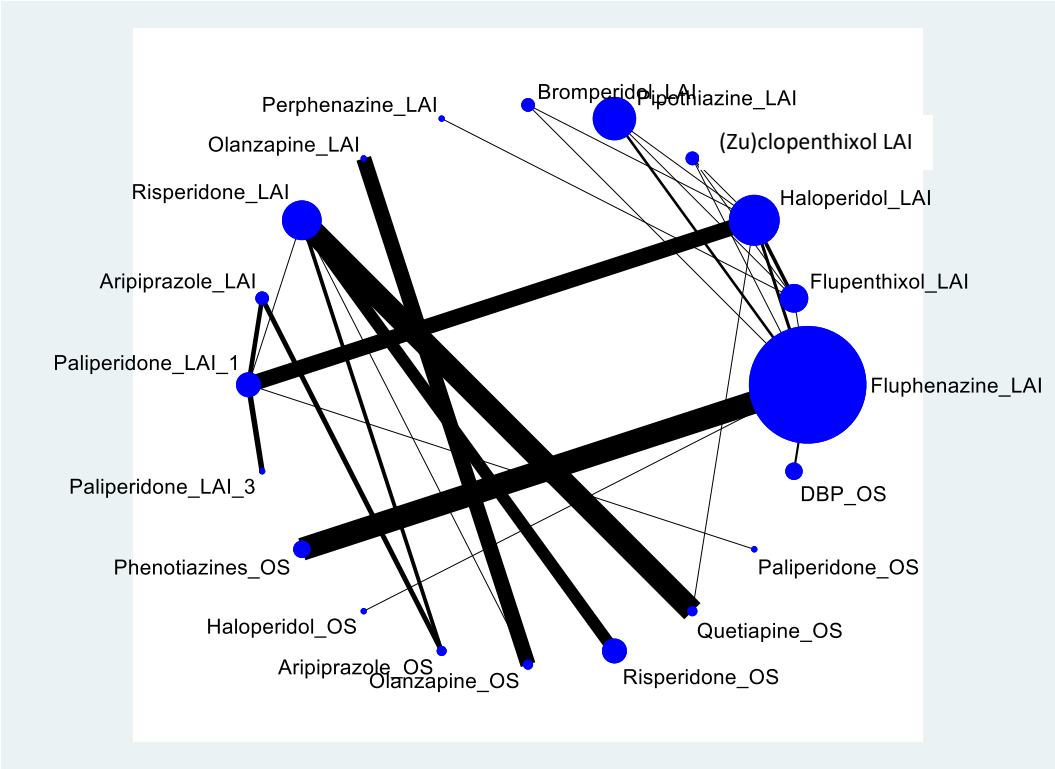
Not applicable: no comparisons with 10 one more studies.

Supplement N - Sensitivity analysis: acceptability (excluding trials comparing LAIs with placebo)

Treatment codes

Fluphenazine LAI	A
Flupenthixol LAI	B
Haloperidol LAI	C
(Zu)clopenthixol LAI	D
Pipothiazine LAI	E
Bromperidol LAI	F
Perphenazine LAI	G
Olanzapine LAI	H
Risperidone LAI	I
Aripiprazole LAI	J
Paliperidone LAI-1	K
Paliperidone LAI-3	L
Phenotiazines OS	M
Haloperidol OS	N
Aripiprazole OS	O
Olanzapine OS	P
Risperidone OS	Q
Quetiapine OS	R
Paliperidone OS	S
DBP_OS	T

Network map



Pairwise meta-analysis

```
            Study     |     ES    [95% Conf. Interval]
----------------------+-------------------------------------------------
      Q - I
1                     |    0.789     0.563     1.105
2                     |    0.091     0.005     1.562
```

3	1.231	0.677	2.237
4	1.147	0.606	2.173
5	0.754	0.569	0.999
58	0.954	0.540	1.687
Sub-total			
D+L pooled ES	0.854	0.694	1.051
O - J			
7	1.294	0.972	1.722
Sub-total			
D+L pooled ES	1.294	0.972	1.722
P - H			
9	0.951	0.808	1.120
Sub-total			
D+L pooled ES	0.951	0.808	1.120
M - A			
11	0.932	0.464	1.870
13	1.272	0.963	1.679
14	1.097	0.939	1.281
19	2.471	0.588	10.381
Sub-total			
D+L pooled ES	1.136	0.995	1.297
N - A			
15	1.184	0.594	2.361
Sub-total			
D+L pooled ES	1.184	0.594	2.361
R - C			
16	1.263	0.622	2.566
Sub-total			
D+L pooled ES	1.263	0.622	2.566
R - I			
17	1.219	1.067	1.392
Sub-total			
D+L pooled ES	1.219	1.067	1.392
O - I			
18	0.959	0.693	1.329
Sub-total			
D+L pooled ES	0.959	0.693	1.329
E - B			
20	0.894	0.421	1.901
Sub-total			
D+L pooled ES	0.894	0.421	1.901
B - A			
21	0.750	0.183	3.068
62	0.714	0.292	1.749
66	0.063	0.004	1.039
Sub-total			
D+L pooled ES	0.562	0.217	1.461
K - J			
23	1.342	0.998	1.806
24	0.981	0.020	48.494
Sub-total			
D+L pooled ES	1.340	0.997	1.801
C - A			
25	1.143	0.519	2.519
46	1.034	0.285	3.752
47	4.545	0.247	83.699
55	0.529	0.284	0.984
60	0.635	0.210	1.921
72	1.667	0.483	5.757
74	1.611	0.672	3.861
Sub-total			
D+L pooled ES	0.961	0.631	1.463
C - B			
26	1.000	0.717	1.395
Sub-total			
D+L pooled ES	1.000	0.717	1.395

F - A			
27	3.130	0.702	13.954
56	1.500	0.291	7.731
Sub-total			
D+L pooled ES	2.242	0.743	6.766
S - K			
32	1.333	0.321	5.538
Sub-total			
D+L pooled ES	1.333	0.321	5.538
E - A			
33	2.007	0.747	5.391
51	3.000	0.127	70.829
53	1.001	0.532	1.885
64	0.547	0.149	2.007
68	3.000	0.348	25.870
70	0.968	0.446	2.102
71	0.522	0.011	24.698
73	4.000	0.504	31.736
75	1.000	0.021	47.380
Sub-total			
D+L pooled ES	1.155	0.779	1.712
K - I			
42	0.914	0.304	2.752
Sub-total			
D+L pooled ES	0.914	0.304	2.752
T - A			
43	1.412	0.369	5.403
44	0.893	0.350	2.279
52	0.786	0.429	1.441
61	1.118	0.390	3.203
Sub-total			
D+L pooled ES	0.911	0.591	1.406
P - I			
48	1.125	0.546	2.318
Sub-total			
D+L pooled ES	1.125	0.546	2.318
K - C			
49	1.010	0.861	1.185
Sub-total			
D+L pooled ES	1.010	0.861	1.185
E - C			
50	1.050	0.163	6.757
Sub-total			
D+L pooled ES	1.050	0.163	6.757
F - C			
57	2.000	0.684	5.851
Sub-total			
D+L pooled ES	2.000	0.684	5.851
L - K			
59	0.905	0.690	1.187
Sub-total			
D+L pooled ES	0.905	0.690	1.187
D - C			
63	0.480	0.125	1.837
Sub-total			
D+L pooled ES	0.480	0.125	1.837
D - B			
65	0.429	0.122	1.502
Sub-total			
D+L pooled ES	0.429	0.122	1.502
G - B			
69	0.500	0.050	4.978
Sub-total			
D+L pooled ES	0.500	0.050	4.978

```
     D - A
77                    |    3.150     0.136    72.885
 Sub-total            |
  D+L pooled ES       |    3.150     0.136    72.885
--------------------+-------------------------------------------------

Test(s) of heterogeneity:
               Heterogeneity  degrees of
                 statistic     freedom      P    I-squared**   Tau-squared

Q - I                 5.73          5      0.333      12.7%       0.0090
O - J                 0.00          0        .         .%        0.0000
P - H                 0.00          0        .         .%        0.0000
M - A                 2.27          3      0.519       0.0%       0.0000
N - A                 0.00          0        .         .%        0.0000
R - C                 0.00          0        .         .%        0.0000
R - I                 0.00          0        .         .%        0.0000
O - I                 0.00          0        .         .%        0.0000
E - B                 0.00          0        .         .%        0.0000
B - A                 2.73          2      0.256      26.6%       0.2085
K - J                 0.02          1      0.875       0.0%       0.0000
C - A                 7.43          6      0.283      19.2%       0.0612
C - B                 0.00          0        .         .%        0.0000
F - A                 0.42          1      0.516       0.0%       0.0000
S - K                 0.00          0        .         .%        0.0000
E - A                 5.52          8      0.701       0.0%       0.0000
K - I                 0.00          0        .         .%        0.0000
T - A                 0.78          3      0.853       0.0%       0.0000
P - I                 0.00          0        .         .%        0.0000
K - C                 0.00          0        .         .%        0.0000
E - C                 0.00          0        .         .%        0.0000
F - C                 0.00          0        .         .%        0.0000
L - K                 0.00          0        .         .%        0.0000
D - C                 0.00          0        .         .%        0.0000
D - B                 0.00          0        .         .%        0.0000
G - B                 0.00          0        .         .%        0.0000
D - A                 0.00          0        .         .%        0.0000
** I-squared: the variation in ES attributable to heterogeneity)
```

Net league table

Fluphenazine_LAI	0.91 (0.63,1.31)	0.92 (0.68,1.25)	0.49 (0.19,1.22)	1.07 (0.75,1.52)	2.03 (0.92,4.45)	0.46 (0.04,4.66)	1.13 (0.46,2.78)	0.95 (0.57,1.59)	0.70 (0.45,1.08)	0.93 (0.66,1.31)	0.84 (0.55,1.31)	1.14 (0.99,1.30)	1.18 (0.59,2.36)	0.91 (0.56,1.47)	1.07 (0.44,2.60)	0.80 (0.47,1.38)	1.16 (0.69,1.95)	1.24 (0.29,5.38)	0.91 (0.59,1.41)
1.10 (0.77,1.58)	Flupenthixol_LAI	1.01 (0.76,1.36)	0.53 (0.22,1.30)	1.17 (0.75,1.83)	2.23 (0.98,5.07)	0.50 (0.05,4.98)	1.24 (0.51,3.04)	1.05 (0.63,1.73)	0.77 (0.50,1.18)	1.02 (0.73,1.43)	0.93 (0.60,1.42)	1.25 (0.85,1.83)	1.30 (0.60,2.83)	1.00 (0.62,1.61)	1.18 (0.49,2.85)	0.88 (0.52,1.51)	1.28 (0.77,2.13)	1.37 (0.32,5.89)	1.00 (0.57,1.76)
1.08 (0.80,1.47)	0.99 (0.74,1.32)	Haloperidol_LAI	0.53 (0.22,1.28)	1.16 (0.76,1.77)	2.20 (1.00,4.81)	0.49 (0.05,5.00)	1.22 (0.52,2.85)	1.03 (0.69,1.56)	0.76 (0.56,1.03)	1.01 (0.86,1.18)	0.91 (0.67,1.25)	1.23 (0.88,1.72)	1.28 (0.60,2.73)	0.99 (0.68,1.43)	1.16 (0.51,2.67)	0.87 (0.55,1.36)	1.26 (0.83,1.91)	1.35 (0.32,5.64)	0.99 (0.58,1.68)
2.06 (0.82,5.18)	1.88 (0.77,4.57)	1.90 (0.78,4.64)	(Zu)clopenthixol LAI	2.20 (0.84,5.78)	4.18 (1.28,13.61)	0.94 (0.08,11.03)	2.32 (0.68,7.96)	1.97 (0.74,5.25)	1.44 (0.56,3.71)	1.92 (0.78,4.76)	1.74 (0.68,4.48)	2.34 (0.92,5.94)	2.44 (0.77,7.72)	1.87 (0.71,4.93)	2.21 (0.65,7.49)	1.65 (0.61,4.49)	2.40 (0.89,6.42)	2.56 (0.47,13.85)	1.88 (0.68,5.21)
0.94 (0.66,1.33)	0.85 (0.55,1.33)	0.86 (0.56,1.32)	0.45 (0.17,1.19)	Pipothiazine_LAI	1.90 (0.81,4.45)	0.43 (0.04,4.43)	1.06 (0.41,2.73)	0.89 (0.49,1.61)	0.65 (0.39,1.11)	0.87 (0.55,1.38)	0.79 (0.47,1.34)	1.06 (0.73,1.55)	1.11 (0.51,2.41)	0.85 (0.48,1.50)	1.00 (0.39,2.56)	0.75 (0.40,1.40)	1.09 (0.60,1.98)	1.16 (0.26,5.19)	0.85 (0.49,1.49)
0.49 (0.22,1.08)	0.45 (0.20,1.02)	0.45 (0.21,1.00)	0.24 (0.07,0.78)	0.53 (0.22,1.23)	Bromperidol_LAI	0.22 (0.02,2.58)	0.56 (0.18,1.76)	0.47 (0.19,1.14)	0.34 (0.15,0.80)	0.46 (0.21,1.02)	0.42 (0.18,0.97)	0.56 (0.25,1.24)	0.58 (0.21,1.66)	0.45 (0.19,1.07)	0.53 (0.17,1.66)	0.40 (0.16,0.98)	0.57 (0.24,1.39)	0.61 (0.12,3.14)	0.45 (0.18,1.10)
2.20 (0.21,22.50)	2.00 (0.20,19.91)	2.03 (0.20,20.56)	1.07 (0.09,12.54)	2.35 (0.23,24.37)	4.46 (0.39,51.18)	Perphenazine_LAI	2.48 (0.21,29.21)	2.10 (0.20,22.03)	1.54 (0.15,15.91)	2.05 (0.20,20.88)	1.85 (0.18,19.21)	2.50 (0.24,25.65)	2.60 (0.23,29.45)	2.00 (0.19,20.88)	2.36 (0.20,27.63)	1.76 (0.17,18.66)	2.55 (0.24,26.90)	2.73 (0.18,41.61)	2.00 (0.19,21.34)
0.89 (0.36,2.18)	0.81 (0.33,1.98)	0.82 (0.35,1.91)	0.43 (0.13,1.47)	0.95 (0.37,2.45)	1.80 (0.57,5.70)	0.40 (0.03,4.76)	Olanzapine_LAI	0.85 (0.40,1.77)	0.62 (0.27,1.42)	0.83 (0.36,1.92)	0.75 (0.31,1.81)	1.01 (0.41,2.50)	1.05 (0.34,3.26)	0.81 (0.36,1.79)	0.95 (0.81,1.12)	0.71 (0.33,1.53)	1.03 (0.49,2.19)	1.10 (0.21,5.76)	0.81 (0.30,2.19)
1.05 (0.63,1.75)	0.95 (0.58,1.58)	0.97 (0.64,1.46)	0.51 (0.19,1.36)	1.12 (0.62,2.03)	2.13 (0.88,5.15)	0.48 (0.05,5.02)	1.18 (0.56,2.48)	Risperidone_LAI	0.73 (0.51,1.06)	0.98 (0.66,1.46)	0.89 (0.55,1.43)	1.19 (0.70,2.02)	1.24 (0.53,2.93)	0.95 (0.71,1.28)	1.12 (0.55,2.32)	0.84 (0.70,1.01)	1.22 (1.07,1.39)	1.30 (0.30,5.72)	0.96 (0.49,1.87)
1.43 (0.93,2.21)	1.30 (0.85,1.99)	1.32 (0.97,1.80)	0.69 (0.27,1.79)	1.53 (0.90,2.59)	2.90 (1.25,6.74)	0.65 (0.06,6.74)	1.61 (0.71,3.69)	1.36 (0.95,1.97)	Aripiprazole_LAI	1.33 (1.01,1.76)	1.21 (0.82,1.78)	1.62 (1.03,2.56)	1.69 (0.75,3.83)	1.30 (0.99,1.70)	1.53 (0.68,3.45)	1.15 (0.76,1.73)	1.66 (1.14,2.43)	1.78 (0.42,7.58)	1.30 (0.71,2.41)
1.07 (0.76,1.51)	0.98 (0.70,1.36)	0.99 (0.85,1.16)	0.52 (0.21,1.29)	1.15 (0.73,1.81)	2.18 (0.98,4.84)	0.49 (0.05,4.98)	1.21 (0.52,2.81)	1.02 (0.69,1.52)	0.75 (0.57,0.99)	Paliperidone_LAI_1	0.91 (0.69,1.19)	1.22 (0.84,1.76)	1.27 (0.59,2.74)	0.98 (0.68,1.39)	1.15 (0.50,2.63)	0.86 (0.55,1.33)	1.25 (0.83,1.87)	1.33 (0.32,5.54)	0.98 (0.56,1.70)
1.18 (0.77,1.83)	1.08 (0.70,1.66)	1.09 (0.80,1.50)	0.58 (0.22,1.48)	1.27 (0.75,2.15)	2.40 (1.03,5.59)	0.54 (0.05,5.59)	1.34 (0.55,3.24)	1.13 (0.70,1.83)	0.83 (0.56,1.22)	1.10 (0.84,1.45)	Paliperidone_LAI_3	1.35 (0.85,2.12)	1.40 (0.62,3.17)	1.08 (0.69,1.68)	1.27 (0.53,3.03)	0.95 (0.57,1.59)	1.38 (0.84,2.25)	1.47 (0.35,6.27)	1.08 (0.58,2.00)
0.88 (0.77,1.01)	0.80 (0.55,1.18)	0.81 (0.58,1.13)	0.43 (0.17,1.09)	0.94 (0.65,1.37)	1.79 (0.81,3.96)	0.40 (0.04,4.12)	0.99 (0.40,2.47)	0.84 (0.50,1.42)	0.62 (0.39,0.97)	0.82 (0.57,1.19)	0.74 (0.47,1.17)	Phenotiazines_OS	1.04 (0.52,2.11)	0.80 (0.49,1.32)	0.94 (0.39,2.31)	0.71 (0.40,1.23)	1.02 (0.60,1.75)	1.09 (0.25,4.76)	0.80 (0.51,1.26)
0.84 (0.42,1.68)	0.77 (0.35,1.67)	0.78 (0.37,1.66)	0.41 (0.13,1.30)	0.90 (0.42,1.96)	1.71 (0.60,4.87)	0.38 (0.03,4.35)	0.95 (0.31,2.96)	0.81 (0.34,1.90)	0.59 (0.26,1.33)	0.79 (0.36,1.70)	0.71 (0.31,1.61)	0.96 (0.47,1.94)	Haloperidol_OS	0.77 (0.33,1.78)	0.91 (0.29,2.78)	0.68 (0.28,1.63)	0.98 (0.41,2.33)	1.05 (0.21,5.30)	0.77 (0.34,1.74)
1.10 (0.68,1.78)	1.00 (0.62,1.61)	1.01 (0.70,1.48)	0.53 (0.20,1.41)	1.17 (0.67,2.07)	2.23 (0.94,5.32)	0.50 (0.05,5.23)	1.24 (0.56,2.76)	1.05 (0.78,1.41)	0.77 (0.59,1.01)	1.03 (0.72,1.46)	0.93 (0.59,1.45)	1.25 (0.76,2.06)	1.30 (0.56,3.02)	Aripiprazole_OS	1.18 (0.54,2.58)	0.88 (0.62,1.25)	1.28 (0.93,1.76)	1.37 (0.32,5.93)	1.00 (0.52,1.92)
0.93 (0.38,2.26)	0.85 (0.35,2.05)	0.86 (0.37,1.98)	0.45 (0.13,1.53)	1.00 (0.39,2.54)	1.89 (0.60,5.93)	0.42 (0.04,4.97)	1.05 (0.89,1.24)	0.89 (0.43,1.83)	0.65 (0.29,1.47)	0.87 (0.38,1.98)	0.79 (0.33,1.88)	1.06 (0.43,2.59)	1.10 (0.36,3.39)	0.85 (0.39,1.85)	Olanzapine_OS	0.75 (0.35,1.58)	1.08 (0.52,2.26)	1.16 (0.22,6.01)	0.85 (0.32,2.28)
1.25 (0.72,2.15)	1.14 (0.66,1.94)	1.15 (0.73,1.80)	0.61 (0.22,1.64)	1.33 (0.72,2.48)	2.53 (1.02,6.25)	0.57 (0.05,6.01)	1.41 (0.66,3.02)	1.19 (0.99,1.43)	0.87 (0.58,1.31)	1.16 (0.75,1.80)	1.05 (0.63,1.76)	1.42 (0.81,2.48)	1.48 (0.61,3.55)	1.13 (0.80,1.61)	1.34 (0.63,2.82)	Risperidone_OS	1.45 (1.16,1.82)	1.55 (0.35,6.88)	1.14 (0.57,2.28)
0.86 (0.51,1.44)	0.78 (0.47,1.30)	0.79 (0.52,1.21)	0.42 (0.16,1.12)	0.92 (0.51,1.67)	1.74 (0.72,4.24)	0.39 (0.04,4.12)	0.97 (0.46,2.06)	0.82 (0.72,0.94)	0.60 (0.41,0.88)	0.80 (0.53,1.20)	0.73 (0.45,1.18)	0.98 (0.57,1.67)	1.02 (0.43,2.41)	0.78 (0.57,1.08)	0.92 (0.44,1.92)	0.69 (0.55,0.86)	Quetiapine_OS	1.07 (0.24,4.70)	0.78 (0.40,1.54)

0.80 (0.19,3.48)	0.73 (0.17,3.16)	0.74 (0.18,3.11)	0.39 (0.07,2.11)	0.86 (0.19,3.83)	1.63 (0.32,8.35)	0.37 (0.02,5.58)	0.91 (0.17,4.75)	0.77 (0.17,3.37)	0.56 (0.13,2.40)	0.75 (0.18,3.11)	0.68 (0.16,2.89)	0.91 (0.21,3.98)	0.95 (0.19,4.81)	0.73 (0.17,3.17)	0.86 (0.17,4.48)	0.65 (0.15,2.86)	0.94 (0.21,4.11)	Paliperidone_OS	0.73 (0.16,3.38)
1.10 (0.71,1.69)	1.00 (0.57,1.76)	1.01 (0.60,1.72)	0.53 (0.19,1.48)	1.17 (0.67,2.05)	2.23 (0.91,5.46)	0.50 (0.05,5.32)	1.24 (0.46,3.36)	1.05 (0.54,2.05)	0.77 (0.42,1.42)	1.02 (0.59,1.78)	0.93 (0.50,1.71)	1.25 (0.79,1.96)	1.30 (0.58,2.94)	1.00 (0.52,1.91)	1.18 (0.44,3.16)	0.88 (0.44,1.76)	1.28 (0.65,2.51)	1.36 (0.30,6.28)	DBP_OS

Net league table: head-to-head comparisons. Relative risks (RRs) and 95% confidence intervals (CIs) are reported. RRs lower than 1 favour the column-defining treatment. Statistically significant results are highlighted in grey. LAI=long-acting antipsychotics

Evaluation of heterogeneity and incoherence

Overall heterogeneity
Estimated between-studies SD: 2.730e-09

Overall incoherence
Design-by-treatment test: P = 1.000

Loop-specific approach
* 8 triangular loops found
* 2 quadratic loops found

Note: Heterogeneity of loop B-C-D cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop B-C-E cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop C-I-K-R cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop I-J-K-O cannot be estimated due to insufficient observations - set equal to 0

Evaluation of inconsistency using loop-specific heterogeneity estimates:

Loop	ROR	z_value	p_value	CI_95	Loop_Heterog_tau2
A-B-D	13.068	1.236	0.217	(1.00,770.41)	0.208
A-C-D	6.829	1.073	0.283	(1.00,228.34)	0.061
A-B-E	2.103	1.300	0.194	(1.00,6.45)	0.000
A-B-C	1.640	0.852	0.394	(1.00,5.12)	0.080
A-C-E	1.198	0.183	0.855	(1.00,8.31)	0.000
A-C-F	1.184	0.200	0.841	(1.00,6.17)	0.034
B-C-E	1.174	0.154	0.877	(1.00,8.99)	0.000
B-C-D	1.120	0.119	0.905	(1.00,7.25)	0.000
I-J-K-O	1.087	0.134	0.894	(1.00,3.68)	0.000
C-I-K-R	1.066	0.095	0.925	(1.00,4.02)	0.000

Consistency between direct and indirect estimates

Side	Direct Coef.	Direct Std. Err.	Indirect Coef.	Indirect Std. Err.	Difference Coef.	Difference Std. Err.	P>|z|
A B	-.4875822	.3723547	.0333554	.2117139	-.5209375	.428335	0.224
A C	-.085252	.1839335	-.0680261	.2894155	-.0172258	.3429182	0.960
A D	1.147402	1.602825	-.8994899	.4925637	2.046892	1.676803	0.222
A E	.1441397	.2007416	-.2513754	.4042129	.3955151	.451315	0.381
A F	.807327	.5635974	.6048932	.5701071	.2024338	.8016634	0.801
A M	.	.	.	.	.	.	.
A N	.	.	.	.	.	.	.
A T	.	.	.	.	.	.	.
B C	3.63e-12	.1698416	.0594387	.3115724	-.0594387	.354857	0.867
B D	-.8473021	.6399391	-.4060448	.6465801	-.4412573	.9097146	0.628
B E	-.111591	.3846946	.3024192	.2788693	-.4140102	.47514	0.384
B G *	-.6931472	1.172604	.0700438	196.6186	-.763191	196.6196	0.997
C D	-.7339727	.68487	-.5700517	.610011	-.163921	.917146	0.858
C E	.0487902	.9499373	.1515867	.2236712	-.1027965	.9759148	0.916
C F	.6931187	.5477174	.8954638	.585407	-.2023452	.8016955	0.801
C K	.0099772	.0815686	.0139144	.439879	-.0039372	.4473779	0.993
C R	.2336111	.3615246	.2298302	.2638952	.0037808	.4475982	0.993
H P *	-.0502105	.0832287	.1419084	60.18083	-.1921189	60.18089	0.997
I K	-.0896127	.5622021	-.0127774	.218202	-.0768353	.603062	0.899
I O	-.0413671	.166131	-.0804699	.3767836	.0391028	.4117832	0.924
I P *	.1177832	.3689324	.0316885	27.84874	.0860947	27.85126	0.998
I Q *	-.1733904	.0933239	.1418003	30.46621	-.3151907	30.46625	0.992
I R	.1981138	.0677678	.2018764	.4424274	-.0037626	.4475875	0.993
J K	.292658	.1508882	.2535295	.3831246	.0391285	.4117663	0.924
J O	.2575917	.1459993	.2967037	.3850259	-.039112	.4117777	0.924
K L *	-.099321	.138302	.1372297	138.472	-.2365507	138.472	0.999
K S *	.2876821	.7264832	.1197562	192.7436	.1679259	192.7454	0.999

* Warning: all the evidence about these contrasts comes from the trials which directly compare them.

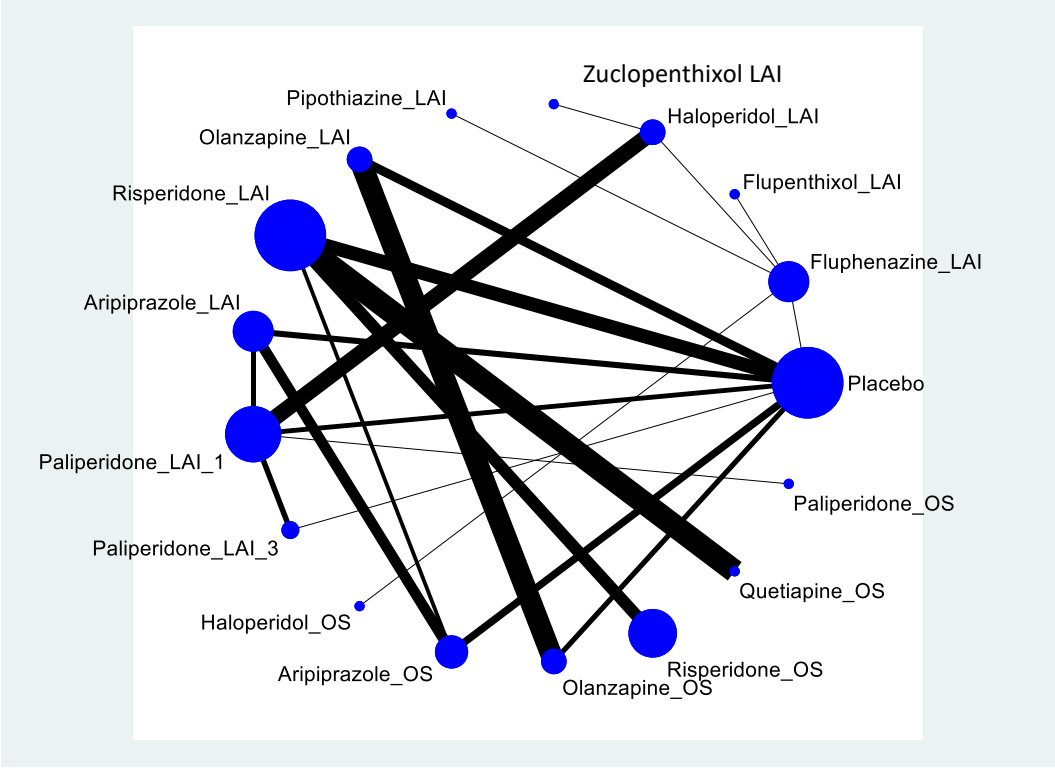
Funnel plot
Not applicable: no comparisons with 10 one more studies.

Supplement O - Sensitivity analysis: acceptability (excluding trials with less than 50 participants AND excluding trials published before 1990)

Treatment codes

Placebo	A
Fluphenazine LAI	B
Flupenthixol LAI	C
Haloperidol LAI	D
Zuclopenthixol LAI	E
Pipothiazine LAI	F
Olanzapine LAI	G
Risperidone LAI	H
Aripiprazole LAI	I
Paliperidone LAI-1	J
Paliperidone LAI-3	K
Haloperidol OS	L
Aripiprazole OS	M
Olanzapine OS	N
Risperidone OS	O
Quetiapine OS	P
Paliperidone OS	Q

Network map



Pairwise meta-analysis

Study	ES	[95% Conf.	Interval]
O - H			
1	0.789	0.563	1.105
2	0.091	0.005	1.562
3	1.231	0.677	2.237

4	1.147	0.606	2.173
5	0.754	0.569	0.999
58	0.954	0.540	1.687
Sub-total			
D+L pooled ES	0.854	0.694	1.051
I - A			
6	0.487	0.376	0.631
Sub-total			
D+L pooled ES	0.487	0.376	0.631
M - A			
6	0.619	0.490	0.782
Sub-total			
D+L pooled ES	0.619	0.490	0.782
M - I			
6	1.271	0.974	1.657
7	1.294	0.972	1.722
Sub-total			
D+L pooled ES	1.281	1.055	1.556
G - A			
8	0.636	0.515	0.786
Sub-total			
D+L pooled ES	0.636	0.515	0.786
N - A			
8	0.421	0.318	0.556
Sub-total			
D+L pooled ES	0.421	0.318	0.556
N - G			
8	0.661	0.515	0.850
9	0.951	0.808	1.120
Sub-total			
D+L pooled ES	0.804	0.563	1.146
L - B			
15	1.184	0.594	2.361
Sub-total			
D+L pooled ES	1.184	0.594	2.361
P - H			
17	1.219	1.067	1.392
Sub-total			
D+L pooled ES	1.219	1.067	1.392
M - H			
18	0.959	0.693	1.329
Sub-total			
D+L pooled ES	0.959	0.693	1.329
J - I			
23	1.342	0.998	1.806
24	0.981	0.020	48.494
Sub-total			
D+L pooled ES	1.340	0.997	1.801
J - A			
28	1.061	0.658	1.710
54	0.842	0.585	1.212
Sub-total			
D+L pooled ES	0.917	0.686	1.225
H - A			
29	0.740	0.623	0.878
Sub-total			
D+L pooled ES	0.740	0.623	0.878
Q - J			
32	1.333	0.321	5.538
Sub-total			
D+L pooled ES	1.333	0.321	5.538
F - B			
33	2.007	0.747	5.391
Sub-total			

D+L pooled ES	2.007	0.747	5.391
K - A			
34	0.473	0.244	0.916
Sub-total			
D+L pooled ES	0.473	0.244	0.916
B - A			
38	0.600	0.319	1.128
Sub-total			
D+L pooled ES	0.600	0.319	1.128
J - D			
49	1.010	0.861	1.185
Sub-total			
D+L pooled ES	1.010	0.861	1.185
K - J			
59	0.905	0.690	1.187
Sub-total			
D+L pooled ES	0.905	0.690	1.187
C - B			
62	0.714	0.292	1.749
Sub-total			
D+L pooled ES	0.714	0.292	1.749
E - D			
63	0.480	0.125	1.837
Sub-total			
D+L pooled ES	0.480	0.125	1.837
D - B			
74	1.611	0.672	3.861
Sub-total			
D+L pooled ES	1.611	0.672	3.861

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
O - H	5.73	5	0.333	12.7%	0.0090
I - A	0.00	0	.	.%	0.0000
M - A	0.00	0	.	.%	0.0000
M - I	0.01	1	0.927	0.0%	0.0000
G - A	0.00	0	.	.%	0.0000
N - A	0.00	0	.	.%	0.0000
N - G	5.65	1	0.017	82.3%	0.0543
L - B	0.00	0	.	.%	0.0000
P - H	0.00	0	.	.%	0.0000
M - H	0.00	0	.	.%	0.0000
J - I	0.02	1	0.875	0.0%	0.0000
J - A	0.57	1	0.451	0.0%	0.0000
H - A	0.00	0	.	.%	0.0000
Q - J	0.00	0	.	.%	0.0000
F - B	0.00	0	.	.%	0.0000
K - A	0.00	0	.	.%	0.0000
B - A	0.00	0	.	.%	0.0000
J - D	0.00	0	.	.%	0.0000
K - J	0.00	0	.	.%	0.0000
C - B	0.00	0	.	.%	0.0000
E - D	0.00	0	.	.%	0.0000
D - B	0.00	0	.	.%	0.0000

** I-squared: the variation in ES attributable to heterogeneity)

Net league table

Fluphenazine_LAI	0.71 (0.29,1.78)	1.42 (0.80,2.52)	0.68 (0.16,2.97)	2.01 (0.73,5.49)	1.06 (0.57,1.94)	1.30 (0.72,2.33)	0.95 (0.53,1.70)	1.42 (0.81,2.49)	1.19 (0.63,2.22)	1.79 (1.04,3.08)	1.18 (0.58,2.42)	1.19 (0.67,2.14)	0.87 (0.47,1.63)	1.11 (0.59,2.06)	1.58 (0.84,2.97)	1.89 (0.40,8.85)
1.40 (0.56,3.50)	Flupenthixol_LAI	1.99 (0.67,5.85)	0.95 (0.17,5.40)	2.81 (0.72,10.95)	1.48 (0.49,4.44)	1.81 (0.61,5.38)	1.33 (0.45,3.93)	1.99 (0.68,5.81)	1.66 (0.55,5.04)	2.50 (0.86,7.25)	1.66 (0.52,5.30)	1.67 (0.56,4.95)	1.22 (0.40,3.70)	1.55 (0.51,4.69)	2.21 (0.73,6.73)	2.65 (0.44,15.92)
0.70 (0.40,1.25)	0.50 (0.17,1.48)	Haloperidol_LAI	0.48 (0.12,1.86)	1.41 (0.44,4.51)	0.74 (0.48,1.15)	0.91 (0.61,1.36)	0.67 (0.47,0.96)	1.00 (0.78,1.28)	0.84 (0.57,1.24)	1.26 (0.90,1.76)	0.83 (0.33,2.09)	0.84 (0.58,1.23)	0.61 (0.39,0.97)	0.78 (0.50,1.22)	1.11 (0.70,1.76)	1.33 (0.31,5.73)
1.47 (0.34,6.40)	1.05 (0.19,5.94)	2.08 (0.54,8.08)	Zuclopenthixol_LAI	2.95 (0.50,17.54)	1.55 (0.37,6.44)	1.90 (0.46,7.82)	1.40 (0.34,5.67)	2.08 (0.53,8.26)	1.74 (0.42,7.15)	2.62 (0.65,10.60)	1.74 (0.34,8.94)	1.75 (0.43,7.16)	1.28 (0.31,5.36)	1.63 (0.39,6.78)	2.32 (0.55,9.71)	2.78 (0.38,20.33)
0.50 (0.18,1.36)	0.36 (0.09,1.39)	0.71 (0.22,2.25)	0.34 (0.06,2.02)	Pipothiazine_LAI	0.53 (0.16,1.70)	0.65 (0.20,2.07)	0.47 (0.15,1.51)	0.71 (0.22,2.24)	0.59 (0.18,1.94)	0.89 (0.28,2.79)	0.59 (0.17,2.03)	0.59 (0.19,1.90)	0.43 (0.13,1.42)	0.55 (0.17,1.80)	0.79 (0.24,2.58)	0.94 (0.15,5.95)

0.95 (0.52,1.74)	0.68 (0.23,2.03)	1.34 (0.87,2.08)	0.65 (0.16,2.68)	1.90 (0.59,6.17)	Olanzapine_LAI	1.23 (0.86,1.75)	0.90 (0.63,1.30)	1.34 (0.93,1.94)	1.12 (0.72,1.76)	1.69 (1.29,2.23)	1.12 (0.44,2.87)	1.13 (0.79,1.62)	0.83 (0.67,1.01)	1.05 (0.69,1.59)	1.50 (0.98,2.29)	1.79 (0.41,7.90)
0.77 (0.43,1.39)	0.55 (0.19,1.63)	1.09 (0.74,1.63)	0.53 (0.13,2.16)	1.55 (0.48,4.96)	0.81 (0.57,1.16)	Risperidone_LAI	0.73 (0.55,0.99)	1.09 (0.80,1.51)	0.92 (0.60,1.39)	1.38 (1.10,1.72)	0.91 (0.36,2.30)	0.92 (0.71,1.20)	0.67 (0.46,0.98)	0.85 (0.69,1.06)	1.22 (0.97,1.54)	1.46 (0.34,6.36)
1.05 (0.59,1.88)	0.75 (0.25,2.22)	1.49 (1.05,2.13)	0.72 (0.18,2.91)	2.11 (0.66,6.75)	1.11 (0.77,1.60)	1.36 (1.01,1.83)	Aripiprazole_LAI	1.49 (1.15,1.94)	1.25 (0.85,1.84)	1.88 (1.48,2.38)	1.25 (0.50,3.13)	1.26 (1.01,1.57)	0.92 (0.62,1.35)	1.17 (0.81,1.67)	1.66 (1.14,2.42)	1.99 (0.46,8.57)
0.70 (0.40,1.24)	0.50 (0.17,1.47)	1.00 (0.78,1.28)	0.48 (0.12,1.90)	1.41 (0.45,4.48)	0.74 (0.52,1.07)	0.91 (0.66,1.26)	0.67 (0.51,0.87)	Paliperidone_LAI_1	0.84 (0.62,1.14)	1.26 (0.99,1.60)	0.83 (0.34,2.07)	0.84 (0.63,1.13)	0.61 (0.41,0.91)	0.78 (0.53,1.14)	1.11 (0.75,1.65)	1.33 (0.32,5.61)
0.84 (0.45,1.58)	0.60 (0.20,1.83)	1.20 (0.81,1.77)	0.57 (0.14,2.35)	1.69 (0.52,5.53)	0.89 (0.57,1.39)	1.09 (0.72,1.65)	0.80 (0.54,1.18)	1.20 (0.88,1.62)	Paliperidone_LAI_3	1.50 (1.05,2.15)	1.00 (0.39,2.58)	1.01 (0.67,1.51)	0.73 (0.46,1.17)	0.93 (0.58,1.49)	1.33 (0.83,2.14)	1.59 (0.37,6.93)
0.56 (0.33,0.96)	0.40 (0.14,1.16)	0.79 (0.57,1.11)	0.38 (0.09,1.54)	1.12 (0.36,3.53)	0.59 (0.45,0.78)	0.73 (0.58,0.91)	0.53 (0.42,0.67)	0.79 (0.62,1.01)	0.66 (0.46,0.95)	Placebo	0.66 (0.27,1.63)	0.67 (0.53,0.84)	0.49 (0.36,0.66)	0.62 (0.46,0.84)	0.88 (0.64,1.22)	1.06 (0.25,4.55)
0.84 (0.41,1.73)	0.60 (0.19,1.93)	1.20 (0.48,3.00)	0.58 (0.11,2.96)	1.69 (0.49,5.83)	0.89 (0.35,2.28)	1.09 (0.43,2.76)	0.80 (0.32,2.02)	1.20 (0.48,2.98)	1.00 (0.39,2.60)	1.51 (0.61,3.71)	Haloperidol_OS	1.01 (0.40,2.54)	0.74 (0.28,1.90)	0.94 (0.36,2.42)	1.33 (0.51,3.47)	1.60 (0.29,8.75)
0.84 (0.47,1.50)	0.60 (0.20,1.77)	1.19 (0.81,1.73)	0.57 (0.14,2.33)	1.68 (0.53,5.38)	0.88 (0.62,1.27)	1.09 (0.83,1.42)	0.80 (0.64,0.99)	1.19 (0.88,1.60)	0.99 (0.66,1.49)	1.50 (1.19,1.88)	0.99 (0.39,2.50)	Aripiprazole_OS	0.73 (0.50,1.07)	0.93 (0.66,1.30)	1.32 (0.93,1.88)	1.58 (0.37,6.87)
1.15 (0.61,2.14)	0.82 (0.27,2.48)	1.63 (1.03,2.58)	0.78 (0.19,3.27)	2.30 (0.70,7.52)	1.21 (0.99,1.48)	1.49 (1.02,2.17)	1.09 (0.74,1.61)	1.63 (1.10,2.41)	1.36 (0.85,2.17)	2.05 (1.51,2.78)	1.36 (0.53,3.51)	1.37 (0.93,2.01)	Olanzapine_OS	1.27 (0.82,1.97)	1.81 (1.16,2.82)	2.17 (0.49,9.62)
0.90 (0.48,1.68)	0.64 (0.21,1.95)	1.28 (0.82,2.00)	0.61 (0.15,2.56)	1.81 (0.55,5.92)	0.95 (0.63,1.44)	1.17 (0.95,1.45)	0.86 (0.60,1.23)	1.28 (0.88,1.87)	1.07 (0.67,1.71)	1.61 (1.18,2.19)	1.07 (0.41,2.76)	1.08 (0.77,1.51)	0.79 (0.51,1.22)	Risperidone_OS	1.43 (1.04,1.95)	1.71 (0.39,7.55)
0.63 (0.34,1.19)	0.45 (0.15,1.37)	0.90 (0.57,1.42)	0.43 (0.10,1.80)	1.27 (0.39,4.17)	0.67 (0.44,1.02)	0.82 (0.65,1.04)	0.60 (0.41,0.88)	0.90 (0.60,1.33)	0.75 (0.47,1.21)	1.13 (0.82,1.56)	0.75 (0.29,1.95)	0.76 (0.53,1.07)	0.55 (0.35,0.86)	0.70 (0.51,0.96)	Quetiapine_OS	1.20 (0.27,5.31)
0.53 (0.11,2.47)	0.38 (0.06,2.27)	0.75 (0.17,3.22)	0.36 (0.05,2.63)	1.06 (0.17,6.69)	0.56 (0.13,2.46)	0.69 (0.16,2.98)	0.50 (0.12,2.17)	0.75 (0.18,3.15)	0.63 (0.14,2.73)	0.94 (0.22,4.05)	0.63 (0.11,3.43)	0.63 (0.15,2.74)	0.46 (0.10,2.04)	0.59 (0.13,2.59)	0.84 (0.19,3.71)	Paliperidone_OS

Net league table: head-to-head comparisons. Relative risks (RRs) and 95% confidence intervals (CIs) are reported. RRs lower than 1 favour the column-defining treatment. Statistically significant results are highlighted in grey. LAI=long-acting antipsychotics

Evaluation of heterogeneity and incoherence

Overall heterogeneity
Estimated between-studies SD: .09755338

Overall incoherence
Design-by-treatment test: P = 0.164

Loop-specific approach
 * 5 triangular loops found
 * 1 quadratic loops found

Note: Heterogeneity of loop A-G-N cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-H-M cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-I-M cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-J-K cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-B-D-J cannot be estimated due to insufficient observations - set equal to 0

Evaluation of inconsistency using loop-specific heterogeneity estimates:

Loop	ROR	z_value	p_value	CI_95	Loop_Heterog_tau2
A-J-K	1.756	1.432	0.152	(1.00,3.79)	0.000
A-G-N	1.438	1.842	0.065	(1.00,2.12)	0.000
A-I-J	1.404	1.364	0.173	(1.00,2.29)	0.000
A-H-M	1.146	0.614	0.539	(1.00,1.77)	0.000
A-B-D-J	1.065	0.109	0.913	(1.00,3.29)	0.000
A-I-M	1.018	0.079	0.937	(1.00,1.60)	0.000

Consistency between direct and indirect estimates

Side	Direct Coef.	Direct Std. Err.	Indirect Coef.	Indirect Std. Err.	Difference Coef.	Difference Std. Err.	P>|z|
A B	-.5108256	.3375692	-.7259933	.4921212	.2151676	.5967715	0.718
A G *	-.451994	.1079237	-1.178196	.2990412	.7262015	.3054885	0.017
A H	-.3015421	.1440834	-.3790467	.2484732	.0775046	.2872263	0.787
A I	-.7233923	.1672036	-.5178905	.1829315	-.2055018	.248723	0.409
A J	-.0822706	.161659	-.4223888	.1830257	.3401182	.2442025	0.164
A K	-.7490276	.3514245	-.2824009	.2150836	-.4666267	.4120196	0.257
A M	-.480684	.1600958	-.2951613	.1861062	-.1855227	.2456801	0.450
A N *	-.8653635	.1424108	-.1390493	.2520513	-.7263142	.3054931	0.017
B C *	-.3364722	.4671677	1.120176	107.0903	-1.456648	107.0908	0.989
B D	.4769283	.4572739	.2615936	.3834958	.2153347	.5967977	0.718

B F *	.6966498	.5134686	1.01033	152.4959	-.3136806	152.4974	0.998
B L *	.1690245	.3653612	1.149392	178.6192	-.9803679	178.6196	0.996
D E *	-.7339692	.6917826	.4081635	165.8467	-1.142133	165.8473	0.995
D J	.0099772	.1300101	-.2054431	.5823947	.2154203	.5967296	0.718
G N	.	.	.	.	.	.	.
H M	-.0413672	.2017857	-.1190665	.2044484	.0776993	.2872571	0.787
H O *	-.15714	.1080972	.6805921	30.45666	-.8377321	30.45675	0.978
H P *	.1981138	.1187778	.6310925	56.47521	-.4329787	56.47536	0.994
I J	.2918857	.1805563	.5399288	.2045229	-.2480431	.2728124	0.363
I M	.2448241	.1274155	.101031	.3449237	.143793	.3678725	0.696
J K	-.099321	.1701809	-.5659411	.3752307	.4666201	.4120189	0.257
J Q *	.2876821	.7330029	.4394514	192.7325	-.1517693	192.7344	0.999

* Warning: all the evidence about these contrasts comes from the trials which directly compare them.

Funnel plot

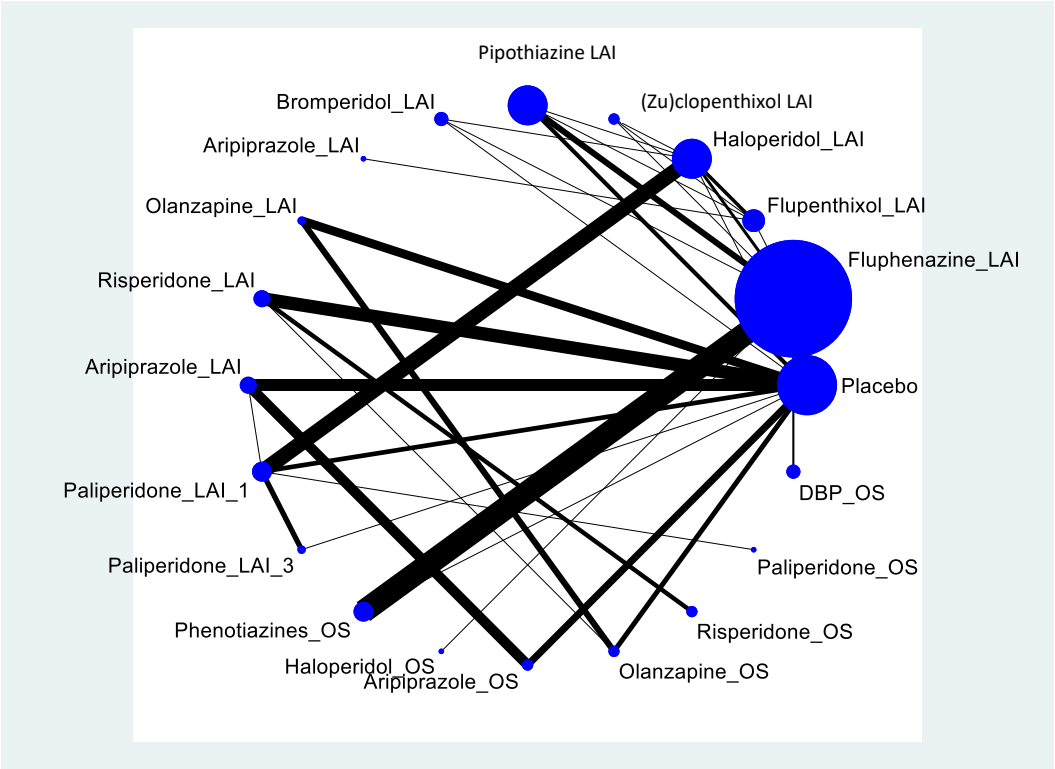
Not applicable: no comparisons with 10 one more studies.

Supplement P - Sensitivity analysis: acceptability (excluding trials with high risk of bias - three or more RoB items at “high risk”)

Treatment codes

Placebo	A
Fluphenazine LAI	B
Flupenthixol LAI	C
Haloperidol LAI	D
(Zu)clopenthixol LAI	E
Pipothiazine LAI	F
Bromperidol LAI	G
Aripiprazole LAI	H
Olanzapine LAI	I
Risperidone LAI	J
Aripiprazole LAI	K
Paliperidone LAI-1	L
Paliperidone LAI-3	M
Phenotiazines OS	N
Haloperidol OS	O
Aripiprazole OS	P
Olanzapine OS	Q
Risperidone OS	R
Paliperidone OS	S
DBP_OS	T

Network map



Pairwise meta-analysis

```
            Study     |     ES    [95% Conf. Interval]
----------------------+-------------------------------------------------
     R - J
```

1	0.789	0.563	1.105
2	0.091	0.005	1.562
4	1.147	0.606	2.173
Sub-total			
D+L pooled ES	0.843	0.498	1.426
K - A			
6	0.487	0.376	0.631
39	0.457	0.353	0.592
Sub-total			
D+L pooled ES	0.472	0.393	0.567
P - A			
6	0.619	0.490	0.782
Sub-total			
D+L pooled ES	0.619	0.490	0.782
P - K			
6	1.271	0.974	1.657
7	1.294	0.972	1.722
Sub-total			
D+L pooled ES	1.281	1.055	1.556
I - A			
8	0.636	0.515	0.786
Sub-total			
D+L pooled ES	0.636	0.515	0.786
Q - A			
8	0.421	0.318	0.556
Sub-total			
D+L pooled ES	0.421	0.318	0.556
Q - I			
8	0.661	0.515	0.850
Sub-total			
D+L pooled ES	0.661	0.515	0.850
N - B			
11	0.932	0.464	1.870
12	0.442	0.212	0.922
13	1.272	0.963	1.679
14	1.097	0.939	1.281
19	2.471	0.588	10.381
Sub-total			
D+L pooled ES	1.050	0.794	1.388
B - A			
12	0.654	0.441	0.972
35	0.333	0.041	2.686
37	1.367	0.326	5.723
38	0.600	0.319	1.128
45	0.444	0.187	1.055
67	3.000	0.140	64.262
76	0.808	0.594	1.098
Sub-total			
D+L pooled ES	0.713	0.575	0.884
N - A			
12	0.289	0.149	0.562
Sub-total			
D+L pooled ES	0.289	0.149	0.562
O - B			
15	1.184	0.594	2.361
Sub-total			
D+L pooled ES	1.184	0.594	2.361
F - C			
20	0.894	0.421	1.901
Sub-total			
D+L pooled ES	0.894	0.421	1.901
C - B			
21	0.750	0.183	3.068
62	0.714	0.292	1.749
66	0.063	0.004	1.039
Sub-total			

D+L pooled ES	0.562	0.217	1.461
L - K			
24	0.981	0.020	48.494
Sub-total			
D+L pooled ES	0.981	0.020	48.494
D - B			
25	1.143	0.519	2.519
46	1.034	0.285	3.752
47	4.545	0.247	83.699
55	0.529	0.284	0.984
60	0.635	0.210	1.921
72	1.667	0.483	5.757
74	1.611	0.672	3.861
Sub-total			
D+L pooled ES	0.961	0.631	1.463
D - C			
26	1.000	0.717	1.395
Sub-total			
D+L pooled ES	1.000	0.717	1.395
G - B			
27	3.130	0.702	13.954
56	1.500	0.291	7.731
Sub-total			
D+L pooled ES	2.242	0.743	6.766
L - A			
28	1.061	0.658	1.710
54	0.842	0.585	1.212
Sub-total			
D+L pooled ES	0.917	0.686	1.225
J - A			
29	0.740	0.623	0.878
Sub-total			
D+L pooled ES	0.740	0.623	0.878
G - A			
30	0.400	0.100	1.599
Sub-total			
D+L pooled ES	0.400	0.100	1.599
D - A			
31	0.040	0.003	0.623
Sub-total			
D+L pooled ES	0.040	0.003	0.623
S - L			
32	1.333	0.321	5.538
Sub-total			
D+L pooled ES	1.333	0.321	5.538
F - B			
33	2.007	0.747	5.391
51	3.000	0.127	70.829
53	1.001	0.532	1.885
64	0.547	0.149	2.007
68	3.000	0.348	25.870
70	0.968	0.446	2.102
71	0.522	0.011	24.698
73	4.000	0.504	31.736
75	1.000	0.021	47.380
76	1.000	0.718	1.393
Sub-total			
D+L pooled ES	1.062	0.824	1.368
M - A			
34	0.473	0.244	0.916
Sub-total			
D+L pooled ES	0.473	0.244	0.916
T - B			
43	1.412	0.369	5.403
44	0.893	0.350	2.279
52	0.786	0.429	1.441

61		1.118	0.390	3.203
Sub-total				
D+L pooled ES		0.911	0.591	1.406
Q - J				
48		1.125	0.546	2.318
Sub-total				
D+L pooled ES		1.125	0.546	2.318
L - D				
49		1.010	0.861	1.185
Sub-total				
D+L pooled ES		1.010	0.861	1.185
F - D				
50		1.050	0.163	6.757
Sub-total				
D+L pooled ES		1.050	0.163	6.757
G - D				
57		2.000	0.684	5.851
Sub-total				
D+L pooled ES		2.000	0.684	5.851
M - L				
59		0.905	0.690	1.187
Sub-total				
D+L pooled ES		0.905	0.690	1.187
E - D				
63		0.480	0.125	1.837
Sub-total				
D+L pooled ES		0.480	0.125	1.837
E - C				
65		0.429	0.122	1.502
Sub-total				
D+L pooled ES		0.429	0.122	1.502
H - C				
69		0.500	0.050	4.978
Sub-total				
D+L pooled ES		0.500	0.050	4.978
F - A				
76		0.808	0.594	1.098
Sub-total				
D+L pooled ES		0.808	0.594	1.098
E - B				
77		3.150	0.136	72.885
Sub-total				
D+L pooled ES		3.150	0.136	72.885

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
R - J	3.40	2	0.183	41.1%	0.0900
K - A	0.12	1	0.733	0.0%	0.0000
P - A	0.00	0	.	.%	0.0000
P - K	0.01	1	0.927	0.0%	0.0000
I - A	0.00	0	.	.%	0.0000
Q - A	0.00	0	.	.%	0.0000
Q - I	0.00	0	.	.%	0.0000
N - B	8.39	4	0.078	52.3%	0.0430
B - A	4.40	6	0.623	0.0%	0.0000
N - A	0.00	0	.	.%	0.0000
O - B	0.00	0	.	.%	0.0000
F - C	0.00	0	.	.%	0.0000
C - B	2.73	2	0.256	26.6%	0.2085
L - K	0.00	0	.	.%	0.0000
D - B	7.43	6	0.283	19.2%	0.0612
D - C	0.00	0	.	.%	0.0000
G - B	0.42	1	0.516	0.0%	0.0000
L - A	0.57	1	0.451	0.0%	0.0000
J - A	0.00	0	.	.%	0.0000

G - A	0.00	0	.	.%	0.0000
D - A	0.00	0	.	.%	0.0000
S - L	0.00	0	.	.%	0.0000
F - B	5.82	9	0.757	0.0%	0.0000
M - A	0.00	0	.	.%	0.0000
T - B	0.78	3	0.853	0.0%	0.0000
Q - J	0.00	0	.	.%	0.0000
L - D	0.00	0	.	.%	0.0000
F - D	0.00	0	.	.%	0.0000
G - D	0.00	0	.	.%	0.0000
M - L	0.00	0	.	.%	0.0000
E - D	0.00	0	.	.%	0.0000
E - C	0.00	0	.	.%	0.0000
H - C	0.00	0	.	.%	0.0000
F - A	0.00	0	.	.%	0.0000
E - B	0.00	0	.	.%	0.0000

** I-squared: the variation in ES attributable to heterogeneity)

Net league table

DBP_OS	1.59 (0.35,7.17)	0.96 (0.54,1.71)	0.73 (0.43,1.26)	0.98 (0.59,1.63)	1.30 (0.58,2.94)	1.20 (0.76,1.89)	1.02 (0.59,1.77)	1.19 (0.72,1.95)	0.76 (0.46,1.25)	1.15 (0.70,1.89)	1.05 (0.63,1.76)	0.54 (0.05,5.74)	1.73 (0.77,3.89)	1.20 (0.74,1.96)	0.58 (0.21,1.59)	1.13 (0.69,1.84)	1.08 (0.63,1.86)	1.10 (0.71,1.69)	1.60 (1.00,2.56)
0.63 (0.14,2.85)	Paliperidone_OS	0.60 (0.14,2.65)	0.46 (0.11,2.00)	0.62 (0.14,2.64)	0.82 (0.17,4.06)	0.76 (0.18,3.22)	0.65 (0.15,2.74)	0.75 (0.18,3.11)	0.48 (0.11,2.04)	0.72 (0.17,3.08)	0.66 (0.15,2.84)	0.34 (0.02,5.18)	1.09 (0.22,5.31)	0.76 (0.18,3.25)	0.37 (0.07,1.97)	0.71 (0.17,2.97)	0.68 (0.16,2.93)	0.69 (0.16,2.93)	1.01 (0.24,4.26)
1.04 (0.58,1.87)	1.66 (0.38,7.28)	_Risperidone_OS	0.77 (0.50,1.17)	1.02 (0.69,1.52)	1.36 (0.61,2.99)	1.25 (0.83,1.88)	1.07 (0.67,1.70)	1.24 (0.83,1.86)	0.79 (0.54,1.16)	1.20 (0.89,1.61)	1.10 (0.74,1.63)	0.56 (0.05,5.90)	1.80 (0.84,3.88)	1.25 (0.82,1.91)	0.60 (0.23,1.60)	1.17 (0.78,1.77)	1.13 (0.70,1.82)	1.14 (0.78,1.68)	1.67 (1.19,2.35)
1.36 (0.80,2.34)	2.16 (0.50,9.36)	1.31 (0.86,1.99)	_Olanzapine_OS	1.34 (0.96,1.86)	1.77 (0.83,3.79)	1.64 (1.16,2.30)	1.40 (0.93,2.10)	1.62 (1.15,2.28)	1.03 (0.75,1.41)	1.56 (1.16,2.11)	1.44 (1.12,1.83)	0.74 (0.07,7.64)	2.36 (1.13,4.92)	1.64 (1.15,2.35)	0.79 (0.31,2.04)	1.54 (1.08,2.18)	1.47 (0.96,2.26)	1.50 (1.09,2.06)	2.18 (1.68,2.84)
1.02 (0.61,1.70)	1.62 (0.38,6.94)	0.98 (0.66,1.45)	0.75 (0.54,1.04)	_Aripiprazole_OS	1.33 (0.63,2.78)	1.22 (0.91,1.65)	1.05 (0.72,1.52)	1.21 (0.90,1.64)	0.77 (0.64,0.93)	1.17 (0.90,1.52)	1.07 (0.80,1.43)	0.55 (0.05,5.68)	1.77 (0.86,3.61)	1.23 (0.89,1.68)	0.59 (0.23,1.51)	1.15 (0.85,1.56)	1.10 (0.75,1.63)	1.12 (0.85,1.47)	1.63 (1.34,2.00)
0.77 (0.34,1.74)	1.22 (0.25,6.05)	0.74 (0.33,1.63)	0.56 (0.26,1.21)	0.75 (0.36,1.58)	_Haloperidol_OS	0.92 (0.46,1.86)	0.79 (0.37,1.70)	0.92 (0.44,1.90)	0.58 (0.28,1.21)	0.88 (0.42,1.84)	0.81 (0.39,1.70)	0.42 (0.04,4.69)	1.33 (0.50,3.52)	0.93 (0.45,1.92)	0.45 (0.14,1.40)	0.87 (0.42,1.80)	0.83 (0.39,1.79)	0.84 (0.42,1.68)	1.23 (0.60,2.52)
0.83 (0.53,1.31)	1.32 (0.31,5.64)	0.80 (0.53,1.20)	0.61 (0.43,0.86)	0.82 (0.61,1.10)	1.08 (0.54,2.19)	_Phenotiazines_OS	0.85 (0.60,1.22)	0.99 (0.76,1.30)	0.63 (0.48,0.84)	0.96 (0.73,1.26)	0.88 (0.65,1.19)	0.45 (0.04,4.61)	1.44 (0.72,2.89)	1.00 (0.77,1.30)	0.48 (0.19,1.21)	0.94 (0.72,1.23)	0.90 (0.63,1.28)	0.91 (0.80,1.04)	1.34 (1.07,1.66)
0.98 (0.56,1.69)	1.55 (0.36,6.58)	0.94 (0.59,1.49)	0.72 (0.48,1.08)	0.96 (0.66,1.39)	1.27 (0.59,2.73)	1.17 (0.82,1.67)	_Paliperidone_LAI_3	1.16 (0.90,1.50)	0.74 (0.52,1.06)	1.12 (0.79,1.60)	1.03 (0.71,1.50)	0.53 (0.05,5.44)	1.69 (0.81,3.51)	1.17 (0.81,1.71)	0.57 (0.22,1.44)	1.10 (0.82,1.47)	1.06 (0.71,1.57)	1.07 (0.77,1.50)	1.56 (1.14,2.14)
0.84 (0.51,1.38)	1.33 (0.32,5.54)	0.81 (0.54,1.21)	0.62 (0.44,0.87)	0.82 (0.61,1.11)	1.09 (0.53,2.27)	1.01 (0.77,1.32)	0.86 (0.67,1.11)	_Paliperidone_LAI_1	0.64 (0.48,0.84)	0.96 (0.73,1.27)	0.88 (0.65,1.20)	0.45 (0.04,4.62)	1.45 (0.73,2.90)	1.01 (0.75,1.36)	0.49 (0.20,1.20)	0.95 (0.81,1.10)	0.91 (0.66,1.24)	0.92 (0.72,1.17)	1.35 (1.08,1.68)
1.32 (0.80,2.18)	2.10 (0.49,8.95)	1.27 (0.86,1.86)	0.97 (0.71,1.33)	1.29 (1.08,1.56)	1.72 (0.82,3.58)	1.58 (1.20,2.10)	1.35 (0.95,1.94)	1.57 (1.19,2.08)	_Aripiprazole_LAI	1.52 (1.19,1.93)	1.39 (1.06,1.82)	0.71 (0.07,7.34)	2.29 (1.13,4.64)	1.59 (1.18,2.15)	0.77 (0.30,1.94)	1.49 (1.11,1.99)	1.43 (0.98,2.09)	1.45 (1.13,1.87)	2.12 (1.78,2.52)
0.87 (0.53,1.44)	1.38 (0.32,5.90)	0.84 (0.62,1.12)	0.64 (0.47,0.86)	0.85 (0.66,1.11)	1.13 (0.54,2.36)	1.05 (0.79,1.38)	0.89 (0.63,1.27)	1.04 (0.79,1.37)	0.66 (0.52,0.84)	_Risperidone_LAI	0.92 (0.71,1.19)	0.47 (0.05,4.84)	1.51 (0.74,3.05)	1.05 (0.78,1.41)	0.51 (0.20,1.28)	0.98 (0.74,1.31)	0.94 (0.65,1.37)	0.96 (0.75,1.22)	1.40 (1.18,1.65)
0.95 (0.57,1.59)	1.51 (0.35,6.46)	0.91 (0.61,1.35)	0.70 (0.55,0.89)	0.93 (0.70,1.24)	1.23 (0.59,2.60)	1.14 (0.84,1.54)	0.97 (0.67,1.42)	1.13 (0.84,1.53)	0.72 (0.55,0.94)	1.09 (0.84,1.42)	_Olanzapine_LAI	0.51 (0.05,5.29)	1.64 (0.80,3.37)	1.14 (0.83,1.58)	0.55 (0.22,1.40)	1.07 (0.78,1.46)	1.03 (0.69,1.53)	1.04 (0.79,1.38)	1.52 (1.24,1.87)
1.85 (0.17,19.62)	2.93 (0.19,44.63)	1.77 (0.17,18.54)	1.36 (0.13,14.04)	1.81 (0.18,18.64)	2.40 (0.21,27.07)	2.22 (0.22,22.68)	1.89 (0.18,19.51)	2.20 (0.22,22.39)	1.40 (0.14,14.37)	2.12 (0.21,21.78)	1.95 (0.19,20.05)	_Aripiprazole_LAI	3.20 (0.29,35.69)	2.22 (0.22,22.79)	1.07 (0.09,12.61)	2.08 (0.21,21.10)	2.00 (0.20,19.91)	2.03 (0.20,20.68)	2.96 (0.29,30.22)
0.58 (0.26,1.30)	0.92 (0.19,4.47)	0.55 (0.26,1.19)	0.42 (0.20,0.88)	0.57 (0.28,1.16)	0.75 (0.28,1.98)	0.69 (0.35,1.39)	0.59 (0.29,1.23)	0.69 (0.34,1.37)	0.44 (0.22,0.89)	0.66 (0.33,1.34)	0.61 (0.30,1.25)	0.31 (0.03,3.49)	_Bromperidol_LAI	0.70 (0.34,1.42)	0.34 (0.11,1.03)	0.65 (0.33,1.29)	0.63 (0.30,1.30)	0.63 (0.32,1.26)	0.93 (0.47,1.84)
0.83 (0.51,1.36)	1.32 (0.31,5.65)	0.80 (0.52,1.21)	0.61 (0.43,0.87)	0.81 (0.59,1.12)	1.08 (0.52,2.24)	1.00 (0.77,1.30)	0.85 (0.58,1.24)	0.99 (0.73,1.33)	0.63 (0.47,0.85)	0.95 (0.71,1.28)	0.88 (0.63,1.21)	0.45 (0.04,4.61)	1.44 (0.71,2.93)	_Pipothiazine_LAI	0.48 (0.19,1.22)	0.94 (0.70,1.26)	0.90 (0.63,1.29)	0.91 (0.73,1.15)	1.33 (1.04,1.70)
1.73 (0.63,4.73)	2.74 (0.51,14.77)	1.65 (0.62,4.38)	1.27 (0.49,3.27)	1.69 (0.66,4.30)	2.24 (0.72,7.02)	2.07 (0.83,5.19)	1.77 (0.69,4.50)	2.05 (0.83,5.06)	1.31 (0.52,3.31)	1.98 (0.78,5.01)	1.82 (0.71,4.63)	0.93 (0.08,10.98)	2.98 (0.97,9.14)	2.07 (0.82,5.24)	(Zu)clopenthixol_LAI	1.94 (0.80,4.74)	1.87 (0.77,4.55)	1.89 (0.76,4.70)	2.76 (1.11,6.88)
0.89 (0.54,1.45)	1.41 (0.34,5.90)	0.85 (0.56,1.29)	0.65 (0.46,0.92)	0.87 (0.64,1.18)	1.15 (0.56,2.39)	1.07 (0.82,1.39)	0.91 (0.68,1.22)	1.06 (0.91,1.23)	0.67 (0.50,0.90)	1.02 (0.77,1.36)	0.93 (0.68,1.28)	0.48 (0.05,4.87)	1.54 (0.77,3.05)	1.07 (0.79,1.44)	0.51 (0.21,1.26)	_Haloperidol_LAI	0.96 (0.72,1.28)	0.97 (0.77,1.23)	1.42 (1.13,1.80)
0.92 (0.54,1.59)	1.47 (0.34,6.31)	0.89 (0.55,1.43)	0.68 (0.44,1.04)	0.91 (0.61,1.34)	1.20 (0.56,2.58)	1.11 (0.78,1.58)	0.95 (0.64,1.41)	1.10 (0.80,1.51)	0.70 (0.48,1.02)	1.06 (0.73,1.55)	0.97 (0.65,1.45)	0.50 (0.05,4.98)	1.60 (0.77,3.33)	1.11 (0.77,1.60)	0.54 (0.22,1.31)	1.04 (0.78,1.39)	_Fluphenthixol_LAI	1.01 (0.73,1.41)	1.48 (1.06,2.07)
0.91 (0.59,1.41)	1.45 (0.34,6.13)	0.87 (0.59,1.29)	0.67 (0.49,0.92)	0.89 (0.68,1.17)	1.18 (0.59,2.36)	1.09 (0.96,1.25)	0.93 (0.67,1.30)	1.08 (0.85,1.38)	0.69 (0.54,0.89)	1.05 (0.82,1.34)	0.96 (0.73,1.27)	0.49 (0.05,5.02)	1.58 (0.80,3.12)	1.10 (0.87,1.38)	0.53 (0.21,1.31)	1.03 (0.81,1.30)	0.99 (0.71,1.37)	_Fluphenazine_LAI	1.46 (1.22,1.75)
0.62 (0.39,1.00)	0.99 (0.23,4.19)	0.60 (0.43,0.84)	0.46 (0.35,0.59)	0.61 (0.50,0.75)	0.81 (0.40,1.66)	0.75 (0.60,0.93)	0.64 (0.47,0.88)	0.74 (0.60,0.93)	0.47 (0.40,0.56)	0.72 (0.61,0.85)	0.66 (0.53,0.81)	0.34 (0.03,3.45)	1.08 (0.54,2.15)	0.75 (0.59,0.96)	0.36 (0.15,0.90)	0.70 (0.56,0.89)	0.68 (0.48,0.95)	0.69 (0.57,0.82)	_Placebo

Net league table: head-to-head comparisons. Relative risks (RRs) and 95% confidence intervals (CIs) are reported. RRs lower than 1 favour the column-defining treatment. Statistically significant results are highlighted in grey. LAI=long-acting antipsychotics

Evaluation of heterogeneity and incoherence

Overall heterogeneity
Estimated between-studies SD: 8.605e-06

Overall incoherence
Design-by-treatment test: P = 1.000

Loop-specific approach
* 20 triangular loops found

Note: Heterogeneity of loop A-D-F cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-D-G cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-D-L cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-I-Q cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-J-Q cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-K-P cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-L-M cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop C-D-E cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop C-D-F cannot be estimated due to insufficient observations - set equal to 0

Evaluation of inconsistency using loop-specific heterogeneity estimates:

Loop	ROR	z_value	p_value	CI_95	Loop_Heterog_tau2
A-D-L	22.695	2.213	0.027	(1.43,360.53)	0.000
A-D-F	19.231	1.739	0.082	(1.00,538.09)	0.000
A-B-D	16.371	1.973	0.049	(1.02,263.22)	0.000
B-C-E	13.068	1.236	0.217	(1.00,770.41)	0.208
B-D-E	6.829	1.073	0.283	(1.00,228.34)	0.061
A-D-G	5.000	0.968	0.333	(1.00,129.93)	0.000
A-B-G	3.997	1.521	0.128	(1.00,23.82)	0.000
A-B-N	2.628	2.097	0.036	(1.07,6.49)	0.027
A-K-L	1.981	0.342	0.732	(1.00,99.41)	0.000
A-J-Q	1.977	1.683	0.092	(1.00,4.37)	0.000
B-C-F	1.933	1.196	0.232	(1.00,5.69)	0.000
A-L-M	1.756	1.432	0.152	(1.00,3.79)	0.000
B-C-D	1.640	0.852	0.394	(1.00,5.12)	0.080
B-D-G	1.184	0.200	0.841	(1.00,6.17)	0.034
C-D-F	1.174	0.154	0.877	(1.00,8.99)	0.000
C-D-E	1.120	0.119	0.905	(1.00,7.25)	0.000
B-D-F	1.101	0.099	0.921	(1.00,7.46)	0.000
A-B-F	1.020	0.071	0.944	(1.00,1.76)	0.000
A-K-P	1.014	0.065	0.948	(1.00,1.53)	0.000
A-I-Q	.	.	.		0.000

*** Note: Loop A-I-Q is formed only by multi-arm trial(s) - Consistent by definition

Consistency between direct and indirect estimates

Side	Direct		Indirect		Difference		
	Coef.	Std. Err.	Coef.	Std. Err.	Coef.	Std. Err.	P>|z|
A B	-.3734496	.1178551	-.4298108	.2967929	.0563612	.3026162	0.852
A D	-3.218876	1.40084	-.3315153	.1192245	-2.887361	1.405904	0.040
A F	-.202566	.1562625	-.4294085	.2033208	.2268425	.2543014	0.372
A G	-.9162907	.7071068	.3995487	.4027846	-1.315839	.8137785	0.106
A I *	-.4519991	.1079238	.9112431	.797946	-1.363242	.8100099	0.092
A J	-.3015421	.0874194	-.9829579	.3954351	.6814158	.4049828	0.092
A K	-.7509637	.1078313	-.7296974	.4081093	-.0212664	.4267141	0.960
A L	-.086766	.1476732	-.5823408	.1722379	.4955748	.2268772	0.029
A M	-.7490276	.3371425	-.3591431	.1816856	-.3898846	.3829813	0.309
A N	-.9363177	.2766563	-.134419	.1272859	-.8018987	.3134181	0.011
A P	-.4788768	.144703	-.5244213	.227806	.0455444	.2697803	0.866
A Q *	-.8653629	.1424108	-.1837418	.3791414	-.6816211	.405005	0.092
B C	-.4875902	.3723537	.1067015	.1882738	-.5942917	.4172456	0.154
B D	-.0852512	.1839333	.1088991	.1588868	-.1941503	.2430566	0.424
B E	1.147424	1.602818	-.8015453	.4850251	1.948969	1.674599	0.244
B F	.0598	.1292982	.2394156	.2771483	-.1796156	.3058256	0.557
B G	.8073323	.5635957	.2375497	.4434336	.5697826	.717132	0.427
B N *	.0975357	.0665214	-.6172999	.4233085	.7148356	.4230566	0.091
B O *	.1690245	.3520984	.7460434	178.064	-.5770189	178.0644	0.997
B T *	-.0928124	.2212651	.7700003	45.18303	-.8628128	45.18348	0.985
C D	3.70e-11	.1698416	.1530225	.2843657	-.1530225	.331225	0.644
C E	-.8473077	.6399391	-.3957758	.6462195	-.4515319	.9094583	0.620
C F	-.1115895	.3846946	.1722278	.2118101	-.2838172	.4391508	0.518
C H *	-.6931472	1.172604	.6672542	196.6254	-1.360401	196.6263	0.994
D E	-.7339756	.68487	-.6086856	.6087229	-.12529	.9162897	0.891
D F	.0487902	.9499373	.0664191	.1531565	-.0176289	.9622047	0.985
D G	.693158	.5477174	.2477049	.4547474	.4454532	.7119003	0.531
D L	.0099772	.0815686	.4019608	.2248633	-.3919836	.2392006	0.101
I Q *	-.4133637	.128084	.9498783	.788951	-1.363242	.8100098	0.092

J Q	.117786	.3689323	-.5638206	.1671016	.6816067	.4050112	0.092
J R *	-.1800592	.1513614	.8041352	73.45313	-.9841944	73.45324	0.989
K L	-.0194181	1.990267	.4552716	.1432419	-.4746897	1.995415	0.812
K P *	.2480109	.1143595	.359769	.3986604	-.1117581	.4186953	0.790
L M	-.099321	.138302	-.4891997	.357137	.3898787	.3829807	0.309
L S *	.2876821	.7264832	.5727827	192.9611	-.2851007	192.9629	0.999

* Warning: all the evidence about these contrasts comes from the trials which directly compare them.

Funnel plot

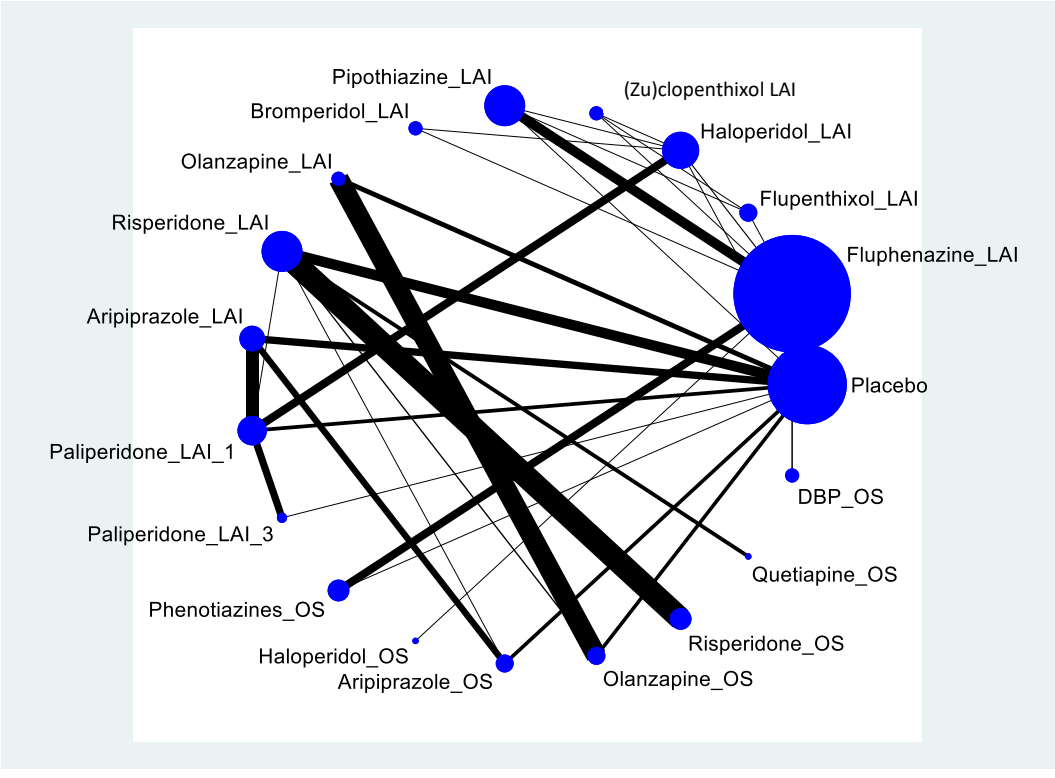
Not applicable: no comparisons with 10 one more studies.

Supplement Q - Secondary outcome: dropouts due to adverse events (tolerability)

Treatment codes

Placebo	A
Fluphenazine LAI	B
Flupenthixol LAI	C
Haloperidol LAI	D
(Zu)clopenthixol LAI	E
Pipothiazine LAI	F
Bromperidol LAI	G
Olanzapine LAI	H
Risperidone LAI	I
Aripiprazole LAI	J
Paliperidone LAI-1	K
Paliperidone LAI-3	L
Phenotiazines OS	M
Haloperidol OS	N
Aripiprazole OS	O
Olanzapine OS	P
Risperidone OS	Q
Quetiapine OS	R
DBP_OS	S

Network map



Pairwise meta-analysis

Study	ES	[95% Conf.	Interval]
Q - I			
1	0.828	0.425	1.614
2	0.333	0.014	7.811
3	2.250	0.749	6.755
5	0.974	0.379	2.505

58	0.895	0.408	1.964
Sub-total			
D+L pooled ES	0.988	0.655	1.490
J - A			
6	0.565	0.209	1.524
39	0.897	0.307	2.623
Sub-total			
D+L pooled ES	0.699	0.337	1.449
O - A			
6	0.492	0.176	1.375
Sub-total			
D+L pooled ES	0.492	0.176	1.375
O - J			
6	0.872	0.321	2.370
7	1.507	0.431	5.268
Sub-total			
D+L pooled ES	1.079	0.494	2.356
H - A			
8	0.841	0.346	2.047
Sub-total			
D+L pooled ES	0.841	0.346	2.047
P - A			
8	0.596	0.211	1.687
Sub-total			
D+L pooled ES	0.596	0.211	1.687
P - H			
8	0.709	0.317	1.582
9	0.976	0.580	1.645
Sub-total			
D+L pooled ES	0.888	0.573	1.375
M - B			
11	0.448	0.009	21.981
12	0.205	0.048	0.874
13	0.100	0.006	1.761
14	0.973	0.418	2.266
Sub-total			
D+L pooled ES	0.423	0.138	1.299
B - A			
12	7.652	1.041	56.260
38	1.000	0.021	48.656
40	0.857	0.018	40.013
41	1.000	0.020	49.039
45	1.000	0.021	46.703
67	1.000	0.022	45.127
76	9.806	0.609	157.925
Sub-total			
D+L pooled ES	3.036	0.932	9.886
M - A			
12	1.571	0.152	16.226
Sub-total			
D+L pooled ES	1.571	0.152	16.226
N - B			
15	8.662	0.471	159.262
Sub-total			
D+L pooled ES	8.662	0.471	159.262
R - I			
17	1.667	0.612	4.537
Sub-total			
D+L pooled ES	1.667	0.612	4.537
O - I			
18	9.153	0.496	168.747
Sub-total			
D+L pooled ES	9.153	0.496	168.747
F - C			
20	0.708	0.015	33.972

Sub-total			
D+L pooled ES	0.708	0.015	33.972
C - B			
21	1.000	0.020	48.822
66	0.354	0.015	8.381
Sub-total			
D+L pooled ES	0.536	0.046	6.232
K - J			
23	1.699	0.956	3.018
24	0.981	0.020	48.494
Sub-total			
D+L pooled ES	1.679	0.951	2.965
G - B			
27	3.125	0.134	73.014
56	0.333	0.015	7.584
Sub-total			
D+L pooled ES	1.011	0.110	9.298
K - A			
28	1.485	0.251	8.797
54	4.146	1.192	14.426
Sub-total			
D+L pooled ES	2.957	1.065	8.207
I - A			
29	1.001	0.544	1.841
Sub-total			
D+L pooled ES	1.001	0.544	1.841
D - A			
31	1.000	0.021	47.553
36	5.714	0.290	112.428
Sub-total			
D+L pooled ES	2.982	0.282	31.550
F - B			
33	0.608	0.106	3.497
51	1.000	0.020	48.822
53	0.311	0.033	2.909
64	3.273	0.138	77.570
68	1.000	0.068	14.640
71	0.522	0.011	24.698
76	0.895	0.410	1.952
Sub-total			
D+L pooled ES	0.820	0.438	1.535
L - A			
34	0.302	0.012	7.362
Sub-total			
D+L pooled ES	0.302	0.012	7.362
K - I			
42	5.667	0.295	108.909
Sub-total			
D+L pooled ES	5.667	0.295	108.909
S - B			
43	1.056	0.022	50.432
44	0.357	0.042	3.044
52	3.000	0.127	70.829
Sub-total			
D+L pooled ES	0.750	0.150	3.760
D - B			
46	1.033	0.021	50.423
47	2.727	0.125	59.574
55	0.063	0.004	1.091
Sub-total			
D+L pooled ES	0.496	0.045	5.476
P - I			
48	0.667	0.124	3.571
Sub-total			
D+L pooled ES	0.667	0.124	3.571

K - D				
49	1.051	0.525	2.103	
Sub-total				
D+L pooled ES	1.051	0.525	2.103	
F - D				
50	0.349	0.015	8.102	
Sub-total				
D+L pooled ES	0.349	0.015	8.102	
G - D				
57	0.333	0.015	7.323	
Sub-total				
D+L pooled ES	0.333	0.015	7.323	
L - K				
59	1.172	0.563	2.438	
Sub-total				
D+L pooled ES	1.172	0.563	2.438	
E - D				
63	0.806	0.016	39.373	
Sub-total				
D+L pooled ES	0.806	0.016	39.373	
E - C				
65	1.000	0.020	48.822	
Sub-total				
D+L pooled ES	1.000	0.020	48.822	
F - A				
76	8.774	0.540	142.514	
Sub-total				
D+L pooled ES	8.774	0.540	142.514	
E - B				
77	1.050	0.022	50.430	
Sub-total				
D+L pooled ES	1.050	0.022	50.430	

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
Q - I	2.94	4	0.568	0.0%	0.0000
J - A	0.38	1	0.536	0.0%	0.0000
O - A	0.00	0	.	.%	0.0000
O - J	0.45	1	0.503	0.0%	0.0000
H - A	0.00	0	.	.%	0.0000
P - A	0.00	0	.	.%	0.0000
P - H	0.43	1	0.512	0.0%	0.0000
M - B	4.87	3	0.181	38.4%	0.4897
B - A	3.20	6	0.784	0.0%	0.0000
M - A	0.00	0	.	.%	0.0000
N - B	0.00	0	.	.%	0.0000
R - I	0.00	0	.	.%	0.0000
O - I	0.00	0	.	.%	0.0000
F - C	0.00	0	.	.%	0.0000
C - B	0.16	1	0.685	0.0%	0.0000
K - J	0.07	1	0.785	0.0%	0.0000
G - B	0.98	1	0.323	0.0%	0.0000
K - A	0.86	1	0.354	0.0%	0.0000
I - A	0.00	0	.	.%	0.0000
D - A	0.49	1	0.484	0.0%	0.0000
F - B	1.70	6	0.945	0.0%	0.0000
L - A	0.00	0	.	.%	0.0000
K - I	0.00	0	.	.%	0.0000
S - B	1.23	2	0.541	0.0%	0.0000
D - B	3.31	2	0.191	39.6%	1.7881
P - I	0.00	0	.	.%	0.0000
K - D	0.00	0	.	.%	0.0000
F - D	0.00	0	.	.%	0.0000
G - D	0.00	0	.	.%	0.0000
L - K	0.00	0	.	.%	0.0000
E - D	0.00	0	.	.%	0.0000
E - C	0.00	0	.	.%	0.0000
F - A	0.00	0	.	.%	0.0000

E - B 0.00 0 . .% 0.0000
** I-squared: the variation in ES attributable to heterogeneity)

Net league table

Aripiprazole_LAI	1.74 (0.24,12.68)	1.90 (0.22,16.20)	2.78 (0.97,7.96)	2.05 (0.95,4.46)	0.82 (0.31,2.17)	2.00 (1.21,3.30)	2.12 (0.89,5.03)	2.22 (0.69,7.20)	0.95 (0.43,2.08)	2.09 (0.18,24.80)	1.07 (0.60,1.89)	1.64 (0.47,5.71)	24.08 (1.09,532.31)	1.02 (0.49,2.11)	0.72 (0.27,1.95)	0.94 (0.39,2.27)	1.58 (0.44,5.64)	2.08 (0.30,14.30)
0.58 (0.08,4.20)	Bromperidol_LAI	1.09 (0.08,15.22)	1.60 (0.26,10.02)	1.18 (0.17,8.09)	0.47 (0.06,3.90)	1.15 (0.16,8.15)	1.22 (0.15,9.78)	1.28 (0.19,8.76)	0.55 (0.07,4.18)	1.20 (0.06,22.92)	0.62 (0.09,4.37)	0.94 (0.13,6.69)	13.85 (0.44,432.78)	0.59 (0.07,4.69)	0.42 (0.05,3.47)	0.54 (0.07,4.30)	0.91 (0.09,8.79)	1.20 (0.10,13.80)
0.53 (0.06,4.51)	0.92 (0.07,12.78)	Flupenthixol_LAI	1.47 (0.22,9.88)	1.08 (0.13,9.01)	0.43 (0.05,4.10)	1.05 (0.13,8.84)	1.12 (0.12,10.49)	1.17 (0.17,8.28)	0.50 (0.06,4.42)	1.10 (0.08,14.76)	0.56 (0.07,4.64)	0.86 (0.11,6.58)	12.70 (0.39,412.58)	0.54 (0.06,4.98)	0.38 (0.04,3.64)	0.49 (0.05,4.54)	0.83 (0.08,9.17)	1.10 (0.09,13.37)
0.36 (0.13,1.03)	0.63 (0.10,3.92)	0.68 (0.10,4.60)	Fluphenazine_LAI	0.74 (0.27,2.05)	0.29 (0.08,1.03)	0.72 (0.26,2.00)	0.76 (0.22,2.63)	0.80 (0.44,1.47)	0.34 (0.11,1.04)	0.75 (0.07,7.97)	0.38 (0.15,1.01)	0.59 (0.29,1.18)	8.66 (0.47,159.24)	0.37 (0.11,1.23)	0.26 (0.07,0.92)	0.34 (0.10,1.10)	0.57 (0.13,2.54)	0.75 (0.15,3.76)
0.49 (0.22,1.06)	0.85 (0.12,5.79)	0.92 (0.11,7.68)	1.35 (0.49,3.75)	Haloperidol_LAI	0.40 (0.13,1.22)	0.97 (0.51,1.83)	1.03 (0.40,2.67)	1.08 (0.35,3.38)	0.46 (0.18,1.20)	1.02 (0.09,11.45)	0.52 (0.24,1.15)	0.80 (0.23,2.71)	11.72 (0.54,256.35)	0.50 (0.18,1.37)	0.35 (0.11,1.09)	0.46 (0.16,1.29)	0.77 (0.19,3.08)	1.02 (0.15,6.84)
1.22 (0.46,3.24)	2.12 (0.26,17.58)	2.32 (0.24,22.01)	3.40 (0.98,11.83)	2.51 (0.82,7.70)	Olanzapine_LAI	2.44 (0.90,6.58)	2.59 (0.77,8.67)	2.72 (0.70,10.52)	1.16 (0.47,2.88)	2.56 (0.19,33.61)	1.31 (0.59,2.89)	2.00 (0.49,8.25)	29.41 (1.24,698.57)	1.24 (0.41,3.80)	0.88 (0.57,1.36)	1.15 (0.42,3.11)	1.93 (0.50,7.48)	2.55 (0.33,19.56)
0.50 (0.30,0.83)	0.87 (0.12,6.18)	0.95 (0.11,7.98)	1.39 (0.50,3.87)	1.03 (0.55,1.94)	0.41 (0.15,1.11)	Paliperidone_LAI_1	1.06 (0.52,2.17)	1.11 (0.35,3.51)	0.48 (0.21,1.06)	1.05 (0.09,12.15)	0.54 (0.29,0.98)	0.82 (0.24,2.79)	12.07 (0.55,264.13)	0.51 (0.22,1.18)	0.36 (0.13,0.99)	0.47 (0.19,1.16)	0.79 (0.22,2.86)	1.04 (0.15,7.05)
0.47 (0.20,1.12)	0.82 (0.10,6.58)	0.90 (0.10,8.41)	1.31 (0.38,4.53)	0.97 (0.37,2.51)	0.39 (0.12,1.29)	0.94 (0.46,1.92)	Paliperidone_LAI_3	1.05 (0.27,4.02)	0.45 (0.16,1.29)	0.99 (0.08,12.63)	0.50 (0.20,1.26)	0.77 (0.19,3.16)	11.36 (0.48,268.91)	0.48 (0.16,1.43)	0.34 (0.10,1.16)	0.44 (0.14,1.38)	0.75 (0.17,3.20)	0.98 (0.13,7.51)
0.45 (0.14,1.46)	0.78 (0.11,5.35)	0.85 (0.12,6.03)	1.25 (0.68,2.30)	0.92 (0.30,2.89)	0.37 (0.10,1.43)	0.90 (0.29,2.83)	0.95 (0.25,3.65)	Pipothiazine_LAI	0.43 (0.13,1.46)	0.94 (0.08,10.55)	0.48 (0.16,1.44)	0.74 (0.29,1.86)	10.83 (0.55,212.10)	0.46 (0.12,1.71)	0.32 (0.08,1.27)	0.42 (0.12,1.54)	0.71 (0.15,3.47)	0.94 (0.17,5.25)
1.05 (0.48,2.30)	1.83 (0.24,13.99)	2.00 (0.23,17.61)	2.93 (0.97,8.87)	2.16 (0.83,5.63)	0.86 (0.35,2.14)	2.10 (0.94,4.67)	2.23 (0.78,6.41)	2.34 (0.69,7.98)	Risperidone_LAI	2.20 (0.18,27.13)	1.13 (0.64,1.97)	1.72 (0.47,6.30)	25.35 (1.12,571.43)	1.07 (0.42,2.75)	0.76 (0.30,1.90)	0.99 (0.65,1.49)	1.67 (0.61,4.54)	2.19 (0.31,15.53)
0.48 (0.04,5.66)	0.83 (0.04,15.79)	0.91 (0.07,12.10)	1.33 (0.13,14.04)	0.98 (0.09,11.01)	0.39 (0.03,5.14)	0.95 (0.08,11.03)	1.01 (0.08,12.93)	1.06 (0.09,11.89)	0.45 (0.04,5.58)	(Zu)clopenthixol_LAI	0.51 (0.04,5.92)	0.78 (0.07,9.13)	11.50 (0.27,487.53)	0.49 (0.04,6.20)	0.34 (0.03,4.56)	0.45 (0.04,5.70)	0.76 (0.05,11.28)	1.00 (0.06,17.33)
0.94 (0.53,1.66)	1.63 (0.23,11.54)	1.77 (0.22,14.58)	2.60 (0.99,6.81)	1.92 (0.87,4.25)	0.77 (0.35,1.70)	1.87 (1.02,3.40)	1.98 (0.79,4.94)	2.08 (0.69,6.23)	0.89 (0.51,1.56)	1.96 (0.17,22.70)	Placebo	1.53 (0.47,4.95)	22.52 (1.05,483.39)	0.95 (0.43,2.10)	0.68 (0.30,1.53)	0.88 (0.44,1.76)	1.48 (0.47,4.67)	1.95 (0.30,12.75)
0.61 (0.18,2.13)	1.06 (0.15,7.54)	1.16 (0.15,8.82)	1.70 (0.85,3.40)	1.25 (0.37,4.26)	0.50 (0.12,2.06)	1.22 (0.36,4.15)	1.29 (0.32,5.30)	1.36 (0.54,3.42)	0.58 (0.16,2.12)	1.28 (0.11,14.93)	0.65 (0.20,2.11)	Phenotiazines_OS	14.70 (0.74,293.38)	0.62 (0.16,2.48)	0.44 (0.11,1.84)	0.57 (0.15,2.23)	0.97 (0.19,4.97)	1.27 (0.22,7.37)
0.04 (0.00,0.92)	0.07 (0.00,2.26)	0.08 (0.00,2.56)	0.12 (0.01,2.12)	0.09 (0.00,1.86)	0.03 (0.00,0.81)	0.08 (0.00,1.81)	0.09 (0.00,2.08)	0.09 (0.00,1.81)	0.04 (0.00,0.89)	0.09 (0.00,3.69)	0.04 (0.00,0.95)	0.07 (0.00,1.36)	Haloperidol_OS	0.04 (0.00,0.99)	0.03 (0.00,0.72)	0.04 (0.00,0.90)	0.07 (0.00,1.73)	0.09 (0.00,2.41)
0.98 (0.47,2.04)	1.71 (0.21,13.68)	1.86 (0.20,17.29)	2.73 (0.82,9.15)	2.02 (0.73,5.57)	0.80 (0.26,2.46)	1.96 (0.85,4.55)	2.08 (0.70,6.21)	2.19 (0.59,8.16)	0.93 (0.36,2.40)	2.06 (0.16,26.30)	1.05 (0.48,2.32)	1.61 (0.40,6.42)	23.67 (1.01,553.74)	Aripiprazole_OS	0.71 (0.23,2.20)	0.92 (0.33,2.58)	1.56 (0.39,6.15)	2.05 (0.27,15.37)
1.38 (0.51,3.74)	2.41 (0.29,20.09)	2.63 (0.27,25.13)	3.85 (1.09,13.58)	2.84 (0.91,8.85)	1.13 (0.74,1.75)	2.76 (1.01,7.58)	2.93 (0.86,9.95)	3.08 (0.79,12.07)	1.32 (0.53,3.28)	2.90 (0.22,38.34)	1.48 (0.66,3.35)	2.27 (0.54,9.46)	33.35 (1.40,796.05)	1.41 (0.45,4.37)	Olanzapine_OS	1.30 (0.48,3.54)	2.19 (0.57,8.51)	2.89 (0.37,22.35)
1.07 (0.44,2.58)	1.85 (0.23,14.75)	2.02 (0.22,18.52)	2.96 (0.91,9.66)	2.19 (0.77,6.20)	0.87 (0.32,2.37)	2.13 (0.87,5.22)	2.26 (0.73,7.01)	2.37 (0.65,8.64)	1.01 (0.67,1.53)	2.23 (0.18,28.39)	1.14 (0.57,2.28)	1.75 (0.45,6.80)	25.65 (1.11,594.22)	1.08 (0.39,3.03)	0.77 (0.28,2.10)	Risperidone_OS	1.69 (0.57,4.98)	2.22 (0.30,16.40)
0.63 (0.18,2.25)	1.10 (0.11,10.59)	1.20 (0.11,13.16)	1.76 (0.39,7.82)	1.30 (0.32,5.18)	0.52 (0.13,2.00)	1.26 (0.35,4.54)	1.34 (0.31,5.74)	1.40 (0.29,6.84)	0.60 (0.22,1.63)	1.32 (0.09,19.73)	0.68 (0.21,2.13)	1.03 (0.20,5.32)	15.21 (0.58,401.13)	0.64 (0.16,2.54)	0.46 (0.12,1.77)	0.59 (0.20,1.75)	Quetiapine_OS	1.32 (0.15,11.86)
0.48 (0.07,3.29)	0.83 (0.07,9.59)	0.91 (0.07,11.06)	1.33 (0.27,6.69)	0.99 (0.15,6.63)	0.39 (0.05,3.02)	0.96 (0.14,6.46)	1.02 (0.13,7.76)	1.07 (0.19,5.97)	0.46 (0.06,3.22)	1.00 (0.06,17.49)	0.51 (0.08,3.35)	0.79 (0.14,4.55)	11.55 (0.41,322.08)	0.49 (0.07,3.66)	0.35 (0.04,2.68)	0.45 (0.06,3.32)	0.76 (0.08,6.84)	DBP_OS

Net league table: head-to-head comparisons. Relative risks (RRs) and 95% confidence intervals (CIs) are reported. RRs lower than 1 favour the column-defining treatment. Statistically significant results are highlighted in grey. LAI=long-acting antipsychotics

Evaluation of heterogeneity and incoherence

Overall heterogeneity
Estimated between-studies SD: 1.303e-08

Overall incoherence
Design-by-treatment test: P = 1.000

Loop-specific approach
* 17 triangular loops found
* 2 quadratic loops found

Note: Heterogeneity of loop A-D-F cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-H-P cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-I-K cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-I-O cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-I-P cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-J-O cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-K-L cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop B-C-E cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop C-D-E-F cannot be estimated due to insufficient observations - set equal to 0

Evaluation of inconsistency using loop-specific heterogeneity estimates:

Loop	ROR	z_value	p_value	CI_95	Loop_Heterog_tau2
A-I-O	18.595	1.819	0.069	(1.00,433.71)	0.000
A-K-L	11.465	1.393	0.164	(1.00,354.39)	0.000
A-D-F	8.425	0.867	0.386	(1.00,1043.32)	0.000
B-D-G	6.270	0.706	0.480	(1.00,1027.18)	1.146
B-D-F	5.177	0.872	0.383	(1.00,208.87)	0.000
A-B-F	4.133	0.868	0.386	(1.00,101.99)	0.000
B-D-E	2.628	0.269	0.788	(1.00,3013.28)	1.788
A-J-K	2.519	1.315	0.189	(1.00,9.98)	0.000
I-J-K-O	2.514	0.424	0.672	(1.00,178.38)	0.000
A-B-D	2.166	0.471	0.638	(1.00,54.05)	0.000
B-C-F	2.162	0.327	0.744	(1.00,220.63)	0.000
A-J-O	2.138	0.839	0.401	(1.00,12.62)	0.000
B-C-E	1.961	0.220	0.826	(1.00,799.68)	0.000
A-I-K	1.918	0.401	0.689	(1.00,46.40)	0.000
C-D-E-F	1.634	0.130	0.897	(1.00,2737.21)	0.000
A-B-M	1.471	0.266	0.790	(1.00,25.25)	0.000
A-H-P	1.378	0.429	0.668	(1.00,5.96)	0.000
A-I-P	1.119	0.106	0.915	(1.00,8.84)	0.000
A-D-K	1.060	0.043	0.966	(1.00,15.19)	0.000

Consistency between direct and indirect estimates

Side	Direct Coef.	Direct Std. Err.	Indirect Coef.	Indirect Std. Err.	Difference Coef.	Difference Std. Err.	P>|z|
A B	1.093994	.5543409	.6824532	.7056445	.4115404	.7638189	0.590
A D	1.092645	1.20356	.596386	.4299559	.4962586	1.278053	0.698
A F	1.4379	.9120406	.3258564	.6961583	1.112043	1.134032	0.327
A H	-.1513444	.444427	-.656908	.7330177	.5055636	.7918308	0.523
A I	.0005517	.3111993	-.7726517	.7300191	.7732034	.7935823	0.330
A J	-.3496527	.371781	.3834839	.4689722	-.7331365	.5975703	0.220
A K	1.084011	.5209137	.3804392	.3788665	.7035715	.6441203	0.275
A L	-1.19641	1.628989	.8515311	.4866171	-2.047941	1.700118	0.228
A M	-.145812	1.144891	.6215479	.6849611	-.7673598	1.308956	0.558
A O	-.7085081	.5237457	.9206599	.6356015	-1.629168	.822784	0.048
A P	-.5330278	.5298171	-.192348	.6261275	-.3406798	.7956937	0.669
B C	-.6244608	1.252125	-.01265	1.548079	-.6118108	1.991064	0.759
B D	-.7904557	.9396862	-.0876931	.6243315	-.7027626	1.128185	0.533
B E	.0487901	1.975444	-.4793649	1.517716	.528155	2.491153	0.832
B F	-.2014391	.3199624	-.5817055	1.276276	.3802664	1.314847	0.772
B G	.0109534	1.132061	-1.510818	1.666128	1.521771	2.01433	0.450
B M *	-.5461104	.355279	1.870528	2.327667	-2.416638	2.316729	0.297
B N *	2.158906	1.485561	-2.932228	452.2603	5.091134	452.2667	0.991
B S *	-.2878044	.8225762	-1.757196	134.5033	1.469391	134.5042	0.991
C E	3.34e-11	1.983805	.1785541	1.774735	-.1785541	2.661798	0.947
C F	-.3448404	1.974718	.3314567	1.156146	-.6762971	2.288271	0.768
D E	-.2162231	1.984374	.1682483	1.575592	-.3844714	2.533817	0.879
D F	-1.052064	1.604235	.2502455	.6237515	-1.302309	1.72123	0.449
D G	-1.098548	1.576326	.422989	1.25411	-1.521537	2.014325	0.450
D K	.0496995	.3538818	-.4384754	.8090713	.4881749	.883079	0.580
H P *	-.1190392	.2231791	-.4919049	2.018532	.3728657	2.0419	0.855
I K	1.734556	1.508126	.6638788	.4236949	1.070677	1.566512	0.494
I O	2.214027	1.486945	-.1818619	.5078094	2.395889	1.571266	0.127
I P	-.4054678	.8563483	-.2190133	.5558992	-.1864545	1.020958	0.855
I Q *	-.0120966	.2098005	.3064432	77.14933	-.3185398	77.14958	0.997
I R *	.5108256	.5109138	.1720893	415.7471	.3387363	415.7476	0.999
J K	.5183547	.290088	1.296891	.5437999	-.7785367	.6163355	0.207
J O	.0881477	.398582	-.4430538	.9937721	.5312015	1.063915	0.618
K L	.1588492	.3737011	-1.889087	1.658525	2.047936	1.700105	0.228

* Warning: all the evidence about these contrasts comes from the trials which directly compare them.

Funnel plot

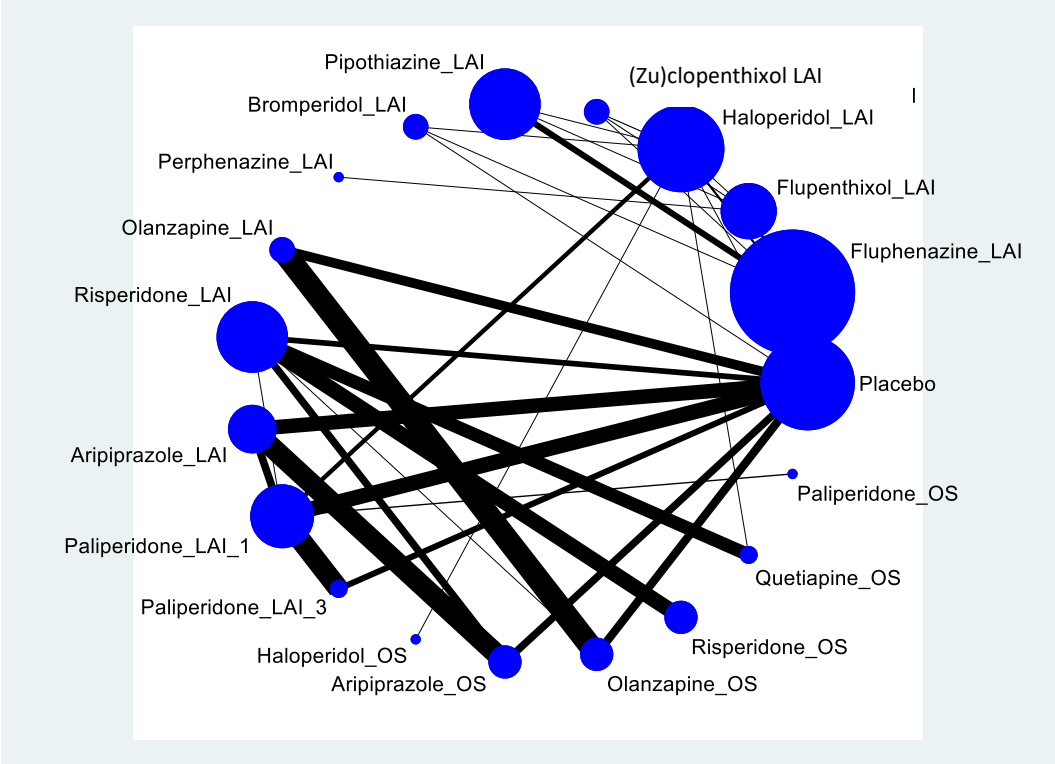
Not applicable: no comparisons with 10 one more studies.

Supplement R - Secondary outcome: efficacy measured as mean change at the end of the study

Treatment codes

Placebo	A
Fluphenazine LAI	B
Flupenthixol LAI	C
Haloperidol LAI	D
(Zu)clopenthixol LAI	E
Pipothiazine LAI	F
Bromperidol LAI	G
Perphenazine LAI	H
Olanzapine LAI	I
Risperidone LAI	J
Aripiprazole LAI	K
Paliperidone LAI-1	L
Paliperidone LAI-3	M
Haloperidol OS	N
Aripiprazole OS	O
Olanzapine OS	P
Risperidone OS	Q
Quetiapine OS	R
Paliperidone OS	S

Network map



Pairwise meta-analysis

Study	ES	[95% Conf.	Interval]
Q - J			
1	-0.078	-0.247	0.091
2	-0.247	-0.804	0.309
4	-0.020	-0.422	0.383

5	-0.075	-0.696	0.547
Sub-total			
D+L pooled ES	-0.082	-0.227	0.064
K - A			
6	-0.408	-0.618	-0.197
39	-0.775	-0.989	-0.561
Sub-total			
D+L pooled ES	-0.591	-0.951	-0.231
O - A			
6	-0.215	-0.424	-0.005
Sub-total			
D+L pooled ES	-0.215	-0.424	-0.005
O - K			
6	0.193	0.022	0.363
7	-0.033	-0.217	0.151
Sub-total			
D+L pooled ES	0.082	-0.139	0.304
I - A			
8	-0.489	-0.672	-0.306
Sub-total			
D+L pooled ES	-0.489	-0.672	-0.306
P - A			
8	-0.665	-0.863	-0.466
Sub-total			
D+L pooled ES	-0.665	-0.863	-0.466
P - I			
8	-0.175	-0.311	-0.040
9	-0.016	-0.265	0.232
Sub-total			
D+L pooled ES	-0.131	-0.271	0.008
N - D			
10	-0.059	-0.895	0.776
Sub-total			
D+L pooled ES	-0.059	-0.895	0.776
R - D			
16	-0.653	-1.576	0.270
Sub-total			
D+L pooled ES	-0.653	-1.576	0.270
R - J			
17	0.623	0.466	0.781
Sub-total			
D+L pooled ES	0.623	0.466	0.781
O - J			
18	0.007	-0.203	0.217
Sub-total			
D+L pooled ES	0.007	-0.203	0.217
F - C			
20	-0.710	-1.369	-0.050
Sub-total			
D+L pooled ES	-0.710	-1.369	-0.050
L - K			
23	0.357	0.116	0.598
24	0.429	0.034	0.824
Sub-total			
D+L pooled ES	0.376	0.171	0.582
D - C			
26	-0.318	-1.016	0.380
Sub-total			
D+L pooled ES	-0.318	-1.016	0.380
L - A			
28	-0.590	-0.789	-0.392
54	-0.418	-0.635	-0.201
Sub-total			
D+L pooled ES	-0.510	-0.679	-0.342

J - A			
29	-0.591	-0.831	-0.351
Sub-total			
D+L pooled ES	-0.591	-0.831	-0.351
G - A			
30	-1.179	-2.419	0.060
Sub-total			
D+L pooled ES	-1.179	-2.419	0.060
D - A			
31	-1.500	-2.295	-0.704
Sub-total			
D+L pooled ES	-1.500	-2.295	-0.704
S - L			
32	-0.090	-0.576	0.397
Sub-total			
D+L pooled ES	-0.090	-0.576	0.397
M - A			
34	-0.619	-0.850	-0.387
Sub-total			
D+L pooled ES	-0.619	-0.850	-0.387
B - A			
35	-0.742	-1.772	0.289
Sub-total			
D+L pooled ES	-0.742	-1.772	0.289
L - J			
42	0.471	-0.401	1.342
Sub-total			
D+L pooled ES	0.471	-0.401	1.342
D - B			
46	-0.128	-0.677	0.422
55	0.704	-0.095	1.502
72	-0.458	-1.185	0.269
Sub-total			
D+L pooled ES	0.008	-0.598	0.615
P - J			
48	0.212	-0.410	0.834
Sub-total			
D+L pooled ES	0.212	-0.410	0.834
L - D			
49	-0.047	-0.319	0.224
Sub-total			
D+L pooled ES	-0.047	-0.319	0.224
F - D			
50	-0.314	-0.964	0.335
Sub-total			
D+L pooled ES	-0.314	-0.964	0.335
F - B			
51	-2.458	-3.147	-1.770
53	-0.166	-0.575	0.244
64	0.474	-0.048	0.997
68	0.423	-0.279	1.125
71	-0.821	-1.576	-0.066
73	0.621	-0.192	1.433
75	-0.103	-0.819	0.613
Sub-total			
D+L pooled ES	-0.287	-1.020	0.445
G - B			
56	0.031	-0.754	0.816
Sub-total			
D+L pooled ES	0.031	-0.754	0.816
G - D			
57	-0.145	-1.376	1.086
Sub-total			
D+L pooled ES	-0.145	-1.376	1.086

M - L			
59	0.066	-0.059	0.191
Sub-total			
D+L pooled ES	0.066	-0.059	0.191
C - B			
62	0.174	-0.426	0.773
66	-0.444	-0.978	0.090
78	0.031	-0.605	0.668
Sub-total			
D+L pooled ES	-0.106	-0.489	0.277
E - D			
63	0.102	-0.434	0.638
Sub-total			
D+L pooled ES	0.102	-0.434	0.638
E - C			
65	-0.142	-0.699	0.415
Sub-total			
D+L pooled ES	-0.142	-0.699	0.415
H - C			
69	-0.767	-1.489	-0.045
Sub-total			
D+L pooled ES	-0.767	-1.489	-0.045
E - B			
77	-0.094	-0.732	0.543
Sub-total			
D+L pooled ES	-0.094	-0.732	0.543

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
Q - J	0.43	3	0.933	0.0%	0.0000
K - A	5.74	1	0.017	82.6%	0.0557
O - A	0.00	0	.	.%	0.0000
O - K	3.11	1	0.078	67.8%	0.0173
I - A	0.00	0	.	.%	0.0000
P - A	0.00	0	.	.%	0.0000
P - I	1.21	1	0.271	17.5%	0.0022
N - D	0.00	0	.	.%	0.0000
R - D	0.00	0	.	.%	0.0000
R - J	0.00	0	.	.%	0.0000
O - J	0.00	0	.	.%	0.0000
F - C	0.00	0	.	.%	0.0000
L - K	0.09	1	0.761	0.0%	0.0000
D - C	0.00	0	.	.%	0.0000
L - A	1.32	1	0.250	24.3%	0.0036
J - A	0.00	0	.	.%	0.0000
G - A	0.00	0	.	.%	0.0000
D - A	0.00	0	.	.%	0.0000
S - L	0.00	0	.	.%	0.0000
M - A	0.00	0	.	.%	0.0000
B - A	0.00	0	.	.%	0.0000
L - J	0.00	0	.	.%	0.0000
D - B	4.70	2	0.095	57.4%	0.1649
P - J	0.00	0	.	.%	0.0000
L - D	0.00	0	.	.%	0.0000
F - D	0.00	0	.	.%	0.0000
F - B	57.28	6	0.000	89.5%	0.8631
G - B	0.00	0	.	.%	0.0000
G - D	0.00	0	.	.%	0.0000
M - L	0.00	0	.	.%	0.0000
C - B	2.55	2	0.279	21.6%	0.0248
E - D	0.00	0	.	.%	0.0000
E - C	0.00	0	.	.%	0.0000
H - C	0.00	0	.	.%	0.0000
E - B	0.00	0	.	.%	0.0000

** I-squared: the variation in ES attributable to heterogeneity)

Net league table

Aripiprazole_LAI	-0.08 (-1.00,0.84)	0.17 (-0.61,0.95)	0.09 (-0.61,0.79)	0.07 (-0.57,0.70)	0.21 (-0.55,0.98)	0.24 (-0.18,0.67)	0.22 (-0.44,0.87)	-0.60 (-1.89,0.70)	-0.23 (-0.99,0.53)	-0.08 (-0.64,0.47)	0.07 (-0.79,0.92)	0.74 (0.33,1.15)	0.01 (-1.28,1.29)	0.11 (-0.36,0.58)	0.12 (-0.59,0.82)	-0.18 (-0.89,0.52)	0.21 (-0.61,1.04)	0.15 (-0.83,1.14)
0.08 (-0.84,1.00)	Bromperidol_LAI	0.25 (-0.61,1.11)	0.17 (-0.61,0.95)	0.15 (-0.64,0.93)	0.29 (-0.77,1.36)	0.32 (-0.56,1.20)	0.30 (-0.71,1.30)	-0.52 (-1.87,0.83)	-0.15 (-0.98,0.69)	-0.00 (-0.94,0.94)	0.15 (-0.79,1.09)	0.82 (-0.03,1.67)	0.09 (-1.28,1.45)	0.19 (-0.78,1.15)	0.20 (-0.83,1.23)	-0.10 (-1.14,0.93)	0.29 (-0.77,1.36)	0.23 (-1.01,1.48)
-0.17 (-0.95,0.61)	-0.25 (-1.11,0.61)	Flupenthixol_LAI	-0.08 (-0.50,0.34)	-0.10 (-0.61,0.41)	0.05 (-0.91,1.00)	0.07 (-0.65,0.80)	0.05 (-0.83,0.92)	-0.77 (-1.80,0.27)	-0.40 (-0.89,0.09)	-0.25 (-1.05,0.55)	-0.10 (-0.71,0.51)	0.57 (-0.14,1.27)	-0.16 (-1.39,1.07)	-0.06 (-0.89,0.77)	-0.05 (-0.96,0.86)	-0.35 (-1.26,0.56)	0.04 (-0.88,0.97)	-0.01 (-1.16,1.13)
-0.09 (-0.79,0.61)	-0.17 (-0.95,0.61)	0.08 (-0.34,0.50)	Fluphenazine_LAI	-0.02 (-0.43,0.38)	0.12 (-0.77,1.02)	0.15 (-0.49,0.79)	0.13 (-0.68,0.94)	-0.69 (-1.81,0.43)	-0.32 (-0.66,0.02)	-0.17 (-0.90,0.55)	-0.02 (-0.61,0.56)	0.65 (0.03,1.27)	-0.08 (-1.27,1.11)	0.02 (-0.74,0.78)	0.03 (-0.82,0.87)	-0.27 (-1.12,0.57)	0.12 (-0.74,0.99)	0.06 (-1.03,1.16)
-0.07 (-0.70,0.57)	-0.15 (-0.93,0.64)	0.10 (-0.41,0.61)	0.02 (-0.38,0.43)	Haloperidol_LAI	0.15 (-0.69,0.99)	0.18 (-0.38,0.73)	0.15 (-0.60,0.90)	-0.67 (-1.82,0.49)	-0.30 (-0.78,0.18)	-0.15 (-0.80,0.50)	-0.00 (-0.60,0.60)	0.67 (0.12,1.22)	-0.06 (-1.18,1.06)	0.04 (-0.66,0.74)	0.05 (-0.74,0.84)	-0.25 (-1.03,0.54)	0.15 (-0.65,0.94)	0.09 (-0.96,1.13)
-0.21 (-0.98,0.55)	-0.29 (-1.36,0.77)	-0.05 (-1.00,0.91)	-0.12 (-1.02,0.77)	-0.15 (-0.99,0.69)	Olanzapine_LAI	0.03 (-0.71,0.77)	0.00 (-0.87,0.87)	-0.81 (-2.22,0.60)	-0.44 (-1.38,0.49)	-0.30 (-1.04,0.44)	-0.15 (-1.16,0.87)	0.52 (-0.14,1.18)	-0.21 (-1.61,1.19)	-0.10 (-0.91,0.70)	-0.10 (-0.63,0.43)	-0.40 (-1.25,0.46)	-0.00 (-0.97,0.97)	-0.06 (-1.22,1.10)
-0.24 (-0.67,0.18)	-0.32 (-1.20,0.56)	-0.07 (-0.80,0.65)	-0.15 (-0.79,0.49)	-0.18 (-0.73,0.38)	-0.03 (-0.77,0.71)	Paliperidone_LAI_1	-0.03 (-0.60,0.54)	-0.84 (-2.10,0.42)	-0.47 (-1.17,0.23)	-0.33 (-0.86,0.21)	-0.18 (-0.98,0.62)	0.49 (0.12,0.86)	-0.24 (-1.48,1.01)	-0.13 (-0.68,0.42)	-0.13 (-0.81,0.56)	-0.43 (-1.11,0.26)	-0.03 (-0.83,0.77)	-0.09 (-0.98,0.80)
-0.22 (-0.87,0.44)	-0.30 (-1.30,0.71)	-0.05 (-0.92,0.83)	-0.13 (-0.94,0.68)	-0.15 (-0.90,0.60)	-0.00 (-0.87,0.87)	0.03 (-0.54,0.60)	Paliperidone_LAI_3	-0.82 (-2.17,0.54)	-0.45 (-1.30,0.41)	-0.30 (-1.02,0.42)	-0.15 (-1.09,0.79)	0.52 (-0.05,1.09)	-0.21 (-1.55,1.14)	-0.11 (-0.84,0.62)	-0.10 (-0.92,0.72)	-0.40 (-1.24,0.44)	-0.00 (-0.94,0.93)	-0.06 (-1.12,0.99)
0.60 (-0.70,1.89)	0.52 (-0.83,1.87)	0.77 (-0.27,1.80)	0.69 (-0.43,1.81)	0.67 (-0.49,1.82)	0.81 (-0.60,2.22)	0.84 (-0.42,2.10)	0.82 (-0.54,2.17)	Perphenazine_LAI	0.37 (-0.78,1.52)	0.52 (-0.79,1.82)	0.67 (-0.54,1.87)	1.34 (0.08,2.59)	0.61 (-1.00,2.21)	0.71 (-0.62,2.04)	0.72 (-0.66,2.09)	0.42 (-0.96,1.79)	0.81 (-0.58,2.20)	0.75 (-0.79,2.29)
0.23 (-0.53,0.99)	0.15 (-0.69,0.98)	0.40 (-0.09,0.89)	0.32 (-0.02,0.66)	0.30 (-0.18,0.78)	0.44 (-0.49,1.38)	0.47 (-0.23,1.17)	0.45 (-0.41,1.30)	-0.37 (-1.52,0.78)	Pipothiazine_LAI	0.15 (-0.63,0.92)	0.30 (-0.36,0.95)	0.97 (0.29,1.65)	0.24 (-0.98,1.45)	0.34 (-0.47,1.15)	0.35 (-0.54,1.24)	0.05 (-0.84,0.94)	0.44 (-0.46,1.35)	0.38 (-0.75,1.51)
0.08 (-0.47,0.64)	0.00 (-0.94,0.94)	0.25 (-0.55,1.05)	0.17 (-0.55,0.90)	0.15 (-0.50,0.80)	0.30 (-0.44,1.04)	0.33 (-0.21,0.86)	0.30 (-0.42,1.02)	-0.52 (-1.82,0.79)	-0.15 (-0.92,0.63)	Risperidone_LAI	0.15 (-0.72,1.02)	0.82 (0.34,1.30)	0.09 (-1.20,1.39)	0.19 (-0.36,0.74)	0.20 (-0.45,0.86)	-0.10 (-0.53,0.33)	0.30 (-0.38,0.97)	0.24 (-0.80,1.27)
-0.07 (-0.92,0.79)	-0.15 (-1.09,0.79)	0.10 (-0.51,0.71)	0.02 (-0.56,0.61)	0.00 (-0.60,0.60)	0.15 (-0.87,1.16)	0.18 (-0.62,0.98)	0.15 (-0.79,1.09)	-0.67 (-1.87,0.54)	-0.30 (-0.95,0.36)	-0.15 (-1.02,0.72)	(Zu)clopenthixol_LAI	0.67 (-0.12,1.46)	-0.06 (-1.33,1.21)	0.04 (-0.86,0.94)	0.05 (-0.92,1.02)	-0.25 (-1.22,0.72)	0.15 (-0.84,1.13)	0.09 (-1.11,1.28)
-0.74 (-1.15,-0.33)	-0.82 (-1.67,0.03)	-0.57 (-1.27,0.14)	-0.65 (-1.27,-0.03)	-0.67 (-1.22,-0.12)	-0.52 (-1.18,0.14)	-0.49 (-0.86,-0.12)	-0.52 (-1.09,0.05)	-1.34 (-2.59,-0.08)	-0.97 (-1.65,-0.29)	-0.82 (-1.30,-0.34)	-0.67 (-1.46,0.12)	Placebo	-0.73 (-1.97,0.51)	-0.63 (-1.13,-0.12)	-0.62 (-1.22,-0.02)	-0.92 (-1.57,-0.27)	-0.52 (-1.30,0.25)	-0.58 (-1.54,0.38)
-0.01 (-1.29,1.28)	-0.09 (-1.45,1.28)	0.16 (-1.07,1.39)	0.08 (-1.11,1.27)	0.06 (-1.06,1.18)	0.21 (-1.19,1.61)	0.24 (-1.01,1.48)	0.21 (-1.14,1.55)	-0.61 (-2.21,1.00)	-0.24 (-1.45,0.98)	-0.09 (-1.39,1.20)	0.06 (-1.21,1.33)	0.73 (-0.51,1.97)	Haloperidol_OS	0.10 (-1.22,1.42)	0.11 (-1.26,1.48)	-0.19 (-1.55,1.18)	0.21 (-1.17,1.58)	0.15 (-1.38,1.68)
-0.11 (-0.58,0.36)	-0.19 (-1.15,0.78)	0.06 (-0.77,0.89)	-0.02 (-0.78,0.74)	-0.04 (-0.74,0.66)	0.10 (-0.70,0.91)	0.13 (-0.42,0.68)	0.11 (-0.62,0.84)	-0.71 (-2.04,0.62)	-0.34 (-1.15,0.47)	-0.19 (-0.74,0.36)	-0.04 (-0.94,0.86)	0.63 (0.12,1.13)	-0.10 (-1.42,1.22)	Aripiprazole_OS	0.01 (-0.73,0.75)	-0.29 (-0.99,0.41)	0.10 (-0.73,0.94)	0.04 (-1.00,1.09)
-0.12 (-0.82,0.59)	-0.20 (-1.23,0.83)	0.05 (-0.86,0.96)	-0.03 (-0.87,0.82)	-0.05 (-0.84,0.74)	0.10 (-0.43,0.63)	0.13 (-0.56,0.81)	0.10 (-0.72,0.92)	-0.72 (-2.09,0.66)	-0.35 (-1.24,0.54)	-0.20 (-0.86,0.45)	-0.05 (-1.02,0.92)	0.62 (0.02,1.22)	-0.11 (-1.48,1.26)	-0.01 (-0.75,0.73)	Olanzapine_OS	-0.30 (-1.08,0.49)	0.10 (-0.81,1.01)	0.04 (-1.09,1.16)
0.18 (-0.52,0.89)	0.10 (-0.93,1.14)	0.35 (-0.56,1.26)	0.27 (-0.57,1.12)	0.25 (-0.54,1.03)	0.40 (-0.46,1.25)	0.43 (-0.26,1.11)	0.40 (-0.44,1.24)	-0.42 (-1.79,0.96)	-0.05 (-0.94,0.84)	0.10 (-0.33,0.53)	0.25 (-0.72,1.22)	0.92 (0.27,1.57)	0.19 (-1.18,1.55)	0.29 (-0.41,0.99)	0.30 (-0.49,1.08)	Risperidone_OS	0.39 (-0.41,1.20)	0.34 (-0.79,1.46)
-0.21 (-1.04,0.61)	-0.29 (-1.36,0.77)	-0.04 (-0.97,0.88)	-0.12 (-0.99,0.74)	-0.15 (-0.94,0.65)	0.00 (-0.97,0.97)	0.03 (-0.77,0.83)	0.00 (-0.93,0.94)	-0.81 (-2.20,0.58)	-0.44 (-1.35,0.46)	-0.30 (-0.97,0.38)	-0.15 (-1.13,0.84)	0.52 (-0.25,1.30)	-0.21 (-1.58,1.17)	-0.10 (-0.94,0.73)	-0.10 (-1.01,0.81)	-0.39 (-1.20,0.41)	Quetiapine_OS	-0.06 (-1.25,1.13)
-0.15 (-1.14,0.83)	-0.23 (-1.48,1.01)	0.01 (-1.13,1.16)	-0.06 (-1.16,1.03)	-0.09 (-1.13,0.96)	0.06 (-1.10,1.22)	0.09 (-0.80,0.98)	0.06 (-0.99,1.12)	-0.75 (-2.29,0.79)	-0.38 (-1.51,0.75)	-0.24 (-1.27,0.80)	-0.09 (-1.28,1.11)	0.58 (-0.38,1.54)	-0.15 (-1.68,1.38)	-0.04 (-1.09,1.00)	-0.04 (-1.16,1.09)	-0.34 (-1.46,0.79)	0.06 (-1.13,1.25)	Paliperidone_OS

Net league table: head-to-head comparisons. Standardized mean differences (SMDs) and 95% confidence intervals (CIs) are reported. SMDs lower than 0 favour the column-defining treatment. Statistically significant results are highlighted in grey. LAI=long-acting antipsychotics

Evaluation of heterogeneity and incoherence

Overall heterogeneity
Estimated between-studies SD: .37822918

Overall incoherence
Design-by-treatment test: P = 0.000

Loop-specific approach
 * 19 triangular loops found
 * 3 quadratic loops found

Note: Heterogeneity of loop A-B-G cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-D-G cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-D-L cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-I-P cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-J-L cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-J-O cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-J-P cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-K-O cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-L-M cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop C-D-E cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop C-D-F cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-D-J-R cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop D-J-L-R cannot be estimated due to insufficient observations - set equal to 0

Evaluation of inconsistency using loop-specific heterogeneity estimates:

Loop	IF	seIF	z_value	p_value	CI_95	Loop_Heterog_tau2
A-D-J-R	2.185	0.639	3.420	0.001	(0.93,3.44)	0.000
A-D-L	1.035	0.435	2.377	0.017	(0.18,1.89)	0.000
A-B-D	0.767	0.989	0.775	0.438	(0.00,2.71)	0.165
D-J-L-R	0.758	0.667	1.136	0.256	(0.00,2.07)	0.000
B-C-F	0.507	1.138	0.445	0.656	(0.00,2.74)	0.635
A-B-G	0.469	0.915	0.513	0.608	(0.00,2.26)	0.000
A-D-G	0.465	0.979	0.475	0.635	(0.00,2.39)	0.000
B-C-D	0.412	0.601	0.685	0.493	(0.00,1.59)	0.084
A-K-O	0.406	0.162	2.516	0.012	(0.09,0.72)	0.000
A-J-L	0.392	0.467	0.838	0.402	(0.00,1.31)	0.000
A-J-O	0.369	0.195	1.898	0.058	(0.00,0.75)	0.000
A-K-L	0.300	0.231	1.299	0.194	(0.00,0.75)	0.020
A-J-P	0.286	0.355	0.806	0.420	(0.00,0.98)	0.000
B-D-E	0.205	0.827	0.247	0.805	(0.00,1.83)	0.165
A-L-M	0.173	0.154	1.124	0.261	(0.00,0.47)	0.000
J-K-L-O	0.168	0.498	0.337	0.736	(0.00,1.14)	0.008
B-D-G	0.168	1.052	0.159	0.873	(0.00,2.23)	0.165
A-I-P	0.159	0.187	0.849	0.396	(0.00,0.53)	0.000
B-C-E	0.154	0.524	0.294	0.769	(0.00,1.18)	0.025
C-D-F	0.077	0.592	0.131	0.896	(0.00,1.24)	0.000
C-D-E	0.074	0.531	0.139	0.890	(0.00,1.12)	0.000
B-D-F	0.001	1.180	0.000	1.000	(0.00,2.31)	0.712

Consistency between direct and indirect estimates

Side	Direct		Indirect		Difference		
	Coef.	Std. Err.	Coef.	Std. Err.	Coef.	Std. Err.	P>|z|
A B	-.7416405	.6517231	-.6219449	.3654691	-.1196956	.7472018	0.873
A D	-1.49975	.5375759	-.3893912	.3056121	-1.110359	.6183741	0.073
A G	-1.179461	.737993	-.6283713	.5360362	-.5510899	.9121231	0.546
A I	-.4881301	.4049228	-.6286382	.6905497	.1405081	.7993941	0.860
A J	-.5909712	.4089824	-.962875	.3169948	.3719038	.5174479	0.472
A K	-.593085	.2846897	-.9270032	.3257628	.3339182	.4325041	0.440
A L	-.5047573	.2891026	-.486448	.2664598	-.0183094	.3931748	0.963
A M	-.6187709	.4108865	-.4038599	.4495623	-.214911	.6090435	0.724
A O	-.2165848	.3806163	-.9298215	.329006	.7132367	.5035858	0.157
A P	-.6654416	.4052782	-.5519354	.5073328	-.1135062	.6480028	0.861
B C	-.0920061	.2789841	.3286903	.3369416	-.4206965	.4374542	0.336
B D	.0069844	.3021091	-.049663	.2915028	.0566474	.4198523	0.893
B E	-.0943804	.5074569	.0179646	.381549	-.112345	.6348951	0.860
B F	-.2734243	.1920392	-.5242032	.404232	.2507789	.447604	0.575
B G	.0310409	.5538888	-.3851768	.5738509	.4162177	.7975569	0.602
C D	-.3179079	.5255433	-.0295177	.3041799	-.2883902	.6072242	0.635
C E	-.1423692	.4827413	-.0717259	.4211016	-.0706433	.6405981	0.912
C F	-.7096051	.5097608	-.2971002	.2917096	-.4125049	.5873249	0.482
C H *	-.7672012	.5280712	1.137032	63.2588	-1.904233	63.26101	0.976
D E	.1017868	.475937	-.0790185	.4180222	.1808053	.6334505	0.775
D F	-.3143905	.5111116	-.2921821	.2861443	-.0222084	.5857589	0.970
D G	-.1451703	.7364229	-.1482349	.4811301	.0030647	.8796569	0.997
D L	-.0474416	.4100864	.3935265	.3998614	-.4409681	.5727652	0.441
D N *	-.0594824	.5700721	1.340333	63.25111	-1.399815	63.25368	0.982
D R	-.6527192	.5911701	.7794087	.5161368	-1.432128	.7847826	0.068
I P *	-.0986623	.28645	-.0674085	1.347373	-.0312538	1.378118	0.982
J L	.4706428	.5893573	.2886749	.3150021	.1819679	.6682579	0.785
J O	.0068665	.4047261	.3876993	.410227	-.3808328	.576272	0.509
J P	.2122136	.5044852	.1967575	.469409	.0154562	.6890937	0.982
J Q *	-.0988257	.2202362	1.644478	31.62913	-1.743304	31.62992	0.956
J R	.6233261	.366142	-.8081683	.6940475	1.431494	.7847049	0.068
K L	.390268	.2964953	.0605086	.3310499	.3297594	.4444126	0.458
K O	.0802694	.2857984	.2037936	.524094	-.1235242	.5969704	0.836
L M	.0658622	.3986501	-.1489608	.4604616	.2148231	.609054	0.724
L S *	-.0898042	.4524158	.9858737	63.24383	-1.075678	63.24543	0.986

* Warning: all the evidence about these contrasts comes from the trials which directly compare them.

Funnel plot

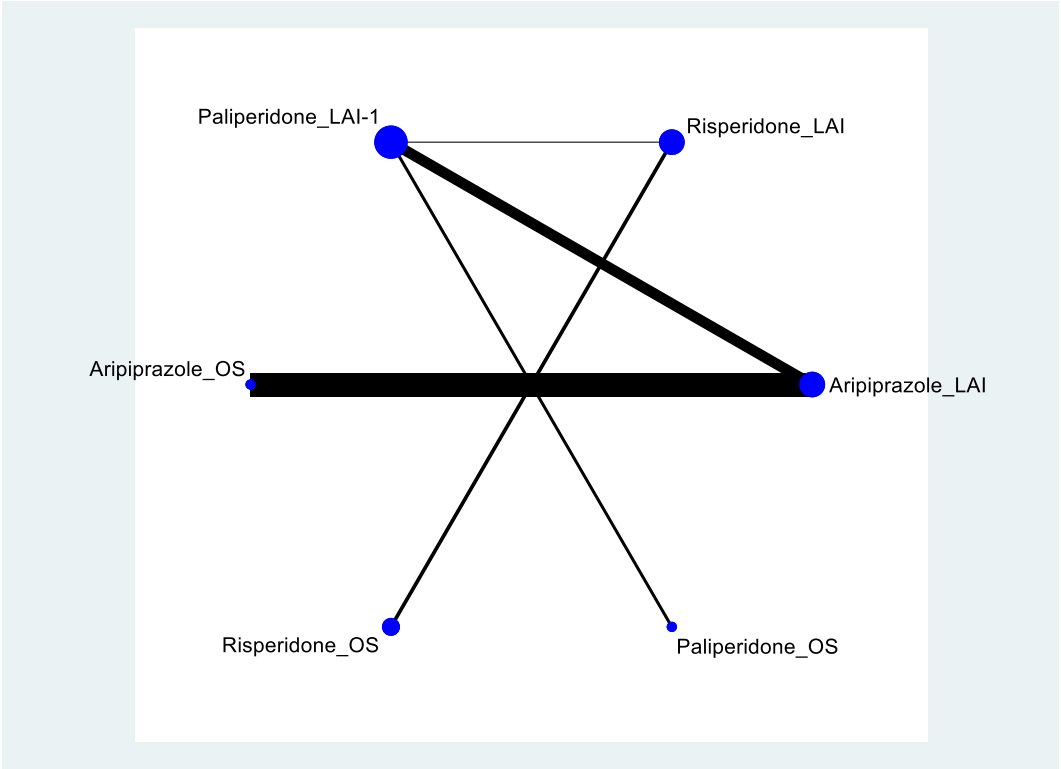
Not applicable: no comparisons with 10 one more studies.

Supplement S - Secondary outcome: quality of life measured as mean change at the end of the study

Treatment codes

Aripiprazole LAI	A
Risperidone LAI	B
Paliperidone LAI-1	C
Aripiprazole OS	D
Risperidone OS	E
Paliperidone OS	F

Network map



Pairwise meta-analysis

Study	ES	[95% Conf.	Interval]
E - B			
2	0.000	-0.554	0.554
5	-0.549	-1.365	0.268
Sub-total			
D+L pooled ES	-0.189	-0.700	0.322
D - A			
7	-0.048	-0.232	0.136
Sub-total			
D+L pooled ES	-0.048	-0.232	0.136
C - A			
23	-2.957	-3.304	-2.609
24	-1.155	-1.578	-0.733
Sub-total			
D+L pooled ES	-2.060	-3.826	-0.295
F - C			
32	0.798	0.291	1.305

```
 Sub-total           |
  D+L pooled ES      |    0.798     0.291     1.305
---------------------+-------------------------------------------------
     C - B
42                   |    0.208    -0.651     1.067
 Sub-total           |
  D+L pooled ES      |    0.208    -0.651     1.067
---------------------+-------------------------------------------------

Test(s) of heterogeneity:
                Heterogeneity  degrees of
                  statistic     freedom      P    I-squared**   Tau-squared

E - B                 1.19          1      0.276     15.8%       0.0237
D - A                 0.00          0        .         .%       0.0000
C - A                41.64          1      0.000     97.6%       1.5839
F - C                 0.00          0        .         .%       0.0000
C - B                 0.00          0        .         .%       0.0000
** I-squared: the variation in ES attributable to heterogeneity)
```

Net league table

Risperidone_OS	0.26 (-1.12,1.64)	1.26 (-1.84,4.36)	0.46 (-1.99,2.91)	2.47 (-0.86,5.81)	2.52 (-0.26,5.30)
-0.26 (-1.64,1.12)	Risperidone_LAI	1.00 (-1.77,3.77)	0.20 (-1.82,2.22)	2.21 (-0.82,5.25)	2.26 (-0.15,4.67)
-1.26 (-4.36,1.84)	-1.00 (-3.77,1.77)	Paliperidone_OS	-0.80 (-2.70,1.10)	1.21 (-1.74,4.17)	1.26 (-1.05,3.57)
-0.46 (-2.91,1.99)	-0.20 (-2.22,1.82)	0.80 (-1.10,2.70)	Paliperidone_LAI_1	2.01 (-0.25,4.28)	2.06 (0.74,3.38)
-2.47 (-5.81,0.86)	-2.21 (-5.25,0.82)	-1.21 (-4.17,1.74)	-2.01 (-4.28,0.25)	Aripiprazole_OS	0.05 (-1.79,1.89)
-2.52 (-5.30,0.26)	-2.26 (-4.67,0.15)	-1.26 (-3.57,1.05)	-2.06 (-3.38,-0.74)	-0.05 (-1.89,1.79)	Aripiprazole_LAI

Net league table: head-to-head comparisons. Standardized mean differences (SMDs) and 95% confidence intervals (CIs) are reported. SMDs lower than 0 favour the column-defining treatment. Statistically significant results are highlighted in grey. LAI=long-acting antipsychotics

Evaluation of heterogeneity and incoherence

Overall heterogeneity
Estimated between-studies SD = .93531018

Overall incoherence
Design-by-treatment test: P = 0.000

Loop-specific apporach
No triangular or quadratic loops found

Consistency between direct and indirect estimates

```
Side    Direct                Indirect              Difference
        Coef.      Std. Err.  Coef.      Std. Err.  Coef.      Std. Err.  P>|z|
A C *   -2.063373   .6755618     .11889   15.83145  -2.182263   15.84586  0.890
A D           .          .          .          .          .          .      .
B C *    .2079487  1.032501  -2.446039   21.10501   2.653988    21.1303  0.900
B E *   -.2614613   .7065347    4.62032   44.80342  -4.881781   44.80929  0.913
C F *    .7979375    .969212   4.132635   63.28106  -3.334698   63.28847  0.958
```

* Warning: all the evidence about these contrasts comes from the trials which directly compare them.

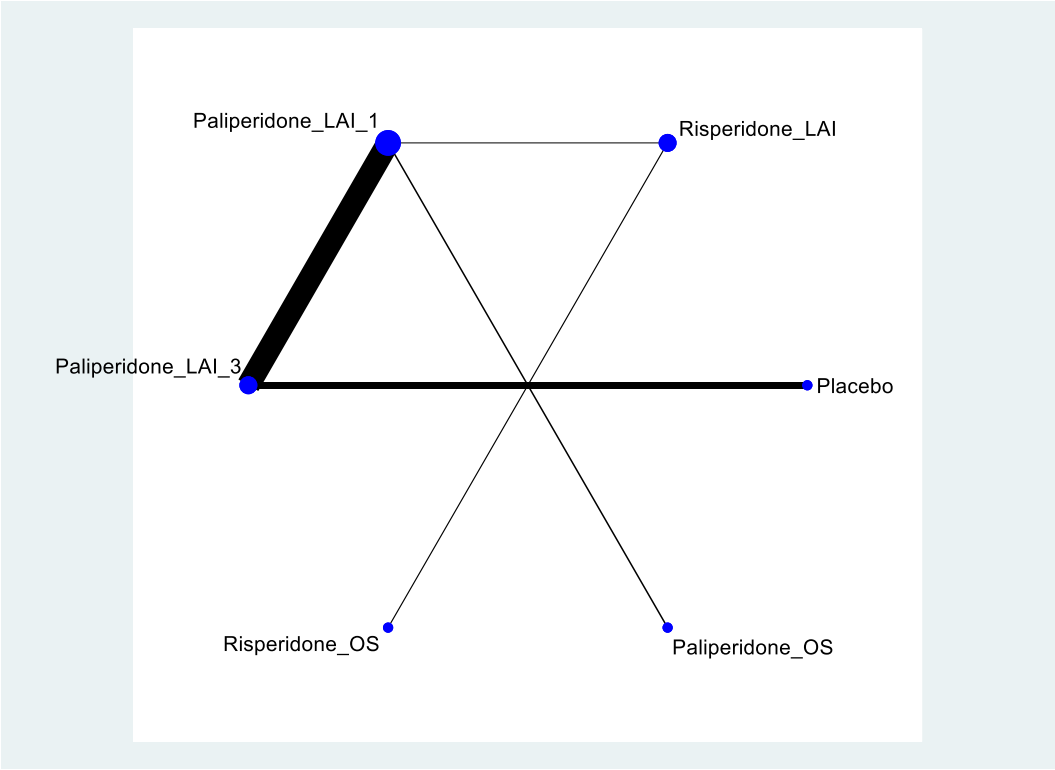
Funnel plot
Not applicable: no comparisons with 10 one more studies.

Supplement T - Secondary outcome: functioning measured as mean change at the end of the study

Treatment codes

Placebo	A
Risperidone LAI	B
Paliperidone LAI-1	C
Paliperidone LAI-3	D
Risperidone OS	E
Paliperidone OS	F

Network map



Pairwise meta-analysis

Study	ES	[95% Conf.	Interval]
E - B			
2	0.364	-0.196	0.923
Sub-total			
D+L pooled ES	0.364	-0.196	0.923
F - C			
32	0.188	-0.299	0.676
Sub-total			
D+L pooled ES	0.188	-0.299	0.676
D - A			
34	0.449	0.220	0.678
Sub-total			
D+L pooled ES	0.449	0.220	0.678
C - B			
42	-0.855	-1.760	0.051

```
 Sub-total           |
  D+L pooled ES      |   -0.855    -1.760     0.051
---------------------+-------------------------------------------------
     D - C
59                   |   -0.062    -0.188     0.064
 Sub-total           |
  D+L pooled ES      |   -0.062    -0.188     0.064
---------------------+-------------------------------------------------

Test(s) of heterogeneity:
               Heterogeneity  degrees of
                 statistic     freedom      P    I-squared**   Tau-squared

E - B                0.00          0         .         .%       0.0000
F - C                0.00          0         .         .%       0.0000
D - A                0.00          0         .         .%       0.0000
C - B                0.00          0         .         .%       0.0000
D - C                0.00          0         .         .%       0.0000
** I-squared: the variation in ES attributable to heterogeneity)
```

The network meta-analysis was not performed because of the limited number of studies per comparison and because one loop was formed of a 3-arm trial.

Funnel plot

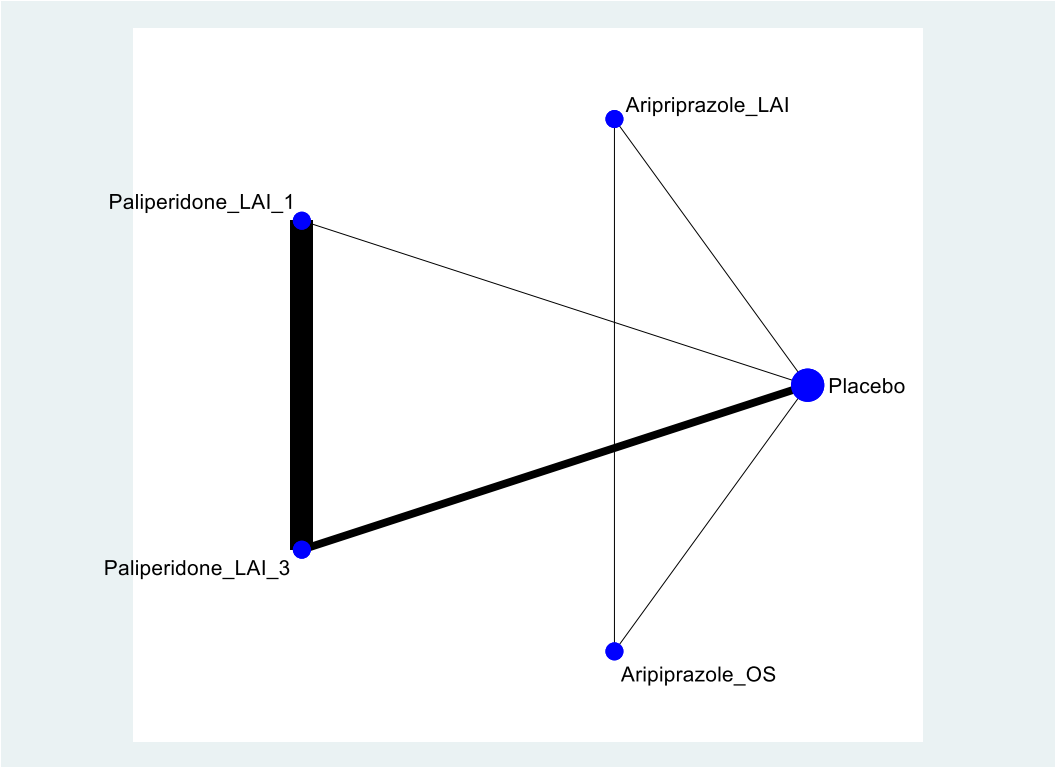
Not applicable: no comparisons with 10 one more studies.

Supplement U - Secondary outcome: QTc prolongation

Treatment codes

Placebo	A
Aripiprazole LAI	B
Paliperidone LAI-1	C
Paliperidone LAI-3	D
Aripiprazole OS	E

Network map



Pairwise meta-analysis

```
           Study     |     ES    [95% Conf. Interval]
---------------------+-------------------------------------------------
     B - A
6                    |    0.496     0.010    24.870
 Sub-total           |
  D+L pooled ES      |    0.496     0.010    24.870
---------------------+-------------------------------------------------
     E - A
6                    |    0.494     0.010    24.777
 Sub-total           |
  D+L pooled ES      |    0.494     0.010    24.777
---------------------+-------------------------------------------------
     E - B
6                    |    0.996     0.020    50.024
 Sub-total           |
  D+L pooled ES      |    0.996     0.020    50.024
---------------------+-------------------------------------------------
     C - A
28                   |    0.110     0.006     2.031
 Sub-total           |
  D+L pooled ES      |    0.110     0.006     2.031
---------------------+-------------------------------------------------
     D - A
```

```
34                    |    1.318     0.633     2.746
 Sub-total            |
  D+L pooled ES       |    1.318     0.633     2.746
--------------------+-------------------------------------------------
     D - C
59                    |    2.032     1.324     3.118
 Sub-total            |
  D+L pooled ES       |    2.032     1.324     3.118
--------------------+-------------------------------------------------
```

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
B - A	0.00	0	.	.%	0.0000
E - A	0.00	0	.	.%	0.0000
E - B	0.00	0	.	.%	0.0000
C - A	0.00	0	.	.%	0.0000
D - A	0.00	0	.	.%	0.0000
D - C	0.00	0	.	.%	0.0000

** I-squared: the variation in ES attributable to heterogeneity)

The network meta-analysis was not performed because of the limited number of studies per comparison and because one loop was formed of a 3-arm trial.

Funnel plot

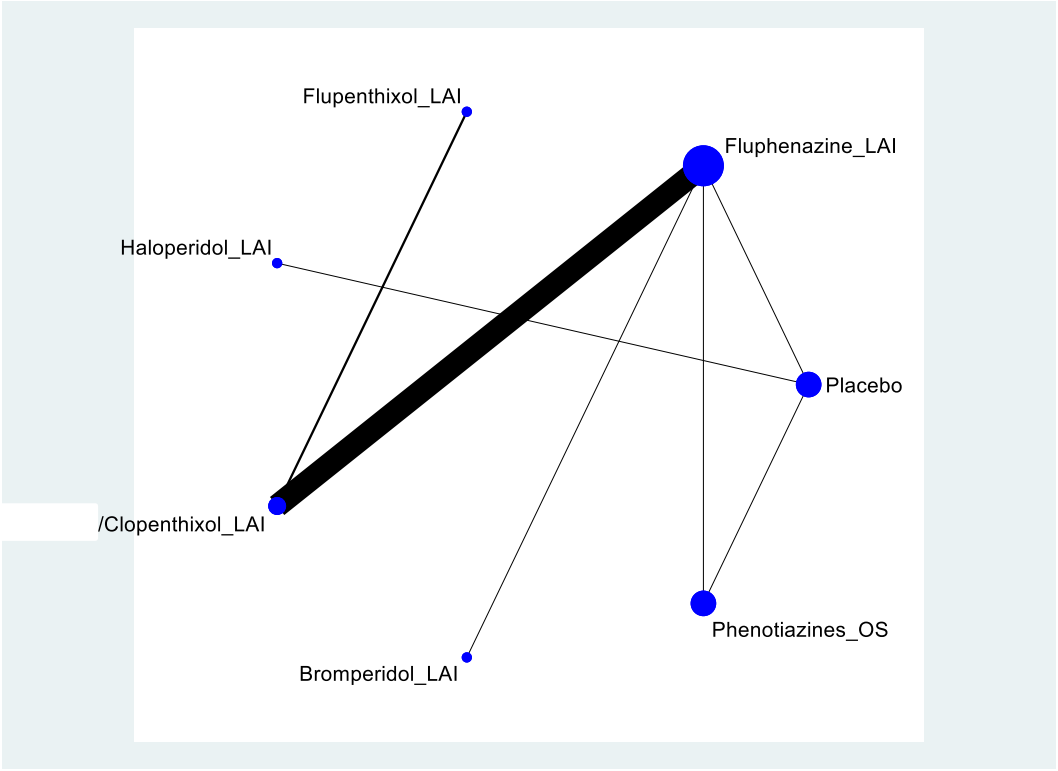
Not applicable: no comparisons with 10 one more studies.

Supplement V - Secondary outcome: sedation

Treatment codes

Placebo	A
Fluphenazine LAI	B
Flupenthixol LAI	C
Haloperidol LAI	D
Clopenthixol LAI	E
Bromperidol LAI	F
Phenotiazines OS	G

Network map



Pairwise meta-analysis

Study	ES	[95% Conf.	Interval]
G - B			
11	0.448	0.009	21.981
12	2.483	0.106	58.204
Sub-total			
D+L pooled ES	1.260	0.109	14.609
B - A			
12	0.958	0.020	46.313
Sub-total			
D+L pooled ES	0.958	0.020	46.313
G - A			
12	2.379	0.102	55.717
Sub-total			
D+L pooled ES	2.379	0.102	55.717
F - B			
27	2.087	0.203	21.478
Sub-total			
D+L pooled ES	2.087	0.203	21.478

```
     D - A
31                   |    0.333     0.015     7.619
 Sub-total           |
  D+L pooled ES      |    0.333     0.015     7.619
--------------------+-------------------------------------------------
     E - C
65                   |    1.286     0.551     3.003
 Sub-total           |
  D+L pooled ES      |    1.286     0.551     3.003
--------------------+-------------------------------------------------
     E - B
77                   |    0.991     0.758     1.295
 Sub-total           |
  D+L pooled ES      |    0.991     0.758     1.295
--------------------+-------------------------------------------------

Test(s) of heterogeneity:
               Heterogeneity  degrees of
                 statistic     freedom      P    I-squared**   Tau-squared

G - B                0.45          1      0.503      0.0%       0.0000
B - A                0.00          0         .         .%       0.0000
G - A                0.00          0         .         .%       0.0000
F - B                0.00          0         .         .%       0.0000
D - A                0.00          0         .         .%       0.0000
E - C                0.00          0         .         .%       0.0000
E - B                0.00          0         .         .%       0.0000
** I-squared: the variation in ES attributable to heterogeneity)
```

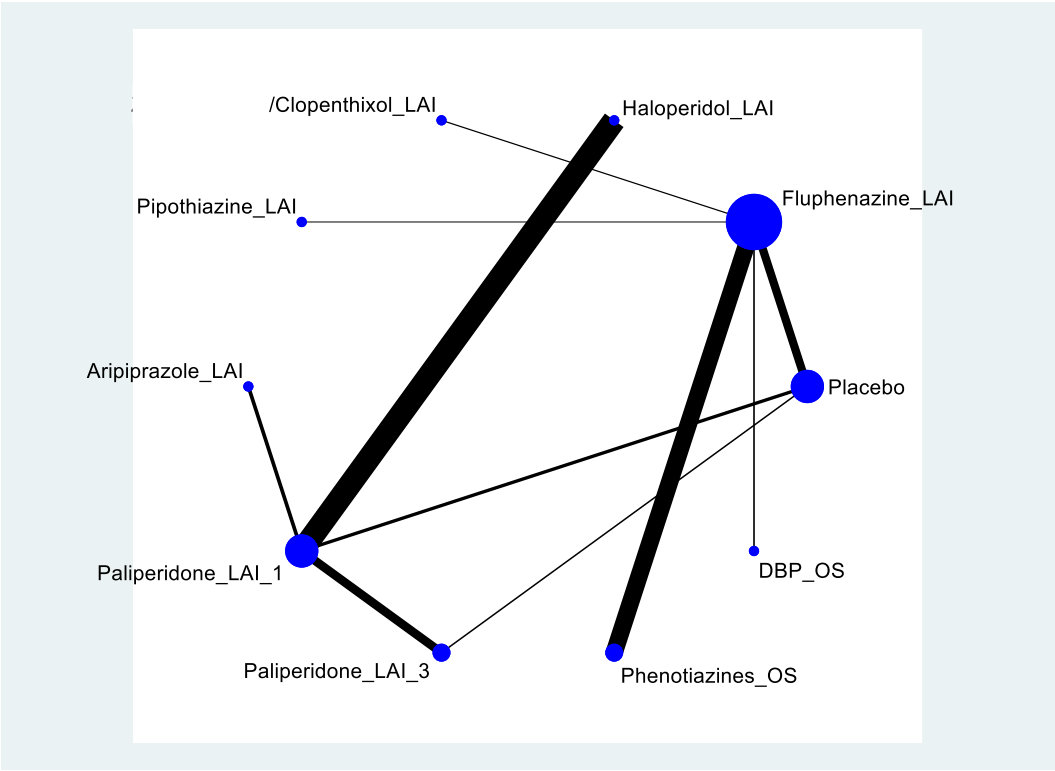
The network meta-analysis was not performed because of the limited number of studies per comparison and because one loop was formed of a 3-arm trial.

Supplement W - Secondary outcome: hospitalization

Treatment codes

Placebo	A
Fluphenazine LAI	B
Haloperidol LAI	C
Clopenthixol LAI	D
Pipothiazine LAI	E
Aripiprazole LAI	F
Paliperidone LAI-1	G
Paliperidone LAI-3	H
Phenotiazines OS	I
DBP_OS	J

Network map



Pairwise meta-analysis

Study	ES	[95% Conf.	Interval]
I - B			
14	1.310	0.833	2.058
19	7.500	0.438	128.401
Sub-total			
D+L pooled ES	1.744	0.491	6.187
G - F			
24	2.353	0.894	6.192
Sub-total			
D+L pooled ES	2.353	0.894	6.192
H - A			
34	0.181	0.040	0.813
Sub-total			
D+L pooled ES	0.181	0.040	0.813
B - A			
37	0.326	0.157	0.677

```
38                    |    0.182     0.044     0.744
 Sub-total            |
  D+L pooled ES       |    0.288     0.151     0.551
--------------------+-------------------------------------------------
     G - C
49                    |    1.269     0.861     1.872
 Sub-total            |
  D+L pooled ES       |    1.269     0.861     1.872
--------------------+-------------------------------------------------
     G - A
54                    |    0.432     0.156     1.199
 Sub-total            |
  D+L pooled ES       |    0.432     0.156     1.199
--------------------+-------------------------------------------------
     H - G
59                    |    0.739     0.393     1.390
 Sub-total            |
  D+L pooled ES       |    0.739     0.393     1.390
--------------------+-------------------------------------------------
     J - B
61                    |    1.118     0.259     4.815
 Sub-total            |
  D+L pooled ES       |    1.118     0.259     4.815
--------------------+-------------------------------------------------
     E - B
68                    |    5.000     0.259    96.587
 Sub-total            |
  D+L pooled ES       |    5.000     0.259    96.587
--------------------+-------------------------------------------------
     D - B
77                    |    0.702     0.131     3.748
 Sub-total            |
  D+L pooled ES       |    0.702     0.131     3.748
--------------------+-------------------------------------------------

Test(s) of heterogeneity:
               Heterogeneity  degrees of
                 statistic     freedom      P    I-squared**   Tau-squared

I - B                 1.41          1      0.234     29.3%       0.4463
G - F                 0.00          0         .        .%       0.0000
H - A                 0.00          0         .        .%       0.0000
B - A                 0.52          1      0.471      0.0%       0.0000
G - C                 0.00          0         .        .%       0.0000
G - A                 0.00          0         .        .%       0.0000
H - G                 0.00          0         .        .%       0.0000
J - B                 0.00          0         .        .%       0.0000
E - B                 0.00          0         .        .%       0.0000
D - B                 0.00          0         .        .%       0.0000
** I-squared: the variation in ES attributable to heterogeneity)
```

Net league table

Fluphenazine_LAI	1.01 (0.32,3.18)	0.70 (0.13,3.75)	5.00 (0.26,96.57)	0.54 (0.13,2.32)	1.28 (0.43,3.77)	0.89 (0.28,2.78)	3.47 (1.81,6.64)	1.37 (0.87,2.14)	1.12 (0.26,4.81)
0.99 (0.31,3.13)	Haloperidol_LAI	0.70 (0.09,5.32)	4.97 (0.21,118.94)	0.54 (0.19,1.53)	1.27 (0.86,1.87)	0.88 (0.43,1.80)	3.45 (1.34,8.90)	1.36 (0.40,4.66)	1.11 (0.17,7.12)
1.42 (0.27,7.61)	1.43 (0.19,10.94)	Clopenthixol_LAI	7.12 (0.24,213.90)	0.77 (0.08,7.10)	1.82 (0.25,13.37)	1.27 (0.17,9.60)	4.94 (0.82,29.81)	1.95 (0.34,11.03)	1.59 (0.17,14.70)
0.20 (0.01,3.86)	0.20 (0.01,4.82)	0.14 (0.00,4.21)	Pipothiazine_LAI	0.11 (0.00,2.94)	0.26 (0.01,5.98)	0.18 (0.01,4.24)	0.69 (0.03,14.38)	0.27 (0.01,5.46)	0.22 (0.01,6.07)
1.84 (0.43,7.86)	1.85 (0.65,5.26)	1.29 (0.14,11.85)	9.21 (0.34,248.90)	Aripiprazole_LAI	2.35 (0.89,6.19)	1.64 (0.52,5.10)	6.39 (1.74,23.39)	2.52 (0.55,11.49)	2.06 (0.26,16.12)
0.78 (0.27,2.31)	0.79 (0.53,1.16)	0.55 (0.07,4.03)	3.91 (0.17,91.49)	0.43 (0.16,1.12)	Paliperidone_LAI_1	0.69 (0.38,1.26)	2.72 (1.14,6.45)	1.07 (0.33,3.45)	0.87 (0.14,5.38)
1.13 (0.36,3.52)	1.13 (0.56,2.31)	0.79 (0.10,6.00)	5.63 (0.24,134.40)	0.61 (0.20,1.91)	1.44 (0.79,2.61)	Paliperidone_LAI_3	3.91 (1.53,9.98)	1.54 (0.45,5.24)	1.26 (0.20,8.03)
0.29 (0.15,0.55)	0.29 (0.11,0.75)	0.20 (0.03,1.22)	1.44 (0.07,29.85)	0.16 (0.04,0.57)	0.37 (0.16,0.87)	0.26 (0.10,0.65)	Placebo	0.39 (0.18,0.87)	0.32 (0.07,1.59)
0.73 (0.47,1.14)	0.74 (0.21,2.53)	0.51 (0.09,2.91)	3.66 (0.18,73.03)	0.40 (0.09,1.81)	0.93 (0.29,3.01)	0.65 (0.19,2.21)	2.54 (1.15,5.58)	Phenotiazines_OS	0.82 (0.18,3.76)
0.89 (0.21,3.85)	0.90 (0.14,5.77)	0.63 (0.07,5.80)	4.47 (0.16,121.45)	0.49 (0.06,3.81)	1.14 (0.19,7.04)	0.79 (0.12,5.07)	3.10 (0.63,15.34)	1.22 (0.27,5.63)	DBP_OS

Net league table: head-to-head comparisons. Relative risks (RRs) and 95% confidence intervals (CIs) are reported. RRs lower than 1 favour the column-defining treatment. Statistically significant results are highlighted in grey. LAI=long-acting antipsychotics

Evaluation of heterogeneity and incoherence

Overall heterogeneity
Estimated between-studies SD: 1.029e-07

Overall incoherence
Design-by-treatment test: P = 1.000

Loop-specific approach
 * 1 triangular loops found

  Note: Heterogeneity of loop A-G-H cannot be estimated due to insufficient observations - set equal to 0

 Evaluation of inconsistency using loop-specific heterogeneity estimates:

Loop	ROR	z_value	p_value	CI_95	Loop_Heterog_tau2
A-G-H	1.761	0.577	0.564	(1.00,12.04)	0.000

Consistency between direct and indirect estimates

Side	Direct Coef.	Direct Std. Err.	Indirect Coef.	Indirect Std. Err.	Difference Coef.	Difference Std. Err.	P>|z|
A B *	-1.244225	.3308943	-.1464755	33.5463	-1.09775	33.54793	0.974
A G	-.8395367	.5209159	-1.40454	.8310223	.5650033	.9807913	0.565
A H	-1.707878	.7660636	-1.142079	.6126397	-.5657987	.9809082	0.564
B D *	-.3541718	.8548109	2.448118	164.9167	-2.802289	164.9179	0.986
B E *	1.609438	1.510746	1.900453	203.3253	-.2910156	203.3388	0.999
B I *	.3128138	.2278617	2.638562	94.83706	-2.325748	94.83758	0.980
B J *	.1112256	.7451252	2.491368	141.4049	-2.380143	141.4069	0.987
C G *	.2385359	.198182	-1.981655	109.2896	2.220191	109.2898	0.984
F G *	.8556661	.4936856	-1.812262	140.5942	2.667928	140.5942	0.985
G H	-.3027058	.3225171	-.8684844	.9263727	.5657786	.9809096	0.564

* Warning: all the evidence about these contrasts comes from the trials which directly compare them.

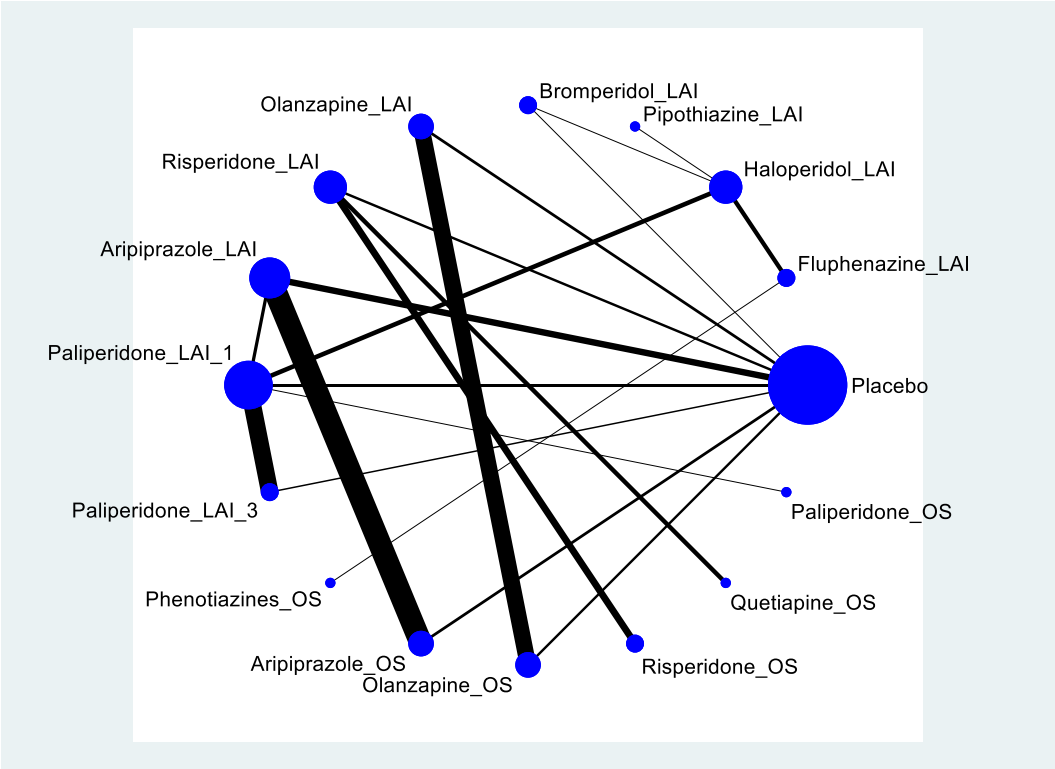
Funnel plot
Not applicable: no comparisons with 10 one more studies.

Supplement X - Secondary outcome: weight gain

Treatment codes

Placebo	A
Fluphenazine LAI	B
Haloperidol LAI	C
Pipothiazine LAI	D
Bromperidol LAI	E
Olanzapine LAI	F
Risperidone LAI	G
Aripiprazole LAI	H
Paliperidone LAI-1	I
Paliperidone LAI-3	J
Phenotiazines OS	K
Aripiprazole OS	L
Olanzapine OS	M
Risperidone OS	N
Quetiapine OS	O
Paliperidone OS	P

Network map



Pairwise meta-analysis

Study	ES	[95% Conf.	Interval]
N - G			
1	0.841	0.487	1.452
58	0.929	0.392	2.201
Sub-total			
D+L pooled ES	0.865	0.545	1.373
H - A			
6	2.595	1.255	5.367
39	0.996	0.529	1.876
Sub-total			

D+L pooled ES	1.580	0.619	4.036
L - A			
6	2.647	1.282	5.466
Sub-total			
D+L pooled ES	2.647	1.282	5.466
L - H			
6	1.020	0.691	1.506
7	1.346	0.968	1.873
Sub-total			
D+L pooled ES	1.196	0.913	1.565
F - A			
8	1.472	0.713	3.040
Sub-total			
D+L pooled ES	1.472	0.713	3.040
M - A			
8	1.342	0.618	2.914
Sub-total			
D+L pooled ES	1.342	0.618	2.914
M - F			
8	0.911	0.570	1.457
9	0.992	0.676	1.457
Sub-total			
D+L pooled ES	0.959	0.712	1.291
K - B			
11	0.149	0.006	3.547
Sub-total			
D+L pooled ES	0.149	0.006	3.547
O - G			
17	0.913	0.515	1.619
Sub-total			
D+L pooled ES	0.913	0.515	1.619
I - H			
23	1.471	0.755	2.869
Sub-total			
D+L pooled ES	1.471	0.755	2.869
I - A			
28	7.427	1.720	32.066
54	1.814	0.782	4.209
Sub-total			
D+L pooled ES	3.216	0.828	12.492
G - A			
29	0.487	0.226	1.048
Sub-total			
D+L pooled ES	0.487	0.226	1.048
E - A			
30	3.000	0.137	65.903
Sub-total			
D+L pooled ES	3.000	0.137	65.903
P - I			
32	1.000	0.020	49.075
Sub-total			
D+L pooled ES	1.000	0.020	49.075
J - A			
34	2.719	1.013	7.294
Sub-total			
D+L pooled ES	2.719	1.013	7.294
C - B			
46	0.575	0.322	1.027
Sub-total			
D+L pooled ES	0.575	0.322	1.027
I - C			
49	2.223	1.263	3.913
Sub-total			

```
  D+L pooled ES      |    2.223     1.263     3.913
---------------------+-------------------------------------------------
     D - C
50                   |    2.450     0.734     8.183
 Sub-total           |
  D+L pooled ES      |    2.450     0.734     8.183
---------------------+-------------------------------------------------
     E - C
57                   |    1.000     0.022    46.053
 Sub-total           |
  D+L pooled ES      |    1.000     0.022    46.053
---------------------+-------------------------------------------------
     J - I
59                   |    0.941     0.705     1.256
 Sub-total           |
  D+L pooled ES      |    0.941     0.705     1.256
---------------------+-------------------------------------------------
```

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
N - G	0.04	1	0.848	0.0%	0.0000
H - A	3.79	1	0.051	73.6%	0.3375
L - A	0.00	0	.	.%	0.0000
L - H	1.14	1	0.287	11.9%	0.0046
F - A	0.00	0	.	.%	0.0000
M - A	0.00	0	.	.%	0.0000
M - F	0.08	1	0.783	0.0%	0.0000
K - B	0.00	0	.	.%	0.0000
O - G	0.00	0	.	.%	0.0000
I - H	0.00	0	.	.%	0.0000
I - A	2.68	1	0.102	62.7%	0.6228
G - A	0.00	0	.	.%	0.0000
E - A	0.00	0	.	.%	0.0000
P - I	0.00	0	.	.%	0.0000
J - A	0.00	0	.	.%	0.0000
C - B	0.00	0	.	.%	0.0000
I - C	0.00	0	.	.%	0.0000
D - C	0.00	0	.	.%	0.0000
E - C	0.00	0	.	.%	0.0000
J - I	0.00	0	.	.%	0.0000

** I-squared: the variation in ES attributable to heterogeneity)

Net league table

Fluphenazine_LAI	0.57 (0.32,1.03)	1.41 (0.37,5.37)	1.03 (0.08,12.73)	0.73 (0.22,2.37)	0.24 (0.07,0.82)	0.78 (0.30,2.00)	1.26 (0.56,2.83)	1.20 (0.51,2.82)	0.50 (0.20,1.28)	0.15 (0.01,3.55)	0.96 (0.36,2.53)	0.70 (0.21,2.30)	0.21 (0.06,0.77)	0.22 (0.06,0.85)	1.26 (0.02,67.27)
1.74 (0.97,3.11)	Haloperidol_LAI	2.45 (0.73,8.18)	1.79 (0.16,20.70)	1.27 (0.45,3.53)	0.43 (0.15,1.23)	1.35 (0.64,2.86)	2.20 (1.25,3.85)	2.09 (1.12,3.91)	0.88 (0.42,1.82)	0.26 (0.01,6.51)	1.66 (0.76,3.64)	1.22 (0.43,3.44)	0.37 (0.12,1.17)	0.39 (0.12,1.30)	2.20 (0.04,112.16)
0.71 (0.19,2.71)	0.41 (0.12,1.36)	Pipothiazine_LAI	0.73 (0.05,11.19)	0.52 (0.11,2.52)	0.17 (0.03,0.87)	0.55 (0.13,2.28)	0.90 (0.24,3.39)	0.85 (0.22,3.32)	0.36 (0.09,1.47)	0.11 (0.00,3.30)	0.68 (0.16,2.86)	0.50 (0.10,2.44)	0.15 (0.03,0.80)	0.16 (0.03,0.87)	0.90 (0.01,54.85)
0.97 (0.08,11.97)	0.56 (0.05,6.43)	1.37 (0.09,20.86)	Bromperidol_LAI	0.71 (0.06,8.82)	0.24 (0.02,3.01)	0.75 (0.07,8.68)	1.22 (0.11,13.93)	1.16 (0.10,13.40)	0.49 (0.04,5.50)	0.14 (0.00,8.26)	0.93 (0.08,10.80)	0.68 (0.05,8.51)	0.21 (0.02,2.72)	0.22 (0.02,2.93)	1.22 (0.01,120.57)
1.37 (0.42,4.46)	0.79 (0.28,2.20)	1.93 (0.40,9.41)	1.42 (0.11,17.69)	Olanzapine_LAI	0.34 (0.12,0.96)	1.07 (0.47,2.44)	1.73 (0.73,4.10)	1.65 (0.68,3.99)	0.69 (0.34,1.41)	0.21 (0.01,6.02)	1.31 (0.56,3.08)	0.96 (0.71,1.29)	0.29 (0.09,0.91)	0.31 (0.09,1.01)	1.73 (0.03,93.37)
4.08 (1.22,13.69)	2.35 (0.81,6.79)	5.75 (1.15,28.67)	4.21 (0.33,53.44)	2.97 (1.04,8.49)	Risperidone_LAI	3.17 (1.32,7.59)	5.15 (2.09,12.73)	4.90 (1.94,12.39)	2.05 (0.95,4.42)	0.61 (0.02,18.11)	3.91 (1.59,9.57)	2.85 (0.99,8.26)	0.87 (0.55,1.37)	0.91 (0.51,1.62)	5.15 (0.09,280.45)
1.29 (0.50,3.33)	0.74 (0.35,1.57)	1.81 (0.44,7.51)	1.33 (0.12,15.34)	0.94 (0.41,2.15)	0.32 (0.13,0.76)	Aripiprazole_LAI	1.63 (0.99,2.68)	1.55 (0.89,2.69)	0.65 (0.43,0.98)	0.19 (0.01,5.25)	1.23 (0.96,1.58)	0.90 (0.39,2.10)	0.27 (0.10,0.73)	0.29 (0.10,0.82)	1.63 (0.03,82.39)
0.79 (0.35,1.78)	0.46 (0.26,0.80)	1.12 (0.30,4.22)	0.82 (0.07,9.31)	0.58 (0.24,1.37)	0.19 (0.08,0.48)	0.62 (0.37,1.01)	Paliperidone_LAI_1	0.95 (0.72,1.26)	0.40 (0.25,0.64)	0.12 (0.00,3.11)	0.76 (0.44,1.31)	0.55 (0.23,1.33)	0.17 (0.06,0.46)	0.18 (0.06,0.52)	1.00 (0.02,49.07)
0.83 (0.35,1.96)	0.48 (0.26,0.90)	1.17 (0.30,4.57)	0.86 (0.07,9.90)	0.61 (0.25,1.47)	0.20 (0.08,0.52)	0.65 (0.37,1.12)	1.05 (0.79,1.39)	Paliperidone_LAI_3	0.42 (0.25,0.71)	0.12 (0.00,3.31)	0.80 (0.44,1.44)	0.58 (0.24,1.43)	0.18 (0.06,0.50)	0.19 (0.06,0.55)	1.05 (0.02,52.11)
1.99 (0.78,5.07)	1.14 (0.55,2.38)	2.80 (0.68,11.48)	2.05 (0.18,23.10)	1.45 (0.71,2.96)	0.49 (0.23,1.05)	1.54 (1.02,2.34)	2.51 (1.55,4.05)	2.39 (1.42,4.02)	Placebo	0.30 (0.01,8.07)	1.90 (1.20,3.02)	1.39 (0.67,2.90)	0.42 (0.17,1.03)	0.44 (0.17,1.16)	2.51 (0.05,126.74)
6.69 (0.28,158.85)	3.85 (0.15,96.24)	9.42 (0.30,293.33)	6.90 (0.12,393.48)	4.88 (0.17,143.03)	1.64 (0.06,48.63)	5.19 (0.19,141.63)	8.44 (0.32,221.81)	8.03 (0.30,213.51)	3.37 (0.12,91.50)	Phenotiazines_OS	6.40 (0.23,175.91)	4.67 (0.16,137.77)	1.42 (0.05,43.41)	1.50 (0.05,46.59)	8.44 (0.05,1362.04)
1.05 (0.39,2.77)	0.60 (0.27,1.31)	1.47 (0.35,6.19)	1.08 (0.09,12.55)	0.76 (0.32,1.78)	0.26 (0.10,0.63)	0.81 (0.63,1.04)	1.32 (0.76,2.28)	1.25 (0.69,2.27)	0.53 (0.33,0.84)	0.16 (0.01,4.29)	Aripiprazole_OS	0.73 (0.31,1.74)	0.22 (0.08,0.61)	0.23 (0.08,0.68)	1.32 (0.03,67.25)
1.43 (0.44,4.71)	0.82 (0.29,2.33)	2.02 (0.41,9.90)	1.48 (0.12,18.56)	1.04 (0.77,1.40)	0.35 (0.12,1.01)	1.11 (0.48,2.59)	1.81 (0.75,4.35)	1.72 (0.70,4.23)	0.72 (0.34,1.50)	0.21 (0.01,6.30)	1.37 (0.57,3.27)	Olanzapine_OS	0.30 (0.10,0.97)	0.32 (0.10,1.07)	1.81 (0.03,97.74)
4.72 (1.29,17.23)	2.71 (0.85,8.63)	6.65 (1.25,35.35)	4.87 (0.37,64.38)	3.44 (1.09,10.81)	1.16 (0.73,1.83)	3.66 (1.36,9.83)	5.95 (2.16,16.43)	5.66 (2.01,15.96)	2.37 (0.97,5.81)	0.71 (0.02,21.59)	4.51 (1.65,12.37)	3.30 (1.03,10.51)	Risperidone_OS	1.06 (0.51,2.20)	5.95 (0.11,332.83)
4.47 (1.17,17.06)	2.57 (0.77,8.59)	6.30 (1.14,34.67)	4.61 (0.34,62.38)	3.26 (0.99,10.76)	1.10 (0.62,1.94)	3.47 (1.22,9.86)	5.64 (1.93,16.46)	5.37 (1.80,15.96)	2.25 (0.86,5.86)	0.67 (0.02,20.81)	4.28 (1.48,12.39)	3.12 (0.93,10.45)	0.95 (0.45,1.98)	Quetiapine_OS	5.64 (0.10,319.96)

0.79 (0.01,42.26)	0.46 (0.01,23.27)	1.12 (0.02,68.31)	0.82 (0.01,80.58)	0.58 (0.01,31.13)	0.19 (0.00,10.56)	0.62 (0.01,31.16)	1.00 (0.02,49.08)	0.95 (0.02,47.15)	0.40 (0.01,20.15)	0.12 (0.00,19.10)	0.76 (0.01,38.66)	0.55 (0.01,29.96)	0.17 (0.00,9.39)	0.18 (0.00,10.05)	Paliperidone_OS

Net league table: head-to-head comparisons. Relative risks (RRs) and 95% confidence intervals (CIs) are reported. RRs lower than 1 favour the column-defining treatment. Statistically significant results are highlighted in grey. LAI=long-acting antipsychotics

Evaluation of heterogeneity and incoherence

Overall heterogeneity
Estimated between-studies SD: 4.425e-07

Overall incoherence
Design-by-treatment test: P = 1.000

Loop-specific approach
* 4 triangular loops found
* 1 quadratic loops found

Note: Heterogeneity of loop A-F-M cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-H-L cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-I-J cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-C-E-I cannot be estimated due to insufficient observations - set equal to 0

Evaluation of inconsistency using loop-specific heterogeneity estimates:

Loop	ROR	z_value	p_value	CI_95	Loop_Heterog_tau2
A-C-E-I	2.589	0.372	0.710	(1.00,386.78)	0.000
A-H-L	2.216	1.568	0.117	(1.00,5.99)	0.000
A-H-I	1.330	0.257	0.797	(1.00,11.77)	0.408
A-I-J	1.122	0.179	0.858	(1.00,3.96)	0.000
A-F-M	1.089	0.148	0.882	(1.00,3.37)	0.000

Consistency between direct and indirect estimates

Side	Direct Coef.	Direct Std. Err.	Indirect Coef.	Indirect Std. Err.	Difference Coef.	Difference Std. Err.	P>|z|
A E	1.098612	1.57634	.1111863	1.990335	.987426	2.538953	0.697
A F *	.3869263	.3768577	.2162432	.6935436	.1706831	.651466	0.793
A G *	-.7199944	.3913455	.0472039	59.11929	-.7671983	59.12059	0.990
A H	.4598259	.236033	.3619816	.3473574	.0978443	.3760203	0.795
A I	.9462533	.3722341	.8992376	.3238626	.0470157	.4934017	0.924
A J	1.000172	.5035078	.8189838	.3130024	.1811884	.5928664	0.760
A L	.7062741	.409532	.6041764	.3574341	.1020977	.5689088	0.858
A M *	.2938666	.4023004	.4645076	.6492695	-.170641	.6514748	0.793
B C *	-.5538841	.2962084	.2437956	63.20006	-.7976797	63.20137	0.990
B K *	-1.900959	1.615848	-1.504933	405.4014	-.3960256	405.4012	0.999
C D *	.896088	.6152816	-.440158	111.376	1.336246	111.3794	0.990
C E	4.59e-12	1.954017	.9873818	1.621184	-.9873818	2.53898	0.697
C I	.7990134	.2884709	-.1760313	2.512231	.9750447	2.528735	0.700
F M	.	.	.	.	.	.	.
G N *	-.1447178	.2354228	1.391361	136.0658	-1.536078	136.0659	0.991
G O *	-.0909718	.2923414	1.437868	247.37	-1.528839	247.3702	0.995
H I	.3862683	.3405806	.6143573	.3859708	-.2280891	.5147511	0.658
H L *	.1814193	.1285025	1.520152	.8866506	-1.338732	.8961658	0.135
I J	-.0612126	.1474509	.1199459	.5742376	-.1811585	.5928664	0.760
I P *	4.97e-10	1.986441	-1.838993	540.681	1.838993	540.6847	0.997

* Warning: all the evidence about these contrasts comes from the trials which directly compare them.

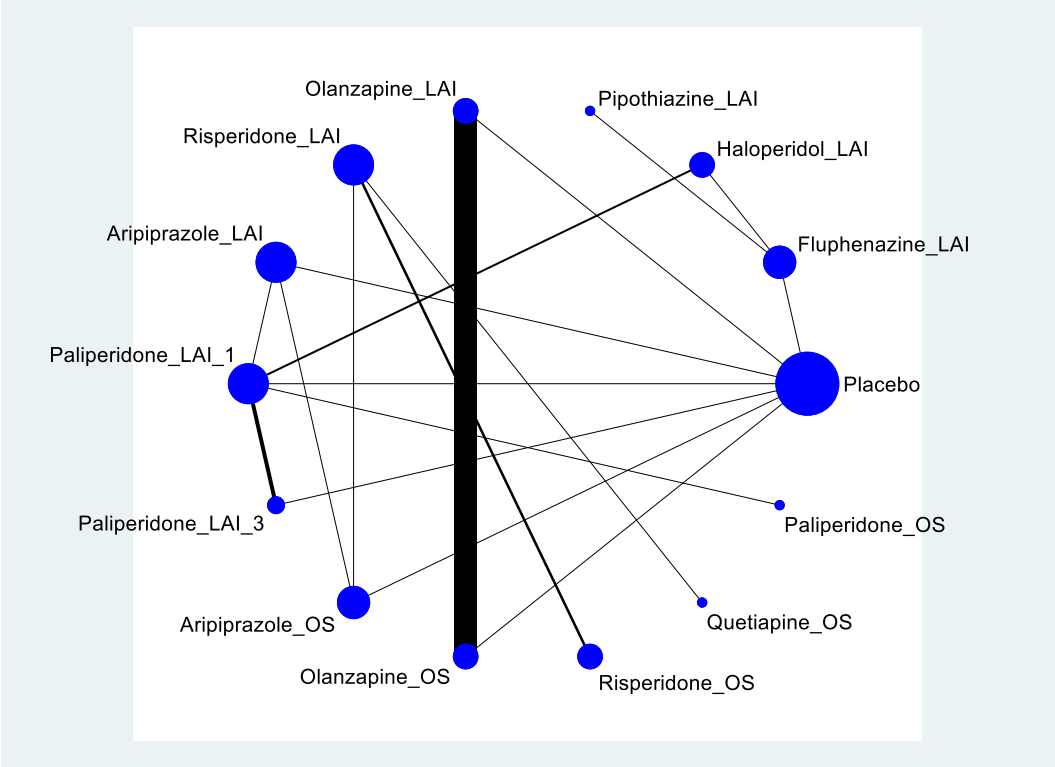
Funnel plot
Not applicable: no comparisons with 10 one more studies.

Supplement Y - Secondary outcome: hyperprolactiaemia

Treatment codes

Placebo	A
Fluphenazine LAI	B
Haloperidol LAI	C
Pipothiazine LAI	D
Olanzapine LAI	E
Risperidone LAI	F
Aripiprazole LAI	G
Paliperidone LAI-1	H
Paliperidone LAI-3	I
Aripiprazole OS	J
Olanzapine OS	K
Risperidone OS	L
Quetiapine OS	M
Paliperidone OS	N

Network map



Pairwise meta-analysis

Study	ES	[95% Conf.	Interval]
L - F			
1	1.988	0.605	6.534
3	1.065	0.830	1.365
58	1.565	1.082	2.264
Sub-total			
D+L pooled ES	1.293	0.931	1.796
G - A			
6	1.153	0.454	2.933
39	0.277	0.095	0.810
Sub-total			
D+L pooled ES	0.580	0.143	2.346

J - A			
6	0.739	0.269	2.031
Sub-total			
D+L pooled ES	0.739	0.269	2.031
J - G			
6	0.640	0.282	1.454
7	0.377	0.101	1.402
Sub-total			
D+L pooled ES	0.552	0.275	1.107
E - A			
8	2.201	1.533	3.159
Sub-total			
D+L pooled ES	2.201	1.533	3.159
K - A			
8	1.909	1.307	2.789
Sub-total			
D+L pooled ES	1.909	1.307	2.789
K - E			
8	0.868	0.725	1.039
9	0.975	0.906	1.049
Sub-total			
D+L pooled ES	0.948	0.860	1.045
M - F			
17	0.244	0.129	0.465
Sub-total			
D+L pooled ES	0.244	0.129	0.465
J - F			
18	0.081	0.020	0.338
Sub-total			
D+L pooled ES	0.081	0.020	0.338
H - G			
24	8.827	0.488	159.797
Sub-total			
D+L pooled ES	8.827	0.488	159.797
N - H			
32	1.000	0.065	15.380
Sub-total			
D+L pooled ES	1.000	0.065	15.380
I - A			
34	2.720	0.112	66.259
Sub-total			
D+L pooled ES	2.720	0.112	66.259
B - A			
45	3.000	0.750	11.995
Sub-total			
D+L pooled ES	3.000	0.750	11.995
C - B			
46	1.033	0.021	50.423
47	0.909	0.020	41.676
Sub-total			
D+L pooled ES	0.968	0.063	14.796
H - C			
49	1.746	1.389	2.194
Sub-total			
D+L pooled ES	1.746	1.389	2.194
H - A			
54	2.851	0.926	8.772
Sub-total			
D+L pooled ES	2.851	0.926	8.772
I - H			
59	0.921	0.782	1.085
Sub-total			
D+L pooled ES	0.921	0.782	1.085

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     D - B
68                  |    3.000     0.131    68.568
 Sub-total          |
  D+L pooled ES     |    3.000     0.131    68.568
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Test(s) of heterogeneity:
                Heterogeneity  degrees of
                  statistic     freedom      P     I-squared**   Tau-squared

L - F                3.55          2       0.169     43.7%        0.0361
G - A                3.87          1       0.049     74.2%        0.7555
J - A                0.00          0         .         .%         0.0000
J - G                0.45          1       0.502      0.0%        0.0000
E - A                0.00          0         .         .%         0.0000
K - A                0.00          0         .         .%         0.0000
K - E                1.38          1       0.239     27.7%        0.0019
M - F                0.00          0         .         .%         0.0000
J - F                0.00          0         .         .%         0.0000
H - G                0.00          0         .         .%         0.0000
N - H                0.00          0         .         .%         0.0000
I - A                0.00          0         .         .%         0.0000
B - A                0.00          0         .         .%         0.0000
C - B                0.00          1       0.963      0.0%        0.0000
H - C                0.00          0         .         .%         0.0000
H - A                0.00          0         .         .%         0.0000
I - H                0.00          0         .         .%         0.0000
D - B                0.00          0         .         .%         0.0000
** I-squared: the variation in ES attributable to heterogeneity)
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Net league table

Fluphenazine_LAI	0.68 (0.16,2.99)	3.00 (0.13,69.00)	0.78 (0.21,2.94)	1.81 (0.22,14.73)	0.23 (0.05,0.97)	1.19 (0.28,5.13)	1.09 (0.25,4.81)	0.37 (0.10,1.29)	0.15 (0.03,0.68)	0.73 (0.19,2.75)	2.26 (0.27,18.75)	0.44 (0.05,4.00)	1.19 (0.05,26.54)
1.46 (0.33,6.40)	Haloperidol_LAI	4.39 (0.14,140.42)	1.14 (0.39,3.36)	2.65 (0.38,18.30)	0.34 (0.10,1.09)	1.74 (1.28,2.35)	1.60 (1.08,2.38)	0.53 (0.20,1.45)	0.22 (0.06,0.78)	1.06 (0.36,3.14)	3.31 (0.47,23.29)	0.65 (0.08,5.01)	1.74 (0.11,27.38)
0.33 (0.01,7.67)	0.23 (0.01,7.29)	Pipothiazine_LAI	0.26 (0.01,7.83)	0.60 (0.01,26.22)	0.08 (0.00,2.41)	0.40 (0.01,12.60)	0.36 (0.01,11.69)	0.12 (0.00,3.58)	0.05 (0.00,1.60)	0.24 (0.01,7.31)	0.75 (0.02,33.11)	0.15 (0.00,6.80)	0.40 (0.00,32.70)
1.28 (0.34,4.82)	0.88 (0.30,2.57)	3.84 (0.13,115.66)	Olanzapine_LAI	2.32 (0.41,13.03)	0.30 (0.13,0.66)	1.52 (0.54,4.32)	1.40 (0.48,4.08)	0.47 (0.31,0.70)	0.19 (0.07,0.49)	0.93 (0.78,1.11)	2.90 (0.50,16.64)	0.57 (0.09,3.62)	1.52 (0.08,28.56)
0.55 (0.07,4.50)	0.38 (0.05,2.61)	1.66 (0.04,72.09)	0.43 (0.08,2.43)	Risperidone_LAI	0.13 (0.03,0.63)	0.66 (0.10,4.45)	0.60 (0.09,4.16)	0.20 (0.04,1.08)	0.08 (0.02,0.34)	0.40 (0.07,2.27)	1.25 (0.95,1.64)	0.24 (0.12,0.48)	0.66 (0.02,18.58)
4.34 (1.04,18.19)	2.97 (0.92,9.58)	13.02 (0.41,409.12)	3.39 (1.52,7.56)	7.85 (1.59,38.85)	Aripiprazole_LAI	5.16 (1.65,16.13)	4.75 (1.48,15.20)	1.59 (0.79,3.17)	0.64 (0.32,1.28)	3.16 (1.41,7.07)	9.82 (1.94,49.75)	1.92 (0.34,10.88)	5.16 (0.27,100.32)
0.84 (0.19,3.63)	0.58 (0.43,0.78)	2.53 (0.08,80.32)	0.66 (0.23,1.86)	1.52 (0.22,10.32)	0.19 (0.06,0.61)	Paliperidone_LAI_1	0.92 (0.71,1.19)	0.31 (0.12,0.80)	0.12 (0.04,0.44)	0.61 (0.21,1.75)	1.90 (0.28,13.15)	0.37 (0.05,2.83)	1.00 (0.06,15.49)
0.91 (0.21,4.02)	0.62 (0.42,0.93)	2.74 (0.09,87.97)	0.71 (0.25,2.08)	1.65 (0.24,11.38)	0.21 (0.07,0.67)	1.09 (0.84,1.40)	Paliperidone_LAI_3	0.33 (0.12,0.90)	0.13 (0.04,0.49)	0.67 (0.23,1.94)	2.07 (0.30,14.49)	0.40 (0.05,3.12)	1.09 (0.07,17.03)
2.74 (0.77,9.68)	1.87 (0.69,5.08)	8.21 (0.28,241.26)	2.14 (1.43,3.20)	4.95 (0.92,26.55)	0.63 (0.32,1.26)	3.25 (1.24,8.51)	2.99 (1.11,8.05)	Placebo	0.40 (0.17,0.96)	1.99 (1.32,3.01)	6.19 (1.13,33.92)	1.21 (0.20,7.39)	3.25 (0.18,59.35)
6.79 (1.48,31.22)	4.64 (1.28,16.89)	20.37 (0.62,665.90)	5.30 (2.04,13.78)	12.29 (2.91,51.79)	1.56 (0.78,3.14)	8.07 (2.28,28.51)	7.43 (2.06,26.81)	2.48 (1.04,5.90)	Aripiprazole_OS	4.94 (1.89,12.89)	15.37 (3.55,66.47)	3.00 (0.61,14.70)	8.07 (0.39,164.82)
1.37 (0.36,5.19)	0.94 (0.32,2.77)	4.12 (0.14,124.21)	1.07 (0.90,1.28)	2.49 (0.44,14.01)	0.32 (0.14,0.71)	1.63 (0.57,4.65)	1.50 (0.51,4.39)	0.50 (0.33,0.76)	0.20 (0.08,0.53)	Olanzapine_OS	3.11 (0.54,17.95)	0.61 (0.10,3.88)	1.63 (0.09,30.68)
0.44 (0.05,3.66)	0.30 (0.04,2.12)	1.33 (0.03,58.19)	0.34 (0.06,1.98)	0.80 (0.61,1.05)	0.10 (0.02,0.52)	0.53 (0.08,3.62)	0.48 (0.07,3.38)	0.16 (0.03,0.88)	0.07 (0.02,0.28)	0.32 (0.06,1.86)	Risperidone_OS	0.20 (0.09,0.40)	0.53 (0.02,15.01)
2.26 (0.25,20.45)	1.55 (0.20,11.97)	6.78 (0.15,312.99)	1.77 (0.28,11.26)	4.09 (2.09,8.02)	0.52 (0.09,2.95)	2.69 (0.35,20.43)	2.47 (0.32,19.06)	0.83 (0.14,5.04)	0.33 (0.07,1.63)	1.65 (0.26,10.52)	5.12 (2.48,10.58)	Quetiapine_OS	2.69 (0.09,81.27)
0.84 (0.04,18.80)	0.58 (0.04,9.06)	2.53 (0.03,208.48)	0.66 (0.04,12.33)	1.52 (0.05,43.08)	0.19 (0.01,3.77)	1.00 (0.06,15.49)	0.92 (0.06,14.43)	0.31 (0.02,5.61)	0.12 (0.01,2.53)	0.61 (0.03,11.51)	1.90 (0.07,54.45)	0.37 (0.01,11.26)	Paliperidone_OS

Net league table: head-to-head comparisons. Relative risks (RRs) and 95% confidence intervals (CIs) are reported. RRs lower than 1 favour the column-defining treatment. Statistically significant results are highlighted in grey. LAI=long-acting antipsychotics

Evaluation of heterogeneity and incoherence

Overall heterogeneity
Estimated between-studies SD: .10166656

Overall incoherence
Design-by-treatment test: P = 0.267

Loop-specific approach
 * 4 triangular loops found
 * 1 quadratic loops found

Note: Heterogeneity of loop A-E-K cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-G-H cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-G-J cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-H-I cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-B-C-H cannot be estimated due to insufficient observations - set equal to 0

Evaluation of inconsistency using loop-specific heterogeneity estimates:

Loop	ROR	z_value	p_value	CI_95	Loop_Heterog_tau2
A-G-J	3.143	1.246	0.213	(1.00,19.05)	0.000
A-G-H	1.932	0.405	0.685	(1.00,46.71)	0.000
A-B-C-H	1.779	0.346	0.730	(1.00,46.65)	0.000
A-E-K	1.124	0.432	0.666	(1.00,1.91)	0.000
A-H-I	1.036	0.020	0.984	(1.00,30.70)	0.000

Consistency between direct and indirect estimates

Side	Direct Coef.	Direct Std. Err.	Indirect Coef.	Indirect Std. Err.	Difference Coef.	Difference Std. Err.	P>|z|
A B	1.098612	.7147065	.6062462	1.493529	.4923661	1.655727	0.766
A E *	.7887242	.3015045	.5553826	.6791413	.2333416	.7029726	0.740
A G	-.496848	.3664942	-.0603225	1.115641	-.4365255	1.152127	0.705
A H	1.047533	.5829216	1.500814	.910273	-.4532808	1.080923	0.675
A I	1.000815	1.632289	1.106693	.5314698	-.105878	1.716633	0.951
A J	-.3378216	.5210385	-2.361027	.8386188	2.023205	.9947117	0.042
A K *	.6466934	.3070424	.8799768	.6716491	-.2332834	.7029667	0.740
B C	-.0321289	1.393049	-.5241794	.8956139	.4920505	1.656125	0.766
B D *	1.098612	1.599799	-.915258	200.0182	2.01387	200.0118	0.992
C H	.5571303	.1562546	.0654442	1.648733	.491686	1.656121	0.767
E K	.	.	.	.	.	.	.
F J *	-2.508807	.734208	-.8142984	48.50962	-1.694509	48.51581	0.972
F L *	.2237649	.1394952	-2.976601	116.4815	3.200366	116.4815	0.978
F M *	-1.408767	.343269	-4.608619	200.7978	3.199852	200.7976	0.987
G H	2.177725	1.481171	1.542229	.6328626	.6354962	1.610704	0.693
G J *	-.5969863	.3608871	2.324845	1.385864	-2.921831	1.412133	0.039
H I	-.0821555	.1331211	-.1882026	1.711428	.1060471	1.716597	0.951
H N *	2.40e-11	1.398135	-2.358576	200.013	2.358576	200.0082	0.991

* Warning: all the evidence about these contrasts comes from the trials which directly compare them.

Funnel plot

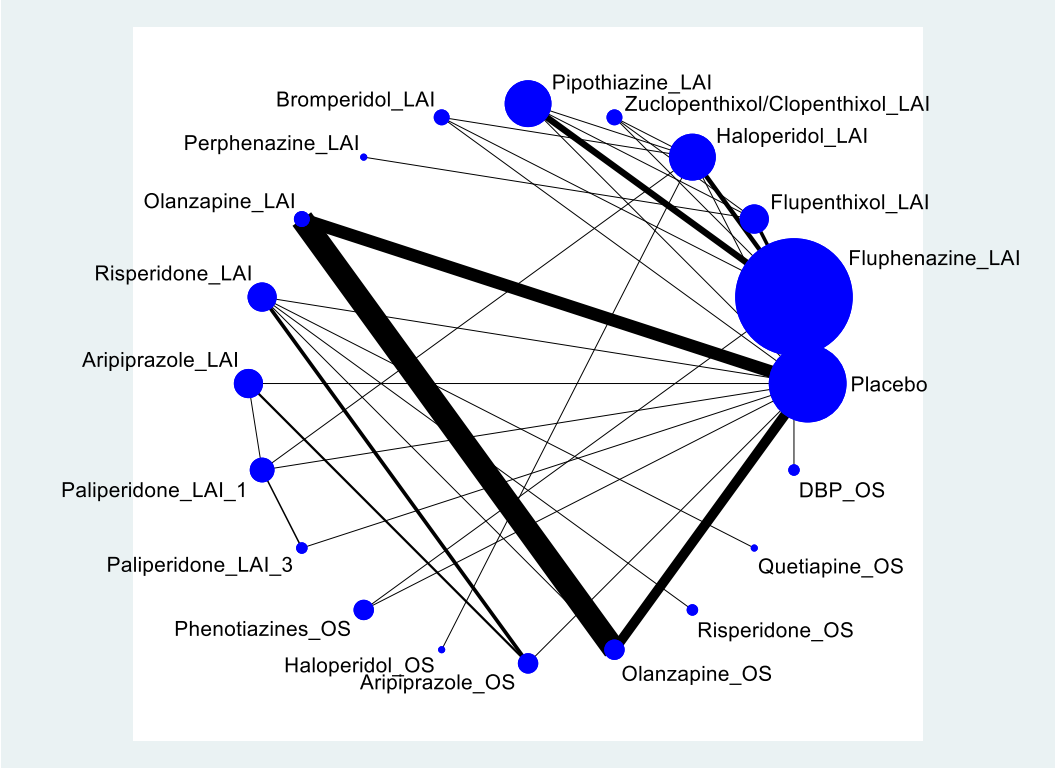
Not applicable: no comparisons with 10 one more studies.

Supplement Z - Secondary outcome: extrapyramidal symptoms

Treatment codes

Placebo	A
Fluphenazine LAI	B
Flupenthixol LAI	C
Haloperidol LAI	D
(Zu)clopenthixol LAI	E
Pipothiazine LAI	F
Bromperidol LAI	G
Perphenazine LAI	H
Olanzapine LAI	I
Risperidone LAI	J
Aripiprazole LAI	K
Paliperidone LAI-1	L
Paliperidone LAI-3	M
Phenotiazines OS	N
Haloperidol OS	O
Aripiprazole OS	P
Olanzapine OS	Q
Risperidone OS	R
Quetiapine OS	S
DBP_OS	T

Network map



Pairwise meta-analysis

Study	ES	[95% Conf.	Interval]
R - J			
2	1.100	0.573	2.113
3	9.000	0.499	162.216
Sub-total			
D+L pooled ES	1.925	0.312	11.889

K - A			
6	1.258	0.647	2.447
39	0.934	0.406	2.148
Sub-total			
D+L pooled ES	1.120	0.666	1.884
P - A			
6	0.806	0.392	1.656
Sub-total			
D+L pooled ES	0.806	0.392	1.656
P - K			
6	0.640	0.363	1.129
7	0.869	0.562	1.343
Sub-total			
D+L pooled ES	0.776	0.549	1.096
I - A			
8	1.168	1.009	1.352
Sub-total			
D+L pooled ES	1.168	1.009	1.352
Q - A			
8	0.968	0.820	1.143
Sub-total			
D+L pooled ES	0.968	0.820	1.143
Q - I			
8	0.829	0.743	0.924
9	0.391	0.141	1.080
Sub-total			
D+L pooled ES	0.679	0.354	1.302
O - D			
10	0.333	0.041	2.731
Sub-total			
D+L pooled ES	0.333	0.041	2.731
N - B			
11	0.034	0.002	0.590
12	0.049	0.003	0.801
13	0.220	0.011	4.467
Sub-total			
D+L pooled ES	0.068	0.013	0.361
B - A			
12	5.431	1.055	27.963
37	0.740	0.421	1.302
38	1.500	0.731	3.076
41	3.000	0.328	27.461
76	9.806	0.609	157.925
Sub-total			
D+L pooled ES	1.754	0.778	3.955
N - A			
12	0.264	0.011	6.191
Sub-total			
D+L pooled ES	0.264	0.011	6.191
S - J			
17	0.559	0.325	0.961
Sub-total			
D+L pooled ES	0.559	0.325	0.961
P - J			
18	0.862	0.658	1.129
Sub-total			
D+L pooled ES	0.862	0.658	1.129
F - C			
20	0.708	0.015	33.972
Sub-total			
D+L pooled ES	0.708	0.015	33.972
C - B			
21	0.875	0.526	1.455
66	0.692	0.421	1.138

78	0.638	0.411	0.988
Sub-total			
D+L pooled ES	0.718	0.545	0.946
L - K			
23	0.755	0.269	2.123
24	0.196	0.010	3.986
Sub-total			
D+L pooled ES	0.655	0.246	1.741
J - A			
29	0.487	0.226	1.048
Sub-total			
D+L pooled ES	0.487	0.226	1.048
G - A			
30	0.500	0.117	2.139
Sub-total			
D+L pooled ES	0.500	0.117	2.139
D - A			
31	1.333	0.599	2.968
Sub-total			
D+L pooled ES	1.333	0.599	2.968
M - A			
34	2.356	0.861	6.448
Sub-total			
D+L pooled ES	2.356	0.861	6.448
T - B			
43	1.412	0.619	3.222
44	2.143	0.825	5.563
Sub-total			
D+L pooled ES	1.688	0.904	3.151
D - B			
46	0.582	0.308	1.101
60	1.079	0.778	1.497
72	0.889	0.474	1.666
74	0.690	0.367	1.298
Sub-total			
D+L pooled ES	0.867	0.653	1.152
Q - J			
48	0.750	0.318	1.769
Sub-total			
D+L pooled ES	0.750	0.318	1.769
L - D			
49	0.262	0.089	0.770
Sub-total			
D+L pooled ES	0.262	0.089	0.770
F - D			
50	1.225	0.497	3.020
Sub-total			
D+L pooled ES	1.225	0.497	3.020
F - B			
51	1.125	0.502	2.521
53	0.836	0.626	1.117
64	1.436	0.925	2.228
68	0.667	0.128	3.470
71	1.375	0.567	3.336
75	0.600	0.293	1.227
76	0.895	0.410	1.952
Sub-total			
D+L pooled ES	0.970	0.768	1.226
L - A			
54	0.518	0.096	2.791
Sub-total			
D+L pooled ES	0.518	0.096	2.791
G - B			
56	0.667	0.129	3.436
Sub-total			

D+L pooled ES	0.667	0.129	3.436	
G - D				
57	0.250	0.034	1.863	
Sub-total				
D+L pooled ES	0.250	0.034	1.863	
M - L				
59	1.123	0.737	1.711	
Sub-total				
D+L pooled ES	1.123	0.737	1.711	
E - D				
63	1.200	0.215	6.693	
Sub-total				
D+L pooled ES	1.200	0.215	6.693	
E - C				
65	1.000	0.462	2.166	
Sub-total				
D+L pooled ES	1.000	0.462	2.166	
H - C				
69	0.500	0.050	4.978	
Sub-total				
D+L pooled ES	0.500	0.050	4.978	
F - A				
76	8.774	0.540	142.514	
Sub-total				
D+L pooled ES	8.774	0.540	142.514	
E - B				
77	1.474	0.564	3.851	
Sub-total				
D+L pooled ES	1.474	0.564	3.851	

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
R - J	1.93	1	0.165	48.2%	1.0652
K - A	0.30	1	0.584	0.0%	0.0000
P - A	0.00	0	.	.%	0.0000
P - K	0.70	1	0.404	0.0%	0.0000
I - A	0.00	0	.	.%	0.0000
Q - A	0.00	0	.	.%	0.0000
Q - I	2.08	1	0.149	51.9%	0.1469
O - D	0.00	0	.	.%	0.0000
N - B	0.86	2	0.652	0.0%	0.0000
B - A	9.29	4	0.054	56.9%	0.4057
N - A	0.00	0	.	.%	0.0000
S - J	0.00	0	.	.%	0.0000
P - J	0.00	0	.	.%	0.0000
F - C	0.00	0	.	.%	0.0000
C - B	0.88	2	0.643	0.0%	0.0000
L - K	0.69	1	0.407	0.0%	0.0000
J - A	0.00	0	.	.%	0.0000
G - A	0.00	0	.	.%	0.0000
D - A	0.00	0	.	.%	0.0000
M - A	0.00	0	.	.%	0.0000
T - B	0.42	1	0.517	0.0%	0.0000
D - B	3.66	3	0.300	18.1%	0.0163
Q - J	0.00	0	.	.%	0.0000
L - D	0.00	0	.	.%	0.0000
F - D	0.00	0	.	.%	0.0000
F - B	6.75	6	0.345	11.1%	0.0119
L - A	0.00	0	.	.%	0.0000
G - B	0.00	0	.	.%	0.0000
G - D	0.00	0	.	.%	0.0000
M - L	0.00	0	.	.%	0.0000
E - D	0.00	0	.	.%	0.0000
E - C	0.00	0	.	.%	0.0000
H - C	0.00	0	.	.%	0.0000
F - A	0.00	0	.	.%	0.0000
E - B	0.00	0	.	.%	0.0000

** I-squared: the variation in ES attributable to heterogeneity)

Net league table

Fluphenazine_LAI	0.76 (0.55,1.06)	0.90 (0.68,1.20)	1.01 (0.53,1.90)	0.99 (0.76,1.29)	0.39 (0.14,1.07)	0.38 (0.04,3.97)	0.82 (0.47,1.42)	0.57 (0.30,1.09)	0.70 (0.38,1.29)	0.49 (0.24,1.01)	0.70 (0.32,1.50)	0.70 (0.46,1.06)	0.07 (0.01,0.39)	0.30 (0.04,2.59)	0.52 (0.28,0.98)	0.61 (0.34,1.11)	0.71 (0.27,1.86)	0.32 (0.13,0.80)	1.69 (0.87,3.32)
1.32 (0.95,1.83)	Flupenthixol_LAI	1.19 (0.77,1.84)	1.32 (0.70,2.49)	1.31 (0.86,1.98)	0.52 (0.18,1.49)	0.50 (0.05,5.11)	1.08 (0.57,2.05)	0.75 (0.36,1.57)	0.93 (0.46,1.86)	0.65 (0.30,1.43)	0.92 (0.40,2.11)	0.92 (0.54,1.57)	0.10 (0.02,0.53)	0.40 (0.05,3.49)	0.69 (0.34,1.40)	0.81 (0.40,1.60)	0.94 (0.34,2.60)	0.42 (0.16,1.12)	2.23 (1.06,4.72)
1.11 (0.83,1.47)	0.84 (0.54,1.30)	Haloperidol_LAI	1.11 (0.56,2.20)	1.10 (0.76,1.59)	0.44 (0.16,1.20)	0.42 (0.04,4.47)	0.91 (0.51,1.60)	0.63 (0.33,1.22)	0.78 (0.42,1.45)	0.55 (0.27,1.10)	0.77 (0.36,1.66)	0.77 (0.50,1.20)	0.08 (0.01,0.44)	0.33 (0.04,2.81)	0.58 (0.30,1.10)	0.68 (0.37,1.24)	0.79 (0.30,2.08)	0.35 (0.14,0.89)	1.88 (0.90,3.89)
0.99 (0.53,1.88)	0.75 (0.40,1.42)	0.90 (0.45,1.78)	Zuclopenthixol_LAI	0.99 (0.50,1.96)	0.39 (0.12,1.28)	0.38 (0.03,4.20)	0.81 (0.35,1.89)	0.57 (0.23,1.41)	0.70 (0.29,1.69)	0.49 (0.19,1.28)	0.69 (0.26,1.87)	0.69 (0.33,1.49)	0.07 (0.01,0.43)	0.30 (0.03,2.81)	0.52 (0.21,1.27)	0.61 (0.25,1.46)	0.71 (0.22,2.24)	0.32 (0.10,0.97)	1.69 (0.67,4.25)
1.01 (0.78,1.31)	0.77 (0.50,1.16)	0.91 (0.63,1.32)	1.01 (0.51,2.01)	Pipothiazine_LAI	0.40 (0.14,1.12)	0.38 (0.04,4.06)	0.83 (0.45,1.51)	0.58 (0.29,1.16)	0.71 (0.37,1.37)	0.50 (0.23,1.06)	0.70 (0.31,1.57)	0.71 (0.43,1.15)	0.07 (0.01,0.40)	0.30 (0.03,2.65)	0.53 (0.27,1.04)	0.62 (0.32,1.18)	0.72 (0.27,1.94)	0.32 (0.12,0.83)	1.71 (0.83,3.52)
2.54 (0.93,6.90)	1.93 (0.67,5.53)	2.29 (0.84,6.29)	2.55 (0.78,8.34)	2.52 (0.90,7.06)	Bromperidol_LAI	0.96 (0.08,12.37)	2.08 (0.71,6.05)	1.45 (0.47,4.44)	1.79 (0.59,5.38)	1.26 (0.39,4.05)	1.77 (0.53,5.92)	1.77 (0.65,4.85)	0.18 (0.03,1.29)	0.76 (0.07,8.09)	1.33 (0.44,4.03)	1.55 (0.53,4.59)	1.81 (0.48,6.82)	0.81 (0.22,2.95)	4.30 (1.29,14.36)
2.64 (0.25,27.57)	2.00 (0.20,20.45)	2.38 (0.22,25.33)	2.65 (0.24,29.47)	2.61 (0.25,27.70)	1.04 (0.08,13.32)	Perphenazine_LAI	2.16 (0.19,24.06)	1.50 (0.13,17.22)	1.86 (0.16,21.00)	1.30 (0.11,15.18)	1.84 (0.16,21.69)	1.84 (0.17,19.99)	0.19 (0.01,3.42)	0.79 (0.03,19.16)	1.38 (0.12,15.66)	1.61 (0.14,18.19)	1.88 (0.15,23.76)	0.84 (0.07,10.46)	4.47 (0.39,51.34)
1.22 (0.71,2.11)	0.93 (0.49,1.77)	1.10 (0.62,1.95)	1.23 (0.53,2.85)	1.21 (0.66,2.22)	0.48 (0.17,1.40)	0.46 (0.04,5.17)	Olanzapine_LAI	0.70 (0.39,1.25)	0.86 (0.48,1.53)	0.60 (0.29,1.26)	0.85 (0.39,1.88)	0.85 (0.59,1.23)	0.09 (0.02,0.51)	0.37 (0.04,3.35)	0.64 (0.36,1.14)	0.75 (0.51,1.09)	0.87 (0.35,2.19)	0.39 (0.16,0.93)	2.07 (0.87,4.93)
1.75 (0.91,3.36)	1.33 (0.64,2.78)	1.58 (0.82,3.07)	1.76 (0.71,4.39)	1.74 (0.86,3.50)	0.69 (0.22,2.12)	0.67 (0.06,7.62)	1.43 (0.80,2.58)	Risperidone_LAI	1.24 (0.74,2.07)	0.87 (0.41,1.85)	1.22 (0.53,2.82)	1.22 (0.75,2.01)	0.13 (0.02,0.76)	0.53 (0.06,4.92)	0.92 (0.61,1.36)	1.07 (0.62,1.86)	1.25 (0.61,2.57)	0.56 (0.29,1.06)	2.97 (1.16,7.58)
1.42 (0.77,2.60)	1.08 (0.54,2.16)	1.28 (0.69,2.39)	1.43 (0.59,3.44)	1.41 (0.73,2.72)	0.56 (0.19,1.68)	0.54 (0.05,6.09)	1.16 (0.65,2.07)	0.81 (0.48,1.35)	Aripiprazole_LAI	0.70 (0.35,1.39)	0.99 (0.46,2.13)	0.99 (0.62,1.57)	0.10 (0.02,0.61)	0.43 (0.05,3.94)	0.74 (0.50,1.10)	0.87 (0.49,1.55)	1.01 (0.42,2.44)	0.45 (0.20,1.03)	2.41 (0.97,5.95)
2.02 (0.99,4.11)	1.53 (0.70,3.37)	1.83 (0.91,3.68)	2.03 (0.78,5.27)	2.00 (0.94,4.26)	0.80 (0.25,2.56)	0.77 (0.07,8.93)	1.65 (0.79,3.44)	1.15 (0.54,2.46)	1.42 (0.72,2.82)	Paliperidone_LAI_1	1.41 (0.84,2.37)	1.41 (0.75,2.67)	0.15 (0.02,0.90)	0.61 (0.06,5.74)	1.06 (0.51,2.19)	1.24 (0.59,2.57)	1.44 (0.51,4.09)	0.64 (0.24,1.74)	3.42 (1.29,9.12)
1.43 (0.67,3.08)	1.09 (0.47,2.50)	1.30 (0.60,2.79)	1.44 (0.54,3.88)	1.42 (0.64,3.18)	0.56 (0.17,1.89)	0.54 (0.05,6.43)	1.17 (0.53,2.59)	0.82 (0.35,1.89)	1.01 (0.47,2.18)	0.71 (0.42,1.20)	Paliperidone_LAI_3	1.00 (0.49,2.03)	0.10 (0.02,0.65)	0.43 (0.04,4.17)	0.75 (0.33,1.68)	0.88 (0.39,1.98)	1.02 (0.34,3.06)	0.46 (0.16,1.32)	2.43 (0.88,6.73)
1.43 (0.95,2.16)	1.09 (0.64,1.85)	1.29 (0.83,2.01)	1.44 (0.67,3.08)	1.42 (0.87,2.31)	0.56 (0.21,1.54)	0.54 (0.05,5.90)	1.17 (0.81,1.69)	0.82 (0.50,1.34)	1.01 (0.64,1.60)	0.71 (0.37,1.34)	1.00 (0.49,2.02)	Placebo	0.10 (0.02,0.58)	0.43 (0.05,3.80)	0.75 (0.46,1.21)	0.87 (0.59,1.29)	1.02 (0.43,2.43)	0.46 (0.20,1.03)	2.43 (1.10,5.34)
13.77 (2.58,73.40)	10.45 (1.90,57.52)	12.44 (2.28,67.88)	13.85 (2.31,82.93)	13.64 (2.51,74.18)	5.42 (0.77,38.03)	5.23 (0.29,93.39)	11.27 (1.94,65.34)	7.86 (1.31,47.19)	9.70 (1.64,57.33)	6.82 (1.11,41.90)	9.60 (1.53,60.24)	9.62 (1.72,53.74)	Phenotiazines_OS	4.15 (0.27,63.26)	7.19 (1.21,42.84)	8.42 (1.43,49.57)	9.82 (1.43,67.37)	4.39 (0.65,29.50)	23.34 (3.85,141.64)
3.32 (0.39,28.52)	2.52 (0.29,22.20)	3.00 (0.36,25.29)	3.34 (0.36,31.32)	3.29 (0.38,28.64)	1.31 (0.12,13.83)	1.26 (0.05,30.42)	2.72 (0.30,24.70)	1.89 (0.20,17.66)	2.34 (0.25,21.55)	1.64 (0.17,15.50)	2.31 (0.24,22.31)	2.32 (0.26,20.46)	0.24 (0.02,3.68)	Haloperidol_OS	1.73 (0.19,16.07)	2.03 (0.22,18.60)	2.37 (0.23,24.62)	1.06 (0.10,10.81)	5.63 (0.59,53.56)
1.91 (1.02,3.58)	1.45 (0.71,2.96)	1.73 (0.91,3.28)	1.92 (0.79,4.71)	1.90 (0.96,3.74)	0.75 (0.25,2.29)	0.73 (0.06,8.26)	1.57 (0.87,2.80)	1.09 (0.73,1.63)	1.35 (0.91,2.01)	0.95 (0.46,1.96)	1.33 (0.60,2.99)	1.34 (0.83,2.16)	0.14 (0.02,0.83)	0.58 (0.06,5.34)	Aripiprazole_OS	1.17 (0.66,2.08)	1.36 (0.60,3.09)	0.61 (0.29,1.30)	3.24 (1.29,8.14)
1.64 (0.90,2.96)	1.24 (0.62,2.47)	1.48 (0.81,2.70)	1.64 (0.69,3.95)	1.62 (0.85,3.11)	0.64 (0.22,1.90)	0.62 (0.05,7.01)	1.34 (0.92,1.95)	0.93 (0.54,1.62)	1.15 (0.65,2.06)	0.81 (0.39,1.68)	1.14 (0.50,2.58)	1.14 (0.78,1.68)	0.12 (0.02,0.70)	0.49 (0.05,4.52)	0.85 (0.48,1.52)	Olanzapine_OS	1.17 (0.47,2.90)	0.52 (0.22,1.22)	2.77 (1.13,6.81)
1.40 (0.54,3.66)	1.06 (0.38,2.95)	1.27 (0.48,3.34)	1.41 (0.45,4.46)	1.39 (0.51,3.75)	0.55 (0.15,2.08)	0.53 (0.04,6.73)	1.15 (0.46,2.89)	0.80 (0.39,1.64)	0.99 (0.41,2.38)	0.69 (0.24,1.97)	0.98 (0.33,2.92)	0.98 (0.41,2.33)	0.10 (0.01,0.70)	0.42 (0.04,4.40)	0.73 (0.32,1.66)	0.86 (0.34,2.13)	Risperidone_OS	0.45 (0.17,1.18)	2.38 (0.74,7.68)
3.14 (1.26,7.84)	2.38 (0.89,6.33)	2.83 (1.12,7.14)	3.15 (1.03,9.64)	3.11 (1.20,8.06)	1.24 (0.34,4.50)	1.19 (0.10,14.83)	2.57 (1.07,6.13)	1.79 (0.94,3.41)	2.21 (0.97,5.04)	1.55 (0.57,4.20)	2.19 (0.76,6.29)	2.19 (0.97,4.94)	0.23 (0.03,1.53)	0.94 (0.09,9.65)	1.64 (0.77,3.50)	1.92 (0.82,4.48)	2.24 (0.85,5.88)	Quetiapine_OS	5.32 (1.71,16.58)
0.59 (0.30,1.16)	0.45 (0.21,0.95)	0.53 (0.26,1.11)	0.59 (0.24,1.50)	0.58 (0.28,1.20)	0.23 (0.07,0.78)	0.22 (0.02,2.57)	0.48 (0.20,1.15)	0.34 (0.13,0.86)	0.42 (0.17,1.03)	0.29 (0.11,0.78)	0.41 (0.15,1.14)	0.41 (0.19,0.91)	0.04 (0.01,0.26)	0.18 (0.02,1.69)	0.31 (0.12,0.77)	0.36 (0.15,0.89)	0.42 (0.13,1.36)	0.19 (0.06,0.59)	DBP_OS

Net league table: head-to-head comparisons. Relative risks (RRs) and 95% confidence intervals (CIs) are reported. RRs lower than 1 favour the column-defining treatment. Statistically significant results are highlighted in grey. LAI=long-acting antipsychotics

Evaluation of heterogeneity and incoherence

Overall heterogeneity
Estimated between-studies SD: .17808443

Overall incoherence
Design-by-treatment test: P = 0.128

Loop-specific approach
* 18 triangular loops found
* 1 quadratic loops found

Note: Heterogeneity of loop A-D-F cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-D-G cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-D-L cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-I-Q cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-J-P cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-J-Q cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-K-P cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop A-L-M cannot be estimated due to insufficient observations - set equal to 0

Note: Heterogeneity of loop C-D-E-F cannot be estimated due to insufficient observations - set equal to 0

Evaluation of inconsistency using loop-specific heterogeneity estimates:

Loop	ROR	z_value	p_value	CI_95	Loop_Heterog_tau2
A-B-F	6.313	1.197	0.231	(1.00,128.99)	0.103
A-D-F	5.372	1.085	0.278	(1.00,112.00)	0.000
A-L-M	4.049	1.366	0.172	(1.00,30.11)	0.000
A-B-N	3.131	0.602	0.547	(1.00,128.58)	0.134
B-D-G	3.075	0.837	0.403	(1.00,42.76)	0.016
A-J-Q	2.652	1.644	0.100	(1.00,8.48)	0.000
A-B-G	2.339	0.560	0.575	(1.00,45.73)	0.406
A-I-Q	2.122	1.417	0.157	(1.00,6.01)	0.000
B-C-E	2.053	1.116	0.265	(1.00,7.26)	0.000
A-J-P	1.921	1.178	0.239	(1.00,5.69)	0.000
B-C-F	1.885	0.320	0.749	(1.00,91.80)	0.000
A-D-G	1.500	0.305	0.760	(1.00,20.30)	0.000
A-D-L	1.486	0.360	0.719	(1.00,12.82)	0.000
C-D-E-F	1.441	0.163	0.871	(1.00,117.19)	0.000
B-D-E	1.416	0.338	0.736	(1.00,10.68)	0.016
A-K-L	1.416	0.338	0.735	(1.00,10.62)	0.000
A-K-P	1.208	0.374	0.709	(1.00,3.25)	0.000
A-B-D	1.149	0.205	0.838	(1.00,4.34)	0.111
B-D-F	1.098	0.183	0.854	(1.00,2.99)	0.014

Consistency between direct and indirect estimates

Side	Direct Coef.	Direct Std. Err.	Indirect Coef.	Indirect Std. Err.	Difference Coef.	Difference Std. Err.	P>|z|
A B	.2598831	.2414782	.5910687	.3493711	-.3311856	.4019155	0.410
A D	.2876821	.4494697	.2516341	.2640797	.0360479	.5213071	0.945
A F	.6348033	.8325573	.337146	.2556762	.2976573	.8431714	0.724
A G	-.6931472	.7636633	-.4732732	.6935497	-.219874	1.031597	0.831
A I	.1479375	.2029793	.327562	.7851822	-.1796246	.8109372	0.825
A J	-.7199944	.4220253	.0615967	.2958806	-.7815911	.5154132	0.129
A K	.1137312	.2945449	-.1788793	.3912809	.2926105	.4852274	0.546
A L	-.6572152	.8777506	-.2956354	.3502404	-.3615797	.9450473	0.702
A M	.8570714	.5338598	-.6573238	.4573341	1.514395	.7029657	0.031
A N	-.7007333	1.477467	-2.728833	.9432448	2.028099	1.541438	0.188
A P	-.2465881	.4134842	-.3170619	.3115923	.0704738	.5157134	0.891
A Q	-.031016	.1909374	-.791347	.4953067	.7603311	.5299247	0.151
B C	-.3264736	.173856	.3140874	.5957397	-.640561	.6206357	0.302
B D	-.163404	.1660428	.1179752	.311093	-.2813792	.3502413	0.422
B E	.3877621	.5212115	-.2367984	.4145996	.6245605	.6660004	0.348
B F	-.0235686	.1396133	.1756574	.4947558	-.199226	.5141367	0.698
B G	-.4054686	.8564702	-1.22333	.6366636	.8178617	1.067181	0.443
B N *	-2.681323	.8535579	.1258496	1.916822	-2.807173	1.752649	0.109
B T *	.5274441	.3428551	-.747486	53.9842	1.27493	53.98606	0.981
C E	-6.71e-13	.4318636	.6334731	.4838398	-.6334731	.6485423	0.329
C F	-.3448404	1.982777	.2735538	.2145598	-.6183942	1.994352	0.757
C H *	-.6931472	1.186039	-.2831689	196.6633	-.4099783	196.6643	0.998
D E	.1823193	.8955068	.0946795	.3796944	.0876398	.9726773	0.928
D F	.202939	.4965173	.0758462	.2068705	.1270928	.5378893	0.813
D G	-1.386277	1.040214	-.6502637	.5925936	-.7360134	1.197154	0.539
D L	-1.341047	.5721301	-.149527	.4407139	-1.19152	.7221918	0.099
D O *	-1.098612	1.087752	-.801724	134.179	-.2968883	134.1785	0.998
I Q *	-.2679833	.1913616	-1.363261	1.16486	1.095277	1.176846	0.352
J P	-.1488906	.2361995	.159333	.4588645	-.3082236	.516088	0.550
J Q	-.2876842	.4739585	.2599984	.3487449	-.5476827	.5884387	0.352
J R *	.2227986	.3671433	.4392355	71.44435	-.2164369	71.44549	0.998
J S *	-.5819215	.3287834	.3218195	223.0607	-.903741	223.0609	0.997
K L	-.436346	.5257724	-.2900166	.4689777	-.1463294	.7039753	0.835
K P	-.2731614	.2241174	-.4709262	.5581101	.1977649	.6009599	0.742
L M	.1158318	.2596494	1.630238	.6532573	-1.514406	.7029672	0.031

* Warning: all the evidence about these contrasts comes from the trials which directly compare them.

Funnel plot

Not applicable: no comparisons with 10 one more studies.