

APPENDIX

Appendix a Table 1. Main PRISMA 2020 statement and checklist

Topic	No.	Item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	Page 227
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist	Pages 227-228
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	Pages 228-229
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	Page 229
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	Pages 229-230
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	Page 229
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	Page 229
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	Page 229
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	Page 230
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	Page 230
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	Page 230
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	Page 231
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	Page 230
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item 5)).	Page 230
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	Page 230
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	Pages 230-231

Topic	No.	Item	Location where item is reported
Reporting bias assessment Certainty assessment	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	N/A
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	Page 231
	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	N/A
	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	Page 238
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	Pages 231-233
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	Appendix aTable 2
Study characteristics Risk of bias in studies	17	Cite each included study and present its characteristics.	Page 233 Table 1
	18	Present assessments of risk of bias for each included study.	Page 234, Appendix aTable 3
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	Pages 234-239
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	N/A
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	Pages 236-239
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	N/A
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	Appendix aTable 6-7
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	N/A
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	Appendix aTable 4-5
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	Pages 239-240
	23b	Discuss any limitations of the evidence included in the review.	Page 240
	23c	Discuss any limitations of the review processes used.	Page 241
	23d	Discuss implications of the results for practice, policy, and future research.	Page 240
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	N/A
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	N/A
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	N/A
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	N/A
Competing interests	26	Declare any competing interests of review authors.	N/A

Topic	No.	Item	Location where item is reported
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	N/A

Legend. N/A, does not apply or not reported.

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *MetaArXiv*. 2020, September 14. DOI: 10.31222/osf.io/v7gm2. For more information, visit: www.prisma-statement.org

Appendix aTable 2. Excluded studies after full-text assessment

First autor, publication year	Title	Reason for exclusion
Chen, 2020	Effects of a mind map-based life review program on psychospiritual well-being in cancer patients undergoing chemotherapy: A randomized controlled trial	Intervention: MBLRP
Holtmaat, 2020	Long-term efficacy of meaning-centered group psychotherapy for cancer survivors: 2-Year follow-up results of a randomized controlled trial	Sample: cancer survivors
Masterson-Duva, 2020	Adapting meaning-centered psychotherapy for World Trade Center responders	Design: protocol adaptation
Soto-Rubio, 2020	Responding to the Spiritual Needs of Palliative Care Patients: A Randomized Controlled Trial to Test the Effectiveness of the Kibo Therapeutic Interview	Intervention: Kibo interview
Steinhauser, 2020	Current measures of distress may not account for what's most important in existential care interventions: Results of the outlook trial	Intervention: Outlook intervention
Winger, 2020	Enhancing meaning in the face of advanced cancer and pain: Qualitative evaluation of a meaning-centered psychosocial pain management intervention	Design: qualitative analysis
Emafti, 2019	The Effect of Group Logotherapy on Spirituality and Death Anxiety of Patients with Cancer: An Open-Label Randomized Clinical Trial	Intervention: group logotherapy
Kang, 2019	Meaning-Centered Interventions for Patients With Advanced or Terminal Cancer A Meta-analysis	Design: secondary study (SR y MA)
Kissane, 2019	Meaning and Purpose (MaP) therapy II: Feasibility and acceptability from a pilot study in advanced cancer	Intervention: Meaning and Purpose (MaP)
Kwan, 2019	The effectiveness of a nurse-led short term life review intervention in enhancing the spiritual and psychological well-being of people receiving palliative care: A mixed method study	Intervention: short version life review
Lichtenthal, 2019	An Open Trial of Meaning-Centered Grief Therapy: Rationale and Preliminary Evaluation	Sample: parents who lost a child
Park, 2019	Effects of psychosocial interventions on meaning and purpose in adults with cancer: A systematic review and meta-analysis	Design: secondary study (SR y MA)
Feng, 2018	Efficacy of Meaning-centered Group Psychotherapy for Lung Cancer Patients: A Randomized Controlled Trial	Other: full text not available
Fraguell, 2018	Psychological aspects of meaning-centered group psychotherapy: Spanish experience	Design: qualitative analysis
Ryu, 2018	Preliminary findings on the effectiveness of meaning-centered psychotherapy in patients with pancreaticobiliary cancer.	Intervention: MCP and stress management
Sajadi, 2018	Effect of spiritual counseling on spiritual well-being in Iranian women with cancer: A randomized clinical trial	Intervention: spiritual counselling
Yang, 2018	Meaning-centered group psychotherapy for patients with lung cancer in China: a randomized controlled trial	Other: full text not available
Applebaum, 2017	Exploring the cancer caregiver's journey through web-based Meaning-Centered Psychotherapy	Sample: caregivers
de Bernardin Gonçalves, 2017	Complementary religious and spiritual interventions in physical health and quality of life: A systematic review of randomized controlled clinical trials	Design: secondary study (SR)
Holtmaat, 2017	Moderators of the effects of meaning-centered group psychotherapy in cancer survivors on personal meaning, psychological well-being, and distress	Sample: cancer survivors
Lichtenthal, 2017	Meaning-centered grief therapy for parents bereaved by cancer: Open trial findings	Sample: parents who lost a child
van der Spek, 2017	Efficacy of meaning-centered group psychotherapy for cancer survivors: a randomized controlled trial	Sample: cancer survivors
Kruizinga, 2016	The effect of spiritual interventions addressing existential themes using a narrative approach on quality of life of cancer patients: a systematic review and meta-analysis	Design: secondary study (SR y MA)
Gagnon, 2015	A cognitive-existential intervention to improve existential and global quality of life in cancer patients: A pilot study	Intervention: cognitive-existential intervention
Lichtenthal, 2015	The central role of meaning in adjustment to the loss of a child to cancer: implications for the development of meaning-centered grief therapy	Sample: parents who lost a child
Maheu, 2015	Breast and ovarian cancer survivors' experience of participating in a cognitive-existential group intervention addressing fear of cancer recurrence	Intervention: cognitive-existential intervention

First autor, publication year	Title	Reason for exclusion
Ownsworth, 2015	Existential well-being and meaning making in the context of primary brain tumor: conceptualization and implications for intervention	Intervention: Making Sense of Brain Tumor (MSoBT) program
van der Spek, 2015	Effectiveness of Meaning-centered Group Psychotherapy Targeting Cancer Survivors: Outcomes of a Randomized Controlled Trial	Sample: cancer survivors
Borovska, 2014	Growing Up Without Growing Old: Meaning Sources Identified by Older vs. Younger Women With Metastatic Breast Cancer	Design: qualitative analysis
Farhadi, 2014	Efficacy of group meaning centered hope therapy of cancer patients and their families on patients' quality of life.	Intervention: meaning centered hope therapy
Scheffold, 2014	Sources of meaning in cancer patients - influences on global meaning, anxiety and depression in a longitudinal study	Design: observational
van der Spek, 2014	Effectiveness and cost-effectiveness of meaning-centered group psychotherapy in cancer survivors: protocol of a randomized controlled trial	Sample: cancer survivors
van der Spek, 2014	Meaning-centered group psychotherapy in cancer survivors: A feasibility study	Sample: cancer survivors
Jafari, 2013	The effect of spiritual therapy for improving the quality of life of women with breast cancer: A randomized controlled trial	Intervention: spiritual therapy
Lloyd-Williams, 2013	A pilot randomised controlled trial to reduce suffering and emotional distress in patients with advanced cancer	Intervention: narrative interview
van der Spek, 2013	Efficacy and Cost Evaluation of Meaning-Centered Group Psychotherapy in Cancer Survivors: Protocol of a Randomized Controlled Trial	Sample: cancer survivors
van der Spek, 2013	Meaning Making in Cancer Survivors: A Focus Group Study	Sample: cancer survivors
Applebaum, 2012	Factors associated with attrition from a randomized controlled trial of meaning-centered group psychotherapy for patients with advanced cancer	Other: irrelevant data report
Mok, 2012	The Meaning of Life Intervention for Patients With Advanced-Stage Cancer: Development and Pilot Study	Intervention: Meaning of Life
Applebaum, 2011	Factors associated with attrition from a randomized controlled trial of meaning-centered group psychotherapy for patients with advanced cancer	Other: irrelevant data report
Fillion, 2006	Enhancing meaning in palliative care practice: a meaning-centered intervention to promote job satisfaction.	Sample: designed to support nurses providing palliative care.
Fillion, 2006	A meaning-centered intervention to enhance job satisfaction and quality of life in palliative care nursing: A randomized-controlled trial	Sample: designed to support nurses providing palliative care.
Miller, 2005	Supportive-affective group experience for persons with life-threatening illness: reducing spiritual, psychological, and death-related distress in dying patients.	Intervention: Life-Threatening Illness Supportive-Affective Group Experience (LTI-SAGE) model
Kaplar, 2004	The effect of religious and spiritual interventions on the biological, psychological, and spiritual outcomes of oncology patients: A meta-analytic review	Design: secondary study (MA)

Legend: MA, meta-analysis; SR, systematic review

Appendix aTable 3. Quality assessment for each study – CTAM

Domain CTAM	Item	Maximum score	Fraguell-Hernando, 2020 ⁽³⁰⁾	Breitbart, 2018 ⁽³²⁾	Gil, 2018 ⁽²⁹⁾	Rosenfeld, 2017 ⁽¹³⁾	Breitbart, 2015 ⁽³¹⁾	Breitbart, 2012 ⁽¹²⁾	Breitbart, 2010 ⁽¹¹⁾
1. Sample	a. Recruitment method	5	2	2	2	2	2	2	2
	b. Sample size over 27 participants per treatment group	5	0	5	0	0	5	5	5
2. Allocation	c. Randomisation	10	10	10	10	0	10	10	10
	d. Randomisation described	3	0	0	0	0	0	3	0
3. Assessment	e. Independent randomisation	3	0	0	0	0	0	0	0
	f. Independent assessments	10	0	0	0	0	0	0	0
	g. Standardised measures	6	6	6	3	3	6	6	6
	h. Blinding	10	0	0	0	0	0	0	0
4. Control groups	i. Blinding described	3	0	0	0	0	0	0	0
	j. Blinding verified	3	0	0	0	0	0	0	0
	k. TAU or controls for non-specific effects	16	10	16	10	0	10	10	10
5. Analysis	l. Analysis appropriate to design	5	5	5	5	5	5	5	5
	m. Analysis includes all participants as randomised and appropriate handling of dropouts	10	4	10	4	4	10	4	4
6. Active treatment	n. Treatment described and manual/ protocol treatment used	6	6	6	6	6	6	6	6
	o. Adherence to protocol assessed	5	0	5	5	0	5	5	5
Total score		100	43	65	45	20	59	56	53

Legend: TAU, treatment as usual. Colour description, green: maximum possible score, yellow: neither maximum nor minimum possible score, red: minimum possible score.

Appendix a Table 4. Meta-analysis of the intragroup differences in RCTs

Outcome	Time	Condition	k	n Pre	SMD (95% CI)*	p	I ²
Anxiety	Pre vs Post	MCP	4	243	-0.473 (-0.608 a -0.338)	<0.001	15.315
		Control	4	218	-0.173 (-0.339 a -0.007)	0.041	39.227
	Pre vs 2 months	MCP	3	227	-0.359 (-0.481 a -0.237)	<0.001	0
		Control	3	202	-0.212 (-0.520 a 0.096)	0.176	81.652
Depression	Pre vs Post	MCP	4	243	-0.499 (-0.736 a -0.263)	<0.001	68.318
		Control	4	218	-0.138 (-0.476 a 0.200)	0.423	84.596
	Pre vs 2 months	MCP	3	227	-0.460 (-0.617 a -0.302)	<0.001	34.868
		Control	3	202	-0.425 (-0.677 a -0.173)	0.001	71.194
Quality of life	Pre vs Post	MCP	3	227	0.600 (0.376 a 0.825)	<0.001	64.537
		Control	3	202	0.165 (0.039 a 0.290)	0.010	0
	Pre vs 2 months	MCP	3	227	0.476 (0.337 a 0.616)	<0.001	17.642
		Control	3	202	0.173 (0.023 a 0.324)	0.023	26.674
Spiritual well-being	Pre vs Post	MCP	3	227	0.524 (0.373 a 0.674)	<0.001	27.150
		Control	3	202	0.270 (0.010 a 0.530)	0.042	74.155
	Pre vs 2 months	MCP	3	227	0.431 (0.308 a 0.555)	<0.001	0
		Control	3	202	0.277 (0.071 a 0.483)	0.008	59.197
Desire for hastened death	Pre vs Post	MCP	2	187	-0.275 (-0.407 a -0.143)	<0.001	0
		Control	2	165	-0.048 (-0.186 a 0.091)	0.499	0
	Pre vs 2 months	MCP	2	187	-0.208 (-0.386 a -0.030)	0.022	45.464
		Control	2	165	-0.126 (-0.344 a 0.091)	0.256	59.150

*Legend: 2 months, two months of follow-up after treatment completion; SMD, standardised mean difference; k, number of studies included in the meta-analytic synthesis; MCP, Meaning-Centered Psychotherapy; Pre, pre-treatment; Post, posttreatment. *For anxiety, depression and desire for hastened death, values <0 indicate a therapeutic improvement; for quality of life and spiritual well-being, values >0 indicate a therapeutic improvement.*

Appendix aTable 5. Meta-analysis of the intergroup differences in RCTs

Outcome	Time	k	n MCP	n control	SMD (95% CI)	p	I²
Anxiety	Pre	4	243	218	0.087 (-0.299 a 0.472)	0.659	73.199
	Post	4	201	181	-0.172 (-0.630 a 0.286)	0.462	78.060
	2 months	3	160	133	0.039 (-0.329 a 0.408)	0.834	59.333
Depression	Pre	4	243	218	0.129 (-0.252 a 0.509)	0.507	72.438
	Post	4	201	181	-0.292 (-0.794 a 0.210)	0.255	81.186
	2 meses	3	160	133	0.142 (-0.089 a 0.373)	0.227	0
Quality of life	Pre	3	227	202	-0.240 (-0.587 a 0.106)	0.174	67.506
	Post	3	185	165	0.205 (-0.168 a 0.578)	0.281	66.665
	2 months	3	160	133	0.071 (-0.168 a 0.309)	0.563	6.150
Spiritual well-being	Pre	3	227	202	-0.201 (-0.473 a 0.071)	0.147	47.916
	Post	3	185	165	0.087 (-0.160 a 0.334)	0.492	25.922
	2 months	3	160	133	-0.001 (-0.232 a 0.230)	0.993	0
Desire for hastened death	Pre	2	187	165	0.112 (-0.150 a 0.375)	0.402	36.080
	Post	2	145	128	-0.128 (-0.384 a 0.128)	0.328	13.516
	2 months	2	127	99	0.017 (-0.246 a 0.280)	0.900	0
Outcome	Time	k	n MCP	n control	OR (95% IC)	p	I²
Risk of abandonment	Post	4	314	290	0.860 (0.508 a 1.454)	0.573	0

*Legend: 2 months, two months of follow-up after treatment completion; SMD, standardised mean difference; k, number of studies included in the meta-analytic synthesis; OR, odds ratio; MCP, Meaning-Centered Psychotherapy; Pre, pretreatment; Post, posttreatment. * For anxiety, depression and desire for hastened death, values <0 favor MCP; for quality of life and spiritual well-being, values >0 favor MCP.*

Appendix aTable 6. Sensibility analysis: one study removed for intragroup analysis

Outcome	Time	Condition	Removed study	SMD	95% CIi	95% CIs	p*
Spiritual well-being	Post	MCP	Breitbart, 2015 ⁽³¹⁾	0.612	0.445	0.779	< 0.001
			Breitbart, 2018 ⁽³²⁾	0.466	0.274	0.659	< 0.001
			Breitbart, 2012 ⁽¹²⁾	0.504	0.291	0.716	< 0.001
			TOTAL	0.524	0.373	0.674	< 0.001
		Control	Breitbart, 2015 ⁽³¹⁾	0.312	-0.110	0.733	0.147
			Breitbart, 2018 ⁽³²⁾	0.148	-0.018	0.314	0.080
			Breitbart, 2012 ⁽¹²⁾	0.346	0.018	0.674	0.039
			TOTAL	0.270	0.010	0.530	0.042
	2 months	MCP	Breitbart, 2015 ⁽³¹⁾	0.482	0.320	0.644	< 0.001
			Breitbart, 2018 ⁽³²⁾	0.395	0.235	0.555	< 0.001
			Breitbart, 2012 ⁽¹²⁾	0.422	0.287	0.558	< 0.001
			TOTAL	0.431	0.308	0.555	< 0.001
		Control	Breitbart, 2015 ⁽³¹⁾	0.300	-0.051	0.650	0.094
			Breitbart, 2018 ⁽³²⁾	0.180	0.014	0.346	0.034
			Breitbart, 2012 ⁽¹²⁾	0.340	0.098	0.582	0.006
			TOTAL	0.277	0.071	0.483	0.008
Quality of life	Post	MCP	Breitbart, 2015 ⁽³¹⁾	0.695	0.524	0.866	< 0.001
			Breitbart, 2018 ⁽³²⁾	0.596	0.189	1.002	< 0.001
			Breitbart, 2012 ⁽¹²⁾	0.525	0.293	0.757	< 0.001
			TOTAL	0.600	0.376	0.825	< 0.001
		Control	Breitbart, 2015 ⁽³¹⁾	0.199	0.038	0.361	0.016
			Breitbart, 2018 ⁽³²⁾	0.121	-0.045	0.286	0.153
			Breitbart, 2012 ⁽¹²⁾	0.170	0.031	0.309	0.017
			TOTAL	0.165	0.039	0.290	0.010
	2 months	MCP	Breitbart, 2015 ⁽³¹⁾	0.549	0.384	0.714	< 0.001
			Breitbart, 2018 ⁽³²⁾	0.475	0.217	0.733	< 0.001
			Breitbart, 2012 ⁽¹²⁾	0.439	0.297	0.581	< 0.001
			TOTAL	0.476	0.337	0.616	< 0.001
		Control	Breitbart, 2015 ⁽³¹⁾	0.255	0.092	0.417	0.002
			Breitbart, 2018 ⁽³²⁾	0.093	-0.073	0.258	0.272
			Breitbart, 2012 ⁽¹²⁾	0.171	-0.060	0.401	0.147
			TOTAL	0.173	0.023	0.324	0.023

Legend: SMD, standardised mean difference; CIi, coefficient interval - inferior; CIs, coefficient interval - superior; MCP, Meaning-Centered Psychotherapy. *Values in bold indicate statistically significant values ($p < 0.05$).

Appendix aTable 7. Sensibility analysis: one study removed for intergroup analysis

Outcome	Time	Removed study	SMD	95% CIi	95% CI _s	p*
Spiritual well-being	Pre	Breitbart, 2015 ⁽³¹⁾	-0.091	-0.405	0.223	0.571
		Breitbart, 2018 ⁽³²⁾	-0.352	-0.603	-0.101	0.006
		Breitbart, 2012 ⁽¹²⁾	-0.170	-0.566	0.226	0.401
		Total	-0.201	-0.473	0.071	0.147
	Post	Breitbart, 2012 ⁽¹²⁾	0.027	-0.304	0.358	0.873
		Breitbart, 2015 ⁽³¹⁾	0.214	-0.048	0.476	0.110
		Breitbart, 2018 ⁽³²⁾	0.032	-0.369	0.433	0.876
		Total	0.087	-0.160	0.334	0.492
	2 months	Breitbart, 2012 ⁽¹²⁾	-0.028	-0.327	0.272	0.855
		Breitbart, 2015 ⁽³¹⁾	0.101	-0.185	0.386	0.489
		Breitbart, 2018 ⁽³²⁾	-0.085	-0.388	0.219	0.584
		Total	-0.001	-0.232	0.230	0.993
Quality of life	Pre	Breitbart, 2015 ⁽³¹⁾	-0.131	-0.576	0.313	0.563
		Breitbart, 2018 ⁽³²⁾	-0.423	-0.675	-0.171	0.001
		Breitbart, 2012 ⁽¹²⁾	-0.184	-0.675	0.307	0.462
		Total	-0.240	-0.587	0.106	0.174
	Post	Breitbart, 2012 ⁽¹²⁾	0.177	-0.408	0.762	0.553
		Breitbart, 2015 ⁽³¹⁾	0.401	0.136	0.665	0.003
		Breitbart, 2018 ⁽³²⁾	0.045	-0.335	0.426	0.816
		Total	0.205	-0.168	0.578	0.281
	2 months	Breitbart, 2012 ⁽¹²⁾	0.081	-0.298	0.460	0.676
		Breitbart, 2015 ⁽³¹⁾	0.175	-0.111	0.461	0.230
		Breitbart, 2018 ⁽³²⁾	-0.068	-0.371	0.235	0.661
		Total	0.071	-0.168	0.309	0.563

SMD, standardised mean difference; CIi, coefficient interval - inferior; CI_s, coefficient interval - superior. *Values in bold indicate statistically significant values ($p < 0.05$).