

# Meta-analisi EIBI

Eckes et al. *BMC Psychiatry* (2023) 23:133  
<https://doi.org/10.1186/s12888-022-04412-1>

BMC Psychiatry

RESEARCH

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## Comprehensive ABA-based interventions in the treatment of children with autism spectrum disorder – a meta-analysis



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### Abstract

**Background** Many studies display promising results for interventions that are based on Applied Behavior Analysis (ABA) in the treatment of autism spectrum disorder (ASD). **Methods:** This meta-analysis assessed the effects of such treatments on developmental outcomes in children with ASD and on parental stress based on 11 studies with 632 participants. **Results:** Compared to treatment as usual, minimal or no treatment, comprehensive ABA-based interventions showed medium effects for intellectual functioning (standardized mean difference SMD = 0.51, 95% CI [0.09; 0.92]) and adaptive behavior (SMD = 0.37, 95% CI [0.03; 0.70]). Language abilities, symptom severity or parental stress did not improve beyond the improvement in control groups. Moderator analyses indicate that language abilities at intake could influence the effect sizes and the influence of treatment intensity might decrease with older age. **Conclusions:** Practical implications and limitations are discussed.

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# 11 studi inclusi al 2020

**Table 2** Study and participant characteristics

Author (Year), Country	N (T/C)	Age (T/C)	Male (%)	Control group	Intensity T/C (h/week)	Duration T/C (months)	Outcome (Instrument)
Eikeseth et al. (2002), Norway [49]	13/ 12	66.32/ 65	76	TAU	28/29.8	12/12	IF (WPPSI-R, WISC-R-III, BSID-II), AB (VABS), L (RDLS)
Eikeseth et al. (2012), Norway [50]	35/ 24	47/ 53	83.1	TAU	23/NA	12/12	AB (VABS)
Eldevik et al. (2012), Norway [51]	31/ 12	42.2/ 46.2	76.7	TAU	13.6/NA	25.1/24.6	IF(BSID,SB:FE), AB (VABS)
Fava et al. (2011), Italy [52]	12/ 10	52/ 43.7	86.4	TAU	14/12	6.4/7.2	IF (GMDS-ER 2:8), AB (VABS), L (CDI), SyS (ADOS), PS (PSI)
Fernell et al. (2011), Sweden [53]	91/ 101	37.6/ 43.5	NA	low-intensity treatment (ABA)	15–40/NA	25/NA	AB (VABS)
Howard et al. (2005), USA [24]	29/ 16/16	30.86/ 37.44/ 34.56	88.5	(1) AP (2) GP	25–40/25–30	14.12/13.25	IF (BSID-II <sup>a</sup> ), AB (VABS <sup>a</sup> ), L (RDLS <sup>a</sup> )
Magiati et al. (2007), UK [54]	28/ 16	38/ 42.5	88.6	TAU	32.4/25.6	24/26	IF (BSID-II, WPPSI-R), AB (VABS), L (BPVS-II, EOWPVT-R), SyS (ADI-R)
Molnár et al. (2017), Germany [55]	13/ 7	56.4/ 56.4	100	waitlist control group	17.5/0	10.7/6	IF (PEP-3)
Remington et al. (2007), UK [56]	23/ 21	35.7/ 38.4	NA	TAU	25.6/NA	24/24	IF (BSID-II, SB:FE) AB (VABS), L (RDLS-3), SyS (ASQ), PS (QRS-F)
Shawler (2016), USA [48]	32/ 19	27.97/ 27.24	86.3	TAU	22/1–8 (h/month)	13.16/13.05	IF (MSEL)
Zachor & Ben-Itzchak (2010), Israel [57]	45/ 33	25.1/ 26	91	TAU	20/19	12/12	AB (VABS), L (MSEL)



# Risultati

- La maggior parte degli studi inclusi nella meta-analisi erano di bassa qualità metodologica
- Se confrontati al trattamento come usuale (TAU) all'assenza di trattamento o a trattamenti di minima intensità gli interventi basati su ABA, dimostrano un effetto medio sulle capacità cognitive e ridotto sul comportamento adattivo. Nessuna differenza è stata riscontrata per linguaggio, severità dei sintomi e stress genitoriale



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