TABLE 2.
Question: Should high-dose vitamin A supplementation versus low-dose vitamin A supplements be used in children with severe acute malnutrition?
Settings: Hospital

Number of studies	Quality assessment						Number (%) of patients		Effect		Quality	Importance
	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	High-dose vitamin A supplements	Low-dose vitamin A supplements	Relative (95% CI)	Absolute		
Mortality												
3	Randomized trials	Serious[a]	No serious inconsistency	No serious indirectness[a]	Serious[a]	None	86/1034 (8.3)	92/1038 (8.9)	RR 1.11 (0.84 to 1.47)	10 more per 1000 (from 14 fewer to 42 more)	++ LOW	CRITICAL
Diarrhoea (duration in days)												
3	Randomized trials	Serious[b,c]	No serious inconsistency	Serious[a,b,c]	Serious[a,c]	None	–	–	Not pooled	Not pooled	+ VERY LOW	CRITICAL
Incidence of lower respiratory infections - not reported												
2	–	–[d]	–	–[f]	–[g]	None	–	–	–	–	+ VERY LOW	CRITICAL

CI: confidence interval; RR: risk ratio.
[a] Different criteria were used to define the degree of malnutrition in the study populations and different durations of vitamin A supplementation were used in the trials.
[b] Only two investigators have contributed data.
[c] The authors used different classifications of type of diarrhoea and did not provide data according to a pre-specified definition. Details of the use of reported data are described in the narrative
[d] Only one investigator contributed data (2 trials) to this outcome.
[e] The author used different definitions of lower respiratory tract infections outcomes in the two studies.
[f] The number of cases is not reported; the authors simply state in the articles that there are non-significant differences between the groups.