Table 16: Clinical evidence profile: Comparison 4. Positive expiratory pressure (PEP) versus no airway clearance technique

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**PEP**	**No airway clearance technique**	**Relative (95% CI)**	**Absolute**		
Sputum dry weight (follow-up mean 2 days; measured with: grams; Better indicated by higher values)												
1 (Placidi 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	17	17	-	MD 0.03 lower (0.48 lower to 0.42 higher)	LOW	CRITICAL
Sputum wet weight (follow-up mean 2 days; measured with: grams; Better indicated by higher values)												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**PEP**	**No airway clearance technique**	**Relative (95% CI)**	**Absolute**		
1 (Placidi 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[2]	none	17	17	-	MD 1.8 higher (1.72 lower to 5.32 higher)	MODERATE	CRITICAL
Lung function - FEV_1 (follow-up mean 2 days; measured with: % predicted; range of scores: 0-100; Better indicated by lower values)												
1 (Braggion 1995)	randomised trials	very serious[3]	no serious inconsistency	no serious indirectness	very serious[4]	none	16	16	-	MD 2.1 higher (11.73 lower to 15.93 higher)	VERY LOW	IMPORTANT
Lung function - FEV_1 (follow-up mean 2 days; measured with: litres; Better indicated by higher values)												
1 (Placidi 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	17	17	-	MD 0.01 higher (0.18 lower to 0.2 higher)	LOW	IMPORTANT
Lung Function FVC (follow-up mean 2 days; measured with: % predicted; range of scores: 0-100; Better indicated by higher values)												
1 (Braggion 1995)	randomised trials	very serious[3]	no serious inconsistency	no serious indirectness	very serious[1]	none	16	16	-	MD 1.2 higher (12.88 lower to 15.28 higher)	VERY LOW	IMPORTANT

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**PEP**	**No airway clearance technique**	**Relative (95% CI)**	**Absolute**		
Lung function - FVC (follow-up mean 2 days; measured with: litres; Better indicated by higher values)												
1 (Placidi 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	17	17	-	MD 0.05 higher (0.35 lower to 0.45 higher)	LOW	IMPORTANT
Oxygen saturation - Spo2 (follow-up mean 2 days; measured with: %; range of scores: 0-100; Better indicated by higher values)												
1 (Placidi 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[2]	none	17	17	-	MD 0.3 higher (0.58 lower to 1.18 higher)	MODERATE	IMPORTANT

Abbreviations: CI: confidence interval; FEV_1: forced expiratory volume in 1 second; FVC: forced vital capacity; MD: mean difference; SpO2: peripheral capillary oxygen saturation

1 The quality of the evidence was downgraded by 2 due to very serious imprecision as 95% CI crossed 2 default MIDs

2 The quality of the evidence was downgraded by 1 due to serious imprecision as 95% Ci crossed 1 default MID

3 The quality of the evidence was downgraded by 2 due to lack of blinding, attrition bias and reporting bias.

4 The quality of the evidence was downgraded by 2 due to very serious imprecision as 95% CI crossed 2 clinical MIDs