Table 55: Clinical evidence profile: Comparison 1.2. Oral calorie supplementation versus nutritional advice

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oral calorie supplementation	Nutritional advice	Relative (95% CI)	Absolute		
Change in weight (kg) (Follow-up: 3 months; Better indicated by higher values)												
1 (Kalnins 2005)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	7	6	-	MD 0.69 lower (3.3 lower to 1.92 higher)	VERY LOW	CRITICAL
Change in weight for height (%) (Follow-up: 3 months; Better indicated by higher values)												
1 (Kalnins 2005)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	7	12	-	MD 0.96 lower (5.23 lower to 3.31 higher)	VERY LOW	CRITICAL
Change in weight z score (Follow-up: 3 months; Better indicated by higher values)												
1 (Kalnins 2005)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	7	6	-	MD 0 higher (0.59 lower to 0.59 higher)	VERY LOW	CRITICAL
Change in weight z score (Follow-up: 6 months; Better indicated by higher values)												
1 (Kalnins 2005)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	7	6	-	MD 0.3 lower (0.98 lower to	VERY LOW	CRITICAL

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oral calorie supplementation	Nutritional advice	Relative (95% CI)	Absolute		
										0.38 higher)		
Change in % ideal body weight (Follow-up: 3 months; Better indicated by higher values)												
1 (Kalnins 2005)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	7	6	-	MD 2 lower (10.59 lower to 6.59 higher)	VERY LOW	CRITICAL
Change in % ideal body weight (Follow-up: 6 months; Better indicated by higher values)												
1 (Kalnins 2005)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	7	6	-	MD 3 lower (11.59 lower to 5.59 higher)	VERY LOW	CRITICAL
Change in height (cm) (Follow-up: 3 months; Better indicated by higher values)												
1 (Kalnins 2005)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	7	6	-	MD 0.38 lower (3.05 lower to 2.29 higher)	VERY LOW	CRITICAL
Change in height z score (Follow-up: 3 months; Better indicated by higher values)												
1 (Kalnins 2005)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	7	6	-	MD 0 higher (0.96	VERY LOW	CRITICAL

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oral calorie supplementation	Nutritional advice	Relative (95% CI)	Absolute		
										lower to 0.96 higher)		
Change in height z score (Follow-up: 6 months; Better indicated by higher values)												
1 (Kalnins 2005)	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	7	6	-	MD 0.1 lower (1.07 lower to 0.87 higher)	VERY LOW	CRITICAL
Change in FEV$_1$ % predicted (Follow-up: 3 months; Better indicated by higher values)												
1 (Kalnins 2005)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[3]	none	7	6	-	MD 8.2 lower (23.37 lower to 6.97 higher)	VERY LOW	CRITICAL
Change in FEV$_1$ % predicted (Follow-up: 6 months; Better indicated by higher values)												
1 (Kalnins 2005)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[3]	none	7	6	-	MD 8 lower (26.96 lower to 10.96 higher)	VERY LOW	CRITICAL
Quality of life												
No evidence available												
Pulmonary exacerbations												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oral calorie supplementation	Nutritional advice	Relative (95% CI)	Absolute		
No evidence available												
Adverse effects												
No evidence available												
Patient or carer satisfaction												
No evidence available												

Abbreviations: confidence interval; CF: cystic fibrosis; cm: centimetres; FEV$_1$: forced expiratory volume in 1 second; kg: kilogrammes; MD: mean difference
1 The quality of the evidence was downgraded by 2 because of unclear risk of bias in relation to randomisation, high risk of bias in relation to allocation concealment, and inability to make judgment in relation to other bias.
2 The quality of the evidence was downgraded by 2 because the 95% CI crossed 2 default MIDs
3 The quality of the evidence was downgraded by 2 because the 95% CI crossed 2 clinical MIDs