Table 57: Clinical evidence profile: Comparison 3. Appetite stimulants versus placebo

Quality assessment							No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Appetite stimulants	Placebo	Relative (95% CI)	Absolute	Quality	Importance
Change in weight in kg. (follow-up 3 months; range of scores: 3-120; Better indicated by higher values)												

Quality assessment							No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Appetite stimulants	Placebo	Relative (95% CI)	Absolute	Quality	Importance
1 (Eubanks 2002, Homnick 2004)	randomised trials	very serious [1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	18	15	-	MD 2.97 higher (0.94 to 4.99 higher)	LOW	CRITICAL
Change in weight in kg. (follow-up 6 months; range of scores: 1-120; Better indicated by higher values)												
1 (Eubanks 2002)	randomised trials	very serious [2]	no serious inconsistency	no serious indirectness	no serious imprecision	none	10	7	-	MD 3.8 higher (1.27 to 6.33 higher)	LOW	CRITICAL
Change in weight z score (follow-up 3 months; range of scores: -4-4; Better indicated by higher values)												
3 (Eubanks 2002, Homnick 2004, Marchand 2000)	randomised trials	very serious [3]	no serious inconsistency	no serious indirectness	no serious imprecision	none	20	20	-	MD 0.61 higher (0.29 to 0.93 higher)	LOW	CRITICAL
Change in weight z score (follow-up 6 months; range of scores: -4-4; Better indicated by higher values)												
1 (Eubanks 2002)	randomised trials	very serious [2]	no serious inconsistency	no serious indirectness	no serious imprecision	none	10	7	-	MD 0.74 higher (0.26 to 1.22 higher)	LOW	CRITICAL

Quality assessment							No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Appetite stimulants	Placebo	Relative (95% CI)	Absolute	Quality	Importance
Change in height (cm) (follow-up 3 months; Better indicated by higher values)												
1 (Homnick 2004)	randomised trials	serious [4]	no serious inconsistency	serious[5]	very serious[6]	none	8	8	-	MD 0.2 higher (11.88 lower to 12.28 higher)	VERY LOW	CRITICAL
Change in BMI (kg/m2) (follow-up 3 months; Better indicated by higher values)												
1 (Homnick 2004)	randomised trials	serious [4]	no serious inconsistency	serious[5]	serious[7]	none	8	8	-	MD 0.88 higher (0.76 lower to 2.52 higher)	VERY LOW	CRITICAL
Change in BMI centile (follow-up 3 months; Better indicated by higher values)												
1 (Homnick 2004)	randomised trials	serious [4]	no serious inconsistency	serious[5]	serious[7]	none	8	8	-	MD 11.1 higher (0.15 to 22.05 higher)	VERY LOW	CRITICAL
Change in % ideal body weight (follow-up 3 months; Better indicated by higher values)												
1 (Homnick 2004)	randomised trials	serious [4]	no serious inconsistency	serious[5]	serious7	none	8	8	-	MD 5.14 higher (0.2 to 10.08 higher)	VERY LOW	CRITICAL
Change in FEV_1 % predicted (follow-up 3 months; range of scores: 0-100; 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	Appetite stimulants	Placebo	Relative (95% CI)	Absolute		
1 (Eubanks 2002)	randomised trials	very serious[2]	no serious inconsistency	no serious indirectness	serious[8]	none	10	7	-	MD 13.55 higher (1.88 lower to 28.98 higher)	VERY LOW	CRITICAL
Change in FEV_1 % predicted (follow-up 6 months; range of scores: 0-100; Better indicated by higher values)												
1 (Eubanks 2002)	randomised trials	very serious[2]	no serious inconsistency	no serious indirectness	serious[8]	none	10	7	-	MD 5.64 higher (4.43 lower to 15.71 higher)	VERY LOW	CRITICAL
Quality of life												
No evidence available												
Number of pulmonary exacerbations (follow-up: 3 months; Better indicated by lower values)												
1 (Marchand 2000)	randomised trials	very serious[9]	no serious inconsistency	no serious indirectness	very serious[6]	none	5/6 (83.3%)	3/6 (50%)	RR 1.67 (0.69 to 4)	335 more per 1000 (from 155 fewer to 1000 more)	VERY LOW	IMPORTANT
Adverse effects: constipation (follow-up: 6 months; Better indicated by lower values)												
1 (Eubanks 2002)	randomised trials	very serious[2]	no serious inconsistency	no serious indirectness	very serious[6]	none	1/10 (10%)	0/7 (0%)	RR 2.18 (0.1 to 46.92)	-	VERY LOW	IMPORTANT

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Appetite stimulants	Placebo	Relative (95% CI)	Absolute		
Adverse effects: high blood glucose levels (follow-up: 3 months; Better indicated by lower values)												
1 (Marchand 2000)	randomised trials	very serious [10]	no serious inconsistency	no serious indirectness	Not calculable	none	6 participants. Values not reported	6 participants. Values not reporter	Fasting blood glucose levels remained unchanged in both groups.		LOW	IMPORTANT
Adverse effects: decreased morning cortisol levels <0.6mcg/dl (follow-up: 3 months; Better indicated by higher values)												
1 (Marchand 2000)	randomised trials	very serious [10]	no serious inconsistency	no serious indirectness	Not calculable	none	4/6	Not reported	-	All participants in the intervention group had normal morning cortisol levels at baseline; at follow-up 4 out of the 6	LOW	IMPORTANT

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Appetite stimulants	Placebo	Relative (95% CI)	Absolute		
										participants in the intervention group had morning cortisol levels decreased to <0.6mcg/dl		
Adverse effects: decreased morning cortisol levels <30 nmol/L at 6 months												
1 (Eubanks 2002)	randomised trials	very serious [2]	no serious inconsistency	no serious indirectness	very serious[6]	none	7/10 (70%) [a] Baseline levels not reported	0/7 (0%) Baseline levels not reporter	RR 10.91 (0.72 to 164.61)	-	VERY LOW	IMPORTANT
Patient or carer satisfaction (Better indicated by higher values)												
No evidence available												

Abbreviations: BMI: body mass index; confidence interval; CF: cystic fibrosis; FEV_1: forced expiratory volume in 1 second; IV: intravenous; kg: kilogrammes; kg/m2g: kilogrammes per square metre; MD: mean difference; nmol/L: nanomoles per litre; RR: risk ratio

1 The quality of the evidence was downgraded by 2 due to very serious risk of bias in relation to the evidence from the Eubanks 2002 paper and serious risk of bias in relation to the evidence from the Homnick 2004 paper

2 The quality of the evidence was downgraded by 2 due to unclear risk of bias in relation to allocation concealment, and high risk of bias in relation to incomplete outcome data and selective reporting.

3 The quality of the evidence was downgraded by 2 due to very serious risk of bias in relation to the evidence from the Eubanks 2002 paper, serious risk of bias in relation to the evidence from the Homnick 2004 paper, and very serious risk of bias in relation to the evidence from the Marchand 2000 paper.
4 The quality of the evidence was downgraded by 1 due to unclear risk of bias in relation to allocation concealment and high risk of bias in relation to selective reporting.
5 The evidence was downgraded by 1 because ideal body weight for height <100% was an inclusion criteria. However in clinical practice some people with ideal body weight for height under this cut-off may be considered with normal weight and therefore would not be the target population of appetite stimulants.
6 The quality of the evidence was downgraded by 2 because the 95% CI crossed 2 default MIDs
7 The quality of the evidence was downgraded by 1 because the 95% CI crossed 1 default MID
8 The quality of the evidence was downgraded by 1 because the 95% CI crossed 1 clinical MID
9 The quality of the evidence was downgraded by 2 due to unclear risk of bias in relation to random sequence generation and allocation concealment, and high risk of bias in relation to incomplete outcome data and selective reporting
10 The quality of the evidence was downgraded by 2 due to unclear risk of bias in relation to random sequence generation and allocation concealment, and high risk of bias in relation to incomplete outcome data, selective reporting, and bad reporting (relevant values not provided)
a Reversible decrease: 30+ days after treatment levels went back up to 270 +-6.9 nmol/L