Table 61: Clinical evidence profile: Comparison 5.3 Behavioural management training + educational intervention *versus* educational intervention alone

Quality assessment							No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Behavioural management training + nutritional intervention	Educational intervention alone	Relative (95% CI)	Absolute	**Quality**	**Importance**
Change in weight (kg) (follow-up: 2 months; Better indicated by higher values)												

Quality assessment							No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Behavioural management training + nutritional intervention	Educational intervention alone	Relative (95% CI)	Absolute	Quality	Importance
1 (Stark 2009)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	33	34	-	MD 0.55 higher (0 to 1.1 higher)	MODERATE	CRITICAL
Change in weight (kg) (follow-up: 1 year; Better indicated by higher values)												
1 (Powers 2003)	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	very serious[3]	none	4	4	-	MD 0.43 lower (1.27 lower to 0.41 higher)	VERY LOW	CRITICAL
Change in weight (kg) (follow-up: 2 years; Better indicated by higher values)												
1 (Stark 2009)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	28	31	-	MD 0.52 higher (1.34 lower to 2.38 higher)	MODERATE	CRITICAL
Change in BMI z score (follow-up: 2 months; Better indicated by higher values)												
1 (Stark 2009)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	33	34	-	MD 0.2 higher (0.02 lower to 0.42 higher)	MODERATE	CRITICAL

Quality assessment							No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Behavioural management training + nutritional intervention	Educational intervention alone	Relative (95% CI)	Absolute	Quality	Importance
Change in BMI z score (follow-up: 2 years; Better indicated by higher values)												
1 (Stark 2009)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	28	31	-	MD 0.35 higher (0 to 0.7 higher)	MODERATE	CRITICAL
Change in % ideal body weight (follow-up: 1 years; Better indicated by higher values)												
1 (Powers 2003)	randomised trials	serious2	no serious inconsistency	no serious indirectness	very serious[3]	none	4	3	-	MD 0.91 lower (37.52 lower to 35.7 higher)	VERY LOW	CRITICAL
Change in weight % for age (follow-up: 1 years; Better indicated by higher values)												
1 (Powers 2003)	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	very serious[3]	none	4	4	-	MD 0.6 lower (17.25 lower to 16.05 higher)	VERY LOW	CRITICAL
Change in height (cm) (follow-up: 1 years; Better indicated by higher values)												
1 (Powers 2003)	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	very serious[3]	none	3	4	-	MD 2.03 lower (4.87 lower	VERY LOW	CRITICAL

Quality assessment							No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Behavioural management training + nutritional intervention	Educational intervention alone	Relative (95% CI)	Absolute	Quality	Importance
										to 0.81 higher)		
Change in height (cm) (follow-up: 2 years; Better indicated by higher values)												
1 (Stark 2009)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	28	31	-	MD 0.2 lower (1.45 lower to 1.05 higher)	HIGH	CRITICAL
Change in height z score (follow-up: 2 years; Better indicated by higher values)												
1 (Stark 2009)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	28	31	-	MD 0.01 lower (0.17 lower to 0.15 higher)	MODERATE	CRITICAL
Change in FEV_1 % predicted (follow-up: 2 years; Better indicated by higher values)												
1 (Stark 2009)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[4]	none	13	15	-	MD 5.16 higher (8.49 lower to 18.81 higher)	LOW	CRITICAL
Quality of life												
No evidence available												

Quality assessment							No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Behavioural management training + nutritional intervention	Educational intervention alone	Relative (95% CI)	Absolute	Quality	Importance
Adverse effects												
No evidence available												
Time to next exacerbation												
No evidence available												
Patient or carer satisfaction (follow-up: 2 months; Better indicated by higher values)												
1 (Stark 2009)	randomised trials	serious risk of bias[5]	no serious inconsistency	no serious indirectness	Not calculable	none	33	34	Parents in both groups reported high ratings of satisfaction with treatment (>6 in a 7 point scale)		MODERATE	IMPORTANT

Abbreviations: BMI: body mass index; CI: confidence interval; FEV_1: forced expiratory volume in 1 second; kg: kilogrammes; cm: centimetres; MD: mean difference
1 The quality of the evidence was downgraded by 1 because the 95% CI crossed 1 default MID
2 The quality of the evidence was downgraded by 1 because of unclear risk of bias in relation to random sequence generation, allocation concealment and incomplete outcome data. Cochrane rated the risk of bias in relation to blinding as high risk however objective measures are unlikely to be influenced by a lack of blinding.
3 The quality of the evidence was downgraded by 2 because the 95% CI crossed 2 default MIDs
4 The quality of the evidence was downgraded by 2 because the 95% CI crossed 2 clinical MIDs
5 The quality of the evidence was downgraded by 1 due to bad reporting (narrative reporting only)