

Table 88: Clinical evidence profile: Comparison 6. Combined inspiratory muscle training, resistance and aerobic training

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Combined inspiratory muscle training resistance and aerobic training	No exercise programme	Relative (95% CI)	Absolute		
Change in FEV₁ (litres) - Unsupervised programme												
No evidence available												
Change in FEV₁ (litres) - Supervised programme (follow-up 2 months; Better indicated by higher values)												
1 (Santana-Sosa 2014)	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	10	10	-	MD 0.07 higher (0.54 lower to 0.68 higher)	LOW	CRITICAL
Change in FVC (litres) - Unsupervised programme												
No evidence available												
Change in FVC (litres) - Supervised programme (follow-up 2 months; Better indicated by higher values)												
1 (Santana-Sosa 2014)	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	10	10	-	MD 0.16 higher (0.68 lower to 1 higher)	VERY LOW	CRITICAL
Change in FEV₁ peak												
No evidence available												
Time to next exacerbation												
No evidence available												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Combined inspiratory muscle training resistance and aerobic training	No exercise programme	Relative (95% CI)	Absolute		
Change in weight - Unsupervised programme												
No evidence available												
Change in weight (kg) - Supervised programme (follow-up 2 months; Better indicated by higher values)												
1 (Santana-Sosa 2014)	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	10	10	-	MD 0.50 higher (10.51 lower to 11.51 higher)	VERY LOW	CRITICAL
Change in QOL (CFQ-R) - Unsupervised programme												
No evidence available												
Change in QOL (CFQ-R) - Supervised programme (follow-up 2 months; range of scores: 0-100; Better indicated by higher values)												
1 (Santana-Sosa 2014)	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	Not calculable ³	none	10 Median pre-intervention: 629 (505 to 701) Median post-intervention: 688	10 Median pre-intervention: 636 (626 to 745) Median post-intervention: 638	p=0.071	Not calculable	LOW	CRITICAL

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Combined inspiratory muscle training resistance and aerobic training	No exercise programme	Relative (95% CI)	Absolute		
							(609 to 791)	(626 to 737)				
Preference for training programme												
No evidence available												
Adverse events - Unsupervised programme												
No evidence available												
Adverse events - Supervised programme (follow-up 2 months)												
1 (Santana-Sosa 2014)	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	Not calculable ³	none	10 No adverse events occurred during exercise training	10 No data reported	-	Not calculable	LOW	CRITICAL

Abbreviations: CI: confidence interval; CF: cystic fibrosis; FEV₁: forced expiratory volume in 1 second; FVC: forced vital capacity; kg: kilogrammes MD: mean difference; FEV₁ max/ peak: maximal oxygen consumption

1 The quality of the evidence was downgraded by 2 due to high risk of bias for outcome reporting, and unclear risk of bias for randomization, allocation concealment and blinding

2 The quality of the evidence was downgraded by 2 because the 95% CI crossed 2 default MIDs

3 Imprecision could not be calculated, as data was reported narratively only