Table 51	: Clinical e	vidence	profile: First-li	ne treatment	– steroid (ora	i/ii) versus pla	10) 0093	rai/II) [Prednisoloi	ne versus placeboj		
Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Steroid	Placebo	Relative (95% Cl)	Absolute		•••••
Change in	PTA - Day 8 ((follow-up	8 days; Better inc	licated by higher	values)							
			no serious inconsistency	no serious indirectness	no serious imprecision	none	47	46	-	MD 0.9 lower (11.73 lower to 9.93 higher)	⊕⊕OO LOW	CRITICAL
Change in	PTA - Day 90	(follow-u	p 90 days; Better i	ndicated by high	ner values)							
		- ,	no serious inconsistency	no serious indirectness	no serious imprecision	none	47	46	-	MD 3.9 higher (8.57 lower to 16.37 higher)	⊕⊕OO LOW	CRITICAL
Recovery	- Day 8 (oral)	(follow-up	9 8 days²)									
		- ,	no serious inconsistency	no serious indirectness	very serious ³	none	53/51 (103.9%)	17.3%	RR 1.25 (0.56 to 2.75)	43 more per 1000 (from 76 fewer to 303 more)	⊕000 VERY LOW	CRITICAL
Recovery	- 1 month (IT)	(follow-u	p 1 months)									
	randomised trials		no serious inconsistency	no serious indirectness	no serious imprecision	none	19/25 (76%)	20%	RR 3.8 (1.68 to 8.58)	560 more per 1000 (from 136 more to 1000 more)	⊕⊕⊕O MODERATE	CRITICAL
Recovery	- Day 90 (oral) (follow-u	ıp 90 days²)									
			no serious inconsistency	no serious indirectness	very serious ³	none	18/51 (35.3%)	34.6%	RR 1.02 (0.6 to 1.73)	7 more per 1000 (from 138 fewer to 253 more)	⊕000 VERY LOW	CRITICAL
Adverse e	vents (follow-	up 90 day	rs)									

Table 51: Clinical evidence profile: First-line treatment – steroid (oral/IT) versus placebo (oral/IT) [Prednisolone versus placebo]

1		very serious¹	no serious inconsistency	no serious indirectness	very serious ³	none	15/51 (29.4%)	21.2%	RR 1.39 (0.71 to 2.73)	83 more per 1000 (from 61 fewer to 367 more)	⊕000 VERY LOW	IMPORTANT
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¹ Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias. ² The recovery data are based on the same dataset as the change in PTA, but presented as a dichotomous outcome ³ Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.