Table 53: Clinical evidence profile: First-line treatment – steroid (oral) plus steroid (IT) versus steroid (oral/IT) [prednisolone oral plus dexamethasone IT versus placebo oral/IT plus dexamethasone oral/IT]

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Dual steroids (oral plus IT)	Single steroid (oral/IT)	Relative (95% CI)	Absolute		
PTA Final score - oral versus oral plus IT (follow-up 7 weeks (4 weeks after last injection); Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	16	18	-	MD 24 lower (42.39 to 5.61 lower)	⊕⊕OO LOW	CRITICAL
PTA Final score - IT versus oral plus IT (follow-up 7 weeks (4 weeks after last injection); Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	16	17	-	MD 16 lower (31.72 to 0.28 lower)	⊕⊕OO LOW	CRITICAL
Recovery (follow-up 7-12 weeks)												
2	randomised trials	serious[1]	serious[3]	no serious indirectness	serious[2]	none	25/76 (32.9%)	24.8%	RR 1.37 (0.87 to 2.15)	92 more per 1000 (from 32 fewer to 285 more)	⊕OOO VERY LOW	CRITICAL
Mean speech discrimination (% words successfully discriminated) - Oral versus oral plus IT (follow-up 7 weeks (4 weeks after last injection); Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	16	18	-	MD 31 higher (7.76 to 54.24 higher)	⊕⊕OO LOW	CRITICAL

Mean speech discrimination (% words successfully discriminated) - IT versus oral plus IT (follow-up 7 weeks (4 weeks after last injection); Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	16	17	-	MD 25 higher (4.11 to 45.89 higher)	⊕⊕OO LOW	CRITICAL

[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] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.
[3] Downgraded by 1 or 2 increments because of heterogeneity unexplained by subgroup analysis.