Table 55: Clinical evidence profile: Second-line treatment – steroid versus placebo or no treatment [Prednisolone or dexamethasone versus placebo or no treatment]

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Second-line treatment: steroid	Second-line treatment: placebo /no treatment	Relative (95% CI)	Absolute	Quality	Importance
			Quality assessment				No of patients		Effect			
PTA Final score (follow-up 8 weeks; Better indicated by lower values)												
4	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	75	73	-	MD 11.44 lower (19.47 to 3.41 lower)	⊕OOO VERY LOW	CRITICAL
Recovery - Successful treatment according to Ho et al, complete and marked recovery: 6 PTA≤25 dB and 6PTA improvement >30 dB (follow-up 2 weeks)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	2/10 (20%)	0%	POR 8.26 (0.48 to 142.43)	-	⊕OOO VERY LOW	CRITICAL
Improvement (follow-up 6 weeks)												

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations			Relative	Absolute		
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	12/27 (44.4%)	10.7%	RR 4.15 (1.31 to 13.09)	337 more per 1000 (from 33 more to 1000 more)	⊕⊕⊕⊕ HIGH	CRITICAL

Speech discrimination (change in maximum % speech discrimination for monosyllables) (follow-up 2 weeks; Better indicated by higher values)

| 1 | randomised trials | serious[1] | no serious inconsistency | no serious indirectness | serious[2] | none | 11 | 10 | - | MD 19.9 higher (0.41 to 39.39 higher) | ⊕⊕OO LOW | CRITICAL |

Adverse events: perforation of tympanic membrane (follow-up 6 weeks)

| 1 | randomised trials | no serious risk of bias | no serious inconsistency | no serious indirectness | very serious[2] | none | 1/27 (3.7%) | 0% | POR 7.67 (0.15, 386.69) | - | ⊕⊕OO LOW | IMPORTANT |

[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.