Table 64: Clinical evidence profile: self-management support interventions versus control

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Self-management support interventions versus control	Control	Relative (95% CI)	Absolute	Quality	Importance
				Quality assessment				No of patients		Effect		
Adherence												
0	No evidence available	-	-	-	-	-	-	-	-	-	-	-
Hearing aid use (>8 h/day) (follow-up 8-10 weeks)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	4/20 (20%)	5%	RR 4 (0.49 to 32.72)	150 more per 1000 (from 25 fewer to 1000 more)	VERY LOW	
Adverse effects												
0	No evidence available	-	-	-	-	-	-	-	-	-	-	-
Quality of life - short/medium-term (follow-up 0–12 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	17	18	-	MD 9.1 lower (21.33 lower to 3.13 higher)	VERY LOW	
Self-reported hearing handicap - short/medium-term (follow-up 0–12 months; Better indicated by lower values)												
2	randomised	serious[1]	no serious	no serious	serious[2]	none	43	44	-	MD 12.8 lower (23.11	LOW	

	trials		inconsistency	indirectness							to 2.48 lower)		
Hearing aid benefit													
0	No evidence available	-	-	-	-	-	-	-	-	-	-	-	-
Use of verbal communication strategy - short-term (follow-up 0–12 months; Better indicated by lower values)													
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	26	26	-	MD 0.72 higher (0.21 to 1.23 higher)	LOW	

[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