Table 65:   Clinical evidence profile: delivery system design interventions versus control

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Delivery system design interventions versus control	Control	Relative (95% CI)	Absolute	Quality	Importance
			Quality assessment				No of patients		Effect			
Adherence - short/medium-term (follow-up 0–12 months)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	329/342 (96.2%)	92.8%	RR 1.02 (0.99 to 1.05)	19 more per 1000 (from 9 fewer to 46 more)	HIGH	
Daily hours of hearing aid use - short/medium-term (follow-up 0–12 months; Better indicated by higher values)												
4	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	358	342	-	MD 0.06 lower (1.06 lower to 0.95 higher)	HIGH	
Adverse effects - long-term (follow-up ≥1 year)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	21/49 (42.9%)	57.1%	RR 0.75 (0.5 to	143 fewer per 1000 (from 285	LOW	

									1.12)	fewer to 69 more)		
Quality of life												
0	No evidence available	-	-	-	-	-	-	-	-	-	-	-
Self-reported hearing handicap - short/medium-term (follow-up 0–12 months; Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	303	325	-	MD 0.7 lower (5.22 lower to 3.81 higher)	HIGH	
Hearing aid benefit - short/medium-term (follow-up mean 6 months; Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	282	300	-	MD 1.8 higher (3.1 lower to 6.7 higher)	HIGH	
Use of verbal communication strategy (follow-up 0–12 months; Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[3]	no serious imprecision	none	284	304	-	MD 0.1 lower (0.4 lower to 0.2 higher)	MODERATE	

[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
[34] Downgraded by 1 increment because the outcome did not cover all aspects of communication