Table 37: Clinical evidence profile: People with acute cerebral infarction vs control

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acute cerebral infarction	Control	Relative (95% CI)	Absolute	Quality	Importance
Quality assessment							**No of patients**		**Effect**			
prevalence of OSA												
1	observational studies	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	None	31/61 (50.8%)	32.8%	RR 1.55 (1.01 to 2.38)	180 more per 1000 (from 3 more to 453 more)	⊕◯◯◯ VERY LOW	CRITICAL

[1] Risk of bias was assessed using the QUIPS checklist. 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 Default MID (0.5XSD) used to assess imprecision. Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs . GC considered the clinical importance of the effect estimate for each analysis on a case by case basis, taking into consideration the increment of the risk factor and the outcome under study.