

**Table 40: Clinical evidence profile: People with severe aortic stenosis vs control**

Table 26: Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Severe aortic stenosis	Control	Relative (95% CI)	Absolute		
<b>prevalence OSA</b>												
1	observational studies	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	serious <sup>2</sup>	None	15/42 (35.7%)	64%	RR 0.56 (0.34 to 0.92)	282 fewer per 1000 (from 51 fewer to 422 fewer)	⊕○○○ VERY LOW	CRITICAL

<sup>1</sup> 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

<sup>2</sup> 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.