

Table 30: Clinical evidence profile: People with Bipolar disorder vs control

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Bipolar disorder	Control	HR (95% CI)	Absolute		
Incidence of OSA												
1	observational studies	serious ¹	no serious inconsistency	no serious indirectness	serious ²	None	28/3650 (0.77%)	90/18250 (0.49%)	HR 1.54 (0.99 to 2.37) ³	3 more per 1000 (from 0 fewer to 7 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.

³ Adjusted for demographics and baseline co-morbidities.