Table 33: Clinical evidence profile: People with non-arteritic anterior ischaemic optic neuropathy vs control

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Patients with non-arteritic anterior ischaemic optic neuropathy	Control	Relative (95% CI)	Absolute		
Prevalence of OSA												
1	observational studies	serious[1]	no serious inconsistency	no serious indirectness	serious imprecision[1]	None	17/20 (85%)	65%	RR 1.31 (0.9 to 1.89)	201 more per 1000 (from 65 fewer to 578 more)	⊕OOO 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.