

**Table 13: Telemonitoring and in person follow up versus in person follow up – Severe OSAHS**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Telemonitoring + in person follow up	Control	Relative (95% CI)	Absolute		
<b>Systolic blood pressure - morning (follow-up 3-6 months; Better indicated by lower values)</b>												
2	randomised trials	very serious <sup>1</sup>	no serious inconsistency	no serious indirectness	none	none	209	197	-	MD 0.33 higher (3.1 lower to 3.75 higher)	⊕⊕⊕⊕ LOW	IMPORTANT
<b>Adherence- h per day (follow-up 3 - 12 months; range of scores: 0-8; Better indicated by higher values)</b>												
6	randomised trials	very serious <sup>1</sup>	very serious <sup>3</sup>	serious indirectness <sup>4</sup>	serious <sup>2</sup>	none	200	205	-	MD 0.6 higher (0.12 lower to 1.31 higher)	⊕⊕⊕⊕ VERY LOW	IMPORTANT
<b>Adherence-on nights PAP used(h per day) (follow-up mean 2-3 months; range of scores: 0-8; Better indicated by higher values)</b>												
2	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious indirectness <sup>4</sup>	serious <sup>2</sup>	none	48	46	-	MD 1.22 higher (0.03 lower to 2.48 higher)	⊕⊕⊕⊕ VERY LOW	IMPORTANT
<b>Mean % nights CPAP use &gt;4 hours (follow-up mean 2 months; range of scores: 0-100; Better indicated by higher values)</b>												
1	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious indirectness <sup>4</sup>	serious <sup>2</sup>	none	20	20	-	MD 15 higher (4.03 lower to 34.03 higher)	⊕⊕⊕⊕ VERY LOW	IMPORTANT

Mean % days used (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious <sup>4</sup>	no serious inconsistency	serious indirectness <sup>4</sup>	serious <sup>2</sup>	none	28	26	-	MD 10 higher (10.81 lower to 30.81 higher)	⊕000 VERY LOW	IMPORTANT
Quality of life (Physical composite) difference (follow-up mean 4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious indirectness <sup>4</sup>	very serious <sup>2</sup>	none	40	42	-	MD 0.3 higher (3.1 lower to 3.7 higher)	⊕000 VERY LOW	CRITICAL
Quality of life (mental) difference (follow-up mean 4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious indirectness <sup>4</sup>	very serious <sup>2</sup>	none	40	42	-	MD 0 higher (4.15 lower to 4.15 higher)	⊕000 VERY LOW	CRITICAL
Quality of life EQ5D (follow-up mean 3 months; range of scores: 0-1; Better indicated by higher values)												
1	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious indirectness <sup>4</sup>	very serious <sup>2</sup>	none	52	48	-	MD 0 higher (0.07 lower to 0.07 higher)	⊕000 VERY LOW	CRITICAL
Quality of Life-GHQ12 (follow-up mean 12 months; range of scores: 0-12; Better indicated by lower values)												
1	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious indirectness <sup>4</sup>	very serious <sup>2</sup>	none	39	49	-	MD 0.2 higher (2.31 lower to 2.71 higher)	⊕000 VERY LOW	CRITICAL
Sleepiness Epworth (ESS) (follow-up mean 2-12; range of scores: 0-24; Better indicated by lower values)												
4	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious indirectness <sup>4</sup>	no serious imprecision	none	127	137	-	MD 0 higher (1 lower to 1 higher)	⊕000 VERY LOW	IMPORTANT
Apnoea Hypopnea index (AHI) events/hour (follow-up mean 3-12 months; Better indicated by lower values)												

3	randomised trials	very serious <sup>1</sup>	very serious <sup>3</sup>	serious indirectness <sup>4</sup>	very serious <sup>2</sup>	none	87	95	-	MD 0.44 lower (3.21 lower to 2.33 higher)	⊕○○○ VERY LOW	IMPORTANT
<b>Functional outcome of sleep A. questionnaire (follow-up mean 2 months; Better indicated by higher values)</b>												
1	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious indirectness <sup>4</sup>	very serious <sup>2</sup>	none	20	20	-	MD 0.8 higher (2.06 lower to 3.66 higher)	⊕○○○ VERY LOW	CRITICAL
<b>Mortality</b>												
Not reported												CRITICAL

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, MID for machine usage (adherence)-1 hour; MID for Systolic and Diastolic BP – 5 mm hg. For mean % of nights that the CPAP was used >4 hours outcome, clinically important difference was considered to be 10 % or 1 hour.. Established MIDs for SF-36 physical/mental- 2/3; ESS- 2.5; EQ5D- 0.03; FOSQ- 2GRADE default MIDs (0.5XSD) used for all other continuous outcomes.

3 Downgraded by 1 or 2 increments because: The point estimate varies widely across studies, unexplained by subgroup analysis. The confidence intervals across studies show minimal or no overlap, I<sup>2</sup>=50% unexplained by subgroup analysis. Subgroup analyses were tested for BMI < or >30 kg/m<sup>2</sup>, ESS < or >9, coexisting conditions, high risk occupation and type of treatment. Random effects analysis used.

4 Downgraded by 1 or 2 increments because the majority of the evidence included an indirect or very indirect population respectively. The study included a mixed OSHAS severity population based on mean baseline AHI.