Table 14: Telemonitoring versus phone 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	Phone follow up	Relative (95% CI)	Absolute		
Adherence hours per day (follow-up mean 3 months; range of scores: 0-8; Better indicated by higher values)												

1	randomised trials	very serious[1]	no serious inconsistency	serious indirectness[4]	serious[2]	None	58	64	-	MD 0.4 higher (0.31 lower to 1.11 higher)	⊕ΟΟΟ VERY LOW	IMPORTANT
Days CPAP used >4 hours (follow-up mean 3 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[1]	no serious inconsistency	serious indirectness[4]	serious[2]	None	58	64	-	MD 6.9 higher (2.9 lower to 16.70 higher)	⊕ΟΟΟ VERY LOW	IMPORTANT
Mortality												
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 mean % of nights that the CPAP was used >4 hours outcome, clinically important difference was considered to be 10 % or 1 hourGRADE default MID (0.5XSD) used for all other continuous outcomes.

3 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.