

Table 16: Telemonitoring and tele visits versus in person follow up – severe OSAHS

Quality assessment	No of patients	Effect	Quality	Importance
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No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Telemonitoring+televisits	In person follow-up	Relative (95% CI)	Absolute		
Adherence h/day (follow-up range 3- 6 months; range of scores: 0-8; Better indicated by higher values)												
2	randomised trials	serious ¹	no serious inconsistency	Very Serious ³	no serious imprecision	none	91	92	-	MD 0.14 higher (0.39 lower to 0.66 higher)	⊕○○○ VERY LOW	IMPORTANT
EQ5D (follow-up range 3- 6 months; range of scores: 0-1; Better indicated by higher values)												
2	randomised trials	very serious ¹	no serious inconsistency	Very Serious ³	serious ²	none	144	138	-	MD 0.03 lower (0.7 lower to 0.01 higher)	⊕○○○ VERY LOW	CRITICAL
FoSQ (follow-up mean 6 months; range of scores: 5-20; Better indicated by higher values)												
1	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	64	64	-	MD 1.11 lower (2.32 lower to 0.1 higher)	⊕⊕○○ LOW	CRITICAL
Sleepiness ESS (follow-up range 3- 6 months; range of scores: 0-24; Better indicated by lower values)												
2	randomised trials	serious ¹	no serious inconsistency	Very Serious ³	no serious imprecision	none	144	138	-	MD 1.02 higher (0.07 lower to 1.98 higher)	⊕○○○ VERY LOW	IMPORTANT
EQ5D -VAS (follow-up mean 3 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious ¹	no serious inconsistency	Very Serious ³	no serious imprecision	none	80	74		MD 0.57 higher (4.39 lower to 5.53 higher)	⊕○○○ VERY LOW	CRITICAL
Number of OSA related GP visits (follow-up mean 3 months; Better indicated by lower values)												

1	randomised trials	very serious ¹	no serious inconsistency	Very Serious ³	Very serious ²	none	4/94 (4.3%)	6.5%	RR 0.65 (0.19 to 2.24)	23 fewer per 1000 (from 53 fewer to 81 more)	⊕○○○ VERY LOW	IMPORTANT
Number of OSA related specialist visits (follow-up mean 3 months; Better indicated by lower values)												
1	randomised trials	very serious ¹	no serious inconsistency	Very Serious ³	Very serious ²	none	11/94 (11.7%)	9.86%	RR 1.20 (0.52 to 2.75)	20 more per 1000 (from 47 fewer to 173 more)	⊕○○○ 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. Established MIDs for ESS- 2.5; EQ5D- 0.03; FOSQ- 2. GRADE default MID (0.5XSD)used for all other continous outcomes.
3 Downgraded by 1 or 2 increments because: The majority of the evidence included an indirect population of moderate to severe severity patients based on the AHI of included population (downgrade by one increment) or a very indirect population (downgrade by two increments)
4 Baseline values differed in the Lugo study for this outcome. While the in person follow up has a higher (better) end score the telemonitoring group had a better change score of 0.04 compared to 0.01 in the control group.