**Table 11: Clinical evidence profile: Behavioural therapy + CPAP versus control + CPAP - severe OSAHS**

| Quality assessment | | | | | | | No of patients | | Effect | | Quality | Importance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Behavioural therapy + CPAP versus control + CPAP | Control | Relative (95% CI) | Absolute | | |
| **CPAP Device Usage (hours/night) (Better indicated by higher values)** | | | | | | | | | | | | |
| 9 | randomised trials | serious[1] | no serious inconsistency | serious indirectness[4] | serious[2] | None | 288 | 289<br>Median: 3.65 | - | MD 1.31 higher (0.95 to 1.66 higher) | ⊕OOO VERY LOW | CRITICAL |
| **N deemed adherent (≥ four hours/night)** | | | | | | | | | | | | |
| 6 | randomised trials | serious[1] | no serious inconsistency | serious indirectness[4] | serious[2] | None | 138/274 (50.4%) | 40.8% | RR 1.33 (1.1 to 1.61) | 135 more per 1000 (from 41 more to 249 more) | ⊕OOO VERY LOW | CRITICAL |
| **Withdrawal** | | | | | | | | | | | | |
| 10 | randomised trials | serious[1] | no serious inconsistency | serious indirectness[4] | serious[2] | None | 50/472 (10.6%) | 8.1% | RR 0.7 (0.51 to 0.98) | 24 fewer per 1000 (from 2 fewer to 40 fewer) | ⊕OOO VERY LOW | IMPORTANT |
| **Epworth Sleepiness Scale (Endpoint scores) (Better indicated by lower values)** | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 6 | randomised trials | serious[1] | serious[3] | serious indirectness[4] | serious[2] | None | 185 | 186 | - | MD 2.22 lower (3.68 to 0.75 lower) | ⊕OOO VERY LOW | IMPORTANT |
| **AHI on treatment - Endpoint (Better indicated by lower values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious[1] | no serious inconsistency | serious indirectness[4] | very serious[2] | None | 42 | 47 | - | MD 0.95 lower (2.25 lower to 0.35 higher) | ⊕OOO VERY LOW | IMPORTANT |
| **Quality of Life - Comparison of Values at Endpoint FOSQ (PH) (Better indicated by higher values)** | | | | | | | | | | | | |
| 2 | randomised trials | serious[1] | no serious inconsistency | serious[4] | no serious imprecision | None | 99 | 101 | - | MD 0 higher (0.15 lower to 0.16 higher) | ⊕⊕OO LOW | CRITICAL |
| **Quality of Life - Comparison of Values at Endpoint SF-36 (PH) (Better indicated by higher values)** | | | | | | | | | | | | |
| 1 | randomised trials | serious[1] | no serious inconsistency | serious[4] | no serious imprecision | None | 13 | 15 | - | MD 1.1 lower (11.46 lower to 9.26 higher) | ⊕⊕OO LOW | CRITICAL |
| 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 one increment if the confidence interval crossed one MID and downgraded by two increments if the confidence interval crossed both MIDs. MID for machine usage (adherence)- 1 hour ; Established MIDs for SF-36 physical/mental- 2/3 ; FOSQ- 2 ; ESS -2.5;SAQLI – 2. GRADE default MID (0.5XSD)used for all other continuous outcomes.
3 Downgraded by 1 or 2 increments for heterogeneity, unexplained by subgroup analysis . Random effect analysis used.
4 Downgraded by 1 or 2 increments because the majority of the evidence included an indirect or very indirect population respectively