Table 12: Clinical evidence profile: Educational interventions + CPAP versus usual care + CPAP - severe OSAHS

			Quality ass	sessment		No of patients		Effect				
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Educational interventions + CPAP versus usual care + CPAP	Control	Relative (95% CI)	Absolute	Quality	Importance
CPAP Device Usage (hours/night) (Better indicated by higher values)												
10	randomised trials	serious ¹	serious ²	serious indirectness ⁴	serious ³	None	610	518	-	MD 0.88 higher (0.4 to 1.36 higher)	⊕000 VERY LOW	CRITICAL
N deemed adherent (≥ four hours/night)												
7	randomised trials		no serious inconsistency	serious indirectness ⁴	serious ³	None	384/528 (72.7%)	54.7%	RR 1.31 (1.15 to 1.48)	170 more per 1000 (from 82 more to 263 more)	⊕OOO VERY LOW	CRITICAL
Withdraw	/al	l										
9	randomised trials		no serious inconsistency	serious indirectness ⁴	no serious imprecision	None	114/878 (13%)	15%	RR 0.73 (0.52 to 1.02)	41 fewer per 1000 (from 72 fewer to 3 more)	⊕⊕OO LOW	IMPORTANT
Epworth	Sleepiness S	cale - Coi	mparison of Valu	es at Endpoint	- (Better indica	ted by lower valu	es)					
3	randomised trials		no serious inconsistency	serious indirectness ⁴	no serious imprecision	None	190	165	-	MD 0.08 lower (0.92 lower to 0.76 higher)	⊕OOO VERY LOW	IMPORTANT
Mortality												

Not reported												CRITICAL
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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 or 2 increments for heterogeneity, unexplained by subgroup analysis. Random effect analysis used.

³ 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.

⁴ Downgraded by 1 or 2 increments because the majority of the evidence included an indirect or very indirect population respectively