Table 13: Clinical evidence profile: Increased practical support and encouragement during follow-up + CPAP versus usual care + CPAP - severe OSAHS

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Increased practical support and encouragement during follow-up + CPAP versus usual care + CPAP	Control	Relative (95% CI)	Absolute		
CPAP Device Usage (hours/night) (Better indicated by lower values)												
14	randomised trials	serious[1]	serious[3]	no serious indirectness	serious[2]	None	766	735	-	MD 0.83 higher (0.45 to 1.22 higher)	⊕OOO VERY LOW	CRITICAL
Days PAP used >4 hours at 12 months (Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[2]	None	12	11	-	MD 11 lower (75.76 lower to 53.76 higher)	⊕⊕OO LOW	CRITICAL
Days PAP used >4 hours at 3 months (follow-up mean 3 months; Better indicated by higher values)												

2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	None	149	145	-	MD 8.06 higher (1.80 to 14.33 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Mean adherence all days (min per day) at 12 months (Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[2]	None	12	11	-	MD 45 higher (20.99 lower to 110.99 higher)	⊕⊕⊕O MODERATE	CRITICAL
CPAP use min/night (Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	None	161	166	-	MD 20 higher (1.51 lower to 41.51 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
N deemed adherent (≥ four hours/night)												
2	randomised trials	serious[1]	no serious inconsistency	serious indirectness[4]	serious[2]	None	130/183 (71%)	63.5%	RR 1.19 (1.03 to 1.37)	121 more per 1000 (from 19 more to 235 more)	⊕OOO VERY LOW	CRITICAL
Withdrawals												
11	randomised trials	serious[1]	no serious inconsistency	serious indirectness[4]	serious[2]	None	145/873 (16.6%)	11.8%	RR 1.22 (0.97 to 1.52)	26 more per 1000 (from 4 fewer to 61 more)	⊕OOO VERY LOW	IMPORTANT
Epworth Sleepiness Scale - Comparison Endpoint or Change from Baseline Values - ESS: Endpoint Scores (Better indicated by lower values)												

15	randomised trials	serious[1]	serious[3]	no serious indirectness	no serious imprecision	None	775	752	-	MD 0.28 lower (0.73 lower to 0.16 higher)	⊕⊕OO LOW	IMPORTANT
Quality of Life: Comparison of Values at Endpoint - QoL: FOSQ - Endpoint (Better indicated by higher values)												
3	randomised trials	serious[1]	no serious inconsistency	serious[4]	no serious imprecision	None	57	52	-	MD 0.55 higher (0.81 lower to 1.9 higher)	⊕⊕OO LOW	CRITICAL
Quality of Life: Comparison of Values at Endpoint - QoL: SAQLI - Endpoint (Better indicated by higher values)												
1	randomised trials	serious[1]	no serious inconsistency	serious[4]	no serious imprecision	None	126	114	-	MD 0.5 higher (0.09 lower to 1.09 higher)	⊕⊕OO LOW	CRITICAL
Quality of Life: Comparison of Values at Endpoint - QoL: SF-36 (PH) - Endpoint (Better indicated by higher values)												
3	randomised trials	serious[1]	no serious inconsistency	serious[4]	serious[2]	None	160	174	-	MD 1.09 higher (0.34 lower to 2.52 higher)	⊕OOO VERY LOW	CRITICAL
Quality of Life: Comparison of Change from Baseline Values - QoL: FOSQ - Change from Baseline (Better indicated by higher values)												
1	randomised trials	serious[1]	no serious inconsistency	serious[4]	serious[2]	None	22	17	-	MD 0.8 higher (1.25 lower to 2.85 higher)	⊕OOO VERY LOW	CRITICAL
Quality of Life: Comparison of Change from Baseline Values - QoL: SF-36 (PH) - Change from Baseline (Better indicated by higher values)												
1	randomised trials	serious[1]	no serious inconsistency	serious[4]	very serious[2]	None	40	42	-	MD 0.3 higher (3.1 lower to 3.7 higher)	⊕OOO VERY LOW	CRITICAL

Quality of Life: Comparison of Change from Baseline Values - QoL: FOSQ-10 - Change from Baseline (Better indicated by higher values)												
1	randomised trials	serious[1]	no serious inconsistency	Serious[4]	serious[2]	None	90	83	-	MD 3.3 higher (0.1 to 6.5 higher)	⊕OOO VERY LOW	CRITICAL
diastolic blood pressure (Better indicated by lower values)												
1	randomised trials	No	no serious inconsistency	no serious indirectness	serious[2]	None	26	29	-	MD 4.4 lower (9.82 lower to 1.02 higher)	⊕⊕⊕O MODERATE	IMPORTANT
systolic blood pressure (Better indicated by lower values)												
1	randomised trials	No	no serious inconsistency	no serious indirectness	serious[2]	None	26	29	-	MD 9.3 lower (17.57 to 1.03 lower)	⊕⊕⊕O MODERATE	IMPORTANT
AHI on treatment - Comparison of Values at Endpoint (Better indicated by lower values)												
5	randomised trials	serious[1]	very serious[3]	no serious indirectness	serious[2]	None	209	202	-	MD 0.80 higher (0.66 lower to 2.25 higher)	⊕OOO 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 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