Table 14: Clinical evidence profile: Mixed (SUP/EDU/BEH) Intervention + CPAP versus Usual Care + CPAP - severe OSAHS OSAHS OSAHS OSAHS OSAHS OSAHS

| Quality assessment | | | | | | | No of patients | | Effect | | | |
|---|--|----------------------|-----------------------------|--------------------------------------|---------------------------|-------------------------|--|---------|------------------------------|--|---------------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Mixed (SUP/EDU/BEH) Intervention + CPAP versus Usual Care + CPAP | Control | Relative (95% CI) | Absolute | Quality | Importance |
| CPAP Device Usage (hours/night) (Better indicated by higher values) | | | | | | | | | | | | |
| - | randomised trials | serious ¹ | very serious ² | serious indirectness ⁴ | serious ³ | None | 2264 | 2187 | - | MD 0.82 higher (0.2 to 1.43 higher) | ⊕OOO VERY LOW | CRITICAL |
| N deeme | N deemed adherent (≥ four hours/night) | | | | | | | | | | | • |
| 9 | randomised trials | serious ¹ | Serious ² | serious indirectness ⁴ | serious ³ | None | 1807/2097 (86.2%) | 65.6% | RR 1.14 (1.04 to 1.26) | 92 more per 1000 (from 26 more to 171 more) | ⊕OOO VERY LOW | CRITICAL |
| Withdrawal | | | | | | | | | | | | |
| | randomised trials | serious ¹ | very serious ² | serious indirectness ⁴ | very serious ³ | None | 144/2511 (5.7%) | 13.6% | RR 0.64 (0.32 to 1.28) | 49 fewer per 1000 (from 92 fewer to 38 more) | ⊕OOO VERY LOW | IMPORTANT |
| Quality o | Quality of life: Comparison of Change from Baseline Values - QoL: FOSQ-10 - Change from Baseline (Better indicated by higher values) | | | | | | | | | | | |
| | randomised trials | | no serious inconsistency | Serious ⁴ | serious ³ | None | 93 | 83 | - | MD 2.9 higher (0.52 lower to 6.32 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 | | no serious imprecision | none | 1497 | 1339 | - | MD 5.7 higher (4.98 to 6.42 higher) | ⊕⊕OO LOW | CRITICAL |
| Quality of Life: Comparison of Values at Endpoint - QoL: FOSQ - Endpoint (Better indicated by higher values) | | | | | | | | | | | | |
| 1 | randomised trials | serious ¹ | no serious inconsistency | | no serious imprecision | none | 99 | 78 | - | MD 0.3 higher (0.56 lower to 1.16 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 | | no serious imprecision | none | 1611 | 1403 | - | MD 4.85 higher (2.49 to 7.21 higher) | ⊕⊕OO LOW | CRITICAL |
| Epworth Sleepiness Scale Score (Better indicated by lower values) | | | | | | | | | | | | |
| 8 | randomised trials | serious ¹ | no serious inconsistency | serious indirectness ⁴ | serious ³ | None | 3401 | 2987 | - | MD 1.32 lower (2.48 to 0.16 lower) | ⊕OOO VERY LOW | IMPORTAN ⁻ |
| Mortality | Aortality | | | | | | | | | | | |
| 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 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