Table 18: Clinical evidence profile: positional modifiers vs CPAP (moderate	OSAHS)	

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Quality assessment No of patients Effect Quality Importance

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	РМ	CPAP (moderate)	Relative (95% CI)	Absolute		
Quality of	life - SF36 ph	ysical (fol	llow-up 1-1.5 mon	ths; Better inc	licated by highe	er values)						I
	randomised trials	very serious¹	no serious inconsistency	serious ²	serious ³	None	130	130	-	MD 0.34 lower (2.19 lower to 1.51 higher)	⊕OOO VERY LOW	CRITICAL
Quality of	life - SF36 m	ental (follo	ow-up 1-1.5 month	s; Better indio	cated by higher	values)				Į		1
	randomised trials	very serious¹	no serious inconsistency		no serious imprecision	None	130	130	-	MD 0.69 lower (2.68 lower to 1.29 higher)	⊕OOO VERY LOW	CRITICAL
Quality of	life - SF 36 E	nergy fatio	gue (follow-up 1.5	2 months; rai	nge of scores: 0	-100; Better indica	ted by h	nigher values)				
	randomised trials	very serious¹	no serious inconsistency	serious ²	serious ³	None	151	150	-	MD 3.38 lower (7.39 lower to 0.62 higher)	⊕000 VERY LOW	CRITICAL
FOSQ (fol	llow-up mean	1-2 month	is; range of score	s: 5-20; Better	r indicated by hi	igher values)						I
	randomised trials	very serious¹	no serious inconsistency		no serious imprecision	None	171	170	-	MD 0.38 lower (0.82 lower to 0.07 higher)	⊕000 VERY LOW	CRITICAL
Epworth (follow-up 1-2	months; r	ange of scores: 0	-24; Better inc	licated by lower	· values)				<u> </u>		
3	randomised trials	very serious ¹	no serious inconsistency		no serious imprecision	None	171	170	-	MD 1.22 higher (0.26 to 2.17 higher)	⊕000 VERY LOW	IMPORTAN ⁻
AHI (follo	w-up 1-2 mon	ths; Bette	r indicated by low	er values)	1	<u> </u>				I		1
3	randomised trials	serious ¹	serious ⁴		no serious imprecision	None	171	170	-	MD 6.03 higher (2.1 to 9.96 higher)	⊕000 VERY LOW	IMPORTAN
Supine Al	HI (follow-up r	mean 1-2 r	nonths; Better inc	licated by low	er values)	I				1		

3	randomised	serious ¹	serious ⁴	serious ²	serious ³	None	171	170	-	MD 8.46 higher (0.89 to	⊕000	IMPORTANT
0	trials	Serious		0011000				110		16.03 higher)	VERY LOW	
ODI (follo	ow-up 1.5-2 mo	onths; Bet	ter indicated by Ic	ower values)					•			
2	randomised trials	serious ¹	serious ⁴	serious ²	serious ³	None	151	151	-	MD 3.24 higher (0.57 to 5.92 higher)	⊕000 VERY LOW	IMPORTANT
Supine sl	eeping percer	ntage (foll	ow-up 1-2 months	; Better indic	ated by lower v	alues)			1			
2	randomised trials	serious ¹	no serious inconsistency	serious ²	no serious imprecision	None	130	130	-	MD 37.83 lower (43.38 to 32.27 lower)	⊕⊕OO LOW	IMPORTANT
Supine sl	leep time (follo	ow-up mea	an 2 months; Bette	er indicated b	y lower values)	1						
1	randomised trials	serious ¹	no serious inconsistency	serious ²	no serious imprecision	None	41	40	-	MD 176.1 lower (222.72 to 129.48 lower)	⊕⊕OO LOW	IMPORTANT
Adherend	ce (self-report	ed compli	ance, h/n) (follow-	up mean 1 m	onths; Better in	dicated by higher	values)					
1	randomised trials	very serious¹	no serious inconsistency	serious ²	no serious imprecision	None	20	20	-	MD 2.5 higher (1.41 to 3.59 higher)	⊕000 VERY LOW	IMPORTANT
Adherend	ce (percentage	e of nights	s with >+ 4 hours ເ	ise (follow-up	o mean 1.5 mont	hs; Better indicat	ed by low	er values)				
1	randomised trials	serious ¹	no serious inconsistency	serious ²	serious ³	None	111	111	-	MD 10.10 higher (2.67 to 17.53 higher)	⊕OOO VERY LOW	IMPORTANT
Adverse	events (follow	-up mean	2 months)	1	1	1			1			
1	randomised trials	serious ¹	no serious inconsistency	serious ²	very serious ³	None	4/41 (9.8%)	2/40 (5%)	RR 1.95 (0.38 to 10.06)	48 more per 1000 (from 31 fewer to 453 more)	⊕000 VERY LOW	IMPORTANT
Preferenc	ce (follow-up r	nean 2 mo	onths)						<u> </u>			
2	randomised trials	very serious ¹	very serious ⁴	serious ²	very serious ³	None	66/151 (43.7%)	75/150 (50%)	RR 0.63 (0.18 to 2.21)	185 fewer per 1000 (from 410 fewer to 605 more)	⊕000 VERY LOW	IMPORTANT
		1	1	1	1	1			1			

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 because the majority of the evidence included an indirect or very indirect population respectively
- ³ Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs
- ⁴ Downgraded by 1 or 2 increments because heterogeneity, unexplained by subgroup analysis. Random effects analysis used