Table 33: Clinical evidence profile: 5-HT3 antagonists (ondansetron) versus placebo

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	5-HT3 antagonists (ondansetron) versus placebo	Control	Relative (95% CI)	Absolute		
Fatigue: CIS fatigue (follow-up 12 weeks; range of scores: 8-56; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	serious[2]	serious[3]	none	33	34	-	MD 1.4 lower (6.81 lower to 4.01 higher)	⊕OOO VERY LOW	CRITICAL
Activity levels: Actometer (objective accelerometer-based method of measuring activity) (follow-up 12 weeks; Better indicated by higher values)												
1	randomised trials	serious[1]	no serious inconsistency	serious[2]	serious[3]	none	33	34	-	MD 5.6 lower (13.61 lower to 2.41 higher)	⊕OOO VERY LOW	CRITICAL
Adverse events: constipation (follow-up 12 weeks)												
1	randomised trials	serious[1]	no serious inconsistency	serious[2]	very serious[3]	none	2/33 (6.1%)	0/34 (0%)	Peto OR 7.86 (0.48 to 128.37)	60 more per 1000 (from 40 fewer to 160 more)	⊕OOO VERY LOW	CRITICAL
Adverse events: malaise (follow-up 12 weeks)												

1	randomised trials	serious[1]	no serious inconsistency	serious[2]	very serious[3]	none	3/33 (9.1%)	1/34 (2.9%)	RR 3.09 (0.34 to 28.23)	61 more per 1000 (from 19 fewer to 801 more)	⊕OOO VERY LOW	CRITICAL
Symptom scales: Sickness Impact Profile (SIP) 8 (follow-up 12 weeks; range of scores 0-5799; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	serious[2]	serious[3]	none	33	34	-	MD 109 lower (403.38 lower to 185.38 higher)	⊕OOO VERY LOW	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] The majority of the evidence included an indirect population (downgraded by one increment) or a very indirect population (downgraded by two increments). Populations were downgraded if the ME/CFS diagnostic criteria used did not include PEM as a compulsory feature
[3] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs