Table 36: Clinical evidence profile: Pro-inflammatory cytokine antagonists (anakinra) versus placebo

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Pro-inflammatory cytokine antagonists (anakinra) versus placebo	Control	Relative (95% CI)	Absolute		
Mortality (follow-up 24 weeks)												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	no serious imprecision	none	0/25 (0%)	0/25 (0%)	RD 0.00 (-0.07 to 0.07)	0 more per 1000 (from 70 fewer to 70 more)	⊕⊕⊕O MODERATE	CRITICAL
Fatigue: CIS fatigue (follow-up 24 weeks; range of scores: 8-56; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	very serious[2]	none	25	25	-	MD 1.3 higher (5.3 lower to 7.9 higher)	⊕OOO VERY LOW	CRITICAL
Physical functioning: SF36 physical function (follow-up 24 weeks; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	serious[2]	none	25	25	-	MD 4 lower (15.1 lower to 7.1 higher)	⊕⊕OO LOW	CRITICAL
Psychological status: Symptom Checklist 90 (follow-up 24 weeks; range of scores: 90-450; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	no serious imprecision[2]	none	25	25	-	MD 3 higher (8.6 lower to 14.6 higher)	⊕⊕⊕O MODERATE	CRITICAL

Pain: VAS maximum pain score (follow-up 24 weeks; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	very serious[2]	none	25	25	-	MD 0.34 higher (1.1 lower to 1.78 higher)	⊕OOO VERY LOW	CRITICAL
Adverse events (follow-up 24 weeks)												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	no serious imprecision	none	24/25 (96%)	14/25 (56%)	RR 1.71 (1.2 to 2.45)	398 more per 1000 (from 112 more to 812 more)	⊕⊕⊕O MODERATE	CRITICAL
Adverse events: withdrawal due to adverse events (follow-up 24 weeks)												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	very serious[2]	none	1/25 (4%)	0/25 (0%)	Peto OR 7.39 (0.15 to 372.38)	40 more per 1000 (from 60 fewer to 140 more)	⊕OOO VERY LOW	CRITICAL
Symptom scales: Sickness Impact Profile (follow-up 24 weeks; range of scores: 0-5799; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	serious[2]	none	25	25	-	MD 91.2 higher (275.8 lower to 458.2 higher)	⊕⊕OO LOW	CRITICAL

[1] 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

[2] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs