Table 38: Clinical evidence profile: Central antihypertensive drugs (clonidine) versus placebo (children and young people)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Children and young people: Sympathomimetic/central antihypertensive drugs versus placebo		Relative (95% CI)	Absolute		
Fatigue: Chalder Fatigue Questionnaire (CFQ) total sum score (follow-up 30 weeks; range of scores: not reported; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	serious[2]	very serious[3]	none	54	49	-	MD 0.5 higher (14.7 lower to 15.7 higher)	⊕OOO VERY LOW	CRITICAL
Physical functioning: Fatigue Disability Index (FDI) total sum score (follow-up 30 weeks; range of scores: not reported; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	serious[2]	very serious[3]	none	54	49	-	MD 0.2 higher (13.3 lower to 13.7 higher)	⊕OOO VERY LOW	CRITICAL
Pain: BPI average pain score (follow-up 30 weeks; range of scores: 0-10; Better indicated by lower values)												

1	randomised trials	serious[1]	no serious inconsistency	serious[4]	serious[3]	none	54	49	-	MD 0.4 higher (0.4 lower to 1.2 higher)	⊕OOO VERY LOW	CRITICAL
Sleep quality: KSQ insomnia score (follow-up 30 weeks; range of scores: not reported; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	serious[2]	serious[3]	none	54	49	-	MD 0.1 higher (0.3 lower to 0.5 higher)	⊕OOO VERY LOW	CRITICAL
Adverse effects: various self-reported (follow-up 9 weeks)												
1	randomised trials	serious[1]	no serious inconsistency	very serious[2,4]	serious[3]	none	43/57 (75.4%)	33/51 (64.7%)	RR 1.17 (0.91 to 1.5)	110 more per 1000 (from 58 fewer to 324 more)	⊕OOO VERY LOW	CRITICAL
Activity levels: steps per day (accelerometer) (follow-up 30 weeks; Better indicated by higher values)												
1	randomised trials	serious[1]	no serious inconsistency	serious[2]	no serious imprecision	none	54	49	-	MD 119 higher (796 lower to 1034 higher)	⊕⊕OO LOW	CRITICAL
Cognitive function: Digit span backward test total (follow-up 30 weeks; Better indicated by higher values)												
1	randomised trials	serious[1]	no serious inconsistency	serious[2]	serious[3]	none	54	49	-	MD 0.5 lower (1.2 lower to 0.2 higher)	⊕OOO VERY LOW	CRITICAL
Symptom scales: CFS symptom inventory hypersensitivity score (follow-up 30 weeks; range of scores: not reported; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	serious[2]	no serious imprecision	none	54	49	-	MD 0.03 lower (0.4 lower to 0.34 higher)	⊕⊕OO 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
[4] Outcome indirectness: Some adverse effects are poorly defined, e.g. "unwellness" and "other"