Table 24: Clinical evidence profile: Antidepressants (fluoxetine) versus graded exercise

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Antidepressants (fluoxetine) versus graded exercise	Control	Relative (95% CI)	Absolute		
Fatigue: 14-item Chalder fatigue scale (follow-up 26 weeks; range of scores: not reported; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	serious[2]	serious[3]	none	35	34	-	MD 2.7 higher (1.85 lower to 7.25 higher)	⊕OOO VERY LOW	CRITICAL

Psychological status: HADS depression (follow-up 26 weeks; range of scores: 0-21; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	serious[2]	serious[3]	none	35	34	-	MD 0.5 lower (2.27 lower to 1.27 higher)	⊕OOO VERY LOW	CRITICAL
Exercise performance measure: VO2 max (mL O2/kg/min) (follow-up 26 weeks; Better indicated by higher values)												
1	randomised trials	very serious[1]	no serious inconsistency	serious[2]	serious[3]	none	35	34	-	MD 1.8 lower (4.53 lower to 0.93 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