Table 27: Clinical evidence profile: Combined antidepressants (fluoxetine) & graded exercise versus graded exercise

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Combined antidepressants (fluoxetine) & graded exercise 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]	none	none	33	34	-	MD 0.3 lower (5.41 lower to 4.81 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	33	34	-	MD 0.8 lower (2.52 lower to 0.92 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	33	34	-	MD 0.8 lower (3.21 lower to 1.61 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