Table 30: Clinical evidence profile: Central antihypertensive drugs (clonidine) versus placebo

			Quality asses	sment		No of patients		Effect					
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Central antihypertensive drugs (clonidine) versus placebo	Control	Relative (95% Cl)	Absolute	Quality	Importance	
Cognitive	Cognitive function: Stockings of Cambridge - minimum moves (follow-up 30 minutes; Better indicated by lower values)												
	randomised trials		no serious inconsistency	serious ²	serious ³	none	9	9		MD 1.22 lower (3.33 lower to 0.89 higher)	⊕000 VERY LOW	CRITICAL	
Cognitive	Cognitive function: Stockings of Cambridge - initial think time (secs) (follow-up 30 minutes; Better indicated by lower values)												
	randomised trials		no serious inconsistency	serious ²	serious ³	none	9	9		MD 1.28 lower (5.19 lower to 2.63 higher)	⊕000 VERY LOW	CRITICAL	

	randomised trials	serious ¹	no serious inconsistency	serious ²	very serious ³	none	9	9	-	MD 0.51 lower (3.08 lower to 2.06 higher)	⊕000 VERY LOW	CRITICA
ognit	ive function: Ra	ipid Visua	I Information Pro	cessing - rea	ction time (s	ecs) (follow-up 30	minutes; Better indicated by	lower value:	s)			
l	randomised trials	serious ¹	no serious inconsistency	serious ²	very serious ³	none	9	9	-	MD 0.15 lower (1.42 lower to 1.12 higher)	⊕000 VERY LOW	CRITICA
Cognit	ive function: Int	radimens	ional (IDS) set sif	t errors (follo	w-up 30 min	utes; Better indica	ted by lower values)					
I	randomised trials	serious ¹	no serious inconsistency	serious ²	very serious³	none	9	9	-	MD 0.22 higher (0.34 lower to 0.78 higher)	⊕OOO VERY LOW	CRITICA
Cognit	ive function: Ex	tradimens	sional (EDS) set s	hift errors (fo	ollow-up 30 n	ninutes; Better ind	icated by lower values)					
1	randomised trials	serious ¹	no serious inconsistency	serious ²	serious ³	none	9	9	-	MD 2.66 lower (7.12 lower to 1.8 higher)	⊕OOO VERY LOW	CRITICA
Cognit	ive function: Sp	atial work	king memory: bet	ween-search	errors (follo	w-up 30 minutes; E	Better indicated by lower valu	es)				
1	randomised trials	serious ¹	no serious inconsistency	serious ²	serious ³	none	9	9	-	MD 2.17 lower (7.41 lower to 3.07 higher)	⊕OOO VERY LOW	CRITICA
Cognit	ive function: Sp	atial work	king memory: stra	ategy score (1	ollow-up 30	minutes; Better inc	licated by lower values)					
1	randomised trials	serious ¹	no serious inconsistency	serious ²	very serious³	none	9	9	-	MD 0.22 lower (5.92 lower to 5.48 higher)	⊕OOO VERY LOW	CRITICA
Cognit	ive function: pa	ttern reco	gnition - number	correct (follo	ow-up 30 min	utes; Better indica	ted by lower values)					
	randomised trials	serious ¹	no serious inconsistency	serious ²	serious ³	none	9	9	-	MD 0.9 higher (0.77 lower to 2.57 higher)	⊕000 VERY LOW	CRITIC

	randomised trials	serious ¹	no serious inconsistency	serious ²	very serious ³	none	9	9	-	MD 0.1 lower (2.44 lower to 2.24 higher)	⊕OOO VERY LOW	CRITICAL
Cognitive	function: spa	atial span	- length (follow-u	p 30 minutes	; Better indic	ated by lower valu	ues)	<u> </u>				
1	randomised trials	serious ¹	no serious inconsistency	serious ²	very serious ³	none	9	9	-	MD 0.3 higher (0.84 lower to 1.44 higher)		CRITICAL
Cognitive	function: del	ayed mat	ching to sample 2	sec delay (fo	ollow-up 30 n	ninutes; Better ind	licated by lower values)					
1	randomised trials	serious ¹	no serious inconsistency	serious ²	serious ³	none	9	9	-	MD 1.22 lower (2.65 lower to 0.21 higher)		CRITICAL
Cognitive	function: pai	ired asso	ciate learning - set	ts completed	(follow-up 3	0 minutes; Better i	indicated by higher values)				•	
	randomised trials	serious ¹	no serious inconsistency	serious ²	very serious ³	none	9	9	-	MD 0 higher (0.3 lower to 0.3 higher)	⊕000 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