Table 12: Clinical evidence profile: oral hygiene intervention (once a day) compared to usual care

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	oral hygiene intervention (once a day)	usual care	Relative (95% CI)	Absolute (95% CI)		
Mortality at ≤3 months (follow-up: mean 7 weeks)												
2	randomised trials	serious[a]	not serious	not serious	very serious[b]	none	5/67 (7.5%)	7/75 (9.3%)	**RR 0.79** (0.27 to 2.37)	**20 fewer per 1,000** (from 68 fewer to 128 more)	⨁◯◯◯ Very low	CRITICAL
Requirement of enteral feeding support (nasogastric tube removal) at ≤3 months (follow-up: 6 weeks; assessed with: nasogastric tube removal)												
1	randomised trials	serious[c]	not serious	serious[d]	very serious[b]	none	7/33 (21.2%)	2/33 (6.1%)	**RR 3.50** (0.78 to 15.62)	**152 more per 1,000** (from 13 fewer to 886 more)	⨁◯◯◯ Very low	CRITICAL
Oral health outcome scales (Oral Health Assessment Tool, 0-16, lower values are better, final value) at ≤3 months (follow-up: 6 weeks; assessed with: Oral Health Assessment Tool; Scale from: 0 to 16)												
1	randomised trials	very serious[e]	not serious	serious[d]	not serious	none	33	33	-	MD **2.57 lower** (3.54 lower to 1.6 lower)	⨁◯◯◯ Very low	CRITICAL
Dysphagia severity (Functional Oral Intake Scale, 1-7, higher values are better, final value) at ≤3 months (follow-up: 6 weeks; assessed with: Functional Oral Intake Scale; Scale from: 1 to 7)												
1	randomised trials	very serious[e]	not serious	serious[d]	serious[b]	none	33	33	-	MD **0.42 higher** (0.62 lower to 1.46 higher)	⨁◯◯◯ Very low	CRITICAL
Presence of oral disease (oral candidiasis - on tongue) at ≤3 months (follow-up: mean 7 weeks)												

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	oral hygiene intervention (once a day)	usual care	Relative (95% CI)	Absolute (95% CI)		
2	randomised trials	serious[a]	not serious	not serious	very serious[b]	none	35/67 (52.2%)	37/75 (49.3%)	**RR 0.98** (0.75 to 1.28)	**10 fewer per 1,000** (from 123 fewer to 138 more)	⨁◯◯◯ Very low	CRITICAL
Presence of oral disease (oral candidiasis - in saliva) at ≤3 months (follow-up: 2 weeks)												
1	randomised trials	very serious[f]	not serious	not serious	very serious[b]	none	22/29 (75.9%)	20/27 (74.1%)	**RR 1.02** (0.76 to 1.39)	**15 more per 1,000** (from 178 fewer to 289 more)	⨁◯◯◯ Very low	CRITICAL
Presence of oral disease (gingivitis - gingival index, 0-3, lower values are better, final value) at ≤3 months (follow-up: 2 weeks; assessed with: gingival index; Scale from: 0 to 3)												
1	randomised trials	very serious[g]	not serious	serious[h]	not serious	none	29	27	-	MD **1.13 lower** (1.46 lower to 0.8 lower)	⨁◯◯◯ Very low	CRITICAL
Length of hospital stay (length of ICU admission, days, lower values are better) at ≤3 months (follow-up: 2 weeks; assessed with: length of ICU admission)												
1	randomised trials	very serious[g]	not serious	serious[h]	serious[b]	none	29	27	-	MD **2.46 days fewer** (7.21 fewer to 2.29 more)	⨁◯◯◯ Very low	CRITICAL

CI: confidence interval; **MD:** mean difference; **RR:** risk ratio

Explanations

a. Downgraded by 1 increment as the majority of the evidence was at high risk of bias (due to a mixture of bias arising from the randomisation process and bias due to missing outcome data)

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

c. Downgraded by 1 increment as the majority of the evidence was at high risk of bias (due to bias arising from the randomisation process)

d. Downgraded by 1 or 2 increments because of intervention indirectness (as the intervention included was delivered as less than the smallest frequency stated in the protocol)

e. Downgraded by 2 increments as the majority of the evidence was at very high risk of bias (due to a mixture of bias arising from the randomisation process and bias due to deviations from the intended interventions)

f. Downgraded by 2 increments as the majority of the evidence was at very high risk of bias (due to bias arising from the randomisation process and bias due to missing outcome data)

g. Downgraded by 2 increments as the majority of the evidence was at very high risk of bias (due to a bias arising from the randomisation process, bias due to deviations from the intended interventions and bias due to missing outcome data)

h. Downgraded by 1 or 2 increments because of outcome indirectness (continuous scale for an outcome specified to be dichotomous in the protocol)