Table 13: Clinical evidence profile: oral hygiene intervention (twice 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 (twice a day)	usual care	Relative (95% CI)	Absolute (95% CI)		
Mortality at ≤3 months (follow-up: 2 months)												
1	randomised trials	serious[a]	not serious	not serious	very serious[b]	none	1/50 (2.0%)	4/50 (8.0%)	**RR 0.25** (0.03 to 2.16)	**60 fewer per 1,000** (from 78 fewer to 93 more)	⨁◯◯◯ Very low	CRITICAL
Occurrence of pneumonia at ≤3 months (follow-up: mean 8 weeks)												
2	randomised trials	serious[c]	not serious	not serious	serious[d]	none	0/78 (0.0%)	0/63 (0.0%)	**RD 0.00** (-0.04 to 0.04)	**0 fewer per 1,000** (from 40 fewer to 40 more)[e]	⨁⨁◯◯ Low	CRITICAL
Requiring enteral feeding support (FOIS 1-3 at end of trial) at ≤3 months (follow-up: 10 days; assessed with: FOIS 1-3 at end of trial)												
1	randomised trials	very serious[f]	not serious	not serious	very serious[b]	none	1/29 (3.4%)	2/22 (9.1%)	**RR 0.38** (0.04 to 3.92)	**56 fewer per 1,000** (from 87 fewer to 265 more)	⨁◯◯◯ Very low	CRITICAL
Oral health outcome scales (revised-THROAT, 7-21, lower values are better, final value) at ≤3 months (follow-up: 10 days; assessed with: revised-THROAT; Scale from: 7 to 21)												

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	oral hygiene intervention (twice a day)	usual care	Relative (95% CI)	Absolute (95% CI)		
1	randomised trials	very serious[f]	not serious	not serious	serious[b]	none	29	22	-	MD **0.8 lower** (1.68 lower to 0.08 higher)	⨁◯◯◯ Very low	CRITICAL
Dysphagia severity (progression in FOIS from 4-5 to 6-7 at end of trial) at ≤3 months (follow-up: 10 days; assessed with: progression in FOIS from 4-5 to 6-7 at end of trial)												
1	randomised trials	very serious[f]	not serious	serious[g]	very serious[b]	none	10/29 (34.5%)	7/22 (31.8%)	**RR 1.08** (0.49 to 2.39)	**25 more per 1,000** (from 162 fewer to 442 more)	⨁◯◯◯ Very low	CRITICAL
Presence of oral disease (gingivitis - gingival bleeding index, scale range unclear, lower values are better, final value) at ≤3 months (follow-up: 3 weeks; assessed with: gingival bleeding index)												
1	randomised trials	very serious[f]	not serious	serious[g]	serious[b]	none	34	33	-	MD **7.7 lower** (24.44 lower to 9.04 higher)	⨁◯◯◯ 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 bias arising from the randomisation process)

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 a mixture of bias arising from the randomisation process and bias due to missing outcome data)

d. Downgraded by 1 to 2 increments for imprecision due to zero events and small sample size

e. Absolute effect calculated by risk difference due to zero events in at least one arm of one study

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, bias due to deviations from the intended interventions and bias due to missing outcome data)

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