Table 10: Clinical evidence profile: robot-assisted arm training compared to any other intervention

									=			
			Certainty a	ssessment			Nº of p	atients	Effe	t .		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	robot-assisted arm training	all other interventions	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
erson/parti	cipant health relat	ted quality of life (S	F-36 PCS, 0-100, hig	her values are bette	r, change score) at e	end of intervention (follow-up:	mean 5 weeks)					
2	randomised trials	very serious <sup>a</sup>	not serious	not serious	serious <sup>b</sup>	none	109	106	-	MD 0.73 higher (0.81 lower to 2.27 higher)	⊕⊖⊖⊖ Very low	CRITICAL
erson/parti	cipant health relat	ted quality of life (S	F-36 MCS, 0-100, hig	her values are bette	r, change score) at	end of intervention (follow-up:	mean 5 weeks)					
2	randomised trials	very serious <sup>a</sup>	not serious	not serious	serious <sup>b</sup>	none	109	106	-	MD <b>1.14 lower</b> (3.5 lower to 1.22 higher)	⊕⊖⊖⊖ Very low	CRITICAL
erson/parti	cipant health relat	ted quality of life (E	Q5D, -0.11-1, higher	values are better, fir	nal values and chan	ge scores) at end of intervention	on (follow-up: mean 4 w	eeks)				
2	randomised trials	very serious <sup>c</sup>	not serious	not serious	serious <sup>b</sup>	none	255	461	-	MD <b>0.01</b> higher (0.02 lower to 0.03 higher)	⊕⊖⊖⊖ Very low	CRITICAL
erson/parti	cipant health relat	ted quality of life (E	Q5D, 0-100, higher v	alues are better, cha	ange score) at ≥6 m	onths (follow-up: 12 months)						
1	randomised trials	very serious <sup>d</sup>	not serious	not serious	serious <sup>b</sup>	none	97	97	-	MD <b>4.67 lower</b> (10.58 lower to 1.24 higher)	⊕ ○ ○ ○ ○ Very low	CRITICAL
erson/parti	cipant health relat	ted quality of life (E	Q5D, -0.11-1, higher	values are better, fi	nal values) at ≥6 mo	nths (follow-up: 6 months)						
1	randomised trials	serious <sup>e</sup>	not serious	not serious	serious <sup>b</sup>	none	221	404	-	MD <b>0.04 lower</b> (0.09 lower to 0.01 higher)	$\bigoplus_{Low}$	CRITICAL

			Certainty a	ssessment			Nº of p	atients	Effe	ct		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	robot-assisted arm training	all other interventions	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
tivities of	daily living (Barth	el index, functional	independence meas	sure, stroke impact	scale, MAL, Frencha	ay arm test, ABILHAND [differe	nt scale ranges], higher	values are better, cha	nge scores) at end of	intervention (follow	w-up: mean 5 weeks)	
25	randomised trials	very serious <sup>a</sup>	very serious <sup>f</sup>	not serious	serious <sup>b</sup>	none	678	640	-	SMD <b>0.41 SD</b> higher (0.16 higher to 0.67 higher)	⊕⊖⊖⊖ Very low	CRITICAL
tivities of	daily living (Barth	el index, functional	independence meas	sure, Motor activity	log [different scale r	ranges], higher values are bette	er, final values) at end o	f intervention (follow-	ıp: mean 5 weeks)			
11	randomised trials	not serious	not serious	not serious	not serious	none	389	599	-	SMD <b>0.14 SD</b> higher (0.01 higher to 0.27 higher)	ФФФ High	CRITICAL
tivities of	daily living (Barth	el index, functional	independence meas	sure, motor activity	log [different scale :	ranges], higher values are bette	er, change scores) at ≥6	months (follow-up: m	ean 6 months)	-		
9	randomised trials	not serious	serious <sup>f</sup>	not serious	serious <sup>b</sup>	none	247	222	-	SMD <b>0.28 SD</b> higher (0.09 higher to 0.46 higher)	⊕⊕⊖⊖ <sub>Low</sub>	CRITICAL
tivities of	daily living (Barth	el index, Functiona	I Independence Mea	sure [different scale	e ranges], higher val	ues are better, final values) at 2	≥6 months (follow-up: n	nean 4 months)			,	
2	randomised trials	not serious	very serious <sup>f</sup>	not serious	not serious	none	244	426	-	SMD 0.02 SD higher (0.14 lower to 0.17 higher)	⊕⊕⊖⊖ Low	CRITICAL
m function	ı (FMA UE, Quick	DASH, manual func	tion test [different s	cale ranges], higher	values are better, c	: change scores) at end of interve	ention (follow-up: mean	5 weeks)	!	!	<u>'</u>	
48	randomised trials	serious <sup>9</sup>	serious <sup>f</sup>	not serious	not serious	none	1125	1042	-	SMD <b>0.34 SD</b> higher (0.26 higher to 0.43 higher)	⊕⊕⊜⊝ <sub>Low</sub>	CRITICAL

Arm function (FMA UE, Chedoke Arm and Hand Activity [different scale ranges], higher values are better, final values) at end of intervention (follow-up: mean 6 weeks)

			Certainty a	ssessment			<b>№</b> of p	atients	Effec	t		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	robot-assisted arm training	all other interventions	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
24	randomised trials	not serious	serious <sup>f</sup>	not serious	serious <sup>b</sup>	none	639	857	-	SMD <b>0.2 SD</b> higher (0.09 higher to 0.31 higher)	$\bigoplus_{Low}\bigcirc$	CRITICAL
Arm function	n (FMA UE, 0-66, h	igher values are be	tter, change scores)	at ≥6 months (follo	w-up: mean 6 month	ns)						
11	randomised trials	serious <sup>h</sup>	not serious	not serious	not serious	none	288	229	-	MD 1.08 higher (0.09 higher to 2.07 higher)	⊕⊕⊕⊖ Moderate	CRITICAL
Arm function	ı (FMA UE, Korea	n DASH [different so	cale ranges], higher	values are better, fi	nal values) at ≥6 mo	nths (follow-up: mean 4 month	s)			•		
9	randomised trials	serious <sup>9</sup>	very serious <sup>f</sup>	not serious	serious <sup>b</sup>	none	370	560	-	SMD <b>0.61 SD</b> higher (0.18 higher to 1.03 higher)	⊕⊖⊖⊖ Very low	CRITICAL
Arm muscle	strength (Motricit	y index, MRC, manı	ual muscle test, MRC	total motor power	different scale rang	es], higher values are better, c	hange scores) at end o	f intervention (follow-u	ıp: mean 5 weeks)			
21	randomised trials	very serious <sup>a</sup>	very serious <sup>f</sup>	not serious	serious <sup>b</sup>	none	548	471	-	SMD <b>0.45 SD</b> higher (0.17 higher to 0.72 higher)	⊕⊖⊖⊖ Very low	CRITICAL
Arm muscle	strength (Motricit	y index, MRC [differ	rent scale ranges], h	igher values are bet	ter, final values) at e	end of intervention (follow-up:	mean 4 weeks)			•		
3	randomised trials	very serious <sup>a</sup>	serious <sup>f</sup>	not serious	serious <sup>b</sup>	none	57	50	-	SMD <b>0.89 SD</b> higher (0.19 higher to 1.6 higher)	⊕⊖⊖⊖ Very low	CRITICAL
Arm muscle	strength (grip str	ength [kg], higher v	alues are better, cha	inge scores and fina	I values) at end of i	ntervention (follow-up: mean 5	weeks)					
5	randomised trials	not serious	not serious	not serious	serious <sup>b</sup>	none	63	60	-	MD <b>0.92</b> <b>higher</b> (0.39 lower to 2.22 higher)	⊕⊕⊕⊖ Moderate	CRITICAL

			Certainty a	ssessment			Nº of pa	atients	Effe	ct		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	robot-assisted arm training	all other interventions	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
rm muscle	strength (grip stre	ength [Newton mete	er], higher values are	e better, change sco	re and final value) a	t end of intervention (follow-up	: mean 6 weeks)					
2	randomised trials	not serious	not serious	not serious	not serious	none	56	58	-	MD <b>0.64 lower</b> (4.18 lower to 2.91 higher)	⊕⊕⊕ <sub>High</sub>	CRITICAL
rm muscle	strength (MRC to	al, MRC total motor	power [different sc	ale ranges], higher v	values are better, ch	ange scores) at ≥6 months (fo	llow-up: mean 5 months	)				
4	randomised trials	serious	very serious <sup>f</sup>	seriousi	not serious	none	95	69	-	SMD <b>0.48 SD</b> higher (0.57 lower to 1.53 higher)	⊕⊖⊖⊖ Very low	CRITICAL
rm muscle	strength (MRC to	al, MI [different sca	le ranges], higher va	alues are better, fina	ıl value) at ≥6 month	ns (follow-up: mean 2 months)						
2	randomised trials	very serious <sup>k</sup>	not serious	serious	not serious	none	42	42	-	SMD 1.05 SD higher (0.59 higher to 1.51 higher)	⊕⊖⊖⊖ Very low	CRITICAL
rm muscle	strength (grip stre	ength [kg], higher v	alues are better, cha	ange score and final	value) at ≥6 months	s (follow-up: mean 6 months)						
2	randomised trials	not serious	not serious	not serious	serious <sup>b</sup>	none	35	36	-	MD 1.06 higher (1.02 lower to 3.14 higher)	⊕⊕⊕ Moderate	CRITICAL
pasticity (N	//AS, MAS total [di	fferent scale ranges	s], lower values are b	better, change score	es) at end of interver	ntion (follow-up: mean 5 weeks	)		1	1		
16	randomised trials	serious <sup>i</sup>	serious <sup>f</sup>	not serious	not serious	none	410	351	-	SMD 0.23 SD lower	<b>00</b>	CRITICAL

Spasticity (MAS, MAS total [different scale ranges], lower values are better, final values) at end of intervention (follow-up: mean 5 weeks)

			Certainty a	ssessment			<b>№</b> of p	atients	Effec	et	_	
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	robot-assisted arm training	all other interventions	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
10	randomised trials	very serious <sup>k</sup>	not serious	not serious	not serious	none	168	188	-	SMD <b>0.21 SD</b> lower (0.42 lower to 0	$\bigoplus_{Low}\bigcirc$	CRITICAL
Spasticity (N	MAS, MAS total [di	fferent scale ranges	s], lower values are b	better, change score	es) at ≥6 months (fol	llow-up: mean 5 months)						
7	randomised trials	serious!	not serious	serious	not serious	none	137	110	-	SMD 0.09 SD lower (0.34 lower to 0.17 higher)	ФФОО Low	CRITICAL
Spasticity (N	MAS, MAS total [di	fferent scale ranges	s], lower values are b	better, final values) a	at ≥6 months (follow	v-up: mean 3 months)						
4	randomised trials	very serious <sup>k</sup>	not serious	serious	serious <sup>b</sup>	none	72	81	-	SMD <b>0.2 SD</b> lower (0.52 lower to 0.12 higher)	⊕⊖⊖⊖ Very low	CRITICAL
Stroke-spec	ific Patient-Report	ted Outcome Measu	res (Stroke Impact S	Scale total, 0-100, high	gher values are bett	er, final values and change sco	res) at end of intervent	ion (follow-up: mean 7	weeks)			
5	randomised trials	serious <sup>i</sup>	not serious	not serious	serious <sup>b</sup>	none	130	154	-	MD 5.31 higher (2.6 higher to 8.02 higher)	$\bigoplus\bigoplus_{Low}\bigcirc$	CRITICAL
Stroke-spec	ific Patient-Report	ted Outcome Measu	res (Stroke Impact S	Scale - hand function	n domain [different s	scale ranges], higher values are	e better, change scores	) at end of intervention	ı (follow-up: mean 3 w	eeks)		
5	randomised trials	serious <sup>g</sup>	very serious <sup>f</sup>	not serious	serious <sup>b</sup>	none	218	164	-	SMD <b>0.8 SD</b> higher (0.31 lower to 1.91 higher)	⊕⊖⊖⊖ Very low	CRITICAL
Stroke-spec	ific Patient-Report	ted Outcome Measu	res (SS-QOL, 49-245	5, higher values are	better, final value) a	t end of intervention (follow-up	: 4 weeks)					
1	randomised trials	very serious <sup>m</sup>	not serious	not serious	very serious <sup>b</sup>	none	17	20	-	MD <b>2.21 lower</b> (23.36 lower to 18.94 higher)	⊕⊖⊖⊖ Very low	CRITICAL

			Certainty a	ssessment			<b>№</b> of p	atients	Effe	ct		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	robot-assisted arm training	all other interventions	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Stroke-speci	fic Patient-Report	ed Outcome Measu	res (Stroke Impact S	Scale - strength dom	nain, 0-100, higher va	alues are better, change score)	at end of intervention (	follow-up: 10 weeks)				
1	randomised trials	not serious	not serious	not serious	not serious	none	81	36	-	MD 3.45 higher (2.58 higher to 4.32 higher)	⊕⊕⊕ High	CRITICAL
Stroke-speci	fic Patient-Report	ed Outcome Measu	res (Stroke Impact S	Scale - memory dom	ain, 0-100, higher va	alues are better, change score)	at end of intervention (	follow-up: 10 weeks)				
1	randomised trials	not serious	not serious	not serious	serious <sup>b</sup>	none	81	36	-	MD <b>0.19</b> higher (0.52 lower to 0.9 higher)	⊕⊕⊕⊖ Moderate	CRITICAL
Stroke-speci	fic Patient-Report	ed Outcome Measu	res (Stroke Impact S	Scale - emotion dom	ain, 0-100, higher va	alues are better, change score)	at end of intervention (	follow-up: 10 weeks)				
1	randomised trials	not serious	not serious	not serious	serious <sup>b</sup>	none	81	36	-	MD <b>1.24 lower</b> (1.7 lower to 0.78 lower)	⊕⊕⊕ Moderate	CRITICAL
Stroke-speci	fic Patient-Report	ed Outcome Measu	res (Stroke Impact S	cale - communication	on domain, 0-100, hi	igher values are better, change	score) at end of interve	ention (follow-up: 10 w	veeks)	1		
1	randomised trials	not serious	not serious	not serious	serious <sup>b</sup>	none	81	36	-	MD <b>0.32 lower</b> (0.94 lower to 0.3 higher)	⊕⊕⊕ Moderate	CRITICAL
Stroke-speci	fic Patient-Report	ed Outcome Measu	res (Stroke Impact S	Scale - ADL domain,	0-100, higher values	s are better, change scores and	I final value) at end of i	ntervention (follow-up	: mean 8 weeks)	•		
3	randomised trials	serious <sup>n</sup>	very serious <sup>f</sup>	not serious	not serious	none	304	438	-	MD 0.12 higher (4.56 lower to 4.8 higher)	⊕⊖⊖⊖ Very low	CRITICAL

Stroke-specific Patient-Reported Outcome Measures (Stroke Impact Scale - mobility domain, 0-100, higher values are better, change score and final value) at end of intervention (follow-up: mean 11 weeks)

			Certainty a	ssessment			<b>№</b> of p	atients	Effe	ct		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	robot-assisted arm training	all other interventions	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
2	randomised trials	not serious	not serious	not serious	not serious	none	294	431	-	MD 0.44 higher (3.91 lower to 4.79 higher)	⊕⊕⊕ <sub>High</sub>	CRITICAL
Stroke-spec	ific Patient-Report	ed Outcome Measu	res (Stroke Impact S	Scale - social partici	pation domain, 0-10	0, higher values are better, cha	nge score and final val	ue) at end of intervent	ion (follow-up: mean 1	1 weeks)		
2	randomised trials	not serious	not serious	not serious	serious <sup>b</sup>	none	291	430	-	MD 2.81 higher (5.98 lower to 11.6 higher)	⊕⊕⊕⊖ Moderate	CRITICAL
Stroke-spec	ific Patient-Report	ed Outcome Measu	res (Stroke Impact S	Scale - stroke recove	ery domain, 0-100, h	igher values are better, change	score) at end of interv	ention (follow-up: 10 w	veeks)			
1	randomised trials	not serious	not serious	not serious	serious <sup>b</sup>	none	81	36	-	MD 1.11 higher (0.21 higher to 2.01 higher)	⊕⊕⊕ Moderate	CRITICAL
Stroke-spec	ific Patient-Report	ed Outcome Measu	res (Stroke Impact S	Scale - physical dom	nain, 0-100, higher va	alues are better, change score)	at end of intervention (	follow-up: 10 weeks)				
1	randomised trials	not serious	not serious	not serious	not serious	none	81	36	-	MD 3.52 higher (2.99 higher to 4.05 higher)	ФФФ High	CRITICAL
Stroke-spec	ific Patient-Report	ed Outcome Measu	res (Stroke Impact S	Scale - hand function	n domain, 0-100, hig	her values are better, final valu	e) at end of interventio	n (follow-up: mean 12	weeks)			
1	randomised trials	seriousº	not serious	not serious	not serious	none	213	395	-	MD <b>2.6 lower</b> (6.75 lower to 1.55 higher)	⊕⊕⊕ Moderate	CRITICAL
Stroke-spec	ific Patient-Report	ed Outcome Measu	res (Stroke Impact S	Scale total, 0-100, hi	gher values are bett	er, change score and final valu	e) at ≥6 months (follow	-up: mean 5 months)		· ·		
2	randomised trials	serious	not serious	serious	not serious	none	56	34	-	MD <b>4.36</b> <b>higher</b> (1.64 lower to 10.36 higher)	ФФО Low	CRITICAL

			Certainty a	ssessment			<b>№</b> of p	patients	Effe	ct		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	robot-assisted arm training	all other interventions	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Stroke-spec	ific Patient-Report	ted Outcome Measu	res (Stroke Impact S	icale - hand function	n domain, 0-100, hig	her values are better, final valu	es and change scores)	) at ≥6 months (follow-	up: mean 7 months)			
3	randomised trials	serious <sup>n</sup>	not serious	not serious	not serious	none	320	499	-	MD <b>0.27 lower</b> (3.98 lower to 3.45 higher)	⊕⊕⊕ Moderate	CRITICAL
Stroke-spec	ific Patient-Report	ted Outcome Measu	res (Stroke Impact S	icale - ADL domain,	higher values are b	etter, change score and final va	alue) at ≥6 months (foll	ow-up: mean 4 months	s)	•		
2	randomised trials	serious <sup>n</sup>	not serious	not serious	not serious	none	223	402	-	MD <b>2.21 lower</b> (5.71 lower to 1.28 higher)	⊕⊕⊕ Moderate	CRITICAL
Stroke-spec	ific Patient-Report	ted Outcome Measu	res (Stroke Impact S	icale - mobility dom	ain, higher values a	re better, final value) at ≥6 mon	ths (follow-up: 6 mont)	hs)		-!		
1	randomised trials	seriousº	not serious	not serious	not serious	none	213	395	-	MD 1.7 lower (5.77 lower to 2.37 higher)	⊕⊕⊕ Moderate	CRITICAL
Stroke-spec	ific Patient-Report	ted Outcome Measu	res (Stroke Impact S	icale - social partici	pation domain, high	er values are better, final value	) at ≥6 months (follow-	up: 6 months)		1		
1	randomised trials	seriousº	not serious	not serious	not serious	none	210	394	-	MD 3 lower (7.23 lower to 1.23 higher)	⊕⊕⊕ Moderate	CRITICAL
Nithdrawal f	for any reason at e	end of intervention (	follow-up: mean 6 w	reeks)						+		
72	randomised trials	not serious	serious <sup>q</sup>	not serious	very serious <sup>r</sup>	none	160/1890 (8.5%)	177/2064 (8.6%)	<b>RD 0.00</b> (-0.02 to 0.02)	0 fewer per 1,000 (from 20 fewer to 20 more)s	⊕⊖⊖⊖ Very low	CRITICAL
Nithdrawal f	for any reason at 2	≥6 months (follow-u	p: mean 6 months)							- '		
21	randomised trials	not serious	serious <sup>q</sup>	not serious	very serious <sup>r</sup>	none	56/736 (7.6%)	79/936 (8.4%)	<b>RD -0.02</b> (-0.04 to 0.01)	20 fewer per 1,000 (from 40 fewer to 10 more)s	⊕⊖⊖⊖ Very low	CRITICAL

			Certainty a	ssessment			Nº of p	atients	Effe	et		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	robot-assisted arm training	all other interventions	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Adverse eve	nts (cardiovascul	ar events) at end of	intervention (follow-	-up: 3 months)								
1	randomised trials	not serious	not serious	not serious	very serious <sup>b</sup>	none	5/257 (1.9%)	2/513 (0.4%)	<b>RR 4.99</b> (0.97 to 25.55)	16 more per 1,000 (from 0 fewer to 96 more)	ФФОО Low	CRITICAL
Adverse eve	nts (cardiovascul	ar events) at ≥6 mo	nths (follow-up: 6 me	onths)			•					
1	randomised trials	not serious	not serious	not serious	very serious <sup>b</sup>	none	2/257 (0.8%)	2/513 (0.4%)	<b>RR 2.00</b> (0.28 to 14.09)	4 more per 1,000 (from 3 fewer to 51 more)	⊕⊕⊖⊖ <sub>Low</sub>	CRITICAL
Adverse eve	nts (injuries and p	pain) at end of interv	vention (follow-up: n	nean 7 weeks)								
5	randomised trials	not serious	serious <sup>q</sup>	not serious	very serious <sup>r</sup>	none	69/285 (24.2%)	71/270 (26.3%)	<b>RD 0.03</b> (-0.07 to 0.13)	30 more per 1,000 (from 70 fewer to 130 more)s	⊕⊖⊖⊖ Very low	CRITICAL
Adverse eve	nts (injuries and p	pain) at ≥6 months (	follow-up: mean 6 m	nonths)			-			-		
3	randomised trials	not serious	not serious	not serious	not serious	none	0/149 (0.0%)	0/150 (0.0%)	<b>RD 0.00</b> (-0.02 to 0.02)	0 fewer per 1,000 (from 20 fewer to 20 more)s	⊕⊕⊕⊕ <sub>High</sub>	CRITICAL
Adverse eve	nts (other reporte	d adverse events) a	t end of intervention	n (follow-up: mean 6	weeks)		<del>'</del>		!	!	- !	
19	randomised trials	not serious	serious <sup>q</sup>	not serious	very serious <sup>r</sup>	none	56/745 (7.5%)	86/991 (8.7%)	<b>RD 0.01</b> (-0.01 to 0.04)	10 more per 1,000 (from 10 fewer to 40 more)s	⊕⊖⊖⊖ Very low	CRITICAL

Adverse events (other reported adverse events) at ≥6 months (follow-up: mean 5 months)

			Certainty a	ssessment			<b>№</b> of p	atients	Effec	t		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	robot-assisted arm training	all other interventions	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
10	randomised trials	not serious	serious <sup>q</sup>	not serious	very serious <sup>r</sup>	none	46/514 (8.9%)	86/760 (11.3%)	<b>RD 0.00</b> (-0.03 to 0.04)	0 fewer per 1,000 (from 30 fewer to 40 more)s	⊕⊖⊖⊖ Very low	CRITICAL

CI: confidence interval; MD: mean difference; RR: risk ratio; SMD: standardised mean difference

## **Explanations**

- a. Downgraded by 2 increments as the majority of the evidence was of very high risk of bias (due to bias arising from the randomisation process, bias due to deviation from the intended intervention, bias due to missing outcome data and bias in measurement of the outcome)
- 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 2 increments as the majority of the evidence was of very high risk of bias (due to bias in the randomisation process, bias due to missing outcome data and bias in measurement of the reported result)
- d. Downgraded by 2 increments as the majority of the evidence was of very high risk of bias (due to bias in measurement of the outcome and bias in selection of the reported result)
- e. Downgraded by 1 increment as the majority of the evidence was of high risk of bias (due to bias in measurement of the outcome)
- f. Downgraded by 1 or 2 increments because heterogeneity, unexplained by subgroup analysis
- g. Downgraded by 1 increment as the majority of the evidence was of high risk of bias (due to a mixture of bias arising from the randomisation process, bias due to deviations from the intended intervention, bias due to missing outcome data, bias in measurement of the outcome and bias in selection of the reported result)
- h. Downgraded by 1 increment as the majority of the evidence was of high risk of bias (due to a mixture of bias arising from the randomisation process, bias due to deviations from the intended intervention and bias due to missing outcome data)
- i. Downgraded by 1 increment as the majority of the evidence was of high risk of bias (due to a mixture of bias arising from the randomisation process, bias due to deviations from the intended intervention, bias due to missing outcome data and bias in measurement of the outcome)
- j. Downgraded by 1 increments due to outcome indirectness (as the majority of evidence was reported at a follow up of less than 6 months)
- k. Downgraded by 2 increments as the majority of the evidence was of very high risk of bias (due to bias arising from the randomisation process, bias due to deviation from the intended intervention, bias due to missing outcome data, bias in measurement of the outcome and bias in selection of the reported result)
- I. Downgraded by 1 increment as the majority of the evidence was of high risk of bias (due to a mixture of bias arising from the randomisation process, bias due to deviations from the intended intervention, bias due to missing outcome data and bias in measurement of the outcome)
- m. Downgraded by 2 increments as the majority of the evidence was of very high risk of bias (due to bias due to deviation from the intended intervention and bias due to missing outcome data)
- n. Downgraded by 1 increment as the majority of the evidence was of high risk of bias (due to a mixture of bias arising from the randomisation process and bias in measurement of the outcome)
- o. Downgraded by 1 increment as the majority of the evidence was of high risk of bias (due to bias in measurement of the outcome)
- p. Downgraded by 1 increment as the majority of the evidence was of high risk of bias (due to a mixture of bias arising from the randomisation process, bias due to deviations from the intended intervention and bias due to missing outcome data)

- q. Downgraded for heterogeneity due to conflicting number of events in different studies (zero events in one or more studies)
- r. Downgraded by 1 to 2 increments for imprecision due to zero events and small sample size
- s. Absolute effect calculated by risk difference due to zero events in at least one arm of one study