Table 40: Clinical evidence profile: Comparison 3.1. Colistin versus placebo

Quality assessment							No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Colistin	Placebo	Relative (95% CI)	Absolute	Quality	Importance
Lung function: change in FEV$_1$ % predicted (Follow-up: 3 months; range of scores: 0-100; Better indicated by higher values)												
1 (Jensen 1987)	randomised trials	serious [1]	no serious inconsistency	no serious indirectness	serious imprecision [2]	none	18	11		MD 6.00 (1.07 lower to 13.07 higher)	LOW	CRITICAL
Number of patients with 1 or more exacerbations												
NMA outcome												
Suppression of the organism: eradication of *P aeruginosa* from the sputum, at 3 months												
1 (Jensen 1987)	randomised trials	serious [1]	no serious inconsistency	no serious indirectness	Not calculable [3]	none	0/20 (0%)	0/20 (0%)	-	-	MODERATE	IMPORTANT
Emergence of resistant organisms - superinfection with other colistin-resistant organisms, during the 3 months trial												
1 (Jensen 1987)	randomised trials	serious [1]	no serious inconsistency	no serious indirectness	Not calculable [3]	none	0/20 (0%)	0/20 (0%)	-	-	MODERATE	IMPORTANT
Emergence of resistant organisms - resistance to colistin, during the 3 months trial												
1 (Jensen 1987)	randomised trials	serious [1]	no serious inconsistency	no serious indirectness	Not calculable [3]	none	0/20 (0%)	0/20 (0%)	-	-	MODERATE	IMPORTANT
Emergence of resistant organisms - resistance to other commonly used anti-pseudomonas txt, during the 3 months trial												

Quality assessment							No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Colistin	Placebo	Relative (95% CI)	Absolute	Quality	Importance
1 (Jensen 1987)	randomised trials	serious [1]	no serious inconsistency	no serious indirectness	Not calculable [3]	none	0/20 (0%)	0/20 (0%)	-	-	MODERATE	IMPORTANT

Abbreviations: CI: confidence interval; FEV$_1$: forced expiratory volume in 1 second; MD: mean difference

1 The quality of the evidence was downgrade by 1 due to unclear randomization, allocation and blinding methods. Poor reporting.

2 The quality of the evidence was downgraded by 1 due to serious imprecision, as the 95% CI crossed 1 clinical MID

3 Not calculable, as data reported narratively only.