Table 54: Clinical evidence profile: Comparison 1.1. Oral calorie supplementation versus usual care

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oral calorie supplementation	Usual care	Relative (95% CI)	Absolute		
Change in weight (kg) (Follow-up: 3 months; Better indicated by higher values)												
1 (Poustie 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	48	51	-	MD 0.34 higher (0.07 lower to 0.75 higher)	MODERATE	CRITICAL
Change in weight (kg) (Follow-up: 6 months; Better indicated by higher values)												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oral calorie supplementation	Usual care	Relative (95% CI)	Absolute		
2 (Hanning 1993, Poustie 2006)	randomised trials	serious[2]	no serious inconsistency	no serious indirectness[3]	serious[1]	none	59	58	-	MD 0.47 higher (0.07 lower to 1.02 higher)	LOW	CRITICAL
Change in weight (kg) (Follow-up: 1 year; Better indicated by higher values)												
1 (Poustie 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	50	52	-	MD 0.16 higher (0.68 lower to 1 higher)	MODERATE	CRITICAL
Change in height (cm) (Follow-up: 3 months; Better indicated by higher values)												
1 (Poustie 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	48	51	-	MD 0.03 lower (0.36 lower to 0.3 higher)	HIGH	CRITICAL
Change in height (cm) (Follow-up: 6 months; Better indicated by higher values)												
1 (Poustie 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	50	51	-	MD 0.47 lower (1.32 lower to 0.38 higher)	HIGH	CRITICAL
Change in height (cm) (Follow-up: 1 year; Better indicated by higher values)												
1 (Poustie 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious	none	50	52	-	MD 0.06 higher (0.5 lower	HIGH	CRITICAL

Quality assessment							No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oral calorie supplementation	Usual care	Relative (95% CI)	Absolute	**Quality**	**Importance**
					imprecision					to 0.62 higher)		
Change in weight as % expected for age and height (Follow-up: 6 months; Better indicated by higher values)												
1 (Hanning 1993)	randomised trials	serious[2]	no serious inconsistency	serious[4]	very serious[5]	none	9	7	-	MD 3.3 higher (6.27 lower to 12.87 higher)	VERY LOW	CRITICAL
Change in BMI (kg/m2) (Follow-up: 3 months; Better indicated by higher values)												
1 (Poustie 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	48	51	-	MD 0.14 higher (0.08 lower to 0.36 higher)	MODERATE	CRITICAL
Change in BMI (kg/m2) (Follow-up: 6 months; Better indicated by higher values)												
1 (Poustie 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	50	51	-	MD 0.24 higher (0.06 lower to 0.54 higher)	MODERATE	CRITICAL
Change in BMI (kg/m2) (Follow-up: 1 year; Better indicated by higher values)												
1 (Poustie 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	50	52	-	MD 0.08 higher (0.28 lower to 0.44 higher)	MODERATE	CRITICAL

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oral calorie supplementation	Usual care	Relative (95% CI)	Absolute		
Change in BMI (centile) (Follow-up: 3 months; Better indicated by higher values)												
1 (Poustie 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	48	51	-	MD 3.28 higher (0.7 lower to 7.26 higher)	MODERATE	CRITICAL
Change in BMI (centile) (Follow-up: 6 months; Better indicated by higher values)												
1 (Poustie 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	50	51	-	MD 5.75 higher (0.22 to 11.28 higher)	MODERATE	CRITICAL
Change in BMI (centile) (Follow-up: 1 year; Better indicated by higher values)												
1 (Poustie 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	50	52	-	MD 2.99 higher (2.69 lower to 8.67 higher)	MODERATE	CRITICAL
Change in weight (centile) (Follow-up: 3 months; Better indicated by higher values)												
1 (Poustie 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	48	51	-	MD 1.72 higher (0.59 lower to 4.03 higher)	MODERATE	CRITICAL
Change in weight (centile) (Follow-up: 6 months; Better indicated by higher values)												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oral calorie supplementation	Usual care	Relative (95% CI)	Absolute		
1 (Poustie 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	50	51	-	MD 2.12 higher (0.94 lower to 5.18 higher)	MODERATE	CRITICAL
Change in weight (centile) (Follow-up: 1 year; Better indicated by higher values)												
1 (Poustie 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	50	52	-	MD 1.83 higher (1.77 lower to 5.43 higher)	MODERATE	CRITICAL
Change in height (centile) (Follow-up: 3 months; Better indicated by higher values)												
1 (Poustie 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	48	51	-	MD 0.56 lower (2.04 lower to 0.92 higher)	MODERATE	CRITICAL
Change in height (centile) (Follow-up: 6 months; Better indicated by higher values)												
1 (Poustie 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	50	51	-	MD 1.74 lower (4.4 lower to 0.92 higher)	HIGH	CRITICAL
Change in height (centile) (Follow-up: 1 year; Better indicated by higher values)												
1(Poustie 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	50	52	-	MD 0.65 lower (3.11	MODERATE	CRITICAL

Quality assessment							No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oral calorie supplementation	Usual care	Relative (95% CI)	Absolute	Quality	Importance
										lower to 1.81 higher)		
Change in height as % of expected for age (Follow-up: 6 months; Better indicated by higher values)												
1 (Hanning 1993)	randomised trials	serious[2]	no serious inconsistency	serious[4]	very serious[5]	none	9	7	-	MD 1.6 lower (21.54 lower to 18.34 higher)	VERY LOW	CRITICAL
Change in FEV_1 % predicted (Follow-up: 3 months; Better indicated by higher values)												
1 (Poustie 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[6]	none	31	38	-	MD 7.92 lower (13.89 to 1.95 lower)	MODERATE	CRITICAL
Change in FEV_1 % predicted (Follow-up: 6 months; Better indicated by higher values)												
2 (Hanning 1993, Poustie 2006)	randomised trials	serious[2]	no serious inconsistency	no serious indirectness[3]	serious[6]	none	41	45	-	MD 3.84 lower (9.63 lower to 1.94 higher)	LOW	CRITICAL
Change in FEV_1 % predicted (Follow-up: 1 year; Better indicated by higher values)												
1 (Poustie 2006)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[6]	none	32	38	-	MD 1.91 lower (8.57 lower to 4.75 higher)	MODERATE	CRITICAL

Quality assessment							No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Oral calorie supplementation	Usual care	Relative (95% CI)	Absolute	**Quality**	**Importance**
Quality of life												
No evidence available												
Adverse effects												
No evidence available												
Pulmonary exacerbations												
No evidence available												
Patient or carer satisfaction												
No evidence available												

Abbreviations: BMI: body mass index; CI: confidence interval; CF: cystic fibrosis; cm: centimetres; FEV_1: forced expiratory volume in 1 second; kg: kilogrammes; kg/m2: kilogrammes per metre square; MD: mean difference
1 The quality of the evidence was downgraded by 1 because the CI crossed 1 default MID
2 The quality of the evidence was downgraded by 1 because of high risk of bias in relation to the randomisation (the treated group appeared to be in better clinical condition at baseline in 1 study).
3 The inclusion criteria in the paper by Hanning et al. did not mention underweight therefore the population in the study is unlikely to be representative of people who would usually receive oral supplements; however the quality of the evidence was not downgraded because the inclusion criteria in the paper by Poustie et al. are likely to be representative of people who receive oral supplements in clinical practice
4 The quality of the evidence was downgraded by 1 because the inclusion criteria did not mention underweight therefore the population in the study is unlikely to be representative of people who would receive oral supplements in clinical practice
5 The quality of the evidence was downgraded by 2 because the CI crossed 2 defaults MIDs
6 The quality of the evidence was downgraded by 1 because the CI crossed 1 clinical MID