Table 56: Clinical evidence profile: Comparison 2. Enteral tube feeding *versus* usual care

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Enteral tube feeding	Usual care	Relative (95% CI)	Absolute		
Change in weight (kg) (Follow-up: 1 year; Better indicated by higher values)												
1 (White 2013)	observational studies	very serious [1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	15	6	-	MD 7.60 higher (4.74 to 10.46 higher)	VERY LOW	CRITICAL
Change in weight (kg) (Follow-up: 2 years; 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	Enteral tube feeding	Usual care	Relative (95% CI)	Absolute		
1 (White 2013)	observational studies	very serious [1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	15	6	-	MD 9.10 higher (5.43 to 12.77 higher)	VERY LOW	CRITICAL
Change in weight (kg) (Follow-up: 3 years; Better indicated by higher values)												
1 (White 2013)	observational studies	very serious [1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	15	6	-	MD 9.00 higher (5.21 to 12.79 higher)	VERY LOW	CRITICAL
Change in weight z score (Follow-up: 6 months; range of scores: -4-4; Better indicated by higher values)												
1 (Bradley 2012)	observational studies	serious [2]	no serious inconsistency	no serious indirectness	serious [3]	none	20	20	-	MD 0.62 higher (0.27 to 0.97 higher)	VERY LOW	CRITICAL
Change in weight z score (Follow-up: 1 year; range of scores: -4-4; Better indicated by higher values)												
1 (Bradley 2012)	observational studies	serious [2]	no serious inconsistency	no serious indirectness	serious [3]	none	20	20	-	MD 0.44 higher (0.11 to 0.77 higher)	VERY LOW	CRITICAL
Change in height z-score (Follow-up: 6 months; range of scores: -4-4; Better indicated by higher values)												
1 (Bradley 2012)	observational studies	serious [2]	no serious inconsistency	no serious indirectness	serious [3]	none	20	20	-	MD 0.2 higher (0.19 lower to 0.59 higher)	VERY LOW	CRITICAL

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Enteral tube feeding	Usual care	Relative (95% CI)	Absolute		
Change in height z-score (Follow-up: 1 year; range of scores: -4-4; Better indicated by higher values)												
1 (Bradley 2012)	observational studies	serious[2]	no serious inconsistency	no serious indirectness	serious[3]	none	20	20	-	MD 0.1 higher (0.29 lower to 0.49 higher)	VERY LOW	CRITICAL
Change in BMI z score (Follow-up: 6 months; range of scores: -4-4; Better indicated by higher values)												
1 (Bradley 2012)	observational studies	serious[2]	no serious inconsistency	no serious indirectness	no serious imprecision	none	20	20	-	MD 0.82 higher (0.48 to 1.16 higher)	VERY LOW	CRITICAL
Change in BMI z score (Follow-up: 1 year; range of scores: -4-4; Better indicated by higher values)												
1 (Bradley 2012)	observational studies	serious[2]	no serious inconsistency	no serious indirectness	serious[3]	none	20	20	-	MD 0.39 higher (0.09 to 0.69 higher)	VERY LOW	CRITICAL
Change in BMI (kg/m2) (Follow-up: 1 year; Better indicated by higher values)												
1 (White 2013)	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	15	6	-	MD 2.90 higher (2.2 to 3.6 higher)	VERY LOW	CRITICAL
Change in BMI (kg/m2) (Follow-up: 2 years; Better indicated by higher values)												
1 (White 2013)	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	15	6	-	MD 3.20 higher (2.33 to	VERY LOW	CRITICAL

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Enteral tube feeding	Usual care	Relative (95% CI)	Absolute		
										4.07 higher)		
Change in BMI (kg/m2) (Follow-up: 3 years; Better indicated by higher values)												
1 (White 2013)	observational studies	very serious [1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	15	6	-	MD 2.50 higher (1.55 to 3.45 higher)	VERY LOW	CRITICAL
Change in FEV$_1$ % predicted (Follow-up: 6 months; range of scores: 0-100; Better indicated by higher values)												
1 (Bradley 2012)	observational studies	serious [2]	no serious inconsistency	no serious indirectness	very serious [4]	none	14	13	-	MD 4.5 lower (16.18 lower to 7.18 higher)	VERY LOW	CRITICAL
Change in FEV$_1$ % predicted (Follow-up: 1 year; range of scores: 0-100; Better indicated by higher values)												
1 (Bradley 2012)	observational studies	serious [2]	no serious inconsistency	no serious indirectness	serious [5]	none	14	13	-	MD 8.2 lower (20.5 lower to 4.1 higher)	VERY LOW	CRITICAL
1 (White 2013)	observational studies	very serious [1]	no serious inconsistency	no serious indirectness	very serious [4]	none	15	6	-	MD 10.60 higher (10.34 lower to 31.54 higher)	VERY LOW	CRITICAL
Change in FEV$_1$ % predicted (Follow-up: 2 years; 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	Enteral tube feeding	Usual care	Relative (95% CI)	Absolute		
1 (White 2013)	observational studies	very serious [1]	no serious inconsistency	no serious indirectness	serious [5]	none	15	6	-	MD 12.20 higher (2.57 lower to 26.97 higher)	VERY LOW	CRITICAL
Change in FEV$_1$ % predicted (Follow-up: 3 years; Better indicated by higher values)												
1 (White 2013)	observational studies	very serious [1]	no serious inconsistency	no serious indirectness	serious [5]	none	15	6	-	MD 12.20 higher (1.84 lower to 26.24 higher)	VERY LOW	CRITICAL
Change in IV treatment days (Follow-up: 1 year; Better indicated by lower values)												
1 (White 2013)	observational studies	very serious [1]	no serious inconsistency	no serious indirectness	serious [3]	none	15	6	-	MD 17.90 higher (5.96 lower to 41.76 higher)	VERY LOW	IMPORTANT
Change in IV treatment days (Follow-up: 2 years; Better indicated by lower values)												
1 (White 2013)	observational studies	very serious [1]	no serious inconsistency	no serious indirectness	serious [3]	none	15	6	-	MD 36.00 higher (5.06 to 66.94 higher)	VERY LOW	IMPORTANT
Change in IV treatment days (Follow-up: 3 years; Better indicated by lower values)												
1 (Whit	observational studies	very serious [1]	no serious inconsistency	no serious indirectness	serious [3]	none	15	6	-	MD 36.20 higher (6.29	VERY LOW	IMPORTANT

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Enteral tube feeding	Usual care	Relative (95% CI)	Absolute		
e 2013)										lower to 78.69 higher)		
Quality of life												
No evidence available												
Patient or carer satisfaction												
No evidence available												
Adverse events												
No evidence available												

Abbreviations: BMI: body mass index; confidence interval; CF: cystic fibrosis; FEV$_1$: forced expiratory volume in 1 second; IV: intravenous; k/m2g: kilogrammes per square metre; MD: mean difference
1 The quality of the evidence was downgraded by 2 due to high risk of bias in relation to selection of the study population and comparability of the 2 groups
2 The quality of the evidence was downgraded by 1 because of high risk of bias in relation to comparability
3 The quality of the evidence was downgraded by 1 because the 95% CI crossed 1 default MID
4 The quality of the evidence was downgraded by 2 because the 95% CI crossed 2 clinical MIDs
5 The quality of the evidence was downgraded by 1 because the 95% CI crossed 1 clinical MID