

Table 58: Clinical evidence profile: Comparison 4. Nutrition education versus usual care

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Nutrition education	Standard treatment	Relative (95% CI)	Absolute		
Change in weight (kg) (follow-up 6 months; range of scores: 1-120; Better indicated by higher values)												
1 (Watson 2008)	randomised trials	no serious risk of bias ¹	no serious inconsistency	serious indirectness ²	very serious ³	none	23	25	-	MD 0.4 lower (4.85 lower to 4.05 higher)	VERY LOW	CRITICAL
Change in weight (kg) (follow-up 1 years; range of scores: 1-120; Better indicated by higher values)												
1 (Watson 2008)	randomised trials	no serious risk of bias ¹	no serious inconsistency	serious indirectness ²	serious ⁴	none	23	25	-	MD 0.4 lower (4.87 lower to 4.07 higher)	LOW	CRITICAL

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Nutrition education	Standard treatment	Relative (95% CI)	Absolute		
Change in FEV₁ % predicted (follow-up 6 months; range of scores: 0-100; Better indicated by higher values)												
1 (Watson 2008)	randomised trials	no serious risk of bias ¹	no serious inconsistency	serious indirectness ²	very serious ⁵	none	23	25	-	MD 1.49 higher (8.84 lower to 11.82 higher)	VERY LOW	CRITICAL
Change in FEV₁ % predicted (follow-up 1 years; range of scores: 0-100; Better indicated by higher values)												
1 (Watson 2008)	randomised trials	no serious risk of bias ¹	no serious inconsistency	serious indirectness ²	very serious ⁵	none	23	25	-	MD 0.99 higher (9.29 lower to 11.27 higher)	VERY LOW	CRITICAL
Quality of life: CFQOL, physical functioning (follow-up 6 months; range of scores: 0-100; Better indicated by higher values)												
1 (Watson 2008)	randomised trials	serious ⁶	no serious inconsistency	serious indirectness ²	Not calculable	none	23	25	-	p-value: 0.05	LOW	CRITICAL
Quality of life: CFQOL, physical functioning (follow-up 12 months; range of scores: 0-100; Better indicated by higher values)												
1 (Watson 2008)	randomised trials	serious ⁶	no serious inconsistency	serious indirectness ²	Not calculable	none	23	25	-	p-value: 0.61	LOW	CRITICAL

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Nutrition education	Standard treatment	Relative (95% CI)	Absolute		
Quality of life: CFQOL, social functioning (follow-up 6 months; range of scores: 0-100; Better indicated by higher values)												
1 (Watson 2008)	randomised trials	serious ⁶	no serious inconsistency	serious indirectness ²	Not calculable	none	23	25	-	p-value: 0.85	LOW	CRITICAL
Quality of life: CFQOL, social functioning at 12 months (follow-up 12 months; range of scores: 0-100; Better indicated by higher values)												
1 (Watson 2008)	randomised trials	serious ⁶	no serious inconsistency	serious indirectness ²	Not calculable	none	23	25	-	p-value: 0.54	LOW	CRITICAL
Quality of life: CFQOL, treatment issues (follow-up 6 months; range of scores: 0-100; Better indicated by higher values)												
1 (Watson 2008)	randomised trials	serious ⁶	no serious inconsistency	serious indirectness ²	Not calculable	none	23	25	-	p-value: 0.74	LOW	CRITICAL
Quality of life: CFQOL, treatment issues (follow-up 12 months; range of scores: 0-100; Better indicated by higher values)												
1 (Watson 2008)	randomised trials	serious ⁶	no serious inconsistency	serious indirectness ²	Not calculable	none	23	25	-	p-value: 0.68	LOW	CRITICAL
Quality of life: CFQOL, chest symptoms (follow-up 6 months; range of scores: 0-100; Better indicated by higher values)												
1 (Watson)	randomised trials	serious ⁶	no serious inconsistency	serious indirectness ²	Not calculable	none	23	25	-	p-value: 0.59	LOW	CRITICAL

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Nutrition education	Standard treatment	Relative (95% CI)	Absolute		
2008)												
Quality of life: CFQOL, chest symptoms (follow-up 12 months; range of scores: 0-100; Better indicated by higher values)												
1 (Watson 2008)	randomised trials	serious ⁶	no serious inconsistency	serious indirectness ²	Not calculable	none	23	25	-	p-value: 0.62	LOW	CRITICAL
Quality of life: CFQOL, emotional responses (follow-up 6 months; range of scores: 0-100; Better indicated by higher values)												
1 (Watson 2008)	randomised trials	serious ⁶	no serious inconsistency	serious indirectness ²	Not calculable	none	23	25	-	p-value: 0.45	LOW	CRITICAL
Quality of life: CFQOL, emotional responses (follow-up 12 months; range of scores: 0-100; Better indicated by higher values)												
1 (Watson 2008)	randomised trials	serious ⁶	no serious inconsistency	serious indirectness ²	Not calculable	none	23	25	-	p-value: 0.07	LOW	CRITICAL
Quality of life: CFQOL, concerns for the future (follow-up 6 months; range of scores: 0-100; Better indicated by higher values)												
1 (Watson 2008)	randomised trials	serious ⁶	no serious inconsistency	serious indirectness ²	Not calculable	none	23	25	-	p-value: 0.46	LOW	CRITICAL
Quality of life: CFQOL, concerns for the future (follow-up 12 months; range of scores: 0-100; 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	Nutrition education	Standard treatment	Relative (95% CI)	Absolute		
1 (Watson 2008)	randomised trials	serious ⁶	no serious inconsistency	serious indirectness ²	Not calculable	none	23	25	-	p-value: 0.03:	LOW	CRITICAL
Quality of life: CFQOL, interpersonal relationship (follow-up 6 months; range of scores: 0-100; Better indicated by higher values)												
1 (Watson 2008)	randomised trials	serious ⁶	no serious inconsistency	serious indirectness ²	Not calculable	none	23	25	-	p-value: 0.75	LOW	CRITICAL
Quality of life: CFQOL, interpersonal relationship (follow-up 12 months; range of scores: 0-100; Better indicated by higher values)												
1 (Watson 2008)	randomised trials	serious ⁶	no serious inconsistency	serious indirectness ²	Not calculable	none	23	25	-	p-value: 0.64	LOW	CRITICAL
Quality of life: CFQOL, body image (follow-up 6 months; range of scores: 0-100; Better indicated by higher values)												
1 (Watson 2008)	randomised trials	serious ⁶	no serious inconsistency	serious indirectness ²	Not calculable	none	23	25	-	p-value: 0.24	LOW	CRITICAL
Quality of life: CFQOL, body image (follow-up 12 months; range of scores: 0-100; Better indicated by higher values)												
1 (Watson 2008)	randomised trials	serious ⁶	no serious inconsistency	serious indirectness ²	Not calculable	none	23	25	-	p-value: 0.59	LOW	CRITICAL

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Nutrition education	Standard treatment	Relative (95% CI)	Absolute		
Quality of life: CFQOL, career issues (follow-up 6 months; range of scores: 0-100; Better indicated by higher values)												
1 (Watson 2008)	randomised trials	serious ⁶	no serious inconsistency	serious indirectness ²	Not calculable	none	23	25	-	p-value: 0.15	LOW	CRITICAL
Quality of life: CFQOL, career issues (follow-up 12 months; range of scores: 0-100; Better indicated by higher values)												
1 (Watson 2008)	randomised trials	serious ⁶	no serious inconsistency	serious indirectness ²	Not calculable	none	23	25	-	p-value: 0.28	LOW	CRITICAL
Pulmonary exacerbations												
No evidence available												
Adverse effects												
No evidence available												
Patient or carer satisfaction												
No evidence available												

Abbreviations: CI: confidence interval; CF: cystic fibrosis; CFQOL: cystic fibrosis quality of life questionnaire; FEV₁: forced expiratory volume in 1 second; kg: kilogrammes; MD: mean difference

- 1 The quality of the evidence was not downgraded despite unclear risk of bias in relation to blinding and selective reporting, because objective measures are unlikely to be influenced by the lack of blinding.
- 2 The quality of the evidence was downgraded by 1 because there was no inclusion criteria related to underweight, therefore the study population is unlikely to be representative of people who would receive this intervention in clinical practice
- 3 The quality of the evidence was downgraded by 2 because the 95% CI crossed 2 default MIDs
- 4 The quality of the evidence was downgraded by 1 because the 95% CI crossed 1 default MID
- 5 The quality of the evidence was downgraded by 2 because the 95% CI crossed 2 clinical MIDs
- 6 The quality of the evidence was downgraded by 1 because of unclear risk of bias in relation to selective reporting and high risk of bias due to bad reporting (only p values and U test statistic provided)