

Table 59: Clinical evidence profile: Comparison 5.1 Behavioural intervention versus usual care

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Behavioural intervention	Usual care	Relative (95% CI)	Absolute		
Change in weight (kg) (follow-up 6 weeks; Better indicated by higher values)												
1 (Stark 1996)	randomised trials	serious ¹	no serious inconsistency	serious indirectness ²	very serious ³	none	5	4	-	MD 1.7 higher (4.02 lower to 7.42 higher)	VERY LOW	CRITICAL
Change in height (cm) (follow-up 6 weeks; Better indicated by higher values)												
1 (Stark 1996)	randomised trials	serious ¹	no serious inconsistency	serious indirectness ²	very serious ³	none	5	4	-	MD 0.1 lower (16.75 lower to 16.55 higher)	VERY LOW	CRITICAL
Change in weight z score (follow-up 6 weeks; Better indicated by higher values)												
1 (Stark 1996)	randomised trials	serious ¹	no serious inconsistency	serious indirectness ²	serious ⁴	none	5	4	-	MD 0.5 higher (0.19 lower to 1.19 higher)	VERY LOW	CRITICAL
Change in FEV₁ % predicted (follow-up 6 weeks; Better indicated by higher values)												
1 (Stark 1996)	randomised trials	serious ¹	no serious inconsistency	serious indirectness ²	very serious ⁵	none	5	4	-	MD 6.5 lower (28.09 lower to	VERY LOW	CRITICAL

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

Abbreviations: CI: confidence interval; CF: cystic fibrosis; cm: centimetres; FEV₁: forced expiratory volume in 1 second; MD: mean difference

1 The quality of the evidence was downgraded by 1 due to unclear risk of bias in relation to random sequence generation, allocation concealment and selective reporting.

Cochrane rated the risk of bias for blinding as high however objective measures are unlikely to be influenced by the lack of blinding.

2. The quality of the evidence was downgraded by 1 because there were no inclusion criteria related to underweight or calorie intake 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