

Table 6: Clinical evidence profile: Comparison 3.1. Local care (below CF Trust recommendations) versus shared care (UK equivalent)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Local care (below CF Trust recs)	Shared care (UK equivalent)	Relative (95% CI)	Absolute		
Lung function: change in FEV₁ % predicted (follow-up 1 years; 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	Local care (below CF Trust recs)	Shared care (UK equivalent)	Relative (95% CI)	Absolute		
1 (Van Koolwijk 2002)	observational studies	very serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	23	41	-	MD 3.2 lower (6.84 lower to 0.44 higher)	VERY LOW	CRITICAL
Lung function: First to last FEV₁ (% per year) (follow-up 1 year; range of scores: 0-100; Better indicated by higher values)												
1 (Thomas 2008)	observational studies	very serious ³	no serious inconsistency	no serious indirectness	serious ²	none	11	30	-	MD 3.3 higher (2.59 lower to 9.19 higher)	VERY LOW	CRITICAL
Lung function: Slope FEV₁ (% per year) (follow-up 1 year; range of scores: 0-100; Better indicated by lower values)												
1 (Thomas 2008)	observational studies	very serious ³	no serious inconsistency	no serious indirectness	no serious imprecision	none	11	30	-	MD 1.1 higher (2.69 lower to 4.89 higher)	VERY LOW	CRITICAL
Nutritional status: change in BMI (follow-up 1 year; Better indicated by higher values)												
1 (Van Koolwijk 2002)	observational studies	very serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	23	41	-	MD 0.03 lower (0.43 lower to 0.37 higher)	VERY LOW	IMPORTANT

Abbreviations: BMI: body mass index; CI: confidence interval; CF: cystic fibrosis; FEV₁: forced expiratory volume in 1 second; MD: mean difference

1 The quality of the evidence was downgraded by 2 because of the differences between groups.

2 The quality of the evidence was downgraded by 1 because the 95% CI crossed 1 clinical MID

3 The quality of the evidence was downgraded by 2 due to high risk of bias in relation to the selection of the population and high loss to follow-up