

Table 65: Clinical evidence profile: Comparison 1.4. PERT + Ranitidine versus. PERT alone in adults

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	PERT + Ranitidine	PERT alone	Relative (95% CI)	Absolute		
Fat absorption (CFA) (follow-up 12 days; measured with: % of intake or consumed fat that is absorbed; Better indicated by higher values) [PERT + low-dose ranitidine]												
1 (Francisco 2002) ²	randomised trials ¹	no serious risk of bias	no serious inconsistency	no serious indirectness	Not calculable ³	none ⁴	10 Median: 93.06 (84.90 to 96.11) versus. 89.20 (79.38 to 93.04)	-	p=0.01*	HIGH	CRITICAL	
Fat absorption (CFA) (follow-up 12 days; measured with: % of intake or consumed fat that is absorbed; Better indicated by higher values) [PERT + high-dose ranitidine]												
1 (Francisco 2002) ⁵	randomised trials ¹	no serious risk of bias	no serious inconsistency	no serious indirectness	Not calculable ³	Other ^{4,6}	9 Median: 88.92 (81.89 to 91.87) versus. 88.59 (79.01 to 93.76)	-	p≤0.05*	MODERATE	CRITICAL	

Abbreviations: CFA: coefficient of fat absorption; CI: confidence interval; PERT: pancreatic endocrine enzyme therapy

* The paper provided raw data. Medians and p-values were calculated by the NGA technical team

1 Cross-over study

2 Treatment details: Pancrease M10 or M16 + ranitidine 150 mg. twice daily or placebo

3 Imprecision cannot be calculated from medians.

4 Reporting bias not detected, but drugs were provided by the Pharmaceutical industry

5 Treatment details: Pancrease M10 or M16 + ranitidine 300 mg. twice daily or placebo

6 Reporting bias not detected. Evidence downgraded by 1 due to small sample size (n=9).