

Table 89: Clinical evidence profile: Comparison 7. Physical activity for higher amount or longer duration versus lower amount or shorter duration

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Physical activity for higher amount or longer duration	Physical activity for lower amount or shorter duration	Relative (95% CI)	Absolute		
Lung function: FEV₁% predicted												
No evidence available												
Lung function: FVC% predicted												
No evidence available												
FEV₁ peak												
No evidence available												
Body composition												
No evidence available												
Quality of life												
No evidence available												
Preference for training programme												
No evidence available												
Adverse events												
No evidence available												
Need for hospitalization (follow-up: 12 months; better indicated by lower values) [≥30 minutes daily versus < 30 minutes]												

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No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Physical activity for higher amount or longer duration	Physical activity for lower amount or shorter duration	Relative (95% CI)	Absolute		
1 (Cox 2016)	observational studies	very serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	16/33 (48.5%)	19/28 (67.9%)	RR 0.71 (0.46 to 1.1)	197 fewer per 1000 (from 366 fewer to 68 more)	VERY LOW	CRITICAL
Need for hospitalization (follow-up: 12 months; better indicated by lower values) [≥ 30 minutes for ≥ 10 minutes bouts daily versus lower amount or shorter duration]												
1 (Cox 2016)	observational studies	very serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	8/21 (38.1%)	26/40 (65%)	RR 0.59 (0.32 to 1.06)	266 fewer per 1000 (from 442 fewer to 39 more)	VERY LOW	CRITICAL

Abbreviations: CI: confidence interval; RR: risk ratio

1 The quality of the evidence was downgraded by 2 due to high risk of bias in relation to the selection of the study population and the comparability of the 2 groups

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