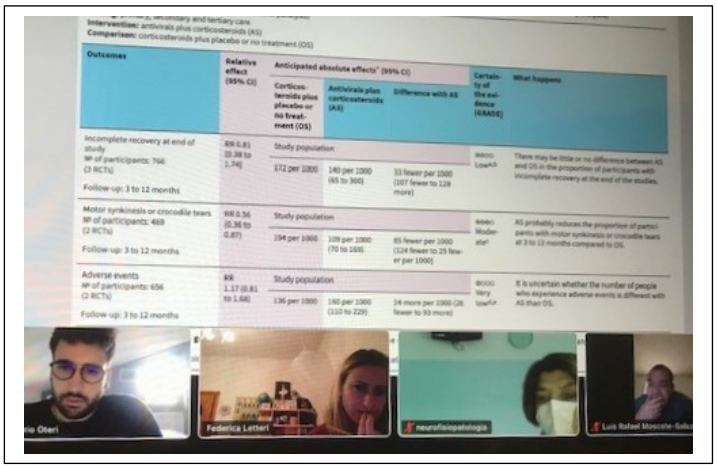
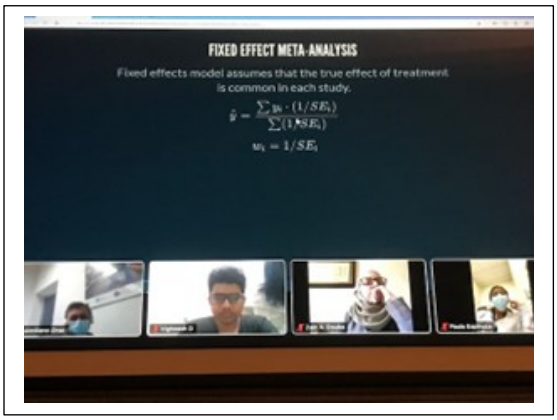
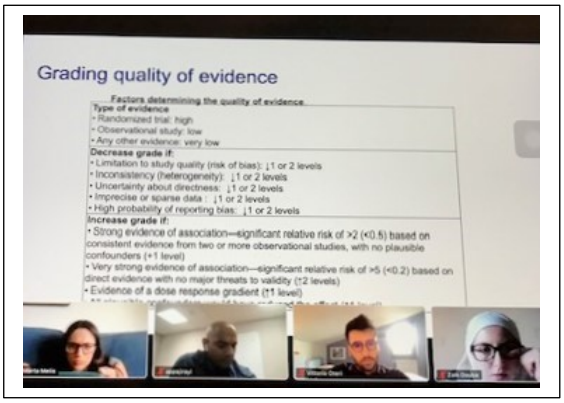

Intervention: antivirals plus corticosteroids (AS)
Comparison: corticosteroids plus placebo or no treatment (OS)
Outcomes
Relative effect (95% CI)
Anticipated absolute effects* (95% CI)
Corticosteroids plus placebo or no treatment (OS)
Antivirals plus corticosteroids (AS)
Difference with AS
Certainty of the evidence (GRADE)
What happens
Incomplete recovery at end of study
Nº of participants: 766
(3 RCTs)
Follow-up: 3 to 12 months
RR 0.81 (0.38 to 1.74)
Study population
172 per 1000
140 per 1000 (65 to 300)
33 fewer per 1000 (107 fewer to 128 more)
Low
There may be little or no difference between AS and OS in the proportion of participants with incomplete recovery at the end of the studies.
Motor synkinesis or crocodile tears
Nº of participants: 469
(2 RCTs)
Follow-up: 3 to 12 months
RR 0.56 (0.36 to 0.87)
Study population
194 per 1000
109 per 1000 (70 to 168)
85 fewer per 1000 (124 fewer to 25 fewer per 1000)
Moderate
AS probably reduces the proportion of participants with motor synkinesis or crocodile tears at 3 to 12 months compared to OS.
Adverse events
Nº of participants: 656
(2 RCTs)
Follow-up: 3 to 12 months
RR 1.17 (0.81 to 1.68)
Study population
136 per 1000
160 per 1000 (110 to 229)
24 more per 1000 (26 fewer to 93 more)
Very low
It is uncertain whether the number of people who experience adverse events is different with AS than OS.
Federica Letteri
neurofisiopatologia
Luis Rafael Moscote-Salazar


FIXED EFFECT META-ANALYSIS
Fixed effects model assumes that the true effect of treatment is common in each study.
$\hat{y} = \frac{\sum w_i \cdot (1/SE_i)}{\sum (1/SE_i)}$
$w_i = 1/SE_i$


Grading quality of evidence
Factors determining the quality of evidence
Type of evidence
• Randomized trial: high
• Observational study: low
• Any other evidence: very low
Decrease grade if:
• Limitation to study quality (risk of bias): ↓1 or 2 levels
• Inconsistency (heterogeneity): ↓1 or 2 levels
• Uncertainty about directness: ↓1 or 2 levels
• Imprecise or sparse data : ↓1 or 2 levels
• High probability of reporting bias: ↓1 or 2 levels
Increase grade if:
• Strong evidence of association—significant relative risk of >2 (<0.5) based on consistent evidence from two or more observational studies, with no plausible confounders (+1 level)
• Very strong evidence of association—significant relative risk of >5 (<0.2) based on direct evidence with no major threats to validity (↑2 levels)
• Evidence of a dose response gradient (↑1 level)