

SUPPLEMENTAL DIGITAL CONTENT 13

This table also appears in the Supplemental Digital Content 2 in the complete set of evidence tools.

Table 59. Stress ulcer prophylaxis compared to no prophylaxis in critically ill patients

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Question: Stress ulcer prophylaxis compared to no prophylaxis in critically ill patients

Setting: ICU

Bibliography: Krag M, Perner A, Wetterslev J, Wise MP, Hylander Moller M: Stress ulcer prophylaxis versus placebo or no prophylaxis in critically ill patients. A systematic review of randomized clinical trials with meta-analysis and trial sequential analysis. Intensive care medicine 2014, 40:11-22.

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	stress ulcer prophylaxis	no prophylaxis	Relative (95% CI)	Absolute (95% CI)		
Clinically important bleeding												
22	randomized trials	serious ¹	not serious ²	not serious	serious ³	none	67/1001 (6.7%)	161/970 (16.6%)	RR 0.44 (0.28 to 0.68)	93 fewer per 1000 (from 53 fewer to 120 fewer)	⊕⊕○○ LOW ^{1 2 3}	CRITICAL
Mortality												
17	randomized trials	not serious	not serious	not serious	serious ⁴	none	155/806 (19.2%)	164/798 (20.6%)	RR 1.00 (0.84 to 1.20)	0 fewer per 1000 (from 33 fewer to 41 more)	⊕⊕⊕○ MODERATE ⁴	CRITICAL
Pneumonia												
7	randomized trials	serious ¹	not serious	not serious	serious ²	none	64/510 (12.5%)	56/498 (11.2%)	RR 1.23 (0.86 to 1.78)	26 more per 1000 (from 16 fewer to 88 more)	⊕⊕○○ LOW ^{1 5}	CRITICAL

MD – mean difference, RR – relative risk

1. We downgraded by one level for risk of bias, majority of studies were unblinded.
2. Although $I^2 = 48\%$, we considered this as mild heterogeneity and we did not downgrade the quality of evidence
3. We downgraded by one level, due to small number of events (number of events 228)
4. We downgraded by one level, the confidence interval contained significant benefit and harm (95% CI 0.84, 1.20)
5. We downgraded by one level, the confidence interval contained significant benefit and harm (95 % CI 0.86–1.78)