

SUPPLEMENTAL DIGITAL CONTENT 16

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

Table 71. Post pyloric feeding compared to Gastric feeding in patients with sepsis

Author(s): Alhazzani W, Mcintyre L, Angus D


Date: November 30 2015

Question: Post pyloric feeding compared to Gastric feeding in patients with sepsis

Setting: Intensive Care Unit

Bibliography: Alhazzani W, Almasoud A, Jaeschke R, Lo BW, Sindi A, Altayyar S et al. Small bowel feeding and risk of pneumonia in adult critically ill patients: a systematic review and meta-analysis of randomized trials. Crit Care. 2013;17(4):R127. doi:10.1186/cc12806.

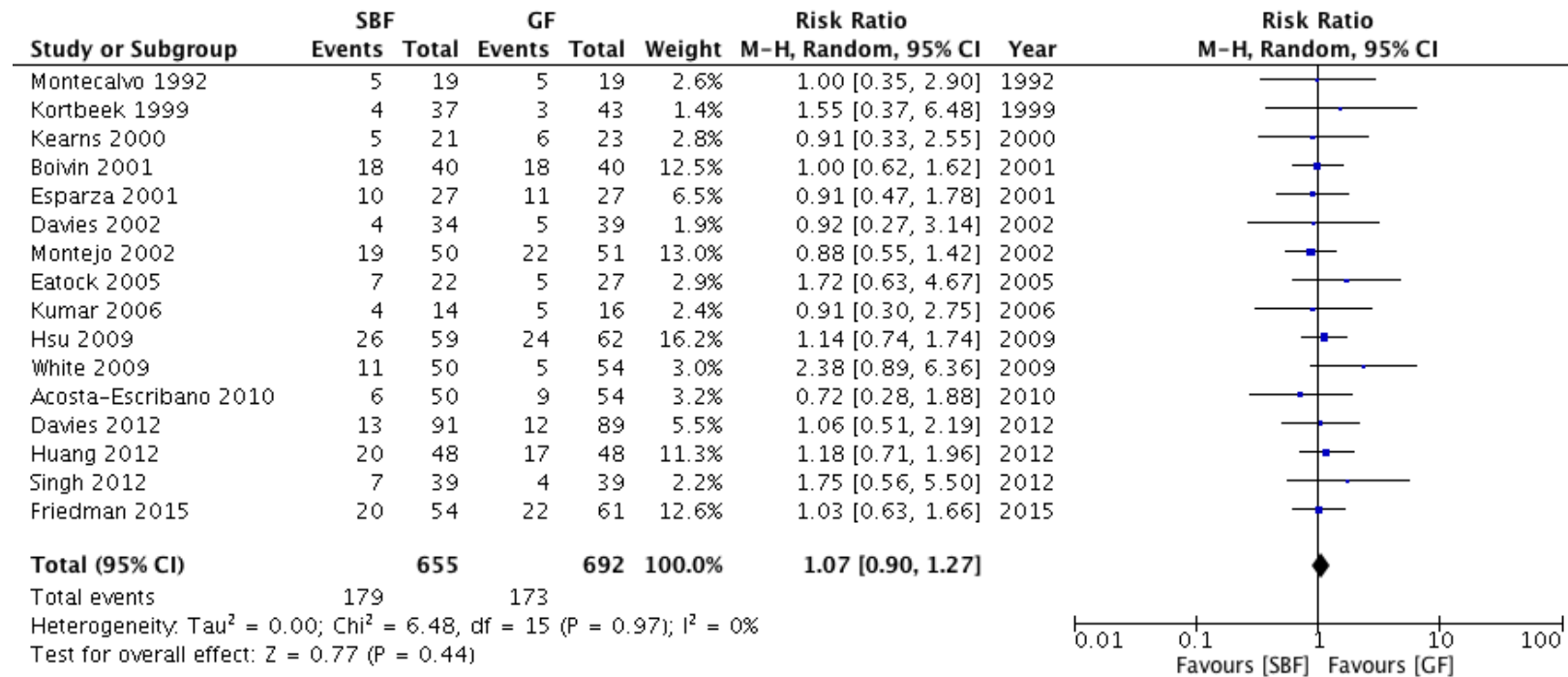
No of studies	Study design	Risk of bias	Quality assessment				Other considerations	No of patients		Effect		Quality	Importance
			Inconsistency	Indirectness	Imprecision			Post pyloric feeding	Gastric feeding	Relative (95% CI)	Absolute (95% CI)		
Pneumonia													
14	randomized trials	serious ¹	not serious	not serious	serious ²	none	90/540 (16.7%)	128/569 (22.5%)	RR 0.75 (0.59 to 0.94)	25 fewer per 1000 (from 6 fewer to 41 fewer) ³	⊕⊕○○ LOW	CRITICAL	
Mortality													
16	randomized trials	not serious	not serious	not serious	serious ⁴	none	179/655 (27.3%)	173/692 (25.0%)	RR 1.07 (0.90 to 1.27)	18 more per 1000 (from 25 fewer to 68 more)	⊕⊕⊕○ MODERATE	CRITICAL	
Aspiration													
7	randomized trials	serious ⁵	not serious	not serious	serious ⁶	none	17/263 (6.5%)	33/279 (11.8%)	RR 0.81 (0.39 to 1.71)	22 fewer per 1000 (from 72 fewer to 84 more)	⊕⊕○○ LOW	CRITICAL	

Vomiting												
7	randomized trials	serious ⁵	not serious ⁷	not serious	serious ⁸	none	64/322 (19.9%)	83/346 (24.0%)	RR 0.94 (0.63 to 1.40)	14 fewer per 1000 (from 89 fewer to 96 more)	 LOW	CRITICAL

MD – mean difference, RR – relative risk

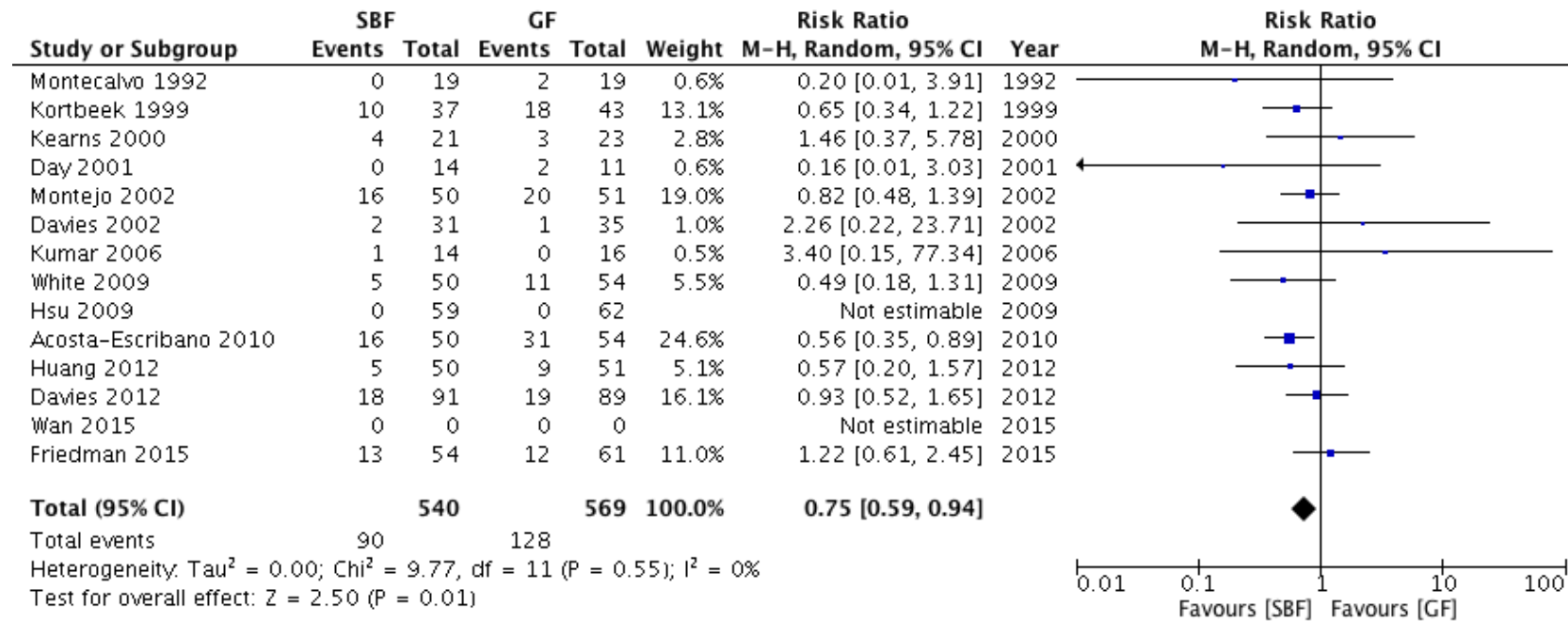
1. We downgraded the quality of evidence by one level for risk of bias, most RCTs were unblinded and pneumonia definition varied between studies
2. We downgraded the quality of evidence by one level for imprecision, the CI included small benefit
3. We used a control group event rate of 10%
4. We downgraded the quality of evidence by one level for imprecision, the CI contained both significant benefit and harm
5. We downgraded the quality of evidence by one level for risk of bias, this is because of poor outcome definition and risk of ascertainment bias
6. We downgraded the quality of evidence by one level for imprecision, the CI contained significant benefit and harm
7. Although the $I^2=48\%$, we did not downgrade for inconsistency, because we considered this as minimal heterogeneity
8. We downgraded the quality of evidence by one level for imprecision, the CI contained significant benefit and harm

Figure 53. Small bowel feeding versus gastric feeding in critically ill patients: Mortality Outcome



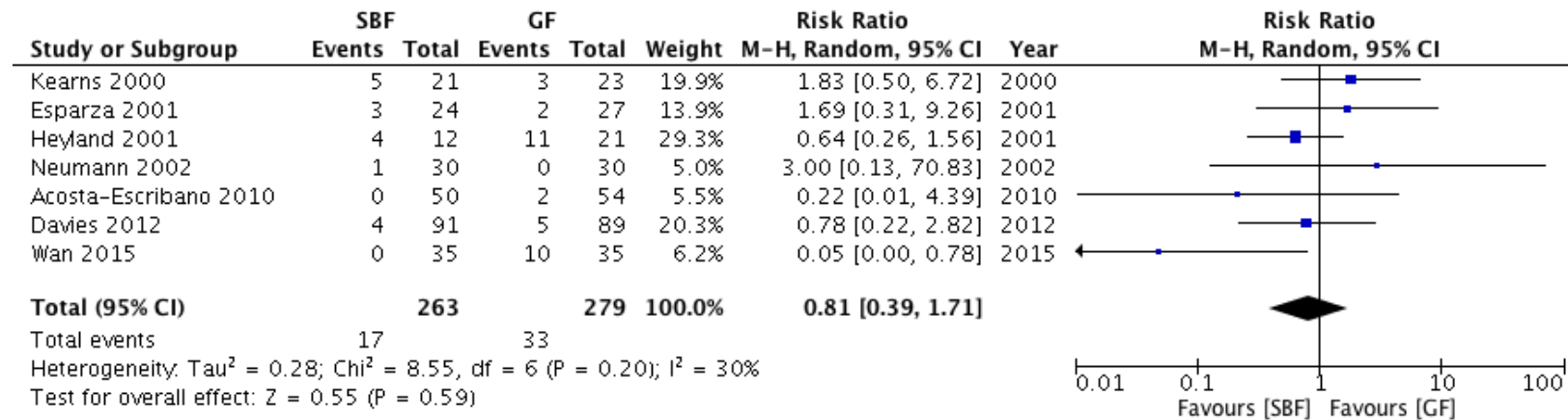
M-H: Mantel-Haenszel; **SBF:** Small bowel feeding; **GF:** Gastric feeding

Figure 54. Small bowel feeding versus gastric feeding in critically ill patients: pneumonia Outcome



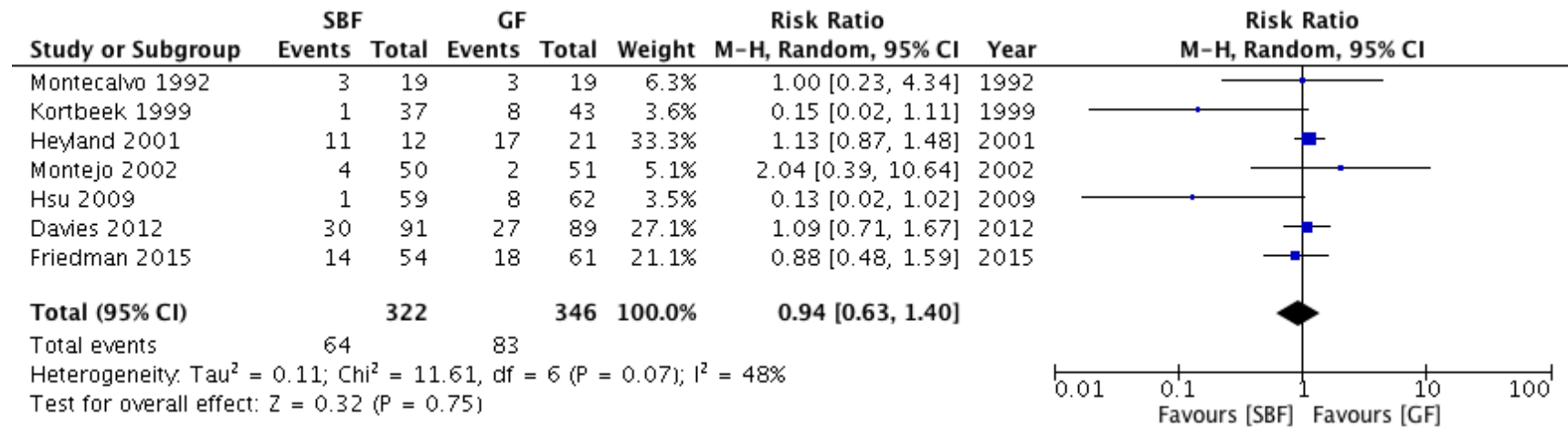
M-H: Mantel-Haenszel; **SBF:** Small bowel feeding; **GF:** Gastric feeding

Figure 55. Small bowel feeding versus gastric feeding in critically ill patients: Aspiration Outcome



M-H: Mantel-Haenszel; **SBF:** Small bowel feeding; **GF:** Gastric feeding

Figure 56. Small bowel feeding versus gastric feeding in critically ill patients: Vomiting Outcome



M-H: Mantel-Haenszel; SBF: Small bowel feeding; GF: Gastric feeding