

SUPPLEMENTAL DIGITAL CONTENT 4

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

Table 6. Targeted Higher MP (>65 mmHg) compared to Lower MAP (65 mmHg) in Patients with sepsis or septic shock

Author(s): Alhazzani W, Annane D

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Question: Targeted Higher MP (>65 mmHg) compared to Lower MAP (65 mmHg) in Patients with sepsis or septic shock

Setting: ICU

Bibliography: Asfar P, Meziani F, Hamel JF, et al. High versus low blood-pressure target in patients with septic shock. The New England journal of medicine. Apr 24 2014;370(17):1583-1593.

No of studies	Study design	Quality assessment					No of patients		Effect		Quality	Importance
		Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	targeted Higher MP (>65 mmHg)	Lower MAP (65 mmHg)	Relative (95% CI)	Absolute (95% CI)		
Mortality at 28 days												
1	randomized trials	not serious	not serious	not serious	serious ¹	none	142/388 (36.6%)	132/388 (34.0%)	HR 1.07 (0.84 to 1.38)	19 more per 1000 (from 45 fewer to 96 more)	⊕⊕⊕○ MODERATE	CRITICAL
Mortality at 90 days												

1	randomized trials	not serious	not serious	not serious	serious ²	none	170/388 (43.8%)	164/388 (42.3%)	HR 1.04 (0.83 to 1.30)	13 more per 1000 (from 57 fewer to 88 more)	⊕⊕⊕○ MODERATE	CRITICAL
Adverse events												
1	randomized trials	not serious	not serious	not serious	serious ²	none	74/388 (19.1%)	69/388 (17.8%)	RR 1.07 (0.80 to 1.44)	12 more per 1000 (from 36 fewer to 78 more)	⊕⊕⊕○ MODERATE	IMPORTANT

MD – mean difference, RR – relative risk, HR– hazard ratio

1. We downgraded the quality of evidence by one level for imprecision, the CI contained significant benefit and harm
2. We downgraded the quality of evidence by one level for imprecision, the CI contained significant benefit and harm

We downgraded the quality of evidence for risk of bias, this is a subgroup analysis from a single study, although authors used stratified randomization and a priori hypothesis we decided to downgrade for risk of bias