

SUPPLEMENTAL DIGITAL CONTENT 9

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

Table 7. Norepinephrine compared to other vasopressors in patients with septic shock

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Question: NE compared to other vasopressors in patients with septic shock

Setting: ICU

Bibliography: Avni T, Lador A, Lev S, Leibovici L, Paul M, Grossman A. Vasopressors for the Treatment of Septic Shock: Systematic Review and Meta-Analysis. PLoS One. 2015;10(8):e0129305.

Gamper G, Havel C, Arrich J, Losert H, Pace NL, Müllner M, Herkner H. Vasopressors for hypotensive shock. The Cochrane Library. 2016 Feb 15.

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	NE	other vasopressors	Relative (95% CI)	Absolute (95% CI)		
Mortality – NE vs. Other vasopressors												
19	randomized trials	not serious	not serious	not serious	not serious	none	716/1431 (50.0%)	762/1486 (51.3%)	RR 0.97 (0.91 to 1.04)	15 fewer per 1000 (from 21 more to 46 fewer)	⊕⊕⊕⊕ HIGH	CRITICAL
Mortality - NE vs. PE												
2	randomized trials	serious ¹	not serious	not serious	very serious ²	none ³	24/43 (55.8%)	26/43 (60.5%)	RR 0.92 (0.64 to 1.32)	48 fewer per 1000 (from 193 more to 218 fewer)	⊕○○○ VERY LOW	CRITICAL

Mortality - NE vs. Epinephrine												
4	randomized trials ⁴	not serious	not serious	not serious	very serious ⁵	none ³	95/277 (34.3%)	94/263 (35.7%)	RR 0.96 (0.77 to 1.21)	14 fewer per 1,000 (from 75 more to 82 fewer)	⊕⊕○○ LOW	CRITICAL
Mortality - NE vs. AVP												
3	randomized trials	not serious	not serious	not serious	serious ⁶	none ³	196/397 (49.4%)	182/415 (43.9%)	RR 1.12 (0.98 to 1.29)	53 more per 1000 (from 9 fewer to 127 more) 53 more per 1000 (from 9 fewer to 127 more)	⊕⊕⊕○ MODERATE	CRITICAL

CI: Confidence interval; RR: Risk ratio, PE: phenylephrine, NE: Norepinephrine, AVP: vasopressin

1. We downgraded the quality of evidence by one level for risk of bias, the two studies were judged to be at high and unclear risk of bias.
2. We downgraded the quality of evidence for imprecision by two levels, the CI was very wide
3. We could not reliably assess for publication bias due to small number of included studies
4. Data from Avni T, Lador A, Lev S, Leibovici L, Paul M, Grossman A. Vasopressors for the Treatment of Septic Shock: Systematic Review and Meta-Analysis. PLoS One. 2015;10(8):e0129305.
5. We downgraded the quality of evidence for imprecision by two levels, the CI is wide and small number of events
6. We downgraded the quality of evidence by one level for imprecision, the confidence interval contains significant benefit and harm