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

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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.

Quality assessment								Nº of patients		ffect	Quality	Importance
Nº of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Post pyloric feeding	Gastric feeding	Relative (95% CI)	Absolute (95% CI)		
Pneumo	nia											
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	⊕⊕CC 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
Aspiratio	n						•		•			
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)	⊕⊕CC LOW	CRITICAL

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

MD – mean difference, RR – relative risk

- 1. We downgraded the quality of evidence by one level for risk of bias, most RCTs were unblended 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 I²=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

	SBF		GF			Risk Ratio			Risk Ratio	
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% CI	Year		M-H, Random, 95% CI	
Montecalvo 1992	5	19	5	19	2.6%	1.00 [0.35, 2.90]	1992			_
Kortbeek 1999	4	37	3	43	1.4%	1.55 [0.37, 6.48]	1999			
Kearns 2000	5	21	6	23	2.8%	0.91 [0.33, 2.55]	2000			
Boivin 2001	18	40	18	40	12.5%	1.00 [0.62, 1.62]	2001		-	
Esparza 2001	10	27	11	27	6.5%	0.91 [0.47, 1.78]	2001			
Davies 2002	4	34	5	39	1.9%	0.92 [0.27, 3.14]	2002			
Montejo 2002	19	50	22	51	13.0%	0.88 [0.55, 1.42]	2002			
Eatock 2005	7	22	5	27	2.9%	1.72 [0.63, 4.67]	2005			
Kumar 2006	4	14	5	16	2.4%	0.91 [0.30, 2.75]	2006			
Hsu 2009	26	59	24	62	16.2%	1.14 [0.74, 1.74]	2009		-	
White 2009	11	50	5	54	3.0%	2.38 [0.89, 6.36]	2009		-	
Acosta-Escribano 2010	6	50	9	54	3.2%	0.72 [0.28, 1.88]				
Davies 2012	13	91	12	89	5.5%	1.06 [0.51, 2.19]	2012			
Huang 2012	20	48	17	48	11.3%	1.18 [0.71, 1.96]	2012			
Singh 2012	7	39	4	39	2.2%	1.75 [0.56, 5.50]	2012			
Friedman 2015	20	54	22	61	12.6%	1.03 [0.63, 1.66]			+	
Total (95% CI)		655		692	100.0%	1.07 [0.90, 1.27]			•	
Total events	179		173							
Heterogeneity: Tau ² = 0.0	00: Chi ² =	= 6.48,	df = 15	(P = 0.	97); l ² =	0%		-		ı
Test for overall effect: Z =		-		,	.,			0.01	0.1 1 10 100	
	2 V		•						Favours [SBF] Favours [GF]	

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

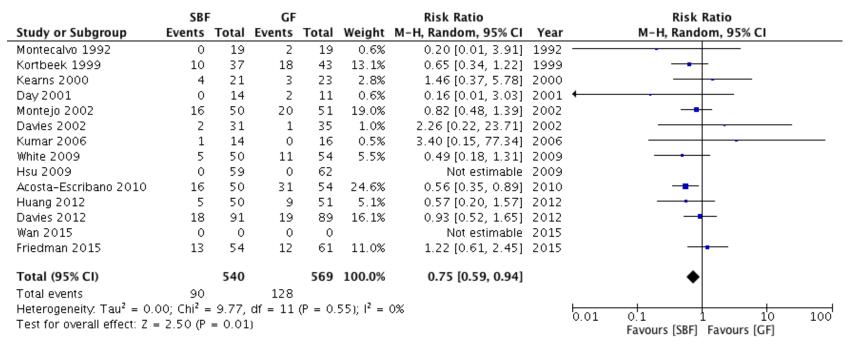


Figure 55. Small bowel feeding versus gastric feeding in critically ill patients: Aspiration Outcome

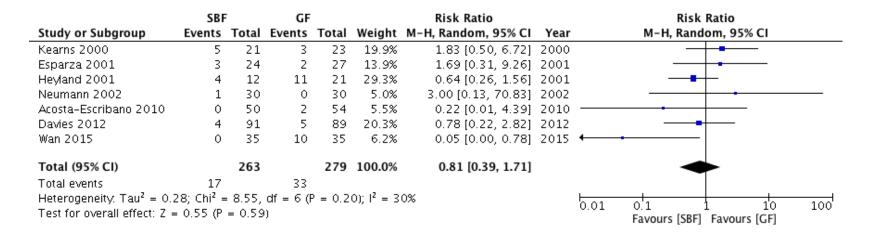


Figure 56. Small bowel feeding versus gastric feeding in critically ill patients: Vomiting Outcome

