**Supplemental Digital Content 2. TREATMENT QUESTIONS EVIDENCE SUMMARY**

**Community Acquired Pneumonia**

**Forest Plot –** Siemieniuk R, Meade M, Alonso-Coello P, et al. Corticosteroid therapy for patients hospitalized with community-acquired pneumonia: a systematic review and meta-analysis. Annals Internal Medicine 2016:163(7):519-28.

**Evidence Profile for corticosteroids in CAP**

| **Quality assessment** | | | | | | | **№ of patients** | | **Effect** | | **Quality** | **Importance** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **№ of studies** | **Study design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **corticosteorids** | **placebo** | **Relative (95% CI)** | **Absolute (95% CI)** |
| Mortality (assessed with: In-Hospital) | | | | | | | | | | | | |
| 12 | randomised trials | not serious | not serious | not serious | serious 1 | none | 52/977 (5.3%) | 79/997 (7.9%) | **RR 0.67** (0.45 to 1.01) | **26 fewer per 1000** (from 1 more to 44 fewer) | ⨁⨁⨁◯ MODERATE | CRITICAL |
| Need for mechanical ventilation | | | | | | | | | | | | |
| 5 | randomised trials | not serious | not serious | not serious | serious 2 | none | 17/550 (3.1%) | 29/510 (5.7%) | **RR 0.45** (0.26 to 0.79) | **31 fewer per 1000** (from 12 fewer to 42 fewer) | ⨁⨁⨁◯ MODERATE | CRITICAL |
| Duration of Hospitalization (assessed with: days) | | | | | | | | | | | | |
| 6 | randomised trials | not serious | not serious | not serious | not serious | none |  |  | - | MD **1 day lower** (1.79 lower to 0.21 lower) | ⨁⨁⨁⨁ HIGH | CRITICAL |
| Hyperglycemia requiring treatment | | | | | | | | | | | | |
| 6 | randomised trials | not serious | not serious | not serious | not serious | none | 88/640 (13.8%) | 50/640 (7.8%) | **RR 1.49** (1.01 to 2.19) | **38 more per 1000** (from 1 more to 93 more) | ⨁⨁⨁⨁ HIGH | IMPORTANT |

**CI:** Confidence interval; **RR:** Risk ratio; **MD:** Mean difference

1. Wide confidence intervals do not exclude harm.
2. Small number of events.

**Influenza**

**Forest Plots -** Rodrigo C, Leonardi-Bee J,Nguyen-Van-Tam J, LimWS.Corticosteroids as adjunctive therapy in the treatment of influenza.

Cochrane Database of Systematic Reviews 2016, Issue 3. Art. No.: CD010406. DOI: 10.1002/14651858.CD010406.pub2.

**Evidence Profile for corticosteroids in Influenza**

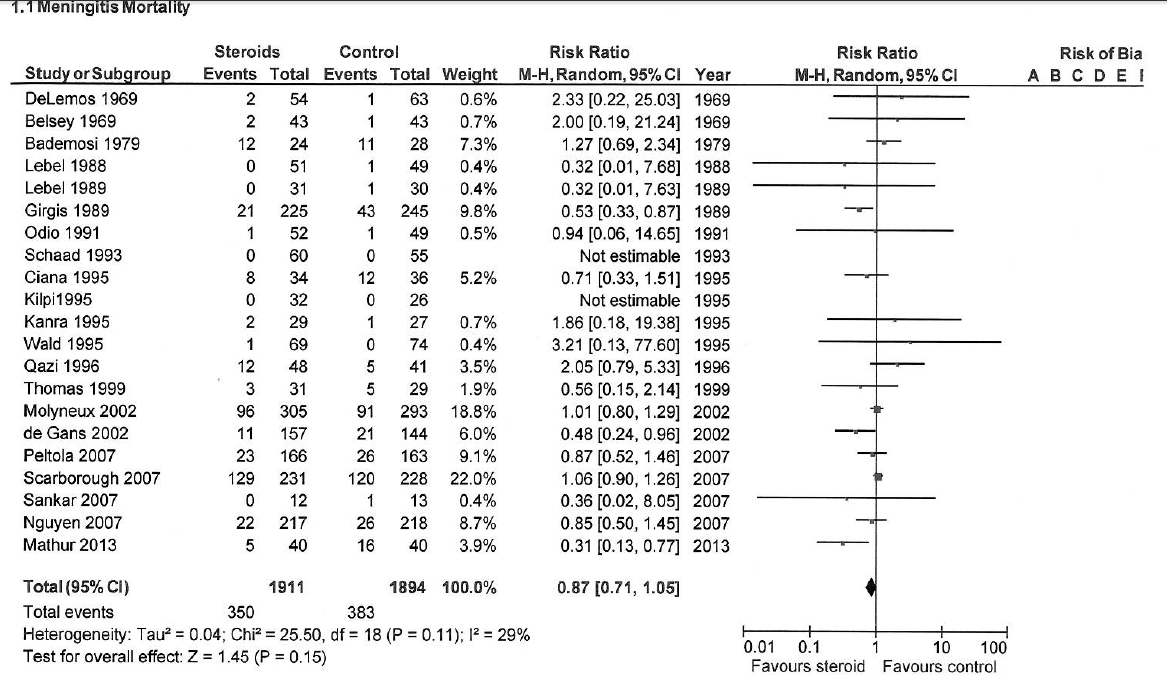
| **Quality assessment** | | | | | | | **№ of patients** | | **Effect** | | **Quality** | **Importance** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **№ of studies** | **Study design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **corticosteroids** | **placebo** | **Relative (95% CI)** | **Absolute (95% CI)** |
| Mortality (assessed with: in-hospital) | | | | | | | | | | | | |
| 4 | observational studies | not serious 1 | not serious | serious 2 | not serious | strong association |  |  | **OR 2.82** (1.61 to 4.92) | **3 fewer per 1000** (from 2 fewer to 5 fewer) | ⨁⨁◯◯ LOW | CRITICAL |

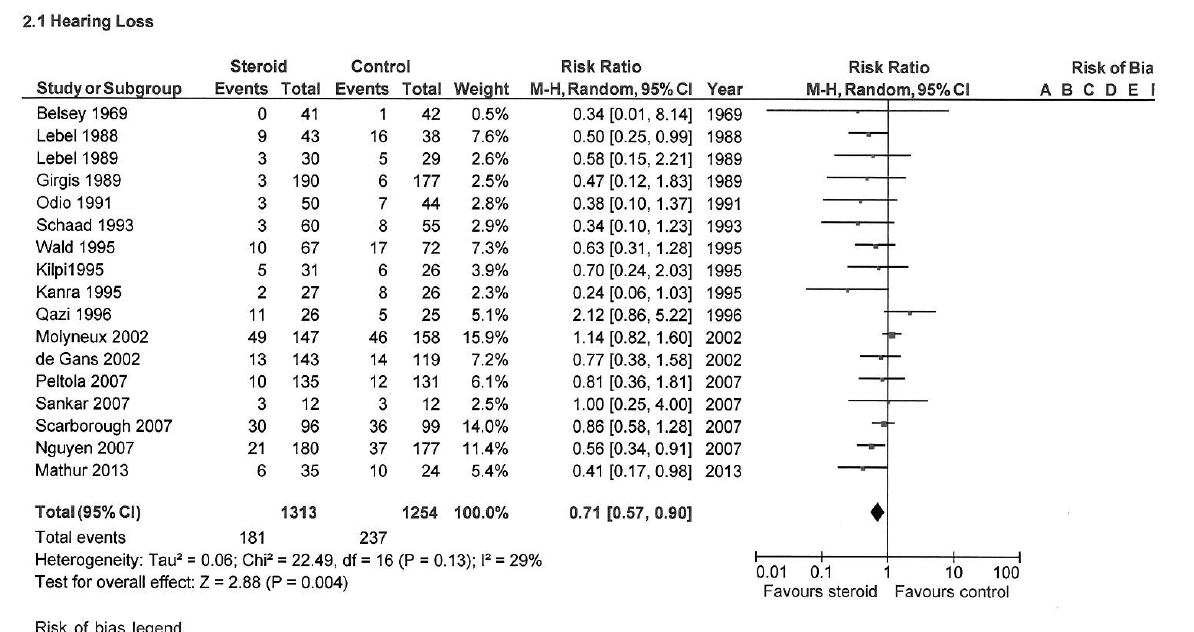
**CI:** Confidence interval; **OR:** Odds ratio

1. All 4 trials found to be low risk of bias according to Ottawa-Newcastle scale.
2. Variable dosing regimes and duration of therapy. 2 included studies were only done in ICU, 2 were hospital wide - although analysis was adjusted for severity.

**Meningitis**

**Forest Plots**

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**Evidence Profile for corticosteroids in meningitis**

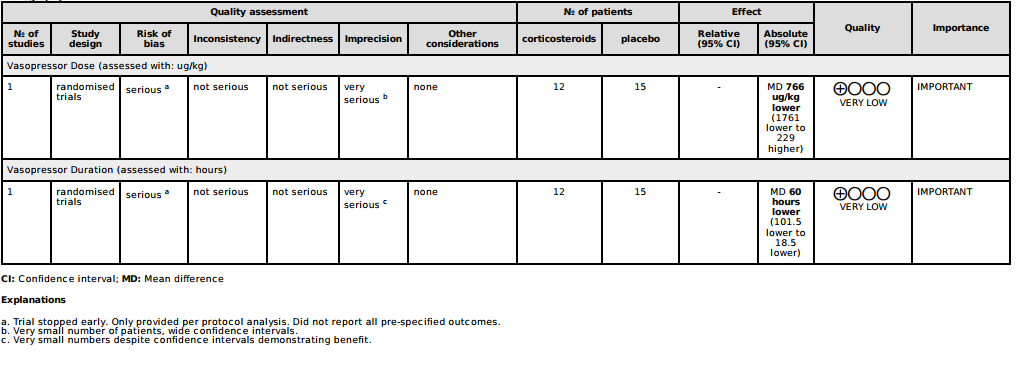
| **Quality assessment** | | | | | | | **№ of patients** | | **Effect** | | **Quality** | **Importance** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **№ of studies** | **Study design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **corticosteroids** | **placebo** | **Relative (95% CI)** | **Absolute (95% CI)** |
| Mortality | | | | | | | | | | | | |
| 21 | randomised trials | serious 1 | not serious | not serious | serious 2 | none | 350/1911 (18.3%) | 383/1894 (20.2%) | **RR 0.87** (0.71 to 1.05) | **26 fewer per 1000** (from 10 more to 59 fewer) | ⨁⨁◯◯ LOW | CRITICAL |
| Hearing Loss | | | | | | | | | | | | |
| 17 | randomised trials | serious 3 | not serious | not serious | not serious | none | 181/1313 (13.8%) | 237/1254 (18.9%) | **RR 0.71** (0.57 to 0.90) | **55 fewer per 1000** (from 19 fewer to 81 fewer) | ⨁⨁⨁◯ MODERATE | CRITICAL |

**CI:** Confidence interval; **RR:** Risk ratio

1. 5/21 studies judged to be of high ROB. Many small single center trials.
2. Confidence intervals do not exclude harm.
3. 3/17 studies judged to be of high ROB. Many small single center trials included.

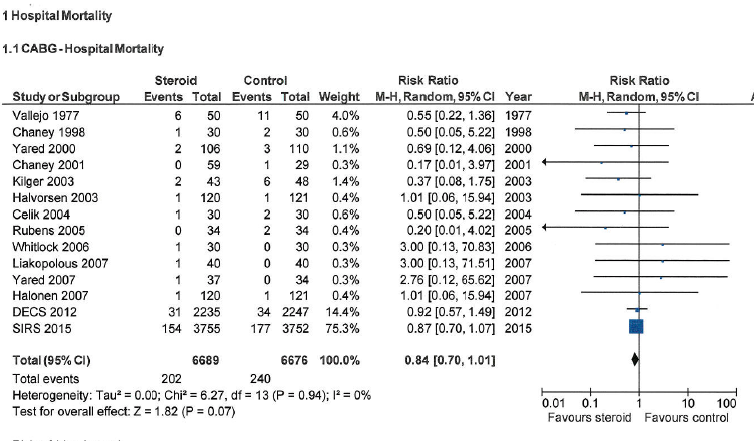
**Burns**

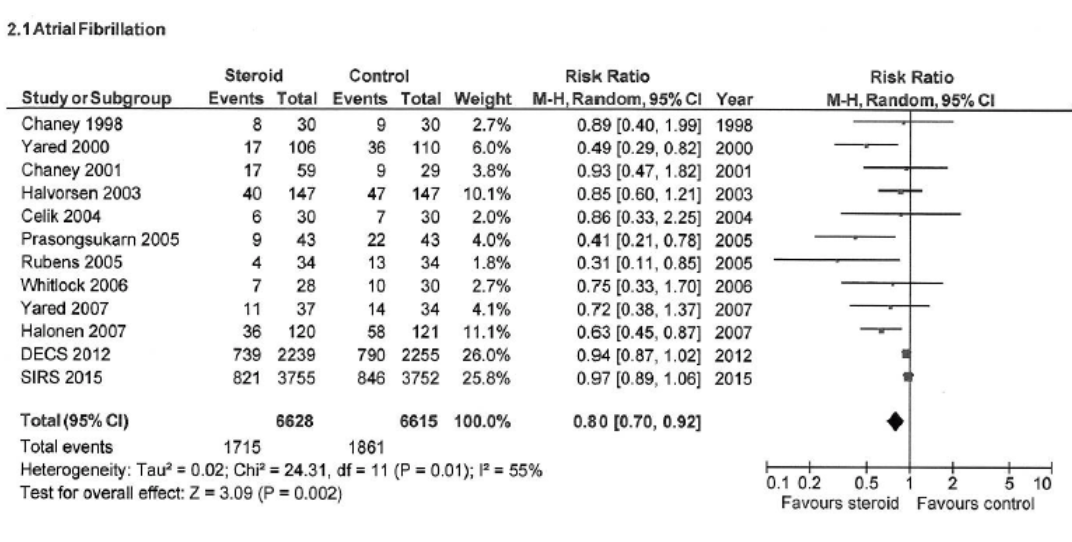
**Evidence Profile for corticosteroids in burns with shock**



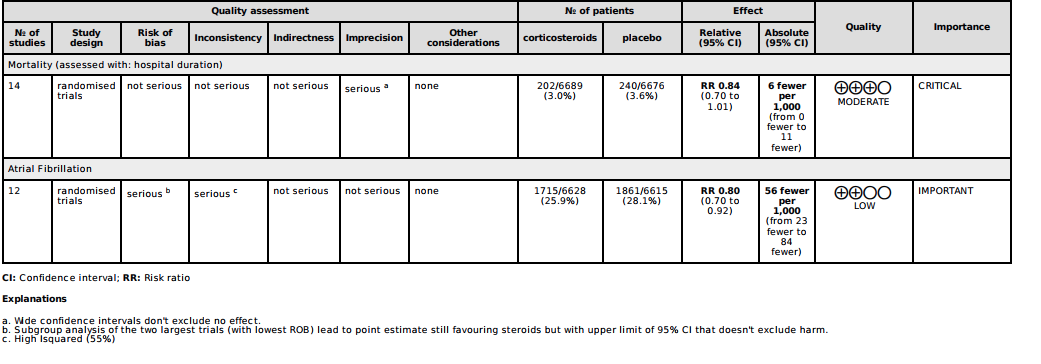
**Cardiopulmonary Bypass Surgery**

**Forest Plots**

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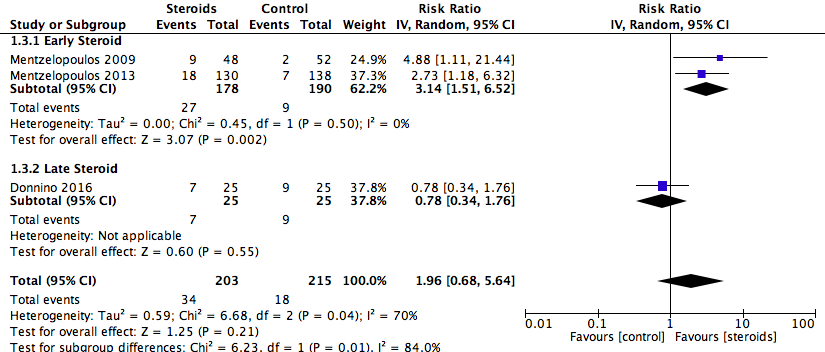
**Evidence Profile for corticosteroids in Cardiopulmonary Bypass Surgery**



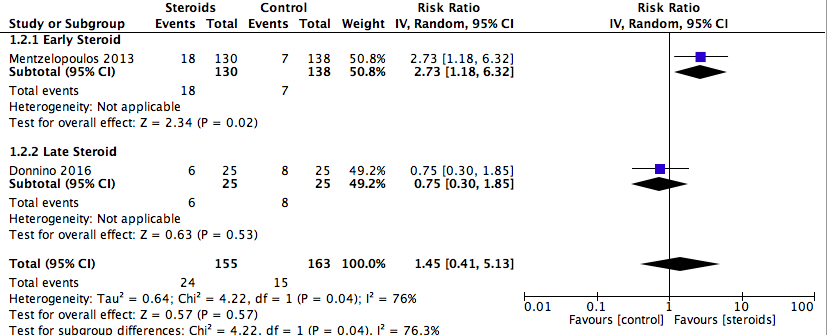
**Cardiac Arrest**

**Forest Plots**

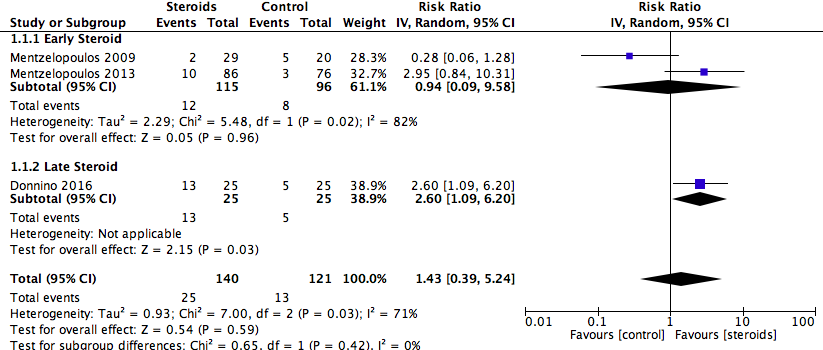
Survival Hospital Discharge



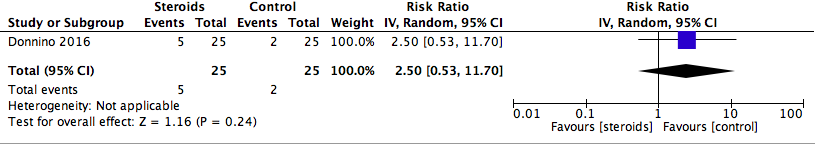
Good Neuro Outcome



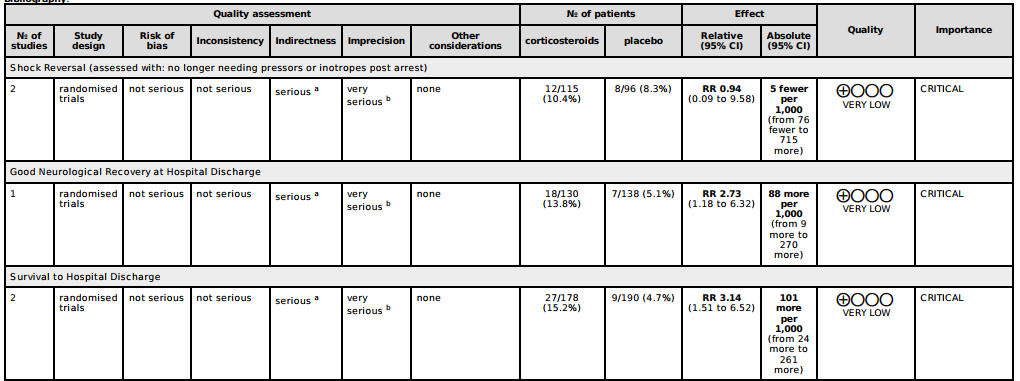
Shock Reversal

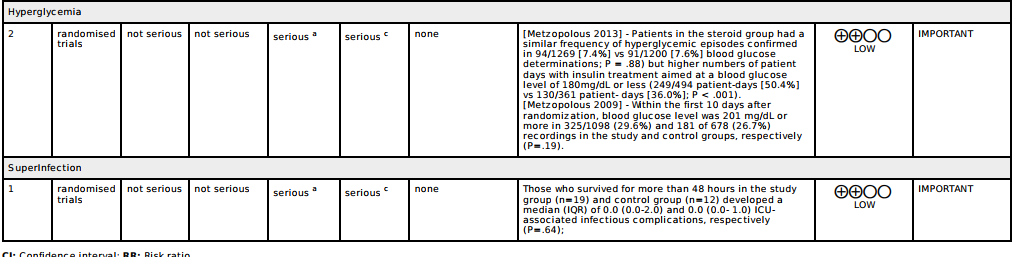


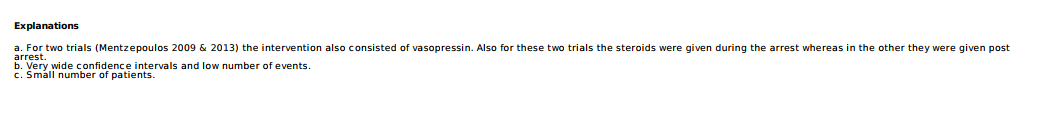
Any Bleeding



**Evidence Profile for corticosteroids in cardiac arrest**



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