# Appendix Table 4. EtD for MAP target recommendation

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| --- | --- |
| Question | |
| **Should mean arterial pressure target 65 mmHg vs. other be used for acute and chronic liver failure?** | |
| **Population:** | ALF or ACLF |
| **Intervention:** | mean arterial pressure target 65 mmHg |
| **Comparison:** | other |
| **Main outcomes:** | Mortality; |

Assessment

|  |  |  |
| --- | --- | --- |
| Problem Is the problem a priority? | | |
| Judgement | Research evidence | Additional considerations |
| ○ No ○ Probably no ○ Probably yes ● Yes ○ Varies ○ Don't know | | **Outcomes** | **№ of participants (studies) Follow up** | **Certainty of the evidence (GRADE)** | **Relative effect (95% CI)** | **Anticipated absolute effects\* (95% CI)** | | | --- | --- | --- | --- | --- | --- | | **Risk with other** | **Risk difference with mean arterial pressure target 65 mmHg** | | Mortality follow up: 28 days | 891 (2 RCTs) | ⨁◯◯◯ VERY LOWa,b,c | **OR 1.15** (0.87 to 1.52) | Study population | | | 362 per 1,000 | **33 more per 1,000** (31 fewer to 101 more) |  1. Both trials were not blinded. Co-interventions could have varied. 2. Both trials in patents with septic and vasodilatory shock, not limited to patients with acute or chronic liver failure. 3. Confidence interval includes significant benefit and harm. |  |
| Desirable Effects How substantial are the desirable anticipated effects? | | |
| Judgement | Research evidence | Additional considerations |
| ○ Trivial ○ Small ○ Moderate ○ Large ○ Varies ○ Don't know |  |  |
| Undesirable Effects How substantial are the undesirable anticipated effects? | | |
| Judgement | Research evidence | Additional considerations |
| ○ Large ○ Moderate ○ Small ○ Trivial ○ Varies ○ Don't know |  |  |
| Certainty of evidence What is the overall certainty of the evidence of effects? | | |
| Judgement | Research evidence | Additional considerations |
| ● Very low ○ Low ○ Moderate ○ High ○ No included studies | | **Outcomes** | **№ of participants (studies) Follow up** | **Certainty of the evidence (GRADE)** | **Relative effect (95% CI)** | **Anticipated absolute effects\* (95% CI)** | | | --- | --- | --- | --- | --- | --- | | **Risk with other** | **Risk difference with mean arterial pressure target 65 mmHg** | | Mortality follow up: 28 days | 891 (2 RCTs) | ⨁◯◯◯ VERY LOWa,b,c | **OR 1.15** (0.87 to 1.52) | Study population | | | 362 per 1,000 | **33 more per 1,000** (31 fewer to 101 more) |  1. Both trials were not blinded. Co-interventions could have varied. 2. Both trials in patents with septic and vasodilatory shock, not limited to patients with acute or chronic liver failure. 3. Confidence interval includes significant benefit and harm. |  |
| Values Is there important uncertainty about or variability in how much people value the main outcomes? | | |
| Judgement | Research evidence | Additional considerations |
| ○ Important uncertainty or variability ○ Possibly important uncertainty or variability ○ Probably no important uncertainty or variability ○ No important uncertainty or variability |  |  |
| Balance of effects Does the balance between desirable and undesirable effects favor the intervention or the comparison? | | |
| Judgement | Research evidence | Additional considerations |
| ○ Favors the comparison ○ Probably favors the comparison ○ Does not favor either the intervention or the comparison ○ Probably favors the intervention ○ Favors the intervention ○ Varies ○ Don't know |  |  |
| Resources required How large are the resource requirements (costs)? | | |
| Judgement | Research evidence | Additional considerations |
| ○ Large costs ○ Moderate costs ○ Negligible costs and savings ○ Moderate savings ○ Large savings ○ Varies ○ Don't know |  |  |
| Certainty of evidence of required resources What is the certainty of the evidence of resource requirements (costs)? | | |
| Judgement | Research evidence | Additional considerations |
| ○ Very low ○ Low ○ Moderate ○ High ○ No included studies |  |  |
| Cost effectiveness Does the cost-effectiveness of the intervention favor the intervention or the comparison? | | |
| Judgement | Research evidence | Additional considerations |
| ○ Favors the comparison ○ Probably favors the comparison ○ Does not favor either the intervention or the comparison ○ Probably favors the intervention ○ Favors the intervention ○ Varies ○ No included studies |  |  |
| Equity What would be the impact on health equity? | | |
| Judgement | Research evidence | Additional considerations |
| ○ Reduced ○ Probably reduced ○ Probably no impact ○ Probably increased ○ Increased ○ Varies ○ Don't know |  |  |
| Acceptability Is the intervention acceptable to key stakeholders? | | |
| Judgement | Research evidence | Additional considerations |
| ○ No ○ Probably no ○ Probably yes ● Yes ○ Varies ○ Don't know |  |  |
| Feasibility Is the intervention feasible to implement? | | |
| Judgement | Research evidence | Additional considerations |
| ○ No ○ Probably no ○ Probably yes ● Yes ○ Varies ○ Don't know |  |  |

Summary of judgements

|  | **Judgement** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Problem** | No | Probably no | Probably yes | **Yes** |  | Varies | Don't know |
| **Desirable Effects** | Trivial | Small | Moderate | Large |  | Varies | Don't know |
| **Undesirable Effects** | Large | Moderate | Small | Trivial |  | Varies | Don't know |
| **Certainty of evidence** | **Very low** | Low | Moderate | High |  |  | No included studies |
| **Values** | Important uncertainty or variability | Possibly important uncertainty or variability | Probably no important uncertainty or variability | No important uncertainty or variability |  |  |  |
| **Balance of effects** | Favors the comparison | Probably favors the comparison | Does not favor either the intervention or the comparison | Probably favors the intervention | Favors the intervention | Varies | Don't know |
| **Resources required** | Large costs | Moderate costs | Negligible costs and savings | Moderate savings | Large savings | Varies | Don't know |
| **Certainty of evidence of required resources** | Very low | Low | Moderate | High |  |  | No included studies |
| **Cost effectiveness** | Favors the comparison | Probably favors the comparison | Does not favor either the intervention or the comparison | Probably favors the intervention | Favors the intervention | Varies | No included studies |
| **Equity** | Reduced | Probably reduced | Probably no impact | Probably increased | Increased | Varies | Don't know |
| **Acceptability** | No | Probably no | Probably yes | **Yes** |  | Varies | Don't know |
| **Feasibility** | No | Probably no | Probably yes | **Yes** |  | Varies | Don't know |

Type of recommendation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strong recommendation against the intervention | Conditional recommendation against the intervention | Conditional recommendation for either the intervention or the comparison | Conditional recommendation for the intervention | Strong recommendation for the intervention |
| ○ | ○ | ○ | ○ | ○ |

| Mean arterial pressure target 65 mmHg compared to other for acute and chronic liver failure  Bibliography: Lamontagne F, Day AG, Meade MO et al. Pooled analysis of higher versus lower blood pressure targets for vasopressor therapy septic and vasodilatory shock. Intensive Care Med. 2018 Jan; 44 (1): 12-21. | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Quality assessment** | | | | | | | **Summary of findings** | | | | |
| **№ of participants (studies) Follow-up** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Publication bias** | **Overall quality of evidence** | **Study event rates (%)** | | **Relative effect (95% CI)** | **Anticipated absolute effects** | |
| **With other** | **With mean arterial pressure target 65 mmHg** | **Risk with other** | **Risk difference with mean arterial pressure target 65 mmHg** |
| **Mortality (follow up: 28 days)** | | | | | | | | | | | |
| 891 (2 RCTs) | serious a | not serious | serious b | serious c | none | ⨁◯◯◯ VERY LOW | 161/445 (36.2%) | 148/446 (33.2%) | **OR 1.15** (0.87 to 1.52) | 362 per 1,000 | **33 more per 1,000** (from 31 fewer to 101 more) |

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

#### Explanations

a. Both trials were not blinded. Co-interventions could have varied.

b. Both trials in patents with septic and vasodilatory shock, not limited to patients with acute or chronic liver failure.

c. Confidence interval includes significant benefit and harm.