Table 17: Clinical evidence profile: comprehensive dietary advice versus basic dietary advice

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Comprehensive dietary advice	basic dietary advice	Relative (95% CI)	Absolute (95% CI)		
Flares at 6 months, better indicated by lower score												
1	randomised trials	serious [a]	not serious	not serious	very serious [b]	none	1/14 (7.1%)	2/15 (13.3%)	**RR 0.54** (0.05 to 5.28)	**61 fewer per 1,000** (from 127 fewer to 571 more)	⊕◯◯◯ VERY LOW	CRITICAL
Serum urate level (mmol/L) at 6 months, better indicated by lower score												
1	randomised trials	serious [a]	not serious	not serious	serious [b]	none	14	15	-	MD **0.03 higher** (0.02 lower to 0.08 higher)	⊕⊕◯◯ LOW	CRITICAL

a. Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

b. Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs. Established MIDs for SF-36 physical/mental- 3.75; GAQ - 6.5; GIS: gout concern overall – 7.2, GIS: unmet gout treatment need – 6.9, GIS: gout well-being during attack – 5.2 and GIS: gout concern during attack – 7.6; SF-6D – 0.041; MOS 20 – 20% change in scores; AIMS – 20% change in scores, HAQ-DI – 0.22; GRADE default MIDs used for all other outcomes. For dichotomous outcomes MIDs were taken to be RRs of 0.8 and 1.25. For continuous outcomes 0.5 x baseline SD for continuous outcomes. Where there was only one study 0.5 (SMD) was used for continuous outcomes.