PICO 5
Question: Should Midazolam vs Diazepam be used for epileptic seizures > 3-5 minutter?

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Midazolam	Diazepam	Relative (95% CI)	Absolute		
Anfaldskontrol (follow-up mean 10 minutter)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	181/274 (66.1%)	150/274 (54.7%)	RR 1.13 (0.99 to 1.26)	71 more per 1000 (from 5 fewer to 142 more)	⊕⊕OO LOW	CRITICAL
Respirationsinsufficiens (follow-up mean 10 minutter)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	6/274 (2.2%)	8/275 (2.9%)	RR 0.75 (-0.27 to 2.14)	7 fewer per 1000 (from 37 fewer to 33 more)	⊕⊕OO LOW	CRITICAL
Recidiv af kramper (follow-up mean 1 time)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	17/234 (7.3%)	32/224 (14.3%)	RR 0.5 (0.29 to 0.88)	71 fewer per 1000 (from 17 fewer to 101 fewer)	⊕⊕⊕O MODERATE	CRITICAL

[1] Manglende blinding
[2] 1 indeholdt i konfidensinterval

PICO 6
Question: Should Valproat vs phosphenytoin be used for status epilepticus?

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Valproat	Phosphenytoin	Relative (95% CI)	Absolute		
Ophør af kramper (follow-up 20 min)												
3	randomised trials	serious[1]	no serious inconsistency	serious[2]	serious[3]	none	110/134 (82.1%)	78/108 (72.2%)	RR 1.07 (0.91 to 1.24)	51 more per 1000 (from 65 fewer to 173 more)	⊕OOO VERY LOW	CRITICAL
Skadesvirkninger i form af behov for respiratorisk støtte												
3	randomised trials	serious[1]	no serious inconsistency	serious[2]	serious[3]	none	2/64 (3.1%)	3/73 (4.1%)	RR 0.96 (0.06 to 15.26)	2 fewer per 1000 (from 39 fewer to 586 more)	⊕OOO VERY LOW	CRITICAL

[1] Manglende blinding
[2] Både voksne og børn
[3] 1 er indeholdt i konfidensintervallet

PICO 8
Question: Epi kir vs med beh for Epilepsi

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Epi kir	Med beh	Relative (95% CI)	Absolute		
Anfaldsfrihed (follow-up mean 12-24 months)												
2	randomised trials	serious[1]	no serious inconsistency	serious[2]	serious[3]	none	26/55 (47.3%)	1/59 (1.7%)	RR 19.23 (3.91 to 94.47)	309 more per 1000 (from 49 more to 1000 more)	⊕OOO VERY LOW	CRITICAL
Skadevirkninger[4]												
2	randomised trials	serious[1]	no serious inconsistency	serious[2]	serious[3]	none	18/55 (32.7%)	16/63 (25.4%)	RR 1.33 (0.75 to 2.34)	84 more per 1000 (from 63 fewer to 340 more)	⊕OOO VERY LOW	CRITICAL

[1] Risiko for selektionsbias og manglende blinding
[2] Studierne inkluderer voksne (>16 år
[3] Meget brede sikkerhedsintervaller som bl.a. skyldes for lille stikprøvestørrelse i studiet af Engel et al. Studiet blev afbrud ved N=38t, da det viste sig umuligt at inkludere de planlagte 200 patienter.
[4] Skadesvirkningerne dækker over: Wiebe: Kirurgi: 12 (1 thalamus infarkt førende til sensorisk forstyrrelse på lår, 1 sårinfektion, 2 fald i verbal hukommelse, 7 depression og 1 psykose). AED kontrolgruppe: 9 (8 depression og 1 psykose). Engel: Kirurgi: 6 (2 MR fund med iskæmiske ændringer, 1 infarkt med forbigående sprogpåvirkning, 1 postoperativ kvalme, 1 blødning i subaraknoidalrum førende til shuntbehov, 1 skulderluksation og 1 fraktur under langids video-EEG monitorering).
AED kontrolgruppe: 7 (1 tonsillektomi, 1 dehydratio, 2 kramper og 3 status epilepticus).

PICO 9
Question: Should Ketogen diæt vs Other diæt be used for Epilepsi?

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Ketogen diæt	Other diæt	Relative (95% CI)	Absolute		
Reduction in seziure freq > 50% (follow-up median 3 months)												
4	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	-	-	-	-	⊕⊕OO LOW	CRITICAL
Bivirkninger												
4	randomised trials	serious[1]	serious[3]	no serious indirectness	serious[2]	none	-	-	-	-	⊕OOO VERY LOW	
								0%		-		

PICO 10 - børn
Question: Should VNS high vs VNS low be used for Epilepsi?

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	VNS high	VNS low	Relative (95% CI)	Absolute		
Reduction in seziure freq > 50% (follow-up mean 20 weeks)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	3/19 (15.8%)	4/20 (20%)	OR 0.75 (0.14 to 3.9)	42 fewer per 1000 (from 166 fewer to 294 more)	⊕OOO VERY LOW	CRITICAL

[1] Manglende blinding
[2] Lille studie. N=39 og kun et studie

PICO 10 - voksne
Question: Should High vs Low be used for Epilepsi?

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	High	Low	Relative (95% CI)	Absolute		
Seziure reduction > 50% (follow-up mean 3 months)												
3	randomised trials	serious[1]	no serious inconsistency	serious[2]	no serious imprecision	none	47/167 (28.1%)	31/185 (16.8%)	OR 1.95 (1.16 to 3.27)	114 more per 1000 (from 22 more to 229 more)	⊕⊕OO LOW	CRITICAL
								0%		-		

[1] Manglende blinding
[2] Evidensen gælder kun for voksne