CQ10-1 (GRADE)

P: Critically ill patients under mechanical ventilation (sepsis, respiratory failure, heart failure, burn, major surgery)
I: Analgesia-first sedation protocol
C: Conventional management, hypnotic-based sedation protocol
O: Mortality, length of mechanical ventilation, ventilator free days, length of ICU stay, serious adverse event, delirium, agitation

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)		
Mortality												
5	randomised trials	not serious	not serious	serious	serious	none	119/511 (23.3%)	126/501 (25.1%)	**RR 0.93** (0.75 to 1.14)	**18 fewer per 1,000** (from 63 fewer to 35 more)	⨁⨁◯◯ Low	CRITICAL
Length of mechanical ventilation												
6	randomised trials	serious	serious	serious	serious	none	554	536	-	**MD 8.99 day lower** (from 20.66 lower to 2.68 higher)	⨁◯◯◯ Very low	CRITICAL
Ventilator free days												
1	randomised trials	not serious	not serious	serious	serious	none	55	58	-	**MD 4.2 day higher** (from 0.32 higher to 8.08 higher)	⨁⨁◯◯ Low	CRITICAL
Length of ICU stay												
6	randomised trials	serious	not serious	serious	serious	none	554	536	-	**MD 15.15 hour lower** (from 26.08 lower to 4.22 lower)	⨁◯◯◯ Very low	CRITICAL
Serious complication												
7	randomised trials	not serious	not serious	serious	serious	none	47/647 (7.3%)	55/649 (8.5%)	**RR 0.85** (0.58 to 1.23)	**13 fewer per 1,000** (from 36 fewer to 19 more)	⨁⨁◯◯ Low	CRITICAL
Delirium												
1	randomised trials	serious	not serious	serious	serious	none	7/40 (17.5%)	9/39 (23.1%)	**RR 0.76** (0.31 to 1.84)	**55 fewer per 1,000** (from 159 fewer to 194 more)	⨁◯◯◯ Very low	CRITICAL

	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
ACCEPTABILITY	No	Probably no	**Probably yes**	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	**Yes**		Varies	Don't know

CQ10-2 (GRADE)

P: Patients under mechanical ventilation
I: Propofol or dexmedetomidine
C: Benzodiazepine
O: Agitation, length of mechanical ventilation, length of ICU stay, mortality, accidental extubation

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)		
Agitation												
2	randomised trials	serious	not serious	not serious	serious	none	78/317 (24.6%)	99/315 (31.4%)	**RR 0.79** (0.62 to 1.01)	**66 fewer per 1,000** (from 119 fewer to 3 more)	⨁⨁◯◯ Low	CRITICAL
Length of mechanical ventilation												
7	randomised trials	serious	serious	not serious	serious	none	668	546	-	**MD 1.56 day lower** (from 2.46 lower to 0.67 lower)	⨁◯◯◯ Very low	CRITICAL
Length of ICU stay												
11	randomised trials	serious	not serious	not serious	serious	none	816	698	-	**MD 2.06 day lower** (from 2.72 lower to 1.39 lower)	⨁⨁◯◯ Low	CRITICAL
Mortality												
10	randomised trials	serious	not serious	not serious	not serious	none	190/848 (22.4%)	157/725 (21.7%)	**RR 1.02** (0.85 to 1.23)	**4 more per 1,000** (from 32 fewer to 50 more)	⨁◯◯◯ Very low	CRITICAL
Accidental extubation												
3	randomised trials	serious	not serious	not serious	serious	none	20/179 (11.2%)	15/180 (8.3%)	**RR 1.37** (0.74 to 2.54)	**31 more per 1,000** (from 22 fewer to 128 more)	⨁⨁◯◯ Low	CRITICAL

	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
ACCEPTABILITY	No	Probably no	**Probably yes**	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	**Yes**		Varies	Don't know

CQ10-3 (GRADE)

P: Patients under mechanical ventilation
I: Light sedation
C: Deep sedation
O: Length of mechanical ventilation, length of ICU stay, mortality, accidental extubation

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)		
Length of mechanical ventilation												
2	randomised trials	serious	not serious	not serious	serious	none	133	124	-	**MD 2.49 day lower** (from 4.43 lower to 0.54 lower)	⨁⨁◯◯ Low	CRITICAL
Length of ICU stay												
2	randomised trials	serious	not serious	not serious	serious	none	133	124	-	**MD 3.34 day lower** (from 6.09 lower to 0.60 lower)	⨁⨁◯◯ Low	CRITICAL
Mortality												
2	randomised trials	serious	not serious	not serious	serious	none	36/133 (27.1%)	39/124 (31.5%)	**RR 0.82** (0.57 to 1.19)	**57 fewer per 1,000** (from 135 fewer to 60 more)	⨁⨁◯◯ Low	CRITICAL
Accidental extubation												
1	randomised trials	serious	not serious	not serious	very serious	none	2/68 (2.9%)	4/60 (6.7%)	**RR 0.44** (0.08 to 2.32)	**37 fewer per 1,000** (from 61 fewer to 88 more)	⨁◯◯◯ Very low	CRITICAL

	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
ACCEPTABILITY	No	Probably no	**Probably yes**	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	**Probably yes**	Yes		Varies	Don't know

CQ10-4 (GRADE)

P: Critically ill patients under mechanical ventilation (sepsis, respiratory failure, heart failure, burn, major surgery)
I: Dexmedetomidine, haloperidol, atypical antipsychotics, statin
C: Placebo
O: Mortality, cognitive disorder after ICU discharge, delirium, length of delirium (delirium free days), length of ICU stay, serious adverse event

Dexmedetomidine

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)		
Mortality												
4	randomised trials	serious	not serious	not serious	serious	none	148/530 (27.9%)	164/531 (30.9%)	**RR 0.91** (0.76 to 1.09)	**28 fewer per 1,000** (from 74 fewer to 28 more)	⨁⨁◯◯ Low	CRITICAL
Cognitive disorder after ICU discharge (modified telephone interview for cognitive status: TICS-m)												
1	randomised trials	serious	not serious	serious	serious	none	221	213	-	**MD 4.7 higher** (from 3.78 higher to 5.62 higher)	⨁◯◯◯ Very low	CRITICAL
Length of delirium												
1	randomised trials	serious	not serious	not serious	very serious	none	50	50	-	**MD 0.2 day lower** (from 0.86 lower to 0.46 higher)	⨁◯◯◯ Very low	CRITICAL
Delirium												
7	randomised trials	serious	serious	not serious	not serious	none	128/829 (15.4%)	247/829 (29.8%)	**RR 0.48** (0.32 to 0.72)	**155 fewer per 1,000** (from 203 fewer to 83 fewer)	⨁⨁◯◯ Low	CRITICAL
Serious adverse events (acute coronary syndrome, pneumonia)												
2	randomised trials	serious	not serious	not serious	serious	none	3/130 (2.3%)	10/131 (7.6%)	**RR 0.31** (0.09 to 1.11)	**53 fewer per 1,000** (from 69 fewer to 8 more)	⨁⨁◯◯ Low	CRITICAL
Length of ICU stay												
5	randomised trials	serious	serious	not serious	serious	none	570	571	-	**MD 1.55 day lower** (from 3.82 lower to 0.72 higher)	⨁◯◯◯ Very low	IMPORTANT

Dexmedetomidine

	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
ACCEPTABILITY	No	Probably no	**Probably yes**	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	**Yes**		Varies	Don't know

Haloperidol

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)		
Mortality												
7	randomised trials	not serious	not serious	serious	not serious	none	190/1199 (15.8%)	192/1172 (16.4%)	**RR 0.97** (0.81 to 1.16)	**5 fewer per 1,000** (from 31 fewer to 26 more)	⨁⨁⨁◯ Moderate	CRITICAL
Length of delirium												
3	randomised trials	not serious	not serious	serious	serious	none	174	173	-	**MD 0.02 higher** (from 0.23 lower to 0.27 higher)	⨁⨁◯◯ Low	CRITICAL
Delirium free days												
2	randomised trials	not serious	not serious	not serious	serious	none	803	777	-	**MD 0.66 lower** (from 1.42 lower to 0.11 higher)	⨁⨁⨁◯ Moderate	CRITICAL
Delirium												
5	randomised trials	not serious	not serious	serious	serious	none	316/1093 (28.9%)	326/1066 (30.6%)	**RR 0.89** (0.70 to 1.13)	**34 fewer per 1,000** (from 92 fewer to 40 more)	⨁⨁◯◯ Low	CRITICAL
Serious adverse events												
2	randomised trials	not serious	not serious	not serious	very serious	none	5/803 (0.6%)	6/777 (0.8%)	**RR 0.80** (0.24 to 2.66)	**2 fewer per 1,000** (from 6 fewer to 13 more)	⨁⨁◯◯ Low	CRITICAL
Length of ICU stay												
7	randomised trials	not serious	not serious	serious	not serious	none	1180	1153	-	**MD 0.07 lower** (from 0.26 lower to 0.11 higher)	⨁⨁⨁◯ Moderate	IMPORTANT

Haloperidol

	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
ACCEPTABILITY	No	Probably no	**Probably yes**	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	**Probably yes**	Yes		Varies	Don't know

Atypical antipsychotics

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)		
Mortality												
1	randomised trials	not serious	not serious	serious	very serious	none	4/30 (13.3%)	6/36 (16.7%)	**RR 0.80** (0.25 to 2.57)	**33 fewer per 1,000** (from 125 fewer to 262 more)	⨁◯◯◯ Very low	CRITICAL
Length of delirium												
2	randomised trials	not serious	not serious	serious	serious	none	37	53	-	**MD 0.01 day higher** (from 1.13 lower to 1.16 higher)	⨁⨁◯◯ Low	CRITICAL
Delirium free days												
1	randomised trials	not serious	not serious	serious	very serious	none	30	36	-	**MD 3.73 higher** (from 1.01 lower to 8.47 higher)	⨁◯◯◯ Very low	CRITICAL
Delirium												
2	randomised trials	not serious	not serious	serious	serious	none	14/114 (12.3%)	37/1113 (32.7%)	**RR 0.38** (0.22 to 0.66)	**203 fewer per 1,000** (from 255 fewer to 111 fewer)	⨁⨁◯◯ Low	CRITICAL
Length of ICU stay												
3	randomised trials	not serious	not serious	serious	serious	none	100	116	-	**MD 0.03 day lower** (from 0.67 lower to 0.61 higher)	⨁⨁◯◯ Low	IMPORTANT

Atypical antipsychotics

	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
ACCEPTABILITY	No	Probably no	**Probably yes**	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	**Probably yes**	Yes		Varies	Don't know

Statin

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)		
Mortality												
1	randomised trials	not serious	not serious	not serious	serious	none	30/71 (42.3%)	22/71 (31.0%)	**RR 1.36** (0.88 to 2.12)	**112 more per 1,000** (from 37 fewer to 347 more)	⨁⨁⨁◯ Moderate	CRITICAL
Cognitive disorder after ICU discharge												
1	randomised trials	very serious	not serious	serious	very serious	none	19/53 (35.8%)	29/77 (37.7%)	**RR 0.95** (0.60 to 1.51)	**19 fewer per 1,000** (from 151 fewer to 192 more)	⨁◯◯◯ Very low	CRITICAL
Delirium free days												
1	randomised trials	not serious	not serious	not serious	serious	none	71	71	-	**MD 1.1 lower** (from 4.74 lower to 2.54 higher)	⨁⨁⨁◯ Moderate	CRITICAL
Delirium												
1	randomised trials	not serious	not serious	not serious	serious	none	66/71 (93.0%)	67/71 (94.4%)	**RR 0.99** (0.90 to 1.07)	**9 fewer per 1,000** (from 94 fewer to 66 more)	⨁⨁⨁◯ Moderate	CRITICAL
Length of ICU stay												
1	randomised trials	very serious	not serious	serious	serious	none	164	165	-	**MD 1 day higher** (from 0.84 lower to 2.84 higher)	⨁◯◯◯ Very low	IMPORTANT
Serious adverse events												
1	randomised trials	not serious	not serious	not serious	very serious	none	0/71 (0.0%)	0/71 (0.0%)	not estimate		⨁⨁◯◯ Low	CRITICAL

Statin

	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
ACCEPTABILITY	No	Probably no	**Probably yes**	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	**Probably yes**	Yes		Varies	Don't know

CQ10-5 (GRADE)

P: Critically ill patients under mechanical ventilation (sepsis, respiratory failure, heart failure, burn, major surgery)
I: Dexmedetomidine, haloperidol, atypical antipsychotics
C: Placebo
O: Mortality, cognitive disorder after ICU discharge, delirium, length of delirium (delirium free days), length of ICU stay, serious adverse event

Dexmedetomidine

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)		
Mortality												
1	randomised trials	serious	not serious	not serious	very serious	none	2/39 (5.1%)	0/32 (0.0%)	**RR 4.13** (0.21 to 82.95)	**0 more per 1,000** (from 0 fewer to 0 more)	⨁◯◯◯ Very low	CRITICAL
Length of ICU stay												
1	randomised trials	serious	not serious	not serious	very serious	none	39	32	-	**MD 1.37 day lower** (from 3.82 lower to 1.08 higher)	⨁◯◯◯ Very low	IMPORTANT

Dexmedetomidine

	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
ACCEPTABILITY	No	Probably no	**Probably yes**	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	**Yes**		Varies	Don't know

Haloperidol

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)		
Mortality												
1	randomised trials	not serious	not serious	not serious	serious	none	73/192 (38.0%)	63/184 (34.2%)	**RR 1.11** (0.85 to 1.45)	**38** more **per 1,000** (from 51 fewer to 154 more)	⨁⨁⨁◯ Moderate	CRITICAL
Length of delirium												
1	randomised trials	not serious	not serious	not serious	serious	none	192	184	-	**MD 0.34 day lower** (from 1.18 lower to 0.5 higher)	⨁⨁⨁◯ Moderate	CRITICAL
Delirium free days												
1	randomised trials	not serious	not serious	not serious	very serious	none	192	184	-	**MD 0.33 day higher** (from 1.33 lower to 1.99 higher)	⨁⨁◯◯ Low	CRITICAL
Length of ICU stay												
1	randomised trials	not serious	not serious	not serious	very serious	none	192	184	-	**MD 0.33 day lower** (from 1.92 lower to 1.26 higher)	⨁⨁◯◯ Low	IMPORTANT

Haloperidol

	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
ACCEPTABILITY	No	Probably no	**Probably yes**	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	**Probably yes**	Yes		Varies	Don't know

Atypical antipsychotics

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)		
Mortality												
2	randomised trials	not serious	not serious	not serious	very serious	none	67/208 (32.2%)	66/202 (32.7%)	**RR 0.99** (0.75 to 1.30)	**3 fewer per 1,000** (from 82 fewer to 98 more)	⨁⨁◯◯ Low	CRITICAL
Length of delirium												
2	randomised trials	not serious	serious	not serious	serious	none	208	202	-	**MD 1.75 day lower** (from 4.31 lower to 0.81 higher)	⨁⨁◯◯ Low	CRITICAL
Delirium free days												
1	randomised trials	not serious	not serious	not serious	serious	none	190	184	-	**MD 1 day higher** (from 0.52 lower to 2.52 higher)	⨁⨁⨁◯ Moderate	CRITICAL
Length of ICU stay												
2	randomised trials	not serious	not serious	not serious	serious	none	208	202	-	**MD 1.1 day lower** (from 2.48 lower to 0.28 higher)	⨁⨁⨁◯ Moderate	IMPORTANT

Atypical antipsychotics

	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
ACCEPTABILITY	No	Probably no	**Probably yes**	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	**Probably yes**	Yes		Varies	Don't know

CQ10-6 (GRADE)

P: Critically ill patients under mechanical ventilation (sepsis, respiratory failure, heart failure, burn, major surgery)
I: Improvement of sleep (sleeping mask, earplug, improvement of circadian rhythm), promotion of awaking (glasses, hearing aid, improvement of disorientation), relaxation
C: No intervention
O: Mortality, cognitive disorder after ICU discharge, delirium, length of delirium (delirium free days), length of ICU stay, serious adverse event

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Treatment	Placebo	Relative (95% CI)	Absolute (95% CI)		
Mortality (longest observational period)												
4	randomised trials	serious	not serious	not serious	serious	none	80/447 (17.9%)	83/437 (19.0%)	**RR 0.92** (0.70 to 1.22)	**15 fewer per 1,000** (from 57 fewer to 42 more)	⨁⨁◯◯ Low	CRITICAL
Cognitive disorder after ICU discharge (MMSE)												
1	randomised trials	very serious	not serious	not serious	very serious	none	18	14	-	**MD 0.2 higher** (from 1.27 lower to 1.67 higher)	⨁◯◯◯ Very low	CRITICAL
Delirium free days												
2	randomised trials	very serious	not serious	not serious	serious	none	404	395	-	**MD 0.01 day higher** (from 1.22 lower to 1.24 higher)	⨁◯◯◯ Very low	CRITICAL
Delirium												
6	randomised trials	serious	serious	not serious	serious	none	156/510 (30.6%)	151/518 (29.2%)	**RR 0.85** (0.49 to 1.45)	**44 fewer per 1,000** (from 149 fewer to 131 more)	⨁◯◯◯ Very low	CRITICAL
Length of ICU stay												
5	randomised trials	very serious	not serious	not serious	serious	none	457	447	-	**MD 0.14 day lower** (from 1.06 lower to 0.79 higher)	⨁◯◯◯ Very low	IMPORTANT

	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
ACCEPTABILITY	No	Probably no	**Probably yes**	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	**Yes**		Varies	Don't know