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Question: Dexamethasone compared to no Dexamethasone for COVID-19

Setting:

Bibliography:

Certainty assessment							No of patients		Effect		Certainty	Importance
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Dexamethasone	no Dexamethasone	Relative (95% CI)	Absolute (95% CI)		
All-cause mortality (No Oxygen group) (follow up: median 28 days)												
1 ¹	randomised trials	serious ^a	not serious	not serious	serious ^b	none	501 participants	1034 participants	HR 1.22 (0.93 to 1.61) [All-cause mortality (No Oxygen group)]	26 more per 1,000 (from 9 fewer to 71 more)	⊕⊕○○ LOW	CRITICAL
							-	13.0%		26 more per 1,000 (from 9 fewer to 71 more)		
All-cause mortality (Oxygen only group) (follow up: median 28 days)												
1 ¹	randomised trials	not serious	not serious	not serious	serious ^c	none	1279 participants	2604 participants	HR 0.80 (0.70 to 0.92) [All-cause mortality (Oxygen only group)]	44 fewer per 1,000 (from 68 fewer to 17 fewer)	⊕⊕⊕○ MODERATE	CRITICAL
							-	25.0%		44 fewer per 1,000 (from 68 fewer to 17 fewer)		
All-cause mortality (Invasive ventilation group) (follow up: median 28 days)												
1 ¹	randomised trials	not serious	not serious	not serious	serious ^c	none	324 participants	683 participants	HR 0.65 (0.51 to 0.82) [All-cause mortality (Invasive ventilation group)]	120 fewer per 1,000 (from 174 fewer to 59 fewer)	⊕⊕⊕○ MODERATE	CRITICAL
							-	41.0%		120 fewer per 1,000 (from 174 fewer to 59 fewer)		

CI: Confidence interval; HR: Hazard Ratio

Explanations

- a. RoB due to post-hoc subgroup effect among persons not receiving supplemental oxygen.
- b. The 95%CI includes the potential for both small benefit, as well as appreciable harm.
- c. only one study (preprint)

References

1. P, Horby. Effect of dexamethasone in hospitalized patients with COVID-19: preliminary report.. medRxiv; 2020.