H.7.2 Self monitoring

RQ23a: What strategies and tools are useful for self-monitoring for people with AMD?

Number of RCTs	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect (95%CI)	Quality
Visual acuity (ETDRS letter) change from baseline to CNV event (higher values indicate better vision)								
1 (Chew E Y 2014)	RCT	Serious[1]	N/A	Not serious	Serious[2]	81	MD=5.20 (-1.48, 11.88)	LOW
Visual acuity (ETDRS letter) at CNV event (higher values indicate better vision)								
1 (Chew E Y 2014)	RCT	Serious[1]	N/A	Not serious	Serious[2]	81	MD=4.2 (-2.69, 11.09)	LOW
Percentage of participants maintaining 20/40 or better visual acuity								
1 (Chew E Y 2014)	RCT	Serious[1]	N/A	Not serious	Serious[2]	81	RR=1.31 (0.94, 1.81)	LOW
CNV detection rate								
1 (Chew E Y 2014)	RCT	Serious[1]	N/A	Not serious	Serious[2]	1520	RR=1.63 (1.06, 2.52)	LOW
Frequency of self-monitoring (VMS journal vs usual care control group)								
1 (Bittner A K 2014)	RCT	Very serious[3,4]	N/A	Not serious	Serious[2]	198	RR[5]=1.61 (1.25, 1.82)	VERY LOW
No confidence in self-monitoring (VMS journal vs usual care control group)								
1 (Bittner A K 2014)	RCT	Very serious[3,4]	N/A	Not serious	Not serious	198	RR[5]=0.31 (0.12, 0.69)	LOW

1. Downgraded one level for risk of bias due to early stoppage;
2. Downgraded one level for 95% confidence interval of estimated effect crossing 1 line of a defined minimal important difference
3. Downgraded one level for masking of participants and personnel not reported.
4. Downgraded one level for selection bias (baseline participants' characteristics not reported)
5. Note: Frequency of self-monitoring and no confidence in self-monitoring were reported as odd ratio (OR), which was converted to relative risk (RR). RR=OR/(1-probability +probability *OR)