PICO 2 KONDITIONSTRÆNING

Question: Kroppens Funktioner for Multipel Sklerose
Bibliography: Udholdenhedstræning for Multipel Sklerose. Cochrane Database of Systematic Reviews

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Kroppens Funktioner	Control	Relative (95% CI)	Absolute	Quality	Importance
header: **Quality assessment**							**No of patients**		**Effect**		**Quality**	**Importance**
b1300 Energiniveau - Fatigue: overordnet (measured with: FSS, MFIS total, POMS fatigue subscore, FSMCtotal; Better indicated by lower values)												
7	randomised trials	serious[1]	serious[2]	no serious indirectness	serious[3]	none	106	88	-	SMD 0.88 lower (1.66 to 0.1 lower)	⊕OOO VERY LOW	
b1300 Energiniveau - Fatigue: fysisk subscore (measured with: MFIS physical og FSMC physical; Better indicated by lower values)												
3	randomised trials	serious[2]	serious[1]	no serious indirectness	no serious imprecision	none	30	30	-	SMD 1.05 lower (2.85 lower to 0.74 higher)	⊕⊕OO LOW	
b498 Andre kardiovaskulære funktioner - Maksimal iltoptagelseshastighed (measured with: Direct maximal oxygen uptake in various exercise; Better indicated by higher values)												
4	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	73	54	-	SMD 0.48 higher (0.11 to 0.85 higher)	⊕⊕⊕O MODERATE	

[1] Blinding
[2] Heterogeneity: I^2 > 30%
[3] Imprecision

Question: Aktivitet for Multipel Sklerose
Bibliography: Udholdenhedstræning for Multipel Sklerose. Cochrane Database of Systematic Reviews

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Aktivitet	Control	Relative (95% CI)	Absolute	Quality	Importance
header: **Quality assessment**							**No of patients**		**Effect**		**Quality**	**Importance**
Omsorg for sig selv (Better indicated by lower values)												
0	No evidence available					none	0	-	-	not pooled		
d450 Gå - korte gangtest (sekunder) (measured with: 10meter Walk Test; Better indicated by lower values)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	18	18	-	MD 2.47 lower (3.59 to 1.36 lower)	⊕⊕⊕O MODERATE	
d450 Gå - lange gangtest (distance) (measured with: 2 and 6 minute Walk Test; Better indicated by higher values)												
5	randomised trials	serious[1]	serious[2]	no serious indirectness	no serious imprecision	none	68	43	-	SMD 0.21 higher (0.38 lower to 0.81 higher)	⊕⊕OO LOW	

[1] Blinding
[2] Heterogeneity: I^2 > 30%

Question: Deltagelse for Multipel Sklerose
Bibliography: Udholdenhedstræning for Multipel Sklerose. Cochrane Database of Systematic Reviews

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Deltagelse	Control	Relative (95% CI)	Absolute		
Interpersonelt samspil (Better indicated by lower values)												
0	No evidence available					none	0	-	-	not pooled		

Question: Livskvalitet for Multipel Sklerose
Bibliography: Udholdenhedstræning for Multipel Sklerose. Cochrane Database of Systematic Reviews

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Livskvalitet	Control	Relative (95% CI)	Absolute		
Livskvalitet - Overordnet (measured with: MSQoL & HAQUAMS; Better indicated by higher values)												
2	randomised trials	serious[1]	serious[2]	no serious indirectness	no serious imprecision	none	25	23	-	SMD 0.47 higher (0.51 lower to 1.46 higher)	⊕⊕OO LOW	
Livskvalitet - Fysisk subscore (measured with: MSQoL Physical Composite; Better indicated by higher values)												
2	randomised trials	serious[1]	serious[2]	no serious indirectness	no serious imprecision	none	20	21	-	MD 13.45 higher (2.83 lower to 29.73 higher)	⊕⊕OO LOW	

[1] Blinding
[2] Heterogeneity: I^2 > 30%

Question: Skadevirkninger for Multipel Sklerose
Bibliography: Udholdenhedstræning for Multipel Sklerose. Cochrane Database of Systematic Reviews

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Skadevirkninger	Control	Relative (95% CI)	Absolute		
Sygdomsforværring (measured with: EDSS; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	21	25	-	MD 0.9 higher (0.07 to 1.73 higher)	⊕⊕OO LOW	

[1] Blinding
[2] Kun et studie

Question: Kroppens Funktioner for Multipel Sklerose
Bibliography: ADL for Multipel Sklerose. Cochrane Database of Systematic Reviews

| No of studies | Design | Quality assessment | | | | | No of patients | | Effect | | Quality | Importance |
		Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Kroppens Funktioner	Control	Relative (95% CI)	Absolute		
Mentale funktioner (Better indicated by lower values)												
0	No evidence available					none	0	-	-	not pooled		
Depression (Better indicated by lower values)												
0	No evidence available					none	0	-	-	not pooled		

Question: Aktivitet for Multipel Sklerose
Bibliography: ADL for Multipel Sklerose. Cochrane Database of Systematic Reviews

| No of studies | Design | Quality assessment | | | | | No of patients | | Effect | | Quality | Importance |
		Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Aktivitet	Control	Relative (95% CI)	Absolute		
Bevægelse+Omsorg for sig selv (Better indicated by lower values)												
0	No evidence available					none	0	-	-	not pooled		
Bevægelse (Better indicated by lower values)												
0	No evidence available					none	0	-	-	not pooled		
Omsorg for sig selv (measured with: Barthel Index; Better indicated by higher values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	73	96	-	SMD 0 higher (0.3 lower to 0.3 higher)	⊕⊕OO LOW	

[1] Blinding
[2] Kun et studie

Question: Deltagelse for Multipel Sklerose
Bibliography: ADL for Multipel Sklerose. Cochrane Database of Systematic Reviews

| No of studies | Design | Quality assessment | | | | | No of patients | | Effect | | Quality | Importance |
		Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Deltagelse	Control	Relative (95% CI)	Absolute		
Deltagelse (Better indicated by lower values)												
0	No evidence available					none	0	-	-	not pooled		

Question: Livskvalitet for Multipel Sklerose
Bibliography: ADL for Multipel Sklerose. Cochrane Database of Systematic Reviews

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Livskvalitet	Control	Relative (95% CI)	Absolute	Quality	Importance
				Quality assessment			No of patients		Effect			
Livskvalitet (measured with: SF36: General Health; Better indicated by higher values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	73	96	-	SMD 0.04 higher (0.27 lower to 0.34 higher)	⊕⊕OO LOW	

[1] Blinding
[2] Kun et studie

Question: Skadevirkninger for Multipel Sklerose
Bibliography: ADL for Multipel Sklerose. Cochrane Database of Systematic Reviews

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Skadevirkninger	Control	Relative (95% CI)	Absolute	Quality	Importance
			Quality assessment				No of patients		Effect		Quality	Importance
Symptomforværring (Better indicated by lower values)												
0	No evidence available					none	0	-	-	not pooled		

PICO 3 STYRKETRÆNING

Question: Kroppens Funktioner for
Bibliography: Cochrane Database of Systematic Reviews

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Kroppens Funktioner	Control	Relative (95% CI)	Absolute	Quality	Importance
											Quality assessment → **No of patients** → **Effect**	
b730 Muskelstyrke - Maksimal muskelstyrke for knæeekstensorerne (measured with: Isometrisk og isokinetisk drejningsmoment, samt 1RM; Better indicated by higher values)												
5	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	111	92	-	SMD 0.43 higher (0.12 to 0.75 higher)	⊕⊕⊕O MODERATE	
b730 Muskelstyrke - Neuralt drive til m. vastus lateralis (measured with: Overflade EMG på m. vastus lateralis; Better indicated by higher values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	15	16	-	SMD 0.46 higher (0.26 lower to 1.17 higher)	⊕⊕OO LOW	
b740 Muskulær udholdenhed - Muskulærudholdenhed for knæekstensorerne (measured with: Antal gentagelser med given belastning; Better indicated by higher values)												
2	randomised trials	serious	no serious inconsistency	no serious indirectness	no serious imprecision	none	66	47	-	SMD 0.4 higher (0.02 to 0.79 higher)	⊕⊕⊕O MODERATE	
b735 Muskeltonus - Stivhed (measured with: Spørgskema - MSSS-88; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious	none	36	35	-	SMD 0.29 lower (0.76 lower to 0.18 higher)	⊕⊕⊕O MODERATE	
b735 Muskeltonus - Spasticitet (measured with: Spørgskema - MSSS-88; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[2]	none	36	35	-	SMD 0.43 lower (0.9 lower to 0.04 higher)	⊕⊕⊕O MODERATE	
b1300 Energiniveau - Fatigue: overordnet estimat (measured with: Spørgeskemaer: MFIStotal og FSS; Better indicated by lower values)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	None	51	51	-	SMD 0.23 lower (0.62 lower to 0.16 higher)	⊕⊕⊕O MODERATE	
b1300 Energiniveau - Fatigue: fysisk subscore estimat (measured with: Spørgeskemaer: MFISfysisk og MFI-20 fysisk; Better indicated by lower values)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	51	51	-	SMD 0.68 lower (1.14 to 0.22 lower)	⊕⊕⊕O MODERATE	

[1] Blinding
[2] Et studie

Question: Aktivitet for
Bibliography: Cochrane Database of Systematic Reviews

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Aktivitet	Control	Relative (95%	Absolute	Quality	Importance
											Quality assessment → **No of patients** → **Effect**	

									CI)			
Omsorg for sig selv (Better indicated by lower values)												
0	No evidence available					none	0	-	-	not pooled		
Bevægelse og færden - Gå - Korte gangtest (measured with: Målt med 10m gang test (hastighed); Better indicated by higher values)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	51	51	-	SMD 0.35 higher (0.04 lower to 0.74 higher)	⊕⊕⊕O MODERATE	
Bevægelse og færden - Gå - Lange gangtest (measured with: Målt med 2 og 6 minutters gangtest (distance); Better indicated by higher values)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	51	51	-	SMD 0.3 higher (0.09 lower to 0.69 higher)	⊕⊕⊕O MODERATE	
Bevægelse og færden - Ændre kropsstilling - Funktionstest (Målt med 'Timed up-n-go' og 'Chair stand test'; Better indicated by lower values)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	34	33	-	SMD 0.66 lower (1.16 to 0.17 lower)	⊕⊕⊕O MODERATE	

[1] Blinding

Question: Deltagelse for
Bibliography: Cochrane Database of Systematic Reviews

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Deltagelse	Control	Relative (95% CI)	Absolute		
Interpersonelt samspil (Better indicated by lower values)												
0	No evidence available					none	0	-	-	not pooled		

Question: Livskvalitet for
Bibliography: Cochrane Database of Systematic Reviews

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Livskvalitet	Control	Relative (95% CI)	Absolute		
Livskvalitet - Overall estimate from various measures (measured with: Målt med WHOQOL-BREF Overall QoL; Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	36	35	-	SMD 0.22 higher (0.25 lower to 0.69 higher)	⊕⊕⊕O MODERATE	
Livskvalitet - Physical estimate from various measures (measured with: Målt med de fysiske subscores fra SF-36 og WHOQOL-BREF; Better indicated by higher values)												
2	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	no serious imprecision	none	51	51	-	SMD 0.42 higher (0.03 to 0.81 higher)	⊕⊕⊕O MODERATE	

[1] et studie
[2] Blinding

Question: Skadevirkninger for
Bibliography: Cochrane Database of Systematic Reviews

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Skadevirkninger	Control	Relative (95% CI)	Absolute	Quality	Importance
			Quality assessment				No of patients		Effect		Quality	Importance
Sygdomsforværring - EDSS (measured with: Målt med EDSS-score; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	15	16	-	SMD 0.09 lower (0.79 lower to 0.62 higher)	⊕⊕⊕O MODERATE	

[1] et studie

PICO 4 TRÆNING I HVERDAGSAKTIVITETER

Question: Kroppens Funktioner for Multipel Sklerose
Bibliography: ADL for Multipel Sklerose. Cochrane Database of Systematic Reviews

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Kroppens Funktioner	Control	Relative (95% CI)	Absolute	Quality	Importance
				Quality assessment				**No of patients**	**Effect**			
Mentale funktioner (Better indicated by lower values)												
0	No evidence available					none	0	-	-	not pooled		
Depression (Better indicated by lower values)												
0	No evidence available					none	0	-	-	not pooled		

Question: Aktivitet for Multipel Sklerose
Bibliography: ADL for Multipel Sklerose. Cochrane Database of Systematic Reviews

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Aktivitet	Control	Relative (95% CI)	Absolute	Quality	Importance
				Quality assessment				**No of patients**	**Effect**			
Læring og anvendelse af viden, Almindelige opgaver og krav, Bevægelse og færden, Husførelse, Vigtige livsområder, Samfundsliv og socialt liv												
0	No evidence available					none	0	-	-	not pooled		
Omsorg for sig selv (measured with: Barthel Index; Better indicated by higher values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	73	96	-	SMD 0 higher (0.3 lower to 0.3 higher)	⊕⊕OO LOW	

[1] Blinding
[2] Kun et studie

Question: Deltagelse for Multipel Sklerose
Bibliography: ADL for Multipel Sklerose. Cochrane Database of Systematic Reviews

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Deltagelse	Control	Relative (95% CI)	Absolute	Quality	Importance
				Quality assessment				**No of patients**	**Effect**			
Deltagelse – interpersonelt samspil mv. (Better indicated by lower values)												
0	No evidence available					none	0	-	-	not pooled		

Question: Livskvalitet for Multipel Sklerose
Bibliography: ADL for Multipel Sklerose. Cochrane Database of Systematic Reviews

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Livskvalitet	Control	Relative (95% CI)	Absolute		
Livskvalitet (measured with: SF36: General Health; Better indicated by higher values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	73	96	-	SMD 0.04 higher (0.27 lower to 0.34 higher)	⊕⊕OO LOW	

[1] Blinding
[2] Kun et studie

Question: Skadevirkninger for Multipel Sklerose
Bibliography: ADL for Multipel Sklerose. Cochrane Database of Systematic Reviews

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Skadevirkninger	Control	Relative (95% CI)	Absolute		
Symptomforværring (Better indicated by lower values)												
0	No evidence available					none	0	-	-	not pooled		

PICO 5 RÅDGIVNING VEDRØRENDE FATIQUE

Question: Kroppens Funktioner for Multipel Sklerose
Bibliography: Energyconservation for Multipel Sklerose. Cochrane Database of Systematic Reviews

		Quality assessment					No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Kroppens Funktioner	Control	Relative (95% CI)	Absolute		
Fatigue (measured with: FIS og MFIS total score, samt Global Fatigue Severity fra FAI; Better indicated by lower values)												
7	randomised trials	serious[1]	serious[2]	no serious indirectness	no serious imprecision	none	250	244	-	SMD 0.34 lower (0.61 to 0.08 lower)	⊕⊕OO LOW	
Depression (measured with: BDI-Fast Scale; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[3]	no serious imprecision	none	13	10	-	SMD 0.24 higher (0.59 lower to 1.07 higher)	⊕⊕⊕O MODERATE	

[1] Blinding
[2] Heterogenitet: i^2 > 30%
[3] Kun et studie

Question: Aktivitet for Multipel Sklerose
Bibliography: Energyconservation for Multipel Sklerose. Cochrane Database of Systematic Reviews

		Quality assessment					No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Aktivitet	Control	Relative (95% CI)	Absolute		
Læring og anvendelse af viden, Almindelige opgaver og krav, Omsorg for sig selv, Bevægelse og færden, Husførelse, Vigtige livsområder, Samfundsliv og socialt liv												
0	No evidence available					none	0	-	-	not pooled		

Question: Deltagelse for Multipel Sklerose
Bibliography: Energyconservation for Multipel Sklerose. Cochrane Database of Systematic Reviews

		Quality assessment					No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Deltagelse	Control	Relative (95% CI)	Absolute		
Interpersonelt samspil (measured with: Impact on participation and autonomy questionnaire; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	no serious imprecision	none	28	23	-	SMD 0.1 lower (0.65 lower to 0.46 higher)	⊕⊕⊕O MODERATE	

[1] Kun et studie

Question: Livskvalitet for Multipel Sklerose
Bibliography: Energyconservation for Multipel Sklerose. Cochrane Database of Systematic Reviews

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Livskvalitet	Control	Relative (95% CI)	Absolute		
Livskvalitet (measured with: General Health subscore fra SF36; Better indicated by higher values)												
1	randomised trials	serious[1]	no serious inconsistency	serious[2]	no serious imprecision	none	89	92	-	SMD 0.22 higher (0.07 lower to 0.52 higher)	⊕⊕OO LOW	

[1] Blinding
[2] Kun et studie

Question: Symptomforværring for Multipel Sklerose
Bibliography: Energyconservation for Multipel Sklerose. Cochrane Database of Systematic Reviews [

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Symptomforværring	Control	Relative (95% CI)	Absolute		
Symptomforværring (Better indicated by lower values)												
0	No evidence available					none	0	-	-	not pooled		

PICO 6 BALANCETRÆNING

Question: Kroppens funktioner for Multipel Sklerose
Bibliography: Balance træning for Multipel Sklerose. Cochrane Database of Systematic Reviews

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Kroppens funktioner	Control	Relative (95% CI)	Absolute	Quality	Importance
Quality assessment							**No of patients**		**Effect**			
Balance (measured with: Bergs Balance Scale, Forceplatforms; Better indicated by higher values)												
4	randomised trials	serious[1]	serious[2]	no serious indirectness	no serious imprecision	none	108	56	-	SMD 0.95 higher (0.49 to 1.42 higher)	⊕⊕OO LOW	
Sensorisk Funktion (Better indicated by lower values)												
0	No evidence available					none	0	-	-	not pooled		

[1] Blinding
[2] Heterogenitet: $I^2 > 30$

Question: Aktiviteter for Multipel Sklerose
Bibliography: Balance træning for Multipel Sklerose. Cochrane Database of Systematic Reviews

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Aktiviteter	Control	Relative (95% CI)	Absolute	Quality	Importance
Quality assessment							**No of patients**		**Effect**			
Omsorg for sig selv (Better indicated by lower values)												
0	No evidence available					none	0	-	-	not pooled		
Mobilitet - lange gangtest (measured with: 6minutters gangtest; Better indicated by higher values)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	60	28	-	SMD 0.65 higher (0.14 to 1.16 higher)	⊕⊕⊕O MODERATE	
Mobilitet - korte gangtest (measured with: Timed 25ft Walk Test; Better indicated by lower values)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	58	56	-	MD 0.34 lower (0.88 lower to 0.19 higher)	⊕⊕⊕O MODERATE	
Mobilitet - funktionstest (measured with: Four step square test; Better indicated by lower values)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	58	56	-	SMD 0.03 lower (0.39 lower to 0.34 higher)	⊕⊕⊕O MODERATE	

[1] Blinding

Question: Deltagelse for Multipel Sklerose
Bibliography: Balance træning for Multipel Sklerose. Cochrane Database of Systematic Reviews

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Deltagelse	Control	Relative (95% CI)	Absolute		
Interpersonelt samspil (Better indicated by lower values)												
0	No evidence available					none	0	-	-	not pooled		

Question: Livskvalitet for Multipel Sklerose
Bibliography: Balance træning for Multipel Sklerose. Cochrane Database of Systematic Reviews

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Livskvalitet	Control	Relative (95% CI)	Absolute		
Livskvalitet (Better indicated by lower values)												
0	No evidence available					none	0	-	-	not pooled		

Question: Skadevirkninger for Multipel Sklerose
Bibliography: Balance træning for Multipel Sklerose. Cochrane Database of Systematic Reviews

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Skadevirkninger	Control	Relative (95% CI)	Absolute		
Sygdomsforværring (Better indicated by lower values)												
0	No evidence available					none	0	-	-	not pooled		
Fald (Better indicated by lower values)												
0	No evidence available					none	0	-	-	not pooled		

PICO 7 RÅDGIVNING VEDRØRENDE HUKOMMELSE

Question: Kroppens funktioner for Multipel Sklerose
Bibliography: Hukommelse for Multipel Sklerose. Cochrane Database of Systematic Reviews

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Kroppens funktioner	Control	Relative (95% CI)	Absolute	Quality	Importance
Quality assessment							No of patients		Effect			
Hukommelse - subjektive måleredskaber (measured with: Everyday memory questionnaire og Memory Functioning Questionnaire; Better indicated by higher values)												
3	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	103	111	-	SMD 0.01 higher (0.26 lower to 0.28 higher)	⊕⊕⊕O MODERATE	
Hukommelse - objektive måleredskaber (measured with: Hopkins Verbal Learning Test-revised og California Verbal Learning Test-II; Better indicated by higher values)												
2	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	no serious imprecision	none	59	55	-	SMD 0.31 higher (0.06 lower to 0.68 higher)	⊕⊕⊕O MODERATE	
Depression (measured with: Becks Depression Inventory, General Health Questionnaire, Chicago Multiscale Depression Inventory; Better indicated by lower values)												
4	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	147	152	-	SMD 0.01 lower (0.24 lower to 0.22 higher)	⊕⊕⊕O MODERATE	

[1] Blinding eller randomiserings/allokerings uklarheder
[2] Randomiserings/allokerings uklarheder

Author(s):
Date: 2014-12-04
Question: Aktiviteter for Multipel Sklerose
Settings:
Bibliography: Hukommelse for Multipel Sklerose. Cochrane Database of Systematic Reviews

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Aktiviteter	Control	Relative (95% CI)	Absolute	Quality	Importance
Quality assessment							No of patients		Effect			
Læring og anvendelse af viden, Almindelige opgaver og krav, Bevægelse og færden, Husførelse, Vigtige livsområder, Samfundsliv og socialt liv												
0	No evidence available					none	0	-	-	not pooled		
Omsorg for sig selv (measured with: Nottingham Extended ADL Scale; Better indicated by higher values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	73	77	-	SMD 0.13 lower (0.45 lower to 0.19 higher)	⊕⊕OO LOW	

[1] Blinding
[2] Kun et studie

Question: Deltagelse for Multipel Sklerose
Bibliography: Hukommelse for Multipel Sklerose. Cochrane Database of Systematic Reviews [

	Quality assessment						No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Deltagelse	Control	Relative (95% CI)	Absolute		
Interpersonelt samspil (Better indicated by lower values)												
0	No evidence available					none	0	-	-	not pooled		

Question: Livskvalitet for Multipel Sklerose
Bibliography: Hukommelse for Multipel Sklerose. Cochrane Database of Systematic Reviews

	Quality assessment						No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Livskvalitet	Control	Relative (95% CI)	Absolute		
Livskvalitet (measured with: Functional Assessment in MS General Contentment subscore og Mental Health Composite subscore fra SF36; Better indicated by higher values)												
2	randomised trials	serious[1]	serious[2]	no serious indirectness	no serious imprecision	none	118	118	-	SMD 0.31 higher (0.13 lower to 0.74 higher)	⊕⊕OO LOW	

[1] Blinding
[2] Heterogenitet: I^2 > 30%

Question: Skadesvirkninger for Multipel Sklerose
Bibliography: Hukommelse for Multipel Sklerose. Cochrane Database of Systematic Reviews

	Quality assessment						No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Skadesvirkninger	Control	Relative (95% CI)	Absolute		
Sygdomsforværring (Better indicated by lower values)												
0	No evidence available					none	0	-	-	not pooled		