PICO 5: Hvad er effekten af et superviseret aerobt træningsprogram af lav til moderat intensitet sammenlignet med råd om øget fysisk aktivitet ved type 2 diabetes?

Methods

Criteria for considering studies for this review

Types of outcome measures

Primary outcomes

HbA1c >= 1 år - kritisk
Fysisk kapacitet (VO_2 max) < 1 år - kritisk
Bivirkninger, ved endt forløb - kritisk

Secondary outcomes

Følgende outcomes er vurderet vigtige:

BMI < 1 år
Vægt < 1 år
HbA1c< 1 år
SF-36 fysisk begrænsning < 1 år
SF-36 mental sundhed < 1 år
Komplikationer >= 1 år
Hjertekarsygdom >= 1 år
Frafaldsrate - efter endt forløb
QoL – længste follow-up

Characteristics of studies

Characteristics of included studies

Backx 2011

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** YES **Cluster RCT:**
Participants	**Baseline Characteristics** control ● *Age 43.86 ± 10.3 years*: ● *Mænd (males)%*: ● *Alder (age) yrs*: ● *DM varighed (duration) yrs*: ● *HbA1c %*: ● *vægt (weight) kg*: ● *BMI*: intervention ● *Age 43.86 ± 10.3 years*: ● *Mænd (males)%*: ● *Alder (age) yrs*: ● *DM varighed (duration) yrs*: ● *HbA1c %*: ● *vægt (weight) kg*: ● *BMI*: **Included criteria:** Treatment-naive patients with Type 2 diabetesdiagnosed in the preceding 3 months were recruitedfrom a diabetes clinic. **Excluded criteria:** current treatment with oral anti-diabetic drugs or insulin, and severe complications of diabetes, such as evidence of hepatic disease.changes of ischaemia or cardiac disease at rest or during an exercise. Cardiac anomalies observed during the exercise.tolerance testtolerance test identified by electrocardiogram, problemswith mobility, current

	use of anti-inflammatorydrugs, severe asthma, taking corticosteroids,thyroxine or growth hormones. None of the participantshad previously participated in an exerciseintervention.
Interventions	**Intervention Characteristics** control ● *12 weeks supervised exercise training three times 35-40 min weekly with 40-50% of max heart rate in 15-20 min per exercise session*: intervention ● *12 weeks supervised exercise training three times 35-40 min weekly with 40-50% of max heart rate in 15-20 min per exercise session*:
Outcomes	*Continuous*: ● SF-36 fysisk funktion ● SF-36 Generelt helbred ● SF-36 fysisk begrænsning ● fysisk kapacitet ● BMI ● SF-36 bodily pain ● SF-36 social funktion ● SF-36 vitalitet ● SF 36 psykisk begrænsning ● SF-36 mental helbred ● vægt ● HbA1c % *Dichotomous*: ● komplikationer ● hjertekarsygdom ● andre utilsigtede hændelser ● frafaldsrate % *Adverse Events*: ● utilsigtet hændelse

Notes	**Identification:** **Participants:** **Study design:** **Baseline characteristics:** *Jens Steen Nielsen* data are given as median and range thus do not fit in this table **Intervention characteristics:** **Pretreatment:** **Continuous outcomes:** *Simon Tarp* Body mass (kg) SCP Pre 102.5 [82.1–123.2]; Post 101.1 [78.0–123.3]. SEP pre 91.7 [74.3–113.7]; post 87.9 [69.9–112.7] p=0.007. Diff NS.Body mass index (kg m72) SCP 32.3 [26.4–40.5] 32.0 [25.0–41.2] POST SEP 30.0 [25.3–40.1] 28.7 [23.1–39.4] 0.006 Diff NS.HbA1c (%)* SCP 6.6 [5.6–7.9] 6.7 [5.7–9.7] N.S. N.S. POST: SEP 6.4 [5.7–8.5] 6.0 [5.5–7.1] 0.007. Diff NS *Jens Steen Nielsen* data is given as median and range thus can not fit in to this table **Dichotomous outcomes:** **Adverse outcomes:**

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	NR
Allocation concealment (selection bias)	Unclear risk	NR
Blinding of participants and personnel (performance bias)	High risk	
Blinding of outcome assessment (detection bias)	Unclear risk	NR
Incomplete outcome data (attrition bias)	Low risk	
Selective reporting (reporting bias)	Unclear risk	NR
Other bias	Low risk	

Cuff 2003

Methods	
Participants	
Interventions	
Outcomes	
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Comment: only stated: Subjects were then randomly assignedto one of three groups: Insufficient details.
Allocation concealment (selection bias)	Unclear risk	NR
Blinding of participants and personnel (performance bias)	High risk	Comment: Either participants or some key study personnel were not blinded, and the non-blinding of others likely to introduce bias
Blinding of outcome assessment (detection bias)	Unclear risk	NR
Incomplete outcome data (attrition bias)	Low risk	
Selective reporting (reporting bias)	Unclear risk	NR
Other bias	Unclear risk	NR

Giannopoulou 2005

Methods	
Participants	
Interventions	
Outcomes	
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	NR
Allocation concealment (selection bias)	Unclear risk	NR
Blinding of participants and personnel (performance bias)	High risk	
Blinding of outcome assessment (detection bias)	High risk	
Incomplete outcome data (attrition bias)	High risk	
Selective reporting (reporting bias)	Unclear risk	NR
Other bias	Unclear risk	NR

Hordern 2008

Methods	
Participants	
Interventions	
Outcomes	
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: "After baseline testing, patients were randomly allocated to either usual care (n = 112) or exercise training groups (n = 111) by an independent statistician using ran- dom number generation."
Allocation concealment (selection bias)	Low risk	
Blinding of participants and personnel (performance bias)	High risk	Comment: personnel was not blinded. this is not possible during exercise intervention.
Blinding of outcome assessment (detection bias)	Unclear risk	Comment: not described
Incomplete outcome data (attrition bias)	High risk	Quote: "After randomization to exercise training or usual care, five declined the intervention and, over the 4-week period, five patients withdrew from the study and 13 did not attend for follow-up." Comment: only 132 out of 222
Selective reporting (reporting bias)	Unclear risk	NR
Other bias	Unclear risk	NR

Johannsen 2013

Methods	
Participants	
Interventions	
Outcomes	
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	
Allocation concealment (selection bias)	Low risk	
Blinding of participants and personnel (performance bias)	High risk	
Blinding of outcome assessment (detection bias)	Unclear risk	NR
Incomplete outcome data (attrition bias)	Low risk	
Selective reporting (reporting bias)	Low risk	
Other bias	Low risk	

Jorge 2011

Methods	
Participants	
Interventions	
Outcomes	
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	
Allocation concealment (selection bias)	Unclear risk	NR
Blinding of participants and personnel (performance bias)	High risk	
Blinding of outcome assessment (detection bias)	Unclear risk	NR
Incomplete outcome data (attrition bias)	Unclear risk	NR

Selective reporting (reporting bias)	Low risk	
Other bias	Low risk	

Kadoglou 2007

Methods	
Participants	
Interventions	
Outcomes	
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	NR
Allocation concealment (selection bias)	Unclear risk	NR
Blinding of participants and personnel (performance bias)	High risk	
Blinding of outcome assessment (detection bias)	High risk	
Incomplete outcome data (attrition bias)	Low risk	
Selective reporting (reporting bias)	Unclear risk	NR
Other bias	Unclear risk	NR

Karstoft 2013

Methods	
Participants	
Interventions	
Outcomes	
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: "Subjects with type 2 diabetes (22) were recruited by advertisements in news- papers and by contacting local diabetes patient organizations. All volunteers un- derwent medical screening, including a health status interview, physical exam, blood chemistry analysis, and oral glu- cose tolerance test (OGTT). Exclusion cri- teria included the use of exogenous insulin, weight instability (.2 kg/6 months), physical activity (.150 min/ week), and evidence of liver, renal, and cardiopulmonary disease and diseases contraindicating physical activity (23)."
Allocation concealment (selection bias)	Low risk	Comment: Subjectes draw blinded envelopes where in group allocation was stated.
Blinding of participants and personnel (performance bias)	High risk	
Blinding of outcome assessment (detection bias)	Low risk	Comment: all lab values - no soft data.
Incomplete outcome data (attrition bias)	Low risk	Quote: "intervention, of whom n = 5 underwent both CON and either CWT or IWT. Therefore, n = 32 pre- and posttrials were included for statistical analysis (CON, n = 8; CWT, n = 12; IWT, n = 12)."
Selective reporting (reporting bias)	Low risk	Quote: "If a single subject with rapidly progressing (3 years since diagnosis), severe disease (fasting glucose = 16.3 mmol/L; HbA 1c = 8.2%), who experienced serious deterioration in classical glycemic control variables after the training intervention (fasting glucose = 18.3 mmol/L; HbA 1c = 9.8%), was removed from the statistical analysis, significant improvements in HbA 1c were encountered in the IWT group (DHbA 1c = 20.25 6 0.08%, P,"

Other bias	Low risk	

Negri 2010

Methods	
Participants	
Interventions	
Outcomes	
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: "by a randomization table,"
Allocation concealment (selection bias)	Unclear risk	NR
Blinding of participants and personnel (performance bias)	High risk	Comment: not possible to blind the participants
Blinding of outcome assessment (detection bias)	Unclear risk	NR
Incomplete outcome data (attrition bias)	Low risk	Comment: seems to be OK
Selective reporting (reporting bias)	High risk	Comment: Presentation of specific data for all participants are missing
Other bias	Low risk	

Ribeiro 2008

Methods	
Participants	
Interventions	
Outcomes	

Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	NR
Allocation concealment (selection bias)	Unclear risk	NR
Blinding of participants and personnel (performance bias)	High risk	
Blinding of outcome assessment (detection bias)	Unclear risk	NR
Incomplete outcome data (attrition bias)	High risk	
Selective reporting (reporting bias)	Unclear risk	NR
Other bias	High risk	

Sigal 2007

Methods	
Participants	
Interventions	
Outcomes	
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Comment: central block randomization based on gender and 2 age groups
Allocation concealment (selection bias)	Low risk	Comment: allocation concealment before randidomization

Blinding of participants and personnel (performance bias)	High risk	Comment: unable to blind patients and personnel
Blinding of outcome assessment (detection bias)	Low risk	Comment: main study outcomes were measures by blinded tecnologist using objectice methods
Incomplete outcome data (attrition bias)	Low risk	Comment: Attrition and missing values were reported. Analysis was intention-to-treat
Selective reporting (reporting bias)	Unclear risk	NR
Other bias	High risk	Comment: larger drop-out (12) in intervention compared to control (3)

Tomar 2013

Methods	
Participants	
Interventions	
Outcomes	
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Comment: were randomly allocated
Allocation concealment (selection bias)	High risk	Comment: not indicated
Blinding of participants and personnel (performance bias)	High risk	Comment: unblinded for patient and personnel
Blinding of outcome assessment (detection bias)	High risk	Comment: not indicated
Incomplete outcome data (attrition bias)	High risk	Comment: 2 out 12 droped out in the intervention group, with the small number it might of significance

Selective reporting (reporting bias)	Unclear risk	Comment: not discussed
Other bias	Unclear risk	Comment: Not clear, and this study should be considered further

Footnotes

Characteristics of excluded studies

Footnotes

Characteristics of studies awaiting classification

Footnotes

Characteristics of ongoing studies

Footnotes

Summary of findings tables

Additional tables

References to studies

Included studies

Backx 2011

Backx K, McCann A, Wasley D, Dunseath G, Luzio S, Owens D. The effect of a supported exercise programme in patients with newly diagnosed Type 2 diabetes: a pilot study. J Sports Sci 2011;29(6):579-86.

Cuff 2003

Cuff DJ, Meneilly GS, Martin A, Ignaszewski A, Tildesley HD, Frohlich JJ. Effective exercise modality to reduce insulin resistance in women with type 2 diabetes. Diabetes Care 2003;26(11):2977-82.

Giannopoulou 2005

Giannopoulou I, Fernhall B, Carhart R, Weinstock RS, Baynard T, Figueroa A, et al.. Effects of diet and/or exercise on the adipocytokine and inflammatory cytokine levels of postmenopausal women with type 2 diabetes. Metabolism 2005;54(7):866-75.

Hordern 2008

Hordern MD, Cooney LM, Beller EM, Prins JB, Marwick TH, Coombes JS. Determinants of changes in blood glucose response to short-term exercise training in patients with Type 2 diabetes. Clin Sci (Colch) 2008;115(9):273-81.

Johannsen 2013

Johannsen NM, Sparks LM, Zhang Z, Earnest CP, Smith SR, Church TS, et al.. Determinants of the Changes in Glycemic Control with Exercise Training in Type 2 Diabetes: A Randomized Trial. PLoS ONE 2013;Article Number: e6;8 (6):-.

Jorge 2011

Jorge ML, de Oliveira VN, Resende NM, Paraiso LF, Calixto A, Diniz AL, et al.. The effects of aerobic, resistance, and combined exercise on metabolic control, inflammatory markers, adipocytokines, and muscle insulin signaling in patients with type 2 diabetes mellitus. Metabolism 2011;60(9):1244-52.

Kadoglou 2007

Kadoglou NP, Iliadis F, Angelopoulou N, Perrea D, Ampatzidis G, Liapis CD, et al.. The anti-inflammatory effects of exercise training in patients with type 2 diabetes mellitus.. Eur J Cardiovasc Prev Rehabil 2007;14(6):837-43.

Karstoft 2013

Karstoft K, Winding K, Knudsen SH, Nielsen JS, Thomsen C, Pedersen BK, et al.. The effects of free-living interval-walking training on glycemic control, body composition, and physical fitness in type 2 diabetic patients: a randomized, controlled trial. Diabetes Care 2013;36(2):228-36.

Negri 2010

Negri C, Bacchi E, Morgante S, Soave D, Marques A, Menghini E, et al.. Supervised walking groups to increase physical activity in type 2 diabetic patients. Diabetes Care 2010;33(11):2333-5.

Ribeiro 2008

Ribeiro IC, Iborra RT, Neves MQ, Lottenberg SA, Charf AM, Nunes VS, et al.. HDL atheroprotection by aerobic exercise training in type 2 diabetes mellitus. Med Sci Sports Exerc 2008;40(5):779-86.

Sigal 2007

Sigal RJ, Kenny GP, Boule NG, Wells GA, Prud'homme D, Fortier M, et al.. Effects of aerobic training, resistance training, or both on glycemic control in type 2 diabetes: a randomized trial. Ann Intern Med 2007;147(6):357-69.

Tomar 2013

Tomar RH, Hashim MH, Al-Qahtani MH. Effects of a 12-week aerobic training on glycemic control in type 2 diabetes mellitus male patients. Saudi Med J 2013;34:757-9.

Excluded studies

Studies awaiting classification

Ongoing studies

Other references

Additional references

Other published versions of this review

Data and analyses

1 control vs intervention

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 HbA1c% <1år	12	555	Mean Difference (IV, Random, 95% CI)	0.28 [0.04, 0.52]
1.2 BMI <1år	9	439	Mean Difference (IV, Random, 95% CI)	0.57 [0.26, 0.87]
1.3 vægt <1år	9	414	Mean Difference (IV, Random, 95% CI)	1.82 [0.93, 2.71]

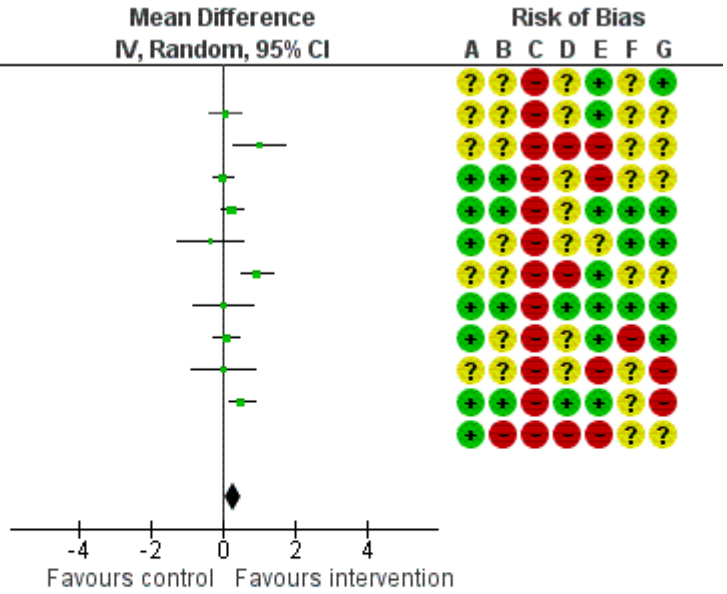
1.4 SF-36 fysisk begrænsning <1år	2	175	Mean Difference (IV, Random, 95% CI)	-2.96 [-6.58, 0.67]
1.5 SF-36 mentalt helbred <1år	2	175	Mean Difference (IV, Random, 95% CI)	1.22 [-2.21, 4.65]
1.6 V02-max <1år	8	507	Mean Difference (IV, Random, 95% CI)	-1.79 [-2.77, -0.80]
1.9 andre utilsigtede hændelser	4	317	Risk Ratio (M-H, Random, 95% CI)	0.59 [0.19, 1.84]
1.10 frafald (antal)	5	296	Risk Ratio (M-H, Random, 95% CI)	0.72 [0.19, 2.69]

Figures

Figure 1 (Analysis 1.1)

Study or Subgroup	control Mean	control SD	control Total	intervention Mean	intervention SD	intervention Total	Weight	Mean Difference IV, Random, 95% CI
Backx 2011	0	0	0	0	0	0		Not estimable
Cuff 2003	-0.03	0.6	9	-0.1	0.33	9	11.1%	0.07 [-0.38, 0.52]
Giannopoulou 2005	0.5	0.99498744	11	-0.5	0.66332496	11	7.0%	1.00 [0.29, 1.71]
Hordern 2008	-0.1	0.8	64	-0.1	0.8	68	14.8%	0.00 [-0.27, 0.27]
Johannsen 2013	0.11	0.80039053	41	-0.12	0.82255279	72	14.0%	0.23 [-0.08, 0.54]
Jorge 2011	7.07	0.7	12	7.42	1.48	12	4.8%	-0.35 [-1.28, 0.58]
Kadoglou 2007	0.31	0.8	27	-0.63	0.8	29	11.7%	0.94 [0.52, 1.36]
Karstoft 2013	6.8	0.84852814	8	6.8	1.03923048	12	5.6%	0.00 [-0.83, 0.83]
Negri 2010	7.34	0.53	20	7.23	0.64	21	12.9%	0.11 [-0.25, 0.47]
Ribeiro 2008	6.5	0.8	10	6.5	1.2	11	5.3%	0.00 [-0.87, 0.87]
Sigal 2007	0	0.9767	59	-0.51	0.9767	49	12.7%	0.51 [0.14, 0.88]
Tomar 2013	0	0	0	0	0	0		Not estimable
Total (95% CI)			**261**			**294**	**100.0%**	**0.28 [0.04, 0.52]**

Heterogeneity: Tau² = 0.08; Chi² = 23.34, df = 9 (P = 0.005); I² = 61%
Test for overall effect: Z = 2.33 (P = 0.02)



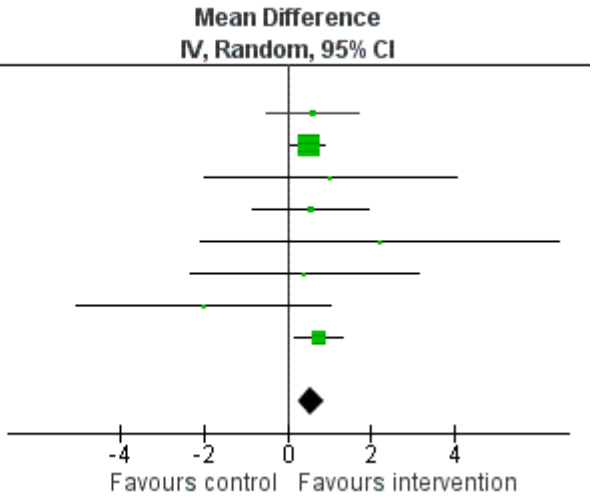
Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 control vs intervention, outcome: 1.1 HbA1c% <1år.

Figure 2 (Analysis 1.2)

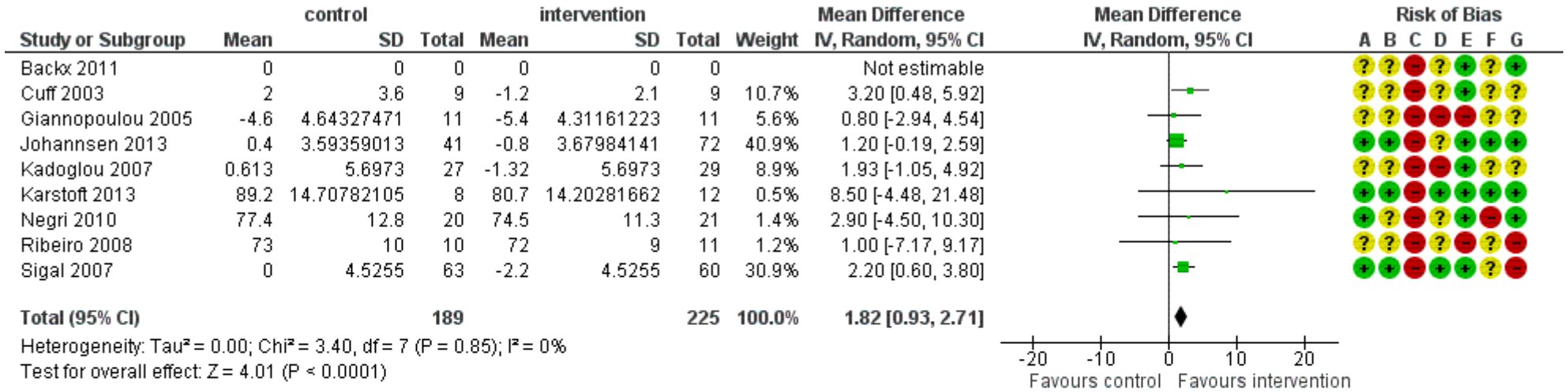
Study or Subgroup	control Mean	control SD	control Total	intervention Mean	intervention SD	intervention Total	Weight	Mean Difference IV, Random, 95% CI
Backx 2011	0	0	0	0	0	0		Not estimable
Giannopoulou 2005	-1.4	1.32664992	11	-2	1.32664992	11	7.5%	0.60 [-0.51, 1.71]
Hordern 2008	0.2	1.1	64	-0.3	1.3	68	54.7%	0.50 [0.09, 0.91]
Jorge 2011	30.12	4.75	12	29.08	2.42	12	1.0%	1.04 [-1.98, 4.06]
Kadoglou 2007	0.27	2.6437	27	-0.28	2.6437	29	4.8%	0.55 [-0.84, 1.94]
Karstoft 2013	29.8	5.37401154	8	27.6	3.81051178	12	0.5%	2.20 [-2.10, 6.50]
Negri 2010	29.3	4.7	20	28.9	4.2	21	1.2%	0.40 [-2.33, 3.13]
Ribeiro 2008	27	4	10	29	3	11	1.0%	-2.00 [-5.05, 1.05]
Sigal 2007	0	1.5839	63	-0.74	1.5839	60	29.3%	0.74 [0.18, 1.30]
Total (95% CI)			**215**			**224**	**100.0%**	**0.57 [0.26, 0.87]**

Heterogeneity: Tau² = 0.00; Chi² = 3.86, df = 7 (P = 0.80); I² = 0%
Test for overall effect: Z = 3.67 (P = 0.0002)



Forest plot of comparison: 1 control vs intervention, outcome: 1.2 BMI <1år.

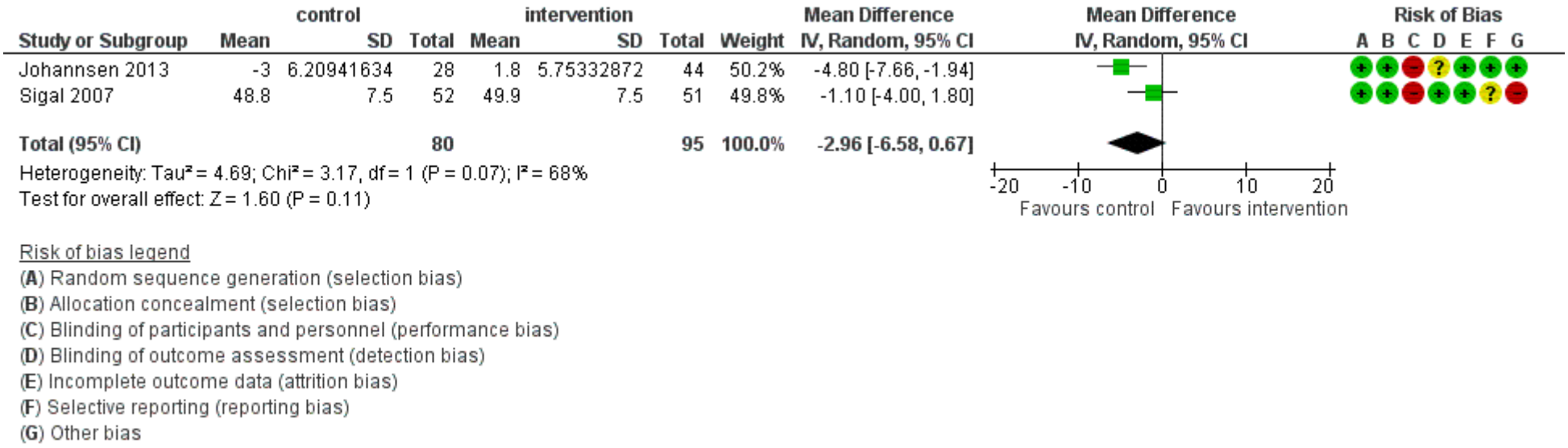
Figure 3 (Analysis 1.3)



Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Blinding of outcome assessment (detection bias)
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

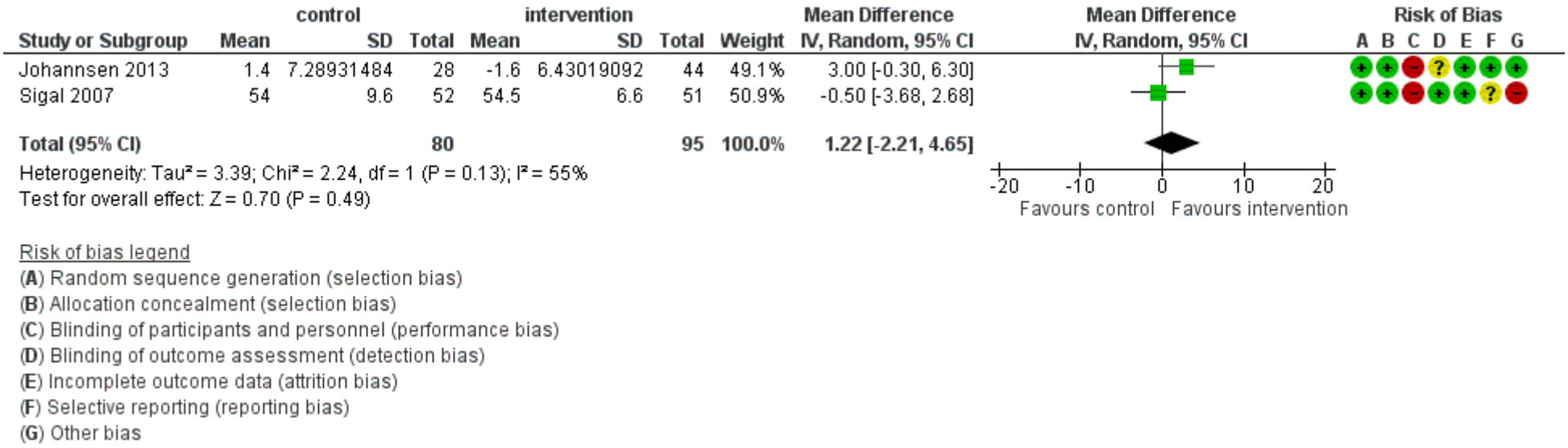
Forest plot of comparison: 1 control vs intervention, outcome: 1.3 vægt <1år.

Figure 4 (Analysis 1.4)



Forest plot of comparison: 1 control vs intervention, outcome: 1.4 SF-36 fysisk begrænsning <1år.

Figure 5 (Analysis 1.5)

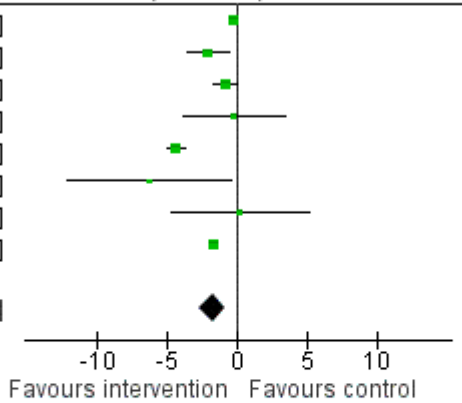


Forest plot of comparison: 1 control vs intervention, outcome: 1.5 SF-36 mentalt helbred <1år.

Figure 6 (Analysis 1.6)

Study or Subgroup	control Mean	control SD	control Total	intervention Mean	intervention SD	intervention Total	Weight	Mean Difference IV, Random, 95% CI
Cuff 2003	-0.05	0.18	9	0.22	0.33	9	19.6%	-0.27 [-0.52, -0.02]
Hordern 2008	-0.7	4.2	64	1.4	4.4	68	13.8%	-2.10 [-3.57, -0.63]
Johannsen 2013	-0.3	2.28683008	41	0.5	2.14296647	72	17.3%	-0.80 [-1.66, 0.06]
Jorge 2011	22.83	4.65	12	23.04	4.61	12	5.2%	-0.21 [-3.91, 3.49]
Kadoglou 2007	-0.73	0.35	27	3.66	1.68	29	18.4%	-4.39 [-5.02, -3.76]
Karstoft 2013	25.2	5.65685425	8	31.5	7.62102355	12	2.5%	-6.30 [-12.13, -0.47]
Ribeiro 2008	19.4	6.9	10	19.2	4.2	11	3.3%	0.20 [-4.74, 5.14]
Sigal 2007	-0.3	0.1	63	1.4	0.1	60	19.9%	-1.70 [-1.74, -1.66]
Total (95% CI)			**234**			**273**	**100.0%**	**-1.79 [-2.77, -0.80]**

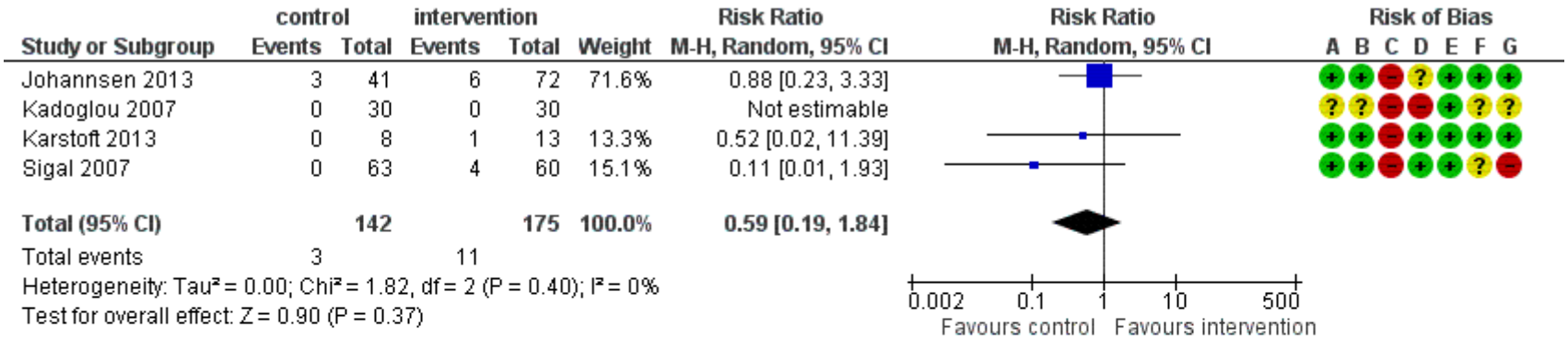
Heterogeneity: Tau² = 1.27; Chi² = 207.89, df = 7 (P < 0.00001); I² = 97%
Test for overall effect: Z = 3.56 (P = 0.0004)



Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Blinding of outcome assessment (detection bias)
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

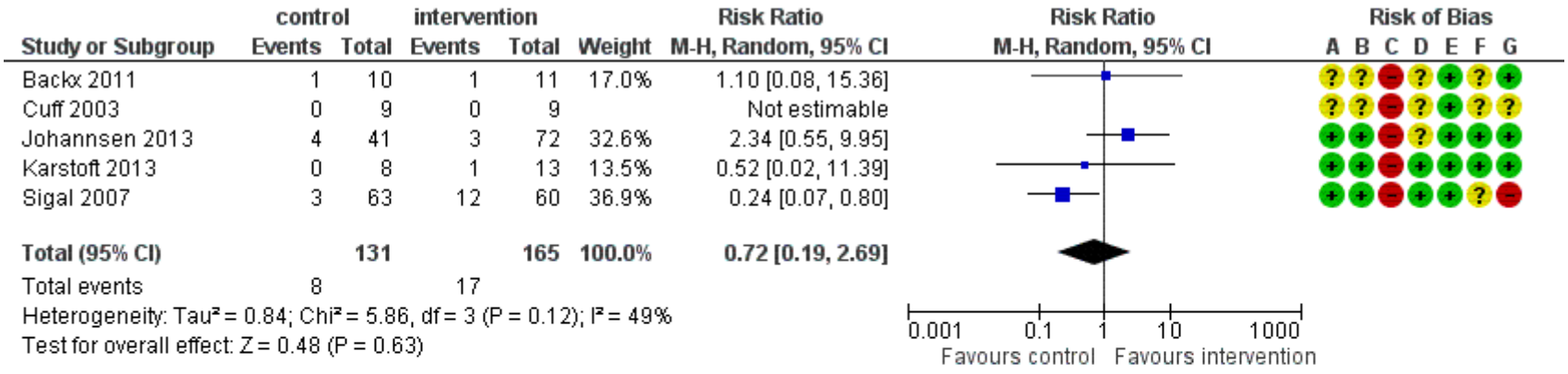
Forest plot of comparison: 1 control vs intervention, outcome: 1.6 V02-max <1år.

Figure 7 (Analysis 1.9)



Forest plot of comparison: 1 control vs intervention, outcome: 1.9 andre utilsigtede hændelser.

Figure 8 (Analysis 1.10)



Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Blinding of outcome assessment (detection bias)
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

Forest plot of comparison: 1 control vs intervention, outcome: 1.10 frafald (antal).