Carvedilol compared to Propranolol for portal hypertension in cirrhosis						
Patient or population: patients with portal hypertension in cirrhosis **Settings:** inpatients **Intervention:** Carvedilol **Comparison:** Propranolol						
Outcomes	**Illustrative comparative risks* (95% CI)**		**Relative effect (95% CI)**	**No of Participants (studies)**	**Quality of the evidence (GRADE)**	**Comments**
	Assumed risk	Corresponding risk				
		Carvedilol				
Percent of HVPG reduction 24 hours to 6 months Follow-up: 7 to 107 days		The mean percent of hvpg reduction 24 hours to 6 months in the intervention groups was **8.49 lower** (12.36 to 4.63 lower)		312 (5 studies)	⊕⊕⊖⊖ **low**[1,2]	
Hemo-dynamic response rate 24 hours to 6 months Follow-up: 7 to 107 days	**Study population**		**RR 1.42** (1.11 to 1.82)	312 (5 studies)	⊕⊕⊕⊖ **moderate**[1]	
	382 per 1000	**542 per 1000** (424 to 694)				
	Moderate					
	412 per 1000	**585 per 1000** (457 to 750)				
Post treatment MAP 24 hours to 6 months Follow-up: 7 to 107 days		The mean post treatment map 24 hours to 6 months in the intervention groups was **2.33 lower** (5.59 lower to 0.93 higher)		212 (4 studies)	⊕⊕⊖⊖ **low**[1,2]	
Orthostatic or symptomatic hypotension	**Study population**		**RR 1.47** (0.71 to 3.05)	134 (3 studies)	⊕⊖⊖⊖ **very low**[1,3,4]	
	136 per 1000	**200 per 1000** (97 to 416)				

Follow-up: 7 to 107 days	**Moderate**					
	174 per 1000	**256 per 1000** (124 to 531)				

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio;

GRADE Working Group grades of evidence

High quality: Further research is very unlikely to change our confidence in the estimate of effect.

Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

Very low quality: We are very uncertain about the estimate.

[1] The trial (s) was (were) of high risk of bias

[2] Total population size is less than 400

[3] The number of events in the intervention and control group were less than 300

[4] The confidence interval was too wide

Carvedilol compared to EVL for portal hypertension in cirrhosis (trials for the primary prevention of bleeding)						
Patient or population: portal hypertension in cirrhosis **Settings:** inpatients **Intervention:** Carvedilol **Comparison:** VBL						
Outcomes	**Illustrative comparative risks* (95% CI)**		**Relative effect (95% CI)**	**No of Participants (studies)**	**Quality of the evidence (GRADE)**	**Comments**
	Assumed risk	Corresponding risk				
	VBL	**Carvedilol**				
All cause mortality (HR) Follow-up: 1 to 49 months	**Study population**		**HR 1.01** (0.64 to 1.61)	320 (2 studies)	⊕⊕⊖⊖ **low**[1,2]	
	242 per 1000	**244 per 1000** (170 to 340)				
	Moderate					
	251 per 1000	**253 per 1000** (177 to 350)				
Bleeding related mortality (Dichotomous) Follow-up: 1 to 49 months	**Study population**		**RR 1.19** (0.41 to 3.47)	320 (2 studies)	⊕⊕⊖⊖ **low**[1,2]	
	37 per 1000	**44 per 1000** (15 to 129)				
	Moderate					
	37 per 1000	**44 per 1000** (15 to 128)				

Upper gastrointestinal bleeding (HR) Follow-up: 1 to 49 months	**Study population**		**HR 0.63** (0.33 to 1.20)	320 (2 studies)	⊕⊕⊖⊖ **low**[1,2]	
	143 per 1000	**95 per 1000** (52 to 167)				
	Moderate					
	148 per 1000	**99 per 1000** (54 to 172)				
Adverse events - Orthostatic or symptomatic hypotension Follow-up: 1 to 75 months	**Study population**		**RR 5.05** (0.6 to 42.76)	320 (2 studies)	⊕⊕⊖⊖ **low**[1,2]	
	0 per 1000	**0 per 1000** (0 to 0)				
	Moderate					
	0 per 1000	**0 per 1000** (0 to 0)				
Adverse events - Chest pain requiring medication Follow-up: mean 13 months	**198 per 1000**	**6 per 1000** (0 to 97)	**RR 0.03** (0 to 0.49)	168 (1 study)	⊕⊕⊖⊖ **low**[123]	
Adverse events - Shortness of breath Follow-up: 1 to 75 months	**Study population**		**RR 24.57** (4.94 to 122.14)	384 (3 studies)	⊕⊕⊖⊖ **low**[1,2]	
	0 per 1000	**0 per 1000** (0 to 0)				
	Moderate					
	0 per 1000	**0 per 1000** (0 to 0)				
Adverse events - Nausea Follow-up: 1 to 48 months	**Study population**		**RR 21.52** (2.97 to 155.92)	320 (2 studies)	⊕⊕⊖⊖ **low**[1,2]	
	0 per 1000	**0 per 1000** (0 to 0)				
	Moderate					
	0 per 1000	**0 per 1000** (0 to 0)				
Adverse events - Transient	**674 per**	**7 per 1000**	**RR 0.01**	168	⊕⊕⊖⊖	

dysphagia Follow-up: mean 13 months	**1000**	(0 to 94)	(0 to 0.14)	(1 study)	**low**[1,2,3]	

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio; **HR:** Hazard ratio;

GRADE Working Group grades of evidence

High quality: Further research is very unlikely to change our confidence in the estimate of effect.

Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

Very low quality: We are very uncertain about the estimate.

[1] The number of events in the intervention and control group were less than 300

[2] The confidence interval was too wide

[3] Only one trial had been included