

Appendix 3: Additional subgroup analyses

Additional subgroup analyses to explore the effects of study quality and age (children v. adults) are limited because in each case, one of the subgroup pairs includes a single trial. There was no difference in mortality between the following pairs of subgroups:

1. adults (risk ratio [RR] 0.96, 95% confidence interval [CI] 0.84-1.09, 9 studies) v. children (RR 1.00, 95% CI 0.26-3.78, 1 study¹); $p = 0.95$ for comparison of RRs using z-score
2. adequate allocation concealment (RR 0.96, 95% CI 0.84-1.09, 9 studies) v. no or unclear allocation concealment (RR 1.00, 95% CI 0.33-3.02, 1 study²); $p = 0.94$ for comparison of RRs using z-score
3. no loss to follow-up and less than 10% crossovers (RR 0.91, 95% CI 0.77-1.08, 9 studies) v. any loss to follow-up or at least 10% crossovers (RR 1.03, 95% CI 0.84-1.26, 1 study³); $p = 0.36$ for comparison of RRs using z-score

References

1. Curley MA, Hibberd PL, Fineman LD, et al. Effect of prone positioning on clinical outcomes in children with acute lung injury: a randomized controlled trial. *JAMA* 2005; 294:229-37.
2. Chan MC, Hsu JY, Liu HH, et al. Effects of prone position on inflammatory markers in patients with ARDS due to community-acquired pneumonia. *J Formos Med Assoc* 2007;106:807-16.
3. Guerin C, Gaillard S, Lemasson S, et al. Effects of systematic prone positioning in hypoxemic acute respiratory failure: a randomized controlled trial. *JAMA* 2004;292:2379-87.