Table 5. GRADE evidence profile, Recommendation 5

**Question:** Glucocorticoids compared to no glucocorticoids for hospitalized patients with severe but not critical COVID-19

<table>
<thead>
<tr>
<th>Certainty assessment</th>
<th>№ of patients</th>
<th>Effect</th>
<th>Certainty</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>№ of studies</td>
<td>Study design</td>
<td>Risk of bias</td>
<td>Inconsistency</td>
</tr>
<tr>
<td><strong>Mortality (follow up: 28 days)</strong></td>
<td>1</td>
<td>randomized trials</td>
<td>not serious a</td>
<td>not serious</td>
</tr>
<tr>
<td><strong>Hospital discharge (follow up: 28 days)</strong></td>
<td>1</td>
<td>randomized trials</td>
<td>not serious a</td>
<td>not serious</td>
</tr>
<tr>
<td><strong>Adverse events</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GRADE Working Group grades of evidence**

- **High certainty:** We are very confident that the true effect lies close to that of the estimate of the effect
- **Moderate certainty:** We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different
- **Low certainty:** Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect
- **Very low certainty:** We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect

**Risk of bias:** Study limitations
- **Inconsistency:** Unexplained heterogeneity across study findings
- **Indirectness:** Applicability or generalizability to the research question
- **Imprecision:** The confidence in the estimate of an effect to support a particular decision
- **Publication bias:** Selective publication of studies

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

**Explanations**
- a. Analysis adjusted for baseline age.
- b. Indirectness due to different health care system (allocation of intensive care resources in an unblinded study). Indirectness to other corticosteroids.

**References**