Appendix Table F1. Grading the level of evidence for clinical outcomes that were examined in RCTs (direct evidence)

Treatment	Outcome	Studies	Assumed risk of bias	Consistency	Statistical heterogeneity relative/absolute scale	Precision	Dose response	Magnitude of the effect	Evidence
Duloxetine vs. placebo	Continence	2	Low	No	NS/Yes	No	NS	Low	Low
Duloxetine vs. placebo	Improved UI	4	Low	Yes	NS/Yes	Yes	NS	Low	High
Duloxetine vs. placebo	Discontinuation due to adverse effects	9	Low	Yes	NS/Yes	Yes	Yes	Moderate	High
Darifenacin vs. placebo	Improved UI	3	Low	Yes	NS/NS	Yes	NS	Low	High
Darifenacin vs. placebo	Discontinuation due to adverse effects	7	Low	Yes	NS/NS	NA	Yes	Low	High
Darifenacin vs. placebo	Discontinuation due to failure	4	Low	Yes	NS/NS	NA	NS	Low	Moderate
Fesoterodine vs. placebo	Continence	2	Low	Yes	Yes/NS	No		Low	Low
Fesoterodine vs. placebo	Improved UI	4	Low	Yes	NS/NS	Yes	Yes	Low	High
Fesoterodine vs. placebo	Adverse effects	4	Low	Yes	Yes/NS	Yes	Yes	Low	High
Fesoterodine vs. placebo	Discontinuation due to adverse effects	6	Low	Yes	NS/Yes	Yes	Yes	Moderate	High
Fesoterodine vs. placebo	Discontinuation due to failure	4	Low	No	NS/Yes	NA		Low	Moderate
Oxybutynin vs. placebo	Continence	5	Low	Yes	NS/NS	Yes		Low	High
Oxybutynin vs. placebo	Improved UI	12	Low	No	Yes/Yes	No	Yes	Low	Moderate
Oxybutynin vs. placebo	Discontinuation due to adverse effects	6	Low	Yes	NS/NS	Yes	Yes	Low	High
Propiverine vs. placebo	Continence	2	Medium	Yes	NS/NS	No		Low	Low
Propiverine vs. placebo	Improved UI	3	Medium	Yes	NS/NS	Yes		Low	Moderate

Appendix Table F1. Grading the level of evidence for clinical outcomes that were examined in RCTs (direct evidence) (continued)

Treatment	Outcome	Studies	Assumed risk of bias	Consistency	Statistical heterogeneity relative/absolute scale	Precision	Dose response	Magnitude of the effect	Evidence
Propiverine vs. placebo	Discontinuation due to adverse effects	2	Medium	Yes	NS/NS	Yes		Moderate	Low
Solifenacin vs. placebo	Continence	5	Low	Yes	NS/Yes	Yes	Yes	Low	High
Solifenacin vs. placebo	Improved UI	2	Low	Yes	Yes/NS	No		Low	Low
Solifenacin vs. placebo	Adverse effects	4	Low	Yes	Yes/Yes	Yes	Yes	Low	High
Solifenacin vs. placebo	Discontinuation due to adverse effects	8	Low	Yes	NS/NS	Yes	Yes	Low	High
Solifenacin vs. placebo	Discontinuation due to failure	4	Low	No	NS/NS	NA		Low	Moderate
Tolterodine vs. placebo	Continence	4	Low	Yes	NS/NS	Yes		Low	High
Tolterodine vs. placebo	Improved UI	8	Low	Yes	Yes/Yes	Yes		Low	High
Tolterodine vs. placebo	Adverse effects	12	Low	Yes	NS/NS	Yes		Low	High
Tolterodine vs. placebo	Discontinuation due to adverse effects	13	Low	No	NS/NS	NA		Low	High
Tolterodine vs. placebo	Discontinuation due to failure	5	Low	No	NS/NS	NA		Low	High
Trospium vs. placebo	Continence	4	Low	Yes	NS/NS	Yes		Low	High
Trospium vs. placebo	Improved UI	2	Low	Yes	NS/Yes	NA		Low	Low
Trospium vs. placebo	Adverse effects	5	Low	Yes	Yes/NS	Yes		Low	Moderate
Trospium vs. placebo	Discontinuation due to adverse effects	6	Low	Yes	NS/NS	Yes			High
Fesoterodine vs. tolterodine	Continence	2	Medium	Yes	NS/NS	Yes		Low	Low
Fesoterodine vs. tolterodine	Improved UI	4	Low	Yes	NS/NS	No		Low	High
Fesoterodine vs. tolterodine	Discontinuation due to adverse effects	4	Low	Yes	NS/NS	No		Low	Moderate

Appendix Table F1. Grading the level of evidence for clinical outcomes that were examined in RCTs (direct evidence) (continued)

Treatment	Outcome	Studies	Assumed risk of bias	Consistency	Statistical heterogeneity relative/absolute scale	Precision	Dose response	Magnitude of the effect	Evidence
Oxybutynin vs. tolterodine	Improved UI	3	Low	No	NS/NS	NA		Low	Moderate
Oxybutynin vs. tolterodine	Discontinuation due to adverse effects	10	Low	Yes	Yes/Yes	Yes		Low	High
Solifenacin vs. tolterodine	Discontinuation due to adverse effects	4	Low	No	NS/NS	NA		Low	Moderate
Trospium vs. oxybutynin	Discontinuation due to adverse effects	2	Low	No	NS/NS	NA		Low	Low
Bladder training vs. no active treatment	Improved UI	2	Medium	Yes	NS/NS	Yes		High	Low
Continence service vs. no active treatment	Continence	3	Medium	Yes	NS/Yes	NA		Moderate	Moderate
Continence service vs. no active treatment	Improved UI	2	Medium	Yes	Yes/Yes	NA		Moderate	Low
Electrical stimulation vs. no active treatment	Continence	9	Low	Yes	NS/NS	Yes		Moderate	High
Electrical stimulation vs. no active treatment	Improved UI	8	Low	Yes	NS/NS	Yes		Moderate	High
Magnetic stimulation vs. no active treatment	Improved UI	3	Medium	Yes	NS/NS	Yes		High	Moderate
Magnetic stimulation vs. no active treatment	Continence	3	Medium	No	NS/NS	NA		Low	Moderate
Percutaneous electrical stimulation vs. no active treatment	Improved UI	2	Medium	Yes	NS/NS	Yes		Low	Moderate

Appendix Table F1. Grading the level of evidence for clinical outcomes that were examined in RCTs (direct evidence) (continued)

Treatment	Outcome	Studies	Assumed risk of bias	Consistency	Statistical heterogeneity relative/absolute scale	Precision	Dose response	Magnitude of the effect	Evidence
PFMT vs. no active treatment	Continence	10	Medium	Yes	Yes/Yes	Yes		High	High
PFMT vs. no active treatment	Improved UI	6	Medium	Yes	Yes/Yes	Yes		High	High
PFMT + bladder training vs. no active treatment	Improved UI	4	Medium	Yes	Yes/Yes	Yes		High	High
PFMT with biofeedback vs. no active treatment	Continence	2	Medium	No	NS/Yes	NA		High	Low
PFMT with biofeedback vs. no active treatment	Improved UI	4	Medium	Yes	Yes/Yes	NA		High	High
PFMT with bladder training vs. no active treatment	Continence	5	Medium	Yes	Yes/Yes	Yes		Moderate	High
Weight Loss vs. no active treatment	Improved UI	2	Medium	Yes	NS/NS	Yes		High	Moderate
PFMT + bladder training vs. bladder training	Continence	3	Medium	Yes	NS/NS	NA		Low	High
PFMT + bladder training vs. no active treatment	Improved UI	4	Medium	Yes	Yes/Yes	Yes		High	High
PFMT vs. electrical stimulation	Continence	3	Medium	Yes	NS/NS	NA		Low	Moderate
PFMT vs. electrical stimulation	Improved UI	4	Medium	Yes	NS/NS	NA		Low	Moderate
PFMT vs. vaginal cone	Continence	3	Medium	No	NS/NS	NA		Low	Moderate
PFMT vs. vaginal cone	Improved UI	4	Medium	No	NS/NS	NA		Low	Moderate

Appendix Table F1. Grading the level of evidence for clinical outcomes that were examined in RCTs (direct evidence) (continued)

Treatment	Outcome	Studies	Assumed risk of bias	Consistency	Statistical heterogeneity relative/absolute scale	Precision	Dose response	Magnitude of the effect	Evidence
PFMT with biofeedback vs. PFMT	Continence	6	Medium	Yes	NS/NS	NA		Low	High
Supervised PFMT vs. self PFMT	Continence	4	Medium	No	Yes/Yes	NA		Moderate	High
Supervised PFMT vs. self-PFMT	Improved UI	4	Medium	No	Yes/Yes	NA		Low	Moderate

PFMT = Pelvic floor muscle training
NS = Not significant
NA = Not applicable