

PICO 1

GRADE

Interventions to increase adherence for Heart disease

Patient or population: patients with Heart disease

Settings:

Intervention: Interventions to increase adherence

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk Control	Corresponding risk Interventions to increase adherence				
Adherence ¹	See comment	See comment	Not estimable	0 (7 studies)	See comment	
Uptake ²	See comment	See comment	Not estimable	0 (3 studies)	See comment	

*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 Kun 2 ud af 7 studier viste effekt

² 3/3 trials var effektive

PICO 2 – CHD

GRADE OG FORREST PLOTS

PICO 2 - IHD - Exercise-based rehabilitation versus usual care for coronary heart disease [Data only. When citing this record quote "Cochrane Database of Systematic Reviews 2011, Issue 3".]

Patient or population: patients with coronary heart disease [Data only. When citing this record quote "Cochrane Database of Systematic Reviews 2011, Issue 3".]

Settings: **Intervention:** PICO 2 - IHD - Exercise-based rehabilitation versus usual care

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk					
	Control	Exercise-based rehabilitation				
Total mortality - Follow-up of 6 to 12 months (Heran 2011 ; West 2012 (21,24))	62 per 1000	55 per 1000 (46 to 65)	RR 0.89 (0.75 to 1.06)	7813 (19 studies)	⊕⊕⊖⊖ low ^{1,2}	
Total mortality - Follow-up longer than 12 months (Heran 2011 (21))	118 per 1000	105 per 1000 (92 to 119)	RR 0.89 (0.78 to 1.01)	7603 (16 studies)	⊕⊕⊖⊖ low ^{1,2}	
Cardiovascular mortality - Follow-up of 6 to 12 months (Heran 2011 (21))	51 per 1000	48 per 1000 (36 to 62)	RR 0.93 (0.71 to 1.21)	4130 (9 studies)	⊕⊕⊖⊖ low ^{3,4}	
Cardiovascular mortality - Follow-up longer than 12 months (Heran 2011 (21))	129 per 1000	96 per 1000 (81 to 112)	RR 0.74 (0.63 to 0.87)	4757 (12 studies)	⊕⊕⊕⊖ moderate ³	
Hospital Admissions - Follow-up of 6 to 12 months (Heran 2011; West 2012 (21,24))	301 per 1000	268 per 1000 (232 to 307)	RR 0.89 (0.77 to 1.02)	2069 (4 studies)	⊕⊕⊖⊖ low ^{2,3}	
Hospital Admissions - Follow-up longer than 12 months (Heran 2011 (21))	342 per 1000	335 per 1000 (297 to 379)	RR 0.98 (0.87 to 1.11)	2009 (7 studies)	⊕⊕⊖⊖ low ^{3,5}	

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GRADE Working Group grades of evidence

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

¹ Lav follow up

² Går fra ingen effekt til en relativt stor effekt

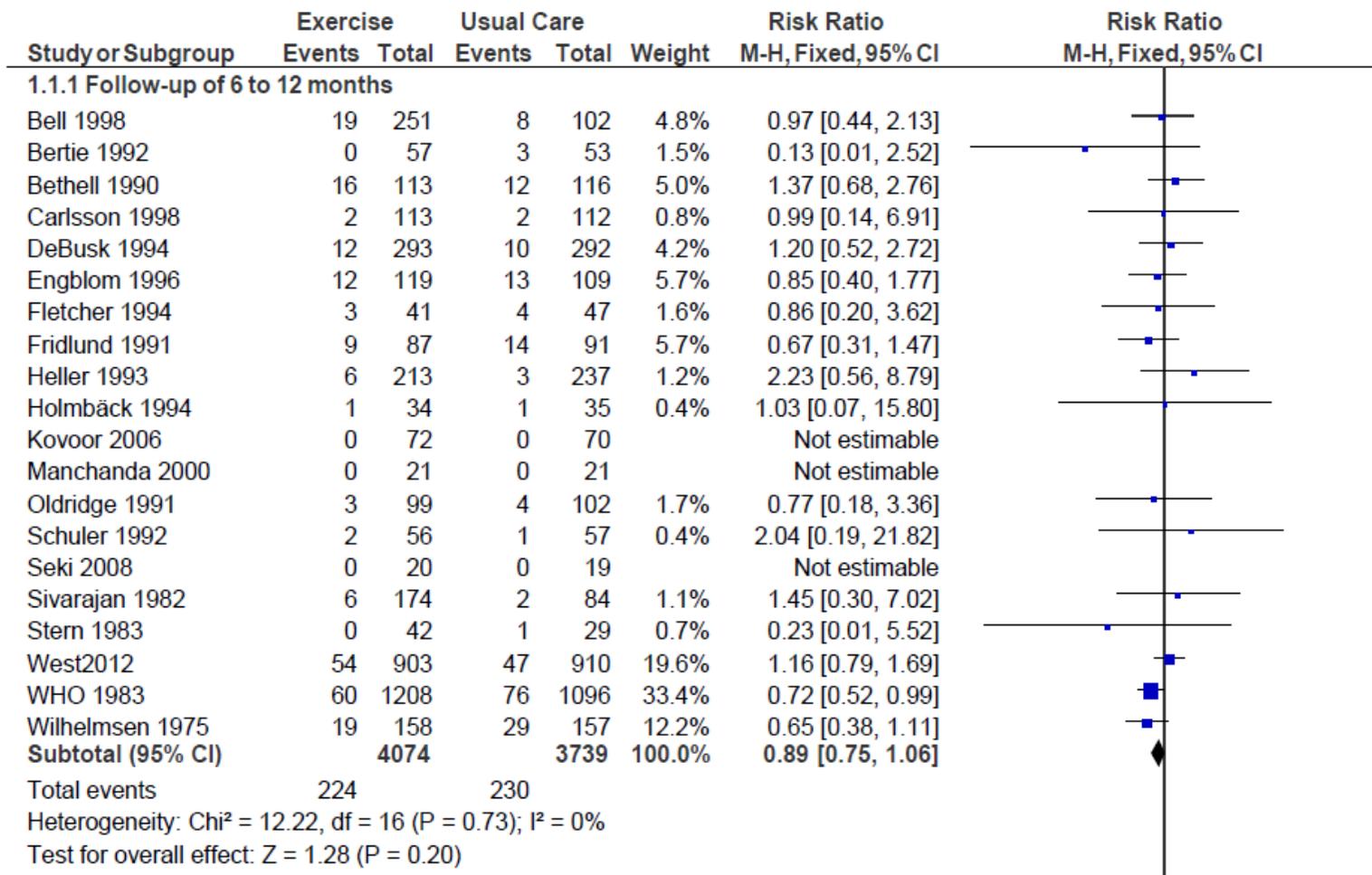
³ Blinding dårligt udført (vurderet at det ikke betyder noget for total mortalitet)

⁴ bredt konfidens interval

⁵ I2 over 50

Exercise-based cardiac rehabilitation for coronary heart disease [Data only. When...23-May-2013]

1.1 Total mortality



1.1.2 Follow-up longer than 12 months

Andersen 1981	4	46	3	42	0.7%	1.22 [0.29, 5.12]
Bengtsson 1983	10	81	6	90	1.3%	1.85 [0.70, 4.87]
Carson 1982	12	151	21	152	4.7%	0.58 [0.29, 1.13]
Erdman 1986	4	40	0	40	0.1%	9.00 [0.50, 161.86]
Haskell 1994	3	145	3	155	0.6%	1.07 [0.22, 5.21]
Kallio 1979	41	188	56	187	12.5%	0.73 [0.51, 1.03]
Leizorovicz 1991	0	60	4	61	1.0%	0.11 [0.01, 2.05]
Shaw 1981	15	323	24	328	5.3%	0.63 [0.34, 1.19]
Stähle 1999	5	56	3	53	0.7%	1.58 [0.40, 6.28]
Toobert 2000	1	17	0	11	0.1%	2.00 [0.09, 45.12]
Vermeulen 1983	2	47	5	51	1.1%	0.43 [0.09, 2.13]
VHSG 2003	2	98	1	99	0.2%	2.02 [0.19, 21.92]
West2012	82	903	84	910	18.7%	0.98 [0.74, 1.31]
WHO 1983	169	1208	169	1096	39.5%	0.91 [0.75, 1.10]
Wilhelmsen 1975	28	158	35	157	7.8%	0.79 [0.51, 1.24]
Yu 2004	4	132	4	72	1.2%	0.55 [0.14, 2.12]
Zwisler 2008	24	227	20	219	4.5%	1.16 [0.66, 2.03]
Subtotal (95% CI)	3880		3723	100.0%		0.89 [0.78, 1.01]

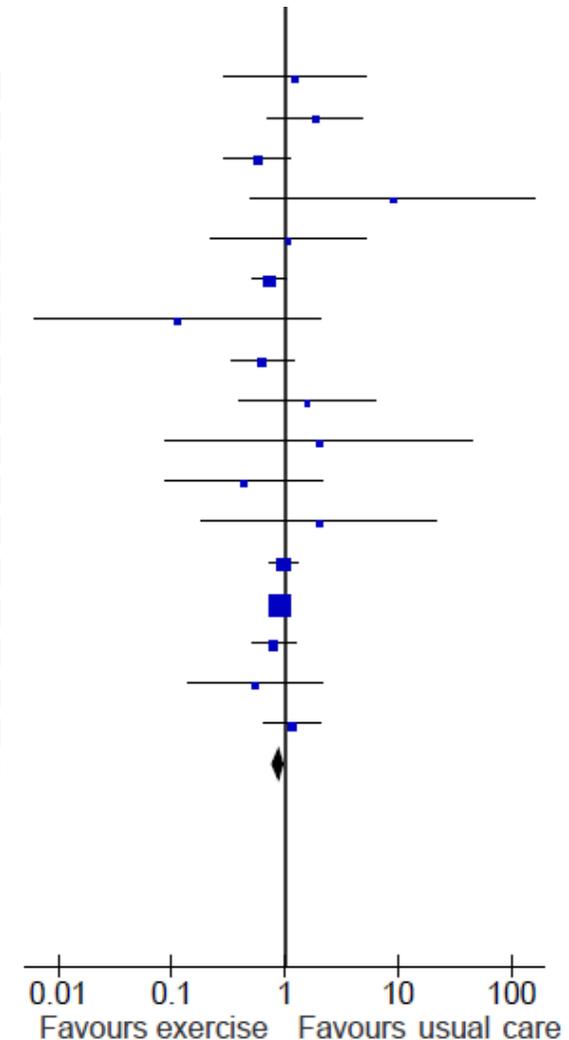
Total events

406

438

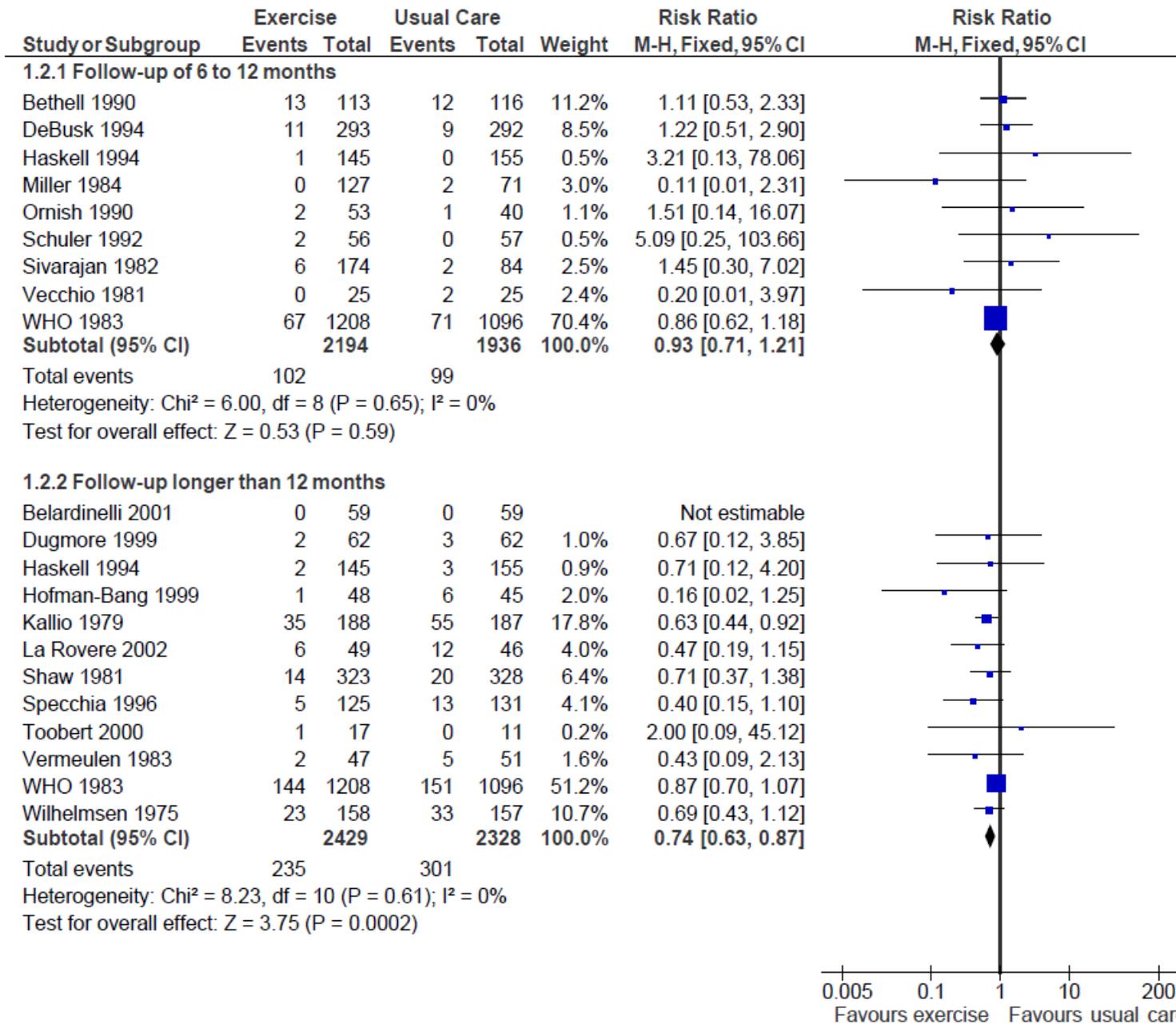
Heterogeneity: $\text{Chi}^2 = 15.09$, $\text{df} = 16$ ($P = 0.52$); $I^2 = 0\%$

Test for overall effect: $Z = 1.87$ ($P = 0.06$)



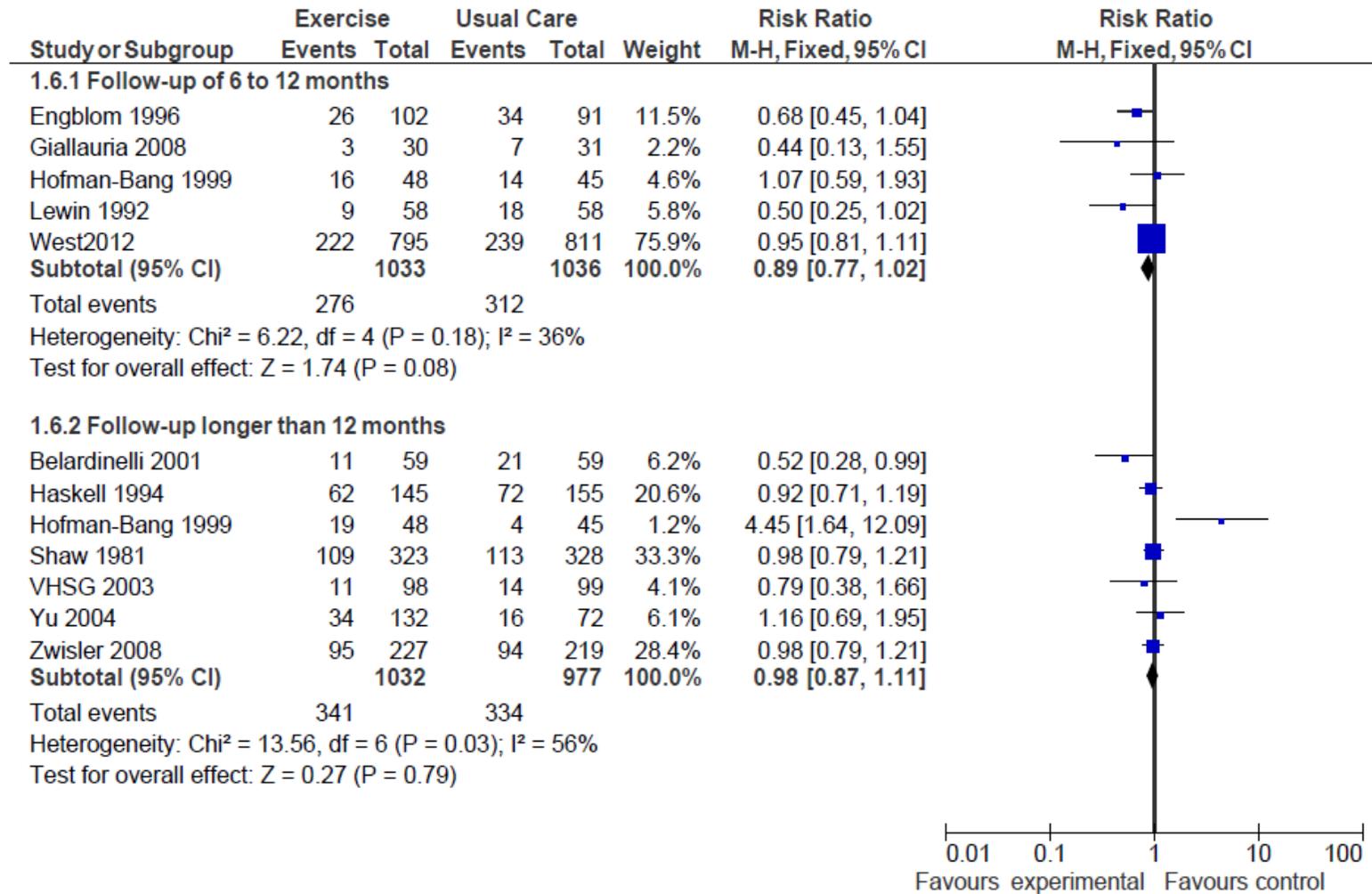
Exercise-based cardiac rehabilitation for coronary heart disease [Data only. When...23-May-2013]

1.2 Cardiovascular mortality



Exercise-based cardiac rehabilitation for coronary heart disease [Data only. When...23-May-2013]

1.6 Hospital Admissions



PICO 2 – HF

GRADE OG FORREST PLOTS

PICO 2 - HF - All exercise interventions versus usual care for heart failure [Data only. When citing this record quote "Cochrane Database of Systematic Reviews 2010, Issue 2".]

Patient or population: patients with heart failure [Data only. When citing this record quote "Cochrane Database of Systematic Reviews 2010, Issue 2".]

Settings:

Intervention: PICO 2 - HF - All exercise interventions versus usual care

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk Control	Corresponding risk PICO 2 - HF - All exercise interventions versus usual care				
All cause mortality up to 12 month follow up (Davies 2010; Blumenthal 2012 (26,28))	145 per 1000	142 per 1000 (120 to 166)	RR 0.98 (0.83 to 1.15)	3284 (14 studies)	⊕⊕⊕⊖ moderate ^{1,2}	
All cause mortality more than 12 months follow up (Davies 2010 (26))	200 per 1000	180 per 1000 (154 to 211)	OR 0.88 (0.73 to 1.07)	2658 (4 studies)	⊕⊕⊕⊖ moderate ²	
CV mortality (Blumenthal 2012; Belardinelli 2012 (28,29))	51 per 1000	43 per 1000 (30 to 62)	OR 0.83 (0.57 to 1.21)	2445 (2 studies)	⊕⊕⊖⊖ low ^{2,3}	
Hospital admission up to 12 month follow up (Davies 2010; Blumenthal 2012 (26,28))	173 per 1000	161 per 1000 (136 to 188)	RR 0.93 (0.79 to 1.09)	2981 (9 studies)	⊕⊕⊖⊖ low ^{1,2}	
Hospital admission more than 12 months follow up (Davies 2010; Blumenthal 2012 (26,28))	597 per 1000	561 per 1000 (525 to 591)	RR 0.94 (0.88 to 0.99)	2781 (5 studies)	⊕⊕⊖⊖ low ^{1,3}	
Depression - DPI (Blumenthal 2012) (28)		The mean depression - dpi in the intervention groups was 0.68 lower (1.23 to 0.13 lower)		1738 (1 study)	⊕⊕⊕⊖ moderate ⁴	
Health related quality of life - all scales (Davies 2010; Brubaker 2009; Kitzman 2010; Belardinelli 2012; Witham 2012 (26,29-32))		The mean health related quality of life - all scales in the intervention groups was 0.57 standard deviations lower (0.8 to 0.35 lower)		3424 (16 studies)	⊕⊕⊖⊖ low ^{1,3}	SMD -0.57 (-0.8 to -0.35)
Funktionsniveau VO2 max (van der Meer 2012 (27))	The mean funktionsniveau in the control groups was VO2max	The mean funktionsniveau in the intervention groups was 1.85 higher (0.75 to 2.94 higher)		2245 (14 studies)	⊕⊕⊖⊖ low ^{3,5}	

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assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

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

GRADE Working Group grades of evidence

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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 Usikker blinding

² Fra gavnlig til skadelig

³ I2 over 50

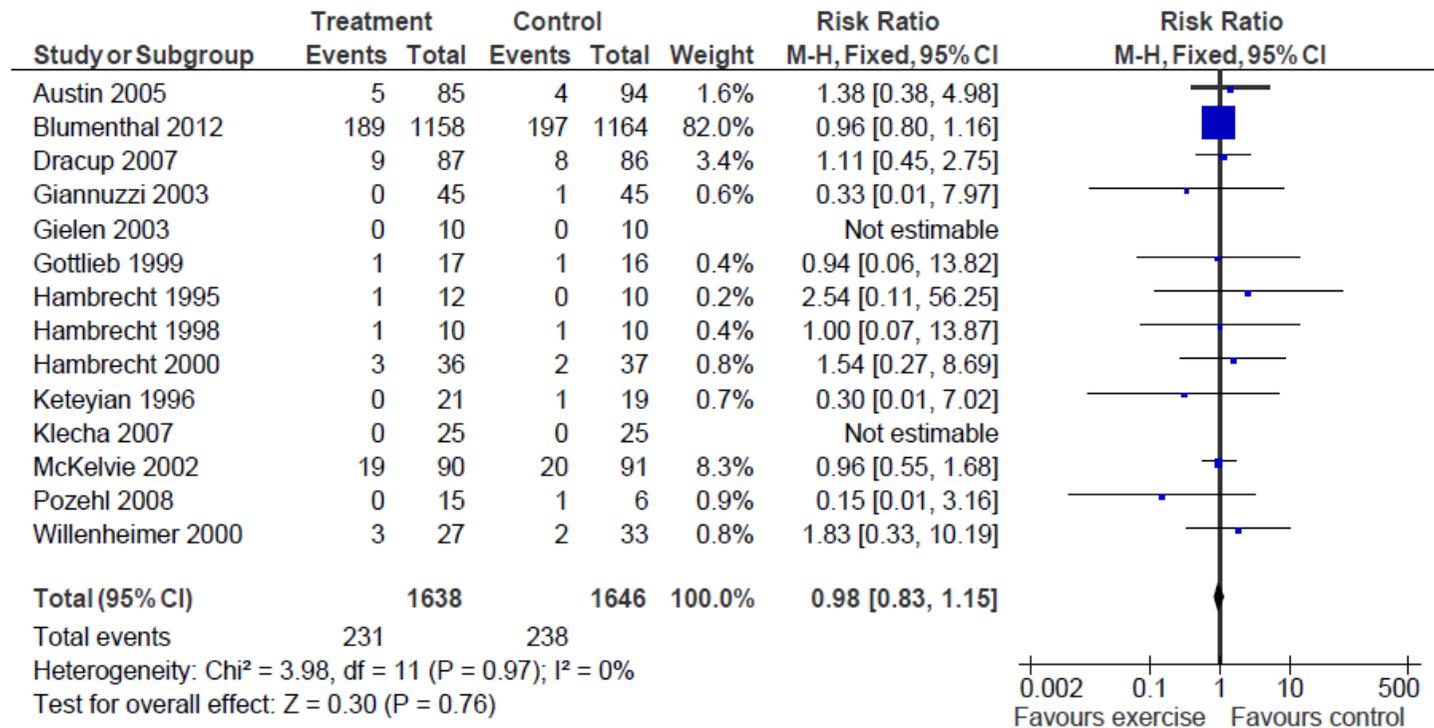
⁴ Usikkert hvad 0.68 lavere i BDI betyder for den enkelte

⁵ VO2 er surrogat for funktionsniveau

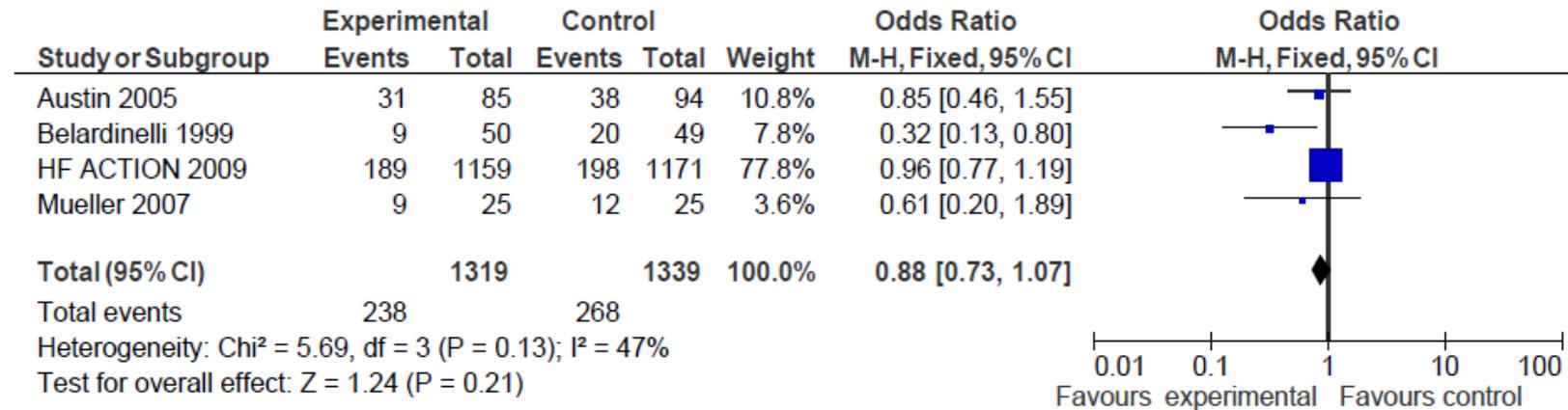
Exercise based rehabilitation for heart failure [Data only. When citing this record... 01-May-2013

1 All exercise interventions versus usual care

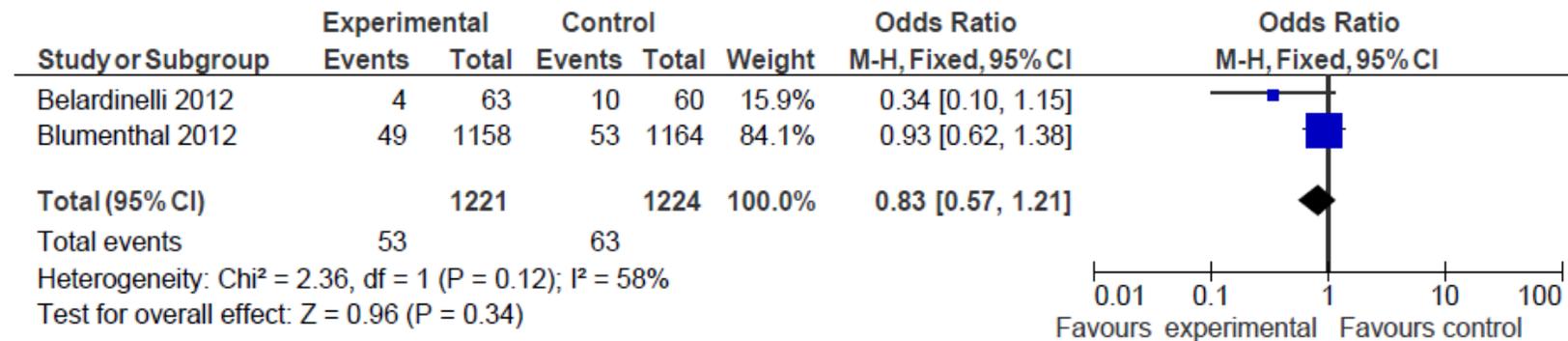
1.1 All cause mortality up to 12 month follow up



1.2 All cause mortality more than 12 months follow up

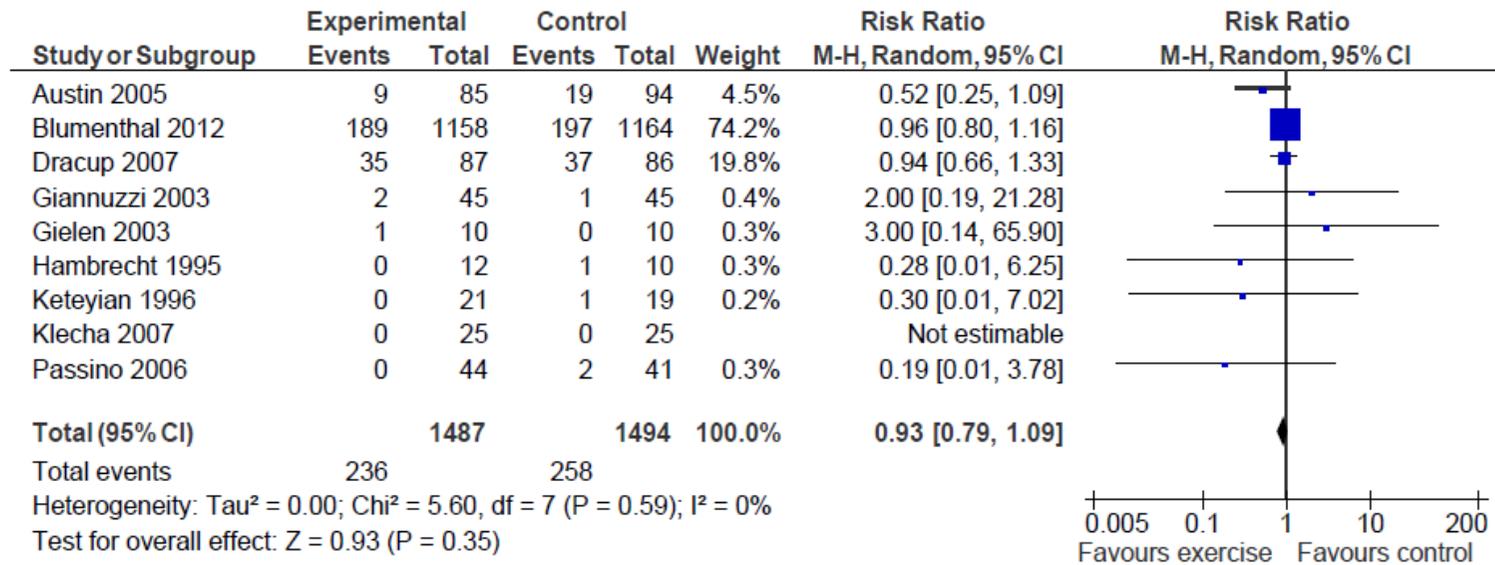


1.3 CV mortality

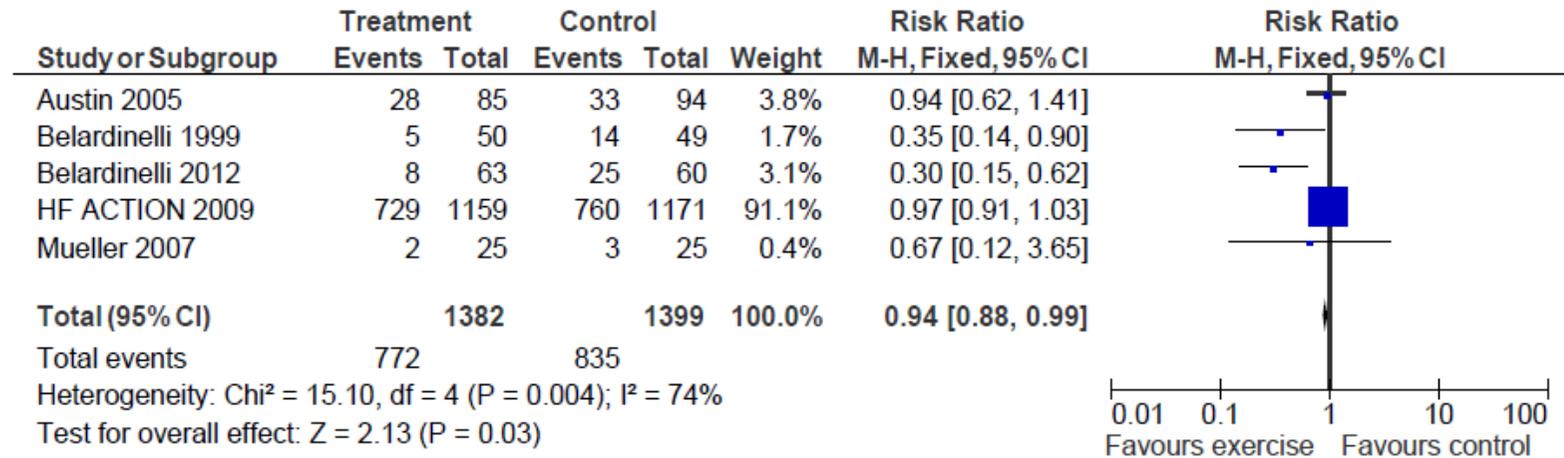


Exercise based rehabilitation for heart failure [Data only. When citing this record... 01-May-2013]

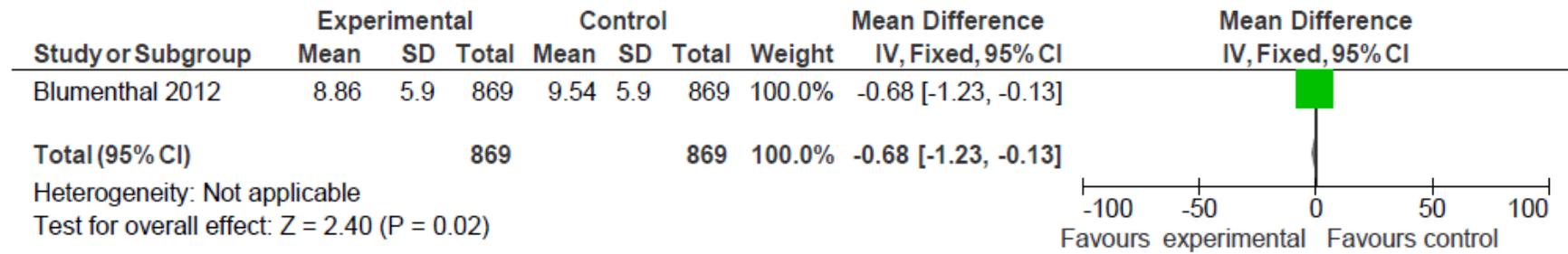
1.4 Hospital admission up to 12 month follow up



1.5 Hospital admission more than 12 months follow up

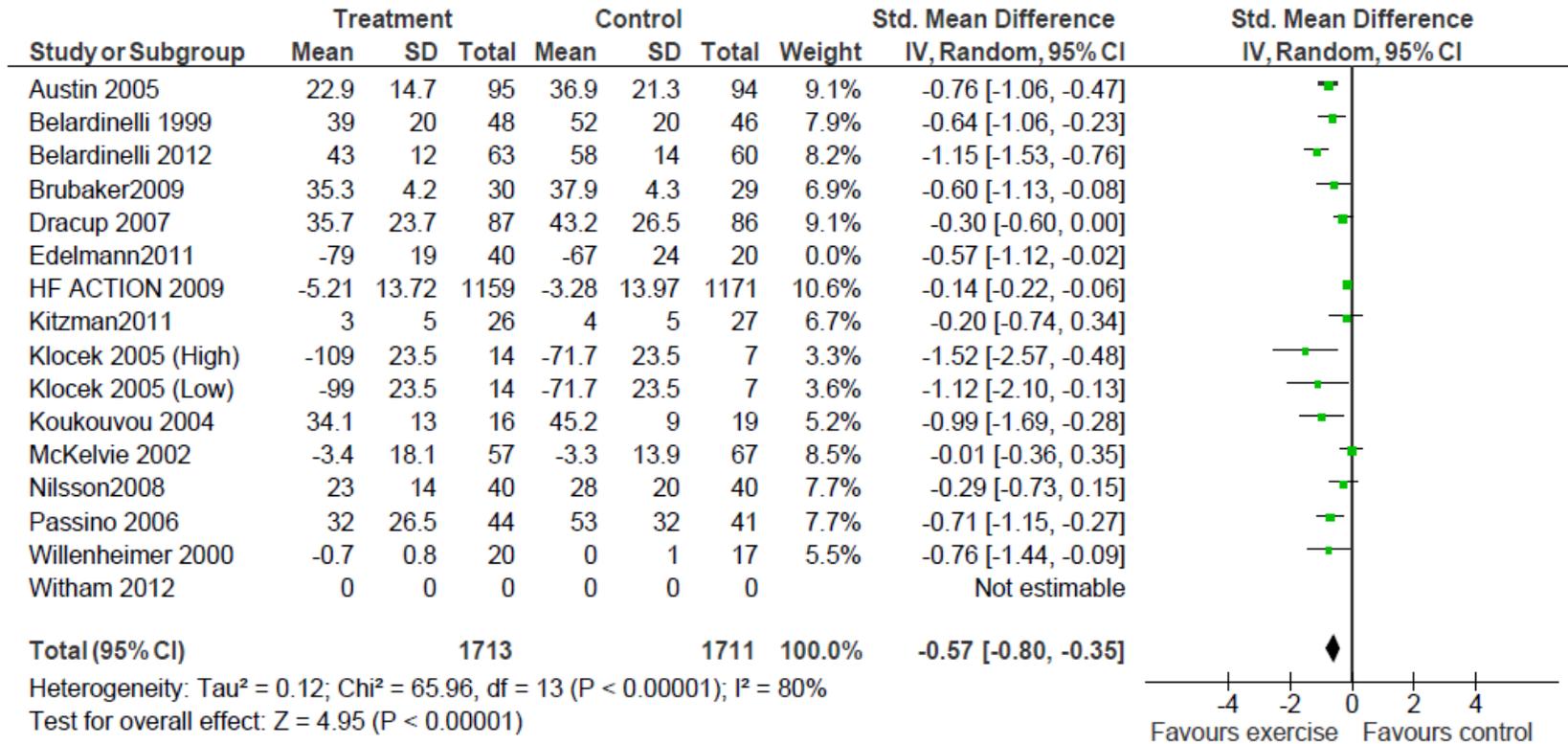


1.8 Depression - DPI



Exercise based rehabilitation for heart failure [Data only. When citing this record... 01-May-2013

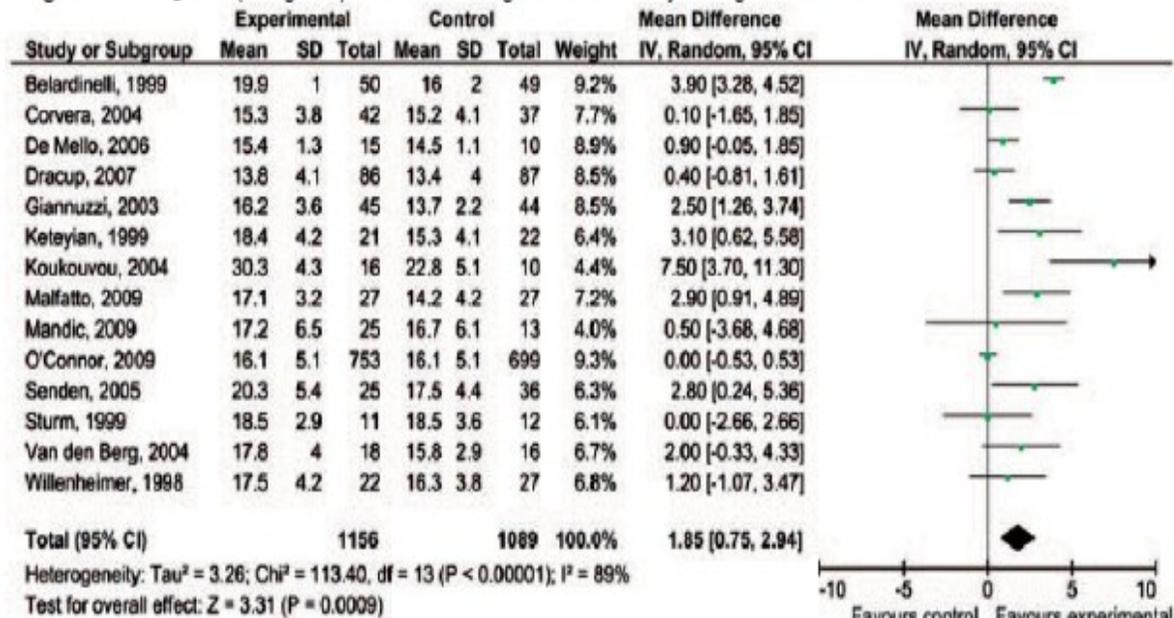
1.9 Health related quality of life - all scales



Særligt VO2-MAX

Van Der Meer S, Zwerink M, Van Brussel M, Van Der Valk P, Wajon E, Van Der Palen J. Effect of outpatient exercise training programmes in patients with chronic heart failure: A systematic review. *Eur J Prev Cardiol* 2012;19(4):795-803

Figure 2. VO₂max (ml/kg/min) achieved during the maximal cycle ergometer test.



PICO 3 – CHD

GRADE OG FORREST PLOTS

Tabel 3

PICO 3 - IHD - Patient Education for

Patient or population: patients with

Settings:

Intervention: PICO 3 - IHD - Patient Education

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Control	PICO 3 - IHD - Patient Education				
Total mortality at the end of the follow up period (Brown 2011 (43))	96 per 1000	76 per 1000 (53 to 108)	RR 0.79 (0.55 to 1.13)	2330 (6 studies)	⊕⊕⊕⊖ low ^{1,2}	
Cardiovascular mortality (Cupples & McKnight, 1994; Lisspers 2005 (44,45))	81 per 1000	29 per 1000 (15 to 59)	RR 0.36 (0.18 to 0.73)	688 (2 studies)	⊕⊕⊕⊕ moderate ¹	
Cardiac Hospitalisations at end of follow up period	64 per 1000	53 per 1000 (41 to 68)	RR 0.83 (0.65 to 1.07)	12905 (4 studies)	⊕⊕⊕⊖ low ^{3,4}	
Depression (Sabzmakan 2010 (46))		The mean depression in the intervention groups was 23 lower (32.46 to 13.54 lower)		108 (1 study)	⊕⊕⊕⊕ moderate ⁵	

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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 Cupples bruger individuel hjemmebaseret

² Meget bredt confidens interval

³ All four studies have problems or unclear blinding

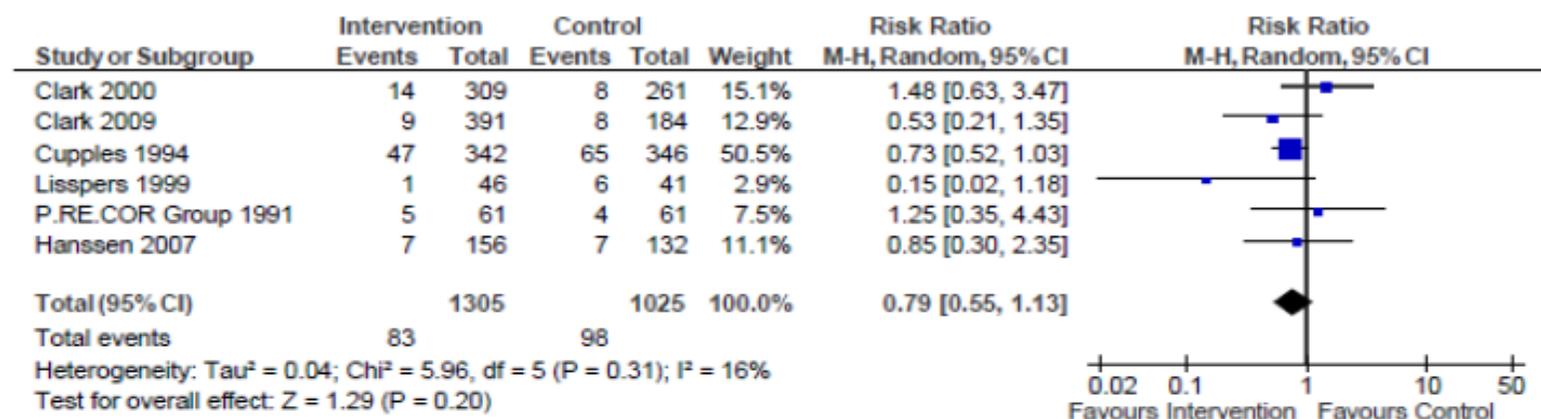
⁴ Bredt sikkerhedsinterval

⁵ Blinding not described.

Patient education in the management of coronary heart disease [Data only. When cited May-2013]

1 Total Mortality

1.1 Total mortality at the end of the follow up period



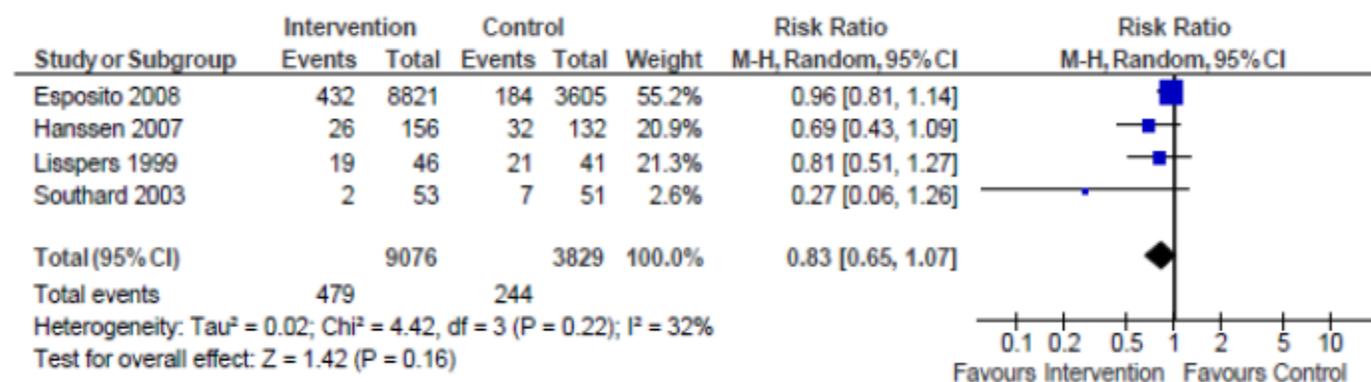
2 Cardiovascular mortality

2.1 Cardiovascular mortality



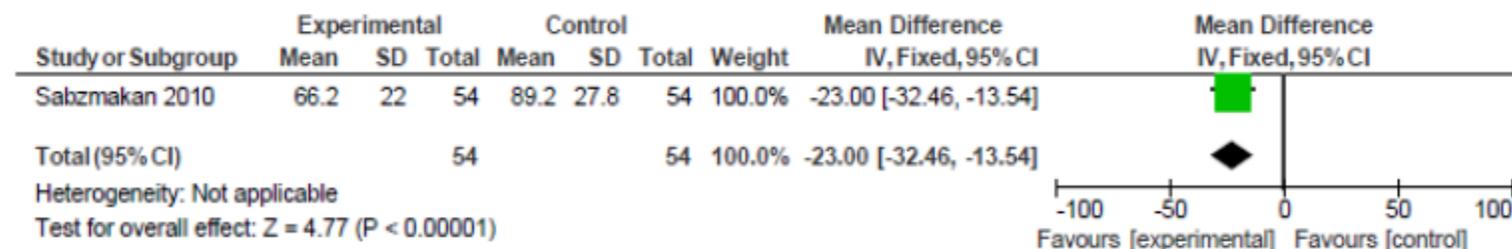
4 Hospitalisations

4.1 Cardiac Hospitalisations at end of follow up period



5 Anxiety/Depression

5.1 Depression



7 Quality of Life

PICO 3 – CHF

GRADE OG FORREST PLOTS

Patient education compared to usual care for heart failure

Patient or population: patients with heart failure

Settings:

Intervention: Patient education

Comparison: usual care

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk Usual care	Corresponding risk Patient education				
Mortality (Aguado 2010; Jaarsma 2008; Rich 1995 (47,49,50))	269 per 1000	215 per 1000 (175 to 266)	RR 0.8 (0.65 to 0.99)	1071 (3 studies)	⊕⊕⊕⊖ moderate ¹	
Cardiovascular mortality (Jaarsma 2008 (47))	212 per 1000	206 per 1000 (153 to 273)	OR 0.96 (0.67 to 1.39)	683 (1 study)	⊕⊕⊕⊖ moderate ²	
Hospitalization (Aguado 2010; Jaarsma 2008; Rich 1995 (47,49,50))	501 per 1000	483 per 1000 (420 to 546)	OR 0.93 (0.72 to 1.2)	965 (2 studies)	⊕⊕⊕⊖ moderate ³	
Depression (Ågren 2012 (48))		The mean depression in the intervention groups was 1.1 higher (0.93 lower to 3.13 higher)		155 (1 study)	⊕⊕⊖⊖ low ^{2,4}	
Quality Of Life (Ågren 2012; Aguado 2010; Brodie 2008; Rich 1995 (48-51))		The mean quality of life in the intervention groups was 0.25 standard deviations higher (0.04 to 0.45 higher)		385 (5 studies)	⊕⊕⊖⊖ low ^{4,5}	SMD 0.25 (0.04 to 0.45)

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

¹ Konfidens interval overlapper næsten 1

² meget bredt konfidensinterval

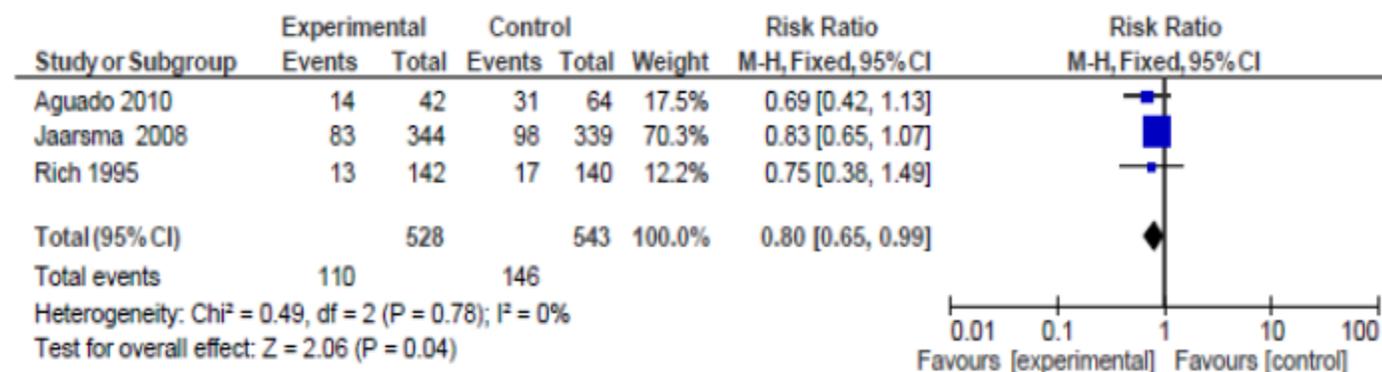
³ I²=82%. Modsat rettet effekt af de to studier

⁴ Usikker blinding

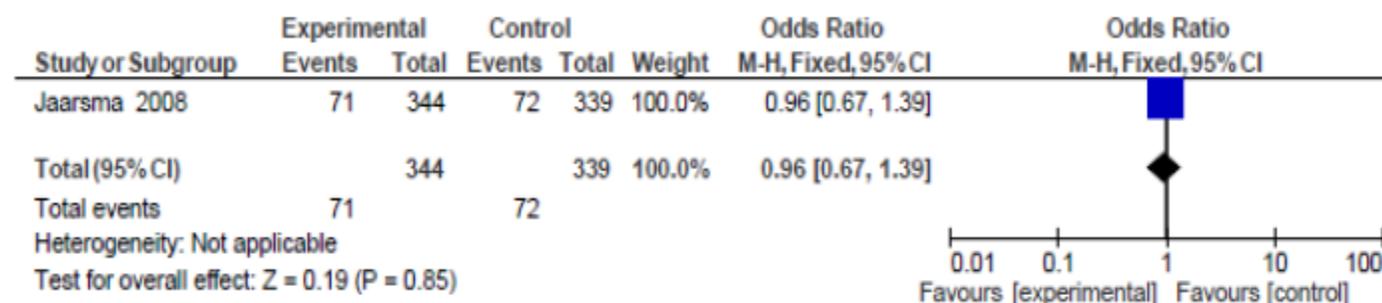
⁵ I² 66%. Forskellige skalaer

1 Patient education vs usual care

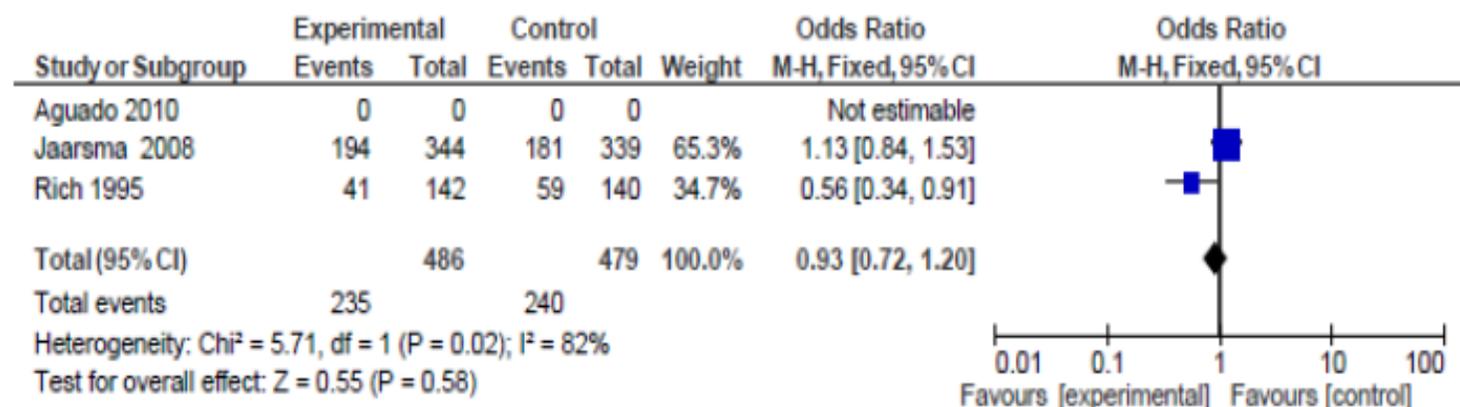
1.1 Mortality



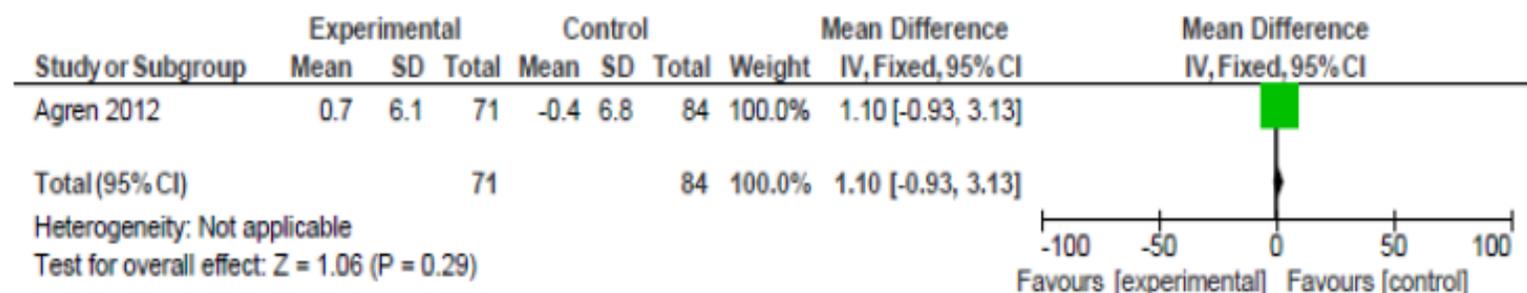
1.2 Cardiovascular mortality



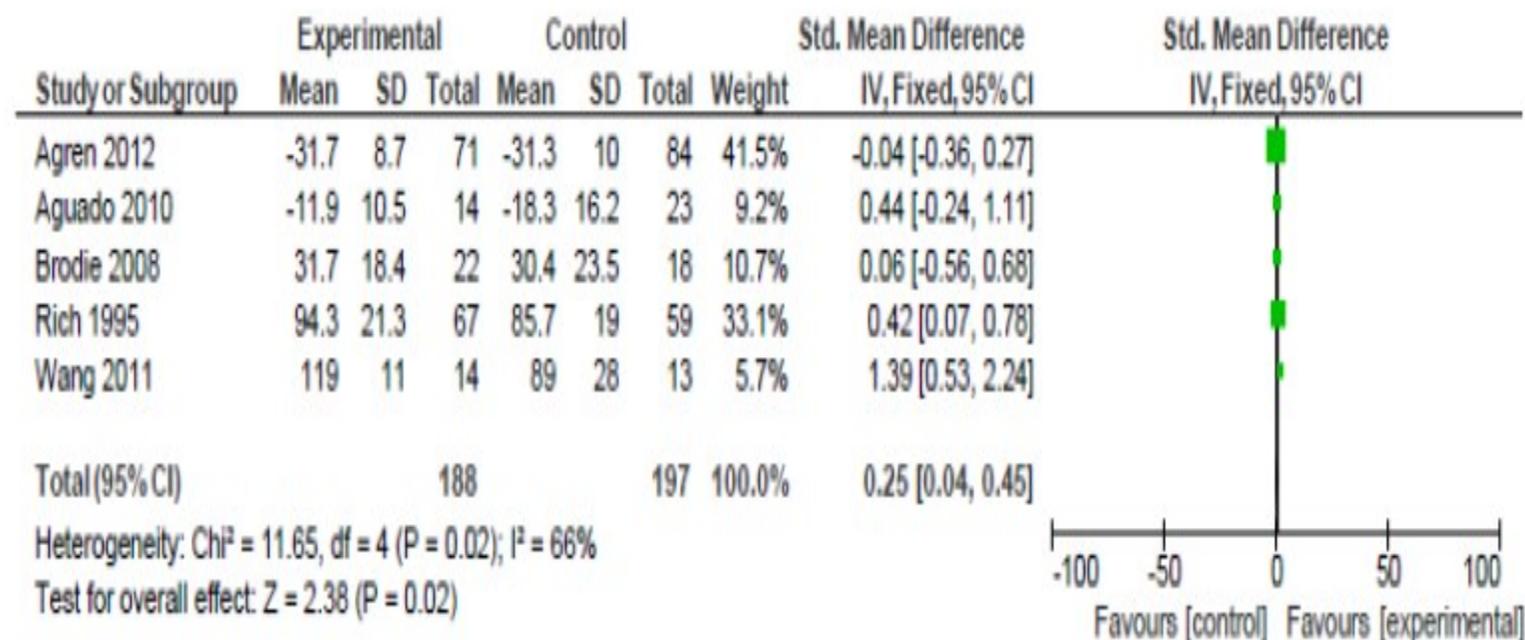
1.3 Hospitalization



1.4 Depression



1.5 Quality Of Life



PICO 4 – CHD

GRADE, FORREST OG FUNNEL PLOTS

PICO 4 - IHD - Psychological intervention +/- other rehabilitation compared to control (usual care/other rehabilitation) for coronary heart disease [Data only. When citing this record quote "Cochrane Database of Systematic Reviews 2011, Issue 3".]

Patient or population: patients with coronary heart disease [Data only. When citing this record quote "Cochrane Database of Systematic Reviews 2011, Issue 3".]

Settings:

Intervention: PICO 4 - IHD - Psychological intervention +/- other rehabilitation

Comparison: control (usual care/other rehabilitation)

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk	Corresponding risk				
	Control (usual care/other rehabilitation)	PICO 4 - IHD - Psychological intervention +/- other rehabilitation				
Total Mortality (Whalley 2011; Gulliksson 2011; Orth-Gomér 2009 (55,57,58))	99 per 1000	75 per 1000 (60 to 94)	RR 0.76 (0.61 to 0.95)	7451 (19 studies)	⊕⊕⊕⊖ low ^{1,2}	
Cardiac Mortality (Whalley 2011 (58))	85 per 1000	68 per 1000 (55 to 85)	RR 0.8 (0.64 to 1)	3893 (5 studies)	⊕⊕⊕⊖ low ^{1,3}	
Revascularisation (CABG and PCI combined) (Whalley 2011 (58))	121 per 1000	115 per 1000 (97 to 137)	RR 0.95 (0.8 to 1.13)	6670 (12 studies)	⊕⊕⊕⊖ low ^{1,3}	
Non-fatal MI (Whalley 2011; Gulliksson 2011 (57,58))	100 per 1000	86 per 1000 (70 to 105)	RR 0.86 (0.7 to 1.05)	7896 (13 studies)	⊕⊕⊕⊖ low ^{1,3}	
Depression (Whalley 2011 (58))		The mean depression in the intervention groups was 0.21 standard deviations lower (0.35 to 0.08 lower)		5041 (12 studies)	⊕⊕⊕⊖ low ^{3,4}	SMD -0.21 (-0.35 to -0.08)
Anxiety (Whalley 2011 (58))		The mean anxiety in the intervention groups was 0.25 standard deviations lower (0.48 to 0.03 lower)		2771 (8 studies)	⊕⊕⊕⊖ low ^{3,4}	SMD -0.25 (-0.48 to -0.03)
Quality of life (Disease Perception Lewin 2002; McGillion 2008 (59,60))		The mean quality of life in the intervention groups was 0.26 standard deviations higher (0.15 to 8.78 higher)		258 (2 studies ⁵)	⊕⊕⊕⊖ moderate ¹	

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

¹ Bredt konfidensinterval

² Assymetrisk funnelplot. De største studier viser ingen effekt.

³ Usikker blinding

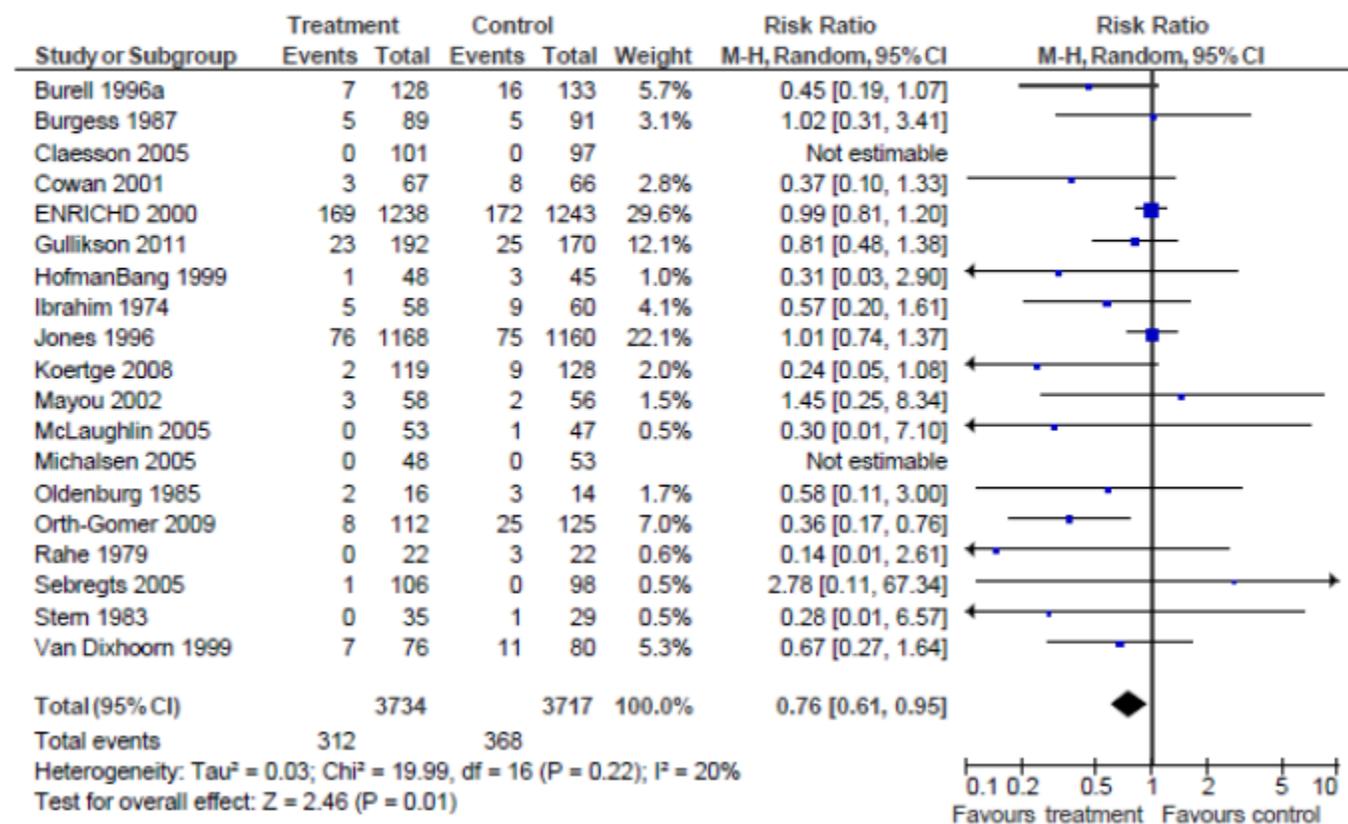
⁴ I²>50

⁵ Kommer fra McGuillion 2008 (60). I Cochrane reviewet Whalley 2011 (58) er der på tabelform reporter 7 studier hvor kun 2 viser at interventionen er bedre. Det er ikke umiddelbart muligt at inkludere disse studier i metaanalysen

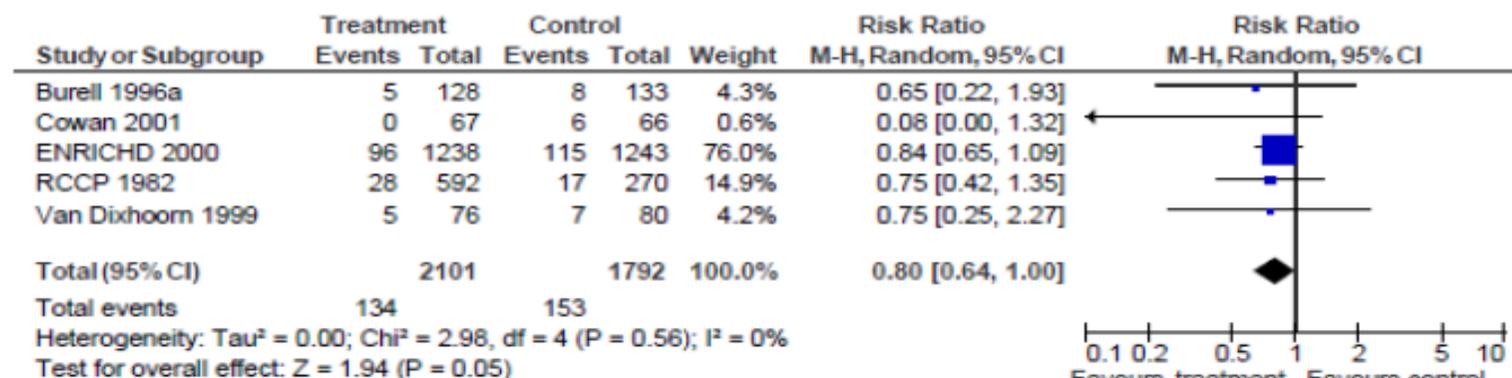
Psychological interventions for coronary heart disease [Data only. When citing this..04-May-2013]

1 Psychological intervention +/- other rehabilitation vs control (usual care/other rehabilitation)

1.1 Total Mortality

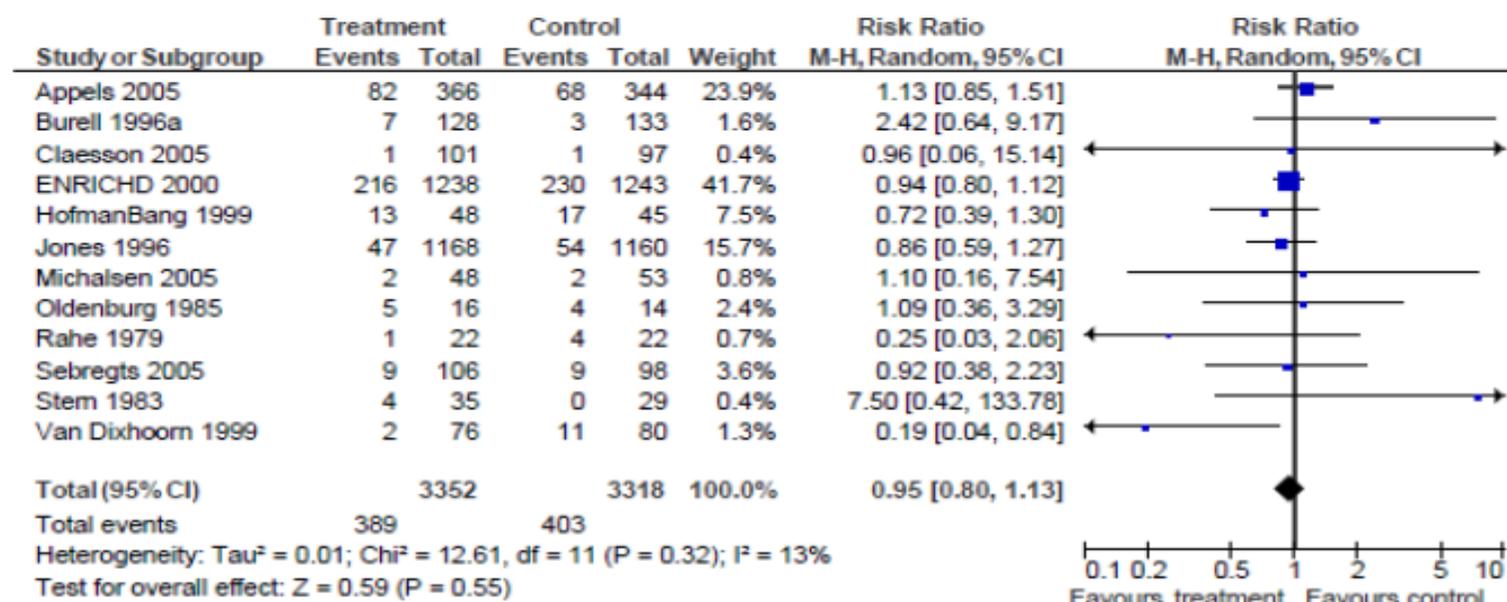


1.2 Cardiac Mortality

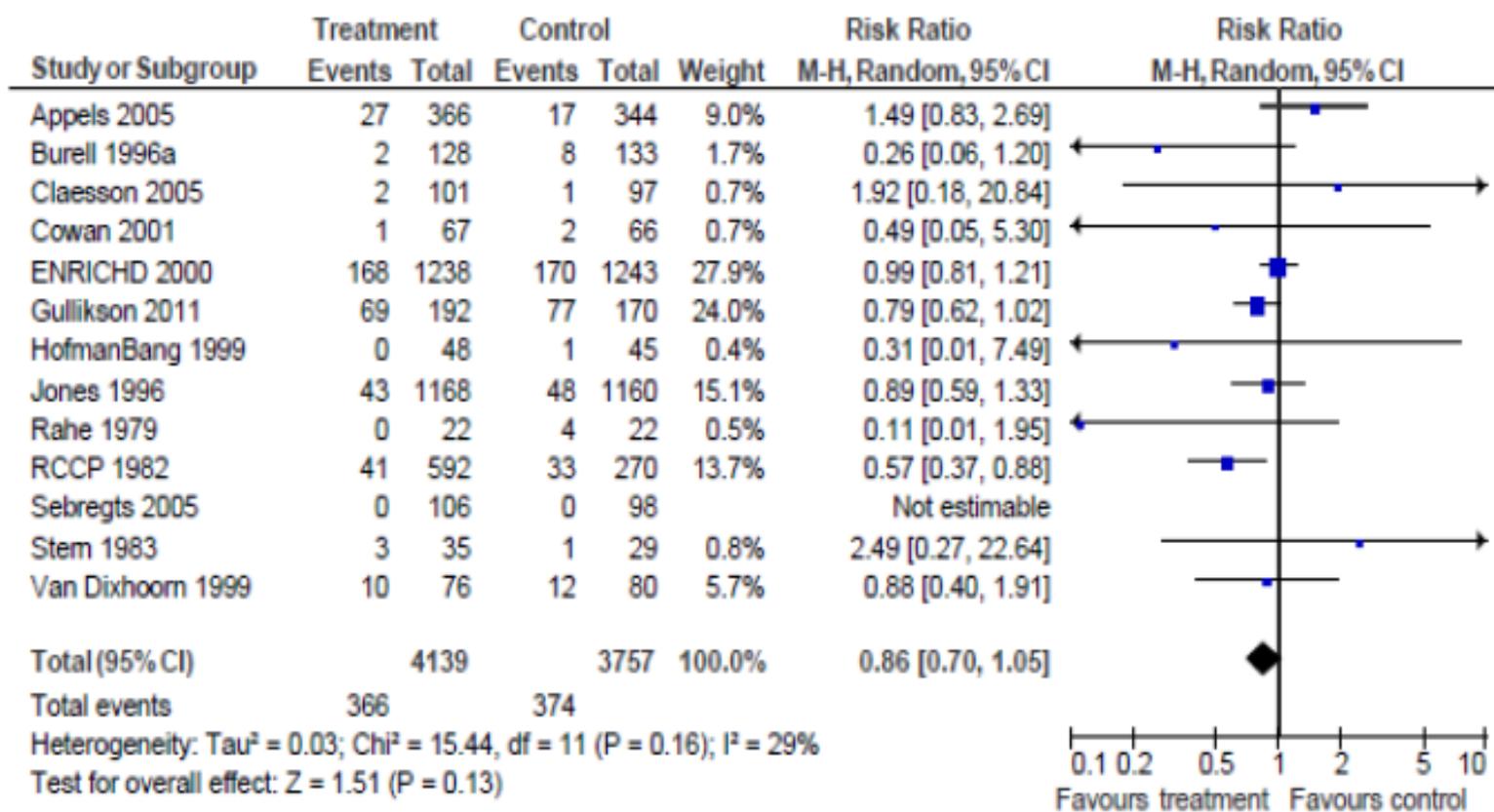


Psychological interventions for coronary heart disease [Data only. When citing this..04-May-2013]

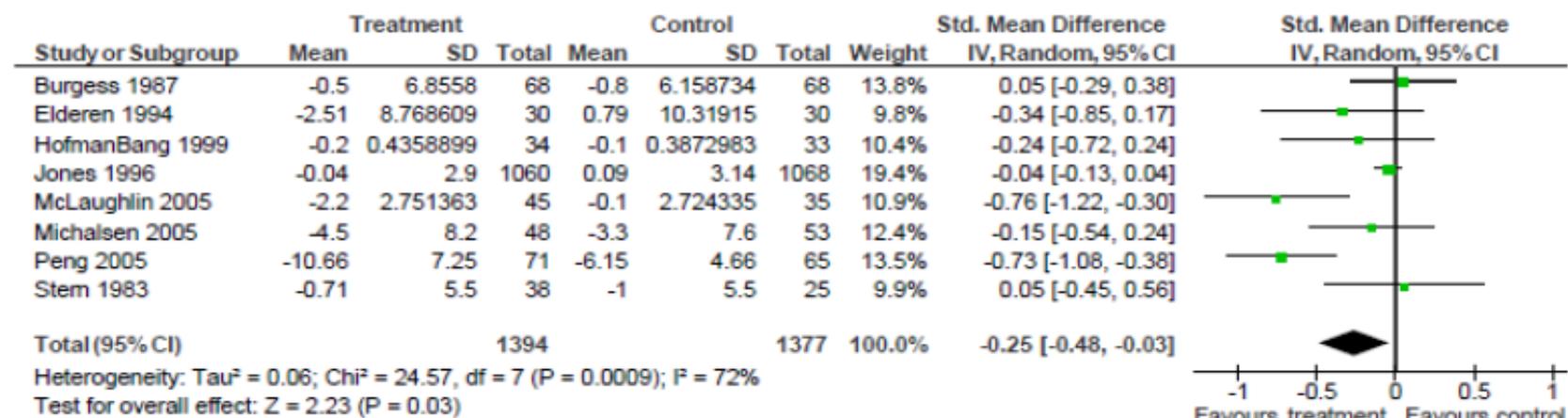
1.3 Revascularisation (CABG and PTCA combined)



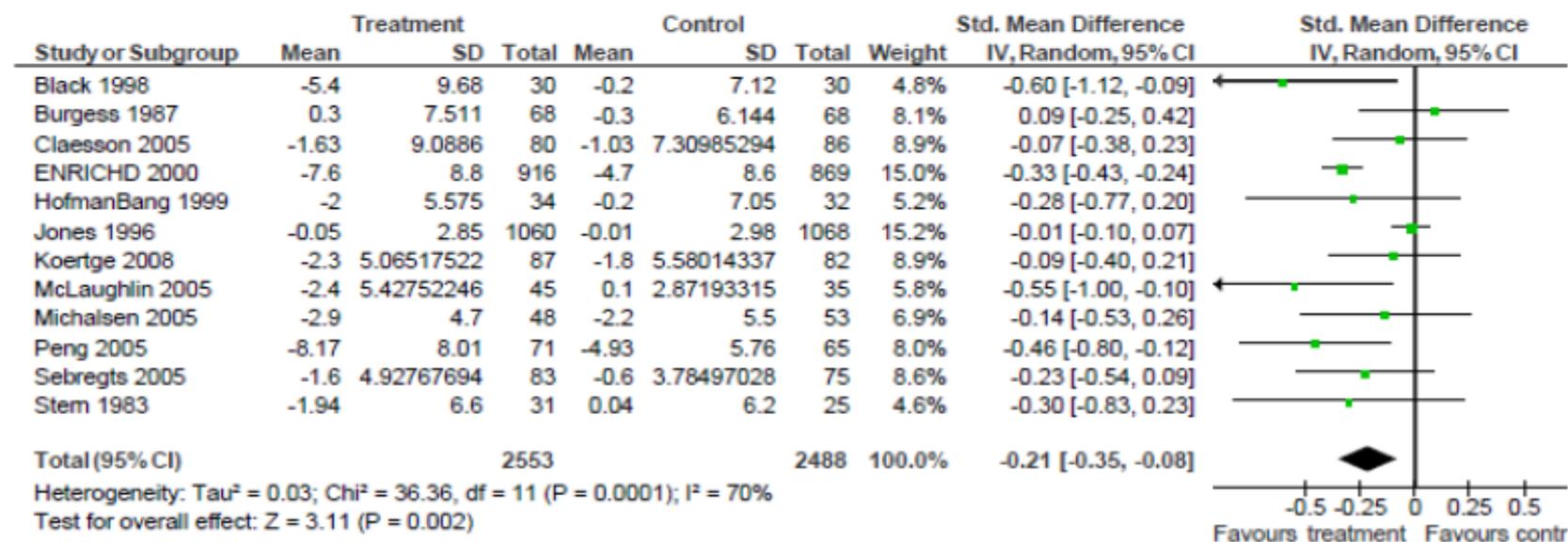
1.4 Non-fatal MI



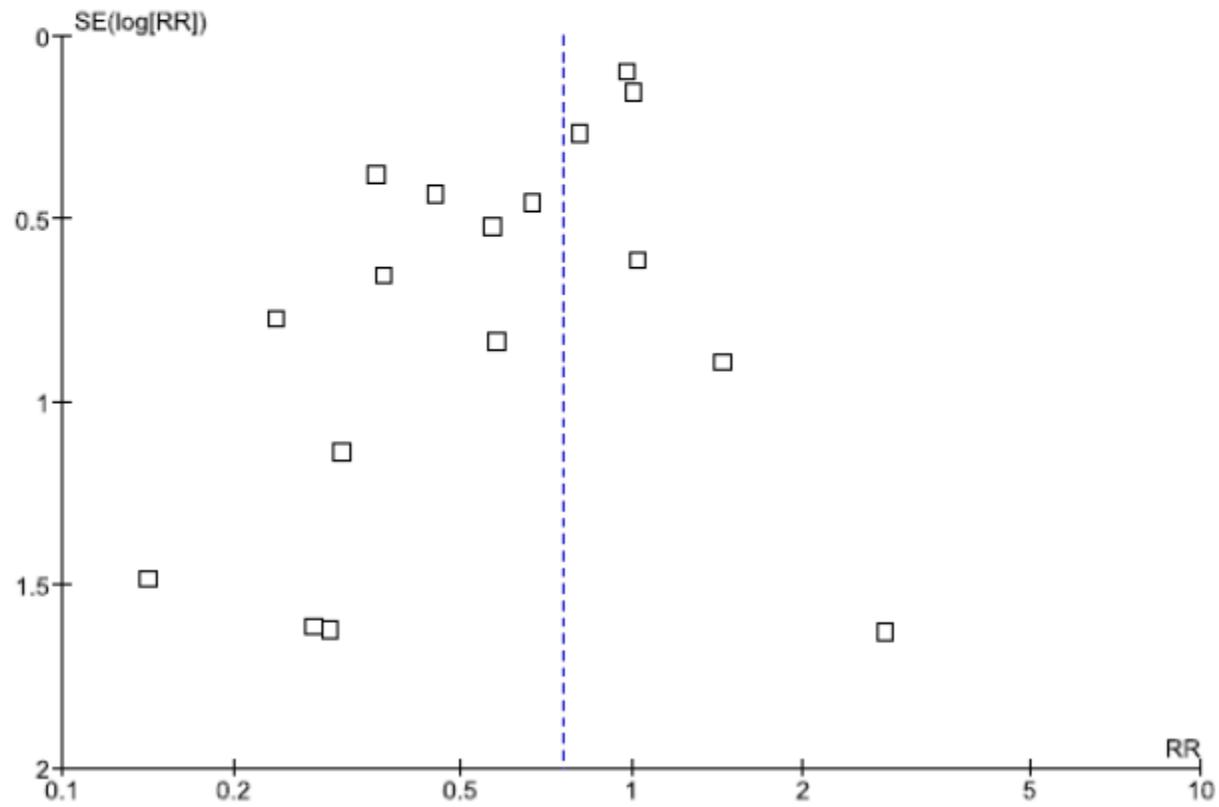
1.5 Anxiety



1.6 Depression



Funnelplot – total mortality



PICO 4 – HF

GRADE

PICO 4 - HF - Psychosocial support for Heart failure

Patient or population: patients with Heart failure

Settings:

Intervention: PICO 4 - HF - Psychosocial support

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk Control	Corresponding risk PICO 4 - HF - Psychosocial support				
Mortality - not measured	See comment	See comment	Not estimable	-	See comment	
Hospitalization ¹ - not reported	See comment	See comment	Not estimable ¹	-	See comment	
Depression ² (Ågren 2012 (48))	The mean depression in the control groups was -0.4	The mean depression in the intervention groups was 1.1 higher (0.3 lower to 2.5 higher)		155 (1 study)	⊕⊕⊖⊖ low ^{3,4}	
Quality of life ⁵ (Ågren 2012 (48))	The mean quality of life in the control groups was 31.3 PCS fra SF32	The mean quality of life in the intervention groups was 1.4 lower (3.4 lower to 0.6 higher)		155 (1 study)	⊕⊕⊖⊖ low ^{3,4}	

*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;

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 Shively 2013 (48,61) reporterer færre indlæggelser i den gruppe der fik psykococial støtte, men det er meget diffust rapporteret (There was a significant 3-way interaction for hospitalizations (F = 2.57, P = .041))

² Ågren 2012 (48) . P værdi=0.47

³ Usikker blinding

⁴ Meget bredt konfidensinterval

PICO 6

GRADE, FORREST OG FUNNEL PLOTS

Diet intervention for coronary heart disease

Patient or population: coronary heart disease

Settings:

Intervention: Diet intervention

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk	Corresponding risk				
	Control	Diet intervention				
Mortality - More fish vs Usual	311 per 1000	317 per 1000 (293 to 342)	RR 1.02 (0.94 to 1.1)	5147 (2 studies)	⊕⊕⊕⊖ moderate ¹	
Mortality - Less fat vs Usual	498 per 1000	488 per 1000 (453 to 528)	RR 0.98 (0.91 to 1.06)	2697 (3 studies)	⊕⊕⊕⊕ high	
Mortality - More fiber vs Usual	531 per 1000	531 per 1000 (494 to 579)	RR 1 (0.93 to 1.09)	2033 (1 study)	⊕⊕⊕⊕ high	
Mortality - More fruit vs Usual	164 per 1000	173 per 1000 (149 to 203)	RR 1.06 (0.91 to 1.24)	3114 (1 study)	⊕⊕⊕⊕ high	
Mortality - Mediterranean vs Usual	66 per 1000	26 per 1000 (12 to 59)	RR 0.4 (0.18 to 0.9)	605 (1 study)	⊕⊕⊖⊖ low ^{2,3}	
CV mortality - More fish vs Usual	213 per 1000	220 per 1000 (198 to 241)	RR 1.03 (0.93 to 1.13)	5147 (2 studies)	⊕⊕⊕⊖ moderate ¹	
CV mortality - Less fat vs Usual	382 per 1000	359 per 1000 (325 to 398)	RR 0.94 (0.85 to 1.04)	2697 (3 studies)	⊕⊕⊕⊕ high	
CV mortality - More fiber vs Usual	378 per 1000	401 per 1000 (359 to 446)	RR 1.06 (0.95 to 1.18)	2033 (1 study)	⊕⊕⊕⊕ high	
CV mortality - More fruit vs Usual	105 per 1000	100 per 1000 (81 to 122)	RR 0.95 (0.77 to 1.16)	3114 (1 study)	⊕⊕⊕⊕ high	
CV mortality - Mediterranean vs Usual	53 per 1000	10 per 1000	RR 0.19	605	⊕⊕⊖⊖	

		(3 to 34)	(0.06 to 0.64)	(1 study)	low ^{2,4}	
Non fatal - AMI - More fish vs Usual	32 per 1000	48 per 1000 (31 to 75)	RR 1.49 (0.97 to 2.3)	2033 (1 study)	⊕⊕⊕⊖ moderate ⁴	
Non fatal - AMI - Less fat vs Usual	78 per 1000	64 per 1000 (50 to 85)	RR 0.83 (0.64 to 1.09)	2697 (3 studies)	⊕⊕⊕⊖ moderate ⁴	
Non fatal - AMI - More fiber vs Usual	40 per 1000	40 per 1000 (26 to 62)	RR 1 (0.65 to 1.53)	2033 (1 study)	⊕⊕⊕⊖ moderate ⁴	
Non fatal - AMI - More fruit vs Usual	See comment	See comment	Not estimable	0 (0)	See comment	
Non fatal - AMI - Mediterranean vs Usual	56 per 1000	17 per 1000 (6 to 44)	RR 0.3 (0.11 to 0.79)	605 (1 study)	⊕⊕⊖⊖ low ^{2,4}	
Kostvaner målt ved kontinuer outcomes (selv rapporteret)		The mean kostvaner målt ved kontinuer outcomes (selv rapporteret) in the intervention groups was 0.46 standard deviations higher (0.06 to 0.86 higher)		5376 (7 studies)	⊕⊖⊖⊖ very low ^{1,4,5}	SMD 0.46 (0.06 to 0.86)

*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 I2 larger than 50%

² Stopped early for benefit

³ Spænder fra 80% til 10% reduction i mortalitet. Meget få events og kort follow up. Bemærk at Burr->Ness fandt en initial reduction som efterfølgende forsvandt

⁴ Meget stort spænd i effekt.

⁵ Da der er tale om selvrapporteret ændring af en ublindt intervention der er derfor stor risiko for bias

Diet intervention for heart failure

Patient or population: patients with heart failure

Settings:

Intervention: Diet intervention

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk Control	Corresponding risk Diet intervention				
Kostvaner		The mean kostvaner in the intervention groups was 0.79 standard deviations lower (1.12 to 0.46 lower)		153 (3 studies)	⊕⊕⊕⊖ moderate ¹	SMD -0.79 (-1.12 to -0.46)

*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;

GRADE Working Group grades of evidence

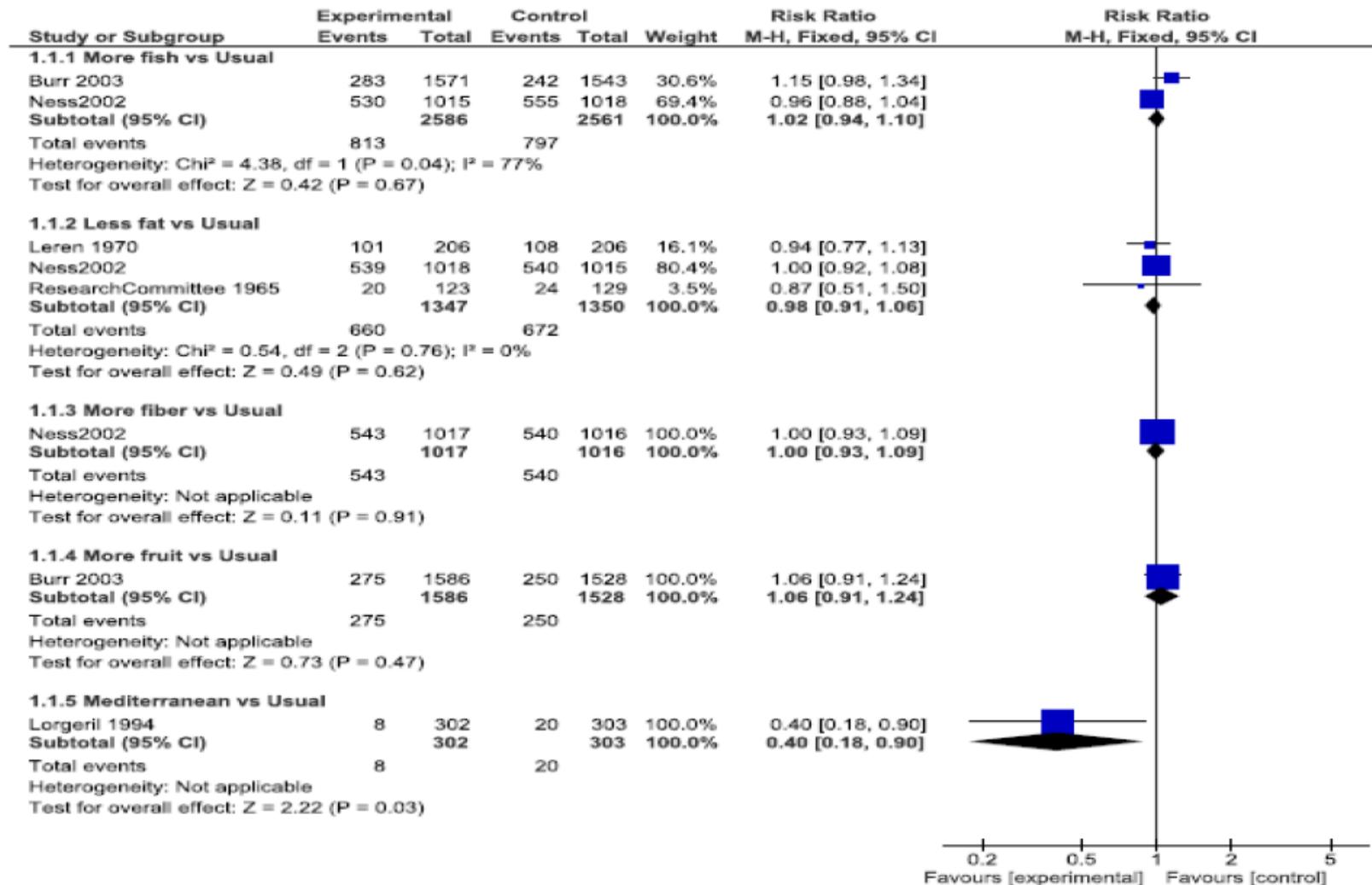
High quality: Further research is very unlikely to change our confidence in the estimate of effect.

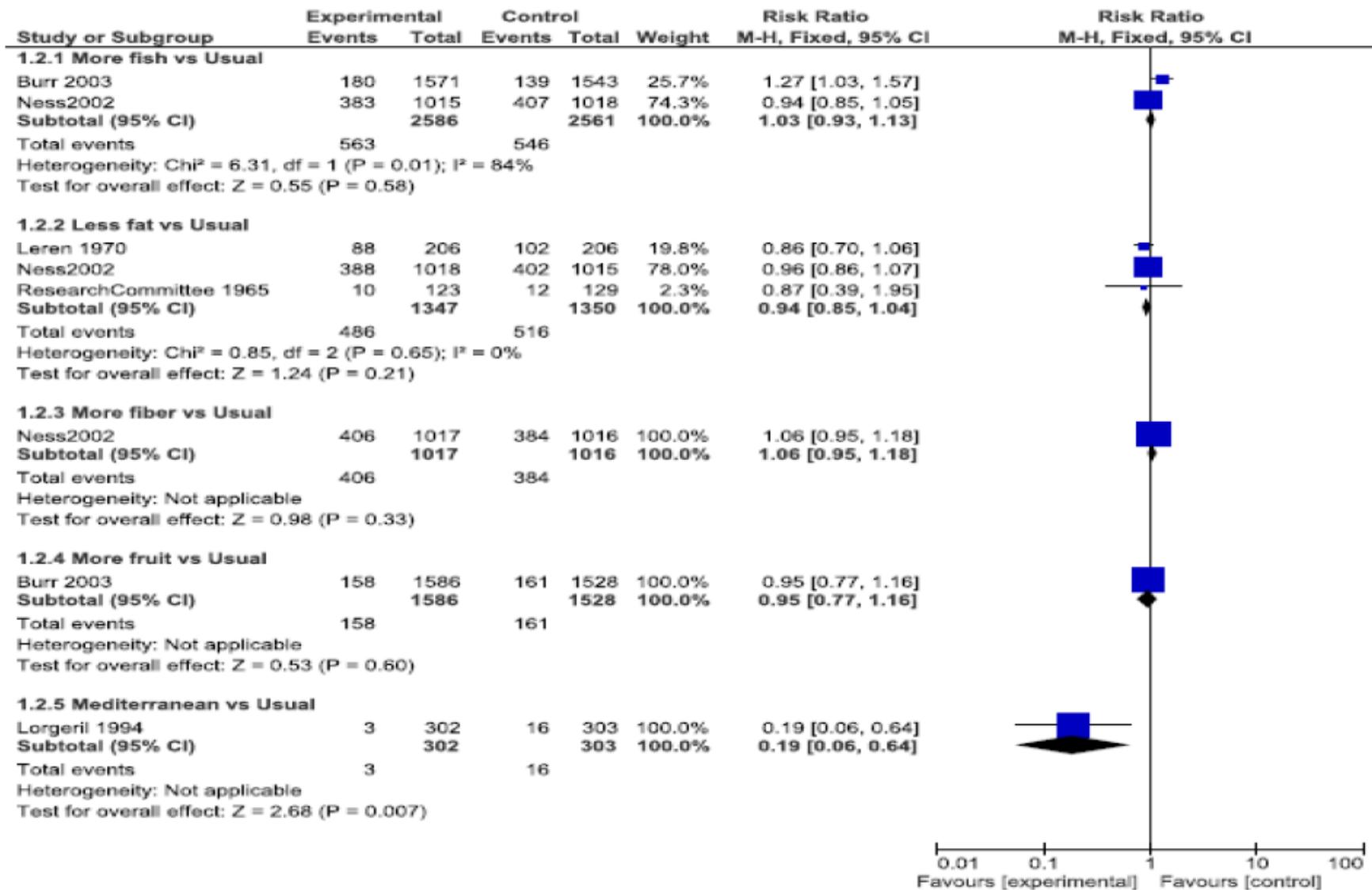
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

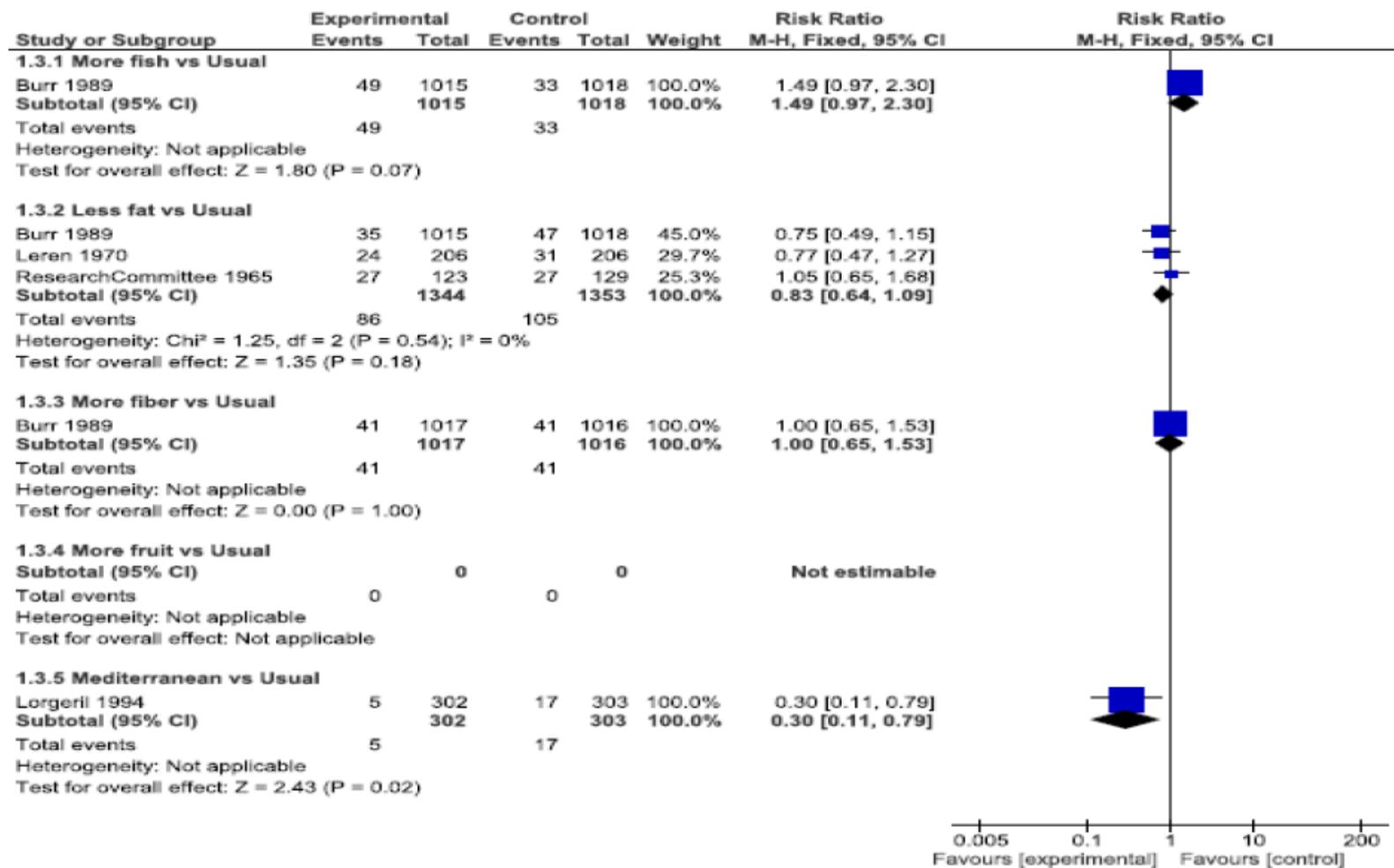
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

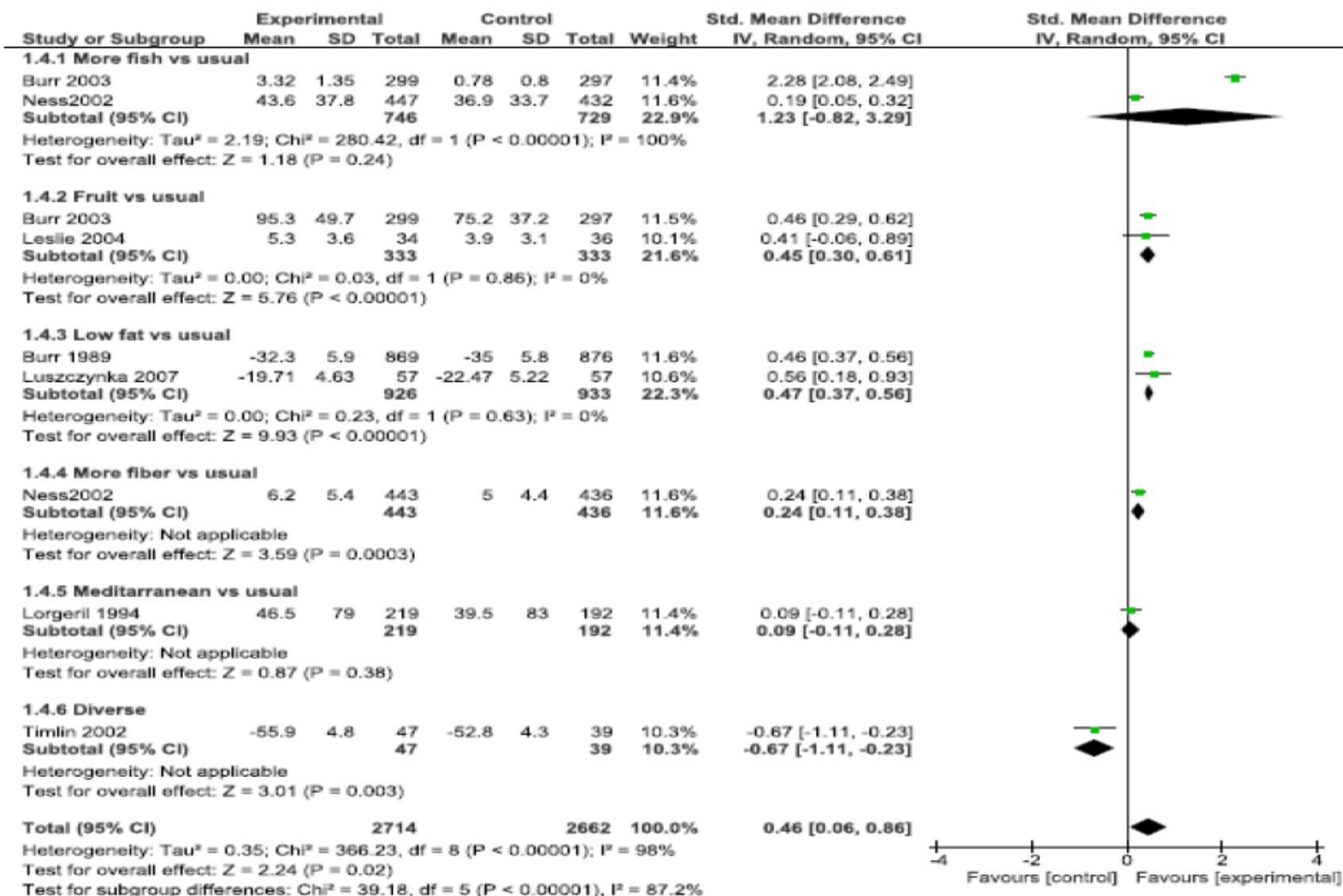
Very low quality: We are very uncertain about the estimate.

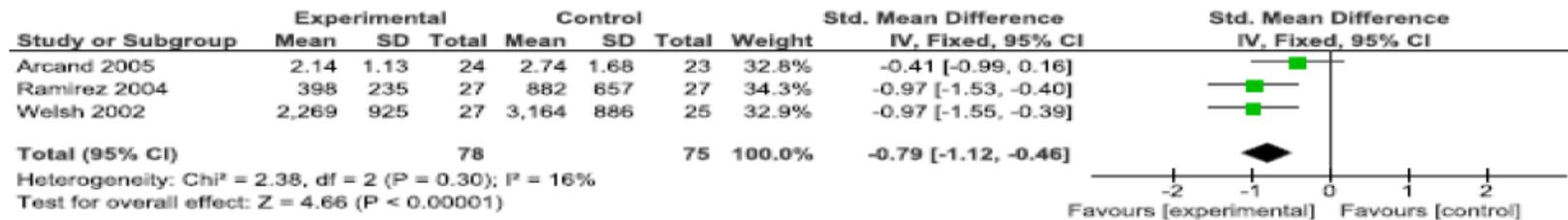
¹ Der er tale om selvrappederede kostvaner af en ikke blindert intervention hvorfor der er stor risiko for bias











PICO 7

GRADE, FORREST OG FUNNEL PLOTS

PICO 7 - Efficacy of psychosocial interventions on abstinence (6 to 12 months; all trials) for smoking cessation in patients with coronary heart disease [Data only. When citing this record quote "Cochrane Database of Systematic Reviews 2008, Issue 1".]

Patient or population: patients with smoking cessation in patients with coronary heart disease [Data only. When citing this record quote "Cochrane Database of Systematic Reviews 2008, Issue 1".]

Settings:

Intervention: PICO 7 - Efficacy of psychosocial interventions on abstinence (6 to 12 months; all trials)

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of evidence (GRADE)	Comments
	Assumed risk	Corresponding risk				
	Control	PICO 7 - Efficacy of psychosocial interventions on abstinence (6 to 12 months; all trials)				
Mortality (Huttunen-Lenz, 2010 (105))	43 per 1000	31 per 1000 (20 to 49)	RR 0.73 (0.46 to 1.15)	2590 (10 studies)	⊕⊕⊕⊖ moderate ¹	
Cardiac Events (Müller-Riemenschnider, 2010 (106))	See comment	See comment	Not estimable	0 (2 studies)	See comment	
IHD - Quality of life (Quist-Paulsen 2006 (111))		The mean IHD - quality of life in the intervention groups was 0.2 lower (2.78 lower to 2.38 higher) ²		240 (1 study)	See comment	
Abstinence 6 to 12 months (ITT preferred and OM) (Barth 2009, Chan 2011 (107,110))	334 per 1000	398 per 1000 (370 to 429)	OR 1.32 (1.17 to 1.5)	4537 (17 studies)	⊕⊕⊖⊖ low ^{3,4}	

*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; OR: Odds 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 Bredt konfidensinterval

² Udregnet af Jeppe Schroll

³ I2 >50%

⁴ Se funnelplot. Det meget store kinesiske studie viser ingen effekt, mens små studier viser en meget stor effekt.

Abstinence 6 to 12 months (ITT preferred and OM)

17	randomised trials	serious risk of bias ⁷	serious ⁵	no serious indirectness	no serious imprecision	reporting bias ⁶	906/2292 (39.5%)	750/2245 (33.4%)	OR 1.32 (1.17 to 1.5)	64 more per 1000 (from 36 more to 95 more)	⊕○○○ VERY LOW	IMPORTANT
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¹ Bredt konfidensinterval

² Baseret på Huttunen-Lenz 2010

³ Baseret på Mueller-Riemenschneider 2010. OR: 0.48 (0.31-0.75)

⁴ Udregnet af Jeppe Schroll

⁵ I2 >50%

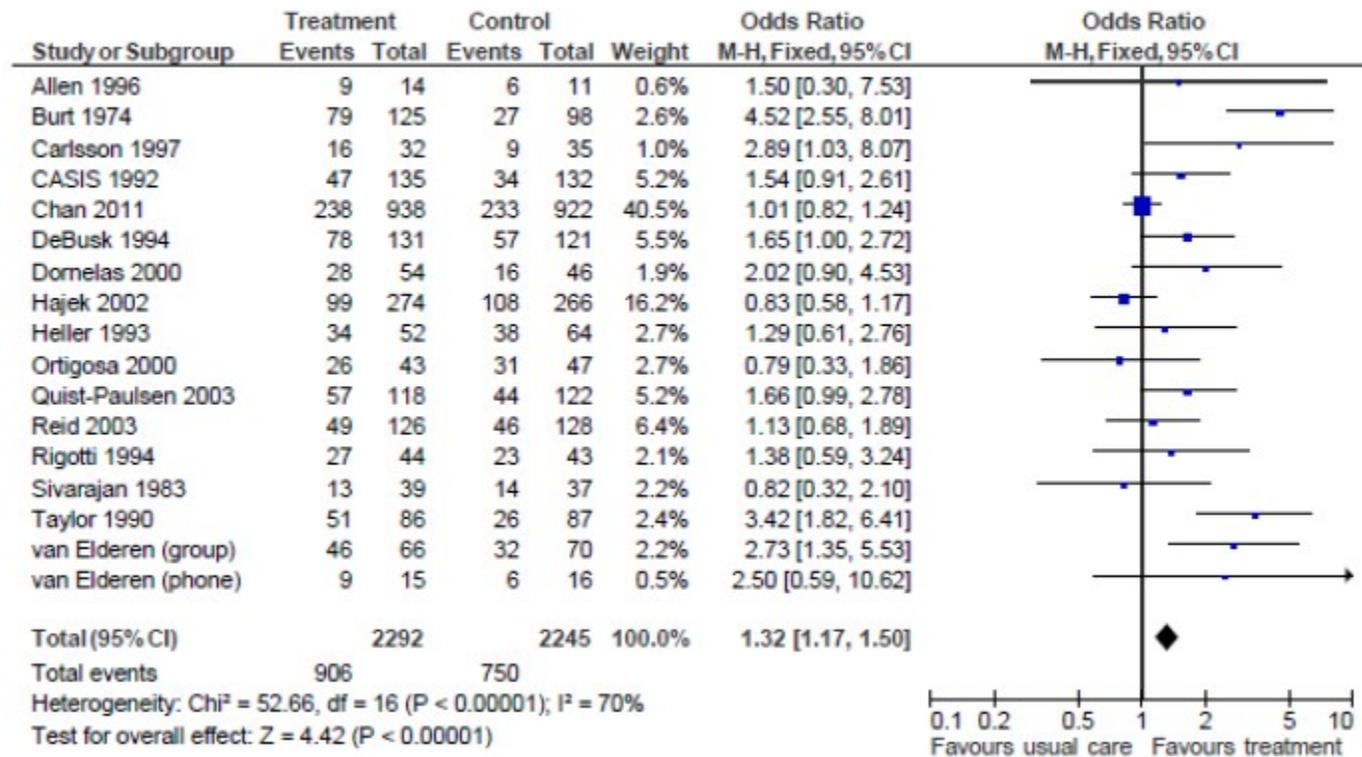
⁶ Se funnelplot. Det meget store kinesiske studie viser ingen effekt, mens små studier viser en meget stor effekt.

⁷ Usikker blinding

Psychosocial interventions for smoking cessation in patients with coronary heart... 06-May-2013

1 Efficacy of psychosocial interventions on abstinence (6 to 12 months; all trials)

1.1 Abstinence 6 to 12 months (ITT preferred and OM)



Funnelplot - abstinence

