

S4 Appendix 4. Characteristics of included primary studies reported by systematic reviews

Primary Study ID	Sample Size	Location	Target of Intervention	Study Design	Risk Score	Population*	Intervention*	Control*	Length of Follow-up	Systematic Reviews						Outcome					Quality as Reported by Systematic Review	
										Brindle 2006(1)	Sheridan 2008(2)	Sheridan 2010(3)	Van Dieren 2012(4)	Waldron 2011(5)	Usher-Smith 2015(6)	CVD Morbidity	All-Cause Mortality	Systolic Blood Pressure	Total Cholesterol	LDL Cholesterol		Smoking Cessation
Montgomery 2000 (7)	614	UK	Provider	Cluster RCT	Framingham-derived risk score	"between 60 and 79 years with high blood pressure." (7)	"CHD risk chart alone"	"Usual care"	6-12 months	✓	✓		✓				✓				Fair(2)	
Hanon 2000 (8)	1268	France	Provider	RCT	10 year Framingham risk	"Adults 18–75 years with BP >140/90 without severe hypertension, secondary hypertension, heart disease, CVD, renal, pulmonary, hepatic disease or significant psychiatric or other serious illness, diabetes, pregnancy or of reproductive age without effective contraception"	"As for control group plus calculation of Framingham risk also given to physicians"	"Baseline measurement of BP and prescription of fosinopril followed by visits at 4 and 8 weeks at which physicians could add in hydrochlorothiazide"	8 weeks	✓								✓				Medium(6)
Lowensteyn 1998 (9)	958	Canada	Patient and Provider	RCT	8-year coronary risk from CHD Prevention Model and estimated 'cardiovascular age'	"Patients 30–74 years without history of CVD in whom clinicians thought a risk profile would be clinically useful"	"Physicians—same 1 h education meeting and a monthly newsletter plus received 2 copies of patients risk profile within 10 working days. Patients—completed same questionnaire and then invited back 2 weeks later when presented with risk"	"Physicians—1 h education meeting and a monthly newsletter. Patients — completed questionnaire about attitudes and knowledge surrounding CVD prevention and assessment of their current lifestyle and medical problems"	3–6 months		✓						✓	✓	✓	✓	Low(6)	
Van Steenkiste 2007(10)	623	Netherlands	Patient and Provider	Cluster RCT	Framingham-derived	"men aged 40-70, women aged 40-75, without established CVD" (10)	"4 hour interactive session on CHD risk and risk reduction for practitioners; 16 page decision support tools on CHD risk to be given to patient; 2 scheduled consultations to discuss risk"	"Written educational materials for GPs on Dutch Cholesterol Guidelines"	26 weeks		✓									✓	Fair(2)	
Grover 2007(11)	2356	Canada	Patient and Provider	RCT	10-year Framingham risk	"Patients with diabetes or 10-year risk > 30% with moderate cholesterol, 10-year risk 20–30% with high cholesterol or 10-year risk 10–20% with very high cholesterol with no hypersensitivity to statins, risk of pregnancy, breastfeeding, active liver disease, raised CK or triglycerides, a history of pancreatitis or significant renal insufficiency**"	"Physicians attended the same full-day educational session [as control]. Patients were given a copy of their risk profile and then followed up at 2–4 weeks, 3,6,9 and 12 months"	"Physicians attended full-day educational session. Patients received usual care with follow-up at 2–4 weeks and 3,6,9 and 12 months"	12 months			✓		✓	✓			✓	✓		Medium to High(6)	
Hanlon 1995(12)	868	UK	Patient	RCT	Dundee risk score	"Workers at two work sites not working permanent night shifts, taking part in another coronary intervention or taking lipid-lowering medication"	"Health education plus feedback on risk score or health education and feedback on serum cholesterol plus feedback on risk score"	"Health education (interview backed up by written information) or health education and feedback on serum cholesterol"	5 months			✓						✓	✓		Medium(6)	
Emmett 2005(13)	216	England	Patient	Observational follow-up of RCT	Framingham	"30 to 80 years, not currently taking antihypertensive medication, and had sustained raised blood pressure at a level where their general practitioner (GP) would normally discuss initiation of pharmacological therapy" (14)	"Risk + decision Analysis [tool]"	"No intervention (usual care)"	3 years			✓						✓			Good(3)	
Family Heart Study Group 1994(15)	12472	UK	Patient and Provider	RCT	Dundee risk score	"All men aged 40-59 and their partners" (16)	Patient: "Risk + counselling" Nurse: "risk factor measurements and their quality assurance and follow up, and client centred lifestyle counselling"(16)	"No intervention (usual care)"	1 year			✓						✓	✓	✓	Fair(3)	
Lovibond 1986(17)	75	Australia	Patient	RCT	International Coop Study Risk score	"persons aged 30 to 60 years who were willing to undergo a thorough medical examination and who were found on examination to have a high overall risk of CHD, although free of clinical evidence of disease (subjects could be within normal limits on any particular risk measure provided overall risk was elevated)." (17)	"Regular Assessment and Feedback of Coronary Risk-Factor Status and Overall CHD Risk"(17)	"general qualitative feedback of the objective measurements of weight, blood pressure, and aerobic fitness" (17)	6 and 12 months			✓						✓		✓	Fair(3)	
OxCheck 1995(18,19)	3121	England	Patient	RCT	Framingham or a Framingham derived risk score.	"the entire middle aged (35-64 years) population of each of five practices." (20)	"Risk + counselling" in health checks performed by nurses	"Usual care"	3 years			✓						✓	✓	✓	Fair(3)	
Turnbull 2006(21)	371	Australia	Patient and Provider	Cluster RCT	CHD risk Take Heart	"18–75 years and had mild to moderate hypertension, although people with severe hypertension were eligible if they were not at very high absolute risk"(21)	"an interactive CD-ROM program designed to enable the GP to quantify and manage risk, a CD-ROM and video for the patient, and a supporting website. A set of written and audio patient education materials are supplied and each patient is referred to a program-commissioned dietitian for at least one session on non-pharmacological approach"(21)	"Usual care"	6 and 12 months			✓						✓			Fair(3)	
Williams 2006(22)	1006	US	Patient	RCT	Framingham or a Framingham derived risk score	"Eligible subjects were currently smoking 5 or more cigarettes per day, were 18 years of age and older, read and spoke English, had no history of a psychotic illness (depression and anxiety were	"patients' 10-year risks for developing cardiovascular disease were reviewed, and patients were informed that lowering their cholesterol and stopping smoking could cut that risk by more than	"National Cancer Institute booklet "You Can Quit Smoking," 21 a copy of their cholesterol test results, the American Dietetic Association booklet on elevated cholesterol	18 months			✓						✓	✓		Good(3)	

15. Family Heart Study Group. Randomised controlled trial evaluating cardiovascular screening and intervention in general practice: principal results of British family heart study. *Family Heart Study Group. BMJ. ENGLAND*; 1994 Jan;308(6924):313–20.
16. Family Heart Study Group. British family heart study: its design and method, and prevalence of cardiovascular risk factors. *Br J Gen Pract. ENGLAND*; 1994 Feb;44(379):62–7.
17. Lovibond SH, Birrell PC, Langeluddecke P. Changing coronary heart disease risk-factor status: the effects of three behavioral programs. *J Behav Med. UNITED STATES*; 1986 Oct;9(5):415–37.
18. OxCHECK. Effectiveness of health checks conducted by nurses in primary care: final results of the OXCHECK study. Imperial Cancer Research Fund OXCHECK Study Group. *BMJ. ENGLAND*; 1995 Apr;310(6987):1099–104.
19. OxCHECK. Effectiveness of health checks conducted by nurses in primary care: results of the OXCHECK study after one year. Imperial Cancer Research Fund OXCHECK Study Group. *BMJ. ENGLAND*; 1994 Jan;308(6924):308–12.
20. OxCHECK. Prevalence of risk factors for heart disease in OXCHECK trial: implications for screening in primary care. Imperial Cancer Research Fund OXCHECK Study Group. *BMJ. ENGLAND*; 1991 May;302(6784):1057–60.
21. Turnbull D, Beilby J, Ziaian T, Qureshi F, Mark N, Tonkin A, et al. Disease Management for Hypertension: A Pilot Cluster Randomized Trial of 67 Australian General Practices. *Dis Manag Heal Outcomes. 2006*;14(1):27–35.
22. Williams GC, McGregor H, Sharp D, Kouldes RW, Levesque CS, Ryan RM, et al. A self-determination multiple risk intervention trial to improve smokers' health. *J Gen Intern Med. United States*; 2006 Dec;21(12):1288–94.
23. Wister A, Loewen N, Kennedy-Symonds H, McGowan B, McCoy B, Singer J. One-year follow-up of a therapeutic lifestyle intervention targeting cardiovascular disease risk. *CMAJ. Canada*; 2007 Oct;177(8):859–65.
24. Bucher HC, Rickenbach M, Young J, Glass TR, Vallet Y, Bernasconi E, et al. Randomized trial of a computerized coronary heart disease risk assessment tool in HIV-infected patients receiving combination antiretroviral therapy. *Antivir Ther. England*; 2010;15(1):31–40.
25. Persell SD, Lloyd-Jones DM, Friesema EM, Cooper AJ, Baker DW. Electronic health record-based patient identification and individualized mailed outreach for primary cardiovascular disease prevention: a cluster randomized trial. *J Gen Intern Med. United States*; 2013 Apr;28(4):554–60.
26. Price HC, Griffin SJ, Holman RR. Impact of personalized cardiovascular disease risk estimates on physical activity—a randomized controlled trial. *Diabet Med. England*; 2011 Mar;28(3):363–72.

