Does exercise-based cardiac rehabilitation improve quality of life in coronary artery disease? A contemporary systematic review and meta-analysis

Supplementary Appendix 2: Extraction of mean and standard deviations not explicitly reported

Study	Tool	Method used to extract the data for meta-analysis
Yu 2004	SF-36 domains	Mean profiles (line graphs) and 95% confidence intervals (CIs) for each arm were presented. The means and 95% CIs widths were approximated from the graphs. SDs were calculated by taking half the CI width to be given by $1.96SD/\sqrt{n}$, where n is the sample size.
Maddison 2014	SF-36 domains and EQ-5D	For each domain, the SDs were extracted from 95% CIs of the mean difference. Equal SD in both arms was assumed and was calculated by taking half the CI width to be given by $1.96SD\sqrt{1/n_1 + 1/n_2}$, where n_1 and n_2 are the sample sizes from the two arms.
Bettencourt 2005	SF-36 domains, including MCS and PCS	The means for each arm were given. No SDs or CIs were reported. For the "General health" and "Vital force" domains p-values were reported as being <0.02 while for MCS, p-value was 0.02. Taking the p-values for the three measures to be equal to 0.02 and assuming SD was equal in both arms, SD was calculated assuming a two-sided Wald test for the difference between the arms. For other domains, it was reported that differences were not significant without giving the exact p-values and so it was impossible to calculate the SDs. Consequence of this is that Bettencourt 2005 may bias results since its data are included in the meta-analysis only when the difference between the two arms is significant.
Oerkild 2012 Hojskov 2019	SF-36 MCS and PCS	Mean difference and 95% CI interval given. SE calculated while taking the width of the confidence is given by 3.92SE.