

S5 Appendix 5. GRADE Tables

Quality assessment							№ of patients		Effect		Quality
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% CI)	Absolute (95% CI)	
Systolic Blood Pressure (mmHg)											
9	randomised trials	serious ^{1,2}	serious ³	serious ⁴	not serious	none	-	-	-	MD 2.22 less (3.89 less to 1.22 less)	⊕○○○ VERY LOW
Systolic Blood Pressure (mmHg) - Patient Directed											
3	randomised trials	serious ¹	not serious	serious ⁴	serious ⁵	none	-	-	-	MD 4.88 less (8.57 less to 1.19 less)	⊕○○○ VERY LOW
Systolic Blood Pressure (mmHg) - Provider Directed											
3	randomised trials	serious ¹	not serious	serious ⁴	not serious	none	-	-	-	MD 1.14 less (2.09 less to 0.19 less)	⊕⊕○○ LOW
Systolic Blood Pressure (mmHg) - Patient & Provider Directed											
2	randomised trials	serious ^{2,6}	not serious ⁷	serious ⁴	serious ⁵	none	-	-	-	MD 4.16 less (5.71 less to 2.61 less)	⊕○○○ VERY LOW
Smoking Cessation											
7	randomised trials	serious ^{1,2,6,8}	not serious	serious ⁴	not serious	none	109/1600 (6.8%)	83/2531 (3.3%)	RR 1.62 (1.08 to 2.43)	20 more per 1000 (from 3 more to 47 more)	⊕⊕○○ LOW
								5.0%		31 more per 1000 (from 4 more to 72 more)	
Smoking Cessation - Patient Directed											
4	randomised trials	serious ^{1,2,8}	not serious	serious ⁴	not serious	none	80/1444 (5.5%)	76/2441 (3.1%)	RR 1.53 (1.07 to 2.19)	17 more per 1000 (from 2 more to 37 more)	⊕⊕○○

Quality assessment							№ of patients		Effect		Quality
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% CI)	Absolute (95% CI)	
								4.0%		21 more per 1000 (from 3 more to 47 more)	LOW
Smoking Cessation - Provider Directed											
2	randomised trials	not serious	serious ⁹	serious ⁴	serious ⁵	none	29/134 (21.6%)	6/70 (8.6%)	RR 1.90 (0.43 to 8.29)	77 more per 1000 (from 49 fewer to 625 more)	⊕○○○ VERY LOW
								8.8%		80 more per 1000 (from 50 fewer to 644 more)	
Smoking Cessation - Patient & Provider Directed											
1	randomised trials	not serious	not serious	serious ⁴	not serious	none	0/22 (0.0%)	1/20 (5.0%)	RR 0.30 (0.01 to 7.07)	35 fewer per 1000 (from 50 fewer to 304 more)	⊕⊕⊕○ MODERATE
								5.0%		35 fewer per 1000 (from 50 fewer to 304 more)	
Total Cholesterol (mmol/L)											
5	randomised trials	serious ^{1,2,6,8}	very serious ³	very serious ^{4,10,11}	serious ⁵	none	-	-	-	MD 0.11 less (0.2 less to 0.02 less)	⊕○○○ VERY LOW
Total Cholesterol (mmol/L) - Patient Directed											
2	randomised trials	serious ^{1,2,8}	not serious	very serious ^{4,10}	not serious	none	-	-	-	MD 0.07 less (0.13 less to 0.02 less)	⊕○○○ VERY LOW
Total Cholesterol (mmol/L) - Provider Directed											
1	randomised trials	serious ^{2,8}	not serious	very serious ^{4,11}	serious ⁵	none	-	-	-	MD 0.01 less (0.08 less to 0.06 more)	⊕○○○ VERY LOW
Total Cholesterol (mmol/L) - Patient & Provider Directed											

Quality assessment							№ of patients		Effect		Quality
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% CI)	Absolute (95% CI)	
2	randomised trials	serious ^{1,2,6,8}	not serious	serious ⁴	serious ⁵	none	-	-	-	MD 0.26 less (0.37 less to 0.15 less)	⊕○○○ VERY LOW
LDL Cholesterol (mmol/L)											
4	randomised trials	very serious ^{1,2,6,8}	not serious	serious ⁴	not serious	none	-	-	-	MD 0.15 less (0.26 less to 0.05 less)	⊕○○○ VERY LOW
LDL Cholesterol (mmol/L) - Patient Directed											
3	randomised trials	serious ^{1,2,8}	serious ³	serious ⁴	not serious	none	-	-	-	MD 0.15 less (0.27 less to 0.03 less)	⊕○○○ VERY LOW
LDL Cholesterol (mmol/L) - Patient & Provider Directed											
1	randomised trials	very serious ⁶	not serious	serious ⁴	not serious	none	-	-	-	MD 0.23 less (0.47 less to 0.01 more)	⊕○○○ VERY LOW

CI: Confidence interval; MD: Mean difference; RR: Risk ratio

1. concerns about randomisation
2. concerns about blinding
3. variation in magnitude of intervention effect
4. all participants from high-income countries
5. wide confidence interval
6. Lowensteyn (1998) had industry funding and did not perform intention-to-treat analysis
7. removal of Lowensteyn (1998) reduces heterogeneity to 0%; Lowensteyn (1998) had a small sample size
8. concerns about allocation concealment
9. variation in direction of intervention effect
10. Grover (2007): 23% with existing CVD and 50% with diabetes
11. Bucher (2010): all participants had HIV