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| **Supplementary Table 2. Characteristics of economic evaluations included in the systematic review** |
| **Study and Papers** | **Country** | **Design (\*)** | **Population: Inclusion criteria** | **Patients characteristics (†)** | **Perspective** | **Costs included and currency** | **Main outcome measures** |
| Lord 1999 (11)OAK Study | United Kingdom | 12 monthsCMA | Knee OA | N=17062-65 years73% women | Healthcare system and societal perspective | DMC and DNMCPound Sterling 1996/97 | -WOMAC-Arthritis Helplessness Index (AHI)-SF-36-General Health Questionnaire |
| Sevick 2000 (12)FAST Study(RCT paper: Ettinger 1997 (18)) | USA | 18 monthsCCA | ≥60 years, pain on most days of the month, difficulty due to knee pain with some activities (walking, climbing stairs, raising from a chair, etc.), radiographic evidence of knee OA  | N=43969 years70% women52.62% BMI>30 | Healthcare funder | DMC DNMCUS dollar 1994 | -Self-reported disability-Walking distance -Stair climb-Knee Pain Scale (KPS) |
| Beaupre 2004 (13) | Canada | 12 monthsCMA | Noninflammatory arthritis patients waiting for primary TKR, between 40 and 75 years of age, and willingness to undertake the intervention and attend follow-up visits. | N=13167 years55% womenBMI: 31Arthritis: 96% | Healthcare system | DMC and DNMC Canadian dollar 1997/98 | -WOMAC-SF-36 |
| McCarthy 2004 (14)Richardson 2006 (15)(RCT paper: McCarthy 2004 (Rheumatology) (20)) | United Kingdom | 12 monthsCUA | Clinical criteria for knee OA according to ACR: pain in or around the knee for most days in the previous month, radiograph showing knee OA; and at least three of the following:>50 years, stiffness >30 min upon waking, crepitus, bony tenderness, bony enlargement, no palpable warmth | N=21465 years58.4% womenBMI: 29 | NHS | DMCPound Sterling 1999/2000 | -QALY-Visual Analogue Pain Score-WOMAC-SF-36-Aggregated Locomotor Function (ALF) |
| Mitchell 2005 (16) | United Kingdom | 12 months and 12 weeksCCA | OA patients waiting for unilateral TKR | N=16070 years58% women | NHS | DMC and DNMC Pound Sterling 2001/02 | -WOMAC-SF-36 |
| Sevick 2009 (17)ADAPT Study(RCT paper: Messier 2004 (19)) | USA | 18 monthsCEA | ≥60 years, BMI≥28, pain on most days of the month, sedentary lifestyle, difficulty due to knee pain with some activities (walking, climbing stairs, raising from a chair, etc.), radiographic evidence of knee OA | N=31668 years72% womenBMI: 34 | Healthcare funder | DMC and DNMC US dollar 2000 | -WOMAC-Walking distance -Stair climb |
| ACR: American College of Rheumatology; ADAPT: Arthritis, Diet, and Activity Promotion Trial; BMI: Body Mass Index (kg/m2); CCA: Cost-consequence analysis; CEA: Cost-effectiveness analysis; CMA: Cost-minimization analysis; CUA: Cost-utility analysis; DMC: Direct medical costs; DNMC: Direct non-medical costs; FAST: Fitness Arthritis and Seniors Trial; N: Number of recruited or randomized patients;NHS: National Health Service; OA: Osteoarthritis; OAK: Osteoarthritis of the Knee; QALY: Quality adjusted life years; RCT: Randomized clinical trial; TKR: Total knee replacement; WOMAC: Western Ontario and McMaster Universities Arthritis Index.\*Follow-up or time horizon and type of economic evaluation†Average age, % de women and BMI. |

The synthesis of results of the completed studies can be requested to the authors.