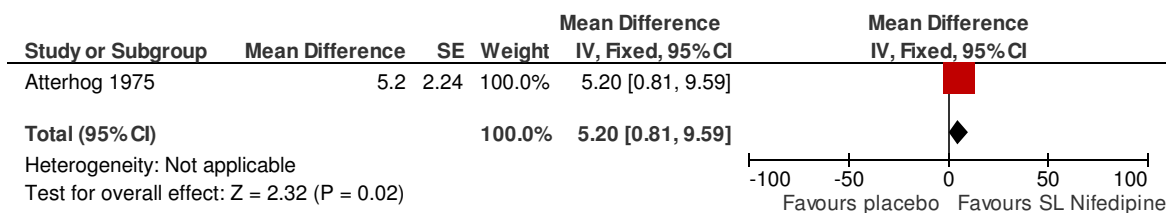


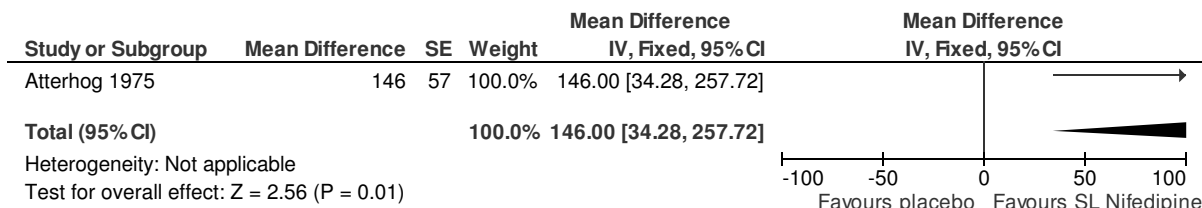
Treatment and prevention of episodes of angina

1 Sublingual nifedipine vs Placebo

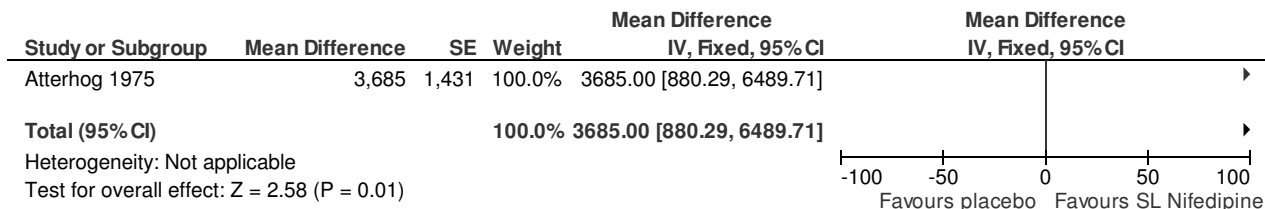
1.1 Mean total work time for stepped increase in load (mins)



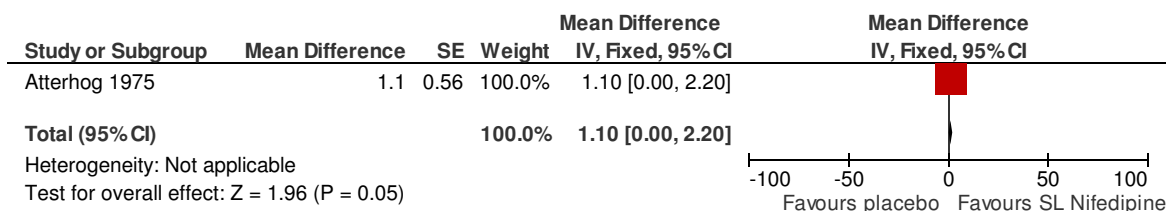
1.2 Estimated workload at breakpoint for stepped increase in load (kpm/min)



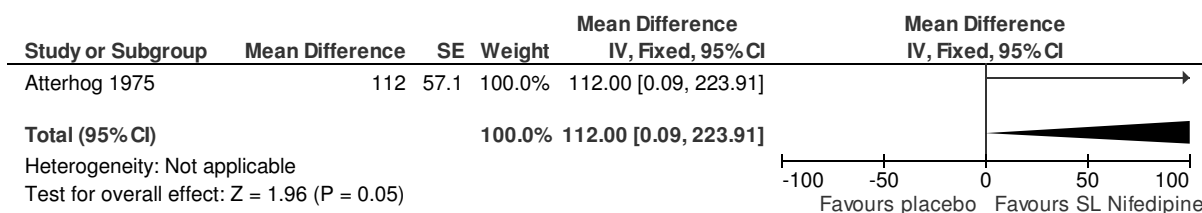
1.3 Total work for stepped increase in load (kpm)



1.4 Mean total work time for continuous increase in load (mins)

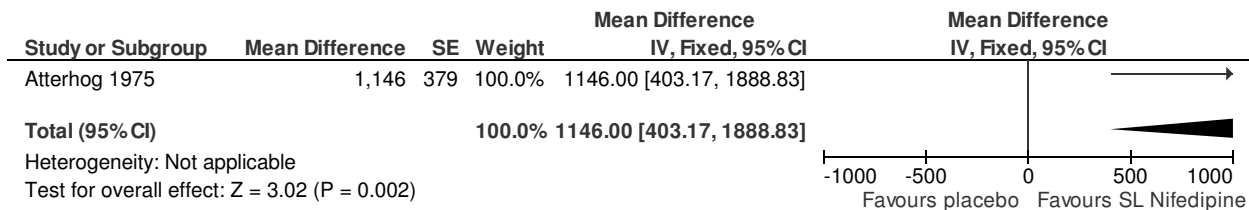


1.5 Estimated workload at breakpoint for continuous increase in load (kpm/min)

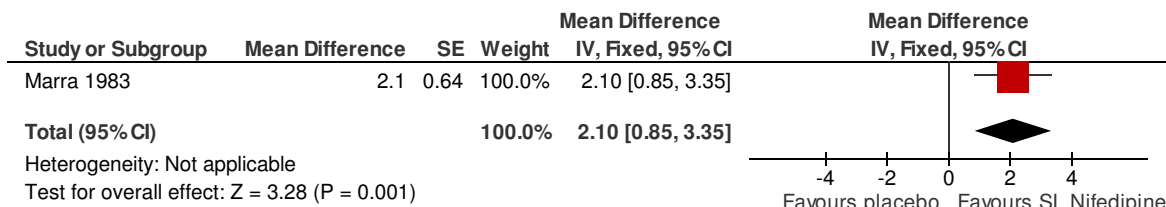


Treatment and prevention of episodes of angina

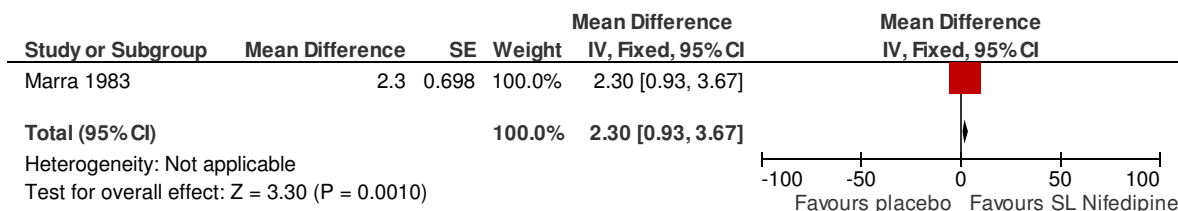
1.6 Total work for continuous increase in load (kpm)



1.7 Mean work capacity at angina threshold (minutes of exercise)

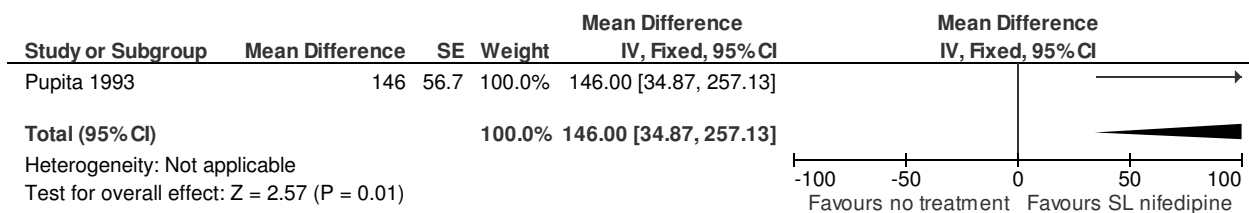


1.8 Maximal work capacity at maximal exercise level (minutes of exercise)



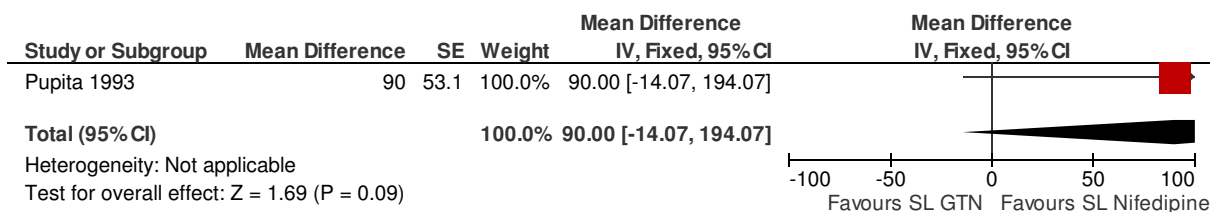
2 Sublingual nifedipine vs no treatment

2.1 Mean exercise time to 1mm ST segment depression (secs)



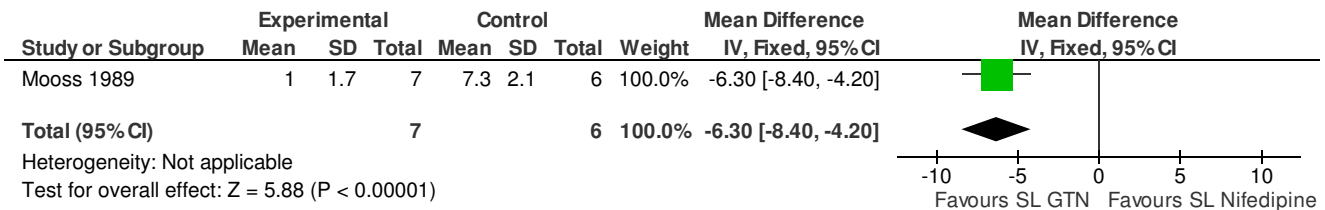
3 Sublingual GTN vs sublingual nifedipine

3.1 Mean exercise time to 1mm ST segment depression (secs)

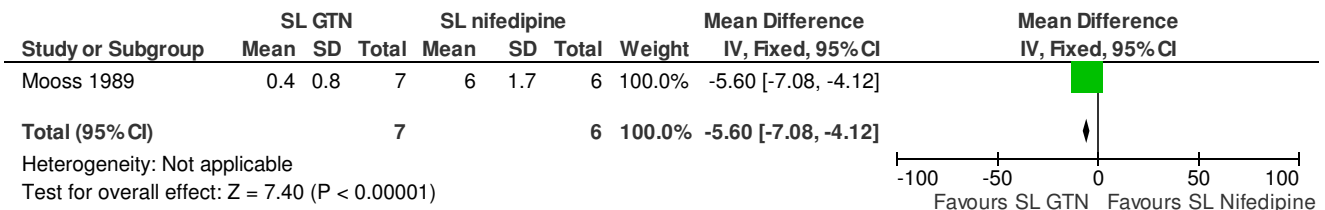


Treatment and prevention of episodes of angina

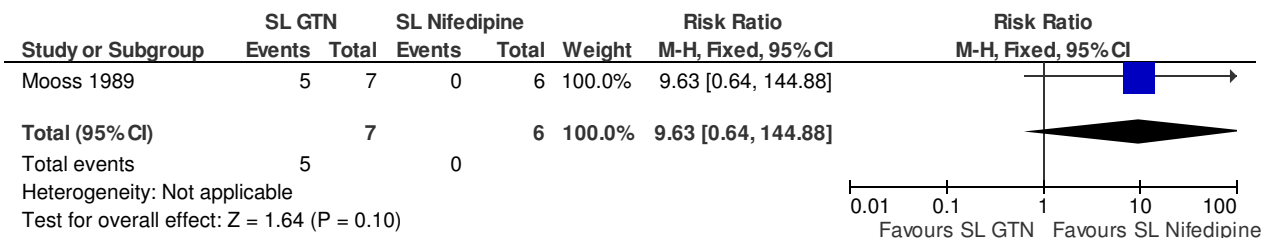
3.2 Mean pain severity at 2 minutes post treatment



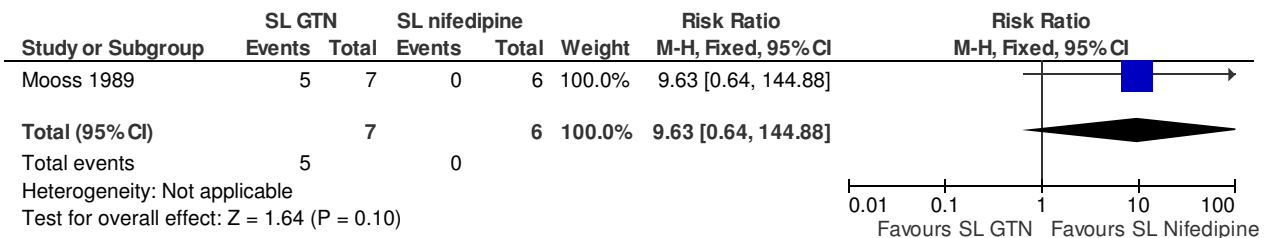
3.3 Mean pain severity at 4 minutes post treatment



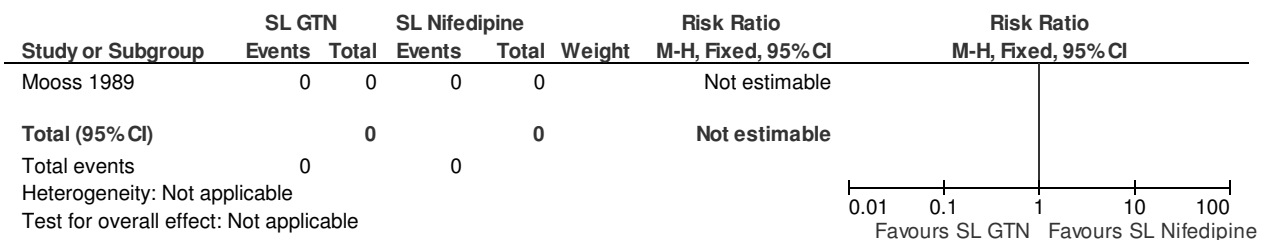
3.4 No participants with complete pain resolution at 2 minutes post treatment



3.5 No participants with complete pain resolution at 4 minutes post treatment



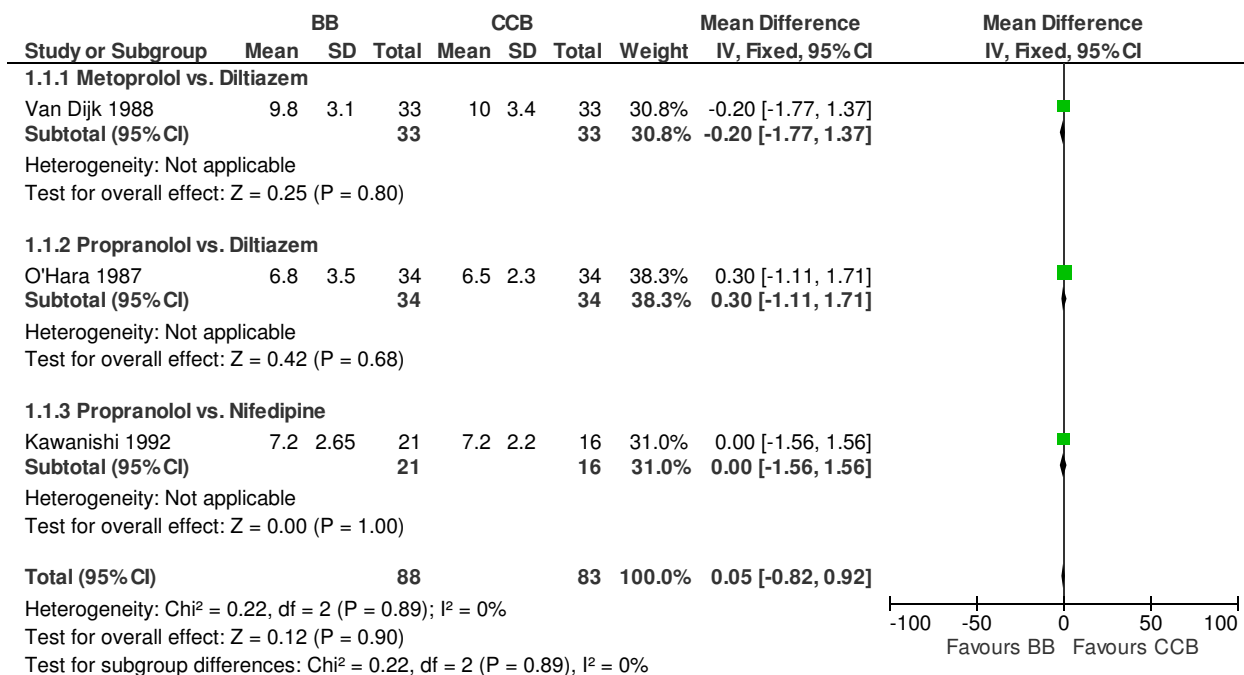
3.6 No participants with complete pain resolution at 2 mins after cross over therapy



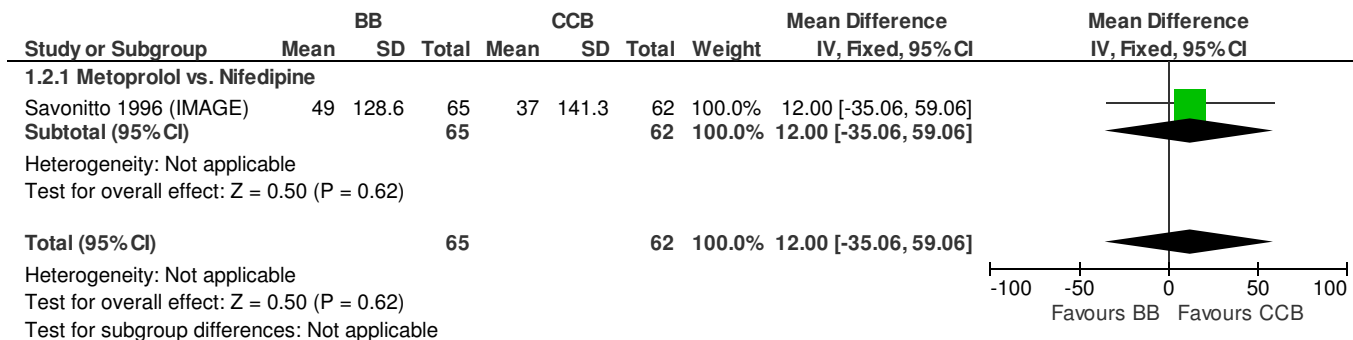
Beta blockers versus Calcium channel blockers for stable angina

1 BB vs. CCB

1.1 Exercise duration (min)

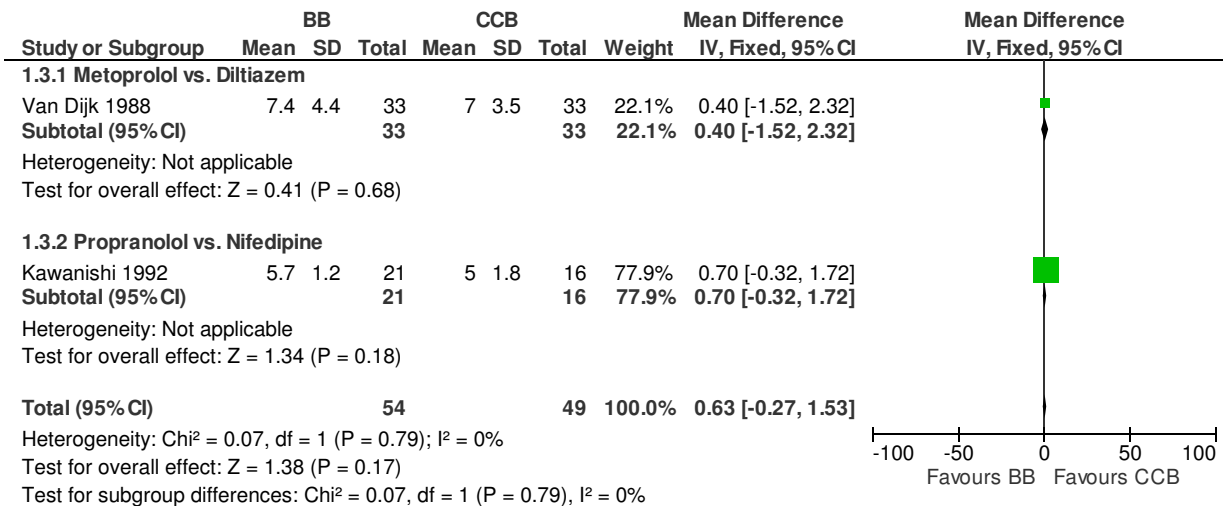


1.2 Time to 1mm ST depression (sec)

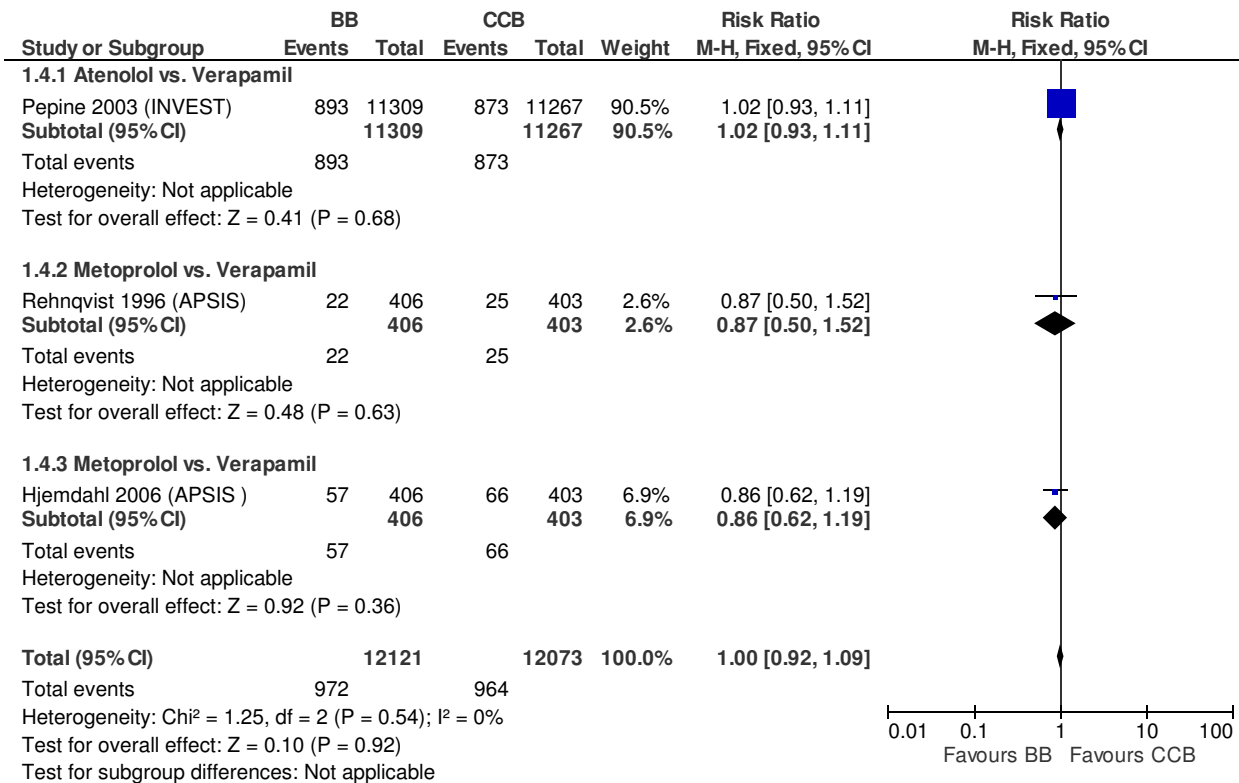


Beta blockers versus Calcium channel blockers for stable angina

1.3 Time to onset of angina (min)

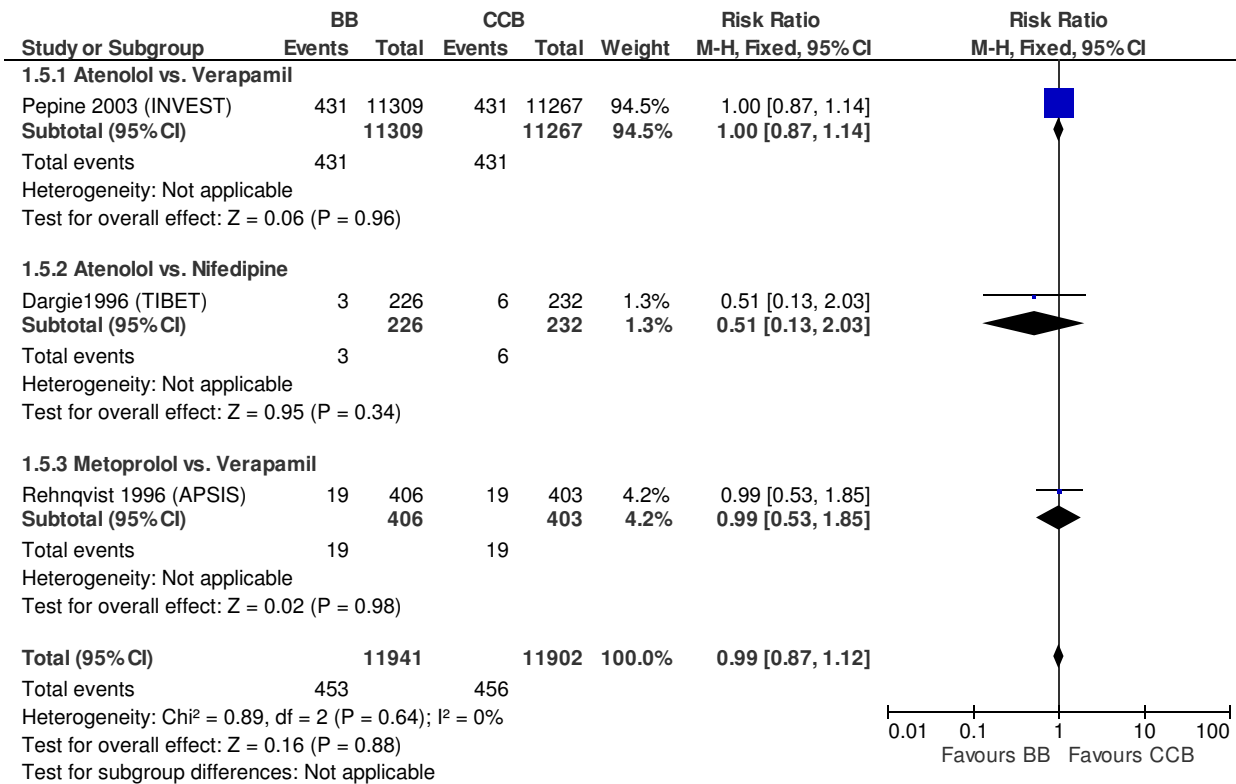


1.4 Total mortality



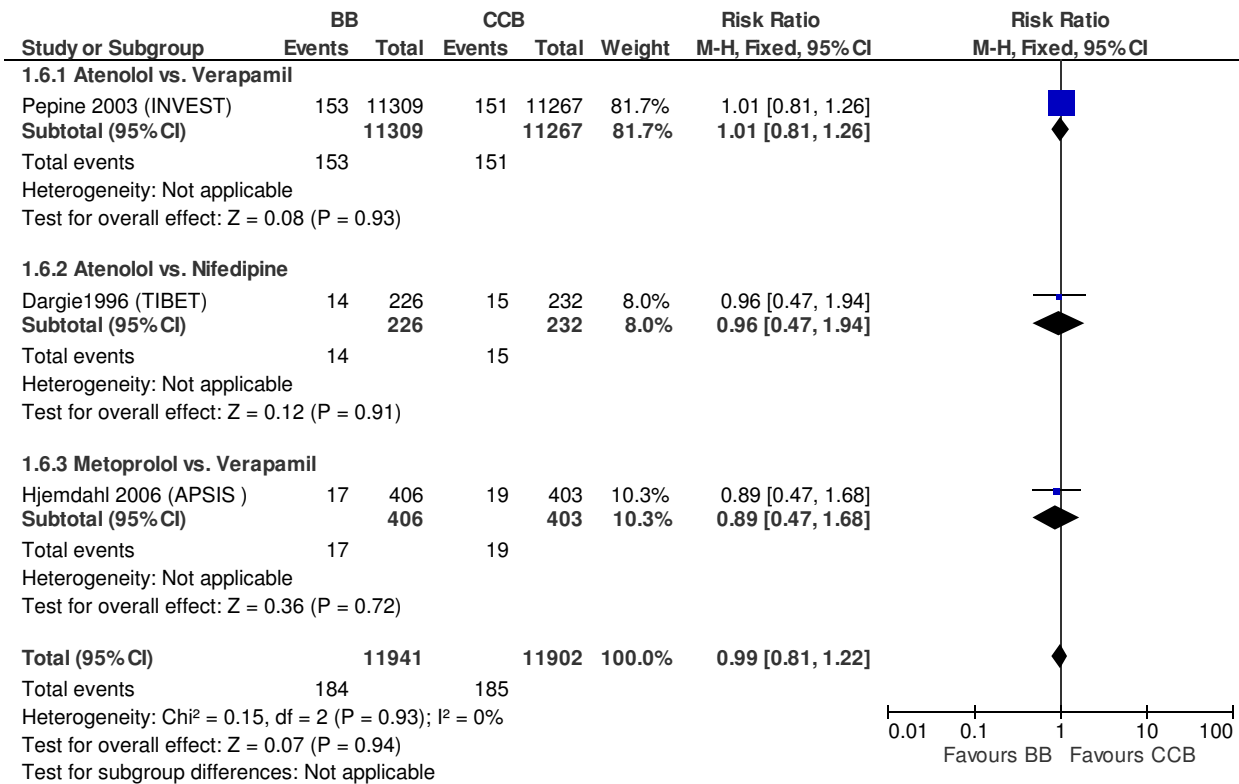
Beta blockers versus Calcium channel blockers for stable angina

1.5 Cardiovascular death

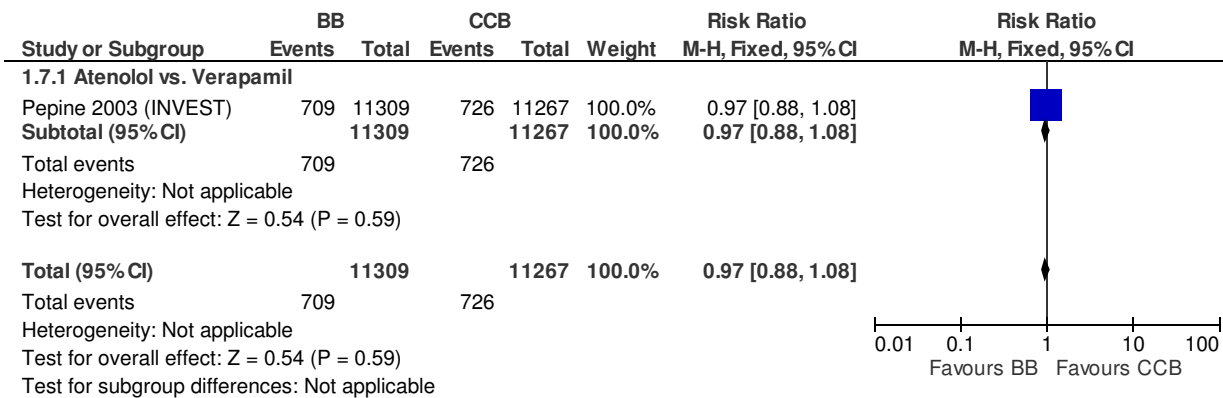


Beta blockers versus Calcium channel blockers for stable angina

1.6 Non fatal MI

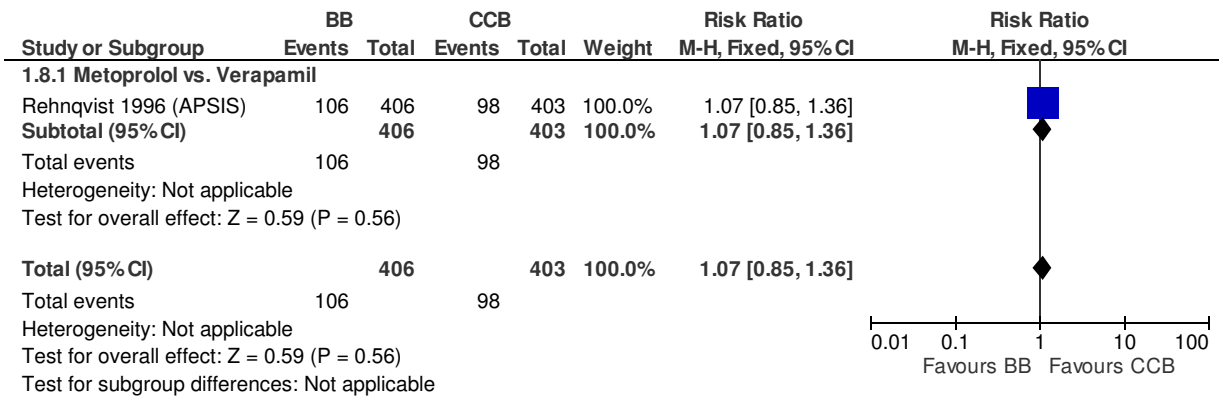


1.7 CV related hospitalisation

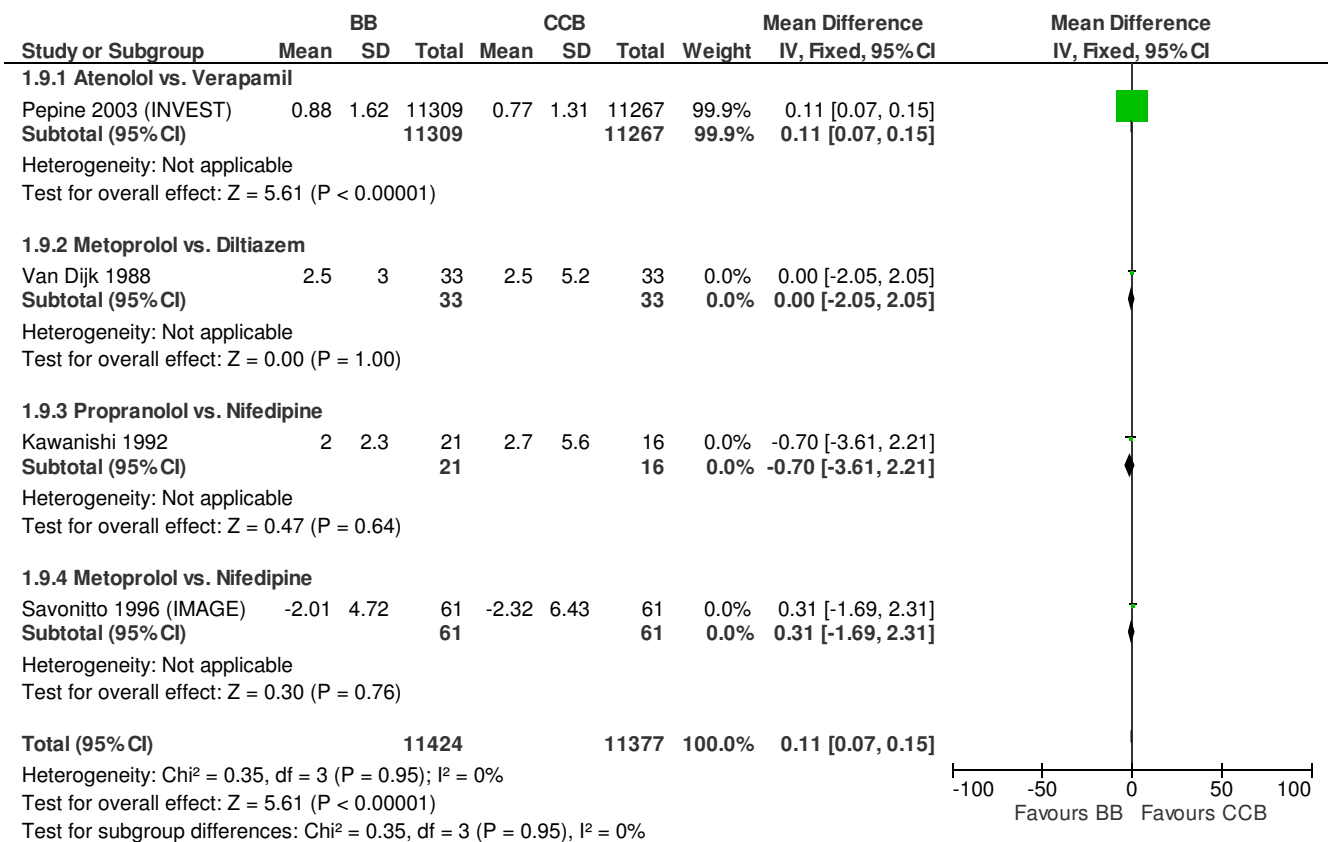


Beta blockers versus Calcium channel blockers for stable angina

1.8 Non fatal CV events (combined)

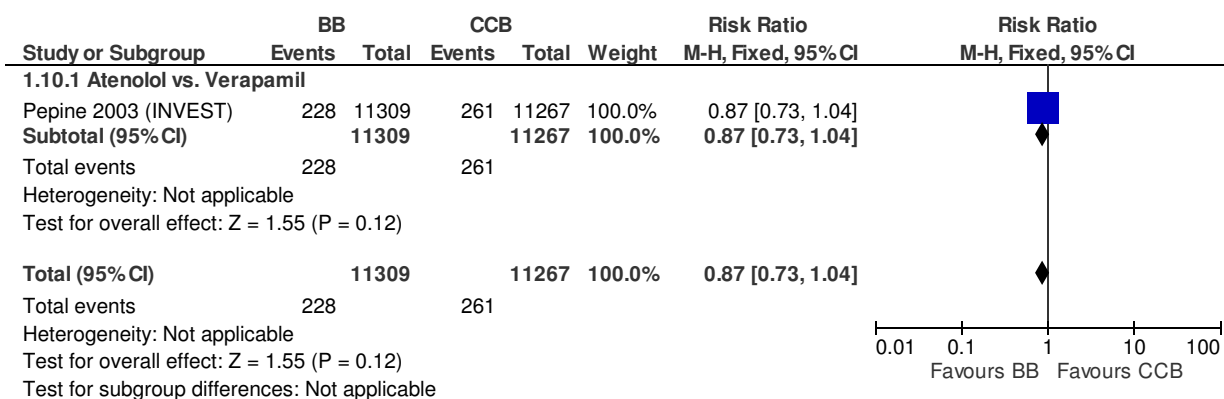


1.9 Angina episodes/week

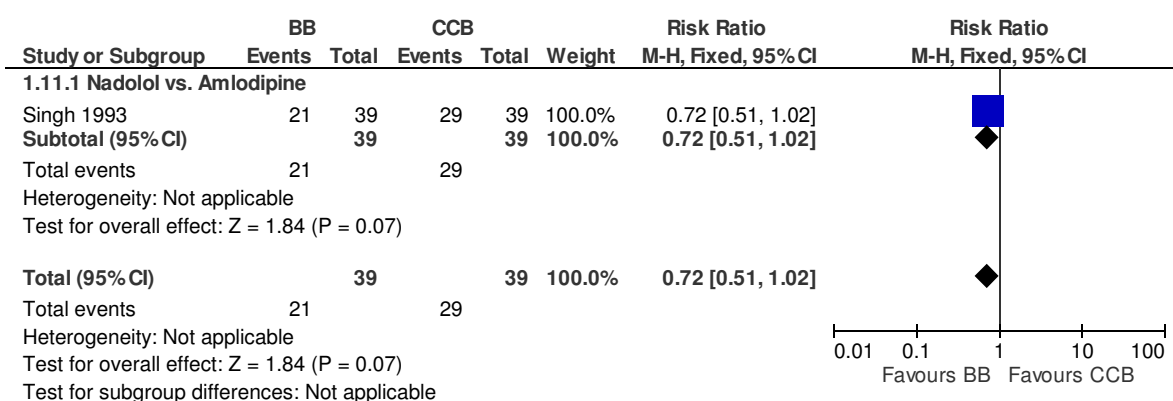


Beta blockers versus Calcium channel blockers for stable angina

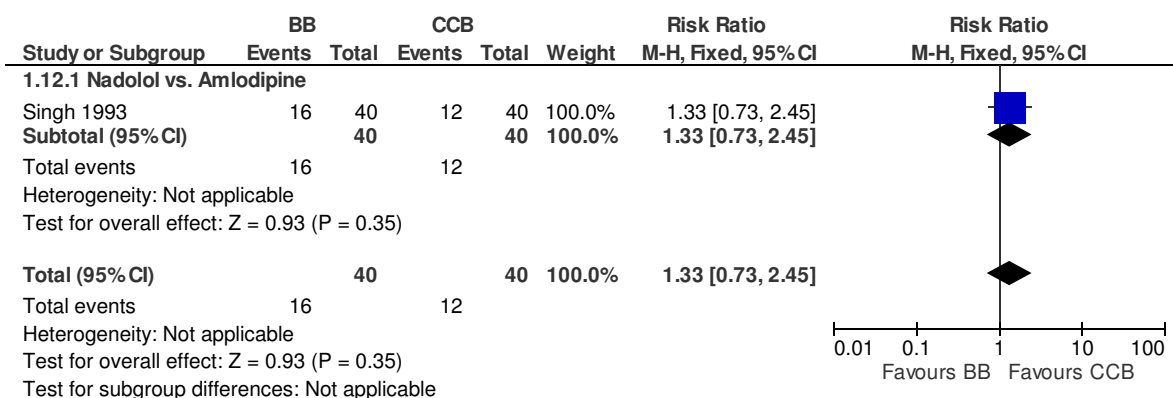
1.10 Prevalance of angina



1.11 Severity of angina assessed by investigator (moderate/markedly improved)

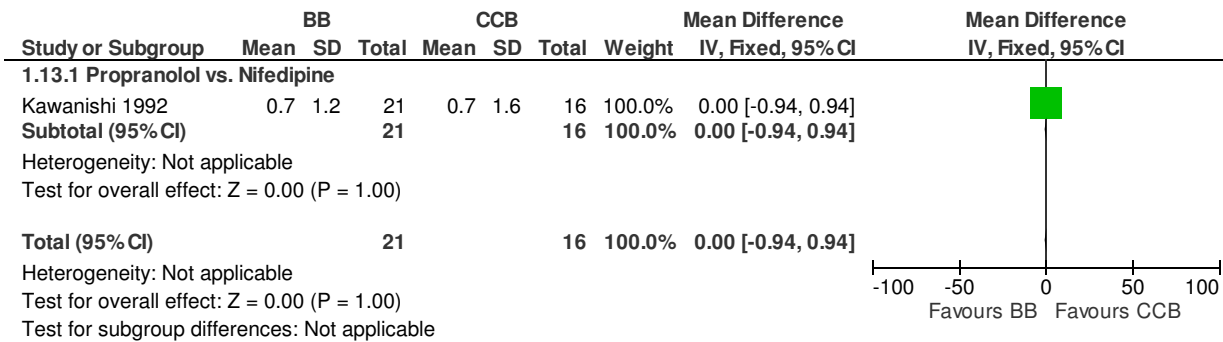


1.12 Severity of angina assessed by patients (moderate/severe)

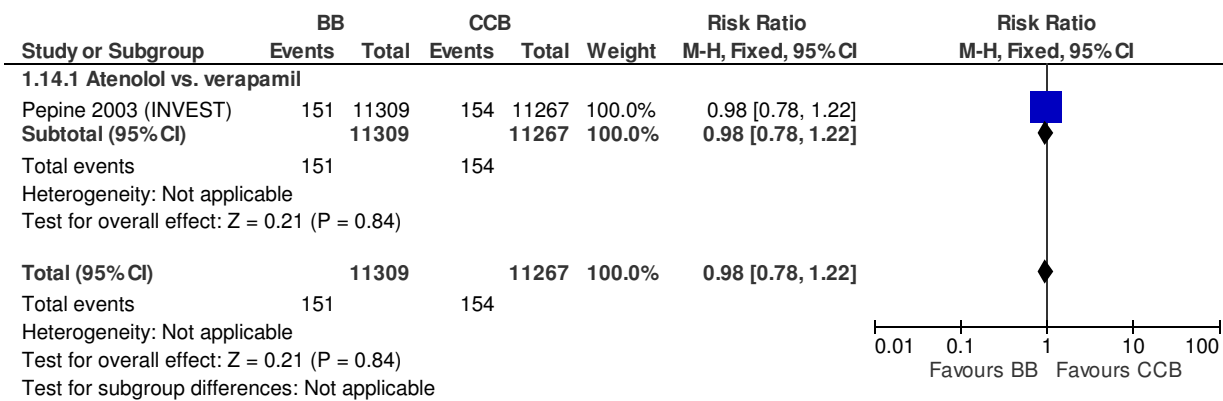


Beta blockers versus Calcium channel blockers for stable angina

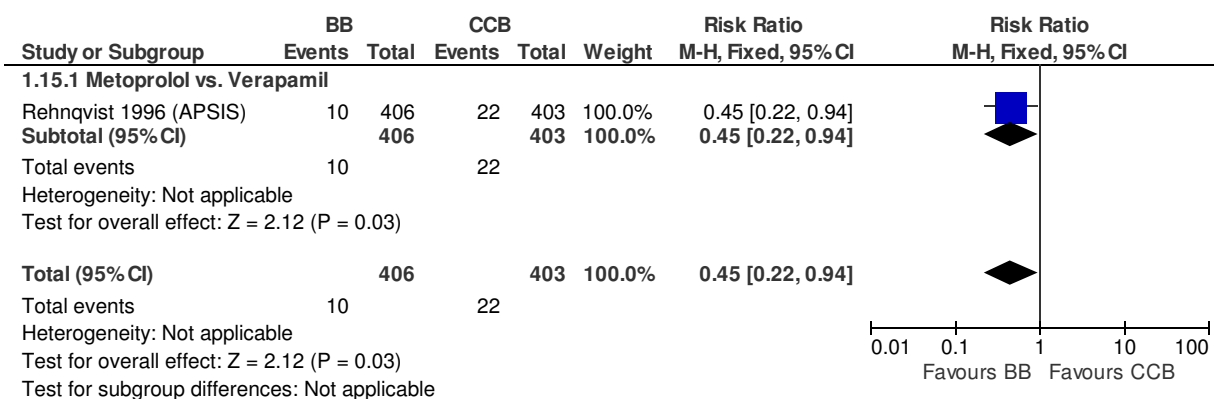
1.13 Nitroglycerin use



1.14 Adverse effects (dizziness)

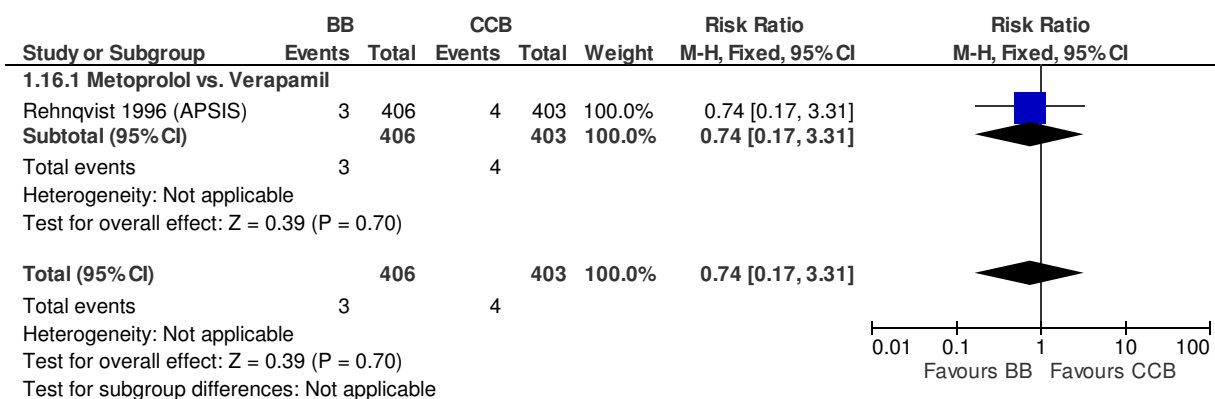


1.15 Adverse effects (GI events)

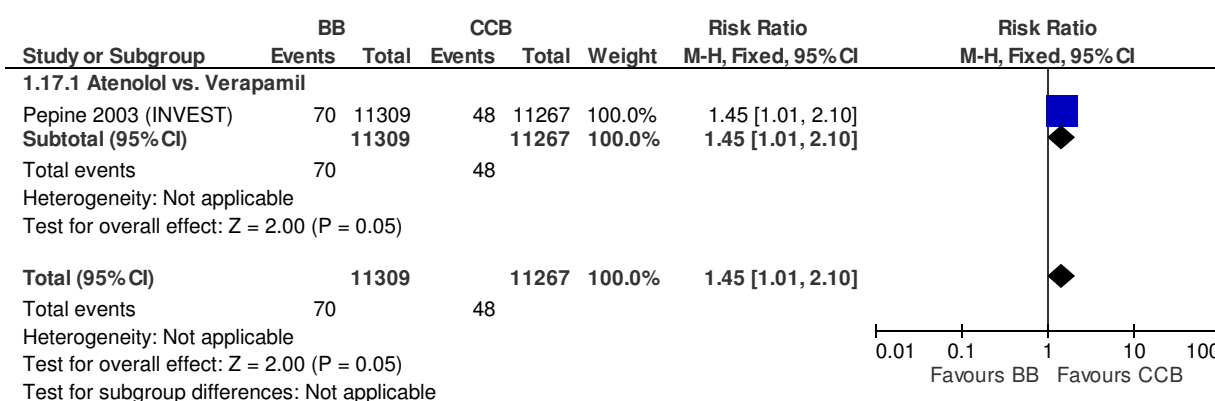


Beta blockers versus Calcium channel blockers for stable angina

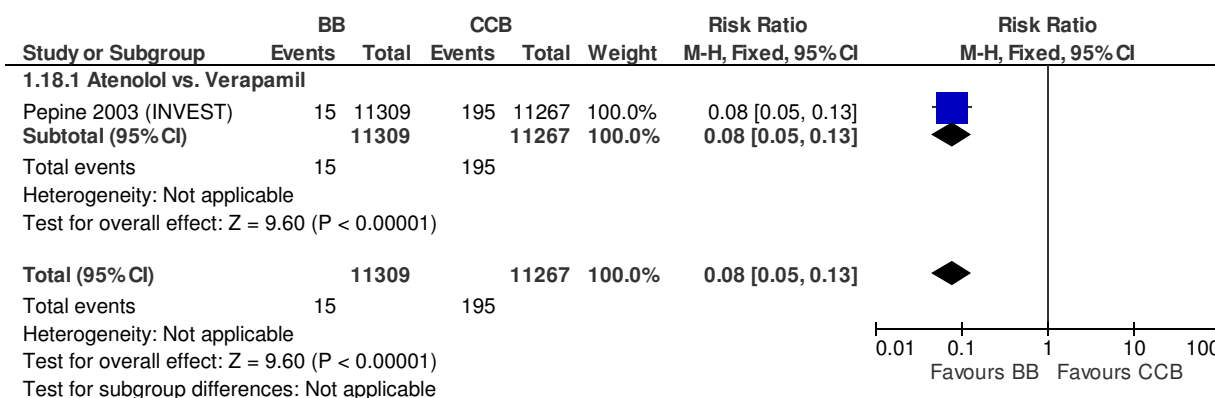
1.16 Adverse effects (head ache)



1.17 Adverse effects (light headedness)

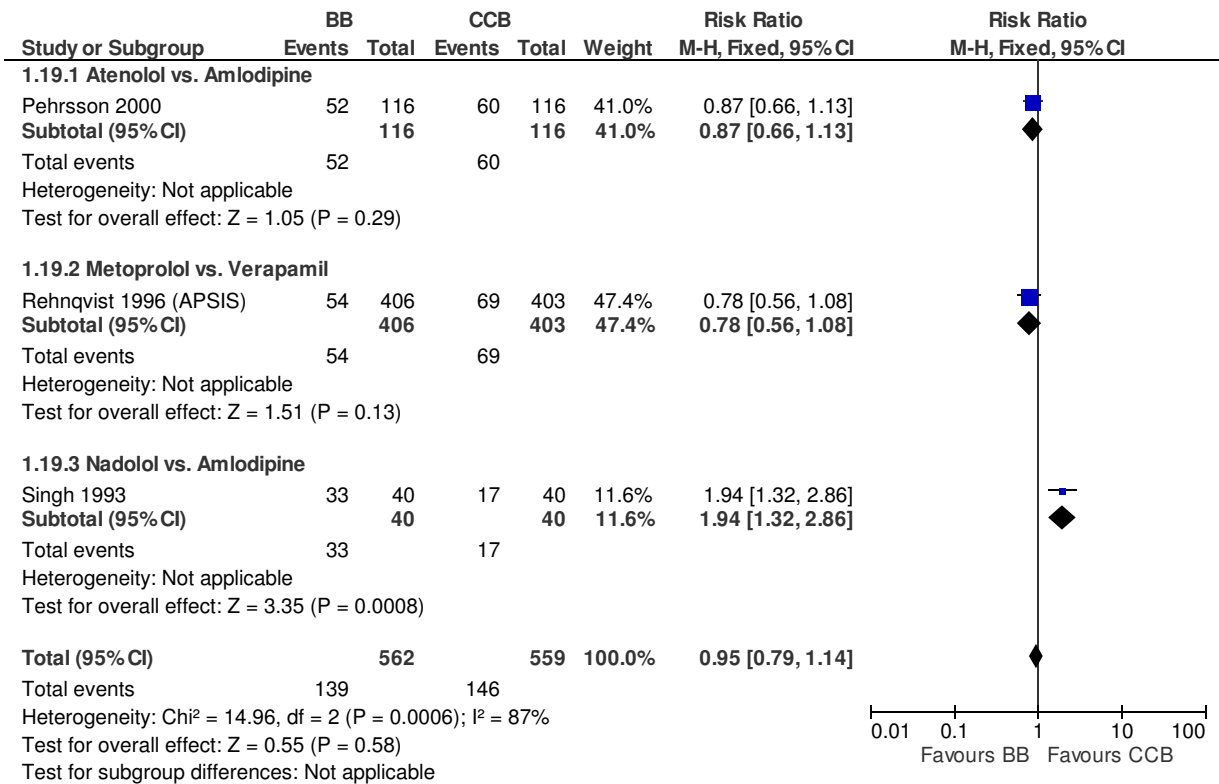


1.18 Adverse effects (constipation)

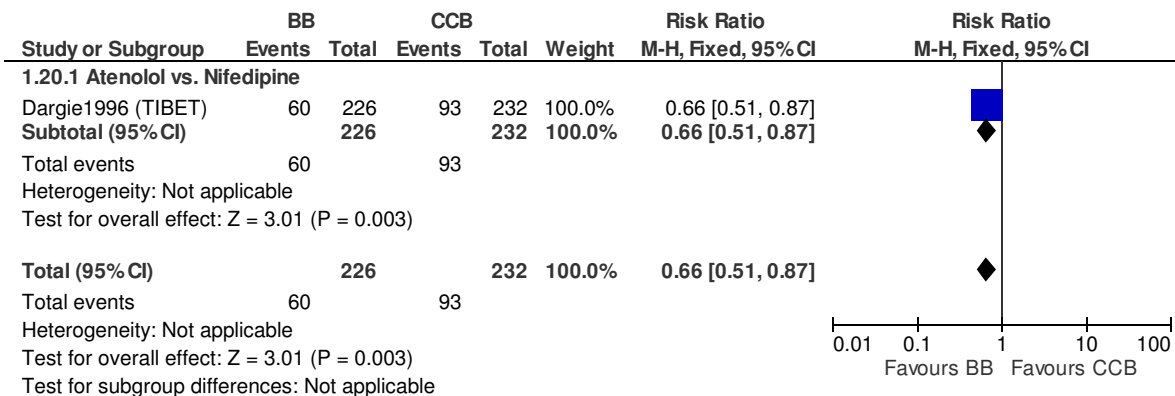


Beta blockers versus Calcium channel blockers for stable angina

1.19 Adverse effects (overall)

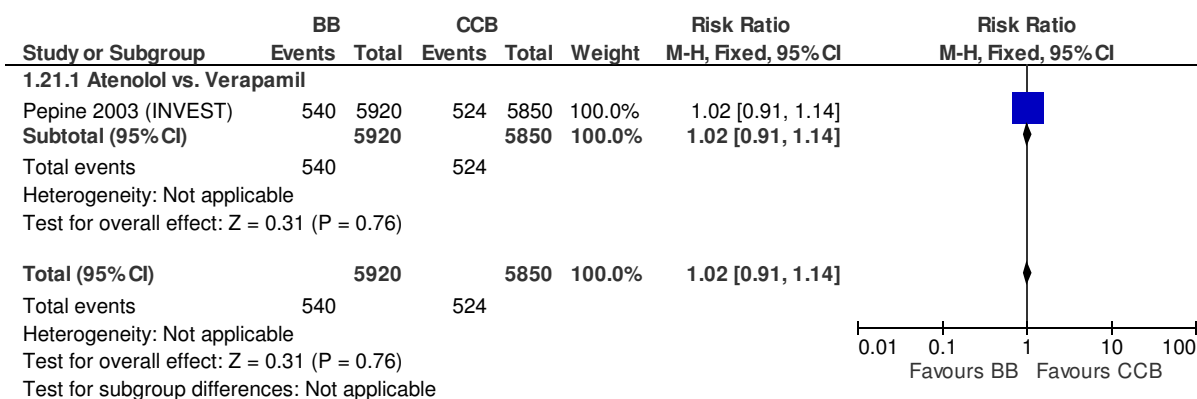


1.20 Withdrawals due to adverse effects

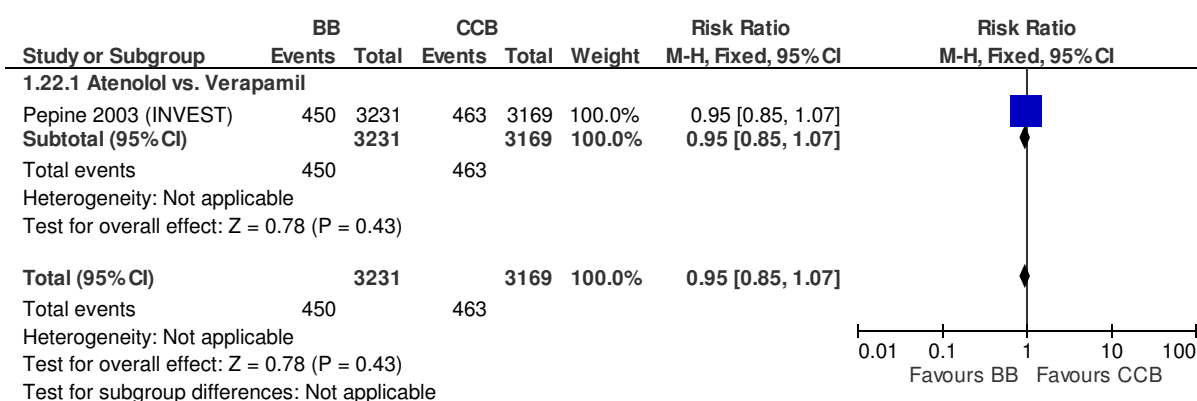


Beta blockers versus Calcium channel blockers for stable angina

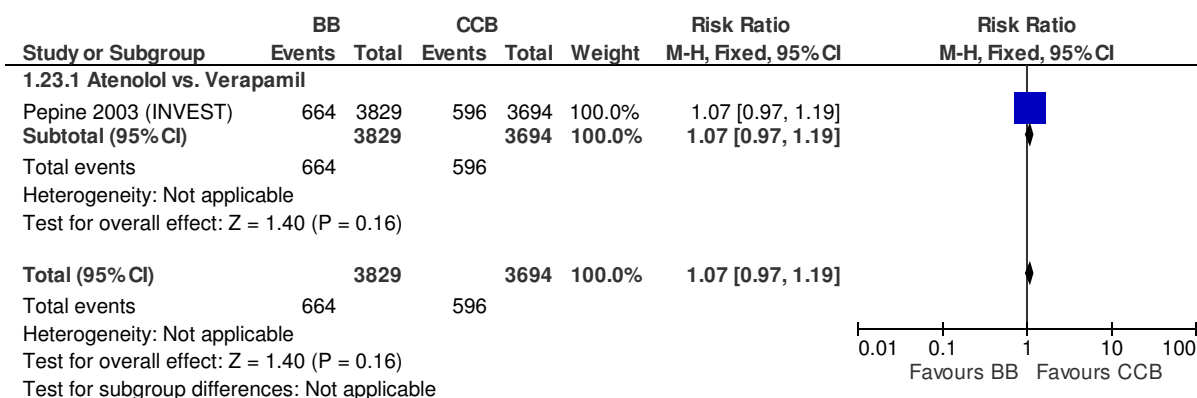
1.21 Combined outcomes (death, non fatal MI, non fatal stroke) (sub group females)



1.22 Combined outcome (death, non fatal MI, non fatal stroke) (sub group diabetes)

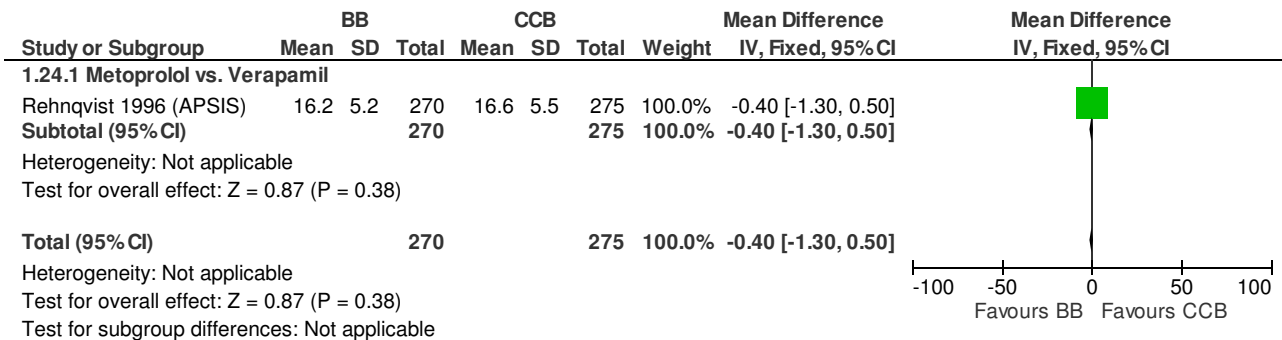


1.23 Combined (death, non fatal MI, Non fatal stroke)- Subgroup Age>70

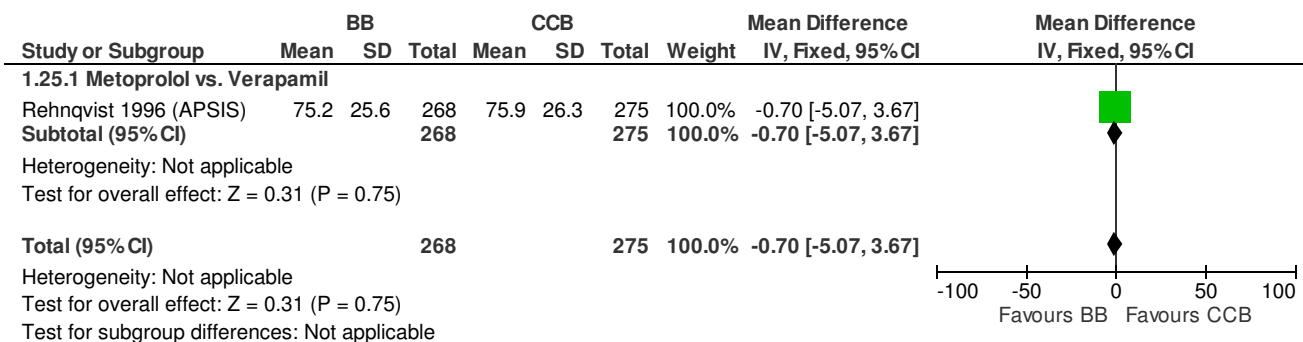


Beta blockers versus Calcium channel blockers for stable angina

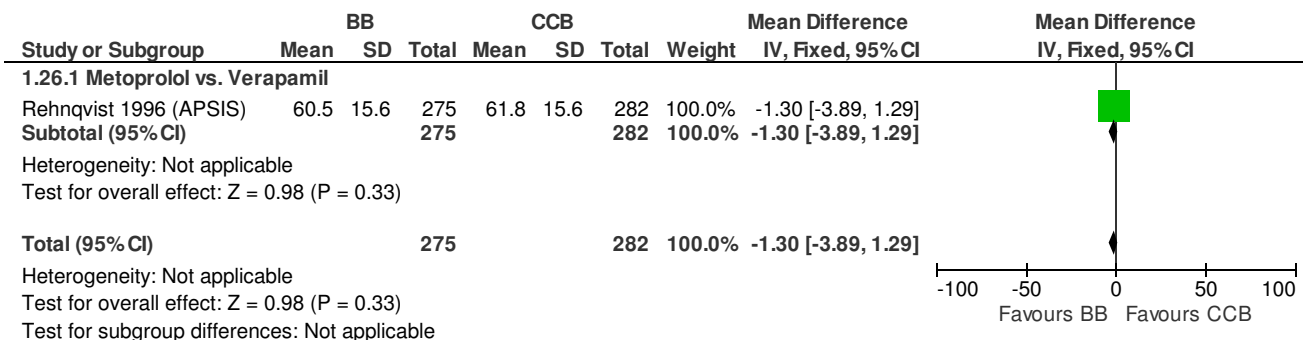
1.24 Quality of life (sleep disturbance)



1.25 Quality of life (overall life satisfaction)



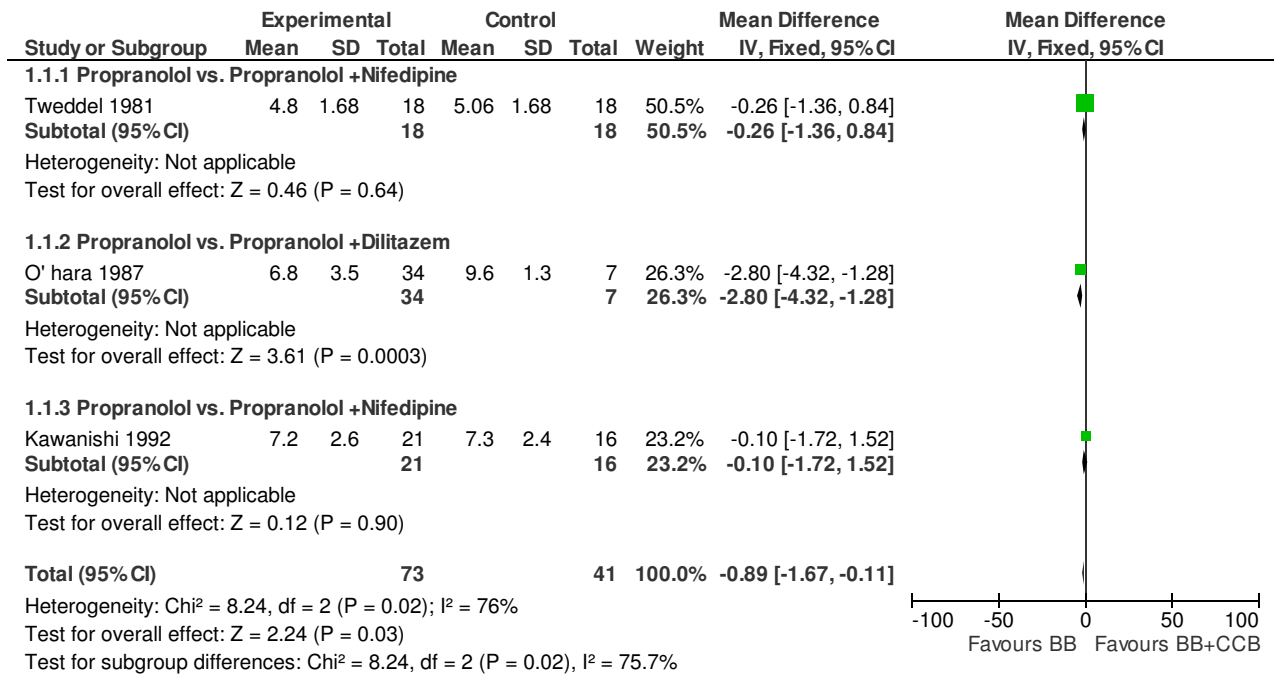
1.26 Quality of life (psychosomatic symptoms)



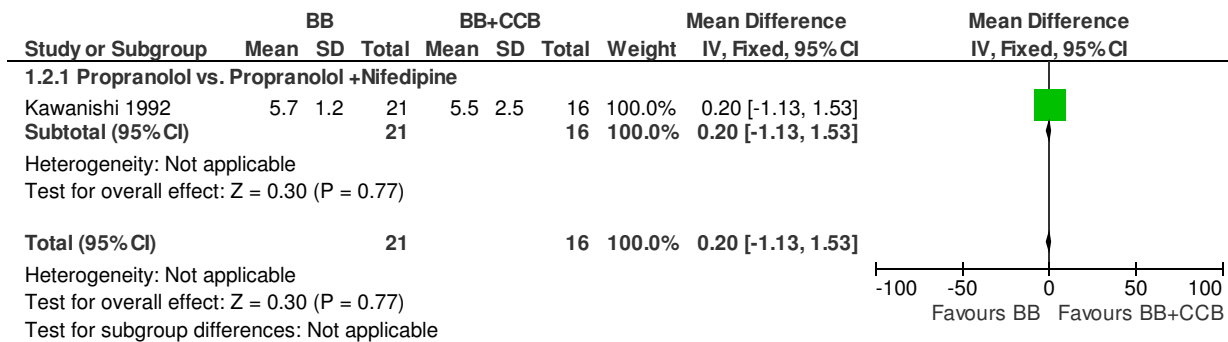
BB or CCB versus BB +CCB for stable angina

1 BB vs. BB +CCB

1.1 Exercise time (min)

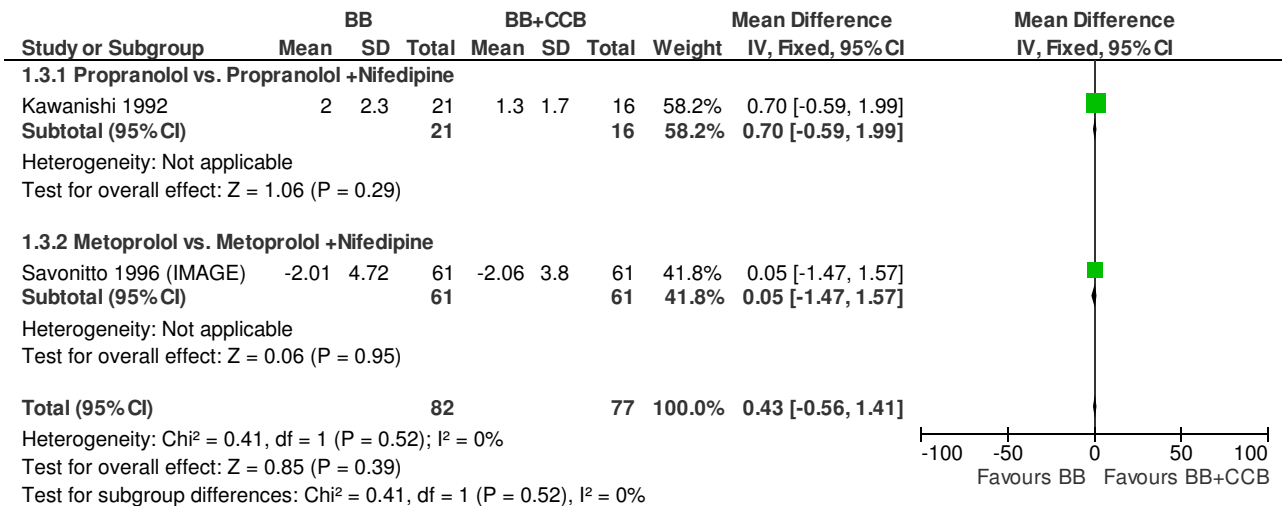


1.2 Time to onset of angina (min)

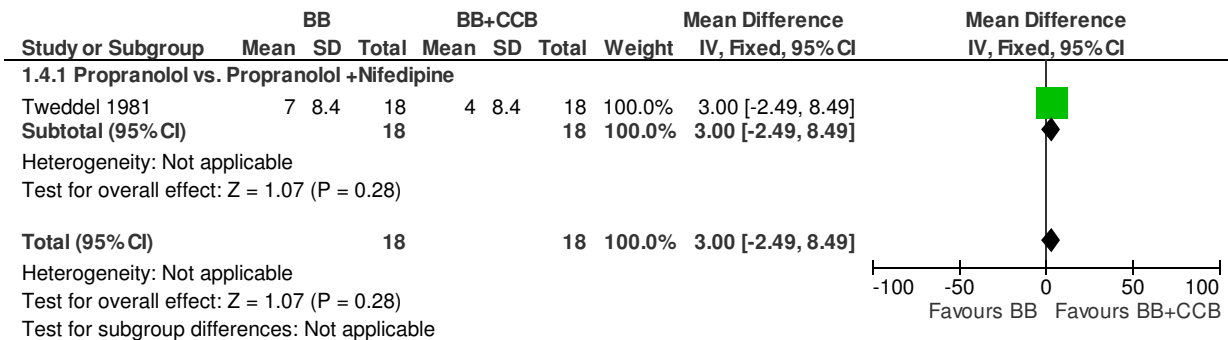


BB or CCB versus BB +CCB for stable angina

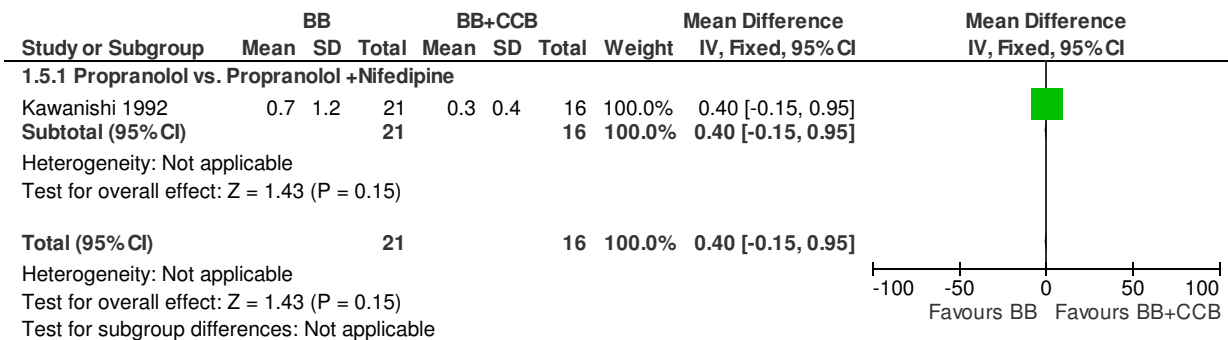
1.3 Angina attacks/week



1.4 Angina attacks/day

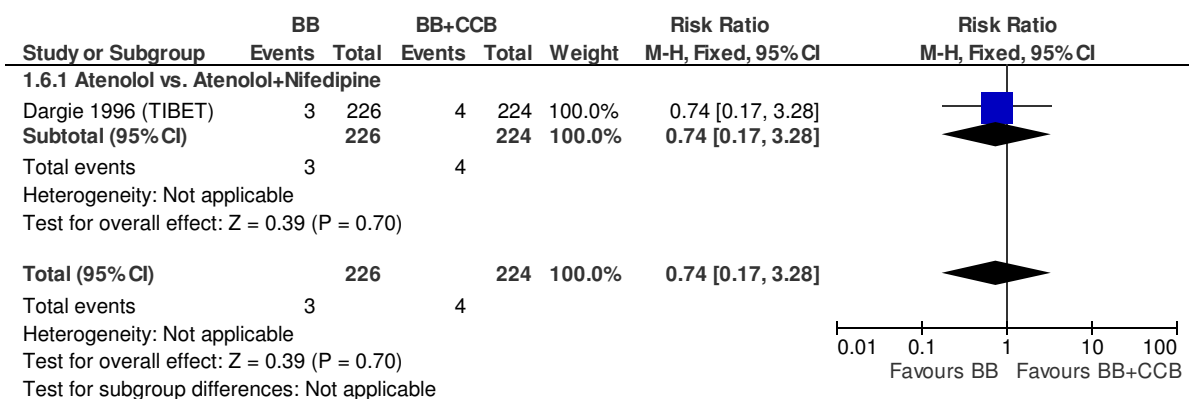


1.5 Nitroglycerin tablets/week

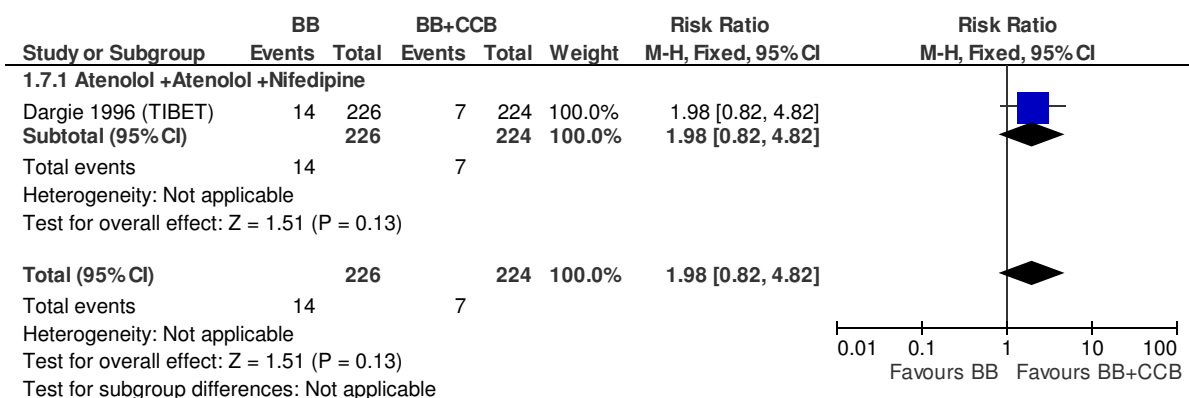


BB or CCB versus BB +CCB for stable angina

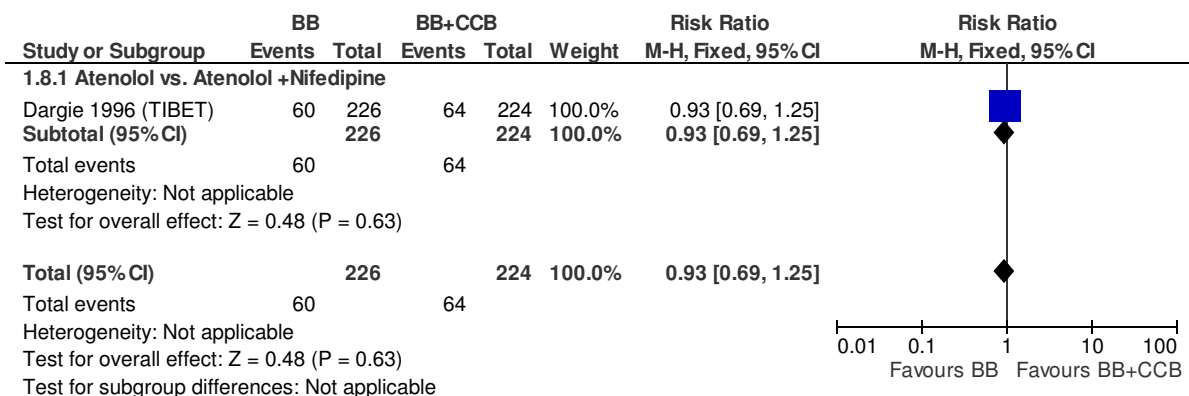
1.6 Cardiac death



1.7 Non fatal MI

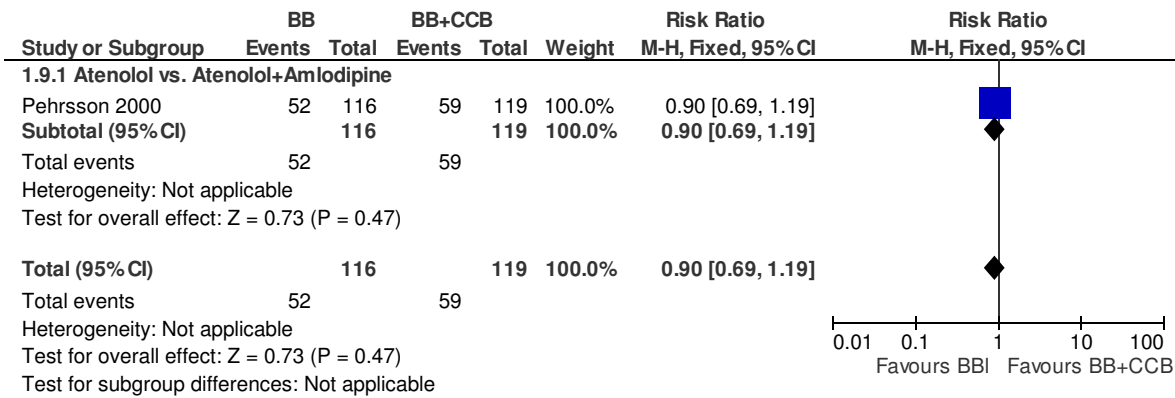


1.8 Withdrawals due to side effects

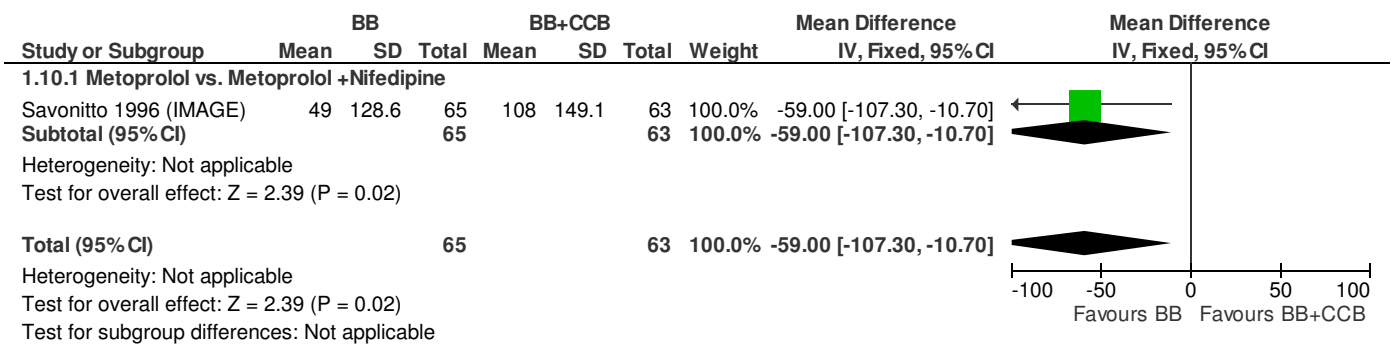


BB or CCB versus BB +CCB for stable angina

1.9 Adverse effects (overall)

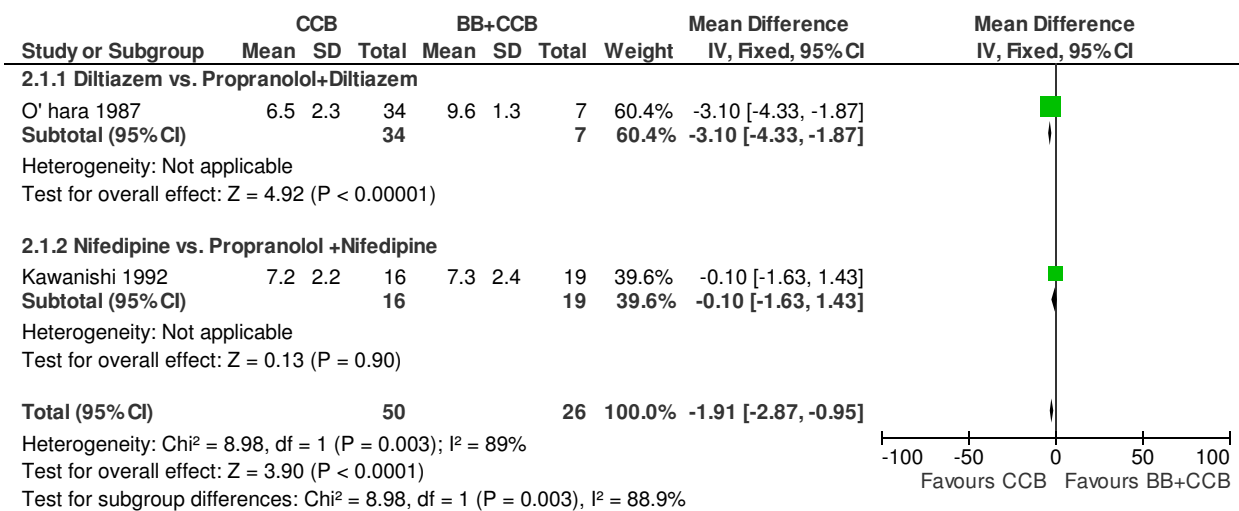


1.10 Time to 1mm ST depression (sec)



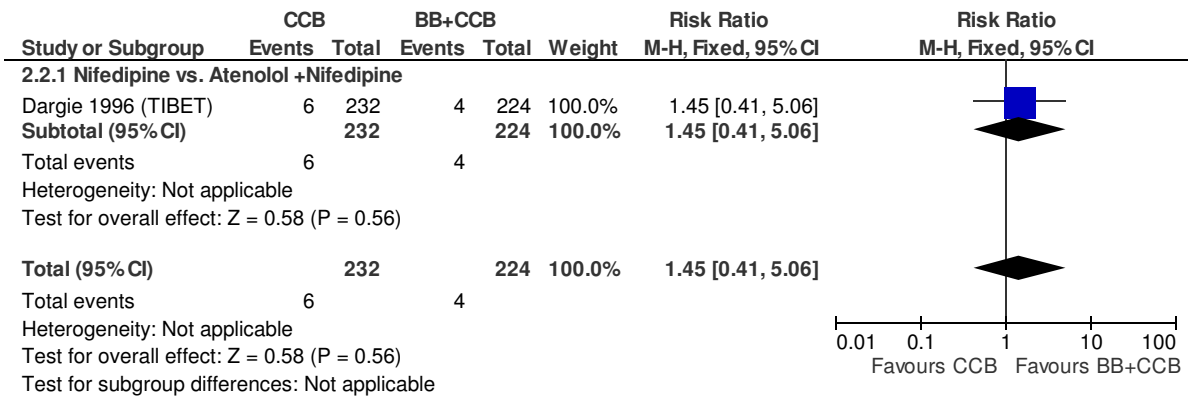
2 CCB vs. BB +CCB

2.1 Exercise time (min)

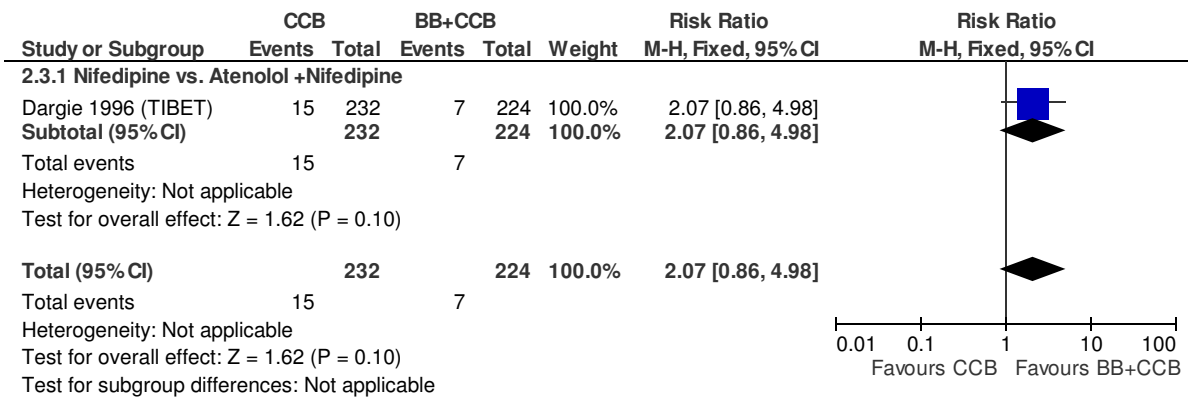


BB or CCB versus BB +CCB for stable angina

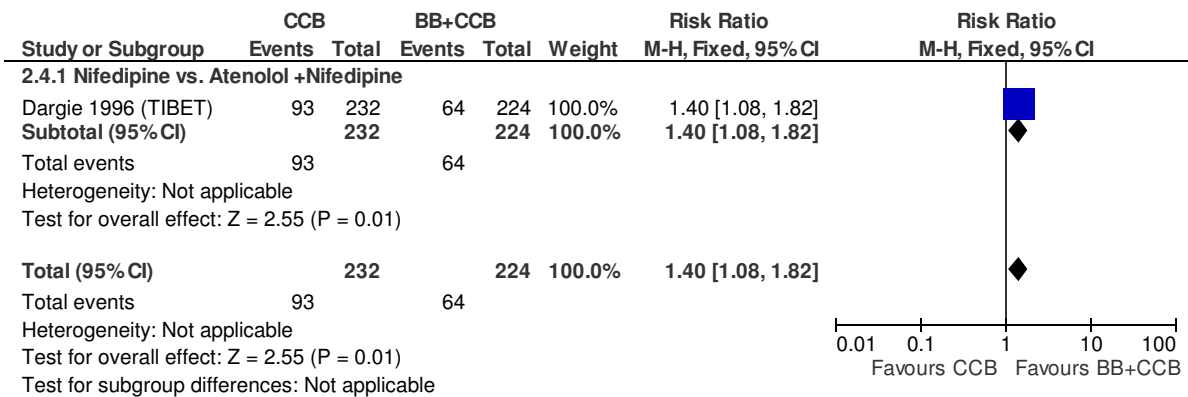
2.2 Cardiac death



2.3 Non fatal MI

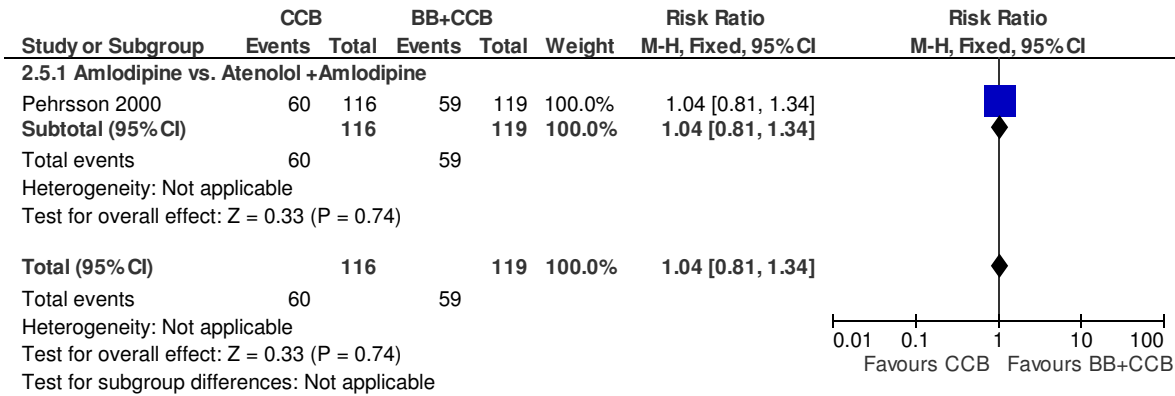


2.4 Withdrawals due to side effects

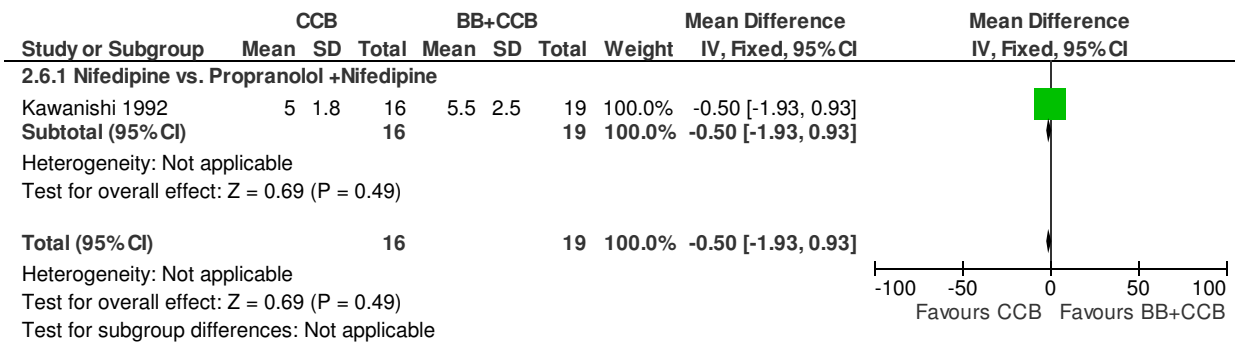


BB or CCB versus BB +CCB for stable angina

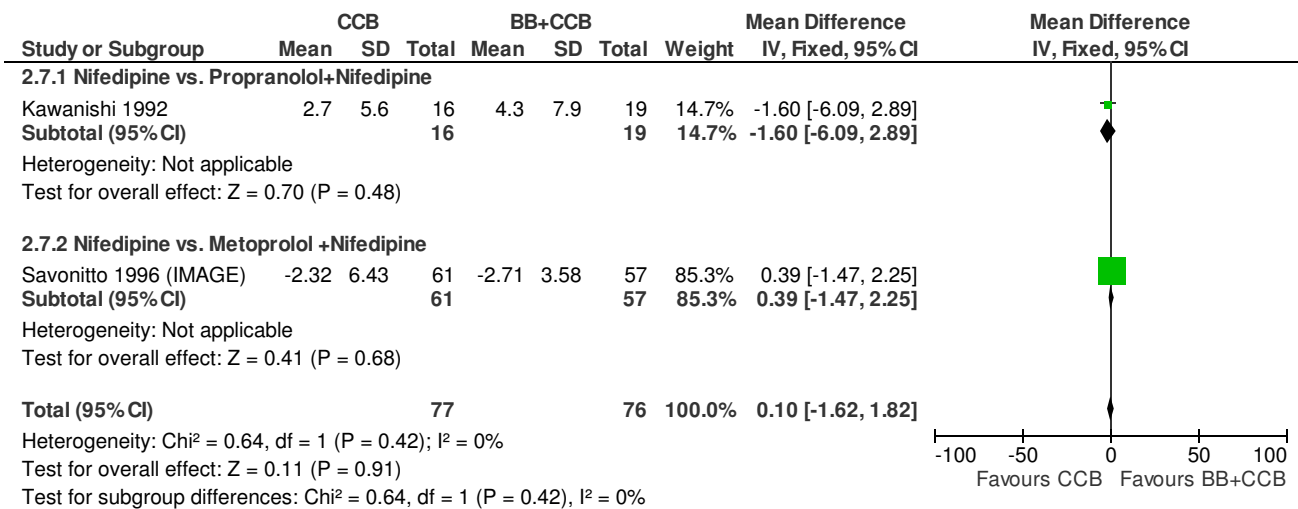
2.5 Adverse effects (overall)



2.6 Time to onset of angina (min)

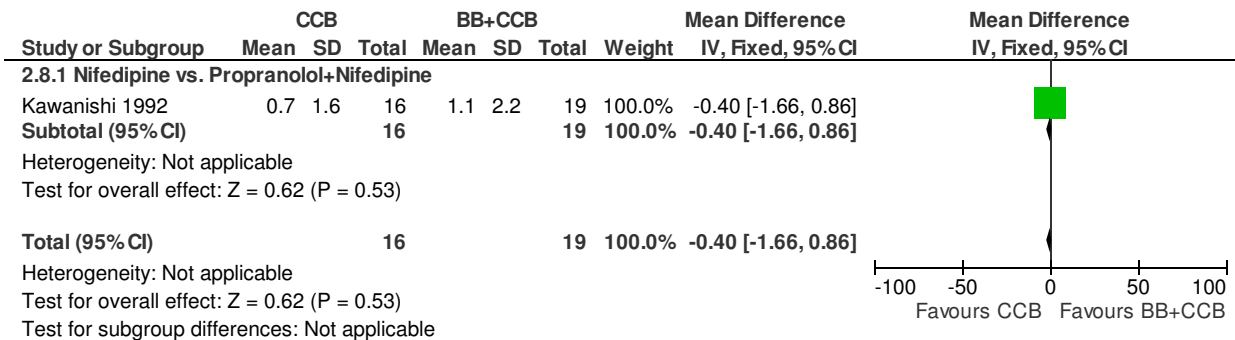


2.7 Angina episodes/week

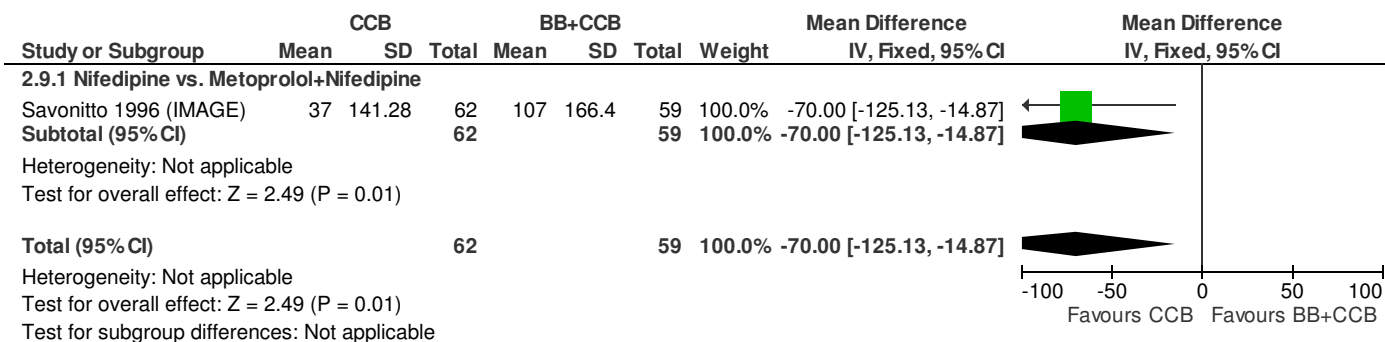


BB or CCB versus BB +CCB for stable angina

2.8 Nitroglycerin tablets/week



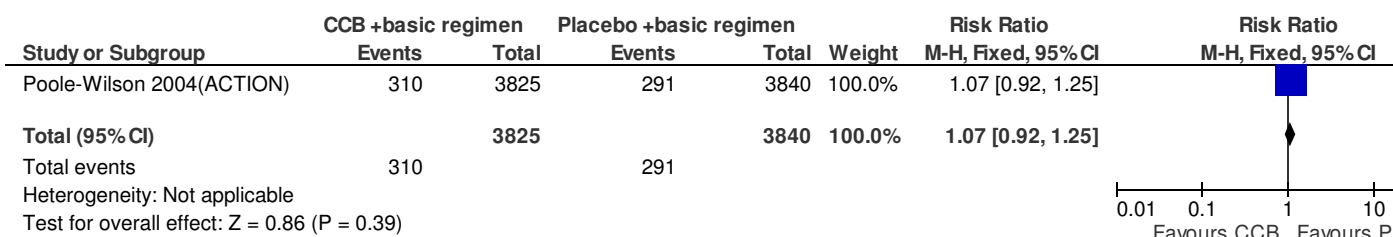
2.9 Time to 1 mm ST segment depression



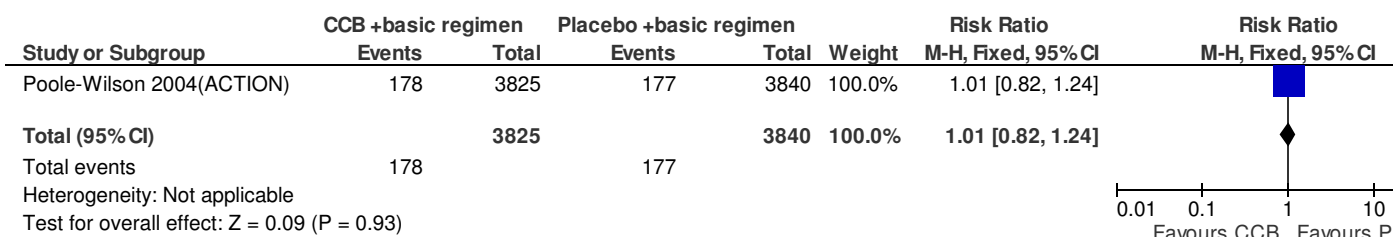
Addition of CCB

1 CCB +basic regimen vs. Placebo +basic regimen

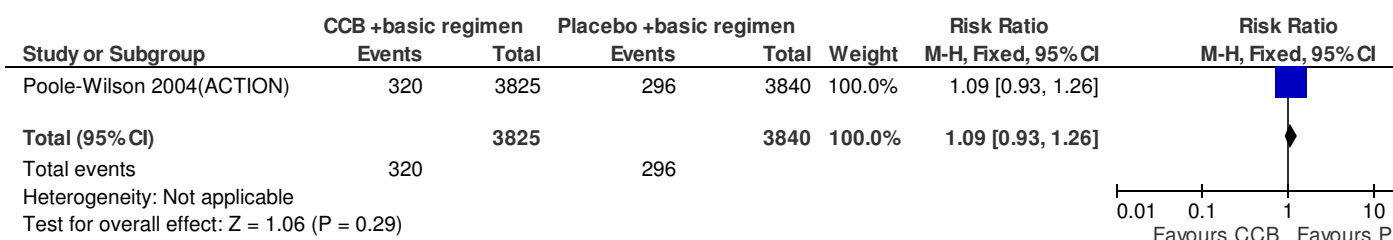
1.1 All cause mortality



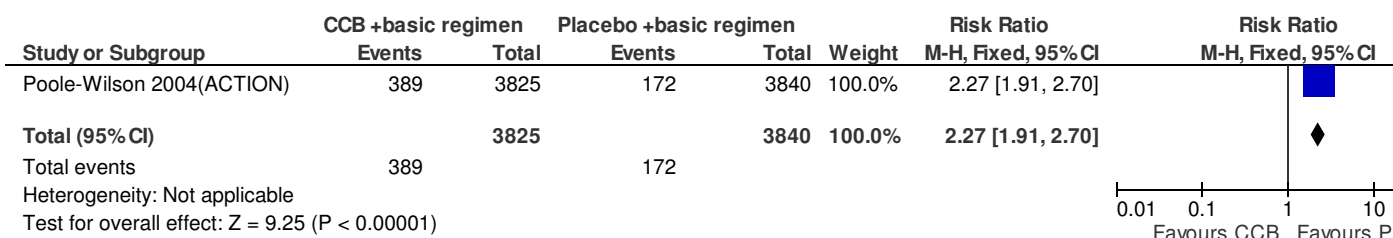
1.2 Cardiovascular or unknown death



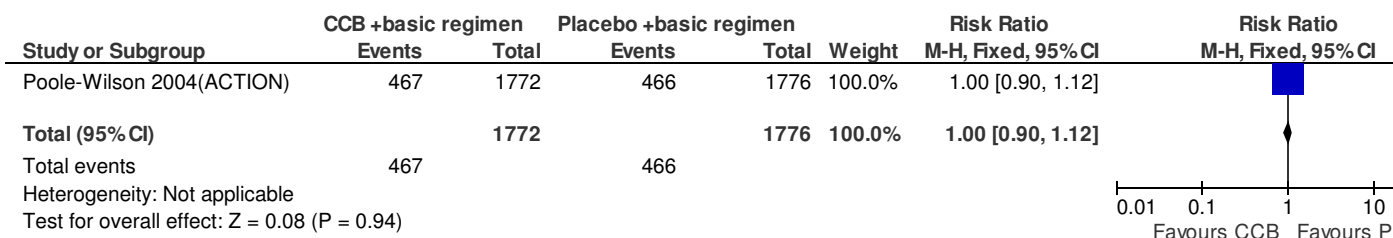
1.3 MI



1.4 Withdrawal due to adverse effects

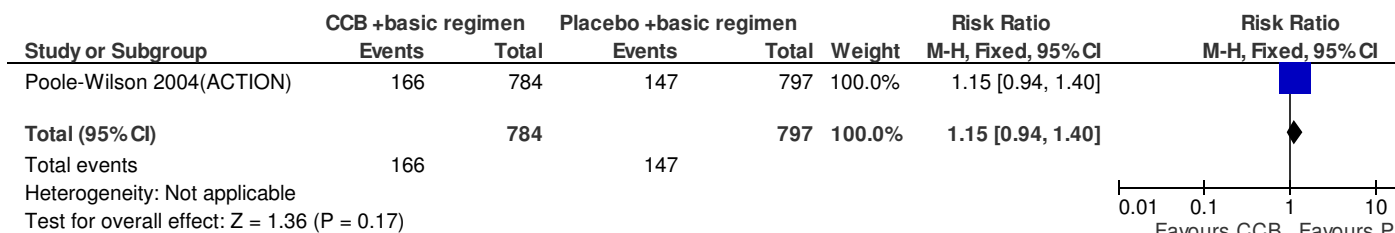


1.5 combined outcome (death, acute MI, refractory angina, new overt HF, debilitating stroke, peripheral revas) (age >65yrs)

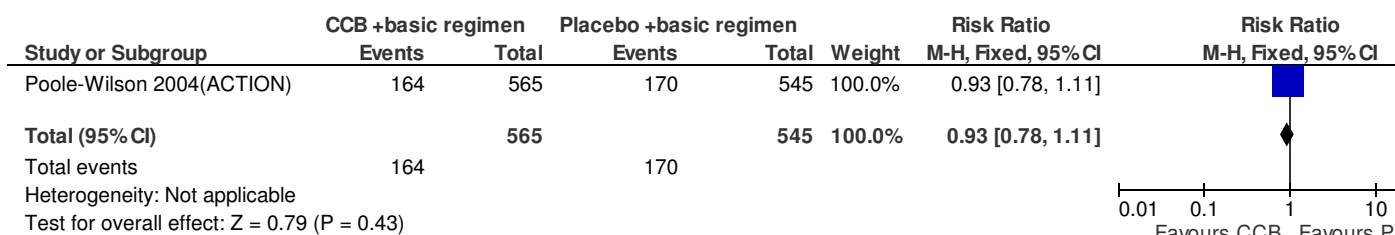


Additions of CCB

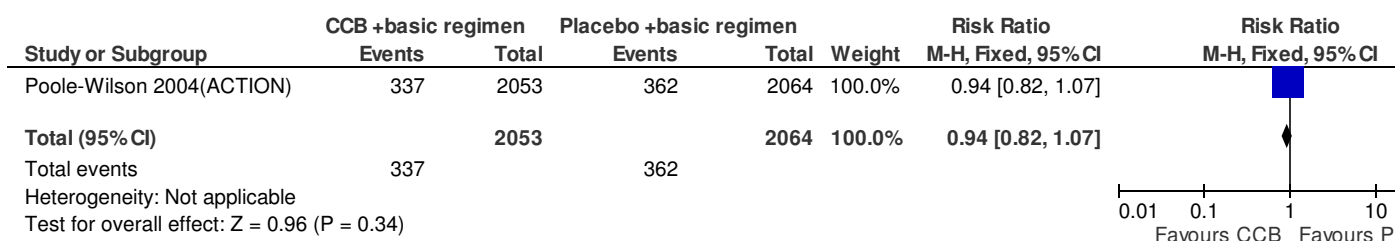
1.6 combined outcome (death, acute MI, refractory angina, new overt HF, debilitating stroke, peripheral revas) (females)



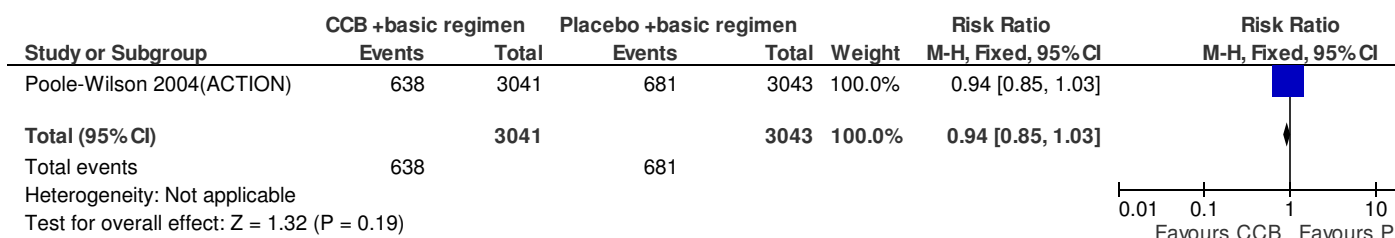
1.7 combined outcome (death, acute MI, refractory angina, new overt HF, debilitating stroke, peripheral revas) (diabetes)



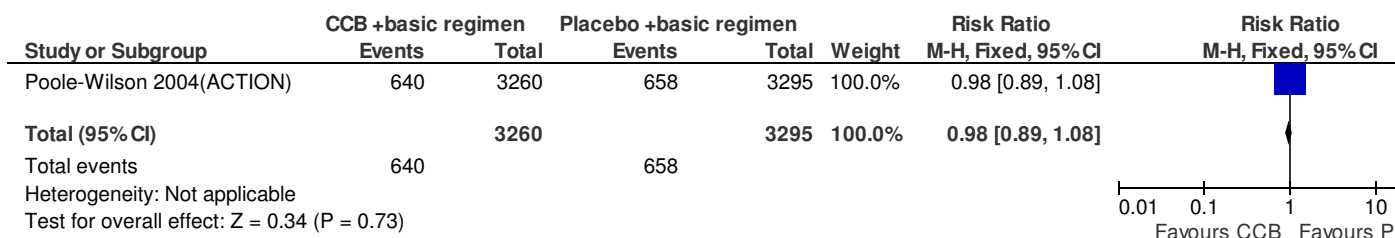
1.8 Combined outcome (death from any cause, acute MI, refractory angina, new overt HF, debilitating stroke , peripheral revas)(age <65 years)



1.9 combined outcome (death from any cause, acute MI, refractory angina, new overt HF, debilitating stroke ,peripheral revas)(males)



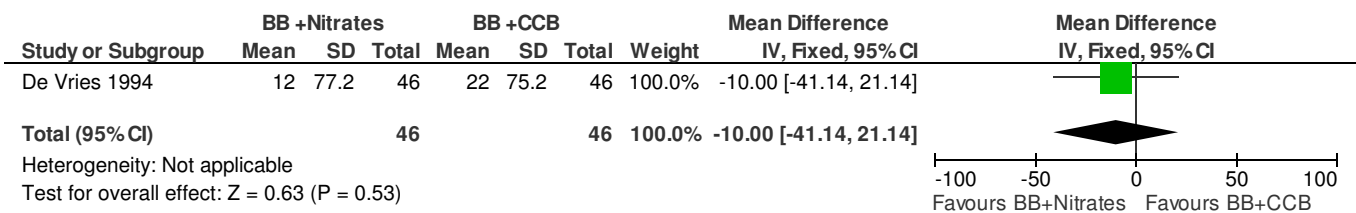
1.10 combined outcome (death from any cause, acute MI, refractory angina, new overt HF, debilitating stroke ,peripheral revas)(no diabetes)



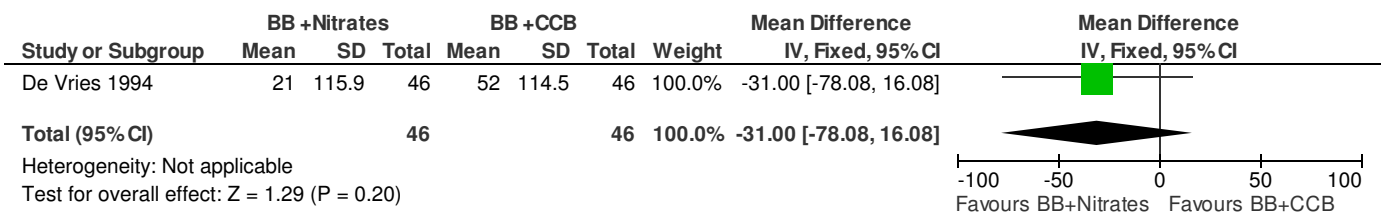
Nitrates for stable angina

1 BB+Nitrates vs. BB+CCB

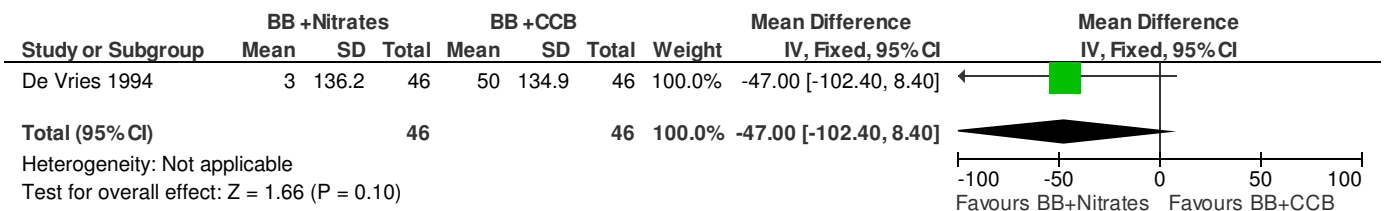
1.1 Exercise time (Sec)



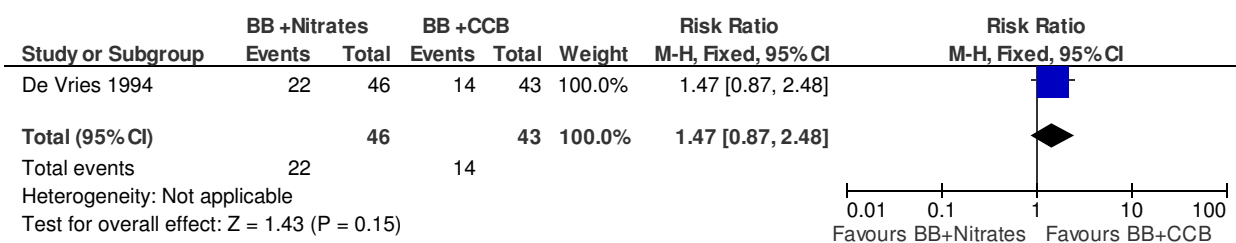
1.2 Time to onset of angina (Sec)



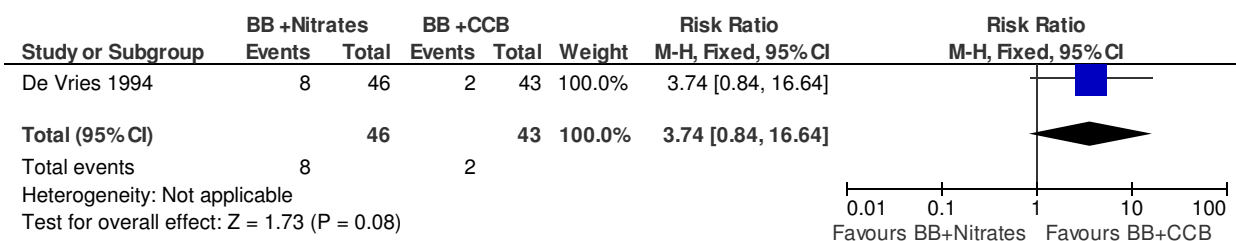
1.3 Time to ST segment depression (sec)



1.4 Adverse effects (overall)

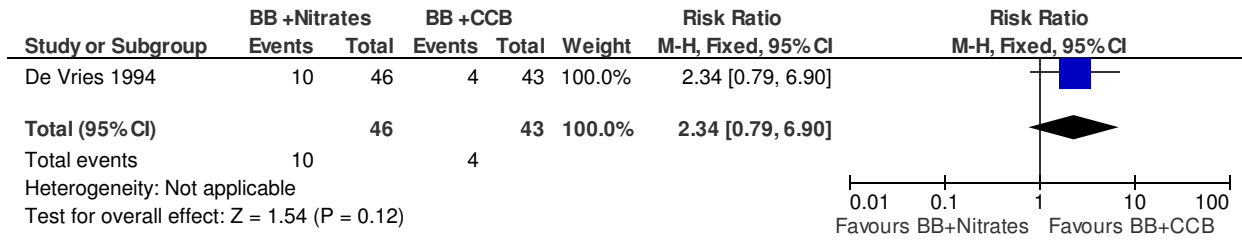


1.5 Stopping due to adverse events



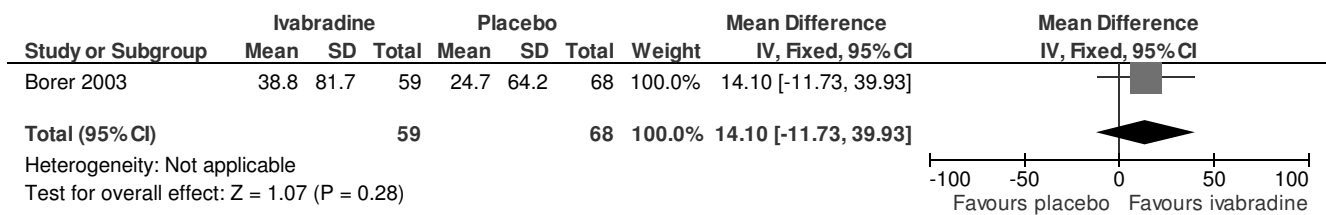
Nitrates for stable angina

1.6 Headache

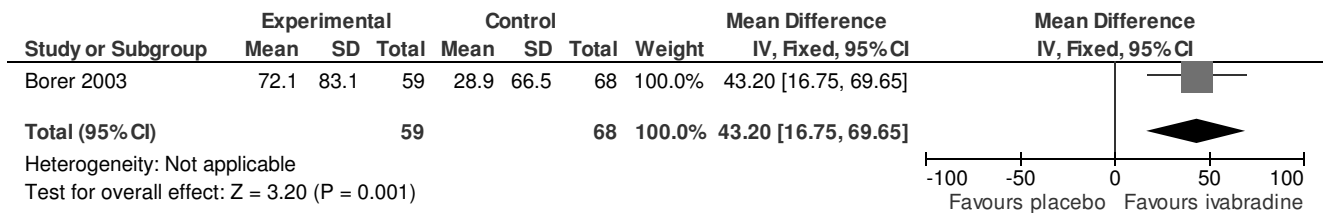


1 Ivabradine vs placebo

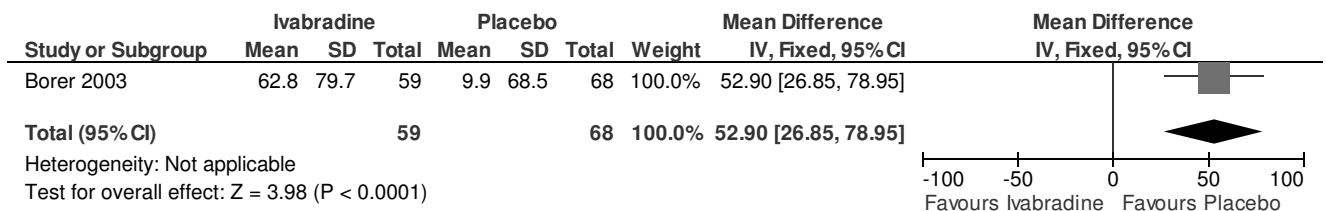
1.1 Time to angina onset (sec) (trough change from baseline) - 14 days



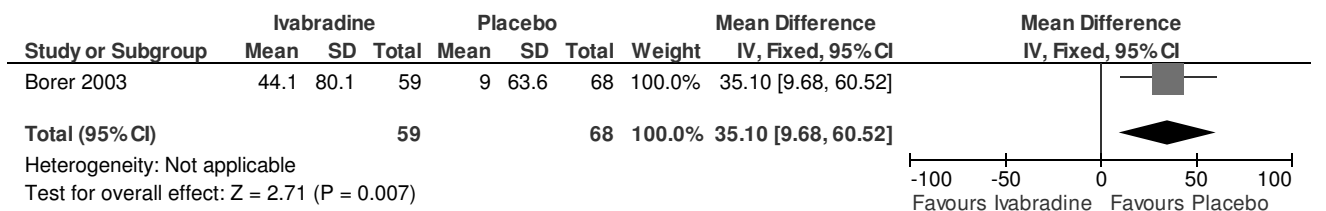
1.2 Time to angina onset (sec) (peak change from baseline - 14 days)



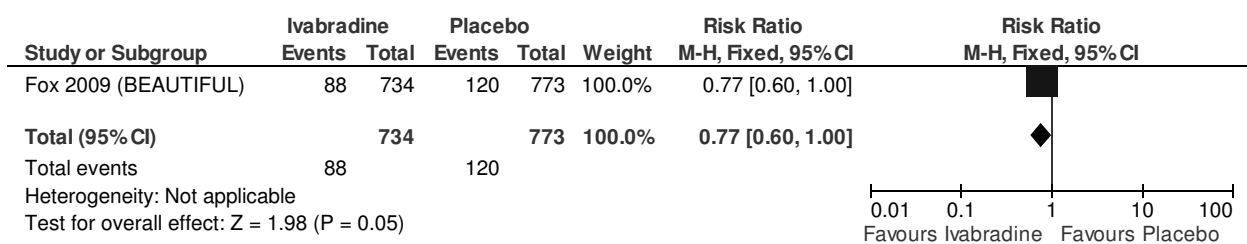
1.3 Time to 1 mm S depression (sec) (at peak of drug activity) - 14 days



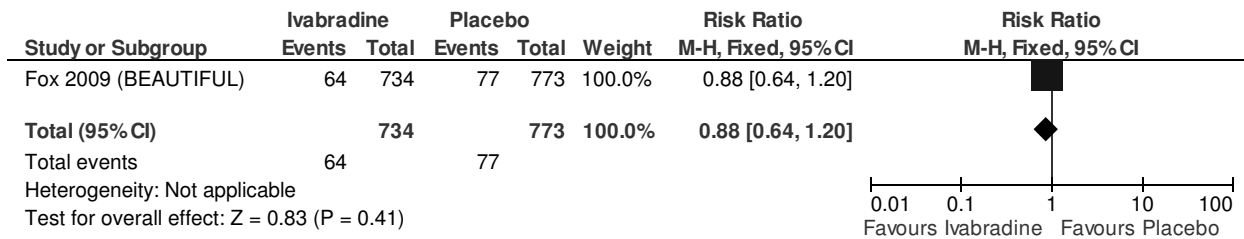
1.4 Time to 1 mm ST depression (sec) (at trough) - 14 days



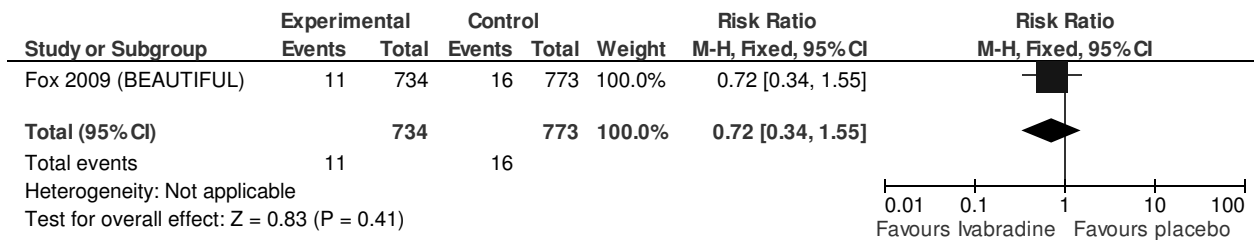
1.5 With limiting angina - CV death or hospitalisation for MI or HF - median 18 months



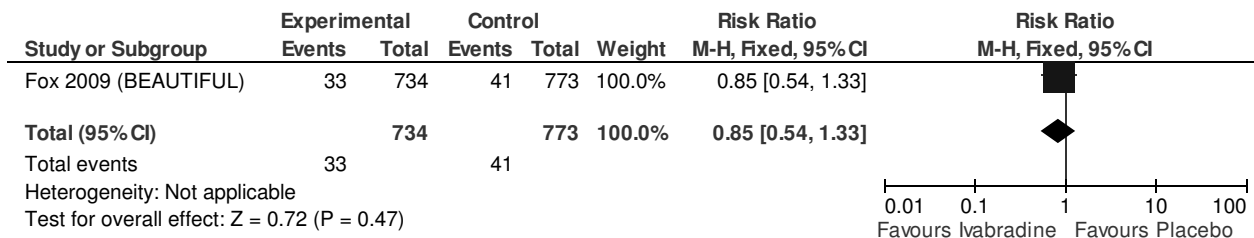
1.6 With limiting angina - all cause mortality - median 18 months



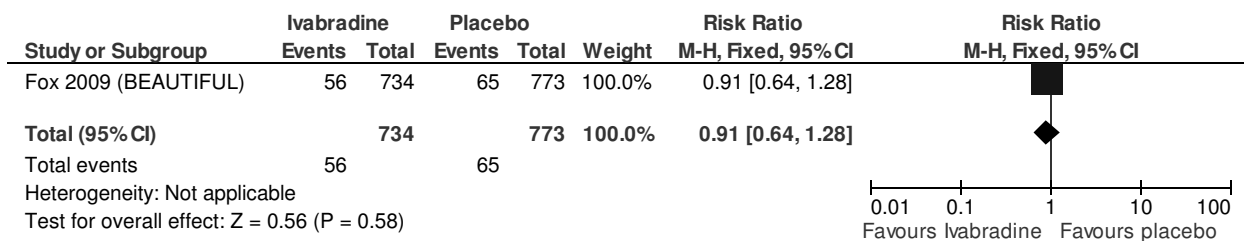
1.7 With limiting angina - Cardiac death - median 18 months



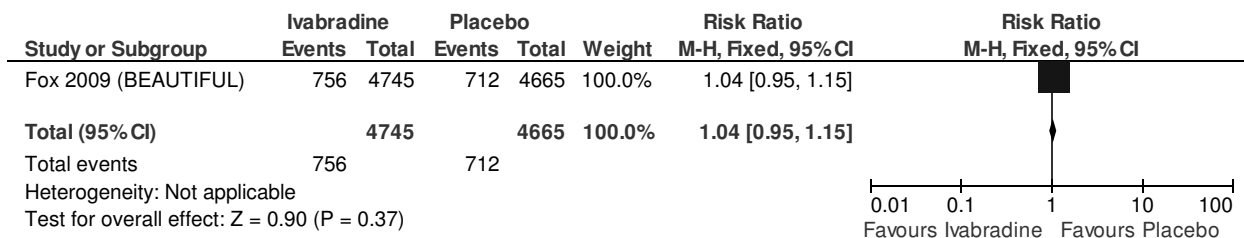
1.8 With limiting angina - hospitalisation for HF - median 18 months



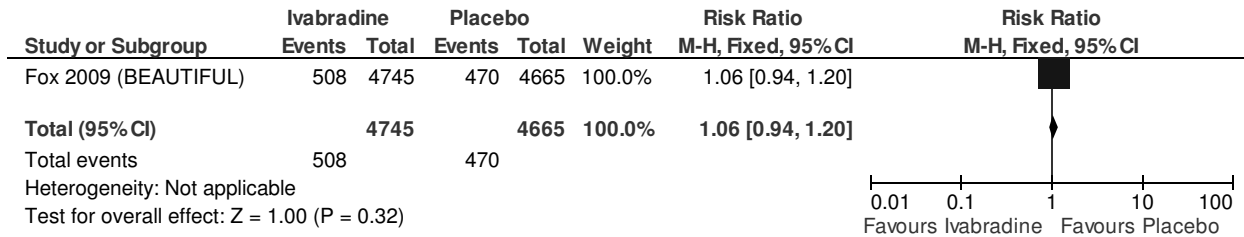
1.9 With limiting angina - Hospitalisation for MI or unstable angina - median 18 months



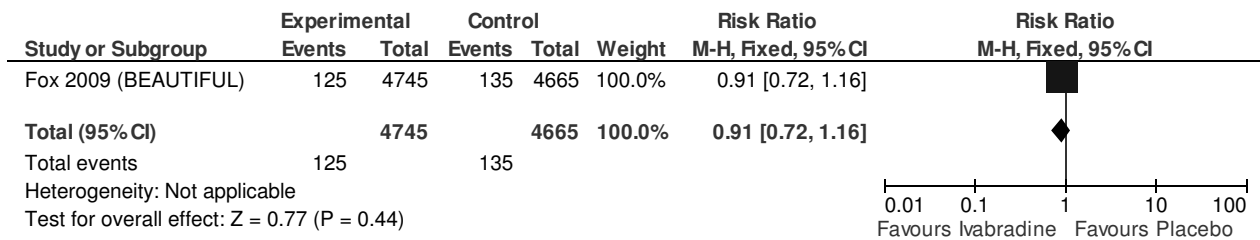
1.10 Without limiting angina - CV death or hospitalisation for MI or HF - median 18 months



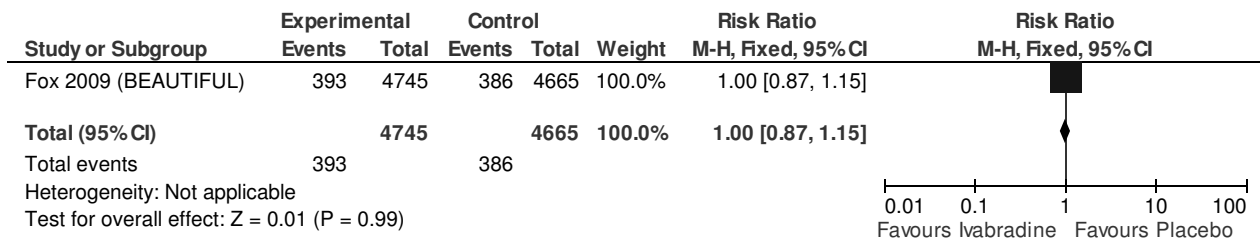
1.11 Without limiting angina - all cause mortality - median 18 months



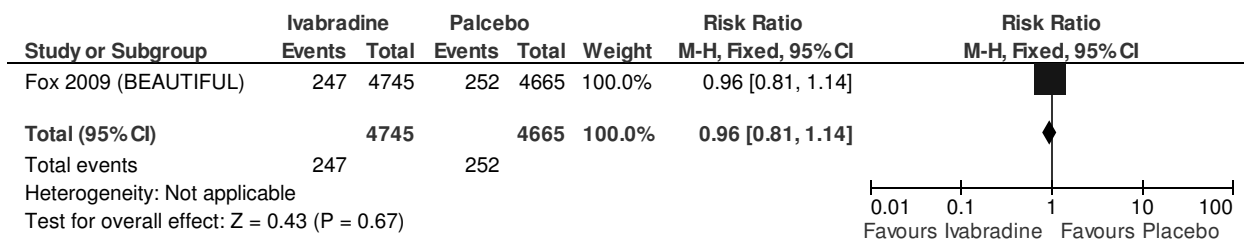
1.12 Without limiting angina - Cardiac death - median 18 months



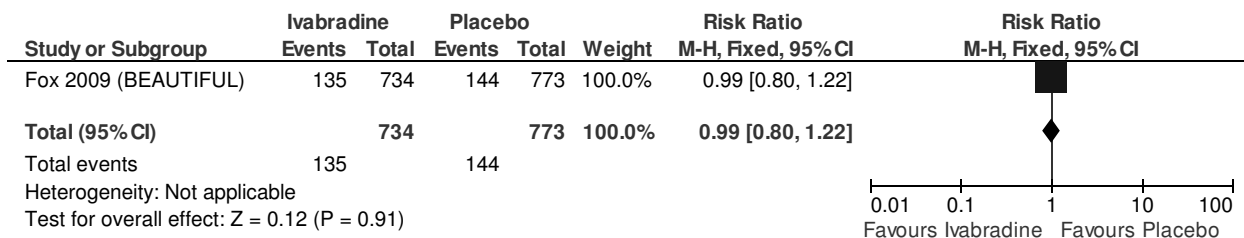
1.13 Without limiting angina - hospitalisation for HF - median 18 months



1.14 Without limiting angina - Hospitalisation for MI or unstable angina - median 18 months

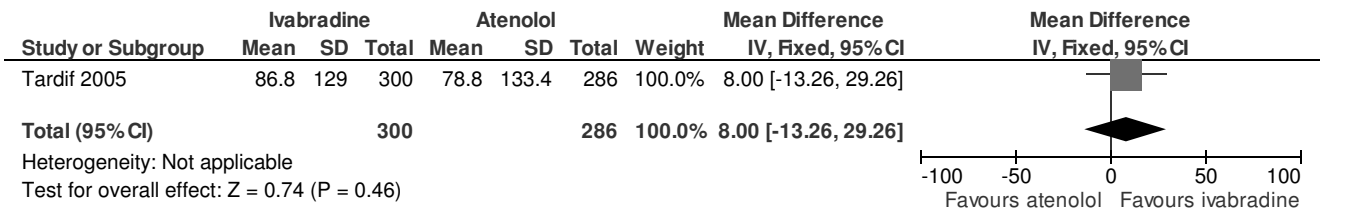


1.15 All serious adverse events

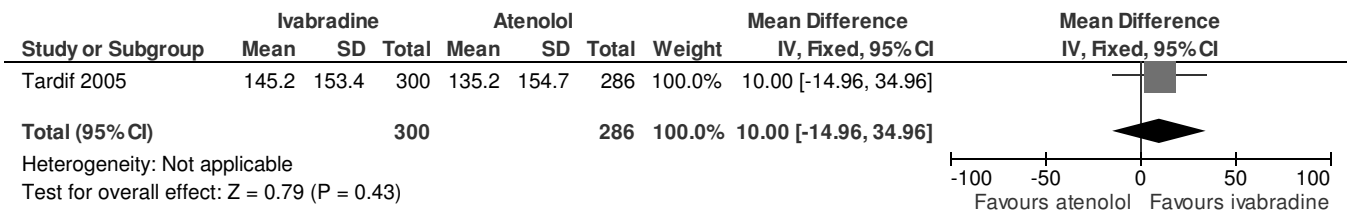


2 Ivabradine vs atenolol

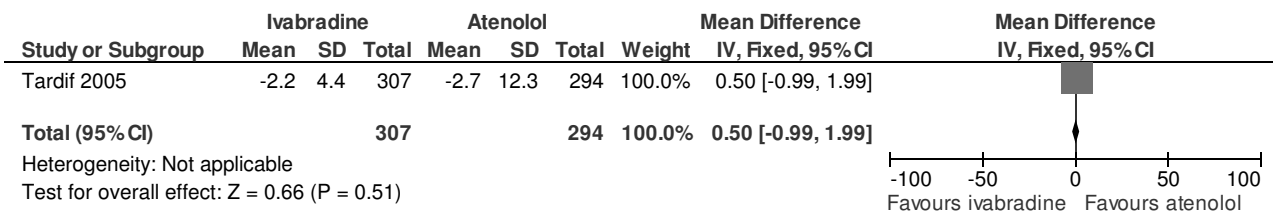
2.1 Total exercise duration (sec)(trough change from baseline) - 16 weeks



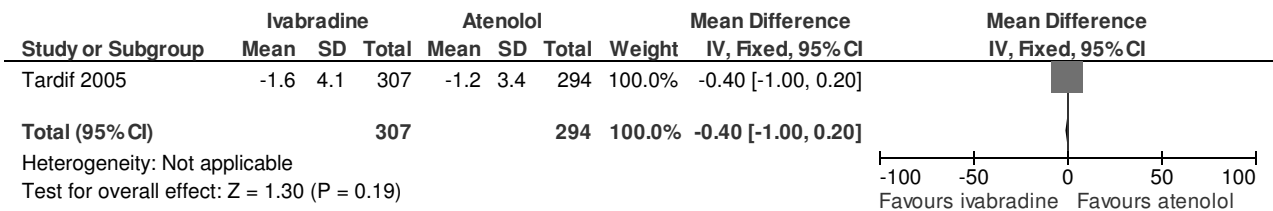
2.2 Time to angina onset (sec) (trough change from baseline) - 16 weeks



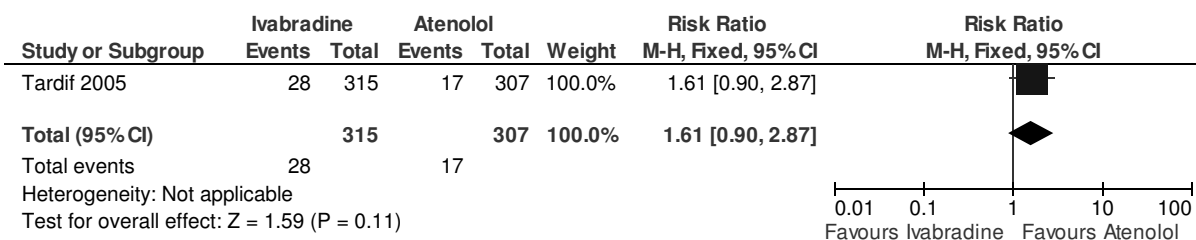
2.3 Weekly number of angina attacks - 16 weeks



2.4 Short-acting nitrate consumption units/week - 16 weeks

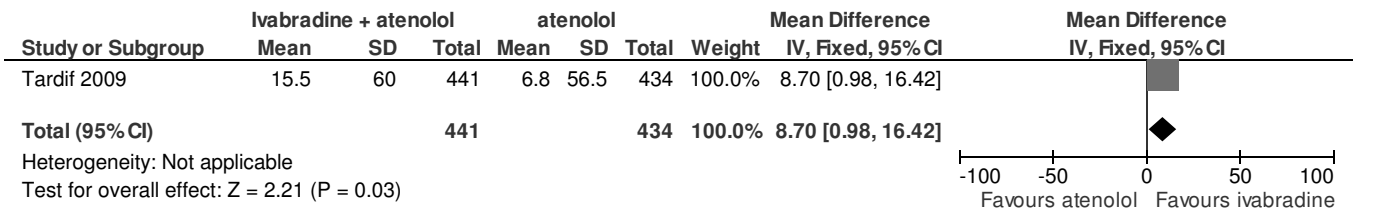


2.5 Withdrawal due to AEs-16 weeks

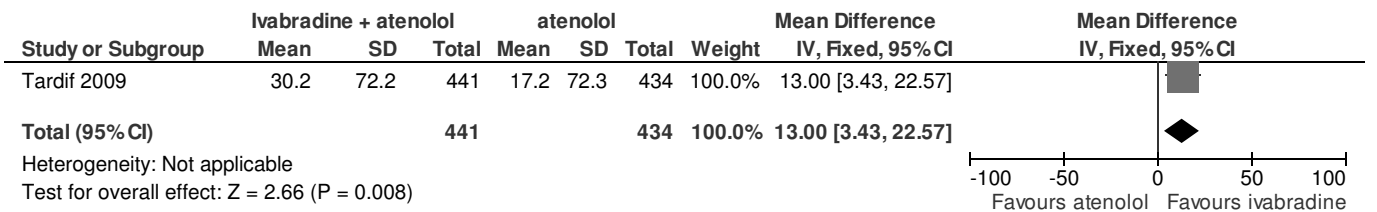


3 Ivabradine +atenolol vs atenolol+ placebo

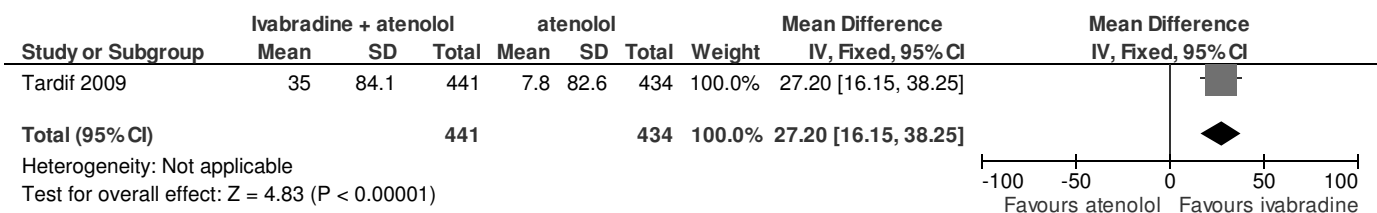
3.1 Total exercise duration (sec) (change from baseline) - 2 months



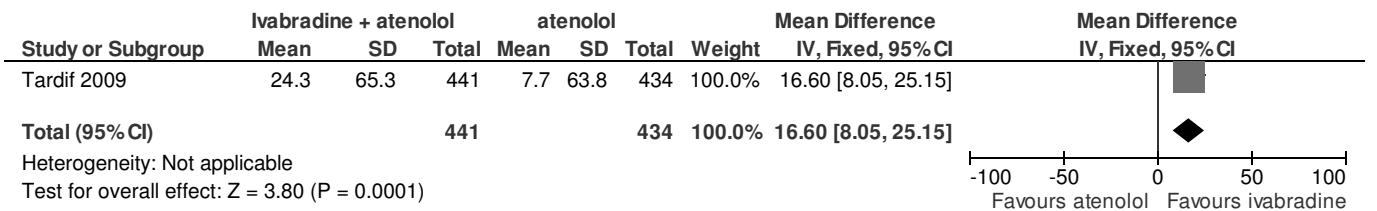
3.2 Time to angina onset (sec) (change from baseline) - 2 mths



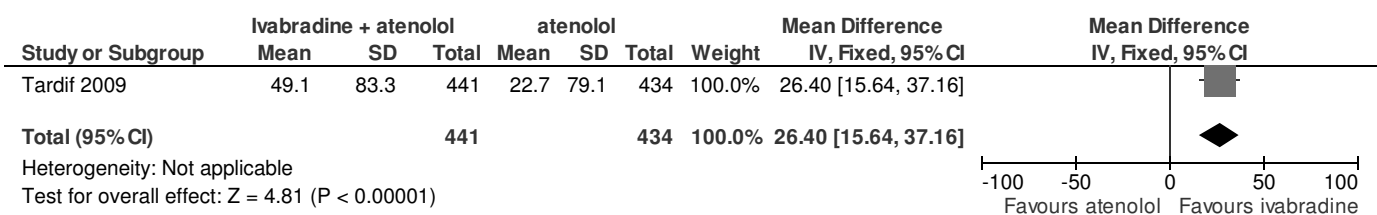
3.3 Time to 1 mm S depression (sec) (change from baseline)- 2months



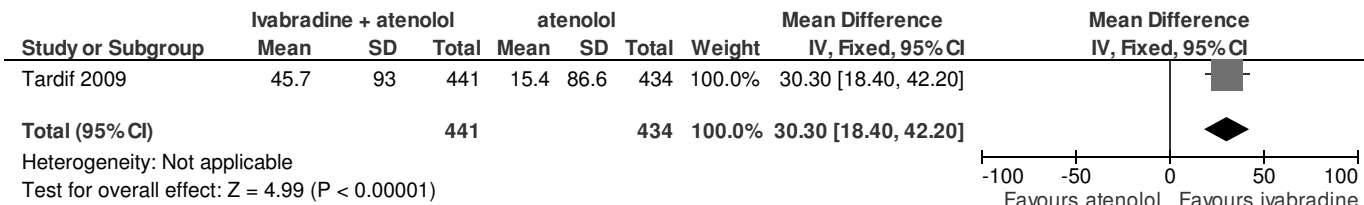
3.4 Total exercise duration (sec) (change from baseline)-4 months



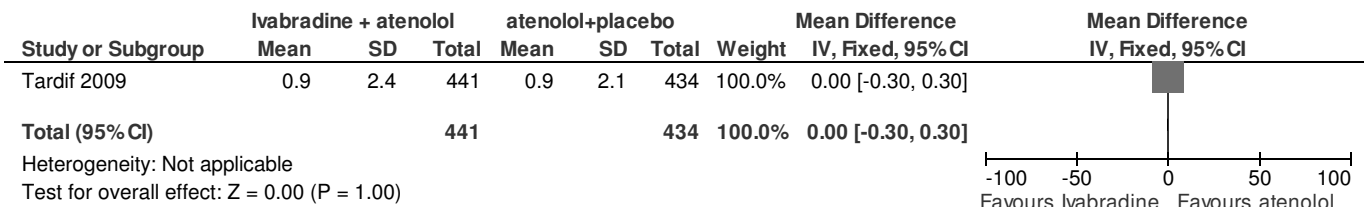
3.5 Time to onset of angina(sec) (change from baseline) - 4 months



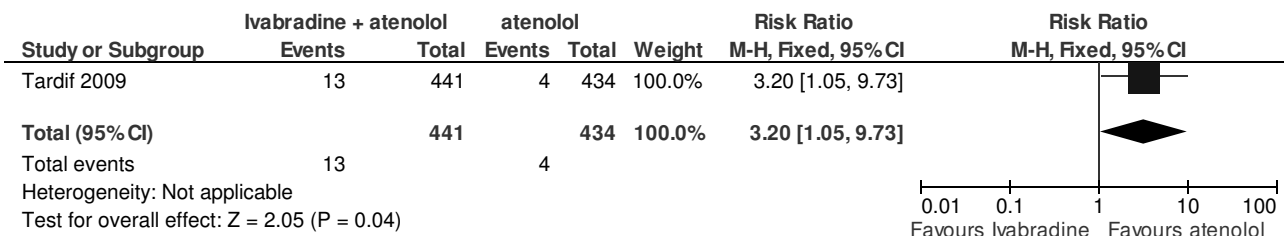
3.6 Time to 1 mm ST depression (sec) (change from baseline-4 months)



3.7 angina attacks/week

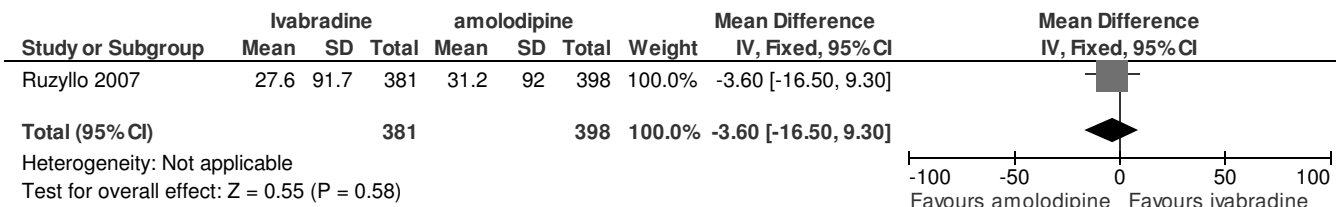


3.8 Adverse events (4 months)

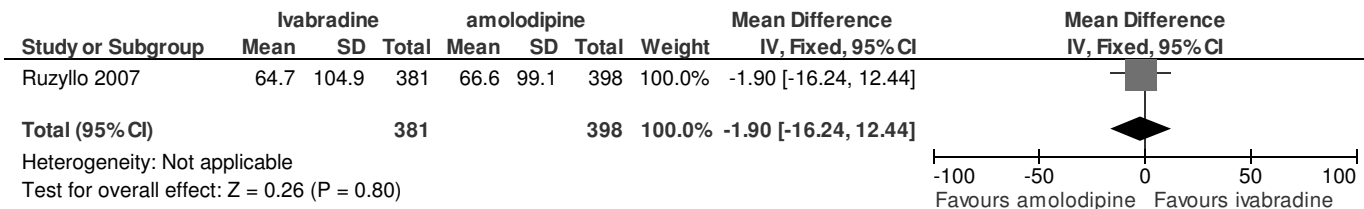


4 Ivabradine vs amolodipine

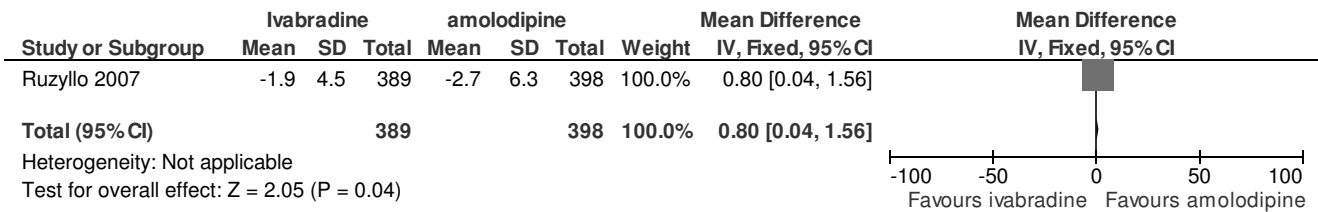
4.1 Total exercise duration (sec) - 3 months



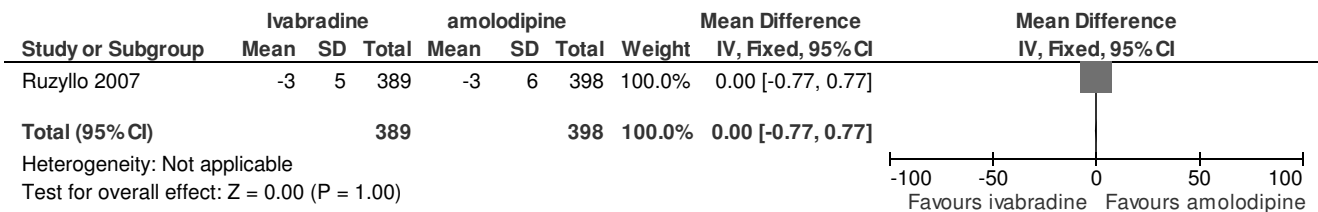
4.2 Time angina onset (sec) - 3 months



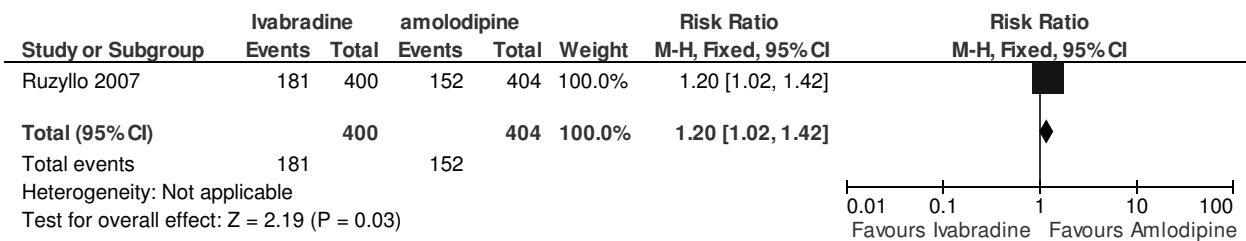
4.3 Short-acting nitrate use (units/week) - 3 months



4.4 Frequency of angina attacks/week - 3 months

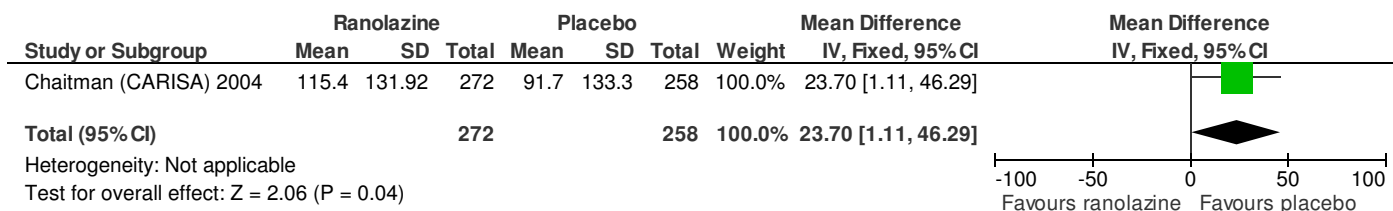


4.5 Adverse events - 3 months

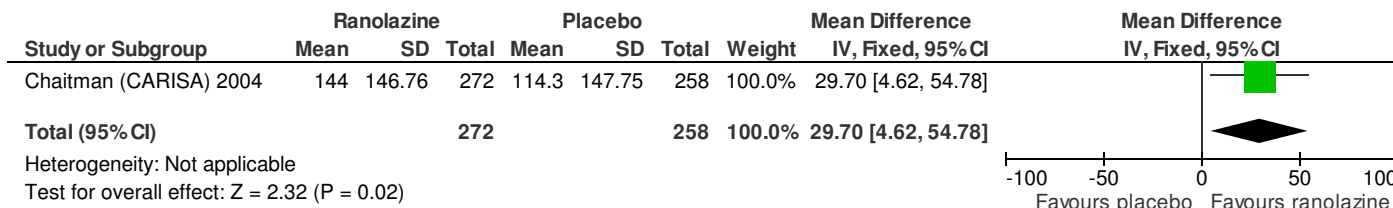


1 Ranolazine (750 mg bid) + antianginal vs Placebo + antianginal (Follow-up 12 weeks)

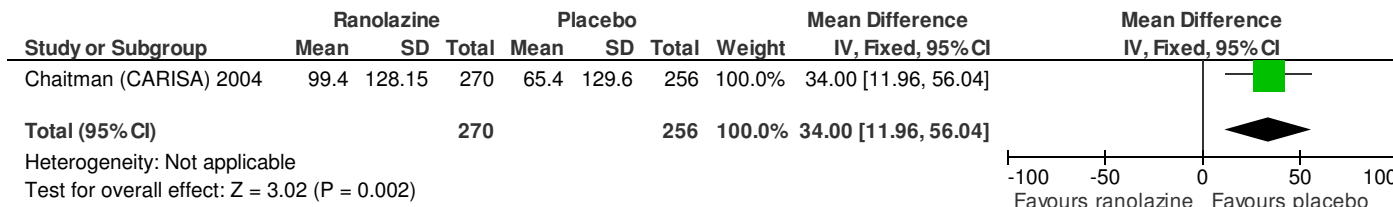
1.1 Exercise duration (trough - change from baseline), s - 12 wks



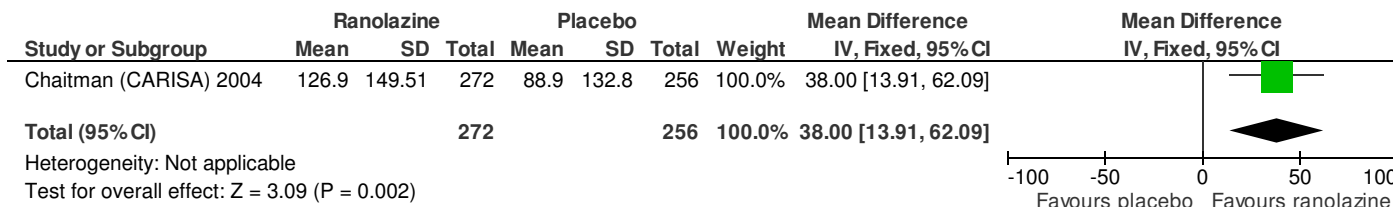
1.2 Time to onset of angina (trough - change from baseline) s - 12 wks



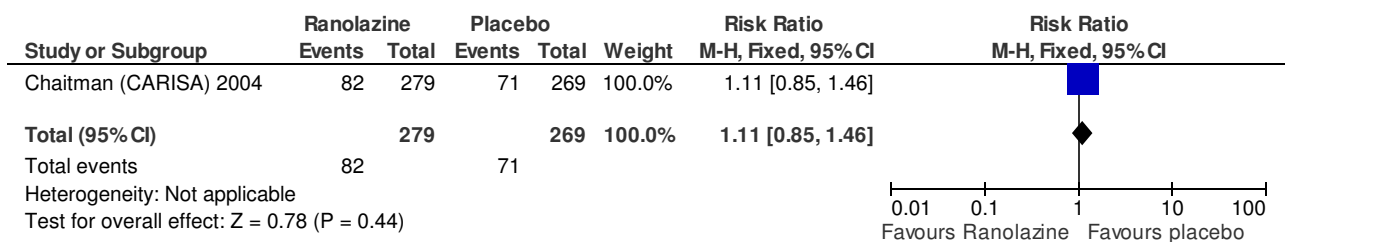
1.3 Exercise duration (peak - change from baseline) s - 12 wks



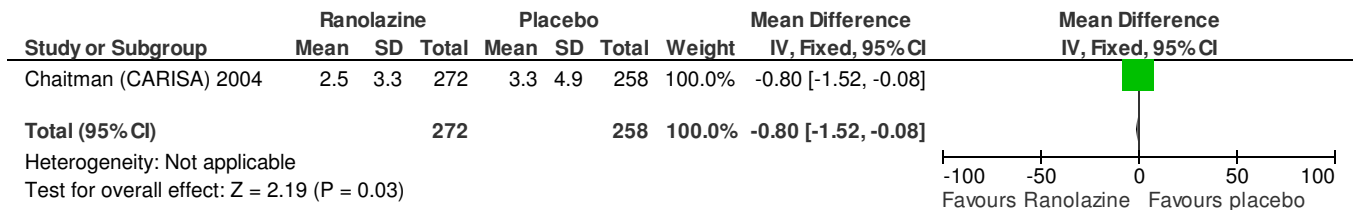
1.4 Time to onset of angina (peak - change from baseline) s - 12 wks



1.5 Adverse events

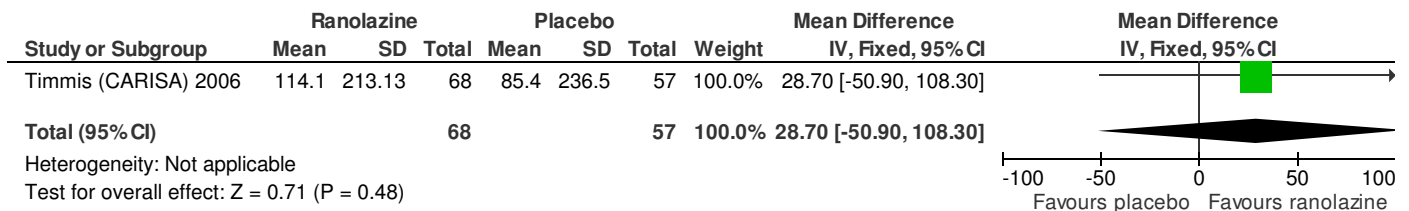


1.6 Angina attacks per week

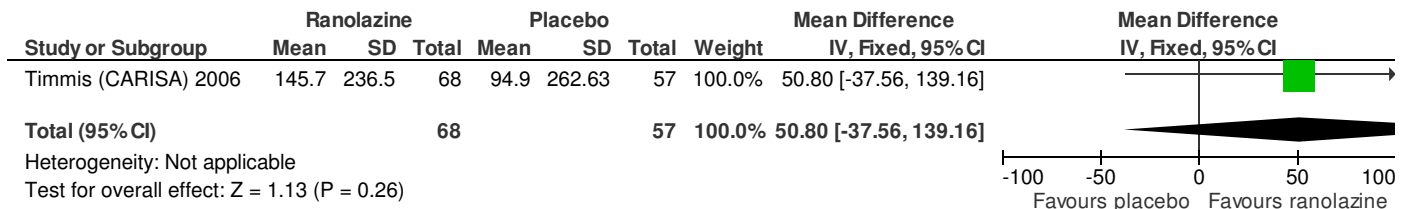


2 Ranolazine (750 mg bid) + antianginal treatment vs Placebo+antianginal treatment - diabetic patients (Follow-up 12 weeks)

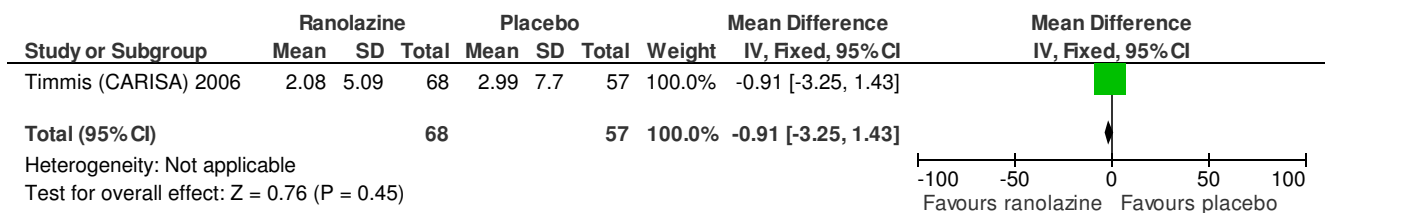
2.1 Exercise duration (trough change from baseline) s - 12 wks



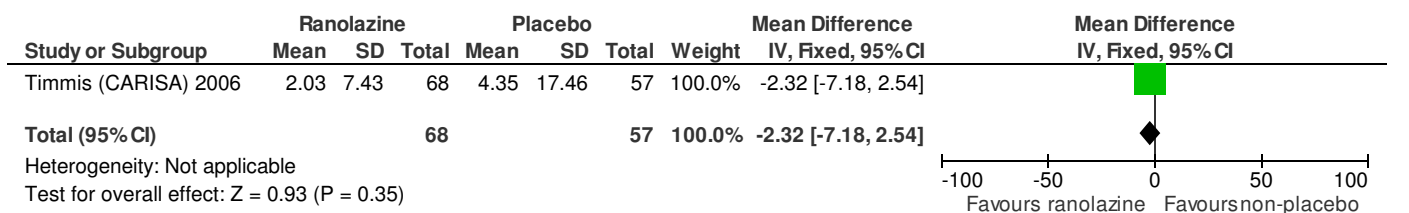
2.2 Time to onset of angina (trough change from baseline) s - 12 wks



2.3 Angina episodes per week - 12 wks

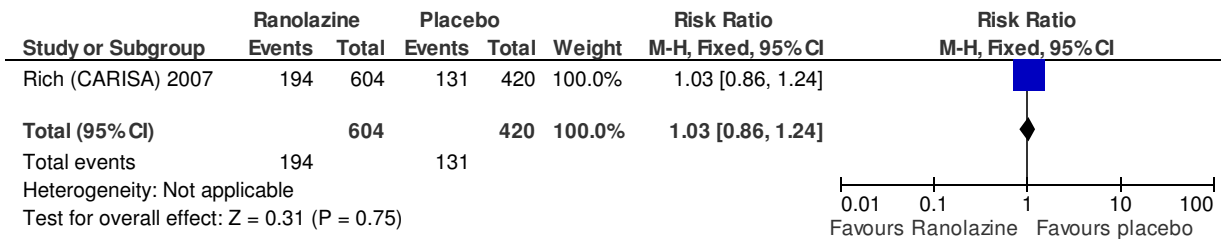


2.4 Nitroglycerin consumption per week - 12 wks

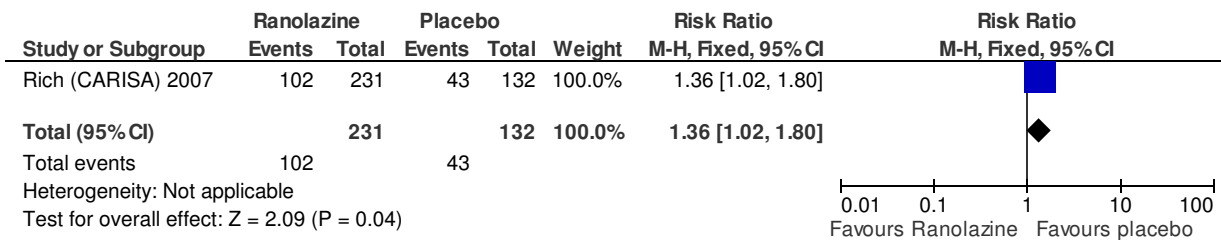


3 Ranolazine (1000 mg bid) + antianginal treatment vs Placebo +antianginal treatment- age (Follow-up 6 weeks)

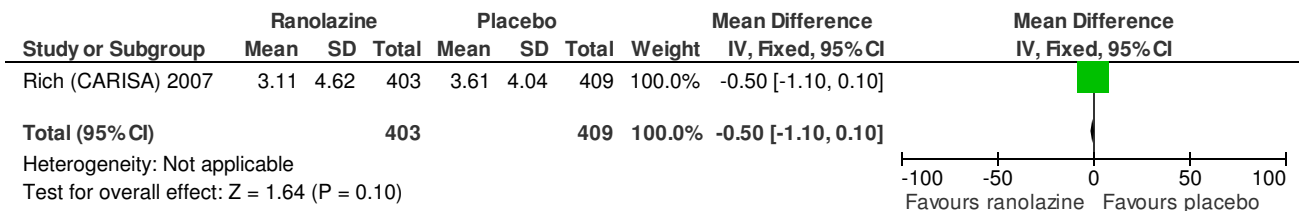
3.1 Adverse events <70 years



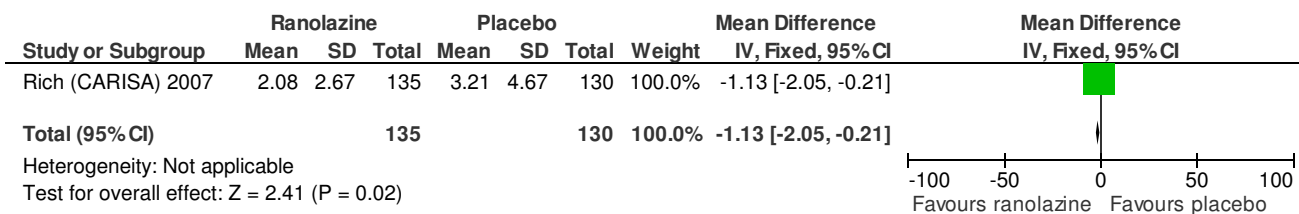
3.2 Adverse events >70 years



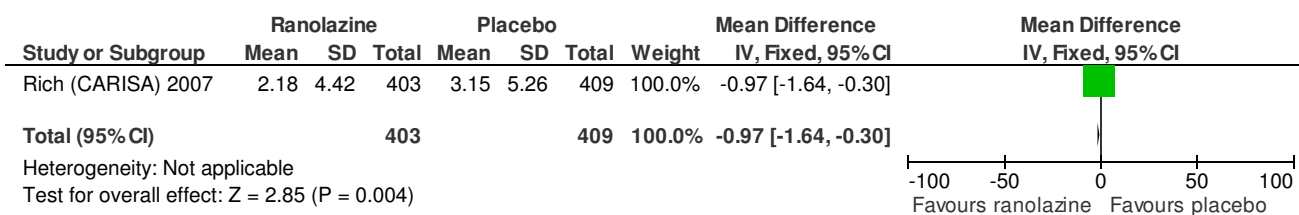
3.5 Weekly angina attacks < 70 yrs



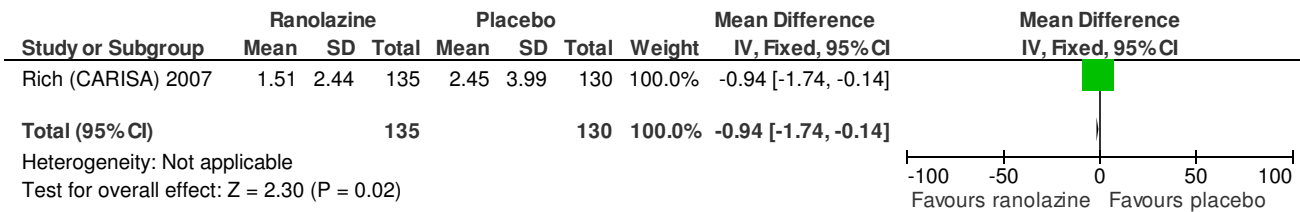
3.6 Weekly angina attacks > 71 yrs



3.7 Nitroglycerin consumption < 70 yrs

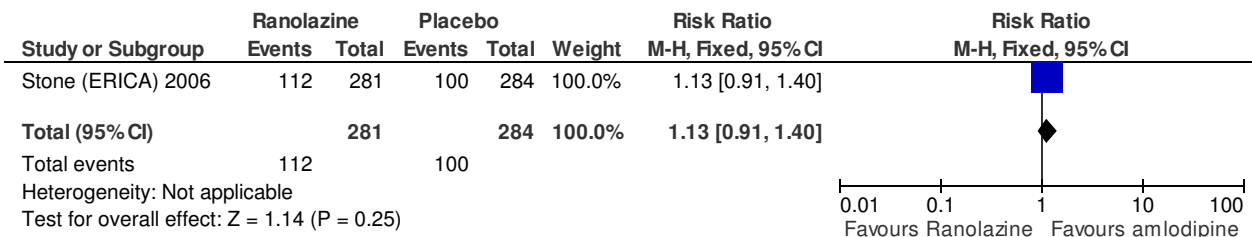


3.8 Nitroglycerin consumption > 71 yrs

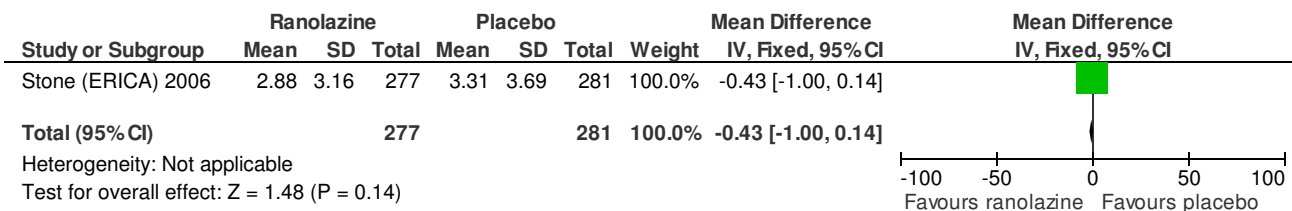


6 Ranolazine (1000 mg bid) plus amlodipine (10 mg) vs amlodipine (10mg) (Follow-up 6 weeks)

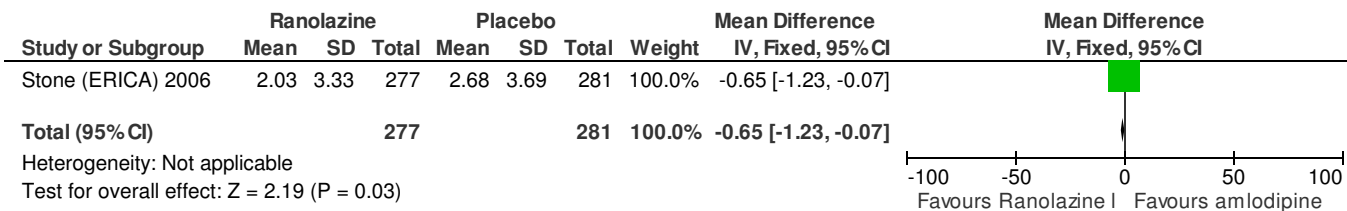
6.1 Adverse events



6.5 Weekly angina frequency - 6 wks



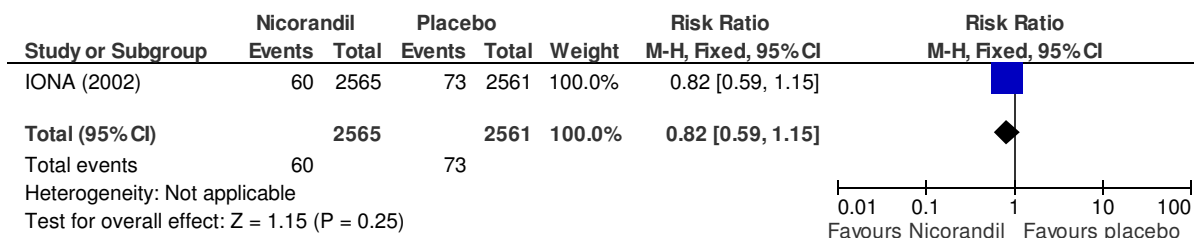
6.6 Weekly nitroglycerin consumption - 6 wks



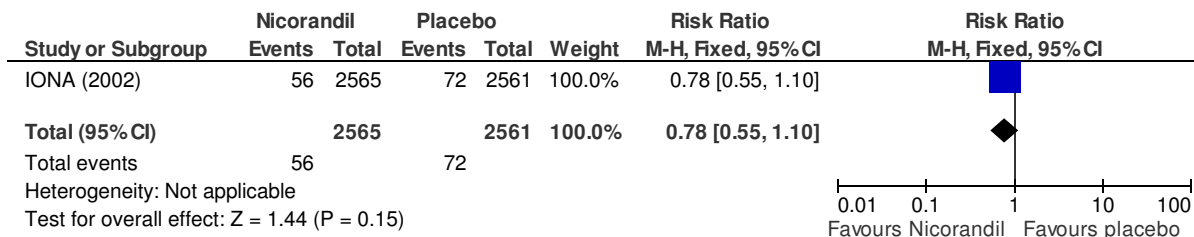
Nicorandil versus Placebo for stable angina

1 Nicorandil vs. Placebo (Follow-up 1.6 years)

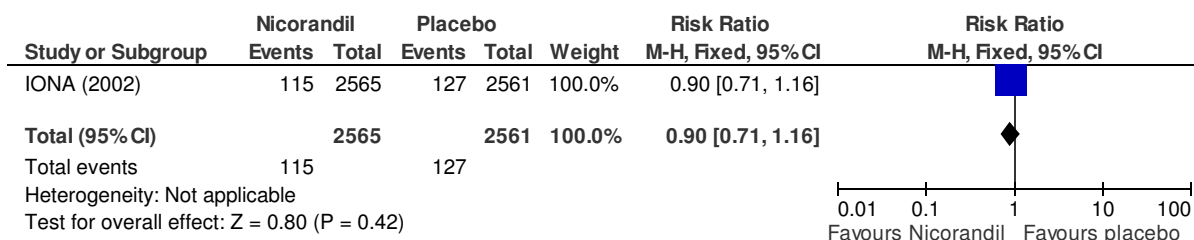
1.1 CHD death



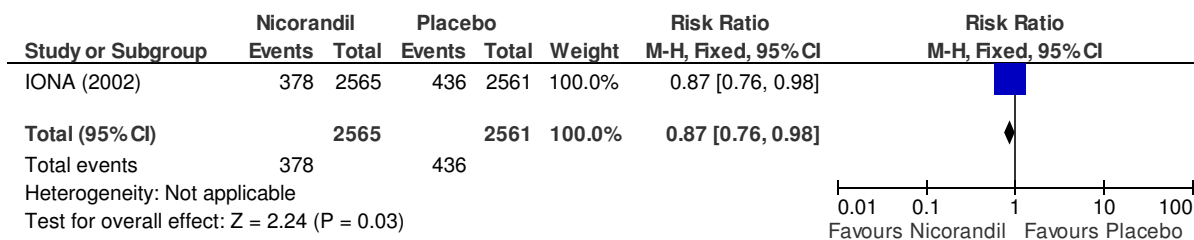
1.2 Non fatal MI



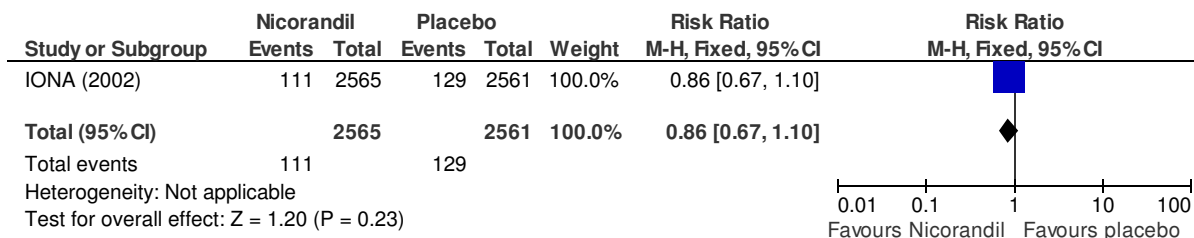
1.3 Unstable Angina



1.4 All cardiovascular events

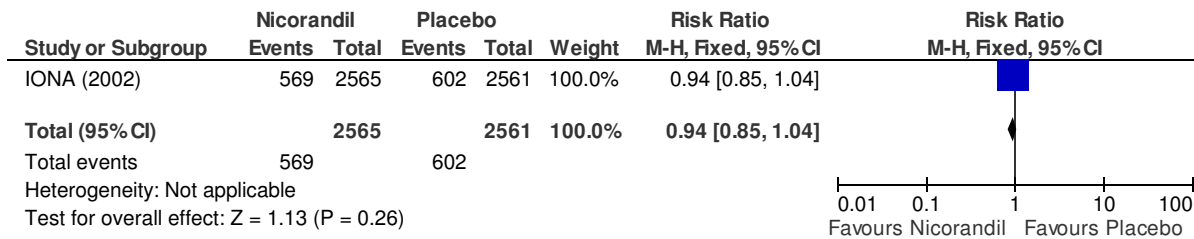


1.5 All cause mortality

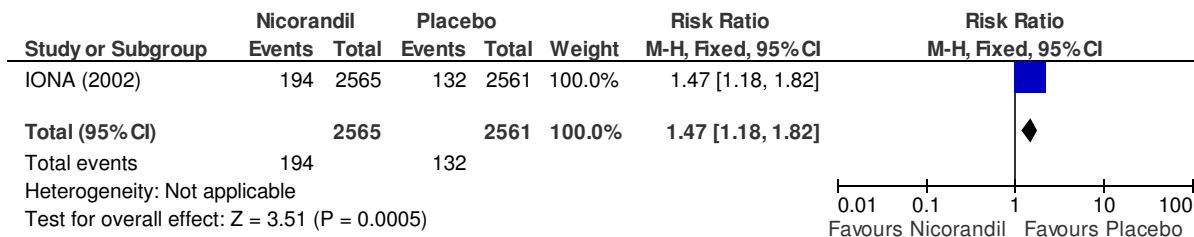


Nicorandil versus Placebo for stable angina

1.6 Worsening of angina status



1.7 GI disturbances



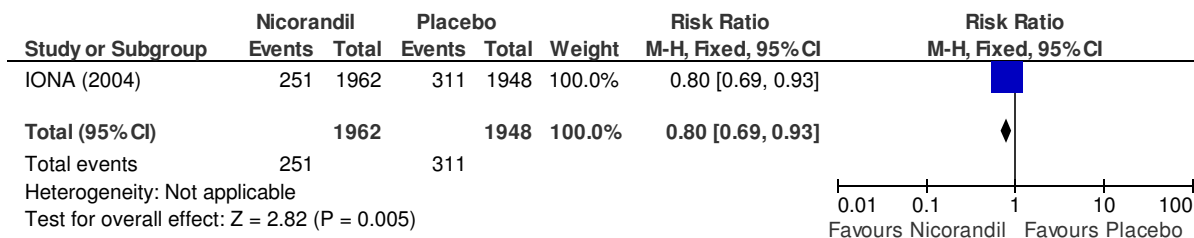
1.8 Combined outcome (diabetes subgroup)



1.9 Combined outcomes (age subgroup >70 yrs)

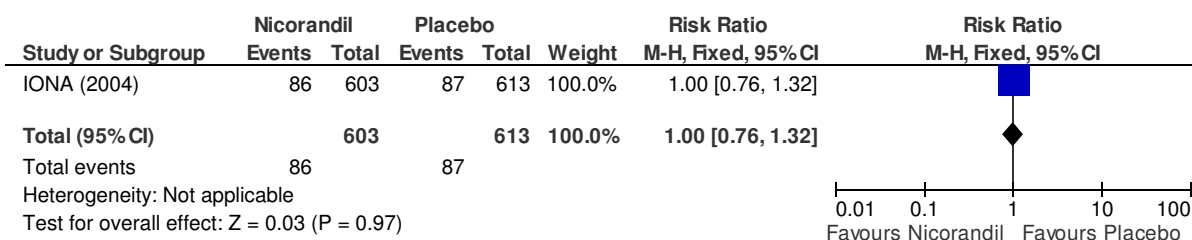


1.10 combined outcomes (male subgroup)

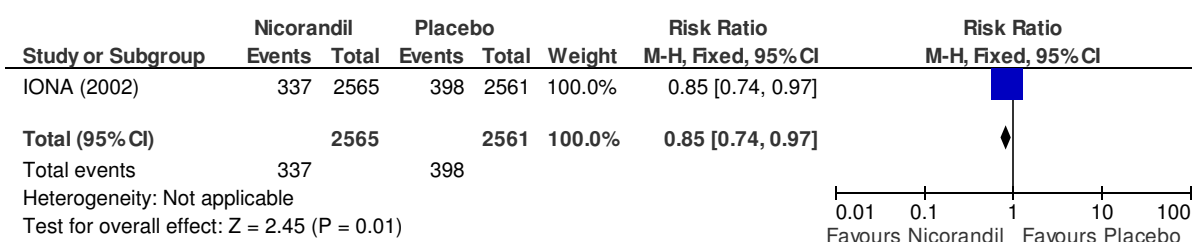


Nicorandil versus Placebo for stable angina

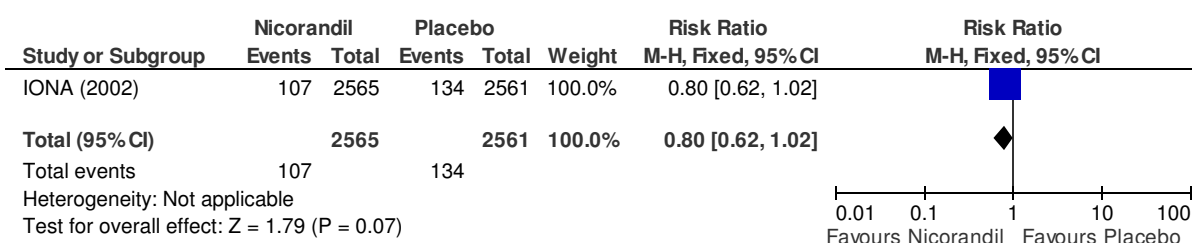
1.11 Combined outcomes (female subgroup)



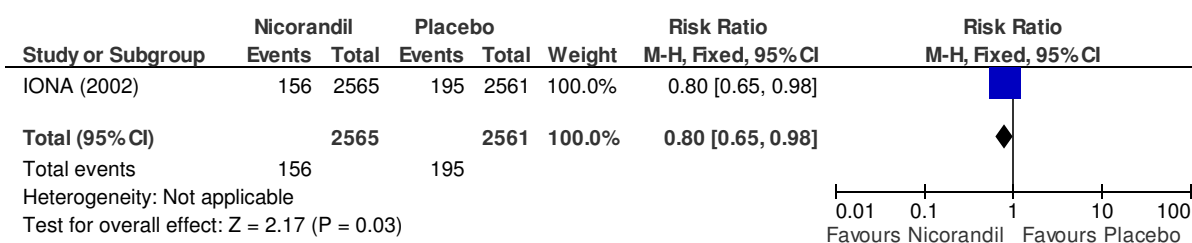
1.12 Composite (CHD death, non fatal MI or hospital adm. for chest pain)



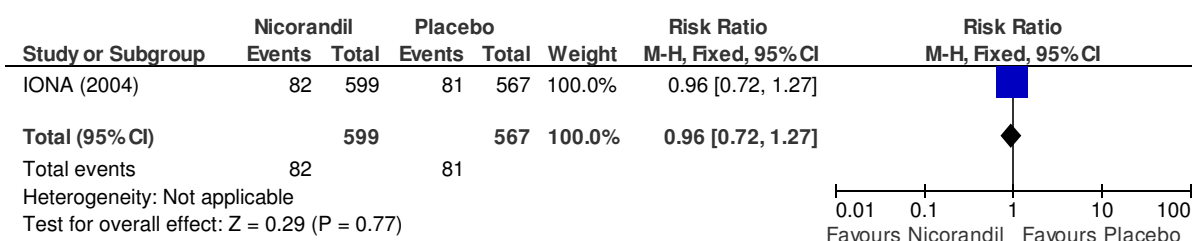
1.13 composite (CHD death or non fatal MI)



1.14 Composite (CHD death, non fatal MI, or unstable angina)

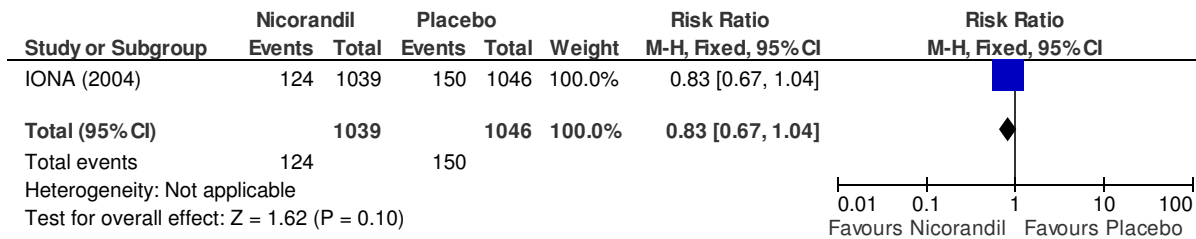


1.15 Combined outcome (age subgroup 65-70 yrs)

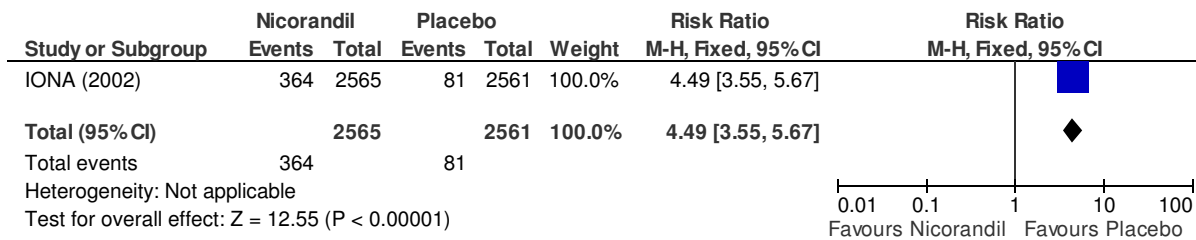


Nicorandil versus Placebo for stable angina

1.16 Combined outcomes (age subgroup <65 yrs)

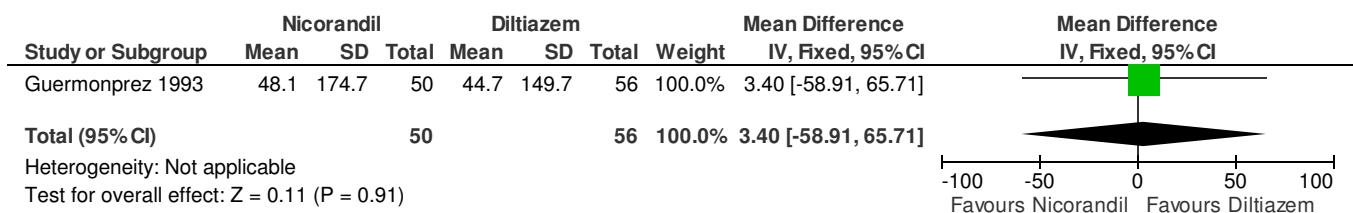


1.17 Headache

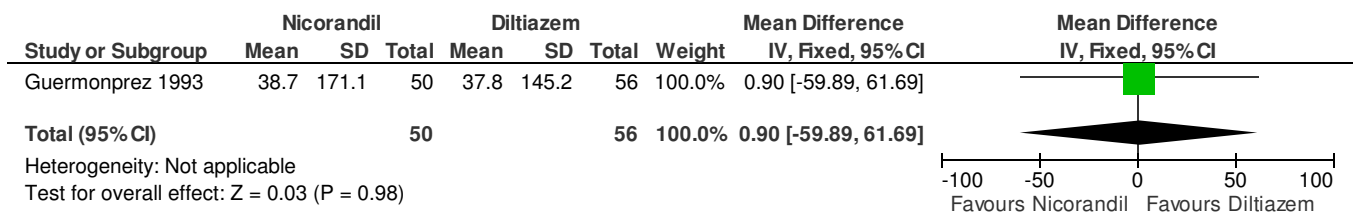


2 Nicorandil vs. Diltiazem (Follow-up 90 days)

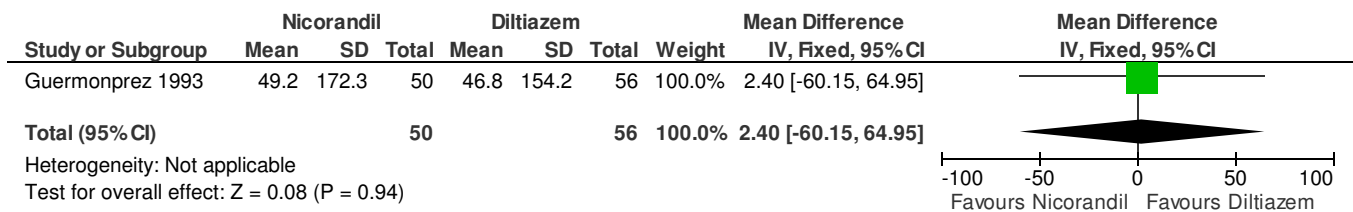
2.1 Exercise capacity (work to angina onset)



2.2 Exercise capacity (work to ischemic threshold)

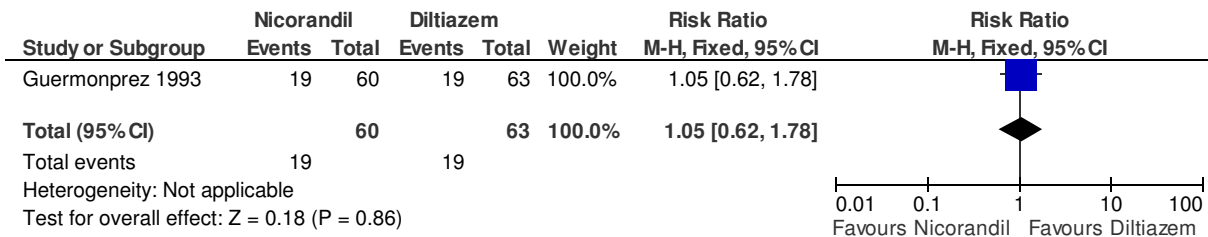


2.3 Exercise capacity (work to peak exercise)



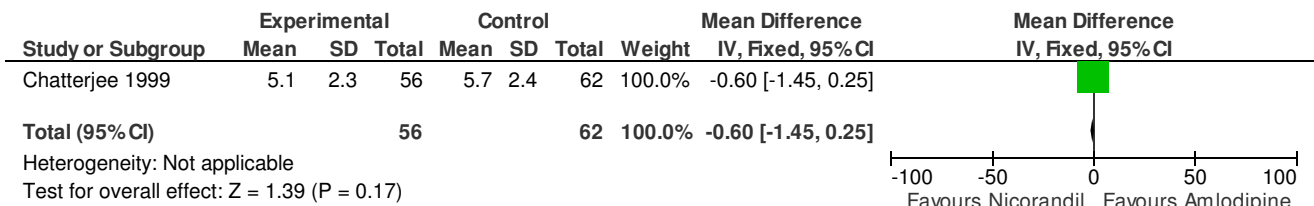
Nicorandil versus Placebo for stable angina

2.4 Adverse events (combined)

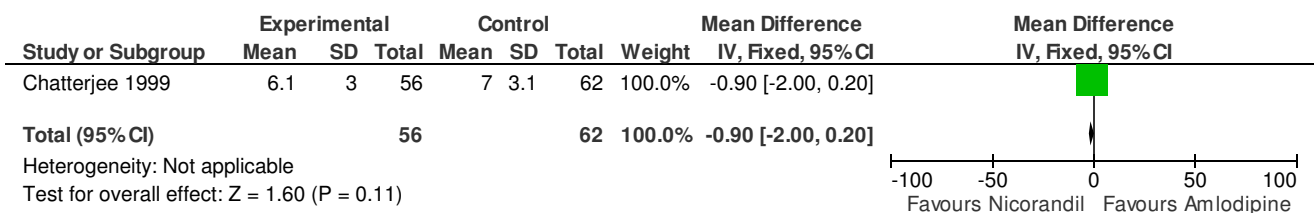


3 Nicorandil vs. Amlodipine (Follow-up 8 weeks)

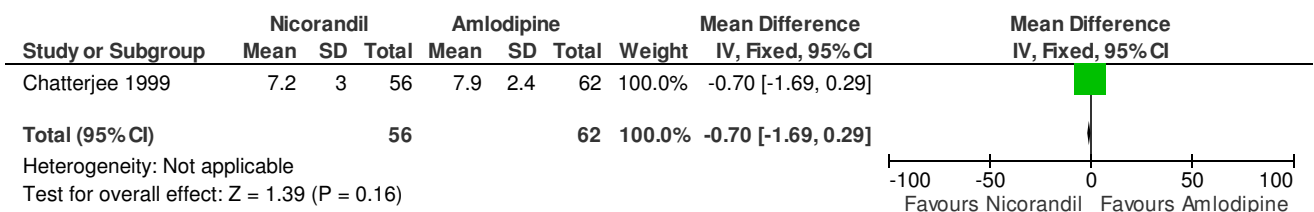
3.1 ETT (Time to ST-segment depression)



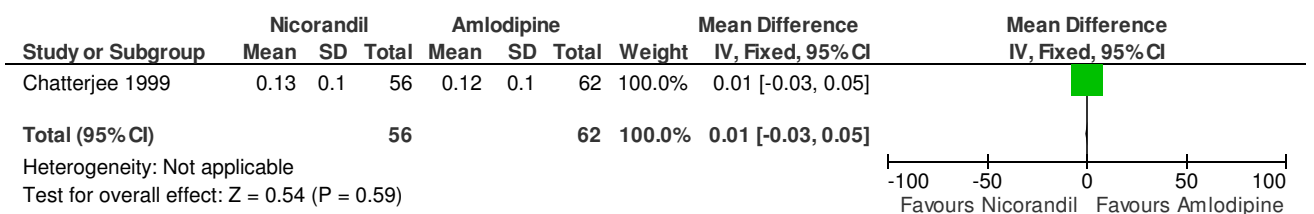
3.2 ETT (Time to onset of anginal pain)



3.3 ETT (Total exercise duration)

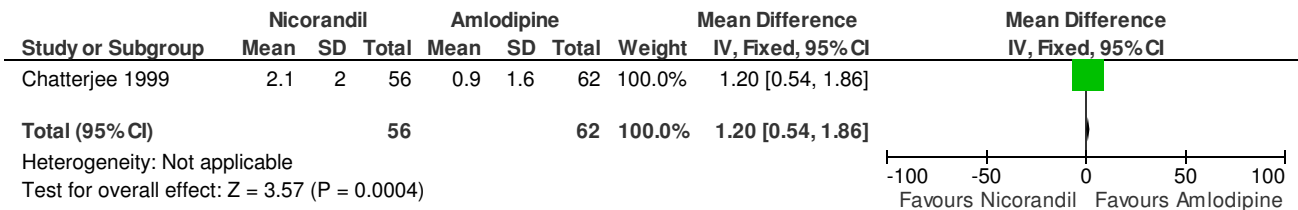


3.4 ETT (Segment depression at maximal identical workload)

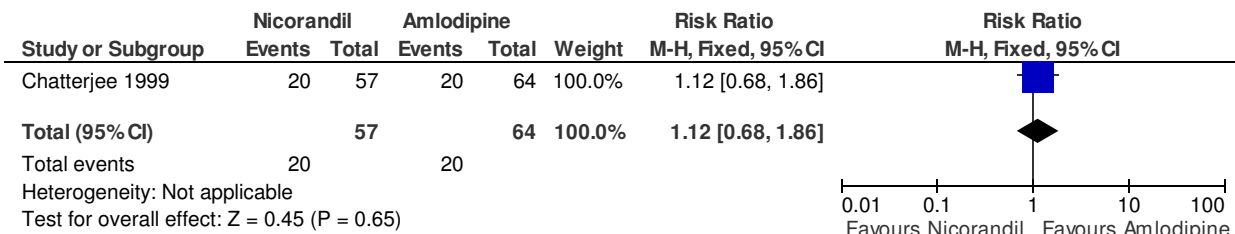


Nicorandil versus Placebo for stable angina

3.5 Sum of weekly anginal attacks

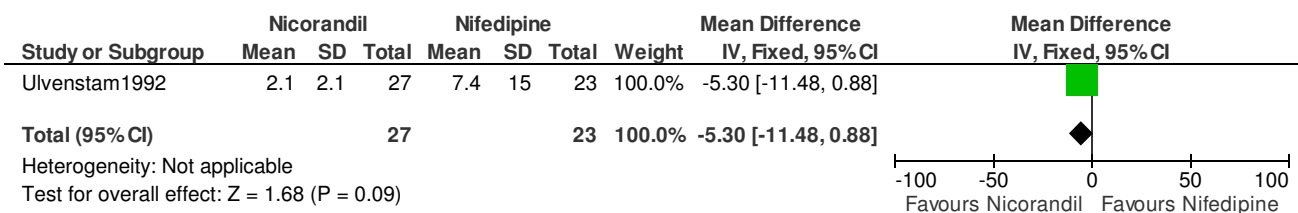


3.6 Adverse events (combined)

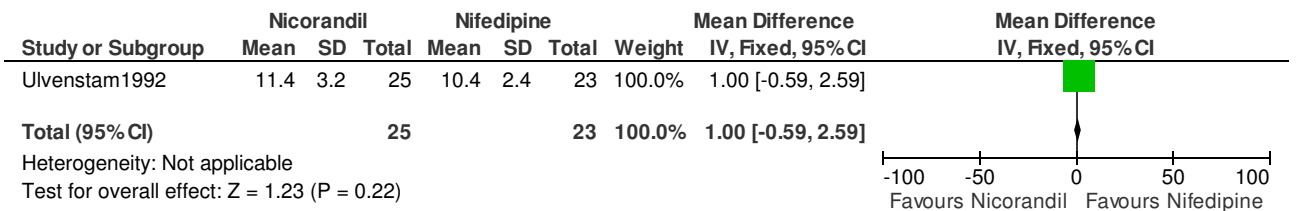


4 Nicorandil vs. Nifedipine (Follow-up immediately after 8 weeks of treatment)

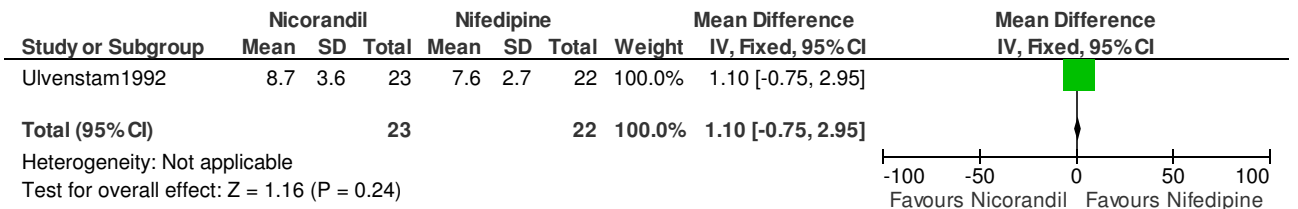
4.1 Weekly anginal attack rate



4.2 Exercise duration (min)

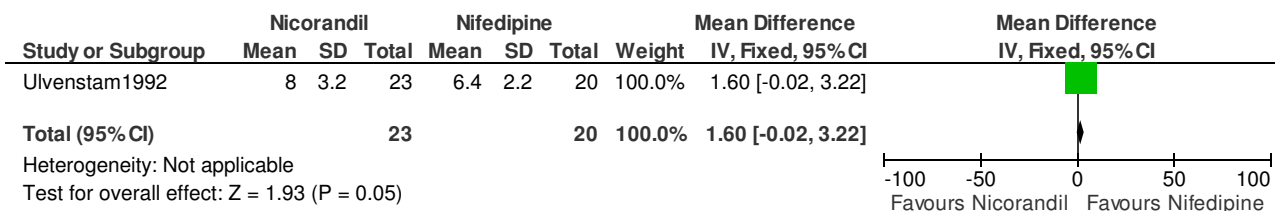


4.3 Time to onset of angina pectoris (min)

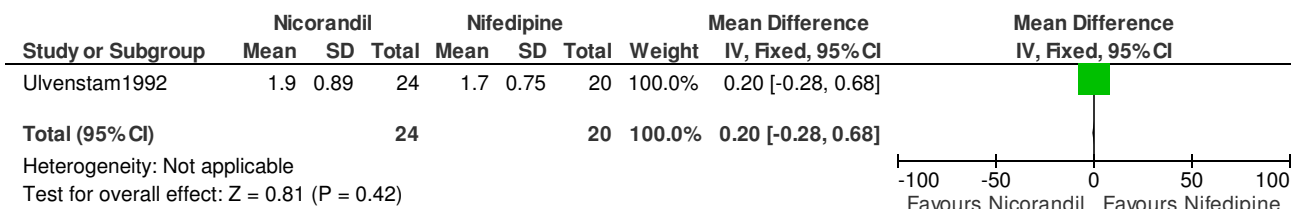


Nicorandil versus Placebo for stable angina

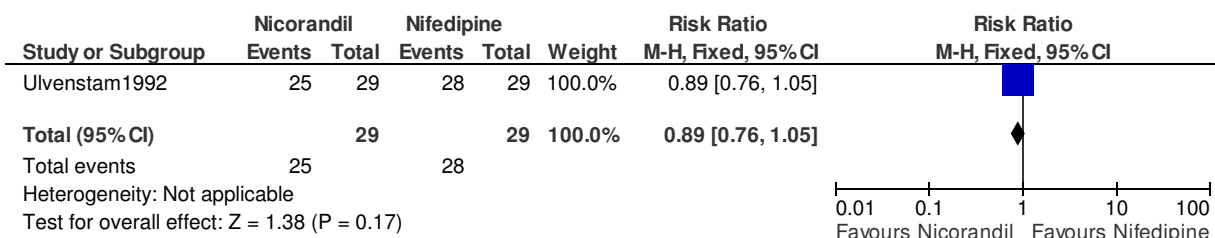
4.4 Time to 1mm ST-depression (min)



4.5 ST depression on maximal identical workload (mm)

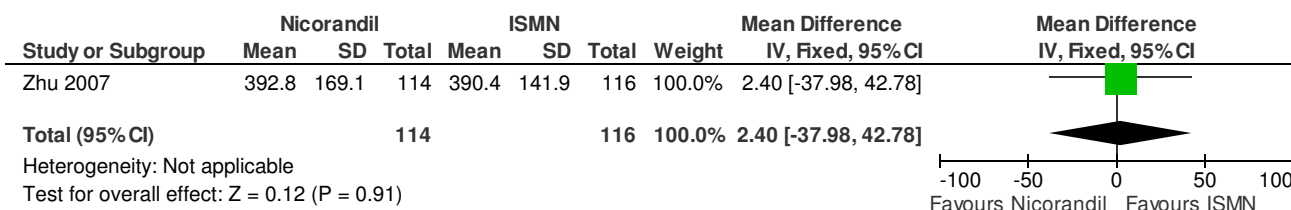


4.6 Adverse events (combined)

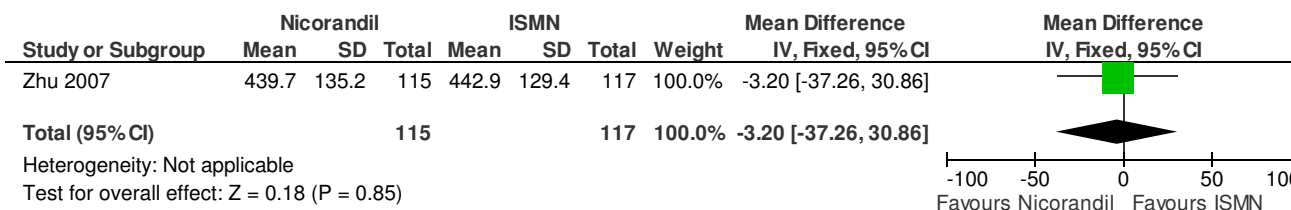


5 Nicorandil vs. ISMN (Follow-up 2 weeks)

5.1 ETT (Time to ST-depression)

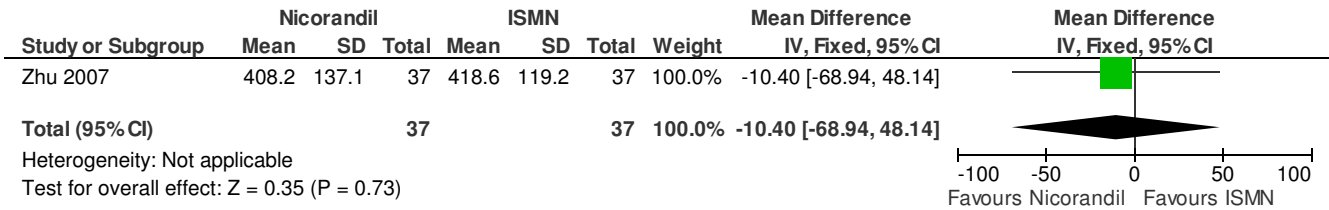


5.2 ETT (Total exercise time)

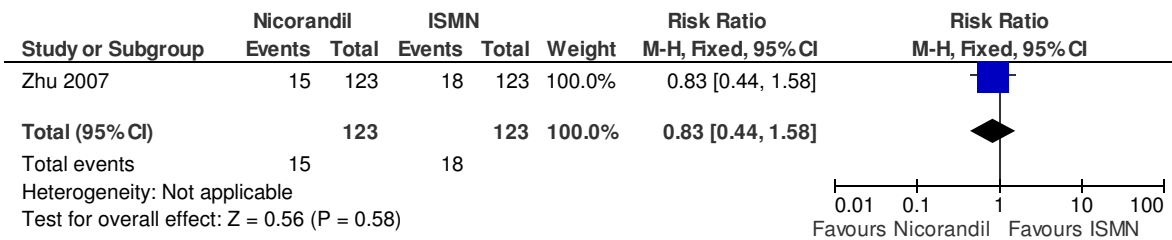


Nicorandil versus Placebo for stable angina

5.3 ETT (Time to onset of chest pain)



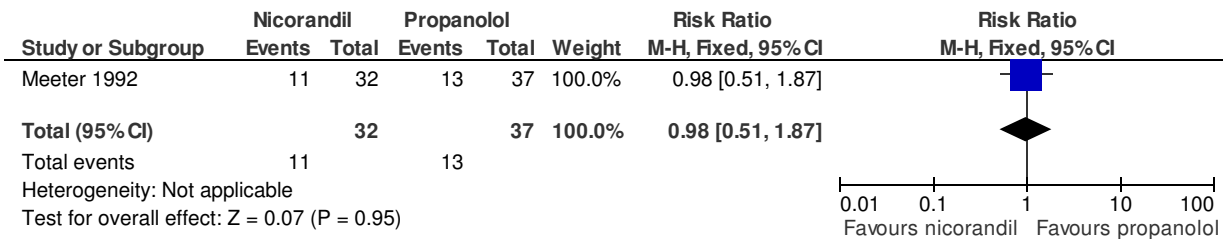
5.4 Adverse event (Headache)



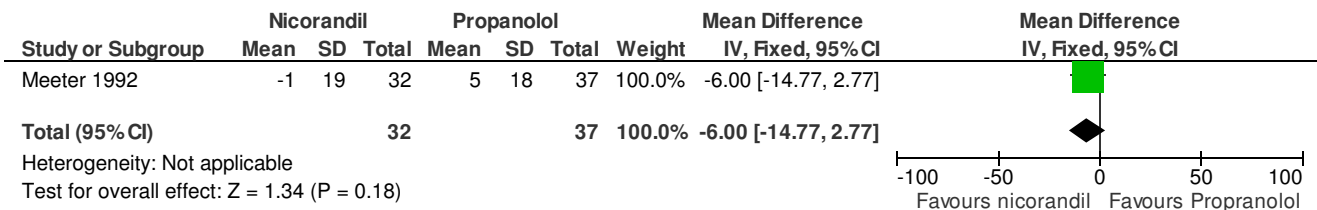
Nicorandil versus propranolol for stable angina

1 Nicorandil vs propranolol (Follow-up 6 weeks)

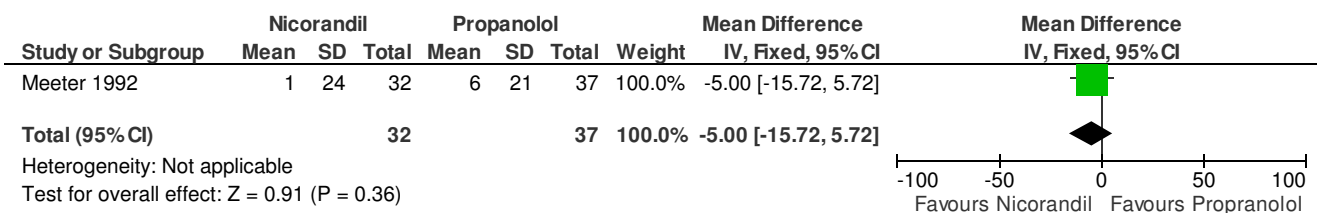
1.1 Angina free in daily life



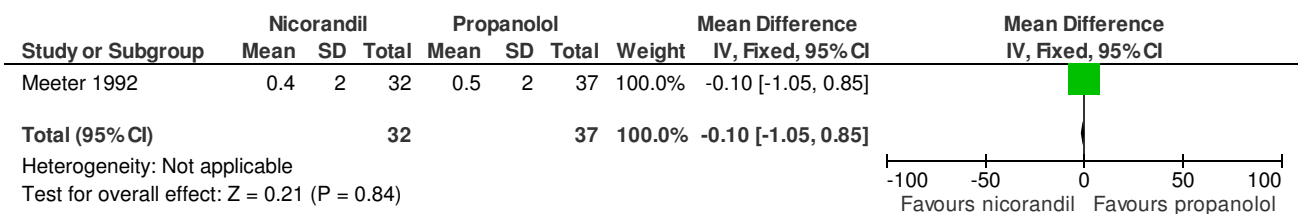
1.2 12 hrs after medication - change in maximal work load (W) (baseline vs 3 weeks)



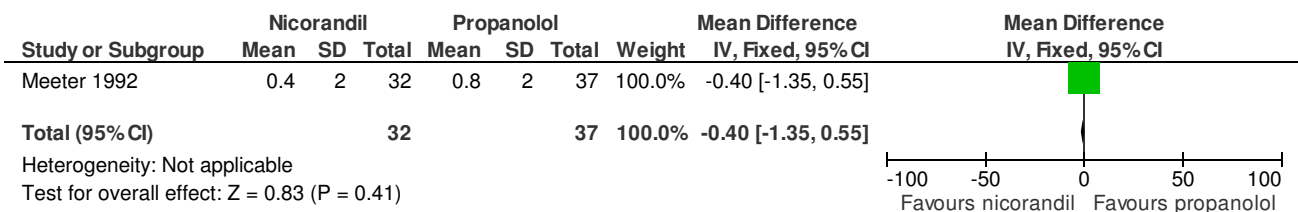
1.3 12 hrs after medication - change in maximal work load (W) - baseline vs 6 wks



1.4 12 hrs after medication - change in time to angina decimal min (baseline vs 3wks)

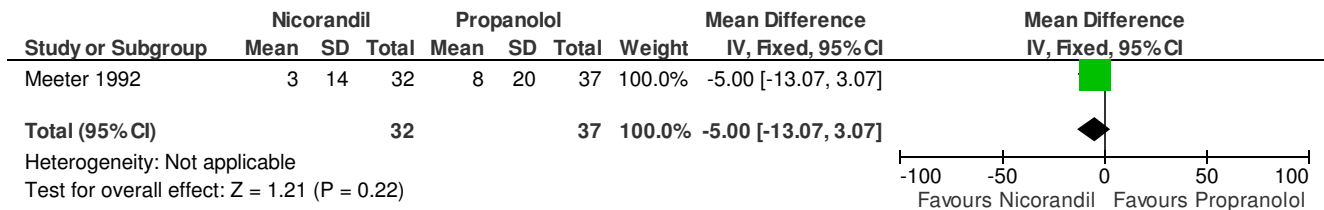


1.5 12 hrs after medication - change in time to angina (baseline vs 6 wks)

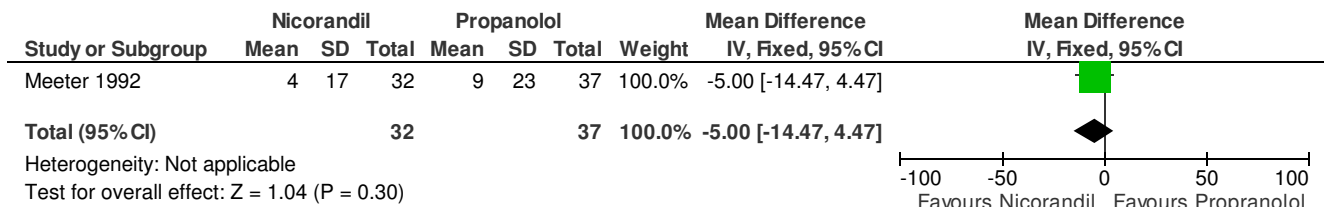


Nicorandil versus propranolol for stable angina

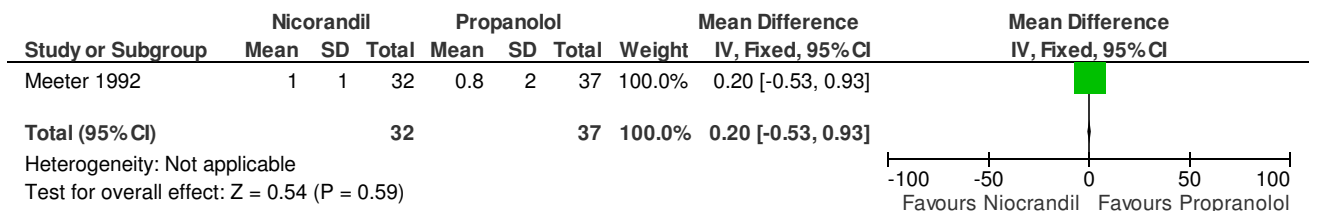
1.6 2 hrs after medication - change in maximal work load (W) (baseline vs 3ks)



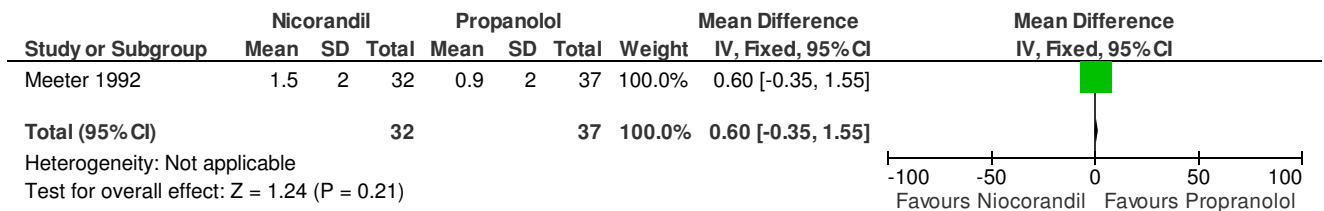
1.7 2 hrs after medication - change in maximal work load (W) (baseline vs 6 wks)



1.8 2 hrs after medication time to angina



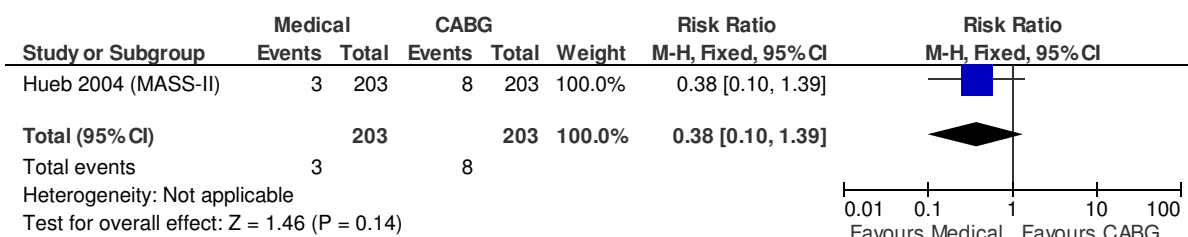
1.9 2 hrs after medication time to angina



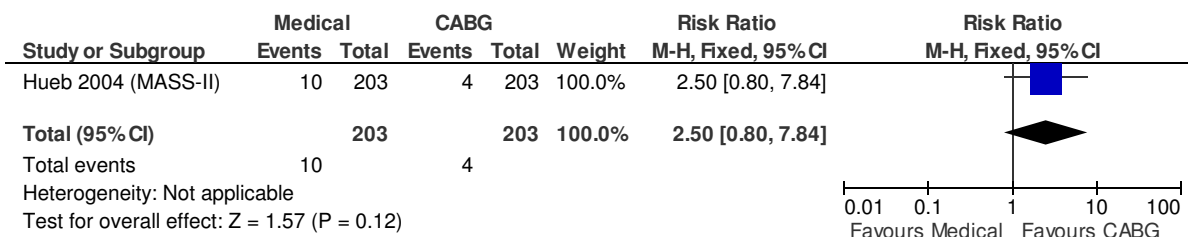
Medical versus CABG for stable angina

1 Multi vessel disease- Short term follow-up (1 year)

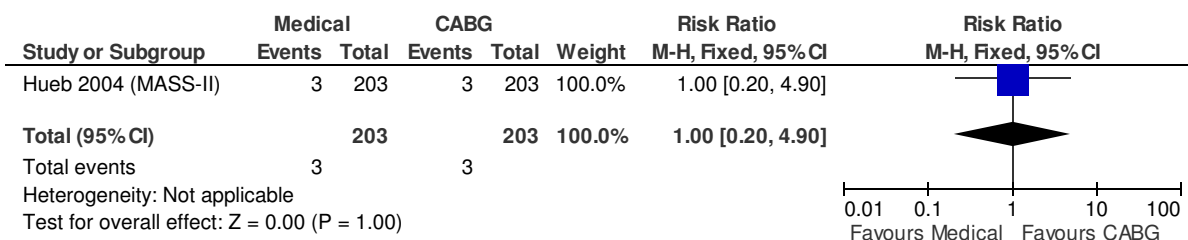
1.1 Death



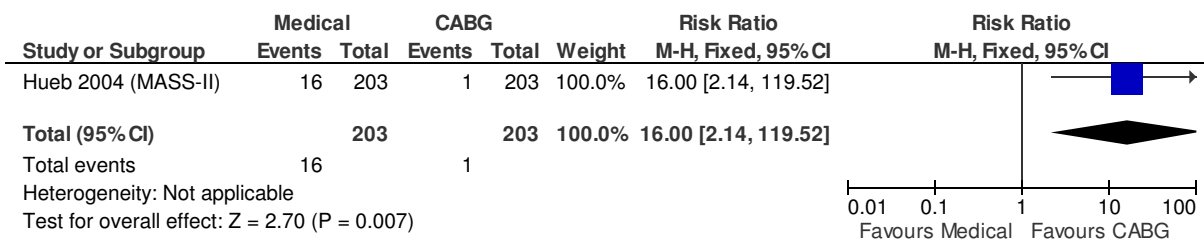
1.2 Q wave MI



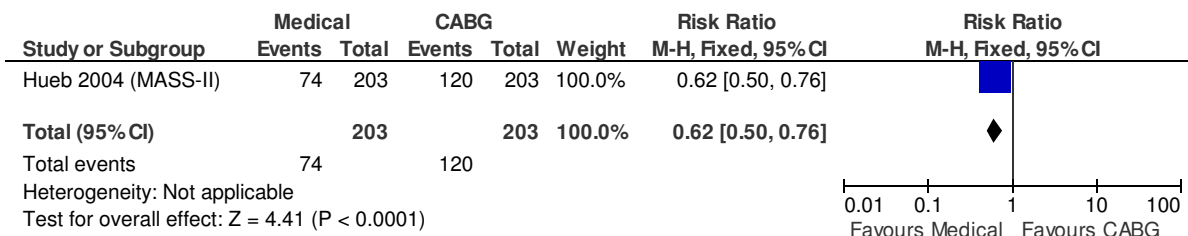
1.3 Stroke



1.4 Non protocol revascularisation

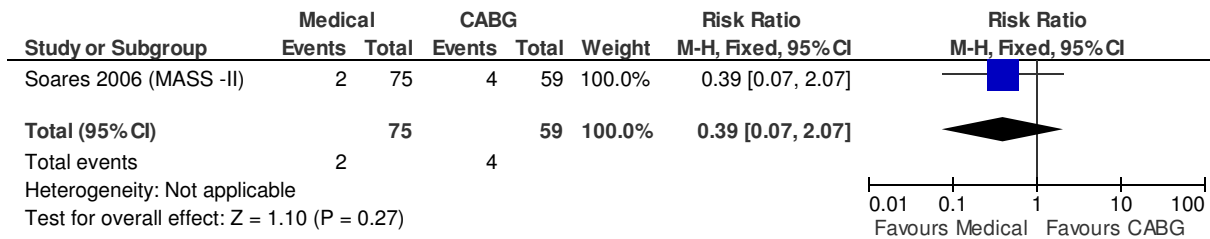


1.5 Free of angina

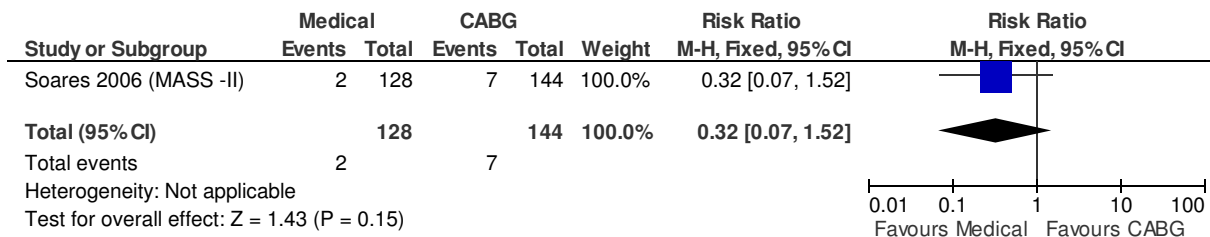


Medical versus CABG for stable angina

1.6 Death- subgroup diabetes

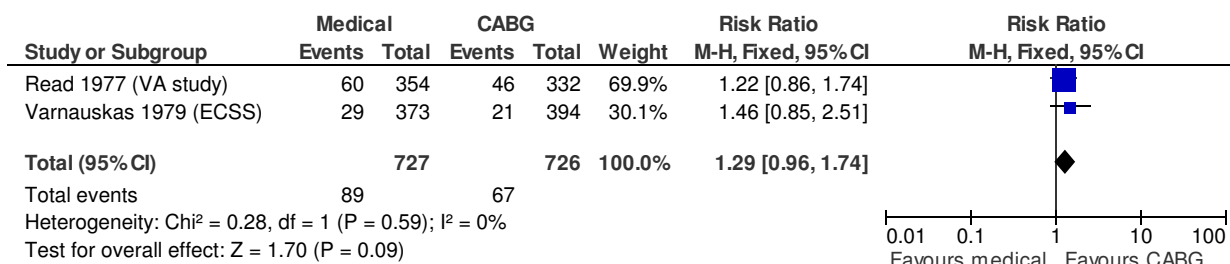


1.7 Death- subgroup no diabetes

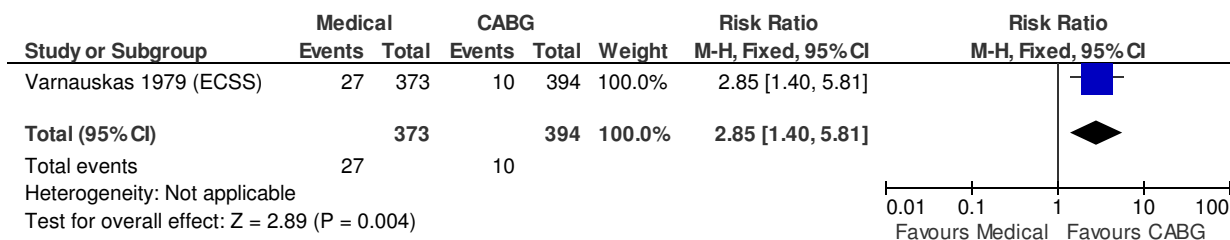


2 Multivessel disease- Medium term follow-up (2 to 4 years)

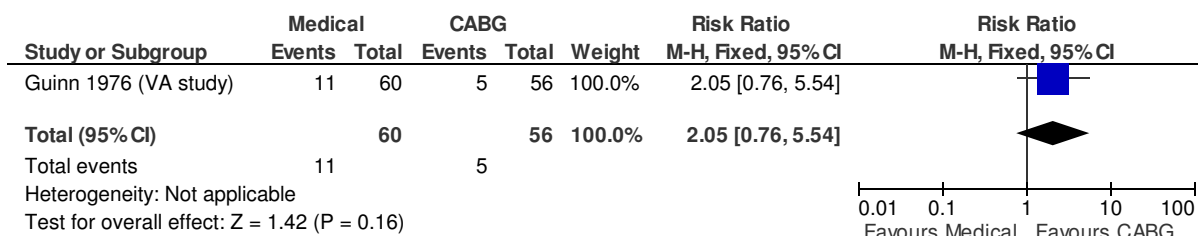
2.1 Death



2.2 cardiac death

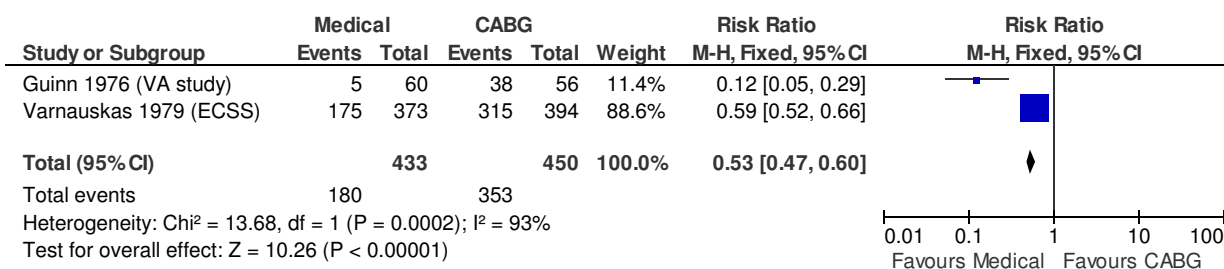


2.3 MI

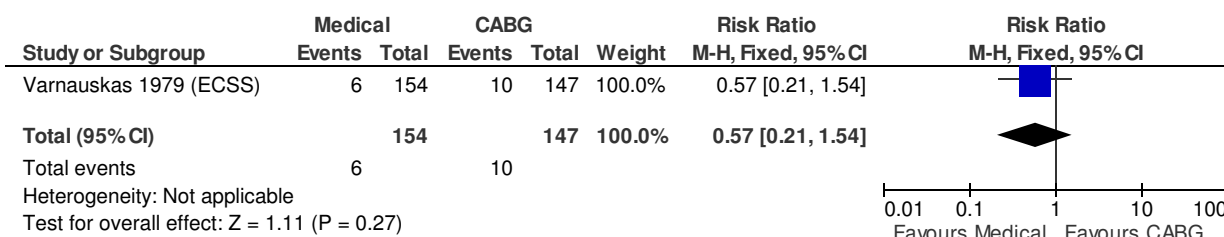


Medical versus CABG for stable angina

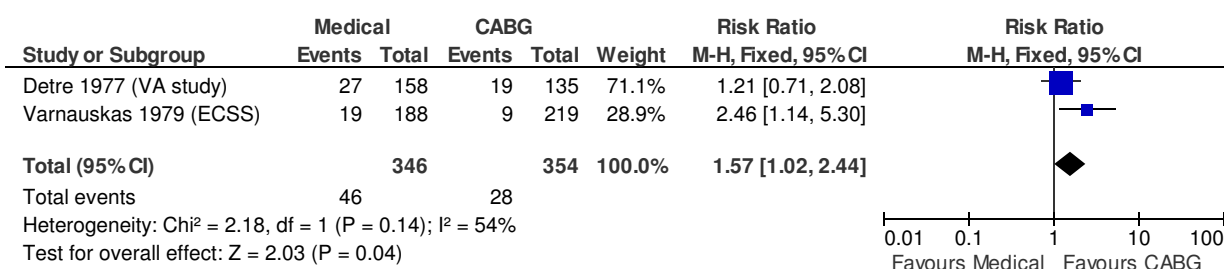
2.4 Free of angina



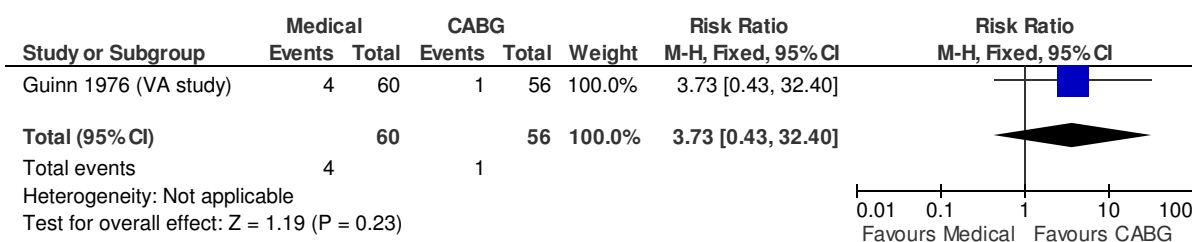
2.5 Death- sub group 2 vessel disease



2.6 Death - sub group 3 vessel disease



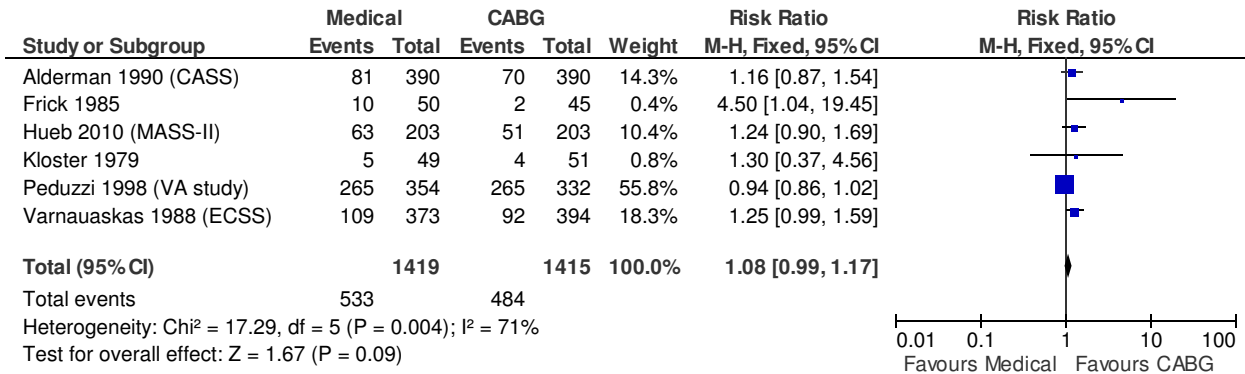
2.7 Non protocol revascularisation



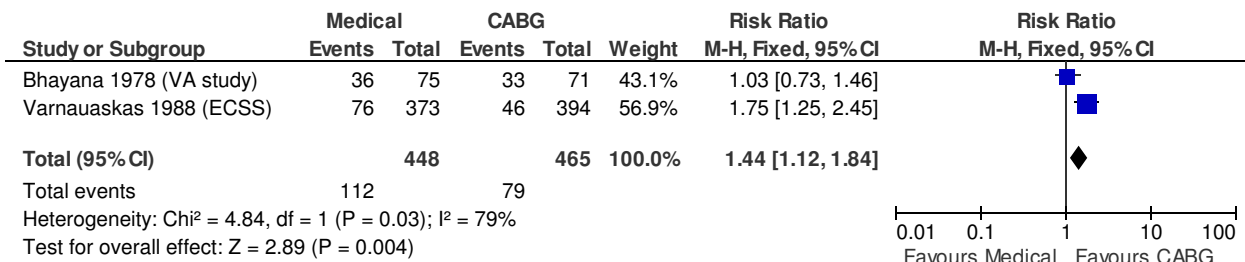
3 Multivessel disease -Long term follow-up (>4 years)

Medical versus CABG for stable angina

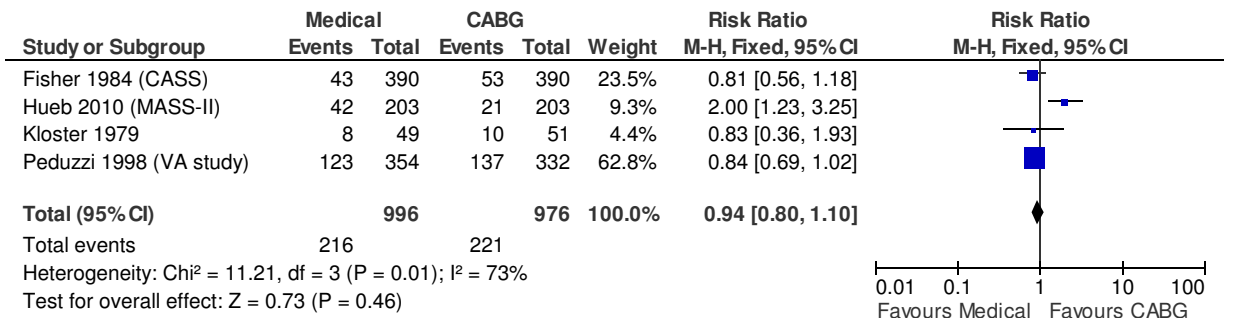
3.1 Death



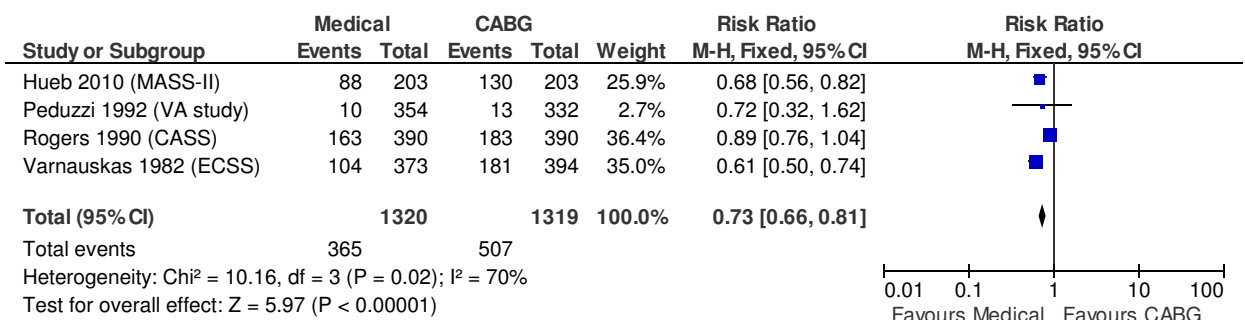
3.2 cardiac death



3.3 MI

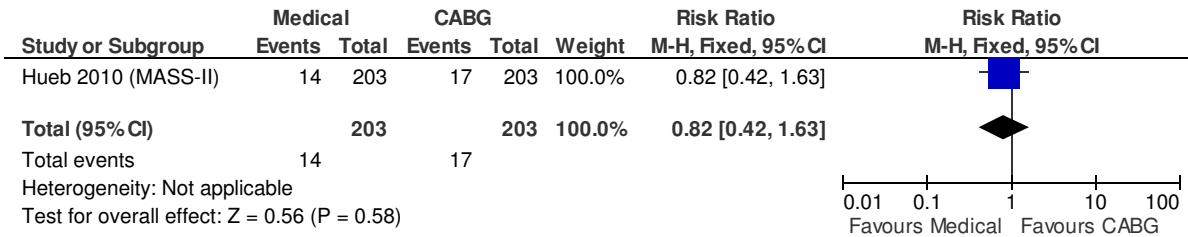


3.4 Free of angina

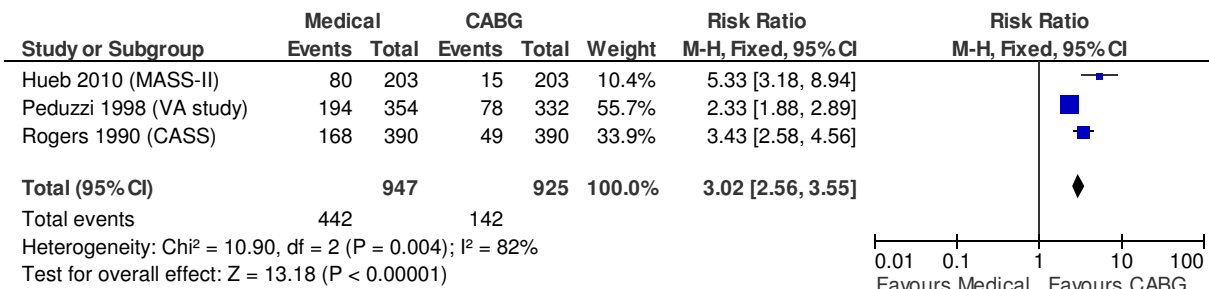


Medical versus CABG for stable angina

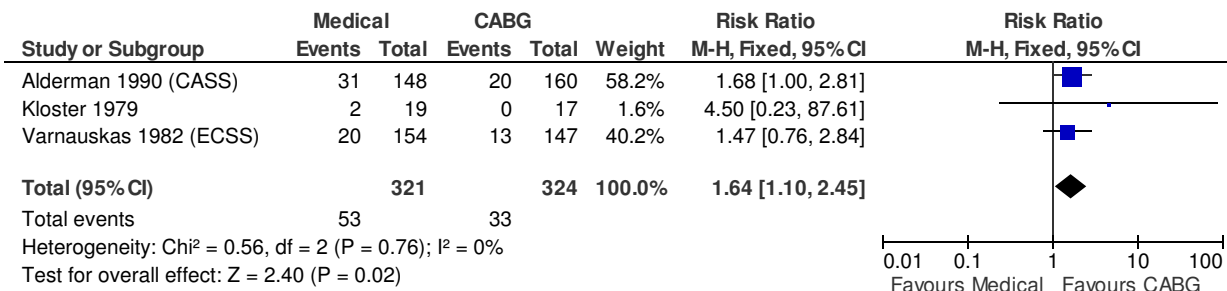
3.5 stroke



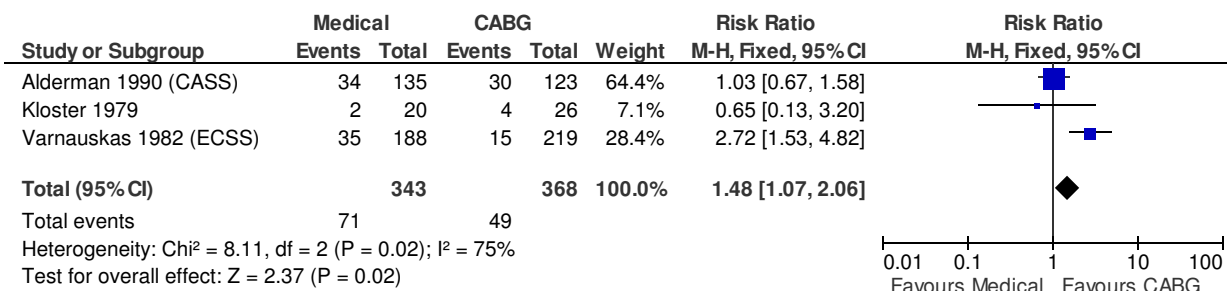
3.6 Non protocol revascularisation



3.7 Death- sub group 2 vessel disease

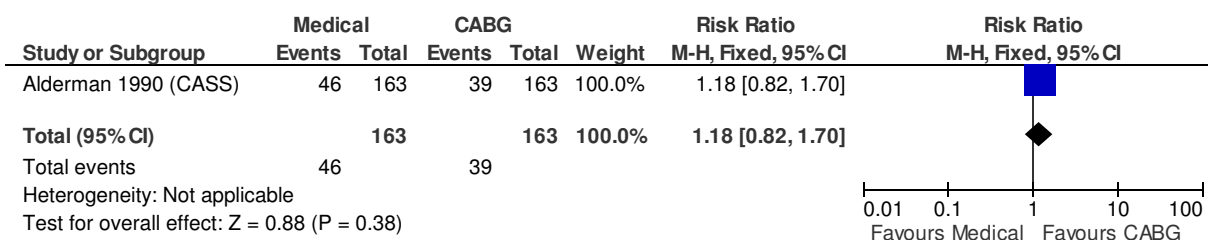


3.8 Death- sub group 3 vessel disease

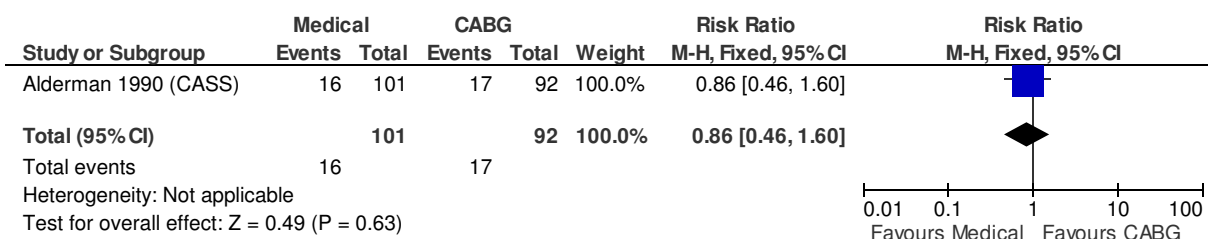


Medical versus CABG for stable angina

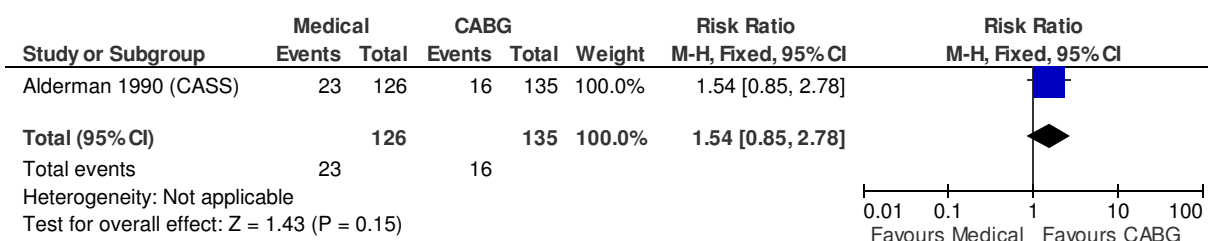
3.9 Mortality- age >53 yrs



3.10 Mortality- age <47 years

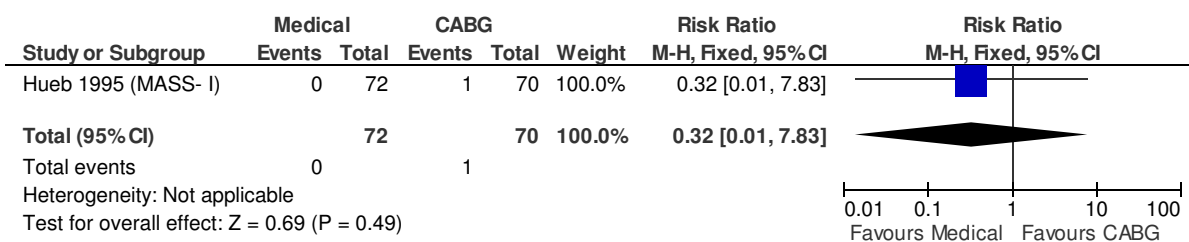


3.11 Mortality- age 47-53 years

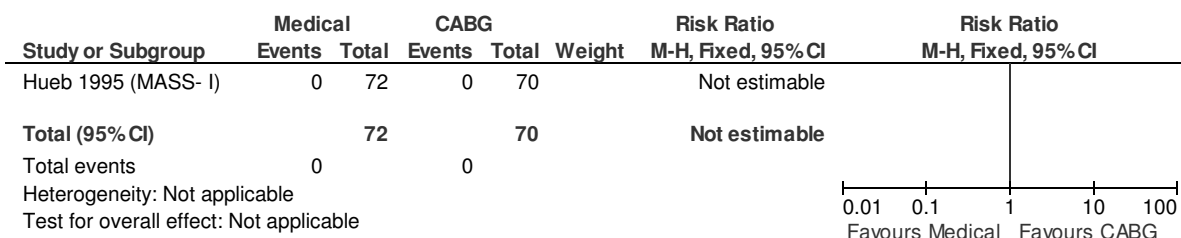


4 Single vessel disease- medium term follow-up (2-4 years)

4.1 Death

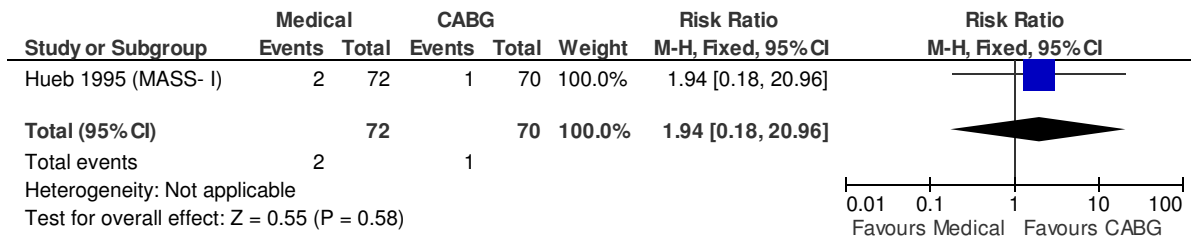


4.2 Stroke

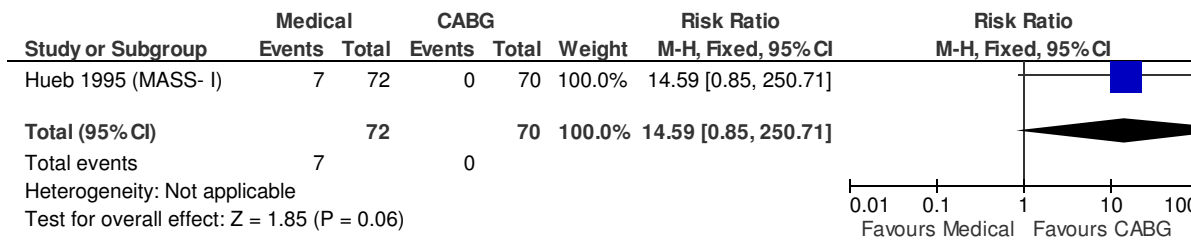


Medical versus CABG for stable angina

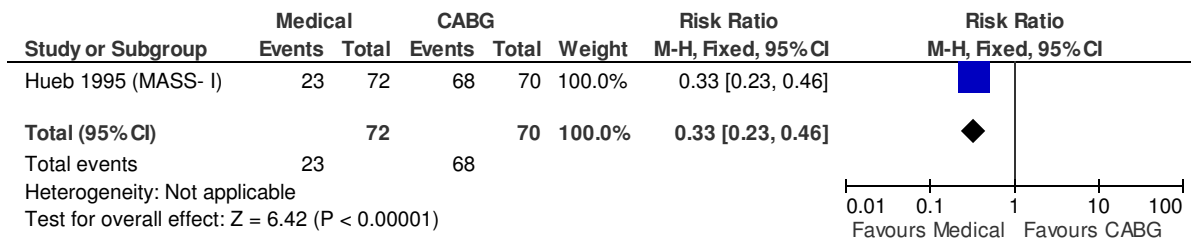
4.3 MI



4.4 Non protocol revascularisation

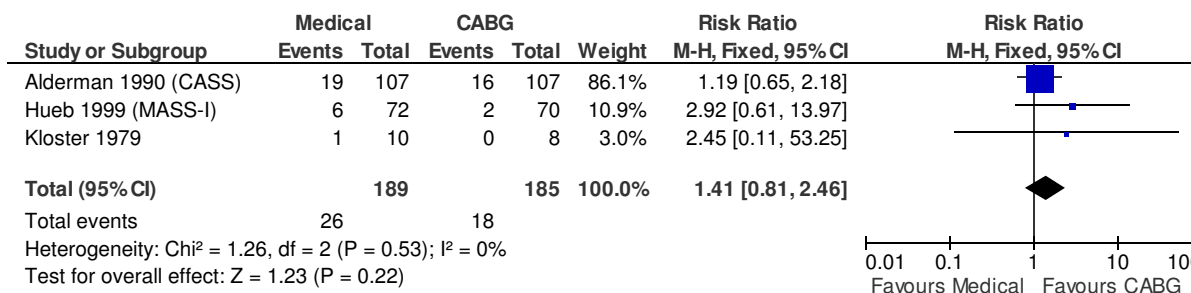


4.5 Free of angina

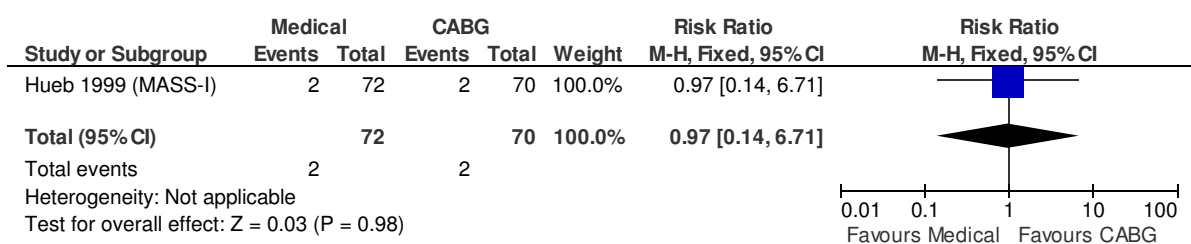


5 Single vessel disease -Long term follow-up (>4 years)

5.1 Death

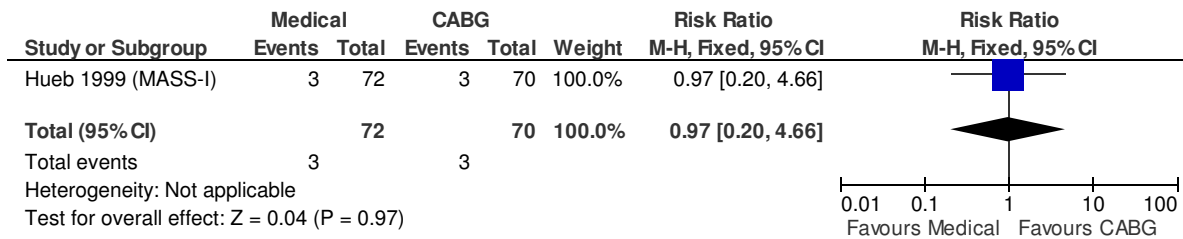


5.2 Cardiac death

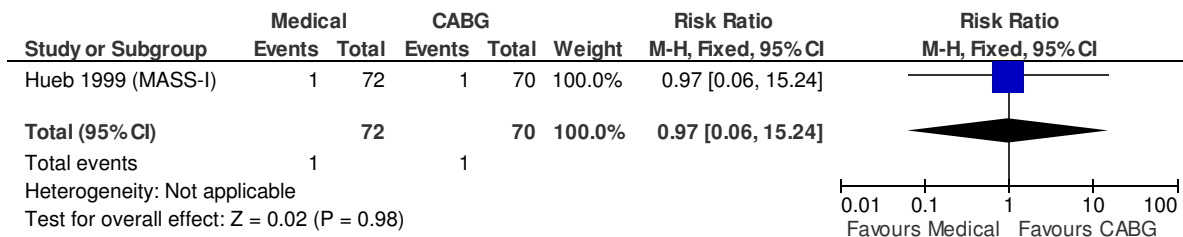


Medical versus CABG for stable angina

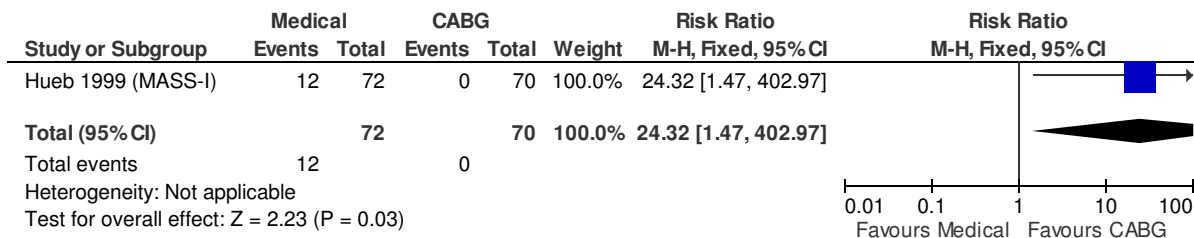
5.3 MI



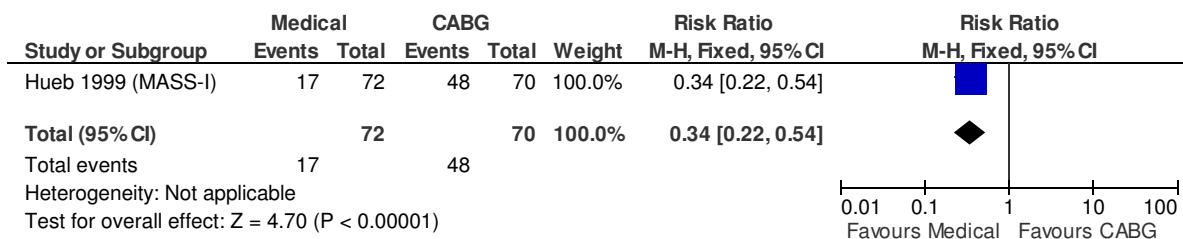
5.4 Stroke



5.5 Non protocol revascularisation

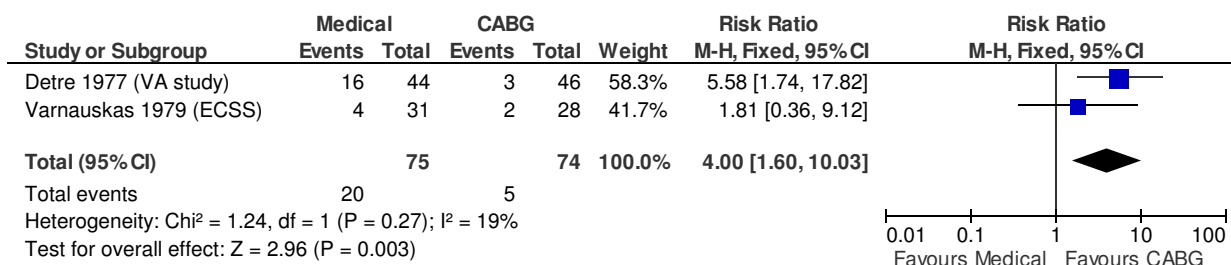


5.6 Free of angina



6 Left main stem disease- Medium term follow-up (2 to 4 years)

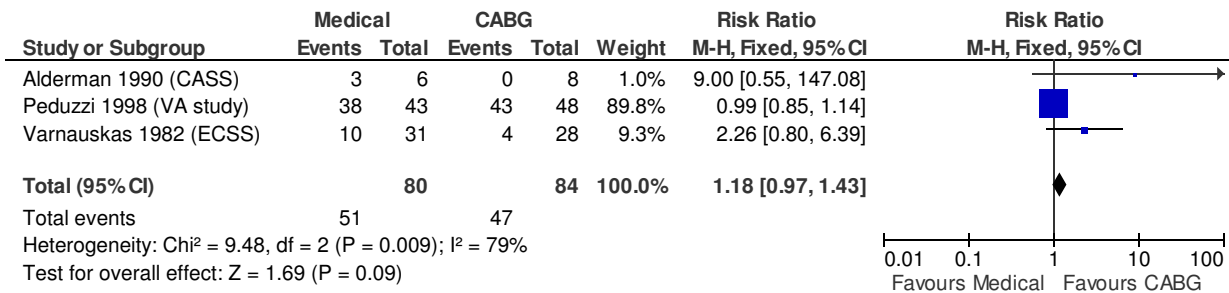
6.1 Death



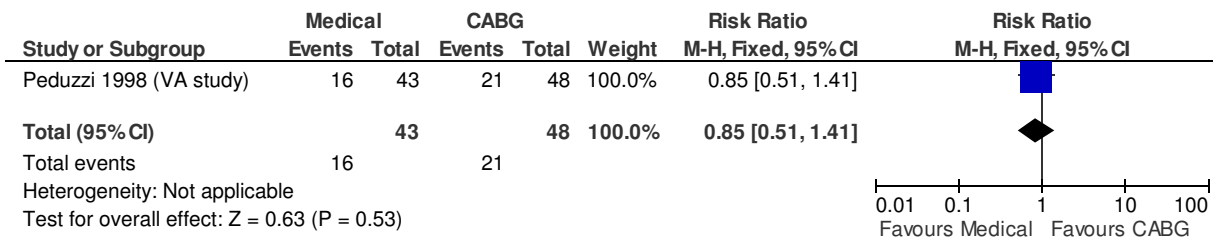
7 Left main stem disease- Long term follow-up (>4 years)

Medical versus CABG for stable angina

7.1 Death

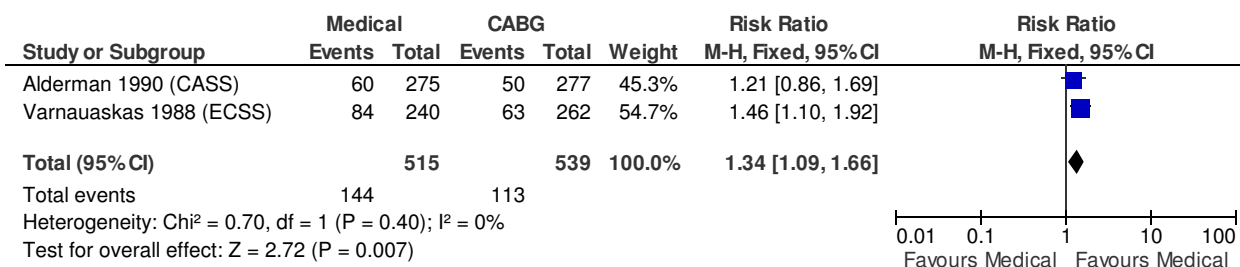


7.2 MI



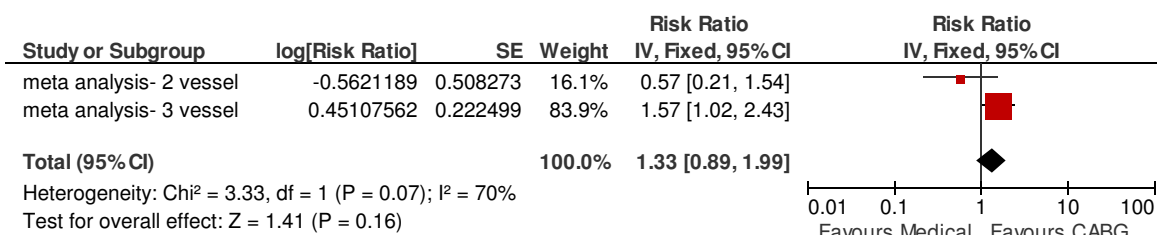
8 Left anterior descending artery - Long term follow-up (>4 years)

8.1 Death



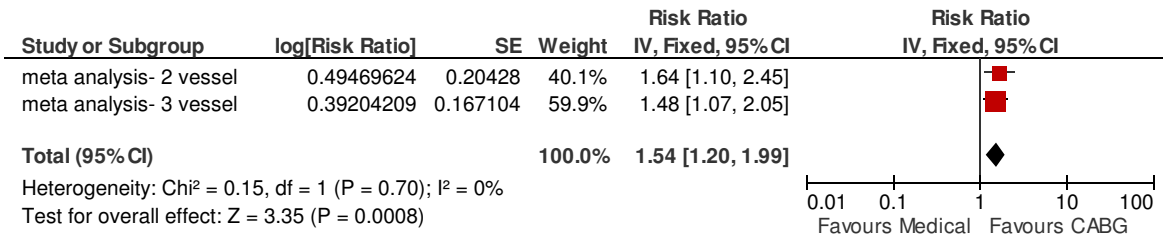
9 Sub group interaction

9.1 Sub group 2 vessel and 3 vessel (Death) - Multivessel medium term follow-up

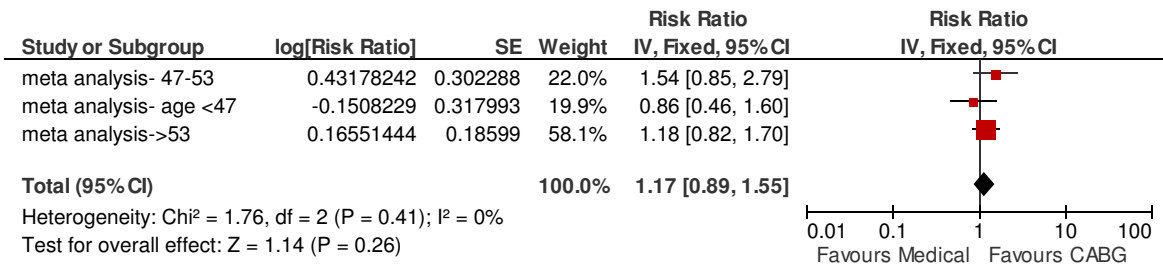


Medical versus CABG for stable angina

9.2 Sub group 2 vessel and 3 vessel (Death) - Multivessel-long term follow-up



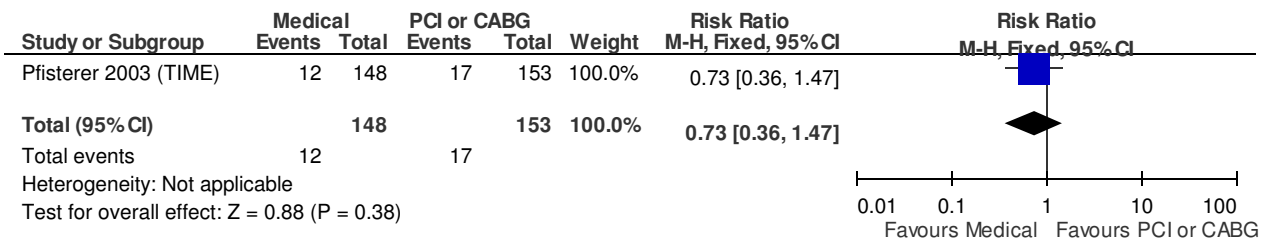
9.3 Sub group age <47, 47-53, >53 years (Death) - Multivessel -long term follow-up



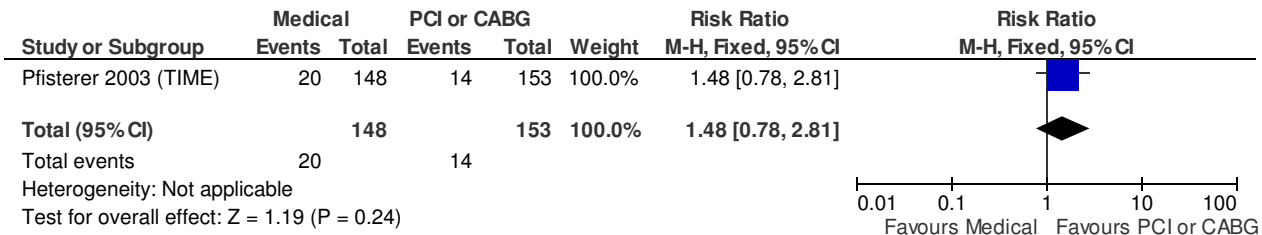
Medical versus PCI or CABG for stable angina

1 Multivessel disease- short term follow-up (1 year)

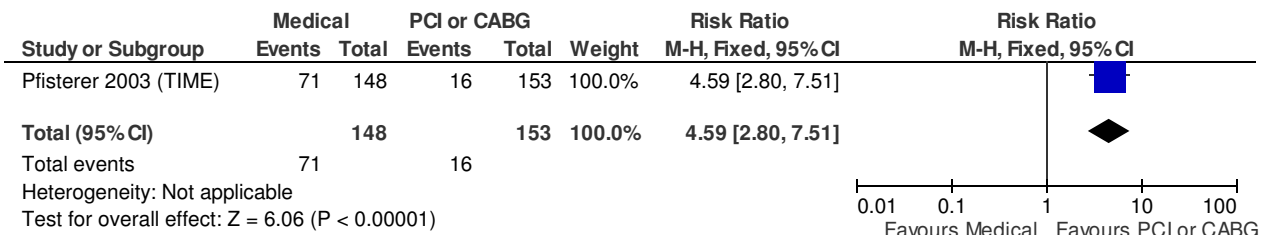
1.1 Death



1.2 MI

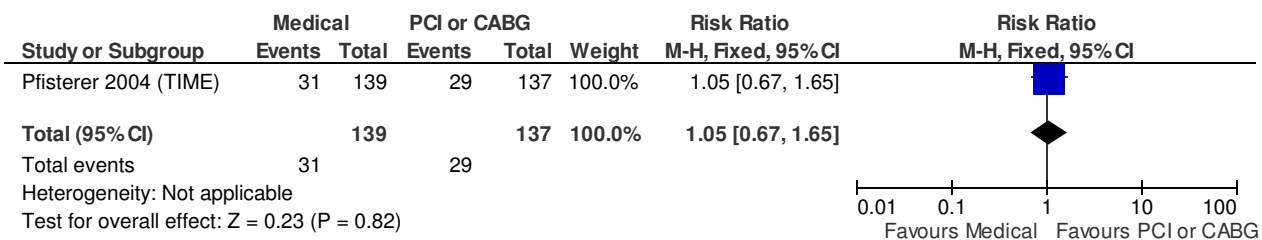


1.3 Non protocol revascularisation

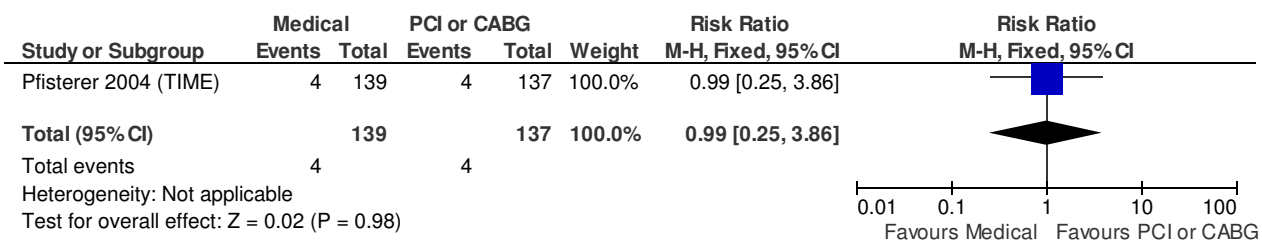


2 Multi vessel disease- medium term follow-up (2 to 4 years)

2.1 Death

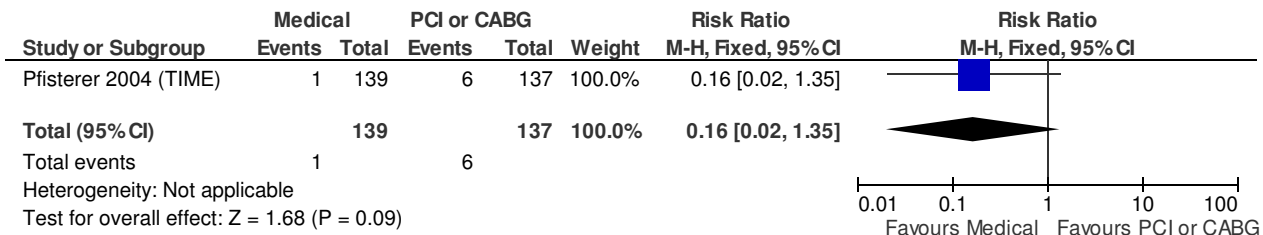


2.2 Non protocol revascularisation



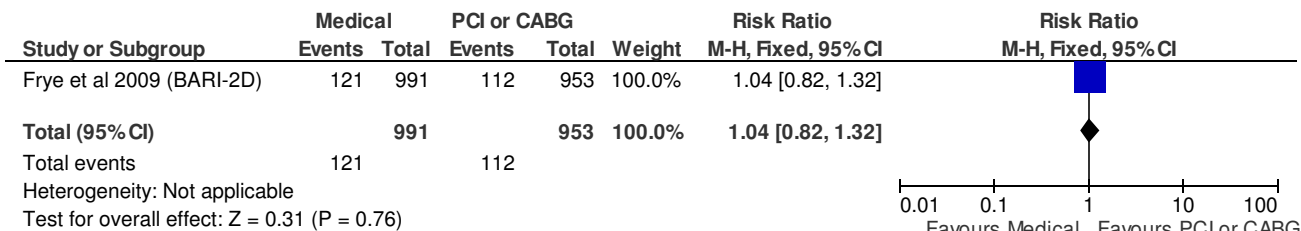
Medical versus PCI or CABG for stable angina

2.3 Non fatal MI

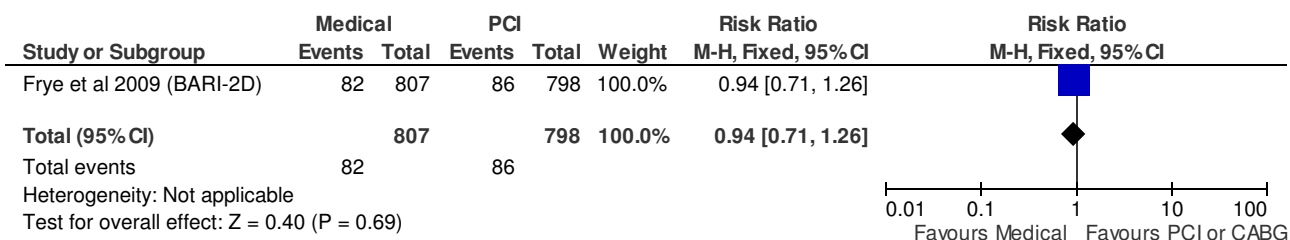


3 Multi vessel disease- Long term follow-up (5 years)

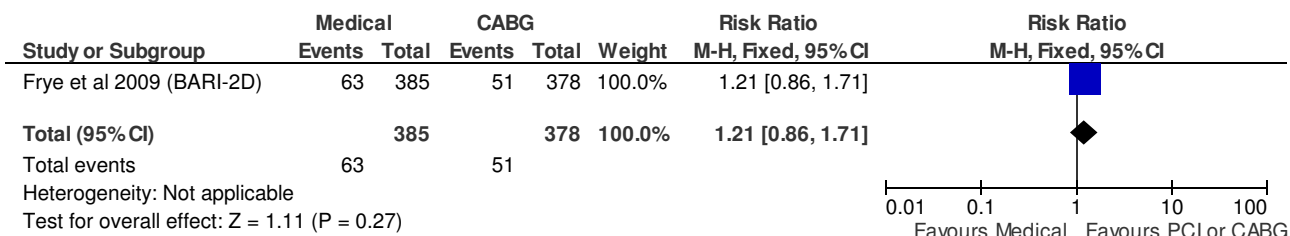
3.1 Death (all patients with type 2 diabetes)



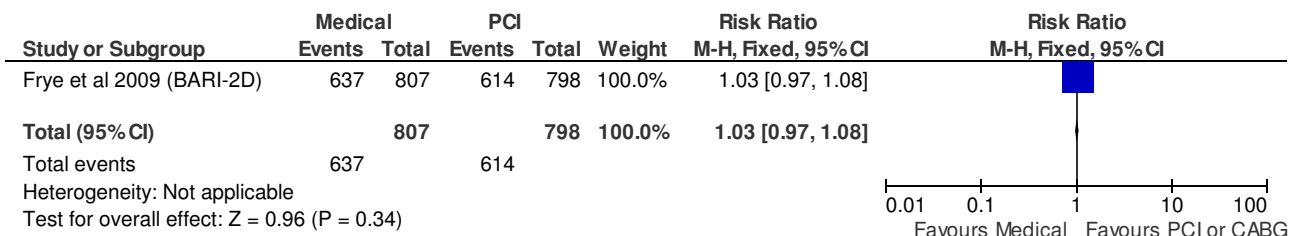
3.2 Death (in PCI stratum in BARI-2D)



3.3 Death (in CABG stratum in BARI-2D)



3.4 Freedom from CV events (death, MI or stroke) - PCI stratum (BARI-2D)



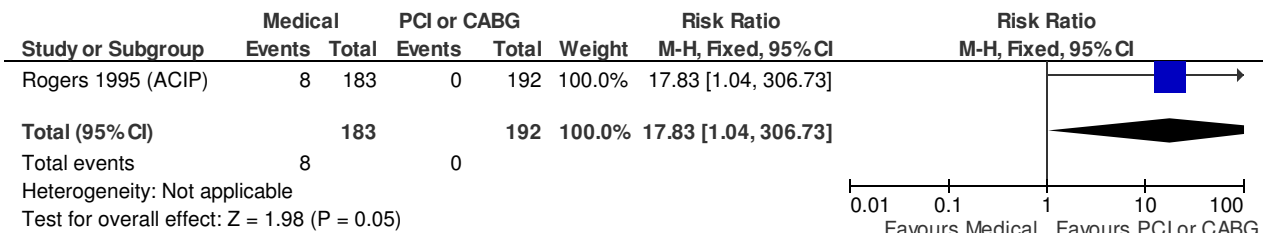
Medical versus PCI or CABG for stable angina

3.5 Freedom from CV events (death, MI or stroke)- CABG stratum(BARI-2D)

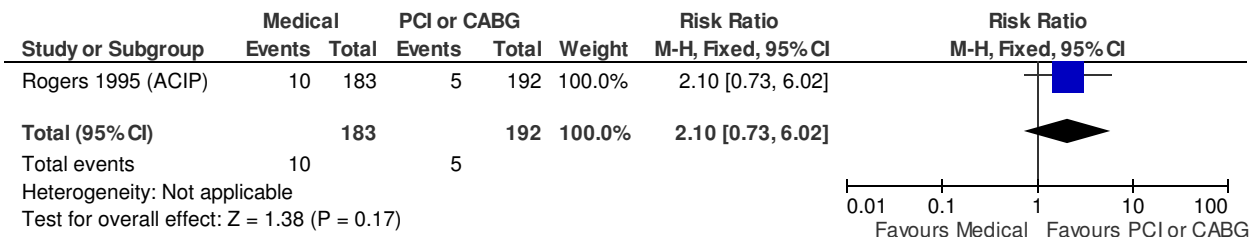


4 Angiography prior randomisation - Multivessel disease short term

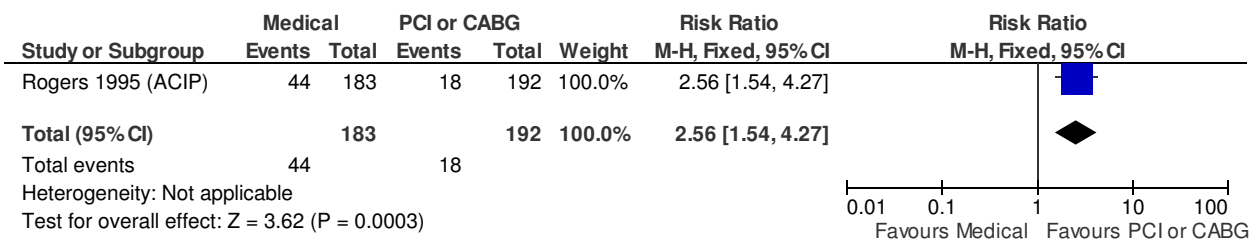
4.1 Death



4.2 MI

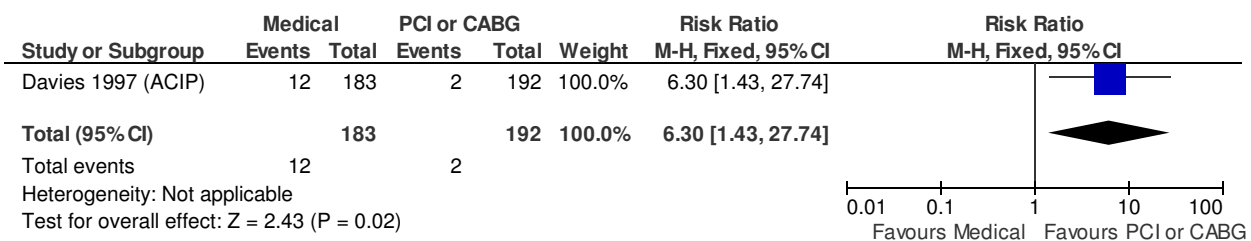


4.3 Non protocol revascularisation



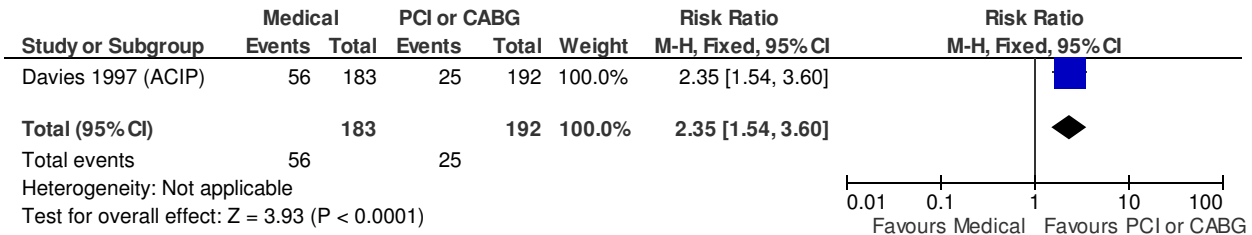
5 Angiography prior randomisation- Multivessel disease medium term follow-up

5.1 Death



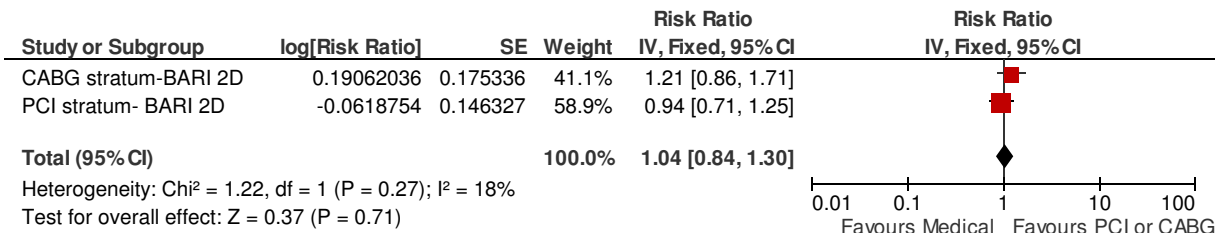
Medical versus PCI or CABG for stable angina

5.2 Non protocol revascularisation

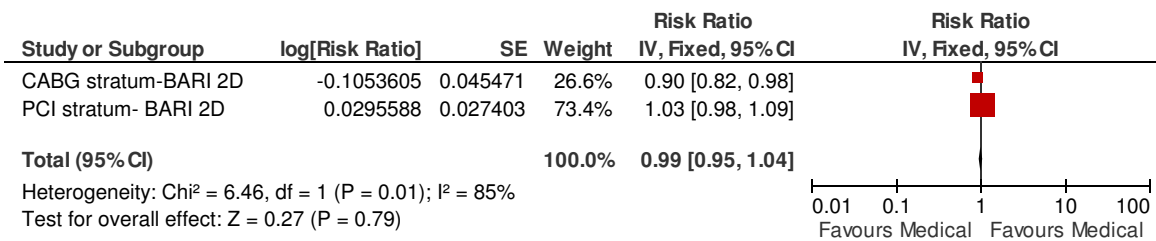


6 Interaction between study group assignment (BARI-2D trial)

6.1 Death in PCI stratum and CABG stratum



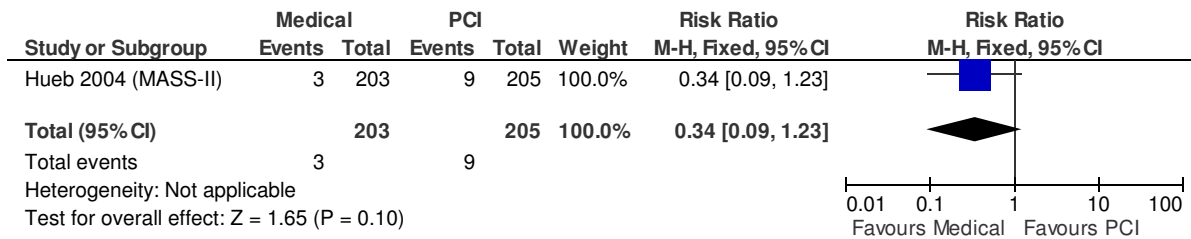
6.2 Freedom from CV events- PCI stratum and CABG stratum



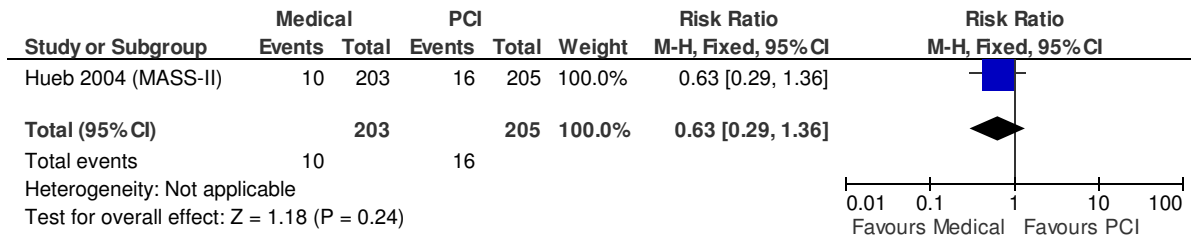
Medical versus PCI for stable angina

1 Multivessel disease - short term follow-up (1 year)

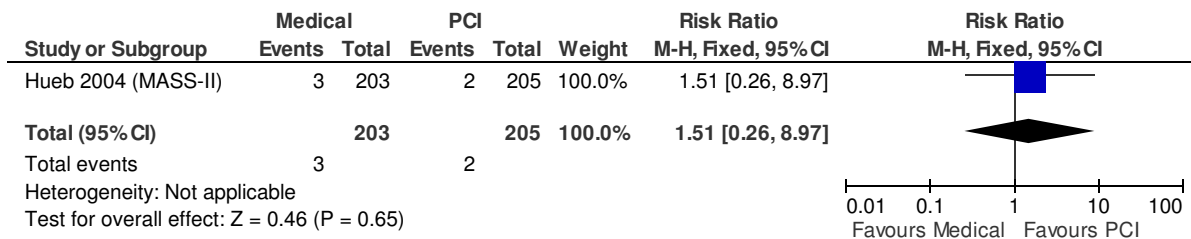
1.1 Death



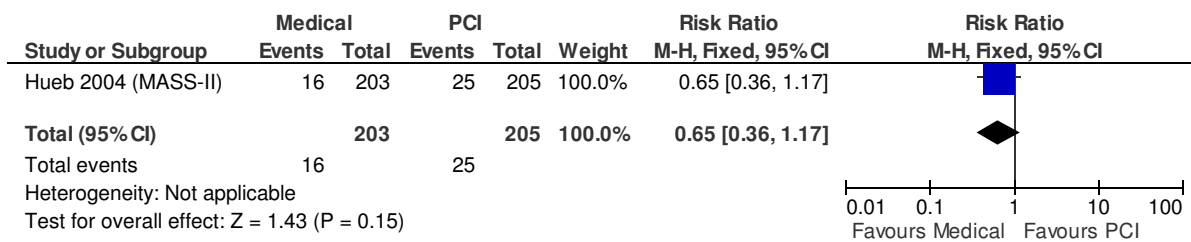
1.2 Q wave MI



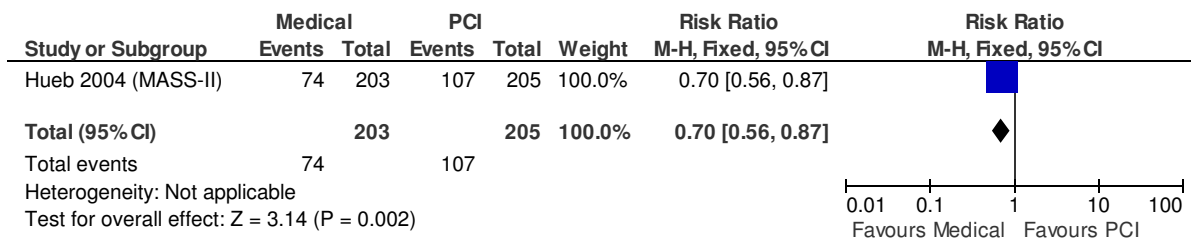
1.3 Stroke



1.4 Non protocol revascularisation

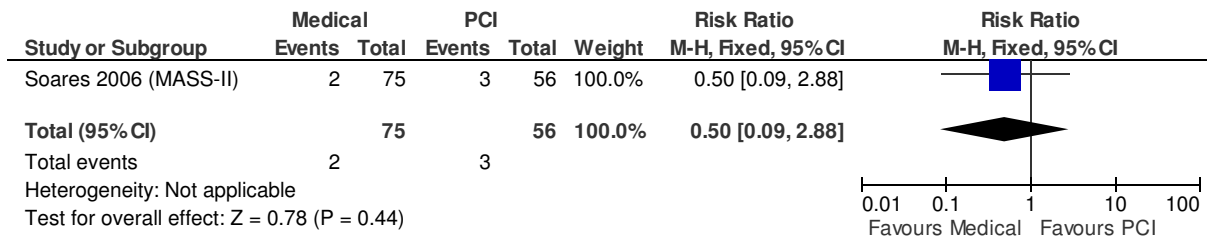


1.5 Free of angina

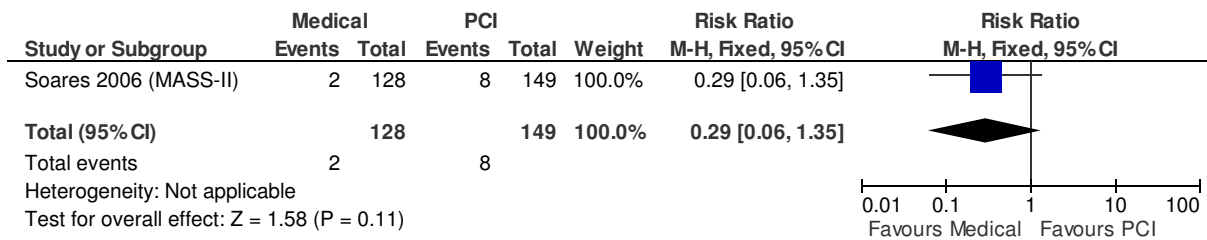


Medical versus PCI for stable angina

1.6 Death- Sub group diabetes

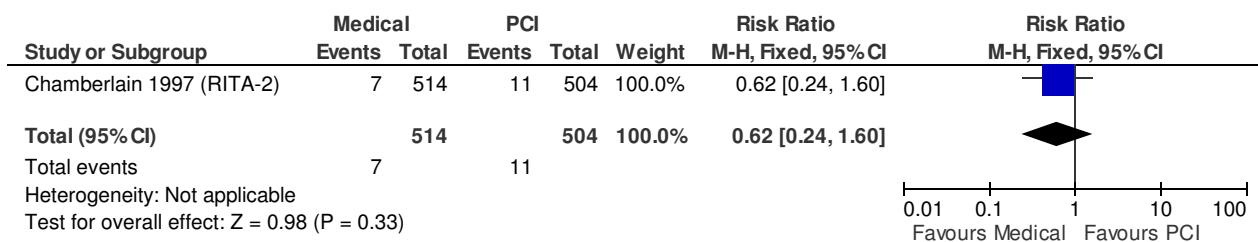


1.7 Death- Subgroup no diabetes

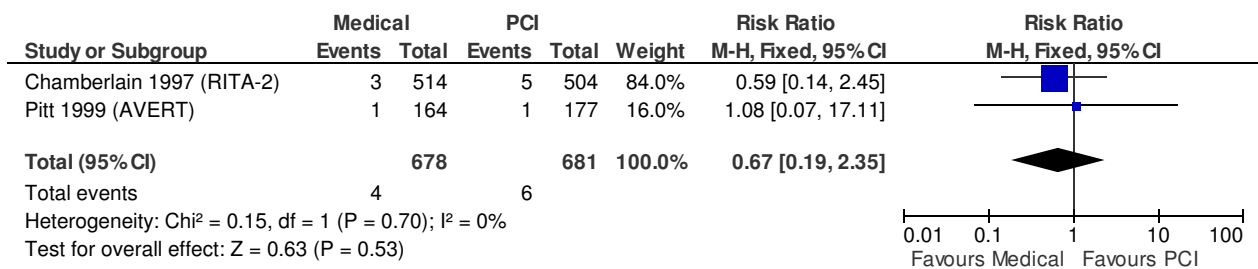


2 Multi vessel disease- medium term follow-up (2 to 4 years)

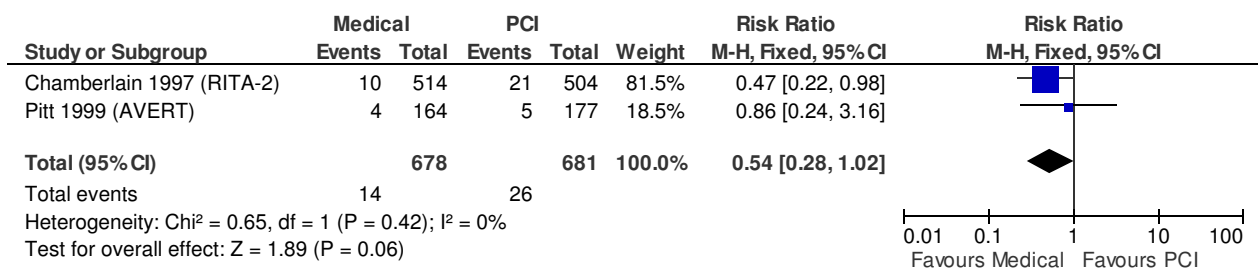
2.1 Death



2.2 cardiac death

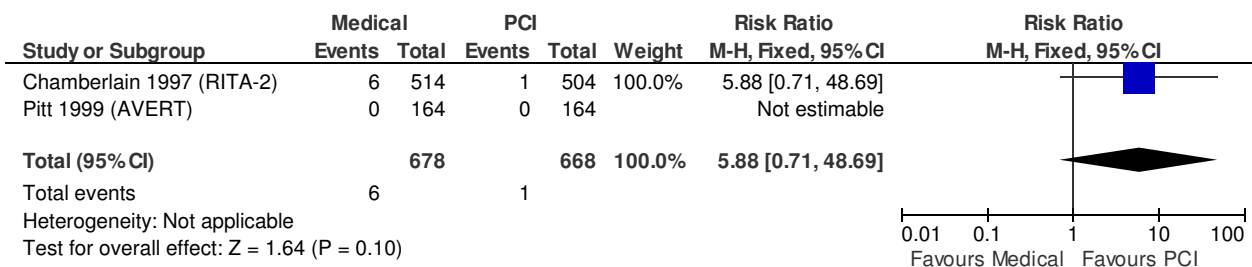


2.3 Non fatal MI

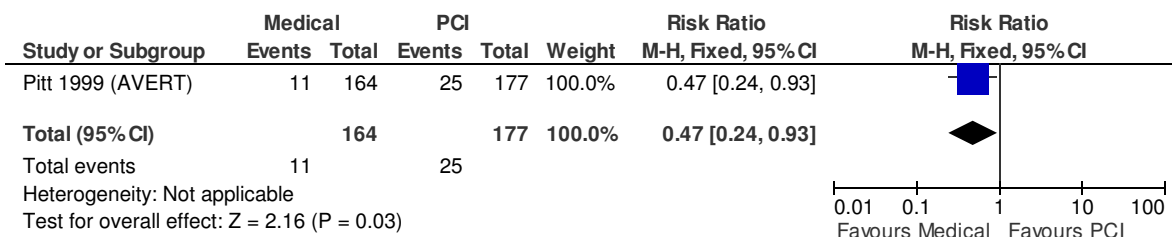


Medical versus PCI for stable angina

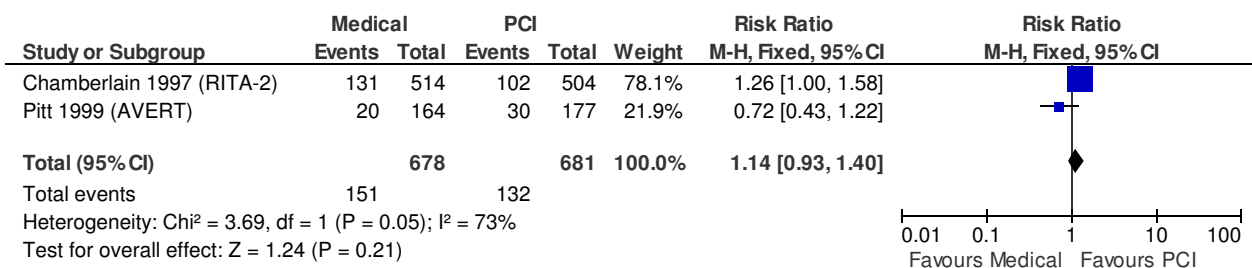
2.4 Stroke



2.5 Hospitalisation (for worsening of angina) no. of patients



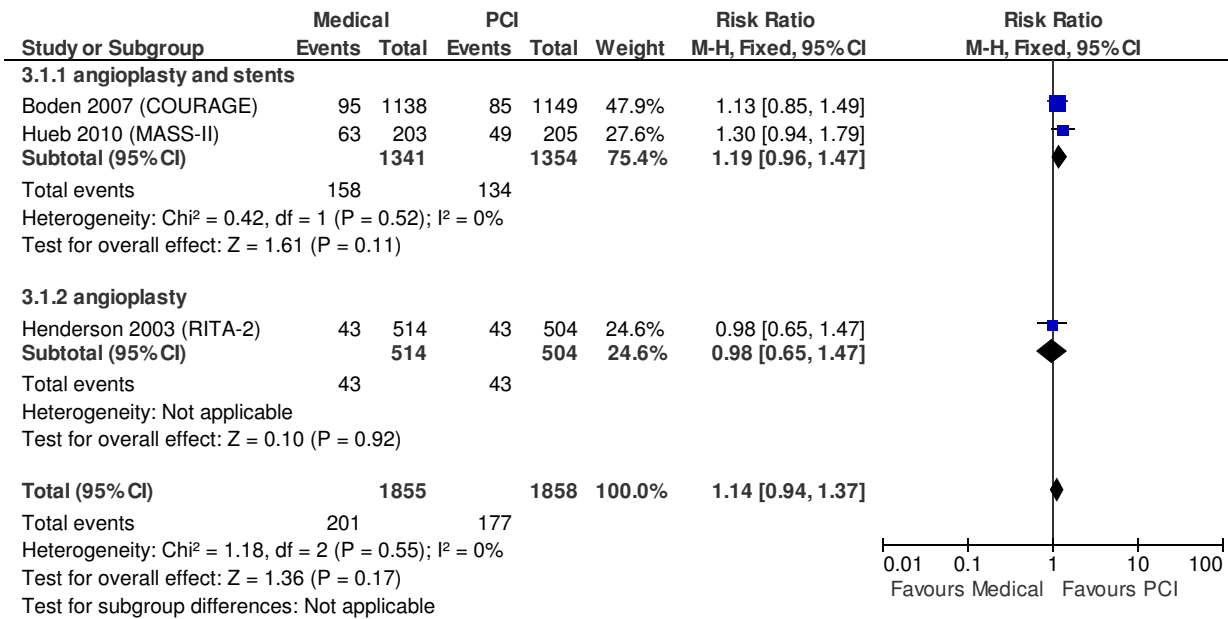
2.6 Non protocol Revascularisation



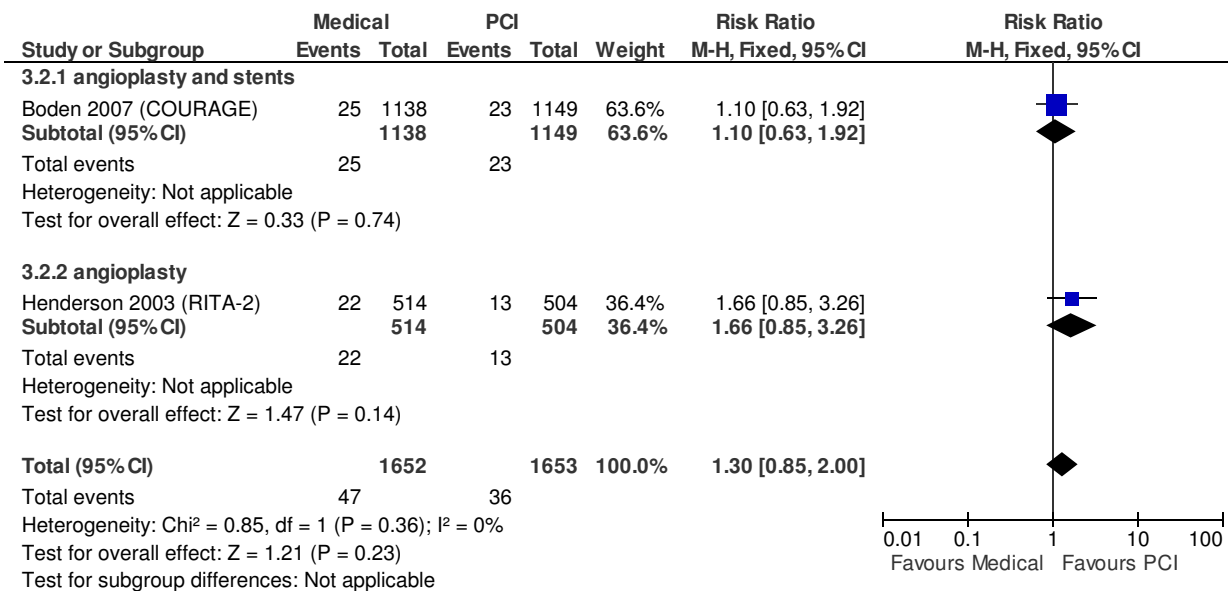
3 Multivessel disease-long term follow-up (> 4 years follow-up)

Medical versus PCI for stable angina

3.1 Death

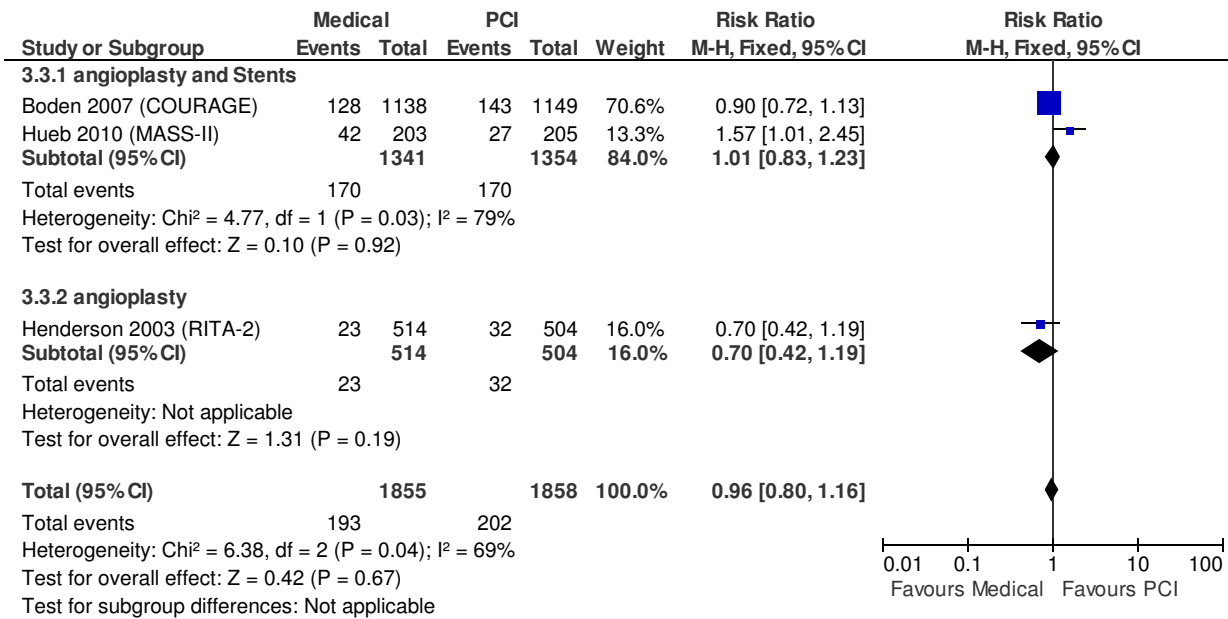


3.2 cardiac death

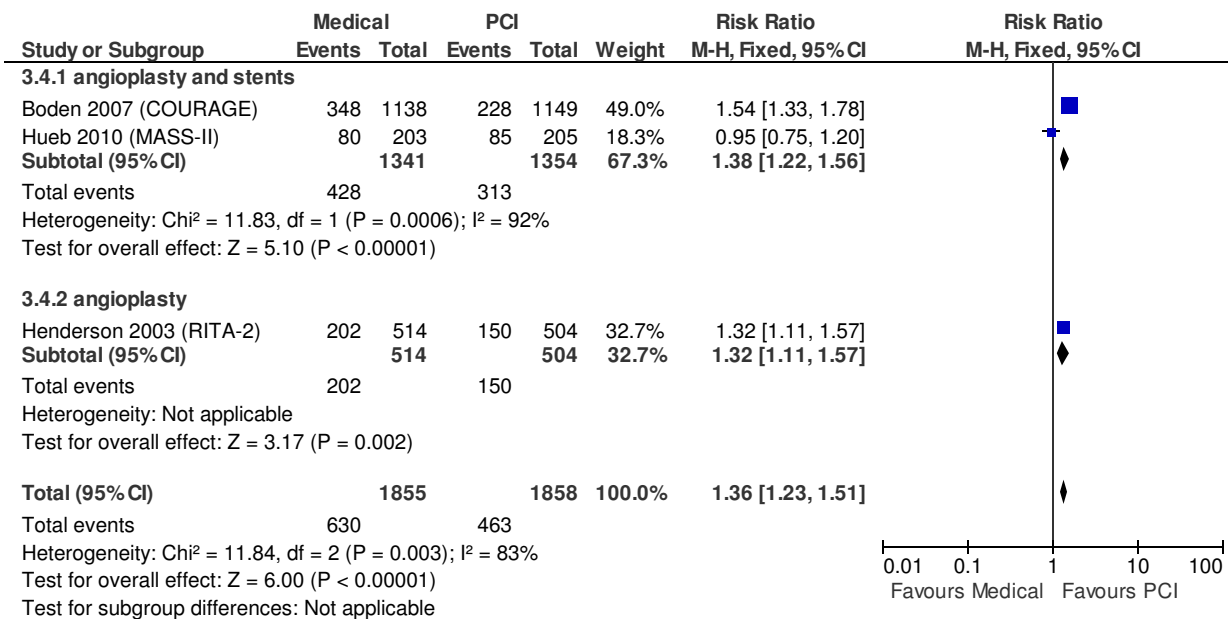


Medical versus PCI for stable angina

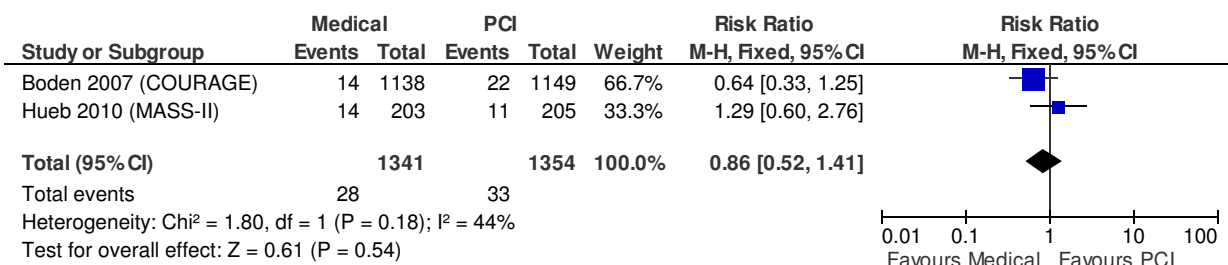
3.3 Non fatal MI



3.4 Non protocol Revascularisation

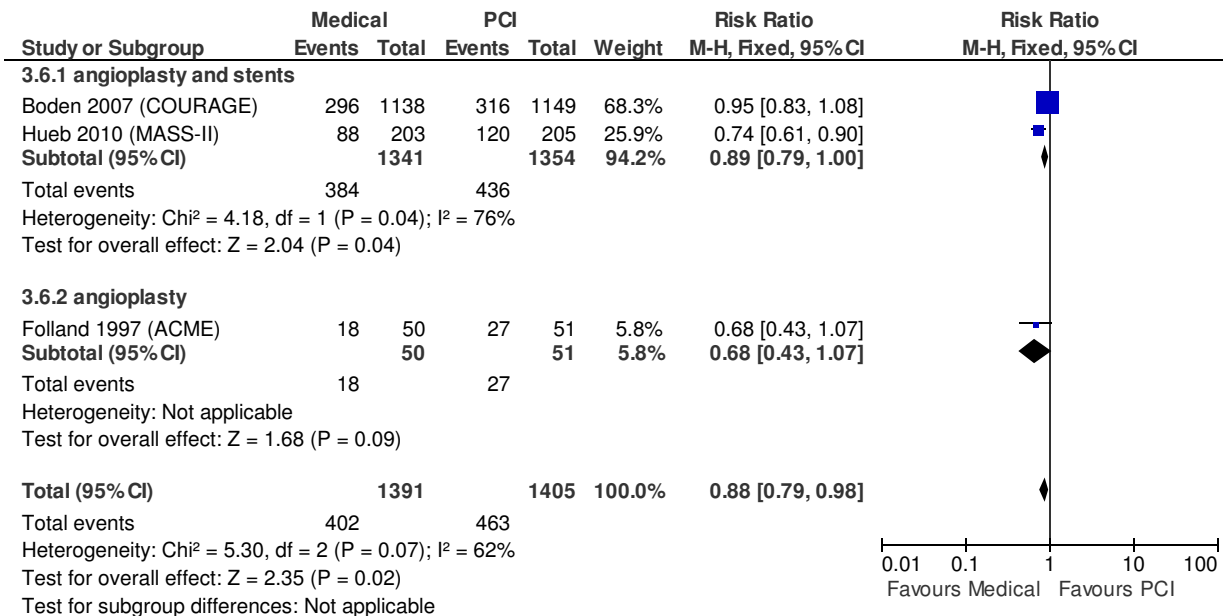


3.5 stroke

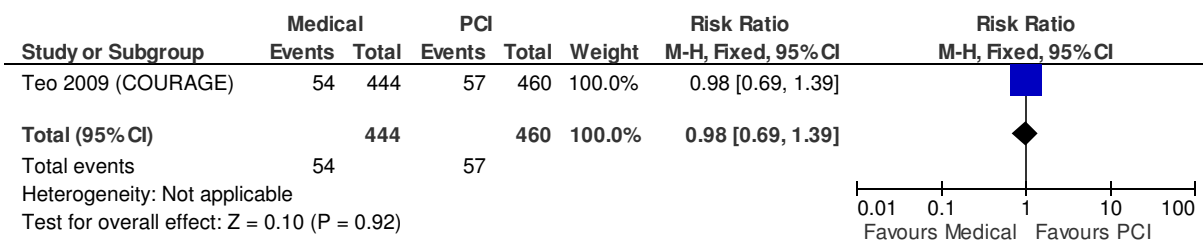


Medical versus PCI for stable angina

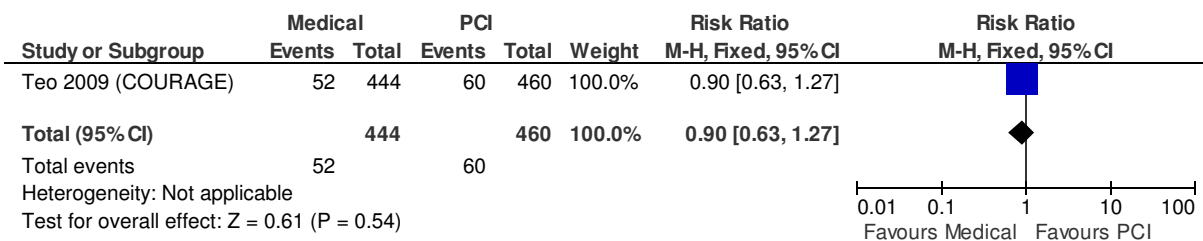
3.6 Free of angina



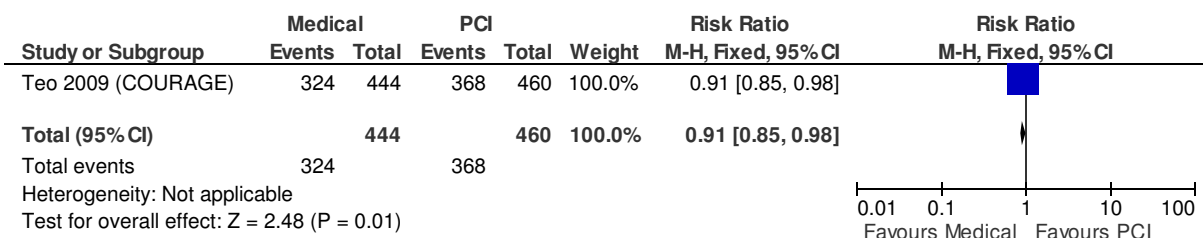
3.7 Death- sub group age >65 yrs



3.8 MI- sub group age >65 yrs

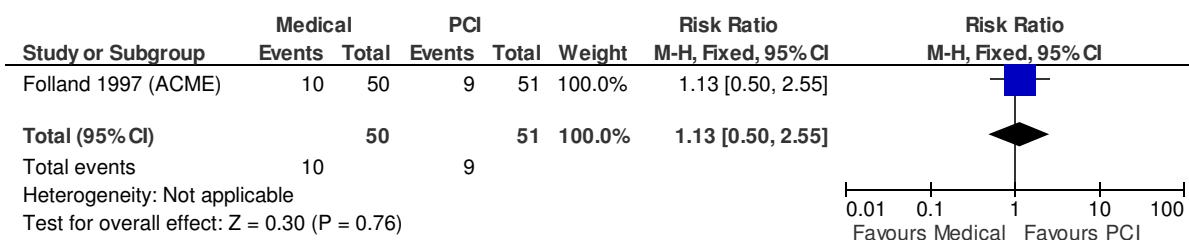


3.9 Free of angina- sub group age >65 yrs

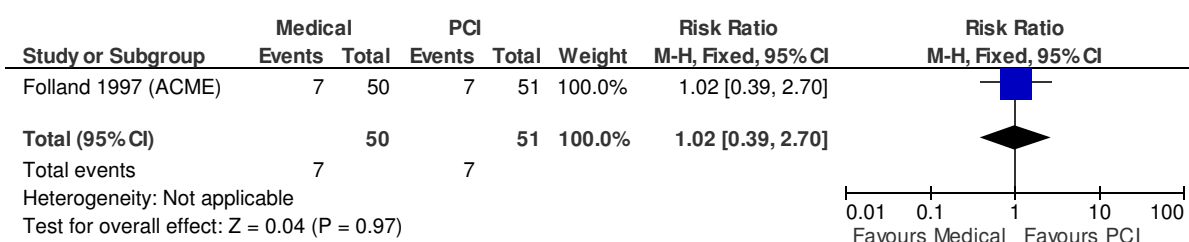


Medical versus PCI for stable angina

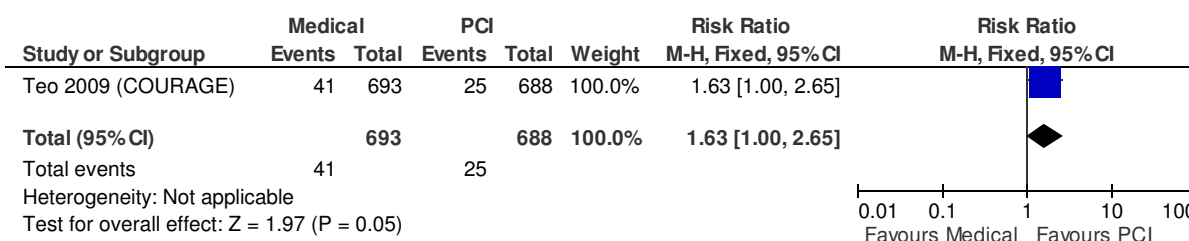
3.10 Death- sub group 2 vessel disease



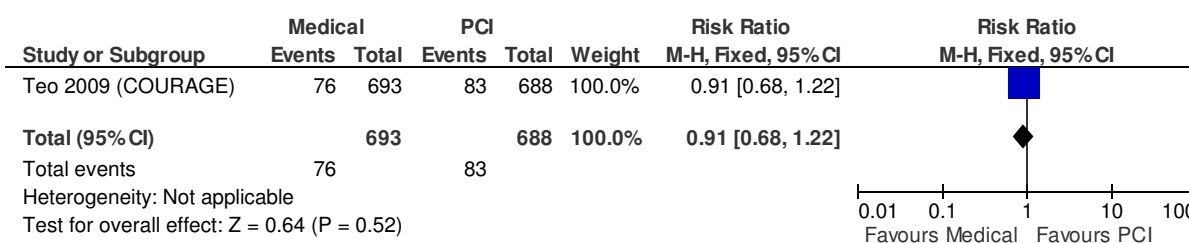
3.11 Non fatal MI- sub group 2 vesel disease



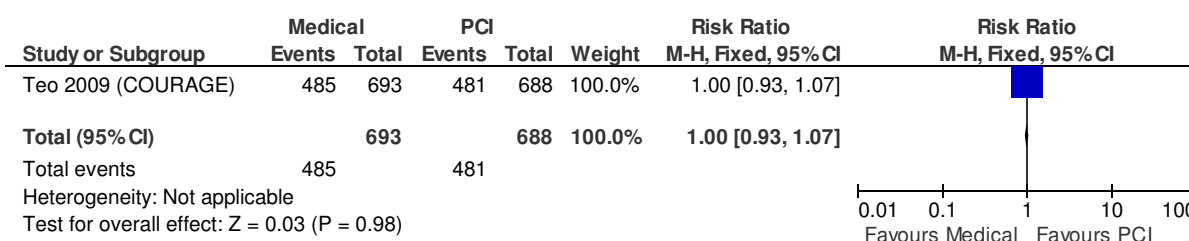
3.12 Death- sub group age <65 yrs



3.13 MI - sub group age <65 yrs



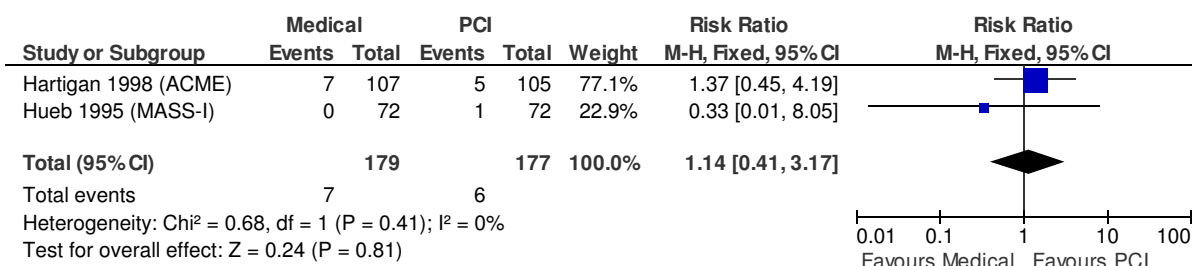
3.14 Free of angina- sub group age<65 years



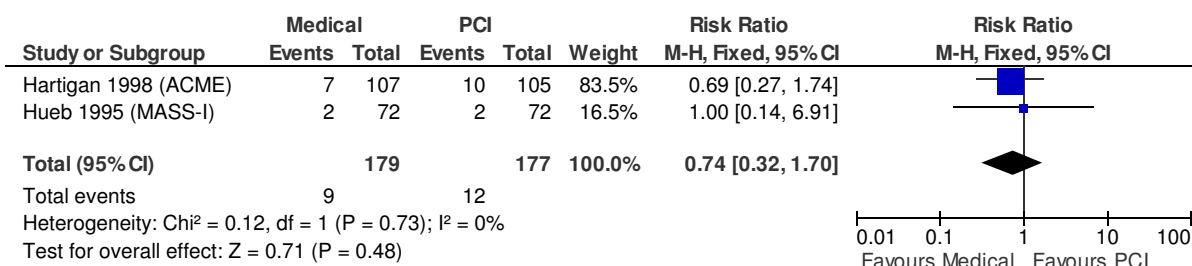
4 Single vessel disease - medium term follow-up (2 -4 years)

Medical versus PCI for stable angina

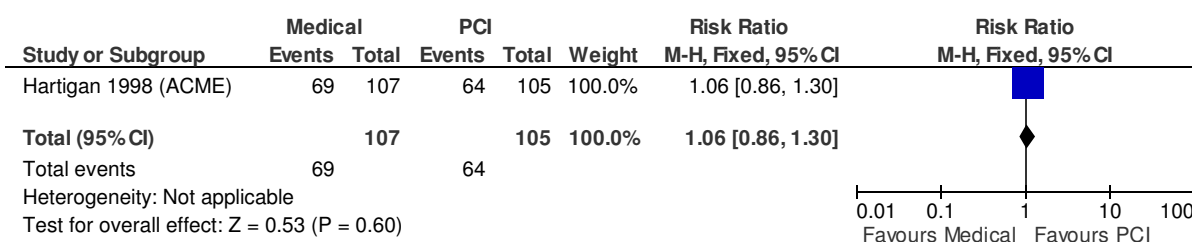
4.1 Death



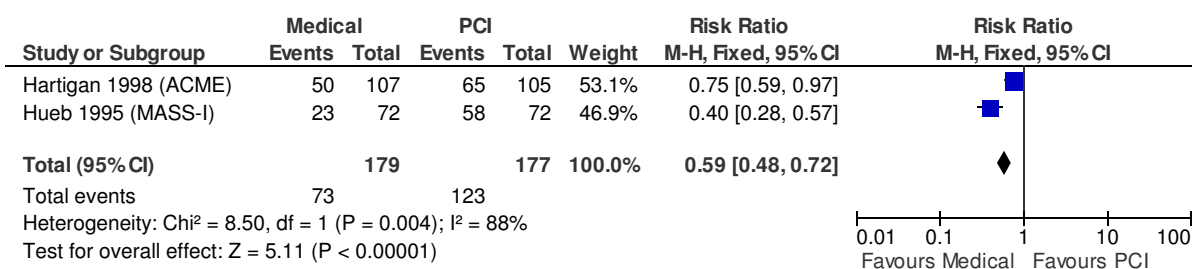
4.2 MI



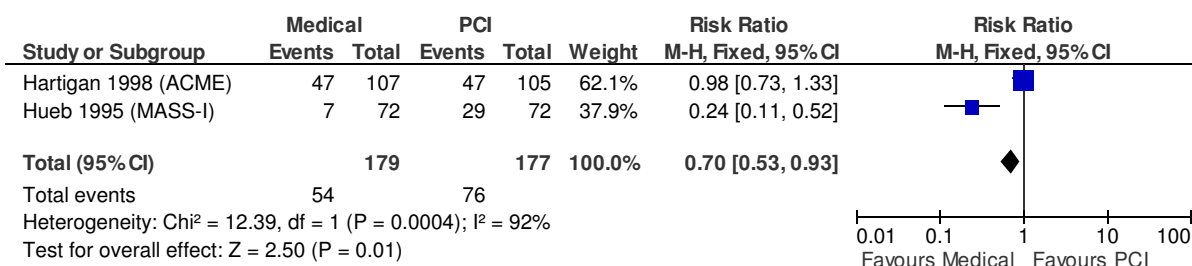
4.3 Hospitalisation (no. of patients)



4.4 Free of angina

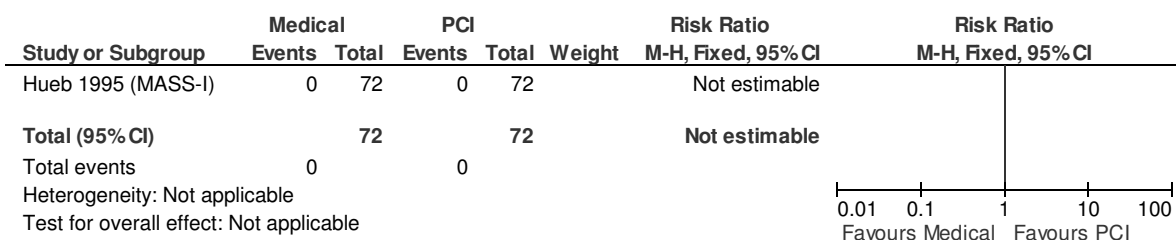


4.5 Non protocol revascularisation



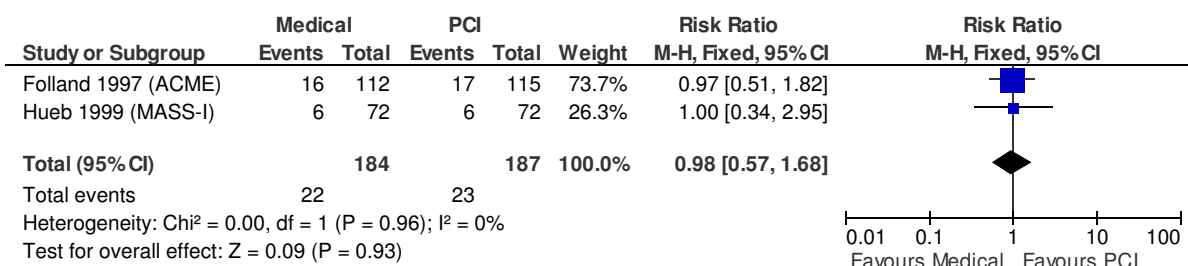
Medical versus PCI for stable angina

4.6 Stroke

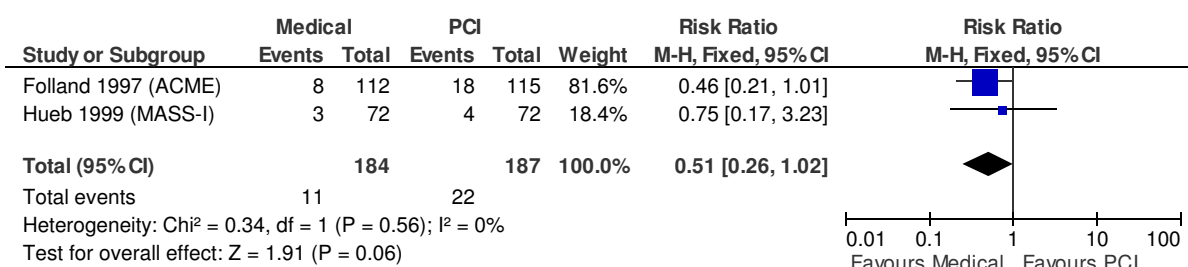


5 Single vessel disease - long term follow-up (>4 years)

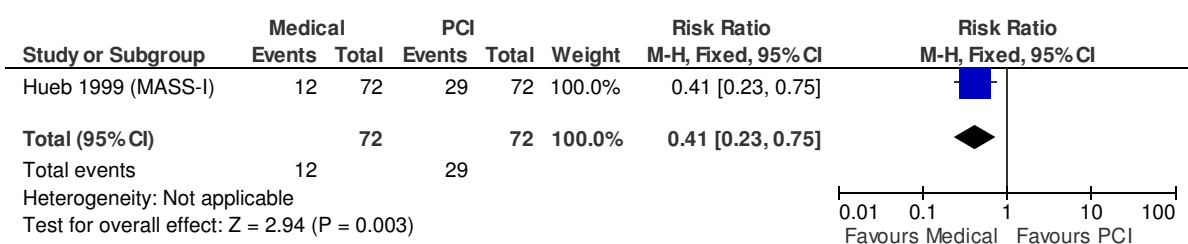
5.1 Death



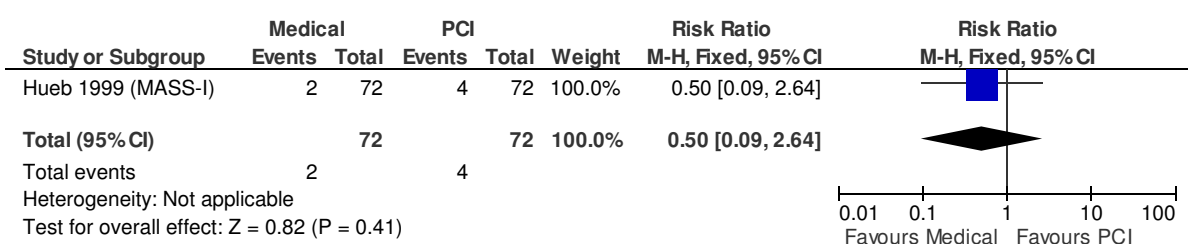
5.2 Non fatal MI



5.3 Non protocol Revascularisation

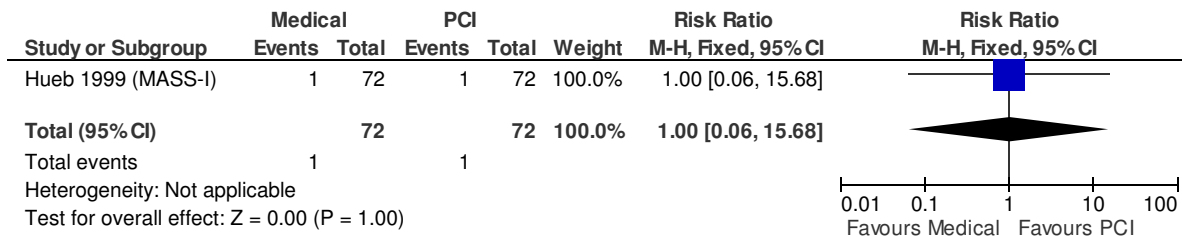


5.4 cardiac death

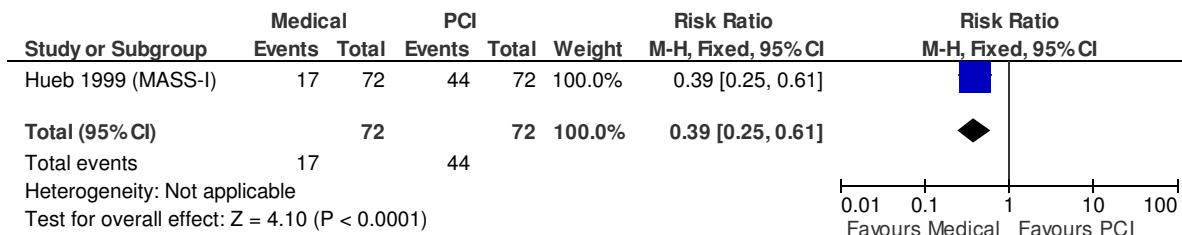


Medical versus PCI for stable angina

5.5 stroke

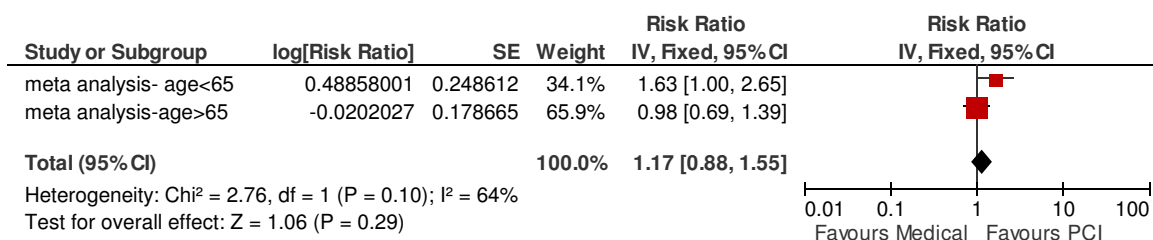


5.6 Free of angina

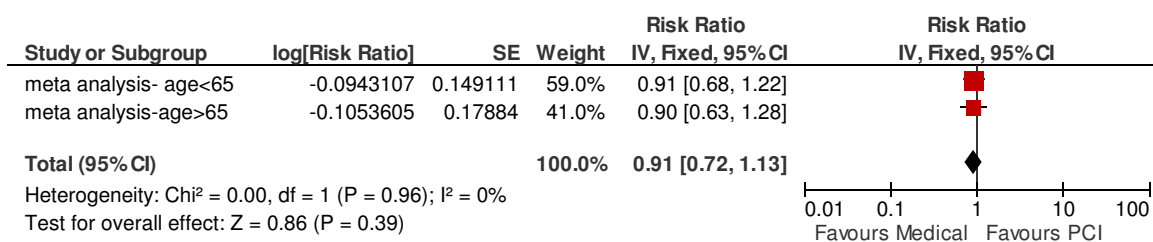


6 Sub group interaction

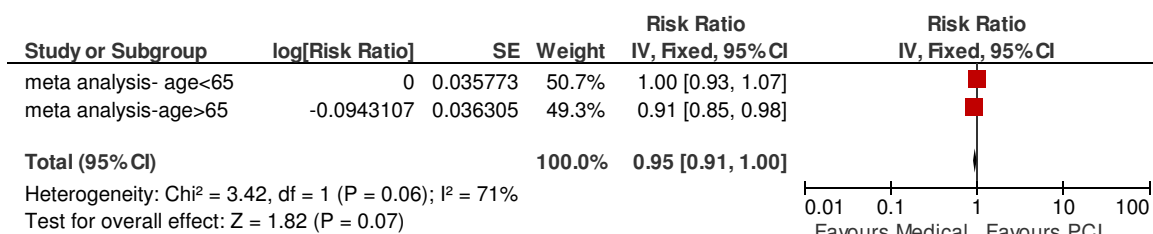
6.1 Age >and >65 yrs (Death) - Multivessel -Long term follow-up



6.2 Age < and >65 yrs (MI)-Multivessel -Long term follow-up

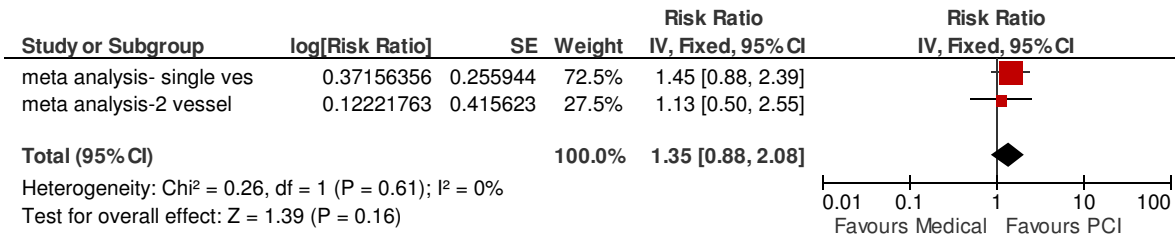


6.3 Age <65 and >65 yrs (Free of angina)- Multivessel- Long term follow-up)

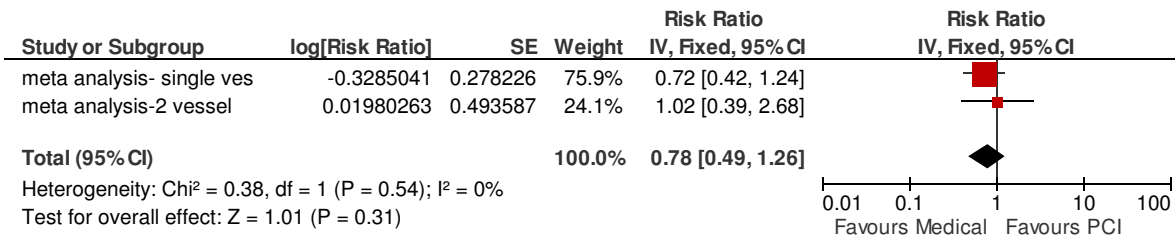


Medical versus PCI for stable angina

6.4 Single vessel and 2 vessel (Death)- Long term follow-up



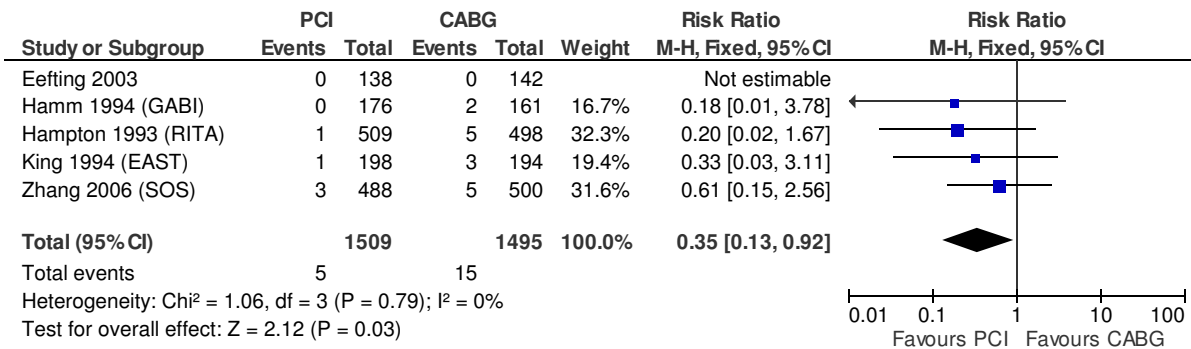
6.5 Single vessel and 2 vessel (MI)- Long term follow-up



PCI versus CABG for Stable angina

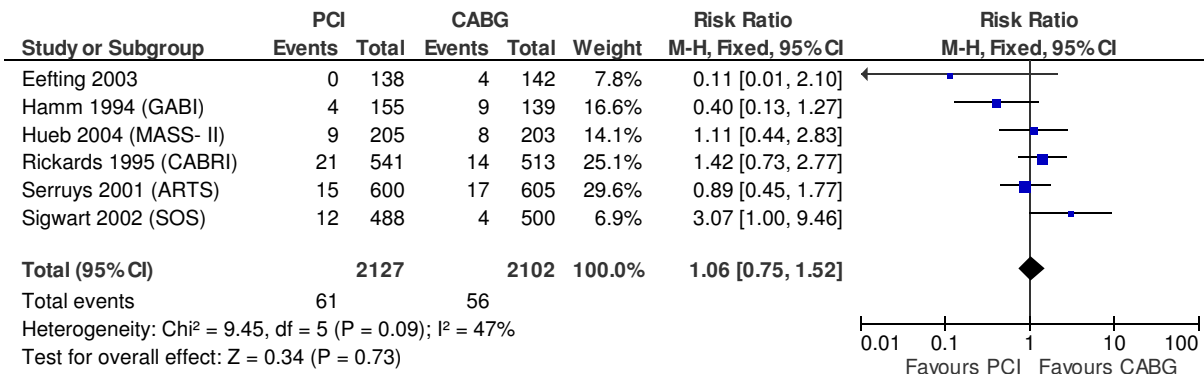
1 Multi vessel disease - Immediate follow-up

1.1 Stroke



2 Multivessel disease -Short term follow-up (1 yr)

2.1 Death (all causes)

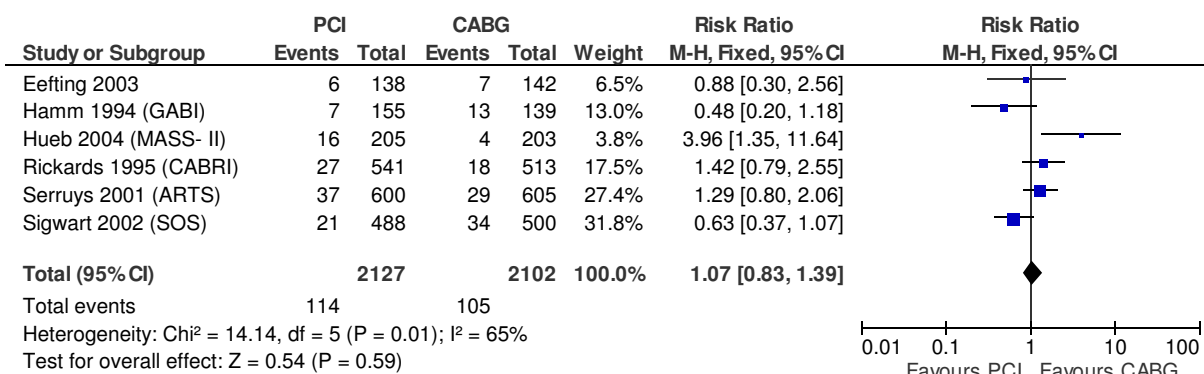


2.2 Cardiac mortality

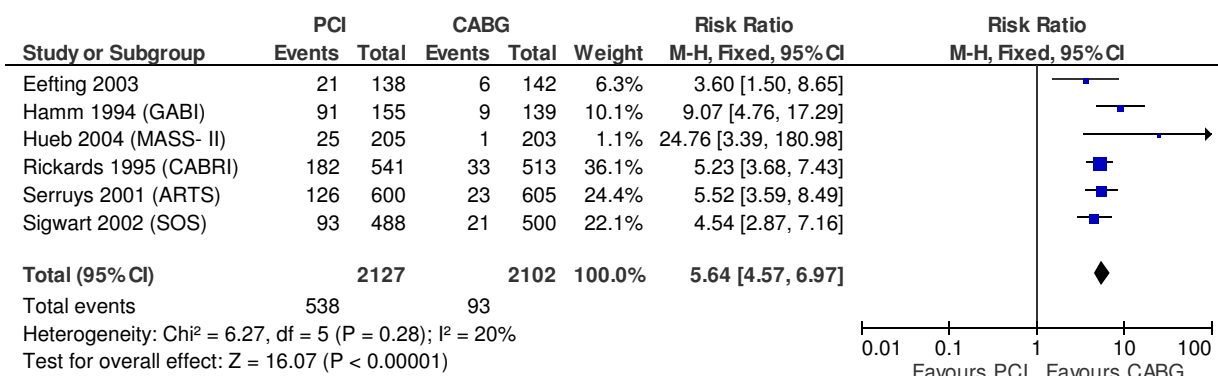


PCI versus CABG for Stable angina

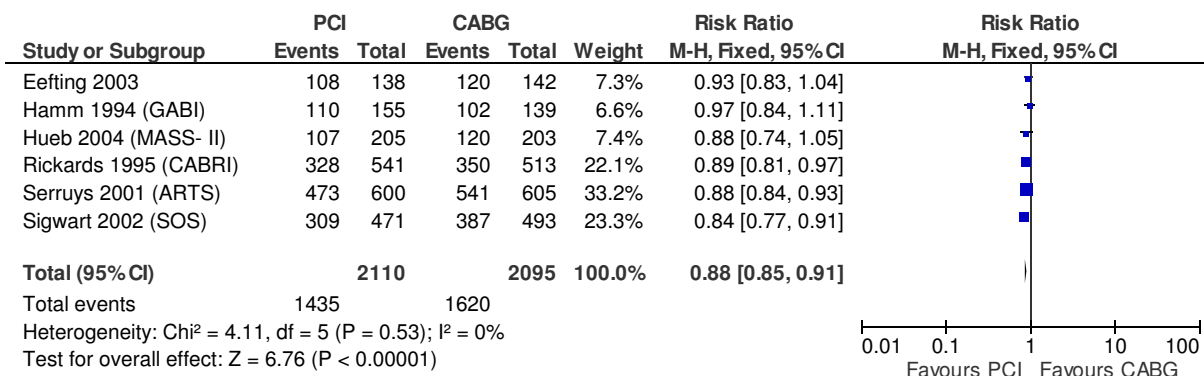
2.3 Non fatal MI



2.4 Repeat revascularisation

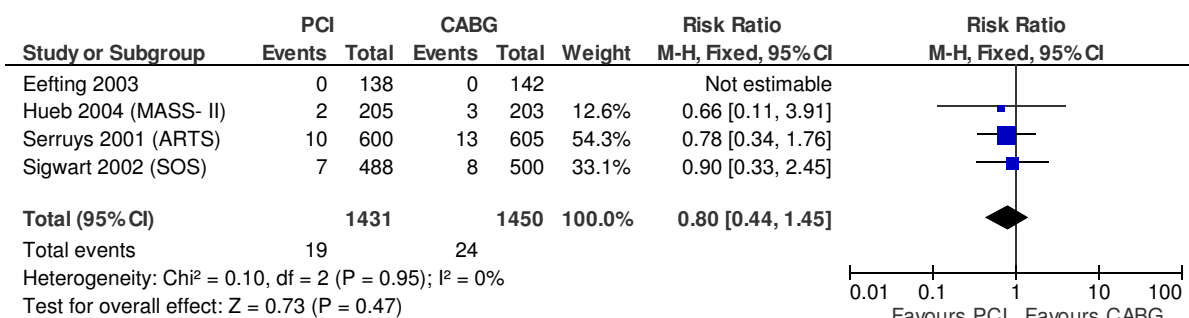


2.5 Free of angina

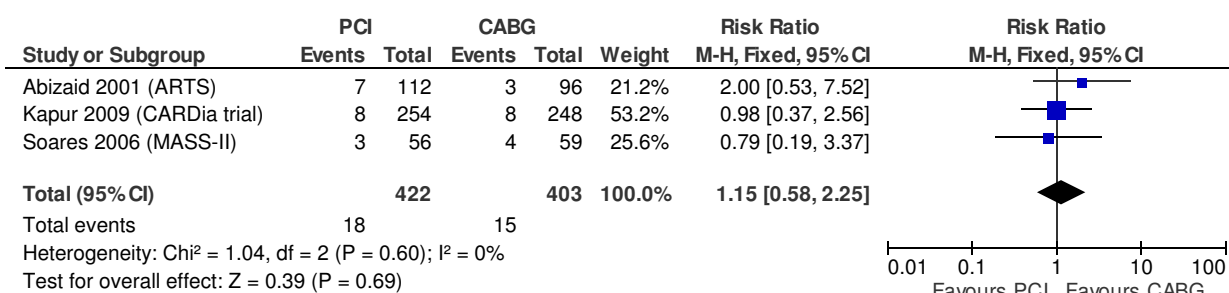


PCI versus CABG for Stable angina

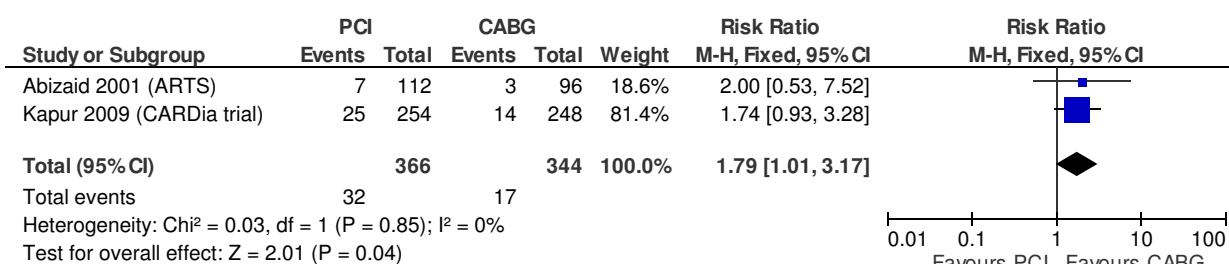
2.6 Stroke



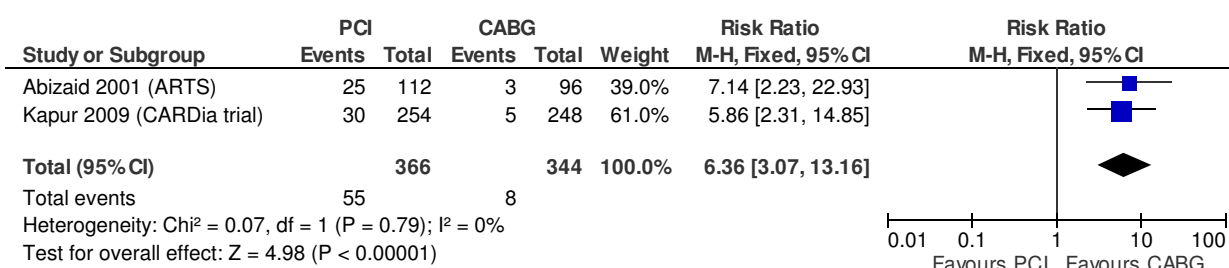
2.7 Subgroup-diabetes- Death (all causes)



2.8 Subgroup diabetes-MI

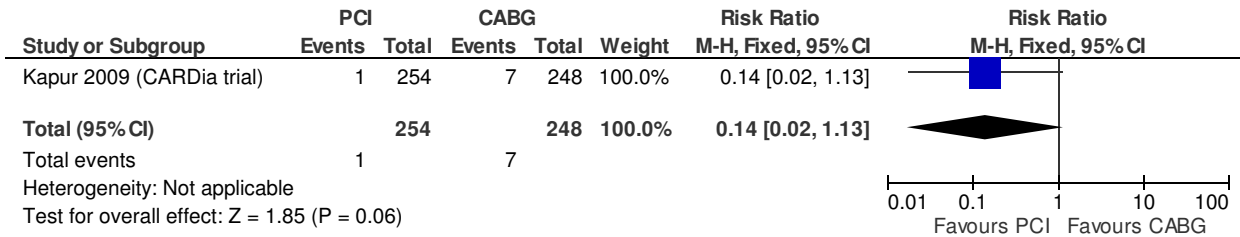


2.9 Subgroup diabetes- Repeat revascularisation

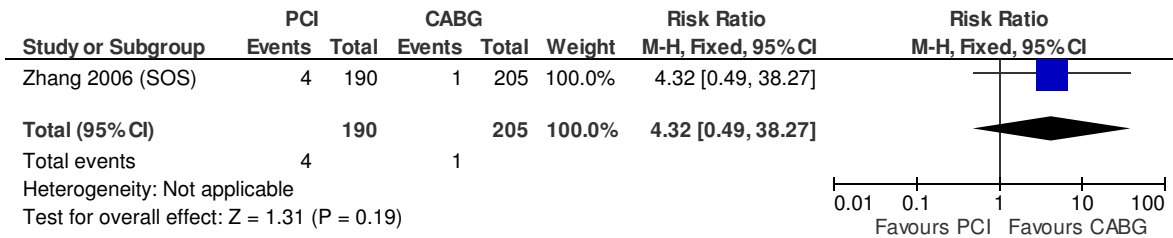


PCI versus CABG for Stable angina

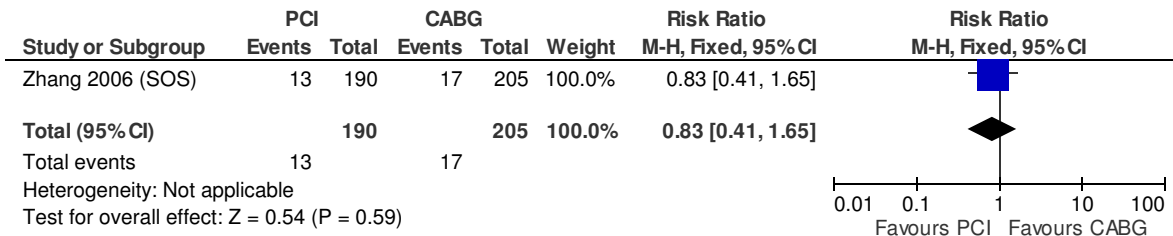
2.10 Sub group diabetes- Non fatal stroke



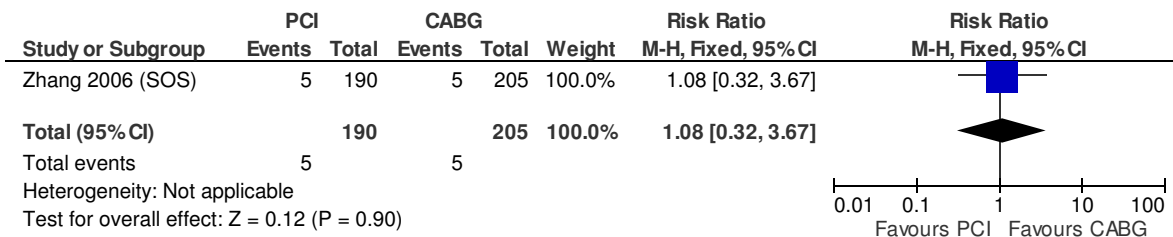
2.11 Subgroup age>65 yrs- Death (all causes)



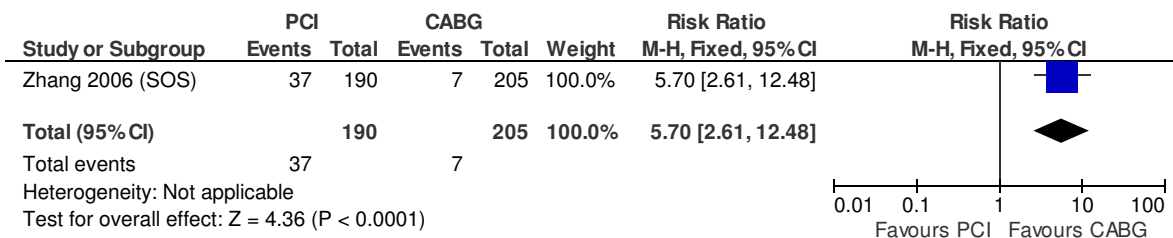
2.12 subgroup age>65 yrs-MI



2.13 Subgroup age>65 yrs- stroke

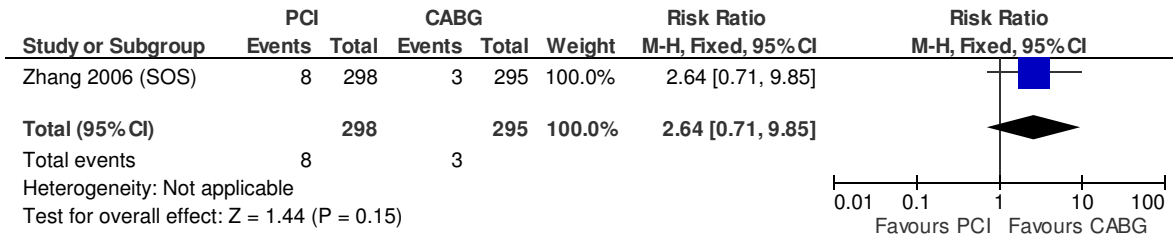


2.14 subgroup age>65 yrs- repeat revascularisation

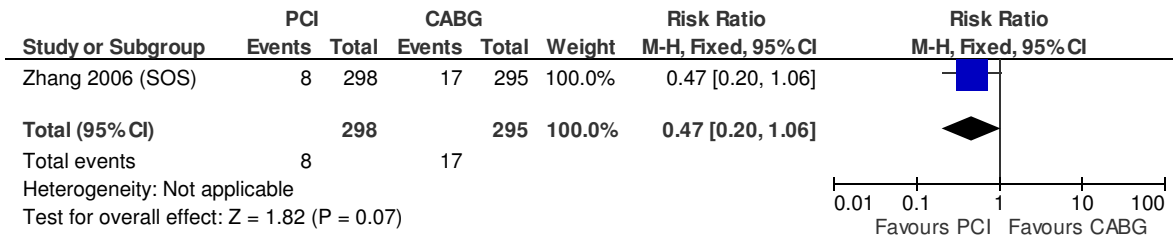


PCI versus CABG for Stable angina

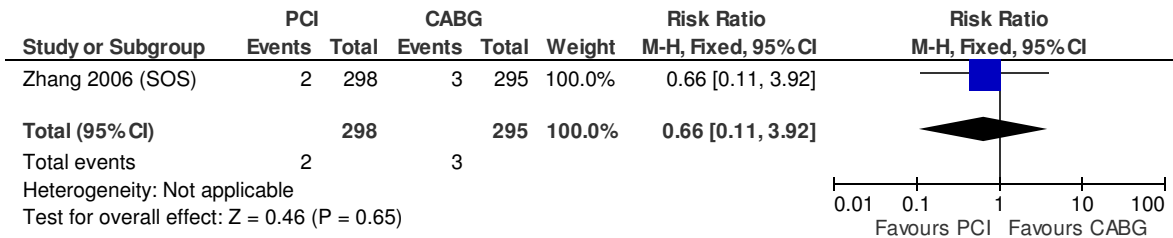
2.15 Sub group age <65 yrs- Death



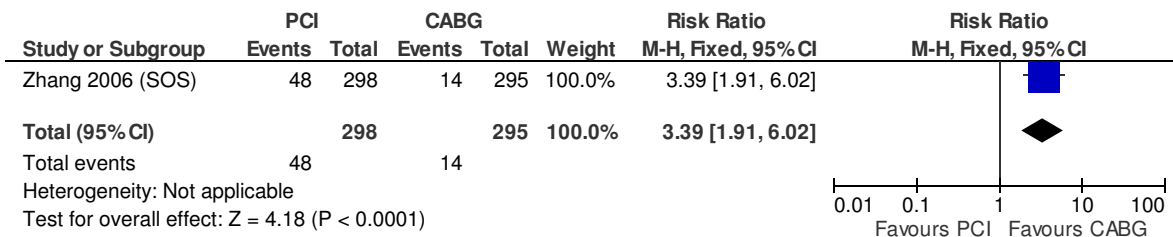
2.16 Sub group age <65 yrs-MI



2.17 Sub group age<65 yrs- Stroke



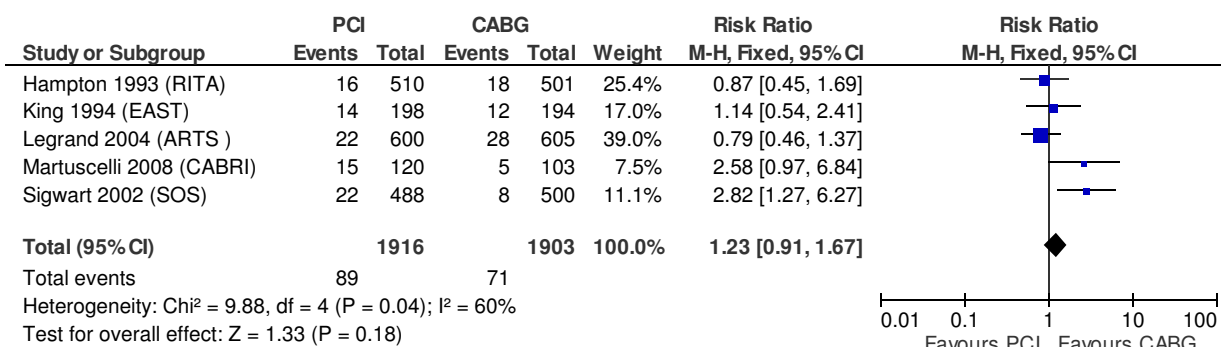
2.18 Sub group age<65 yrs- Repeat revascularisation



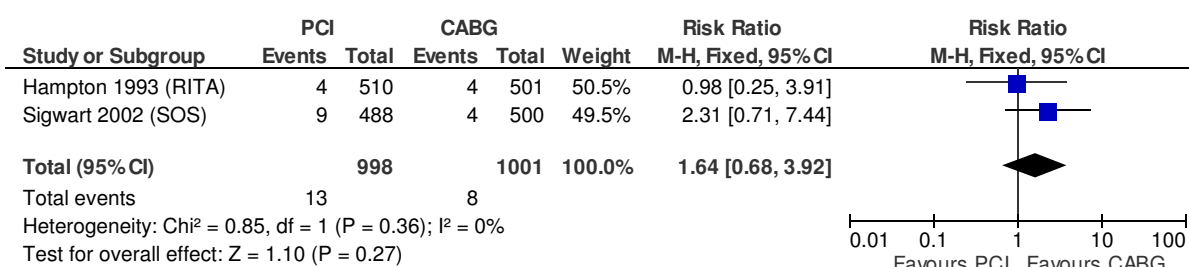
3 Multi vessel disease - Medium term follow-up (>1-4 yrs)

PCI versus CABG for Stable angina

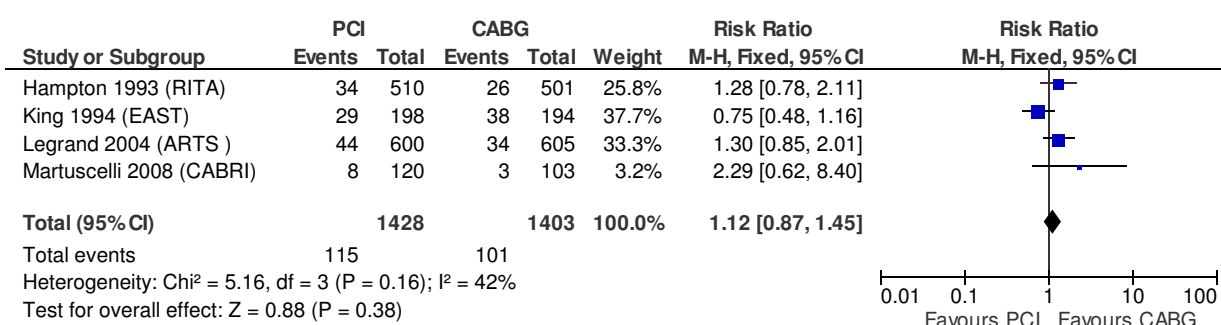
3.1 Death (all causes)



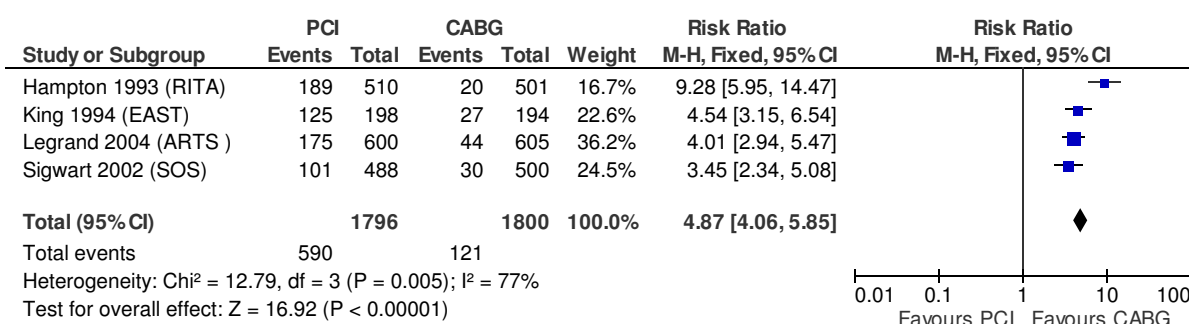
3.2 Cardiac mortality



3.3 Non fatal MI

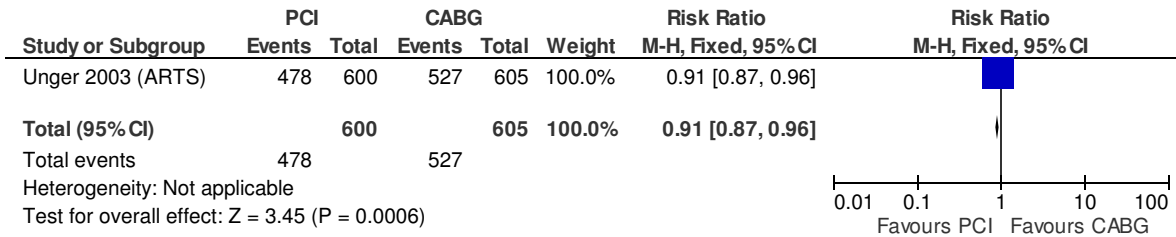


3.4 Repeat revascularisation

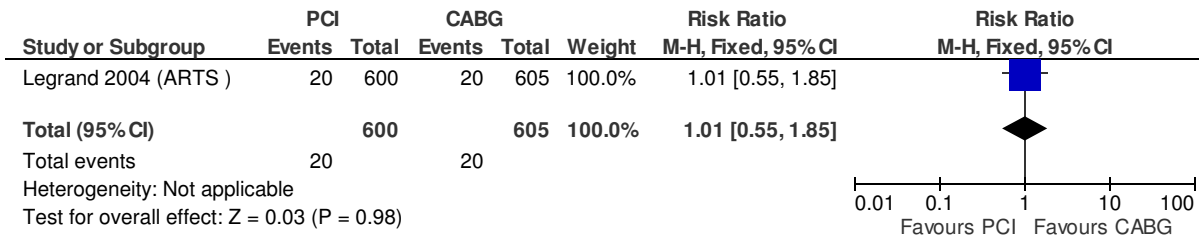


PCI versus CABG for Stable angina

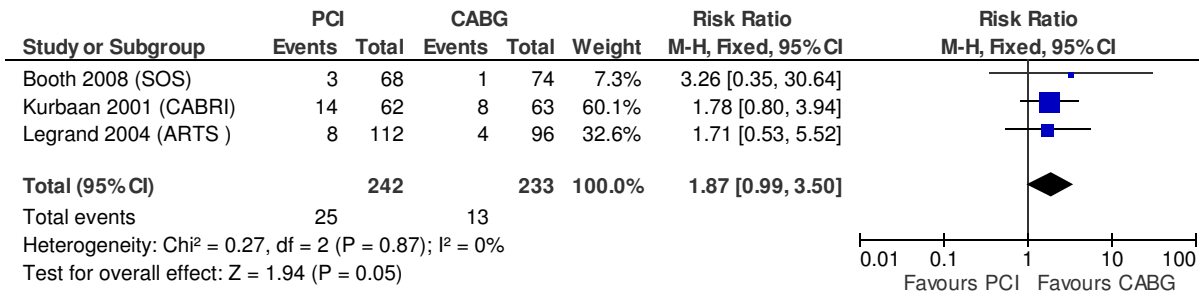
3.5 Free of angina



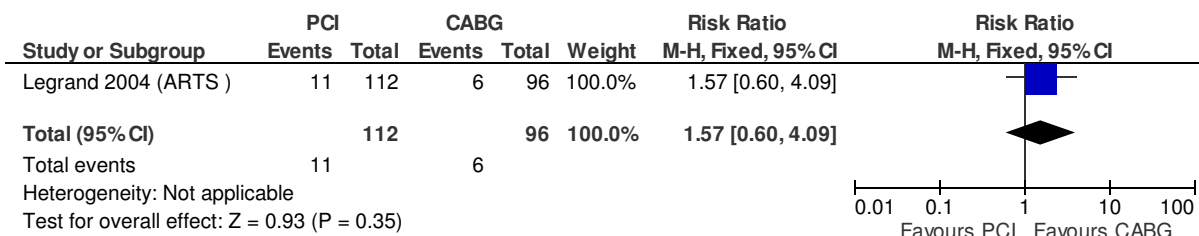
3.6 Stroke



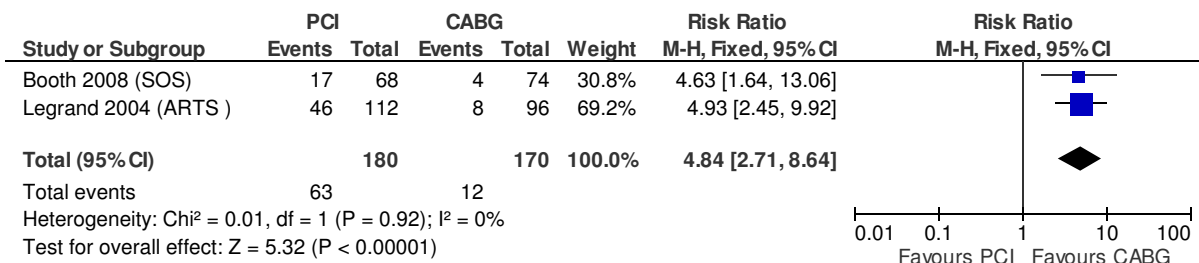
3.7 Sub group diabetes- Mortality



3.8 Sub group diabetes- MI

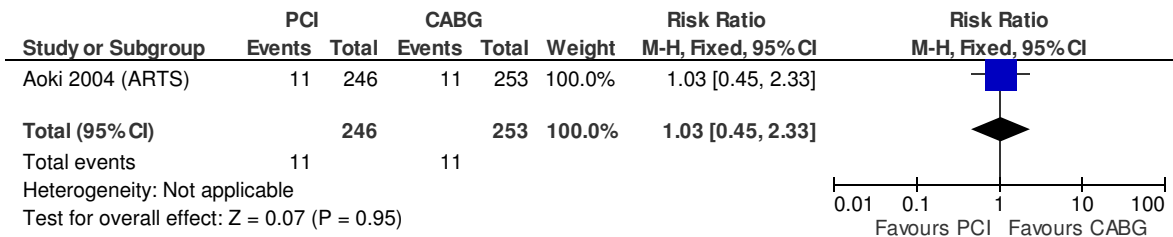


3.9 Sub group diabetes- Repeat revascularisation

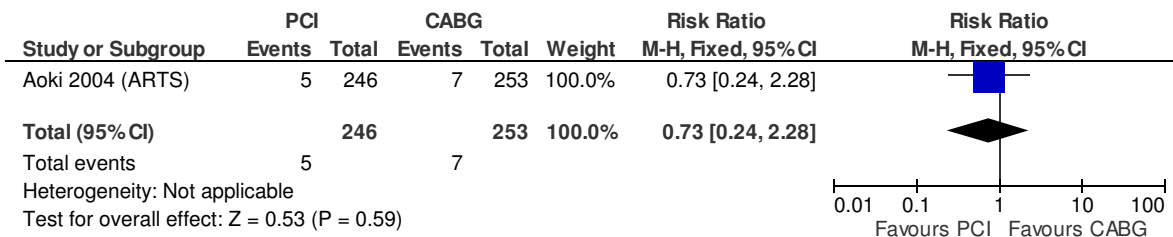


PCI versus CABG for Stable angina

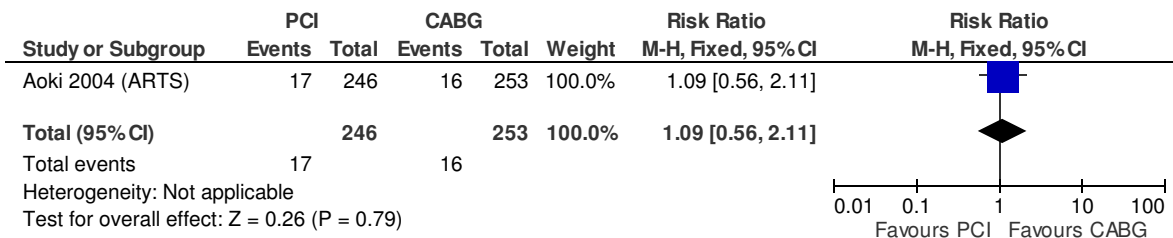
3.10 Sub group- Left Anterior descending coronary artery proximally- Death



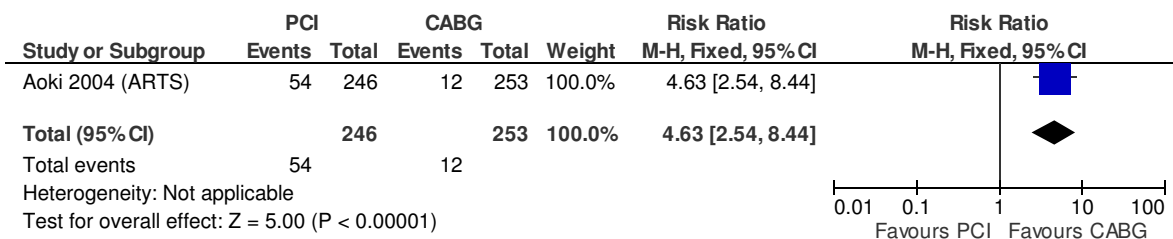
3.11 Sub group LAD artery- Stroke



3.12 Sub group LAD artery- MI



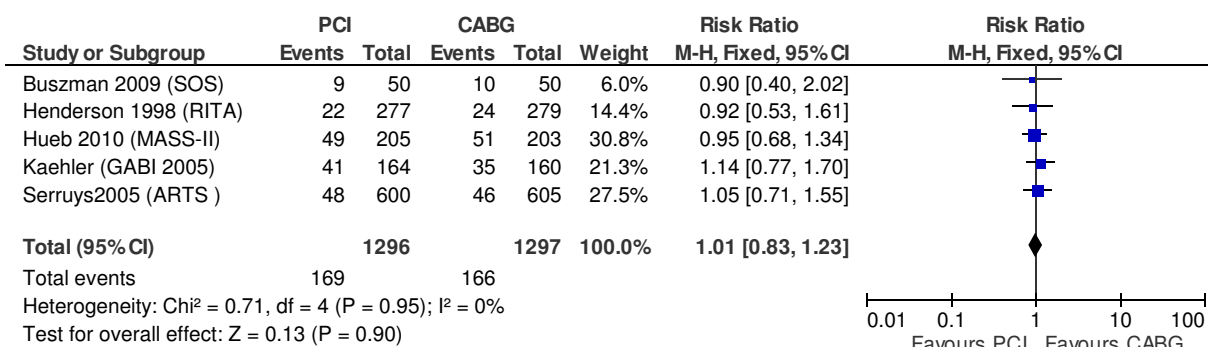
3.13 Sub group LAD artery- Repeat revascularisation



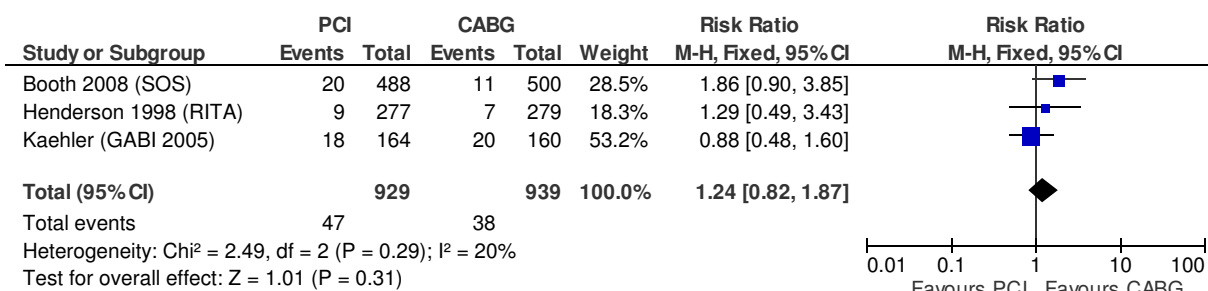
4 Multi vessel disease - Long term follow-up (> 5 yrs)

PCI versus CABG for Stable angina

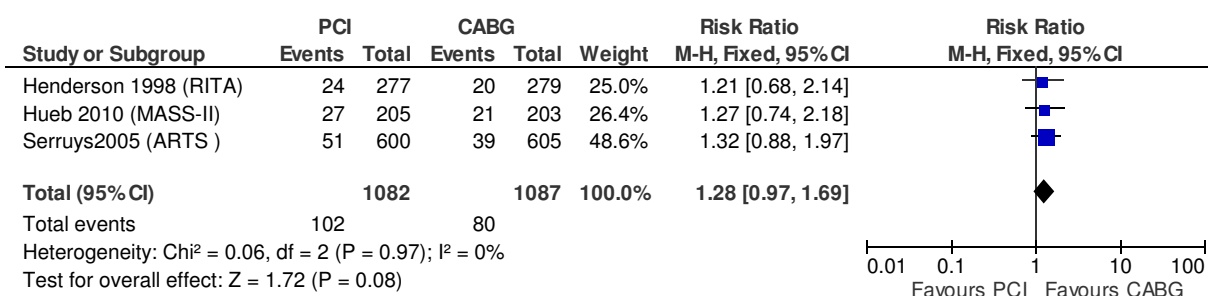
4.1 Death (all causes)



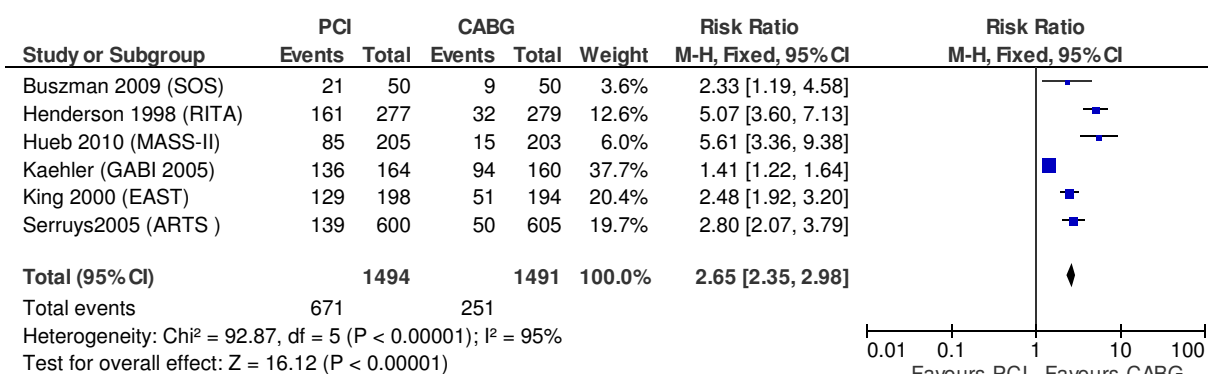
4.2 Cardiac mortality



4.3 Non fatal MI

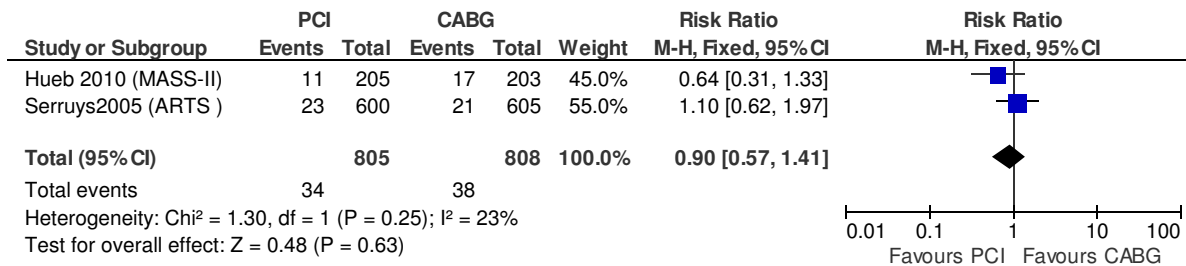


4.4 Repeat revascularisation

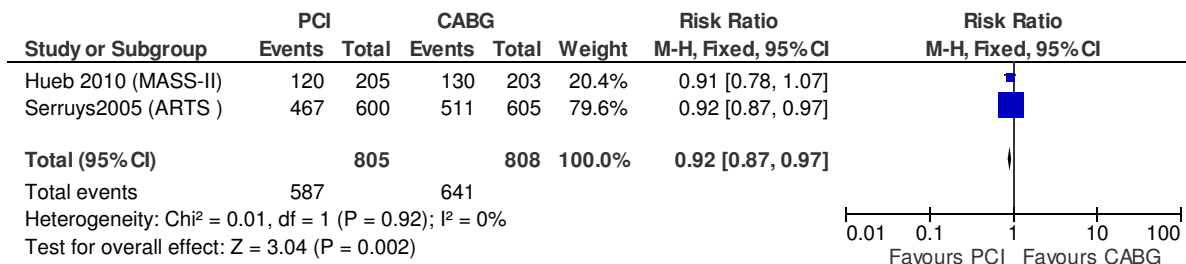


PCI versus CABG for Stable angina

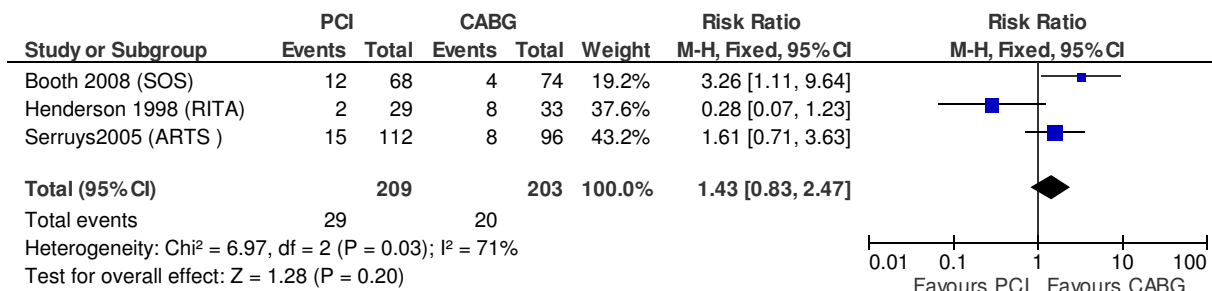
4.5 Stroke



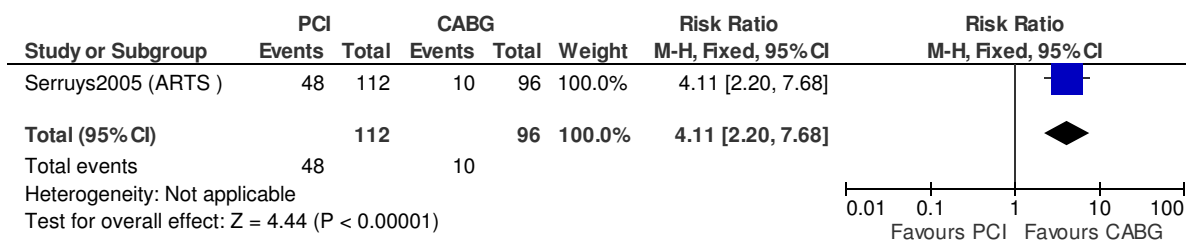
4.6 Free of angina



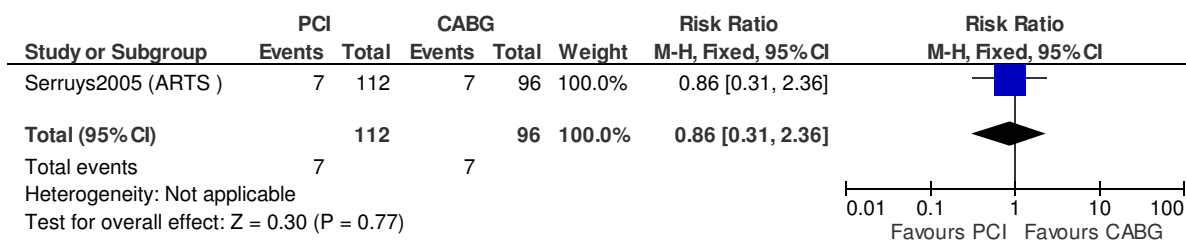
4.7 Sub group diabetes - Death (all causes)



4.8 Sub group diabetes- Repeat revascularisation

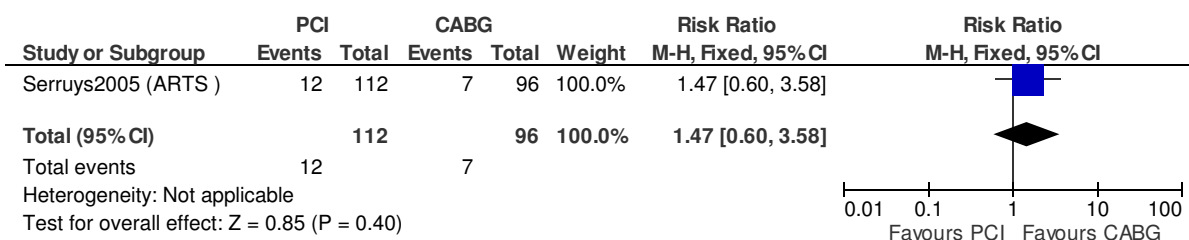


4.9 Sub group diabetes- stroke

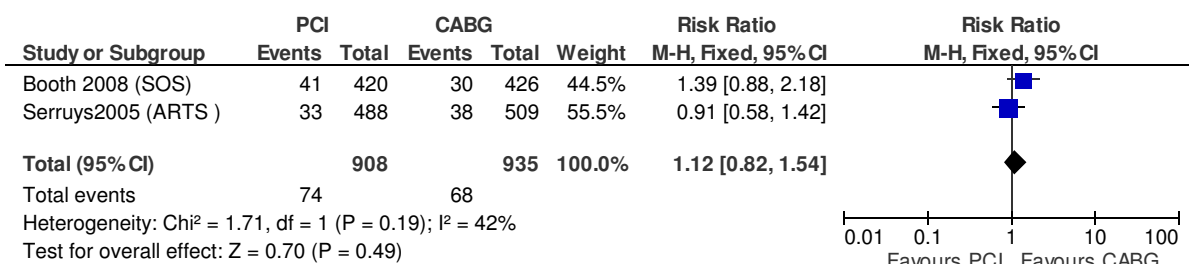


PCI versus CABG for Stable angina

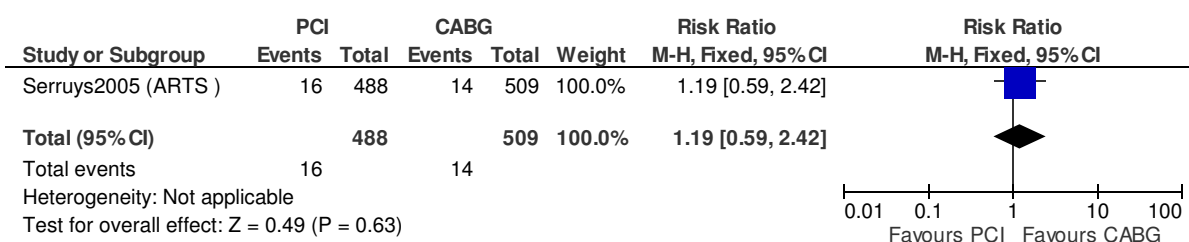
4.10 Sub group diabetes- MI



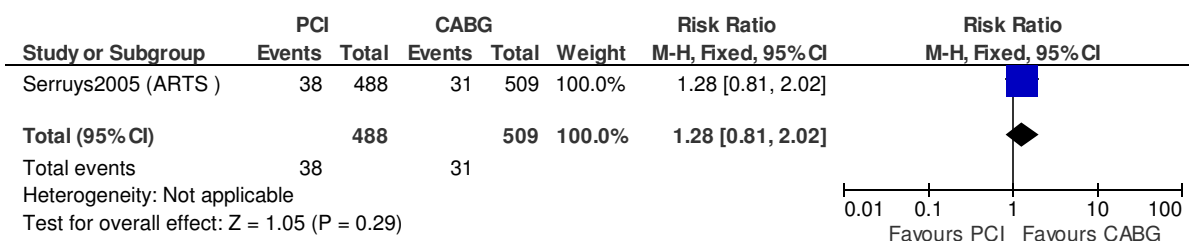
4.11 Sub group-no diabetes -Death (all causes)



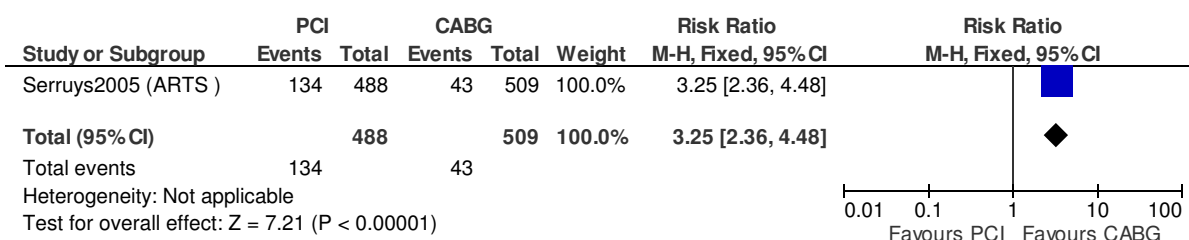
4.12 Sub group no diabetes- stroke



4.13 Sub group no diabetes- MI

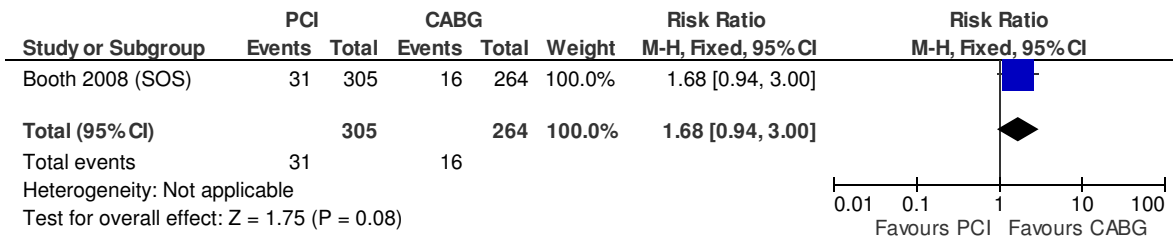


4.14 Sub group no diabetes- Repeat revascularisation

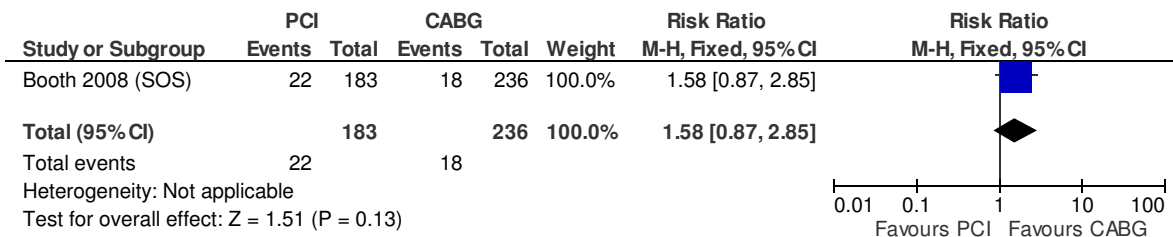


PCI versus CABG for Stable angina

4.15 Sub group 2 vessel- Death

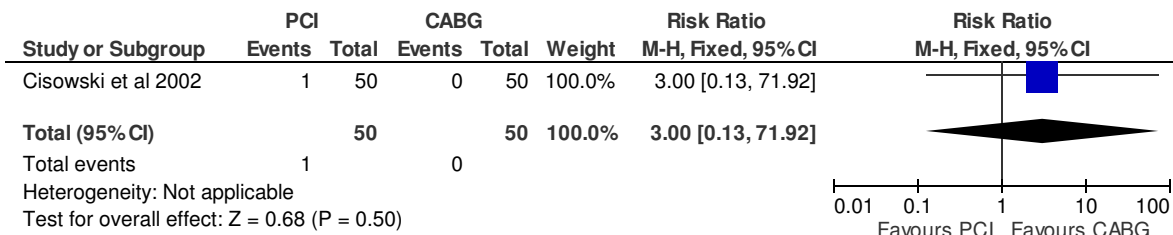


4.16 Sub group 3 vessel -Death

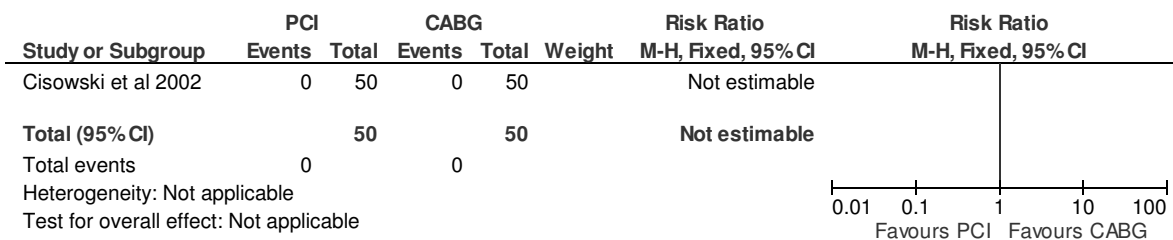


5 Single vessel disease - Short term follow-up (1 yr)

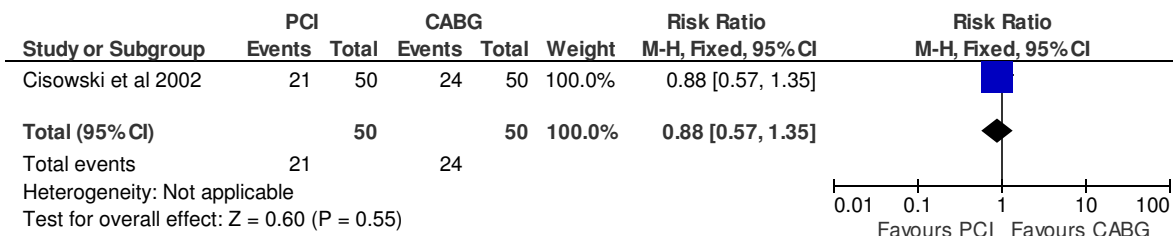
5.1 Death (all causes)



5.2 MI



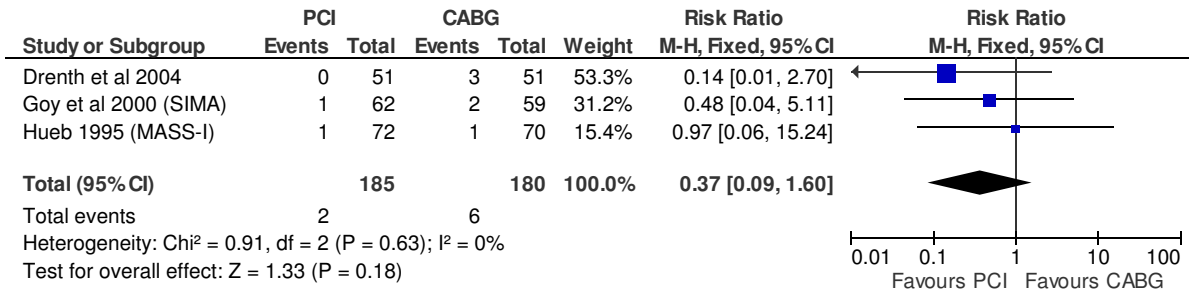
5.3 Free of angina



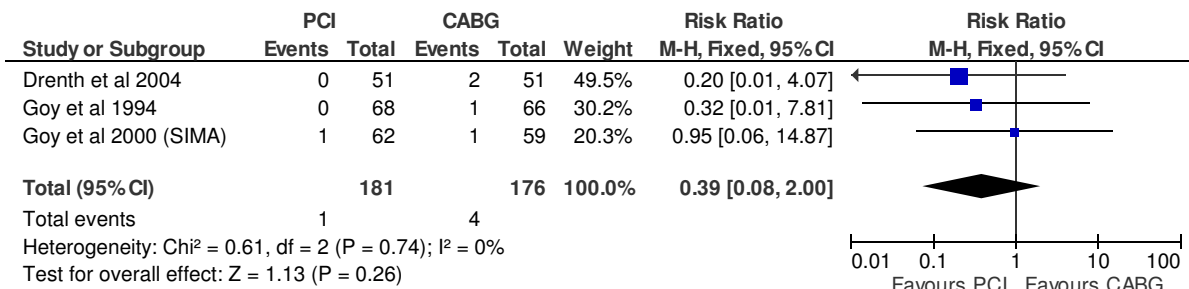
6 Single vessel disease - Medium term follow-up (>1-4 yrs)

PCI versus CABG for Stable angina

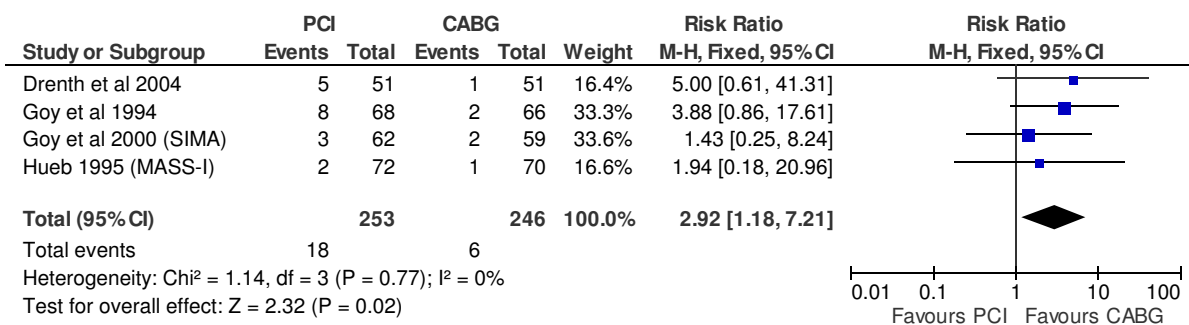
6.1 Death (all causes)



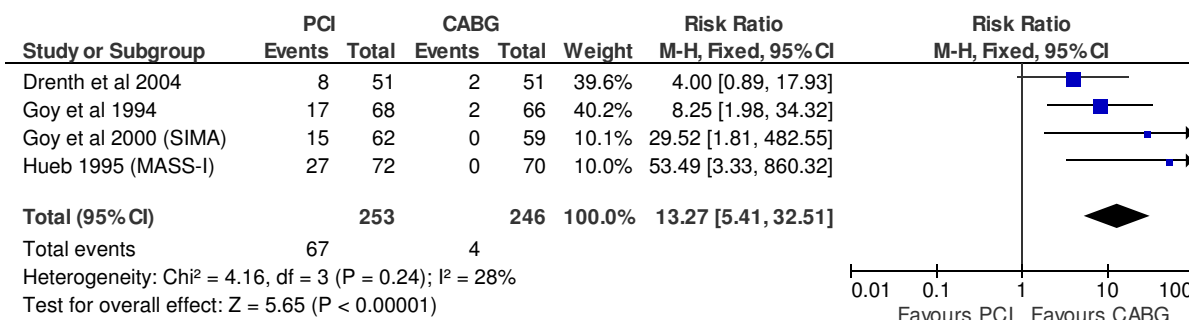
6.2 Cardiac death



6.3 MI

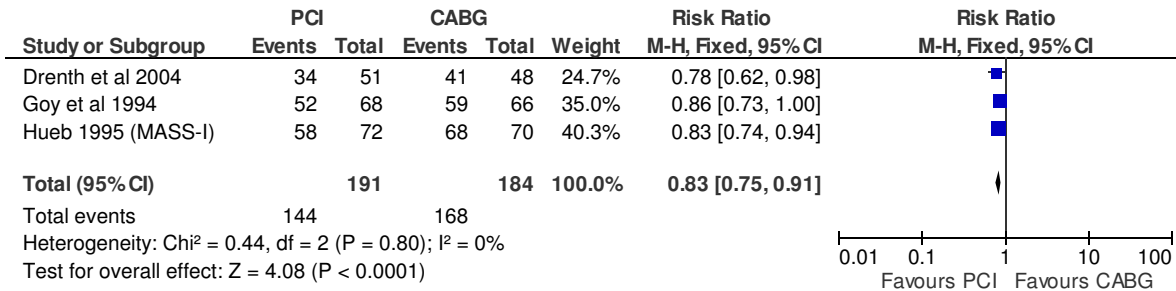


6.4 Repeat revascularisation

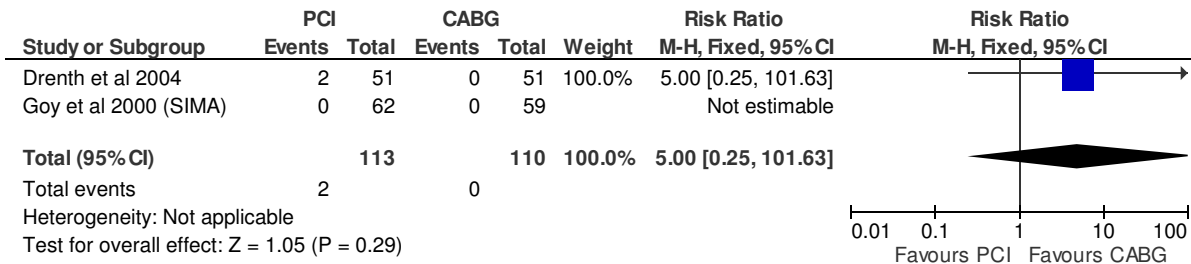


PCI versus CABG for Stable angina

6.5 Free of angina

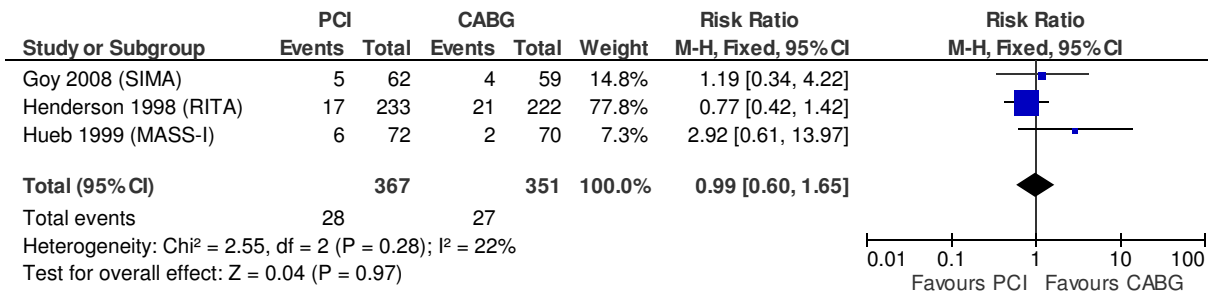


6.6 Stroke

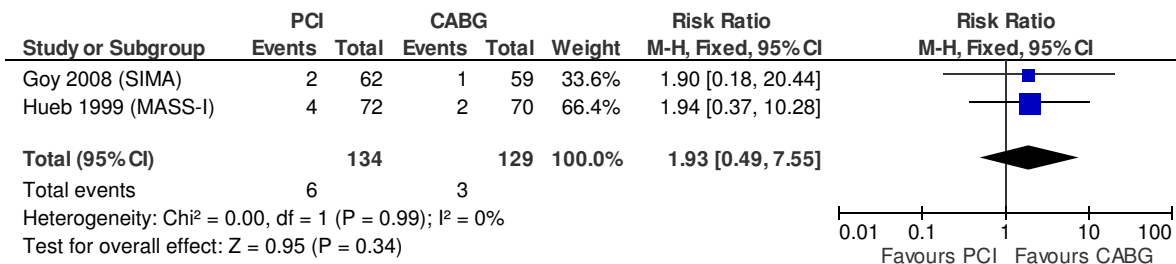


7 Single vessel disease - Long term follow-up (>5 yrs)

7.1 Death (all causes)

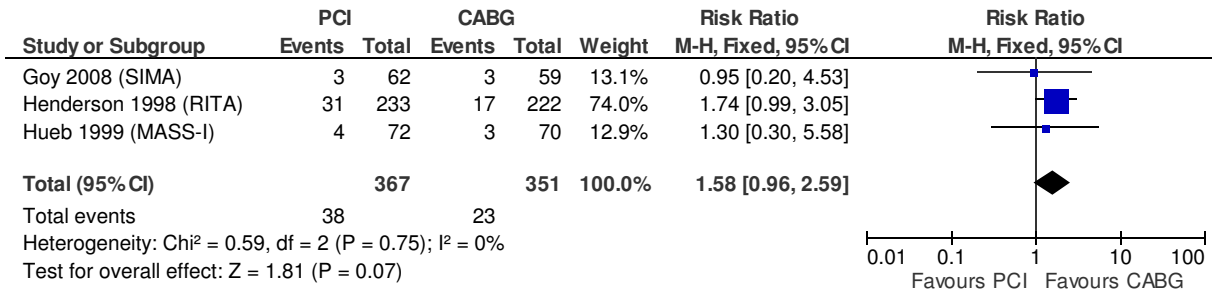


7.2 Cardiac death

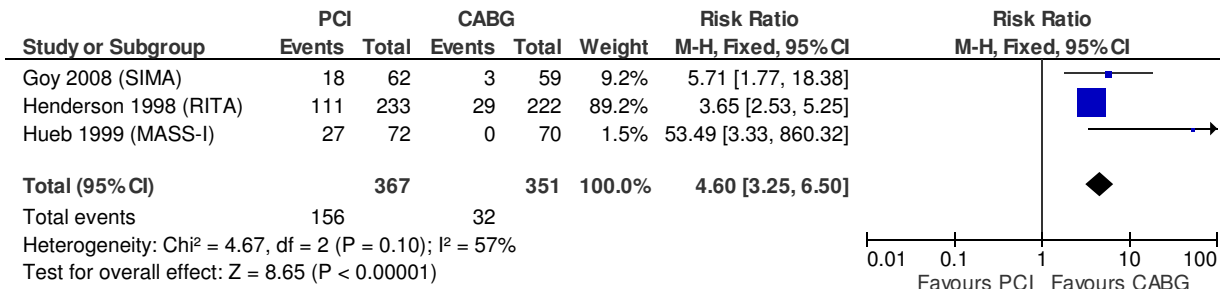


PCI versus CABG for Stable angina

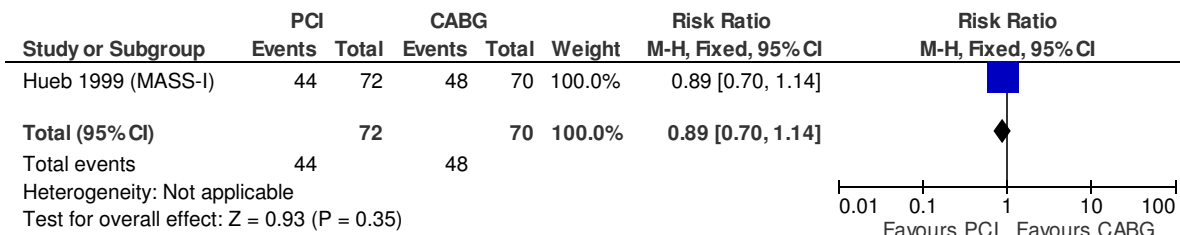
7.3 MI



7.4 Repeat revascularisation

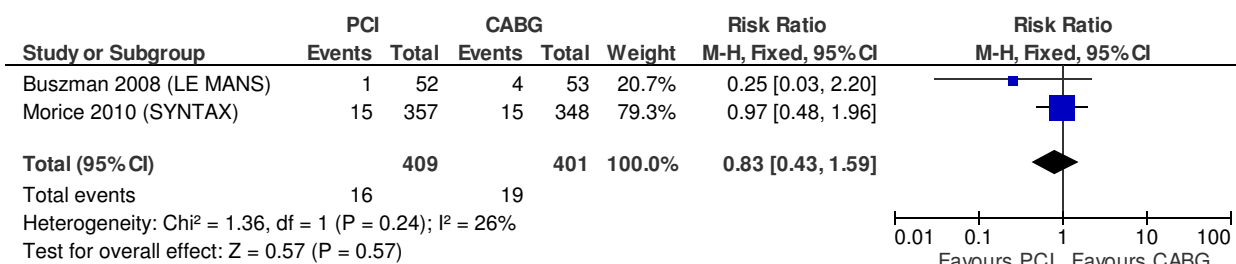


7.5 Free of angina



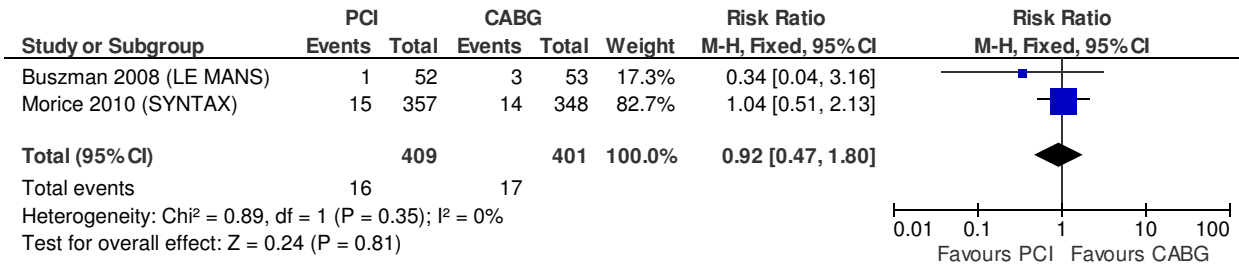
8 Left main coronary disease - Short term follow-up (1 yr)

8.1 Death

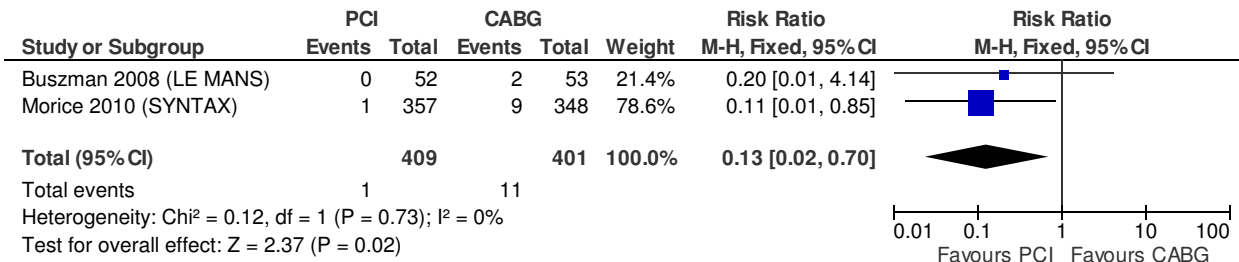


PCI versus CABG for Stable angina

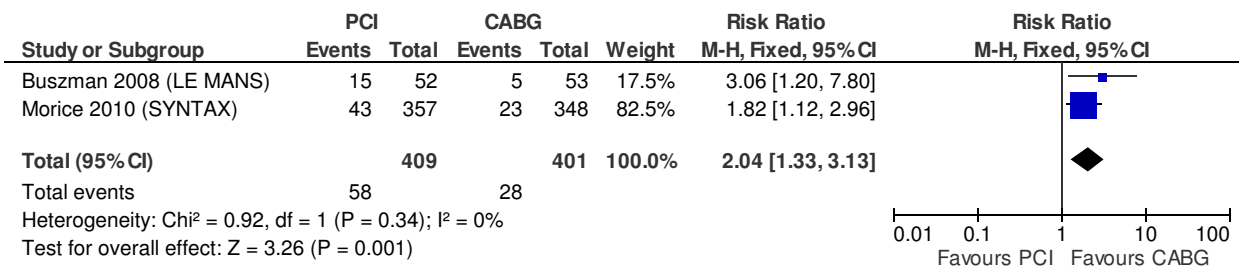
8.2 non fatal MI



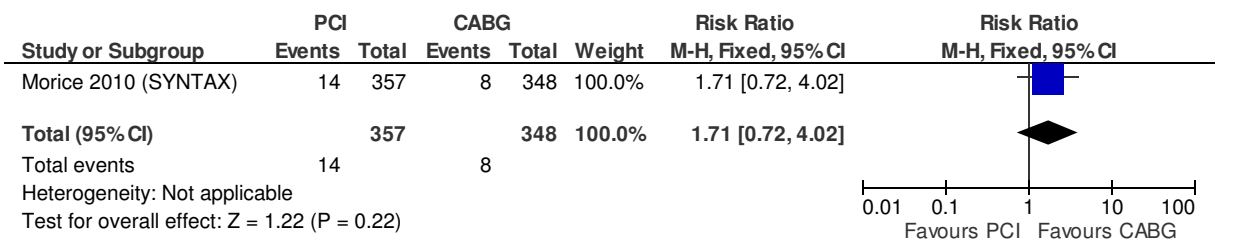
8.3 Stroke



8.4 Repeat revascularisation

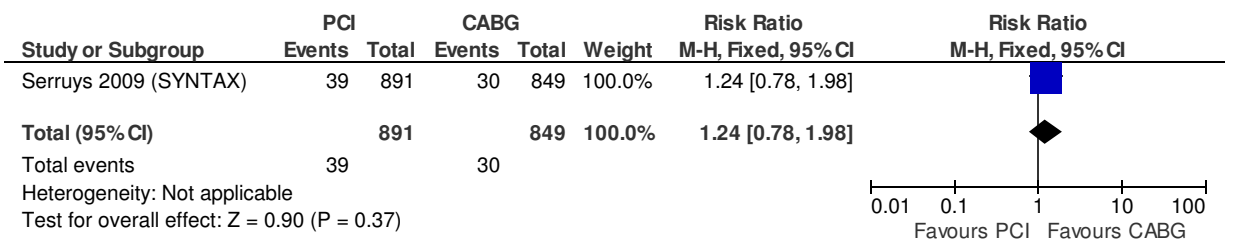


8.5 Cardiac death



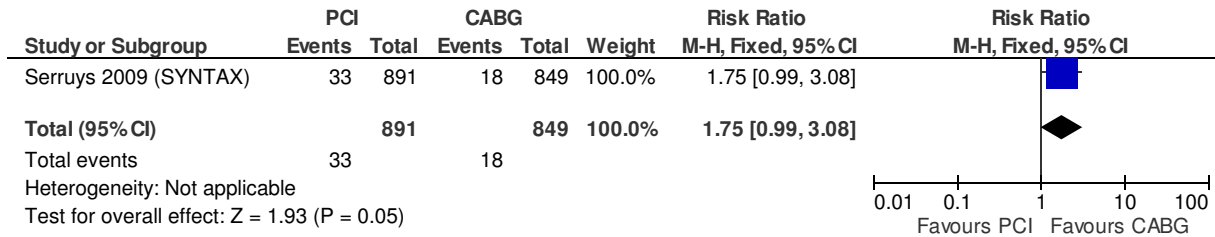
9 Left main coronary artery or 3 vessel disease -Short term follow-up (1yr)

9.1 Death (all causes)

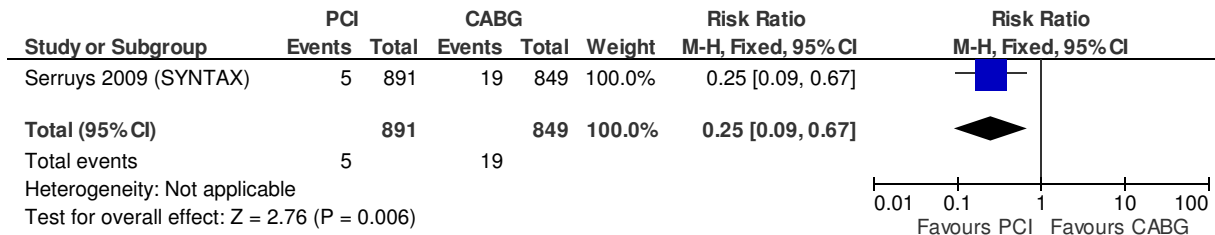


PCI versus CABG for Stable angina

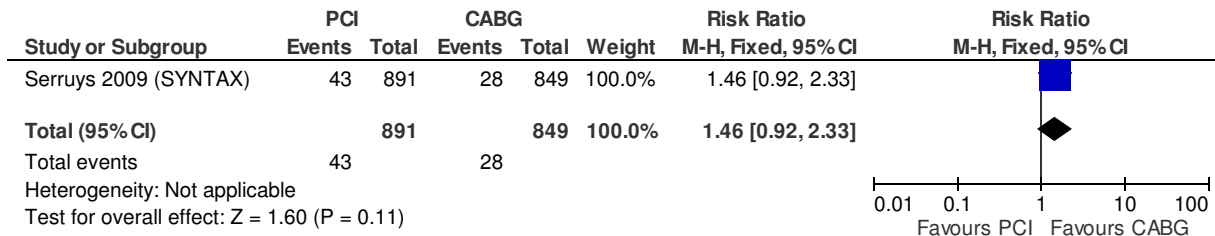
9.2 cardiac mortality



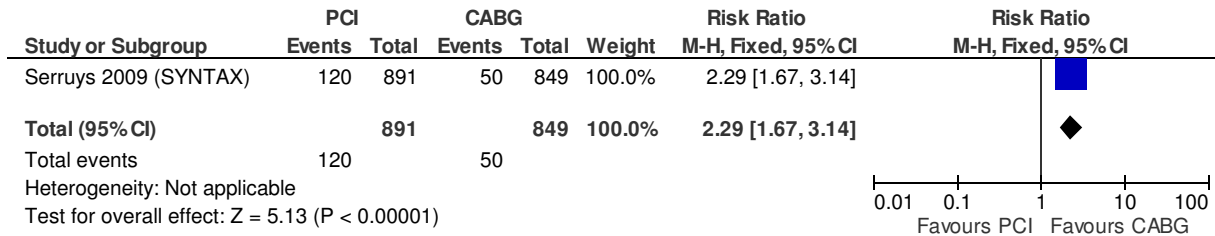
9.3 Stroke



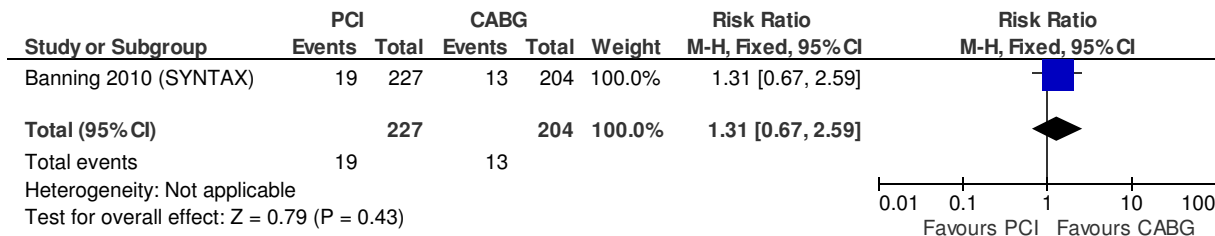
9.4 MI



9.5 Repeat revascularisation

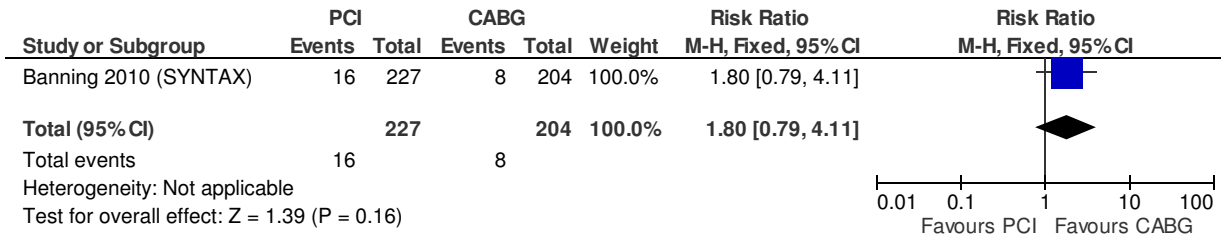


9.6 Sub group diabetes (Death)

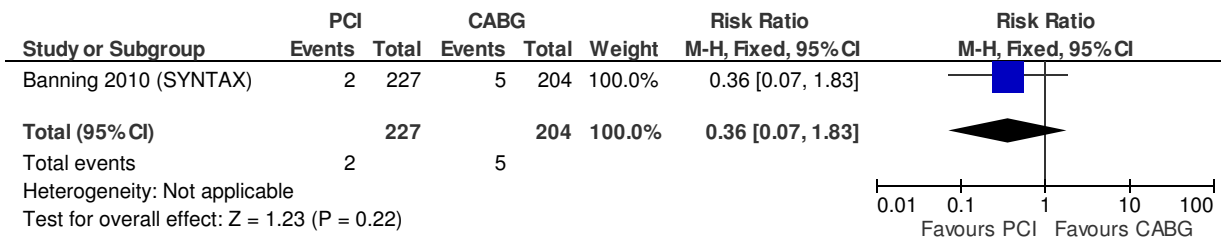


PCI versus CABG for Stable angina

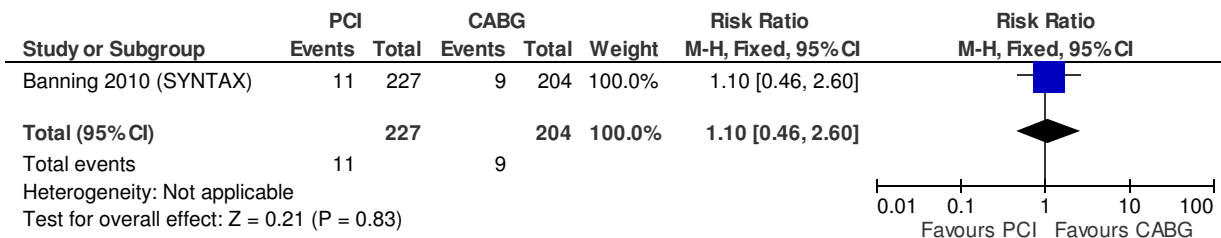
9.7 Sub group diabetes (cardiac death)



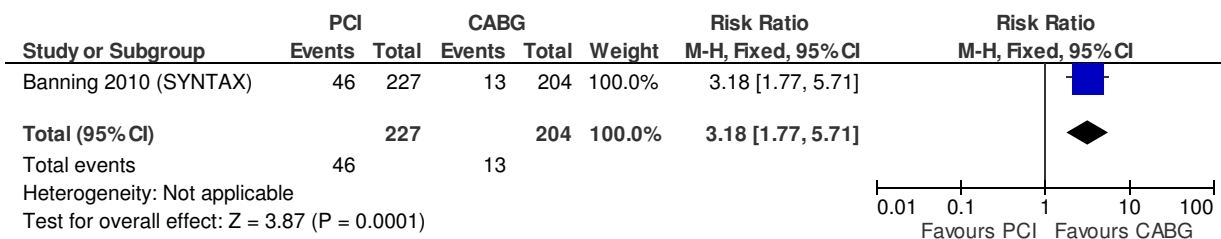
9.8 Sub group diabetes (stroke)



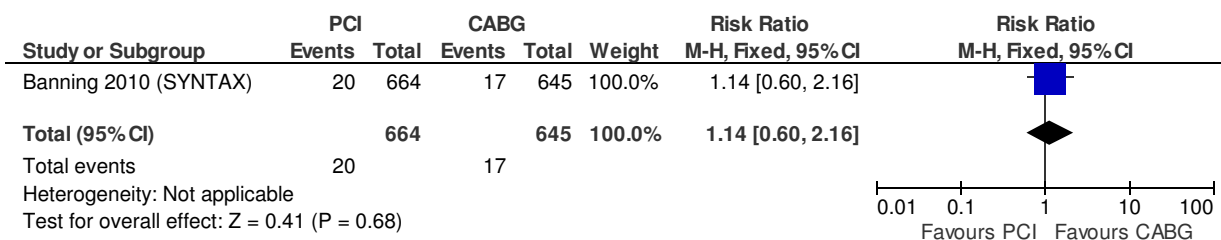
9.9 Sub group diabetes (MI)



9.10 Sub group diabetes (Repeat revascularisation)

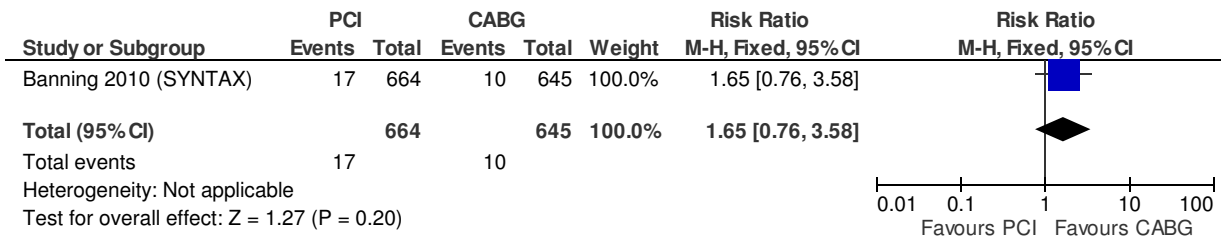


9.11 Sub group no diabetes (Death)

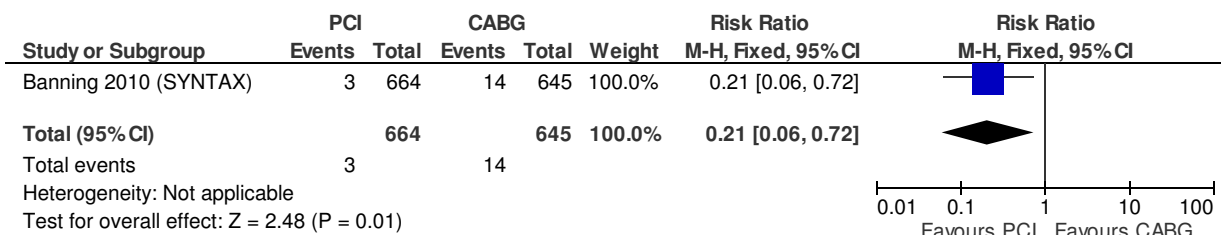


PCI versus CABG for Stable angina

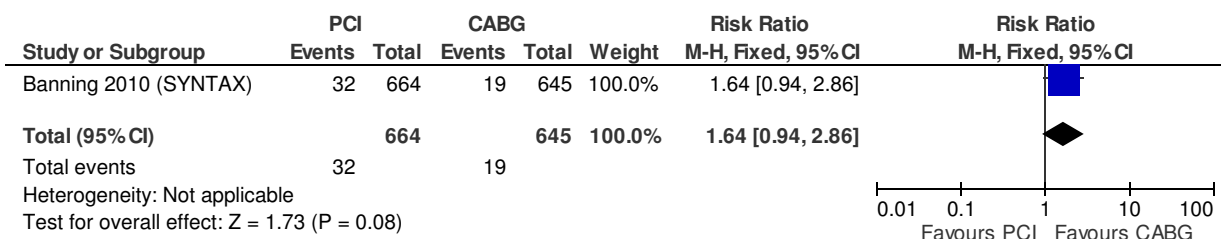
9.12 Sub group no diabetes (no cardiac death)



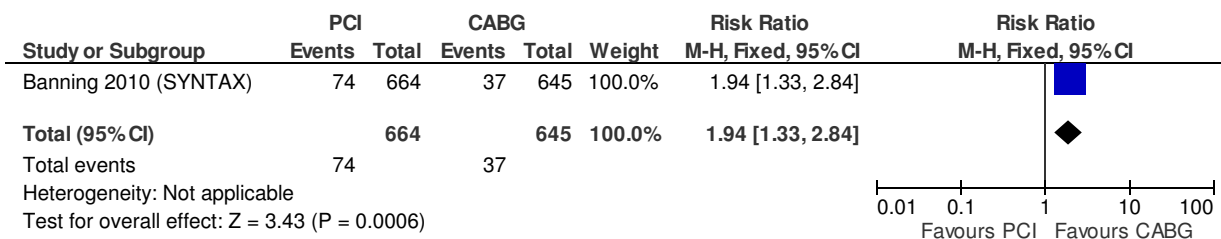
9.13 Sub group no diabetes (stroke)



9.14 Sub group no diabetes (MI)

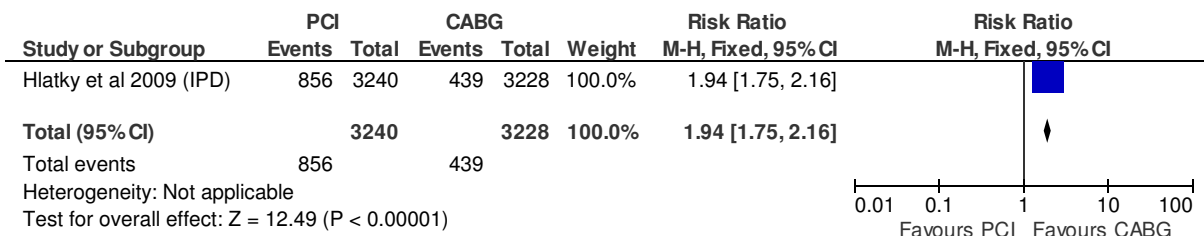


9.15 Sub group no diabetes (Repeat revasc)



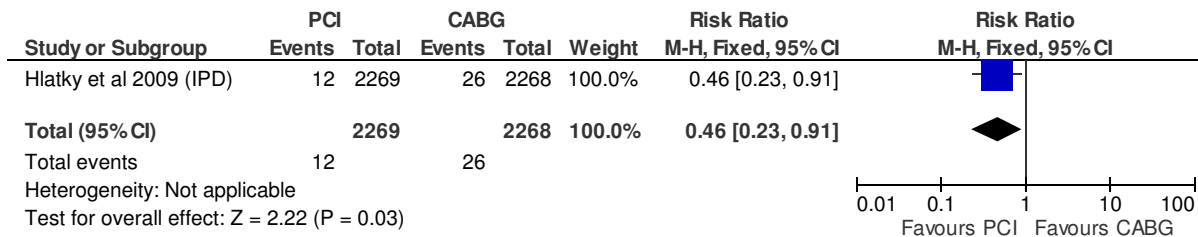
10 IPD meta analyses

10.1 Prevalance of angina



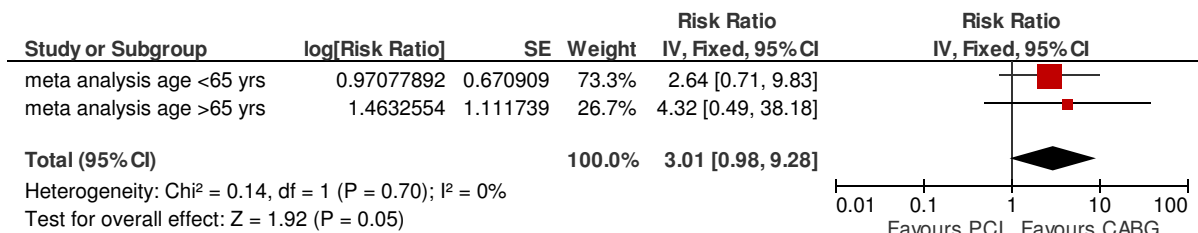
PCI versus CABG for Stable angina

10.2 Stroke (90 days)

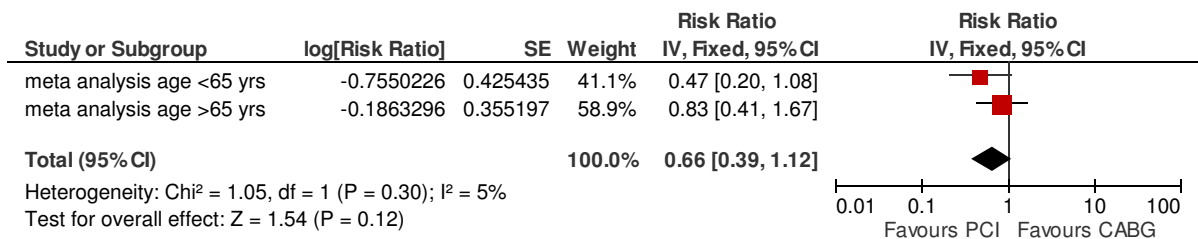


11 Sub group interaction

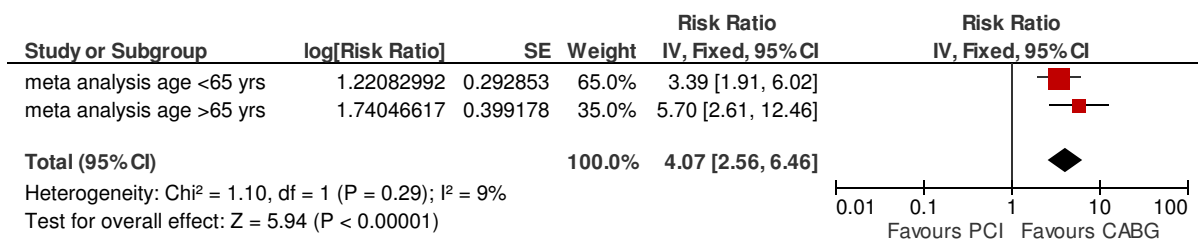
11.1 Age >65 yrs and age <65 yrs (Death) (Multi vessel short term)



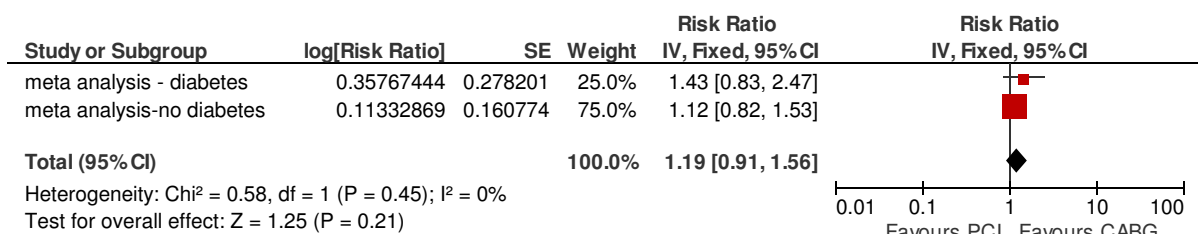
11.2 Age >65 yrs and age <65 yrs (MI) (Multi vessel short term)



11.3 Age >65 yrs and age <65 yrs (Repeat revasc) (Multi vessel short term)

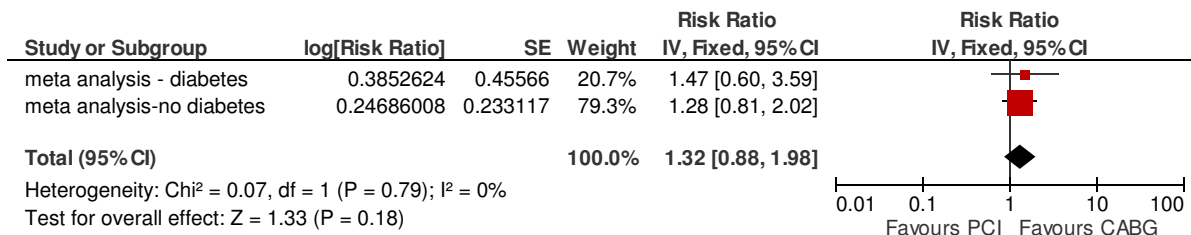


11.4 Diabetes and no diabetes (Death) (Multi vessel Long term)

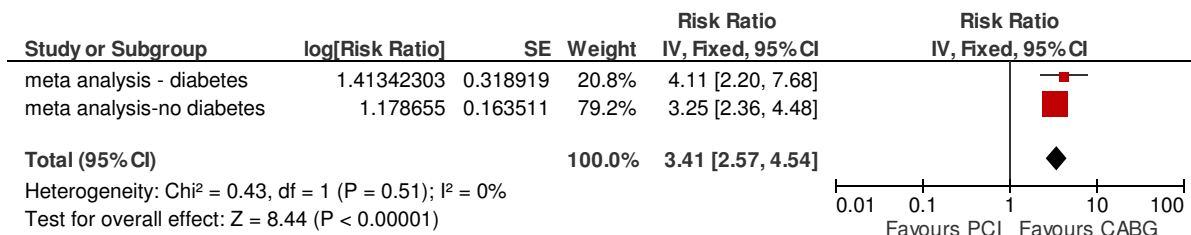


PCI versus CABG for Stable angina

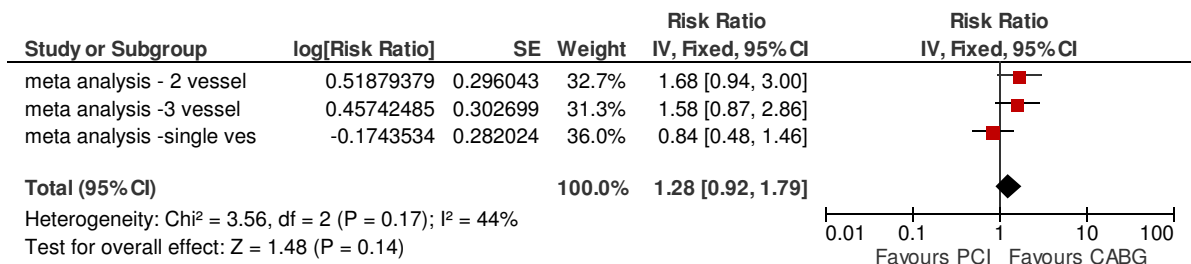
11.5 Diabetes and no diabetes (MI) (Multi vessel long term)



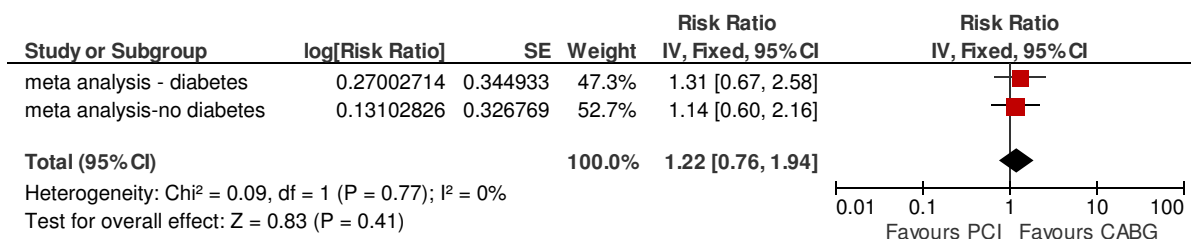
11.6 Diabetes and no diabetes (Repeat revasc) (Multi vessel long term)



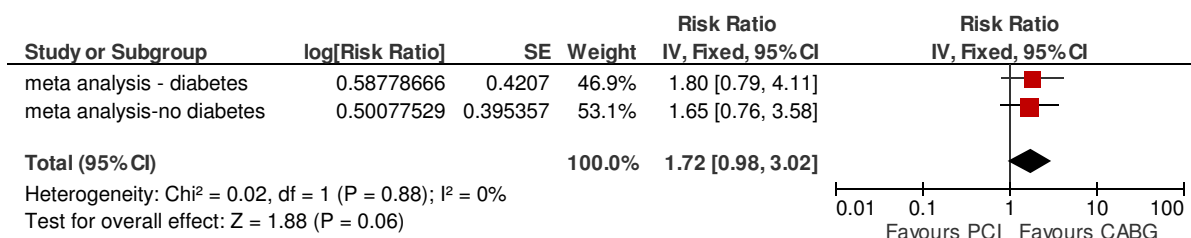
11.7 Single, 2 vessel and 3 vessel (Death) (long term)



11.8 Diabetes and no diabetes (Death) (LMD or 3 vessel-short term)

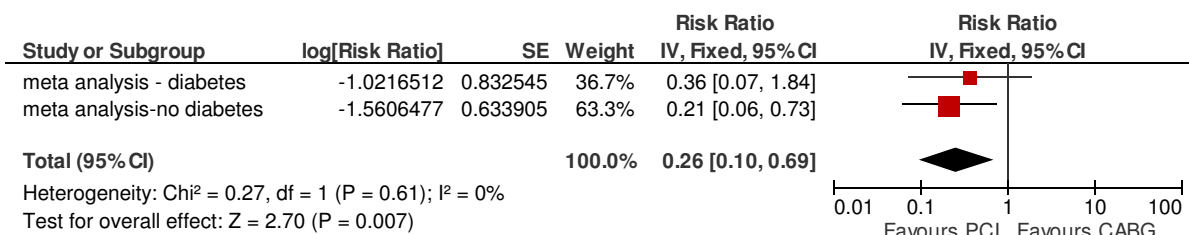


11.9 Diabetes and no diabetes (cardiac Death) (LMD or 3 ves sel -s)

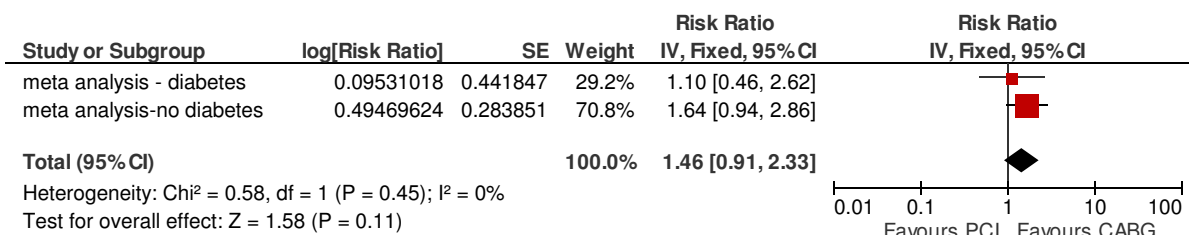


PCI versus CABG for Stable angina

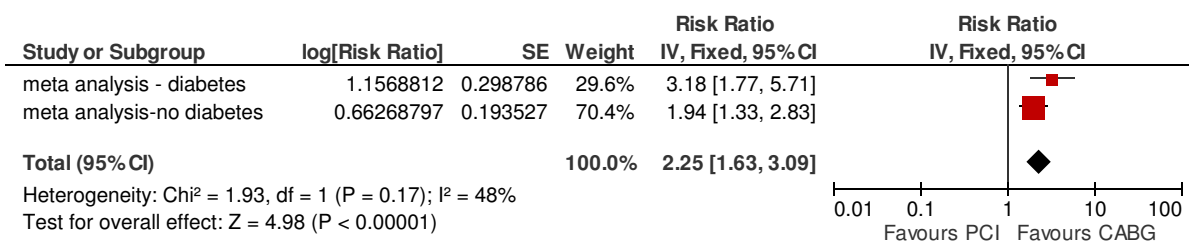
11.10 Diabetes and no diabetes (stroke) (LMD or 3 vessel short term)



11.11 Diabetes and no diabetes (MI) (LMD or 3 vessel short term)



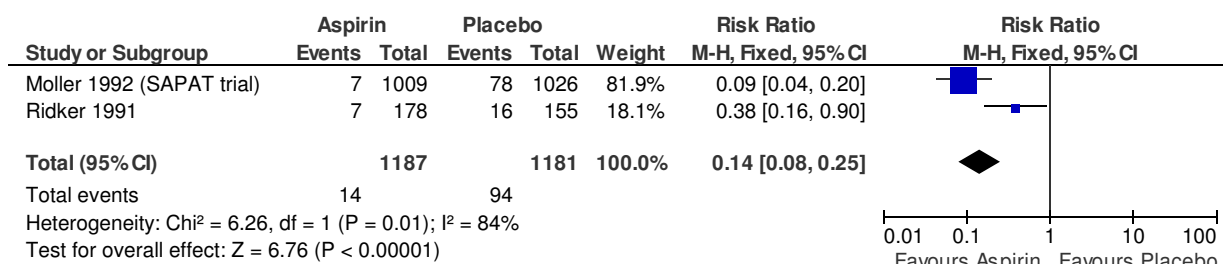
11.12 Diabetes and no diabetes (repeat revasc) (LMD or 3 vessel short term)



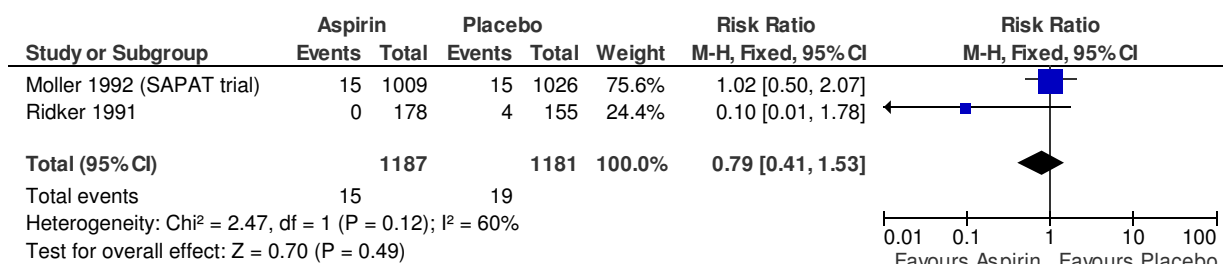
Aspirin versus Placebo for stable angina

1 Aspirin vs. Placebo

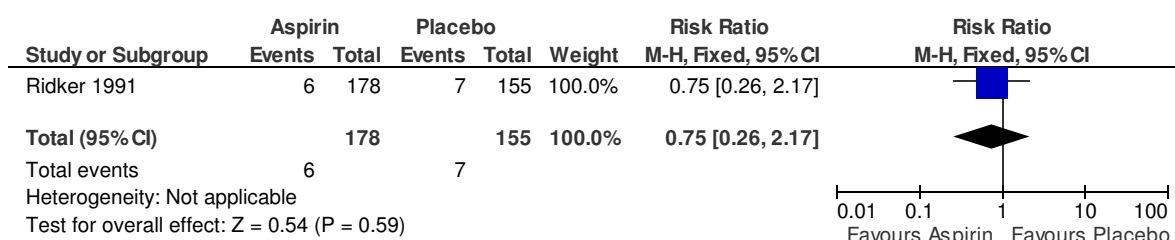
1.1 Non fatal MI (follow-up 50-60 months)



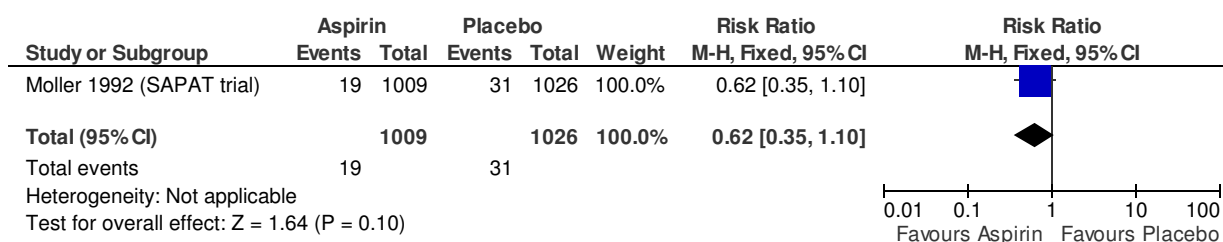
1.2 Fatal MI (follow-up 50-60 months)



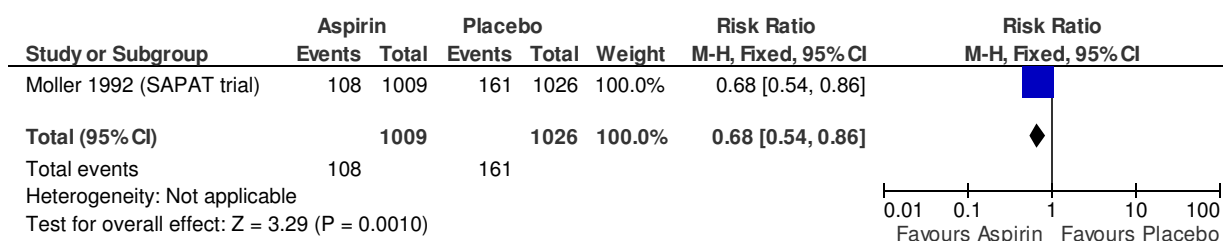
1.3 Cardiovascular death (follow-up 60.2 months)



1.4 Sudden death (follow-up median 50 months)

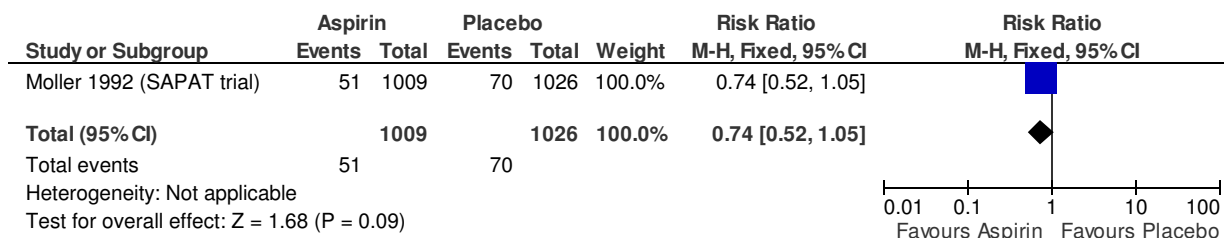


1.5 Vascular events (follow-up median 50 months)

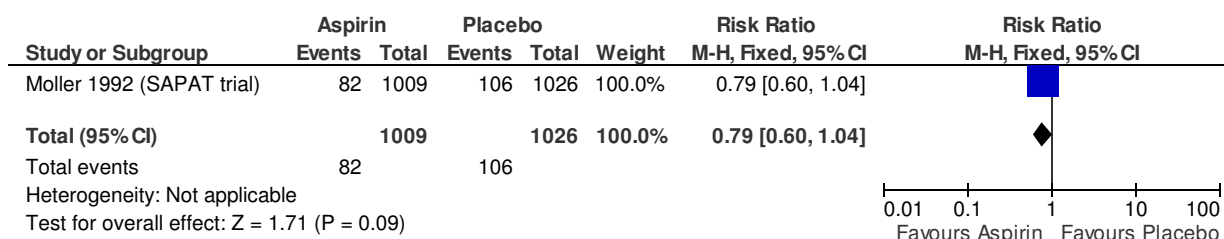


Aspirin versus Placebo for stable angina

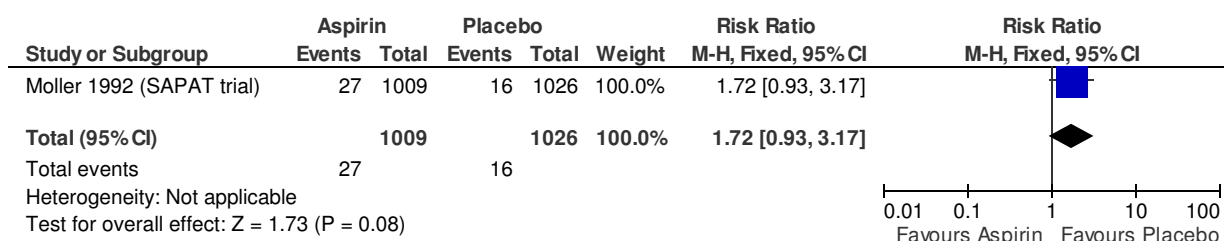
1.6 Vascular deaths (follow-up median 50 months)



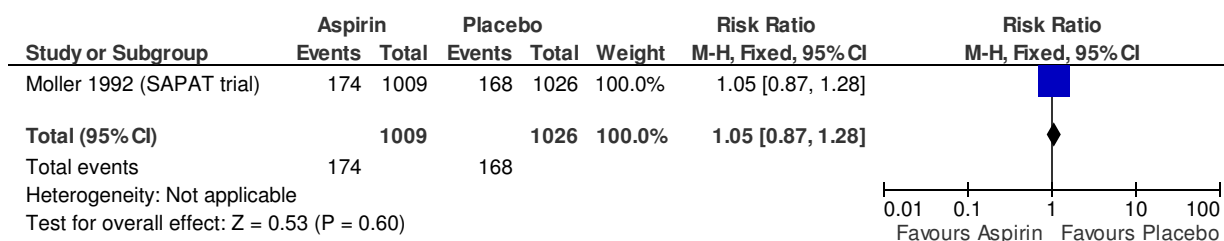
1.7 All cause mortality (follow-up median 50 months)



1.8 Haemorrhagic adverse events (follow-up median 50 months)



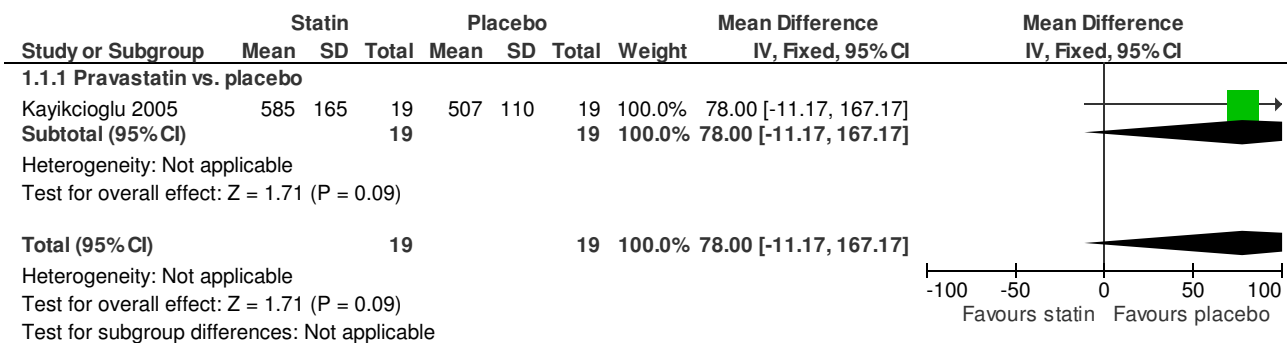
1.9 Non haemorrhagic adverse events (follow-up median 50 months)



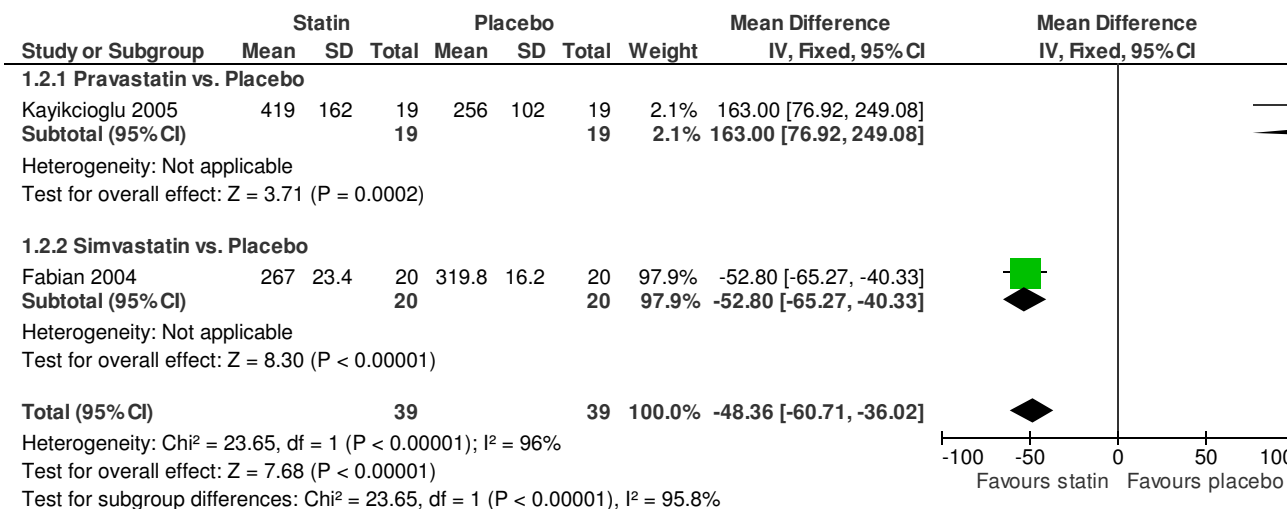
Statins for stable angina

1 Statins vs. Placebo

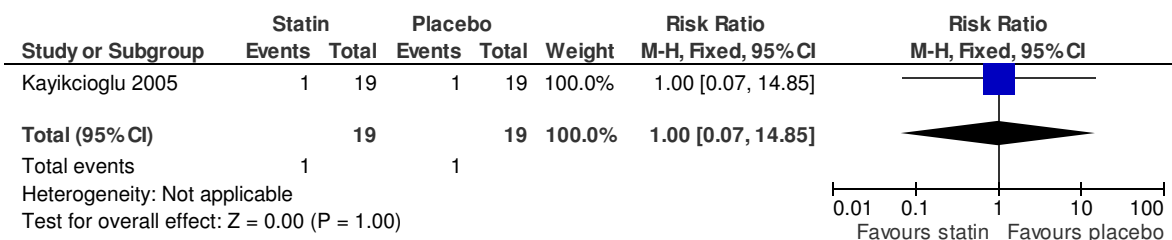
1.1 Total exercise time (Sec)



1.2 Time to 1mm ST depression (Sec)

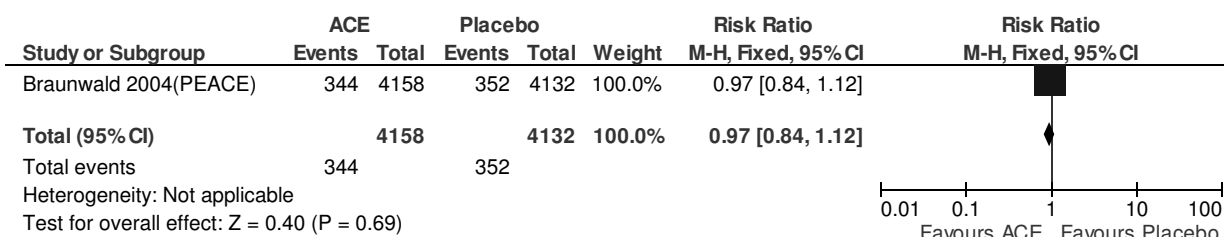


1.3 Hospitalisation for worsening of angina

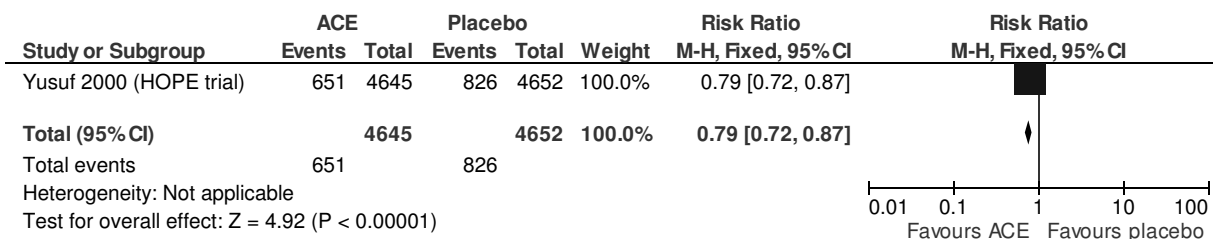


1 ACE +background medication vs. Placebo +background medication

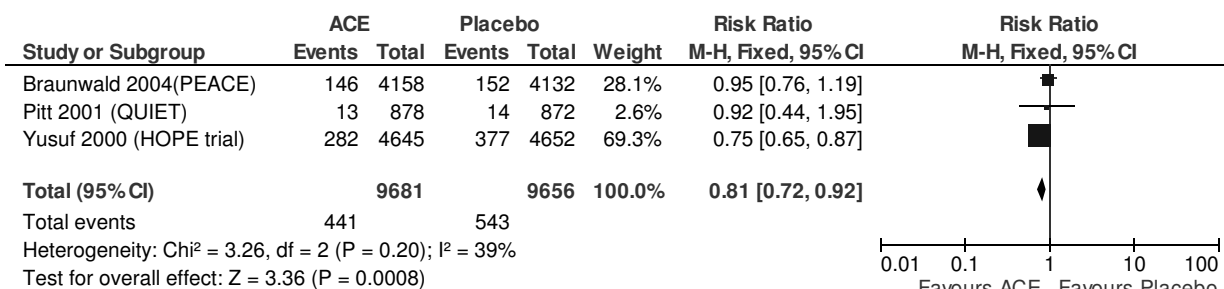
1.1 Combined (death from cv causes or non fatal MI)



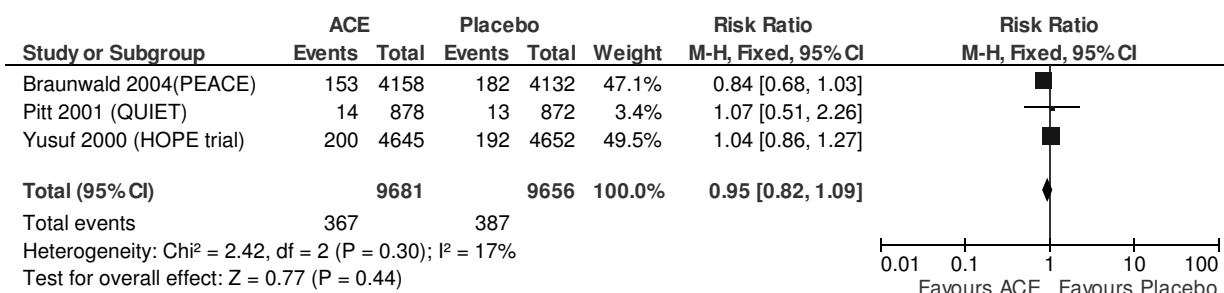
1.2 Combined (MI, stroke, or death from CV causes)



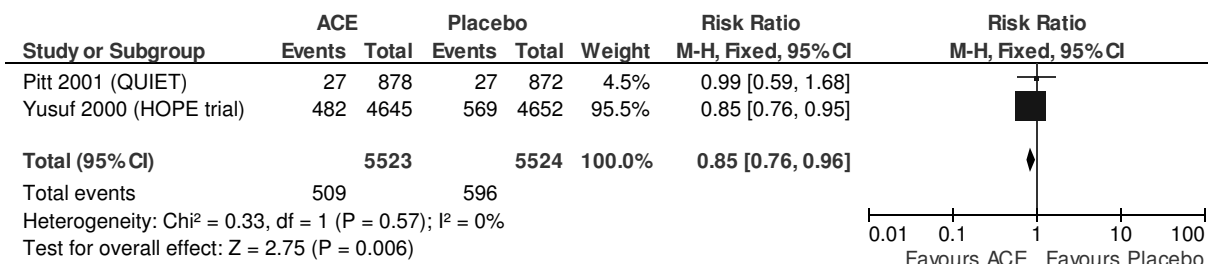
1.3 Death from cardio vascular causes



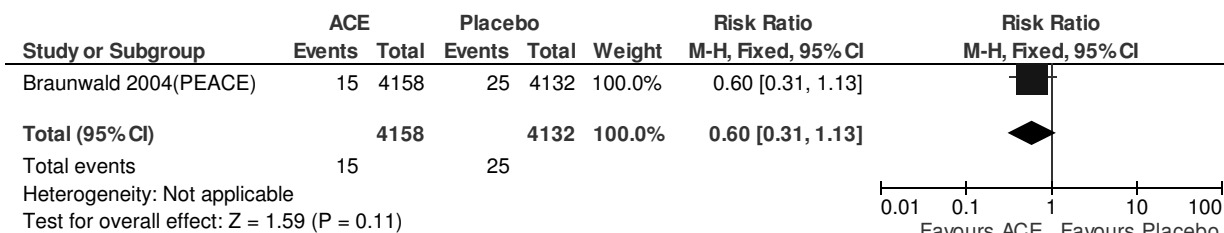
1.4 Death from non cardiovascular or unknown causes



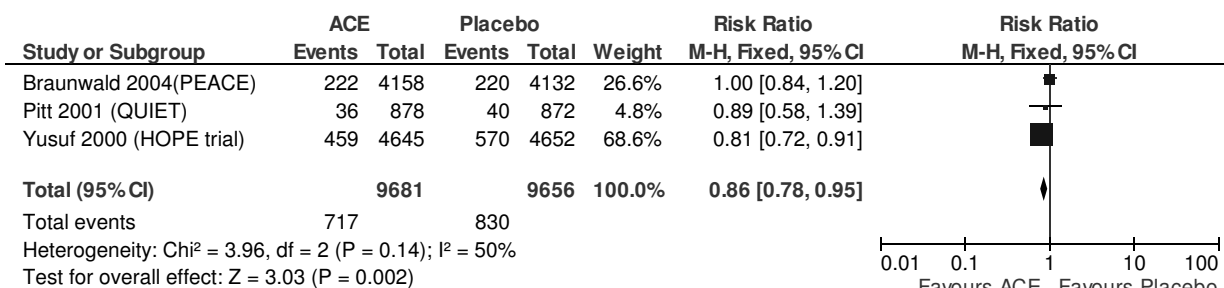
1.5 All causes death



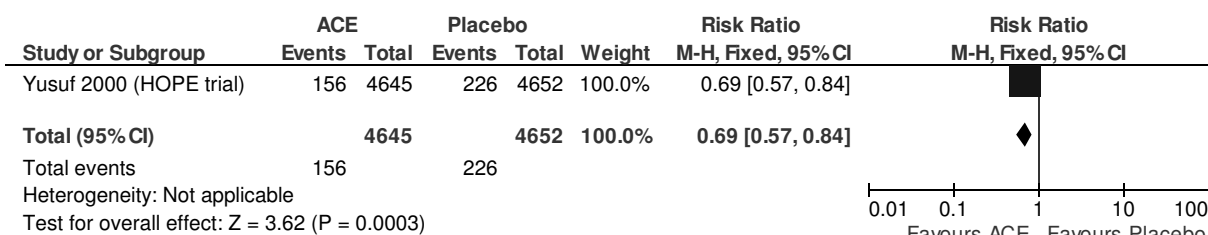
1.6 Death from CHF



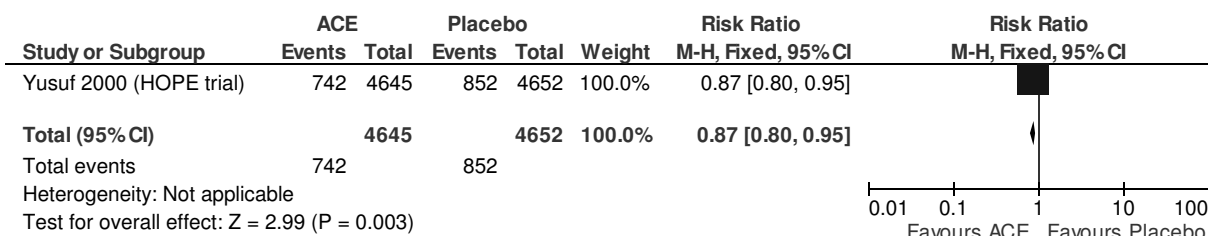
1.7 Non fatal MI (MI in HOPE trial)



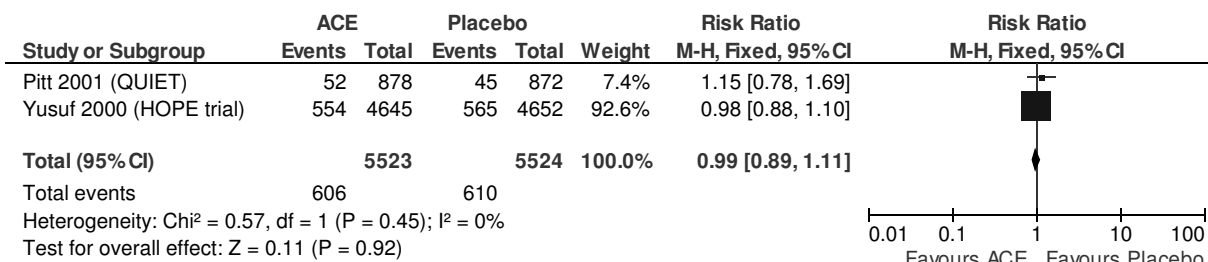
1.8 Stroke



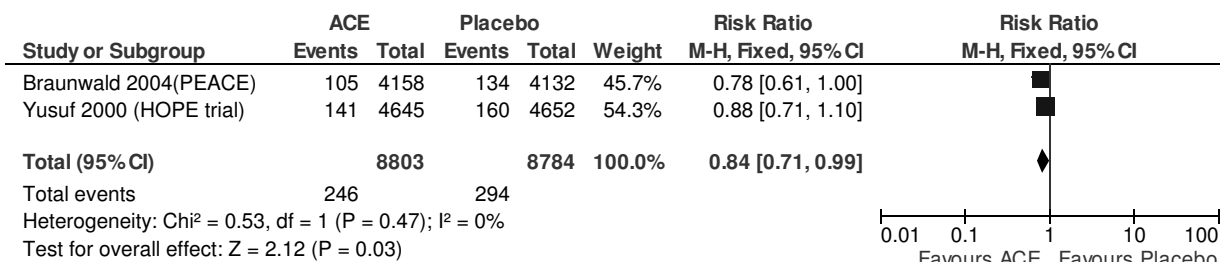
1.9 Revascularisation



1.10 Hospitalised with unstable angina

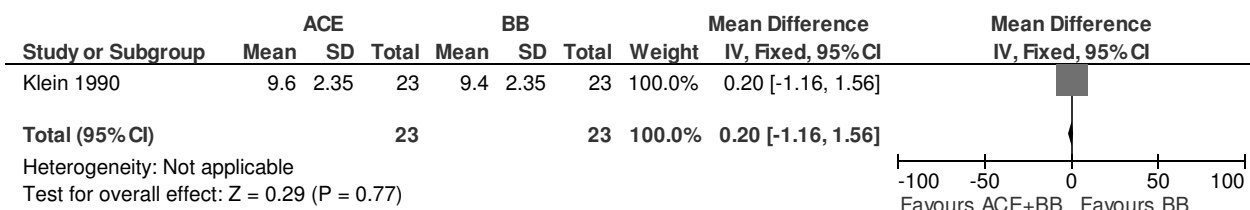


1.11 Hospitalisation due to CHF

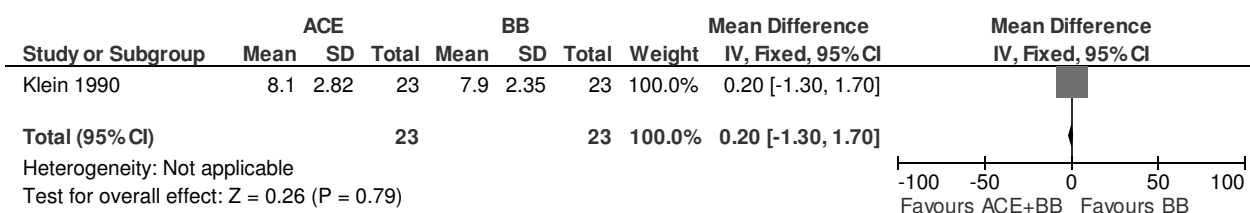


2 ACE+BB vs. BB

2.1 Exercise time (min)

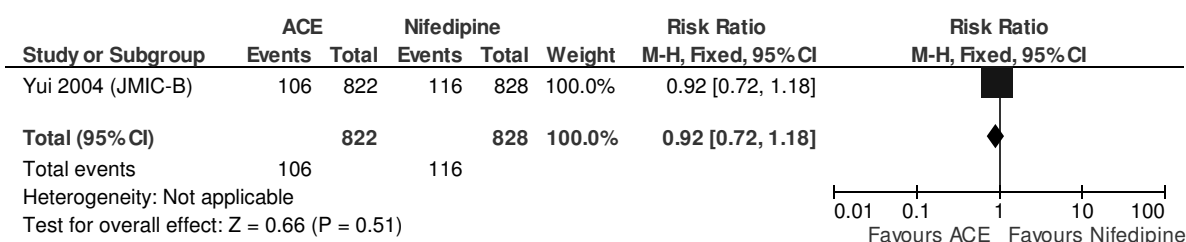


2.2 Time to 1mm ST segment depression (min)

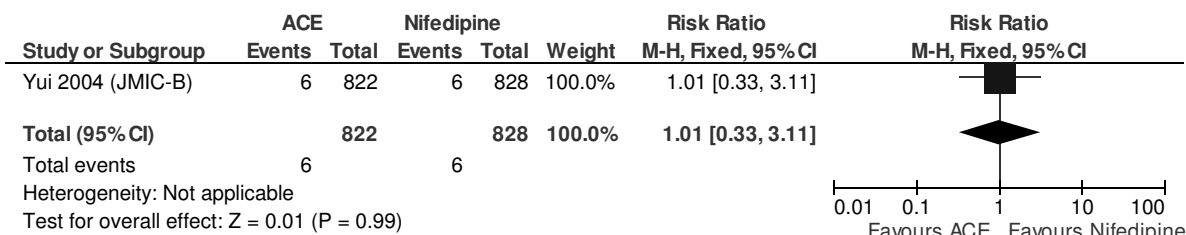


3 ACE +background medication vs. Nifedipine + background medication

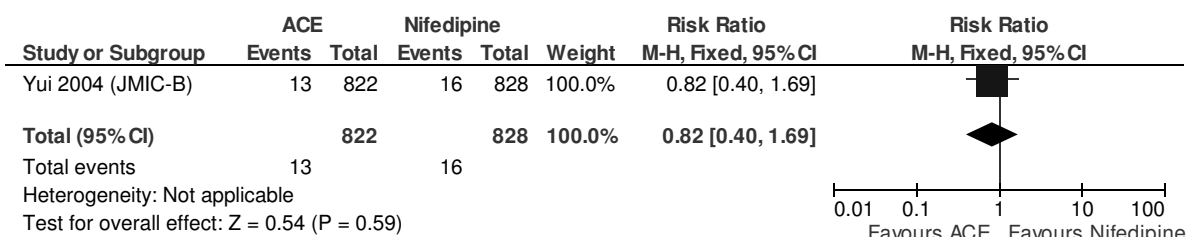
3.1 Combined Cardiac events



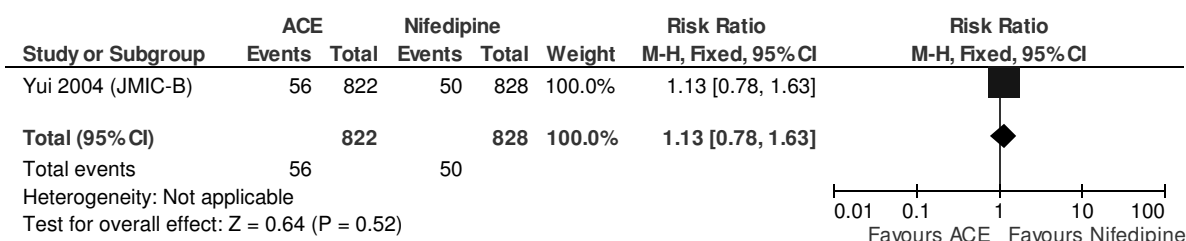
3.2 sudden death or cardiac death



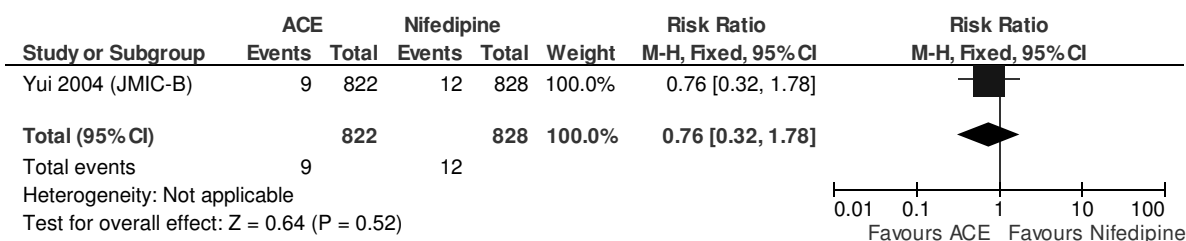
3.3 MI



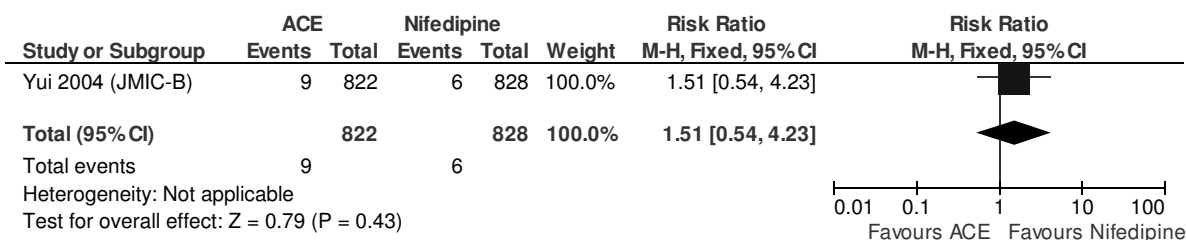
3.4 Hospitalisation for angina pectoris



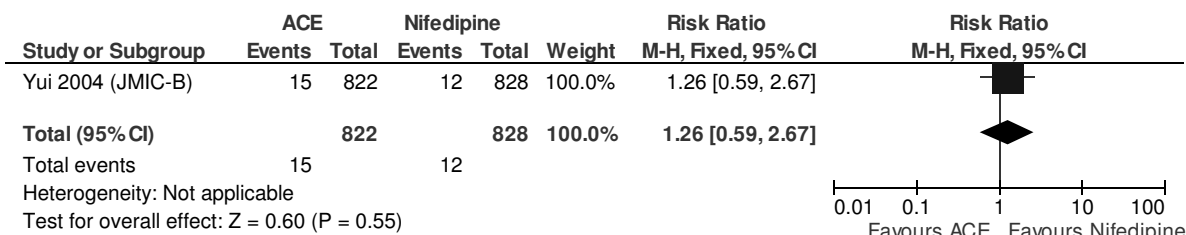
3.5 Hospitalisation for HF



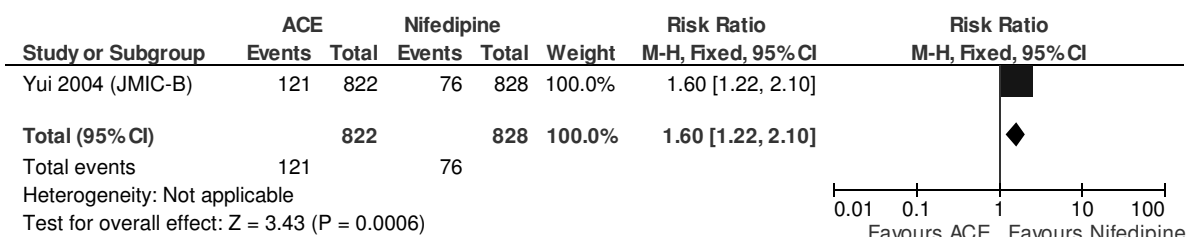
3.6 Non cardiac death



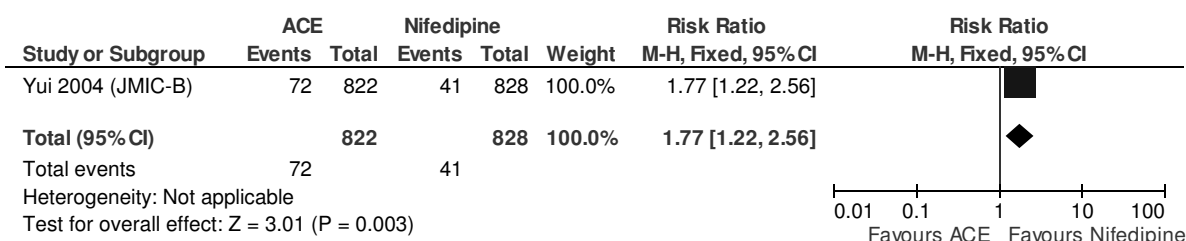
3.7 Total mortality



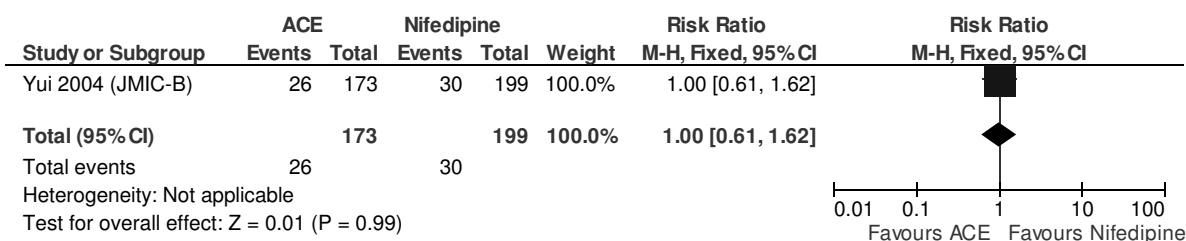
3.8 Adverse events



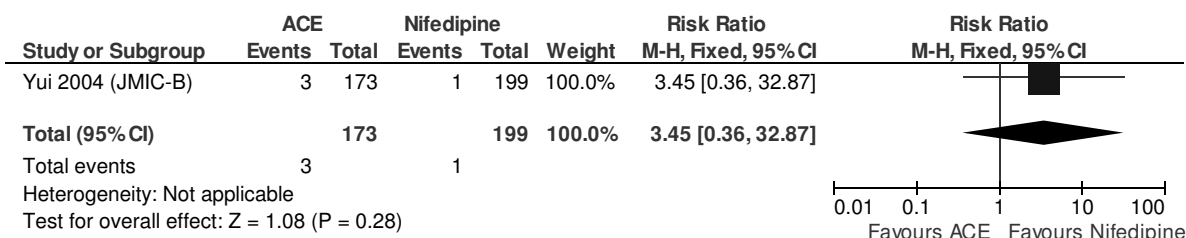
3.9 Withdrawal due to adverse effects



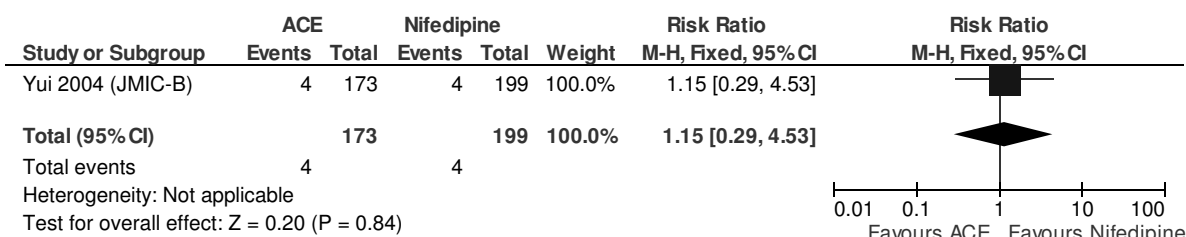
3.10 Diabetes sub group (combined cardiac events)



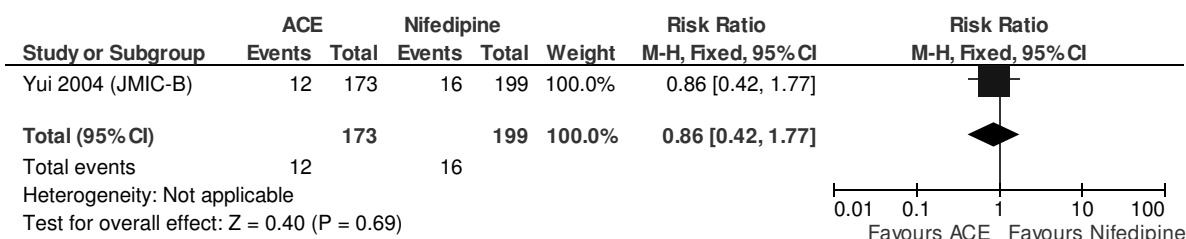
3.11 Diabetes sub group (cardiac death or sudden death)



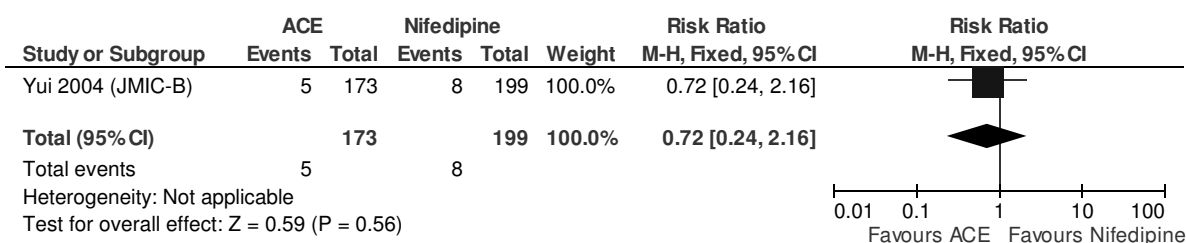
3.12 Diabetes sub group (MI)



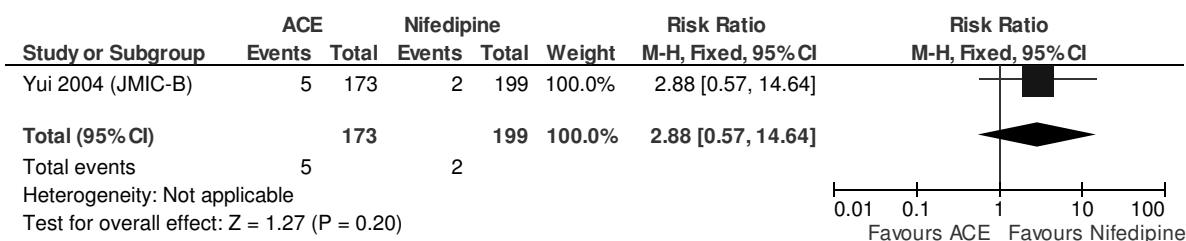
3.13 Diabetes sub group (hospitalisation for angina pectoris)



3.14 Diabetes sub group (Hospitalisation for HF)

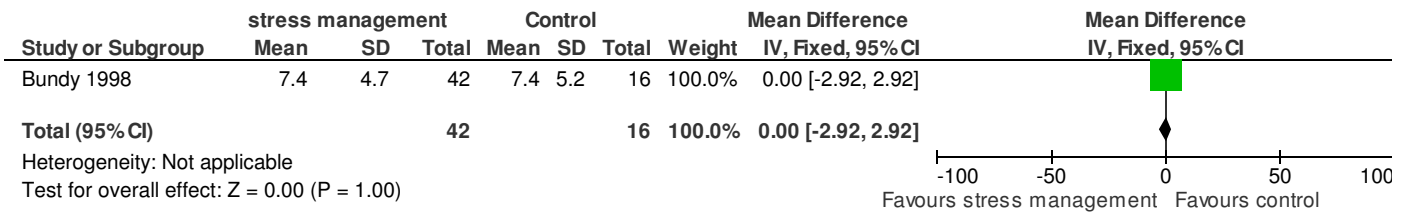


3.15 Diabetes sub group (Total mortality)

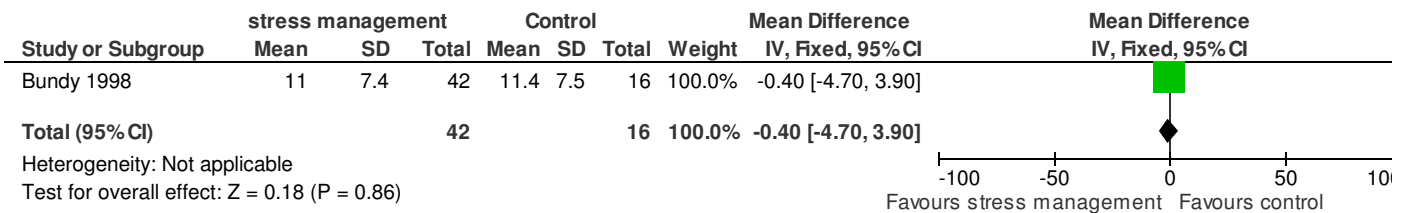


1 Stress management vs. routine care control

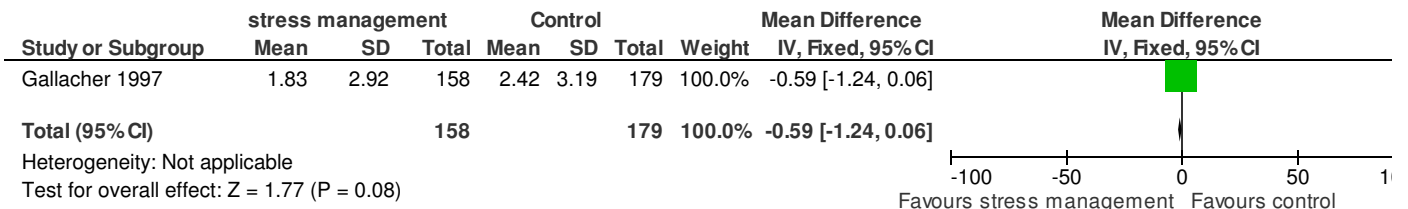
1.1 Frequency of angina (average no. of daily attacks) (8 weeks)



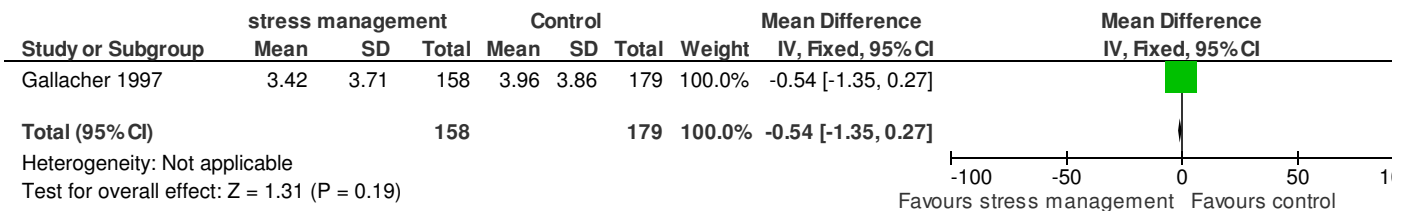
1.2 Average duration of angina per attack (mins) (8 weeks)



1.3 Frequency of chest pain at rest (days per fortnight) (6 months)

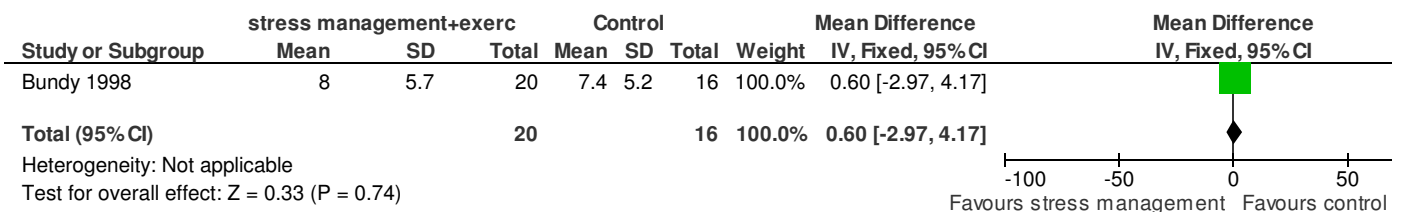


1.4 Frequency of chest pain on exertion (days per fortnight) (6 months)

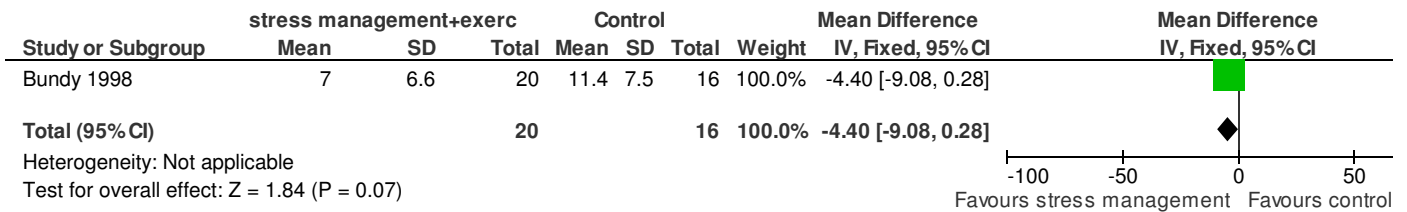


2 Stress management + exercise vs. routine care control (8 weeks)

2.1 Frequency of angina (average no. of daily attacks)

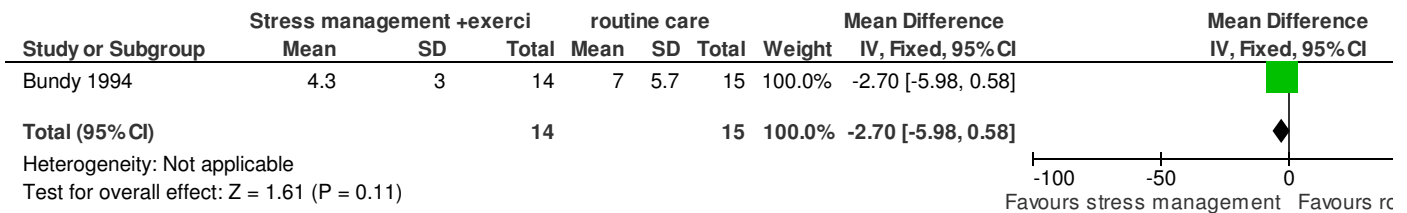


2.2 Duration of angina (min)

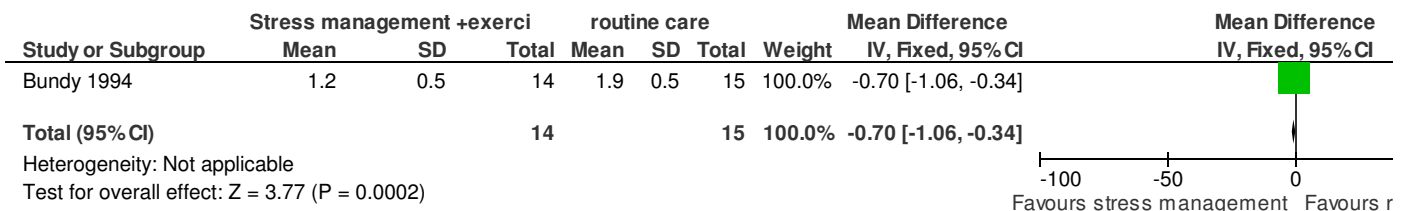


3 Stress management + exercise vs. routine care (8 weeks) (change scores)

3.1 Frequency of angina

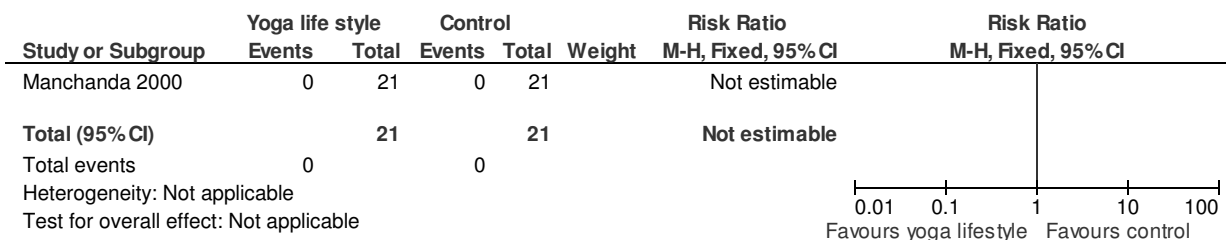


3.2 Duration of angina

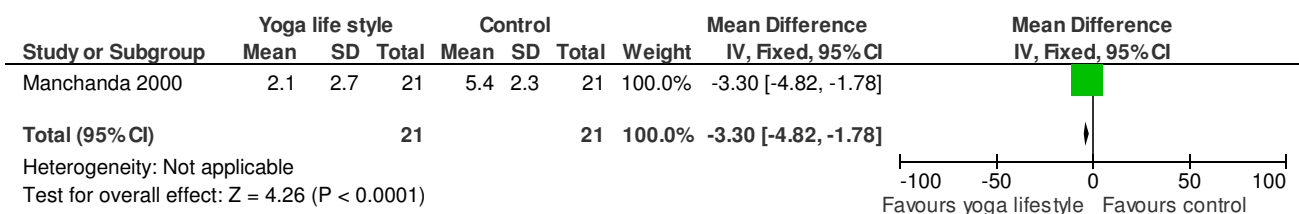


4 Yoga life style intervention programme vs. Control (1 year)

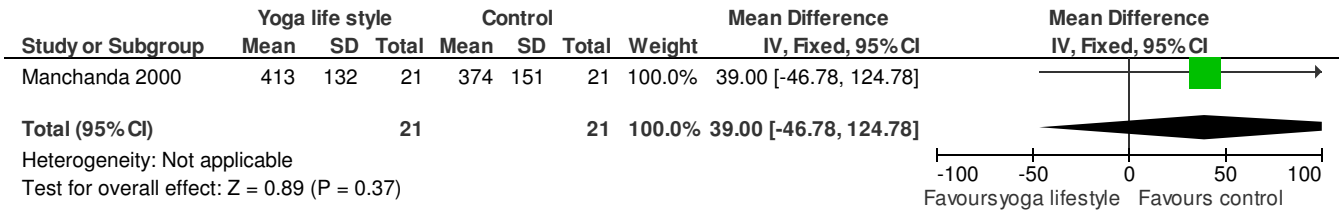
4.1 Mortality



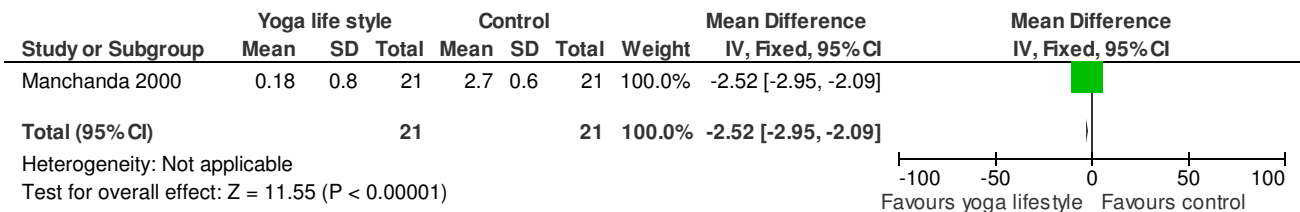
4.2 Angina episodes per week



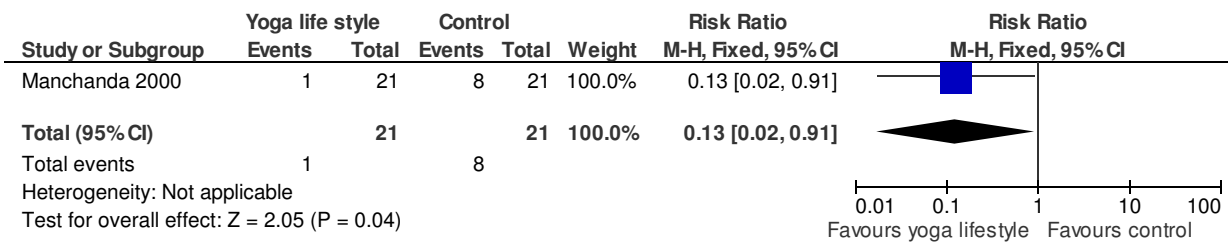
4.3 Exercise duration (sec)



4.4 ST segment depression (mm)

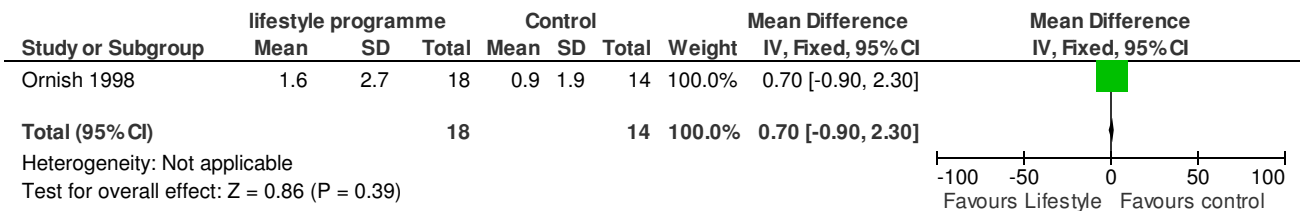


4.5 Revascularisation

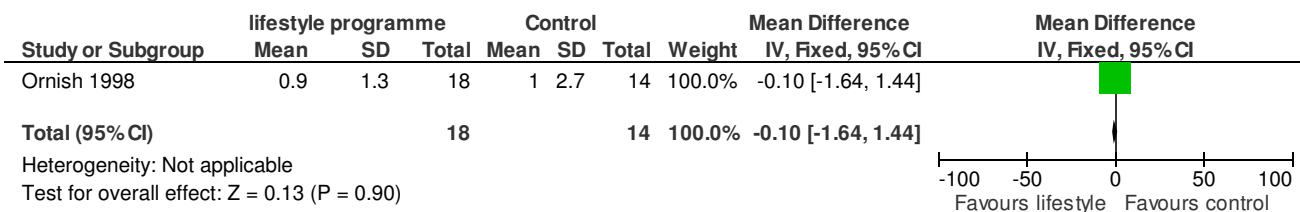


5 Intensive lifestyle programme vs. control (5 years)

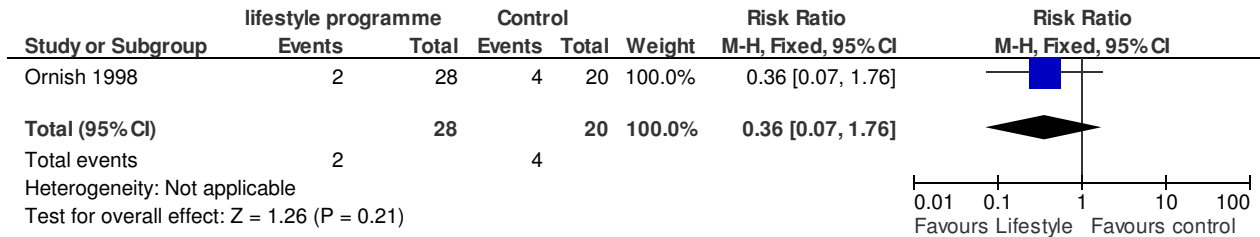
5.1 Angina frequency (times per week)



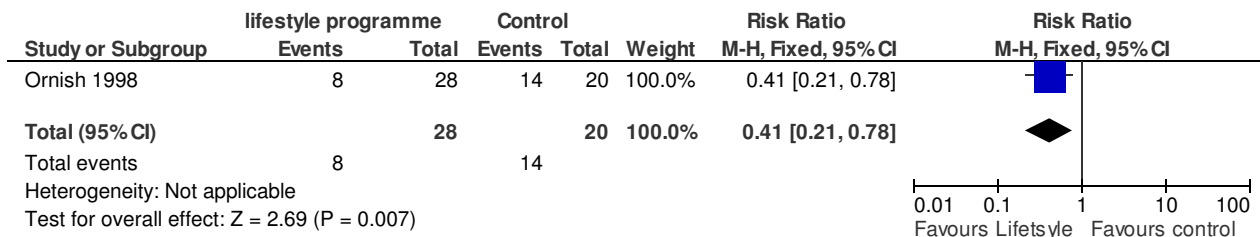
5.2 chest pain duration (min)



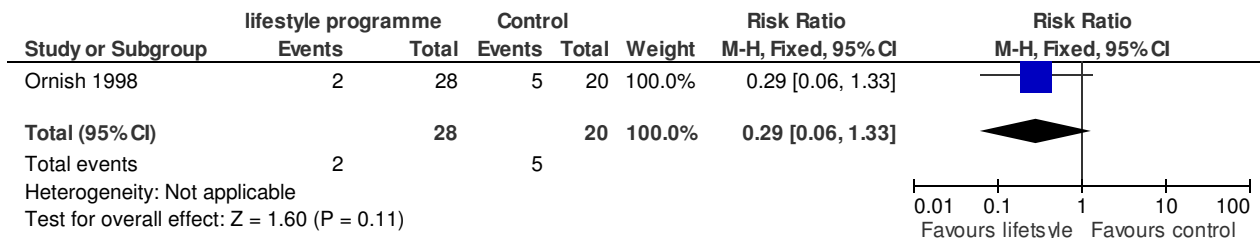
5.3 MI



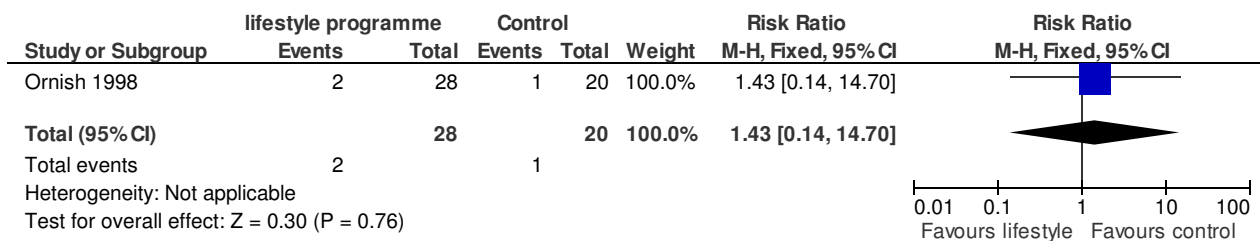
5.4 PTCA



5.5 CABG

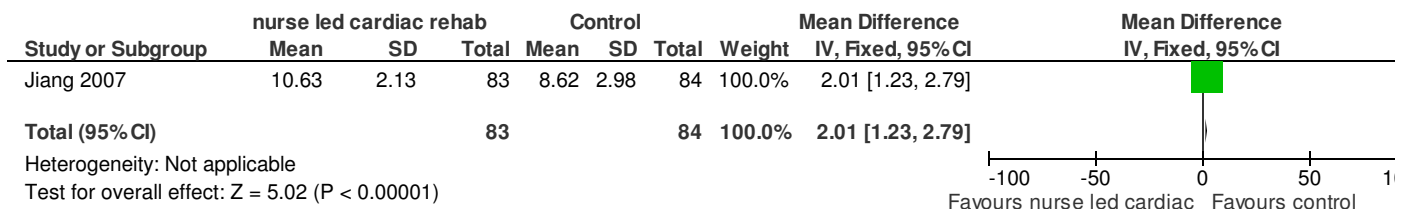


5.6 Death



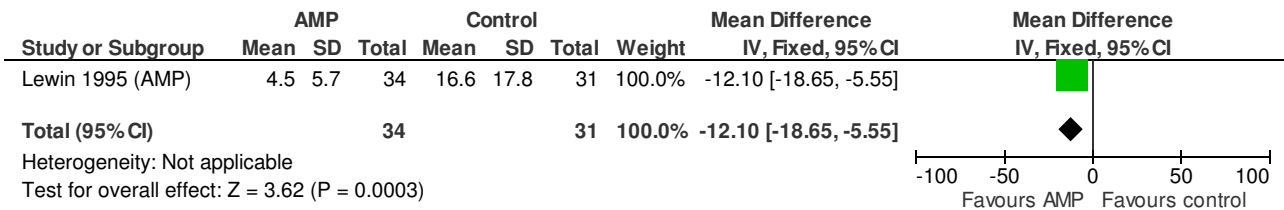
6 Nurse led cardiac rehab vs. routine care (6 months)

6.1 Walking performance (Jenkins activity checklist for walking)

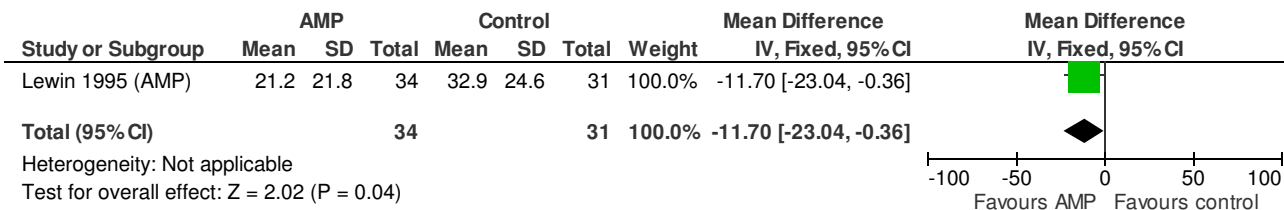


7 Angina management programme (AMP) vs. control (at the end of 8 week treatment period)

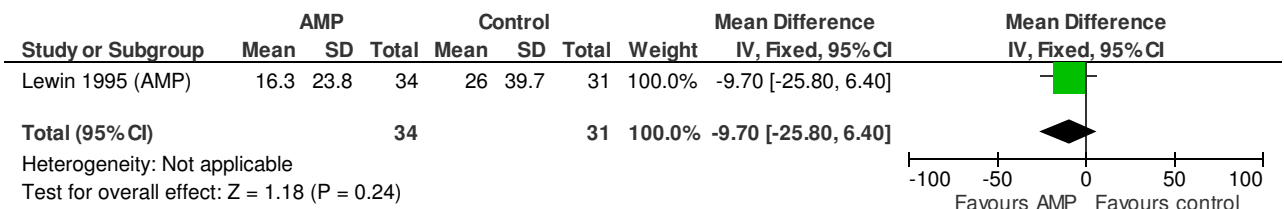
7.1 Mean no. of Episodes of angina per week



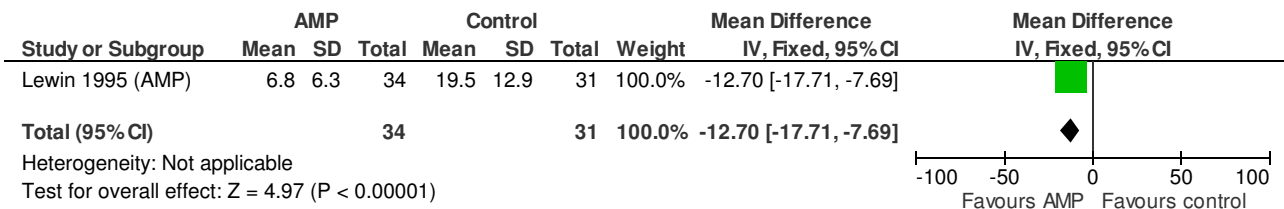
7.2 Severity of angina (self rated out of 100 with scores being worse)



7.3 Duration of angina (mins)

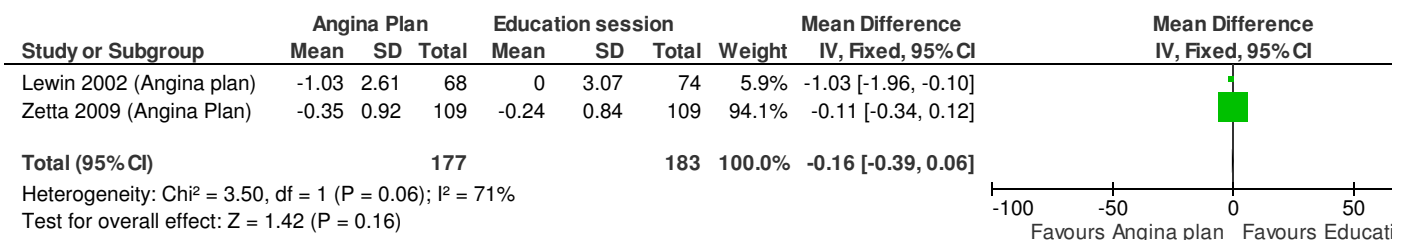


7.4 Disability (Sickness Impact Profile) (100 being completely medically dependent and 0 indicating no measurable impairment)

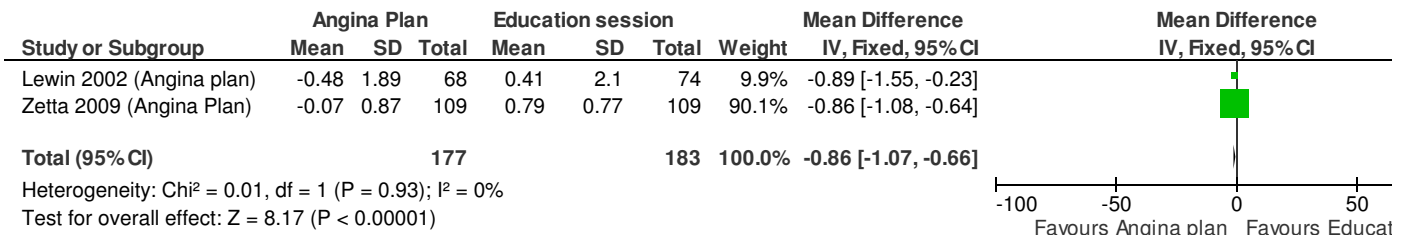


8 Angina Plan vs. Education session (6 months) (all of the outcomes below report change scores)

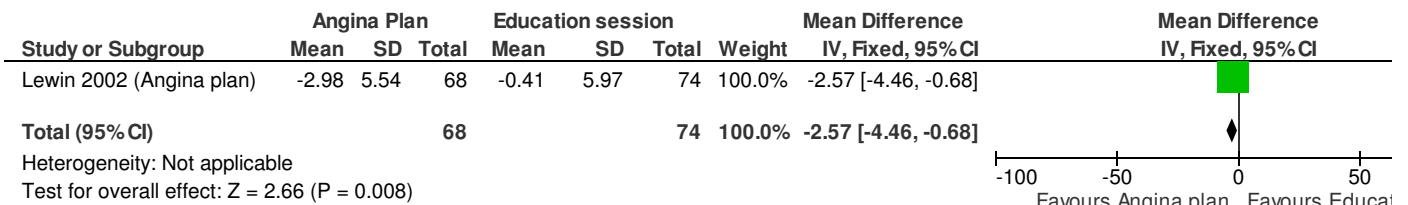
8.1 Anxiety (HAD scale) (scores between 8 and 10 indicate borderline presence of anxiety)



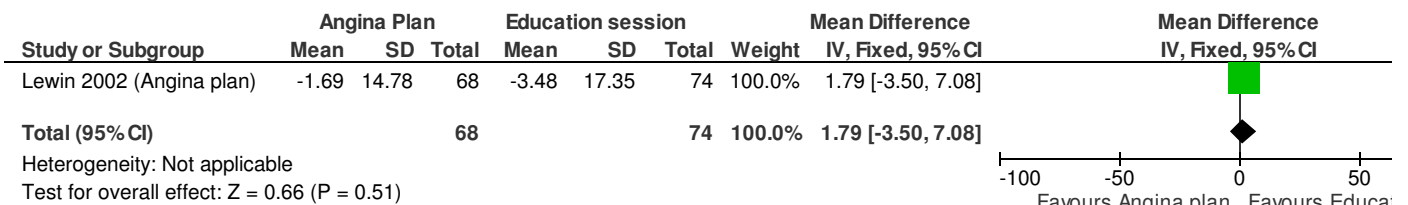
8.2 Depression (HAD scale) (scores between 8 and 10 indicate borderline presence of depression)



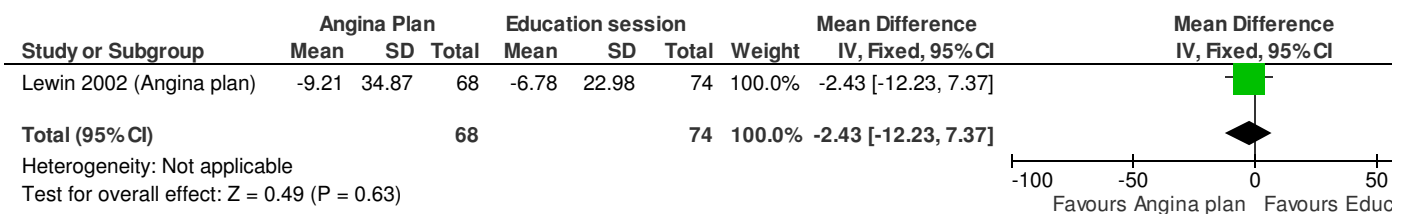
8.3 Angina attacks per week



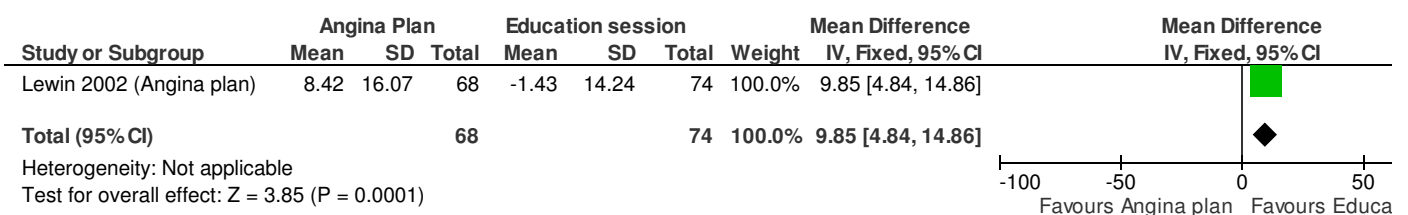
8.4 Mean pain score



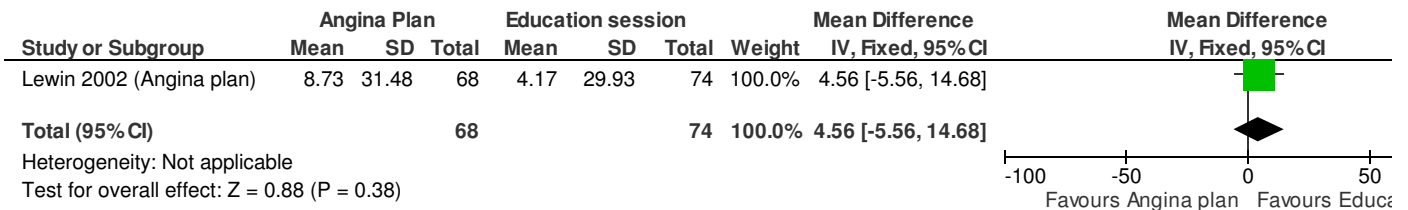
8.5 Mean duration of pain



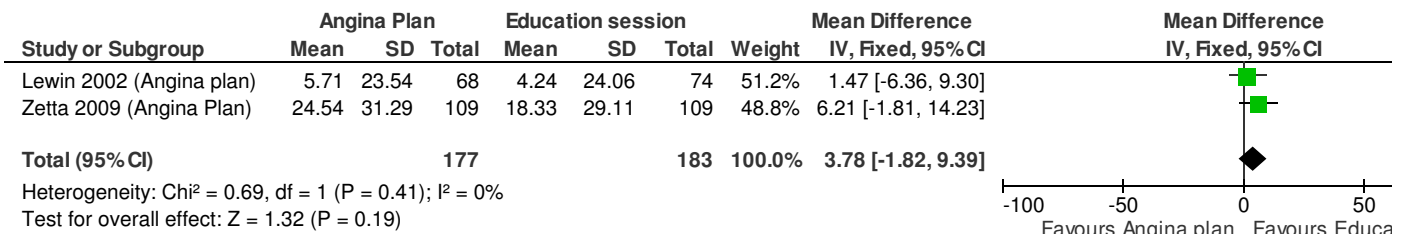
8.6 Physical limitation (Seattle Angina questionnaire) (0 to 100 scale with higher scores indicating better functioning)



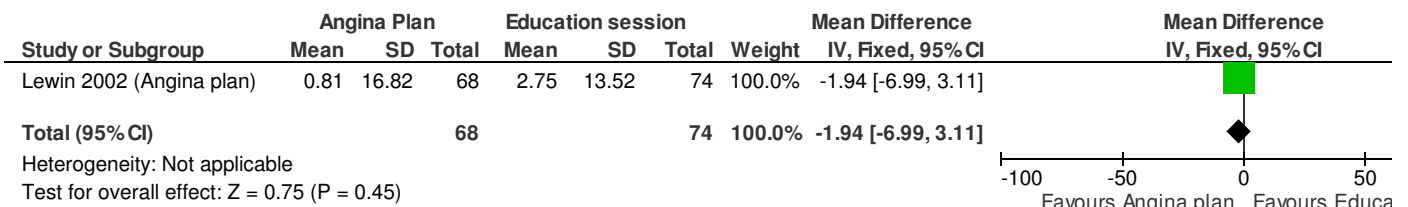
8.7 Angina stability (Seattle Angina questionnaire)(0 to 100 scale with higher scores indicating better functioning)



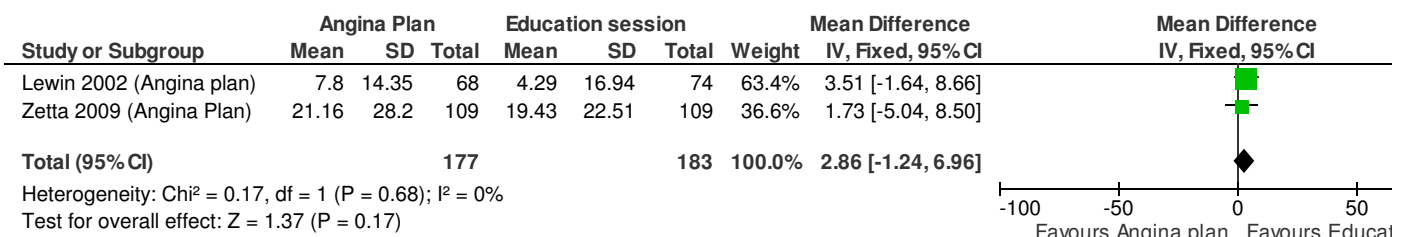
8.8 Angina frequency (Seattle Angina questionnaire)(0 to 100 scale with higher scores indicating better functioning)



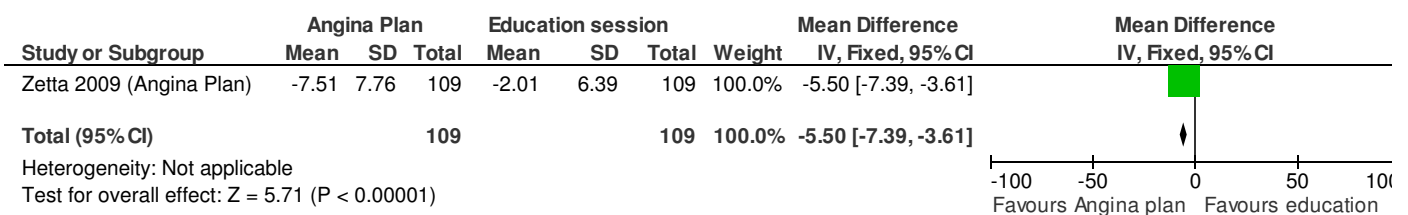
8.9 Treatment satisfaction (Seattle Angina questionnaire)(0 to 100 scale with higher scores indicating better functioning)



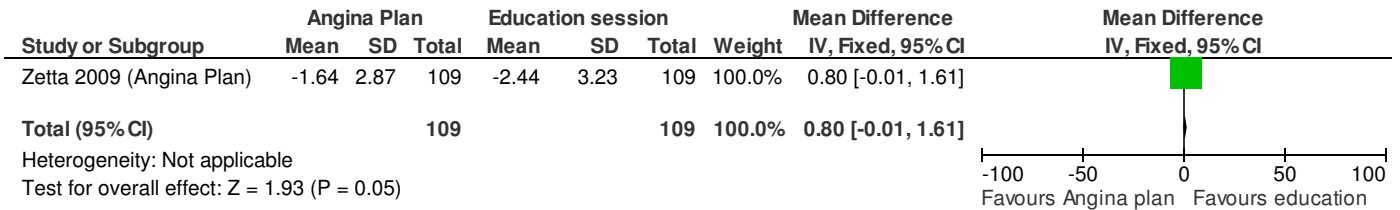
8.10 Disease perception (Seattle Angina questionnaire)(0 to 100 scale with higher scores indicating better functioning)



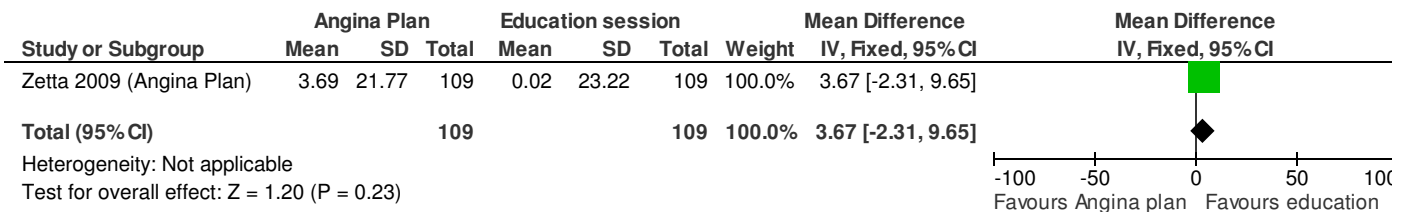
8.11 Misconceptions/knowledge



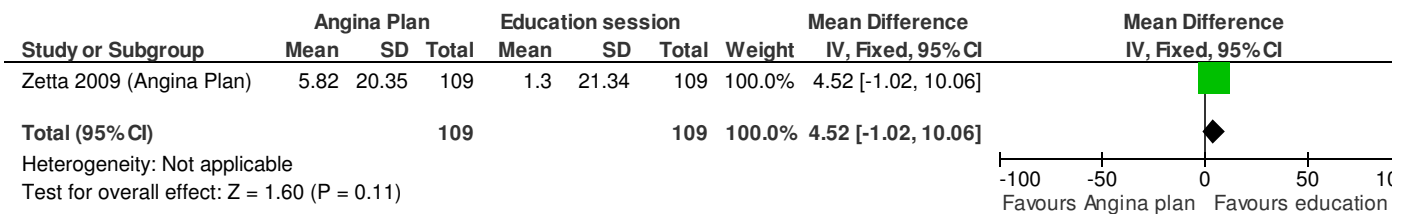
8.12 CLASP angina



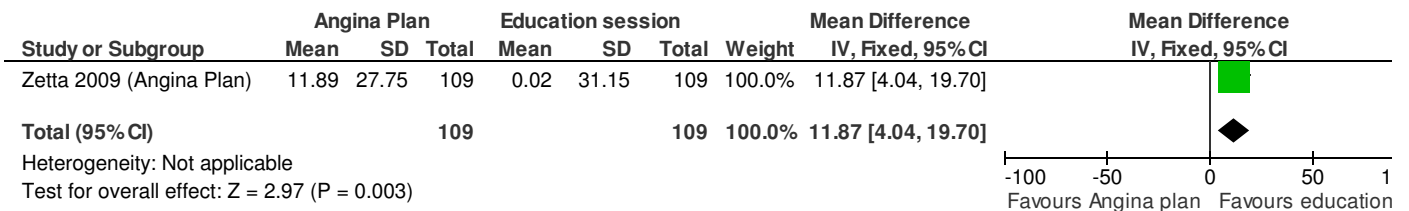
8.13 Physical function (SF-36) (scores between 0 to 100 with higher scores representing better health status)



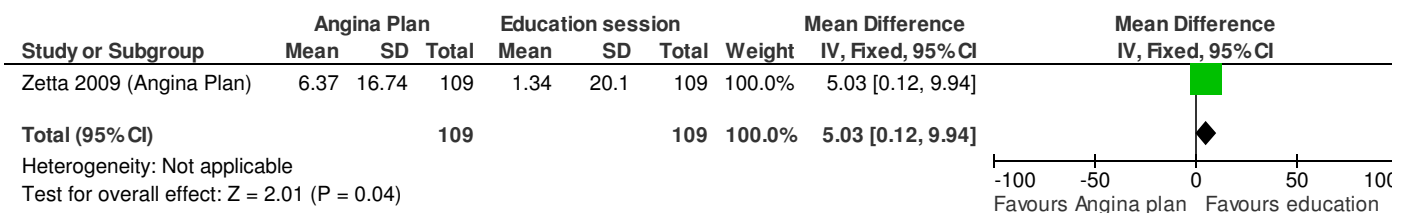
8.14 Energy and vitality (SF-36)(scores between 0 to 100 with higher scores representing better health status)



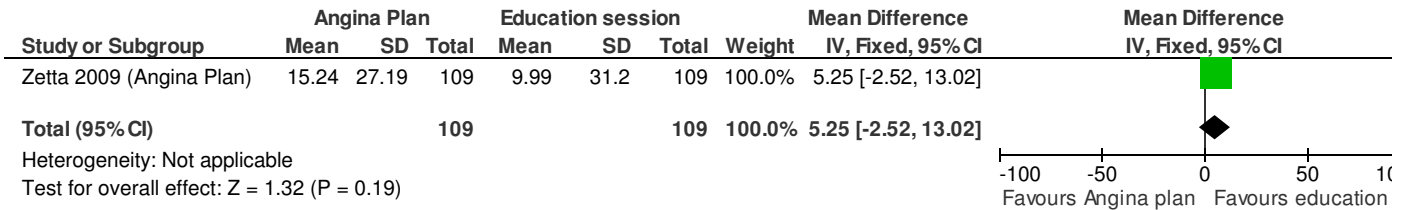
8.15 Pain (SF-36)(scores between 0 to 100 with higher scores representing better health status)



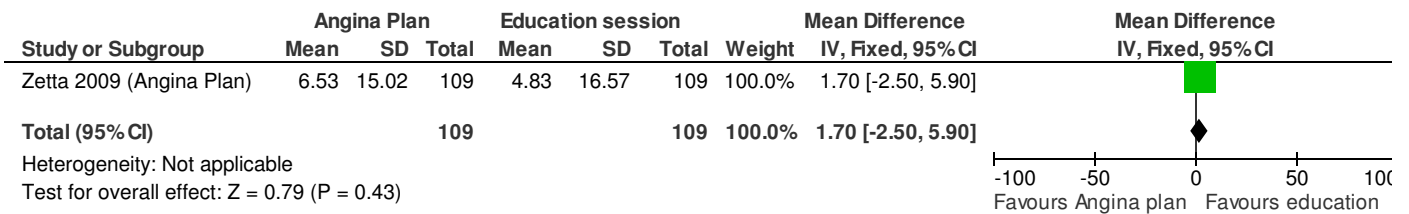
8.16 GH perception (SF-36)(scores between 0 to 100 with higher scores representing better health status)



8.17 Change in health (SF-36)(scores between 0 to 100 with higher scores representing better health status)



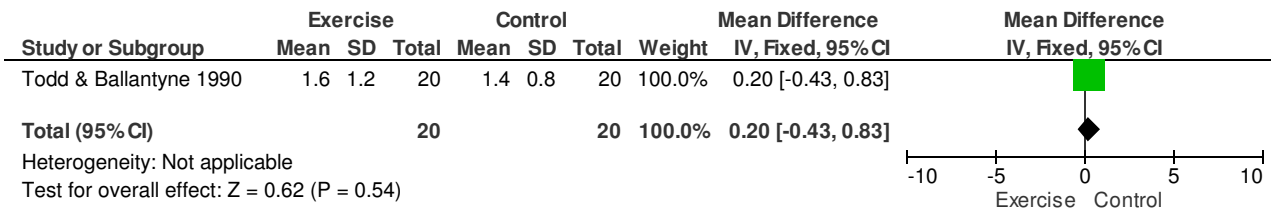
8.18 SEI QOL- DW QOL score (overall score ranging from 0-100 with higher scores reflecting better quality of life)



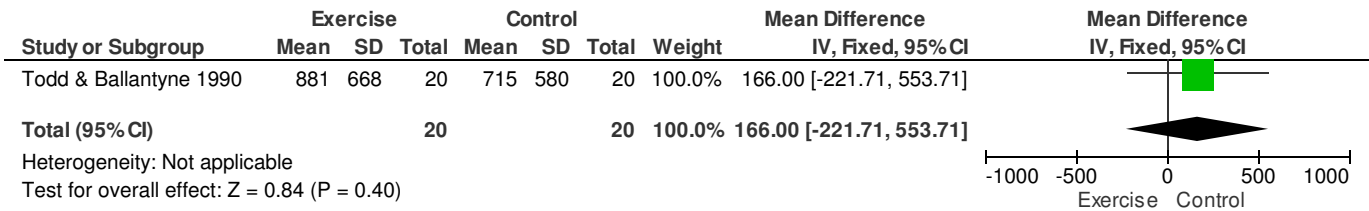
Exercise programme and Health Education for stable angina

1 Exercise (1 year intensive) vs Control

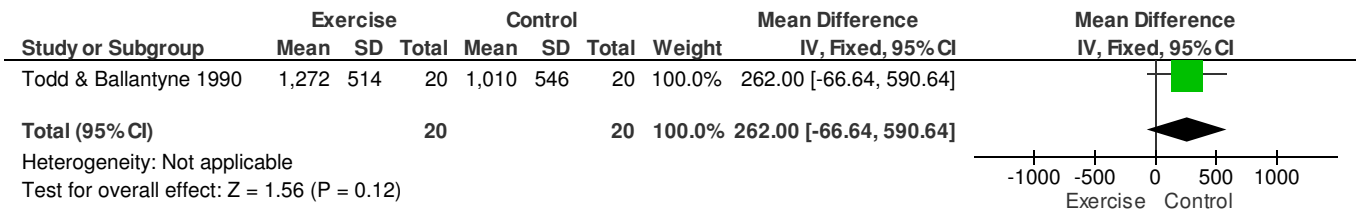
1.1 Max ST depression (mm)



1.2 Time to 1mm ST depression (sec)

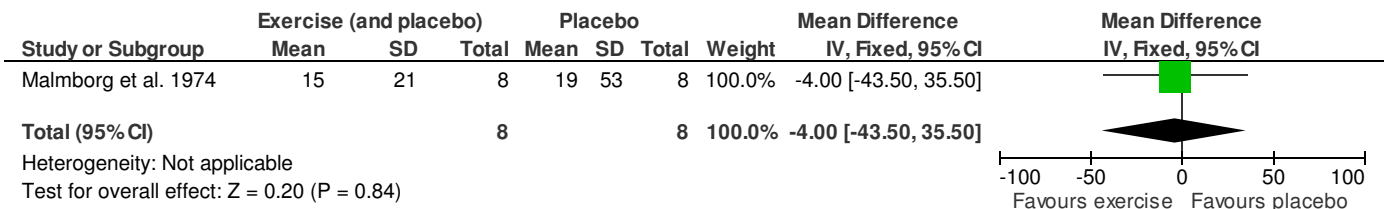


1.3 Treadmill time (s)

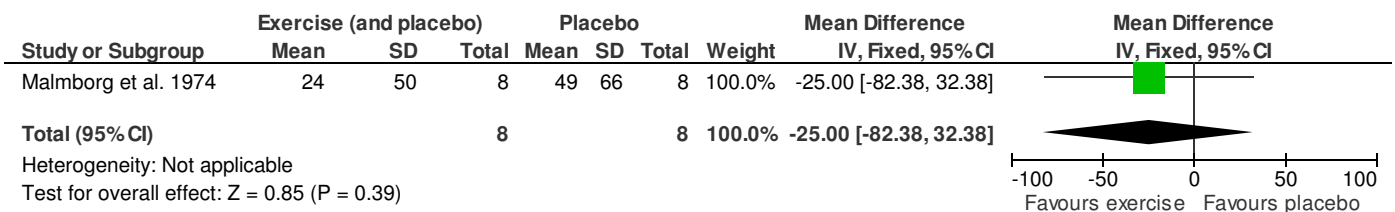


2 Exercise (and placebo) vs. Placebo

2.1 Maximal working capacity kpm/min

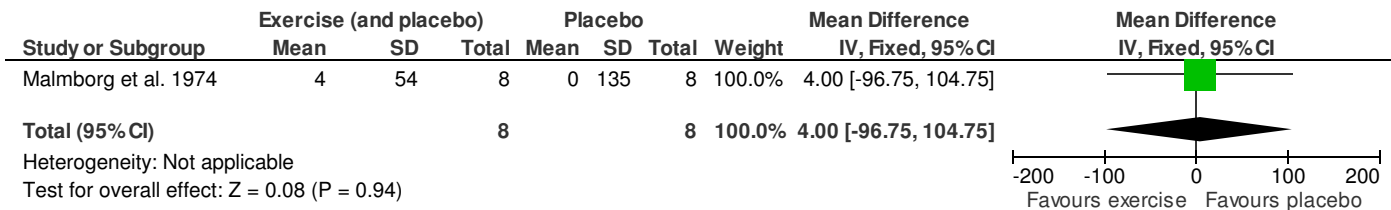


2.2 Anginal attacks / week



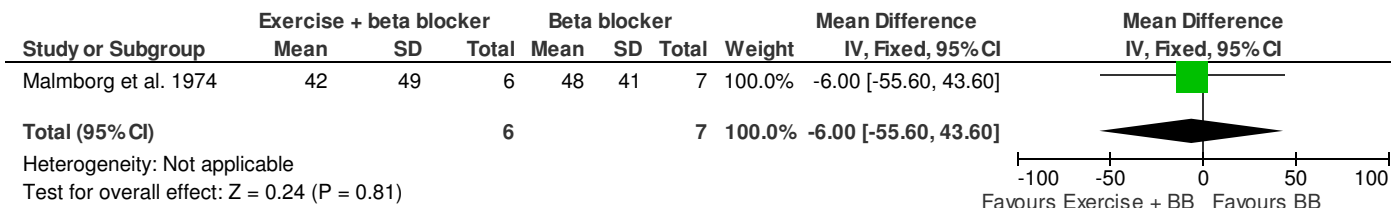
Exercise programme and Health Education for stable angina

2.3 Nitroglycerin tabl / week

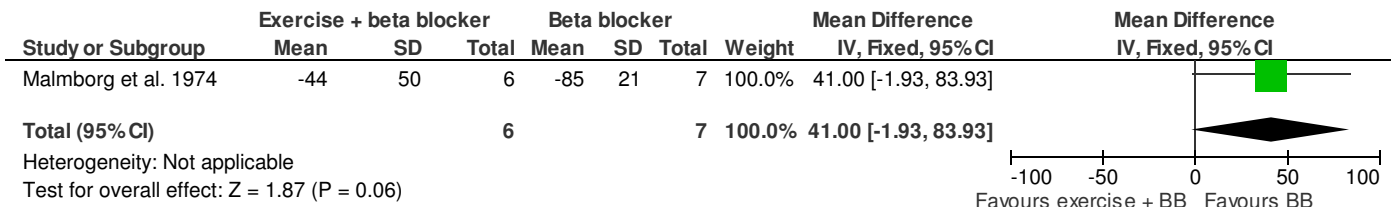


3 Exercise and beta blockers vs. Beta blocker

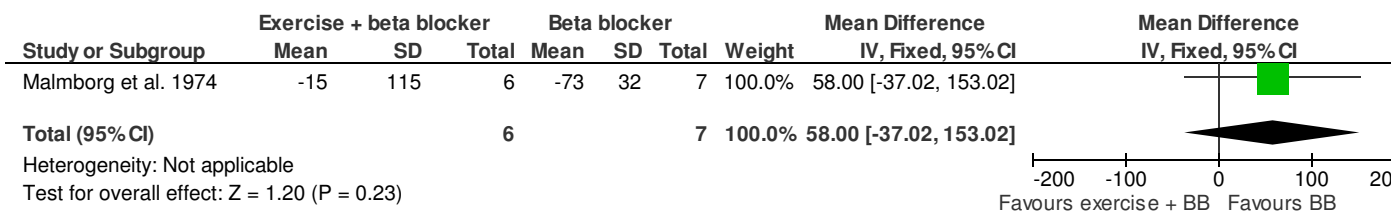
3.1 Maximal working capacity kpm/min



3.2 Anginal attacks / week

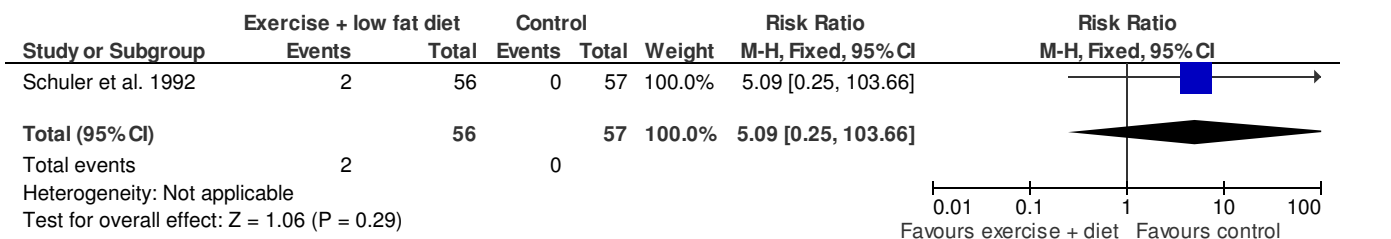


3.3 Nitroglycerin tabl / week



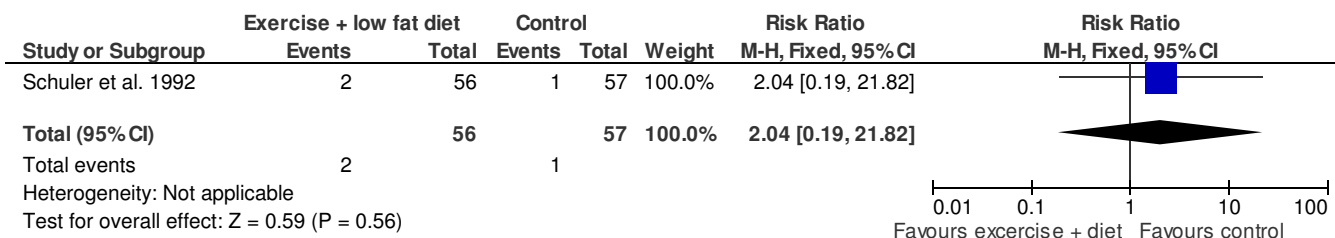
4 Exercise + low fat diet vs. Control

4.1 Cardiac mortality

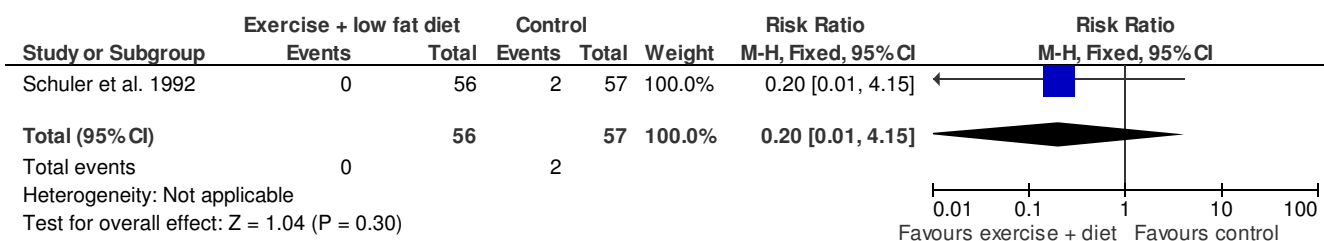


Exercise programme and Health Education for stable angina

4.2 Mortality (all)

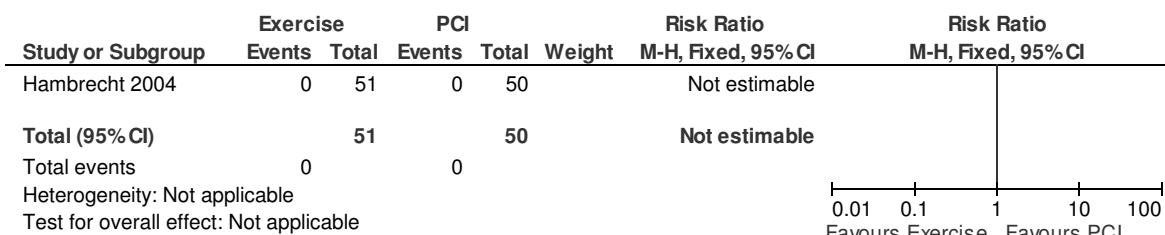


4.3 Non-fatal MI

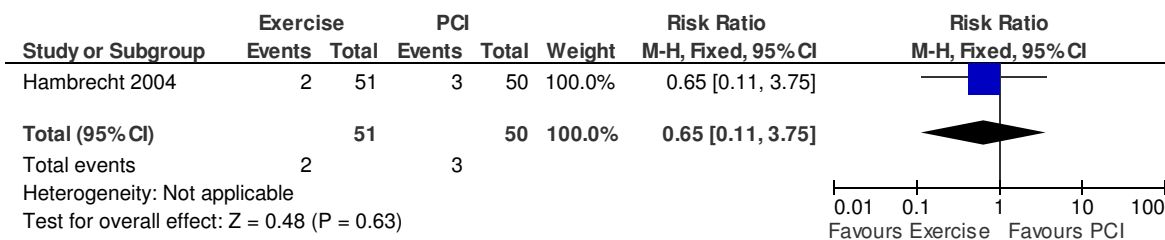


5 Exercise vs. PCI

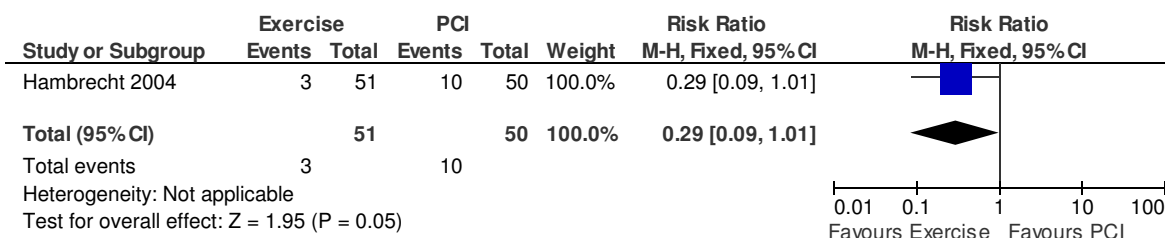
5.1 Death of cardiac causes



5.2 Cerebrovascular accident

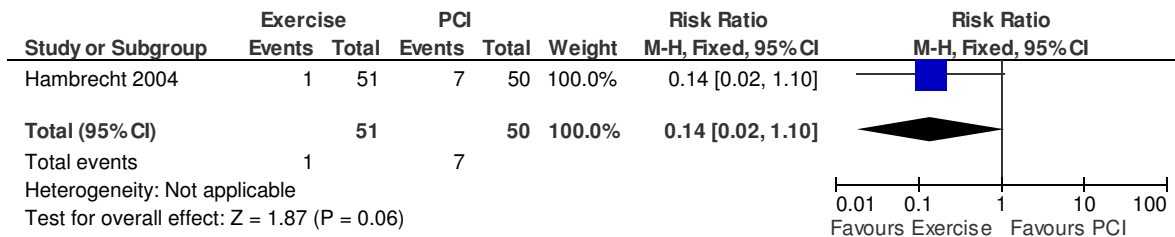


5.3 Revascularisation



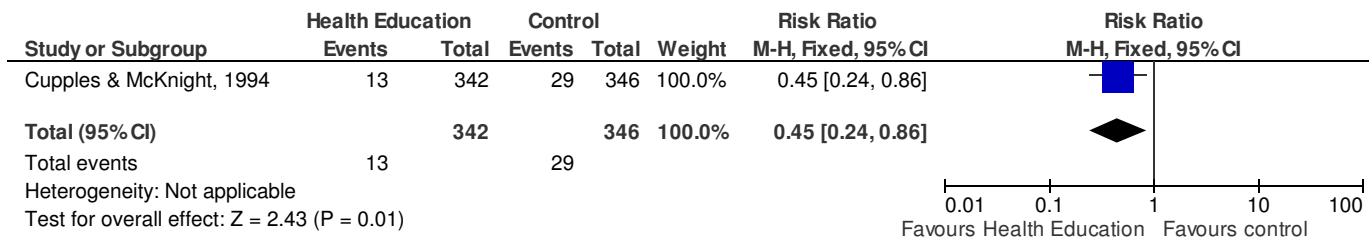
Exercise programme and Health Education for stable angina

5.4 Hospitalisation and coronary angiography owing to worsening angina

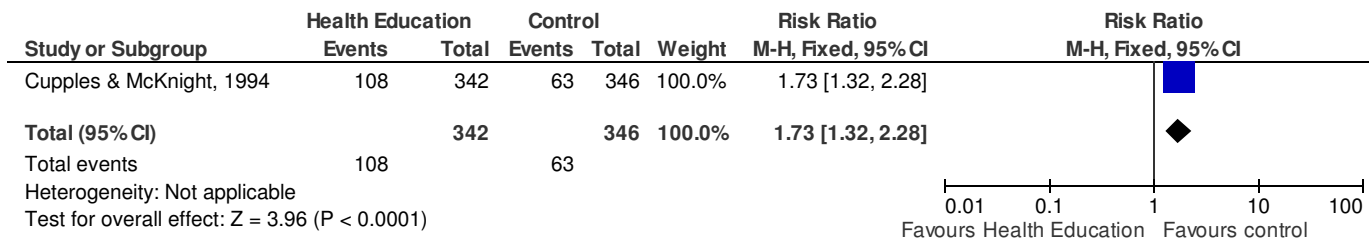


6 Health Education vs Control

6.1 Mortality



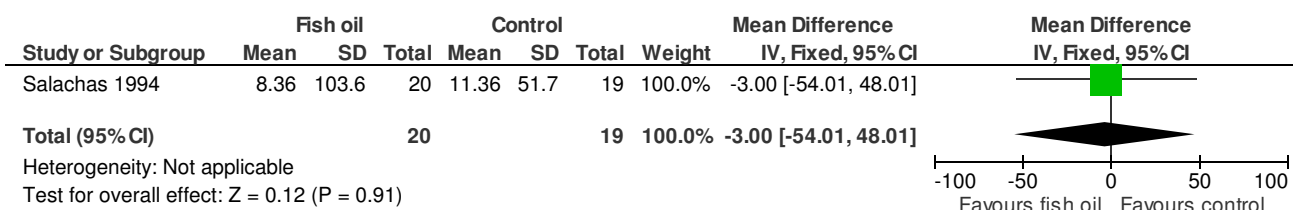
6.2 Increase in frequency of exercise



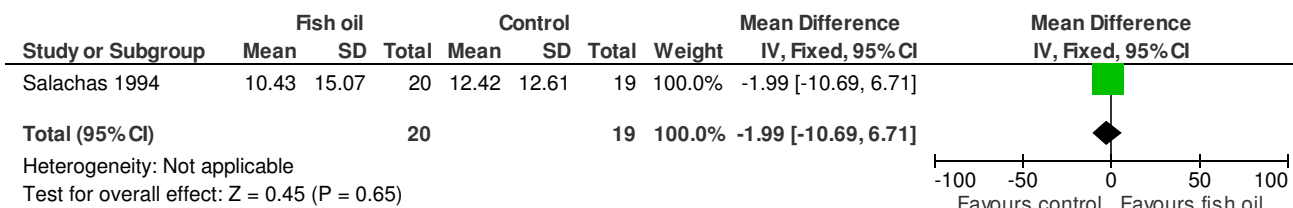
Lifestyle factors for stable angina

1 Fish oil capsules vs. Placebo (Follow-up at end of treatment period)

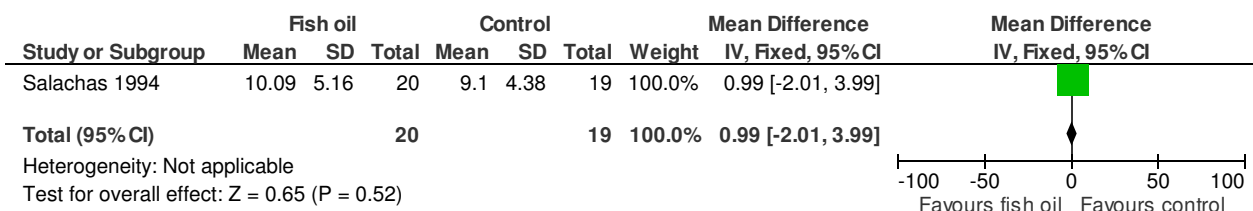
1.1 Anginal episodes per week



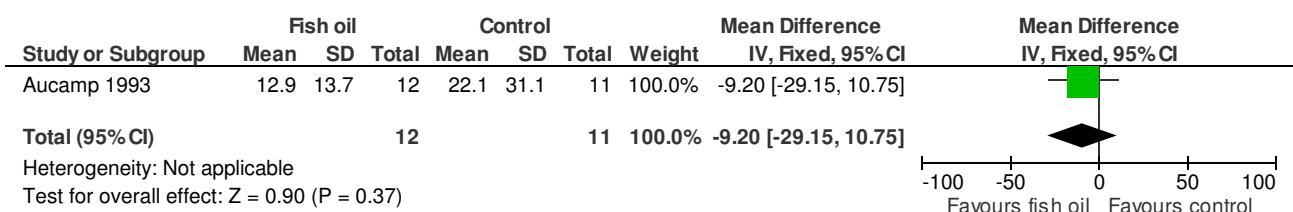
1.2 GTN consumption per week



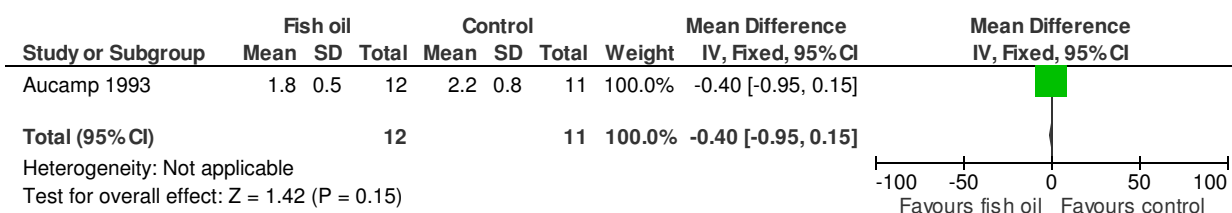
1.3 Exercise test duration (min)



1.4 Number of anginal attacks per 30 days

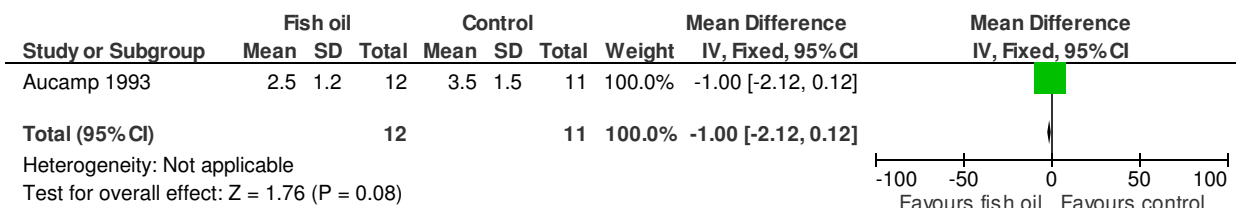


1.5 Duration of angina attacks per minute

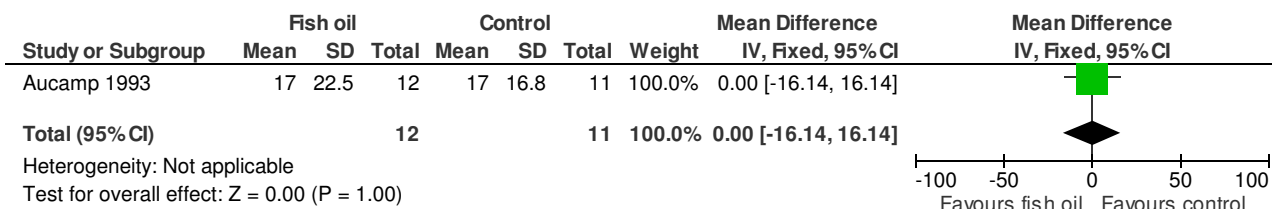


Lifestyle factors for stable angina

1.6 Intensity of pain per attack per patient (on a 10 cm visual analogue scale)

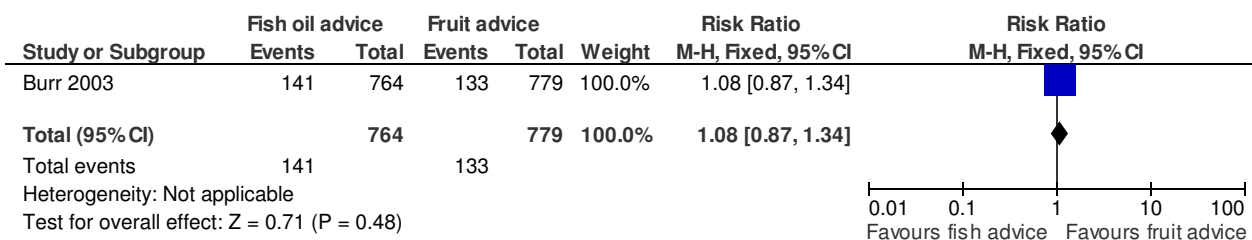


1.7 No. of sublingual isosorbide dinitrate tablets taken per 30 days

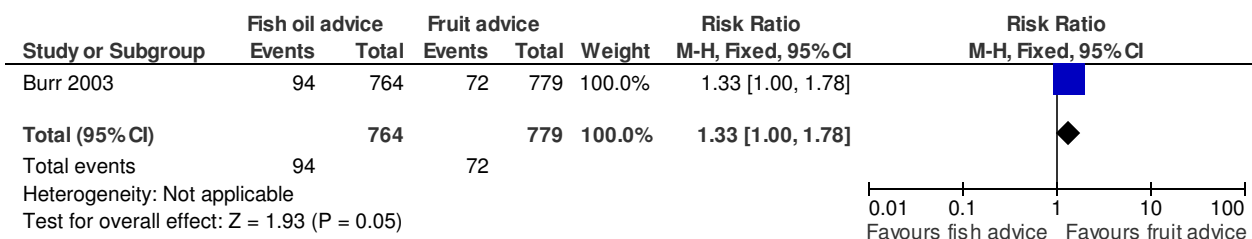


2 Fish advice (dietary fish advice + fish oil capsule) vs. Fruit advice (Mortality ascertained after 3 to 9 yrs)

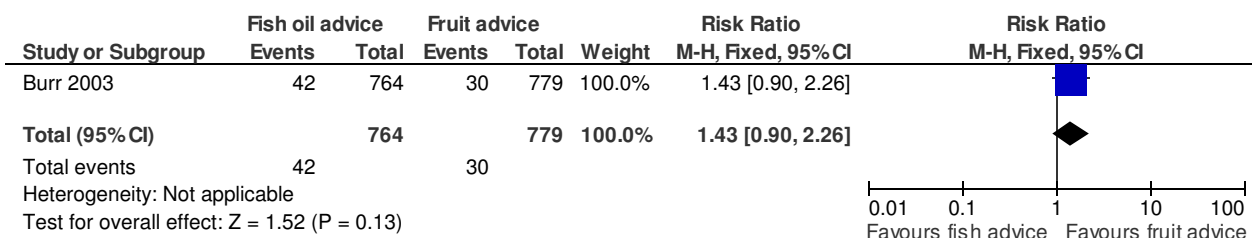
2.1 All death



2.2 Cardiac death



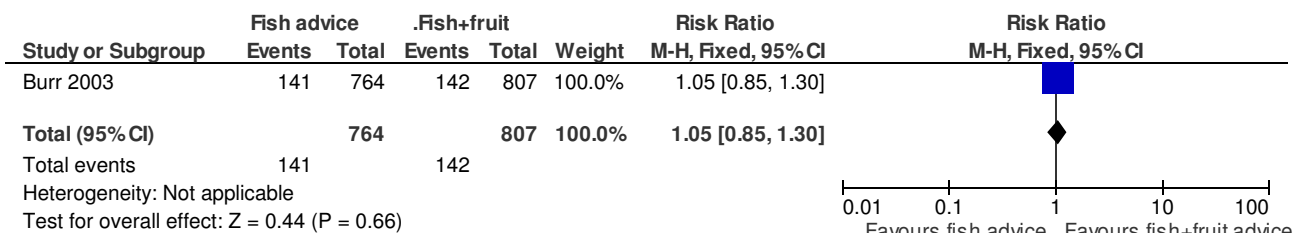
2.3 Sudden death



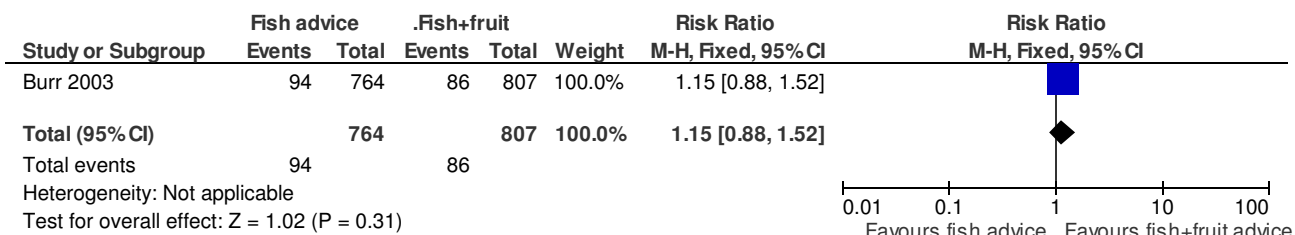
3 Fish advice (dietary fish advice+ fish oil capsule) vs. Fish +Fruit advice (Mortality ascertained after 3 to 9 yrs)

Lifestyle factors for stable angina

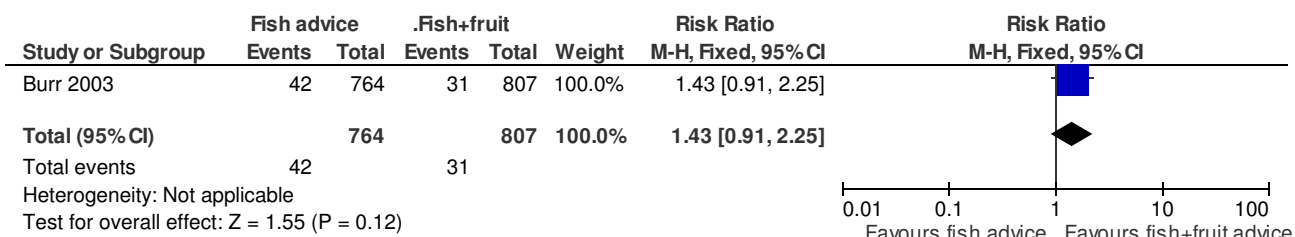
3.1 All death



3.2 Cardiac death

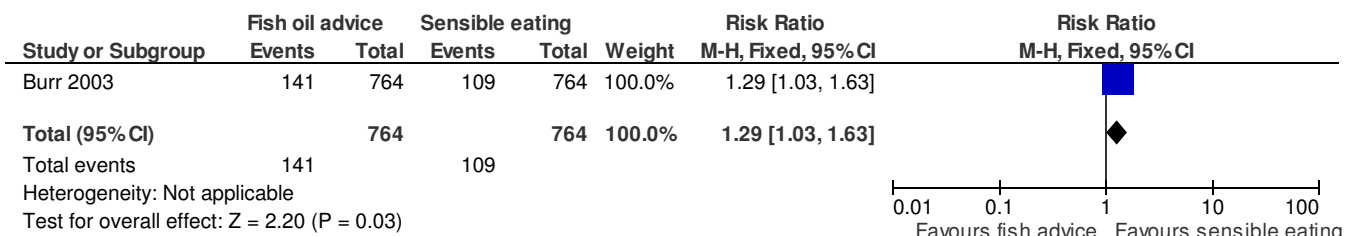


3.3 Sudden death

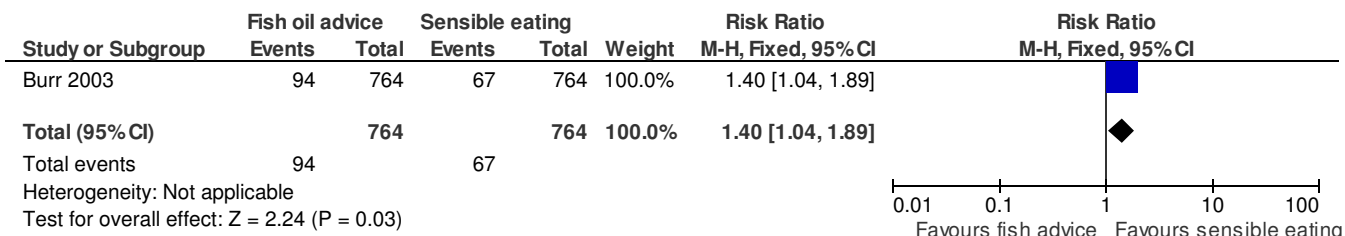


4 Fish advice (dietary fish advice + fish oil capsule) vs. Sensible eating (non-specific advice) (Mortality ascertained after 3 to 9 yrs)

4.1 All deaths

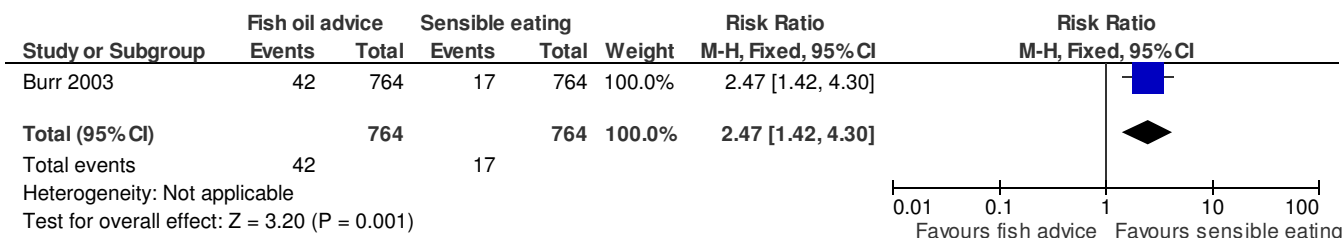


4.2 Cardiac death



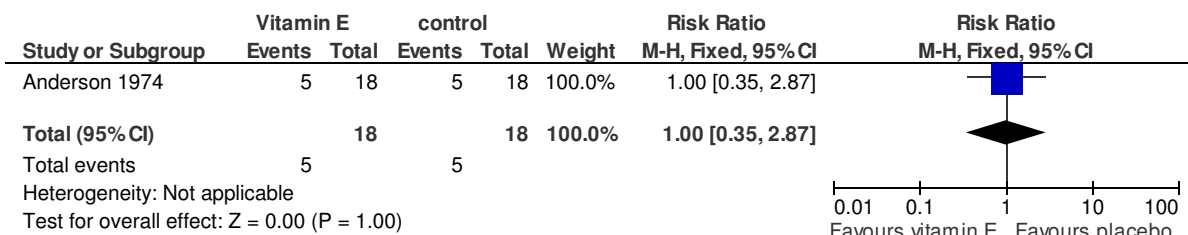
Lifestyle factors for stable angina

4.3 Sudden death

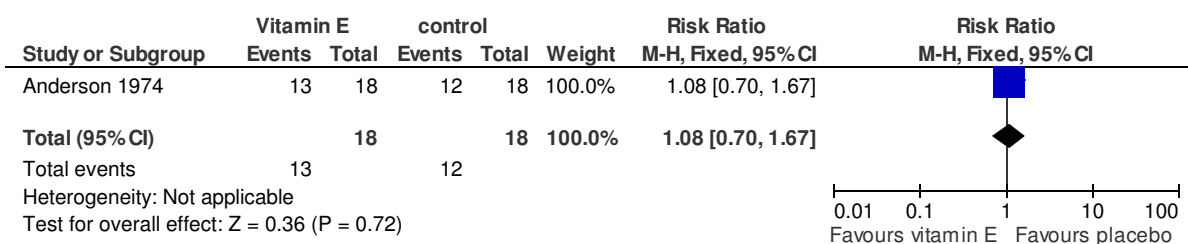


6 Vitamin E vs. Placebo (Follow-up at the end of treatment period)

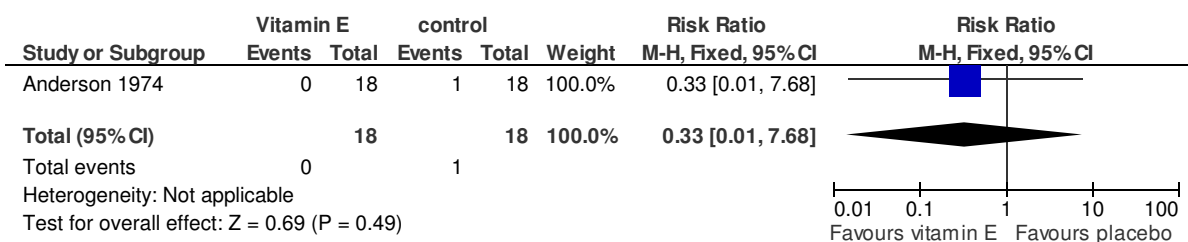
6.1 Improved anginal symptoms



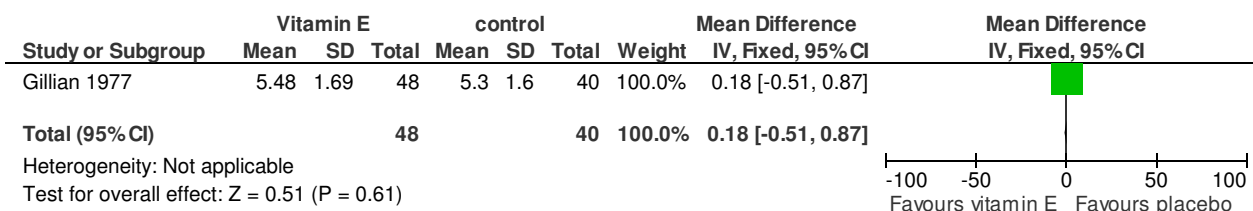
6.2 No change in anginal symptoms



6.3 Slightly worse anginal symptoms

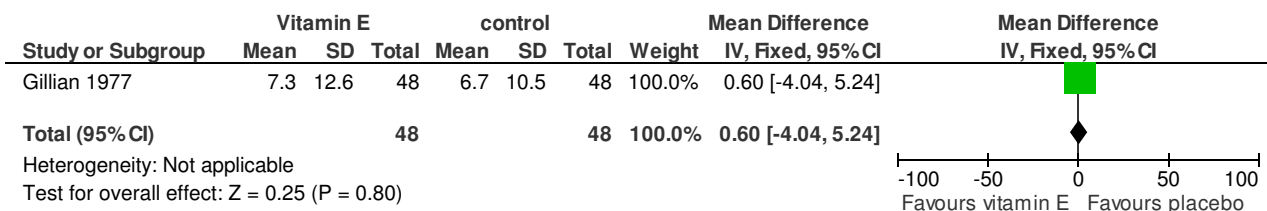


6.4 Duration treadmill (min)

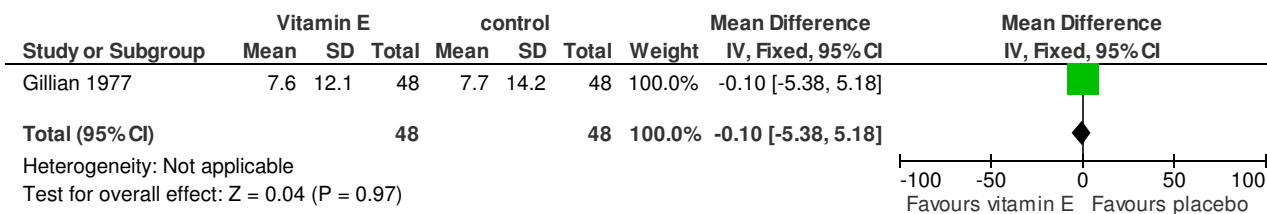


Lifestyle factors for stable angina

6.5 Angina attacks per week



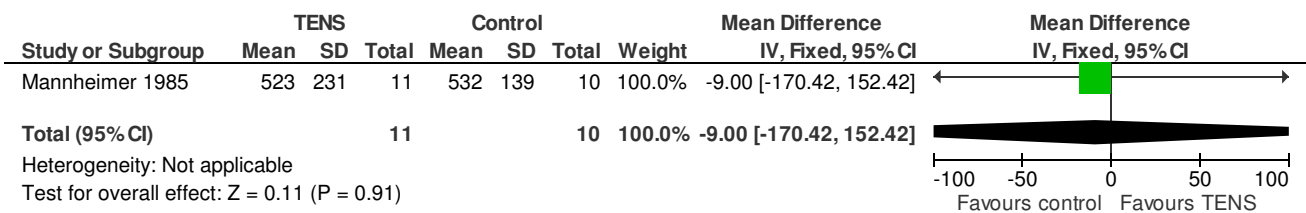
6.6 Nitroglycerin consumption per week



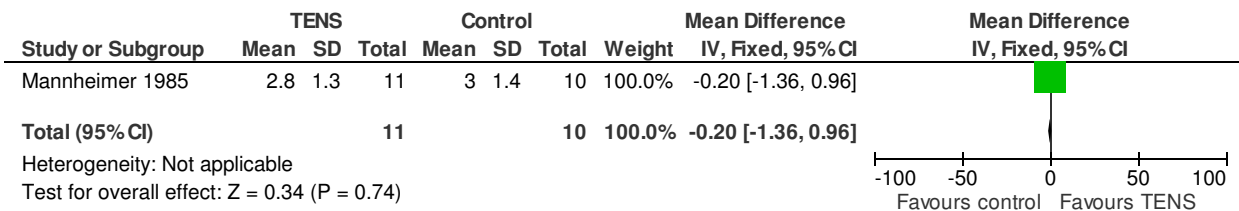
Pain interventions for stable/refractory angina

1 TENS vs. control (no TENS) (Follow-up 2 weeks after treatment)

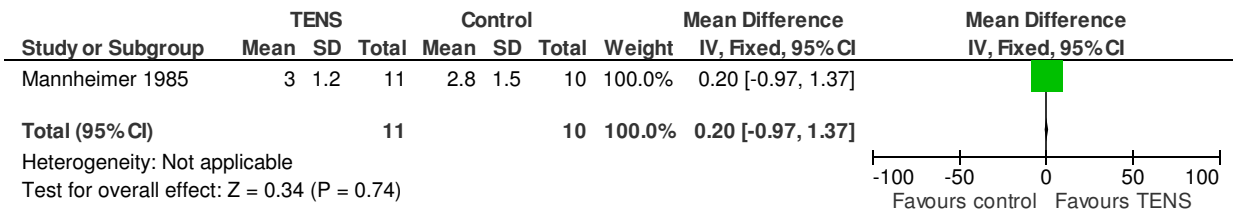
1.1 Exercise tolerance (W.min)



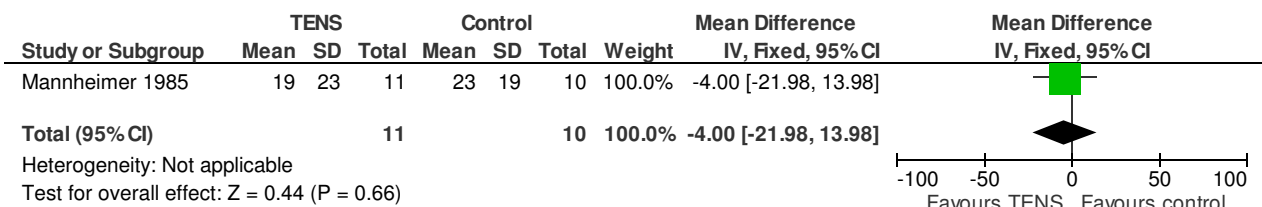
1.2 ST segment depression (mm) during exercise



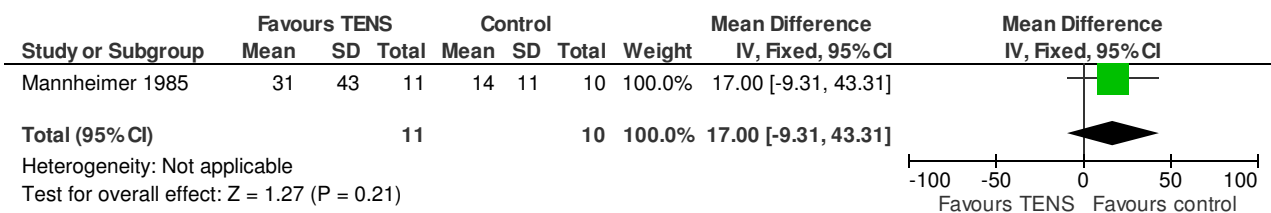
1.3 ST segment depression (mm) after exercise



1.4 Frequency of angina attacks per week



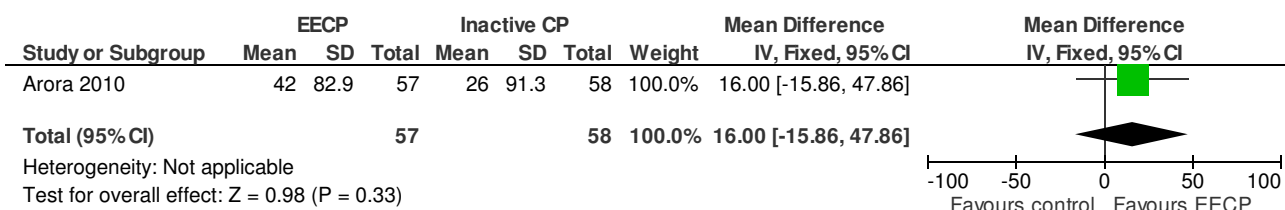
1.5 Nitroglycerin consumption per week



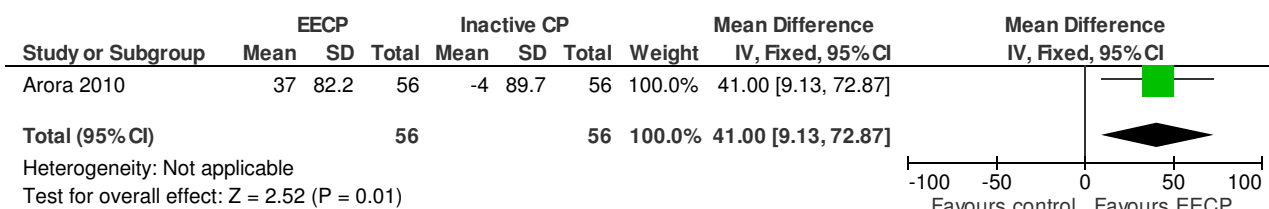
2 EECF vs. inactive CP (Follow-up 3 days after treatment for angina pain counts, one week after treatment for exercise duration)

Pain interventions for stable/refractory angina

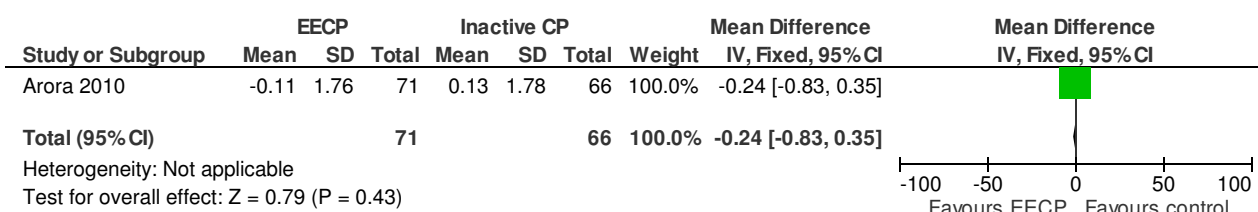
2.1 Exercise duration (sec) (change scores) (follow-up after 1 week)



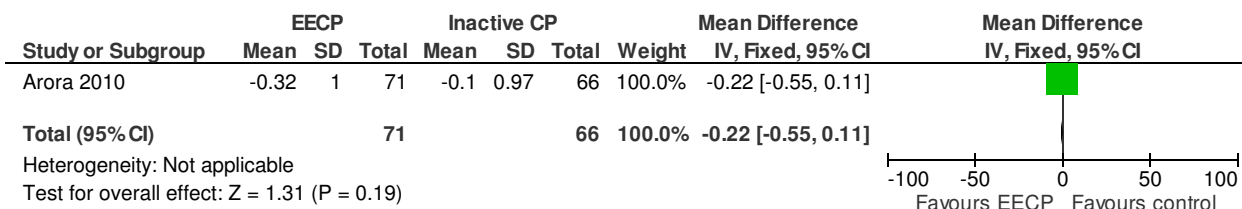
2.2 Time to >1mm ST segment depression (Sec) (change scores) (follow-up after 1 week)



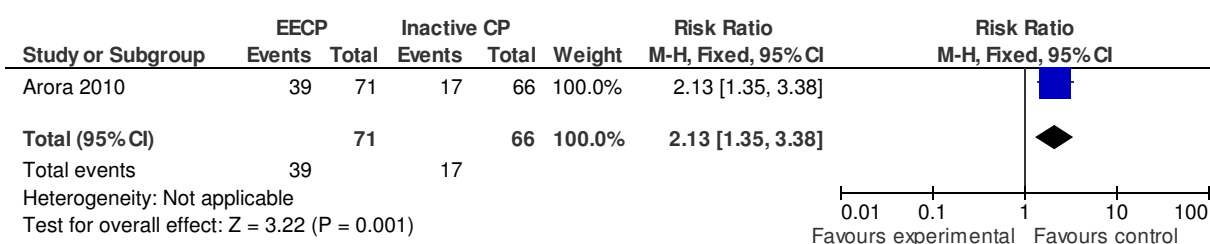
2.3 Angina episodes/day (change scores) (follow-up after 3 days)



2.4 NTG use/day (change scores) (follow-up after 3 days)



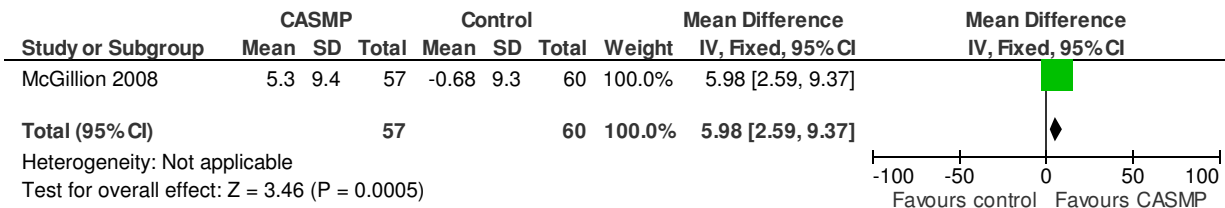
2.5 Adverse events (no. of patients) (up to the end of treatment)



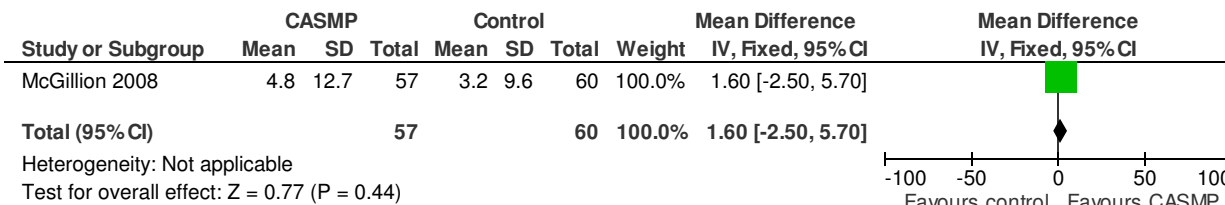
3 Chronic angina self management Program (CASMP) vs. control (Follow-up 3 months from start of treatment)

Pain interventions for stable/refractory angina

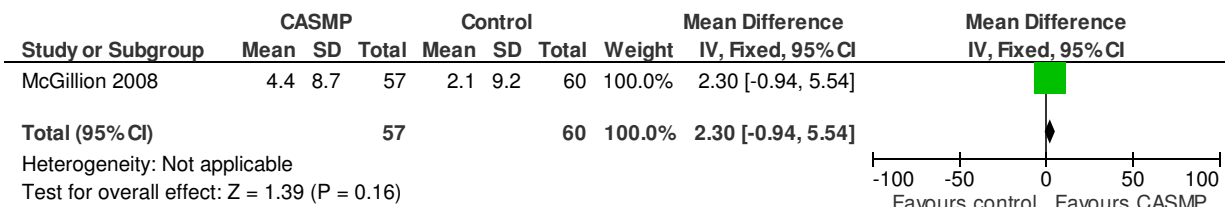
3.1 Physical functioning (SF-36) (range 0-100 -higher score better functioning) (change scores)



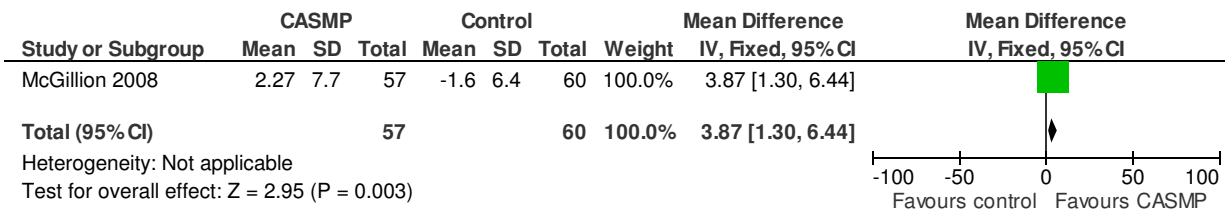
3.2 Role physical functioning (SF-36) (change scores) (range 0-100)



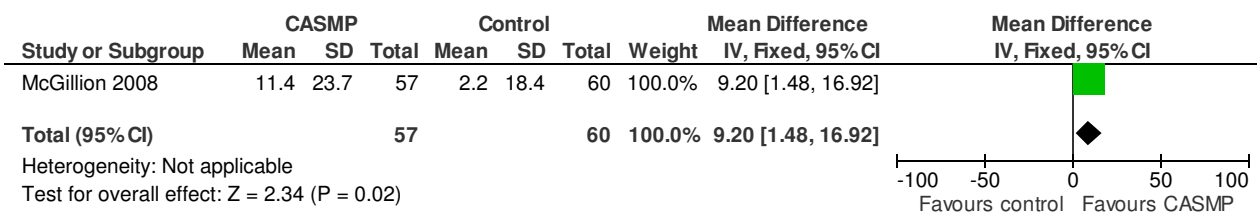
3.3 Bodily pain (SF-36) (change scores) (range 0-100)



3.4 General Health (SF-36) (change scores) (0-100)

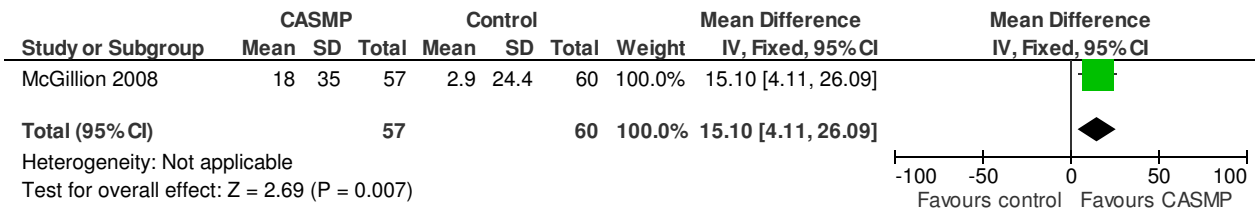


3.5 Angina frequency (SAQ) (range 0-100- higher scores better functioning) (change scores)

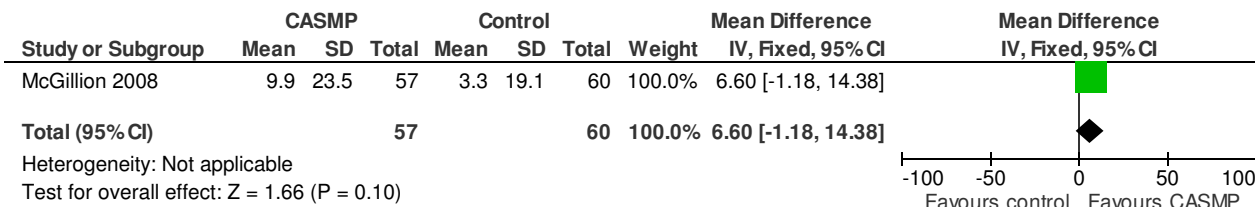


Pain interventions for stable/refractory angina

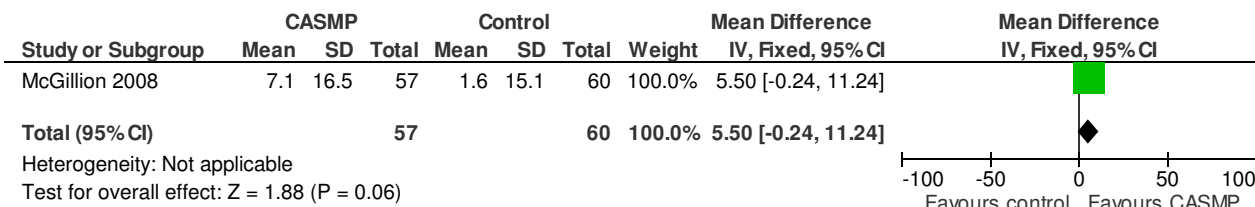
3.6 Angina stability (SAQ) (range 0-100) (change scores)



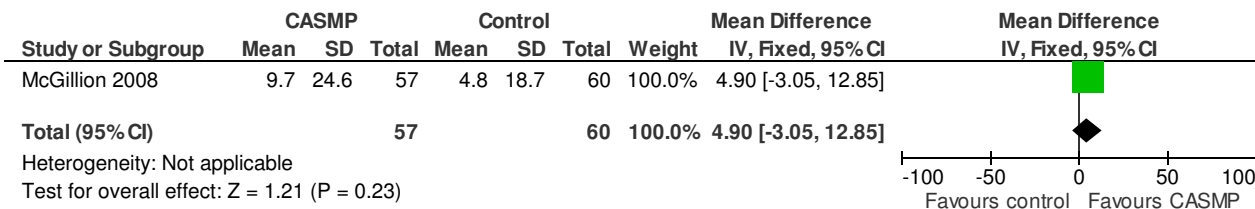
3.7 Disease perception (SAQ) (range 0-100) (change scores)



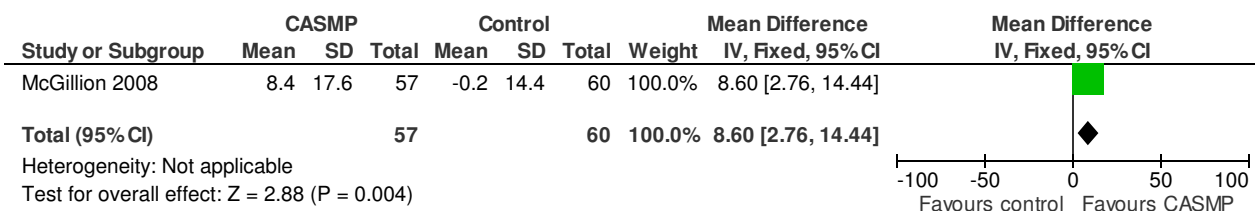
3.8 Physical limitation (SAQ) (range 0-100) (change scores)



3.9 Treatment satisfaction (SAQ) (range 0-100) (change scores)



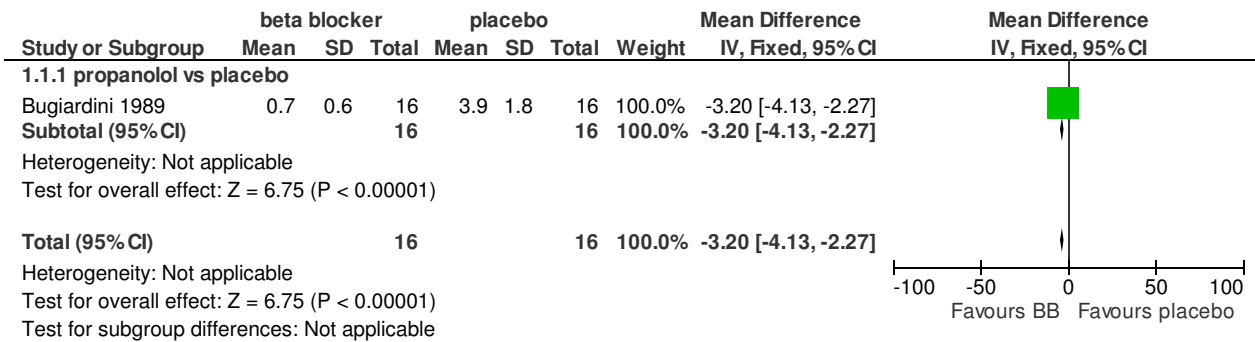
3.10 Self-Efficacy Scale (range scores 10- 100 -higher scores better) (change scores)



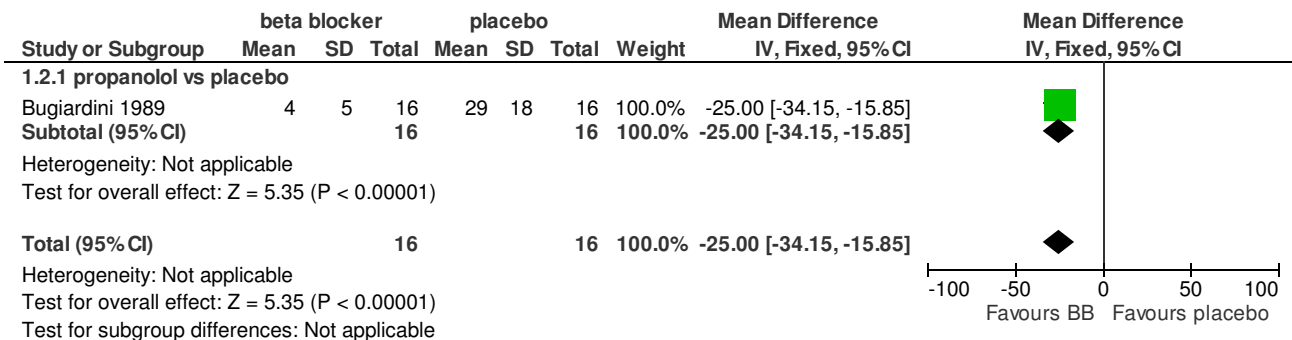
Drugs versus Placebo or other drug for Cardiac Syndrome X

1 beta blocker vs placebo

1.1 ischemic episodes

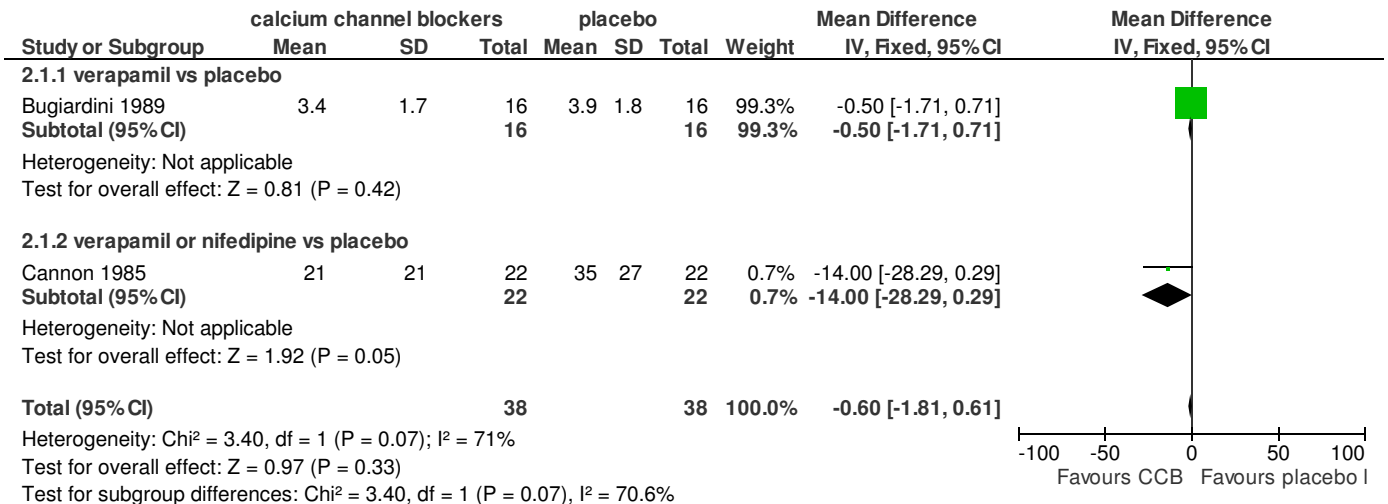


1.2 ischemic duration (min)



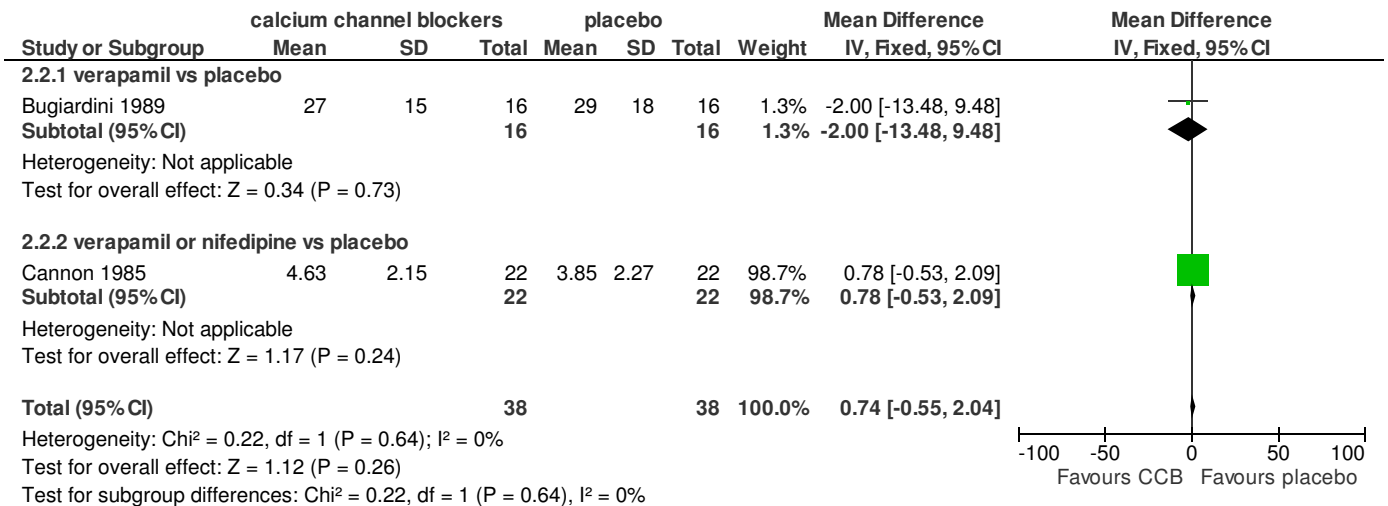
2 calcium channel blockers vs placebo

2.1 ischemic episodes

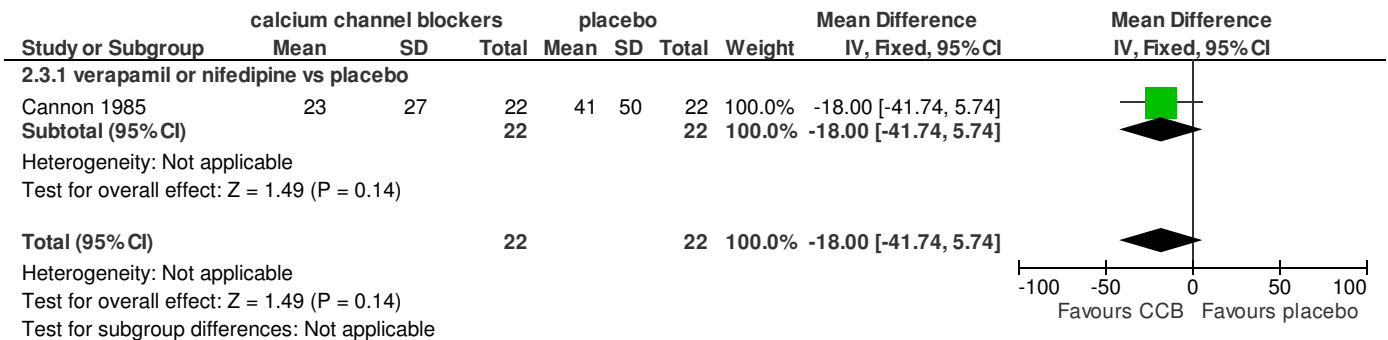


Drugs versus Placebo or other drug for Cardiac Syndrome X

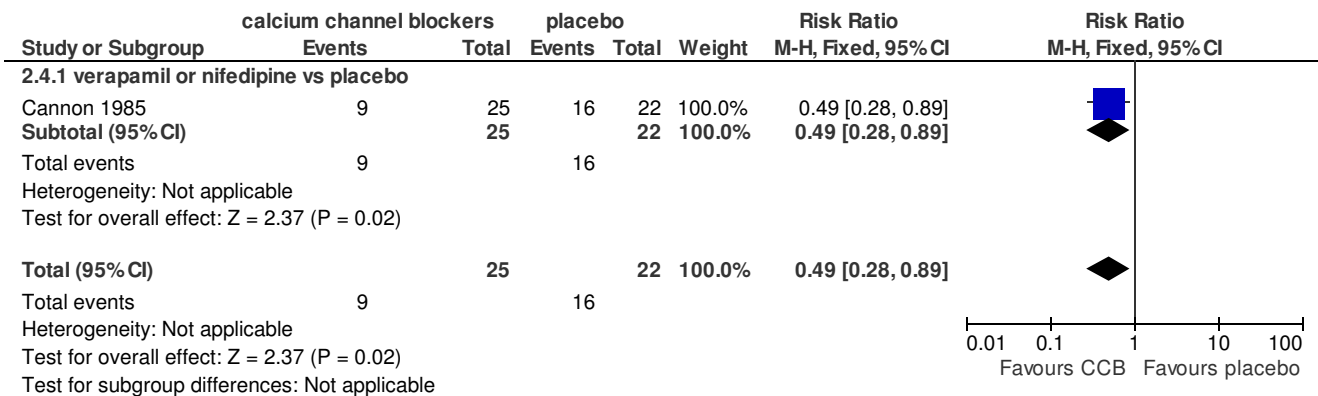
2.2 ischemia duration (min)



2.3 Nitroglycerin tablets consumption



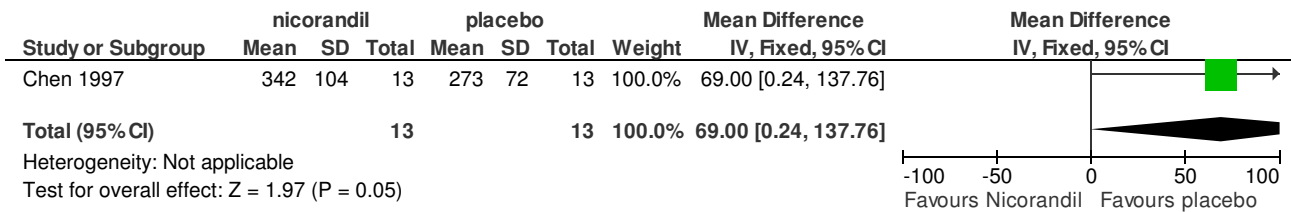
2.4 presence of chest pain during exercise



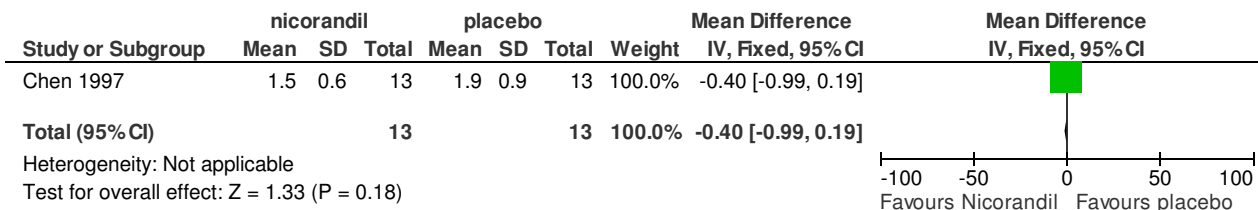
3 Nicorandil vs placebo

Drugs versus Placebo or other drug for Cardiac Syndrome X

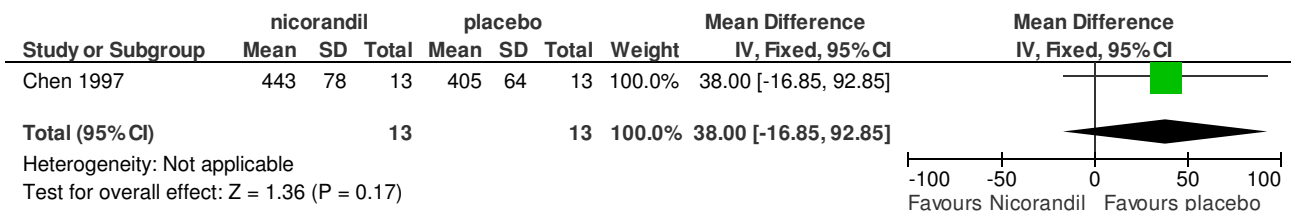
3.3 Time to 1mm ST-segment depression (sec)



3.4 maximum ST-segment depression (mm)

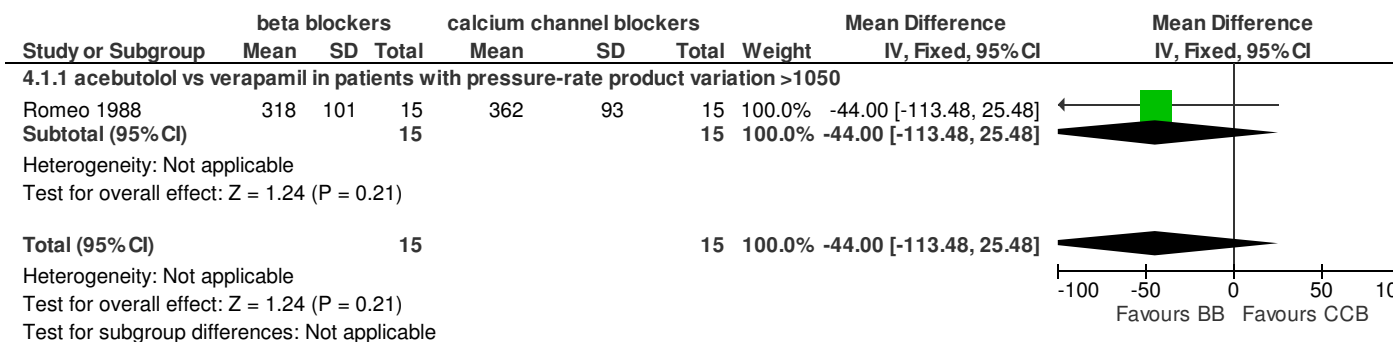


3.5 Total exercise duration (sec)



4 beta blockers vs calcium channel blockers in patients with pressure-rate product variation <1050

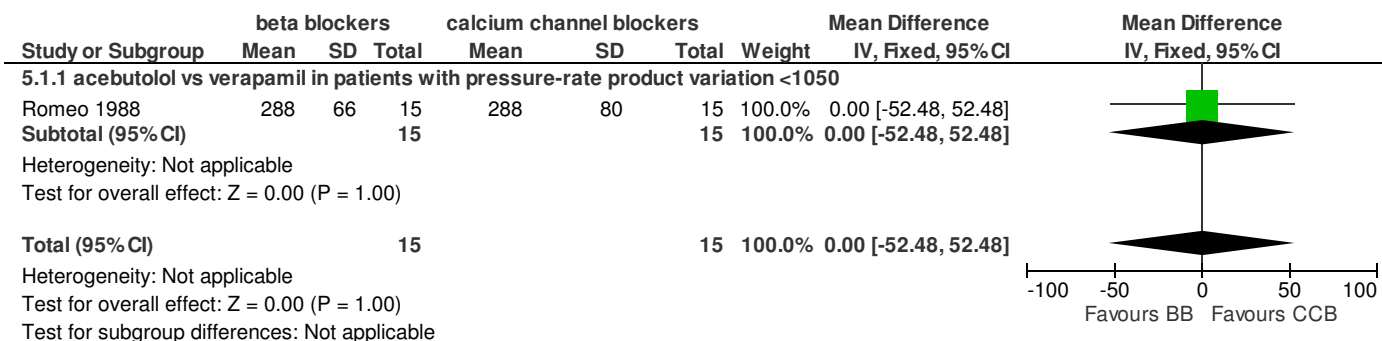
4.1 exercise duration (sec)



5 beta blockers vs calcium channel blockers in patients with pressure-rate product variation >1050

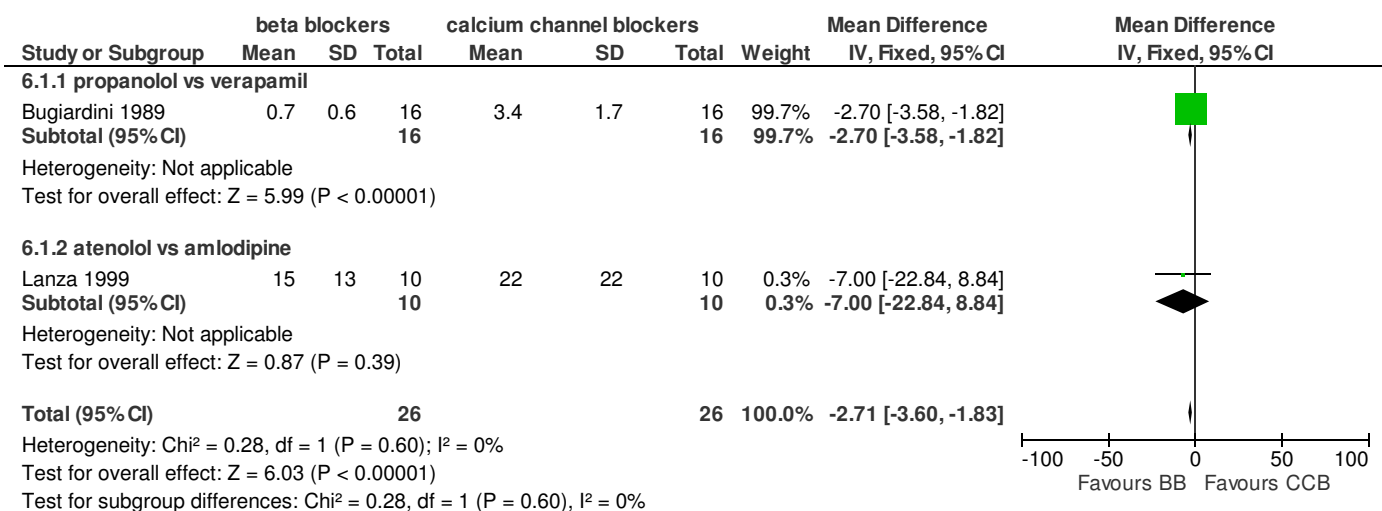
Drugs versus Placebo or other drug for Cardiac Syndrome X

5.1 exercise duration (sec)

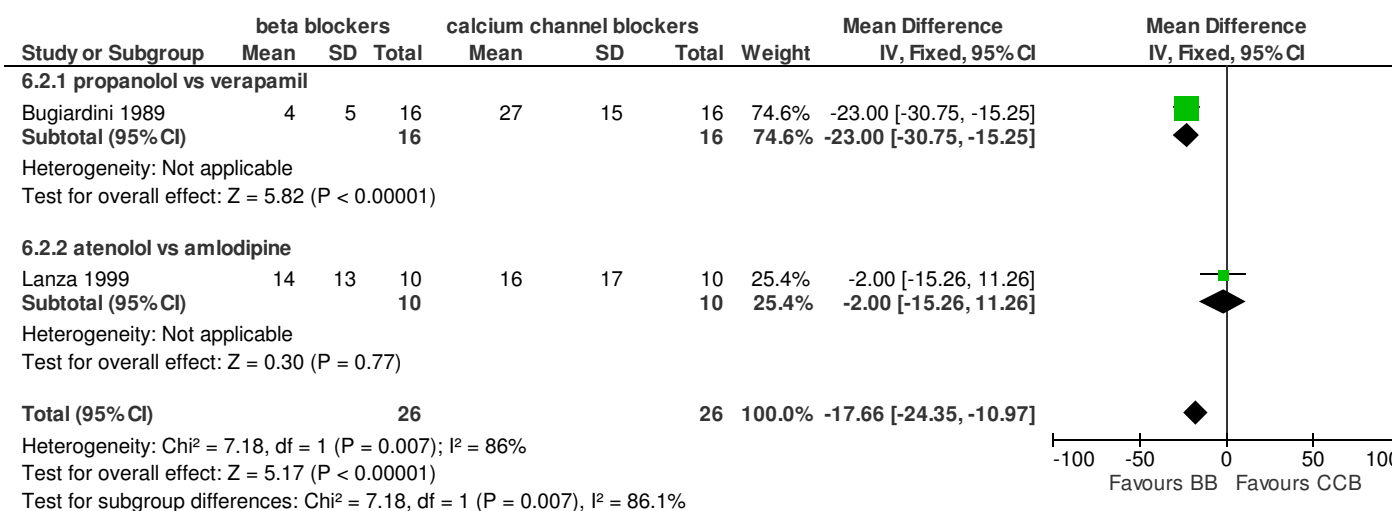


6 Beta blockers vs calcium channel blockers

6.1 Number of anginal episodes (per 4 weeks per patient)

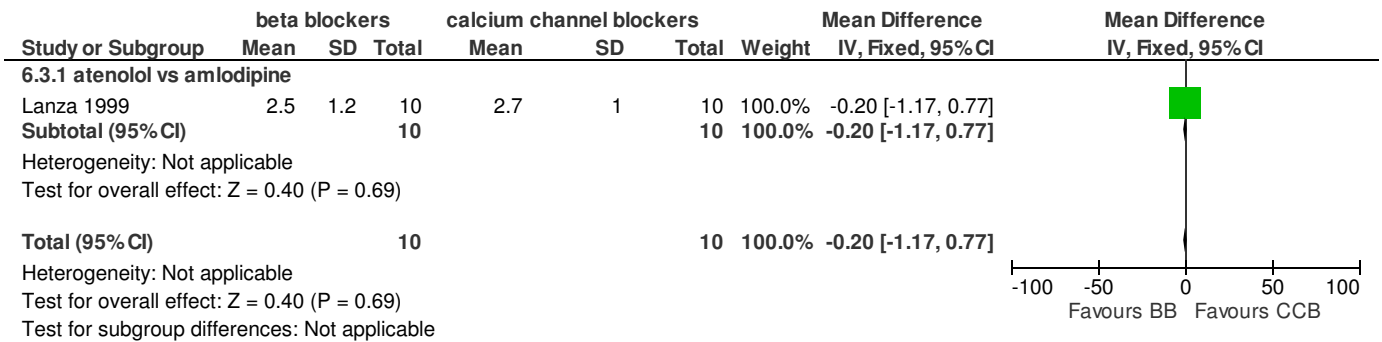


6.2 Chest pain episodes duration (min)

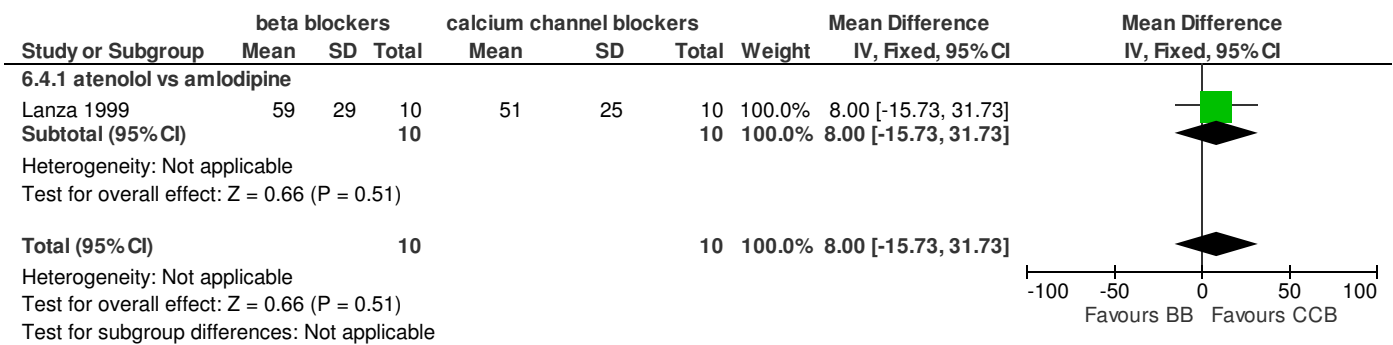


Drugs versus Placebo or other drug for Cardiac Syndrome X

6.3 severity of chest pain (scale 1-5)

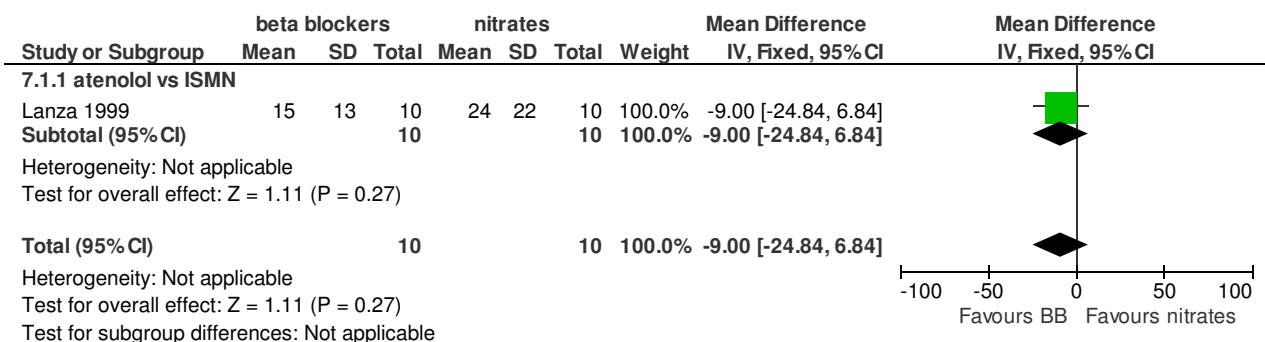


6.4 quality of life (scale 0-100 mm)

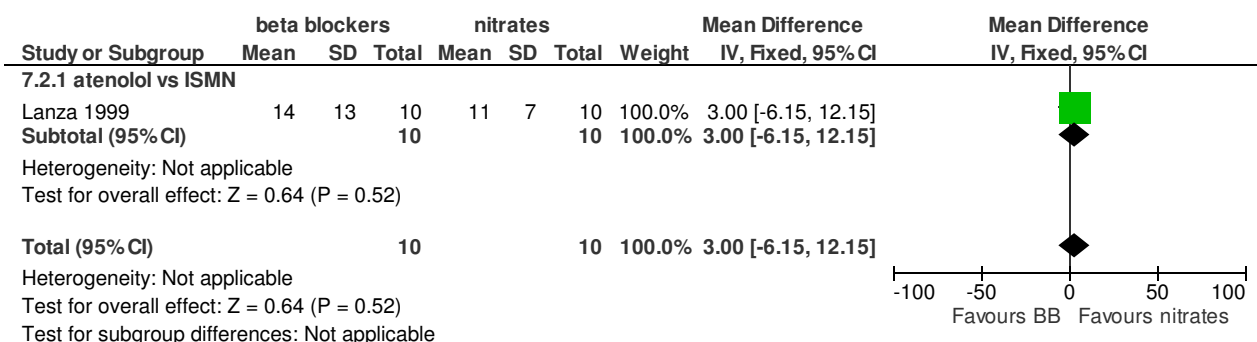


7 beta blockers vs nitrates

7.1 Number of anginal episodes (per 4 weeks per patient)

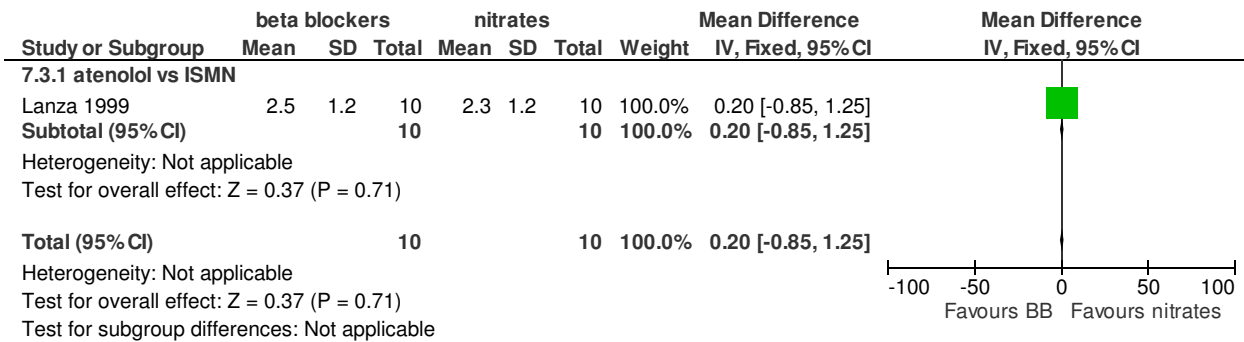


7.2 Chest pain episodes duration (min)

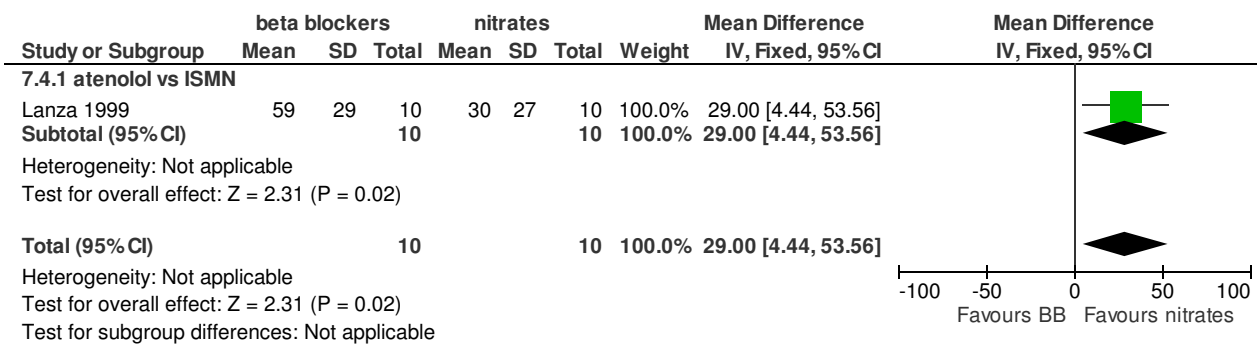


Drugs versus Placebo or other drug for Cardiac Syndrome X

7.3 severity of chest pain (scale 1-5)

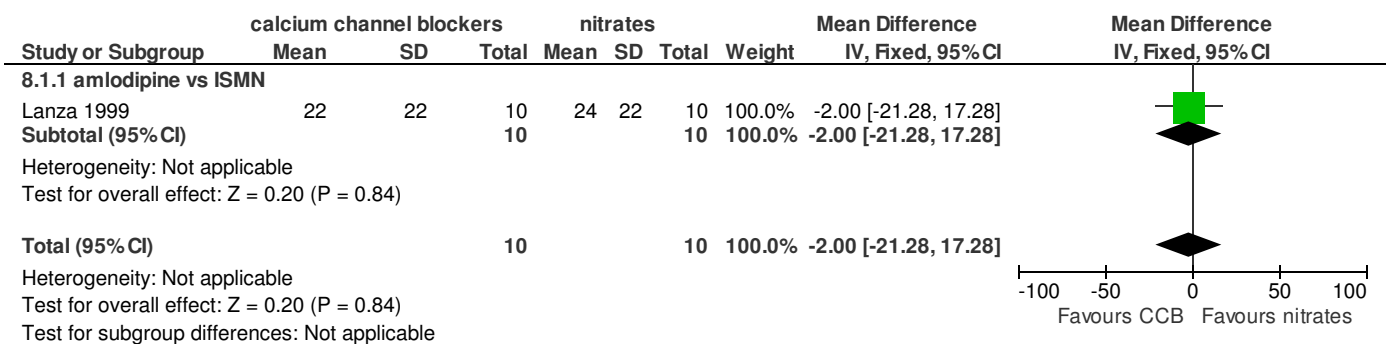


7.4 quality of life (scale 0-100 mm)

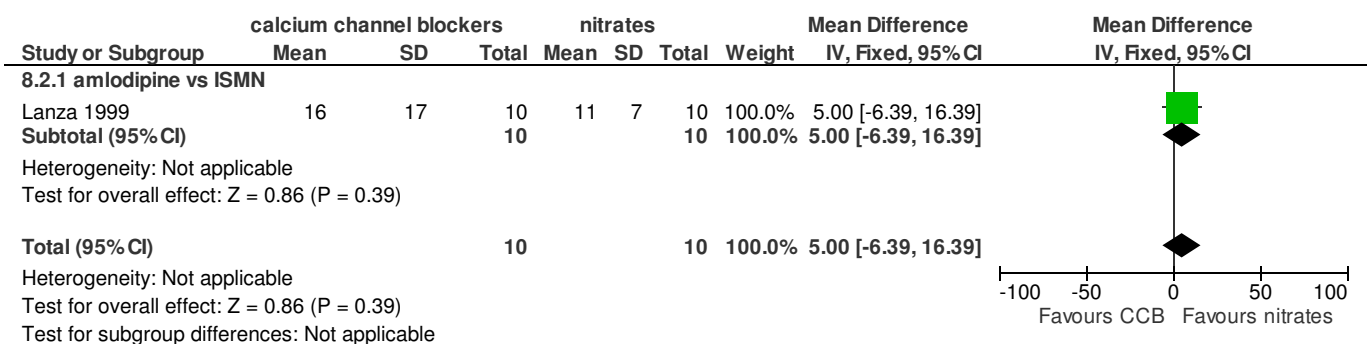


8 Calcium channel blockers vs nitrates

8.1 Number of anginal episodes (per 4 weeks per patient)

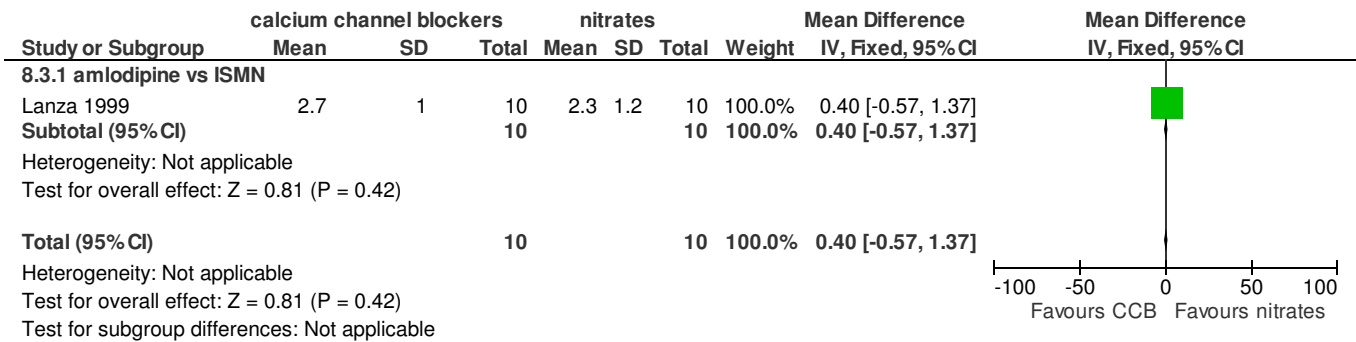


8.2 Chest pain episodes duration (min)

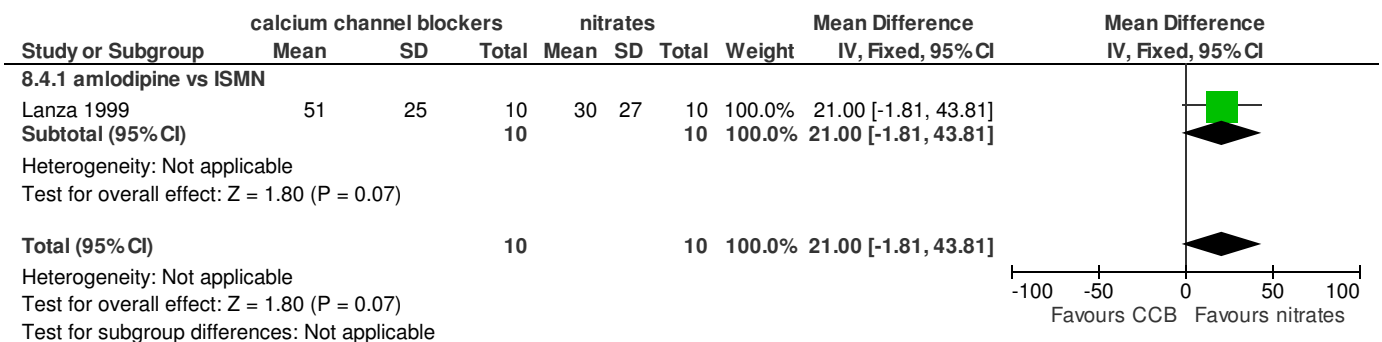


Drugs versus Placebo or other drug for Cardiac Syndrome X

8.3 severity of chest pain (scale 1-5)

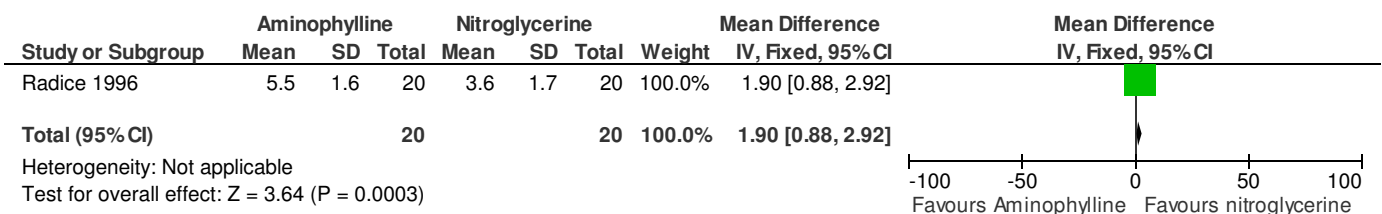


8.4 quality of life (scale 0-100 mm)



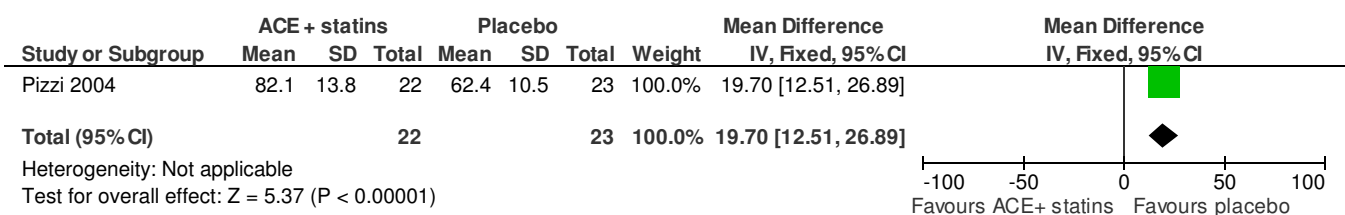
9 Aminophylline vs Nitroglycerine

9.1 Time to 1mm ST depression



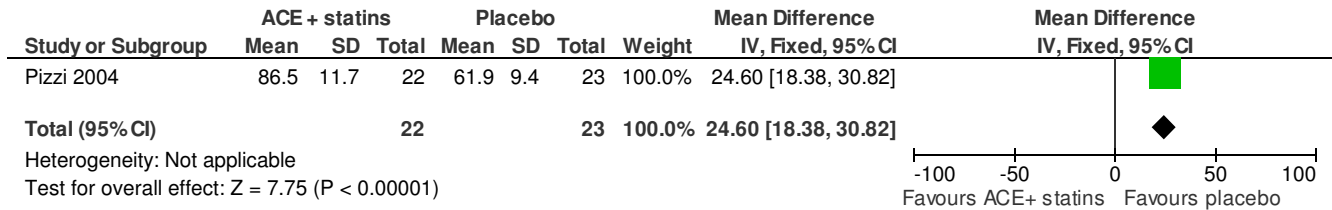
10 Angiotensin-Converting Enzyme Inhibitors and statins vs placebo

10.1 Seattle Angina Questionnaire angina frequency score

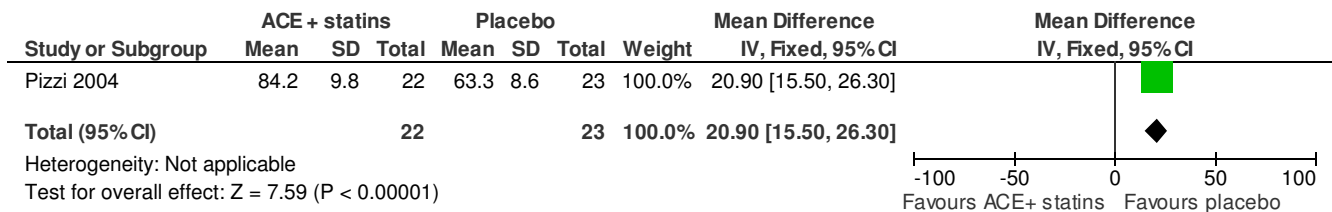


Drugs versus Placebo or other drug for Cardiac Syndrome X

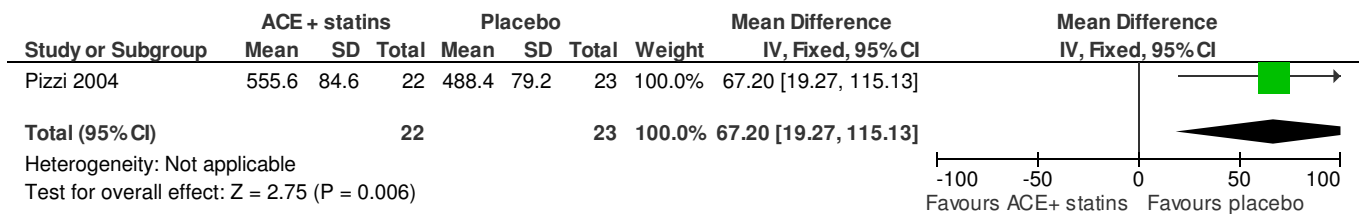
10.2 Seattle Angina Questionnaire Quality of life score



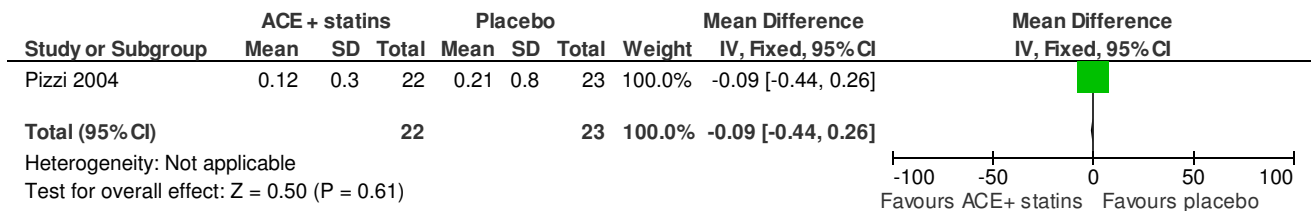
10.3 Seattle Angina Questionnaire summary score



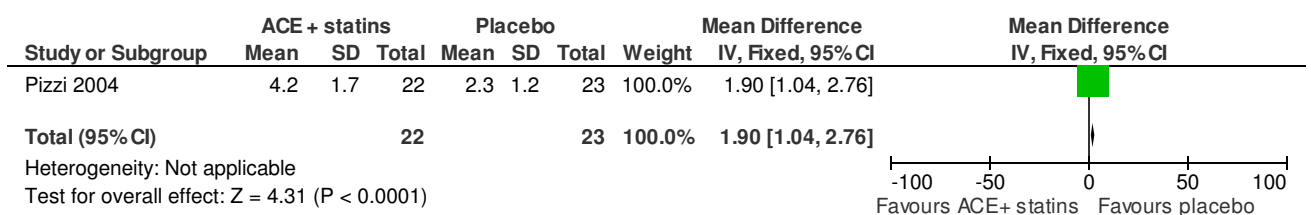
10.4 Peak exercise time (s)



10.5 ST depression (mV)

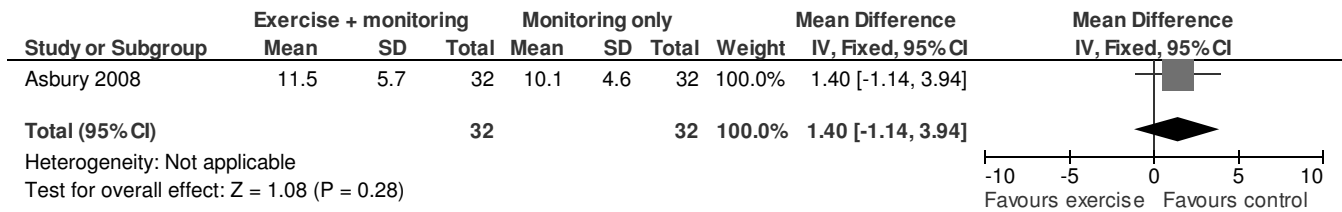


10.6 Flow-mediated Dilation of brachial artery (%)

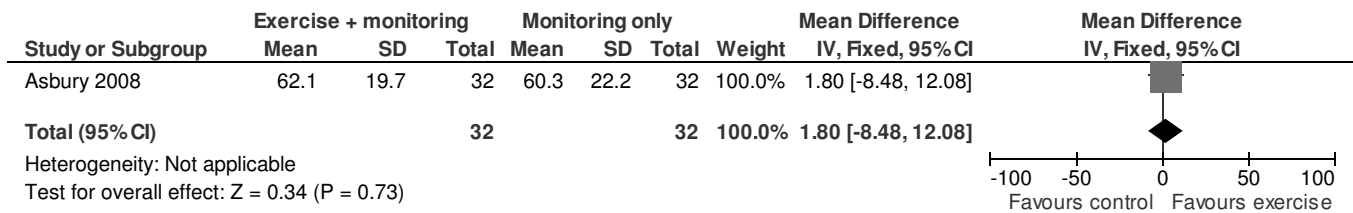


1 Exercise programme + symptom monitoring versus symptoms monitoring only

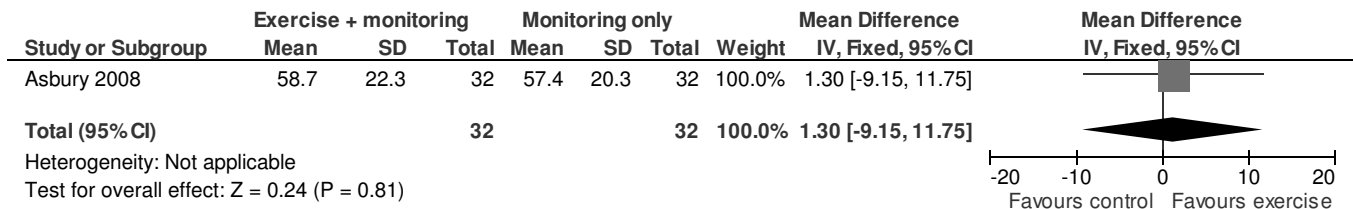
1.1 HADS total (8 week follow up)



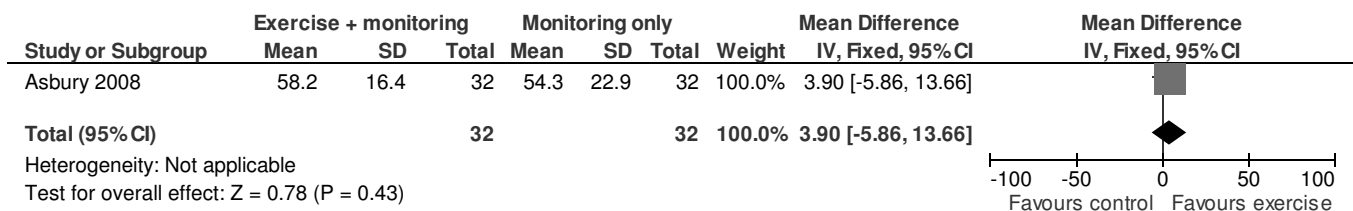
1.2 SF-36 physical functioning (8 week follow up)



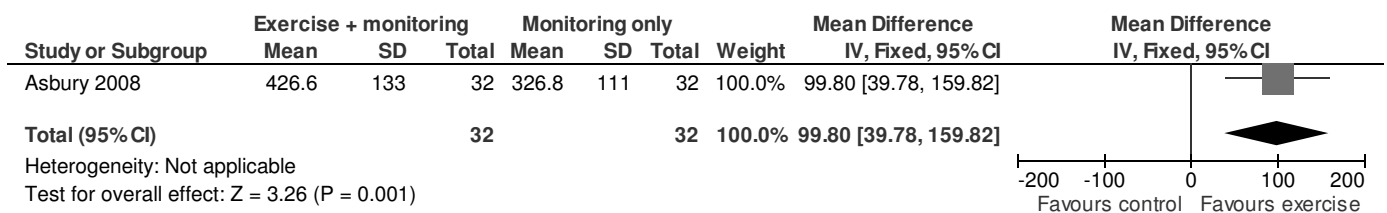
1.3 SF-36 pain (8 week follow up)



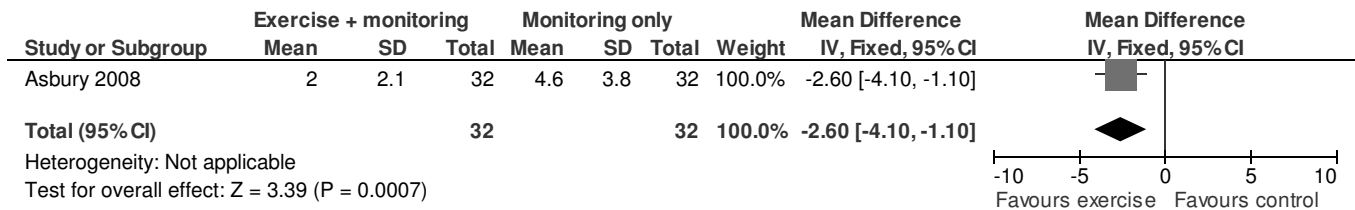
1.4 SF-36 general health (8 week follow up)



1.5 Shuttle walk test (m) (8 week follow up)

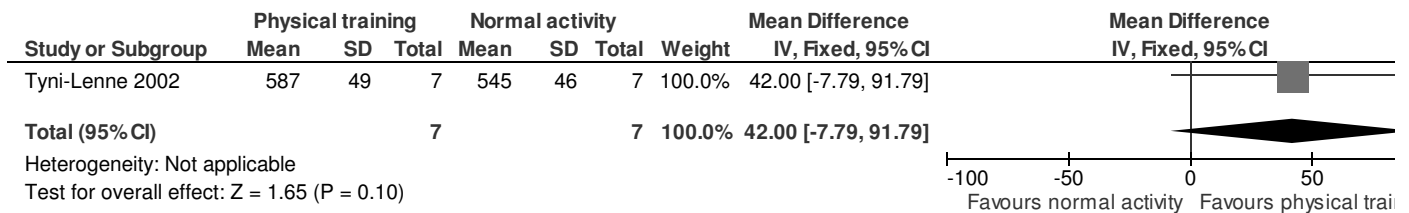


1.6 Symptom frequency (8 week follow up)

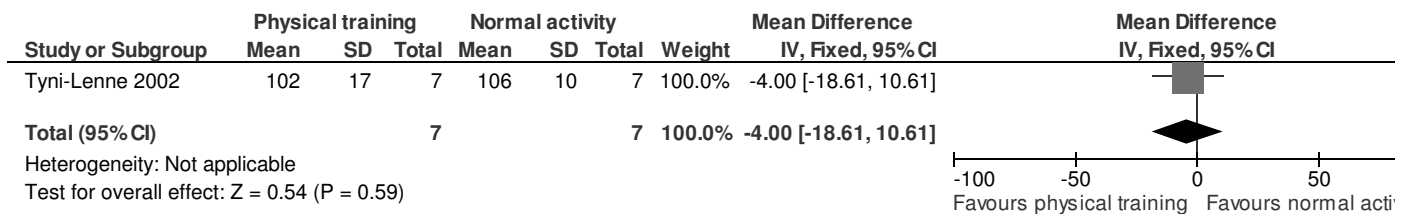


2 Physical training versus normal activity

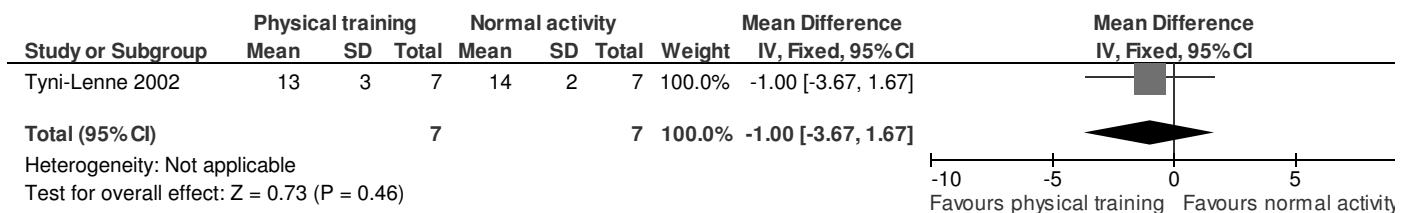
2.1 Distance walked (m) (8 week follow up)



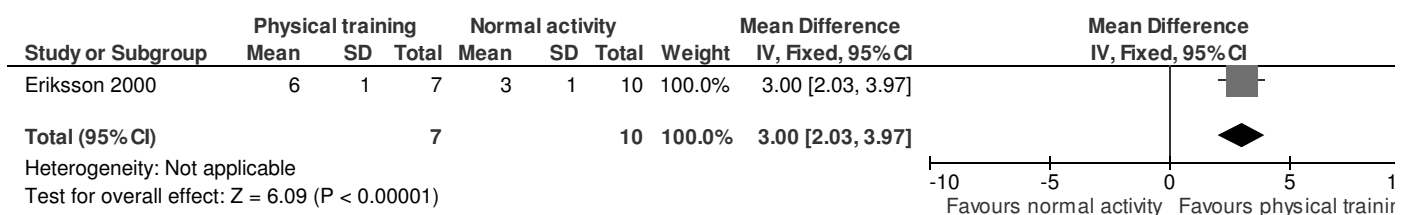
2.2 Peak heart rate (bpm) (8 week follow up)



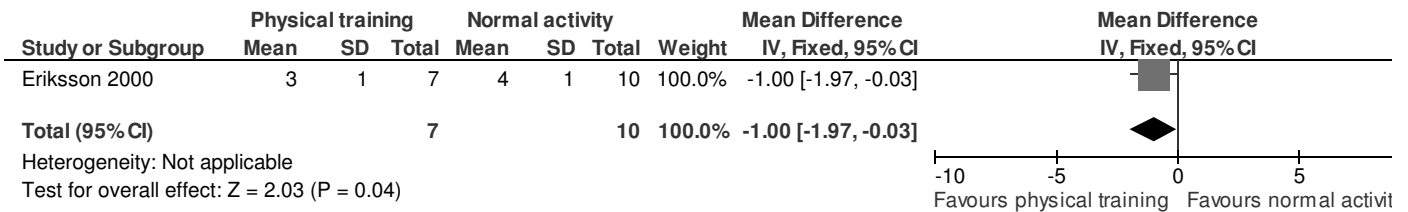
2.3 Exertion (Borg RPE) (8 week follow up)



2.4 Pain onset (min) after exercise (8 week follow up)

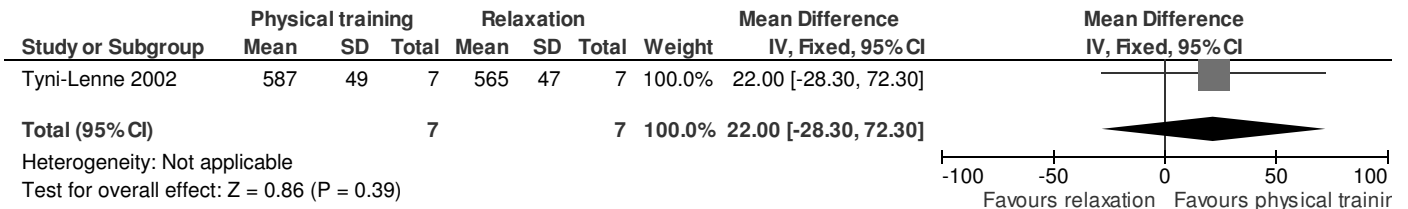


2.5 Max pain (Borg CR-10) (8 week follow up)

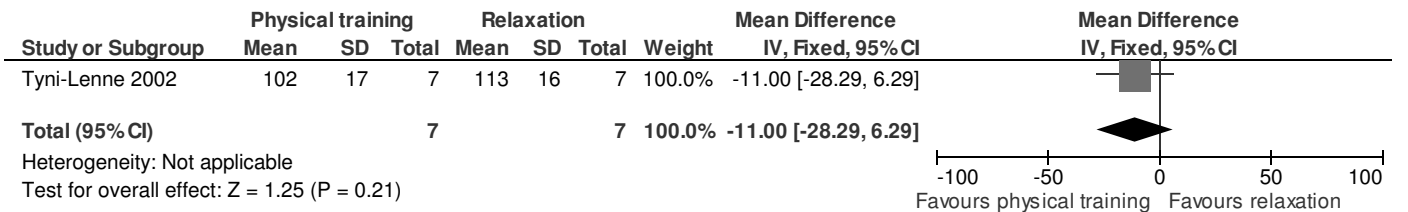


3 Physical training versus relaxation

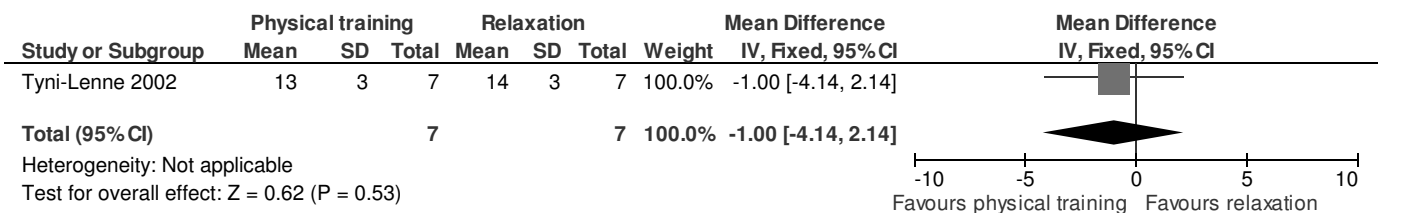
3.1 Distance walked (m) (8 week follow up)



3.2 Peak heart rate (bpm) (8 week follow up)

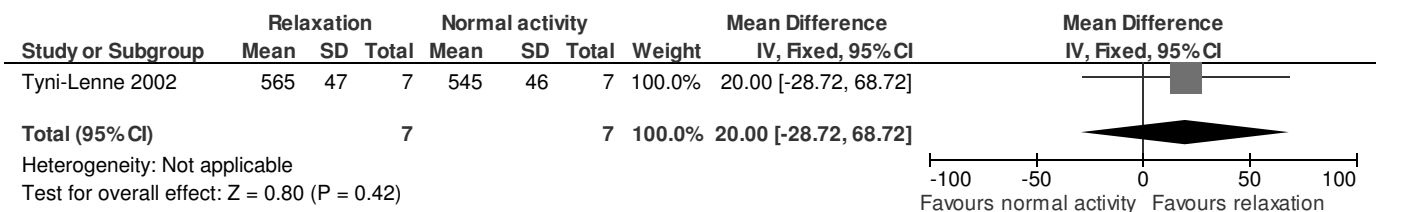


3.3 Exertion (Borg RPE) (8 week follow up)

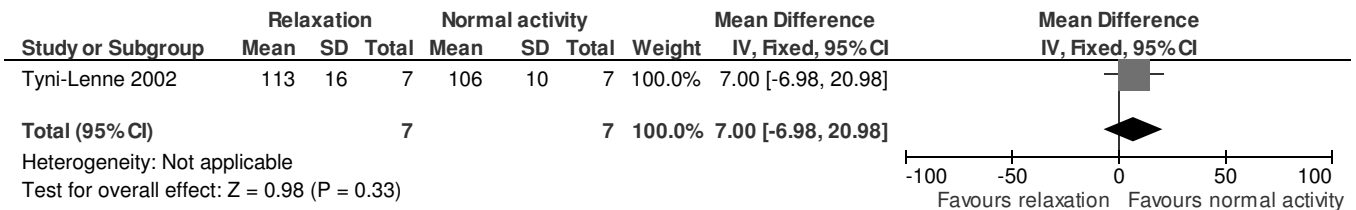


4 Relaxation versus normal activity

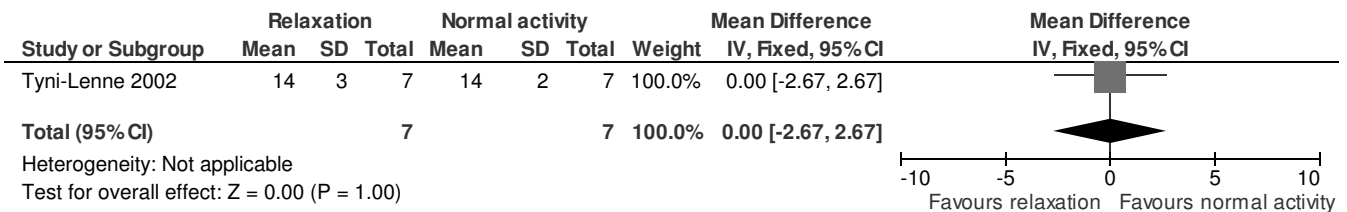
4.1 Distance walked (m) (8 week follow up)



4.2 Peak heart rate (bpm) (8 week follow up)

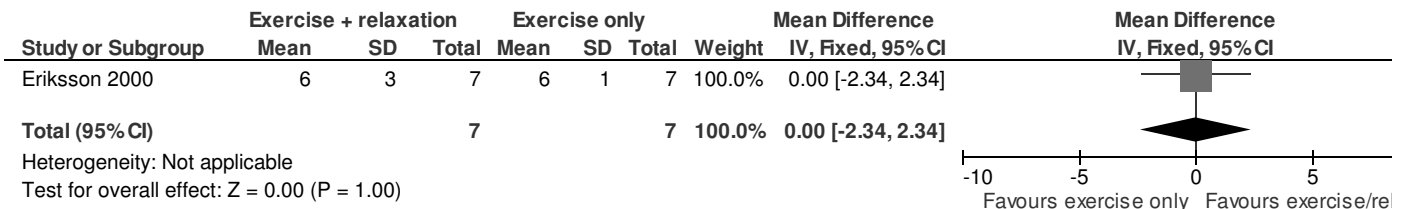


4.3 Exertion (Borg RPE) (8 week follow up)

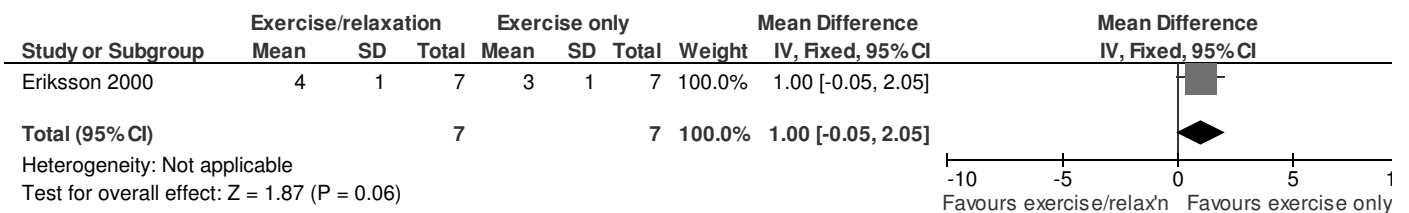


5 Exercise plus relaxation training versus exercise training

5.4 Pain onset (min) after exercise (8 week follow up)

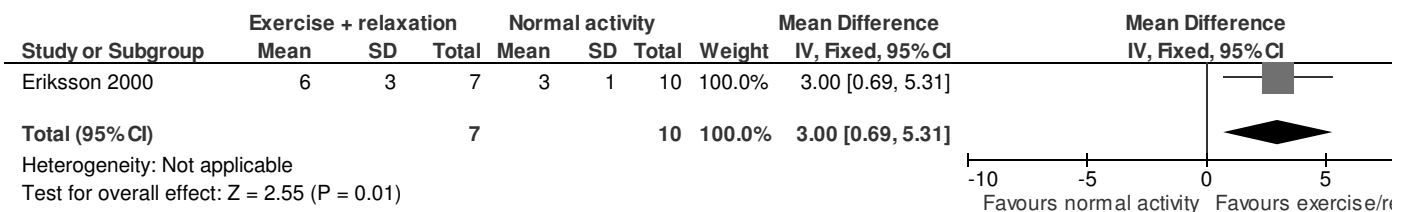


5.5 Max pain (Borg CR-10) (8 week follow up)



6 Exercise plus relaxation training versus normal activity

6.4 Pain onset (min) after exercise (8 week follow up)



6.5 Max pain (Borg CR-10) (8 week follow up)

