

Online Appendix

Supplement to: The Prevalence of Anxiety in General Hospital Inpatients: A Systematic Review and Meta-Analysis

This appendix has been provided by the authors to give readers additional information about their work.

Search strategies

We ran searches in August 2019. We updated them in December 2020.

Ovid Medline (1946 to 2020)

- 1 Prevalence/
- 2 Incidence/
- 3 prevalen*.ti,ab.
- 4 inciden*.ti,ab.
- 5 frequen*.ti,ab.
- 6 rate*.ti,ab.
- 7 occurr*.ti,ab.
- 8 Hospitals, General/
- 9 Hospitals, District/
- 10 Tertiary Care Centers/
- 11 exp Hospitals, Teaching/
- 12 "district hospital*".ti,ab.
- 13 "tertiary hospital*".ti,ab.
- 14 "teaching hospital*".ti,ab.
- 15 "medical centre*".ti,ab.
- 16 "medical center*".ti,ab.
- 17 "general medical".ti,ab.
- 18 (ward* adj4 patient*).ti,ab.
- 19 (hospital* adj4 patient*).ti,ab.
- 20 Inpatients/
- 21 in\$patient*.ti,ab.
- 22 Hospitalization/
- 23 hospitali*.ti,ab.
- 24 Hospital Units/
- 25 exp Hospital Units/
- 26 Patient Admission/
- 27 exp Anxiety/
- 28 Panic/
- 29 neurotic*.ti,ab.
- 30 (neurosis or neuroses).ti,ab.
- 31 anxiety.ti,ab.
- 32 panic.ti,ab.
- 33 agoraphobi*.ti,ab.
- 34 phobi*.ti,ab.
- 35 1 or 2 or 3 or 4 or 5 or 6 or 7
- 36 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23
or 24 or 25 or 26
- 37 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34
- 38 35 and 36 and 37

Ovid Embase (1974 to 2020)

- 1 Prevalence/
- 2 Incidence/
- 3 prevalen*.ti,ab.
- 4 inciden*.ti,ab.
- 5 frequen*.ti,ab.
- 6 rate*.ti,ab.
- 7 occurr*.ti,ab.
- 8 Hospitals, General/
- 9 Hospitals, District/
- 10 Tertiary Care Centers/
- 11 exp Hospitals, Teaching/
- 12 "district hospital*".ti,ab.
- 13 "tertiary hospital*".ti,ab.
- 14 "teaching hospital*".ti,ab.
- 15 "medical centre*".ti,ab.
- 16 "medical center*".ti,ab.
- 17 "general medical".ti,ab.
- 18 (ward* adj4 patient*).ti,ab.
- 19 (hospital* adj4 patient*).ti,ab.
- 20 Inpatients/
- 21 in\$patient*.ti,ab.
- 22 Hospitalization/
- 23 hospitali*.ti,ab.
- 24 Hospital Units/
- 25 exp Hospital Units/
- 26 Patient Admission/
- 27 exp Anxiety/
- 28 Panic/
- 29 neurotic*.ti,ab.
- 30 (neurosis or neuroses).ti,ab.
- 31 anxiety.ti,ab.
- 32 panic.ti,ab.
- 33 agoraphobi*.ti,ab.
- 34 phobi*.ti,ab.
- 35 1 or 2 or 3 or 4 or 5 or 6 or 7
- 36 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23
or 24 or 25 or 26
- 37 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34
- 38 35 and 36 and 37

Ovid PsycINFO (1806 to 2020)

- 1 Epidemiology/
- 2 prevalen*.ti,ab.
- 3 inciden*.ti,ab.
- 4 frequen*.ti,ab.
- 5 rate*.ti,ab.
- 6 occurr*.ti,ab.
- 7 "district hospital*".ti,ab.
- 8 "tertiary hospital*".ti,ab.
- 9 "teaching hospital*".ti,ab.
- 10 "medical centre*".ti,ab.
- 11 "medical center*".ti,ab.
- 12 "general medical".ti,ab.
- 13 (ward* adj4 patient*).ti,ab.
- 14 (hospital* adj4 patient*).ti,ab.
- 15 exp Hospitalized Patients/
- 16 in\$patient*.ti,ab.
- 17 Hospitalization/
- 18 hospitali*.ti,ab.
- 19 Hospital admission/
- 20 exp Anxiety/
- 21 Panic/
- 22 neurotic*.ti,ab.
- 23 (neurosis or neuroses).ti,ab.
- 24 anxiety.ti,ab.
- 25 panic.ti,ab.
- 26 agoraphobi*.ti,ab.
- 27 phobi*.ti,ab.
- 28 1 or 2 or 3 or 4 or 5 or 6
- 29 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19
- 30 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27
- 31 28 and 29 and 30

Summary of the DSM and ICD diagnostic criteria for anxiety disorders

Diagnostic system	Classification of Anxiety disorders	Diagnostic criteria for Panic disorder	Diagnostic criteria for Generalized anxiety disorder
DSM-III	<p>Phobic disorders</p> <ul style="list-style-type: none"> - Agoraphobia with panic attacks - Agoraphobia without panic attacks - Social phobia - Simple phobia <p>Anxiety states</p> <ul style="list-style-type: none"> - Panic disorder - Generalised Anxiety Disorder - Obsessive Compulsive Disorder - Post-traumatic Stress Disorder, Acute - Post-traumatic Stress Disorder, Chronic or Delayed - Atypical anxiety disorder 	<p>≥ 3 panic attacks within a 3-week period, not precipitated by exposure to a circumscribed phobic stimulus.</p> <p>Not due to a physical disorder or another mental disorder.</p> <p>Not associated with agoraphobia.</p>	<p>Generalised, persistent anxiety with symptoms from ≥ 3 of: motor tension, autonomic hyperactivity, apprehensive expectation, vigilance and scanning.</p> <p>Continuous for ≥ 1 month.</p> <p>Not due to another mental disorder.</p>
DSM-III-R	<p>Panic disorder with agoraphobia</p> <p>Panic disorder without agoraphobia</p> <p>Agoraphobia without history of panic disorder</p> <p>Social phobia</p> <p>Simple phobia</p> <p>Obsessive-compulsive disorder</p> <p>Post-traumatic stress disorder</p> <p>Generalised Anxiety Disorder</p> <p>Anxiety disorder not otherwise specified</p>	<p>≥ 1 panic attack that were unexpected and not triggered by situations in which the person was the focus of others' attention.</p> <p>Either 4 attacks within a 4-week period or ≥ 1 attack have been followed by at least 1 month of persistent fear of having another attack.</p> <p>During at least some of the attacks, ≥ 4 symptoms developed suddenly and increased in intensity within 10 minutes of the beginning of the first symptom noticed in the attack.</p>	<p>Unrealistic or excessive anxiety and worry about ≥ 2 life circumstances for ≥ 6 months, during which the person has been bothered more days than not by these concerns.</p> <p>If another Axis I disorder is present, the focus of the anxiety and worry is unrelated to it.</p> <p>The disturbance does not occur only during the course of a mood disorder or psychotic disorder.</p>

		It cannot be established that an organic factor initiated and maintained the disturbance.	<p>≥ 6 are often present from: trembling, twitching or feeling shaky; muscle tension, aches or soreness; restlessness; easy fatigability; shortness of breath or smothering sensations; palpitations or accelerated heart rate; sweating or cold clammy hands; dry mouth; dizziness or lightheadedness; nausea, diarrhea or other abdominal distress; flushes or chills; frequent urination; trouble swallowing or 'lump in throat'; feeling keyed up or on edge; exaggerated startle response; difficulty concentrating or 'mind going blank' because of anxiety; trouble falling or staying asleep; irritability.</p> <p>It cannot be established that an organic factor initiated and maintained the disturbance.</p>
DSM-IV	<p>Panic disorder without agoraphobia Panic disorder with agoraphobia Agoraphobia without history of panic disorder Specific phobia Social phobia Obsessive-compulsive disorder Posttraumatic stress disorder Acute stress disorder Generalised anxiety disorder Anxiety disorder due to a general medical condition</p>	<p>Recurrent unexpected panic attacks.</p> <p>≥ 1 attack has been followed by ≥ 1 month of: persistent concern about having additional attacks, worry about implications or consequence of attack, or significant change in behaviour related to attacks.</p> <p>Attacks are not due to the direct physiological effects of a substance or general medical condition.</p>	<p>Excessive anxiety and worry more days than not for ≥ 6 months about a number of events or activities.</p> <p>The person finds it difficult to control the worry.</p> <p>≥ 3 present (at least some on most days for ≥ 6 months) from: restlessness or feeling keyed up or on edge; being easily fatigued; difficulty concentrating or mind going</p>

	<p>Substance-induced anxiety disorder Anxiety disorder not otherwise specified</p>	<p>Attacks are not better accounted for by another mental disorder.</p>	<p>blank; irritability; muscle tension; sleep disturbance.</p> <p>The focus of anxiety is not confined to features of an Axis I disorder (e.g. to panic attacks in Panic disorder).</p> <p>The anxiety, worry or physical symptoms cause clinically significant distress or impairment in functioning.</p> <p>The disturbance is not due to the direct physiological effects of a substance or general medical condition.</p>
ICD-9	<p>Anxiety states</p> <ul style="list-style-type: none"> - Anxiety neurosis - Anxiety reaction - Anxiety state - Panic attack - Panic disorder - Panic state <p>Phobic state</p> <ul style="list-style-type: none"> - Agoraphobia - Animal phobias - Anxiety-hysteria - Claustrophobia - Phobia not otherwise specified 	<p>No specific criteria described.</p> <p>Anxiety states are described as combinations of physical and mental manifestations of anxiety, not attributable to real danger and occurring in attacks or as a persisting state.</p>	<p>No specific criteria described.</p> <p>Anxiety states are described as combinations of physical and mental manifestations of anxiety, not attributable to real danger and occurring in attacks or as a persisting state.</p>

ICD-10	<p>Phobic anxiety disorders</p> <ul style="list-style-type: none"> - Agoraphobia without panic disorder - Agoraphobia with panic disorder - Social phobias - Specific (isolated) phobias - Other phobic anxiety disorders - Phobic anxiety disorder, unspecified <p>Other anxiety disorders</p> <ul style="list-style-type: none"> - Panic disorder (episodic paroxysmal anxiety) - Generalised Anxiety Disorder - Mixed anxiety and depressive disorder - Other mixed anxiety disorders - Other specified anxiety disorders - Anxiety disorder, unspecified 	<p>Several attacks of autonomic anxiety within a period of about 1 month in circumstances where there is no objective danger, without being confined to known or predictable situations, and with comparative freedom from anxiety symptoms between attacks.</p> <p>Only diagnosed in the absence of any of the phobias.</p>	<p>Primary symptoms of anxiety most days for at least several weeks at a time and usually for several months.</p> <p>Symptoms should usually involve elements of: apprehension, motor tension and autonomic overactivity.</p> <p>Must not meet the full criteria for depressive episode, phobic anxiety disorder, panic disorder or obsessive-compulsive disorder.</p>
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N.B. Symptoms required to diagnose a panic attack are described separately

Methodological quality assessment of relevant studies

Study	Consecutive or random sample	Caseness clearly defined	Data available on ≥70% eligible patients
Abiodun 1990	Yes	Yes	Yes
Akinsulore 2015	No	Yes	Unknown
Al-Atram 2018	No	Yes	Unknown
Alexander 1993	Yes	Yes	Yes
Ames 1994	No	Unknown	Unknown
Arolt 1997	Yes	Yes	Yes
Arora 2019	Unknown	Yes	Unknown
Austin 2011	Unknown	Yes	Yes
Beausang 1998	Yes	No	Yes
Boizonave 2003	Unknown	No	Unknown
Booth 1998	Yes	Yes	Unknown
Burn 1993	Yes	Yes	Yes
Buzgova 2014	Unknown	Yes	Unknown
Buzgova 2015	Unknown	Yes	Yes
Capocaccia 1993	Unknown	No	Unknown
Cardoso 2010	Yes	Yes	Yes
Castro-Camacho 2012	Yes	No	Unknown
Celano 2013	Yes	Yes	No
Chaturvedi 1994	Yes	No	Unknown
De Fazio 2017	Yes	Yes	Unknown
de Moraes 2010	Unknown	Yes	Yes
Dicker 2011	Unknown	Yes	No
Dogar 2008	Yes	Yes	Yes
Dyster-Aas 2008	Yes	Yes	Yes
Esteghamat 2014	Yes	Yes	Yes
Feldman 1987	Yes	Yes	Yes
Fritzsche 2001	Yes	Yes	Yes
Gascon 2012	Unknown	No	Unknown
Giles Gordon 1992	Yes	No	Yes
Gopalan 2016	Yes	Yes	Unknown
Gorini 2020	Yes	Yes	Yes
Grassi 1996	Unknown	No	Yes
Gullich 2013	Unknown	Yes	Yes
Gurr 2012	Unknown	Yes	Yes
Hadi 2010	Yes	Yes	Unknown
Hansen 2001	Yes	Yes	No
Hardman 1989	Yes	Yes	Unknown
Harter 2000	Unknown	Yes	Yes

Hernandez-Palazon 2015	No	Yes	Unknown
Hosaka 1994	Unknown	Yes	Unknown
Hosaka 1996	Unknown	Yes	Unknown
Huang 2019	Yes	Yes	Yes
Jafar 2009	No	Yes	Unknown
Jenkins 1994	Yes	Yes	Yes
Kathol 1992	Yes	Yes	Yes
Kayhan 2013	Yes	Yes	Yes
Kelleci 2009	Unknown	Yes	Unknown
Keller 2004	Yes	Yes	Yes
Kigamwa 1991	Yes	Yes	Yes
Koc 2017	Yes	Yes	Yes
Köroğlu 2010	Yes	Yes	Yes
Kvaal 2001	Unknown	Yes	Yes
Latif 2017	No	Yes	Unknown
Lepine 1986	Yes	Yes	Unknown
Li 2018	Yes	Yes	Yes
Liu 2017	No	Yes	Unknown
Lykouras 1996	Yes	Yes	Yes
Madianos 2001	Yes	Yes	Yes
Marchesi 2001	Unknown	Yes	Yes
Marchesi 2004	Yes	Yes	Yes
Marco Sanjuan 1999	Unknown	No	Yes
Marcolino 2007	Unknown	Yes	Yes
Marcolino 2007	Unknown	Yes	Yes
Martucci 1999	No	Yes	No
Mazeraud 2020	Yes	Yes	Yes
Meyer 2002	Yes	Yes	Yes
Mina 2012	Yes	Yes	Unknown
Minagawa 1996	No	Yes	Yes
Mirani 2019	Unknown	Yes	Unknown
Mohammed 2014	No	Yes	Unknown
Mulugeta 2018	No	Yes	Yes
Nagle-Yang 2019	Unknown	Yes	No
Ni Mhaolain 2008	Yes	Yes	Unknown
Niecke 2019	Unknown	Yes	No
Nigussie 2014	No	Yes	Yes
Palmu 2010, 2011	Yes	Yes	Yes
Paul 2013	No	Yes	Unknown
Phillips 1996	Yes	No	No
Prieto 2002	Yes	Yes	Yes
Rincon 2001	Yes	Yes	Yes

Şahan 2021	Yes	Yes	Yes
Sanson 2018	Yes	No	Yes
Shdaifat 2020	No	Yes	Unknown
Shoar 2016	Yes	Yes	Unknown
Silverstone 1996	Yes	Yes	Yes
Soeiro 2008	Yes	Unknown	Yes
Tan 2014	Yes	Yes	Unknown
Tecchio 2013	Yes	Yes	Yes
Teunissen 2007	Yes	Yes	No
Thew 2016	Unknown	Yes	Yes
Tian 2019	Yes	Yes	Yes
Wang 2019	No	Yes	Yes
Wang 2020	No	Yes	Yes
Yildirim 2010	Unknown	Yes	Yes
Zhao 2020	Unknown	Yes	Yes

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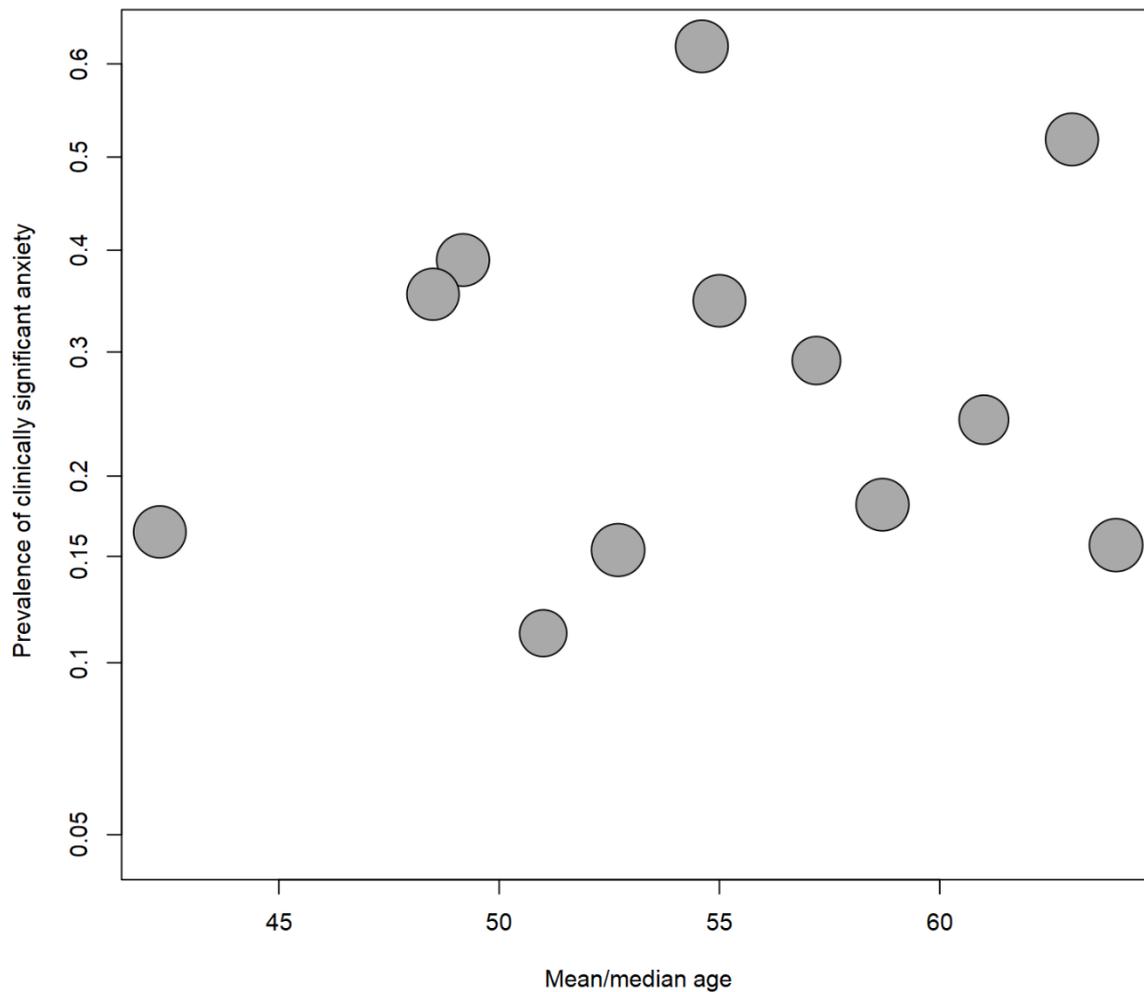
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Explorations of heterogeneity in studies included in the review

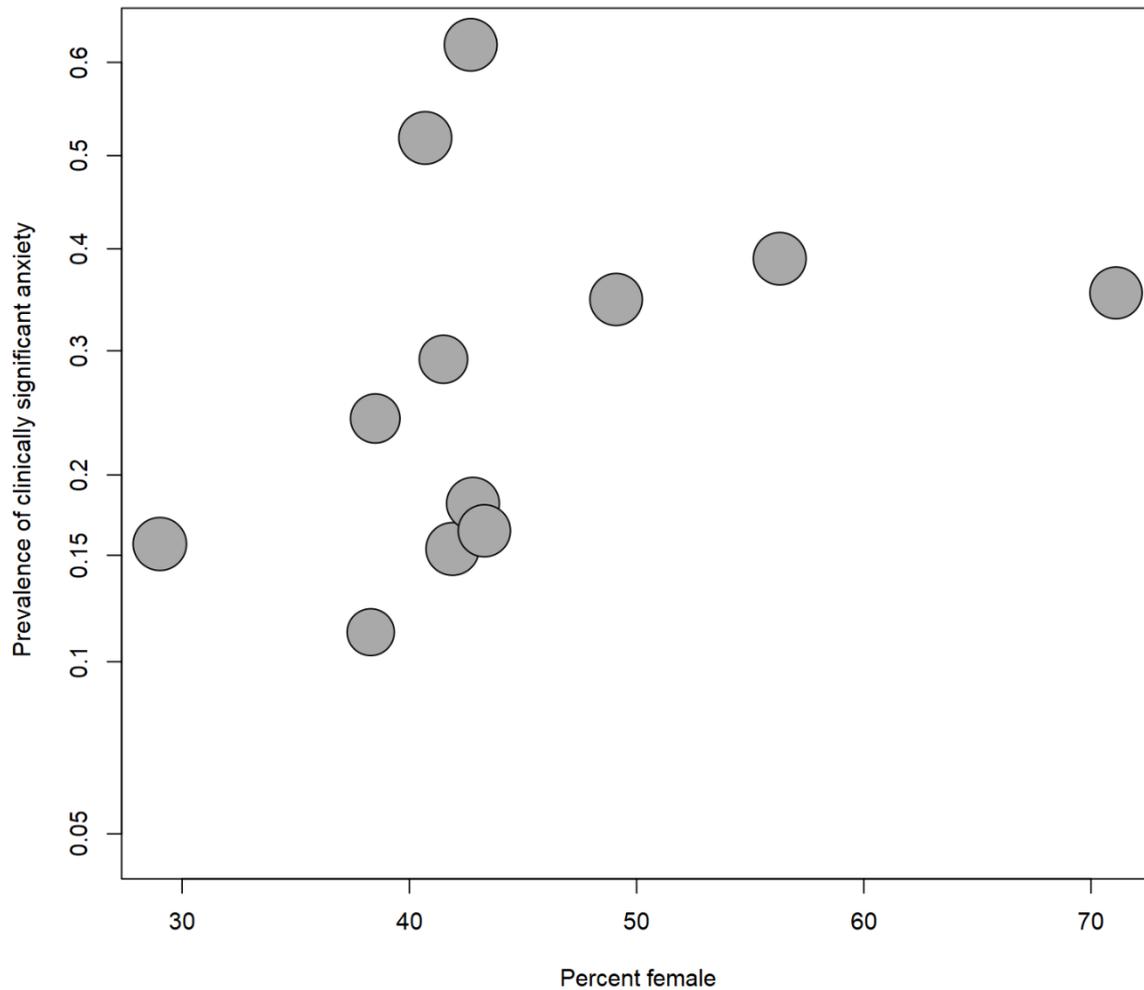
Figure A1: Bubble plot of the prevalence of clinically significant anxiety symptoms in each study against mean or median age.



There was no statistical evidence of an association between odds of anxiety symptoms and mean or median age ($p=0.715$). Each one year increase was associated with 1.02 (95% CI 0.93 to 1.10) times the odds of anxiety symptoms.

This analysis included data on 12 studies: Cardoso, 2010; Esteghamat, 2014; Gorini, 2020; Huang, 2019; Koc, 2017; Li, 2018; Mazeraud, 2020; Meyer, 2002; Rincon, 2001; Şahan, 2021; Tecchio, 2013; Tian, 2019.

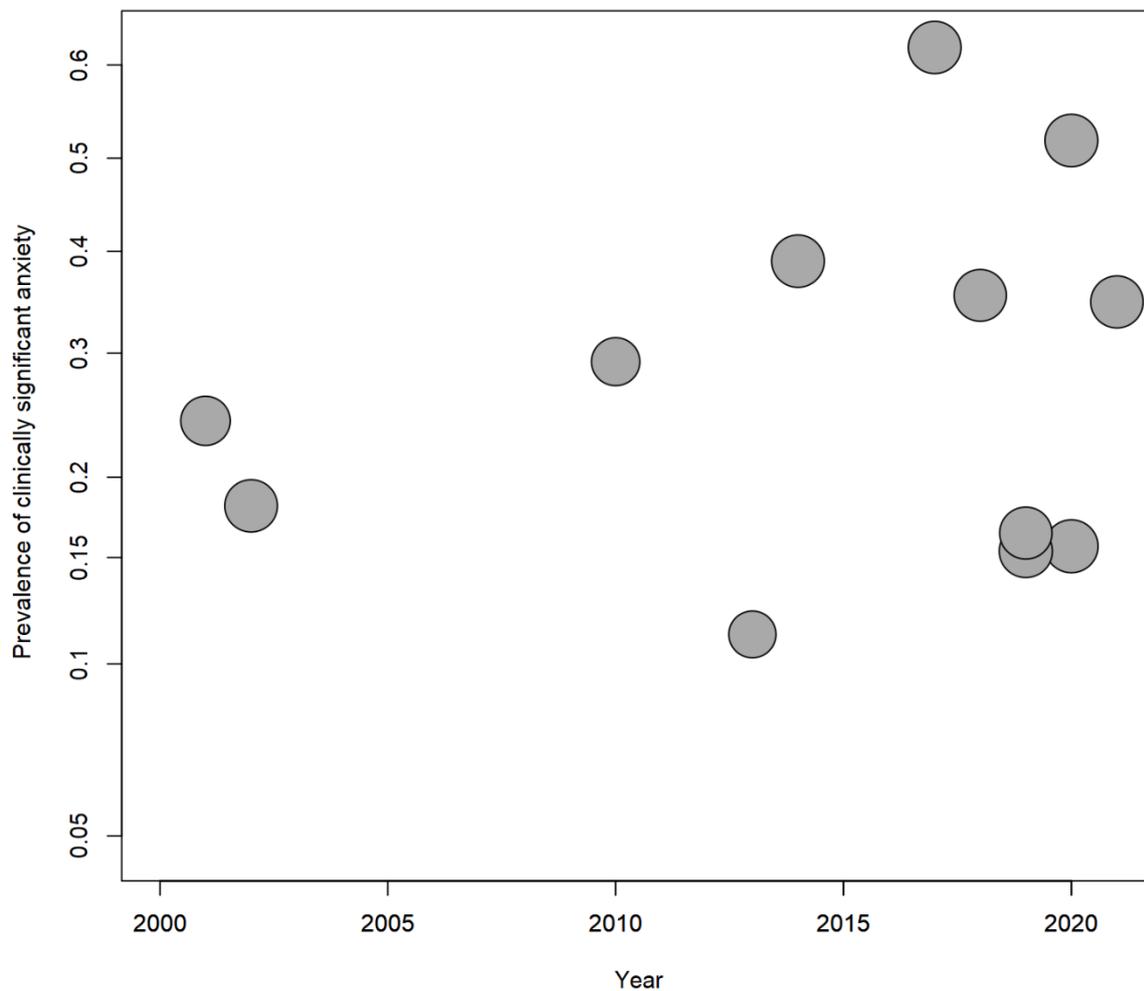
Figure A2: Bubble plot of the prevalence of clinically significant anxiety symptoms in each study against percentage of female participants.



There was no statistical evidence of an association between odds of anxiety symptoms and percentage of female participants ($p=0.247$). Each percentage point increase was associated with 1.03 (95% CI 0.98 to 1.08) times the odds of anxiety symptoms.

This analysis included data on 12 studies: Cardoso, 2010; Esteghamat, 2014; Gorini, 2020; Huang, 2019; Koc, 2017; Li, 2018; Mazeraud, 2020; Meyer, 2002; Rincon, 2001; Şahan, 2021; Tecchio, 2013; Tian, 2019.

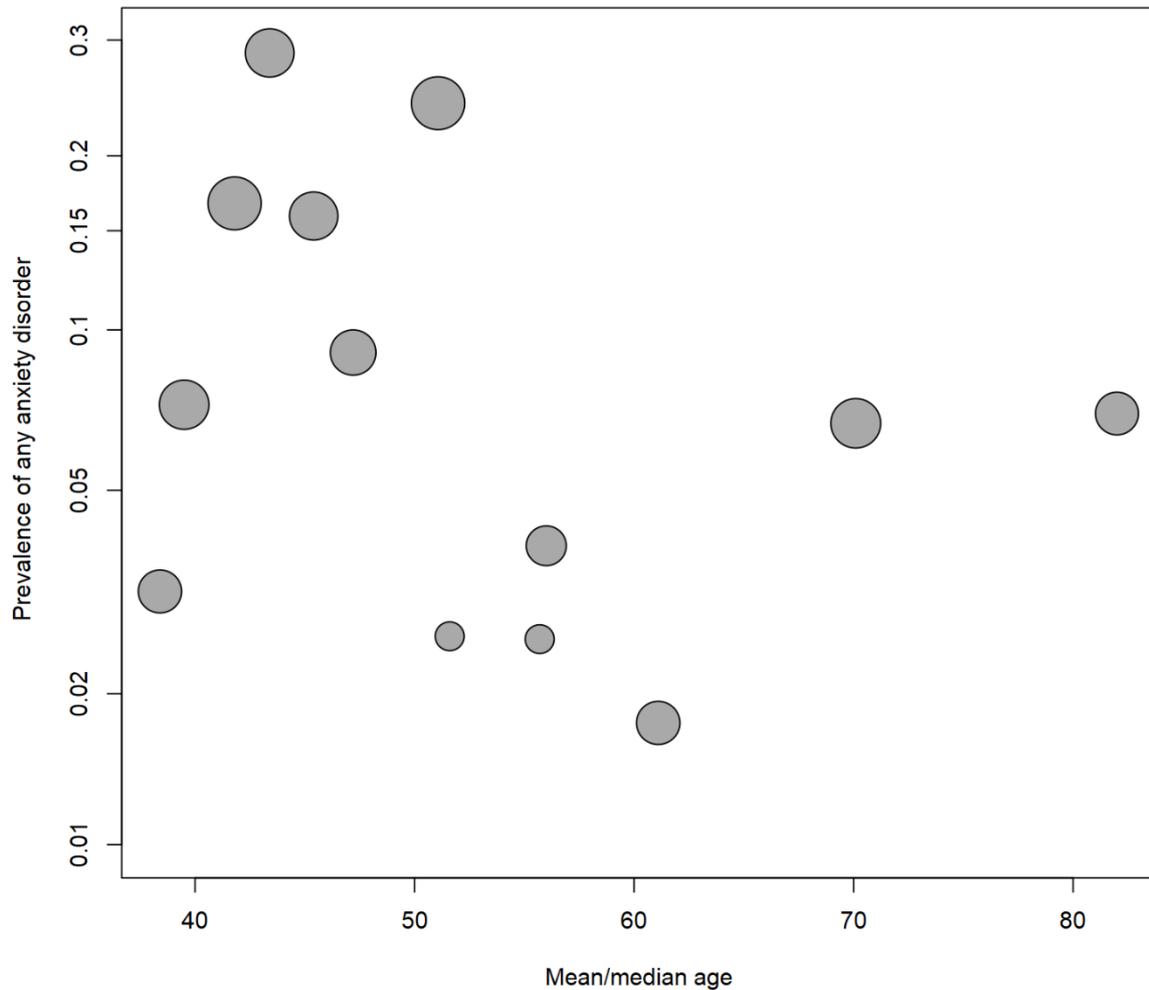
Figure A3: Bubble plot of the prevalence of clinically significant anxiety symptoms in each study against year of publication.



There was no statistical evidence of an association between odds of anxiety symptoms and year of publication ($p=0.532$). Each one year increase was associated with 1.02 (95% CI 0.95 to 1.11) times the odds of anxiety symptoms.

This analysis included data on 12 studies: Cardoso, 2010; Esteghamat, 2014; Gorini, 2020; Huang, 2019; Koc, 2017; Li, 2018; Mazeraud, 2020; Meyer, 2002; Rincon, 2001; Şahan, 2021; Tecchio, 2013; Tian, 2019.

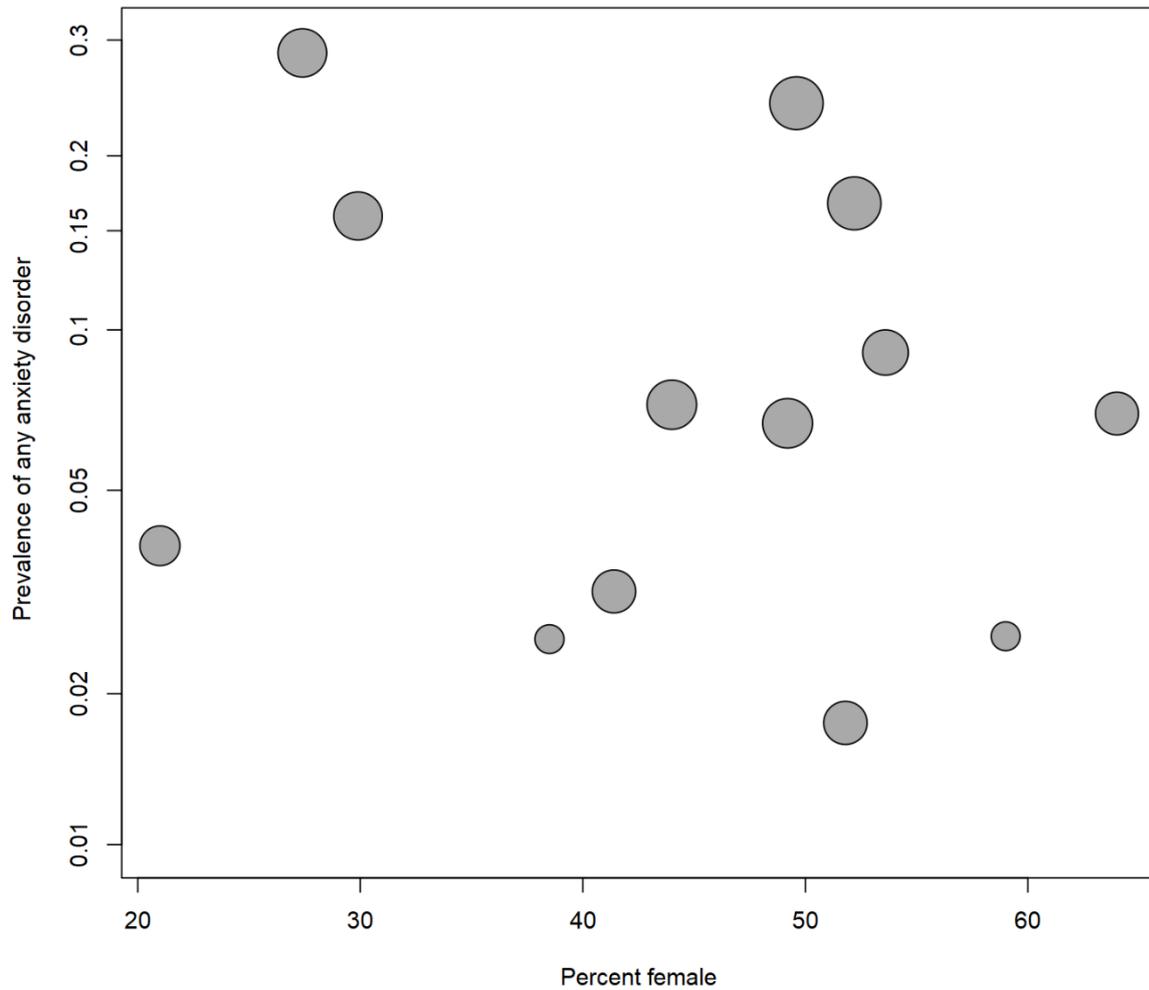
Figure A4: Bubble plot of the prevalence of any anxiety disorder in each study against mean or median age



There was no statistical evidence of an association between odds of any anxiety disorder and mean or median age ($p=0.257$). Each one year increase was associated with 0.98 (95% CI 0.94 to 1.02) times the odds of any anxiety disorder.

This analysis included data on 13 studies: Abiodun, 1990; Arolt, 1997; Burn, 1993; Dyster-Aas, 2008; Fritzsche, 2001; Kathol, 1992; Kayhan, 2013; Keller, 2004; Köroğlu, 2010; Marchesi, 2004; Palmu, 2010, 2011; Prieto, 2002; Silverstone, 1996.

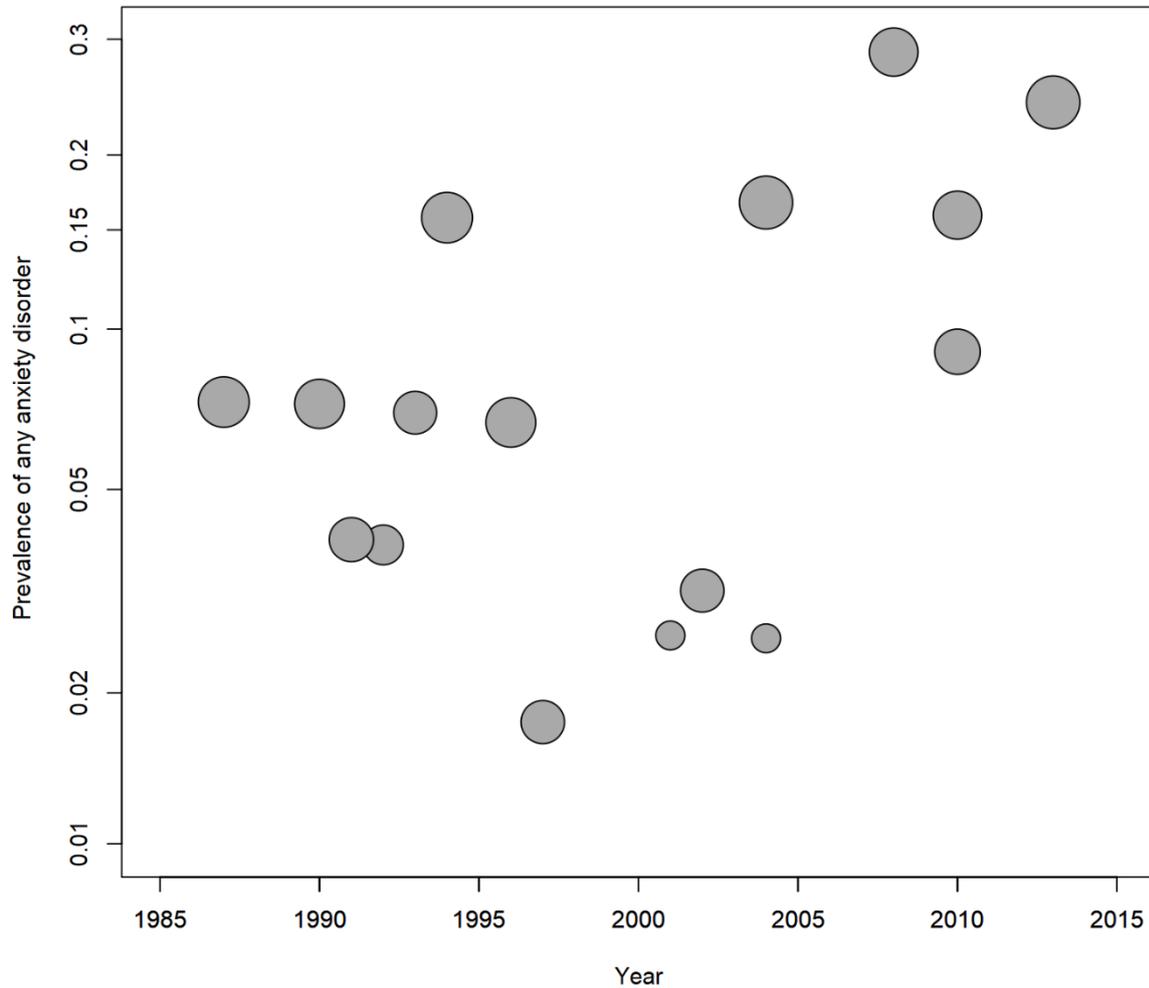
Figure A5: Bubble plot of the prevalence of any anxiety disorder in each study against percentage of female participants



There was no statistical evidence of an association between odds of any anxiety disorder and percentage of female participants ($p=0.500$). Each percentage point increase was associated with 0.99 (95% CI 0.95 to 1.03) times the odds of any anxiety disorder.

This analysis included data on 13 studies: Abiodun, 1990; Arolt, 1997; Burn, 1993; Dyster-Aas, 2008; Fritzsche, 2001; Kathol, 1992; Kayhan, 2013; Keller, 2004; Köroğlu, 2010; Marchesi, 2004; Palmu, 2010, 2011; Prieto, 2002; Silverstone, 1996.

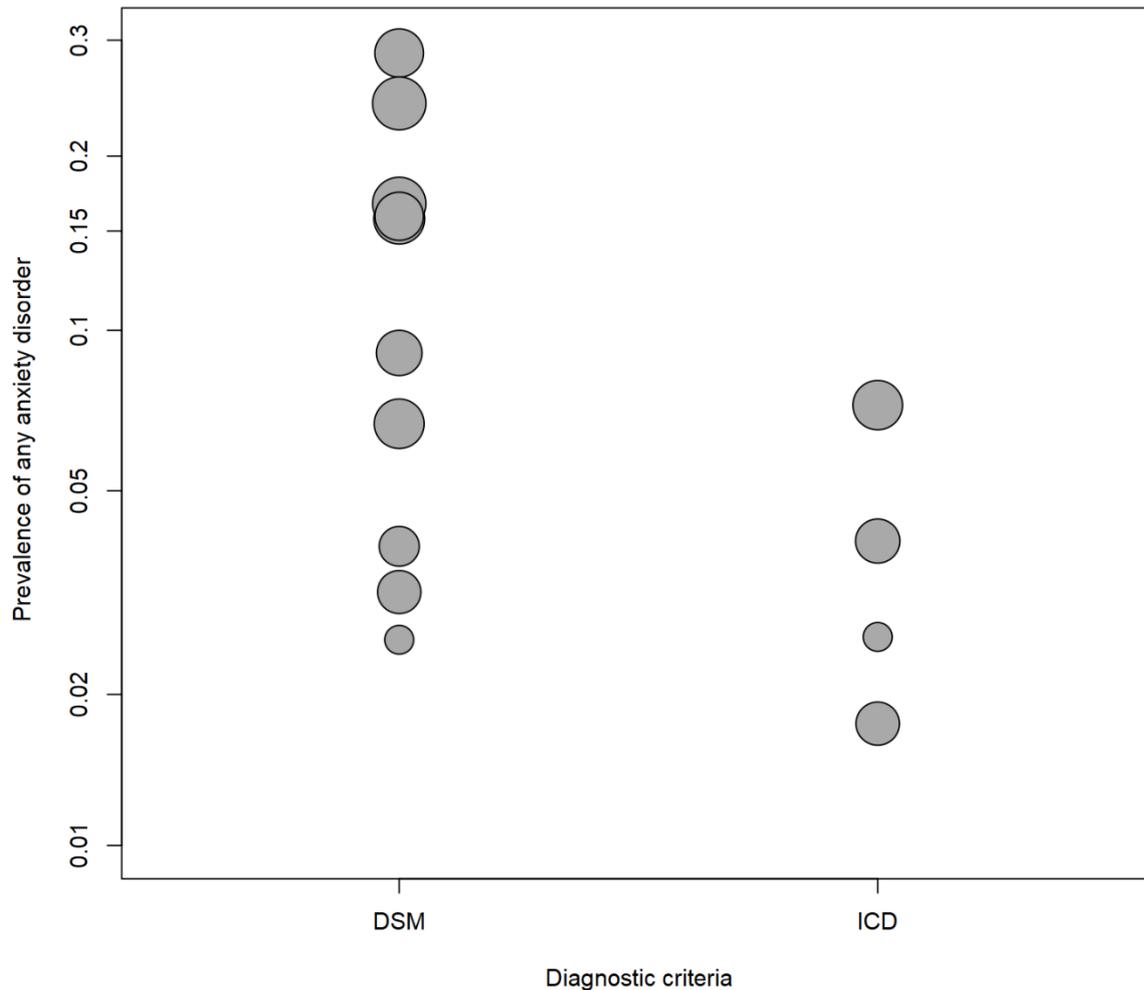
Figure A6: Bubble plot of prevalence of any anxiety disorder in each study against year of publication



There was statistically significant evidence of an association between odds of any anxiety disorder and year of publication ($p=0.004$). Each one year increase was associated with 1.06 (95% CI 1.02 to 1.10) times the odds of any anxiety disorder. Between 1990-95, the fitted prevalence of any anxiety disorder increased from 5% to 7%, and between 2005-10 it increased from 11% to 14%.

This analysis included data on 16 studies: Abiodun, 1990; Arolt, 1997; Burn, 1993; Dyster-Aas, 2008; Feldman, 1987; Fritzsche, 2001; Jenkins, 1994; Kathol, 1992; Kayhan, 2013; Keller, 2004; Kigamwa, 1991; Köroğlu, 2010; Marchesi, 2004; Palmu, 2010, 2011; Prieto, 2002; Silverstone, 1996.

Figure A7: Bubble plot of prevalence of any anxiety disorder in each study against DSM or ICD diagnostic criteria



There was statistically significant evidence of an association between odds of any anxiety disorder and diagnostic criteria ($p=0.006$). The odds of any anxiety disorder for studies that used the ICD criteria were 0.30 (95% CI 0.13 to 0.71) times the odds for studies that used the DSM criteria. The fitted prevalence of any anxiety disorder was 4% for studies that used ICD criteria and 11% for studies that used DSM criteria.

This analysis included data on 14 studies: Abiodun, 1990; Arolt, 1997; Dyster-Aas, 2008; Fritzsche, 2001; Jenkins, 1994; Kathol, 1992; Kayhan, 2013; Keller, 2004; Kigamwa, 1991; Köroğlu, 2010; Marchesi, 2004; Palmu, 2010, 2011; Prieto, 2002; Silverstone, 1996.

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	Page 1
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	Page 2
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	Page 4
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	Page 4
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	Pages 5-7
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	Page 5
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	Appendix
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	Pages 6-7
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	Pages 6-7
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	Pages 6-7
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	Pages 6-7
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	Page 6
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	Pages 7-8
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	N/A
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	Pages 7-8
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	Pages 7-8
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	Pages 7-8
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	Pages 7-8

Section and Topic	Item #	Checklist item	Location where item is reported
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	N/A
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	N/A
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	Pages 7-8
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	Page 9, Figure 1
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	Figure 1, Appendix
Study characteristics	17	Cite each included study and present its characteristics.	Tables 1 & 2
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	Appendix
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	Tables 1 & 2, Figures 2-5
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	Tables 1 & 2, Appendix
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	Figures 2-5 Pages 10-11
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	Page 12, Appendix
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	N/A
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	N/A
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	Figures 2-5 Pages 10-11
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	Pages 13-14
	23b	Discuss any limitations of the evidence included in the review.	Page 17
	23c	Discuss any limitations of the review processes used.	Page 17
	23d	Discuss implications of the results for practice, policy, and future research.	Pages 18-19
OTHER INFORMATION			

Section and Topic	Item #	Checklist item	Location where item is reported
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	Page 2, page 5
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	Page 5
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	All updates on Prospero via registration number Page 5
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	Page 20
Competing interests	26	Declare any competing interests of review authors.	Page 20
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	Data extracted and used in Tables 1 & 2; full search strategies in Appendix

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71

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