

Appendix 2: Study characteristics (part 1 of 2)

Study	Study design	Description of patients	Comparator	Base yr	Country
Annemans et al. ¹	Cost-effectiveness analysis	Patients aged 50–60 yr with no CVD	No treatment	2003	United Kingdom
Ara et al. ²	Systematic review (effectiveness and cost-effectiveness analyses)	Male patients aged 65 yr	No treatment v. ezetimibe	2006	United Kingdom
Aujesky et al. ³	Cost-utility analysis	Patients aged 40–80 yr after first venous thromboembolic event	3 mo conventional therapy with warfarin v. 6 mo conventional-intensity anticoagulation	2002	United States
Beard et al. ⁴	Cost-effectiveness analysis and cost-utility analysis	Patients after acute stroke-related event	No treatment	2002	United Kingdom
Briffa et al. ⁵	Cost-effectiveness analysis	Patients with acute coronary syndrome	Conventional care	1998	Australia
Buxton et al. ⁶	Cost-effectiveness analysis and cost-utility analysis	Patients with arrhythmia	Amiodarone use	2005	United Kingdom
Chambers et al. ⁷	Cost-effectiveness analysis	Patients with acute stroke	Conventional care	1997	United Kingdom
Clegg et al. ⁸	Systematic review (effectiveness and cost-effectiveness analyses)	Patients with end stage heart failure	Death/no transplant	2003	United Kingdom
Fox et al. ⁹	Systematic review (effectiveness and cost-effectiveness analyses)	Patients with heart failure with a marker for cardiac dyssynchrony and left ventricular systolic dysfunction	Optimal pharmaceutical therapy	2005	United Kingdom
Gage et al. ¹⁰	Costing analysis	Patients with cardiac arrest	Not applicable	1999	United Kingdom
Gaspoz et al. ¹¹	Cost-effectiveness analysis	Patients aged 35–84 yr with coronary disease who survived the first month	No treatment	2000	United States
Glick et al. ¹²	Cost-effectiveness analysis	Patients with symptomatic heart failure and left ventricular ejection fractions $\geq 35\%$	Placebo	1992	United States
Glick et al. ¹³	Cost-effectiveness analysis	Patients with severe heart failure and a left ventricular ejection fraction of $\leq 35\%$	Standard therapy + placebo	1999	16 countries*
Griffin et al. ¹⁴	Cost-effectiveness analysis	Patients appropriate for CABG and percutaneous coronary intervention only	Medical management	2003	United Kingdom
Grover et al. ¹⁵	Cost-effectiveness analysis	Patients with clinical evidence of heart failure after an AMI Patients with CVD	Placebo Placebo	2002	Canada
Hartwell et al. ¹⁶	Systematic review (effectiveness and cost-effectiveness analyses)	Patients with AMI	Thrombolysis	2003	United Kingdom
Karnon et al. ¹⁷	Cost-effectiveness analysis	Patients with prior occlusive vascular events	ASA	2002	United Kingdom
Kongnakorn et al. ¹⁸	Cost-effectiveness analysis	Patients aged ≥ 18 yr with previous stroke or transient ischemic attack in prior 6 mo, no known coronary disease	Placebo	2005	United States
Lieu et al. ¹⁹	Cost-effectiveness analysis	Patients with AMI	No intervention	1993	United States
Lundkvist et al. ²⁰	Cost-effectiveness analysis	Patients with high blood pressure	Usual treatment without candesartan	2001	Sweden
Main et al. ²¹	Systematic review (effectiveness and cost-effectiveness analyses)	Non-ST segment elevation acute coronary syndromes Patients with acute coronary syndromes	Standard therapy Standard therapy	2001	United Kingdom

Appendix 2: Study characteristics (part 2 of 2)

Study	Study design	Description of patients	Comparator	Base yr	Country
McKenna et al. ²²	Systematic review (effectiveness and cost-effectiveness analyses)	Patients post-AMI heart failure	Standard of care	2009	United Kingdom
Næss and Steen ²³	Cost-effectiveness analysis	Patients with cardiac arrest with cardiac origin	No resuscitation	1999	Norway
National Collaborating Centre for Chronic Conditions ²⁴	Cost-effectiveness analysis	Patients aged 65 yr (2% annual risk of CVD, 1.1% diabetes risk, 1% heart failure risk, calcium channel blockers)	No interventions	2005	United Kingdom
O'Brien and Gage ²⁵	Cost-effectiveness analysis	Hypothetical cohort of 70-year-old patients with chronic atrial fibrillation, varying risk of stroke, and no contraindications to anticoagulation therapy	ASA	2003	United States
Palmer et al. ²⁶	Cost-effectiveness analysis	Patients with non-ST elevation acute coronary syndromes	No use of glycoprotein IIb/IIIa antagonists	2000	United Kingdom
Phillips et al. ²⁷	Cost-effectiveness analysis	US population aged 35–84 yr post-AMI	No statin	2000	United States
		Patients discharged after AMI without absolute contraindications of β -blocker use	No treatment		
Samsa et al. ²⁸	Cost-effectiveness analysis	Patients aged ≥ 18 yr with acute stroke	Placebo	1996	Canada, United States
Sandercock et al. ²⁹	Systematic review (effectiveness and cost-effectiveness analyses)	Patients with acute ischemic stroke	Standard care	1999	United Kingdom
Tsevat et al. ³⁰	Cost-effectiveness analysis	Survivors of AMI with ejection fraction $\leq 40\%$	Placebo	1991	United States
Tsevat et al. ³¹	Cost-effectiveness analysis	Patients who survived AMI, with average cholesterol levels	No pravastatin therapy	1996	United States
Varney et al. ³²	Cost-effectiveness analysis	Patients with chronic heart failure	Placebo	2000	United Kingdom
Vermeer et al. ³³	Cost-benefit analysis	Patients with chest pain with ECG signs of typical AMI	No thrombolytic, conventional treatment	1984	Netherlands
Wang et al. ³⁴	Systematic review (effectiveness and cost-effectiveness analyses)	Patients aged 45–54 yr	No quitting smoking	2005	United Kingdom
Ward et al. ³⁵	Systematic review (effectiveness and cost-effectiveness analyses)	Patients with coronary heart disease	No statin therapy	2004	United Kingdom
Wardlaw et al. ³⁶	Cost-effectiveness analysis	Patients with ischemic/hemorrhagic stroke or stroke mimics, no subarachnoid hemorrhage	No scan	2000	United Kingdom
Weinstein et al. ³⁷	Cost-effectiveness analysis	Patient aged 55 yr with coronary artery disease considered operable	Medical therapy	1981	United States

Note: AMI = acute myocardial infarction, ASA = acetylsalicylic acid, CABG = coronary artery bypass grafting, CVD = cardiovascular disease, ECG = electrocardiography.

*Countries whose data were included in this study: Australia, Belgium, Brazil, Canada, France, Germany, Japan, Mexico, the Netherlands, New Zealand, Spain, South Africa, Switzerland, United Kingdom, United States and Venezuela.

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