

Appendix 1: Search strategy (as provided by the author)

This review is based on a search of MEDLINE from January 1990 to March 2012. Proceedings of relevant International Congresses were also searched for the same time period. The search strategy focused on retrieving articles that addressed diverticular disease or diverticulosis of the colon and the use of dietary fiber, rifaximin, antibiotics, mesalamine and probiotics to improve symptoms, maintain remission of symptoms, treat acute diverticulitis and prevent acute diverticulitis or recurrent diverticulitis.

In particular, we looked for:

1) studies dealing with:

- a) symptomatic patients with diverticular disease of the colon without previous attacks of acute diverticulitis or no mention of this condition in their clinical history, or with one or more attacks of acute diverticulitis in the past year, and
- b) asymptomatic (previously symptomatic) patients, enrolled after a course of medical therapy with antibiotics, probiotics, or mesalazine for a recent (up to 3 months) attack of acute diverticulitis or recurrent symptomatic diverticular disease of the colon.

2) Prospective open or randomized trials on uncomplicated diverticular disease of the colon, published as full articles or as abstracts in the main International Congresses, without specific language restriction or length of follow-up, with one or more of the following outcome measures:

- a) improvement in symptoms (percentage of subjects with reduction of symptoms), b) complete remission of symptoms at the end of follow-up (percentage of asymptomatic patients), and c) prevention of acute diverticulitis during the follow-up (percentage of patients experiencing acute diverticulitis).

3) Prospective open or randomized trials on acute diverticulitis of the colon, published as full articles or as abstracts in the main International Congresses, without specific language restriction or length of follow-up, with one or more of the following outcome measures:

- a) improvement in symptoms (percentage of subjects with reduction of symptoms), b) complete remission of symptoms at the end of follow-up (percentage of asymptomatic patients), and c) prevention of relapsing acute diverticulitis during the follow-up (percentage of patients experiencing recurrence of acute diverticulitis).

Retrospective studies and articles addressing the treatment of diverticular hemorrhage, segmental colitis associated with diverticulosis, or end points other than clinical outcomes of diverticular disease of the colon, were excluded.