Appendix 1 (as supplied by the authors): Six statistical presentation approaches

Approach	Description
SMD (standardized mean difference)	When results of trials are reported using different units (e.g. different instruments to measure the same construct), authors typically report differences between intervention and control groups in standard deviation units, an approach known as the SMD approach. This involves dividing the mean difference in each trial by the pooled standard deviation for that trial's outcome.
MID (minimal important difference units)	The pooled mean difference is presented in MID units. This involves dividing the mean difference by the minimal important difference specific to the continuous measure used for each trial (MIDs can be imputed for instruments without an established MID to obtain an estimate in MID rather than SD units which may be more intuitive to clinicians.
MD (mean difference in natural units)	When results of trials are reported using identical units (e.g. all trials used the same instrument to measure physical function or pain), the most straightforward method pools the reported data directly using the MD approach. This method involves calculating and pooling the absolute difference between the mean values in intervention and control groups (i.e. the mean difference in natural units) for each trial. If different instruments are used, a linear transformation of trial data to most familiar instrument can also be used.
RoM (ratio of means)	The ratio between the mean responses in the intervention and control group. Involves dividing the mean value in the intervention group by the mean value in the control group for each trial to present result as percentage changes.
RR (relative risk)	Obtain proportion above threshold in both groups and calculate relative binary treatment effect estimate. Involves converting the continuous outcomes to binary outcomes for each study and then pooling these binary outcomes using standard relative risk or risk difference approaches. Requires deciding on a threshold value. If MID estimate is available, this should be considered the threshold of interest. If no MID is available, the chosen threshold may be somewhat arbitrary. For example, using a visual analogue 10-point scale to measure pain, one might choose a score of 7 or higher to classify the patient as having "severe pain." Converting a continuous measure to a binary measure discards information (i.e. both a patient with a pain score of 10 and a patient with a pain score of 7 will be classified as having "severe pain").
RD (risk difference)	Obtain proportion above threshold in both groups and calculate the absolute binary treatment effect estimate. Otherwise, see description for RR above.

For details on statistical calculations please see:

Thorlund K, Walter SD, Johnston BC, Furukawa TA, Guyatt GH. Pooling health-related quality of life outcomes in meta-analysis-a tutorial and review of methods for enhancing interpretability. Res Synth Methods. 2011 Sep;2(3):188-203;

Johnston BC, Patrick DL, Thorlund K, Busse JW, da Costa BR, Schünemann HJ, Guyatt GH. Patient-reported outcomes in meta-analyses-part 2: methods for improving interpretability for decision-makers. Health Qual Life Outcomes. 2013 Dec 21;11:211.

Appendix to: Johnston BC, Alonso-Coello P, Friedrich JO, et al. Communicating the magnitude of treatment effects: a randomized survey of clinicians across 8 countries. *CMAJ* 2015. DOI: 10.1503/cmaj.150430.