|  |  |  |  |
| --- | --- | --- | --- |
| Quality assessment | Number of patients | Effect |  |
| № of studies | Study design | Risk ofbias | Incon-sistency | Indirect-ness | Impre-cision | Nurse-led | Physician-led | Absolute(95% CI) | **Overall quality** |
| Disease activity (follow up: mean 1 year; assessed with: DAS-28) |
| 4  | RCT  | serious a | not serious  | not serious  | not serious  | 263  | 271  | MD -0.07 (95 % CI -0.2; 0.09)  | MODERATE |
| Disease activity (follow up: mean 2 years; assessed with: DAS-28) |
| 2  | RCT  | serious a | not serious  | not serious  | serious b | 124  | 125  | MD -0.28(95% CI -0.53; 0.04 )  | LOW |
| Patient satisfaction (follow up: mean 1 years; assessed with: Different scales) |
| 4  | RCT | not serious  | serious c | not serious  | serious d | 266  | 271  | SMD -0.17 (95% CI -1.0; 0.67)  | LOW |
| Patient satisfaction (follow up: mean 2 years; assessed with: Different scales) |
| 2  | RCT  | not serious  | serious e | not serious  | serious d | 123  | 120  | SMD 0.6 (95% CI 0.00; 1.20) | LOW |
| Self-efficacy (follow up: mean 1 years; assessed with: Different scales) |
| 2  | RCT  | not serious  | not serious  | not serious  | serious d | 184  | 183  | SMD 0.3 (95% CI 0.07; 0.54) | MODERATE |
| Self-efficacy (follow up: mean 2 years; assessed with: Different scales) |
| 1  | RCT  | not serious  | not serious  | not serious  | very serious d | 87  | 88  | MD 23.65 (8.55; 38.75)  | LOW |

RCT: Randomized controlled trail. CI: Confidence interval. MD: Mean difference.SMD: Standardized mean difference. a. Blinding not possible. b. 95 % confidence interval includes both no difference and nurse-led follow-up being more effective than physician-led follow-up. c. I2=95% d. 95% CI wide e. I2=76 %.