

Supplementary table 5. Summary of studies on the optimisation of a mismatch in goal setting between patients and health care professionals

1st Author, publication year	Study design	Patients (total n)	Disease activity at baseline (mean (SD))	Disease duration of RA (mean)	Outcomes regarding goal setting at baseline (mean (SD))	Intervention group Description	n	Comparator Description	n	Outcome Description ¹	Time point ²	Mean outcome in intervention group (SD)	Mean outcome in control group (SD)	Mean difference (standard error, 95% CI)	p-value	Other	Risk of bias ³		
Fraenkel, 2012	rRCT	RA patients (104)	NR	8Y, median	Objective knowledge (according to self-developed questionnaire, range 1-20, higher score reflects more knowledge): 15.7; Subjective/perceived knowledge (according to subscale of Decisional conflict scale, range 0-100, higher scores reflect lower subjective knowledge): 74.7; Values clarity (according to subscale of Decisional conflict scale, range 0-100, higher scores reflect lower values clarity): 68.2; Willingness to try a bDMARD (according to numerous rating scale, range 0-10, higher scores reflect higher willingness): 6.1	Web-based tool: The tool is an interactive, web-based, computerized educational module with voiceovers that sub-jets navigate through using a menu bar. Information is provided for all tumor necrosis factor inhibitors, abatacept, rituximab, and tocilizumab. To promote accurate gist representations, the tool begins with an educational segment describing the natural history of RA and why biologics are frequently recommended for patients with persistent disease activity despite the use of traditional DMARDs. The introduction's objective is to ensure that subjects have accurate illness perceptions regarding the consequences of chronic inflammation and the role of biologics.	104	NA	NA	Objective knowledge (according to self-developed questionnaire, range 1-20, higher score reflects more knowledge)	End of study visit	18.0 (1.9)			p<0.0001 (between pre- vs post test)		High		
											End of study visit	54.3 (18.3)			p<0.0001 (between pre- vs post test)				
											End of study visit	47.4 (16.7)			p<0.0001 (between pre- vs post test)				
											End of study visit	7.5 (2.5)			p<0.0001 (between pre- vs post test)				
Fraenkel, 2015	RCT	RA patients with active disease, wanting initiation or change of bDMARD (121)	CDAI 23.1	7.0Y	Objective knowledge (according to self-developed questionnaire, range 1-20, higher score reflects more knowledge): 16.0, median; Subjective knowledge (according to subscale of Decisional conflict scale, range 0-100, higher scores reflect lower subjective knowledge): 41.75 (0, range of medians; Values clarity (according to subscale of Decisional conflict scale, range 0-100, higher scores reflect lower values clarity): 33.3-41.7, range of medians	Web-based tool: The tool is an interactive, web-based, computerized educational module with optional voiceovers that patients navigate through the use of a menu bar. The tool provides an evidence-based approach to help patients extract the gist (i.e., the essential "bottom line") of available options, and retrieve and apply relevant values in order to make decisions that are concordant with personal values.	61	Usual care (including education and counseling by an experienced nurse educator regarding risks and benefits of bDMARDs and how to administer	60	Objective knowledge (post-intervention, according to self-developed questionnaire, range 1-20, higher score reflects more knowledge)	Change from BL until 2W	1.0 (-1.0-2.0), median (range)	0 (-2.0-1.0), median (range)		p=0.007	High			
											Change from BL until 2W	16.7 (4.2-27.5), median (range)	0 (0-16.7), median (range)		p=0.001				
											Change from BL until 2W	1.0 (-1.0-2.0), median (range)	0 (-1.0-1.0), median (range)		p=0.05				
											Change from BL until 2W	25.0 (0-25.0), median (range)	12.5 (0-25.0), median (range)		p=0.02				
Li, 2014	rRCT	RA patients prescribed methotrexate, but unsure about starting (30)	NR	1Y, median	Total decisional conflict score (according to DCIS, range 0-100, higher scores reflect more conflicts): 49.50; Uncertainty subscale (according to DCIS, range 0-100, higher scores reflect more conflicts): 78.33; Informed subscale (according to DCIS, range 0-100, higher scores reflect more conflicts): 38.33; Values clarity subscale (according to DCIS, range 0-100, higher scores reflect more conflicts): 42.50; Support subscale (according to DCIS, range 0-100, higher scores reflect more conflicts): 44.44; Methotrexate in RA knowledge (according to MTX in RA knowledge test, range 0-60, higher scores reflect better knowledge): 30.62; Ability to effectively manage and participate in health care (according to Effective Consumer Scale (EC-17), range 0-100, higher scores reflect higher ability): 68.24	A web-based research tool for patients considering methotrexate for RA: ANSWER. Aimed to provide unbiased information on benefits and risks of methotrexate for RA and to guide users through thinking if this is the "right" treatment for them based on the information and their personal preferences. The ANSWER was an online interactive program designed to be used after individuals were recommended methotrexate for RA. It consisted of an information module and a password-protected value clarification module.	30	NA	NA	Total decisional conflict score (according to DCIS, range 0-100, higher scores reflect more conflicts)	2D	21.88 (24.22)				p<0.001 (between pre- vs post test)	High		
											2D	37.5 (43.43)				p=0.001 (between pre- vs post test)			
											2D	18.89 (35.49)				p=0.036 (between pre- vs post test)			
											2D	11.67 (22.49)				p<0.001 (between pre- vs post test)			
											2D	21.11 (25.12)				p=0.002 (between pre- vs post test)			
											2D	41.67 (6.81)				p<0.001 (between pre- vs post test)			
											2D	72.94 (12.74)				p=0.15 (between pre- vs post test)			
											2D	25.1 (21.8)							
Li, 2018	rRCT	RA patients starting b/tsDMARDs (50)	NR	5Y, median	Perceived uncertainty in choosing options, factors contributing to uncertainty and effective decision-making (according to Decisional Conflict Scale (DCS), score 0-100, higher scores reflect higher decisional conflict): 45.9 (25.3); Impact of education intervention - self-management capacity (according to Medication Education Impact Questionnaire (MeIQ), range of score NR, higher scores reflect greater impact of education intervention): 26.7 (15.3); Impact of education intervention - self-management role (according to Medication Education Impact Questionnaire (MeIQ), range of score NR, higher scores reflect greater impact of education intervention): 17.5 (4.4); RA knowledge (according to Partners in Health Scale (PHIS), score 0-88, higher scores reflect worse self-management): 25.3 (14.8)	Access to ANSWER-2, an interactive online patient decision aid, aiming to reduce patients' decisional conflicts and to improve the medication-related knowledge and self-management capacity	50	NA	NA	Perceived uncertainty in choosing options, factors contributing to uncertainty and effective decision-making post-intervention (according to Decisional Conflict Scale (DCS), score 0-100, higher scores reflect higher decisional conflict)	Change from BL until 2D	-21.2 (95%CI -28.1 -14.4)				p<0.001	Effect size (not further specified) 0.84	High	
											2D	28.0 (4.9)							Effect size (not further specified) 0.25
											Change from BL until 2D	1.3 (95%CI 0.0-2.5)				p=0.048			
											2D	32.6 (2.8)							Effect size (not further specified) 0.27
											Change from BL until 2D	0.9 (95%CI 0.2-1.6)				p=0.012			
											2D	18.9 (3.2)							Effect size (not further specified) 0.25
											Change from BL until 2D	1.1 (95%CI 0.2-2.0)				p=0.019			
											2D	20.4 (13.0)							Effect size (not further specified) 0.25
Change from BL until 2D	-3.7 (95%CI -6.3 -1.0)				p=0.009														

BL, baseline; CDAI, clinical disease activity score; D, days; M, months; n, number of patients; NA, not applicable; NR, not reported; ns, not significant; (r)-RCT, (non-)randomised controlled trial; RA, rheumatoid arthritis; SLR, systematic literature review; W, weeks; Y, years; *, Conference abstract; #, number of studies; I, Composite scores: Change over time, otherwise fixed time point, otherwise LDA, otherwise remission; 2, Latest time point during treatment period that was reported; 3, According to Cochrane Collaboration's tool for individual studies: highest risk of bias as found