

Authors	Design	Studies included	Participants n=	Aims	Intervention	HRQoL	All-cause hospitalisations	Respiratory-related hospitalisations	Mortality	ED pres	Anxiety & depression	Dyspnoea	6MWD	Respiratory-related mortality	Medication use	Urgent healthcare	
Dickens et al., 2014	RCT	32 studies, database inception -2013	3941	To examine the characteristics of complex interventions intended to reduce the use of urgent and unscheduled healthcare among people with COPD	Multiple components and/or professionals, individual, group, phone or computer. Including education, rehabilitation, psychological therapy, social intervention, organisational intervention (e.g. collaborative care or case management), psychological drug trials. Simple interventions, e.g. new treatment for underlying long term condition, compared to treatment as usual excluded												😊
Zwerink et al., 2014	RCT, CCT	29 studies, 1995-2014	3688	To assess the efficacy of self-management interventions for individuals with COPD	Structured interventions aimed at improvement of self health behaviours and self-management skills. Interventions required at least an iterative process of interaction between participant and healthcare provider, and ideally included formulation of goals and provision of feedback. Interventions with < 2 contact moments were excluded.	😊	😊	😊	😞			😊	😞				
Majothi et al., 2015	RCT	9 studies, Moderate-severe COPD, database inception -2012	1466	To evaluate the effect of COPD self-management following admission to hospital	1+ components commonly included in self-management interventions, e.g. action plans, exercise, education, inhaler technique, bronchial hygiene and breathing techniques, stress management and relaxation, nutritional programs, patient empowerment, support groups and telecare, provided in hospital or community setting with a usual care, control, sham intervention or other self-management intervention comparator	😊	😞		😞	😞							