

## Evidence tables

**Table 4:** Evidence table „Verbal versus numerical presentation“

Certainty assessment						Summary of findings				
						No. of participants per group		Effect estimates		
Outcomes [No. of studies]	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Intervention	Control	Effects	Quality of evidence	Importance
Verbal versus numerical presentation										
<b>Understanding</b> [n=1] Marteau (27)	RCT	serious (-1)	not serious	not serious	not serious	(verbal) N= 112	(numerical) N= 97	Effect for the numerical presentation immediately after the communication, no differences between groups after four months (27).	moderate	critical
<b>Risk perception</b> [n=5] Berry (study 2) (24) Berry (22) Berry (23) Lee Char (19) Man-Son-Hing (29)	RCT	very serious (-2)	not serious	not serious	not serious	N= 335	N= 332	In 4 out of 5 studies effects for the numerical presentation (22-24, 29). Massive overestimation with the verbal presentation, less overestimation with numerical presentations. No effect in one study (19).	low	critical
						+ N= 480 (allocation on intervention and control unclear)				

<b>Knowledge (recall)</b> <b>[n=4]</b> Knapp (18) Knapp (25) Knapp (26) Man-Son-Hing (29)	RCT	serious (-1)	not serious	not serious	not serious	N= 324	N= 400	In three studies effects for the numerical presentation (18, 25, 26), in one study no effect (29).	moderate	critical
<b>Comprehensibility</b> <b>[n=1]</b> Hagerty (30)	Quali- tative stu- dies	no <i>Certainty assessment</i>				N= 126		Both presentations were perceived as equally comprehensible (30).	evidence from qualitative studies	important but not critical
<b>Acceptance [n=4]</b> Cheung (31) Mazur (20) Wallsten (21) Shaw 1990 (28)	Quali- tative stu- dies	no <i>Certainty assessment</i>				N= 991		All four studies showed a preference for the numerical presentation (20, 21, 28, 31).	evidence from qualitative studies	limited importance
<b>Attractiveness</b> <b>[n=6]</b> Berry (study 2) (24) Berry (22) Berry (23) Knapp (18) Knapp (scenario 1+2) (25) Hagerty (30)	RCT	very serious (-2)	serious (-1)	not serious	serious (-1)	N= 260	N= 399 + N= 606 (allocation on intervention and control unclear)	In three studies, significant higher satisfaction with the numerical presentation (22- 24), in three studies no differences (18, 25, 30).	very low	limited importance

<b>Credibility [n=1]</b> Gurmankin (17)	Survey	no <i>Certainty assessment</i>				N= 115		Statistically significant but questionable relevant effect for the numerical presentation (17).	evidence from a survey	limited importance
<b>Intention to perform a certain measure [n=6]</b> Berry (Studie 2) (24) Berry (22) Berry (23) Knapp (18) Knapp (25) Knapp (26)	RCT	very serious (-2)	not serious	not serious	serious (-1)	N= 375	N= 451	In six studies higher intention to take medication with numerical presentation (18, 22-26).	very low	not defined

**Table 5:** Evidence table „Absolute versus relative risk formats“

Certainty assessment						Summary of findings				
						No. of participants per group		Effect estimates		
Outcomes [No. of studies]	Study design	Risk of bias	Inconsis- tency	Indirect- ness	Impreci- sion	Interven- tion	Control	Effects	Quality of evidence	Importance
Absolute versus relative risk formats										
<b>Understanding / risk perception [n=3]</b> Natter (32) Schwartz (34) Sheridan (35)	RCT	serious (-1)	not serious	not serious	not serious	(ARR) N=365	(RRR) N=347	Without providing the basic risk, in one study effect estimates were more precise with presenting ARR. Presenting RRR leads to overestimations. Presenting ARR with basic risks leads to significant more precise effect estimates (34). In the second study in 2 out of 4 groups an advantage for ARR was shown (32). In one study no effect (35).	moderate	critical
<b>Knowledge [n=1]</b> Sprague (36)	RCT	serious (-1)	not serious	not serious	not serious	N=46	N=54	In one study no effect (36).	moderate	critical

<b>Comprehensibility / readability [n=1]</b> Carling (33)	RCT,	not serious	not serious	not serious	not serious	N=505	N=508	In one study no effect (the outcome was self assessed by the participants, secondary outcome) (33).	high	important but not critical
<b>Acceptance / attractiveness [n=2]</b> Natter (32) Carling (33)	RCT	serious (-1)	not serious	not serious	not serious	N=615	N=618	With presentation of the basic risk, the absolute format was significantly preferred. Without basic risk, there were no differences between the groups (32). In one study no difference between groups (33).	moderate	limited importance

**Table 6:** Evidence table „Natural frequencies versus percentage“

Certainty assessment						Summary of findings				
						No. of participants per group		Effect estimates		
Outcomes [No. of studies]	Study design	Risk of bias	Inconsis- tency	Indirect- ness	Impreci- sion	Interven- tion	Control	Effects	Quality of evidence	Importance
Natural frequencies (NF) versus percentage										
<b>Understanding / risk perception [n=1]</b> Woloshin (9)	RCT	not serious	not serious	not serious	not serious	(NF) N=590	(percent) N=591	Positive effect for percentages, no differences with low probabilities (<1%) (9).	high	critical
<b>Knowledge [n=2]</b> Ruiz (37) Knapp (2 Experimente) (18)	RCT	serious (-1)	not serious	not serious	not serious	N=135	N=134	In two studies no effects (18, 37).	moderate	critical
<b>Comprehensibility / readability [n=2]</b> Woloshin (9) Ruiz (37)	RCT,	serious (-1)	not serious	not serious	not serious	N=630	N=631	In two studies no effects (9, 37).	moderate	important but not critical
<b>Acceptance / attractiveness [n=1]</b> Knapp (18)	RCT	serious (-1)	not serious	not serious	not serious	N=244	N=245	In one study no effect (18).	moderate	limited importance

**Table 7:** Evidence table „NNT / NNH versus ARR“

Certainty assessment						Summary of findings				
						No. of participants per group		Effect estimates		
Outcomes [No. of studies]	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Intervention	Control	Effects	Quality of evidence	Importance
<b>NNT / NNH versus ARR</b>										
<b>Understanding / risk perception [n=2]</b> Berry (38) Sheridan (35)	RCT	serious (-1)	not serious	not serious	not serious	(NNT) N=192	(ARR) N=200	Effect for ARR (in %) without providing the basic risk. NNH leads to overestimation. With the presentation of basic risks no differences between groups (38). Effect for ARR in the second study (35).	moderate	critical
<b>Comprehensibility / readability [n=1]</b> Carling (33)	RCT	not serious	not serious	not serious	not serious	N=484	N=505	NNT and ARR (in %): no effect (33).	high	important but not critical
<b>Acceptance / attractiveness (satisfaction, preference) [n=2]</b> Berry (38) Carling (33)	RCT	serious (-1)	not serious	not serious	not serious	N=576	N=597	No effect, but higher satisfaction with presentation of basic risks in both groups (33, 38).	moderate	limited importance

**Table 8:** Evidence table „Equivalent versus differing reference parameters“

Certainty assessment						Summary of findings				
						No. of participants per group		Effect estimates		
Outcomes [No. of studies]	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Intervention	Control	Effects	Quality of evidence	Importance
Equivalent versus differing reference parameters (x in 100; x in 1000; x in 10000)										
<b>Understanding [n=1]</b> Woloshin (9)	RCT	not serious	not serious	not serious	not serious	N=590	N=591	Effect for the presentation with equivalent reference parameters (x in 1000) in comparison to differing reference parameters within a drug facts box (9).	high	critical
<b>Comprehensibility / readability [n=1]</b> Woloshin (9)	RCT	not serious	not serious	not serious	not serious	N=590	N=591	In one study no effect (9).	high	important but not critical



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