Supplement 5.1.1. Between-groups mean differences and mean change from baseline within intervention group in RCTs measuring exercise capacity using the 6-minute walk test (6MWT) (n=15)

Study	Study design	Type of participants	Setting delivering self-management	Self-management components delivered	Study period	6-minute wal	k distance	Number of participants in
		participants	components			Between- groups mean difference	Mean change from baseline in intervention group	intervention group
Cerdán-de-las- Heras et al. (1)	RCT	IPF	PR, telerehab	 Patient education Home exercise program Behavioural modification Managing treatments Self-monitoring Managing physical symptoms Psychosocial support 	12 weeks	39.5 * p = 0.03	8.5	15
Dowman et al. (2)	RCT	ILD	PR, outpatient	 Patient education Home exerciise program Behavioural modification Understanding treatment options Self-monitoring Managing disease/comorbidities/ADLs Managing physical symptoms Preventing infections/exacerbation Understanding disease Psychosocial support Sexuality/self-esteem 	8 weeks	ILD: 25 p = 0.03 IPF: 31 * p = 0.006	ILD: 23 IPF subgroup: 27	ILD: 74 IPF subgroup: 32
Holland <i>et al.</i> (2008) (3)	RCT	ILD	PR, outpatient	 Patient education Home exerciise program Self-monitoring 	8 weeks	ILD: 35 * p = 0.01	ILD: 31.2 * IPF subgroup: 25.1	ILD: 30 IPF subgroup: 20
Jackson et al. (4)	RCT	IPF	PR, outpatient	 Patient education Home exerciise program Behavioural modification Understanding treatment options Managing treatments Managing physical symptoms Understanding disease Psychosocial support 	3 months	9.1 (NS)	-6.2	11

Jarosch <i>et al.</i> (5)	RCT	IPF	PR, inpatient	 Patient education Behavioural modification Understanding treatment options Managing disease/comorbidities/ADLs Managing physical symptoms Goal setting Psychosocial support 	3 weeks	61 * p = 0.006	54.7 *	34
Ku <i>et al.</i> (6)	RCT	ILD	PR, outpatient	 Patient education Home exerciise program Behavioural modification Understanding treatment options Managing treatments Self-monitoring Understanding disease Psychosocial support 	8 weeks	23.8 p = 0.037	27	20
Naz et al. (7)	RCT	Sarcoidosis	PR, outpatient	 Home exerciise program Self-monitoring Managing physical symptoms 	12 weeks	67.3 * p = 0.009	44.3 *	9
Nishiyama et al. (8)	RCT	IPF	PR, outpatient	Patient education	10 weeks	46.3 * p = <0.01	42 *	13
Perez-Bogerd et al. (9)	RCT	ILD	PR, outpatient	 Patient education Behavioural modification Managing treatments Managing disease/comorbidities/ADLs Psychosocial support 	6 months	72 * p = <0.001	49 *	30
Prajapat et al. (10)	RCT	ILD	PR, outpatient	 Patient education Managing treatments Managing disease/comorbidities/ADLs Managing physical symptoms Understanding disease Psychosocial support 	8 weeks	38.2 * p = <0.05	54.7 *	18
Shen <i>et al.</i> (11)	RCT	IPF	Breathing exercise training, outpatient/ home-based	Home exerciise programManaging physical symptoms	12 months	55 * p = 0.041	-27.3	30
Vainshelboim et al. (2014) (12) Vainshelboim et al. (2016) (13)	RCT	IPF	PR, outpatient	 Patient education Home exerciise program Managing physical symptoms 	12 weeks	81 * p = <0.001	70.4 *	13w= 15

Zaki <i>et al.</i> (14)	RCT	ILD	PR with IMT, outpatient	Behavioural modificationManaging physical symptomsPsychosocial support	8 weeks	47.9 * P = 0.01	74.6 *	26
Zhou <i>et al.</i> (15)	RCT	IPF	PR (Daoyin), outpatient/ home- based	Home exerciise programManaging physical symptomsPsychosocial support	2 months	48 * p = 0.001	60.4 *	32

6MWD: 6-minute walk distance; RCT: randomised controlled trial; IPF: idiopathic pulmonary fibrosis; ILD: interstitial lung disease; PR: pulmonary rehabilitation; IMT: inspiratory muscle training; ADL: activity of daily living.

Note: Data reported by a total of 15 out of 16 RCTs that measured exercise capacity with 6-minute walk test are included in this table (one RCT did not report data immediately post-intervention (16). Two RCTs reported the same data (12, 13).

^{*} Mean change reached the minimal important difference of 30-33 meters for people with ILD. Positive value indicates improvement (17).

Supplement 5.1.2. Mean change from baseline within intervention group in non-RCTs measuring exercise capacity using the 6MWT (n=32)

Study	Study design	Type of participants	Setting delivering self-management components	Self-management components delivered	Study period	Mean change in 6MWD from baseline in intervention group	Number of participants
Arizono <i>et al.</i> (18)	Pre-post study (prospective)	IPF	PR, outpatient	Patient education	10 weeks	26.9	22
Brunetti <i>et al.</i> (19)	Pre-post study (retrospective)	ILD	PR, inpatient	Patient educationBehavioural modificationPsychosocial support	3-4 weeks	52.5 *	240
Chéhère <i>et al.</i> (20)	Pre-post study (prospective)	Fibrotic idiopathic interstitial pneumonia	PR, home-based	 Patient education Behavioural modification Understanding treatment options Managing disease/comorbidities/ADLs Managing physical symptoms Preventing infections/exacerbation Understanding disease Goal setting Psychosocial support Sexuality/self-esteem 	8 weeks	23	19
da Fontoura <i>et</i> al. (21)	Pre-post study (retrospective)	IPF	PR, outpatient	 Patient education Behavioural modification Managing disease/comorbidities/ADLs Psychosocial support 	12 weeks	58 *	31
Deniz <i>et al.</i> (22)	Pre-post study (prospective)	ILD	PR, outpatient	Patient educationManaging physical symptoms	8 weeks	49.7 *	57
Devani et al. (23)	Pre-post study (retrospective)	ILD/restrictive disease	PR, outpatient	 Patient education Behavioural modification Managing treatments Managing disease/comorbidities/ADLs Managing physical symptoms Preventing infections/exacerbation Psychosocial support 	8 weeks	61.8 *	100
Elganady <i>et al.</i> (24)	Pre-post study (prospective)	ILD	PR, outpatient	 Patient education Managing disease/comorbidities/ADLs Preventing infections/exacerbation 	6 weeks	132.8 *	20
Ferreira <i>et al.</i> (2006) (25)	Pre-post study (retrospective)	ILD	PR, outpatient	Patient educationPsychosocial support	8 weeks	39.6 *	28

Ferreira <i>et al.</i> (2009) (26)	Pre-post study (retrospective)	ILD	PR, outpatient	 Patient education Behavioural modification Managing treatments Managing disease/comorbidities/ADLs Managing physical symptoms Psychosocial support Palliation and EOL planning 	6-8 weeks	56 *	99
Fuschillo et al. (27)	Pre-post study (retrospective)	ILD	PR, inpatient	 Patient education Behavioural modification Understanding treatment options Managing treatments Managing physical symptoms 	4-6 weeks	68.5 *	38
Grongstad et al. (28)	Pre-post study (prospective)	Sarcoidosis	PR, inpatient	 Patient education Behavioural modification Understanding treatment options Managing disease/comorbidities/ADLs Understanding disease Psychosocial support 	4 weeks	27	41
Guler <i>et al.</i> (29)	Cohort	ILD	PR, outpatient/ inpatient	 Patient education Behavioural modification Managing treatments Managing disease/comorbidities/ADLs Managing physical symptoms Understanding disease Psychosocial support 	Outpatient: 6- 12 weeks Inpatient: 2-4 weeks	Inpatient: 55 * Outpatient: 34 *	Inpatient: 196 Outpatient: 505
Holland <i>et al.</i> (2012) (30)	Pre-post study (prospective)	ILD	PR, outpatient	 Patient education Home exerciise program Self-monitoring 	8 weeks	ILD: 43 * IPF: 21	Whole cohort: 42
Huppmann et al. (31)	Pre-post study (prospective)	ILD	PR, inpatient	 Patient education Behavioural modification Managing treatments Managing disease/comorbidities/ADLs Managing physical symptoms Preventing infections/exacerbation Psychosocial support 	30 (1) days	46 *	369

Igarashi <i>et al.</i> (32)	Non- randomised controlled study	ILD	PR, outpatient	 Patient education Home exerciise program Behavioural modification Self-monitoring Managing physical symptoms Preventing infections/exacerbation Understanding disease Psychosocial support 	3 months	15	13
Kerti <i>et al.</i> (33)	Pre-post study (prospective)	ILD	PR, inpatient	 Managing physical symptoms 	4 weeks	ILD: 33 * IPF: 47 *	ILD: 30 IPF: 23
Keyser <i>et al.</i> (34)	Pre-post study (prospective)	ILD	PR, outpatient	 Patient education Behavioural modification Managing treatments Managing disease/comorbidities/ADLs Managing physical symptoms Preventing infections/exacerbation Understanding disease Psychosocial support Palliation and EOL planning 	10 weeks	52 *	13
Kozu <i>et al.</i> (35)	Pre-post study (prospective)	IPF	PR, outpatient	 Patient education Home exerciise program Behavioural modification Self-monitoring Managing disease/comorbidities/ADLs Managing physical symptoms Preventing infections/exacerbation 	8 weeks	16.2	36
Lingner et al. (36)	Pre-post study (prospective)	Sarcoidosis	PR, inpatient	 Patient education Behavioural modification Understanding treatment options Managing disease/comorbidities/ADLs Managing physical symptoms Psychosocial support 	3 weeks	39.8 *	262
Matsuo <i>et al.</i> (37)	Pre-post study (retrospective)	ILD	PR, outpatient/inpati ent	Managing physical symptoms	6-10 weeks	5.5	28
Nasrat et al. (38)	Non- randomised controlled study	ILD	PR with IMT, outpatient	Managing physical symptoms	8 weeks	68 *	30
Ochmann et al. (39)	Longitudinal	Silicosis, asbestosis	PR, inpatient	Behavioural modificationManaging physical symptoms	4 weeks	Silicosis: 19.6 Asbestosis: 2.9	Silicosis: 42 Asbestosis: 66

Ozalevli <i>et al.</i> (40)	Pre-post study (prospective)	IPF	PR, home-based	Home exerciise programManaging physical symptoms	12 weeks	40.2 *	15
Rammaert et al. (41)	Pre-post study (prospective)	IPF	PR, home-based	 Patient education Home exercise program Self-monitoring 	8 weeks	-8	13
Rifaat et al. (42)	Pre-post study (prospective)	IPF	PR, outpatient	 Patient education Managing physical symptoms Psychosocial support 	8 weeks	60.6 *	30
Ryerson <i>et al.</i> (43)	Cohort	ILD	PR, outpatient	 Patient education Home exercise program Managing treatments 	6-9 weeks	57.6 *	54
Salhi <i>et al.</i> (44)	Pre-post study (retrospective)	ILD	PR, outpatient	 Patient education Behavioural modification Understanding treatment options Managing treatments Managing disease/comorbidities/ADLs Understanding disease Psychosocial support 	12 or 24 weeks	12 weeks PR: 79 * 24 weeks PR: 102 *	12weeks PR : 11 24weeks PR: 10
Sanchez- Ramirez (45)	Pre-post study (retrospective)	ILD	PR, outpatient	 Patient education Behavioural modification Understanding treatment options Managing treatments Managing disease/comorbidities/ADLs Managing physical symptoms Preventing infections/exacerbation Understanding disease Psychosocial support Palliation and EOL planning 	8 weeks	45.1 *	127
Sciriha et al. (46)	Non- randomised controlled study	ILD	PR, outpatient	 Patient education Home exerciise program Managing treatments Self-monitoring 	12 weeks	52.04 *	60
Swigris et al. (47)	Pre-post study (prospective)	IPF	PR, outpatient	 Patient education Behavioural modification Managing treatments Managing disease/comorbidities/ADLs Managing physical symptoms Psychosocial support Palliation and EOL planning 	6-8 weeks	61.6 *	8

Tonelli <i>et al.</i> (48)	Pre-post study (prospective)	ILD	PR, outpatient/inpati ent	 Patient education Behavioural modification Managing treatments Managing disease/comorbidities/ADLs Managing physical symptoms Psychosocial support Palliation and EOL planning 	>24 sessions (6 days/week for 1st week; twice daily thereafter)	54.1 *	39
Tsang <i>et al.</i> (49)	Pre-post study (retrospective)	Pneumoconiosis	PR, community- based (CBRP)/ home-based (HBRP)	 Patient education Home exercise program Behavioural modification Managing treatments Managing disease/comorbidities/ADLs Managing physical symptoms Preventing infections/exacerbation Understanding disease Psychosocial support 	CBRP: 4-6 weeks HBRP: 8 home visits	CBRP: 59.5 * HBRP: 47.6 *	CBRP: 155 HBRP: 26

RCT: randomised controlled trial; 6MWT: 6-minute walk test; 6MWD: 6-minute walk distance; IPF: idiopathic pulmonary fibrosis; ILD: interstitial lung disease; PR: pulmonary rehabilitation; IMT: inspiratory muscle training; ADL: activity of daily living; EOL: end-of-life.

Note: Data reported by a total of 32 out of 34 studies that measured exercise capacity with 6-minute walk test are included in this table (one pre-post study did not report data (50); one pre-post study did not report data immediately post-intervention (51).

^{*} Mean change reached the minimal important difference of 30-33 meters for people with ILD. Positive value indicates improvement (17).

Supplement 5.2.1. Between-groups mean differences and mean change from baseline within intervention group in RCTs measuring health-related quality of life with St. George's Respiratory Questionnaire (SGRQ) total score (n=14)

Study	Study design	Type of participants	Setting delivering self-management	Self-management components delivered	Study period	SGRQ total scores		Number of participants in
		participants	components		periou	Between-groups mean difference	Mean change from baseline in intervention group	intervention group
Bajwah <i>et al.</i> (52)	Mixed methods: RCT & qualitative	IPF	Hospital2Home program with case conference, home- based	 Patient education Managing physical symptoms Preventing infections/exacerbation Goal setting Psychosocial support Palliation and EOL planning 	2 months	Data not reported for 2m	At 8w: -4.3	22
Cerdán-de-las- Heras <i>et al.</i> (1)	RCT	IPF	PR, telerehab	 Patient education Home exercise program Behavioural modification Managing treatments Self-monitoring Managing physical symptoms Psychosocial support 	12 weeks	Data not reported (NS)	1.4	15
Dowman et al. (2)	RCT	ILD	PR, outpatient	 Patient education Home exerciise program Behavioural modification Understanding treatment options Self-monitoring Managing disease/comorbidities/ADLs Managing physical symptoms Preventing infections/exacerbation Understanding disease Psychosocial support Sexuality/self-esteem 	8 weeks	ILD: -5.8 p = 0.04 IPF subgroup: -5.7 p = 0.01	ILD: -4.8 IPF subgroup: -3	ILD: 74 IPF subgroup: 32

Gaunaurd et al. (53)	RCT	IPF	PR, outpatient	 Patient education Home exerciise program Behavioural modification Understanding treatment options Managing treatments Managing physical symptoms Understanding disease Psychosocial support 	3 months	-6.8 (NS)	-4.1	11
Janssen et al. (54)	RCT	IPF	Palliative care program, outpatient	 Managing physical symptoms Understanding disease Goal setting Psychosocial support Palliation and EOL planning 	6 months	3.7 (NS)	3.8	9
Ku et al. (6)	RCT	ILD	PR, outpatient	 Patient education Home exerciise program Behavioural modification Understanding treatment options Managing treatments Self-monitoring Understanding disease Psychosocial support 	8 weeks	-8.8 * p = 0.03	-8.9 *	20
Naz et al. (7)	RCT	Sarcoidosis	PR, outpatient	 Home exerciise program Self-monitoring Managing physical symptoms 	12 weeks	-7.3 * p = 0.048	-14.3 *	9
Nishiyama <i>et al.</i> (8)	RCT	IPF	PR, outpatient	Patient education	10 weeks	-6.1 p = <0.05	-2.9	13
Perez-Bogerd et al. (9)	RCT	ILD	PR, outpatient	 Patient education Behavioural modification Managing treatments Managing disease/comorbidities/ADLs Psychosocial support 	6 months	-12 * p <0.001	-7 *	30
Shen et al. (11)	RCT	IPF	Breathing exercise training, outpatient/ home- based	Home exerciise programManaging physical symptoms	12 months	-8.5 * p = 0.003	-3.7	30
Vainshelboim <i>et al.</i> (2014) (12) Vainshelboim <i>et al.</i> (2016) (13)	RCT	IPF	PR, outpatient	Patient educationHome exerciise programManaging physical symptoms	12 weeks	-9.7 * p = <0.001	-6.9	13w= 15

Zaki et al. (14)	RCT	ILD	PR with IMT, outpatient	Behavioural modificationManaging physical symptomsPsychosocial support	8 weeks	-4 p = 0.038	-13.2 *	26
Zhou <i>et al.</i> (15)	RCT	IPF	PR (Daoyin), outpatient/ home- based	Home exerciise programManaging physical symptomsPsychosocial support	2 months	-13.6 * p = 0.005	-18.4 *	32

RCT: randomised controlled trial; IPF: idiopathic pulmonary fibrosis; ILD: interstitial lung disease; PR: pulmonary rehabilitation; IMT: inspiratory muscle training; ADL: activity of daily living; EOL: end-of-life.

Note: Data reported by a total of 14 out of 15 RCTs that measured health-related quality of life with St. George's Respiratory Questionnaire are included in this table (one RCT did not report data immediately post-intervention (16). Two RCTs reported the same data (12, 13).

^{*} Mean change reached the minimal important difference of 7 units for people with ILD and IPF. Negative value indicates improvement (55).

Supplement 5.2.2. Mean change from baseline within intervention group in non-RCTs measuring health-related quality of life with SGRQ total score (n=15)

Study	Study design	Type of participants	Setting delivering self-management components	Self-management components delivered	Study period	Mean change in SGRQ total score from baseline in intervention group	Number of participants
Arizono <i>et al.</i> (18)	Pre-post study (prospective)	IPF	PR, outpatient	Patient education	10 weeks	-3.8	22
Deniz <i>et al.</i> (22)	Pre-post study (prospective)	ILD	PR, outpatient	Patient educationManaging physical symptoms	8 weeks	-7.6 *	57
Elganady <i>et al.</i> (24)	Pre-post study (prospective)	ILD	PR, outpatient	 Patient education Managing disease/comorbidities/ADLs Preventing infections/exacerbation 	6 weeks	-24.3 *	20
Igai <i>et al.</i> (56)	Mixed methods: pre-post study (prospective) + qualitative	IPF	Dignity-centred palliative care program, outpatient/ home-based	 Patient education Behavioural modification Understanding treatment options Managing treatments Self-monitoring Managing disease/comorbidities/ADLs Managing physical symptoms Preventing infections/exacerbation Understanding disease Psychosocial support Sexuality/self-esteem Palliation and EOL planning 	45 days	-5.5	12
Igarashi <i>et al.</i> (32)	Non-randomised controlled study	ILD	PR, outpatient	 Patient education Home exerciise program Behavioural modification Self-monitoring Managing physical symptoms Preventing infections/exacerbation Understanding disease Psychosocial support 	3 months	6.8	13
Kaymaz et al. (57)	Pre-post study (retrospective)	ILD	PR, outpatient	 Patient education Home exerciise program Behavioural modification Managing disease/comorbidities/ADLs Managing physical symptoms Understanding disease Psychosocial support 	8 weeks	-10.1 *	10

Lingner <i>et al.</i> (36)	Pre-post study (prospective)	Sarcoidosis	PR, inpatient	 Patient education Behavioural modification Understanding treatment options Managing disease/comorbidities/ADLs Managing physical symptoms Psychosocial support 	3 weeks	-6.7	296
Matsuo et al. (37)	Pre-post study (retrospective)	ILD	PR, outpatient/ inpatient	Managing physical symptoms	6-10 weeks	-1.6	28
Naji <i>et al.</i> (58)	Pre-post study (retrospective)	ILD	PR, outpatient/ inpatient	 Patient education Home exerciise program Behavioural modification Managing treatments Self-monitoring Managing physical symptoms 	8 weeks	-13.7 *	26
Ochmann et al. (39)	Longitudinal	Silicosis, asbestosis	PR, inpatient	Behavioural modificationManaging physical symptoms	4 weeks	Silicosis: 0.2 Asbestosis: -1.1	Silicosis: 42 Asbestosis: 66
Rifaat <i>et al.</i> (42)	Pre-post study (prospective)	IPF	PR, outpatient	Patient educationManaging physical symptomsPsychosocial support	8 weeks	-34.8 *	30
Ryerson <i>et al.</i> (43)	Cohort	ILD	PR, outpatient	 Patient education Home exerciise program Managing treatments 	6-9 weeks	-6.1	54
Sanchez- Ramirez (45)	Pre-post study (retrospective)	ILD	PR, outpatient	 Patient education Behavioural modification Understanding treatment options Managing treatments Managing disease/comorbidities/ADLs Managing physical symptoms Preventing infections/exacerbation Understanding disease Psychosocial support Palliation and EOL planning 	8 weeks	-5.8	127
Sciriha <i>et al.</i> (46)	Non-randomised controlled study	ILD	PR, outpatient	 Patient education Home exercise program Managing treatments Self-monitoring 	12 weeks	-5.5	60

Tonelli <i>et al.</i>	Pre-post study	ILD	PR, outpatient/	•	Patient education	>24 sessions	-12.1 *	39
(48)	(prospective)		inpatient	•	Behavioural modification	(6days/week for		
				•	Managing treatments	1 st week; twice		
				•	Managing disease/comorbidities/ADLs	daily thereafter)		
				•	Managing physical symptoms			
				•	Psychosocial support			
				•	Palliation and EOL planning			

RCT: randomised controlled trial; SGRQ: St. George's Respiratory Questionnaire; IPF: idiopathic pulmonary fibrosis; ILD: interstitial lung disease; PR: pulmonary rehabilitation; ADL: activity of daily living; EOL: end-of-life.

Note: Data reported by a total of 15 out of 16 studies that measured health-related quality of life with St. George's Respiratory Questionnaire are included in this table (one pre-post study did not report data) (41).

^{*} Mean change reached the minimal important difference of 7 units for people with ILD and IPF. Negative value indicates improvement (55).

Supplement 5.3.1. Between-groups mean differences and mean change from baseline within intervention group in RCTs measuring symptom burden with the Medical Research Council (MRC) Dyspnoea scale (n=9)

Study	Study design	Type of	Setting delivering	Self-management components delivered	Study	MRC Dyspnoea se	cores	Number of participants in
		participants	self-management components		period	Between- groups mean difference	Mean change from baseline in intervention group	intervention group
Bajwah <i>et al.</i> (52)	Mixed methods: RCT & qualitative	IPF	Hospital2Home program with case conference, home- based	 Patient education Managing physical symptoms Preventing infections/exacerbation Goal setting Psychosocial support Palliation and EOL planning 	8 weeks	-0.3 (NS)	At 4w: 0	23
Dowman et al. (2)	RCT	ILD	PR, outpatient	 Patient education Home exerciise program Behavioural modification Understanding treatment options Self-monitoring Managing disease/comorbidities/ADLs Managing physical symptoms Preventing infections/exacerbation Understanding disease Psychosocial support Sexuality/self-esteem 	8 weeks	ILD: -0.3 p = 0.06 IPF subgroup: 0.009 p = 0.03	ILD: -0.3 IPF subgroup: 0.009	ILD: 74 IPF subgroup: 32
Holland <i>et al.</i> (2008) (3)	RCT	ILD	PR, outpatient	 Patient education Home exercise program Self-monitoring 	8 weeks	ILD: -0.7 * p = 0.04	ILD: -0.6 * IPF subgroup: -0.6 *	ILD: 30 IPF subgroup: 20
Naz et al. (7)	RCT	Sarcoidosis	PR, outpatient	 Home exerciise program Self-monitoring Managing physical symptoms 	12 weeks	-0.8 * p = 0.001	-0.8 *	9
Perez-Bogerd et al. (9)	RCT	ILD	PR, outpatient	 Patient education Behavioural modification Managing treatments Managing disease/comorbidities/ADLs Psychosocial support 	6 months	0.3 (NS)	0.1	30

Vainshelboim <i>et</i> al. (2014) (12) Vainshelboim <i>et</i> al. (2016) (13)	RCT	IPF	PR, outpatient	Patient educationHome exerciise programManaging physical symptoms	12 weeks	-1.1 * p = <0.001	-0.7 *	15
Wallaert <i>et al.</i> (2020) (59)	RCT	Sarcoidosis	PR, outpatient	 Patient education Behavioural modification Understanding treatment options Managing disease/comorbidities/ADLs Managing physical symptoms Preventing infections/exacerbation Understanding disease Goal setting Psychosocial support Sexuality/self-esteem 	2 months	Data not reported for 2m	-0.7 *	18
Zaki <i>et al.</i> (14)	RCT	ILD	PR with IMT, outpatient	Behavioural modificationManaging physical symptomsPsychosocial support	8 weeks	-1 * p = <0.001	-2 *	26
Zhou <i>et al.</i> (15)	RCT	IPF	PR (Daoyin), outpatient/ home- based	Home exerciise programManaging physical symptomsPsychosocial support	2 months	-0.4 * p = 0.005	-0.5 *	32

RCT: randomised controlled trial; IPF: idiopathic pulmonary fibrosis; ILD: interstitial lung disease; PR: pulmonary rehabilitation; IMT: inspiratory muscle training; ADL: activity of daily living; EOL: end-of-life.

Note: Data reported by a total of 9 out of 10 RCTs that measured symptom burden with the Medical Research Council Dyspnoea scale are included in this table (one RCT did not report data (6).

^{*} Mean change reached the minimal important difference of 0.4 unit for people with ILD and IPF. Negative value indicates improvement (55).

Supplement 5.3.2. Mean change from baseline within intervention group in non-RCTs measuring symptom burden with the MRC Dyspnoea scale (n=18)

Study	Study design	Type of participants	Setting delivering self-management components	Self-management components delivered	Study period	Mean change in MRC scores from baseline in intervention group	Number of participants
Brunetti <i>et al.</i> (19)	Pre-post study (retrospective)	ILD	PR, inpatient	Patient educationBehavioural modificationPsychosocial support	3-4 weeks	-1 *	240
da Fontoura et al. (21)	Pre-post study (retrospective)	IPF	PR, outpatient	 Patient education Behavioural modification Managing disease/comorbidities/ADLs Psychosocial support 	12 weeks	-1 *	31
Deniz <i>et al.</i> (22)	Pre-post study (prospective)	ILD	PR, outpatient	Patient educationManaging physical symptoms	8 weeks	-0.5 *	57
Elganady <i>et al.</i> (24)	Pre-post study (prospective)	ILD	PR, outpatient	 Patient education Managing disease/comorbidities/ADLs Preventing infections/exacerbation 	6 weeks	-1.2 *	20
Igai <i>et al.</i> (56)	Mixed methods: pre-post study (prospective) & qualitative	IPF	Dignity-centred palliative care program, outpatient/ homebased	 Patient education Behavioural modification Understanding treatment options Managing treatments Self-monitoring Managing disease/comorbidities/ADLs Managing physical symptoms Preventing infections/exacerbation Understanding disease Psychosocial support Sexuality/self-esteem Palliation and EOL planning 	45 days	0	12
Igarashi <i>et al.</i> (32)	Non-randomised controlled study	ILD	PR, outpatient	 Patient education Home exerciise program Behavioural modification Self-monitoring Managing physical symptoms Preventing infections/exacerbation Understanding disease Psychosocial support 	3 months	-0.4 *	13

Kaymaz et al. (57) Kerti et al.	Pre-post study (retrospective)	ILD	PR, outpatient PR, inpatient	 Patient education Home exerciise program Behavioural modification Managing disease/comorbidities/ADLs Managing physical symptoms Understanding disease Psychosocial support Managing physical symptoms 	8 weeks	-0.8 *	10
(33)	(prospective)		, ,			IPF subgroup: -0.6 *	IPF subgroup: 23
Kozu <i>et al.</i> (35)	Pre-post study (prospective)	IPF	PR, outpatient	 Patient education Home exerciise program Behavioural modification Self-monitoring Managing disease/comorbidities/ADLs Managing physical symptoms Preventing infections/exacerbation 	8 weeks	-0.4 *	36
Lingner et al. (36)	Pre-post study (prospective)	Sarcoidosis	PR, inpatient	 Patient education Behavioural modification Understanding treatment options Managing disease/comorbidities/ADLs Managing physical symptoms Psychosocial support 	3 weeks	-0.4 *	262
Nolan <i>et al</i> . (60)	Pre-post study (prospective)	IPF	PR, outpatient	 Patient education Home exerciise program Behavioural modification Managing treatments Managing disease/comorbidities/ADLs Preventing infections/exacerbation Understanding disease Psychosocial support 	8 weeks	-0.7 *	113
Ochmann et al. (39)	Longitudinal	Silicosis, asbestosis	PR, inpatient	Behavioural modificationManaging physical symptoms	4 weeks	Silicosis: -0.3 Asbestosis: 0	Silicosis: 42 Asbestosis: 66
Ozalevli <i>et al.</i> (40)	Pre-post study (prospective)	IPF	PR, home-based	Home exerciise programManaging physical symptoms	12 weeks	-0.9 *	15
Rammaert <i>et</i> al. (41)	Pre-post study (prospective)	IPF	PR, home-base	Patient educationHome exerciise programSelf-monitoring	8 weeks	0.2	13

Sanchez-	Pre-post study	ILD	PR, outpatient	Patient education	8 weeks	-0.2	127
Ramirez (45)	(retrospective)	ILD	i ii, outpatient		O WEEKS	-0.2	12/
Raillilez (45)	(retrospective)			Behavioural modification			
				 Understanding treatment options 			
				 Managing treatments 			
				 Managing disease/comorbidities/ADLs 			
				 Managing physical symptoms 			
				 Preventing infections/exacerbation 			
				Understanding disease			
				Psychosocial support			
				Palliation and EOL planning			
Shimoda et al.	Pre-post study	Interstitial	PR, inpatient	Patient education	median 9 days	-1	8
(61)			rit, ilipatient		(ranged 6-12)	-1	8
	(prospective)	pneumonia		Behavioural modification	, , ,		
Tonelli <i>et al.</i>	Pre-post study	ILD	PR, outpatient/	 Patient education 	>24 sessions	-1.1 *	40
(48)	(prospective)		inpatient	Behavioural modification	(6days/week for		
				 Managing treatments 	1 st week; twice		
				 Managing disease/comorbidities/ADLs 	daily thereafter)		
				Managing physical symptoms			
				Psychosocial support			
				Palliation and EOL planning			
Taire di (C2)	Niam manufactural	Cilinania	DDttt	· -	4 -	DDithhti	DDith
Trivedi (62)	Non-randomised	Silicosis	PR, outpatient	Patient education	4 weeks	PR with education:	PR with
	controlled study			 Managing physical symptoms 		-1.4 *	education: 24
				 Understanding disease 		Education only:	Education only:
						-0.4 *	24

RCT: randomised controlled trial; MRC: Medical Research Council; IPF: idiopathic pulmonary fibrosis; ILD: interstitial lung disease; PR: pulmonary rehabilitation; activity of daily living; EOL: end-of-life.

Note: Within-group mean change for a total of 18 studies that measured symptom burden with the Medical Research Council Dyspnoea scale are included in this table.

^{*} Mean change reached the minimal important difference of 0.4 unit for people with ILD and IPF. Negative value indicates improvement (55).

Supplement 5.4.1. Between-groups mean differences and mean change from baseline within intervention group in RCTs measuring psychological wellbeing with the Hospital Anxiety and Depression Scale (HADS) (n=6)

Study	Study design	Type of participants	Setting delivering self-management	Self-management components delivered	Study period	HADS scores		Number of participants in
			components		periou	Between- groups mean difference	Mean change from baseline in intervention group	intervention group
Bajwah <i>et al.</i> (52)	Mixed methods: RCT & qualitative	IPF	Hospital2Home program with case conference, home- based	 Patient education Managing physical symptoms Preventing infections/exacerbation Goal setting Psychosocial support Palliation and EOL planning 	2 months	Data not reported for 2m	A: -1.5 D: 0.4	23
Dowman et al. (2)	RCT	ILD	PR, outpatient	 Patient education Home exerciise program Behavioural modification Understanding treatment options Self-monitoring Managing disease/comorbidities/ADLs Managing physical symptoms Preventing infections/exacerbation Understanding disease Psychosocial support Sexuality/self-esteem 	8 weeks	Data not reported	ILD A: -0.9 D: -0.6 IPF subgroup A: -0.3 D: -0.1	ILD: 74 IPF subgroup: 32
Janssen <i>et al.</i> (54)	RCT	IPF	Palliative care program, outpatient	 Managing physical symptoms Understanding disease Goal setting Psychosocial support Palliation and EOL planning 	6 months	A: -1.2 (NS) D: 0 (NS)	A: -0.8 D: 0.7	9
Moor <i>et al.</i> (2020) (63)	RCT	IPF	Home spirometry and monitoring program, home- based	 Patient education Managing treatments Self-monitoring 	24 weeks	A: -0.05 (NS) D: -0.4 (NS)	A: 0.1 D: 0.3	38
Naz et al. (7)	RCT	Sarcoidosis	PR, outpatient	Home exerciise programSelf-monitoringManaging physical symptoms	12 weeks	A: -2.5 * p = 0.04 D: -3.1 * (NS)	A: -2.3 D: -1.8	9

Wallaert <i>et al.</i> (2020) (59)	RCT	Sarcoidosis	PR, outpatient	 Patient education Behavioural modification Understanding treatment options Managing disease/comorbidities/ADLs Managing physical symptoms Preventing infections/exacerbation Understanding disease Goal setting Psychosocial support Sexuality/self-esteem 	2 months	Data not reported for 2m	A: -0.5 D: -0.4	18
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RCT: randomised controlled trial; IPF: idiopathic pulmonary fibrosis; ILD: interstitial lung disease; PR: pulmonary rehabilitation; ADL: activity of daily living; EOL: end-of-life; A: anxiety; D: depression.

Note: Data reported by a total of 6 out of 7 RCTs that measured psychological wellbeing with the Hospital Anxiety and Depression Scale are included in this table (one RCT did not report data immediately post-intervention (5).

^{*} Mean change reached the minimal important difference of 2.4 units for people with ILD and IPF. Negative value indicates improvement (55).

Supplement 5.4.2. Mean change from baseline within intervention group in non-RCTs measuring psychological wellbeing with the HADS (n=11)

Study	Study design	Type of participants	Setting delivering self-management components	Self-management components delivered	Study period	Mean change in HADS scores from baseline in intervention group	Number of participants
Chéhère et al. (20)	Pre-post study (prospective)	Fibrotic idiopathic interstitial penumonia	PR, home-based	 Patient education Behavioural modification Understanding treatment options Managing disease/comorbidities/ADLs Managing physical symptoms Preventing infections/exacerbation Understanding disease Goal setting Psychosocial support Sexuality/self-esteem 	8 weeks	A: -0.9 D: -0.1	19
Deniz <i>et al.</i> (22)	Pre-post study (prospective)	ILD	PR, outpatient	Patient education Managing physical symptoms	8 weeks	A: -1.7 D: -1.3	57
Igai <i>et al.</i> (56)	Mixed methods: pre-post study (prospective) & qualitative	IPF	Dignity-centred palliative care program, outpatient/ home-based	 Patient education Behavioural modification Understanding treatment options Managing treatments Self-monitoring Managing disease/comorbidities/ADLs Managing physical symptoms Preventing infections/exacerbation Understanding disease Psychosocial support Sexuality/self-esteem Palliation and EOL planning 	45 days	A: -0.3 D: -1.6	12
Kaymaz et al. (57)	Pre-post study (retrospective)	ILD	PR, outpatient	 Patient education Home exerciise program Behavioural modification Managing disease/comorbidities/ADLs Managing physical symptoms Understanding disease Psychosocial support 	8 weeks	A: -1.5 D: -3.1 *	10

Lingner et al. (36)	Pre-post study (prospective)	Sarcoidosis	PR, inpatient	 Patient education Behavioural modification Understanding treatment options Managing disease/comorbidities/ADLs Managing physical symptoms Psychosocial support 	3 weeks	A: -1.6 D: -0.9	296
Moor <i>et al.</i> (2021) (64)	Pre-post study (prospective)	Sclerosis- associated ILD	Home spirometry and monitoring program, home- based	Patient educationManaging treatmentsSelf-monitoring	3 months	A: 0.6 D: 0.1	10
Naji <i>et al.</i> (59)	Pre-post study (retrospective)	ILD	PR, outpatient/ inpatient	 Patient education Home exerciise program Behavioural modification Managing treatments Self-monitoring Managing physical symptoms 	8 weeks	A: -2.7 * D: -2.4 *	26
Ochmann et al. (39)	Longitudinal	Silicosis, asbestosis	PR, inpatient	 Behavioural modification Managing physical symptoms 	4 weeks	Silicosis A: -2.9 * D: 0.1 Asbestosis A: -2.1 D: 0.1	Silicosis: 42 Asbestosis: 66
Sciriha et al. (46)	Non-randomised controlled study	ILD	PR, outpatient	 Patient education Home exerciise program Managing treatments Self-monitoring 	12 weeks	A: -0.4 D: 0.5	60
Tsang <i>et al.</i> (49)	Pre-post study (retrospective)	Pneumoconiosis	PR, community- based (CBRP)/ home- based (HBRP)	 Patient education Home exerciise program Behavioural modification Managing treatments Managing disease/comorbidities/ADLs Managing physical symptoms Preventing infections/exacerbation Understanding disease Psychosocial support 	CBRP: 4-6 weeks HBRP: 8 home visits	CBRP A: 0.1 D: -1.5 HBRP A: -1.6 D: 0.1	CBRP: 155 HBRP: 26

Wallaert et	Pre-post study	Fibrotic idiopathic	PR, home-based	Patient education	2 months	A: -1.1	101
al. (2019)	(retrospective)	interstitial		 Home exerciise program 		D: -0.7	
(62)		penumonia		 Behavioural modification 			
				 Understanding treatment options 			
				 Self-monitoring 			
				 Managing disease/comorbidities/ADLs 			
				 Managing physical symptoms 			
				 Preventing infections/exacerbation 			
				 Understanding disease 			
				 Goal setting 			
				 Psychosocial support 			
				 Sexuality/self-esteem 			

RCT: randomised controlled trial; IPF: idiopathic pulmonary fibrosis; ILD: interstitial lung disease; PR: pulmonary rehabilitation; ADL: activity of daily living; EOL: end-of-life; A: anxiety; D: depression.

Note: Data reported for a total of 11 out of 13 studies that measured psychological wellbeing with the Hospital Anxiety and Depression Scale are included in this table (two pre-post studies did not report data (41, 66).

^{*} Mean change reached the minimal important difference of 2.4 units for people with ILD and IPF. Negative value indicates improvement (55).

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