Heading	Subheading	Descriptor	Where reported/comments
Title		Identify study as a randomised trial	Title
Abstract		Use a structured format	Page 2
Introduction		State prospectively defined hyothesis, clinical objectives, and planned subgroup or covariate analyses	Page 6- outcomes and analysis
Methods	Protocol	P1: Planned study population, together with inclusion/exclusion criteria	Page5/6 & AI 1
		P2: Planned interventions and their timing	Page 5/6
		P3: Primary and secondary outcome measure(s) and the minimum important differences, and how the sample size was projected	Page 6/7 & AI 2
		P4: Rationale and methods for statistical analyses, detailing main comparative analyses and whether they were completed in an intention to treat basis	Page 6/7 & AI 3
		P5: Prospectively designed stopping rules	NA
	Assignment	A1: Unit of randomisation	Page 5
		A2: Method used to generate the allocation schedule	AI 4
		A3: Method of allocation concealment and timing of assignment	?
		A4: Method to separate the generator from the executor of assignment	?
	Blinding	Describe mechanism, similarity of treatment characteristics, allocation schedule control, and evidence for successful blinding among participants, person doing intervention, outcome assessors, and data analysts	AI 5
Results	Participant flow and follow-up	Provide a trial profile (figure) summarising participant flow, numbers and timing of randomisation assignment, interventions, and measurements for each randomised group	Figure
	Analysis	R1: State estimated effect of interventions on primary and secondary outcome measures including point estimate and confidence interval	Page 8 & Table 2 & 3 (I^o) & Table 4 & 5 (2^o)
		R2: State results in absolute numbers when feasible	Table 2 & 4
		R3: Present summary data and appropriate descriptive and inferential statistics in sufficient detail to permit alternative analyses and replication	Tables 1, 2 &4
		R4: Describe prognostic variables by treatment group and any attempt to adjust for them	Results page 8 and Table 3
		R5: Describe protocol deviations by treatment group and any attempt to adjust for them	NA
Comment		C1: State specific interpretation of study findings, including sources of bias and imprecision (internal validity) and discussion of external validity, including appropriate quantitative measures when possible	Page 9-10
		C2: State general interpretation of the data in light of the totality of the available evidence	Page 9-10

AI = additional information sheets
NA = not applicable

Additional information

1. Methods, Protocol, P1:

All practices in Avon using the EMIS and AAH Meditel computing systems were invited to participate in the study. All patients aged 60-80 years with a diagnosis of hypertension and a record of having been prescribed anti-hypertensive medication in the previous year were eligible. Thirty eligible patients were randomly sampled from each practice list using either the computer system's built-in sampling facility (EMIS practices) or a random sampling programme on a personal computer (AAH Meditel practices). Non-ambulatory patients, those suffering from a life-threatening illness or those who had recently undergone major surgery were excluded.

2. Methods, Protocol, P3:

The trial was designed to detect a difference between the two intervention arms of the main trial, CDSS plus chart guidelines versus chart guidelines alone. Based on previous work we estimated 55% of patients in this sample would have an absolute five-year cardiovascular risk of ≥10%. The sample size was designed to detect a difference between the main arms of the trial of 20% of patients at this risk level. A power of 80% and a two-tailed α of 5%, along with an inflation factor of 2.05 since randomisation was by practice, resulted in a sample size of 190 in each of the intervention groups. The expectation was to recruit 20 practices with 20 patients in each.

3. Methods, Protocol, P4:

Data management and analysis was done using Stata Statistical Software. Analyses were by intention to treat. Multivariable logistic regression was used to test all the outcome variables. Although follow-up data were collected at 6 and 12 months, results for only 12-month data are presented here. Adjusting for the clustering effect of using practice as the unit of randomisation did not affect the conclusions so the unadjusted analyses are reported.

4. Methods, Assignment, A2:

The randomisation was performed using a table of random numbers by a researcher not involved in the study.

5. Methods, Blinding:

Blinding the health professionals to intervention group was not possible given the nature of the study. No attempt was made to blind the data analysts (TP, AM & TF) to the study group.