

| Study and country | Study Design | Study setting | Study duration | Subjects | Interventions | Study device (Operating system) | Study Quality |
|---|--|---|----------------|--|--|---------------------------------|---------------|
| Anglada-Martínez et al Spain [39] | Single-arm prospective pre-post intervention study | Casanova Primary Care Clinic and Hospital Clinic | 6 months | Patients: N= 42 (F 21.4%, M 78,6%) Age: (mean= 56) SBP^a: NR ^b DBP^c: NR HCP: N= 5 | I^d = Medplan platform (website for HCPs + smartphone app) C^e = usual care | iPhone (iOS) or NR (Android) | Poor |
| Mao et al USA [31] | RCT ^f (Retrospective analysis) | Data from a pilot Commercial collaboration | 12 months | Patients: N= 1012 (F 68%, M 32%) I= 763, C= 73 Age (mean= 44.63; I= 44.87 C= 42.36) SBP: I= 131.27 (1.52) C=NR HCP: N=NA | I= Vida app + a Bluetooth-connected pedometer and wireless scale + a Bluetooth-enabled blood pressure cuff C= usual care | iPhone (iOS) or NR (Android) | Fair |
| Kang et al., South Korea [44] | Technology development study (survey) | Cardiovascular clinics at tertiary hospitals | 4 weeks | Patients: N=38 (F% 34, M 66%) Age: 56 years HCP: N=CD | I= Smartphone app + BP monitor C=NA^g | NR (NR) | Poor |
| Banerjee et al USA [32] | Technology development studies (Survey) | A diabetes and hypertension clinic. | NA | Patients: N=385 Age: NA SBP: NR DBP: NR HCP: N=NA | I= Smartphone app (My vital signs) C=NA | iPhone (iOS) or NR (Android) | Poor |
| McGillicuddy et al (2013) USA [26] | Survey | Kidney Transplant Clinic at the Medical University of South Carolina (MUSC) | 3 months | Patients: N= 99 (F 35%, M 65% (64/98)) Age: (mean= 44.63) SBP: NR DBP: NR HCP: N=NA | I= SMASH (cellular connected electronic medication device + a wireless (bluetooth-enabled) BP monitor + smartphone (app + messaging) C=NA | Motorola Droid X (Android) | Fair |
| Sun et al China [43] | Longitudinal quasi-experiment design | Tsinghua Elderly University & a nearby community | 6 weeks | Patients: N=19 (F=57.8%, M= 42.1%) Age: 49-70 years (mean=59.2) HCP: N=NA | I= Mobile app + BP monitor C= NA | NR (NR) | Poor |

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| Hallberg et al South Sweden [38] | Qualitative study (semi-structured interview) | 4 different primary health-care centers | NR | Patients: N= 49 (F=23, M=26) Age: 30-70 years (mean= 58) HCP: N=NA | Mobile app + Website + BP monitor | NR (NR) | Good |
| Bengtsson et al South Sweden [36] | Qualitative study (interview) | Primary health care center in a multi-cultural city suburb and one internal medical outpatient clinic at a provincial hospital in a smaller town | NR | Patients: N=21 (F=42.86%, M=57.14%) Age: 49-82 HCP: N=4 | Mobile app | NR (NR) | Good |
| Logan et al Canada [33] | RCT | The offices or clinics of physicians practicing in metropolitan Toronto. | 12 months | Patients: N= 110 (F 44.5%, M 55.4%), I= 55 C= 55 Age: I=62.7 ±7.8 C=63.1±9.0 24-h SBP: I=139.4±11.6 , C= 139.4±10.6 24-h DBP: I= 73.9±10.6, C=75.4± 8.7 HCP: N=NA | I=smartphone (app)+ Bluetooth-enabled BP monitor + voice message. C= usual care | BlackBerry (NR) | Good |
| Mendelson et al France [35] | RCT | Sleep clinics | 4 months | Patients: N=107 (F 16.8%, M 83.2%) I=54, C=53 Age: 63 ± 9 Office SBP: mmH = 135±13.2I= 135.3 ±14.1 C=138.4 ±6.4 office DBP: mmH=81.5 ±9.6 I= 80.9 ± 9.7, C= 82 ±9.6 Morning SBP: mmHg I= | I= Telemedicine (Smartphone app + automated BP monitor + CPAP fitted with a nasal mask and given an autotitrating machine. C=usual care | NR(NR) | Fair |

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| | | | | <p>135.3±12.3 (SE) C=135.3 14.1 (SE) Evening SBP: mmHg=I= 130.8±13.2(SE) C= 132.0 17.1 (SE) Morning DBP: I= 80.9 mm Hg 9.7(SE) C= 82.0±9.0(SE) Evening DBP: I= 75.9 mm Hg 8.7(SE) C= 79.0 mmHg 10.2 (SE) Type2 diabetes 36.4%</p> <p>HCP: N=NA</p> | | | |
| Bloss et al USA [28] | RCT | Scripps Translational Science Institute | 6 months | <p>Patients: N= 160 (F 70%, M 30%) Age: 33-81 years (Mean=56(9.0) (SD) Hypertension 67(89) non-insulin dependent diabetes (NIDDM) (9) arrhythmia (10) insulin-dependent diabetes (IDDM) (5), Comorbidity (21)</p> <p>HCP: N=NA</p> | I = BP monitor +iPhone with corresponding apps+ HealthyCircles account (online and mobile)+ C = usual care+ education | iPhone 4 or iPhone 4s (iOS) | Poor |
| McGillicuddy et al USA [25] | RCT (Retrospective analysis) | Kidney Transplant Clinic at the Medical University of South Carolina (MUSC) | 12 months | <p>Patients: N= 18 (F 44.4%, M 55.6%) Age: 33-81 years Mean=I= 42.44(12.04) C=57.89 (8.72) (SD)</p> <p>HCP: N=NA</p> | I =cellular connected electronic medication device + BP monitor+ smartphone app+ email + SMS or call | Motorola Droid X (Android) | Poor |

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| Carrera et al Spain [40] | Technology development studies | NA | NA | N= 20 | I =BP monitor + smartphone and tablet (app + messaging) C =NA | Samsung Galaxy S2, Samsung Galaxy S3 and Nexus 5 (Android v. 5.1.1), Ipad 2 (iOS) and Iphone 6 (iOS v. 8.4) | Poor |
| McGillicuddy et al USA [27] | A proof-of-concept RCT | Kidney Transplant Clinic at the Medical University of South Carolina (MUSC) | 3 months | Patients: N= 19 (F 68%, M 32%) I = 9, C = 10 Age: (Mean= I = 42.44 C = 57.6) SBP: I = 138.35, C =135.11 DBP: I =87.55, C =76.11 HCP: N=NA | I = cellular connected electronic medication device + BP monitor+ smartphone app + email + SMS or call C =usual care | Motorola Droid X (Android) | Poor |
| Moore et al USA [30] | RCT | The Ambulatory Practice of the Future (APF) at the Massachusetts General Hospital is designed | 12 weeks | Patients: N= 42 (F 40.5%, M 59.5%) I = 20 C = 22 Age: NA (Mean=50.0 ±12.8) SBP: 147.6; I = 145.7, C =149.8 DBP: 87.2; I =86.0, C =88.43 HCP: N=NA | I = Tablet app (CollaboRhythm) a wireless BP monitor C = usual care | NR (NR) | Poor |
| Petrella et al Canada [34] | Parallel-group, RCT | Gateway Rural Health Research Institute, Seaforth (community-based research centre) | 52 weeks | Patients: N=149 (F 74.5%; M 25.5%) I = 75, C = 74 Age: Mean I = 55.7, C = 57.8 HCP: N=NA | I = Smartphone app(healthyanywhere) + Bluetooth™ enabled BP monitor and a glucometer+ a pedometer +Aerobic exercise prescription C = exercise prescription and logged exercise in a journal | Blackberry Curve 8300 or 8530 (NR) | Poor |

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| Davidson et al USA [24] | RCT | NR | 6 months | Patients: N= 38 (F 68%, M 32%) I= 33, C= 30 Age: NA Mean I= 47.50±11.08, C= 48.45±11.32 SBP: I=, C= NA DBP: I=, C= NA HCP: N=NA | I= cellular connected electronic medication device + BP monitor+ smartphone app + email + SMS or call C= usual care | Motorola Droid X (Android) | Poor |
| Or & Tao [42] | RCT | Patients homes | 3 months | Patients: N= 63 (F5%, M95%) I= 33, C= 30 Age: 30-70 years (Mean=69.5) SBP/DBP: I= 134.9/79.5, C= 130.1/76.1 HCP: N=NA | I= tablet + a 2-in-1 BG and BP monitor C= a 2-in-1 BG and BP monitor + a log book | NR (NR) | Fair |
| Albini et al Italy [41] | Pilot study | General Practitioners clinics | 9 months | Patients: N = 601 (F :38.5% M: 61.5%) I = 303, C = 298 Age I= 57.9±11.3 C= 56.9±11.5 SBP: I= 148.3 ±11.7, C= 145.4±3.9 DBP: I = 91.6 ± 6.5, C = 88.8 ± 6.1 DBP: IG = 91.6 ± 6.5, CG = 88.8 ± 6.1 HCP: N=9 | I= Eruhypertension APP(E-APP)+ Misuriamo platform + BP monitoring C= usual care | NR(NR) | Poor |
| Patel et al USA [29] | Open label trial | Internal medicine, renal/hypertension, and cardiology clinics of the George Washington | 10 months | Patients: N= 50 (M: 31%, F:69%) Age: 53 years (33-78) SBP: 144, DBP: 89 HCP: N=NA | I= Smartphone app C=NA | NR (NR) | Fair |

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| | | University Medical Faculty | | | | | |
| Bengtsson et al Sweden [37] | Explorative , longitudinal study | 4 different primary health-care centers | 8 weeks | Patients: N= 50 (F 48%, M 52%) Age: 33-81 years (Mean=59.5) SBP: 142, DBP: 84 HCP: N=NA | I= mobile phone-based system for the self-report questions + BP monitor + web-based system C=NA | NR (NR) | Good |

^aSBP: systaltic blood pressure; ^bNR: not reported; ^cDBP: diastolic blood pressure; ^dI intervention group/phase ^eC: control group/phase; ^fRCT: randomised control trial; ^gNA: not applicable; ^h HCP: health care professionals.