

Appendix 1. Search for values and preferences literature

Search strategy and data sources

We performed a systematic literature search for studies on values and preferences from three databases (Medline, Embase, PsycINFO), with a values and preferences filter developed by Alonso-Coello et al (manuscript submitted), from inception until 09 May 2017.

Selection criteria

We included studies on children or adults with sore, painful or uncomfortable throat. The outcomes we considered eligible were 1) health state value studies (e.g. measures between 0, i.e. death, and 1, i.e. perfect health, elicited through techniques such as standard gamble, time trade-off and visual-analog scale); 2) direct choice studies (e.g., choice when presented with decision aid, probabilistic trade-off techniques, discrete choice, conjoint analysis willingness to pay, randomized controlled trials on preferences); 3) studies on non-utility measurement of health states (e.g. surveys); and 4) qualitative studies (e.g. focus groups, semi-structured interviews). We excluded 1) patients with complications (e.g. esophageal cancer) who would not be treated for their symptoms in primary care, 2) non-primary studies (e.g. clinical practice guidelines, reviews, commentaries, communications, letters, or viewpoints); 3) case report, and case series; and 4) studies reporting overall health related quality of life.

Results

The literature search yielded 5,385 citations, of which 4,196 remained after removing duplicates (Figure 1). A total of 99 studies were screened in full text, of which 97 were excluded, with reasons. Title and abstract, as well as full text screening, was conducted independently and in duplicate. Two studies were eligible for review^{1,2}.

Shaik and colleagues¹ conducted a study to develop patient-reported outcome measure from patient diaries from US, reported by 113 children aged 5-15 yrs and/or their carers. They had considered 23 symptom measures reported in literature, and chose 8 based on importance, which they calculated as patient/carer reported prevalence of symptom multiplied by mean severity. The 8 most important outcomes were as follows: sore throat, abdominal pain, headache, pain with swallowing, fever, eating less, playing less, decreased activity.

Addey and colleagues² surveyed 3,514 adults with sore throat experience in past 12 months about 1) physical symptoms, 2) emotional descriptors, and 3) health seeking behaviors. They reported emotional descriptors as barely affected (16%), and other mild symptoms (e.g. cannot concentrate, low energy; 84%). They also reported health behaviours, where patients chose the following options: if symptoms don't disappear quickly take medication (44%), as soon as symptoms appear take medication (29%), only take medication when severe (20%), prefer to avoid medication and put up with discomfort (7%).

Neither of the studies provided unique data that were not discussed by the panel. Based on the empirical data, the panel had chosen appropriate patient important outcomes, and considered variability in patient values and preferences regarding sore throat management.

References

1. Shaikh N, Martin JM, Casey JR, et al. Development of a patient-reported outcome measure for children with streptococcal pharyngitis. *Pediatrics* 2009;124(4):e557-63.
2. Addey D, Shephard A. Incidence, causes, severity and treatment of throat discomfort: a four-region online questionnaire survey. *BMC Ear, Nose and Throat Disorders* 2012;12(1):9.

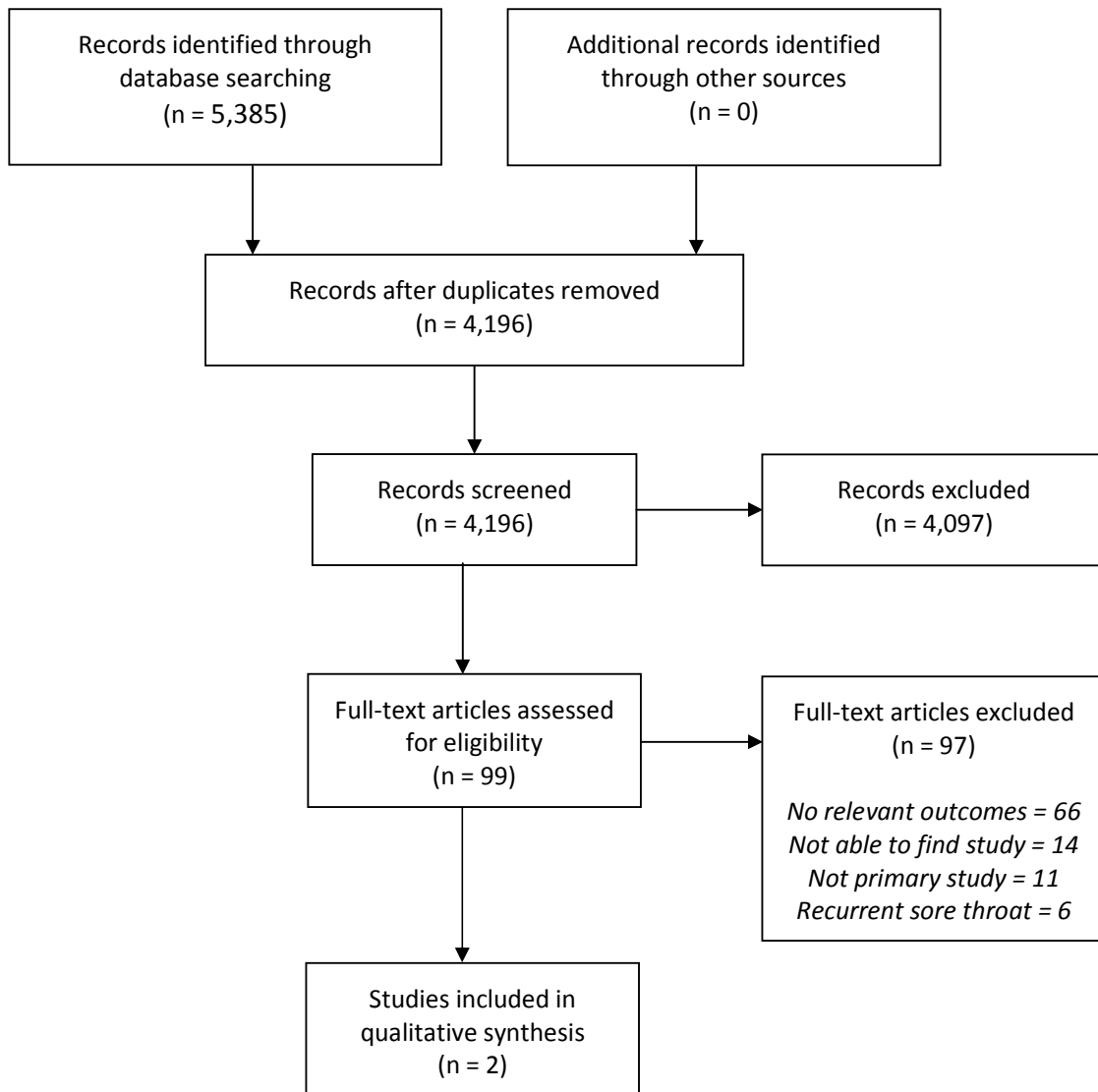


Figure 1. PRISMA flow diagram.