

Appendix 1. Search strategy performed in 01 April 2020

**PUBMED**

Limits	NOT animals
Search	<p><i>Randomized controlled trial</i></p> <p>#1 "Randomized Controlled Trials as Topic"[Mesh] OR "Controlled Clinical Trials as Topic"[Mesh] OR "Clinical Trials as Topic"[Mesh] OR "Randomized Controlled Trial"[Publication Type] OR "Controlled Clinical Trial"[Publication Type] OR "Clinical Trial" [Publication Type] OR "Random Allocation"[Mesh] OR "Single-Blind Method"[Mesh] OR "Double-Blind Method"[Mesh] OR "Research Design"[Mesh] OR "Comparative Study" [Publication Type] OR "Evaluation Studies" [Publication Type] OR "Evaluation Studies as Topic"[Mesh] OR "Drug Therapy"[Mesh] OR "drug therapy"[Subheading] OR "Follow-Up Studies"[Mesh] OR "Cross-Over Studies"[Mesh] OR "Prospective Studies"[Mesh] OR "Clinical Study" [Publication Type] OR "Controlled Before-After Studies"[Mesh] OR "Multicenter Studies as Topic"[Mesh] OR "Multicenter Study" [Publication Type] OR "Placebos"[Mesh] OR Random*[tiab] OR "latin square"[tiab] OR pragmatic trial*[tiab] OR clinical article*[tiab] OR placebo*[tiab] OR ((singl*[tiab] OR doubl*[tiab] OR trebl*[tiab] OR tripl*[tiab]) AND (mask*[tiab] OR blind*[tiab] OR dumm*[tiab])) OR RCT*[tiab] OR ((comparative[tiab] OR control*[tiab] OR clinical[tiab] OR prospectiv*[tiab]) AND (study[tiab] OR studies[tiab] OR trial*[tiab])) OR volunteer*[tiab] OR "Cross-Over"[tiab] OR crossover[tiab] OR allocat*[tiab] OR assign*[tiab] OR factorial[tiab]</p> <p><i>Economic evaluation</i></p> <p>#2 "Economics, Medical"[Mesh] OR "Cost-Benefit Analysis"[Mesh] OR "Cost-effectiveness Analysis"[Mesh] OR "Cost-utility Analysis"[Mesh] OR "Cost-minimization Analysis"[Mesh] OR "Health Care Costs"[Mesh] OR "Economics, Pharmaceutical"[Mesh] OR "Economics"[Mesh:NoExp] OR "Costs and Cost Analysis"[Mesh] OR "Economics, Hospital"[Mesh] OR "Economics, Nursing"[Mesh] OR "Quality-Adjusted Life Years"[Mesh] OR (economic*[tiab] AND (study[tiab] OR studies[tiab] OR</p>

	<p>impact[tiab] OR value[tiab] OR factor*[tiab] OR analys*[tiab] OR evaluati*[tiab])) OR ((cost[tiab] OR costs[tiab] OR costly[tiab] OR costing[tiab] OR price[tiab] OR prices[tiab] OR pricing[tiab] OR pharmacoeconomic*[tiab] OR marginal[tiab]) AND (health care[tiab] OR healthcare[tiab] OR medical care[tiab] OR treatment[tiab] OR analys*[tiab] OR data[tiab] OR measure*[tiab] OR comparison*[tiab] OR savings[tiab] OR hospital[tiab] OR medical[tiab] OR utilit*[tiab] OR effectiv*[tiab] OR efficac*[tiab] OR benefit*[tiab] OR consequence*[tiab] OR unit[tiab] OR drug*[tiab])) OR CEA[tiab] OR CUA[tiab] OR CBA[tiab] OR budget*[tiab] OR qol[tiab] OR qoly[tiab] OR qoly*[tiab] OR hrqol[tiab] OR qaly[tiab] OR qalys[tiab] OR qale[tiab] OR qales[tiab] OR sensitivity-analys*[tiab] OR "willingnesstopay"[tiab] OR quality-adjusted life year*[tiab] OR quality-adjusted life expectanc*[tiab] OR Healthy Years Equivalent*[tiab] OR "Models, Economic"[Mesh] OR "Markov Chains"[Mesh] OR "Markov"[tiab] OR "Decision Trees"[Mesh] OR "health economic model"[tiab] OR "health economic models"[tiab]</p> <p><i>Fibromyalgia</i></p> <p>#3 (fibromyalgia OR fibrositis OR "myofascial pain syndromes"[Mesh] OR "Fibromyalgia"[Mesh])</p> <p><i>Final connections</i></p> <p>#4 ((#1 AND #2 AND #3) NOT (animals[mh] NOT humans[mh]))</p> <p><b>Hits: 539</b></p>
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## EMBASE

Search	<p><i>Randomized controlled trial</i></p> <p>#1 'controlled clinical trial'/exp OR 'controlled clinical trial (topic)'/exp OR 'randomized controlled trial'/exp OR 'clinical article'/exp OR 'clinical study'/exp OR 'controlled study'/de OR 'major clinical study'/exp OR 'triple blind procedure'/exp OR 'methodology'/de OR 'comparative study'/de OR 'evaluation study'/exp OR 'follow up'/exp OR 'randomization'/exp OR 'single blind procedure'/exp OR 'double blind</p>
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procedure'/exp OR 'drug therapy'/exp OR 'crossover procedure'/exp OR 'prospective study'/exp OR 'epidemiology'/de OR 'multicenter study (topic)'/exp OR 'placebo'/exp OR random\*:ti,ab OR 'latin square':ti,ab OR 'pragmatic trial\*':ti,ab OR 'clinical article\*':ti,ab OR placebo\*:ti,ab OR (singl\*:ti,ab OR doubl\*:ti,ab OR trebl\*:ti,ab OR tripl\*:ti,ab AND (mask\*:ti,ab OR blind\*:ti,ab OR dumm\*:ti,ab)) OR rct\*:ti,ab OR (comparative:ti,ab OR control\*:ti,ab OR clinical:ti,ab OR prospectiv\*:ti,ab AND (study:ti,ab OR studies:ti,ab OR trial\*:ti,ab)) OR volunteer\*:ti,ab OR 'cross-over':ti,ab OR crossover:ti,ab OR allocat\*:ti,ab OR assign\*:ti,ab OR factorial:ti,ab

*Economic evaluation*

2# 'Economics, Medical'/exp OR 'Cost-Benefit Analysis'/exp OR 'Cost-effectiveness Analysis'/exp OR 'Cost-utility Analysis'/exp OR 'Cost-minimization Analysis'/exp OR 'Health Care Costs'/exp OR 'Economics, Pharmaceutical'/exp OR 'Economics'/de OR 'Costs and Cost Analysis'/exp OR 'Economics, Hospital'/exp OR 'Economics, Nursing'/exp OR 'Quality-Adjusted Life Years'/exp OR (economic\*:ti,ab AND (study:ti,ab OR studies:ti,ab OR impact:ti,ab OR value:ti,ab OR factor\*:ti,ab OR analys\*:ti,ab OR evaluati\*:ti,ab)) OR ((cost:ti,ab OR costs:ti,ab OR costly:ti,ab OR costing:ti,ab OR price:ti,ab OR prices:ti,ab OR pricing:ti,ab OR pharmaco-economic\*:ti,ab OR marginal:ti,ab) AND ("health care":ti,ab OR healthcare:ti,ab OR "medical care":ti,ab OR treatment:ti,ab OR analys\*:ti,ab OR data:ti,ab OR measure\*:ti,ab OR comparison\*:ti,ab OR savings:ti,ab OR hospital:ti,ab OR medical:ti,ab OR utilit\*:ti,ab OR effectiv\*:ti,ab OR efficac\*:ti,ab OR benefit\*:ti,ab OR consequence\*:ti,ab OR unit:ti,ab OR drug\*:ti,ab)) OR CEA:ti,ab OR CUA:ti,ab OR CBA:ti,ab OR budget\*:ti,ab OR qol:ti,ab OR qoly:ti,ab OR qoly\*:ti,ab OR hrqol:ti,ab OR qaly:ti,ab OR qalys:ti,ab OR qale:ti,ab OR qales:ti,ab OR sensitivity-analys\*:ti,ab OR willingnesstopay:ti,ab OR "quality-adjusted life year\*":ti,ab OR "quality-adjusted life expectanc\*":ti,ab OR "Healthy Years Equivalent\*":ti,ab OR 'Models, Economic'/exp OR 'Markov Chains'/exp

	<p>OR Markov:ti,ab OR 'Decision Trees'/exp OR "health economic model":ti,ab OR "health economic models":ti,ab</p> <p><i>Fibromyalgia</i></p> <p>#3 (fibromyalgia OR fibrositis OR 'myofascial pain syndromes'/exp OR 'Fibromyalgia'/exp)</p> <p><i>Final connections</i></p> <p>#4 #1 AND #2 AND #3 NOT ([animals]/lim NOT [humans]/lim)</p> <p><b>Hits: 2,005</b></p>
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## CINAHL

Limits	Human
Search	<p><i>Randomized controlled trial</i></p> <p>S1 (MH "Randomized Controlled Trials as Topic+") OR (MH "Controlled Clinical Trials as Topic+") OR (MH "Clinical Trials as Topic+") OR "Randomized Controlled Trial[Publication Type]" OR "Controlled Clinical Trial[Publication Type]" OR "Clinical Trial [Publication Type]" OR (MH "Random Allocation+") OR (MH "Single-Blind Method+") OR (MH "Double-Blind Method+") OR (MH "Research Design+") OR "Comparative Study [Publication Type]" OR "Evaluation Studies [Publication Type]" OR (MH "Evaluation Studies as Topic+") OR (MH "Drug Therapy+") OR "drug therapy[Subheading]" OR (MH "Follow-Up Studies+") OR (MH "Cross-Over Studies+") OR (MH "Prospective Studies+") OR "Clinical Study [Publication Type]" OR (MH "Controlled Before-After Studies+") OR (MH "Multicenter Studies as Topic+") OR "Multicenter Study [Publication Type]" OR (MH "Placebos+") OR TI Random* OR AB Random* OR TI "latin square" OR AB "latin square" OR TI "pragmatic trial*" OR AB "pragmatic trial*" OR TI "clinical article*" OR AB "clinical article*" OR TI placebo* OR AB placebo* OR ((TI singl* OR AB singl* OR TI doubl* OR AB doubl* OR TI trebl* OR AB trebl* OR TI tripl* OR AB tripl*) AND (TI mask* OR AB mask* OR TI blind* OR AB blind* OR TI dumm* OR AB dumm*)) OR TI RCT*</p>

OR AB RCT\* OR ((TI comparative OR AB comparative OR TI control\* OR AB control\* OR TI clinical OR AB clinical OR TI prospectiv\* OR AB prospectiv\*) AND (TI study OR AB study OR TI studies OR AB studies OR TI trial\* OR AB trial\*)) OR TI volunteer\* OR AB volunteer\* OR TI Cross-Over OR AB Cross-Over OR TI crossover OR AB crossover OR TI allocat\* OR AB allocat\* OR TI assign\* OR AB assign\* OR TI factorial OR AB factorial

*Economic evaluation*

S2 (MH "Economics, Medical+") OR (MH "Cost-Benefit Analysis+") OR (MH "Cost-effectiveness Analysis+") OR (MH "Cost-utility Analysis+") OR (MH "Cost-minimization Analysis+") OR (MH "Health Care Costs+") OR (MH "Economics, Pharmaceutical+") OR (MH "Economics") OR (MH "Costs and Cost Analysis+") OR (MH "Economics, Hospital+") OR (MH "Economics, Nursing+") OR (MH "Quality-Adjusted Life Years+") OR (TI economic\* OR AB economic\* AND (TI study OR AB study OR TI studies OR AB studies OR TI impact OR AB impact OR TI value OR AB value OR TI factor\* OR AB factor\* OR TI analys\* OR AB analys\* OR TI evaluati\* OR AB evaluati\*)) OR ((TI cost OR AB cost OR TI costs OR AB costs OR TI costly OR AB costly OR TI costing OR AB costing OR TI price OR AB price OR TI prices OR AB prices OR TI pricing OR AB pricing OR TI pharmaco-economic\* OR AB pharmaco-economic\* OR TI marginal OR AB marginal) AND (TI "health care" OR AB "health care" OR TI healthcare OR AB healthcare OR TI "medical care" OR AB "medical care" OR TI treatment OR AB treatment OR TI analys\* OR AB analys\* OR TI data OR AB data OR TI measure\* OR AB measure\* OR TI comparison\* OR AB comparison\* OR TI savings OR AB savings OR TI hospital OR AB hospital OR TI medical OR AB medical OR TI utilit\* OR AB utilit\* OR TI effectiv\* OR AB effectiv\* OR TI efficac\* OR AB efficac\* OR TI benefit\* OR AB benefit\* OR TI consequence\* OR AB consequence\* OR TI unit OR AB unit OR TI drug\* OR AB drug\*)) OR TI CEA OR AB CEA OR TI CUA OR AB CUA OR TI CBA OR AB CBA OR TI budget\* OR AB budget\* OR TI qol OR AB qol OR TI qoly OR AB

	<p>qoly OR TI qoly* OR AB qoly* OR TI hrqol OR AB hrqol OR TI qaly OR AB qaly OR TI qalys OR AB qalys OR TI qale OR AB qale OR TI qales OR AB qales OR TI sensitivity-analys* OR AB sensitivity-analys* OR TI willingnesstopay OR AB willingnesstopay OR TI "quality-adjusted life year*" OR AB "quality-adjusted life year*" OR TI "quality-adjusted life expectanc*" OR AB "quality-adjusted life expectanc*" OR TI "Healthy Years Equivalent*" OR AB "Healthy Years Equivalent*" OR (MH "Models, Economic+") OR (MH "Markov Chains+") OR TI Markov OR AB Markov OR (MH "Decision Trees+") OR TI "health economic model" OR AB "health economic model" OR TI "health economic models" OR AB "health economic models"</p> <p><i>Fibromyalgia</i></p> <p>S3 (fibromyalgia OR fibrositis OR (MH "myofascial pain syndromes+") OR (MH "Fibromyalgia+"))</p> <p><i>Final connections</i></p> <p>S4 S1 AND S2 AND S3</p> <p><b>Hits: 157</b></p>
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**CENTRAL**

Limits	Trials
Search	<p><i>#1 Fibromyalgia</i></p> <p>(fibromyalgia OR fibrositis OR [mh "myofascial pain syndromes"] OR [mh Fibromyalgia])</p> <p><i>Economic evaluation</i></p> <p>#2 cost-effectiveness OR economic evaluation</p> <p><i>Final connections</i></p> <p>#3 #1 AND #2</p> <p><b>Hits: 47</b></p>

**PEDRO**

Search	<i>Final connections</i> fibromyalgia AND cost-effectiveness <b>Hits: 8</b>
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## PsycINFO

Search	<p><i>Randomized controlled trial</i></p> <p>#1 "Randomized Controlled Trials as Topic" OR "Controlled Clinical Trials as Topic" OR "Clinical Trials as Topic" OR Randomized Controlled Trial[Publication Type] OR Controlled Clinical Trial[Publication Type] OR Clinical Trial [Publication Type] OR "Random Allocation" OR "Single-Blind Method" OR "Double-Blind Method" OR "Research Design" OR Comparative Study [Publication Type] OR Evaluation Studies [Publication Type] OR "Evaluation Studies as Topic" OR "Drug Therapy" OR drug therapy[Subheading] OR "Follow-Up Studies" OR "Cross-Over Studies" OR "Prospective Studies" OR Clinical Study [Publication Type] OR "Controlled Before-After Studies" OR "Multicenter Studies as Topic" OR Multicenter Study [Publication Type] OR Placebos OR Random*.ti,ab OR latin square.ti,ab OR pragmatic trial*.ti,ab OR clinical article*.ti,ab OR placebo*.ti,ab OR ((singl*.ti,ab OR doubl*.ti,ab OR trebl*.ti,ab OR tripl*.ti,ab) AND (mask*.ti,ab OR blind*.ti,ab OR dumm*.ti,ab)) OR RCT*.ti,ab OR ((comparative.ti,ab OR control*.ti,ab OR clinical.ti,ab OR prospectiv*.ti,ab) AND (study.ti,ab OR studies.ti,ab OR trial*.ti,ab)) OR volunteer*.ti,ab OR Cross-Over.ti,ab OR crossover.ti,ab OR allocat*.ti,ab OR assign*.ti,ab OR factorial.ti,ab</p> <p><i>Economic evaluation</i></p> <p>#2 "Economics, Medical" OR "Cost-Benefit Analysis" OR "Cost-effectiveness Analysis" OR "Cost-utility Analysis" OR "Cost-minimization Analysis" OR "Health Care Costs" OR "Economics, Pharmaceutical" OR Economics OR "Costs and Cost Analysis" OR "Economics, Hospital" OR "Economics, Nursing" OR "Quality-Adjusted Life Years" OR (economic*.ti,ab AND (study.ti,ab OR studies.ti,ab OR impact.ti,ab OR value.ti,ab OR factor*.ti,ab OR analys*.ti,ab OR evaluati*.ti,ab)) OR</p>
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	<p>((cost.ti,ab OR costs.ti,ab OR costly.ti,ab OR costing.ti,ab OR price.ti,ab OR prices.ti,ab OR pricing.ti,ab OR pharmacoeconomic*.ti,ab OR marginal.ti,ab) AND (health care.ti,ab OR healthcare.ti,ab OR medical care.ti,ab OR treatment.ti,ab OR analys*.ti,ab OR data.ti,ab OR measure*.ti,ab OR comparison*.ti,ab OR savings.ti,ab OR hospital.ti,ab OR medical.ti,ab OR utilit*.ti,ab OR effectiv*.ti,ab OR efficac*.ti,ab OR benefit*.ti,ab OR consequence*.ti,ab OR unit.ti,ab OR drug*.ti,ab)) OR CEA.ti,ab OR CUA.ti,ab OR CBA.ti,ab OR budget*.ti,ab OR qol.ti,ab OR qoly.ti,ab OR qoly*.ti,ab OR hrqol.ti,ab OR qaly.ti,ab OR qalys.ti,ab OR qale.ti,ab OR qales.ti,ab OR sensitivity-analys*.ti,ab OR willingnessstopay.ti,ab OR quality-adjusted life year*.ti,ab OR quality-adjusted life expectanc*.ti,ab OR Healthy Years Equivalent*.ti,ab OR "Models, Economic" OR "Markov Chains" OR Markov.ti,ab OR "Decision Trees" OR health economic model.ti,ab OR health economic models.ti,ab</p> <p><i>Fibromyalgia</i></p> <p>#3 (fibromyalgia OR fibrositis OR "myofascial pain syndromes" OR Fibromyalgia)</p> <p><i>Final connections</i></p> <p>#4 #S1 AND #S2 AND #S3</p> <p><b>Hits: 96</b></p>
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**EconLit**

Search	<p><i>Economic evaluation</i></p> <p>S1 “economic evaluation” OR “economic analysis” OR (“cost*” AND (“benefit*” or “utilit*” OR “effective*” .ab,ti,kw OR “minimization” OR “minimization”)) OR “models” OR “Markov Chains” OR “Decision Trees”</p> <p><i>Fibromyalgia</i></p> <p>S2 “fibromyalgia” OR “fibrositis” OR “myofascial pain syndromes” OR “Fibromyalgia”</p>
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	<p><i>Final connections</i></p> <p>S3 S1 AND S2</p> <p><b>Hits: 2</b></p>
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**NHS EED**

Search	<p><i>Fibromyalgia</i></p> <p>(fibromyalgia OR fibrositis OR [mh "myofascial pain syndromes"] OR [mh Fibromyalgia])</p> <p><b>Hits: 22</b></p>
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**HTA**

Search	<p><i>Fibromyalgia</i></p> <p>(fibromyalgia OR fibrositis OR [mh "myofascial pain syndromes"] OR [mh Fibromyalgia])</p> <p><b>Hits: 23</b></p>
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Appendix 2. Reasons for exclusion of the 66 full-text articles assessed for eligibility

Study	Reason
Arreola-Ornelas H, Buzzo AR, García L, Aguilar JD, Hernández IC, Quevedo JFM. Cost-effectiveness analysis of pharmacologic treatment of fibromyalgia in Mexico. <i>Reumatol Clin</i> 2012;8:120-7.	Without non-pharmacological intervention group
Arreola-Ornelas H, Rosado-Buzzo AA, Garcia-Mollinedo MDL, Dorantes-Aguilar J, Mould-Quevedo J, Davila-Loaiza G. Cost-effectiveness of pregabalin in patients with fibromyalgia: A Mexican perspective. <i>Value Health</i> 2009;12:A133-4.	Conference abstract
Bateman L, Sarzi-Puttini P, Burbridge CL, Landen JW, Masters ET, Badra-Brown P, Scavone JM, Emir B, Vissing RS, Clair AG, Pauer LR. Burden of illness in fibromyalgia patients with comorbid depression. <i>Clin Exp Rheumatol</i> 2016;34: S106-13.	Not economic evaluation
Beard S, Le TK, Zhao Y, Roskell N. The cost-effectiveness of duloxetine in the treatment of fibromyalgia in the United States. <i>Value Health</i> (2010);13:A466.	Conference abstract
Beard SM, Roskell N, Le TK, Zhao Y, Coleman A, Ang D, Lawson K. Cost effectiveness of duloxetine in the treatment of fibromyalgia in the United States. <i>J Med Econ</i> 2011;14: 463-76.	Without non-pharmacological intervention group
Brown TM, Garg S, Chandran AB, McNett M, Silverman SL, Hadker N. The impact of 'best-practice' patient care in fibromyalgia on practice economics. <i>J Eval Clin Pract</i> 2012;18:793-8.	Not economic evaluation
Burke JP, Sanchez RJ, Joshi AV, Cappelleri JC, Kulakodlu M, Halpern R. Health Care Costs in Patients with Fibromyalgia on Pregabalin vs. Duloxetine. <i>Pain Pract</i> 2012;12:14-22.	Not economic evaluation

<p>Cappelleri JC, Bushmakin AG, Zlateva G, Chandran A. Estimating the economic benefits of positive shifts in fibromyalgia severity. <i>Value Health</i> 2011;14:A133.</p>	<p>Conference abstract</p>
<p>Cappelleri JC, Bushmakin AG, Zlateva G, Chandran A. Estimating the economic benefits of positive shifts in fibromyalgia severity: An exploratory analysis based on modeling of clinical trial data of pregabalin. <i>J Med Econ</i> 2013;16:55-61.</p>	<p>Not economic evaluation</p>
<p>Carleton RN, Asmundson GJG, Korol SL, LeBouthillier DM, Hozempa K, Katz JD, Vlaeyen, JWS, Crombez G. Evaluating the efficacy of an attention modification program for patients with fibromyalgia: a randomized controlled trial. <i>Pain</i> 2020;161:584-94.</p>	<p>Not economic evaluation</p>
<p>Casanueva-Fernández B, Llorca J, Rubió JB, Rodero-Fernández B, González-Gay MA. Efficacy of a multidisciplinary treatment program in patients with severe fibromyalgia. <i>Rheumatol Int</i> 2012;32:2497-502.</p>	<p>Not economic evaluation</p>
<p>Chandran A, Brown T, Garg S, McNett M, Silverman S, Hadker N. Impact of efficient practices in the care of patients with fibromyalgia. <i>J Pain</i> 2011;12:P20.</p>	<p>Conference abstract</p>
<p>Chandran A, Leslie D, Tai K, Zlateva G, Gore M. Clinical comorbidities, treatment patterns and healthcare costs among patients with Fibromyalgia newly prescribed pregabalin or duloxetine in usual care. <i>J Pain</i> 2011;12:P47.</p>	<p>Conference abstract</p>
<p>Chandran A, Zlateva G, Leslie D, Tai K, Gore M. Clinical characteristics, pharmacotherapy and healthcare resource use among patients with fibromyalgia newly prescribed pregabalin or tricyclic antidepressants. <i>J Pain</i> 2011;12:P48.</p>	<p>Conference abstract</p>
<p>Choy E, Richards S, Bowrin K, Watson P, Loyud A, Sadosky A, Zlateva G. Cost effectiveness of pregabalin in the treatment of fibromyalgia from a UK perspective. <i>Curr Med Res Opin</i> 2010;26:965-75.</p>	<p>Without non-pharmacological intervention group</p>

Collazo-Chao E. Effectiveness of acupuncture in relieving pain refractory to conventional pharmacological therapy. <i>Rev de la Soc Espanola del Dolor</i> 2009;16:79-86.	Not fibromyalgia
Collazo-Chao E. Effectiveness of acupuncture therapy for pain relief in patients with fibromyalgia. <i>Rev Int de Acupunt</i> 2010;4:52-8.	Not economic evaluation
Da Costa D, Abrahamowicz M, Lowensteyn I, Bernatsky S, Dritsa M, Fitzcharles MA, Dobkin PL. A randomized clinical trial of an individualized home-based exercise programme for women with fibromyalgia. <i>Rheumatology</i> 2005;44:1422-27.	Not economic evaluation
Davis MC, Zautra AJ. An online mindfulness intervention targeting socioemotional regulation in fibromyalgia: results of a randomized controlled trial. <i>Ann Behav Med</i> 2013;46:273-84.	Not economic evaluation
De Andrade SC, Carvalho RFPP, Soares AS, Freitas RPA, Guerra LMM, Vilar MJ. Thalassotherapy for fibromyalgia: a randomized controlled trial comparing aquatic exercises in sea water and water pool. <i>Rheumatol Int</i> 2008;29:147-52.	Not economic evaluation
Ellis JJ, Sadosky AB, Eyck LLT, Cappeleri JC, Brown CR, Suehs BT, Parsons B. Impact of potential pregabalin or duloxetine drug-drug interactions on health care costs and utilization among Medicare members with fibromyalgia. <i>Clinicoecon Outcomes Res</i> 2014;6:389-99.	Not economic evaluation
Feliu-Soler A, Borrà X, Peñarrubia-María MT, Rozadilla-Sacanell A, D'Amico F, Moss-Morris R, Howard MA, Fayed N, Soriano-Mas C, Puebla-Guedea M, Serrano-Blanco A, Pérez-Aranda A, Tuccillo R, Luciano JV. Cost-utility and biological underpinnings of Mindfulness-Based Stress Reduction (MBSR) versus a psychoeducational programme (FibroQoL) for fibromyalgia: a 12-month randomised controlled trial (EUDAIMON study). <i>BMC Complement Altern Med</i> 2016;16.	Not randomized controlled trial

<p>Fjorback L, Arendt M, Carstensen T, Fink P, Oernboel E, Rehfeld E, Walach H. Mindfulness therapy for Bodily distress syndrome: Economic evaluation alongside a randomized trial. <i>J Psychosom Res</i> 2012;72:480.</p>	<p>Conference abstract</p>
<p>Fjorback LO, Carstensen T, Arendt M, Ørnbøl E, Walach H, Rehfeld E, Fink P. Mindfulness therapy for somatization disorder and functional somatic syndromes: analysis of economic consequences alongside a randomized trial. <i>J Psychosom Res</i> 2013;74:41-8.</p>	<p>Not fibromyalgia</p>
<p>Fraser K, Boulanger L, Chen S, Wu N, Peng X, Zhao Y. Duloxetine treatment patterns and healthcare costs among fibromyalgia patients with medicare supplemental insurance. <i>J Pain</i> 2010;11:S39.</p>	<p>Conference abstract</p>
<p>Fraser K, Chen S, Wu N, Boulanger L, Peng X, Zhao Y. An assessment of treatment patterns and healthcare costs among working-aged individuals initiated with duloxetine for fibromyalgia. <i>J Pain</i> 2010;11:39.</p>	<p>Conference abstract</p>
<p>Fraser K, Wu N, Chen S, Lamothe K, Boulanger L, Zhao Y. Treating fibromyalgia with duloxetine among elderly patients: What is the association between average daily dose, medication adherence, and healthcare costs? <i>J Pain</i> 2010;11:S38.</p>	<p>Conference abstract</p>
<p>Frech F, Qian C, Gore M, Zhang Q. Treatment initiation timing and healthcare costs in newly diagnosed patients with fibromyalgia. <i>Neurology</i> 2016;86.</p>	<p>Conference abstract</p>
<p>Gore M, Sadosky A, Zlateva G, Claw D. Patterns of pain-related pharmacotherapy and healthcare resource use among elderly patients with fibromyalgia prescribed pregabalin. <i>Arthritis Rheum</i> 2009;60:1411.</p>	<p>Conference abstract</p>
<p>Gore M, Sadosky AB, Zlateva G, Claw DJ. Clinical characteristics, pharmacotherapy and healthcare resource use among patients with fibromyalgia newly prescribed gabapentin or pregabalin. <i>Pain Pract</i> 2009;9:363-74.</p>	<p>Not economic evaluation</p>

<p>Gore M, Sadosky A, Zlateva G, Claw D. Initial use of pregabalin, patterns of pain-related pharmacotherapy, and healthcare resource use among older patients with fibromyalgia. <i>Am J Manag Care</i> 2010;16:S144-53.</p>	<p>Not economic evaluation</p>
<p>Gore M, Tai K, Chandran A, Zlateva G, Leslie D. Clinical characteristics, pharmacotherapy, and healthcare resource use among patients with fibromyalgia newly prescribed pregabalin or tricyclic antidepressants. <i>J Med Econ</i> 2012;15:32-44.</p>	<p>Not economic evaluation</p>
<p>Gore M, Tai K, Chandran A, Zlateva G, Leslie D. Clinical comorbidities, treatment patterns, and healthcare costs among patients with fibromyalgia newly prescribed pregabalin or duloxetine in usual care. <i>J Med Econ</i> 2012;15:19-31.</p>	<p>Not economic evaluation</p>
<p>Graboski CL, Gray DS, Burnham RS. Botulinum toxin A versus bupivacaine trigger point injections for the treatment of myofascial pain syndrome: A randomised double blind crossover study. <i>Pain</i> 2005;118:170-5.</p>	<p>Not fibromyalgia</p>
<p>Gumà-Uriel L, Peñarrubia-María MT, Cerdà-Lafont M, Cunillera-Puertolas O, Almeda-Ortega J, Fernández-Vergel R, García-Campayo J, Luciano JV. Impact of IPDE-SQ personality disorders on the healthcare and societal costs of fibromyalgia patients: a cross-sectional study. <i>BMC Fam Pract</i> 2016;17:1-10.</p>	<p>Not randomized controlled trial</p>
<p>Harnett J, Margolis J, Cao Z, Fowler R, Sanchez RJ, Mardekian J, Silverman SL. Real-World Evaluation of Health-Care Resource Utilization and Costs in Employees with Fibromyalgia Treated with Pregabalin or Duloxetine. <i>Pain Pract</i> 2011;11:217-29.</p>	<p>Not economic evaluation</p>
<p>Henriksson C, Carlberg U, Ilman MK, Lundberg G, Henriksson KG. Evaluation of four outpatient educational programmes for patients with longstanding fibromyalgia. <i>J Rehabil Med</i> 2004;36:211-9.</p>	<p>Not economic evaluation</p>

Juday T, Blum S, Erder MH. Cost of opioid use in a commercially insured population of fibromyalgia patients. Value Health 2009;12:A134-5.	Conference abstract
Kemani MK, Olsson GL, Lekander M, Hesser H, Andersson E, Wicksell RK. Efficacy and cost-effectiveness of acceptance and commitment therapy and applied relaxation for longstanding pain: A Randomized Controlled Trial. Clin J Pain 2015;31:1004-16.	Not fibromyalgia
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Appendix 3. Complete description of the interventions, outcomes, and cost categories

Study	Description of the interventions according to the TIDIER guide	Description of the costs' categories
Goossens et al., 1996[10]	<p><i>Educational cognitive group:</i> intervention was offered in an outpatient clinic of a rehabilitation centre, in groups of six patients. This group received an educational program for 12 2-hour sessions spread over six weeks, provided by one member of the interdisciplinary rehabilitation staff. Additionally, patients received a cognitive treatment for 12 90-minute sessions spread over six weeks. The cognitive treatment was grouped into three phases: reconceptualization, skills acquisition with relaxation supported by an EMG biofeedback, and generalization, provided by a psychologist with 10 years' experience in cognitive behaviour therapy for chronic pain. Patients were given and asked to complete homework assignments each session. At the end of the program, an individual tailored audiotape and texts were given to patients use after discharge.</p> <p><i>Educational discussion group:</i> intervention was offered in an outpatient clinic of a rehabilitation centre, in groups of six patients. The educational program lasted for 12 2-hour sessions spread over six weeks, and consisted of information about psychosocial factors that influence pain, ergonomic principles applied to daily activities, and social security legislation, for chronic pain in general, provided by one member of the interdisciplinary rehabilitation staff. Each session ended with a physical exercise, such as swimming and bicycling. This group also participated in a group discussion program for 12 90-minute sessions spread over six weeks, during which patients were requested to read parts of a book about pain, to share the information and their own thoughts with other group members, and to listen to various</p>	<p><i>Healthcare costs:</i> interventions, general practitioner contacts, outpatient specialist contacts, physical therapy, alternative healthcare, hospitalizations, home help, prescribed medications and over the counter medications<sup>a</sup>.</p> <p><i>Patient and family costs:</i> paid and unpaid help, transportation costs, out of pocket expenses for pain related activities and purchases.</p> <p><i>Lost productivity costs:</i> absence from work and days lost from usually daily activities.</p> <p>Costs were collected using a weekly cost diary.</p>

	<p>audiotaped music. The intervention was provided by a psychologist with 10 years' experience in cognitive behaviour therapy for chronic pain.</p> <p><i>Waiting list condition group:</i> included only to measure short term effects.</p>	
Oliver et al., 2001[34]	<p><i>Social support group:</i> intervention was delivered in group for 10 weekly meetings, followed by 10 monthly meetings. Each meeting had two hours. At the first group meeting, group members were told by the investigators that support groups can be effective in helping people to deal with their fibromyalgia symptoms. Beginning at the second meeting, no staff members were present during the discussions. The social support group tasks were assigned by the investigators, given to the group in written form at the beginning of the meetings, and ranged from electing a group chairperson to lead the group throughout the study to discussing common emotions associated with fibromyalgia. Attendance was about 40%.</p> <p><i>Social support and education group:</i> intervention was delivered in group, for 10 weekly meetings, followed by 10 monthly meetings, with one hour of education and one hour of social support. Intervention consisted of health education provided in lecture format followed by social support. Materials for the education intervention were adapted from the fibromyalgia literature and lectures were given by professional health educators. Attendance was about 40%.</p> <p><i>Control group:</i> did not receive treatment and participated in the assessment interviews only.</p>	<p><i>Healthcare costs:</i> contacts with physicians, mental health specialist, rehabilitation specialist (e.g., physical therapist, occupational therapist), technicians, nurse practitioner, nurse and physician' assistant, medical tests, emergency room visits, inpatient stays, and medications.</p> <p>Costs were collected from the participants' medical records.</p>
Ziljstra et al. 2007[53]	<p><i>Spa treatment group:</i> intervention was delivered in a hotel in Jerba, Tunisia.</p> <p>Thalassotherapy was provided in a thalassocentre by qualified Tunisian staff. Patients were assessed by the spa doctor, who composed a therapy programme according to their individual demands. Each session included four out of the following modalities: Turkish bath, hot packs with algae, massage while lying under a shower, whirlpool, underwater jetstream massage,</p>	<p><i>Healthcare costs:</i> spa treatment, general practitioner, specialist, paramedical professionals, alternative medicine, hospitalization (including general and</p>

	<p>pool exercise and massage, and lasted for approximately three hours. The thalassotherapy programme consisted of seven or eight sessions divided over 15 days. Supervised group exercise programme included warming-up, gentle stretching and various forms of low-impact aerobic exercise. This programme was offered in groups of four to five patients, consisted of seven 1-hour sessions, with moderate intensity, scheduled on days when no thalassotherapy was given, and provided by a sports instructor. Patient education programme included general information on fibromyalgia, importance of physical fitness and exercise, the role of emotions in fibromyalgia, finding a balance between workload and capacity, stress handling, coping with reactions from others, sense and nonsense about drugs, diets, complementary and alternative medicine. The patient education programme consisted of seven sessions of 1.5 hours, was provided by a rheumatologist, and delivered in small groups (the first and seventh sessions were plenary sessions).</p> <p><i>Control group:</i> participants were told they were participating in an observational study to assess the impact of fibromyalgia on several aspects of health and social functioning. They continued treatment as usual provided by their own physicians.</p>	<p>university hospital), prescription drugs and over the counter medications<sup>a</sup>.</p> <p><i>Patient and family costs:</i> paid household help, informal care, travel costs for visit medical care and professional domestic care.</p> <p><i>Lost productivity costs:</i> absenteeism from work.</p> <p>Costs were collected using a monthly questionnaire.</p>
<p>Gusi and Tomas-Carus, 2008[11]</p>	<p><i>Exercise group:</i> received usual care with the addition of a water-based exercise programme, in the facilities of the University of Extremadura, Spain. The exercise programme was performed in a waist-high pool of warm water (33 degrees). Each session included 10 min of warm-up, 10 min of aerobic exercises at 60-65% of maximal heart rate, 20 min of overall mobility and lower limb strength exercises, another set of 10 min of aerobics at 60-65% of maximal heart rate, and 10 min of cooling down exercises. The intervention was offered three times a week for one</p>	<p><i>Healthcare costs:</i> hospital stays, drug usage, secondary and primary care appointments, personnel, sport technician, nurse, insurances and prevention, facilities (renting pool and safeguards), management and medication.</p>

	<p>hour per session over a period of eight months, provided in a group by a qualified exercise leader.</p> <p><i>Control group:</i> received standard medical attention in the public system (hospital and outpatient clinic including primary care) and the social support of the local fibromyalgia association. This care could be considered the average standard of care or better for patients with fibromyalgia. Participants continued their daily activities, which did not include any form of physical exercise similar to that in the programme.</p>	<p><i>Patient and family costs:</i> time spent in therapy and in displacements, clothing, and travel costs.</p>
<p>Luciano et al., 2013<sup>[28]</sup></p>	<p><i>Intervention group:</i> received a psychoeducative program added to usual care, in groups with a maximum of 18 patients per group, in a conference room of a general practice unit of Barcelona, Spain. The educative part of the program (five sessions) included information about typical symptoms, usual course, comorbid medical conditions, potential causes of the illness, the influence of psychosocial factors on pain, current pharmacological and non-pharmacological treatments, the benefits of regular exercise, and the typical barriers to behavioural change. The autogenic training was especially recommended for immediate physical and mental relaxation, pain relief, and stress reduction. Other objectives were to create a space in which the conflictual emotional experiences manifested in the patient's bodies could be elaborated and to facilitate emotive exchange with other patients suffering from the same condition. The intervention was offered for nine 2-hour sessions delivered over a 2-month period (one afternoon session per week). The educational sessions were intercalated with the autogenic training sessions until the nine weeks were completed. The speakers of the educative part included four general practitioners and one rheumatologist, and the autogenic training was led by a clinical psychologist. This group achieved 68% of adherence.</p>	<p><i>Healthcare costs:</i> medication, service receipt (emergency service, general medical inpatient hospital admissions, outpatient healthcare services as visits to general practitioner, nurse, social worker, psychologist, and other community healthcare professionals), diagnostic tests and costs of the staff responsible for the intervention.</p> <p><i>Lost productivity costs:</i> days of sick leave. Costs were collected using the Client Service Receipt Inventory adapted.</p>

	<p><i>Control group:</i> patients received individual usual care in a healthcare centre provided by a general practitioner. The treatment provided was mainly pharmacological and adjusted to the symptomatic profile of the patient. In addition, counselling about aerobic exercise adjusted to patient's physical limitations was usually provided.</p>	
<p>Luciano et al., 2014<sup>[24]</sup></p>	<p><i>Cognitive behavioural therapy group:</i> the intervention was delivered by trained therapists in the Torrero health centre, in groups with a maximum of eight patients per group. The cognitive behavioural therapy group intervention consisted of two major components: cognitive restructuring and coping. Nine standard cognitive behavioural therapy sessions and an additional pain catastrophizing session that began after the coping session were provided (this additional session was directed especially at participants who showed high rumination). Only minor analgesics were allowed. The duration of the intervention was 10 to 12 weeks, with 10 weekly 90-minute sessions.</p> <p><i>Food and Drug Administration-recommended pharmacological treatment group:</i> treatment with pregabalin (300 to 600 mg/day) and duloxetine (60 to 120 mg/day) was administered individually to patients with major depressive disorder for six months, by two psychiatrists.</p> <p><i>Treatment-as-usual group:</i> received the individual standard care offered by general practitioners in the health centres. To improve this group's treatment, the doctors received a "Guide for the Treatment of Fibromyalgia in Primary Care". Treatment as usual implies that doctors selected a pharmacological treatment. However, the treatment recommended in the guide matched that of the recommended pharmacological intervention. In addition, patients received counselling to aerobic exercises adjusted to patients' physical level. The general practitioner determined the frequency of patient visits for six months.</p>	<p><i>Healthcare costs:</i> medication use, service receipt (emergency service, general medical inpatient hospital admissions, and outpatient healthcare services, including total visits to general practitioner, nurse, social worker, psychologist, and other community healthcare professionals), diagnostic tests and costs of the staff running the cognitive behavioural therapy intervention.</p> <p><i>Lost productivity costs:</i> days of sick leave. Costs were assessed using the Client and Service Receipt Inventory-Spanish version.</p>

<p>Van Eijk-Hustings et al., 2016<sup>[47]</sup></p>	<p><i>Multidisciplinary intervention group:</i> received intervention in an outpatient convalescence setting affiliated to the Maastricht University Medical Centre and a community gym, in groups of nine to 10 patients, by a trained and experienced multidisciplinary team. The intervention was designed as a two-phase group. In phase 1, sociotherapy included education, was based on transactional analysis and aimed to increase social behaviour strategies and social support. Sociotherapy was given twice a week at the start and at the end of the week. Physical therapy was given twice a week and comprised aerobic exercise, strength training of the arms and legs, different forms of relaxation, and exercises. Physical therapy was scheduled based on the individual patient's results on the 6-min walk test, the 3-min step test and on 3 min working with the shoulder press measured by the physical therapist at the start of the program. If necessary, instruction and support by an occupational therapist could take part of the physical therapy. Psychotherapy was given once a week and consisted of general information about fibromyalgia and pain mechanisms. Creative arts therapy was given once a week and focused on the opportunity to express feelings by visual arts instead of verbal expressions. The purpose of phase 2 meetings was to repeat the key messages about coping in order to preserve the behavioural change achieved in phase 1. Phase 1 consisted of a 12-week course, three half days per week, with two therapy sessions of 1.5-hour duration per day. Phase 2 was an aftercare program and consisted of five meetings, scheduled over a period of nine months. In addition to these meetings, a maximum of seven individual therapy sessions with one of the therapists could be scheduled if considered necessary by the therapist and the patient. Seven patients did not attend more than 70% of the scheduled sessions.</p>	<p><i>Healthcare costs:</i> contacts with general practitioners, medical specialists (e.g. rheumatologists, orthopaedists), physical therapists and other paramedical therapists (e.g. psychotherapists), medication, assistive devices, and intervention costs.</p> <p><i>Patient and family costs:</i> professional home help per week received, participation in different types of health activities, over the counter medications, help from spouses, other relatives or paid household help per week, and prepared meals used.</p> <p>Costs were measured retrospectively using a two-monthly cost questionnaire.</p>
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	<p><i>Aerobic exercise group:</i> received 12-week course given twice a week in a community gym in groups of nine to 10 patients, provided by a trained physical therapist. Every session started with a 10-min warm-up, comprising aerobic exercise and stretching, followed by an aerobic part for 30 minutes. The low intensity aerobic part aimed to reach 55–64 % of the predicted maximum heart rate. Then, resistance training was applied during 15 min to strengthen major muscle groups. During the course, the intensity of the resistance training increased in weights, frequency, and time. Finally, every session was finished with a 5-min cool down. Participants received a digital video disc presenting exercises to do at home once a week. Only eight patients attended more than 70% of the scheduled sessions.</p> <p><i>Usual care group:</i> received individual care as usual that comprised at least education about fibromyalgia and lifestyle advice but could also include a diversity of other treatments such as physical therapy, additional counselling by the rheumatology nurse or social support. One or two consultations were offered by a rheumatologist or a specialised rheumatology nurse.</p>	
<p>Luciano et al., 2017<sup>[25]</sup></p>	<p><i>Acceptance and commitment therapy group:</i> received eight 2.5-hour sessions in groups ranging from 10 to 15 patients, provided by an experienced clinical psychologist trained in acceptance and commitment therapy and group management, and with clinical experience treating patients with fibromyalgia. The sessions of the structured intervention covered specific exercises and topics within the context of acceptance and commitment therapy practice and training, including various types of formal mindfulness practice. All group sessions included a 15-min break to mitigate fatigue. Patients were asked to commit to daily homework assignments of 15 to 30 minutes. Only occasional analgesics were permitted in this group.</p>	<p><i>Healthcare costs:</i> medication use, service receipt, including emergency services (total visits), general medical inpatient hospital admissions (total days), and outpatient healthcare services (total visits to general practitioner, nurse, social worker, psychologist, and other community health care professionals), diagnostic tests and cost of the staff</p>

	<p><i>Recommended pharmacological treatment group:</i> individual treatment with pregabalin (300-600 mg/day), duloxetine (60-120 mg/d) for patients who fulfilled the criteria for major depression, and other complementary pharmacological treatments, such as analgesics, benzodiazepines, and hypnotics, according to clinical guidelines, was prescribed by general practitioners, who were provided with the Spanish Consensus for the Treatment of Fibromyalgia, and a 2-hour information session for the treatment of patients with fibromyalgia. Two of the authors with experience in treating patients with fibromyalgia reviewed the medical records to confirm that the treatment was administered according to the aforementioned clinical guidelines, and the general practitioners were informed when any deviation was observed.</p> <p><i>Waiting list group:</i> patients received no active treatment, just usual care, over the study period and were offered their preferred intervention at the conclusion of the randomized controlled trial.</p>	<p>running acceptance and commitment therapy intervention.</p> <p><i>Lost productivity costs:</i> days in sick leave.</p> <p>Costs were measured using the Client Service Receipt Inventory Spanish version.</p>
Hedman-Lagerlof et al., 2019[14]	<p><i>Internet-delivery exposure therapy group:</i> treatment was administered online by a secure web platform for 10 weeks. Treatment progress was closely monitored by four licensed psychologists and two masters-level psychology students who were in their final year of training. In the first weeks of treatment, participants identified their personal avoidance behaviours in an online behaviour diary, which was then used to design individually tailored exposure exercises. The content was primarily text-based and divided into eight parts to which the participant gained gradual access by completing homework assignments. Initially, participants learned about the role of avoidance behaviours. The next step in the treatment protocol was psychoeducation about exposure. After the psychoeducation and planning phase, the focus of the treatment was exposure. The last part of the treatment consisted of a relapse</p>	<p><i>Healthcare costs:</i> healthcare consumption (e.g., visits to a general practitioner or specialist doctor), medication consumption and costs of the intervention.</p> <p><i>Patient and family costs:</i> health-enhancing activities (e.g., visits to massage therapist) and reduced work capacity in the domestic realm.</p> <p><i>Lost productivity costs:</i> days of sick leave and reduced work capacity.</p>

	<p>prevention program, including an intervention on life values. Therapists responded to messages on the platform within 24 hours on weekdays. If a participant had been inactive for four days, the therapist sent a text message via the platform or called the participant. Throughout the treatment, scheduled mindfulness practices were used as a way to facilitate exposure, i.e., to stay in the pain experience and refrain from distraction. Participants had regular (about one to three times/week) contact with the therapist through asynchronous text messages. The total mean therapist time was 175 minutes (SD=127) and average number of completed modules was 5.7 (SD = 2.4) out of eight.</p> <p><i>Waiting list control group:</i> received no treatment during the first 10 weeks. After that, the participants crossed over to treatment.</p>	<p>Costs were measured using the Trimbos and Institute of Medical Technology Assessment Cost Questionnaire for Psychiatry.</p>
<p>Pérez-Aranda et al., 2019[35]</p>	<p><i>Mindfulness-based stress reduction added to treatment-as-usual group:</i> received intervention in groups of approximately 15 patients per group, provided by a properly trained mindfulness-based stress reduction instructor for eight weekly 2-hour sessions with an optional half-day of silent retreat (6-hour session between weeks 6 and 7). The intervention was based on structured training in mindfulness to help patients to relate to their physical and psychological conditions in more accepting and non-judgemental ways, using the protocol developed at the University of Massachusetts Medical School. The book <i>Con rumbo propio</i> and audiotapes were provided to the patients to facilitate practice at home, which was recorded in a practice log. Adherence rate was of 56%.</p> <p><i>FibroQoL added to treatment-as-usual group:</i> received intervention in groups of 15 patients per group, for eight weekly 2-hour sessions, provided by one or two members of the FibroQoL team, which was composed by two psychologists (one of which oversaw the four sessions of</p>	<p><i>Healthcare costs:</i> medication, service receipt (total visits to emergency services, total days of general inpatient hospital admissions, number of diagnostic tests administered, and total visits to general practitioner, nurse, social worker, psychologist, psychiatrist, group psychotherapy, and other community health care professionals) and costs of the interventions.</p> <p><i>Lost productivity costs:</i> days on sick leave.</p>

	<p>training in self-hypnosis), three family physicians, and a rheumatologist. Four sessions of psychoeducation in which patients received updated information about pathophysiology, diagnosis, and management of fibromyalgia symptoms, and another four sessions of training in relaxation and self-hypnosis through different techniques with goals to generate a state of deep relaxation, achieve control over the body and pain, and imagine one's life in the future without pain were offered. Audiotapes were provided to the patients to facilitate practice at home, and the Beginner's Guide to Fibromyalgia was also provided for giving updated information about fibromyalgia. Adherence rate was of 65%.</p> <p><i>Treatment-as-usual group:</i> patients received no active treatment over the study period but continued their regular pattern of medication, if any.</p>	<p>Costs were measured using The Client Service Receipt Inventory Spanish Version.</p>
<p>D'Amico et al., 2020[8]</p>	<p><i>Attachment-based compassion therapy added to treatment-as-usual:</i> received intervention in groups of up to 12 participants, provided by a psychologist with accredited experience and a general practitioner for eight weekly 2-hour sessions plus three booster monthly sessions. The intervention included formal practices of mindfulness and visualizations based on self-compassion and the attachment style that was generated in childhood. The program included daily homework assignments that took approximately 15 to 20 minutes to complete. Treatment as usual included pharmacological treatment as the frontline option. Additionally, the patient could be referred to another specialist as required. 83% of the participants attended six or more interventions sessions.</p> <p><i>Relaxation added to treatment-as-usual:</i> received intervention in groups of up to 12 participants, provided by a psychologist with experience on relaxation training and a general practitioner for eight weekly 2-hour sessions plus three booster sessions after completing the</p>	<p><i>Healthcare costs:</i> medication, total visits to emergency services, total days of general medical inpatient hospital admissions, outpatient healthcare services (total visits to general practitioner, nurse, social worker, psychologist, among others), costs of the staff running the interventions, and diagnostic services. Costs were measured using the Client Service Receipt Inventory.</p>

eight sessions. Participants received a low-intensity and non-specific intervention that included some relaxation techniques such as imagery, progressive muscle relaxation, autogenic training, and breathing. The program included daily homework assignments that took approximately 15 to 20 minutes to complete. Additionally, the patients received the same treatment as usual of the other group. 95% of the participants attended six or more sessions.	
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EMG: electromyography, SD: standard deviation

<sup>a</sup>Over the counter medications were considered as healthcare costs to maintain fidelity with the results of the study.