28 and/6,17,27 (161)

29 limit 28 to yr="2006 -Current" (114)

Table 1: Example of search strategy conducted in OVID Medline

1	Counselling/ (31404)
2	Motivational Interviewing/ (802)
3	directive counselling/ (1851)
4	distance counselling/ (12)
5	(counsel* or motivational interview* or coach*).ti,ab. (92858)
6	or/1-5 (107664)
7	Lung Diseases, Obstructive/ (18094)
8	Pulmonary Disease, Chronic Obstructive/ (28643)
9	bronchitis/ (20309)
10	bronchitis, chronic/ (1616)
11	pulmonary emphysema/ (14959)
12	(obstructive lung disease* or pulmonary disease* or bronchitis or pneumonia or pulmonary emphysema).ti,ab.(162032)
13	(chronic and (lung disease or pulmonary disease or bronchitis or
	pneumonia)).ti,ab. (63523)
14	(COPD or COAD or COBD or AECB).ti,ab. (32572)
15	(obstructive and (pulmonary or lung\$1 or airway or airflow or
	bronchial or respirat*)).ti,ab. (58244)
16	(emphysema and (lung or pulmonale or intra pulmonary
	interstitial or bulbous or bullous or lobular)).ti,ab.(8720)
17	or/7-16 (223920)
18	(((Clinical or randomised or randomized or controlled or non
	randomized or non randomised or pseudo randomised or pseudo
	randomized) and trial*) or single blind or double blind or
	random* allocate*).ti,ab. (649187)
19	exp randomized controlled trial/ (428820)
20	randomized controlled trials as topic/ (109353)
21	controlled clinical trial/ (91582)
22	exp clinical trial/ (754842)
23	exp clinical trials as topic/ (301010)
24	controlled clinical trials as topic/ (5257)
25	non-randomized controlled trials as topic/ (77)
26	Random Allocation/ (88438)
27	or/18-26 (1306681)

Table 2: Summary of methodological quality of included studies (Physiotherapy Evidence Base scale [PEDro])

Reference	Stud	dy me	t PEDro	o crite	ria (ye	s=1)				reen		PEDro score /10	Quality ^a
	Eligibility criteria specified	Random allocation	Concealed allocation	Baseline similar	Subject blinding	Therapist blinding	Assessor blinding	85% of measures available	Intention to treat	Statistical comparisons between groups	Point measures provided		
Coultas et al. 2016	1	1	1	1					1	1	1	6	high
Ranjita et al. 2016	1			1			1	1		1	1	5	fair
Altenburg et al. 2015	1	1		1						1	1	4	fair
Burtin et al. 2015	1	1	1	1			1			1	1	6	high
Hornikx et al. 2015	1	1		1				1		1	1	5	fair
Jennings et al. 2015	1	1		1				1		1	1	5	fair
Lou et al. 2015	1	1		1						1	1	4	fair
Mendoza et al. 2015	1	1		1			1	1	1	1	1	7	high
van der Weegen et al. 2015	1	1	1	1				1	1	1	1	7	high
Yuan et al. 2015	1	1								1	1	3	poor
Chen et al. 2014				1								1	poor
Wei et al. 2014	1	1	1	1					1	1	1	6	high
Zanotti et al. 2012	1	1	1	1	1		1	1	1	1	1	9	high
Hilberink et al. 2011	1	1						1		1	1	4	fair
Berry et al. 2010	1	1		1			1			1	1	5	fair
Hospes et al. 2009	1	1		1				1		1	1	5	fair
Kotz et al. 2009	1	1		1				1	1	1	1	6	high
Weekes et al. 2009	1	1	1	1					1	1	1	6	high
Efraimsson et al. 2008	1	1	1	1						1		4	fair
Christenhusz et al. 2007	1	1		1							1	3	fair
de Blok et al. 2006	1	1		1			1			1	1	5	fair
Wagena. et al. 2005		1			1	1	1	1	1	1	1	8	high

^a Proportion of Pedro scores quality rated as High: n= 9 (41%); Fair: n=11 (50%); Poor: n=2 (9%), where quality ratings were high =6-10; fair=4-5; poor=≤ (Foley NC, Teasell RW, Bhogal SK, Speechley MR. Stroke Rehabilitation Evidence-Based Review: methodology. *Top Stroke Rehabil.* 2003;10:1-7.)

Table 3a: Summary of studies – physical activity

					l A	ctive interventi	on	c	ontrol/comparate	or	
Reference	Intervention	Duration (weeks)	Control/ comparator	Outcome (Unit)	Pre- Mean (±SD) n=	Post- Mean (±SD) n=	Within group Difference Mean (±SD)	Pre- Mean(±SD) n=	Post- Mean (±SD) n=	Within group Difference	Effect size [95%CI] ^a
Coultas et al. 2016	Workbook, telephone call from health coach.	72	Usual care	Dyspnoea (CRQ-D)	4.48 (±1.30) n=149	4.50 (±1.39) n=113		4.33 (±1.35) n=156	4.23 (±1.49) n=134		0.19 [-0.06 - 0.44]
	automated supportive telephone messages.			6MWD (m)	342.80 (±91.03) n=149	343.10 (±99.81) n=101		337.50 (±96.37) n= 156	324.10 (±107.50) n=126		0.18 [-0.08 - 0.45]
Altenburg et al. 2015	PA counselling (total group:	60	Usual care	Steps (mean/d)	4292 (±3270) n=78	4683 (±3861) n=49	218 (±2434) n=49	4132 (±3051) n=77	4255 (±4251) n=48	-201 (±595) n=48	0.24 [-0.16 - 0.64]
	primary care, secondary care or PR)			Daily physical activity as steps (mean/d) + metabolic equivalents ^b	6563 (±3650) n=78	7513 (±4588) n=49	443 (±4105) n=49	6238 (±3301) n=77	5450 (±3674) n=48	-685 (±2702) n=48	0.32 [-0.08 - 0.73]
	PA counselling + PR (subgroup)		PR (subgroup)	Steps (mean/d)	2276 (±2220) n=31	2731 (±5116) n=10	-569 (±3010) n=10	3668 (±2080) n=30	4724 (±3503) n=13	-1137 (±2817) n=13	0.20 [-0.63 - 1.02]
				Daily physical activity as steps (mean/d) + metabolic equivalents ^b	5110 (±3176) n=31	4545 (±4819) n=10	-213 (±5036) n=10	7371(±2877) n=30	7239 (±3904) n=13	-1827 (±3088) n=13	0.40 [-0.43 - 1.23]
Burtin et al. 2015	PR + PA counselling with Sensewear	24	PR + Sham attention	%∆ Walking time (min/d)	33 (±23) n=40		3.13 (±4.66) n=28	29 (±20) n=40		-0.07 (±2.40) n=22	0.83 [0.25 - 1.42]
	armband			%Δ Time spent >3.6 METs (min/d)	17 (±34) n=40		0.99 (±9.5) n=28	12 (±18) n=40		11.27 (±28) n=22	-0.52 [-1.09 - 0.05]
Hornikx et al. 2015	PA counselling + pedometer	4	Usual care	Δ Walking time (min/d)	22 (±35) n=12		13 (±16) n=12	20 (±17) n=15		13 (±14) n=15	0.00 [-0.76 - 0.76]
				Δ Steps per day (mean/d)	1644 (±2751) n=12		984 (±1208) n=12	1557 (±1319) n=15		1013 (±1275) n=15	-0.02 [-0.78 - 0.74]
				Δ Walking intensity (m/s² per d)	1.46 (±0.25) n=12		0.06 (±0.05) n=12	1.34 (±0.50) n=15		0.08 (±0.06) n=15	-0.36 [-1.12 - 0.41]

van der Weegen et al. 2015	SMSP activity monitor feedback tool	36	Usual care	Time spent in ≥3 METs (min/d)	39.29 (±18.1) n=65	48.82 (±23.8) n=65		44.13 (±20.3) n=68	42.4 (±18.9) n=68		0.30 [-0.04 - 0.64]
	SMSP alone		Usual care	Time spent in ≥3 METs (min/d)	47.47 (±26.5) n=66	45.34 (±31.3) n=66		44.13 (±20.3) n=68	42.4 (±18.9) n=68		0.11 [-0.23 - 0.45]
	SMSP + activity monitor feedback tool		SMSP alone	Time spent in ≥3 METs (min/d)	39.29 (±18.1) n=65	48.82 (±23.8) n=65		47.47 (±26.5) n=66	45.34 (±31.3) n=66		0.13 [-0.22 - 0.47]
Mendoza et al. 2015	Pedometer assisted counselling	12	Standard counselling	Steps (mean/d)	4008 (±2253) n=52		3080 (±3254.8) n=50	3956 (±2723) n=50		138.3 (±1950.4) n=47	1.08 [0.66 - 1.51]
Zanotti et al. 2012	PR + osteopathic manipulation	4	PR + sham osteopathy	6MWD (m)	297.0 (±59.3) n=10	369 (±80.0) n=10		281.0 (±97.4) n=10	304.7 (±96.6) n=10		0.73 [-0.18 - 1.63]
Berry et al. 2010	Behavioural lifestyle activity program	48	Traditional exercise therapy	CHAMPS-PA >1.84 METs (kcal/week)	2502 (±1327) n=41	2342 (±1411.2) n=61		2500 (±1452) n=55	2213 (±1526) n=55		0.09 [-0.28 - 0.45]
				6MWD (m)	410.7 (SD not reported) n=87	408.1 (±82) n=61		410.7 (SD not reported) n=89	430.5 (±83) n=69		-0.27 [-0.62 to 0.07]
Hospes et al. 2009	Exercise counselling	12	Usual care	Steps (mean/d)	7087 (±4058) n=20	7872 (±3962) n=18		7539 (±3945) n=19	6172 (±3194) n=17		0.47 [-0.20 - 1.14]
de Blok et al. 2006	PA counselling + PR and pedometer	9	PR	Steps (mean/d)	2140 (±1123) n=8	3927 (±2169) n=8		2334 (±1074) n=8	3554 (±1674) n=8		0.93 [-1.20 to 1.58]

^a Where within group differences were reported, these were used to calculate effect sizes. Where no within group differences were reported, effect sizes were calculated from post values.

^b Metabolic equivalent estimates of self-reported daily activities have been converted into step estimates.

Key: 6MWD = six minute walk distance; CHAMPS = Community Health Activities Model Program for Seniors physical activity questionnaire; CRQ-D = Chronic Respiratory Disease Questionnaire-Dyspnoea; METs = metabolic equivalents; PA = physical activity; PR = pulmonary rehabilitation; SMSP = self-management support program

Table 3b: Summary of studies – smoking cessation

			1			Active interventi	on		Control/compara	ator	
Reference	Intervention	Study duration (weeks)	Control/ comparator	Outcome	Pre- (n=sample size)	Post- (n=positive outcome)	Within group %change	Pre- (n=sample size)	Post- (n=positive outcome)	Within group %change	RR or OR [95%CI] p=
Jennings et al. 2015	Multifaceted intervention including smoking cessation counselling	13	Usual care	30 d readmission (n=readmitted)	93	18	19%	79	18	23%	NR
Yuan et al. 2015	Multifaceted intervention including smoking cessation	864	Usual care	New cases of COPD (incidence) COPD mortality (incidence)	377 89	36	37%	399 118	6255	16% 47%	NR NR
	counselling			Abstinence (self-reported)	468	178	38%	479	101	21%	NR
Chen et al 2014	Smoking cessation counselling	24	SC advice	Abstinence (self-reported)	42	17	40%	43	8	19%	OR=3.0 (crude calculated)
Hilberink et al. 2011	Counselling and nicotine replacement therapy	52	Usual care	Abstinence (self-reported)	519	75	14.5%	148	11	7.4%	OR=2.1 [1.1– 4.1] p=0.027
	(subgroup) + Counselling and nicotine replacement with bupropion (subgroup)			Abstinence (biochemically assessed)	519	39	7.5%	148	5	3.4%	OR=2.3 [0.9 6.0] p=0.083
Kotz, et al 2009	Confrontational counselling + nortriptyline	52	Non- confrontation + nortriptyline	Abstinence (Continine - validated)	116	13	11.2%	112	13	11.6%	OR= 0.96 [0.43– 2.18] p=0.961

	Confrontational counselling + nortriptyline	52	Usual care – smoking cessation advised by GP	Abstinence (Continine - validated)	116	13	11.2%	68	4	5.9%	OR=2.02 [0.63- 6.46] p=0.236
	Non- confrontation) + nortriptyline	52	Usual care – smoking cessation advised by GP	Abstinence (Continine - validated)	112	13	11.6%	68	4	5.9%	OR=2.10 [0.66- 6.73] p=0.211
Efraimsson et al. 2008	Multifaceted intervention including smoking cessation counselling	Between 12 - 20	Usual care	Smoking status (self-report cessation)	16	10	37.5%	14	14	0	OR=17.9 (crude calculated)
Christenhusz et al. 2007	Smoke-Stop- Therapy	52	Minimal intervention strategy for lung patients	Abstinence (Continine - validated)	114	22	19%	111	10	9%	RR=2.22 [1.06- 4.65]
Wagena et al. 2005	Bupropion + counselling group	26	Placebo + counselling	Abstinence (self-reported confirmed urinary cotinine levels ≤60 ng/mL)	44	12	27.3%	48	4	8.3%	NR
	Nortriptyline + counselling group	26	Placebo + counselling	Abstinence (self-reported confirmed urinary cotinine levels ≤60 ng/mL)	52	11	21.2%	48	4	8.3%	NR

Key: NR = not reported (and not included in meta-analysis).

Table 3c: Summary of studies – single studies targeting specific behaviours

					•	A	ctive intervent	ion	C	ontrol/compar	ator	
Reference	Intervention	Study duration (weeks)	Comparator/ control	Target behaviour of counselling	Outcome (unit)	Pre- Mean (±SD) n=	Post- Mean (±SD) n=	Within group Difference Mean (±SD)	Pre- Mean (±SD) n=	Post- Mean (±SD) n=	Within group Difference Mean (±SD)	Effect size ^a (95% CI)
Lou et al. 2015	Health management program with counselling	208	Usual care	Self-management	BODE index (0-10)	4.0 (±3.7) n=4197		0.4 (±0.3) n=3418	4.0 (±3.7) n=4020		-0.7 (± 0.5) n=2803	2.73 (2.66 - 2.80)
					6MWD (m)	367 (±62.96) n=4197		16 (±7) n=3418	366 (±62.96)		-27 (±12) n=2803	4.49 (4.4 - 4.58)
Ranjita et al. 2016	Integrated Approach of Yoga Therapy - yogic counselling	12	Usual care	Stress management	Dyspnoea end 6MWT (Borg scale 0- 10)	5.08 (±1.40) n=36	3.84 (±1.75) n=36		5.25 (±1.61) n=36	4.93 (±2.02) n=36		-0.58 (-1.050.11)
					Fatigue (Borg 0-10)	4.91 (±1.34) n=36	3.64 (±1.64) n=36		4.78 (±1.69) n=36	4.51 (±1.68) n=36		-0.52 (-0.990.05)
					6MWD (m)	298.36 (±65.2) n=36	357.81 (±73.45) n=36		304.67 (±67.59) n=36	321.08 (±80.17) n=36		0.48 (0.01-0.85)
Wei et al. 2014	Pharmaceutical care with education and telephone counselling	48	Usual care	Medication adherence	Medication compliance score (%)	58.6 (±12.6) n=58	66.5 (±8.6) n=42		54.2 (±11.5) n=59	54.4 (±12.5) n=45		1.12 0.67 – 1.57)
Weekes et al. 2009	Dietary counselling	48	Dietary advice leaflet	Dietary energy intake	Dietary intake (kcal/d)	1974 (±371) n=31	1979 (±285.74) n=28		1931 (±425) n=28	1785 (±286.12) n=22		0.68 (0.11 – 1.26)

^a Where within group differences were reported, these were used to calculate effect sizes. Where no within group differences were reported, effect sizes were calculated from post values. **Key:** BODE = composite score of body mass index, airflow obstruction, dyspnoea and exercise capacity; 6MWD = six-minute walk distance; 6MWT = six minute walk test.

Table 4: Summary of Behaviour change techniques (BCTs) used in intervention and control groups of included studies. Only BCTs which were reported in at least one study are included within the summary table.

	Stud	lies as	sses	sing p	hysi	ical a	activ	ity										Studi	ies as	ses	ssing sr	nokin	g ce	ssati	on							Sin	gle s	tudie	es		
	Coultas et al. 2016	Altenburg et al. 2015	ò	Burtin et al. 2015		HOFNIKX ET AI. 2015	Mendoza et al. 2015		van der Weegen et al. 2015	7200ti et el 2012	במווסרנו כן מו: בסדב	Berry et al. 2010		Hospes et al. 2009	de Blok et al. 2006		BCT count (n=)	Jenning s et al. 2015	Yuan et al. 2015		Chen et al. 2014	11111	Hilberink et al. 2011		Kotz et al. 2009		Efraimsson et al. 2008		Christenhusz et al. 2007	Wagena et al. 2005	BCT count (n=)	Lou et al. 2015		Ranjita et al. 2016	Wei et al. 2014	Weekes et al. 2009	BCT count (n=)
Was counselling the sole intervention? Group (I/C)	N I C	``````````````````````````````````````		Y		Y		N C	N I C		N C	N		Y C	N			N I C	I	-	N I C		Y ^a	C 1	N	С	Y		Y C	N L C		N		N C	Y	Y : T C	
BCT			_			Ť		Ť	• •		Ť		_		•	_				·				• •	Ť			•	_	· ·		÷	_				-
1.1 Goal setting (behaviour)	Υ				Υ		у	Υ				Υ			Υ		7					Υ	Υ		Υ						4	Y				Υ	2
1.2 Problem-solving	Υ			Υ	Υ				Υ								4	Υ	Υ		Υ			Υ	Υ		Υ				6	Υ				Υ	2
1.3 Goal setting (outcome)		Υ												Υ			2														0						0
1.4 Action planning	Υ								Υ								2					Υ	Υ		Υ		Υ				5						0
1.5 Review behavioural goals	Y				Υ		У		Y			Υ			Y		6							Υ	Υ						2					Y	1
1.9 Commitment												Υ					1														0						0
2.1 Monitoring of behaviour by others without feedback																	0														0	Y			Υ		2
2.2 Feedback on behaviour				Υ	Y												2														0						0
2.3 Self-monitoring of behaviour		Υ					У		Υ			У		Υ	У		6								Υ						2						0
2.6 Biofeedback																	0							Υ			Υ				2						0
3.1 Social support (unspecified)	Y	Υ		Υ	Y			Υ	Υ	Υ	Υ	Υ		Υ	Y		11	Υ	Υ		Υ	Υ	Υ	Y	Υ		Υ	Υ	Υ	YY			,	′	Y	Y	4
3.3 Social support (emotional)																	0															Υ					1
4.1 Instruction on how to perform the behaviour	Υ				Υ			У				у	Y		У	Y	7		Υ		Υ						Υ				3	Υ	,	,		Υ	3

																																_
													ш																			
5.1 Information														0		Υ	,	1			Υ						3	Υ				
about health consequences																																
5.2 Salience of				-									-	0							Υ						1			_		+
consequences														٠							•						-					
5.3 Information-				_			Υ						_	1		Υ	,	1									2			_		T
social +							-							_		-											_					
environmental																																
consequences																																
6.1 Demonstration									У	Y		У	Υ	4													0		У	١	Y	
of the behaviour													ш																			Į,
6.2 Social									У					1													0					
comparison 8.1 Behavioural	Υ			_						·			V				_						Υ				1			_		_
practice/rehearsal	Y								У	Y		У	Υ	5									Y				1		У			
8.2 Behavioural				-					Υ				-	1			_										0			_		٠
substitution									•					-													ŭ					
8.6 Generalisation of									Υ					1													0					Т
a target behaviour																																
8.7 Graded tasks	Υ													1													0	Υ				
9.1 Credible source		Υ		П	Υ					Υ	'		П	3			`	1							١	′ Y	3			١	Y	
9.2 Pros and cons	Υ		Υ											2							Υ	Υ					2					
11.1														0	у					У	У	У		У)	1	6					T
Pharmacological																																
support 11.2 Reduce				_									_														_		.,			4
11.2 Reduce negative emotions														0													0	Y	Υ			
12.1 Restructuring				-									-	0													0	V				+
the physical														U													U	1				
environment																																
12.5 Adding objects		Υ			У	у				٧	Y	٧	Υ	7													0			١	Y	T
to the environment						•				1																						
13.2	Υ													1													0	Υ				
Framing/reframing																																
13.3 Challenging rrational beliefs														0							Υ	Υ					2					
otal BCTs (n=)) H-		n 1									3												8 0	T

^a included counselling only on one intervention, counselling plus pharmacological support in a second intervention group

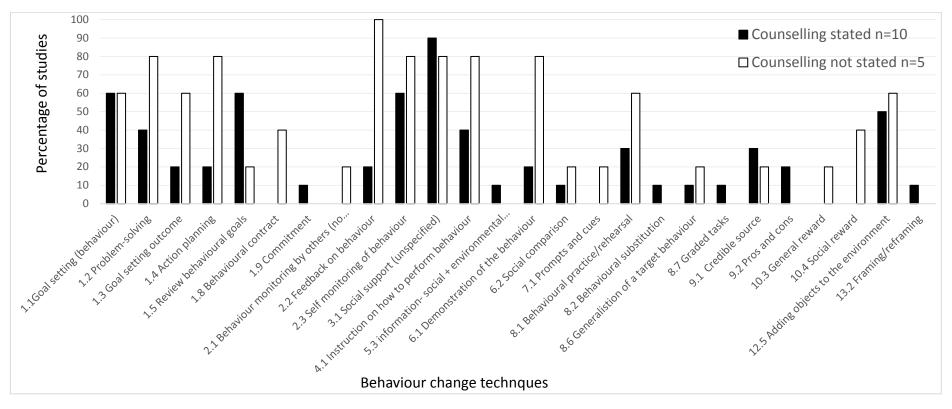
Key: I = intervention groups; C = control group; 'Y '=yes included in intervention or control/comparator; 'y' = not reported as part of counselling in intervention but included as part of intervention;

Table 5: Summary of secondary outcomes

Reference		Uptake (%) ([number screened/number enrolled]x100)	Withdrawal rate intervention group (%)	Withdrawal rate control group (%)
Coultas et al.	2016	5.8	24.2	14.1
Ranjita et al.	2016	29.0	12	10
Altenburg et al.	2015	90.0	29	30
Burtin et al.	2015	47.0	30	45
Hornikx et al.	2015	56.6	20	0
Jennings et al.	2015	14.0	0	0
Lou et al.	2015	99.0	18.6	30
Mendoza et al.	2015	58.0	4	6
van der weegen et al.	2015	36.8	16.8	4.4
Yuan et al.	2015	6.1	19.4	21
Chen et al.	2014	NR	NR	NR
Wei et al.	2014	49.8	27.6	23.7
Zanotti et al.	2012	54.1	0	0
Hilberink et al.	2011	NR	4.5	3.9
Berry et al.	2010	24.9	28.6	22.5
Hospes et al.	2009	69.6	10	10.5
Kotz et al.	2009	17.0	12	19.5
Weekes et al.	2009	12.4	35.5	39.3
Efraimsson et al.	2008	47.3	NR	NR
Christenhusz et al.	2007	NR	NR	NR
de Blok et al.	2006	70.0	20	27
Wagena et al.	2005	41.7	14	13.5
Mean		43.6	17.2	16.9
SD		27.0	10.5	13.4

Key: NR = not reported

Figure S1. Comparison of behavioral change techniques (BCTs) reported within physical activity interventions which reported (n=10) or did not report the term counselling (n=5) to describe the intervention.



^{*}Studies that did not report the term counselling as part of the intervention description were excluded from the current review but were included