**Supplementary File 10 Cost-effectiveness analysis: Full results**

*Quality of life*

Responses to the EQ-5D-5L are reported in **Table SF8.1**. These responses were then converted into utilities (**Table SF8.2**). There were no statistically significant differences in utilities or VAS scores at any of the two follow-ups.

**Table SF 8.1 : EQ-5D-5L responses for baseline and follow-up (including all available data)**

|  | | **SSM** | **SSM + S** | **SSM + PS** | **Total** |
| --- | --- | --- | --- | --- | --- |
| **Baseline** |
| **Mobility** | |  |  |  |  |
| No problems in walking about | | 51 (45%) | 60 (52%) | 64 (55%) | 175 (50%) |
| Slight problems in walking about | | 31 (27%) | 22 (19%) | 23 (20%) | 76 (22%) |
| Moderate problems in walking about | | 22 (19%) | 25 (22%) | 21 (18%) | 68 (19%) |
| Severe problems in walking about | | 10 (9%) | 8 (7%) | 9 (8%) | 27 (8%) |
| Unable to walk about | | 0 (0%) | 1 (1%) | 0 (0%) | 1 (0%) |
| **Self-care** | |  |  |  |  |
| No problems washing or dressing | | 59 (52%) | 65 (56%) | 70 (60%) | 194 (56%) |
| Slight problems washing or dressing | | 38 (33%) | 40 (34%) | 35 (30%) | 113 (32%) |
| Moderate problems washing or dressing | | 13 (11%) | 11 (9%) | 11 (9%) | 35 (10%) |
| Severe problems washing or dressing | | 4 (4%) | 0 (0%) | 1 (1%) | 5 (1%) |
| Unable to wash or dress | | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) |
| **Usual activities** | |  |  |  |  |
| No problems doing usual activities | | 15 (13%) | 11 (9%) | 22 (19%) | 48 (14%) |
| Slight problems doing usual activities | | 50 (44%) | 50 (43%) | 50 (43%) | 150 (43%) |
| Moderate problems doing usual activities | | 38 (33%) | 42 (36%) | 34 (29%) | 114 (33%) |
| Severe problems doing usual activities | | 10 (9%) | 12 (10%) | 10 (9%) | 32 (9%) |
| Unable to do usual activities | | 1 (1%) | 1 (1%) | 1 (1%) | 3 (1%) |
| **Pain / discomfort** | |  |  |  |  |
| No pain or discomfort | | 1 (1%) | 0 (0%) | 2 (2%) | 3 (1%) |
| Slight pain or discomfort | | 30 (26%) | 33 (28%) | 26 (22%) | 89 (26%) |
| Moderate pain or discomfort | | 56 (49%) | 53 (46%) | 61 (52%) | 170 (49%) |
| Severe pain or discomfort | | 19 (17%) | 26 (22%) | 24 (21%) | 69 (20%) |
| Extreme pain or discomfort | | 8 (7%) | 4 (3%) | 4 (3%) | 16 (5%) |
| **Anxiety / depression** | |  |  |  |  |
| Not anxious or depressed | | 60 (53%) | 57 (49%) | 62 (53%) | 179 (51%) |
| Slightly anxious or depressed | | 33 (29%) | 36 (31%) | 32 (27%) | 101 (29%) |
| Moderately anxious or depressed | | 17 (15%) | 19 (16%) | 20 (17%) | 56 (16%) |
| Severely anxious or depressed | | 3 (3%) | 3 (3%) | 2 (2%) | 8 (2%) |
| Extremely anxious or depressed | | 1 (1%) | 1 (1%) | 1 (1%) | 3 (1%) |
| **8 weeks** |
| **Mobility** | |  |  |  |  |
| No problems in walking about | | 48 (52%) | 56 (62%) | 49 (52%) | 153 (44%) |
| Slight problems in walking about | | 26 (28%) | 14 (15%) | 25 (26%) | 65 (19%) |
| Moderate problems in walking about | | 14 (15%) | 14 (15%) | 15 (16%) | 43 (12%) |
| Severe problems in walking about | | 5 (5%) | 7 (8%) | 6 (6%) | 18 (5%) |
| Unable to walk about | |  |  |  |  |
| **Self-care** | |  |  |  |  |
| No problems washing or dressing | | 67 (71%) | 56 (62%) | 68 (72%) | 191 (55%) |
| Slight problems washing or dressing | | 18 (19%) | 29 (32%) | 17 (18%) | 64 (18%) |
| Moderate problems washing or dressing | | 8 (9%) | 6 (7%) | 10 (11%) | 24 (7%) |
| Severe problems washing or dressing | | 1 (1%) | 0 (0%) | 0 (0%) | 1 (0%) |
| Unable to wash or dress | |  |  |  |  |
| **Usual activities** | |  |  |  |  |
| No problems doing usual activities | | 24 (26%) | 18 (20%) | 18 (19%) | 60 (17%) |
| Slight problems doing usual activities | | 44 (47%) | 47 (52%) | 47 (49%) | 138 (40%) |
| Moderate problems doing usual activities | | 21 (22%) | 22 (24%) | 20 (21%) | 63 (18%) |
| Severe problems doing usual activities | | 5 (5%) | 4 (4%) | 10 (11%) | 19 (5%) |
| Unable to do usual activities | |  |  |  |  |
| **Pain / discomfort** | |  |  |  |  |
| No pain or discomfort | | 0 (0%) | 2 (2%) | 2 (2%) | 4 (1%) |
| Slight pain or discomfort | | 37 (41%) | 42 (46%) | 31 (33%) | 110 (32%) |
| Moderate pain or discomfort | | 40 (44%) | 32 (35%) | 41 (44%) | 113 (32%) |
| Severe pain or discomfort | | 10 (11%) | 14 (15%) | 16 (17%) | 40 (11%) |
| Extreme pain or discomfort | | 4 (4%) | 1 (1%) | 3 (3%) | 8 (2%) |
| **Anxiety / depression** | |  |  |  |  |
| Not anxious or depressed | | 55 (61%) | 46 (51%) | 40 (43%) | 141 (40%) |
| Slightly anxious or depressed | | 22 (24%) | 30 (33%) | 38 (41%) | 90 (26%) |
| Moderately anxious or depressed | | 11 (12%) | 13 (14%) | 13 (14%) | 37 (11%) |
| Severely anxious or depressed | | 1 (1%) | 2 (2%) | 2 (2%) | 5 (1%) |
| Extremely anxious or depressed | | 1 (1%) | 0 (0%) | 0 (0%) | 1 (0%) |
| **12 weeks** |
| **Mobility** | |  |  |  |  |
| No problems in walking about | | 46 (54%) | 53 (63%) | 46 (53%) | 145 (42%) |
| Slight problems in walking about | | 20 (24%) | 11 (13%) | 21 (24%) | 52 (15%) |
| Moderate problems in walking about | | 9 (11%) | 18 (21%) | 13 (15%) | 40 (11%) |
| Severe problems in walking about | | 10 (12%) | 2 (2%) | 7 (8%) | 19 (5%) |
| Unable to walk about | |  |  |  |  |
| **Self-care** | |  |  |  |  |
| No problems washing or dressing | | 51 (60%) | 56 (66%) | 61 (70%) | 168 (48%) |
| Slight problems washing or dressing | | 22 (26%) | 18 (21%) | 17 (20%) | 57 (16%) |
| Moderate problems washing or dressing | | 11 (13%) | 11 (13%) | 8 (9%) | 30 (9%) |
| Severe problems washing or dressing | | 1 (1%) | 0 (0%) | 1 (1%) | 2 (1%) |
| Unable to wash or dress | |  |  |  |  |
| **Usual activities** | |  |  |  |  |
| No problems doing usual activities | | 16 (19%) | 26 (31%) | 14 (16%) | 56 (16%) |
| Slight problems doing usual activities | | 37 (44%) | 35 (41%) | 44 (51%) | 116 (33%) |
| Moderate problems doing usual activities | | 23 (27%) | 18 (21%) | 21 (24%) | 62 (18%) |
| Severe problems doing usual activities | | 7 (8%) | 6 (7%) | 8 (9%) | 21 (6%) |
| Unable to do usual activities | | 1 (1%) | 0 (0%) | 0 (0%) | 1 (0%) |
| **Pain / discomfort** | |  |  |  |  |
| No pain or discomfort | | 2 (2%) | 0 (0%) | 4 (5%) | 6 (2%) |
| Slight pain or discomfort | | 34 (40%) | 40 (47%) | 26 (30%) | 100 (29%) |
| Moderate pain or discomfort | | 29 (35%) | 25 (29%) | 43 (49%) | 97 (28%) |
| Severe pain or discomfort | | 15 (18%) | 17 (20%) | 12 (14%) | 44 (13%) |
| Extreme pain or discomfort | | 4 (5%) | 3 (4%) | 2 (2%) | 9 (3%) |
| **Anxiety / depression** | |  |  |  |  |
| Not anxious or depressed | | 46 (54%) | 42 (49%) | 38 (44%) | 126 (36%) |
| Slightly anxious or depressed | | 27 (32%) | 26 (31%) | 34 (39%) | 87 (25%) |
| Moderately anxious or depressed | | 9 (11%) | 12 (14%) | 11 (13%) | 32 (9%) |
| Severely anxious or depressed | | 1 (1%) | 5 (6%) | 4 (5%) | 10 (3%) |
| Extremely anxious or depressed | | 2 (2%) | 0 (0%) | 0 (0%) | 2 (1%) |

No participants died during the trial follow-up. Therefore, QALYs were calculated from the mean utilities. Over the 12-week follow-up, the participants in all three arms reported identical QALYs rounded to the third decimal place. Participants randomised to supported self-management + verum splint reported an average of 0.144 QALYs (95% CI 0.138 to 0.151), those randomised to supported self-management + placebo splint reported an average of 0.144 QALYs (95% CI 0.136 to 0.151), and those randomised to supported self-management reported an average of 0.144 QALYs (95% CI 0.136 to 0.151). These results are shown in **Table SF8.3**.

**Table SF8.2:** **EQ-5D-5L utility and visual analogue scale (VAS)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Unadjusted summaries** | | | **Adjusted differences** | | |
|  | **SSM**  Mean (SD) | **SSM + S**  Mean (SD) | **SSM + PS**  Mean (SD) | **SSM +S vs. SSM \***  (95% CI) | **SSM +PS vs. SSM\***  (95% CI) | **SSM +S vs. SSM + PS \***  (95% CI) |
| **EQ-5D-5L index** |  |  |  |  |  |  |
| **Baseline** | 0.582 (0.228), n=116 | 0.587 (0.210), n=116 | 0.609 (0.206), n=117 |  |  |  |
| **8 weeks** | 0.654 (0.211), n=89 | 0.651 (0.172), n=91 | 0.626 (0.199), n=93 | -0.018 (-0.051, 0.014), p = 0.252 | -0.025 (-0.061, 0.010), p = 0.145 | 0.007 (-0.023, 0.038), p = 0.619 |
| **12 weeks** | 0.615 (0.241), n=83 | 0.626 (0.221), n=84 | 0.636 (0.208), n=87 | -0.006 (-0.050, 0.038), p = 0.772 | 0.018 (-0.021, 0.057), p = 0.340 | -0.024 (-0.065, 0.017), p = 0.233 |
| **EQ-5D-VAS** |  |  |  |  |  |  |
| **Baseline** | 70 (21), n=116 | 72 (19), n=116 | 73 (19), n=117 |  |  |  |
| **8 weeks** | 74 (19), n=91 | 73 (18), n=91 | 71 (18), n=94 | -1 (-4, 1), p = 0.285 | -3 (-8, 3), p = 0.302 | 1 (-3, 5), p = 0.625 |
| **12 weeks** | 69 (22), n=85 | 73 (19), n=85 | 71 (19), n=86 | 3 -1, 7), p = 0.122 | 2 (-2, 6), p = 0.357 | 1 (-4, 7), p = 0.617 |

*\*differences are derived from linear regression models, adjusted for baseline utilities or EQ-5D VAS, gender, age at randomisation, and treated hand dominance. These estimated differences differ slightly from those reported in the main statistical report, where differences were derived from multi-level mixed effects models*.

**Table SF8.3: Quality adjusted life years (QALYs)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Unadjusted summaries** | | | **Adjusted differences** | | |
|  | **SSM**  Mean (95% CI) | **SSM + S**  Mean (95% CI) | **SSM + PS**  Mean (95% CI) | **SSM +S vs. SSM \***  (95% CI) | **SSM +PS vs. SSM\***  (95% CI) | **SSM +S vs. SSM + PS \***  (95% CI) |
| **Baseline to 8 weeks** | 0.095 (0.090, 0.100) | 0.095 (0.091, 0.099) | 0.095 (0.090, 0.100) | 0.000 (-0.006, 0.006) | 0.000 (-0.007, 0.007) | 0.000 (-0.006, 0.007) |
| **8-12 weeks** | 0.049 (0.046, 0.052) | 0.049 (0.047, 0.051) | 0.049 (0.046, 0.051) | 0.000 (-0.004, 0.004) | 0.000 (-0.004, 0.004) | 0.001 (-0.003, 0.004) |
| **Total (baseline to 12 weeks)** | 0.144 (0.136, 0.151) | 0.144 (0.138, 0.151) | 0.144 (0.136, 0.151) | 0.000 (-0.010, 0.010) | 0.000 (-0.011, 0.011) | 0.001 (-0.009, 0.011) |

*Note: CIs in this table were obtained using bootstrapping. Differences are not adjusted.*

***Resource use***

Intervention delivery

The number and types of splints allocated at baseline are shown in **Table SF8.4**.

**Table SF8.4: Allocation of splints at baseline**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SSM** (N=116) | **SSM + S** (N=117) | **SSM + PS** (N=116) |
| Verum splint – Procool | 0 (0%) | 96 (83%)\* | 2 (2%) |
| Verum splint – Orfilight | 0 (0%) | 20 (17%) | 0 (0%) |
| Placebo splint - DMO Thumb Sleeve | 0 (0%) | 0 (0%) | 90 (77%) |
| Placebo splint - DMO Thumb Sleeve Lite | 0 (0%) | 0 (0%) | 24 (21%) |
| None | 116 (100%) | 0 (0%) | 1 (1%) |

*\*For one participant (supported self-management + verum splint group), the splint received was unknown; for the purposes of the cost-effectiveness analysis, they were assumed to have received a Procool verum splint (i.e. the more commonly used splint)*

The duration of the intervention delivery at baseline and 4 weeks is shown in **Table SF8.5**. 20 minutes were added to the time recorded for the intervention delivery for participants who received an Orflight splint, to account for the average time it takes to prepare these splints. Participants for whom there is no evidence of attendance for the intervention delivery were allocated a duration of zero minutes, and hence all randomised participants are included in these summaries.

Statistically significant differences were observed in terms of baseline intervention delivery times (**Table SF8.4**), whereas these significant differences disappeared at 4 weeks.

**Table SF8.6** shows the resource use during the two follow-up periods. Resource use during the follow-up was generally low. There are a small number of instances where there were statistically significant differences in resource use between the groups (both the verum and placebo splint group compared to supported self-management group at 8 weeks and nurse contacts in the placebo splint group compared to the supported self-management group).

**Table SF8.5: Duration of intervention delivery (in minutes)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Unadjusted summaries** | | | **Adjusted differences** | | |
|  | **SSM**  Mean (SD) | **SSM + S**  Mean (SD) | **SSM + PS**  Mean (SD) | **SSM +S vs. SSM \***  (95% CI) | **SSM +PS vs. SSM\***  (95% CI) | **SSM +S vs. SSM + PS \***  (95% CI) |
| **Duration of intervention delivery (Baseline)\*\*** | 65 (24), n=116 | 79 (25), n=116 | 72 (25), n=117 | 14 (11,17), p <0.001 | 8 (4,11), p <0.001 | 6 (2, 10), p = 0.004 |
| **Duration of intervention delivery (4-week appointment)** | 22 (13), n=116 | 25 (15), n=116 | 23 (13), n=117 | 2 (-2, 7), p = 0.252 | 1 (-2, 5), p = 0.467 | 1 (-2, 4), p = 0.407 |

*\*differences are derived from linear regression models, adjusted for baseline utilities, gender, age at randomisation, and treated hand dominance.*

*\*\*For one participant (supported self-management + verum splint group), the splint received was unknown; for the purposes of the cost-effectiveness analysis, they were assumed to have received a Procool verum splint (i.e. the more commonly used splint).Participants with no evidence of attending their appointments were allocated a duration of zero minutes.*

Resource use

**Table SF8.6: Follow-up health resource use**

|  | **Unadjusted summaries** | | | **Adjusted differences** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **SSM**  Mean (SD) | **SSM + S**  Mean (SD) | **SSM + PS**  Mean (SD) | **SSM +S vs. SSM \***  (95% CI) | **SSM +PS vs. SSM\***  (95% CI) | **SSM +S vs. SSM + PS \***  (95% CI) |
| **Health resource use between baseline and 8 weeks** |  |  |  |  |  |  |
| **General practice consultations** |  |  |  |  |  |  |
| Surgery | 0.71 (1.13), n=94 | 0.65 (1.38), n=92 | 0.66 (0.91), n=97 | -0.04 (-0.42, 0.34),  p = 0.831 | -0.06 (-0.27, 0.16),  p = 0.576 | 0.02 (-0.33, 0.37),  p = 0.914 |
| Home weeks | 0.00 (0.00), n=94 | 0.02 (0.21), n=92 | 0.00 (0.00), n=97 | 0.02 (-0.02, 0.07),  p = 0.316 | 0.00 (0.00, 0.01),  p = 0.398 | 0.02 (-0.02, 0.07),  p = 0.322 |
| Telephone | 0.15 (0.39), n=94 | 0.13 (0.42), n=92 | 0.08 (0.28), n=97 | -0.01 (-0.14, 0.12),  p = 0.859 | -0.06 (-0.17, 0.05),  p = 0.251 | 0.05 (-0.07, 0.17),  p = 0.380 |
| **Specialist/ consultant visits** | 0.36 (0.75), n=94 | 0.60 (1.21), n=92 | 0.54 (0.85), n=97 | 0.26 (-0.06, 0.57),  p = 0.101 | 0.18 (-0.07, 0.43),  p = 0.142 | 0.08 (-0.19, 0.35),  p = 0.561 |
| **A&E visits** | 0.02 (0.15), n=94 | 0.09 (0.32), n=92 | 0.05 (0.42), n=97 | 0.07 (-0.01, 0.14),  p = 0.086 | 0.03 (-0.06, 0.12),  p = 0.519 | 0.04 (-0.06, 0.14),  p = 0.443 |
| **Ambulance service use** | 0.00 (0.00), n=94 | 0.04 (0.21), n=92 | 0.00 (0.00), n=97 | 0.05 (-0.01, 0.10),  p = 0.114 | 0.00 (0.00, 0.01),  p = 0.411 | 0.04 (-0.01, 0.10),  p = 0.125 |
| **Nurse in Clinic at 8 weeks** | 0.37 (0.67), n=94 | 0.21 (0.48), n=92 | 0.26 (0.60), n=97 | -0.15 (-0.36, 0.06),  p = 0.154 | -0.11 (-0.33, 0.11),  p = 0.296 | -0.04 (-0.20, 0.12),  p = 0.610 |
| **Nurse consultations at home** | 0.00 (0.00), n=94 | 0.00 (0.00), n=92 | 0.00 (0.00), n=97 | n/a | n/a | n/a |
| **Physiotherapist visits** | 0.45 (0.92), n=94 | 0.28 (0.77), n=92 | 0.20 (0.57), n=97 | -0.16 (-0.32, -0.01),  p = 0.038 | -0.26 (-0.53, 0.01),  p = 0.055 | 0.10 (-0.12, 0.32),  p = 0.357 |
| **Occupational therapist visits** | 0.95 (1.36), n=94 | 0.93 (1.47), n=92 | 0.93 (1.32), n=97 | 0.00 (-0.39, 0.40),  p = 0.997 | -0.04 (-0.40, 0.33),  p = 0.829 | 0.04 (-0.38, 0.45),  p = 0.845 |
| **Counsellor visits** | 0.00 (0.00), n=94 | 0.10 (0.66), n=92 | 0.00 (0.00), n=97 | 0.10 (-0.04, 0.24),  p = 0.166 | 0.00 (-0.01, 0.00),  p = 0.581 | 0.10 (-0.04, 0.24),  p = 0.161 |
| **Day hospital visits** | 0.01 (0.10), n=94 | 0.08 (0.34), n=92 | 0.12 (0.46), n=97 | 0.06 (-0.02, 0.14),  p = 0.117 | 0.11 (-0.03, 0.26),  p = 0.112 | -0.05 (-0.19, 0.08),  p = 0.420 |
| **Psychologist visits** | 0.01 (0.10), n=94 | 0.00 (0.00), n=92 | 0.00 (0.00), n=97 | -0.01 (-0.03, 0.01),  p = 0.317 | -0.01 (-0.03, 0.01),  p = 0.342 | 0.00 (0.00, 0.01),  p = 0.582 |
| **Hospital admittances** | 0.02 (0.15), n=94 | 0.03 (0.18), n=92 | 0.01 (0.10), n=97 | 0.01 (-0.04, 0.06),  p = 0.616 | -0.01 (-0.05, 0.02),  p = 0.516 | 0.02 (-0.01, 0.05),  p = 0.135 |
| **Days in hospital** | 0.02 (0.15), n=94 | 0.04 (0.25), n=92 | 0.04 (0.41), n=97 | 0.02 (-0.04, 0.09),  p = 0.456 | 0.02 (-0.07, 0.11),  p = 0.645 | 0.00 (-0.07, 0.08),  p = 0.907 |
| **Health resource use between 8 and 12 weeks** |  |  |  |  |  |  |
| **General practice consultations** |  |  |  |  |  |  |
| Surgery | 0.55 (0.84), n=84 | 0.53 (0.93), n=85 | 0.49 (0.75), n=87 | 0.01 (-0.27, 0.30),  p = 0.916 | -0.03 (-0.21, 0.15),  p = 0.711 | 0.05 (-0.19, 0.28),  p = 0.683 |
| Home weeks | 0.00 (0.00), n=84 | 0.00 (0.00), n=85 | 0.00 (0.00), n=87 | n/a | n/a | n/a |
| Telephone | 0.07 (0.30), n=84 | 0.15 (0.57), n=85 | 0.15 (0.42), n=87 | 0.09 (-0.09, 0.27),  p = 0.307 | 0.08 (-0.03, 0.19),  p = 0.159 | 0.01 (-0.19, 0.22),  p = 0.897 |
| **Specialist/ consultant visits** | 0.44 (0.96), n=84 | 0.45 (0.88), n=85 | 0.46 (0.87), n=87 | 0.05 (-0.23, 0.33),  p = 0.696 | 0.04 (-0.26, 0.34), p = 0.771 | 0.01 (-0.16, 0.18),  p = 0.900 |
| **A&E visits** | 0.02 (0.15), n=84 | 0.02 (0.15), n=85 | 0.02 (0.15), n=87 | 0.00 (-0.07, 0.07),  p = 0.956 | 0.00 (-0.06, 0.06),  p = 0.968 | 0.00 (-0.05, 0.05),  p = 0.981 |
| **Ambulance service use** | 0.00 (0.00), n=84 | 0.02 (0.22), n=85 | 0.00 (0.00), n=87 | 0.03 (-0.04, 0.10),  p = 0.341 | 0.01 (-0.01, 0.02),  p = 0.448 | 0.02 (-0.03, 0.08),  p = 0.329 |
| **Nurse in Clinic at 8 weeks** | 0.39 (0.74), n=84 | 0.24 (0.53), n=85 | 0.21 (0.46), n=87 | -0.13 (-0.32, 0.06),  p = 0.161 | -0.17 (-0.33, -0.01),  p = 0.041 | 0.04 (-0.11, 0.18),  p = 0.606 |
| **Nurse consultations at home** | 0.01 (0.11), n=84 | 0.00 (0.00), n=85 | 0.03 (0.24), n=87 | -0.01 (-0.04, 0.02),  p = 0.405 | 0.02 (-0.04, 0.09),  p = 0.461 | -0.03 (-0.09, 0.02),  p = 0.214 |
| **Physiotherapist visit** | 0.15 (0.42), n=84 | 0.19 (0.61), n=85 | 0.20 (0.66), n=87 | 0.03 (-0.11, 0.18),  p = 0.634 | 0.03 (-0.15, 0.20),  p = 0.743 | 0.01 (-0.17, 0.18),  p = 0.945 |
| **Occupational therapist visits** | 0.05 (0.21), n=84 | 0.09 (0.33), n=85 | 0.09 (0.33), n=87 | 0.05 (-0.03, 0.13),  p = 0.196 | 0.05 (-0.04, 0.14),  p = 0.258 | 0.00 (-0.11, 0.11),  p = 0.973 |
| **Counsellor visits** | 0.00 (0.00), n=84 | 0.04 (0.24), n=85 | 0.00 (0.00), n=87 | 0.04 (-0.01, 0.09), p = 0.100 | 0.00 (0.00, 0.01),  p = 0.250 | 0.04 (-0.01, 0.08),  p = 0.105 |
| **Day hospital visits** | 0.02 (0.15), n=84 | 0.07 (0.37), n=85 | 0.13 (0.50), n=87 | 0.05 (-0.06, 0.15),  p = 0.352 | 0.10 (0.00, 0.21),  p = 0.058 | -0.06 (-0.18, 0.07),  p = 0.351 |
| **Psychologist visits** | 0.00 (0.00), n=84 | 0.00 (0.00), n=85 | 0.00 (0.00), n=87 | n/a | n/a | n/a |
| **Hospital admittances** | 0.04 (0.19), n=84 | 0.02 (0.15), n=85 | 0.02 (0.15), n=87 | -0.01 (-0.06, 0.04),  p = 0.724 | -0.01 (-0.03, 0.00),  p = 0.114 | 0.00 (-0.05, 0.06),  p = 0.896 |
| **Days in hospital** | 0.12 (0.88), n=84 | 0.14 (1.10), n=85 | 0.02 (0.15), n=87 | 0.06 (-0.34, 0.46),  p = 0.751 | -0.07 (-0.26, 0.12),  p = 0.467 | 0.13 (-0.15, 0.40),  p = 0.338 |

*\*differences are derived from linear regression models, adjusted for baseline utilities, gender, age at randomisation, and treated hand dominance*

Overall costs

The average overall cost for a patient receiving supported self-management was £586 (95% CI: 389 to 865), £685 (95 % CI: 506 to 895) for those receiving supported self-management + placebo splint, and £738 (95% CI: 551 to 985) for those receiving supported self-management + splint**.** As shown in **Table SF8.7** we found no statistically significant differences in overall costs between any of the 3 interventions.

In terms of cost-effectiveness **(Table SF8.8)**, when:

1) Supported self-management + splint was compared to supported self-management, the additional cost per QALY gained was £363,640, with a 0.28 probability of supported self-management + splint being cost-effective;

2) Supported self-management + placebo splint was compared to supported self-management, supported self-management was found to be dominant as it generated cost savings and increased outcomes, with a 0.32 probability of supported self-management + splint being cost-effective;

3) Supported self-management + splint was compared to Supported self-management + placebo splint, the additional cost per QALY gained £69,985, with a 0.43 probability of supported self-management + splint being cost-effective

The low probability of the interventions being cost-effective is further illustrated in **Figures SF8.1a-SF8.1c**. These figures show the cost-effectiveness planes for the three pairwise comparisons. The dashed diagonal line on the plots indicates the willingness-to-pay threshold set at £20,000 per QALY gained.

**Table SF8.7: NHS cost over 12 week trial period (in £)**

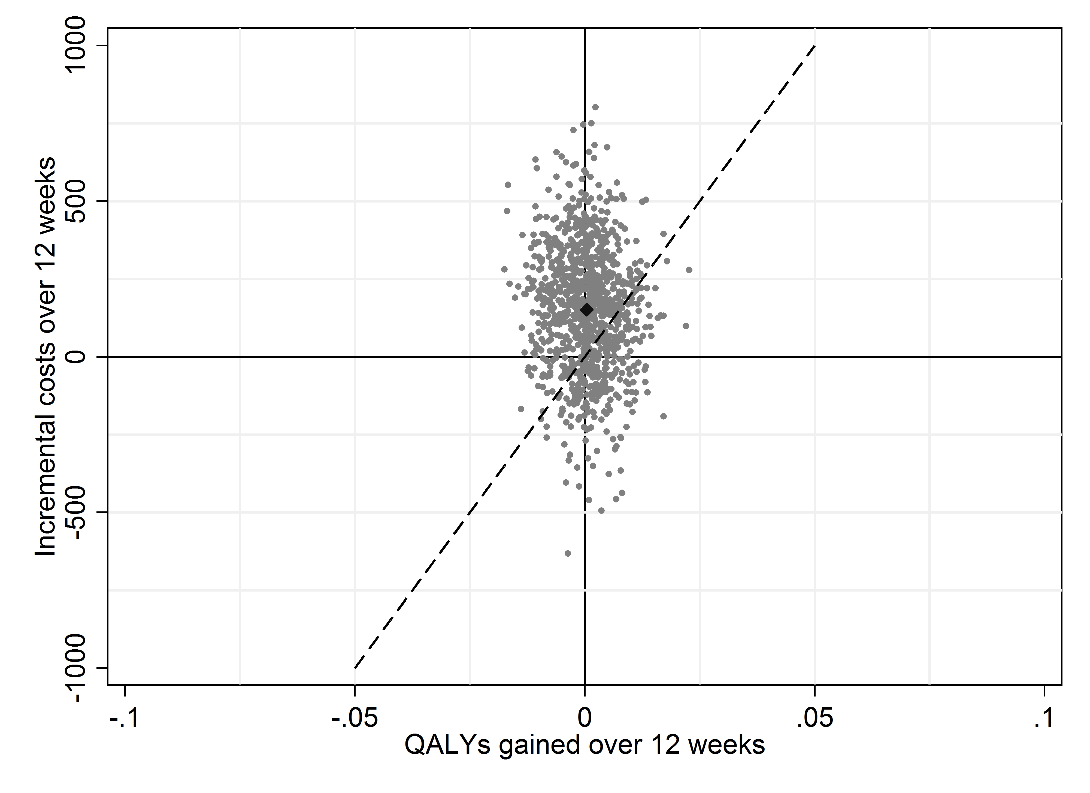
|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Unadjusted summaries** | | | **Adjusted differences** | | |
|  | **SSM**  Mean (SD) | **SSM + S**  Mean (SD) | **SSM + PS**  Mean (SD) | **SSM +S vs. SSM \***  (95% CI) | **SSM +PS vs. SSM\***  (95% CI) | **SSM +S vs. SSM + PS \***  (95% CI) |
| **Splints received at baseline** | 0 (0), n=116 | 19 (3), n=116 | 12 (2),  n=117 | 19 (18, 19),  p <0.001 | 12 (12, 12),  p <0.001 | 7 (6, 7),  p <0.001 |
| **Intervention delivery at baseline** | 55 (22), n=116 | 66 (23), n=116 | 62 (23), n=117 | 11 (8, 14),  p <0.001 | 7 (4, 10),  p <0.001 | 4 (-1, 8),  p = 0.091 |
| **Intervention delivery at 4 weeks** | 19 (11), n=116 | 21 (13), n=116 | 20 (11), n=117 | 2 (-2, 6),  p = 0.241 | 1 (-1, 4),  p = 0.327 | 1 (-2, 4),  p = 0.590 |
| **Health costs baseline to 8 weeks** | 216 (279), n=94 | 331 (532), n=92 | 350 (861), n=97 | 116 (-29, 261),  p = 0.109 | 129 (-48, 307),  p = 0.142 | -13 (-141, 114),  p = 0.826 |
| **Health costs 8 to 12 weeks** | 296 (1299), n=84 | 302 (1073), n=85 | 240 (545), n=87 | 49 (-366, 464),  p = 0.805 | -29 (-217, 160),  p = 0.749 | 78 (-234, 389),  p = 0.602 |
| **Total costs\*\*** | 586 (389, 865) | 738 (551, 985) | 685 (506, 895) | 152 (-167, 474) | 98 (-208, 387) | 53 (-217, 359) |

*\*differences are derived from linear regression models, adjusted for baseline utilities, gender, age at randomisation, and treated hand dominance  
\*\*estimates for the total costs per treatment arm and 95% CI were obtained via bootstrapping*

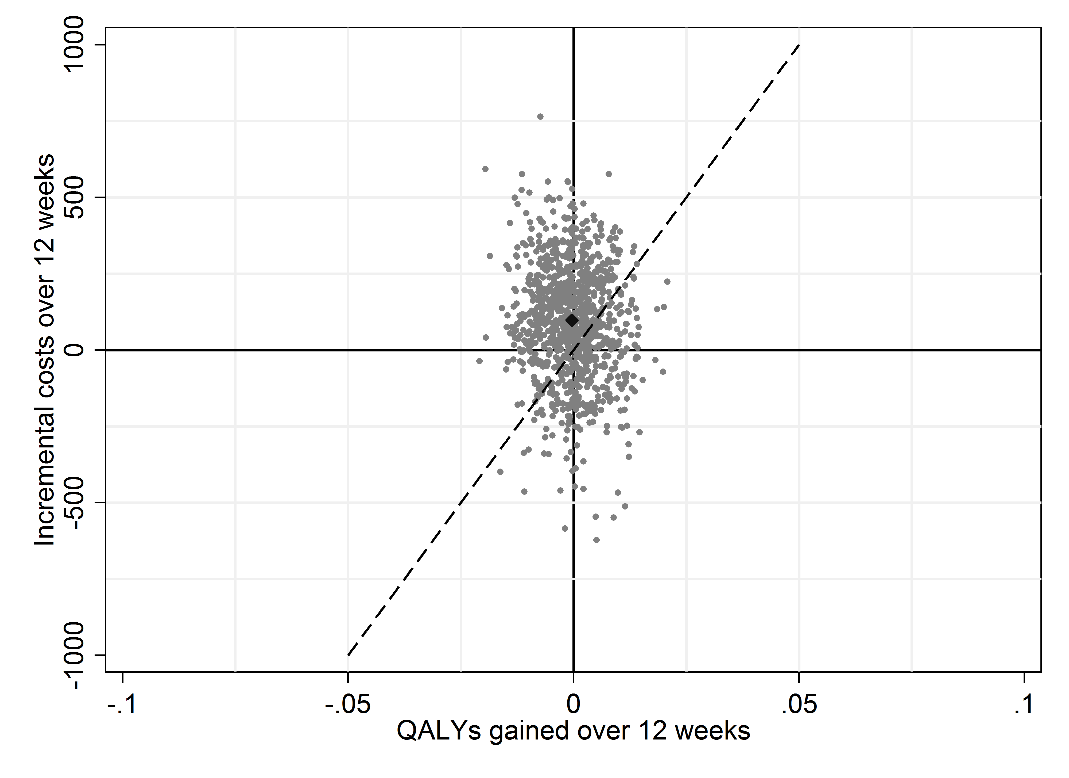
**Table SF8.8: Incremental cost-effectiveness ratios**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Unadjusted summaries** | | | **Adjusted differences** | | |
|  | **SSM**  Mean (SD) | **SSM + S**  Mean (SD) | **SSM + PS**  Mean (SD) | **SSM +S vs. SSM \***  (95% CI) | **SSM +PS vs. SSM\***  (95% CI) | **SSM +S vs. SSM + PS \***  (95% CI) |
| **Total costs (in £)** | 586  (389, 865) | 738  (551, 985) | 685  (506, 895) | 152  (-167, 474) | 98  (-208, 387) | 53  (-217, 359) |
| **Total QALYs** | 0.144  (0.136, 0.151) | 0.144  (0.138, 0.151) | 0.144  (0.136, 0.151) | 0.000  (-0.010, 0.010) | 0.000  (-0.011, 0.011) | 0.001  (-0.009, 0.011) |
| **ICER** |  |  |  | 363,640  (-261,136, 269,732) | -282,051  (-272,280, 176,440) | 69,885  (-214,388, 220,300) |
| **Probability of cost-effectiveness** |  |  |  | 28% | 32% | 43% |

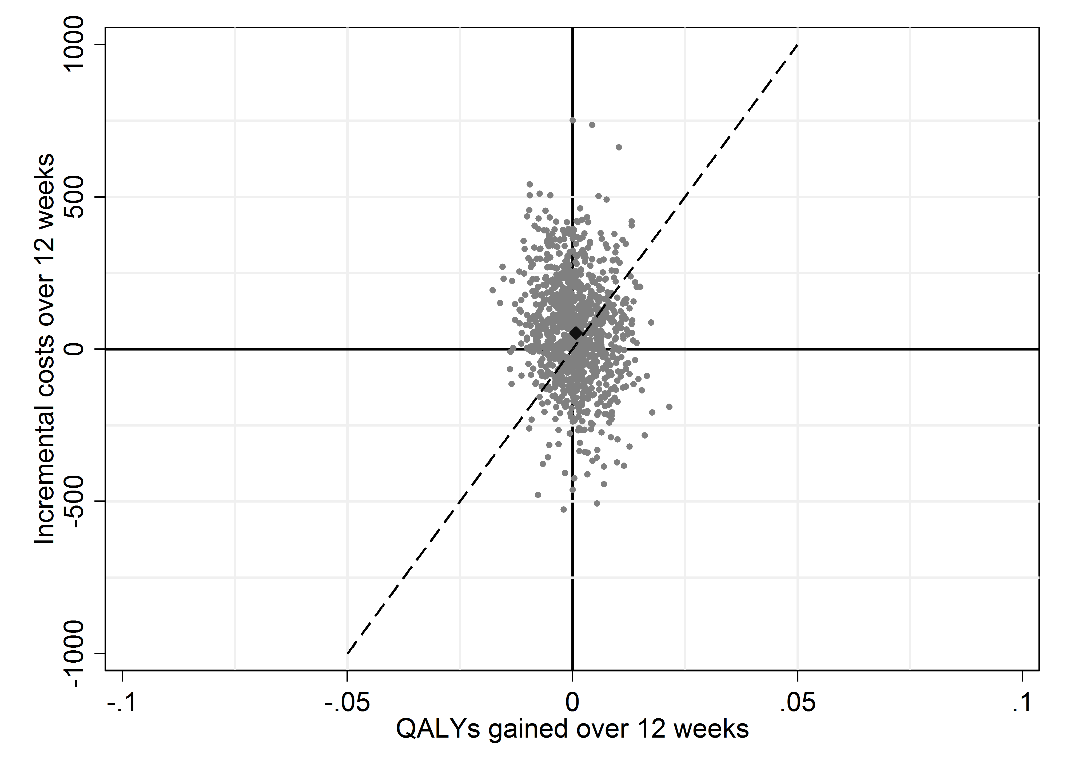
*\*differences were derived from linear regression models, adjusted for baseline utilities, gender, age at randomisation, and treated hand dominance*



**Figure SF8.1a:** Cost-effectiveness plane for SSM + S vs. SSM

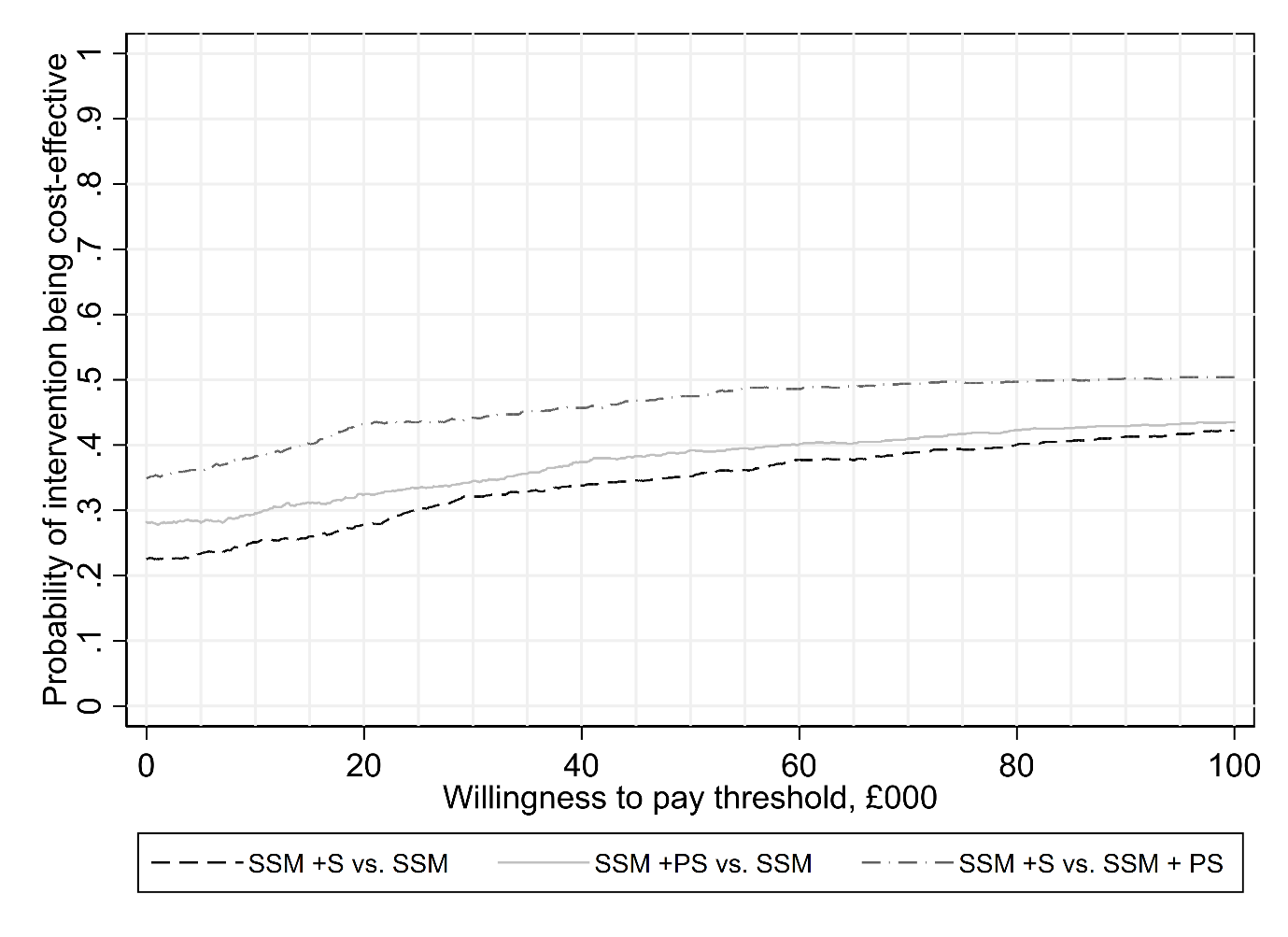


**Figure SF8.1b:** Cost-effectiveness plane for SSM + PS vs. SSM



**Figure SF8.1c:** Cost-effectiveness plane for SSMP + S vs. SSM + PS

A cost-effectiveness-acceptability curve is shown in **Figure SF8.2**. This examines the probability of the interventions being cost-effective for different willingness-to-pay thresholds. The probability of any of the interventions being cost-effective does not rise above 50% for any of the comparisons.



**Figure SF8.2: Cost-effectiveness-acceptability curve**

**Sensitivity analysis 1: Repeating the primary cost-effectiveness analysis using multiple imputation**

Overall costs

In the scenario considering multiple imputation for missing data, the average overall cost for patient receiving supported self-management was £555 (95% CI: 410 to 746), £655 (95 % CI: 512 to 825) for those receiving supported self-management + splint, and £695 (95% CI: 560 to 888) for those receiving supported self-management + splint**.** As shown in **Table SF8.9** we found no statistically significant differences in overall costs between any of the 3 interventions.

In terms of cost-effectiveness under the multiple imputation scenario, when:

1) Supported self-management + splint was compared to supported self-management, supported self-management was found to be dominant, as it generated cost savings and marginally increased outcomes, with the probability of self -management + splint being cost-effective of 20%.

2) Supported self-management + placebo splint was compared to Supported self-management, the additional cost per QALY gained £99,200, with the probability of supported self-management + splint being 34%.

3) Supported self-management + splint was compared Supported self-management + placebo splint, supported self-management + placebo splint was found to be dominant, as it generated cost savings and marginally increased outcomes, with the probability of self -management + splint being cost-effective of 32%.

The low probability of the interventions being cost-effective is further illustrated in **Figures SF8.3a** to **SF8.3c**. These figures show the cost-effectiveness planes for the three pairwise comparisons. The dashed diagonal line on the plots indicates the willingness-to-pay threshold set at £20,000 per QALY gained.

**Table SF8.10: NHS cost over 12 week trial period (in £) [using multiply imputed data]**

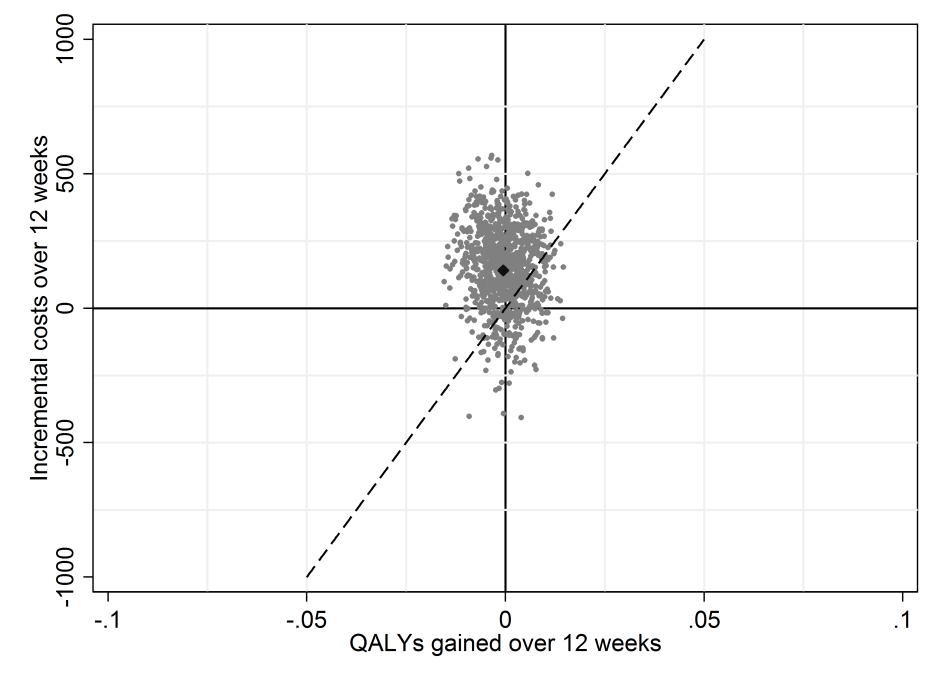
|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Unadjusted summaries** | | | **Adjusted summaries** | | |
|  | **SSM**  Mean (SD) | **SSM + S**  Mean (SD) | **SSM + PS**  Mean (SD) | **SSM +S vs. SSM \***  (95% CI) | **SSM +PS vs. SSM\***  (95% CI) | **SSM +S vs. SSM + PS \***  (95% CI) |
| **Splints received at baseline** | 0 (0) | 19 (3) | 12 (2) | 19 (18, 19), p-value <0.001 | 12 (12, 12), p-value <0.001 | 7 (6, 7), p-value <0.001 |
| **Intervention delivery at baseline** | 55 (22) | 66 (23) | 62 (23) | 11 (8, 14), p-value <0.001 | 7 (4, 10), p-value <0.001 | 4 (-1, 8), p-value = 0.093 |
| **Intervention delivery at 4 weeks** | 19 (11) | 21 (13) | 20 (11) | 2 (-2, 6), p-value = 0.243 | 1 (-1, 4), p-value = 0.329 | 1 (-2, 4), p-value = 0.591 |
| **Health costs baseline to 8 weeks** | 212 (259) | 322 (475) | 338 (743) | 113 (-19, 245), p-value = 0.088 | 137 (-25, 298), p-value = 0.091 | -24 (-151, 103), p-value = 0.691 |
| **Health costs 8 to 12 weeks** | 269 (1037) | 267 (818) | 223 (458) | 17 (-296, 330), p-value = 0.907 | -16 (-184, 152), p-value = 0.843 | 33 (-211, 277), p-value = 0.776 |
| **Total costs\*\*** | 555 (95% CI 410, 746) | 695 (95% CI 560, 888) | 655 (95% CI 512, 825) | 140 (-101, 386) | 101 (-142, 335) | 40 (-171, 280) |

*\*differences are derived from linear regression models, adjusted for baseline utilities, gender, age at randomisation, and treated hand dominance.   
\*\*estimates for the total costs per treatment arm and 95% CI were obtained via bootstrapping*

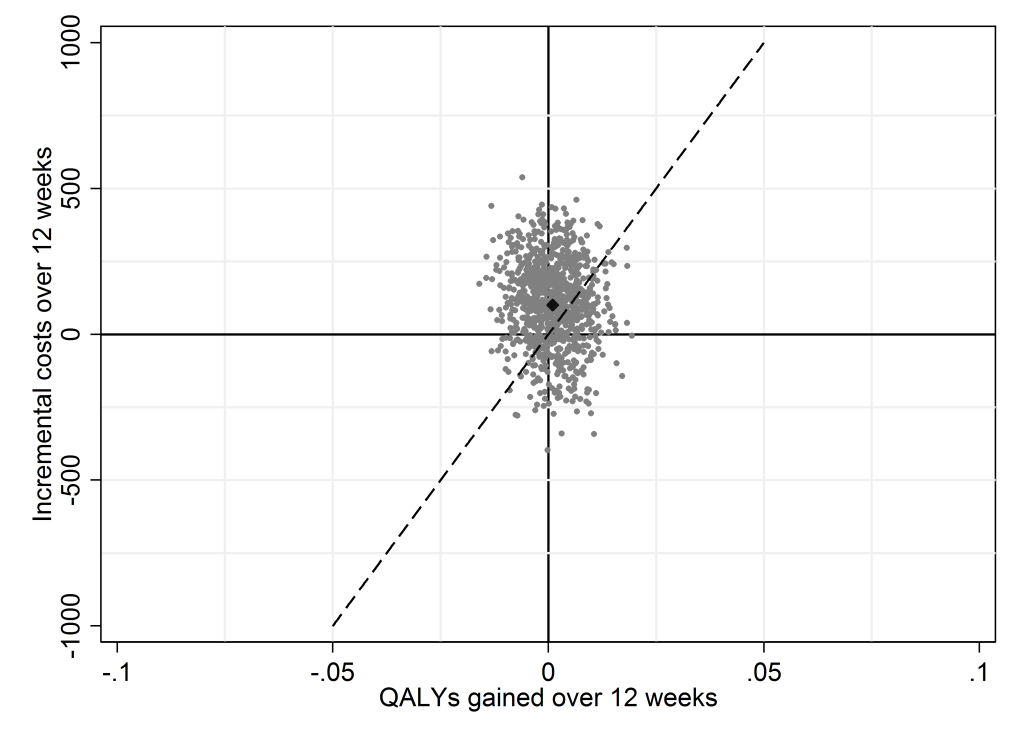
**Table SF8.11: Incremental cost-effectiveness ratios [using multiply imputed data]**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Unadjusted summaries** | | | **Adjusted summaries** | | |
|  | **SSM**  Mean (SD) | **SSM + S**  Mean (SD) | **SSM + PS**  Mean (SD) | **SSM +S vs. SSM \***  (95% CI) | **SSM +PS vs. SSM\***  (95% CI) | **SSM +S vs. SSM + PS \***  (95% CI) |
| **Total costs (in £)** | 555  (410, 746) | 695 (560, 888) | 655  (512, 825) | 140 (-101, 386) | 101 (-142, 35) | 40 (-171, 280) |
| **Total QALYs** | 0.143  (0.136, 0.149) | 0.142  (0.136, 0.149) | 0.144  (0.138, 0.150) | -0.001 (-0.010, 0.009) | 0.001 (-0.008, 0.010) | -0.002 (-0.010, 0.007) |
| **ICER** |  |  |  | -256,258 (-224,100, 213,798) | 99,200 (-205,247, 172,057) | -25,514 (-185,937, 137,267) |
| **Probability of cost-effectiveness** |  |  |  | 20% | 34% | 32% |

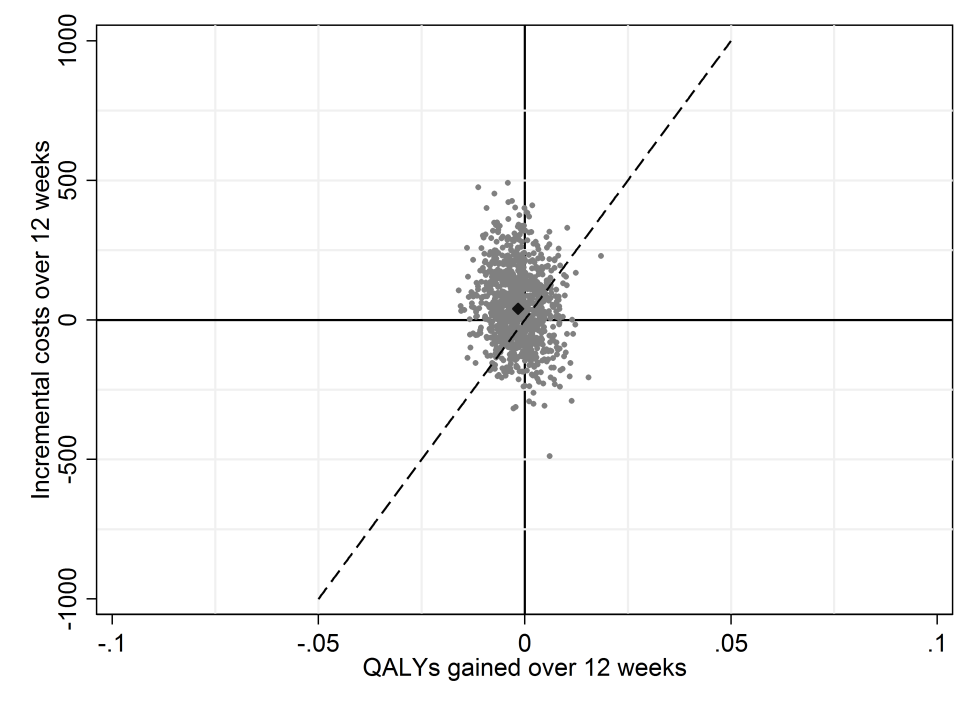
*\*differences were derived from linear regression models, adjusted for baseline utilities, gender, age at randomisation, and treated hand dominance*



**Figure SF8.3a: Cost-effectiveness plane for SSM + S vs. SSM (using multiply imputed data)**

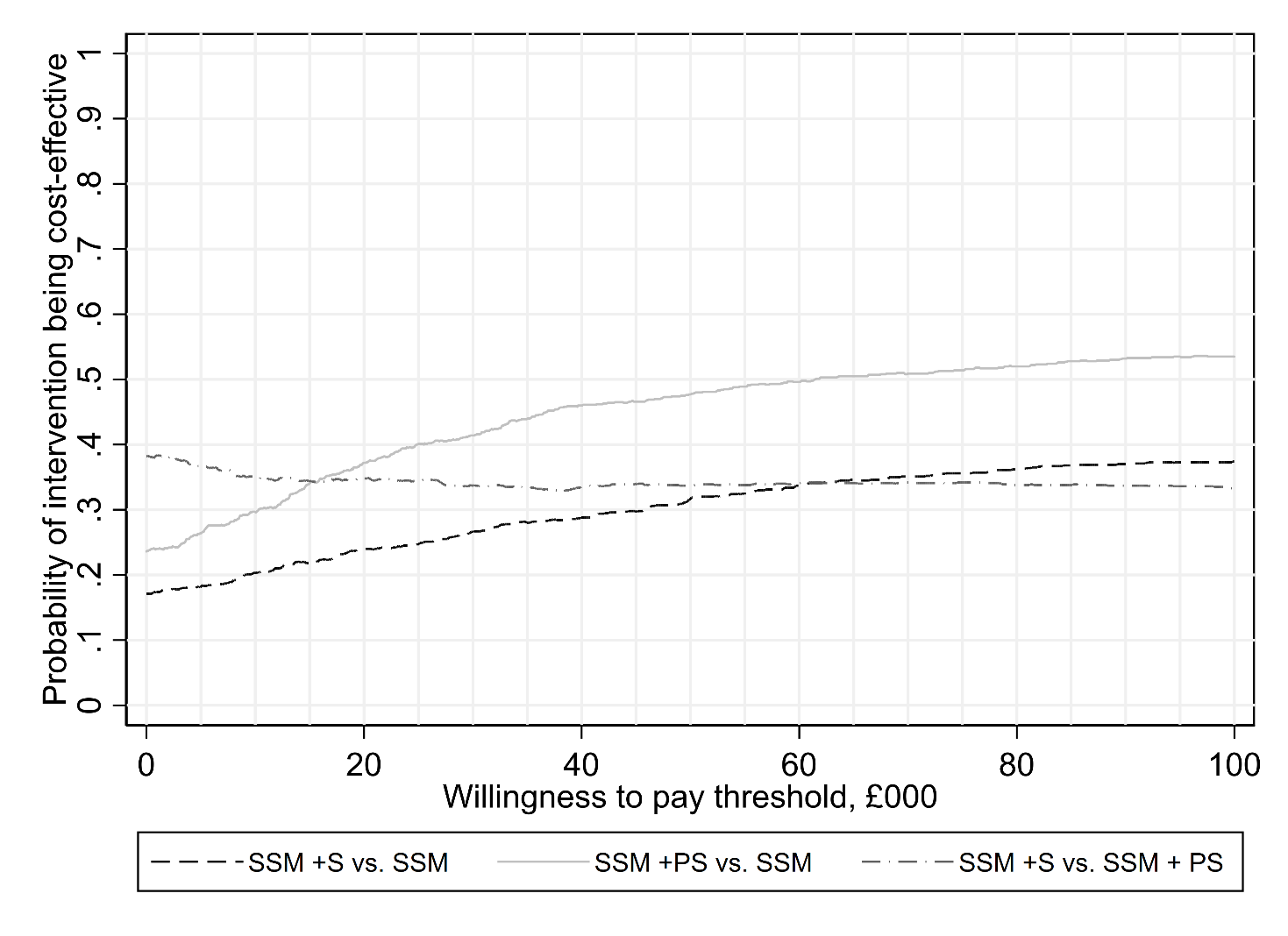


**Figure SF8.3b: Cost-effectiveness plane for SSM + PS vs. SSM (using multiply imputed data)**

****

**Figure SF8.3-c: Cost-effectiveness plane for SSM + S vs. SSM + PS splint (using multiply imputed data)**

A cost-effectiveness-acceptability curve is shown in **Figure SF8.4**. This examines the probability of the interventions being cost-effective for different willingness-to-pay thresholds. The probability of any of the interventions being cost-effective does not rise above 50% for any of the comparisons.



**Figure SF8.4: Cost-effectiveness-acceptability curve (multiple imputation scenario)**

**Sensitivity analysis 2: removing costs associated with hospital admissions (including day hospital), visits to A&E, and use of ambulance services**

**Table SF8.12** below indicates that use of the health resource components investigated in this analyses were low. The health resources were used less in the group randomised to supported self-management only. It is not clear if these differences are related to the interventions, or due to chance.

**Table SF8.12: Number of participants with health resource use related to hospital admissions, day hospital, visits to A&E and use of ambulance services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **SSM** | **SSM + S** | **SSM + PS** | **Total** |
| **Hospital admission at 8 weeks** | 2 | 3 | 1 | 6 |
| **Day hospital at 8 weeks** | 1 | 5 | 8 | 14 |
| **A&E at 8 weeks** | 2 | 7 | 2 | 11 |
| **Ambulance service at 8 weeks** | 0 | 4 | 0 | 4 |
| **Hospital admission at 12 weeks** | 3 | 2 | 2 | 7 |
| **Day hospital at 12 weeks** | 2 | 4 | 8 | 14 |
| **A&E at 12 weeks** | 2 | 2 | 2 | 6 |
| **Ambulance service at 12 weeks** | 0 | 1 | 0 | 1 |
| **Total** | **12** | **28** | **23** | **63** |

This sensitivity analysis explores the effect of removing costs associated with these health care resources from the primary cost-effectiveness analysis.

Overall costs

The average overall cost for patient receiving supported self-management was £354 (95% CI: 312 to 401), £386 (95% CI: 334 to 436) for those receiving supported self-management + placebo splint, and £418 (95% CI: 361 to 484) for those receiving supported self-management + splint**.** As shown in **Table SF8.13** we found no statistically significant differences in overall costs between any of the 3 interventions.

In terms of cost-effectiveness, when:

1) Supported self-management + splint was compared to supported self-management, the additional cost per QALY gained was £155,227, with the probability of self- management + splint being cost-effective of 33%.

2) Supported self-management + placebo splint was compared to supported self-management, supported self-management was found to be dominant as it generated cost savings and increased outcomes, with the probability of supported self-management + placebo splint being cost-effective of 40%.

3) Supported self-management + splint was compared Supported self-management + placebo splint, the additional cost per QALY gained £42,724, with the probability of supported self-management + splint being 44%.

The low probability of the interventions being cost-effective is further illustrated in **Figures SF8.5a** to**-SF8.5c**. These figures show the cost-effectiveness planes for the three pairwise comparisons. The dashed diagonal line on the plots indicates the willingness-to-pay threshold set at £20,000 per QALY gained.

**Table SF8.13: NHS cost over 12 week trial period (in £) [removing costs associated with hospital admissions]**

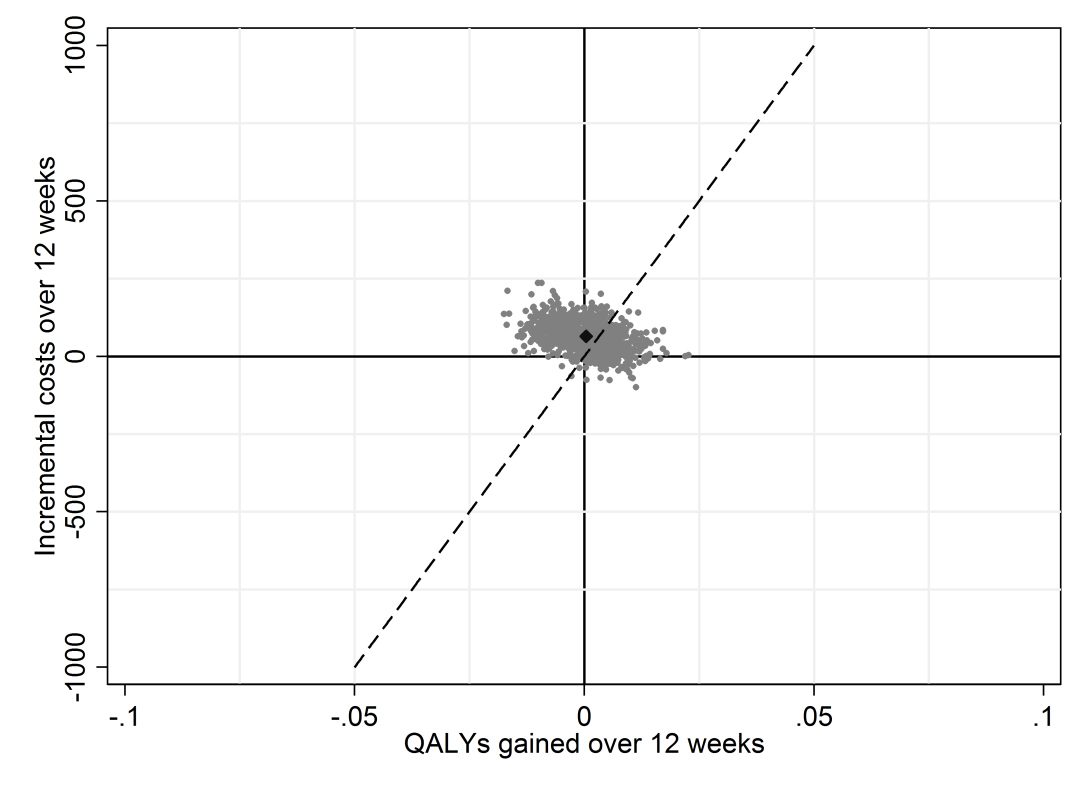
|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Unadjusted summaries** | | | **Adjusted differences** | | |
|  | **SSM**  Mean (SD) | **SSM + S**  Mean (SD) | **SSM + PS**  Mean (SD) | **SSM +S vs. SSM \***  (95% CI) | **SSM +PS vs. SSM\***  (95% CI) | **SSM +S vs. SSM + PS \***  (95% CI) |
| **Splints received at baseline** | 0 (0), n=116 | 19 (3), n=116 | 12 (2), n=117 | 19 (18, 19),  p <0.001 | 12 (12, 12),  p <0.001 | 7 (6, 7),  p <0.001 |
| **Intervention delivery at baseline** | 55 (22), n=116 | 66 (23), n=116 | 62 (23), n=117 | 11 (8, 14),  p <0.001 | 7 (4, 10), p <0.001 | 4 (-1, 8),  p = 0.091 |
| **Intervention delivery at 4 weeks** | 19 (11), n=116 | 21 (13), n=116 | 20 (11), n=117 | 2 (-2, 6), p = 0.241 | 1 (-1, 4), p = 0.327 | 1 (-2, 4),  p = 0.590 |
| **Health costs baseline to 8 weeks** | 182 (173), n=94 | 208 (259), n=92 | 187 (190), n=97 | 31 (-43, 105),  p = 0.383 | 4 (-53, 61),  p = 0.889 | 27 (-38, 93),  p = 0.386 |
| **Health costs 8 to 12 weeks** | 97 (152), n=84 | 105 (172), n=85 | 104 (159), n=87 | 16 (-30, 62),  p = 0.478 | 11 (-40, 62),  p = 0.658 | 5 (-29, 39),  p = 0.764 |
| **Total costs\*\*** | 354 (95% CI 312, 401) | 418 (95% CI 361, 484) | 386 (95% CI 334, 436) | 65  (-11, 139) | 32  (-36, 94) | 33  (-49, 116) |

*\*differences are derived from linear regression models, adjusted for baseline utilities, gender, age at randomisation, and treated hand dominance  
\*\*estimates for the total costs per treatment arm and 95% CI were obtained via bootstrapping*

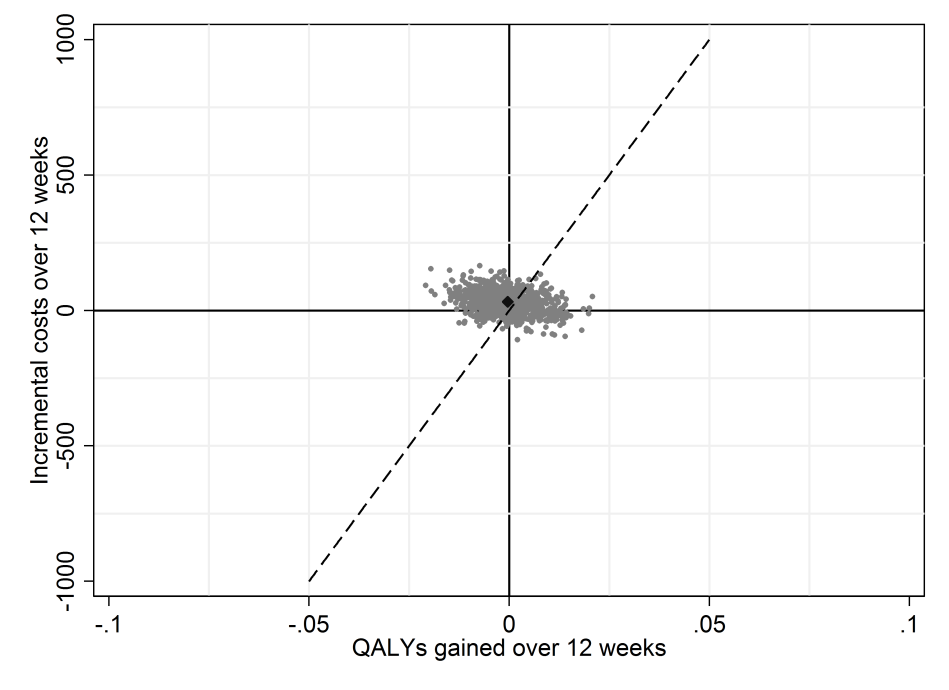
**Table SF8.14: Incremental cost-effectiveness ratios [removing costs associated with hospital admissions]**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Unadjusted summaries** | | | **Adjusted differences** | | |
|  | **SSM**  Mean (SD) | **SSM + S**  Mean (SD) | **SSM + PS**  Mean (SD) | **SSM +S vs. SSM \***  (95% CI) | **SSM +PS vs. SSM\***  (95% CI) | **SSM +S vs. SSM + PS \***  (95% CI) |
| **Total costs (in £)** | 354  (312, 401) | 418  (361, 484) | 386  (334, 436) | 65  (-11, 139) | 32  (-36, 94) | 33  (-49, 116) |
| **Total QALYs** | 0.144  (0.136, 0.151) | 0.144  (0.138, 0.151) | 0.144  (0.136, 0.151) | 0.000  (-0.010, 0.010) | 0.000  (-0.011, 0.011) | 0.001  (-0.009, 0.011) |
| **ICER** |  |  |  | 155,276  (-91118, 103936) | -92,120  (-63,823, 43,087) | 42,724  (-66,861, 71,464) |
| **Probability of cost-effectiveness** |  |  |  | 33% | 40% | 44% |

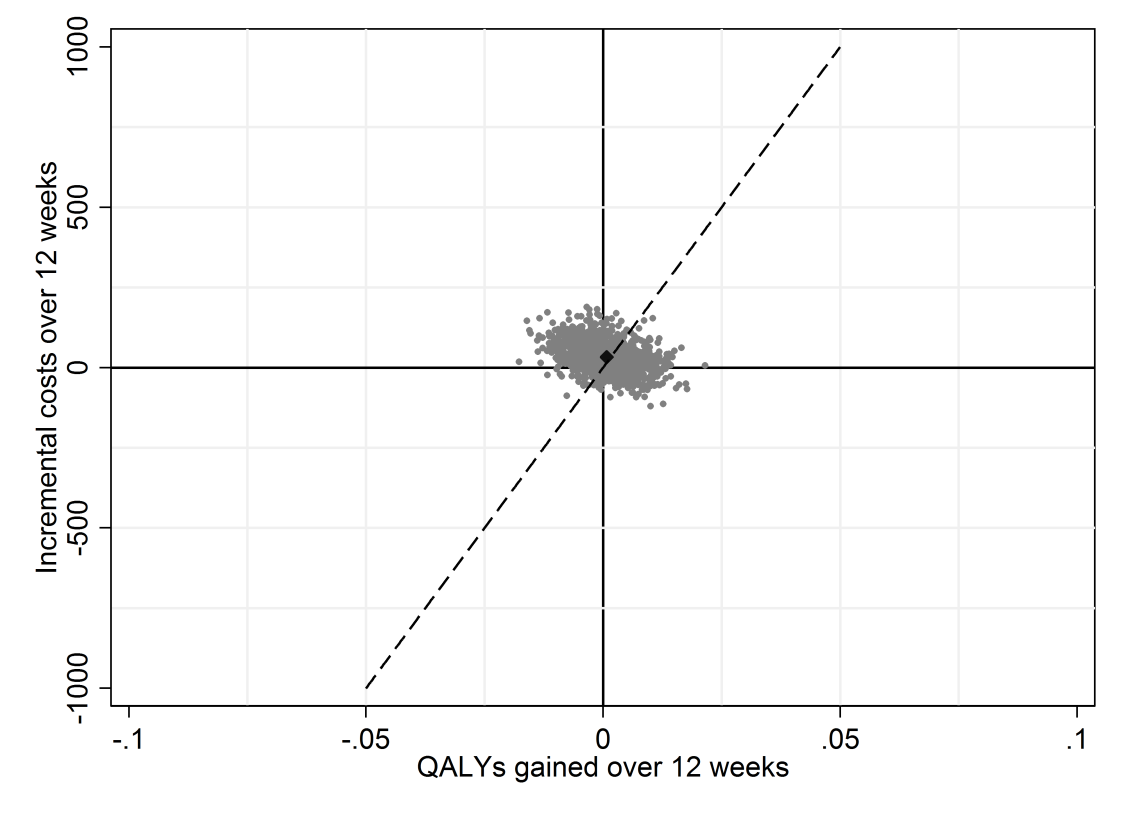
*\*differences were derived from linear regression models, adjusted for baseline utilities, gender, age at randomisation, and treated hand dominance*



**Figure SF8.5a: Cost-effectiveness plane for SSM + S vs. SSM (removing costs associated with hospital admissions)**

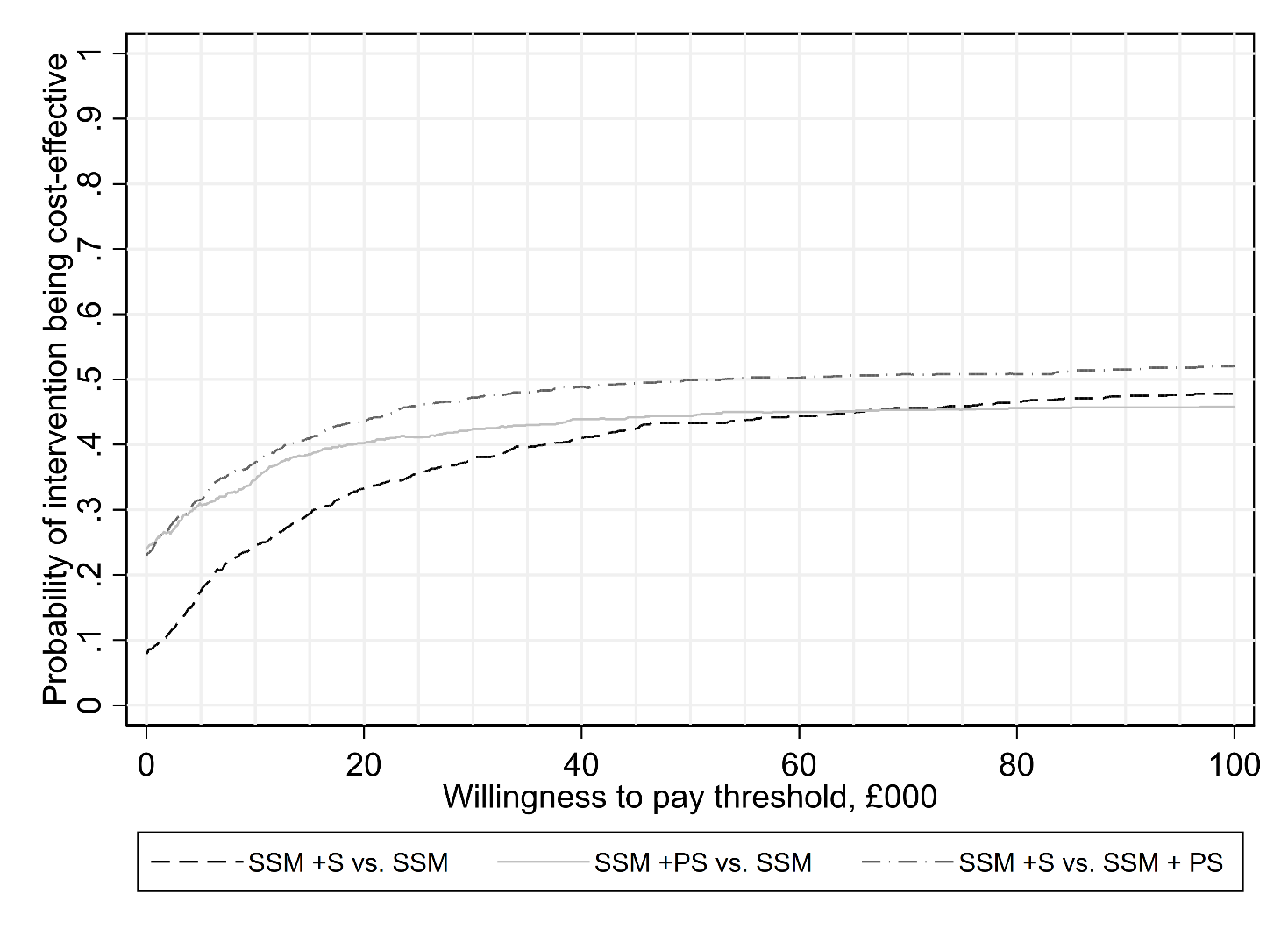


**Figure SF8.5b: Cost-effectiveness plane for SSM + PS vs. SSM (removing costs associated with hospital admissions)**



**Figure SF8.5c: Cost-effectiveness plane for SSM + S vs. SSM + PS (removing costs associated with hospital admissions)**

A cost-effectiveness-acceptability curve is shown in **Figure SF8.6**. This examines the probability of the interventions being cost-effective for different willingness-to-pay thresholds. The probability of any of the interventions being cost-effective does not rise above 50% for any of the comparisons.



**Figure SF8.6: Cost-effectiveness-acceptability curve [removing costs associated with hospital admissions]**

**Sensitivity analysis 3: Considering the per-protocol population**

The primary analysis was re-run using the per-protocol population to examine the effect of protocol deviations on the results.

100 participants were excluded from the per-protocol population, leaving 249 participants to be included in this sensitivity analysis. The per-protocol population removed 27% of participants from both the supported self-management and supported self-management + splint arms, and 32% of participants from the supported self-management + placebo splint arm.

Overall costs

The average overall cost for patient receiving supported self-management was £643 (95% CI: 412 to 957), £584 (95% CI: 430 to 762) for those receiving supported self-management + placebo splint, and £624 (95% CI: 484 to 806) for those receiving supported self-management + splint**.** As shown in **Table SF8.15** we found no statistically significant differences in overall costs between any of the 3 interventions.

In terms of cost-effectiveness, when:

1) Supported self-management + splint was compared to supported self-management, the additional cost per QALY gained was £33,632, with the probability of supported self-management + splint being cost-effective of 45%.

2) Supported self-management + placebo splint was compared to Supported self-management, supported self-management was found to be dominant as it generated cost savings and increased outcomes, with the probability of supported self-management + splint being cost-effective of 60%.

3) Supported self-management + splint was compared Supported self-management + placebo splint, supported self-management + placebo splint was found to be dominant as it generated cost savings and increased outcomes, with the probability of supported self-management + splint being cost-effective of 32%.

The low probability of the interventions being cost-effective is further illustrated in **Figures SF8.7a- SF8.7c**. These figures show the cost-effectiveness planes for the three pairwise comparisons. The dashed diagonal line on the plots indicates the willingness-to-pay threshold set at £20,000 per QALY gained.

**Table SF8.15: NHS cost over 12 week trial period (in £) [per-protocol population]**

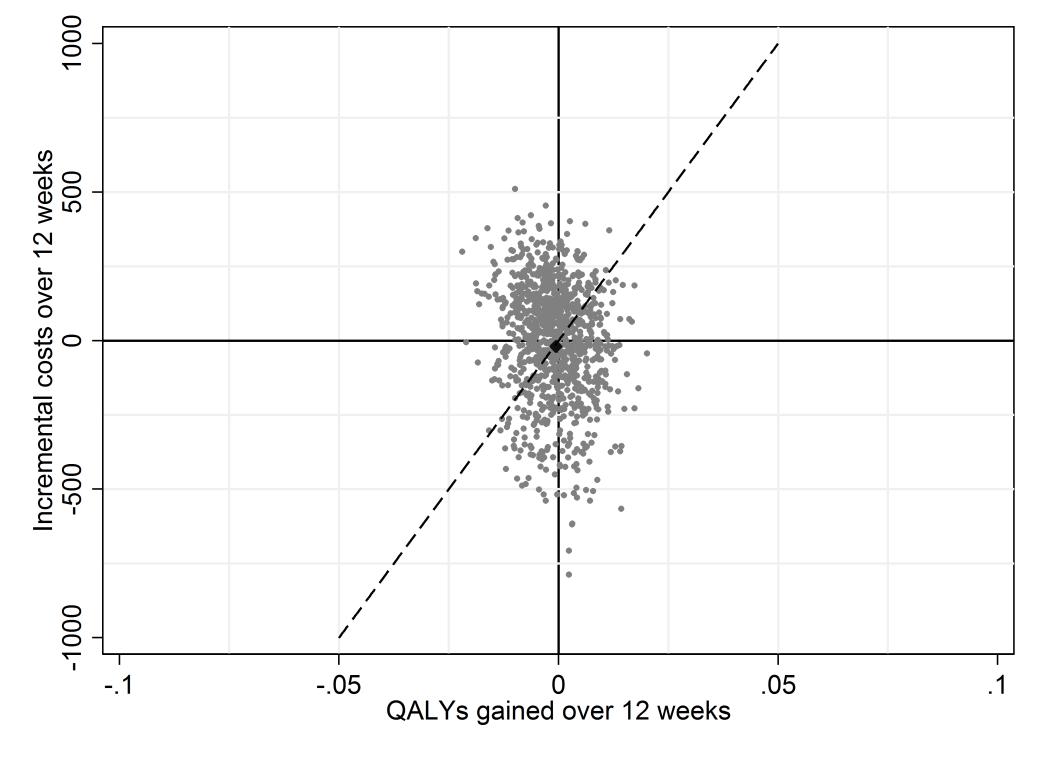
|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Unadjusted summaries** | | | **Adjusted differences** | | |
|  | **SSM**  Mean (SD) | **SSM + S**  Mean (SD) | **SSM + PS**  Mean (SD) | **SSM +S vs. SSM \***  (95% CI) | **SSM +PS vs. SSM\***  (95% CI) | **SSM +S vs. SSM + PS \***  (95% CI) |
| **Splints received at baseline** | 0 (0), n=85 | 19 (3), n=85 | 12 (2), n=79 | 19 (18, 19),  p <0.001 | 12 (12, 13),  p <0.001 | 7 (6, 7),  p <0.001 |
| **Intervention delivery at baseline** | 57 (23), n=85 | 67 (23), n=85 | 64 (24), n=79 | 10 (7, 14), p <0.001 | 8 (5, 11),  p <0.001 | 2 (-2, 6),  p = 0.299 |
| **Intervention delivery at 4 weeks** | 24 (7), n=85 | 27 (8), n=85 | 25 (6), n=79 | 3 (0, 5),  p = 0.024 | 1 (-1, 3),  p = 0.164 | 1 (0, 3),  p = 0.077 |
| **Health costs baseline to 8 weeks** | 227 (299), n=78 | 302 (415), n=79 | 255 (411), n=78 | 76 (-70, 222),  p = 0.286 | 39 (-123, 201),  p = 0.618 | 37 (-121, 196),  p = 0.623 |
| **Health costs 8 to 12 weeks** | 336 (1419), n=70 | 210 (579), n=73 | 228 (585), n=70 | -101 (-415, 213),  p = 0.501 | -98 (-286, 91),  p = 0.286 | -4 (-191, 183),  p = 0.965 |
| **Total costs\*\*** | 643  (412, 957) | 624  (484, 806) | 584  (430, 762) | -19  (-371, 281) | -59  (-414, 255) | 40  (-176, 277) |

*\*differences are derived from linear regression models, adjusted for baseline utilities, gender, age at randomisation, and treated hand dominance  
\*\*estimates for the total costs per treatment arm and 95% CI were obtained via bootstrapping*

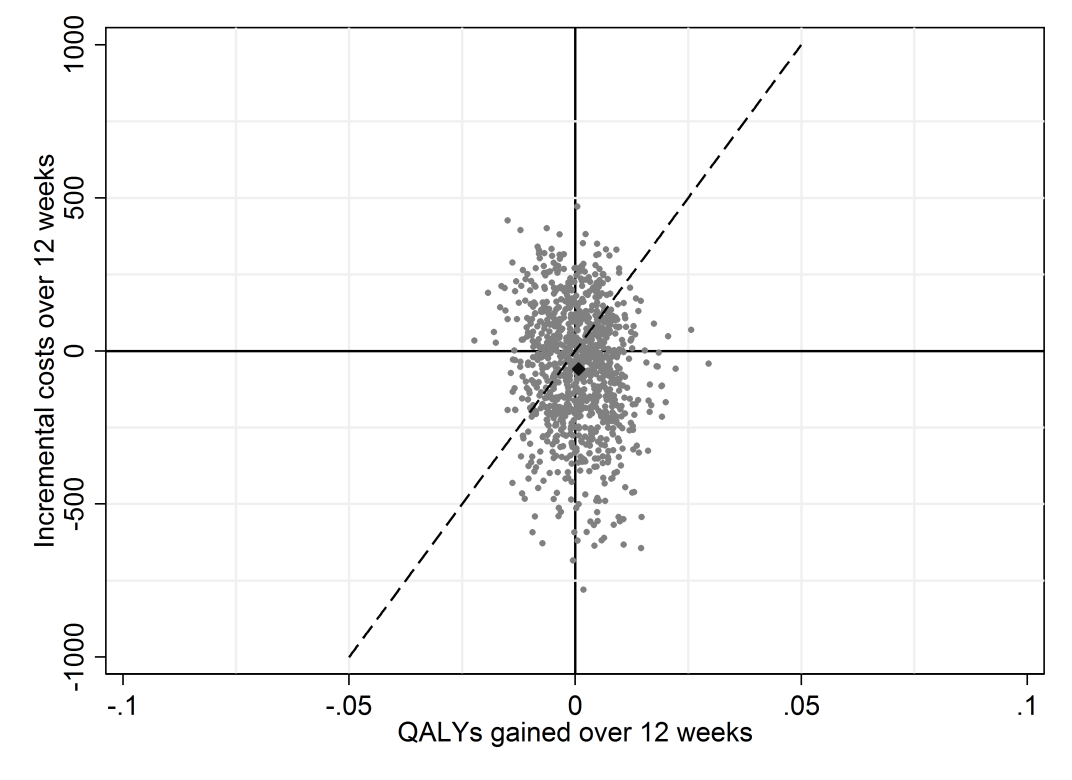
**Table SF8.16: Incremental cost-effectiveness ratios [per-protocol population]**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Unadjusted summaries** | | | **Adjusted differences** | | |
|  | **SSM**  Mean (SD) | **SSM + S**  Mean (SD) | **SSM + PS**  Mean (SD) | **SSM +S vs. SSM \***  (95% CI) | **SSM +PS vs. SSM\***  (95% CI) | **SSM +S vs. SSM + PS \***  (95% CI) |
| **Total costs (in £)** | 643  (412, 957) | 624  (484, 806) | 584  (430, 762) | -19  (-371, 281) | -59  (-414, 255) | 40  (-176, 277) |
| **Total QALYs** | 0.148  (0.140, 0.157) | 0.147  (0.140, 0.154) | 0.149 (0.141, 0.156) | -0.001  (-0.012, 0.010) | 0.001  (-0.010, 0.011) | -0.001  (-0.012, 0.009) |
| **ICER** |  |  |  | 33,632  (-166,233, 154,411) | -78,218  (-169,091, 150,473) | -30,030  (-165,324, 102,318) |
| **Probability of cost-effectiveness** |  |  |  | 45% | 60% | 32% |

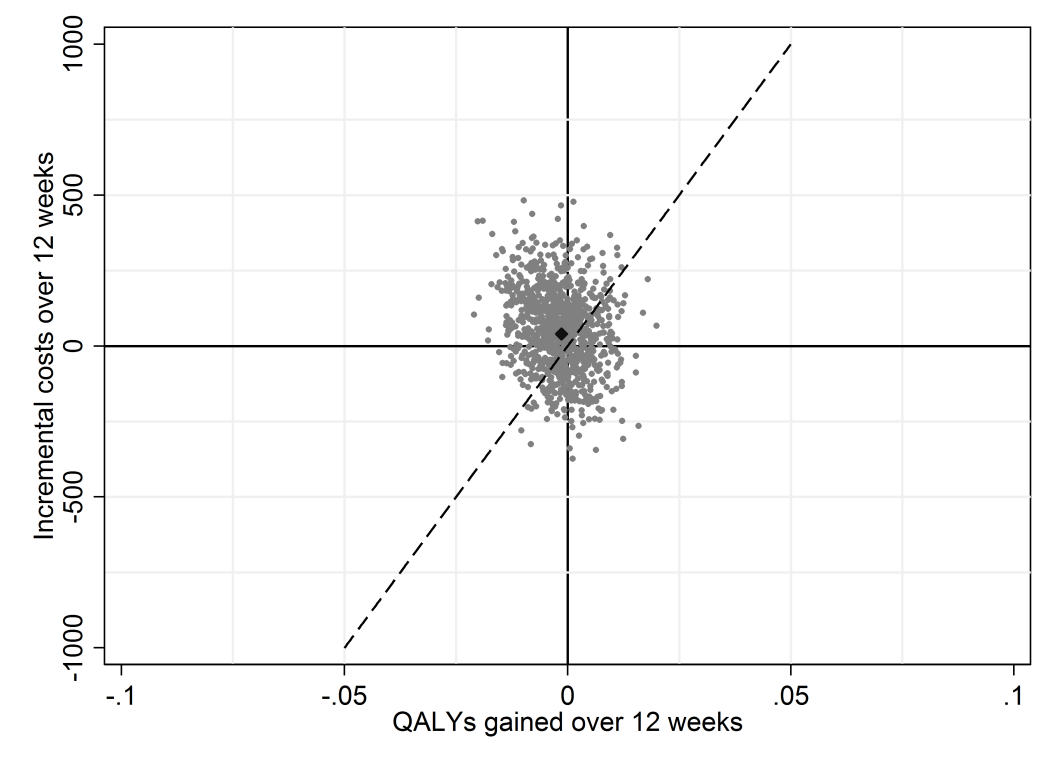
*\*differences were derived from linear regression models, adjusted for baseline utilities, gender, age at randomisation, and treated hand dominance*



**Figure SF8.7a: Cost-effectiveness plane for SSM + S + SSM [per-protocol population]**

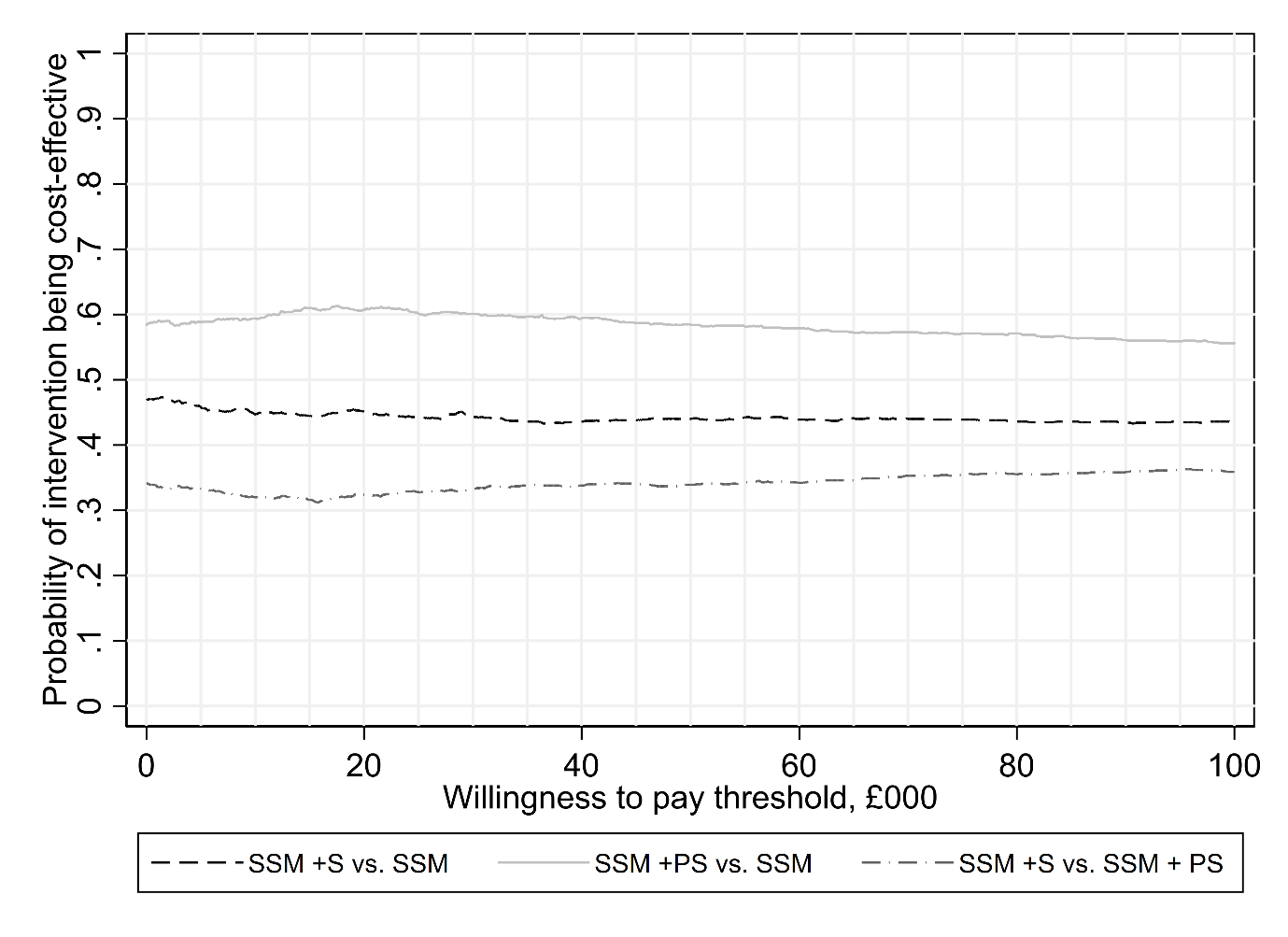


**Figure SF8.7b: Cost-effectiveness plane for SSM +PS vs. SSM [per-protocol population]**



**Figure SF8.7c: Cost-effectiveness plane for SSM + S vs. SSM + PS [per-protocol population]**

A cost-effectiveness-acceptability curve is shown in **Figure SF8.8**. This examines the probability of the interventions being cost-effective for different willingness-to-pay thresholds. The probability of any of the interventions being cost-effective does not rise above 50% for any of the comparisons.



**Figure SF8.8: Cost-effectiveness-acceptability curve [per-protocol population]**