

## APPENDIX

**Table 1.** Synopsis of 14 research articles related to social support & CVD patients' quality of life.

Author and Year published	Study Design	Sample	Instruments	Findings
Arestedt et al. (2013) <sup>8</sup>	Cross-sectional	N=349 chronic HF patients, ≥65 years	Minnesota Living with Heart Failure Questionnaire, Short Form-12 Health Survey Questionnaire, Interview Schedule for Social Interaction	Social support was high, although being a man, living alone, perceiving a problematic financial situation, and high disease severity (NYHA) were associated with lower levels of social support. Social support was associated with HRQoL.
Pushkarev et al.(2019) <sup>9</sup>	Prospective	N=975 patients with CAD, 33- 86 years	Multidimensional Scale of Perceived Social Support	Social support level was associated with age and gender, and significantly and independently affected CAD patients' risk of death after percutaneous coronary intervention (PCI).
Chung et al. (2013) <sup>12</sup>	Prospective	N= 362 patients with HF, 60.6±11.5 years	Beck Depression Inventory-II, the Multidimensional Scale of Perceived Social Support, the Minnesota Living with Heart Failure Questionnaire	Less social support and greater depressive symptoms independently predicted poorer QoL. The relationship between social support and QoL was mediated by depressive symptoms.
Nekouei et al., (2014) <sup>27</sup>	Cross-sectional	N=398 patients with CHD 30-70 years	Coping with stressful situations questionnaire (CISS- 21), life orientation (LOT-10), general self-efficacy (GSE-10), depression, anxiety and stress (DASS-21), perceived stress (PSS-14), multidimensional social support (MSPSS-12), alexithymia (TAS-20), spiritual intelligence (SQ-23), quality of life questionnaire (WHOQOL-26).	Psychological factors such as social support had a very important role in the QoL of the CHD.
Bucholz et al., (2014) <sup>36</sup>	Prospective	N=3501 AMI patients, ≤55 years	ENRICH Social Support Inventory, Short Form-12 physical and mental component scores, Patient Health Questionnaire (PHQ-9), Seattle Angina Questionnaire	Lower social support was associated with worse health status and more depressive symptoms 12 months after AMI in both young men and women.
Leifheit-Limson et al., (2012) <sup>37</sup>	Prospective	N= 1951 AMI patients, ≥18 years	Enhancing Recovery in Coronary Heart Disease (ENRICH) Social Support Instrument (ESSI), Seattle Angina Questionnaire (SAQ), SF-12 Physical Component Summary (PCS), Mental Component Summary (MCS), 9-item Patient Health Questionnaire (PHQ-9)	Patients with worsened social support (vs. persistently high) had greater risk of angina, lower disease-specific quality of life, lower general mental functioning, and more depressive symptoms. Patients with improved support (vs. persistently low) had better outcomes, including higher disease-specific quality of life, higher general mental functioning, and fewer depressive symptoms. In separate analyses, low support at 1 month was significantly associated with poorer outcomes, independent of baseline support level.
Kähkönen et al., (2017) <sup>34</sup>	Cross-sectional	N= 416, patients with CHD, 63±2 years	Social Support of People with Coronary Heart Disease (self-report instrument)	Perceived informational support was primarily high, but respondents' risk factors were not at the target level. Gender, marital status, level of formal education, profession, physical activity, duration of CHD and previous MI associated with perceived social support.
Ginting et al., (2016) <sup>29</sup>	Case- control study	N= 386, patients with CHD, 36-75 years	The Type D Scale-14, the Beck Depression Inventory-II, the Beck Anxiety Inventory, MSPSS, Health Behaviors Inventory (HBI)	Compared with non-type D, Type D individuals reported more unhealthy behaviors, less healthy behaviors, and perceived less social support.
Su & He, (2019) <sup>30</sup>	Interventional	N=102 patients with CAD, 64.4±13.6 years	Type D Scale, ENRICH Social Support Inventory, and Patient Health Questionnaire-9	46.7% of participants who had Type D personality had lower social support and higher depression than did the remaining (non-type D) participants. Type D Taiwanese CAD patients showed lower perceived social support and higher depression during hospitalization than did non-type D participants. Furthermore, the more social support patients received at home, the lower was their depression.
Brummett et al., (2001) <sup>15</sup>	Prospective study	N=430 patients with CAD, non-isolated: 61.7±11.3 years & isolated: 63.9±11.4	Mannheim Social Support Interview (MOSS), ISEL, Epidemiological Studies – Depression Scale (CES-D), SF-36 Health Survey, DASI, PSS, Cook-Medley Hostility Scale	The mortality rate was higher among isolated individuals. Higher hostility ratings, and higher smoking rates, isolated patients did not differ from non-isolated patients on demographic indicators, disease severity, physical functioning, or psychological distress. Isolated patients reported less social support and were less pleased with the way they got along with network members, but they did not report less satisfaction with the amount of social contact received.
Tuomisto et al., (2018) <sup>43</sup>	Cross-sectional	N= 169 CAD-patients hospital stays, the 55% were aged 61-74 years	The Family Involvement in Rehabilitation (FIRE) scale	Patients with coronary artery disease perceived that family promotes their rehabilitation significantly. Family relations before hospitalization were related to all subareas of family promoting rehabilitation and one subarea of issues encumbering rehabilitation in family.
Wilski & Wilowska, (2014) <sup>42</sup>	Cross-sectional	N=127 patients with MI, 39-81 years	The Inventory of Socially Supportive Behaviours (ISSB), the Self-care Questionnaire (KTS)	People receiving little support are characterized by lower level of self-care than people with medium and high level of support. This suggests that social support is of considerable importance for the changes in the level of self-care only in the case of people previously receiving little support. Informational support is related to higher level of self-care whereas instrumental support is related to lower level of self-care.
Friedmann et al., (2014) <sup>39</sup>	Longitudinal	N= 108 HF patients, 60.5±11.2 years	the Beck Depression Inventory-II, State-Trait Anxiety Inventory (STAI), Social Support Questionnaire-6	Social support amount contributed to changes in depression. Depression increased over time for patients who had lower initial social support amount.
Joekes, Van Elderen & Schreurs, (2007) <sup>48</sup>	Cross-sectional	N=82 congestive heart failure (CHF) patients (61.1±8.6) & MI patients (58.7±8.9)	Overprotection subscale, the Hospital Anxiety and Depression Scale (HADS), self-efficacy questionnaire, the MacNew Heart Disease Health-related Quality of Life Questionnaire	Perceived overprotection was associated with concurrent levels of anxiety and depression, and lowered QoL. Self-efficacy was related to psychological well-being in both patient groups but only associated with QoL in CHF patients. Self-efficacy predicted MI patients' self-management behaviors in the medium term.