

Eight meta-analyses from BMJ and their interpretation of the observed heterogeneity [Posted as supplied by the authors]

Ref	Topic	Heterogeneity metrics used	I ² Threshold in Methods	Any interpretation of heterogeneity in the text of the review (verbatim)	Reported Q (df)	Reported p for Q
12	Pressure lowering in ocular hypertension and glaucoma	Q, I ²	Not stated	We could not observe significant heterogeneity Studies were not significantly heterogeneous	6.2 (4) 0.13 (1)	0.185 1.72
13	Psychosocial/ psychological interventions in postnatal depression	Q (presented in figures only), I ²	>50% is high	There was significant heterogeneity among these trials	44.8 (14)	<0.001
14	Perioperative beta blockers in non-cardiac surgery	Q (presented in figures only), I ²	<25% is low >75% is high	Moderate heterogeneity existed across the trials Showed low heterogeneity Showed low heterogeneity	12.1 (7) NR 8.2 (8)	0.10 NR 0.41
15	Nurse-related interventions for COPD	Q (presented in figures only)	Not applicable	No comments made about heterogeneity		
16	Tacrolimus versus ciclosporin	Q, I ²	Not stated	Significant heterogeneity existed	NR (7)	0.04

	in kidney transplantation			Showed significant heterogeneity	23.6 (11)	0.01
17	Angiotensin receptor blockers in patients at cardiovascular risk	Q (presented in figures only), I^2 (presented in figures only)	Not stated	No comment made about heterogeneity		
18	Short term sedative hypnotics in older people with insomnia	Q, I^2 (presented in figures only)	Not stated	No comment made about heterogeneity		

CI: confidence interval; COPD: chronic obstructive pulmonary disease; df: degrees of freedom; NR: not reported. Unless given in the column “Reported I^2 ”, confidence intervals for I^2 were not provided in the review and are estimated here based on the non-central chi-square based approach.