Evidence Table 95. KQ3—Continuous—Alkaline phosphatase

| **Author Year**  **Study Design** | **CHD Risk Category** | **CVD drug** | **CVD**  **Dose (mg/d)** | **Supplement/ Control** | **N** | **Definition of outcome/ Unit of outcome** | **Post treatment Mean/**  **(Median)**  **SD/SE**  **Lower limit (IQR, 95% CI)**  **Upper Limit (IQR, 95% CI)** | **Mean change/ % change from baseline/**  **SD/**  **P Value** | **Between group differences in Means/ medians**  **SD/**  **P Value** | **Additional Comments** | **Overall Risk of Bias (ROB) Assessment** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mabuchi 200739  Parallel | Unclear | Atorvastatin | 10 | Co Q10 | 24 | NR  Unit: IU/L | Mean: 256  SD: 76 | NR | P: 0.3409 | There's no significant differences between groups (p=0.5943). | Medium |
| Placebo | 25 | Mean:235  SD: 58 | NR |
| Playford 200358  Parallel | At high risk for CHD | Fenofibrate | 200 | Co Q10 + Fenofibrate | 18 | NR  Unit: U/L | Mean: 52.5  Lower: 44.0  Upper: 62.6 | NR | NR | N/A | Low-medium |
| No Treatment | 17 | Mean:58.5  Lower: 52.7  Upper:65.1 | NR |
| CoQ 10 | 20 | NR | NR |
| Placebo | 18 | NR | NR |

| Evidence Table 95. KQ3—Continuous—Alkaline phosphatase (continued) | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Author Year**  **Study Design** | **CHD Risk Category** | **CVD drug** | | **CVD**  **Dose (mg/d)** | **Supplement/ Control** | **N** | | **Definition of outcome/ Unit of outcome** | **Post treatment Mean/**  **(Median)**  **SD/SE**  **Lower limit (IQR, 95% CI)**  **Upper Limit (IQR, 95% CI)** | | **Mean change/ % change from baseline/**  **SD/**  **P Value** | | **Between group differences in Means/ medians**  **SD/**  **P Value** | | **Additional Comments** | **Overall Risk of Bias (ROB) Assessment** |
| Napoli 199852  Parallel | Unclear | Pravastatin | | 20-40 | Vitamin E |  | | NR  Unit: NR | NR | | NR | | NR | | No differences in routine laboratory tests or adverse events were registered during the study. In particular there were no differences between the values recorded in each individual after treatment compared to baseline values, and no differences between the treatment groups.” | Medium |
| No Treatment |  | | NR | | NR | |
| Budoff 200410  Parallel | At high risk for CHD | Statins + aspirin | | 10-40 | Garlic | 9 | | NR  Unit: mg/dl | NR | | Mean:4  Median:  SD:12.1 | | P: 0.1452 | | N/A | Medium |
| Placebo | 10 | | NR | | Mean:-10.1  SD:25.2 | |
| Wolf 200868  Crossover | Mixed:  Low and/or Moderate | ASA | 500 | | Gingko biloba |  | NR  Unit: NR | | NR | NR | | NR | | Study states that: Laboratory findings in all subjects were un-remarkable and did not indicate any differences between the treatment groups. | | Low-medium |
|  |  | NR | NR | |