

**Supplemental Table 2: Characteristics of each trial**

	<b>Pehlivannoglu 1996</b>	<b>Singh 1996</b>	<b>Iyer 1999</b>	<b>Kobulia 2002</b>	<b>Tarantini 2006</b>	<b>Xue 2007</b>
<b>Patients (n)</b>	18	101	60	98	2330	96
<b>Inclusion Criteria</b>	First acute anterior MI treated with thrombolytic agents.	Clinical diagnosis of suspected acute STEMI, symptoms onset <24h	Age < 80 years Acute anterior wall MI Admission to ICU within 24 hours of chest pain Satisfactory 2D Echo imaging of LV allowing delineation of LV contours in both end-diastole and end systole	Typical chest pain lasting > 30 minutes  ST segment elevation  < 12 hours between onset of symptoms and randomization in the study;  < 80 years of age	Typical chest pain x 30 mins unrelieved by nitrates, symptoms onset within 12h before randomization, persistent ST elevation	Anginal chest pain within 24 h of hospitalization, one of the following ECG changes: transient or persistent ST depression >/=1 mm, or newly developed T wave inversion >/=3 mm. All patients had elevation of blood creatine kinase-MB, (CK-MB), and/or troponin I.
<b>Protocol</b>	Study protocol not given.  The L-carnitine group received 9g/d IV x 5 days then 3g/d PO x 3 months.	Randomized, double-blinded, placebo-controlled trial. L-carnitine administered as 2g/d x 28 days	Randomized, placebo-controlled study. L-carnitine or placebo administered to patients at 6 gm daily for 7 days, then 3 gm daily (1 gm TID) for three months	Phase III, multicenter, randomized, double-blind, placebo-controlled study. The dose of 9 g/day of active drug (3 g three times a day by continuous iv infusion) was administered for 5 initial days, whereas 4 g/day (2 g two times a day by oral route) was administered from the 6th to the 180th day.	Randomized, double-blinded, multicenter, placebo-controlled. L-carnitine administered as 9mg/d continuous infusion during the 5 initial days. Then 4g daily PO x 6 months.	Open-label, single blind design. L-carnitine 5g IV bolus followed by 10 g/day IV infusion X 3 days. All patients also underwent PCI within 24 h from the onset of chest pain.
<b>Baseline and ending blood pressure</b>	NS	NS	NS	NS	NS	<u>L-Carnitine</u> Start SBP: 142 ± 10.9 DBP: NS End : NS  <u>Control</u> Start SBP: 146 ± 13.6
<b>Baseline and ending heart rate</b>	NS	NS	NS	NS	NS	NS
<b>Baseline</b>	L-carnitine Start: 39.8±7.97% End: 52±4.76%	NS	L-Carnitine Start EF: 33% ± 2 End: 37 ± 2	NS	NS	NS

<b>and ending ejection fraction</b>	Control Start: 37.8±8.11% End: 46.8±9.36%		Control Start EF: 36% ± 2 End: 42% ± 4			
<b>Follow-up</b>	5 <sup>th</sup> day, 10 <sup>th</sup> day, 1 <sup>st</sup> and 3rd months	28 days	2D Echo evaluation at admission, at 7 days, and at 3 months	6 months	6 months	Plasma levels of creatine kinase- MB and troponin- I were measured immediately before and 8, 12 and 24 h after PCI. (Not clearly specified)
<b>AMI index event type</b>	Acute anterior MI	100% STEMI	Acute Anterior MI	100% STEMI	100% STEMI	Non-STEMI
<b>Risk of Bias*</b>	± ± ±	± ± +	± ± ±	+ + +	+ + +	± ± ±

\*Represents risk of bias based on: sequence generation of allocation; allocation concealment and blinding. '+' represents low bias risk, '-' high bias risk and '±' unclear bias risk.