Supplemental Table 1: Characteristics of each trial

	Rebuzzi 1984	Rizzon 1989	De Pasquale 1990	Davini 1992	Martina 1992	Iliceto 1995	Jacoba 1996
Patients (n)	22	56	146	160	20	472	39
Inclusion Criteria	Transmural MI based on clinical data, EKG, CPK, LDH, transminases	Age < 75. Transmural MI, sinus rhythm	Acute Myocardial Infarction admitted to the CCU	Ages 39 to 86. "Recent" acute MI. Admission to department of Cardiovascular Medicine	Acute MI. Other criteria not stated.	Patients < or = 80 years old with acute myocardial infarction were entered into the study if: 1) the infarct was anterior; 2) ICU admission whiting 24 hours of chest pain; 3) Excellent echocardiography, allowing visualization of LV border in both end-diastole and end-systole of at least 85% of the LV endocardial border; and 4) study treatment (placebo or L-carnitine) started within 24 hours of chest pain.	Patients with a confirmed diagnosis of acute MI based on clinical picture, EKG, and enzyme elevation
Protocol	Patients treated with L-Carnitine at 40mg/kg/d x 5 days	Randomized double blinded, parallel and placebo controlled. Given 100mg/kg Q12h x 36 h for 4 doses.	L-Carnitine was administered depending on availability hence no randomization was done.	L-Carnitine was administered at 4g/day for 1 year.	Double blinded placebo controlled trial. Treated with 5g of L-carnitine at 0, 12, 24, 36 then 6g on days 3-7 IV	Placebo and L-carnitine were administered: 9 g/day (continuous intravenous Infusion) X first 5 days, then 6 g/day PO (2 g TID) X 12 months	Placebo and L-carnitine were administered as 3 g/day
Baseline and ending blood pressure	<u>L-Carnitine:</u> Start: SBP 140±7; DBP 87±5 End: NS <u>Placebo:</u> Start: SBP 135±9; DBP 78±6 End: NS	NS	<u>L-Carnitine</u> Start: SBP 144.8±30.4 DBP 91.4±15.4 End: NS <u>Control</u> Star: SBP 136.6±32; DBP 87±20.9 End: NS	<u>L-Carnitine</u> Start SBP: 129.9 ± 28.5 DBP: 77 ± 15.8 End SBP: 137 ± 17.1 DBP: 82 ± 7.4 <u>Control</u> Start SBP: 136.4 ± 29.6 DBP: 79.1 ± 12.8 End SBP: 132 ± 9.1 DBP: 80 ± 4.4	NS	<u>L-Carnitine</u> Start SBP:139 ± 25 Start DBP: 87 ± 14 End: NS <u>Control</u> Start SBP: 136 ± 23 Start DBP: 89 ± 13 End: NS	<u>L-Carnitine</u> Start SBP: 120 ± 20 DBP: 78± 10.29 End: NS <u>Control</u> Start SBP: 125 ± 19.66 DBP: 83 ± 11.95 End: NS

Baseline and ending heart rate	NS	L-Carnitine: start: 85±17 End: 91±19 Placebo: Start: 77±13 End: 84±16	L-Carnitine Start: 77.1±15.5 End: NS Control Start: 80.1±20.4 End: NS	L-Carnitine Start HR: 77 ± 15.1 End: NS Control Start: 80.4 ± 17.3 End: NS	NS	L-Carnitine Start : 81 ± 19 End: NS Control Start: 81 ± 16 End: NS	L-Carnitine Start HR: 74 ± 12.92 End HR: NS Control Start HR 75 ± 13.75 End HR: NS
Baseline and ending ejection fraction	NS	NS	NS	NS	NS	L-Carnitine Start: 48% ± 7 End (12 mos): 45.8% ± 0.57 Control Start: 48% ± 7 End: 45.2% ± 0.52	L-Carnitine NS Control NS
Follow-up	Followed for 5 days.	Patients were followed for 2 days.	28 days	Heart rate, systolic arterial pressure, diastolic arterial pressure, angina attacks, rhythm disorders, or clinical signs of impaired cardiac contractility, lipid pattern and death rate were studied at discharge, 30 days, 90 days, 180 days, 270 days, and 360 days.	7 days	2D Echo performed at 11.6 +/- 6.9 h from onset of chest pain, and again at discharge, as well as at 3, 6 and 12 months after acute MI	Patients were followed up every 2 weeks for a total of 8 weeks.
AMI index event type	100% Transmural MI	100% Transmural MI	NS	"Recent" MI	NS	Acute MI	Acute MI
Risk of Bias*	± ± ±	+±+	± ± ±	± ± ±	± ± +	± ± +	± ± +

*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.