**Supplemental Digital Content 2.** Quality of evidence for each study included in the meta-analysis, following the GRADE system.

Study A B C D E

 Study limitations Inconsistency Indirectness Imprecision Publications

 of evidence bias

Mutoh et al. 2009 + +/- + + -

Hoff et al. 2009 + - - + -

Mutoh et al. 2014 + - - + -

Mutoh et al. 2009 – A: failure to adequately control confounding (unblinded study design; utilization of PAC in control group after DCI onset; hyperdynamic therapy; target CI value used is arbitrary and supernormal); B: introduction of pulmonary artery catheter monitoring in control group only if DCI appeared; C: in control group cardiovascular complications are expressed without specifying if before or after PAC insertion; D: relatively small sample size; prevalence of females; restriction to only local goal-directed paradigm based on PiCCO data (QE) Quality of evidence: very low.

Hoff et al. 2009 – A: failure to adequately control confounding (study performed in 3 sequential cohorts of patients not randomized; DCI and PE were clinical diagnoses made by treating physicians) D: relatively small sample size; study period only until day 10 after SAH; there is no clear analysis for DCI definition (QE) Quality of evidence: low.

Mutoh et al. 2014 – A: failure to adequately control confounding ( TCD were performed every 1 to 2 days; restriction to either EGDT protocol or standard postoperative SAH management; follow up period may not have been long enough; not blinded); D: relatively small sample size; prevalence of females; (QE) Quality of evidence: low.