

Calculation of Hazard Ratios and Incidence Rate Ratios [posted as supplied by author]

Where the hazard ratio (HR) and a confidence interval were reported the standard error (SE) of the Log(HR) was obtained using [1]

$$SE[\text{Log}(\text{HR})] \approx \frac{[\text{UppCI}_i - \text{LowCI}_i]}{2 \Phi^{-1}\left(1 - \frac{\alpha_i}{2}\right)} \quad [1]$$

Where UppCI_i and LowCI_i are the value for the upper and lower ends of the confidence interval for log(HR_i), Φ^{-1} is the inverse cumulative normal distribution function and α_i is the significance level or p-value (so 5% in [1]). For studies that reported a HR along with a p-value from the log-rank test, but no confidence interval, the SE of the Log(HR) was calculated using the formula given in [2]

$$SE[\text{Log}(\text{HR})] = \frac{[\text{Log}(\text{HR})_i]}{\Phi^{-1}\left(1 - \frac{\alpha_i}{2}\right)} \quad [2]$$

For studies that did not report results in the form of HRs, but instead reported the percent that developed type 2 diabetes mellitus, incidence rate ratios (IRRs) were estimated using information on person years of follow-up. Where person years of follow-up was not reported it was estimated by assuming drop-outs, deaths and development of type 2 diabetes mellitus had occurred on average half-way through the trial and therefore these individuals added half the trial length to the total person years of follow-up. Those who continued to the end of the trial attributed the full trial length to the total. The incidence rates could therefore be estimated for each intervention arm (number of diabetics divided by total person years of follow-up) and the IRRs calculated.

References to identified studies [posted as supplied by author]

- w1 Knowler WC, Hamman RF, Edelstein SL, Barrett-Connor E, Ehrmann DA, Walker EA, et al. Prevention of type 2 diabetes with troglitazone in the diabetes prevention program. *Diabetes* 2005;54:1150-6.
- w2 Jarrett RJ, Keen H, Fuller JH, McCartney M. Worsening to diabetes in men with impaired glucose tolerance ("borderline diabetes"). *Diabetologia* 1979;16:25-30.
- w3 Holman RR, Blackwell L, Stratton IM, Manley SE, Tucker L, Frighi V. Six-year results from the Early Diabetes Intervention Trial. *Diabet Med* 2003;20(suppl 2):15.
- w4 Holman RR, North BV, Tunbridge FK. Possible prevention of type 2 diabetes with acarbose or metformin. *Diabetes* 2000;49(suppl 1):A111-2.
- w5 Sartor G, Schersten B, Carlstrom S, Melander A, Norden A, Persson G. Ten-year follow-up of subjects with impaired glucose tolerance. Prevention of diabetes by tolbutamide and diet regulation. *Diabetes* 1980;29:41-9.
- w6 Swinburn BA, Metcalf PA, Ley SJ. Long-term (5-year) effects of a reduced-fat diet intervention in individuals with glucose intolerance. *Diabetes Care* 2001;24:619-24.
- w7 Eriksson KF, Lindgarde F. Prevention of type 2 (non-insulin-dependent) diabetes mellitus by diet and physical exercise. The 6-year Malmo feasibility study. *Diabetologia* 1991;34:891-8.
- w8 Eriksson KF, Lindgarde F. No excess 12-year mortality in men with impaired glucose tolerance who participated in the Malmo preventive trial with diet and exercise. *Diabetologia* 1998;41:1010-6.
- w9 Niklason A, Hedner T, Niskanen L, Lanke J, Captopril Prevention Project Study Group. Development of diabetes is retarded by ACE inhibition in hypertensive patients-a subanalysis of the Captopril prevention project (CAPPP). *J Hypertens* 2004;22:645-52.
- w10 Tenenbaum A, Motro M, Fisman EZ, Schwammenthal E, Adler Y, Goldenberg I, et al. Peroxisome proliferator-activated receptor ligand bezafibrate for prevention of type 2 diabetes mellitus in patients with coronary artery disease. *Circulation* 2004;109:2197-202.
- w11 Yusuf S, Gerstein H, Hoogwerf B, Pogue J, Bosch J, Wolfenbittel BH, et al. Ramipril and the development of diabetes. *JAMA* 2001;286:1882-5.
- w12 Costa B. Type 2 diabetes prevention: education, or medication too?. *Med Clin (Barc)* 2002;119:613-5.

- w13 Anonymous. Thioctacid T increases glucose utilization and reduces insulin resistance. *Munch Med Wochenschr* 1996;138(16 suppl):22-5.
- w14 Mkrtumian AM. Optimal drug therapy of glucose intolerance is a guarantee of successful prevention of type 2 diabetes mellitus. *Ter Arkh* 2002;74:86-9.
- w15 Hirose T. Effects of nateglinide in impaired glucose tolerance subjects. *Nippon Rinsho* 2005;63(suppl 2):438-43.
- w16 Cao H. Effects of life style intervention on early insulin secretion in the patients with impaired glucose tolerance. *Zhongguo Linchuang Kangfu* 2004;8:4937-9.
- w17 Kuzuya H. Prevention of type 2 diabetes in subjects with impaired glucose tolerance. *J Jap Diabetes Soc* 2004;47:14-7.
- w18 Sakane N. Japan diabetes prevention program. *Nippon Rinsho* 2005;63(suppl 2):488-92.
- w19 Fang YS, Li TY, Chen SY. Effect of medicine and non-medicine intervention on the outcomes of patients with impaired glucose tolerance: 5-year follow-up. *Zhongguo Linchuang Kangfu* 2004;8:6562-3.
- w20 Fan GJ, Luo GB, Qin ML. [Effect of jiangtang bushen recipe in intervention treatment of patients with impaired glucose tolerance.] *Zhongguo Zhong Xi Yi Jie He Za Zhi* 2004;24:317-20.
- w21 Tao LL, Deng YB, Fan XB, Bao QD. Effect of exercise training in patients with impaired glucose tolerance. *Zhongguo Linchuang Kangfu* 2004;8:2912-3.
- w22 Pan XR, Li GW, Hu YH, Wang JX, Yang WY, An ZX, et al. Effects of diet and exercise in preventing NIDDM in people with impaired glucose tolerance. The Da Qing IGT and diabetes study. *Diabetes Care* 1997;20:537-44.
- w23 Knowler WC, Barrett-Connor E, Fowler SE, Hamman RF, Lachin JM, Walker EA, et al. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med* 2002;346:393-403.
- w24 Lindstrom J, Eriksson JG, Valle TT, Aunola S, Cepaitis Z, Hakumaki M, et al. Prevention of diabetes mellitus in subjects with impaired glucose tolerance in the Finnish diabetes prevention study: results from a randomized clinical trial. *J Am Soc Nephrol* 2003;14(suppl 2):S108-13.
- w25 Eriksson J, Lindstrom J, Valle T, Aunola S, Hamalainen H, Ilanne-Parikka P, et al. Prevention of type II diabetes in subjects with impaired glucose tolerance: the diabetes prevention study (DPS) in Finland. Study design and 1-year interim report on the feasibility of the lifestyle intervention programme. *Diabetologia* 1999;42:793-801.

- w26 Jarrett RJ, Keen H, McCartney P. The Whitehall study: ten year follow-up report on men with impaired glucose tolerance with reference to worsening to diabetes and predictors of death. *Diabet Med* 1984;1:279-83.
- w27 Kosaka K, Noda M, Kuzuya T. Prevention of type 2 diabetes by lifestyle intervention: a Japanese trial in IGT males. *Diabetes Res Clin Pract* 2005;67:152-62.
- w28 Heymsfield SB, Segal KR, Hauptman J, Lucas CP, Boldrin MN, Rissanen A, et al. Effects of weight loss with orlistat on glucose tolerance and progression to type 2 diabetes in obese adults. *Arch Intern Med* 2000;160:1321-6.
- w29 Liao D, Asberry PJ, Shofer JB, Callahan H, Matthys C, Boyko EJ, et al. Improvement of BMI, body composition, and body fat distribution with lifestyle modification in Japanese Americans with impaired glucose tolerance. *Diabetes Care* 2002;25:1504-10.
- w30 Li CL, Pan CY, Lu JM, Zhu Y, Wang JH, Deng XX, et al. Effect of metformin on patients with impaired glucose tolerance. *Diabet Med* 1999;16:477-81.
- w31 Pan CY, Gao Y, Chen JW, Luo BY, Fu ZZ, Lu JM, et al. Efficacy of acarbose in Chinese subjects with impaired glucose tolerance. *Diabetes Res Clin Pract* 2003;61:183-90.
- w32 Chiasson JL, Gomis R, Hanefeld M, Josse RG, Karasik A, Laakso M. The STOP-NIDDM trial: an international study on the efficacy of an alpha-glucosidase inhibitor to prevent type 2 diabetes in a population with impaired glucose tolerance: rationale, design, and preliminary screening data. Study to prevent non-insulin-dependent diabetes mellitus. *Diabetes Care* 1998;21:1720-5.
- w33 Chiasson JL, Josse RG, Gomis R, Hanefeld M, Karasik A, Laakso M. Acarbose for prevention of type 2 diabetes mellitus: the STOP-NIDDM randomised trial. *Lancet* 2002;359:2072-7.
- w34 Buchanan TA, Xiang AH, Peters RK, Kjos SL, Marroquin A, Goico J, et al. Preservation of pancreatic beta-cell function and prevention of type 2 diabetes by pharmacological treatment of insulin resistance in high-risk Hispanic women. *Diabetes* 2002;51:2796-803.
- w35 Wein P, Beischer N, Harris C, Permezel M. A trial of simple versus intensified dietary modification for prevention of progression to diabetes mellitus in women with impaired glucose tolerance. *Aust N Z J Obstet Gynaecol* 1999;39:162-6.
- w36 Keen H, Jarrett RJ, Ward JD, Fuller JH. Borderline diabetics and their response to tolbutamide. *Adv Metab Disord* 1973;2(suppl 2):521-31.

w37 Torgerson JS, Hauptman J, Boldrin MN, Sjostrom L. XENical in the prevention of diabetes in obese subjects (XENDOS) study: a randomized study of orlistat as an adjunct to lifestyle changes for the prevention of type 2 diabetes in obese patients. *Diabetes Care* 2004;27:155-61.

w38 Eriksson JG, Lehtovirta M, Ehrnstrom B, Salmela S, Groop L. Long-term beneficial effects of glipizide treatment on glucose tolerance in subjects with impaired glucose tolerance. *J Intern Med* 2006;259:553-60.

w39 Ramachandran A, Snehalatha C, Mary S, Mukesh B, Bhaskar AD, Vijay V. The Indian diabetes prevention programme shows that lifestyle modification and metformin prevent type 2 diabetes in Asian Indian subjects with impaired glucose tolerance (IDPP-1). *Diabetologia* 2006;49:289-97.

The IRRs were transformed to the log scale for the meta-analyses, and the standard error of the estimated Log(IRR)s was calculated using [3], where d_t and d_c were the numbers who developed type 2 diabetes mellitus in the treatment and control arms respectively.

$$SE[\text{Log(IRR)}] \approx \sqrt{\frac{1}{d_t} + \frac{1}{d_c}} \quad [3]$$

The Da Qing trial assessed three different lifestyle interventions which resulted in multiple use of the same control group in a single meta-analysis. To adjust for this the number of diabetics and estimated person years for the control group was divided by the number of interventions from the trial, and the IRRs then calculated, effectively using a proportion of the control group. Furthermore, as the Da Qing study was randomised at the clinic level, the consequential clustering effect was adjusted for by reanalysing the reported data by fitting a Poisson regression model, with clinic included as a random effect.

Pharmacological and lifestyle interventions to prevent or delay type 2 diabetes mellitus in individuals with impaired glucose tolerance: A Systematic Review and Meta-analysis

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Search strategy

Both Medline (1966 to July, week 3, 2006) and Embase (1980 to week 29, 2006) databases were searched using the following search terms.

RCT filter

1. randomized controlled trial.pt.
2. controlled clinical trial.pt.
3. Randomized Controlled Trials/
4. random allocation/
5. double blind method/
6. single-Blind Method/
7. clinical trial.pt.
8. clinical trials/
9. clinical trial.tw.
10. ((singl\$ or doubl\$ or trebl\$ or tripl\$) and (mask\$ or blind\$)).tw.
11. PLACEBOS/
12. placebo\$.tw.
13. random\$.tw.
14. (clin\$ adj5 trial\$).ti,ab.
15. or/1-14
16. (animals not human).sh.
17. 15 not 16

Type II diabetes

18. diabetes-mellitus,-non-insulin-dependent/
19. insulin-resistance/
20. obesity-in-diabetes.mp. or Obesity in Diabetes/
21. (MODY or DM2 or NIDDM or IIDM).ti,ab.
22. (non insulin\$ depend\$ or noninsulin\$ depend\$).ti,ab.
23. (("typ\$ 2" or typ\$ II) adj10 (diabet\$ or DM)).ti,ab.
24. (insulin\$ defic\$ adj5 relativ\$).ti,ab.
25. (adult\$ onset or matur\$ onset or late\$ onset).mp. [mp=title, original title, abstract, name of substance, mesh subject heading]
26. 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25

Prevention combined with type II diabetes (using and)

27. "PREVENTIVE MEDICINE"/
28. "PREVENTIVE-HEALTH-SERVICES"/
29. (PREVENT\$ or PROPHYLA\$ or AVOID\$ or DELAY\$).ti,ab.
30. 26 and (27 or 28 or 29)

Exclusions

31. "dermatomyositis".mp. or DERMATOMYOSITIS/
32. "myotonic-dystrophy"/
33. exp Diabetes Insipidus/
34. mellitus.ti,ab.
35. 33 not (18 or 34)
36. (diabet\$ adj5 (insipidus not mellitus)).ti,ab.
37. ((keto\$ resist\$ or nonketo\$ or non keto\$ or slow onset or stabl\$) adj5 (diabet\$ or

- DM or DM2)).mp. [mp=title, original title, abstract, name of substance, mesh subject heading]
38. (fragil\$ X or X linked).mp. [mp=title, original title, abstract, name of substance, mesh subject heading]
39. (plurimetabolic\$ syndrom\$ or pluri metabolic\$ syndrom\$).mp. [mp=title, original title, abstract, name of substance, mesh subject heading]
40. "PREGNANCY-IN-DIABETES".ti,ab.
41. (pregnan\$ adj5 diabet\$).ti,ab.
42. 31 or 32 or 35 or 36 or 37 or 38 or 39 or 40 or 41
43. 30 not 42

IGT and similar conditions

44. "prediabetic-state"/
45. ((prediabet\$ or pre diabet\$) adj5 state).ti,ab.
46. "glucose-intolerance"/
47. (impaired glucose tolerance or glucose intoleran\$ or insulin\$ resist\$).ti,ab.
48. impaired fasting glucose.ti,ab.
49. (IGT or IFG).tw.
50. (metabolic syndrome or syndrome x).mp. [mp=title, original title, abstract, name of substance, mesh subject heading]
51. "hyperinsulinemia"/
52. (hyperinsulin\$ or hyper insulin\$).ti,ab.
53. glucose tolerance test.tw.
54. impaired fasting blood glucose.tw.
55. (impaired fasting glycaemia or impaired fasting glycemia).tw.
56. (impaired glucose stat\$ or impaired glucose respons\$ or impaired glucose control\$).tw.
57. (impaired glucose regul\$ or impaired glucose metab\$).tw.
58. (impaired glucose homeost\$ or reduced glucose metab\$).tw.
59. (reduced glucose toleran\$ or glucose intolerant\$).tw.
60. (prediabet\$ or praediabet\$).tw.
61. (borderline diabet\$ or mild diabet\$).tw.
62. (impaired insulin secret\$ or reduced insulin secret\$).tw.
63. 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 or 58 or 59 or 60 or 61 or 62

IGT + ((diabetes and prevention)-exclusions)

64. 63 or 43

Above combined with RCT (using and)

65. 64 and 17