

THE LANCET

Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Simmons RK, Echouffo-Tcheugui JB, Sharp SJ, et al. Screening for type 2 diabetes and population mortality over 10 years (ADDITION-Cambridge): a cluster-randomised controlled trial. *Lancet* 2012; published online Oct 4. [http://dx.doi.org/10.1016/S0140-6736\(12\)61422-6](http://dx.doi.org/10.1016/S0140-6736(12)61422-6).

Web appendix

Table One: Intervention delivery, treatment recommendations and targets in the intensive treatment group of the *ADDITION-Cambridge* trial

Intervention delivery	<ul style="list-style-type: none"> ▪ Small financial incentives for practices to facilitate more frequent contact between patients and practitioners. ▪ Recommendation to the GPs to refer all newly diagnosed patients to a dietician. ▪ Practice-based educational meeting with GPs and nurses to discuss treatment targets, algorithms, patient materials and presentation of the evidence underpinning intensive treatment. ▪ Interactive practice-based audit and feedback sessions up to twice per year. ▪ Provision of glucometers for patients and any necessary training in their use for practitioners. ▪ Practice staff were provided with theory-based educational materials to give to patients at diagnosis. 				
	Treatment Target	Baseline	Treatment review	Treatment review	Treatment review
HbA_{1c}	<7.0%	Dietary advice	If HbA _{1c} >6.5%, prescribe metformin	If HbA _{1c} >6.5%, increase metformin dose / add a second medication (PGR or SU or TZD)	If HbA _{1c} >6.5%, add a third medication (PGR or SU or TZD) and consider adding insulin
Blood Pressure	≤135/85 mmHg	If BP >120/80mmHg or CVD+, prescribe an ACE inhibitor titrated to maximum dose	If BP >135/85 mmHg, add a thiazide diuretic or Ca antagonist	If BP >135/85 mmHg, add a thiazide diuretic or Ca antagonist	If BP >135/85mmHg, add a β blocker or α blocker
Cholesterol †IHD-	<5.0 mmol/l	If TC ≥3.5 mmol/l, dietary advice and prescribe statin	If TC >5.0mmol/l, increase statin dose up to maximum	If TC >5.0mmol/l, increase statin dose up to maximum	Consider adding a fibrate if TC >5.0mmol/l
Cholesterol IHD+	<4.5 mmol/l	If TC ≥3.5 mmol/, dietary advice and prescribe statin	If TC >4.5mmol/l, increase statin dose up to maximum	If TC >4.5mmol/l, increase statin dose up to maximum	Consider adding a fibrate if TC >4.5mmol/l
Acetylsalicylic acid	75mg of aspirin daily to all patients without specific contraindications				

SU = sulphonylurea, PGR = prandial glucose regulator, ACE = angiotensin converting enzyme, TZD = thiazolidinedione, K+: potassium, Ca: calcium, IHD- = no history of ischaemic heart disease, IHD+ = history of ischaemic heart disease, CVD+ = previous cardiovascular event or presence of cardiovascular risk factor other than diabetes, BP = blood pressure, TC = total cholesterol