SUPPLEMENTAL MATERIAL

Avoiding Weight Gain in Cardiometabolic Disease: A Systematic Review

Nisa M Maruthur, MD, MHS^{1,2,3}
Kimberly Gudzune, MD, MPH^{1,2}
Susan Hutfless, PhD⁴
Oluwakemi A Fawole, MBCHB, MPH¹
Renee F Wilson, MS⁵
Brandyn D Lau, MPH, CPH⁶
Cheryl A M Anderson, PhD^{2,3,7}
Sara N Bleich, PhD⁵
Jodi Segal, MD, MPH^{1,5}

Corresponding author: Nisa M. Maruthur, MD, MHS; 2024 E. Monument St., Suite 2-600, Baltimore, MD, 21287; telephone 410-502-8896, fax 410-955-0476; email: maruthur@jhmi.edu

¹ Division of General Internal Medicine, Johns Hopkins University School of Medicine, Baltimore, Maryland

² Welch Center for Prevention, Epidemiology, and Clinical Research, Baltimore, Maryland

³ Department of Epidemiology, Johns Hopkins University School of Medicine, Baltimore, Maryland

⁴ Division of Gastroenterology, Johns Hopkins University School of Medicine, Baltimore, Maryland

⁵ Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland

⁶ Division of Acute Surgery, Department of Surgery, Johns Hopkins University School of Medicine, Baltimore, Maryland

⁷ Department of Family and Preventive Medicine, University of California at San Diego, San Diego, California

Supporting Tables

Table S1. Participant characteristics in studies of patients with or at risk for diabetes and cardiovascular disease

Author, year	Total N	Follow-up period	% Women	Mean Age, yrs	Race	Education	% Current Smoking	Comments
Abraira, 1980 ¹	30	24 months	0	Arm 1: 49 Arm 2: 52				Duration of diabetes in years Arm1: mean: 11 Arm2: mean: 12 All participants on insulin
Anderssen, 1995 ² Torjesen, 1997 ³	97	12 months						
Babazono, 2007 ⁴	99	Not reported	Arm1: 51.1 Arm2: 58	Arm1: 64.5 Arm2: 64.3				~30% with HTN at baseline in each group; 20% in intervention and 14.3% in control group with DM at baseline
Clark, 2004 ⁵	100	Not reported	Overall: 42	Overall: 59.5				
Gram, 2010 ⁶	68	Not reported	Overall: n=31	Arm1: 61 Arm2: 59 Arm3: 62				At baseline: statistically significant difference (P=0.04) for hip circumference (in cm): Arm 1 Control: 114 Arm 2 EP: 111
								Arm 3 NW: 107
Kumanyika, 2005 ⁷	1159	Not reported	"approx two thirds were male"		Black: 17%	"about half" college graduates		
Plotnikoff, 2011 ⁸	96	12 Months	Overall: 60	Overall: 60 (25-78)	NR	Some post secondary: 65%	NR	
Razquin, 2009 ⁹	187	Not reported	Arm1: 54	Arm1: 69				

			Arm2: 52 Arm3: 46	Arm2: 67.48 Arm3: 68.40				
Razquin, 2010 ¹⁰	737	Not reported	Arm1: 57 Arm2: 56 Arm3: 52	Arm1: 68.3 Arm2: 67.7 Arm3: 67.6			Arm1: 18 Arm2: 16 Arm3: 13	Diabetes Arm 1: 69% Arm 2: 64% Arm 3: 63%
Zazpe, 2008 ¹¹	1776	Not reported	Arm1: 57.7 Arm2: 53.8 Arm3: 49	Arm1: 68 Arm2: 67.2 Arm3: 67	Not reported	Less than high school Arm1: 75.9% Arm2: 76.0% Arm3: 72.6%	Arm1: 16.9 Arm2: 19.5 Arm3: 19.0	Diabetes Arm1: 47.8% Arm2: 51% Arm3: 47.5%
Samaras, 1997 ¹²	26	12 months	Overall: n=16	Arm1: 60.5 Arm2: 60.5				Excluded current smokers
Stefanick, 1998 ¹³	367	Not reported	report characteristics stratified by sex	Arm1: 56.9 Arm2: 47.8 note this is stratified by sex and not intervention				All characteristics and results stratified by sex
Toobert, 2011 ¹⁴	280	6-12 months	Overall: 100%	Arm 1: 58.7 Arm 2: 55.6 Age differs by group P=0.009	Latina: 100%	HS diploma: Arm 1: 27.1 Arm 2: 20 Some College: Arm 1: 30.1 Arm 2: 28.6	Arm 1: 12.6 Arm 2: 9.2	
Yates, 2010 ¹⁵	74	Not reported	Overall: 31	Overall: 65	Asian/Pacific Islander overall: % : 26		Overall: 11	49% were taking aspirin, 7% were taking non- steroidal anti- inflammatory medication, 58% were taking statins, 34% were taking beta- blockers, and 19% were taking angiotensin- converting enzyme inhibitors.

Table S2. Risk of bias in included studies

	QUE	STIC	N*																									
	Repo	ortin	g									Exte			Inter	nal Va	alidity	/-bias				Internal Validity-confounding and selection bias				Power		
	N	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Self Manager	nent																											
Clark, 2004 ⁵	100	Υ	N	N	N	Υ	N	N	N	Υ	Υ	U	U	N	U	U	N	Υ	Υ	Υ	Υ	Υ	Υ	U	N	Υ	N	Υ
Plotnikoff, 2011 ⁸	96	Υ	Υ	Υ	Y	Υ	Υ	N	N	N	U	U	Υ	U	U	U	U	Υ	U	Υ	Υ	Υ	Υ	U	Υ	N	Υ	Υ
Diet																												
Abraira, 1980 ¹	30	Υ	Υ	Υ	Y	Р	N	Υ	Υ	N	N	U	U	Υ	N	N	U	N	Υ	Υ	Υ	Υ	Υ	N	N	N	U	N
Razquin, 2010 ¹⁰	737	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	N	Υ	U	U	U	U	U	U	N	Υ	Υ	Υ	Υ	U	Υ	Υ	Υ	Ν	N
Razquin, 2009 ⁹	187	Υ	Υ	Υ	Υ	Р	Υ	Υ	Υ	N	N	U	U	U	N	U	U	N	Υ	N	Υ	Υ	U	Υ	Υ	N	Z	N
Exercise																												
Yates, 2010	74	Υ	Υ	Υ	Y	Р	Υ	Υ	N	Υ	Υ	U	U	U	U	U	Υ	Υ	Υ	U	Υ	Υ	Υ	Υ	U	N	Ν	N
Torjesen, 1997 ³	219	Υ	Υ	N	Υ	Р	Υ	Υ	N	Υ	N	U	U	N	N	N	U	N	Υ	Υ	Υ	Υ	Υ	Υ	U	N	Ν	N
Combination																												
Kumanyika, 2005 ⁷	115 9	Υ	Υ	Υ	Υ	Υ	Υ	Υ	N	N	N	U	U	U	N	Υ	N	N	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	U	Υ
Samaras, 1997 ¹²	26	Υ	Υ	Υ	Υ	Υ	N	Υ	N	N	N	U	U	Υ	U	U	Υ	N	Υ	Υ	Υ	Υ	U	Υ	U	N	U	N
Stefanick, 1998 ¹³	367	Υ	Υ	Υ	Υ	Р	Υ	Υ	N	Υ	Υ	U	U	U	N	U	Υ	U	Υ	U	Υ	U	U	Υ	U	U	Υ	N
Babazono, 2007 ⁴	99	Υ	Υ	Υ	Υ	Р	Υ	Υ	N	N	N	Υ	U	Υ	N	U	U	N	Υ	N	Υ	Υ	Υ	Υ	U	N	N	N
Toobert, 2011 ¹⁴	280	Υ	Υ	Υ	Υ	Υ	Υ	N	Υ	Υ	U	N	Υ	N	U	Υ	U	Υ	N	Υ	Υ	Υ	Υ	U	Υ	Υ	N	Υ
Gram, 2010	68	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	N	N	U	U	U	U	U	U	N	Υ	Υ	Υ	Υ	U	Υ	U	Υ	Υ	Υ

 Table S3. Strength of evidence of studies among adults with or at risk for cardiovascular disease or diabetes mellitus

					Strength of evidence								
					Range of between-								
					group mean difference								
Number of Studies,					if available (reference =								
Participants	Domains Pertaining to Stre	ngth of Evidence			control)								
BMI change	BMI change												
Self-Management	Risk of Bias	Consistency	Directness	Precision									
interventions													
2 RCTs	Moderate based on lack	Consistent	Indirect (weight	Imprecise based on lack	Low								
	of reporting on masking		maintenance not stated	of reporting on									
196	of outcome assessors and		goal)	variability	Range: -1.76 kg/m ²								
	lack of adequate												
	reporting												
Diet interventions	Risk of Bias	Consistency	Directness	Precision									
1 RCT	Moderate based on lack	Not applicable (one	Indirect (weight	Imprecise (no measure	Low								
	of reporting on masking	study)	maintenance not stated	of variability)									
1551	and lack of internal		goal)		Range: not available								
	validity based on q14-27												
Physical activity	Risk of Bias	Consistency	Directness	Precision									
interventions													
2 controlled trials	Moderate based on lack	Inconsistent (based on	Indirect	Imprecise	Low								
	of reporting on masking	different signs for											
166	of outcome assessors and	between group			Range: -0.2 to -0.7								
	completers analysis for 1	differences)			kg/m ²								

	study				
Combination interventions	Risk of Bias	Consistency	Directness	Precision	
4 RCTs 384	Moderate based on lack of reporting on masking and lack of internal validity based on q14-27	Consistent	Indirect (weight maintenance not stated goal)	Imprecise based on lack of reporting on variability and width of CI > 0.8 units when provided	Low Range: -0.39 to -0.71 kg/m²
Weight change		-1			
Diet intervention	Risk of Bias	Consistency	Directness	Precision	
2 controlled trials 767	High based on lack of randomization, lack of reporting on masking, and lack of internal validity by q14-27	Consistent	Indirect (weight maintenance not stated goal in one study but was in the other)	Imprecise (don't have enough measures of variability)	Low Range: -0.11 to -0.84 kg
Physical activity intervention	Risk of Bias	Consistency	Directness	Precision	
2 controlled trials 166	Moderate based on lack of reporting on masking of outcome assessors and completers analysis for 1 study	Inconsistent	Indirect	Imprecise (on cusp with one study being imprecise and one not based on 2.5 kg width of CI)	Low Range: -0.3 to -2.0 kg
Combination intervention	Risk of Bias	Consistency	Directness	Precision	
4 controlled trials	Moderate based on lack	Consistent	Indirect	Imprecise	Low

1719	of masking				Range: -0.1 to -1.26 kg
Waist circumference					
Self-Management interventions	Risk of Bias	Consistency	Directness	Precision	
2 RCTs 196	Moderate based on lack of reporting on masking of outcome assessors and lack of adequate reporting	Consistent	Indirect (weight maintenance not stated goal)	Imprecise based on lack of reporting on variability and width of CI > 2 cm when provided	Low Range: -3.87 cm
Diet intervention	Risk of Bias	Consistency	Directness	Precision	
1 controlled trial 187	Moderate based on lack of reporting on masking of outcome assessors and lack of adequate reporting	Not applicable (one study)	Indirect (weight maintenance not stated goal)	Imprecise based on CI >2cm	Low Range: -0.34 to -0.74 cm
Physical activity intervention	Risk of Bias	Consistency	Directness	Precision	
1 controlled trial 92	Moderate risk of bias based on lack of masking of outcome assessors	Not applicable (one study)	Indirect	Imprecise	Low Range: -2.8 cm
Combination intervention	Risk of Bias	Consistency	Directness	Precision	
1 RCT 68	Moderate risk of bias based on lack of reporting on masking of	Not applicable (one study)	Indirect	Imprecise	Low Range: -2.38 cm

	outcome assessors				
Adherence					
Physical activity intervention	Risk of Bias	Consistency	Directness	Precision	
1 controlled trial 92	Moderate risk of bias based on lack of masking of outcome assessors	Not applicable (one study)	Indirect	Imprecise (N<400)	Low Range: 57%
Combination					
3 RCT 191	Moderate based on lack of reporting on masking and lack of internal validity based on q14- 27	Inconsistent (by magnitude since is adherence, sign is not applicable)	Indirect (weight maintenance not stated goal)	Imprecise (N<400)	Low Range: 46% to 100%
Functional Status					
Combination intervention	Risk of Bias	Consistency	Directness	Precision	
1 controlled trial 68	Moderate risk of bias based on lack of masking of outcome assessors	Not applicable (one study)	Indirect	Imprecise	Low Range: Not available

Table S4. Waist circumference results in studies of populations with or at risk for diabetes and cardiovascular disease

Author, yr	Baseline	Baseline waist	12 mo N	Waist circumference at	Change from baseline at 12	Between-group difference
Arm	N	circumference (SD),		12 months (SD), cm	mo, cm	at 12 months (95% CI), cm
		cm				
Self-management intervention						
Clark, 2004 ⁵						
Usual care	50	101.25 (11.4)	NR	103.6 (10.63)	2.35, P=0.001	reference
Goal-setting - diet and physical activity	50	104.22 (10.46)	NR	102.7 (10.25)	-1.52, P=0.002	-3.87 (-2.1 to 9.9)
Plotnikoff, 2011 ⁸						
Diabetes education	49	110.4 (12.7)	49		-3.2 ^a , P<0.01	P>0.01
Diabetes education + physical activity	47	111.8 (16.7)	47		-5.2 ^a , P<0.01	
supplement						
Physical activity intervention ¹⁷						
Anderssen, 1995 ²						
Usual care	43	102.3 (SE: 1.4)	43	103.2	0.9 (SE: 0.4)	
Endurance exercise	52	102.6 (SE: 1.4)	52	100.7	-1.9 (SE: 0.6)	-2.8, P<0.05
Diet interventions						
Razquin, 2009 ^{9b}						
Minimal intervention	59	93.79 (9.78)				
Mediterranean diet - Virgin olive oil	65	98.83 (10.14)				
Mediterranean diet - Mixed nuts	63	96.67 (9.30)				
Combination interventions						
Gram, 2010 ⁶						
Minimal intervention	22	113 (10)	20	112 (SE: 2)		
Self-mgmt + aerobic exercise + strength	24	110 (10)	24	108 (SE: 2)	-2.38 (95% CI: -4.73 to -0.03; SE:	
training					1.2; P=0.012)	
Self-mgmt + Nordic walking	22	109 (11)	21	108 (SE: 2)	-1.62 (95% CI: -3.76 to 0.52; SE:	
					1.1)	

^a Adjusted but covariates unclear
^b Results at 36 months: Minimal intervention, n=59, mean change from baseline (SD), 0.11 (4.56) cm; Mediterranean - virgin olive oil, n=65, mean change from baseline (SD), -0.63 (4.76), Mediterranean – mixed nuts, n=63, mean change from baseline (SD), -0.23 (3.60) cm

Table S5. Effects of self management, diet, and combination interventions on HbA1c in studies including patients with diabetes

Author, year	Baseline N	Baseline HbA1c, mean (SE), %	N at 12 months	HbA1c at 12 months, mean (SE), %	Between-group difference in change from baseline at 12 months, %	Notes
Self Management						
Clark M, 2004 ⁵						
Control						
Self management						No significant interaction between time and intervention for the combination of five laboratory measurements (cholesterol, HDL, LDL, TG, HbA1c)
Plotnikoff, 2011 8						
Diabetes education	49	7.8 (2.0) ^a	49	7.2 (1.6) ^a		
Diabetes education + physical activity supplement	47	7.3 (1.3) ^a	47	7.2 (1.4) ^a	+0.1 (P>0.05) versus diabetes education	Difference in adjusted change from baseline reported
Diet						
Abraira, 1980 ¹						HbA1c results not reported
Razquin, 2009 ⁹						HbA1c results not reported
Combination						
Samaras K, 1997 ¹²						
Control	13	6.8 (0.6)	13	Change from baseline: 0.86 (0.27)		
Self management + physical activity	13	5.6 (0.3)	13	Change from baseline: 0.86 (0.29)	0	
Toobert D, 2011 ^{14b}						
Usual Care	138	8.4 (0.02)	138	7.8 (0.02)		
Self management + diet + physical activity	142	8.4 (0.03)	142	8.4 (0.03)	0.6% versus usual care	No significant interaction between time and intervention in GEE model

^a Standard deviation reported ^b HbA1c at 24 months: Usual care, 7.8%; Self management + diet + physical activity, 8.4% (0.6% vs usual care)

Table S6. Effects of self management, diet, physical activity, and combination interventions on blood pressure

Author, year	Baseli ne N	Baseline BP, mean (SD), mmHg	N at 12 months	BP at 12 months, mean (SD), mmHg	Between-group difference in change from baseline at 12 months (95% CI), mmHg	BP at 36 months, mean (SD), mmHg	Between-group difference in change from baseline at 36 months (95% CI), mmHg
Self Management							
Clark, 2004 ^{5a}							
Plotnikoff, 2011 8							
Diabetes education	49	SBP: 134.0 (16.1)	49	SBP: -9.3 (-12.9 to - 5.6) ^b			
		DBP: 76.4 (9.3)		DBP: -4.4(-7.2 to - 1.6) ^b			
Diabetes education + physical activity	47	SBP: 134.0 (17.6)	47	SBP: -10.9 (-14.7 to -7.1) ^b	-1.6; P>0.05 versus diabetes education		
supplement							
		DBP: 76.5 (9.5)		DBP: -5.6 (-8.6 to -	-1.2; P>0.05 versus		
				2.7) ^b	diabetes education		
Diet							
Abraira, 1980 ^{1a}							
Zazpe, 2008 ^{11a}							
Physical Activity Interventions							
Yates, 2010 15a							
Anderssen, 1995 ²							
Control	43	SBP: 128.7 (1.5) ^c	43	SBP: -0.5 (1.7) ^c			
		DBP: 87.0 (1.1) ^c		DBP: -0.7 (1.3) ^c			
Exercise	49	SBP: 132.1 (1.6) ^c	49	SBP: -2.2 (1.1) ^c	-1.7 (P>0.05) versus control		
		DBP: 89.2 (1.1) ^c		DBP: -2.7 (1.0) ^c	-2.0 (P>0.05) versus control		

Combination						
Toobert, 2011 ^{14 a}						
Samaras, 1997 ^{12 a}						
Babazono, 2007 ⁴						
Control	41	SBP: 132.0 (17.8)	41	SBP: 123.3 (15.2)		
		DBP: 79.3 (11.8)		DBP: 75.0 (10.2)		
Self management + diet + physical activity	46	SBP: 127.6 (15.7)	46	SBP: 122.1 (16.3) ^d		
		DBP: 78.2 (9.0)		DBP: 74.5 (10.2) ^d	0.6 versus control	
Stefanick ML, 1998 13						
Men						
All men	190	SBP: 114.3 (11.4)				
		DBP: 76.1 (7.4)				
Control	46		46	SBP: 0.3 (7.9) ^e		
				DBP: 1.8 (6.1) ^e		
Diet	49		49	SBP: -1.7 (6.4) ^e		
				DBP: -0.3 (5.2) ^e		
Physical activity	47		47	SBP: -0.6 (7.3) ^e		
				DBP: -1.1 (7.1) ^e		
Diet + physical activity	48		48	SBP: -3.0 (6.8) ^{ef}	P<0.01 versus control	
				DBP: -3.0 (6.6) ^{eg}	P<0.01 versus control	
Women						
All women	177	SBP: 115.5 (12.8)				
		DBP: 73.2 (7.4)				
Control	45		45	SBP: -2.4 (7.6) ^e		
				DBP: -0.6 (5.9) ^e		
Diet	46		46	SBP: -3.5 (9.2) ^e		
				DBP: -1.9 (5.0) ^e		
Physical activity	43		43	SBP: -1.1 (8.9) ^e		
				DBP: -1.4 (5.9) ^e		
Diet + physical activity	43		43	SBP: -3.1 (8.4) ^{eh}		
				DBP: -2.7 (4.6) ^{ei}		

Kumanyika SK, 2005 ⁷							
Usual Care						SBP: 0.6 (8.5) ^e	
						DBP: -2.4 (7.0) ^e	
Self management + Diet						SBP: -0.7 (9.0) ^e	SBP: -1.35 (P=0.0165) ^j
						DBP: -3.0 (6.5) ^e	DBP: -0.61 (P=0.16) ^j
Gram B, 2010 ⁶							
Control	22	SBP: 152 (18.3)	20	SBP: 145 (5.0)			
		DBP: 89 (10.7)		DBP: 88 (2.0)			
Self management +	22	SBP:	21	SBP:	SBP: 1.39 (-11.14 to		
Nordic walking		153 (25.1)		148 (5.0)	13.93) versus control		
		DBP: 88 (11.2)		DBP: 84 (2.0)	DBP: -3.95 (-8.73 to		
					0.83) versus control		
Self management +	24	SBP: 152 (19.4)	24	SBP:	SBP: -3.73 (-14.54 to		
exercise prescription				142 (3.0)	7.08) versus control		
		DBP: 85 (10)		DBP: 83 (2.2)	DBP: -4.23 (-9.64 to		
					1.17)		

^a Blood pressure not reported

^b Adjusted value at 12 months - baseline

^c Standard error reported

^d Statistical significance of between-group difference in SBP and DBP not reported

^e Change from baseline reported

f P=0.13 for overall difference in SBP between groups from analysis of variance

^g P=0.003 for overall difference in DBP between groups from analysis of variance

^h P=0.59 for overall difference in SBP between groups from analysis of variance

ⁱ P=0.33 for overall difference in DBP between groups from analysis of variance

^j Adjustment for baseline variables: ethnicity, gender, age, BP, BMI, sodium excretion

Table S7. Effects of self management, diet, physical activity, and combination interventions on blood pressure in race-sex subgroups

· · ·		Change in BP at 36 months	Between-group difference in BP change at 36 mo	
Kumanyika, 2005 ⁷				
White Men				
Usual care	345	Mean SBP (SD): 127.1 (6.3) Mean DBP (SD): 85.9 (1.9)	Mean change in SBP from baseline (SD): -0.3 (7.8) Mean change in DBP from baseline (SD): -2.7 (7.7)	Reference
Diet	336	Mean SBP (SD): 127.2 (6.5) Mean DBP (SD): 86.2 (2.0)	Mean SBP (SD): -1.3 (8.5) Mean DBP (SD): -3.0 (6.2)	Mean SBP (95% CI): - 1.1 (-2.4 to 0.2) Mean DBP (95% CI): -0.3 (-1.4 to 0.8)
Black Men				
Usual care	47	Mean SBP (SD): 126.2 (6.6) Mean DBP (SD): 85.7 (1.9)	Mean change in SBP from baseline (SD): 1.7 (7.4) Mean change in DBP from baseline (SD): -1.9 (7.0)	Reference
Diet	39	Mean SBP (SD): 128.0 (6.1) Mean DBP (SD): 86.2 (2.0)	Mean SBP (SD): 2.2 (10.3) Mean DBP (SD): -0.6 (8.1)	Mean SBP (95% CI): 0.5 (-3.8 to 4.9) Mean DBP (95% CI): 1.4 (-2.2 to 4.9)
White Women				
Usual care	129	Mean SBP (SD): 127.8 (6.5) Mean DBP (SD): 85.7 (1.9)	Mean change in SBP from baseline (SD): 2.1 (10.4) Mean change in DBP from baseline (SD): -1.9 (6.8)	Reference
Diet	129	Mean SBP (SD): 128.2 (6.9) Mean DBP (SD): 85.8 (1.9)	Mean SBP (SD): 0.5 (8.9) Mean DBP (SD): -3.4 (5.8)	Mean SBP (95% CI): -1.5 (-4.0 to 0.9) Mean DBP (95% CI): -1.4 (-3.1 to 0.2)
Black Women				
Usual care	56	Mean SBP (SD): 128.0 (6.6) Mean DBP (SD): 85.7 (2.0)	Mean change in SBP from baseline (SD): 2.0 (9.2) Mean change in DBP from baseline (SD): -1.6 (7.5)	Reference
Diet	61	Mean SBP (SD): 129.0 (6.8) Mean DBP (SD): 86.0 (1.8)	Mean SBP (SD): -1.0 (11.1) Mean DBP (SD): -4.0 (8.2)	36 mo Mean SBP (95% CI): -3.0 (-7.2 to 1.3) Mean DBP (95% CI): -2.4 (-5.7 to 0.8)

Table S8. Effects of self management, diet, physical activity, and combination interventions on LDL and HDL cholesterol

Author, year	Baseline N	Baseline cholesterol, mean (SD), mg/dl	N at 12 months	12 months, mean (SD), mg/dl	Between-group difference in change from baseline at 12 months (95% CI), mg/dl
Self Management					
Clark M, 2004 ^{5a}					
Plotnikoff RC, 2011 ⁸					
Diabetes education	49	LDL: 112 (1.7)	49	LDL: -15.4 (-27.0 to -7.7) ^b	
		HDL: 46.3 (11.6)		HDL: 3.9 (0.0 to 7.7) ^b	
Diabetes education + physical activity supplement	47	LDL: 104.2 (46.3)	47	LDL: -15.4 (-27.0 to - 7.7) ^b	P>0.05 versus diabetes education
physical activity supplement		HDL: 42.5 (11.6)		HDL: 3.9 (3.9 to 7.7) ^b	P>0.05 versus diabetes education
Diet					
Abraira C, 1980 ^{1c}					
Zazpe I, 2008 ^{11c}					
Physical Activity					
Interventions					
Yates T, 2010 15					
Control	26	HDL: 50.2 [42.5 to 54.0] ^d	26	HDL: 0.0 (-3.9 to 3.9) ^e	
Exercise	24	HDL: 50.2 [42.5 to 57.9]	24	HDL: 0.0 (-30.9 to 30.9)	HDL: -0.0 (-3.9 to 3.9); P= 0.808
Exercise + pedometer	24	HDL: 46.3 [42.5 to 54.0]	24	HDL: 0.0 (-3.9 to 3.9)	HDL: -0.0 (-3.9 to 3.9); P=0.569
Anderssen, 1995 ²					
Control	43	LDL: 176.4 (5.0) ^f	43	LDL: -8.5 (3.5) ^f	
		HDL: 40.2 (1.2) ^f		HDL: 0.6 (0.6) ^f	
Exercise	49	LDL: 162.9 (3.9) ^f	49	LDL: -5.0 (2.7) ^f	P>0.05 versus control
		HDL: 39.0 (0.8) ^f		HDL: 1.5 (0.8) ^f	P>0.05 versus control
Combination					
Toobert, 2011 14c					
Samaras K, 1997 ¹²					

Control	13	HDL: 42.5 (3.9) ^f	13	HDL: -2.7 (1.5) ^{hf}	
Self management + physical	13	HDL: 42.5(3.9) ^f	13	HDL: -0.4 (1.5) ^{hf}	
activity		, ,		, ,	
Babazono A, 2007 ⁴					
Control	41	LDL: 123.8. (28.2)	41	LDL: 123.9 (26.6)	
		HDL: 55.7 (12.9)		HDL: 56.5 (15.6)	
Self management + diet + physical activity	46	LDL: 121.0 (29.2)	46	LDL: 119.6 (28.0) ^g	
		HDL: 54.5 (13.4)		HDL: 56.7 (14.2) ^g	
Stefanick ML, 1998 ¹³					
Men					
All men	190	LDL: 155.8 (14.2)			
		HDL: 35.8 (4.4)			
Control	46		46	LDL: -4.6 (21.1) ^h	
				HDL: -0.2 (4.3) ^h	
Diet	49		49	LDL: -10.8 (18.8) ^h	
				HDL: -0.8 (4.4) ^h	
Physical activity	47		47	LDL: -3.6 (18.8) ^h	
				HDL: 1.2 (4.4) ^h	
Diet + physical activity	48		48	LDL: -20.0 (17.3) ^{hi}	P<0.001 versus control and physical activity
				HDL: 0.4 (5.3) ^{hj}	, ,
Women				, ,	
All women	177	LDL: 160.7 (18.4)			
		HDL: 47.0 (6.7)			
Control	45		45	HDL: -2.5 (16.6) ^h	
				LDL: 1.0 (6.1) ^h	
Diet	46		46	LDL: -7.3 (18.9) ^h	
				HDL: 0.3 (6.0) ^h	
Physical activity	43		43	LDL: -5.6 (19.4) ^h	
,				HDL: 2.3 (6.7) ^h	
Diet + physical activity	43		43	LDL: -14.5 (22.2) ^{hk}	P<0.05 versus control
[]	1		1	HDL: -1.1 (6.4) ^{hl}	
Kumanyika SK, 2005 ^{7c}				11011.1 (0.4)	
Rumanyika SK, 2005					

Gram B, 2010 ⁶					
Control	22	LDL: 98.8 (25.87)	20	LDL: 100.4 (19.3) ^f	
		HDL: 42.5 (14.3)		HDL: 92.7 (7.7) ^f	
Self management + Nordic walking	22	LDL: 98.8 (32.8)	21	LDL: 69.5 (7.7) ^f	LDL: -15.8 (-39.4 to 7.7) versus control ^m
		HDL: 42.5 (11.2)		HDL: 88.8 (7.7) ^f	HDL: -6.2 (-22.4 to 10.4) versus control
Self management + exercise prescription	24	LDL: 99.2 (23.6)	24	LDL: 100.4 (15.4) ^f	LDL: 12.0 (-23.2 to 46.7) versus control
		HDL: 44.8 (16.6)		HDL: 104.2 (7.7) ^f	HDL: 7.3 (-5.0 to 26.6) versus control

^a No significant interaction between time and intervention for the combination of five laboratory measurements (cholesterol, HDL, LDL, TG, HbA1c)

^b Adjusted value at 12 months - baseline

^c LDL and HDL cholesterol not reported

^d Median [interquartile range]

^e Mean change from baseline (95% confidence interval)

^f Standard error reported

^g Statistical significance of between-group difference in SBP and DBP not reported

^h Change from baseline reported

ⁱ P<0.001 for overall difference in LDL between groups from analysis of variance

^j P=0.21 for overall difference in HDL between groups from analysis of variance

^k P=0.03 for overall difference in LDL between groups from analysis of variance

¹ P=0.09 for overall difference in HDL between groups from analysis of variance

 $^{^{\}rm m}$ Adjusted for baseline value of LDL or HDL

References

- 1. Abraira C, de Bartolo M, Myscofski JW. Comparison of unmeasured versus exchange diabetic diets in lean adults. Body weight and feeding patterns in a 2-year prospective pilot study. *Am J Clin Nutr.* May 1980;33(5):1064-1070.
- 2. Anderssen SA, Haaland, A., Hjermann, I., Urdal, P., Gjesdal, K., Holme, I. Oslo Diet and Exercise Study: a one-year randomized intervention trial. Effect on hemostatic variables and other coronary risk factors. *Nutr Metab Cardiovasc Dis.* 1995;5:189-200.
- **3.** Torjesen PA, Birkeland KI, Anderssen SA, Hjermann I, Holme I, Urdal P. Lifestyle changes may reverse development of the insulin resistance syndrome. The Oslo Diet and Exercise Study: a randomized trial. *Diabetes care*. Jan 1997;20(1):26-31.
- **4.** Babazono A, Kame, C., Ishihara, R., Yamamoto, E., Hillman, A.L. Patient-motivated prevention of lifestyle-related disease in Japan. *Dis Manage Health Outcomes*. 2007;15(2):119-126.
- **5.** Clark M, Hampson SE, Avery L, Simpson R. Effects of a tailored lifestyle self-management intervention in patients with type 2 diabetes. *Br J Health Psychol*. Sep 2004;9(Pt 3):365-379.
- **6.** Gram B, Christensen R, Christiansen C, Gram J. Effects of nordic walking and exercise in type 2 diabetes mellitus: a randomized controlled trial. *Clin J Sport Med.* Sep 2010;20(5):355-361.
- 7. Kumanyika SK, Cook NR, Cutler JA, et al. Sodium reduction for hypertension prevention in overweight adults: further results from the Trials of Hypertension Prevention Phase II. *J Hum Hypertens*. Jan 2005;19(1):33-45.
- **8.** Plotnikoff RC, Pickering MA, Glenn N, et al. The effects of a supplemental, theory-based physical activity counseling intervention for adults with type 2 diabetes. *J Phys Act Health*. Sep 2011;8(7):944-954.
- **9.** Razquin C, Martinez JA, Martinez-Gonzalez MA, Mitjavila MT, Estruch R, Marti A. A 3 years follow-up of a Mediterranean diet rich in virgin olive oil is associated with high plasma antioxidant capacity and reduced body weight gain. *Eur J Clin Nutr.* Dec 2009;63(12):1387-1393.
- **10.** Razquin C, Martinez JA, Martinez-Gonzalez MA, Fernandez-Crehuet J, Santos JM, Marti A. A Mediterranean diet rich in virgin olive oil may reverse the effects of the -174G/C IL6 gene variant on 3-year body weight change. *Mol Nutr Food Res.* May 2010;54 Suppl 1:S75-82.
- 2azpe I, Sanchez-Tainta A, Estruch R, et al. A large randomized individual and group intervention conducted by registered dietitians increased adherence to Mediterranean-type diets: the PREDIMED study. *J Am Diet Assoc.* Jul 2008;108(7):1134-1144; discussion 1145.
- **12.** Samaras K, Ashwell S, Mackintosh AM, Fleury AC, Campbell LV, Chisholm DJ. Will older sedentary people with non-insulin-dependent diabetes mellitus start exercising? A health promotion model. *Diabetes Res Clin Pract*. Aug 1997;37(2):121-128.
- 13. Stefanick ML, Mackey S, Sheehan M, Ellsworth N, Haskell WL, Wood PD. Effects of diet and exercise in men and postmenopausal women with low levels of HDL cholesterol and high levels of LDL cholesterol. *N Engl J Med.* Jul 2 1998;339(1):12-20.
- **14.** Toobert DJ, Strycker LA, King DK, Barrera M, Jr., Osuna D, Glasgow RE. Long-term outcomes from a multiple-risk-factor diabetes trial for Latinas: inverted exclamation markViva Bien! *Transl Behav Med.* Sep 2011;1(3):416-426.
- 15. Yates T, Davies MJ, Gorely T, et al. The effect of increased ambulatory activity on markers of chronic low-grade inflammation: evidence from the PREPARE programme randomized controlled trial. *Diabet Med.* Nov 2010;27(11):1256-1263.
- **16.** Aggarwal A, Freund K, Sato A, et al. Are depressive symptoms associated with cancer screening and cancer stage at diagnosis among postmenopausal women? The Women's Health Initiative Observational Cohort. *Journal of Women's Health (15409996)*. 2008;17(8):1353-1361.

17.	The Diabetes Prevention Program. Design and methods for a clinical trial in the prevention of type 2 diabetes. <i>Diabetes care</i> . Apr 1999;22(4):623-634.							