Effect of Metformin on Left Ventricular Mass and Functional Parameters in Non-Diabetic Patients: A Meta -analysis of Randomized Clinical Trials

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Appendix 2: Risk of Bias assessment in the effect of Metformin on Left Ventricular Mass Index (LVMI)

Unique ID	LVMI-Stakos	Study ID	Stakos 2005	Assessor	Ahmed
Ref or Label	1	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention	occurance of non-protocol interventions; failures in implementing the intervention that could have affected the outcome; non-adherence to their assigned intervention by trial participants
Experimental	Metformin	Comparator	Placebo	Source	Journal article(s)
Outcome	LVMI	Results		Weight	1
Domain	Signalling question			Response	Comments
	1.1 Was the allocation sequence random?			NI	The shape of active drug tablets (glipizide and
Bias arising from the	1.2 Was the allocation sequence concealed until pa	·	· ·	NI	metformin) is different. For this reason for each active drug we created an identical placebo
randomization process	1.3 Did baseline differences between intervention g	roups suggest a problem wit	h the randomization process?	N	
	Risk of bias judgement			Some concerns	
	2.1 Were participants aware of their assigned interv			PN	Randomized DB
	2.2 Were carers and people delivering the intervent		PN	Trandomized DD	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were im				
Bias due to deviations	2.4. [If applicable:] Were there failures in implementing the intervention that could have affected the outcome?				
from intended interventions	2.5. [If applicable:] Was there non-adherence to the	assigned intervention regim	en that could have affected participants' outcomes?		
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was an appropriate analysis used to estimate the effect of adhering to the intervention?			NA	
	Risk of bias judgement			Some concerns	
	3.1 Were data for this outcome available for all, or nearly all, participants randomized?			N	Data was missing for ~13% of the patients
	3.2 If N/PN/NI to 3.1: Is there evidence that result w		N		
autaama data	3.3 If N/PN to 3.2: Could missingness in the outcom	•		NI	
outcome data	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in t	he outcome depended on its	PN		
	Risk of bias judgement		Some concerns		
	4.1 Was the method of measuring the outcome ina	opropriate?		N	ANOVA was used
Bias in measurement of	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?			N	Two time periods for the control groups. However, it is the same device
	4.3 Were outcome assessors aware of the interven			PN	
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outco			NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of t	he outcome was influenced b	NA		
	Risk of bias judgement			Low	
Bias in selection of the	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?			NI	No pre-registered protocol
	5.2 multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?			N	
	5.3 multiple eligible analyses of the data?			N	Only per-protocol reported so
	Risk of bias judgement			Some concerns	
Overall bias	Risk of bias judgement			Some concerns	

Unique ID	LVMI-Mohan	Study ID	Mohan 2019	Assessor	Ahmed
Ref or Label	2	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention	occurance of non-protocol interventions; failures in implementing the intervention that could have affected the outcome; non-adherence to their assigned intervention by trial participants
Experimental	Metformin	Comparator	Placebo	Source	Journal article(s)
Outcome	LVMI	Results		Weight	1
Domain	Signalling question			Response	Comments
	1.1 Was the allocation sequence random?			Υ	Randomization was carried out by Tayside
Bias arising from the	1.2 Was the allocation sequence concealed	I until participants were enrolled a	Υ	Pharmaceuticals using a validated block	
randomization process	1.3 Did baseline differences between interv	ention groups suggest a problem	with the randomization process?	N	The investigating team did not have access to the key until after analysis had taken place
	Risk of bias judgement			Low	
	2.1 Were participants aware of their assigned	ed intervention during the trial?		N	DB-RCT
	2.2 Were carers and people delivering the i	nterventions aware of participants	assigned intervention during the trial?	N	The investigating team did not have access to the key until after analysis had taken place
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: \		NA		
Bias due to deviations	2.4. [If applicable:] Were there failures in im	plementing the intervention that c	PN	Drop out rates were similar across groups	
from intended interventions	2.5. [If applicable:] Was there non-adherence	ce to the assigned intervention reg	PN	Drop out rates were similar across groups	
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2	.5: Was an appropriate analysis u	NA		
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available fo	r all, or nearly all, participants rand	Y	Data analyzed using miTT and per-protocol and similar results were found	
Bias due to missing	3.2 If N/PN/NI to 3.1: Is there evidence that		NA		
outcome data	3.3 If N/PN to 3.2: Could missingness in the		NA		
	3.4 If Y/PY/NI to 3.3: Is it likely that missing	ness in the outcome depended on	NA		
	Risk of bias judgement		Low		
	4.1 Was the method of measuring the outcome inappropriate?			N	DB-RCT and the protocol and method of assessment were pre-specified
Bias in measurement of	4.2 Could measurement or ascertainment of			PN	
the outcome	4.3 Were outcome assessors aware of the			N	
the outdome	4.4 If Y/PY/NI to 4.3: Could assessment of t		NA		
	4.5 If Y/PY/NI to 4.4: Is it likely that assessn	nent of the outcome was influence	NA L		
Bias in selection of the	Risk of bias judgement 5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded			Low	The protocol and method of analysis were
	outcome data were available for analysis?	anarysed in accordance with a pre	Υ	published and no deviations occured	
	5.2 multiple eligible outcome measureme	ents (e.g. scales, definitions, time	N	Change from baseline was defined a priori	
reported result	5.3 multiple eligible analyses of the data?		,	N	Change from baseline only
	Risk of bias judgement		Low	,	
Overall bias	Risk of bias judgement			Low	

Unique ID	LVMI-Larsen	Study ID	LVMI-Larsen	Assessor	Ahmed
Ref or Label	3	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention	occurance of non-protocol interventions; failures in implementing the intervention that could have affected the outcome; non-adherence to their assigned intervention by trial participants
Experimental	Metformin	Comparator	Placebo	Source	Journal article(s)
Outcome	LVMI	Results		Weight	1
Domain	Signalling question			Response	Comments
	1.1 Was the allocation sequence random?		Υ	The unequal treatment assignment (19vs. 17	
Bias arising from the	1.2 Was the allocation sequence concealed until	participants were enrolled ar	PY	patients) was due to a pre-established computer- generated sequence equally balanced at 40	
randomization process	1.3 Did baseline differences between intervention	n groups suggest a problem v	with the randomization process?	N	
	Risk of bias judgement			Low	
	2.1 Were participants aware of their assigned into			PN	
	2.2 Were carers and people delivering the interven			PN	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were		PN	Dropout rates were similar	
Bias due to deviations	2.4. [If applicable:] Were there failures in implementation	enting the intervention that co	PN	Dropout rates were similar	
from intended interventions	2.5. [If applicable:] Was there non-adherence to t	he assigned intervention reg	N	Pill count showed good compliance	
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Wi	as an appropriate analysis us	Y	ITT used	
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or nearly all, participants randomized?			Y	All 36 patients initially randomized were analysed
Bias due to missing	3.2 If N/PN/NI to 3.1: Is there evidence that result	was not biased by missing o	NA		
outcome data	3.3 If N/PN to 3.2: Could missingness in the outcome		NA		
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness i	n the outcome depended on	NA		
	Risk of bias judgement		Low		
	4.1 Was the method of measuring the outcome in			N	
	4.2 Could measurement or ascertainment of the		PN	DB-RCT	
Bias in measurement of	4.3 Were outcome assessors aware of the interven		PN	DB-RCT	
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the ou		NA		
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of	of the outcome was influence	NA		
	Risk of bias judgement		Low		
Bias in selection of the reported result	outcome data were available for analysis?	·	-specified analysis plan that was finalized before unblinded	PY	a total of 36 patients were required to detect a relative WMI difference of 0.6 mL·mmHg·m-2·106 between the two treatment groups (a 2-sided ?? of 0.05 at 80% power) while allowing for 17% dropout. Data
	5.2 multiple eligible outcome measurements (e	e.g. scales, definitions, time p	points) within the outcome domain?	N	·
	5.3 multiple eligible analyses of the data?			N	
	Risk of bias judgement		Low		
Overall bias	Risk of bias judgement			Low	

Unique ID	LVMI-Ladeiras-Lopes	Study ID	Ladeiras-Lopes 2021	Assessor	Ahmed
Ref or Label	4	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention	occurance of non-protocol interventions; failures in implementing the intervention that could have affected the outcome; non-adherence to their assigned intervention by trial participants
Experimental	Metformin	Comparator	SOC	Source	Journal article(s)
Outcome	LVMI	Results		Weight	1
Domain	Signalling question			Response	Comments
	1.1 Was the allocation sequence random?			PY	Minimization technique used which is complex
Bias arising from the	1.2 Was the allocation sequence concealed until partic	cipants were enrolled and as	ssigned to interventions?	PY	and can't be deduced
randomization process	1.3 Did baseline differences between intervention grou	ips suggest a problem with t	the randomization process?	N	
	Risk of bias judgement			Low	
	2.1 Were participants aware of their assigned interven	tion during the trial?		Υ	Onen lebel
	2.2 Were carers and people delivering the intervention	s aware of participants' assi	Y	Open label	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were important	rtant non-protocol intervention	PY	Life style modifications was in both	
Bias due to deviations	2.4. [If applicable:] Were there failures in implementing	the intervention that could	PN		
	2.5. [If applicable:] Was there non-adherence to the as	ssigned intervention regimen	PN	Long follow up period but most probably the majority stuck to the ttt regimen. Only 1 DC	
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was an	appropriate analysis used to	NA		
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or nea		N		
Bias due to missing	3.2 If N/PN/NI to 3.1: Is there evidence that result was	, ,	PN		
outcome data	3.3 If N/PN to 3.2: Could missingness in the outcome		N		
outcome data	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the	outcome depended on its tr	NA		
	Risk of bias judgement		Low		
	4.1 Was the method of measuring the outcome inappr	opriate?		N	
	4.2 Could measurement or ascertainment of the outco			N	
Bias in measurement of	4.3 Were outcome assessors aware of the intervention			NI	
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outcom	-	•	N	Objective outcome
Bias in selection of the reported result	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the	outcome was influenced by	NA	Objective outcome	
	Risk of bias judgement		Low		
	5.1 Were the data that produced this result analysed in		Y	Analysis plan was available before data analysis	
	5.2 multiple eligible outcome measurements (e.g. s	cales, definitions, time points	N		
	5.3 multiple eligible analyses of the data?			N	
	Risk of bias judgement		Low		
Overall bias	Risk of bias judgement		Low		

Unique ID	LVMI-Sardu	Study ID	Sardu 2021	Assessor	Ahmed
Ref or Label	6	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention	occurance of non-protocol interventions; failures in implementing the intervention that could have affected the outcome; non-adherence to their assigned intervention by trial participants
Experimental	Metformin	Comparator	Placebo	Source	
Outcome	LVMI	Results		Weight	1
Domain	Signalling question			Response	Comments
	1.1 Was the allocation sequence random?			PY	In the present study each patient received a
Bias arising from the	1.2 Was the allocation sequence concealed until part	•	<u> </u>	PY	unique sequential subject number by an Interactive Voice Response System (IVRS).
randomization process	1.3 Did baseline differences between intervention gro	ups suggest a problem with	the randomization process?	N	
	Risk of bias judgement			Low	
	2.1 Were participants aware of their assigned interve	ntion during the trial?		PN	Double blinded
	2.2 Were carers and people delivering the intervention			PN	Double billided
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were impo	ortant non-protocol interventi	NA		
Bias due to deviations	2.4. [If applicable:] Were there failures in implementing	g the intervention that could	PN		
from intended interventions	2.5. [If applicable:] Was there non-adherence to the assigned intervention regimen that could have affected participants' outcomes?			PN	
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was an appropriate analysis used to estimate the effect of adhering to the intervention?			NA	
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or ne			Y	All patients were analyzed
Bias due to missing	3.2 If N/PN/NI to 3.1: Is there evidence that result was	, ,	NA		
_	3.3 If N/PN to 3.2: Could missingness in the outcome		NA		
outcome data	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the	e outcome depended on its t	NA		
	Risk of bias judgement		Low		
	4.1 Was the method of measuring the outcome inapp	ropriate?		N	
Bias in measurement of	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?			N	The examination was performed at baseline and after 12 months, according to the American Society of Echocardiography recommendations
the outcome	4.3 Were outcome assessors aware of the intervention			N	
	4.4 If Y/PY/NI to 4.3: Could assessment of the outcor			NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the	outcome was influenced by	NA		
	Risk of bias judgement		Low		
Bias in selection of the reported result	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?			PY	
	5.2 multiple eligible outcome measurements (e.g.	scales, definitions, time point	N		
reported result	5.3 multiple eligible analyses of the data?			N	
	Risk of bias judgement			Low	
Overall bias	Risk of bias judgement			Low	

Unique ID	LVMI-Velázquez	Study ID	Velázquez 2015	Assessor	
Ref or Label	7	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention	occurance of non-protocol interventions; failures in implementing the intervention that could have affected the outcome; non-adherence to their assigned intervention by trial participants
Experimental	Metformin	Comparator	SOC	Source	
Outcome	LVMI	Results		Weight	1
Domain	Signalling question			Response	Comments
	1.1 Was the allocation sequence random?			PN	Not indicated
Bias arising from the	1.2 Was the allocation sequence concealed until pa	rticipants were enrolled and	d assigned to interventions?	NI	- Not indicated
randomization process	1.3 Did baseline differences between intervention g	roups suggest a problem w	ith the randomization process?	PN	All were comparable
•	Risk of bias judgement			Some concerns	
	2.1 Were participants aware of their assigned interv			Y	No placebo
	2.2 Were carers and people delivering the intervent		Υ	TNO placebo	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were im		Υ		
Bias due to deviations	2.4. [If applicable:] Were there failures in implemen	ing the intervention that co	PN		
	2.5. [If applicable:] Was there non-adherence to the	assigned intervention regir	PN		
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was	an appropriate analysis use	NA		
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or	nearly all, participants rando	Υ		
Diag due te missing	3.2 If N/PN/NI to 3.1: Is there evidence that result w	as not biased by missing or	NA		
Bias due to missing	3.3 If N/PN to 3.2: Could missingness in the outcom	e depend on its true value?	NA		
outcome data	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in t	he outcome depended on i	NA		
	Risk of bias judgement		Low		
	4.1 Was the method of measuring the outcome inappropriate?			N	
	4.2 Could measurement or ascertainment of the ou		N	No, objective measurment	
Bias in measurement of	4.3 Were outcome assessors aware of the interven	tion received by study partic	PY		
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outcome	ome have been influenced l	by knowledge of intervention received?	N	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of t	ne outcome was influenced	NA		
	Risk of bias judgement		Low		
Bias in selection of the	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?			N	No specified protocol. However, no direct comparison between groups
	5.2 multiple eligible outcome measurements (e.g	. scales, definitions, time po	N		
reported result	5.3 multiple eligible analyses of the data?			N	
	Risk of bias judgement		Some concerns		
Overall bias	Risk of bias judgement			Some concerns	

Unique ID	LVMI-Ali	Study ID	Ali 2016	Assessor	Ahmed
Ref or Label	8	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention	occurance of non-protocol interventions; failures in implementing the intervention that could have affected the outcome; non-adherence to their assigned intervention by trial participants
Experimental	Metformin	Comparator	Placebo	Source	Journal article(s)
Outcome	LVMI	Results		Weight	1
Domain	Signalling question			Response	Comments
	1.1 Was the allocation sequence random?			Y	Block randomization. Manufacturing and
Bias arising from the randomization process	1.2 Was the allocation sequence concealed until part	•	Y	packaging including blinding was performed by Stichting Apotheek Haagse Ziekenhuizen, Den	
P. 5 5 5 5 5	1.3 Did baseline differences between intervention gro	ups suggest a problem with	the randomization process?	N	
	Risk of bias judgement			Low	
	2.1 Were participants aware of their assigned interve	ntion during the trial?		PN	Double blinded randomized RCT
	2.2 Were carers and people delivering the intervention		PN	Double billided falldofflized RC1	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were important	ortant non-protocol interventi	NA		
Bias due to deviations	2.4. [If applicable:] Were there failures in implementing	g the intervention that could	PN		
from intended interventions	2.5. [If applicable:] Was there non-adherence to the a	ssigned intervention regime	PN		
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was a	n appropriate analysis used	NA		
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or ne	arly all, participants random	N	A total of 380 patients were randomized. However, only ~140 completed the study.	
Bias due to missing	3.2 If N/PN/NI to 3.1: Is there evidence that result was	s not biased by missing outc	PN	LVEF values were imputed in the original study and results did not differ	
outcome data	3.3 If N/PN to 3.2: Could missingness in the outcome	depend on its true value?	PN	Double blinded and missing proportions were	
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the	e outcome depended on its t	NA	similar across groups. Reasons for missingness were also indicated	
	Risk of bias judgement		Low		
	4.1 Was the method of measuring the outcome inapp	ropriate?		N	Echocardiography
	4.2 Could measurement or ascertainment of the outc	ome have differed between	intervention groups?	N	3 1 /
Bias in measurement of	4.3 Were outcome assessors aware of the intervention	n received by study particip	PN	Double blinding but unblinding date not stated	
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outcor	ne have been influenced by	knowledge of intervention received?	NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the	outcome was influenced by	NA		
	Risk of bias judgement		Low		
	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded			Υ	
Bias in selection of the	outcome data were available for analysis? 5.2 multiple eligible outcome measurements (e.g. s	paglas definitions time noin	N		
reported result	5.3 multiple eligible analyses of the data?	scales, delimitions, time poin	N N		
. op c. tou roout	Risk of bias judgement		Low		
Overall bias	Risk of bias judgement				
Overall blas	risk of bias judgement			Low	