| **Author,Year** | **Study Design** | **No. of Centers, Country** | **Interventions** | **Study DurationMean Followup** | **Baseline Demographics** | **Inclusion/Exclusion Criteria** |
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| Andrews, 201395 | RCT | 217 centersUnited Kingdom | A. Intensive diet and exercise (n=246)B. Intensive diet (n=248)C. Usual care (n=99) | Total followup: 1 year | **A vs B vs C**Mean age: 60 vs 60 vs 60 yearsFemale sex: 36% vs 34% vs 37%Race: 94% vs 96% vs 97% White; other races not reportedHbA1c: 6.7 vs 6.6 vs 6.7% | Age 30 to 80 years with DM diagnosis 5-8 months prior to study enrollment and HbA1c <10%, BP <180/100 |
| Davies et al. 200896 and Khunti 201297DESMOND Trial | Cluster RCT | 13 primary care centers England, Scotland | A. Group intervention for 6 hrs within 12 weeks of diagnoses aimed at changing lifestyle (n=437)B. Control group (n=387) | Total followup: 3 years | **A vs B** Mean age: 59 vs 6053% vs 57% male94% vs 94% WhiteMean BMI 32.3 vs 32.4 kg/m2 | Diagnosis of DM within 4 weeks of study entryExclude: Age <18 years, severe mental health problems; unable to participate in a group program, including due to language barrier; participation in another research study |
| DeFronzo, 201198 | RCT | 8 centersUnited States | A. Pioglitazone 30 mg/day for one month, increased to 45 mg/day (n=303)B. Placebo (n=299) | Median followup: 2.4 years | **A vs. B**Mean age: 53 vs. 52 yearsFemale sex: 58% vs. 58%Race: 51% White, 26% Hispanic, 19% Black, 3% other vs. 57% White, 25% Hispanic, 15% Black, 3% otherMean BMI: 33.0 vs. 34.5Mean HbA1c: 5.5 vs. 5.5 | Patients 18 years or older with impaired glucose tolerance (fasting plasma glucose between 95 and 125 mg/dL), BMI >25, and at least one other risk factor for diabetesExclude: Diabetes; previous treatment with thiazolidinedione (ever), metformin (within one year prior to randomization), or sulfonylureas, meglitinide, alpha glucosidase inhibitors, or insulin for more than one week within the prior year or within 3 months prior to randomization; cardiovascular disease, hospitalization for treatment of heart disease or stroke in past 6 months; NYHA class >2; left bundle branch block or third degree AV block; aortic stenosis; SBP >180 mmHg or DBP >105 mmHg; renal disease; anemia; hepatitis; gastrointestinal disease; recent or significant abdominal surgery; pulmonary disease with dependence on oxygen or daily use of bronchodilators; chronic infection; weight loss >10% of body weight in past 6 months; currently pregnant or <3 months postpartum; currently nursing or >6 weeks of having completed nursing; anticipated pregnancy; major psychotic disorders; excessive alcohol intake; thyroid disease; other endocrine disorders; fasting plasma triglyceride >400 mg/dL; history of bladder cancer; or hematuria at screening |
| DREAM Trial Investigators 200899See also: DREAM Trial Investigators, 2006a14 and DREAM Trial Investigators, 2006b15 | RCT (2X2 factorial design) | 191 Centers21 countries | A. Ramapril 15 mg/day (n=2623)B. Placebo (n=2646)C. Rosiglitazone 0.8mg/day (n=2635)D. Placebo (n=2634)\*Patients randomized twice, to Ramapril or placebo and Rosiglitazone or placebo | Mean followup: 3 years | **A vs. B & C vs. D**Mean age: 55 vs. 55 years & 55 vs. 55 yearsFemale sex: 59.7% vs. 58.7% & 58.3% vs. 60.1%Race: NR | Ages >30 yrs with IFG(6.1-7.0 mmol/L) and/or IGT by 2hr OGTT 7.8-11.0 mmol/LExclude: LVEF < 40%, CHF, Documented CVD: ischemic heart disease, intermittent claudication, stroke, Uncontrolled Htn requiring ACE or ARB, Renal artery stenosis, Serum creatinine > 2.26 mg/dl, or creatinine clearance < 0.6 ml/s, or clinical proteinuria. |
| Florez, 2012100DPP | RCT | 27 centersUnited States | A. Intensive lifestyle intervention, including diet and exercise to achieve modest weight reduction (n=1048)B. Metformin 850 mg/twice daily (n=1043)C. Placebo (n=1041) | Study duration: 5 years | **A vs. B vs. C**Mean age: 51 vs. 51 vs. 50 yearsFemale sex: 68% vs. 66% vs. 69%Race: 54% White, 19% Black, 17% Hispanic, 9% Other vs. 56% White, 21% Black, 15% Hispanic, 8% Other vs. 54% White, 20% Black, 16% Hispanic, 10% OtherMean BMI: 33.9 vs. 33.9 vs. 34.2 | Age >25 years, BMI >24 (>22 in Asian Americans), fasting plasma glucose between 95 and 125 mg/dL, and IGTExclude: Patients taking medication known to affect glucose tolerance or having illness likely to reduce life expectancy or ability to participate |
| Kawamori,2009101 | RCT | 103 Japanese institutions | A. Voglibose 0.2 mg/day (n=897)B. Placebo (n=881) | Study duration: 5 yearsMean followup: 3 years | **A vs. B**Mean age 55.7 vs. 55.7 yearsFemale sex: 40% vs. 40%Race: NR | Ages 30-70, FPG <6.9 mmol/L, 2hr OGTT 7.8-11.0 mmol/L, hbA1c <6.5, and one RF from metabolic syndrome or FHxExclude: diabetes and disease likely to impair GT |
| Li, 2008102 and Li, 2014110Da Qing | RCT (cluster) | 33 centersChina | A. Combined lifestyle, diet, or lifestyle + diet diet interventions: increase vegetable intake and lose weight by decreasing calories from sugar and alcohol; increase leisure time and physical activity (n=438)B. Control (n=138) | 20 year followup of Da Qing studyMean followup: 9.4 yearsintervention weekly for 1m, monthly for 3 m and every 3months after that for remainder of the study (6 years) | **A vs. B**Mean age: 45 vs. 47 yearsFemale sex: 47% vs. 43%Race: NRMean BMI: 25.7 vs. 26.2 | Patients aged >25 years, with IGTExclude: Not reported |
| NAVIGATOR, 2010103 | RCT | 806 centers40 countries | A. Nateglinide 60 mg/3 times daily (n=4645)B. Placebo (n=4661)\*Patients also randomized in 2x2 factorial design to receive valsartan or placebo | Median followup 5 years | **A vs. B**Mean age: 64 vs. 64 yearsFemale sex: 51% vs. 50%Race: 83% White, 2.6% Black, 6.7% Asian, 7.8% other vs. 83.2% White, 2.5% Black, 6.5% Asian, 7.8% otherMean BMI: 30.5 vs. 30.5HbA1c: 5.8 vs. 5.8 | Patients with IGT, fasting plasma glucose between 95 and 126 mg/dL, and one or more cardiovascular risk factor or known cardiovascular disease (for subjects aged >55 years)Exclude: Patients who had taken antidiabetic medication in the prior 5 years, had abnormal laboratory test results, or had concomitant conditions that could interfere with assessment |
| NAVIGATOR, 2010104 | RCT | 806 centers40 countries | A. Valsartan 160 mg/once daily (n=4631)B. Placebo (n=4675)\*Patients also randomized in 2x2 factorial design to receive nateglinide or placebo | Median followup 5 years | **A vs. B**Mean age: 64 vs. 64 yearsFemale sex: 50% vs. 51%Race: 83.1% White, 2.4% Black, 6.4% Asian, 8.0% other vs. 83.1% White, 2.6% Black, 6.7% Asian, 7.5% otherMean BMI: 30.4 vs. 30.6HbA1c: 5.8 vs. 5.8 | Patients with IGT, fasting plasma glucose between 95 and 126 mg/dL, and one or more cardiovascular risk factor or known cardiovascular disease (for subjects aged >55 years)Exclude: Patients who had taken antidiabetic medication in the prior 5 years, had abnormal laboratory test results, or had concomitant conditions that could interfere with assessment |
| Nijpels, 2008105DAISI | RCT | Single centerThe Netherlands | A. Acarbose 50 mg/3 times daily (n=60)B. Placebo (n=58) | 3 years | **A vs. B**Mean age: 59 vs. 57 yearsFemale sex: 49% vs. 50%Race: NRMean BMI: 28.4 vs. 29.5HbA1c: 5.9 vs. 5.6 | Patients aged 45 to 70 years, with fasting plasma glucose >7.8 mmol/L, a 2-hour plasma glucose of 8.6-11.1 mmol/L, and HbA1c<7.0Exclude: Patients who failed to complete the 6-week qualification period, in which acarbose doses were up-titrated over three weeks to 50 mg/three times daily and maintained for three weeks |
| Ramachandran, 2009106IDPP-2 | RCT | Clinics in India enrolled patient from railway and electric industry | A. Pioglitazone (n=181)B. Placebo (n=186) | Mean follow up 3 years | **A vs. B**Mean age 45.1 vs. 45.5Female sex: 13% vs. 14%Race: NR | Ages 35-55, IGT 7.8-11.1 mmol/LExclude: coronary artery disease, stroke history, major Q wave abnormality, liver disorders, kidney disorders |
| Uusitupa, 2009108Finnish DPS | RCT | 5 centers Finland | A. Intensive diet and counseling group (n=257)B. Control group (n=248)C. Normal FINDRISK Cohort (n=1570)D. IGT FINDRISK Cohort (n=183)E. Screen-detected FINDRISK Cohort (n=59)F. Previously diagnosed FINDRISK Cohort (n=69) | **A and B**: 10.6 yrs**C-F**: 13.8 yrs | **A vs. B vs. C vs. D vs. E vs. F**Mean age:55.4 vs. 55.0 vs. 53.7 vs. 55.8 vs. 55.9 vs. 55.6Female sex: 66% vs. 68% vs. 59% vs. 49% vs. 45% vs. 49%Race: NRBMI: 31.4 vs. 31.2 vs. 26.8 vs. 29.8 vs. 31.7 vs. 30.5 | Age 40-64, BMI >25, 2 -2hr OGTT with IGT result according to WHO 1985 criteriaExclude: Recent within 6 m CVD event |
| Zinman, 2010109CANOE | RCT | 2 centersCanada | A. Metformin 500 mg plus rosiglitazone 2 mg/twice daily as a fixed dose combination (n=103)B. Placebo (n=104) | Median followup: 3.9 years | **A vs. B**Mean age: 50 vs. 55 yearsFemale sex: 65% vs. 68%Race: 74.8% White, 7.8% South Asian, 6.8% Latino, 10.7% other vs. 74% White, 6.8% South Asian, 6.7% Latino, 12.5% otherMean BMI: 31.3 vs. 32.0 | Residents of Ontario, Canada, aged 30 to 75 years (18 to 75 years for those of Canadian native ancestry), with at least one risk factor for diabetes, diagnosed with IGT based on fasting plasma glucose test and OGTTExclude: Current use of metformin or rosiglitazone, previous use of an anti-diabetes medication (except to treat gestational diabetes), significant hepatic disease, or renal dysfunction |

| **Author, Year** | **Number Screened, Eligible, Enrolled, and Analyzed; Withdrawals; Loss to Followup** | **Clinical Health Outcomes** | **Adverse Events** | **Quality Rating** | **Funding Source** |
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| Andrews, 201395 | Screened: 1,634Eligible: 712Enrolled: 593Analyzed: 593Withdrawals: 0.3% (2/593)Loss to followup: 11% (66/593) | **A vs B vs C**Mortality: 0% (0/246) vs 0% (0/248) vs 1%(1/99); A vs C: RR 0.14 (95% CI 0.01 to 3.31); B vs C: RR 0.14 (95% CI 0.01 to 3.29) | NR | Good | Diabetes UK and UK Department of Health |
| Davies et al. 200896 and Khunti 201297DESMOND Trial | Screened: 1,109Eligible: 1,053Enrolled: 824Analyzed: 604 (3 years)Withdrawals: 5% (44/824) | **A vs B**Quality of life, WHOQOL-BREF –Overall satisfaction with quality of life: 4.0 vs. 4.0; p=0.48Overall satisfaction with health: 4.0 vs. 4.0; p=0.94 | **A vs B**All-cause withdrawals: 21/437 (5%) vs 23/387 (6%); RR 0.81 (95% CI 0.45 to 1.44) | Fair | Diabetes UK |
| DeFronzo, 201198 | Screened: 1827Eligible: NREnrolled: 602Analyzed: 602**A vs. B** Withdrawal: 29.7% (90/303) vs. 23.7% (71/299)Loss to followup: 9.2% (28/303) vs. 7.4% (22/299) | **A vs. B**Mortality: 1.0% (3/303) vs. 0.3% (1/299); RR 2.96, 95% CI 0.31 to 28.30Cardiovascular events: 26 vs. 23 Nonfatal MI: 2 vs. 1TIA: 1 vs. 1CAD w/o revascularization: 2 vs. 1CABG : 2 vs. 6 | **A vs. B**Any adverse event: 49.8% (151/303) vs. 40.5% (121/299); RR 1.23, 95% CI 1.03 to 1.47 | Fair | Takeda Pharmaceuticals |
| DREAM Trial Investigators 200899See also: DREAM Trial Investigators, 2006a14 and DREAM Trial Investigators, 2006b15 | Screened: 24872Randomized: 5269 | **A vs. B & C vs. D** Cardiovascular composite events incidence: 2.6% (69/2623) vs. 2.4% (64/2646); HR 1.09, 95% CI 0.78 to 1.53 & 2.9% (77/2635) vs. 2.1% (56/2634); HR 1.38, 95% CI 0.98 to 1.95Cardiovascular death: 0.5% (12/2623) vs. 0.4% (10/2646); HR 1.21, 95% CI 0.52 to 2.80 & 0.5% (12/2635) vs. 0.4% (10/2634); HR 1.20, 95% CI 0.52 to 2.77MI: 0.5% (14/2623) vs. 0.4% (11/2646); HR 1.29, 95% CI 0.59 to 2.84 & 0.6% (16/2635) vs. 0.3% (9/2634); HR 1.78, 95% CI 0.79 to 4.03Stroke: 0.2% (4/2623) vs. 0.3% (8/2646); HR 0.50, 95% CI 0.15 to 1.66 & 0.3% (7/2635) vs. 0.2% (5/2634); HR 1.40, 95% CI 0.44 to 4.40Congestive heart failure: 0.5% (12/2623) vs. 0.2% (4/2646); HR 3.06, 95% CI 0.99 to 9.48 & 0.5% (14/2635) vs. 0.1% (2/2634); HR 7.04, 95% CI 1.60 to 31.0Revascularization: 1.1% (28/2623) vs. 1.4% (38/2646); HR 0.74, 95% CI 0.46 to 1.21 & 1.4% (37/2635) vs. 1.1% (29/2634); HR 1.27, 95% CI 0.78 to 2.07Cardiovascular death, MI, stroke: 1% (27/2623) vs. 1.1% (29/2646); HR 0.94, 95% CI 0.56 to 1.59 & 1.3% (33/2635) vs. 0.9% (23/2634); HR 1.43, 95% CI 0.84 to 2.44Total Mortality: 1.2% (31/2623) vs. 1.2% (32/2646); HR 0.98, 95% CI 0.60 to 1.61 & 1.1% (30/2635) vs. 1.3% (33/2634); HR 0.91, 95% CI 0.56 to 1.49 | NR | Good | Canadian Institute of Health Research; Aventis Pharma; GalaxoSmithKline; King Pharmacuticals; Wyeth Ayerst |
| Florez, 2012100DPP | Screened: NREligible: NREnrolled: 3,234Analyzed: 3,132 | **A vs. C**Quality of life, SF-36 score changes from baseline, mean between-group difference: SF-6D: 0.0084 (SD 0.0041; p<0.05) PCS: 1.57 (SD 0.30; p<0.01) MCS: -0.29 (SD 0.32; p=NS) Physical function: 3.58 (SD 0.66; p<0.01) Body pain: 1.93 (SD 0.78; p<0.01) General health: 3.23 (SD 0.66; p<0.01) Vitality: 2.05 (SD 0.77; p<0.01)**B vs. C**Quality of life, SF-36 score changes from baseline, mean between-group difference: SF-6D: 0.0019 (SD 0.0041; p=NS) PCS: 0.15 (SD 0.30; p=NS) MCS: 0.22 (SD 0.32; p=NS) Physical function: 0.13 (SD 0.71; p=NS) Body pain: 0.50 (SD 0.78; p=NS) General health: 0.06 (SD 0.66; p=NS) Vitality: 0.09 (SD 0.76; p=NS)No measure in either group reached clinically meaningful difference of 3% |  | Good | National Institute of Diabetes and Digestive and Kidney Diseases; Office of Research on Minority Health; National Institute of Child Health and Human Development; National Institute on Aging; Centers for Disease Control and Prevention |
| Kawamori,2009101 |  Screened: 4582Eligible: NREnrolled: 1780 Analyzed: 1778**A vs. B**Withdrawal: 14.4% (129/897) vs. 16.5% (146/883)  | **A vs. B**Death 0.7% (6/897) including 1 MI vs. 0% (0/881); RR 12.77, 95% CI 0.72 to 226.32 | **A vs. B**Withdrawal due to adverse events: 7.4% (66/897) vs. 6.2% (55/883)Any adverse event: 90% (810/897) vs. 85% (750/881Serious adverse event: 0.6% (5/897) vs. 0.2% (2/881)  | Good | Takeda Pharmaceuticals |
| Li, 2008102 and Li, 2014110Da Qing | Screened: 110,660Eligible: NREnrolled: 577Analyzed: 530Withdrawal: 7Loss to followup: 40 | **A vs. B**20-year followupAll-cause mortality: 25% vs. 29%; HR 0.96, 95% CI 0.65 to 1.41CVD mortality: 12% vs 17%; HR 0.83, 95% CI 0.48 to 1.40CVD event incidence: 41% vs 44%; HR 0.98, 95% CI 0.71 to 1.37 23-year followupAll-cause mortality: 28% (121/430) vs. 38% (53/138); HR 0.71 (95% CI 0.51 to 0.99) -Women: 15% (31/205) vs 29% (17/59); HR 0.46 (95% CI 0.24 to 0.87) -Men: 40% (93/233) vs 46% (36/79); HR 0.97 (95% CI 0.65 to 1.46)CVD mortality: 12% (51/430) vs. 20% (27/138); HR 0.59 (95% CI 0.36 to 0.96) -Women: 6% (12/206) vs 17% (10/59); HR 0.28 (95% CI 0.11 to 0.71) -Men: 17% (40/233) vs 22% (17/79); HR 0.91 (95% CI 0.50 to 1.65) | NR | Fair | World Health Organization, Centers for Disease Control and Prevention, China-Japan Friendship Hospital, and Da Qing First Hospital |
| NAVIGATOR, 2010103 | Screened: 43502Eligible: 9518Enrolled: 9518Analyzed: 9306**A vs. B**Withdrawal: 3.5% (163/4645) vs. 3.1% (143/4661)Loss to followup: 9.6% (446/4645) vs. 9.8% (459/4661) | **A vs. B**Extended cardiovascular events: 25.6 vs. 27.5 cases/1000 person-years; HR 0.93, 95% CI 0.83 to 1.03CVD death: 4.4 vs. 4.1 cases/1000 person-years; HR 1.07, 95% CI 0.83 to 1.38All-cause mortality: 10.9 vs. 11 cases/1000 person-years; HR 1.00, 95% CI 0.85 to 1.17 | **A vs. B**Discontinued due to adverse event: 11.2% (520/4645) vs. 10.4% (485/4661); RR 1.08, 95% CI 0.96 to 1.21Hypoglycemia: 19.6% (911/4645) vs. 11.3% (527/4661); RR 1.73, 95% CI 1.57 to 1.92 | Good | Novartis Pharma |
| NAVIGATOR, 2010104 | Screened: 43502Eligible: 9518Enrolled: 9518Analyzed: 9306**A vs. B**Withdrawal: 3.3% (151/4631) vs. 3.3% (155/4675)Loss to followup: 9.4% (437/4631) vs. 10.0% (468/4675) | **A vs. B**Extended cardiovascular events: 26.2 vs. 26.9 cases/1000 person-years; HR 0.96, 95% CI 0.86 to 1.07CVD death: 4.5 vs. 4.1 cases/1000 person-years; HR 1.09, 95% CI 0.85 to 1.40All-cause mortality: 10.4 vs. 11.5 cases/1000 person-years; HR 0.90, 95% CI 0.77 to 1.05 | **A vs. B**Discontinued due to adverse event: 12.0% (556/4631) vs. 11.4% (531/4675); RR 1.06, 95% CI 0.95 to 1.18Hypoglycemia: 42.4% (1936/4631) vs. 35.9% (1678/4675); RR 1.16, 95% CI 1.11 to 1.23  | Good | Novartis Pharma |
| Nijpels, 2008105DAISI | Screened: 6651Eligible: 171Enrolled: 118 (53 failed qualification period)Analyzed: 118**A vs. B**Loss to followup: 0% vs. 1.7% (1/58) | **A vs. B**Death: 1.7% (1/60) vs. 5.2% (3/58); RR 0.32, 95% CI 0.03 to 3.01 | **A vs. B**Withdrawal due to adverse events: 36.7% (22/60) vs. 13.8% (8/58); RR 2.66, 95% CI 1.29 to 5.48 | Fair | Bayer Healthcare AG |
| Ramachandran, 2009106IDPP-2 | Screened: 6589Enrolled: 407Analyzed: 367**A vs. B**Loss to followup: 11.3% (21/181) vs. 8.4% (16/186) | **A vs. B**Death: 1% (2/204) due to cardiac arrest vs. 0.5% (1/203) due to road accident; RR 1.99, 95% CI 0.18 to 21.78Occurrence of heart disease requiring admission: 1% (2/204) vs. 0.5% (1/203); RR 1.99, 95% CI 0.18 to 21.78 | **A vs. B**Major other adverse events: 2% (4/204) vs.4.9% (10/203); RR 0.40, 95% CI 0.13 to 1.25 | Fair | India's Diabetes Research Foundation |
| Uusitupa, 2009108Finnish DPS | 522 enrolled17 patients not analyzed because did not consent for linkage records | **A vs. B vs. C vs. D vs. E vs. F**Death: 2.2 vs.3.8 vs. 6.6 vs.16.4 vs. 21.0 vs. 28.8 cases/1000 person-yearsTotal mortality, unadjusted: HR 0.15, 95% CI 0.06 to 0.35 vs. HR 0.26, 95% CI 0.13 to 0.52 vs. HR 0.40, 95% CI 0.28 to 0.57 vs. HR 1 (reference standard) vs. HR 1.29, 95% CI 0.71 to 0.24 vs. HR 1.77, 95% CI 1.05 to 2.98Total mortality, adjusted: HR 0.21, 95% CI 0.09 to 0.52 vs. HR 0.39, 95% CI 0.20 to 0.79 vs. HR 0.52, 95% CI 0.36 to 0.74 vs. HR 1 (reference standard) vs. HR 1.08, 95% CI 0.56 to 2.06 vs. HR 1.96, 95% CI 1.15 to 3.34CVD event: 22.9 vs. 22.0 vs. 19.3 vs. 39.9 vs. 62 vs. 67.2 cases/1000 person-yearsCVD event, unadjusted: HR 0.59, 95% CI 0.41 to 0.83 vs. HR 0.56, 95% CI 0.40 to 0.80 vs. HR 0.48, 95% CI 0.37 to 0.62 vs. HR 1 (reference standard) vs. HR 1.58, 95% CI 1.04 to 2.39 vs. HR 1.69, 95% CI 1.11 to 2.39CVD event, adjusted: HR 0.89, 95% CI 0.62 to 1.27 vs. HR 0.87, 95% CI 0.60 to 1.27 vs. HR 0.67, 95% CI 0.51 to 0.88 vs. HR 1 (reference standard) vs. HR 1.39, 95% CI 0.90 to 2.15 vs. HR 1.64, 95% CI 1.02 to 2.15 | NR | Fair | multiple public and private funders |
| Zinman, 2010109CANOE | Screened: 992 Eligible: 247Enrolled: 207Analyzed: 207**A vs. B**Withdrawal: 12.6% (13/103) vs. 9.6% (10/104)Loss to followup: 1.9% (2/103) vs. 1.9% (2/104) | **A vs. B**MI: 0% (0/103) vs. 1% (1/104), RR 0.34, 95% CI 0.01 to 8.17CHF: 0% (0/103) vs. 1% (1/104), RR 0.34, 95% CI 0.01 to 8.17 | **A vs. B**Hypoglycemia: 2% (2/103) vs. 1% (1/104); RR 2.02, 95% CI 0.19 to 21.93 | Good | GlaxoSmithKline |

**Abbreviations:** AV = atrioventricular; BMI = body mass index; CABG = coronary artery bypass surgery; CAD = coronary artery disease; CHF = congestive heart failure; CI = confidence interval; CVD = cardiovascular disease; DBP = diastolic blood pressure; FHx = family history; FPG = fasting plasma glucose; GT = glucose tolerance; HbA = glycated hemoglobin; Hg= hemoglobin; 2HPG = 2-hour plasma glucose; HR = hazard ratio; IGT = impaired glucose tolerance; IRR = incident rate ratio; MCS = mental composite score; MI = myocardial infarction; NR = not relevant; NYHA = New York Heart Association; OGTT = oral glucose tolerance test; PCS = physical composite score; RCT = randomized, controlled trial; RF = risk factor; RR = relative risk; SBP = systolic blood pressure; SF = short form; TIA = transient ischemic attack; WHO = World Health Organization; WHOQOL-BREF = World Health Organization Quality of Life Assessment, short version.