| **Author, Year** | **Study Design** | **No. of Centers, Country** | **Interventions** | **Study Duration Mean Followup** | **Baseline Demographics** | **Inclusion/Exclusion Criteria** |
| --- | --- | --- | --- | --- | --- | --- |
| Andrews, 201395 | RCT | 217 centers United 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 years Female sex: 36% vs 34% vs 37% Race: 94% vs 96% vs 97% White; other races not reported HbA1c: 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 201297 DESMOND 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 60 53% vs 57% male 94% vs 94% White Mean BMI 32.3 vs 32.4 kg/m2 | Diagnosis of DM within 4 weeks of study entry Exclude: 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 centers United 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 years Female sex: 58% vs. 58% Race: 51% White, 26% Hispanic, 19% Black, 3% other vs. 57% White, 25% Hispanic, 15% Black, 3% other Mean BMI: 33.0 vs. 34.5 Mean 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 diabetes Exclude: 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 200899 See also: DREAM Trial Investigators, 2006a14 and DREAM Trial Investigators, 2006b15 | RCT (2X2 factorial design) | 191 Centers 21 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 years Female 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/L Exclude: 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, 2012100 DPP | RCT | 27 centers United 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 years Female 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% Other Mean 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 IGT Exclude: 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 years Mean followup: 3 years | **A vs. B** Mean age 55.7 vs. 55.7 years Female 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 FHx Exclude: diabetes and disease likely to impair GT |
| Li, 2008102 and Li, 2014110 Da Qing | RCT (cluster) | 33 centers China | 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 study Mean followup: 9.4 years intervention 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 years Female sex: 47% vs. 43% Race: NR Mean BMI: 25.7 vs. 26.2 | Patients aged >25 years, with IGT Exclude: Not reported |
| NAVIGATOR, 2010103 | RCT | 806 centers 40 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 years Female 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% other Mean BMI: 30.5 vs. 30.5 HbA1c: 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 centers 40 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 years Female 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% other Mean BMI: 30.4 vs. 30.6 HbA1c: 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, 2008105 DAISI | RCT | Single center The Netherlands | A. Acarbose 50 mg/3 times daily (n=60) B. Placebo (n=58) | 3 years | **A vs. B** Mean age: 59 vs. 57 years Female sex: 49% vs. 50% Race: NR Mean BMI: 28.4 vs. 29.5 HbA1c: 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<7.0 Exclude: 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, 2009106 IDPP-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. 45.5 Female sex: 13% vs. 14% Race: NR | Ages 35-55, IGT 7.8-11.1 mmol/L Exclude: coronary artery disease, stroke history, major Q wave abnormality, liver disorders, kidney disorders |
| Uusitupa, 2009108 Finnish 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. 55.6 Female sex: 66% vs. 68% vs. 59% vs. 49% vs. 45% vs. 49% Race: NR BMI: 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 criteria Exclude: Recent within 6 m CVD event |
| Zinman, 2010109 CANOE | RCT | 2 centers Canada | 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 years Female 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% other Mean 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 OGTT Exclude: 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** |
| --- | --- | --- | --- | --- | --- |
| Andrews, 201395 | Screened: 1,634 Eligible: 712 Enrolled: 593 Analyzed: 593 Withdrawals: 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 201297 DESMOND Trial | Screened: 1,109 Eligible: 1,053 Enrolled: 824 Analyzed: 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=0.48 Overall 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: 1827 Eligible: NR Enrolled: 602 Analyzed: 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 28.30 Cardiovascular events: 26 vs. 23  Nonfatal MI: 2 vs. 1 TIA: 1 vs. 1 CAD w/o revascularization: 2 vs. 1 CABG : 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 200899 See also: DREAM Trial Investigators, 2006a14 and DREAM Trial Investigators, 2006b15 | Screened: 24872 Randomized: 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 1.95 Cardiovascular 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 2.77 MI: 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 4.03 Stroke: 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 4.40 Congestive 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 31.0 Revascularization: 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 2.07 Cardiovascular 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 2.44 Total 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, 2012100 DPP | Screened: NR Eligible: NR Enrolled: 3,234 Analyzed: 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: 4582 Eligible: NR Enrolled: 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% (750/881 Serious adverse event: 0.6% (5/897) vs. 0.2% (2/881) | Good | Takeda Pharmaceuticals |
| Li, 2008102 and Li, 2014110 Da Qing | Screened: 110,660 Eligible: NR Enrolled: 577 Analyzed: 530 Withdrawal: 7 Loss to followup: 40 | **A vs. B** 20-year followup All-cause mortality: 25% vs. 29%; HR 0.96, 95% CI 0.65 to 1.41  CVD mortality: 12% vs 17%; HR 0.83, 95% CI 0.48 to 1.40  CVD event incidence: 41% vs 44%; HR 0.98, 95% CI 0.71 to 1.37  23-year followup All-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: 43502 Eligible: 9518 Enrolled: 9518 Analyzed: 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 1.03 CVD death: 4.4 vs. 4.1 cases/1000 person-years; HR 1.07, 95% CI 0.83 to 1.38 All-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 1.21 Hypoglycemia: 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: 43502 Eligible: 9518 Enrolled: 9518 Analyzed: 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 1.07 CVD death: 4.5 vs. 4.1 cases/1000 person-years; HR 1.09, 95% CI 0.85 to 1.40 All-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 1.18 Hypoglycemia: 42.4% (1936/4631) vs. 35.9% (1678/4675); RR 1.16, 95% CI 1.11 to 1.23 | Good | Novartis Pharma |
| Nijpels, 2008105 DAISI | Screened: 6651 Eligible: 171 Enrolled: 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, 2009106 IDPP-2 | Screened: 6589 Enrolled: 407 Analyzed: 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 21.78 Occurrence 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, 2009108 Finnish DPS | 522 enrolled 17 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-years Total 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 2.98 Total 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 3.34 CVD event: 22.9 vs. 22.0 vs. 19.3 vs. 39.9 vs. 62 vs. 67.2 cases/1000 person-years CVD 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 2.39 CVD 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, 2010109 CANOE | Screened: 992  Eligible: 247 Enrolled: 207 Analyzed: 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 8.17 CHF: 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.