**Table 18. Characteristics of studies on populations with cardiovascular disease and type 2 Diabetes Mellitus**

| **Author, year****Study Location** | **Years of Recruitment** | **Single** **or Multicenter** | **Recruitment Setting** | **Study Design** | **Inclusion Criteria** | **Study’s stated goal is weight maintenance** | **Control****Active Intervention** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Abraira, 19801United States | Not reported | Single | Clinical | Randomized intervention | 5% calculated IBWType 2 Diabetes Mellitus patientsVeteran attending Diabetes outpatient clinic at Hines VA No history of weighing >5% over IBW in the last 5 years and also not > 15% over IBW before that. No complicating diagnoses that could independently affect weight or diet (such as congestive heartfailure, cirrhosis of the liver, renal insufficiency, neoplasia).Not to be receiving any drug known to affect blood lipid levels (clofibrate, cholestyramine, nicotinic acid,etc.). Not under insulin treatment. | Yes | Not describedDiet |
| Anderssen, 19952 Torjesen, 19973Europe | 1990-1991 | Single | Other : cohort study in Oslo | Randomized intervention | Age: 41-50BMI: >24Atherothrombogenic syndromeRelatively inactive (exercising at the most once per week and characterized by a maximal oxygen uptake of 35.4 +/- 5.9 ml/kg/min)Diastolic blood pressure of 86-99 mmHgTotal cholesterol of 5.20-7.74 mmol/lFasting triglycerides >1.4 mmol/lHDL cholesterol <1.20 mmol/lNo overt cardiovascular disease or diabetesNot using drugs that might interfere with test resultsNot suffering from disease or having personal traits that make them unsuited for participationNo refusal to sign the declaration of willingnessNot on lipid-lowering dietNot engaging in regular endurance training two times a week or more | No | Usual careSelf-managementDietSelf-managementDietPhysical Activity |
| Babazono, 20074Asia | 2004-2004 | Single | Other: Membership | Randomized intervention | Systolic Blood Pressure 130-159, Diastolic Blood pressure 85-99, or Hemoglobin A1c >5.6Participants were members of the National Health Insurance in Umi Town; Fukuoka Prefecture, Japan Persons for whom physicians judged avoidance of medical treatment to be safe were included. | No | Usual careSelf-managementDietPhysical Activity |
| Clark, 20045Europe | Not reported | Single | Clinical | Randomized intervention | Age: 40-70BMI: >25Type 2 Diabetes MellitusWell enough to participate in a regular walking program. | No | Usual careSelf-management |
| Gram, 20106Europe | Not reported | Single | Newspaper and Clinical | Randomized intervention | Age: 25-80BMI: >25Type 2 Diabetes MellitusType 2 Diabetes Mellitus for >1 yearHemoglobin A1c in the range 7% to 10%Stable anti-diabetic treatment for at least 3 months before inclusionNo symptomatic heart disease No myocardial infarction within the past 3 monthsNo severe lung disease | No | Usual carePhysical activity (2 active arms) |
| Kumanyika, 20057United States | 1992 | Multicenter | Not reported | Randomized intervention | Age: 30-54 Men and women who were at least moderately overweight. Approximately110–165% of the Metropolitan Life Insurance Company weight standards. Diastolic Blood Pressure between 83 and 89Systolic Blood Pressure not over 140mmHg when nine readings taken over three visits were averaged.No current treatment for hypertension.No evidence of cardiovasculardisease, diabetes mellitus, renal insufficiency, or any other serious illness.No current or planned pregnancy. Willingness or ability to adhere to trial procedures. | No | Usual careDiet |
| Plotnikoff, 20118 |  NR |  NR | Other: Diabetes education programs | Randomized intervention | Condition: T2DM,confirmed diagnosis based on glucose or HbA1cNo type1 diabetes or gestational diabetesNo physician identified contraindications associated with PA | NR | Self management |
| Razquin, 20109Razquin, 200910Europe | Not reported | Multicenter | Clinical | Randomized intervention | Age: Men 55-80; women 60-80BMI: >25High cardiovascular risk population: Presence of type 2 diabetes mellitus or three or more coronary heart disease risk factors (e.g., current smoker, blood pressure >140/90 mmHg or use of antihypertensive drugs, low-density lipoprotein cholesterol level >160 mg/dL [4.14 mmol/L] )Family history of premature coronary heart disease before age 55 years in men or age 60 years in women). No history of coronary heart disease or other cardiovascular diseases, any severe chronic illness, drug oralcohol addiction, history of allergy or intolerance to olive oil or nuts, and low predicted likelihood of changing dietary habits according to the Prochaska stages of changemodel | No | Printed information on low-fat dietDiet (2 active arms) |
| Samaras, 199711Australia | Not reported | Single | Clinical | Randomized intervention | Age: 40-70Those performing <1 hour weekly exerciseNIDDMNo history/symptoms or signs of Ischemic Heart DiseaseNot smokingNo specific echocardiogram findings | No | Usual careSelf-managementPhysical Activity |
| Stefanick, 199812Location not reported | Not reported | Single | Not reported | Randomized intervention | Age: women 45-64 and men 30-64BMI: men <34, women <32Men with Heavy density lipoprotein <60,Low density lipoprotein 125-210Women with Heavy density lipoprotein <60 and Low density Lipoprotein 125-190No history of heart disease, stroke, diabetes, recent cancer, other life-threateningillness, or any condition that limited their ability to engage in moderate-intensity exerciseNo current use of insulin or medications for heart problems, blood pressure, or high serum cholesterol levelsNot smoking more than nine cigarettes per dayNo consumption of more than four alcoholic drinks daily. Women agreeing not to change their hormonal therapy, if any, for one year.  | No | Usual careDietPhysical activityDiet, Physical Activity |
| Toobert, 201113 |  NR | Multicenter | Clinical | Randomized intervention | Age: 30-75Condition: T2DMLanguage: English or SpanishEthnicity: Latino/HispanicLiving independently, having a telephone. Not being on an insulin pump, not being developmentally disabled, or having end-stage renal disease. Only randomized if completed baseline assessments. | NR | Usual careCombination |
| Yates, 201014Europe | 2006-2007 | Single | Other : diabetes screening programs | Randomized intervention | BMI: >25BMI: >23 for South AsiansImpaired glucose toleranceMust not have reported taking steroids | No | Printed material: brief information sheet onimpaired glucose tolerance and howPhysical activity can be used to treat ⁄ control the condition.Physical Activity |

BMI = Body Mass Index; HbA1c = Glycated Hemoglobin; HDL = High Density Lipoprotein; IBW = Ideal Body Weight; mg/dl = milligram per deciliter; mmHg = millimeter of mercury (unit of blood pressure); mmol/l = milimole per liter; NIDDM = Non-insulin Dependent Diabetes Mellitus; NR = Not Reported; PA = Physical Activity; T2DM = Type 2 Diabetes Mellitus

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