**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, 19801  United States | Not reported | Single | Clinical | Randomized intervention | 5% calculated IBW  Type 2 Diabetes Mellitus patients  Veteran 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 heart failure, 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 described  Diet |
| Anderssen, 19952 Torjesen, 19973  Europe | 1990-1991 | Single | Other : cohort study in Oslo | Randomized intervention | Age: 41-50  BMI: >24  Atherothrombogenic syndrome  Relatively 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 mmHg Total cholesterol of 5.20-7.74 mmol/l Fasting triglycerides >1.4 mmol/l HDL cholesterol <1.20 mmol/l No overt cardiovascular disease or diabetes Not using drugs that might interfere with test results Not suffering from disease or having personal traits that make them unsuited for participation No refusal to sign the declaration of willingness Not on lipid-lowering diet Not engaging in regular endurance training two times a week or more | No | Usual care  Self-management  Diet  Self-management  Diet  Physical Activity |
| Babazono, 20074  Asia | 2004-2004 | Single | Other: Membership | Randomized intervention | Systolic Blood Pressure 130-159, Diastolic Blood pressure 85-99, or Hemoglobin A1c >5.6  Participants 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 care  Self-management  Diet  Physical Activity |
| Clark, 20045  Europe | Not reported | Single | Clinical | Randomized intervention | Age: 40-70  BMI: >25  Type 2 Diabetes Mellitus  Well enough to participate in a regular walking program. | No | Usual care  Self-management |
| Gram, 20106  Europe | Not reported | Single | Newspaper and  Clinical | Randomized intervention | Age: 25-80  BMI: >25  Type 2 Diabetes Mellitus  Type 2 Diabetes Mellitus for >1 year  Hemoglobin A1c in the range 7% to 10% Stable anti-diabetic treatment for at least 3 months before inclusion No symptomatic heart disease  No myocardial infarction within the past 3 months No severe lung disease | No | Usual care  Physical activity (2 active arms) |
| Kumanyika, 20057  United States | 1992 | Multicenter | Not reported | Randomized intervention | Age: 30-54  Men and women who were at least moderately overweight. Approximately 110–165% of the Metropolitan Life Insurance Company weight standards. Diastolic Blood Pressure between 83 and 89  Systolic Blood Pressure not over 140mmHg when nine readings taken over three visits were averaged.  No current treatment for hypertension.  No evidence of cardiovascular disease, diabetes mellitus, renal insufficiency, or any other serious illness.  No current or planned pregnancy. Willingness or ability to adhere to trial procedures. | No | Usual care  Diet |
| Plotnikoff, 20118 | NR | NR | Other: Diabetes education programs | Randomized intervention | Condition: T2DM,confirmed diagnosis based on glucose or HbA1c  No type1 diabetes or gestational diabetes  No physician identified contraindications associated with PA | NR | Self management |
| Razquin, 20109  Razquin, 200910  Europe | Not reported | Multicenter | Clinical | Randomized intervention | Age: Men 55-80; women 60-80  BMI: >25  High 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 or alcohol 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 change model | No | Printed information on low-fat diet  Diet (2 active arms) |
| Samaras, 199711  Australia | Not reported | Single | Clinical | Randomized intervention | Age: 40-70  Those performing <1 hour weekly exercise  NIDDM  No history/symptoms or signs of Ischemic Heart Disease  Not smoking  No specific echocardiogram findings | No | Usual care  Self-management  Physical Activity |
| Stefanick, 199812  Location not reported | Not reported | Single | Not reported | Randomized intervention | Age: women 45-64 and men 30-64  BMI: men <34, women <32  Men with Heavy density lipoprotein <60,Low density lipoprotein 125-210  Women with Heavy density lipoprotein <60 and Low density Lipoprotein 125-190  No history of heart disease, stroke, diabetes, recent cancer, other life-threatening illness, or any condition that limited their ability to engage in moderate-intensity exercise  No current use of insulin or medications for heart problems, blood pressure, or high serum cholesterol levels  Not smoking more than nine cigarettes per day  No consumption of more than four alcoholic drinks daily.  Women agreeing not to change their hormonal therapy, if any, for one year. | No | Usual care  Diet  Physical activity  Diet, Physical Activity |
| Toobert, 201113 | NR | Multicenter | Clinical | Randomized intervention | Age: 30-75  Condition: T2DM  Language: English or Spanish  Ethnicity: Latino/Hispanic  Living 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 care  Combination |
| Yates, 201014  Europe | 2006-2007 | Single | Other : diabetes screening programs | Randomized intervention | BMI: >25  BMI: >23 for South Asians  Impaired glucose tolerance  Must not have reported taking steroids | No | Printed material: brief information sheet on  impaired glucose tolerance and how  Physical 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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