

Supplementary Table 3. Selection criteria and interventions used by the included studies

Author	Selection Criteria	Interventions used
Kavumpurathu R. Thankappan et al	<ul style="list-style-type: none"> i. No history of diabetes or other chronic illness that might affect their participation in the trial, ii. Being literate in the local language (Malayalam), iii. Not being pregnant, iv. Not taking medications known to affect glucose tolerance (glucocorticoids, antiretroviral drugs and antipsychotics) v. IDRS \geq 60 	12-month community-based peer-support program comprising 15 group sessions (12 of which were led by trained lay peer leaders) and a range of community activities to support lifestyle change.
Xia Dai et al	<ul style="list-style-type: none"> i. Adults aged 55 to 75 years ii. Diagnosis of prediabetes ($5.6 \leq$ fasting plasma glucose [FPG] < 7.0 mmol/L and/or $7.8 \leq$ 2- h glucose [2hPG] < 11.1 mmol/L and/or $5.7\% \leq$ haemoglobin A1c [HbA1c] $< 6.4\%$) iii. tested muscle strength more than or equal to level 4 and the ability to participate in the study timeline. 	<p>1- hour dietary class with a dietitian and a 1- hour exercise training class.</p> <p>3 intervention groups selected by assigning computer-generated random numbers:</p> <ul style="list-style-type: none"> i. Aerobic Training: Aerobic dancing designed by self- developed diabetes quantitative exercise prescription. ii. Resistance training: major muscle group exercises such as leg presses, leg extensions, chest presses, pull downs, rowing, and shoulder presses. iii. Combined training: 30 minutes of resistance training for three non- consecutive days per week, immediately following 30 minutes of aerobic training.

Arpana Gaddam et al	<ul style="list-style-type: none"> i. Men and women aged between 30–70 years ii. Body Mass Index (BMI) \geq 19 kg/m², iii. Fasting plasma glucose (FPG) 100–125 mg/dl (IFG) (or) post 75 g oral glucose load, plasma glucose (oral glucose tolerance test, OGTT) 140–199 mg/dl (IGT) iv. Those who were willing to give informed consent form 	<p>Debitterized, defatted and deodorized Fenugreek fiber with vitamins, minerals and amino acids supplied by an Indian pharmaceutical industry- 5 g twice a day, was given to the intervention group along with 200 ml of water half an hour before meals and they were asked to follow the same dosage regime up to the end of study.</p>
Shaahin Shahbazi et al	<p>Fasting glucose level of 100–125 mg/dL (5.6–6.9 mmol/L) or a 2-h post-glucose challenge in the range of 140–199 mg/dL (7.8–11.0 mmol/L), confirmed by two tests.</p>	<ul style="list-style-type: none"> i. High-monounsaturated fat diet (HMD): 15% from protein, 45% from fat (25% MUFA, 10% PUFA, 10% SFA), and 40% from carbohydrate (source of MUFA was olive oil). ii. Normal fat diet (NFD): 15% from protein, 30% from fat (10% MUFA, 10% PUFA, 10% saturated fatty acid (SFA)), and 55% from carbohydrate. iii. Diet regimen was written for each participant by a dietitian.
Zidu Xu et al	<ul style="list-style-type: none"> i. Aged 18 years or older ii. High risk for diabetes, as measured by the American Diabetes Association (ADA) screening tool (score of 5 or more) iii. Access to WeChat push notifications with a smartphone iv. Agreement to informed consent and further participation in the study 	<p>6-month mobile-based intervention composed of educational material sent by the WeChat subscription account named DHealthBar, WeChat applets (lightweight apps that form part of the WeChat ecosystem, which could be used independently) embedded with online questionnaires, and a check-in applet serving as an online forum with functions similar to Twitter Moments.</p> <p>DHealthBar was designed to educate people at high risk for T2DM about diabetes prevention and specifically focus on providing practical strategies on relevant aspects, such as (1) interventions on behavior change, (2) behavior change instructions, (3) behavior change tracking tools (ie, online questionnaires), and (4) a common space for communication and sharing.</p>