## S5 Appendix 5. GRADE Tables

<table>
<thead>
<tr>
<th>Study design</th>
<th>Quality assessment</th>
<th>Nr of patients</th>
<th>Effect</th>
<th>Quality</th>
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<td>Indirectness</td>
<td>Imprecision</td>
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## Quality assessment

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<th>Other considerations</th>
<th>Intervention</th>
<th>Control</th>
<th>Relative (95% CI)</th>
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<td>MD 0.26 less (0.37 less to 0.15 less)</td>
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CI: Confidence interval; MD: Mean difference; RR: Risk ratio

1. concerns about randomisation
2. concerns about blinding
3. variation in magnitude of intervention effect
4. all participants from high-income countries
5. wide confidence interval
6. Lowensteyn (1998) had industry funding and did not perform intention-to-treat analysis
7. removal of Lowensteyn (1998) reduces heterogeneity to 0%; Lowensteyn (1998) had a small sample size
8. concerns about allocation concealment
9. variation in direction of intervention effect
10. Grover (2007): 23% with existing CVD and 50% with diabetes
11. Bucher (2010): all participants had HIV