

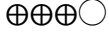



Supplementary material: Summary of findings; diabetes distress





Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	psychosocial interventions	standard care	Relative (95% CI)	Absolute (95% CI)		
Diabetes distress at 3, 6, 12 and 24 months follow-up - Diabetes Distress at 3 months follow-up												
7	randomised trials	not serious ^a	not serious	serious	serious ^d	none	389	349	-	SMD 0.18 lower (0.32 lower to 0.03 lower)	 LOW	
Diabetes distress at 6, 12 and 24 months follow-up - Diabetes distress at 6 months												
8	randomised trials	serious ^a	not serious	not serious	not serious	none	620	613	-	SMD 0.19 lower (0.31 lower to 0.07 lower)	 MODERATE	
Diabetes distress at 6, 12 and 24 months follow-up - Diabetes distress at 12 months												
6	randomised trials	serious ^b	not serious	not serious	not serious	none	791	411	-	SMD 0.22 lower (0.39 lower to 0.04 lower)	 MODERATE	
Diabetes distress at 6, 12 and 24 months follow-up - Diabetes distress at 24 months follow-up												
2	randomised trials	very serious ^c	not serious	not serious	not serious	none	306	357	-	SMD 0.21 lower (0.36 lower to 0.05 lower)	 LOW	

CI: Confidence interval; MD: Mean difference; SMD: Standardised mean difference

Explanations

- Due to high risk and unclear ratings on selective reporting
- Many unclear ratings and high risk on blinded outcome assessor and selective reporting.
- In the study of Gabbay et al (2013) patients in the intervention group that for some reason did not receive the intervention, were added to the control group and due to high risk of attrition bias.
- In all, but one study (Beverly et al 2013), the upper and lower Ci crosses an effect size of 0.5

Supplementary material: Summary of findings; HbA1c

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	psychosocial interventions	standard care	Relative (95% CI)	Absolute (95% CI)		
HbA1c at 3, 6, 12 and 24 months follow-up - HbA1c at 3 months follow-up												
6	randomised trials	not serious	not serious	serious	serious ^a	none	345	317	-	MD 0.17 lower (0.41 lower to 0.06 higher)	 LOW	
HbA1c at 6, 12 and 24 months follow-up - HbA1c at 6 months follow-up												
9	randomised trials	serious ^b	serious ^c	not serious	serious ^a	none	848	823	-	MD 0.27 lower (0.6 lower to 0.06 higher)	 VERY LOW	
HbA1c at 6, 12 and 24 months follow-up - HbA1c at 12 months follow-up												
7	randomised trials	not serious ^d	not serious	not serious	serious ^e	none	977	604		MD 0.02 higher (0.17 lower to 0.22 higher)	 MODERATE	
HbA1c at 6, 12 and 24 months follow-up - HbA1c at 24 months follow-up												
2	randomised trials	very serious ^f	not serious	not serious	not serious	none	310	359	-	MD 0.23 lower (0.5 lower to 0.04 higher)	 LOW	

CI: Confidence interval; MD: Mean difference; SMD: Standardised mean difference

Explanations

- In all included studies, the upper or lower CI crosses an effect size of 0.5.
- Due to high risk and unclear ratings on selective reporting
- High heterogeneity of 79%, which the authors judged were primarily caused by diversity of interventions and CIs not overlapping
- Many unclear ratings and high risk on blinded outcome assessor and selective reporting.
- Due to low sample size in studies by D'Erano 2010 and McEwen 2017 and consequently wide CIs
- In the study of Gabbay et al (2013) patients in the intervention group that for some reason did not receive the intervention, were added to the control group and due to high risk of attrition bias.

Supplementary material: Subgroup analyses: Diabetes distress

Figure 3a: Subgroup analysis 1) Effect of brief (≤4 sessions) versus Intensive (>4 sessions) on DD at longest follow-up

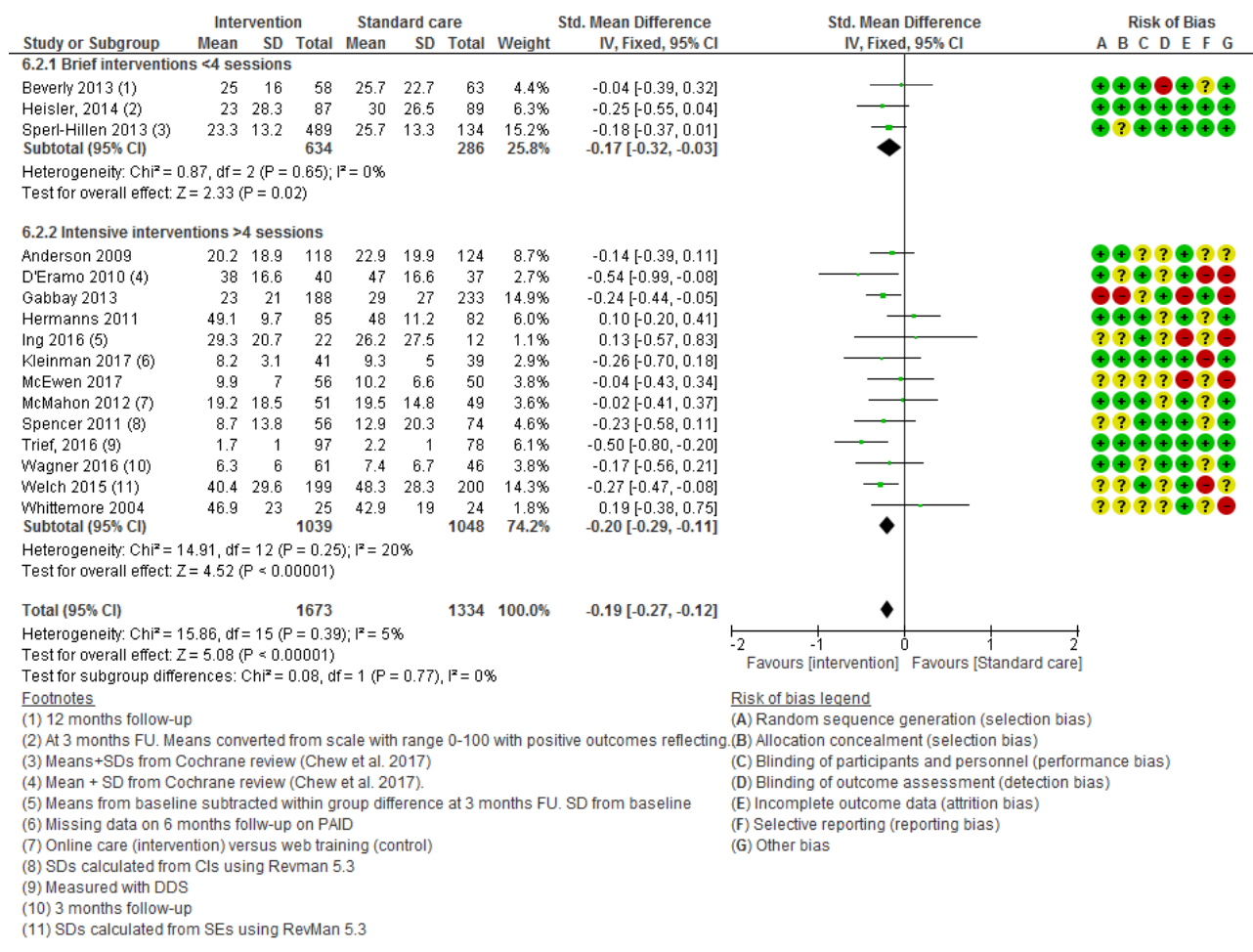


Figure 3b: Individual versus group interventions on DD at longest follow-up

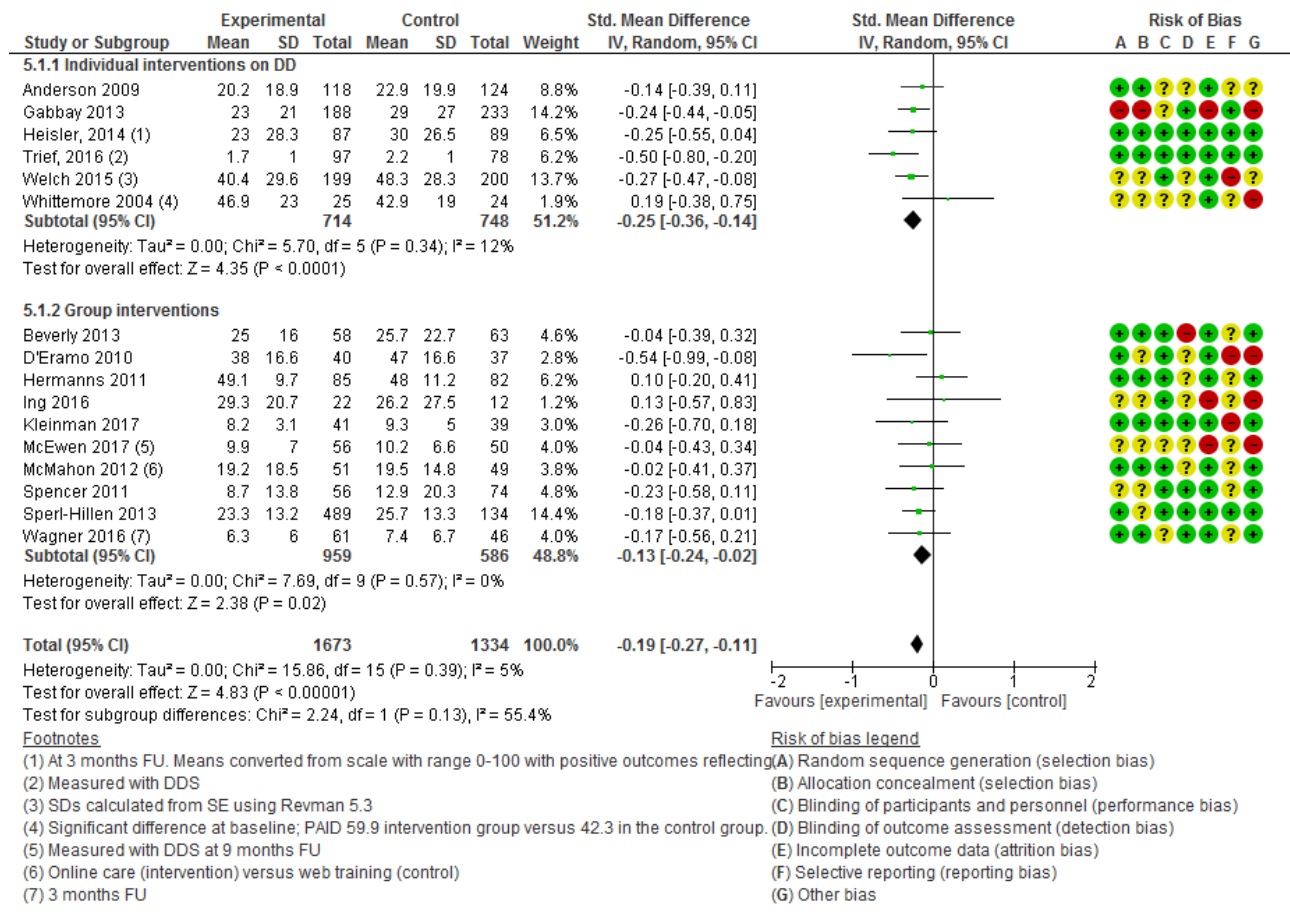
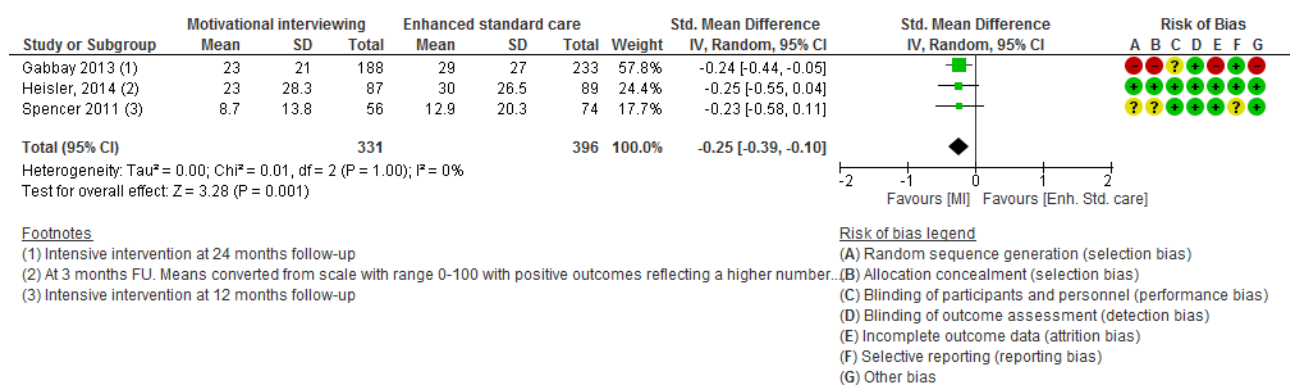


Figure 3c: Motivational interviewing versus standard care on DD at longest follow-up



Supplementary material: Subgroup analyses: HbA1c

Figure 4a) Effect of brief (≤ 4 sessions) versus Intensive (>4 sessions) on HbA1c at longest follow-up

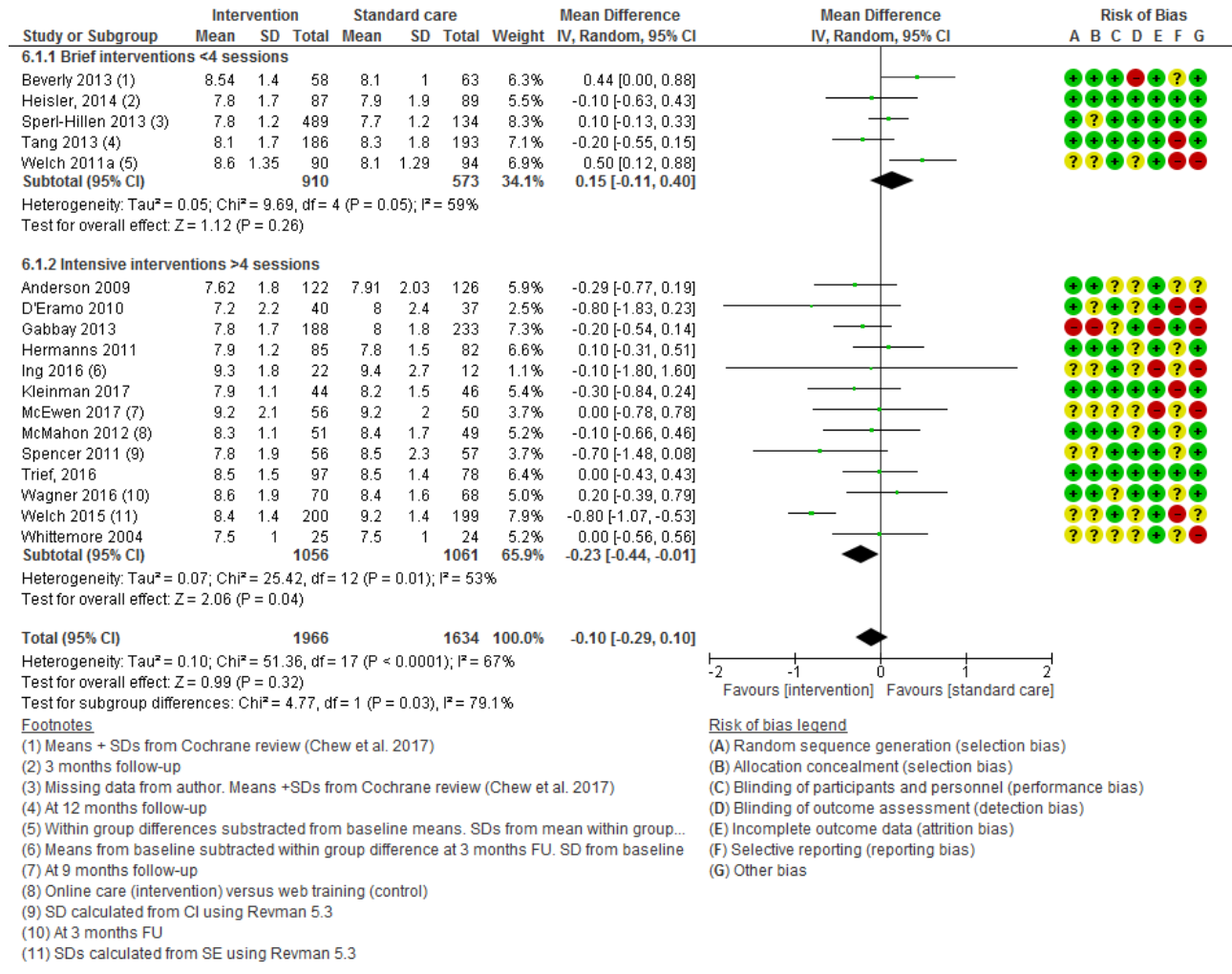


Figure 4b) Individual versus group interventions on HbA1c at longest follow-up

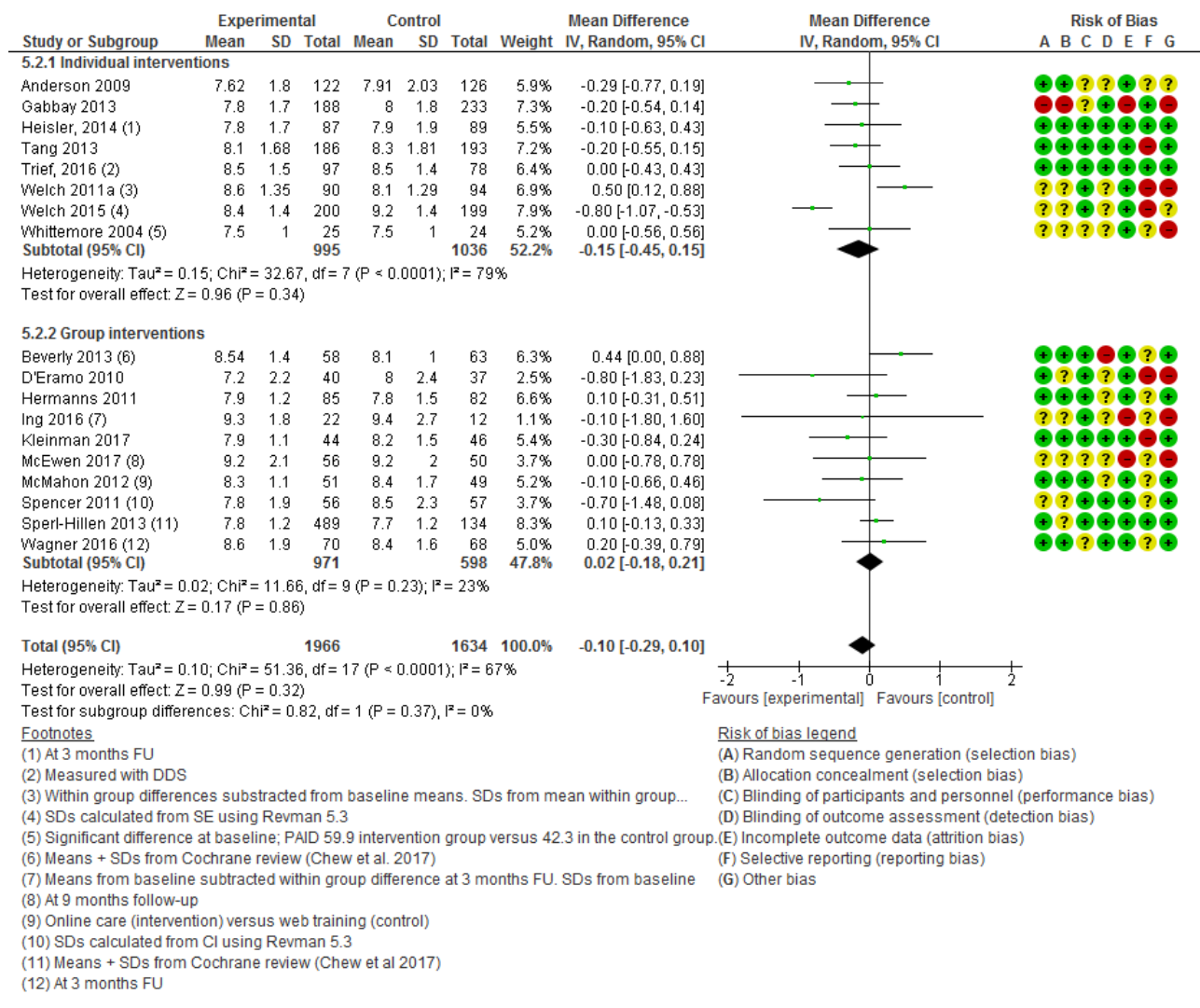


Figure 4c) Motivational interviewing versus standard care on HbA1 at longest follow-up

