

MMAT Assessment: Randomised Controlled Trials

Intervention	Screening Questions		Quantitative Randomised Controlled Trials									
	Are there research questions?	Do the collected data allow to address the research questions?	2.1. Is randomization appropriately performed?	Comment	2.2. Are the groups comparable at baseline?	Comment	2.3. Are there complete outcome data?	Comment	2.4. Are outcome assessors blinded to the intervention provided?	Comment	2.5 Did the participants adhere to the assigned intervention?	Comment
Impact of family support improvement behaviors on anti diabetic medication adherence and cognition in type 2 diabetic patients. (Khosravizade Tabasi et al., 2014)	Yes	Yes	Yes	Selected participants were randomised to either control or intervention.	Yes		Yes		No	Assessors were aware of which group was part of the intervention and control	No	more than 10% withdrew between mid and end point measures
Effectiveness of a Community Health Worker Intervention Among African American and Latino Adults With Type 2 Diabetes: A Randomized Controlled Trial. (Spencer et al., 2011)	Yes	Yes	Yes	Randomised to either intervention or control group	Yes		Yes		Can't tell	Not enough information disclosed	No	More then 80% completed follow up measures
Impact of Peer Health Coaching on Glycaemic Control in Low-Income Patients With Diabetes: A Randomized Controlled Trial. (Thom et al., 2013)	Yes	Yes	Yes	Randomised from the control from medical electronic records	Yes		Yes		No	Assessors were aware of which group was part of the intervention and control	Yes	83% completion
Promotora diabetes intervention for Mexican Americans, (Lujan et al., 2007)	Yes	Yes	Yes	Randomised to either intervention or control group	Yes		Yes		No	Assessors were aware of which group was part of the intervention and control	Yes	80% + retention rate
Family-based intervention by pharmacists for type 2 diabetes: A randomised controlled trial. (Withidpanyawong et al., 2018)	Yes	Yes	Yes	A research pharmacist allocated participants to control or intervention groups through stratified randomisation based on age, diabetes duration, and HbA1c levels.	Yes		Yes		Can't tell	Assessors were aware of which group was part of the intervention and control. Did not mention if the pharmacists were aware of the	Yes	10% lost to follow up in itrvn and 6% in ctrl
Effect of social networks intervention in type 2 diabetes a partial randomised study. (Shaya et al., 2013)	Yes	Yes	No	Partial Randomisation-Index participants only (Approx one third of all participants)	Yes		Yes		No	Assessors were aware of which group was part of the intervention and control	No	Out 138, 6 did not complete first follow up and 37 did complete the second one.
Group Visits Improve Metabolic Control in Type 2 Diabetes. Trento et al., (2001)	Yes	Yes	Yes	Random number tables	Yes		Yes		No	Assessors were aware of which group was part of the intervention and control	No	More than 20% lost to follow up
Effects of a Family-based Diabetes Intervention on Behavioral and Biological Outcomes for Mexican American Adults. (McEwen et al., 2017)	Yes	Yes	Yes	Randomly assigned to either intervention or control group wait list.	Yes		Yes		Can't tell	Did not mention if nurses and peer supporters delivering the intervention were aware of which group they were dealing with	No	More than 10% withdrew between T1-T2 and T2-T3.

Effects of Face-to-Face and Telephone-Based Family-Oriented Education on Self-Care Behavior and Patient Outcomes in Type 2 Diabetes A Randomized Controlled Trial. (Hemmati Maslakpak et al., 2017)	Yes	Yes	Yes	"Patients were randomly allocated into three equal groups of thirty members, using random allocation software (RAS)"	Yes		Yes		No	Assessors were aware of which group was part of the intervention and control	Yes	No participants lost in follow up
Peer-Led, Empowerment-Based Approach to Self-Management Efforts in Diabetes (PLEASED): A Randomized Controlled Trial in an African American Community Tang et al., (2015)	Yes	Yes	Yes	Random sequence generation and group assign- ment were determined centrally just prior to the initial session.	Yes		Yes		No	Participants and staff were blinded to randomization results until completion of baseline assessment.	No	78% Lost to follow up
Peer support for patients with type 2 diabetes: cluster randomised controlled trial. (Smith et al., 2011)	Yes	Yes	Yes	The practices were assigned to control or intervention groups by an independent statistician using minimisation, with stratification based on practice size and whether they already had structured diabetes care in place.	Yes		Yes		Can't tell	Not enough information disclosed	Yes	80% + completion
Comparison of family partnership intervention care vs. conventional care in adult patients with poorly controlled type 2 diabetes in a community hospital: a randomized controlled trial (Kang et al., 2010)	Yes	Yes	Yes	A third party used random number tables to randomise patients into either the FPIC (intervention) or CC (conventional care) group.	Yes		Yes		Can't tell	Did not mention if nurses delivering the intervention were aware of which group they were dealing with	Yes	83% of the participants completed the study
Health and Psychosocial Outcomes of a Telephonic Couples Behaviour Change Intervention in Patients With Poorly Controlled Type 2 Diabetes: A Randomized Clinical Trial. Trief et al., (2016)	Yes	Yes	Yes	Randomisation was conducted using a computer-generated random assignment scheme by region.	Yes		Yes		No	Assessors were aware of which group was part of the intervention and control	No	More than 20% lost to follow up
Mobile-Enhanced Peer Support for African Americans with Type 2 Diabetes: a Randomized Controlled Trial. (Presley et al., 2020)	Yes	Yes	Yes	Participants who provided informed consent were randomized to either the community-based DSME plus mHealth-enhanced peer support intervention or the community-based DSME alone (control) arm.	Yes		Yes		No	Assessors were aware of which group was part of the intervention and control	Yes	97% completion
Contribution of family social support to the metabolic control of people with diabetes mellitus A randomized controlled clinical trial. (Gomes et al., 2017)	Yes	Yes	Yes	Simple randomization using R software to minimise bias.	Yes		Yes		No	Assessors were aware of which group was part of the intervention and control.	No	26% withdrew after baseline (n=222 at baseline vs n=164)

Effectiveness of a Peer Support Programme versus Usual Care in Disease Management of Diabetes Mellitus Type 2 regarding Improvement of Metabolic Control A Cluster-Randomised Controlled Trial. (Johansson et al., 2016)	Yes	Yes	Yes	"To assure concealment of allocation, all patients were cluster-randomised by electronic sequence generation using Research Randomizer".	Yes		Yes		No	Assessors were aware of which group was part of the intervention and control. Peers supporters were also familiar with the details of the study.	Yes	Only 4.2% in intv and 10.1% in Ctrl were lost to follow up
Peer Coaches to Improve Diabetes Outcomes in Rural Alabama: A Cluster Randomized Trial. Safford et al., (2015)	Yes	Yes	Yes	The study statistician used a random-number generator to assign clusters to the two trial arms.	Yes		Yes		No	Assessors were aware of which group was part of the intervention and control	Yes	84% retention rate
Community-Based Peer-Led Diabetes Self-management. (Lorig et al., 2009)	Yes	Yes	Yes	Using random number tables	Yes		Yes		No	Assessors were aware of which group was part of the intervention and control	Yes	More then 80% completed follow up measures
The Effectiveness of an eHealth Family-Based Intervention Program in Patients With Uncontrolled Type 2 Diabetes Mellitus (T2DM) in the Community Via WeChat: Randomized Controlled Trial Feng et al., 2023	Yes	Yes	Yes	According to the methods section of the paper, the study utilized a single-center, 2-parallel-group randomized controlled trial (RCT) design.	Yes		Yes		Can't tell		Yes	A total of 225 patients completed the 1-year study. This indicates a follow-up rate of approximately 98.7%.