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| **Study title** | **Study design** | **Population (Country, Sample Size, Age, Gender)** | **Type of intervention** | **Aim** | **Social Support providers** | **HbA1c follow up periods** | **HbA1c Results** |
| Community-based peer support significantly improves metabolic control in people with Type 2 diabetes in Yaoundé, Cameroon     Assah et al., (2015) | Quasi Experimental Design | Country: Cameroon  Sample size192 participants (96 in the intervention group, 96 in the control group)  Mean Age: 57 years (intervention) vs. 57 years (control)  Gender: 51 women (53%) and 45 men (47%) in both groups | Peer support (community based) | Examine effectiveness of peer support on glycaemic control | Peer supporters who were type 2 diabetes patients with past history of better control | HbA1c in baseline and 6 months | HbA1c reduced from 9.6% to 6.6% in intervention group vs. 9.8% to 8.5% in control after 6 months (p < 0.001) |
| Impact of family support improvement behaviours on anti-diabetic medication adherence and cognition in type 2 diabetic patients.  Khosravizade Tabasi et al. (2014) | RCT | Country: Iran  Sample size: 45 in the intervention group, 46 in the control group (Total = 91)  Mean Age: 53.53 ± 7.58 years  Gender: 23 women (51%) and 22 men (49%) in the intervention group; 25 women (54%) and 21 men (46%) in the control group | Family | Test impact of family support on medication adherence and cognition in type 2 diabetic patients. | A family member/close relative. | HbA1c at baseline and 3 months follow-up | HbA1c decreased by 1.2% in intervention group, increased by 0.3% in control group (p < 0.001) |
| 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) | RCT | Country: USA  Sample size: 164 participants (72 in the intervention group, 92 in the control group)  Mean Age: 50 years (intervention) vs. 55 years (control)  Gender: 54 women (75%) and 18 men (25%) in the intervention group; 62 women (67%) and 30 men (33%) in the control group | Community health worker | Test effectiveness of community health worker intervention on glycaemic control | Community Health Workers (CHW) | HbA1c at baseline and 6 months | HbA1c reduced from 8.6% to 7.8% in 6 months (p < 0.01) |
| Impact of Peer Health Coaching on Glycaemic Control in Low-Income Patients With Diabetes: A Randomized Controlled Trial.     Thom et al. (2013) | RCT | Country: USA  Sample size: 299 participants (148 in the intervention group, 151 in the control group)  Mean Age: 56 years (intervention) vs. 54 years (control)  Gender: 76 women (51%) and 72 men (49%) in the intervention group; 80 women (53%) and 71 men (47%) in the control group | Peer coaching | To test if clinic-based peer health coaching, compared with usual care, improves glycemic control for low-income patients who have poorly controlled diabetes. | Peer health coaches | HbA1c at baseline and 6 months | HbA1c decrease more significant in coached patients (1.07% vs. 0.30%; p = .01) |
| Family intervention to control type 2 diabetes: a controlled clinical trial.  Garcı´a-Huidobro et al. (2010) | Quasi Experimental Design | Country: Chile  Sample size: 243 participants (83 in the intervention group, 76 in control clinic 1, 84 in control clinic 2)  Mean Age: 53 years (intervention) vs. 54 years (control clinic 1) vs. 56 years (control clinic 2)  Gender: 61 women (73%) and 22 men (27%) in the intervention group; 50 women (65%) and 26 men (35%) in control clinic 1; 53 women (62%) and 31 men (38%) in control clinic 2 | Family intervention with motivational interviewing | To determine the effectiveness of a culturally sensitive family-oriented intervention designed to improve metabolic control in primary care patients with uncontrolled T2DM. | Family members | HbA1c at baseline and 6 months and 12 months follow-up. | At 12 months, significant HbA1c reduction in intervention group from 10.3% to 9.2% (p < 0.001); no significant difference between centers |
| Promotora diabetes intervention for Mexican Americans.  Lujan et al. (2007) | RCT | Country: USA  Sample size: 150 participants (75 in the intervention group, 75 in the control group)  Mean Age: 58 years (overall sample)  Gender: 60 women (80%) and 15 men (20%) in the intervention group; 60 women (80%) and 15 men (20%) in the control group | Promotoras (Peer support - community lay workers) | To determine the effectiveness of an intervention led by Community lay workers on the glycaemic control, diabetes knowledge, and diabetes health beliefs of Mexican Americans with type 2 diabetes living in a major city on the Texas-Mexico border. | “promotoras” | HbA1c at baseline, 3 and 6 months | While there were no significant differences at the 3-month assessment, the A1C mean change of the intervention group was significantly greater than that of the control group at the 6-month assessment, [F(1, 148) = 10.28, P < .001]. |
| Family-based intervention by pharmacists for type 2 diabetes: A randomized controlled trial.     Withidpanyawong et al. (2018) | RCT | Country: Thailand  Sample size: 196 participants (98 in the intervention group, 98 in the control group)  Mean Age: 61 years (intervention) vs. 58 years (control)  Gender: 64 women (73%) and 24 men (27%) in the intervention group; 69 women (75%) and 23 men (25%) in the control group | Family-based pharmacist intervention | To investigate the effectiveness of family intervention for type 2 diabetes and to examine predictors of glycaemic control. | Family members | HbA1c at baseline and 9 months follow-up | Over the 9-month intervention period, HbA1c reduced by 1.37% in intervention vs. 0.21% in control  (p < 0.001). |
| Effect of a group adherence intervention for Mexican-American older adults with type 2 diabetes    Haltiwanger (2012) | Quasi Experimental Design | Country: USA  Sample size: 20 participants (5 peer mentors and 15 mentees)  Mean Age: 60–85 years (range, no mean reported)  Gender: 12 women (75%) and 4 men (25%) | Peer mentoring | To evaluate the effect of a culturally tailored, peer-led support group intervention on improvement in adherence behaviours of Mexican American older adults with type 2 diabetes mellitus. | Peer mentors | HbA1c at baseline 2, 4 and 6 months | The HbA1c results were significant at the (P < 0.05) level between pre-test and the 4-mo post-test 2, and a stabilizing effect was found at the 6-months post-test. |
| A Family-Based, Culturally-Tailored Diabetes Intervention for Hispanics and Their Family Members     Hu et al. (2016) | Quasi Experimental Design | Country: USA  Sample size: 92 participants (51 in the intervention group, 41 in the control group)  Mean Age: 49 years (intervention) vs. 49 years (control)  Gender: 29 women (57%) and 22 men (43%) in the intervention group; 25 women (61%) and 16 men (39%) in the control group | Family-based culturally tailored intervention | The purpose of this study was to test efficacy of a family-based, culturally tailored intervention for Hispanics with type 2 diabetes and their family members. | Family members | HbA1c at baseline, 1 and 6 months | Significant HbA1c reduction post-intervention (7.7% intevrention vs. 8.7% in control; p = 0.020) |
| A Culturally Sensitive Diabetes Peer Support for Older Mexican Americans.     Haltiwanger and Brutus (2011) | Mixed Methods | Country: USA  Sample size: 42 participants (32 in the intervention group, 10 in the control group)  Mean Age: 72 years (median 74 years, range 60–85)  Gender: 26 women (62%) and 16 men (38%) | Peer support | To determine the effectiveness of a peer-led diabetes support group intervention in improving self-management adherence for Mexican-American elders with type 2 diabetes. | Peer mentors | Follow-up: 2,4 and 6 months (also referred to as post-test 1,2 and 3 respectively). | Significant HbA1c reduction at post-tests; 1.0% or more drop in 49.6% of intervention patients (p < 0.001) |
| Effect of social networks intervention in type 2 diabetes a partial randomised study.  Shaya et al. (2013) | Partially Randomized Study | Country: USA  Sample size: 138 participants (68 in the intervention group, 70 in the control group)  Mean Age: 54 years (intervention) vs. 52 years (control)  Gender: 38 women (56%) and 30 men (44%) in the intervention group; 35 women (50%) and 35 men (50%) in the control group | Peer support (Social network intervention) | Assess the impact of social networks on type 2 diabetes management in a largely African American population in Baltimore. | Peers’ supportive group | HbA1c at baseline and two follow-ups at 3 and 6 months | Greater HbA1c reduction in intervention group at 6 months (-0.77% vs. -0.51%; p < 0.03) |
| A demonstration of peer support for Ugandan adults with type 2 diabetes.    Baumann et al., (2014) | Mixed Methods | Country: Uganda  Sample size: 46 participants (19 peer champions, 27 peer partners)  Mean Age: 53 years (overall sample)  Gender: 10 women (63%) and 6 men (37%) in the champion group; 18 women (72%) and 7 men (28%) in the partner group | Peer support | Test the feasibility of a peer intervention to improve the following: (1) diabetes self-care behaviours, (2) glycaemic control, (3) social support and emotional well-being, (4) linkages to health care providers, and (5) to assess the sustainability of the intervention 18 months later. | Peer supporters | HbA1c at baseline (T1 - two weeks before the intervention) and 4 months (T2) | Significant drop in HbA1c from 11.1% to 8.3% in 4 months (p < 0.005) |
| Group Visits Improve Metabolic Control in Type 2 Diabetes.      Trento et al., (2001) | RCT | Country: Italy  Sample size: 112 participants (56 in the intervention group, 56 in the control group)  Mean Age: 62 years (intervention) vs. 61 years (control)  Gender: 27 women (48%) and 29 men (52%) in the intervention group; 34 women (61%) and 22 men (39%) in the control group | Group visits | Evaluate if group visits, delivered as routine diabetes care and structured according to a systemic education approach, are more effective than individual consultations in improving metabolic control in non–insulin-treated type 2 diabetes. | Social support was facilitated by the group sessions, where patients interacted with each other and the healthcare providers in a structured, educational setting. | HbA1c at baseline and 2-year follow-up | Stable HbA1c in intervention group after 2 years, worsened in control (p < 0.002) |
| Effects of a Family-based Diabetes Intervention on Behavioural and Biological Outcomes for Mexican American Adults.    McEwen et al., (2017) | RCT | Country: USA  Sample size: 157 participants (83 in the intervention group, 74 in the control group  Mean Age: 54 years (intervention) vs. 53 years (control)  Gender: 49 women (59%) and 34 men (41%) in the intervention group; 53 women (72%) and 21 men (28%) in the control group | Family-based diabetes intervention | The purpose of the study was to investigate the effects of a family-based self-management support intervention for adults with type 2 diabetes (T2DM). | Family members | HbA1c at baseline, T1 3(months post intervention), and T2 (6 months post intervention) | No significant change in HbA1c over time, slight decrease in intervention group |
| Effects of Face-to-Face and Telephone-Based Family-Oriented Education on Self-Care Behavior and Patient Outcomes in Type 2 Diabetes A Randomised Controlled Trial.    Hemmati Maslakpak et al., (2017) | RCT | Country: Iran  Sample size: 90 participants (30 in the face-to-face education group, 30 in the telephone-based education group, 30 in the control group)  Mean Age: 50 years (face-to-face group), 49 years (telephone group), 49 years (control)  Gender: 15 women (50%) and 15 men (50%) in the face-to-face group; 13 women (43%) and 17 men (57%) in the telephone group; 11 women (37%) and 19 men (63%) in the control group | Family-oriented education (Face-to-Face and Telephone-Based) | Compare the effects of a face-to-face and telephone-based family-oriented educational program on self-care behaviour and patient outcomes in type 2 diabetes patients. | Family members | HbA1c at baseline and 3 months follow-up | No significant change in HbA1c levels (p > 0.05) for both intervention group*s)*. |
| Peer-Led, Empowerment-Based Approach to Self-Management Efforts in Diabetes (PLEASED): A Randomised Controlled Trial in an African American Community.  Tang et al., (2015) | RCT | Country: USA  Sample size: 106 participants (54 in the intervention group, 52 in the control group)  Mean Age: 57 years (intervention) vs. 56 years (control)  Gender: 17 men (31%) and 37 women (69%) in the intervention group; 18 men (35%) and 34 women (65%) in the control group | Peer-Led Empowerment-Based Approach (PLEASED) | Compare a 3-month diabetes self-management education (DSME) program followed by a 12-month peer support intervention with a 3-month DSME program alone in terms of initial and sustained improvements in glycated hemoglobin (HbA1c). | Peer leaders | Baseline and  3,9 and 15 months. | Neither the intervention nor the control group showed any change in mean HbA1c at 3, 9, or 15 months (P > 0.05). |
| Peer support for patients with type 2 diabetes: cluster randomised controlled trial.       Smith et al., (2011) | RCT | Country: Ireland  Sample size: 395 participants (192 in the intervention group, 203 in the control group)  Mean Age: 66 years (intervention) vs. 63 years (control)  Gender: 88 women (46%) and 104 men (54%) in the intervention group; 93 women (46%) and 110 men (54%) in the control group | Peer support | Test effectiveness of peer support on glycaemic control | Peer supporters. | HbA1c at baseline and 2 year follow-up | No significant differences in HbA1c at 2-year follow-up (mean difference −0.08%). |
| Comparison of family partnership intervention care vs. conventional care in adult patients with poorly controlled type 2 diabetes in a community hospital: a randomised controlled trial    Kang et al., (2010) | RCT | Country: Taiwan  Sample size: 56 participants (28 in the intervention group, 28 in the control group)  Mean Age: 55 years (intervention) vs. 52 years (control)  Gender: 16 men (57%) and 12 women (43%) in the intervention group; 14 men (50%) and 14 women (50%) in the control group | Family | This study compares family partnership intervention care (FPIC) with conventional care (CC) in patients with poorly controlled T2DM | Primary family member. | HbA1c at baseline and 6 months | Slight but non-significant HbA1c reduction in FPIC vs. CC (p = 0.46) |
| 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) | RCT | Country: USA  Sample size: 280 participants (104 in the couples intervention group, 94 in the individual intervention group, 82 in the diabetes education group)  Mean Age: 57 years (couples intervention), 56 years (individual intervention), 57 years (diabetes education)  Gender: 65 women (63%) and 39 men (37%) in the couples intervention group; 58 women (62%) and 36 men (38%) in the individual intervention group; 49 women (63%) and 29 men (37%) in the diabetes education group | Couples | To compare glycemic control and secondary outcomes of a 4-month telephonic couples' behavioral intervention. | Patients’ partners in the intervention group – also referred to as Couples Call group (CC). | HbA1c at baseline, 4, 8 and 12 months | Significant HbA1c reductions at all follow-ups; no significant group differences. |
| Mobile-Enhanced Peer Support for African Americans with Type 2 Diabetes: a Randomised Controlled Trial.  Presley et al., (2020) | RCT | Country: USA  Sample size: 120 participants (70 in the intervention group, 50 in the control group)  Mean Age: 55 years (intervention) vs. 55 years (control)  Gender: 42 women (68%) and 20 men (32%) in the intervention group; 27 women (77%) and 8 men (23%) in the control group | Mobile-enhanced peer support | To compare a community-based diabetes self-management education (DSME) plus mobile health (mHealth)–enhanced peer support intervention to community-based diabetes self-management education (DSME) alone for African American adults with poorly controlled type 2 diabetes. | Community health workers | HbA1c at baseline and 6 months follow-up | Significant HbA1c reduction in both groups; no significant difference between them (p = 0.21) |
| Contribution of family social support to the metabolic control of people with diabetes mellitus A randomised controlled clinical trial.    Gomes et al., (2017) | RCT | Country: Brazil  Sample size: 164 participants (108 in the intervention group, 114 in the control group)  Mean Age: 60 years (overall sample)  Gender: 61 women (57%) and 47 men (43%) in the intervention group; 66 women (58%) and 48 men (42%) in the control group | Family social support | Evaluate the contribution of family support to metabolic control | Family members were included in the education program as a source of social support. | HbA1c at T0 (Before the start of the intervention - baseline) and T6 (Six months after the start of the intervention) and T12 (3 months after the end of the intervention). | Clinical improvement was evident in the comparison analysis between study times within groups; there was a greater HbA1c reduction in intervention group at 6 and 12 months |
| Type 2 Diabetes Self-Management Social Support Intervention at the U.S.-Mexico Border.  McEwen et al., (2010) | Quasi Experimental Design | Country: USA  Sample size: 21 participants  Mean Age: 54 years (overall sample)  Gender: 17 women (81%) and 4 men (19%) | Peer support | Pilot test efficacy of a culturally tailored diabetes self- management social support intervention for Mexican American adults with type 2 diabetes (T2DM) in the Arizona-Mexico border region. | Peer supporters | HbA1c at baseline, T1 3(months post intervention), and T2 (6 months post intervention) | Participants’ A1C did not significantly change over time (group by time interaction). For both groups, A1C decreased slightly from baseline to T2, with the decrease greater for the intervention group (*p* > 0.05). |
| 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) | RCT | Country: Austria  Sample size: 337 participants (148 in the intervention group, 189 in the control group)  Mean Age: 62 years (intervention) vs. 64 years (control)  Gender: 76 women (51%) and 72 men (49%) in the intervention group; 97 women (51%) and 92 men (49%) in the control group | Peer coaching plus Disease Management Program (DMP) | Testing the effectiveness of peer support additionally to a DMP for type 2 diabetes patients. | Social support in the intervention was provided peer supporters and facilitated through group interactions | HbA1c at baseline and 2-year  follow-up | No significant differences in HbA1c reduction between groups (p > 0.05). |
| Peer Coaches to Improve Diabetes Outcomes in Rural Alabama: A Cluster Randomized Trial.    Safford et al., (2015) | RCT | Country: USA  Sample size: 424 participants (198 in the intervention group, 226 in the control group)  Mean Age: 60 years (overall sample)  Gender: 131 women (78%) and 37 men (22%) in the intervention group; 140 women (73%) and 52 men (27%) in the control group | Peer coaches | Examine peer coaching's effect on diabetes outcomes in rural Alabama | Peer coaches | HbA1c at baseline and within 15 months | The intervention arm participants had significant differences in changes in secondary outcomes; no significant change in HbA1c |
| Community-Based Peer-Led Diabetes Self-management.     Lorig et al., (2009) | RCT | Country: USA  Sample size: 345 participants (186 in the intervention group, 159 in the control group)  Mean Age: 67 years (intervention) vs. 65 years (control)  Gender: 70 women (38%) and 116 men (62%) in the intervention group; 60 women (38%) and 99 men (62%) in the control group | Community-based peer-led self-management | Determine the effectiveness of a community-based diabetes self-management program comparing treatment participants to a randomized usual-care control group at 6 months. | Peer leaders | HbA1c at baseline and 6 months and 1 year follow-up | No significant improvement in HbA1c at 6 months |
| A Family-Based Diabetes Intervention for Hispanic Adults and Their Family Members.     Hu et al., (2013) | Quasi Experimental Design | Country: USA  Sample size: 36 participants with diabetes, 37 family members (total = 73)  Mean Age: 50 years (participants with diabetes), 41 years (family members)  Gender: 27 women (75%) and 9 men (25%) in the participant group; 26 women (70%) and 11 men (30%) in the family member group | Family-based intervention for Hispanic adults | Examine the effects of a family-based intervention program on diabetes self-management behaviors, A1C, other biomarkers, psychosocial factors, and health-related quality of life in Hispanics with diabetes. | Family members | HbA1c at baseline, post-test and 1 month follow-up | Significant changes in A1C over time (P > 0.001), with a notable difference at 1 month post-intervention (p = 0.005) |
| The Effectiveness of an eHealth Family-Based Intervention  Program in Patients With Uncontrolled Type 2 Diabetes Mellitus  (T2DM) in the Community Via WeChat: Randomised Controlled  Trial.  Feng et al., (2023) | RCT | Country: China  Sample size: 225 participants (113 in the intervention group, 112 in the control group)  Mean Age: 66 years (intervention) vs. 65 years (control)  Gender: 53 men (47%) and 60 women (53%) in the intervention group; 56 men (50%) and 56 women (50%) in the control group | eHealth family-based intervention via WeChat | The study aimed to develop and validate an eHealth family-based intervention program for type 2 diabetes mellitus (T2DM) patients at community health centers, focusing on improving knowledge, attitudes, and behaviors to enhance glucose control through a well-designed trial. | The intervention in the study was delivered by family practitioners and doctors in the prevention and health section of the community health service centers. | HbA1c at baseline and 1 year follow-up | Significant reduction in HbA1c after 12 months; intervention group achieved 7.3% vs. 7.9% in control (p = 0.004) |