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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: CameroonSample 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: IranSample size: 45 in the intervention group, 46 in the control group (Total = 91)Mean Age: 53.53 ± 7.58 yearsGender: 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: USASample 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: USASample 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: ChileSample 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: USASample 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: ThailandSample 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: USASample 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: USASample 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: USASample 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: USASample 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: UgandaSample 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: ItalySample 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: USASample size: 157 participants (83 in the intervention group, 74 in the control groupMean 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: IranSample 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: USASample 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: IrelandSample 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: TaiwanSample 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: USASample 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: USASample 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: BrazilSample 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: USASample size: 21 participantsMean 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: AustriaSample 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: USASample 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: USASample 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: USASample 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: ChinaSample 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)  |