PICO 10: Er der evidens for, at et supplerende telemedicinsk tilbud kan forbedre effekten af rehabilitering ved type 2 diabetes?

Methods

Criteria for considering studies for this review

Types of outcome measures

Primary outcomes

HbA1c >= 1 år - kritisk

QoL – længste follow-up

Secondary outcomes

Følgende outcomes er vurderet vigtige:

BMI >= 1 år

HbA1c< 1 år

Komplikationer >= 1 år

Hjertekarsygdom >= 1 år

Frafaldsrate - efter endt forløb

Selvvurderet helbred - længste follow-up

Kost (adfærdstest) - længste follow-up

Fysisk aktivitet - længste follow-up

Characteristics of studies

Characteristics of included studies

Glasgow 2012

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** intervention ● *age:* 58.7/57.8 ● *females (%):* 44.6/53.7 ● *HbA1c (%):* 8.14(0.1) ● *number:* 331 control ● *age:* 58.7(9.1) ● *females (%):* 51.5 ● *HbA1c (%):* 8.16(0.16) ● *number:* 132 **Included criteria:** type 2 diabeets, 25-75 yrs, BMI > 25, at least one risk factor (hypertension, dyslipidemia, Smoking), acces to phone and internet. **Excluded criteria:** none indicated
Interventions	**Intervention Characteristics** intervention ● *intervention:* CASMCASM participants were given access to the "My Path to HealthyLife"/"Mi Camino A La Vida Sana" website and instructed in log-in,navigation, and usage procedures by a research staff member.Participants were asked to select initial, easily achievable goals ineach of three areas: medication adherence, physical activity, andfood choices. They recorded their progress on these three dailygoals using the tracking section of the website and receivedimmediate feedback on success in meeting their goals over the past7 days. The website, described in detail elsewhere [28], included agraphic display of the patient's hemoglobin A1c, blood pressure,and cholesterol results; a moderated forum; and communityresources (e.g., healthful recipes, printable handouts) for diabetesself-management and healthful lifestyles, as well as features toenhance user engagement, such as rotating quiz questions andmotivational tips.After 6 weeks, participants created personalized "action plans"for medication

taking, healthy eating, and physical activity. Foreach of the three areas, users identified barriers to achieving thegoal(s) they had selected, and then chose from a list of problemsolvingstrategies to overcome those barriers [29]. Each user'saction plan summary was available for easy reference and revision.In addition to the website, CASM participants received periodicmotivational calls and prompting using a computer-basedtelephone system that initiated outbound calls, received inboundcalls, and collected data.CASM+CASM+ participants received all aspects of the CASM interventionwith the addition of two follow-up calls from an interventionist,and an invitation to attend three group visits with otherparticipants in the same study condition. The two extra follow-upcalls occurred 2 and 8 weeks after the initial visit to answer anyintervention-related questions and troubleshoot problems withthe website or self-management goals, and to discuss theparticipant's action plans, respectively. The first call was from aresearch project staff member and the second call to coordinatewith the patients more general diabetes management goals wasfrom a KPCO diabetes care coordinator.The 120-min group sessions focused on (1) healthy eating,interacting with one's physician and using community resourcesand (2) maintenance enhancement through the use of analyzingpersonal behavior chains related to relapse [30]. The first groupsession for CASM+ participants, scheduled after their action planswere created, focused on healthful eating, and was led by anutritionist. The meeting included information on healthful restaurant eating behaviors and grocery shopping tips. The second group visit was designed to supplement the Behavior Chainexercise introduced to enhance maintenance of the CASM+intervention. The Behavior Chain Activity was designed to helpparticipants understand that lapses in healthful eating, physicalactivity, and medication-taking practices usually result from achain of behaviors leading up to the lapse. The Behavior Chain linksmay be thought of as high-risk situations in which unhealthfulbehaviors may be substituted for healthful ones. To prevent futurelapses, the activity was designed to help participants identify theirlinks, and then develop strategies for each link in their ownBehavior Chain. The third group meeting was led by a bilingualfamily physician to educate participants about communitydiabetes resources and how to obtain maximum benefit fromtheir doctor visits.

control

- *intervention:* enhanced usual care

Outcomes

Continuous:

- HbA1c
- HbA1c
- self efficacy
- health distress
- BMI
- HbA1c

- Self efficacy
- general health state
- diabetes distress
- eating habits
- fat intake
- Phys acitivity

Dichotomous:
- frafald
- komplikation
- CVD

Identification

Sponsorship source: Grant DK35524 from the national Institute of Diabetes and Digestive and Kidney Diseases

Country: USA

Setting: 5 primary care clinics with Kaiser Permanente Colorado

Comments:

Authors name: Glasgow RE

Institution: Institute for Health Research, Kaiser Permanente Colorado, Denver

Email: glasgowre@mail.nih.gov

Address: Dissemination and Implementation Science, Division of cancer control and popultions science, National cancer Institute, 6130 Executive Bldv, Room 6144, Rockville, MD 20852, USA

Notes

Identification:

Participants:

Study design:

Baseline characteristics:

Intervention characteristics:

Pretreatment:

Continuous outcomes:

Ole Snorgaard mean and SE values are intention-to-treat data.

Dichotomous outcomes:

Adverse outcomes:

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	-
Allocation concealment (selection bias)	Unclear risk	-
Blinding of participants and personnel (performance bias)	Low risk	Objective meassures
Blinding of outcome assessment (detection bias)	Low risk	Objective meassures
Incomplete outcome data (attrition bias)	High risk	Large skewed dropout (14/58) and (8/58) and no intention to treat analysis.
Selective reporting (reporting bias)	Low risk	few studies in the literature shows different results, selctive outcome reporting therefore not likely
Other bias	Low risk	

Orsama 2013

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** intervention ● *age:* 62.3(6.5) ● *females (%):* 46 ● *HbA1c (%):* 6.86(1.56) ● *number:* 24 control ● *age:* 61.5(9.1) ● *females (%):* 46 ● *HbA1c (%):* 7.09(1.51)

- *number:* 24

Included criteria: type 2 diabetes, age 30-70, HbA1c >= 6.5%, BP >140/90
Excluded criteria: expected poor compliance, pregnancy, life expectancy < 1 yr, psychiatric disorder, abuse

Interventions

Intervention Characteristics
intervention

- *intervention:* mobile phone remote patient reporting with feed back,guided by health behavior change theory, aimed at impproving self-management and healthe status

control

- *intervention:* Education and Medical care with followup

Outcomes

Continuous:
- HbA1c
- self efficacy
- health distress
- HbA1c
- eating habits
- HbA1c
- Phys activity
- fat intake
- Self efficacy
- general health state
- BMI
- diabetes distress

Dichotomous:
- CVD
- komplikation
- frafald

Identification

Sponsorship source: The Finnish Funding Agency for Technology and Innovation and Bayer HealthCare LLC, Diabetes Care
Country: Finland

PICO 10: Er der evidens for, at et supplerende telemedicinsk tilbud kan forbedre...

25-Jun-2015

	Setting: VTT Research Center of Finland, Helsinki
	Comments:
	Authors name: Orsama
	Institution: VTT Research Center of Finland, Helsinki
	Email:
	Address: VTT Research Center of Finland, Helsinki
Notes	**Identification:**
	Participants:
	Study design:
	Baseline characteristics:
	Intervention characteristics:
	Pretreatment:
	Continuous outcomes:
	Dichotomous outcomes:
	Adverse outcomes:

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Comment: Randomization stratified by sex and age
Allocation concealment (selection bias)	Low risk	Comment: Excel-generated random numbers
Blinding of participants and personnel (performance bias)	High risk	Comment: blinding not possible
Blinding of outcome assessment (detection bias)	Low risk	Comment: No blinding but objective outcomes
Incomplete outcome data (attrition bias)	Unclear risk	Comment: low and equal drop-out rate. 6 in the intervention Group and 5 in the controlgroup were given training in glucose monitoringdropout 3/27 and 5/29. No description of reasons for dropouts and no intention to treat analysis.
Selective reporting (reporting bias)	Unclear risk	Comment: No trial protocol

| Other bias | High risk | Comment: patients was self-selected to participate and therefore motivated for the technology. |

Welch 2011

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Comment: Not described how randomisation was done
Allocation concealment (selection bias)	Unclear risk	-
Blinding of participants and personnel (performance bias)	Low risk	Comment: No blinding but objective meassures not likely to be influenced by this
Blinding of outcome assessment (detection bias)	Low risk	-
Incomplete outcome data (attrition bias)	High risk	High, skewed dropout. No itt analysis
Selective reporting (reporting bias)	Low risk	Comment: few studies in the literature shows different results, selctive outcome reporting therefore not likely
Other bias	Low risk	-

Characteristics of excluded studies

Avdal 2011

Reason for exclusion	Wrong intervention

Bond 2007

Reason for exclusion	Wrong patient population

Bond 2010

Reason for exclusion	Wrong patient population

Dale 2009

Reason for exclusion	Wrong comparator

Eakin 2014

Reason for exclusion	Wrong comparator

Faridi 2008

Reason for exclusion	unclear randomisation

Glasgow 2010

Reason for exclusion	preliminary results of included study

Jennings 2014

Reason for exclusion	Wrong intervention

Liebreich 2009

Reason for exclusion	Wrong comparator

Lorig 2010

Reason for exclusion	Wrong comparator

McMahon 2012

Reason for exclusion	Wrong intervention

Noh 2010

Reason for exclusion	Wrong intervention

Ralston 2009

Reason for exclusion	Wrong comparator

Tang 2013

Reason for exclusion	Wrong comparator

Waki 2014

Reason for exclusion	Wrong comparator

Williams 2012

Reason for exclusion
Wrong comparator

Footnotes

Characteristics of studies awaiting classification

Footnotes

Characteristics of ongoing studies

Footnotes

Summary of findings tables

Additional tables

References to studies

Included studies

Glasgow 2012

Glasgow RE, Kurz D, King D, Dickman JM, Faber AJ, Halterman E, et al.. Twelve-month outcomes of an Internet-based diabetes self-management support program.. Patient Education & Counseling 2012;87(1):81-92. [DOI: http://dx.doi.org/10.1016/j.pec.2011.07.024]

Orsama 2013

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Studies awaiting classification

Ongoing studies

Other references

Additional references

Other published versions of this review

Data and analyses

1 intervention vs control

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 HbA1c <1 år	3	605	Mean Difference (IV, Random, 95% CI)	-0.17 [-0.42, 0.07]

1.2 HbA1c >= 1 år	1	463	Mean Difference (IV, Random, 95% CI)	0.12 [-0.21, 0.45]
1.3 Self efficacy < 1 year higher = better	1	463	Mean Difference (IV, Random, 95% CI)	-0.40 [-0.74, -0.06]
1.4 Self efficacy longest f.u. higher = better	1	463	Mean Difference (IV, Random, 95% CI)	-0.31 [-0.67, 0.05]
1.5 general health state < 1 year higher=better	1	463	Mean Difference (IV, Random, 95% CI)	0.00 [-3.10, 3.10]
1.6 general health state longest f.u. higher=better	1	463	Mean Difference (IV, Random, 95% CI)	0.60 [-2.77, 3.97]
1.7 diabetes distress < 1 year lower=better	1	463	Mean Difference (IV, Random, 95% CI)	-0.16 [-1.35, 1.03]
1.8 diabetes distress longest f.u. lower=better	1	463	Mean Difference (IV, Random, 95% CI)	-0.06 [-0.29, 0.17]
1.9 eating habits < 1 year higher=better	1	463	Mean Difference (IV, Random, 95% CI)	-0.13 [-0.17, -0.09]
1.10 eating habits longest f.u. higher=better	1	463	Mean Difference (IV, Random, 95% CI)	-0.09 [-0.16, -0.02]
1.11 Phys actiivity (cal/week)< 1 year	1	463	Mean Difference (IV, Random, 95% CI)	-706.00 [-1335.30, -76.70]
1.12 Phys actiivity longest f.u.	1	463	Mean Difference (IV, Fixed, 95% CI)	-360.00 [-1044.56, 324.56]
1.13 frafald endt forløb	3	632	Risk Ratio (IV, Random, 95% CI)	1.17 [0.47, 2.91]

Figures

Figure 1 (Analysis 1.1)

Study or Subgroup	intervention Mean	SD	Total	control Mean	SD	Total	Weight	Mean Difference IV, Random, 95% CI	Mean Difference IV, Random, 95% CI	Risk of Bias A B C D E F G
Glasgow 2012	8	1.63740649	331	8.02	1.60847754	132	55.2%	-0.02 [-0.35, 0.31]		
Orsama 2013	-0.37	0.89981256	24	0	0.88731516	24	23.0%	-0.37 [-0.88, 0.14]		
Welch 2011	-0.95	1.32	50	-0.59	1.24	44	21.9%	-0.36 [-0.88, 0.16]		
Total (95% CI)			405			200	100.0%	-0.17 [-0.42, 0.07]		

Heterogeneity: Tau² = 0.00; Chi² = 1.93, df = 2 (P = 0.38); I² = 0%

Test for overall effect: Z = 1.41 (P = 0.16)

Favours intervention   Favours control

Risk of bias legend

(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 intervention vs control, outcome: 1.1 HbA1c <1 år.

Figure 2 (Analysis 1.2)
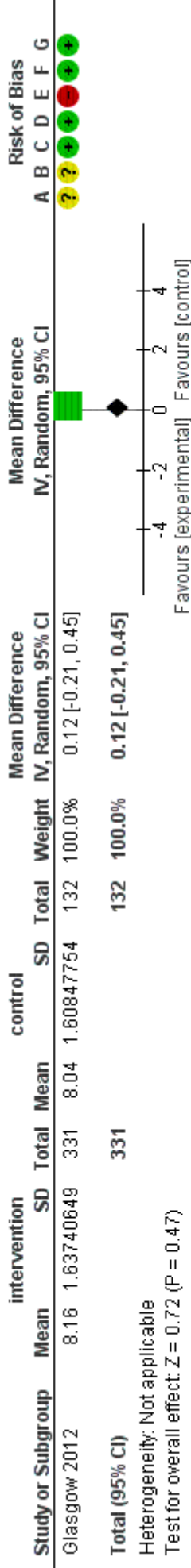
Study or Subgroup	intervention			control				Mean Difference	Mean Difference	Risk of Bias
	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI	A B C D E F G
Glasgow 2012	8.16	1.63740649	331	8.04	1.60847754	132	100.0%	0.12 [-0.21, 0.45]		? ? + + + + +
Total (95% CI)			331			132	100.0%	0.12 [-0.21, 0.45]		

Heterogeneity: Not applicable
Test for overall effect: Z = 0.72 (P = 0.47)

Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 intervention vs control, outcome: 1.2 HbA1c >= 1 år.

Figure 3 (Analysis 1.3)

Study or Subgroup	intervention			control				Mean Difference	Mean Difference	Risk of Bias
	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI	A B C D E F G
Glasgow 2012	-7.09	1.63740649	331	-6.69	1.72336879	132	100.0%	-0.40 [-0.74, -0.06]		? ? + + - + +
Total (95% CI)			331			132	100.0%	-0.40 [-0.74, -0.06]		

Heterogeneity: Not applicable
Test for overall effect: Z = 2.29 (P = 0.02)

Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

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Forest plot of comparison: 1 intervention vs control, outcome: 1.3 Self efficacy < 1 year higher = better.

Figure 4 (Analysis 1.4)

Study or Subgroup	intervention Mean	SD	Total	control Mean	SD	Total	Weight	Mean Difference IV, Random, 95% CI	Mean Difference IV, Random, 95% CI	Risk of Bias A B C D E F G
Glasgow 2012	-7.22	1.63740649	331	-6.91	1.83826005	132	100.0%	-0.31 [-0.67, 0.05]		? ? + + – + +
Total (95% CI)			331			132	**100.0%**	**-0.31 [-0.67, 0.05]**		

Heterogeneity: Not applicable
Test for overall effect: Z = 1.69 (P = 0.09)

-4 -2 0 2 4
Favours intervention   Favours control

Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 intervention vs control, outcome: 1.4 Self efficacy longest f.u. higher = better.

Figure 5 (Analysis 1.5)

PICO 10: Er der evidens for, at et supplerende telemedicinsk tilbud kan forbedre...

Study or Subgroup	intervention Mean	SD	Total	control Mean	SD	Total	Weight	Mean Difference IV, Random, 95% CI
Glasgow 2012	71.7	16.37406486	331	71.7	14.93586288	132	100.0%	0.00 [-3.10, 3.10]
Total (95% CI)			**331**			**132**	**100.0%**	**0.00 [-3.10, 3.10]**

Heterogeneity: Not applicable
Test for overall effect: Z = 0.00 (P = 1.00)

Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 intervention vs control, outcome: 1.5 general health state < 1 year higher=better.

Figure 6 (Analysis 1.6)

Study or Subgroup	intervention Mean	SD	Total	control Mean	SD	Total	Weight	Mean Difference IV, Random, 95% CI
Glasgow 2012	-70.5	18.1934054	331	-71.1	16.08477541	132	100.0%	0.60 [-2.77, 3.97]
Total (95% CI)			**331**			**132**	**100.0%**	**0.60 [-2.77, 3.97]**

Heterogeneity: Not applicable
Test for overall effect: Z = 0.35 (P = 0.73)
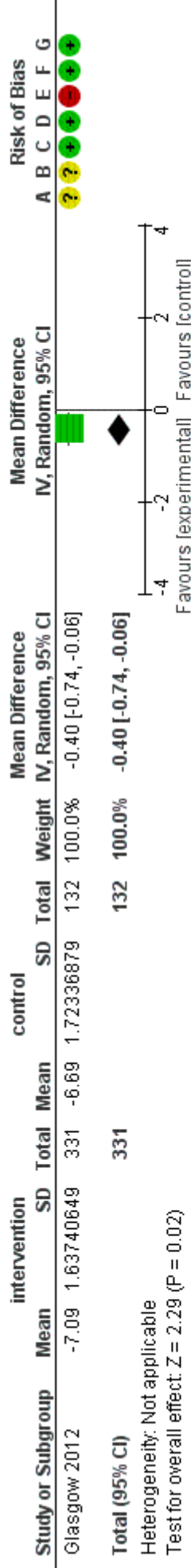

Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

PICO 10: Er der evidens for, at et supplerende telemedicinsk tilbud kan forbedre...

Forest plot of comparison: 1 intervention vs control, outcome: 1.6 general health state longest f.u. higher=better.

Figure 7 (Analysis 1.7)

Study or Subgroup	intervention Mean	SD	Total	control Mean	SD	Total	Weight	Mean Difference IV, Random, 95% CI
Glasgow 2012	2.71	10.91604324	331	2.87	1.14891253	132	100.0%	-0.16 [-1.35, 1.03]
Total (95% CI)			331			132	**100.0%**	**-0.16 [-1.35, 1.03]**

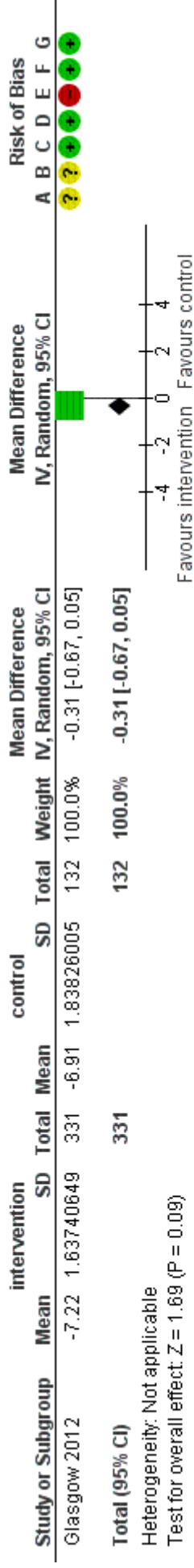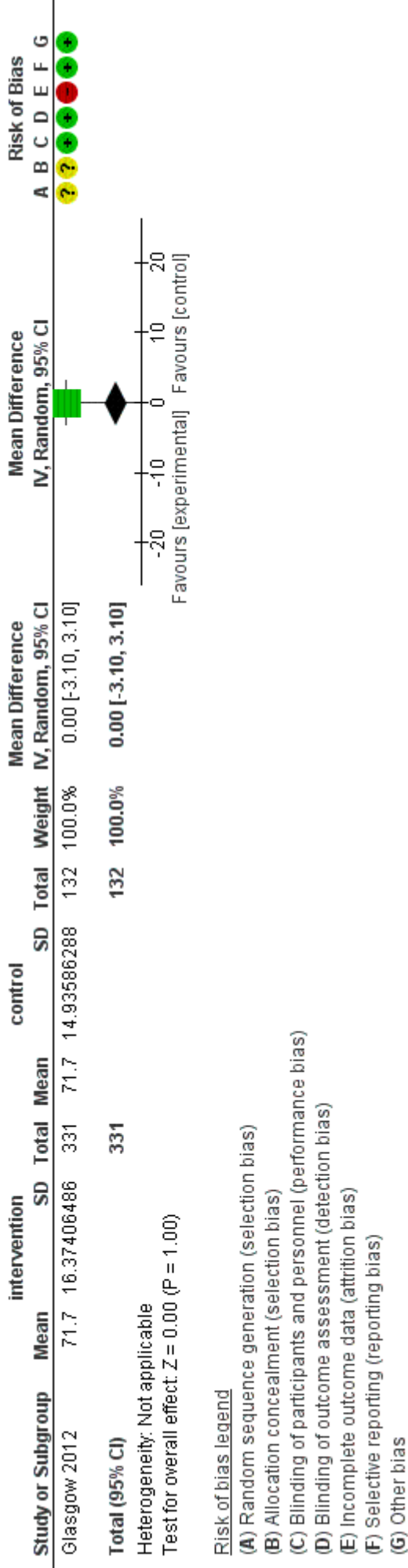Heterogeneity: Not applicable
Test for overall effect: Z = 0.26 (P = 0.79)

Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 intervention vs control, outcome: 1.7 diabetes distress < 1 year lower=better.

Figure 8 (Analysis 1.8)

Study or Subgroup	intervention Mean	SD	Total	control Mean	SD	Total	Weight	Mean Difference IV, Random, 95% CI	Mean Difference IV, Random, 95% CI	Risk of Bias A B C D E F G
Glasgow 2012	2.66	1.09160432	331	2.72	1.14891253	132	100.0%	-0.06 [-0.29, 0.17]		? ? + + + - +
Total (95% CI)			331			132	100.0%	-0.06 [-0.29, 0.17]		

Heterogeneity: Not applicable
Test for overall effect: Z = 0.51 (P = 0.61)

Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
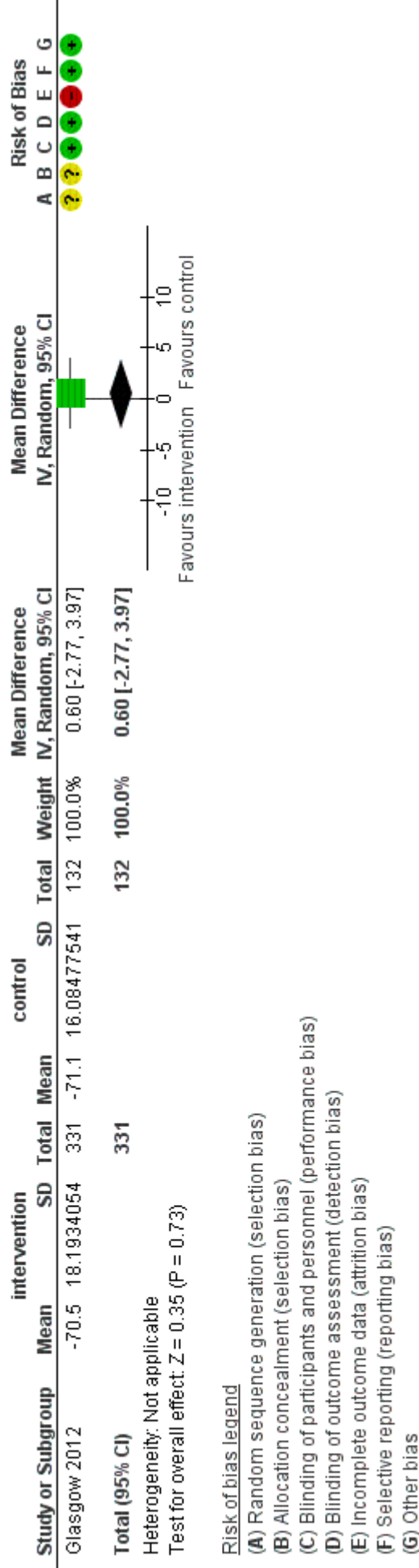(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 intervention vs control, outcome: 1.8 diabetes distress longest f.u. lower=better.
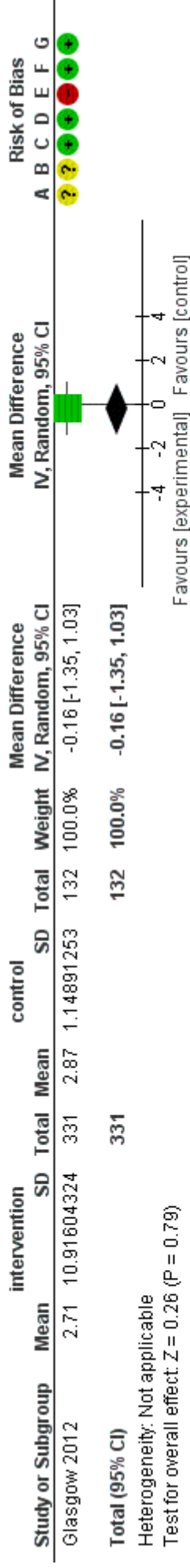
Figure 9 (Analysis 1.9)

Study or Subgroup	intervention Mean	SD	Total	control Mean	SD	Total	Weight	Mean Difference IV, Random, 95% CI	Mean Difference IV, Random, 95% CI	Risk of Bias A B C D E F G
Glasgow 2012	-2.31	0.18193405	331	-2.18	0.22978251	132	100.0%	-0.13 [-0.17, -0.09]		? ? + + + - +
Total (95% CI)			331			132	100.0%	-0.13 [-0.17, -0.09]		

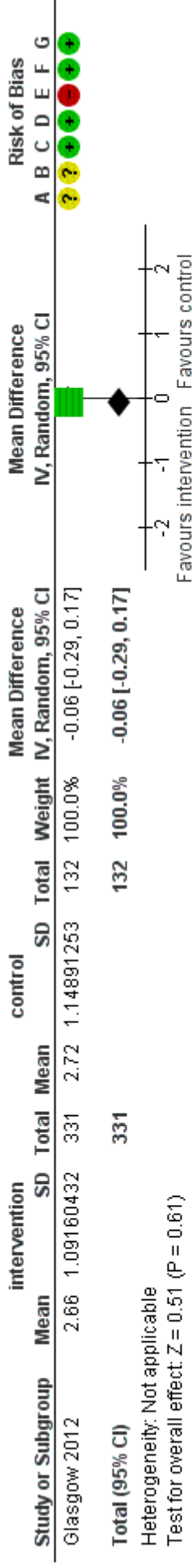Heterogeneity: Not applicable
Test for overall effect: Z = 5.81 (P < 0.00001)

Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

PICO 10: Er der evidens for, at et supplerende telemedicinsk tilbud kan forbedre…

Forest plot of comparison: 1 intervention vs control, outcome: 1.9 eating habits < 1 year higher=better.

Figure 10 (Analysis 1.10)

Study or Subgroup	intervention Mean	SD	Total	control Mean	SD	Total	Weight	Mean Difference IV, Random, 95% CI	Mean Difference IV, Random, 95% CI	Risk of Bias A B C D E F G
Glasgow 2012	-2.32	0.36386811	331	-2.23	0.34467376	132	100.0%	-0.09 [-0.16, -0.02]		? ? + + - + +
Total (95% CI)			331			132	**100.0%**	**-0.09 [-0.16, -0.02]**		

Heterogeneity: Not applicable
Test for overall effect: Z = 2.50 (P = 0.01)
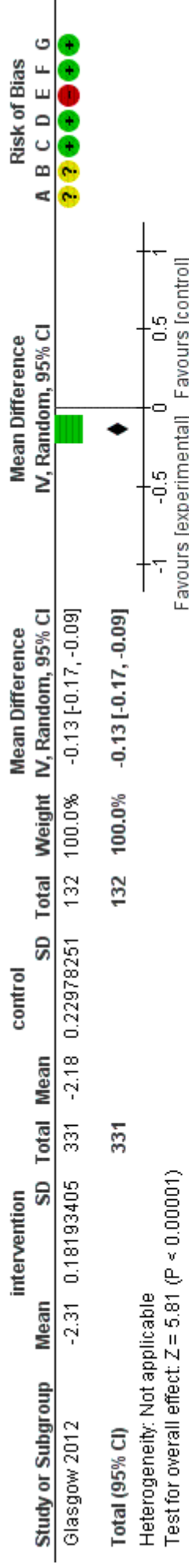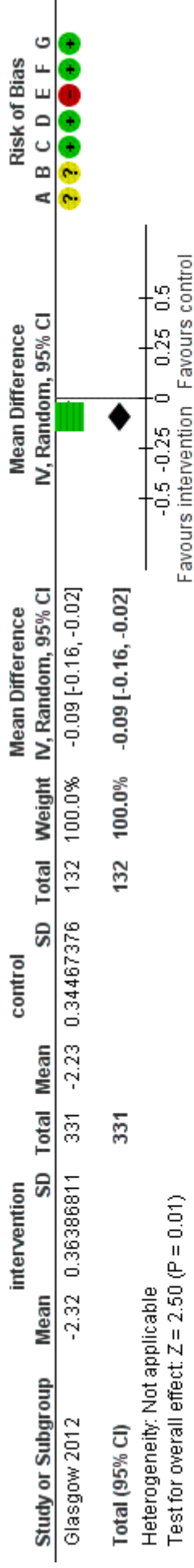
-0.5 -0.25 0 0.25 0.5
Favours intervention   Favours control

Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 intervention vs control, outcome: 1.10 eating habits longest f.u. higher=better.

Figure 11 (Analysis 1.11)

Study or Subgroup	intervention Mean	SD	Total	control Mean	SD	Total	Weight	Mean Difference IV, Random, 95% CI	Mean Difference IV, Random, 95% CI	Risk of Bias A B C D E F G
Glasgow 2012	-4,410	3,074.68551	331	-3,704	3,136.53121	132	100.0%	-706.00 [-1335.30, -76.70]		? ? + + + - +
Total (95% CI)			331			132	100.0%	-706.00 [-1335.30, -76.70]		

Heterogeneity: Not applicable
Test for overall effect: Z = 2.20 (P = 0.03)
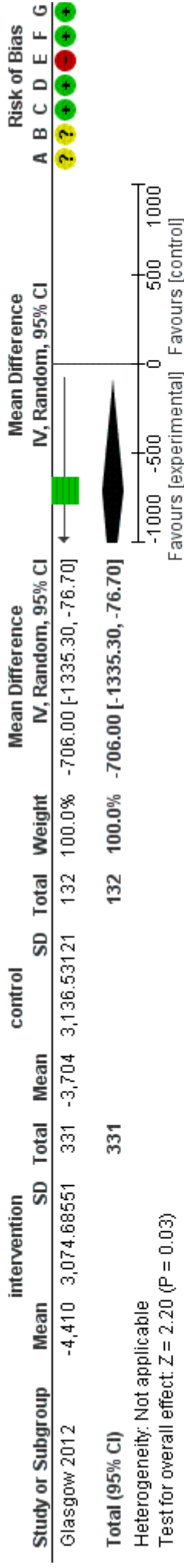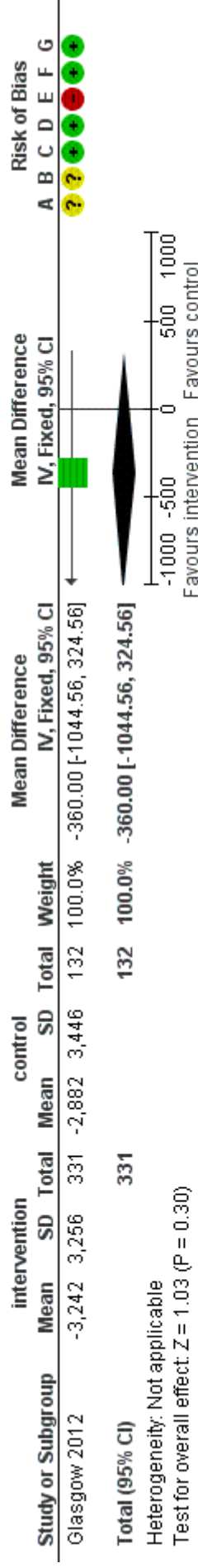

Favours [experimental]　Favours [control]

Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 intervention vs control, outcome: 1.11 Phys activity (cal/week)< 1 year.

Figure 12 (Analysis 1.12)

Study or Subgroup	intervention Mean	SD	Total	control Mean	SD	Total	Weight	Mean Difference IV, Fixed, 95% CI	Mean Difference IV, Fixed, 95% CI	Risk of Bias A B C D E F G
Glasgow 2012	-3,242	3,256	331	-2,882	3,446	132	100.0%	-360.00 [-1044.56, 324.56]		? ? + + + - +
Total (95% CI)			331			132	100.0%	-360.00 [-1044.56, 324.56]		

Heterogeneity: Not applicable
Test for overall effect: Z = 1.03 (P = 0.30)

Favours intervention　Favours control

Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 intervention vs control, outcome: 1.12 Phys activity longest f.u..

Figure 13 (Analysis 1.13)

Study or Subgroup	intervention		control			Risk Ratio			Risk of Bias
	Events	Total	Events	Total	Weight	IV, Random, 95% CI		IV, Random, 95% CI	A B C D E F G
Glasgow 2012	87	331	18	132	44.9%	1.93 [1.21, 3.07]			? ? + + + + +
Orsama 2013	3	27	2	26	18.3%	1.44 [0.26, 7.96]			+ + + + ? + +
Welch 2011	8	58	14	58	36.8%	0.57 [0.26, 1.26]			? ? + + ? ? +
Total (95% CI)		416		216	100.0%	1.17 [0.47, 2.91]			
Total events	98		34						

Heterogeneity: Tau² = 0.43; Chi² = 6.77, df = 2 (P = 0.03); I² = 70%
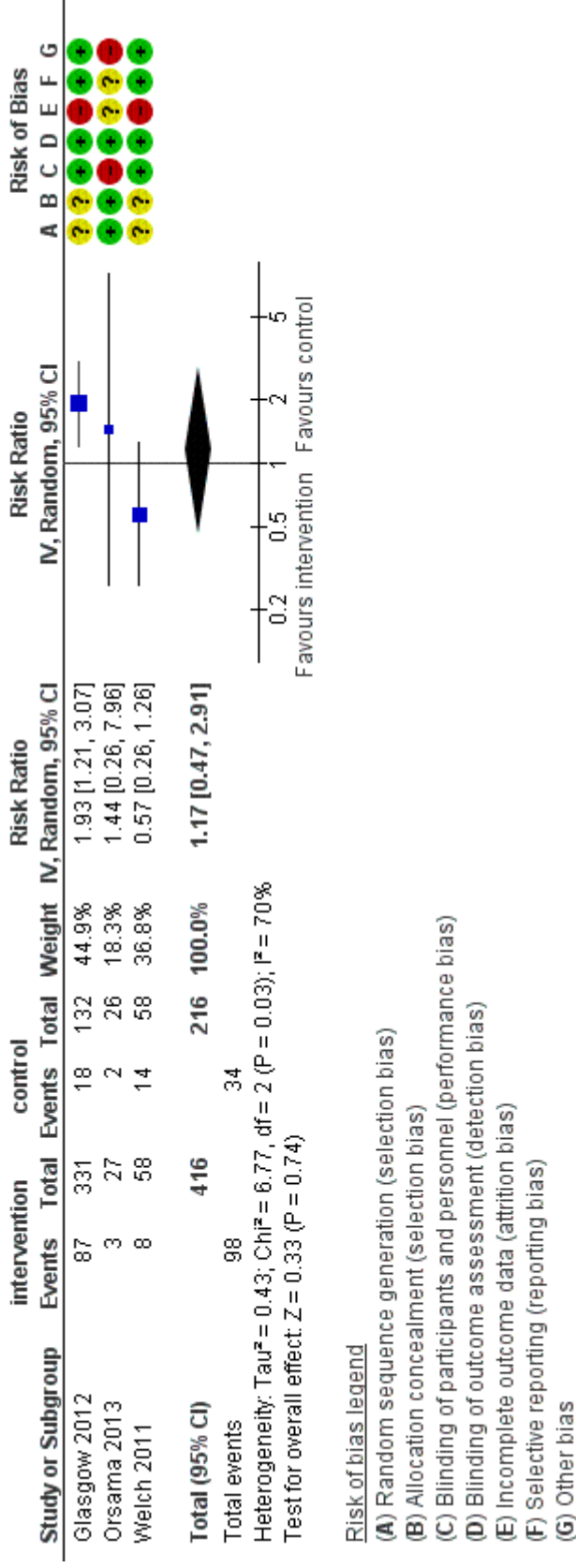Test for overall effect: Z = 0.33 (P = 0.74)

Favours intervention   Favours control

Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 intervention vs control, outcome: 1.13 frafald endt forløb.