

## Type 2 diabetes in adults: management

**[F6] Evidence reviews for subsequent pharmacological management of type 2 diabetes**

*NICE guideline*

*Evidence reviews underpinning recommendations 1.9.1 to 1.9.5, 1.10.1 to 1.18.4, 1.19.1 to 1.19.2, 1.20.1 to 1.20.2, 1.21.3 to 1.31.1 and recommendations for research in the NICE guideline*

*February 2026*

*Final*

*This evidence review was developed by NICE*



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# Appendices

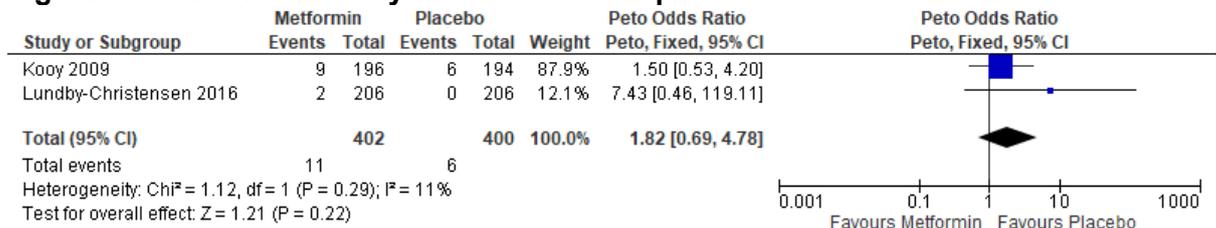
## Appendix K Forest plots – Model 5: Type 2 diabetes and higher cardiovascular risk

### K.1 Adding

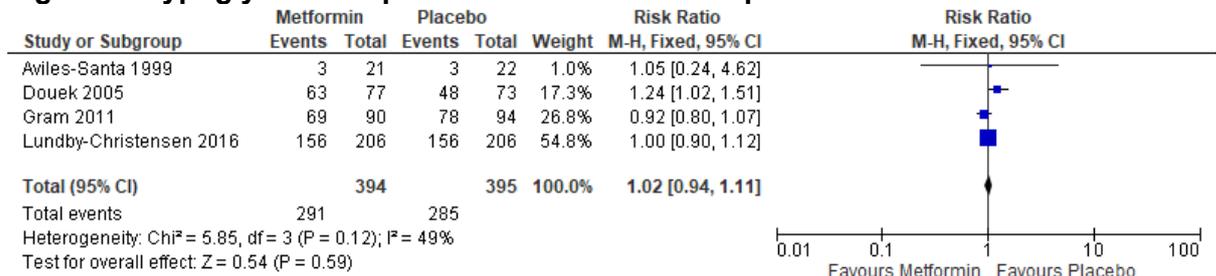
#### K.1.1 Metformin

##### K.1.1.1 Adding metformin compared to adding placebo

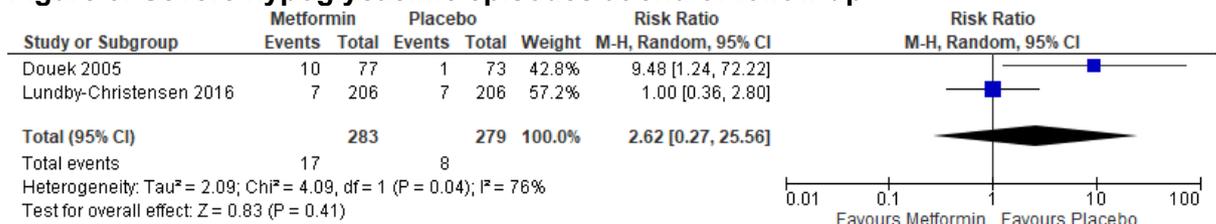
**Figure 1: All-cause mortality at end of follow up**

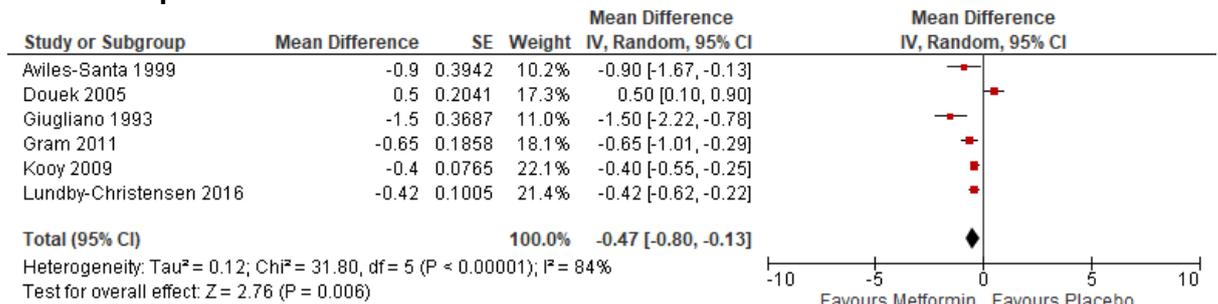


**Figure 2: Hypoglycaemia episodes at end of follow up**

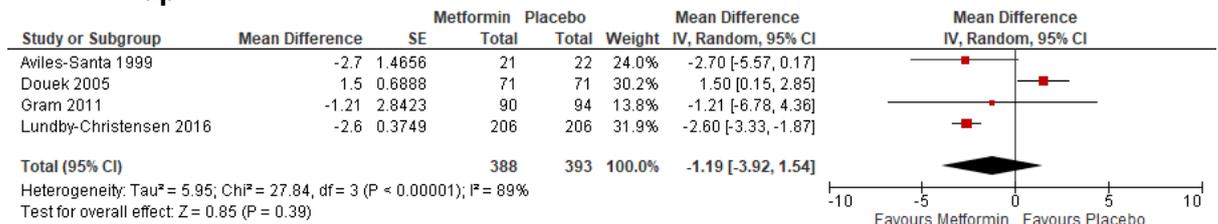


**Figure 3: Severe hypoglycaemic episodes at end of follow up**



**Figure 4: HbA1c change (% , lower values are better, mean difference) at end of follow up**

Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by obesity and onset subgroups.

**Figure 5: Weight change (kg, lower values are better, mean difference) at end of follow up**

Note: Heterogeneity was not explained by sensitivity analysis. Subgroup analysis was not possible for any subgroup.

**Figure 6: BMI change (kg/m<sup>2</sup>, lower values are better, mean difference) at end of follow up**

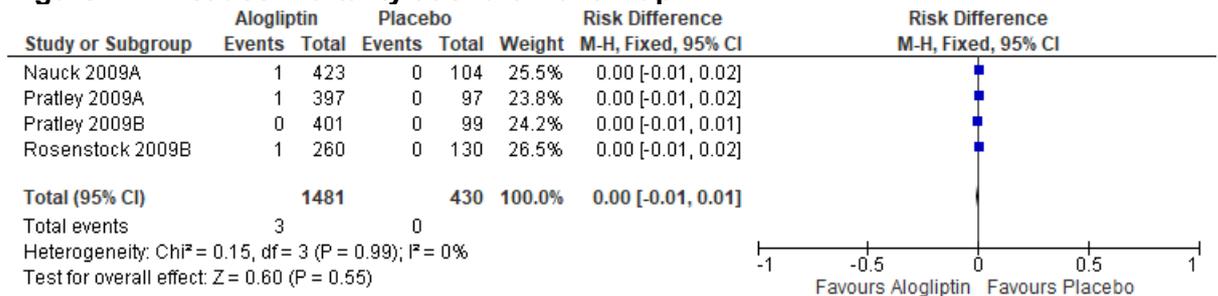
### K.1.1.2 Adding metformin compared to adding insulin

There are no forest plots for this comparison (all outcomes include a single study).

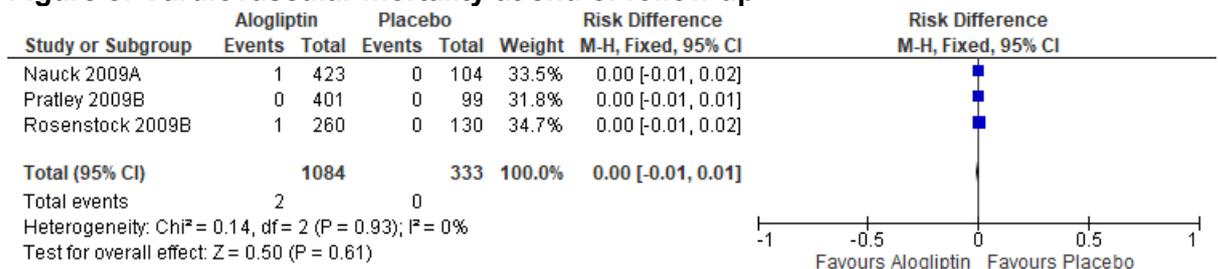
## K.1.2 DPP-4 inhibitors

### K.1.2.1 Adding alogliptin compared to adding placebo

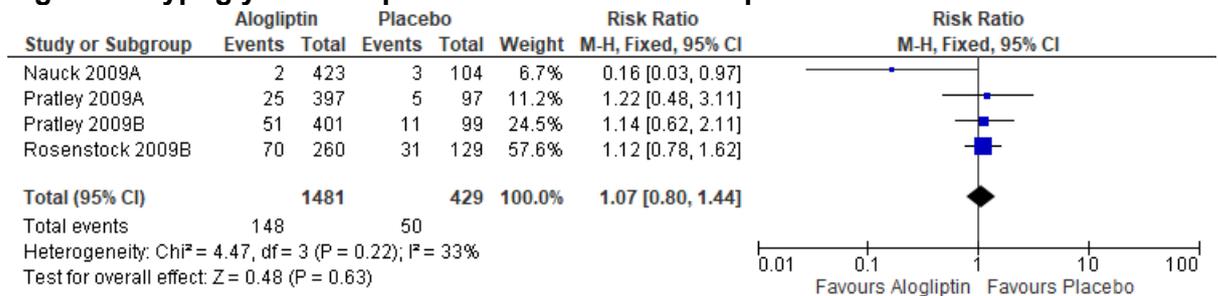
**Figure 7: All-cause mortality at end of follow up**



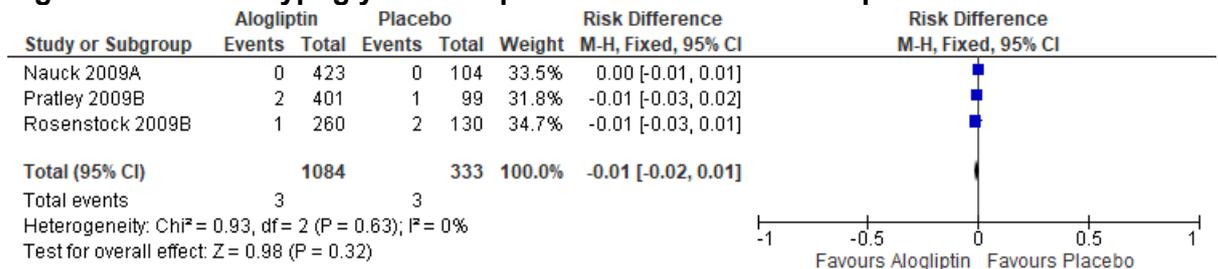
**Figure 8: Cardiovascular mortality at end of follow up**



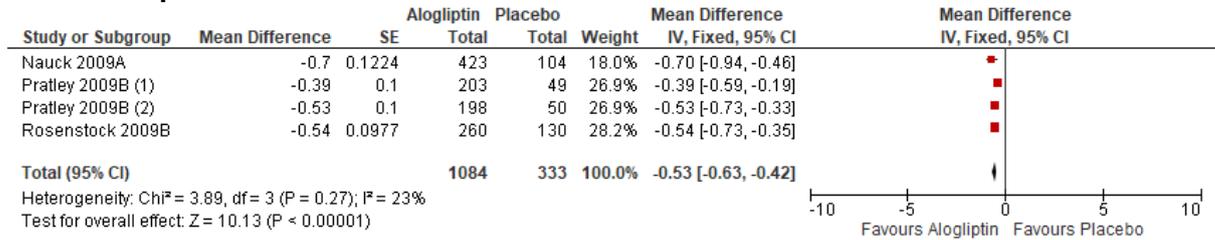
**Figure 9: Hypoglycaemia episodes at end of follow up**



**Figure 10: Severe hypoglycaemic episodes at end of follow up**



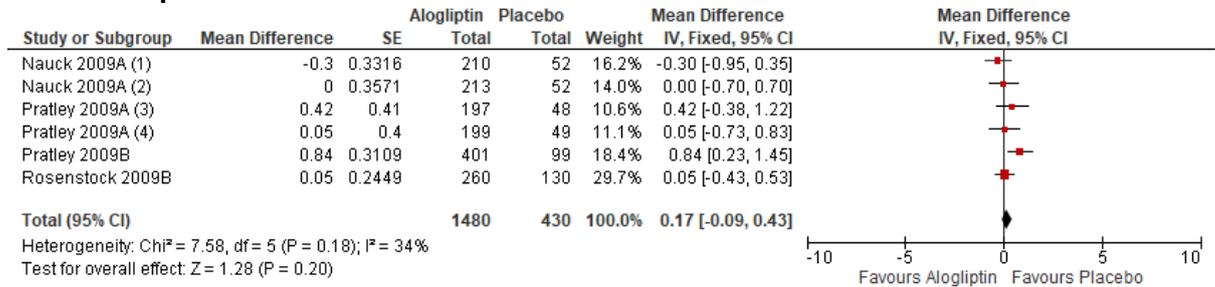
**Figure 11: HbA1c change (% , lower values are better, change scores) at end of follow up**



**Footnotes**

- (1) Data for alogliptin 12.5 mg. N for placebo arm has been halved.
- (2) Data for alogliptin 25 mg. N for placebo arm has been halved.

**Figure 12: Weight change (kg, lower values are better, change scores) at end of follow up**

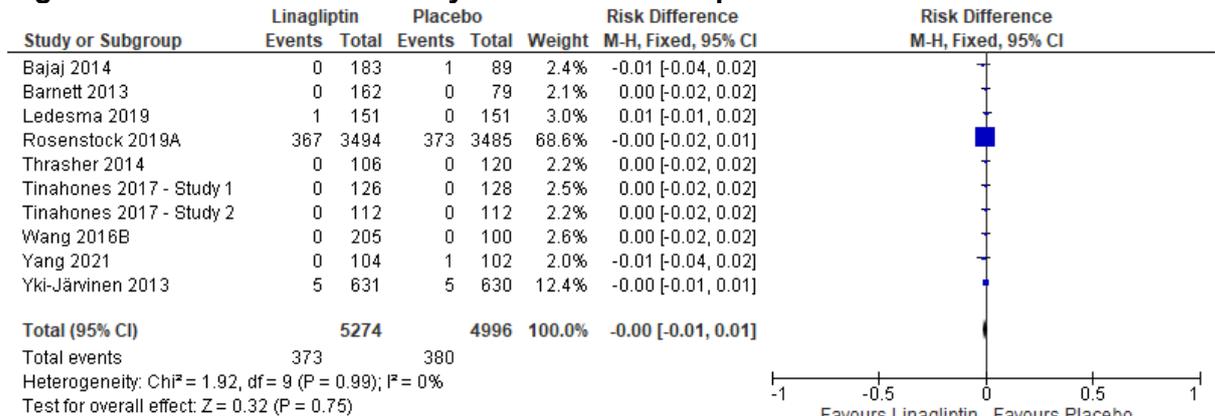


**Footnotes**

- (1) Data for alogliptin 25 mg daily compared to placebo. N for placebo arm has been halved.
- (2) Data for alogliptin 12.5 mg daily compared to placebo. N for placebo arm has been halved.
- (3) Data for alogliptin 12.5 mg. N for placebo arm has been halved
- (4) Data for alogliptin 25 mg. N for placebo arm has been halved

**K.1.2.2 Adding linagliptin compared to adding placebo**

**Figure 13: All-cause mortality at end of follow up**



**Figure 14: Cardiovascular mortality at end of follow up**

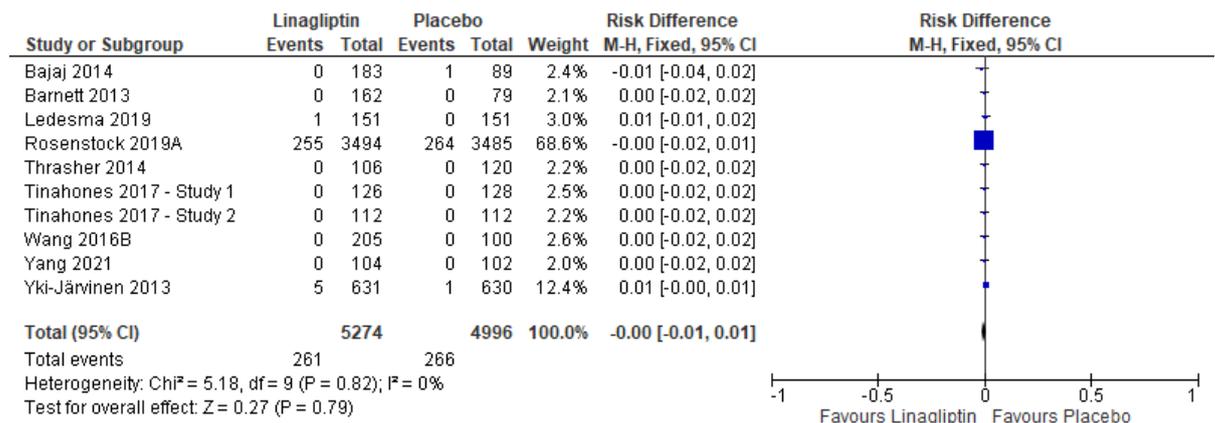


Figure 15: 4-point MACE at end of follow up

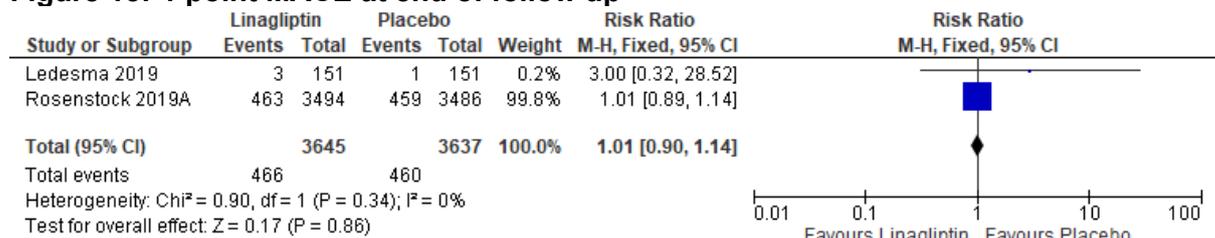


Figure 16: 5-point MACE at end of follow up

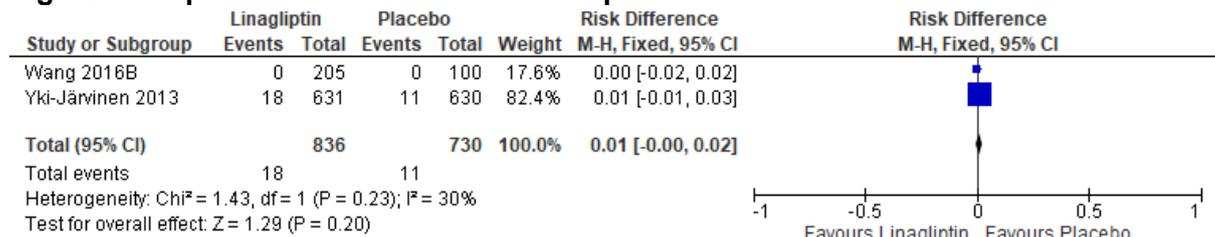
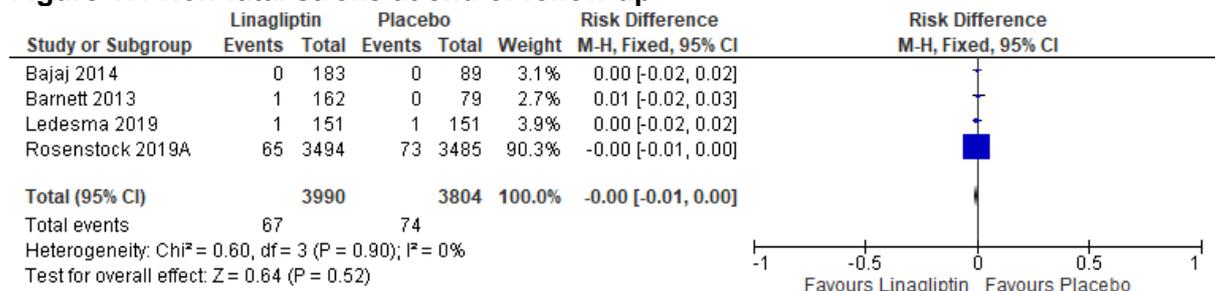
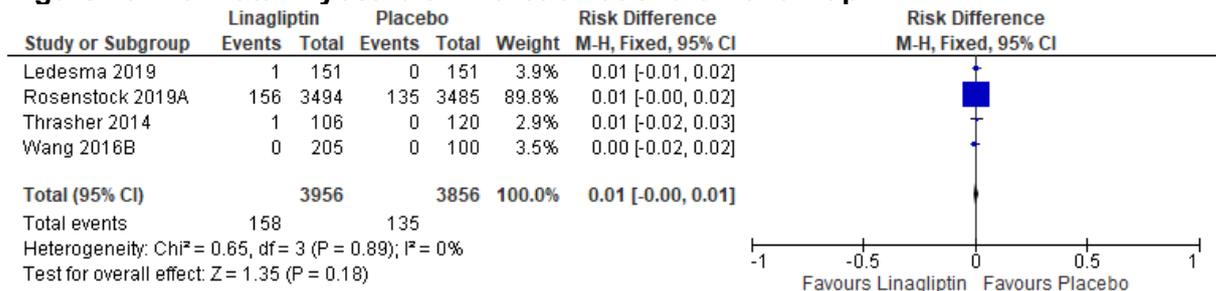
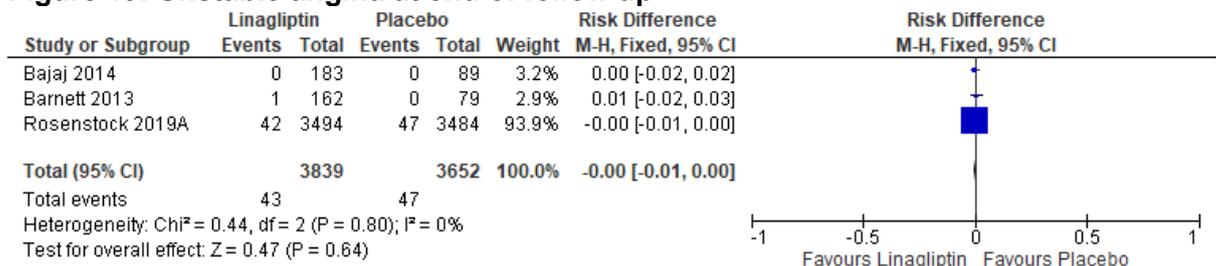
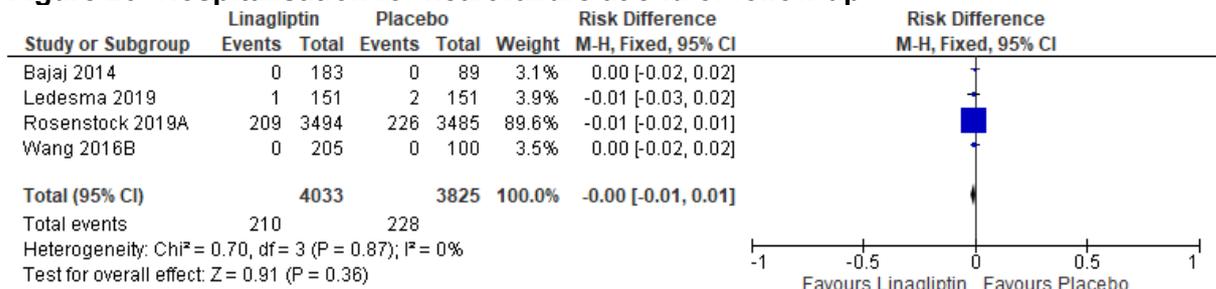
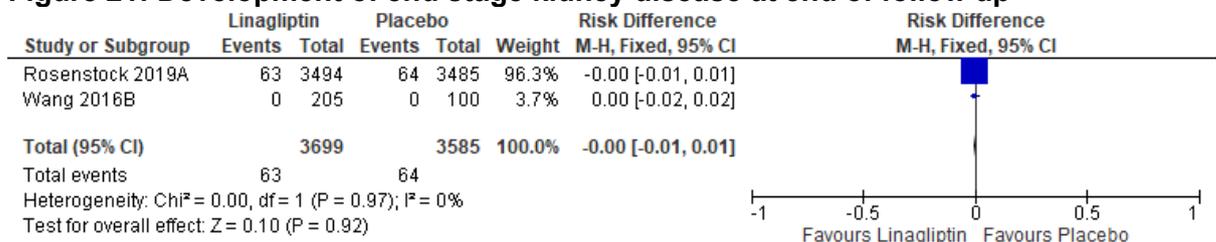
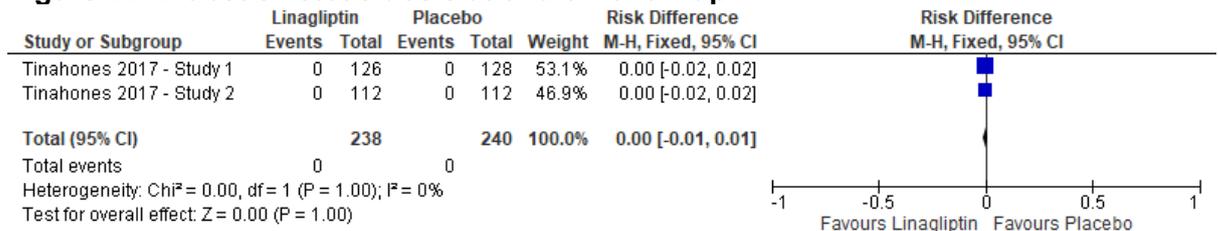


Figure 17: Non-fatal stroke at end of follow up

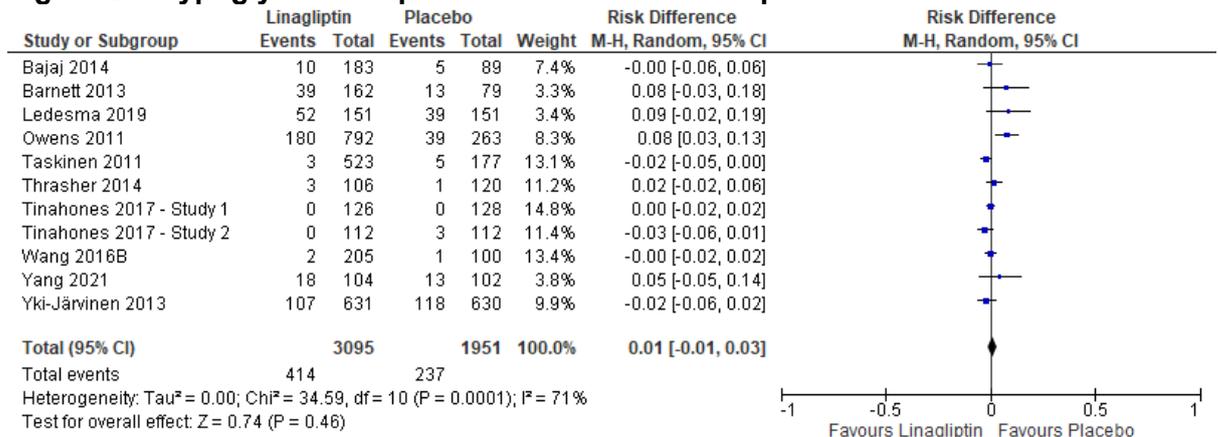


**Figure 18: Non-fatal myocardial infarction at end of follow up****Figure 19: Unstable angina at end of follow up****Figure 20: Hospitalisation for heart failure at end of follow up****Figure 21: Development of end stage kidney disease at end of follow up**

**Figure 22: Diabetic ketoacidosis at end of follow up**

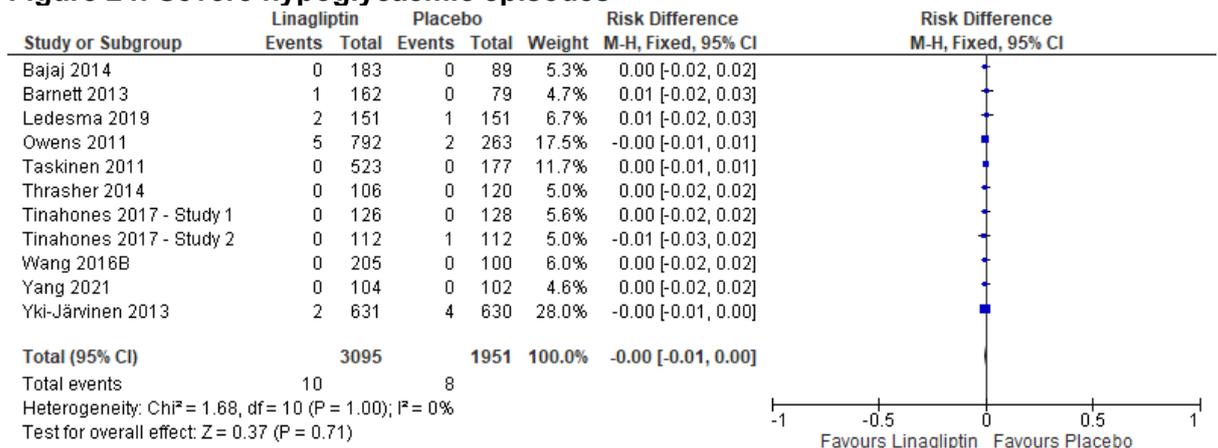


**Figure 23: Hypoglycaemia episodes at end of follow up**

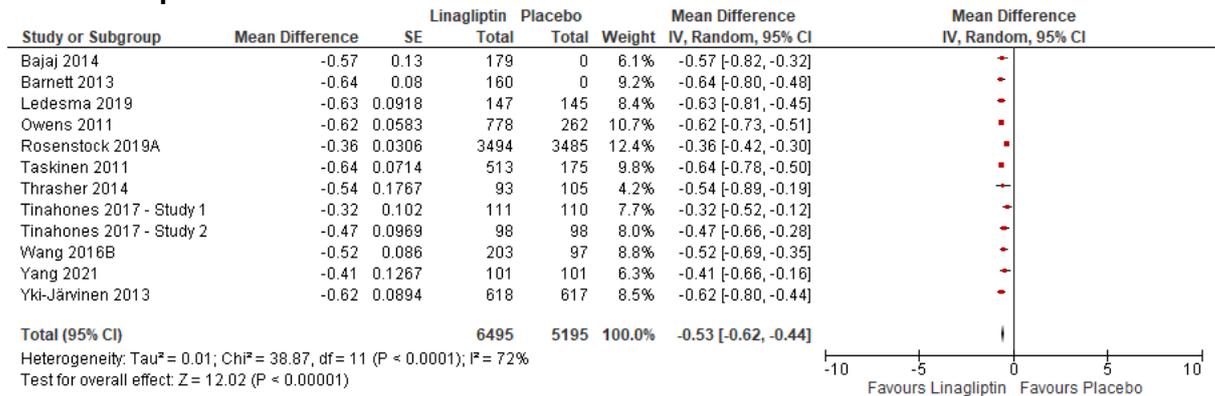


Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR subgroup.

**Figure 24: Severe hypoglycaemic episodes**

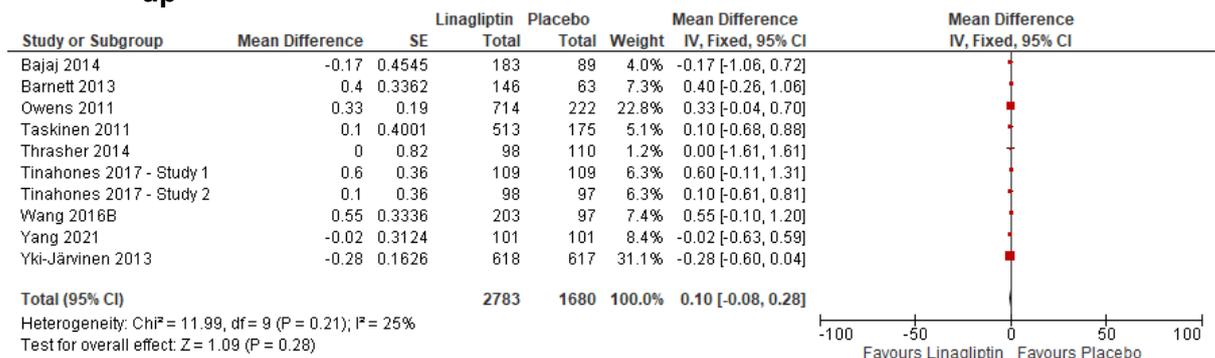


**Figure 25: HbA1c change (% , lower values are better, change scores) at end of follow up**



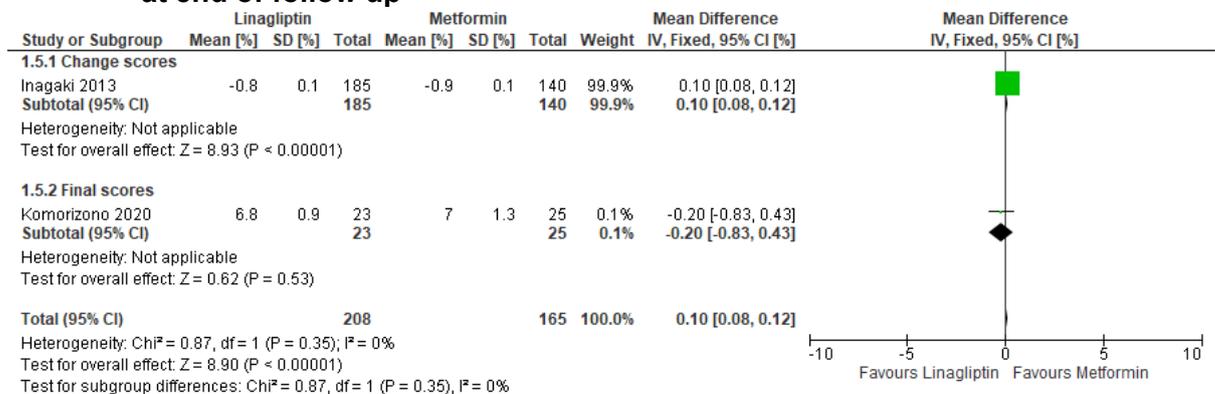
Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR subgroup.

**Figure 26: Weight change (% , lower values are better, change scores) at end of follow up**



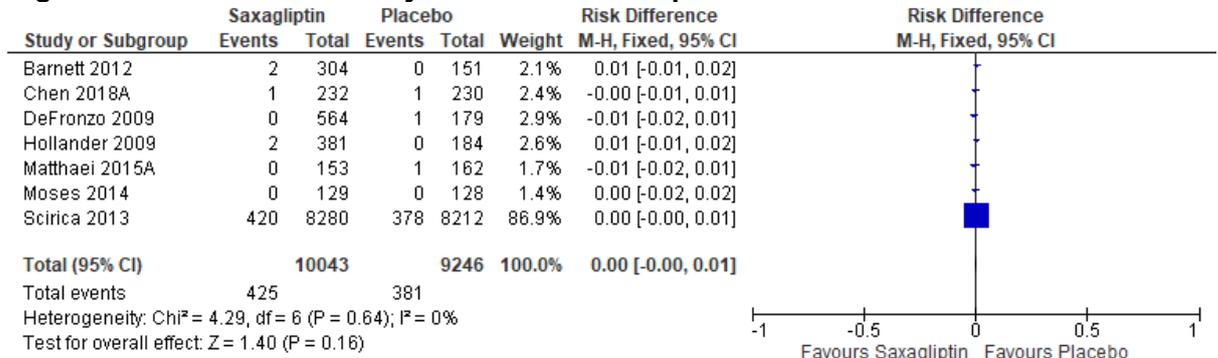
**K.1.2.3 Adding linagliptin compared to adding metformin**

**Figure 27: HbA1c change (% , lower values are better, change scores and final values) at end of follow up**

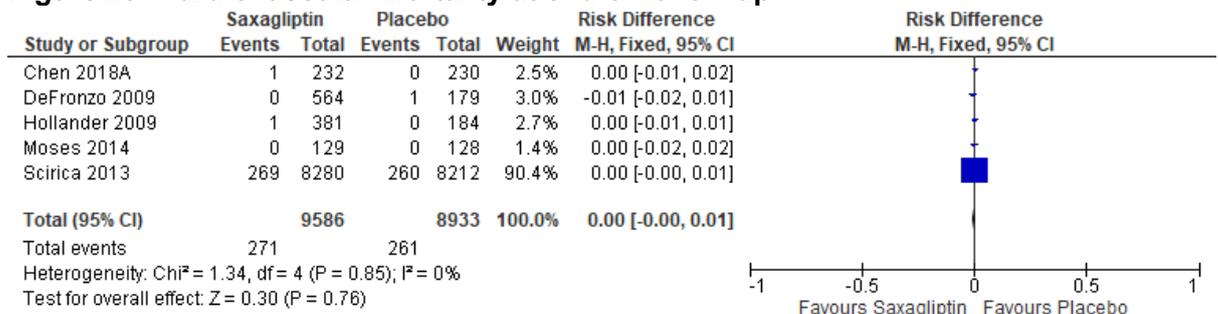


**K.1.2.4 Adding saxagliptin compared to adding placebo**

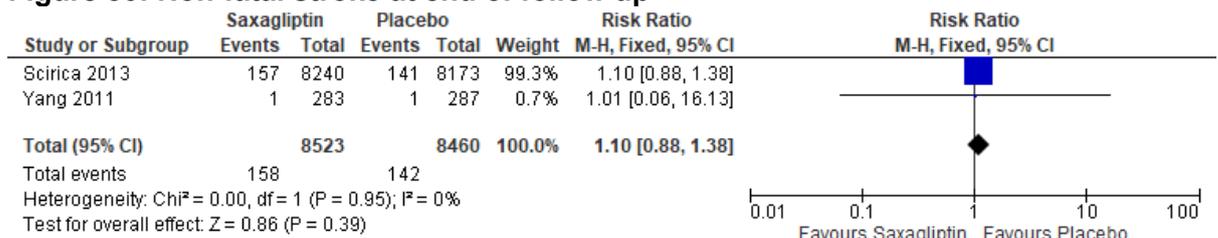
**Figure 28: All-cause mortality at end of follow up**



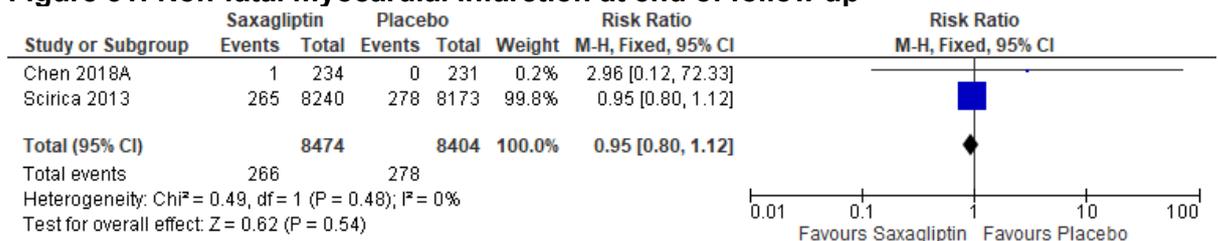
**Figure 29: Cardiovascular mortality at end of follow up**



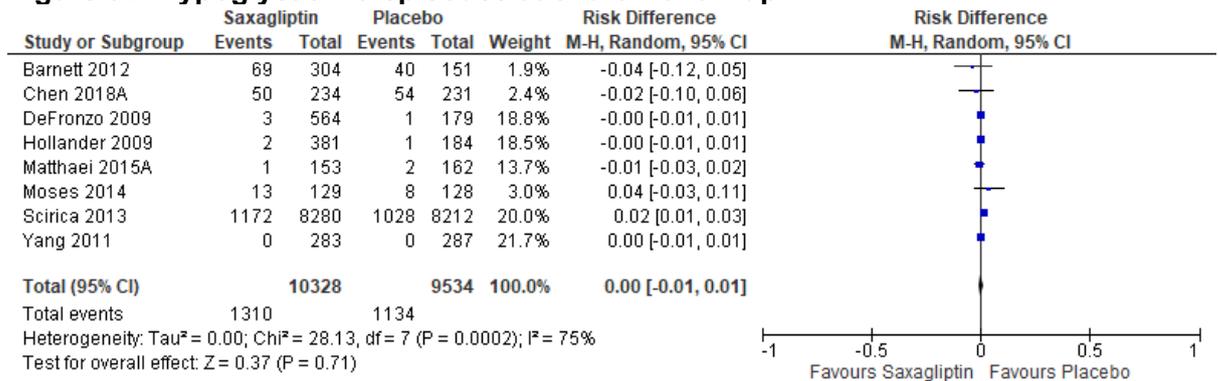
**Figure 30: Non-fatal stroke at end of follow up**



**Figure 31: Non-fatal myocardial infarction at end of follow up**

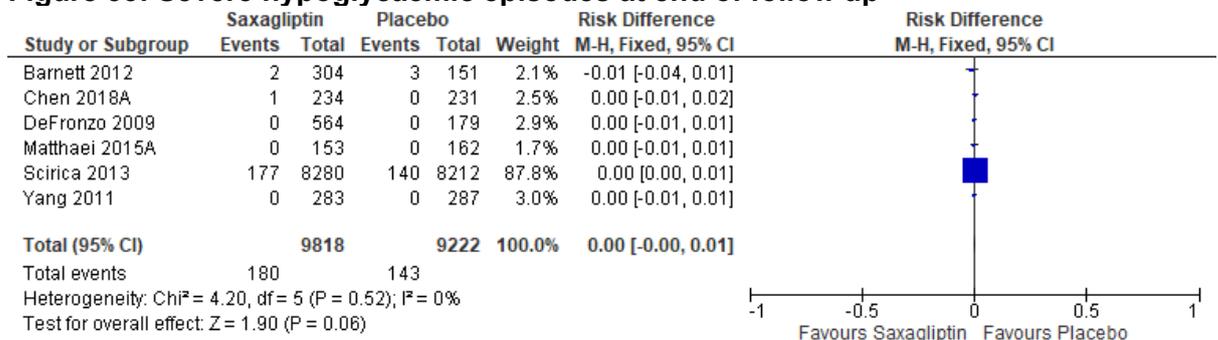


**Figure 32: Hypoglycaemia episodes at end of follow up**

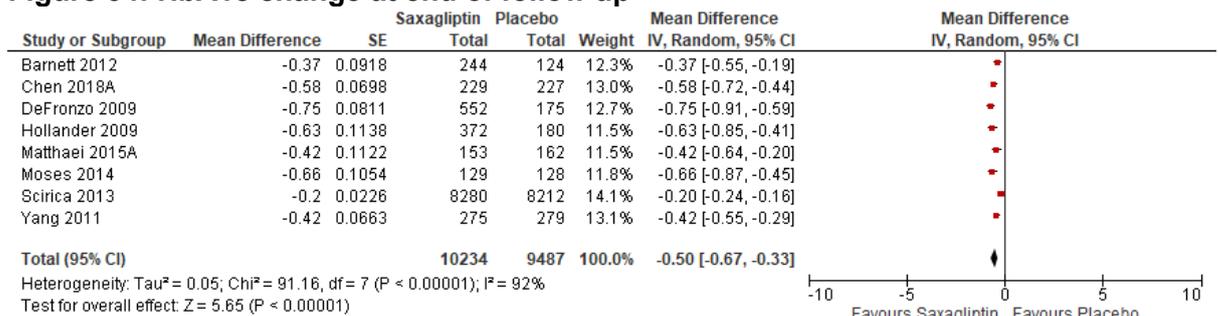


Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR subgroup.

**Figure 33: Severe hypoglycaemic episodes at end of follow up**

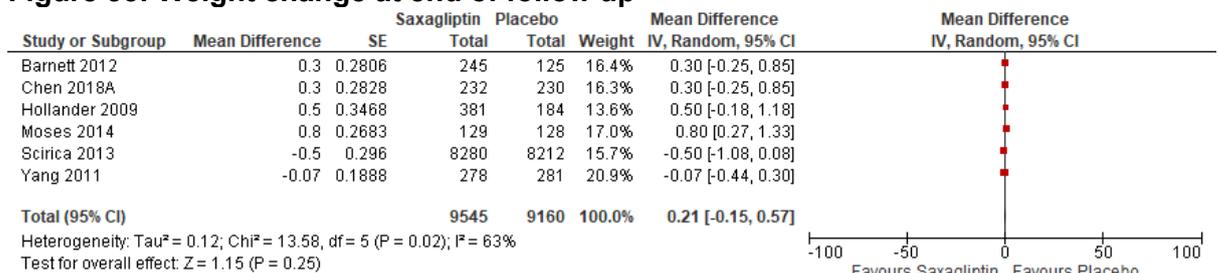


**Figure 34: HbA1c change at end of follow up**



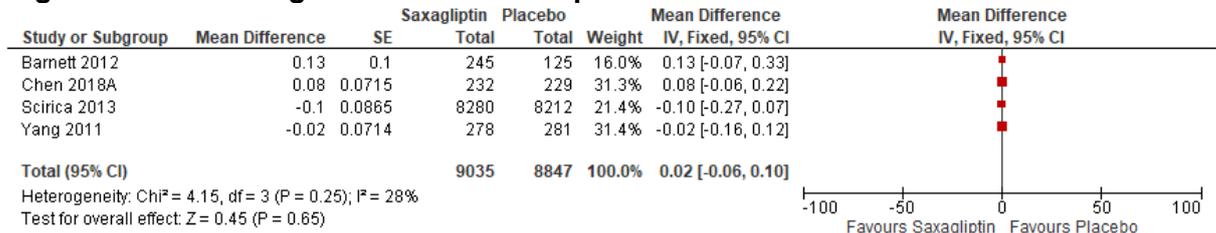
Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR subgroup.

**Figure 35: Weight change at end of follow up**



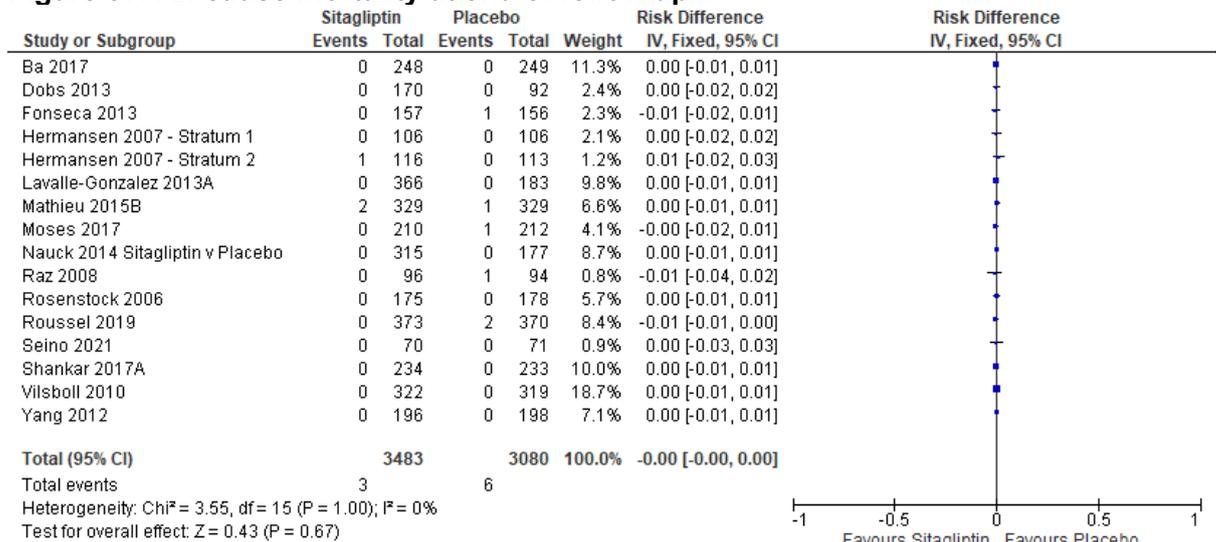
Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR subgroup.

**Figure 36: BMI change at end of follow up**

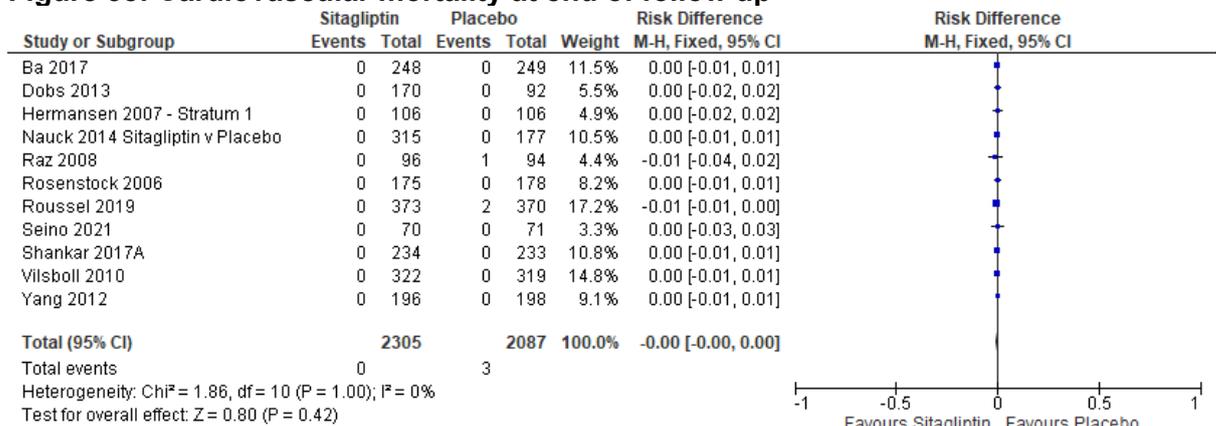


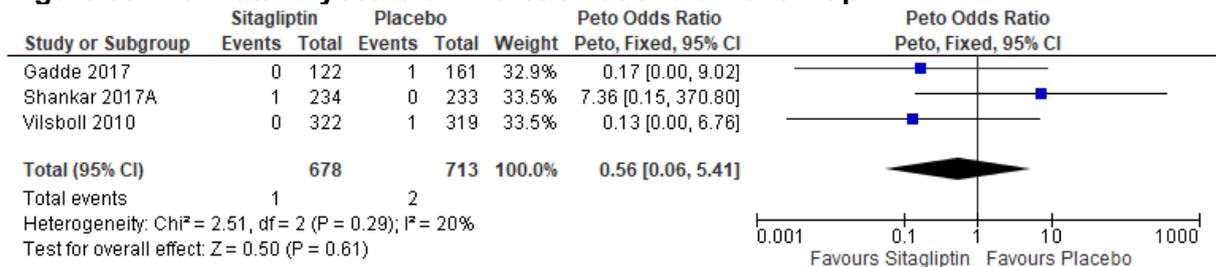
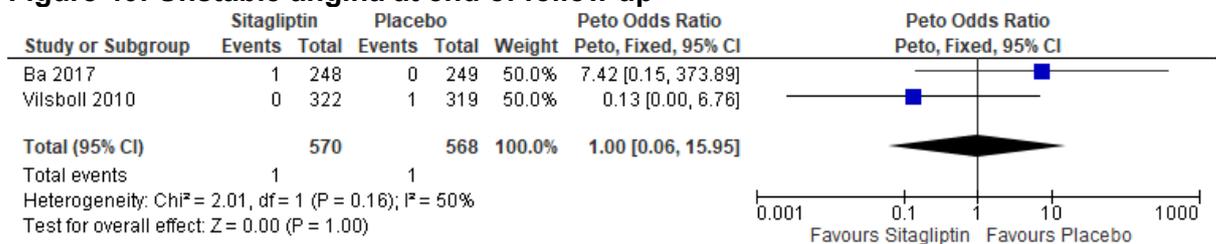
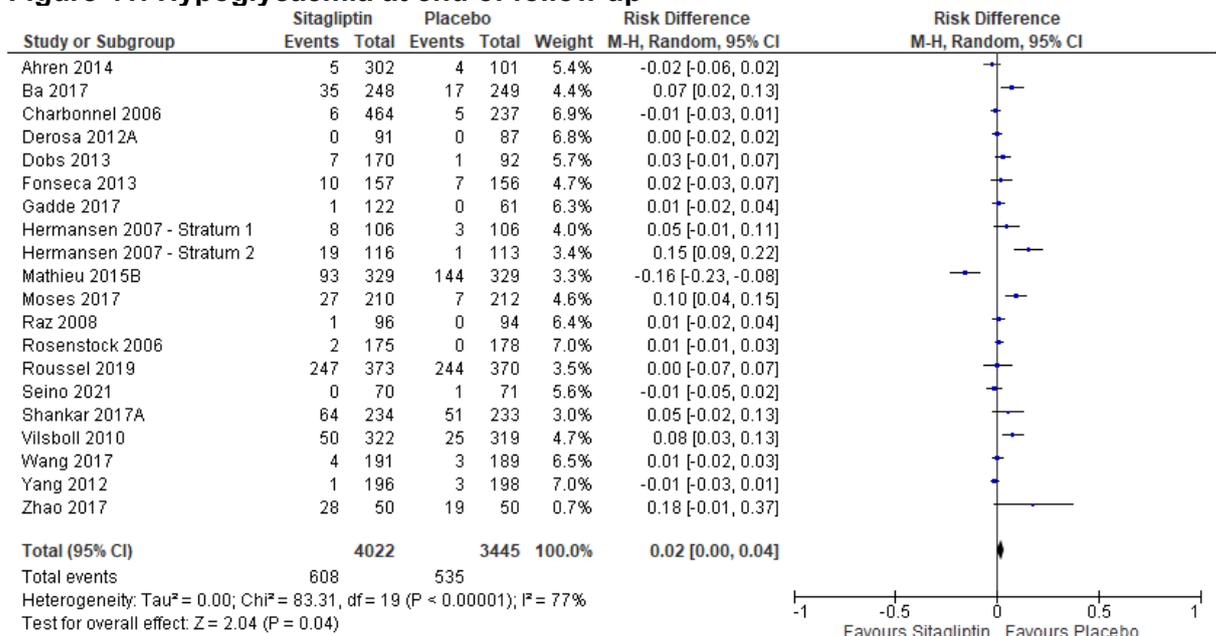
### K.1.2.5 Adding sitagliptin compared to adding placebo

**Figure 37: All-cause mortality at end of follow up**



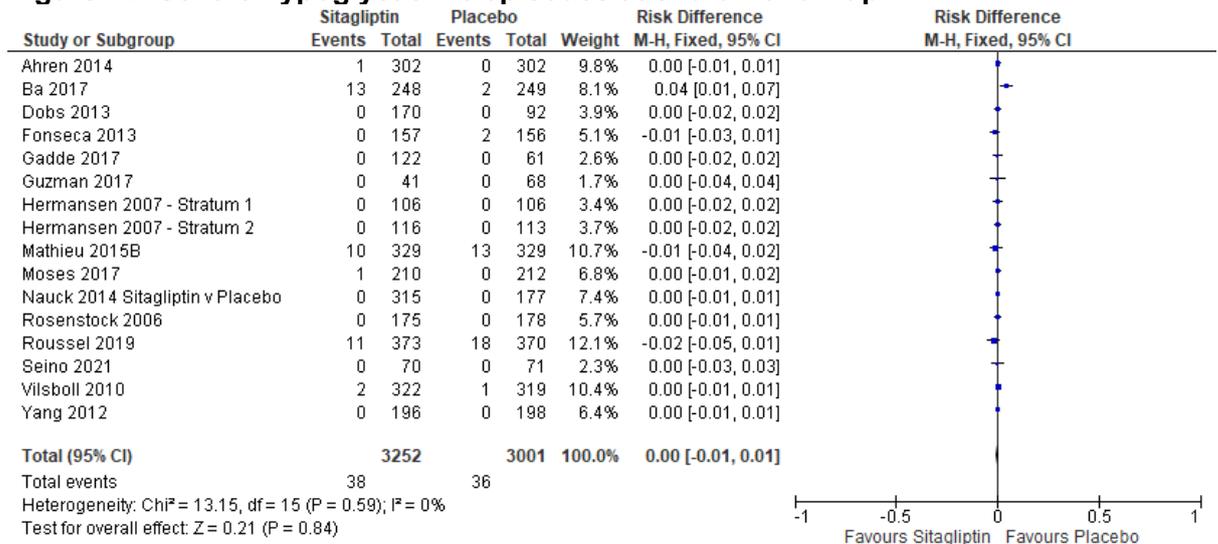
**Figure 38: Cardiovascular mortality at end of follow up**



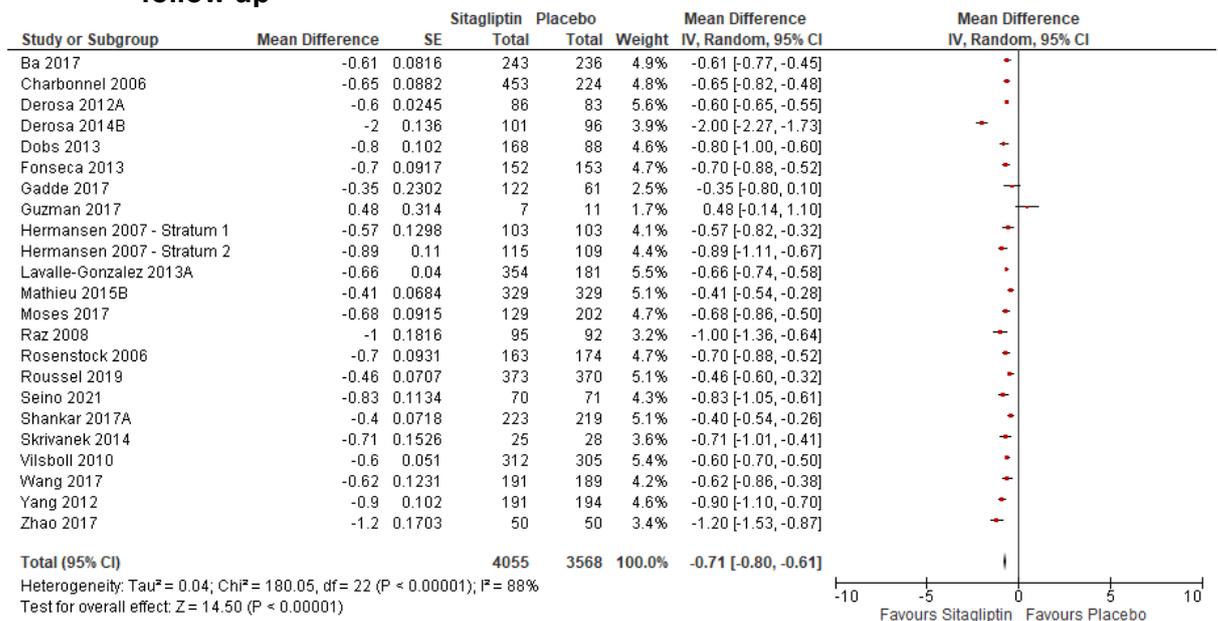
**Figure 39: Non-fatal myocardial infarction at end of follow up****Figure 40: Unstable angina at end of follow up****Figure 41: Hypoglycaemia at end of follow up**

Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR, NAFLD, and obesity subgroups.

**Figure 42: Severe hypoglycaemic episodes at end of follow up**

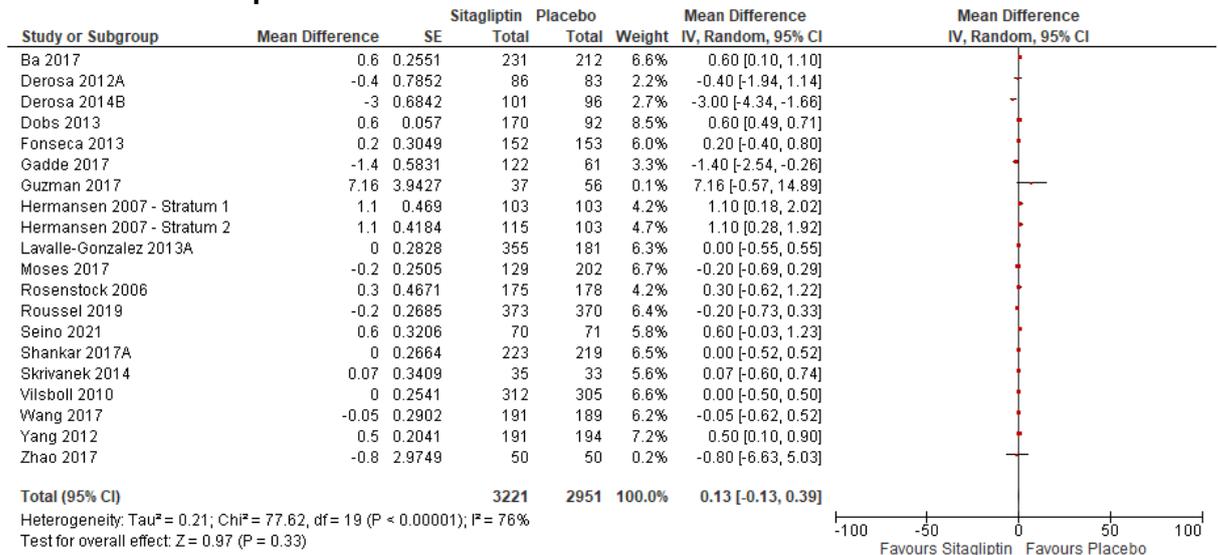


**Figure 43: HbA1c change (% , lower values are better, mean difference) at end of follow up**



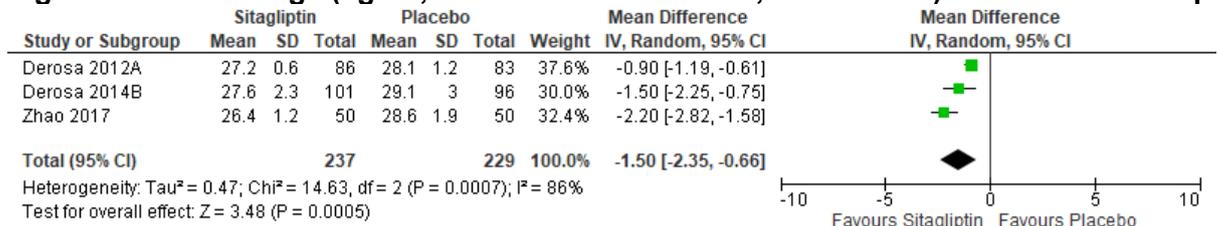
Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR, NAFLD, and obesity subgroups.

**Figure 44: Weight change (kg, lower values are better, mean difference) at end of follow up**



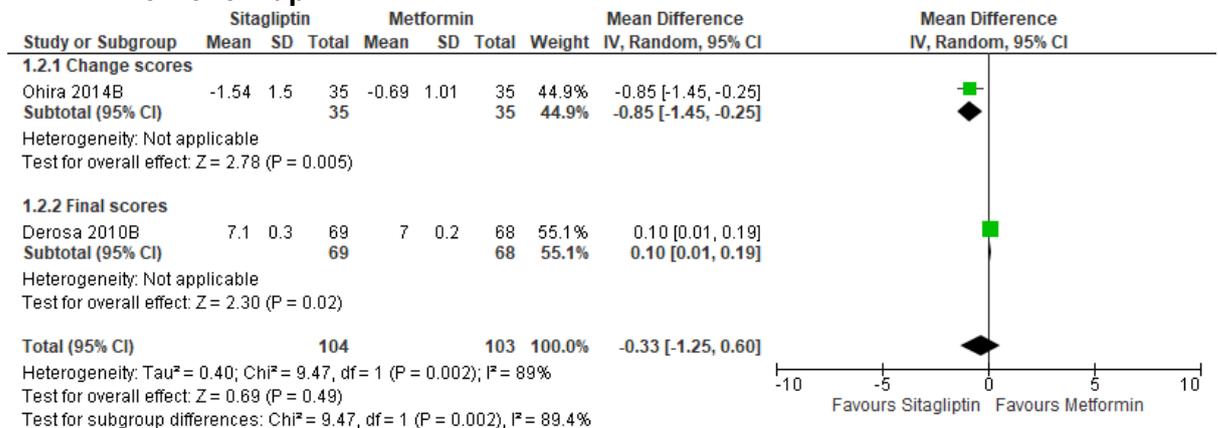
Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR, NAFLD, and obesity subgroups.

**Figure 45: BMI change (kg/m<sup>2</sup>, lower values are better, final values) at end of follow up**

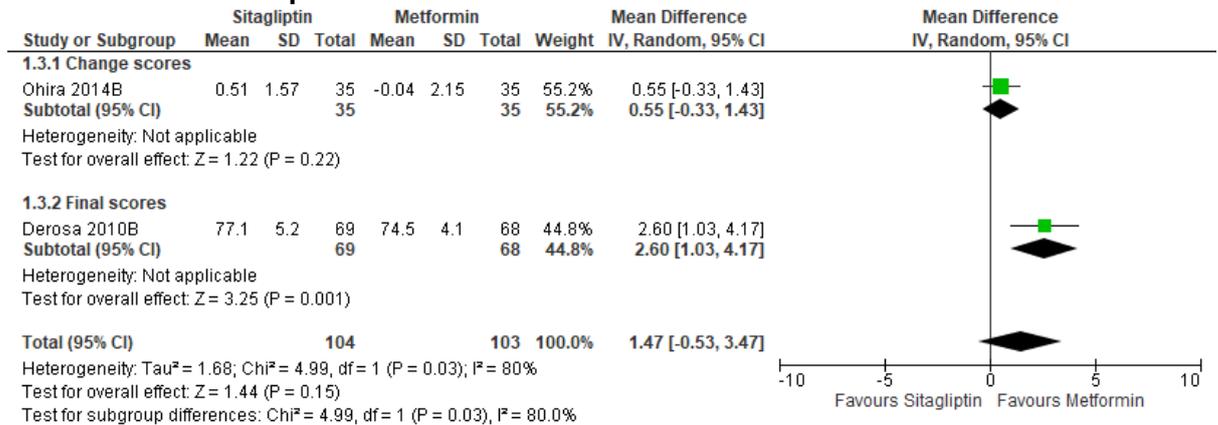


**K.1.2.6 Adding sitagliptin compared to adding metformin**

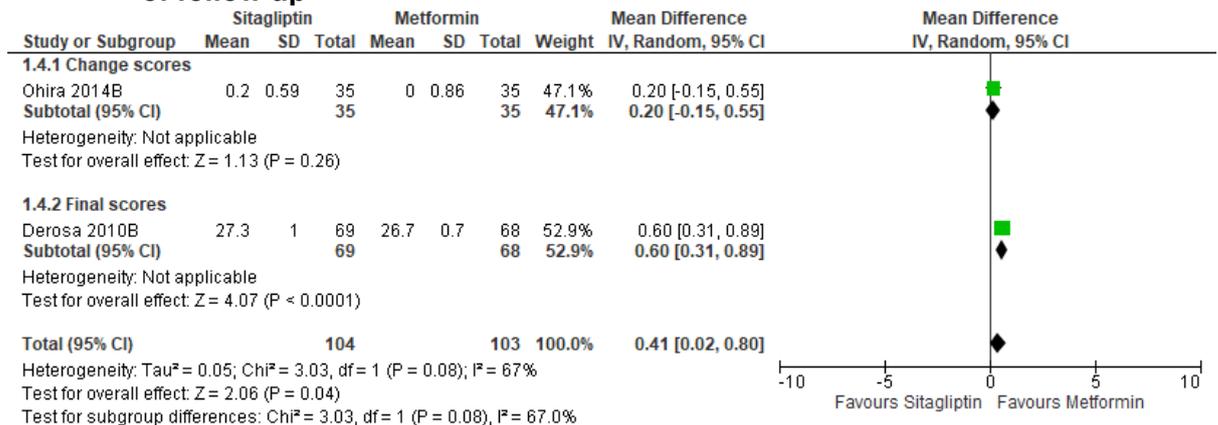
**Figure 46: HbA1c change (% , lower values are better, change and final scores) at end of follow up**



**Figure 47: Weight change (kg, lower values are better, change and final scores) at end of follow up**

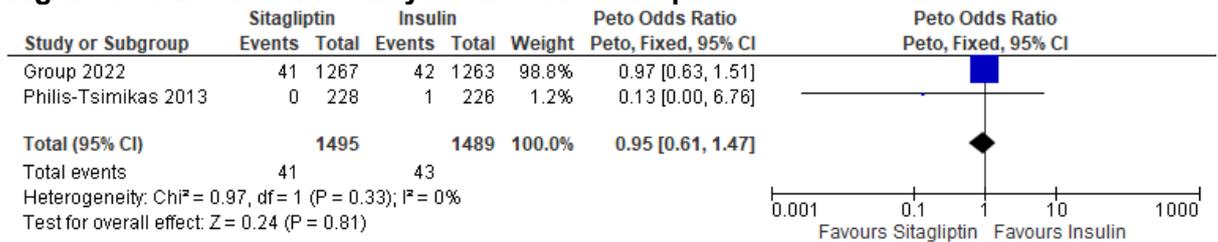


**Figure 48: BMI change (kg/m<sup>2</sup>, lower values are better, change and final scores) at end of follow up**

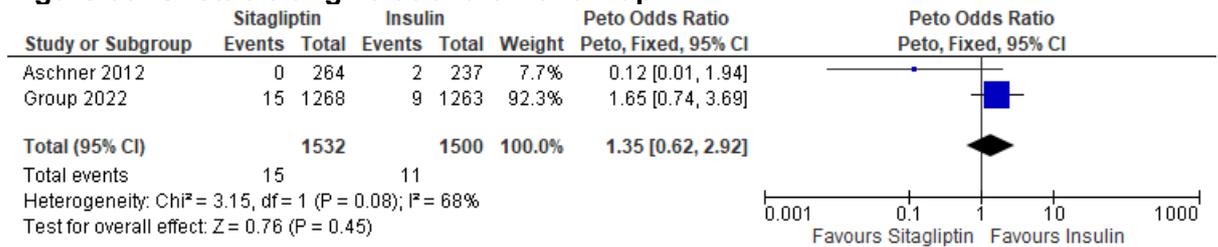


**K.1.2.7 Adding sitagliptin compared to adding insulin**

**Figure 49: All-cause mortality at end of follow up**



**Figure 50: Unstable angina at end of follow up**

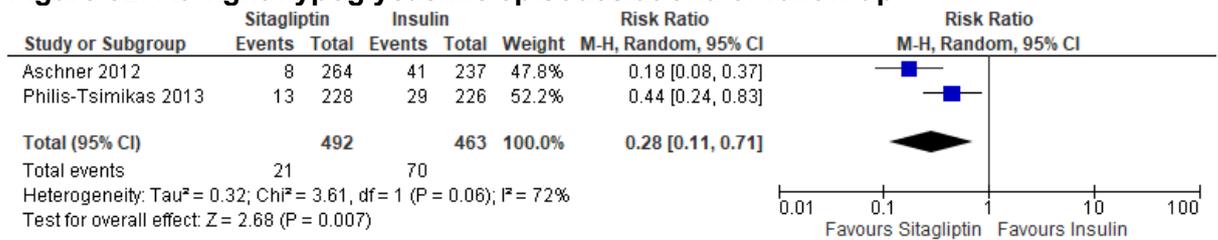


**Figure 51: Hypoglycaemia episodes at end of follow up**

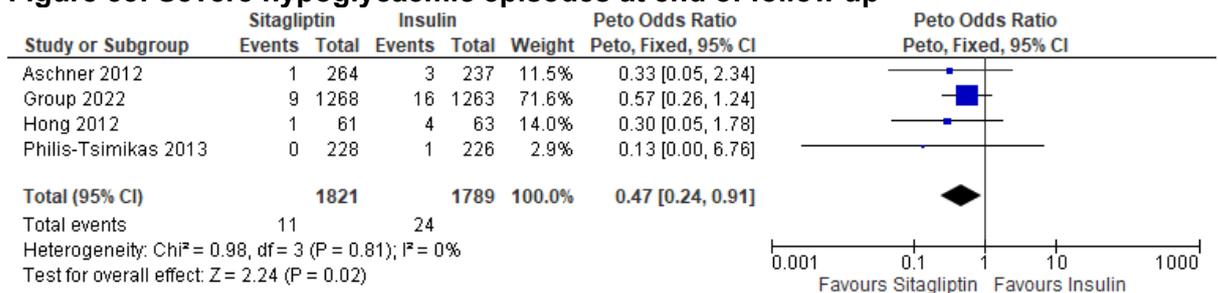


Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR, NAFLD, and obesity subgroups.

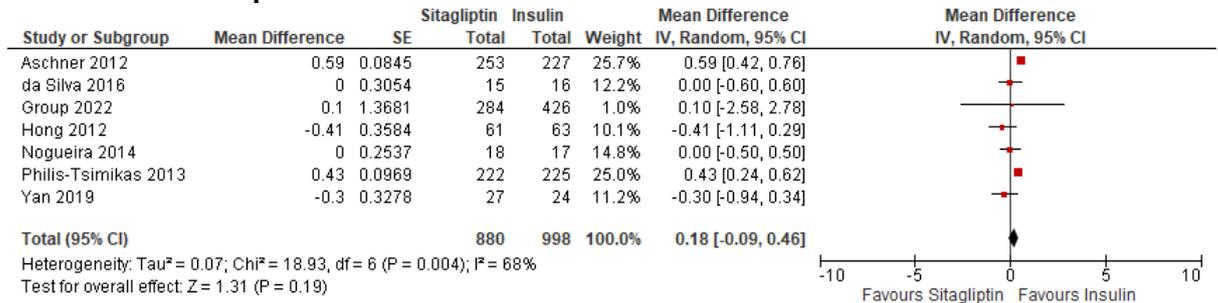
**Figure 52: At night hypoglycaemic episodes at end of follow up**



**Figure 53: Severe hypoglycaemic episodes at end of follow up**

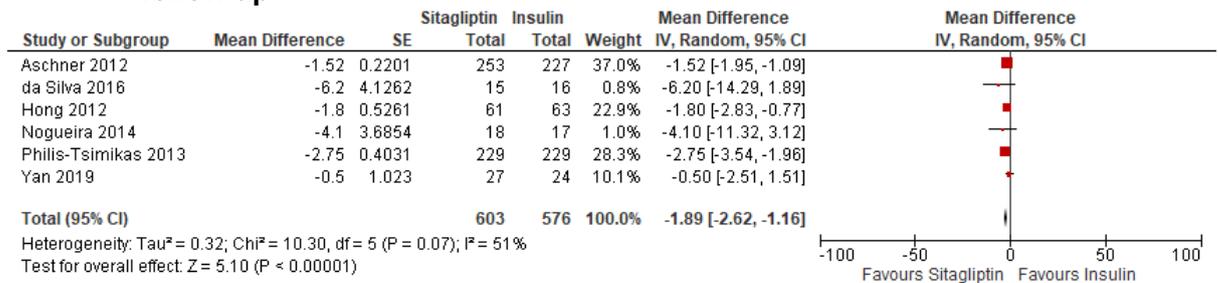


**Figure 54: HbA1c change (% , lower values are better, mean difference) at end of follow up**



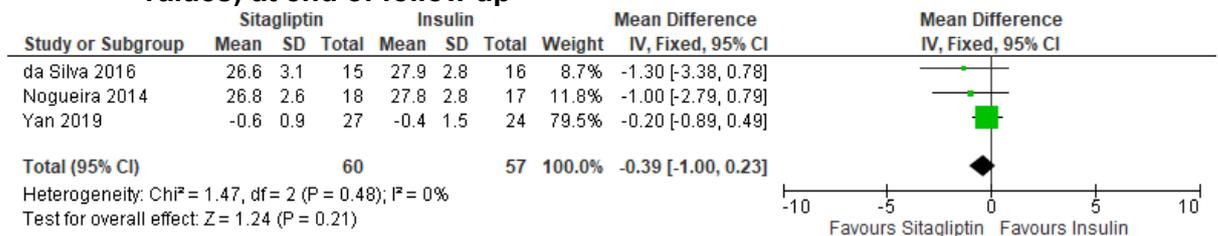
Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR, NAFLD, and obesity subgroups.

**Figure 55: Weight change (kg, lower values are better, mean difference) at end of follow up**



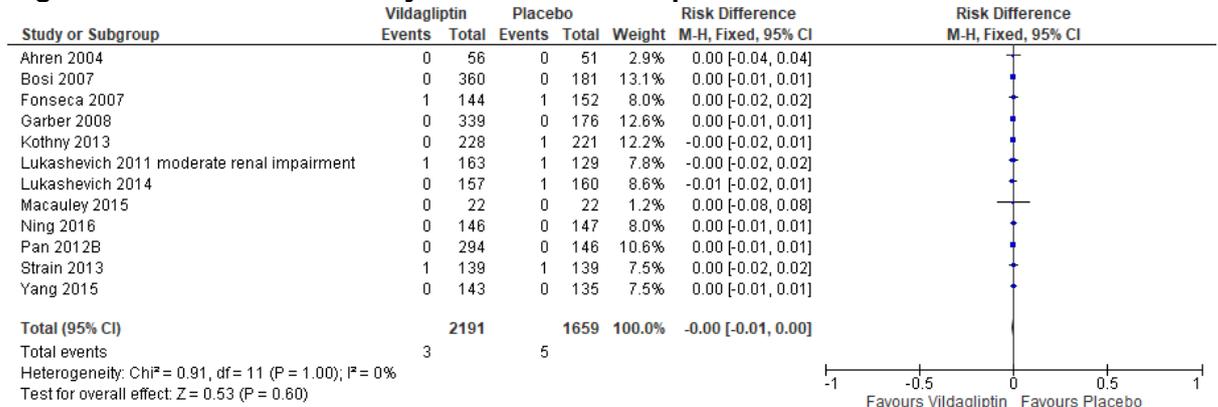
Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR, NAFLD, and obesity subgroups.

**Figure 56: BMI change (kg/m<sup>2</sup>, lower values are better, change scores and final values) at end of follow up**

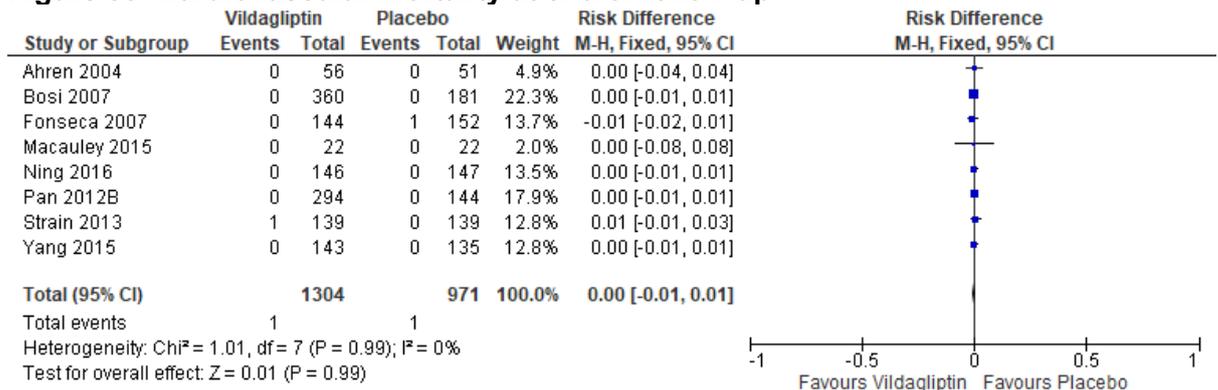


**K.1.2.8 Adding vildagliptin compared to adding placebo**

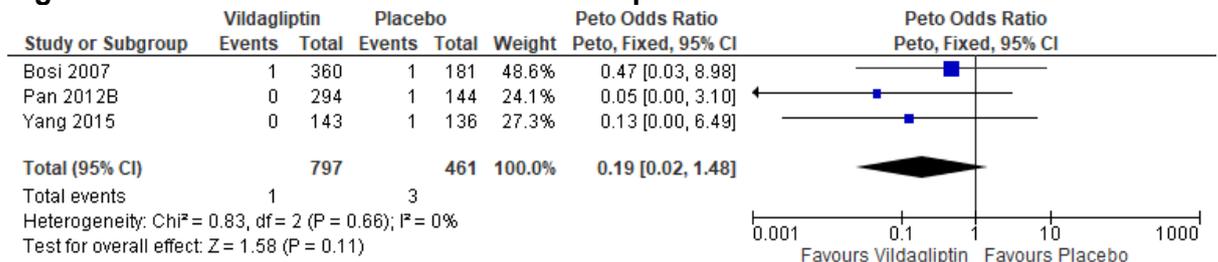
**Figure 57: All-cause mortality at end of follow up**



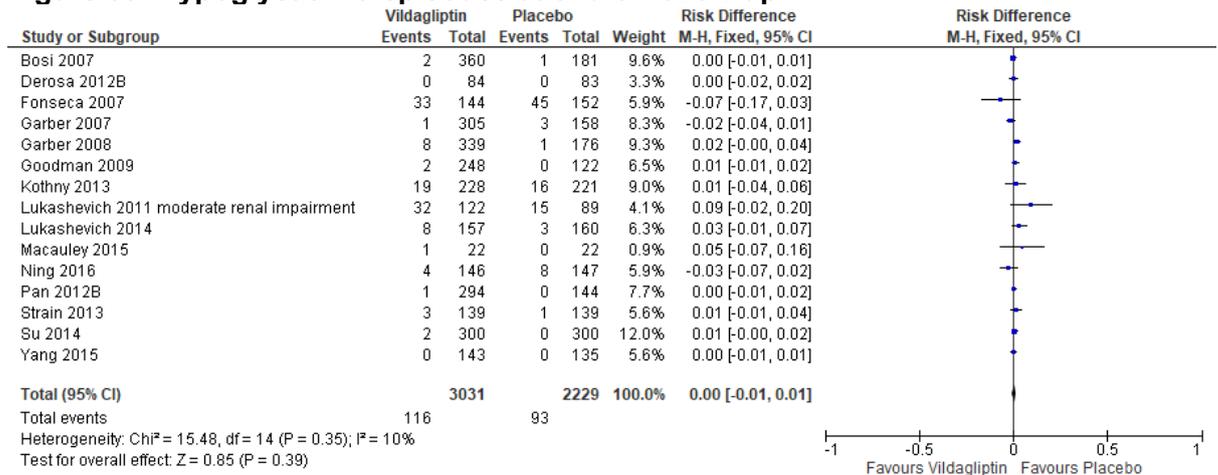
**Figure 58: Cardiovascular mortality at end of follow up**



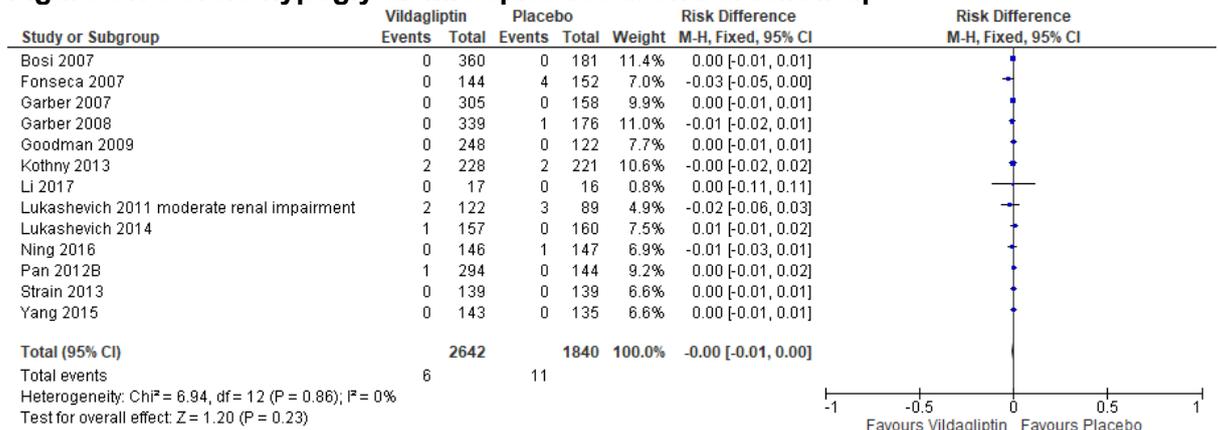
**Figure 59: Non-fatal stroke at end of follow up**



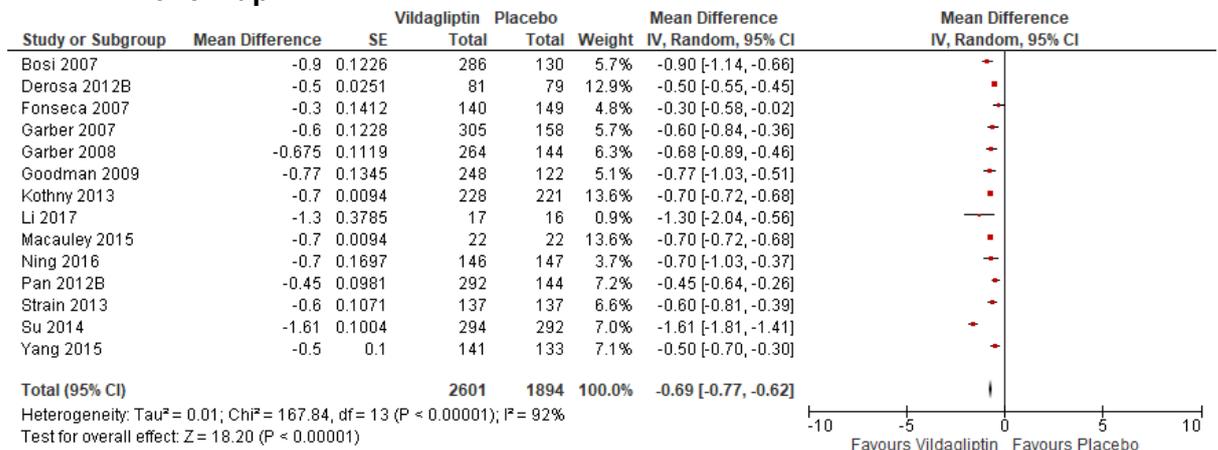
**Figure 60: Hypoglycaemia episodes at end of follow up**



**Figure 61: Severe hypoglycaemic episodes at end of follow up**

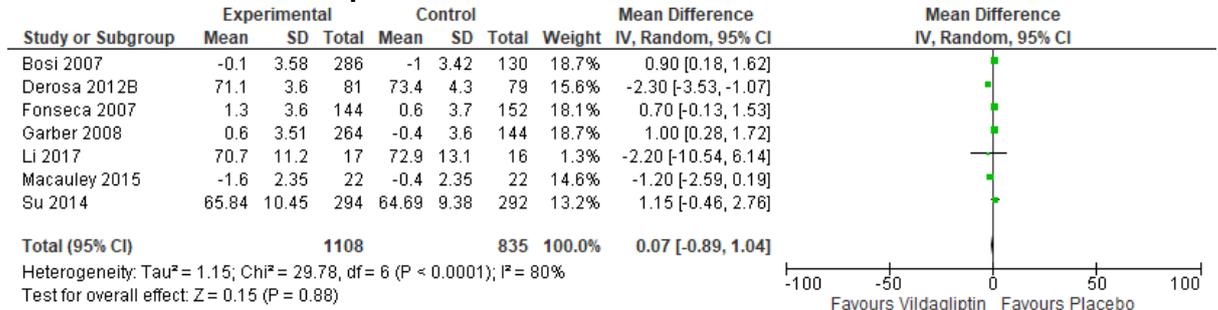


**Figure 62: HbA1c change (% , lower values are better, mean difference) at end of follow up**



Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by ACR, eGFR, Frailty, NAFLD, obesity and early onset subgroups.

**Figure 63: Weight change (kg, lower values are better, change and final scores) at end of follow up**



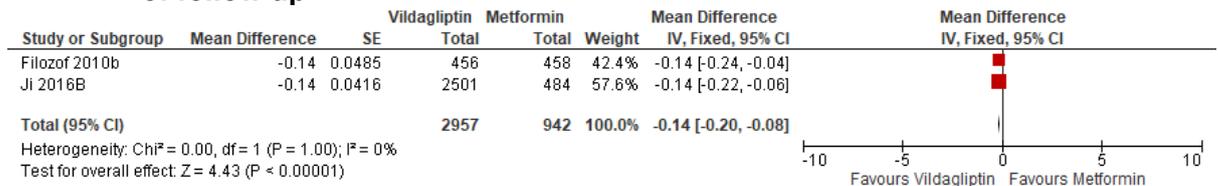
Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by ACR, eGFR, Frailty, NAFLD, obesity and early onset subgroups.

**K.1.2.9 Adding vildagliptin compared to adding metformin**

**Figure 64: Hypoglycaemia episodes at end of follow up**



**Figure 65: HbA1c change (% , lower values are better, change and final scores) at end of follow up**



**K.1.2.10 Adding vildagliptin compared to adding insulin**

There are no forest plots for this comparison (all outcomes include a single study).

## K.1.2.11 Adding vildagliptin compared to adding saxagliptin

Figure 66: All-cause mortality at end of follow up

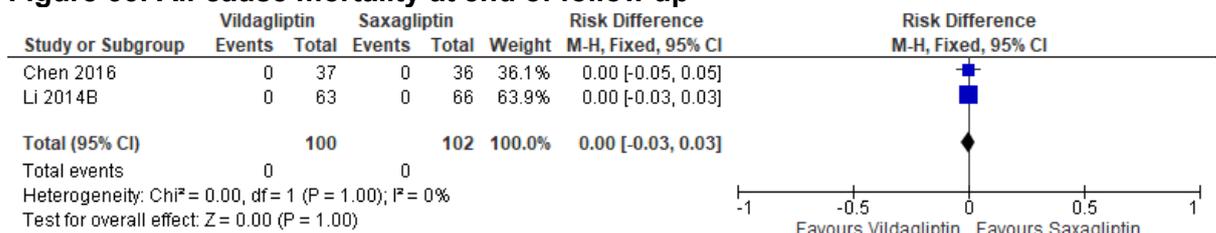


Figure 67: Cardiovascular mortality at end of follow up

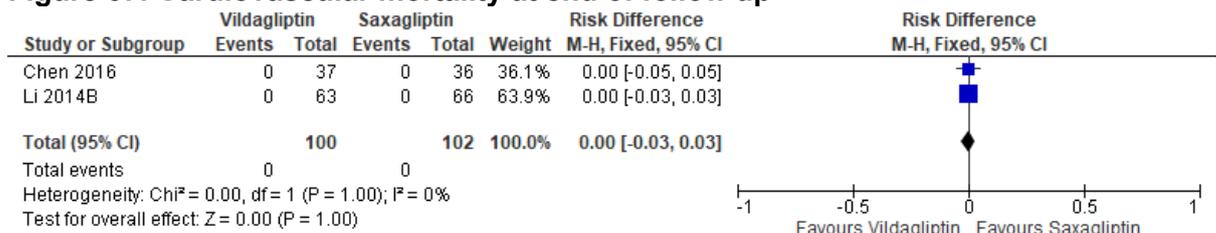


Figure 68: Hypoglycaemia episodes at end of follow up

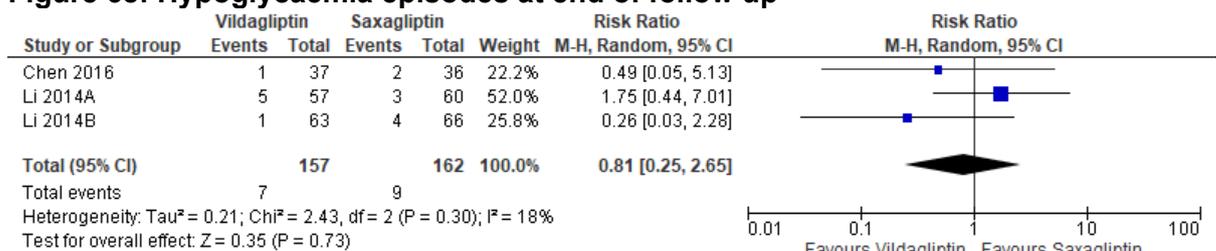


Figure 69: Severe hypoglycaemic episodes at end of follow up

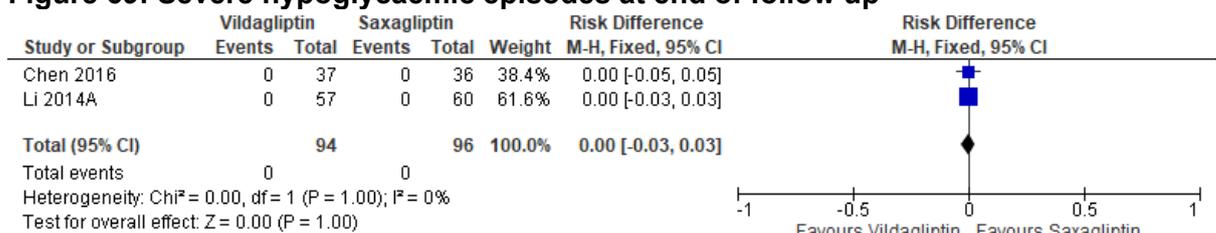
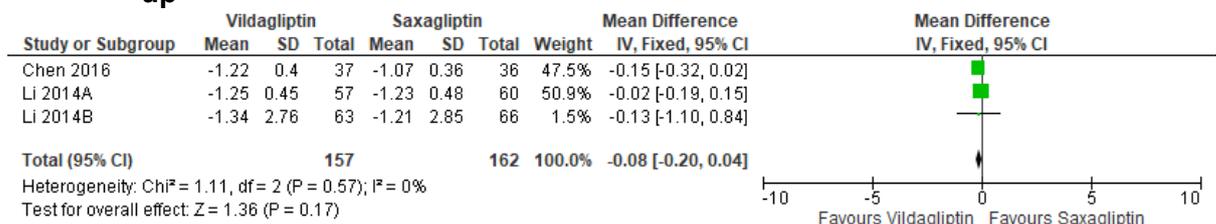
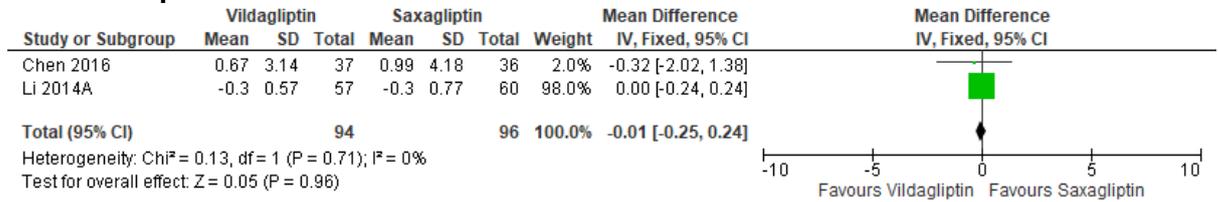


Figure 70: HbA1c change (% , lower values are better, change scores) at end of follow up



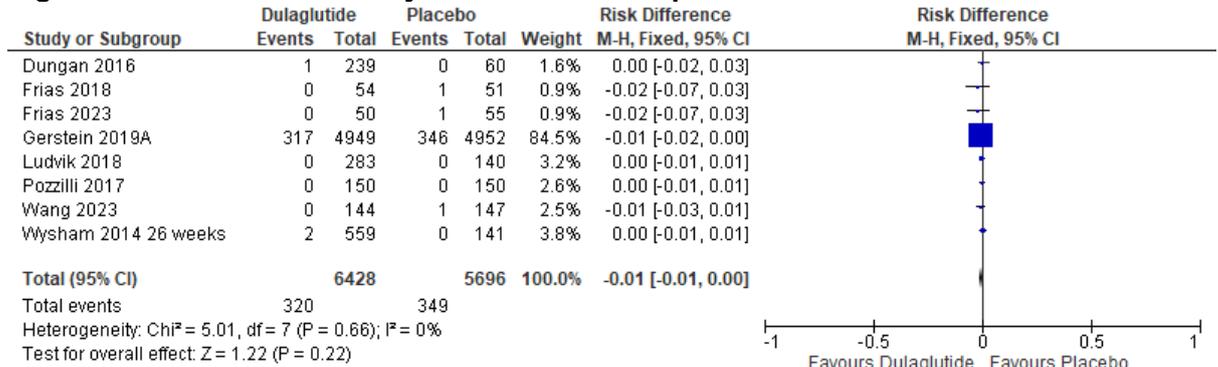
**Figure 71: BMI change (kg/m<sup>2</sup>, lower values are better, change scores) at end of follow up**



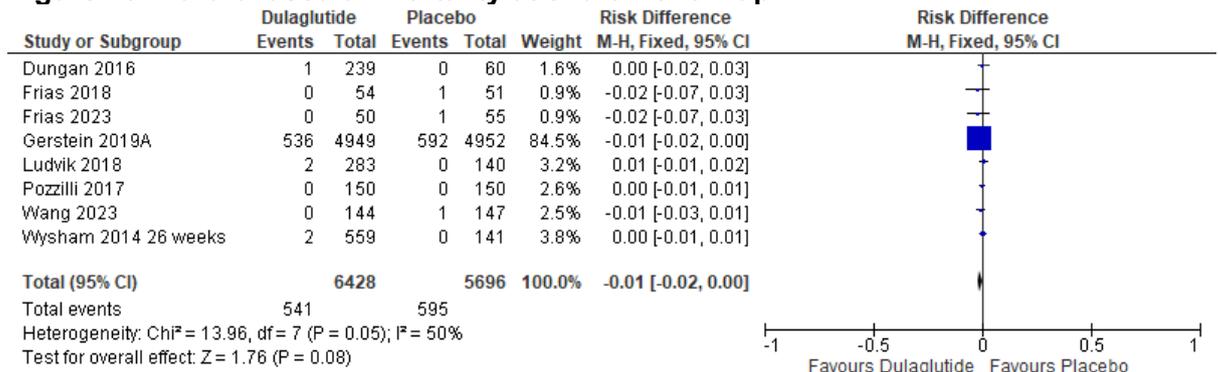
### K.1.3 GLP-1 receptor agonist

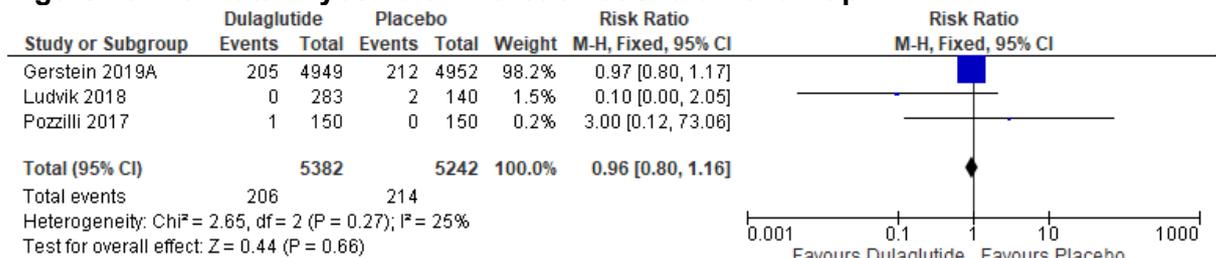
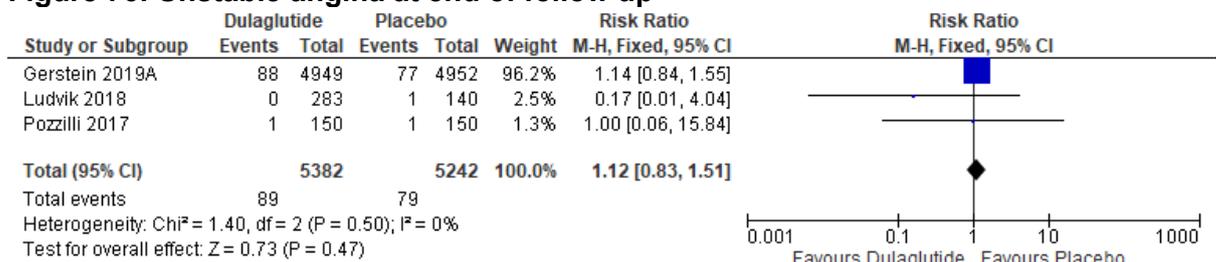
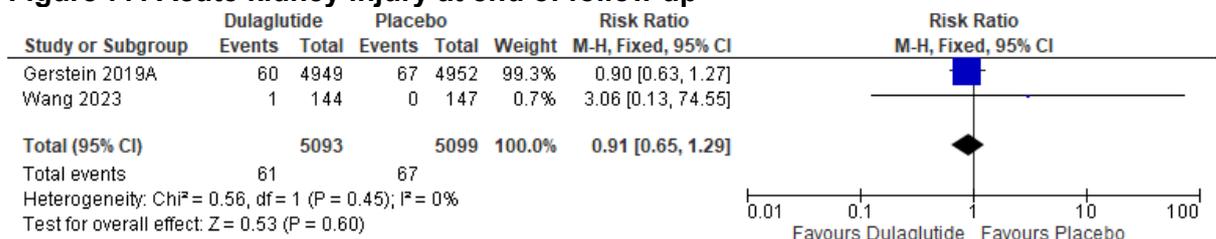
#### K.1.3.1 Adding dulaglutide compared to adding placebo

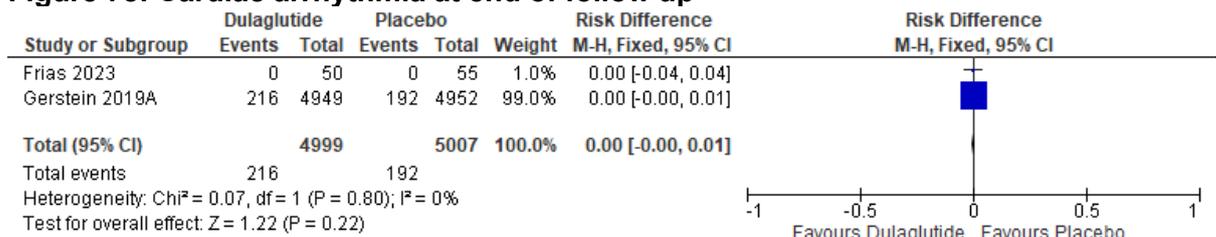
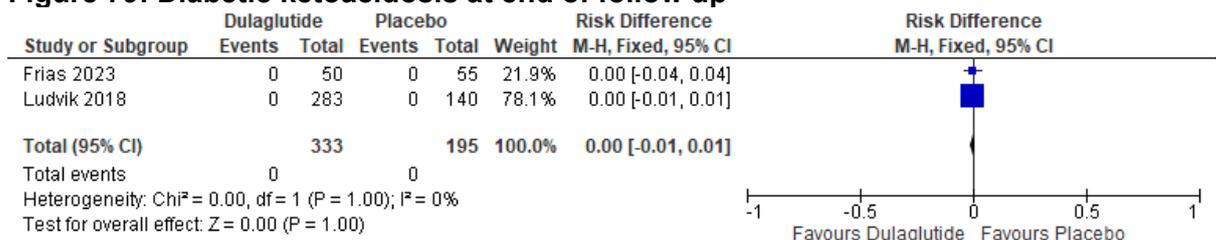
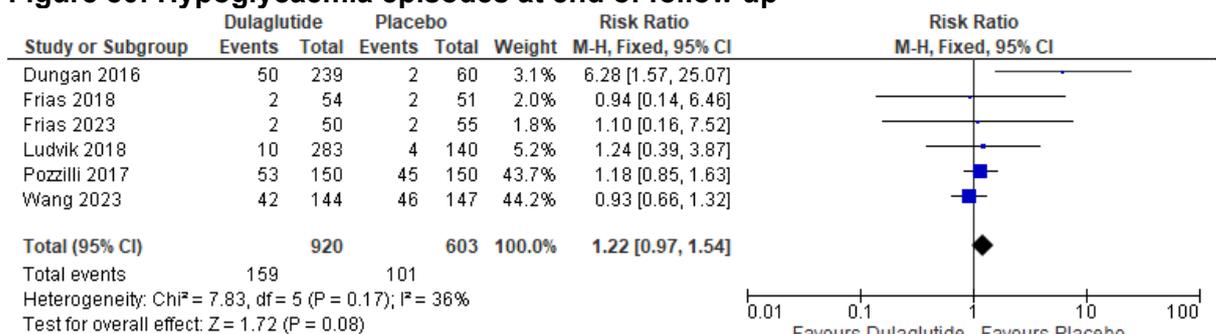
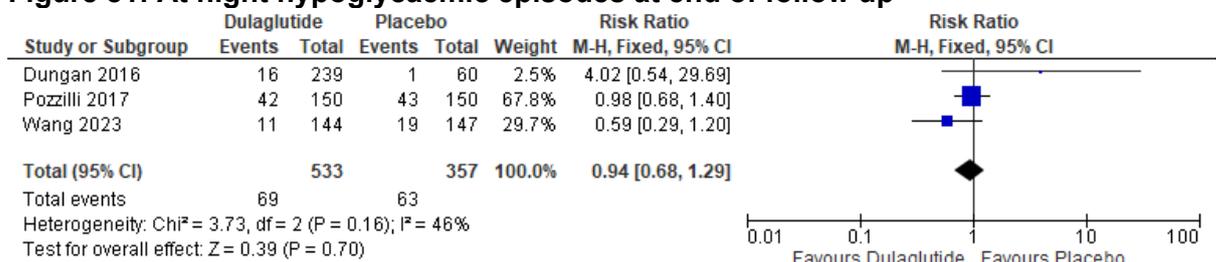
**Figure 72: All-cause mortality at end of follow up**



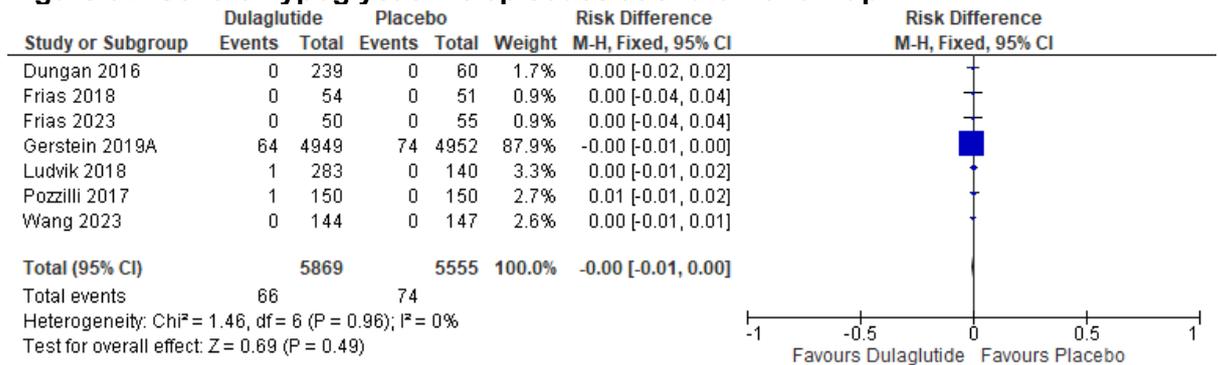
**Figure 73: Cardiovascular mortality at end of follow up**



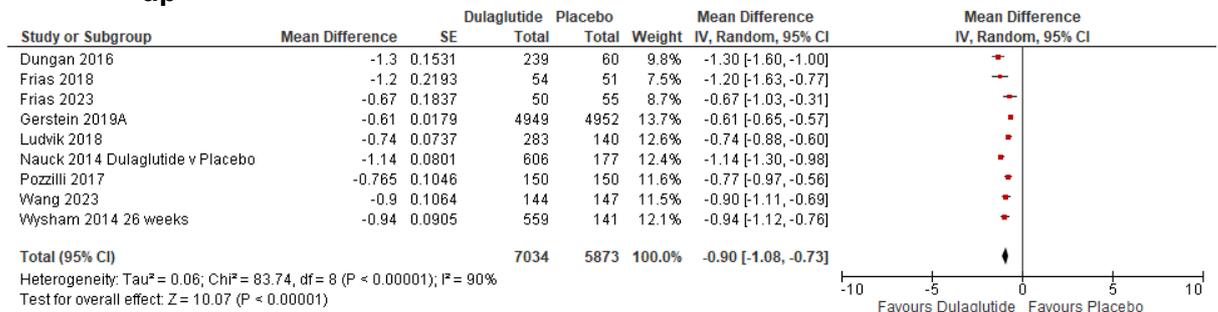
**Figure 74: Non-fatal stroke at end of follow up****Figure 75: Non-fatal myocardial infarction at end of follow up****Figure 76: Unstable angina at end of follow up****Figure 77: Acute kidney injury at end of follow up**

**Figure 78: Cardiac arrhythmia at end of follow up****Figure 79: Diabetic ketoacidosis at end of follow up****Figure 80: Hypoglycaemia episodes at end of follow up****Figure 81: At night hypoglycaemic episodes at end of follow up**

**Figure 82: Severe hypoglycaemic episodes at end of follow up**

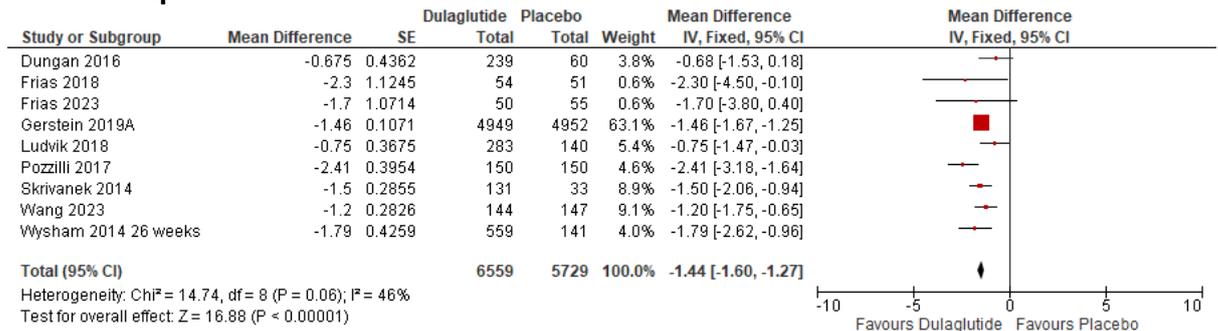


**Figure 83: HbA1c change (% , lower values are better, change scores) at end of follow up**

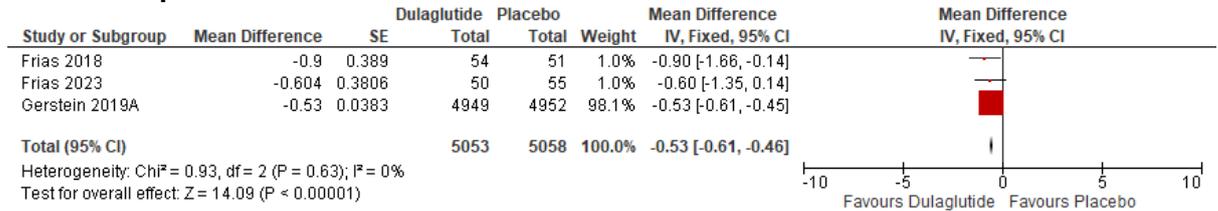


Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by ACR, eGFR, obesity and early onset subgroups.

**Figure 84: Weight change (kg, lower values are better, change scores) at end of follow up**

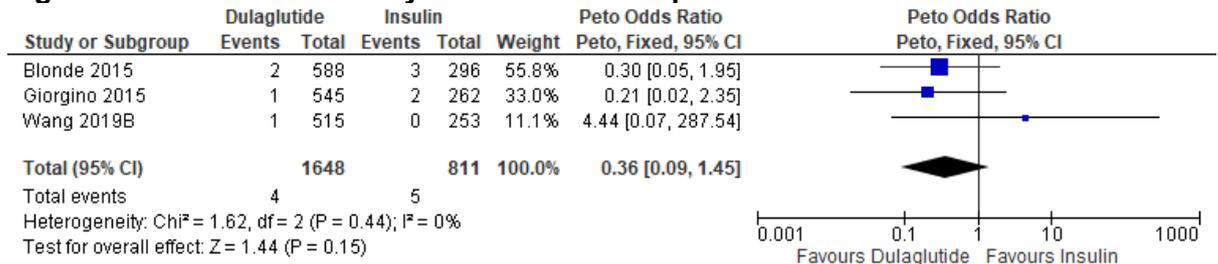


**Figure 85: BMI change (kg/m<sup>2</sup>, lower values are better, change scores) at end of follow up**



**K.1.3.2 Adding dulaglutide compared to adding insulin**

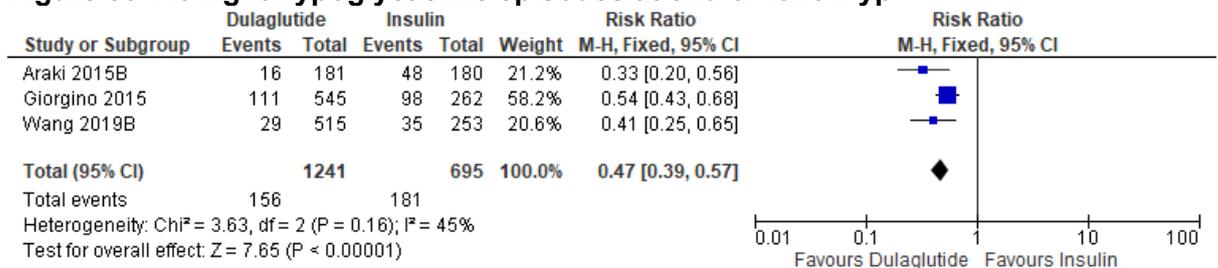
**Figure 86: All-cause mortality at end of follow up**

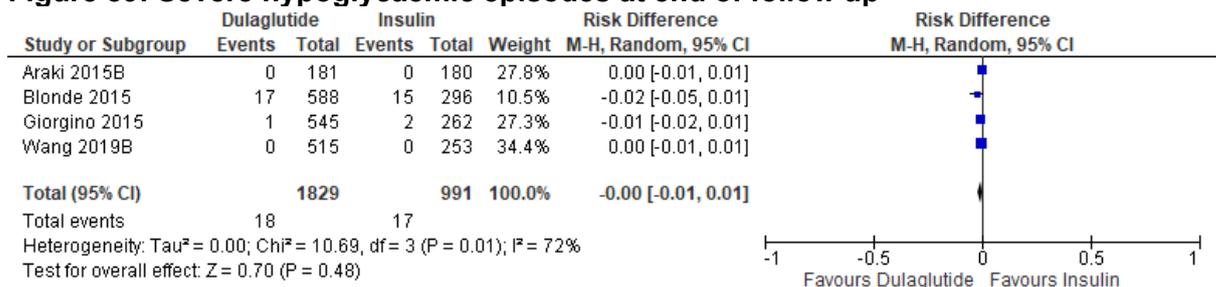


**Figure 87: Hypoglycaemia episodes at end of follow up**

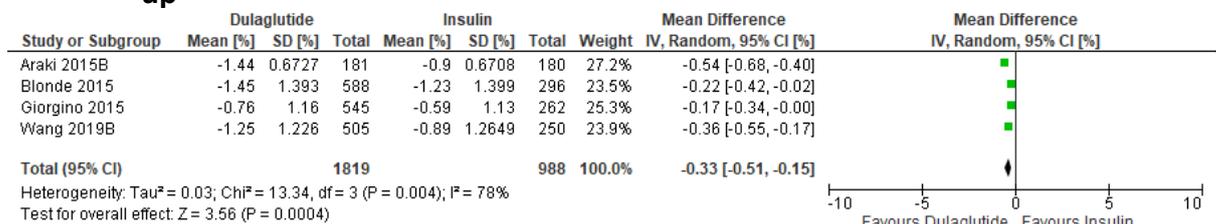


**Figure 88: At night hypoglycaemic episodes at end of follow up**

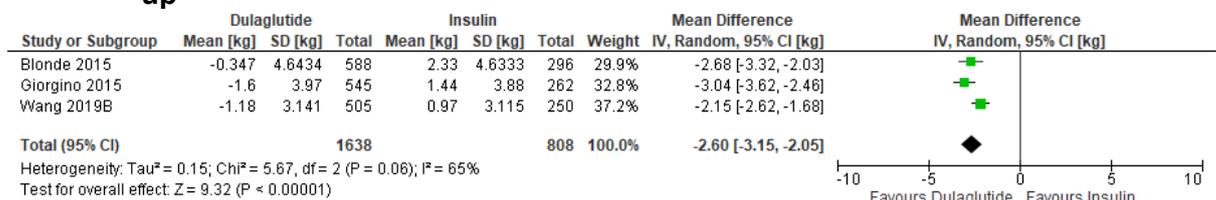


**Figure 89: Severe hypoglycaemic episodes at end of follow up**

Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR subgroup.

**Figure 90: HbA1c change (% , lower values are better, change scores) at end of follow up**

Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR subgroup.

**Figure 91: Weight change (kg, lower values are better, change scores) at end of follow up**

### K.1.3.3 Adding dulaglutide compared to adding exenatide

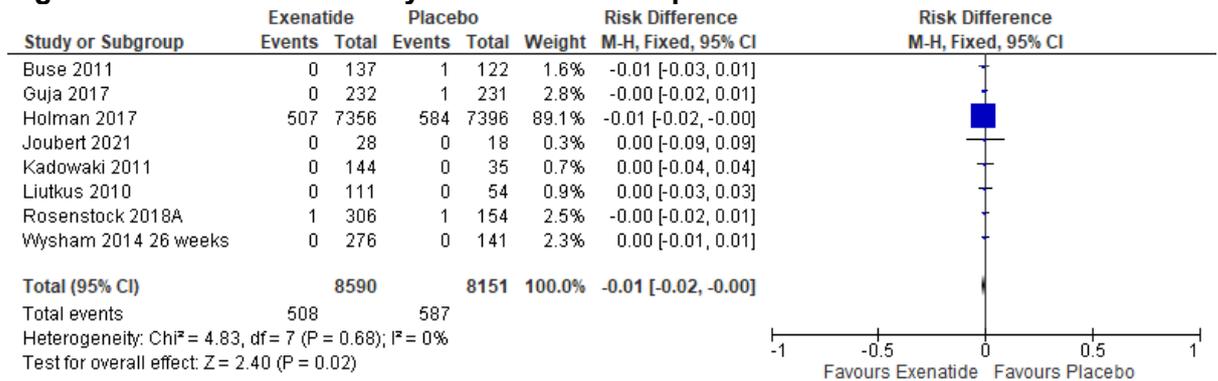
There are no forest plots for this comparison (all outcomes include a single study)

### K.1.3.4 Adding dulaglutide compared to adding sitagliptin

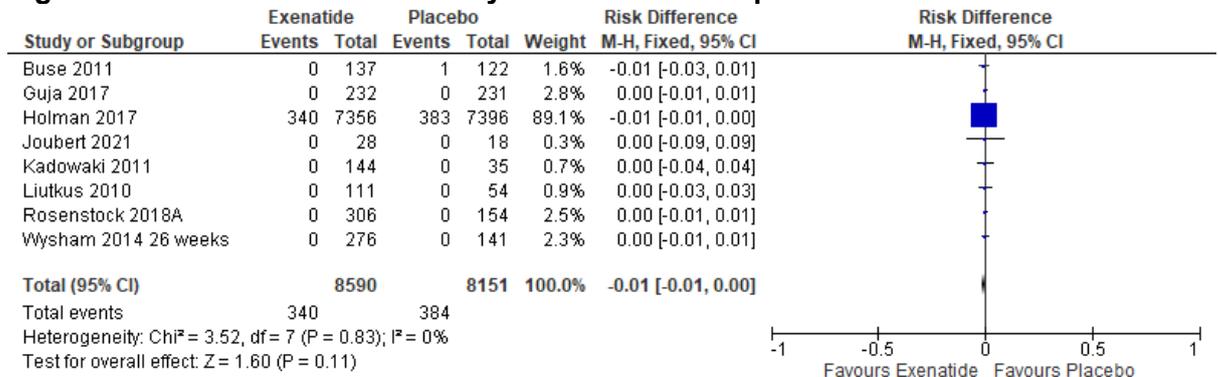
There are no forest plots for this comparison (all outcomes include a single study)

**K.1.3.5 Adding exenatide compared to adding placebo**

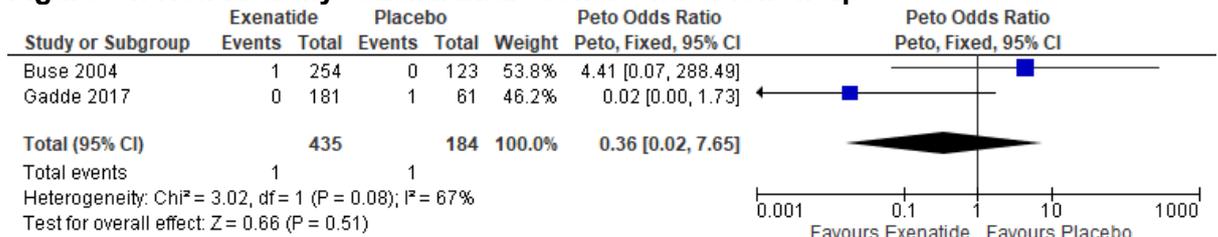
**Figure 92: All-cause mortality at end of follow up**



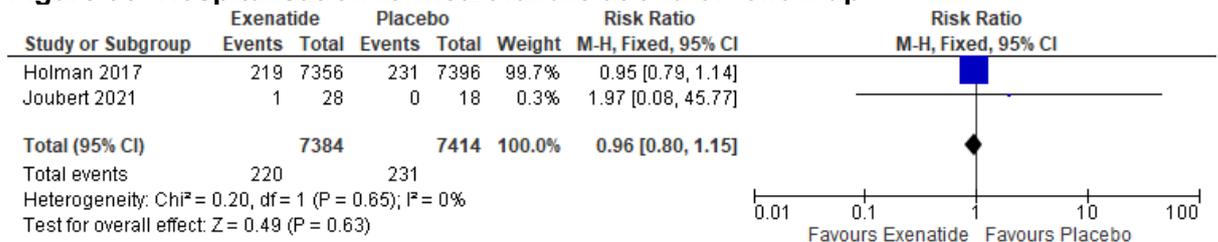
**Figure 93: Cardiovascular mortality at end of follow up**

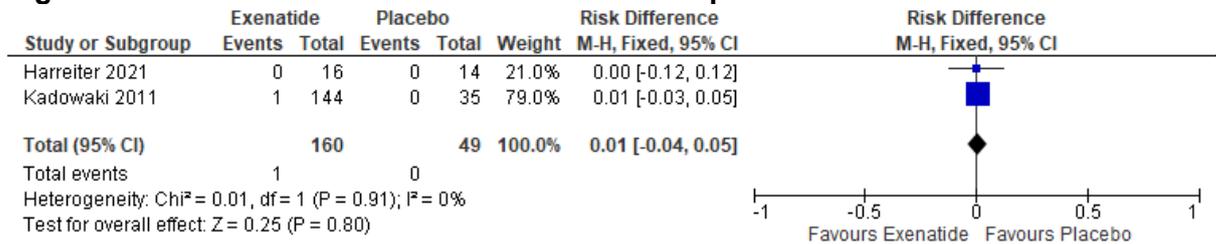
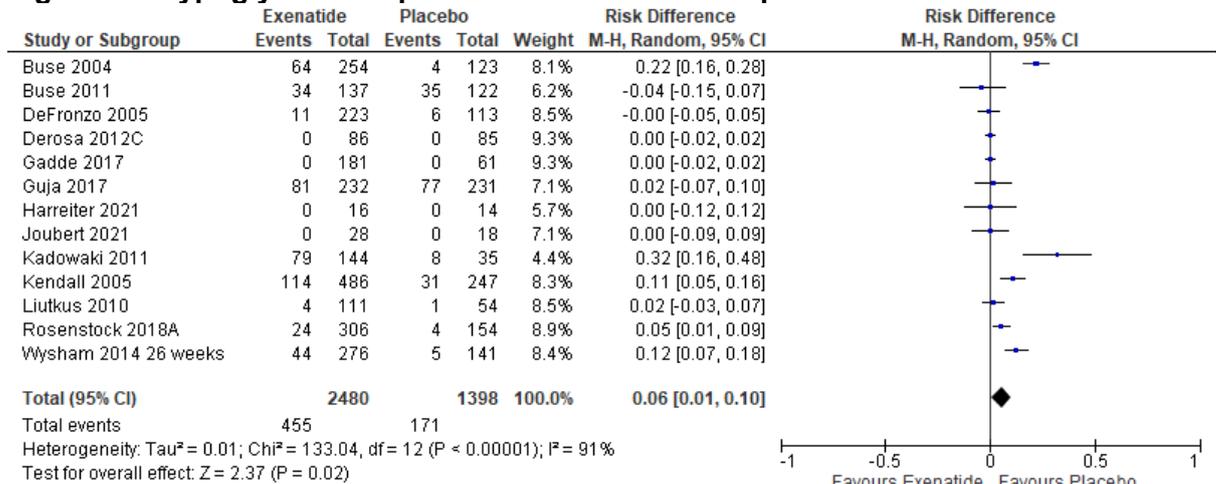


**Figure 94: Non-fatal myocardial infarction at end of follow up**

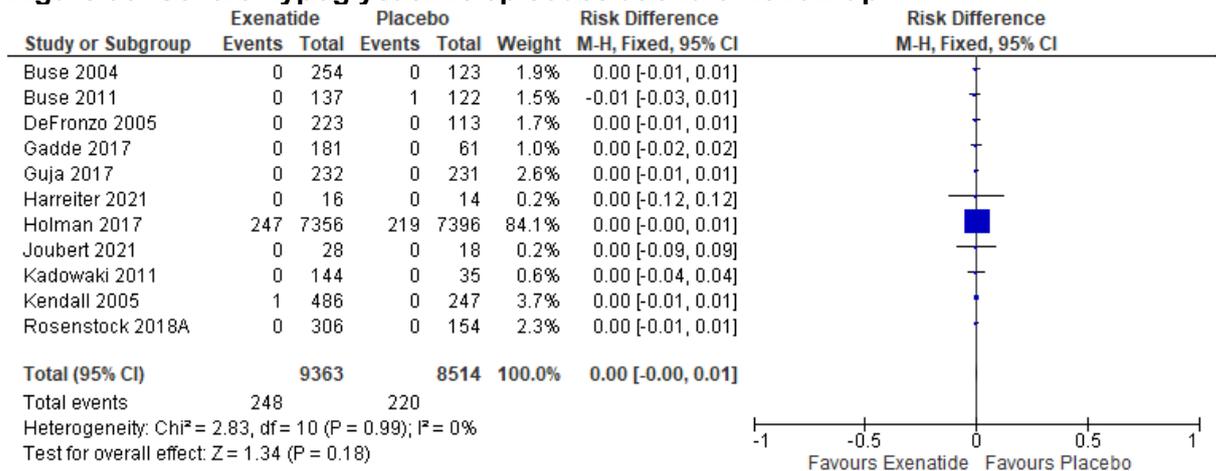


**Figure 95: Hospitalisation for heart failure at end of follow up**

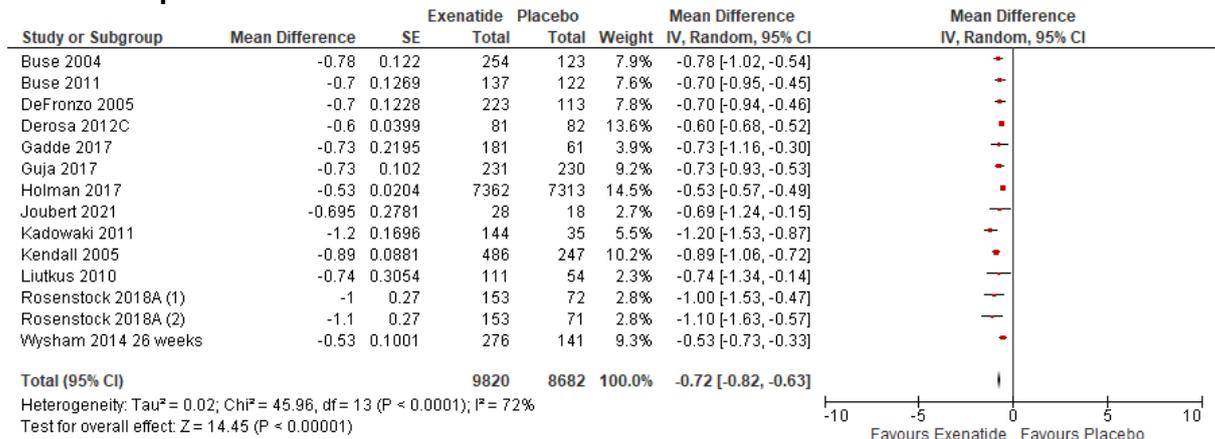


**Figure 96: Diabetic ketoacidosis at end of follow up****Figure 97: Hypoglycaemia episodes at end of follow up**

Note: Heterogeneity was not explained by sensitivity analysis

**Figure 98: Severe hypoglycaemic episodes at end of follow up**

**Figure 99: HbA1c change (% , lower values are better, change scores) at end of follow up**

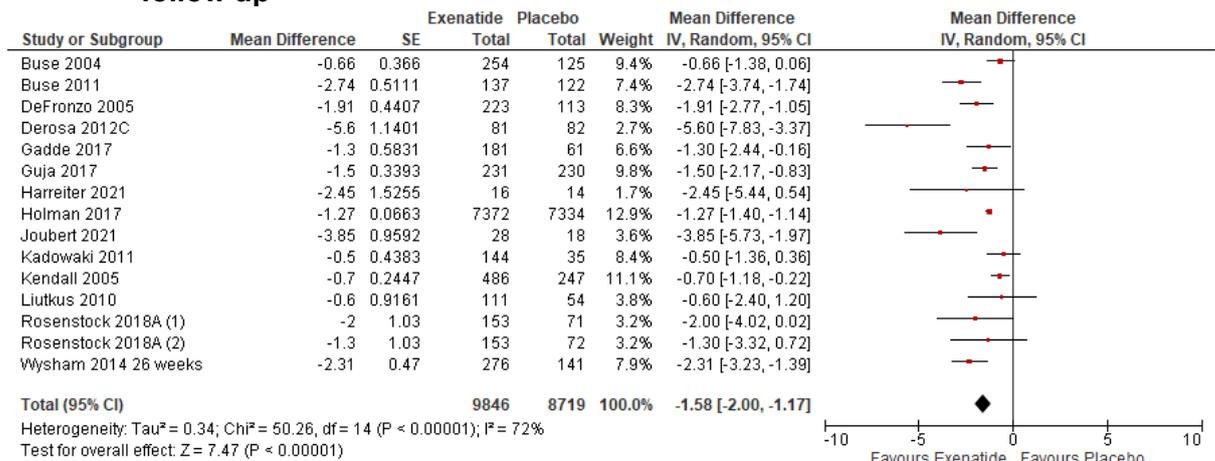


**Footnotes**

- (1) 40 mcg daily arm. N placebo was halved
- (2) 60 mcg daily arm. N placebo was halved

Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by obesity or eGFR subgroup

**Figure 100: Weight change (kg, lower values are better, change scores) at end of follow up**

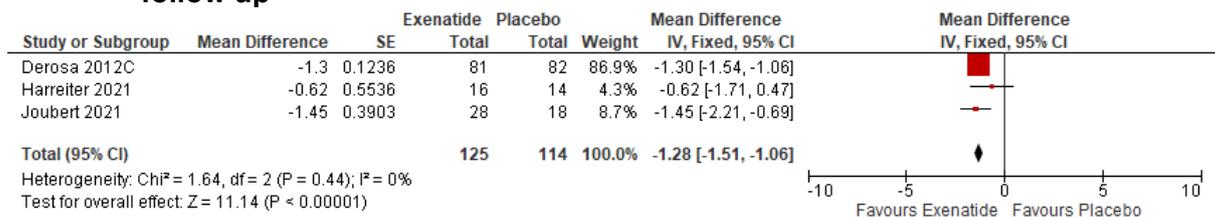


**Footnotes**

- (1) 60 mcg daily arm. N for placebo arm was halved
- (2) 40 mcg daily arm. N for placebo arm was halved.

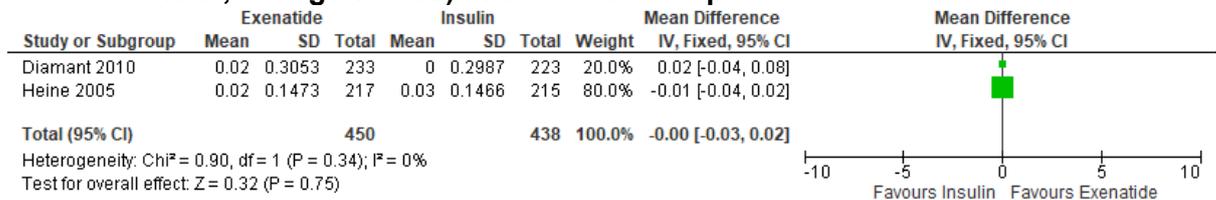
Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR subgroup

**Figure 101: BMI change (kg/m<sup>2</sup>, lower values are better, change scores) at end of follow up**

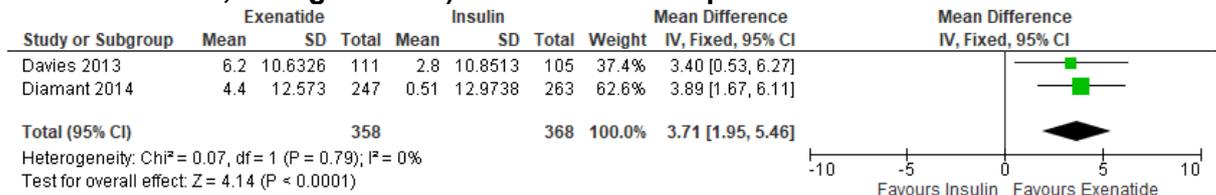


### K.1.3.6 Adding exenatide compared to adding insulin

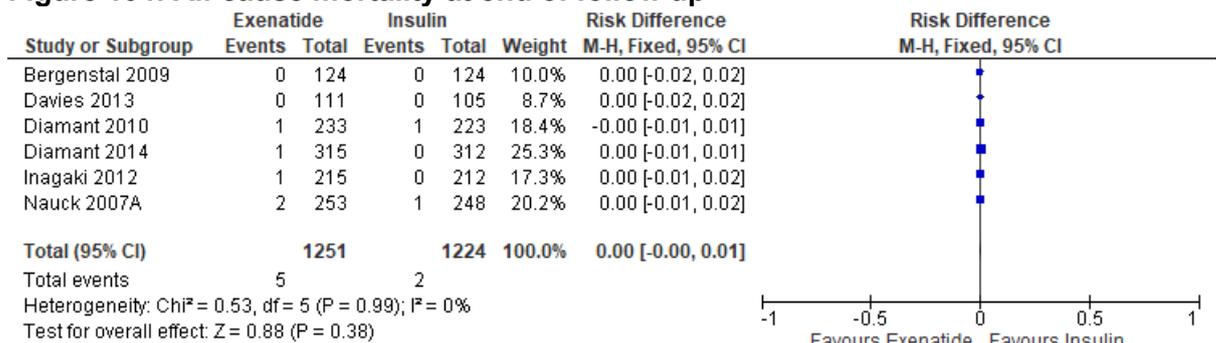
**Figure 102: Health-related quality of life – overall (EQ5D, -0.59-1.0, higher values are better, change scores) at end of follow up**



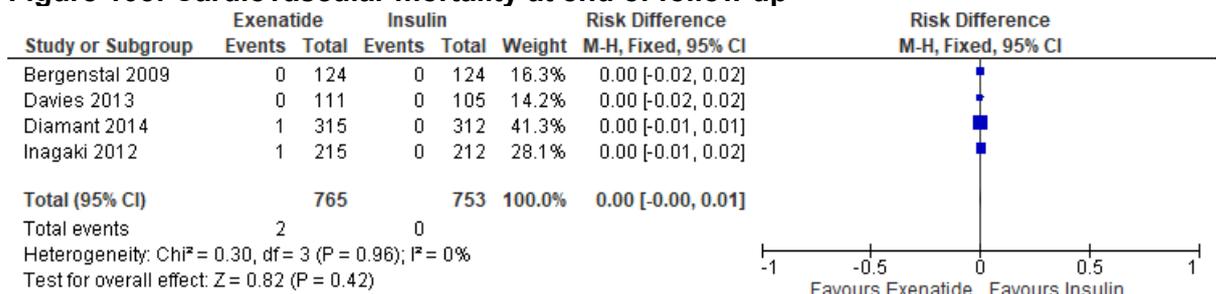
**Figure 103: Health-related quality of life – overall (IWQoL, 0-100, higher values are better, change scores) at end of follow up**

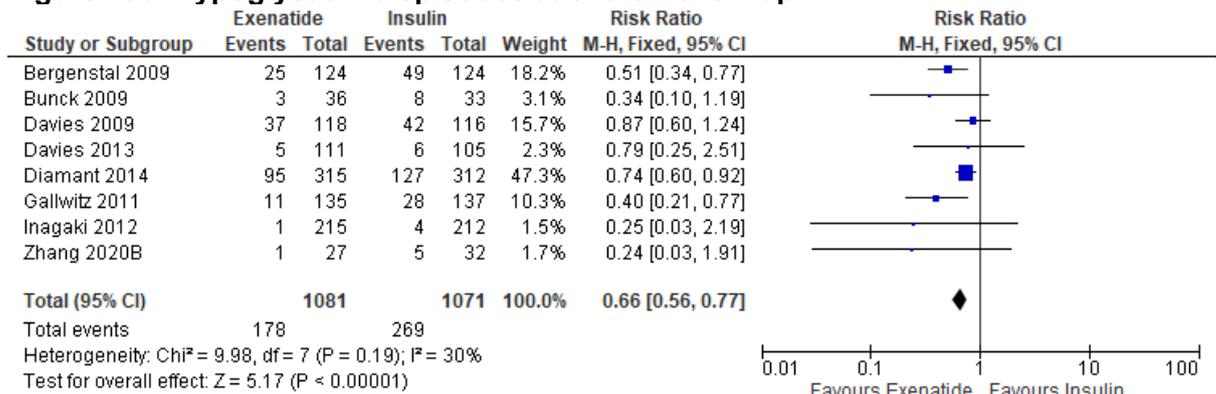
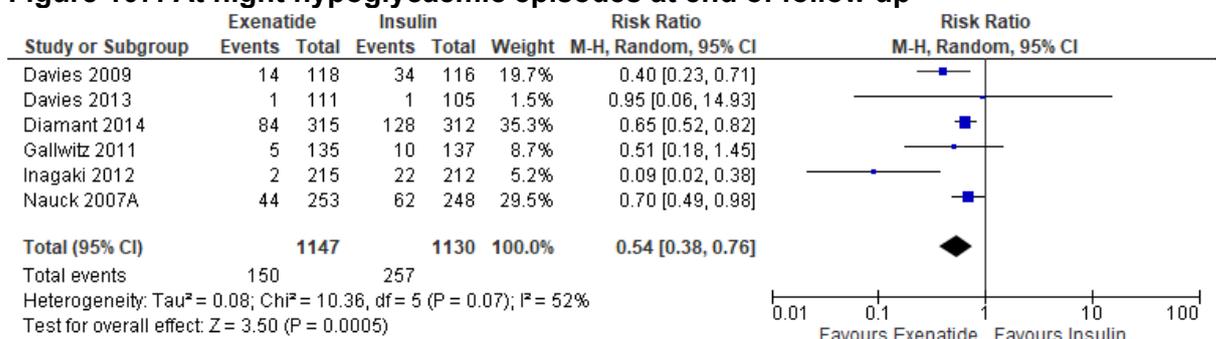


**Figure 104: All-cause mortality at end of follow up**

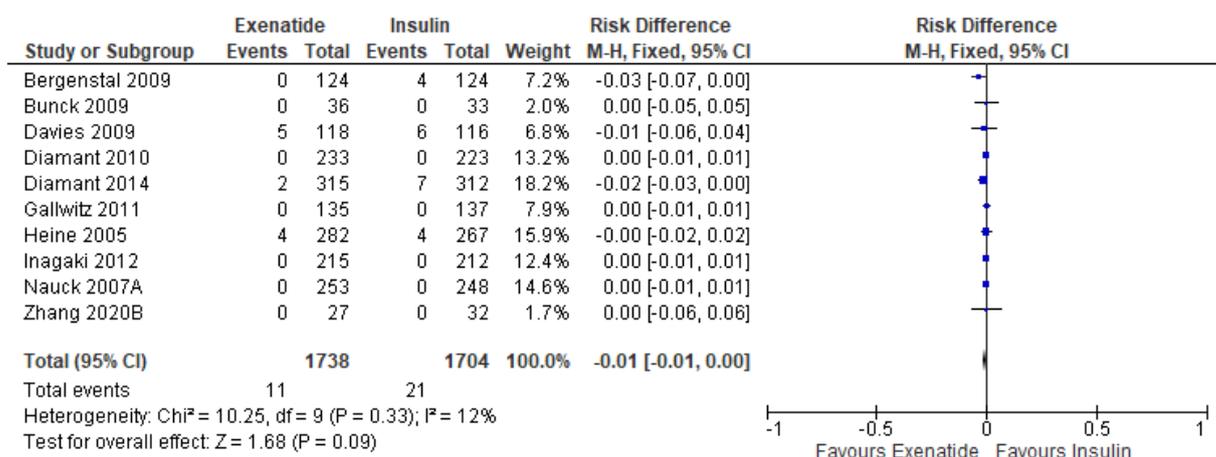


**Figure 105: Cardiovascular mortality at end of follow up**

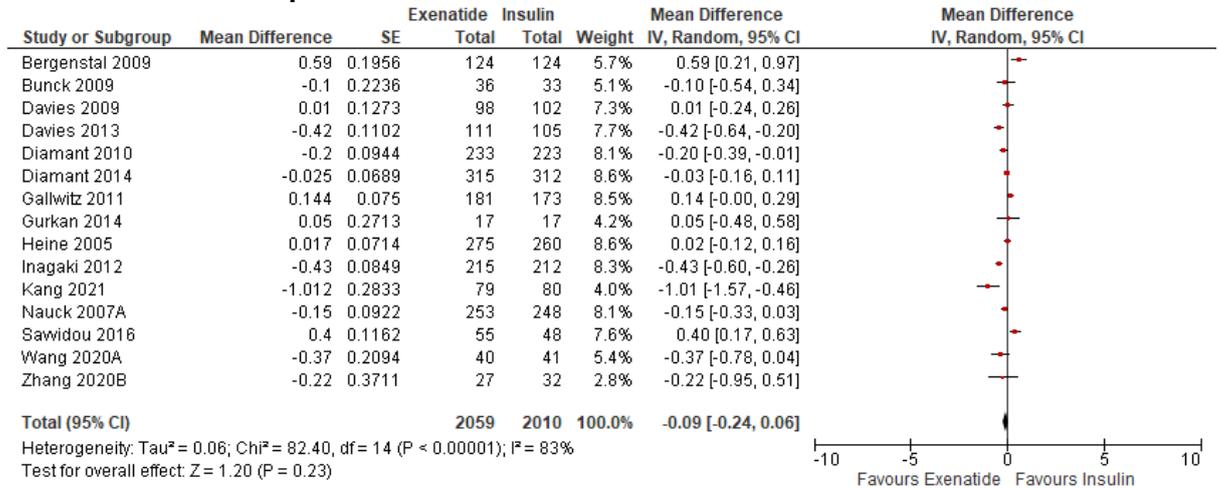


**Figure 106: Hypoglycaemia episodes at end of follow up****Figure 107: At night hypoglycaemic episodes at end of follow up**

Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by obesity subgroup.

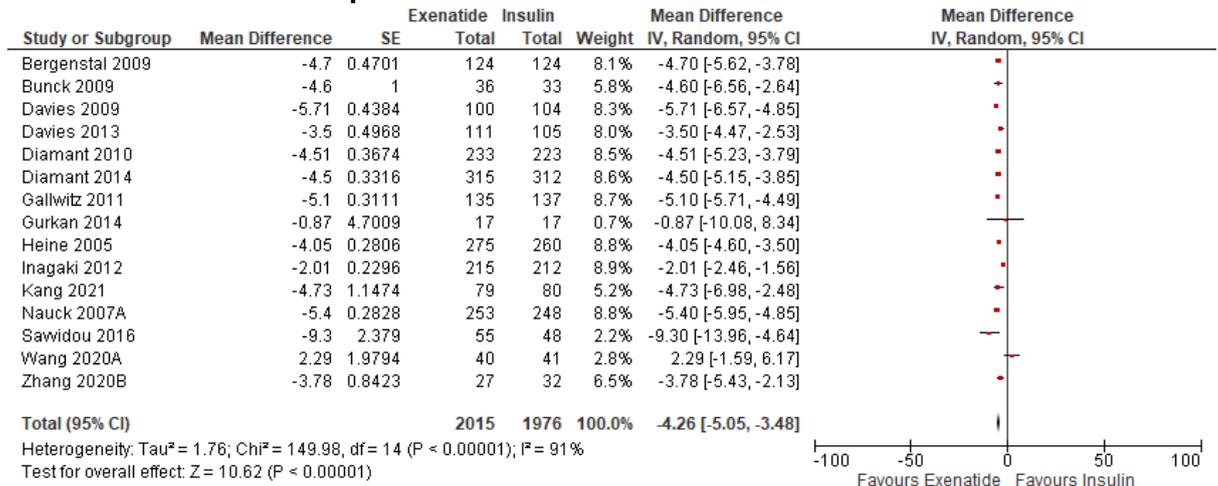
**Figure 108: Severe hypoglycaemic episodes at end of follow up**

**Figure 109: HbA1c change (% , lower values are better, change and final scores) at end of follow up**



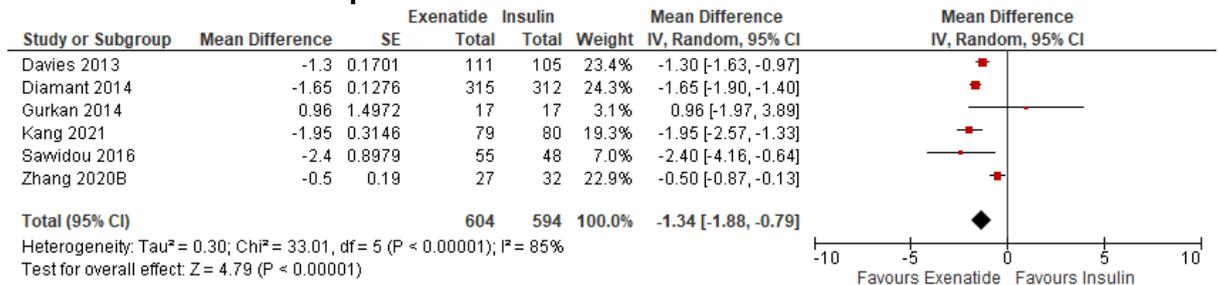
Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by obesity subgroup.

**Figure 110: Weight change (kg, lower values are better, change and final scores) at end of follow up**



Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by obesity subgroup.

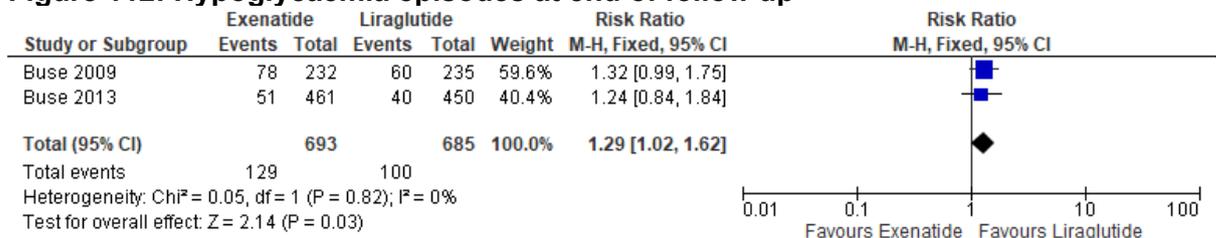
**Figure 111: BMI change (kg/m<sup>2</sup>, lower values are better, change and final scores) at end of follow up**



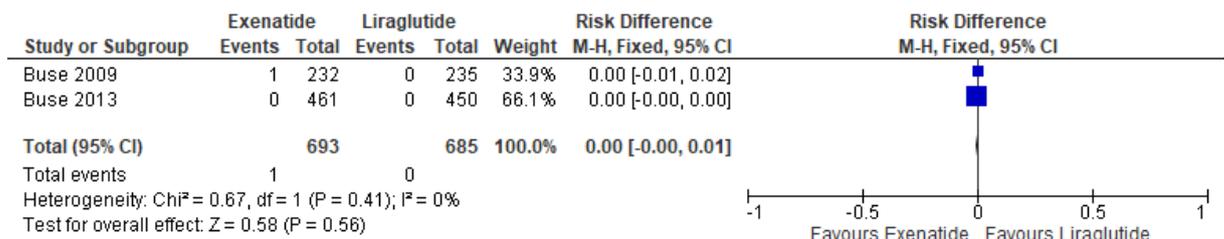
Note: Heterogeneity was not explained by sensitivity analysis. Subgroup analysis was not possible for this outcome.

### K.1.3.7 Adding exenatide compared to adding liraglutide

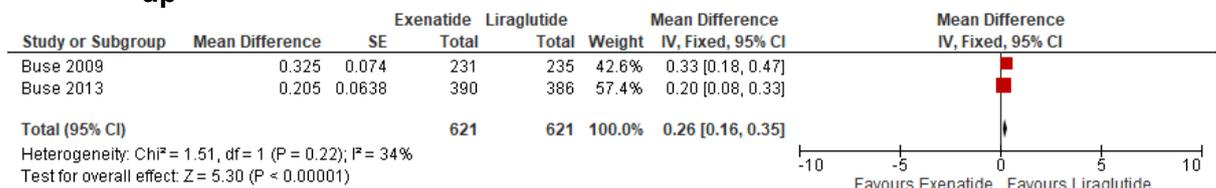
**Figure 112: Hypoglycaemia episodes at end of follow up**



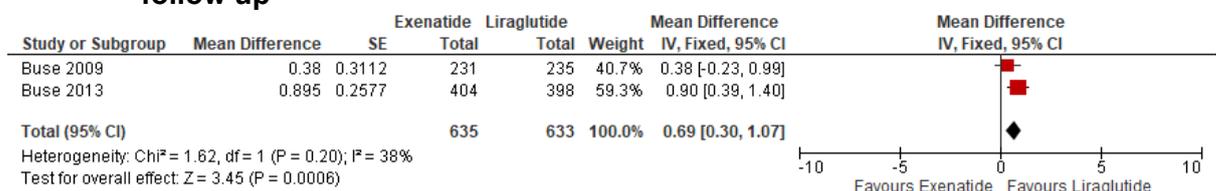
**Figure 113: Severe hypoglycaemic episodes at end of follow up**



**Figure 114: HbA1c change (% , lower values are better, change scores) at end of follow up**



**Figure 115: Weight change (kg, lower values are better, change scores) at end of follow up**

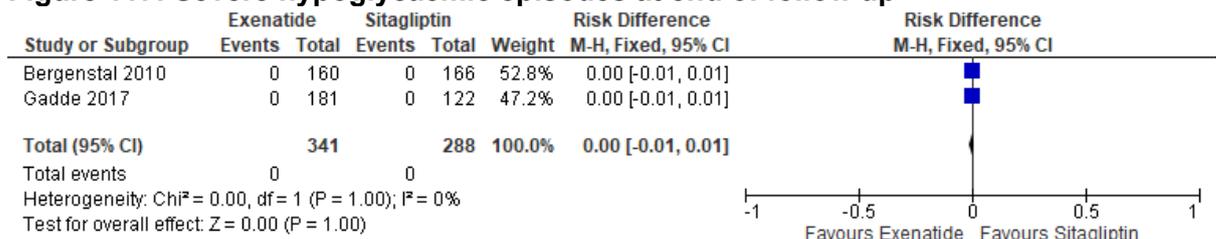


### K.1.3.8 Adding exenatide compared to adding sitagliptin

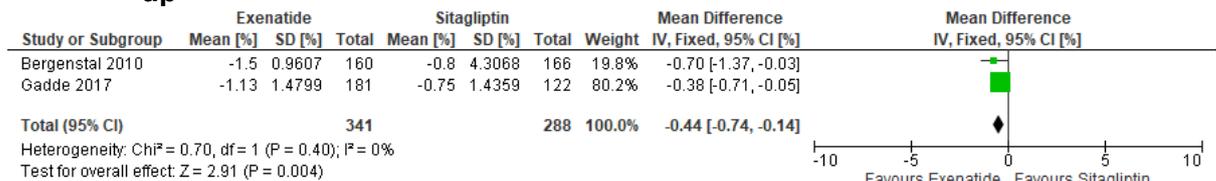
**Figure 116: Hypoglycaemia episodes at end of follow up**



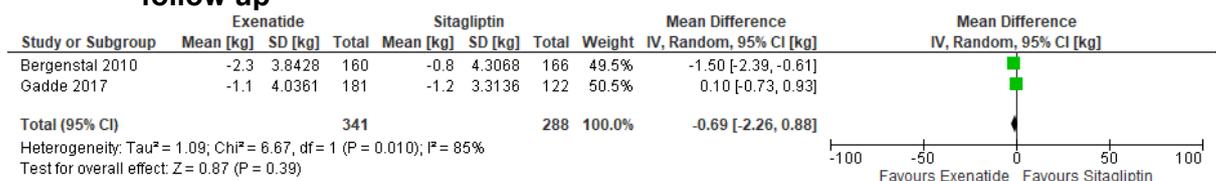
**Figure 117: Severe hypoglycaemic episodes at end of follow up**



**Figure 118: HbA1c change (% , lower values are better, change scores) at end of follow up**

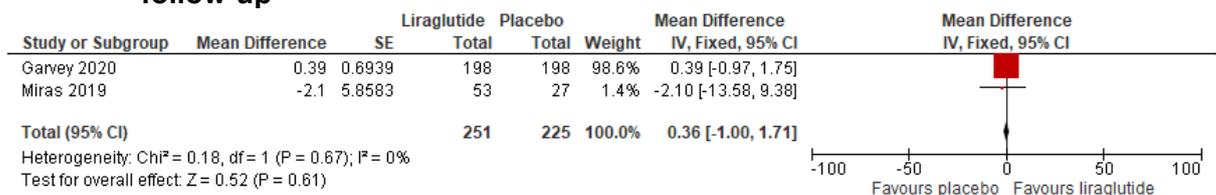


**Figure 119: Weight change (kg, lower values are better, change scores) at end of follow up**

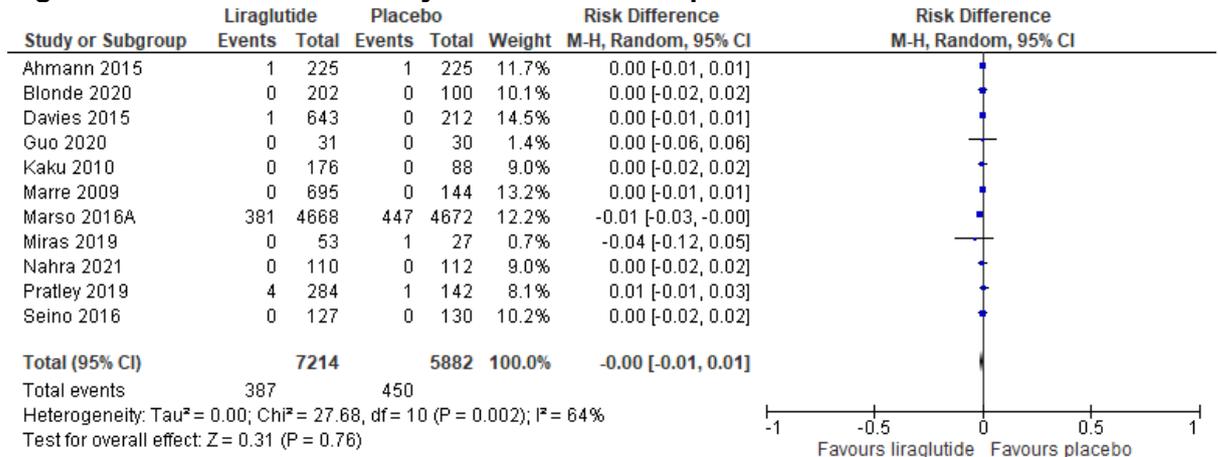


### K.1.3.9 Adding liraglutide compared to adding placebo

**Figure 120: Health-related quality of life – subscale physical functioning (SF-36 physical function subscale, higher value are better, change scores) at end of follow-up**

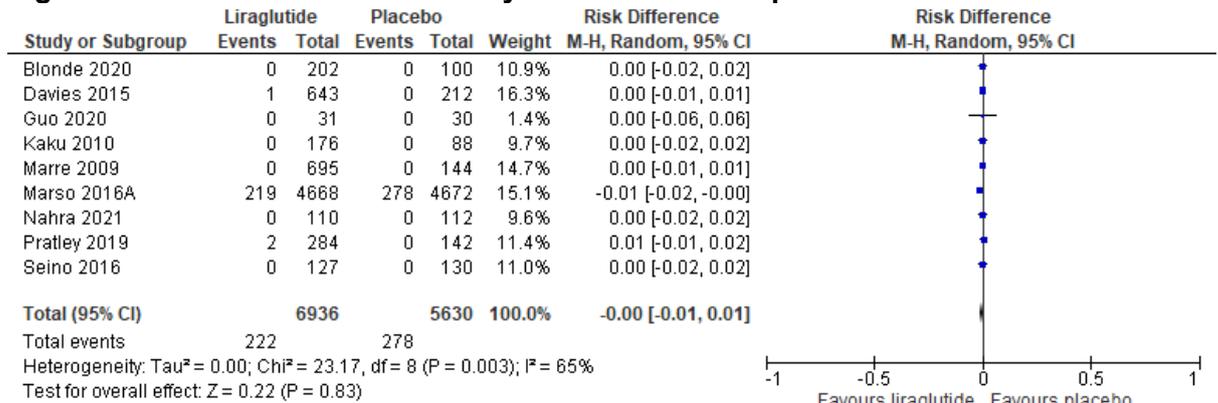


**Figure 121: All-cause mortality at end of follow-up**



Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR, NAFLD and obesity subgroups.

**Figure 122: Cardiovascular mortality at end of follow-up**



Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR, NAFLD and obesity subgroups.

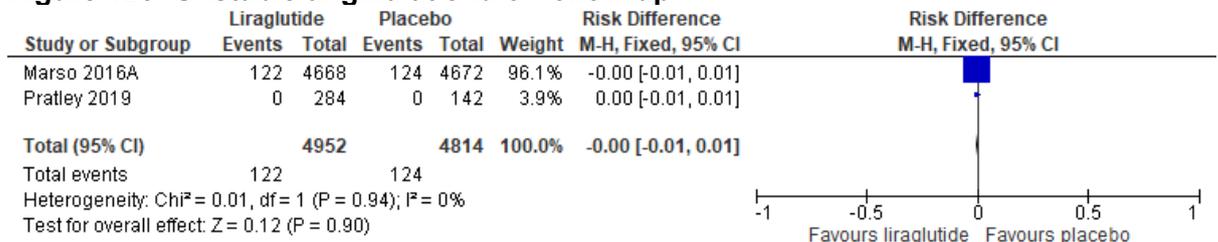
**Figure 123: Non-fatal stroke at end of follow-up**



**Figure 124: Non-fatal myocardial infarction at end of follow-up**



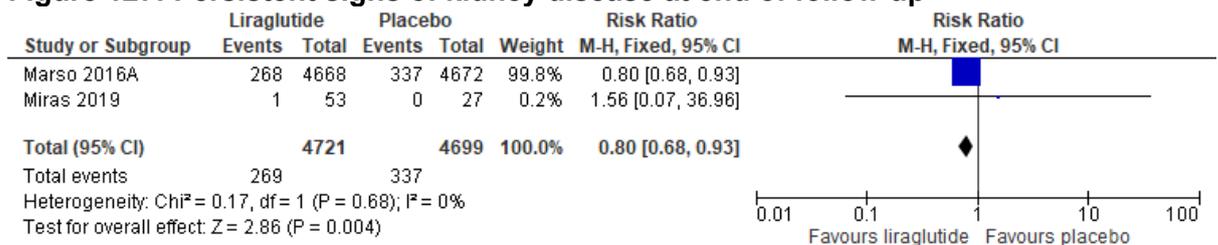
**Figure 125: Unstable angina at end of follow-up**

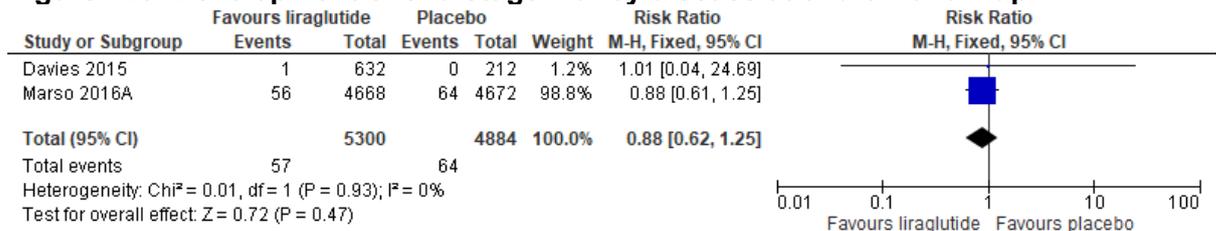
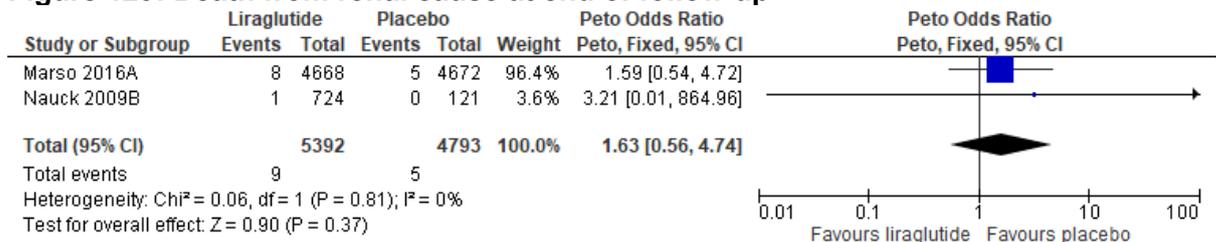
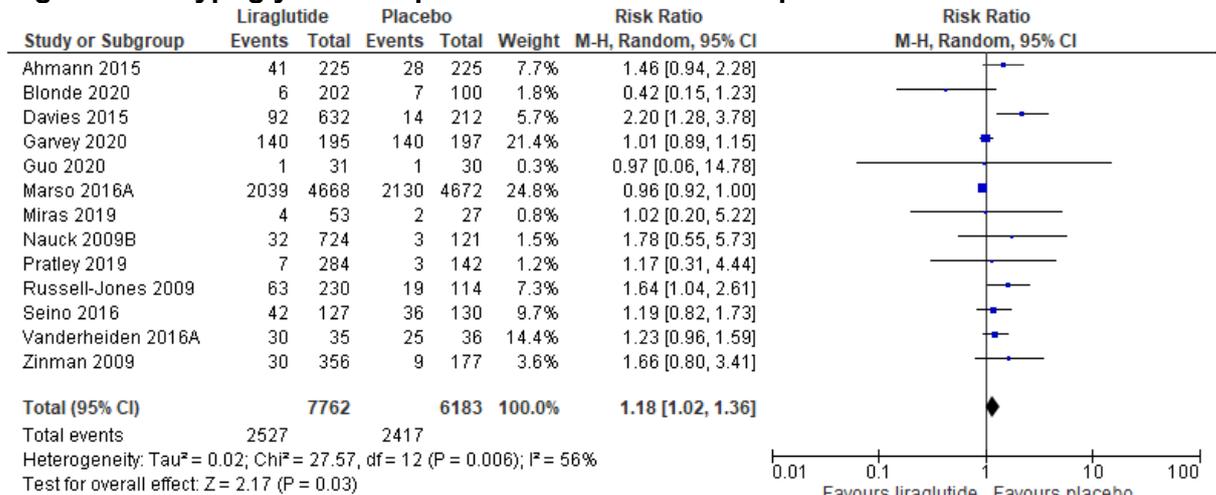


**Figure 126: Acute kidney injury at end of follow-up**

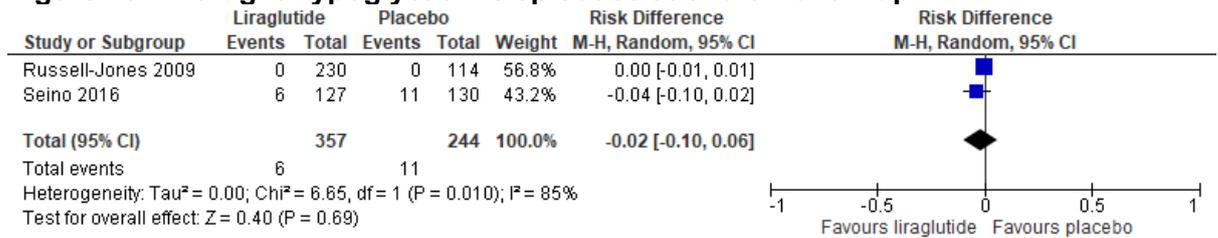
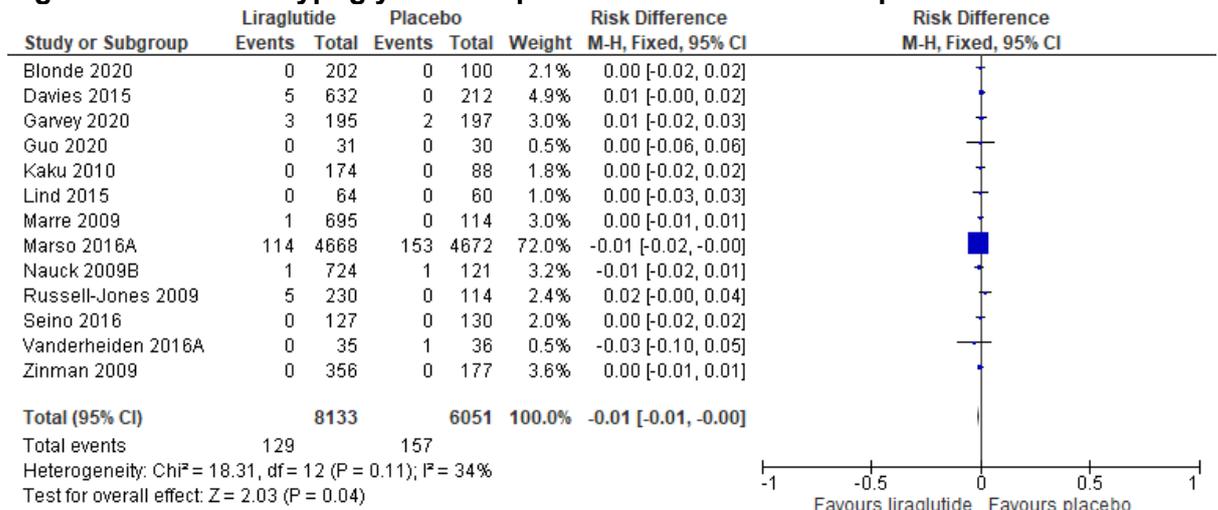


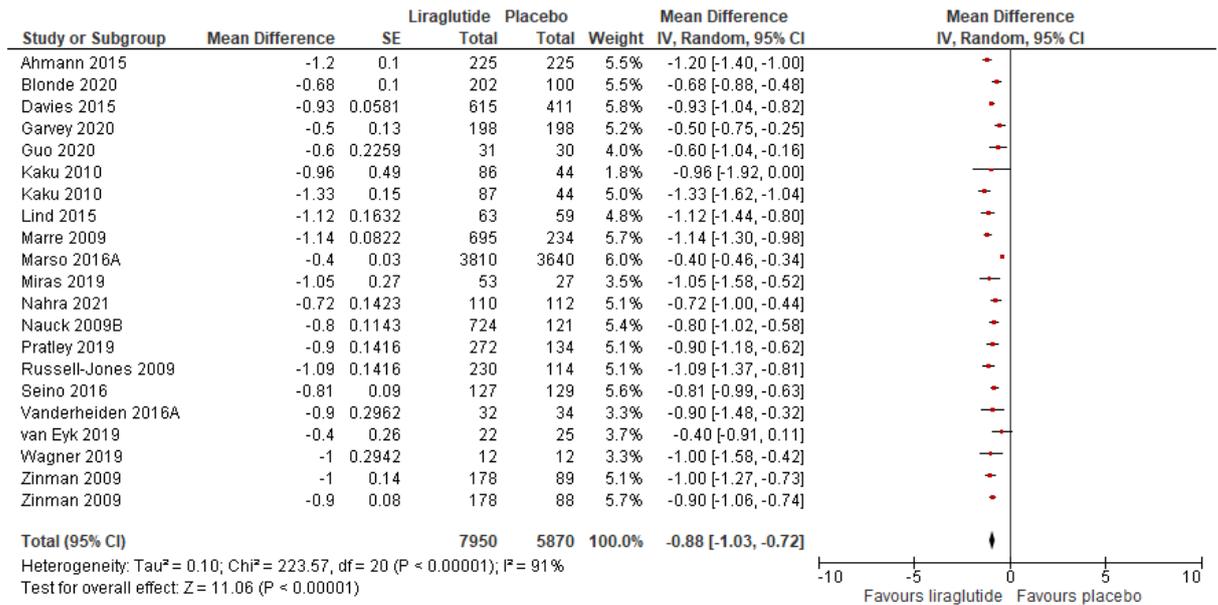
**Figure 127: Persistent signs of kidney disease at end of follow-up**



**Figure 128: Development of end stage kidney disease at end of follow-up****Figure 129: Death from renal cause at end of follow-up****Figure 130: Hypoglycaemia episodes at end of follow-up**

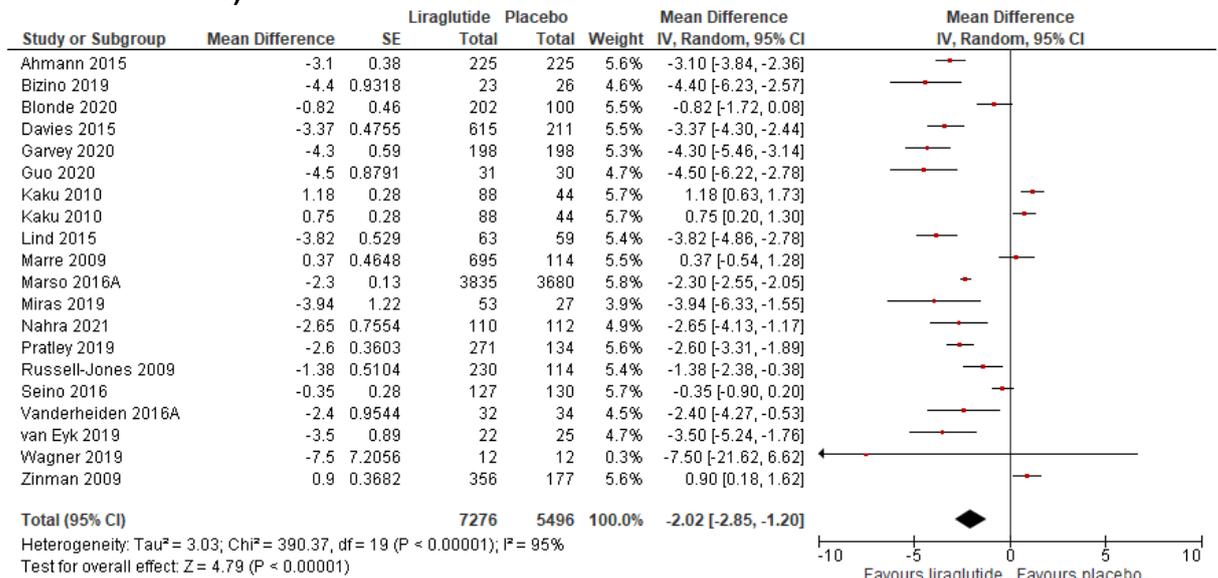
Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR, NAFLD and obesity subgroups.

**Figure 131: At night hypoglycaemic episodes at end of follow up****Figure 132: Severe hypoglycaemic episodes at end of follow up****Figure 133: HbA1c change (% lower values are better, change scores and final values) at end of follow up**



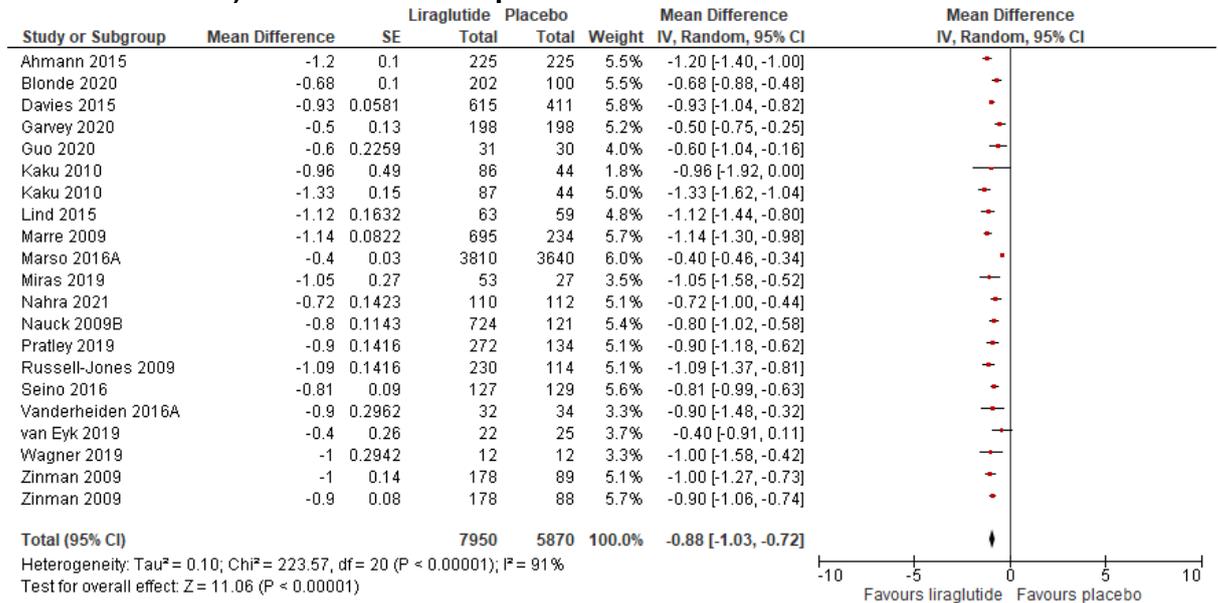
Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR, NAFLD and obesity subgroups.

Figure 134: Weight change (kg, lower values are better, change scores and final values)



Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR, NAFLD and obesity subgroups.

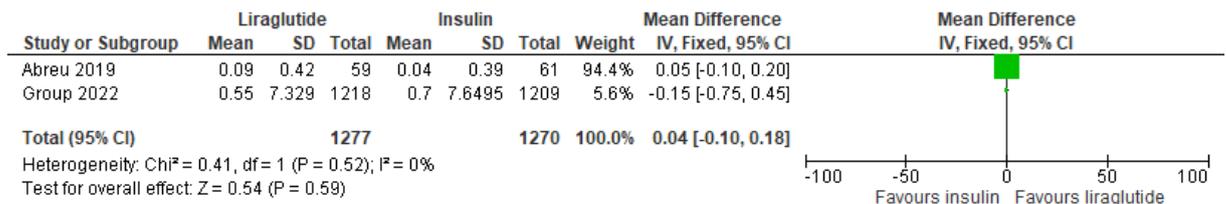
**Figure 135: BMI change (kg/m<sup>2</sup>, lower values are better, change scores and final values) at end of follow-up**



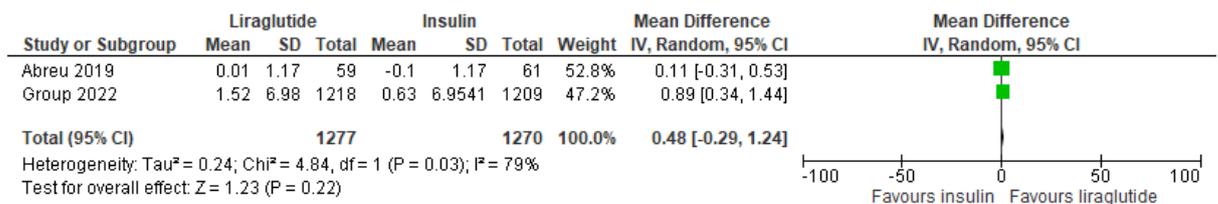
Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR, NAFLD and obesity subgroups.

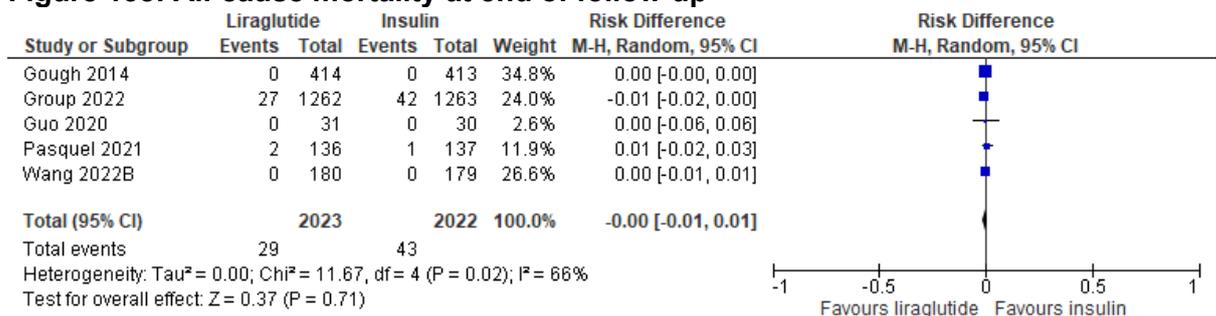
**K.1.3.10 Adding liraglutide compared to adding insulin**

**Figure 136: Health-related quality of life - subscale mental component (SF-36, 0-100, higher values are better, change scores) at end of follow-up**

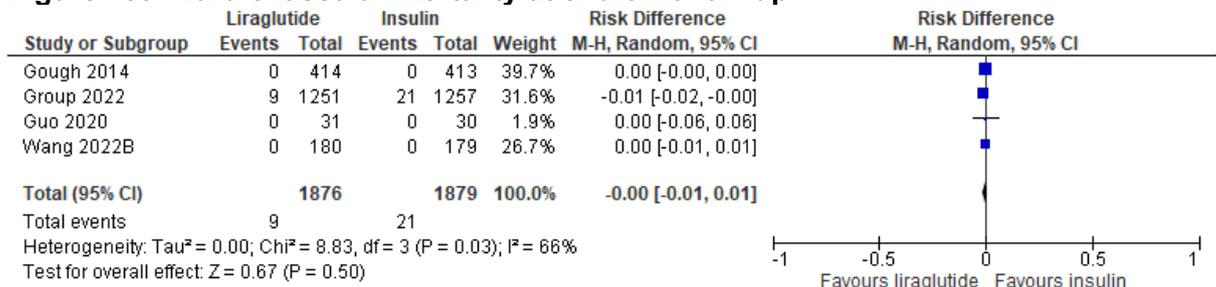


**Figure 137: Health-related quality of life -subscale physical component (SF-36, 0, 100, higher values are better, change scores) at end of follow-up**

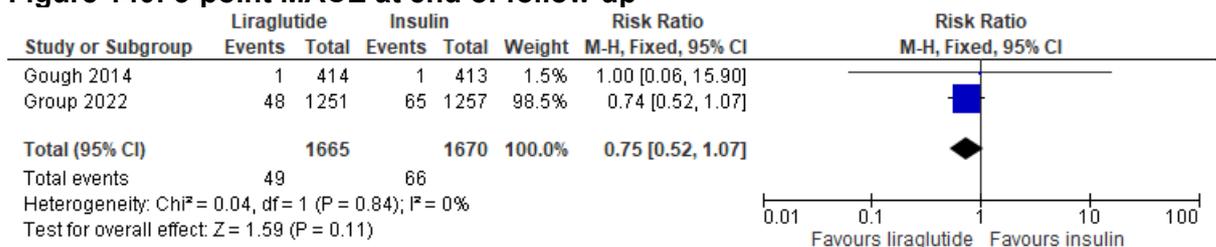
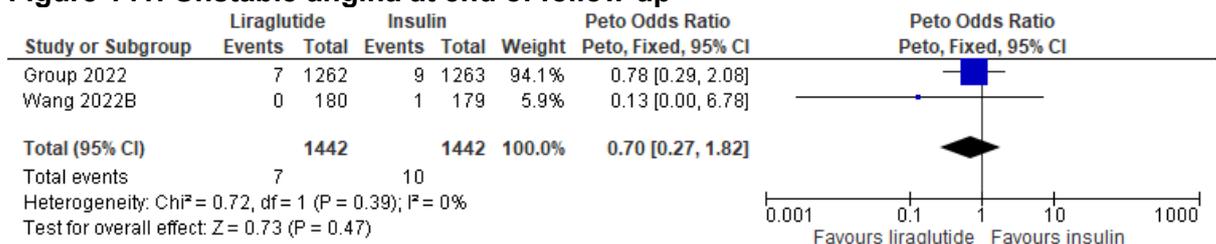


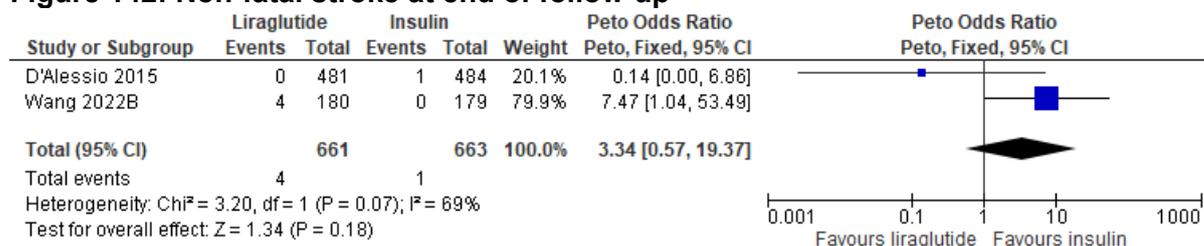
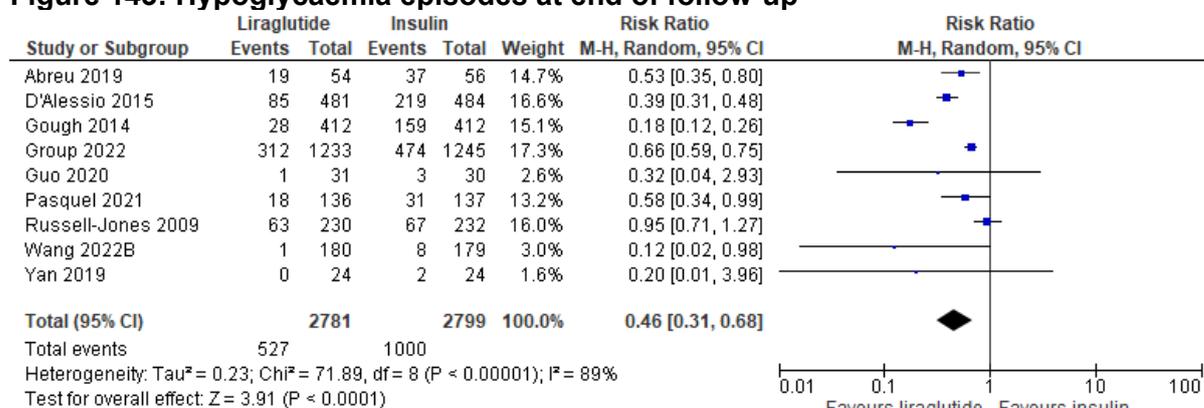
**Figure 138: All-cause mortality at end of follow-up**

Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR, NAFLD, and obesity subgroups.

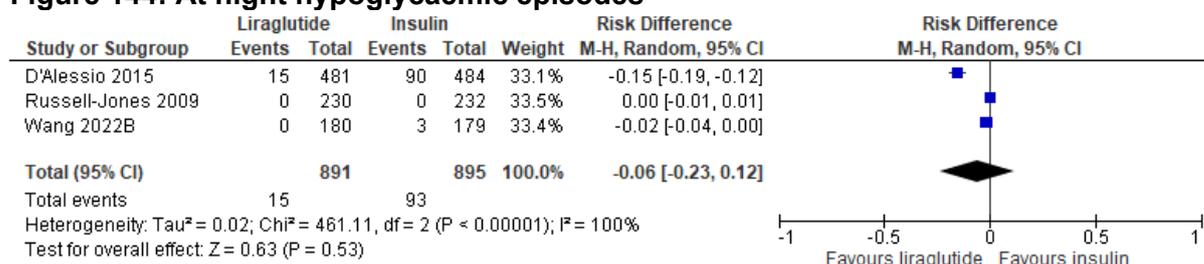
**Figure 139: Cardiovascular mortality at end of follow-up**

Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR, NAFLD, and obesity subgroups.

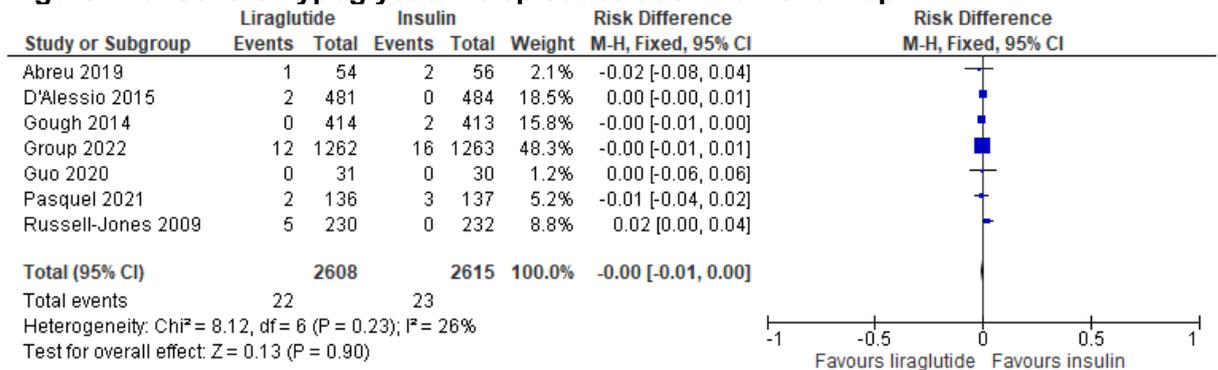
**Figure 140: 3-point MACE at end of follow-up****Figure 141: Unstable angina at end of follow-up**

**Figure 142: Non-fatal stroke at end of follow-up****Figure 143: Hypoglycaemia episodes at end of follow-up**

Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR, NAFLD, and obesity subgroups.

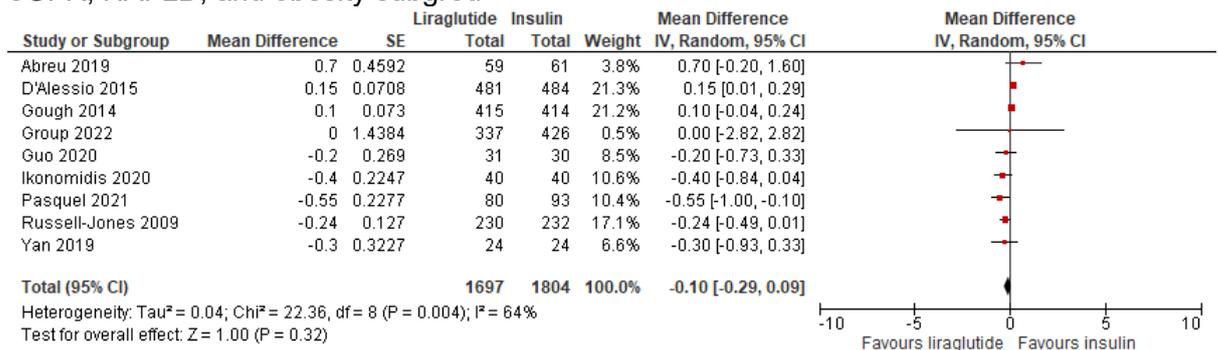
**Figure 144: At night hypoglycaemic episodes**

**Figure 145: Severe hypoglycaemic episodes at end of follow up**



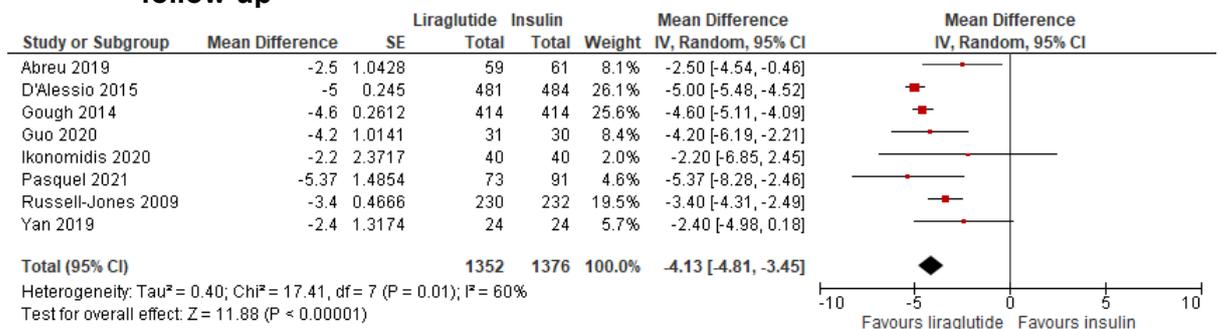
**Figure 146: HbA1c change (% , lower values are better, change scores and final values) at end of follow-up**

Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR, NAFLD, and obesity subgroup

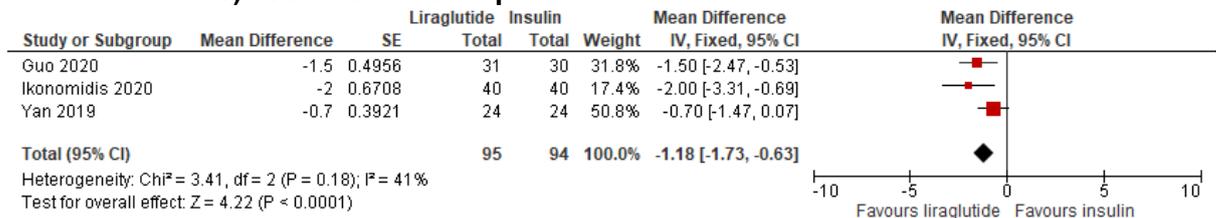


ps.

**Figure 147: Weight change (kg, lower values are better, change scores) at end of follow-up**



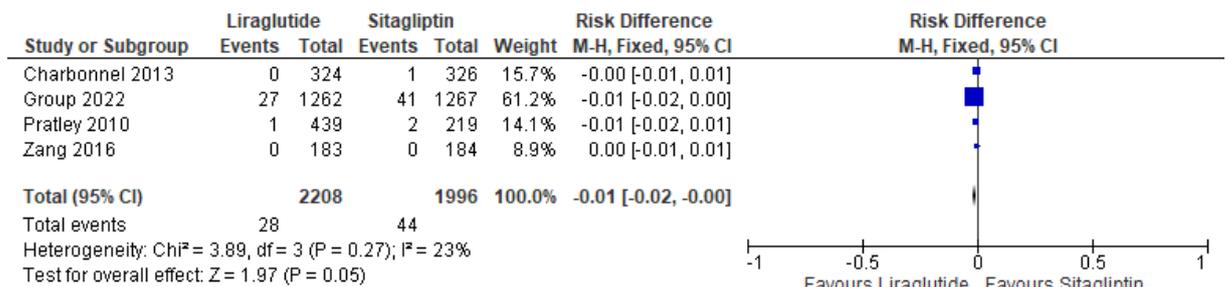
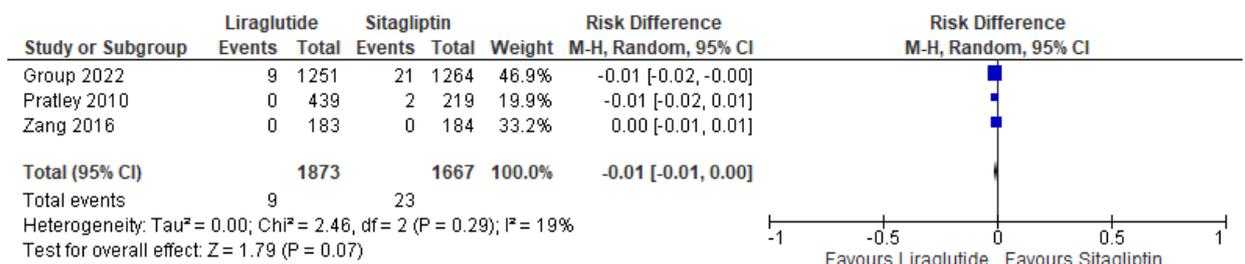
Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR, NAFLD, and obesity subgroups.

**Figure 148: BMI change (kg/m<sup>2</sup>, lower values are better, change scores and final values) at end of follow-up****K.1.3.11 Adding liraglutide compared to adding dulaglutide**

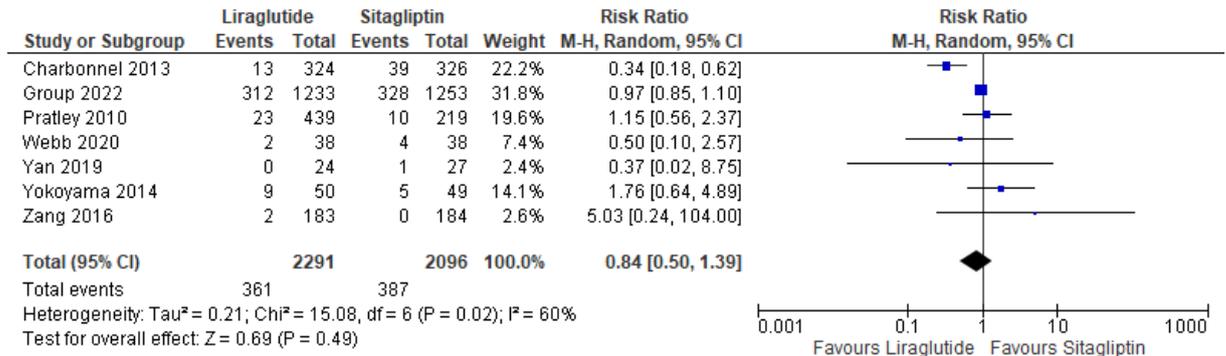
There are no forest plots for this comparison (all outcomes include a single study).

**K.1.3.12 Adding liraglutide compared to adding saxagliptin**

There are no forest plots for this comparison (all outcomes include a single study).

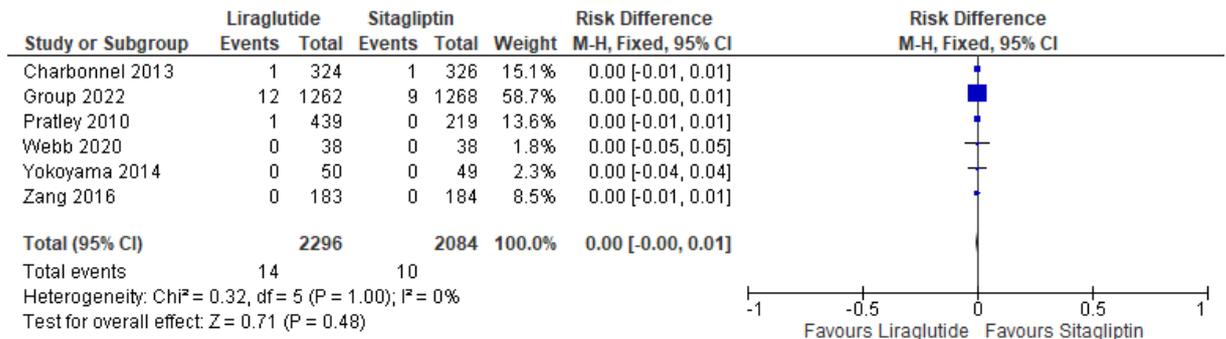
**K.1.3.13 Adding liraglutide compared to adding sitagliptin****Figure 149: All-cause mortality at end of follow up****Figure 150: Cardiovascular mortality at end of follow up**

**Figure 151: Hypoglycaemia episodes at end of follow up**

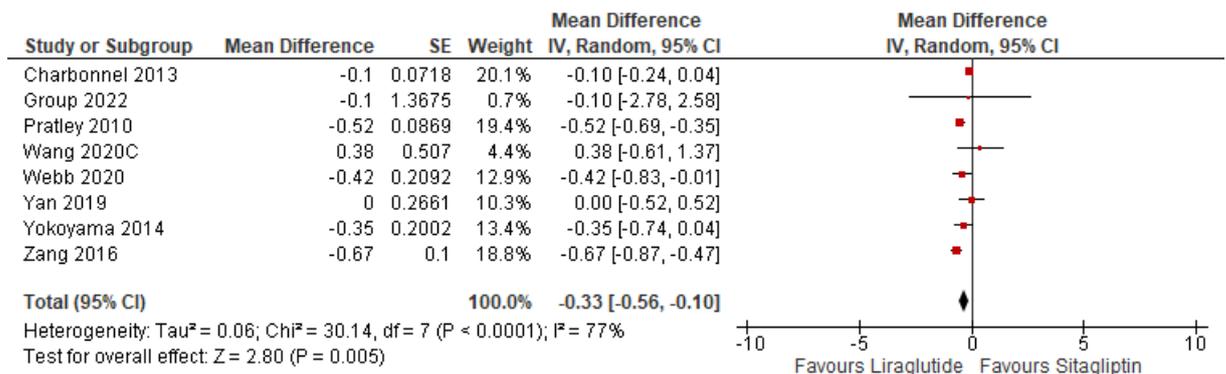


Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR, NAFLD, and obesity subgroups.

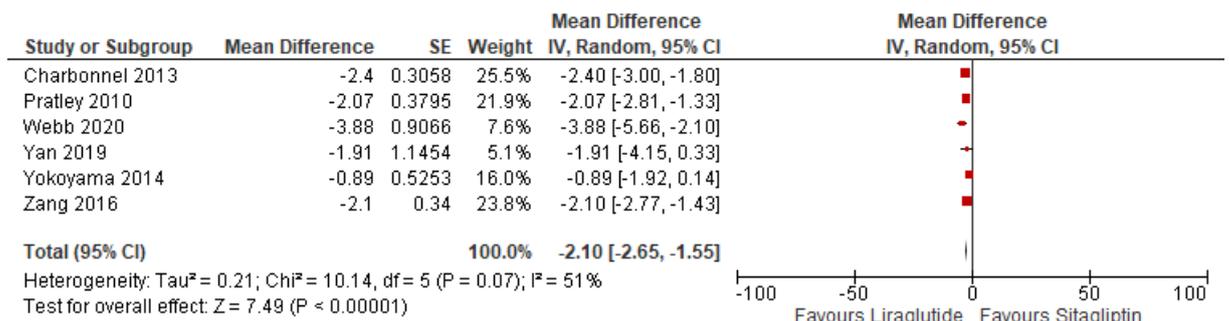
**Figure 152: Severe hypoglycaemic episodes at end of follow up**



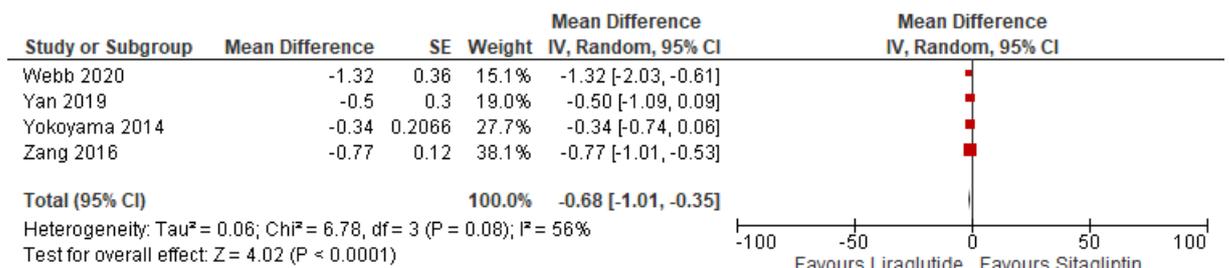
**Figure 153: HbA1c change (% , lower values are better, mean difference) at end of follow up**



Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR, NAFLD, and obesity subgroups.

**Figure 154: Weight change (kg, lower values are better, mean difference) at end of follow up**

Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR, mixed population, NAFLD, obesity and not stated/ unclear subgroup.

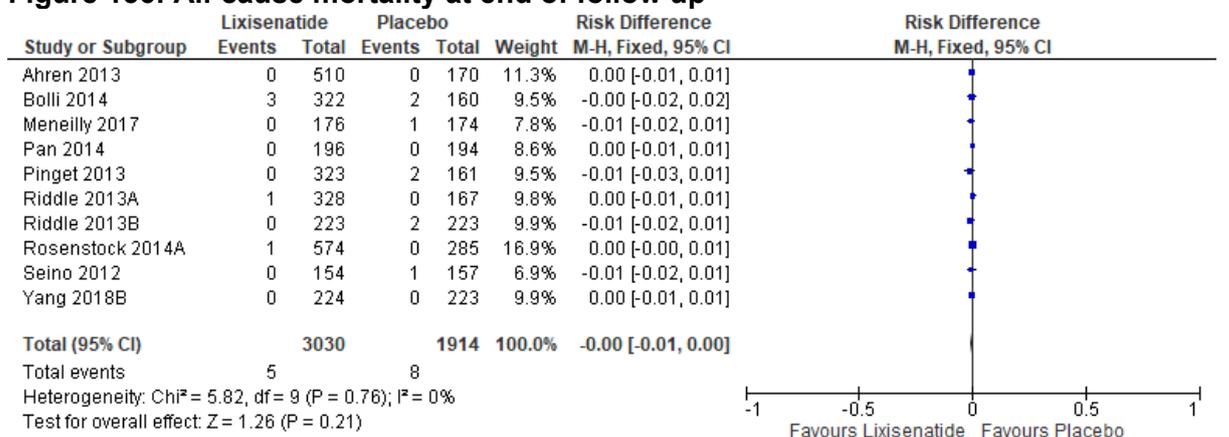
**Figure 155: BMI change (kg/m<sup>2</sup>, lower values are better, mean difference) at end of follow up**

Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR, NAFLD, and obesity subgroups.

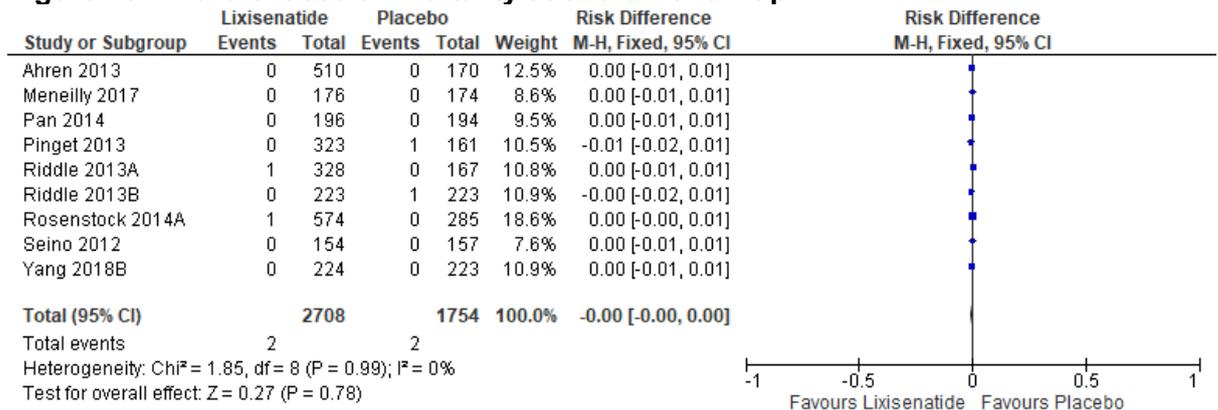
#### K.1.3.14 Adding liraglutide compared to adding vildagliptin

There are no forest plots for this comparison (all outcomes include a single study).

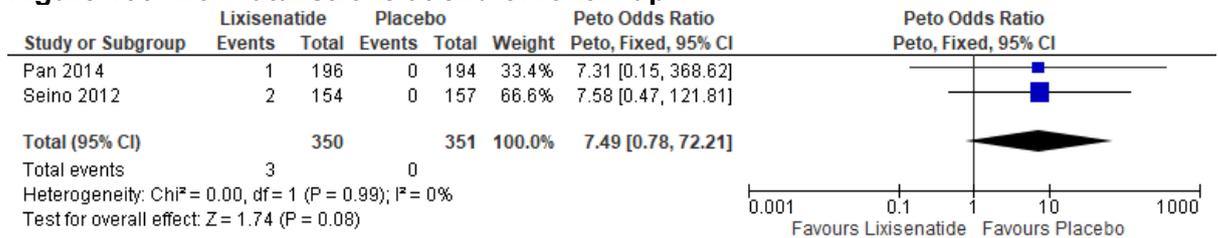
#### K.1.3.15 Adding lixisenatide compared to adding placebo

**Figure 156: All-cause mortality at end of follow up**

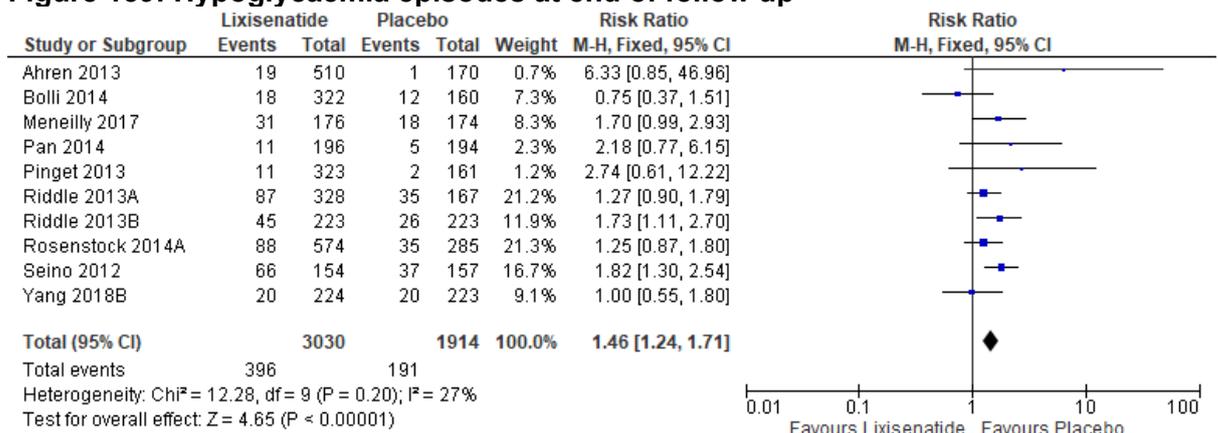
**Figure 157: Cardiovascular mortality at end of follow up**



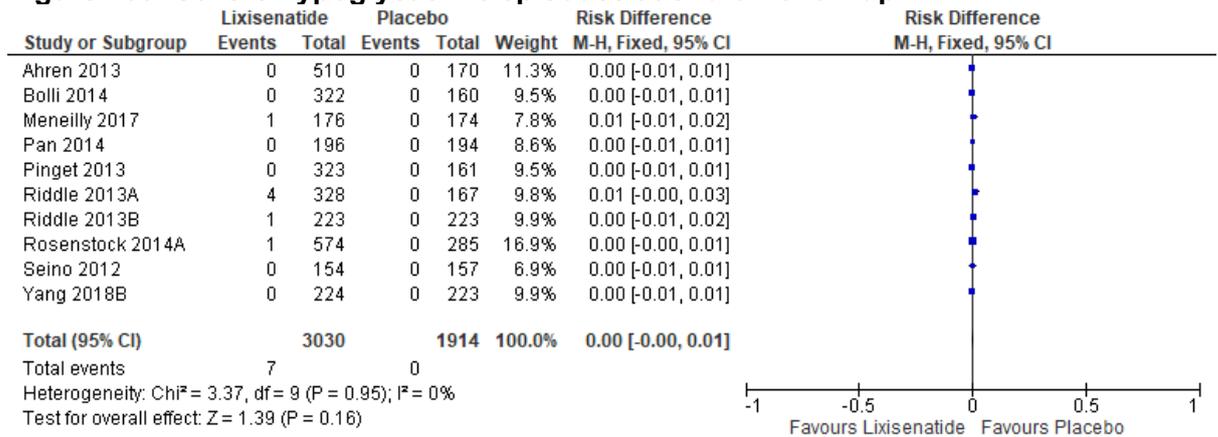
**Figure 158: Non-fatal stroke at end of follow up**



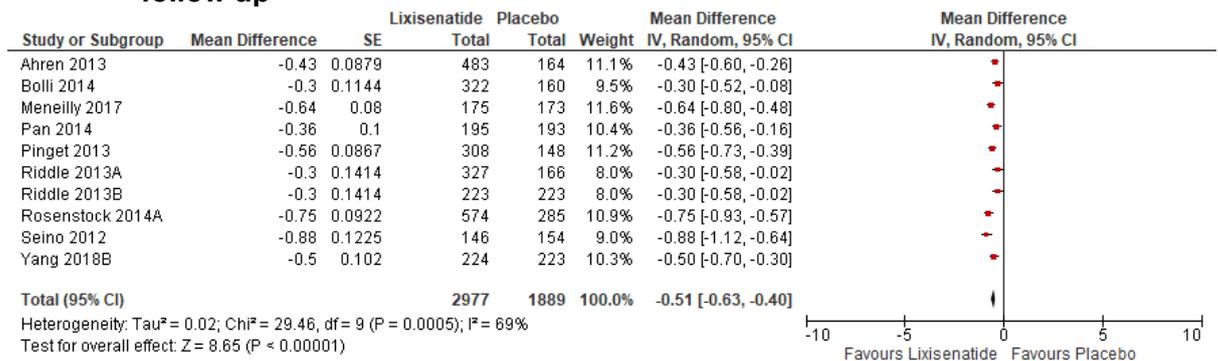
**Figure 159: Hypoglycaemia episodes at end of follow up**



**Figure 160: Severe hypoglycaemic episodes at end of follow up**

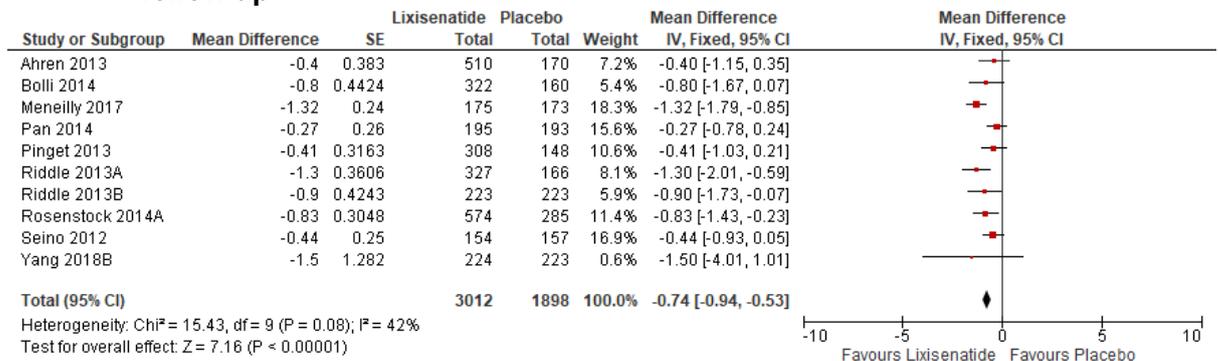


**Figure 161: HbA1c change (% , lower values are better, mean difference) at end of follow up**



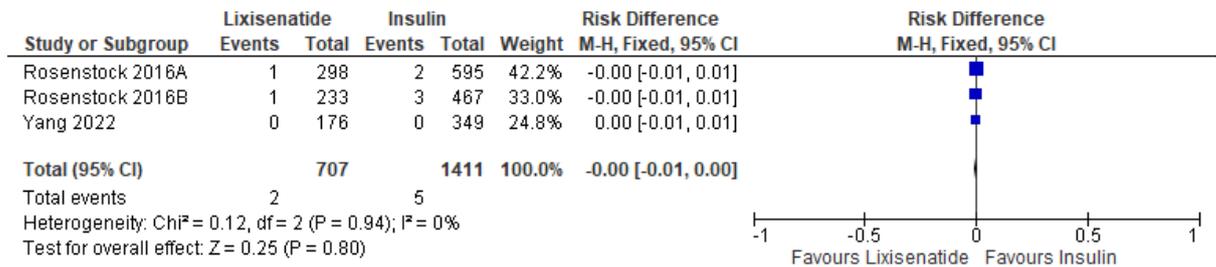
Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by frailty subgroup.

**Figure 162: Weight change (kg, lower values are better, mean difference) at end of follow up**

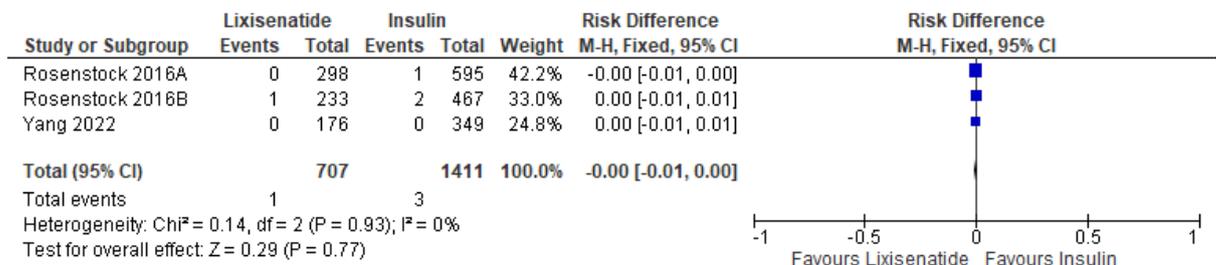


### K.1.3.16 Adding lixisenatide compared to adding insulin

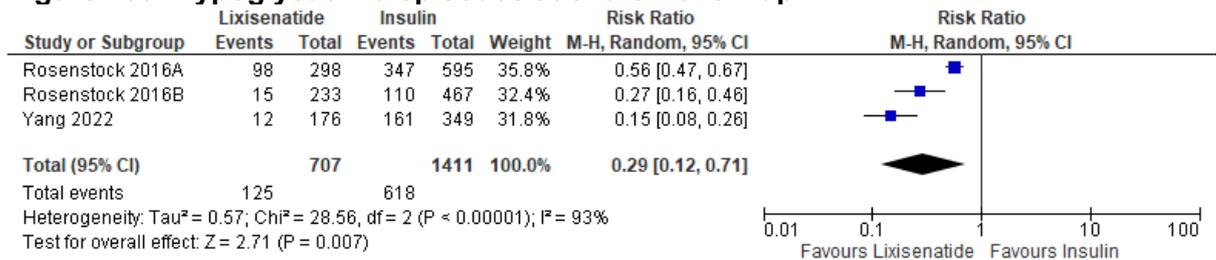
**Figure 163: All-cause mortality at end of follow up**

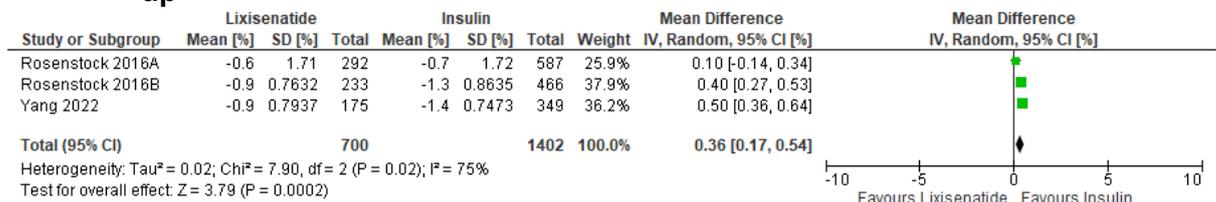
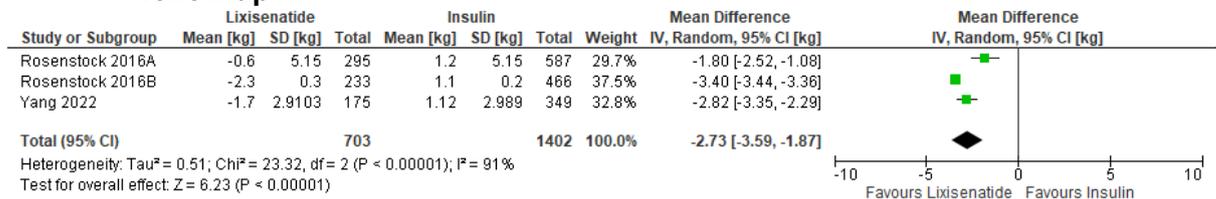


**Figure 164: Cardiovascular mortality at end of follow up**



**Figure 165: Hypoglycaemia episodes at end of follow up**



**Figure 166: Severe hypoglycaemic episodes at end of follow up****Figure 167: HbA1c change (% , lower values are better, change scores) at end of follow up****Figure 168: Weight change (kg, lower values are better, change scores) at end of follow up****K.1.3.17 Adding lixisenatide compared to adding exenatide**

There are no forest plots for this comparison (all outcomes include a single study).

**K.1.3.18 Adding lixisenatide compared to adding liraglutide**

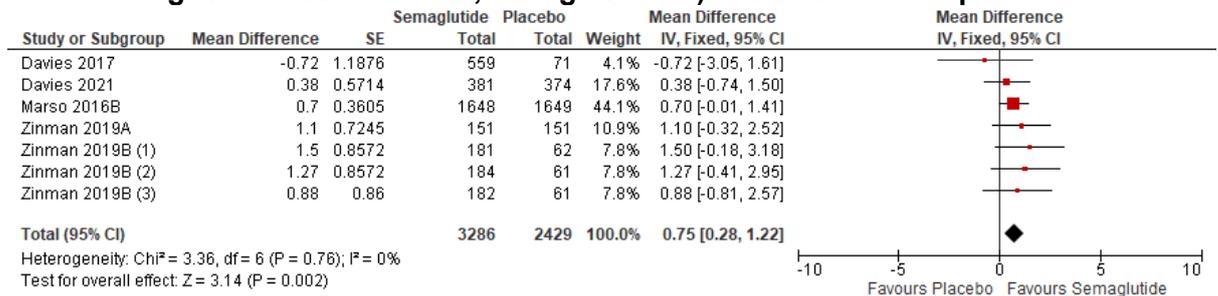
There are no forest plots for this comparison (all outcomes include a single study).

**K.1.3.19 Adding lixisenatide compared to adding sitagliptin**

There are no forest plots for this comparison (all outcomes include a single study).

**K.1.3.20 Adding semaglutide compared to adding placebo**

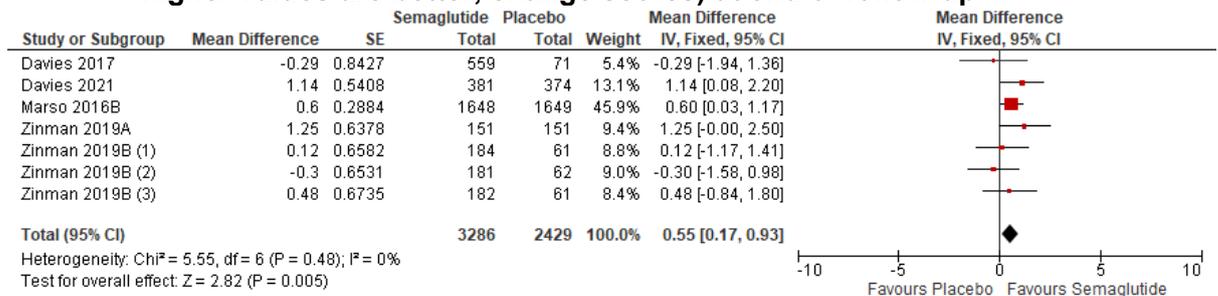
**Figure 169: Health-related quality of life - subscale mental component (SF-36, 0-100, higher values are better, change scores) at end of follow-up**



**Footnotes**

- (1) 14 mg semaglutide v placebo
- (2) 3 mg semaglutide v placebo
- (3) 7 mg semaglutide v placebo

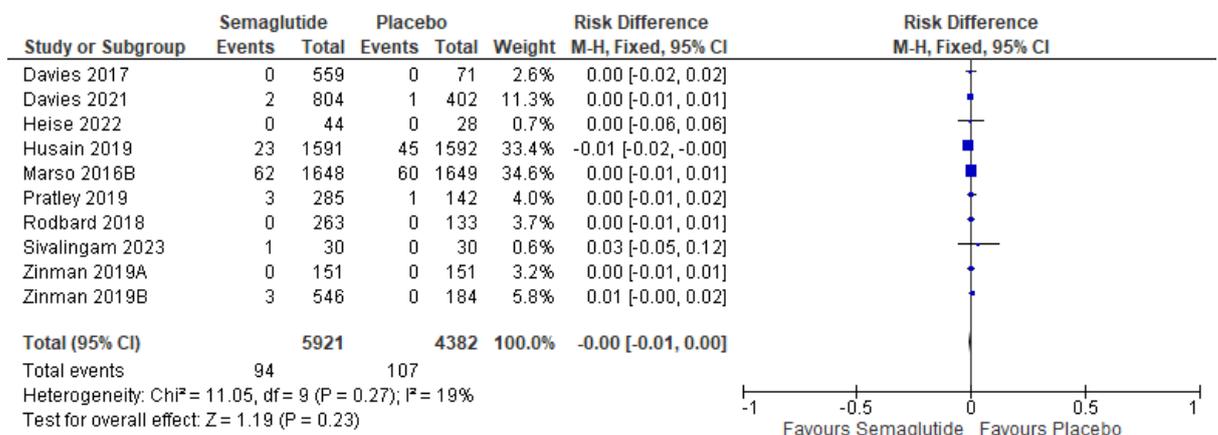
**Figure 170: Health-related quality of life - subscale physical component (SF-36, 0-100, higher values are better, change scores) at end of follow-up**



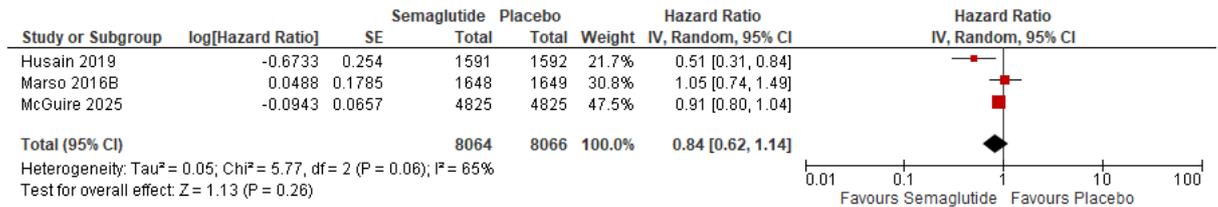
**Footnotes**

- (1) 3 mg semaglutide v placebo
- (2) 14 mg semaglutide v placebo
- (3) 7 mg semaglutide v placebo

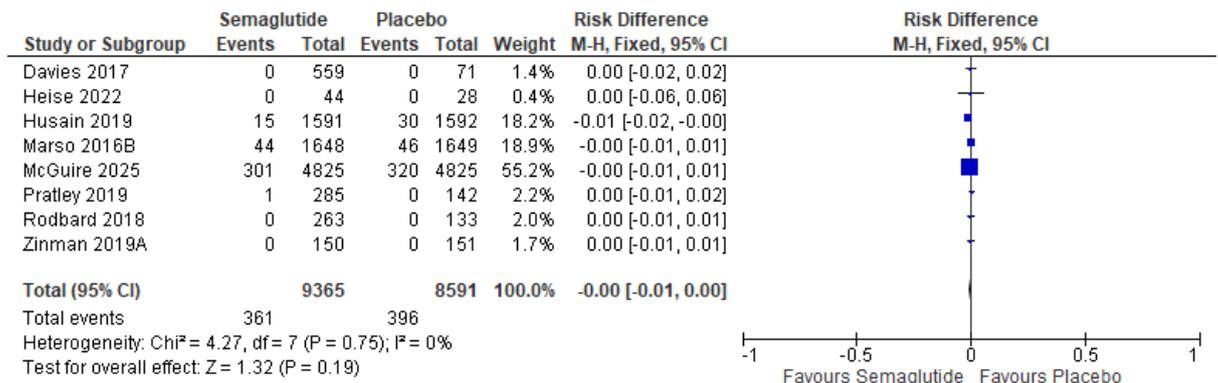
**Figure 171: All-cause mortality at end of follow-up**



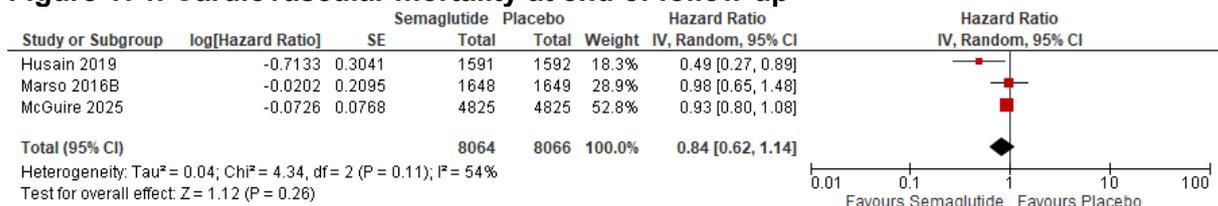
**Figure 172: All-cause mortality at end of follow-up**



**Figure 173: Cardiovascular mortality at end of follow-up**



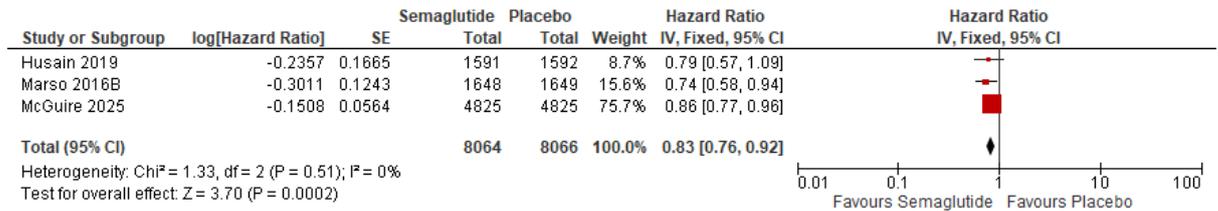
**Figure 174: Cardiovascular mortality at end of follow-up**



**Figure 175: 3-point MACE at end of follow-up**



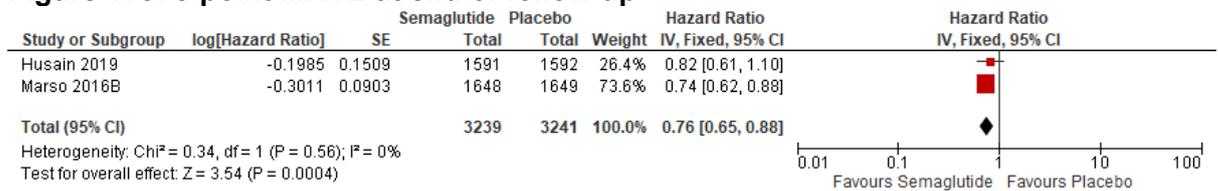
**Figure 176: 3-point MACE at end of follow-up**



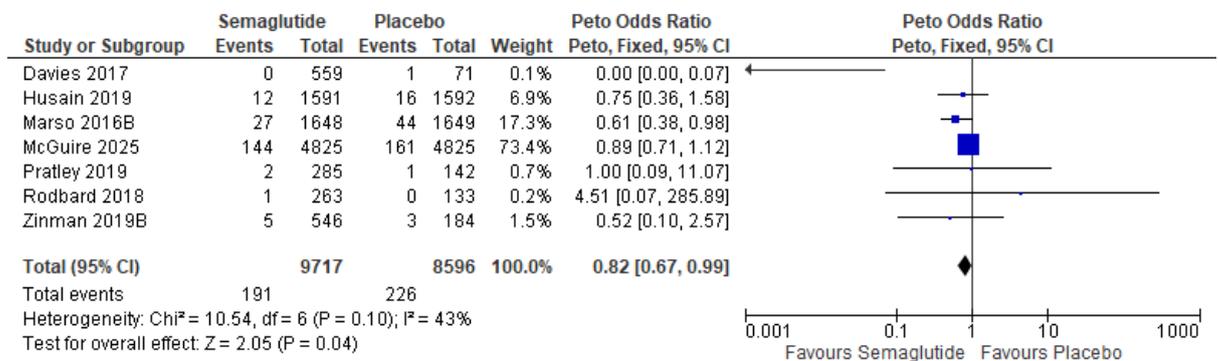
**Figure 177: 5-point MACE at end of follow-up**



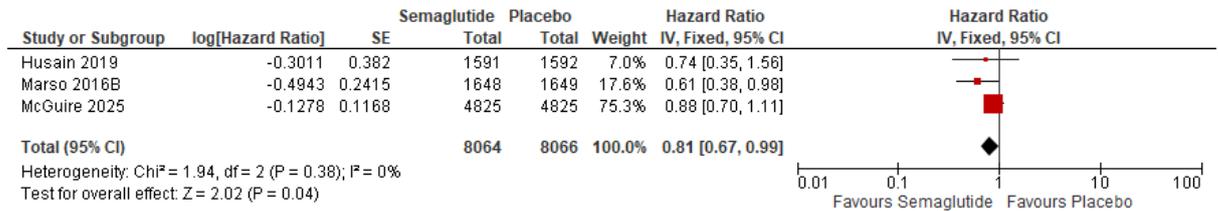
**Figure 178: 5-point MACE at end of follow-up**



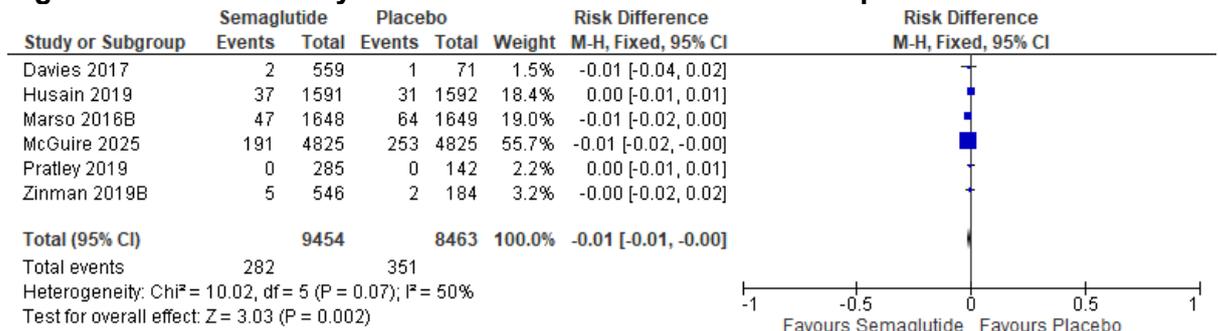
**Figure 179: Non-fatal stroke at end of follow-up**



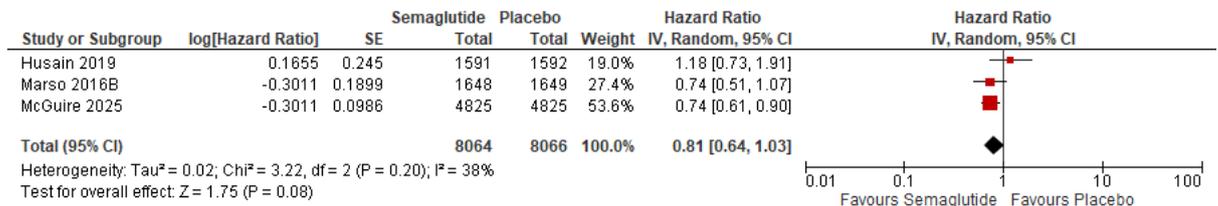
**Figure 180: Non-fatal stroke at end of follow-up**



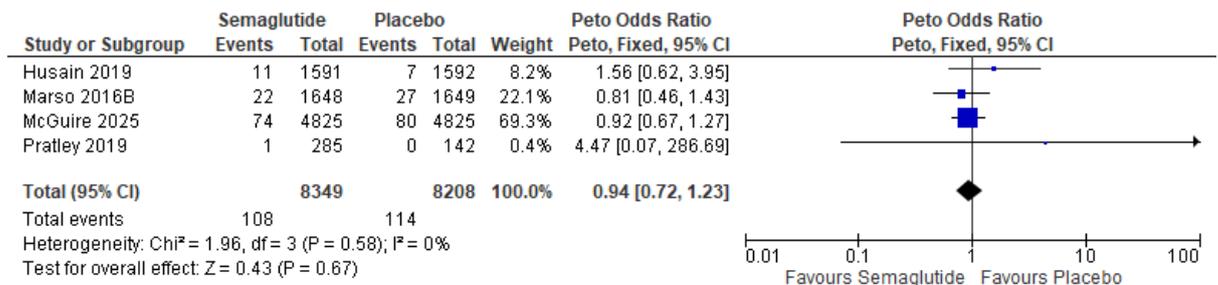
**Figure 181: Non-fatal myocardial infarction at end of follow-up**



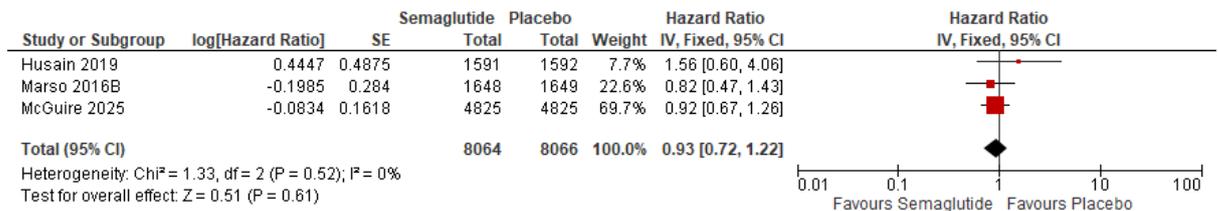
**Figure 182: Non-fatal myocardial infarction at end of follow-up**



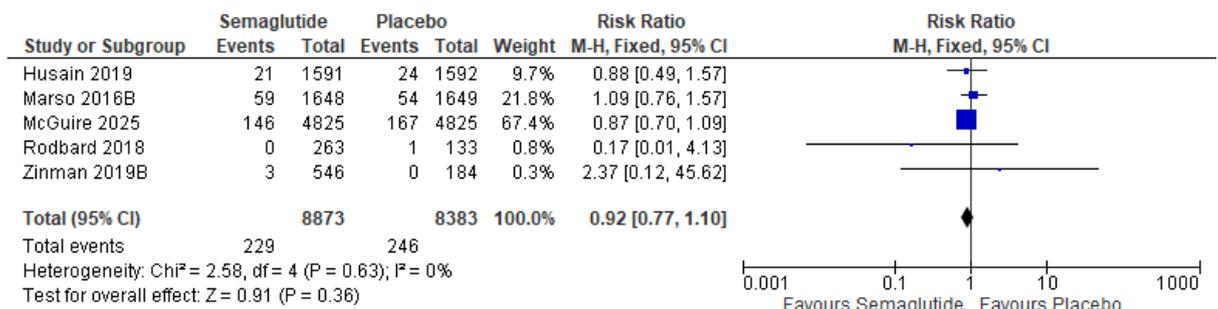
**Figure 183: Unstable angina at end of follow-up**



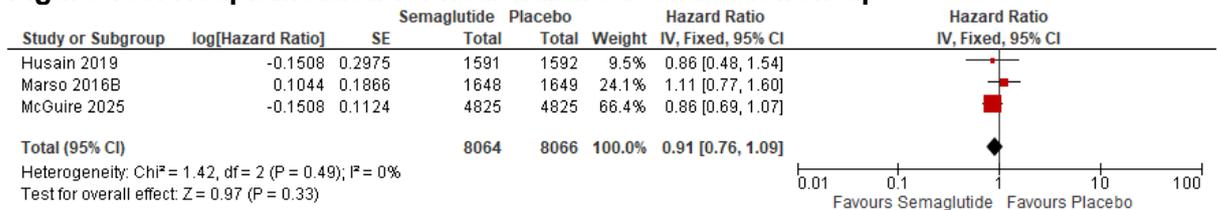
**Figure 184: Unstable angina at end of follow-up**



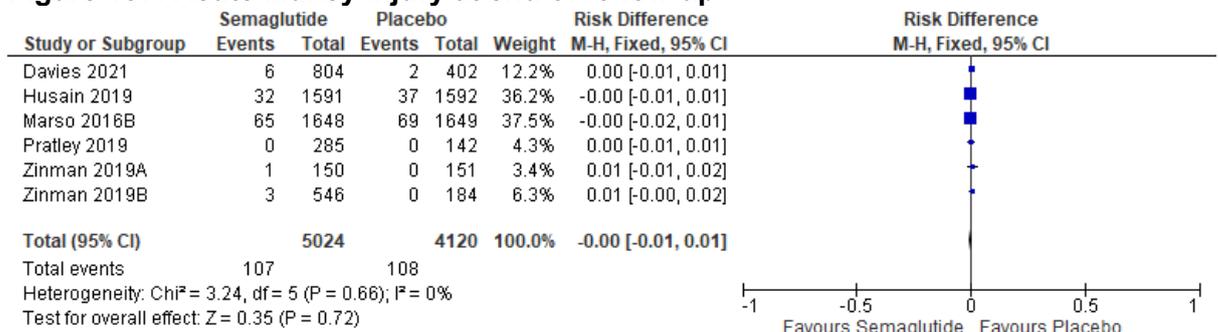
**Figure 185: Hospitalisation for heart failure at end of follow-up**

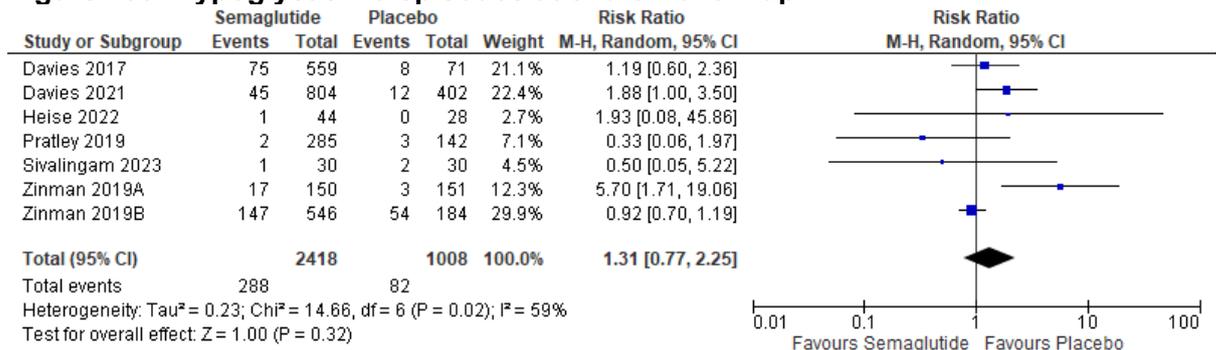


**Figure 186: Hospitalisation for heart failure at end of follow-up**

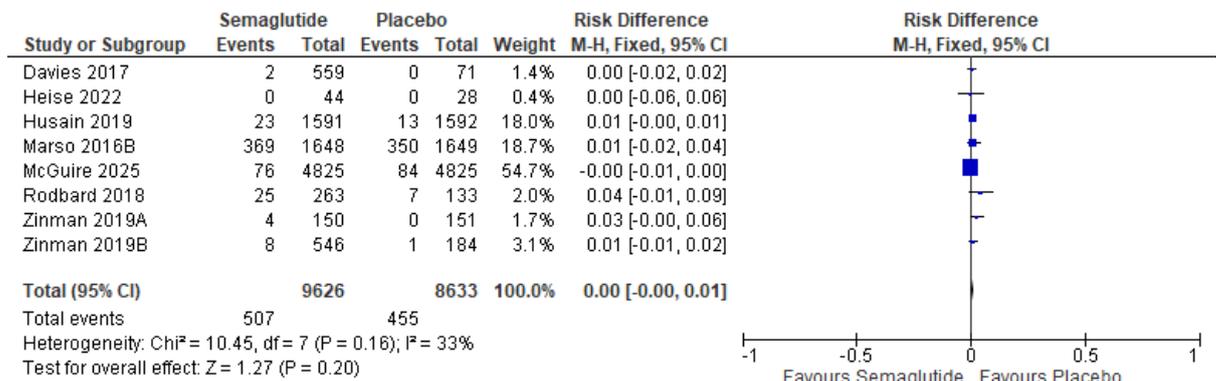


**Figure 187: Acute kidney injury at end of follow-up**

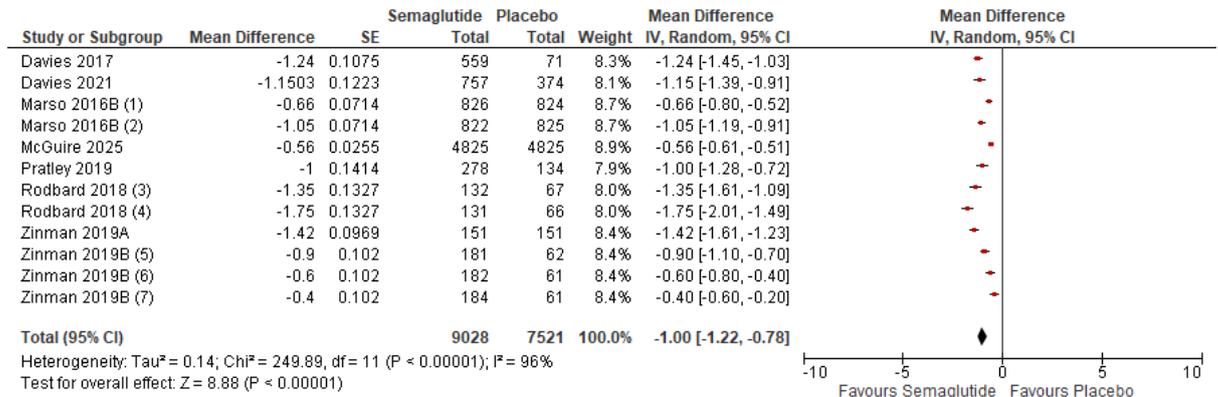


**Figure 188: Hypoglycaemia episodes at end of follow-up**

Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by ACR, eGFR, NAFLD, and obesity subgroups.

**Figure 189: Severe hypoglycaemic episodes at end of follow-up**

**Figure 190: HbA1c change (% , lower values are better, change scores) at end of follow-up**

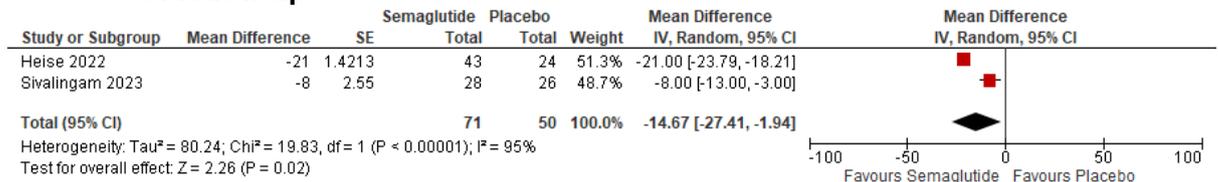


**Footnotes**

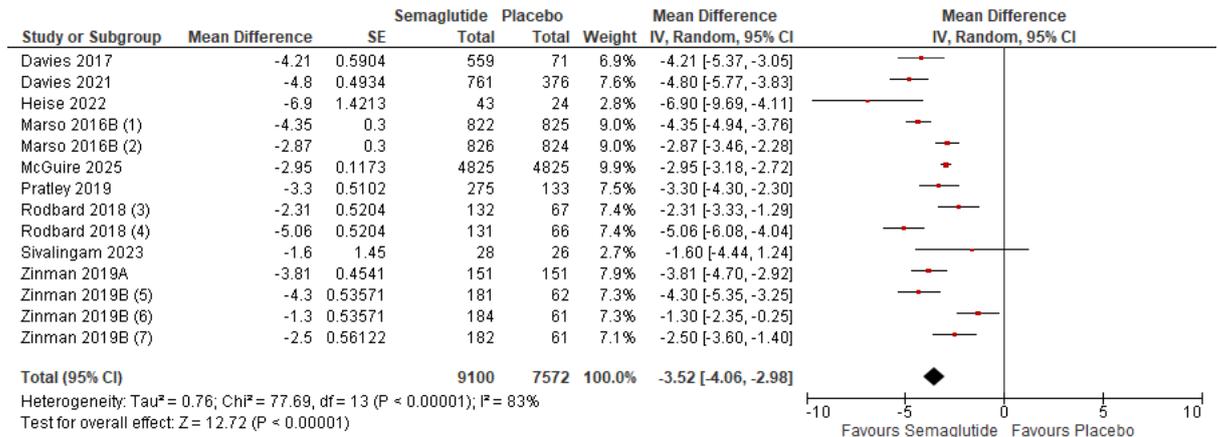
- (1) 0.5 mg semaglutide v placebo
- (2) 1.0 mg semaglutide v placebo
- (3) 0.5 mg semaglutide v placebo
- (4) 1.0 mg semaglutide v placebo
- (5) 14 mg semaglutide v placebo
- (6) 7 mg semaglutide v placebo
- (7) 3 mg semaglutide v placebo

Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by ACR, eGFR, NAFLD, and obesity subgroups.

**Figure 191: HbA1c change (mmol/mol, lower values are better, change scores) at end of follow up**



**Figure 192: Weight change (kg, lower values are better, change scores) at end of follow-up**

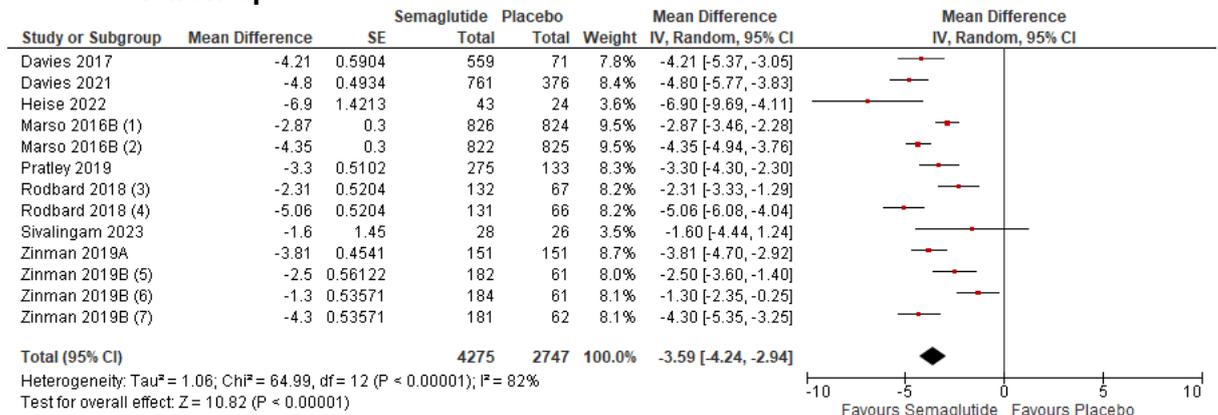


**Footnotes**

- (1) 1.0 mg semaglutide v placebo
- (2) 0.5 mg semaglutide v placebo
- (3) 0.5 mg semaglutide v placebo
- (4) 1.0 mg semaglutide v placebo
- (5) 14 mg semaglutide v placebo
- (6) 3 mg semaglutide v placebo
- (7) 7 mg semaglutide v placebo

Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by ACR, eGFR, and NAFLD subgroups.

**Figure 193: BMI change (kg/m<sup>2</sup>, lower values are better, change scores) at end of follow up**



**Footnotes**

- (1) 0.5 mg semaglutide v placebo
- (2) 1.0 mg semaglutide v placebo
- (3) 0.5 mg semaglutide v placebo
- (4) 1.0 mg semaglutide v placebo
- (5) 7 mg semaglutide v placebo
- (6) 3 mg semaglutide v placebo
- (7) 14 mg semaglutide v placebo

Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR, NAFLD, and obesity subgroups.

## K.1.3.21 Adding semaglutide compared to adding insulin

Figure 194: All-cause mortality at end of follow up

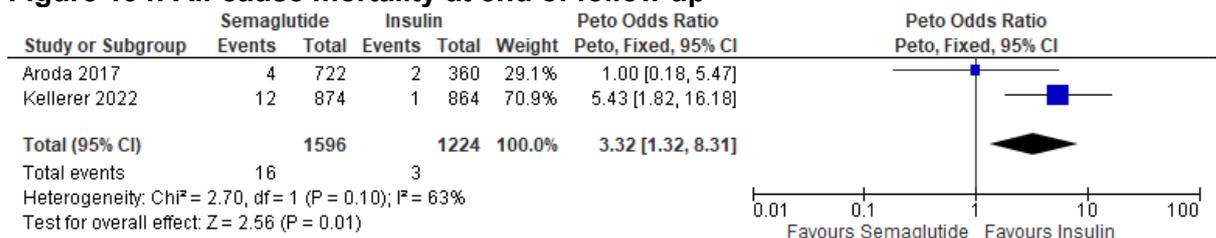


Figure 195: Severe hypoglycaemic episodes at end of follow up

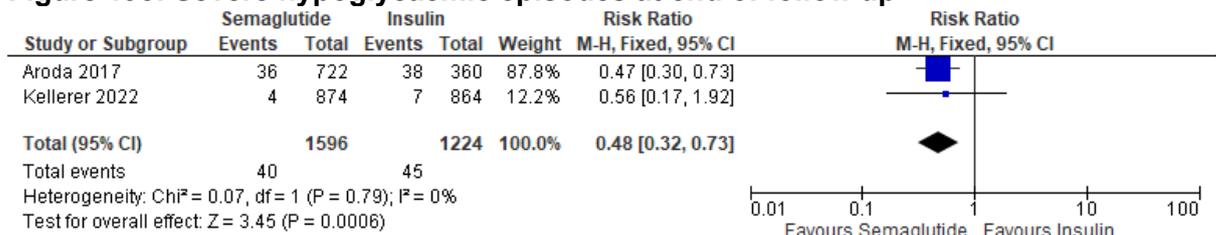
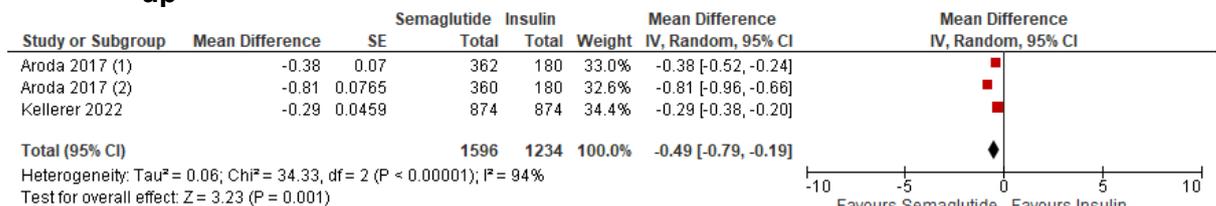


Figure 196: HbA1c change (% , lower values are better, change scores) at end of follow up

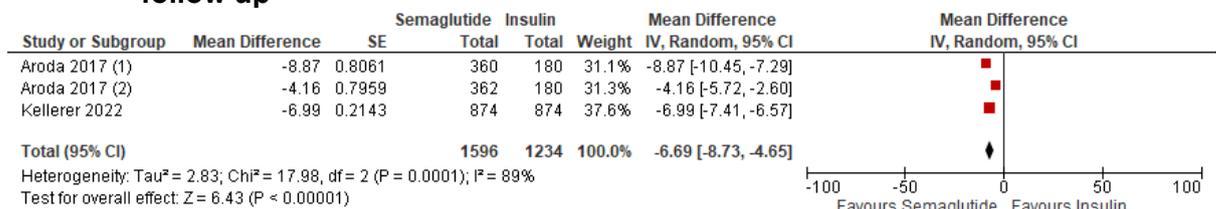


## Footnotes

(1) 0.5 mg semaglutide v placebo

(2) 1.0 mg semaglutide v insulin

Figure 197: Weight change (kg, lower values are better, change scores) at end of follow up



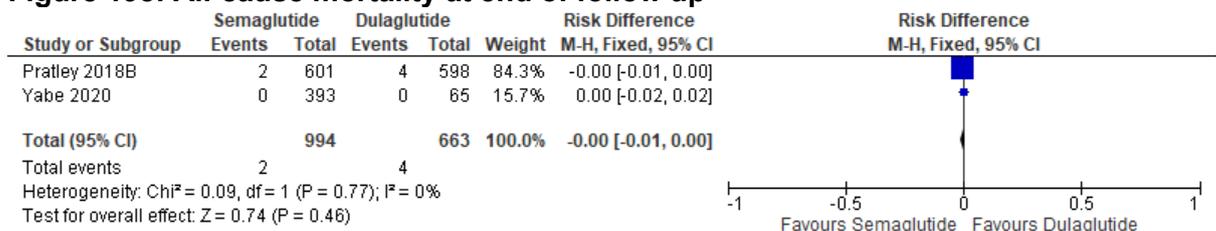
## Footnotes

(1) 1.0 mg semaglutide v insulin

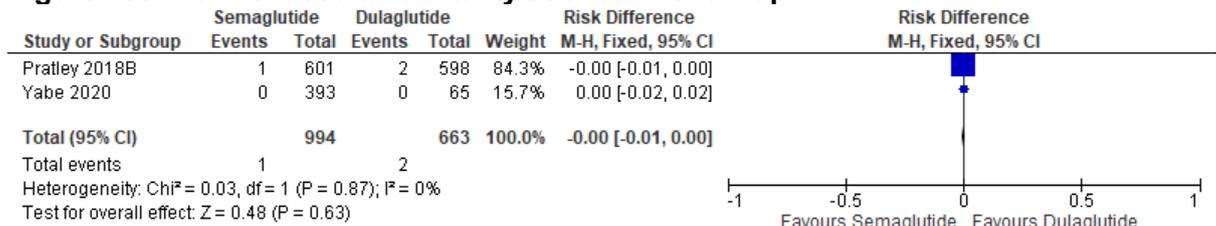
(2) 0.5 mg semaglutide v insulin

### K.1.3.22 Adding semaglutide compared to adding dulaglutide

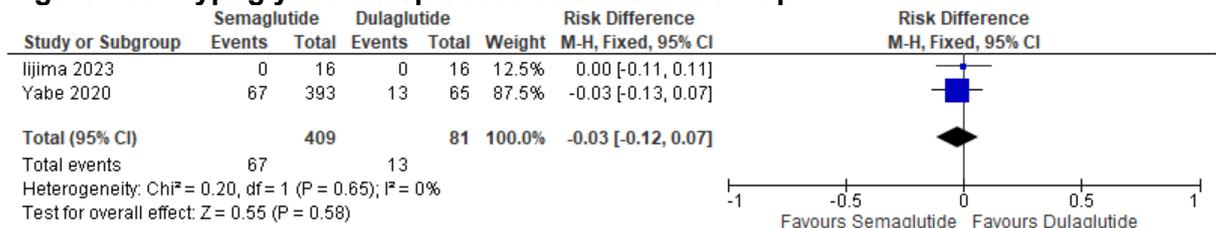
**Figure 198: All-cause mortality at end of follow up**



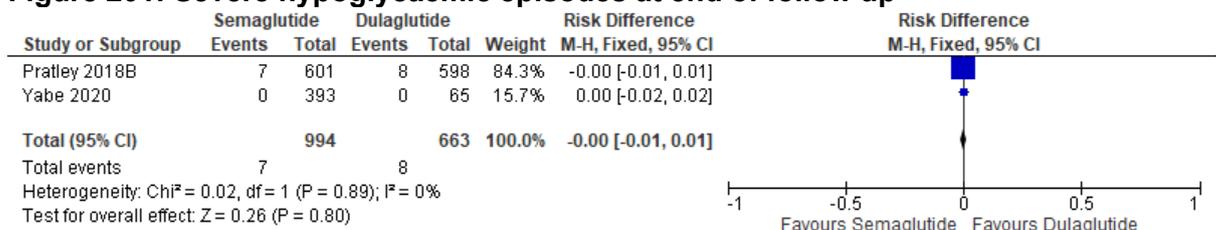
**Figure 199: Cardiovascular mortality at end of follow up**



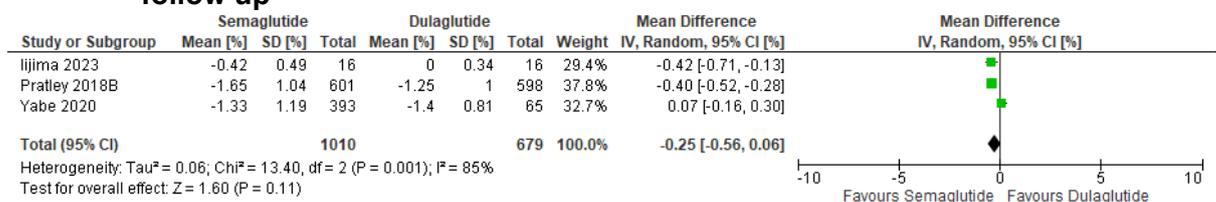
**Figure 200: Hypoglycaemia episodes at end of follow up**



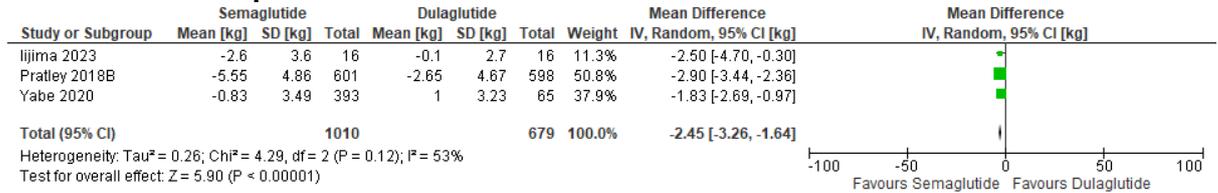
**Figure 201: Severe hypoglycaemic episodes at end of follow up**



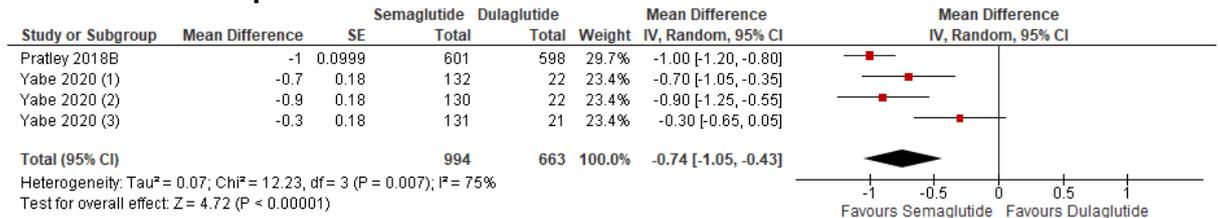
**Figure 202: HbA1c change (% , lower values are better, change scores) at end of follow up**



**Figure 203: Weight change (kg, lower values are better, change scores) at end of follow up**



**Figure 204: BMI change (kg/m<sup>2</sup>, lower values are better, change scores) at end of follow up**



**Footnotes**

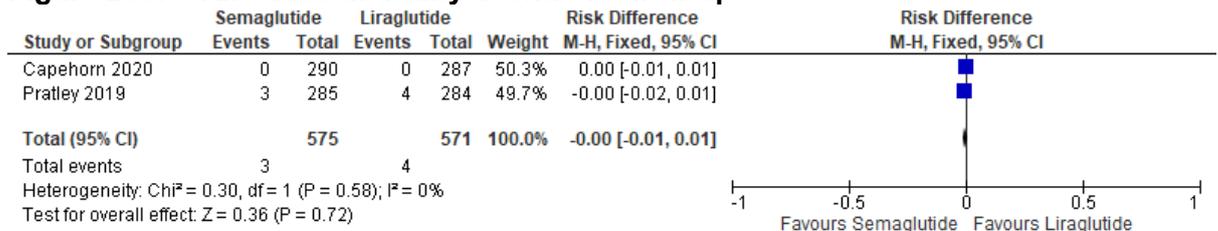
- (1) 7 mg semaglutide v dulaglutide
- (2) 14 mg semaglutide v dulaglutide
- (3) 3 mg semaglutide v dulaglutide

**K.1.3.23 Adding semaglutide compared to adding exenatide**

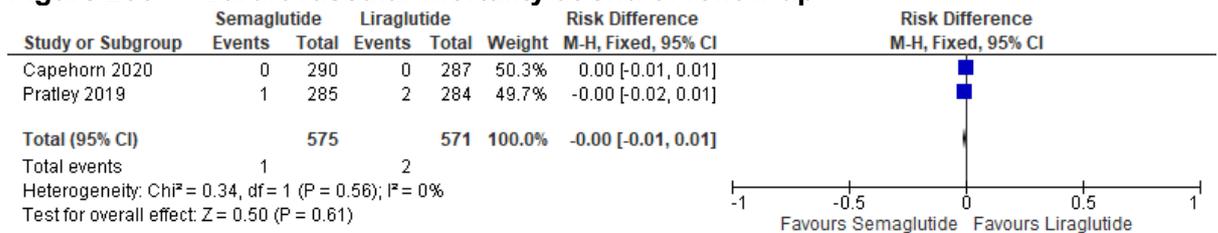
There are no forest plots for this comparison (all outcomes include a single study).

**K.1.3.24 Adding semaglutide compared to adding liraglutide**

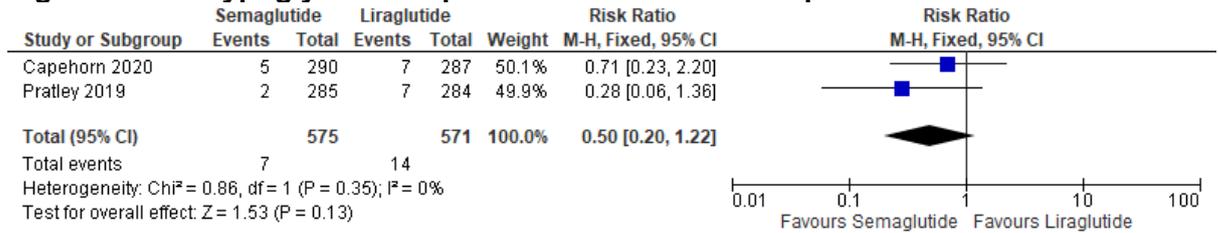
**Figure 205: All-cause mortality at end of follow up**



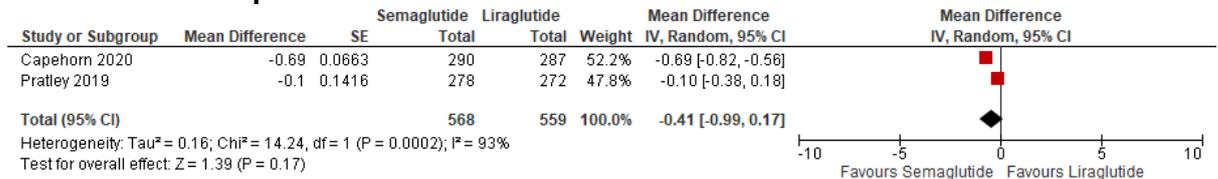
**Figure 206: Cardiovascular mortality at end of follow up**



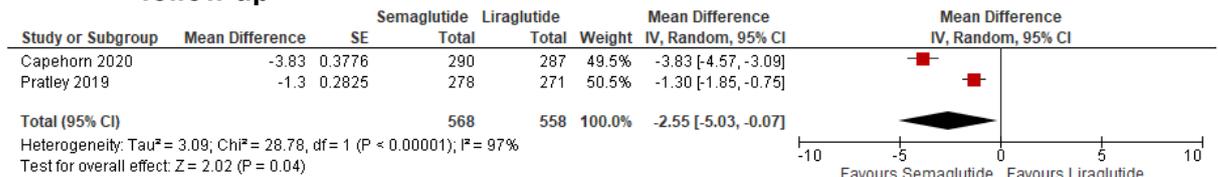
**Figure 207: Hypoglycaemia episodes at end of follow up**



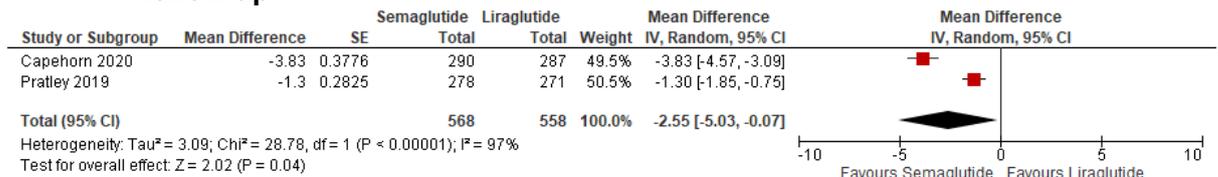
**Figure 208: HbA1c change (% , lower values are better, change scores) at end of follow up**



**Figure 209: Weight change (kg, lower values are better, change scores) at end of follow up**

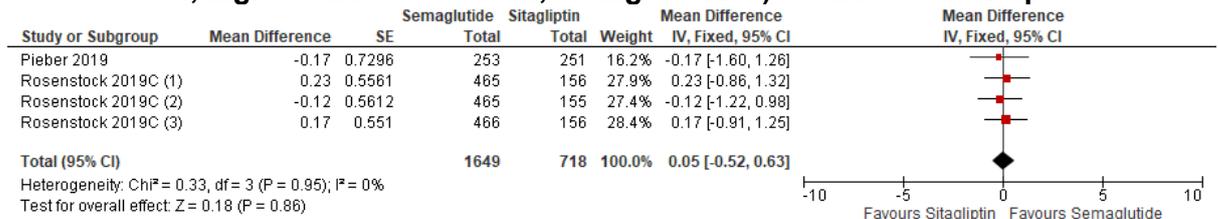


**Figure 210: BMI change (kg/m<sup>2</sup>, lower values are better, change scores) at end of follow up**



**K.1.3.25 Adding semaglutide compared to adding sitagliptin**

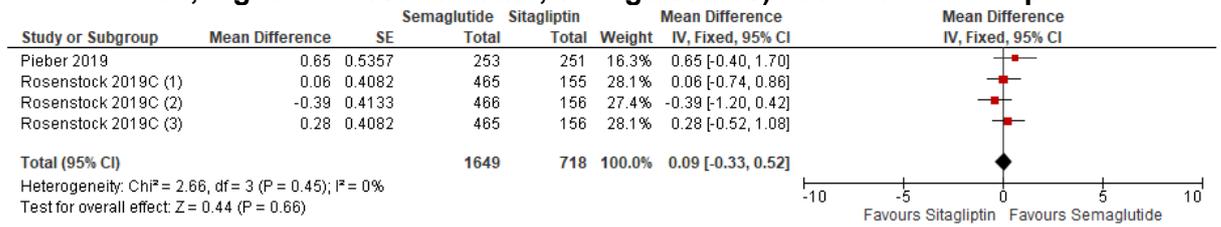
**Figure 211: Health-related quality of life - subscale mental component (SF36 v2, 0-100, higher values are better, change scores) at end of follow-up**



**Footnotes**

- (1) 7 mg semaglutide v sitagliptin
- (2) 14 mg semaglutide v sitagliptin
- (3) 3 mg semaglutide v sitagliptin

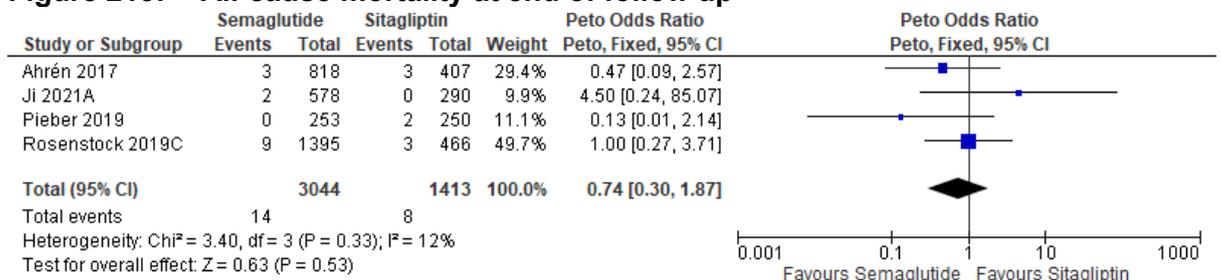
**Figure 212: Health-related quality of life - subscale physical component (SF36 v2, 0-100, higher values are better, change scores) at end of follow-up**



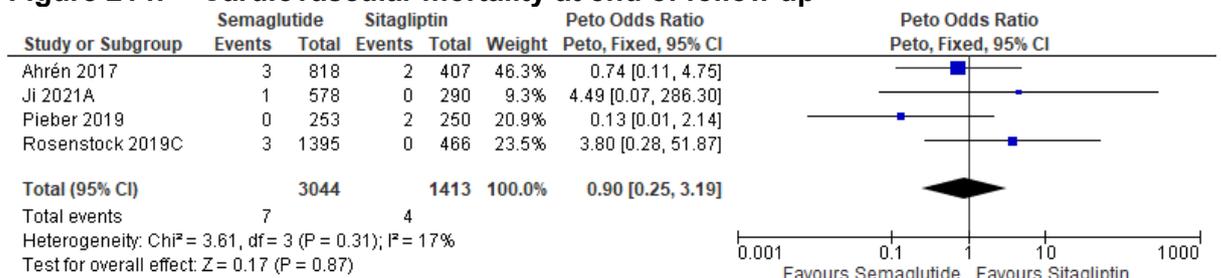
**Footnotes**

- (1) 14 mg semaglutide v sitagliptin
- (2) 3 mg semaglutide v sitagliptin
- (3) 7 mg semaglutide v sitagliptin

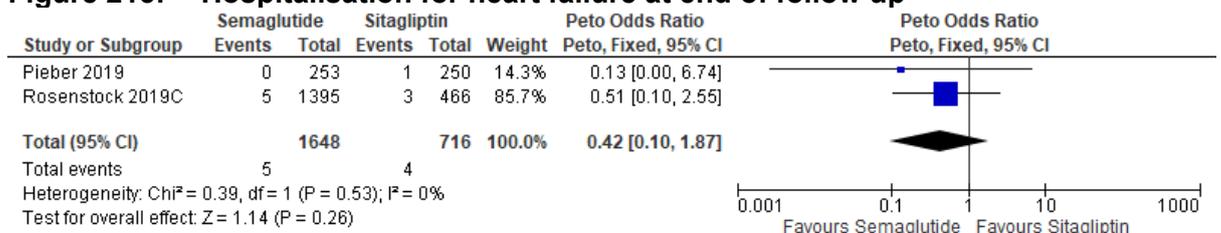
**Figure 213: All-cause mortality at end of follow up**

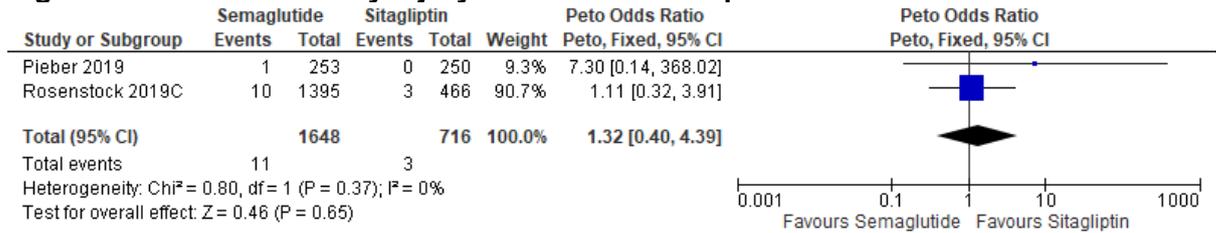
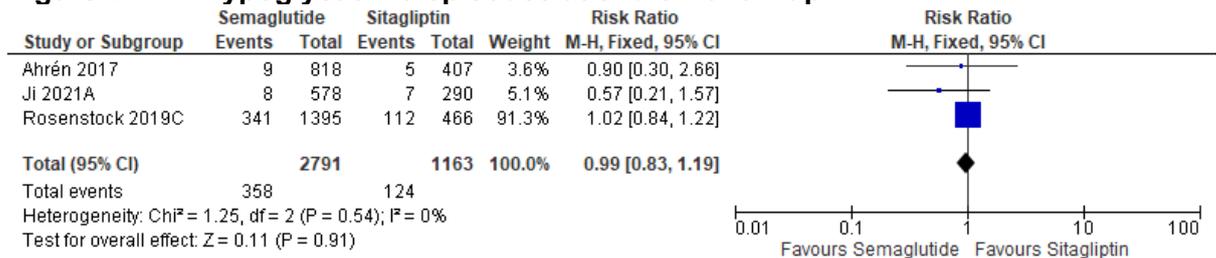
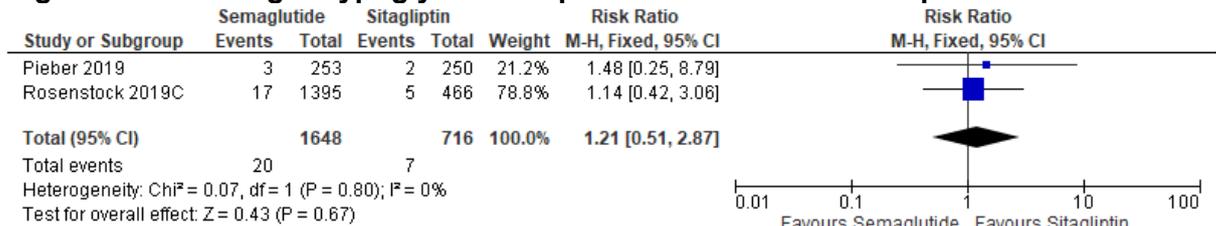
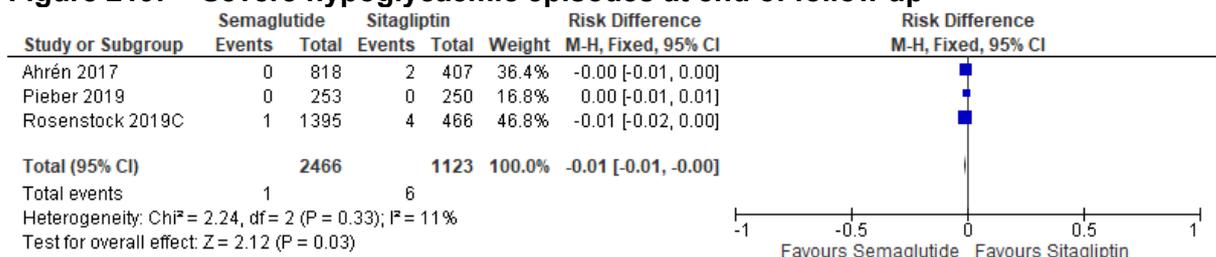


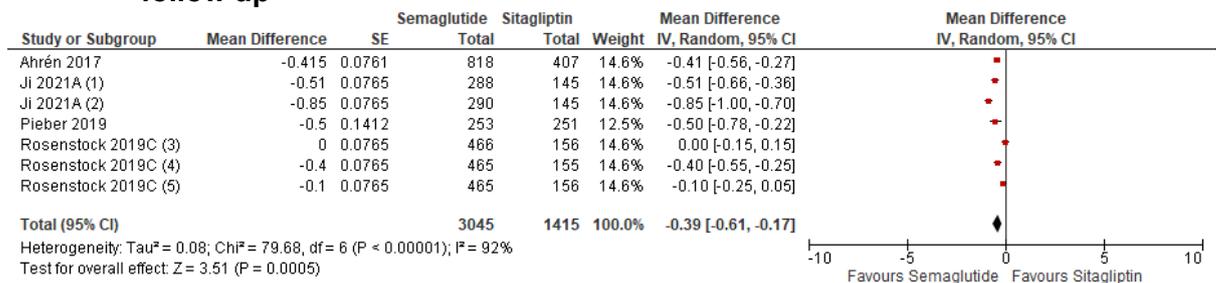
**Figure 214: Cardiovascular mortality at end of follow up**



**Figure 215: Hospitalisation for heart failure at end of follow up**

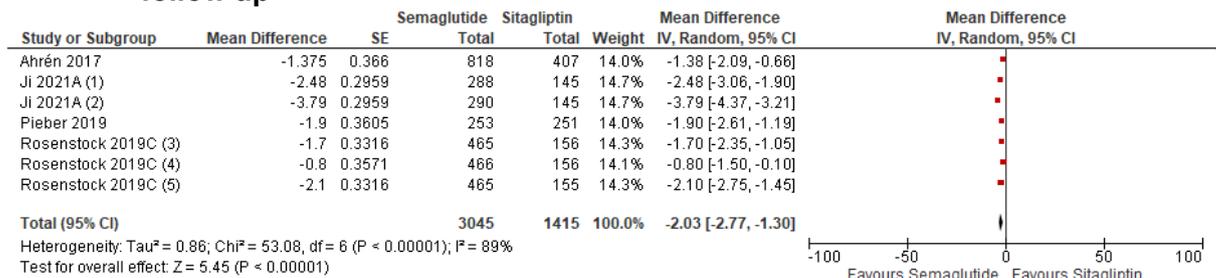


**Figure 216: Acute kidney injury at end of follow up****Figure 217: Hypoglycaemia episodes at end of follow up****Figure 218: At night hypoglycaemic episodes at end of follow up****Figure 219: Severe hypoglycaemic episodes at end of follow up**

**Figure 220: HbA1c change (% , lower values are better, change scores) at end of follow up****Footnotes**

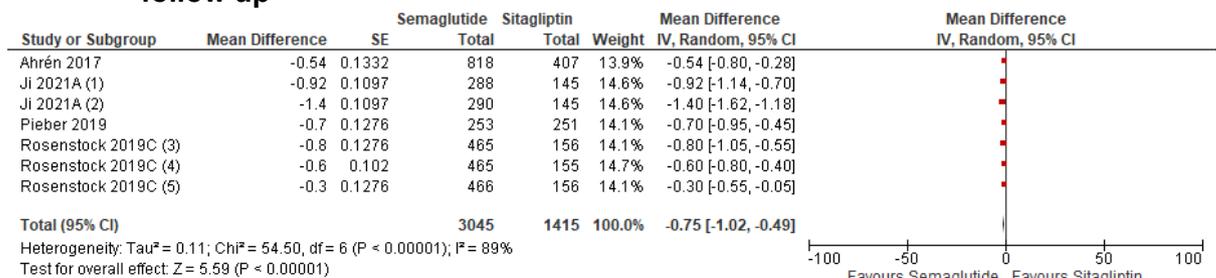
- (1) 0.5 mg semaglutide v sitagliptin  
 (2) 1.0 mg semaglutide v sitagliptin  
 (3) 3 mg semaglutide v sitagliptin  
 (4) 14 mg semaglutide v sitagliptin  
 (5) 7 mg semaglutide v sitagliptin

Note: Heterogeneity was not explained by sensitivity analysis nor subgroup analysis by eGFR subgroup.

**Figure 221: Weight change (kg, lower values are better, change scores) at end of follow up****Footnotes**

- (1) 0.5 mg semaglutide v sitagliptin  
 (2) 1.0 mg semaglutide v sitagliptin  
 (3) 7 mg semaglutide v sitagliptin  
 (4) 3 mg semaglutide v sitagliptin  
 (5) 14 mg semaglutide v sitagliptin

Note: Heterogeneity was not explained by sensitivity analysis nor subgroup analysis by eGFR subgroup.

**Figure 222: BMI change (kg/m<sup>2</sup>, lower values are better, change scores) at end of follow up****Footnotes**

- (1) 0.5 mg v sitagliptin  
 (2) 1.0 mg semaglutide v sitagliptin  
 (3) 14 mg semaglutide v sitagliptin  
 (4) 7 mg semaglutide v sitagliptin  
 (5) 3 mg semaglutide v sitagliptin

Note: Heterogeneity was not explained by sensitivity analysis nor subgroup analysis by eGFR subgroup.

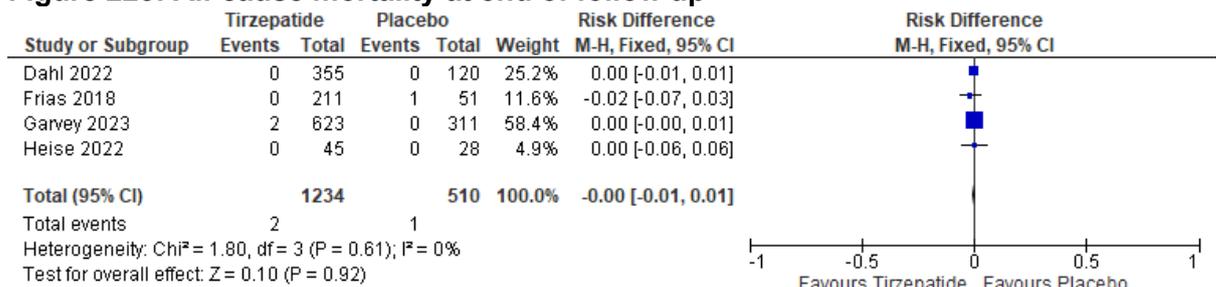
### K.1.3.26 Adding subcutaneous semaglutide compared to adding oral semaglutide

There are no forest plots for this comparison (all outcomes include a single study).

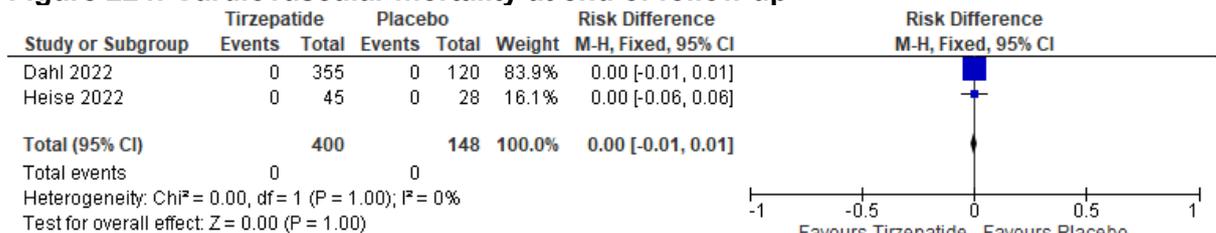
## K.1.4 Dual GIP/GLP-1 receptor co-agonists

### K.1.4.1 Adding tirzepatide compared to adding placebo

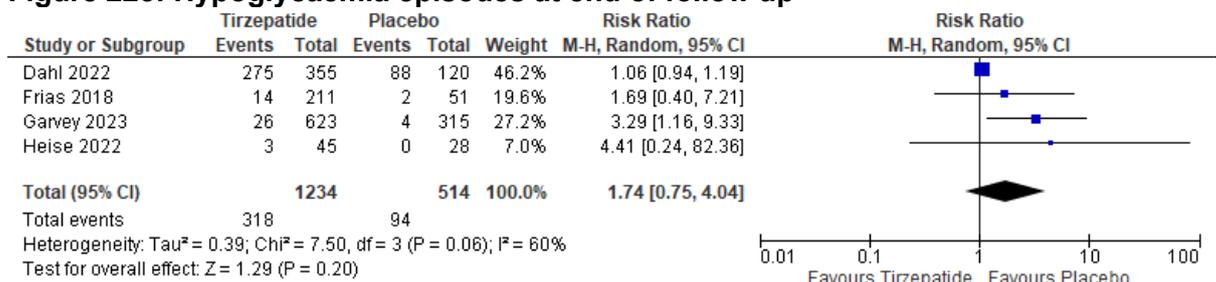
**Figure 223: All-cause mortality at end of follow up**



**Figure 224: Cardiovascular mortality at end of follow up**

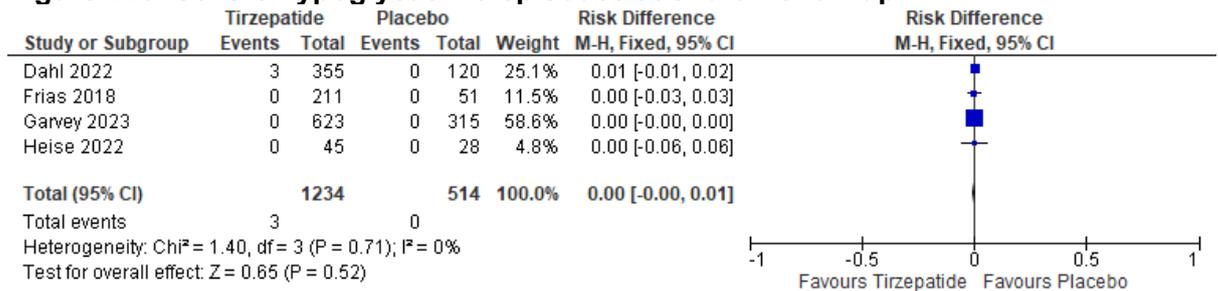


**Figure 225: Hypoglycaemia episodes at end of follow up**

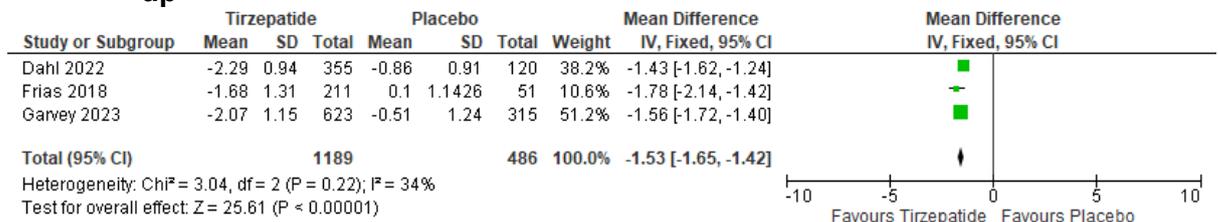


Note: Heterogeneity was not explained by sensitivity analysis nor subgroup analysis by eGFR, NAFLD, Obesity, and early onset subgroups.

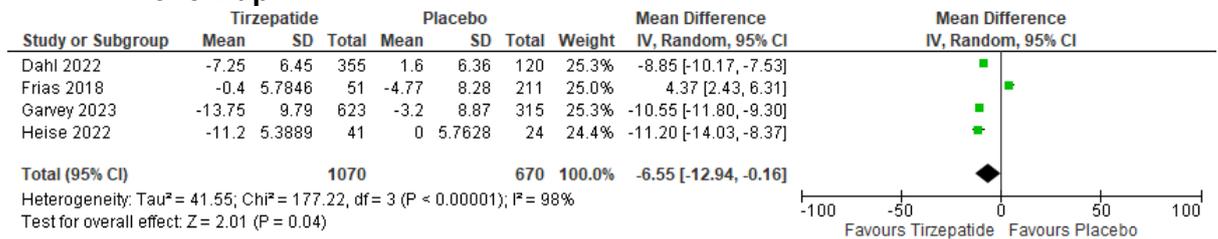
**Figure 226: Severe hypoglycaemia episodes at end of follow up**



**Figure 227: HbA1c change (% , low values are better, change scores) at end of follow up**

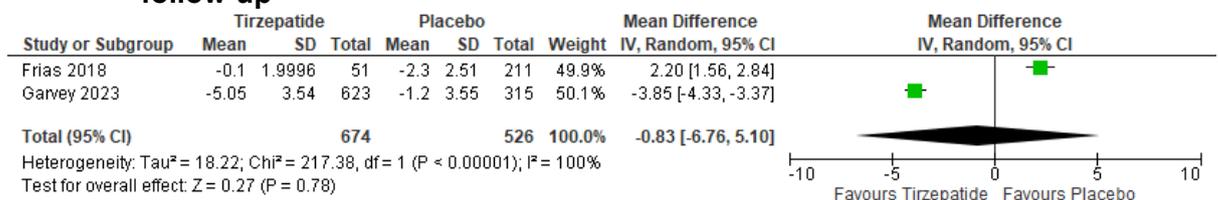


**Figure 228: Weight change (kg, lower values are better, change scores) at end of follow up**



Note: Heterogeneity was not explained by sensitivity analysis nor subgroup analysis by eGFR, NAFLD, Obesity, and early onset subgroups.

**Figure 229: BMI change (kg/m<sup>2</sup>, lower values are better, change scores) at end of follow-up**

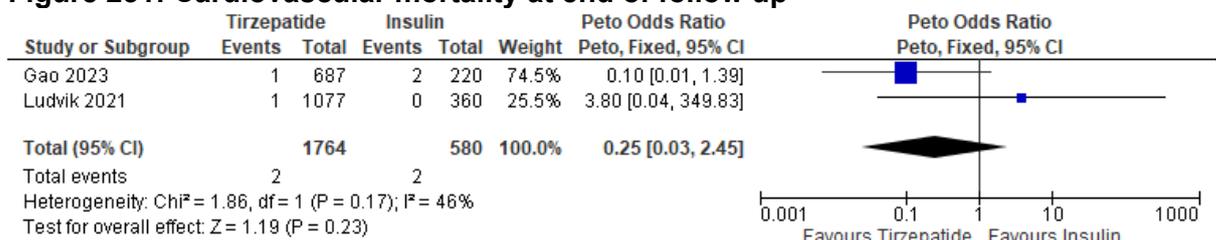


### K.1.4.2 Adding tirzepatide compared to adding insulin

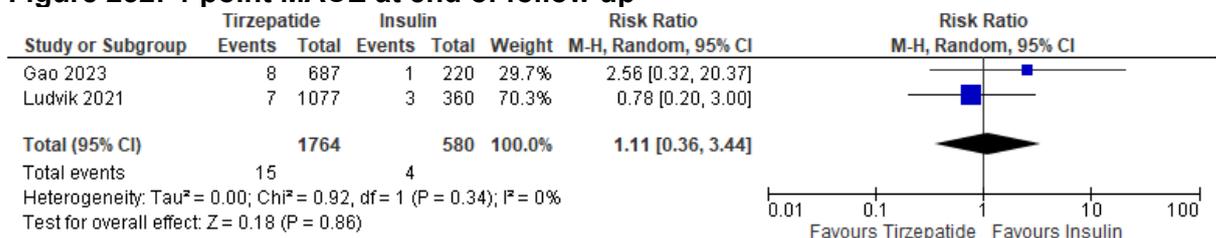
**Figure 230: All-cause mortality at end of follow up**



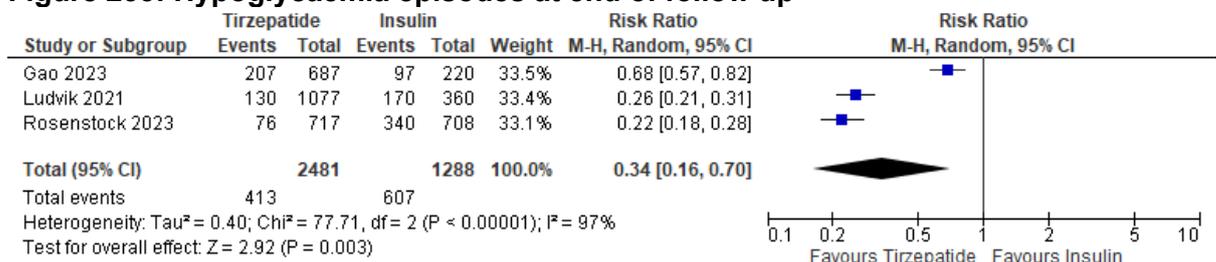
**Figure 231: Cardiovascular mortality at end of follow up**



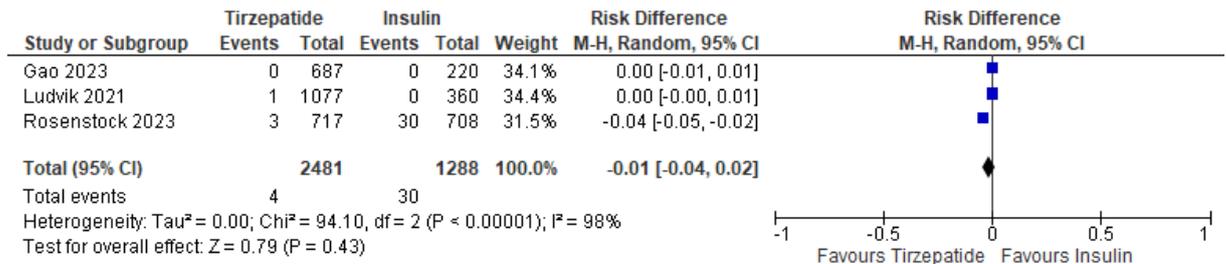
**Figure 232: 4-point MACE at end of follow up**



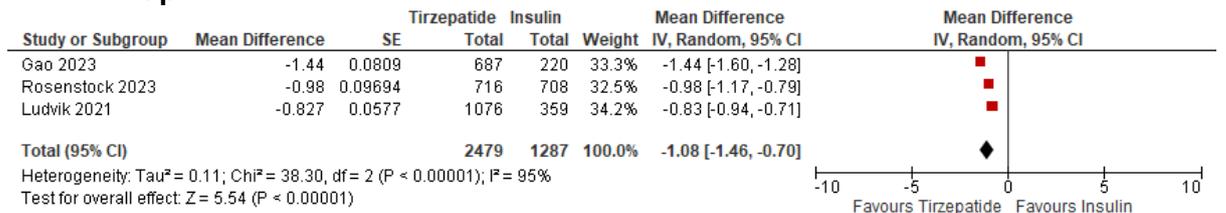
**Figure 233: Hypoglycaemia episodes at end of follow up**



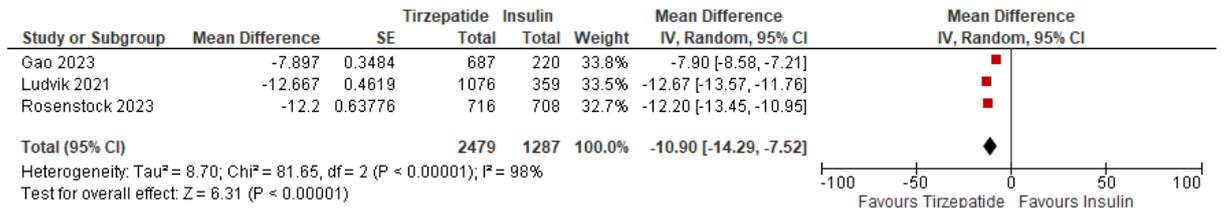
**Figure 234: Severe hypoglycaemic episodes at end of follow up**



**Figure 235: HbA1c change (% , lower values are better, change scores) at end of follow up**



**Figure 236: Weight change (kg, lower values are better, change scores) at end of follow up**

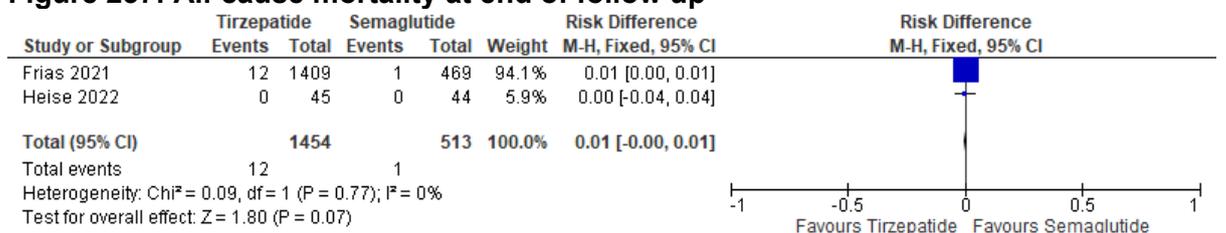


**K.1.4.3 Adding tirzepatide compared to adding dulaglutide**

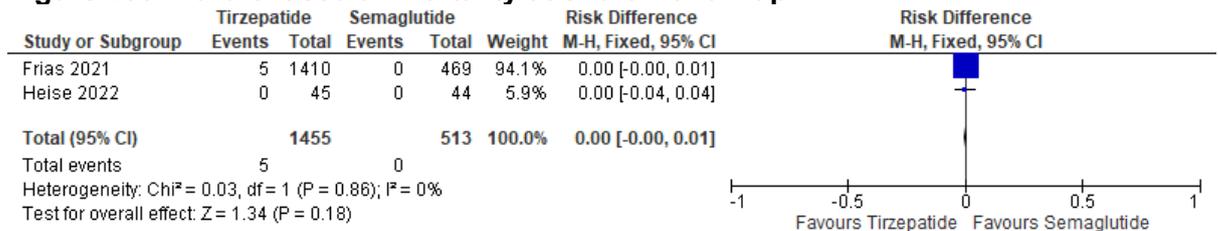
There are no forest plots for this comparison (all outcomes include a single study).

**K.1.4.4 Adding tirzepatide compared to adding semaglutide**

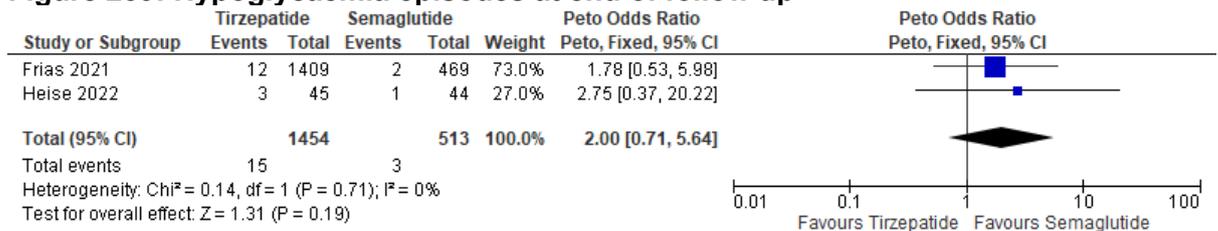
**Figure 237: All-cause mortality at end of follow up**



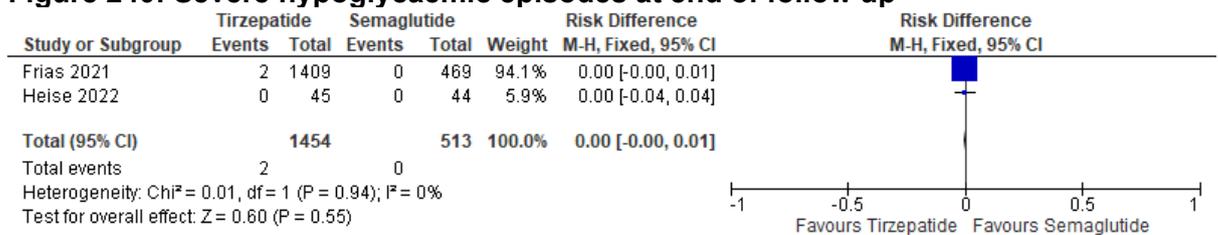
**Figure 238: Cardiovascular mortality at end of follow up**



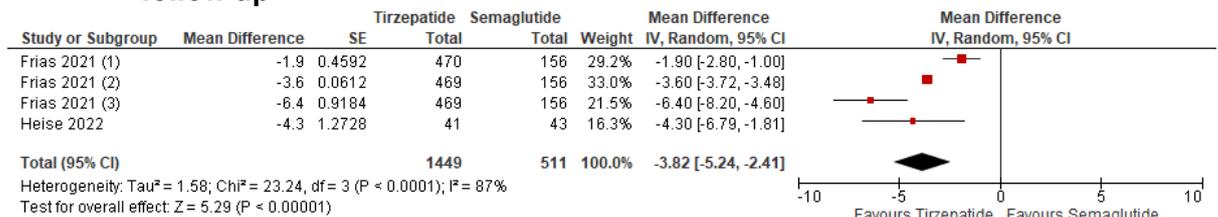
**Figure 239: Hypoglycaemia episodes at end of follow up**



**Figure 240: Severe hypoglycaemic episodes at end of follow up**



**Figure 241: Weight change (kg, lower values are better, mean difference) at end of follow up**



**Footnotes**

- (1) Tirzepatide 5 mg daily
- (2) Tirzepatide 10 mg daily
- (3) Tirzepatide 15 mg daily

Note: Heterogeneity for this outcome was not explored due to the small number of studies (2 studies, 3 different dose comparisons for 1 study).

## K.1.5 SGLT2 inhibitors

### K.1.5.1 Adding canagliflozin compared to adding placebo

Figure 242: All-cause mortality at end of follow up

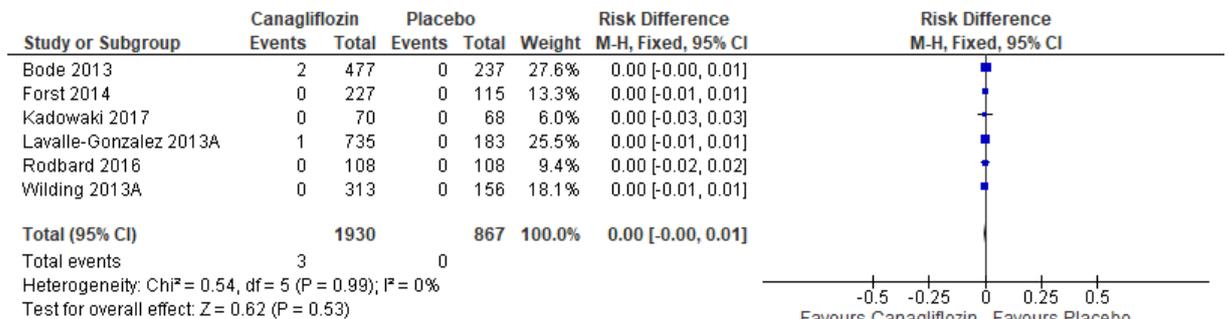


Figure 243: Cardiovascular mortality at end of follow up

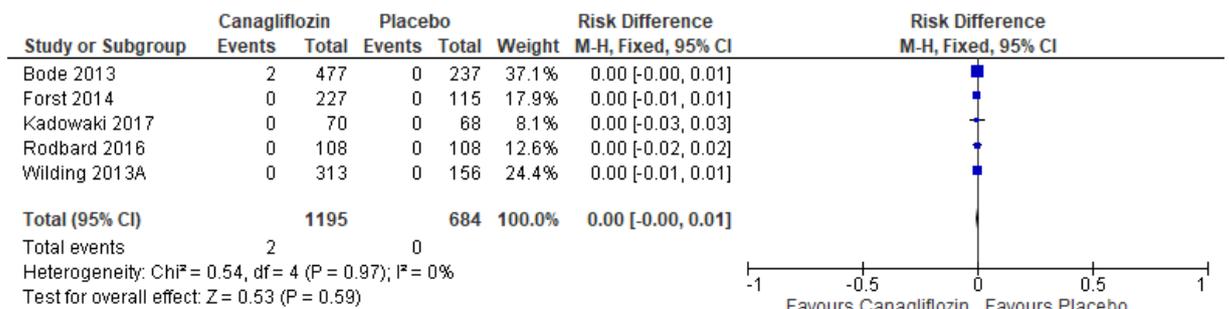


Figure 244: Diabetic ketoacidosis at end of follow up

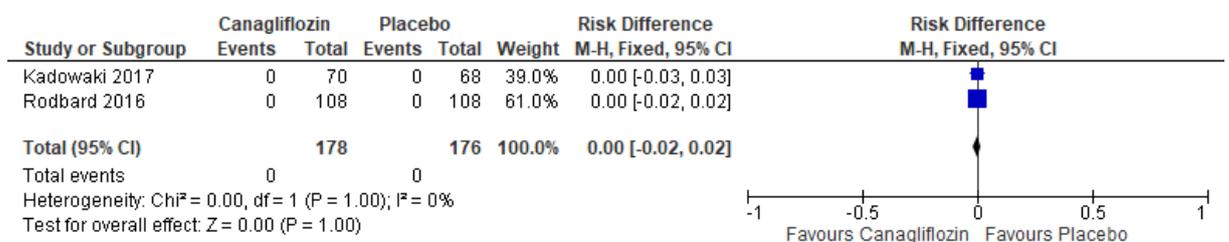
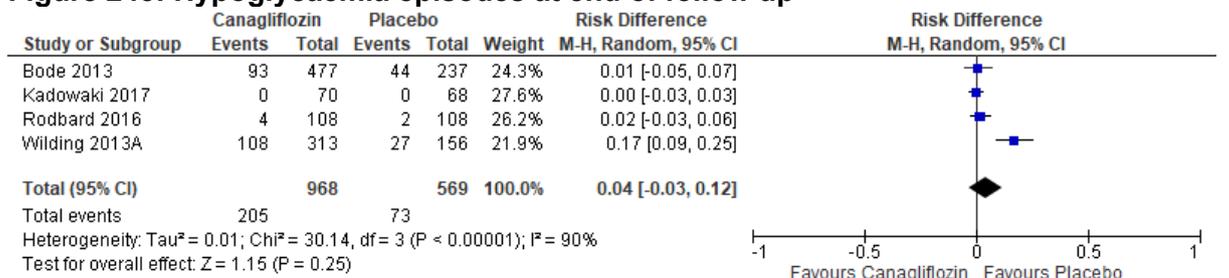


Figure 245: Hypoglycaemia episodes at end of follow up

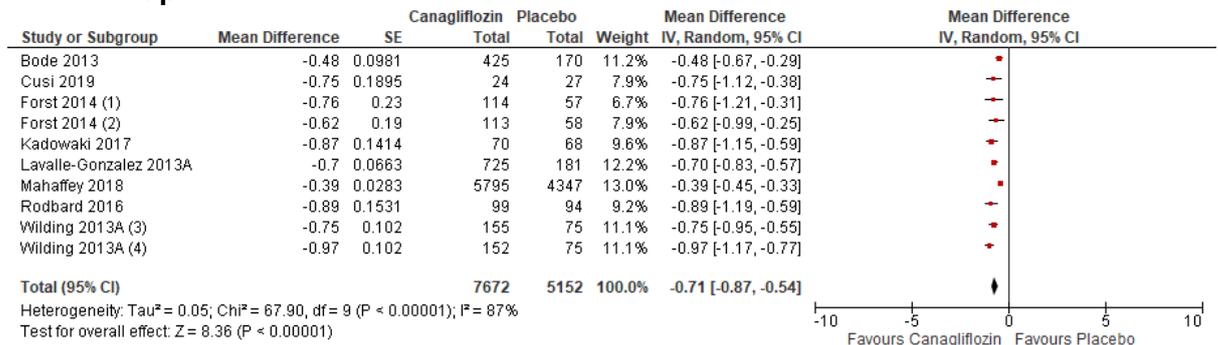


Note: Heterogeneity was not explained by sensitivity analysis nor subgroup analysis by eGFR subgroup.

**Figure 246: Severe hypoglycaemia at end of follow up**



**Figure 247: HbA1c change (% , lower values are better, change scores) at end of follow up**

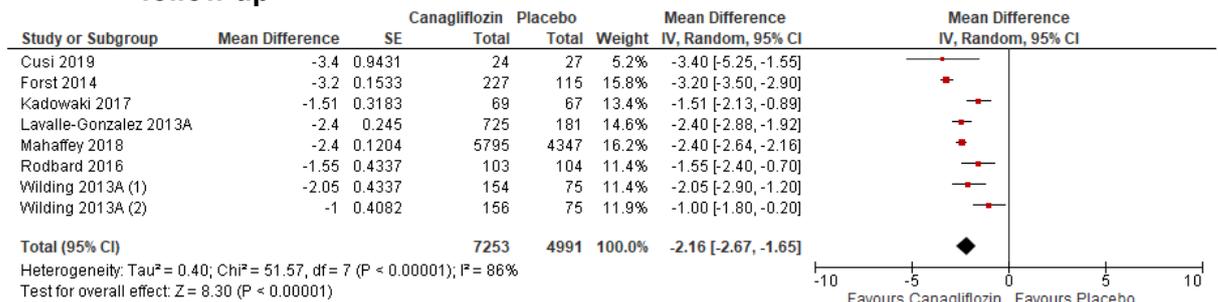


**Footnotes**

- (1) 300 mg canagliflozin daily. Number of participants in placebo arm has been halved.
- (2) 100mg canagliflozin daily. Number of participants in placebo arm has been halved.
- (3) 100mg canagliflozin daily. Number of participants in placebo arm has been halved.
- (4) 300mg canagliflozin daily. Number of participants in placebo arm has been halved.

Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by ACR, eGFR, and NAFLD subgroups.

**Figure 248: Weight change (kg, lower values are better, change scores) at end of follow up**



**Footnotes**

- (1) 300 mg canagliflozin daily. Number of participants in placebo arm has been halved.
- (2) 100mg canagliflozin daily. Number of participants in placebo arm has been halved.

Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by ACR, eGFR, and NAFLD subgroups.

**K.1.5.2 Adding canagliflozin compared to adding semaglutide**

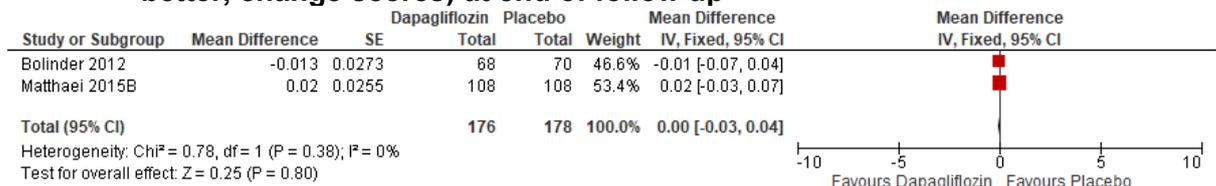
There are no forest plots for this comparison (all outcomes include a single study).

### K.1.5.3 Adding canagliflozin compared to adding sitagliptin

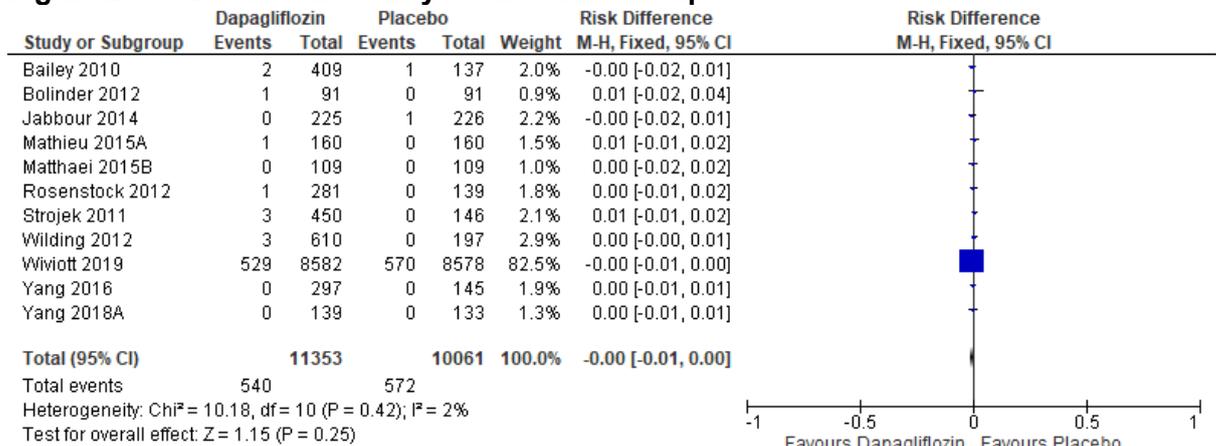
There are no forest plots for this comparison (all outcomes include a single study).

### K.1.5.4 Adding dapagliflozin compared to adding placebo

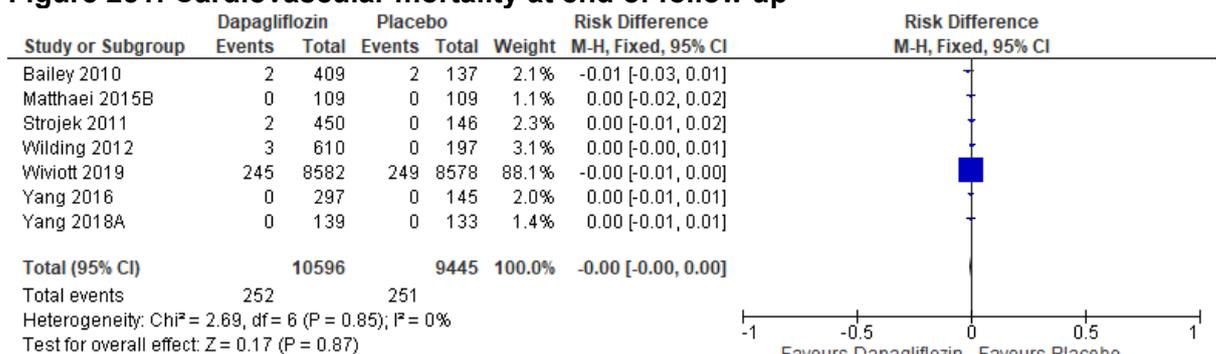
**Figure 249: Health-related quality of life - overall (EQ-5D, -0.59-1.0, higher values are better, change scores) at end of follow up**



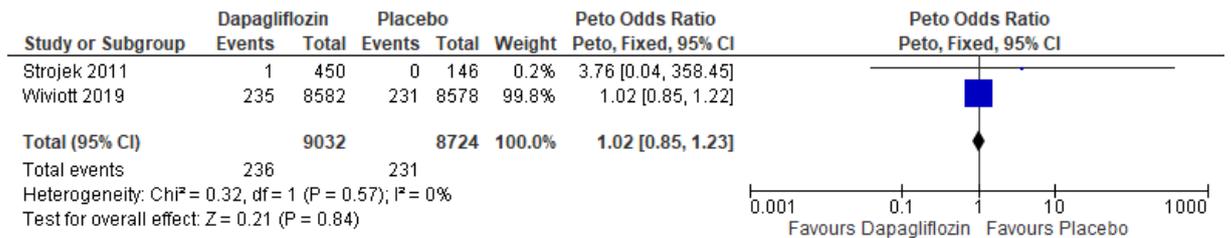
**Figure 250: All-cause mortality at end of follow up**



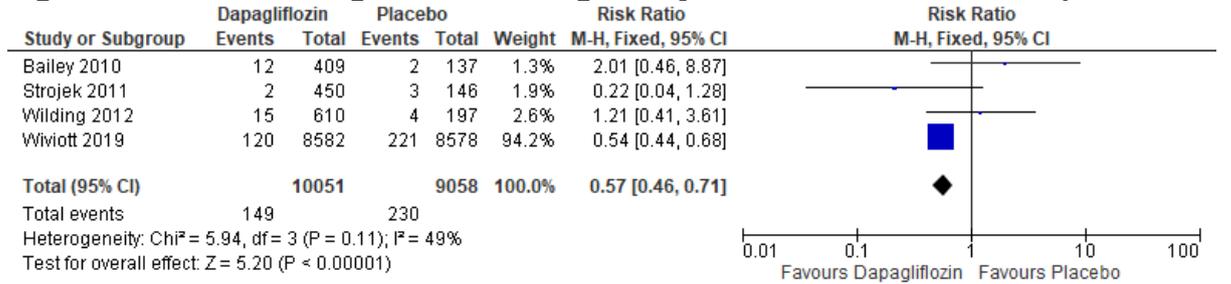
**Figure 251: Cardiovascular mortality at end of follow up**



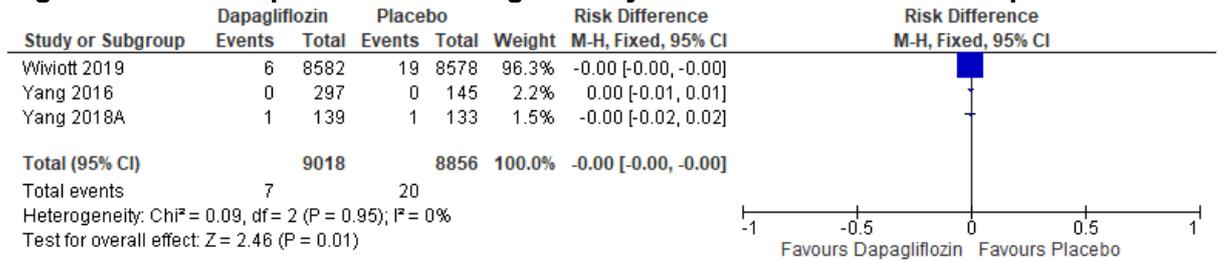
**Figure 252: Non-fatal stroke at end of follow up**



**Figure 253: Persistent signs of worsening kidney disease at end of follow up**



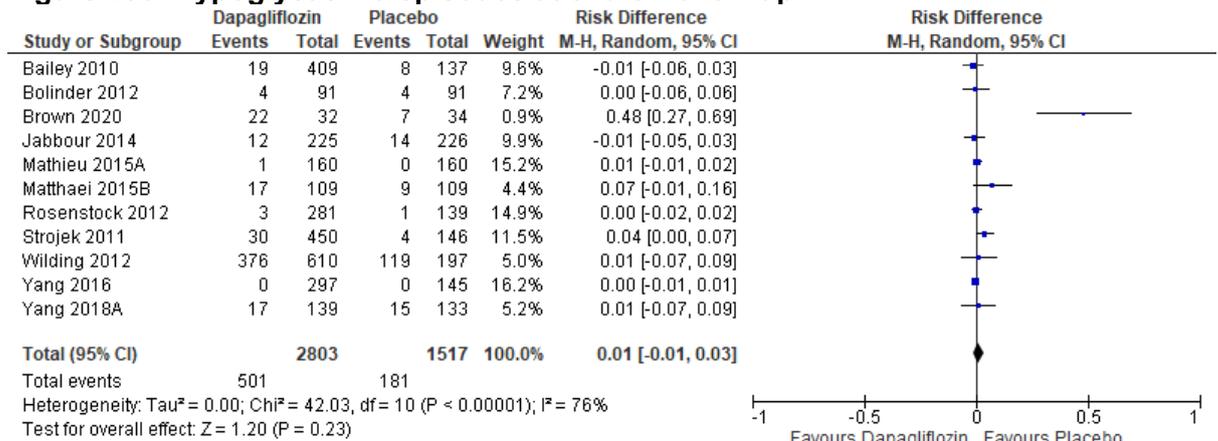
**Figure 254: Development of end stage kidney disease at end of follow up**



**Figure 255: Diabetic ketoacidosis at end of follow up**

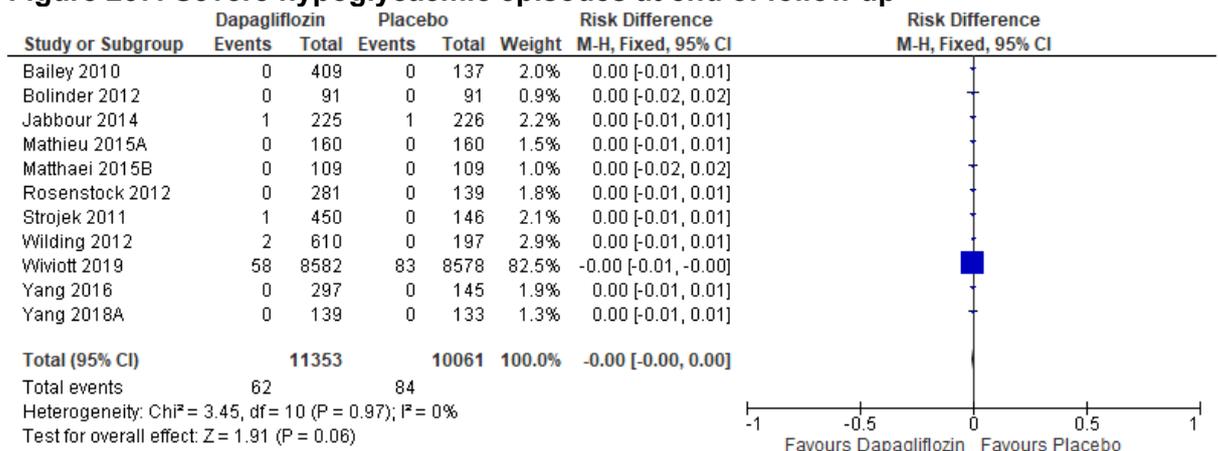


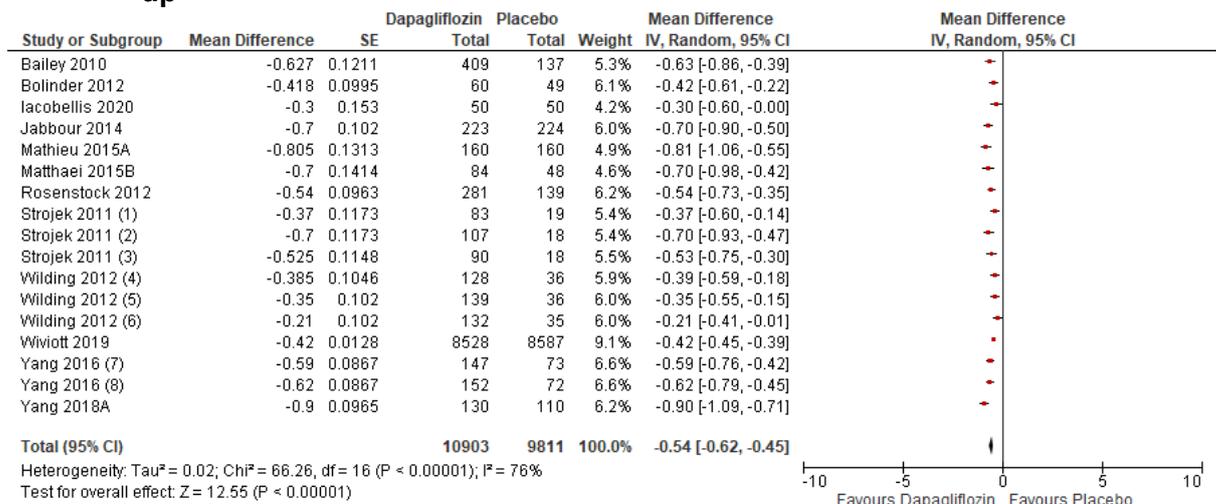
**Figure 256: Hypoglycaemia episodes at end of follow up**



Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by ACR, eGFR, NAFLD, and obesity subgroups.

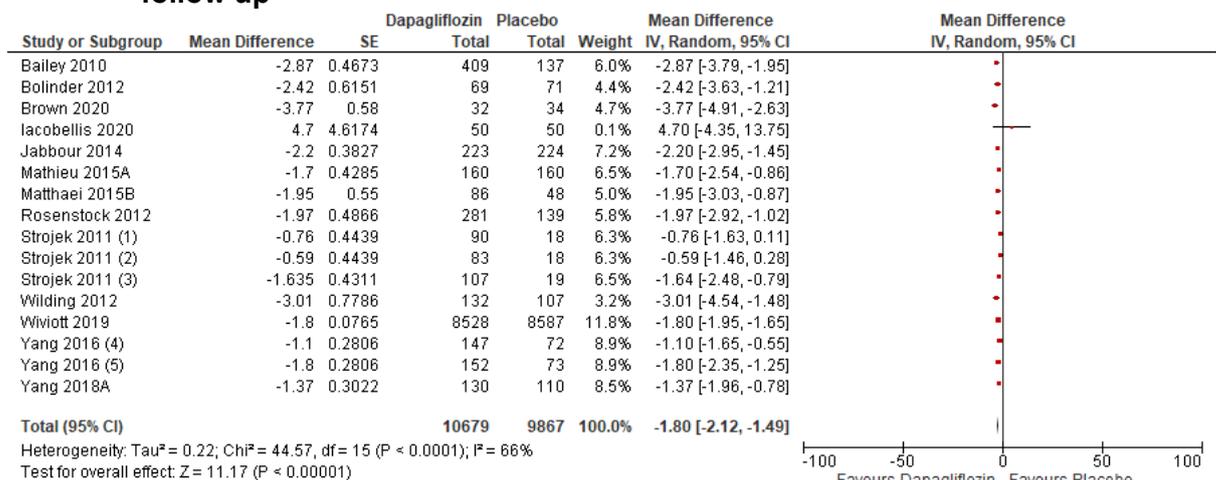
**Figure 257: Severe hypoglycaemic episodes at end of follow up**



**Figure 258: HbA1c change (% , lower values are better, change scores) at end of follow up****Footnotes**

- (1) 2.5 mg dapagliflozin daily. Number of participants for placebo arm has been divided by 3.  
(2) 10 mg dapagliflozin daily. See above.  
(3) 5 mg dapagliflozin daily. See above.  
(4) 5/10 mg dapagliflozin daily. Number of participants for placebo arm has been divided by 3.  
(5) 10 mg dapagliflozin daily. Number of participants for placebo arm has been divided by 3.  
(6) 2.5 mg dapagliflozin daily. Number of participants for placebo arm has been divided by 3.  
(7) 5 mg dapagliflozin daily. See above.  
(8) 10 mg dapagliflozin daily. Number of participants for placebo arm is halved.

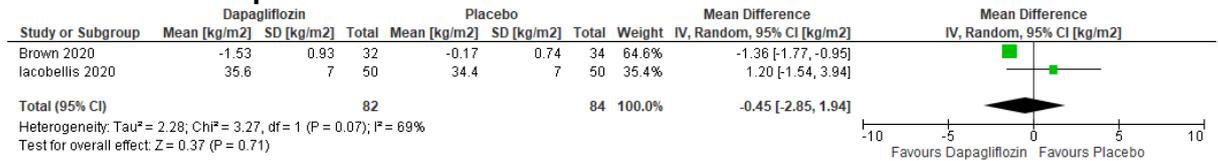
Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by ACR, eGFR, NAFLD, and obesity subgroups.

**Figure 259: Weight change (kg, lower values are better, change scores) at end of follow up****Footnotes**

- (1) 5 mg dapagliflozin daily. See above.  
(2) 2.5 mg dapagliflozin daily. See above.  
(3) 10mg dapagliflozin daily. Number of participants for placebo arm has been divided by 3.  
(4) 5mg dapagliflozin daily. Number of participants for placebo arm is halved.  
(5) 10mg dapagliflozin daily. Number of participants for placebo arm is halved.

Note: Heterogeneity was not explained by sensitivity analysis nor subgroup analysis by ACR, eGFR, NAFLD, and Obesity subgroups.

**Figure 260: BMI change (kg/m<sup>2</sup>, lower values are better, change scores) at end of follow up**

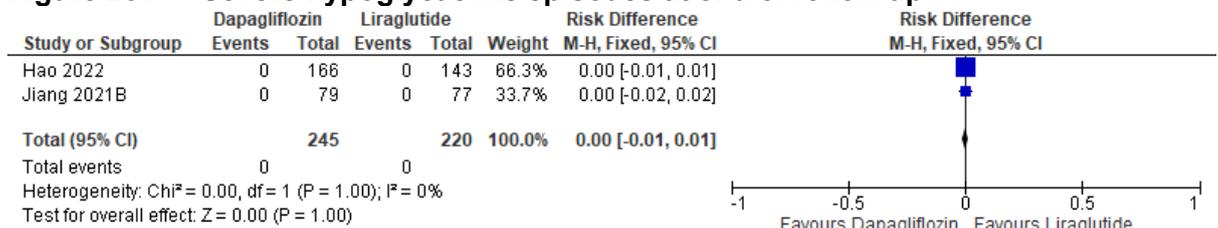


**K.1.5.5 Adding dapagliflozin compared to adding exenatide**

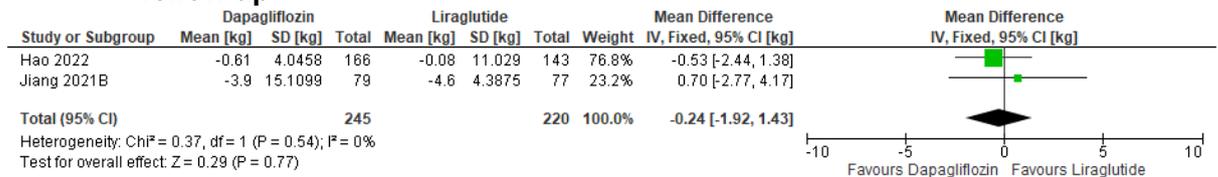
There are no forest plots for this comparison (all outcomes include a single study).

**K.1.5.6 Adding dapagliflozin compared to adding liraglutide**

**Figure 261: Severe hypoglycaemic episodes at end of follow up**

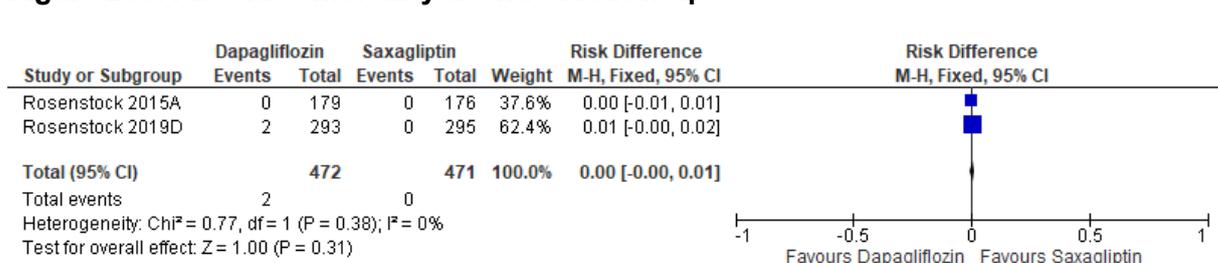


**Figure 262: Weight change (kg, lower values are better, change scores) at end of follow up**



**K.1.5.7 Adding dapagliflozin compared to adding saxagliptin**

**Figure 263: All-cause mortality at end of follow up**



**Figure 264: Cardiovascular mortality at end of follow up**

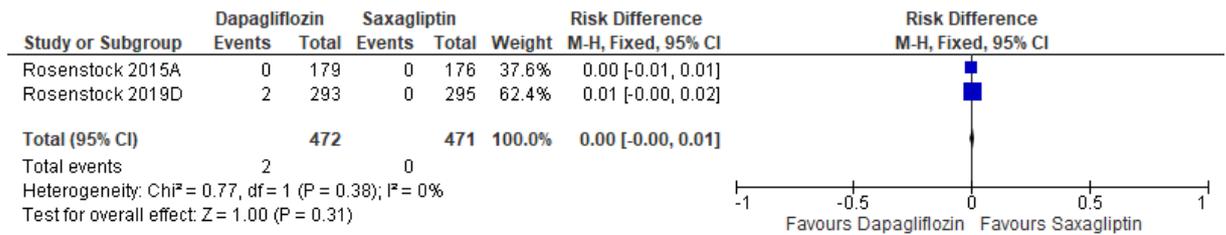


Figure 265: Hypoglycaemia episodes at end of follow up

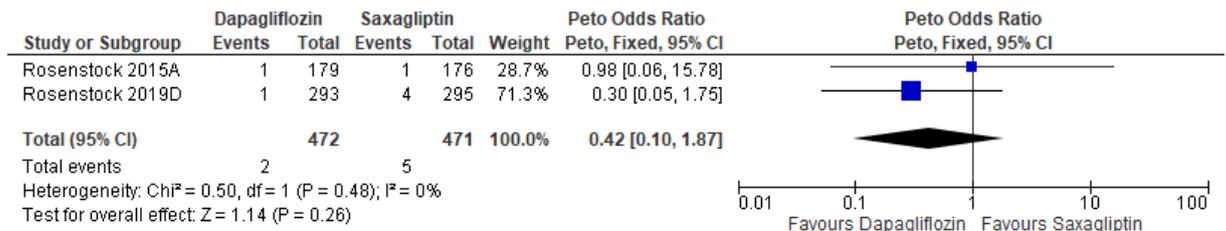


Figure 266: Severe hypoglycaemic episodes at end of follow up

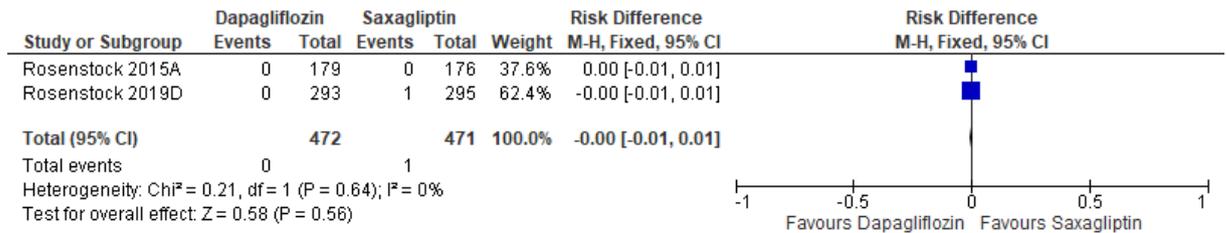
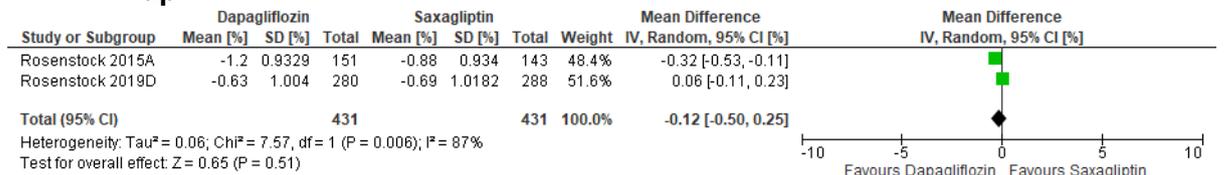


Figure 267: HbA1c change (% , lower values are better, change scores) at end of follow up



K.1.5.8 Adding dapagliflozin compared to adding sitagliptin

Figure 268: Hypoglycaemia episodes at end of follow up

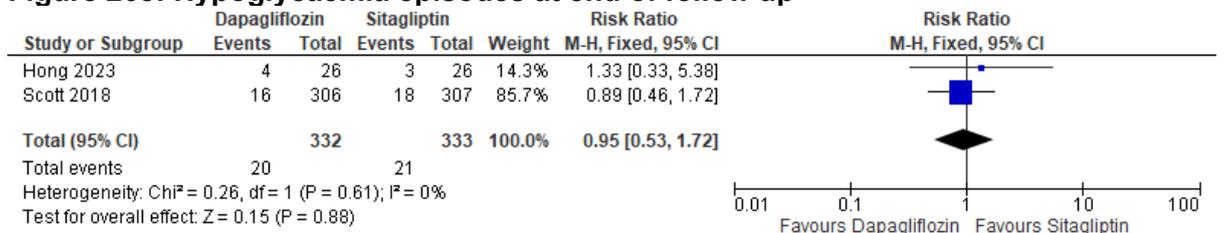
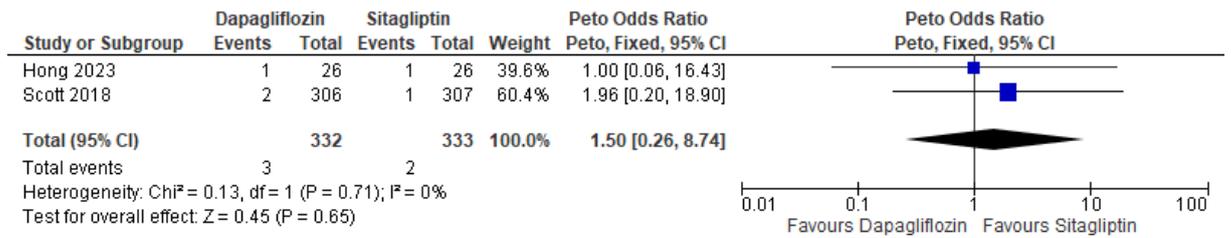
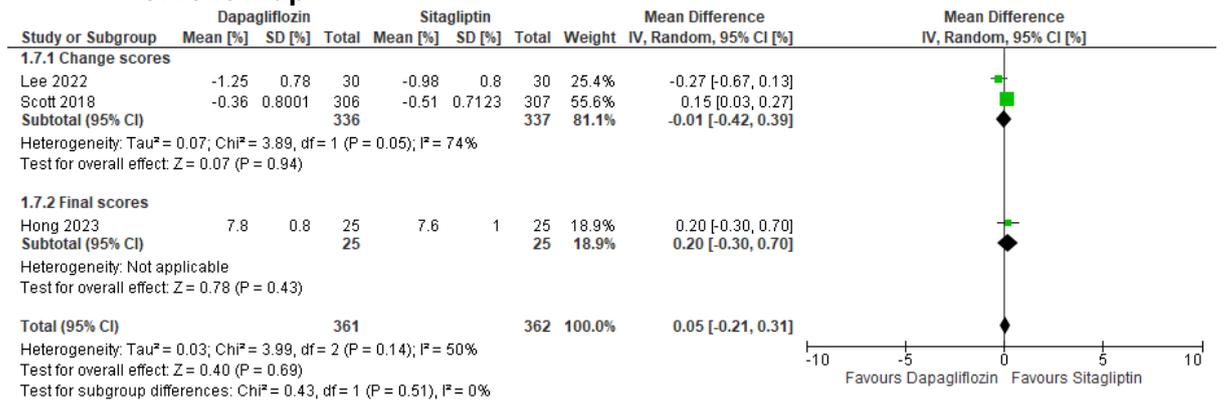


Figure 269: Severe hypoglycaemic episodes at end of follow up

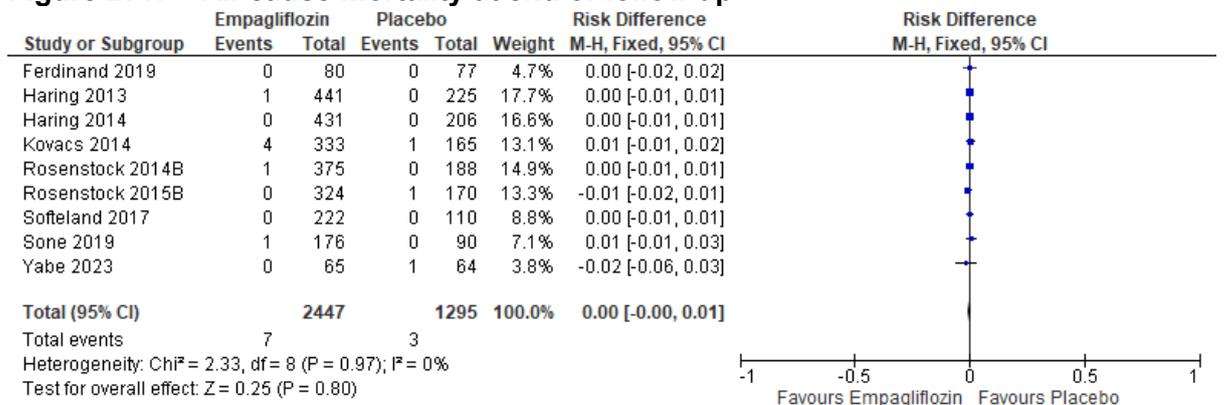


**Figure 270: HbA1c change (% , lower values are better, change and final scores) at end of follow up**

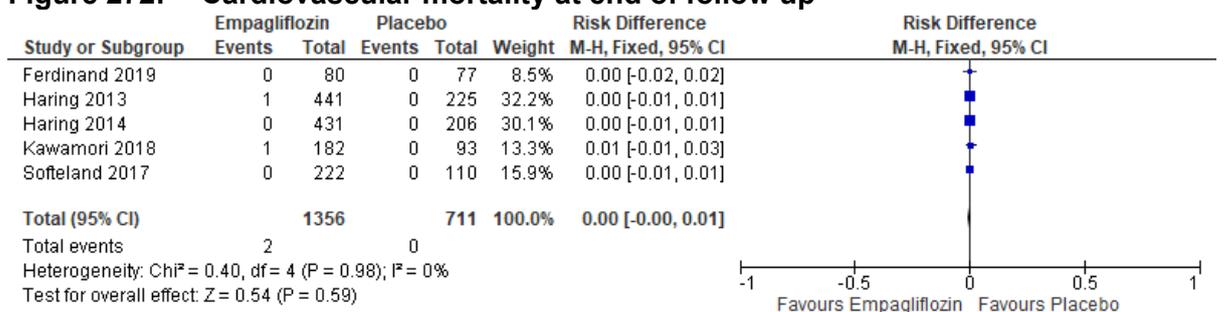


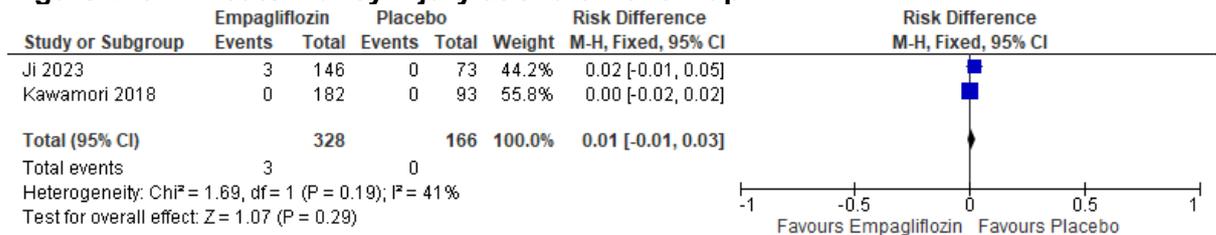
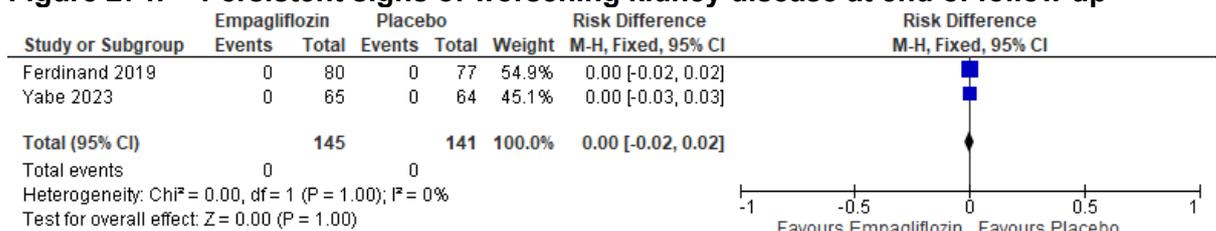
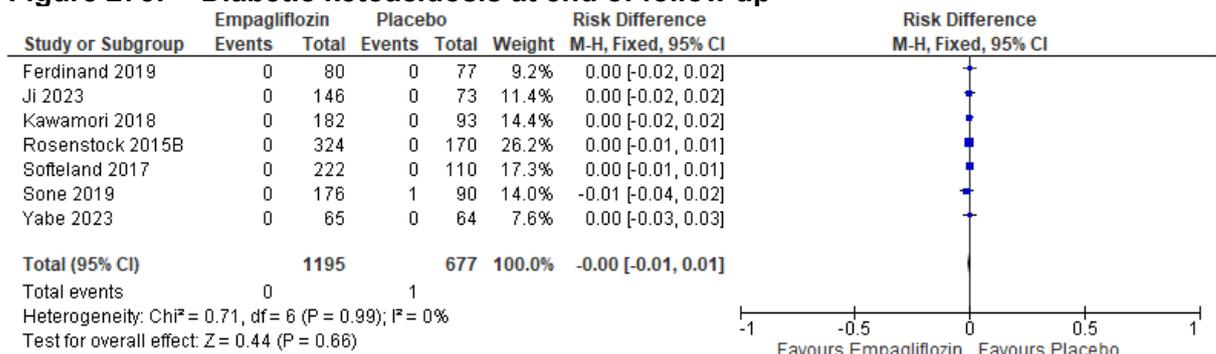
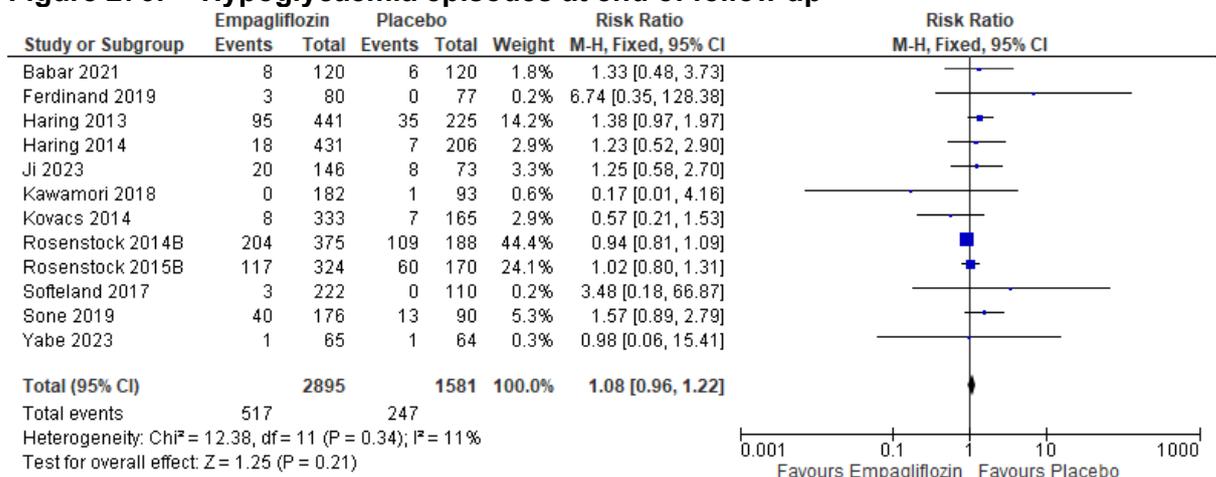
**K.1.5.9 Adding empagliflozin compared to adding placebo**

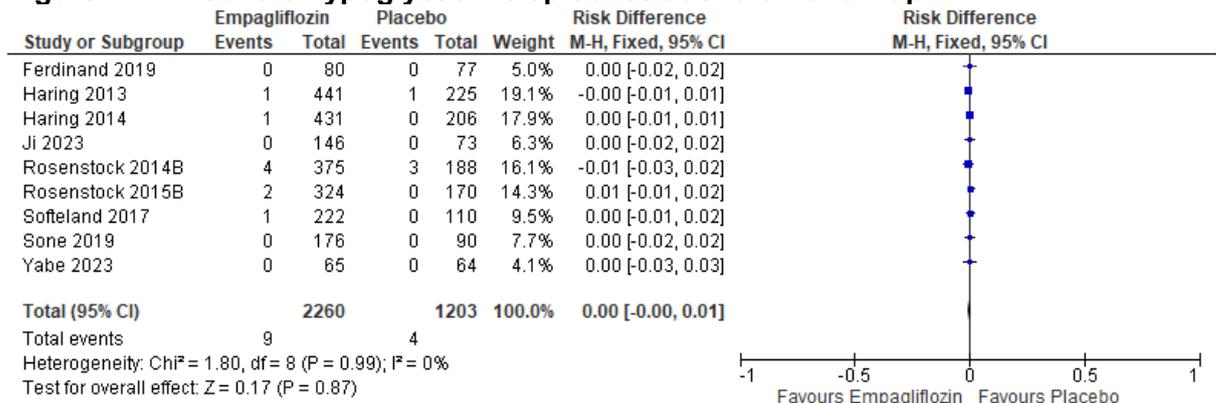
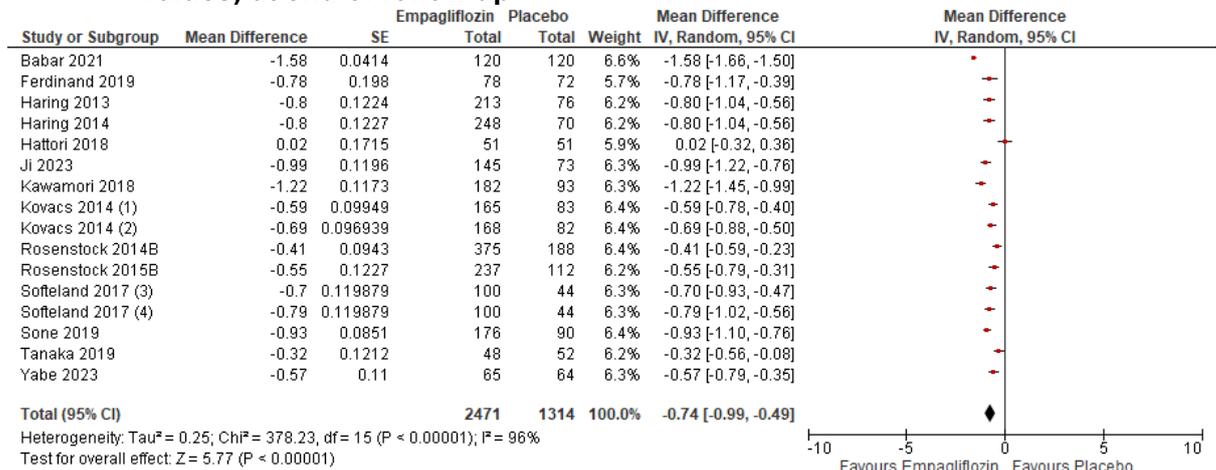
**Figure 271: All-cause mortality at end of follow up**



**Figure 272: Cardiovascular mortality at end of follow up**



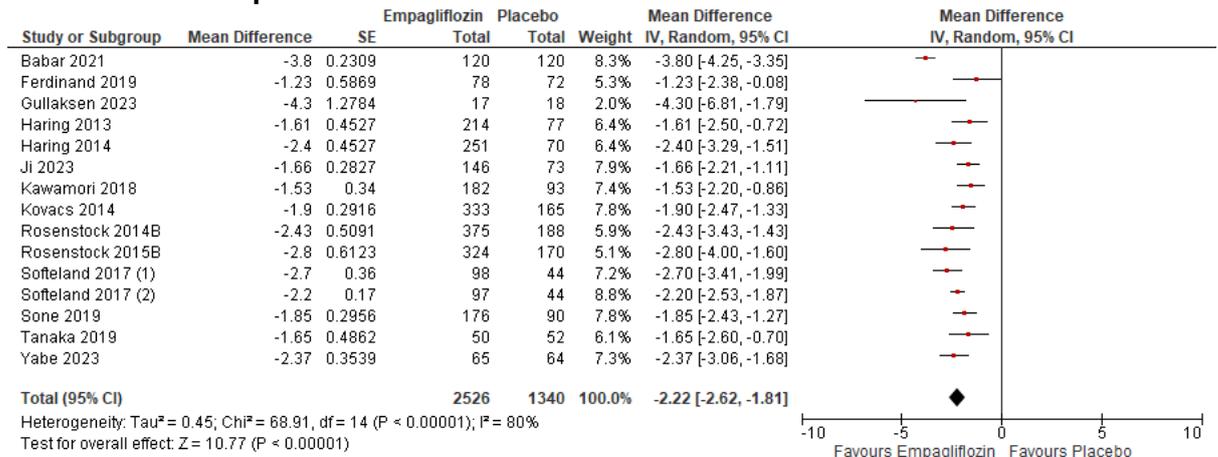
**Figure 273: Acute kidney injury at end of follow up****Figure 274: Persistent signs of worsening kidney disease at end of follow up****Figure 275: Diabetic ketoacidosis at end of follow up****Figure 276: Hypoglycaemia episodes at end of follow up**

**Figure 277: Severe hypoglycaemic episodes at end of follow up****Figure 278: HbA1c change (% , lower values are better, change scores and final values) at end of follow up****Footnotes**

- (1) 10 mg Empagliflozin v Placebo  
 (2) 25 mg Empagliflozin v Placebo  
 (3) 25 mg Empagliflozin v Placebo  
 (4) 10 mg Empagliflozin v Placebo

Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR and obesity subgroups.

**Figure 279: Weight change (kg, lower values are better, change scores) at end of follow up**

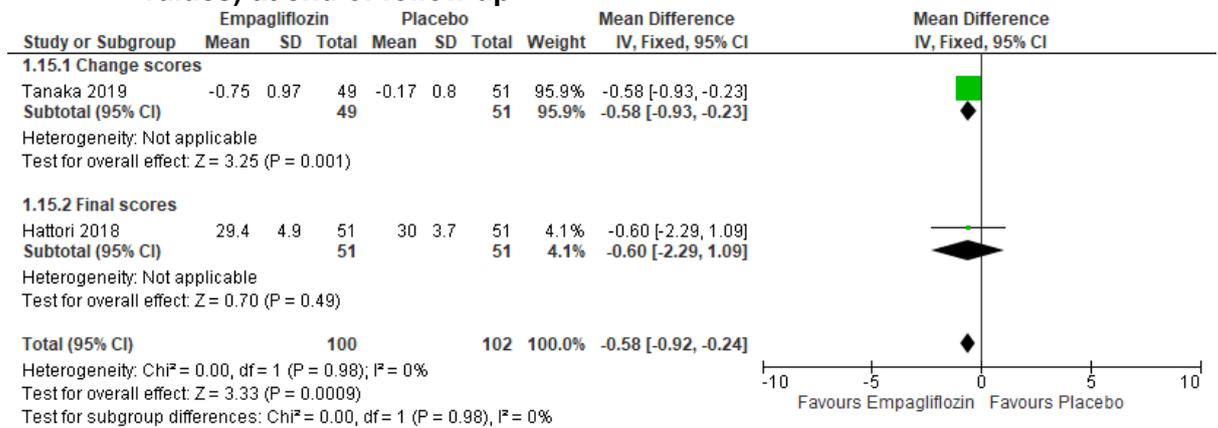


**Footnotes**

- (1) 10 mg Empagliflozin v Placebo
- (2) 25 mg Empagliflozin v Placebo

Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR and obesity subgroups.

**Figure 280: BMI change (kg/m<sup>2</sup>, lower values are better, change scores and final values) at end of follow up**



**K.1.5.10 Adding empagliflozin compared to adding insulin**

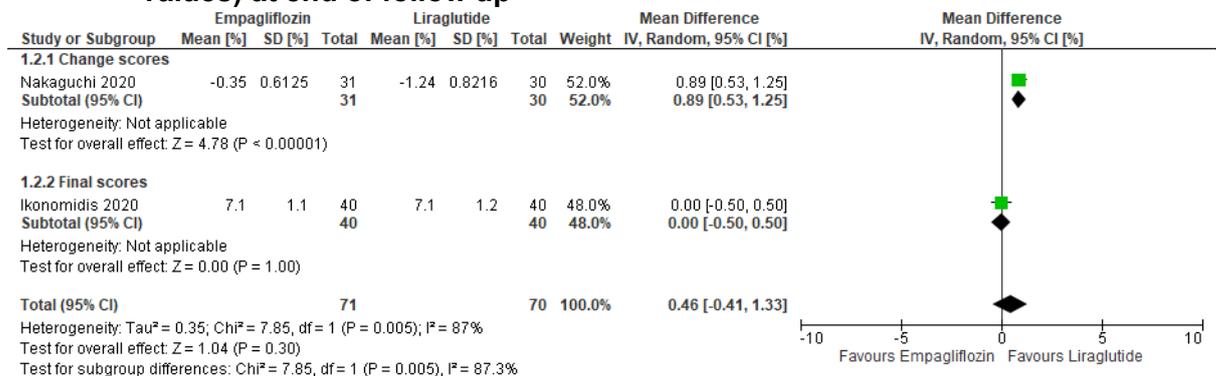
There are no forest plots for this comparison (all outcomes include a single study).

**K.1.5.11 Adding empagliflozin compared to adding linagliptin**

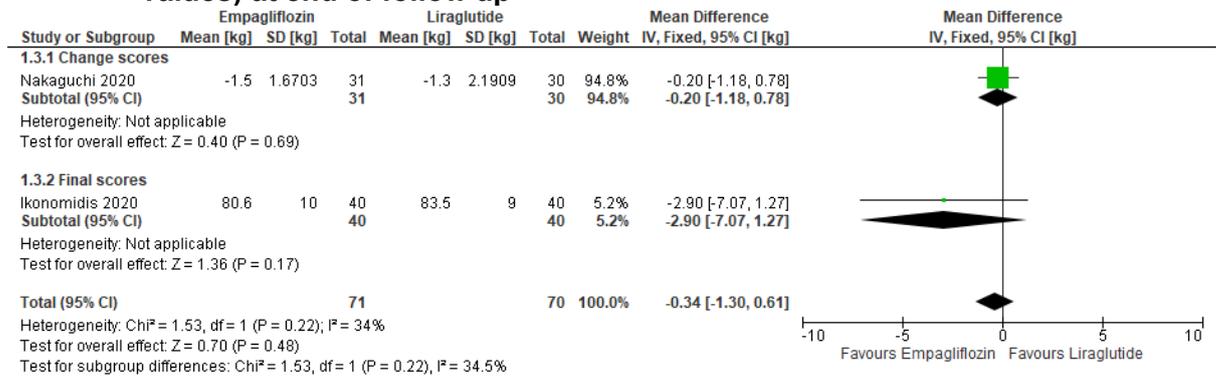
There are no forest plots for this comparison (all outcomes include a single study).

### K.1.5.12 Adding empagliflozin compared to adding liraglutide

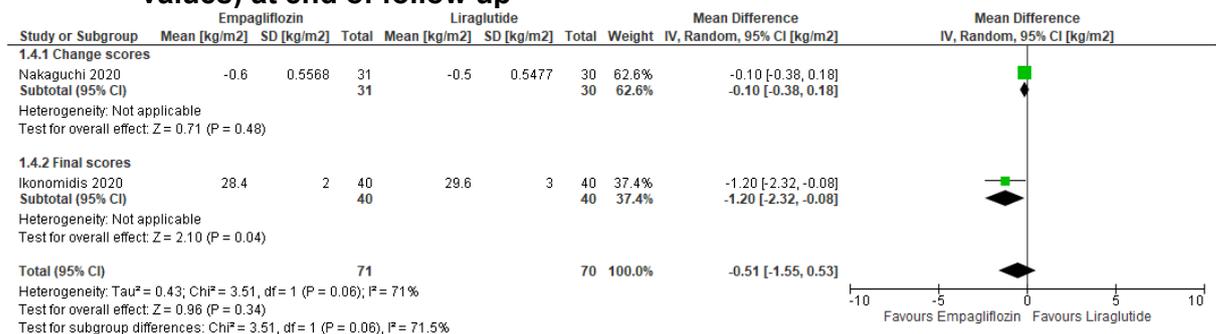
**Figure 281: HbA1c change (% , lower scores are better, change scores and final values) at end of follow up**



**Figure 282: Weight change (kg, lower scores are better, change scores and final values) at end of follow up**



**Figure 283: BMI change (kg/m<sup>2</sup>, lower scores are better, change scores and final values) at end of follow up**



### K.1.5.13 Adding empagliflozin compared to adding semaglutide

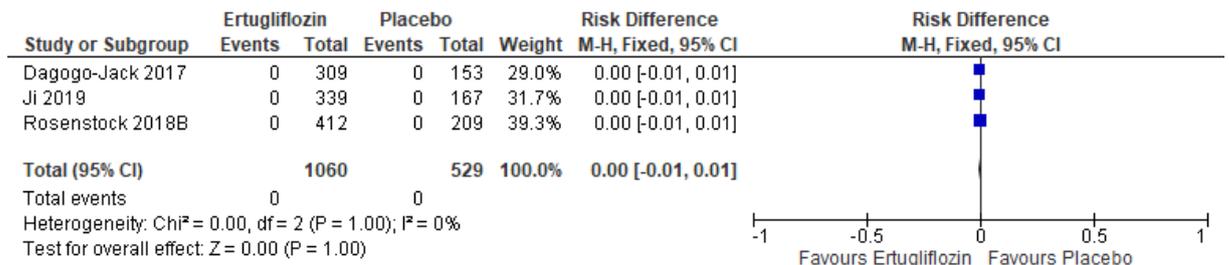
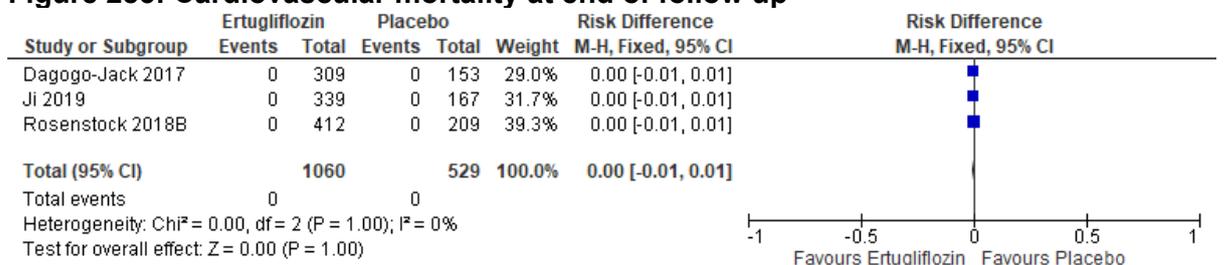
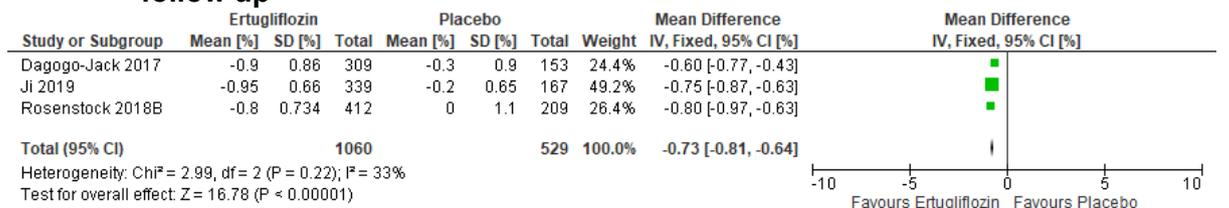
There are no forest plots for this comparison (all outcomes include a single study)

### K.1.5.14 Adding empagliflozin compared to adding sitagliptin

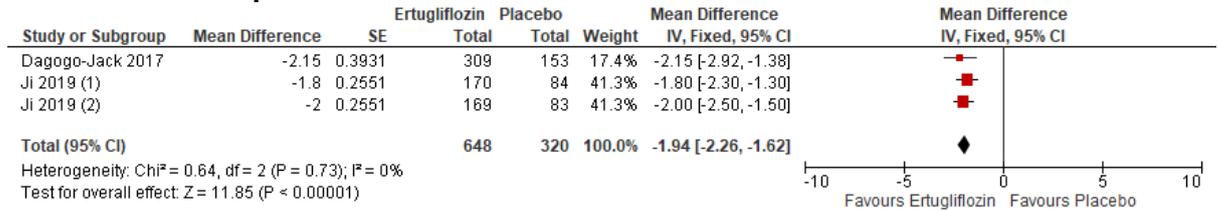
There are no forest plots for this comparison (all outcomes include a single study).

**K.1.5.15 Adding empagliflozin compared to adding vildagliptin**

There are no forest plots for this comparison (all outcomes include a single study).

**K.1.5.16 Adding ertugliflozin compared to adding placebo****Figure 284: All-cause mortality at end of follow up****Figure 285: Cardiovascular mortality at end of follow up****Figure 286: Hypoglycaemia episodes at end of follow up****Figure 287: HbA1c change (% , lower scores are better, change scores) at end of follow up**

**Figure 288: Weight change (kg, lower scores are better, change scores) at end of follow up**



**Footnotes**

(1) 5mg ertugliflozin daily. Number of participants for placebo arm has been halved.  
(2) 15mg ertugliflozin daily. Number of participants for placebo arm has been halved

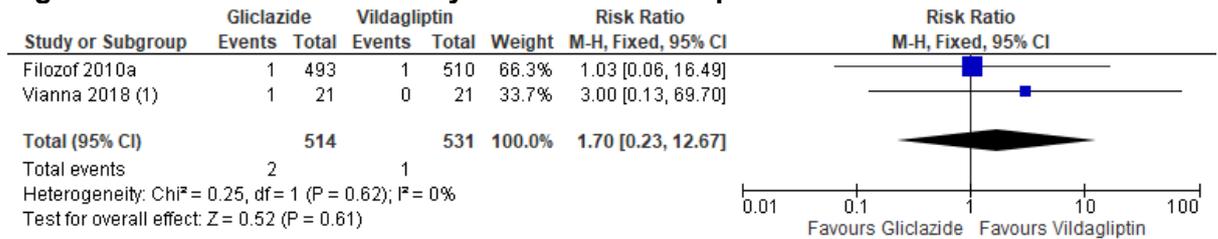
**K.1.5.17 Adding ertugliflozin compared to adding sitagliptin**

There are no forest plots for this comparison (all outcomes include a single study).

**K.1.6 Sulfonylureas**

**K.1.6.1 Adding gliclazide compared to adding vildagliptin**

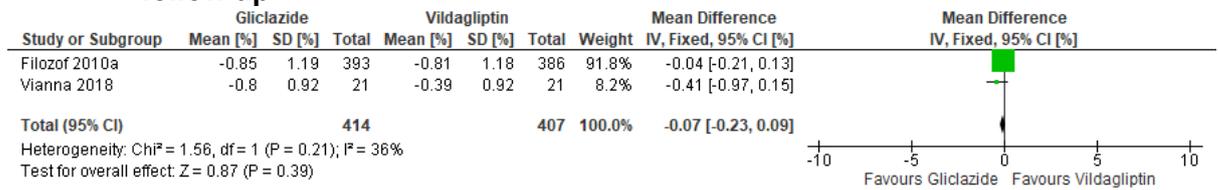
**Figure 289: All-cause mortality at end of follow up**



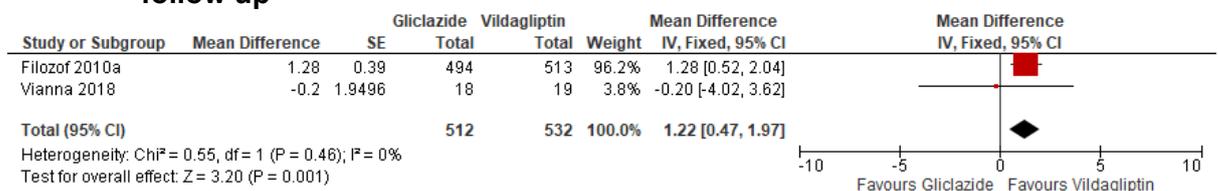
**Footnotes**

(1) Modified release formulation

**Figure 290: HbA1c change (% , lower values are better, change scores) at end of follow up**



**Figure 291: Weight change (kg, lower values are better, change scores) at end of follow up**



## K.1.6.2 Adding glimepiride compared to adding placebo

Figure 292: All-cause mortality

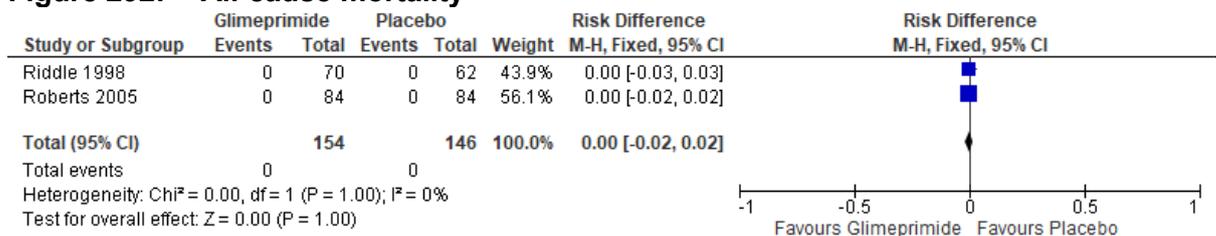


Figure 293: Cardiovascular mortality

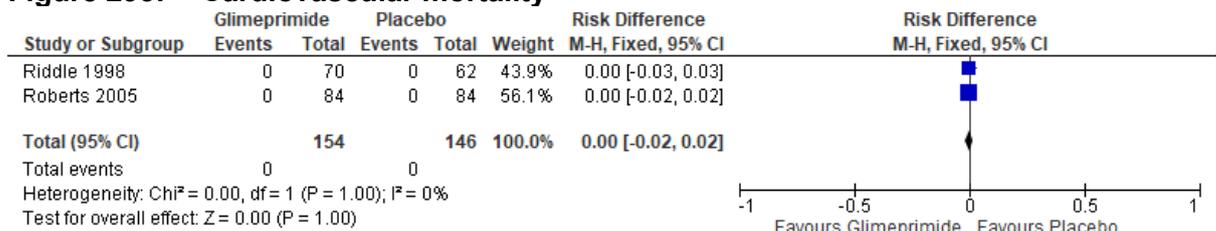


Figure 294: Non-fatal myocardial infarction

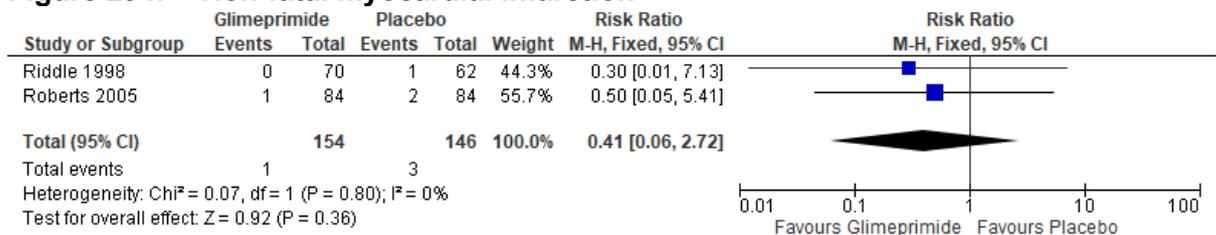
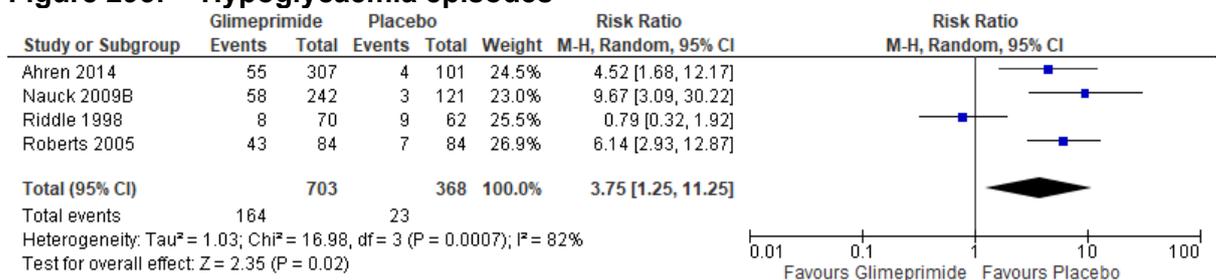
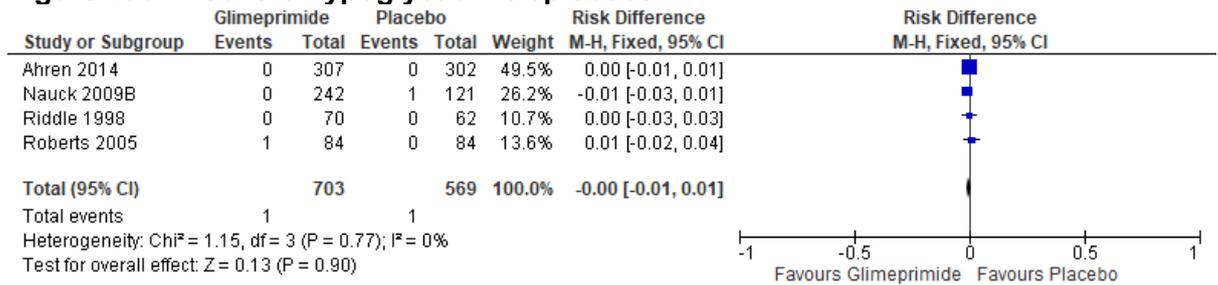


Figure 295: Hypoglycaemia episodes

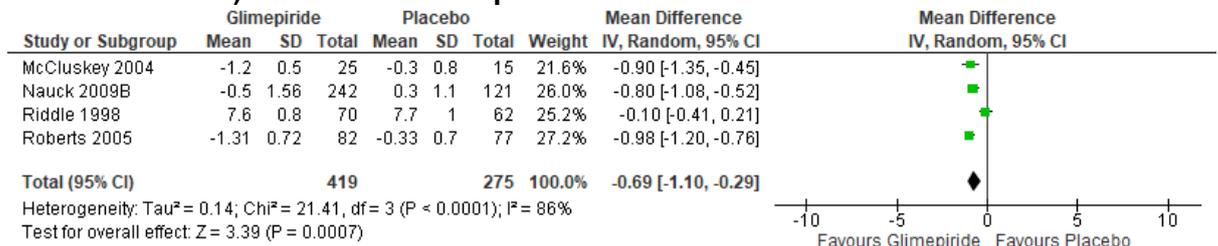


Note: Heterogeneity for this outcome could not be explored due to low number of studies for each subgroup so random effects model has been chosen.

**Figure 296: Severe hypoglycaemic episodes**

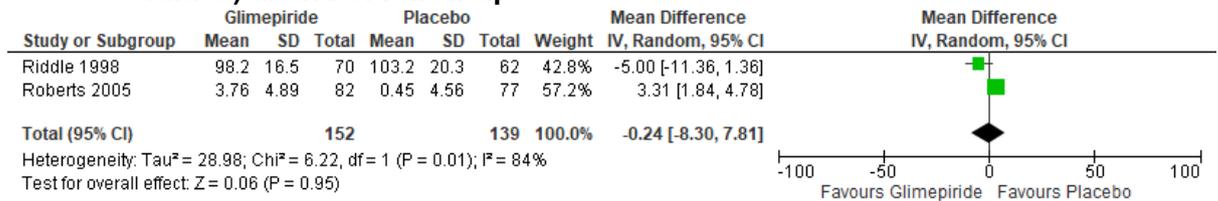


**Figure 297: HbA1c change (% , lower values are better, change scores and final values) at end of follow up**



Note: Heterogeneity for this outcome could not be explored due to low number of studies for each subgroup so a random effects model has been chosen.

**Figure 298: Weight change (kg, lower values are better, change scores and final values) at end of follow up**

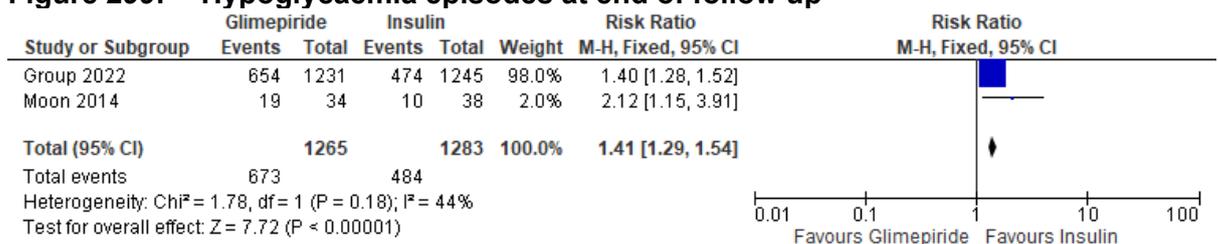


**K.1.6.3 Adding glimepiride compared to adding metformin**

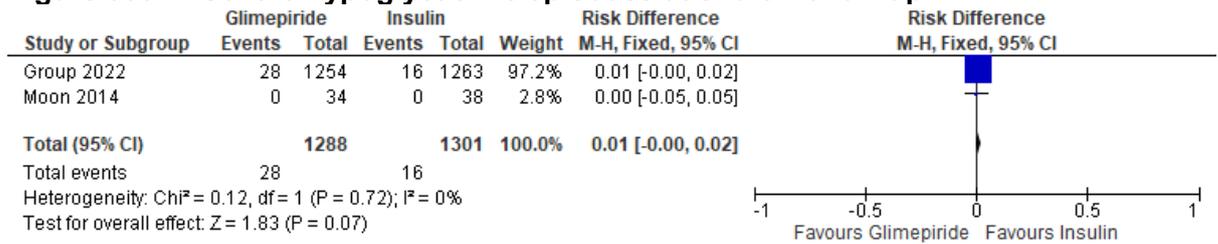
There are no forest plots for this comparison (all outcomes include a single study)

**K.1.6.4 Adding glimepiride compared to adding insulin**

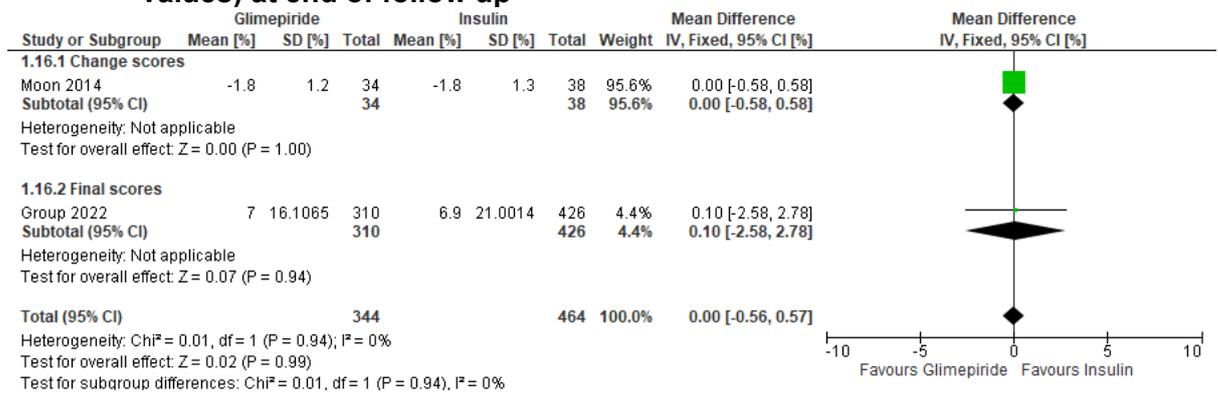
**Figure 299: Hypoglycaemia episodes at end of follow up**



**Figure 300: Severe hypoglycaemic episodes at end of follow up**



**Figure 301: HbA1c change (% , lower values are better, change scores and final values) at end of follow up**

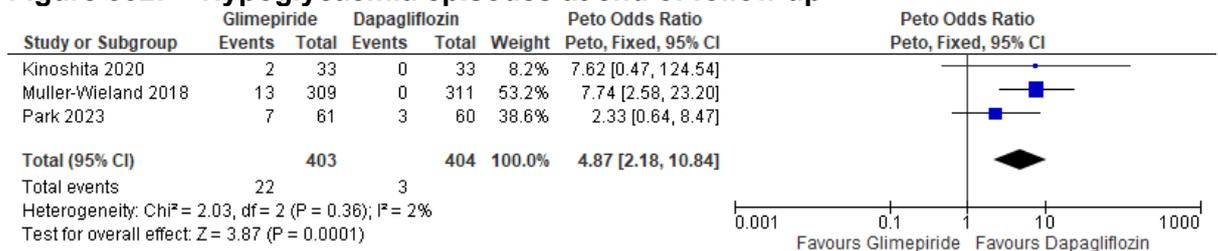


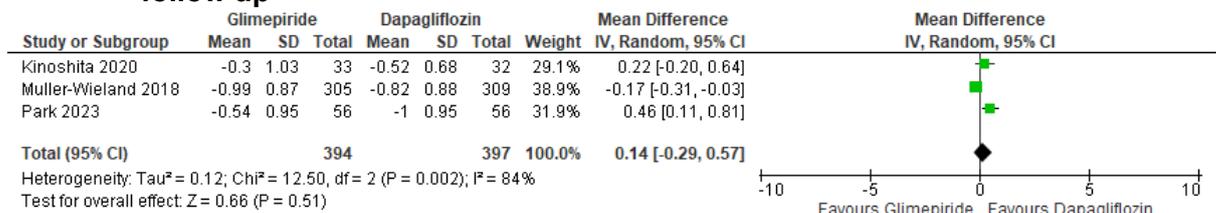
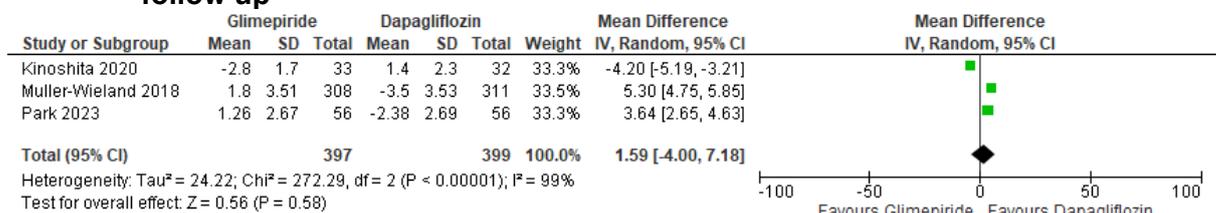
**K.1.6.5 Adding glimepiride compared to adding canagliflozin**

There are no forest plots for this comparison (all outcomes include a single study)

**K.1.6.6 Adding glimepiride compared to adding dapagliflozin**

**Figure 302: Hypoglycaemia episodes at end of follow up**

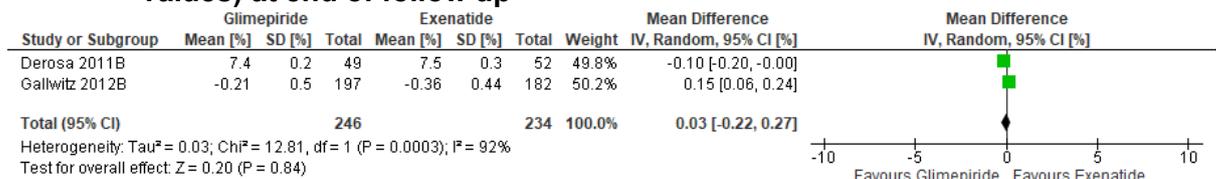


**Figure 303: HbA1c change (% , lower values are better, change scores) at end of follow up****Figure 304: Weight change (kg, lower values are better, change score) at end of follow up****K.1.6.7 Adding glimepiride compared to adding empagliflozin**

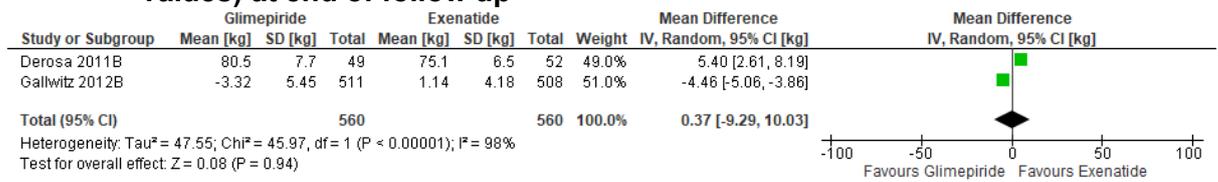
There are no forest plots for this comparison (all outcomes include a single study)

**K.1.6.8 Adding glimepiride compared to adding ertugliflozin**

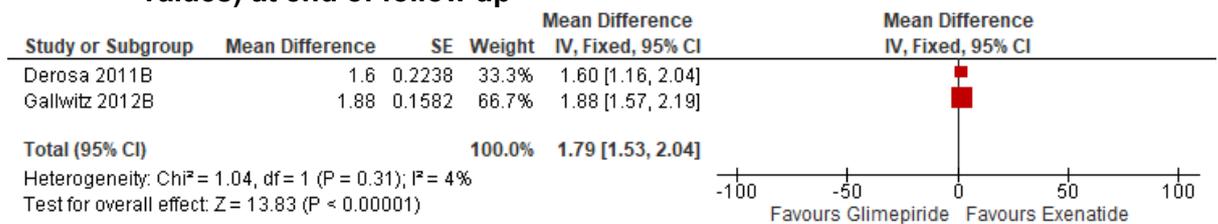
There are no forest plots for this comparison (all outcomes include a single study)

**K.1.6.9 Adding glimepiride compared to adding exenatide****Figure 305: Hypoglycaemia episodes at end of follow up****Figure 306: HbA1c change (% , lower values are better, change scores and final values) at end of follow up**

**Figure 307: Weight change (kg, lower values are better, change scores and final values) at end of follow up**



**Figure 308: BMI change (kg/m<sup>2</sup>, lower values are better, change scores and final values) at end of follow up**

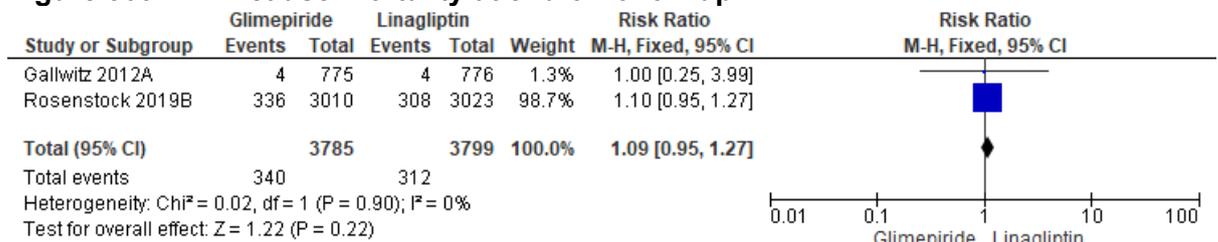


**K.1.6.10 Adding glimepiride compared to adding gliclazide**

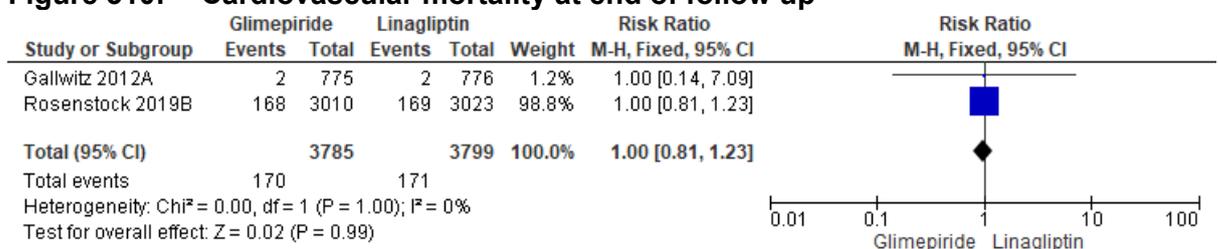
There are no forest plots for this comparison (all outcomes include a single study)

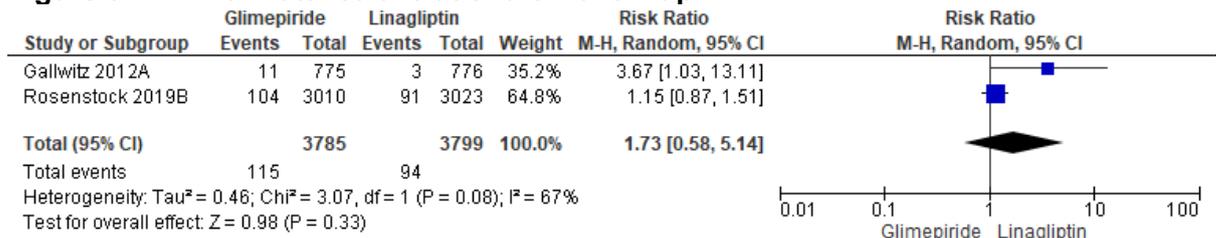
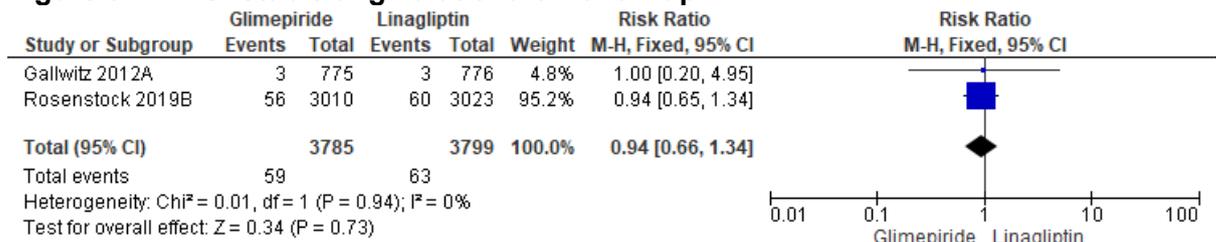
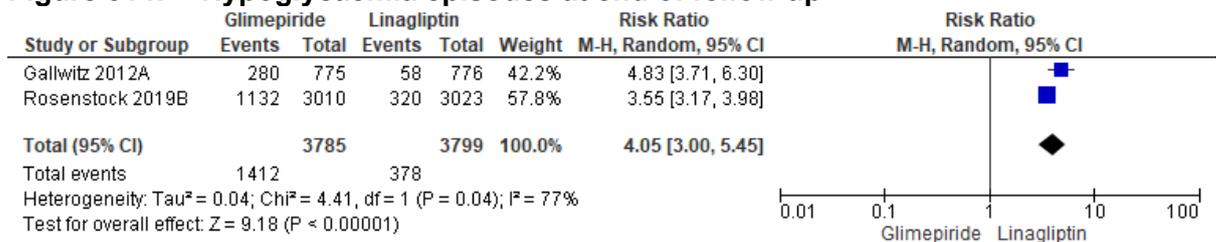
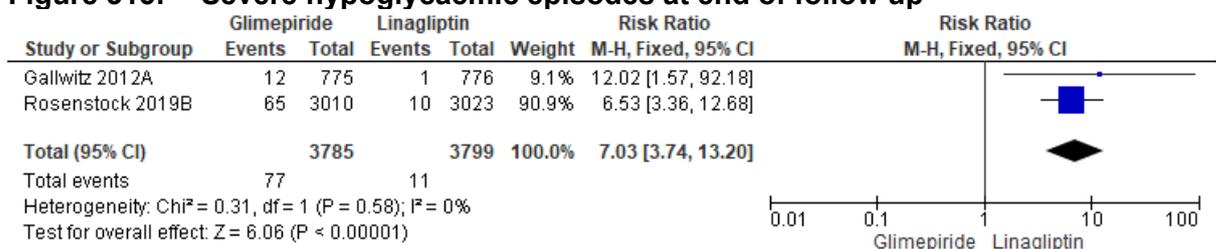
**K.1.6.11 Adding glimepiride compared to adding linagliptin**

**Figure 309: All-cause mortality at end of follow up**

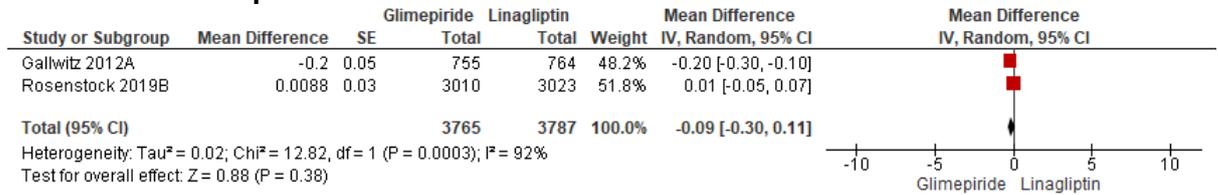


**Figure 310: Cardiovascular mortality at end of follow up**

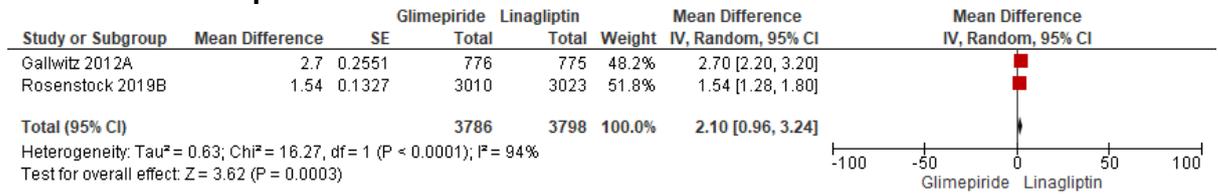


**Figure 311: Non-fatal stroke at end of follow up****Figure 312: Unstable angina at end of follow up****Figure 313: Hospitalisation for heart failure at follow up****Figure 314: Hypoglycaemia episodes at end of follow up****Figure 315: Severe hypoglycaemic episodes at end of follow up**

**Figure 316: HbA1c change (% , lower values are better, change scores) at end of follow up**

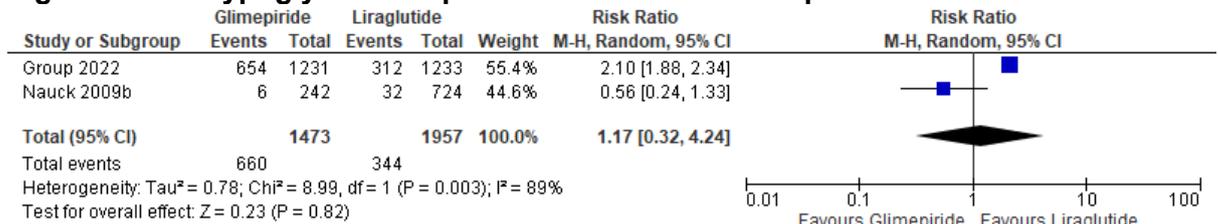


**Figure 317: Weight change (kg, lower values are better, change scores) at end of follow up**

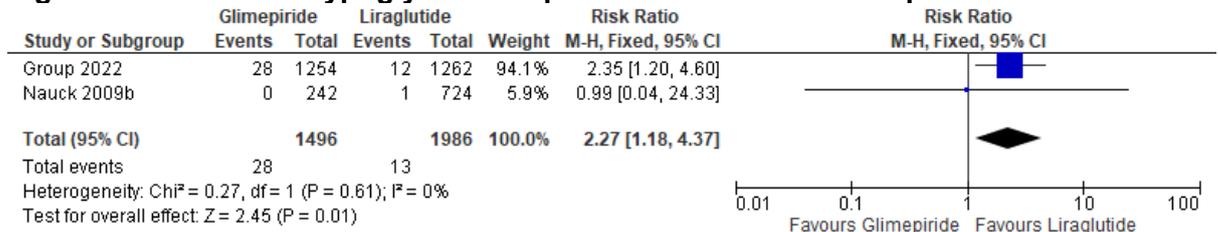


**K.1.6.12 Adding glimepiride compared to adding liraglutide**

**Figure 318: Hypoglycaemia episodes at end of follow up**



**Figure 319: Severe hypoglycaemic episodes at end of follow up**

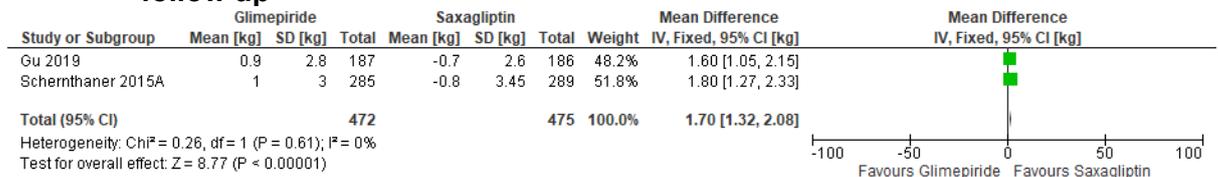


**K.1.6.13 Adding glimepiride compared to adding saxagliptin**

**Figure 320: Hypoglycaemia episodes at end of follow up**



**Figure 321: Weight change (kg, lower values are better, change scores) at end of follow up**

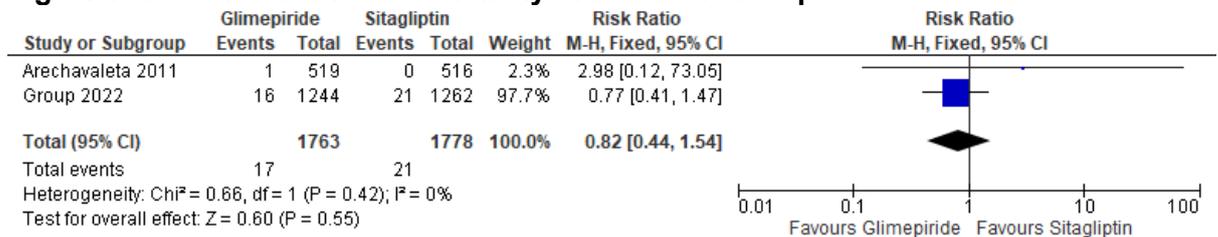


**K.1.6.14 Adding glimepiride compared to adding sitagliptin**

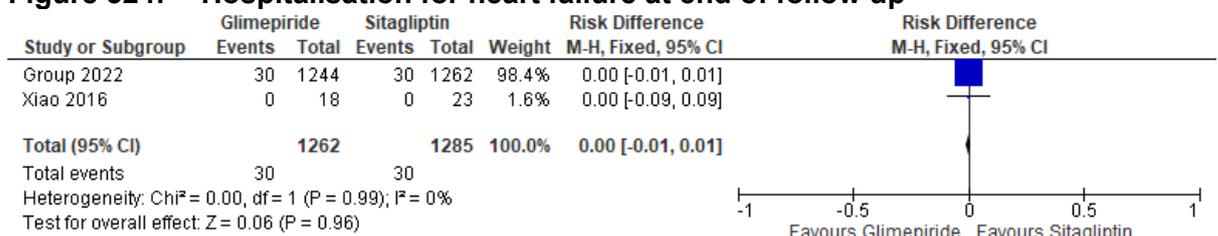
**Figure 322: All-cause mortality at end of follow up**



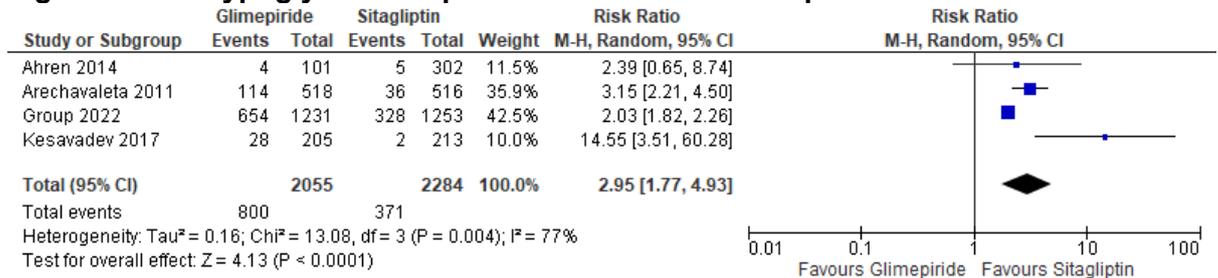
**Figure 323: Cardiovascular mortality at end of follow up**



**Figure 324: Hospitalisation for heart failure at end of follow up**

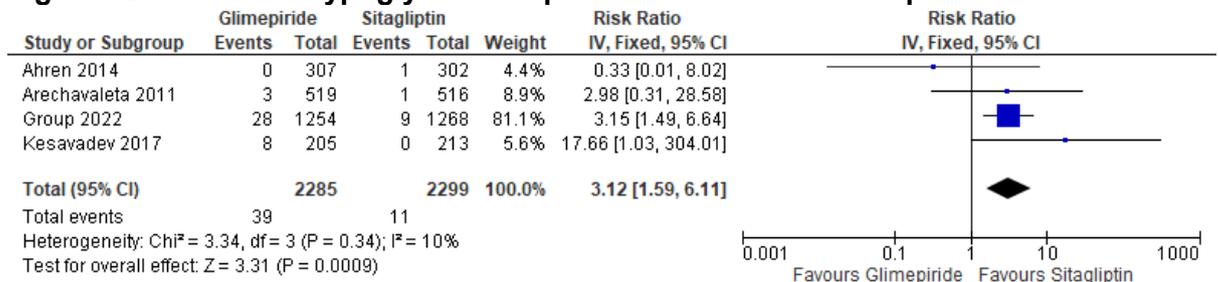


**Figure 325: Hypoglycaemia episodes at end of follow up**



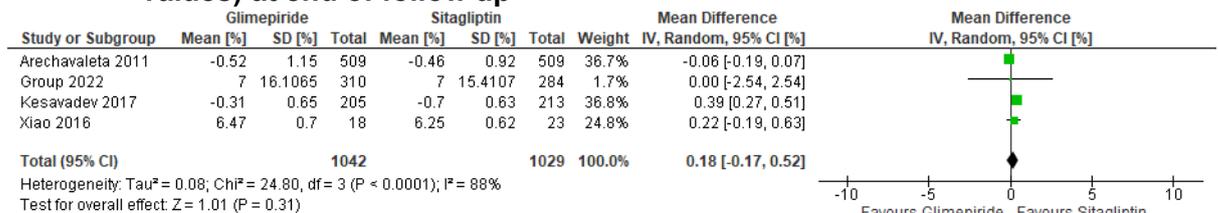
Note: Heterogeneity for this outcome could not be explored due to low number of studies for each subgroup so random effects model has been chosen.

**Figure 326: Severe hypoglycaemic episodes at end of follow up**



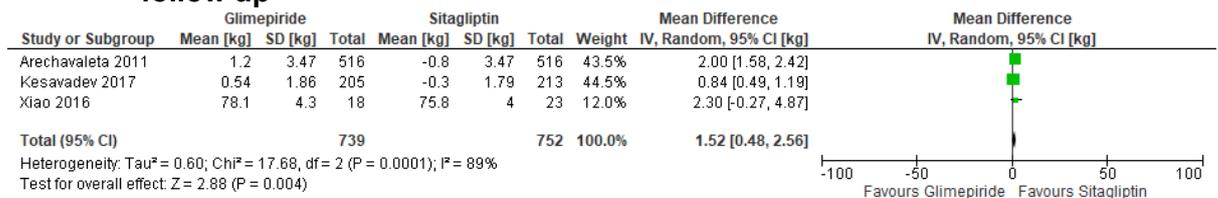
Note: Heterogeneity for this outcome could not be explored due to low number of studies for each subgroup so random effects model has been chosen.

**Figure 327: HbA1c change (% , lower values are better, change scores and final values) at end of follow up**



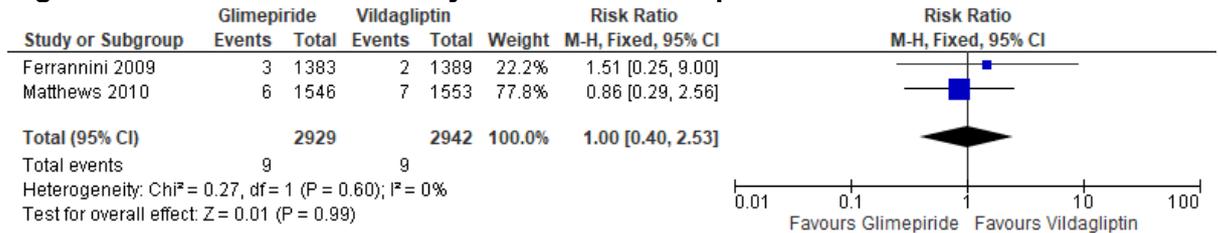
Note: Heterogeneity for this outcome could not be explored due to low number of studies for each subgroup so random effects model has been chosen.

**Figure 328: Weight change (kg, lower values are better, change scores) at end of follow up**



**K.1.6.15 Adding glimepiride compared to adding vildagliptin**

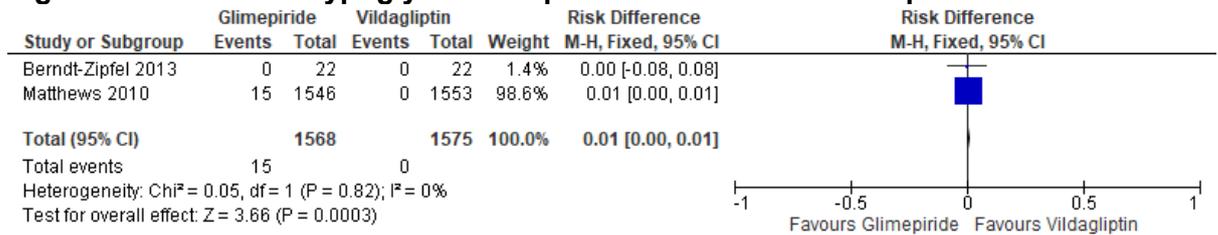
**Figure 329: All-cause mortality at end of follow up**



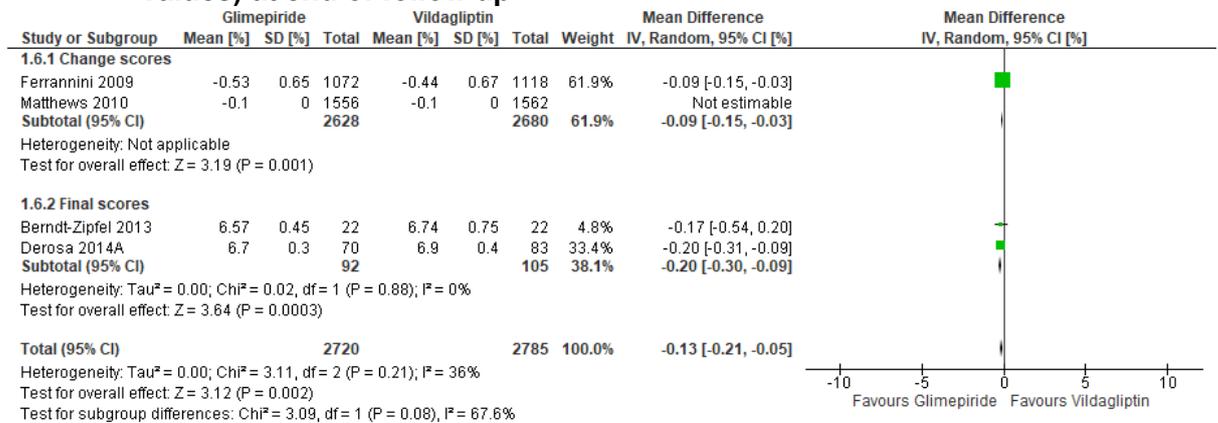
**Figure 330: Hypoglycaemia episodes at end of follow up**

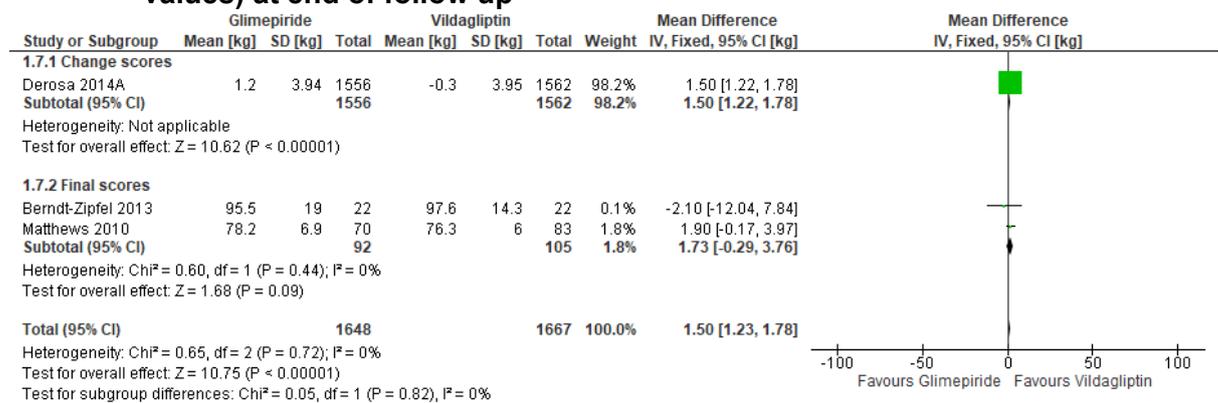


**Figure 331: Severe hypoglycaemic episodes at end of follow up**



**Figure 332: HbA1c change (% , lower values are better, change scores and final values) at end of follow up**



**Figure 333: Weight change (kg, lower values are better, change scores and final values) at end of follow up****K.1.6.16 Adding glipizide compared to adding placebo**

There are no forest plots for this comparison (all outcomes include a single study)

**K.1.6.17 Adding glipizide compared to adding metformin**

There are no forest plots for this comparison (all outcomes include a single study)

**K.1.6.18 Adding glipizide compared to adding alogliptin**

There are no forest plots for this comparison (all outcomes include a single study)

**K.1.6.19 Adding glipizide compared to adding dapagliflozin**

There are no forest plots for this comparison (all outcomes include a single study)

**K.1.6.20 Adding glipizide compared to adding saxagliptin**

There are no forest plots for this comparison (all outcomes include a single study)

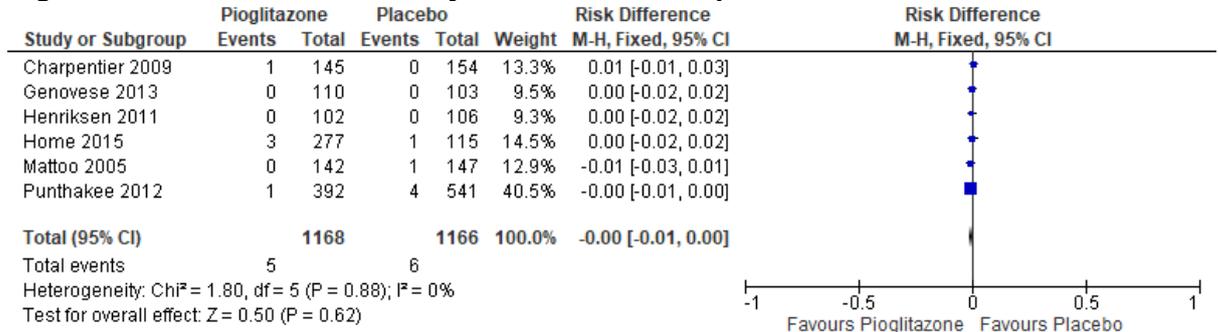
**K.1.6.21 Adding glipizide compared to adding sitagliptin**

There are no forest plots for this comparison (all outcomes include a single study)

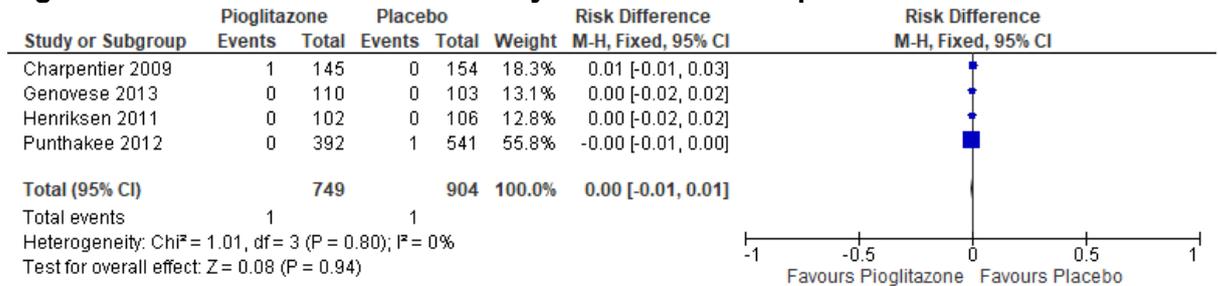
### K.1.7 Thiazolidinediones

#### K.1.7.1 Adding pioglitazone compared to adding placebo

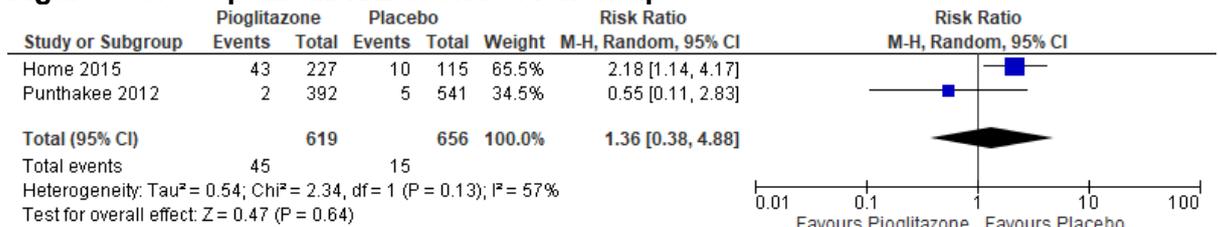
**Figure 334: All-cause mortality at end of follow up**



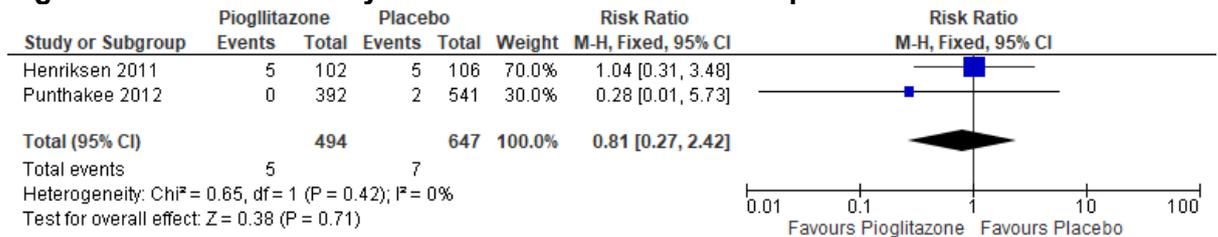
**Figure 335: Cardiovascular mortality at end of follow up**

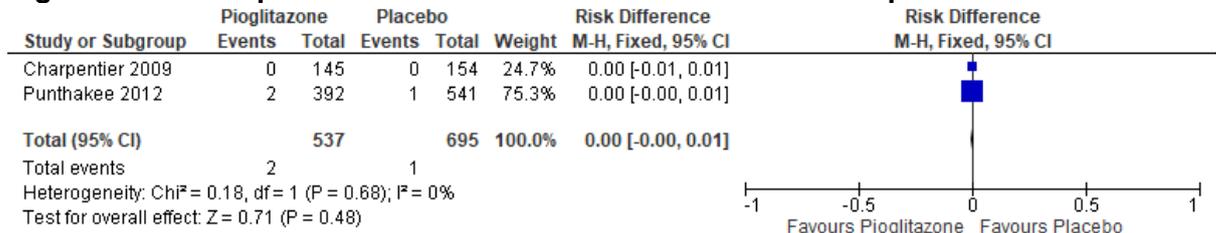
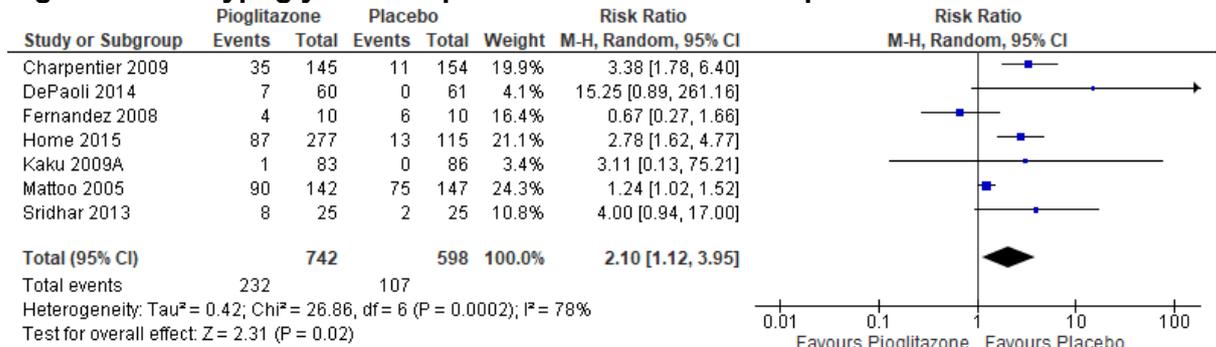


**Figure 336: 3-point MACE at end of follow up**

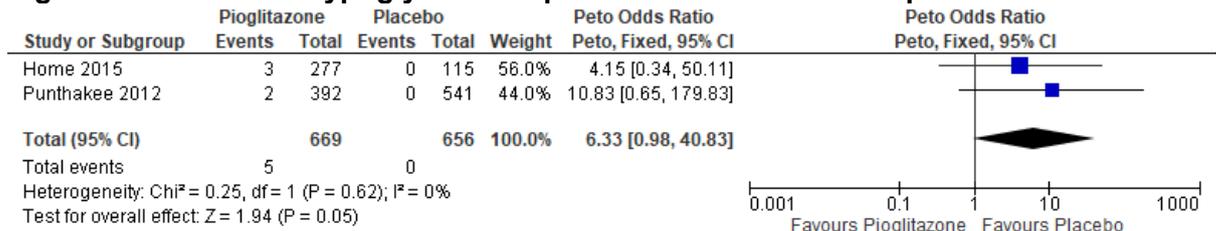


**Figure 337: Non-fatal myocardial infarction at follow up**

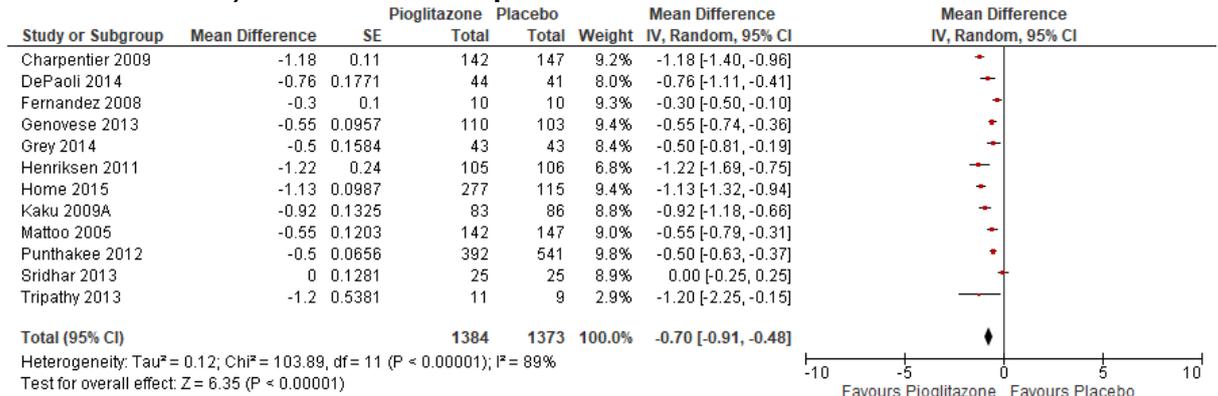


**Figure 338: Hospitalisation for heart failure at end of follow up****Figure 339: Hypoglycaemia episodes at end of follow up**

Note: Heterogeneity for this outcome could not be explored due to low number of studies for each subgroup so random effects model has been chosen

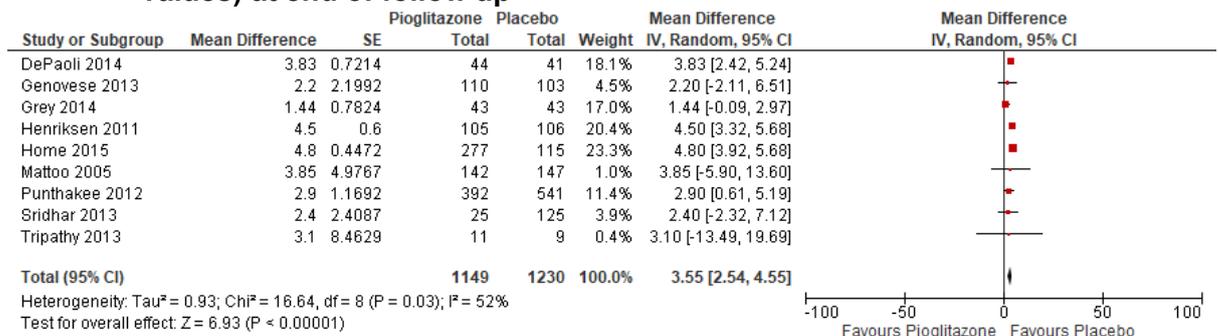
**Figure 340: Severe hypoglycaemic episodes at end of follow up**

**Figure 341: HbA1c change (% , lower values are better, change scores and final values) at end of follow up**



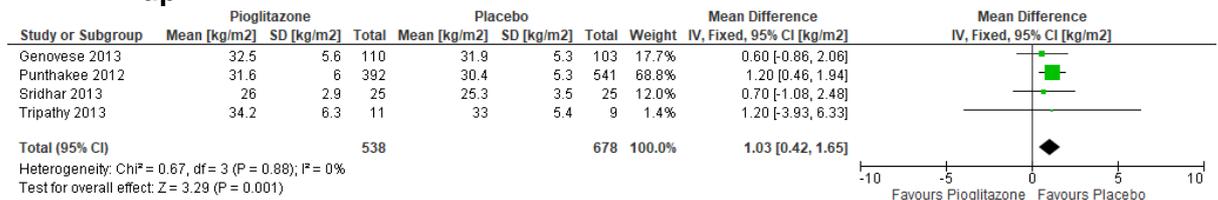
Note: Heterogeneity was not explained by sensitivity analysis nor subgroup analysis.

**Figure 342: Weight change (kg, lower values are better, change scores and final values) at end of follow up**



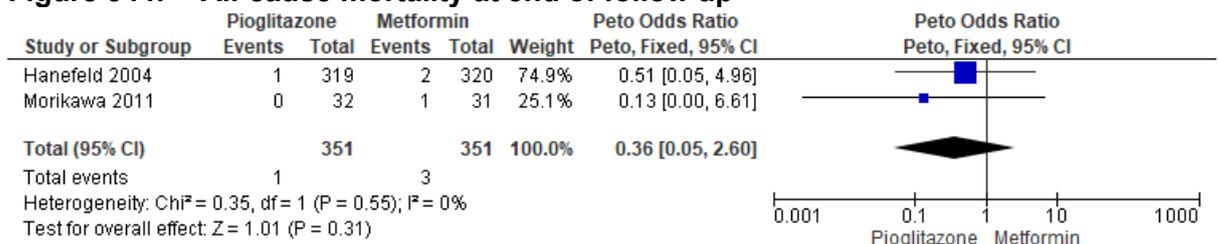
Note: Heterogeneity was not explained by sensitivity analysis nor subgroup analysis.

**Figure 343: BMI change (kg/m<sup>2</sup>, lower values are better, final values) at end of follow up**

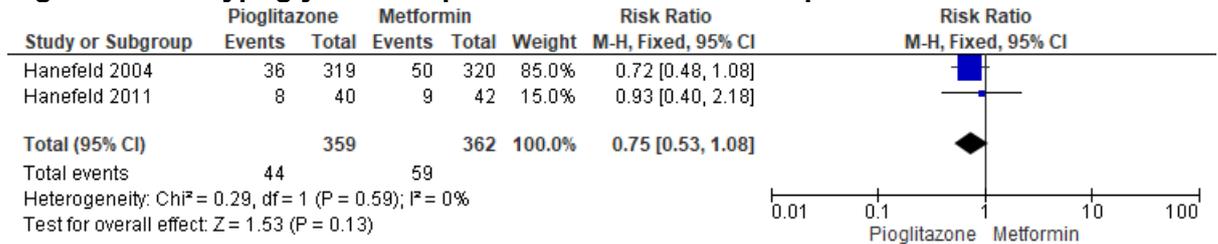


**K.1.7.2 Adding pioglitazone compared to adding metformin**

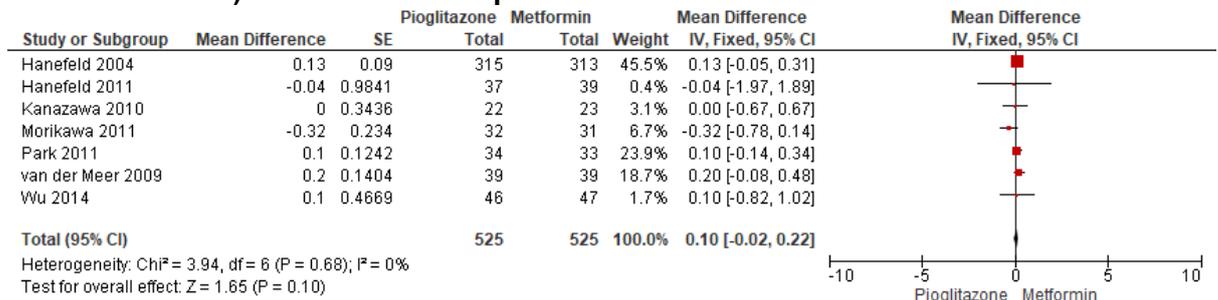
**Figure 344: All-cause mortality at end of follow up**



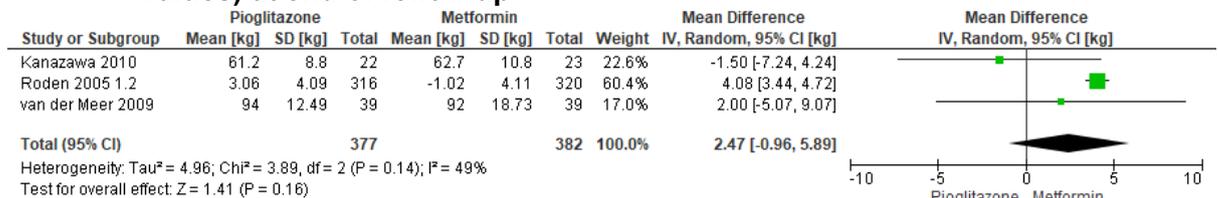
**Figure 345: Hypoglycaemia episodes at end of follow up**



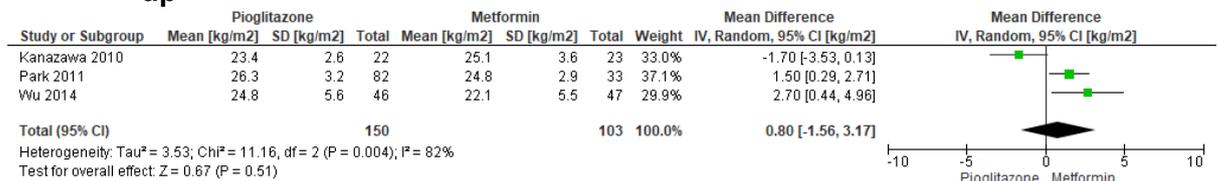
**Figure 346: HbA1c change (% , lower values are better, change scores and final values) at end of follow up**



**Figure 347: Weight change (kg, lower values are better, change scores and final values) at end of follow up**

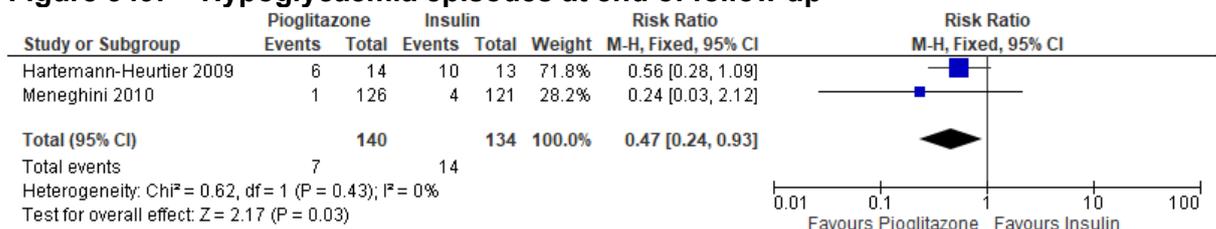


**Figure 348: BMI change (kg/m<sup>2</sup>, lower values are better, final values) at end of follow up**

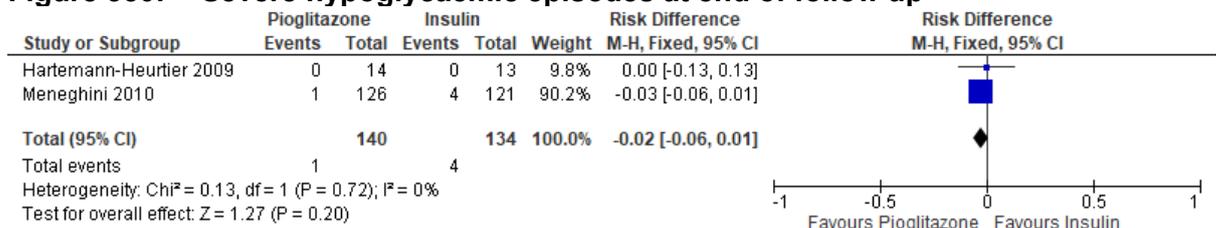


### K.1.7.3 Adding pioglitazone compared to adding insulin

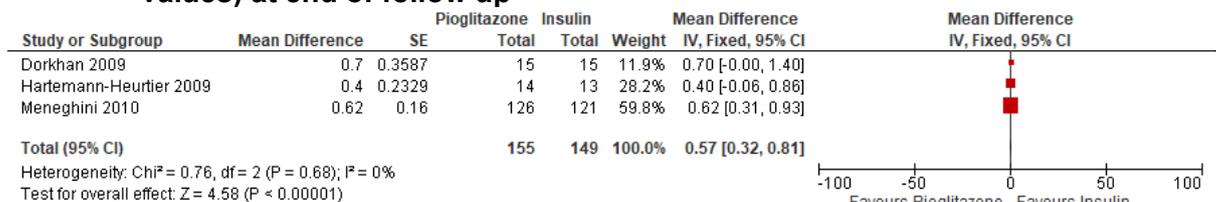
**Figure 349: Hypoglycaemia episodes at end of follow up**



**Figure 350: Severe hypoglycaemic episodes at end of follow up**



**Figure 351: HbA1c change (% , lower values are better, change scores and final values) at end of follow up**

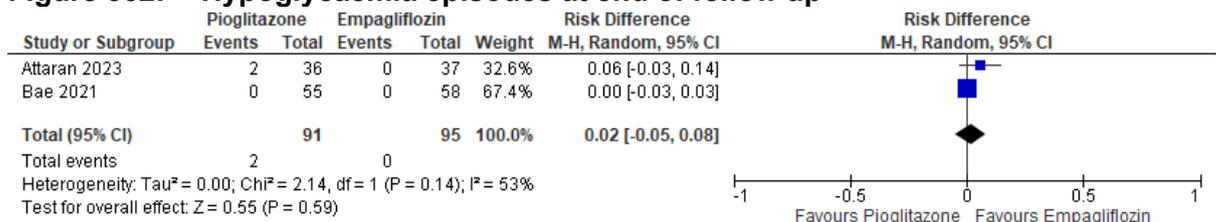


### K.1.7.4 Adding pioglitazone compared to adding dapagliflozin

There are no forest plots for this comparison (all outcomes include a single study).

### K.1.7.5 Adding pioglitazone compared to adding empagliflozin

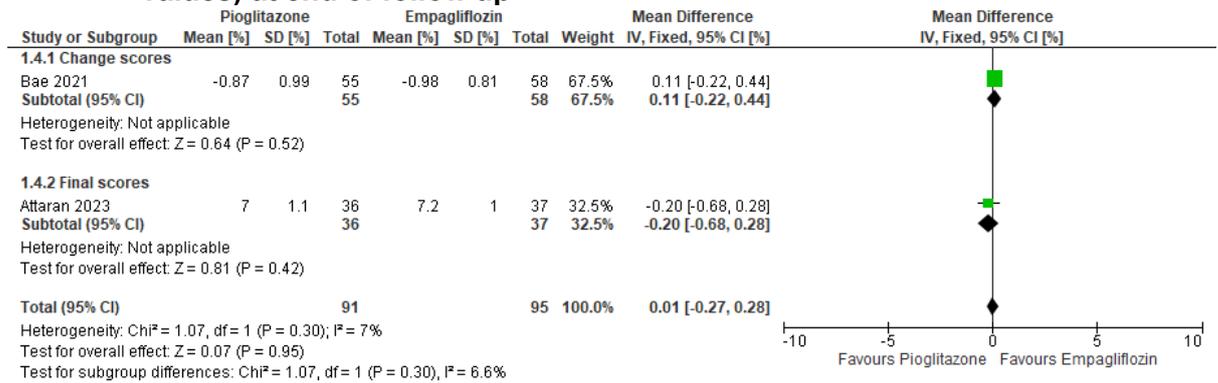
**Figure 352: Hypoglycaemia episodes at end of follow up**



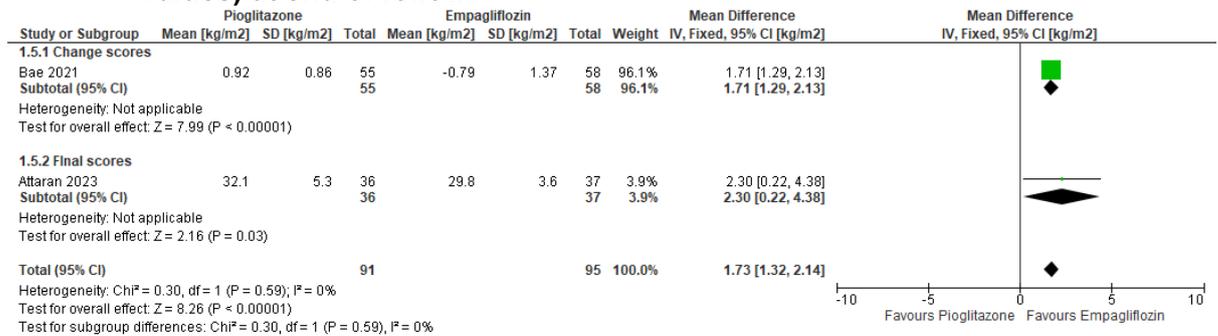
**Figure 353: Severe hypoglycaemic episodes at end of follow up**



**Figure 354: HbA1c change (%), lower values are better, change scores and final values) at end of follow up**



**Figure 355: BMI change (kg/m<sup>2</sup>, lower values are better, change scores and final values) at end of follow**



**K.1.7.6 Adding pioglitazone compared to adding exenatide**

There are no forest plots for this comparison (all outcomes include a single study)

**K.1.7.7 Adding pioglitazone compared to adding gliclazide**

There are no forest plots for this comparison (all outcomes include a single study)

## K.1.17.8 Adding pioglitazone compared to adding glimepiride

Figure 356: Non-fatal stroke at end of follow up

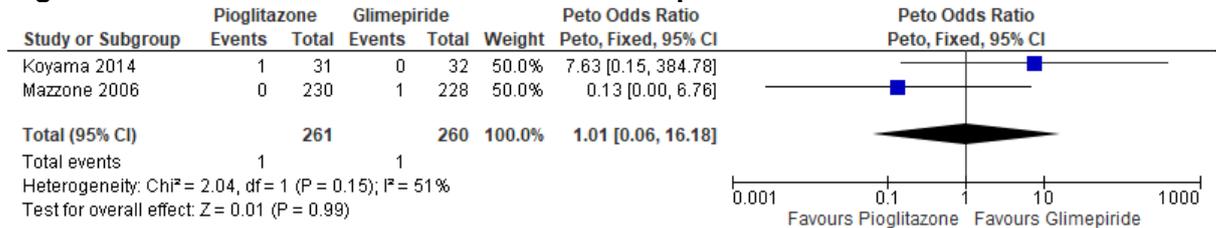


Figure 357: Non-fatal myocardial infarction at end of follow up

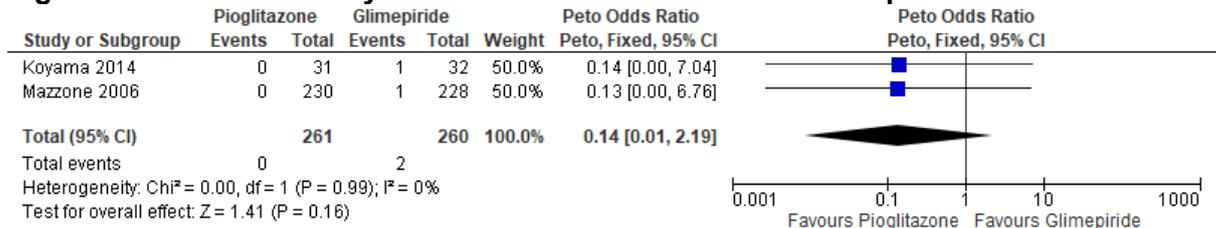


Figure 358: Hospitalisation for heart failure at end of follow up

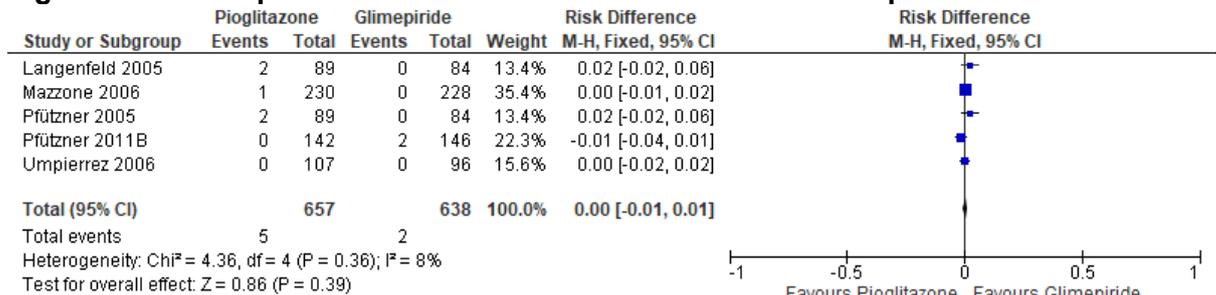
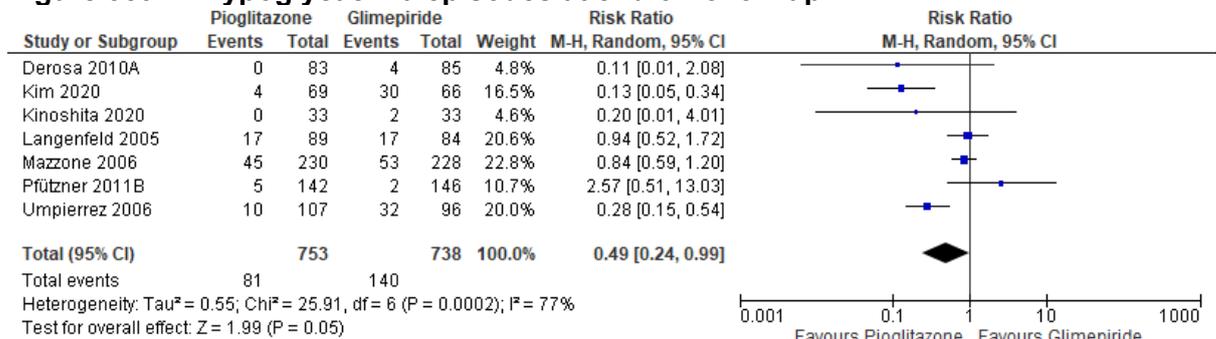
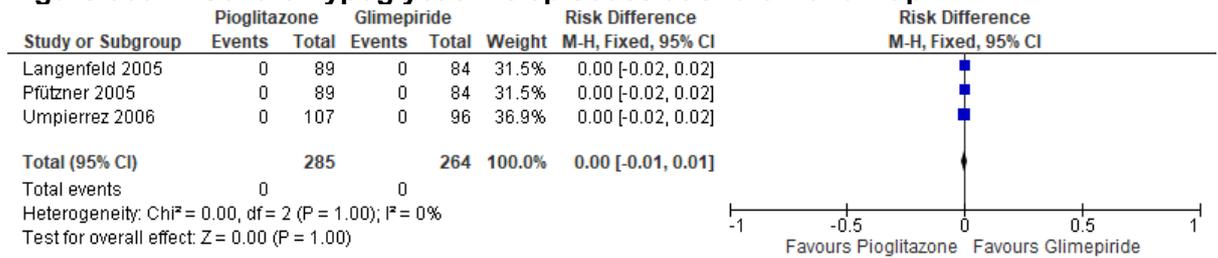


Figure 359: Hypoglycaemia episodes at end of follow up

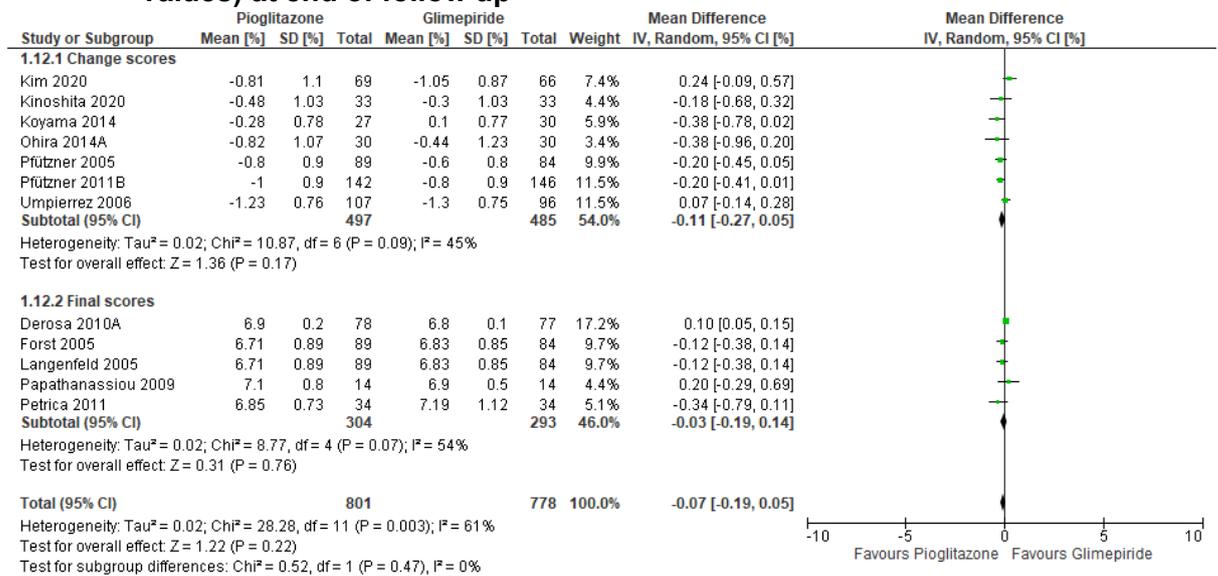


Note: Heterogeneity was not explained by sensitivity analysis nor subgroup analysis.

**Figure 360: Severe hypoglycaemic episodes at end of follow up**

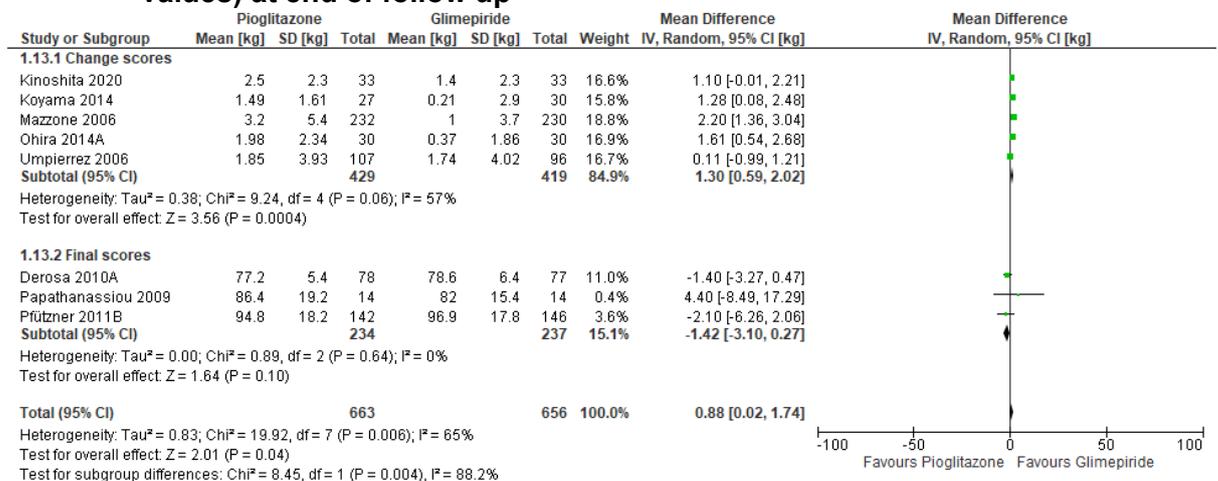


**Figure 361: HbA1c change (%), lower values are better, change scores and final values) at end of follow up**



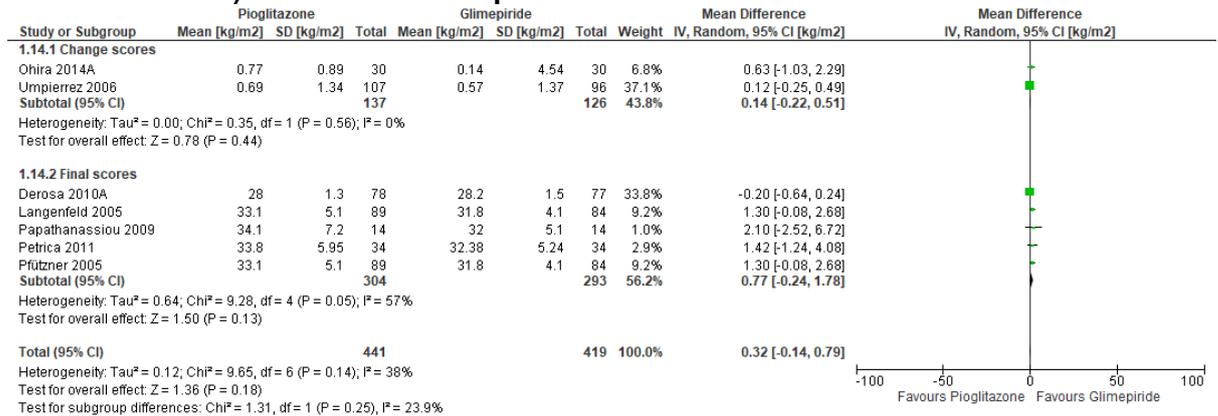
Note: Heterogeneity was not explained by sensitivity analysis nor subgroup analysis.

**Figure 362: Weight change (kg, lower values are better, change scores and final values) at end of follow up**



Note: Heterogeneity for this outcome could not be explored due to low number of studies for each subgroup so random effects model has been chosen

**Figure 363: BMI change (kg/m<sup>2</sup>, lower values are better, change scores and final values) at end of follow up**



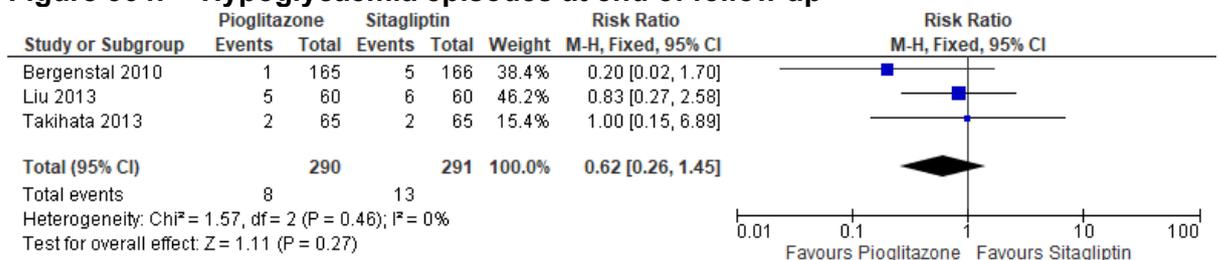
Note: Heterogeneity for this outcome could not be explored due to low number of studies for each subgroup so random effects model has been chosen

**K.1.7.9 Adding pioglitazone compared to adding glipizide**

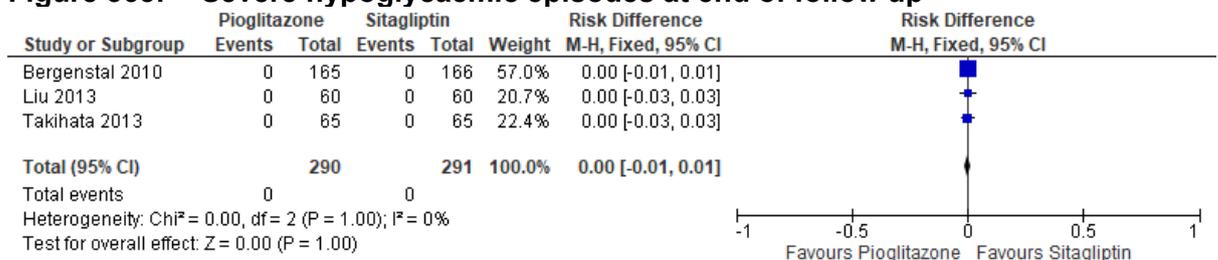
There are no forest plots for this comparison (all outcomes include a single study).

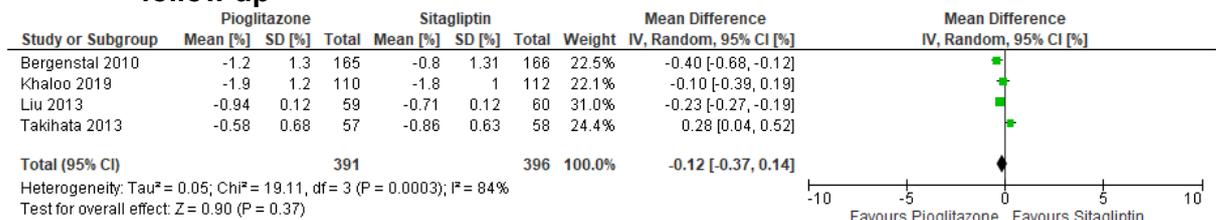
**K.1.7.10 Adding pioglitazone compared to adding sitagliptin**

**Figure 364: Hypoglycaemia episodes at end of follow up**

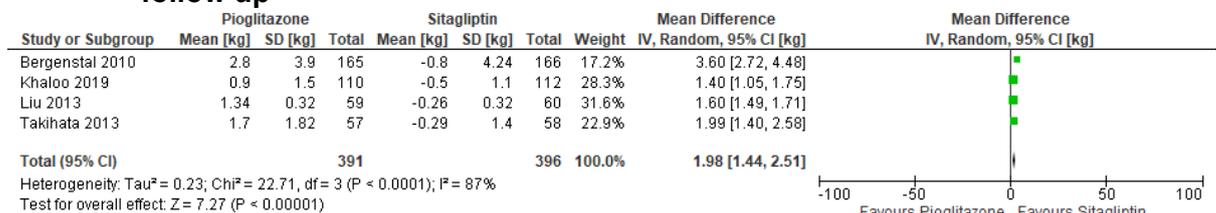


**Figure 365: Severe hypoglycaemic episodes at end of follow up**



**Figure 366: HbA1c change (% , lower values are better, change scores) at end of follow up**

Note: Heterogeneity was not explained by sensitivity analysis nor subgroup analysis by eGFR subgroup.

**Figure 367: Weight change (kg, lower values are better, change scores) at end of follow up**

Note: Heterogeneity was not explained by sensitivity analysis nor subgroup analysis by eGFR subgroup.

#### K.1.7.11 Adding pioglitazone compared to adding vildagliptin

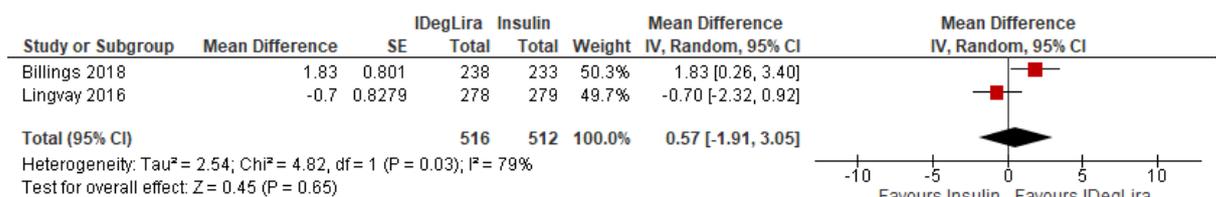
There are no forest plots for this comparison (all outcomes include a single study).

#### K.1.8 Insulin combinations

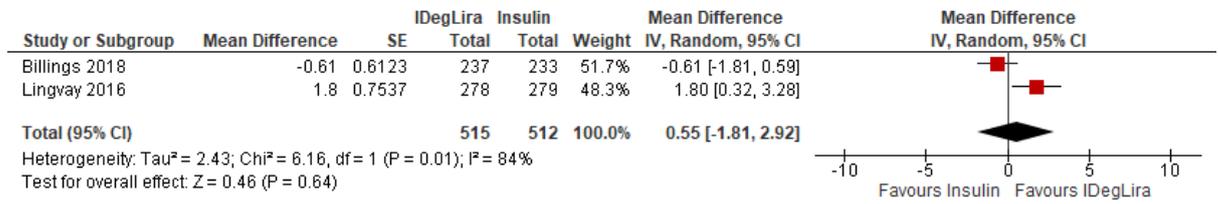
##### K.1.8.1 Adding insulin degludec/Liraglutide compared to adding placebo

There are no forest plots for this comparison (all outcomes include a single study).

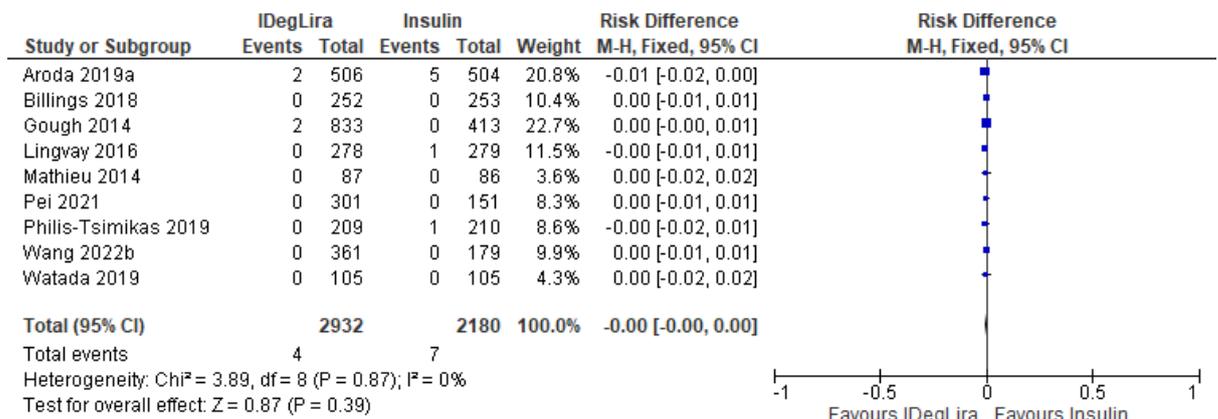
##### K.1.8.2 Adding insulin degludec/Liraglutide compared to adding insulin

**Figure 368: Health-related quality of life - subscale mental component (SF-36 v2, 0-100, higher scores are better, change scores and final values) at end of follow up**

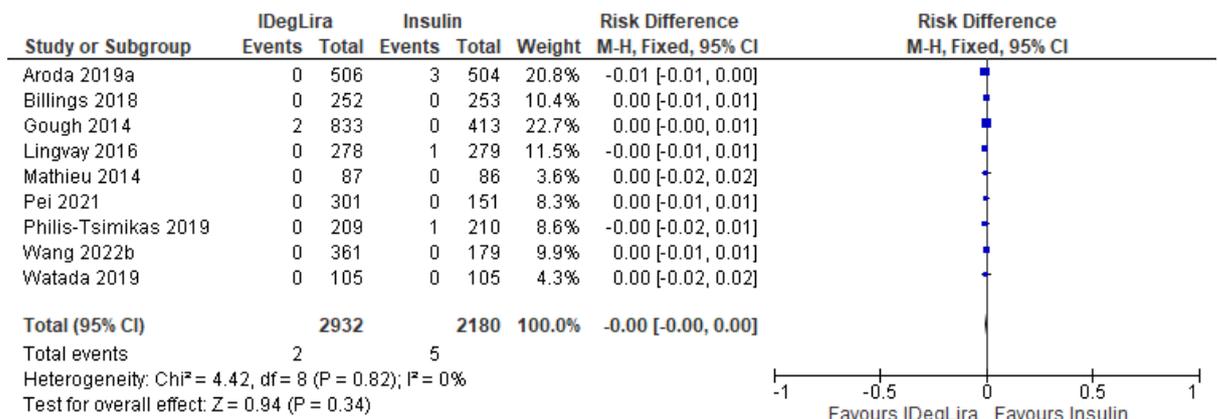
**Figure 369: Health-related quality of life - subscale physical component (SF-36 v2, 0-100, higher scores are better, change scores and final values) at end of follow up**

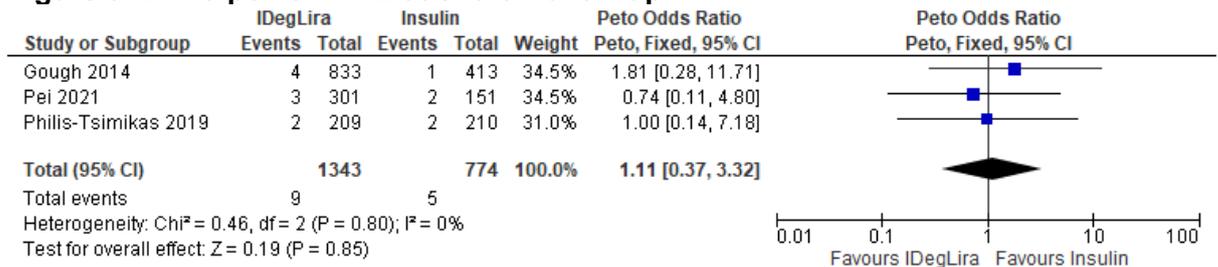
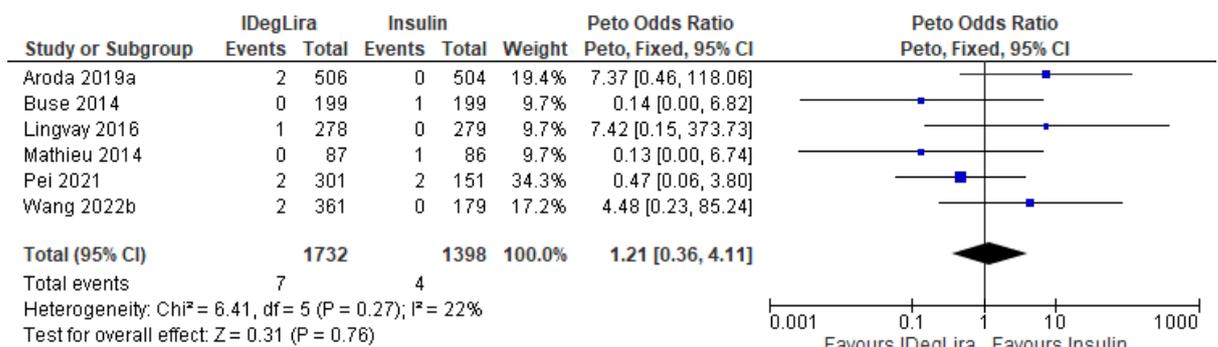
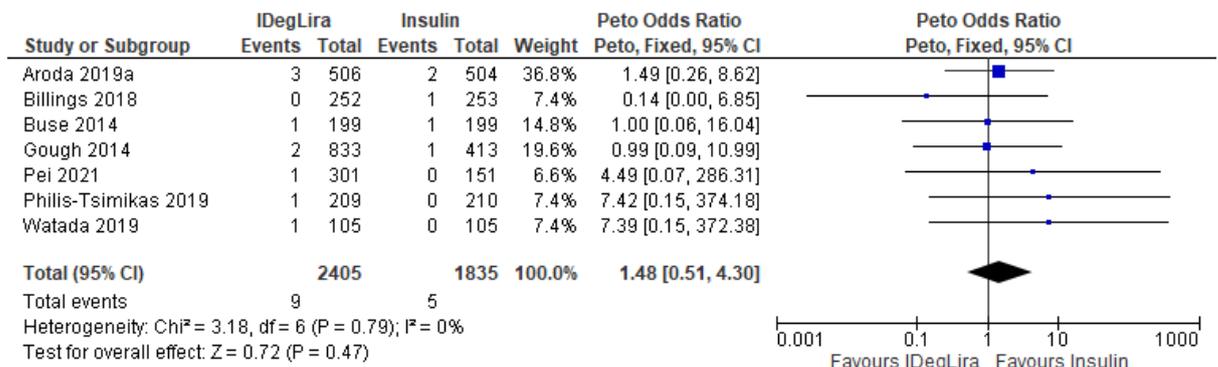
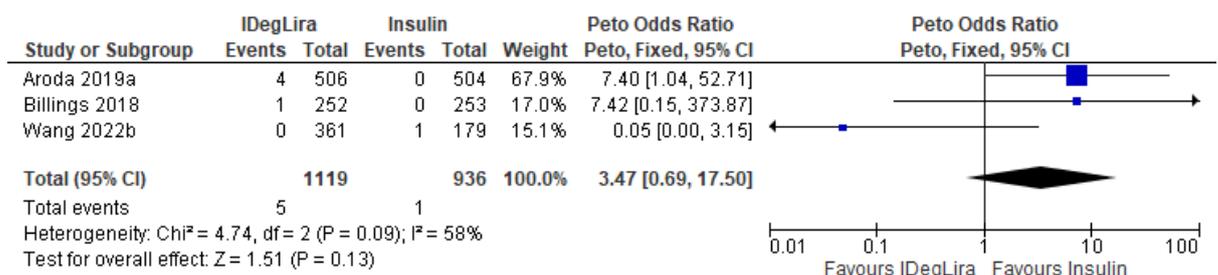


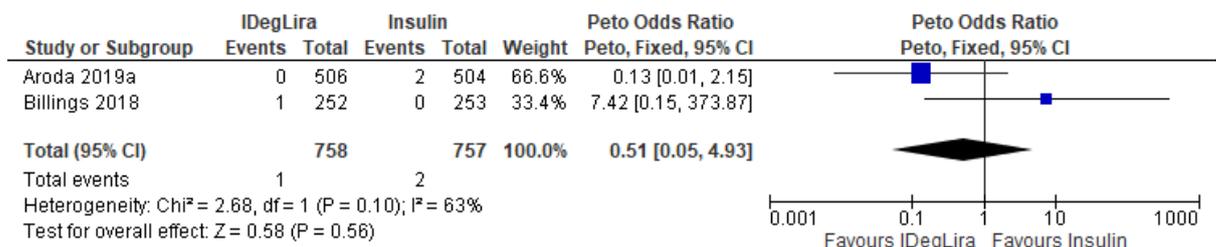
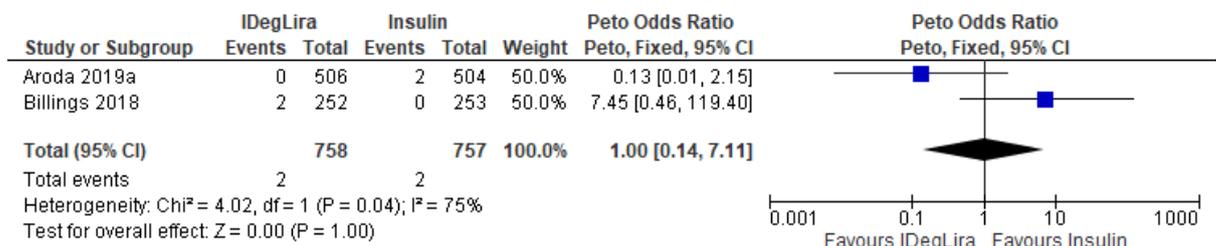
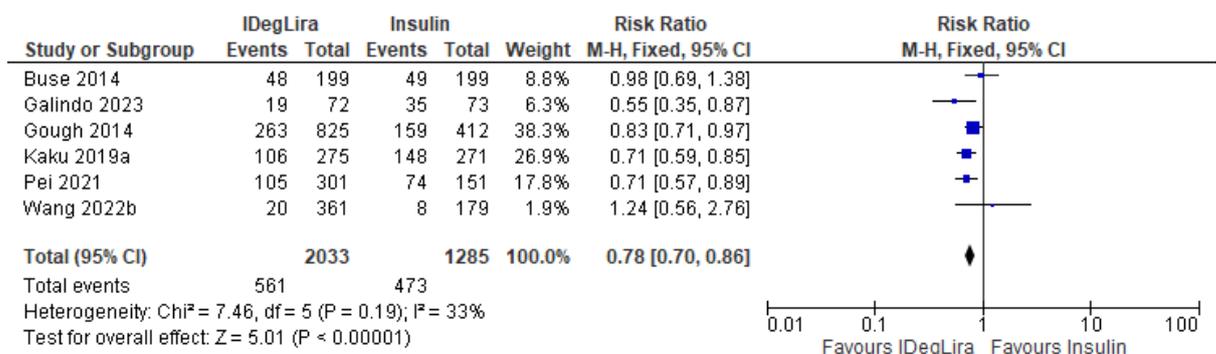
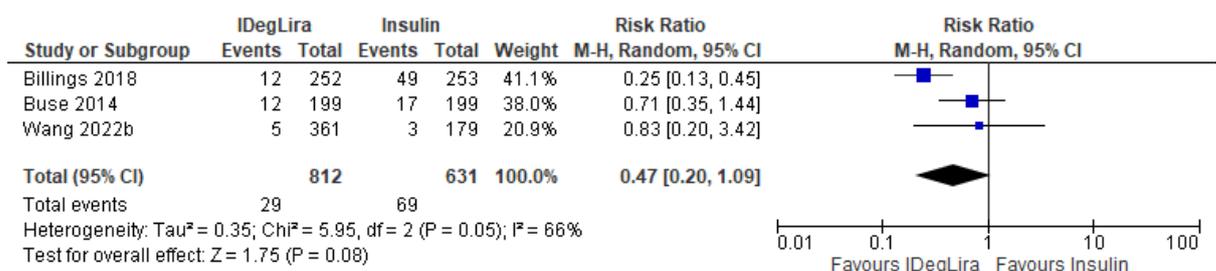
**Figure 370: All-cause mortality at end of follow up**



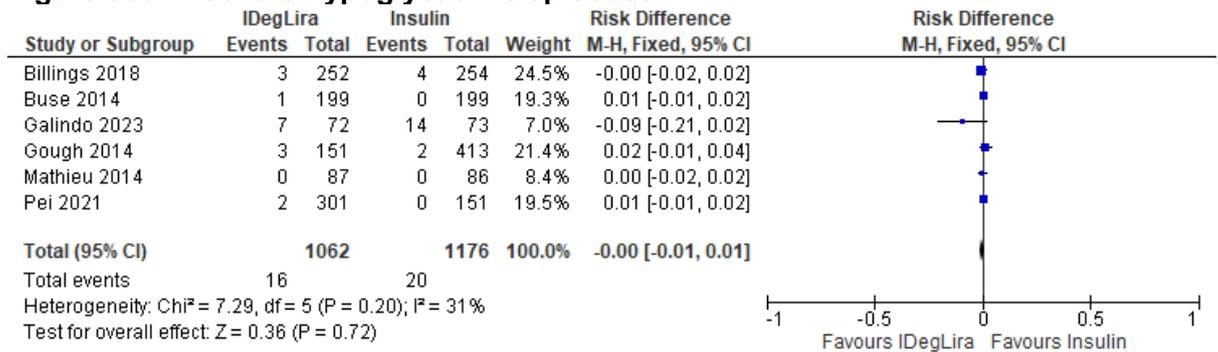
**Figure 371: Cardiovascular mortality at end of follow up**



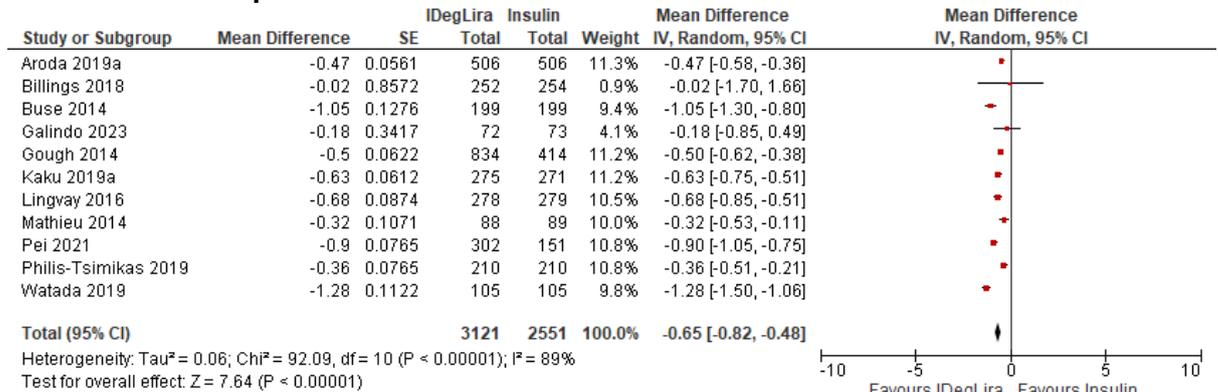
**Figure 372: 3-point MACE at end of follow up****Figure 373: Non-fatal stroke at end of follow up****Figure 374: Non-fatal myocardial infarction at end of follow up****Figure 375: Unstable angina at end of follow up**

**Figure 376: Hospitalisation for heart failure at end of follow up****Figure 377: Cardiac arrhythmia at end of follow up****Figure 378: Hypoglycaemia episodes at end of follow up****Figure 379: At night hypoglycaemic episodes**

**Figure 380: Severe hypoglycaemic episodes**

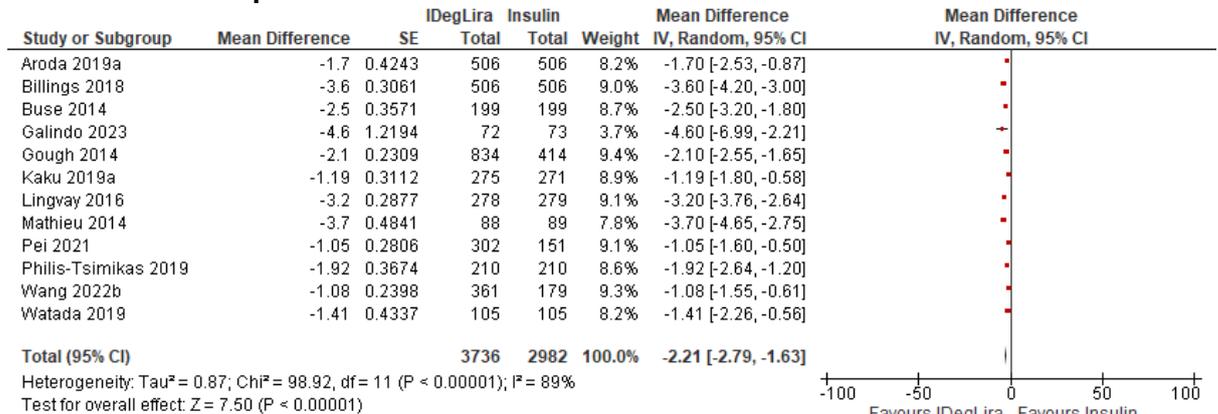


**Figure 381: HbA1c change (% , lower values are better, change scores) at end of follow up**



Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR and NAFLD subgroups.

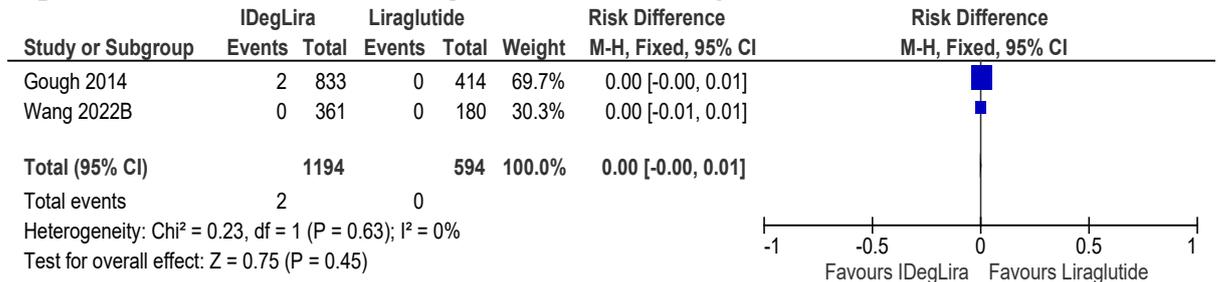
**Figure 382: Weight change (kg, lower values are better, change scores) at end of follow up**



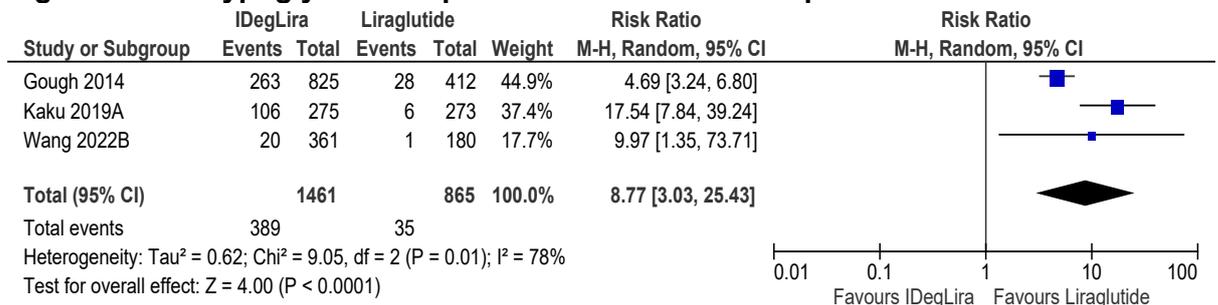
Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by eGFR and NAFLD subgroups.

**K.1.8.3 Adding insulin degludec/Liraglutide compared to adding liraglutide**

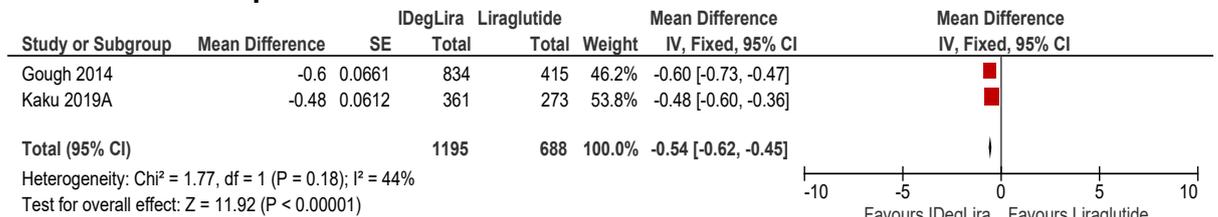
**Figure 383: All-cause mortality at end of follow up**



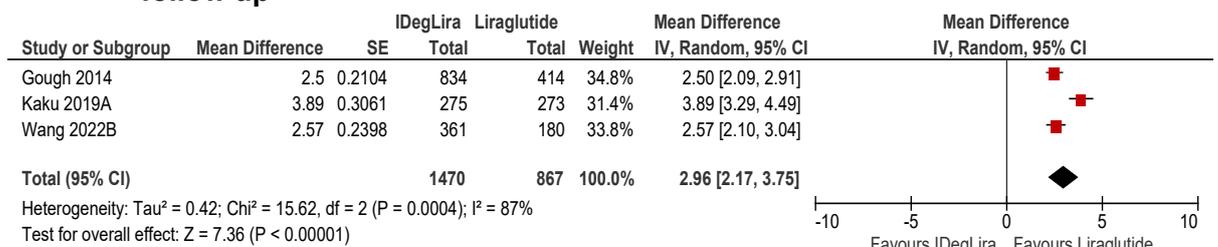
**Figure 384: Hypoglycaemia episodes at end of follow up**



**Figure 385: HbA1c change (% , lower values are better, mean difference) at end of follow up**



**Figure 386: Weight change (kg, lower values are better, mean difference) at end of follow up**



## K.1.1.8.4 Adding insulin glargine/Lixisenatide compared to adding insulin

Figure 387: All-cause mortality at end of follow up

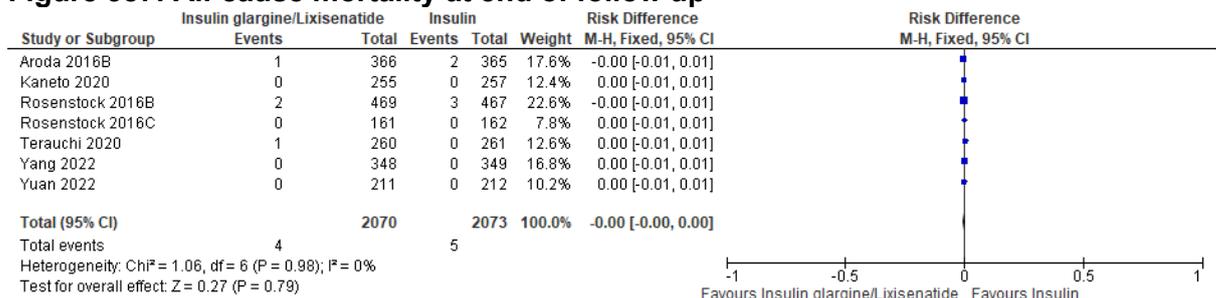


Figure 388: Cardiovascular mortality at end of follow up

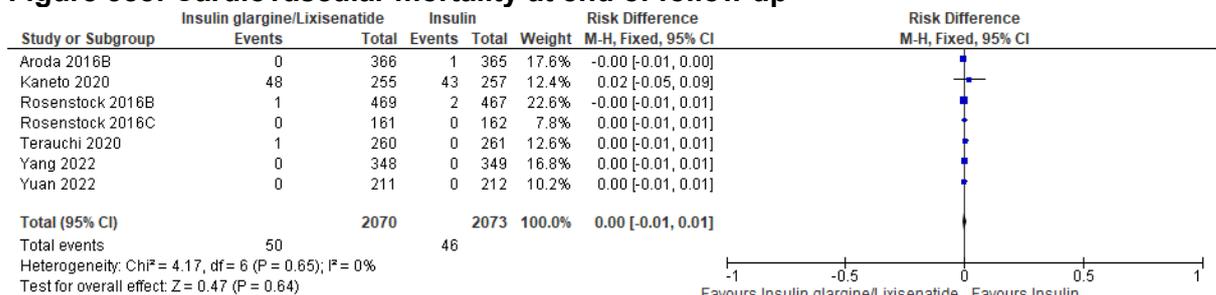


Figure 389: Hypoglycaemia episodes at end of follow up

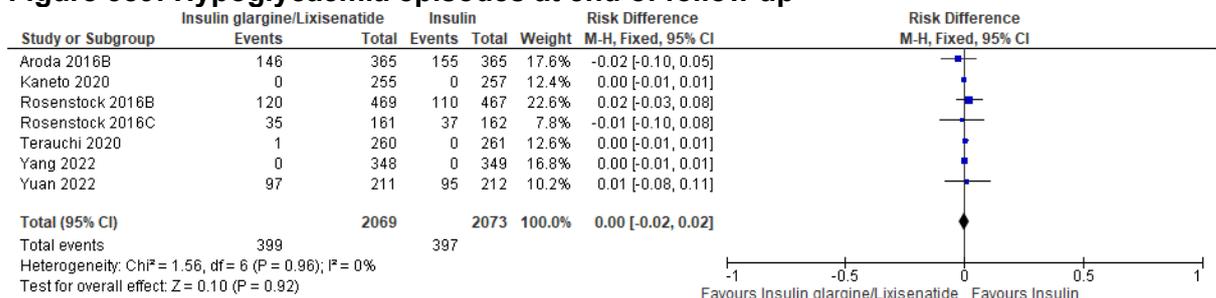
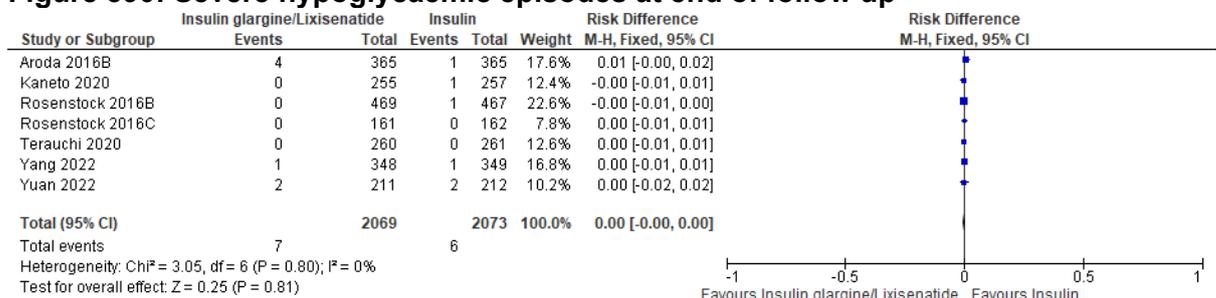
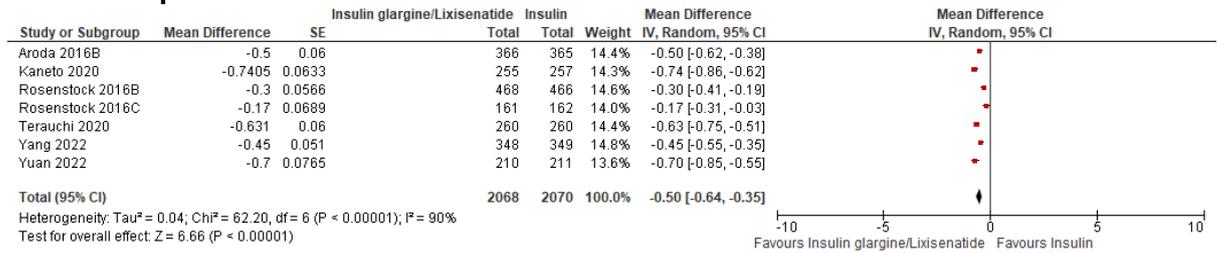


Figure 390: Severe hypoglycaemic episodes at end of follow up

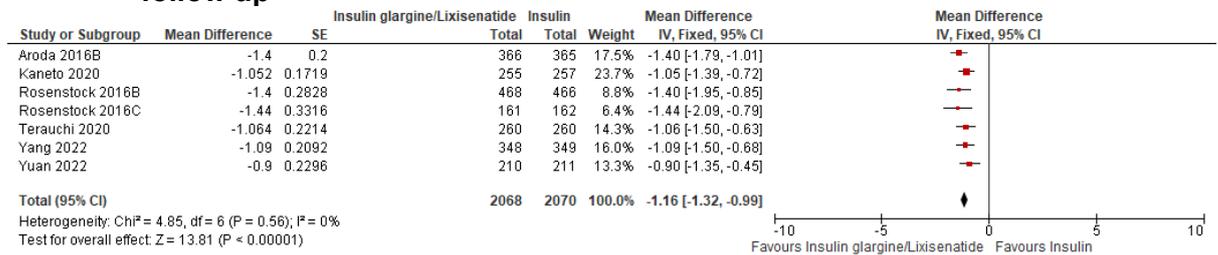


**Figure 391: HbA1c change (% , lower values are better, change scores) at end of follow up**



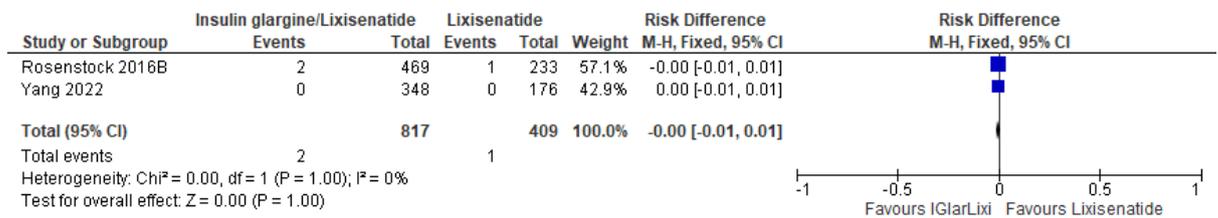
Note: Heterogeneity was not explained by sensitivity analysis, nor subgroup analysis by obesity subgroup.

**Figure 392: Weight change (kg, lower values are better, change scores) at end of follow up**

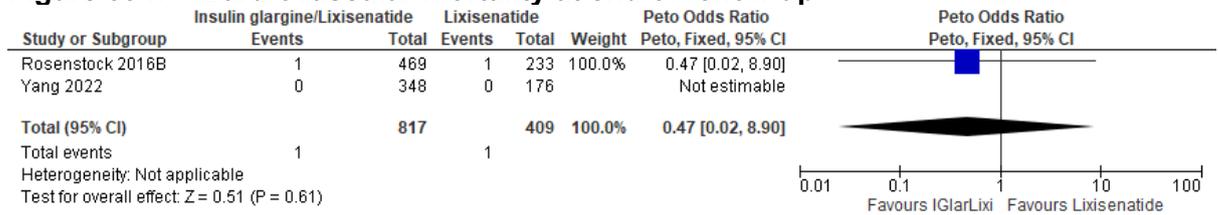


**K.1.8.5 Adding insulin glargine/Lixisenatide compared to adding lixisenatide**

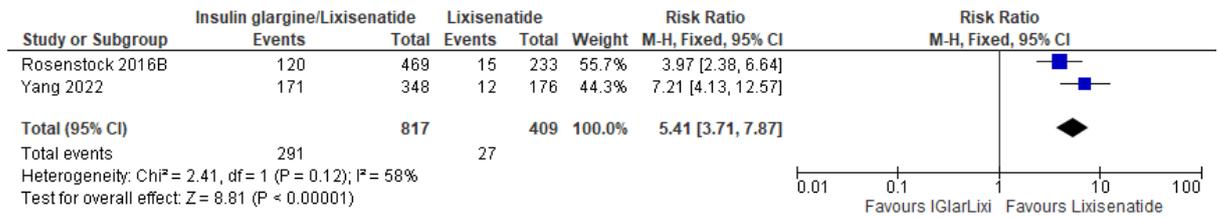
**Figure 393: All-cause mortality at end of follow up**



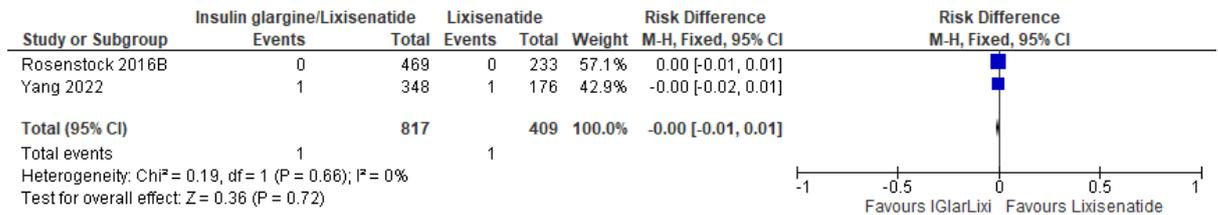
**Figure 394: Cardiovascular mortality at end of follow up**



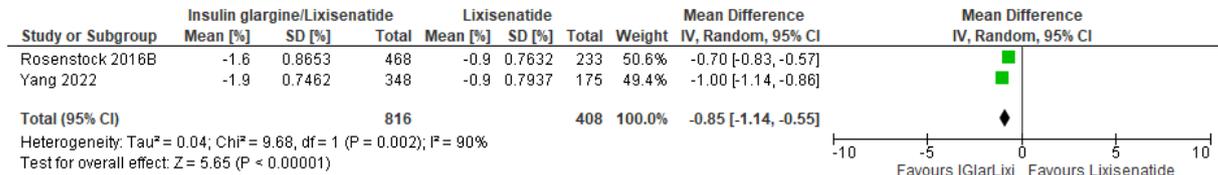
**Figure 395: Hypoglycaemia episodes at end of follow up**



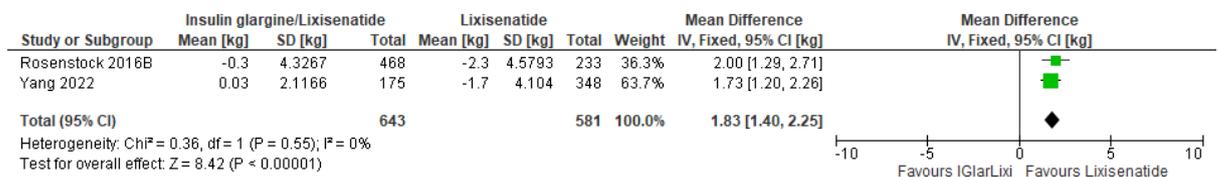
**Figure 396: Severe hypoglycaemic episodes at end of follow up**



**Figure 397: HbA1c change (% , lower values are better, change scores) at end of follow up**



**Figure 398: Weight change (kg, lower values are better, change scores) at end of follow up**



**K.1.9 Combinations**

**K.1.9.1 Adding dapagliflozin + exenatide compared to adding dapagliflozin**

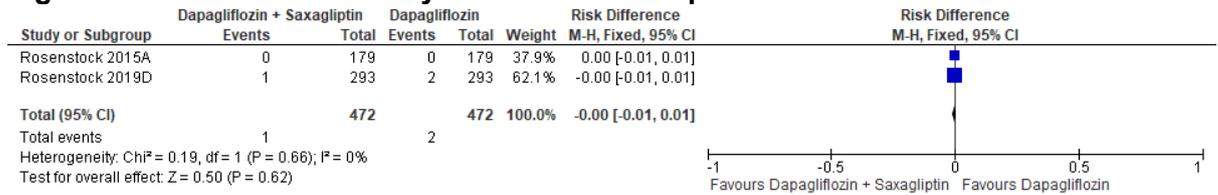
There are no forest plots for this comparison (all outcomes include a single study).

**K.1.9.2 Adding dapagliflozin + exenatide compared to adding exenatide**

There are no forest plots for this comparison (all outcomes include a single study).

**K.1.9.3 Adding dapagliflozin + saxagliptin compared to adding dapagliflozin**

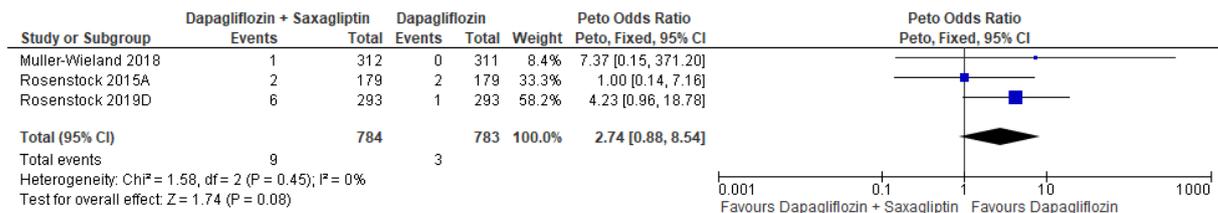
**Figure 399: All-cause mortality at end of follow up**



**Figure 400: Cardiovascular mortality at end of follow up**



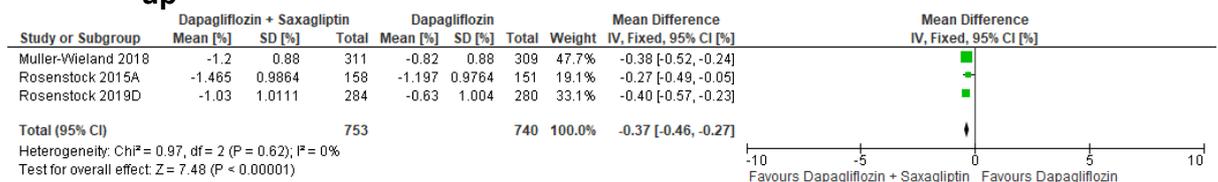
**Figure 401: Hypoglycaemia episodes at end of follow up**



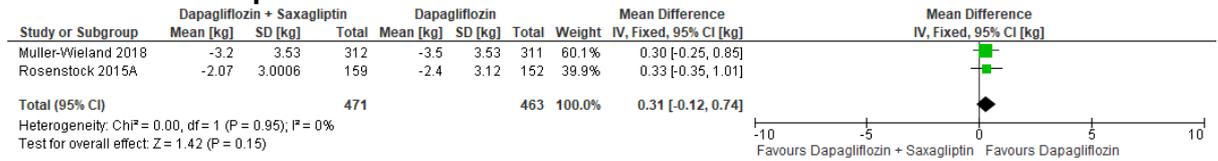
**Figure 402: Severe hypoglycaemic episodes at end of follow up**



**Figure 403: HbA1c change (% , lower values are better, change scores) at end of follow up**

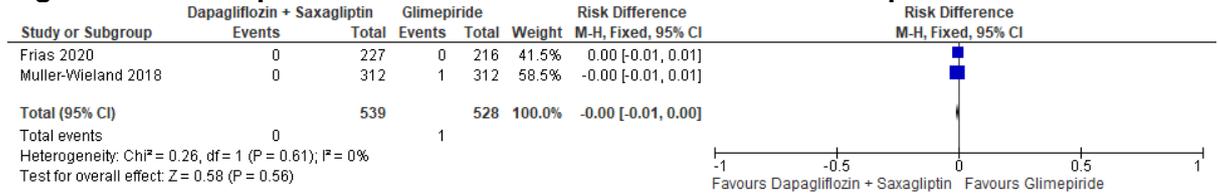


**Figure 404: Weight change (kg, lower values are better, change scores) at end of follow up**

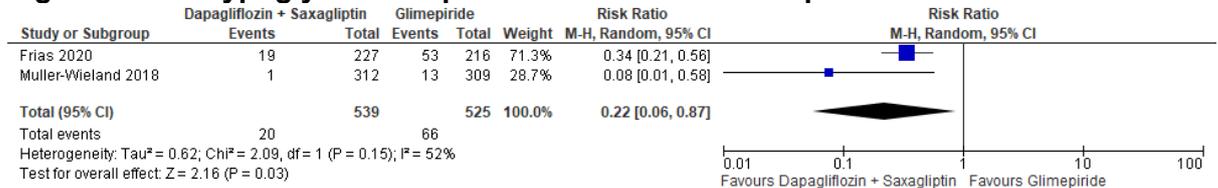


**K.1.9.4 Adding dapagliflozin + saxagliptin compared to adding glimepiride**

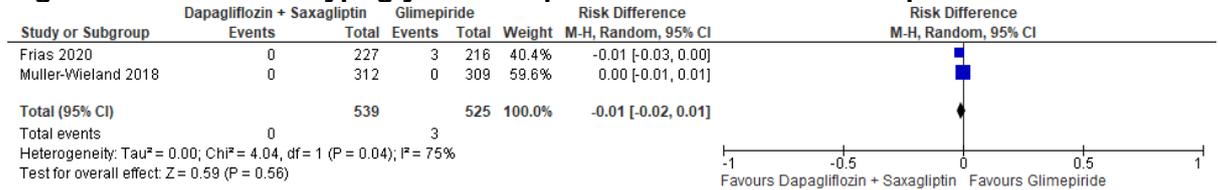
**Figure 405: Hospitalisation for heart failure at end of follow up**



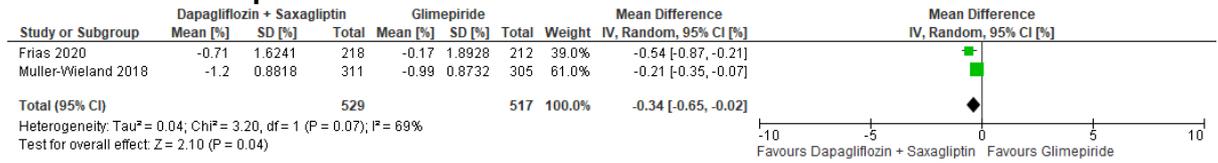
**Figure 406: Hypoglycaemia episodes at end of follow up**



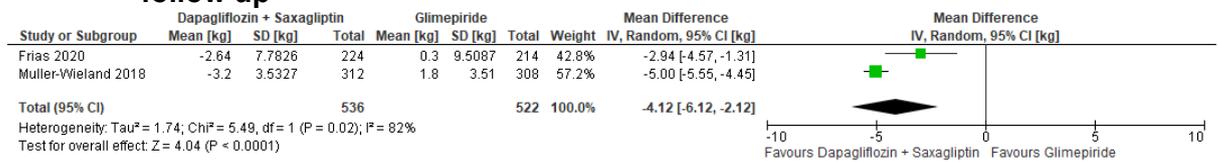
**Figure 407: Severe hypoglycaemic episodes at end of follow up**



**Figure 408: HbA1c change (% , lower values are better, change scores) at end of follow up**



**Figure 409: Weight change (kg, lower values are better, change scores) at end of follow up**

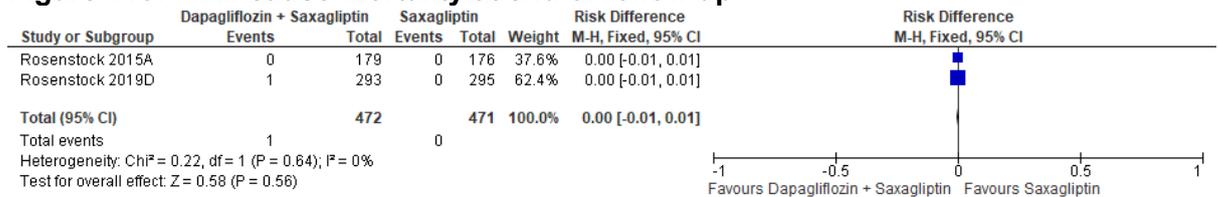


**K.1.9.5 Adding dapagliflozin + saxagliptin compared to adding insulin**

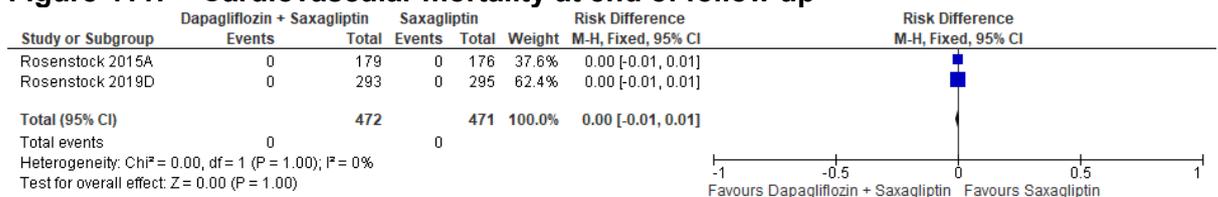
There are no forest plots for this comparison (all outcomes include a single study).

**K.1.9.6 Adding dapagliflozin + saxagliptin compared to adding saxagliptin**

**Figure 410: All-cause mortality at end of follow up**



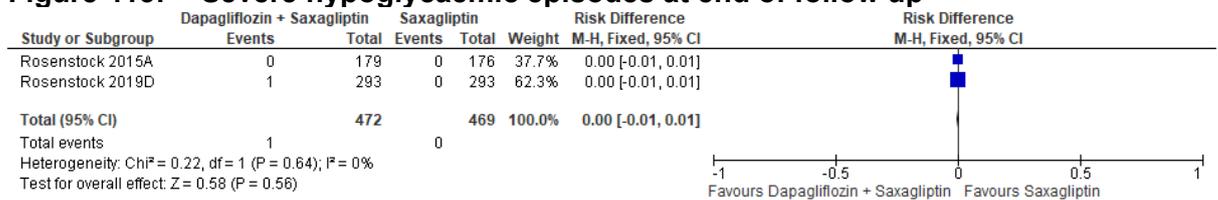
**Figure 411: Cardiovascular mortality at end of follow up**



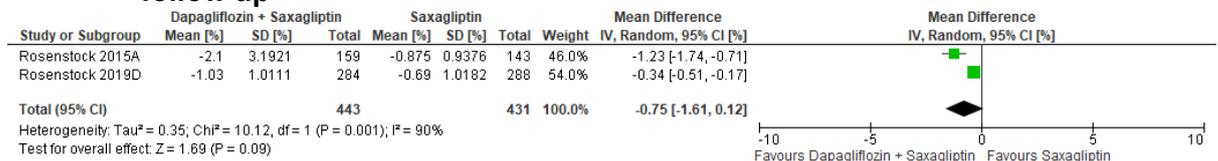
**Figure 412: Hypoglycaemia episodes at end of follow up**



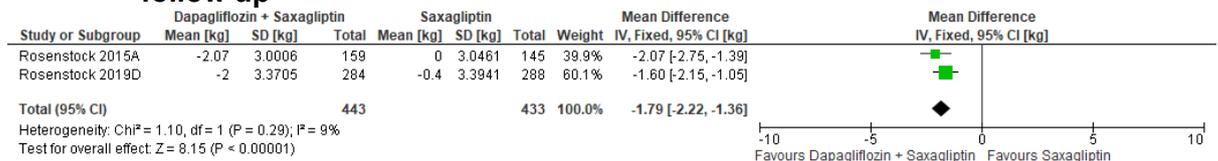
**Figure 413: Severe hypoglycaemic episodes at end of follow up**



**Figure 414: HbA1c change (% , lower values are better, change scores) at end of follow up**



**Figure 415: Weight change (kg, lower values are better, change scores) at end of follow up**



**K.1.9.7 Adding dapagliflozin + saxagliptin compared to adding sitagliptin**

There are no forest plots for this comparison (all outcomes include a single study).

**K.1.9.8 Adding empagliflozin + liraglutide compared to adding empagliflozin**

There are no forest plots for this comparison (all outcomes include a single study).

**K.1.9.9 Adding empagliflozin + liraglutide compared to adding insulin**

There are no forest plots for this comparison (all outcomes include a single study).

**K.1.9.10 Adding empagliflozin + liraglutide compared to adding liraglutide**

There are no forest plots for this comparison (all outcomes include a single study).

**K.1.9.11 Adding ertugliflozin + sitagliptin compared to adding ertugliflozin**

There are no forest plots for this comparison (all outcomes include a single study).

**K.1.9.12 Adding ertugliflozin + sitagliptin compared to adding sitagliptin**

There are no forest plots for this comparison (all outcomes include a single study).

**K.1.9.13 Adding glimepiride + metformin compared to adding glimepiride**

There are no forest plots for this comparison (all outcomes include a single study).

**K.1.9.14 Adding glimepiride + metformin compared to adding metformin**

There are no forest plots for this comparison (all outcomes include a single study).

**K.1.9.15 Adding glimepiride + metformin slow release compared to adding glimepiride + metformin standard release**

There are no forest plots for this comparison (all outcomes include a single study).

**K.1.9.16 Adding liraglutide + metformin compared to adding metformin**

There are no forest plots for this comparison (all outcomes include a single study).

**K.1.9.17 Adding pioglitazone + alogliptin compared to adding pioglitazone**

There are no forest plots for this comparison (all outcomes include a single study).

**K.1.9.18 Adding pioglitazone + exenatide compared to adding insulin**

There are no forest plots for this comparison (all outcomes include a single study).

**K.1.9.19 Adding pioglitazone + exenatide compared to adding pioglitazone**

There are no forest plots for this comparison (all outcomes include a single study).

**K.1.9.20 Adding pioglitazone + metformin compared to adding metformin**

There are no forest plots for this comparison (all outcomes include a single study).

**K.1.9.21 Adding pioglitazone + metformin compared to adding pioglitazone**

There are no forest plots for this comparison (all outcomes include a single study).

## K.2 Switching

### K.2.1 Metformin

#### K.2.1.1 Switching to metformin slow release compared to staying on metformin standard release

There are no forest plots for this comparison (all outcomes include a single study).

### K.2.2 DPP-4 inhibitors

#### K.2.2.1 Switching to sitagliptin compared to switching to placebo

There are no forest plots for this comparison (all outcomes include a single study).

#### K.2.2.2 Switching to vildagliptin compared to switching to alogliptin

There are no forest plots for this comparison (all outcomes include a single study).

### K.2.3 GLP-1 receptor agonist

#### K.2.3.1 Switching to liraglutide compared to staying on sitagliptin

There are no forest plots for this comparison (all outcomes include a single study).

#### K.2.3.2 Switching to semaglutide compared to switching to dulaglutide

There are no forest plots for this comparison (all outcomes include a single study).

#### K.2.3.3 Switching to semaglutide compared to staying on sitagliptin

There are no forest plots for this comparison (all outcomes include a single study).

### K.2.4 SGLT2 inhibitors

#### K.2.4.1 Switching to glimepiride compared to switching to liraglutide

There are no forest plots for this comparison (all outcomes include a single study).

#### K.2.4.2 Switching to canagliflozin compared to switching to liraglutide

There are no forest plots for this comparison (all outcomes include a single study).

### K.2.1 Thiazolidinediones

#### K.2.1.1 Staying on pioglitazone compared to switching to dapagliflozin

There are no forest plots for this comparison (all outcomes include a single study).

#### K.2.1.2 Switching to pioglitazone compared to switching to glimepiride

There are no forest plots for this comparison (all outcomes include a single study).

## **K.2.2 Combinations**

### **K.2.2.1 Switching to fixed-dose combination glimepiride/metformin slow release compared to staying on fixed-dose combination glimepiride/metformin standard release**

There are no forest plots for this comparison (all outcomes include a single study).