Appendix to Lillebeth Larun, Trine Bjørner, Atle Fretheim, Kjetil G. Brurberg.
Use of forms for follow-up of diabetes in general practice.
Tidsskr Nor Legeforen 2016; 136: 417–22.
This appendix is a supplement to the article and has not been processed by the editorial board.

Online supplement 2 Balance diagram

The collation of individual studies into meta-analyses was undertaken in Review Manager Software (RevMan), and is based on effect estimates that have been adjusted for cluster effects and differences between the groups at start-up. For weighting the study results we used a random effects model. The balance diagrams were made in R with the aid of the 'forestplot' package.

This appendix presents meta-analyses of three or more included studies. The results are presented in the form of the median difference (MD) between the intervention and control groups, with a 95% confidence interval. The balance diagrams show the results for the individual studies (red squares) and the result of the meta-analysis (diamond). Below to the left we provide the result of the significance test for the total, as well as data that describe the variation between individual studies (heterogeneity). High values of I^2 indicate large variation between individual studies, which may be due to variation in effects between the included studies. For example, such variations may have been caused by differences in the way in which the intervention has been implemented, differences between the control groups or variation in follow-up time.

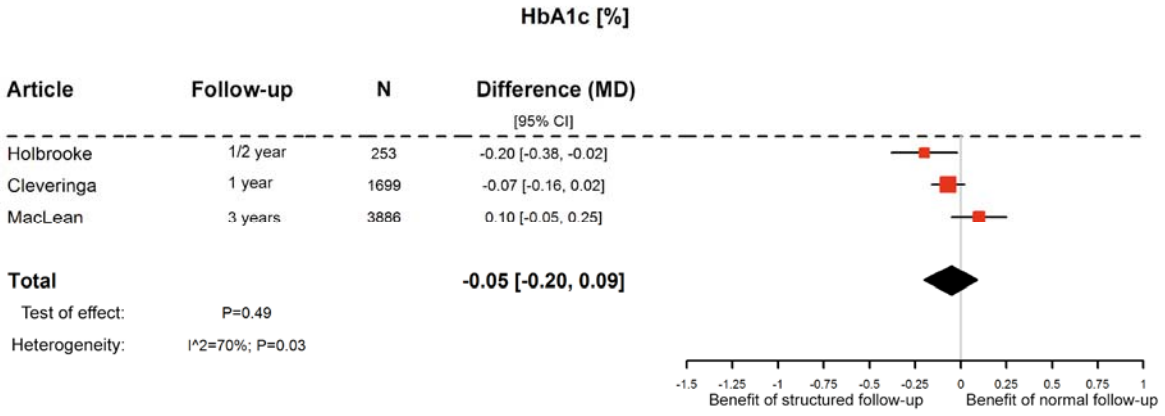

Figure 1 Three studies show that structured follow-up has an effect on HbA1c. The total effect is minor: -0.05% (95% CI -0.20 to 0.09), but the measured effect varies between the individual studies.

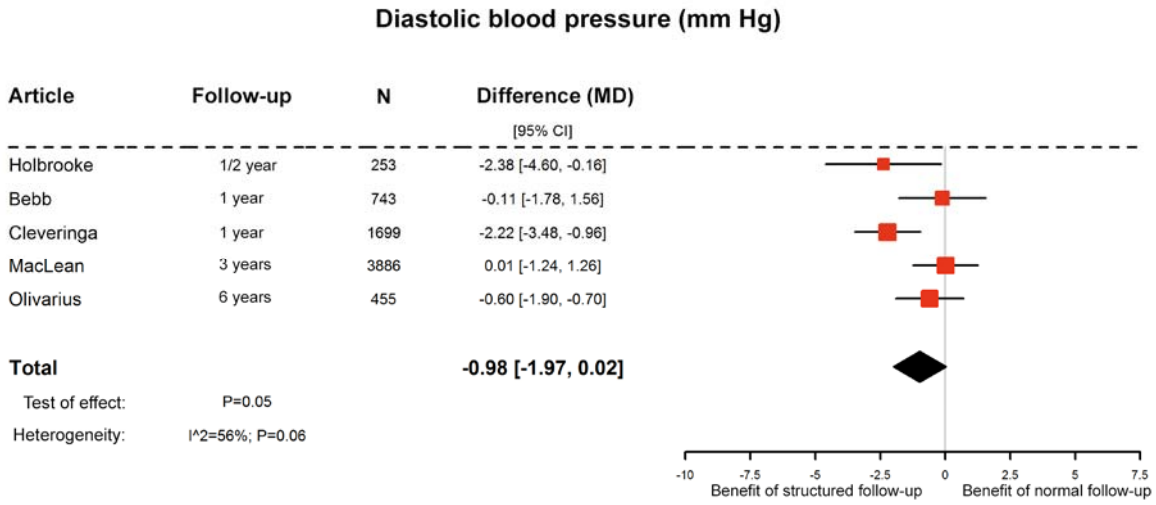

Figure 2 Five studies show that structured follow-up can be associated with a certain reduction in diastolic blood pressure. The expected reduction is in the order of 1 mmHg (95% CI -1.97 to 0.02), but the difference is not statistically significant (P=0.05).

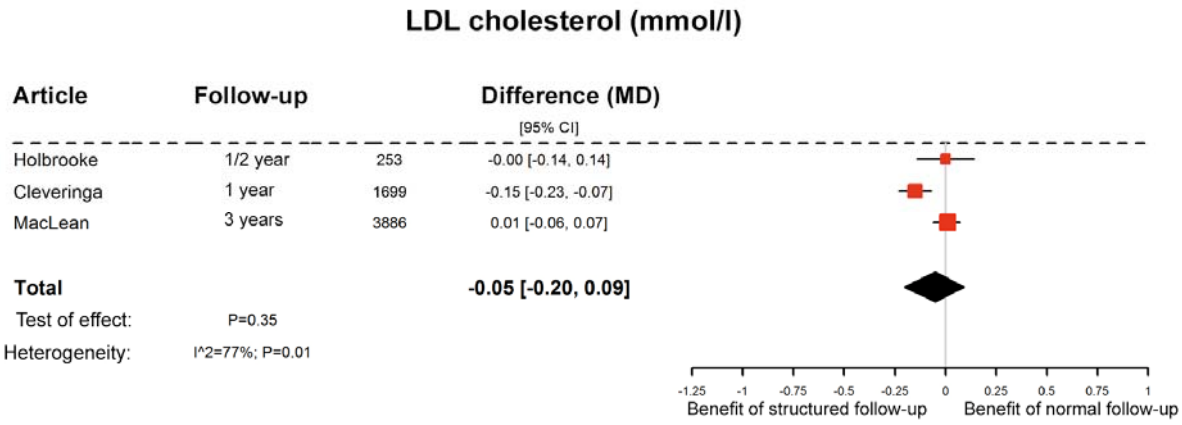

Figure 3 Three studies show that structured follow-up has little effect on LDL cholesterol, but the measured effect varies between the individual studies.