

Table S1. Procedure for detection and treatment of patients in the Chimbacalle Health Centre Diabetes Care Program

DETECTION AND DIAGNOSIS	<ul style="list-style-type: none"> – Patients with a previous diagnosis of DM2 – Referrals from other Health Centres – Newly diagnosed. Initial fasting plasma glucose (FPG) \geq 126 mg / dl or 2-h plasma glucose (2-h PG) $>$ 180 mg / dl
TREATMENT (FIVE KEY ELEMENTS)	
ENGAGEMENT	Encourage patients' active involvement in their care
EDUCATION	<ul style="list-style-type: none"> – Personalized information about diabetes and its complications (first consultation) – Nutrition education and simplified nutrition plan (second consultation) – Group education sessions (every 15 days), workshops, followed by capillary glucose monitoring
EXERCISE	Dance workout, tai chi, aerobic exercise (exercises are focused on older adults) MINIMUM 3 times a week
METABOLIC CONTROL AND COMPLICATIONS	INITIAL EVALUATION <ul style="list-style-type: none"> – Laboratory assessment (HbA1c, lipid profile, urea, creatinine, microalbuminuria) one week after initial consultation* – Co-morbidity conditions evaluation (weight, obesity, hypertension, dyslipidaemia, hypothyroidism) – Inquiry regarding relatives of the first or second degree of consanguinity with risk factors for diabetes – Further studies: EKG, ABI, monofilament, ocular fundus – Emotional health assessment – Oral health assessment
	SUBSEQUENT EVALUATIONS <ul style="list-style-type: none"> – Co-morbidity conditions evaluation – Medical follow-up every three months* – Laboratory assessment every four to six months – Further investigation every 12 – 24 months (according to individual risk factors)
PHARMACOTHERAPY	CARDIOVASCULAR PROPHYLAXIS (all patients) <ul style="list-style-type: none"> – Acetylsalicylic acid (100 mg / day)
	RENOVASCULAR PROPHYLAXIS (all patients with 5 or more years of illness) <ul style="list-style-type: none"> – Angiotensin-converting enzyme inhibitor - ACEI (Enalapril 5 – 10 mg/day) or Angiotensin II receptor blocker (ARB II)
	LIPID-LOWERING MEDICATION <ul style="list-style-type: none"> – Prophylaxis: Simvastatin 10 mg / day or Atorvastatin 20 mg / day – Treatment: Triglycerides $>$ 150 mg / dl, Gemfibrozil 300 mg / 12h LDL-cholesterol $>$ 100 mg / dl, Simvastatin 20 mg / day
	HYPOGLYCYANTS <ul style="list-style-type: none"> – INITIAL: METFORMIN: Gradually increase dose: 1000 mg / 24 hours (in 2 or 3 doses) – IF LACK OF CONTROL PERSISTS : METFORMIN + SULFONIUREA (glibenclamide, gradual doses of 2.5 – 10 mg / 24 hours (in 2 or 3 doses) – IF LACK OF CONTROL PERSISTS: METFORMIN + INSULIN NPH (0.1 – 0.3 units / kg every 12–24 hours)
	ANTIHYPERTENSIVES: enalapril, losartan, diltiazem, amlodipine, atenolol, chlorthalidone, furosemide.
* Each consultation lasts approximately 30 minutes	