Appendix 1. Signposting statement

Would you be interested in hearing about ways to treat and reverse your diabetes/prediabetes? Here we support the Low Carb Program, an online website or app designed to help you lose weight, achieve better blood sugar and reduce the number of medications you are on. All of which can help to treat/reverse your diabetes/prediabetes. Would you be interested in participating in a research study exploring the use of this Program?

Appendix 2. Summary guidance on adapting diabetes medication for low-carbohydrate management of type 2 diabetes

Drug group	Hypo risk?	Clinical suggestion
Sulphonylureas (for example, gliclazide) and meglitinides (for example, repaglinide)	Yes	Reduce/stop (if gradual carbohydrate reduction then wean by halving dose successively)
Insulins	Yes	Reduce/stop. Typically wean by 30–50% successively. Beware insulin insufficiency[a]
SGLT2 inhibitors (flozins)	No	Ketoacidosis risk if insulin insufficiency. Usually stop in community setting
Biguanides (metformin)	No	Optional, consider clinical pros/cons
GLP-1 agonists (-enatide/-glutide)	No	Optional, consider clinical pros/cons
Thiazolidinediones (glitazones)	No	Usually stop, concerns over long-term risks usually outweigh benefit
DPP-4 inhibitors (glipitins)	No	Usually stop, due to lack of benefit
Alpha-glucosidase inhibitors (acarbose)	No	Usually stop, due to no benefit if low starch/sucrose ingestion
Self-monitoring blood glucose	N/A	Ensure adequate testing supplies for patients on drugs that risk hypoglycaemia. Testing can also support behaviour change (for example, paired pre- and post-meal testing)

[a]*Caution should be taken when reducing insulin if there is clinical suspicion of endogenous insulin insufficiency (Patients with LADA misdiagnosed as T2D; a minority of T2 patients have endogenous insulin deficiency). Consider these possibilities if patient was not overweight at diagnosis. Exogenous insulin should not be completely stopped in these cases. Inappropriate over-reduction of exogenous insulin will lead to marked hyperglycaemia. Hypo = hypoglycaemia. LADA = latent autoimmune diabetes in adults. T2D = type 2 diabetes.*

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