Supplementary Online Content


eFigure. Flow Chart of Study Participants
eTable. Subgroup Analyses for Incidence of Sight-Threatening DR By Meeting the ISSFAL Recommendation for LCn3-PUFA Intake At Baseline

This supplementary material has been provided by the authors to give readers additional information about their work.
8713 Assessed for eligibility
973 refused to participate
293 did not meet inclusion

7447 Randomized

2543 Assigned to Mediterranean Diet plus extra-virgin olive oil
1307 Excluded
- 1261 without type 2 diabetes at baseline
- 6 missing data on years after diagnosis of type 2 diabetes
- 17 missing data food-frequency questionnaire
- 3 missing data of 13-point score of adherence to Mediterranean Diet
- 19 energy intake outside predefined limits
- 1 LCn3PUFA intake outside predefined limits
1236 Included in analyses
Median follow-up 6.1 y

2454 Assigned to Mediterranean Diet plus tree nuts
1359 Excluded
- 1311 without type 2 diabetes at baseline
- 9 missing data on years after diagnosis of type 2 diabetes
- 10 missing data food-frequency questionnaire
- 28 energy intake outside predefined limits
- 1 LCn3PUFA intake outside predefined limits
1095 Included in analyses
Median follow-up 6.0 y

2450 Assigned to control diet
1299 Excluded
- 1261 without type 2 diabetes at baseline
- 10 missing data on years after diagnosis of type 2 diabetes
- 2 missing data of 13-point score of adherence to Mediterranean Diet
- 9 missing data food-frequency questionnaire
- 17 energy intake outside predefined limits
1151 Included in analyses
Median follow-up 6.1 y

© 2016 American Medical Association. All rights reserved.
**eTable 1.** Subgroup analyses for incidence of sight-threatening DR by meeting the ISSFAL recommendation for LCn3-PUFA intake at baseline

<table>
<thead>
<tr>
<th></th>
<th>Cases / total</th>
<th>Hazard Ratios (95% CI) for reporting to meet the ISSFAL recommendation for LCn3PUFA*</th>
<th>P †</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hypertension</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>25 / 933</td>
<td>0.61 (0.22–1.64)</td>
<td>.332</td>
</tr>
<tr>
<td>Yes</td>
<td>44 / 2549</td>
<td>0.28 (0.13–0.59)</td>
<td>.001</td>
</tr>
<tr>
<td><strong>Years after diagnosis of diabetes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(\leq 5)</td>
<td>21 / 1742</td>
<td>0.63 (0.26–1.53)</td>
<td>.310</td>
</tr>
<tr>
<td>&gt; 5</td>
<td>48 / 1740</td>
<td>0.31 (0.15–0.67)</td>
<td>.002</td>
</tr>
<tr>
<td><strong>Use of oral hypoglycemic agents</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>23 / 1181</td>
<td>0.26 (0.09–0.72)</td>
<td>.010</td>
</tr>
<tr>
<td>Yes</td>
<td>46 / 2301</td>
<td>0.45 (0.23–0.89)</td>
<td>.022</td>
</tr>
<tr>
<td><strong>Use of insulin</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>38 / 2989</td>
<td>0.60 (0.29–1.22)</td>
<td>.159</td>
</tr>
<tr>
<td>Yes</td>
<td>31 / 493</td>
<td>0.22 (0.08–0.56)</td>
<td>.001</td>
</tr>
</tbody>
</table>

Cox regression models; reported not meeting the ISSFAL recommendation, HR = 1.00 (reference value).

* A minimum intake of 500 mg/d of combined eicosapentaenoic and docosahexaenoic acids for primary cardiovascular protection.

† Adjusted for age, sex, body mass index, intervention group, years after diagnosis of diabetes (\(\leq 5/\geq 5\)) (except for years after diagnosis of diabetes), use of insulin (yes/no) (except for insulin), use of oral hypoglycemic agents (yes/no) (except for oral hypoglycemic agents), smoking status (never, former, or current smoker), systolic blood pressure, history of hypertension (yes/no) (except for history of hypertension), use of angiotensin-converting-enzyme inhibitor and/or angiotensin-II receptor blockers (yes/no), physical activity, and adherence to the MeDiet (13-point score). All models were stratified by recruitment center.