and a Bayesian network meta-analysis of log-hazard ratios was performed. The primary analysis was the time to progression to Type 2 diabetes mellitus. Results are presented as hazard ratios and the probabilities of treatment rankings. Results: 30 studies were included in the network meta-analysis. There was a reduced hazard of progression to Type 2 diabetes mellitus associated with insulin compared to standard care. DM compared to standard care were more than pioglitazone (HR 0.16, 95% CI [0.09, 0.23]), glipizide (HR 0.16, 95% CI [0.02, 1.62]), diet plus exercise plus metformin placebo (HR 0.20, 95% CI [0.11, 0.32]), diet plus exercise plus metformin Pioglitazone (HR 0.31, 95% CI [0.16, 0.61]) and diet plus exercise plus pioglitazone (HR 0.35 95% CI [0.11, 1.14]). The least effective intervention was ramipril (HR 0.91, 95% CI [0.72, 1.14]). Conclusions: Pharmacological and lifestyle interventions are beneficial in relation to risk of progression to Type 2 diabetes mellitus. Lifestyle interventions require significant behaviour changes and this may be achieved through incentives such as the use of pedometers. Lifestyle interventions alone, whilst beneficial, are unlikely to be as pharmacologically effective as pharmacological alone or in combination with lifestyle interventions. Adverse events and costs of pharmacological interventions should be taken into account when considering potential risks and benefits, and their cost-effectiveness relative to lifestyle interventions.