Supplementary Table S2. Exemplar Sources by Meta-Narrative Tradition

Supporting information for: Dementia, Diabetes, and Physical Inactivity in Global Majority Populations: A Meta-Narrative Review and Recommendations

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Purpose: This file lists exemplar sources used to represent each meta-narrative tradition in the review. The list is not intended to reproduce the full reference list; instead, it clarifies how key bodies of evidence informed the synthesis.

Meta-narrative tradition	Core question addressed	Exemplar sources	How the sources informed the synthesis
Biomedical and epidemiological narrative	What is the relationship between diabetes, hypoglycaemia, cognitive impairment and dementia risk?	Biessels et al., [24]; Gudala et al., [25]; Whitmer et al., [30]; Mayeda et al., [26]; Cao et al., [27]	Established the evidence base linking diabetes mellitus and type 2 diabetes with increased dementia risk; identified hypoglycaemia and vascular/metabolic mechanisms as clinically relevant pathways; demonstrated racial/ethnic variation among older adults with type 2 diabetes.
Public health and preventive medicine narrative	How is physical inactivity positioned as a modifiable risk factor for dementia and diabetes?	Norton et al., [12]; World Health Organization, [10]; Piras and Raffi, [13]; UK Government Ethnicity Facts and Figures, [29]	Supported the interpretation of physical activity as a prevention-oriented public health exposure with relevance for metabolic health and cognitive ageing; provided population-level context for ethnic differences in physical activity participation.
Health disparities and syndemic narrative	How do social, environmental and structural inequities shape clustered risk?	All-Party Parliamentary Group on Dementia, [14]; Alzheimer's Society, [21]; Gujral et al., [18]; Farmaki et al., [16]; Mayeda et al., [26]	Framed dementia, diabetes and physical inactivity as interconnected conditions shaped by upstream determinants, including ethnicity, deprivation, diagnosis inequalities, culturally inappropriate services and accumulated disadvantage.
Sociocultural and behavioural narrative	How do attitudes, norms and perceived control shape physical activity engagement?	Ajzen, [31]; Horne and Tierney, [32]; Safi and Myers, [20]	Provided the behavioural and qualitative basis for interpreting physical inactivity as socially and culturally situated rather than solely a matter of individual choice; informed discussion of gender norms, modesty, language, stigma, access and perceived behavioural control.
Intervention science and community engagement narrative	What kinds of intervention approaches are likely to be acceptable, feasible and equitable?	Banerjee et al., [33]; Shalowitz et al., [35]; Ashra et al., [34]; Greenhalgh et al., [22]; Wong et al., [23]	Supported the argument for culturally resonant, community-based and participatory approaches; informed the recommendation that interventions should be co-designed with trusted community organisations and evaluated using biomedical, behavioural and equity-oriented outcomes.

Note: The term "exemplar sources" refers to studies, reviews, reports and methodological papers that were especially useful for characterising each research tradition. Some sources contribute to more than one tradition because the review deliberately integrates overlapping bodies of evidence.