

Supplementary Table S7 Results from reviews on glycaemic control and weight among different dietary patterns: Multi-intervention versus control difference in HbA1c, fasting blood glucose (FBG), fasting blood insulin (FBI) and body weight

Review dietary characteristics				Outcomes			
	No. of studies	Intervention diets	Control diets	HbA1c	FBG	FBI or non-FBI Change	Weight
First author, year	Population	CHO range (% Energy or g/day)	[% CHO: % Protein % Fat]	Change (%) MD with 95% CI	Change (mmol/L) MD with 95% CI	(mU/L) MD with 95% CI	Change (Kg) MD with 95% CI Pooled data
Systematic review with meta-analysis A							
Ajala, 2013	16 in analysis (of 20 RCTs) T2D	Various diets included:	Control diets included:	All diets significantly favour HbA1c outcomes:	NR	NR	Various Outcomes:
		LC diets, 13%-60% E from CHO (or 20-120g CHO/ d)	LF diets, 44-55% E from CHO or 190-230g CHO	8 LC diets, -0.12% (-0.24, -0.00) P=0.04			LC diets: -0.7kg, (-1.77, 0.39) P=0.2
		HP diets (HPD), 45-45% E from CHO	LP diets, 48-55% E from CHO	2 HP diets: -0.28%, (-0.38, -0.18) P<0.00001			HP diets: 0.4kg (-0.96, 1.84) P=0.5
		M diets, Vegetarian or vegan diets, 60-75% energy from CHO (or MDiet food score)	Control diets (LF, or conventional), 60-70% energy from CHO (or M diet food score)	3 M diets: -0.5%, (-0.64, 0.30) P<0.00001			M diets: -1.8kg (2.54, -1.15) P<0.00001
		LGI diets, High-fiber diets, 37-50% E from CHO	High-GI diet, or ADA diet, 38-50% E from CHO	3 LGI diets: -0.1%, (-0.23%, -0.03) P=0.008			LGI diets: 1.4kg (-0.58, 4.36,) P=0.4
Systematic review with no meta-analysis B							
Emadian, 2015	11 RCTs T2D over wt./ obese	Various interventions, all % energy (E) from CHO: LF, 55-60%; High MUFA, 45%; LF, NR; LC M diet, LGI 35%; LF vegan, 75%; LCMD, 50%; ADA, 60-70%; Wt. Mx, 55%; HPD, 40%	Various control diets, all % energy (E) from CHO: LC, 20%; HC, 60%; GL, NR; ADA, 50%; ADA, 60-70%; LF, NR; LGI, NR; Fibre modified, 45-55%; HCD, 55%	All diets favour, NS. HbA1c outcomes: MD range -0.05%, P=0.4 to -0.7%, P=0.01	NR	NR	All favour: MD ranges -0.06kg, P= 0.8 to -3.1kg, P=0.3

Papamichou, 2019	20 RCTs T2D	Various interventions, all % energy from CHO: 9 LC, 14-35%; 2 LC M diet, 35%; 1 LC or LF wt. loss, 60%; 1 Atkins, wt loss (25-40g CHO); 3 HPD, 40%; 9 LC, 14-35%; 2 LC M diet, 35%; 1 LC or LF wt. loss, 60%; 1 Atkins, wt loss (25-40g CHO); 3 HP, 40%; 1 M diet lifestyle; 1 Vegan, 75%; 1 Ma-Pi , 67%; 1 Vegetarian diet, 60%	Various control diets, all % energy from CHO: LF diet, LGI, high GI, 42-60%; TM or ADA, 50-55%; Usual Care, 55%; ADA (1200-1550 kcal/d); LPD, 49-55%; Usual care; Conventional, 60-70%; Control, 50%; Conventional, 50%	Various HbA1c outcomes: 12 LC studies 2 of 12 favours NS; 2 LC M diet studies significantly favour; 1 LC wt. loss favours NS; 1 Atkins NS difference; 3 HP NS difference; 1 M diet favours NS; 1 vegan favours NS; 1 Ma-Pi diet favours NS; 1 Vegetarian NS difference; All diets P=NR	NR	NR	Various favour, NS: 2 LC; 2 LC M diet; 1 Vegetarian; P=NR
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Note. A = Systematic reviews with meta-analysis – HbA1c and wt. reduction are based on meta-analysis outcomes. B = Systematic reviews (without meta-analysis) – HbA1c and wt. reduction are based on statistical analysis of individual reviews. # = subgroup data. ^ = 12mo data. Abbreviations: ADA = American Diabetes Association; CD = control diet; CHO = carbohydrate; DASH = dietary approaches to stop hypertension; DIG = dietary intervention group; E = energy; ER = energy restricted; GI = glycaemic index; GL = glycaemic load; HC = high carbohydrate; HP = high protein diet; LC = low-carbohydrate; LF = low fat; LP = low protein; Ma-Pi = macrobiotic vegan diet; M diet= Mediterranean diet; MC = moderate carbohydrate; MD = median difference; MUFA = monounsaturated fatty acids; NR = not reported; PUFA = polyunsaturated fatty acids; SD = standard deviation; S = significant difference; SMD = standardised mean difference; T1D = type 1 diabetes; T2D = type 2 diabetes; TM = traditional Mediterranean; vs = versus; WMD = weighted mean difference; wt. = weight.