

Supplementary Table S4 Results from reviews on glycaemic control and weight among different dietary patterns: Mediterranean versus control diets difference in HbA1c, fasting blood glucose (FBG), fasting blood insulin (FBI) and body weight

Review dietary characteristics				Outcomes			
First author, year	No. of studies	Intervention diets	Control diets	HbA1c	FBG	FBI or non-FBI	Weight
		% CHO range (% Protein, % Fat, % MUFA), s= serves	[% CHO: % Protein: % Fat]	Change (%) MD with 95% CI	Change (mmol/L) MD with 95% CI	Change (mU/L) MD with 95% CI	Change (Kg) MD with 95% CI Pooled data
Systematic review with meta-analysis A							
Esposito, 2015	3 T2D (of 8 studies with at risk, metabolic syndrome)	M diets; mostly plant based, high whole-grains, fruit, and veg	LF diet or control diet	Significantly favours M diet in meta-analysis. 3 long-term RCTs of T2D -0.5% (-0.56 to -0.38) P=0.0001.	NR	NR	No difference, NS MD=NR (range of MD -0.3 to 2.2kg) P=NR
Huo, 2015	9 RCTs	M diets, rich in fibre, vegetables, legumes, fruit, fish, MUFA, and limited red, processed meat and animal fats. [CHO: 35-55%, Protein: 15-20%, Fat: 10-40% (50% MUFA)]	HC diets, LF diets, regular diets, usual care, or American Diabetes Association. [CHO: 50-60%, Protein: 15-20%, Fat: 10-40%]	Significantly favours the M diet in MA of 9 studies. -0.3% (-0.46, -0.14) P<0.05	Significantly favours in six studies -0.7 mmol/L (-1.24, -0.21) P=NR	Favours, NS in five studies -0.55 mU/L (-0.81, -0.29) P=NR	Favours, NS in six studies -0.3kg (CI -0.55, -0.04) P=NR
Qian, 2016 c	24 T2D (of 28 studies including 4 MUFA v PUFA)	High MUFA rich diets. 10-50% energy from CHO, (14-60% protein, 30-70% fat), 17-49% MUFA	High CHO diets. 41-64% energy from CHO, (12-23% protein: 10-39% fat), 10-19% MUFA	Favours, NS in high MUFA diets. Fixed effects model -0.08% (-0.15, 0.00) or random effects model -0.11% (-0.24, 0.02) P=NR	Significantly favours in 22 studies. -0.6 mmol/L (-0.76, -0.39) or -0.6 (-0.76, -0.39) P<0.05	No difference, NS in 11 studies. -0.6 mU/L (-1.41, -0.26) P=NR	Significantly favours in 16 studies. -1.6kg (-2.89, -0.23) P<0.05
Systematic review with no meta-analysis B							

Sleiman, 2015	7 RCTs (4 RCTs MDiet for T2D, 3 T2D subgroup)	M diets; rich in fruit & veg, breads, cereals, olive oil as fat (high MUFA), low to mod fish, poultry, alcohol & little red meat.	Low fat diet or usual diet	Favours, NS in M diet. End point results: 4 studies -0.3% P = 0.012 to - 0.6% P<0.01, 2 studies NR, 1 study NS	Favours, NS in 4 studies, 2 NR, 1 NS change P=NR	NR	NR
---------------	--	--	-------------------------------	---	---	----	----

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. c = monounsaturated fatty acid (MUFA) diets. d = includes type 1 diabetes (T1D). # = subgroup data, ^ = 12mo data. Abbreviations: Cal = calorie; CHO = carbohydrate; ER = energy restricted; HE = healthy eating; HCD = High carbohydrate diet; HPD = high protein diet; LC = Low-carbohydrate; LCMD = Low-carbohydrate; LF = low fat; LGI = low glycaemic index; MC = moderate carbohydrate; MD = mean difference; M diet = Mediterranean diet; MUFA = monounsaturated fatty acids; NR = not reported, NS = not significant, Paleo = Paleolithic diet, RCT = randomised control trial, SD = significant different; T2D = type 2 diabetes; TE = total energy; veg = vegetables; WMD = weighted mean difference; wt. = weight.