Electronic Supplementary Material (ESI) for Food & Function. This journal is © The Royal Society of Chemistry 2024

AMSTAR 2: a critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both

1.		Ontional (recommended)	ie comp	Johenis of FICO
	Population Intervention Comparator group Outcome	Optional (recommended)    Timeframe for follow-up	<b>X</b>	Yes No
2.	Did the report of the review cor	ntain an explicit statement that the review t of the review and did the report justify a		
	ors state that they had a written or guide that included ALL the	For Yes: As for partial yes, plus the protocol should be registered and should also have specified:		
X X X	review question(s) a search strategy inclusion/exclusion criteria a risk of bias assessment	<ul> <li>a meta-analysis/synthesis plan, if appropriate, and</li> <li>a plan for investigating causes of heterogeneity</li> <li>justification for any deviations from the protocol</li> </ul>	□ <b>X</b> □	Yes Partial Yes No
3.	Did the review authors explain	their selection of the study designs for incl	lusion i	n the review?
For Yes,	the review should satisfy ONE of Explanation for including only Re OR Explanation for including onl OR Explanation for including both	CTs ly NRSI	×	Yes No
4.		mprehensive literature search strategy?		
×	sal Yes (all the following): searched at least 2 databases (relevant to research question) provided key word and/or search strategy justified publication restrictions (e.g. language)	For Yes, should also have (all the following):  X searched the reference lists / bibliographies of included studies  X searched trial/study registries  X included/consulted content experts in the field  X where relevant, searched for grey literature  X conducted search within 24 months of completion of the review	<b>X</b>	Yes Partial Yes No
5.	Did the review authors perform	study selection in duplicate?		
For Yes,	and achieved consensus on which OR two reviewers selected a sam	ntly agreed on selection of eligible studies a studies to include ple of eligible studies and achieved good with the remainder selected by one	<b>X</b>	Yes No

AMSTAR 2: a critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both

6. Did the review authors perforn	n data autraction in duplicate?					
	n data extraction in duplicate:					
included studies  ☐ OR two reviewers extracted data	from a sample of eligible studies and st 80 percent), with the remainder	X Yes □ No				
7. Did the review authors provide	e a list of excluded studies and justify the ex	xclusions?				
For Partial Yes:	For Yes, must also have:					
X provided a list of all potentially relevant studies that were read in full-text form but excluded from the review	Justified the exclusion from the review of each potentially relevant study	<ul><li>X Yes</li><li>□ Partial Yes</li><li>□ No</li></ul>				
8. Did the review authors describ	e the included studies in adequate detail?					
For Partial Yes (ALL the following):  X described populations X described interventions X described comparators X described outcomes X described research designs	For Yes, should also have ALL the following:  X described population in detail X described intervention in detail (including doses where relevant)  X described comparator in detail (including doses where relevant)  X described study's setting X timeframe for follow-up	X Yes □ Partial Yes □ No				
individual studies that were inc	atisfactory technique for assessing the risk of cluded in the review?	of bias (RoB) in				
<b>RCTs</b> For Partial Yes, must have assessed RoB from	For Yes, must also have assessed RoB from:					
<ul> <li>unconcealed allocation, and</li> <li>lack of blinding of patients and assessors when assessing outcomes (unnecessary for objective outcomes such as all-cause mortality)</li> </ul>	<ul> <li>allocation sequence that was not truly random, and</li> <li>selection of the reported result from among multiple measurements or analyses of a specified outcome</li> </ul>	<ul><li>X Yes</li><li>□ Partial Yes</li><li>□ No</li><li>□ Includes only NRSI</li></ul>				
NRSI For Partial Yes, must have assessed RoB:  X from confounding, and X from selection bias	For Yes, must also have assessed RoB:  X methods used to ascertain exposures and outcomes, and  X selection of the reported result from among multiple measurements or analyses of a specified outcome	<ul><li>X Yes</li><li>□ Partial Yes</li><li>□ No</li><li>□ Includes only RCTs</li></ul>				
10. Did the review authors report on the sources of funding for the studies included in the review?						
	rces of funding for individual studies included g that the reviewers looked for this information y authors also qualifies					

AMSTAR 2: a critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both

11. If meta-analysis was performed did the review authors use appropriate combination of results?	e metho	ods for statistical
RCTs		
For Yes:		
☐ The authors justified combining the data in a meta-analysis		Yes
☐ AND they used an appropriate weighted technique to combine		No
study results and adjusted for heterogeneity if present.	X	No meta-analysis
☐ AND investigated the causes of any heterogeneity		conducted
For NRSI		
For Yes:		Yes
☐ The authors justified combining the data in a meta-analysis	П	No
☐ AND they used an appropriate weighted technique to combine study results, adjusting for heterogeneity if present	_	No meta-analysis
☐ AND they statistically combined effect estimates from NRSI that were adjusted for confounding, rather than combining raw data, or justified combining raw data when adjusted effect estimates were not available		conducted
<ul> <li>AND they reported separate summary estimates for RCTs and NRSI separately when both were included in the review</li> </ul>		
12. If meta-analysis was performed, did the review authors assess the poter individual studies on the results of the meta-analysis or other evidence states.		
For Yes:		
□ included only low risk of bias RCTs		Yes
□ OR, if the pooled estimate was based on RCTs and/or NRSI at variable		
RoB, the authors performed analyses to investigate possible impact of RoB on summary estimates of effect.	>	No meta-analysis conducted
13. Did the review authors account for RoB in individual studies when intresults of the review?	erpreti	ng/ discussing the
For Yes:		
□ included only low risk of bias RCTs	×	Yes
X OR, if RCTs with moderate or high RoB, or NRSI were included the review provided a discussion of the likely impact of RoB on the results		No
14. Did the review authors provide a satisfactory explanation for, and disc heterogeneity observed in the results of the review?	cussion	of, any
For Yes:		
☐ There was no significant heterogeneity in the results		<b>4</b> 37
✓ OR if heterogeneity was present the authors performed an investigation of	>	•
sources of any heterogeneity in the results and discussed the impact of this on the results of the review	L	No No
15. If they performed quantitative synthesis did the review authors carry of investigation of publication bias (small study bias) and discuss its likely the review?		
For Yes:		
<ul> <li>performed graphical or statistical tests for publication bias and discussed</li> </ul>		- 100
the likelihood and magnitude of impact of publication bias		
	×	No meta-analysis conducted

AMSTAR 2: a critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both

16. Did the review authors report any potential sources of conflict of interest, including any funding they received for conducting the review?					
For Yes	:				
×	The authors reported no competing interests OR	X	Yes		
	The authors described their funding sources and how they managed		No		
	potential conflicts of interest				

**To cite this tool:** Shea BJ, Reeves BC, Wells G, Thuku M, Hamel C, Moran J, Moher D, Tugwell P, Welch V, Kristjansson E, Henry DA. AMSTAR 2: a critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both. BMJ. 2017 Sep 21;358:j4008.