

MD&LFD for NAFLD

Patient or population: patients with NAFLD

Settings:

Intervention: MD&LFD

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk Control	Corresponding risk MD&LFD				
TG		The mean tg in the intervention groups was 0.03 standard deviations higher (0.37 lower to 0.42 higher)		100 (3 studies)	⊕⊕⊕⊖ moderate ¹	SMD 0.03 (-0.37 to 0.42)
TC		The mean tc in the intervention groups was 0.33 standard deviations lower (0.84 lower to 0.19 higher)		73 (2 studies)	⊕⊕⊖⊖ low ^{1,2}	SMD -0.33 (-0.84 to 0.19)
HDL-C		The mean hdl-c in the intervention groups was 0.02 standard deviations higher (0.69 lower to 0.74 higher)		124 (4 studies)	⊕⊕⊕⊖ moderate ¹	SMD 0.02 (-0.69 to 0.74)
LDL-C		The mean ldl-c in the intervention groups was 0.17 standard deviations lower (0.59 lower to 0.25 higher)		112 (3 studies)	⊕⊕⊕⊖ moderate ¹	SMD -0.17 (-0.59 to 0.25)
ALT		The mean alt in the intervention groups was 0.16 standard deviations higher (0.28 lower to 0.59 higher)		124 (4 studies)	⊕⊕⊕⊖ moderate ¹	SMD 0.16 (-0.28 to 0.59)
GGT		The mean ggt in the intervention groups was 0.05 standard deviations lower (0.5 lower to 0.41 higher)		75 (3 studies)	⊕⊕⊖⊖ low ^{1,3}	SMD -0.05 (-0.5 to 0.41)
HOMA-IR		The mean homa-ir in the intervention groups was 0.13 standard deviations lower (0.58 lower to 0.32 higher)		100 (3 studies)	⊕⊖⊖⊖ very low ^{1,4}	SMD -0.13 (-0.58 to 0.32)
LSM		The mean lsm in the intervention groups was 0.03 standard deviations higher (0.74 lower to 0.79 higher)		88 (2 studies)	⊕⊕⊖⊖ low ^{1,2}	SMD 0.03 (-0.74 to 0.79)
IHL		The mean ihl in the intervention groups was 0.53 standard deviations higher (0.8 lower to 1.86 higher)		51 (2 studies)	⊕⊕⊖⊖ low ^{1,2,5}	SMD 0.53 (-0.8 to 1.86)
Weight		The mean weight in the intervention groups was 0.23 standard deviations higher (0.13 lower to 0.58 higher)		124 (4 studies)	⊕⊕⊕⊖ moderate ^{1,6}	SMD 0.23 (-0.13 to 0.58)
WC		The mean wc in the intervention groups was 0.12 standard deviations higher (0.5 lower to 0.74 higher)		124 (4 studies)	⊕⊕⊕⊖ moderate ¹	SMD 0.12 (-0.5 to 0.74)
BMI		The mean bmi in the intervention groups was 0.14 standard deviations higher (0.21 lower to 0.5 higher)		124 (4 studies)	⊕⊕⊕⊖ moderate ¹	SMD 0.14 (-0.21 to 0.5)

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval;

GRADE Working Group grades of evidence

High quality: Further research is very unlikely to change our confidence in the estimate of effect.

Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

Very low quality: We are very uncertain about the estimate.

¹ Participants and experimenters were single-blind

² Two studies did not report on this indicator, which could result in a two-level drop in study quality

³ Properzi, C. 2018 results showed that MD was superior to the LFD diet, and the results of the remaining three studies showed no significant difference between MD and LFD for NAFLD, so the quality of the evidence declines at the level

⁴ Two studies, George, E. S. 2022 and Properzi, C. 2018, showed that LFD had better therapeutic effects than the MD diet, while Ryan, M. C. 2013 showed MD had better effects than LFD, and Ristic-Medic, D. 2020 showed no significant differences between MD and LFD in NAFLD therapy, thereby reducing the quality of evidence to two levels.

⁵ The results of George, E. S. 2022 showed that LFD had better therapeutic effects than the MD diet, while Ryan, M. C. 2013 showed MD had better effects than LFD, and the remaining two studies showed no significant difference between MD and LFD in NAFLD therapy, thus reducing the quality of the evidence.

⁶ No explanation was provided