

**Effects of n-3 fatty acid supplements on cardiometabolic profiles in hypertensive patients  
with abdominal obesity in Inner Mongolia: A randomized controlled trial**

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**Table S1. Baseline dietary intake of nutrients in the intention-to-treat patients (n=108)**

Nutrients intake	FO (n=34)	FLO (n=39)	CO (n=35)	<i>P</i> <sup>1</sup>
Total energy, kcal	2243.11±668.85	2178.97±634.78	2111.87±593.64	0.72
Carbohydrate, g	339.10± 91.20	353.77± 103.96	325.88± 88.18	0.48
Total fat, g	66.39± 25.93	56.70± 27.50	63.60± 28.84	0.32
Protein, g	91.32±39.04	93.25±35.33	88.04±31.88	0.84
Vitamin C, mg	71.38±32.97	77.46±33.52	63.09±31.28	0.20
Vitamin E, mg	16.48±10.02	14.74±7.40	13.83±6.83	0.32
Sodium, mg	2359.47±890.10	2351.68±856.67	2323.92±923.62	0.62
Potassium , mg	1843.56±554.34	1982.74±753.51	1794.53±625.22	0.46
Calcium, mg	562.20± 348.65	554.21±325.34	587.85±346.26	0.90
Magnesium, mg	455.11± 195.96	411.68±181.06	427.78± 200.77	0.64
Dietary fiber, g	33.38±19.85	29.33±17.06	30.57±19.18	0.65
Saturated Fat, g	9.51± 6.69	11.23±10.39	11.96±12.89	0.14
Monounsaturated fat, g	6.56±5.22	6.37± 4.18	8.73± 8.32	0.80
Polyunsaturated fat, g	12.13±7.30	12.31±7.87	11.24±7.14	0.55
Saturated/polyunsaturated	0.90±0.20	0.94±0.14	1.02±0.23	0.07

Values are presented as mean ± SD.

<sup>1</sup>*P* value was calculated by One-way ANOVA to indicate the difference between groups.

## Figure S1-S2:

**Figure S1. Changes in erythrocyte phospholipids compositions of n-3 fatty acids by treatment groups.** Groups sharing the same superscript (a or b) have no significant difference from each other in the post hoc analysis ( $p \geq 0.05$ ) after adjustment for age, gender, ethnicity, current drug treatments, baseline corresponding fatty acid and changes in BMI. ALA, alpha-linolenic acid (18:3n3); EPA, eicosapentaenoic acid (20:5n3); DHA, docosahexaenoic acid (22:6n3).

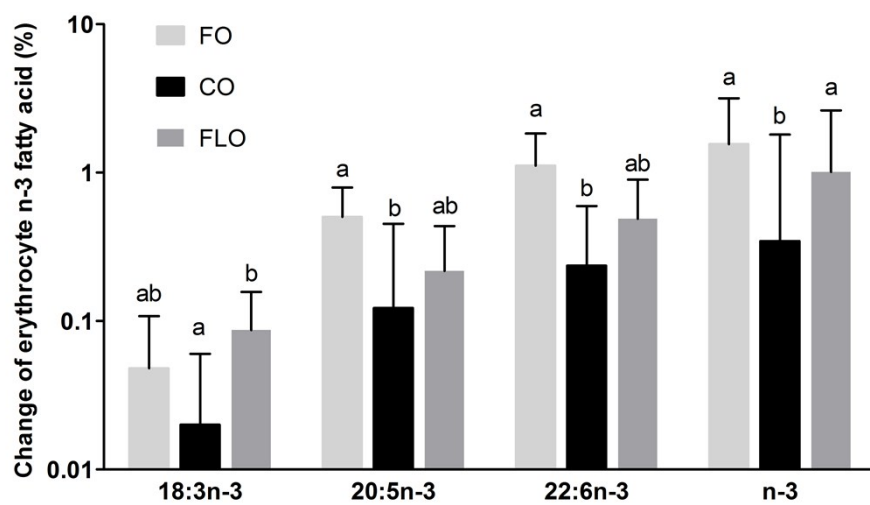


Figure S1. Changes in erythrocyte phospholipids compositions of individual or total n-3 fatty acids by treatment groups.

**Figure S2. Changes in cardiometabolic scores in both intention-to-treat and pre-protocol participants by treatment groups.** The mean changes in CMD scores were compared between pre-protocol (PP) and intention-to-treat (ITT) analyses. CMD changes were indicated by lightgray bar in PP analysis and black bar in ITT analysis, with a corresponding confidence interval (CI) represented by the black error bars.

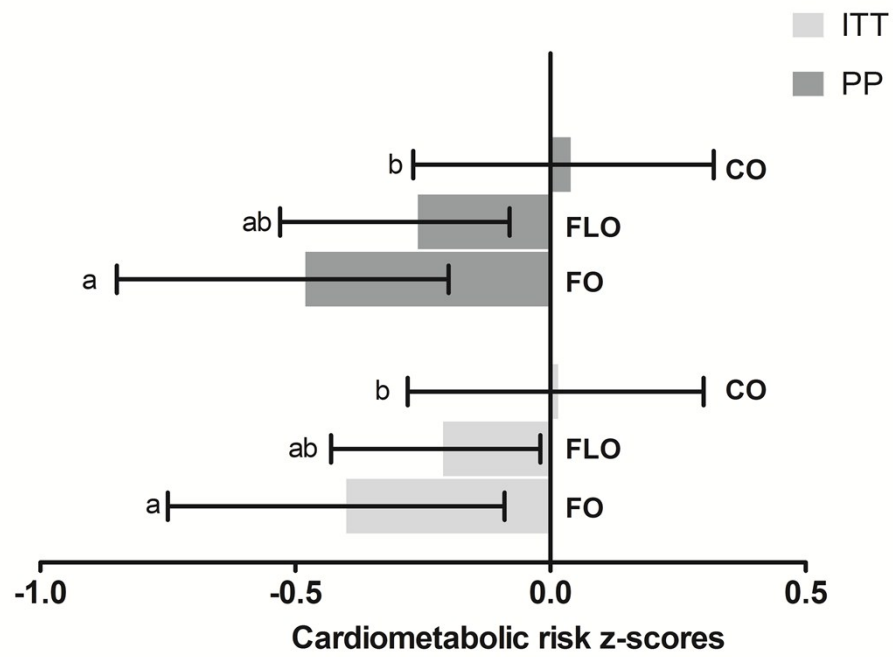


Figure S2. Changes in cardiometabolic risk scores in both intention-to-treat and pre-protocol participants by treatment groups