Bowen J et al. 2018

Methods	RCT, (modified, alternate day fasting meal replacement program (ADF + DER) vs. daily continuous energy restriction meal replacement program (DER)) 16 weeks Summary risk of bias: low to moderate
Participants	Adults with overweight/obesity (aged 25–60 years; Body Mass Index (BMI) >27.0 kg/m^2) were recruited. N: 67 intervention, 68 control Age in years (Mean±SD): 40.0±8.3 intervention, 40.6±8.8 control Gender: 15 males/67 females intervention, 16 males /65 females control Location: Australia
Interventions	Type: alternate day modified fasting(ADMF) Comparison: ADF + DER vs. DER Intervention: Participants allocated to the ADF + DER group followed the DER program for three set days per week (Monday, Wednesday, and Friday)(5000kJ) and alternated with three set modified fasting days (Tuesday, Thursday, and Sunday) (2400kJ). Control: 5000kJ/d Compliance: Participants met individually with a study dietitian every two weeks until week 16. These visits included: troubleshooting, a review of dietary compliance which was assessed by a self-completed 14-day checklist, and a self-rated assessment of compliance to the dietary program on a scale out of 5 stars. Length of intervention: 16 weeks
Outcomes	Main study outcome: participant retention and change in body weight. Dropouts:15 intervention, 13 control Available outcomes: anthropometric and metabolic index
Notes	The variable of gender and age include dropout.

Risk of bias

Bias	Authors' judgment	Support for judgment
Random sequence generation (selection bias)	Low risk	This was a randomized clinical trial.
Allocation concealment (selection bias)	Low risk	Randomization procedures were performed by researchers who were independent of delivering the intervention and assessing outcomes.
Blinding of participants and	High risk	Participants and research

personnel (performance bias) All outcomes		dietitians delivering intervention content could not be blinded
Blinding of outcome assessment (detection bias) All outcomes	Low risk	The remaining study team was blinded to the randomization.
Incomplete outcome data (attrition bias) All outcomes	Low risk	Participant flow well described.
Selective reporting (reporting bias)	Low risk	Clinical Trial Center by code no. ACTRN12616000110482
Attention	Low risk	All participants appear to have had similar frequency and quantity of attention and follow-up.
Compliance	Low risk	Participants met individually with a study dietitian every two weeks until week 16. These visits included: troubleshooting, a review of dietary compliance which was assessed by a self-completed 14-day checklist, and a self-rated assessment of compliance to the dietary program on a scale out of 5 stars.
Other bias	Low risk	No commercial company involved, and no conflict of interest.

Varady KA et al.2013

Methods	RCT, (ADMF vs. control) 12 weeks Summary risk of bias: moderate
Participants	BMI between 20 and 29.9 kg/m^2 ; age between 35 and 65 years N: 15 intervention, 15 control Age in years (Mean±SD): 47±3 intervention, 48±2 control Gender: 5 males/10 females intervention, 3 males /12 females control Location: US
Interventions	Type: ADMF Comparison: ADMF vs. control Intervention: ADMF subjects consumed 25% of their baseline energy needs on the fast day (24 h)(400-600kcal), and then ate ad libitum on each alternating feed day (24 h). Control: Control subjects were permitted to eat ad libitum every day, and were not provided with meals from the research center. Compliance: To assess energy intake on the fast days, ADF subjects were asked to report any extra food items consumed. Additionally, subjects were instructed to return any leftover food items to the HNRU for weighing. At baseline, the Research Dietician provided 15 min of instruction to all participants on how to complete the food records. Length of intervention: 12 weeks
Outcomes	Main study outcome: Hunger, satisfaction, and fullness; Weight loss and body composition; Lipid coronary heart disease risk factors; Non-lipid coronary heart disease risk factors Dropouts:1 intervention, 1 control Available outcomes: anthropometric and metabolic index

Risk of bias

Bias	Authors' judgment	Support for judgment
Random sequence generation (selection bias)	Low risk	This was a randomized clinical trial.
Allocation concealment (selection bias)	Low risk	Subjects were randomized by KAV by way of a stratified random sample.
Blinding of participants and personnel (performance bias) All outcomes	High risk	Participants and research dietitians delivering intervention content could not be blinded.
Blinding of outcome assessment (detection bias) All outcomes	High risk	No blinded.
Incomplete outcome data	Low risk	Participant flow well described.

(attrition bias) All outcomes		
Selective reporting (reporting bias)	Unclear risk	Although the design accorded to RCT specifications, the clinical registration number was lacked.
Attention	Low risk	All participants appear to have had similar frequency and quantity of attention and follow-up.
Compliance	Low risk	To assess energy intake on the fast days, ADF subjects were asked to report any extra food items consumed. Additionally, subjects were instructed to return any leftover food items to the HNRU for weighing. At baseline, the Research Dietician provided 15 min of instruction to all participants on how to complete the food records.
Other bias	Low risk	No commercial company involved, and no conflict of interest.

Bhutani S et al.2013

Methods	RCT, (ADMF vs. control) 12 weeks Summary risk of bias: moderate
Participants	83 were deemed eligible to participate according to a preliminary questionnaire and body mass index (BMI) assessment N: 16 intervention, 16 control Age in years (Mean±SD): 42±2 intervention, 49±2 control Gender: 1 males/24 females intervention, 1 males /15 females control Location: US
Interventions	Type: ADMF Comparison: ADMF vs. control Intervention: participants consumed 25% of their baseline energy needs on the ‘‘fast day’’ (24 h) and consumed food ad libitum on each ‘‘feed day’’ (24 h). Control: Control subjects were permitted to eat ad libitum every day Compliance: The diet consisted of a 3-day rotating menu plan, and all fast day meals were prepared in the metabolic kitchen of the Human Nutrition Research Unit (HNRU). Fast day meals were consumed between 12.00 pm and 2.00 pm to ensure that each subject was undergoing the same duration of fasting. each subject met with a dietician at the beginning of each week to learn how to maintain the ADF regimen on his or her own at home. Length of intervention: 12 weeks
Outcomes	Main study outcome: body weight, body composition, and coronary heart disease(CHD) risk reduction Dropouts:9 intervention, 0 control Available outcomes: anthropometric and metabolic index
Notes	The variable of gender and age include dropout.

Risk of bias

Bias	Authors' judgment	Support for judgment
Random sequence generation (selection bias)	Low risk	This was a randomized clinical trial.
Allocation concealment (selection bias)	Low risk	Subjects were recruited and randomized by the clinical coordinator (SB).
Blinding of participants and personnel (performance bias) All outcomes	High risk	Participants and research dietitians delivering intervention content could not be blinded.
Blinding of outcome assessment (detection bias)	High risk	No blinded.

All outcomes		
Incomplete outcome data (attrition bias) All outcomes	Low risk	Participant flow well described.
Selective reporting (reporting bias)	Unclear risk	Although the design accorded to RCT specifications, the clinical registration number was lacked.
Attention	Low risk	No problem with attention bias.
Compliance	Low risk	The diet consisted of a 3-day rotating menu plan, and all fast day meals were prepared in the metabolic kitchen of the Human Nutrition Research Unit (HNRU). Fast day meals were consumed between 12.00 pm and 2.00 pm to ensure that each subject was undergoing the same duration of fasting. each subject met with a dietician at the beginning of each week to learn how to maintain the ADF regimen on his or her own at home.
Other bias	Low risk	No commercial company involved, and no conflict of interest.

Catenacci VA et al.2016

Methods	RCT, (zero-calorie alternate-day fasting vs. control) 8 weeks Summary risk of bias: high
Participants	Respondents who met initial eligibility criteria (18-55 years, BMI ⩾30 kg/m^2, non-smoker,⩽4.5kg weight change over past 6 months) were invited to a screening visit. N: 13 intervention, 12 control Age in years (Mean±SD): 39.6±9.5 intervention, 42.7±7.9 control Gender: 3 males/10 females intervention, 3 males /9 females control Location: US
Interventions	Type: complete alternate-day fasting(CADF) Comparison: CADF vs. control Intervention: CADF participants were instructed to begin their fast after the evening meal the preceding day, and to consume only water, calorie-free beverages and bouillon/stock cube soup. Control: daily caloric restriction Compliance: All food during the 8-week intervention was provided by the CTRC metabolic kitchen; participants collected pre-prepared research meals twice weekly. Participants were instructed to return any uneaten food for weigh-back and to report any foods eaten in addition to the research meals. Length of intervention: 8 weeks
Outcomes	Main study outcome: Participant Characteristics; Safety Assessments; Body Weight and Body Composition; Lipids and Insulin Sensitivity; Leptin, Ghrelin, and BDNF Dropouts:2 intervention, 2 control Available outcomes: anthropometric and metabolic index

Risk of bias

Bias	Authors' judgment	Support for judgment
Random sequence generation (selection bias)	Low risk	This was a randomized clinical trial.
Allocation concealment (selection bias)	Unclear risk	Not described
Blinding of participants and personnel (performance bias) All outcomes	High risk	Participants and research dietitians delivering intervention content could not be blinded.
Blinding of outcome assessment (detection bias) All outcomes	High risk	No blinded.
Incomplete outcome data (attrition bias)	Low risk	Participant flow well described.

All outcomes		
Selective reporting (reporting bias)	Unclear risk	Although the design accorded to RCT specifications, the clinical registration number was lacked.
Attention	Low risk	No problem with attention bias.
Compliance	Low risk	All food during the 8-week intervention was provided by the CTRC metabolic kitchen; participants collected pre-prepared research meals twice weekly. Participants were instructed to return any uneaten food for weigh-back and to report any foods eaten in addition to the research meals.
Other bias	Unclear risk	evaluation comprehensively

Hutchison AT et al.2019

Methods	RCT, (zero-calorie alternate-day fasting vs. control) 8 weeks Summary risk of bias: moderate to high
Participants	Aged 35 to 70 years women were screened to participate in this single-center, randomized controlled trial. N: 22 intervention①, 22 intervention②,11 control Age in years (Mean±SD): 51±2 intervention①, 49±2intervention ②, 49±3 control Gender: 0 males/22 females intervention①, 0 males/22 females intervention②, 0 males /11 females control Location: Australia
Interventions	Type: CADF Comparison: CADF vs. control Intervention: During the fast, participants were allowed water, small amounts of energy-free foods, black coffee, and/or tea and were provided with 250 mL of very-low-energy. Control: 100% of calculated baseline energy requirements daily. Compliance: Participants completed daily checklists to monitor adherence, and energy intake in weeks 1, 4, and 7 was calculated from 7-day food diaries using Food Works. Participants attended clinic weekly, where they returned the 7-day checklist from the previous week, were weighed, and received individual counseling to maintain compliance. Length of intervention: 8 weeks
Outcomes	Main study outcome: anthropometric and metabolic index Dropouts:3 intervention①, 3 intervention②, 1 control Available outcomes: anthropometric and metabolic index

Risk of bias

Bias	Authors' judgment	Support for judgment
Random sequence generation (selection bias)	Low risk	This was a randomized clinical trial.
Allocation concealment (selection bias)	High risk	Block randomization (four or eight participants) was performed by a research officer
Blinding of participants and personnel (performance bias) All outcomes	High risk	Participants and research dietitians delivering intervention content could not be blinded.
Blinding of outcome assessment (detection bias) All outcomes	High risk	No blinded.
Incomplete outcome data (attrition bias)	Low risk	Participant flow well described.

All outcomes		
Selective reporting (reporting bias)	Low risk	Clinical Trial Center by code NCT01769976
Attention	Low risk	All participants appear to have had similar frequency and quantity of attention and follow-up.
Compliance	Low risk	Participants completed daily checklists to monitor adherence, and energy intake in weeks 1, 4, and 7 was calculated from 7-day food diaries using Food Works. Participants attended clinic weekly, where they returned the 7-day checklist from the previous week, were weighed, and received individual counseling to maintain compliance.
Other bias	Unclear risk	evaluation comprehensively

Moro T et al.2016	
Methods	RCT, (time-restricted feeding (TRF) vs. normal diet group (ND)) 8 weeks Summary risk of bias: low to moderate

Participants	34 subjects (age 29.21 ± 3.8; weight 84.6 ± 6.2 kg) were randomly assigned to a time-restricted feeding group or standard diet group N: 17 intervention, 17 control Age in years (Mean±SD): 29.9±4.1intervention, 28.5±3.5 control Gender: 17 males/0 females intervention, 17 males /0 females control Location: Italy
Interventions	Type: TRF Comparison: TRF vs. ND Intervention: TRF subjects consumed 100 % of their energy needs divided into three meals consumed at 1 p.m., 4 p.m. and 8 p.m., and fasted for the remaining 16 h per 24-h period. Control: ND group ingested their caloric intake as three meals consumed at 8 a.m., 1 p.m. and 8 p.m. Compliance: Every week, subjects were contacted by a dietician in order to check the adherence to the diet protocol. The dietician performed a structured interview about meal timing and composition to obtain this information. Length of intervention: 8 weeks
Outcomes	Main study outcome: anthropometric and metabolic index Dropouts: 0 Available outcomes: anthropometric and metabolic index

Risk of bias

Bias	Authors' judgment	Support for judgment
Random sequence generation (selection bias)	Low risk	This was a randomized clinical trial.
Allocation concealment (selection bias)	Low risk	34 subjects were randomly assigned through computer generated software.
Blinding of participants and personnel (performance bias) All outcomes	High risk	Participants and research dietitians delivering intervention content could not be blinded.
Blinding of outcome assessment (detection bias) All outcomes	Low risk	The research staff conducting outcome assessments was unaware of the assignment of the subjects.
Incomplete outcome data (attrition bias) All outcomes	Low risk	There was no drop out.
Selective reporting (reporting bias)	Unclear risk	Although the design accorded to RCT specifications, the clinical registration number was lacked.

Attention	Low risk	All participants appear to have had similar frequency and quantity of attention and follow-up.
Compliance	Low risk	Every week, subjects were contacted by a dietician in order to check the adherence to the diet protocol. The dietician performed a structured interview about meal timing and composition to obtain this information.
Other bias	Low risk	No commercial company involved, and no conflict of interest.

Tinsley GM et al.2017

Methods	RCT, (TRF vs. control group)

	8 weeks Summary risk of bias: moderate to high
Participants	Generally healthy, recreationally active men N: 10 intervention, 8 control Age in years (Mean±SD): 22.9±4.1intervention, 22.0±2.4 control Gender: 10 males/0 females intervention, 8 males /0 females control Location: US
Interventions	Type: TRF Comparison: TRF vs. control group Intervention: Participants were required to consume all calories in any four-hour window between 4 p.m. and midnight. Control: Participants in the control group were instructed to follow their normal dietary patterns. Compliance: Throughout the duration of the study, daily checklists were completed in order to assess adherence to the TRF days Length of intervention: 8 weeks
Outcomes	Main study outcome: Body composition results Dropouts:10 Available outcomes: anthropometric index

Risk of bias

Bias	Authors' judgment	Support for judgment
Random sequence generation (selection bias)	Low risk	This was a randomized clinical trial.
Allocation concealment (selection bias)	Unclear risk	Not described
Blinding of participants and personnel (performance bias) All outcomes	High risk	Participants and research dietitians delivering intervention content could not be blinded.
Blinding of outcome assessment (detection bias) All outcomes	High risk	No blinded.
Incomplete outcome data (attrition bias) All outcomes	Low risk	Participant flow well described.
Selective reporting (reporting bias)	Unclear risk	Although the design accorded to RCT specifications, the clinical registration number was lacked.
Attention	Low risk	All participants appear to have had similar frequency and quantity of attention and follow-up.

Compliance	Low risk	Throughout the duration of the study, daily checklists were completed in order to assess adherence to the TRF days.
Other bias	Low risk	No commercial company involved, and no conflict of interest.

Li C et al.2017

Methods	RCT, (one-week fasting vs. control group)

	1 week Summary risk of bias: moderate
Participants	Patients with manifest T2DM medically treated with oral hypoglycemic agents and/or insulin. N: 16 intervention, 16 control Age in years (Mean±SD): 64.7±7.0intervention, 65.4±5.7 control Location: Germany
Interventions	Type: very low calorie diet(VLCD) Comparison: one-week fasting vs. control group Intervention: During the fasting period, participants received unrestricted amounts of water, herbal tea (no black or green tea), 200 ml fruit juice and small standardized quantities of light vegetable soup with a maximum total daily energy intake of 1 255 kJ (300 kcal) Control: normal dietary Compliance: Compliance was recorded using personal interviews by study physicians and study nurses. Length of intervention: 1 week
Outcomes	Main study outcome: weight and metabolic outcomes Dropouts: 7 intervention, 7 control Available outcomes: anthropometric and metabolic index
Notes	The variable of gender and age include dropout.

Risk of bias

Bias	Authors' judgment	Support for judgment
Random sequence generation (selection bias)	Low risk	This was a randomized clinical trial.
Allocation concealment (selection bias)	Low risk	Participants were randomly allocated to treatment groups following a non-stratified block-randomization with randomly varying block lengths based on the "ranuni" pseudo-random number generator of the SAS/Base ® statistical software
Blinding of participants and personnel (performance bias) All outcomes	High risk	Participants and research dietitians delivering intervention content could not be blinded.
Blinding of outcome assessment (detection bias) All outcomes	High risk	No blinded.
Incomplete outcome data (attrition bias)	Low risk	Participant flow well described.

All outcomes		
Selective reporting (reporting bias)	Unclear risk	Although the design accorded to RCT specifications, the clinical registration number was lacked.
Attention	Low risk	All participants appear to have had similar frequency and quantity of attention and follow-up.
Compliance	Low risk	Compliance was recorded using personal interviews by study physicians and study nurses.
Other bias	Low risk	No commercial company involved, and no conflict of interest.

Haywood CJ et al.2017

Methods	RCT, (VLCD vs. hypocaloric diet, VLCD vs. healthy eating

	advice) 12 weeks Summary risk of bias: low to moderate
Participants	Volunteers were eligible if they were ⩾65 years, community dwelling, and had a BMI of ⩾32 kg/m^2. N: 41 intervention, 36 control①, 40 control② Gender: 16 males/25 females intervention, 13 males/23 females control①, 16 males /24 females control② Location: Australia
Interventions	Type: VLCD Comparison: VLCD vs. hypocaloric diet, VLCD vs. healthy eating advice Intervention: Two to three meals of the day were replaced with Optifast (Nestle Nutrition) Control①:Participants received healthy eating advice Control②: The diets were nutritionally complete with a 500 kCal/d energy deficit Compliance: Participants visited a physician at the study centre fortnightly, and their weight, waist circumference and blood pressure was measured. Dietitian review occurred fortnightly. Length of intervention: 12 weeks
Outcomes	Main study outcome: Physical function; Anthropometry and body composition; Nutritional parameters Dropouts: 4 intervention, 7 control①, 4control② Available outcomes: anthropometric index

Risk of bias

Bias	Authors' judgment	Support for judgment
Random sequence generation (selection bias)	Low risk	This was a randomized clinical trial.
Allocation concealment (selection bias)	Low risk	Participants were randomized according to a computer generated algorithm with block size of 4, and stratified by gender and the presence of type 2 diabetes.
Blinding of participants and personnel (performance bias) All outcomes	High risk	For safety reasons the investigator was aware of treatment group.
Blinding of outcome assessment (detection bias) All outcomes	Low risk	Assessors blinded to group allocation performed physical function testing.
Incomplete outcome data (attrition bias)	Low risk	Participant flow well described.

All outcomes		
Selective reporting (reporting bias)	Low risk	Clinical Trial Center by code no.ACTRN12611000408987
Attention	Low risk	All participants appear to have had similar frequency and quantity of attention and follow-up.
Compliance	Low risk	Participants visited a physician at the study centre fortnightly, and their weight, waist circumference and blood pressure was measured. Dietitian review occurred fortnightly.
Other bias	Low risk	No commercial company involved, and no conflict of interest.

Hussin NM et al.2013

Methods	RCT, (VLCD vs. control group)

	12 weeks Summary risk of bias: high
Participants	Healthy Malay men (free from any uncontrolled chronic diseases), 50 to 70 years of age, BMI 23.0 to 29.9 kg/m², with no history of mental or physical disabilities were eligible to participate in this study. N: 16 intervention, 15 control Age in years (Mean±SD): 59.7±6.6 intervention, 59.7±6.2 control Gender: 16 males/0 females intervention, 15 males /0 females control Location: Malaysia
Interventions	Type:VLCD Comparison: VLCD vs. control group Intervention: 300-500kcal/day Control: normal diet Compliance: Food Intake Measures for Assessment of Compliance. Compliance was assessed using fasting logs, food diaries, from weekly phone check in logs and verification of the information obtained using surrogate information obtained from participants' family members. Length of intervention: 12 weeks
Outcomes	Main study outcome: Profile of Mood States; Tension Mood; Anger Mood; Vigor Mood; Confusion Mood; Total Mood Disturbance; Depression Dropouts: 0 intervention, 1 control Available outcomes: anthropometric index

Risk of bias

Bias	Authors' judgment	Support for judgment
Random sequence generation (selection bias)	Low risk	This was a randomized clinical trial.
Allocation concealment (selection bias)	Unclear risk	Not mentioned.
Blinding of participants and personnel (performance bias) All outcomes	High risk	Participants and research dietitians delivering intervention content could not be blinded.
Blinding of outcome assessment (detection bias) All outcomes	High risk	No blinded.
Incomplete outcome data (attrition bias) All outcomes	Low risk	Participant flow well described.
Selective reporting (reporting	Unclear risk	Although the design accorded to

bias)		RCT specifications, the clinical registration number was lacked.
Attention	Low risk	All participants appear to have had similar frequency and quantity of attention and follow-up.
Compliance	Low risk	Food Intake Measures for Assessment of Compliance. Compliance was assessed using fasting logs, food diaries, from weekly phone check in logs and verification of the information obtained using surrogate information obtained from participants' family members.
Other bias	Unclear risk	evaluation comprehensively

Methods	RCT, (VLCD vs. normal diet) 2 weeks Summary risk of bias: low to moderate
Participants	patients with symptomatic gallstones and BMI >30 kg/m^2 46 patients were randomized to a VLCD or normal diet for two weeks. N: 21 intervention, 25 control Age in years (Mean±SD): 43.5±31.1 intervention, 48±35.5 control Gender: 0 males/21 females intervention, 4 males /21 females control Location: UK
Interventions	Type: VLCD Comparison: VLCD vs. normal diet Intervention: The VLCD comprised a two week calorie-restricted diet aiming for a total calorific intake of 800 Kcal/day Control: normal diet Compliance: Dietician advice was available to both arms of the study. All patients were asked to complete a detailed dietary survey for the two weeks prior to surgery. Length of intervention: 2 weeks
Outcomes	Main study outcome: The primary outcome measure of this study was operative time, measured from first incision to end of skin closure. Dropouts: 0 Available outcomes: anthropometric index

Risk of bias

Bias	Authors' judgment	Support for judgment
Random sequence generation (selection bias)	Low risk	This was a randomized clinical trial.
Allocation concealment (selection bias)	Low risk	Randomisation was performed using a computer-generated random number list (Microsoft Excel) with the necessary information (very low calorie diet or control group) being sealed in numeric order envelopes by someone independent of the study.
Blinding of participants and personnel (performance bias) All outcomes	High risk	Participants and research dietitians delivering intervention content could not be blinded.
Blinding of outcome assessment (detection bias) All outcomes	Low risk	This was a single centre, blinded, prospective, randomized controlled trial

Incomplete outcome data (attrition bias) All outcomes	Low risk	There was no drop out.
Selective reporting (reporting bias)	Low risk	REC number 10/H0305/78
Attention	Low risk	The anaesthetic regime was the same for each patient, all patients underwent routine therapy.
Compliance	Low risk	Dietician advice was available to both arms of the study. All patients were asked to complete a detailed dietary survey for the two weeks prior to surgery.
Other bias	Low risk	No commercial company involved, and no conflict of interest.

Methods	RCT, (VLCD vs. control group) 12 weeks Summary risk of bias: high
Participants	Healthy Malay men (free from any uncontrolled chronic diseases), 50 to 70 years of age, BMI 23.0 to 29.9 kg/m², with no history of mental or physical disabilities were eligible to participate in this study. N: 12 intervention, 13 control Age in years (Mean±SD): 59.3±3.4 intervention, 58.3±6.3 control Gender: 12 males/0 females intervention, 13 males /0 females control Location: Malaysia
Interventions	Type: VLCD Comparison: VLCD vs. control group Intervention: 300-500kcal/day Control: normal diet Compliance: Food Intake Measures for Assessment of Compliance. Compliance was assessed using fasting logs, food diaries, from weekly phone check in logs and verification of the information obtained using surrogate information obtained from participants' family members. Length of intervention: 12 weeks
Outcomes	Main study outcome: Food intake and body composition; Quality of life Dropouts: 2 intervention, 1 control Available outcomes: anthropometric index

Risk of bias

Bias	Authors' judgment	Support for judgment
Random sequence generation (selection bias)	Low risk	This was a randomized clinical trial.
Allocation concealment (selection bias)	Unclear risk	Not mentioned.
Blinding of participants and personnel (performance bias) All outcomes	High risk	Participants and research dietitians delivering intervention content could not be blinded.
Blinding of outcome assessment (detection bias) All outcomes	High risk	No blinded.
Incomplete outcome data (attrition bias) All outcomes	Low risk	Participant flow well described.
Selective reporting (reporting	Unclear risk	Although the design accorded to

bias)		RCT specifications, the clinical registration number was lacked.
Attention	Low risk	All participants appear to have had similar frequency and quantity of attention and follow-up.
Compliance	Low risk	Food Intake Measures for Assessment of Compliance. Compliance was assessed using fasting logs, food diaries, from weekly phone check in logs and verification of the information obtained using surrogate information obtained from participants' family members.
Other bias	Unclear risk	evaluation comprehensively

Arai K et al.1992

Methods	RCT, (VLCD vs. low-calorie diet (LCD)) 8 weeks Summary risk of bias: high
Participants	Forty-five obese patients (12 male and 33 female) were treated either by the VLCD or by the supplemental LCD, randomly, at an outpatient clinic. N: 20 intervention, 25 control Age in years (Mean±SD): 31.6±13.1 intervention, 35.3±11.7 control Location: Japan
Interventions	Type: VLCD Comparison: VLCD vs. LCD Intervention: Twenty obese patients (31.6±13.1y; BMI 32.9±6.1) were treated for 1-2 month by the VLCD with use of five packages of Optifast 70. This provided a daily energy intake of 1757 kJ. Control: Another 25 patients were treated for 1-2 month by the supplemental LCD of 3515-5021 kJ/d Compliance: All the patients attended our outpatient clinic and their body weights were measured every other week during the treatment. Length of intervention: 8 weeks
Outcomes	Main study outcome: anthropometric and metabolic index Dropouts: 0 Available outcomes: anthropometric and metabolic index

Risk of bias

Bias	Authors' judgment	Support for judgment
Random sequence generation (selection bias)	Low risk	This was a randomized clinical trial.
Allocation concealment (selection bias)	High risk	Obviously not used.
Blinding of participants and personnel (performance bias) All outcomes	High risk	Participants and research dietitians delivering intervention content could not be blinded.
Blinding of outcome assessment (detection bias) All outcomes	High risk	No blinded.
Incomplete outcome data (attrition bias) All outcomes	Low risk	Participant flow well described.
Selective reporting (reporting bias)	Unclear risk	Although the design accorded to RCT specifications, the clinical registration number was lacked.

Attention	Low risk	All participants appear to have had similar frequency and quantity of attention and follow-up.
Compliance	Low risk	All the patients attended our outpatient clinic and their body weights were measured every other week during the treatment.
Other bias	Unclear risk	evaluation comprehensively

Methods	RCT, (VLCD vs. control group) 12 weeks Summary risk of bias: high
Participants	Healthy Malay men (free from any uncontrolled chronic diseases), 50 to 70 years of age, BMI 23.0 to 29.9 kg/m², with no history of mental or physical disabilities were eligible to participate in this study. N: 28 intervention, 28 control Age in years (Mean±SD): 59.6±5.4 intervention, 59.1±6.2 control Gender: 28 males/0 females intervention, 28 males /0 females control Location: Malaysia
Interventions	Type: VLCD Comparison: VLCD vs. control group Intervention: 300-500kcal/day Control: normal diet Compliance: Subjects were contacted once a week via telephone calls. Family members, especially the spouse, were also interviewed to obtain information regarding subjects' dietary intake. Length of intervention: 12 weeks
Outcomes	Main study outcome: anthropometric and metabolic index Dropouts: 0 Available outcomes: anthropometric and metabolic index

Risk of bias

Bias	Authors' judgment	Support for judgment
Random sequence generation (selection bias)	Low risk	This was a randomized clinical trial.
Allocation concealment (selection bias)	Unclear risk	Not mentioned.
Blinding of participants and personnel (performance bias) All outcomes	High risk	Participants and research dietitians delivering intervention content could not be blinded.
Blinding of outcome assessment (detection bias) All outcomes	High risk	No blinded.
Incomplete outcome data (attrition bias) All outcomes	Low risk	There was no drop out.
Selective reporting (reporting bias)	Unclear risk	Although the design accorded to RCT specifications, the clinical registration number was lacked.

Attention	Low risk	All participants appear to have had similar frequency and quantity of attention and follow-up.
Compliance	Low risk	Subjects were contacted once a week via telephone calls. Family members, especially the spouse, were also interviewed to obtain information regarding subjects' dietary intake.
Other bias	Unclear risk	evaluation comprehensively

Paisey RB et al. 1995

Methods	RCT, (VLCD vs. intensive conventional diet(ICD)) 12 weeks Summary risk of bias: high
Participants	52 subjects were successfully recruited into the group of their preference. N: 14 intervention, 14 control Age in years (Mean±SD): 53.9±5.7 intervention, 55.4±7.3 control Gender: 7 males/7 females intervention, 3 males /11 females control Location: UK
Interventions	Type: VLCD Comparison: VLCD vs. ICD Intervention: The formula used was Lipotrim, providing 400-700kcal/day for women and 540-670kcal/day for men. Control: intensive conventional diet Compliance: These sessions were run by two nurses with the counsellor and medical practitioner available as required. Length of intervention: 12 weeks
Outcomes	Main study outcome: anthropometric and metabolic index Dropouts: 5 Available outcomes: anthropometric and metabolic index

Risk of bias

Bias	Authors' judgment	Support for judgment
Random sequence generation (selection bias)	Unclear risk	Not mentioned.
Allocation concealment (selection bias)	High risk	Obviously not used.
Blinding of participants and personnel (performance bias) All outcomes	High risk	Participants and research dietitians delivering intervention content could not be blinded.
Blinding of outcome assessment (detection bias) All outcomes	High risk	No blinded.
Incomplete outcome data (attrition bias) All outcomes	Unclear risk	Reason of dropout was not mentioned.
Selective reporting (reporting bias)	Unclear risk	Although the design accorded to RCT specifications, the clinical registration number was lacked.
Attention	Low risk	All participants appear to have had similar frequency and quantity of attention and follow-

		up.
Compliance	Low risk	These sessions were run by two nurses with the counsellor and medical practitioner available as required.
Other bias	High risk	evaluation comprehensively

Wing RR et al. 1994

Methods	RCT, (VLCD vs. ICD) 16 weeks Summary risk of bias: high
Participants	Newspaper advertisements were used to recruit overweight persons with type II diabetes who were either more than 30% or more than 18 kg above ideal body weight based on Metropolitan Life Insurance norms. N: 45 intervention, 48 control Age in years (Mean±SD): 52.3±10.7 intervention, 51.3±8.7 control Gender: 15 males/30 females intervention, 18 males /30 females control Location: US
Interventions	Type: VLCD Comparison: VLCD vs. ICD Intervention: The VLCD group was prescribed a diet of 400 to 500 kcal per day. Control: The LCD group was assigned a calorie intake goal of 1,000 to 1,200 kcal per day throughout the program. Length of intervention: 16 weeks
Outcomes	Main study outcome: Weight Loss; Glycemic Control; Changes in Cardiovascular Risk Factors; Psychologic Changes and Responses to the VLCD Dropouts: 0 Available outcomes: anthropometric and metabolic index

Risk of bias

Bias	Authors' judgment	Support for judgment
Random sequence generation (selection bias)	Low risk	This was a randomized clinical trial.
Allocation concealment (selection bias)	High risk	Obviously not used.
Blinding of participants and personnel (performance bias) All outcomes	High risk	Participants and research dietitians delivering intervention content could not be blinded.
Blinding of outcome assessment (detection bias) All outcomes	High risk	No blinded.
Incomplete outcome data (attrition bias) All outcomes	Low risk	No dropout.
Selective reporting (reporting bias)	Unclear risk	Although the design accorded to RCT specifications, the clinical registration number was lacked.

Attention	Low risk	All participants appear to have had similar frequency and quantity of attention and follow-up.
Compliance	Unclear risk	Not mentioned.
Other bias	Unclear risk	evaluation comprehensively

Torgerson JS et al. 1997

Methods	RCT, (VLCD vs. regular dietary and behavioural support) 12 weeks Summary risk of bias: moderate
Participants	113 obese men and women aged 37–58y, BMI>32.0kg/m^2, participating in the Swedish Obese Subjects (SOS) study. N: 58 intervention, 55 control Age in years (Mean±SD): 47.3±6.7 intervention, 46.9±5.8 control Gender: 22 males/36 females intervention, 17 males /38 females control Location: Sweden
Interventions	Type: VLCD Comparison: VLCD vs. regular dietary and behavioral support Intervention: Subjects in the VLCD-group were provided with 1909–2545kJ/d (456–608kcal/d). Control: Received supportive program only. Compliance: patients met a dietitian for individual nutritional counseling. Food records were kept for 4d before each visit and analyzed records were discussed with each patient. Length of intervention: 12 weeks
Outcomes	Main study outcome: Weight loss Dropouts: 0 Available outcomes: Weight loss

Risk of bias

Bias	Authors' judgment	Support for judgment
Random sequence generation (selection bias)	Low risk	This was a randomized clinical trial.
Allocation concealment (selection bias)	Low risk	Subjects were randomized consecutively to either treatment group, using a set of 100 sealed envelopes per hospital, prepared in random order by a staff member at the SOS-secretariat who did not participate further in the study.
Blinding of participants and personnel (performance bias) All outcomes	High risk	Participants and research dietitians delivering intervention content could not be blinded.
Blinding of outcome assessment (detection bias) All outcomes	High risk	No blinded.
Incomplete outcome data (attrition bias) All outcomes	Low risk	No dropout.

Selective reporting (reporting bias)	Unclear risk	Although the design accorded to RCT specifications, the clinical registration number was lacked.
Attention	Low risk	No problem with attention bias.
Compliance	Low risk	patients met a dietitian for individual nutritional counseling. Food records were kept for 4d before each visit and analyzed records were discussed with each patient.
Other bias	Low risk	No commercial company involved, and no conflict of interest.

Wadden TA et al. 1994

Methods	RCT, (VLCD vs. balanced deficit diet (BDD)) 16 weeks Summary risk of bias: high
Participants	Subjects were 49 women with a mean age of 39.31 years, height of 164.38 cm, weight of 106.33 kg, and BMI of 39.46. N: 26 intervention, 17 control Age in years (Mean±SD): 36.8±8.9 intervention, 42.9±10.1control Gender: 0 males/28 females intervention, 0 males /21 females control Location: US
Interventions	Type: VLCD Comparison: VLCD vs. BDD Intervention: 420 kcal/d Control: 1200 kcal/day Compliance: The procedure was supervised by the dietitian. Length of intervention: 16 weeks
Outcomes	Main study outcome: Weight and body composition; Mood and binge eating Dropouts: 6 Available outcomes: Weight and body composition
Notes	The variable of gender and age include dropout.

Risk of bias

Bias	Authors' judgment	Support for judgment
Random sequence generation (selection bias)	Low risk	This was a randomized clinical trial.
Allocation concealment (selection bias)	Unclear risk	Not mentioned.
Blinding of participants and personnel (performance bias) All outcomes	High risk	Participants and research dietitians delivering intervention content could not be blinded.
Blinding of outcome assessment (detection bias) All outcomes	High risk	No blinded.
Incomplete outcome data (attrition bias) All outcomes	Unclear risk	Reason of dropout was not mentioned.
Selective reporting (reporting bias)	Unclear risk	Although the design accorded to RCT specifications, the clinical registration number was lacked.
Attention	Low risk	No problem with attention bias.
Compliance	Low risk	The procedure was supervised by the dietitian.

Other bias	Low risk	No commercial company involved, and no conflict of interest.

Purcell K et al. 2014

Methods	RCT, (rapid weight loss programme vs. gradual weight loss programme) 12 weeks Summary risk of bias: low to moderate
Participants	Eligible patients at screening were obese (BMI 30.0–45.0 kg/m²), otherwise healthy, and aged between 18 and 70 years. N: 76 intervention, 51 control Age in years (Mean±SD): 49.6±10.9 intervention, 50.1±11.1control Gender: 26 males/71 females intervention, 25 males /78 females control Location: Australia
Interventions	Type: VLCD Comparison: rapid weight loss programme vs. gradual weight loss programme Intervention: participants consumed a commercially available very low energy diet preparation according to the manufacturer's recommendations, for 12 weeks. This diet contains between 450 and 800 kcal per day. Control: participants consumed an energy-reduced diet (400–500 kcal per day deficit), on the basis of recommendations in the Australian Guide to Healthy Eating. Compliance: Adherence to the diets was estimated by the rate at which participants were losing weight. Length of intervention: 12 weeks
Outcomes	Main study outcome: weight loss Dropouts: 21 intervention/ 52 control Available outcomes: Weight and body composition
Notes	The variable of gender and age include dropout.

Risk of bias

Bias	Authors' judgment	Support for judgment
Random sequence generation (selection bias)	Low risk	This was a randomized clinical trial.
Allocation concealment (selection bias)	Low risk	Randomisation was done with a computer-generated randomization sequence with a block design accounting for the potential confounding factors
Blinding of participants and personnel (performance bias) All outcomes	High risk	Participants, dietitians, study investigators, and research staff who did the assessments were not masked to treatment assignments.
Blinding of outcome assessment (detection bias)	Low risk	Laboratory staff was masked to treatment assignments.

All outcomes		
Incomplete outcome data (attrition bias) All outcomes	Low risk	Participant flow well described.
Selective reporting (reporting bias)	Low risk	Trial registry code: ACTRN12611000190909
Attention	Low risk	No problem with attention bias.
Compliance	Low risk	Adherence to the diets was estimated by the rate at which participants were losing weight.
Other bias	Low risk	No commercial company involved, and no conflict of interest.

Stenius-Aarniala B et al. 2000

Methods	RCT, (VLCD vs. control group) 8 weeks Summary risk of bias: moderate
Participants	Two groups of 19 obese patients with asthma (BMI (kg/m^2) 30 to 42) recruited through newspaper advertisements. N: 19 intervention, 19 control Location: Finland
Interventions	Type: VLCD Comparison: VLCD vs. control group Intervention: The daily dose gave 1760 kJ of energy and contained daily allowances of all essential nutrients Control: normal diet Compliance: All participants received normal medical care throughout the study. Length of intervention: 8 weeks
Outcomes	Main study outcome: Body weight, morning peak expiratory flow (PEF), forced vital capacity (FVC), forced expiratory volume in one second (FEV 1); and also asthma symptoms, number of acute episodes, courses of oral steroids, health status (quality of life). Dropouts: 0 Available outcomes: Weight loss

Risk of bias

Bias	Authors' judgment	Support for judgment
Random sequence generation (selection bias)	Low risk	This was a randomized clinical trial.
Allocation concealment (selection bias)	Low risk	Randomization was by "shuffling cards," with the help of someone not involved in the study.
Blinding of participants and personnel (performance bias) All outcomes	High risk	Participants and research dietitians delivering intervention content could not be blinded.
Blinding of outcome assessment (detection bias) All outcomes	High risk	No blinded.
Incomplete outcome data (attrition bias) All outcomes	Low risk	No drop out.
Selective reporting (reporting bias)	Unclear risk	Although the design accorded to RCT specifications, the clinical registration number was lacked.
Attention	Low risk	No problem with attention bias.
Compliance	Low risk	All participants received normal

		medical care throughout the study.
Other bias	Low risk	No commercial company involved, and no conflict of interest.

Wadden TA et al. 1986

Methods	RCT, (VLCD vs. control group) 8 weeks Summary risk of bias: high
Participants	N: 15 intervention, 16 control Age in years (Mean±SD): 44.3±8.7 intervention, 44.3±8.6 control Gender: 2 males/13 females intervention, 3 males /13 females control Location: US
Interventions	Type: VLCD Comparison: VLCD vs. control group

	Intervention: They consumed a very low calorie diet (400-500 kcal/ day) consisting of lean meat, fish, and fowl. Control: Subjects consumed a 1000-1200-balanced calorie diet (of their choosing) throughout the study. Compliance: Two doctoral-level clinical psychologists led the groups, following procedures described in detailed treatment manuals, which differed for each condition. Each psychologist led at least one group in each of the three treatment conditions. Length of intervention: 8 weeks
Outcomes	Main study outcome: Weight loss; Blood Pressure; Depression Dropouts: 3 intervention, 2 control Available outcomes: Weight loss

Risk of bias

Bias	Authors' judgment	Support for judgment
Random sequence generation (selection bias)	Low risk	This was a randomized clinical trial.
Allocation concealment (selection bias)	Unclear risk	Not mentioned.
Blinding of participants and personnel (performance bias) All outcomes	High risk	Participants and research dietitians delivering intervention content could not be blinded.
Blinding of outcome assessment (detection bias) All outcomes	High risk	No blinded.
Incomplete outcome data (attrition bias) All outcomes	Unclear risk	Reason of dropout was not mentioned.
Selective reporting (reporting bias)	Unclear risk	Although the design accorded to RCT specifications, the clinical registration number was lacked.
Attention	Low risk	No problem with attention bias.
Compliance	Low risk	Two doctoral-level clinical psychologists led the groups, following procedures described in detailed treatment manuals, which differed for each condition. Each psychologist led at least one group in each of the three treatment conditions.
Other bias	Unclear risk	evaluation comprehensively

Tuomilehto H et al. 2010

Methods	RCT, (VLCD vs. control group) 12 weeks Summary risk of bias: low to moderate
Participants	Eighty-one consecutive overweight adult patients with mild OSA were recruited. N: 35 intervention, 36 control Age in years (Mean±SD): 51.8±9.0 intervention, 51.7±8.8 control Gender: 26 males/9 females intervention, 27 males /9 females control Location: Finland

Interventions	Type: VLCD Comparison: VLCD vs. control group Intervention: The intervention was initiated with a 12-wk VLCD providing 600–800 kcal/d. Control: standard diet Compliance: Compliance with the program was based on achieving the lifestyle goals agreed on by the nutritionist and the individual patient at the beginning of the intervention. The nutritionist provided face-to-face counseling individually tailored to each patient in the intervention group and also participated in the group sessions. The subjects in the control group were given standard care by the study nurse and physician. Length of intervention: 12 weeks
Outcomes	Main study outcome: anthropometric and metabolic index Dropouts: 5 intervention, 5 control Available outcomes: anthropometric and metabolic index

Risk of bias

Bias	Authors' judgment	Support for judgment
Random sequence generation (selection bias)	Low risk	This was a randomized clinical trial.
Allocation concealment (selection bias)	Low risk	A block randomization, but no stratification, was used in the allocation of the participants.
Blinding of participants and personnel (performance bias) All outcomes	High risk	Participants and research dietitians delivering intervention content could not be blinded.
Blinding of outcome assessment (detection bias) All outcomes	High risk	No blinded.
Incomplete outcome data (attrition bias) All outcomes	Low risk	Participant flow well described.
Selective reporting (reporting bias)	Low risk	Trial registry code:NCT00486746
Attention	Low risk	No problem with attention bias.
Compliance	Low risk	Compliance with the program was based on achieving the lifestyle goals agreed on by the nutritionist and the individual patient at the beginning of the intervention. The nutritionist provided face-to-face counseling

		individually tailored to each patient in the intervention group and also participated in the group sessions. The subjects in the control group were given standard care by the study nurse and physician.
Other bias	Low risk	No commercial company involved, and no conflict of interest.

Tuomilehto HP et al. 2009

Methods	RCT, (VLCD vs. control group) 12 weeks Summary risk of bias: moderate
Participants	Eighty-one consecutive overweight adult patients with mild OSA were recruited. N: 35 intervention, 37 control Age in years (Mean±SD): 51.8±9.0 intervention, 50.9±8.6 control Gender: 26 males/9 females intervention, 27 males /10 females

	control Location: Finland
Interventions	Type: VLCD Comparison: VLCD vs. control group Intervention: The intervention was initiated with a 12-wk VLCD providing 600–800 kcal/d. Control: standard diet Compliance: Compliance with the program and supervision for any possible adverse events were monitored by individual interviews at each visit by the nutritionist. Length of intervention: 12 weeks
Outcomes	Main study outcome: anthropometric and metabolic index Dropouts: 5 intervention, 4 control Available outcomes: anthropometric and metabolic index

Risk of bias

Bias	Authors' judgment	Support for judgment
Random sequence generation (selection bias)	Low risk	This was a randomized clinical trial.
Allocation concealment (selection bias)	Low risk	A block randomization, but no stratification, was used in the allocation of the participants.
Blinding of participants and personnel (performance bias) All outcomes	High risk	Participants and research dietitians delivering intervention content could not be blinded.
Blinding of outcome assessment (detection bias) All outcomes	High risk	No blinded.
Incomplete outcome data (attrition bias) All outcomes	Low risk	Participant flow well described.
Selective reporting (reporting bias)	Unclear risk	Although the design accorded to RCT specifications, the clinical registration number was lacked.
Attention	Low risk	No problem with attention bias.
Compliance	Low risk	Compliance with the program and supervision for any possible adverse events were monitored by individual interviews at each visit by the nutritionist.
Other bias	Low risk	No commercial company involved, and no conflict of interest.

Wadden TA et al. 1988

Methods	RCT, (VLCD vs. control group) 8 weeks Summary risk of bias: high
Participants	Subjects were the 43 women and 7 men N: 15 intervention, 16 control Age in years (Mean±SD): 44.3±8.7 intervention, 44.3±8.6 control Gender: 2 males/13 females intervention, 3 males /13 females control

	Location: US
Interventions	Type: VLCD Comparison: VLCD vs. control group Intervention: They consumed a very low calorie diet (400-500 kcal/ day) consisting of lean meat, fish, and fowl. Control: Subjects consumed a 1000-1200-balanced calorie diet (of their choosing) throughout the study. Compliance: Two doctoral-level clinical psychologists led the groups, following procedures described in detailed treatment manuals, which differed for each condition. Each psychologist led at least one group in each of the three treatment conditions. Length of intervention: 8 weeks
Outcomes	Main study outcome: Weight loss; Weight Regainers and Weight Maintainers; Psychological Functioning Dropouts: 3 intervention, 2 control Available outcomes: Weight loss

Risk of bias

Bias	Authors' judgment	Support for judgment
Random sequence generation (selection bias)	Low risk	This was a randomized clinical trial.
Allocation concealment (selection bias)	Unclear risk	Not mentioned.
Blinding of participants and personnel (performance bias) All outcomes	High risk	Participants and research dietitians delivering intervention content could not be blinded.
Blinding of outcome assessment (detection bias) All outcomes	High risk	No blinded.
Incomplete outcome data (attrition bias) All outcomes	Unclear risk	Reason of dropout was not mentioned.
Selective reporting (reporting bias)	Unclear risk	Although the design accorded to RCT specifications, the clinical registration number was lacked.
Attention	Low risk	No problem with attention bias.
Compliance	Low risk	Two doctoral-level clinical psychologists led the groups, following procedures described in detailed treatment manuals, which differed for each condition. Each psychologist led at least one group in each of the

		three treatment conditions.
Other bias	Unclear risk	evaluation comprehensively

Williams KV et al. 1998

Methods	RCT, (PF vs. standard behavioral therapy) 20 weeks Summary risk of bias: moderate to high
Participants	Individuals with type 2 diabetes who were ⩾20% over ideal body weight participated in a 20-week behavioral weight control program. N: 16 intervention, 14 control

	Age in years (Mean±SD): 51.4±7.9 intervention, 54.1±7.0 control Gender: 9 males/9 females intervention, 7 males /11 females control Location: US
Interventions	Type: PF Comparison: PF vs. standard behavioral therapy Intervention: 400-600 kcal/day Control: 1,500-1,800 kcal/day Compliance: A registered dietitian reviewed these diaries weekly and provided all subjects with individualized written comments regarding their reported diet and exercise in order to insure compliance with the study protocol. Length of intervention: 20 weeks
Outcomes	Main study outcome: anthropometric and metabolic index Dropouts: 0 Available outcomes: anthropometric and metabolic index
Notes	The variable of gender and age include dropout.

Risk of bias

Bias	Authors' judgment	Support for judgment
Random sequence generation (selection bias)	Low risk	This was a randomized clinical trial.
Allocation concealment (selection bias)	Unclear risk	Not mentioned.
Blinding of participants and personnel (performance bias) All outcomes	High risk	Participants and research dietitians delivering intervention content could not be blinded.
Blinding of outcome assessment (detection bias) All outcomes	High risk	No blinded.
Incomplete outcome data (attrition bias) All outcomes	Low risk	No drop out.
Selective reporting (reporting bias)	Unclear risk	Although the design accorded to RCT specifications, the clinical registration number was lacked.
Attention	Low risk	No problem with attention bias.
Compliance	Low risk	A registered dietitian reviewed these diaries weekly and provided all subjects with individualized written comments regarding their reported diet and exercise in order to insure compliance with

		the study protocol.
Other bias	Low risk	No commercial company involved, and no conflict of interest.