

Microbiome, diet, and cardiometabolic health

Supplementary Text as supplied by author

Systematic Search of Interventions targeting Cardiometabolic Diseases/Disorders

Systematic PubMed Search

We have aimed to systematically cover the evidence for dietary interventions on cardiometabolic outcomes by targeting the gut microbiome. To do so we have carried out a systematic search on PubMed using the search terms “probiotics” OR “prebiotics” OR “synbiotics” OR “paraprobiotics” OR “postbiotics”) AND (“cardiometabolic” OR “blood pressure” OR “obesity” OR “diabetes” OR “heart disease” OR “metabolic syndrome” OR “atherosclerosis” OR “hypertension”) AND (“microbiota” OR “clinical trials” OR “prevention” OR “treatment” OR “therapy”).

The search yielded a total of 385 abstracts. Each abstract and the associated published paper (if freely available) were thoroughly searched and to retain only those studies satisfying the following criteria:

1. The study focused on a Randomized Controlled Trial.
2. The focus of the study (i.e. identified from the focus population or the clinical parameters profiled) was a specific disorder associated with cardiometabolic health. Specifically, this list of disorders was broadly divided into namely categories namely, InsRes/T2D/GDM (Insulin Resistance, Type II Diabetes, Gestational Diabetes Mellitus), Obesity, Liver Disorders (including NAFLD, Hepatic Disorders, Cirrhosis), MetS/CMD risk (Metabolic Syndrome and General Cardiometabolic Risk), Cardiovascular Disease (including Atherosclerosis, Hypertension, Stroke, Coronary Artery Disease).
3. We excluded all studies focusing on pediatric populations (that is the study population with age less than or equal to 18 years).

Out of 385 summaries, 214 were interventions that had as outcomes one or more clinical traits related to cardiometabolic health, and that also measured gut microbiome composition or gut microbial metabolites or, if neither was measured, the intervention specifically related to gut microbes (i.e. probiotics) (**Supplementary Table S1**).

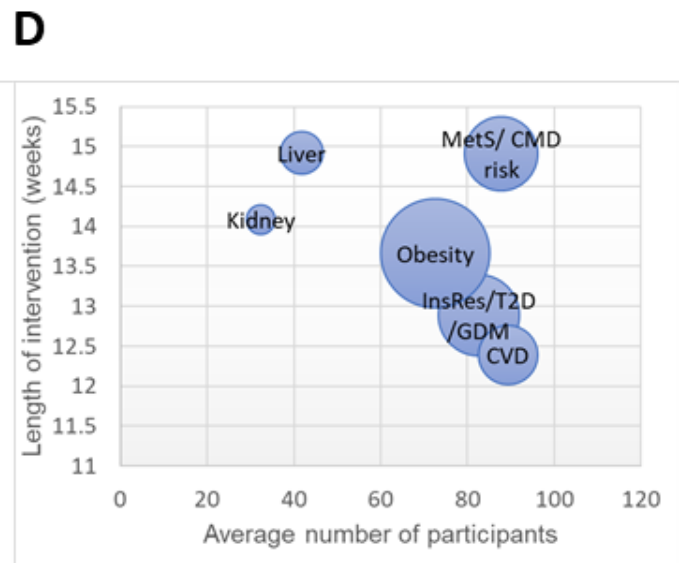
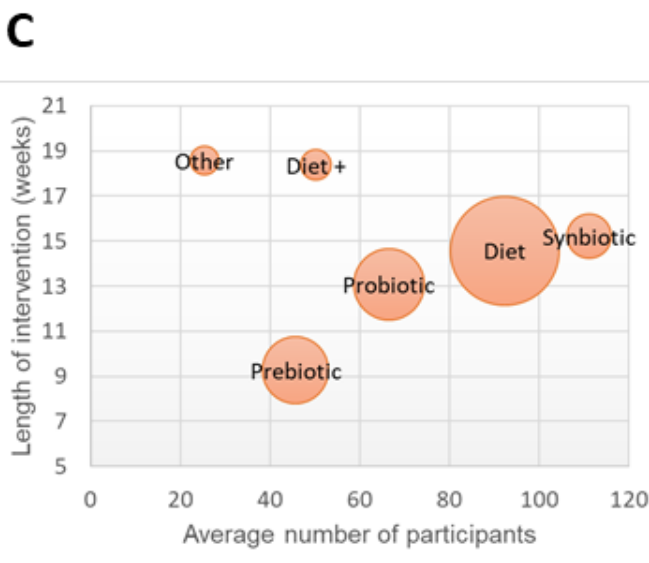
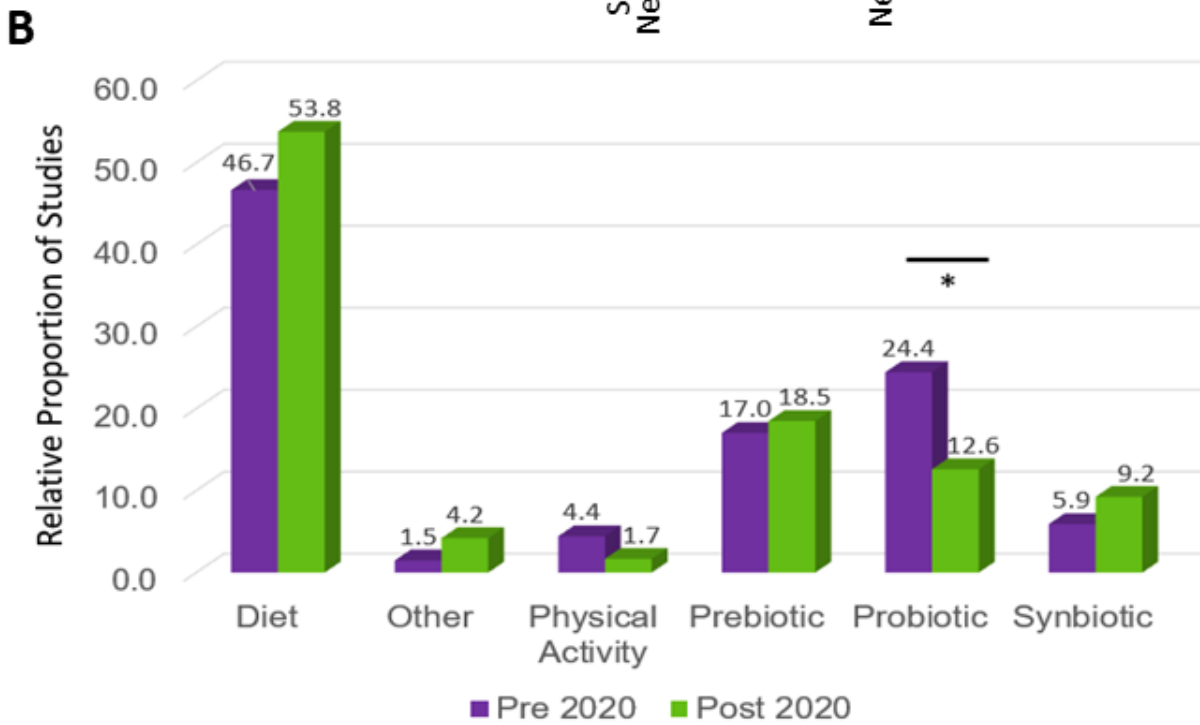
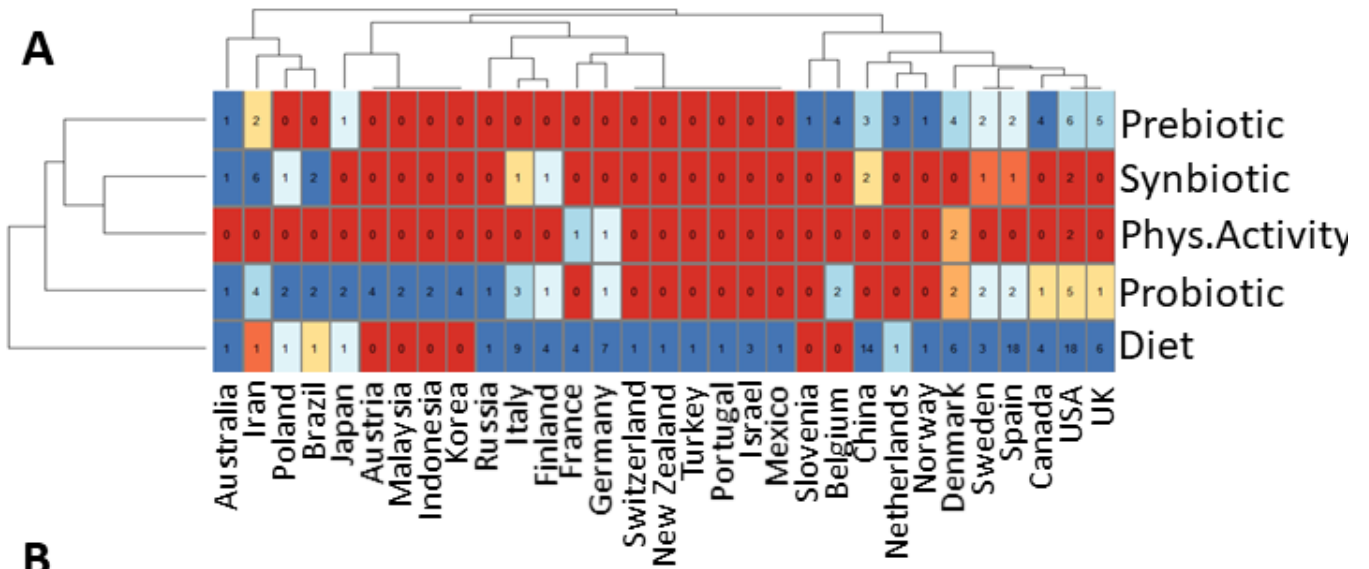
Classification of studies

A study associated with significant changes in host clinical phenotypes and gut microbiome compositions were tagged as those with significant effects on host health and gut microbiome. A study tagged as those having gut microbiome mediated effects were those having at least one or more of the following features:

- The baseline gut microbiome composition was observed to have an influence on the effect of the intervention on the host health.
- Associations between the host clinical phenotype and the gut microbiome composition were observed, but no such association of the corresponding host phenotype were observed directly with intervention status.
- Associations of the gut microbiome composition with the different host clinical phenotypes that were independent of the intervention status.

Descriptive characteristics and geographical distribution of the intervention studies

The average sample size was 76.7 participants per study (median = 45, range = 5 to 1065 research participants). The average duration of each intervention was 13.2 weeks, (median = 12 weeks, range = 0.14 to 156 weeks). The intervention studies were performed in 31 different countries. In terms of geographical origin 52.8% of studies originated in Europe, 18.7% in North America, 9.3% in China, 7.9% in the Middle East, 5.6% in East Asia, 2.8% in Central and South America and 2.8% in Australia and New Zealand. There were no studies from South Asia or Africa, despite these two regions having around 20% of world's diabetic populations (diabetesatlas.org) and one of the highest disability-adjusted life years (DALYs) for people suffering from cardiovascular diseases^[1].



Supplementary Figure S1. A. Heatmaps showing the pattern of relative numbers of different kinds of intervention studies from various countries. The number of studies of each kind are provided in each cell corresponding to the interventions of each type (determined from the rows) performed from a given country given by the column. The cells are colored based on the relative proportion of each intervention types per country. **B.** Representations of the different kinds of intervention studies pre- and post- 2020. The proportions are represented above each bar. The significant difference in the proportions of the probiotic-based interventions is also indicated. **C.** Bubble plot showing the average number of participants and the length of interventions of different types. **D.** Bubble plot showing the average number of participants and the duration of the interventions targeting different kinds of disorders. The size of the bubble represents the number of studies in each category.

In terms of the relative proportions of the different kinds of intervention studies performed, the countries could be divided into three further different groups. The first group consisted of UK, USA, Canada, Spain, Sweden, Denmark, Norway, Netherlands, China, where the interventions were dominated by Diet, Prebiotic and Probiotic (in the same order). The second group consisted of Mexico, Israel, Portugal, Turkey, New Zealand, Switzerland, Germany, France, Finland, Italy, Russia, where the interventions were predominantly diet. The third group consisted of Australia, Iran, Poland, Brazil, Japan, Austria, Malaysia, Indonesia, Korea, where the proportion of probiotic driven intervention studies were the highest.

Types of interventions:

Over 50% of studies were dietary interventions, 47.2% were diet alone and 3.7% were diet plus prebiotics, probiotics or physical activity. 20% of studies were probiotic interventions, 17.8% were prebiotic interventions, 8% were synbiotics (prebiotic and probiotics), the rest of the interventions included physical activity (1.4%), one fecal matter transplantation (FMT) and two surgical interventions. Of the 104 diet interventions (with or without another intervention) 19.3% involved reducing caloric intake, 14.7% involved supplementation with fibre (via whole grains or another method), 13.8% were some form of Mediterranean diet, 11.9% involved flavonoid or polyphenol intervention using some form of fruit or vegetable supplementation, 6.4% included higher protein intake, 5.5% involved additional intake of poly or monounsaturated fatty acids via fish oil, higher fish intake or higher olive oil intake, 4.6% involved higher intake of nuts (walnuts, almonds, pistachios etc) and the remainder were a mix of strategies including traditional diets, meal timing, specific dairy products, lower carbohydrate or fat intake, etc.

With regards to the different kinds of interventions, we observed a significant decrease in the proportion of probiotics-based interventions post-2020 (Fishers' exact test P-value = 0.034). This decrease was accompanied by an increase in the number of dietary and synbiotic interventions which are aimed at facilitating broader modifications of the microbiome.

Clinical outcomes:

The Sankey plot in **fig 2 of the main article** summarizes the overall pattern of the various kinds of intervention studies targeted for the different clinical disorders. 29 of the 214 studies dealt with more than one clinical condition. 46.7% of all studies were concerned with obesity, 21.5% with insulin resistance or type II diabetes, 14% with metabolic syndrome, 6% with NAFLD and other liver diseases, 5.1% with general cardiometabolic risk. 4.75% with cardiovascular diseases, 4.2% with hypertension and blood pressure, 3.3% with dyslipidemia, 2.8% with kidney disease and there was a single study for stroke and Atherosclerosis.

The detailed comparison of the efficacies of the different intervention types with respect to cardiometabolic improvements in the host as well as with respect to improvements in the gut microbiome is provided in **Box 2**. Besides these observed variations in efficacies across intervention types, we also observed differences in the intervention cohort size and the study duration across the various intervention types. Whereas the average sample size and duration of the intervention was similar for diet and probiotic interventions, both were significantly smaller and shorter for prebiotic interventions. The duration of probiotic and synbiotic was 13.7 (std dev 14.1) weeks, for dietary interventions (alone or with another intervention) it was 14.8, standard deviation (sd) = 20.1

weeks. For prebiotic interventions the mean duration was 9.3 weeks (sd=7.5; $p<0.0004$ from a t-test with unequal variances). The average sample size for prebiotic interventions (mean $n=45.6$ sd=32.8) was also significantly smaller than for probiotic (mean $n=79.1$ sd 83.7) and diet (mean $n=89.1$ sd=136.7).

Supplementary Table 1. Interventional studies identified with cardiometabolic outcomes measuring gut microbiome composition or surrogates or containing probiotics.

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