Appendix 1. Additional inclusion and non-inclusion criteria.

Inclusion criteria
Age ≥ 40 years-old
Written consent obtained
Health insurance coverage
Non-inclusion criteria
History of symptomatic crystal or inflammatory arthritis
Knee surgery ≤ 1 year
Knee intra-articular injection of corticosteroids and/or hyaluronic acid ≤ 2 months
Current use of intramuscular, intravenous or oral corticosteroids
Uncontrolled diseases that may require intramuscular, intravenous or oral corticosteroids
Knee trauma ≤ 2 months
Neurologic disorders involving the lower limbs
Inability to speak, write or read French language
Participation in another biomedical research
Contraindication to resveratrol or hypersensitivity to any of its constituents

Appendix 2. Information about pre-specified outcomes

WOMAC questionnaire. The WOMAC questionnaire is a self-administered, disease-specific instrument validated for OA. It consists of 24 items grouped into 3 subscales: pain (5 questions), stiffness (2 questions) and physical function (17 questions), with higher scores indicating greater disease severity.
OARSI-OMERACT response. The OARSI-OMERACT response to intervention will be defined as an improvement in pain (assessed by an 11-point pain NRS) or in function (assessed by the WOMAC function subscore) ≥ 50% and absolute change ≥ 20, or improvement in at least 2 of the 3 following: 1) pain ≥ 20% and absolute change ≥ 10, 2) function ≥ 20% and absolute change ≥ 10, 3) patient global assessment (assessed by an 11-point global assessment NRS) ≥ 20% and absolute change ≥ 10.
NRS: numeric rating scale; **OARSI:** Osteoarthritis Research Society International; **OMERACT:** Outcome Measures in Rheumatology; **WOMAC:** Western Ontario and McMaster Universities Arthritis Index.

Appendix 3. World Health Organisation–Uppsala Monitoring Centre causality categories (extract).

Causality term	Assessment criteria*
Certain	Event or laboratory test abnormality, with plausible time relationship to drug intake Cannot be explained by disease or other drugs Response to withdrawal plausible (pharmacologically, pathologically) Event definitive pharmacologically or phenomenologically (i.e. an objective and specific medical disorder or a recognized pharmacological phenomenon) Rechallenge satisfactory, if necessary
Probable/likely	Event or laboratory test abnormality, with reasonable time relationship to drug intake Unlikely to be attributed to disease or other drugs Response to withdrawal clinically reasonable Rechallenge not required
Possible	Event or laboratory test abnormality, with reasonable time relationship to drug intake Could also be explained by disease or other drugs Information on drug withdrawal may be lacking or unclear
Unlikely (not excluded)	Event or laboratory test abnormality, with a time to drug intake that makes a relationship improbable (but not impossible) Disease or other drugs provide plausible explanations
*All points should be reasonably complied with.	

Appendix 4. Expected nature of a suspected adverse reaction.

Suspected adverse reaction
Dizziness
Epidymitis
Erythematous
Headache
Interactions with macrolides
Myalgia of the lower extremities
Nasopharyngitis
Nephrotoxicity was reported in *in vivo* animal studies
Rash
Somnolence