

Table S1. Studies Assessing the Outcomes after LFD and other types of diet in CD patients.

First Author	Publication Year	Country	Study Design	Total Patients	Mean Age (years) (mean \pm SD) / (Range)	Diagnosis	Sex (%Male)	Main Findings
Gearry RB et al. [34]	2009	Australia	Retrospective questionnaire-based study	72	48 (18–72)	52—Crohn’s disease 20—ulcerative colitis	45.83%	Reduction in FODMAP intake was an efficacious strategy for patients with IBD.
Cox SR et al. [35]	2020	UK	Multicenter, randomized, parallel, single-blinded, placebo-controlled trial	52	36 \pm 12	Quiescent Crohn’s disease or ulcerative colitis and persistent gut symptoms Rome III criteria	44.23%	The low-FODMAP diet reduced fecal microbial abundance without significant effect on inflammation markers. Patients with quiescent IBD can benefit from a 4-week diet low in FODMAPs.
Halmos EP et al. [36]	2016	Australia	Randomized, controlled, blinded, cross-over trial	8	35 (29–41)	Clinically quiescent Crohn’s disease Harvey-Bradshaw Index of \leq 5	25%	Altering dietary FODMAP intake is associated with changes similar to a prebiotic effect on the gut.
Elhousseiny MH et al. [37]	2018	Egypt	Cross-sectional interventional	100	28.56 \pm 7.0	Crohn’s disease in remission C-reactive protein (CRP) (<3 mg/L), fecal calprotectin (<100 μ g/g), Crohn’s disease activity index (CDAI) below 150 points, and normal findings by computed tomography and endoscopic reports	42%	The low-FODMAP diet was effective in improving the quality of life of CD patients with FGID.
Cox SR et al. [38]	2017	UK	Randomized, double-blind, placebo-controlled, cross-over, re-challenge trial	29	39 \pm 19.5	IBD: Crohn’s disease (12), ulcerative colitis (17)	34.4%	At high doses, fructans exacerbated FGS compared to GOS or sorbitol, in quiescent IBD patients.
Benjamin JL et al. [39]	2011	UK	Randomized, double-blind, placebo-controlled trial	103	FOS 40 \pm 14.8 Placebo 39 \pm 13.7	Crohn’s disease	FOS 33% Placebo 45%	In patients with active Crohn’s disease FOS presented with no clinical benefit.
Prince AC et al. [40]	2016	UK	Cross-sectional interventional	88	40 \pm 13	IBD: Crohn’s disease (39), ulcerative colitis (38) IBD-u (11)	30%	The low-FODMAP diet was effective in improving FGS in IBD.

de Castro MM et al. [41]	2020	Brazil	Cross-sectional interventional	60	18–60	Crohn's disease—endoscopic, radiological, and histological criteria	51.7%	Three dietary patterns were identified: "Traditional + FODMAP", "Fitness style" and "Snacks and processed foods".
Lindsay JO et al. [42]	2006	UK	Open-label trial	10	40 (29–56)	Moderately active colonic or ileocolonic Crohn's disease Harvey–Bradshaw Index (HBI) >5	80%	FOS supplementation increases fecal bifidobacteria concentrations and decreases Crohn's disease activity.
Khalili H et al. [16]	2020	Sweden	Population-based prospective cohort study	83147	45–79	Crohn's disease, ulcerative colitis	55.21%	Significantly lower risk of late onset CD was obtained with greater adherence to MD.
Papada E et al. [17]	2020	Greece	Cross-sectional	86	Active disease 41.5 ± 16.5 Inactive disease 37.4 ± 11.5	Crohn's disease —relapse (5 ≤ Harvey–Bradshaw Index ≤ 14) —remission (Harvey–Bradshaw Index ≤ 4)	64.9%	Higher quality of life in CD patients is achieved with adherence to MD.
Chicco F et al. [18]	2020	Italy	Prospective, interventional study	142	Crohn's disease 48 (34.8–57.5) Ulcerative colitis 52 (44.5–61.3)	Crohn's disease, ulcerative colitis	53.5%	MD was associated with a spontaneous improvement of disease activity in IBD.
Taylor L et al. [43]	2018	Canada	Single center cross-sectional study	67	45	Crohn's disease clinical, radiological, and endoscopic criteria Harvey–Bradshaw Index (HBI) <5	50.74%	Patients with CD reported a more restricted nutrient intake. P-MDS is an effective tool to identify pro-inflammatory dietary patterns.
Marlow G et al. [44]	2013	New Zealand	Cross-sectional	8	45.4 (31–60)	Crohn's disease	25%	Mediterranean-inspired diet reduced markers of inflammation and normalized the microbiota of CD patients.
Schreiner P et al. [45]	2019	Switzerland	Population-based cohort study	1254	Not vegetarian 29.6 (21.7–39.6), Vegetarian 28.1 (20.6–35.8)	Crohn's disease, ulcerative colitis	52.47%	Patients on a VD or GFD had significantly lower psychological well-being.
Chiba M et al. [46]	2010	Japan	Prospective clinical trial	22	26.5 (19–77)	Crohn's disease	63.63%	SVD prevented relapse in CD.
Gudmand-Hoyer E et al. [19]	1970	Denmark	Cross-sectional	156	-	Crohn's disease, ulcerative colitis	41.6%	Lactose malabsorption is not common in IBD patients. If present, lactose intolerance is not related to IBD.

Capristo E et al. [20]	2000	Italy	Case-control study	40	26.6–42.4	Crohn's disease	50%	Polymeric enteral diet rich in vegetable protein, without milk protein, significantly improved body composition in CD patients.
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IBS—irritable bowel syndrome, CD—Crohn's disease, HFM—high-FODMAP diet, LFM—low-FODMAP diet, LPS—lipopolysaccharides, FGID—functional gastrointestinal disease, GOS—galacto-oligosaccharides, FGS—functional gastrointestinal symptoms, IBD—inflammatory bowel disease, FOS—fructo-oligosaccharides, MD—Mediterranean diet, P-MDS—Mediterranean diet scores, VD—vegetarian diet, GFD—gluten-free diet, SVD—semi-vegetarian diet.