## **Supplemental Online Content**

Patikorn C, Roubal K, Veettil SK, et al. Intermittent fasting and obesity-related health outcomes. *JAMA Netw Open.* 2021;4(12):e2139558. doi:10.1001/jamanetworkopen.2021.39558

**eAppendix.** List of Discrepancies Between the Initial Protocol and the Final Analysis **eMethods** 

**eTable 1.** Search Strategy From Database Inception to January 12, 2021, for Meta-Analyses of Randomized Controlled Trials

**eTable 2.** Excluded Studies With Reasons From the Search for Meta-Analyses of Randomized Controlled Trials

**eTable 3.** Summary of Significant Effects of Intermittent Fasting and Health Outcomes With Detail of GRADE Assessment

**eTable 4.** Summary of Nonsignificant Effects of Intermittent Fasting and Health Outcomes With Detail of GRADE Assessment

eTable 5. Summary of Sensitivity Analyses

This supplemental material has been provided by the authors to give readers additional information about their work.

## **eAppendix.** List of Discrepancies Between the Initial Protocol and the Final Analysis

Initial protocol	Differences	Rationale
Types of intermittent fasting included in this review were (1) zero-calorie alternate-	We have removed Ramadan	Ramadan fasting was
day fasting (0-calorie ADF) – alternating between days of fasting with zero caloric	fasting from the eligible types of	considered not comparable with
intake and days of ad libitum eating, (2) modified alternate-day fasting (MADF) –	intermittent fasting in this	other types of intermittent
alternating between days of ad libitum eating and days of fasting with total caloric	review.	fasting especially when
intake ranging from 0-40% or 0-600 kcal per day for 3-5 days per week, (3) the 5:2		individuals could not drink
diet – fasting for 1-2 consecutive or non-consecutive days per week with total caloric		during fasting and the food
intake ranging from 0-40% or 0-600 kcal per day and 5 days of ad libitum eating, and		eaten after fasting is generally
(4) time-restricted eating (TRE) – fasting for 12 to 24 hours per day, which also		not representative of what they
includes Ramadan fasting (RF) – fasting from sunrise to sunset with fasting time of 9		usually eat.
to 22 hours per day.		
Additional search was also performed in PubMed, EMBASE, and CENTRAL from 1	We have removed search for	Umbrella review should focus
January to 30 April 2021 to identify recently published randomized controlled trial to	recently published randomized	on meta-analyses as the unit of
update existing meta-analyses.	controlled trial of intermittent	analysis, not individual
	fasting.	randomized controlled trials.

## **eMethods**

## **Data extraction**

A data extraction sheet was developed and pilot-tested on five randomly selected included articles and then refined until finalization. Two reviewers (K.R. and V.C.) independently performed data extraction. The extracted data were divided and checked by other two reviewers (C.P. and S.K.V). Discrepancies were resolved with consensus. The corresponding authors of the included articles were contacted when the data provided in the published articles were insufficient for evidence synthesis.

The following data were extracted from the eligible articles: name of the first author, year of publication, characteristics of population, type of intermittent fasting, type of comparator, duration of follow-up, duration of fasting, number of included studies, number of participants in each arm of the trial, outcomes, study-specific effect sizes (i.e., mean difference or weighted mean difference) and their corresponding confidence intervals and *P* values.

eTable 1. Search Strategy From Database Inception to January 12, 2021, for Meta-Analyses of Randomized Controlled Trials

Database	Search term	Results
PubMed	('intermittent fasting' OR 'intermittent energy restriction' OR 'periodic fasting' OR 'alternate-day fasting' OR 'alternate day	2693
	fasting' OR 'modified alternate-day fasting' OR 'modified alternate day fasting' OR 'time-restricted feeding' OR 'time restricted	
	feeding' OR 'whole day fasting' OR ramadan OR ramadhan) AND ('systematic review' OR 'systematic literature review' OR	
	'meta-analysis' OR 'meta-analyses' OR 'meta analysis' OR 'meta analyses')	
EMBASE	('intermittent fasting' OR 'intermittent energy restriction' OR 'periodic fasting' OR 'alternate-day fasting' OR 'alternate day	197
	fasting' OR 'modified alternate-day fasting' OR 'modified alternate day fasting' OR 'time-restricted feeding' OR 'time restricted	
	feeding' OR 'whole day fasting' OR ramadan OR ramadhan) AND ('systematic review' OR 'systematic literature review' OR	
	'meta-analysis' OR 'meta-analyses' OR 'meta analysis' OR 'meta analyses')	
Cochrane	('intermittent fasting' OR 'intermittent energy restriction' OR 'periodic fasting' OR 'alternate-day fasting' OR 'alternate day	45
Database of	fasting' OR 'modified alternate-day fasting' OR 'modified alternate day fasting' OR 'time-restricted feeding' OR 'time restricted	
Systematic	feeding' OR 'whole day fasting' OR ramadan OR ramadhan) AND ('systematic review' OR 'systematic literature review' OR	
Review	'meta-analysis' OR 'meta-analyses' OR 'meta analysis' OR 'meta analyses') in Title Abstract Keyword - in Cochrane Reviews	
TOTAL		2935

eTable 2. Excluded Studies With Reasons From the Search for Meta-Analyses of Randomized Controlled Trials

Reasons for	References
exclusion	
Not a meta-	Müller H, de Toledo FW, Resch KL. Fasting followed by vegetarian diet in patients with rheumatoid arthritis: a systematic review.
analysis	Scand J Rheumatol. 2001;30(1):1-10. doi:10.1080/030097401750065256
(n = 60)	2. Azizi F. Islamic fasting and health. Ann Nutr Metab. 2010;56(4):273-82. doi:10.1159/000295848
	3. Horne BD, Muhlestein JB, May HT, et al. Relation of routine, periodic fasting to risk of diabetes mellitus, and coronary artery
	disease in patients undergoing coronary angiography. Article. American Journal of Cardiology. 2012;109(11):1558-1562.
	doi:10.1016/j.amjcard.2012.01.379
	4. Sadeghpour S, Keshteli AH, Daneshpajouhnejad P, Jahangiri P, Adibi P. Ramadan fasting and digestive disorders: SEPAHAN
	systematic review no. 7. Article. Journal of Research in Medical Sciences. 2012;17(1 SPL.1):S150-S158.
	5. Fond G, Macgregor A, Leboyer M, Michalsen A. Fasting in mood disorders: Neurobiology and effectiveness. A review of the
	literature. Review. Psychiatry Research. 2013;209(3):253-258. doi:10.1016/j.psychres.2012.12.018
	6. Salim I, Al Suwaidi J, Ghadban W, Alkilani H, Salam AM. Impact of religious Ramadan fasting on cardiovascular disease: A
	systematic review of the literature. Review. Current Medical Research and Opinion. 2013;29(4):343-354.
	doi:10.1185/03007995.2013.774270
	7. Bragazzi NL. Ramadan fasting and chronic kidney disease: A systematic review. Review. Journal of Research in Medical
	Sciences. 2014;19(7):665-676.

- 8. Hankir A, Hankir M, Zaman R. Should Ramadan be prescribed after Christmas? Obesity in the healthcare profession and the health benefits of fasting. Article. BMJ Case Reports. 2014;doi:10.1136/bcr-2013-202704
- 9. Hassan A, Meo SA. Diabetes during Ramadan: Underestimated, under-investigated, needs more attention. Article. European Review for Medical and Pharmacological Sciences. 2014;18(22):3528-3533.
- 10. Javadi MA, Assadi M, Einollahi B, Rabei HM, Afarid M. The effects of ramadan fasting on the health and function of the eye.

  Article. Journal of Research in Medical Sciences. 2014;19(8):786-791.
- 11. Rouhani MH, Azadbakht L. Is Ramadan fasting related to health outcomes? A review on the related evidence. Article. Journal of Research in Medical Sciences. 2014;19(10):987-992.
- 12. Saeidifard F, Soltani A. Is scientific production problem-oriented? Diabetes and Ramadan as an example. Letter. Oman Medical Journal. 2014;29(3):244. doi:10.5001/omj.2014.62
- 13. Bragazzi NL, Briki W, Khabbache H, et al. Ramadan fasting and infectious diseases: A systematic review. Review. Journal of Infection in Developing Countries. 2015;9(11):1186-1194. doi:10.3855/jidc.5815
- 14. Ells LJ, Atkinson G, McGowan VJ, Hamilton S, Waller G, Harrison S. Intermittent fasting interventions for the treatment of overweight and obesity in adults aged 18 years and over: A systematic review protocol. Article. JBI Database of Systematic Reviews and Implementation Reports. 2015;13(10):60-68. doi:10.11124/jbisrir-2015-2363
- 15. Fenneni MA, Latiri I, Aloui A, Rouatbi S, Chamari K, Saad HB. Critical analysis of the published literature about the effects of Ramadan intermittent fasting on healthy children's physical capacities. Article. Libyan Journal of Medicine.

  2015;10doi:10.3402/ljm.v10.28351

- 16. Hankey C, Klukowska D, Lean M. A systematic review of the literature on intermittent fasting for weight management.

  Conference Abstract. FASEB Journal. 2015;29(1)
- 17. Horne BD, Muhlestein JB, Anderson JL. Health effects of intermittent fasting: hormesis or harm? A systematic review. Am J Clin Nutr. Aug 2015;102(2):464-70. doi:10.3945/ajcn.115.109553
- 18. Mazidi M, Rezaie P, Chaudhri O, Karimi E, Nematy M. The effect of Ramadan fasting on cardiometabolic risk factors and anthropometrics parameters: A systematic review. Review. *Pakistan Journal of Medical Sciences*. 2015;31(5)
- 19. Seimon RV, Roekenes JA, Zibellini J, et al. Do intermittent diets provide physiological benefits over continuous diets for weight loss? A systematic review of clinical trials. *Mol Cell Endocrinol*. Dec 15 2015;418 Pt 2:153-72. doi:10.1016/j.mce.2015.09.014
- 20. Bragazzi NL, Briki W, Khabbache H, et al. Ramadan fasting and patients with cancer: State-of-the-art and future prospects.

  Article. *Frontiers in Oncology*. 2016;6(FEB)doi:10.3389/fonc.2016.00027
- 21. Adawi M, Watad A, Brown S, et al. Ramadan fasting exerts immunomodulatory effects: Insights from a systematic review. Review. *Frontiers in Immunology*. 2017;8(NOV)doi:10.3389/fimmu.2017.01144
- 22. Ochoa Rivera T, Lopez-Teros M, Escalante-Izeta E, Gamboa-Melendez MA, Tello-Casillas JK, Méndez-Montoya AF. Fasting, intermittent fasting or caloric restriction as nutritional management of adults with type 2 diabetes. A systematic review (preliminary results). Conference Abstract. *Annals of Nutrition and Metabolism*. 2017;71:958. doi:10.1159/000480486
- 23. Patterson RE, Sears DD. Metabolic Effects of Intermittent Fasting. 2017. p. 371-393.
- 24. Qasrawi SO, Pandi-Perumal SR, BaHammam AS. The effect of intermittent fasting during Ramadan on sleep, sleepiness, cognitive function, and circadian rhythm. Review. *Sleep and Breathing*. 2017;21(3):577-586. doi:10.1007/s11325-017-1473-x

- 25. Tello Casillas JK, Lopez-Teros M, Ochoa Rivera T, Escalante-Izeta E, Gamboa-Melendez MA. Fasting and caloric restriction in elderly with cardiovascular disease: A review. Conference Abstract. *Annals of Nutrition and Metabolism*. 2017;71:952. doi:10.1159/000480486
- 26. Lee SWH, Lai NM, Chen WS, Sellappans R. Interventions for people with type 2 diabetes mellitus fasting during Ramadan.

  Review. *Cochrane Database of Systematic Reviews*. 2018;2018(11)doi:10.1002/14651858.CD013178
- 27. Allaf M, Elghazaly H, Mohamed OG, et al. Intermittent fasting for the prevention of cardiovascular disease. Article. *Cochrane Database of Systematic Reviews*. 2019;2019(11)doi:10.1002/14651858.CD013496
- 28. Aloui A, Baklouti H, Souissi N, Chtourou H. Effects of ramadan fasting on body composition in athletes: A systematic review.

  Article. *Tunisie Medicale*. 2019;97(10):1087-1094.
- 29. Bello AK, Kurzawa J, Osman MA, et al. Impact of Ramadan fasting on kidney function and related outcomes in patients with chronic kidney disease: A systematic review protocol. Review. *BMJ Open.* 2019;9(8)doi:10.1136/bmjopen-2018-022710
- 30. Chtourou H, Trabelsi K, Boukhris O, Ammar A, Shephard RJ, Bragazzi NL. Effects of ramadan fasting on physical performances in soccer players: A systematic review. Article. *Tunisie Medicale*. 2019;97(10):1114-1131.
- 31. Home BD, Bartholomew C, Anderson JL, et al. Intermittent fasting lifestyle and human longevity in cardiac catheterization populations. Conference Abstract. *Circulation*. 2019;140doi:10.1161/circ.140.suppl\_1.11123
- 32. Ismail S, Manaf R, Mahmud A. Comparison of time-restricted feeding and islamic fasting: A scoping review. Article. *Eastern Mediterranean Health Journal*. 2019;25(4):239-245. doi:10.26719/emhj.19.011
- 33. Lessan N, Ali T. Energy metabolism and intermittent fasting: The ramadan perspective. Review. Nutrients. 2019;11(5)doi:10.3390/nu11051192

- 34. Nicolini D, Concina D, Farsoni M, Sarro A, Rinaldi C, Panella M. The effects of fasting regimens on health-results of a systematic overview. Conference Abstract. Journal of Preventive Medicine and Hygiene. 2019;60(3):E155. doi:10.15167/2421-4248/jpmh2019.60.3s1
- 35. Philippou E, Petersson SD, Erodotou S, Giallouri E, Rodomar C, Nikiphorou E. Dietary intake, dietary interventions, nutrient supplements and rheumatoid arthritis: Systematic review of the evidence. Conference Abstract. *Proceedings of the Nutrition Society*. 2019;78(OCE1)doi:10.1017/S0029665119000259
- 36. Pourabbasi A, Ebrahimnegad Shirvani MS, Shams AH. Does Islamic fasting affect cognitive functions in adolescents? A systematic review. Article. *JPMA The Journal of the Pakistan Medical Association*. 2019;69(8):1164-1169.
- 37. Rashid F, Abdelgadir E. A systematic review on efficacy and safety of the current hypoglycemic agents in patients with diabetes during Ramadan fasting. Article. *Diabetes and Metabolic Syndrome: Clinical Research and Reviews*. 2019;13(2):1413-1429. doi:10.1016/j.dsx.2019.02.005
- 38. Rynders CA, Thomas EA, Zaman A, Pan Z, Catenacci VA, Melanson EL. Effectiveness of intermittent fasting and time-restricted feeding compared to continuous energy restriction for weight loss. Review. *Nutrients*. 2019;11(10)doi:10.3390/nu11102442
- 39. Trabelsi K, Ammar A, Zlitni S, et al. Practical recommendations to improve sleep during ramadan observance in healthy practitioners of physical activity. Article. *Tunisie Medicale*. 2019;97(10):1077-1086.
- 40. Trabelsi K, Shephard RJ, Boukhris O, et al. Effects of ramadan fasting on athletes' hematological indices: A systematic review.

  Article. *Tunisie Medicale*. 2019;97(10):1104-1113.
- 41. Zoukal S, Hassoune S. The effects of ramadan fasting during pregnancy on fetal development: A general review. Article. *Tunisie Medicale*. 2019;97(10):1132-1138.

- 42. Almulhem M, Susarla R, Alabdulaali L, et al. The effect of Ramadan fasting on cardiovascular events and risk factors in patients with type 2 diabetes: A systematic review. Review. *Diabetes Research and Clinical Practice*.

  2020;159doi:10.1016/j.diabres.2019.107918
- 43. Amjadi M, Soleimanzadeh F, Ghamatzadeh H, Hajebrahimi S, Hosseinifard H, Salehi Pourmehr H. Ramadan Fasting and Kidney Stones: A Systematic Review. Article in Press. *Urology journal*. 2020;doi:10.22037/uj.v16i7.6373
- 44. Beshyah SA, Ali KF, Hafidh K, Hajjaji IM. Ramadan Fasting and Diabetes 2019: The Year in Review. Article in Press. *Diabetes research and clinical practice*. 2020:108593. doi:10.1016/j.diabres.2020.108593
- 45. Faris MAIE, Salem ML, Jahrami HA, Madkour MI, Ba Hammam AS. Ramadan intermittent fasting and immunity: An important topic in the era of COVID-19. Review. *Annals of Thoracic Medicine*. 2020;15(3):125-133. doi:10.4103/atm.ATM\_151\_20
- 46. Husain S, Zafar M, Ullah R. Ramadan and public health: A bibliometric analysis of top cited articles from 2004 to 2019. Article. *Journal of Infection and Public Health*. 2020;13(2):275-280. doi:10.1016/j.jiph.2019.11.006
- 47. Igwe O, Sone M, Matveychuk D, Baker GB, Dursun SM. A review of effects of calorie restriction and fasting with potential relevance to depression. Article in Press. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*. 2020;doi:10.1016/j.pnpbp.2020.110206
- 48. Keenan S, Cooke MB, Belski R. The effects of intermittent fasting combined with resistance training on lean body mass: A systematic review of human studies. Review. *Nutrients*. 2020;12(8):1-17. doi:10.3390/nu12082349
- 49. Kirubarajan A, Lam ACL, Khan S, Yau M, Golda N, Buckley R. The association between renal stones and fasting: A systematic review. Review. *Canadian Urological Association Journal*. 2020;15(3)doi:10.5489/CUAJ.6664

- 50. Lima CHR, Oliveira IKF, de Macêdo Gonçalves Frota K, et al. Impact of intermittent fasting on body weight in overweight and obese individuals. Review. *Revista da Associacao Medica Brasileira*. 2020;66(2):222-226. doi:10.1590/1806-9282.66.2.222
- 51. Lutes C, Zelig R, Rigassio Radler D. Safety and Feasibility of Intermittent Fasting during Chemotherapy for Breast Cancer: A Review of the Literature. Review. *Topics in Clinical Nutrition*. 2020;35(2):168-177. doi:10.1097/TIN.000000000000015
- 52. Mohd Yusof BN, Yahya NF, Hasbullah FY, et al. Ramadan-focused nutrition therapy for people with diabetes: A narrative review.

  Article in Press. *Diabetes Research and Clinical Practice*. 2020;doi:10.1016/j.diabres.2020.108530
- 53. Nasaruddin ML, Syed Abd Halim SA, Kamaruzzaman MA. Studying the relationship of intermittent fasting and β-amyloid in animal model of alzheimer's disease: A scoping review. Review. *Nutrients*. 2020;12(10):1-13. doi:10.3390/nu12103215
- 54. Rashid F, Abdelgadir E, Bashier A. A systematic review on the safety of Ramadan fasting in high-risk patients with Diabetes.

  Article. *Diabetes Research and Clinical Practice*. 2020;164doi:10.1016/j.diabres.2020.108161
- 55. Réda A, Wassil M, Mériem M, et al. Food timing, circadian rhythm and chrononutrition: A systematic review of time-restricted eating's effects on human health. Review. *Nutrients*. 2020;12(12):1-15. doi:10.3390/nu12123770
- 56. Santos HO, Genario R, Macedo RCO, Pareek M, Tinsley GM. Association of breakfast skipping with cardiovascular outcomes and cardiometabolic risk factors: an updated review of clinical evidence. Article in Press. *Critical reviews in food science and nutrition*. 2020:1-9. doi:10.1080/10408398.2020.1819768
- 57. Sarro A, Payedimarri AB, Concina D, Farsoni M, Piu N, Panella M. The efficacy of fasting regimens on health outcomes: a systematic overview. Article in Press. *Minerva gastroenterologica e dietologica*. 2020;doi:10.23736/S1121-421X.20.02757-9

	58. Vitale R, Kim Y. The Effects of Intermittent Fasting on Glycemic Control and Body Composition in Adults with Obesity and Type
	2 Diabetes: A Systematic Review. Review. Metabolic Syndrome and Related Disorders. 2020;18(10):450-461.
	doi:10.1089/met.2020.0048
	59. Welton S, Minty R, O'Driscoll T, et al. Intermittent fasting and weight loss Systematic review. Review. Canadian Family
	Physician. 2020;66(2):117-125.
	60. Zorbas C, Reeve E, Naughton S, et al. The Relationship Between Feasting Periods and Weight Gain: a Systematic Scoping
	Review. Review. Current Obesity Reports. 2020;9(1):39-62. doi:10.1007/s13679-020-00370-5
Not a meta-	1. Kul S, Savaş E, Öztürk ZA, Karadağ G. Does Ramadan fasting alter body weight and blood lipids and fasting blood glucose in a
analysis of	healthy population? A meta-analysis. <i>J Relig Health</i> . Jun 2014;53(3):929-42. doi:10.1007/s10943-013-9687-0
randomized	2. Sadeghirad B, Motaghipisheh S, Kolahdooz F, Zahedi MJ, Haghdoost AA. Islamic fasting and weight loss: a systematic review
controlled trials (n =	and meta-analysis. <i>Public Health Nutr.</i> Feb 2014;17(2):396-406. doi:10.1017/s1368980012005046
20)	3. Bragazzi NL. Ramadan fasting and chronic kidney disease: Does estimated glomerular filtration rate change after and before
	Ramadan? Insights from a mini meta-analysis. Article. International Journal of Nephrology and Renovascular Disease.
	2015;8:53-57. doi:10.2147/IJNRD.S61718
	4. Turin TC, Ahmed S, Shommu NS, et al. Ramadan fasting is not usually associated with the risk of cardiovascular events: A
	systematic review and meta-analysis. J Family Community Med. May-Aug 2016;23(2):73-81. doi:10.4103/2230-8229.181006
	5. Glazier JD, Hayes DJL, Hussain S, et al. The effect of Ramadan fasting during pregnancy on perinatal outcomes: a systematic
	review and meta-analysis. BMC Pregnancy Childbirth. Oct 25 2018;18(1):421. doi:10.1186/s12884-018-2048-y

- 6. Aydin N, Kul S, Karadağ G, Tabur S, Araz M. Effect of Ramadan fasting on glycaemic parameters & body mass index in type II diabetic patients: A meta-analysis. *Indian J Med Res.* Dec 2019;150(6):546-556. doi:10.4103/ijmr.IJMR\_1380\_17
- 7. Binsalih S, Al Sayyari RA, Sheikho M, Hejaili FF, Al Sayyari AA. Effect of Fasting the Whole Month of Ramadan on Renal Function Among Muslim Patients With Kidney Transplant: A Meta-Analysis. *Exp Clin Transplant*. Oct 2019;17(5):588-593. doi:10.6002/ect.2019.0245
- 8. Faris MAIE, Jahrami HA, Obaideen AA, Madkour MI. Impact of diurnal intermittent fasting during Ramadan on inflammatory and oxidative stress markers in healthy people: Systematic review and meta-analysis. Review. *Journal of Nutrition and Intermediary Metabolism.* 2019;15:18-26. doi:10.1016/j.jnim.2018.11.005
- 9. Fernando HA, Zibellini J, Harris RA, Seimon RV, Sainsbury A. Effect of Ramadan Fasting on Weight and Body Composition in Healthy Non-Athlete Adults: A Systematic Review and Meta-Analysis. Nutrients. Feb 24 2019;11(2)doi:10.3390/nu11020478
- Mirmiran P, Bahadoran Z, Gaeini Z, Moslehi N, Azizi F. Effects of Ramadan intermittent fasting on lipid and lipoprotein parameters: An updated meta-analysis. *Nutr Metab Cardiovasc Dis.* Sep 2019;29(9):906-915. doi:10.1016/j.numecd.2019.05.056
- 11. Abaïdia AE, Daab W, Bouzid MA. Effects of Ramadan Fasting on Physical Performance: A Systematic Review with Metaanalysis. Review. *Sports medicine (Auckland, NZ)*. 2020;50(5):1009-1026. doi:10.1007/s40279-020-01257-0
- 12. Al-Islam Faris M, Jahrami H, BaHammam A, Kalaji Z, Madkour M, Hassanein M. A systematic review, meta-analysis, and meta-regression of the impact of diurnal intermittent fasting during Ramadan on glucometabolic markers in healthy subjects. Article in Press. *Diabetes research and clinical practice*. 2020:108226. doi:10.1016/j.diabres.2020.108226

- 13. Correia JM, Santos I, Pezarat-Correia P, Minderico C, Mendonca GV. Effects of intermittent fasting on specific exercise performance outcomes: A systematic review including meta-analysis. Review. Nutrients. 2020;12(5)doi:10.3390/nu12051390
- 14. Faris MAIE, Alsibai J, Jahrami HA, Obaideen AA, Jahrami HA, Obaideen AA. Impact of Ramadan diurnal intermittent fasting on the metabolic syndrome components in healthy, non-athletic Muslim people aged over 15 years: A systematic review and meta-analysis. Review. *British Journal of Nutrition*. 2020;123(1):1-22. doi:10.1017/S000711451900254X
- 15. Faris MAIE, Jahrami HA, Alhayki FA, et al. Effect of diurnal fasting on sleep during Ramadan: a systematic review and meta-analysis. Review. *Sleep and Breathing*. 2020;24(2):771-782. doi:10.1007/s11325-019-01986-1
- 16. Jahrami HA, Alsibai J, Clark CCT, Faris MAIE. A systematic review, meta-analysis, and meta-regression of the impact of diurnal intermittent fasting during Ramadan on body weight in healthy subjects aged 16 years and above. Review. *European Journal of Nutrition*. 2020;59(6):2291-2316. doi:10.1007/s00394-020-02216-1
- 17. Kord-Varkaneh H, Nazary-Vannani A, Mokhtari Z, et al. The Influence of Fasting and Energy Restricting Diets on Blood Pressure in Humans: A Systematic Review and Meta-Analysis. *High Blood Press Cardiovasc Prev.* Aug 2020;27(4):271-280. doi:10.1007/s40292-020-00391-0
- 18. Tahapary DL, Astrella C, Kristanti M, Harbuwono DS, Soewondo P. The impact of Ramadan fasting on metabolic profile among type 2 diabetes mellitus patients: A meta-analysis. Review. *Diabetes and Metabolic Syndrome: Clinical Research and Reviews*. 2020;14(5):1559-1570. doi:10.1016/j.dsx.2020.07.033
- 19. Trabelsi K, Ammar A, Boukhris O, et al. Effects of ramadan observance on dietary intake and body composition of adolescent athletes: Systematic review and meta-analysis. Review. *Nutrients*. 2020;12(6)doi:10.3390/nu12061574

	20. Trabelsi K, Bragazzi N, Zlitni S, et al. Observing Ramadan and sleep-wake patterns in athletes: a systematic review, meta-
	analysis and meta-regression. Br J Sports Med. Jun 2020;54(11):674-680. doi:10.1136/bjsports-2018-099898
Not intervention of	1. Avenell A, Brown TJ, McGee MA, et al. What are the long-term benefits of weight reducing diets in adults? A systematic review
interest (n = 10)	of randomized controlled trials. J Hum Nutr Diet. Aug 2004;17(4):317-35. doi:10.1111/j.1365-277X.2004.00531.x
	2. Gray LJ, Dales J, Brady EM, Khunti K, Hanif W, Davies MJ. The safety and effectiveness of non-insulin glucose lowering agents
	in the treatment of people with Type 2 diabetes who observe Ramadan: A systematic review and metaanalysis. Conference
	Abstract. <i>Diabetic Medicine</i> . 2015;32:203. doi:10.1111/dme.12668_1
	3. Mbanya JC, Al-Sifri S, Abdel-Rahim A, Satman I. Incidence of hypoglycemia in patients with type 2 diabetes treated with
	gliclazide versus DPP-4 inhibitors during Ramadan: A meta-analytical approach. Diabetes Res Clin Pract. Aug 2015;109(2):226-
	32. doi:10.1016/j.diabres.2015.04.030
	4. Lee SWH, Lee JY, Tan CSS, Wong CP. Strategies to Make Ramadan Fasting Safer in Type 2 Diabetics: A Systematic Review
	and Network Meta-analysis of Randomized Controlled Trials and Observational Studies. Medicine (Baltimore). Jan
	2016;95(2):e2457. doi:10.1097/md.000000000002457
	5. Loh HH, Yee A, Loh HS, Sukor N, Kamaruddin NA. Comparative studies of dipeptidyl peptidase 4 inhibitor vs sulphonylurea
	among Muslim Type 2 diabetes patients who fast in the month of Ramadan: A systematic review and meta-analysis. Prim Care
	Diabetes. Jun 2016;10(3):210-9. doi:10.1016/j.pcd.2015.09.001
	6. Loh HH, Lim LL, Loh HS, Yee A. Safety of Ramadan fasting in young patients with type 1 diabetes: A systematic review and
	meta-analysis. <i>J Diabetes Investig</i> . Nov 2019;10(6):1490-1501. doi:10.1111/jdi.13054

	7. Borgundvaag E, Mak J, Kramer CK. Metabolic impact of intermittent fasting in patients with type 2 diabetes mellitus: a
	systematic review and meta-analysis of interventional studies. Article in Press. The Journal of clinical endocrinology and
	metabolism. 2020;doi:10.1210/clinem/dgaa926
	8. Enríquez Guerrero A, San Mauro Martín I, Garicano Vilar E, Camina Martín MA. Effectiveness of an intermittent fasting diet
	versus continuous energy restriction on anthropometric measurements, body composition and lipid profile in overweight and
	obese adults: a meta-analysis. Article in Press. European Journal of Clinical Nutrition. 2020;doi:10.1038/s41430-020-00821-1
	9. Fatahi S, Nazary-Vannani A, Sohouli MH, et al. The effect of fasting and energy restricting diets on markers of glucose and
	insulin controls: a systematic review and meta-analysis of randomized controlled trials. Critical Reviews in Food Science and
	Nutrition. Aug 3 2020:1-12. doi:10.1080/10408398.2020.1798350
	10. Rahmani J, Kord Varkaneh H, Clark C, et al. The influence of fasting and energy restricting diets on IGF-1 levels in humans: A
	systematic review and meta-analysis. Ageing Res Rev. Aug 2019;53:100910. doi:10.1016/j.arr.2019.100910
Not a meta-	1. Alhamdan BA, Garcia-Alvarez A, Alzahrnai AH, et al. Alternate-day versus daily energy restriction diets: which is more effective
analysis with the	for weight loss? A systematic review and meta-analysis. Review. Obesity Science and Practice. 2016;2(3):293-302.
largest data set	doi:10.1002/osp4.52
(n = 5)	2. Headland M, Clifton PM, Carter S, Keogh JB. Weight-Loss Outcomes: A Systematic Review and Meta-Analysis of Intermittent
	Energy Restriction Trials Lasting a Minimum of 6 Months. <i>Nutrients</i> . Jun 8 2016;8(6)doi:10.3390/nu8060354
	3. Harris L, McGarty A, Hutchison L, Ells L, Hankey C. Short-term intermittent energy restriction interventions for weight
	management: a systematic review and meta-analysis. Obes Rev. Jan 2018;19(1):1-13. doi:10.1111/obr.12593

	4. Yan S, Wang C, Zhao H, et al. Effects of fasting intervention regulating anthropometric and metabolic parameters in subjects
	with overweight or obesity: a systematic review and meta-analysis. Food Funct. May 1 2020;11(5):3781-3799.
	doi:10.1039/d0fo00287a
	5. Wang X, Yan Q, Liao Q, et al. Effects of intermittent fasting diets on plasma concentrations of inflammatory biomarkers: A
	systematic review and meta-analysis of randomized controlled trials. Review. <i>Nutrition</i> . 2020;79-
	80doi:10.1016/j.nut.2020.110974
Abstract only	1. Francis L, Young J, Lara J. The impact of intermittent fasting on body composition and cardiovascular biomarkers: A systematic
(n = 1)	review and meta-analysis. Conference Abstract. Proceedings of the Nutrition Society. 2017;76(OCE2):E42.
	doi:10.1017/S0029665117000982

eTable 3. Summary of Significant Effects of Intermittent Fasting and Health Outcomes With Detail of GRADE Assessment

Sourc	Outco	Population	Durati	Тур	Contr	No.	Samp	Metr	Rand	P	GRA	DE evi	dence	(Not s	erious	s (NS),	
е	me		on of	e of	ol	of	le	ic	om	val	serio	us (S)	, very	seriou	s (VS))	)	
			fastin	IF	(C)	studi	size		effect	ue		%				of	
			g			es	(IF/C)		size			,y, P			oias,	inty	
									(95%		of bias	stenc	ness	sion	tion	certa	R-2
									CI)		Risk of	Inconsistency, $P$ ,	Indirectness	Imprecision	publication bias,	Overall certainty of evidence	AMSTAR-2
Anthrope	ometric m	easures															
Cui	BMI,	Healthy adults,	1-2	MAD	RD	4	82/54	MD	-1.20	1 x	NS	NS,	NS	NS	No,	High	Low
et al,13	kg/m²	some with	month	F					(-1.44	10-5		0			0.5		
2020		overweight,	s						to -						0		
		obesity, or							0.96)								
		NAFLD															
Park	BMI,	Adults with	2-3	MAD	RD,	8	307/2	WM	-0.80	1 x	VS	NS,	NS	NS	No,	Low	Moder
et al,16	kg/m²	overweight or	month	F	CER,		98	D	(-1.17	10-4		48.			0.4		ate
2020		obesity	s		or				to -			4			9		
					TRE				0.43)								

Park	BMI,	Adults with	2-6	MAD	RD,	9	374/3	WM	-0.73	.001	VS	S,	NS	NS	No,	Very	Moder
et al,16	kg/m²	overweight or	month	F	CER,		66	D	(-1.13			53.			0.2	low	ate
2020		obesity	s		or				to -			2			6		
					TRE				0.34)								
Не	Body	Adults with	2-3	MAD	CER	2	39/39	WM	-1.65	.003	S	NS,	NS	NS	N/A	Moder	Moder
et al,19	weight,	overweight or	month	F				D	(-2.73			0				ate	ate
2021	kg	obesity	s						to -								
									0.58)								
Не	Body	Adults with	2-6	MAD	CER	3	73/73	MD	-1.42	.006	S	NS,	NS	NS	No,	Moder	Moder
et al,19	weight,	obesity with no	month	F					(-2.44			0			0.6	ate	ate
2021	kg	comorbidities	s						to -						3		
									0.41)								
Park	Body	Overweight	1-3	MAD	CER,	8	307/2	WM	-1.77	.02	VS	S,	S	NS	Yes	Very	Moder
et al,16	weight,	adults, some	month	F	TRE,		99	D	(-3.19			55.			,	low	ate
2020	kg	with NAFLD	s		or RD				to -			5			0.0		
									0.34)						7		
Не	Body	Adults with	3	5:2	RD or	3	117/1	WM	-1.67	.003	VS	NS,	S	NS	No,	Very	Moder
et al,19	weight,	overweight or	month	diet	CER		73	D				0			0.6	low	ate
2021	kg		s												8		

		obesity, some							(-2.79								
		with diabetes							to -								
									0.55)								
Pellegr	Body	Normal weight	1-2	TRE	RD or	5	44/41	WM	-0.38	.03	VS	NS,	NS	NS	No,	Low	Low
ini et	weight,	healthy male	month	12-	CER			D	(-0.71			0			0.1		
al, <sup>17</sup>	kg	adults, some	s	24					to -						3		
2020		with		hour					0.04)								
		prediabetes		s													
He	Fat-	Adults with	2-6	MAD	CER	3	73/73	MD	-0.70	.04	S	NS,	NS	NS	No,	Moder	Moder
et al,19	free	obesity	month	F					(-1.38			0			0.3	ate	ate
2021	mass,		s						to -						0		
	kg								0.02)								
Cui	Fat-	Healthy adults,	1-12	MAD	RD	5	89/73	MD	-1.38	.002	NS	VS,	NS	NS	No,	Low	Low
et al,13	free	some with	month	F					(-2.26			91.			0.5		
2020	mass,	overweight or	s						to -			0			0		
	kg	obesity							0.49)								
Park	Fat	Adults with	1-2	0-	CER	2	39/39	WM	-1.99	1	NS	NS,	S	NS	N/A	Moder	Moder
et al,16	mass,	overweight or	month	calor	or RD			D		х		0				ate	ate
2020	kg	obesity	s							10-9							

				ie					(-2.59								
				ADF					to -								
									1.38)								
Не	Fat	Adults with	2-6	MAD	CER	3	73/73	MD	-1.05	.03	VS	NS,	NS	NS	No,	Very	Moder
et al,19	mass,	obesity	month	F					(-1.98			0			0.5	low	ate
2021	kg		s						to -						6		
									0.13)								
Park	Fat	Adults with	2-3	MAD	CER,	5	233/2	WM	-1.08	.01	VS	NS,	S	NS	No,	Very	Moder
et al,16	mass,	overweight or	month	F	TRE,		25	D	(-1.91			31.			0.5	low	ate
2020	kg	obesity, some	s		or RD				to -			7			6		
		with NAFLD							0.26)								
Cui	Fat	Healthy adults,	1-12	MAD	RD	6	119/1	MD	-4.96	.002	NS	VS,	S	NS	No,	Very	Low
et al,13	mass,	some with	month	F			07		(-8.08			99.			0.8	low	
2020	kg	overweight or	s						to -			0			0		
		obesity							1.85)								
Park	Fat	Adults with	2-6	MAD	RD,	6	300/2	WM	-0.96	.049	VS	NS,	S	NS	No,	Very	Moder
et al,16	mass,	overweight or	month	F	CER,		93	D	(-1.91			43.			0.9	low	ate
2020	kg	obesity, some	s		or				to -			0			0		
		with NAFLD			TRE				0.004)								

Moon	Fat	Adults with	2-3	TRE	RD	3	112/9	MD	-2.4	1 x	NS	NS,	VS	NS	No,	Low	Moder
et al,15	mass,	overweight or	month	12-			6		(-2.98	10 <sup>-</sup>		0			0.1		ate
2020	kg	obesity	s	21					to -	15					3		
				hour					1.82)								
				s													
Lipid pro	file																
Meng	LDL-C,	Adults with	3-12	MAD	RD	5	139/1	WM	-5.14	1	VS	NS,	S	NS	No,	Very	Moder
et al,14	mg/dL	normal weight,	month	F	with		40	D	(-7.44	х		0			0.7	low	ate
2020		overweight, or	s		exerci				to -	10 <sup>-5</sup>					7		
		obesity			se				2.83)								
Meng	LDL-C,	Adults with	2-12	MAD	RD	7	156/1	WM	-5.23	1 x	VS	NS,	S	NS	No,	Very	Moder
et al,14	mg/dL	normal weight,	month	F	with		54	D	(-7.52	10-5		0			0.3	low	ate
2020		overweight, or	s		exerci				to -						8		
		obesity			se				2.94)								
Park	TC,	Adults with	2-3	MAD	RD,	5	250/2	WM	-10.95	.007	VS	NS,	S	S	No,	Very	Moder
et al,16	mg/dL	overweight or	month	F	CER,		41	D	(-			2.7			0.7	low	ate
2020		obesity, some	s		or				18.98						5		
		with NAFLD			TRE				to -								
									2.93)								
									,								

Park	TC,	Adults with	2-6	MAD	RD or	6	317/3	WM	-8.13	.04	VS	NS,	S	S	No,	Very	Moder
et al,16	mg/dL	overweight or	month	F	CER		09	D	(-			19.			0.4	low	ate
2020		obesity, some	s						15.79			9			5		
		with NAFLD							to -								
									0.46)								
Meng	TG,	Adults with	2	MAD	RD or	2	17/14	WM	-26.84	.04	S	NS,	NS	VS	N/A	Low	Moder
et al,14	mg/dL	overweight or	month	F	RD			D	(-			0					ate
2020		obesity with no	s		with				52.33								
		comorbidities			exerci				to -								
					se				1.35)								
Park	TG,	Adults with	2-3	MAD	RD,	5	250/2	WM	-21.67	.02	VS	NS,	S	S	No,	Very	Moder
et al,16	mg/dL	overweight or	month	F	CER,		41	D	(-			0			0.3	low	ate
2020		obesity, Some	s		or				39.44						3		
		with NAFLD			TRE				to -								
									3.89)								
Glycemi	c profile		<u> </u>	1	l	1	1	1		<u> </u>		1					
Pellegr	FPG,	Healthy adults,	1-2	TRE	RD or	4	57/56	MD	-2.45	.04	S	NS,	S	S	No,	Very	Low
ini et	mg/dL	some with	month	12-	CER							0			0.7	low	
		overweight,	s	24											3		

al, <sup>17</sup>		obesity, or		hour					(-4.72								
2020		chronic		s					to -								
		disease							0.18)								
Pureza	FPG,	Overweight	4 days	TRE	RD or	7	148/1	MD	-2.75	.003	S	VS,	S	NS	Yes	Very	Moder
et al,18	mg/dL	adults	to 3	12-	TRE		47		(-4.6			88.			,	low	ate
2020			month	21	12-15				to -			7			0.0		
			s	hour	hours				0.91)						2		
				s													
He	Fasting	Overweight or	3-6	5:2	CER	2	90/94	MD	-1.00	.002	S	NS,	NS	NS	N/A	Moder	Moder
et al,19	Insulin,	obese female	month	diet					(-1.77			0				ate	ate
2021	mIU/m	adults	s						to -								
	L								0.39)								
Pureza	HOMA-	Healthy adults	1 day	TRE	RD	4	59/60	WM	-0.51	.002	VS	S,	NS	NS	No,	Very	Moder
et al,18	IR	with	to	18				D	(-0.82			50.			0.5	low	ate
2020		obesity/overw	2	hour					to -			8			6		
		eight; some	month	s					0.19)								
		with	s														
		prediabetes															
Others	I	I	1	1	I.	I	1	I .	1	1	<u> </u>	<u> </u>	<u> </u>	<u> </u>	1		<u> </u>

Cui	SBP,	Healthy adults,	1-12	MAD	RD	4	90/85	MD	-4.42	.003	NS	VS,	S	NS	No,	Very	Low
et al,13	mmHg	some with	month	F					(-7.35			84.			0.7	low	
2020		overweight or	s						to -			0			6		
		obesity							1.49)								
Cui	DBP,	Healthy adults,	1-12	MAD	RD	4	90/85	MD	-3.41	.003	NS	VS,	S	NS	No,	Very	Low
et al,13	mmHg	some with	month	F					(-5.91			80.			0.3	low	
et al, <sup>13</sup> 2020	mmHg	some with	month s	F					(-5.91 to -			80. 0			0.3	low	
	mmHg			F					,							low	

Abbreviations: 0-calorie ADF: zero-calorie alternate-day fasting; AMSTAR-2: a measurement tool to assess systematic reviews; BMI: body mass index; CER: continuous energy restriction; DBP: diastolic blood pressure; FPG: fasting plasma glucose; HOMA-IR: homeostatic model assessment of insulin resistance; IF: intermittent fasting; LDL-C: low-density lipoprotein cholesterol; MADF: modified alternate-day fasting; MD: mean difference; NAFLD: nonalcoholic fatty liver disease; N/A: not applicable; RD: regular diet; SBP: systolic blood pressure; TC: total cholesterol; TG: triglycerides; TRE: time restricted feeding; WMD: weighted mean difference

eTable 4. Summary of Nonsignificant Effects of Intermittent Fasting and Health Outcomes With Detail of GRADE Assessment

Sourc	Outcome	Populatio	Durati	Тур	Contr	No.	Samp	Metr	Rand	P	GRA	DE evi	dence	(Not s	erious	(NS),	
е		n	on of	e of	ol	of	le	ic	om	val	serio	us (S)	, very	seriou	s (VS))	ı	
			fastin g	IF	(C)	studi es	size (IF/C)		effect size	ue		cy, <i>P</i> , %	10		bias,	ainty of	
									(95%		bias	isten	tnes	ision	ıtion	cert	ce IR-2
									CI)		Risk of bias	Inconsistency, $\ell$ ,	Indirectness	Imprecision	publication bias,	Overall certainty	evidence AMSTAR-2
Anthrop	ometric measu	ıres						1		1		l					
Cho	BMI, kg/m <sup>2</sup>	Adults	3	MAD	RD or	2	83/83	WM	-1.00	.32	VS	NS,	NS	NS	N/A	Low	Low
et al,11		with	month	F	RD			D	(-2.96			0					
2019		overweigh	s		with				to								
		t or			exerci				0.96)								
		obesity			se												
Cho	BMI, kg/m <sup>2</sup>	Adults	3	TRE	RD	3	133/1	WM	-0.73	.09	VS	NS,	NS	NS	No,	Low	Low
et al,11		with	month				33	D	(-1.57			0			0.2		
2019		overweigh	s						to						8		
		t or							0.12)								
		obesity															

Park	Body	Overweig	1-3	MAD	RD,	9	374/3	WM	-1.39	.08	VS	S,	S	NS	Yes	Very	Moder
et al,16	weight, kg	ht adults,	month	F	CER,		67	D	(-2.92			61.			,	low	ate
2020		some with	s		or				to			0			0.0		
		NAFLD			TRE				0.15)						2		
Не	Body	Adults	6-12	5:2	CER	5	307/2	WM	-0.14	.81	VS	NS,	VS	NS	No,	Very	Moder
et al,19	weight, kg	with	month	diet			98	D	(-1.26			27.			0.8	low	ate
2021		overweigh	s						to			2			3		
		t or							0.98)								
		obesity,															
		some with															
		diabetes															
He	Body	Adults	3-24	5:2	CER	6	363/3	MD	-0.62	.25	VS	NS,	VS	NS	No,	Very	Moder
et al,19	weight, kg	with	month	diet			58		(-1.67			36.			0.6	low	ate
2021		overweigh	s						to			5			8		
		t or							0.43)								
		obesity,															
		some with															
		diabetes															

He	Body	Adults	3-12	5:2	RD or	8	424/4	MD	-0.76	.09	VS	NS,	S	NS	No,	Very	Moder
et al,19	weight, kg	with	month	diet	CER		71		(-1.63			29.			0.6	low	ate
2021		overweigh	s						to			4			8		
		t or							0.11)								
		obesity,															
		some with															
		diabetes															
Moon	Body	Healthy	1-3	TRE	CER	6	125/1	WM	-1.04	.27	VS	NS,	S	NS	No,	Very	Moder
et al,15	weight, kg	adults,	month	12-	or RD		07	D	(-2.88			0			0.5	low	ate
2020		some with	s	21					to 0.8)						4		
		overweigh		hour													
		t or		s													
		NAFLD															
Park	Fat-free	Adults	1-2	0-	CER	2	39/39	WM	-0.67	.45	S	S,	S	NS	N/A	Very	Moder
et al,16	mass, kg	with	month	calor	or RD			D	(-2.39			74.				low	ate
2020		normal	s	ie					to			8					
		weight,		ADF					1.05)								
		overweigh															

		t, or															
		obesity															
Park	Fat-free	Adults	3	MAD	RD,	4	214/2	WM	0.55	.41	VS	NS,	S	NS	No,	Very	Moder
et al,16	mass, kg	with	month	F	CER,		09	D	(-0.77			0			0.8	low	ate
2020		overweigh	s		or				to						3		
		t or			TRE				1.87)								
		obesity,															
		some with															
		NAFLD															
Park	Fat-free	Adults	3-6	MAD	RD,	5	281/2	WM	0.61	.32	VS	NS,	S	NS	No,	Very	Moder
et al,16	mass, kg	with	month	F	CER,		77	D	(-0.58			0			0.8	low	ate
2020		overweigh	S		or				to						5		
		t or			TRE				1.81)								
		obesity,															
		some with															
		NAFLD															
Не	Fat-free	Adults	3	5:2	CER	2	68/72	MD	-0.91	.06	S	NS,	S	NS	N/A	Low	Moder
et al,19	mass, kg	with	month	diet								0					ate
2021		overweigh	S														

		t or							(-1.86								
		obesity,							to								
		some with							0.05)								
		diabetes															
Не	Fat-free	Adults	6-12	5:2	CER	3	241/2	MD	0.01	.99	S	NS,	S	NS	No,	Low	Moder
et al,19	mass, kg	with	month	diet			28		(-0.68			26.			0.2		ate
2021		overweigh	s						to			1			3		
		t or							0.69)								
		obesity,															
		some with															
		diabetes															
He	Fat-free	Adults	3-12	5:2	CER	5	309/3	MD	-0.31	.55	VS	NS,	VS	NS	No,	Very	Moder
et al,19	mass, kg	with	month	diet			00		(-1.35			16.			0.4	low	ate
2021		overweigh	s						to			7			8		
		t or							0.72)								
		obesity,															
		some with															
		diabetes															

Pellegr	Fat-free	Healthy	1-2	TRE	RD or	4	44/41	WM	0.00	.99	VS	NS,	NS	NS	No,	Low	Low
ini	mass, kg	adults,	month	12-	CER			D	(-0.78			0			0.7		
et al,17		some with	s	24					to						7		
2020		active		hour					0.79)								
		lifestyle or		s													
		normal															
		body															
		habitus															
Moon	Fat-free	Normal	2-3	TRE	RD or	5	132/1	MD	-0.29	.56	NS	NS,	S	NS	No,	Moder	Moder
et al,15	mass, kg	weight,	month	12-	CER		16		(-1.25			0			0.8	ate	ate
2020		overweigh	s	21					to						8		
		t, or		hour					0.68)								
		obese		s													
		young															
		adults,															
		some with															
		NAFLD															

He	Fat mass,	Adults	3	5:2	CER	2	68/72	MD	-0.4	.65	VS	NS,	S	NS	N/A	Very	Moder
et al,19	kg	with	month	diet					(-2.13			23.				low	ate
2021		overweigh	s						to			6					
		t or							1.33)								
		obesity,															
		some with															
		diabetes															
Не	Fat mass,	Adults	6-12	5:2	CER	3	241/2	MD	-0.29	.74	VS	NS,	VS	NS	No,	Very	Moder
et al,19	kg	with	month	diet			28		(-1.95			42.			0.9	low	ate
2021		overweigh	s						to			7			6		
		t or							1.38)								
		obesity,															
		some with															
		diabetes															
Не	Fat mass,	Adults	3-12	5:2	CER	5	309/3	MD	-0.31	.55	VS	NS,	S	NS	No,	Very	Moder
et al,19	kg	with	month	diet			00		(-1.35			16.			0.4	low	ate
2021		overweigh	s						to			7			8		
		t or							0.72)								
		obesity,															

		some with															
		diabetes															
Cioffi	Fat mass,	Overweig	2-6	5:2	CER	4	174/1	WM	-1.01	.30	VS	NS,	S	NS	No,	Very	Moder
et al,9	kg	ht adults	month	diet			38	D	(-2.9			0			0.2	low	ate
2018		with no	s						to						6		
		comorbidi							0.88)								
		ties															
Pellegr	Fat mass,	Healthy	2	TRE	RD	4	44/41	WM	-0.83	.13	VS	NS,	NS	NS	No,	Low	Low
ini	kg	adults,	month	12-				D	(-1.89			31.			0.2		
et al,17		some with	s	24					to			0			2		
2020		active		hour					0.24)								
		lifestyle or		s													
		normal															
		body															
		habitus															
Roma	Hip	Adults	4-6	5:2	CER	2	128/9	MD	-1.45	.64	VS	NS,	NS	S	N/A	Very	Low
n et	circumfere	with	month	diet			4		(-7.54			0				low	
al, <sup>12</sup>	nce, cm	overweigh	s						to								
2019									4.64)								

		t or															
		obesity															
Park	Waist	Adults	2-3	MAD	RD,	5	249/2	WM	-1.50	.06	VS	S,	S	NS	No,	Very	Moder
et al,16	circumfere	with	month	F	CER,		44	D	(-3.08			50.			0.6	low	ate
2020	nce, cm	overweigh	s		or				to			8			3		
		t or			TRE				0.08)								
		obesity,															
		some with															
		NAFLD															
Не	Waist	Adults	3-6	5:2	CER	4	156/1	MD	-0.53	.61	VS	NS,	S	NS	No,	Very	Moder
et al,19	circumfere	with	month	diet			64		(-2.56			27.			0.2	low	ate
2021	nce, cm	overweigh	s						to			4			9		
		t or							1.49)								
		obesity															
Cioffi	Waist	Adults	2-6	5:2	CER	5	209/1	WM	-0.17	.83	VS	NS,	S	NS	No,	Very	Moder
et al,9	circumfere	with	month	diet			76	D	(-1.74			5.6			0.2	low	ate
2018	nce, cm	overweigh	s						to						3		
		t or							1.39)								
		obesity,															

		some with															
		metabolic															
		syndrome															
He	Waist	Adults	3-12	5:2	CER	5	309/3	MD	-0.28	.38	VS	NS,	S	NS	No,	Very	Moder
et al,19	circumfere	with	month	diet			00		(-0.91			34.			0.2	low	ate
2021	nce, cm	overweigh	s						to			1			5		
		t or							0.35)								
		obesity,															
		some with															
		diabetes															
Lipid profile																	
Meng	HDL-C,	Adults	2	MAD	RD or	2	17/14	WM	-4.28	.15	S	NS,	NS	S	N/A	Low	Moder
et al,14	mg/dL	with	month	F	RD			D	(-			0					ate
2020		overweigh	S		with				10.15								
		t or			exerci				to								
		obesity			se				1.59)								
Meng	HDL-C,	Adults	3-12	MAD	RD or	5	139/1	WM	-0.93	.70	VS	S,	NS	S	No,	Very	Moder
et al,14	mg/dL	with	month	F	RD		40	D				71.			0.5	low	ate
2020		overweigh	S		with							8			7		

		t or			exerci				(-5.63								
		obesity			se				to								
									3.77)								
Meng	HDL-C,	Adults	2-12	MAD	RD or	7	156/1	WM	-1.71	.39	VS	S,	NS	NS	No,	Very	Moder
et al,14	mg/dL	with	month	F	RD		54	D	(-5.58			64.			0.2	low	ate
2020		overweigh	s		with				to			8			9		
		t or			exerci				2.16)								
		obesity			se												
Park	HDL-C,	Adults	2-6	MAD	RD or	6	317/3	WM	-0.89	.60	VS	S,	NS	NS	No,	Low	Moder
et al,16	mg/dL	with	month	F	CER		09	D	(-4.23			61.			0.5		ate
2020		overweigh	s						to			9			5		
		t or							2.46)								
		obesity,															
		some with															
		NAFLD															
Park	HDL-C,	Adults	2-3	MAD	RD,	5	250/2	WM	0.22	.90	VS	NS,	S	NS	Yes	Very	Moder
et al,16	mg/dL	with	month	F	CER,		41	D	(-3.14			44.			,	low	ate
2020		overweigh	s		or				to			7			0.0		
		t or			TRE				3.59)						3		

		obesity,															
		some with															
		NAFLD															
Meng	HDL-C,	Adults	2-12	5:2	RD or	3	40/39	WM	2.09	.46	VS	S,	NS	NS	No,	Very	Moder
et al,14	mg/dL	with	month	diet	CER			D	(-3.41			52.			0.2	low	ate
2020		overweigh	s						to 7.6)			3			1		
		t or															
		obesity															
Cioffi	HDL-C,	Adults	2-6	5:2	CER	5	209/1	MD	0.60	.50	VS	NS,	NS	NS	No,	Low	Moder
et al,9	mg/dL	with	month	diet			76		(-1.14			0			0.3		ate
2018		overweigh	s						to						1		
		t or							2.34)								
		obesity,															
		some with															
		metabolic															
		syndrome															
Pellegr	HDL-C,	Healthy	1-2	TRE	RD	4	34/33	WM	9.14	.16	VS	VS,	NS	VS	No,	Very	Low
ini	mg/dL	adults,	month	12-				D				81.			0.2	low	
		some with	s	24								0			7		

et al,17		obesity or		hour					(-3.69								
2020		prediabet		s					to								
		es							21.97)								
Meng	LDL-C,	Adults	2	MAD	RD	2	17/14	WM	-11.95	.23	S	NS,	NS	S	N/A	Low	Moder
et al,14	mg/dL	with	month	F	with			D	(-			0					ate
2020		normal	s		exerci				31.35								
		weight,			se				to								
		overweigh							7.45)								
		t, or															
		obesity															
Cioffi	LDL-C,	Adults	2-6	MAD	CER	2	49/49	MD	2.96	.34	S	S,	NS	S	N/A	Low	Moder
et al,9	mg/dL	with	month	F					(-3.11			53.					ate
2018		overweigh	s						to			4					
		t or							9.03)								
		obesity															
Cioffi	LDL-C,	Adults	2-6	5:2	CER	6	189/1	MD	1.41	.18	S	NS,	S	NS	No,	Low	Moder
et al,9	mg/dL	with	month	diet			94		(-0.64			18.			0.1		ate
2018		overweigh	s						to			5			5		
		t or							3.45)								

		obesity,															
		some with															
		metabolic															
		syndrome															
		or															
		diabetes															
Park	LDL-C,	Adults	2-3	MAD	RD,	6	261/2	WM	0.62	.86	VS	NS,	NS	S	Yes	Very	Moder
et al,16	mg/dL	with	month	F	CER,		50	D	(-6.13			36.			,	low	ate
2020		overweigh	s		or				to			7			0.0		
		t or			TRE				7.38)						8		
		obesity															
Park	LDL-C,	Adults	2-6	MAD	RD,	7	328/3	WM	0.88	.75	VS	NS,	NS	S	Yes	Very	Moder
et al,16	mg/dL	with	month	F	CER,		18	D	(-4.49			25.			,	low	ate
2020		overweigh	s		or				to			1			0.0		
		t or			TRE				6.25)						7		
		obesity															
Pellegr	LDL-C,	Adults	1-2	TRE	RD or	4	57/56	MD	1.36	.34	VS	S,	S	S	No,	Very	Low
ini	mg/dL	with	month	12-	CER							53.			0.2	low	
		normal	s	24								9			7		

et al,17		weight,		hour					(-1.43								
2020		overweigh		s					to								
		t, or							4.14)								
		obesity															
Pureza	LDL-C,	Adults	4 days	TRE	RD or	4	97/96	WM	0.38	.82	S	S,	S	NS	No,	Very	Moder
et al,18	mg/dL	with	to 3	12-	TRE			D	(-2.97			73.			0.9	low	ate
2020		obesity	month	21	12-15				to			8			6		
			s	hour	hours				3.73)								
				s													
Meng	TC, mg/dL	Adults	2	MAD	RD or	2	17/14	WM	-14.37	.20	S	NS,	NS	S	N/A	Low	Moder
et al,14		with	month	F	RD			D	(-			21.					ate
2020		overweigh	s		with				36.12			9					
		t or			exerci				to								
		obesity			se				7.38)								
Meng	TC, mg/dL	Adults	3-4	MAD	RD or	5	139/1	WM	-3.41	.34	VS	S,	NS	S	No,	Very	Moder
et al,14		with	month	F	CER		40	D	(-			61.			0.3	low	ate
2020		overweigh	S		with				10.44			5			8		
		t or			exerci				to								
		obesity			se				3.62)								

Meng	TC, mg/dL	Adults	2-4	MAD	RD,	7	156/1	WM	-4.50	.17	VS	S,	NS	S	No,	Very	Moder
et al,14		with	month	F	RD		54	D	(-			51.			0.6	low	ate
2020		overweigh	s		with				10.94			1			9		
		t or			exerci				to								
		obesity			se, or				1.95)								
					CER												
					with												
					exerci												
					se												
Meng	TC, mg/dL	Adults	2-12	5:2	RD	3	40/39	WM	-6.41	.18	VS	NS,	NS	S	No,	Very	Moder
et al,14		with	month	diet				D	(-			0			0.7	low	ate
2020		overweigh	s						15.80						6		
		t or							to								
		obesity							2.99)								
Cioffi	TC, mg/dL	Adults	2-6	5:2	CER	5	209/1	MD	0.11	.97	VS	NS,	NS	NS	No,	Very	Moder
et al,9		with	month	diet			76		(-4.85			0			0.6	low	ate
2018		overweigh	s						to						3		
		t or							5.07)								
		obesity,															

		some with															
		metabolic															
		syndrome															
Pureza	TC, mg/dL	Adults	4 days	TRE	RD or	3	33/32	WM	6.34	.21	VS	VS,	S	S	Yes	Very	Moder
et al,18		with	to 3	12-	TRE			D	(-3.45			82.			,	low	ate
2020		overweigh	month	21	12-15				to			6			0.0		
		t or	s	hour	hours				16.12)						1		
		obesity,		s													
		some with															
		prediabet															
		es or															
		diabetes															
Pellegr	TC, mg/dL	Healthy	1-2	TRE	RD	4	34/33	WM	9.14	.16	VS	VS,	NS	S	No,	Very	Low
ini		adults,	month	12-				D	(-3.69			81			0.2	low	
et al,17		some with	s	24					to						7		
2020		obesity		hour					21.97)								
		and		s													
		prediabet															
		es															

Meng	TG, mg/dL	Adults	2-12	MAD	RD or	5	139/1	WM	-2.88	.66	VS	S,	NS	S	No,	Very	Moder
et al,14		with	month	F	CER		40	D	(-			67.			0.5	low	ate
2020		overweigh	s						15.85			0			5		
		t or							to								
		obesity							10.09)								
		with no															
		comorbidi															
		ties															
Meng	TG, mg/dL	Adults	2-4	MAD	RD, or	7	156/1	WM	-2.42	.70	VS	S,	NS	S	No.	Very	Moder
et al,14		with	month	F	RD		54	D	(-			56.			0.4	low	ate
2020		overweigh	s		with				14.94			7			8		
		t or			exerci				to								
		obesity			se, or				10.09)								
		with no			CER												
		comorbidi			with												
		ties			exerci												
					se					_							

Park	TG, mg/dL	Adults	2-6	MAD	RD or	6	317/3	WM	-9.98	.22	VS	NS,	NS	S	Yes	Very	Moder
et al,16		with	month	F	CER		09	D	(-			25.			,	low	ate
2020		overweigh	s						26.01			2			0.0		
		t or							to						6		
		obesity,							6.06)								
		some with															
		NAFLD															
Cioffi	TG, mg/dL	Adults	2-6	5:2	CER	5	209/1	MD	0.05	.99	VS	NS,	NS	S	No,	Very	Moder
et al,9		with	month	diet			76		(-5.45			0			0.9	low	ate
2018		overweigh	s						to						6		
		t or							5.54)								
		obesity,															
		some with															
		metabolic															
		syndrome															
Pureza	TG, mg/dL	Adults	4 days	TRE	RD or	6	68/65	WM	1.63	.74	VS	VS,	NS	S	No,	Very	Moder
et al,18		with	to 3	12-	TRE			D	(-7.84			80.			0.5	low	ate
2020		overweigh	month	21	12-15				to			0			8		
		t or	s		hours				11.09)								

		obesity,		hour													
		some with		s													
		prediabet															
		es or															
		diabetes															
Pellegr	TG, mg/dL	Healthy	1-2	TRE	RD	4	34/33	WM	6.24	.53	VS	VS,	NS	S	No,	Very	Low
ini		adults,	month	12-				D	(-13.4			86.			0.3	low	
et al,17		some with	s	24					to			8			4		
2020		obesity		hour					25.88)								
		and		s													
		prediabet															
		es															
Glycemi	c profile																
Cui	FPG,	Adults	2-12	MAD	RD	4	88/56	MD	-3.02	.09	NS	VS,	NS	S	No,	Very	Low
et al,13	mg/dL	with	month	F					(-6.52			89.			0.4	low	
2020	g. 2	normal	s						to			0			6		
2020			3														
		weight,							0.48)								
		overweigh															
		t, or															

		obesity,															
		some with															
		NAFLD															
Park	FPG,	Adults	2-3	MAD	RD,	6	261/2	WM	-1.11	.63	VS	S,	NS	NS	No,	Very	Moder
et al,16	mg/dL	with	month	F	CER,		50	D	(-5.57			63.			0.5	low	ate
2020		overweigh	s		or				to			0			1		
		t or			TRE				3.37)								
		obesity															
Park	FPG,	Adults	2-6	MAD	RD,	7	328/3	WM	-0.61	.70	VS	S,	NS	NS	No,	Very	Moder
et al,16	mg/dL	with	month	F	CER,		18	D	(-3.76			56.			0.4	low	ate
2020		overweigh	s		or				to			1			9		
		t or			TRE				2.53)								
		obesity															
He	HbA1c, %	Adults	3-12	5:2	CER	4	192/2	WM	0.00	.93	VS	NS,	S	NS	No,	Very	Moder
et al,19		with	month	diet			00	D	(-0.08			0			0.6	low	ate
2021		overweigh	s						to						6		
		t or							0.07)								
		obesity,															

		some with															
		diabetes															
Park	Fasting	Adults	2-3	MAD	RD or	3	70/67	WM	-2.01	.12	VS	NS,	NS	NS	No,	Low	Moder
et al,16	Insulin,	with	month	F	CER			D	(-4.55			0			0.4		ate
2020	mIU/mL	overweigh	s						to						1		
		t or							0.53)								
		obesity															
Park	Fasting	Adults	2-6	MAD	RD or	4	137/1	WM	-0.19	.86	VS	NS,	S	NS	No,	Very	Moder
et al,16	Insulin,	with	month	F	CER		35	D	(-2.32			30.			0.5	low	ate
2020	mIU/mL	overweigh	s						to			9			4		
		t or							1.94)								
		obesity															
Pureza	Fasting	Adults	4 days	TRE	RD or	5	48/46	WM	-1.1	.22	VS	VS,	VS	NS	No,	Very	Moder
et al,18	Insulin,	with	to 3	12-	TRE			D	(-2.85			75.			0.3	low	ate
2020	mIU/mL	obesity	month	21	12-15				to			3			0		
			s	hour	hours				0.65)								
				s													

Pellegr	Fasting	Healthy	1-2	TRE	RD	3	34/33	WM	-0.69	.15	VS	NS,	S	NS	No,	Very	Low
ini	Insulin,	adults,	month	12-				D	(-1.64			48.			0.7	low	
et al,17	mIU/mL	some with	s	24					to			8			6		
2020		obesity		hour					0.25)								
		and		s													
		prediabet															
		es															
Park	HOMA-IR	Adults	2-3	MAD	RD or	3	70/67	WM	-0.48	.18	VS	NS,	NS	NS	No,	Very	Moder
et al,16		with	month	F	CER			D	(-1.18			0			0.1	low	ate
2020		overweigh	s						to						6		
		t or							0.22)								
		obesity															
Не	HOMA-IR	Overweig	3-6	5:2	CER	2	90/94	MD	-0.23	.12	VS	S,	NS	NS	N/A	Very	Moder
et al,19		ht or	month	diet					(-0.52			61.				low	ate
2021		obese	s						to			2					
		female							0.06)								
		adults				_											

Pellegr	HOMA-IR	Adults	1	TRE	RD	2	17/16	WM	-0.33	.42	VS	S,	NS	NS	N/A	Low	Low
ini		with	month	12-				D	(-1.14			71.					
et al,17		normal		24					to			4					
2020		weight,		hour					0.47)								
		overweigh		s													
		t, or															
		obesity,															
		some with															
		prediabet															
		es															
Blood pr	essure							<u> </u>								<u> </u>	
Park	SBP,	Adults	2-6	MAD	RD, or	4	146/1	WM	-4.34	.13	VS	S,	NS	NS	No,	Very	Moder
et al,16	mmHg	with	month	F	CER		47	D	(-9.94			71.			0.4	low	ate
2020		overweigh	s						to			2			5		
		t or							1.26)								
		obesity															
Harris	SBP,	Adults	3-6	5:2	RD or	2	90/80	WM	-4.29	.22	S	S,	S	S	N/A	Very	Moder
et al,10	mmHg	with	month	diet	CER			D	(-			53.				low	ate
2018		overweigh	s						11.13			1					

		t or							to								
		obesity							2.56)								
Cioffi	SBP,	Adults	2-6	5:2	CER	5	171/1	MD	-0.44	.86	VS	VS,	S	S	No,	Very	Moder
et al,9	mmHg	with	month	diet			76		(-5.96			79.			0.5	low	ate
2018		overweigh	s						to			6			6		
		t or							5.07)								
		obesity,															
		some with															
		metabolic															
		syndrome															
		or															
		diabetes															
Pellegr	SBP,	Adults	1-2	TRE	CER	2	23/23	MD	-2.27	.80	VS	VS,	S	S	N/A	Very	Low
ini	mmHg	with	month	12-					(-			88.				low	
et al,17		normal	s	24					19.52			9					
2020		weight,		hour					to								
		overweigh		s					14.98)								
		t, or															
		obesity,															

		some with															
		prediabet															
		es															
Park	DBP,	Adults	2-6	MAD	RD, or	4	146/1	WM	-0.97	.25	VS	NS,	NS	NS	No,	Low	Moder
et al,16	mmHg	with	month	F	CER		47	D	(-2.61			0			0.5		ate
2020		overweigh	s						to						5		
		t or							0.67)								
		obesity															
Harris	DBP,	Adults	3-6	5:2	RD or	2	90/80	WM	-3.81	.34	S	S,	S	S	N/A	Very	Moder
et al,10	mmHg	with	month	diet	CER			D	(-			64.				low	ate
2018		overweigh	s						11.64			1					
		t or							to								
		obesity							4.02)								
Cioffi	DBP,	Adults	2-6	5:2	CER	5	134/1	MD	0.22	.83	VS	NS,	NS	NS	No,	Low	Moder
et al,9	mmHg	with	month	diet			36		(-1.69			0			0.6		ate
2018		overweigh	s						to						0		
		t or							2.12)								
		obesity,															
		some with															

		metabolic															
		syndrome															
		or															
		diabetes															
Pellegr	DBP,	Adults	1-2	TRE	CER	2	23/23	MD	-2.76	.69	VS	VS,	S	S	N/A	Very	Low
ini	mmHg	with	month	12-					(-			88.				low	
et al,17		normal	s	24					16.27			1					
2020		weight,		hour					to								
		overweigh		s					10.75)								
		t, or															
		obesity,															
		some with															
		prediabet															
		es															
Others	l	<u> </u>											1	1			
Pureza	Ghrelin,	Normal	4 days	TRE	RD or	3	38/38	WM	-18.46	.19	VS	VS,	S	S	No,	Very	Moder
et al,18	pg/mL	weight, or	to 1	12-	TRE			D	(-			91.			0.1	low	ate
2020		overweigh	month	21	12-15				45.94			8			8		
		t adults,			hours												

		some		hour					to								
		prediabet		s					9.03)								
		es															
Cho	Adiponecti	Adults	3-6	MAD	CR,	3	188/1	WM	772.2	.15	VS	NS,	NS	VS	No,	Very	Low
et al,11	n, ng/mL	with	month	F	RD		88	D	(-			0			0.7	low	
2019		overweigh	s						270.16						5		
		t or							to								
		obesity							1814.5								
									7)								
Cho	Leptin,	Adults	3-6	MAD	CR,	3	188/1	WM	-2.13	.66	VS	NS,	NS	S	No,	Very	Low
et al,11	ng/mL	with	month	F	RD		88	D	(-			0			0.9	low	
2019		overweigh	s						11.62						7		
		t or							to								
		obesity							7.35)								
Park	CRP, mg/L	Adults	2-6	MAD	RD or	3	102/1	WM	-0.16	.40	VS	S,	NS	NS	Yes	Very	Moder
et al,16		with	month	F	diet		00	D	(-0.53			54.			,	low	ate
2020		overweigh	s						to			2			0.0		
		t or							0.21)						1		
		obesity															

Abbreviations: 0-calorie ADF: zero-calorie alternate-day fasting; AMSTAR-2: a measurement tool to assess systematic reviews; BMI: body mass index; CER: continuous energy restriction; CRP: C-reactive protein; DBP: diastolic blood pressure; FPG: fasting plasma glucose; HOMA-IR: homeostatic model assessment of insulin resistance; IF: intermittent fasting; LDL-C: low-density lipoprotein cholesterol; MADF: modified alternate-day fasting; MD: mean difference; NAFLD: nonalcoholic fatty liver disease; N/A: not applicable; RD: regular diet; SBP: systolic blood pressure; TC: total cholesterol; TG: triglycerides; TRE: time restricted eating; WMD: weighted mean difference

eTable 5. Summary of Sensitivity Analyses

Outcom	Population	Duratio	Туре	Control	Metri	Primary	analysis	3	Sensitiv	ity analy	sis:	Sensitiv	ity analy	sis:
е		n of	of IF		С				Excludir	ng studio	es with	Excludir	ng studie	es with
		fasting							high risl	k of bias		small sa	ımple siz	ze (25 <sup>th</sup>
												percenti	le)	
						No. of	Effec	GRADE	No. of	Effec	GRADE	No. of	Effec	GRADE
						studie	t size		studie	t size		studie	t size	
						s	(95%		s	(95%		s	(95%	
							CI)			CI)			CI)	
Anthropom	netric measures													
BMI,	Healthy	1-2	MADF	RD	MD	4	-1.20	High	N/A – rei	maining	studies	3	-1.20	High
kg/m² in	adults, some	months					(-1.44		are not e	enough to	conduct		(-1.45	
Cui	with						to		meta-ana	alysis			to	
et al, <sup>23</sup>	overweight,						-0.96)						-0.96)	
2020	obesity, or													
	NAFLD													
BMI,	Adults with	2-3	MADF	RD,	WMD	8	-0.80	Low	4	-0.79	Low	6	-0.83	Very low
kg/m² in	overweight	months		CER, or			(-1.17			(-1.29			(-1.24	
Park	or obesity			TRE			to			to			to	

et al,26							-0.43)			-0.30)			-0.43)	
2020														
BMI,	Adults with	2-6	MADF	RD,	WMD	9	-0.73	Very low	4	-0.79	Low	7	-0.8	Very low
kg/m² in	overweight	months		CER, or			(-1.13			(-1.29			(-1.19	
Park	or obesity			TRE			to			to			to	
et al,26							-0.34)			-0.30)			-0.41)	
2020														
Body	Adults with	2-3	MADF	CER	WMD	2	-1.65	Moderat	N/A – re	maining :	studies	N/A – rei	naining s	studies
weight,	overweight	months					(-2.73	е	are not e	enough to	conduct	are not e	nough to	conduct
kg in He	or obesity						to		meta-ana	alysis		meta-ana	alysis	
et al,25							-0.58)							
2021														
Body	Adults with	2-6	MADF	CER	MD	3	-1.42	Moderat	N/A – rei	maining	studies	2	-1.65	Moderat
weight,	obesity with	months					(-2.44	е	are not e	enough to	conduct		(-2.73	е
kg in He	no						to		meta-ana	alysis			to	
et al,25	comorbiditie						-0.41)						-0.58)	
2021	s													

Body	Overweight	1-3	MADF	RD,	WMD	8	-1.77	Very low	3	-2.55	Moderat	6	-1.84	Very low
weight,	adults, some	months		CER, or			(-3.19			(-4.43	е		(-3.36	
kg in	with NAFLD			TRE			to			to			to	
Park							-0.34)			-0.68)			-0.33)	
et al,26														
2020														
Body	Adults with	3	5:2	RD or	WMD	3	-1.67	Very low	N/A – rei	naining :	studies	N/A – rer	naining s	studies
weight,	overweight	months	diet	CER			(-2.79		are not e	nough to	conduct	are not e	nough to	conduct
kg in He	or obesity,						to		meta-ana	alysis		meta-ana	alysis	
et al,25	some with						-0.55)							
2021	diabetes													
Body	Normal	1-2	TRE	RD or	WMD	5	-0.38	Low	N/A – rei	maining	studies	3	-0.40	Low
weight,	weight	months	12-24	CER			(-0.71		are not e	nough to	conduct		(-0.78	
kg in	healthy male		hours				to		meta-ana	alysis			to	
Pellegrini	adults, some						-0.04)						-0.01)	
et al,24	with													
2020	prediabetes													

Fat-free	Adults with	2-6	MADF	CER	MD	3	-0.70	Moderat	N/A – remaining studies	2	-0.8	Moderat
mass, kg	obesity	months					(-1.38	е	are not enough to conduct		(-1.51	е
in He							to		meta-analysis		to	
et al,25							-0.02)				-0.09)	
2021												
Fat-free	Healthy	1-12	MADF	RD	MD	5	-1.38	Low	N/A – remaining studies	4	-1.08	Low
mass, kg	adults, some	months					(-2.26		are not enough to conduct		(-1.99	
in Cui	with						to		meta-analysis		to	
et al, <sup>23</sup>	overweight						-0.49)				-0.17)	
2020	or obesity											
Fat	Adults with	1-2	0-	RD or	WMD	2	-1.99	Moderat	N/A – remaining studies	N/A – rei	naining s	studies
mass, kg	overweight	months	calori	CER			(-2.59	е	are not enough to conduct	are not e	nough to	conduct
in Park	or obesity		e ADF				to		meta-analysis	meta-ana	alysis	
et al,26							-1.38)					
2020												
Fat	Adults with	2-6	MADF	CER	MD	3	-1.05	Very low	N/A – remaining studies	2	-1.23	Low
mass, kg	obesity	months					(-1.98		are not enough to conduct		(-2.2	
in He							to		meta-analysis		to	
							-0.13)				-0.26)	

et al,25												
2021												
Fat	Adults with	2-3	MADF	RD,	WMD	5	-1.08	Very low	N/A – remaining studies	4	-1.17	Very low
mass, kg	overweight	months		CER, or			(-1.91		are not enough to conduct		(-2.04	
in Park	or obesity,			TRE			to		meta-analysis		to -	
et al,26	some with						-0.26)				0.29)	
2020	NAFLD											
Fat	Healthy	1-12	MADF	RD	MD	6	-4.96	Very low	N/A – remaining studies	5	-5.68	Low
mass, kg	adults, some	months					(-8.08		are not enough to conduct		(-9.15	
in Cui	with						to		meta-analysis		to	
et al,23	overweight						-1.85)				-2.21)	
2020	or obesity											
Fat	Adults with	2-6	MADF	RD,	WMD	6	-0.96	Very low	N/A – remaining studies	5	-1.03	Very low
mass, kg	overweight	months		CER, or			(-1.91		are not enough to conduct		(-2.04	
in Park	or obesity,			TRE			to		meta-analysis		to	
et al,26	some with						-				-0.03)	
2020	NAFLD						0.004					
							)					

Fat	Adults with	2-3	TRE	RD	MD	3	-2.40	Low	N/A – rei	maining	studies	2	-2.35	Low
mass, kg	overweight	months	12-20				(-2.98		are not e	nough to	conduct		(-3.22	
in Moon	or obesity		hours				to		meta-ana	alysis			to	
et al,4							-1.82)						-1.48)	
2020														
Lipid profile	<u> </u> e													
LDL-C,	Adults with	3-12	MADF	RD with	WMD	5	-5.14	Very low	2	-3.33	Moderat	4	-5.17	Low
mg/dL in	normal	months		exercis			(-7.44			(-	е		(-7.50	
Meng	weight,			е			to			11.93			to	
et al,6	overweight,						-2.83)			to			-2.83)	
2020	or obesity									5.27)				
LDL-C,	Adults with	2-12	MADF	RD with	WMD	7	-5.23	Very low	4	-4.75	Low	5	-5.14	Low
mg/dL in	normal	months		exercis			(-7.52			(-12.6			(-7.44	
Meng	weight,			е			to			to			to	
et al,6	overweight,						-2.94)			3.11)			-2.83)	
2020	or obesity													
TC,	Adults with	2-3	MADF	RD,	WMD	5	-	Very low	N/A – rei	naining s	studies	4	-9.77	Low
mg/dL in	overweight	months		CER, or			10.95		are not e	nough to	conduct		(-	
Park	or obesity,			TRE					meta-ana	alysis			17.92	

et al,26	some with						(-						to -	
2020	NAFLD						18.98						1.63)	
							to -							
							2.93)							
TC,	Adults with	2-6	MADF	RD or	WMD	6	-8.13	Very low	2	-0.8	Very low	5	-6.89	Very low
mg/dL in	overweight	months		CER			(-			(-			(-	
Park	or obesity,						15.79			10.41			14.24	
et al, <sup>26</sup>	some with						to -			to			to	
2020	NAFLD						0.46)			8.81)			0.46)	
TG,	Adults with	2	MADF	RD or	WMD	2	-	Low	N/A – rei	naining s	studies	N/A – rei	naining s	studies
mg/dL in	overweight	months		RD with			26.84		are not e	nough to	conduct	are not e	nough to	conduct
Meng	or obesity			exercis			(-		meta-ana	alysis		meta-ana	alysis	
et al,6	with no			е			52.33							
2020	comorbiditie						to -							
	s						1.35)							
TG,	Adults with	2-3	MADF	RD,	WMD	5	-	Very low	N/A – rei	maining	studies	4	-	Very low
mg/dL in	overweight	months		CER, or			21.67		are not e	nough to	conduct		21.16	
Park	or obesity,			TRE			(-		meta-ana	alysis			(-	
							39.44						39.18	

et al,26	Some with						to -						to -	
2020	NAFLD						3.89)						3.15)	
Glycemic	profile			l			<u>I</u>		l			l		
FPG,	Healthy	1-2	TRE	RD or	MD	4	-2.45	Very low	N/A – remaining studies			3	-2.45	Very low
mg/dL in	adults, some	months	12-24	CER			(-4.72		are not enough to conduct				(-4.72	
Pellegrini	with		hours				to		meta-analysis				to	
et al, <sup>24</sup>	overweight,						-0.18)						-0.18)	
2020	obesity, or													
	chronic													
	disease													
FPG,	Overweight	4 days	TRE	RD or	MD	7	-2.75	Very low	4	-2.87	Very low	5	-2.51	Very low
mg/dL in	adults	to 3	12-21	TRE			(-4.6			(-5.46			(-4.54	
Pureza		months	hours	12-15			to			to			to	
et al,7				hours			-0.91)			-0.28)			-0.47)	
2020														
Fasting	Overweight	3-6	5:2	CER	MD	2	-1.00	Moderat	N/A – remaining studies		N/A – remaining studies		studies	
insulin,	or obese	months	diet				(-1.77	е	are not enough to conduct are not enough to co			conduct		
							to		meta-analysis			meta-analysis		

mIU/mL	female						-0.39)					
in He	adults											
et al,25												
2021												
HOMA-	Healthy	1 day to	TRE	RD	WMD	4	-0.51	Very low	N/A – remaining studies	3	-0.36	Very low
IR in	adults with	2	18				(-0.82		are not enough to conduct		(-0.69	
Pureza	overweight	months	hours				to		meta-analysis		to	
et al,7	or obesity;						-0.19)				-0.02)	
2020	some with											
	prediabetes											
Others												
SBP,	Healthy	1-12	MADF	RD	MD	4	-4.42	Very low	N/A – remaining studies	3	-4.84	Low
mmHg in	adults, some	months					(-7.35		are not enough to conduct		(-8.09	
Cui	with						to		meta-analysis		to	
et al, <sup>23</sup>	overweight						-1.49)				-1.60)	
2020	or obesity											
DBP,	Healthy	1-12	MADF	RD	MD	4	-3.41	Very low	N/A – remaining studies	3	-3.49	Low
mmHg in	adults, some	months					(-5.91		are not enough to conduct		(-6.33	
Cui	with						to		meta-analysis		to	

et al, <sup>23</sup>	overweight			-0.92)		-0.65)	
2020	or obesity						

Abbreviations: 0-calorie ADF: zero-calorie alternate-day fasting; BMI: body mass index; CER: continuous energy restriction; DBP: diastolic blood pressure; FPG: fasting plasma glucose; HOMA-IR: homeostatic model assessment of insulin resistance; IF: intermittent fasting; LDL-C: low-density lipoprotein cholesterol; MADF: modified alternate-day fasting; MD: mean difference; NAFLD: nonalcoholic fatty liver disease; RCTs: randomized controlled trials; RD: regular diet; SBP: systolic blood pressure; TC: total cholesterol; TG: triglycerides; TRE: time restricted eating; WMD: weighted mean difference