**Cell Reports Medicine, Volume 3** 

## **Supplemental information**

## Time-restricted eating with or without low-

## carbohydrate diet reduces visceral fat and

## improves metabolic syndrome: A randomized trial

Mingqian He, Jingya Wang, Qian Liang, Meng Li, Hui Guo, Yue Wang, Cuomu Deji, Jing Sui, Ya-wen Wang, Yufeng Liu, Yixuan Zheng, Buyue Qian, Huaixi Chen, Mao Ma, Shi Su, Hui Geng, Wen-xu Zhou, Xiaoxiao Guo, Wen-zhi Zhu, Meng Zhang, Ziyi Chen, Patrick C.N. Rensen, Chi-chung Hui, Yanan Wang, and Bingyin Shi

	LCD	TRE	Both	
	N = 55	N = 55	N = 52	p value
Drug treatment (number, n%)				0.252
Hypotensive drugs	9 (16.4)	12 (21.8)	5 (9.6)	
Lipid-lowering drugs	2 (3.6)	4 (7.3)	0 (0.0)	
Urate-lowering drugs	3 (5.5)	3 (5.5)	5 (9.6)	
Oral hypoglycemic drugs	8 (14.5)	2 (3.6)	4 (7.7)	
Insulin	2 (3.6)	2 (3.6)	1 (1.9)	
Complicating metabolic disease				0.539
(number, n%)				0.559
Hypertension	12 (21.8)	17 (30.9)	8 (15.4)	
Coronary heart disease	2 (3.6)	2 (3.6)	1 (1.9)	
Arthrolithiasis	4 (7.3)	3 (5.5)	6 (11.5)	
Type 2 diabetes	8 (14.5)	3 (5.5)	6 (11.5)	

2 LCD, low-carbohydrate diet; TRE, time-restricted eating; Both, combination treatment.

Differences between treatment arms (LCD, TRE and Both) were tested by Chi-square test. 3

4 Related to Table 1.

5

1

6

## Table S1. Baseline characteristics of participants

Table S2. Baseline characteristics of early TRE and late TRE subgroups

	TF	RE	р	В	oth	р
	eTRE (N = 38)	ITRE (N = 17)	value	eTRE (N = 32)	ITRE (N = 20)	value
Gender male/female	23/15	12/5	0.473	22/10	15/5	0.628
Age (years)	43.7 ± 1.6	41.6 ± 2.9	0.501	40.6 ± 1.6	36.5 ± 1.8	0.095
Meal eating window (hours)	$10.3 \pm 0.4$	$10.5 \pm 0.4$	0.824	$10.9 \pm 0.3$	$10.3 \pm 0.4$	0.118
Daily carbohydrate intake (g)	341 ± 18	$365 \pm 33$	0.499	$352 \pm 29$	$375 \pm 35$	0.607
Weight (kg)	84.2 ± 2.4	85.7 ± 3.6	0.725	84.7 ± 2.3	85.0 ± 3.1	0.935
BMI (kg/m²)	29.7 ± 0.5	$29.2 \pm 0.9$	0.639	29.1 ± 0.6	$28.8 \pm 0.8$	0.808
Waist circumference (cm)	96.8 ± 1.4	97.0 ± 2.6	0.930	94.8 ± 1.4	94.4 ± 1.5	0.819
Hip circumference (cm)	104.7 ± 1.2	104.1 ± 1.3	0.773	104.1 ± 1.3	104.1 ± 2.1	0.987
Waist-to-hip ratio (WHR)	0.93 ± 0.01	$0.95 \pm 0.02$	0.462	0.91 ± 0.01	$0.92 \pm 0.02$	0.611
Body fat mass (kg)	33.7 ± 1.1	32.3 ± 1.6	0.496	33.3 ± 1.0	31.8 ± 1.5	0.374
Body muscle mass (kg)	31.2 ± 1.1	32.6 ± 1.7	0.477	31.5 ± 1.1	32.7 ± 1.4	0.506
Subcutaneous fat area (SFA, cm <sup>2</sup> )	270 ± 11	270 ± 19	0.990	256 ± 10	254 ± 18	0.902
Visceral fat area (VFA, cm <sup>2</sup> )	102 ± 6	113 ± 8	0.321	97 ± 5	94 ± 7	0.681
Hemoglobin A1c (HbA1c, %)	5.6 (0.6)	5.7 (0.6)	0.784	5.6 (0.7)	5.6 (1.1)	0.445
Fasting blood glucose (mmol/L)	5.05 (1.16)	5.05 (0.69)	0.579	5.01 (1.05)	5.19 (1.66)	0.735
Fasting insulin (mIU/L)	27.8 (21.1)	32.8 (19.9)	0.344	27.0 (13.9)	30.6 (57.6)	0.337
C-peptide (pg/mL)	1696.1 ± 131.9	1580.0 ± 137.9	0.877	1570.7 ± 84.7	1781.4 ± 185.6	0.250
HOMA-IR	6.70 (6.55)	7.64 (6.58)	0.202	6.79 (4.05)	7.58 (14.00)	0.829
HOMA-IS	0.21 (0.23)	0.14 (0.12)	0.177	0.16 (0.10)	0.16 (0.17)	0.836
QUICKI	0.29 (0.04)	0.29 (0.02)	0.236	0.29 (0.03)	0.29 (0.05)	0.463
Uric acid (UA, µmol/L)	383 ± 15	387 ± 26	0.877	429 ± 23	395 ± 18	0.298
Total cholesterol (mmol/L)	4.67 ± 0.16	4.95 ± 0.20	0.309	4.82 ± 0.18	4.58 ± 0.19	0.384
LDL-c (mmol/L)	2.88 ± 0.14	3.28 ± 0.19	0.108	3.15 ± 0.17	2.85 ± 0.16	0.235
Triglycerides (TG, mmol/L)	2.10 (1.52)	2.31 (1.77)	0.439	1.92 (1.92)	2.43 (3.63)	0.776
HDL-c (mmol/L)	1.11 ± 0.04	1.08 ± 0.05	0.663	1.07 ± 0.04	1.01 ± 0.05	0.378
TG/HDL	1.77 (1.85)	2.24 (1.99)	0.412	1.89 (2.61)	2.32 (4.43)	0.749
Systolic blood pressure (mmHg)	136 ± 3	137 ± 4	0.857	132 ± 3	129 ± 4	0.558
Diastolic blood pressure (mmHg)	86 ± 2	89 ± 3	0.407	86 ± 2	81 ± 2	0.091

2 TRE, time-restricted eating; Both, combination treatment; eTRE, early TRE; ITRE, late TRE;

BMI, body mass index; HOMA-IR, homeostasis model assessment insulin resistance; HOMAIS, homeostatic model assessment of insulin sensitivity; QUICKI, quantitative insulin-sensitivity
check index; LDL-c, low-density lipoprotein cholesterol; HDL-c, high-density lipoprotein
cholesterol. All data are presented as the mean ± standard error of the mean (SEM) for normal
distribution or median (interquartile range) for abnormal distribution. Differences between the
eTRE and ITRE subgroups were tested by two sample dependent T test or Mann-Whitney U
test. Related to Table 1.

Table S3. Foc	od intake amon	g participants wh	o completed the intervention
LCD	TRE	Both	p value for pairwise compar

	LCD	TRE	Both	p valu	e for pairwise com	parison
	N = 47	N = 44	N = 44	LCD vs. TRE	LCD vs. Both	TRE vs. Both
Staple food	- rice					
Baseline	450 (400)	600 (750)	475 (563)			
Follow-up	200 (300)***	450 (550)	225 (388)***			
$\bigtriangleup$	-250 (475)	0 (413)	-273 (700)	<u>0.002</u>	0.424	0.068
Staple food	- wheat flour					
Baseline	600 (750)	700 (906)	750 (1088)			
Follow-up	200 (363)***	500 (400)*	150 (213)***			
$\bigtriangleup$	-350 (800)	-100 (1019)	-575 (1050)	0.051	0.350	<u>0.005</u>
Staple food	- coarse grain and	field crop (corn,	oat, sorghum, etc.)			
Baseline	150 (300)	50 (369)	100 (309)			
Follow-up	0 (150)**	0 (100)**	0 (94)***			
$\bigtriangleup$	0 (200)	0 (338)	0 (250)	0.789	0.811	0.623
Staple food	- tuber vegetable	(potato, batata, ya	am, taro, etc.)			
Baseline	200 (300)	100 (275)	0 (169)			
Follow-up	50 (200)*	0 (150)	0 (150)			
$\bigtriangleup$	-50 (200)	0 (100)	0 (144)	0.287	0.044	0.350
Staple food	- starch and deriv	ed products (verm	nicelli, etc.)			
Baseline	0 (100)	0 (100)	50 (150)			
Follow-up	0 (50)	0 (100)	0 (100)			
$\bigtriangleup$	0 (50)	0 (62)	0 (130)	0.664	0.467	0.351
Pastry- brea	ad, cake, cookie, e	etc.				
Baseline	50 (200)	0 (100)	25 (150)			
Follow-up	0 (50)**	0 (138)	0 (0)**			
$\bigtriangleup$	-50 (150)	0 (100)	0 (100)	<u>0.020</u>	0.864	<u>0.016</u>
Meat- pork, l	beef and lamb					
Baseline	350 (300)	350 (588)	350 (550)			
Follow-up	300 (300)	350 (588)	375 (838)**			
$\bigtriangleup$	0 (350)	0 (388)	100 (438)	0.733	<u>0.006</u>	<u>0.004</u>
Meat- proces	ssed meat (bacon	, sausage, etc.)				
Baseline	0 (50)	0 (8)	0 (15)			
Follow-up	0 (50)	0 (50)	0 (0)			
$\bigtriangleup$	0 (25)	0 (0)	0 (0)	0.242	0.627	0.437
Meat- anima	Il innards					
Baseline	0 (0)	0 (0)	0 (0)			
Follow-up	0 (0)	0 (0)	0 (0)			
$\bigtriangleup$	0 (0)	0 (0)	0 (0)	0.120	0.883	0.161
Aquatic pro	<b>duct</b> - fish, crab, s	hrimp, shellfish, r	nolluscs, etc.			
Baseline	50 (150)	100 (200)	0 (50)			
Follow-up	100 (200)	0 (150)*	0 (150)			
$\bigtriangleup$	0 (150)	0 (100)	0 (100)	<u>0.011</u>	0.980	<u>0.009</u>
Poultry- chi	cken, duck, pigeo	n, etc.				

Baseline	100 (200)	50 (150)	0 (138)			
Follow-up	100 (263)	50 (200)	100 (200)			
$\bigtriangleup$	0 (150)	0 (150)	0 (175)	0.358	0.763	0.254
<b>Egg</b> - hen's e	egg, duck's egg, p	reserved egg, sali	ted egg, etc.			
Baseline	300 (150)	350 (475)	200 (200)			
Follow-up	350 (200)	350 (313)	290 (356)			
$\bigtriangleup$	0 (325)	-25 (408)	0 (375)	0.178	0.978	0.23
Milk and mi	<b>lk products</b> - milk	, yogurt, etc.				
Baseline	540 (1260)	450 (1014)	600 (1038)			
Follow-up	700 (1400)	500 (838)	600 (928)			
$\bigtriangleup$	0 (1200)	0 (434)	0 (838)	0.758	0.582	0.29
Milk and mi	<b>lk products</b> - milk	powder, cheese,	etc.			
Baseline	0 (0)	0 (0)	0 (0)			
Follow-up	0 (0)	0 (0)	0 (0)			
$\bigtriangleup$	0 (0)	0 (0)	0 (0)	0.607	0.262	0.64
Beans and I	egume products	s- soybean				
Baseline	0 (150)	0 (200)	0 (150)			
Follow-up	0 (250)	0 (100)	0 (100)			
$\bigtriangleup$	0 (175)	0 (100)	0 (164)	0.171	0.763	0.16
Beans and I	egume products	s- tofu, soybean cu	urd sheet, soybean	curd slab and o	ly bean curd	
Baseline	100 (150)	100 (200)	33 (100)			
Follow-up	100 (225)	65 (281)	50 (150)			
$\triangle$	0 (150)	0 (150)	0 (226)	0.438	0.345	0.80
Vegetables-	dark vegetables					
Baseline	500 (1200)	650 (738)	613 (1100)			
Follow-up	600 (110)	600 (1113)	700 (1113)			
$\triangle$	100 (725)	0 (998)	-18 (975)	0.570	0.247	0.61
Vegetables-	light vegetables					
Baseline	350 (1200)	350 (1163)	350 (538)			
Follow-up	450 (850)	375 (813)	600 (675)			
$\triangle$	0 (650)	-50 (653)	120 (838)	0.279	0.352	0.07
Phytocomy	cetes- mushroom	s, seaweed, porpl	hyra, etc.			
Baseline	50 (150)	50 (100)	50 (125)			
Follow-up	100 (225)	0 (100)	100 (200)*			
Δ.	0 (105)	0 (100)	25 (150)	0.299	0.396	0.08
Fruits- apple	e, pear, peach, ch	erry, grapefruit, ki	wifruit, etc.			
Baseline	350 (950)	350 (675)	450 (694)			
Follow-up	200 (400)*	300 (425)*	200 (388)**			
$\triangle$	0 (500)	-75 (425)	-200 (613)	0.927	0.368	0.26
	go, pineapple, etc		· · ·			
Baseline	0 (0)	0 (0)	0 (0)			
Follow-up	0 (0)	0 (0)	0 (0)			
Δ	0 (0)	0 (0)	0 (0)	0.824	0.734	0.57
	rmelon, etc.	- (-)	• (•)		5	5.67

Baseline	0 (50)	0 (0)	0 (0)			
Follow-up	0 (0)	0 (0)	0 (0)			
$\bigtriangleup$	0 (0)	0 (0)	0 (0)	0.658	0.238	0.105
Nuts- peanut	, sunflower seed,	walnut, pumpkin	seed, etc.			
Baseline	35 (175)	0 (169)	50 (150)			
Follow-up	140 (300)	63 (150)	63 (200)			
$\bigtriangleup$	0 (185)	0 (150)	0 (181)	0.404	0.275	0.799
Alcohol- low-	-alcohol liquor (≤	38°)				
Baseline	0 (0)	0 (0)	0 (0)			
Follow-up	0 (0)	0 (0)	0 (0)			
$\bigtriangleup$	0 (0)	0 (0)	0 (0)	0.680	0.171	0.100
Alcohol- high	n-alcohol liquor (>	>38°)				
Baseline	0 (0)	0 (50)	0 (0)			
Follow-up	0 (0)	0 (50)	0 (0)			
$\bigtriangleup$	0 (0)	0 (38)	0 (0)	0.321	0.408	0.876
Alcohol- bee	er					
Baseline	0 (0)	0 (0)	0 (0)			
Follow-up	0 (0)	0 (0)	0 (0)			
$\bigtriangleup$	0 (0)	0 (0)	0 (0)	0.405	0.514	0.183
Alcohol- fruit	t wine					
Baseline	0 (0)	0 (0)	0 (0)			
Follow-up	0 (0)	0 (0)	0 (0)			
$\triangle$	0 (0)	0 (0)	0 (0)	0.169	0.195	0.559

LCD, low-carbohydrate diet; TRE, time-restricted eating; Both, combination treatment. All data 1 were presented as the median (interquartile range) for abnormal distribution. Analyses were 2 3 conducted in participants who completed the intervention. Change scores from baseline were 4 represented by " $\Delta$ " in the table. After 3 months of intervention, pairwise comparisons of change 5 scores between the groups (e.g., TRE vs. LCD, TRE vs. Both, LCD vs. Both) were evaluated 6 by Mann-Whitney U test. \*p < 0.05, \*\*p < 0.01, \*\*\*p < 0.001: significant differences compared 7 with baseline (paired Wilcoxon test). Related to STAR Methods.

		LCD	TRE	Both
		N = 47	N = 44	N = 44
	Baseline	0.0 (0.3)	0.0 (0.6)	0.0 (1.0)
Intense physical activity	Follow-up	0.0 (0.8)	0.0 (0.5)	0.0 (0.8)
time (h/week)	$\bigtriangleup$	0.0 (0.0)	0.0 (0.0)	0.0 (0.2)
	Baseline	0.0 (1.3)	0.0 (0.1)	0.0 (0.5)
Moderate physical	Follow-up	0.0 (1.0)	0.0 (0.0)	0.0 (1.0)
activity time (h/week)	$\bigtriangleup$	0.0 (0.0)	0.0 (0.0)	0.0 (0.6)
	Baseline	2.3 (3.8)	3.5 (4.0)	3.5 (3.6)
Walking time (h/week)	Follow-up	2.5 (4.8)	2.5 (2.4)	2.6 (4.8)
	$\bigtriangleup$	0.0 (2.3)	0.0 (3.2)	-0.5 (1.5)
	Baseline	35.0 (31.5)	28.6 (25.7)	33.8 (35.0)
Sitting time (h/week)	Follow-up	35.0 (25.7)	35.0 (25.7)	35.0 (34.4)
	$\bigtriangleup$	0.0 (7.0)	0.0 (16.3)	0.0 (16.3)

# Table S4. Physical activity analysis among participants who completed the intervention

LCD, low-carbohydrate diet; TRE, time-restricted eating Both, combination treatment. All data 3 were presented as the median (interquartile range) for abnormal distribution. Analyses were 4 5 conducted in participants who completed the intervention. Change scores from baseline were 6 represented by "Δ" in the table. After 3 months of intervention, pairwise comparisons of baseline 7 and change scores between the groups (e.g., TRE vs. LCD, TRE vs. Both, LCD vs. Both) were 8 evaluated by Mann-Whitney U test. The significant difference as compared with baseline were 9 evaluated by paired Wilcoxon test for each group. No significant difference was found either 10 within each group or between groups. Related to STAR Methods. 11

LCD (N = 55)TRE (N = 55) Both (N = 52)р р р Records  $\geq 50\%$ Records  $\geq 50\%$ Records < 50% Records < 50% Records  $\geq 50\%$ Records < 50% value value value (N = 19) (N = 36)(N = 19)(N = 36)(N = 23)(N = 29)Days of dietary log (during 14 (5) < 0.001 1 (2) 14 (4) 1 (2) 0(1) < 0.001 < 0.001 14 (2) the first 2 weeks)  $\triangle$  Weight (kg)  $-2.2 \pm 0.9$  $-2.3 \pm 0.5$ 0.908  $-3.1 \pm 0.7$  $-3.7 \pm 0.7$ 0.540  $-5.4 \pm 0.9$  $-4.9 \pm 0.8$ 0.739 △ Visceral fat area -7 ± 7 -9 ± 5 -10 ± 5 0.842  $12 \pm 7$ 0.089 -11 ± 4  $-14 \pm 7$ 0.738  $(VFA, cm^2)$ △ Subcutaneous fat area -29 ± 9 -21 ± 6 0.468  $-24 \pm 13$ -24 ±10 0.994 -35 ± 7  $-15 \pm 13$ 0.235 (SFA, cm<sup>2</sup>)

#### Table S5. Change in primary outcomes between participants with or without more than 50% dietary log records

2 LCD, low-carbohydrate diet; TRE, time-restricted eating; Both, combination treatment. During the first 2-week of intervention period, when participants were

3 trained for diet schemes, daily dietary log was monitored, analyzed and clustered into two groups based on the record time more than 7 days (≥ 50%) or not (<

4 50%). All data were presented as mean ± standard error of the mean (SEM) for normally distributed variables or the median (interquartile range) for abnormal

5 distribution (Days of dietary log). Change scores from baseline were represented by " $\Delta$ " in the table. Analyses were conducted using all participants (intention-

6 to-treat), using a multiple imputation approach for missing data. After 3 months of intervention, pairwise comparisons of change scores between the valid and

7 invalid record subgroups were evaluated by t test or Mann-Whitney U test. Related to STAR Methods.

8

			• •				
		TF	RE	p value	Both		
		eTRE (N = 38)	ITRE (N = 17)	value	eTRE (N = 32)	ITRE (N = 20)	value
Days of adherence (days)		$61.4 \pm 4.0$	74.9 ± 2.7	<u>0.031</u>	57.0 ± 3.9	58.7 ± 5.3	0.79
Willingness to continue the diet (n/total, %)		29/30 (97)	14/14 (100)	0.490	20/27 (74)	16/17 (94)	0.09
Meal eating window	Follow-up	$6.4 \pm 0.4^{***}$	$6.9 \pm 0.3^{***}$		$6.9 \pm 0.5^{***}$	$6.6 \pm 0.5^{***}$	
(hours)	$\bigtriangleup$	$-4.0 \pm 0.6$	$-3.6 \pm 0.4$	0.715	$-4.0 \pm 0.5$	$-3.7 \pm 0.7$	0.72
Daily carbohydrate intake	Follow-up	315 ± 19	356 ± 26		144 ± 15***	133 ± 14***	
(g)	$\bigtriangleup$	-26 ±18	-9 ± 22	0.564	-207 ± 23	-243 ± 36	0.39
Weight (kg)	1 M Follow-up	81.6 ± 2.7 <sup>b</sup>	$85.7 \pm 3.6^{b}$		81.5 ± 2.3 <sup>b</sup>	$83.1 \pm 2.9^{a}$	
	1 M 🛆	$-2.4 \pm 0.4$	$-2.5 \pm 0.7$	0.869	-3.1 ± 0.5	-1.9 ± 0.7	0.15
	2 M Follow-up	$80.4 \pm 2.6^{a}$	$83.3 \pm 3.2^{a}$		$79.7 \pm 2.2^{b}$	$81.8 \pm 2.9^{b}$	
	2 M 🛆	$-3.6 \pm 0.4$	$-4.0 \pm 0.7$	0.599	$-4.9 \pm 0.5$	$-3.2 \pm 0.7$	<u>0.04</u>
	3 M Follow-up	79.9 ± 2.8	84.0 ± 3.5		78.9 ± 2.4	82.4 ± 2.6	
	3 M 🛆	$-3.3 \pm 0.4$	$-3.7 \pm 0.7$	0.606	$-5.6 \pm 0.5$	$-4.2 \pm 0.7$	0.09
BMI (kg/m²)	Follow-up	28.3 ± 0.5***	$27.7 \pm 0.5^*$		27.0 ± 0.6***	27.5 ± 0.7**	
	$\triangle$	$-1.4 \pm 0.3$	$-1.6 \pm 0.6$	0.781	-2.1 ± 0.3	$-1.4 \pm 0.4$	0.14
Waist circumference (cm)	Follow-up	91.7 ± 1.8***	94.9 ± 2.8		91.0 ± 1.9*	92.0 ± 1.8	
	$\bigtriangleup$	-5.1 ± 1.1	-2.1 ± 2.1	0.167	-3.8 ± 1.5	-2.4 ± 1.9	0.55
Hip circumference (cm)	Follow-up	103.1 ± 1.1	102.9 ± 1.3		101.0 ± 1.4*	100.8 ± 1.5	
	Δ .	-1.7 ± 0.9	-1.2 ± 1.2	0.796	-3.2 ± 1.2	-2.3 ± 1.2	0.62
Waist-to-hip ratio (WHR)	Follow-up	$0.89 \pm 0.01^{**}$	$0.92 \pm 0.02$		0.90 ± 0.01	0.91 ± 0.02	

Table S6. Change in body composition and metabolic risk markers after 3 months of the intervention between early TRE and late TREsubgroups.

	$\bigtriangleup$	$-0.04 \pm 0.01$	$-0.02 \pm 0.02$	0.380	-0.01 ± 0.01	-0.00 ± 0.01	0.838
Body fat mass (kg)	Follow-up	32.4 ± 1.1	30.8 ± 1.5		30.5 ± 1.1**	28.5 ± 1.6***	
	Δ	-1.3 ± 0.8	-1.4 ± 0.7	0.912	$-2.8 \pm 0.8$	$-3.2 \pm 0.7$	0.703
Body muscle mass (kg)	Follow-up	30.6 ± 1.0	32.3 ± 1.5		30.7 ± 1.0*	32.8 ± 1.2	
	Δ	$-0.6 \pm 0.3$	$-0.4 \pm 0.3$	0.674	$-0.8 \pm 0.3$	$0.1 \pm 0.4$	0.061
Subcutaneous fat area	Follow-up	251 ± 13*	232 ± 14		227 ± 13*	239 ± 18	
(SFA, cm²)	Δ	-18 ± 7	-38 ± 21	0.256	-29 ± 11	-15 ± 13	0.394
Visceral fat area (VFA,	Follow-up	88 ± 7*	101 ± 8		$88 \pm 6^*$	83 ± 7	
cm²)	Δ	-14 ± 6	-12 ± 8	0.872	-9 ± 4	-10 ± 6	0.856
Hemoglobin A1c	Follow-up	5.5 (0.6)	5.6 (0.7)		5.6 (0.7)	5.5 (0.9)	
(HbA1c, %)	Δ	0.0 (0.3)	-0.1 (0.4)	0.854	-0.1 (0.6)	-0.2 (0.4)	0.502
Fasting blood glucose	Follow-up	4.77 (1.07)	4.76 (0.94)		4.83 (1.22)	5.23 (1.13)	
(mmol/L)	$\bigtriangleup$	-0.15 (1.02)	-0.22 (0.35)	0.863	-0.32 (0.95)	-0.15 (0.82)	0.457
Fasting insulin (mIU/L)	Follow-up	23.9 (21.0)***	29.9 (12.7)*		16.1 (13.4)**	26.4 (34.7)*	
	$\bigtriangleup$	-3.5 (13.2)	-2.2 (13.6)	0.771	-5.3 (11.0)	-5.7 (24.6)	0.880
C-peptide (pg/mL)	Follow-up	1451.1 ± 108.2**	1338.5 ± 96.5		1185.5 ± 74.1***	1568.1 ± 127.1	
	$\bigtriangleup$	-245.0 ± 77.5	-241.5 ± 128.4	0.981	-385.2 ± 76.2	-213.3 ± 126.4	0.221
HOMA-IR	Follow-up	4.68 (4.51)***	6.48 (4.67)**		3.76 (2.33)***	6.78 (5.72)	
	$\bigtriangleup$	-0.84 (4.61)	-2.15 (4.99)	0.548	-2.40 (4.54)	-1.65 (7.53)	0.229
HOMA-IS	Follow-up	0.28 (0.51)***	0.18 (0.25)*		0.31 (0.23)***	0.24 (0.22)	
	$\bigtriangleup$	0.05 (0.33)	0.03 (0.09)	0.629	0.14 (0.21)	0.04 (0.14)	<u>0.007</u>
QUICKI	Follow-up	0.31 (0.05)***	0.30 (0.03)*		0.32 (0.03)***	0.30 (0.04)	
	$\bigtriangleup$	0.02 (0.03)	0.01 (0.02)	0.489	0.02 (0.01)	0.01 (0.04)	0.102
Uric acid (UA, μmol/L)	Follow-up	344 ± 16*	347 ± 16*		370 ± 17**	354 ± 18**	

	Δ	-39 ± 15	-40 ± 18	0.967	-58 ± 19	-41 ± 14	0.511
Total cholesterol (mmol/L)	Follow-up	$4.56 \pm 0.15$	$5.30 \pm 0.27$		4.93 ± 0.20	4.77 ± 0.22	
	Δ .	-0.12 ± 0.21	$0.35 \pm 0.26$	0.201	0.11 ± 0.13	$0.19 \pm 0.27$	0.775
LDL-c (mmol/L)	Follow-up	$2.89 \pm 0.15$	$3.69 \pm 0.25^*$		$3.42 \pm 0.19^{*}$	3.17 ± 0.23	
	$\triangle$	$0.01 \pm 0.18$	0.41 ± 0.19	0.180	0.28 ± 0.12	$0.33 \pm 0.28$	0.847
Triglycerides (TG, mmol/L)	Follow-up	1.53 (1.65)*	1.98 (1.56)*		1.40 (1.25)**	1.30 (1.76)*	
	Δ.	-0.39 (1.33)	-0.30 (1.38)	0.884	-0.51 (1.84)	-0.49 (2.28)	0.707
HDL-c (mmol/L)	Follow-up	$1.14 \pm 0.04$	1.09 ± 0.05		1.15 ± 0.04*	1.13 ± 0.05*	
	`	$0.03 \pm 0.04$	$0.01 \pm 0.04$	0.723	0.07 ± 0.03	$0.12 \pm 0.04$	0.327
TG/HDL-c	Follow-up	1.25 (1.63)	2.01 (1.29)		1.23 (1.08)***	1.63 (1.82)**	
	$\triangle$	-0.31 (1.48)	-0.30 (2.06)	0.855	-0.54 (2.07)	-0.87 (2.64)	0.707
Systolic blood pressure	Follow-up	136 ± 2	139 ± 3		131 ± 3	132 ± 3	
(mmHg)	`	0 ± 2	2 ± 3	0.590	-1 ± 2	3 ± 3	0.367
Diastolic blood pressure	Follow-up	84 ± 2	88 ± 2		82 ± 2*	76 ± 2	
(mmHg)	Δ	-2 ± 2	-2 ± 2	0.895	-5 ± 2	-4 ± 2	0.873

TRE, time-restricted eating; Both, combination treatment; eTRE, early TRE; ITRE, late TRE; BMI, body mass index; HOMA-IR, homeostasis model assessment 1 of insulin resistance; HOMA-IS, homeostatic model assessment of insulin sensitivity; QUICKI, quantitative insulin-sensitivity check index; LDL-c, low-density 2 lipoprotein cholesterol; HDL-c, high-density lipoprotein cholesterol. All data were presented as mean ± standard error of the mean (SEM) for normally distributed 3 variables or the median (interguartile range) for abnormal distribution. Change scores from baseline were represented by " $\Delta$ " in the table. Analyses were 4 conducted using all participants (intention-to-treat), using a linear mixed model with randomized dietary intervention as factor to correct for the correlations of 5 repeated measurements on changes in body weight, and using a multiple imputation approach for other missing data. After 3 months of intervention, pairwise 6 comparisons of change scores between the eTRE and ITRE subgroups were evaluated by t test or Mann-Whitney U test. ap < 0.05. bp < 0.001: significant 7 differences compared with one month before (paired t test); \*p < 0.05, \*\*p < 0.01, \*\*\*p < 0.001: significant differences compared with baseline (paired t test or 8 paired Wilcoxon test). Related to Table 2. 9

10

1

#### Table S7. Suggested Food and Menu List

Go/Green	Vegetables:
	Spinach, Cabbage, Red cabbage, Watercress, Lettuce, Stern lettuce, Bok choy, Coriander,
	Celery, Leeks, Bitter melon, Cucumber, Garlic, Ginger, Spring onions, Onion, Chili pepper, Green
	bell Pepper, Red bell pepper, Tomato, Eggplant, Cauliflower, Broccoli, Mushroom, Bean sprouts
	Meat:
	Pork, Lean meet, Bacon belly, Pig's Trotters, Pork liver, Spareribs, Beef, Mutton, Chicken,
	Shrimp, Fish
	Soups: excluding any staple food contained in the soup
	Egg & vegetable soup, Seaweed soup, Sweet & sour soup, Pork thick soup, Fish ball soup,
	Meat ball soup
	Fruit and nuts: Coconut, Avocado
	Drinks: Mineral water, Soda water
	Local snacks: excluding any staple food contained in the dish
	Vegetable stew with lamb ball, Casserole
	Common vegetarian dishes:
	Scrambled egg with tomato, Stir fried beancurd with sliced pork & pepper, Sauté eggplant with
	fish flavor, Sauté leek sprouts & eggs, Stir fried green bean, Stir fried bitter melon, Stir fried mixed
	greens, Stir fried Chinese broccoli, Sauté string bean
	Common meat dishes:
	Stir fried shredded pork with sweet and sour sauce, Sauté diced chicken with hot peppers, Sauté
	diced chicken with peanuts, Stir fried shrimps with bamboo shoots, Beef curry, Chicken curry,
	Braised common carp, Steamed fish, Braised prawns with soy sauce, Sauté pork in hot sauce,
	Braised pork with soy sauce, Boiled salted duck, Braised beef with brown sauce, Roast Beijing
	duck
Slow down	Vegetables: (< 50ml/meal, 150 ml/day)
/Yellow	Lima bean, Pea, Radish, Carrot, Lotus root, Yam, Sweet corn, Pump, Potato, Sweet potato
< 300 ml/day	Staple food: (< 50 ml/meal, 150 ml/day)
	Plain white rice, Fried rice with egg, Sweet potato congee, Rice porridge, Rice noodles
	Fruits and nuts: (< 50 ml/meal, 100 ml/day)
	Apple, Pear, Peach, Apricot, Orange, Lemon, Grape, Strawberry, Mulberry, Nectarine, Cherry,
	Watermelon, Papaya, Pomegranate, Persimmon, Guava, Kiwi, Lychee, Pomelo, Mangosteen,
	Longan, Pineapple, Banana, Mango, Durian, Date, Peanut, Chestnut
	Drinks: (< 50 ml/meal, < 100 ml/day)
	Soybean milk
	Local Snack: < 50 ml/meal, < 150 ml/day)
	Extra soft tofu, Cold steamed rice noodle, Mutton blood with rice noodles, Honey glutinous rice
	Common meat dishes: (< 50 ml/meal, < 150 ml/day)
Otan /Davi	Pork fillets with sweet & sour sauce, Sauté chops with sweet & sour sauce, Crisp fried spareribs
Stop/Red	Staple food:
	Clay oven rolls, Fried bread stick, Steamed buns, Boiled dumplings, Steamed dumplings, Sliced
	noodles, Sesame paste noodles, Shredded pork & pickled mustard green noodles <b>Drinks:</b> Coffee with cream and sugar, Juice, Carbonated drinks, Milk shake, Milk tea
	Local Snack:
	Pot Sticker, Beef (lamb) stew of bread, Chinese bread stuffed with cooked pork, Buckwheat noodles with sesame dressing, Sweets, glutinous millet
	noodes with sesame dressing, Sweets, glutinous miller

2

#### 3 Low carbohydrate diet guide:

- Avoid all sugars and sweeteners such as white sugar, brown sugar, honey, corn syrup,
- 5 maple syrup
- 6 Avoid all artificial sweeteners such as aspartame
- 7 Limit all staple and starchy foods
- Use olive oil, suet, coconut oil, butter, lard, palm oil, tallow, tea seed oil for cooking.
- Avoid using vegetable seed oils such as canola oil for high heat cooking (cold press is
   acceptable)
- 11 Avoid deep fried food
- 12 Use konjac to replace staple and starchy food when possible

## 1314 Time-restricted eating guide:

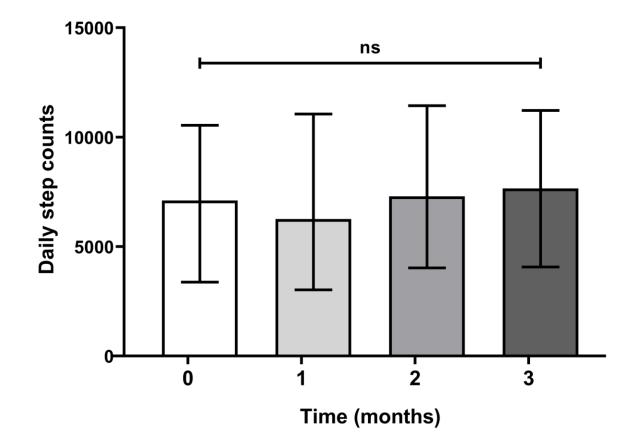
- Most people can fast for a medical procedure such as a fasting blood sugar test. Therefore,
- 16 it is safe for most people not to eat for 16 hours
- 17 When we are busy or occupied, we are less likely to feel hungry
- 18 To eat at a certain time is a habit not a necessity

2 - Drink plenty of fluid

#### 

- Recommended zero calorie beverages: Water, mineral water, sparkling water, tea, herbal tea Absolutely no sweetened drink, especially those with artificial sweeteners Related to STAR Methods.
- 6

1 Supplemental figures

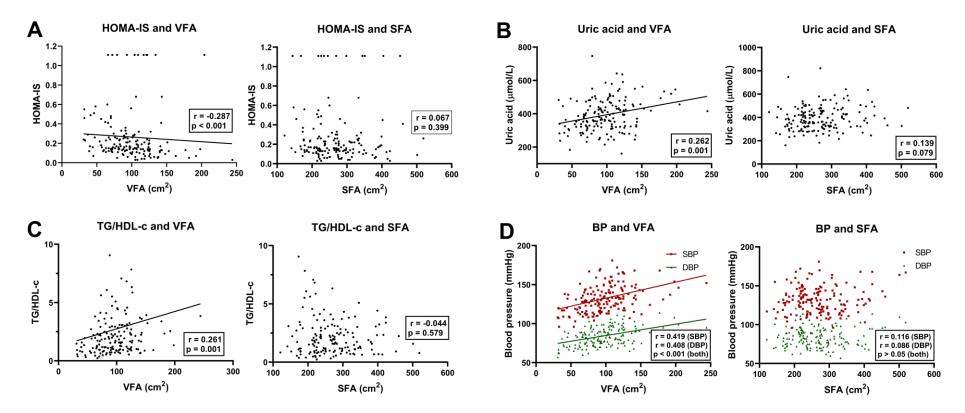


2

3 Figure S1. The daily step counts during the intervention period

4 Data from all participates (n = 162) are presented as median (interquartile range, IQR) for abnormally distributed variables. There were no significant differences

5 between baseline, 1-month, 2-month, and 3-month follow-up, which were measured by Wilcoxon test. Related to STAR Methods.



1

#### 2 Figure S2. The correlation between metabolic factors and abdominal fat area

The correlation between baseline (A) homeostasis model assessment insulin sensitivity (HOMA-IS), (B) uric acid, (C) the ratio between triglycerides and highdensity lipoprotein cholesterol (TG/HDL-c), (D) systolic and diastolic blood pressure (SBP and DBP), and abdominal fat area (visceral fat area, VFA; subcutaneous fat area, SFA). Pearson or Spearman correlations were performed to assess the relationship between abdominal fat area and other metabolic risk factors. Each data point represents an individual participant (n = 162). Related to Figure 3.

7

1	Data S1
2 3 4	Food Frequency Questionnaire (FFQ), related to STAR Methods
5 6	1. Days of adherence over the past two weeks: days
7 8 9 10	2. Mean meal time over the past two weeks First meal started at and the started at a started at a started at and the started at a started at
11 12	3. Food frequency and quantity over the past two weeks
13 14 15	<ul> <li>Staple food</li> <li>(1) How often and how much did you eat rice?</li> <li>A Never</li> </ul>
15 16 17	B times a day, and g each time. C times a week, and g each time.
18 19	(2) How often and how much did you eat wheat flour? A Never
20 21	B times a day, and g each time. C times a week, and g each time.
22 23 24	(3) How often and how much did you eat coarse grain and field crop (corn, oat, sorghum, etc.)? A Never
25 26	B times a day, and g each time. C times a week, and g each time.
27 28	(4) How often and how much did you eat tuber vegetable (potato, batata, yam, taro, etc.)? A Never
29 30	B times a day, and g each time. C times a week, and g each time.
31 32	(5) How often and how much did you eat starch and derived products (vermicelli, etc.)? A Never
33 34 35	<ul> <li>B times a day, and g each time.</li> <li>C times a week, and g each time.</li> <li>Pastry</li> </ul>
36	<ul> <li>(1) How often and how much did you eat bread, cake, cookie, etc.?</li> <li>A Never</li> </ul>
38 39	<ul> <li>B times a day, and g each time.</li> <li>C times a week, and g each time.</li> </ul>
40 41 42	<ul> <li>Meat</li> <li>(1) How often and how much did you eat pork, beef and lamb?</li> <li>A Never</li> </ul>
43 44	B times a day, and g each time. C times a week, and g each time.
45 46	(2) How often and how much did you eat processed meat (bacon, sausage, etc.? A Never
47 48 49	<ul> <li>B times a day, and g each time.</li> <li>C times a week, and g each time.</li> <li>(3) How often and how much did you eat animal innards?</li> </ul>
50 51	A Never B times a day, and g each time.
52 53	C times a week, and g each time. • Aquatic product
54 55	(1) How often and how much did you eat fish, crab, shrimp, shellfish, molluscs, etc.? A Never
56 57	B times a day, and g each time. C times a week, and g each time.

1	Poultry
2	(1) How often and how much did you eat chicken, duck, pigeon, etc.?
3	A Never
4	B times a day, and g each time.
5	C times a week, and g each time.
6	• Egg
7	(1) How often and how much did you eat hen's egg, duck's egg, preserved egg, salted egg,
8	etc.?
9	A Never
10	B times a day, and g each time.
11	C times a week, and g each time.
12	Milk and milk products?
13	(1) How often and how much did you eat milk, yogurt, etc.?
14	A Never
15	B times a day, and ml each time.
16	C times a week, and ml each time.
17	(2) How often and how much did you eat milk powder, cheese, etc.?
18	A Never
19	B times a day, and ml each time.
20	C times a week, and ml each time.
20	Beans and legume products
22	(1) How often and how much did you eat soybean?
23	A Never
24	B times a day, and g each time.
25	C times a week, and g each time.
26	(2) How often and how much did you eat tofu, soybean curd sheet, soybean curd slab and
27	oily bean curd?
28	A Never
29	B times a day, and g each time.
30	C times a week, and g each time.
31	Vegetables
32	(1) How often and how much did you eat dark vegetables?
33	A Never
34	B times a day, and g each time.
35	C times a week, and g each time.
36	(2) How often and how much did you eat light vegetables?
37	A Never
38	B times a day, and g each time.
39	C times a week, and g each time.
	<ul> <li>Phytocomycetes</li> </ul>
40	
41	(1) How often and how much did you eat mushrooms, seaweed, porphyra, etc.?
42	A Never
43	B times a day, and g each time.
44	C times a week, and g each time.
45	Fruits
46	(1) How often and how much did you eat apple, pear, peach, cherry, grapefruit, kiwifruit,
47	etc.?
48	A Never
49	B times a day, and g each time.
50	C times a week, and g each time.
51	(2) How often and how much did you eat mango, pineapple, etc.?
52	A Never
53	B times a day, and g each time.
54	C times a week, and g each time.
55	(3) How often and how much did you eat watermelon, etc.?
56	A Never
50 57	
57	B times a day, and g each time.

1	C times a week, and g each time.
2	Nuts
3	(1) How often and how much did you eat peanut, sunflower seed, walnut, pumpkin seed,
4	etc.?
5	A Never
6	B times a day, and g each time.
7	C times a week, and g each time.
8	Alcohol
9	(1) How often and how much did you drink low-alcohol liquor (≤38%)?
10	A Never
11	B times a day, and ml each time.
12	C times a week, and ml each time.
13	(2) How often and how much did you drink high-alcohol liquor (>38%)?
14	A Never
15	B times a day, and ml each time.
16	C times a week, and ml each time.
17	(3) How often and how much did you drink beer?
18	A Never
19	B times a day, and ml each time.
20	C times a week, and ml each time.
21	(4) How often and how much did you drink yellow rice wine?
22	A Never
23	B times a day, and ml each time.
24	C times a week, and ml each time.
25	(5) How often and how much did you drink fruit wine?
26	A Never
27	B times a day, and ml each time.
28	C times a week, and ml each time.
29	

1 Data S2

2

#### 3

## Trial protocol, related to STAR Methods

This is a randomized, open-label, single-centre, clinical trial to evaluate the weight loss efficacy and improvement of metabolic parameters by low-carbohydrate diet (LCD), time-restricted feeding (TRF), and their combination in adults with MetS. This study is conducted with approval from the Institutional Review Board at the First Affiliated Hospital of Xi'an Jiaotong University, Xi'an, China (No: XJTUAF2020LSK-003). The trial is registered as ClinicalTrials.gov, number NCT04475822.

## 10 Sample size calculation

11 The study is powered to detect the primary outcome of percentage reduction in body weight. 12 For the sample size calculation, we estimate that the LCD-treated group (A) would lose 5% 13 body weight and that the group treated with combination diet (C) would lose 10% body weight over 3 months. We calculate that n=26 participants per group would provide 80% power to 14 15 detect a significant difference of 5% in body weight between the A and C groups by 3 month 16 using a 2-tailed independent-samples t test with  $\alpha$ =0.05. We anticipate a dropout rate of 20%. Thus, we initially aim to recruit 99 participants (n=33 per group), assuming that 78 participants 17 18 (n=26 per group) would complete the trial. We finally decided to increase the number of recruits

19 to 165 because of concerns about the high dropout, but also to increase the strength of statistics.

## 20 Recruitment

- 21 Participants are recruited between July 2020 and September 2020 from Xi'an via emails, flyers,
- 22 social media, and website advertisements and are diagnosed with metabolic syndrome (using
- AHA/National Heart, Lung, and Blood Institute cutoff points for waist circumference). All
- 24 participants should provide written informed consent.

#### 25 Inclusion criteria

- 26 (1) Diagnosed with metabolic syndrome (i.e., more than 3 abnormal findings out of 5):
- a. Waist circumference  $\ge 90$  cm (men) or  $\ge 80$  cm (women).
- b. Elevated TG (use of medications for elevated TG is an alternate indicator) ≥ 150 mg/dL (1.7
  mmol/L).
- 30 c. Reduced HDL-c (use of medications for reduced HDL-c is an alternate indicator) < 40 mg/dL
- 31 (1.0 mmol/L) in males < 50 mg/dL (1.3 mmol/L) in females.
- d. Elevated blood pressure (use of hypoglycemic medications is an alternate indicator). SBP ≥
  130 and/or DBP ≥ 85 mmHg.
- e. Elevated FBG (used of hypoglycemic medications is an alternate indicator) ≥ 100 mg/dL (5.6
   mmol/L).
- 36 (2) Age from 18 to 65 years.
- 37 (3) Stable weight (change  $\leq$  10% current body weight) for 3 months prior to the study.
- 38 (4) If participants were on hypoglycemic medications, hypotensive medications, lipid-lowering
- medications and cardiovascular medications, dose adjustment was not permitted during the 3 month intervention.
- 41 Exclusion criteria
- 42 1) Pregnant or breast-feeding.

1 2) Night shift workers.

3) History of major diseases or related diseases, such as inflammatory disease, rheumatologic
 disease, adrenal disease, malignancy, type 1 diabetes, cirrhosis, chronic kidney disease,

4 acquired immunodeficiency syndrome, eating disorder, uncontrolled psychiatric disorder and

- 5 major adverse cardiovascular event.
- 6 4) Current participate in other weight-management program, current on a prescribed diet for7 special disease or current on any drugs that effect appetite.
- 8 5) History of weight-loss surgery.

#### 9 Randomisation and masking

Participants are randomly divided into LCD, TRF and a combination group at a ratio of 1:1:1 (the formal study is preceded by basic assessment and a two-week window period). Block randomization is performed by a computer-generated random number list prepared by an investigator with no clinical involvement in the trial. After the research nurse obtains the patient's consent, she telephones a clinician who is independent of the recruitment process for allocation consignment.

#### 16 Procedures

17 Before commencing the study, all participants are asked to maintain a consistent diet, exercise 18 and lifestyle during a two-week window period to keep their weight stable. During the 3-months 19 intervention period, the LCD group is instructed to eat a low-carbohydrate diet (carbohydrates 20 <130 g/day or <26% total energy, according to the ADA definition of 130 g/day as recommended 21 minimum). The 8h TRF group is instructed to eat ad libitum from 8 am to 4 pm daily and fasting 22 from 4 pm to 8 am or to eat ad libitum from 12 am to 8 pm daily and fasting from 8 pm to 12 am 23 (16h fast). During the 8h feeding windows, there are no restrictions on the types or quantities 24 of foods consumed, and the fasting guide is provided in the supplemental materials. Likewise, 25 the combination group is instructed to eat a LCD in the same 8h feeding windows as the TRF 26 group. Moreover, participants are not required to monitor their caloric intake during this ad 27 libitum feeding period. During the fasting period, participants are encouraged to drink plenty of 28 water and are permitted to consume energy-free beverages, such as black tea and sparkling 29 water.

30 The study is conducted with the help of the internet hospital application (app) of the First 31 Affiliated Hospital of Xi'an Jiaotong University, named "Smart Hospital", which is a new 32 approach to provide health services, outpatient service in particular, through the internet 33 technology. All participants could contact clinicians at any time and any place though online 34 communication and receive diet guides and questionnaires through the app. According to a 35 previously defined method providing quantitative information on macronutrient composition of 36 the diet, compliance with the dietary intervention is evaluated by the same dietician every other 37 week through diet questionnaires. All subjects are asked to maintain their usual physical activity 38 throughout the study, which is supervised by our own custom-made sport bracelet.

#### 39 Outcomes

The primary outcome of the study is change in body weight and abdominal fat area, and the secondary outcomes are body composition, glycemic control, plasma lipids, uric acid (UA), blood pressure and diet adherence.

Body weight is assessed every month at the research center with the participants without shoes
 and in light clothing using a digital scale (OMRON MEDICAL Beijing Co., Ltd. HNH-318) to the
 nearest 0.1 kg. Height is assessed during the screening visit using a wall-mounted stadiometer

(OMRON MEDICAL Beijing Co., Ltd. HNH-318) to the nearest 0.1 cm. Abdominal fat area
 (visceral fat area, VFA; subcutaneous fat area, SFA) is measured at baseline and after 3
 months using bioelectrical impedance analysis (OMRON MEDICAL Beijing Co., Ltd.
 DUALSCAN, HDS-2000) to the nearest 1 cm<sup>2</sup>, and body composition (body fat mass and body
 muscle mass) is measured at baseline and month 3 using the direct segmental multifrequency
 bioelectrical impedance analysis method DSM-BIA (InBody H20) to the nearest 0.1 kg.

7 Blood samples are collected after a 12h fast at week 1 (before starting the intervention) and at 8 month 3, between 7:40 and 9:00 am. All blood draws are performed at the physical examination 9 center of the First Affiliated Hospital of Xi'an Jiaotong University. Blood is centrifuged for 20 min 10 at 520g and 4°C to separate plasma from red cells and stored at -80°C until analysis. Hemoglobin A1c (HbA1c) is measured on an automatic HbA1c analyzer (TOSOH 11 12 BIOSCIENCE, Inc.; HLC-723G8) to the nearest 0.1%. FBG, UA, total cholesterol, TG, HDL-c, 13 and LDL-c are measured on an automatic biochemistry analyzer (HITACHI, Inc.; LAbOSPECT, 008AS) using standard reagents to the nearest 0.01 mmol/L, 1 µmol/L, 0.01 mmol/L, 0.01 14 15 mmol/L, 0.01 mmol/L and 0.01 mmol/L, respectively.

16 Fasting insulin and C-peptide are measured by immunoassay with fluorescent detection on a 17 Luminex instrument (EMD Millipore Corporation; HMHEMAG-34K) to the nearest 0.1 pg/mL. 18 Insulin resistance (IR) and insulin sensitivity (IS) is calculated using the homeostasis model 19 assessment (HOMA) method by applying the following formula: [HOMA-IR=fasting insulin 20 (mIU/L) x fasting glucose (mg/dL)/405], [HOMA-IS=1/HOMA-IR]. Quantitative insulin-sensitivity 21 check index (QUICKI)=1/[log (fasting insulin level, in microunits per milliliter) + log (fasting 22 glucose level, in milligrams per deciliter)]. Blood pressure is measured in triplicate using a digital 23 automatic blood pressure (Omron HBP-9020, Kyoto, Japan) to the nearest 1 mmHg with the 24 participant in a seated position after a 10-min rest.

Neurological issues (dizziness, headache, fatigue, and irritability) and gastrointestinal issues
(nausea, diarrhea, constipation, and dry mouth) are assessed by a telephone interview at
baseline and every other week during the intervention period.

#### 28 Statistical Analysis Plan

29 Statistical analyses are performed using SPSS v.25.0 for Windows. A two-tailed p value of less than 0.05 is considered statistically significant. Tests for normality are conducted. All data are 30 31 presented as the mean ± standard deviation (SD) for normally distributed variables or median 32 (interguartile range, IQR) for abnormally distributed variables. At baseline, differences between 33 treatment arms (LCD, TRF and combination) are tested by one-way ANOVA or Kruskal-Wallis 34 H test, with an LSD post hoc test (continuous variables) or McNemar test (categorical variables). 35 Pearson and Spearman correlations are performed to assess the relationship between 36 abdominal fat area and other metabolic risk factors. The significant difference between baseline 37 and 3-month follow-up is measured by paired T test or Wilcoxon test in each group. At month 38 3, differences across treatment arms (LCD, TRF and combination) are evaluated as change 39 scores (from baseline to month 3) using one-way ANOVA or Kruskal-Wallis H test, with an LSD 40 post hoc test (continuous variables) or McNemar test (categorical variables).