**Additional file 6: GRADE tables**

**Table 1: What is the role of higher fibre intakes when compared with low fibre intakes in mortality outcomes for adults with cardiovascular disease?**

| **Certainty assessment** | | | | | | | **№ of patients** | **Effect** | | **Certainty** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **№ of studies** | **Study design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Cases/cohort** | **Relative (95% CI)** | **Absolute (95% CI)** |
| **Dietary fibre and all-cause mortality** | | | | | | | | | | |
| 2 | observational studies | not serious | not serious | not serious | not serious | dose response gradient | 1133/4720 (24.0%) | **RR 0.75** (0.58 to 0.97) | **60 fewer per 1,000** (from 101 fewer to 7 fewer) | ⨁⨁⨁ MODERATE |
| **Cereal fibre and all-cause mortality** | | | | | | | | | | | |
| 3 | observational studies | not serious | serious a | not serious | serious b | none | 2216/6753 (32.8%) | **RR 0.90** (0.62 to 1.30) | **33 fewer per 1,000** (from 125 fewer to 98 more) | ⨁ VERY LOW |
| **Dietary fibre and CVD mortality** | | | | | | | | | | | |
| 2 | observational studies | not serious | not serious | not serious | serious b | none | 558/4720 (11.8%) | **RR 0.86** (0.60 to 1.24) | **17 fewer per 1,000** (from 47 fewer to 28 more) | ⨁ VERY LOW |
| **Cereal fibre and CVD mortality** | | | | | | | | | | | |
| 4 | observational studies | not serious | serious c | not serious | serious b | none | 1309/7469 (17.5%) | **RR 0.91** (0.64 to 1.31) | **16 fewer per 1,000** (from 63 fewer to 54 more) | ⨁ VERY LOW |

#### Explanations

a. Initial I2 was high (88.5%) with studies providing a significant risk reduction or a non significant risk increase. Evidence for this exposure and outcome downgraded once due to Inconsistency.

b. Confidence interval around the pooled point estimate contains both a strong beneficial effect (<0.8) and a strong detrimental effect (>1.2). Evidence for this exposure and outcome downgraded once due to Imprecision

c. Initial I2 was high (65.9%) with studies providing a significant risk reduction, a non significant risk reduction, and a non significant risk increase. Evidence for this exposure and outcome downgraded once due to Inconsistency.

**Table 2: What is the role of increasing fibre intakes on cardiometabolic risk factors in the management of cardiovascular disease?**

| **Certainty assessment** | | | | | | | **№ of patients** | | **Effect** | **Certainty** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **№ of studies** | **Study design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Intervention** | **Control** | **Absolute (95% CI)** |
| **Total cholesterol** | | | | | | | | | | |
| 3 | randomised trials | not serious | serious a | not serious | serious b | none | 117 | 110 | MD **0.42 mmol/L lower** (0.78 lower to 0.05 lower) | ⨁⨁ LOW |
| **LDL cholesterol** | | | | | | | | | | |
| 3 | randomised trials | not serious | serious a | not serious | serious b | none | 117 | 110 | MD **0.47 mmol/L lower** (0.85 lower to 0.1 lower) | ⨁⨁ LOW |
| **HDL cholesterol** | | | | | | | | | | |
| 3 | randomised trials | not serious | serious a | not serious | serious b | none | 117 | 110 | MD **0.08 mmol/L higher** (0.02 lower to 0.17 higher) | ⨁⨁ LOW |
| **Triglycerides** | | | | | | | | | | |
| 3 | randomised trials | not serious | serious a | not serious | serious b | none | 117 | 110 | MD **0.03 mmol/L lower** (0.15 lower to 0.08 higher) | ⨁⨁ LOW |
| **Systolic blood pressure** | | | | | | | | | | |
| 1 | randomised trials | not serious | very serious c | not serious | serious b | none | 38 | 38 | MD **1.2 mm Hg lower** (2 lower to 0.4 lower) | ⨁ VERY LOW |
| **Diastolic blood pressure** | | | | | | | | | | |
| 1 | randomised trials | not serious | very serious c | not serious | serious b | none | 38 | 38 | MD **3.6 mm Hg lower** (4 lower to 3.2 lower) | ⨁ VERY LOW |
| **Body weight** | | | | | | | | | | |
| 1 | randomised trials | not serious | very serious c | not serious | serious b | none | 61 | 53 | MD **0.2 kg lower** (0.37 lower to 0.04 lower) | ⨁ VERY LOW |
| **BMI** | | | | | | | | | | |
| 2 | randomised trials | not serious | serious a | not serious | serious b | none | 99 | 91 | MD **0.3 kg/m2 lower** (0.69 lower to 0.09 higher) | ⨁⨁ LOW |
| **Waist circumference** | | | | | | | | | | |
| 1 | randomised trials | not serious | very serious c | not serious | serious b | none | 61 | 53 | MD **0.5 cm lower** (0.6 lower to 0.4 lower) | ⨁ VERY LOW |
| **Fasting plasma glucose** | | | | | | | | | | |
| 2 | randomised trials | not serious | serious a | not serious | serious b | none | 99 | 91 | MD **1.23 mmol/L lower** (2.13 lower to 0.33 lower) | ⨁⨁ LOW |
| **Fasting plasma insulin** | | | | | | | | | | |
| 1 | randomised trials | not serious | very serious c | not serious | serious b | none | 38 | 38 | MD **10.8 pmol/L lower** (13.2 lower to 8.4 lower) | ⨁ VERY LOW |

#### Explanations

a. High initial heterogeneity, downgraded once for Inconsistency.

b. Insufficient data to provide comment on precision. Participant number in analyses were <300, unlikely to meet optimal information size parameters. Downgraded once.

c. With data from only one study Inconsistency cannot be assessed. Downgraded twice.

**Table 3: What is the role of increasing fibre intakes on cardiometabolic risk factors in the management of hypertension?**

| **Certainty assessment** | | | | | | | **№ of patients** | | **Effect** | **Certainty** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **№ of studies** | **Study design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Intervention** | **Control** | **Absolute (95% CI)** |
| **Total cholesterol** | | | | | | | | | | |
| 5 | randomised trials | not serious | serious a | not serious | serious b | none | 190 | 144 | MD **22 mmol/L lower** (0.45 lower to 0.01 higher) | ⨁⨁ LOW |
| **LDL cholesterol** | | | | | | | | | | |
| 3 | randomised trials | not serious | serious a | not serious | serious c | none | 137 | 88 | MD **0.29 mmol/L lower** (0.4 lower to 0.17 lower) | ⨁⨁ LOW |
| **HDL cholesterol** | | | | | | | | | | |
| 4 | randomised trials | not serious | serious a | not serious | serious c | none | 169 | 119 | MD **0.02 mmol/L higher** (0.01 lower to 0.05 higher) | ⨁⨁ LOW |
| **Triglycerides** | | | | | | | | | | |
| 4 | randomised trials | not serious | serious a | not serious | serious c | none | 169 | 119 | MD **0.19 mmol/L lower** (0.3 lower to 0.08 lower) | ⨁⨁ LOW |
| **Systolic blood pressure** | | | | | | | | | | |
| 9 | randomised trials | not serious | not serious | not serious | not serious | none | 281 | 250 | MD **4.3 mm Hg lower** (5.8 lower to 2.8 lower) | ⨁⨁⨁⨁ HIGH |
| **Diastolic blood pressure** | | | | | | | | | | |
| 9 | randomised trials | not serious | not serious | not serious | not serious | none | 281 | 250 | MD **3.1 mm Hg lower** (4.4 lower to 1.7 lower) | ⨁⨁⨁⨁ HIGH |
| **Body weight** | | | | | | | | | | |
| 3 | randomised trials | not serious | serious a | not serious | serious c | none | 137 | 88 | MD **0.14 kg lower** (1.36 lower to 1.08 higher) | ⨁⨁ LOW |
| **BMI** | | | | | | | | | | |
| 2 | randomised trials | not serious | serious a | not serious | serious c | none | 92 | 45 | MD **1.3 kg/m2 lower** (2.1 lower to 0.5 lower) | ⨁⨁ LOW |
| **HbA1c** | | | | | | | | | | |
| **1** | randomised trials | not serious | very serious d | not serious | serious c | none | 32 | 31 | MD **0.3 % higher** (0.2 higher to 0.4 higher) | ⨁ VERY LOW |
| **Fasting plasma glucose** | | | | | | | | | | |
| 5 | randomised trials | not serious | serious a | not serious | not serious | none | 195 | 153 | MD **0.48 mmol/L lower** (0.91 lower to 0.05 lower) | ⨁⨁⨁ MODERATE |
| **Fasting plasma insulin** | | | | | | | | | | |
| 4 | randomised trials | not serious | serious a | not serious | serious c | none | 150 | 110 | MD **3.5 pmol/L lower** (5.5 lower to 1.6 lower) | ⨁⨁ LOW |

#### Explanations

a. High initial heterogeneity, downgraded once for Inconsistency.

b. The confidence interval spans both a strong beneficial effect and null effect. Downgraded once for imprecision.

c. Insufficient data to provide comment on precision. Participant number in analyses were <300, unlikely to meet optimal information size parameters. Downgraded once.

d. With data from only one study Inconsistency cannot be assessed. Downgraded twice.