**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.