

Supplementary Material 4

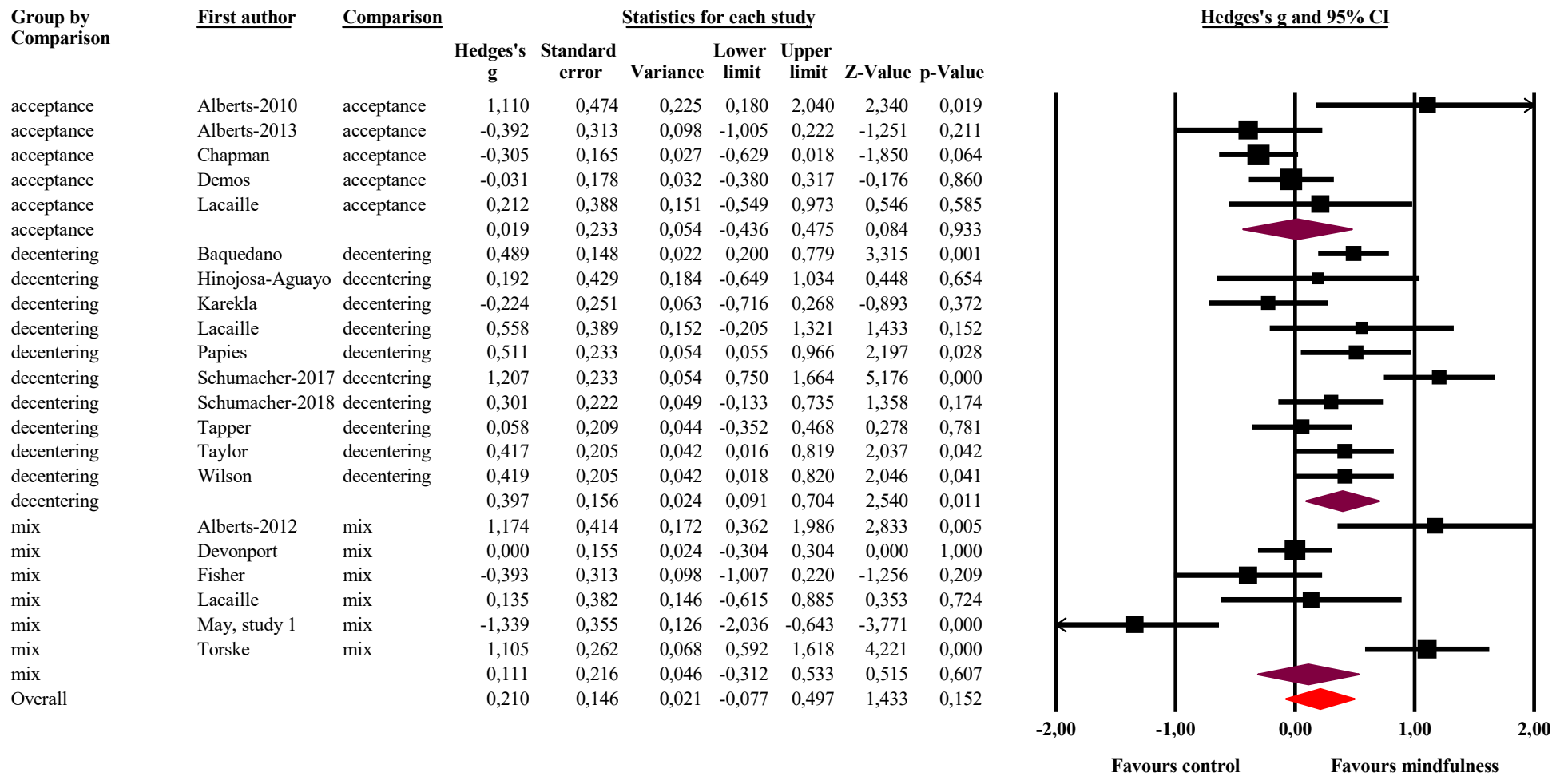
Effects of mindfulness-based interventions on food craving: a systematic review and meta-analysis of controlled clinical trials.

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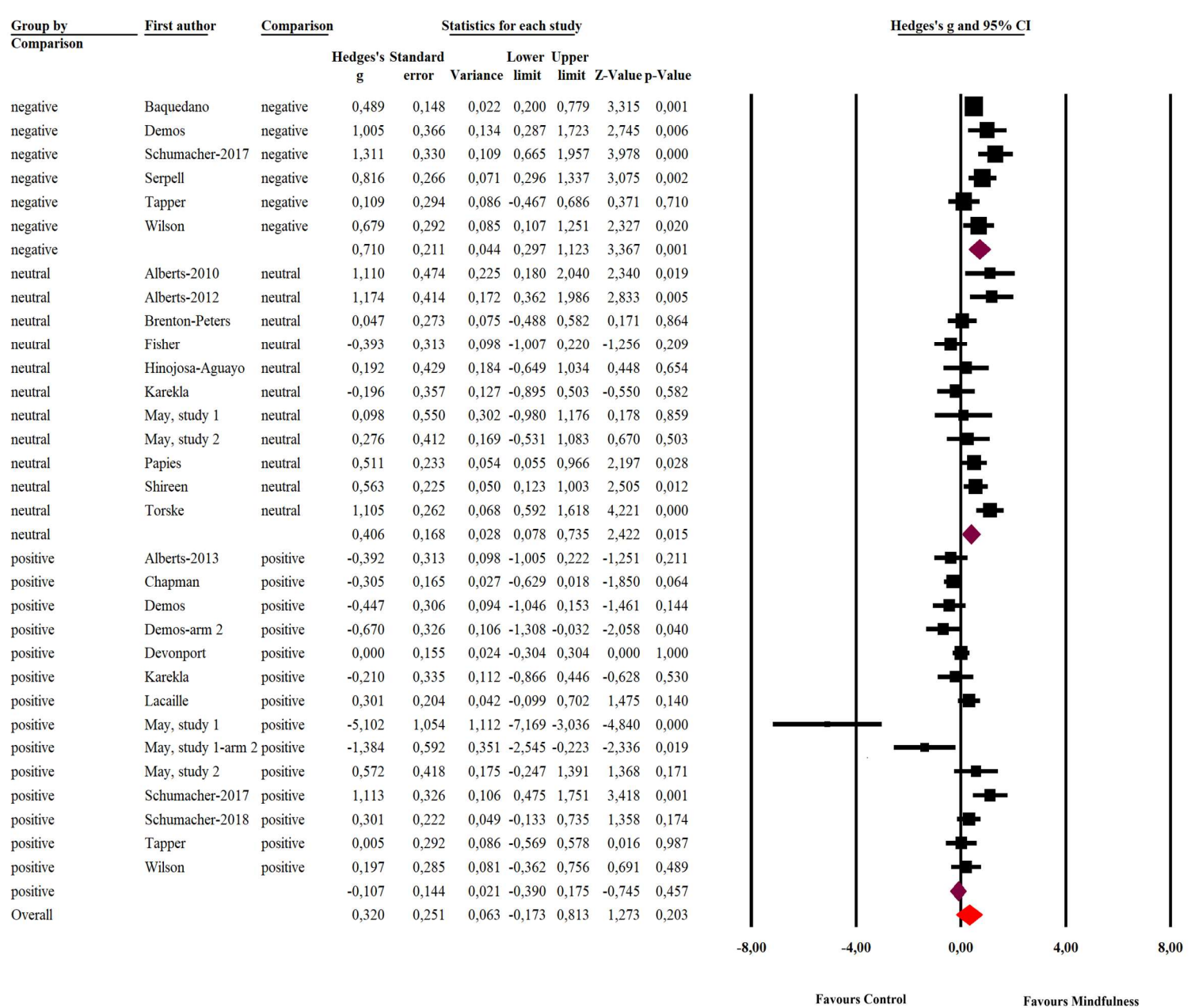
Figure S1 Craving intensity subgroup analysis based on mindfulness technique



Q-value = 2.27; df = 2; p-between = 0.32

Figure S2 Craving intensity based on intervention for control group

Craving Intensity



Q-value between= 11,74; df between= 2; p between = 0.003

Figure S3 Craving intensity funnel plot



Figure S4 Craving frequency funnel plot

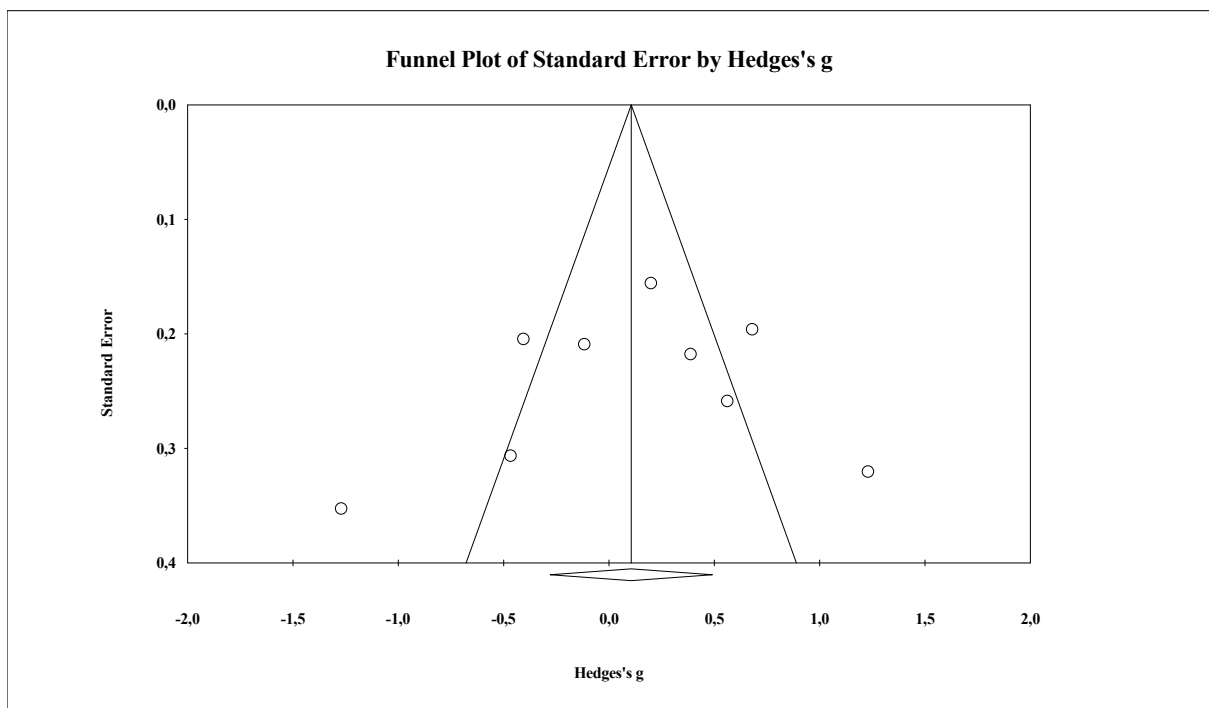


Figure S5 Intake funnel plot

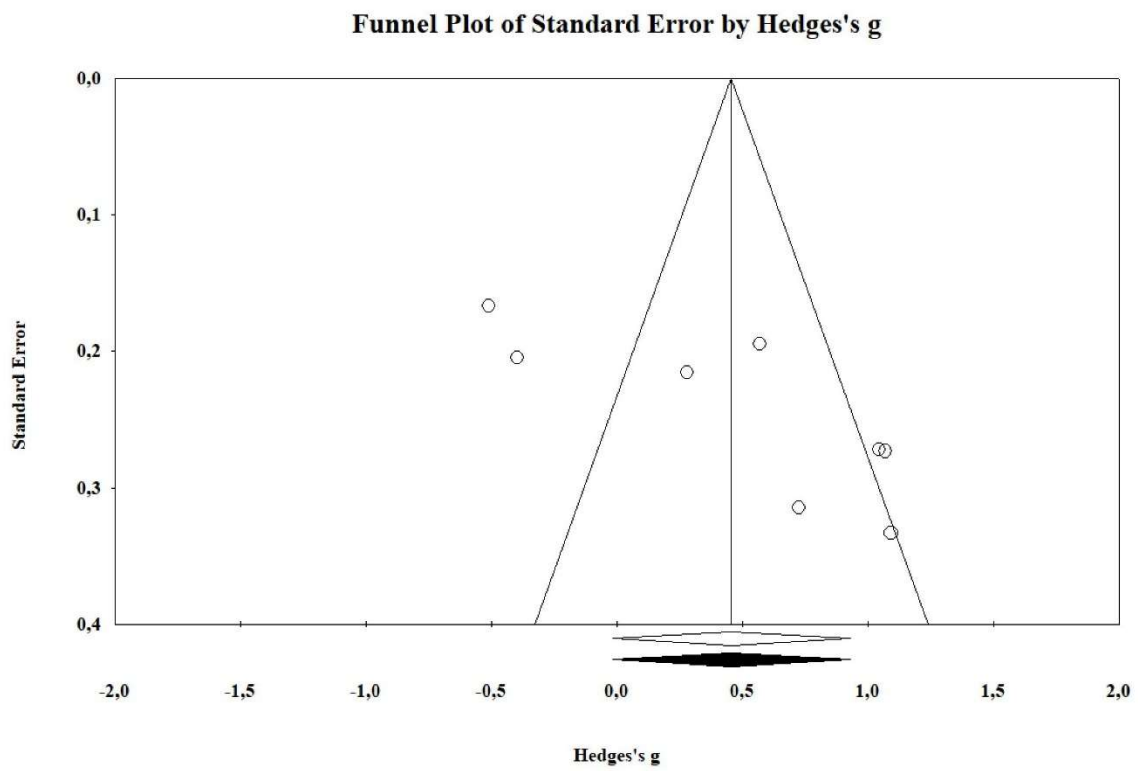


Table S1. Results of univariate meta-regression analysis

Outcome	Moderator	No. of estimates	Test of the model		R ²	Goodness of fit	
			Coefficient	P-value		Tau ²	I ² %
Craving Intensity	<i>Female%</i>	21	-0.002	0.80	0.00	0.21	79.08
	<i>Mean Age</i>	22	-0.02	0.26	0.00	0.20	79.28
	<i>Mean BMI</i>	14	0.01	0.76	0.00	0.15	73.06
Craving Frequency	<i>Female%</i>	8	0.01	0.37	0.10	0.27	84.19
	<i>Mean Age</i>	9	-0.02	0.62	0.00	0.36	86.04
Intake	<i>Female%</i>	8	0.04	0.31	0.00	0.61	90.20
	<i>Mean Age</i>	5	0.02	0.81	0.00	0.77	93.33
	<i>Mean BMI</i>	5	-0.36	0.14	0.33	0.34	85.84

BMI = Body Mass Index

Table S2 GRADEpro regarding craving intensity

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Question: Mindfulness Based Interventions (MBI) compared to Active/Passive Control for Food Cravings (FC)

Setting: Adults

Certainty assessment							No of patients		Effect		Certainty	Importance
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Mindfulness Based Interventions (MBI)	Active/Passive Control	Relative (95% CI)	Absolute (95% CI)		
23	randomised trials	serious	serious ^a	not serious	not serious	none	805	956	-	SMD 0.28 SD lower (0.07 lower to 0.48 lower)	⊕⊕○○ Low ^a	

CI: confidence interval; **SMD:** standardized mean difference

a. There was a high heterogeneity among the results ($I^2 = 77.54$), which couldn't be sufficiently explained by subgroup analysis. This is however not surprising as there is different MBI strategies, patient populations and control strategies