**Supplementary Table 1.** **Reliability assessment of the results of NAFLD group vs. controls by the GRADE approach**

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| **NAFLD compared to control for resistin level** |
| **Patient or population:** Patients with **Settings of****Intervention:** NAFLD**Comparison:** Control |
| **Outcomes** | **Illustrative comparative risks\* (95% CI)** | **Relative effect(95% CI)** | **No. of participants(studies)** | **Quality of the evidence(GRADE)** | **Comments** |
| **Assumed risk** | **Corresponding risk** |
|  | **Control** | **NAFLD** |  |  |  |  |
| **Resistin level** |  | The mean resistin level in the intervention groups was**0.52 standard deviations higher**(0 to 1.03 higher) |  | 1948(18) | ⊕⊕⊝⊝**low**1,2 | SMD 0.52 (0 to 1.03) |
| \*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in the footnotes. The **corresponding risk** (and its 95% CI) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI). |
| GRADE Working Group grades of evidence**High quality:** Further research is very unlikely to change our confidence in the estimate of effect. **Moderate quality:** Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.**Low quality:** Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.**Very low quality:** We are very uncertain about the estimate. |
| 1The heterogeneity among the studies was large.2The level of resistin is closely related to the degree of NAFLD. |