TABLE LEGENDS

Table 1 Effects of 10-wk intervention with EPA and α-lipoic acid on anthropometry, body composition, RMR, energy intake and energy balance[1]:

[1]Means ± SDs (all unadjusted such values). EPA, eicosapentaenoic acid; RMR, resting metabolic rate. For all secondary outcomes the P-values were adjusted by the Benjamini-Hochberg_multiple-testing correction (16). Data from all subjects for whom baseline and follow-up measurements were available were included.

[2,3,4]Significantly different from baseline (paired samples t test): [2]$P < 0.001$ [3]$P < 0.01$ [4]$P < 0.05$.

[5,6,7]Means (SEMs): [5]adjusted for the changes in body weight; [6]adjusted by the age and lean mass; [7]adjusted by energy intake at baseline.

[8]Differences between groups at baseline and in changes (10 wk – before) were evaluated by 2-way ANOVA ($P < 0.05$; ns, non-significant). No significant differences between groups were found in secondary outcomes after the adjustment by Benjamini-Hochberg.

Table 2 Effects of 10-wk intervention with EPA and α-lipoic acid on glucose metabolism, β-hydroxybutyrate, leptin and ghrelin[1]:

[1]Means ± SDs (all unadjusted such values). EPA, eicosapentaenoic acid. For all secondary outcomes the P-values were adjusted by the Benjamini-Hochberg multiple-testing correction (16).

[2,3,4]Significantly different from baseline in normally distributed samples (paired samples t test): [2]$P < 0.001$ [3]$P < 0.01$ [4]$P <. 0.05$.

[5,6,7]Significantly different from baseline in non-normally distributed variables (Wilcoxon's test): [5]$P < 0.001$ [6]$P < 0.01$ [7]$P <. 0.05$.

[8, 9, 10]Means (SEMs): [8]adjusted for the changes in body weight; [9]adjusted changes for the insulin levels at baseline; [10]adjusted by ghrelin levels at baseline.

[11]Differences between groups at baseline and in changes (10 wk – before) were evaluated by 2-way

ANOVA (P<0.05; ns, non-significant). *Statistically significant differences between groups after the adjustment by Benjamini-Hochberg. When a significant interaction between groups was found (P < 0.05) it was performed an unpaired samples t test, means that do not share a common superscript letter in a horizontal line were significantly different ($P < 0.05$).

FIGURE LEGENDS

Figure 1 Flowchart of participants: Of the 103 randomized women who met the inclusion criteria, finally 97 started the allocated intervention, of these, 20 participants (21%) did not completed the study since they discontinued the follow-up because of unexpected health problems (n=4), withdrew from the study and did not came to all visits (n=15) or noncompliant of the assignment treatment (n=1). The dropout rates were 29% (n=9), 10% (n=2), 13% (n=3) and 26% (n=6) for the Control, EPA, α-lipoic acid and EPA plus α-lipoic acid groups, respectively and no significant statistical differences were found in the dropout rates, after the X2 statistic test. For the analysis of biochemical variables, 4 volunteers (1 of Control group, 2 of EPA group and 1 of α-lipoic acid group) were excluded due to problems with blood collection. Similarly in the analysis of the OGTT, 9 volunteers (3 of Control group, 3 of EPA, 2 of α-lipoic acid group and 1 of EPA + α-lipoic acid group) were excluded because of incomplete data as a result of complications during the intravenous blood collection.

Figure 2 Mean (±SEM) plasma glucose (a and b) and insulin (c and d) during the 2-h 75-g OGTT: Data from all subjects for whom baseline and follow-up measurements were available are included (In the glucose and insulin incremental area under curve (iAUC): Control, $n= 19$; EPA, $n= 15$; α-lipoic acid, $n= 18$; EPA + α-lipoic acid, $n= 16$). Solid lines represent pre-study values; dotted lines represent post-study values. (a and c) The comparisons in each group before and after the nutritional intervention were assessed by Wilcoxon's test (**$P < 0.01$, *$P < 0.05$). (b and d) Differences between groups in the changes of the iAUC for glucose and insulin were evaluated by two-way ANOVA and no significant differences were observed ($P > 0.05$).

[1]Adjusting by body weight loss and baseline values.