Supplementary material

Supplementary Material 1 Medline and Central search strategies

9 April 2020, 21:00

MEDLINE search strategy

via PubMed

#1

- 1. non-alcoholic fatty liver disease (17417)
- 2. NAFLD (20051)
- 3. fatty liver (79717)
- 4. hepatic steatosis (83085)
- 5. nonalcoholic steatohepatitis (19717)
- 6. 1 or 2 or 3 or 4 or 5 (84112)
- 7. left ventricular mass (22965)
- 8. left ventricular hypertrophy (31564)
- 9. echocardiography (178249)
- 10. ventricular dysfunction (69898)
- 11.7 or 8 or 9 or 10 (244955)
- 12.6 and 11 (285)

#2

("Non-alcoholic Fatty Liver Disease" [Mesh]) AND "Hypertrophy, Left Ventricular" [Mesh] (8)

CENTRAL search strategy

- #1: Non-alcoholic Fatty Liver Disease:ti,ab,kw (Word variations have been searched) (1635: 9 Cochrane Reviews, 3 Cochrane Protocols, 1623 Trials)
- #2: left ventricular:ti,ab,kw (Word variations have been searched) (17339: 31 Cochrane Reviews, 1 Cochrane Protocols, 17307 Trials,)
- #3: #1 and #2 (2: 2Trials)

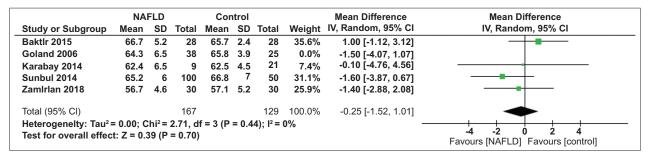
Supplementary Material 2 MOOSE checklist for meta-analyses of observational studies

#	MOOSE Checklist	Completed (Y/N/NA)	Pages
1	Title: Identify the study as a meta-analysis (or systematic review)	Y	1
2	Abstract: Use the journal's structured format	Y	4
3	Introduction Present: The clinical problem	Y	6
4	Introduction Present: The hypothesis	Y	7
5	Introduction Present: A statement of objectives that includes the study population, the condition of interest, the exposure or intervention, and the outcome(s) considered	Y	7
6	Sources Describe: Qualifications of searchers (e.g., librarians and investigators)	Υ	8
7	Sources Describe: Search strategy, including time period included in the synthesis and keywords	Y	8
8	Sources Describe: Effort to include all available studies, including contact with authors	Y	7-8
9	Sources Describe: Databases and registries searched	Y	7-8
10	Sources Describe: Search software used, name and version, including special features used (e.g., explosion)	Y	8
11	Sources Describe: Use of hand searching (e.g., reference lists of obtained articles)	Υ	8
12	Sources Describe: List of citations located and those excluded, including justification	Y	8
13	Sources Describe: Method of addressing articles published in languages other than English	Y	8
14	Sources Describe: Method of handling abstracts and unpublished studies	Y	8
15	Sources Describe: Description of any contact with authors	Y	7-8 No contacts. All documents were available online
16	Study Selection Describe: Types of study designs considered	Y	8
17	Study Selection Describe: Relevance or appropriateness of studies gathered for assessing the hypothesis to be tested	Y	8
18	Study Selection Describe: Rationale for the selection and coding of data (e.g., sound clinical principles or convenience)	Y	9
19	Study Selection Describe: Documentation of how data were classified and coded (e.g., multiple raters, blinding, and interrater reliability)	Y	9
20	Study Selection Describe: Assessment of confounding (e.g., comparability of cases and controls in studies where appropriate	Y	9
21	Study Selection Describe: Assessment of study quality, including blinding of quality assessors; stratification or regression on possible predictors of study results	Y	9
22	Study Selection Describe: Assessment of heterogeneity	Y	9
23	Study Selection Describe: Statistical methods (e.g., complete description of fixed or random effects models, justification of whether the chosen models account for predictors of study results, dose-response models, or cumulative meta-analysis) in sufficient detail to be replicated	Y	9
24	Results Present: A graph summarizing individual study estimates and the overall estimate	Y	10-11
25	Results Present: A Table giving descriptive information for each included study	Y	10
26	Results Present: Results of sensitivity testing (e.g., subgroup analysis)	NA	13
27	Results Present: Indication of statistical uncertainty of findings	Y	10-11
28	Discussion Discuss: Strengths and weaknesses	Y	12-13
29	Discussion Discuss: Potential biases in the review process (e.g., publication bias)	Ν	small number of studies
30	Discussion Discuss: Justification for exclusion (e.g., exclusion of non-English-language citations)	Y	9
31	Discussion Discuss: Assessment of quality of included studies	Y	9
32	Discussion Discuss: Consideration of alternative explanations for observed results	Y	12-13
33	Discussion Discuss: Generalization of the conclusions (i.e., appropriate for the data presented and within the domain of the literature review)	Y	13
34	Discussion Discuss: Guidelines for future research	Y	13-14
35	Discussion Discuss: Disclosure of funding source	Y	2

	NA	FLD	Control				Mean Difference	Mean Difference	
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Baktlr 2015	1.1	0.4	28	1.2	0.3	28	38.4%	-0.10 [-0.29, 0.09]	
Goland 2006	1	0.3	38	1.8	0.8	25		Not estimable	
Karabay 2014	1.1	0.3	9	1.4	0.2	21	30.2%	-0.30 [-0.51, 0.09]	
Zamirian 2018	0.9	0.3	30	1	0.5	30	31.4%	-0.10 [-0.31, 0.11]	
Total (95% CI)			67			79	100.0%	-0.16 [-0.29, -0.03]	•
Heterogenelty: Tau ² Test for overall effect				•	= 0.3	1); I ² =	16%	-	-1 -0.5 0 0.5 1 Favours [NAFLD] Favours [control]

Supplementary Material 3 Forest plot summarizing the 3 studies (without Goland *et al* [17]) with respect to the difference in E/A ratio between NAFLD patients and controls (mean difference -0.16, confidence interval [CI] -0.29 to -0.03, *P*=16%)

E/A ratio, ratio between diastolic early- and late-diastolic mitral inflow velocities; NAFLD, nonalcoholic fatty liver disease; SD, standard deviation



Supplementary Material 4 Forest plot summarizing the 4 studies (without Goland *et al*) with respect to the difference in left ventricular ejection fraction between NAFLD patients and controls (mean difference -0.25, confidence interval [CI] = -1.52 to 1.01, P=0%) *NAFLD, nonalcoholic fatty liver disease; SD, standard deviation*