

## SUPPLEMENTARY DATA

### SUPPLEMENTARY TABLES

**Table S1.** Exclusion criteria of the study.

<b>Exclusion criteria</b>
<ul style="list-style-type: none"><li>– Participants meeting all five criteria for metabolic syndrome (MetS);</li><li>– Diagnosis of heart, liver, or kidney failure (other organ diseases were assessed case-by-case by the study doctor);</li><li>– Regular drug therapy with impact on serum lipids (e.g., statins, fibrates);</li><li>– Diabetes (fasting glucose &gt;126 mg/dL, or anti-diabetic treatment);</li><li>– Overt hypothyroidism (subjects with ongoing thyroxine treatment and normal TSH levels could be included);</li><li>– Familial dyslipidaemia;</li><li>– Recent history of cancer or cancer treatment (less than two years);</li><li>– Active or recently diagnosed intestinal malabsorption or disorders associated with malabsorption: Crohn’s disease, short bowel syndrome, pancreatic insufficiency, cystic fibrosis, Tropical Sprue, Whipple’s disease, chronic pancreatitis, gastrojejunostomy, surgical treatments for obesity, cholestasis, biliary atresia, parasite infections, HIV/AIDS;</li><li>– Use of medication known to cause malabsorption: tetracycline, cholestyramine, aluminium/magnesium hydroxide, colchicine, neomycin, methotrexate, methyl dopa, allopurinol, and laxatives;</li><li>– Antibiotic treatment within the last month;</li><li>– Illegal drug use, chronic alcoholism;</li><li>– Smoking <math>\geq 5</math> cigarettes per day;</li><li>– Intensive physical exercise (<math>\geq 5</math> hours per week);</li><li>– History of allergy or intolerance to any components used in bioactive-enriched foods (BEF), celiac disease, lactose intolerance, allergy to milk or egg proteins;</li><li>– Consumption of nutritional supplements containing docosahexaenoic acid (DHA), <math>\beta</math>-glucans (BG), or anthocyanins (AC);</li><li>– Women who are pregnant, lactating or actively trying to conceive;</li><li>– Institutionalised patients, those who lack the autonomy to consent or are unable to meet all examinations;</li><li>– Participation in other clinical trials that may impact on outcome;</li><li>– Subjects deprived of their liberty by judicial or administrative decision.</li></ul>

Table S2. Cut-off target ranges of the clinical and metabolic parameters.

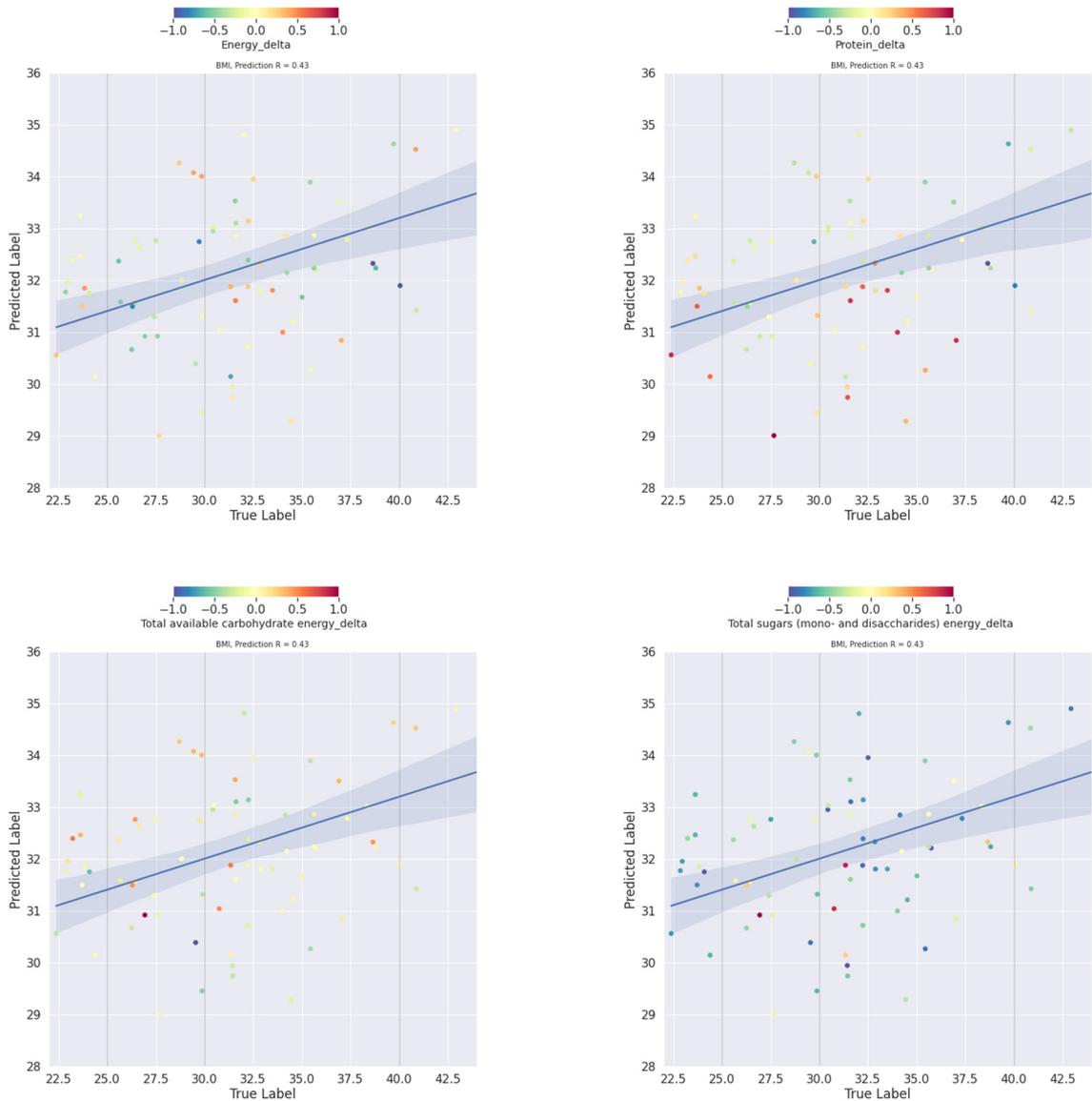
Clinical and metabolic parameters	Cut-off target ranges	Reference	
<b>Anthropometric characteristics</b>	<b>Body mass index (BMI)</b>		
	Normal	18.5–24.9 kg/m <sup>2</sup>	[1]
	High	≥25 kg/m <sup>2</sup>	
	<b>Waist circumference (WC)</b>		
Normal	<88 cm for women, <102 cm for men	[2]	
High	≥88 cm for women, ≥102 cm for men		
<b>Lipid profile</b>	<b>Triglycerides (TG)</b>		
	Normal	<150 mg/dL	[2]
	High	≥150 mg/dL	
	<b>Total cholesterol</b>		
	Normal	<200 mg/dL	[2]
	High	≥200 mg/dL	
	<b>LDL cholesterol (LDL-C)</b>		
	Normal	<160 mg/dL	[2]
High	≥160 mg/dL		
<b>HDL cholesterol (HDL-C)</b>			
Normal	women >50 mg/dL, men >40 mg/dL	[2]	
Low	women ≤50 mg/dL, men ≤40 mg/dL		
<b>Glucose profile</b>	<b>Fasting glucose</b>		
	Normal	<100 mg/dL	[3]
	High	≥100 mg/dL	
	<b>Fasting insulin</b>		
	Normal	≤25 µIU/mL	[4]
	High	>25 µIU/mL	
<b>Glycated haemoglobin (HbA1c)</b>			
Normal	≤6%	[3]	
High	>6%		
<b>Haemodynamic variables</b>	<b>Systolic blood pressure (SBP)</b>		
	Normal	<140 mmHg	[5]
	High	≥140 mmHg	
	<b>Diastolic blood pressure (DBP)</b>		
Normal	<90 mmHg	[5]	
High	≥90 mmHg		

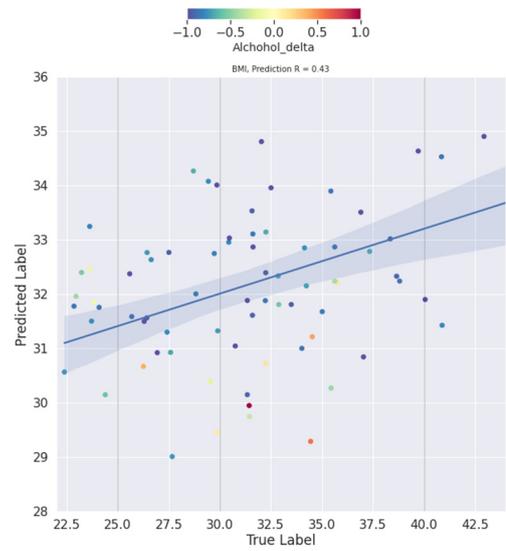
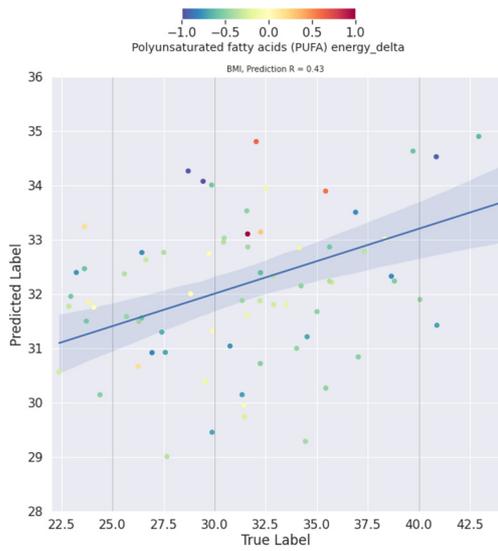
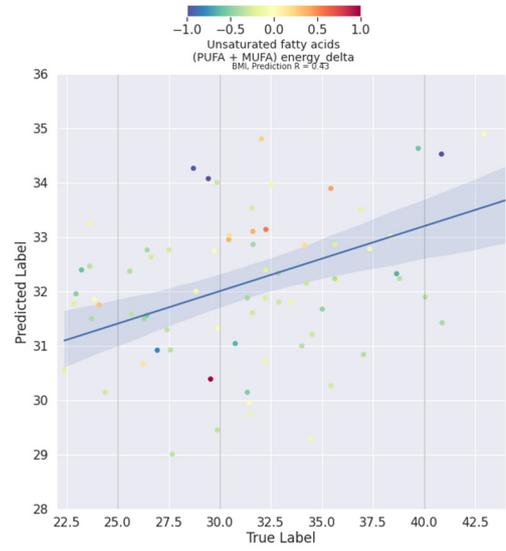
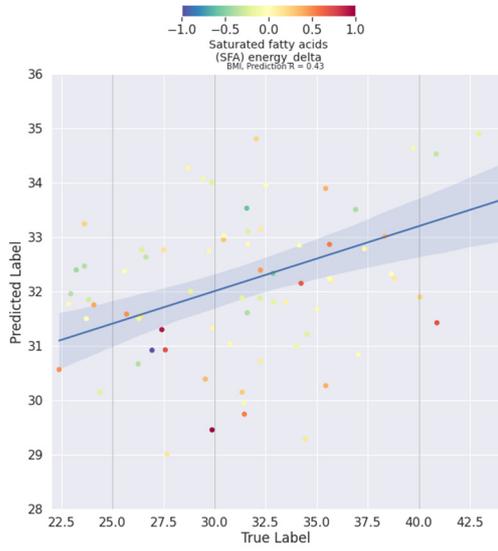
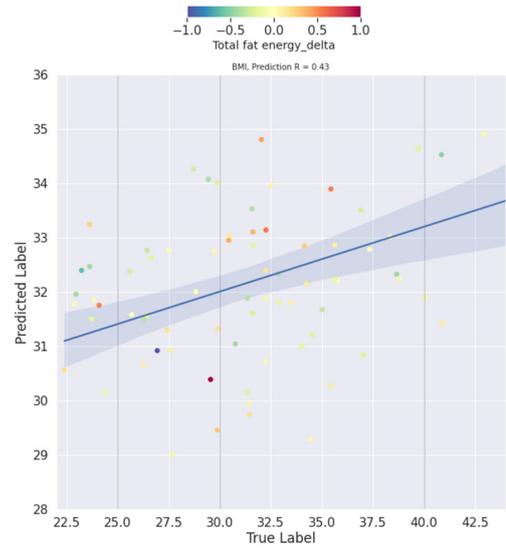
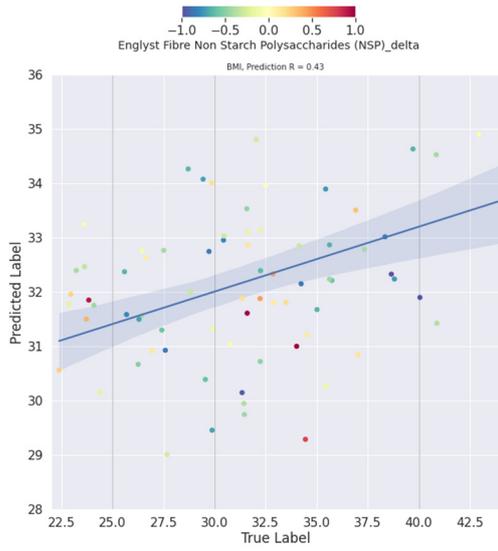
## SUPPLEMENTARY FIGURES

**Figure S1.** Scatterplots of ridge regression performance per clinical outcome in (a) females and (b) males. Each plot is coloured with a continuous gradient related to the position of each subject (dot) in the distribution of each dietary variable. The gradient is computed on normalised values of the intake of each variable so that an extremely scarce intake gets the value -1 (indigo) and an extremely excessive intake gets the value 1 (dark red). Values within the recommended range are normalised accordingly, with the spectre of yellow denoting a correct intake ( $\text{delta} \approx 0$ ). Only clinical outcomes with  $R^2 > 0.4$  according to the ridge regression are reported.

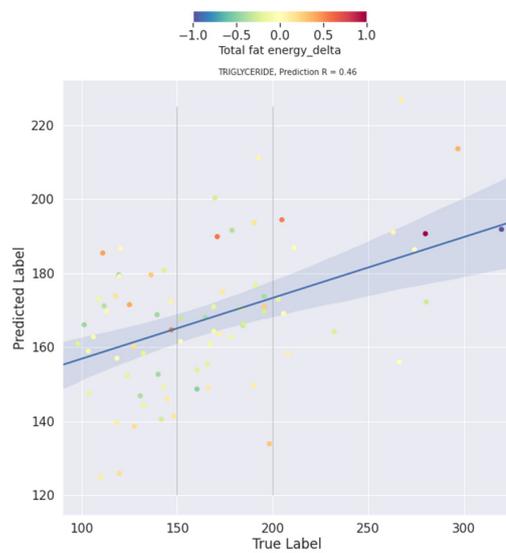
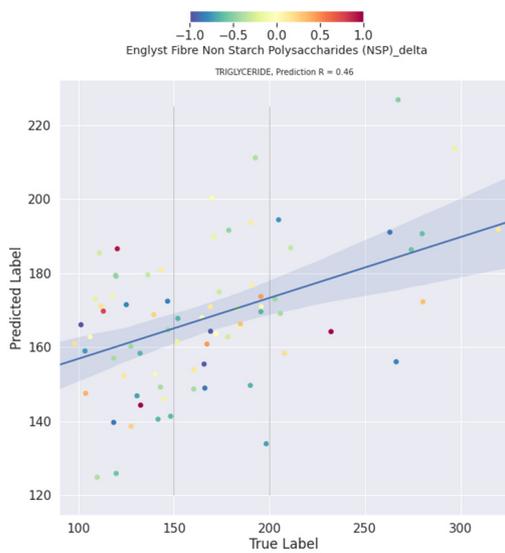
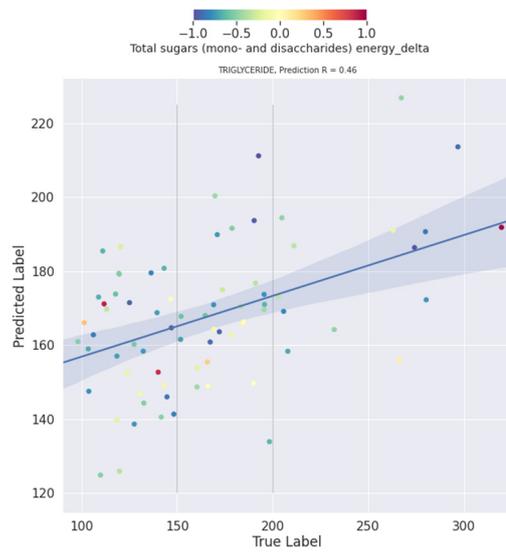
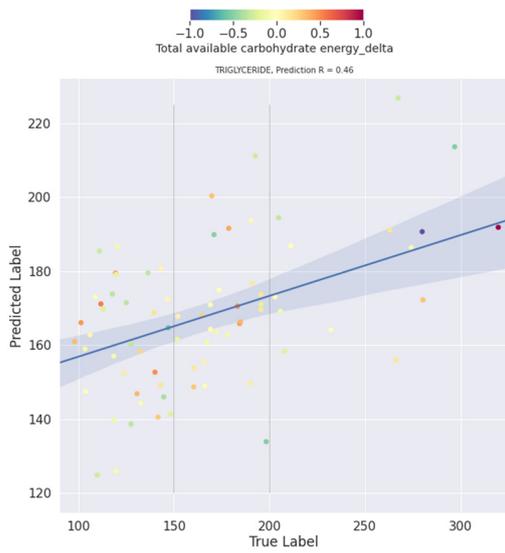
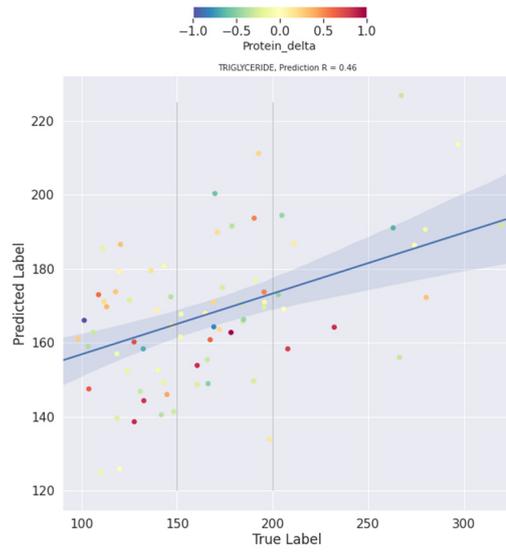
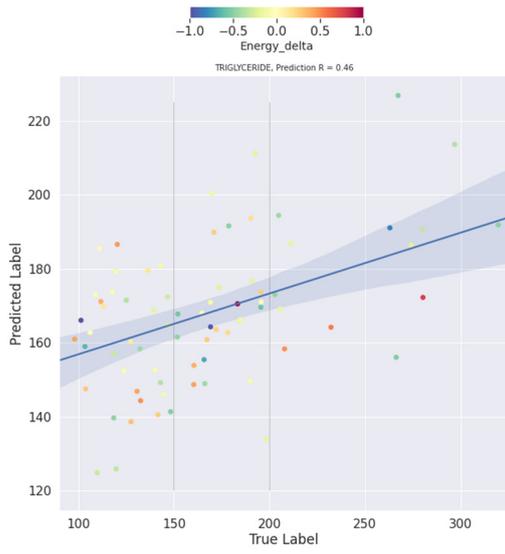
(a) Women

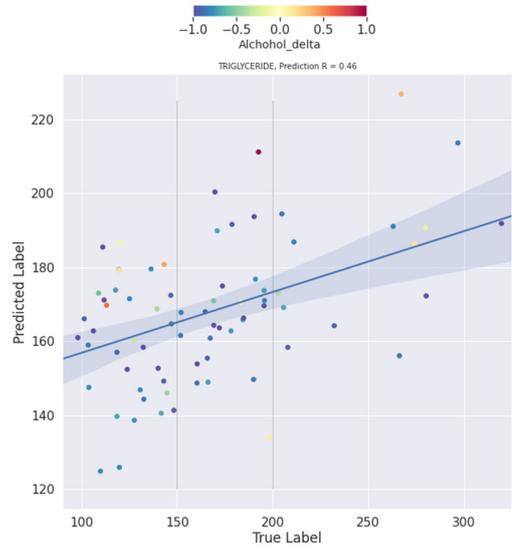
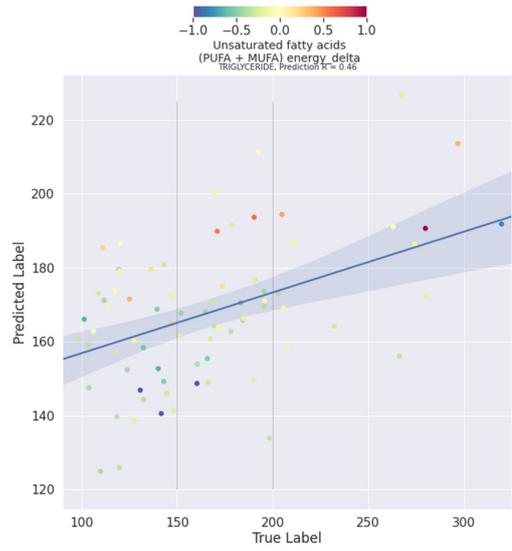
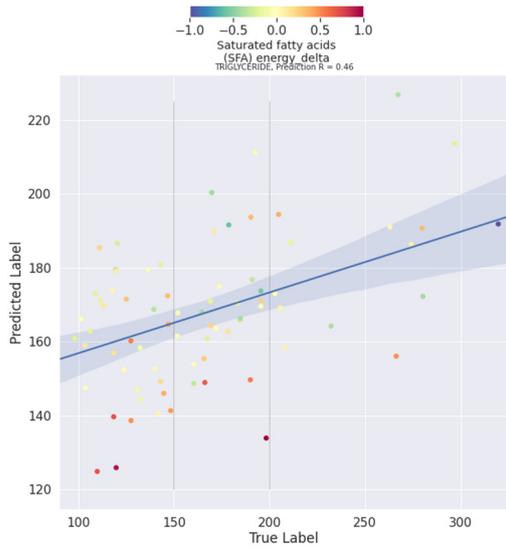
Body mass index (BMI)



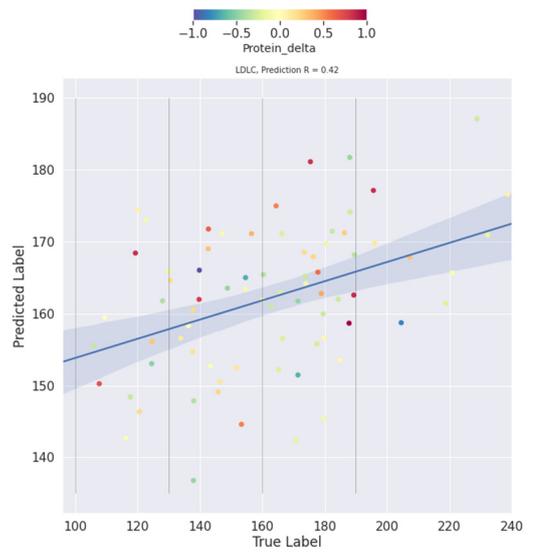
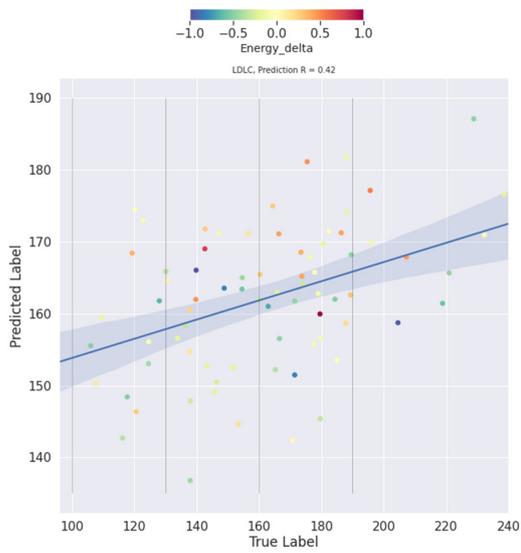


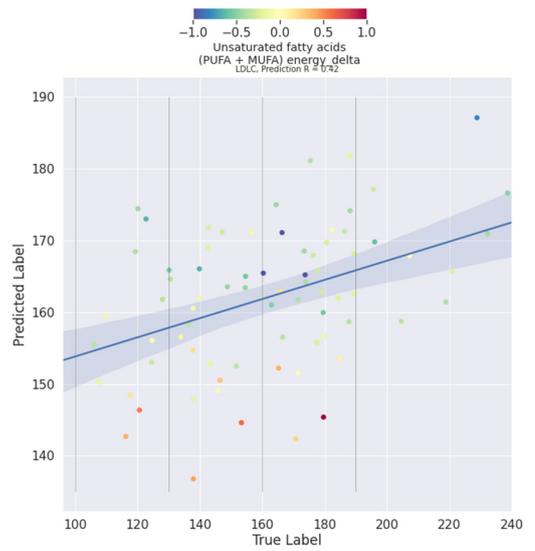
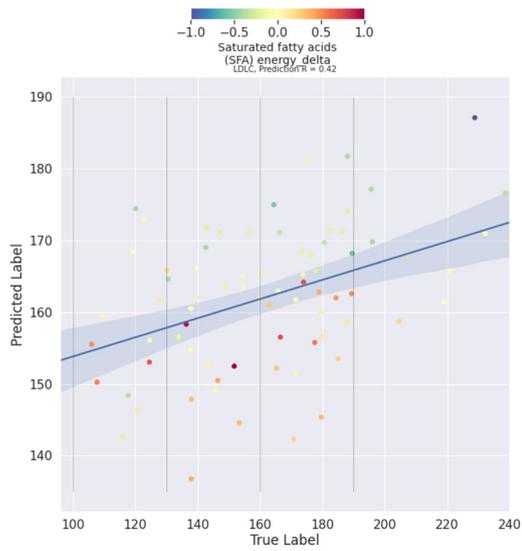
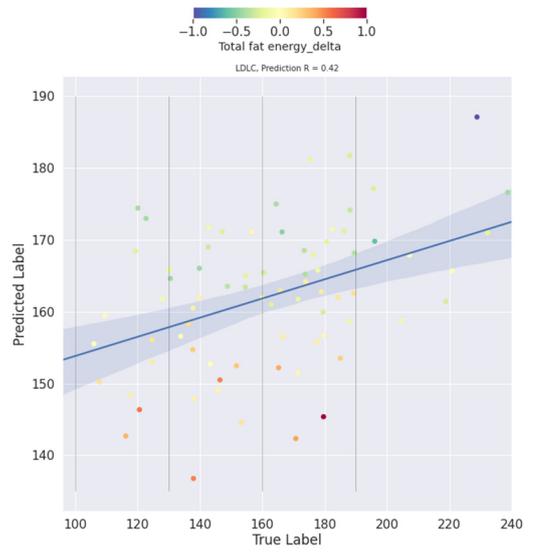
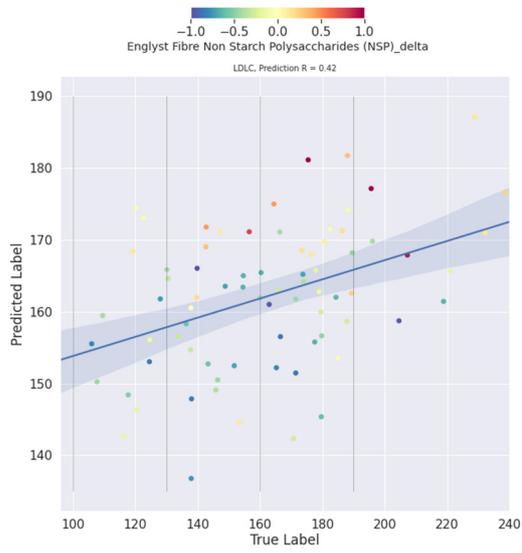
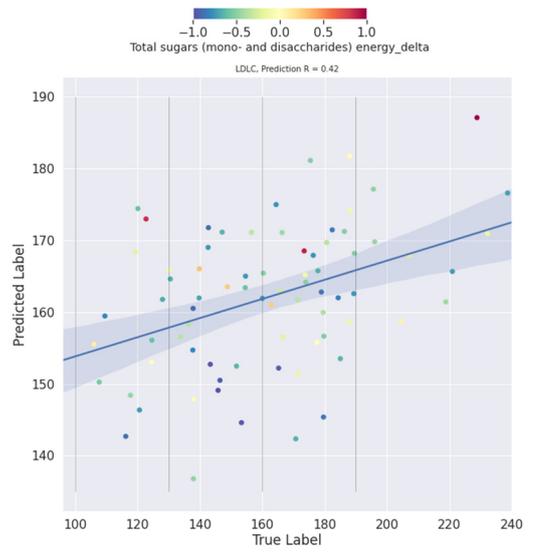
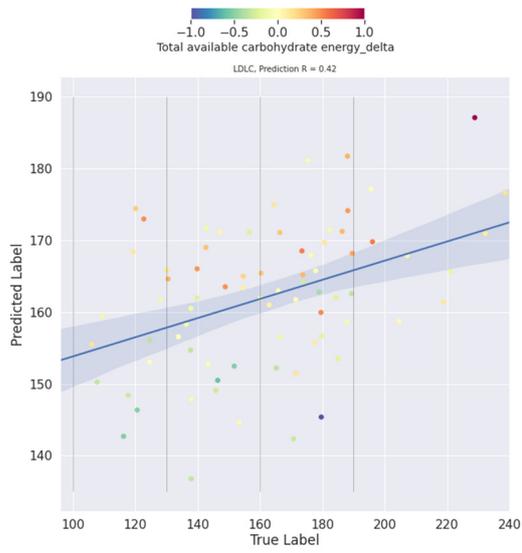
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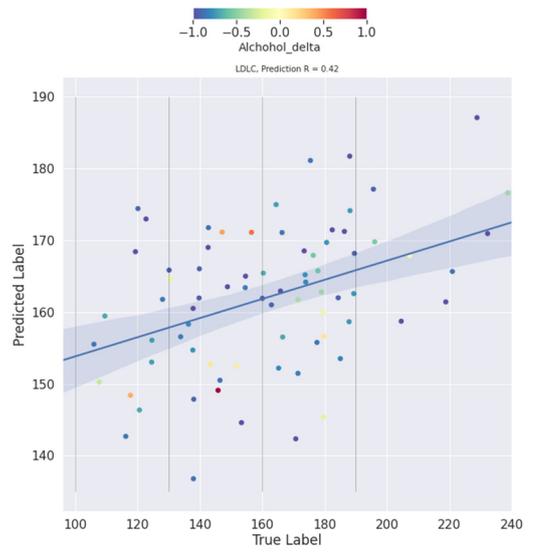
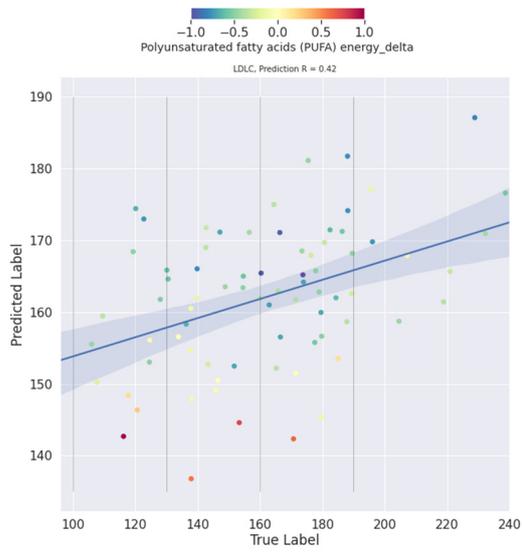




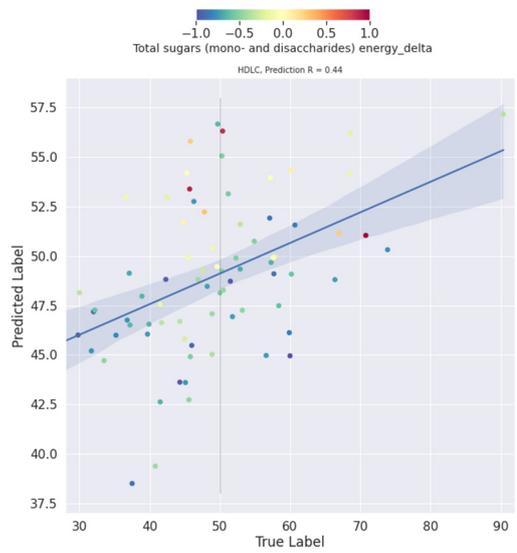
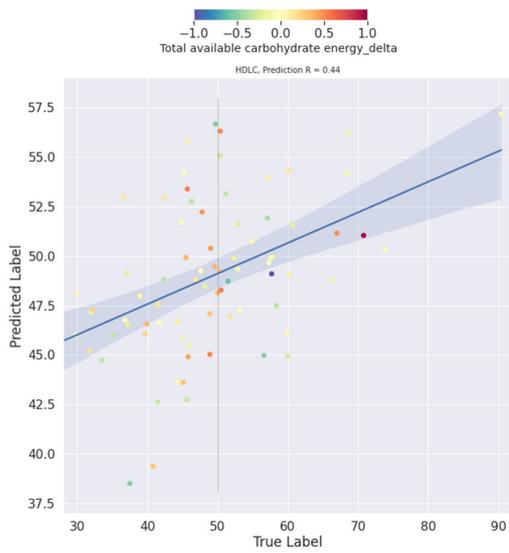
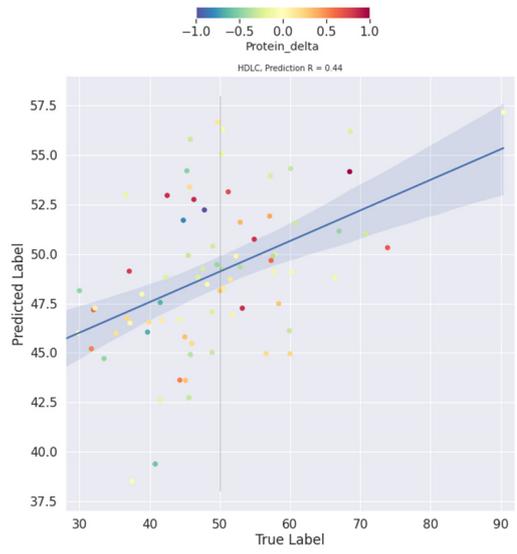
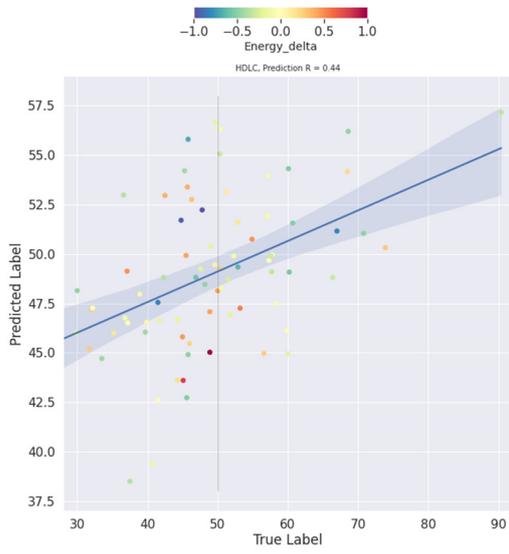
LDL cholesterol (LDL-C)

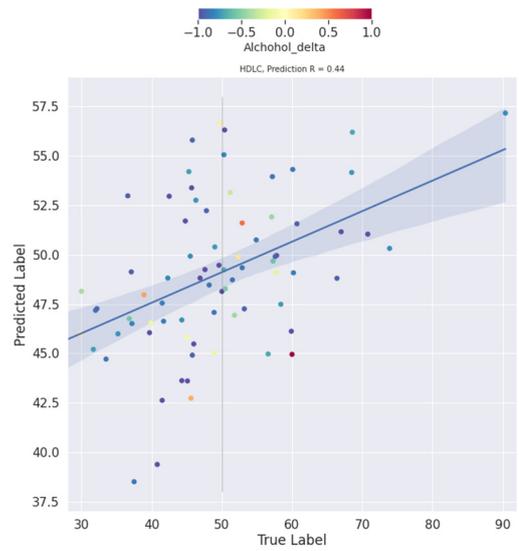
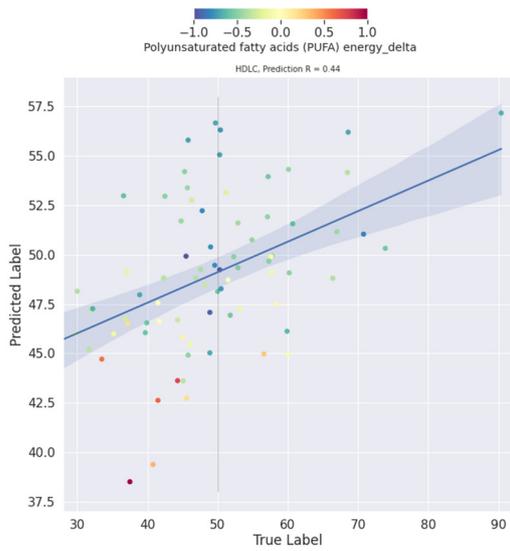
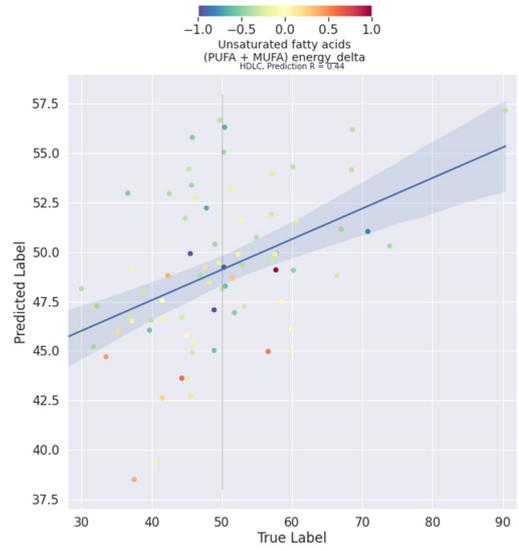
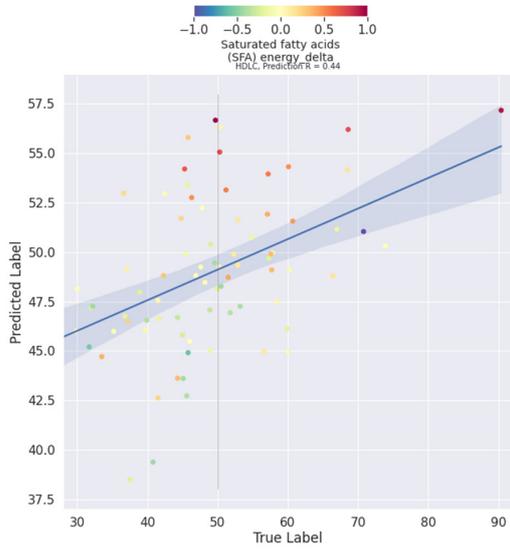
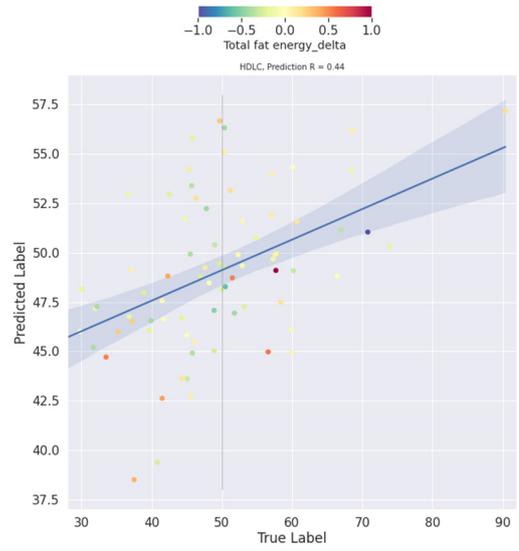
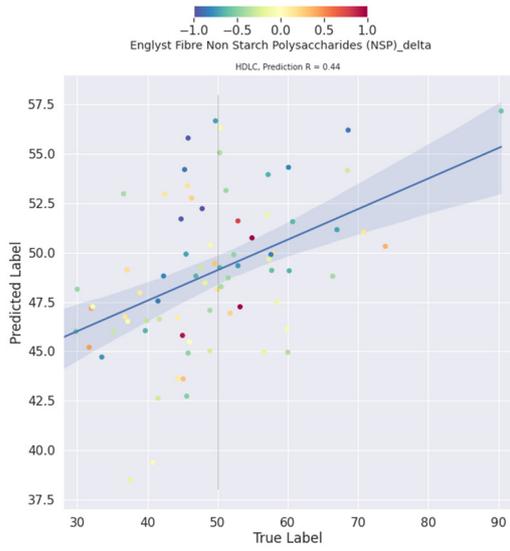




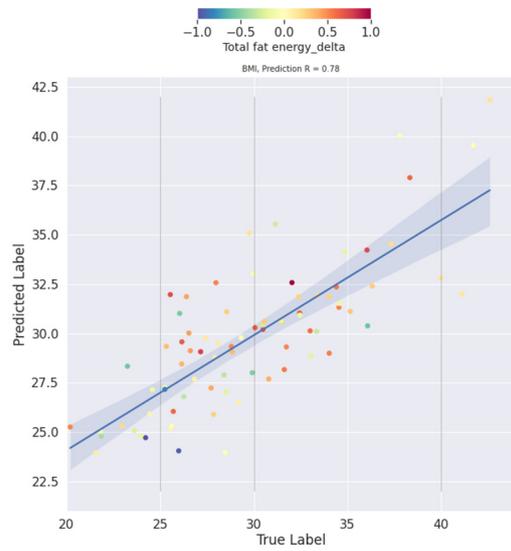
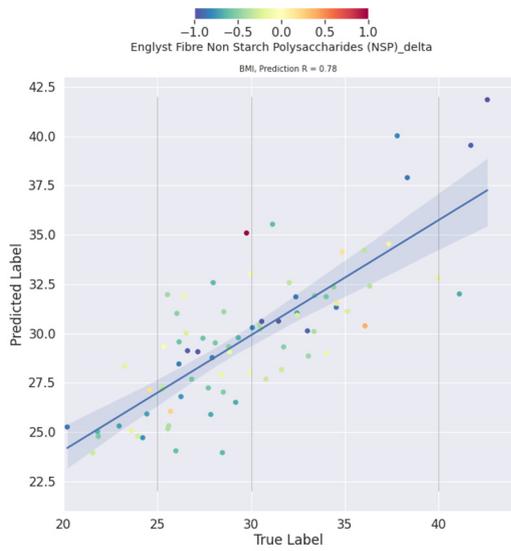
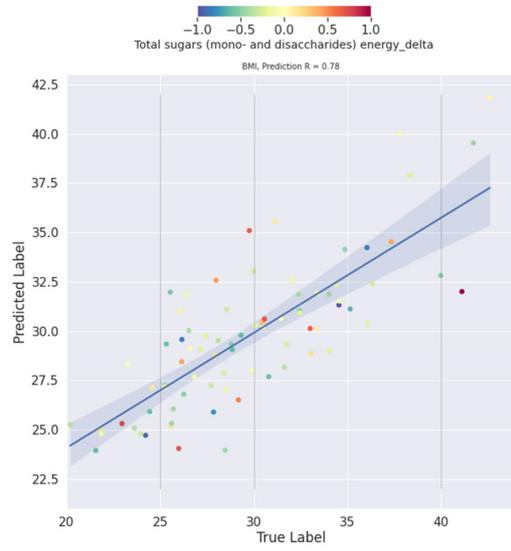
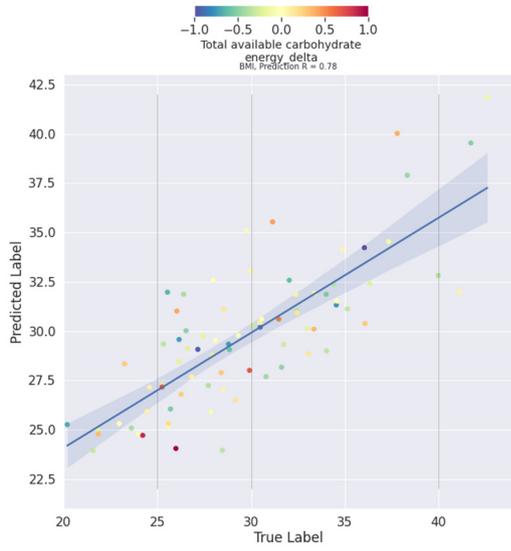
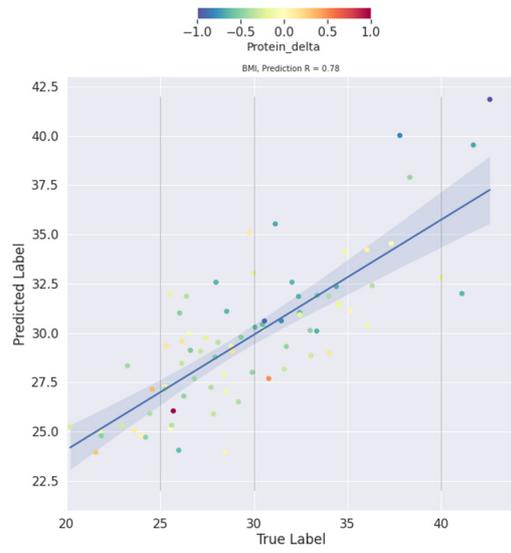
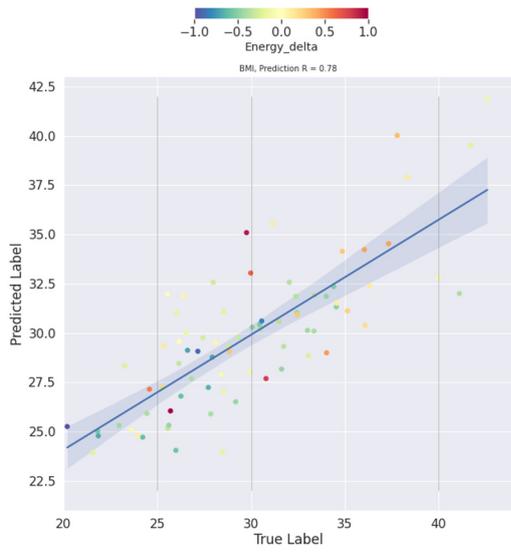


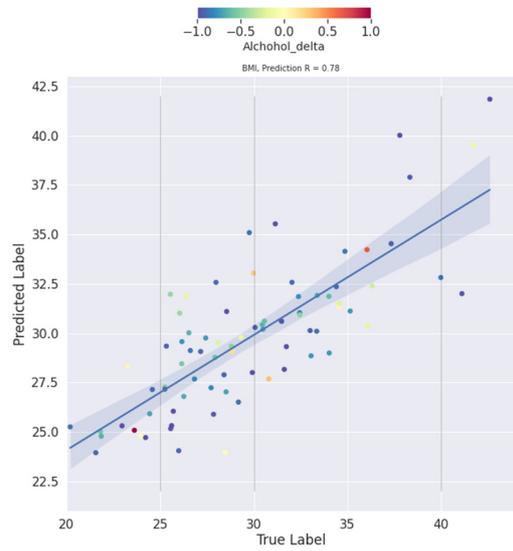
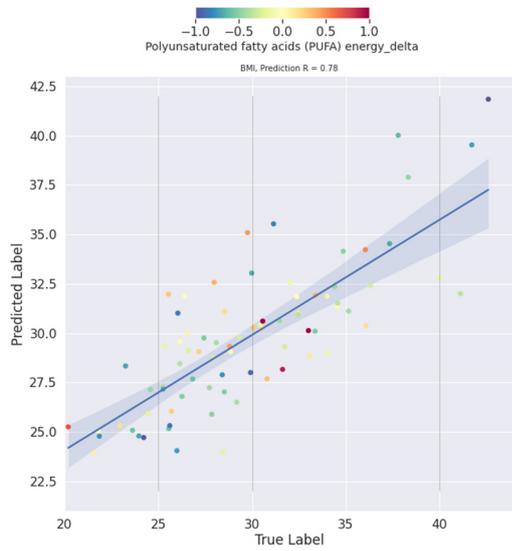
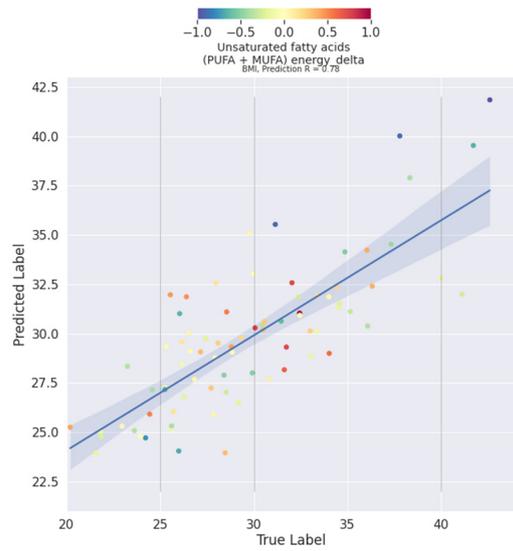
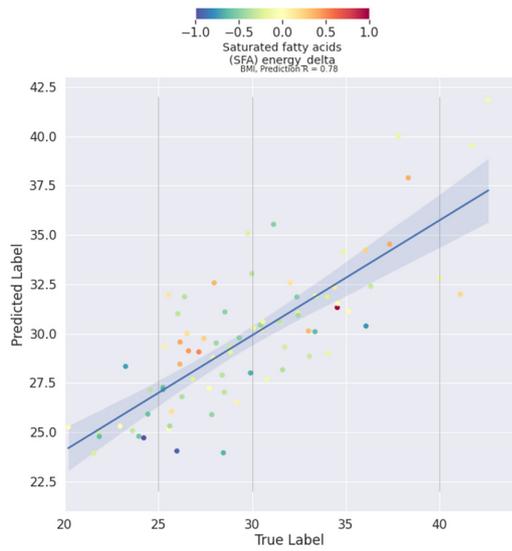
### HDL cholesterol (HDL-C)



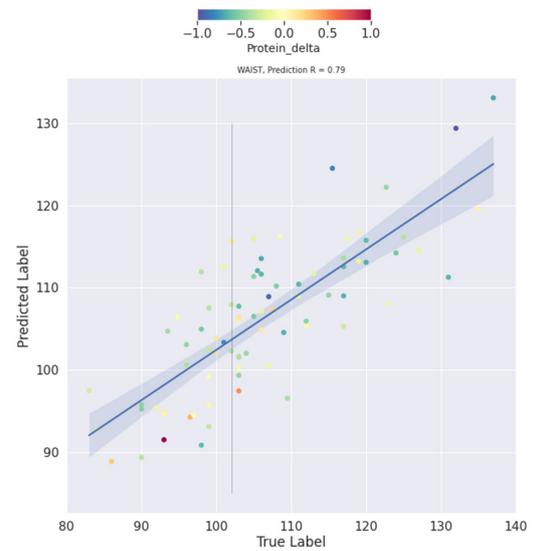
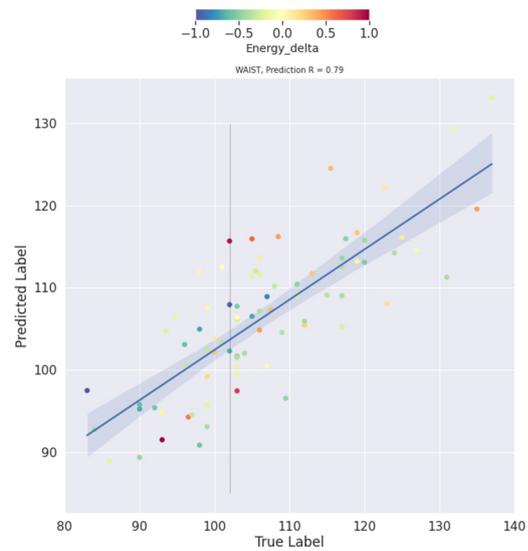


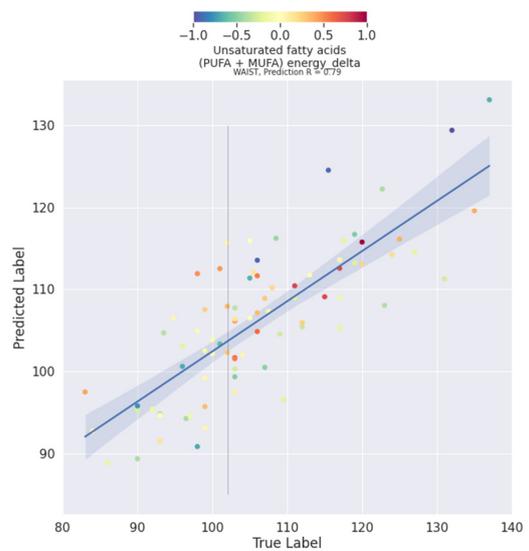
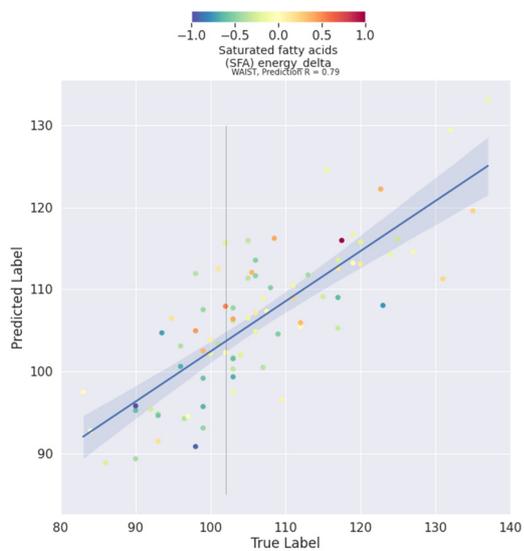
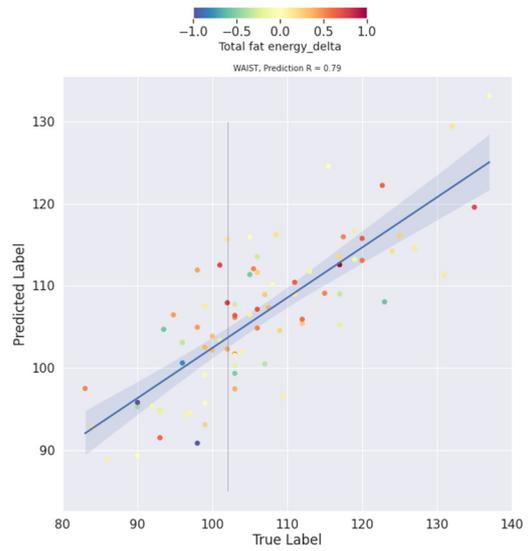
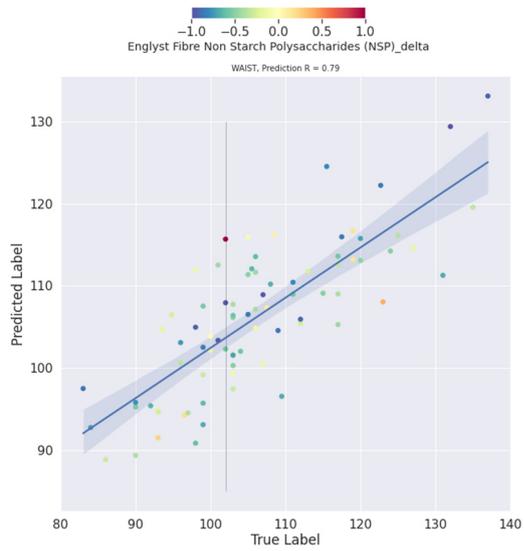
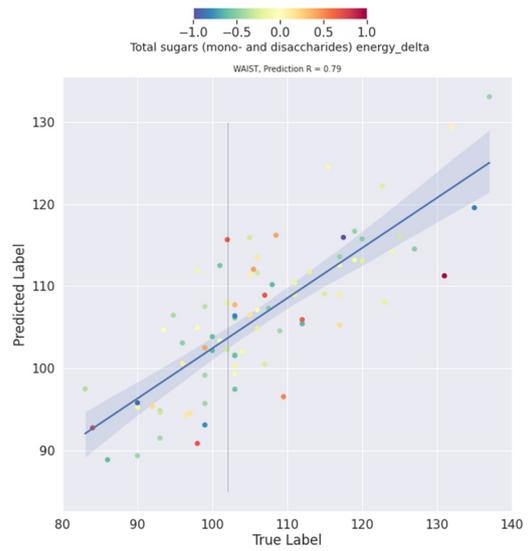
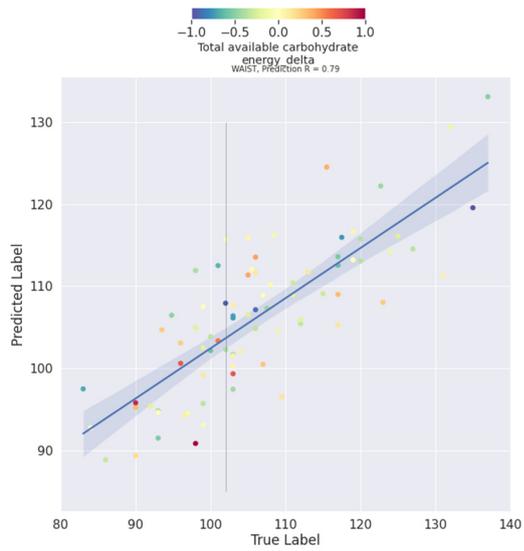
(b) Men  
Body mass index (BMI)

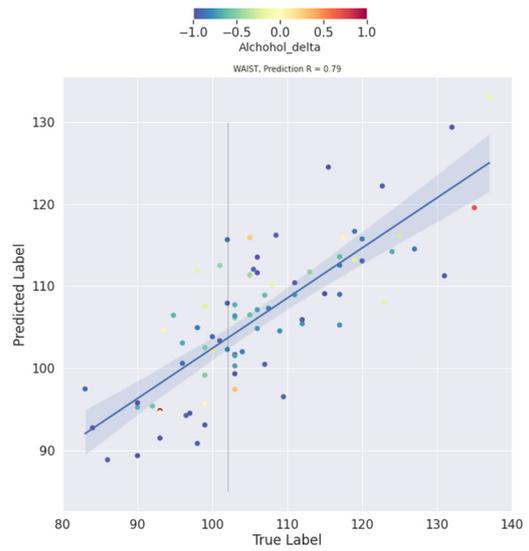
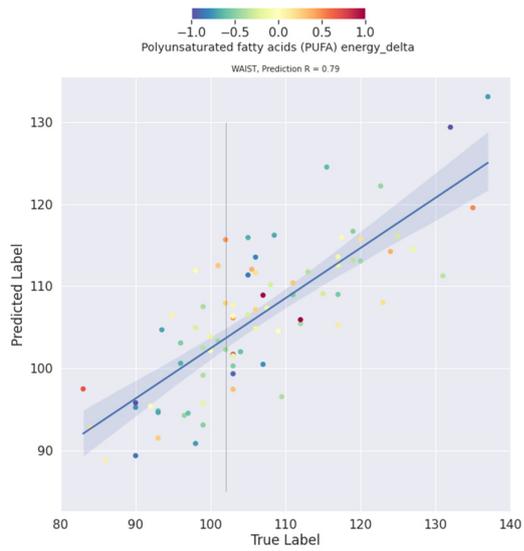




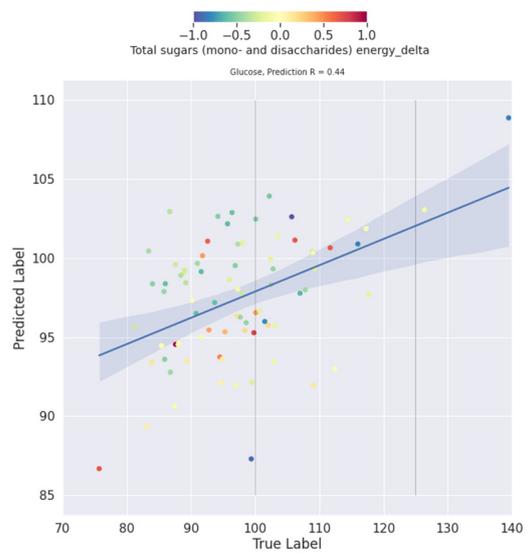
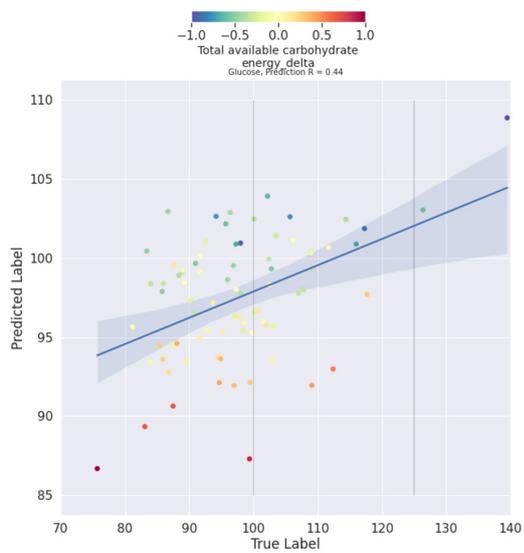
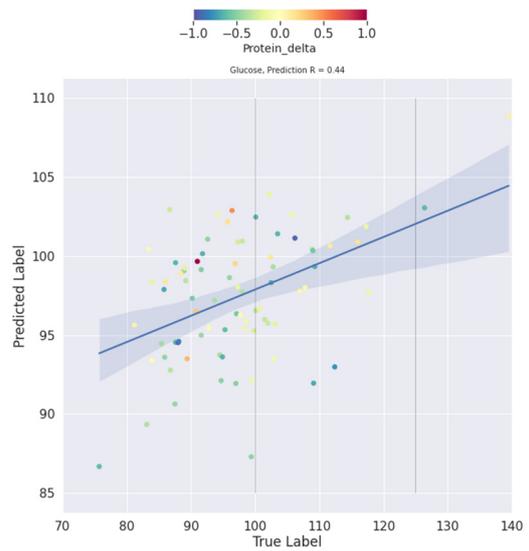
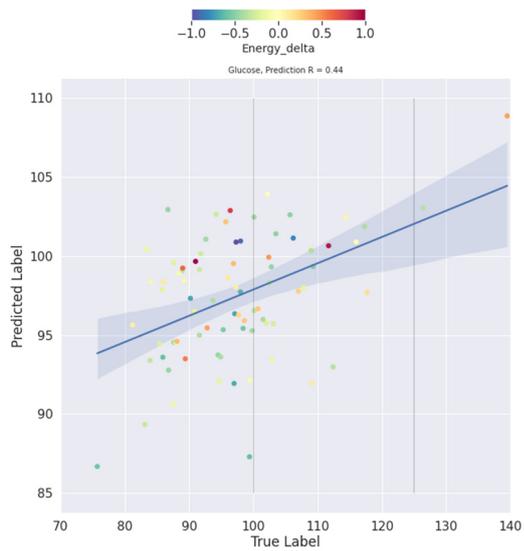
### Waist circumference (WC)

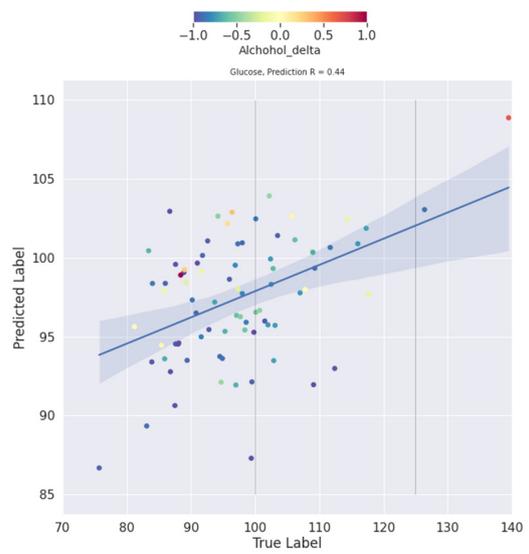
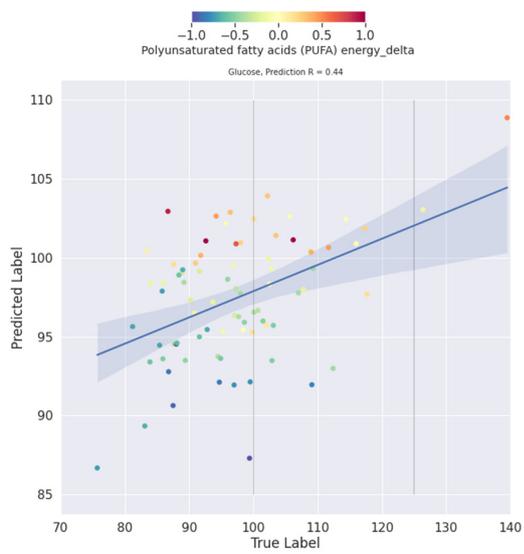
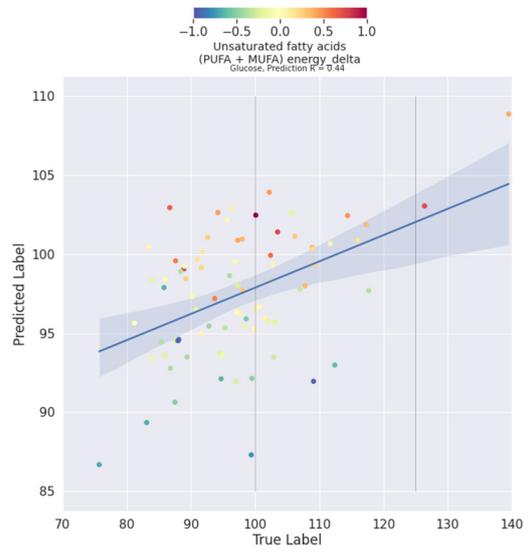
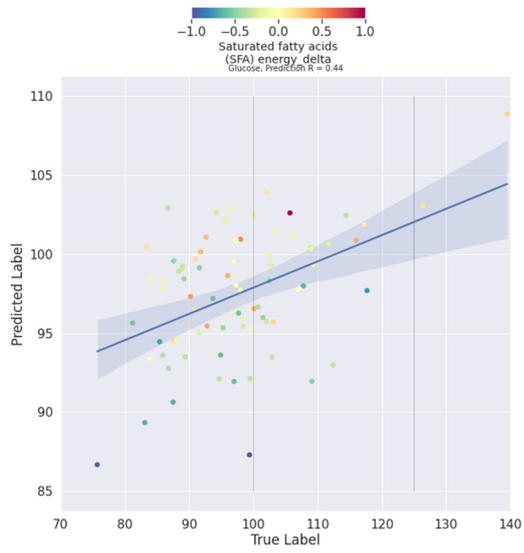
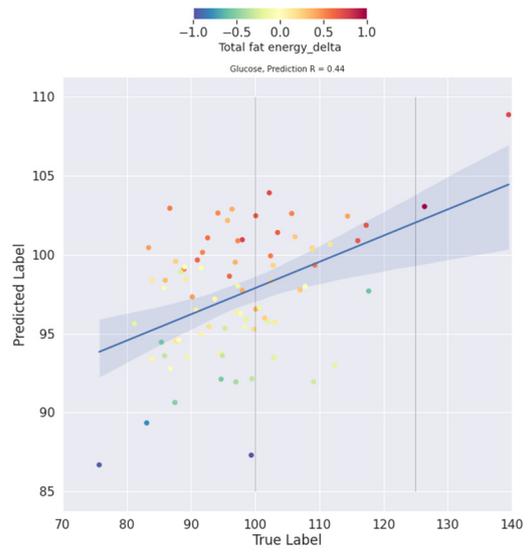
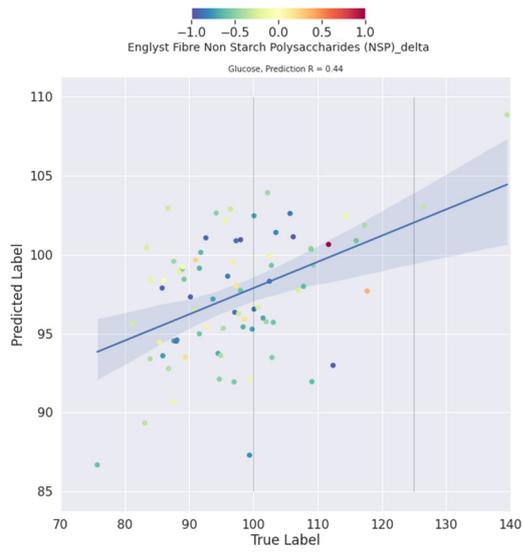




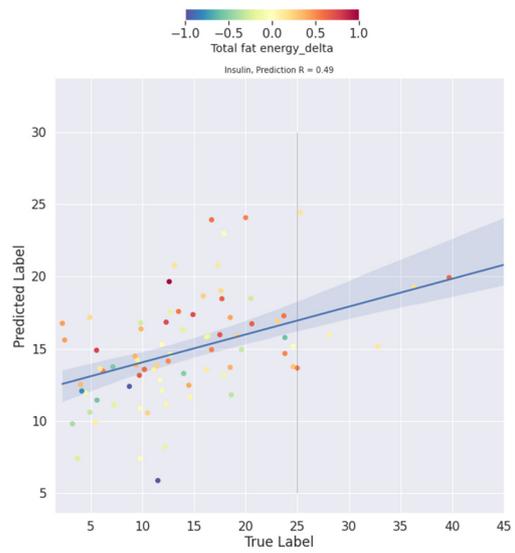
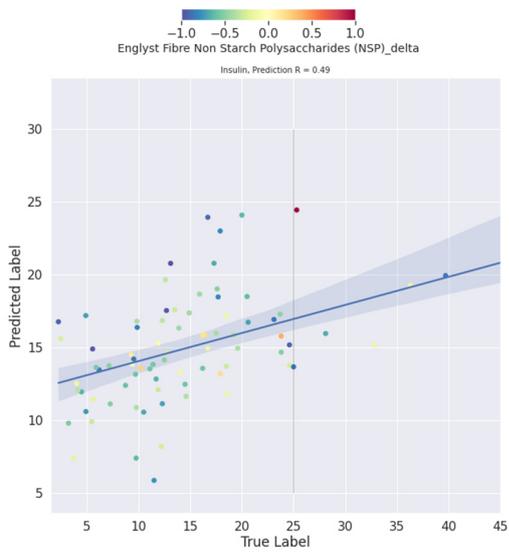
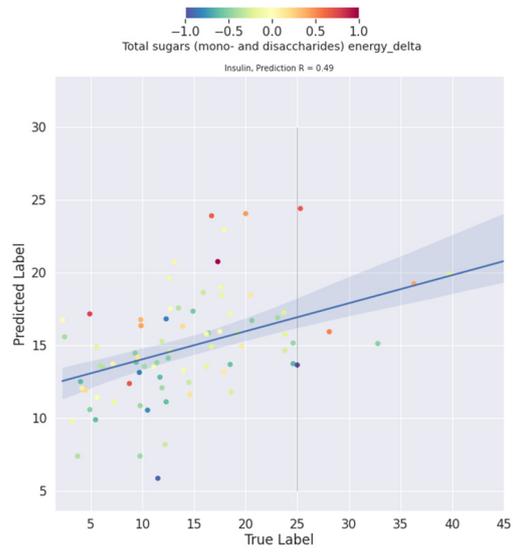
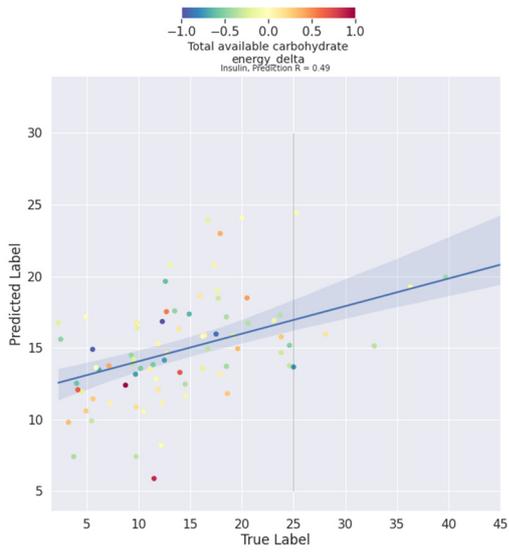
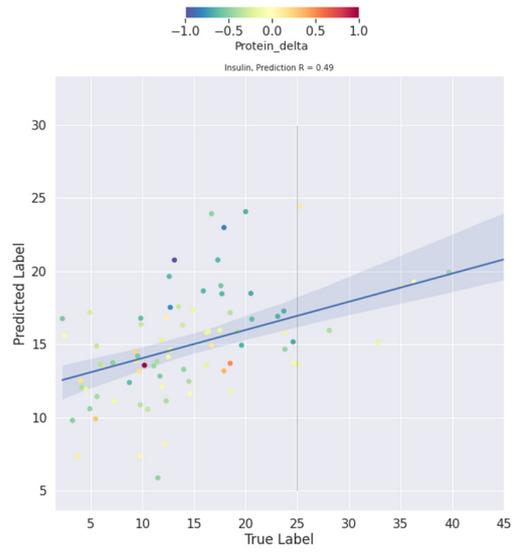
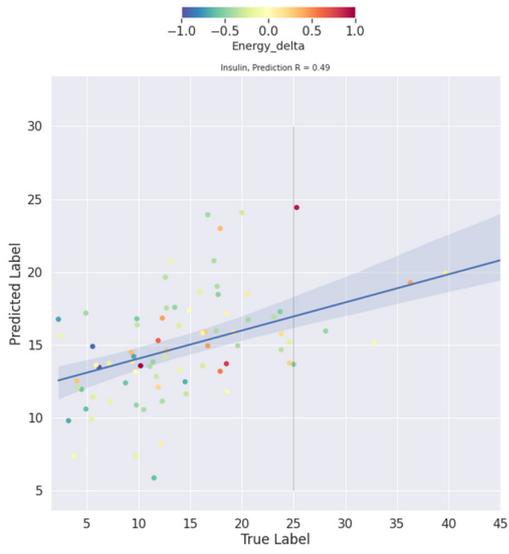


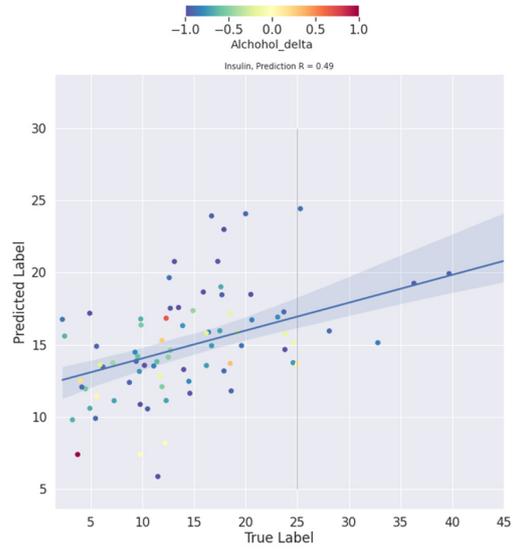
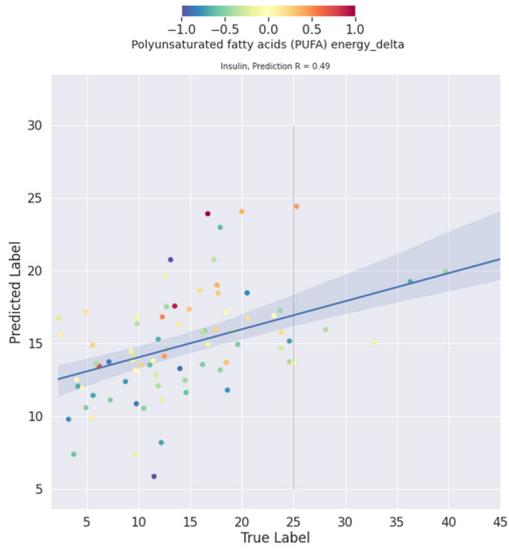
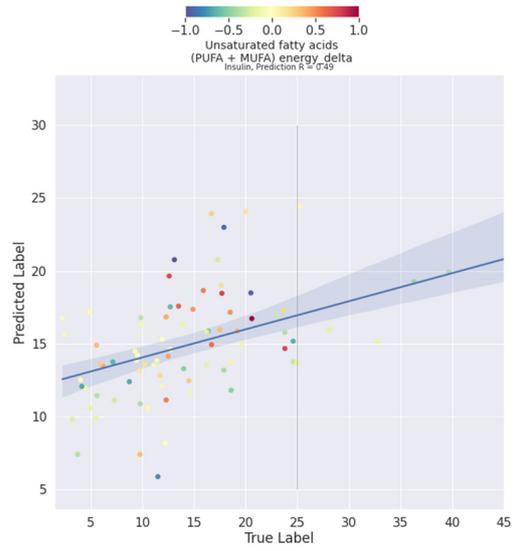
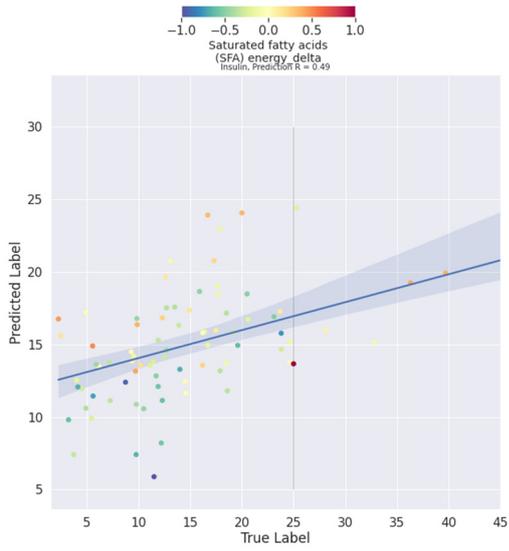
### Fasting glucose



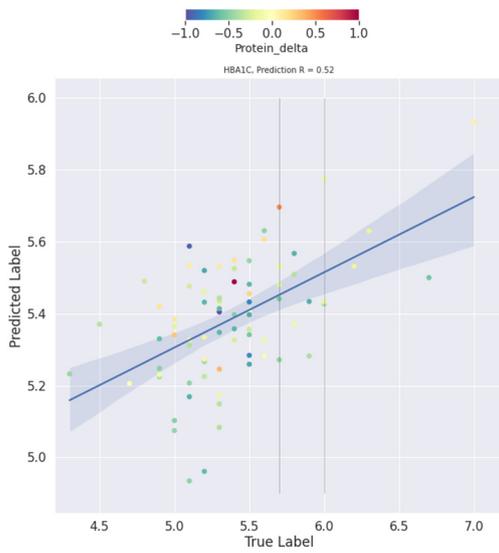
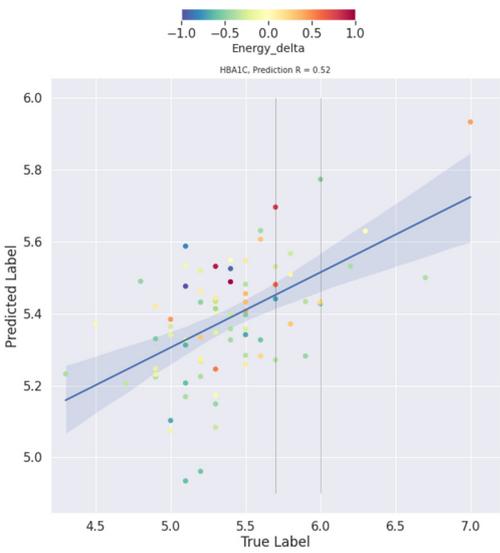


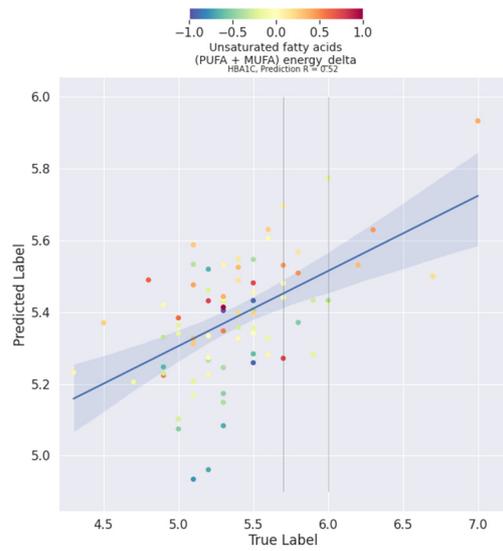
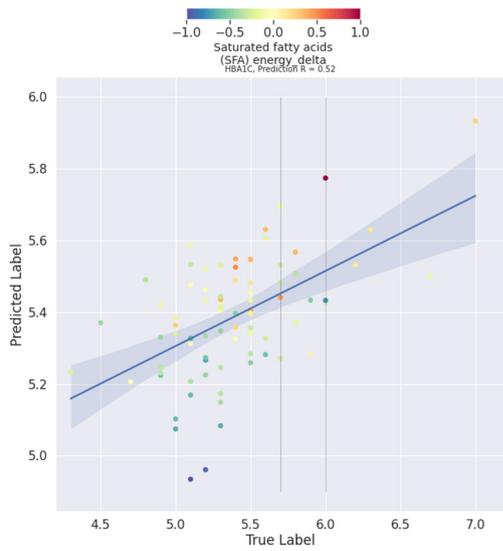
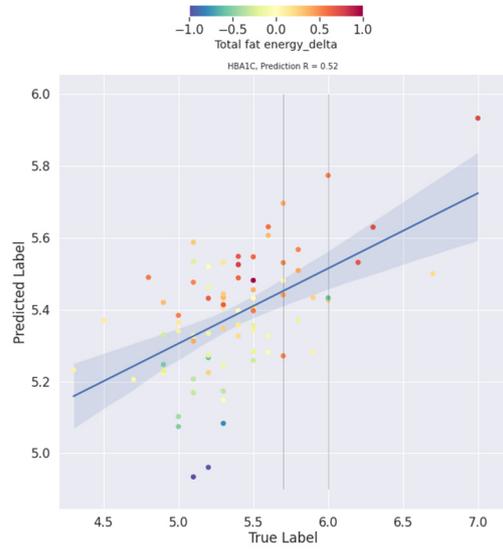
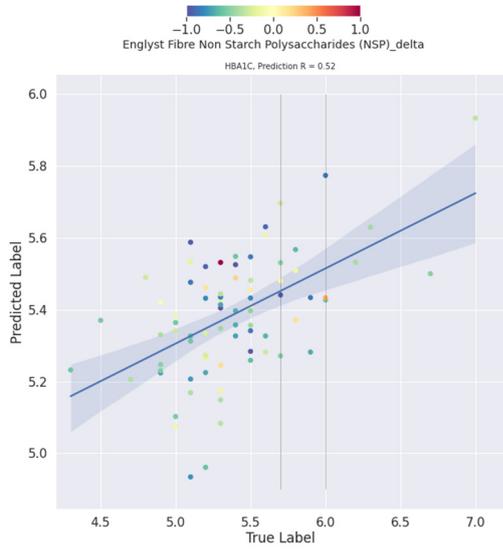
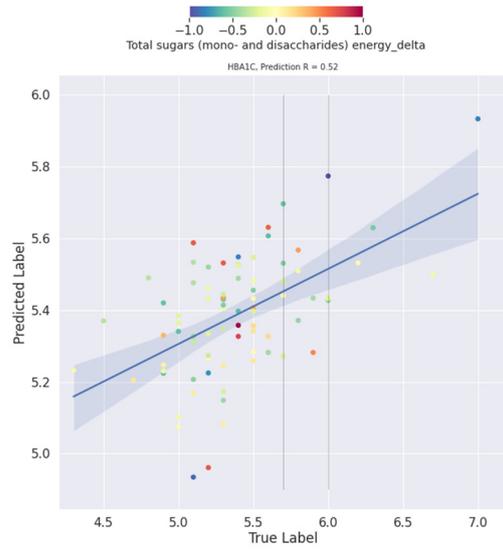
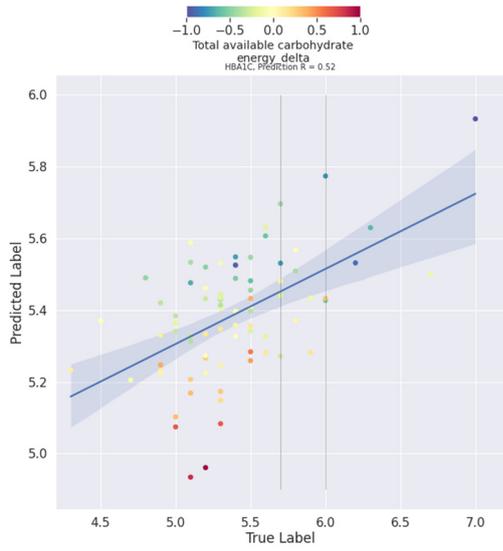
# Fasting insulin

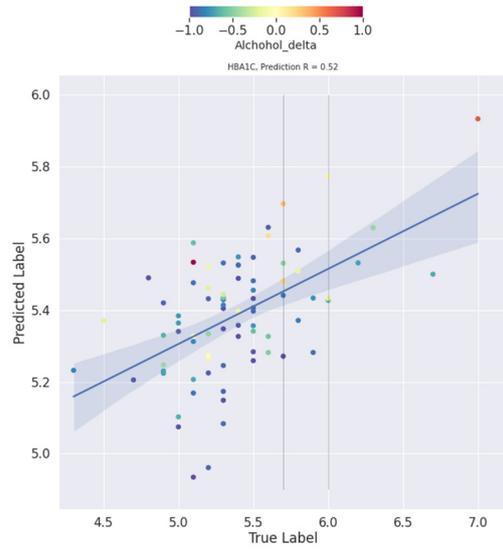
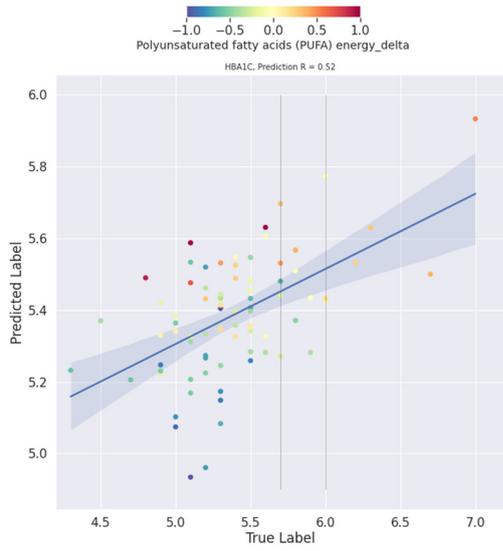




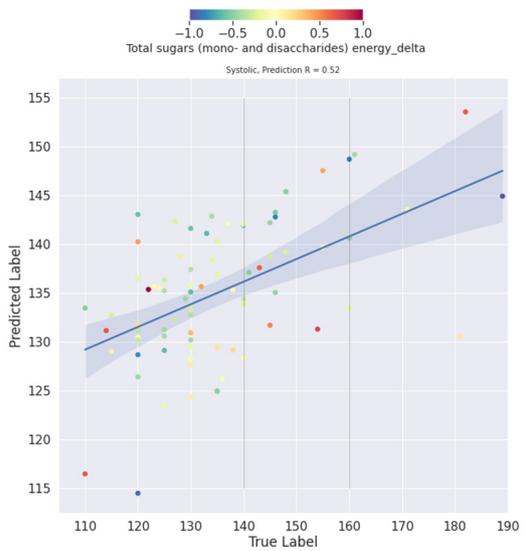
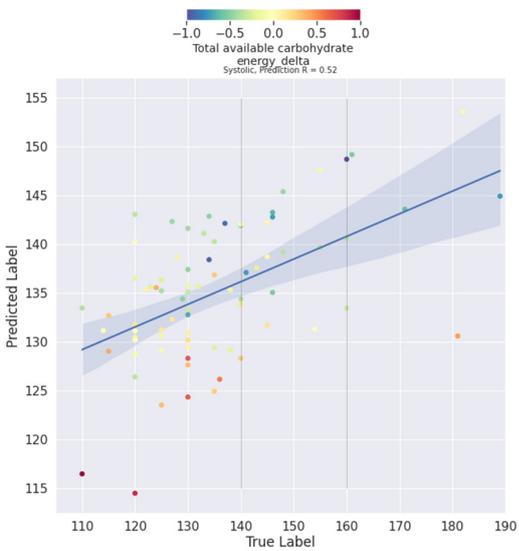
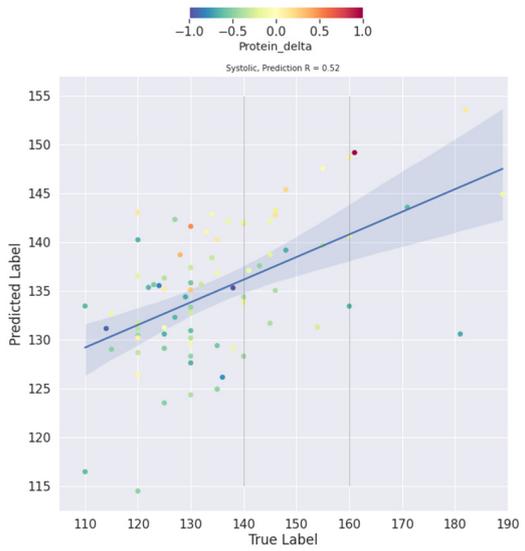
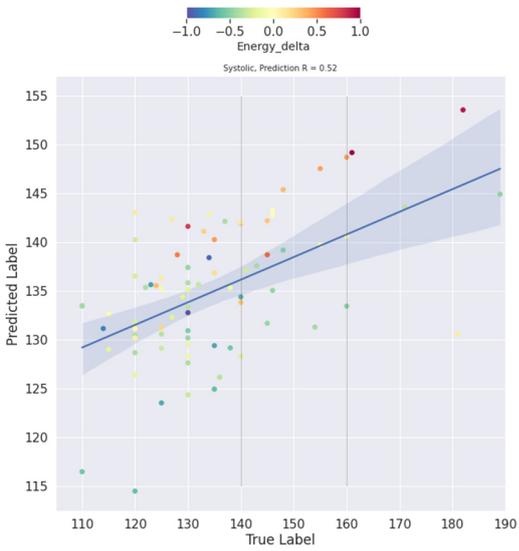
### Glycated haemoglobin (HbA1c)

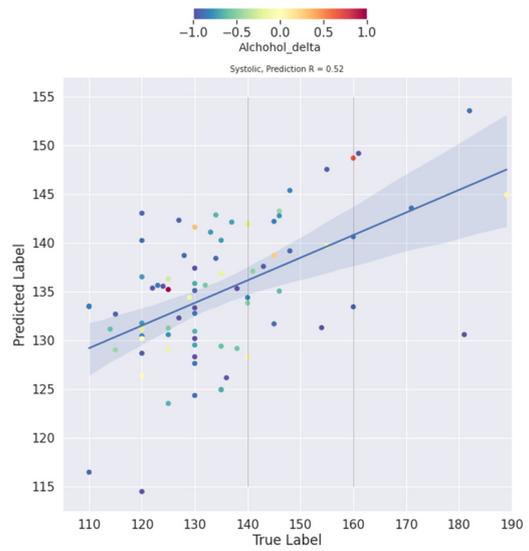
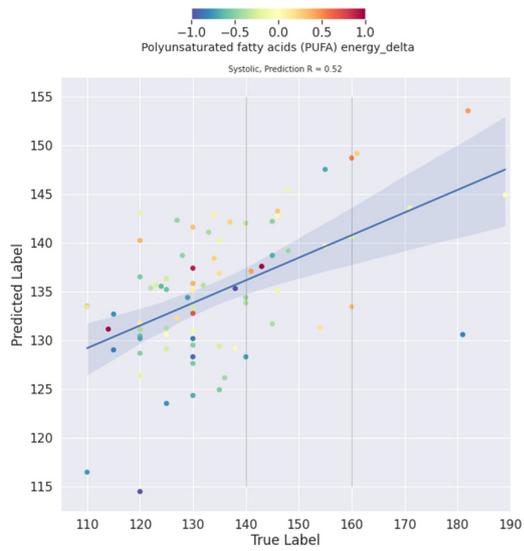
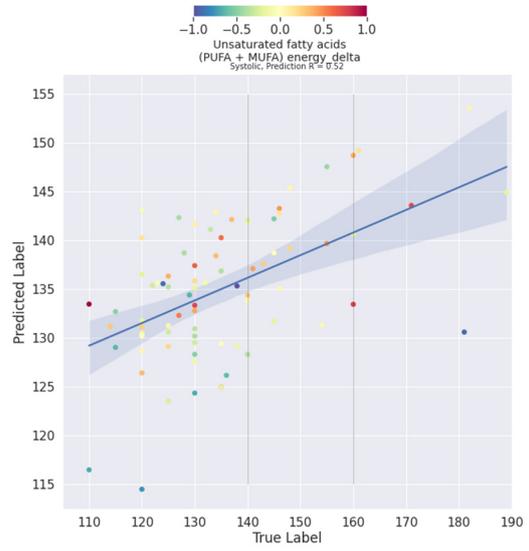
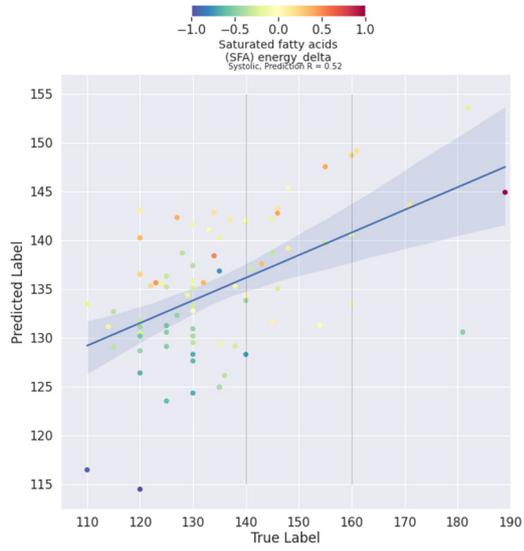
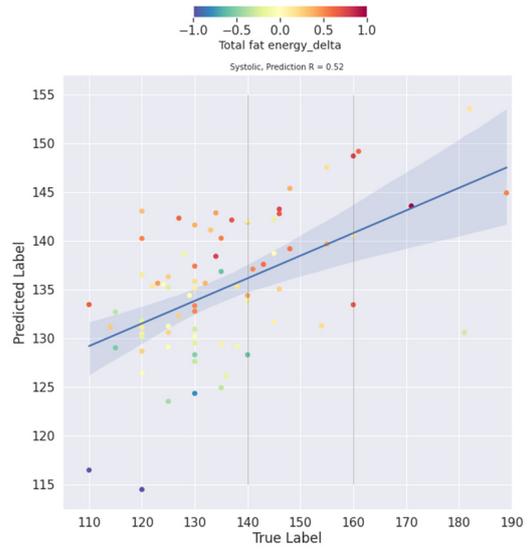
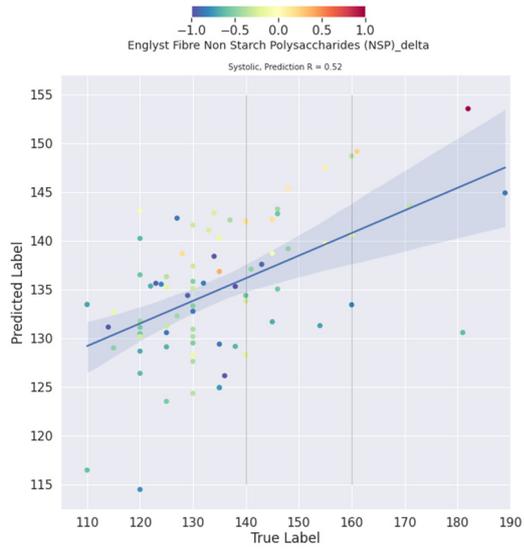




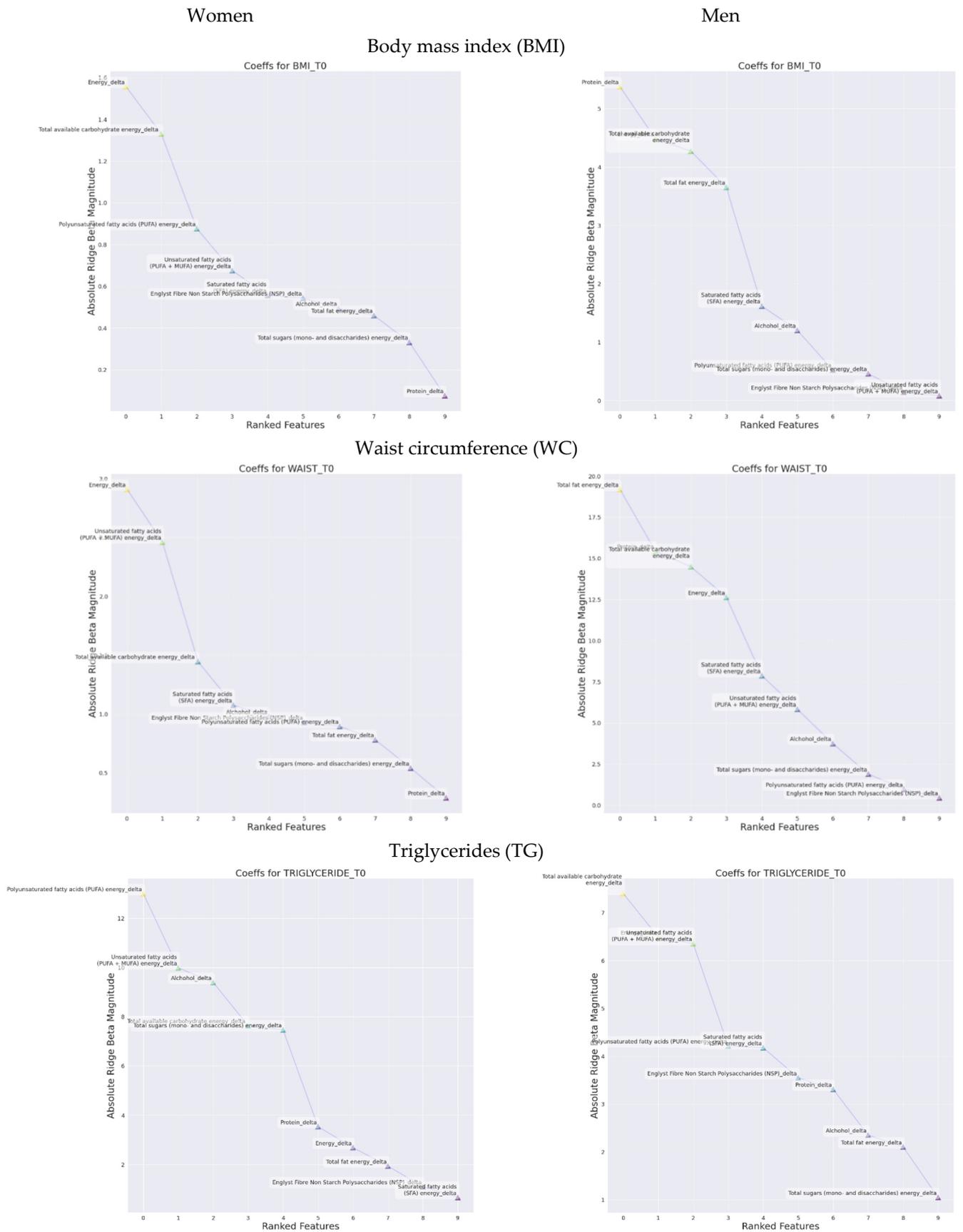


### Systolic blood pressure (SBP)

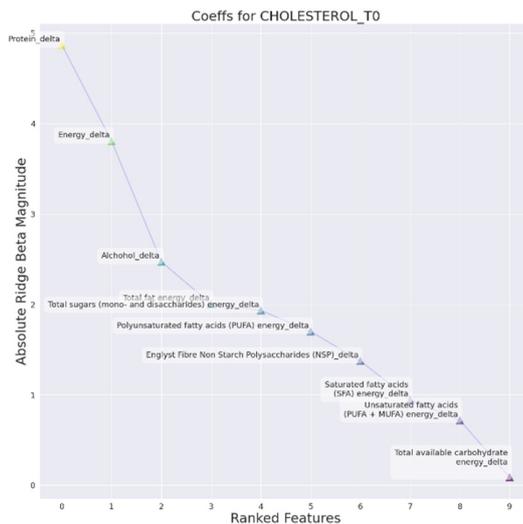
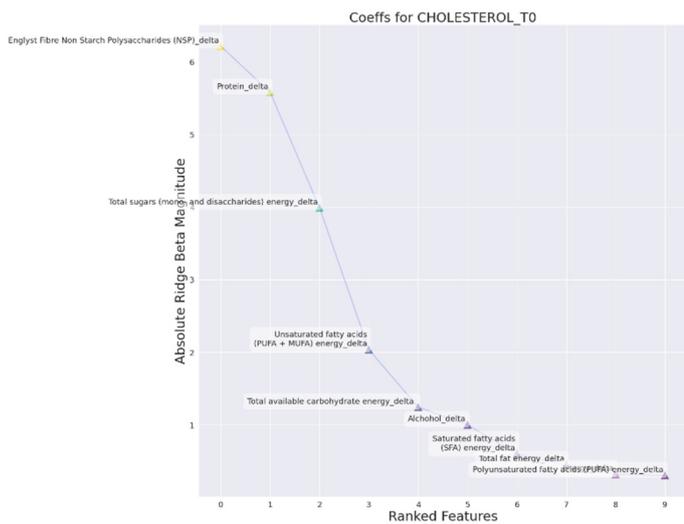




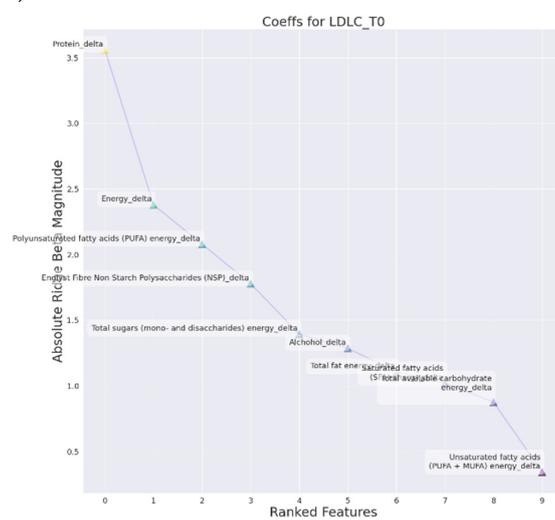
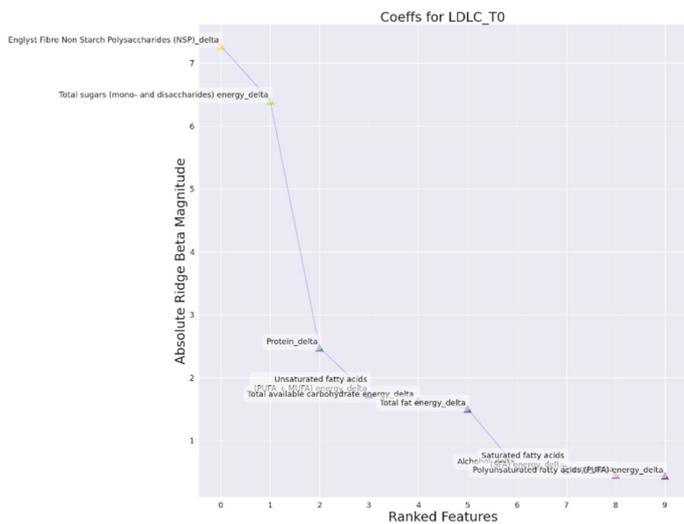
**Figure S2.** Magnitude of regression coefficients. High magnitude is related to a significant univariate effect on the prediction of the given target.



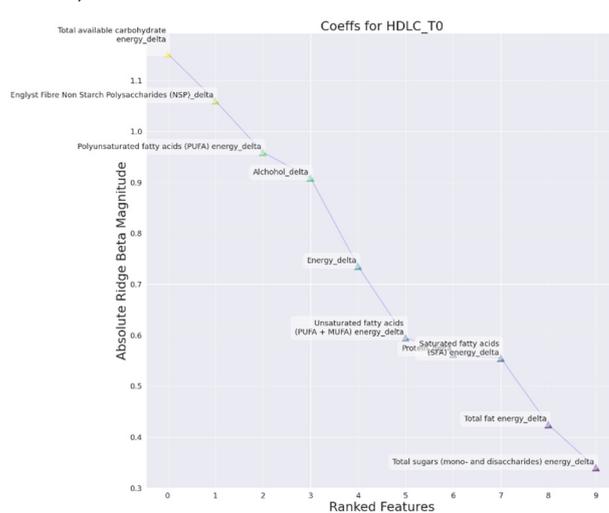
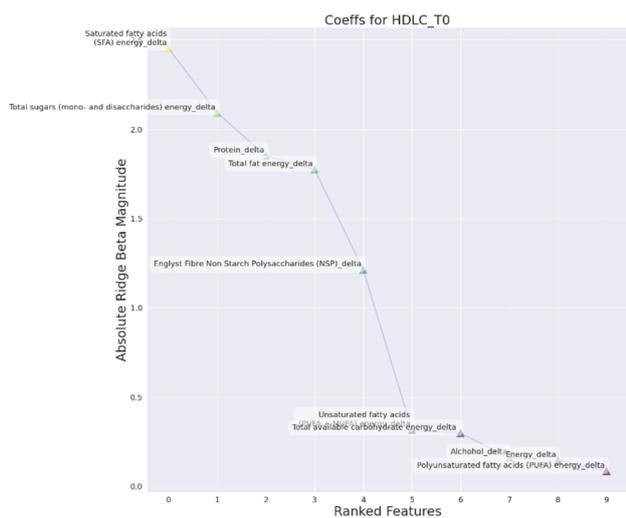
## Total cholesterol



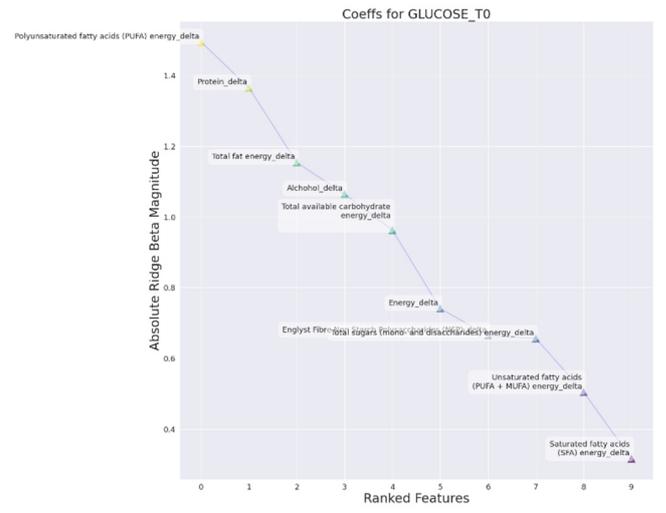
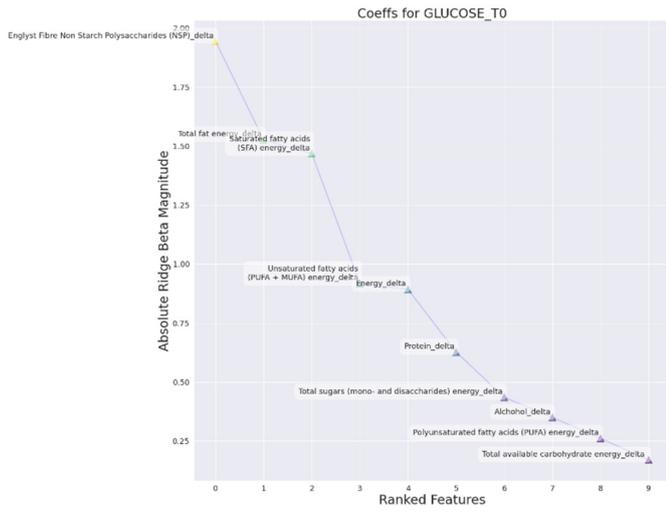
## LDL cholesterol (LDL-C)



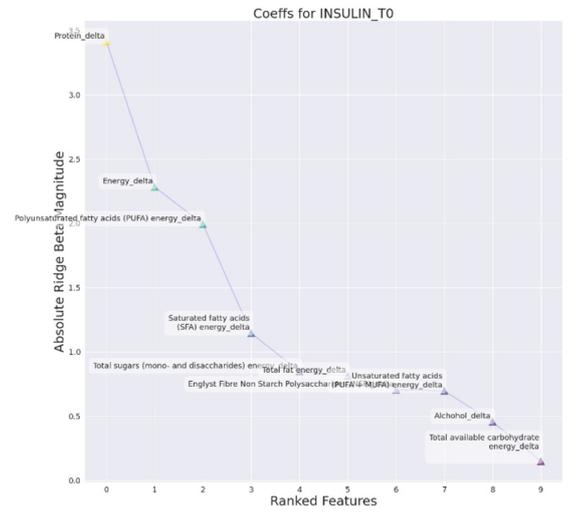
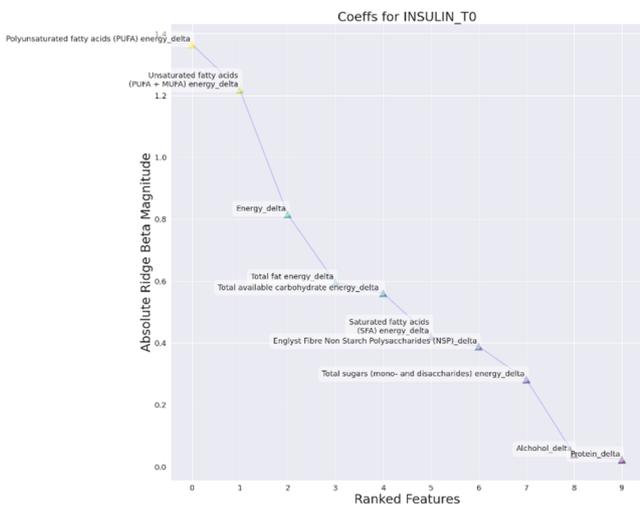
## HDL cholesterol (HDL-C)



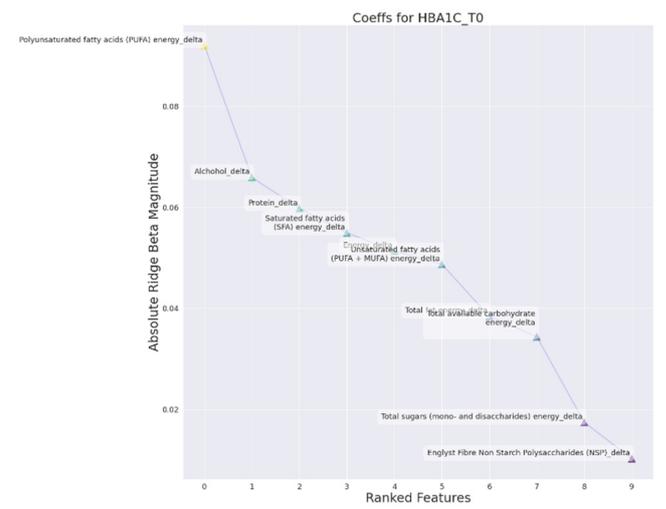
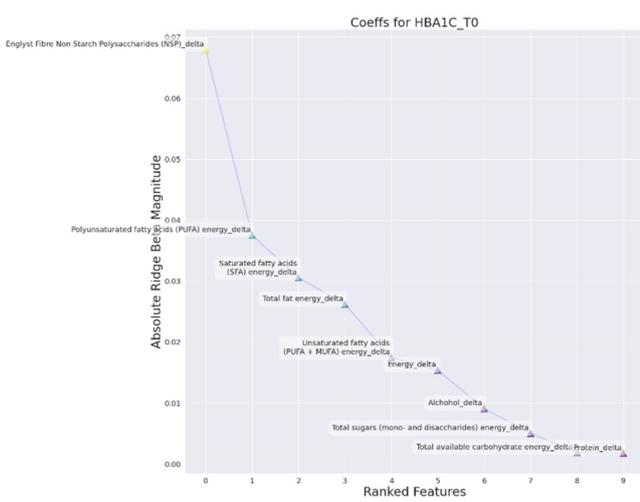
## Fasting glucose



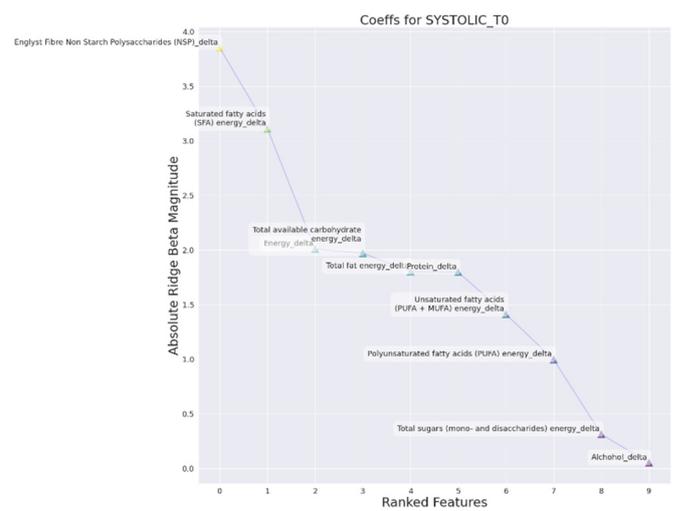
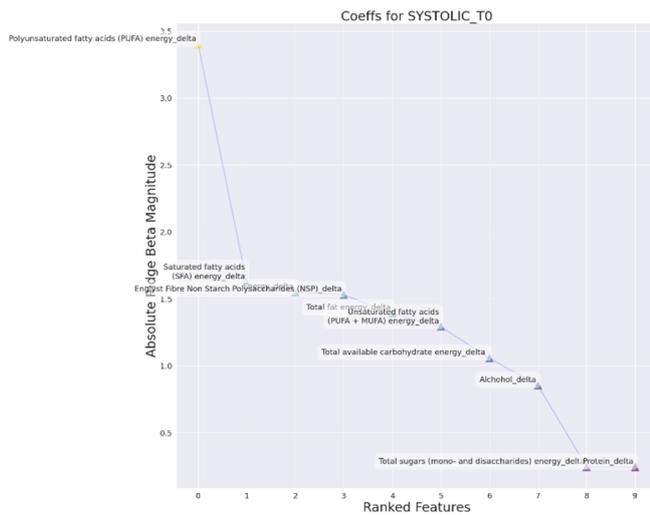
## Fasting insulin



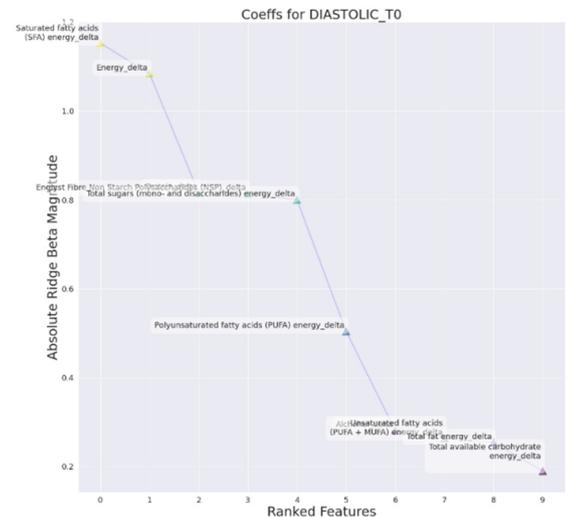
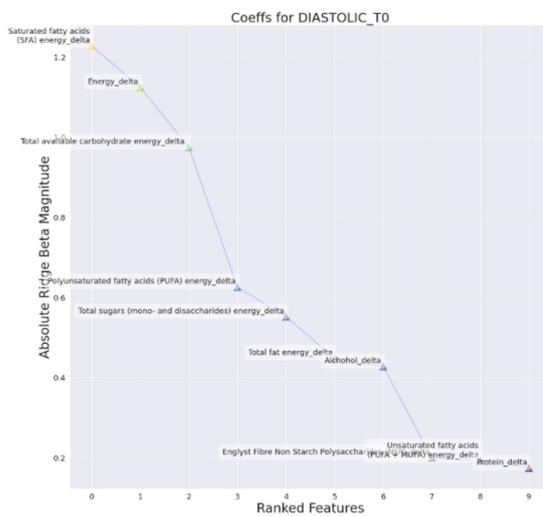
## Glycated haemoglobin (HbA1c)



## Systolic blood pressure (SBP)



## Diastolic blood pressure (DBP)



## References

1. WHO, *Physical status: The use of and interpretation of anthropometry. Report of a WHO Expert Committee.* World Health Organization: Geneva, Switzerland, 1995.
2. Lipsy, R.J., The National Cholesterol Education Program Adult Treatment Panel III guidelines. *J Manag Care Pharm* **2003**, *9*, 2-5.
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4. Ambiger, S., Study of insulin resistance and lipid profile in polycystic ovarian syndrome. *Int J Sci Res Publ* **2016**, *6*, 1-5.
5. Mancia, G.; Fagard, R.; Narkiewicz, K.; Redon, J.; Zanchetti, A.; Bohm, M.; Christiaens, T.; Cifkova, R.; De Backer, G.; Dominiczak, A., et al., 2013 ESH/ESC Guidelines for the management of arterial hypertension: The Task Force for the management of arterial hypertension of the European Society of Hypertension (ESH) and of the European Society of Cardiology (ESC). *J Hypertens* **2013**, *31*, 1281-1357.