<table>
<thead>
<tr>
<th>Author</th>
<th>Design Quality score</th>
<th>BMI %DM (%)</th>
<th>Age (yr)</th>
<th>p-patients</th>
<th>Duration (mo)</th>
<th>Agent (daily dose)</th>
<th>Inflammatory markers</th>
<th>Endocannabinoid receptor CB1 antagonists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fogari 2011</td>
<td>8</td>
<td>NA</td>
<td>150</td>
<td>NAFLD</td>
<td>12</td>
<td>Amlodipine 10 mg + simvastatin 20 mg</td>
<td>=</td>
<td>+ (CRP)</td>
</tr>
<tr>
<td>Georges cu 2009</td>
<td>7(h)</td>
<td>27</td>
<td>54 NASH</td>
<td>52% 49 yr</td>
<td>20</td>
<td>Losartan 100 mg + simvastatin 20 mg</td>
<td>* (NS)</td>
<td>* (NS)</td>
</tr>
<tr>
<td>Despres 2008</td>
<td>7(e)</td>
<td>36</td>
<td>231</td>
<td>NAFLD</td>
<td>12</td>
<td>Telmisartan 20 mg</td>
<td>=</td>
<td>+ (CT)</td>
</tr>
</tbody>
</table>

- **Angiotensin receptor blockers (ARBs)**
  - BP
  - Lipids
  - Glucose tolerance
  - FPG
  - Insulin resistance
  - BMI
  - Abdominal obesity
  - Liver enzymes

- **Response**
  - Inflammatory markers: CRP, adiponectin
  - BP: * (NS)
  - Lipids: (C, TG)
  - Glucose tolerance: A1c, NA
  - Liver enzymes: NA

- **Histology**
  - NA
  - Steatosis (imaging), NA
  - Hepatic fibrosis, NA

- **Duration**
  - 12 mo
  - 20 mo

- **Agent (daily dose)**
  - Amlodipine 10 mg + simvastatin 20 mg
  - Losartan 100 mg + simvastatin 20 mg
  - Telmisartan 20 mg

- **Design Quality score**
  - RCT 8
  - RCT 7(h)
  - RCT 7(e)

- **BMI %DM (%)**
  - NA
  - 27

- **p-patients**
  - NAFLD
  - NASH

- **Age (yr)**
  - 52% 49 yr
  - 46% 49 yr

- **Author**
  - Fogari 2011
  - Georges cu 2009
  - Despres 2008

- **Inflammatory markers**
  - CRP
  - adiponectin

- **Endocannabinoid receptor CB1 antagonists**
  - +
  - (CRP)
  - adiponectin
### Angiotensin receptor blockers

<table>
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<tr>
<th>Author</th>
<th>n-patients</th>
<th>BMI %DM</th>
<th>Design Quality</th>
<th>Agent (daily dose)</th>
<th>Duration</th>
<th>Response</th>
<th>Liver enzymes</th>
<th>Steatosis (imaging)</th>
<th>Histology</th>
<th>BMI Abdom.a diposity</th>
<th>IR(^a)</th>
<th>FPG</th>
<th>Glu toler A1c</th>
<th>Lipids</th>
<th>BP</th>
<th>Inflammatory markers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buranawui 2007(^79)</td>
<td>32 NASH 59% 49yr</td>
<td>26.5 15%</td>
<td>RCT 5{(b, c, d)}</td>
<td>Pentoxi 1.2 g</td>
<td>6 mo</td>
<td>+</td>
<td>NA</td>
<td>NA</td>
<td>=</td>
<td>=</td>
<td>NA</td>
<td>=</td>
<td>NA</td>
<td>=</td>
<td>(TNF, adiponectin)</td>
<td></td>
</tr>
<tr>
<td>Lee 2008(^80)</td>
<td>20 NASH 65% 47 yr</td>
<td>28 10%</td>
<td>RCT 7{(h)}</td>
<td>Pentoxi 1.2 g</td>
<td>3 mo</td>
<td>+</td>
<td>NA</td>
<td>NA</td>
<td>-4%(NS)</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>=</td>
<td>NA</td>
<td>+ (IL-6, TNF)(NS)</td>
<td></td>
</tr>
<tr>
<td>Rinella 2009(^81)</td>
<td>25 NASH</td>
<td>NA</td>
<td>RCT 8</td>
<td>Pentoxi 1.2 g</td>
<td>12 mo</td>
<td>+</td>
<td>NA</td>
<td>+StNe</td>
<td>=</td>
<td>=</td>
<td>NA</td>
<td>NA</td>
<td>=</td>
<td>NA</td>
<td>=</td>
<td>(TNF, adiponectin)</td>
</tr>
<tr>
<td>Zein 2011(^82)</td>
<td>55 NASH 69% 50 yr</td>
<td>34 9%</td>
<td>RCT 7{(E)}</td>
<td>Pentoxi 1.2 g</td>
<td>12 mo</td>
<td>+</td>
<td>NA</td>
<td>+SNeF</td>
<td>=</td>
<td>=</td>
<td>=</td>
<td>=</td>
<td>=</td>
<td>NA</td>
<td>=</td>
<td>(TNF, adiponectin)</td>
</tr>
</tbody>
</table>
For each treatment, trials on biopsy-proven NASH are grouped together and presented before trials on patients with NAFLD. The trial design is followed in the same box by the Cochrane Risk-of.Bias Tool score for RCTs (score range: 0-8).

**Quality items of RCTs according to Cochrane Risk-of.Bias Tool:**

A: adequate method of sequence generation;
B: blinding of participants performed
C: blinding of personnel performed
D: blinding of assessors performed
E: allocation concealment adequate
F: adequate assessment of each outcome
G: selective outcome reporting avoided,
H: intention-to-treat analysis of results

\(^a\): insulin resistance as assessed by fasting indices (HOMA or QUICKI), unless the method is specified (OGTT-derived indices or euglycemic hyperinsulinemic clamp)

\(^b\): abdominal adiposity, by anthropometric indices (waist, waist-on-hip ratio), unless otherwise specified

Abbreviations: A1c: glycated Haemoglobin A1c (HbA1c); M%: % males T2DM: type 2 diabetes mellitus; St: steatosis; Ne: necroinflammation; Fi: fibrosis; NA: not available; NS: in controlled trials, no significant difference in improvement between treatment and control group at the end of treatment; SC: standard counseling; PUFA: polyunsaturated fat; MRS: magnetic resonance spectroscopy; MRI: magnetic resonance imaging; US: ultrasound; CT: computed tomography; C: total cholesterol; TG: triacylglycerol, NAC: N-acetylcysteine; PUFA: polyunsaturated fatty acids, CHO: carbohydrates; TNF: tumor necrosis factor, CRP: C-reactive protein; \(\Delta\) BMI (%): percent changes in BMI from baseline; \(\Delta\) waist: % changes in waist circumference.