

SUPPLEMENTARY MATERIAL

Table S1. Search strategy.

#	Database	Algorithm	
1	PubMed	((diabetes mellitus[Title/Abstract]) OR ("diabet*" [Title/Abstract]) (type 2 diabetes[Title/Abstract])) OR (T2DM[Title/Abstract]) OR (noninsulin-dependent diabetes mellitus[Title/Abstract]) OR (glycaemic control[Title/Abstract]) OR (glycemic control[Title/Abstract]) OR (glucose control[Title/Abstract]) OR (glycosylated haemoglobin[Title/Abstract]) OR (glycated haemoglobin[Title/Abstract]) OR (HbA1c[Title/Abstract]) OR (insulin sensitivity[Title/Abstract]) AND ("obes*" [Title/Abstract]) AND (((training[Title/Abstract]) OR (exercise[Title/Abstract])))	3, 477 results
2	Scopus	TITLE-ABS(diabetes mellitus) OR TITLE-ABS(type 2 diabetes) OR TITLE-ABS(T2D) OR TITLE-ABS(noninsulin-dependent diabetes mellitus) OR TITLE-ABS(glycaemic control) OR TITLE-ABS(glycemic control) OR TITLE-ABS(glucose control) OR TITLE-ABS(glycosylated haemoglobin) OR TITLE-ABS(glycated haemoglobin) OR TITLE-ABS(HbA1c) OR TITLE-ABS(insulin sensitivity) AND TITLE-ABS(obese)OR TITLE-ABS(obesity) AND TITLE-ABS(training)OR TITLE-ABS(exercise)	7, 456
3	Google Scholar	allintitle (diabetes mellitus OR type 2 diabetes OR T2D OR noninsulin-dependent diabetes mellitus OR glycaemic control OR glycemic control OR glucose control OR glycosylated haemoglobin OR glycated haemoglobin OR HbA1c OR insulin sensitivity) (obese OR obesity) (training OR exercise)	48
4	Cochrane Library	(diabetes mellitus OR type 2 diabetes OR T2D OR noninsulin-dependent diabetes mellitus OR glycaemic control OR glycemic control OR glucose control OR glycosylated haemoglobin OR glycated haemoglobin OR HbA1c OR insulin sensitivity) (obese OR obesity) (training OR exercise) in Title Abstract Keyword - (Word variations have been searched)	2871
5	Web of Science	((AB = (diabetes mellitus)) OR AB = (type 2 diabetes)) OR AB = (T2D)) OR AB = (noninsulin-dependent diabetes mellitus)) OR AB = (glycaemic control)) OR AB = (glycemic control)) OR AB = (glucose control)) OR AB = (glycosylated haemoglobin)) OR AB = (glycated haemoglobin)) OR AB = (HbA1c)) OR AB = (insulin sensitivity) (((AB = (obese)) OR AB = (obesity)) (((AB = (training)) OR AB = (exercise)))	6322
6	Science Direct	(diabetes mellitus OR type 2 diabetes OR T2D OR noninsulin-dependent diabetes mellitus OR glycaemic control OR glycemic control OR glucose control OR glycosylated haemoglobin OR glycated haemoglobin OR HbA1c OR insulin sensitivity) (obese OR obesity) (training OR exercise)	4, 933
Total			25, 107

Table S2. Excluded studies with reasons.

Study	Reason for exclusion
1. (Li et al., 2024)	Mixed intervention
2. (Cox et al., 2024)	Mixed intervention
3. (Gajanand et al., 2024)	Mixed intervention
4. (Wormgoor et al., 2018)	Mixed intervention
5. (Balducci et al., 2012)	Mixed intervention
6. (Cox et al., 2024)	Mixed intervention
7. (Mendes et al., 2019)	Acute effect
8. (Correia et al., 2023)	The outcome of interest was not reported
9. (Riahy, 2024)	The outcome of interest was not reported
10. (Su et al., 2024)	Unclear data
11. (Hua et al., 2020)	Reported on exercise plus dietary intervention

Table S3. The summary of effect size across all outcomes.

Outcome	Studies (N)	Participants (N)	Standard Mean Difference (SMD)	95% CI Lower Limit	95% CI Upper Limit
BW	9	390	-1.55	-4.84	1.75
BMI	15	682	-0.42	-0.93	0.09
WC	8	440	0.50	-0.87	1.87
HC	1	26	0.75	-4.19	5.69
WHR	6	192	0.02	-0.01	0.05
BF	10	613	0.34	0.10	0.57
FFM	4	395	-0.86	-1.46	-0.26
HDL-C	10	382	2.35	-0.06	4.76
LDL-C	9	363	0.12	-0.28	0.51
TC	12	446	0.12	-0.34	0.59
TG	11	406	-0.77	-2.47	0.93
FBG	16	674	-0.89	-1.62	-0.16
HbA1c	20	1002	-0.09	-0.27	0.09
FI	6	221	-0.35	-1.67	0.98
HOMA-IR	3	92	-0.58	-1.87	0.71
SBP	13	509	2.04	-0.46	4.55
DBP	13	509	-0.02	-1.57	1.52
RHR	3	158	1.87	-4.53	8.26
CRF	11	419	1.78	0.38	3.18

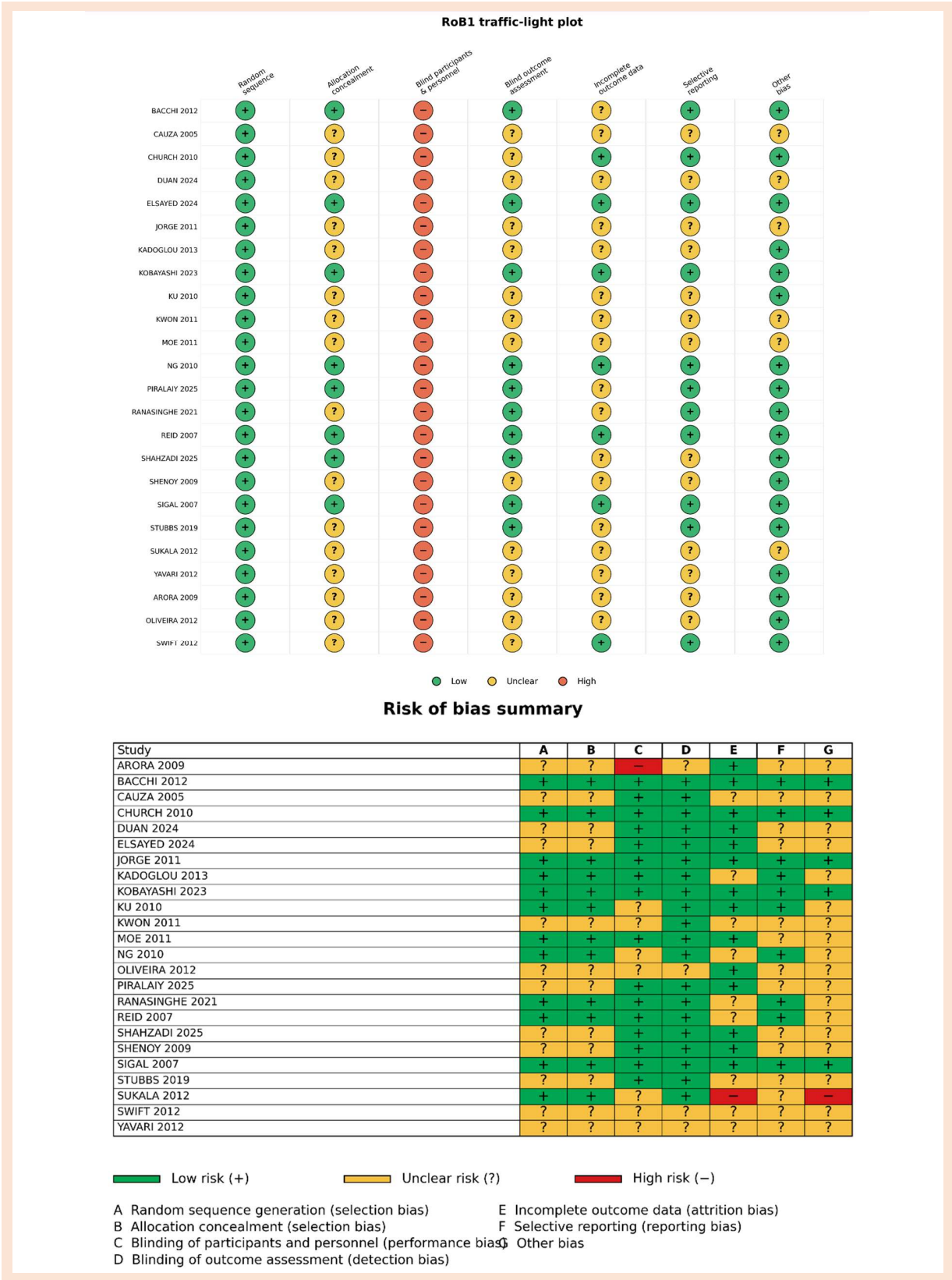


Figure S1. Risk of bias assessment results.

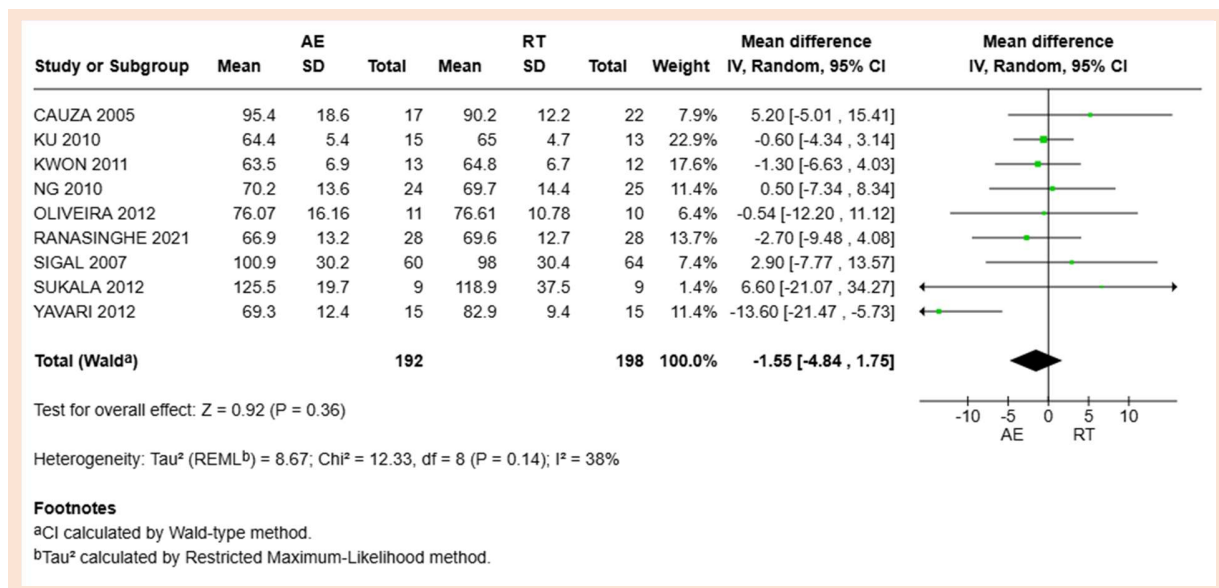


Figure S2a. Effects of AE and RT on BW.

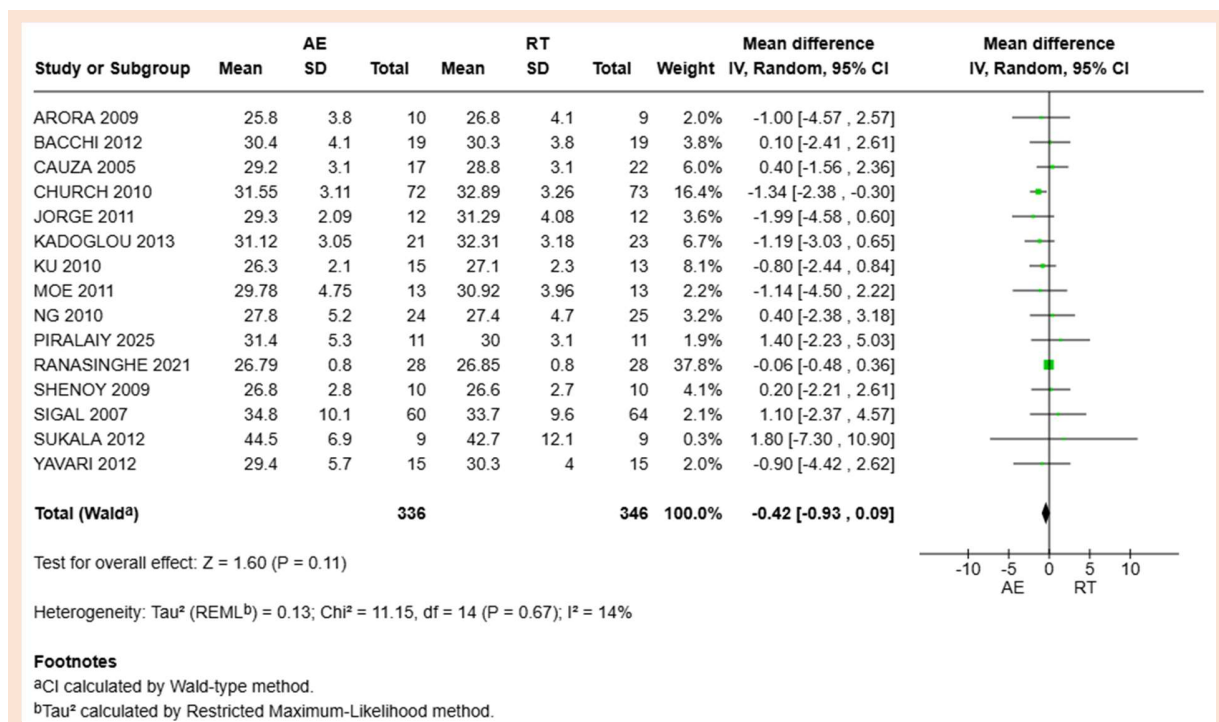


Figure S2b. Effects of AE and RT on BMI.

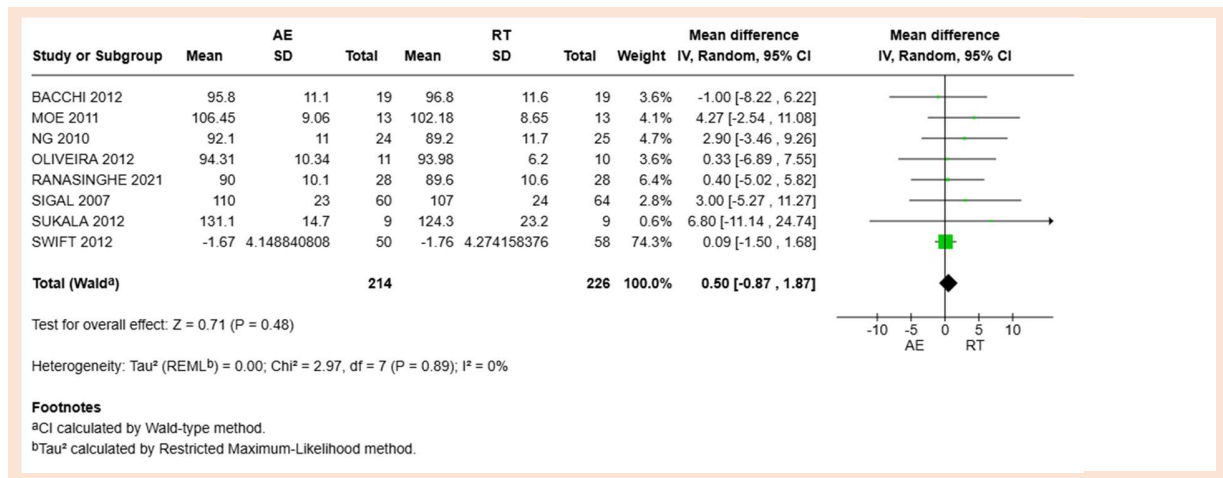


Figure S2c. Effects of AE and RT on WC.

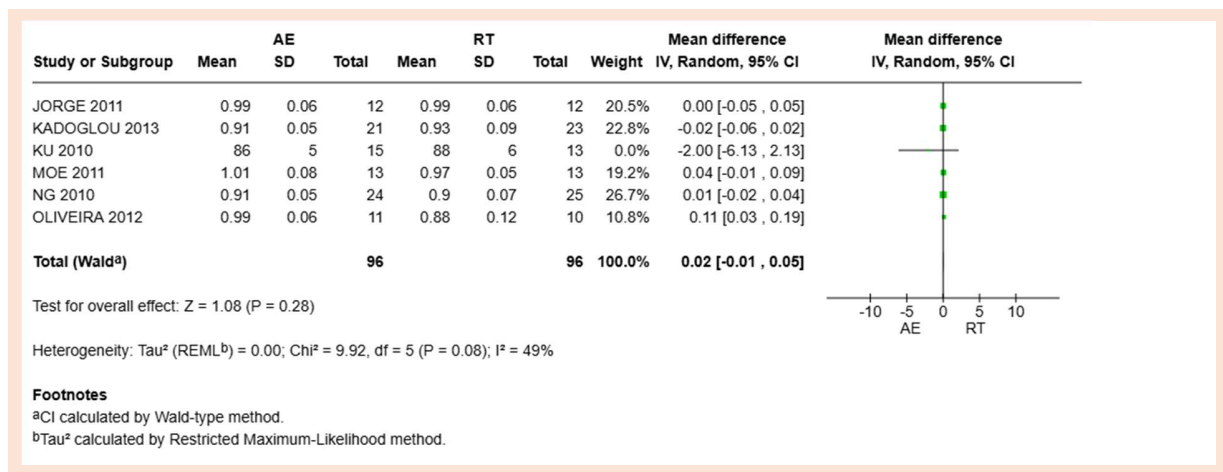


Figure S2d. Effects of AE and RT on WHR.

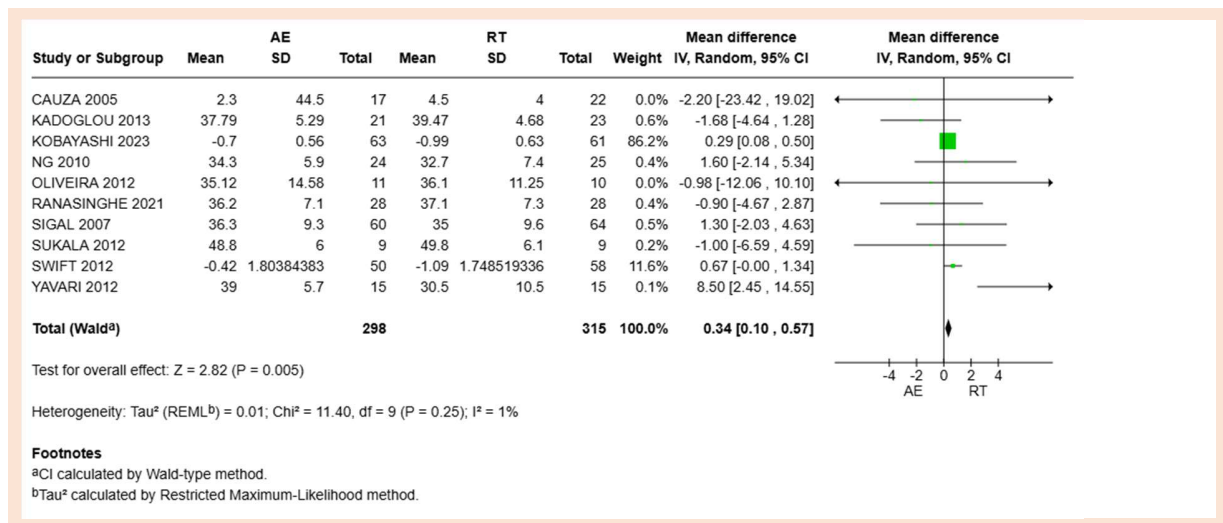


Figure S2e. Effects of AE and RT on BF.

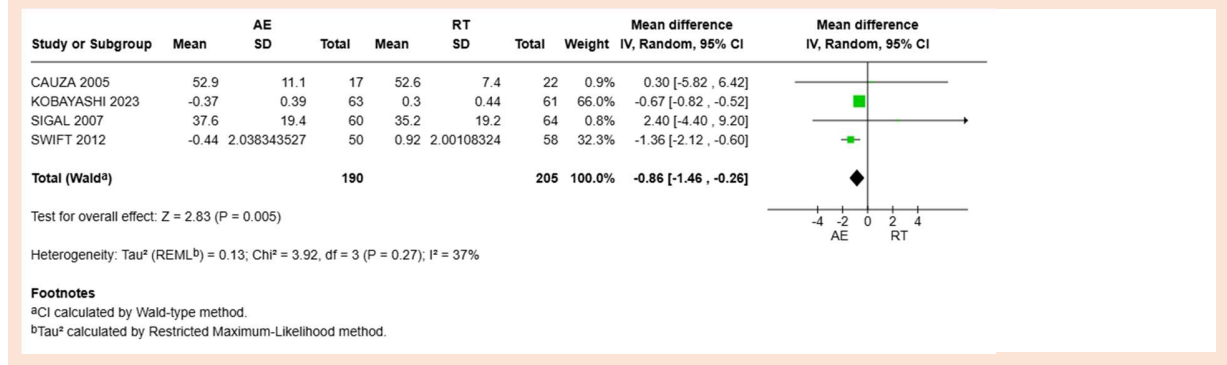


Figure S2f. Effects of AE and RT on FFM.

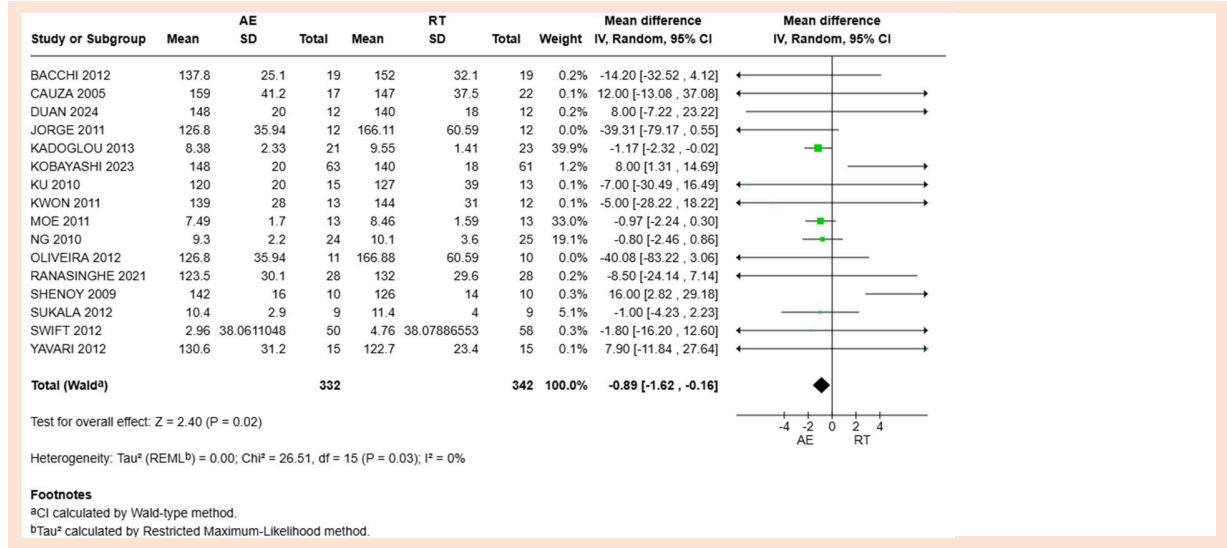


Figure S2g. Effects of AE and RT on FBG.

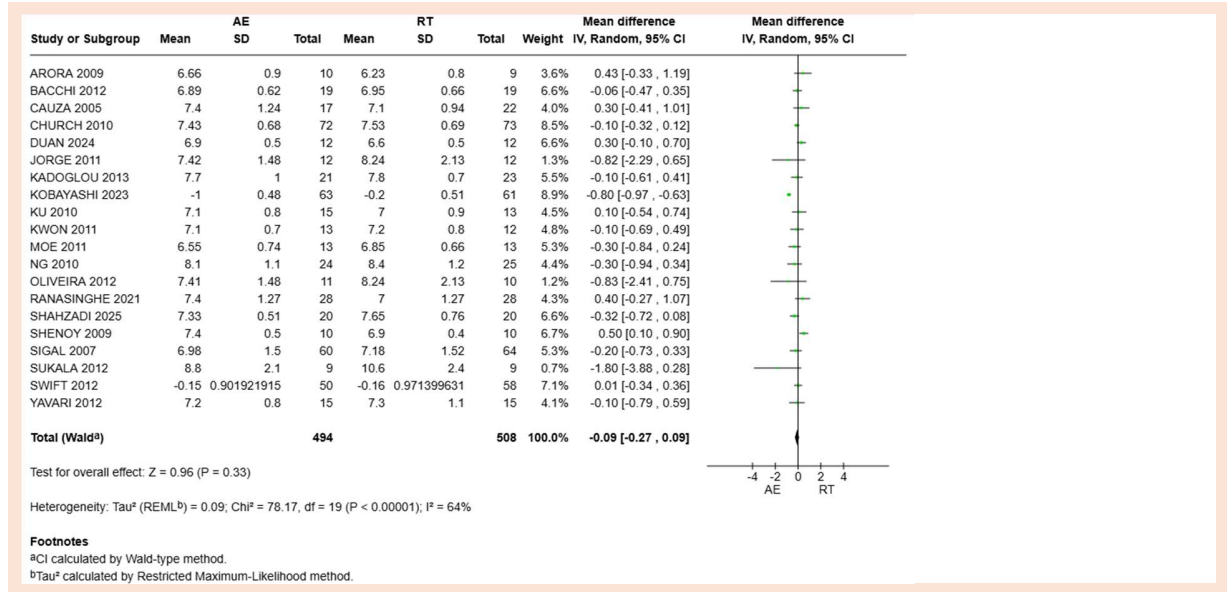


Figure S2h. Effects of AE and RT on HbA1c.

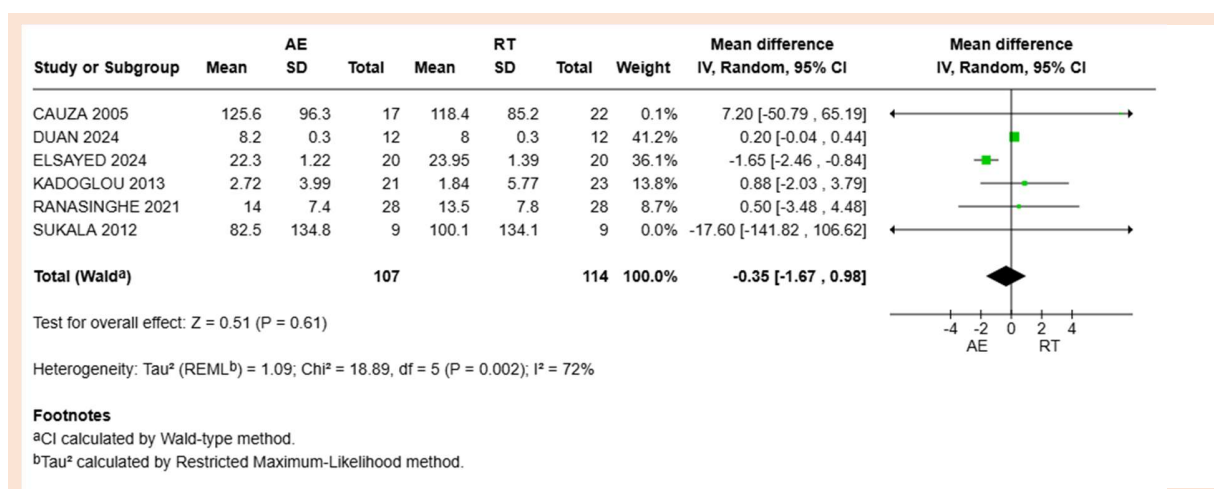


Figure S2i. Effects of AE and RT on FI.

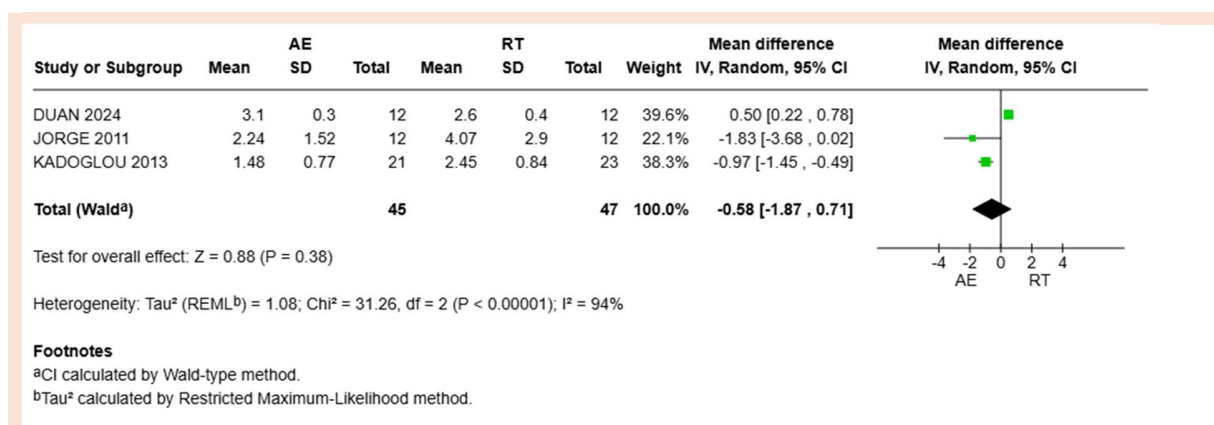


Figure S2j. Effects of AE and RT on HOMA-IR.

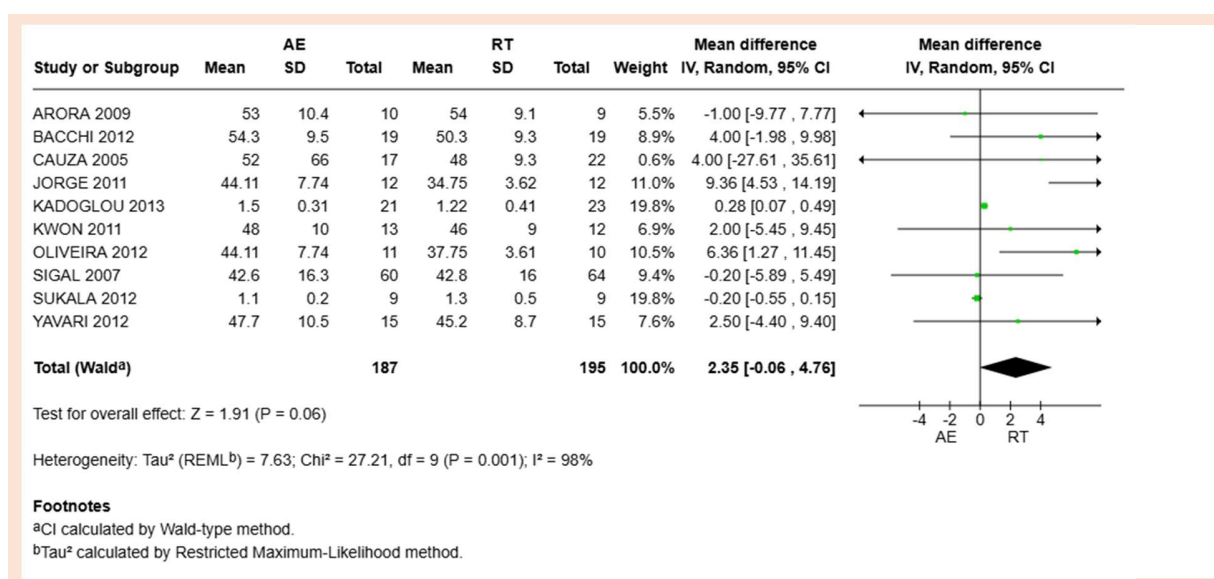


Figure S2k. Effects of AE and RT on HDL-C.

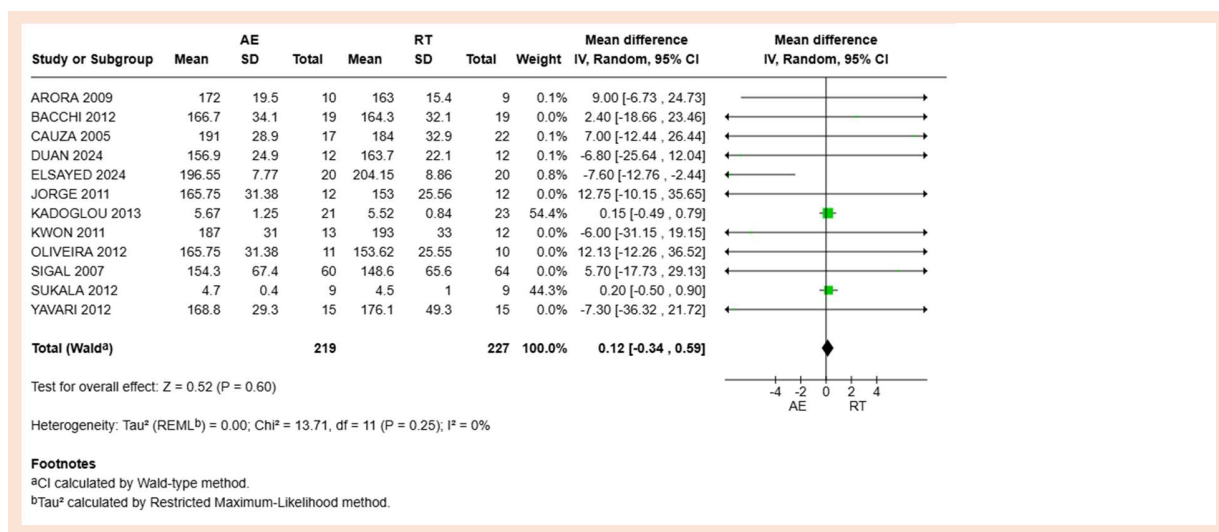


Figure S2l. Effects of AE and RT on LDL-C.

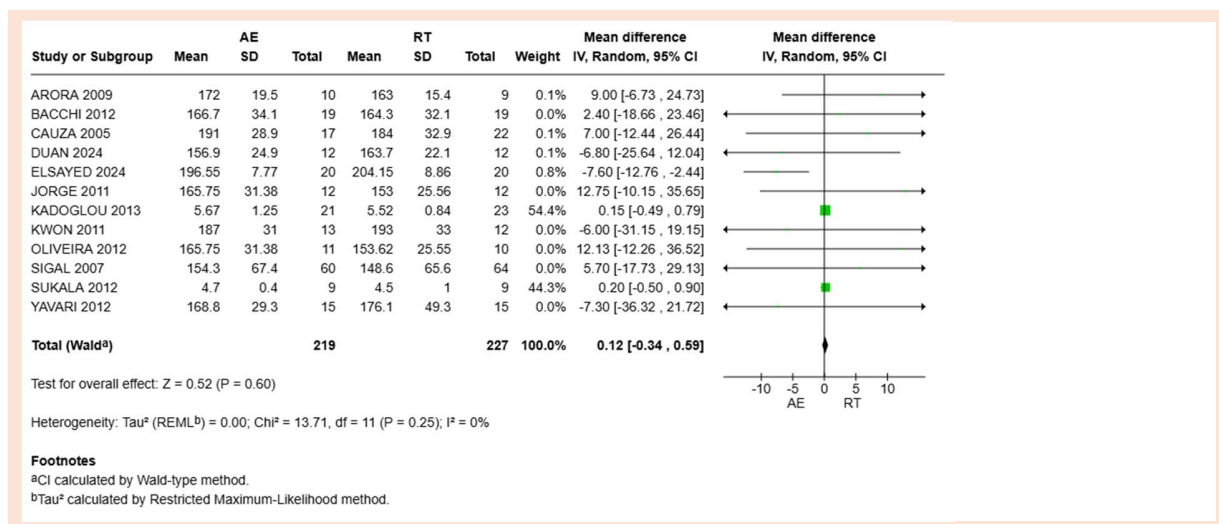


Figure S2m. Effects of AE and RT on TC.

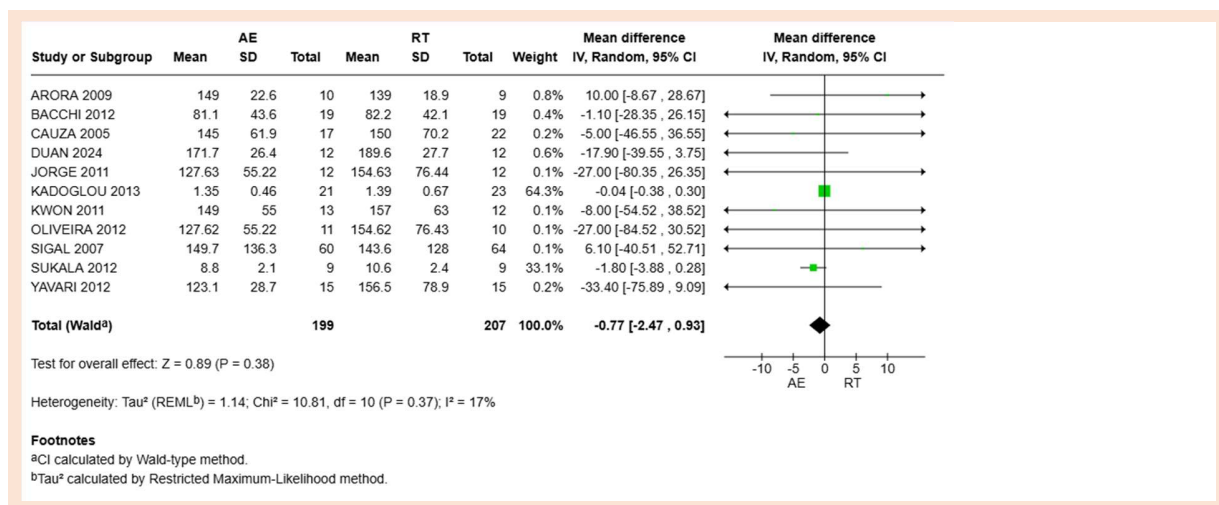


Figure S2n. Effects of AE and RT on TG.

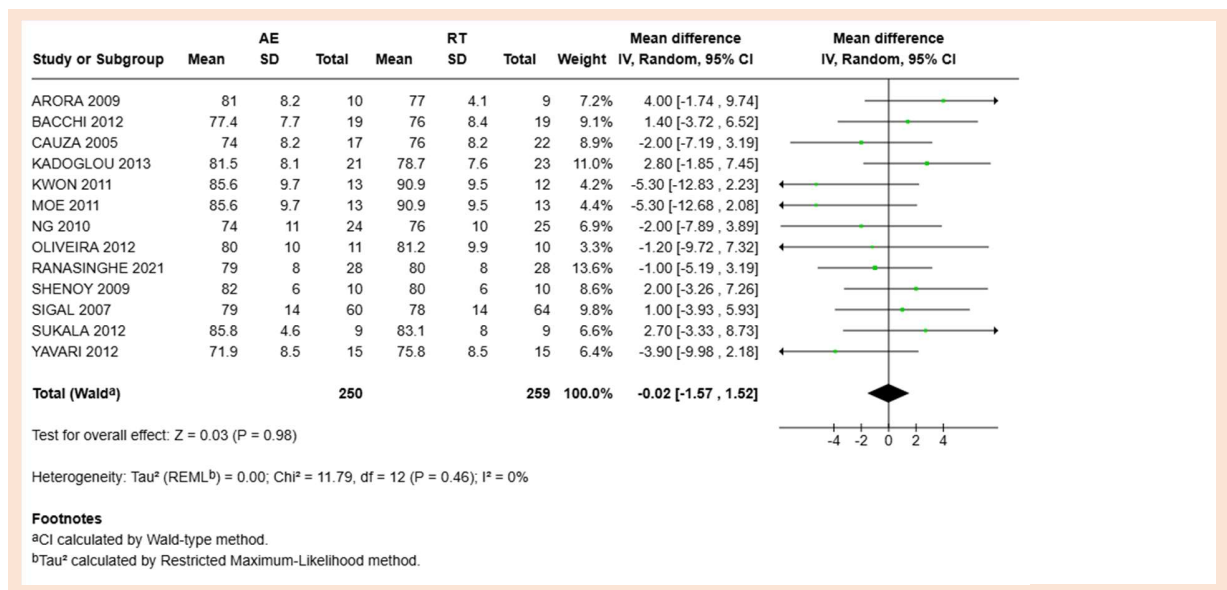


Figure S2o. Effects of AE and RT on DBP.

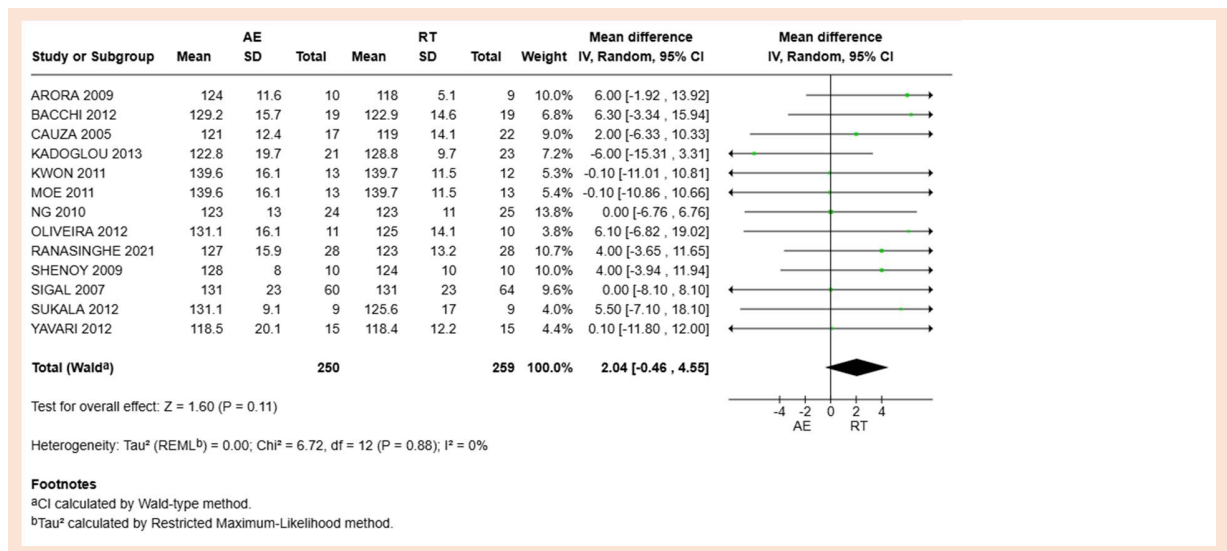


Figure S2p. Effects of AE and RT on SBP.

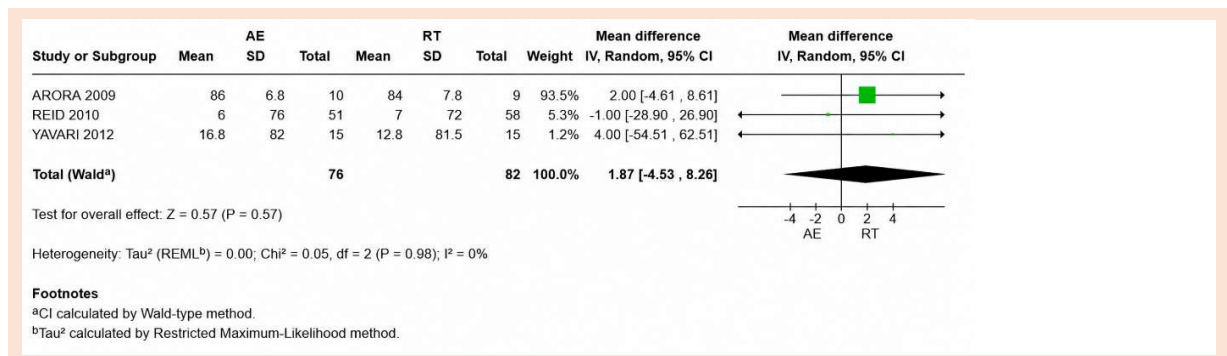


Figure S2r. Effects of AE and RT on RHR.

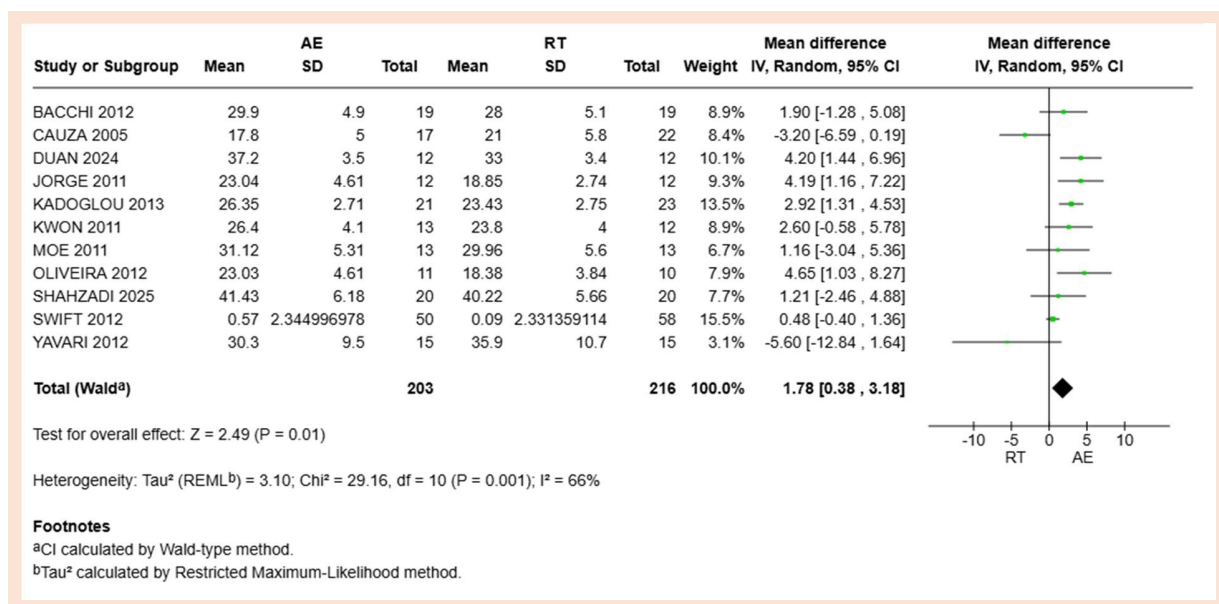


Figure S2s. Effects of AE and RT on CRF.

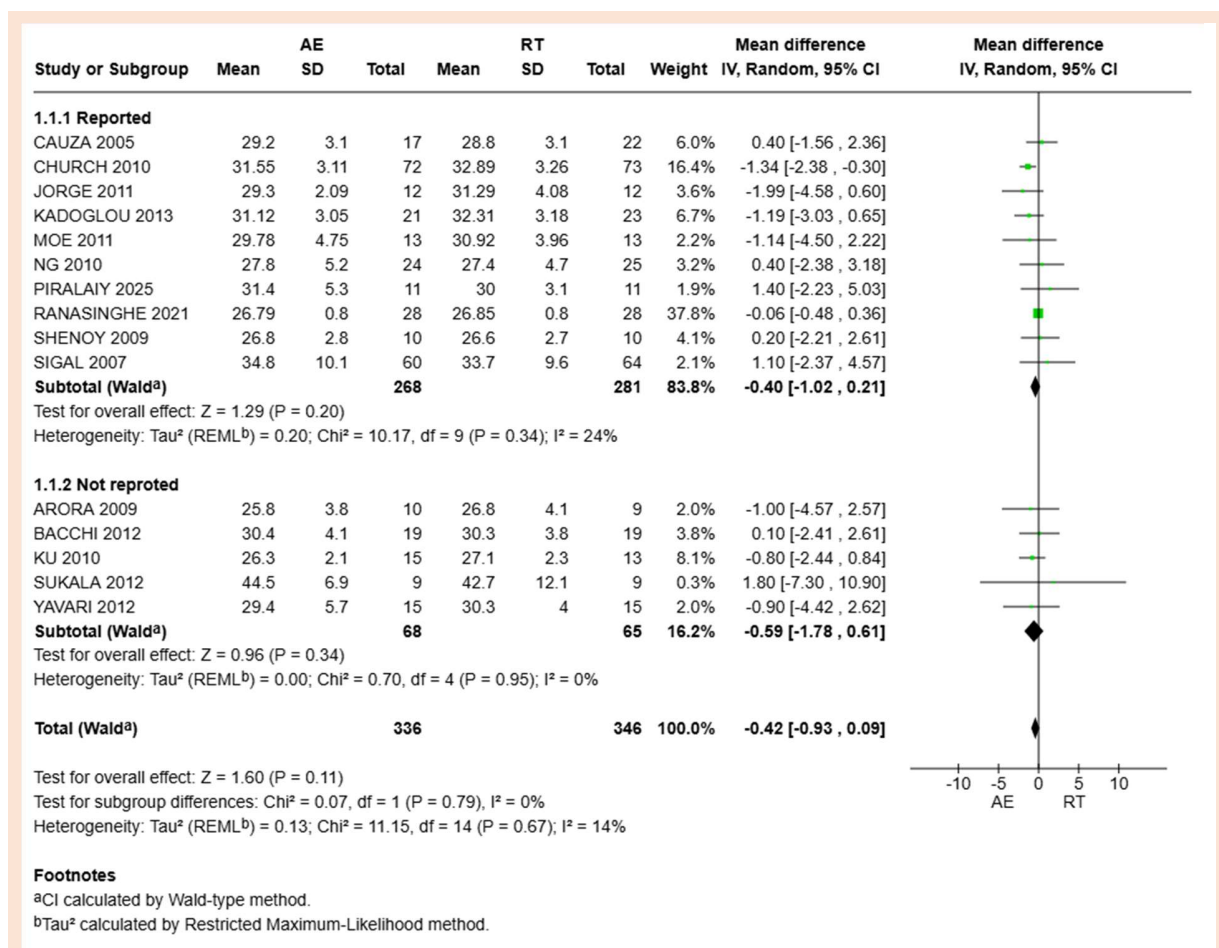


Figure S3. Forest plots of subgroup analyses based on the comorbidities (reported or not) and intervention's duration (≤ 12 weeks vs. > 12 weeks).

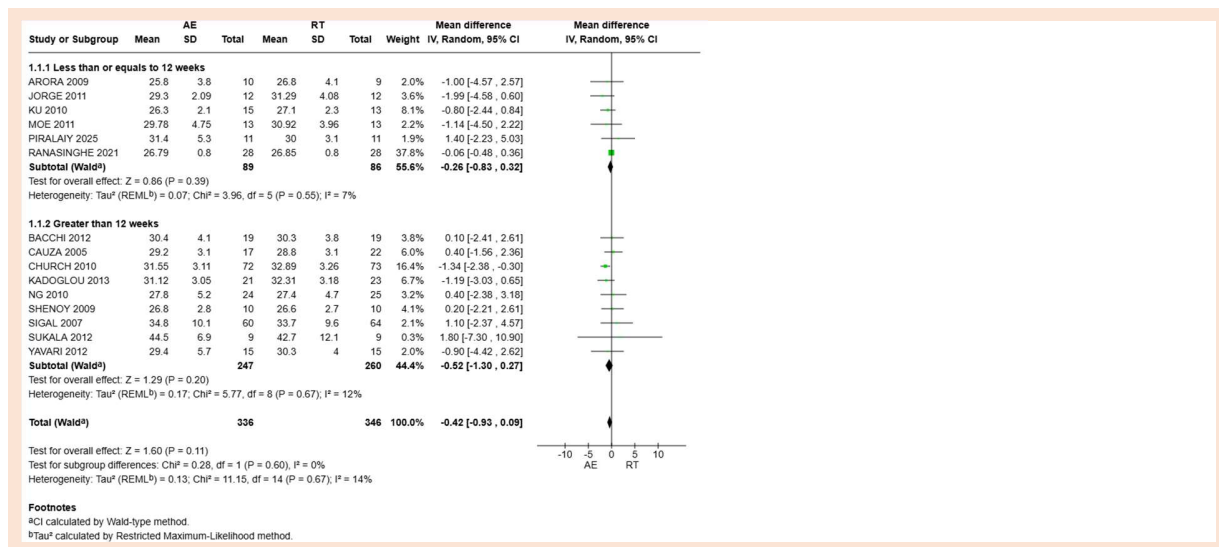


Figure S3a. Effects of AE and RT on BMI with subgroup analyses.

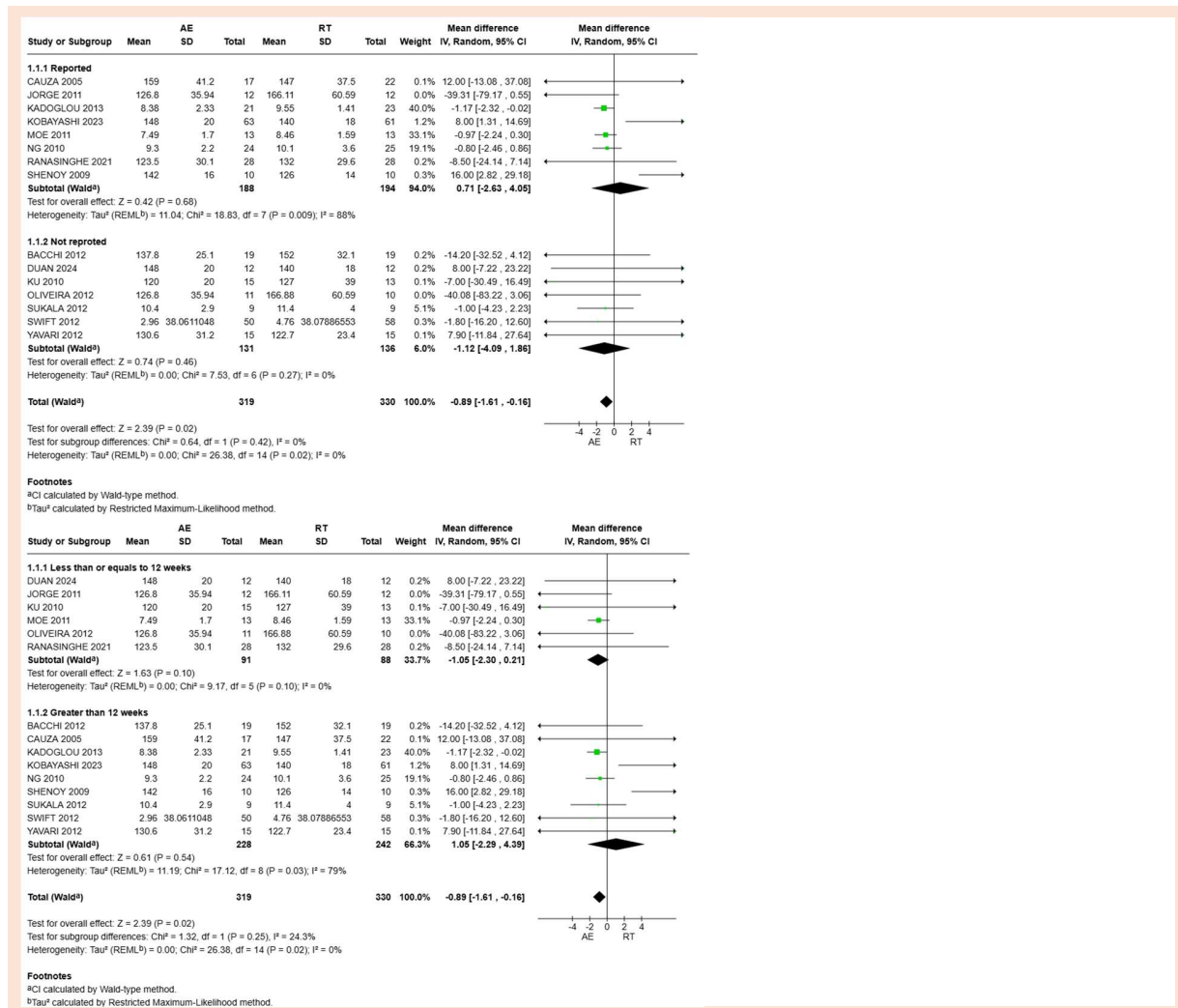


Figure S3b. Effects of AE and RT on FBG with subgroup analyses.

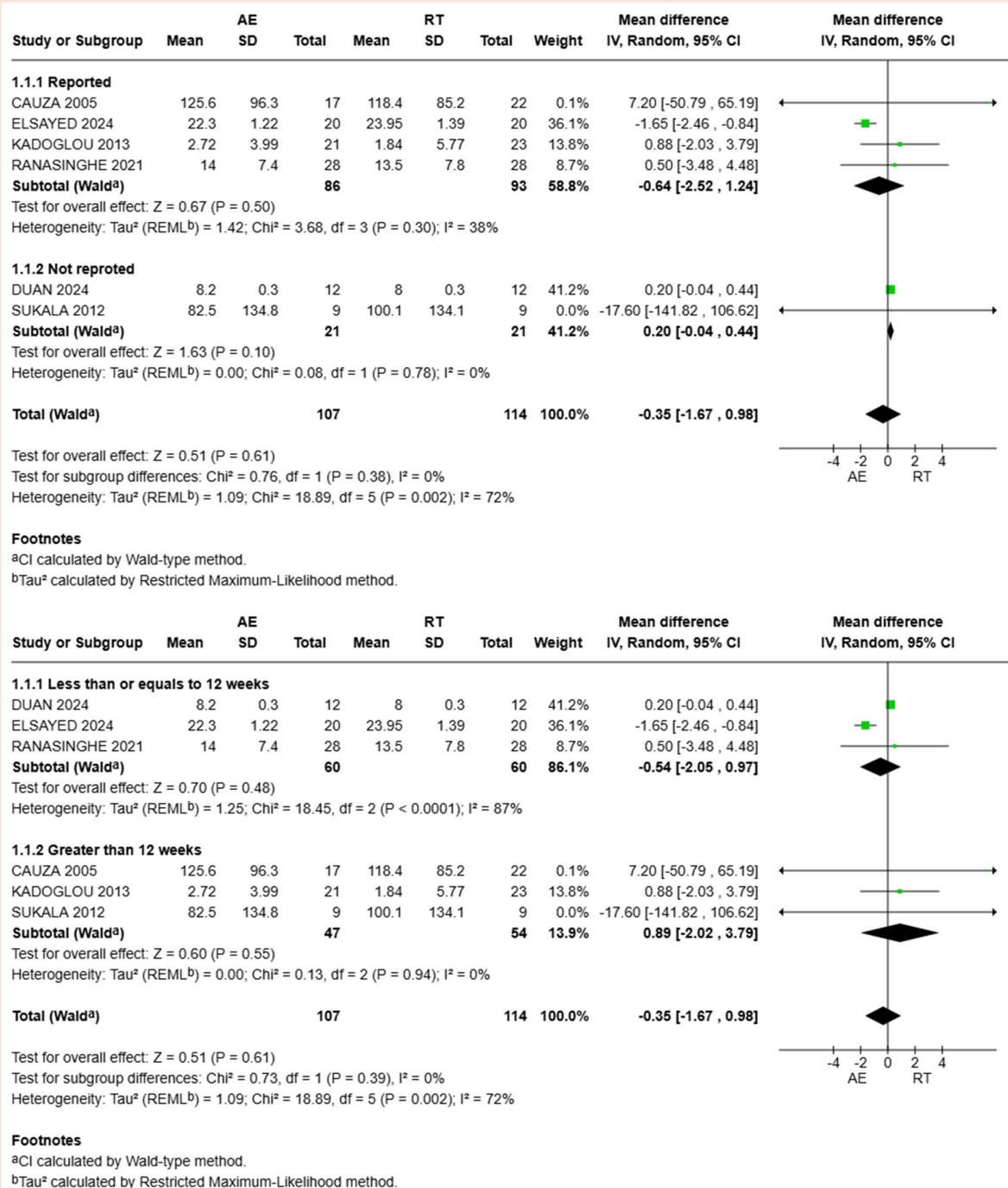


Figure S3c. Effects of AE and RT on FI with subgroup analyses.

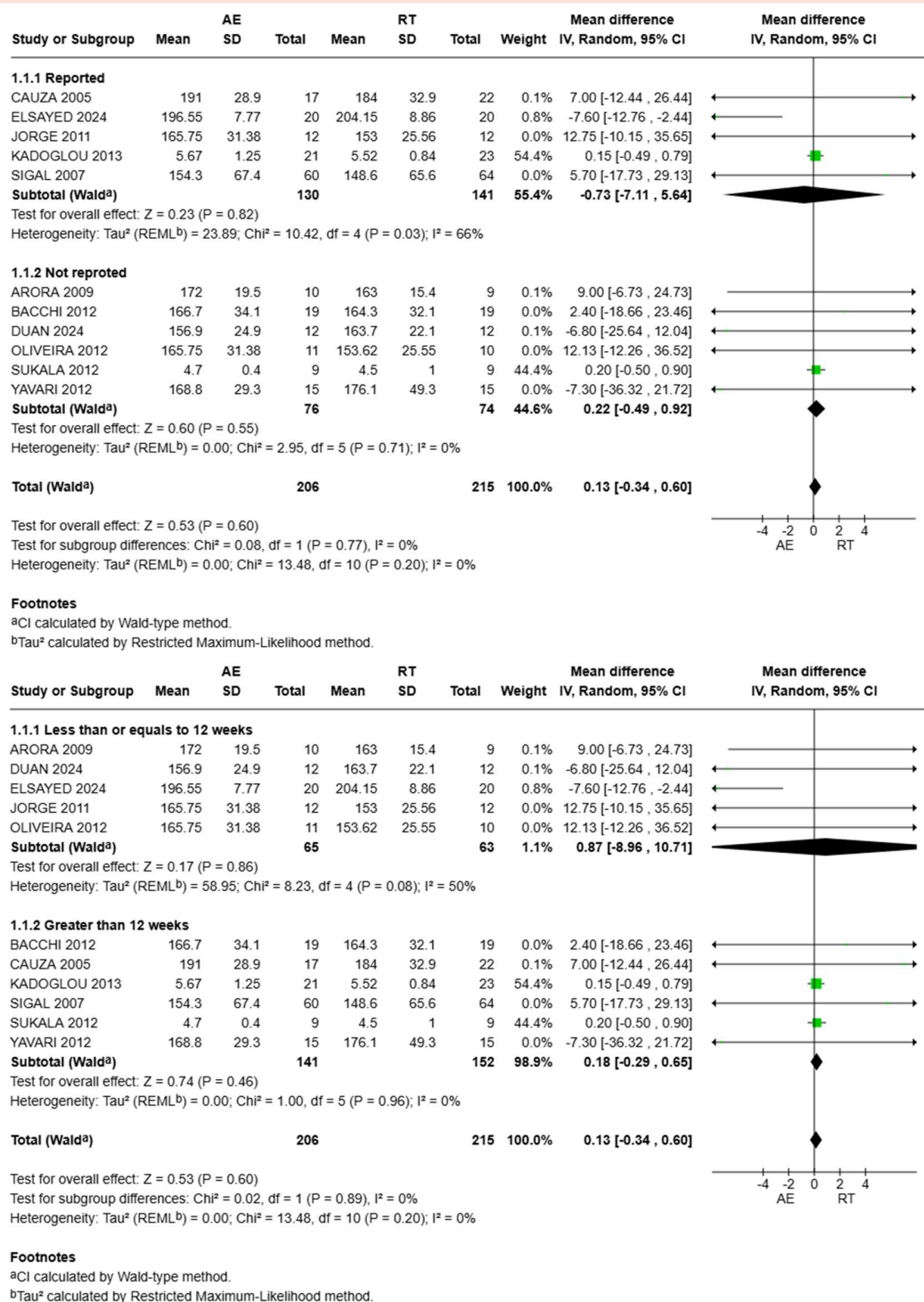


Figure S3d. Effects of AE and RT on TC with subgroup analyses.

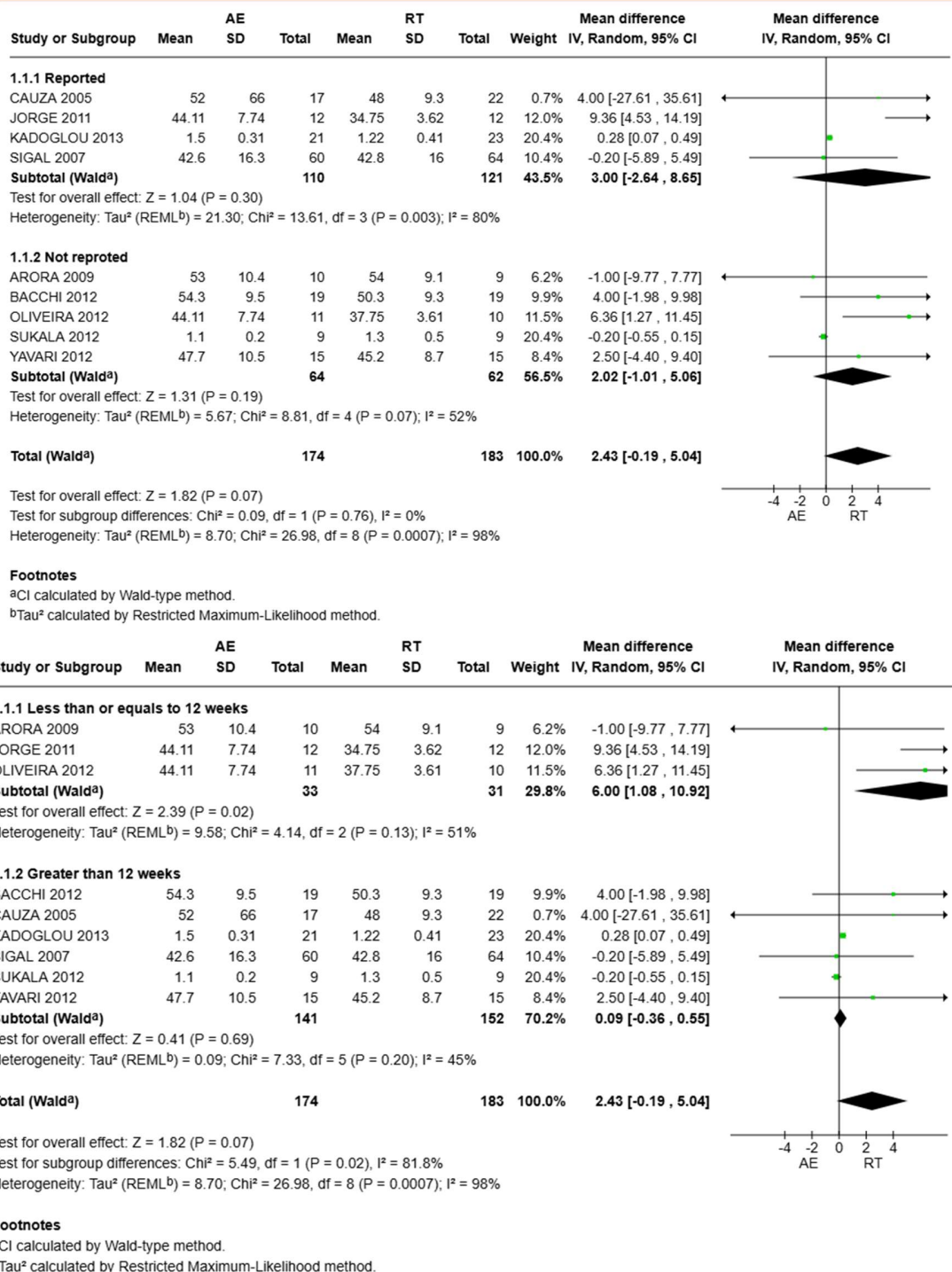


Figure S3e. Effects of AE and RT on HDL-C with subgroup analyses.

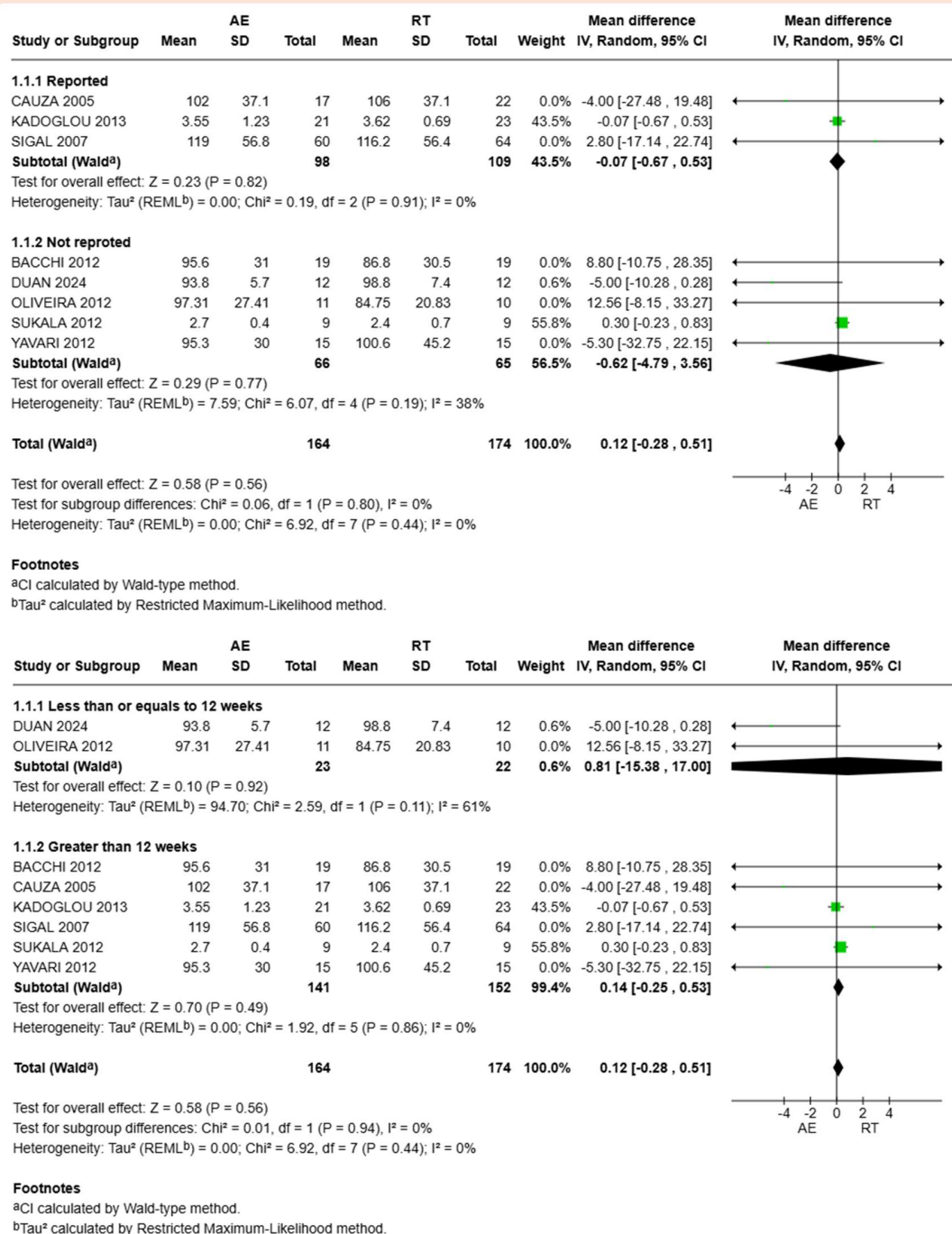


Figure S3f. Effects of AE and RT on LDL-C with subgroup analyses.

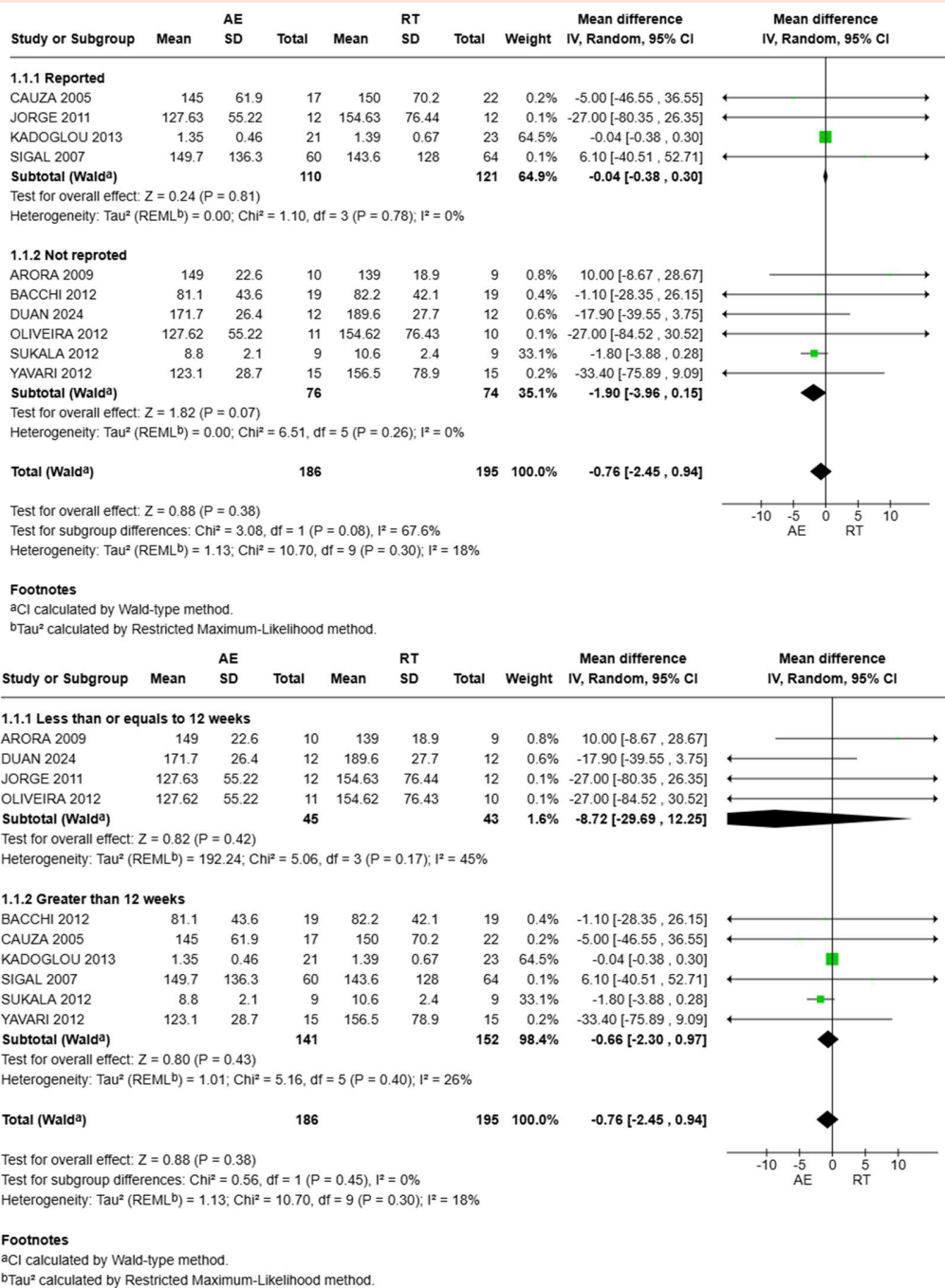


Figure S3g. Effects of AE and RT on TG with subgroup analyses.

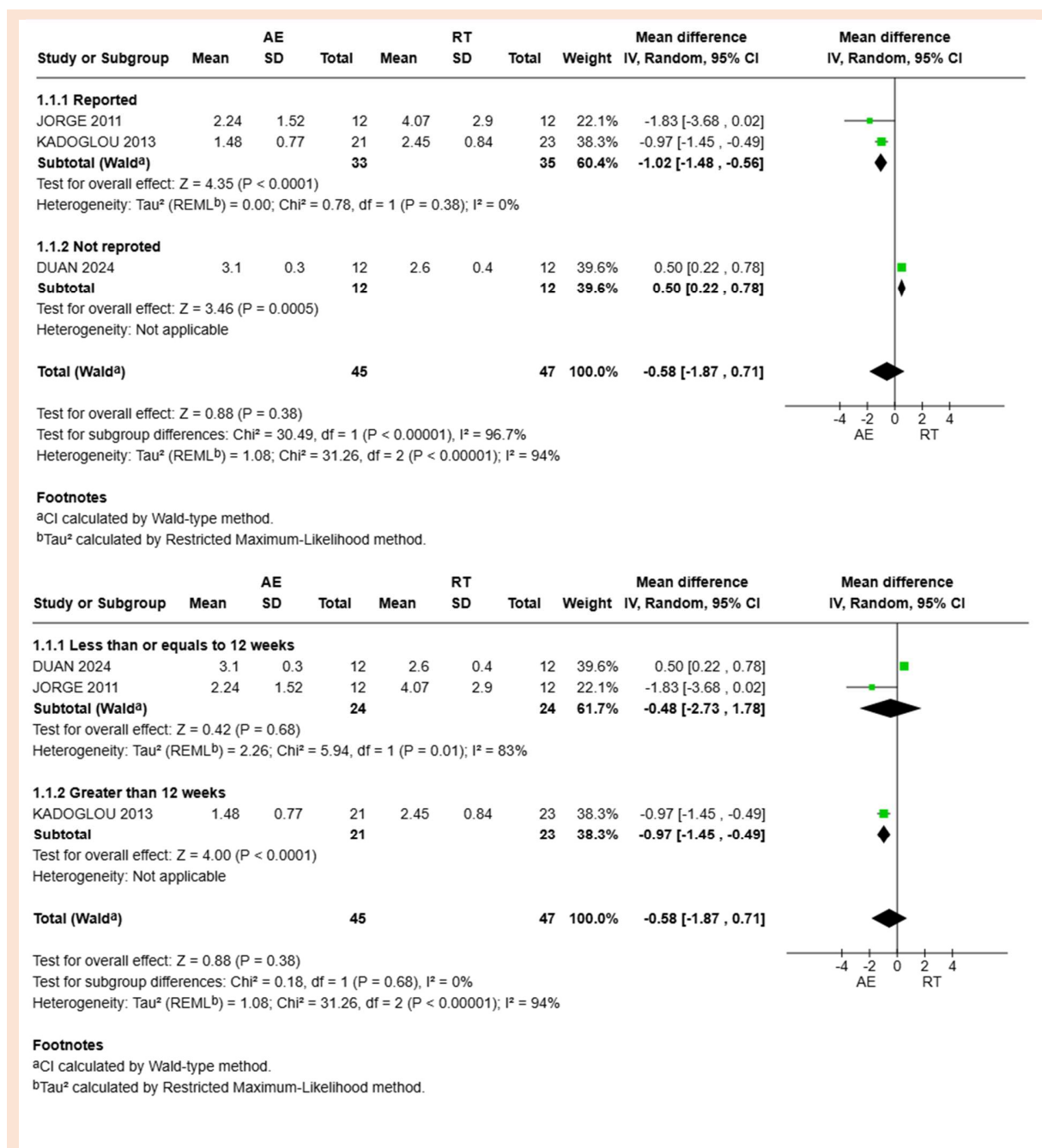


Figure S3h. Effects of AE and RT on HOMA-IR with subgroup analyses.

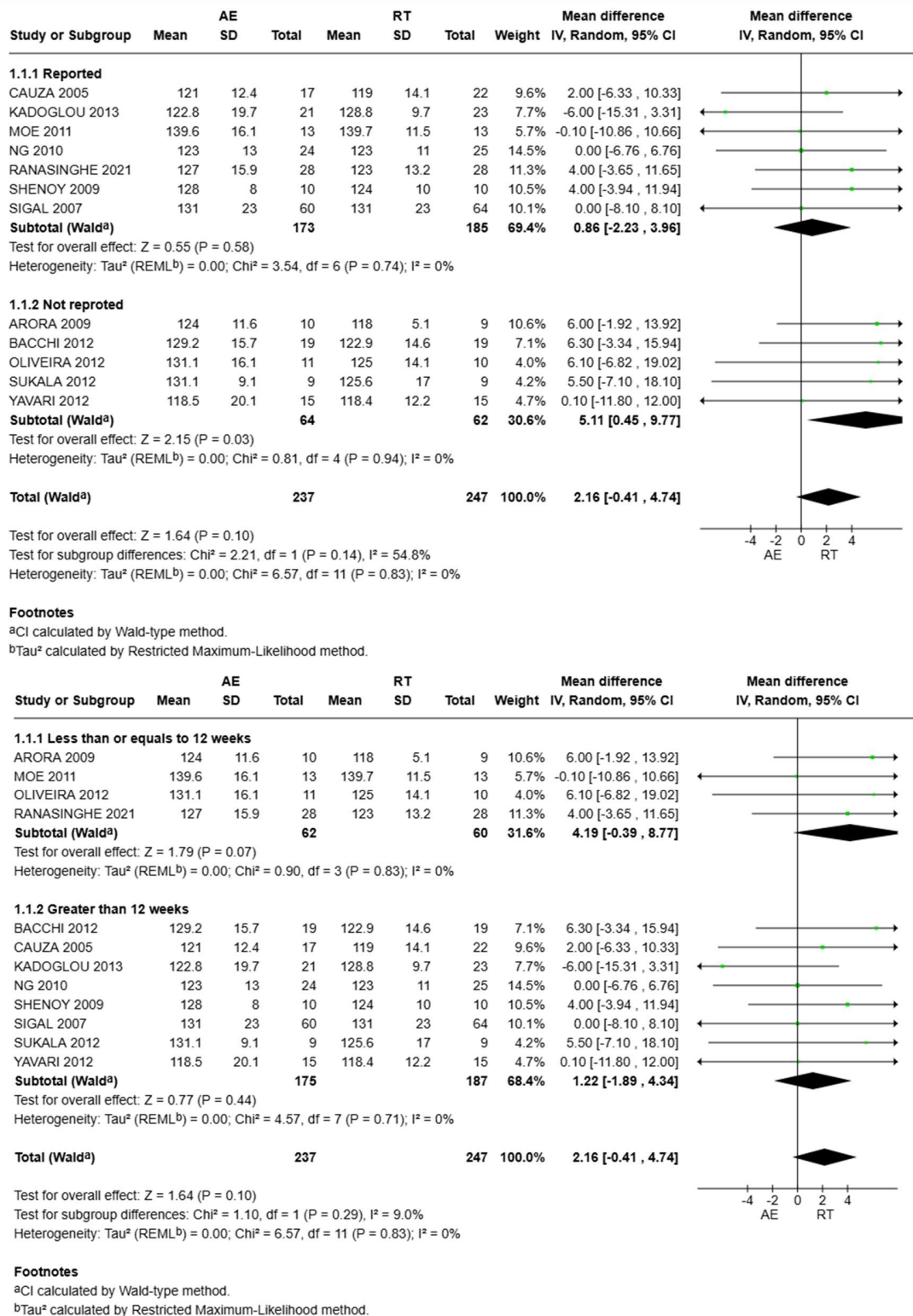
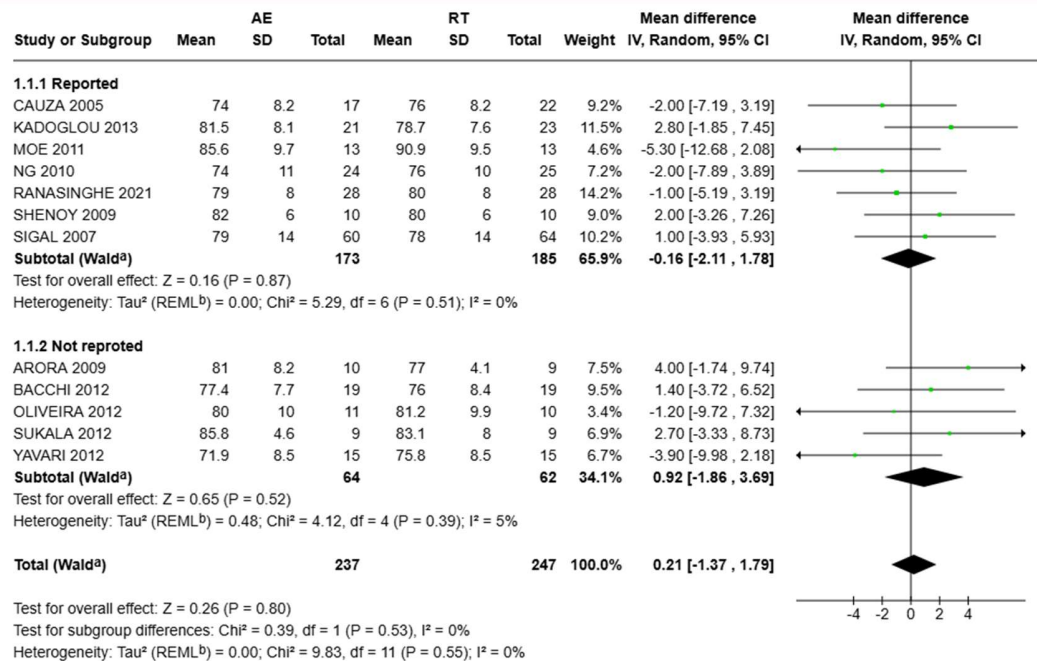


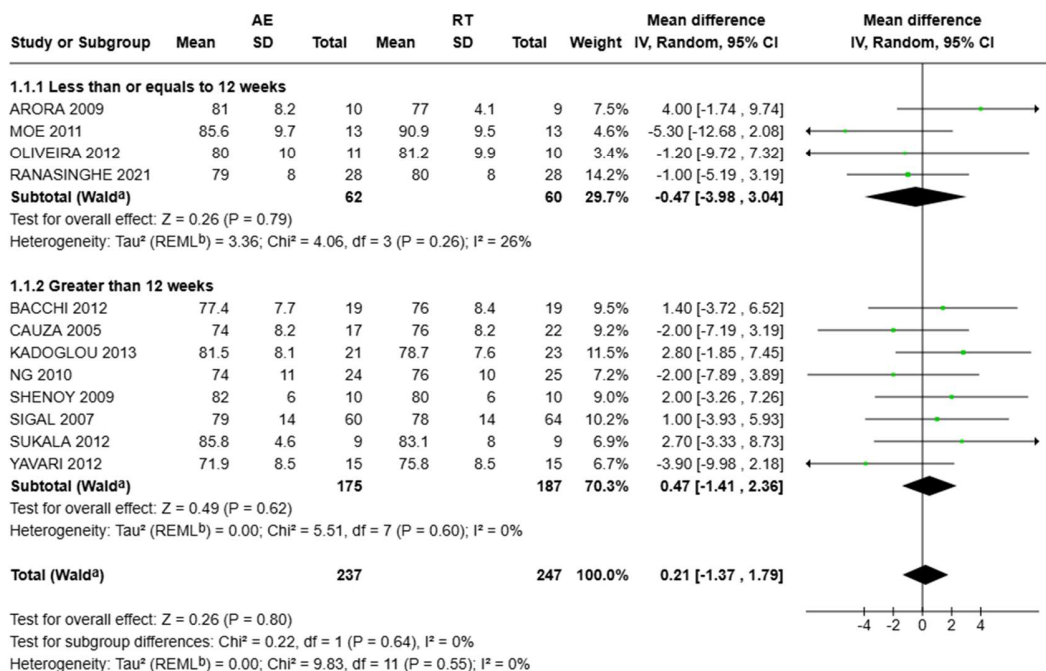
Figure S3i. Effects of AE and RT on SBP with subgroup analyses.



Footnotes

^aCI calculated by Wald-type method.

^bTau² calculated by Restricted Maximum-Likelihood method.

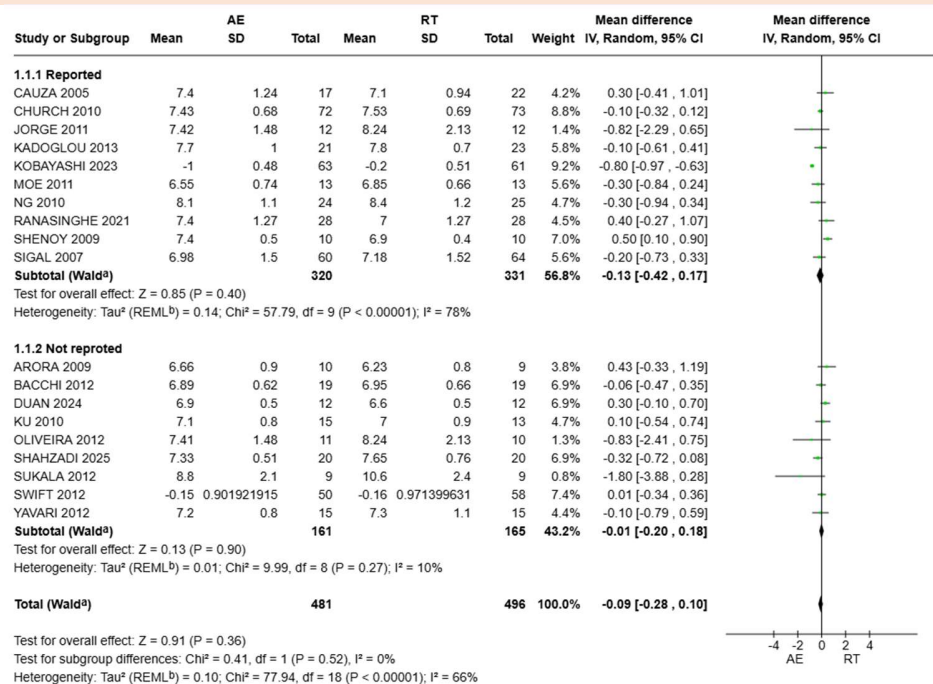


Footnotes

^aCI calculated by Wald-type method.

^bTau² calculated by Restricted Maximum-Likelihood method.

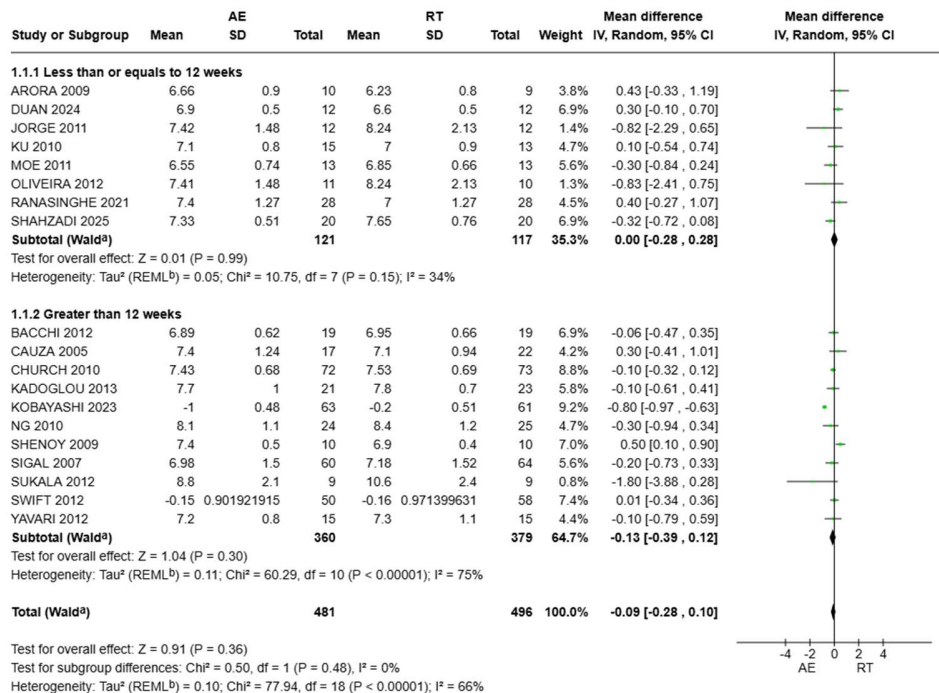
Figure S3j. Effects of AE and RT on DBP with subgroup analyses.



Footnotes

^aCI calculated by Wald-type method.

^bTau² calculated by Restricted Maximum-Likelihood method.



Footnotes

^aCI calculated by Wald-type method.

^bTau² calculated by Restricted Maximum-Likelihood method.

Figure S3k. Effects of AE and RT on HbA1c with subgroup analyses.

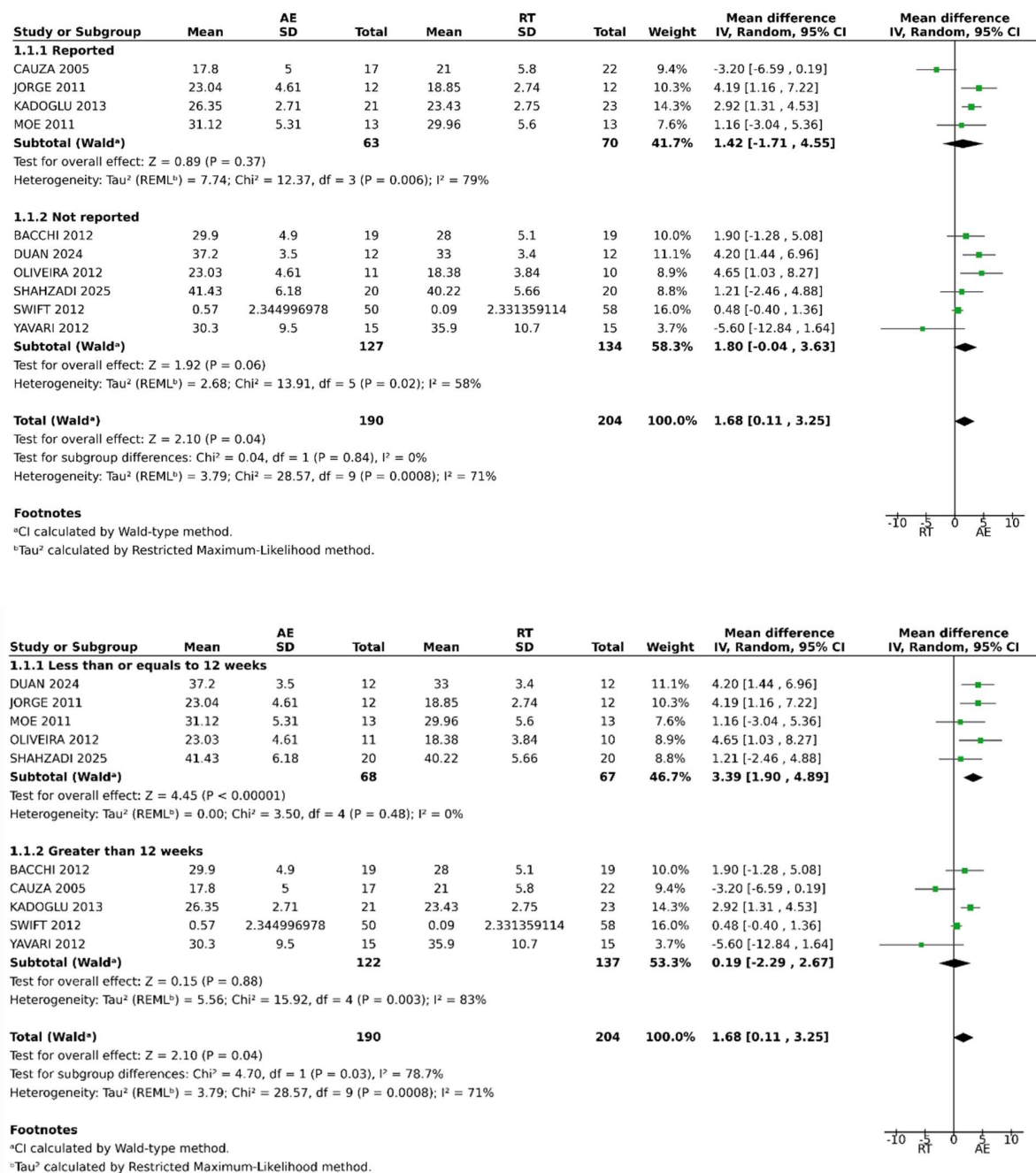


Figure S31. Effects of AE and RT on CRF with subgroup analyses.

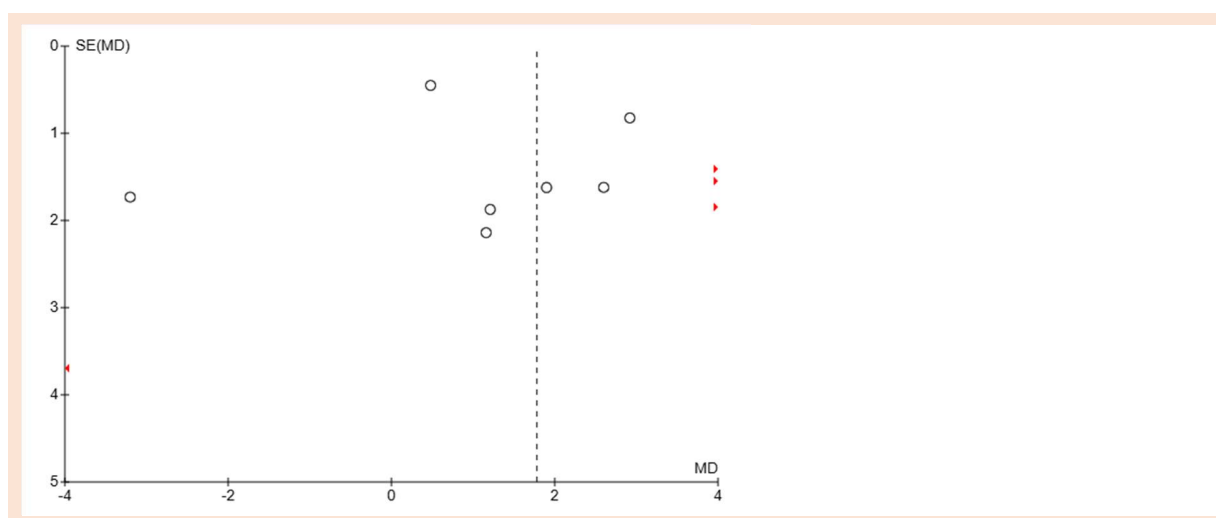


Figure S4a. Funnel plot graphics for VO2max.

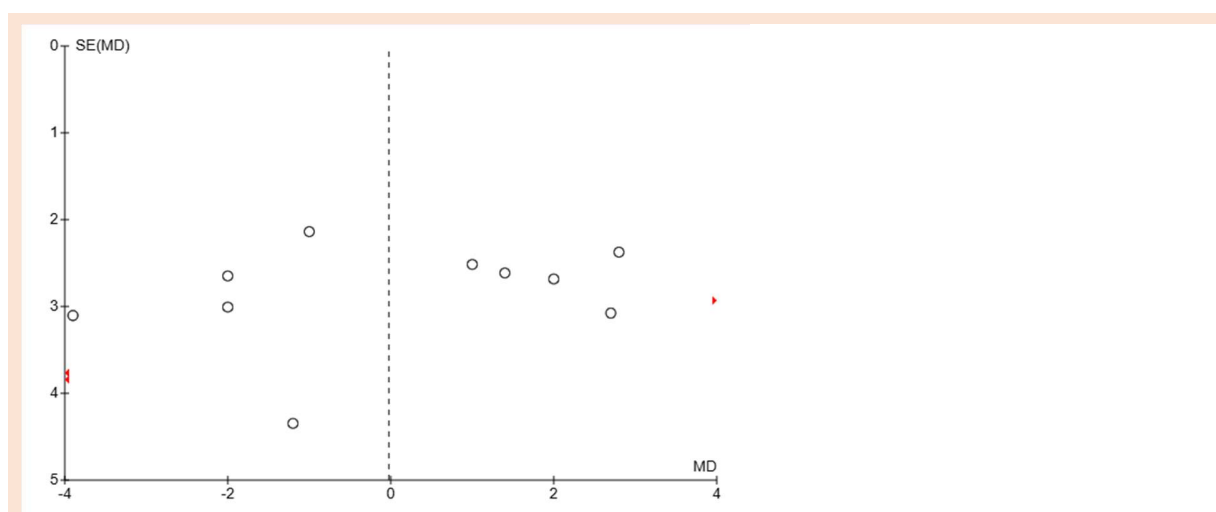


Figure S4b. Funnel plot graphics for DBP.

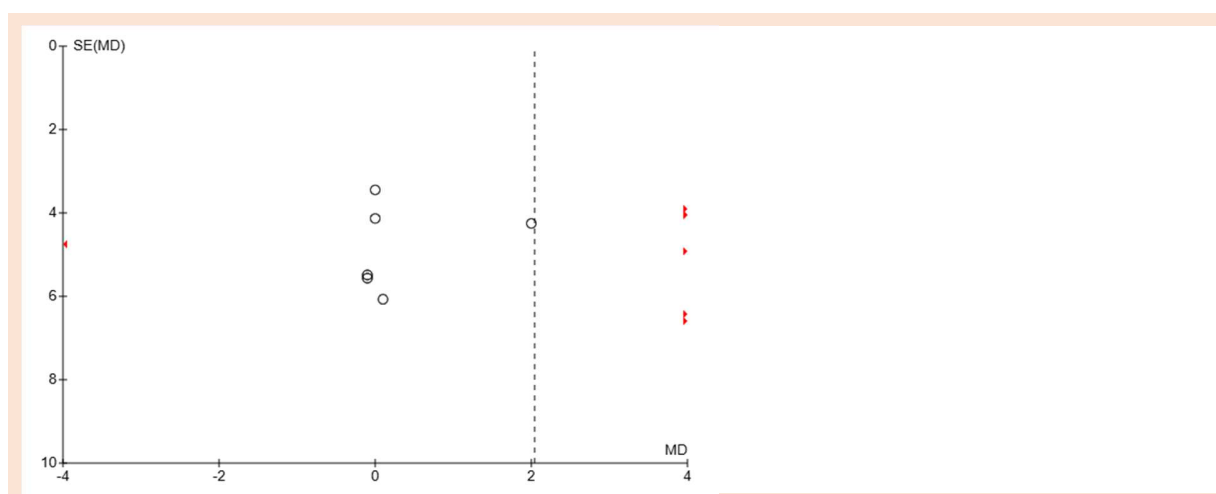


Figure S4c. Funnel plot graphics for SBP.

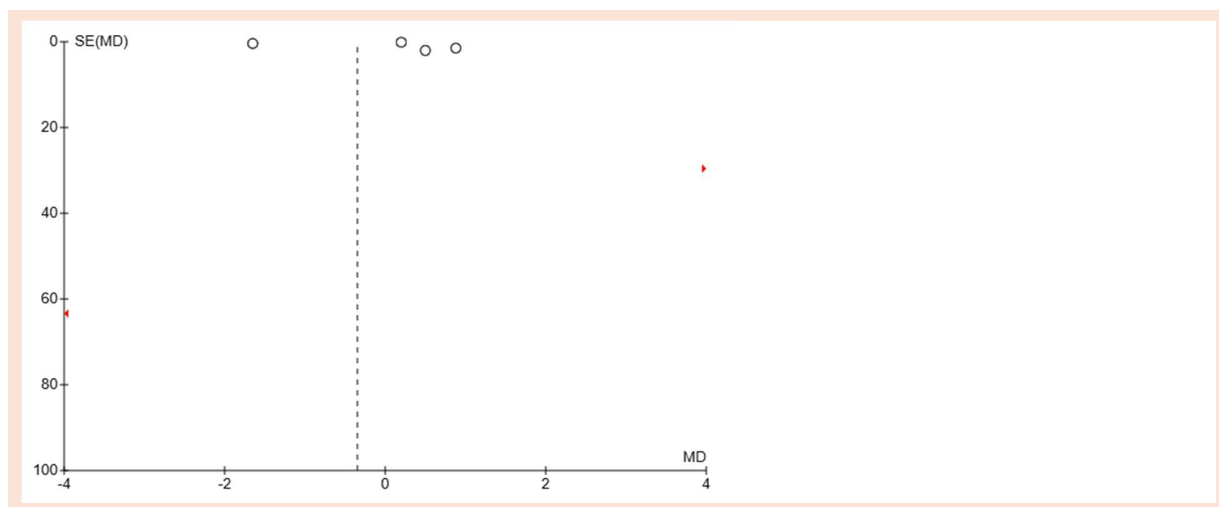


Figure S4d. Funnel plot graphics for FI.

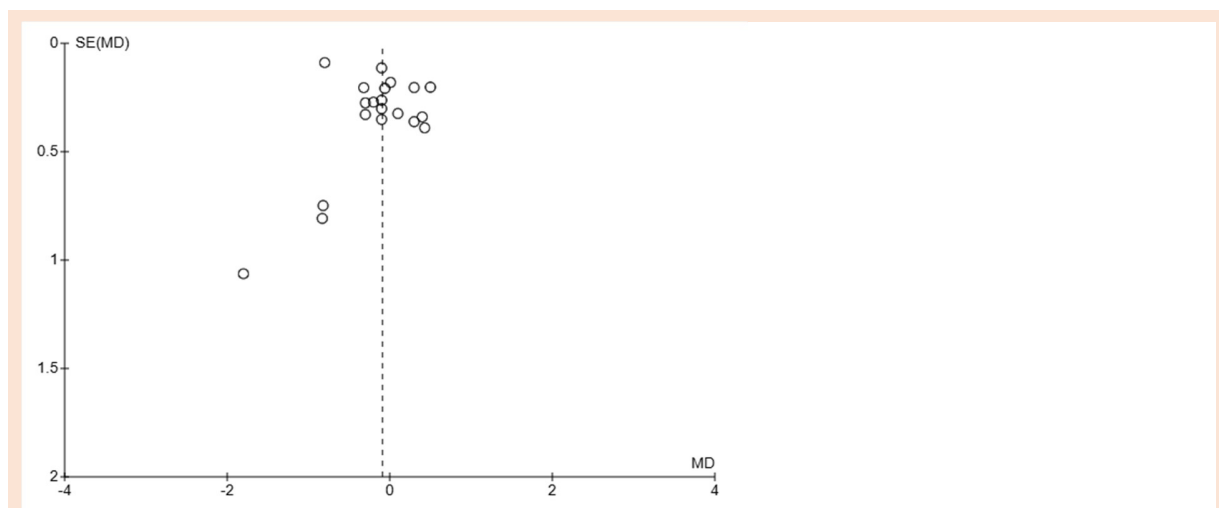


Figure S4e. Funnel plot graphics for HbA1c.

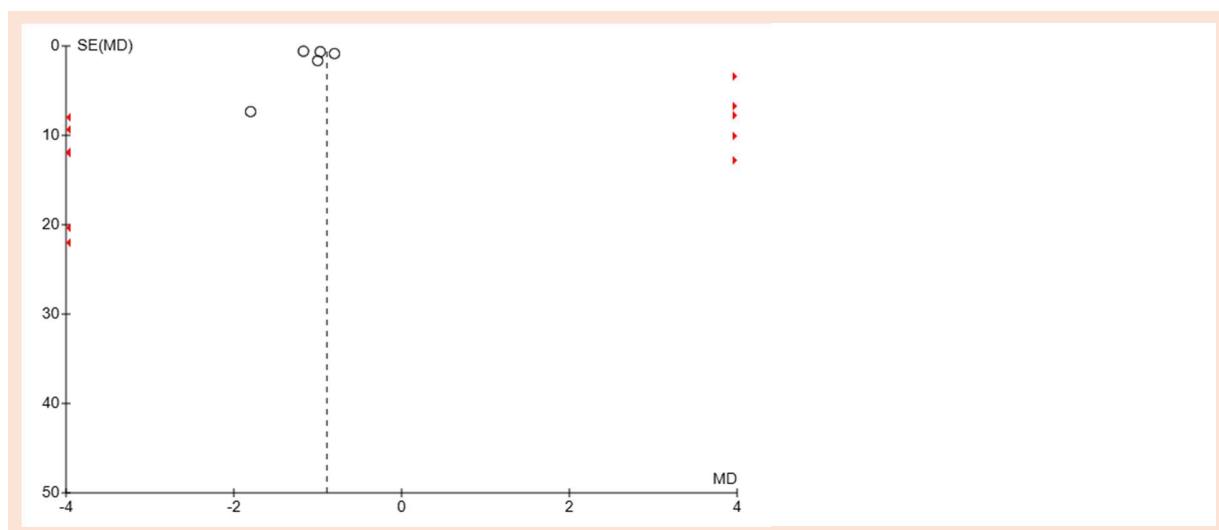


Figure S4f. Funnel plot graphics for FBG.

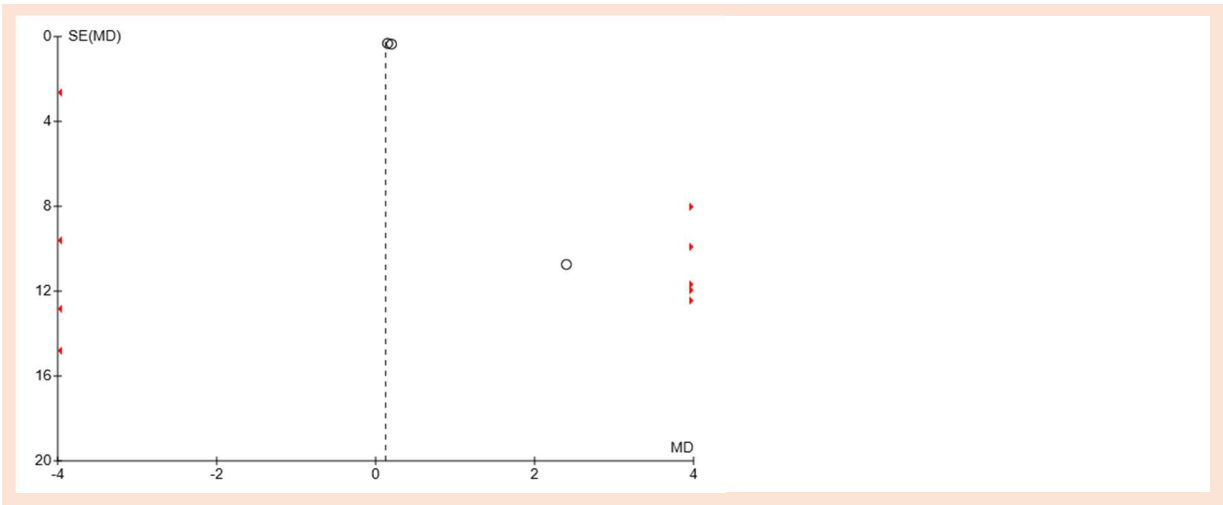


Figure S4g. Funnel plot graphics for TC.

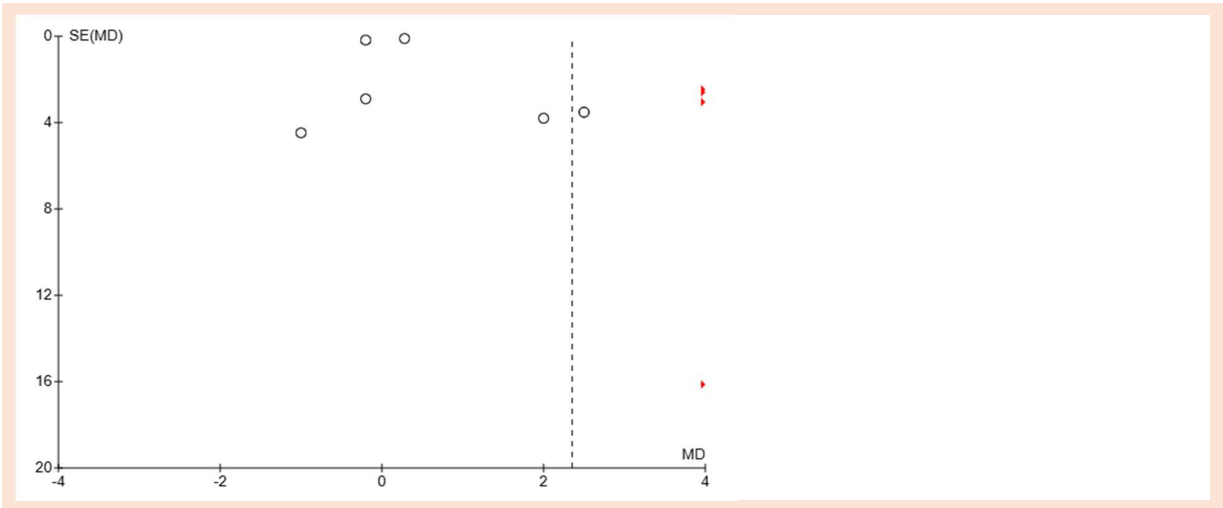


Figure S4h. Funnel plot graphics for HDL-C.

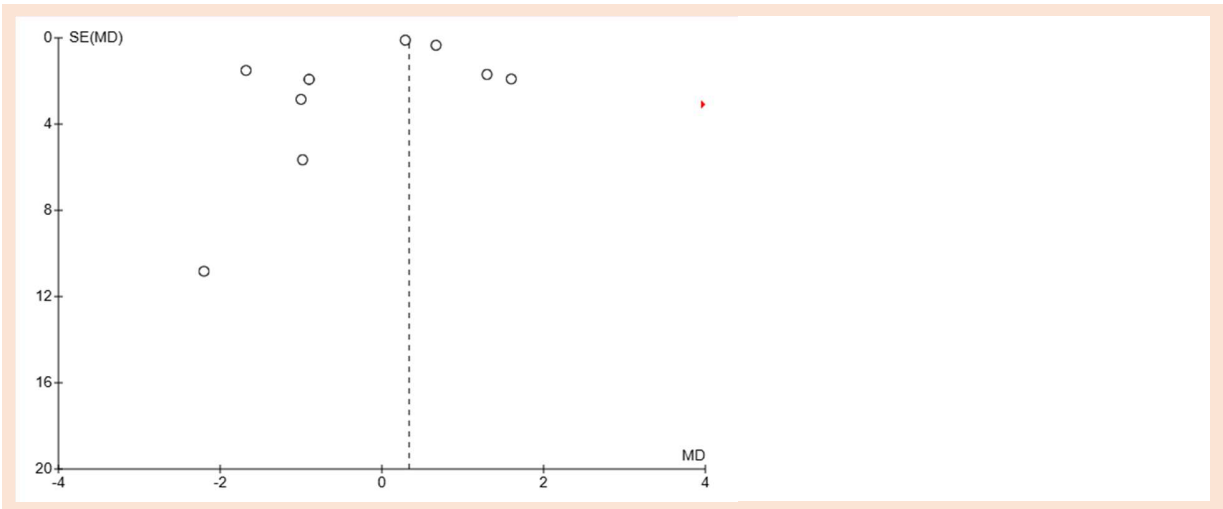


Figure S4i. Funnel plot graphics for BF.

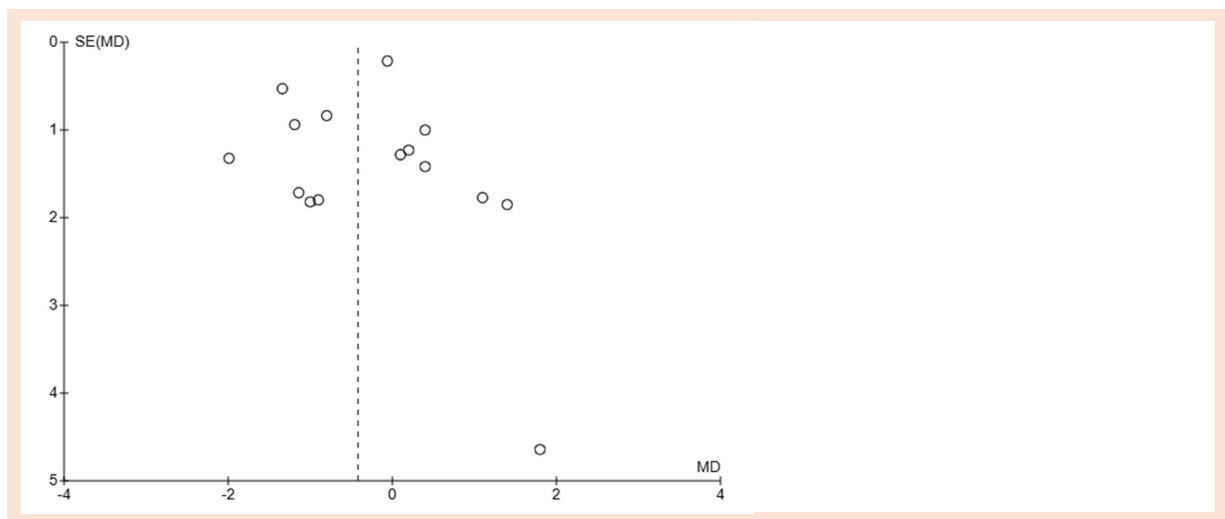


Figure S4k. Funnel plot graphics for BMI.

Footnotes

- a. Downgraded one level for risk of bias.
- b. Downgraded one level for inconsistency.
- c. Downgraded two levels for very serious inconsistency.

- Balducci, S., Zanusso, S., Cardelli, P., Salvi, L., Bazuro, A., Pugliese, L., Maccora, C., Iacobini, C., Conti, F. G. and Nicolucci, A. (2012) Effect Of High- Versus Low-Intensity Supervised Aerobic And Resistance Training On Modifiable Cardiovascular Risk Factors In Type 2 Diabetes; The Italian Diabetes And Exercise Study (Ides). *Plos One* **7**, E49297. <https://doi.org/10.1371/journal.pone.0049297>
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- Li, M., Li, J., Xu, Y., Gao, J., Cao, Q., Ding, Y., Xin, Z., Lu, M., Li, X. and Song, H. (2024) Effect Of 5: 2 Regimens: Energy-Restricted Diet Or Low-Volume High-Intensity Interval Training Combined With Resistance Exercise On Glycemic Control And Cardiometabolic Health In Adults With Overweight/Obesity And Type 2 Diabetes: A Three-Arm Randomized Controlled Trial. *Diabetes Care* **47**, 1074-1083. <https://doi.org/10.2337/dc24-0241>
- Mendes, R., Sousa, N., Themudo-Barata, J. L. and Reis, V. M. (2019) High-Intensity Interval Training Versus Moderate-Intensity Continuous Training In Middle-Aged And Older Patients With Type 2 Diabetes: A Randomized Controlled Crossover Trial Of The Acute Effects Of Treadmill Walking On Glycemic Control. *International Journal Of Environmental Research And Public Health* **16**, 4163. <https://doi.org/10.3390/ijerph16214163>
- Riahy, S. (2024) The Effects Of 12 Weeks Of High-Intensity Interval Training And Moderate- Intensity Continuous Training On Fgf21, Irisin, And Myostatin In Men With Type 2 Diabetes Mellitus. *Growth Factors* **42**, 24-35. <https://doi.org/10.1080/08977194.2023.2279163>
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- Wormgoor, S. G., Dalleck, L. C., Zinn, C., Borotkanics, R. and Harris, N. K. (2018) High-Intensity Interval Training Is Equivalent To Moderate-Intensity Continuous Training For Short-And Medium-Term Outcomes Of Glucose Control, Cardiometabolic Risk, And Microvascular Complication Markers In Men With Type 2 Diabetes. *Frontiers In Endocrinology* **9**, 475. <https://doi.org/10.3389/fendo.2018.00475>