

Supplementary Table 3. Quality of evidence summary for glycaemic regulation.

Population: Inactive healthy adults

Intervention: Continuous aerobic exercise

Comparison: No-exercise

Outcome measure: Measures of glycaemic regulation

Outcome measures	№ of participants (studies)	Quality of the evidence (GRADE)
Fasting Glucose =<24 h	740 (10 RCTs)	⊕⊕⊕○ MODERATE ^a
Fasting Glucose 36 hr<=>=48 h	318 (8 RCTs)	⊕⊕○○ LOW ^{a,b}
Fasting Insulin =<24 h	797 (9 RCTs)	⊕⊕○○ LOW ^{a,b}
Fasting Insulin 36 hr<=>=48 h	245 (6 RCTs)	⊕⊕⊕○ MODERATE ^a
HOMA-IR =<24 h	493 (7 RCTs)	⊕⊕○○ LOW ^{a,b}
HOMA-IR 36<=>=48 h	56 (2 RCTs)	⊕⊕⊕○ MODERATE ^a
Insulin Sensitivity Index (Si) =<24 h	162 (3 RCTs)	⊕⊕⊕○ MODERATE ^a
Insulin Sensitivity Index (Si) 24 hr<=>=48 h	28 (1 RCT)	⊕⊕⊕○ MODERATE ^a

HOMA-IR Homeostatic model assessment of insulin resistance, h hour, RCT randomised control trial

GRADE Working Group grades of evidence.

High quality: We are very confident that the true effect lies close to that of the estimate of the effect.

Moderate quality: We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.

Low quality: Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect.

Very low quality: We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect.

a. Unclear risk of bias as randomisation or allocation process poorly or not described.

b. Heterogeneity was high across the studies.