Author,	Study objective	Adaptive or pragmatic components
year ^[ref]		
Adaptive trials		
Hiremath,	To determine an effective	• Two-stage intervention: patients not
2022 ²⁵	strategy for increasing potassium	increasing potassium intake after 4 weeks of
	intake in individuals with	nutrition counseling received additional
	hypertension and low potassium	potassium supplementation. Those who
	intake.	were successful in increasing potassium at 4
		weeks continued to receive nutrition
		counseling for one additional year (no
		potassium supplement was given).
Carlson,	To determine if a prenatal	• Bayesian adaptive design: interim analyses
2021 ⁶⁸	supplement of 1000 mg	conducted every 13 weeks after enrollment
	docosahexaenoic acid (DHA)	of 300 participants, with changes in
	would be more effective than	allocation tables determined by the best
	200 mg DHA to lower the rate	performing dose.
	of early preterm birth.	
Salchow,	To apply need-based	• Annual comprehensive assessment to
2020 ⁶⁹	interventions to prevent long-	determine the need for preventive
	term effects of treatment and	intervention (or no need for intervention)
	disease in young cancer	followed by need-stratified modular

Table 1. Select examples of clinical nutrition trials that used adaptive or pragmatic designs.

Author,	Study objective	Adaptive or pragmatic components
year ^[ref]		
	survivors followed in	interventions (physical activity, nutrition,
	survivorship clinics.	psycho-oncology).
Downs,	Individually tailored intervention	• Adaptation of intervention approaches (i.e.,
2018 ⁷⁰	for managing weight in pregnant	increased dose intensity) based on
	women with overweight or	gestational weight every 3-4 weeks.
	obesity.	
Pragmatic t	rials	
Wattar,	To evaluate the effects of a	• At the trial design stage, pregnant women
2019 ⁷¹	Mediterranean-style diet and	were consulted about the feasibility and
	dietary advice compared with	acceptability of the planned trial.
	routine antenatal care on	• Patients were recruited from five maternity
	maternal and offspring outcomes	units at their first antenatal booking
	in pregnant women with	appointment.
	metabolic risk factors.	• Broad eligibility criteria.
		• Baseline information for screening purposes
		was collected from medical records.
		• Co-primary outcomes were determined
		using a Delphi survey; those considered to
		be critically important in the care of
		pregnant women were chosen.

Author,	Study objective	Adaptive or pragmatic components
year ^[ref]		
		Outcome data was collected from clinical
		notes and hospital electronic records.
Schuetz,	To test the hypothesis that	• Patients recruited from eight secondary and
2019 ²⁸	protocol-guided individualized	tertiary care hospitals.
	nutrition support to reach protein	• Broad eligibility criteria.
	and caloric goals reduces the	• Malnutrition screening conducted routinely
	risk of adverse clinical outcomes	in all sites was used to screen patients for
	in medical inpatients at	inclusion in the trial.
	nutritional risk.	• Intervention was delivered during hospital
		stay by trained dietitians; control group
		received standard hospital food.
		• Outcomes relevant to patients; outcome
		assessors blinded to trial assignment.
Fortin,	To evaluate the effectiveness of	• Patients recruited from 7 family medicine
2021 ⁷²	a 4-month interdisciplinary	groups; primary care clinicians referred
	intervention based on change in	patients.
	care delivery for patients with	• Broad eligibility criteria.
	multimorbidity treated in	• Trained members of the primary care teams
	primary care practices.	(including dietitians) delivered the
		intervention.
		• Delayed intervention in the control group.

Author,	Study objective	Adaptive or pragmatic components
year ^[ref]		
		• Outcomes relevant to patients and care
		providers.
Colin-	To evaluate the long-term effects	• Patients recruited from ambulatory centers
Ramirez,	of a low sodium diet compared	in 6 countries to ensure generalizability of
2018 ⁷³	to standard care on all-cause	findings.
	mortality composite outcome in	• Isocaloric diet, low sodium diet plan
	patients with chronic heart	prescribed by a dietitian; sample menus
	failure.	adapted to each study region; control group
		received standard care (nonspecific advice
		to limit dietary sodium).
		• Intervention was delivered for 12 months,
		and patients were followed up to 24 months.
		• Food records to estimate sodium intake.
		• Study visits embedded within a clinical visit
		for routine medical and physical
		examination.