Table 2. Select examples of clinical nutrition trials that used adaptive or pragmatic trials.

Author, year [ref]	**Study objective**	**Adaptive or pragmatic components**
Adaptive trials		
Hiremath, 2022[29]	To determine an effective strategy for increasing potassium intake in individuals with hypertension and low potassium intake.	• Two-stage intervention: patients not increasing potassium intake after 4 weeks of nutrition counseling received additional potassium supplementation. Those who were successful in increasing potassium at 4 weeks continued to receive nutrition counseling for one additional year (no potassium supplement was given).
Carlson, 2021[74]	To determine if a prenatal supplement of 1000 mg docosahexaenoic acid (DHA) would be more effective than 200 mg DHA to lower the rate of early preterm birth.	• Bayesian adaptive design: interim analyses conducted every 13 weeks after enrollment of 300 participants, with changes in allocation tables determined by the best performing dose.
Salchow, 2020[75]	To apply need-based interventions to prevent long-term effects of treatment and disease in young cancer	• Annual comprehensive assessment to determine the need for preventive intervention (or no need for intervention) followed by need-stratified modular

Author, year [ref]	**Study objective**	**Adaptive or pragmatic components**
	survivors followed in survivorship clinics.	interventions (physical activity, nutrition, psycho-oncology).
Downs, 2018[76]	Individually tailored intervention for managing weight in pregnant women with overweight or obesity.	• Adaptation of intervention approaches (i.e., increased dose intensity) based on gestational weight every 3-4 weeks.
Pragmatic trials		
Wattar, 2019[77]	To evaluate the effects of a Mediterranean-style diet and dietary advice compared with routine antenatal care on maternal and offspring outcomes in pregnant women with metabolic risk factors.	• At the trial design stage, pregnant women were consulted about the feasibility and acceptability of the planned trial. • Patients were recruited from five maternity units at their first antenatal booking appointment. • 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, year [ref]	**Study objective**	**Adaptive or pragmatic components**
		• Outcome data was collected from clinical notes and hospital electronic records.
Schuetz, 2019[31]	To test the hypothesis that protocol-guided individualized nutrition support to reach protein and caloric goals reduces the risk of adverse clinical outcomes in medical inpatients at nutritional risk.	• Patients recruited from eight secondary and tertiary care hospitals. • Broad eligibility criteria. • Malnutrition screening conducted routinely in all sites was used to screen patients for inclusion in the trial. • 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, 2021[78]	To evaluate the effectiveness of a 4-month interdisciplinary intervention based on change in care delivery for patients with multimorbidity treated in primary care practices.	• Patients recruited from 7 family medicine groups; primary care clinicians referred patients. • Broad eligibility criteria. • Trained members of the primary care teams (including dietitians) delivered the intervention. • Delayed intervention in the control group.

Author, year [ref]	**Study objective**	**Adaptive or pragmatic components**
		• Outcomes relevant to patients and care providers.
Colin-Ramirez, 2018[79]	To evaluate the long-term effects of a low sodium diet compared to standard care on all-cause mortality composite outcome in patients with chronic heart failure.	• Patients recruited from ambulatory centers in 6 countries to ensure generalizability of findings. • Isocaloric diet, low sodium diet plan prescribed by a dietitian; sample menus 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.