Table SII. *Studies included in the review*

Author, (Ref) year	Study type, study time	Study population	Intervention/exposure S=subjects, C=controls	Outcome measures
Fulton, et al. (18) 1969	Cross-over, single-blinded. Placebo-controlled. 4 weeks with 1 bar, 3 weeks rest, 4 weeks with the other bar.	65 subjects (30 adolescents with mild-moderate acne and 35 young male controls).	S: Enriched chocolate bar. C: Placebo bar, no chocolate. S and C had the same GI!	Acne lesions, sebum production and sebum composition.
Smith, et al. (16) 2007	Parallel randomized controlled dietary intervention trial with investigator-blinded dermatological assessment. 12 weeks.	43 male subjects (23 with mild–moderate acne and 20 controls). Age range: 15–25 years.	S: LGL diet (25% energy from protein, 45% from LGL carbohydrates, 30% from fats). C: Urged to include carbohydrates as a regular part of their diet.	Changes in lesion counts using Leeds grading technique.
Smith, et al. . (21) 2008	Parallel randomized controlled dietary intervention trial with investigator-blinded dermatological assessment. 12 weeks.	31 male subjects (16 with mild–moderate acne and 15 controls). Age range: 15–25 years.	S: LGL diet (25% energy from protein, 45% from low GI carbohydrates and 30% from fats). C: Urged to include carbohydrates as a regular part of their diet.	Changes in lesion counts using Leeds grading technique.
Reynolds, et al. (20) 2010	Parallel controlled dietary intervention trial with investigator-blinded dermatological assessment. 8 weeks.	43 case subjects (23 with acne grade 1, 2 or 3 and 20 controls). Adolescents.	S: LGL diet. C: HGL diet.	Degree of inflammation in inflammatory lesions and acne was grading from 0 to 3 (0=no acne, 1=mild, 2=moderate and 3=severe).
Kwon, et al. (17) 2012	Parallel randomized controlled dietary intervention trial with investigator-blinded dermatological assessment. 10 weeks.	32 subjects (17 with mild–moderate acne and 15 controls). Age range: 20–27 years.	S: LGL diet (25% energy from protein, 45% from low GI carbohydrates and 30% from fats). C: Maintain a regular diet.	Changes in lesions counts and histopathological changes in acne lesions using Leeds revised acne grading system.
Caperton et al. . (19) 2014	Double-blinded, placebo-controlled, randomized trial. 7 days.	13 male subjects with minimal or no facial acne. Age range: 18–35 years.	S: 100% refined cocoa. C: Placebo.	Changes in acne score using the 5-point IGA.

In 4 of the 6 studies, an intervention with a LGL diet was performed. All these 4 had the study design of a controlled dietary intervention trial with investigator-blinded dermatological assessment. Three were randomized and used the Leeds grading technique as their outcome measure. The 2 remaining trials investigated whether chocolate could affect acne vulgaris. The first was a single-blinded cross-over study that used a chocolate bar as intervention and the second was a double-blinded placebo-controlled randomized trial with cacao-filled capsules as intervention.
LGL: low glycaemic load; HGL: high glycaemic load; GI: glycaemic index; IGA: International Global Assessment.