

1 **Role of Berries on Vascular Function: A Systematic-Review of Human Intervention Studies**

2 Daniela Martini¹, Mirko Marino², Donato Angelino³, Cristian Del Bo^{2,*}, Daniele Del Rio¹, Patrizia
3 Riso², Marisa Porrini²

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5 ¹The Laboratory of Phytochemicals in Physiology, Department of Veterinary Sciences, University of
6 Parma, Parma, Italy.

7 ²Università degli Studi di Milano, Department of Food, Environmental and Nutritional Sciences
8 (DeFENS), Division of Human Nutrition, Milano, Italy

9 ³The Laboratory of Phytochemicals in Physiology, Department of Food and Drug, University of
10 Parma, Parma, Italy.

11

12 ***Corresponding author:** Dr. Cristian Del Bo', Department of Food, Environmental and Nutritional
13 Sciences (DeFENS), Division of Human Nutrition, Università degli Studi di Milano, Milano, Italy.

14 Tel: +390250316727; Mail: cristian.delbo@unimi.it

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27 **ABSTRACT**

28 **Context** Berries are a source of polyphenols with recognised health-promoting activities. **Objective**
29 The aim of this systematic review is to provide evidence of short and long-term benefits of berries on
30 vascular function. **Data sources** Human intervention studies were collected from PubMed and Scopus
31 databases **Data extraction** After selection, 22 randomized-controlled trials were included and
32 analyzed. Most of them were performed in healthy subjects or individuals with cardiovascular risk
33 factors. **Results** The overall results seem to suggest a protective role of berries on vascular function
34 even if dependent on time of exposure, type and dose of berry and biomarkers analysed. Flow
35 mediated dilation and reactive hyperaemia index (markers of vascular reactivity) improved following
36 short-term interventions, while pulse wave velocity and augmentation index (markers of arterial
37 stiffness) only after medium-long term studies. **Conclusions** In conclusion, the current evidence
38 suggests that berries, at physiological relevant doses, may have a role in the modulation of vascular
39 function and stiffness. High-quality human intervention trials are encouraged in order to strengthen
40 these findings and to better elucidate the mechanisms involved in such modulation.

41 **Keywords:** berries; (poly)phenols; endothelial function; vascular function; intervention studies;
42 systematic review

43

44 **INTRODUCTION**

45 Berries represent a wide group of blue, purple or red small-sized and highly perishable fruits.
46 Blueberry, cranberry, currant, raspberry and blackberry are the most common varieties of berries
47 consumed around the world¹. Berries are an important source of (poly)phenols, including
48 anthocyanins (ACNs), proanthocyanidins, flavonols, flavones, flavan-3-ols, flavanones, isoflavones,
49 stilbenes, lignans and phenolic acids^{2,3}.

50 Berry consumption has been associated with a reduced all-cause mortality⁴. Moreover, in the last few
51 years numerous epidemiological and clinical studies documented the protective effects of berries
52 against many non-communicable chronic diseases, with some focusing on cardiovascular diseases
53 (CVDs)⁵⁻⁷ which remain the leading causes of death worldwide⁸. The development of CVDs is often
54 accompanied by a decline in vascular health and function. The endothelium represents an important
55 part of the vasculature, by covering the inner surface of the blood vessels, and acting by controlling
56 the flow of nutrients and non-nutrients, the passage of the fluids into the tissues, and the secretion of
57 vasoactive substances, such as the vasodilator nitric oxide (NO) and vasoconstricting molecules like
58 endothelin-1.

59 Common biomarkers for the evaluation of vascular health include blood pressure (BP), arterial
60 stiffness and vascular reactivity. Vascular reactivity can be assessed through endothelium-dependent
61 (i.e. acetylcholine) or independent (i.e. nitroglycerin) mechanisms^{9,10}. The main methods for vascular
62 reactivity assessment are flow-mediated dilation (FMD) and peripheral arterial tonometry/reactive
63 hyperaemia index (PAT/RHI). FMD is considered the gold standard non-invasive ultrasound
64 technique, measuring vasodilation at the level of the brachial artery following a standard
65 occlusion^{11,12}. EndoPAT is a plethysmographic technique able to measure pressure changes in the
66 finger tips caused by a 5 min occlusion of the brachial artery¹³. Among other measures, arterial
67 stiffness can be measured through pulse wave velocity (PWV), which directly measures point-to-
68 point pulse wave transit time, and pulse wave analysis (PWA), which uses the pulsatile waveform
69 shape to make assumptions about arterial haemodynamics. The stiffness can be also quantified

70 through the augmentation index (AIx), defined as the difference between the second and first systolic
71 peak expressed as percentage of the pulse pressure¹⁴.

72 Some systematic reviews and meta-analyses of observational and randomized controlled trials (RCT)
73 reported a relationship between the consumption of polyphenols and polyphenol-rich foods and
74 modulation of vascular function markers such as AIx, PWV, FMD and RHI¹⁵⁻¹⁷. Other direct and/or
75 indirect biomarkers of vascular function include serum concentrations of inflammatory markers,
76 adhesion molecules, lipids and lipoproteins, oxidized LDL-C, and clotting factors¹⁸. A meta-analysis
77 of RCTs, performed by Huang *et al.*¹⁹, has shown that berry consumption may significantly reduce
78 the levels of LDL-C, BP, fasting glucose, and tumour necrosis factor- α (TNF- α) supporting their
79 potential contribution on cardiovascular health.

80 Based on these premises, the aim of this systematic review is to summarize the research findings of
81 RCTs investigating the effect of berry consumption on markers of vascular function, in order to
82 elucidate their potential role in CV health. The current systematic review exclusively focuses on
83 studies (both acute and chronic interventions) performed with berries and berry products,
84 differentiating it from other recent works.

85

86 **METHODS**

87 A systematic review was conducted according to the Preferred Reporting Items for Systematic
88 Reviews and Meta-Analyses (PRISMA) statement²⁰, and included all relevant PRISMA checklist
89 items. A review protocol has not been published and this review has not been registered with any
90 systematic review database.

91

92 **Eligibility Criteria (Inclusion and Exclusion Criteria)**

93 Studies were included in the present review if they investigated the effect of berry consumption on
94 one or more markers of vascular function in humans. The studies present in literature had to adhere
95 to the following criteria to be considered in the review process: i) to be randomised-controlled trials

96 that provided results on both acute (i.e. single dose supplementation) or chronic berry consumption
97 and ii) to provide a characterization of the berry polyphenolic content. Conversely, exclusion criteria
98 were: i) the presence of a combination of berries with other foods (because the beneficial effect could
99 not be attributed specifically to berries) and ii) the fact of being published in a language different
100 from English and with no accessible translation. No restrictions for the characteristics of subjects (e.g.
101 age, gender, health condition) were considered.

102 A more detailed list of criteria for eligibility in this systematic review has been summarized in
103 Supplementary Table 1, by following the PICOS (Population, Intervention, Comparison, Outcome,
104 Study design) format²¹.

105 **Search strategy and study selection**

106 A systematic literature search was conducted using PubMed (<http://www.ncbi.nlm.nih.gov/pubmed>),
107 and Scopus (<http://www.scopus.com>) databases on December 2017 (updated October 2018). For
108 completeness, searches were augmented by screening the bibliographies of relevant review articles.
109 The search had no limit ranges for year of publication. Three search themes were considered: terms
110 related to berry (e.g. strawberry, blueberry, cranberry) were combined with terms related to outcomes
111 (e.g. pulse wave capacity, flow mediated dilation, arterial stiffness) and population type (e.g. human,
112 volunteers, patients) to identify all potentially relevant literature published (further information on
113 the search strategy in Appendix S1). No language or other restrictions were set in the literature search.
114 The identification process is illustrated in **Figure 1**.

115

116 **Study selection and data collection process**

117 Two reviewers (MM and DM) independently abstracted data from studies eligible for inclusion.
118 Disagreement between reviewers was resolved through consultation with a third independent
119 reviewer (CDB) to reach a consensus.

120 The following data were extracted from each study: name of first author, country, registered trial
121 number, sample size at recruitment and enrolment stages, inclusion/exclusion criteria, study design,
122 dietary products used during the interventions, and vascular function outcomes.

123

124 **Risk of Bias in Individual Studies**

125 Risk of bias in individual studies and across the studies was assessed independently by two review
126 authors (DA and DM) following the criteria of the Cochrane Handbook for Systematic Reviews of
127 Interventions 5.1.0²². The following parameters for each component's rating were considered to
128 produce the resulting scores: 1) *Selection Bias*. Sequence generation and allocation concealment; 2)
129 *Performance Bias*. Blinding of participants and personnel; 3) *Detection Bias*. Blinding of outcome
130 assessment; 4) *Attrition Bias*. Incomplete outcome data; 5) *Reporting Bias*. Selective reporting; 6)
131 *Other Bias*. All the scores were assessed as “Low risk of bias”, “High risk of bias”, or “Unclear risk
132 of bias” if insufficient details about these parameters were reported in the study²². All disagreements
133 were resolved by consensus with a third review authors (CDB).

134 **Results**

135 **Study selection**

136 The study selection process is shown in **Figure 1**. A total of 880 records were identified from the
137 database search (PubMed and Scopus), while no additional papers were found by hand searching.
138 After removing 179 duplicate articles, 701 studies were screened and 671 were discarded based on
139 title and abstract. After the full-text reading of the remaining 30 eligible papers, a total of 9 records
140 were further excluded were excluded because i) the study had no placebo/control food (n= 3), ii)
141 berries were provided along with other food components (n= 1), iii) the fed products were not fully
142 characterized for their (poly)phenol content (n= 5). At the end of the selection process, 22 RCTs were
143 considered for qualitative analysis.

144 **Study characteristics**

145 The main characteristics of the 22 included studies are reported in Tables 1 and 2. Out of these 22
146 works, 11 dealt with acute interventions²³⁻³³ and 9 with chronic interventions³⁴⁻⁴², while 2 studies^{43,44}
147 investigated the effect of both acute and chronic berry consumption.

148 The current review summarizes the main findings obtained evaluating the effect of different berries
149 (mainly blueberries, cranberries, strawberries and blackcurrants) on vascular function. The berries
150 were provided as raw fruits, drinks/smoothies, or extracts in capsules. The (poly)phenol content was
151 dependent on the type of berry and on the administered portion (250-300 g for raw fruits, 250-1000
152 mL/day for drink/smoothie and 600 mg for capsules). The main outcome variables measured were
153 FMD and RHI for the vascular reactivity, and PWV and AIx for the arterial stiffness.

154

155 **Risk of bias of the studies**

156 Risks of bias within individual studies and across the studies are shown in **Supplementary Figure 1**
157 and **Supplementary Figure 2**, respectively. Results showed the blinding of participants and
158 personnel (performance bias) and blinding of outcome assessment (detection bias) to represent the
159 highest risks of bias.

160

161 **Acute studies**

162 Table 1 reports the main results obtained in 13 short-term studies^{23-33,43,44} performed with berries on
163 FMD (n=5), RHI (n=5) and other markers (n=3) of vascular function. Alqurashi and colleagues²³
164 have shown that the intake of 200 g of açai smoothie significantly increased FMD at 2 h (+1.4%;
165 p=0.001) and at 6 h (0.8%; p<0.001) post-consumption in healthy overweight men. Similarly,
166 Rodriguez-Mateos *et al.*³², found that the consumption of 3 pieces/buns of blueberry baked products
167 and/or a blueberry drink (equivalent to 240 g of fresh blueberry) increased FMD after 1, 2, and 6 h
168 from the intake. A significant improvement in FMD occurred after the consumption of the two items,
169 at 1 h for the drink and 2 h for the baked products (up to +2.6%). In another study, the same authors
170 reported that post-acute consumption of 5 cranberry juices (450 mL each) containing different

171 amounts of (poly)phenols (409, 787, 1238, 1534, and 1910 mg), significantly augmented FMD 1, 2,
172 4, 6, and 8 h from the intervention³³. FMD gradually increased in a time- (spiking at 4 h) and dose-
173 dependent manner, with maximum effect after the intake of 1238 mg total polyphenols (about +2.5%)
174 While, Istaş *et al.*²⁹ showed that the intake of two different portions (200 and 400 g) of red raspberries
175 (containing 201 or 403 mg of total polyphenols, respectively) improved FMD at 2 h (+1.6% and
176 +1.2%, respectively) and 24h (+1.0% and +0.7%, respectively) in a group of 10 healthy subjects, so
177 not finding a dose-response relationship.

178 Regarding RHI, 3 studies reported a significant increase in this outcome measure. Del Bo' *et al.*²⁷
179 found that 300 g of blueberries counteracted an impairment in RHI ($-4.4 \pm 0.8\%$, $p < 0.01$) and
180 improved Framingham (f) RHI (fRHI, $+28.3 \pm 19.2\%$, $p < 0.0001$) in a group of healthy smokers with
181 normal endothelial function (2 h post consumption). In another study, the authors documented that
182 the same 300 g blueberry portion increased RHI values in smokers ($+35.2 \pm 7.5\%$, $p = 0.02$) and in
183 non-smokers ($+54.8 \pm 8.4\%$, $p = 0.01$) with endothelial dysfunction²⁶. Finally, Flammer *et al.*⁴⁴
184 observed a significant increase ($p = 0.01$) in RHI (from 1.7 ± 0.4 to 2.0 ± 0.6 ; about +18%) at 1 h after
185 cranberry juice consumption (2x 230 mL) in subjects with peripheral endothelial dysfunction and
186 cardiovascular risk factors.

187 Conversely, two studies did not report significant effects following short-term interventions with
188 berries. Del Bo' *et al.*²⁸ showed that a portion of blueberry purée (300g) did not affect vascular
189 reactivity, measured as RHI, after 1 h from the intake in a group of young healthy volunteers with
190 normal peripheral arterial function ($RHI > 1.67$) A similar result was also documented by Jin and
191 colleagues³⁰, following the intake of 250 mL of blackcurrant juice (20%), in a group of healthy
192 subjects. The investigators measured vascular reactivity by laser Doppler imaging in response to
193 acetylcholine (endothelial dependent) and sodium nitroprusside (endothelial independent), testing the
194 effect after 2 h from the intake of the juice³⁰.

195 Regarding PWV and AIx, the studies included in this systematic review failed to observe any
196 significant effect on these markers following berry intervention^{25-27,31,33}.

197

198 **Chronic studies**

199 **Table 2** shows the results obtained in 11 medium-long term interventions³⁴⁻⁴⁴ providing results on
200 the effect of berries on markers of vascular function. Khan *et al.*³⁸ showed a significant increase
201 ($p=0.022$) in FMD (from 5.8 ± 3.1 to $6.9\pm 3.1\%$; about +19%) after 6-week consumption of
202 blackcurrant juice (1 L/day, providing 815 mg of total polyphenols) in healthy subjects. Similarly,
203 Stull *et al.*⁴¹ reported a significant improvement in RHI after a 6-week intake of two blueberry
204 smoothies (45 g freeze-dried blueberry powder, providing about 800 mg total polyphenol) in
205 subjects with metabolic syndrome. The results showed a greater effect of blueberry *versus* placebo
206 (0.32 ± 0.13 *versus* -0.33 ± 0.14 , respectively; $p = 0.0023$). On the other hand, 4 studies reported no
207 significant effect on RHI or FMD^{35,39,43,44}. Djurica *et al.*⁴³ found that 1-week consumption of 50 g
208 freeze-dried strawberry powder (equivalent to 500 g of fresh strawberries, with pelargonidin-3-
209 glucoside as main phenolic compound) did not improve RHI in overweight/obese adolescents.
210 Flammer *et al.*⁴⁴ showed that the intake of cranberry juice (2×230 mL/day) over 4 months had no
211 effect on RHI in subjects with peripheral endothelial dysfunction and cardiovascular risk factors.
212 Similarly, Riso *et al.*³⁹ could not demonstrate an effect on RHI after a 6-week intervention with a
213 wild blueberry drink (250 mL/day, providing 475 mg of anthocyanins) in subjects with
214 cardiovascular risk factors. These results were consistent with Dohadwala *et al.*³⁵ in which a 4-week
215 cranberry supplementation (480 mL/day, providing 94 mg ACNs and 835 mg total polyphenols) did
216 not affect FMD in subjects with coronary artery disease.
217 With respect to arterial stiffness, 6 out of 7 studies showed a positive modulation of PWV and AIx
218 following berry intervention. Feresin *et al.*³⁶ reported that the intake of 240 mL of a strawberry drink
219 (providing 25 g/day of freeze-dried powder, equivalent to approximately 1.5 cups of fresh
220 strawberries) for 8 weeks significantly decreased brachial-artery pulse wave velocity (baPWV) and
221 femoral-artery pulse wave velocity (faPWV) in pre- and stage 1-hypertensive postmenopausal
222 women (-0.73 m s⁻¹, $p = 0.03$ and -0.55 m s⁻¹, $p = 0.02$, respectively). Similarly, Johnson *et al.*³⁷

223 (2015) observed a significant reduction in baPWV (from 1,498±179 cm/sec to 1,401±122 cm/sec; at
224 about 6.5%; p<0.05) following 8-week consumption of a blueberry drink (providing 22 g/day of
225 freeze-dried blueberry powder) in a comparable population. Dohadwala *et al.*³⁵ documented a
226 significant reduction in carotid-femoral pulse wave velocity (crPWV; from 8.3 ± 2.3 m/s to 7.8 ±2.2
227 m/s; at about -6%; P=0.003), but not carotid-radial pulse wave velocity (cfPWV), after a 4-week
228 intake of cranberry juice (480 mL/day) in subjects with coronary artery diseases. Significant findings
229 were also documented for total peripheral resistance (TPR) and AIx. For example, 1-week
230 consumption of New Zealand blackcurrant extract (600 mg/day) reduced TPR (-16%; p<0.05) in
231 healthy males, both at rest and during exercise performance³⁴. Similar results were also observed
232 following 1-week intake of 6 g/day of New Zealand blackcurrant powder in well trained endurance
233 athletes (TPR, -25%; P=0.003)⁴². Ruel *et al.*⁴⁰ observed a decrease in AIx (-10.8% ± 6.4%; p<0.0001)
234 following 4-week intervention with cranberry juice (500 mL/day, providing 400 mg of total
235 polyphenols) in obese men, while Riso *et al.*³⁹ reported no significant effect on AIx after 6-week
236 intervention with wild blueberry drink (250 mL/day, providing 475 mg of anthocyanins) in subjects
237 with cardiovascular risk factors.

238

239 **Potential risks of bias**

240 The highest risks of bias concerned blinding of participants as well as the blinding of the outcome
241 assessment during the conduction of RCTs. For the latter, very few studies declared the non-
242 blindness, while in most studies personnel blinding was unstated. Allocation has been particularly
243 considered and described in the various studies included in this review. There were high risks of bias
244 when it was impossible to render the control undistinguishable from the berry product. Despite being
245 randomized controlled trials, the randomization processes have been scarcely described in the papers,
246 mainly due to poor or absent explanation of how the randomization was produced. However, it is
247 worth to note that the blindness of the randomization process in dietary interventions is sometimes

248 difficult to achieve, due to the risk of an unbalanced allocation with consequent impact on data
249 reliability.

250

251 **Discussion**

252 There is a clear interest in the exploitation of berries and derived products for their potential role in
253 cardiovascular health, with a specific focus on vascular function. RCTs are considered the gold
254 standard for ascertaining a causal relationship between intervention and effect of a treatment. The
255 effect of polyphenol-rich foods in the modulation of vascular reactivity has been evaluated in several
256 intervention studies but few systematic reviews and meta-analyses summarized their effects. In some
257 cases, the effects were inconsistent for the measured markers of vascular function⁴⁵⁻⁴⁷. This
258 discrepancy could be due to the inclusion of studies having heterogeneous characteristics and
259 reporting high risk of bias. Moreover, most of the studies were focused on bioactives and bioactive-
260 rich foods in general, making the specific effects of berries very difficult to be identified. Conversely,
261 the present review exclusively considered studies performed with berries and berry products, selected
262 on the basis of quality criteria, and included only RCTs performed either in acute and chronic
263 interventions. The complete picture obtained through this work points at an improvement in FMD
264 and RHI (markers of vascular reactivity) following acute berry interventions. Some of the studies
265 linked the observed effects to the increase in plasma circulating levels of berry bioactive
266 constituents²⁷ while others by their circulating gut/liver phenolic metabolites.²⁹

267 Only one study showed a dose-response relationship between the intake of berries and vascular
268 reactivity³³ while 4 studies did not report significant effects following berry consumption^{24,28,30,43}.

269 These results may be due to the characteristics of the studied population (i.e. healthy individuals
270 without specific risk factors and with normal endothelial function at basal levels). Moreover, matrix
271 effect, potentially reducing the availability and/or impact of berry bioactives, small portions (even if
272 more realistic) of berries, and time of evaluation/measurement of vascular function due to the rapid

273 clearance rate and poor absorbance of polyphenols may all have been diluting factors in the
274 framework of the final evidence.

275 An additional source of variability among acute studies can be related to the study protocol adopted
276 and the characteristics of the test meals. Some studies provided berries and/or berry products (whole
277 fruits or drink) alone or within/together with a high-fat^{23,31} or a high-carbohydrate meal²⁴, and it is
278 recognized that foods and food matrix may positively or negatively affect polyphenol
279 bioavailability⁴⁸. Moreover, the consumption of high-fat and/or high-carbohydrate meals may
280 transiently increase post-prandial triglycerides and glycaemia with a negative effect on endothelial
281 function⁴⁹. These important variables/aspects could have affected the results obtained in the studies.
282 Regarding the effects observed in medium-long term interventions, no clear favourable effects of
283 berry products on vascular reactivity markers have been found, in line with the systematic review of
284 Heneghan and coworkers⁵⁰ that showed an effect only in 3 out of 7 studies. The discrepancy between
285 short and long-term studies in terms of vascular reactivity (RHI and FMD) is intriguing and may be
286 attributed to the complexity of the mechanisms involved in the maintenance of the vascular system
287 function. For example, Dohadwala and coworkers³⁵ reported that changes in nitric oxide mediated
288 vascular reactivity can occur rapidly following a dietary intervention and this has been related to the
289 “acute” absorption of food bioactives and/or their metabolites (e.g. able to directly/indirectly affect
290 nitric oxide production). This underlines that necessarily critical factors affecting the evaluation of
291 vascular function include the experimental design (e.g. in terms of timing of measurements), the
292 targeted mechanism (e.g. nitric oxide production), and also the characteristics of the markers used to
293 evaluate vascular reactivity. In fact, the markers available may provide different information
294 depending on the study protocols (acute *vs.* chronic intervention). For example, short term studies
295 can provide information on the direct modulatory effect of the absorbed bioactives (i.e. supporting
296 biological plausibility) conversely, in the long term approach generally the exposure to the food
297 bioactives is absent or limited (due to the active and rapid clearance of phenolic compounds even
298 when consumed regularly). In this context, is not surprising the lack of effect underlined in chronic

299 studies where the measurement is performed about 12 h after the last intake of the bioactives.
300 Moreover, the type of markers used may affect the results depending on the actual targeted
301 measurement.

302 Also the large heterogeneity of the enrolled groups of volunteers among the different RCTs (i.e.
303 healthy subjects, individuals with cardiovascular risk factors or complications), also in terms of
304 vascular function levels, could have affected the results obtained. Moreover, it cannot be excluded
305 that the duration of the intervention was insufficient to exert a beneficial effect involving these
306 specific target groups of population. An additional source of variability can be related to the form and
307 the way through which berries have been provided. Some studies provided berries as raw fruit, others
308 as a beverage, a smoothie, a sweet cake (i.e. muffins), alone or in combination with a meal. Moreover,
309 berries could have been provided in addition to the habitual diet (resulting in an increased energy
310 intake) or as substitutes of other foods normally consumed that are thus being displaced from the diet
311 (isocaloric condition). The lack of the food that has been replaced may be important in determining
312 the final effect on vascular function, although it is quite difficult to ascertain the magnitude.
313 Moreover, the differences in berry administration may have played an important role in the results
314 obtained, since the quality of a meal in terms of energy, macro and micronutrients intake may affect
315 the vascular response. Also, considering that polyphenol intake may represent a confounding factor,
316 subjects were often asked to maintain their usual diet and to refrain from the consumption of berries
317 and other foods throughout the study period. Despite this, only few studies provided data about the
318 actual dietary intake^{34,41} and the energy intake during the intervention and between treatments was
319 rather constant. Conversely, no information about the actual intake of polyphenols was provided.

320 Moreover, it is worth noting that the synergistic effects of other coexisting substances in berry foods
321 such as vitamin C⁵¹, fiber⁵², potassium⁵³ and magnesium⁵⁴ may play a role in determining the
322 improvement on vascular function.

323 Arterial stiffness has been recognized as a determinant of pulse pressure and elasticity of the
324 blood vessels. The loss of elasticity of the artery walls reduces its compensatory ability to absorb the

325 pulsatile energy and the wave propagation effects that influence peripheral wave reflection. This
326 inability for compensatory response results in a gradual increase in blood pressure with age, leading
327 to the development of isolated systolic hypertension and cardiovascular risk. Numerous intervention
328 and observational studies have examined the relationship between polyphenols/polyphenol-rich foods
329 and arterial stiffness. In a cross-sectional study, Jennings and colleagues¹⁵ showed that high intake of
330 anthocyanins and flavones were inversely associated with low arterial stiffness (measured as PWV)
331 across extreme quintiles of intake in women. Successively, Lilamand and colleagues¹⁷ assessed the
332 relationship between flavonoids intake and arterial stiffness, measured as PWV, analysing 16
333 intervention and 2 cross-sectional studies. Four intervention trials reported a significant decrease of
334 arterial stiffness after a flavonoid-based intervention, while the observational studies showed a
335 significant association between high flavonoid consumption and low arterial stiffness. A recent
336 systematic review and meta-analysis of RCTs showed an improvement in arterial stiffness following
337 anthocyanin supplementation⁴⁷. The effects were more evident on PWV after acute intake, while the
338 results on AIx were not univocal following both acute and chronic interventions. In the present
339 systematic review, we documented that short-term interventions with berries failed to modulate PWV
340 and AIx, as well as stiffness and refraction indexes (Table 1), in line, at least in part, with those previous
341 observations. Conversely, medium-long term interventions suggest an improvement of these markers
342 (Table 2), in accordance with results reported in the review of RCTs by Heneghan and coworkers⁵⁰.
343 A potential explanation of the different findings between short and medium/long term trials may be
344 attributed to the type of subjects enrolled and to the duration of the treatment. In fact, the short-term
345 interventions were performed in healthy subjects, and it is plausible that substantial variations in
346 arterial stiffness over a short follow-up are unlikely to be observed in individuals without vascular
347 dysfunction. In addition, also the type of marker analyzed (e.g. PWV *versus* AIx) and its high
348 variability among subjects could have played a crucial role in the obtained results. It is noteworthy
349 that most of the studies did not consider arterial stiffness as a primary outcome, and that the trials

350 were mostly underpowered for arterial stiffness evaluation. For this very reason, future studies should
351 be specifically designed to ascertain the effect of berries on this specific marker.

352 **Strengths and limitations of the study**

353 Caution should be used when interpreting results or drawing conclusions on vascular effect of
354 berries due to the high heterogeneity among studies in terms of type and dose of berries,
355 administration source (i.e. whole fruit, juice drink or capsules), amount of provided polyphenols, and
356 their bioavailability. Although the inclusion of different types of berries may represent a strength, the
357 different composition of berries in terms of the type and quantity of phenolic compounds may be
358 among the most important factors influencing the *in vivo* effects of berries on vascular function. It is
359 well known that berry fruits contain different anthocyanin profiles^{55,56} and, for this reason, it is not
360 always easy to compare study results because most of them differ for the referring standard
361 compounds in anthocyanin intake, *i.e.* cyanidin- and peonidin-derivatives as major ACNs in
362 cranberries, while pelargonidin predominates in strawberries⁶. Another weakness was the lack of
363 good quality information about the bioavailability of anthocyanins and related metabolic products.
364 Actually, after ingestion, anthocyanins metabolic fate is deeply influenced by pH and gut microbiota
365 activities⁵⁷. It is well ascertained that, similarly to other phenolic compounds, anthocyanins have a
366 limited bioavailability, lower than 15%⁵⁸. This is influenced by their interaction with several gut
367 microbial strains and the subsequent phase II metabolism at enterocyte and hepatocyte level, leading
368 to the production of several different metabolites, including phenylpropionic and phenylacetic
369 acids⁵⁸⁻⁶⁰. A very limited number of studies provided information about the circulating amount of
370 these metabolites in *in vivo* berry-related studies⁶¹. Moreover, it is not always easy to link the
371 biological effects of berry consumption to anthocyanin gut microbial derivatives, as they are also the
372 results of the degradation metabolism of several other phenolic compounds⁶².

373 Other critical aspects are represented by the study design (acute *versus* chronic intervention and
374 parallel *versus* crossover design), the duration of the intervention, subjects' characteristics, and
375 sample size. Most of the studies were performed on healthy subjects, so that the inclusion in the

376 analysis of trials involving volunteers with risk factors or diseases may have increased the
377 heterogeneity of the results, making it difficult to draw any unequivocal conclusion. Moreover, some
378 studies, despite being sufficiently powered, randomized and controlled, were performed in small
379 groups of subjects and, for this reason, the results obtained have to be considered as preliminary and
380 deserve further investigations.

381 The use of different methods and the lack of standardized procedures and gold standard
382 methodologies for the assessment of vascular function outcomes could be another potential critical
383 point. For example, positioning of the cuff (upper *versus* lower arm), duration of brachial artery
384 occlusion, and timing for the detection of peak hyperaemia still differ among investigators. This
385 information is missing in the papers analysed, but it is clear that the different experimental conditions
386 adopted may have had a role on the modulation of nitric oxide dependent and independent
387 vasodilation mechanisms⁶³, and affect the results obtained.

388 Finally, it is important to underline that the search strategy applied in this systematic review excluded
389 other direct and indirect markers of vascular function (e.g. circulating adhesion molecules, cytokines,
390 interleukins, and blood pressure), which, in some studies, have been used to improve the
391 understanding of the obtained results.

392

393 **Potential mechanisms of action involved in the modulation of vascular function**

394 One of the main hypothesized mechanisms of action of polyphenols consists of the activation of
395 endothelial nitric oxide synthase (eNOS)/NO/cyclic guanosine mono phosphate (cGMP) signalling
396 pathway involved in vasodilation. Once activated, NO stimulates soluble guanylate cyclase in the
397 vascular smooth muscle cells by releasing cGMP, a second messenger, which induces the smooth
398 muscle cells of the vessel to relax^{64,65}. In addition, polyphenols have been shown to increase post-
399 prandial release of the active glucagon-like peptide 1, a major intestinal hormone that stimulates
400 glucose-induced insulin secretion from β cells, upregulate endothelial nitric oxide synthase

401 expression and increase endothelial nitric oxide synthase phosphorylation, resulting in improved
402 production of NO and thus endothelium-dependent relaxations^{66,67}.

403 Beside polyphenols, also insulin response may positively affect vascular function, since the binding
404 to its receptor on endothelial cells seems to activate the eNOS pathway and, thus, the vasodilation
405 process⁶⁸. These processes are usually very fast and have been identified as potential mechanisms of
406 action in the short-term studies.

407 Other putative mechanisms through which polyphenols may affect vasodilation, in the short and
408 medium-long term interventions, involved the regulation of vascular redox signalling. In this regard,
409 berry components may activate nuclear factor E2-related factor 2-antioxidant/xenobiotic response
410 element signalling pathway, which represents the major mechanism in cellular defence against
411 oxidative and electrophilic stress⁶⁴. Furthermore, polyphenols may modulate pro-inflammatory
412 pathways by inhibiting reactive oxygen species and the redox-sensitive transcription of nuclear
413 factor-kappa B, involved in gene expression of several pro-inflammatory cytokines, chemokines,
414 adhesion molecules, inducible nitric oxide synthase, cyclooxygenase 2 and cytosolic phospholipase
415 2, all playing an important role in the regulation of NO production and modulation of vascular
416 function⁶⁹.

417

418

419 **CONCLUSIONS**

420 In conclusion, despite the numerous limitations and confounding factors present in the reviewed
421 studies, the overall results of this systematic review seem to suggest a potential positive effect of
422 berries in the modulation of vascular function. In particular, the effects were observed for FMD and
423 RHI in short-term studies and for PWV and AIx in medium-long term ones suggesting that differences
424 in biomarker modulation may depend on the time of exposure to the dietary interventions and/or to
425 the experimental protocol of the study. Future research using appropriate study designs that consider
426 current knowledge gaps and combine the use of different biomarkers are consequently highly

427 recommended. Further RCTs in different and well characterized target groups of volunteers should
428 be performed in order to strengthen the evidence on the efficacy of such treatments on vascular health
429 and function, and perhaps to shed more light on the mechanisms underneath these effects. In this
430 regards, studies on the structure-activity relationship of berry-polyphenols and/or their metabolic
431 products could help understanding the potential mechanisms through which these compounds interact
432 and positively affect the vascular system. Despite very difficult to estimate, most of the studies have
433 shown an improvement of vascular function for doses of berries higher than 200 g (providing at least
434 600-700 mg of total polyphenols). This data should be considered indicative and dose- and time-
435 dependent studies would be desirable to better identify the portion of berries (and related polyphenol
436 amount) eliciting a beneficial effect on vasodilation. This information could be useful for the
437 development of new products with vasoactive properties and possibly able to maintain vascular health
438 and reduce the incidence of CVDs, also depending on identified target groups.

439

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441 *Authors' contribution*

442 DM, DA wrote the first draft of the manuscript. MM with DM made the literature search, reviewed
443 the abstracts of the studies selected, and prepared the tables. CDB acted as a third independent
444 reviewer and improved the manuscript. DDR, PR and MP critically revised the scientific contents
445 and improved the quality of the manuscript.

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457

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653

654

655 **FIGURE CAPTIONS**

656 **Figure 1.** Flowchart of the study selection process

657

658 **Supplementary Figure 1.** Risk of bias summary: review authors' judgments about each risk of bias
659 item for each included study.

660

661 **Supplementary Figure 2.** Risk of bias graph: review authors' judgments about each risk of bias item
662 presented as percentages across all included studies.

663

664 **Table 1.** Characteristics of the study design, population, products, and outcomes of the considered acute intervention studies investigating the effect
 665 of berry consumption on one or more markers of endothelial function.

REF.	STUDY DESIGN	STUDY POPULATION	BERRY INTERVENTION	CONTROL/ PLACEBO INTERVENTION	OUTCOME VARIABLES	MAIN FINDINGS
Alqurashi <i>et al.</i> (2016) ²³ , UK	Randomized, crossover, controlled, double-blind	n=23 healthy nonsmoker males (mean age 46 ± 1.9 y; mean BMI 27.6 ± 0.4 kg/m ²)	200 g of açai smoothie (AS, 150 g açai pulp + 50 g banana) Composition per serving: Total Polyphenols 694 mg (493 mg ACN, 173.6 mg GA, 9.6 mg quercetin, 9.3 mg CGA); Total carotenoids: 179.3 mg	200 mg control smoothie (CS) (50 g banana matched for fat) Composition per serving: Total phenolics <10 mg; Total carotenoids: 0 mg;	FMD up to 6 h after consumption	↑FMD at 2 h and 6 h after AS, but not CS consumption
Castro-Acosta <i>et al.</i> (2016) ²⁴ , UK	Randomized, crossover, controlled, double-blind	n=22 subjects (13 M, mean age 45.4±13.7y, mean BMI 25.5±3.8 kg/m ²)	200 mL of three different blackcurrant drinks Composition per 200 mL: Total phenolics: 460, 810 and 1596 mg, respectively (total ACN 131, 322, 599 mg); vitamin C <0.5 mg	Placebo drinks matched for astringency by adding tannins Composition per 200 mL: Total phenolics 207 mg (total ACN 46 mg); vitamin C <0.5 mg	DVP-SI, DVP-RI up to 2h after consumption	=DVP-SI and DVP-RI compared to baseline for all blackcurrant and placebo drinks
Del Bo' <i>et al.</i> (2017) ²⁶ , Italy	Randomized, crossover, controlled	Study 1: n=12 nonsmokers males with peripheral arterial dysfunction (mean age 24.2±1.2y; mean BMI 22.5±1.2 kg/m ²) Study 2: n=12 smoker males, mean age 24.5±1.9y, mean BMI 22.9±1.1kg/m ²)	Study 1: 300 g of thawed blueberry (BB) Study 2: blueberry treatment + smoking (BS) Composition per serving: Total phenolics 856 mg (309 mg ACN, 30 mg CGA); Vitamin C: 2.4 mg	Study 1: 300 mL of water matched for sugar (C) Study 2: Smoking (S); Smoking + Control treatment (SC) Composition: n.d.	RHI, dAIx, dAIx@75 2h after consumption	Study 1: ↑RHI; =dAIx and dAIx@75 Study 2: ↑RHI; =dAIx and dAIx@75
Del Bo' <i>et al.</i> (2014) ²⁷ , Italy	Randomized, cross-over, controlled	n=16 healthy male smokers (mean age 23.6±0.7y, mean BMI 23.0±0.5kg/m ²)	300 g BB + smoking Composition per 100 g: Total phenolics 242.4 mg (116.1 mg ACN, 30.1 mg CGA), Vitamin C 0.8 mg	1) smoking 2) 300 mL of water with sugar + smoking Composition per 100 g: Total phenolics: 0 mg; vitamin C 0 mg	RHI, fRHI, dAIx, dAIx@75 2h after consumption	↑RHI and fRHI; =dAIx and dAIx@75

Del Bo' <i>et al.</i> (2013) ²⁸ , Italy	Randomized, crossover, placebo-controlled	n=10 healthy nonsmoker males (mean age 20.8 ± 1.6y, mean BMI 22.5 ± 2.1 kg/m ²)	300 g of homogenized BB Composition per 100 g: Total phenolics: 242.4mg (30.1mg CGA, 116.1mg ACN); Vitamin C: 0.8 mg	200 g Control Jelly (CJ) (20g of gelatine matched for sugars in 200mL of water) Composition per 100 g: Total phenolics 0 mg; Vitamin C: 0 mg	RHI by EndoPAT 1h after consumption	= RHI after either BB or CJ consumption
Djurica <i>et al.</i> (2016) ⁴³ , USA	Randomized, crossover, controlled, double-blind	n=25 overweight or obese males (mean age 16 y; mean BMI: not clear)	50 g of freeze-dried strawberry powder (FDSP) Composition per 50 g FDSP: pelargonidin-3-glucoside 198.5 mg, 15.31 mg procyanidin B1, 12.52 mg catechin and other phenolics)	50 g control powder (CP) matched for energy content and sugars Composition per 50 g: Total phenolics 0 mg	RHI & fRHI by PAT 1h after consumption	= RHI and fRHI after either FDSP or CP consumption
Flammer <i>et al.</i> (2013) ⁴⁴ , USA	Randomized, placebo-controlled, double-blind, parallel	n=69 subjects with endothelial dysfunction and CV risk factors - Placebo group (n=37, 11M, 2 smokers; mean age 51.4±15.1y, mean BMI 27.2±5.5 kg/m ²) - Cranberry juice (CBJ) group (n=32, 20M, 1 smoker, mean age 44.8±17.5y, mean BMI 27.7±5.9 kg/m ²)	2x230mL CBJ Composition per mL: Total phenolics 1740 µg (151 µg ACN, 2662 µg total proanthocyanidins)	2x230 mL placebo beverage matched for sugars Composition per mL: Total phenolics n.d.	RHI by EndoPAT 1h after consumption	↑ RHI after either CBJ and placebo beverage, no difference between the two groups; =AIx
Istas <i>et al.</i> (2018) ²⁹ , UK	Randomized, crossover, controlled, double blind	n=10 healthy males (mean age 27±3y, mean BMI 23±2kg/m ²)	592 mL of drinks containing 200 or 400 g of frozen raspberries in water. Composition per serving: Total polyphenols 201 and 403 mg (164 and 328 mg ACN), Vitamin C 0.105 g	592 mL of placebo drink matched for micro- and macronutrient to the 400 g raspberry drink	FMD up to 24 h after consumption	↑FMD at 2h after consumption
Jin <i>et al.</i> (2011) ³⁰ , UK	Randomized, crossover, placebo-controlled, double-blind	n=20 healthy subjects (11 F/9 M, mean age 44.5±13.3y, mean BMI 23.81±2.46 kg/m ²)	250mL of 20% blackcurrant juice (BCJ) Composition per 100 mL: 81.5 mg PAs, 12.2 mg delphinidin, 8.0 mg cyanidin; Vitamin C 10.2 mg	250mL of control drink Composition per 100 mL: <10 mg PAs; Vitamin C: 0 mg	LDI measures of vascular reactivity in response to acetylcholine (endothelial dependent) and sodium nitroprusside (endothelial	=Endothelium dependent and independent vasodilation

						independent) 2h after BCJ consumption
Richter <i>et al.</i> (2017) ³¹ , USA	Randomized, crossover, placebo-controlled	n=30 nonsmokers, overweight or obese subjects (13F, mean age 28.1±2.7y, mean BMI 31.4±0.8kg/m ² ; 17M, mean age 28.2±2.0y, mean BMI 31.3±0.6kg/m ²)	40 g FDSP with a high-fat (50 g total fat) meal Composition per 40 g: 158.76 mg pelargonidin-3-glucoside and other phenolics; Vitamin C 229 mg	40 g CP with a high-fat meal Composition per 40 g: Total phenolics not available; Vitamin C 0.196mg	AP, Ai@75, PWV up to 4 h after the meal	↓AP, Ai@75 after both FDSP and Cp compared to baseline at 2 and 4 h =PWV
Rodriguez-Mateos <i>et al.</i> (2016) ³³ , Germany	Randomized, crossover, controlled, double blind	n=10 healthy males (mean age 24±2y, mean BMI 24±2 kg/m ²)	Five different CBJ Composition per serving: Total polyphenols 409, 787, 1238, 1534, and 1910 mg, respectively (6.8-32.3 mg ACN; 14.5-76.9 mg flavonols; 12.8-59.2 mg PAs)	Control drink matched for macro and micronutrients Composition per serving: Total polyphenols 2.9 mg (2.7 mg PAs)	FMD (%), PWV (m/s), AIx (%) up to 8 h after consumption	↑FMD at 1,2 4 6 and 8 h after consumption (max at 4h) with maximal effects for the drink containing 1238 mg total polyphenols; =AIx and PWV
Rodriguez-Mateos <i>et al.</i> (2014) ³² , Germany	Randomized, crossover, controlled	n=10 healthy males (mean age 27 ± 1y, mean BMI 25 ± 0.8 kg/m ²)	a) Three baked products containing 34 g BB powder in (BB bun) Composition per bun x3: Total polyphenols: 637 mg (196 mg total ACN, 140 mg total procyanidins, 221 mg CGA) b) 34 g BB powder dissolved in 500 mL water (BB drink) Composition per 500 mL: Total polyphenols: 692 mg (339 mg total ACN, 111 total procyanidins, 179 mg CGA)	Control baked products (control bun) matched for macro and micronutrients Composition: n.a.	FMD up to 6 h after consumption	↑FMD at 1, 2 and 6h after consumption (max at 1h for BB drink and at 2h for BB bun)
Rodriguez-Mateos <i>et al.</i> (2013) ²⁵ , UK	Two randomized, crossover, controlled, double-blind	Study 1: n=10 healthy males (mean age 27 ± 1.3y, mean BMI 25±0.8 kg/m ²) Study 2: n=11 healthy males (mean age	Study 1: three different BB drinks Composition per serving: total polyphenols 766, 1278, and 1791 mg (310-724 mg ACN; 137-320 mg procyanidin; 273-637 mg	Studies 1 and 2: Control drink matched for macro and micronutrients Composition per serving: Total	Study 1: FMD; PWV; AIx; DVP up to 6 h after consumption Study 2: FMD 1 h after consumption	Study 1: ↑FMD but not at 4 h; =PWV; AIx; DVP; Study 2: ↑FMD dose-dependent to ≤766 mg

27 ± 1.0y, mean BMI 22±0.9 kg/m ²)	CGA); Vitamin C 4-9.5 mg Study 2: five different BB drinks Composition per serving: total polyphenols 319, 639, 766, 1278, and 1791 mg (129-727 mg ACN; 57- 320 mg procyanidin; 114-637 mg CGA); Vitamin C 1.7-9.5 mg	polyphenols 0 mg; Vitamin C: 6.8 mg
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666 Legend: ACN: anthocyanins; AIx: augmentation index; AP: augmentation pressure; AS: açai smoothie; BB: blueberry; BCJ: blackcurrant juice; BMI:
667 body mass index; BS: blueberry + smoking; C: control; CBJ: cranberry juice; CGA: Chlorogenic acid; CJ: control jelly; CP: control powder; CS:
668 control smoothie; CV: cardiovascular; dAIx: digital augmentation index; dAIx@75: dAIx normalized by considering a heart rate of 75 bpm; DVP:
669 digital volume pulse; F: females; FDSP: freeze dried strawberry powder; FMD: flow mediated dilation; fRHI: Framingham reactive hyperaemia index;
670 GA: gallic acid; LDI: laser Doppler imaging; M: males; PAs: phenolic acids; PAT: peripheral arterial tonometry; PWV: pulse wave velocity; RHI:
671 reactive hyperaemia index; RI: reflection index; S: smoking; SC: smoking + control; SI: stiffness index.

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674 **Table 2.** Characteristics of the study design, population, products, and outcomes of the considered chronic intervention studies investigating the effect
 675 of berry consumption on one or more markers of endothelial function.

REF.	STUDY DESIGN	STUDY POPULATION	DURATION OF INTERVENTION	BERRY INTERVENTION	CONTROL/ PLACEBO INTERVENTION	OUTCOME VARIABLES	MAIN FINDINGS
Cook <i>et al.</i> (2017) ³⁴ , UK	Randomized, double-blind, crossover	n = 13 healthy males (mean age 25±4 y; mean BMI 25±3 kg/m ²)	1 week	600 mg/day (2 x 300 mg capsule) of New Zealand blackcurrant (NZBC) extract Composition per capsule: 105 mg ACN	600 mg/day (2 × 300 mg capsule) of cellulose Composition: n.d.	Total peripheral resistance	↓total peripheral resistance at rest after NZBC (-25%) and during sustained isometric contraction at 15,30,45,60,90,105 and 120 s
Djurica <i>et al.</i> (2016) ⁴³ , USA	Randomized, controlled, double-blind, cross-over	n=25 overweight or obese males (mean age 16 y; mean BMI: not clear)	1 week	50 g/day of freeze-dried strawberry powder (FDSP) Composition per 50 g: Pelargonidin-3-glucoside 198.5 mg, 15.31 mg Procyanidin B1, 12.52 mg Catechin and other phenolics)	50 g control powder (CP) matched for energy content and sugars Composition: Total phenolics 0 mg	RHI & fRHI by PAT	= RHI and fRHI after either FDSP or CP consumption
Dohadwala <i>et al.</i> (2011) ³⁵ , USA	Randomized, double-blind, crossover, placebo-controlled	n=44 subjects with stable coronary artery disease - CBJ first, n=22 (15 M, mean age 61±11y; mean BMI 30±5 kg/m ²) - Placebo (PJ) first, n=22 (15 M, mean age 63±9y, mean BMI 29±4 kg/m ²)	4 weeks	480 mL/day cranberry juice (CBJ) Composition per serving: Total polyphenols 835 mg (94 mg ACN)	480 mL/day PL juice drink matched for calories and sensory characteristics Composition: n.d.	Carotid-radial PWV, carotid-femoral PWV, FMD (%), lnPATratio	↓carotid-femoral PWV after CBJ = FMD (upper arm), lnPATratio, carotid-radial PWV
Feresin <i>et al.</i> (2017) ³⁶ , USA	Randomized, controlled, double-blind, parallel	n=60 postmenopausal females with pre- or stage-1 hypertension - Control group, n=20 (mean age 58±1y, mean BMI 32.1±0.7kg/m ²) - Intervention group 1, n=20 (mean age 61 ±1y, BMI 31.0±1.0 kg/m ²) -	8 weeks	Intervention group 1: 25 g/day FDSP + 25 g/day of placebo powder Intervention group 2: 50 g/day of FDSP Composition per 25 g FDSP: 99.22 mg pelargonidin-3-glucoside, 7.70 mg procyanidin B1, 6.26 mg catechin and other phenolics	50 g of PL powder Composition: Total phenolics 0 mg	Brachial-ankle and femoral-ankle PWV	↓brachial-ankle PWV and femoral-ankle PWV after 25 g but not 50 g of FDSP. No treatment effect

Intervention group 2,
n=20 (mean age 59±1y,
mean BMI 32.7±1.1
kg/m²)

Flammer <i>et al.</i> (2013) ⁴⁴ , USA	Randomized, placebo- controlled, double-blind, parallel	n=69 subjects with endothelial dysfunction and CV risk factors - Placebo group, n=37 (11M, mean age 51.4±15.1y, mean BMI 27.2±5.5 kg/m ²) - Cranberry juice (CJ) group, n=32 (20M, mean age 44.8±17.5y, mean BMI 27.7±5.9 kg/m ²)	4 months	2x230mL CBJ Composition per mL: Total phenolics 1740 µg (151 µg total ACN, 2662 µg total proanthocyanidins)	2x230 mL PL beverage matched for sugars Composition: n.d.	RHI	= RHI after either CBJ and PL, no difference between the two groups
Johnson <i>et al.</i> (2015) ³⁷ , USA	Randomized, controlled, double-blind, parallel	n=48 light smoker subjects with pre- hypertension - Intervention group, n=25 (mean age 59.7±4.58y, mean BMI 30.1±5.94 kg/m ²) -Placebo group, n=23 (mean age 57.3±4.76y, mean BMI 32.7±6.5 kg/m ²)	8 weeks	22 g/day of freeze-dried BB powder Composition per serving: Total phenolics 844.58 mg (469.48 mg ACN), vitamin C 2.27 mg	22g/day of macronutrient- matched CP Composition: Total phenolics 0 mg, vitamin C 0 mg	Carotid-femoral and brachial-ankle PWV	↓brachial-ankle PWV after blueberry but non control =carotid- femoral PWV

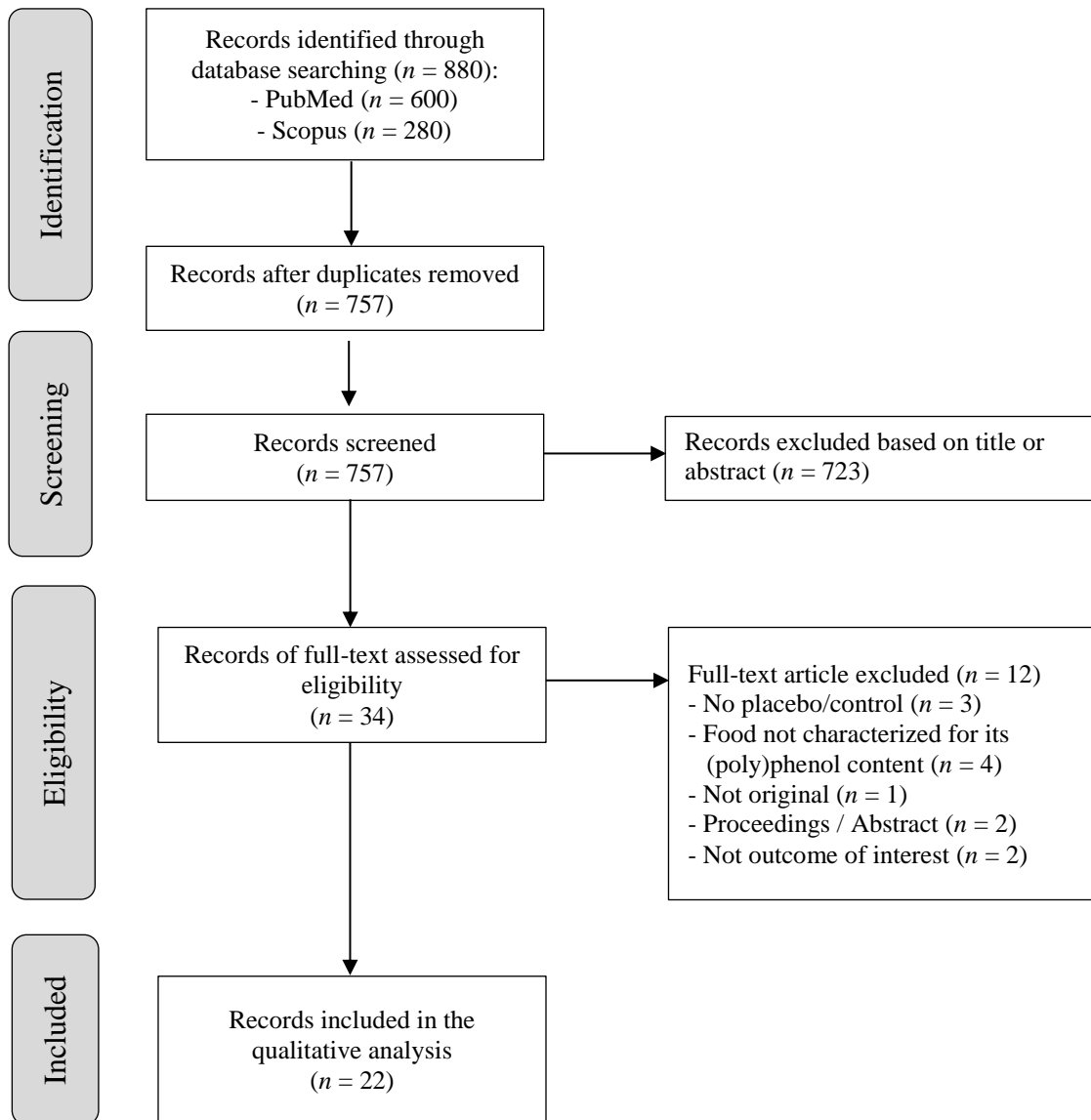
Khan <i>et al.</i> (2014) ³⁸ , UK	Randomized, double-blind, placebo-controlled, parallel	n= 66 healthy subjects - Placebo group, n= 21 (15 M, mean age 51±8y; mean BMI 28.9 ± 6.5kg/m ²) - Intervention group 1, n=22 (15 M, mean age 55±10y, mean BMI 28.4 ± 5.4kg/m ²) - Intervention group 2, n=21 (13 M, mean age 51±11y; mean BMI 29.2 ± 6.9 kg/m ²)	6 weeks	- Intervention group 1: 1 L/day low blackcurrant juice (BCJ, 4 x 250 mL) Composition per 100 mL: Total polyphenols 27.3 mg (4 mg ACN), vitamin C 1.1 mg - Intervention group 2: 1 L/day high BCJ (4 x 250 mL) Composition per 100 mL: Total polyphenols 81.5 mg (14.3 mg), vitamin C 10.2 mg	1 L of flavored water (4x250 mL) Composition: n.d.	FMD	↑FMD after high BCJ, but not after low BCJ, compared to placebo
Riso <i>et al.</i> (2013) ³⁹ , Italy	Randomized, controlled, crossover	n=18 healthy males with one risk factor for CVD (mean age 47.8±9.7y, mean BMI 24.8±2.6 kg/m ²)	6 weeks	250 mL/day Wild BB drink (25g of BB powder in 250 mL of water) Composition per 25 g powder: 375 mg ACN, 127.5 mg CGA	250 PL drink/day matched for sensory characteristics Composition: n.d.	RHI, fRHI, AIx, AI@75	=RHI, fRHI, AIx, AI@75
Ruel <i>et al.</i> (2013) ⁴⁰ , Canada	Randomized, controlled, double-blind crossover	n=35 healthy overweight men (mean age 45±10y, mean BMI 28.3 ± 2.4 kg/m ²)	4 weeks	500 mL/day CBJ (4x125mL) Composition per 500 mL: Total polyphenols 400 mg (20.8 mg ACN, 296 mg proanthocyanidins), vitamin C 128 mg	PL-juice matched for sensory characteristics Composition per 500 mL: Total polyphenols 156 mg (20.8mg ACN, 296 mg proanthocyanidins), vitamin C 128 mg	Resting AIx, AIx salbutamol, AIx GTN, global endothelial function	= resting AIx, AIx salbutamol, AIx GTN and global endothelial function after CBJ compared to placebo, but ↓ within-group resting AIx, AIx salbutamol and global endothelial function after CBJ, and ↓ within-group resting AIx and ↑ within-group AIx salbutamol and AIxGNT in subjects with MetS

Stull <i>et al.</i> (2015) ⁴¹ , USA	Randomized, double-blind, placebo- controlled, parallel	n=44 non-smokers with MetS - Intervention group, n=23 (11 M, mean age 55±2y, mean BMI 35.2±0.8kg/m ²) - Placebo group, n=21 (5 M, mean age 59±2y, mean BMI 36.0±1.1kg/m ²)	6 weeks	Two smoothies /day (2 x 12- oz yogurt and skim milk- based smoothie with 22.5 g of freeze-dried BB powder) Composition per smoothie: Total phenolics 773.6 mg (290.3 mg ACN), vitamin C 2.7 mg	Two smoothies /day (2 x 12-oz yogurt and skim milk-based smoothie without BB powder) Composition per smoothie: Total phenolics n.d, vitamin C 0 mg	RHI	↑RHI after the intervention compared to placebo
Willems <i>et al.</i> (2015) ⁴² , UK	Randomized, controlled, double-blind crossover	n=13 triathletes (8 M, mean age 38±8y, mean BMI 23±2 kg/m ²)	1 week	6 g/day Sujon NZBC dissolved in water Composition per serving: 138.6 mg ACN, vitamin C 49 mg	250 mL/day BCJ Composition per serving: 3-4 mg ACN, 32 mg vitamin C	Total peripheral resistance	↓ total peripheral resistance after NZBC compared to control (-16%)

676 Legend: ACN: anthocyanins; AIx: augmentation index; AIx@75: AIx normalized by considering a heart rate of 75 bpm; BB: blueberry; BCJ:
677 blackcurrant juice; BMI: body mass index; CBJ: cranberry juice; CGA: Chlorogenic acid; CP: control powder; CV: cardiovascular; CVD:
678 cardiovascular disease; F: females; FDSP: freeze dried strawberry powder; FMD: flow mediated dilation; fRHI: Framingham reactive hyperaemia
679 index; GTN: glyceryl trinitrate; lnPAT: natural logarithm of the peripheral arterial tonometry index; M: males; MetS: metabolic syndrome; NZBC:
680 New Zealand blackcurrant; PJ: placebo juice; PL: placebo; PWV: pulse wave velocity; RHI: reactive hyperaemia index.
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682 Figure 1

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724 **Supplementary Table 1: PICO criteria for the inclusion of the intervention studies²¹.**
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Parameter	Criteria
Population (P)	Not hospitalized children, adolescents or adults, regardless of the age, BMI and health/pathological status.
Intervention (I)	Dietary intervention studies involving the consumption of berries, regardless of the supplied form (raw, juices, supplements, etc.), not in combination with other foods which may overlap the effects.
Comparison (C)	Control group (berries totally or partially excluded, totally or partially substitute with other fruits/supplements).
Outcome (O)	Endothelial dysfunction, such as RHI (Reactive Hyperaemia Index), Aix (Augmentation index), PWV (Pulse Wave Velocity) and FMD (Flow Mediated Dilatation).
Study design (S)	<p style="text-align: center;"><u>Inclusion</u>: Randomized controlled trials</p> <p><u>Exclusion</u>: Non-randomized controlled trials; Retrospective, prospective, or concurrent cohort studies; Cross sectional studies; Case reports; Editorials</p>

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 728 ²¹. Lichtenstein AH, Yetley EA, Lau J. Application of systematic review methodology to the field of
 729 nutrition. J Nutr. 2008;138:2297-2306
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	Random sequence generation (selection bias)	Allocation concealment (selection bias)	Blinding of participants and personnel (performance bias)	Blinding of outcome assessment (detection bias)	Incomplete outcome data (attrition bias)	Selective reporting (reporting bias)	Other bias
Alqurashi et al., 2016	+	+	+	+	?	+	?
Castro-Acosta et al., 2016	?	+	+	+	+	+	?
Cook et al., 2017	?	+	?	?	+	+	?
Del Bo' et al., 2013	?	+	-	-	+	+	?
Del Bo' et al., 2014	?	-	-	-	+	+	?
Del Bo' et al., 2017	?	-	-	-	+	+	?
Djurica et al., 2016	+	+	?	?	+	?	?
Dohadwala et al., 2011	?	+	+	+	+	+	?
Feresin et al., 2017	?	+	?	?	+	?	?
Flammer et al., 2013	?	+	?	?	-	?	?
Istas et al., 2018	+	+	+	+	?	+	?
Jin et al., 2011	?	?	?	?	?	?	?
Johnson et al., 2015	+	+	?	?	+	+	?
Khan et al., 2014	+	-	-	?	+	+	?
Richter et al., 2017	+	+	+	-	+	?	?
Riso et al., 2013	+	+	-	?	+	+	?
Rodriguez-Mateos et al., 2013	?	+	+	+	+	+	?
Rodriguez-Mateos et al., 2014	?	?	-	+	+	+	?
Rodriguez-Mateos et al., 2016	?	+	+	+	+	+	?
Ruel et al., 2013	?	?	?	?	+	?	?
Stull et al., 2015	+	+	+	+	+	+	?
Willems et al., 2015	?	+	?	?	+	+	?

734 Supplementary Figure 2

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