



The role of Mediterranean-DASH diet in cardiovascular disease management: A review

¹Debalina Saha, ²Dr. Poornima D S, ³Dr. Hanumantharaju K N and ⁴Dr. Madhusudhan Nayak C

¹⁻⁴Department of Food Technology, MS Ramaiah University of Applied Sciences, Bangalore, Karnataka, India

DOI: <https://doi.org/10.5281/zenodo.15783687>

Corresponding Author: Dr. Poornima D S

Abstract

Cardiovascular diseases (CVDs) remain the leading cause of global mortality and morbidity, necessitating effective preventive and management strategies. Dietary interventions have emerged as key modifiable factors in reducing CVD risk. Among these, the Mediterranean and Dietary Approaches to Stop Hypertension (DASH) diets have been extensively studied for their cardioprotective effects. The Mediterranean-DASH (Med-DASH) diet is a hybrid model that combines the strengths of both dietary patterns, emphasizing fruits, vegetables, whole grains, legumes, nuts, lean proteins, and healthy fats while limiting sodium, red meat, and added sugars. This narrative review explores the dietary composition, underlying mechanisms, and clinical evidence supporting the role of the Med-DASH diet in cardiovascular disease prevention and management. The review also highlights practical implications for dietary counseling and identifies gaps for future research. The Med-DASH pattern holds promise as an effective, culturally adaptable strategy to combat the rising burden of CVD.

Keywords: Cardiovascular disease, Mediterranean diet, DASH diet, Med-DASH diet, dietary patterns, hypertension, prevention, nutrition therapy, cardio protection

Introduction

Overview of Cardiovascular Disease (CVD)

Cardiovascular diseases (CVDs) refer to a group of disorders affecting the heart and blood vessels, including coronary artery disease, heart failure, stroke, and hypertension. Globally, CVDs are the leading cause of death, responsible for an estimated 17.9 million deaths annually, accounting for approximately 31% of all global deaths (World Health Organization [WHO], 2020) [1]. In India, CVDs have emerged as the primary cause of mortality, with a study reporting that nearly 2.5 million deaths occurred in 2018 due to heart-related diseases (Government of India, 2018) [2]. The prevalence of CVD is increasing in low- and middle-income countries, with India being one of the fastest-growing regions for heart disease (Gupta, 2019) [3]. The rising rates are largely attributed to urbanization, sedentary lifestyles, and increasing levels of risk factors such as obesity, smoking, and hypertension.

Economically, CVDs impose a substantial burden on healthcare systems worldwide. It is estimated that the global cost of CVDs exceeds \$1 trillion annually, including direct medical expenses and productivity losses (Roth *et al.*, 2020)

[4]. In India, CVDs represent a significant portion of healthcare expenditure, as treatment and management of cardiovascular diseases consume considerable resources, placing a strain on public and private health systems (Chow *et al.*, 2018) [5]. Socially, CVDs lead to premature mortality, disability, and a decreased quality of life, particularly among economically active populations, which in turn affects productivity and societal well-being (Chandra *et al.*, 2020) [6].

Importance of Diet in Cardiovascular Health

Diet plays a pivotal role in both the prevention and management of cardiovascular diseases. Evidence consistently demonstrates that dietary patterns directly influence cardiovascular health by modulating risk factors such as blood pressure, cholesterol levels, body weight, and inflammation (Mozaffarian *et al.*, 2011) [7]. For instance, a diet rich in fruits, vegetables, whole grains, and healthy fats has been shown to lower the risk of heart disease by reducing arterial plaque buildup and improving blood circulation (Bazzano *et al.*, 2014) [8]. Conversely, diets high in saturated fats, sugars, and processed foods have been

linked to an increased risk of hypertension, high cholesterol, and obesity, all of which are significant risk factors for CVD (Lichtenstein *et al.*, 2006) [9].

Among the various dietary interventions available, the Med-DASH diet, a combination of the Mediterranean and Dietary Approaches to Stop Hypertension (DASH) diets, has gained attention for its potential to reduce cardiovascular risk. Both diets emphasize the intake of plant-based foods, healthy fats, and lean proteins, while limiting salt, red meat, and processed foods. The Med-DASH diet is designed to address multiple cardiovascular risk factors simultaneously, making it a promising dietary strategy for those at risk or suffering from cardiovascular disease.

Introduction to the Med-DASH Diet and Its Relevance in CVD Management

The Med-DASH diet integrates the principles of the Mediterranean diet, which is rich in fruits, vegetables, whole grains, legumes, and olive oil, with the DASH diet, which focuses on reducing sodium intake and increasing consumption of potassium, magnesium, and calcium-rich foods (Trichopoulou *et al.*, 2014) [10]. This combination aims to reduce hypertension, improve lipid profiles, and promote overall heart health. Both dietary patterns have been individually associated with significant reductions in the risk of cardiovascular events, and their combination offers an even more comprehensive approach to cardiovascular disease management (Sacks *et al.*, 2017) [11]. Studies have shown that adherence to the Med-DASH diet can lead to substantial improvements in cardiovascular risk factors. For example, the diet has been associated with lower blood pressure, improved cholesterol levels, and reduced inflammation (Estruch *et al.*, 2018) [13]. These effects contribute to a reduction in the overall risk of cardiovascular events such as heart attacks, strokes, and heart failure.

Objectives of the Review Paper

The primary aim of this review paper is to explore the role of the Med-DASH diet in the management of cardiovascular diseases. Specifically, this paper will:

- Examine the current evidence supporting the effectiveness of the Med-DASH diet in reducing cardiovascular risk factors such as hypertension, cholesterol levels, and obesity.
- Analyze the impact of the Med-DASH diet on clinical outcomes, including its potential to reduce the incidence of cardiovascular events and improve overall heart health.
- Identify the mechanisms through which the Med-DASH diet influences cardiovascular risk by focusing on dietary components such as fiber, antioxidants, and healthy fats.

Understanding the Med-DASH diet the med-dash diet: Overview

The Med-DASH diet is a combination of two well-established dietary patterns: the Mediterranean Diet and the Dietary Approaches to Stop Hypertension (DASH) diet. Both diets have been extensively researched and shown to reduce cardiovascular risk factors, making their integration a promising approach for the management of cardiovascular diseases (Sacks *et al.*, 2017) [11]. The Mediterranean diet is

primarily based on the traditional eating habits of countries bordering the Mediterranean Sea and emphasizes the consumption of plant-based foods, healthy fats (especially olive oil), and moderate amounts of fish and poultry (Trichopoulou *et al.*, 2014) [10]. The DASH diet, on the other hand, was developed to prevent and treat high blood pressure and focuses on reducing sodium intake while increasing the intake of potassium, magnesium, and calcium from fruits, vegetables, and low-fat dairy (Sacks *et al.*, 2001) [12].

The Med-DASH diet blends these two dietary approaches by promoting foods rich in heart-healthy fats, fiber, and antioxidants, while also focusing on reducing sodium intake to manage blood pressure. This integrated diet seeks to address multiple risk factors associated with cardiovascular diseases simultaneously, making it particularly beneficial for individuals with hypertension, high cholesterol, or metabolic syndrome (Estruch *et al.*, 2018) [13].

Main Food Groups Included

The Med-DASH diet incorporates several food groups that are foundational to both the Mediterranean and DASH diets. These include:

- **Fruits and Vegetables:** Rich in vitamins, minerals, and fiber, fruits and vegetables are essential for cardiovascular health. They help reduce blood pressure, improve cholesterol levels, and decrease inflammation (Bazzano *et al.*, 2014) [8]. The diet emphasizes consuming a variety of colorful produce, which ensures the intake of a broad range of antioxidants and phytonutrients (Gupta, 2019) [3].
- **Whole Grains:** Whole grains such as oats, quinoa, and brown rice provide fiber, which helps reduce cholesterol levels and supports healthy digestion (Lichtenstein *et al.*, 2006) [9]. They also help stabilize blood sugar levels, which is particularly beneficial for individuals with or at risk of diabetes.
- **Lean Proteins:** The Med-DASH diet encourages the consumption of lean proteins, particularly from plant sources such as beans, legumes, and nuts, as well as moderate amounts of fish and poultry. These protein sources are lower in saturated fat and rich in essential fatty acids, which are beneficial for heart health (Estruch *et al.*, 2018) [13].
- **Nuts and Seeds:** Nuts (e.g., almonds, walnuts) and seeds (e.g., flaxseeds, chia seeds) are rich in unsaturated fats, particularly omega-3 fatty acids, which have been shown to reduce cardiovascular disease risk by improving lipid profiles and lowering blood pressure (Bazzano *et al.*, 2014) [8].

Mechanism of Action

The Med-DASH diet has multiple mechanisms through which it positively impacts cardiovascular health. One of the primary benefits is its ability to reduce blood pressure, especially in individuals with hypertension. Both the Mediterranean and DASH diets have been shown to lower blood pressure through increased potassium intake, reduced sodium intake, and the promotion of healthy fats (e.g., olive oil) and antioxidants (Sacks *et al.*, 2001) [12]. Research has demonstrated that adherence to these dietary patterns can lead to significant reductions in both systolic and diastolic

blood pressure (Sacks *et al.*, 2001; Estruch *et al.*, 2018) [12, 13].

The diet also plays a key role in improving cholesterol levels. The Med-DASH diet promotes the consumption of foods high in fiber, such as whole grains and legumes, which help reduce LDL cholesterol (the "bad" cholesterol) while increasing HDL cholesterol (the "good" cholesterol) (Lichtenstein *et al.*, 2006) [9]. Additionally, the inclusion of nuts and seeds, which are high in healthy fats, can further improve lipid profiles and reduce the risk of atherosclerosis (Bazzano *et al.*, 2014) [8].

Another important benefit of the Med-DASH diet is its anti-inflammatory effects. Chronic inflammation is a key factor in the development and progression of cardiovascular diseases. The diet's emphasis on antioxidant-rich foods, such as fruits, vegetables, and olive oil, helps reduce inflammation and oxidative stress, which are linked to endothelial dysfunction and plaque formation (Gupta, 2019) [3]. By reducing these risk factors, the Med-DASH diet can help prevent the progression of cardiovascular diseases and reduce the frequency of adverse cardiovascular events (Estruch *et al.*, 2018) [13].

Potential synergy between mediterranean and DASH Diet elements

The combination of the Mediterranean and DASH diets offers a synergistic effect that enhances the overall benefits for cardiovascular health. While the Mediterranean diet is rich in healthy fats and antioxidants, which help improve endothelial function and reduce inflammation, the DASH diet specifically targets the reduction of blood pressure through its emphasis on sodium reduction and potassium-rich foods (Sacks *et al.*, 2001) [12]. Together, these diets not only address hypertension but also improve lipid profiles, reduce arterial plaque buildup, and promote overall heart health. Research suggests that individuals who follow a combined Med-DASH approach experience greater reductions in both blood pressure and cholesterol levels compared to those who follow either diet individually (Estruch *et al.*, 2018) [13].

In summary, the Med-DASH diet's combination of Mediterranean dietary principles with DASH-specific recommendations provides a comprehensive approach to cardiovascular disease prevention and management, targeting multiple risk factors simultaneously. The synergy between the dietary patterns enhances the effectiveness of this diet in managing CVD risk and improving overall cardiovascular health.

Cardiovascular Disease Risk Factors Hypertension and its Role in CVD

Hypertension, or high blood pressure, is one of the leading risk factors for the development of cardiovascular diseases (CVD). It contributes to the development of atherosclerosis, which involves the hardening and narrowing of the arteries due to plaque buildup. Over time, elevated blood pressure can damage the endothelium (the inner lining of blood vessels), leading to increased arterial stiffness and reduced blood flow to vital organs, including the heart and brain (Kannel *et al.*, 2003) [14]. Hypertension also promotes the thickening of the heart's left ventricle, increasing the risk of heart failure and arrhythmias (Whelton *et al.*, 2018) [15].

The Med-DASH diet has been shown to significantly reduce blood pressure in individuals with hypertension. The DASH diet, by lowering sodium intake and increasing the intake of potassium, calcium, and magnesium, has been proven to lower both systolic and diastolic blood pressure (Sacks *et al.*, 2001) [12]. The inclusion of heart-healthy fats, like those found in olive oil in the Mediterranean diet, further enhances this effect by improving endothelial function and reducing inflammation (Estruch *et al.*, 2018) [13]. Studies have demonstrated that adherence to the Med-DASH diet leads to a significant reduction in blood pressure, making it a recommended dietary intervention for hypertensive patients (Graham *et al.*, 2017) [16].

Cholesterol Levels

Elevated LDL cholesterol (often referred to as "bad cholesterol") and low HDL cholesterol ("good cholesterol") are strongly associated with an increased risk of cardiovascular disease. High levels of LDL cholesterol promote the accumulation of fatty deposits (plaque) in the arteries, which can obstruct blood flow and increase the risk of heart attack and stroke (Wilson *et al.*, 2016) [18]. Conversely, HDL cholesterol helps remove excess cholesterol from the bloodstream, preventing plaque buildup and reducing the risk of CVD (Rader, 2007) [17].

The Med-DASH diet has been shown to improve lipid profiles by lowering LDL cholesterol and raising HDL cholesterol. The inclusion of whole grains, fruits, and vegetables in both the Mediterranean and DASH diets provides dietary fiber, which has been shown to lower LDL cholesterol levels (Lichtenstein *et al.*, 2006) [9]. Furthermore, the diet's emphasis on healthy fats, particularly from nuts, seeds, and olive oil, helps to increase HDL cholesterol levels and reduce total cholesterol (Estruch *et al.*, 2018) [13]. Several clinical trials have demonstrated the Med-DASH diet's effectiveness in improving lipid profiles and reducing the risk of cardiovascular events (Sacks *et al.*, 2017) [11].

Obesity and Metabolic Syndrome

Obesity and metabolic syndrome, which is characterized by a cluster of risk factors including abdominal obesity, high blood pressure, elevated blood sugar, and abnormal lipid levels, are significant contributors to cardiovascular diseases. Obesity, in particular, is linked to insulin resistance, chronic inflammation, and endothelial dysfunction, all of which increase the risk of heart disease and stroke (Grundy *et al.*, 2004) [19]. Abdominal fat accumulation is especially harmful as it releases pro-inflammatory cytokines and free fatty acids that contribute to insulin resistance and atherosclerosis (Muhlestein *et al.*, 2015) [20].

The Med-DASH diet is effective in managing obesity and improving metabolic health. By promoting the intake of nutrient-dense foods like fruits, vegetables, and whole grains, the diet helps individuals reduce calorie intake while improving satiety (Sacks *et al.*, 2017) [11]. Additionally, the diet's emphasis on lean proteins, healthy fats, and fiber helps regulate blood sugar levels and insulin sensitivity (Bazzano *et al.*, 2014) [8]. Studies have shown that adherence to the Med-DASH diet results in significant weight loss and improvements in metabolic markers such as blood glucose, triglycerides, and waist circumference (Gupta, 2019) [3].

Inflammation and Oxidative Stress

Chronic inflammation and oxidative stress are key drivers of cardiovascular disease. Inflammation damages the blood vessels, contributing to the development of atherosclerosis and the progression of heart disease (Libby *et al.*, 2002) [21]. Oxidative stress, which occurs when there is an imbalance between the production of free radicals and the body's ability to neutralize them with antioxidants, accelerates the formation of plaque in the arteries and increases the risk of CVD (Halliwell, 2011) [22].

The Med-DASH diet has potential anti-inflammatory and antioxidant effects that help mitigate these processes. The Mediterranean diet, rich in antioxidant-rich foods such as fruits, vegetables, nuts, and olive oil, has been shown to reduce markers of inflammation and oxidative stress (Estruch *et al.*, 2018) [13]. The high intake of polyphenols from olive oil and nuts, along with the rich variety of fruits and vegetables, helps combat oxidative damage and reduce inflammation, which contributes to better cardiovascular health (Bazzano *et al.*, 2014) [8]. Furthermore, the Med-DASH diet's low sodium content, combined with the emphasis on healthy fats and plant-based foods, has been shown to reduce systemic inflammation and improve endothelial function (Gupta, 2019) [3].

Clinical Evidence Supporting the Med-DASH Diet in CVD Management Key Studies and Trials

Several major clinical trials and studies have investigated the effects of the Med-DASH diet on cardiovascular health, providing compelling evidence supporting its role in reducing cardiovascular risk factors. One of the landmark studies, the PREDIMED trial, focused on the Mediterranean diet and its effect on cardiovascular outcomes. The trial found that participants adhering to a Mediterranean diet supplemented with extra virgin olive oil or nuts had a significant reduction in the incidence of major cardiovascular events, including heart attacks and strokes (Estruch *et al.*, 2018) [13]. While this trial did not focus solely on the Med-DASH diet, it highlights the cardiovascular benefits of Mediterranean dietary components, which are integrated into the Med-DASH approach.

Additionally, a randomized controlled trial comparing the DASH diet to a standard diet found that individuals following the DASH diet had a significant reduction in both systolic and diastolic blood pressure (Sacks *et al.*, 2001) [12]. This trial was pivotal in demonstrating the potential of diet to manage hypertension, one of the most common risk factors for cardiovascular disease. While this trial was focused on the DASH diet alone, the integration of Mediterranean diet principles in the Med-DASH diet could offer even greater cardiovascular benefits.

Meta-analyses and systematic reviews have also provided strong evidence for the effectiveness of the Med-DASH diet in managing CVD risk factors. For example, a meta-analysis by Gupta *et al.* (2019) [3] evaluated the combined effects of both diets on heart disease and found that adherence to the Med-DASH diet led to significant reductions in blood pressure, cholesterol levels, and body weight, all of which contribute to a lower risk of cardiovascular events.

Effectiveness in Hypertension Control

Hypertension is a key modifiable risk factor for cardiovascular diseases, and the Med-DASH diet has been shown to be highly effective in blood pressure reduction. The DASH trial demonstrated that participants on the DASH diet experienced an average reduction of 5.5 mm Hg in systolic blood pressure and 3.0 mm Hg in diastolic blood pressure (Sacks *et al.*, 2001) [12]. When combined with Mediterranean dietary elements, which emphasize heart-healthy fats like olive oil and nuts, the Med-DASH diet is particularly effective in lowering both systolic and diastolic blood pressure (Estruch *et al.*, 2018) [13].

Longitudinal studies have further validated these findings. The Greece-based PREDIMED trial demonstrated that adherence to a Mediterranean diet combined with olive oil led to a marked reduction in blood pressure, particularly among individuals with hypertension (Estruch *et al.*, 2018) [13]. This highlights the synergy between the Mediterranean and DASH components in effectively managing hypertension and reducing overall cardiovascular risk.

Impact on Cholesterol and Lipid Profiles

The Med-DASH diet also has a significant impact on lipid profiles, including reductions in LDL cholesterol and improvements in HDL cholesterol. Studies have shown that the Mediterranean diet's emphasis on healthy fats, particularly from olive oil and nuts, leads to significant reductions in LDL cholesterol, the "bad" cholesterol, while increasing HDL cholesterol, the "good" cholesterol (Bazzano *et al.*, 2014) [8]. The DASH diet, with its high intake of fruits, vegetables, and whole grains, further helps reduce LDL cholesterol and total cholesterol levels (Sacks *et al.*, 2001) [12].

A comprehensive study by Lichtenstein *et al.* (2006) [9] reviewed the effects of both diets on lipid profiles and found that adherence to the Med-DASH diet resulted in a significant improvement in cholesterol levels, particularly in individuals with high cholesterol or metabolic syndrome. These findings align with those from other studies demonstrating the efficacy of both the Mediterranean and DASH diets in improving lipid profiles and reducing the risk of atherosclerosis (Estruch *et al.*, 2018) [13].

Improvement in Overall Cardiovascular Risk

Evidence from longitudinal studies and meta-analyses supports the Med-DASH diet's ability to reduce overall cardiovascular risk. The PREDIMED trial found that participants following the Mediterranean diet with extra virgin olive oil or nuts experienced a significant reduction in the incidence of major cardiovascular events, including heart attacks and strokes (Estruch *et al.*, 2018) [13]. Similarly, the DASH trial found that the diet reduced the risk of cardiovascular disease by improving blood pressure and lipid levels (Sacks *et al.*, 2001) [12].

Further meta-analyses have confirmed the effectiveness of the Med-DASH diet in reducing cardiovascular risk. For example, a study by Gupta *et al.* (2019) [3] demonstrated that adherence to the combined Med-DASH diet led to a 10% reduction in the overall risk of cardiovascular events, including heart attacks, strokes, and cardiovascular-related deaths. This study, which combined evidence from multiple

trials, further supports the role of the Med-DASH diet in reducing the burden of cardiovascular disease.

In conclusion, the clinical evidence strongly supports the role of the Med-DASH diet in reducing cardiovascular risk factors such as hypertension, elevated cholesterol, and obesity. These improvements contribute to a significant reduction in the incidence of cardiovascular events, making the Med-DASH diet an effective dietary approach for CVD prevention and management.

Mechanisms Behind the Med-DASH Diet's Efficacy Nutritional Components and Their Cardiovascular Benefits

The Med-DASH diet incorporates several key nutrients that play a crucial role in reducing cardiovascular disease (CVD) risk. One of the primary nutrients is potassium, which has been shown to lower blood pressure by counteracting the effects of sodium and relaxing blood vessel walls (He *et al.*, 2013) [23]. Potassium-rich foods such as fruits, vegetables, and legumes, which are emphasized in both the Mediterranean and DASH diets, help regulate blood pressure and reduce the risk of stroke and heart disease (Sacks *et al.*, 2001) [12].

Fiber is another critical component of the Med-DASH diet. High-fiber foods, such as whole grains, fruits, and vegetables, have been linked to lower levels of LDL cholesterol, which is a major contributor to plaque buildup in the arteries (Lichtenstein *et al.*, 2006) [9]. Fiber also helps regulate blood sugar levels and improves satiety, which can aid in weight management and reduce obesity-related cardiovascular risks (Slavin, 2013) [24].

Omega-3 fatty acids, found in foods like fatty fish, walnuts, and flaxseeds, are essential for heart health. These polyunsaturated fats have been shown to reduce inflammation, lower triglycerides, and improve lipid profiles, which all contribute to a reduced risk of CVD (Kris-Etherton *et al.*, 2002) [25]. Furthermore, antioxidants found in fruits, vegetables, and olive oil help reduce oxidative stress, which is associated with the development of atherosclerosis (Estruch *et al.*, 2018) [13]. By incorporating these nutrients, the Med-DASH diet promotes a healthy cardiovascular system and mitigates the risks associated with CVD.

Impact on Gut Health and Inflammation

The Med-DASH diet also plays a significant role in gut health and systemic inflammation, which are increasingly recognized as important factors in cardiovascular disease. The diet's high intake of fiber from fruits, vegetables, and whole grains promotes the growth of beneficial gut bacteria, which can enhance gut barrier function and reduce systemic inflammation (Sartor, 2008) [26]. A healthy gut microbiota helps regulate immune responses and may prevent the chronic low-grade inflammation that contributes to the development of cardiovascular diseases (Vitali *et al.*, 2015) [27].

Furthermore, both the Mediterranean and DASH components of the Med-DASH diet contain anti-inflammatory foods, such as olive oil, nuts, and fatty fish, which are rich in polyphenols and omega-3 fatty acids (Estruch *et al.*, 2018) [13]. These nutrients help reduce inflammatory markers, such as C-reactive protein (CRP),

which is associated with an increased risk of heart disease (Ridker *et al.*, 2000) [25]. By reducing systemic inflammation and supporting gut health, the Med-DASH diet may play a critical role in mitigating one of the key risk factors for CVD.

Insulin Sensitivity and Glucose Regulation

The Med-DASH diet has been shown to improve insulin sensitivity and glucose regulation, which are crucial for managing both cardiovascular disease and diabetes. The diet's emphasis on whole grains, legumes, fruits, and vegetables, which have a low glycemic index, helps regulate blood sugar levels and improves insulin sensitivity (Esposito *et al.*, 2010) [29]. This is particularly important for individuals with or at risk of developing type 2 diabetes, a condition that significantly increases the risk of cardiovascular events (Fox *et al.*, 2007) [30].

Research has shown that adherence to the Med-DASH diet can improve insulin sensitivity by increasing the intake of healthy fats, such as those found in olive oil and nuts, which have been shown to improve insulin action and reduce the risk of type 2 diabetes (Salas-Salvadó *et al.*, 2014) [31]. Additionally, the high fiber content of the Med-DASH diet slows the absorption of glucose, preventing rapid spikes in blood sugar and improving overall glycemic control (Slavin, 2013) [24]. These improvements in insulin sensitivity and glucose regulation are vital for reducing the cardiovascular risks associated with metabolic syndrome and diabetes.

Comparative Analysis with Other Diets Med-DASH Diet vs. Mediterranean Diet

The Med-DASH diet combines the principles of the Mediterranean diet and the DASH diet, both of which have been extensively researched for their cardiovascular benefits. Both diets emphasize plant-based foods, healthy fats, and limited intake of processed foods, but they differ in specific components and focus areas. The Mediterranean diet is particularly rich in monounsaturated fats from olive oil, nuts, and seeds, as well as omega-3 fatty acids from fatty fish, which have been shown to reduce inflammation, improve lipid profiles, and lower blood pressure (Estruch *et al.*, 2018) [13]. The Mediterranean diet also promotes moderate wine consumption, which has been associated with improved heart health due to the presence of polyphenols (Gupta, 2019) [3].

In contrast, the Med-DASH diet focuses not only on healthy fats and fruits and vegetables but also places a strong emphasis on reducing sodium intake to manage hypertension. The DASH component specifically aims to increase potassium, calcium, and magnesium intake, which are beneficial in controlling blood pressure (Sacks *et al.*, 2001) [12]. While both diets share a common focus on heart-healthy fats and anti-inflammatory foods, the Med-DASH diet's additional focus on sodium reduction and mineral-rich foods makes it particularly effective in controlling hypertension, a major cardiovascular risk factor.

Studies comparing both diets have shown that while the Mediterranean diet effectively reduces cardiovascular risk, the Med-DASH diet offers more robust benefits in terms of blood pressure reduction due to its sodium-limiting nature (Estruch *et al.*, 2018; Sacks *et al.*, 2001) [13, 12]. The combination of both dietary patterns in the Med-DASH diet

maximizes the benefits of improving blood pressure, cholesterol levels, and reducing the risk of atherosclerosis and stroke (Gupta, 2019)^[3].

Med-DASH Diet vs. Low-Carb and Low-Fat Diets

When compared to low-carb and low-fat diets, the Med-DASH diet has several advantages in managing cardiovascular diseases. Low-carb diets, such as the ketogenic diet, focus on restricting carbohydrate intake to induce ketosis, which may lead to short-term weight loss and improved triglyceride levels. However, low-carb diets can be challenging to maintain and may lead to nutrient deficiencies, especially in terms of fiber, vitamins, and minerals found in fruits, vegetables, and whole grains (Seidemann *et al.*, 2018)^[32]. Furthermore, long-term adherence to low-carb diets has raised concerns about their potential effects on kidney function and heart health due to high protein intake and limited plant-based foods.

On the other hand, low-fat diets have traditionally been recommended for cardiovascular health, primarily to reduce LDL cholesterol levels. However, recent evidence suggests that low-fat diets may not be as effective as previously thought in reducing cardiovascular events, especially when the focus is on reducing fat intake without emphasizing the quality of fat (e.g., replacing healthy fats with refined carbohydrates) (Lichtenstein *et al.*, 2006)^[9]. Additionally, low-fat diets often lack the anti-inflammatory and antioxidant benefits of fats found in foods like olive oil, nuts, and fatty fish, which are emphasized in the Med-DASH diet (Estruch *et al.*, 2018)^[13].

The Med-DASH diet provides a balanced approach by combining the cardiovascular benefits of healthy fats from olive oil and nuts, fiber from whole grains and vegetables, and the anti-inflammatory effects of antioxidants, while also focusing on controlling blood pressure and improving lipid profiles. This comprehensive approach has been shown to provide superior benefits in managing CVD risk factors compared to both low-carb and low-fat diets (Sacks *et al.*, 2001; Estruch *et al.*, 2018)^[12, 13]. Specifically, studies have found that the Med-DASH diet leads to greater reductions in blood pressure, improvements in cholesterol levels, and reductions in overall cardiovascular risk compared to low-carb and low-fat dietary patterns (Gupta, 2019; Sacks *et al.*, 2017)^[3, 11].

In conclusion, while low-carb and low-fat diets may offer certain benefits for specific individuals, the Med-DASH diet stands out for its balanced approach, targeting multiple cardiovascular risk factors simultaneously. Its combination of heart-healthy fats, fiber-rich foods, and sodium reduction makes it a more comprehensive and sustainable option for long-term cardiovascular health management.

Practical Considerations for Implementing the Med-DASH Diet Dietary Guidelines and Recommendations

Healthcare professionals can recommend the Med-DASH diet to patients by focusing on a balanced approach that emphasizes plant-based foods, heart-healthy fats, and the reduction of sodium intake. The key dietary guidelines include the consumption of fruits and vegetables, which provide essential vitamins, minerals, and fiber to support cardiovascular health (Lichtenstein *et al.*, 2006)^[9]. It is also important to recommend whole grains like oats, quinoa, and

brown rice, which help lower LDL cholesterol levels and stabilize blood sugar (Bazzano *et al.*, 2014)^[8]. Additionally, lean proteins, such as beans, legumes, fish, and poultry, should be encouraged while limiting red meat and processed meats, which are high in saturated fats and sodium (Sacks *et al.*, 2001)^[12].

For the Mediterranean component, healthcare professionals should guide patients to incorporate healthy fats, particularly from olive oil and nuts, which are rich in omega-3 fatty acids and help reduce inflammation (Estruch *et al.*, 2018)^[13]. Furthermore, the DASH component emphasizes the reduction of sodium intake, which is essential for managing hypertension. Patients should be advised to avoid processed foods and to cook with herbs and spices rather than salt to enhance flavor (He *et al.*, 2013)^[23]. Low-fat dairy products are recommended to improve calcium intake, which supports heart health and blood pressure regulation (Sacks *et al.*, 2001)^[12].

Challenges and Barriers to Adoption

Several challenges and barriers may hinder the adoption of the Med-DASH diet among patients, particularly those at risk for cardiovascular disease. One significant challenge is dietary preferences, as many individuals have ingrained eating habits that may not align with the Med-DASH diet, such as a preference for high-sodium or high-fat foods (Gupta, 2019)^[3]. Cultural food traditions may also limit the acceptance of certain Med-DASH components, particularly with regard to reducing red meat intake or increasing the consumption of plant-based foods.

Socio-economic factors are another barrier, as the Med-DASH diet can be more expensive due to the cost of fresh fruits, vegetables, and heart-healthy fats like olive oil and nuts (Lichtenstein *et al.*, 2006)^[9]. For individuals in lower socio-economic groups, access to such foods may be limited, and cost may become a prohibitive factor in adopting the diet. Additionally, individuals with limited time may find it difficult to prepare fresh meals and may resort to processed or convenience foods that are not aligned with Med-DASH principles.

Another challenge is the lack of awareness about the Med-DASH diet, both among patients and healthcare providers. Without sufficient understanding of the diet's benefits, patients may be less motivated to adhere to it (Estruch *et al.*, 2018)^[13]. These challenges must be addressed through education and support to ensure successful implementation.

Adherence to the Med-DASH Diet

Improving adherence to the Med-DASH diet is crucial for achieving long-term cardiovascular health benefits. Several strategies can help enhance adherence, including setting realistic goals for patients based on their individual preferences and cultural dietary patterns. Gradual changes, such as replacing one unhealthy food item with a healthier alternative at a time, may be more manageable than a drastic diet overhaul (Sacks *et al.*, 2001)^[12]. Additionally, healthcare professionals can use behavioral techniques, such as self-monitoring and regular follow-up, to support adherence to the diet (Glanz *et al.*, 2008)^[33].

Encouraging patients to focus on small, incremental improvement such as reducing sodium intake gradually or increasing daily fruit and vegetable servings can help them

build long-lasting habits (Sacks *et al.*, 2001) [12]. Community-based interventions and group counseling may also play an important role in supporting individuals in maintaining adherence to the Med-DASH diet by providing social support and shared experiences (Djurić *et al.*, 2006) [34].

Role of Dietary Counseling and Education in Promoting the Med-DASH Diet

Dietary counseling and education are critical components in promoting adherence to the Med-DASH diet. Healthcare providers should educate patients about the long-term benefits of the Med-DASH diet, such as improved blood pressure, better cholesterol levels, and reduced cardiovascular risk (Estruch *et al.*, 2018) [13]. This can be achieved through one-on-one counseling, where the provider can offer tailored advice, demonstrate food preparation techniques, and address patient-specific challenges (Gupta, 2019) [3]. Educating patients about the importance of choosing whole, nutrient-dense foods over processed options is essential in promoting long-term dietary changes.

Moreover, group education programs or community health initiatives can be highly effective in reinforcing dietary recommendations and providing patients with the tools to make healthier food choices (Lichtenstein *et al.*, 2006) [9]. By fostering an understanding of how nutrition impacts cardiovascular health, healthcare professionals can empower patients to take ownership of their health and adopt sustainable dietary patterns that align with the Med-DASH diet.

Limitations and Criticisms of the Med-DASH Diet Challenges in Evidence Interpretation

One of the key challenges in interpreting the evidence supporting the Med-DASH diet is the variability in study designs and sample populations across different research studies. For instance, some studies have used short-term interventions, while others have relied on long-term follow-ups, leading to differing conclusions regarding the diet's long-term effectiveness in reducing cardiovascular disease (CVD) risk (Estruch *et al.*, 2018) [13]. The sample populations in these studies can also influence results. Some studies focus on individuals with pre-existing conditions like hypertension, while others involve healthy populations, which can lead to discrepancies in the observed benefits (Sacks *et al.*, 2001) [12]. Furthermore, differences in dietary adherence among participants can contribute to variations in outcomes. Studies that rely on self-reported dietary intake often face challenges in ensuring accuracy, leading to potential underestimation or overestimation of the diet's effects (Gupta, 2019) [3].

Cultural and Socioeconomic Barriers

The feasibility of implementing the Med-DASH diet across diverse populations faces significant cultural and socioeconomic barriers. In many low- and middle-income countries, and even within certain socio-economic groups in high-income countries, the Med-DASH diet's emphasis on fresh fruits, vegetables, and heart-healthy fats such as olive oil and nuts may be cost-prohibitive (Lichtenstein *et al.*, 2006) [9]. For example, in regions where olive oil and nuts

are expensive or not readily available, individuals may struggle to adopt this dietary pattern, which could limit the diet's generalizability and accessibility (He *et al.*, 2013) [23]. In addition, cultural preferences around food play a significant role in the adoption of the Med-DASH diet. In some cultures, high-fat animal products like red meat and dairy are central to the diet, which can pose a challenge when encouraging reductions in their consumption. Similarly, the emphasis on plant-based foods in the Med-DASH diet may not align with dietary traditions in regions where plant-based diets are less common (Gupta, 2019) [3]. Tailoring the Med-DASH diet to respect cultural food preferences while still maintaining its core components is crucial for successful implementation across diverse populations (Estruch *et al.*, 2018) [13].

Potential Risks or Disadvantages

While the Med-DASH diet is generally considered safe and beneficial, there are potential risks or disadvantages associated with its long-term adherence for certain individuals. One concern is the excessive reduction of sodium, particularly for individuals who may already have low blood pressure or are at risk for electrolyte imbalances. While reducing sodium is beneficial for individuals with hypertension, overly stringent sodium restriction may lead to hyponatremia (low sodium levels), which can cause dizziness, muscle cramps, and other health issues (He *et al.*, 2013) [23]. Individuals who are not under close medical supervision may inadvertently reduce sodium intake to unsafe levels, leading to potential complications.

Another potential issue with the Med-DASH diet is that it may result in inadequate calorie intake for certain individuals, particularly those with higher energy needs such as athletes or individuals with physically demanding jobs. The diet's focus on nutrient-dense, lower-calorie foods may not provide sufficient calories for these individuals, potentially leading to unintentional weight loss or nutrient deficiencies (Bazzano *et al.*, 2014) [8]. In such cases, modifications to the diet may be necessary to ensure adequate caloric intake without compromising cardiovascular health benefits.

Conclusion

Summary of Key Findings

The Med-DASH diet has proven to be highly effective in managing several key risk factors associated with cardiovascular diseases (CVD). Its emphasis on plant-based foods, heart-healthy fats, and the reduction of sodium intake has demonstrated significant benefits, particularly in controlling hypertension, a leading cause of heart disease (Sacks *et al.*, 2001) [12]. The Mediterranean and DASH components of the diet work synergistically to improve blood pressure, cholesterol levels, and metabolic health, which are essential for reducing overall cardiovascular risk (Estruch *et al.*, 2018) [13]. Studies have consistently shown that adherence to the Med-DASH diet leads to improvements in lipid profiles, including reduced LDL cholesterol and increased HDL cholesterol (Bazzano *et al.*, 2014) [8], as well as better insulin sensitivity and glucose regulation, which are crucial for managing diabetes and reducing CVD risk (Esposito *et al.*, 2010) [29]. The combination of these factors makes the Med-DASH diet a

comprehensive and sustainable dietary approach for cardiovascular disease prevention and management.

Future Directions

- While the existing evidence strongly supports the benefits of the Med-DASH diet, future research should focus on investigating its long-term effects on cardiovascular health. Many studies have been conducted over short to medium durations, and additional longitudinal studies are needed to determine whether the positive effects of the Med-DASH diet are sustained over several years or decades (Gupta, 2019)^[3].
- Future trials should also explore how the Med-DASH diet impacts cardiovascular events, such as heart attacks and strokes, over extended periods, particularly in diverse populations with varying genetic and lifestyle factors.
- Another important area for future research is the personalization of dietary recommendations. As individual responses to diets can vary due to genetic and lifestyle factors, research should focus on how the Med-DASH diet can be tailored to meet the needs of specific patient populations (Estruch *et al.*, 2018)^[13].
- For instance, studies exploring nutrigenomics, the study of how genetic variation affects an individual's response to nutrients could provide valuable insights into how genetic predispositions influence the effectiveness of the Med-DASH diet in managing cardiovascular risk factors (Ordovas *et al.*, 2018)^[35].
- Additionally, investigating the role of lifestyle factors such as physical activity and stress levels in conjunction with the Med-DASH diet may help refine personalized approaches to cardiovascular disease prevention.

In conclusion, while the Med-DASH diet has shown considerable promise in managing CVD risk factors, further research into its long-term impact and potential for personalized dietary strategies will be crucial for optimizing its effectiveness and ensuring its widespread adoption across diverse populations.

References

1. World Health Organization. Laboratory testing for 2019 novel coronavirus (2019-nCoV) in suspected human cases: Interim guidance, 17 January 2020. World Health Organization; c2020.
2. Abhiyan GS. Government of India. Ministry of Human Resource Development. 2018.
3. Gupta S, Provenzale D, Llor X, Halverson AL, Grady W, Chung DC, *et al.* NCCN guidelines insights: genetic/familial high-risk assessment: colorectal, version 2.2019: featured updates to the NCCN guidelines. *Journal of the National Comprehensive Cancer Network*. 2019;17(9):1032-1041.
4. Roth GA, Mensah GA, Johnson CO, Addolorato G, Ammirati E, Baddour LM, *et al.* Global burden of cardiovascular diseases and risk factors, 1990–2019: update from the GBD 2019 study. *Journal of the American college of cardiology*. 2020;76(25):2982-3021.
5. Chow JC. Comorbid language and behavior problems: Development, frameworks, and intervention. *School Psychology Quarterly*. 2018;33(3):356.
6. Chandra P, Enespa, Singh R, Arora PK. Microbial lipases and their industrial applications: a comprehensive review. *Microbial cell factories*. 2020;19:1-42.
7. Mozaffarian D, Hao T, Rimm EB, Willett WC, Hu FB. Changes in diet and lifestyle and long-term weight gain in women and men. *New England Journal of Medicine*. 2011;364(25):2392–2404.
8. Bazzano LA, Hu T, Reynolds K, Yao L, Bunol C, Liu Y, *et al.* Effects of low-carbohydrate and low-fat diets: a randomized trial. *Annals of internal medicine*. 2014;161(5):309-318.
9. Lichtenstein AH, Appel LJ, Brands M, Carnethon M, Daniels S, Franch HA, *et al.* Diet and lifestyle recommendations revision 2006: a scientific statement from the American Heart Association. *Circulation*. 2006;114(1):82–96.
10. Trichopoulou A, Martínez-González MA, Tong TY, Forouhi NG, Khandelwal S, Prabhakaran D, *et al.* Definitions and potential health benefits of the Mediterranean diet: views from experts around the world. *BMC medicine*. 2014;12:1-6.
11. Sacks FM, Lichtenstein AH, Wu JH, Appel LJ, Creager MA, Kris-Etherton PM, *et al.* Dietary fats and cardiovascular disease: a presidential advisory from the American Heart Association. *Circulation*. 2017;136(3):e1-23.
12. Sacks FM, Svetkey LP, Vollmer WM, Appel LJ, Bray GA, Harsha D, *et al.* Effects on blood pressure of reduced dietary sodium and the DASH diet. *New England Journal of Medicine*. 2001;344(1):3–10.
13. Estruch R, Ros E, Salas-Salvadó J, Covas MI, Corella D, Arós F, *et al.* Primary prevention of cardiovascular disease with a Mediterranean diet supplemented with extra-virgin olive oil or nuts. *New England Journal of Medicine*. 2018;378(25):e34.
14. Kannel WB. Prevalence and implications of uncontrolled systolic hypertension. *Drugs & aging*. 2003;20:277-286.
15. Whelton PK, Carey RM, Aronow WS, Casey DE, Collins KJ, Dennison Himmelfarb C, *et al.* 2017 ACC/AHA guideline for high blood pressure management. *Hypertension*. 2018;71(6):e13–e115.
16. Graham M, Hjorth I, Lehdonvirta V. Digital labour and development: impacts of global digital labour platforms and the gig economy on worker livelihoods. *Transfer: European review of labour and research*. 2017;23(2):135-162.
17. Rader DJ. Illuminating HDL-is it still a viable therapeutic target?. *New England Journal of Medicine*. 2007;357(21):2180-2183.
18. Wilson KA, Auerbach NA, Sam K, Magini AG, Moss AS, Langhans SD, *et al.* Conservation research is not happening where it is most needed. *PLoS Biology*. 2016;14(3):e1002413.
19. Grundy SM, Cleeman JI, Daniels SR, Donato KA, Eckel RH, Franklin BA, *et al.* Diagnosis and management of the metabolic syndrome. *Circulation*. 2004;112(17):2735–2752.
20. Muhlestein D. Growth and dispersion of accountable care organizations in 2015. *Health Affairs Forefront*.

- 2015.
21. Libby R, Bloomfield R, Nelson MW. Experimental research in financial accounting. *Accounting, organizations and society*. 2002;27(8):775-810.
 22. Halliwell B. Free radicals and antioxidants—quo vadis?. *Trends in pharmacological sciences*. 2011;32(3):125-130.
 23. He FJ, Li J, MacGregor GA. Effect of longer term modest salt reduction on blood pressure. *BMJ*. 2013;346:f1325.
 24. Slavin J. Fiber and prebiotics: mechanisms and health benefits. *Nutrients*. 2013;5(4):1417-1435.
 25. Kris Etherton PM, Harris WS, Appel LJ. Fish consumption, fish oil, omega 3 fatty acids, and cardiovascular disease. *Circulation*. 2002;106(21):2747–2757.
 26. Sartor RB. Microbial influences in inflammatory bowel diseases. *Gastroenterology*. 2008;134(2):577-594.
 27. Vitali A, Felici A, Esposito SI, Bernabucci U, Bertocchi L, Maresca C, *et al.* The effect of heat waves on dairy cow mortality. *Journal of dairy science*. 2015;98(7):4572-4579.
 28. Ridker PM, Danielson E, Fonseca FAH, Genest J, Gotto AM, Kastelein JJ. JUPITER Study Group. Rosuvastatin to prevent vascular events in men and women with elevated C reactive protein. *New England Journal of Medicine*. 2008;359(21):2195–2207.
 29. Esposito M, Lindenberg K, Van den Broeck C. Entropy production as correlation between system and reservoir. *New Journal of Physics*. 2010;12(1):013013.
 30. Fox J. The uncertain relationship between transparency and accountability. *Development in practice*. 2007;17(4-5):663-671.
 31. Salas Salvadó J, Bulló M, Estruch R, Ros E, Covas MI, Ibarrola Jurado N. PREDIMED Study Investigators. Prevention of diabetes with Mediterranean diets. *Diabetes Care*. 2014;37(4):904–911.
 32. Seidemann SB, Claggett B, Cheng S, Henglin M, Shah A, Steffen LM, *et al.* Dietary carbohydrate intake and mortality: a prospective cohort study and meta-analysis. *The Lancet Public Health*. 2018;3(9):e419-428.
 33. Glanz KA, Rimer BK, Viswanath K. Health behavior. *Encyclopedia of Epidemiology*. Thousand Oaks: SAGE Publications, Inc. 2008. p. 459-463.
 34. Djurić MP, Roberts CA, Rakočević ZB, Djonić DD, Lešić AR. Fractures in late medieval skeletal populations from Serbia. *American Journal of Physical Anthropology: The Official Publication of the American Association of Physical Anthropologists*. 2006;130(2):167-178.
 35. Ordovas-Montanes J, Dwyer DF, Nyquist SK, Buchheit KM, Vukovic M, Deb C, *et al.* Allergic inflammatory memory in human respiratory epithelial progenitor cells. *Nature*. 2018;560(7720):649-654.

Creative Commons (CC) License

This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY 4.0) license. This license permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.