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A Comparative Review of the Cardiovascular Effects of Mediterranean and DASH Dietary Patterns

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ABSTRACT

Cardiovascular disease (CVD) affects hundreds of millions of people worldwide and remains a major public health concern. Diet is considered one of the most modifiable risk factors for CVD and plays a central role in both prevention and cardiovascular disease management. There have been 2 diets strongly evaluated for their benefits on CV health. The Mediterranean Diet is a traditionally followed diet consisting of a high consumption of plant based foods and a low consumption of processed foods. The DASH diet was studied in the early 1990s and has a high consumption of fiber, moderate consumption of meats and a lower consumption of fats and sodium.

The goal of this narrative literature review is to compare the Mediterranean Diet and DASH diet effects on cardiovascular health. By searching the databases, PubMed and Google Scholar, 10 studies that fit the inclusion and exclusion criteria were cited and analyzed. The types of studies included were randomized controlled trials, secondary analyses of randomized controlled trials, prospective cohort studies, a target trial emulation, and a cross-sectional observational study. Both diets were seen to improve cardiovascular health. The DASH diet related evidence showed improvements for blood pressure and lipid control, whereas the randomized trials of the MedDiet showed evidence for reducing major cardiovascular events and mortality. However, differences in study types and experiments used prevent definitive conclusions as to the superiority for either diet. On the other hand, both diets showed improvement in Atherosclerotic Cardiovascular Disease and cardiometabolic health. More direct comparisons are needed to test both diets under the same conditions to produce stronger evidence and comparisons.

INTRODUCTION

Cardiovascular disease (CVD) has remained the leading cause of mortality globally (Kaminsky et al., 2022). According to the World Health Organization (WHO), an estimated 19.8 million people died from CVDs in 2022, representing approximately 32% of all global deaths (World Health Organization, 2025a). Due to the rising cases of CVD throughout the last 25 years, prevention has become a public health priority. As such, health care providers have routinely recommended lifestyle changes to combat this prevalent issue (Casas et al., 2018). Among various lifestyle modifications that are recommended for CVD prevention, nutrition has been reported to be among the most preventive factors against CVD death

(Casas et al., 2018). This is in alignment with the well studied association between diet and heart health contributing to the understanding that diet is considered a main determinant of CV health (Martínez-González et al., 2019). One of the 7 cardiovascular health metrics that was proposed by the American Heart Association in 2010 had directly corresponded to a healthy diet (Lloyd-Jones et al., 2010).

The Mediterranean (MedDiet) and the Dietary Approaches to Stop Hypertension (DASH) diets are two heavily evaluated diets for CVD prevention. Both approaches have been well studied by Randomized Controlled Trials (RCTs) and experimental interventions for CVD prevention. However, despite decades of research and trials to support the claim that both diets benefit the CV system, there is limited amount of research regarding which dietary pattern provides greater cardiovascular protection. Studies frequently evaluate each diet independently rather than conducting a comparison between the two. Specifically, there are a limited number of papers published comparing the two diets against one another for blood pressure (BP), lipid-related CV risk factors, CV events, mortality and hypertension.

The MedDiet is a traditionally followed dietary pattern that was initiated in the 50s and 60s of the 20th century in the Mediterranean Basin (Martínez-González et al., 2019). This diet features a low consumption of meat, such as red and processed meat, butter, highly processed foods, and saturated fat, but a moderate consumption of dairy (Martínez-González et al., 2019). Instead this diet focuses on consumption of minimally processed plant based foods such as vegetables, fruits, nuts, legumes, typically unrefined whole grains and a moderate consumption of animal proteins (fish, eggs; Vetrani et al., 2025). The main source of fat in the MedDiet is through extra virgin olive oil (EVOO) which is known to be rich in monounsaturated fats (MUFAS) and polyphenols, which act as antioxidants and anti-inflammatory compounds. According to Vetrani and colleagues (2025), the MedDiet is considered a healthy diet associated with lower CVD risk as well as type 2 diabetes and some cancers.

The DASH diet is a primary dietary pattern that was studied in the early 1990s to assess the effects of dietary patterns on blood pressure (Daley & Vadakekut, 2025). The DASH diet is nutritionally high in fruits, vegetables, whole grains, low fat dairy and moderate in poultry, fish and nuts. It favors a lower intake of red meat, sugar, saturated fats, total fats and sodium (Siervo et al., 2015). Through this dietary pattern, the DASH diet is high in nutrients such as potassium (K), calcium (Ca), magnesium (Mg) and fiber (Siervo et al., 2015). Professional organizations such as the American College of Cardiology (ACC) and the American Heart Association (AHA) favor the DASH diet to aid in the prevention and reduction of hypertension in adults (Daley & Vadakekut, 2025). These recommendations have been supported by clinical experimental evidence that displayed average decreases in systolic blood pressure of 1 to 13mm HG and diastolic reduction of 1 to 10mm Hg (Daley & Vadakekut, 2025). The DASH diet has further been shown to improve cardiovascular risk factors such as oxidative stress, blood pressure, inflammation, and more, showing to be an effective nutritional diet to prevent CVD (Siervo et al., 2015).

Though both these diets have established high nutritional benefits for preventing CVD and have shown to be beneficial for CV health, most evidence supporting the Med and DASH diets are conducted

independently, making it difficult to determine which dietary pattern provides greater overall CV benefits. This review paper aims to directly compare studies examining the MedDiet and DASH diet to better understand overall cardiovascular benefits.

METHODS

A narrative literature review was conducted which attempts to evaluate both the MedDiet and the DASH diet to evaluate the strengths and patterns for cardiovascular health. The literature search was conducted by using the databases PubMed and Google Scholar, with comma separated keywords such as: “Mediterranean Diet”, “Cardiovascular health”, “DASH Diet”, “CV risk factors”, “heart failure”, “blood pressure”, “Diastolic blood pressure”, “Systolic blood pressure”, “Atherosclerosis” and “lipids”. Searches were also conducted on Google to retrieve original randomized trial research papers such as “PREvención con DIeta MEDiterránea (PREDIMED)” trial, “LYON heart trial" and the “Original DASH trial”. Searches were carried out starting June, 2026, and the final search recorded was done August, 2026. Additionally, seven literature reviews regarding the MedDiet or DASH diets effects on CV health were analyzed to identify original research papers examining benefits of these diets. Furthermore, when reading review papers, reference sections were scanned and used to find additional resources. Landmark studies, systematic reviews and RCTs directly addressing both diets' effects on BP, lipids, atherosclerotic cardiovascular disease (ASCVD) and CVDs were analyzed. Data from each study were extracted and documented on Google Sheets to identify outcomes, main findings and limitations. When interpreting the 10 included studies, their study designs, measured outcomes, and methodological limitations were considered to determine the weight given to each finding. RCTs were given greater weight when drawing causal conclusions about directly measured outcomes, whereas findings from observational studies were interpreted as associations due to potential confounding. Secondary analyses were evaluated with consideration of their reliance on previously collected data, while studies measuring surrogate markers or estimated risk were distinguished from those measuring actual cardiovascular events. These differences informed how the findings were compared and interpreted, preventing conclusions that extended beyond the evidence provided by each study. To reduce the amount of evidence gaps, specific searches were conducted when writing the literature review. Literature reviews and studies written in languages other than English were not used to complete this review. Additionally, other papers focusing on other diet types not including MedDiet or DASH diet were not included since the papers had to evaluate those diets. Lastly, research papers discussing MedDiet or DASH diet effects on topics other than CV outcomes or risk factors were not included. Cardiovascular outcomes such as ASCVD, mortality, HF and MI were included and analyzed. (Figure 1).

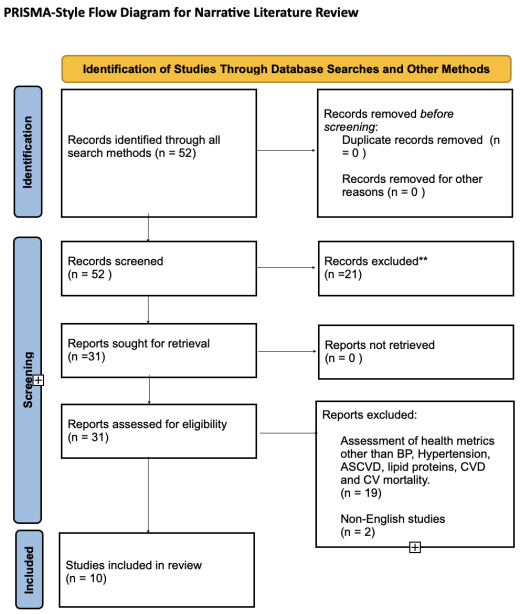


Figure 1. Prisma Flow Chart for Review Search Strategy.

RESULTS

The literature resulted in 52 potential papers, including combined records of papers identified through database searching, targeted google searching and reference scanning, that were initially reviewed. Of those, 31 papers were sought for full text review. Papers were excluded due to not being a peer reviewed published empirical paper, not written in English, studies based on other metrics of physical health, and research papers discussing MedDiet or DASH diet effects on topics other than CV outcomes or risk factors that were not included. There were 10 studies that met inclusion and exclusion criteria. Of the included studies, 4 studies assessed the MedDiet, 4 assessed the DASH diet, and 2 papers compared both diets under the same conditions. These 10 studies consist of randomized controlled trials, secondary analyses of randomized controlled trials, prospective cohort studies, a target trial emulation, and a cross-sectional observational study.

DISCUSSION

MedDiet and DASH diet comparison of effects on Hypertension and BP

Hypertension is one of the most potent CV risk factors globally (Ebinger et al., 2025) with approximately 1.4 billion adults aged from 30-79 years affected in 2024 worldwide (World Health Organization, 2025b). As stated by the American Heart Association, uncontrolled high BP can lead to major CVDs,

encompassing, but not limited to, stroke, heart failure and atherosclerosis (American Heart Association, 2025). The World Health Organization describes how dietary changes such as, reducing caloric intake, saturated fat, processed foods and sodium consumption can lower the population's BP to reduce mortality, manage BP, and lower the risk of an individual becoming hypertensive (World Health Organization Regional Office for the Eastern Mediterranean, 2013).

An RCT containing 1294 participants ranging from ages 65 to 79 years strived to assess first time effects of a Med-style diet on BP for older adults. Participants were randomly placed into the intervention group (following a Med-style diet) or the control group and participants received tailored dietary advice through both groups. After a 1 year multi center RCT, systolic blood pressure (SBP) was lowered by 5.5mm Hg. By contrast there was no alteration in diastolic blood pressure (DBP) in the intervention group. The control group had a 0.9mm Hg increase during the 1 year follow up for SBP (Jennings et al., 2019).

The original DASH trial, a multicenter randomized, controlled feeding study, examined dietary effects on BP in a younger population. This study enrolled 459 participants 22 years of age or older. Through this clinical trial, the participants partook in a three week run-in phase in which they were fed a control diet that consisted of consuming a typical American diet. Participants were subsequently randomly assigned into one of the three groups, either the control diet continued, a diet of fruits and vegetables or a combo diet (DASH diet). In the DASH diet, SBP was reduced more than 5.5mm Hg and DBP was reduced by 3.0mm Hg more than the control diet. Compared to the fruits and vegetables diet, The DASH diet lessened SBP by 2.7mm Hg and DBP by 1.9mm Hg (Appel et al., 1997).

In the Original DASH trial and the Multi-Center Trial of the Mediterranean-Style Diet, the SBP levels were reduced comparably in both trials (approximately 5.5mm Hg). However, only the COMBO diet reduced DBP levels significantly, contrary to the Med-style Diet trial where statistically significant reduction in DBP was not observed. Additionally, the participants in both trials were in different age ranges, with the Med-style trial focusing on older adults and the DASH trial focusing on adults with a starting age of 22. These differences could alter findings since during the Med-style diet trial, SBP was only reduced in males (Jennings et al., 2019), which could contribute to the idea that since sex had acted as a confounder, age could have acted as one too. According to Cheng et al. (2022), their research concluded that the risk of high DBP declined after ages 50-65 years. Typically, SBP rises linearly with age for men, whereas increases nonlinearly for women (Cheng et al., 2022). In the original DASH trial, the DASH dietary pattern significantly reduced DBP compared with the control diet, whereas Jennings et al. (2019) did not observe a significant DBP reduction with the Mediterranean-style intervention. However, differences in participant populations and study designs prevent conclusions regarding the comparative effectiveness of these diets. Nevertheless the DASH diet and MedDiet both reduced SBP level, supporting the potential CV benefits of both dietary patterns.

MedDiet and Dash Diet comparison of effect on atherosclerosis and lipid proteins

As stated by the American Heart Association (n.d.), Atherosclerosis (ASCVD) related conditions remain the leading cause of morbidity and mortality globally. Atherosclerosis is a major pathological process that is the underlying cause of CVD such as heart attack and stroke (Linton et al., 2019). Diets high in saturated fatty acids are a typical risk factor for ASCVD due to an effect to raise the low-density lipoprotein (LDL) concentration (Maki et al., 2021). Other types of lipid profiles including total cholesterol (TC), high-density lipoprotein (HDL) and triglyceride (TG) have been tested to investigate their associations with coronary heart disease (CHD) and stroke, two types of CVD (Pahlavanzade et al., 2019). TC, LDL and TG are seen as predictors of CHD mortality in women when increased, whereas low levels of HDL is seen as a risk factor of CHD (Pahlavanzade et al., 2019). Since both the MedDiet and DASH diet modify their fat intake differently, which adjusts cholesterol levels, comparing their effects on lipid profiles and atherosclerotic risk is essential to understanding their effects on CV benefits.

Carotid Atherosclerosis Markers (IMT and Plaque):

During a RCT that compared two healthy diet patterns (low fat, high carb vs. MedDiet supplemented with EVOO) on CV events, the data was used to assess the IMT-CC (thickness in arteries which can be used as a marker for atherosclerosis to predict CVDs) and carotid plaque height/number (Jimenez-Torres et al., 2021). The study showed how the MedDiet significantly reduced IMT-CC and carotid plaque after five and seven years compared to the baselines, whereas the low-fat diet did not show any changes (Jimenez-Torres et al., 2021). IMT-CC is widely considered a surrogate marker of subclinical atherosclerosis and a strong predictor of CVD, such as MI and stroke (Lin et al., 2015;Lorenz et al., 2012). These findings suggest that the MedDiet may slow the progression of subclinical atherosclerosis, as reflected by improvements in carotid artery markers such as IMT-CC and plaque height (Jimenez-Torres et al., 2021).

Estimated 10-Year ASCVD Risk

A secondary analysis of the original DASH RCT included 459 adults, aged from 22-72 years without CVD, antihypertensive or diabetes mellitus medications (Jeong et al., 2023). Following a 3 week run in with the control diet, participants were then randomized into three groups, the control, F/V or DASH diet. The goal of this study was to determine the effects of following the DASH diet on 10-year ASCVD risk. The DASH diet showed a decrease in the estimated 10-year ASCVD risk by 10% compared with the control diet over the course of 8 weeks (Jeong et al., 2023). The estimated 10-year ASCVD risk was calculated using the Pooled Cohort Equations rather than measuring cardiovascular events over a 10-year period. Although reductions in HDL cholesterol partially offset the cardiovascular benefits, the DASH diet still produced an overall reduction in estimated ASCVD risk (Jeong et al., 2023).

Lipid Profiles (TC, LDL, TG, HDL, and LDL/HDL Ratio)

The MedDiet and DASH Diet were both associated with lipid profile in a large sample of Iranian adults by a cross-sectional study of the Shahedieh cohort through a direct comparison. Through this study, 4740 adults ranging from ages 35-70 years were evaluated for associations between both diets (Panbehkar-Jouybari et al., 2021). This study was one of the few papers found comparing them together. Fasting blood samples were collected to measure the following lipid profiles: TC, LDL, HDL, TG and LDL/HDL ratio. Participants were categorized by DASH and MedDiet adherence, and were tested using a modified diet score. The results indicated a correlation between greater adherence to MedDiet with higher HDL levels before adjustment for confounders, but not after since the difference was no longer statistically significant, and 15% lower odds of a high LDL/HDL ratio (Panbehkar-Jouybari et al., 2021). Greater DASH diet adherence was associated with lower TC, TG, LDL and LDL/HDL ratios. Even after adjusting confounders, participants with highest DASH adherence had 19% lower odds of high TC and 18% lower odds of high LDL/HDL (Panbehkar-Jouybari et al., 2021).

In the direct observational comparison by Panbehkar-Jouybari et al., 2021, greater DASH adherence was shown to be associated with favorable findings across more lipid parameters than greater MedDiet adherence. Greater MedDiet adherence was associated with lower odds of an elevated LDL/HDL ratio after adjustment, but the positive HDL association did not remain significant after adjustment. Further large scale prospective studies were recommended to improve their findings (Panbehkar-Jouybari et al., 2021). This study's cross-sectional design prevents establishing a causal relationship between dietary adherence and lipid profiles.

Jeong and colleagues, 2023 and Jimenez-Torres, and colleagues, 2021 both evaluated the effects on cardiovascular health differently for each diet. Though both of these diets were concluded to have cardiovascular benefits, the primary outcomes being measured are different, which limits direct comparison.

MedDiet and Dash Diet comparison on Cardiovascular Disease and Mortality

CVD has remained the leading cause of mortality globally (Kaminsky et al., 2022). Common types of CVD include, but are not limited to, coronary heart disease (CHD), stroke (Institute of Medicine, 2011), heart failure and myocardial infarction (MI). According to Chong and colleagues, 2025, future healthcare systems can expect a rapid rise in crude CV mortality, with the prevalence of CVD doubling from 598 million in 2025 to 1.14 billion in 2050, corresponding to a 3.6% yearly increase.

Major Cardiovascular Events

The PREDIMED trial was a multicenter RCT dedicated to testing the efficacy of two experimental MedDiets, one supplemented with EVOO and the other with mixed nuts, both compared to the control

diet (reduced dietary fat) for cardiovascular prevention (Estruch et al., 2018). The primary endpoints tested were major cardiovascular events. Out of 7447 participants, there were 96 primary endpoints in the MedDiet with EVOO, 83 in the MedDiet with nuts and 109 in the control group. The incidence of major CV events was lower with the Med groups compared to those assigned to a low fat diet over a period of 5 years. Following the MedDiet was able to reduce CV events by an approximate relative reduction of 30% (Estruch et al., 2018).

The goal of a randomized, prevention trial, LYON HEART, was to test MedDiet on reducing cardiac mortality and morbidity after MI (de Lorgeril et al., 1994). 302 participants were randomly assigned to the experimental group (advised to follow MedDiet), and 303 into the control group (no dietary advice), both groups had all participants with recent first MI. There was a planned follow up of 5 years, but since the study stopped early, outcomes are recorded by approximately 27 months. The primary endpoints studied were cardiac death and nonfatal acute MI. The MedDiet had 3 reported cardiac deaths, whereas the control had 16 cardiac deaths. The incidence of the combined endpoint (cardiac death and nonfatal MI) was 8 (2.8%) in MedDiet vs 33 (11.2%) in the control supporting an association with the substantial reduction in recurrent major CV events among participants assigned to the Mediterranean diet.

Cardiovascular and All-Cause Mortality

The DASH diet has also been evaluated for its potential role in CVD prevention. To assess the adherence of the DASH diet on all-cause mortality risk in patients with established CVD, data was used from the Alpha Omega Cohort to emulate a DASH diet trial in patients with a history of MI (Bonekamp et al., 2023). During this prospective observational cohort, it was found that 2035 deaths occurred with 903 being associated with CV origin during the course of 12.4 years. The primary endpoints studied were the difference in risk of CV mortality and all - cause mortality assessed by using a log - rank test in Kaplan Meier survival analyses. It was found that the DASH diet adherence was not linked with significantly lower all cause mortality in a population with established CVD (HR 0.92) and CV mortality (HR 0.90) (Bonekamp et al., 2023).

Heart Failure Incidence

In a prospective observational Swedish cohort study, the relationship of long-term adherence to the DASH Diet on the risk of HF in middle aged to elderly adults was examined (Ibsen et al., 2022). Over a median follow up of 22 years, 12,164 participants developed HF. Compared to participants with the lowest DASH adherence, those with the highest adherence experienced HR = 0.85, (95% CI: 0.80-0.91), at baseline and HR=0.83 (95% CI: 0.78-0.89;Ibsen et al., 2022), meaning the highest adherence group was affiliated with 15% and 17% lower hazard of heart failure, respectively. By replacing 1 serving of red and processed meat (100g) with DASH - emphasized foods, there was an association with a 8 - 12% lower risk of HF (Ibsen et al., 2022).

Short - Term Cardiometabolic Outcomes

A single center, direct comparison, RCT ran for a three-month intervention to assess the cardiometabolic effects from salt restriction alone, with the DASH diet, and the MedDiet compared to control (Filippou et al., 2025). This study had been designed to address the lack of direct randomized comparisons between the two dietary patterns. Participants included 240 adults aging from 18 - 65 years old and were randomized equally into four groups (control, salt restriction, MedDiet + salt restriction and DASH diet + salt restriction). As a result, all three diets significantly improved cardiometabolic health compared to the control group by reducing TC, LDL, systolic BP, diastolic BP, and fasting glucose (Filippou et al., 2025). However, neither of the diets improved HDL cholesterol, and the MedDiet showed greater reductions in metabolic syndrome prevalence than salt restriction alone. Compared to the DASH group, the MedDiet had lower odds of elevated BP even though they produced similar cardiometabolic improvements. These are short term cardiometabolic outcomes rather than major clinical cardiovascular outcomes or mortality.

Filippou and colleagues 2025 is one of the only studies comparing DASH diet vs MedDiet under the same conditions, participant population and intervention period, as there is a lack of direct randomized comparisons. Under the same methodological approaches, both diets enhanced short term cardiometabolic health when compared to the control diet. This study provides a more direct comparison of both diets as the study design is less likely to be causing different outcomes compared to the diets.

Overall Synthesis and Limitations

Both the MedDiet and DASH diet are associated with CV benefits based on the studies synthesized. The MedDiet aided in lowering major CV events and cardiac mortality in both the PREDIMED RCT study, demonstrating a reduction in CV events but not a significant reduction in CV mortality, and the LYON heart study, reporting fewer CV events and deaths after MI. On the other hand, the DASH diet was associated with lower HF incidence in the Sweden Cohort Study, but in the Bonekamp et al. (2023) study, the DASH diet association with lower CV mortality was not statistically significant. Because Bonekamp et al. (2023) used an observational design, the findings may be affected by residual confounding and cannot establish a causal relationship between DASH adherence and mortality.

In the LYON heart study, to test for CV mortality in the MedDiet, the participants were randomized into two groups. Randomization is known to be a reliable mechanism associated with taking out or reducing systematic error (Sundaram et al., 2022). As the LYON heart studies participants were randomized, it could be one reason as to why the trial has less bias and strong validity on CV mortality. To continue, the LYON heart tested a Mediterranean style intervention after MI when Bonekamp examined the DASH adherence in an observational cohort of patients with MI history, limiting the capability for a direct comparison. Although DASH adherence was not significantly associated with lower mortality in the Bonekamp et al. (2023) study, greater DASH adherence was associated with a lower incidence of heart failure in the Swedish cohort studied by Ibsen et al. (2022). That being said, each study was measuring different CV endpoints, showing that it could be possible that the DASH diet benefits are dependent on

what is being measured. As well as, both studies were classified as observational studies, but patients in Bonekamp had a recent history of one MI but in Ibsen there were no recent CVD events. On the other hand, in the PREDIMED trial and LYON heart study, both found that the MedDiet benefits major CV outcomes. Though both studies reached the same conclusion, the PREDIMED trial focused on the effect on CV events in patients with high risk of CVD, whereas LYON heart focused on CV mortality in patients that experienced a recent MI. Even though the studies were done differently, for example they both had varied populations, outcomes measured and criteria, they both reached the broad conclusion that the MedDiet is beneficial for cardiovascular health.
Together, these randomized trials strengthen the evidence supporting Mediterranean-style dietary interventions for reducing major cardiovascular events, although differences in study populations and individual outcomes limit direct comparisons and conclusions about mortality.

Collectively, the evidence suggests that although both dietary patterns improve cardiovascular health, the Mediterranean diet has strong evidence through the randomized trials supporting reductions in major CV outcomes, while the DASH studies provide evidence of BP improvements and an association with lower HF incidence.

LIMITATIONS

Although this review provides insight into the CV effects of the Mediterranean and DASH diets, several limitations should be acknowledged. First, there is a limited literature examining MedDiet, DASH diet, and both resulting in conclusions drawn here based on a limited number of studies. When researching databases for studies directly comparing MedDiet to DASH diet under identical conditions, there were very few direct studies. Second, there is a heterogeneity in the endpoints examined in each study. This makes comparing diets directly more difficult. For instance, endpoints such as lipid profiles, HF, BP, and CV mortality are not directly comparable. Lastly, when searching through databases for studies, a structured Boolean search strategy was not used which may have caused missed relevant studies. However, despite these limitations, the review still provides useful evidence for both DASH diet and MedDiet effects on CV health.

FUTURE DIRECTIONS

Future research should address several gaps identified throughout this review. For example, more direct comparisons of the MedDiet and DASH diet studies should be conducted to compare individual diet effects under the same conditions. Additionally, future studies should utilize longitudinal study designs and execute research with longer intervention periods to test if long term diet adherence changes CV outcomes. Furthermore, future studies should test multiple endpoints under the same conditions so the diets can be directly comparable under many circumstances.

CONCLUSION

Based on included studies that evaluated the MedDiet and DASH diet on major CV outcomes, mortality, lipid control and BP, both MedDiet and DASH diet have been seen to be associated with benefits to CV health. Both the MedDiet and DASH diet were linked to lower SBP, but the DASH diet had statistically significant effects on DBP. The DASH diet showed improvements in estimated 10-year ASCVD risk, whereas the Mediterranean diet showed improvements in carotid markers of subclinical atherosclerosis. When adherence to both dietary patterns was evaluated within the same study population to test effects on lipid control in a direct comparison, the DASH diet was associated with favorable results across more lipid parameters, but the MedDiet adherence was associated with lower odds of elevated LDL/HDL after adjustment. The MedDiet had pronounced effects in lowering major CV events, but not a statistically significant reduction in CV mortality in the PREDIMED trial with high-risk patients. Yet, in the LYON heart trial, fewer cardiac deaths with patients who experienced an MI were reported following its Mediterranean-style intervention. The DASH diet was associated with lower HF incidence in Ibsen. Also, the DASH diet was not significantly associated with lower all-cause mortality in Bonekamp. Both dietary patterns are linked to being effective in improving CV health, with the DASH diet appearing to have evidence in improving DBP and lipid control, whereas the MedDiet has shown evidence for reducing major CV outcomes.

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