# Beyond Diabetes, Obesity, and Cardiovascular Disease: An Evidence Map of Anti-Inflammatory Diet and Related Dietary Interventions for the Prevention and Management of Chronic Health Conditions

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*Health Systems Research*

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# *Appendix*

# SEARCH STRATEGIES

| **Search Date:** July 25, 2023 | | | |
|---|---|---|---|
| **1. Bibliographic Databases** | **#** | **Search Statement** | **Results** |
| MEDLINE: Systematic Reviews<br><br>Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review & Other Non-Indexed Citations and Daily 1946 to July 25, 2023 | 1 | Mediterranean Diet/ OR Diet, Vegetarian/ OR Diet, Vegan/ | 9322 |
| | 2 | (((anti-inflammat* OR DASH OR Mediterranean OR MIND OR vegetarian OR plant?based OR vegan) adj3 diet*) OR MedDiet).ti,ab,kf,kw. | 13174 |
| | 3 | 1 OR 2 | 16155 |
| | 4 | (systematic review.ti. or meta-analysis.pt. or meta-analysis.ti. or systematic literature review.ti. or this systematic review.tw. or pooling project.tw. or (systematic review.ti,ab. and review.pt.) or meta synthesis.ti. or meta-analy*.ti. or integrative review.tw. or integrative research review.tw. or rapid review.tw. or umbrella review.tw. or consensus development conference.pt. or practice guideline.pt. or drug class reviews.ti. or cochrane database syst rev.jn. or acp journal club.jn. or health technol assess.jn. or evid rep technol assess summ.jn. or jbi database system rev implement rep.jn. or (clinical guideline and management).tw. or ((evidence based.ti. or evidence-based medicine/ or best practice*.ti. or evidence synthesis.ti,ab.) and (((review.pt. or diseases category/ or behavior.mp.) and behavior mechanisms/) or therapeutics/ or evaluation studies.pt. or validation studies.pt. or guideline.pt. or pmcbook.mp.)) or (((systematic or systematically).tw. or critical.ti,ab. or study selection.tw. or ((predetermined or inclusion) and criteri*).tw. or exclusion criteri*.tw. or main outcome measures.tw. or standard of care.tw. or standards of care.tw.) and ((survey or surveys).ti,ab. or overview*.tw. or review.ti,ab. or reviews.ti,ab. or search*.tw. or handsearch.tw. or analysis.ti. or critique.ti,ab. or appraisal.tw. or (reduction.tw. and (risk/ or risk.tw.) and (death or recurrence).mp.)) and ((literature or articles or publications or publication or bibliography or bibliographies or published).ti,ab. or pooled data.tw. or unpublished.tw. or citation.tw. or citations.tw. or database.ti,ab. or internet.ti,ab. or textbooks.ti,ab. or references.tw. or scales.tw. or papers.tw. or datasets.tw. or trials.ti,ab. or meta-analy*.tw. or (clinical and studies).ti,ab. or treatment outcome/ or treatment outcome.tw. or pmcbook.mp.))) not (letter or newspaper article).pt. | 606863 |
| | 5 | 3 AND 4 | 944 |
| | | | |
| CINAHL Ultimate | 1 | (MH "Mediterranean Diet") OR (MH "Vegetarianism") OR (MH "Plant-Based Diet") | 12723 |
| | 2 | TX (((anti-inflammat* OR DASH OR Mediterranean OR MIND OR vegetarian OR plant?based OR vegan) N3 diet*) OR MedDiet) | 26079 |
| | 3 | 1 OR 2 | 31579 |
| | 4 | (MH "meta analysis" OR MH "systematic review" OR MH "Technology, Medical/EV" OR PT "systematic review" OR PT | 310465 |

| | | | |
|---|---|---|---|
| | | "meta analysis" OR (((TI systematic* OR AB systematic*) N3 ((TI review* OR AB review*) OR (TI overview* OR AB overview*))) OR ((TI methodologic* OR AB methodologic*) N3 ((TI review* OR AB review*) OR (TI overview* OR AB overview*)))) OR (((TI quantitative OR AB quantitative) N3 ((TI review* OR AB review*) OR (TI overview* OR AB overview*) OR (TI synthes* OR AB synthes*))) OR ((TI research OR AB research) N3 ((TI integrati* OR AB integrati*) OR (TI overview* OR AB overview*)))) OR (((TI integrative OR AB integrative) N3 ((TI review* OR AB review*) OR (TI overview* OR AB overview*))) OR ((TI collaborative OR AB collaborative) N3 ((TI review* OR AB review*) OR (TI overview* OR AB overview*))) OR ((TI pool* OR AB pool*) N3 (TI analy* OR AB analy*))) OR ((TI "data synthes*" OR AB "data synthes*") OR (TI "data extraction*" OR AB "data extraction*") OR (TI "data abstraction*" OR AB "data abstraction*")) OR ((TI handsearch* OR AB handsearch*) OR (TI "hand search*" OR AB "hand search*")) OR ((TI "mantel haenszel" OR AB "mantel haenszel") OR (TI peto OR AB peto) OR (TI "der simonian" OR AB "der simonian") OR (TI dersimonian OR AB dersimonian) OR (TI "fixed effect*" OR AB "fixed effect*") OR (TI "latin square*" OR AB "latin square*")) OR ((TI "met analy*" OR AB "met analy*") OR (TI metanaly* OR AB metanaly*) OR (TI "technology assessment*" OR AB "technology assessment*") OR (TI HTA OR AB HTA) OR (TI HTAs OR AB HTAs) OR (TI "technology overview*" OR AB "technology overview*") OR (TI "technology appraisal*" OR AB "technology appraisal*")) OR ((TI "meta regression*" OR AB "meta regression*") OR (TI metaregression* OR AB metaregression*)) OR (MW meta-analy* OR MW metaanaly* OR MW "systematic review*" OR MW "biomedical technology assessment*" OR MW "bio-medical technology assessment*") OR ((TI medline OR AB medline OR MW medline) OR (TI cochrane OR AB cochrane OR MW cochrane) OR (TI pubmed OR AB pubmed OR MW pubmed) OR (TI medlars OR AB medlars OR MW medlars) OR (TI embase OR AB embase OR MW embase) OR (TI cinahl OR AB cinahl OR MW cinahl)) OR (SO Cochrane OR SO health technology assessment OR SO evidence report) OR ((TI comparative OR AB comparative) N3 ((TI efficacy OR AB efficacy) OR (TI effectiveness OR AB effectiveness))) OR ((TI "outcomes research" OR AB "outcomes research") OR (TI "relative effectiveness" OR AB "relative effectiveness")) OR (((TI indirect OR AB indirect) OR (TI "indirect treatment" OR AB "indirect treatment") OR (TI mixed-treatment OR AB mixed-treatment) OR (TI bayesian OR AB bayesian)) N3 (TI comparison* OR AB comparison*)) OR ((TI multi* OR AB multi*) N3 (TI treatment OR AB treatment) N3 (TI comparison* OR AB comparison*)) OR ((TI mixed OR AB mixed) N3 (TI treatment OR AB treatment) N3 ((TI meta-analy* OR AB meta-analy*) OR (TI metaanaly* OR AB metaanaly*))) OR (TI "umbrella review*" OR AB "umbrella review*") OR ((TI multi* OR AB multi*) N2 (TI paramet* OR AB paramet*) N2 (TI evidence OR AB evidence) N2 (TI synthesis OR AB synthesis)) OR ((TI multiparamet* OR AB multiparamet*) N2 (TI evidence OR AB evidence) N2 (TI synthesis OR AB synthesis)) OR ((TI multi-paramet* OR AB | |

| | | | |
|---|---|---|---|
| | | multi-paramet*) N2 (TI evidence OR AB evidence) N2 (TI synthesis OR AB synthesis)) | |
| | 5 | 3 AND 4 | 1812 |
| | | | |
| CDSR: Protocols and Reviews<br><br>April 1996-present | 1 | MeSH descriptor: [Diet, Mediterranean] this term only | 768 |
| | 2 | MeSH descriptor: [Diet, Vegetarian] this term only | 242 |
| | 3 | MeSH descriptor: [Diet, Vegan] this term only | 38 |
| | 4 | (((anti-inflammat* OR DASH OR Mediterranean OR MIND OR vegetarian OR plant?based OR vegan) near/3 diet*) OR MedDiet) | 4013 |
| | 5 | #1 OR #2 OR #3 OR #4 | 4013 |
| | 6 | Limit 5 to protocols and reviews | 76 |
| Bibliographic databases | | | |
| **Total results** | | | 2832 |
| | | | |
| **2. Non-Bibliographic Databases** | **Search Statement/Description** | | **Results** |
| AHRQ: evidence reports, technology assessments, U.S Preventative Services Task Force Evidence Synthesis | Mediterranean diet OR vegan diet OR vegetarian diet OR DASH diet OR plant-based diet OR anti-inflammatory diet | | 0 |
| CADTH | Mediterranean diet OR vegan diet OR vegetarian diet OR DASH diet OR plant-based diet OR anti-inflammatory diet<br><br>Anti-inflammatory Diets for Chronic, Non-Cancer Pain: Clinical Effectiveness and Guidelines<br><br>Nutritional Interventions for the Delayed Progression or Reversal of Frailty: Clinical Effectiveness<br><br>Low Carbohydrate Diets for Diabetes: A Review of the Clinical Effectiveness and Guidelines<br><br>Dietary Interventions for Chronic Kidney Disease | | 4 |
| EPPI-Centre | [Use browser search function [CNTL + F] for keyword search]<br><br>Mediterranean diet OR vegan diet OR vegetarian diet OR DASH diet OR plant-based diet OR anti-inflammatory diet | | 0 |
| NCBI Bookshelf | Mediterranean diet OR vegan diet OR vegetarian diet OR DASH diet OR plant-based diet OR anti-inflammatory diet<br><br>Benefits and Harms of the Mediterranean Diet Compared to Other Diets [Internet]. | | 3 |

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| | What National and Subnational Interventions and Policies Based on Mediterranean and Nordic Diets are Recommended or Implemented in the WHO European Region, and is there Evidence of Effectiveness in Reducing Noncommunicable Diseases? [Internet].<br><br>Diet and Health: Implications for Reducing Chronic Disease Risk. | |
| NHS Evidence | Not available | |
| VA: HSR&D | Mediterranean diet OR vegan diet OR vegetarian diet OR DASH diet OR plant-based diet OR anti-inflammatory diet | 0 |
| VA: ORD | Mediterranean diet OR vegan diet OR vegetarian diet OR DASH diet OR plant-based diet OR anti-inflammatory diet | 0 |
| VA: Dimensions | ("Mediterranean diet" OR "vegan diet" OR "vegetarian diet" OR "DASH diet" OR "plant-based diet" OR "anti-inflammatory diet") AND review, limit to VA publications | 9 |
| **3. Secondary Sources** | **Search Statement/Description** | **Results** |
| BCBS Foundation Massachusetts | N/A | 0 |
| CMS Research Reports | N/A | 0 |
| Hayes | N/A | 0 |
| ICES | N/A | 0 |
| National Academies, Health & Medicine Division | N/A | 0 |
| McMaster Health Systems Evidence | N/A | 0 |
| Robert Wood Johnson Foundation | N/A | 0 |
| UBC Centre for Health Services & Policy Research | N/A | 0 |
| WHO Health Evidence Network | N/A | 0 |
| **4. Reviews in development** | **Search Statement/Description** | **Results** |
| AHRD topics in development (EPC status report) | [Email Charli Armstrong Charlotte.Armstrong1@va.gov]<br><br>KV emailed 07-26-23<br>CA responded 07-26-23: no duplication | 0 |
| PROSPERO (SR registry) | Mediterranean diet OR vegan diet OR vegetarian diet OR DASH diet OR plant-based diet OR anti-inflammatory diet<br><br>A meta-analysis of effects of Mediterranean diet in patients with nonalcoholic fatty liver disease | 32 |

| | | |
|---|---|---|
| | A systematic review of diets for weight loss and remission of type 2 diabetes<br><br>Adherence to a Mediterranean Diet and risk of Alzheimer's and Parkinson's Diseases: a systematic review of population-based studies and evidence from pre-clinical studies<br><br>Adherence to a Mediterranean -style diet and risk of diabetes: A Systematic Review and Meta-Analysis of Prospective Studies<br><br>Adherence to DASH diet and hypertension risk: a systematic review and meta-analysis<br><br>Adherence to Mediterranean diet and risk of cancer: a systematic review and meta-analysis of observational studies<br><br>Adherence to the Mediterranean diet in relation to all-cause mortality: a systematic review and dose-response meta-analysis of prospective cohort studies<br><br>Anti-Inflammatory Diets for Patients with a Chronic Inflammatory Disease: Protocol for a Systematic Review and Meta-Analysis of Randomized Trials<br><br>Association between Mediterranean diet and Parkinson's disease in adults: A systematic review and meta-analysis of cohort studies<br><br>Benefits and harms of the Mediterranean diet compared to other dietary interventions<br><br>Dietary interventions for non-alcoholic fatty liver disease: systematic review and meta-analysis<br><br>Effectiveness of vegetarian and vegan diets in type 2 diabetes mellitus: Systematic review<br><br>Evidence on vegan diet for health benefits and risks – an umbrella review of meta-analyses of observational and interventional studies<br><br>Impact of Vegetarian, Vegan and Non-Vegetarian Diets on Cardiometabolic Disease Prevention, Secondary Prevention and Management in Adults<br><br>The effectiveness of a low-fat vegan diet for the prevention and management of type 2 diabetes: a systematic review and meta-analysis of controlled trials<br><br>Vegan and vegetarian diets vs. omnivore diets: implications on human health: a systematic review of randomized clinical trials | |

| | | |
|---|---|---|
| | Effects of vegetarian and vegan diets on insulin sensitivity in people with overweight or type 2 diabetes: protocol for a systematic review and meta-analysis<br><br>Efficacy of Plant-based Dietary Patterns in the management of type 2 diabetes mellitus: A Systematic Review and Meta-Analysis<br><br>Healthy effects of vegetarian diets: evidence and mechanisms<br><br>Nutritional and health outcomes associated with vegetarian diets: an umbrella systematic review of meta-analyses<br><br>Role of Vegetarian and Plant-based diet in the prevention of Mild Cognitive Impairment and Dementia<br><br>Systematic review and meta-analysis of the associations of vegan and vegetarian diets with inflammatory biomarkers<br><br>Systematic review of the relationship between vegetarian diets and health-related outcomes<br><br>Adherence to DASH diet and hypertension risk: a systematic review and meta-analysis<br><br>Effect of anti-inflammatory diet on NAFLD: systematic review<br><br>Effect of anti-inflammatory diets on inflammation markers in adult human populations: a systematic review of randomized controlled trials Update 2020-2023<br><br>Effect of Plant-Based Diets on Rheumatoid Arthritis: A Systematic Review<br><br>Effect of Plant-based Dietary Patterns in Type 2 Diabetes Patients: A Systematic Review of Randomized Controlled Trials<br><br>Effect of the level of adherence to the DASH diet on blood pressure: a systematic review and meta-analysis of observational studies<br><br>Anti-Inflammatory Diets for Patients with a Chronic Inflammatory Disease: Protocol for a Systematic Review and Meta-Analysis of Randomized Trials<br><br>The effects of an anti-inflammatory diet on chronic inflammation and disease activity in adults diagnosed with rheumatoid arthritis | |

| **Summary** | |
|---|---|
| Bibliographic databases | 2832 |
| Non-bibliographic databases | 16 |
| Secondary sources | 0 |

| | |
|---|---|
| Reviews in development | 32 |
| **Total results** | 2880 |
| **Total after deduplication** | 2309 |

# STUDIES EXCLUDED DURING FULL-TEXT SCREENING

No GRADE, *N = 251*


1. Abbas, N., et al., A Systematic Review of the Role of Diet in Ulcerative Colitis. Cureus, 2023. 15(5): p. e39350.
2. Abboud, M., et al., Effect of Ketogenic Diet on Quality of Life in Adults with Chronic Disease: A Systematic Review of Randomized Controlled Trials. Nutrients, 2021. 13(12): p. 4463-4463.
3. Abdallah, J., et al., Effects of anti-inflammatory dietary patterns on non-alcoholic fatty liver disease: a systematic literature review. European journal of nutrition, 2023. 62(4): p. 1563-1578.
4. Ajjarapu, A.S., et al., Dietary Patterns and Renal Health Outcomes in the General Population: A Review Focusing on Prospective Studies. Nutrients, 2019. 11(8).
5. Akhlaghi, M., M. Ghasemi-Nasab, and M. Riasatian, Mediterranean diet for patients with non-alcoholic fatty liver disease, a systematic review and meta-analysis of observational and clinical investigations. Journal of diabetes and metabolic disorders, 2020. 19(1): p. 575-584.
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7. Alifah, K., Y.A.E. Damayanti, and A. Rahmani, 22. The Effect of DASH Diet on Blood Pressure and Metabolic Profile in Hypertensive Patients: A Systematic Review and Meta-Analysis. Journal of Hypertension, 2023. 41: p. e6-e6.
8. Alnooh, G., et al., The Use of Dietary Approaches to Stop Hypertension (DASH) Mobile Apps for Supporting a Healthy Diet and Controlling Hypertension in Adults: Systematic Review. JMIR cardio, 2022. 6(2): p. e35876.
9. Angelidi, A.M., et al., The effect of dietary patterns on non-alcoholic fatty liver disease diagnosed by biopsy or magnetic resonance in adults: a systematic review of randomised controlled trials. Metabolism: clinical and experimental, 2022. 129: p. 155136.
10. Aridi, Y.S., J.L. Walker, and O.R.L. Wright, The Association between the Mediterranean Dietary Pattern and Cognitive Health: A Systematic Review. Nutrients, 2017. 9(7).
11. Asbaghi, O., et al., Effects of the Mediterranean diet on cardiovascular risk factors in non-alcoholic fatty liver disease patients: A systematic review and meta-analysis. Clinical nutrition ESPEN, 2020. 37: p. 148-156.
12. Askari, M., et al., Vegetarian diet and the risk of depression, anxiety, and stress symptoms: a systematic review and meta-analysis of observational studies. Critical reviews in food science and nutrition, 2022. 62(1): p. 261-271.
13. Atabilen, B. and Y. Akdevelioglu, Effects of different dietary interventions in multiple sclerosis: a systematic review of evidence from 2018 to 2022. Nutritional neuroscience, 2022: p. 1-13.
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15. Bach, K.E., et al., Healthy Dietary Patterns and Incidence of CKD: A Meta-Analysis of Cohort Studies. Clinical journal of the American Society of Nephrology : CJASN, 2019. 14(10): p. 1441-1449.
16. Backlund, R., et al., Diet and the risk of rheumatoid arthritis - A systematic literature review. Seminars in arthritis and rheumatism, 2023. 58: p. 152118.

17. Bäcklund, R., et al., Diet and the risk of rheumatoid arthritis – A systematic literature review. Seminars in Arthritis & Rheumatism, 2023. 58.
18. Bahrami, A., et al., Adherence to the Mediterranean diet and the risk of lung cancer: a systematic review and dose-response meta-analysis of observational studies. Nutrition reviews, 2022. 80(5): p. 1118-1128.
19. Bakaloudi, D.R., et al., Impact of the Level of Adherence to Mediterranean Diet on the Parameters of Metabolic Syndrome: A Systematic Review and Meta-Analysis of Observational Studies. Nutrients, 2021. 13(5).
20. Bakaloudi, D.R., et al., Impact of the level of adherence to the Mediterranean Diet on blood pressure: A systematic review and meta-analysis of observational studies. Clinical nutrition (Edinburgh, Scotland), 2021. 40(12): p. 5771-5780.
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23. Barchitta, M., et al., The Effects of Diet and Dietary Interventions on the Quality of Life among Breast Cancer Survivors: A Cross-Sectional Analysis and a Systematic Review of Experimental Studies. Cancers, 2020. 12(2).
24. Bayes, J., et al., The effect of the Mediterranean diet on health outcomes in post-stroke adults: a systematic literature review of intervention trials. European journal of clinical nutrition, 2023. 77(5): p. 551-560.
25. Bella, F., et al., Differences in the association between empirically derived dietary patterns and cancer: a meta-analysis. International journal of food sciences and nutrition, 2017. 68(4): p. 402-410.
26. Berkow, S.E. and N.D. Barnard, Blood pressure regulation and vegetarian diets. Nutrition Reviews, 2005. 63(1): p. 1-8.
27. Bianchi, V.E., P.F. Herrera, and R. Laura, Effect of nutrition on neurodegenerative diseases. A systematic review. Nutritional neuroscience, 2021. 24(10): p. 810-834.
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30. Bonaccio, M., et al., Mediterranean diet and mortality in the elderly: a prospective cohort study and a meta-analysis. The British journal of nutrition, 2018. 120(8): p. 841-854.
31. Brown, T.J., et al., Dietary interventions with dietitian involvement in adults with chronic kidney disease: A systematic review. Journal of human nutrition and dietetics : the official journal of the British Dietetic Association, 2021. 34(4): p. 747-757.
32. Buck, A.N., et al., Evidence-Based Dietary Practices to Improve Osteoarthritis Symptoms: An Umbrella Review. Nutrients, 2023. 15(13).
33. Burstad, K.M., et al., Effects of Plant-Based Protein Consumption on Kidney Function and Mineral Bone Disorder Outcomes in Adults With Stage 3-5 Chronic Kidney Disease: A Systematic Review. Journal of renal nutrition : the official journal of the Council on Renal Nutrition of the National Kidney Foundation, 2023.

34. Canevelli, M., et al., Nutrition and Dementia: Evidence for Preventive Approaches? Nutrients, 2016. 8(3): p. 144.
35. Cao, L., et al., Dietary Patterns and Risk of Dementia: a Systematic Review and Meta-Analysis of Cohort Studies. Molecular neurobiology, 2016. 53(9): p. 6144-6154.
36. Carroll, K.L., et al., Diet as a Risk Factor for Early-Onset Colorectal Adenoma and Carcinoma: A Systematic Review. Frontiers in nutrition, 2022. 9: p. 896330.
37. Castro-Espin, C. and A. Agudo, The Role of Diet in Prognosis among Cancer Survivors: A Systematic Review and Meta-Analysis of Dietary Patterns and Diet Interventions. Nutrients, 2022. 14(2).
38. Chand, R.R., F.M. Blyth, and S. Khalatbari-Soltani, Healthy dietary indices and noncancer pain: a systematic review of cross-sectional and longitudinal studies. Pain, 2023. 164(4): p. e177-e189.
39. Chapman, N.A., R.J. Jacobs, and A.J. Braakhuis, Role of diet and food intake in age-related macular degeneration: a systematic review. Clinical & experimental ophthalmology, 2019. 47(1): p. 106-127.
40. Charkviani, M., et al., Effects of Mediterranean Diet, DASH Diet, and Plant-Based Diet on Outcomes among End Stage Kidney Disease Patients: A Systematic Review and Meta-Analysis. Clinics and practice, 2022. 13(1): p. 41-51.
41. Chen, G., et al., The Role of the Mediterranean Diet in Breast Cancer Survivorship: A Systematic Review and Meta-Analysis of Observational Studies and Randomised Controlled Trials. Nutrients, 2023. 15(9).
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50. Cuevas-Cervera, M., et al., The Effectiveness of Intermittent Fasting, Time Restricted Feeding, Caloric Restriction, a Ketogenic Diet and the Mediterranean Diet as Part of the Treatment Plan to Improve Health and Chronic Musculoskeletal Pain: A Systematic Review. International journal of environmental research and public health, 2022. 19(11).

51. Defeudis, G., et al., Effects of diet and antihyperglycemic drugs on erectile dysfunction: A systematic review. Andrology, 2023. 11(2): p. 282-294.
52. Del Bo, C., et al., Does the Mediterranean Diet Have Any Effect on Lipid Profile, Central Obesity and Liver Enzymes in Non-Alcoholic Fatty Liver Disease (NAFLD) Subjects? A Systematic Review and Meta-Analysis of Randomized Control Trials. Nutrients, 2023. 15(10).
53. Deng, Y., et al., [Association between adherence to three healthy dietary patterns and risk of cognitive disorders:Meta-analysis]. Wei sheng yan jiu = Journal of hygiene research, 2022. 51(5): p. 725-732.
54. Devranis, P., et al., Mediterranean Diet, Ketogenic Diet or MIND Diet for Aging Populations with Cognitive Decline: A Systematic Review. Life (Basel, Switzerland), 2023. 13(1).
55. Di Francesco, S. and R.L. Tenaglia, Mediterranean diet and erectile dysfunction: a current perspective. Central European journal of urology, 2017. 70(2): p. 185-187.
56. Dianatinasab, M., et al., Dietary patterns and risk of bladder cancer: a systematic review and meta-analysis. BMC public health, 2022. 22(1): p. 73.
57. Dianatinasab, M., et al., Dietary Patterns and Risk of Invasive Ductal and Lobular Breast Carcinomas: A Systematic Review and Meta-analysis. Clinical breast cancer, 2020. 20(4): p. e516-e528.
58. Dinu, M., et al., Vegetarian, vegan diets and multiple health outcomes: A systematic review with meta-analysis of observational studies. Critical reviews in food science and nutrition, 2017. 57(17): p. 3640-3649.
59. Dinu, M., et al., Mediterranean diet and multiple health outcomes: An umbrella review of meta-analyses of observational studies and randomized trials. Nutrition, Metabolism & Cardiovascular Diseases, 2017. 27(1): p. e21-e21.
60. Dominguez, L.J., et al., Rationale of the association between Mediterranean diet and the risk of frailty in older adults and systematic review and meta-analysis. Experimental gerontology, 2023. 177: p. 112180.
61. Du, H., et al., Mediterranean Diet Patterns in Relation to Lung Cancer Risk: A Meta-Analysis. Frontiers in nutrition, 2022. 9: p. 844382.
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64. Eleftheriou, D., et al., Mediterranean diet and its components in relation to all-cause mortality: meta-analysis. The British journal of nutrition, 2018. 120(10): p. 1081-1097.
65. Esgunoglu, L., et al., Short-term effects of a Mediterranean-style dietary pattern on cognition and mental well-being: a systematic review of clinical trials. The British journal of nutrition, 2022. 128(7): p. 1247-1256.
66. Eslami, O., M. Zarei, and F. Shidfar, The association of dietary patterns and cardiorespiratory fitness: A systematic review. Nutrition, metabolism, and cardiovascular diseases : NMCD, 2020. 30(9): p. 1442-1451.
67. Esposito, K., et al., Dietary factors, Mediterranean diet and erectile dysfunction. The journal of sexual medicine, 2010. 7(7): p. 2338-45.
68. Esposito, K., et al., Mediterranean diet and metabolic syndrome: an updated systematic review. Reviews in endocrine & metabolic disorders, 2013. 14(3): p. 255-63.
69. Farsinejad-Marj, M., et al., Adherence to Mediterranean diet and risk of breast cancer in premenopausal and postmenopausal women. Archives of Iranian medicine, 2015. 18(11): p. 786-92.

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# PEER REVIEW COMMENTS AND RESPONSES

| Comment # | Reviewer # | Comment | Author Response |
|---|---|---|---|
| *Are the objectives, scope, and methods for this review clearly described?* | | | |
| 1 | 2 | No - The rationale for examining the specific dietary patterns in this paper was not well documented. In addition, this is largely described as an evidence map - though in some placed referred to as an umbrella review - and clarity to type of evidence synthesis product and alignment with the methods would be helpful. | We have added a description of the rationale for the choice of dietary patterns we included. |
| 2 | 3 | Yes | N/A |
| 3 | 4 | Yes | N/A |
| 4 | 5 | Yes | N/A |
| 5 | 6 | Yes | N/A |
| 6 | 7 | Yes | N/A |
| 7 | 8 | Yes | N/A |
| *Is there any indication of bias in our synthesis of the evidence?* | | | |
| 8 | 2 | No | N/A |
| 9 | 3 | No | N/A |
| 10 | 4 | No | N/A |
| 11 | 5 | No | N/A |
| 12 | 6 | No | N/A |
| 13 | 7 | No | N/A |
| 14 | 8 | No | N/A |
| *Are there any published or unpublished studies that we may have overlooked?* | | | |
| 15 | 2 | No | N/A |
| 16 | 3 | Diet and Chronic Non-Cancer Pain: The State of the Art and Future Directions. Authors: Brain, K et. al. published 2021 | We reviewed this publication, but it did not meet inclusion criteria as it is not a systematic review. |
| 17 | 3 | Dietary recommendations for the prevention of depression. Author: Opie et. al Published 2017 | We reviewed this publication, but it did not meet inclusion criteria as it is not a systematic review. |

| Comment # | Reviewer # | Comment | Author Response |
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| 18 | 3 | Effect of polyphenols in a Mediterranean diet on symptoms of depression: A systematic literature review. Authors: Bayes, J et. al. | We reviewed this publication, but it did not meet inclusion criteria as it about specific nutrients, and not diets of interest. |
| 19 | 4 | No | N/A |
| 20 | 5 | No | N/A |
| 21 | 6 | No | N/A |
| 22 | 7 | No | N/A |
| 23 | 8 | No | N/A |
| *Additional suggestions or comments can be provided below.* | | | |
| *General* | | | |
| 24 | 3 | I believe including the WHO definition of the clinical term "frailty" under evidenced maps where frailty is discussed (page 13) would be beneficial to clinicians who are not familiar. Frailty is an important factor in health and aging; and the clinical usefulness of reducing this risk would be a helpful acknowledgement in the report. Clinicians who are not familiar with the term may not understand the full impact of reducing its occurrence. | Added as text to the first results section that mentions frailty. |
| 25 | 4 | It may helpful to further emphasize the fact that studies on cardiovascular disease, diabetes, and obesity were omitted due to the assumption that it is widely accepted that anti-inflammatory diets are beneficial for prevention and treatment of these conditions. There is a wide body of evidence supporting this, and Mediterranean diets are recommended by the American Diabetes Association, American Heart Association, and Academy of Nutrition and Dietetics for these conditions. In order to make the body of evidence more manageable for an evidence map, we chose to exclude CVD, diabetes, and obesity and to focus on other conditions that have not been studied quite as much. This evidence makes it quite clear, that more high quality research is needed on anti-inflammatory diets, especially for cancer, liver disease, and frailty. | Added a version of this language to the executive summary |
| 26 | 4 | Another challenge highlighted by this evidence map, is the difficulty defining an anti-inflammatory eating pattern; the definition of anti-inflammatory eating pattern is not consistent across all studies, which makes it difficult to compare the effects. For example, DASH diets and Mediterranean Diets both promote | Added language to both the inclusion criteria table and the conclusions (limitations) to address this. |

| Comment # | Reviewer # | Comment | Author Response |
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| | | increased fruits, vegetables, whole grains, legumes, and nuts and seeds; however, the Mediterranean Diet includes additional anti-inflammatory properties such as olive oil, fish, and herbs and spices. Studies that focus specifically on anti-inflammatory diets, such as those that use the DII are so limited without any RCTs that it is hard to draw conclusions. | |
| 27 | 5 | I would not suggest including DASH diet. DASH diet may not always fall in the category of an anti-inflammatory plan. | We included DASH because it shares many of the anti-inflammatory properties endorsed by other diets, and when discussed during scoping conversations with our operations partners and technical experts, the group reached consensus to include it. |
| 28 | 6 | Please add IFNCP to the credentials for Kwynn Mason | Added IFNCP for Kwynn Mason. |
| 29 | 8 | Overall, great, thorough review. I was surprised there were no findings related to things like depression, anxiety, fibromyalgia, chronic fatigue, etc. I did a preliminary search for SRs related to these conditions and then found that the SRs I came across were listed under excluded studies. It might be helpful to include in the background or study selection sections some mention of these other conditions for which no findings are reported because the studies didn't meet inclusion criteria. | We added a statement to the limitations that addresses this point. |
| *Executive Summary* | | | |
| 30 | 2 | Page ii: I am a strong proponent of including the librarian or bioinformaticist that developed and execute the literature search as an author on the paper, rather than just mentioning their role in the acknowledgements. Developing a comprehensive literature search is fundamental to the review process, and I believe that role warrants authorship. | We often do include librarians as co-authors. For this project specifically, the librarian we worked with was unavailable during the drafting and report development, and as such we were unable to include her in the process and could not get her permission to be included as an author. |
| 31 | 2 | Page v, Key Findings: Given that this is an evidence map, and not a review of reviews or umbrella review, making recommendations on the basis of the findings may not be warranted. Recommendations should be based on a review, in which the risk of bias or quality of studies is evaluated, evidence is synthesized, and strength of evidence assessed. | We agree making recommendations on the effectiveness or efficacy of anti-inflammatory diets based on evidence maps would be inappropriate. We have revised the wording to clarify that our recommendations pertain to the strength of evidence, quality of existing literature, and gaps in the literature. |
| 32 | 8 | 1) Pg v, lines 4-5 under Key Findings, 1st bullet point, 2nd statement uses studies/study 3 times. | Reworded |
| 33 | 8 | 2) Pg v, line 8 – shouldn't "blood pressure" here be "high blood pressure" or "hypertension"? | Reworded |

| Comment # | Reviewer # | Comment | Author Response |
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| 34 | 8 | 3) Pg v, lines 9-10 – suggest changing “However, these observations could be due to foods excluded from these dietary patterns or to foods they include” to something like “The observed benefits could be related to the exclusion of particular foods from the dietary patterns, the inclusion of particular foods, or both.” | Reworded |
| 35 | 8 | 4) Pg v, lines 10 – I’m not sure I agree that there is a “lack of understanding of how anti-inflammatory diets might be beneficial for preventing and managing some chronic conditions.” It is fairly well-established that inflammation plays an underlying role in many chronic conditions, as are the mechanisms by which various dietary compounds influence the synthesis of anti-inflammatory or pro-inflammatory cytokines. -- Edited to add that language on pg 4 "Proposed mechanisms and direct evidence are generally lacking. Whether inflammation is a cause or consequence of various disease processes remains unclear" is more clear. | We have reworded the language in this section. |
| 36 | 8 | 5) Pg v, lines 32-33 – beginning of this sentence needs rewording (see pg vi, line 2-4). | Reworded |
| 37 | 3 | Page vi, line 14 down. Would be helpful to have all 18 moderately supported conclusions listed in one place instead of just a few. Either here or later on in the report. | The conclusions with high certainty of evidence are listed in the summary; We could create a table of the moderate CoE conclusions but given that this is an evidence map, we would hesitate to give them that much weight. |
| 38 | 8 | 6) Pg viii, lines 7-9 – same as comment #1 above regarding repetitious use of the word studies/study. | We revised the sentence. |
| 39 | 8 | 7) Pg viii, line 15-17 – same as # 4 above: I’m not sure I agree that there is a “lack of understanding of how anti-inflammatory diets might be beneficial for preventing and managing some chronic conditions.” It is fairly well-established that inflammation plays an underlying role in many chronic conditions, as are the mechanisms by which various dietary compounds influence the synthesis of anti-inflammatory or pro-inflammatory cytokines. -- Edited to add that language on pg 4 "Proposed mechanisms and direct evidence are generally lacking. Whether inflammation is a cause or consequence of various disease processes remains unclear" is more clear. | We revised the wording, as indicated above. |

| Comment # | Reviewer # | Comment | Author Response |
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| 40 | 8 | 8) Pg viii, line 18 – Delete “Limitations” prior to “This evidence map has a number of limitations…” | We deleted “Limitations” and included transitional words for clarity. |
| 41 | 8 | 9) Pg ix, line 18 – RE: “immutable factors such as genetics” – doesn’t seem to account for reality that genes don’t exist in a vacuum and diet affects gene expression (nutrigenomics). | Revised |
| 42 | 8 | 10) Pg ix, line 24 – same as #2 above: shouldn’t “blood pressure” her be “high blood pressure” or “hypertension”? | Revised |
| 43 | 4 | Page ix, lines 20-26: The first two conclusions that were supported by high certainty of evidence seem very similar and could maybe be combined into one? The relationship between DASH diet and HTN is widely accepted; summarizing these two conclusions may give more clout to the others listed. | These conclusions are separated because one is based on a review of patients with hypertension, and the other was based on studies of people with normal BP or pre-hypertension. |
| *Introduction* | | | |
| 44 | 2 | Pg 4, introduction: The introduction is not adequately referenced. Numerous statements are made with no supporting citations provided. | Additional references have been added to the introduction. |
| 45 | 8 | 11) Pg 4, line 10 – dietitian (as opposed to dietician) was adopted as the official spelling in 1930. | Spelling changed throughout the document. |
| 46 | 3 | Page 4, line 10. Dietitians is generally spelled with a T and to remain consistent in the publication would recommend changing "dieticians" to dietitians | Spelling changed throughout the document. |
| 47 | 2 | Pg 4, after Line 16: Consider adding a section to introduce “nutrition and inflammation.” The introduction addresses inflammation and health, and diet and chronic disease, but does not adequately set the stage for the relationship between diet and inflammation. | We cited at least one recent review on the evidence linking nutrition and inflammation, but since the purpose of this report is to compile the evidence linking nutrition and inflammation, we would not ordinarily do this. |
| 48 | 2 | Pg 4, line 33: It would be helpful to establishing the scope and purpose of this work to provide a definition of inflammation. | We have added this definition and elaborated on the link between chronic inflammation and disease. |
| 49 | 2 | Pg 5, Lines 5-7: While DASH is relatively lower in refined carbs and saturated fat, those are not the defining features of DASH – rather fruits, vegetables, lean meats, low-fat dairy, and lower sodium are. This sentence does not adequately define or describe the key features of the DASH pattern. | We greatly expanded on the description of the DASH diet. |
| 50 | 8 | 12) Pg 5, line 5-7 – while it is true that the DASH diet is low in refined carbs and sat fat, it is specifically characterized as being | We have augmented the description of DASH. |

| Comment # | Reviewer # | Comment | Author Response |
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| | | high in fruits, vegetables, nuts, whole grains, and low-fat dairy and emphasizing fish, chicken and lean meats as animal protein sources. | |
| 51 | 2 | Pg 5, Line 23-25: I am unaware of any Mediterranean diet score that includes level of processing as a scoring feature. As with DASH, the Mediterranean diet is not defined on the basis of animal fats or simple carbohydrates – but rather fruits, vegetables, olive oil, lean meat and seafood, etc. This is an inadequate description of the pattern. | We have significantly modified this description with additional references. |
| *Methods* | | | |
| 52 | 2 | Page 6, Line 13: Here, this work is referred to as an umbrella review – whereas elsewhere its referred to as an evidence map. Those are fundamentally different products – with an umbrella review more often thought of as a systematic review of reviews that seeks to draw and grade conclusions from the evidence, and an evidence map as the result of scoping activity intended to describe what has been published on a topic – more descriptive in nature. | We have made the language consistent. |
| 53 | 2 | Pages 7-8, Eligibility criteria: This table would be easier for the reader to follow if it included separate columns for inclusion and exclusion criteria. As currently presented, its hard to easily sort through what is in and what is out. | This table is the standard format for our products. |
| 54 | 2 | Page 7, Lines 7-23: The authors have indicated an interest in focusing on a small set of specific dietary patterns, but have not provide clear rationale or justification for focusing on these patterns. Suggest adding content to the introduction and/or methods to provide justification. | We added text to the introduction elaborating on the rationale. We were asked to focus on these diets by the sponsor, with whom we worked to focus on the most relevant outcomes and dietary patterns. |
| 55 | 2 | Page 7, Lines 25-27: Recommend making note that only reviews that included formal evidence grading somewhere in the executive summary. | We have added that to the description of study selection. |
| 56 | 8 | 13) Pg 8, first bullet– wondering why DASH low sodium was excluded? | DASH Low Sodium studies were excluded because studies of that diet combined the DASH diet (which is similar in important ways to other anti-inflammatory diets) with a low-sodium focused diet. Therefore, it would not be possible to attribute findings solely to the anti-inflammatory aspects of the eating pattern without |

| Comment # | Reviewer # | Comment | Author Response |
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| | | | considering the possible synergism with lower sodium/higher potassium intake. |
| 57 | 2 | Page 8: While this is an evidence map, it seems the authors were interested in taking it a step further – and using the information gathered to provide practitioners with recommendations. Thus, it is not clear why the quality or risk of bias of the identified reviews was not assessed using AMSTAR or the ROBIS tool. This assessment would help in interpreting and describing the reviews in the maps and help better inform recommendations. However, if this remains an evidence map, and not an umbrella review, this assessment may not be needed. | The report was in fact intended to be an evidence map. Also, by imposing the inclusion criterion of GRADE or other certainty of evidence assessment, we assessed a higher quality subset of existing systematic reviews. Further, our intention was not to provide recommendations but to simply map the evidence and expose gaps. |
| 58 | 2 | Pg 9, Synthesis: Were any efforts made to evaluate the overlap in primary articles in reviews addressing the same dietary patterns and outcomes? Without this assessment, later in the paper, one cannot simply add the total included articles to estimate what evidence has been published on a topic. Also, without evaluating this overlap, its difficult to determine whether reviews on the same topic are based on the same or different bodies of evidence. | We now describe areas of overlap wherever possible. There were instances where we were unable to determine overlap based on the way included reviews reported on their data, but in all cases where there was overlap observed, we now include this in the text. |
| 59 | 2 | Pg 9, Synthesis, Line 1: Given that this is an evidence map, using the term “synthesis” to describe this step of the process may be inappropriate. Rather, the authors should describe this as “description of the evidence.” | The Synthesis section describes the approaches taken to understand the identified evidence. This general usage of “synthesis” is well established in the systematic review context, where the term encompasses quantitative pooling of studies as well as visualization and narrative synthesis methods like those used in the present review. |
| 60 | 8 | 14) Pg 9, lines 5-6: says information is displayed on 4 dimensions but then names 5. | It is actually 5. Thank you. |
| *Results* | | | |
| 61 | 2 | Pg 11, Lines 6-7: use of the term “cardiovascular disease topic” is confusing here, given that reviews on CVD were excluded. Recommend changing this to more directly refer to BP? | This term is used to describe the number of studies excluded for covering that topic, but we have clarified that BP studies were included. |
| 62 | 2 | Pg 11, Characteristics of Included Reviews: Consider describing the outcomes addressed in the review first and the types of dietary patterns examined before describing the number of conclusions drawn. Also, does the number of conclusions matter as much as the nature or direction and strength of the | Because this is an evidence map, the numbers of conclusions per review and their crosswalk is simply an introduction to describing the landscape and mapping. |



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| | | conclusions. That may not be a very useful metric to report. This is also where you can describe the 2 patterns – other than DASH and MD – that are covered in the evidence map. | |
| 63 | 8 | 15) Pg 11, Characteristics of Included Reviews -- the number of reviews for each diet doesn't seem to match what is stated in the exec summary, pg vi, lines 39-40 & pg vii, lines 1-2 | The information reported in the Executive Summary (numbers of reviews that reported on each dietary pattern) is different from the information reported in the main report. We have added the information from the Summary to the main report. |
| 64 | 8 | 16) Pg 11 – delete "Error! Reference source not found." | We don't see that. It may have appeared in the pdf that was sent out for review. We apologize. |
| 65 | 3 | Pg 11, has the following sentence that needs to be removed. "Error! Reference source not found. " | We don't see that. It may have appeared in the pdf that was sent out for review. We apologize. |
| 66 | 2 | Pg 11, Lines 19-22: These sentences seem out of place, and would be better paired with the previous content about the number of conclusions drawn. | We have reorganized the sentences to clarify the descriptions. |
| 67 | 5 | I would also consider an evidence map for the anti-inflammatory research listed on page 12. | We are not sure what the reviewer is referring to. If the suggestion is to create an evidence map for the reviews of anti-inflammatory research identical to figure 4, the map in the Executive Summary is intended only as a sample. |
| 68 | 2 | Pg 13, Evidence Maps: A lot of the content in this section directly reports identical content to that in the actual figures or tables. In addition, throughout this section, the Tables are not internally referenced in the text. In all of the sections in this section, the information is not reported in a consistent format. It would be most useful to begin each section by orienting the reader the number of reviews identified, describing their findings, and sharing the conclusions and strength of evidence grades. In some cases, the grade or conclusion is mentioned before the reader has a sense for what was found in the literature. | We have reorganized the text to be more consistent across conditions and diets. We also added callouts for the figures and tables and information on the various ways of assessing the Med diet. |
| 69 | 2 | Pg 13, Evidence Maps: It would be very useful for the authors to provide a more thorough discussion and description of how the dietary patterns were defined in the literature – including how they were measured, the similar and dissimilar food and beverage components across papers, etc. | We have added a discussion of the definitions and the various measures used to assess the Mediterranean diet. |

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| 70 | 2 | Pg 13, Lines 11-12: Multiple measures of what? Multiple measures of dietary intake over time? Or multiple MD scoring indices? | The latter: we have completely revised the wording to clarify that multiple different tools were used to assess the MD. |
| 71 | 2 | Pg 13, Blood Pressure: This section is a good example of where one wonders how much overlap there is in the primary studies included in all of the reviews addressing the same topic. | We now report on the overlap between studies included in the two reviews of RCTs for MD and BP and discuss this in greater detail in our response to comment 58. |
| 72 | 2 | Pg 14, Lines 18-20: For a mapping activity, it seems highly useful to provide more documentation on these low and very low certainty reviews. I would suggest adding them into the main report, and not leaving them to a supplement only. This can be critical information for practitioners – who are likely interested in knowing where the evidence is strong, but also where there is no or very weak evidence. | A challenge is that for some conditions (*eg,* cancer and frailty for the Mediterranean Diet) some reviews reported moderate-to-high certainty conclusions while others reported low or very low certainly conclusions for the same conditions. We also have added an explanation regarding why we do not describe conclusions with low or very low certainty of evidence in the narrative. |
| 73 | 2 | Pg 15, Figure 2 (all figures): These are very helpful figures overall, but there is a lot of blank space – and some of the text is hard to read. The term “mixed” is also not clear – I presume this means both trials and observational studies? I would recommend just directly stating that in all places where “mixed” is used in this report. Also, these figures need to be able to standalone – and would benefit from more description labels/titles, keys, etc. | We have added the description of the symbols to the introductory text in the Results section. Since there were categories for which we found no studies, we are not sure how to rebalance the space. |
| 74 | 2 | Pg 16, Table 2: This table would be more useful to the reader if the studies were grouped by outcome, rather than alphabetical. The table would better support the text if re-organized in that way. | We agree and have done so. |
| 75 | 2 | Pg 23, DII & Pg 26 Vegetarian/Plantbased: These sections seems to be missing the same kind of introductory paragraph provided for MD and DASH. In addition, the term “plant-based” is problematic – while it commonly used by lay people, its really unclear from a scientific perspective, and it would be better to just use the term vegetarian, if that’s the case. (Most people consume a “plant-based” diet, given that the majority if the average person’s diet comes from plant foods, including grains.) | We have added explanatory paragraphs regarding the DII and vegetarian diets. |
| 76 | 2 | Pg 26: Consider describing the vegan dietary pattern evidence within this section. | We have re-organized the diet sections so that the vegan diet section immediately follows the vegetarian/plant-based diet section. |
| 77 | 5 | For the evidence maps, adding in the type of cancers would be helpful. For example, on page 24, Figure 4. Since these dietary | The tables of conclusions report the types of cancer and we have added that information to the text. We |

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| | | approaches are similar, could we look at some of similarities and look at overall impact and build an evidence map off of those similarities? | believe adding that information to the evidence maps would make them unreadable. |
| 78 | 2 | Pg 34, Discussion: Did the authors consider including a more in-depth discussion of the commonalities between the DASH and MD dietary patterns, and how those relate or compare to current dietary guidance? Using only labels to describe dietary patterns is not always the most useful to practitioners or the public. It would be very useful to describe the common foods and beverages and highlight how much similarity there is between those patterns. When the commonalities are taken into account, it would seem that there is actually quite a bit of evidence, high and moderate strength, to support the recommendation of dietary patterns with fruits, vegetables, lean meats and seafood, low-fat dairy for a host of chronic conditions. | We have added this information to the introduction and we now briefly review it again in the Discussion. |
| 79 | 2 | Pg 34, Lines 17-18: Please see my previous comment about this not being an appropriate characterization of the key features of the DASH diet. | We have completely revised our description of the DASH diet. |
| 80 | 8 | 17) Pg 34, lines 17-18 – again, reducing the DASH diet to “a diet low in saturated fat” misses the defining characteristics as mentioned in #12 above. | We have added detail regarding the DASH diet to the introduction as well as to the Discussion. |
| 81 | 2 | Pg 35, Table 8: This is a nice table, but it would be nice to see the same for the moderate reviews. Many are willing to base recommendations or guidance on high or moderate strength evidence, and highlighting all of that evidence would be useful to the end-user. | We have added a table with moderate reviews after table 8. |
| 82 | 2 | Pg 36: The number of search results is not an acceptable way to assess publication bias. Rather, you should focus on the comprehensive literature search that was done across multiple databases with no time restrictions. | Yes, we did not intend for these numbers to serve as evidence of the inclusiveness of our searches. We have omitted the statements |
| 83 | 2 | Pg 36: You cannot make a statement about the number of primary studies without evaluating overlap between reviews. | Yes, we have now assessed overlap of included studies where two or more reviews reported on the same intervention/exposure and outcomes, but we also deleted the comment regarding numbers of studies. |
| 84 | 2 | Pg 36, Lines 38-39: This limitation could easily be addressed by doing an AMSTAR assessment of each review. | We chose to use the criterion of conducting an assessment of the certainty of evidence in lieu of conducting AMSTAR or ROBINS. |



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| 85 | 2 | Pg 36, Line 30: Please provide more information about what criteria was used to determine what review was “the most informative.” | We now have listed our criteria. |
| 86 | 2 | Pg 36: Confounding is indeed an issue - but theoretically the grading accounted for this. So, while it is certainly a limitation of the primary literature - it seems unfair to make such a strong statement about it here, given that it is taken into consideration during the grading process, and the grades assigned account for it. In addition, the authors have not appropriately recognized the limitations of trials in this type of literature. Dietary patterns are intended to be consumed over time – and many of the outcomes are long-term – meaning that RCTs, especially short-term ones, cannot adequately capture the exposure and outcomes of interest. | We reframed the discussion of this limitation in light of your observations. |
| 87 | 2 | Pg 37, Conclusions: Based on the evidence identified, and the number of high and moderate reviews identified, I am not sure I would agree that the evidence is sparse? The evidence available was consistent, particularly when consider the commonalities between many of the patterns examined. | We have reframed this sentence. |
| 88 | 8 | Pg 38, line 4 – the Keys Seven Countries Study was not published in 2024, and the link listed is not a link to the actual study itself. | We thought it would be more helpful to cite a recent perspective on the importance of that study but have replaced it with one of the original references. |