Higher adherence to Mediterranean diet is associated with lower risk of overall mortality in subjects with cardiovascular disease: prospective results from the MOLI-SANI study

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Disclosures
None
Declaration of Interest

- I have nothing to declare
Declaration of Interest

None of the Authors had a personal or financial conflict of interest
The traditional Mediterranean diet is an eating pattern typical of the Mediterranean basin that encourages large intakes of vegetables, legumes, fruits, nuts, cereals, moderately high intake of fish, olive oil as main fat source and moderate alcohol intake during meals, but low-to-moderate intake of dairy products (mostly in the form of cheese or yogurt), low consumption of meat and poultry.

This eating pattern is reportedly effective in reducing mortality in the general population, but few epidemiological studies have investigated the role of a Mediterranean eating pattern among subjects with cardiovascular disease (CVD).
The MOLI-SANI Study

✓ 25,000 subjects living in the Molise region
✓ Aged ≥ 35 years
✓ Recruitment phase: 2005-2010
✓ First follow up: December 2011
✓ Second follow up: May 2015
✓ End points: cardiovascular, cerebrovascular and cancer events
Purpose and key points about Methods

✅ We aimed at evaluating whether adherence to a traditional Mediterranean diet is inversely associated with mortality in a sample of individuals with history of CVD at baseline.

✅ **Prospective study** on 1,197 individuals (mean age 66.7±10; 68% men) with history of CVD at baseline randomly recruited from the general population of the MOLI-SANI study (Italy). CVD included coronary heart disease (n=814) and cerebrovascular events (n=387).

✅ **Food intake** was recorded by the EPIC food frequency questionnaire.

✅ **Adherence** to the Mediterranean diet was appraised by a 9-point Mediterranean diet score (MDS).

✅ **All-cause death** was assessed by linkage with Offices of Vital Statistics of the Molise Region.

✅ **Hazard ratios** were calculated using multivariable Cox-proportional hazard models with 95% confidence intervals.
Follow-up = 7.3 years (median; 8,530 person-years);
208 all-cause deaths;
A 2-point increase in the MD score was associated with 21% reduced risk of death (5% to 34%) in a multivariable model;
The protective effect of the MD was mainly contributed by high consumption of vegetables (26% in the reduction of the effect after removal from the score), fish (23%), fruits and nuts (13.4%) and by a higher ratio of monounsaturated to saturated fats (12.9%).
Conclusions

1. The traditional Mediterranean diet was associated with reduced risk of all-cause mortality in adult subjects with history of ischaemic CVD from a large Mediterranean cohort.

2. Major contributions were offered by higher consumption of vegetables, fish, fruits/nuts and monounsaturated over saturated fatty acids.