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Mediterranean Diet

The eating pattern with the longest track record in cardiology. What goes on the plate and how to start.

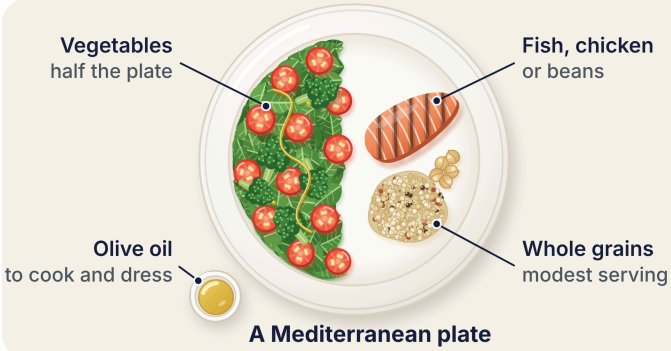
2–4 tbsp
of extra-virgin olive oil a day, about what the landmark Spanish trial used

2×
fish a week. Salmon, sardines, mackerel, tuna or trout, canned is fine

3×
beans or lentils a week, in salads, soups or stews

WHAT IT IS

A shift in proportion, with no banned foods



A Mediterranean plate

EAT PLENTY
Vegetables, fruit, beans and lentils, whole grains, nuts, seeds, extra-virgin olive oil and fish

IN MODERATION
Poultry, eggs, yogurt and cheese

VERY LITTLE
Red meat, processed meat, refined grains, soda, sweets, fried food and ultra-processed snacks

It's how people in Greece, Southern Italy and Spain ate in the mid-20th century, when heart disease there was among the lowest in the world. If most of your plate grew in the ground or swam in the ocean, you're in the neighborhood.

WHAT THE RESEARCH SHOWS

Benefits for the heart and beyond

Heart and stroke
A large Spanish trial in high-risk older adults found fewer heart attacks, strokes and heart deaths on a Mediterranean diet than on a low-fat diet.

Diabetes
Lowers the chance of type 2 diabetes and improves blood sugar control in people who have it.

Memory
In nearly 130,000 people followed for up to 43 years, eating this way was linked with lower dementia risk.

Living longer
A review of more than 12 million people's data tied it to a lower risk of dying from any cause.

It's the pattern the current AHA and ACC guideline recommends for people with established heart disease.

Start with two or three

Pick two or three changes from the back and make them this week. Add one more next week. Most people who succeed drift into this pattern over months.

BUILDING IT INTO YOUR WEEK

What to change, and what to expect

ADD THESE

easiest and biggest changes first

Olive oil	Use extra-virgin olive oil in place of butter, margarine and vegetable oils to cook and dress food. It's the easiest change and a meaningful share of the benefit.
Fish twice a week	Salmon, sardines, mackerel, tuna or trout. Canned is fine.
Nuts every day	A small handful of unsalted almonds, walnuts or pistachios. The nut group in the Spanish trial ate about an ounce a day.
Beans 3 times a week	Chickpeas, lentils, white or black beans, in place of some of the meat.
Vegetables and grains	Make vegetables half of most plates. Pick oats, barley, brown rice and whole-grain bread or pasta, in modest servings.

CUT BACK

Red and processed meat	Save steak and bacon for special occasions. Fish and chicken fill most of the protein gap.
Sugary drinks, snacks	Soda, sweetened coffee drinks, chips, crackers, cookies and candy.

COMMON QUESTIONS

Won't olive oil add weight?	Not in the major trials. The food is filling, and the refined carbs that drive snacking are gone.
Isn't it expensive?	Beans, lentils, frozen vegetables, canned sardines, oats and seasonal produce are some of the cheapest foods in the store.
What about wine?	A glass with dinner is traditional, and the benefit holds without it. If you don't drink, don't start.
Kidney disease	With advanced kidney disease that limits potassium or phosphorus, ask your kidney doctor before adding lots of beans and leafy greens.

WHEN TO EXPECT RESULTS

Weeks	2–3 months	3–6 months	Years
Blood pressure and triglycerides move first	**LDL cholesterol and A1c**	**Weight and fasting sugar**	**Fewer heart attacks and strokes** the real prize

Recheck home blood pressure, weight and a fasting cholesterol panel at intervals, and A1c every six to twelve months. If the change is working, those numbers show it.

ALREADY ON A STATIN?

Statins lower heart attack and stroke rates substantially, and a Mediterranean pattern lowers them further on top of the medication. It rarely lets people come off medications entirely, so never stop one without your clinician.

READ THE FULL ARTICLE

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For education only, and not a substitute for advice from your own physician. Sources include PREDIMED (Estruch, NEJM 2018), the Lyon Diet Heart Study (Circulation 1999), PREDIMED-Plus (Diabetes Care 2019), the Dinu umbrella review (2018) and the 2023 AHA/ACC chronic coronary disease guideline.

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