



ATEROTROMBOSI E TROMBOEMBOLISMO ARTERIOSO:
ASPETTI CLINICI

SUBOPTIMAL MEDITERRANEAN DIET ADHERENCE IN VASCULAR PREVENTION: BASELINE FINDINGS FROM THE NEUROMED CENTER OF THE CV-PREVITAL STUDY

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Background and aims. The Mediterranean diet is a modifiable component of cardiovascular prevention and may influence vascular risk through favorable effects on inflammation, oxidative stress, lipid profile and platelet function. However, adherence to this dietary pattern is declining even in Mediterranean countries. In a context of primary cardiovascular prevention, identifying subjects with poorer adherence may help recognize groups less exposed to a potentially protective dietary profile. We examined Mediterranean diet adherence and its main sociodemographic and clinical correlates in adults recruited by the IRCCS Neuromed center within the CV-PREVITAL study.

Methods. This baseline analysis included 1,542 individuals (men and women aged ≥ 45 years), apparently free of previous cardiovascular disease, recruited by the IRCCS Neuromed center as part of the multi-center, nationwide CV-PREVITAL study. Adherence to the Mediterranean diet was assessed using the 14-item Mediterranean Diet Adherence Screener (MEDAS), with scores ranging from 0 to 14. Low, intermediate or high adherence were defined as scores ranging between 0-5, 6-9 and ≥ 10 , respectively. Multivariable linear regression was used to estimate the association of demographic, socioeconomic and clinical characteristics with the 14-MEDAS score. Models were adjusted for age, sex, residence, housing, education, occupation, marital status, body mass index and major clinical conditions.

Results. Mean age was 57.7 years (SD 8.5), and 55.6% of participants were women. 72% of participants had an inter-

mediate 14-MEDAS score (between 6 and 9), whereas 16% had lower adherence and 12% had higher adherence. In multivariable analyses, men had a lower 14-MEDAS score than women ($\beta = -0.37$; 95%CI -0.57 to -0.17). Compared with participants aged 45-54 years, adherence was higher among those aged 55-64 years ($\beta = 0.51$; 95%CI 0.29 to 0.72) and ≥ 65 years ($\beta = 0.59$; 95%CI 0.33 to 0.86). Urban residence was associated with lower adherence compared with rural residence ($\beta = -0.20$; 95%CI -0.39 to -0.01). Separated/divorced participants ($\beta = -0.36$; 95%CI -0.71 to -0.02) and widowed participants ($\beta = -0.47$; 95%CI -0.91 to -0.03) had lower scores than married or cohabiting individuals. Among clinical factors, hypercholesterolemia was associated with higher adherence ($\beta = 0.21$; 95%CI 0.01 to 0.41), whereas a history of cancer was associated with lower adherence ($\beta = -0.41$; 95%CI -0.78 to -0.05). Neither education, nor occupation, or diabetes, or hypertension or body mass index was independently associated with the 14-MEDAS score.

Conclusions. In this Southern Italian subgroup recruited by the IRCCS Neuromed center within the CV-PREVITAL study, higher adherence to the Mediterranean diet was quite uncommon. Lower adherence clustered in men, younger adults, urban residents and individuals not living in a couple. In the setting of primary vascular prevention, the latter groups may represent priority targets for tailored nutritional counselling and digitally supported interventions aimed at improving modifiable cardiovascular and thrombo-inflammatory risk profiles.