

Is the Cost of the Mediterranean Diet a Barrier for its Promotion in the Communities?

Christopher Papandreou*

Department of Nutrition & Dietetics, Harokopio University of Athens, Greece

Introduction

A persuasive body of evidence from prospective cohort studies suggests that the Mediterranean diet (MD) is protective against the occurrence of several different health outcomes [1]. The diet refers to a dietary profile commonly available in the early 1960s in the Mediterranean regions and characterized by a high consumption of fruit, vegetables, legumes, and complex carbohydrates, with a moderate consumption of fish, and the consumption of olive oil as the main source of fats, a low-to-moderate amount of red wine during meals and a rare consumption of red meat. Thus, its adoption is very important among people of all ages. However, the higher cost per calorie of some recommended healthful foods included in the MD, such as fruit and vegetables, may restrict their use by people with limited resources [2]. Regarding studies investigating the MD in relation to its cost, a cohort study of Spanish university graduates showed that a Mediterranean dietary pattern is more expensive to follow than a western dietary pattern [3]. A more recent cross-sectional study on a sample of Italian subjects revealed that a higher income was independently associated with a greater adherence to MD-like eating patterns [4]. On the other hand, a nutritional intervention study conducted in a group of North American women showed that promoting a Mediterranean dietary pattern need not necessarily be associated with higher overall dietary costs [5]. Educating consumers about lower cost foods while

selectively purchasing limited amounts of higher cost ones would be one solution for avoiding increased food expenses in the frame of a healthy diet. Another way to improve food preferences in communities and especially in those of low-income would be to increase the price of unhealthy foods in parallel with subsidies on healthy foods. Further studies on whether cost should be considered or not as a barrier in the adoption of the MD would shed more light on this issue.

References

1. Sofi F, Cesari F, Abbate R, Gensini GF, Casini A (2008) Adherence to Mediterranean diet and health status: meta-analysis. *BMJ* 337: a1344.
2. Drewnowski A (2010) The cost of US foods as related to their nutritive value. *Am J Clin Nutr* 92: 1181-1188.
3. Lopez CN, Martinez-Gonzalez MA, Sanchez-Villegas A, Alonso A, Pimenta AM, et al. (2009) Costs of Mediterranean and western dietary patterns in a Spanish cohort and their relationship with prospective weight change. *J Epidemiol Community Health* 63: 920-927.
4. Bonaccio M, Bonanni AE, Di Castelnuovo A, De Lucia F, Donati MB, et al. (2012) Low income is associated with poor adherence to a Mediterranean diet and a higher prevalence of obesity: cross-sectional results from the Moli-sani study. *BMJ Open* 2.
5. Goulet J, Lamarche B, Lemieux S (2008) A nutritional intervention promoting a Mediterranean food pattern does not affect total daily dietary cost in North American women in free-living conditions. *J Nutr* 138: 54-59.

***Corresponding author:** Christopher Papandreou, Department of Nutrition and Dietetics, Harokopio University of Athens, Greece, Tel: +30 6974303995; E-mail: papchris10@gmail.com

Received April 08, 2013; **Accepted** April 08, 2013; **Published** April 20, 2013

Citation: Papandreou C (2013) Is the Cost of the Mediterranean Diet a Barrier for its Promotion in the Communities? *J Socialomics* 2: e116. doi:[10.4172/2167-0358.1000e116](https://doi.org/10.4172/2167-0358.1000e116)

Copyright: © 2013 Papandreou C. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.