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Beyond nutritional scales: expanding approaches to study dietary adherence in sociocultural diverse settings

Más allá de las escalas nutricionales: ampliar los enfoques para el estudio de la adherencia dietaria en contextos socioculturalmente diversos

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Dear Editor,

We read with interest the article by Hoffmeister, Caro, and Lavados (2024) on adherence to the Mediterranean diet and stroke risk in a Chilean population (1). The study provides relevant epidemiological and clinical evidence, with a methodology that is well aligned with its objectives. Our purpose is not to criticize the study, but rather to invite a broader reflection on how dietary adherence is studied—particularly when it involves eating patterns shaped by strong cultural dimensions.

Adherence to a dietary model is influenced not only by its nutritional components but also by symbolic, social, and territorial factors. The Mediterranean diet, though well-supported in the literature, originates from a specific cultural and historical context. Its adoption in non-Mediterranean populations often entails challenges related to culinary traditions, perceptions, and food availability. In this regard, Ñuble—where this study was conducted—is a unique region in the central-southern zone of Chile, with distinct agro-ecological and cultural food identities. Exploring how sociocultural factors shape adherence patterns in this setting could offer valuable insights.

Previous studies have shown that gender roles, education level, local traditions, and social practices influence both the perception and implementation of dietary recommendations (2-5). Therefore, we suggest that future research could benefit from complementary methodologies that incorporate qualitative, ethnographic, or interdisciplinary perspectives. Cultural adaptation of interventions, such as the educational and nutritional program described by Morales-Fernández et al. (6), has been associated with improved effectiveness. Moreover, combining such approaches with geospatial tools like Geographic Information Systems (GIS) could help map how cultural and territorial variables interact in shaping adherence behaviors (7,8).

This proposal is not intended to replace traditional epidemiological frameworks but rather to enrich them. By adopting a broader and more integrative perspective, we may better understand the complex drivers of dietary adherence and design more sustainable, context-sensitive, and equitable interventions.

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REFERENCES

1. Hoffmeister L, Caro P, Lavados P. Adherence to the Mediterranean diet and risk of stroke in a Chilean population: a case-control study. *Nutr Hosp* 2024;41(6):1258-64. DOI: 10.20960/nh.05110
2. Tsofliou F, Vlachos D, Hughes C, Appleton KM. Barriers and facilitators associated with the adoption of and adherence to a Mediterranean style diet in adults: a systematic review of published observational and qualitative studies. *Nutrients* 2022;14(20):4314. DOI: 10.3390/nu14204314
3. Dernini S, Berry EM. Mediterranean diet: from a healthy diet to a sustainable dietary pattern. *Front Nutr* 2015;2:15. DOI: 10.3389/fnut.2015.00015
4. Raparelli V, Romiti GF, Spugnardi V, Lenzi A, Basili S, Franconi F. Gender-related determinants of adherence to the Mediterranean diet in adults with ischemic heart disease. *Nutrients* 2020;12(3):759. DOI: 10.3390/nu12030759
5. Yesildemir O, Guldaz M, Boqué N, Martínez A, Kalkan H, Gurbuz O. Adherence to the Mediterranean diet among families from four countries in the Mediterranean basin. *Nutrients* 2025;17(7):1157. DOI: 10.3390/nu17071157
6. Buja A, Grotto G, Brocadello F, Sperotto M, Bertoncello C, Baldo V. Primary school children and nutrition: lifestyles and behavioral traits associated with a poor-to-moderate adherence to the Mediterranean diet. A cross-sectional study. *Eur J Pediatr* 2020;179(5):827-34. DOI: 10.1007/s00431-020-03577-9
7. Morales-Fernández MT, Aranda-Ramírez P, López-Jurado M, Ruiz-Cabello-Turmo P, Fernández-Martínez MM. The effectiveness of an education program and nutritional intervention, integrated health and physical activity in postmenopausal women. *Nutr Hosp* 2016;33(2):359-67. DOI: 10.20960/nh.117

8. Grosso G, Marventano S, Giorgianni G, Mistretta A, Purrello A, Calabrese G, et al. Mediterranean diet adherence rates in Sicily, southern Italy. Public Health Nutr 2014;17(9):2001-9. DOI: 10.1017/S1368980013002188

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