Nutrición Hospitalaria

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Respuesta a la carta al editor: “Más allá de las escalas nutricionales: Ampliando los enfoques para estudiar la adherencia alimentaria en entornos socioculturalmente diversos”

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Dear Editor,

We thank Dr. Flores and colleagues for their thoughtful and enriching comments on our article "Adherence to the Mediterranean diet and stroke risk in a Chilean population" (1). Before addressing their observations, we wish to clarify that our study was a hospital-based case-control design, which, by its nature, is limited in its capacity to explore cultural and symbolic dimensions of dietary behavior. The main objective was to identify associations between past dietary exposure and stroke risk rather than provide an in-depth sociocultural analysis of eating patterns.

We fully agree that dietary adherence cannot be understood solely through biomedical or nutritional lenses. Recent literature highlights that food choices are influenced by a wide array of sociocultural, territorial, and symbolic factors, which must be considered in public health nutrition research (2,3). The study of dietary patterns commonly involves two approaches: *"a priori"* and *"a posteriori".* The "*a priori"* approach applies predefined dietary indices based on existing evidence and nutritional guidelines (e.g., the Mediterranean Diet Score), while *"a posteriori"* approaches use statistical techniques (e.g., principal component analysis) to empirically derive dietary patterns based on actual consumption data (4,5). An empirical approach of this kind would help provide a more accurate description of how certain social groups are eating. This could indeed be complemented with a broader, more comprehensive approach as highlighted by Dr. Flores. Likewise, it remains important to conduct studies that link exposure to specific dietary patterns with health outcomes. The central interest in how we eat is its capacity to influence our health—either positively or negatively. Such associations were examined in studies like the one conducted in the Ñuble region.

The authors correctly point out that the Mediterranean diet is embedded in a historical and cultural context distinct from Chile. However, the agri-food and climatic conditions of the Ñuble region provide access to many food´s groups integral to the Mediterranean dietary model. While our use of the Mediterranean Diet Adherence Screener does not capture local cultural dimensions, it does offer a standardized way to evaluate overall diet quality based on well-established protective dietary components (6).

We fully share the authors' call for interdisciplinary approaches and mixed methods designs that allow for a more comprehensive understanding of dietary adherence, particularly in Chile, with diverse food traditions, socioeconomic disparities, and regional variations. We

particularly value the proposed use of qualitative and ethnographic tools and geospatial methods such as Geographic Information Systems (GIS), which could provide novel insights into how place-based and cultural variables influence dietary behaviors (7).

We thank the authors for their valuable contribution and believe that integrating sociocultural approaches into epidemiological nutrition research represents a promising and necessary path forward.

Conflict of interest: The authors declare no conflict of interest.

Artificial intelligence: The authors declare not to have used artificial intelligence (AI) or any AI-assisted technologies in the elaboration of the article.

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