



DOSSIER · THERAPY

MIND Diet

The MIND diet is a dietary pattern that combines elements of the Mediterranean diet and the DASH diet and aims to preserve cognitive function. Notably, citation strength and study design diverge: the most frequently cited works date from 2015 and are observational; the randomised trials begin later and form a smaller part of the field.

227

STUDIES IN
TOTAL

143

IN HUMANS

31

OF WHICH
CONTROLLED

2

IN ANIMALS

0

IN THE LAB

Figures from the IHR study database · Last updated 2026-10-04

How to Read This Dossier

ESTABLISHED

measured in humans, with a comparison group

PLAUSIBLE

supported by mechanism, animal studies or observation

HYPOTHESIS

a likely connection that still needs to be tested

MIND Diet at a Glance

ORIGIN:

The MIND diet is not a food and not a preparation, but a dietary pattern.

EVIDENCE BASE:

227 evaluated works · 31 controlled human studies · 112 observational studies · 11 review articles · 2 animal studies · 0 cell-culture studies

STRONGEST EVIDENCE:

- Cognition: In 960 participants of the Memory and Aging Project, a higher MIND score over an average of 4.7 years was associated with slower decline in the global cognition score ($\beta=0.0092$; $P<0.0001$).
- Cognition: In 923 participants aged 58 to 98 years, lower Alzheimer rates were found over an average of 4.5 years for the second ($HR=0.65$) and highest tertiles ($HR=0.47$) compared with the first.
- Cognition: The randomised study in 40 overweight women showed stronger improvements in working memory, verbal recognition and attention in the MIND arm after 3 months ($ps<0.05$).
- Metabolism: In 37 healthy women, a hypocaloric modified MIND diet over three months produced a greater reduction in weight, BMI, body-fat percentage, waist circumference and leptin as well as an increase in ghrelin and GLP-1.
- Heart and circulation: The review of 23 included studies linked the MIND diet, across different designs, with improved anthropometric measures and cardiometabolic endpoints such as blood pressure, glycaemic control, lipid profile and inflammation.

LIMITATIONS:

- The majority of human studies are observational (112 observational versus 31 controlled studies); cohorts show associations but do not separate dietary effect from lifestyle factors.
- Several frequently cited works originate from the same study consortium and therefore do not constitute independent confirmations; several more recent works are feasibility studies or study protocols.
- The largest randomised trial in 604 persons at Alzheimer risk showed benefit only in the subgroup with BMI ≥ 35 kg/m²; the intervention studies usually examine small populations over 8 to 12 weeks.

CLASSIFICATION:

The MIND diet is a dietary pattern that combines Mediterranean diet and DASH diet; its cognitive findings derive mainly from observational cohorts.

1. What the MIND Diet Is

The MIND diet is not a food and not a preparation, but a dietary pattern. The name stands for Mediterranean-DASH Intervention for Neurodegenerative Delay: the pattern combines elements of the Mediterranean diet with elements of the DASH diet, which was developed for blood-pressure control, and additionally directs food choice toward items associated with brain ageing. What is examined is not the intake of individual substances but the proximity of actual diet to this pattern. The oldest works in the evaluation date from 2015, the most recent from 2026. A large part of the research comes from observational studies in which participants were followed over years and their diet was recorded at baseline or repeatedly.

For the understanding of all works it is crucial that a dietary pattern cannot be dosed. A point score for proximity to the recommended diet is recorded, and this score depends on how it was assessed. The endpoints are likewise diverse: cognitive test batteries, brain-structure imaging, metabolic and hormone values, inflammatory markers, sleep and psychological questionnaires. A 2021 study related circulating carotenoids to cognitive performance in MIND-study participants; a randomised 2025 study examined sleep status, mental health and serum BDNF levels in overweight diabetic women with insomnia. A marker value and a test value are therefore not the same, and two studies with different endpoints cannot be read directly against each other.

2. What the Studies Show in Detail

The supporting human studies and the most important reviews — by application area, with population, duration, preparation, measure and result as reported in the original works. Numbers appear only where the work states them.

Distribution of **controlled human studies** by application area — the numbers are not additive, as one study may be assigned to several areas:

APPLICATION AREA	CONTROLLED STUDIES
Cognition and psyche	28
Metabolism	10
Safety and tolerability	5
Heart and circulation	5
Oxidative stress	4
Fatigue and stress	4

APPLICATION AREA	CONTROLLED STUDIES
Inflammatory processes	3
Gut and microbiome	2

Oxidative Stress

The MIND study [2] is designed as a three-year, multicentre randomised controlled trial and tests the effect of the MIND diet on cognitive function in 604 persons at Alzheimer risk. Men and women aged 65 to 84 years were included; randomisation was to a MIND diet with mild calorie restriction or the usual diet with mild calorie restriction. Cognitive testing, medical history, blood pressure, anthropometric measurements and blood and urine samples are planned at baseline and in follow-up visits; MRI examinations are performed in approximately half of the participants at the beginning and at the end. Special features noted in the protocol include a dietary pattern rather than a single nutrient, the provision of central foods (extra-virgin olive oil, blueberries, nuts) and MRI imaging.

The review article by [36] classifies physical activity and nutrition as lifestyle interventions for dementia-risk reduction and compares strategies of Western and Asian countries. In Western countries, structured programmes such as the Mediterranean diet and the MIND diet are in the foreground, whereas in Asian countries traditional mind-body practices such as Tai Chi and culturally anchored, antioxidant- and polyphenol-rich dietary patterns are included. The work emphasises the need for culturally adapted public-health strategies and individualised approaches in mild cognitive impairment and dementia prevention.

It remains open which of the markers provided for in the protocol actually map the underlying antioxidative and inflammatory pathways.

Cognition and Psyche

The randomised controlled trial by [11] examined a calorie-reduced modified MIND diet versus a calorie-reduced standard diet in 40 overweight women (mean BMI $32 \pm 4,31 \text{ kg/m}^2$, mean age $48 \pm 5,38$ years). The primary outcome was the change in cognitive performance via a comprehensive neuropsychological test battery; secondarily, brain structure was quantified by voxel-based morphometry; measurements were taken at baseline and after 3 months. 37 participants completed the study (MIND 22, control 15). In the MIND arm, working memory $+1,37$ (95 % CI 0,79, 1,95), verbal recognition $+4,85$ (95 % CI 3,30, 6,40) and attention $+3,75$ (95 % CI 2,43, 5,07) improved more than in the control group ($p < 0,05$); on MRI the surface area of the inferior frontal gyrus increased in the MIND group.

The analysis of [4] examined, in 604 randomised adults aged 65 to 85 years who were overweight or obese (mean age 70,4 years, 65,5 % women, BMI $33,9 \text{ kg/m}^2$), which characteristics modify the effect of the MIND diet on the annual change in a global cognition score from 12 neurocognitive tests. BMI was the only significant modifier ($p = 0,009$); only in persons with BMI $\geq 35 \text{ kg/m}^2$ ($n = 213$) was the MIND group associated with higher cognitive values of 0,040 (standard error 0,017, $p = 0,018$) standardised units per year compared with the control group.

In 44 women with type 2 diabetes and insomnia aged 30 to 65 years, [13] compared a calorie-reduced MIND diet ($n = 22$) with a calorie-reduced diet ($n = 22$) over 12 weeks. The MIND group showed a significant decrease in waist circumference as well as a significant improvement in sleep quality, depression and anxiety compared with the control group; additionally, cortisol decreased and BDNF increased significantly.

Among the observational studies, [25] linked a higher MIND score in 960 participants of the Memory and Aging Project over an average of 4,7 years with slower decline of the global cognition score ($\beta = 0,0092$; $P < 0,0001$) and with each of five cognitive domains; the difference between the highest and lowest tertile corresponded to an age 7,5 years younger. [26] found lower Alzheimer rates for the second ($HR = 0,65$; 95 % CI 0,44, 0,98) and highest tertiles ($HR = 0,47$; 95 % CI 0,26, 0,76) versus the first in 923 participants aged 58 to 98 years over an average of 4,5 years.

[31] evaluated 13 studies (9 cohorts, 3 cross-sectional studies, 1 RCT) and reports that adherence to the MIND diet was positively associated with individual cognitive domains and global cognition in 78 % of the studies and that the MIND diet was superior to other plant-rich diets. [33] included 40 articles with 32 independent cohorts: higher MIND adherence was protective against dementia in 7 of 10 cohorts, positive for global cognition in 3 of 4 cohorts and for episodic memory in 4 of 6; for cognitive decline only 2 of 7 longitudinal cohorts showed positive associations for global and 1 of 6 for episodic deterioration. In a secondary analysis of 494 participants of European ancestry [21] a significant interaction ($p = 0,002$) emerged between the COMT-Val158Met variant and diet assignment for the 3-year change in perceptual speed; Met/Met carriers improved more under the MIND than under the control diet, whereas no difference appeared in Val carriers.

It remains open whether the intervention findings are confirmed in larger, non-obese populations and over longer periods.

Metabolism

The randomised controlled trial [16] examined a hypocaloric modified MIND diet versus a hypocaloric control diet over three months in 37 healthy women (mean age $48 \pm 5,38$ years, BMI $32 \pm 0,69 \text{ kg/m}^2$). In the MIND arm a greater reduction was found in weight ($P < 0,0001$), BMI ($P < 0,0001$), body fat percentage ($P = 0,03$), waist circumference ($P = 0,01$) and leptin concentration ($P = 0,03$); in addition ghrelin ($P = 0,002$) and GLP-1 ($P = 0,01$) rose significantly. Measurements were taken at baseline and after three months.

It remains open whether the metabolic effects appear independently of calorie restriction and whether the changes in hunger hormones persist in the longer term.

Inflammatory Processes

The cross-sectional analysis [6] examined the association between dietary patterns and cognition in 967 participants of the UK Multiple Sclerosis Register. The aMED and MIND scores were derived from a 130-item EPIC-Norfolk questionnaire; cognition was captured with the MS-specific Cognitron-MS battery of 13 tasks as global cognition (G-factor) and four domains. Cognitive results were standardised as deviation-from-expected scores; the linear models were adjusted for total energy intake, MS phenotype, disease duration since diagnosis and current disease-modifying therapy.

The systematic review [35] screened 491 studies and included 23 that examined the association of the MIND diet with cardiometabolic diseases and their risk factors in adults. Across the various study designs the MIND diet was generally associated with improvement in anthropometric measures and further cardiometabolic endpoints such as blood pressure, glycaemic control, lipid profile and inflammation.

It remains open whether the observed associations are causal and whether the MIND diet directly alters inflammatory markers.

Gut and Microbiome

The two replicated pilot studies MINDICOMS and MINDICOMS II [24] are designed as two-arm randomised controlled trials and each enrol 60 patients aged 35 to 70 years with acute ischaemic stroke and signs of newly occurring cognitive impairment without dementia. The MIND diet was adapted for the Chinese population and recommends eleven food groups while simultaneously restricting four groups. During the 26-week intervention phase the control group receives standard care plus weekly health-education messages.

It remains open whether the MIND intervention improves cognition after stroke and whether the results reproduce across the two replication waves.

Heart and Circulation

Study [30] examined the association of the MIND diet with dementia risk in three prospective studies and a meta-analysis. The MIND score ranged from 0 to 15, with a higher value indicating stronger adherence.

It remains open whether the association is causal and which mechanisms mediate the relationship between MIND diet and dementia risk.

Overall Picture

Across the areas two strands contribute: on the one hand the large observational cohorts that consistently link higher MIND adherence with better global cognition, slower decline and lower dementia risk [25][26][27][30], on the other hand randomised intervention studies in smaller, often metabolically defined populations that examine cognitive and psychological endpoints over 8 to 12 weeks [11][13][17]. The largest randomised trial, the three-year MIND study in 604 persons at Alzheimer risk [2][4], shows benefit only in the subgroup with BMI ≥ 35 kg/m².

The systematic reviews paint a mixed picture: while [31] sees the MIND diet as superior to other plant-rich diets, [33] finds protective effects on dementia in 7 of 10 cohorts but only weak evidence for cognitive decline. Genetic secondary analyses [21][5] point to a role of COMT and APOE. What stands at the beginning across all areas: independent replications of the intervention findings in larger, non-obese populations and longer follow-ups.

Methodology of the evidence base

The works include randomised controlled trials, prospective cohorts, cross-sectional analyses and systematic reviews. The intervention studies mostly test a calorie-reduced MIND diet against a calorie-reduced control diet over 8 to 12 weeks in small populations (37 to 84 participants) with cognitive, mental and metabolic endpoints. The large cohorts record nutrition via Food-Frequency Questionnaires and cognition via validated batteries over 4 to 6 years. The three-year MIND study with 604 persons is the largest randomised trial. What remains open: independent replications, longer intervention durations and populations without obesity.

Citation strength and evidential power diverge

The two by far most-cited works date from 2015 and are observational. One carries the title “MIND diet slows cognitive decline with aging”, the other reports an association with lower Alzheimer incidence. The first title states a slowing that a cohort cannot support; the second correctly states an association.

PLAUSIBLE:

People who adhere to such a pattern for years differ in many characteristics from others — education, income, physical activity, smoking. Whether the association persists beyond these differences is decided not by the cohort but by controlled allocation.

A second point concerns the comparability of the patterns. An Australian longitudinal cohort reported in 2019 an association for the MIND diet but not for the Mediterranean diet — a finding that argues against the assumption that the two dietary patterns can be substituted for each other at will. Studies that combine the diet with a second intervention compound the problem: one randomised trial from 2024 tested the MIND diet together with a propolis supplement in metabolic syndrome, one from 2022 combined it with aerobic training in postmenopausal women. From such designs the contribution of the dietary pattern alone cannot be read.

3. How Robust the Research Is

Of the human studies the clear majority are observational: 112 observational stand against 31 controlled studies, plus 71 basic-research works, 11 review and mechanism papers and two animal studies. Within the controlled human studies cognition dominates clearly; metabolism, safety, cardiovascular, antioxidant questions and fatigue follow with only a few studies each, gut, oncology and immune system are represented by single investigations. The thematic focus therefore lies on cognitive endpoints, while cardiovascular and metabolic topics are covered mainly via review articles.

The methodological strength of the field lies in long-term cohorts from several countries; the systematic reviews from 2022, 2023 and 2024 collate them. The weakness lies in the design imbalance: cohorts show associations but do not separate whether nutrition shapes cognition or whether health-conscious people eat differently and therefore perform better. In addition, several highly cited works belong to the same study consortium — rationale and baseline

characteristics, the cognitive test battery, the carotenoid evaluation, the effect modifiers and the genetic resource paper all stem from the same randomised trial. Such publications are valuable but not independent confirmations. Several of the more recent works are feasibility studies or study protocols.

4. What Is Frequently Claimed — and What the Data Support

CLAIM	STUDY SITUATION
The MIND diet prevents Alzheimer's	Associations are documented: cohorts report a lower incidence and later progression. The controlled studies examine cognitive performance and brain structure.
The MIND diet improves cognition in healthy adults	The controlled studies predominantly examine older people and clinical groups — women with obesity, diabetic women with insomnia, women with PCOS. For
Blood markers such as BDNF or carotenoids indicate the effect	Markers are surrogate measures. A 2021 study related circulating α -carotene to cognitive performance, one from 2025 BDNF to sleep and mental health. A me
The MIND diet acts independently of physical activity and further measures	Several studies investigate the dietary pattern together with a second intervention, such as aerobic training in postmenopausal women or propolis administrati

5. The Most Robust Studies

Ordered by strength of evidence, not by prominence: review articles and studies with many participants first. The complete evaluation comprises considerably more works; the most robust are listed here.

Controlled Human Studies

- ¹ Effects of the MIND Diet on the Cognitive Function of Older Adults: A Systematic Review (2025) — review article, 17,201 participants
- ² Mediterranean-DASH Intervention for Neurodegenerative Delay (MIND) study: Rationale, design and baseline characteristics of a randomized control ... (2021) — 604 participants
- ³ Properties of the Cognitive Function Battery for the MIND Diet Intervention to Prevent Alzheimer's Disease (2022) — 604 participants
- ⁴ Effect modifiers of the MIND diet for cognition in older adults: The MIND diet trial (2025) — 604 participants
- ⁵ Mediterranean-DASH Intervention for Neurodegenerative Delay (MIND) Trial: Genetic Resource for Precision Nutrition (2025) — 604 participants
- ⁶ Mediterranean and MIND Dietary Patterns and Cognitive Performance in Multiple Sclerosis: A Cross-Sectional Analysis of the UK Multiple Sclerosis ... (2025) — 967 participants
- ⁷ Adherence to the Mediterranean-DASH Intervention for Neurodegenerative Delay (MIND) diet and longitudinal changes in global cognition: a post hoc ... (2026) — 590 participants
- ⁸ Dietary intervention and cognition across Alzheimer's disease biomarker levels: The MIND clinical trial (2026) — 2,021 participants
- ⁹ Rationale and study protocol for a randomized controlled MIND diet feeding trial for breast cancer-related cognitive impairment (2026) — 200 participants
- ¹⁰ Association between adherence to the Mediterranean-DASH Intervention for Neurodegenerative Delay (MIND) diet and cerebrospinal fluid Alzheimer's ... (2026) — 250 participants
- ¹¹ Effect of MIND diet intervention on cognitive performance and brain structure in healthy obese women: a randomized controlled trial (2022) — 40 participants
- Higher circulating α -carotene was associated with better cognitive function: an evaluation among the MIND trial participants (2021)
- ¹² The effect of MIND diet on sleep status, mental health, and serum level of BDNF in overweight/obese diabetic women with insomnia: a randomized ... (2025) — 22 participants
- ¹³ Aerobic Exercise with Mediterranean-DASH Intervention for Neurodegenerative Delay Diet Promotes Brain Cells' Longevity despite Sex Hormone Deficiency ... (2022)
- The AUstralian multidomain Approach to Reduce dementia Risk by prOtecting brain health With lifestyle intervention study (AU-ARROW): A study protocol ... (2024)

- ¹⁴ The Effect of Short-term Mediterranean-DASH Intervention for Neurodegenerative Delay (MIND) Diet on Hunger Hormones, Anthropometric Parameters, and ... (2022)
- ¹⁵ The effects of MIND diet on depression, anxiety, quality of life and metabolic and hormonal status in obese or overweight women with polycystic ovary ... (2024) — 52 participants
- ¹⁶ The effects of MIND diet and propolis supplementation on metabolic syndrome: A randomized controlled clinical trial (2024)
- ¹⁷ The MIND diet, cognitive function, and well-being among healthy adults at midlife: a randomised feasibility trial (2025) — 15 participants
- ¹⁸ Effects of MIND diet and propolis supplementation on metabolic syndrome indices and cognitive function among patients with metabolic syndrome in ... (2024)
- ¹⁹ Genetic Variation in Response to the Mediterranean-DASH Intervention for Neurodegenerative Delay (MIND): A Randomized Controlled Trial (2026)
- Nutrition Effects on Brain Outcomes and Recovery in Stroke after Hospitalization (NOURISH): Randomized controlled trial protocol and rationale (2025)
- ²⁰ Effect of MIND Diet Intervention on Cognitive Performance and Brain Structure in Healthy Obese Women: A Randomized Controlled Trial (2020) — 40 participants
- ²¹ Mediterranean-DASH Intervention for Neurodegenerative Delay Diet to Improve Cognitive Function in Mild Stroke Patients: Rationale and Design of Two ... (2026) — 60 participants

6. Summary

In humans, two strands stand out: large observational cohorts that consistently link higher MIND adherence with better global cognition, slower decline and lower dementia risk, and randomised intervention studies in smaller, often metabolically defined populations that examine cognitive, mental and metabolic endpoints over 8 to 12 weeks. The three-year MIND study in 604 people at risk of Alzheimer's is the largest randomised trial; it shows a cognitive benefit only in those with BMI ≥ 35 kg/m².

HYPOTHESIS The intervention findings could present differently in larger, non-obese populations and over longer periods, because the randomised trials conducted so far have mostly examined small, metabolically defined groups over short periods. Genetic secondary analyses point to a role for COMT and APOE; an Australian longitudinal cohort reported an association for the MIND diet but not for the Mediterranean diet, which argues against arbitrary interchangeability of the dietary patterns.

What remains to be clarified is whether the intervention findings can be independently replicated in larger, non-obese populations and over longer follow-up periods. For the inflammatory processes it is open whether the observed associations are causal and whether the MIND diet directly alters inflammatory markers. For the replicated pilot studies MINDICOMS and MINDICOMS II it remains to be examined whether the MIND intervention improves cognition after stroke and whether the results reproduce across the two replication waves. Finally, it is open which of the markers specified in the protocol actually map the underlying antioxidative and inflammatory pathways.

7. What Remains Open

- **Independent replication:** Which randomised trial outside the existing study network confirms the cognitive effect in healthy older adults?
- **Adherence:** From what degree of closeness to the recommended diet does a difference appear, and how stable does this score remain over the years?
- **Combinations:** What proportion of the observed effect is attributable to the dietary pattern when exercise, sleep or further measures are altered concomitantly?

Frequently Asked Questions

How is the MIND diet composed?

The name stands for Mediterranean-DASH Intervention for Neurodegenerative Delay. The pattern combines elements of the Mediterranean diet with elements of the DASH diet, which was developed for blood-pressure control, and additionally directs food choice towards items linked to brain ageing. The studies examine not a single nutrient but the closeness of the overall diet to this pattern.

Are the cognitive effects already established?

The association between high adherence to the pattern and better cognitive performance is documented in many cohorts. Controlled testing is more recent: it focuses on specific groups, and some of the works are feasibility studies, protocols and analyses from the same study network. Several randomised trials will clarify the question further.

For whom is the evidence most informative?

It is densest for older adults without dementia and for women with obesity, with diabetic metabolic disturbance and insomnia, or with PCOS. For healthy middle-aged adults a randomised feasibility study from 2025 is available; for people with multiple sclerosis a cross-sectional analysis from 2025 exists. For gut, immune system and oncology, individual controlled studies are available.

Sources

1

Effects of the MIND Diet on the Cognitive Function of Older Adults: A Systematic Review
Kim S, Jang EH, Lee S · 2025

2

Mediterranean-DASH Intervention for Neurodegenerative Delay (MIND) study: Rationale, design and baseline characteristics of a randomized control trial of the MIND diet on cognitive decline
Liu X, Morris MC, Dhana K, Ventrelle J, Johnson K, Bishop L et al. · 2021

3

Properties of the Cognitive Function Battery for the MIND Diet Intervention to Prevent Alzheimer's Disease
Krueger KR, Dhana K, Aggarwal NT, Arfanakis K, Carey VJ, Sacks FM et al. · 2022

4

Effect modifiers of the MIND diet for cognition in older adults: The MIND diet trial
Halloway S, Aggarwal NT, Arfanakis K, Sacks FM, Barnes LL, Dhana K · 2025

5

Mediterranean-DASH Intervention for Neurodegenerative Delay (MIND) Trial: Genetic Resource for Precision Nutrition
Liu Y, Fowler H, Wang DD, Barnes LL, Cornelis MC · 2025

6

Mediterranean and MIND Dietary Patterns and Cognitive Performance in Multiple Sclerosis: A Cross-Sectional Analysis of the UK Multiple Sclerosis Register
Yu M, Simpson-Yap S, Lereede A, Nicholas R, Coe S, Tektonidis TG et al. · 2025

7

Adherence to the Mediterranean-DASH Intervention for Neurodegenerative Delay (MIND) diet and longitudinal changes in global cognition: a post hoc analysis of the MIND trial
Dhana K, Aggarwal NT, Ventrelle J, Voigt RM, Liu X, Agarwal P et al. · 2026

8

Dietary intervention and cognition across Alzheimer's disease biomarker levels: The MIND clinical trial
Dhana K, Aggarwal NT, Arfanakis K, Sacks FM, Barnes LL · 2026

9

Rationale and study protocol for a randomized controlled MIND diet feeding trial for breast cancer-related cognitive impairment
Crowder SL, Hu B, Hoogland AJ, Li X, Rodriguez Y, Bryant C et al. · 2026

10

Association between adherence to the Mediterranean-DASH Intervention for Neurodegenerative Delay (MIND) diet and cerebrospinal fluid Alzheimer's disease biomarkers in middle-life individuals without dementia: the ALBION study
Drouka A, Chatzispirellis S, Brikou D, Ntanas E, Mamalaki E, Chatzipanagiotou S et al. · 2026

11

Effect of MIND diet intervention on cognitive performance and brain structure in healthy obese women: a randomized controlled trial
Arjmand G, Abbas-Zadeh M, Eftekhari MH · 2022

12

The effect of MIND diet on sleep status, mental health, and serum level of BDNF in overweight/obese diabetic women with insomnia: a randomized controlled trial
Golmohammadi M, Attari VE, Salimi Y, Saed L, Nachvak SM, Samadi M · 2025

13

Aerobic Exercise with Mediterranean-DASH Intervention for Neurodegenerative Delay Diet Promotes Brain Cells' Longevity despite Sex Hormone Deficiency in Postmenopausal Women: A Randomized Controlled Trial
Elsayed MM, Rabiee A, El Refaye GE, Elsis HF · 2022

14

The Effect of Short-term Mediterranean-DASH Intervention for Neurodegenerative Delay (MIND) Diet on Hunger Hormones, Anthropometric Parameters, and Brain Structures in Middle-aged Overweight and Obese Women: A Randomized Controlled Trial
Arjmand G, Abbas-Zadeh M, Fardaei M, Eftekhari MH · 2022

15

The effects of MIND diet on depression, anxiety, quality of life and metabolic and hormonal status in obese or overweight women with polycystic ovary syndrome: a randomised clinical trial
Kabiri SS, Javanbakht Z, Zangeneh M, Moludi J, Saber A, Salimi Y et al. · 2024

16

The effects of MIND diet and propolis supplementation on metabolic syndrome: A randomized controlled clinical trial
Gholami Z, Maracy MR, Paknahad Z · 2024

17

The MIND diet, cognitive function, and well-being among healthy adults at midlife: a randomised feasibility trial
Timlin D, McCormack JM, Kerr M, Keaver L, Simpson EEA · 2025

18

Effects of MIND diet and propolis supplementation on metabolic syndrome indices and cognitive function among patients with metabolic syndrome in Isfahan, Iran, 2024. A rationale and study protocol for randomized controlled trial
Gholami Z, Maracy MR, Paknahad Z · 2024

19

Genetic Variation in Response to the Mediterranean-DASH Intervention for Neurodegenerative Delay (MIND): A Randomized Controlled Trial
Cornelis MC, Barnes LL · 2026

20

Effect of MIND Diet Intervention on Cognitive Performance and Brain Structure in Healthy Obese Women: A Randomized Controlled Trial
Arjmand G, Abbas-Zadeh M, Eftekhari MH · 2020

21

Mediterranean-DASH Intervention for Neurodegenerative Delay Diet to Improve Cognitive Function in Mild Stroke Patients: Rationale and Design of Two Replicate, Pilot Randomized Control Trials
Lin Q, Chen H, Shen J, Tao Y, Tang L, Zhang T et al. · 2026

International Health Research

Research, put in context. Every statement leads to the original paper; the decision in the individual case rests with the treating professional.
ih-research.com/en/knowledge/mind-diet/ · Last updated 2026-10-04