**Appendix S1: Search terms and search strategies from Scopus and Medline databases.**

**Scopus**

( ( TITLE-ABS-KEY ( "prevent*" ) ) OR ( TITLE-ABS-KEY ( "delay*" ) ) OR ( TITLE-ABS-KEY ( "reduc*" ) ) ) AND ( ( TITLE-ABS-KEY ( "systematic review" ) ) OR ( TITLE-ABS-KEY ( "meta analysis" ) ) ) AND ( ( TITLE-ABS-KEY ( "lifestyle change" OR "lifestyle modification" OR "lifestyle adaptation" OR "lifestyle intervention" OR "lifestyle therapy" OR "lifestyle treatment" ) ) OR ( TITLE-ABS-KEY ( "behavior change" OR "behavior modification" OR "behavior adaptation" OR "behavior intervention" OR "behavior therapy" OR "behavior treatment" OR "non-pharmacological*" OR "nonpharmacological*" ) ) OR ( ( ( TITLE-ABS-KEY ( "low salt" ) ) OR ( TITLE-ABS-KEY ( "weight reduction" ) ) OR ( ( TITLE-ABS-KEY ( "carbohydrate-restricted diet" ) ) OR ( TITLE-ABS-KEY ( "Mediterranean diet" ) ) OR ( TITLE-ABS-KEY ( "fat-restricted diet" ) ) OR ( TITLE-ABS-KEY ( "reducing diet" ) ) OR ( TITLE-ABS-KEY ( "diet therapy" ) ) OR ( TITLE-ABS-KEY ( "diet* control" ) ) OR ( TITLE-ABS-KEY ( "dietary control" ) ) ) OR ( ( TITLE-ABS-KEY ( "low glycemic index" ) ) OR ( TITLE-ABS-KEY ( "low carbohydrate" ) ) OR ( TITLE-ABS-KEY ( "dietary approach to stop hypertension" ) ) OR ( TITLE-ABS-KEY ( "healthy eat*" ) ) OR ( TITLE-ABS-KEY ( "clean food" ) ) OR ( TITLE-ABS-KEY ( "salt restriction" ) ) ) ) OR ( ( TITLE-ABS-KEY ( "strength training" ) ) OR ( TITLE-ABS-KEY ( "weight training" ) ) OR ( ( TITLE-ABS-KEY ( "physical activity" ) ) OR ( TITLE-ABS-KEY ( sport ) ) OR ( TITLE-ABS-KEY ( exercise ) ) OR ( TITLE-ABS-KEY ( workout ) ) OR ( TITLE-ABS-KEY ( "work out" ) ) OR ( TITLE-ABS-KEY ( "resistance training" ) ) ) ) OR ( ( TITLE-ABS-KEY ( "smoking cessation" ) ) OR ( TITLE-ABS-KEY ( "smoking quit*" ) ) OR ( TITLE-ABS-KEY ( "smoking reduc*" ) ) OR ( TITLE-ABS-KEY ( "tobacco cessation" ) ) OR ( TITLE-ABS-KEY ( "tobacco quit*" ) ) OR ( TITLE-ABS-KEY ( "tobacco reduc*" ) ) ) OR ( ( TITLE-ABS-KEY ( "alcohol cessation" ) ) OR ( TITLE-ABS-KEY ( "alcohol reduc*" ) ) ) OR ( ( TITLE-ABS-KEY ( sleep ) ) OR ( TITLE-ABS-KEY ( "stress reduc*" ) ) ) ) ) ) AND ( ( TITLE-ABS-KEY ( "cardiovascular disease" OR "coronary artery disease" OR "acute coronary syndrome" OR "myocardial infarction" ) ) OR ( TITLE-ABS-KEY ( "ischemic heart disease" OR "angina pectoris" OR "unstable angina" OR stroke OR "cerebrovascular disease" OR "cardiovascular death" OR "cardiovascular mortality" ) ) )

**Medline**

Search ((((((((((("Cardiovascular Diseases"[Mesh]) OR "cardiovascular disease") OR "coronary artery disease") OR "acute coronary syndrome") OR "myocardial infarction") OR "ischemic heart disease") OR stroke) OR "cerebrovascular disease") OR "cardiovascular death") OR "cardiovascular mortality")) AND ((((((((((((((((("Life Style"[Mesh]) OR “lifestyle change”) OR “lifestyle modification”) OR “lifestyle adaptation”) OR “lifestyle intervention”) OR “lifestyle therapy”) OR “lifestyle treatment”) OR “behavior change”) OR “behavior modification”) OR “behavior adaptation”) OR “behavior intervention”) OR “behavior therapy”) OR “behavior treatment”)) OR ((((((((((((("non-pharmacological*") OR "nonpharmacological*") OR (("non-pharmacological*") OR "nonpharmacological*")) OR "Diet, Carbohydrate-Restricted"[Mesh]) OR "Diet, Mediterranean"[Mesh]) OR "Diet, Fat-Restricted"[Mesh]) OR "Diet, Reducing"[Mesh]) OR "Diet Therapy"[Mesh]) OR "diet* control") OR “dietary control”) OR "low glycemic index") OR "low carbohydrate") OR "dietary approach to stop hypertension") OR "healthy eat*") OR "clean food")) OR ((((((((("physical activity") OR exercise) OR sport) OR workout) OR "work out") OR "resistance training") OR "strength training") OR "weight training")) OR ((((((((("Smoking Cessation"[Mesh]) OR “smoking cessation”) OR "smoking quit*") OR "smoking reduc*") OR "Tobacco Use Cessation"[Mesh]) OR "tobacco cessation") OR "tobacco quit*") OR "tobacco reduc*")) OR ((("alcohol cessation") OR "alcohol reduc*") OR (("alcohol cessation") OR "alcohol reduc*"))) OR (((sleep) OR (("Stress, Psychological/prevention and control"[Mesh]))) OR “stress reduc*”))) AND (((prevent*) OR delay*) OR reduc*) Filters: Systematic Reviews

**Table S1.** Characteristics of included systematic reviews and meta-analyses.

| Author | Year | Population | Intervention/ factor | Outcome | Type of included studies | Age | % Male | Total *n* | Setting |
|---|---|---|---|---|---|---|---|---|---|
| | | | | *Food patterns* | | | | | |
| Onvani[1] | 2016 | General population | HEI and AHEI | All-causes and, CVD mortality | Cohort study: 12<br>Cross-sectional: 1 | 18–82 | 0–100 | 636–424,663 | US: 11<br>UK: 1<br>Asian: 1 |
| Semlitsch[2] | 2016 | HT patients with obesity | Diet intervention | All-causes mortality, CVD | Parallel RCT: 4<br>Cluster RCT: 3<br>Factorial RCT: 1 | 47–66 | 27–64 | 30–587 | US: 4<br>UK: 1<br>European: 2<br>Unknown: 1 |
| Guo[3] | 2017 | General population | CVH score | All-causes and CVD mortality, CVD | Cohort: 13 | 43–69 | 36.3–100 | 2981–95,429 | US: 7<br>UK: 1<br>Asian:5 |
| Schwingshackl[4] | 2018 | General population | HEI, AHEI, and DASH score | All-causes and CVD mortality, CVD | Cohort: 68 | 18–104 | 0–100 | 298–460,770 | US: 26<br>UK: 1<br>European: 3<br>Asian: 2<br>Australia: 1<br>Multi-centre: 1 |
| Shivappa[5] | 2018 | General subject | DII score | CVD | Cohort: 11<br>Cross-sectional: 1<br>Case-control: 1<br>Nested case-control: 1 | NR | 0–100 | 171–3725 | US: 3<br>UK: 1<br>European: 7<br>Australia: 3 |
| Sofi[6] | 2008 | General population | Mediterranean diet | All-causes and CVD mortality | Cohort: 12 | 20–90 | 0–100 | 161–214,284 | US: 4<br>European: 7<br>Australia: 1 |
| Sofi[7] | 2010 | General population | Mediterranean diet | All-causes and CVD mortality, CVD | Cohort: 7 | 20–95 | 0–100 | 1199–485,044 | US: 2<br>European: 5 |
| Psaltopoulou[8] | 2013 | General population | Mediterranean diet | Stroke | Cohort: 9<br>Case-control: 3<br>Cross-sectional: 10 | 37.2–80.3 | 0–72 | 575–74,886 | US: 9<br>UK: 1<br>European: 10<br>Australia: 2 |
| Martínez-González[9] | 2014 | General population | Mediterranean diet | CVD | RCT: 2<br>Cohort: 12 | NR | NR | NR | NR |
| Kontogianni[10] | 2014 | General population | DASH, Mediterranean diet | Stroke | NR | NR | NR | NR | NR |

| Author | Year | Population | Intervention/ factor | Outcome | Type of included studies | Age | % Male | Total *n* | Setting |
|---|---|---|---|---|---|---|---|---|---|
| Liyanage[11] | 2016 | High risk of CVD (i.e. DM) | Mediterranean diet | All-causes and CVD mortality, CVD | Parallel RCT: 6 | 37–41 | 0–100 | 48–7447 | US: 1<br>UK: 1<br>European: 2<br>Asian: 2 |
| Grosso[12] | 2017 | General population | Mediterranean diet | CVD mortality, CVD | Cohort: 20<br>Parallel RCT: 4<br>Case-control: 4 | 48–67.3 | 0–100 | 605–380,296 | US: 5<br>European: 17<br>Asian: 1<br>Australia: 1 |
| Rosato[13] | 2019 | General population | Mediterranean diet | CHD/MI, Stroke. CVD | Cohort: 21<br>Case-control: 5 | 20–92 | 0–100 | 46–347,000 | US:7<br>UK: 1<br>European: 19<br>Asian:1<br>Australia:1 |
| Chen[14] | 2019 | General population | Mediterranean diet | Stroke | Cohort: 20 | 42–72 | NR | NR | US: 6<br>European: 11<br>UK: 1<br>Asian: 2 |
| ***Food patterns: DASH diet*** | | | | | | | | | |
| Abargouei[15] | 2013 | General population | DASH diet | CVD mortality, CVD | Cohort: 6 | 35–79 | 0–100 | 20933–88,517 | US: 3<br>European: 3 |
| Kwok[16] | 2014 | General population | Vegetarian diet | CVD mortality, CVD | Cohort: 8 | 25–100 | 24–100 | 1904–73,308 | US: 2<br>UK: 3<br>European: 2<br>Asian: 1 |
| Feng[17] | 2018 | General population | DASH diet | Stroke | Prospective Cohort: 12 | 20–83 | 0–100 | 1867–172,043 | US:4<br>UK:2<br>European:4<br>Asian:2 |
| Yang[18] | 2019 | General population | DASH diet | CHD | Cohort: 7 | 20–79 | 0–100 | 1867–153,802 | US: 4<br>UK: 2<br>European: 1 |
| ***Food groups*** | | | | | | | | | |
| Law[19] | 1998 | General population | Fruit and vegetable intakes | CHD | Cohort: 11 | 25–75 | 0–100 | 343–87,245 | US: 5<br>UK: 3<br>European: 2 |
| Hu[20] | 2014 | General population | Fruit and vegetable intakes | Stroke | Cohort: 20 | 40.7–72.4 | NR | 552–174,888 | US: 6<br>European: 8<br>Asian: 6 |
| Whelton[21] | 2004 | General population | Fish intake | CHD | Cohort: 14<br>Case-control: 5 | 22–87 | 0–100 | 272–84,688 | US: 8<br>European: 9 |

| Author | Year | Population | Intervention/ factor | Outcome | Type of included studies | Age | % Male | Total *n* | Setting |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Asian: 2 |
| Crippa[22] | 2014 | General population | Coffee intake | All-causes and CVD mortality | Cohort: 21 | NR | 0–100 | 1440–45,4775 | US: 8<br>UK: 2<br>European: 7<br>Asian: 4 |
| Kwok[23] | 2015 | General population | Chocolate intake | CVD | Cohort: 7<br>Parallel RCT: 1<br>Cross-sectional: 1 | 49–75 | 0–100 | 470–37,103 | US: 2<br>UK: 1<br>European: 5<br>Australia: 1 |
| Yuan[24] | 2017 | General population | Chocolate intake | CVD | Cohort: 14 | 35–84 | 0–100 | 590–92,678 | US: 5<br>UK: 1<br>European: 5<br>Asian: 2<br>Australia: 1 |
| Pang[25] | 2015 | General population | Green tea consumption | All-causes and CVD mortality, CVD | Cohort: 8<br>Parallel RCT: 1 | 40–89 | 0–72 | 51–100,938 | NR |
| Shao[26] | 2016 | General population | Nut intake | Stroke | Cohort: 11 | 30–86.7 | 0–100 | 2893–120,852 | US: 6<br>European: 2<br>Asian: 2<br>Australia: 1 |
| Weng[27] | 2016 | General population | Nut intake | CVD | Cohort: 13<br>Parallel RCT: 1 | 24–80 | NR | 6309–86,016 | US: 12<br>European: 2 |
| Wei[28] | 2016 | General population | Whole grain intake | All-causes and CVD mortality | Cohort: 11 | 42–72 | 0–100 | 535–367,442 | US: 8<br>European: 3 |
| Marventano[29] | 2016 | General population | Legume intake | CVD | Cohort: 14 | 20–86 | 0–100 | 3932–84,136 | US: 6<br>European: 5<br>Asian: 3 |
| | | | | ***Food nutrients*** | | | | | |
| Hooper[30] | 2000 | General population | Low or modified fat diet | All-causes and CVD mortality | RCT: 27 | 25–88 | 0–100 | 21–9032 | NR |
| Studer[31] | 2005 | General population | Diet intervention, n-3 PUFA | All-causes and CVD mortality | RCT: 31 | NR | NR | NR | NR |
| Skeaff[32] | 2009 | General population | Fat intake | CVD mortality, CHD | NR | NR | NR | NR | NR |
| Mozaffarian[33] | 2010 | General population | n-6 PUFA | CVD mortality | RCT: 8 | NR | 0–100 | 55–9057 | NR |
| Ramsden[34] | 2010 | General population | PUFA, n-6 PUFA | All-causes and CVD mortality | RCT: 7 | NR | NR | 55–9057 | NR |

| Author | Year | Population | Intervention/ factor | Outcome | Type of included studies | Age | % Male | Total *n* | Setting |
|---|---|---|---|---|---|---|---|---|---|
| Lista[35] | 2012 | General population | Marine omega-3 PUFA | All-causes and CVD mortality, CVD | RCT: 21 | NR | NR | NR | NR |
| Abdelhamid[36] | 2019 | General population | omega-3 PUFA | All-causes and CVD mortality, CVD, CHD, stroke | RCT: 79 | NR | NR | 11–18,645 | NR |
| Martínez-González[37] | 2014 | General population | Olive oil | CHD, stroke | Case-control: 3<br>RCT: 1<br>Cohort: 5 | 49–78 | NR | 342–40,142 | European: 9 |
| Schwingshackl[38] | 2014 | General population | MUFA, olive oil, oleic acid | All-causes and CVD mortality, CVD, CHD, stroke | Cohort: 42 | 20–87 | 0–100 | 161–161,808 | US: 13<br>European: 20<br>UK: 1<br>Israel: 1<br>Asian: 4<br>Australia: 1 |
| Farvid[39] | 2015 | General population | Dietary linoleic consumption | CHD | Cohort: 13 | 35–61 | 0–100 | 1643–84,564 | US: 6<br>European: 6<br>Asian: 1 |
| Harcombe[40] | 2016 | General population | Low or modified fat diet | All-causes and CVD mortality | RCT: 10 | NR | 0–100 | 52–48,835 | NR |
| Harcombe[41] | 2017 | General population | Dietary fat intake | CVD mortality | Cohort: 7 | 30–79 | 39–100 | 2676–43,757 | NR |
| Muto[42] | 2018 | General population | Saturated Fatty acid | stroke | Cohort: 11 | 34–89 | 0–100 | 832– 87,025 | US: 4<br>European: 2<br>Asian: 5 |
| Hollman[43] | 2010 | General population | Flavonoid intake | Stroke | Cohort: 6 | 39.3–61.5 | 0–100 | NR | US: 2<br>European: 4 |
| Kim[44] | 2017 | General population | Flavonoid intake | All-causes and CVD mortality, CHD | Cohort: 15 | 30–84 | 0–100 | 805–66,360 | US: 4<br>UK: 1<br>European: 8<br>Asian: 1<br>Australia: 1 |
| Kimble[45] | 2019 | General population | Flavonoid intake (Anthocyanins) | CVD, CVD mortality, CHD, stroke | Cohort: 19 | 25–75 | 0–100 | NR | US: 7<br>European: 11<br>Australia: 1 |
| D'Elia[46] | 2011 | General population | Potassium intake | Stroke, CVD, CHD | Cohort: 11 | 25–79 | 0–100 | 859–58,730 | US: 6<br>European: 3<br>Asian: 2 |
| Chen[47] | 2013 | General population | Dietary fibre intake | Stroke | Cohort: 6 | 30–79 | 0–100 | 20674–86,387 | US: 2<br>European: 2<br>Asian: 2 |

| Author | Year | Population | Intervention/ factor | Outcome | Type of included studies | Age | % Male | Total *n* | Setting |
|---|---|---|---|---|---|---|---|---|---|
| Kim[48] | 2016 | General population | Dietary fibre intake | CVD mortality, CHD | Cohort: 15 | 20–85 | 0–100 | 859–388,122 | US: 5<br>European: 7<br>Asian: 1<br>Australia: 2 |
| Li[49] | 2017 | General population | Dietary fibre intake | Ischemic stroke | Cohort: 8 | 30–83 | 0–100 | 1772–96,677 | US: 3<br>European: 3<br>Asian: 2 |
| Reynolds[50] | 2019 | General population | Whole grain, Dietary fibre intake | All-cause mortality<br>CVD mortality<br>CHD, stroke | Cohort:185<br>RCT: 58 | 18–73 | 0–100 | 7–40,067 | NR |
| ***Food nutrients: Salt diet*** | | | | | | | | | |
| Aburto[51] | 2013 | General population and HT patients | Low salt diet | All-causes mortality, CVD, CHD | Parallel RCT: 42<br>Cohort: 14 | NR | NR | 16–2382 | NR |
| Adler[52] | 2014 | General population and HT patients | Low salt diet | All-causes and CVD mortality, CVD | Parallel RCT: 6<br>Cluster RCT: 2 | 38.5–83.3 | 22.1–100 | NR | Asian: 3<br>Australia: 1 |
| Jayedi[53] | 2019 | General population | Low salt diet | Stroke | Cohort: 14<br>Case-cohort: 2 | 48–69 | NR | 464–77,500 | US: 6<br>European: 4<br>Asian: 5<br>International: 1 |
| ***Food nutrients: Dietary calcium*** | | | | | | | | | |
| Wang[54] | 2014 | General population | Dietary calcium intake | CVD mortality | Cohort:11 | 4–74 | 0–100 | 2605–388,229 | US: 3<br>European: 4<br>Asian: 4<br>Canada: 1 |

AHEI: alternate healthy eating index; CVD: cardiovascular diseases; CHD: coronary heart disease; CVH: cardiovascular health; DII: dietary inflammatory index; DM: diabetes mellitus; DASH: Dietary Approaches to Stop Hypertension; HT: hypertension; HEI: healthy eating index; NR: not reported; MUFA: monounsaturated fatty acid; PUFA: polyunsaturated fatty acid; RCT: randomized-controlled trial; US: United States; UK: United Kingdom.

**Table S2.** Details of diet intervention and dietary factors.

| | Year | Intervention/Exposure | Mode of deliver/type of questionnaire | Setting | Behavioral intervention (BI) | Support device | Duration |
|---|---|---|---|---|---|---|---|
| ***Food Patterns: Healthy diet*** | | | | | | | |
| Onvani[1] | 2016 | Healthy diet | HEI, AHEI score | NA | NA | NA | 6.2–22 years |
| Semlitsch[2] | 2016 | Low CBH, low fat, low calorie diet; increased fish, vegetables, complex CBH, and fiber consumption | Supervised and education | Clinic-based | No | No | 0.5–3 years |
| Guo[3] | 2017 | Healthy diet | CVH score | NA | NA | NA | 4–18.7 years |
| Schwingshackl[4] | 2018 | Healthy diet | HEI, AHEI, DASH score | NA | NA | NA | 3–24 years |
| Shivappa[5] | 2018 | Healthy diet | Dietary inflammatory index | NA | NA | NA | 4.3–26 years |
| ***Food Patterns: Mediterranean diet*** | | | | | | | |
| Sofi[6] | 2008 | Mediterranean diet | Mediterranean diet adherence score (0–9) | NA | NA | NA | 3.7–18 years |
| Sofi[7] | 2010 | Mediterranean diet | Mediterranean diet adherence score (0–9) | NA | NA | NA | 4.5–20 years |
| Psaltopoulou[8] | 2013 | Mediterranean diet | Mediterranean diet adherence score (0–9) | NA | NA | NA | 2.2–20 years |
| Martínez-González[9] | 2014 | Mediterranean diet | The Mediterranean Diet Score | NA | NA | NA | NR |
| Kontogianni[10] | 2014 | Mediterranean and DASH diet | Validated FFQ | NA | NA | NA | NR |
| Liyanage[11] | 2016 | Mediterranean diet | Education and supplement | Clinic based | No | No | 6 months – 9 years |
| Grosso[12] | 2017 | Mediterranean diet assessed by mMed, tMed, aMed, rMed, MedDiet, MeDi, IMed score | Supervised and educational | Clinic and home based | No | No | RCTs: 2–5 years Observational studies: 2–20 years |
| Chen[14] | 2019 | Mediterranean diet | FFQ, 7-d food record, 14-point Med-Diet adherence screener | NA | NA | NA | 3–21 years |
| Rosato[13] | 2019 | Mediterranean diet | Mediterranean diet score | NA | NA | NA | 6–20 year |
| ***Food Patterns: DASH diet*** | | | | | | | |
| Abargouei[15] | 2013 | DASH diet | quintiles of eight DASH dietary pattern components | NA | NA | NA | 7–24 years |
| Kontogianni[10] | 2014 | Mediterranean and DASH diet | validated FFQ | NA | NA | NA | NR |
| Feng[17] | 2018 | DASH diet | FFQ | NA | NA | NA | 5.7–24 years |
| Yang[18] | 2019 | DASH diet | FFQ | NA | NA | NA | 2.8–24 years |
| ***Food Patterns: Vegetarians diet*** | | | | | | | |
| Kwok[16] | 2014 | Vegetarian diet | NR | NA | NA | NA | 6–23 years |
| ***Food groups: Fruit and vegetable*** | | | | | | | |
| Law[19] | 1998 | Fruit and vegetable | FFQ, 7 day weighted inventory, 4 week and 1 year diet history | NA | NA | NA | 4–24 years |
| Hu[20] | 2014 | Fruit and vegetable | FFQ, 24 hr food recall | NA | NA | NA | 3–37 years |
| ***Food groups: Fish intake*** | | | | | | | |

| | Year | Intervention/Exposure | Mode of deliver/type of questionnaire | Setting | Behavioral intervention (BI) | Support device | Duration |
|---|---|---|---|---|---|---|---|
| Whelton[21] | 2004 | Fish intake | Analyzed based on the number of servings per week | NA | NA | NA | 4–30 years |
| | | | ***Food groups: Coffee*** | | | | |
| Crippa[22] | 2014 | Coffee intake | NR | NA | NA | NA | 7.1–24 years |
| | | | ***Food groups: Chocolate*** | | | | |
| Kwok[23] | 2015 | Chocolate intake | FFQ | NA | NA | NA | 8–16 years |
| Yuan[24] | 2017 | Chocolate intake | FFQ and self-report | NA | NA | NA | 4.7–16 years |
| | | | ***Food groups: Green tea*** | | | | |
| Jun Pang[25] | 2015 | Green tea intake | NR | NA | NA | NA | 9 weeks – 13 years |
| | | | ***Food groups: Nut*** | | | | |
| Shao[26] | 2016 | Nut intake | FFQ | NA | NA | NA | 4.4–30 years |
| Weng[27] | 2016 | Nut intake | NR | NA | NA | NA | 4.8–26 years |
| | | | ***Food groups: Whole grain*** | | | | |
| Wei[28] | 2016 | Whole grain | FFQ | NA | NA | NA | 5.5–26 years |
| Reynolds[50] | 2019 | Whole grain, dietary fibre | RCT: meal supplement<br>Cohort: FFQ, 24-hr recall, 7 day dietary record | NA | NA | NA | 6 weeks – 24 years |
| | | | ***Food groups: Legume*** | | | | |
| Marventano[29] | 2016 | Legume consumption | NR | NA | NA | NA | 4.9–26 years |
| | | | ***Food nutrients: Fat*** | | | | |
| Hooper[30] | 2000 | Reduce fat intake 15%-30% of TE, replace SFA by linoleic acid, reduce cholesterol intake | Education, meal supplement | Clinic-based | NR | NR | 0.43–9.3 years |
| Studer[31] | 2005 | n-3 PUFA<br>Dietary intervention | NR | NR | NR | NR | n–3 PUFA 1.2–1.9 years<br>diet 2.5–4.2 years |
| Skeaff[32] | 2009 | Fat intake | FFQ, 24 hr recall, weighed diet records, cross-check dietary history, dietary history, 4 day estimated food record, 7 day weighed diet record | NA | NA | NA | NR |
| Mozaffarian[33] | 2010 | Increased n-6 PUFA | Education, meal supplement | Clinic-based | No | No | 1–8 years |
| Ramsden[34] | 2010 | Increased mixed n-3/n-6 PUFA, only n-6 PUFA | NR | NR | NR | NR | 2–4 years |
| Lista[35] | 2012 | Marine omega-3 FA | NR | Clinic-based | NR | NR | 1–9 years |
| Martínez-González[37] | 2014 | Olive oil | FFQ | NA | NA | NA | 4.8–10.4 years |
| Schwingshackl[38] | 2014 | MUFA, MUFA: SFA, olive oil, Oleic acid | NR | NR | NR | NR | 3.7–30 years |
| Farvid[39] | 2015 | Dietary linoleic acid | FFQ, 24 hr food recall, 7-day weight food record | NA | NA | NA | 5.3–30 years |

| | Year | Intervention/Exposure | Mode of deliver/type of questionnaire | Setting | Behavioral intervention (BI) | Support device | Duration |
|---|---|---|---|---|---|---|---|
| Harcombe[40] | 2016 | 64 g Corn oil, 58 g olive oil, 40 g fat/day, 85 g soya-bean oil, 20%–40% calories from fat, 8%–10% calories from SFA | NR | Clinic-based | NR | NR | Mean 4.7 years |
| Harcombe[41] | 2017 | Dietary fat | NR | NA | NA | NA | 6–20 years |
| Muto[42] | 2018 | Saturated fat intake | FFQ and 24-hr food recall | NA | NA | NA | 7.6–20 years |
| Abdelhamid[36] | 2019 | Omega-3 PUFA | Diet education, meal supplement, oil supplement | Clinic-based | NR | NR | 1 year |
| | | | ***Food nutrients: Flavonoid*** | | | | |
| Hollman[43] | 2010 | Flavonoid intake | Dietary history, FFQ, 4 day food record | NA | NA | NA | 6.1–28 years |
| Kim[44] | 2017 | Flavonoid intake | FFQ, Interviews, 4 day food records | NA | NA | NA | 4.8–28 years |
| Kimble[45] | 2019 | Flavonoid intake (Anothocyanins) | FFQ, Dietary history interview, 4 day food diary | NA | NA | NA | 5–41 years |
| | | | ***Food nutrients: Potassium*** | | | | |
| D'Elia[46] | 2011 | Potassium intake | FFQ, 24 h dietary recall, Overnight urine K, 24 h urine collection | NA | NA | NA | 5–19 years |
| | | | ***Food nutrients: Dietary fiber*** | | | | |
| Chen[47] | 2013 | Dietary fiber intake | NR | NA | NA | NA | 8–18 years |
| Kim[48] | 2016 | Dietary fiber intake | FFQ, 24-hour dietary recall, cross-check dietary history method, 7-day food diary | NA | NA | NA | 5.9–40 years |
| Li[49] | 2017 | Dietary fiber intake | FFQ | NA | NA | NA | 8.6–18 years |
| | | | ***Food nutrients: Low salt*** | | | | |
| Aburto[51] | 2013 | Low salt diet | Education, meal supplement | Clinic-based | NR | NR | 1 month – 3 years |
| Adler[52] | 2014 | Low salt diet | Education, meal supplement | Clinic-based | Yes | No | 1.5–3 years |
| Jayedi[53] | 2019 | Low salt diet | FFQ, 24-hour dietary recall, 24 h urinary sodium excretion, 3 day weighting dietary record | NA | NA | NA | 4.9–28 years |
| | | | ***Food nutrients: Dietary calcium*** | | | | |
| Wang[54] | 2014 | Dietary or supplement calcium | NR | NA | NA | NA | 5.5–28 years |

AHEI: alternate healthy eating index; CVD: cardiovascular diseases; CHD: coronary heart disease; CVH: cardiovascular health; DII: dietary inflammatory index; DASH: Dietary Approaches to Stop Hypertension; HT: hypertension; HEI: healthy eating index; NA: not applicable; NR: not reported; MUFA: monounsaturated fatty acid; PUFA: polyunsaturated fatty acid; RCT: randomized-controlled trial; SFA: saturated fatty acid.

**Table S3:** Pooled risk ratios of dietary factors according to outcomes.

| | Year | Types of study | Population | No. of primary studies | Total n | Pooled RR (95% CI) | Heterogeneity, $I^2$ | Publication bias | Risk of bias |
|---|---|---|---|---|---|---|---|---|---|
| ***Healthy diet (all-cause mortality)*** | | | | | | | | | |
| Studer[31] | 2005 | Diet intervention (RCT) | General population | 17 | 115310 | 0.97 (0.92–1.04) | 23 | NR | Critically low |
| Onvani[1] | 2016 | HEI and AHEI (highest vs lowest) | General population | 12 | NR | 0.77 (0.76–0.78) | NR | No | Critically low |
| Guo[3] | 2017 | CVH score (highest vs lowest) | General population | 6 | NR | 0.54 (0.41–0.69) | 65.1 | No | Critically low |
| Schwingshackl[4] | 2018 | HEI and AHEI (highest vs lowest) | General population | 13 | NR | 0.78 (0.77–0.80) | 59 | No | Critically low |
| ***Healthy diet (CVD mortality)*** | | | | | | | | | |
| Studer[31] | 2005 | Diet intervention (RCT) | General population | 18 | 115310 | 0.91 (0.82–1.02) | 27 | NR | Critically low |
| S. Onvani[1] | 2016 | HEI and AHEI (highest vs lowest) | General population | 9 | NR | 0.77 (0.74–0.80) | NR | No | Critically low |
| Leilei Guo[3] | 2017 | CVH score (highest vs lowest) | General population | 6 | NR | 0.30 (0.18–0.51) | 66.3 | No | Critically low |
| Nitin Shivappa[5] | 2018 | DII (highest vs lowest) | General population | 6 | NR | 1.37 (1.11–1.70) | 77 | NR | Critically low |
| ***Healthy diet (CVD)*** | | | | | | | | | |
| Semlitsch[2] | 2016 | Diet intervention (RCT) | Obesity/overweight with HT patients | 1 | 585 | 0.70 (0.57–0.87) | NR | NR | Low |
| Schwingshackl[4] | 2018 | HEI and AHEI (highest vs lowest) | General population | 28 | NR | 0.78 (0.76–0.80) | 49 | P 0.16 | Critically low |
| Shivappa[5] | 2018 | DII (highest vs lowest) | General population | 6 | NR | 1.35 (1.11–1.63) | 36 | NR | Critically low |
| ***Mediterranean diet (All-cause mortality)*** | | | | | | | | | |
| Sofi[6] | 2008 | Cohort (per 2 points increased in score) | General population | 8 | NR | 0.91 (0.89–0.94) | 48.8 | NR | Critically low |
| Sofi[7] | 2010 | Cohort (per 2 points increased in score) | General population | 8 | NR | 0.92 (0.90–0.94) | 33 | No | Critically low |
| Liyanage[11] | 2016 | RCT | High risk population | 5 | 10671 | 1.00 (0.86–1.15) | NR | NR | Critically low |
| ***Mediterranean diet (CVD mortality)*** | | | | | | | | | |
| Sofi[6] | 2008 | Cohort (per 2 points increased in score) | General population | 3 | NR | 0.91 (0.87–0.95) | 32.6 | NR | Critically low |
| Sofi[7] | 2010 | Cohort (per 2 points increased in score) | General population | 6 | NR | 0.90 (0.87–0.93) | 35 | No | Critically low |

| | Year | Types of study | Population | No. of primary studies | Total n | Pooled RR (95% CI) | Heterogeneity, $I^2$ | Publication bias | Risk of bias |
|---|---|---|---|---|---|---|---|---|---|
| Liyanage[11] | 2016 | RCT | High risk population | 4 | 10623 | 0.90 (0.72–1.11) | NR | NR | Critically low |
| Grosso[12] | 2017 | Cohort (highest vs lowest) | General population | 13 | NR | 0.75 (0.68–0.83) | 75% | NR | Critically low |
| Grosso[12] | 2017 | RCT | General population | 4 | NR | 0.59 (0.38–0.93) | 46 | NR | Critically low |
| Rosato[13] | 2019 | Cohort (highest vs lowest) | General population | 7 | NR | 0.73 (0.67–0.81) | 47.1 | NR | Critically low |
| ***Mediterranean diet (CVD)*** | | | | | | | | | |
| Martínez-González[9] | 2014 | RCT | General population | 2 | NR | 0.64 (0.53–0.79) | 54.5 | NR | Critically low |
| Liyanage[11] | 2016 | RCT | High risk population | 3 | 9052 | 0.63 (0.53–0.75) | NR | NR | Critically low |
| Grosso[12] | 2017 | Cohort (highest vs lowest) | General population | 13 | NR | 0.73 (0.66–0.80) | 36% | NR | Critically low |
| Grosso[12] | 2017 | RCT | General population | 4 | NR | 0.55 (0.39–0.76) | 38 | No | Critically low |
| Rosato[13] | 2019 | Cohort (highest vs lowest) | General population | 11 | 54894 | 0.81 (0.74–0.88) | 79.9 | NR | Critically low |
| ***Mediterranean diet (CHD)*** | | | | | | | | | |
| Liyanage[11] | 2016 | RCT | High risk population | 3 | 9052 | 0.65 (0.50–0.85) | NR | NR | Critically low |
| Grosso[12] | 2017 | Cohort (highest vs lowest) | General population | 4 | NR | 0.72 (0.60–0.86) | No | NR | Critically low |
| Rosato[13] | 2019 | Cohort and case control (highest vs lowest) | General population | 11 | NR | 0.70 (0.62–0.82) | 44.5 | Yes | Critically low |
| ***Mediterranean diet (Stroke)*** | | | | | | | | | |
| Psaltopoulou[8] | 2013 | Cohort (highest vs lowest) | General population | 12 | NR | 0.71 (0.57–0.89) | 69.1 | No | Critically low |
| Kontogianni[10] | 2014 | Cohort (highest vs lowest) | General population | NR | 195,875 | 0.68 (0.58–0.79) | 0.0 | NR | Critically low |
| Chen[14] | 2019 | Cohort (every increased 4 points in MedDiet score) | General population | 20 | NR | 0.84 (0.81–0.88) | 11.5 | Yes | Critically low |
| Liyanage[11] | 2016 | RCT | High risk population | 3 | 9052 | 0.65 (0.48–0.88) | NR | NR | Critically low |
| Grosso[12] | 2017 | Cohort (highest vs lowest) | General population | 5 | NR | 0.76 (0.60–0.96) | 52% | NR | Critically low |
| Grosso[12] | 2017 | RCT | General population | 2 | NR | 0.64 (0.47–0.86) | 0 | NR | Critically low |

| | Year | Types of study | Population | No. of primary studies | Total n | Pooled RR (95% CI) | Heterogeneity, $I^2$ | Publication bias | Risk of bias |
|---|---|---|---|---|---|---|---|---|---|
| Rosato[13] | 2019 | Cohort and case control (highest vs lowest) | General population | 5 | 2997 | 0.82 (0.73–0.92) | 0 | yes | Critically low |
| ***DASH diet (CHD)*** | | | | | | | | | |
| Abargouei[15] | 2013 | Cohort (highest vs lowest) | General population | 3 | 144,337 | 0.79 (0.71–0.88) | 0 | Yes | Critically low |
| Yang[18] | 2019 | Cohort (highest vs lowest) | General population | 7 | NR | 0.82 (0.78–0.87) | 0 | No | Critically low |
| Yang[18] | 2019 | Every 4 points increased in DASH diet score | General population | 7 | NR | 0.95 (0.94–0.97) | NR | No | Critically low |
| ***DASH diet (Stroke)*** | | | | | | | | | |
| Abargouei[15] | 2013 | Cohort (highest vs lowest) | General population | 3 | 150,191 | 0.81 (0.72–0.92) | 0 | Yes | Critically low |
| Feng[17] | 2018 | Cohort (highest vs lowest) | General population | 11 | 474228 | 0.88 (0.83–0.93) | 4 | Yes | Critically low |
| ***Vegetarian diet (CVD mortality)*** | | | | | | | | | |
| Kwok[16] | 2014 | Cohort (highest vs lowest) | General population | 7 | NR | 0.87 (0.68–1.11) | 97 | NR | Critically low |
| ***Vegetarian diet (CHD)*** | | | | | | | | | |
| Kwok[16] | 2014 | Cohort (highest vs lowest) | General population | 7 | NR | 0.71 (0.57–0.87) | 83 | NR | Critically low |
| ***Vegetarian diet (Stroke)*** | | | | | | | | | |
| Kwok[16] | 2014 | Cohort (highest vs lowest) | General population | 6 | NR | 0.93 (0.70–1.23) | 79 | NR | Critically low |
| ***Vegetables and fruits (CVD mortality)*** | | | | | | | | | |
| Kim[48] | 2016 | Vegetables; Cohort (highest vs lowest) | General population | 3 | NR | 0.95 (0.89–1.02) | NR | NR | Critically low |
| Kim[48] | 2016 | Fruits; Cohort (highest vs lowest) | General population | 3 | NR | 0.96 (0.83–1.11) | NR | NR | Critically low |
| ***Vegetables and fruits (CHD)*** | | | | | | | | | |
| Law[19] | 1998 | Fruits; Cohort (highest vs lowest) | General population | 3 | NR | 0.86 (0.71–1.05) | Yes | NR | Critically low |
| Law[19] | 1998 | Vegetables; Cohort (highest vs lowest) | General population | 2 | NR | 0.82 (0.66–1.02) | Yes | NR | Critically low |
| ***Vegetables and fruits (Stroke)*** | | | | | | | | | |
| Hu[20] | 2014 | Fruits; Cohort (highest vs lowest) | General population | 19 | NR | 0.77 (0.71–0.84) | 52.3 | Yes | Critically low |
| Hu[20] | 2014 | Vegetables; Cohort (highest vs lowest) | General population | 16 | NR | 0.86 (0.79–0.93) | 40.3 | Yes | Critically low |
| ***Nuts (CHD)*** | | | | | | | | | |

| | Year | Types of study | Population | No. of primary studies | Total n | Pooled RR (95% CI) | Heterogeneity, $I^2$ | Publication bias | Risk of bias |
|---|---|---|---|---|---|---|---|---|---|
| Weng[27] | 2016 | Cohort (per 1 serving/week) | General population | 13 | NR | 0.90 (0.87–0.94) | 68.2 | NR | Critically low |
| Weng[27] | 2016 | Cohort (highest vs lowest) | General population | 14 | NR | 0.68 (0.59–0.78) | 62.7 | No | Critically low |
| ***Nut (stroke)*** | | | | | | | | | |
| Shao[26] | 2016 | Cohort (highest vs lowest) | General population | 11 | NR | 0.88 (0.80–0.97) | 0.0 | No | Low |
| Shao[26] | 2016 | Cohort (per 12 g/day) | General population | | NR | 0.86 (0.79–0.94) | NR | NR | Low |
| ***Whole grains (all-cause mortality)*** | | | | | | | | | |
| Wei[28] | 2016 | Cohort (highest vs lowest) | General population | 11 | NR | 0.87 (0.84–0.90) | 67.3 | Yes | Critically low |
| Wei[28] | 2016 | Cohort (per 3 servings/day) | General population | 10 | NR | 0.81 (0.76–0.85) | 79.3 | NR | Critically low |
| Reynolds[50] | 2019 | Cohort (highest vs lowest) | General population | 9 | 10·7 million person-years | 0·81 (0·72–0·90) | 97.4 | No | low |
| ***Whole grain (CVD mortality)*** | | | | | | | | | |
| Wei[28] | 2016 | Cohort (highest vs lowest) | General population | 9 | NR | 0.81 (0.74–0.89) | 56.9 | No | Critically low |
| Wei[28] | 2016 | Cohort (per 3 servings/day) | General population | 8 | NR | 0.74 (0.66–0.83) | 76.3 | NR | Critically low |
| Reynolds[50] | 2019 | Cohort (highest vs lowest) | General population | 2 | 2·0 million person-years | 0.66 (0·56–0.77) | 47.9 | No | low |
| ***Whole grain (CHD)*** | | | | | | | | | |
| Reynolds[50] | 2019 | Cohort Highest vs lowest) | General population | 6 | 2·8 million person-years | 0.80 (0.70–0.91) | 79.1 | No | low |
| ***Whole grain (Stroke)*** | | | | | | | | | |
| Reynolds[50] 350 | 2019 | Cohort (highest vs lowest) | General population | 3 | 1·1 million person-years | 0·86 (0·61 to 1·21) | 65.2 | No | low |
| ***Legumes (CVD mortality)*** | | | | | | | | | |
| Kim[48] | 2016 | Cohort (highest vs lowest) | General population | 2 | NR | 0.89 (0.82–0.98) | NR | NR | Critically low |
| ***Legumes (CHD)*** | | | | | | | | | |
| Marventano[29] | 2016 | Cohort (highest vs lowest) | General population | 12 | NR | 0.90 (0.84–0.97) | 34 | No | Critically low |
| ***Legumes (stroke)*** | | | | | | | | | |
| Marventano[29] | 2016 | Cohort (highest vs lowest) | General population | 8 | NR | 1.01 (0.89–1.14) | 59 | No | Critically low |
| ***Fish intake (CVD mortality)*** | | | | | | | | | |
| Whelton[21] | 2004 | Cohort (per 2–<4 portions/week) | General population | 11 | NR | 0.75 (0.62–0.92) | NR | NR | Critically low |

| | Year | Types of study | Population | No. of primary studies | Total n | Pooled RR (95% CI) | Heterogeneity, $I^2$ | Publication bias | Risk of bias |
|---|---|---|---|---|---|---|---|---|---|
| Skeaff[32] | 2009 | Cohort (highest vs lowest) | General population | 22 | 317988 | 0.82 (0.71, 0.94) | 51.6 | NR | Critically low |
| ***Fish intake (CHD)*** | | | | | | | | | |
| Whelton[21] | 2004 | Cohort (per 2–<4 portion/week) | General population | 9 | NR | 0.83 (0.69–0.99) | NR | NR | Critically low |
| Skeaff[32] | 2009 | Cohort (highest vs lowest) | General population | 7 | 204734 | 0.87 (0.71, 1.06) | 70.7 | NR | Critically low |
| ***Olive oil (CHD)*** | | | | | | | | | |
| Martínez-González[37] | 2014 | Cohort (highest vs lowest) and RCT | General population | 4 | NR | 0.94 (0.78–1.14) | 66 | Yes | Critically low |
| ***Olive oil (stroke)*** | | | | | | | | | |
| Martínez-González[37] | 2014 | Cohort (highest vs lowest) and RCT | General population | 3 | NR | 0.76 (0.67–0.86) | 0 | No | Critically low |
| ***Chocholate (CVD mortality)*** | | | | | | | | | |
| Kwok[23] | 2015 | Cohort (highest vs lowest) | General population | 3 | NR | 0.55 (0.36–0.83) | 67 | NR | Critically low |
| ***Chocholate (CHD)*** | | | | | | | | | |
| Kwok[23] | 2015 | Cohort (highest vs lowest) | General population | 5 | NR | 0.71 (0.56–0.92) | 61 | NR | Critically low |
| Yuan[24] | 2017 | Cohort (highest vs lowest) | General population | 6 | NR | 0.90 (0.82–0.97) | 24.3 | No | Critically low |
| ***Chocholate (stroke)*** | | | | | | | | | |
| Kwok[23] | 2015 | Cohort (highest vs lowest) | General population | 5 | NR | 0.79 (0.70–0.87) | 0 | NR | Critically low |
| Yuan[24] | 2017 | Cohort (highest vs lowest) | General population | 8 | NR | 0.84 (0.78–0.90) | 0 | Yes | Critically low |
| ***Coffee (all-cause mortality)*** | | | | | | | | | |
| Crippa[22] | 2014 | Cohort (per 1 cup/day) | General population | 15 | NR | 0.92 (0.91–0.94) | 58.1 | No | Critically low |
| ***Coffee (CVD mortality)*** | | | | | | | | | |
| Crippa[22] | 2014 | Cohort (per 1 cup/day) | General population | 13 | NR | 0.89 (0.86–0.91) | 58.8 | No | Critically low |
| ***Green tea (all-cause mortality)*** | | | | | | | | | |
| Pang[25] | 2015 | Cohort (1-3 cup vs <1 cups/day) | General population | 2 | 31196 | 0.79 (0.47–1.32) | 91 | No | Critically low |
| ***Green tea (CVD mortality)*** | | | | | | | | | |
| Pang[25] | 2015 | Cohort (1-3 cup vs <1 cups/day) | General population | 1 | 27894 | 0.88 (0.75–1.03) | NR | No | Critically low |
| ***Green tea (CVD)*** | | | | | | | | | |

| | Year | Types of study | Population | No. of primary studies | Total n | Pooled RR (95% CI) | Heterogeneity, $I^2$ | Publication bias | Risk of bias |
|---|---|---|---|---|---|---|---|---|---|
| Pang[25] | 2015 | Cohort (1-3 cup vs <1 cups/day) | General population | 2 | 41755 | 0.93 (0.85–1.01) | 0 | No | Critically low |
| ***Green tea (Stroke)*** | | | | | | | | | |
| Pang[25] | 2015 | Cohort (1-3 cup vs <1 cups/day) | General population | 5 | 67884 | 0.64 (0.47–0.86) | 87 | No | Critically low |
| ***Total fat intake (all-cause mortality)*** | | | | | | | | | |
| Hooper[30] | 2000 | RCT | General population | NR | NR | 0.98 (0.86–1.12) | No | Yes | Critically low |
| Harcombe[40] | 2016 | RCT | General population | 10 | 62421 | 0.99 (0.94–1.05) | NR | NR | Critically low |
| ***Total fat intake (CVD mortality)*** | | | | | | | | | |
| Hooper[30] | 2000 | RCT | General population | NR | NR | 0.91 (0.77–1.07) | No | NR | Critically low |
| Skeaff[32] | 2009 | RCT | General population | 2 | 46810 | 1.00 (0.80, 1.24) | 0 | NR | Critically low |
| Skeaff[32] | 2009 | Cohort (highest vs lowest) | General population | 6 | 45416 | 0.94 (0.74, 1.18) | 62.1 | NR | Critically low |
| Harcombe[40] | 2016 | RCT | General population | 10 | 62421 | 0.98 (0.88–1.08) | NR | NR | Critically low |
| Harcombe[41] | 2017 | Cohort (highest vs lowest) | General population | 6 | NR | 1.04 (0.98–1.10) | 56.09 | No | Critically low |
| ***Total fat intake (CHD)*** | | | | | | | | | |
| Skeaff[32] | 2009 | RCT | General population | 2 | 46810 | 0.93 (0.84, 1.04) | 0 | NR | Critically low |
| Skeaff[32] | 2009 | Cohort (highest vs lowest) | General population | 4 | 147403 | 0.93 (0.84, 1.03) | 0 | NR | Critically low |
| ***Saturated Fat (CVD mortality)*** | | | | | | | | | |
| Skeaff[32] | 2009 | Cohort (highest vs lowest) | General population | 8 | 80655 | 1.14 (0.82, 1.60) | 72.1 | NR | Critically low |
| Harcombe[41] | 2017 | Cohort (highest vs lowest) | General population | 6 | NR | 1.08 (0.94–1.25) | 78.43 | No | Critically low |
| ***Saturated Fat (CHD)*** | | | | | | | | | |
| Skeaff[32] | 2009 | Cohort (highest vs lowest) | General population | 5 | 147818 | 0.93 (0.83, 1.05) | 0.09 | NR | Critically low |
| ***Saturated Fat (Stroke)*** | | | | | | | | | |
| Muto[42] | 2018 | Cohort (highest vs lowest) | General population | 11 | NR | 0.89 (0.82, 0.96) | 38.9 | Yes | Critically low |
| ***Trans fatty acid (CVD mortality)*** | | | | | | | | | |
| Skeaff[32] | 2009 | Cohort (highest vs lowest) | General population | 3 | 68625 | 1.32 (1.08, 1.61) | 0 | NR | Critically low |

| | Year | Types of study | Population | No. of primary studies | Total n | Pooled RR (95% CI) | Heterogeneity, $I^2$ | Publication bias | Risk of bias |
|---|---|---|---|---|---|---|---|---|---|
| ***Trans fatty acid (CHD)*** | | | | | | | | | |
| Skeaff[32] | 2009 | Cohort (highest vs lowest) | General population | 5 | 148070 | 1.25 (1.07, 1.46) | 44 | NR | Critically low |
| ***MUFA (all-cause mortality)*** | | | | | | | | | |
| Schwingshackl[38] | 2014 | Cohort (highest vs lowest) | General population | 17 | NR | 0.89 (0.83–0.96) | 64 | Yes | Critically low |
| ***MUFA (CVD mortality)*** | | | | | | | | | |
| Skeaff[32] | 2009 | Cohort (highest vs lowest) | General population | 5 | 25681 | 0.85 (0.60, 1.20) | 70.9 | NR | Critically low |
| Schwingshackl[38] | 2014 | Cohort (highest vs lowest) | General population | 14 | NR | 0.88 (0.80–0.96) | 50 | Yes | Critically low |
| ***MUFA (CHD)*** | | | | | | | | | |
| Skeaff[32] | 2009 | Cohort (highest vs lowest) | General population | 3 | 103646 | 0.87 (0.74, 1.03) | 27.4 | NR | Critically low |
| Schwingshackl[38] | 2014 | Cohort (highest vs lowest) | General population | 15 | NR | 0.96 (0.90–1.01) | 41 | No | Critically low |
| ***MUFA (Stroke)*** | | | | | | | | | |
| Schwingshackl[38] | 2014 | Cohort (highest vs lowest) | General population | 11 | NR | 0.83 (0.71–0.97) | 70 | No | Critically low |
| ***n-3 PUFA (All-cause mortality)*** | | | | | | | | | |
| Lista[35] | 2012 | RCT | General population | 17 | 50468 | 0.95 (0.89–1.02)* | 28 | NR | Critically low |
| Abdelhamid[36] | 2019 | RCT | General population | 39 | 92653 | 0.98 (0.93–1.03) | 11.64 | Yes | High |
| ***n-3 PUFA (CVD mortality)*** | | | | | | | | | |
| Skeaff[32] | 2009 | RCT | General population | 12 | 37369 | 0.88 (0.76–1.01) | 11.5 | NR | Critically low |
| Lista[35] | 2012 | RCT | General population | 13 | 46737 | 0.91 (0.83–0.99)* | 32 | NR | Critically low |
| Abdelhamid[36] | 2019 | RCT | General population | 25 | 67772 | 0.95 (0.87–1.03) | 24 | Yes | High |
| ***n-3 PUFA (CVD)*** | | | | | | | | | |
| Skeaff[32] | 2009 | RCT | General population | 7 | 14659 | 0.89 (0.82–0.98) | 0 | NR | Critically low |
| Lista[35] | 2012 | RCT | General population | 14 | 45285 | 0.90 (0.85–0.96) | 53 | NR | Critically low |
| Abdelhamid[36] | 2019 | RCT | General population | 38 | 90378 | 0.99 (0.94–1.04) | 37 | Yes | High |
| ***n-3 PUFA (CHD)*** | | | | | | | | | |
| Abdelhamid[36] | 2019 | RCT | General population | 28 | 84301 | 0.93 (0.88–0.97) | 0 | Yes | High |
| ***n-3 PUFA (Stroke)*** | | | | | | | | | |
| Abdelhamid[36] | 2019 | RCT | General population | 28 | 89358 | 1.06 (0.97–1.16) | 0 | No | High |
| ***n-6 PUFA (all-cause mortality)*** | | | | | | | | | |

| | Year | Types of study | Population | No. of primary studies | Total n | Pooled RR (95% CI) | Heterogeneity, $I^2$ | Publication bias | Risk of bias |
|---|---|---|---|---|---|---|---|---|---|
| Ramsden[34] | 2010 | RCT | General population | 4 | NR | 1.16 (0.95–1.42) | NR | NR | Critically low |
| ***n-6 PUFA (CVD mortality)*** | | | | | | | | | |
| Mozaffarian[33] | 2010 | RCT | General population | 8 | 13614 | 0.81 (0.70, 0.95) | 37 | Yes | Low |
| Ramsden[34] | 2010 | RCT | General population | 3 | NR | 1.17 (0.82–1.68) | NR | NR | Critically low |
| ***n-6 PUFA (CHD)*** | | | | | | | | | |
| Skeaff[32] | 2009 | Cohort (highest vs lowest) | General population | 3 | 66102 | 1.05 (0.92, 1.20) | 0 | NR | Critically low |
| Farvid[39] | 2015 | Cohort (highest vs lowest) | General population | 14 | NR | 0.85 (0.78–0.92) | 35.5 | No | Critically low |
| ***Combined n-3, n-6 PUFA (all-cause mortality)*** | | | | | | | | | |
| Ramsden[34] | 2010 | RCT | General population | 4 | NR | 0.92 (0.80–1.06) | NR | NR | Critically low |
| ***Combined n-3, n-6 PUFA (CVD mortality)*** | | | | | | | | | |
| Skeaff[32] | 2009 | RCT | General population | 6 | 4528 | 0.84 (0.62, 1.12) | 12.4 | NR | Critically low |
| Ramsden[34] | 2010 | RCT | General population | 4 | NR | 0.81 (0.64–1.03) | NR | NR | Critically low |
| ***Combined n-3, n-6 PUFA (CHD)*** | | | | | | | | | |
| Skeaff[32] | 2009 | RCT | General population | 9 | 15085 | 0.83 (0.69, 1.00) | 44.2 | NR | Critically low |
| ***Fibre intake (All-cause mortality)*** | | | | | | | | | |
| Reynolds[50] 350 | 2019 | Cohort (highest vs lowest) | General population | 10 | 12.3 millions person-year | 0.85 (0.79–0.91) | 75.8 | NR | low |
| ***Fibre intake (CVD mortality)*** | | | | | | | | | |
| Kim[48] | 2016 | Cohort (highest vs lowest) | General population | 8 | NR | 0.76 (0.67–0.87) | 40.1 | No | Critically low |
| Kim[48] | 2016 | Cohort (per 10 g/day) | General population | 8 | NR | 0.91 (0.88–0.94) | 30.8 | No | Critically low |
| Reynolds[50] 350 | 2019 | Cohort (highest vs lowest) | General population | 10 | 6·9 million person-years | 0·69 (0·60 to 0·81) | 51.3 | Yes | low |
| ***Fibre intake (CHD)*** | | | | | | | | | |
| Law[19] | 1998 | Fruit fiber; cohort (highest vs lowest) | General population | 3 | NR | 0.86 (0.79–0.95) | Yes | NR | Critically low |
| Law[19] | 1998 | Vegetable fiber; cohort (highest vs lowest) | General population | 3 | NR | 0.81 (0.71–0.93) | Yes | NR | Critically low |
| Reynolds[50] 350 | 2019 | Cohort (highest vs lowest) | General population | 9 | 2·7 million person-years | 0·76 (0·69 to 0·83) | 14.3 | No | low |
| ***Fibre intake (Stroke)*** | | | | | | | | | |

| | Year | Types of study | Population | No. of primary studies | Total n | Pooled RR (95% CI) | Heterogeneity, $I^2$ | Publication bias | Risk of bias |
|---|---|---|---|---|---|---|---|---|---|
| Chen[47] | 2013 | Cohort (highest vs lowest) | Stroke | 6 | 279253 | 0.87 (0.77–0.99) | 36.4 | No | Critically low |
| Chen[47] | 2013 | Cohort (per 10 g/day) | Stroke | NR | NR | 0.88 (0.79–0.97) | 47.6 | NR | Critically low |
| Li[49] | 2017 | Cohort (highest vs lowest) | Ischemic stroke | 8 | NR | 0.85 (0.79–0.91) | 4.5 | No | Critically low |
| Reynolds[50] | 2019 | Cohort (highest vs lowest) | General population | 9 | 4·6 million person-years | 0·78 (0·69–0·88) | 38.5 | No | low |
| ***Low salt diet (all-cause mortality)*** | | | | | | | | | |
| Aburto[51] | 2013 | Cohort and RCT (lowest vs highest) | General population | 7 | 21515 | 0.94 (0.83–1.06) | 61 | NR | Critically low |
| Adler[52] | 2014 | RCT | Hypertensive patients | 7 | 6603 | 0.96 (0.83–1.10) | 0.0 | NR | Low |
| ***Low salt diet (CVD mortality)*** | | | | | | | | | |
| Aburto[51] | 2013 | Cohort and RCT (lowest vs highest) | General population | 7 | 41881 | 0.93(0.75–1.15) | 80 | NR | Critically low |
| Adler[52] | 2014 | RCT | Hypertensive patients | 3 | 2656 | 0.67 (0.45–1.01) | 0.0 | NR | Low |
| ***Low salt diet (CVD)*** | | | | | | | | | |
| Aburto[51] | 2013 | Cohort and RCT (lowest vs highest) | General population | 9 | 46483 | 0.89 (0.75–1.08) | 78 | NR | Critically low |
| Adler[52] | 2014 | RCT | Hypertensive patients | 4 | 3397 | 0.76 (0.57–1.01) | 0.0 | NR | Low |
| ***Low salt diet (stroke)*** | | | | | | | | | |
| Aburto[51] | 2013 | Cohort and RCT (lowest vs highest) | General population | 10 | 72878 | 0.81 (0.70–0.93) | 49 | NR | Critically low |
| Jayedi[53] | 2019 | Cohort (every 1g/d decreased in sodium intake) | General population | 14 | 253449 | 0.94 (0.90–0.98) | 60.4 | Yes | Critically low |
| ***Flavonoid intake (all-cause mortality)*** | | | | | | | | | |
| Kim[44] | 2017 | Cohort (highest vs lowest) | General population | 8 | NR | 0.86 (0.73–1.00) | 67.6 | No | Critically low |
| ***Flavonoid intake (CVD mortality)*** | | | | | | | | | |
| Kim[44] | 2017 | Cohort (highest vs lowest) | General population | 13 | NR | 0.86 (0.75–0.98) | 50.6 | No | Critically low |
| Kimble[45] | 2019 | Cohort (highest vs lowest) | General population | 7 | NR | 0.92 (0.87–0.97) | 0 | No | Critically low |
| ***Flavonoid intake (CHD)*** | | | | | | | | | |
| Kimble[45] | 2019 | Cohort (highest vs lowest) | General population | 5 | NR | 0.91 (0.83–0.99) | 12.0 | No | Critically low |
| ***Flavonoid intake (stroke)*** | | | | | | | | | |
| Hollman[43] | 2010 | Cohort (highest vs lowest) | General population | 6 | NR | 0.80 (0.65–0.98) | 54 | NR | Critically low |

| | Year | Types of study | Population | No. of primary studies | Total n | Pooled RR (95% CI) | Heterogeneity, $I^2$ | Publication bias | Risk of bias |
|---|---|---|---|---|---|---|---|---|---|
| Kimble[45] | 2019 | Cohort (highest vs lowest) | General population | 10 | NR | 1.00 (0.93–1.07) | 15.1 | No | Critically low |
| ***Potassium (CHD)*** | | | | | | | | | |
| D'Elia[46] | 2011 | Cohort (highest vs lowest) | General population | 6 | 81612 | 0.92 (0.81–1.04) | 45 | No | Critically low |
| ***Potassium (stroke)*** | | | | | | | | | |
| D'Elia[46] | 2011 | Cohort (highest vs lowest) | General population | 11 | 233606 | 0.79 (0.68–0.90) | 55 | No | Critically low |
| ***Calcium intake (all-cause mortality)*** | | | | | | | | | |
| Wang[54] | 2014 | Cohort (highest vs lowest) | General population | 6 | 225189 | 0.83 (0.70–1.00) | 74.9 | No | Critically low |
| ***Calcium intake (CVD mortality)*** | | | | | | | | | |
| Wang[54] | 2014 | Cohort (highest vs lowest) | General population | 9 | 709499 | 0.97 (0.89–1.07) | 18.8 | No | Critically low |

*Pooled OR; AHEI: alternate healthy eating index; CVD: cardiovascular diseases; CHD: coronary heart disease; CVH: cardiovascular health; DII: dietary inflammatory index; DM: diabetes mellitus; DASH: Dietary Approaches to Stop Hypertension; HT: hypertension; HEI: healthy eating index; NR: not reported; MUFA: monounsaturated fatty acid; PUFA: polyunsaturated fatty acid; RCT: randomized-controlled trial; SFA: saturated fatty acid.

**Table S4.** Results of methodological quality assessment, according to AMSTAR 2.

| Author, year | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | Confidence |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Onvani[1], 2016 | Yes | No | No | Partial yes | Yes | Yes | No | Partial yes | Yes | No | Yes | No | No | Yes | Yes | No | Critically low |
| Semlitsch[2], 2016 | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Low |
| Guo[3], 2017 | Yes | No | No | Partial yes | No | Yes | No | Partial yes | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Critically low |
| Schwingshackl[4], 2018 | No | Yes | Yes | Partial yes | No | No | No | Partial yes | Yes | No | Yes | No | No | Yes | Yes | Yes | Critically low |
| Shivappa[5], 2018 | Yes | No | No | Partial yes | Yes | No | No | Partial yes | Yes | No | Yes | No | No | Yes | Yes | Yes | Critically low |
| Sofi[6], 2008 | Yes | No | No | Partial yes | No | Yes | No | Partial yes | Partial yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Critically low |
| Sofi[7], 2010 | Yes | No | No | Partial yes | Yes | Yes | No | Partial yes | Partial yes | No | Yes | No | No | Yes | Yes | Yes | Critically low |
| Psaltopoulou[8], 2013 | Yes | No | No | Partial yes | No | Yes | No | Partial yes | Yes | No | Yes | No | No | Yes | Yes | Yes | Critically low |
| Martínez-González[9], 2014 | No | No | Yes | Partial yes | No | No | No | Partial yes | No | No | No | No | No | Yes | Yes | Yes | Critically low |
| Kontogianni[10], 2014 | Yes | No | Yes | Partial yes | No | No | No | No | No | No | Yes | No | No | Yes | No | Yes | Critically low |
| Liyanage[11], 2016 | Yes | Partial yes | Yes | Partial yes | Yes | Yes | Partial yes | Yes | Yes | No | Yes | Yes | Yes | No | No | Yes | Critically low |
| Grosso[12], 2017 | Yes | No | No | Partial yes | Yes | No | No | Yes | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Critically low |
| Abargouei[15], 2013 | Yes | No | Yes | Partial yes | Yes | Yes | No | Partial yes | No | No | Yes | No | No | Yes | Yes | Yes | Critically low |
| Kwok[16], 2014 | Yes | No | No | Partial yes | Yes | Yes | No | Yes | Partial yes | No | Yes | No | Yes | Yes | No | Yes | Critically low |
| Law[19], 1998 | Yes | No | No | Partial yes | No | No | No | Partial yes | No | No | Yes | No | No | Yes | No | No | Critically low |
| Hu[20], 2014 | Yes | No | Yes | Partial yes | No | No | No | Partial yes | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Critically low |
| Whelton[21], 2004 | Yes | No | Yes | Partial yes | No | No | No | Partial yes | No | No | Yes | No | No | No | No | No | Critically low |
| Crippa[22], 2014 | Yes | No | No | Partial yes | Yes | No | Yes | Partial yes | No | No | Yes | No | No | Yes | Yes | Yes | Critically low |
| Kwok[23], 2015 | Yes | No | Yes | Partial yes | Yes | Yes | No | Partial yes | Yes | No | Yes | Yes | Yes | Yes | No | Yes | Critically low |

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Yuan[24], 2017 | Yes | No | No | Partial yes | Yes | Yes | No | Partial yes | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Critically low |
| Pang[25], 2015 | Yes | No | No | Partial yes | Yes | Yes | No | Yes | No | No | Yes | No | No | Yes | Yes | Yes | Critically low |
| Shao[26], 2016 | Yes | No | No | Partial yes | No | Yes | Yes | Yes | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Low |
| Weng[27], 2016 | Yes | No | No | Partial yes | No | Yes | No | Partial yes | No | No | Yes | No | No | Yes | Yes | Yes | Critically low |
| Wei[28], 2016 | Yes | No | No | Partial yes | Yes | Yes | No | Yes | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Critically low |
| Marventano[29], 2016 | Yes | No | No | Partial yes | Yes | No | No | No | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Critically low |
| Hooper[30], 2000 | Yes | No | No | Yes | Yes | Yes | Partial yes | Yes | No | No | Yes | No | No | Yes | Yes | No | Critically low |
| Studer[31], 2005 | Yes | No | Yes | No | Yes | Yes | Partial yes | Partial yes | Partial yes | No | Yes | Yes | Yes | Yes | No | Yes | Critically low |
| Skeaff[32], 2009 | Yes | No | No | Partial yes | No | No | No | Partial yes | No | No | Yes | No | No | Yes | Yes | No | Critically low |
| Mozaffarian[33], 2010 | Yes | Partial yes | Yes | Yes | Yes | Yes | Yes | Partial yes | Partial yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Low |
| Ramsden[34], 2010 | Yes | No | Yes | Partial yes | No | No | No | Yes | No | No | Yes | No | No | No | Yes | Yes | Critically low |
| Lista[35], 2012 | Yes | No | Yes | Partial yes | Yes | No | No | Partial yes | Partial yes | No | Yes | Yes | Yes | Yes | No | No | Critically low |
| Martínez-González[37], 2014 | Yes | No | No | Partial yes | No | Yes | No | Partial yes | Yes | No | Yes | No | No | Yes | Yes | Yes | Critically low |
| Schwingshackl[38], 2014 | Yes | No | No | Partial yes | Yes | No | No | Partial yes | Yes | No | Yes | No | No | Yes | Yes | Yes | Critically low |
| Farvid[39], 2015 | Yes | No | No | Yes | Yes | Yes | No | Partial yes | No | No | Yes | No | No | Yes | Yes | Yes | Critically low |
| Harcombe[40], 2016 | Yes | No | Yes | No | Yes | No | No | Partial yes | Yes | No | Yes | No | Yes | Yes | Yes | Yes | Critically low |
| Harcombe[41], 2017 | Yes | No | Yes | Partial yes | Yes | No | No | Partial yes | Yes | No | Yes | Yes | No | Yes | Yes | No | Critically low |
| Muto[42], 2018 | Yes | No | No | No | Yes | No | No | Partial yes | No | No | Yes | No | No | Yes | Yes | No | Critically low |
| Hollman[43], 2010 | Yes | No | Yes | Partial yes | No | Yes | No | Yes | No | No | Yes | No | No | Yes | Yes | Yes | Critically low |
| Kim[44], 2017 | Yes | No | No | Partial yes | No | Yes | No | Partial yes | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Critically low |
| D'Elia[46], 2011 | Yes | No | Yes | Partial yes | Yes | Yes | No | Partial yes | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Critically low |

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Chen[47], 2013 | Yes | No | No | Partial yes | Yes | Yes | No | Yes | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Critically low |
| Kim[48], 2016 | Yes | No | Yes | Partial yes | No | Yes | No | Partial yes | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Critically low |
| Li[49], 2017 | Yes | No | Yes | Partial yes | Yes | Yes | No | Partial yes | Yes | No | No | No | No | Yes | Yes | Yes | Critically low |
| Aburto[51], 2013 | Yes | No | Yes | Yes | Yes | Yes | No | No | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Critically low |
| Adler[52], 2014 | Yes | Partial yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | No | Low |
| Wang[54], 2014 | Yes | No | No | Partial yes | Yes | Yes | No | Partial yes | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Critically low |
| Abdelhamid[36] | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | High |
| Kimble[45] | Yes | Yes | Yes | Partial yes | No | Yes | Partial yes | Partial yes | Yes | Yes | No | No | No | Yes | Yes | No | Critically low |
| Yang[18] | Yes | No | No | Partial yes | No | Yes | Partial yes | Yes | Yes | No | Yes | No | No | Yes | Yes | Yes | Critically low |
| Jayedi[53] | Yes | No | Yes | Partial yes | Yes | Yes | Partial yes | Yes | Yes | Yes | Yes | No | No | Yes | Yes | Yes | Critically low |
| Chen[14] | Yes | No | No | Yes | Yes | No | Partial yes | Yes | Yes | Yes | Yes | No | No | Yes | Yes | Yes | Critically low |
| Reynolds[50],2019 No 350 | Yes | Partial yes | Yes | Yes | Yes | No | No | No | RCT= yes Observational=No | No | Yes | Yes | Yes | Yes | Yes | Yes | Low |
| Rosato[13], 2019 No 351 | Yes | No | Yes | No | Yes | Yes | Yes | Partial yes | No | No | Yes | No | No | Yes | Yes | Yes | Critically low |
| Feng[17], 2018 No 491 | Yes | No | Yes | Partial Yes | No | Yes | No | Partial yes | No | Yes | Yes | Yes | Yes | Yes | Yes | No | Critically low |

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