TABLE 1. Characteristics of studies included in this narrative review

Study	Design	Sample	Results	Comments
Piotrowicz et al.,2015 (20)	Cross-sectional	113 patients, 90 males, age 48±9 years	91% had sedentary life, none of the patients followed cardioprotective diet recommendations	73% required partial diet modification 27% required complete diet modification
Alefishat et al, 2016 (21)	Cross-sectional	900 patients, 47,8% males, age 55.1±11.06 years	48.4% were non adherent to medications 90,3% were non adherent to lifestyle changes	Educational levels (p<0.023), knowledge scores (p=0.001), and attitudes toward health (p≤0.001) were positively associated with better adherence to lifestyle changes score.
Ausili et al,2017 (22)	Cross-sectional	302 patients, 53.6% males, median age 68 years.	Diet was the most frequent self care behavior (M=5.2 [4.2–6.0])following exercise, blood testing and foot care.	
Al-Khawaldeh et al, 2012 (23)	Cross-sectional	223 patients, 56,1% males, age 59.9±8.4 years	Within a range of 0-7 medication taking was the most frequent reported behavior (M=6.1±1.7), diet followed (M=4.4±1.4) while less frequent were blood sugar testing (M=1.7±2.4) and exercise (M=1.8±1.9)	50% of the subjects did not have their diabetes under control only 42% attended diabetes educational programs
Milas et al, 2006 (24)	Cross- sectional	960 hypercholesterolemic patients, 41,6% males, mean age 43.7±16.1 years for men and 44.7±16.0 for women.	Dietary patterns differ between hypercholesterolaemics and nonhypercholerolaemics. The first consumed more frequently fish (p<0.001), bread and cereals (p=0.031), fruits and juices (p<0.001) and low fat yogurt (p<0.001) in contrast with the last ones.	Hypercholesterolaemic participants seemed to be more consistent with dietary guidelines.
Thomas et al, 2017 (25)	Case- control	6235 individuals with CVD risk factors or established disease,2180 individuals with no risk factors or established disease>18 years old, 1109 children 2-17 years old residing in the same house with parents carrying CVD risk factors or an established disease, 1109 other children.	No difference concerning dietary intakes such as total fat, saturated+ trans fatty acid intake, long chain n-3 fatty acids, fiber and standard drinking (p>0.05) was detected between adults with CVD risk or established disease and adults with no risk factor or established disease. Different intakes between the two groups was detected only for total energy and sodium (p<0.05). No difference was detected for children residing in the same household with affected adults in contrast with other children.	
Osadnik et al,2018	Case-Control Study (MAGNETIC Project)	Healthy young adults 18-35 years old, 351 with family history of P-CAD and 338 without	Subjects with family history of P-CAD showed higher adherence by 31% and 25% to 'westernized traditional' DP (OR: 1.31, (95% CI): 1.12–1.53; p < 0.005; and adjOR 1.25, 95% CI: 1.06–1.48; p = 0.007; respectively).	Young adults follow unfavorable dietary habits concerning the P-CAD family history and health risk.
Haycraft et al,2017	Case-control	437 mothers with their 2-6 years old children, 249 health weight, 188 overweight/ obese, age 34±5.7 years	Overweight/obese mothers provided less healthy food environment (p=0.021), reported giving their child more control around eating (p<0.01), encourage less variety around food (p=0.021), showed less healthy food modeling(p<0.01) in contrast with healthy weight mothers	
Ejtahed et al,2018	Cross-sectional	14400 students, 7-18 years old with one of their parents aged 44.2±7.1 fathers, 38.1±6.5 mothers	The risk of excess weight (OR: 1.30, 95%CI: 1.17–1.44), obesity (OR: 1.36, 95%CI: 1.18–1.59), abdominal obesity (OR: 1.16, 95%CI: 1.05–1.29) and elevated BP (OR: 1.17, 95%CI: 1.04–1.31) were higher in students whose parents had excess weight compared with other students.	