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ASIA

Redefining Healthy Eating in Asia with the Asian-Adapted Mediterranean Diet

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The initiative aims to bridge the gap between evidence-based nutrition and local eating habits, offering a sustainable approach to healthier diets

As Asia faces a growing burden of diet-related chronic diseases, the challenge is no longer proving that healthy dietary patterns work it is making them culturally relevant and practical for everyday life. Researchers at the Singapore Institute of Technology (SIT), in collaboration with Singapore General Hospital and SATS, have taken a significant step in this direction by developing Singapore's first Asian-adapted Mediterranean Diet (AMED). By incorporating Mediterranean nutritional principles into familiar Asian dishes, the initiative aims to bridge the gap between evidence-based nutrition and

local eating habits, offering a sustainable approach to healthier diets.

In this exclusive interaction with NUFFOODS Spectrum, Associate Professor Verena Tan, Programme Leader of Dietetics and Nutrition at the Singapore Institute of Technology (SIT), discusses the inspiration behind the AMED, key findings from the sensory evaluation study, the importance of texture and familiarity in consumer acceptance, and how food manufacturers and foodservice providers can leverage culturally adapted nutrition to develop healthier products. She also highlights the role of cross-sector collaboration in accelerating nutrition innovation and shares her vision for advancing preventive health through culturally tailored dietary solutions across Asia.

The Mediterranean Diet is widely recognised for its health benefits, yet adoption in Asia has remained limited. What were the key cultural, culinary, and behavioural barriers that inspired the development of Singapore's first Asian-adapted Mediterranean Diet (AMED)?

The Mediterranean Diet is well established scientifically, but many of its traditional ingredients, flavours and cooking methods are unfamiliar to Asian consumers. Asking people to replace the foods they have grown up with often creates a significant barrier to long-term adoption.

Our objective was therefore not to encourage people to eat Mediterranean cuisine, but to apply Mediterranean nutritional principles within familiar Asian dishes. We wanted to demonstrate that healthier eating can complement local food culture rather than replace it.

This is particularly important because dietary changes are more likely to be sustained when they fit naturally into existing eating habits and cultural preferences.

Our data reinforced this directly. Participants in our study had an average Mediterranean Diet Score of just 4.4 out of 14 at baseline, indicating very low starting familiarity with the pattern in Singapore, consistent with prior local research. That low baseline is exactly why an adaptation-first approach made more sense than promoting the traditional diet as-is.

This is something I noticed long before this study began. Previously as a clinical dietitian, it was already clear that dining at a Mediterranean restaurant every week simply is not realistic for most Singaporeans, and that Mediterranean-style meals are not something you would typically find at a local hawker centre or coffee shop. Beyond availability, there was also a knowledge gap. Most people, and even some practitioners, were not sure how to mix and match everyday ingredients to approximate a Mediterranean-style plate. That gap between the evidence and what is actually practical to eat is what motivated the development of AMED.

Your study found that 12 out of 14 AMED dishes received favourable ratings from participants with MASLD. What were the most important insights regarding consumer preferences, and why did texture emerge as the strongest predictor of acceptability?

One of our most encouraging findings was that most participants responded positively to the adapted dishes, demonstrating that healthier recipes can be well accepted when they remain familiar.

Across six sensory measures including appearance, aroma, texture, saltiness, overall taste and overall acceptability, dishes scored consistently well, all averaging about 5 on our 7-point scale. Texture had the strongest statistical association with both overall taste and overall acceptability, well ahead of saltiness, aroma and appearance. If texture differs too much from what people expect, it can reduce willingness to adopt healthier alternatives, regardless of nutritional value.

Interestingly, the dish rated most consistently high across taste and acceptability was our grilled salmon, asparagus grain salad and baked sweet potato wedges, while a more traditional congee-style dish scored comparatively lower on appearance specifically. That suggests format and presentation, not just flavour, shape how a healthier dish is perceived.

The findings reinforce that successful dietary interventions need to consider sensory experience alongside nutritional science.

How did your team balance maintaining the core nutritional principles of the Mediterranean Diet while adapting it to local Asian ingredients, flavours, and eating habits?

Our starting point was to preserve the nutritional principles rather than replicate Mediterranean recipes.

We focused on maintaining key characteristics such as higher intake of vegetables, legumes, whole grains and healthier fats while adapting recipes using ingredients, seasonings and cooking methods that are familiar within Asian cuisine.

In practice, that meant keeping the fat profile predominantly unsaturated, by using canola or rice bran oil if olive oil was not practical, ensuring generous portions of vegetables, wholegrains and legumes across meals, and replacing wine, traditionally part of the Mediterranean Diet, with non-alcoholic, polyphenol-rich ingredients such as tomatoes and green tea instead. Nutrient targets were set by synthesizing prior Mediterranean Diet intervention guidelines, then translated into food portions using Singapore's Health Promotion Board dietary guidelines.

The intention was to create dishes that participants would recognise and enjoy while delivering nutritional benefits consistent with Mediterranean dietary principles.

As diet-related chronic diseases continue to rise across Asia, what lessons can food manufacturers and foodservice providers take from your research when developing healthier products that consumers are willing to adopt long term?

One important lesson is that nutritional quality alone is not enough. Products also need to meet consumers' expectations for taste, texture and familiarity if they are to become part of everyday eating habits.

Our findings suggest there is an opportunity for manufacturers and foodservice providers to develop healthier products by improving the nutritional profile of familiar foods, rather than expecting consumers to embrace entirely new cuisines or eating patterns. In practice, reformulation does not need to start from scratch. It can focus on improving fat quality, boosting fibre and polyphenol content, and moderating sodium within existing, popular dish formats. Because texture mattered in predicting acceptance, R&D effort is needed to preserve mouthfeel through reformulation to enhance the eating experience.

Designing healthier options that align with existing preferences may encourage greater long-term adoption and ultimately support better public health outcomes.

The project involved collaboration between SIT, Singapore General Hospital, and SATS. How important are cross-sector partnerships in accelerating nutrition innovation, and what role can industry play in translating research into commercially viable food solutions?

The project would not have been possible without that three-way partnership. SIT contributed the nutrition science and recipe development, ultimately building a library of over 100 recipes. Singapore General Hospital, through hepatologist Dr. George Goh and gastroenterologist Dr. Mark Cheah, provided clinical expertise and access to a real patient population with MASLD, so that we could test acceptability with the people who stand to benefit. And SATS brought food production capability, producing 14 of the recipes for formal sensory evaluation and helping us standardize batch-cook, and scale them the way a commercial kitchen would.

This collaboration meant we were not only testing recipes in a lab. Instead, dishes were centrally prepared, blast-frozen, stored and reheated the way a commercial ready meal would be, then evaluated by patients under controlled conditions. That pipeline, from nutrition research to clinical testing, to foodservice-ready production, is exactly the kind of cross-sector partnership needed to move promising nutrition science into products people can actually buy and eat.

Looking ahead, how do you see the concept of culturally adapted healthy dietary patterns evolving across Asia, and what opportunities does this present for the food and beverage industry in supporting preventive health and wellness?

This study confirmed that the AMED menu is nutritionally sound and well accepted. But this is a first step, not the destination. My own ambition has long been to run a full intervention study; recruit a larger group, supply the AMED menu for an extended period, and track biomarkers over time. However, intervention studies are notoriously difficult and expensive to run as you need to deliver food, feed people and track their biomarkers for months at a stretch. But that is the evidence that would let us say, with confidence, that AMED improves outcomes like liver fat and cardiometabolic health in an Asian population, not just that people enjoy eating it.

For the food and beverage industry, I see the opportunity less in a niche "health food" category and more in improving the nutritional profile of everyday dishes people already love, using ingredients that are already familiar, affordable and locally available so that eating well does not require people to change their cuisine, just how it is made.