Response to Reviewer 3

Manuscript ID: geriatrics-4573551 — "Mediterranean Diet and Multidimensional Healthy Ageing: A Narrative Review"

We thank the reviewer for the time spent reviewing our manuscript and for the helpful comments. We have revised the manuscript accordingly. Our point-by-point responses are given in the table below, and all changes are marked with Track Changes in the revised manuscript. Locations refer to the sections and paragraphs of the revised manuscript.

Reviewer's general assessment: *In this review article, the authors summarize and discuss the efficacy of the Mediterranean diet and the various limitations of past research, drawing on studies published between 2020 and 2026. The article is considered valuable from both research and clinical perspectives because it goes beyond merely highlighting efficacy; it also addresses the limitations of randomized controlled trials (RCTs) and observational studies, inconsistencies in assessment, factors hindering adherence, and potential solutions. Overall, the paper is well-structured and free of logical leaps. However, there are several instances where the cited references supporting the authors' claims are missing.*

No.	Reviewer comment	Response	Location in revised manuscript
Missing citations			
3.1	*Line 164–165 "Greater adherence is … frailty in older adults."*	Thank you for this comment. On re-checking the cited source, we found that this sentence did not accurately reflect it: in most observational studies, Mediterranean diet adherence was associated with a higher proportion of SCFA-producing bacteria rather than with greater microbial diversity. The sentence has been corrected accordingly, and reference [15] has been added.	Section 3.3
3.2	*Line 165–167 "Frailty is connected with … in people at risk of sarcopenia."*	Thank you. Reference [15] has been added. We also shortened the sentence and revised the following one ("In contrast, fit centenarians…") so that it reflects the source more accurately.	Section 3.3
3.3	*Line 178–180 "Nonetheless, other research has … beneficial dietary patterns."*	Thank you. Reference [19] has been added to this sentence.	Section 3.3
3.4	*Line 194–196 "A meta-analysis suggests that … at increased risk of CVDs."*	Thank you. Reference [21] has been added.	Section 3.4
3.5	*Line 431–435 "A large feasibility … free food provision."*	Thank you. Reference [53] has been added to each statement drawn from this trial, and the trial is now named in the text.	Section 5.3
3.6	*Line 481–482 "The protective association was … the assessment method used."*	Thank you. Reference [28] has been added.	Section 6.3
3.7	*Line 483–485 "Some define it by … not usually the same."*	Thank you. We have added a reference [54] that describes the main approaches to defining frailty and shows that different frailty scores identify different individuals as frail.	Section 6.3
3.8	*Line 485–486 "Some studies ask participants … it with tests."*	Thank you. We have added a reference [55] that directly compared self-rated successful ageing with criteria-based assessment in older adults and found that the two approaches classified very	Section 6.3

		different proportions of participants as ageing successfully.	
3.9	*Line 510–511 "Some of the studies discussed … specifically to older populations."*	Thank you. The studies that included younger and middle-aged participants are now cited in this sentence, and the wording has been clarified to indicate that some studies also included younger adults.	Section 6.4, paragraph 1
3.10	*Line 581–583 "However, to assess whether … NMR-based biomarkers."*	Thank you. Reference [12] has been added.	Section 7.2
Other notes			
3.11	*Regarding the MD-score, it is first introduced in Line 278 and subsequently explained in detail from Line 563 onwards. A detailed explanation of MDS should be provided where it is first introduced.*	Thank you for this helpful comment. The MDS is now defined briefly at its first mention (Section 3.5), with a cross-reference to Section 7.2, where it is described in detail together with the MEDAS. We kept the detailed description in Section 7.2 because it discusses the two adherence instruments side by side and explains why their results are not directly comparable. We have also harmonised the terminology, so that “MDS” is used consistently throughout the manuscript.	Sections 3.5 and 7.2

We thank the reviewer once again for these comments, which have helped us improve the manuscript.