DASH Diet

The most evidence-backed eating pattern for blood pressure, full stop.

MAINLY USED FOR	CORE RESTRICTION	EFFORT
Hypertension, cardiovascular risk	Sodium under 1500-2300 mg/day; saturated fat limited	2 of 5

01 How it works

Dietary Approaches to Stop Hypertension came out of NIH-funded trials in the 1990s. Cutting sodium while sharply raising potassium, magnesium and calcium from food lowered systolic blood pressure by 8-14 mmHg — comparable to a first-line antihypertensive drug.

The mechanism is partly sodium-potassium balance at the kidney, partly vascular effects of nitrate-rich vegetables, and partly weight and insulin sensitivity.

Unlike almost every other diet on this site, DASH is a pattern rather than an elimination. Nothing is banned; proportions change.

02 Nutrition at a glance

The best-studied eating pattern for blood pressure, and one of the few here designed for permanent use.

Sodium	1500–2300 mg/day	1500 mg gives the bigger drop
Vegetables and fruit	8–10 servings/day	The engine of the pattern
Potassium	~4700 mg/day	From food, unless your kidneys say otherwise
Saturated fat	Under 6% of calories	Low-fat dairy, lean protein
Expected effect	-8 to -14 mmHg systolic	Within about two weeks

Nutrients that often run short: Iodine if salt intake drops sharply · Vitamin B12 if meat is minimal · Iron.

ELECTROLYTES

A word on electrolytes

DASH is the one diet that deliberately moves electrolytes: sodium down to 1500-2300 mg, potassium up towards 3500-4700 mg from fruit, vegetables, beans and dairy. If you have kidney disease or take an ACE inhibitor, ARB or potassium-sparing diuretic, that potassium target must be set by your clinician — high potassium is dangerous. If you have kidney disease, heart failure or high blood pressure, or you take a diuretic, ACE inhibitor or ARB, set your targets with your clinician — and avoid potassium-based salt substitutes unless told they are safe for you.

03 Key cautions

The things that most often catch people out — worth raising at your next appointment.

TALK TO A CLINICIAN

High-potassium eating is unsafe in advanced kidney disease

DASH is deliberately potassium-rich. In CKD stages 3-5 that conflicts directly with renal targets — the renal diet wins.

WORTH TESTING

Blood pressure medication may need reducing

The drop can be large enough to cause dizziness on existing doses. Home readings and a review after a few weeks are sensible.

KEEP AN EYE ON

Three-quarters of sodium comes from packaged food

Bread, sauces, deli meat and restaurant meals matter far more than the salt shaker.

KEEP AN EYE ON

Taste adapts in about two weeks

Food tastes flat at first. Acid, herbs and heat carry the gap while your palate resets.

04 Conditions it is used for

- Hypertension and pre-hypertension
- Cardiovascular disease prevention
- Metabolic syndrome and type 2 diabetes
- Non-alcoholic fatty liver disease
- Gout, where DASH shows a reduction in urate

05 Your food lists

Eat freely

Vegetables — 4–5 servings/day

- Leafy greens
- Broccoli
- Carrot
- Tomato
- Peppers
- Sweet potato
- Beetroot
- Green beans

Fruit — 4–5 servings/day

- Berries
- Banana
- Orange
- Apple
- Melon
- Grapes

Whole grains — 6–8 servings/day

- Oats
- Brown rice
- Wholemeal bread
- Quinoa
- Barley

Low-fat dairy and lean protein

- Skimmed milk and yoghurt
- Fish, especially oily fish twice a week
- Skinless poultry
- Beans and lentils
- Unsalted nuts 4-5 times a week

Eat with care

Limit rather than eliminate

- Red meat — a few times a week at most
- Sweets — five or fewer servings a week
- Alcohol — one to two drinks a day maximum
- Cheese, which is a major hidden sodium source
- Bread, which contributes more sodium than most people realise

Best to skip

Sodium bombs

- Processed and cured meat
- Tinned soup and stock cubes
- Instant noodles
- Salted snacks
- Soy sauce and bottled sauces
- Most takeaway and restaurant meals

Saturated fat and sugar

- Fried food
- Pastries and cakes
- Full-fat processed dairy
- Sugar-sweetened drinks
- Fatty processed meat

06 Three days of meals

Day 1

Breakfast: Oats with skimmed milk, banana and unsalted walnuts.

Lunch: Lentil and vegetable soup with wholemeal roll, side salad.

Dinner: Grilled salmon, quinoa, roasted broccoli and carrot with lemon.

Snack: Apple and plain low-fat yoghurt.

Day 2

Breakfast: Wholegrain toast with avocado and tomato, no added salt.

Lunch: Chickpea salad with cucumber, pepper, herbs and olive oil.

Dinner: Chicken breast with sweet potato and green beans, garlic and paprika.

Snack: Orange and unsalted almonds.

Day 3

Breakfast: Yoghurt with berries and oat granola, unsweetened.

Lunch: Brown rice bowl with black beans, corn, salsa and coriander.

Dinner: Baked white fish, barley pilaf, roasted beetroot and rocket.

Snack: Carrot sticks and hummus.

07 Getting started

- Track sodium for one week before changing anything. Most of it comes from bread, processed meat, cheese and restaurant food, not the salt shaker.
- Aim for 2300 mg sodium first, then 1500 mg if your doctor advises it.
- Add before you subtract: get to 8-10 servings of fruit and vegetables and the rest follows.
- Cook more meals at home — this is the single biggest sodium lever available.
- Measure blood pressure at home twice daily for two weeks to see the change; effects appear within two weeks.

08 Common mistakes

- Focusing on table salt while eating processed food, which is 70% of dietary sodium.
- Missing the potassium half of the equation — DASH works through both.
- Using potassium salt substitutes without checking kidney function.
- Buying 'heart healthy' processed foods rather than cooking.
- Giving up because the food tastes flat in week one; salt taste adapts in two to three weeks.

09 Questions people ask

How much can DASH lower blood pressure?

In trials, 8-14 mmHg systolic for the full pattern with sodium reduction — comparable to a single antihypertensive medication, and additive with one.

Is DASH or Mediterranean better?

They overlap heavily. DASH has stronger direct blood pressure trial data; Mediterranean has stronger cardiovascular outcome data. Either is defensible.

Can I stop my blood pressure medication?

Not on your own. Doses often can be reduced once blood pressure comes down, but that is your prescriber's decision.

10 How it overlaps with other diets

- DASH is the most compatible diet here — it stacks with gluten-free, low FODMAP and GERD approaches with small adjustments.
- Directly conflicts with advanced CKD renal diets, because DASH deliberately maximises potassium.
- Conflicts with keto on grains and fruit; a low-sodium Mediterranean-keto hybrid is a common compromise.

> This guide is educational and is not medical advice. Therapeutic diets can change how medication works and can leave gaps in nutrition, so please plan any of this with your doctor or a registered dietitian.