

study. Thus, in contrast to the authors' interpretation (1), we deemed the effect to be trivial not in relation to generalized, heuristic definitions, but in relation to expected effect sizes for apparently similar interventions. Moreover, to directly address the authors' query, the unstandardized meta-analytic effect of coaching on weight loss was -1.4 kg [95% credible interval (CrI): $-3.0, -0.1$]. Considering only the highest-quality studies, the effect was -1.1 kg (95% CrI: $-3.1, 1.1$). Although there is room for discussion about what constitutes meaningful weight loss in different contexts, we believe most would agree that these average effects are, indeed, trivial.

The root of the discrepant outcomes found in our study and in the compendium is methodological in nature. While we assessed the quality of studies using a clear systematic approach, and in accordance with GRADE recommendations, their compendium (3) did not use a systematic approach to assess either study quality or effect magnitude. The authors' conclusion that health coaching is beneficial for treating obesity is based on the observation that "A large portion of the studies showed a positive effect on weight reduction" (3). This is not a valid assertion, particularly considering the publication bias identified in our study. This highlights the need for exploring the potential impact of conflicts of interest on health coaching literature, in which objective research by those with no vested interest should be important.

To conclude, our findings represent a first attempt to systematically assess the health coaching literature. The main conclusions are that most of the studies present serious methodological flaws and divergent theoretical backgrounds, hampering the clinical use of this technique in an effective, uniform way. This is not to say that health coaching cannot be an effective and well-structured intervention. A few good examples on how this strategy can be a useful co-adjutant therapy in obesity management do exist (9, 10). Expanding the number of high-quality studies, with detailed information of their interventions and reporting on all aspects of their study design, is essential to pave the way for a more evidence-based use of health coaching in clinical practice. Simply incorporating any lifestyle behavioral intervention under the obscure umbrella of health coaching will not help build a scientifically oriented body of knowledge.

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Comment on "Western Dietary Pattern Antioxidant Intakes and Oxidative Stress: Importance during the SARS-CoV-2/COVID-19 Pandemic"

Dear Editor:

We have read with great interest the article "Western Dietary Pattern Antioxidant Intakes and Oxidative Stress: Importance during the SARS-CoV-2/COVID-19 Pandemic" by Trujillo-Mayol et al. (1) and we found it significant in the context of clinical prevention.

The relevant point explored by this review is the importance of balanced dietary habits including appropriate

amounts of antioxidants to maintain the immune system during the current severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)/coronavirus disease 2019 (COVID-19) pandemic. Viral infections are characterized by high oxidative stress and an appropriate intake of antioxidants would help to fight against the virus. The authors suggested that lifestyle factors could influence the impact of the disease.

With reference to the findings reported in the article, we would like to make the following contribution to the discussion. The review analyzes in depth the potential beneficial effects of a healthy diet, including a Mediterranean Diet, on viral infection. In recent articles we also supported the idea that a healthy lifestyle could contribute to a higher immune response to the virus and would therefore be beneficial in the fight against the pandemic (2, 3). It has been suggested that there would be a synergy among the antioxidant-rich foods that would foster favorable changes in inflammatory pathways (4). Humans do not consume 1 type of food but a wide variety of combinations of different foods forming a dietary pattern. Consequently, in analyzing eating habits it is mandatory to take the interactions between different foods and their components into consideration. Moreover, it is known that plant-derived phenolic compounds could differently influence the health of males and females (5). The recent COVID-19 pandemic strongly affected women owing to increased psychological distress leading to unhealthy lifestyles, and women were specifically more likely to develop food cravings (2, 6, 7). Food cravings are characterized by a high intake of fat- and sugar-rich foods and by a low intake of fruit and vegetables. In a previous article (2) we hypothesized that vitamin D prophylaxis can help reduce the severity of the disease caused by SARS-CoV-2, particularly in contexts where hypovitaminosis D is common, i.e., women currently living in Northern countries (8). Several factors may have contributed to the widespread infection in Italy, despite the strong adherence to the Mediterranean diet. Lifestyle and diet can influence our inflammatory response to the virus and therefore it is important that both are optimized. The review by Trujillo-Mayol et al. (1) emphasizes these aspects of prevention but does not emphasize the potential increased risk in women. Women's health is strongly influenced by lifestyle, which includes dietary pattern and nutritional status, physical activity, and socioeconomic stress. A healthy lifestyle is mandatory to prevent chronic diseases and to fight infections. Women are less likely to adopt a healthy lifestyle owing to the high social pressures that oblige women to play numerous roles in the family, in society, and at work, all of which are debilitating and time consuming (9, 10). We need educational programs and prevention measures specifically dedicated to women's health.

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Comment on "Western Dietary Pattern Antioxidant Intakes and Oxidative Stress: Importance during the SARS-CoV-2/COVID-19 Pandemic"

Dear Editor:

In an article published in *Advances in Nutrition*, Trujillo-Mayol et al. (1) present their argument for increasing dietary antioxidant intake to improve coronavirus disease