

pplications and modifications of the editerranean diet index in the ordic context

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The Mediterranean dietary pattern

- One of the most cited examples of a priori pattern, repeatedly shown to be positively associated with good health
- The relative adherence to it has been evaluated through different versions of the Mediterranean Diet Score (Trichopoulou et al. 1995)

Mediterranean diet score (MDS) (Trichopoulous et al., BMJ 1995)

- High intake of cereals, fruit, vegetables, legumes
- Moderate intake of ethanol
- Higher proportion of MUFA versus SAFA
- Low intakes of meat, dairy products

Modified Mediterranean diet score (mMDS) (Trichopoulou et al., NEJM 2003)

- High intake of cereals, fruit and nuts, vegetables, fish, legumes
- Moderate intake of ethanol
- Higher proportion of MUFA versus SAFA
- Low intakes of meat, dairy products

Modified Mediterranean diet score (mMDS) (Knoops et al., JAMA 2004)

- High intake of cereals, fruit, vegetables
 and potatoes, fish, legumes/nuts/seeds
- Higher proportion of MUFA versus SAFA
- Low intakes of meat, dairy products



8 – level score calculated on sex-specific median of intakes



9 – level score calculated on sex-specific median of intakes



8 – level score calculated on sex-specific median of intakes

Aim of this study: Can we do it even better?

- a) Variations intended to more accurately capture a healthy pattern: replacement of total cereals with wholegrain cereals, inclusion of eggs and the ascertainment of single ingredients included in mixed dishes and recipes
- b) Variations intended to tailor the score to the habits of Nordic populations: inclusion of <u>PUFA</u> (fish contribution), the comparison of alcohol with <u>red wine</u> intake (less likely to be associated with unhealthy drinking)

STATISTICAL METHODS

 The association of both the Mediterranean diet score(s) with total and cause-specific morbidity/ mortality was assessed

 Survival analyses by means of Cox Proportional Hazard Model adjusted for age, BMI, smoking status, physical activity and education

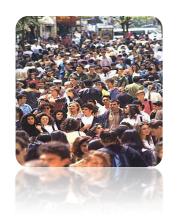
The gerontological and geriatric population study H70

- 1,037 (48% women) 70-year old subjects
- Diet history examination (> 200 food items)
- Maximum mortality follow up: 38 years (mean: 22.4 years)

Score refinement: substituting cereals with wholegrain cereals, including eggs and PUFA, comparison of total alcohol with red wine.

Mediterranean diet score (MDS)	N cases	HR (95% CLs)
mMDS Knoops et al (2004)		0.97 (0.92; 1.02)
Refined mMDS 1 (total alcohol)	718	0.93 (0.89; 0.98)
Refined mMDS 1 (red wine)		0.92 (0.87; 0.97)

The Västerbotten Intervention Program (VIP)



- The largest population study on nutrition in Europe (N = 90,308)
- 73,984 subjects (51 % women) included in the analyses
- Food Frequency Questionnaire (64 food items)
- Maximum mortality follow up: 18 years (mean: 10 years)

Score refinement: Wholegrain cereals, comparison of total alcohol with wine.

Cause of mortality	n cases	Men, n = 35,950	n cases	Women, n = 38,034
All-cause mortality	1,453	0.96 (0.93, 0.99)	923	0.96 (0.92, 1.00)
Total cancer	493	0.93 (0.88, 0.99)	481	0.98 (0.93, 1.04)
- Pancreas	47	0.83 (0.69, 0.99)	45	0.84 (0.70, 1.01)
Card. diseases	499	0.98 (0.93, 1.04)	181	0.92 (0.83, 1.00)
- Myocardial Infarction	244	0.97 (0.90, 1.05)	61	0.85 (0.72, 0.99)
- Stroke	79	0.97 (0.84, 1.12)	65	1.03 (0.88, 1.20)

CONCLUSIONS

- For the Mediterranean diet score, we were able to show an inverse association with both morbidity and mortality, consistently replicated in three Scandinavian cohorts
- In smaller studies, highly detailed dietary assessment methods may be required to identify the healthiest and most population-specific patterns
- This approach can be applied to evaluate different patterns such as a western (unhealthy) diet and the Nordic healthy diet in relation to health status



THANKS FOR YOUR ATTENTION!

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