

La fruta y la verdura



MA Martínez-González

VIII Congreso Internacional de Barcelona sobre la Dieta Mediterránea

RD 06/0045: Alimentación saludable en la prevención de enfermedades crónicas: Red PREDIMED



Fondo Europeo de Desarrollo Regional
Una manera de hacer Europa



Universidad de Navarra

La fruta y la verdura

Introducción

Cohortes y metaanálisis

- Cáncer
- ECV (CI y ACV)
- Diabetes

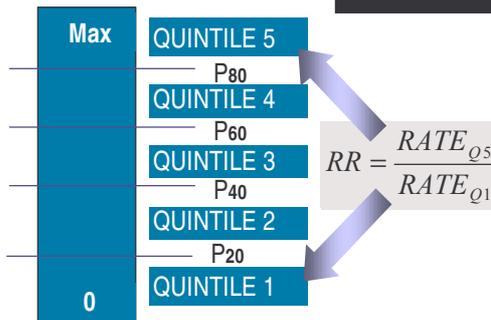
Ensayos

- Suplementos?
- Low-fat diets?
- Patrones completos

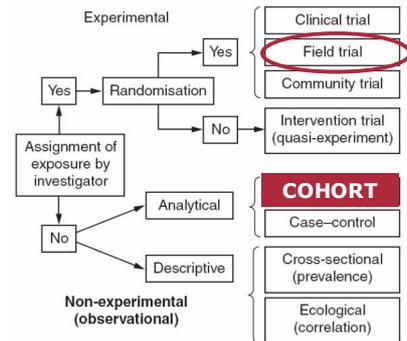


Universidad de Navarra

www.unav.es/preventiva

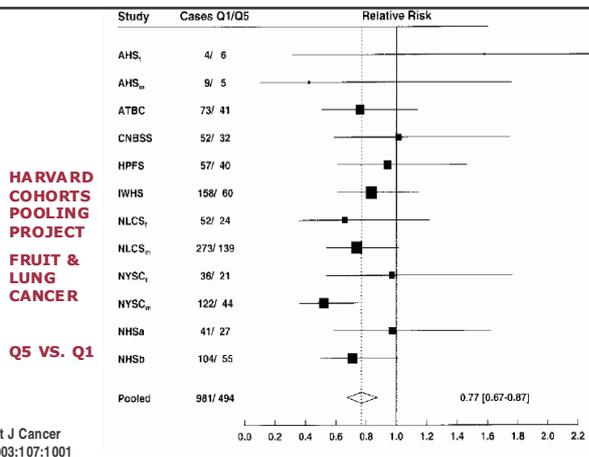


Research designs



Source: Martínez JA, Martínez-González MA. *Nutrition Research Methodology: the scientific method and nutritional research*. In: Gibney MJ, et al. *Introduction to Human Nutrition. The Nutrition Society Textbook series*. London: Blackwell Science.

Figure 13.2 Classification of epidemiological designs.



Int J Cancer
2003;107:1001

La fruta y la verdura

Introducción

Cohortes y metaanálisis

- Cáncer
- ECV (CI y ACV)
- Diabetes

Ensayos

- Suplementos?
- Low-fat diets?
- Patrones completos



Universidad de Navarra

Am J Clin Nutr 2003;78(suppl):559S-69S

TABLE 5

Summary results of the meta-analyses on fruit and vegetables and the risk of some cancers in case-control and cohort studies¹

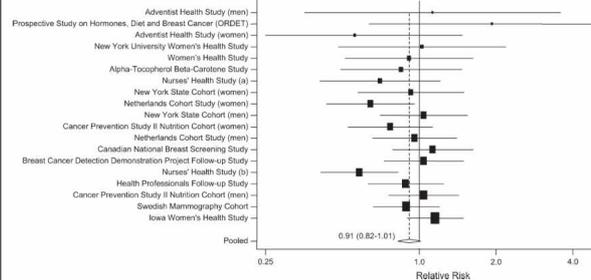
	Vegetables		Fruit	
	Case-control	Cohort	Case-control	Cohort
Mouth and pharynx	NS	?	↓	?
Larynx	NS	?	↓	?
Esophagus	↓	?	↓	?
Breast	↓	NS	NS	NS
Lung	↓	NS	↓	↓
Bladder	NS	NS	↓	↓
Stomach	↓	NS	↓	NS
Colorectum	↓	NS	↓	NS

¹ ↓, significant protective effect; NS, nonsignificant protective effect.

Pooling Project: F&V & Colon cancer

J Natl Cancer Inst 2007;99:1471

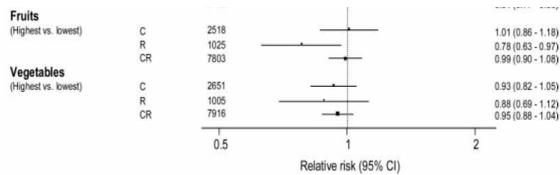
n = 756.217



Highest versus lowest quintile

Meta-analysis: 16 cohorts

Int J Cancer 2009;125:171-180



Dietary fibre in food and protection against colorectal cancer in the European Prospective Investigation into Cancer and Nutrition (EPIC): an observational study

Lancet 2003; 361: 1496-501

10 países
519.978 participantes
1.939.011 p-años
1065 casos incid.

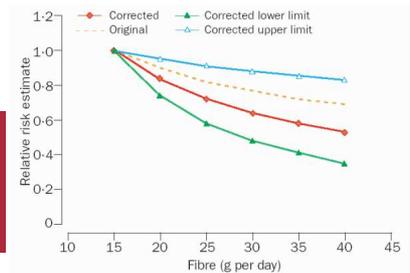


Figure 1: Relative risk for colorectal cancer according to dietary fibre intake

Calculated from Cox's regression using age, weight, height, sex, non-fat energy, energy from fat. Original estimates are calculated from the hazard ratio²⁰ for each quintile increase in energy adjusted fibre (table 3).

Oral cavity-pharynx, larynx & esophagus: EPIC

Cancer Causes Control 2006;17:957-69

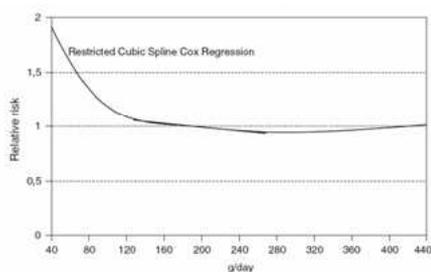


Fig. 1 Estimated relative risk of squamous cell cancer (SCC) for intake of total fruits (restricted cubic spline and linear risk functions)

La fruta y la verdura

Introducción

Cohortes y metaanálisis

- Cáncer
- ECV (CI y ACV)
- Diabetes

Ensayos

- Suplementos?
- Low-fat diets?
- Patrones completos



un Universidad de Navarra www.unav.es/preventiva

European Journal of Clinical Nutrition (2002) 56, 715-722
© 2002 Nature Publishing Group. All rights reserved. 0954-3007/02 \$25.00
www.nature.com/ejcn

ORIGINAL COMMUNICATION

Role of fibre and fruit in the Mediterranean diet to protect against myocardial infarction: a case-control study in Spain

MA Martínez-González^{1,2}, E Fernández-Jarne^{1,2}, E Martínez-Losa^{1,3}, M Prado-Santamaría^{1,3}, C Brugarolas-Brufau^{1,3} and M Serrano-Martínez^{1,3}

¹Department of Epidemiology and Public Health, University of Navarra, Pamplona, Spain; ²Department of Cardiology, University Clinic of Navarra, Navarre, Spain; and ³Navarre Primary Care Health Services, Navarre, Spain

Eur J Clin Nutr 2002;56:715-22

un Universidad de Navarra www.unav.es/preventiva

OR of a 1st Myocardial infarction

Eur J Clin Nutr 2002;56:715-22

Age-, gender- and hospital-matched odds ratios, adjusted for smoking, body mass index, hypertension, high blood cholesterol, diabetes, leisure-time physical activity, marital status, occupation, educational level, ethanol, SFA, trans-fat, glycaemic load, folic acid, and olive oil intake.

RR for CHD (84,251 women, follow-up: 14 yr & 42,148 men, follow-up: 8yr)

Ann Intern Med 2001;134:1106-14

Adjusted for age, smoking, alcohol intake, family history of myocardial infarction, body mass index, vitamin supplement use, vitamin E use, physical activity, aspirin use, hypertension, hypercholesterolemia, total daily caloric intake, and postmenopausal hormone use (among women).

Women: 580 404 person-years of follow-up and 1127 cases.
Men: 164 450 person-years of follow-up and 1063 cases.

RR for Ischemic Stroke
75,596 women, follow-up: 14 yr
38,683 men, follow-up: 8yr

JAMA 1999;282:1233

Adjusted for age, smoking, alcohol, family history of myocardial infarction, BMI, vitamin supplement use, vitamin E use, physical activity, aspirin use, hypertension and hypercholesterolemia, total energy intake, and among women, postmenopausal hormone use.

Women: 581 118 person-years of follow-up and 366 cases.
Men: 166 566 person-years of follow-up and 204 cases.

Associations between dietary methods and biomarkers, and between fruits and vegetables and risk of ischaemic heart disease, in the EPIC Norfolk Cohort Study

Sheela Bingham^{1,2,3}, Robert Luben⁴, Alisa Welch⁵, Yen Ling Low⁶, Kay Tee Khaw⁷, Nick Wareham⁸ and Nick Day⁹

Int J Epidemiol 2008;37:978

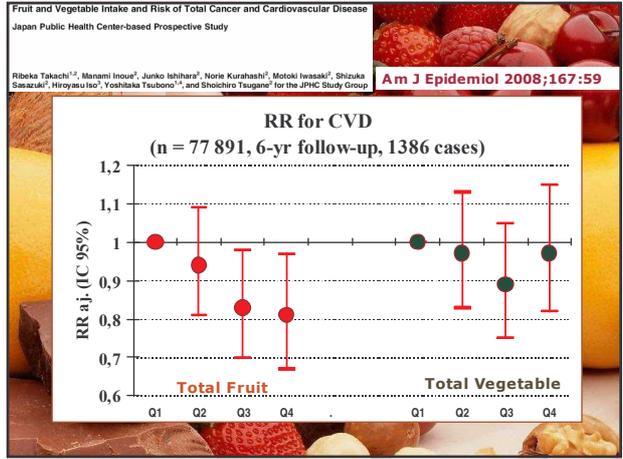
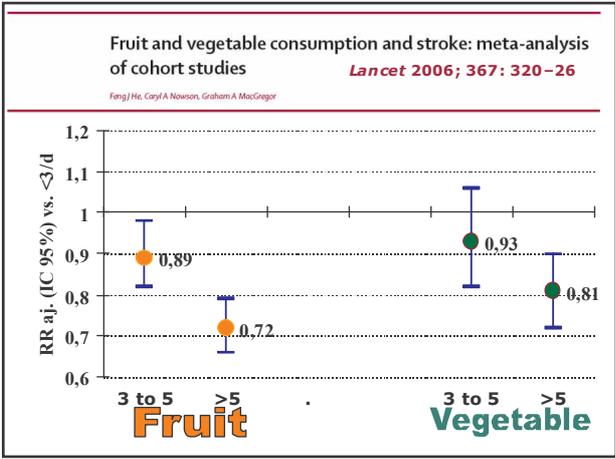
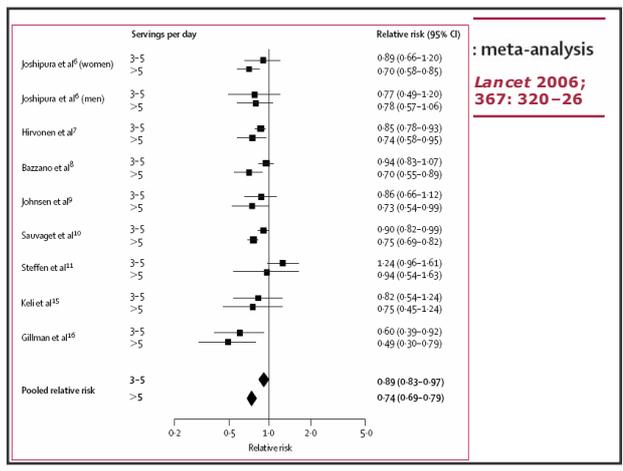
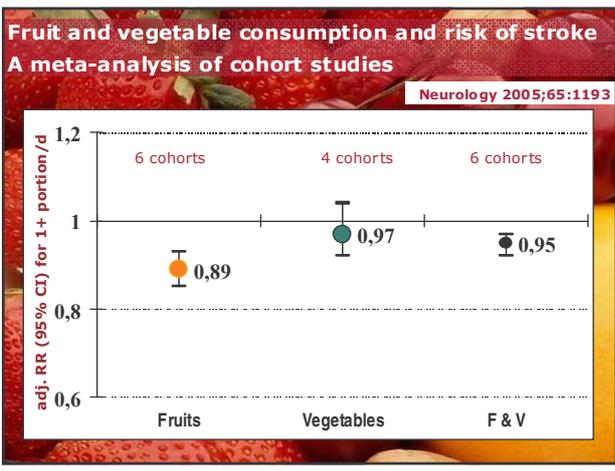
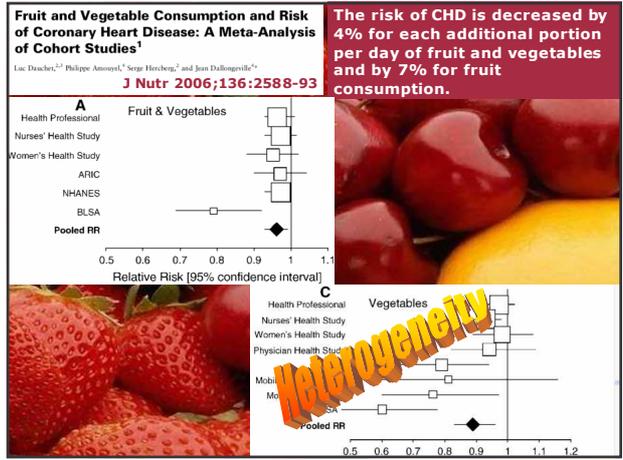
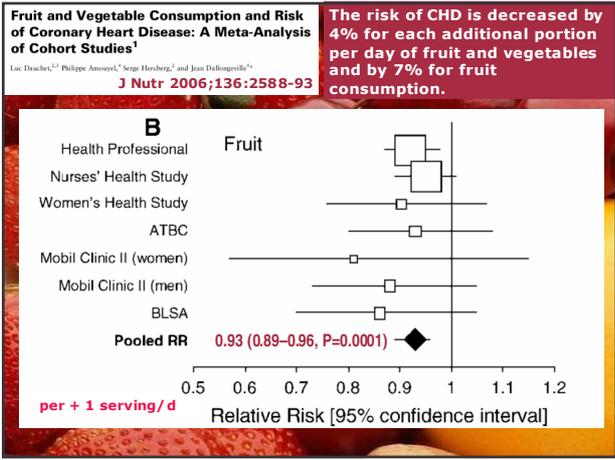
Figure 1 Plasma vitamin C and fruit and vegetable intake from different methods and risk of developing IHD in 678 cases in EPIC Norfolk Cohort of 11 134 free of CHD at baseline. HR per quintile are shown

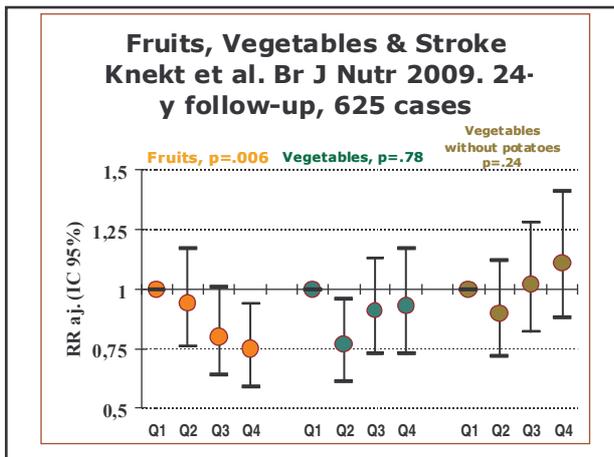
Optimal Diets for Prevention of Coronary Heart Disease

Frank B. Hu, MD, PhD
Walter C. Willett, MD, MPH

JAMA 2002;288:2569

Figure 4. Prospective Cohort Studies of Cardiovascular Disease and Consumption of Nuts, Fruits and Vegetables, or Whole Grains





The SUN cohort

Published by Oxford University Press on behalf of the International Epidemiological Association International Journal of Epidemiology 2006;35:1417-1422
© The Author 2006. All rights reserved. Advance Access publication 22 October 2006 doi:10.1093/ije/dyl253

COHORT PROFILE

Cohort profile: The 'Seguimiento Universidad de Navarra' (SUN) study

Int J Epidemiol 2006;35:1417.

María Seguí-Gómez,^a Carmen de la Fuente, Zenaida Vázquez, Jokin de Irala and Miguel A. Martínez-González

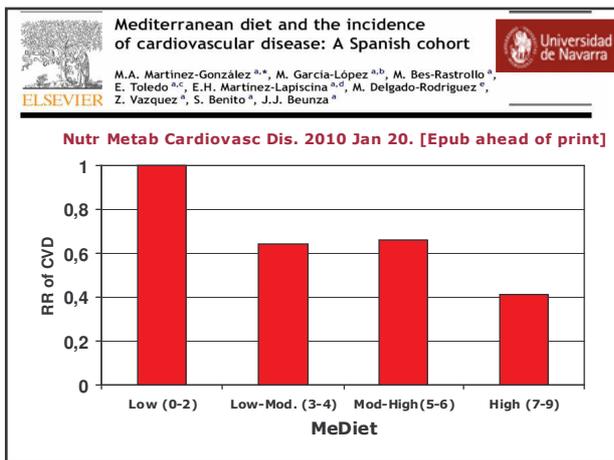
Public Health Nutr 2006; 9:141-151 DOI: 10.1079/PHN2005935

The SUN cohort study (Seguimiento University of Navarra)

Miguel Ángel Martínez-González*
Department of Preventive Medicine and Public Health, Facultad de Medicina, Clínica Universitaria, Universidad de Navarra, Iruñealdea 1, 31080 Pamplona, Spain

Public Health Nutr 2006;9:127

www.unav.es/preventiva Universidad de Navarra

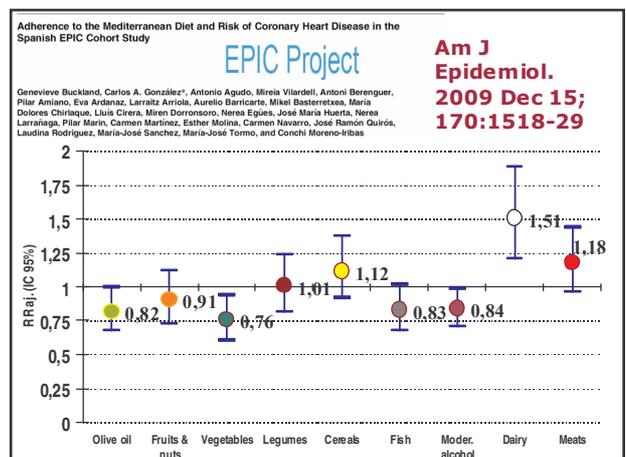
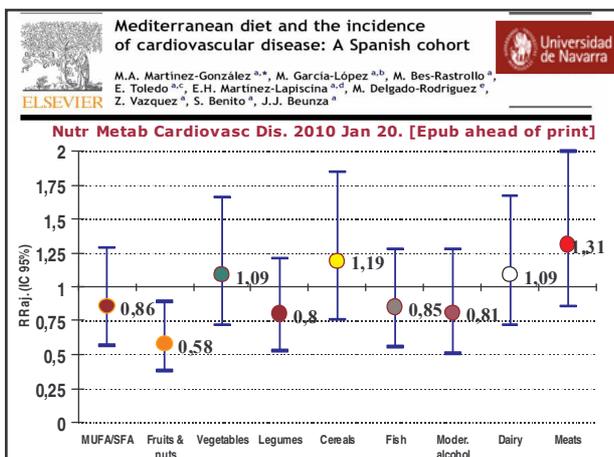


Mediterranean diet Trichopoulos's score

www.unav.es/preventiva

- **1 point if >= sex-specific Median**
 - MUFA/SFA ratio
 - Fruits & nuts
 - Vegetables
 - Cereals
 - Legumes
 - Fish
- **1 point if <= sex-specific Median**
 - Meat/meat products
 - Dairy
- **Alcohol: 1 point if**
 - Men: between 10-50 g/d
 - Women: between 5-25 g/d

Range: 0-9 points



La fruta y la verdura

Introducción

Cohortes y metaanálisis

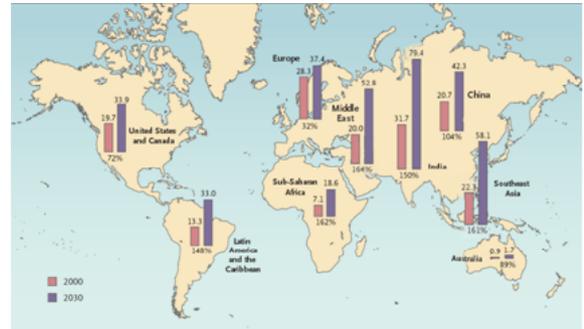
- Cáncer
- ECV (CI y ACV)
- Diabetes

Ensayos

- Suplementos?
- Low-fat diets?
- Patrones completos

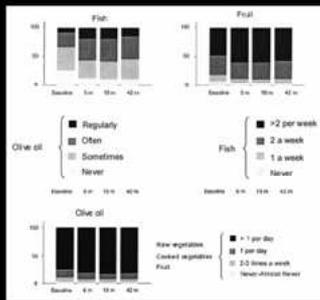


Millions of cases of diabetes in 2000 and Projections for 2030 (N Engl J Med 2007;356:214)

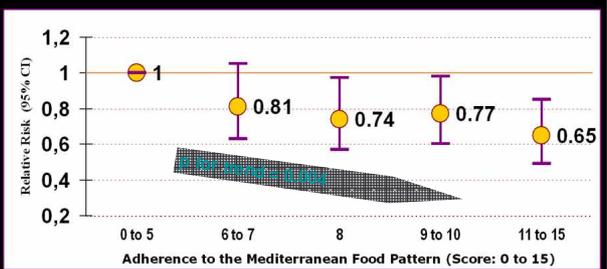


GISSI-Prevenzione study (Lancet 2007;370:667-75)

- 8 291 survivors of AMI
- Simple questionnaire
- 5-item score (0-3 points for each)
 - Fish
 - Fruit
 - Cooked vegetables
 - Raw vegetables
 - Olive oil
- Score: 0 to 15
- Mean follow-up: 3.2 yr
- 998 participants developed new-onset diabetes



GISSI-Prevenzione study (Lancet 2007;370:667-75)



*Adjusted for age, sex, smoking, time from AMI to enrolment, treatment assignment, BMI, physical activity, stress testing, NYHA class, angina class, history of hypertension, another prior AMI, use of medication, consumption of cheese, wine and coffee.



www.unav.es/preventiva

BMJ

RESEARCH

Adherence to Mediterranean diet and risk of developing diabetes: prospective cohort study

M Á Martínez-González, professor of epidemiology and chair,¹ C de la Fuente-Arrillaga, research assistant,¹ J M Nunez-Cordoba, research fellow,^{1,2} F J Basterra-Gortari, research fellow,^{1,3} J J Beunza, assistant professor,¹ Z Vazquez, research assistant,¹ S Benito, research assistant,¹ A Tortosa, research fellow,¹ M Bes-Rastrollo, assistant professor¹

Department of Preventive Medicine and Public Health, Medical School-Clinica Universitaria, University of Navarra, Pamplona, Spain

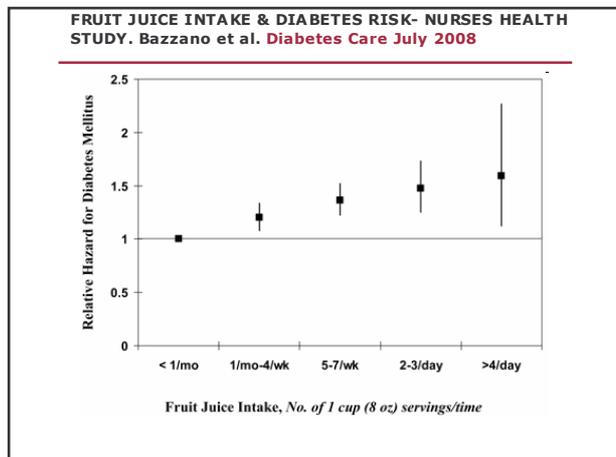
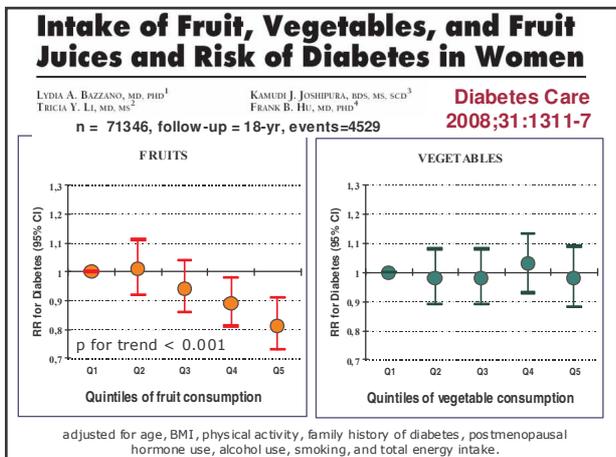
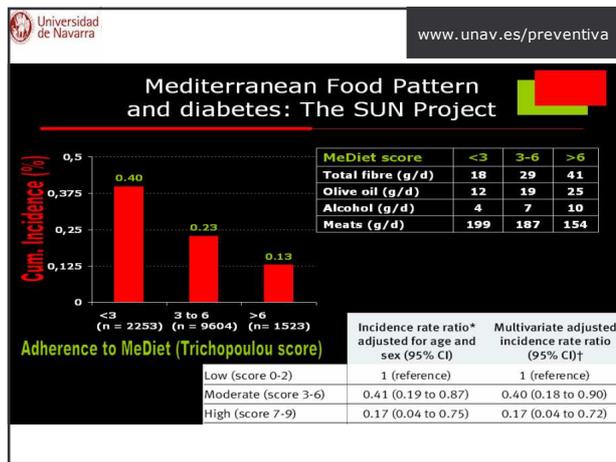
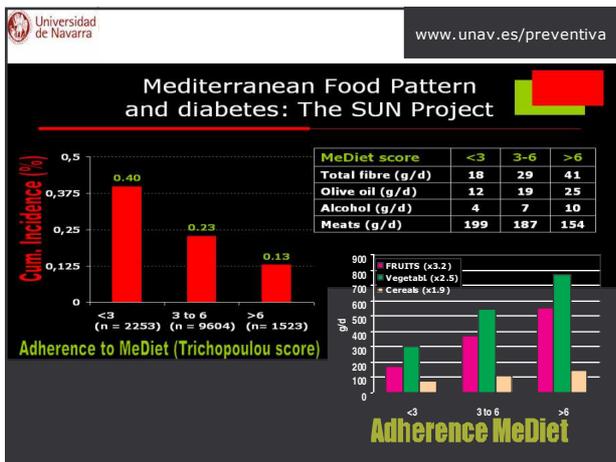
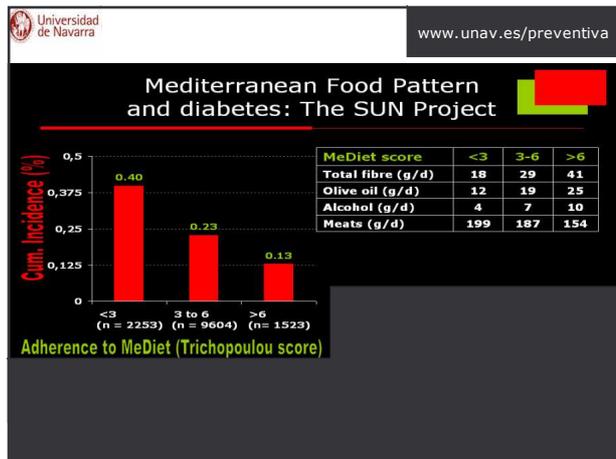
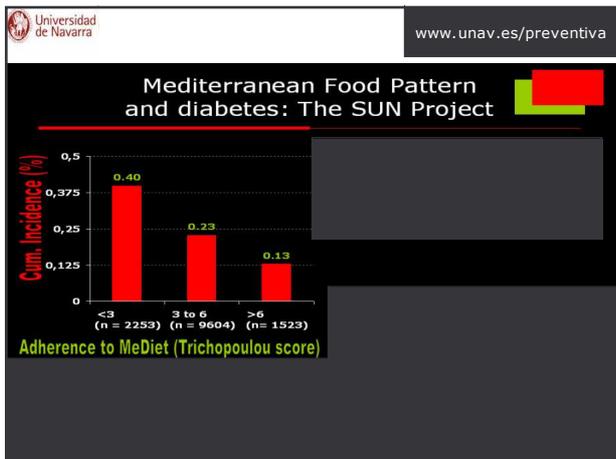
ABSTRACT
Objective To assess the relation between adherence to a Mediterranean diet and the incidence of diabetes among initially healthy participants.
diabetes. Many studies have shown that the Mediterranean food pattern has a role in prevention of cardiovascular disease.^{1,2} The similarity of some risk factors and some empirical and mechanistic evidence

BMJ 2008;336:1348-51



www.unav.es/preventiva

MeDiet (Trichopoulos score)	<3	3-6	>6
n	2258	9657	1549
% Male	40	39	45
Age	34	38	43
BMI	23.0	23.5	23.8
% Family history of diabetes	12	14	17
% history hypertension	6	9	14
% Current or ex-smoker	44	51	58
Total energy intake (kcal/d)	2286	2586	2783
Physical activity (METS-h/wk)	24	29	36



Plasma Vitamin C Level, Fruit and Vegetable Consumption, and the Risk of New-Onset Type 2 Diabetes Mellitus

Arch Intern Med
2008;168:1493-9
12-yr follow-up
735 events

The European Prospective Investigation of Cancer–Norfolk Prospective Study
Anne-Helen Harding, PhD; Nicholas J. Wareham, FRCP, PhD; Sheila A. Bingham, PhD; Kay-Tee Khaw, FRCP; Robert Luben, RS; Alice Wolk, PhD; Nita G. Forouhi, FRCM, PhD

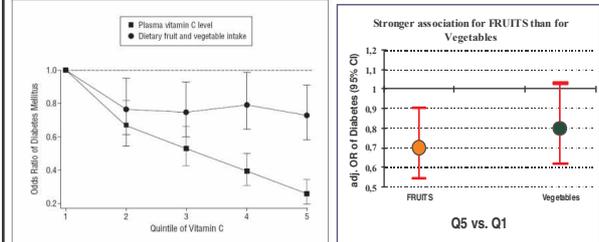


Figure. Odds ratio of diabetes mellitus by quintiles of plasma vitamin C level and fruit and vegetable intake, adjusted for age and sex: European Prospective Investigation of Cancer–Norfolk study. For plasma vitamin C analysis, the sample size was 19 246. For fruit and vegetable analysis, the sample size was 21 831. Error bars indicate 95% confidence intervals.

La fruta y la verdura

Introducción
Cohortes y metaanálisis

- Cáncer
- ECV (CI y ACV)
- Diabetes

Ensayos

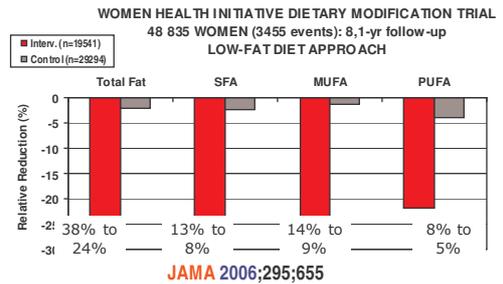
- Suplementos?
- Low-fat diets?
- Patrones completos



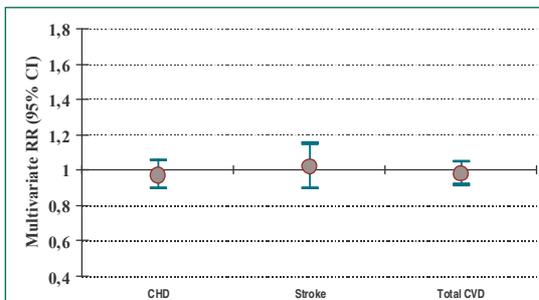
Mortality in Randomized Trials of Antioxidant Supplements for Primary and Secondary Prevention
Systematic Review and Meta-analysis

Data Synthesis When all low- and high-bias risk trials of antioxidant supplements were pooled together there was no significant effect on mortality (RR, 1.02; 95% CI, 0.98-1.06). Multivariate meta-regression analyses showed that low-bias risk trials (RR, 1.16; 95% CI, 1.05-1.29) and selenium (RR, 0.998; 95% CI, 0.997-0.9995) were significantly associated with mortality. In 47 low-bias trials with 180 938 participants, the antioxidant supplements significantly increased mortality (RR, 1.05; 95% CI, 1.02-1.08). In low-bias risk trials, after exclusion of selenium trials, beta carotene (RR, 1.07; 95% CI, 1.02-1.11), vitamin A (RR, 1.16; 95% CI, 1.10-1.24), and vitamin E (RR, 1.04; 95% CI, 1.01-1.07), singly or combined, significantly increased mortality. Vitamin C and selenium had no significant effect on mortality.

Conclusions Treatment with beta carotene, vitamin A, and vitamin E may increase mortality. The potential roles of vitamin C and selenium on mortality need further study. *JAMA*. 2007;297:842-857 www.jama.com



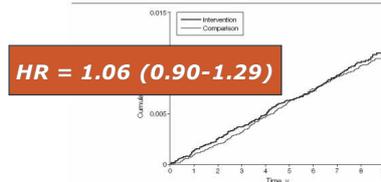
WOMEN HEALTH INITIATIVE DIETARY MODIFICATION TRIAL
48 835 WOMEN (3455 events): 8.1-yr follow-up
LOW-FAT DIET APPROACH



Low-Fat Dietary Pattern and Risk of Colorectal Cancer

The Women's Health Initiative Randomized Controlled Dietary Modification Trial **JAMA 2006;295:643-654**

Figure 3. Kaplan-Meier Estimated Cumulative Hazards for Invasive Colorectal Cancer (N=48 835)



	0	1	2	3	4	5	6	7	8	9
No. of Events										
Intervention	26	23	22	23	27	16	28	18	9	
Comparison	27	32	32	43	44	33	33	22	11	
No. at Risk										
Intervention	19 041	18 402	18 218	18 004	18 784	18 876	18 280	15 800	10 607	5200
Comparison	29 584	28 070	28 006	28 054	28 050	27 916	27 622	25 991	15 000	7913

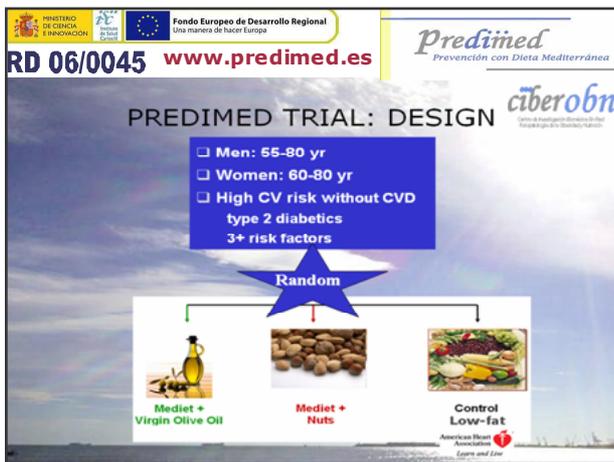
HR indicates hazard ratio; CI, confidence interval.

PREDIMED

RD 06/0045 www.predimed.org www.predimed.es

PREMEDIUM PARTICIPANTS

11 RECRUITMENT GROUPS	n	~P-Y
Navarra- MA Martínez-González	1055	5470
Valencia- D Corella	1042	3830
Reus- J Salas-Salvado	870	3680
Mallorca- M Fiol	594	2460
Málaga- E Gomez-Gracia	540	2400
Barcelona-1- R Estruch	667	2400
Sevilla- J Lapetra	659	2220
Vitoria- F Aros	641	2210
Barcelona-2- MI Covas	570	2060
Las Palmas- L Serra-Majem	356	690
Barcelona-3- X Pinto	238	490
Total	7232	27,910

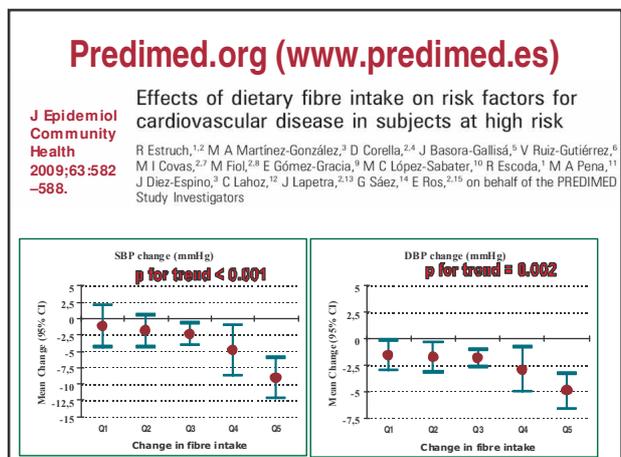
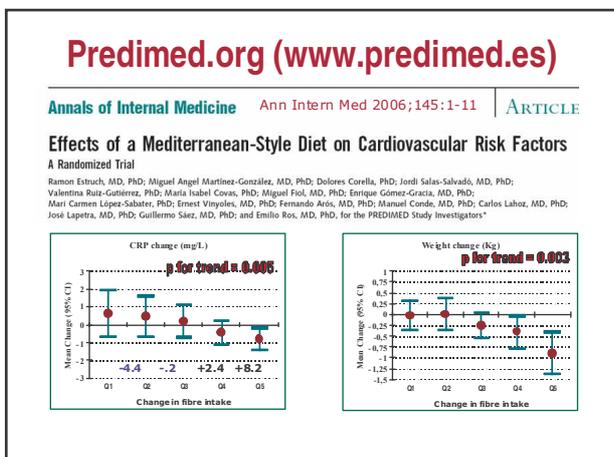


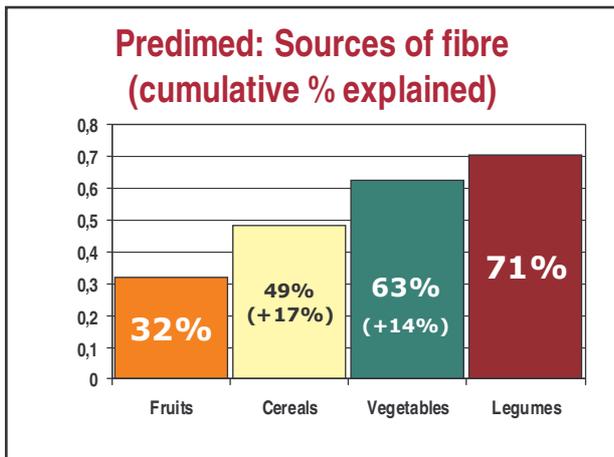
RD 06/0045 www.predimed.es

Predimed
Prevención con Dieta Mediterránea

PREDIMED PARTICIPANTS

	Mediet + VOO (n= 2487)	MeDiet + Nuts (n=2396)	Control (n=2349)
Age (SD)	67 (6)	67 (6)	67 (6)
Women (%)	57	54	58
Diabetes (%)	50	47	48
Hypertension (%)	82	82	84
Current smokers (%)	14	15	14
High cholest. (%)	72	73	72
BMI (SD)	30 (4)	30 (4)	30 (4)
Waist (SD)	100 (10)	100 (10)	101 (11)
MeDiet 0-14 p (SD)	8.7 (2)	8.7 (2)	8.3 (2)





www.predimed.org
www.predimed.es

Universidad de Navarra

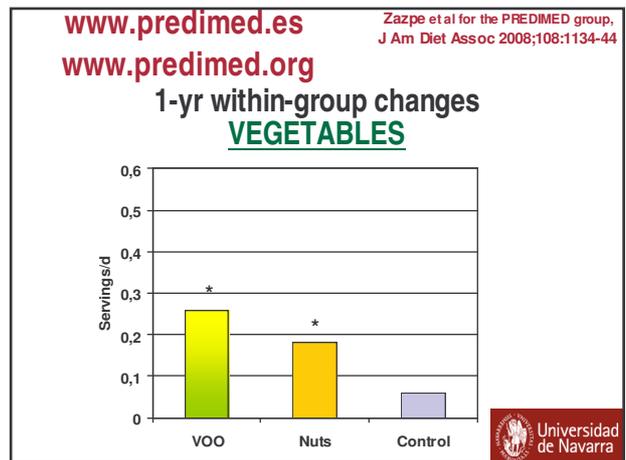
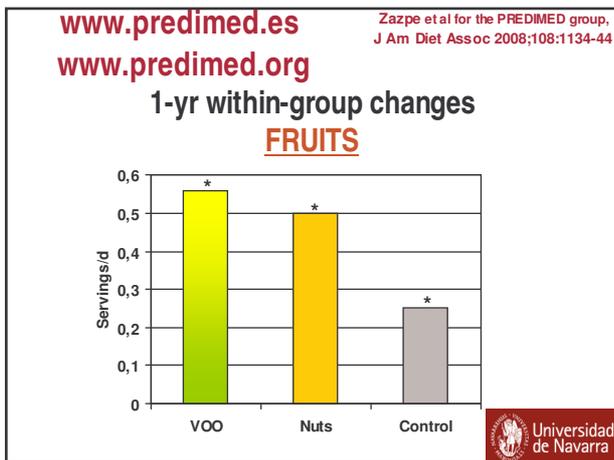
Modification of dietary habits

RESEARCH Journal of the American Dietetic Association
 Increased Adherence through Dietitian Intervention

A Large Randomized Individual and Group Intervention Conducted by Registered Dietitians Increased Adherence to Mediterranean-Type Diets: The PREDIMED Study

ITZAR ZAZPE, RD, ANA SANCHEZ-TAMBA, RD, RIMON ESTRUCH, MD, PhD, ROSA MARIA LAMUELA-RAVERTOS, PharmD, PhD, HELMUT SCHROEDER, PhD, RD, JAVIER SALAS-SALMEDO, MD, PhD, SOLINES GORELLA, PhD, MOCILLO FXL, MD, PhD, ENRIQUE GOMEZ-GRACIA, MD, PhD, FERRANDO AROG, MD, PhD, ENRIQUE ROS, MD, PhD, MONIKA BECK-ANDRESEN, PhD, PABLO SALAS-SALMEDO, PhD, MARIEE KONGER-ESTEBAN, MD, PhD, NEKIL REVEL, MSc, MARTINE GANDIAT, MD, PhD

© 2008 by the American Dietetic Association
Zazpe et al for the PREDIMED group, J Am Diet Assoc 2008;108:1134-44



www.predimed.es

RD 06/0045

Predimed
 Prevención con Dieta Mediterránea

Departamento de Medicina Preventiva y Salud Pública
 MINISTERIO DE CIENCIA E INNOVACION
 Fondo Europeo de Desarrollo Regional Una manera de hacer Europa

Conclusiones

- **F** ↓ ca. laringe, oroesofágico y pulmón (?)
- **F & V**: ↓↓ ECV y diabetes
- **F > V** ↓ ECV-diabetes (?)
- Necesidad ensayos aleatorizados
 - Fundamento: patrón, no suplementos
 - El enfoque "Low-fat" es equivocado
 - Lo ideal: cohortes + ensayos
 - España: EPIC + SUN + PREDIMED

VIII Congreso Internacional de Barcelona sobre la Dieta Mediterránea

Universidad de Navarra



Universidad
de Navarra

sun@unav.es

www.unav.es/preventiva

