



The Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved Carefree, AZ • February 3-6, 2009

Abstract Deadline: November 17

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American Journal of Clinical Nutrition, Vol. 85, No. 6, 1495-1502, June 2007 © 2007 American Society for Nutrition

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ORIGINAL RESEARCH COMMUNICATION

# Whole-grain intake and carotid artery atherosclerosis in a multiethnic cohort: the Insulin Resistance Atherosclerosis Study<sup>1,2,3</sup>

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Background: Whole-grain intake has been shown to be inversely associated with cardiovascular events, but an association with atherosclerosis is less well established.

Objective: We sought to evaluate the association of whole-grain intake with carotid intimal medial thickness (IMT) and IMT progression in a multiethnic cohort.

Design: This study evaluated 1178 participants in the Insulin Resistance Atherosclerosis Study. Baseline whole-grain intake was estimated on the basis of intake

of dark breads, cooked cereals, and high-fiber cereals assessed with a validated food-frequency questionnaire. Bilateral carotid IMT was evaluated ultrasonographically, yielding 16 IMT measures at baseline and year 5. Multivariate models evaluated the independent association of whole-grain intake with common carotid artery (CCA) and internal carotid artery (ICA) IMT and IMT progression.

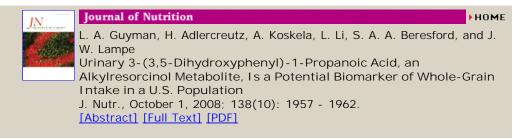
Results: The cohort had a mean ( $\pm$ SD) age of 55.2  $\pm$  8.4 y and was 56% female. The baseline median whole-grain intake was 0.79 servings/d. Whole-grain intake was inversely associated with CCA IMT ( $\beta \pm$  SE:  $-0.043 \pm 0.013$ , P = 0.005) and IMT progression ( $\beta \pm$  SE:  $-0.019 \pm 0.011$ , P = 0.09) in models adjusted for demographics, energy intake, energy expenditure, cardiovascular disease risk factors, and medication use. This association was less significant for ICA IMT ( $\beta \pm$  SE:  $-0.049 \pm 0.023$ , P = 0.05) and not significant for ICA IMT progression ( $\beta \pm$  SE:  $-0.013 \pm 0.014$ , P = 0.35). The relation between whole-grain intake and CCA IMT remained significant after adjustment for mediating pathways (lipids, adiposity, and insulin resistance), nutrient constituents, and a principal components—derived healthy dietary pattern.

Conclusions: Whole-grain intake is inversely associated with CCA IMT, and this relation is not attributable to individual risk intermediates, single nutrient constituents, or larger dietary patterns.

Key Words: Atherosclerosis • cereals • diet • ethnic groups • cohort studies • Doppler ultrasound

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