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# 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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