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In the largest diet and health study ever conducted, dietary fiber intake was associated with a reduced risk of overall death, including death caused specifically by cardiovascular, infectious, and respiratory diseases.

HIGHER DIETARY FIBER INTAKE REDUCES RISK OF DEATH IN OLDER ADULTS

Previous research on dietary fiber has shown beneficial effects in lowering the risk of cardiovascular disease, diabetes, and some cancers. Less is known about the effect of dietary fiber on overall mortality and specific causes of death.

In a recent study published in the *Archives of Internal Medicine*, researchers analyzed dietary fiber intake in relation to total mortality and death from specific causes in the NIH (National Institutes of Health)-AARP Diet and Health Study. The study included over 500,000 men and women ages 50-71 who answered questionnaires with specific diet and lifestyle questions. Diet was assessed using a food-frequency questionnaire at baseline, then again after an average of 9 years of follow-up.

Researchers identified 20,126 deaths in men and 11,330 deaths in women during the study period. Cause of death was identified using the National Death Index Plus.

Dietary fiber intake was associated with a 22% reduction in risk of total death in both men and women. Dietary fiber intake also lowered the risk of death from cardiovascular, infectious, and respiratory diseases by 24% to 56% in men and by 34% to 59% in women. In men, there was an inverse association between dietary fiber intake and cancer death. Dietary fiber from grains was most closely related to a reduction in the risk of overall mortality and cause-specific death in both men and women.

Dietary fiber may reduce the risk of death from cardiovascular, infectious, and respiratory diseases. Ensuring adequate fiber intake by eating a fiber-rich diet appears to provide significant health benefits.

Park Y, Subar AF, Hollenbeck A, Schatzkin A. Dietary Fiber Intake and Mortality in the NIH-AARP Diet and Health Study. 2011. Arch Intern Med, published online 14-Feb-2011. doi:10.1001/archinternmed.2011.18