

**Table 4 B-II-2 Summary of Findings**

*Dietary patterns identified using factor analysis or cluster analysis (shaded rows) and association with risk of coronary heart disease (CHD)*

Author, Year, Quality Rating, Study Design, Cohort	Sample Size, Location, Duration, Dietary Assessment, Methodology/No. Patterns	Age, % Female, Race/Ethnicity, Outcome/ Comparison No. Events	Dietary Patterns Associated with Lower CHD Risk	Dietary Patterns with No Significant Association with CHD	Dietary Patterns Associated with Higher CHD Risk
Brunner et al., 2008 Neutral Prospective cohort Whitehall II study	N = 6,610 U.K. 15 y 127-item FFQ CA: 4 patterns	Mean=50 y 30% NR CHD		<p><b>Fatal CHD + nonfatal MI</b></p> <ul style="list-style-type: none"> <li>• "Unhealthy" pattern (white bread, processed meat, fries, and full-cream milk)</li> </ul> <p>Vs:</p> <ul style="list-style-type: none"> <li>• "Healthy" (fruit, vegetables, whole-meal bread, low-fat dairy, and little alcohol) HR = 0.74 (0.53, 1.02), P=0.07, NS</li> <li>• "Sweet" (white bread, biscuits, cakes, processed meat, and high-fat dairy products) HR = 0.81 (0.52, 1.27), P=0.35, NS</li> <li>• "Mediterranean-like" (fruit, vegetables, rice, pasta, and wine) HR = 0.72 (0.46, 1.12), P=0.15, NS</li> </ul>	
Farchi et al., 1989 Neutral Prospective Cohort 2 rural villages from the Seven Countries Study	N = 1366 Italy 20 y Dietary History CA: 4 patterns	45–64 y 0% NR CHD mortality. age-adjusted death rate CHD: 168 deaths		<ul style="list-style-type: none"> <li>• <b>Cluster 1</b> (high alcohol intake [one-third of the total energy intake], consumption of minimum amount of meat, fruit, and cookies), NS</li> <li>• <b>Cluster 2</b> (largest amount of polyunsaturated fatty acids [-3 times more than other groups]), NS</li> <li>• <b>Cluster 3</b> (highest consumption of monounsaturated and saturated fatty acids, proteins; other nutrients are below the mean), NS</li> <li>• <b>Cluster 4</b> (largest consumption of carbohydrates [-of total energy], proteins, vegetables, and starchy foods), NS</li> </ul>	

**Table 4 B-II-2 Summary of Findings—continued**

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Fung et al., 2001 Positive Prospective Cohort Nurses' Health Study	N = 69,017 U.S. 12 y 116-item FFQ FA: 2 patterns	38–63 y 100% NR CHD risk, highest vs lowest quintile Incident CHD (Fatal CHD + nonfatal MI): 821 cases	• <b>"Prudent"</b> (higher intakes of fruit, vegetables, whole grains, legumes, fish, and poultry), RR = 0.76 (95% CI = 0.60, 0.98), P for trend 0.03		• <b>"Western"</b> (higher intakes of refined grains, red and processed meats, desserts, high-fat dairy products, and French fries), RR = 1.46 (95% CI = 1.07, 1.99), P for trend 0.02
		CHD risk, highest "prudent" score vs lowest "Western" score		Test for interaction between the Prudent and Western patterns was NS	
Guallar-Castillón et al., 2012 Positive Prospective Cohort EPIC study	N = 40,757 Spain 11 y Diet History FA: 2 patterns	29–69 y 62% NR CHD mortality and morbidity, lowest vs highest quintile CHD: 606 events	• <b>"Evolved Mediterranean"</b> (frequent intake of plant-based foods and olive oil), HR = 0.73 (95% CI = 0.57, 0.94); P for trend 0.0013	• <b>"Westernized"</b> (frequent consumption of refined cereals and red meats), NS	

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Hu FB et al., 2000 Positive Prospective Cohort Health Professionals Follow-up Study (HPFS)	N = 44,875 U.S. 8 y 131-item FFQ FA: 2 patterns	40–75 y 0% NR <b>Fatal CHD and nonfatal MI,</b> lowest vs highest quintile Fatal CHD: 359 events Non-fatal MI: 730 events		• <b>"Prudent"</b> (high intake of vegetables, fruits, legumes, whole grains, fish, and poultry), NS	• <b>"Western"</b> (high intake of processed meat, red meat, high-fat dairy products, refined grains, French fries, sweets and desserts), RR = 1.64 (95% CI = 1.24, 2.17), P for trend < 0.0001 Further adjusted for dietary cholesterol, saturated fat, and trans fat, RR = 1.43 (95% CI = 1.01, 2.01), P for trend < 0.004
Menotti et al., 2011 Neutral Prospective cohort 2 rural villages from Seven Countries Study	N = 1,221 Italy CHD 20 y CHD/CVD 40 y Diet History FA: 3 patterns	40–59 y 0% NR <b>Fatal CHD, fatal and nonfatal MI</b> CHD incidence: 185 events CHD mortality: 187 events	<b>Fatal CHD + fatal and nonfatal MI at 20 y:</b> • <b>"Factor 2"</b> (bread, cereals, vegetables, fish, potatoes, oils): HR = 0.88 (95% CI = 0.73, 0.96) <b>CHD mortality at 40 y</b> • <b>"Factor 2"</b> (bread, cereals, vegetables, fish, potatoes, oils), HR = 0.79 (95% CI = 0.66, 0.95)	<b>Fatal CHD + fatal and nonfatal MI at 20 y:</b> • <b>"Factor 1"</b> (sugar, milk, meat, fruit, pastries, cheese): HR = 1.12 (95% CI = 0.95, 1.31), NS • <b>"Factor 3"</b> (eggs, alcoholic beverages): HR = 1.02 (95% CI = 0.87, 1.19), NS <b>CHD mortality at 40 y:</b> • <b>"Factor 1"</b> (sugar, milk, meat, fruit, pastries, cheese): HR = 0.87 (95% CI = 0.76, 1.01), NS • <b>"Factor 3"</b> (eggs, alcoholic beverages), HR = 1.17 (95% CI = 0.97, 1.40), NS	

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Nettleton et al., 2009 Positive Prospective cohort MESA	N = 5,316 U.S. Median = 4.6 y 120-item FFQ FA: 4 patterns	45–84 y 53% White: 43% Black: 24% Hispanic: 21% Chinese: 12%  Lowest vs highest quintile  Hard CHD (MI + Resuscitated cardiac arrest + CHD death, 87 events  All CHD (Hard CHD + definite angina + probable angina): 150 events	<ul style="list-style-type: none"> <li>• <b>"Whole grains and fruit"</b> (whole grains, fruit, nuts and seeds, green leafy vegetables, and low-fat dairy foods):  Hard CHD: HR = 0.35 (95% CI = 0.14, 0.85), P for trend 0.01  All CHD: HR = 0.63 (95% CI = 0.34, 1.16), P for trend 0.05</li> </ul>	Stated in narrative, analysis not shown: <ul style="list-style-type: none"> <li>• <b>"Fats and processed meat"</b> (added fats, processed meat, fried potatoes, and desserts), NS</li> <li>• <b>"Vegetables and fish"</b> (several vegetable groups, fish, soup, Chinese foods, red meat, poultry, and soy), NS</li> <li>• <b>"Beans, tomatoes and refined grains"</b> (beans, tomatoes, refined grains, high-fat dairy foods, avocado, and red meat), NS</li> </ul>	
Osler and Andreasen et al., 2002 Positive Prospective cohort study Danish WHO-MONICA survey	N = 5,834 Denmark Median = 15 y 26-item FFQ FA: 2 patterns	30–70 y 49% NR  CHD mortality and morbidity, 280 events  CHD		<ul style="list-style-type: none"> <li>• <b>"Prudent food"</b> (whole meal breads), HR = 1.06 (95% CI = 0.93, 1.21), NS</li> <li>• <b>"Western food"</b> (meat, sausages, potatoes, butter and white bread), HR = 0.97 (95% CI = 0.85, 1.10), NS</li> </ul>	

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Shimazu et al., 2007 Positive Prospective cohort Ohsaki NHI Cohort	N = 40,547 Japan 7 y 40-item FFQ FA: 3 patterns	40–79 y NR NR CHD mortality, highest vs lowest quartile CHD: 181		<b>CHD mortality:</b> • <b>"Japanese"</b> (soybean products, fish, seaweeds, vegetables, fruits and green tea), HR =0.82 (95% CI: 0.52–1.29), P for trend 0.29, NS	<b>CHD mortality:</b> • <b>"Animal"</b> [Animal-derived products (beef, pork, ham, sausage, chicken, liver, and butter), coffee and alcohol], HR = 1.50 (95% CI: 0.95–2.37), P for trend 0.05
Stricker et al., 2011 Positive Prospective cohort EPIC-NL cohort	N = 35,910 The Netherlands 13 y 79-item FFQ FA: 2 patterns	20–69 y NR NR CHD mortality and morbidity, lowest vs highest quartile CHD: 1,843 cases		• <b>"Prudent"</b> (high intakes of fish and shellfish, raw vegetables, wine, and high-fiber cereals and low consumption of potatoes): HR = 0.87 (95% CI = 0.75, 1.00), P trend = 0.058 • <b>"Western"</b> [high consumption of French fries, fast food (spring rolls, Russian salad, pizza, and Dutch fried meat snack), low-fiber products, and different drinks and low on fruit and vegetables and low-fat dairy products]: HR = 0.91 (95% CI = 0.76, 1.08), P trend = 0.342, NS	
	CA: 2 patterns	K-means cluster analysis, "Prudent" vs "Western" cluster		• <b>"Prudent"</b> (high intakes of fish and shellfish, raw vegetables, wine, and high-fiber cereals and low consumption of potatoes), HR = 0.93 (95% CI = 0.85,1.02)	