Adherence to healthy dietary guidelines and future depressive symptoms: evidence for sex differentials in the Whitehall II study.
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On-line supplemental table

Table S1: Construction of AHEI scores and hypotheses justifying the use of AHEI to assess the overall diet and depressive symptoms association.

<table>
<thead>
<tr>
<th>AHEI Components</th>
<th>Criteria for Possible score range</th>
<th>Hypothesis justifying the assessment of AHEI and depressive symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vegetables (serving/day)</td>
<td>0 - 5</td>
<td>0-10</td>
</tr>
<tr>
<td>Fruits (serving/day)</td>
<td>0 - 4</td>
<td>0-10</td>
</tr>
<tr>
<td>Nuts and Soy (serving/day)</td>
<td>0 - 1</td>
<td>0-10</td>
</tr>
<tr>
<td>Ratio of white to red meat</td>
<td>0 - 4</td>
<td>0-10</td>
</tr>
<tr>
<td><strong>Total Fiber (% of energy)</strong></td>
<td>0 - 24</td>
<td>0-10</td>
</tr>
<tr>
<td>Trans Fat (% of energy)</td>
<td>≥4 - ≤0.5</td>
<td>0-10</td>
</tr>
<tr>
<td>Ratio of PUFA to SFA</td>
<td>≤0.1 - ≥1</td>
<td>0-10</td>
</tr>
<tr>
<td>Duration of multivitamin Use</td>
<td>&lt;5 year - ≥5 year</td>
<td>2.5-7.5</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Men</td>
<td>0 or &gt;3.5 - 1.5-2.5</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>0 or &gt;2.5 - 0.5-1.5</td>
</tr>
<tr>
<td><strong>Total AHEI Score</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Abbreviation: AHEI, the alternative healthy eating index; PUFA, Polyunsaturated fatty acids; SAF, saturated fatty acids.

*Each AHEI component contributed from 0 to 10 points to the total AHEI score, except the multivitamin component which was dichotomous and contributing either 2.5 points (for non-use) or 7.5 points (for use) A score of 10 indicates that the recommendations were fully met, whereas a score of 0 represents the least healthy dietary behavior. Intermediate intakes were scored proportionately between 0 and 10. **The original components of the index include cereal fiber, because cereal fiber was not available in our nutrient data set, we adapted the score by replacing it with total fiber.† Mean score for men and women combined.

Table S2: Odds ratios (95% CI) for the association between 10-year change in AHEI score between phase 3 and phase 7 and the subsequent recurrent depressive symptoms (DepS) over 5 years of follow-up in men.

<table>
<thead>
<tr>
<th>10-y change category in AHEI *</th>
<th>n</th>
<th>OR</th>
<th>95% CI</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Model 1 (n=3029)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintaining a high AHEI score (Phases 3&amp;7 scores≥51.5) vs. low score (Phase 7 and Phase 3 scores&lt;51.5)</td>
<td>982</td>
<td>1.10</td>
<td>0.74, 1.63</td>
<td>0.64</td>
</tr>
<tr>
<td>Improving AHEI score (Phase 3 score&lt;51.5 and Phase 7 score≥51.5) vs. maintaining low score</td>
<td>510</td>
<td>0.82</td>
<td>0.50, 1.36</td>
<td>0.45</td>
</tr>
<tr>
<td>Decreasing AHEI score (Phase 3 score≥51.5 and Phase 7 score&lt;51.5) vs. maintaining high score</td>
<td>420</td>
<td>0.84</td>
<td>0.49, 1.45</td>
<td>0.53</td>
</tr>
<tr>
<td><strong>Model 2 (n=2861)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintaining a high AHEI score (Phases 3&amp;7 scores≥51.5) vs. low score (Phase 7 and Phase 3 scores&lt;51.5)</td>
<td>931</td>
<td>1.38</td>
<td>0.91, 2.11</td>
<td>0.13</td>
</tr>
<tr>
<td>Improving AHEI score (Phase 3 score&lt;51.5 and Phase 7 score≥51.5) vs. maintaining low score</td>
<td>482</td>
<td>0.94</td>
<td>0.56, 1.58</td>
<td>0.81</td>
</tr>
<tr>
<td>Decreasing AHEI score (Phase 3 score≥51.5 and Phase 7 score&lt;51.5) vs. maintaining high score</td>
<td>397</td>
<td>0.71</td>
<td>0.40, 1.27</td>
<td>0.25</td>
</tr>
</tbody>
</table>

AHEI: Alternative Healthy Eating Index; OR: odds ratio; 95% CI: Confident interval at 95 %. SD: standard deviation

Results of logistic regression estimating odds of persistent DepS according to the 10-y change in AHEI score.

To analyze the 10-y change in AHEI score, scores of AHEI at phases 3 and 7 were categorized as high or low according to the median value of AHEI score at phase 3 equal to 51.5 points.

*Four categories in 10-y change of AHEI were then defined: participants who maintained a high score (Phase 3 and 7 scores ≥ 51.5), those who maintained a low score over the 10-y exposure period (Phase 3 and 7 scores < 51.5), participants who improved their AHEI score (Phase 3 score < 51.5 and Phase 7 score ≥ 51.5) and those who decreased their score (Phase 3 score ≥ 51.5 points and Phase 7 score< 51.5 points).

Model 1: Adjusted for age, ethnicity and total energy intake at phase 3.

Model 2: Model 1 + additionally adjusted for SES, retirement, marital status, smoking, physical activity, hypertension, HDL-cholesterol and central obesity at phase 3.