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EGG CONSUMPTION AND INCIDENT CARDIOVASCULAR DISEASE: VARIATION BY DIETARY PATTERN
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Some studies link egg consumption with cardiovascular disease, but none considers modification by dietary pattern. This study examines effects of egg consumption on incident cardiovascular disease (CVD), and variations of associations within the context of dietary pattern. Participants were 4,930 men and women from the Rancho Bernardo Study without prevalent CVD in 1972-74, who were followed through 2021 via mailed surveys, follow-up visits, and death certificates. Dietary data from 1988-91 enabled calculation of the alternate Mediterranean diet (aMed) score for 1632 individuals. Comparisons showed those with incident CVD (N=2066, 49.1%) were older (p<0.001), had higher BMI (p=0.004), cholesterol, triglycerides, systolic and diastolic blood pressures (p's<0.001) than those without incident CVD, but did not differ in egg consumption. Those consuming more eggs/week were older (p<0.001) and had higher BMI (p=0.002). Men consumed more eggs/week than women (means=4.2 vs. 3.2, p<0.001). Adjusted Cox proportional hazards models showed there were no significant associations of egg consumption with incident CVD in men or women (HR=1.00, 95%CI=0.98-1.02; HR=1.01, 95%CI=0.99-1.03, respectively). However, analyses by dietary patterns showed that in men, but not women, increased egg consumption was associated with a 7% reduced risk of incident CVD (HR=0.93; 95%CI=0.88-0.98) among those with high aMed scores, but a 6% increased risk (HR=1.06; 95%CI=1.01-1.11) among those with low aMed scores. In conclusion, for men, dietary pattern modified associations such that among those with a healthier dietary pattern, egg intake was associated with lower incident CVD. For women, egg intake was unassociated with incident CVD regardless of dietary pattern.
DETERMINANTS OF HEALTH AND MEDICAL CONDITIONS, AND THEIR IMPACT ON ELDER ABUSE RISK

Among those young and middle-aged at baseline, egg intake was between 1972-74 (p< 0.0001), but there was a decrease in 2021 with men consuming more eggs than women at all timepoints (p< 0.0001). Those with higher education (p< 0.0001) and diabetes (p=0.0009) consumed more eggs; those with high cholesterol or taking cholesterol lowering medication use are no longer factors for those who are older and have a history of heart disease. However, it appears responsive to dietary guidelines, decreasing over time and thus, cardiovascular disease, along with restrictive dietary guidelines may have served as a barrier to egg consumption. Eggs are an excellent nutritional source. However, the historical association of dietary cholesterol with serum cholesterol was later shown to have no significant correlation in later years. Among those who are younger, increased intake of eggs will likely have a positive impact on their health.

In a longitudinal study, the Rancho Bernardo Study in 1972-74 when they were asked about the number of eggs consumed/week. Subsequent egg intake information was collected with food frequency questionnaires and the data on egg consumption was then updated in 1978-79, 1980-82, 1988-91, 1992-96, and 2021. Over the years, the Chinese elderly care policy has undergone significant changes. The study explores the pivotal policies formulated by the central government since the 1970s and the evolution of the elderly care system in China. The findings of this study will provide valuable insights into the elderly care system in China and can inform future policy-making.

METHODS

The cohort was composed of older adults with and without ADRD. Beneficiaries aged 66 and older and with an ADRD diagnosis (N=187,805, 8.3%) were included. The cohort was split into three subsets, training (50%), testing (25%), and validation (25%). The outcome of interest was an EA diagnosis. The logistic regression model was the best predictive model (AUC=0.73; Sensitivity=0.80; Specificity=0.47; GINI=0.54). The tree classification, and multilayer perceptron classification methods were also used.

RESULTS

Determinants of health (SDoH). Only 0.2% had an EA diagnosis. Comorbidities, symptoms, injury history, claims-based frailty, and prior psychoeducational and socialization efforts were associated with increased EA risk. Coupled with male sex, aged 71-75 (vs 66-70), lung cancer, PTSD, and greater frailty were associated with increased EA risk. Coupled with marital and housing/income problems, Black Race), STI testing, behavioral health and medical conditions, and greater frailty were associated with increased EA risk.