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175 - DIET QUALITY PATTERNS AND CHRONIC KIDNEY DISEASE INCIDENCE: A UK BIOBANK COHORT STUDY

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Resumen

Background/Objectives: Only a few studies have investigated the role of diet on the risk of chronic kidney disease (CKD) in European populations and have mainly focused on the Mediterranean diet. Our objective was to study the relationship between a set of 6 different diet quality indices and CKD incidence among British adults. This is the first study to do so.

Methods: A prospective cohort with 106,870 participants from the UK Biobank, followed from 2009 to 2012 through 2021. Food consumption was obtained from 2 24-h dietary assessments. Dietary patterns were assessed using previously established indices: Alternate Mediterranean Index (aMED), Alternative Healthy Eating Index 2010 (AHEI), dietary approaches to stop hypertension (DASH), healthful plant-based diet index (hPDI), unhealthful plant-based diet index (uPDI), and dietary inflammatory index (DII). Incident CKD was obtained from clinical records, death registries, and self-reports. Analyses were performed with Cox regression models and adjusted for the main confounders.

Results: After a median follow-up of 9.27 y, 2,934 cases of CKD were ascertained. Hazard ratios (95% confidence interval) of CKD for the highest compared with lowest tertile of adherence to each diet score were 0.84 (0.76, 0.93) for aMED, 0.94 (0.85, 1.03) for AHEI, 0.77 (0.70, 0.85) for DASH, 0.79 (0.72, 0.87) for hPDI, 1.27 (1.16, 1.40) for uPDI, and 1.20 (1.18, 1.33) for DII. The results were robust in sensitivity analyses.

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Conclusions/Recommendations: In British adults, higher adherence to the aMED, DASH, and hPDI patterns was associated with lower risk of CKD, whereas greater adherence to the uPDI and DII patterns was associated with greater risk.

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