

# Following a Mediterranean diet not associated with delay to clinical onset of Huntington's disease

September 2 2013

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Adhering to a Mediterranean-type diet (MedDi) does not appear associated with the time to clinical onset of Huntington disease (phenoconversion), according to a study by Karen Marder, M.D., M.P.H., of Columbia University College of Physicians and Surgeons, New York, N.Y., and colleagues.

The Mediterranean diet, a diet high in plant foods (e.g. fruits, nuts, legumes, and cereals) and fish, with olive oil as the primary source of monounsaturated fat (MUSF) and low to moderate intake of wine, as well as low intake of red meat, poultry, and dairy products, is known to be beneficial for health owing to its protective effects in many chronic diseases, according to the study background.

A [prospective cohort study](#) of 41 Huntington study group sites in the United States and Canada involving 1,001 participants enrolled in the Prospective Huntington at Risk Observational Study (PHAROS) between July 1999 and January 2004 who were followed up every nine months until 2010, completed a semiquantitative food frequency questionnaire administered 33 months after baseline. A total of 211 participants ages 26 to 57 years had an expanded CAG repeat length (?37), a certain genetic characteristic).

The highest [body mass index](#) was associated with the lowest adherence to MedDi. Thirty-one participants phenoconverted. In a model adjusted

for age, CAG repeat length, and caloric intake, MeDi was not associated with phenoconversion. When individual components of MeDi were analyzed, higher [dairy consumption](#) (hazard ratio, 2.36) and higher caloric intake were associated with risk of phenoconversion, according to the study results.

"Our results suggest that studies of diet and energy expenditure in premanifest HD may provide data for both nonpharmacological interventions and pharmacological interventions to modify specific components of diet that may delay the onset of HD," the study concludes.

**More information:** JAMA Neurol. Published online September 2, 2013. [DOI: 10.1001/jamaneurol.2013.3487](https://doi.org/10.1001/jamaneurol.2013.3487)

Provided by The JAMA Network Journals

Citation: Following a Mediterranean diet not associated with delay to clinical onset of Huntington's disease (2013, September 2) retrieved 27 April 2024 from <https://medicalxpress.com/news/2013-09-mediterranean-diet-clinical-onset-huntington.html>

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