Study: Eating yogurt can help older adults with high blood pressure
10 September 2021

Yogurt consumption can help lower blood pressure in older adults with elevated levels, according to a new study led by an international team, including researchers at the University of Maine.

The study, a new finding in the Maine-Syracuse Longitudinal Study (MSLS), was conducted by researchers Alexandra Wade of the University of South Australia, and UMaine researchers Benjamin Guenther, Fayeza Ahmed and Merrill "Pete" Elias, and was published in the International Dairy Journal.

Cardiovascular disease is the leading cause of death, and high blood pressure is a leading risk factor for cardiovascular disease, stroke and diabetes. Diet has long been suggested as a means of lowering blood pressure levels and diets to improve health are very popular.

The MSLS study was the first to ask whether yogurt reduces blood pressure for persons who exhibit normal BP levels, according to the researchers. There was no improvement associated with eating yogurt in individuals with normal blood pressure.

The findings were before and after adjusting for the confounding by many other variables known to influence blood pressure, such as age, gender, education, diabetes, body mass index, cholesterol, blood sugar levels, exercise and other dietary variables.

Previous work by the MSLS investigators indicated a positive association between Mediterranean Diet and better cognitive function, and between other dairy products and lowering of blood pressure in persons free from history of stroke and kidney disease.

MSLS, focused on aging, hypertension, cardiovascular disease and cognitive function, was launched in 1974 at Syracuse University by Elias and continued at the University of Maine for over 40 years. It has obtained longitudinal and cross-sectional data from young adulthood to the elder years for 1,000 individuals, and cross-sectional data for more than 2,400 individuals initially recruited from central New York and followed throughout the U.S.

Data collection has been supported by numerous grants from the National Heart, Lung, the National
Institute on Aging, and travel grants from NATO and the University of South Australia.


Provided by University of Maine


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