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ABSTRACT: Association of the Dietary Inflammatory Index to Bone Mineral Density and Fracture Risk in the Women's Health Initiative

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**Background:** Previous studies suggest that bone loss and fracture risk are associated with a higher inflammatory milieu, and that diet may modulate inflammation.

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**Objective**: Evaluate the association of the inflammatory potential of diet, as measured by the Dietary Inflammatory Index (DII), with changes in bone mineral density (BMD) and fracture risk in postmenopausal women.

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29 30 Design: DII scores were calculated from baseline food frequency questionnaires (FFQ) of 161,595 participants of the Women's Health Initiative. Year 3 FFQs were used to calculate a DII change score. BMD measurements (dual-energy X-ray absorptiometry) from baseline, year 3 and 6 were analyzed in a sub-group of women (n=10,290). Fractures were reported at least annually; hip fractures were confirmed by medical records. Changes in hip BMD were analyzed by pair-wise comparisons by quartile (Q1 = referent, most anti-inflammatory diet) of baseline DII scores. Hazard ratios for fractures were computed using multivariate-adjusted Cox proportional hazard models.

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Results: After multivariate adjustment, women with the most anti-inflammatory DII score had less loss of hip BMD (p=0.01) by year 6, despite lower baseline hip BMD. DII score improved significantly over three years (mean change: - 0.4 ± 2.4; p <0.01), but change was not associated with fracture risk at any site. No significant associations were found between baseline DII score and hip fracture risk (HR Q4: 1.02; 95% CI 0.92, 1.14; p=0.71). Unexpectedly, women with the most pro-inflammatory DII-scores had slightly lower risk for total fractures (HR Q4: 0.95; 95% CI 0.92 0.98; p<0.01) and lower-arm fractures (HR Q4: 0.92; 95% CI 0.86-0.98; p=0.02); however, after stratification by calcium intake, the association remained significant only for lower arm fractures in women consuming >1200 mg calcium/day.

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**Conclusion:** An anti-inflammatory dietary pattern was associated with less BMD loss in postmenopausal women, but this did not translate into reduced fracture risk during six years of follow-up.

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