Dietary Fat Intake and the Risk of Incident

N -	

Disorders of the Elderly Examination (CAMDEX) [15] (n = 122), which is the neuropsychological test administered in the case-finding procedure for dementia, were excluded because they were thought to be unable to provide reliable answers regarding their food patterns. Furthermore, 482 unselected subjects did not receive a dietary questionnaire due to logistic reasons, and 212 respondents were excluded from the sample because of logical inconsistencies in the dietary interviews, resulting in 5,434 completed questionnaires. Baseline data were collected from May 1990 to June 1993. Follow-up data were obtained until December 1994. InciAlzheimer's Disease and Related Disorders Association (NINCDS-ADRDA) criteria [22]. Patients with this diagnosis had a gradually progressive global decline of cognitive functions for which no medical cause was found. Dementia patients with a history of stroke, who otherwise fulfilled AD criteria, were subclassified as having AD with cerebrovascular disease. Vascular dementia was diagnosed in accordance with National Institute of Neurological Disorders and Strokeand Association Internationale pour la Recherche et l'Enseignement en Neurosciences (NINDS-AIREN) criteria [23]. In these patients the onset of dementia was related to

		`	
The second secon			
٨			
۱ ۱			
	/ ··· -		
3.72			
*** .			
)			

culated as the summation of the residuals from regressing saturated fat on total energy intake and a constant equal to the expected saturated fat intake at the level of the mean though not significantly (RR = 0.6, 95% CI: 0.3–1.2). These associations did not change after additional adiustment for cigarette smoking alcohol consumption.

h	
1 ₅	
	e
\overline{r}	
• .	

Table 2. Age-Adjusted Mean Daily Intake of Selected Nutrients and Fish According to Incidence of Dementia: The Rotterdam Study

Daily Intake No (n = 5,328) Yer (n = 58) Difference (95% Cf.) Total agene (k)) 8.254/28.87 8.263/278.51 509 (40, 1.058)		Dementia at Follow-Up				
Tunk nore (k) 8,254.128.81* 5,263 (278.5) 599 (= 40, 1,058)	Daily Intake	No $(n = 5,328)$	Yes (n = 58)	Difference (95% CI)		
	Total energy (kI)	8,2 <u>54 (28.8)</u> ª	<u>8,763 (</u> 278.5)	509 (-40, 1,058)		
	—					
	/					
	•					
	، م					
	3					
		Υ.				

	<u>Finally</u> , persons with prevalent cardiovascular disease	Fish, as a marker of n-3 PUFAs in fish, was associ-
3		
	á	
7 7		
P		
· _		
L		
<u> </u>		
<u></u>		
^\		
(

	This study was supported by grants from the NESTOR stimulation program for geriatric research (supported by The Netherlands Min- istries of Health and Education), The Netherlands Heart Founda-	 Willett WC, Sampson L, Stampfer MJ, et al. Reproducibility and validity of a semiquantitative food frequency questionnaire. Am J Epidemiol 1985;122:51–65 <u>18. Stichting Nederlands Voedingsstoffenbestand.</u> NEVO Tabel
ļ 		
	ę	
e.		
1		
1		
1. 1. 1.		

and S-100 immunoreactivity are elevated in Down syndrome and Alzheimer disease. Proc Natl Acad Sci USA 1989:86:7611– matic activity, amplitude of electrophysiological parameters, resistance to poisons and performance of learning tasks in rats. I

_	
<u> </u>	
-	

-	
-	
э.	
<u> </u>	
5	
-	
_	

· · · · ·			
¥			
*>-			