You are viewing the new design. Leave feedback

Article Report

Adherence to a Healthy Lifestyle is Associated With a Lower Risk of Diverticulitis among Men

Po-Hong Liu MD, MPH, Yin Cao MPH, ScD, Brieze R Keeley MD, Idy Tam MS, Kana Wu MD, MPH, PhD, Lisa L Strate MD, MPH, Edward L Giovannucci MD, ScD & Andrew T Chan MD, MPH

The American Journal of Gastroenterology doi:10.1038/ajg.2017.398 Download Citation Received: 07 June 2017

Accepted: 01 September 2017

Published online: 07 November 2017

Abstract

Objectives:

Diverticulitis is a common disease with high clinical burden. We evaluated the joint contribution of multiple lifestyle factors to risks of incident diverticulitis. We also estimated the proportion of diverticulitis preventable by lifestyle modifications.

Methods:

We prospectively examined the association between lifestyle factors (red meat, dietary fiber intake, vigorous physical activity (activity with metabolic equivalent \geq 6), body mass index (BMI), and smoking) and risk of diverticulitis among participants in the Health Professionals Follow-Up Study.

Results:

We documented 907 incident cases of diverticulitis during 757,791 personyears. High intake of red meat, low intake of dietary fiber, low vigorous physical activity, high BMI, and smoking were independently associated with increased risks of diverticulitis (all P<0.05). Low-risk lifestyle was defined as average red meat intake <51 g per day, dietary fiber intake in the top 40% of the cohort (about 23 g per day), vigorous physical activity in the highest 50% among participants with non-zero vigorous physical activity (roughly 2 h of exercise weekly), normal BMI between 18.5–24.9 kg m⁻², and never-smoker. There was an inverse linear relationship between number of low-risk lifestyle factors and diverticulitis incidence (P for trend<0.001). Compared with men with no low-risk lifestyle factors, the multivariable relative risks of diverticulitis were 0.71 (95% confidence interval (CI): 0.59-0.87) for men with 1 low-risk lifestyle factor; 0.66 (95% CI: 0.55-0.81) for 2 low-risk factors; 0.50 (95% CI: 0.40-0.62) for 3 low-risk factors; 0.47 (95% CI: 0.35-0.62) for 4 lowrisk factors, and 0.27 (95% CI: 0.15-0.48) for 5 low-risk factors. Adherence to a low-risk lifestyle could prevent 50% (95% CI: 20-71%) of incident diverticulitis.

Conclusions:

Adherence to a low-risk lifestyle is associated with reduced incidence of diverticulitis.

Subscribe to *The American Journal of Gastroenterology* for full access:

\$870

READCUBE ACCESS:

\$4.99

rent

\$20.00

buy

Additional access options:

Already a subscriber? Log in now or Register for online access.

Login via Athens | Login via Shibboleth | Use a document delivery service | Purchase a site license

References

Subscribe

Buy/Rent now

- 1. Painter NS, Burkitt DP. Diverticular disease of the colon: a deficiency disease of Western civilization. *Br Med J* 1971;**2**:450–54.
- 2. Delvaux M. Diverticular disease of the colon in Europe: epidemiology, impact on citizen health and prevention. *Aliment Pharmacol Ther* 2003;**18** (Suppl 3): 71–4.
- **3.** Peery AF, Crockett SD, Barritt AS *et al.* Burden of gastrointestinal, liver, and pancreatic diseases in the United States. *Gastroenterology* 2015;**149**:1731–41 e3.
- 4. Wheat CL, Strate LL. Trends in hospitalization for diverticulitis and diverticular bleeding in the United States from 2000 to 2010. *Clin Gastroenterol Hepatol* 2016;**14**:96–103 e1.
- **5.** Strate LL. Lifestyle factors and the course of diverticular disease. Dig Dis 2012;**30**:35–45.
- **6.** Strate LL, Keeley BR, Cao Y *et al.* Western dietary pattern increases, and prudent dietary pattern decreases, risk of incident diverticulitis in a Prospective Cohort Study. *Gastroenterology* 2017;**152**:1023–30 e2.

7.

- Aldoori WH, Giovannucci EL, Rockett HR *et al.* A prospective study of dietary fiber types and symptomatic diverticular disease in men. J Nutr 1998;**128**:714–9.
- **8.** Crowe FL, Balkwill A, Cairns BJ *et al.* Source of dietary fibre and diverticular disease incidence: a prospective study of UK women. *Gut* 2014;**63**:1450–6.
- **9.** Crowe FL, Appleby PN, Allen NE *et al.* Diet and risk of diverticular disease in Oxford cohort of European Prospective Investigation into Cancer and Nutrition (EPIC): prospective study of British vegetarians and non-vegetarians. BMJ 2011;**343**:d4131.
- 10. Cao Y, Strate LL, Keeley BR *et al.* Meat intake and risk of diverticulitis among men. *Gut* 2017; doi: 10.1136/gutjnl-2016-313082; e-pub ahead of print 9 January 2017.
- 11. Strate LL, Liu YL, Aldoori WH et al. Physical activity decreases diverticular complications. Am J Gastroenterol 2009;**104**:1221–30.
- 12. Williams PT. Incident diverticular disease is inversely related to vigorous physical activity. *Med Sci Sports Exerc* 2009;**41**:1042–7.
- 13. Aldoori WH, Giovannucci EL, Rimm EB *et al.* Prospective study of physical activity and the risk of symptomatic diverticular disease in men. *Gut* 1995;**36**:276–82.
- 14. Rosemar A, Angeras U, Rosengren A. Body mass index and diverticular disease: a 28-year follow-up study in men. Dis Colon Rectum 2008;51:450-5.
- **15.** Strate LL, Liu YL, Aldoori WH *et al.* Obesity increases the risks of diverticulitis and diverticular bleeding. *Gastroenterology* 2009;**136**:115 –22 e1.

- **16.** Hjern F, Wolk A, Hakansson N. Smoking and the risk of diverticular disease in women. Br J Surg 2011;**98**:997–1002.
- 17. Humes DJ, Fleming KM, Spiller RC *et al.* Concurrent drug use and the risk of perforated colonic diverticular disease: a population-based case-control study. *Gut* 2011;**60**:219–224.
- **18.** Strate LL, Modi R, Cohen E *et al.* Diverticular disease as a chronic illness: evolving epidemiologic and clinical insights. Am J Gastroenterol 2012;**107**:1486–93.
- 19. FAQ of the Health Professionals Follow-Up Study Website. (cited 08 January 2017); Available from https://content.sph.harvard.edu/hpfs/hpfs_faq.htm.
- **20.** Rimm EB, Giovannucci EL, Stampfer MJ. Reproducibility and validity of an expanded self-administered semiquantitative food frequency questionnaire among male health professionals. Am J Epidemiol 1992;**135**:1114–26.
- 21. Prosky L, Asp NG, Furda I *et al.* Determination of total dietary fiber in foods and food products: collaborative study. J Assoc Off Anal Chem 1985;**68**:677–9.
- 22. Willett W, Stampfer MJ. Total energy intake: implications for epidemiologic analyses. Am J Epidemiol 1986;**124**:17–27.
- 23. Chasan-Taber S, Rimm EB, Stampfer MJ et al. Reproducibility and validity of a self-administered physical activity questionnaire for male health professionals. *Epidemiology* 1996;7:81–6.
- **24.** Ainsworth BE, Haskell WL, Leon AS *et al.* Compendium of physical activities: classification of energy costs of human physical activities. *Med Sci Sports Exerc* 1993;**25**:71–80.

- 25. Nishihara R, Morikawa T, Kuchiba A *et al.* A prospective study of duration of smoking cessation and colorectal cancer risk by epigenetics-related tumor classification. Am J Epidemiol 2013;**178**:84 –100.
- 26. Strate LL, Liu YL, Huang ES *et al.* Use of aspirin or nonsteroidal anti-inflammatory drugs increases risk for diverticulitis and diverticular bleeding. *Gastroenterology* 2011;**140**:1427–33.
- 27. U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans 7th Edn U.S. Government Printing Office: Washington, DC. 2010 December 2010.
- 28. WHO Expert Consultation. Appropriate body-mass index for Asian populations and its implications for policy and intervention strategies. *Lancet* 2004;**363**:157–63.
- **29.** Strate LL, Liu YL, Syngal S *et al.* Nut, corn, and popcorn consumption and the incidence of diverticular disease. JAMA 2008;**300**:907–14.
- **30.** Spiegelman D, Hertzmark E, Wand HC. Point and interval estimates of partial population attributable risks in cohort studies: examples and software. *Cancer Causes Control* 2007;**18**:571–9.
- **31.** Cao Y, Nishihara R, Wu K *et al.* Population-wide impact of long-term use of aspirin and the risk for cancer. JAMA Oncol 2016;**2**:762–9.
- 32. Aldoori WH, Giovannucci EL, Rimm EB. Use of acetaminophen and nonsteroidal anti-inflammatory drugs: a prospective study and the risk of symptomatic diverticular disease in men. Arch Fam Med 1998;7:255 –60.

33.

Blackwell DL, Lucas JW, Clarke TC. Summary health statistics for U.S. adults: national health interview survey, 2012. Vital Health Stat 10 2014, 1 –161.

- 34. U.S. Department of Agriculture, Agricultural Research Service, Beltsville Human Nutrition Research Center, Food Surveys Research Group (Beltsville, MD) and U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics (Hyattsville, MD). What We Eat in America, NHANES, Data available from https://www.ars.usda.gov/ARSUserFiles/80400530/pdf/1314/tables_41-56_2013-2014.pdf2013-2014 Accessed 02 April 17.
- **35.** Strate LL, Peery AF, Neumann I. American Gastroenterological Association Institute Technical Review on the management of acute diverticulitis. *Gastroenterology* 2015;**149**:1950–76 e12.
- **36.** Feingold D, Steele SR, Lee S *et al.* Practice parameters for the treatment of sigmoid diverticulitis. Dis Colon Rectum 2014;**57**:284–94.
- **37.** Chiuve SE, Fung TT, Rexrode KM *et al.* Adherence to a low-risk, healthy lifestyle and risk of sudden cardiac death among women. JAMA 2011;**306**:62–9.
- **38.** Wacholder S, Benichou J, Heineman EF *et al.* Attributable risk: advantages of a broad definition of exposure. Am J Epidemiol 1994;**140**:303–9.

Acknowledgements

We thank the participants and staff of the Health Professionals Follow-Up Study for their valuable contributions.

Author information

Po-Hong Liu, Yin Cao, Lisa L Strate, Edward L Giovannucci & Andrew T Chan

These authors contributed equally to this work

Affiliations

Department of Epidemiology, Harvard T.H. Chan School of Public Health, Boston, Massachusetts, USA

Po-Hong Liu, Edward L Giovannucci & Andrew T Chan

Clinical and Translational Epidemiology Unit, Department of Medicine, Massachusetts General Hospital and Harvard Medical School, Boston, Massachusetts, USA

Po-Hong Liu, Yin Cao & Andrew T Chan

Division of Gastroenterology, Department of Medicine, Massachusetts General Hospital and Harvard Medical School, Boston, Massachusetts, USA Yin Cao & Andrew T Chan

Department of Nutrition, Harvard T.H. Chan School of Public Health, Boston, Massachusetts, USA

Yin Cao, Kana Wu & Edward L Giovannucci

Division of Public Health Sciences, Department of Surgery, Washington University School of Medicine, St Louis, Missouri, USA Yin Cao

Department of Medicine, Massachusetts General Hospital and Harvard Medical School, Boston, Massachusetts, USA

Brieze R Keeley

Tufts University School of Medicine, Boston, Massachusetts, USA Idy Tam Division of Gastroenterology, Department of Medicine, University of Washington School of Medicine, Harborview Medical Center, Seattle, Washington, USA

Channing Division of Network Medicine, Department of Medicine, Brigham and Women's Hospital, Harvard Medical School, Boston, Massachusetts, USA Edward L Giovannucci

Broad Institute of MIT and Harvard, Cambridge, Massachusetts, USA Andrew T Chan

Competing interests

Lisa L Strate

Gurantor of the article: Andrew T. Chan, MD, MPH.

Specific author contributions: Drs Liu, Cao, and Chan had full access to all of the data in the study, and take responsibility for the integrity of the data and the accuracy of the data analysis. Study concept and design: P.H.L., Y.C., L.L.S., E.L.G., and A.T.C. Acquisition of data: L.L.S., B.R.K., I.T., and A.T.C. Analysis and interpretation of data: all coauthors. Drafting of the manuscript: P.H.L. Critical revision of the manuscript for important intellectual content: all coauthors. Statistical analysis: P.H.L. and Y.C. Obtained funding: L.L.S., E.L.G., and A.T.C. Administrative, technical, or material support: Y.C., L.L.S., E.L.G., and A.T.C. Study supervision: Y.C., L.L.S., E.L.G., and A.T.C.

Financial support: This work was supported by grants R01 DK101495, R01 DK084157, K24 DK098311, and UM1 CA167552 from the National Institutes of Health. Dr. Chan is a Stuart and Suzanne Steele MGH Research Scholar.

Potential competing interests: The study sponsors have no role in the study design, collection, analysis, and interpretation of data. A.T.C. previously served as a consultant for Bayer Healthcare, Aralaz Pharmaceuticals, and Pfizer for work unrelated to the topic of this manuscript. This study was not funded by Bayer Healthcare, Aralez Pharmaceuticals, or Pfizer.

Correspondence to Andrew T Chan.

Supplementary information

Word documents

1. Supplementary Information

The American Journal of Gastroenterology ISSN 1572-0241 (online)

SPRINGER NATURE

© 2017 Macmillan Publishers Limited, part of Springer Nature. All rights reserved.