1. Title:  
Characteristics of Dietary Supplement Users

2. Writing Group:  
(lead) Stephen B. Kritchevsky  
Javier Nieto  
Tomoko Shimakawa  
Eyal Shahar

3. Rationale:  
Several studies have indicated dietary supplement use (especially vitamin E) to be inversely associated with cardiovascular disease. However, the interpretation of those findings is complicated by an incomplete understanding of the possible health status and behavioral correlates of supplement use. In addition, given the widespread use of vitamins and their purported health effects the characterization of vitamin users is of interest in itself. We propose to describe the behavioral and health status correlates associated with vitamin supplement use as recorded at ARIC’s visit 1.

4. Main Hypothesis:  
The goal of this study is to describe correlates of vitamin supplement use. We hypothesize that vitamin use is associated with 1) a healthier lifestyle; 2) lower CHD risk. In contrast, we hypothesize that vitamin use will be higher among those diagnosed with prevalent cardiovascular disease.

5. Data:  
We will examine the entire V1 study population excluding those missing a medication survey. We will identify those taking multivitamin supplements, vitamin C, vitamin E, calcium and potassium supplements. We will relate the probability of supplement use to the following variables: 1. Demographic (age, gender, race, education, income, ARIC center, marital status), 2. Anthropometric (BMI), 3. Lifestyle behaviors (alcohol use, smoking, use of tobacco products other than cigarettes, leisure physical activity, sports activity), 4. Health status (perceived health status, history of MI, stroke, cardiac revascularization procedure, angina, diabetes, clinically manifest CHD, cancer, diagnosed high blood pressure and diagnosed high cholesterol), 5. dietary habit (dietary Keys score and its components, dietary vitamins A, E, and C, the B-vitamins, dietary carotene, dietary calcium, potassium, iron, whole vs low-fat milk, chicken with skin, fruits, carrots, broccoli, meats, eggs, fish, fried food and cold breakfast cereals.), 6. other (use of replacement estrogens, family history of CHD and cancer). In addition, we will examine trends in the prevalence of use across the