

Supplementary Online Content

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eFigure. General Study Design

This supplementary material has been provided by the authors to give readers additional information about their work.

eTable 1. Prevalence of each SA domain among T2 participants (n=596).

SA domain	n (%)	Missing data, n (%)
Preserved physical function	516 (87)	86 (14)*
Preserved cognitive function	479 (80)	0 (0)
Good self-reported health	390 (65)	7 (1)
Good mental health	486 (82)	15 (2)**

Notes: MMSE= mini-mental state examination; SA= successful aging; n= number. Presented are prevalence of each successful aging domain among follow-up participants. *At least one missing indicators of the frailty phenotype. ** Incomplete questionnaire of the Yesavage geriatric depression form.

eTable 2. Mean HEI-2015 score at baseline according to preserved/not preserved status of individual SA components at follow-up.

SA component	Mean HEI score (SD)		P-value
	Preserved	Not preserved	
Physical activity level	61.73 (12.75)	60.95 (13.13)	.55
Grip strength	62.25 (12.65)	58.85 (13.21)	.005
Walking speed	61.51 (12.74)	61.79 (13.08)	.81
Self-reported energy	61.15 (12.86)	61.75 (12.81)	.60
Weight	61.20 (12.87)	62.42 (12.69)	.29
Cognitive function	62.08 (12.85)	59.68 (12.51)	.06
Self-rated health	62.27 (12.93)	60.15 (12.50)	.05
Mental health	62.28 (12.96)	58.91 (12.20)	.01

Notes: SA= successful aging; HEI= healthy eating index. Presented mean HEI-2015 score at baseline according to preserved/not preserved status of individual SA components at follow-up. Physical activity: score based on a Physical Activity Scale for the Elderly (PASE) questionnaire. Grip strength: an average of 2 measurement in Kg. Walking speed: time (sec) of a 5-meter walk. Self-reported energy: How much of the time during the past 4 weeks did you have a lot of energy? (All of the time-1, Most of the time-2, A good bit of the time-3, Some of the time-4, A little of the time-5, None of the time-6). Weight: Unintentionally weight loss of more than one kilogram in the past 6 months? (yes=1, no=0). Cognitive function: defined by change in MMSE scores between the two interviews. Self-rated health: “How would you rate your health status?” on a 4-point scale. Mental health: a 5-item short form of the Yesavage Geriatric Depression Scale (GDS).

eTable 3. Unweighted odds ratios (95% confidence intervals) of SA across HEI-2015 tertiles among T2 participants (n=596).

<i>Adjustment</i>	<i>Healthy eating index score tertile</i>			<i>P for trend</i>
	<i>1st</i>	<i>2nd</i>	<i>3rd</i>	
Model 1	1	1.34 (0.88-2.06)	1.96 (1.29-2.99)	.002
Model 2	1	1.28 (0.83-1.98)	1.72 (1.10-2.68)	.02

Notes: SA= successful aging; HEI= healthy eating index. Presented unweighted odds ratios of SA across HEI-2015 tertiles among T2 participants (n=596).

Model 1: Adjusted for age and sex. Model 2: Further adjusted for education, physical activity, and smoking.

eTable 4. Unweighted odds ratios (95% confidence intervals) of SA across HEI-2015 tertiles among T2 participants with no functional or cognitive limitations at baseline (n=452).

<i>Adjustment</i>	<i>Healthy eating index score tertile</i>			<i>P for trend</i>
	<i>1st</i>	<i>2nd</i>	<i>3rd</i>	
Model 1	1	1.10 (0.67-1.81)	1.75 (1.08-2.84)	.02
Model 2	1	1.05 (0.63-1.76)	1.54 (0.93-2.57)	.09

Notes: SA= successful aging; HEI= healthy eating index.*According to cut point of ADL score ≤ 6 and MMSE score ≥ 27 . Presented unweighted odds ratios of SA according to tertiles of the HEI among T2 participants with no functional or cognitive limitations at baseline (n=452).

Model 1: Adjusted for age and sex. Model 2: Further adjusted for education, physical activity, and smoking.

eTable 5. Weighted odds ratios (95% confidence intervals) of alternative SA across HEI-2015 tertiles among T2 participants.

<i>Adjustment</i>	<i>Healthy eating index score tertile</i>			<i>P for trend</i>
	<i>1st</i>	<i>2nd</i>	<i>3rd</i>	
Model 1	1	1.43 (0.91-2.24)	2.03 (1.30-3.17)	.002
Model 2	1	1.34 (0.84-2.12)	1.74 (1.09-2.77)	.02

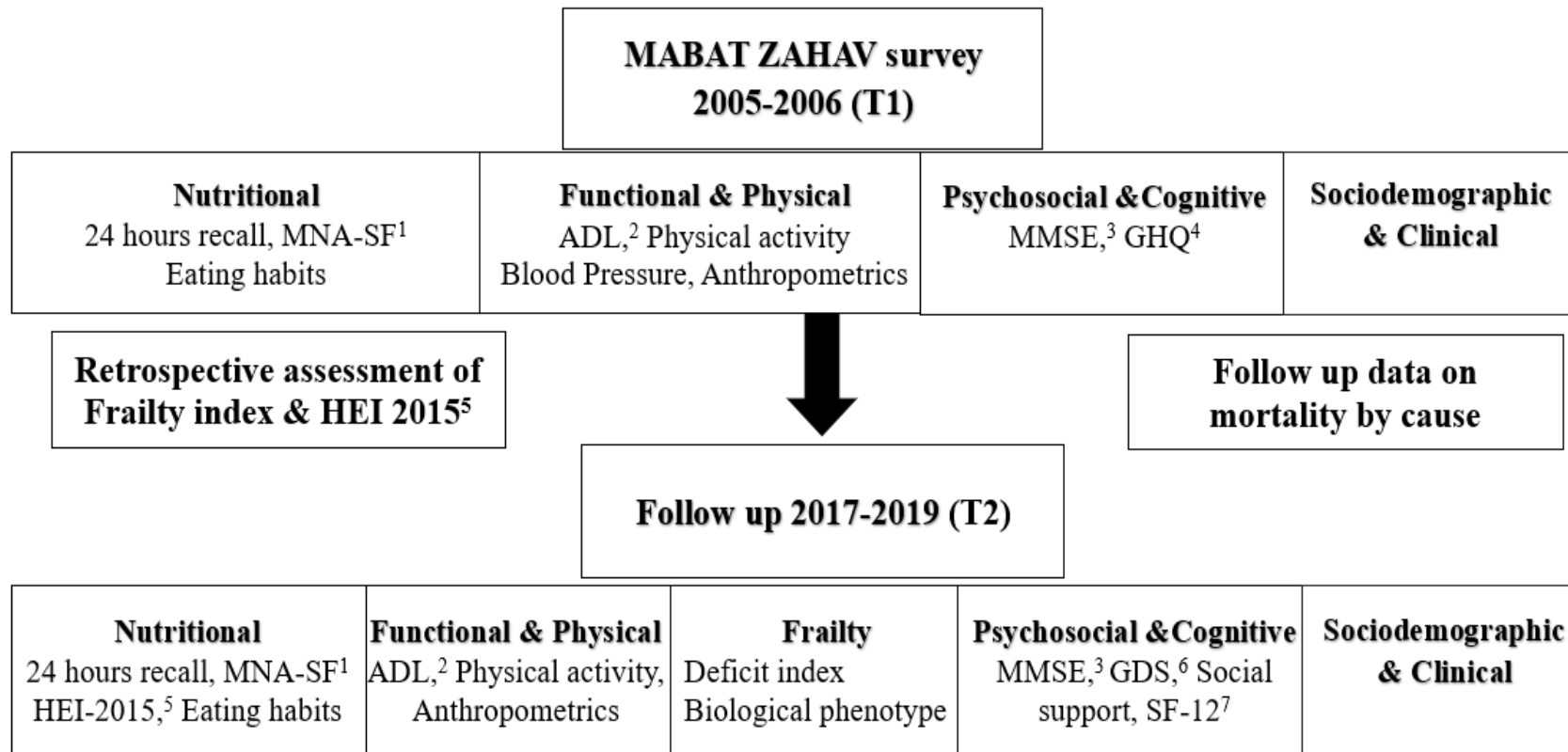
Notes: SA= successful aging; HEI= healthy eating index. Presented odds ratios of Alternative successful aging (n=390) according to tertiles of the HEI scores. Model 1: Adjusted for age and sex. Model 2: Further adjusted for education, physical activity, and smoking.

eTable 6. Weighted odds ratios (95% confidence intervals) of SA across HEI-2015 tertiles among T2 participants applying a different adjustment approach (n=596).

<i>Adjustment</i>	<i>Healthy eating index score tertile</i>			<i>P for trend</i>
	<i>1st</i>	<i>2nd</i>	<i>3rd</i>	
Model 1	1	1.35 (0.88-2.07)	1.93 (1.25-2.98)	.003
Model 2	1	1.21 (0.77-1.90)	1.60 (1.01-2.52)	.03

Notes: SA= successful aging; HEI= healthy eating index. Presented odds ratios of successful aging according to tertiles of the HEI scores. Model 1: Adjusted for age and sex. Model 2: Further adjusted for education, number of chronic diseases, physical activity, and BMI. Number of comorbid conditions were self-reported at study entry, and included the following: cardiovascular disease, cataract, chronic renal failure, cancer, Parkinson, lung disease, diabetes mellitus, osteoporosis, hyperlipidemia, and hypertension. Measured height and weight were used to calculate BMI (kg/m²).

eFigure. General study design



Notes: SA= successful aging; HEI= healthy eating index.¹Mini Nutritional Assessment– Short Form; ²Activities of Daily Living; ³Mini Mental State Examination; ⁴ General Health Questionnaire; ⁵Healthy Eating Index; ⁶Geriatric Depression Scale; ⁷Short Form of health-related-quality of life.