

Letters to the Editor

Cooking, shopping and survival

What leads to healthy ageing and longevity?

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Madam

It was with great interest that I read 'Cooking frequency may enhance survival in Taiwanese elderly' by Chen *et al.*⁽¹⁾ The authors found that cooking behaviour favourably predicted survivorship, possibly representing a surrogate for health status or socio-economic circumstance. The association remained statistically significant after adjustment for many covariates, including common and classical risk factors such as smoking, alcohol, physical inactivity and cognitive function. However, hypertension, an important predictor of mortality in adulthood, was not taken into account⁽²⁾. In recent research, higher blood pressure in early adulthood was associated with elevated risk of all-cause mortality and other chronic diseases⁽³⁾. In this context, therefore, not adjusting for hypertension could bias the observed effect.

In addition, the prevalence of hypertension may increase more among women than men in adulthood⁽⁴⁾. Yet in Chen *et al.*'s study, women did much more cooking than men. A stratified analysis by sex might additionally be considered.

Moreover, in the adjusted regression models, it was not clearly stated whether shopping frequency was controlled for. Since shopping frequency is highly correlated with cooking frequency, which of them is more predictive of survival needs to be more clearly investigated in this population.

Ivy Shiue

Centre for Cognitive Ageing and Cognitive Epidemiology
University of Edinburgh
7 George Square, Edinburgh EH8 9JZ, UK

The William A. and Barbara R. Owens Institute for
Behavioral Research
University of Georgia, Athens, GA, USA
Email: ivy.shiue@ed-alumni.net
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Reply to 'What leads to healthy ageing and longevity?'

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Madam

Thank you for drawing the letter of Ivy Shiue to our attention in relation to our papers on each of shopping⁽¹⁾ and cooking⁽²⁾ and survival.

As your correspondent has noted, in the cooking paper we adjusted for shopping in conjunction with other possible confounders and found this made no difference to our findings about its association with survival (Table 4), even though cooking and shopping are associated with each other (Table 1). Also, in its own right, adjustment for shopping made no difference to the findings.

Like Shiue, we are aware of the link between hypertension and mortality, some of which is explained by covariates for which we have adjusted in our models, including age and a wide range of co-morbidities⁽¹⁾. Nevertheless, adjustments for the presence of hypertension itself in each of our reports, on shopping and on cooking and survival, make no difference to the findings.

We are confident that, insofar as the analyses allow, there are meaningful linkages between both shopping and cooking, independently of each other, on survival and that these are evident irrespective of the presence of hypertension.

Mark L Wahlqvist

Division of Health Services and Preventive Medicine
Institute of Population Health Sciences
National Health Research Institutes
35 Keyan Road, Zhunan, Miaoli County 350, Taiwan, ROC
Email: profmlw@nhri.org.tw
doi:10.1017/S136898001200403X

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