

In a new study published online, researchers found an association between higher intakes of vitamin K1 and K2 and lower risk of mortality from cardiovascular, cancer and all-causes.

Higher vitamin K intake is associated with reduced risk of mortality from heart disease, cancer, and all-causes

Vitamin K intake has been associated with better outcomes in cardiovascular disease and cancer, but information on its impact on mortality is less known. In a study published online in the *Journal of Nutrition*, researchers assessed the impact of dietary vitamin K on mortality in individuals at high risk for cardiovascular disease.

The study involved 7,216 adult Mediterranean men and women at high risk for cardiovascular disease. They were participants in the PREDIMED study, which was evaluating the protective effect of a Mediterranean diet. Dietary questionnaires were filled out annually and analyzed for the dietary content of both vitamin K1 and vitamin K2. Average follow-up time was 4.8 years.

Individuals in the top 25% of vitamin K1 intake had a 36% lower risk of all-cause mortality and 46% lower risk of cancer related mortality when compared to subject with the lowest 25% of intake. Individuals who increased their vitamin K1 and K2 intakes over the follow-up period had a 43% and 45% reduced risk of overall mortality compared to those whose intakes were unchanged or reduced. Improvements in vitamin K1 intakes also related to a 36% lower risk of cancer death. Those with increased vitamin K2 intakes during follow-up had a 59% lower risk of death from cancer. An increased intake of vitamin K1 resulted in 48% reduction in cardiovascular mortality, but no significant association was found between vitamin K2 and cardiovascular mortality specifically.

The results of this study show for the first time an association between vitamin K intake and a reduced risk of cardiovascular, cancer, or all-cause mortality in a population at high cardiovascular disease risk.

Martí Juanola-Falgarona et al. Dietary Intake of Vitamin K Is Inversely Associated with Mortality Risk. *J Nutr* 2014;144(5):743-750.