Appendix 4. Associations between healthy-type and Western-type dietary patterns and fractures in individual studies

Author, year	Findings	
	'Healthy' dietary patterns	'Western' dietary patterns
Hip fractures		
Zeng, 2013[36]	+ve (OR 0.42; 95% CI: 0.24, 0.73 for highest [vs lowest] tertile of dietary pattern scores)	–ve (OR 2.25; 95% CI: 1.38, 3.69 for highest [vs lowest] tertile of dietary pattern scores)
Dai, 2014[30]	+ve (HR 0.66; 95% CI: 0.55, 0.78 for highest [vs lowest] quintile of dietary pattern scores)	No association (HR 1.15; 95% CI: 0.95, 1.40)
Fung, 2015[32]	No association in women (RR 1.14; 95% CI: 0.96, 1.36) or men (RR 0.86; 95% CI: 0.64, 1.16)	No association in women (RR 1.05; 95% CI: 0.87, 1.26) or men (RR 1.03; 95% CI: 0.73, 1.46)
De Jonge, 2017[33]	+ve (HR 0.81; 95% CI: 0.70, 0.93)	–ve (HR 1.14; 95% CI: 1.05, 1.23)
Warensjo, 2017[35]	+ve (HR 0.57; 95% CI: 0.52, 0.62 for highest [vs lowest] quartile of dietary pattern score)	–ve (HR 1.22; 95% CI: 1.10, 1.34 for highest [vs lowest] quartile of dietary pattern score)
Total fractures		
Monma, 2010[27]	NA	No association (HR 0.36; 95% CI: 0.12, 1.06)
Langsetmo, 2011[28]	+ve in women (HR 0.86; 95% CI: 0.76, 0.98) No association in men (HR 0.83; 95% CI: 0.64, 1.08)	No association in either women (HR 1.01; 95% CI: 0.89, 1.15) or men (HR 1.06; 95% CI: 0.82, 1.37)
De Jonge, 2017[33]	+ve (HR 0.92; 95% CI: 0.89, 0.96)	–ve (HR 1.12; 95% CI: 1.07, 1.16)

CI, confidence interval; HR, hazard ratio; NA, not applicable; OR, odds ratio; RR, relative risk