Nut Consumption and Osteoporosis



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Osteoporosis is a skeletal disorder characterized by a reduction in bone mineral density (BMD) and bone mass content (BMC), which subsequently deteriorates bone quality and structure. This condition compromises bone strength, thereby elevating the risk of fractures.¹ As the global population ages, the annual incidence of hip fractures is projected to double between 2018 and 2050, becoming a significant public health concern, as fractures are responsible for disability and increased mortality, especially in older people. The etiology of osteoporosis is multifactorial, encompassing factors such as aging, genetic predisposition, hormonal imbalances, certain somatic diseases, prolonged immobilization, reduced physical activity, and nutritional and dietary habits, the latter being one of the main contributors.²

Recent research has increasingly emphasized the beneficial role of dietary habits, and specifically the consumption of nuts, in the prevention and management of osteoporosis. Among the most widely consumed nuts globally are peanuts, walnuts, almonds, hazelnuts, cashews, pistachios, macadamias, Brazil nuts and pecans.³ These nuts are rich in essential nutrients, including calcium, magnesium, selenium, phosphorus and vitamin K, among others, which are crucial for maintaining bone health and reducing the risk of fractures.⁴ Notably, some of these nutrients have been shown to help prevent osteoporosis, particularly in postmenopausal women. For instance, resveratrol, found in peanuts, has demonstrated osteoprotective properties⁵ and exhibits inhibitory effects on osteoporosis.⁶ Additionally, other important constituents of walnuts, such as flavonoids, phenolics and n-3 polyunsaturated fatty acids (PUFAs), play a role in regulating various bone functions, including differentiation, apoptosis and bone resorption.⁷

In relation to the effects of nut consumption on osteoporosis in animal models, Brazil nuts, which are a significant dietary source of selenium with high bioavailability, have been shown to modulate BMD in rats. Dietary selenium intake from Brazil nuts appears to be associated with higher BMD and a reduced risk of osteoporosis and hip fractures.⁸ Additionally, areca nuts, which are rich in phenolic compounds and possess antioxidant properties, demonstrated a protective effect against bone loss by inhibiting the release of reactive oxygen species and bone resorption in an induced osteoporosis mouse model.⁹ Furthermore, physiologically relevant doses of pistachios and mixed nuts increased tibial BMD in rats; however, these studies did not conclusively determine whether the

as current evidence is

primarily observational.



observed tibial differences resulted from enhanced bone formation or reduced resorption mechanisms. If these effects are confirmed in human studies, the consumption of nuts could be recommended as a therapeutic strategy to increase BMD and thereby mitigate age-related bone loss.¹⁰

However, despite the growing interest in the impact of nut consumption on osteoporosis, studies conducted in humans remain limited and the role of nuts in osteoporosis is currently not well understood. This stands in stark contrast to the case of prunes, for which there is an ample body of research linking consumption to bone health.^{11,12} Most existing research on the link between nuts and osteoporosis is observational; therefore, causality cannot be attributed to the possible relationship. Nevertheless, some evidence suggests that the risk of low BMC is lower in adolescents who occasionally consume nuts.¹³ In a cross-sectional study, nut intake was associated with increased BMD and t-score values of the lumbar spine, which also seemed to protect postmenopausal women from osteoporosis. These findings may be partly attributable to the phytate-rich components of nuts,¹⁴ as phytates appear to offer protection against fracture risk in women with osteoporosis risk factors.¹⁵ Additionally, it has been shown that dietary patterns including high intakes of nuts were associated with better BMD and BMC in humans.¹⁶ A wellbalanced dietary pattern that emphasizes nut consumption during adolescence has been shown to be associated with bone health during this critical period, with positive effects potentially extending into young adulthood.17 Moreover, adherence to a traditional Mediterranean diet, which is characterized by a high intake of nuts, has been associated with a lower risk of hip fractures. This may partly explain the observed geographical variation in hip fracture

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incidence across Europe, where the highest rates are found in Northern Europe and the lowest in Mediterranean countries.¹⁸ Consequently, there is a need for potential food-based strategies to improve bone health, with a focus on increasing nut consumption.¹⁹

In summary, integrating nuts into a balanced diet and overall healthy dietary pattern may serve as a potential strategic element in the management of bone health in humans. This approach offers a natural and nutrient-rich method to enhance bone quality and strength, potentially reducing the risk of osteoporosis. However, clinical trials involving human populations, particularly among individuals at risk of osteoporosis, are necessary to validate and reinforce this research question, as the majority of existing studies are observational and therefore cannot establish causality.

References:

1. Sanchis, P., et al. (2023). Estimated Phytate Intake Is Associated with Bone Mineral Density in Mediterranean Postmenopausal Women. Nutrients, 15(7), 1791. 2. Madiyeva, M., et al. (2024). The Prevalence and Risk Factors of Low Bone Mineral Density in the Population of the Abay Region of Kazakhstan. Int J Environ Res Public Health, 21(6), 681. 3. Bekele, T. H., et al. (2023). Dietary Recommendations for Ethiopians on the Basis of Priority Diet-Related Diseases and Causes of Death in Ethiopia: An Umbrella Review. Adv Nutr, 14(4), 895–913. 4. Ansari, S., et al. (2023). Higher lacto-vegetarian dietary score is associated with reduced risk of postmenopausal osteoporosis: A case-control study in a sample of Iranian postmenopausal women. Nutr Res, 120, 88–98. 5. Ahmad Hairi, H., et al. (2023). Revisiting Resveratrol as an Osteoprotective Agent: Molecular Evidence from In Vivo and In Vitro Studies. Biomedicines, 11(5), 1453. 6. Yang, Q., et al. (2024). Advances in the role of resveratrol and its mechanism of action in common gynecological tumors. Front Pharmacol, 15, 1417532. 7. Papoutsi, Z., et al. (2008). Walnut extract (Juglans regia L.) and its component ellagic acid exhibit anti-inflammatory activity in human aorta endothelial cells and osteoblastic activity in the cell line KS483. Br J Nutr, 99(4), 715–722. 8. Da Cruz, B. O., et al. (2024). Brazil nut-enriched diet modulates bone mineral density and body composition in an experimental model of chronic kidney disease. Nutrition, 125, 112482. 9. Li, S., et al. (2017). Areca nut extract protects against ovariectomy-induced osteoporosis in mice. Exp Ther Med, 13(6), 2893–2899. 10. Wickman, B. E., et al. (2023). Dietary intake of pistachios or mixed nuts results in higher systemic antioxidant capacity with minimal effects on bone in adolescent male rats. J Nutr Sci, 12, e11. 11. De Souza, M. J., et al. (2022). Prunes preserve hip bone mineral density in a 12-month randomized controlled trial in postmenopausal women: the Prune Study. Am J Clin Nutr, 116(4), 897–910. 12. Damani, J. J., et al. (2024). Prune Consumption Attenuates Proinflammatory Cytokine Secretion and Alters Monocyte Activation in Postmenopausal Women: Secondary Outcome Analysis of a 12-Mo Randomized Controlled Trial: The Prune Study. J Nutr, 154(5), 1699–1710. 13. Julián, et al. (2018). Mediterranean diet, diet quality, and bone mineral content in adolescents: the HELENA study. Osteoporosis Int, 29(6), 1329–1340. 14. Sanchis, P., et al. (2021). Understanding the Protective Effect of Phytate in Bone Decalcification Related-Diseases. Nutrients, 13(8), 2859. 15. Gonzalez, A. A. L., et al. (2019). Urinary phytate concentration and risk of fracture determined by the FRAX index in a group of postmenopausal women. Turk J Med Sci, 49(2), 458–463. 16. Noh, H. Y., et al. (2011). Dietary patterns are associated with physical growth among school girls aged 9-11 years. Nutr Res Pract, 5(6), 569–577. **17**. Movassagh, E. Z., et al. (2018). Vegetarian-style dietary pattern during adolescence has long-term positive impact on bone from adolescence to young adulthood: a longitudinal study. Nutr J, 17(1), 36. 18. García-Gavilán, J. F., et al. (2018). Extra virgin olive oil consumption reduces the risk of osteoporotic fractures in the PREDIMED trial. Clin Nutr, 37(1), 329–335. 19. McNaughton, S. A., et al. (2011). An energy-dense, nutrient-poor dietary pattern is inversely associated with bone health in women. J Nutr, 141(8), 1516–1523.