

Nutrition and Cardiovascular Disease

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Magnitude of the Problem

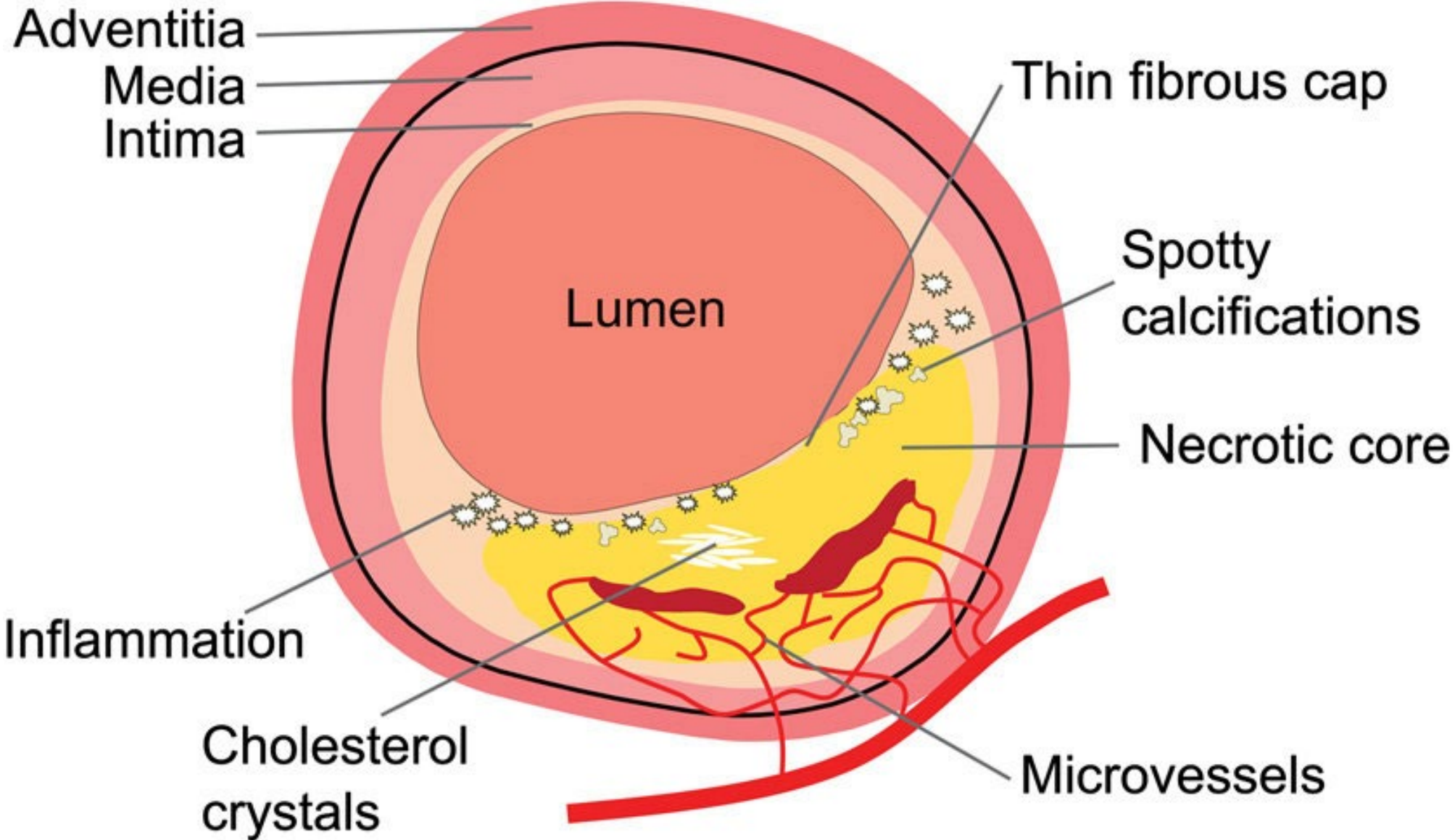
- Cardiovascular disease (CVD) is the leading cause of death in Western countries, representing almost 30% of all deaths worldwide.
- It is estimated that over 80% of deaths from CVD take place in low-income and middle-income countries. Therefore, it is imperative to develop effective and affordable strategies for the prevention and treatment of CVD.
- Incidence of CVD over the last 25 years has become a public health priority, especially the prevention of CVD (or cardiovascular events) through lifestyle interventions.
- On the one hand, a large body of scientific evidence has reported that nutrition might be the most preventive factor of CVD death and could even reverse heart disease. On the other hand, diet seems to play an important role in the management of other risk factors, such as excess weight, hypertension, diabetes, or dyslipidemia

CVD and Diet

- CVD describes a range of disorders that affect the heart and blood vessels, such as hypertension, stroke, atherosclerosis, peripheral artery disease, and vein diseases.
- The probability of developing CVD is associated with unhealthy dietary patterns (i.e., excessive intake of sodium and processed foods; added sugars; unhealthy fats; low intake of fruit and vegetables, whole grains, fiber, legumes, fish, and nuts), together with a lack of exercise, overweight and obesity, stress, alcohol consumption, or a smoking habit.
- Additionally, CVD often coincides with multiple co-morbidities, such as obesity, diabetes, hypertension, or dyslipidemia, which represent four of the 10 greatest risk factors for all-cause mortality worldwide

Atherosclerosis

- Atherosclerosis is an inflammatory disease that contributes to major incidence and mortality of CVD.
- Oxidative stress and systemic inflammation are modifiable by nutrition with an excess energy intake and physical inactivity as contributors of pro-inflammatory cytokines' secretion.
- The causes and risk factor of atherosclerosis and oxidative stress are not well defined. However, certain health conditions and habits may contribute to atherosclerosis development, such as high total cholesterol and low-high-density lipoprotein cholesterol (HDL-c) levels, hypertension, type 2 diabetes mellitus (T2DM), obesity, and physical inactivity. Additionally, healthy dietary patterns and lifestyle modifications are potential strategies for atherosclerosis and oxidative stress prevention.



Diet-related risks account for 10 million (52%) CVD deaths worldwide.



Unmodifiable risk factors



Cigarette smoking

Age

Gender

Genetic factors

Race & ethnicity

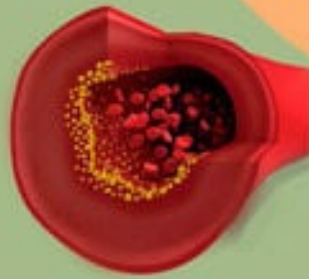
Obesity

Overtaking unhealthy foods

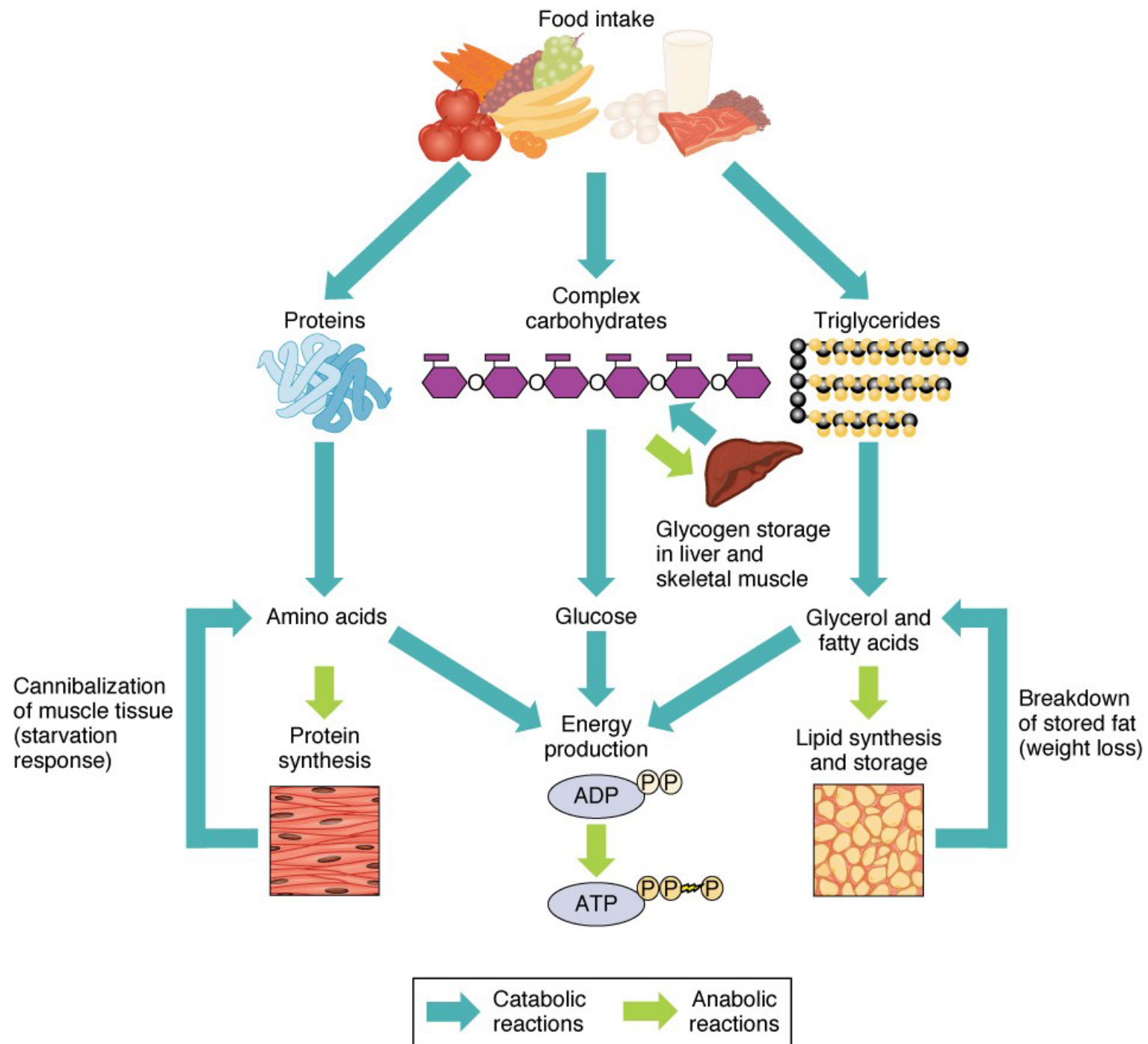
Alcohol intake

Hypertension

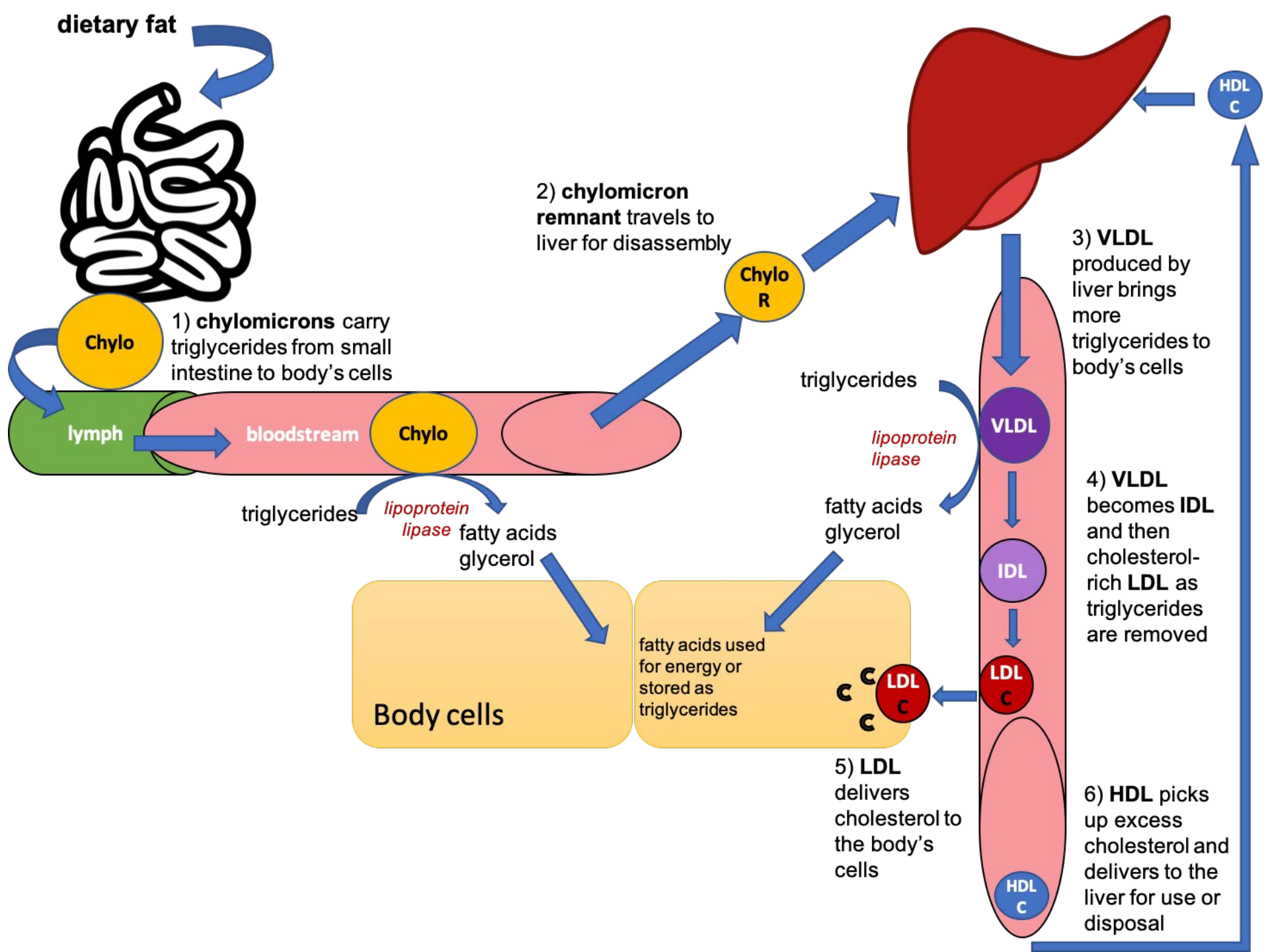
Hyperlipidemia



Modifiable risk factors



Fats



FATS

Trans Fats

- Hydrogenated vegetable oils
- Fast foods
- Cakes/pastries
- Chocolate
- Deep Fried Food

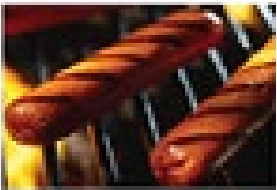


Saturated Fats

- ### Vegetable Fats
- Coconut
 - Palm oil
 - 3-in-1 & 2-in-1 beverages, creamer, condensed milk



- ### Animal Fats
- Poultry skin
 - Fatty meat
 - Butter
 - Ghee
 - Tallow / lard
 - Full cream dairy products



Unsaturated Fats

- ### Polyunsaturated
- Corn oil
 - Soybean oil
 - Sunflower oil
 - Seeds
 - Cold-water fish

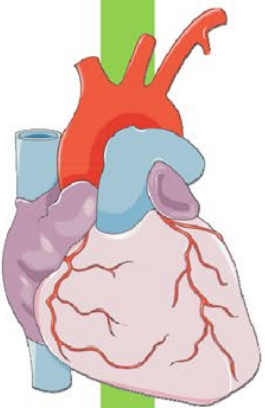


- ### Monounsaturated
- Olive oil
 - Canola oil
 - Peanut oil
 - Sesame oil
 - Avocado
 - Most nuts

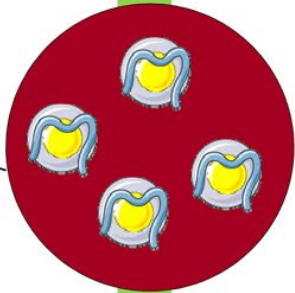


Fats

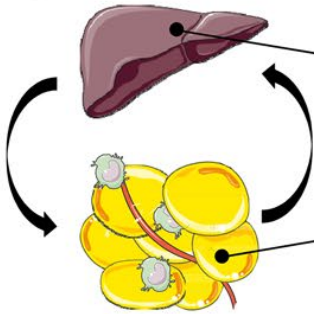
- The dietary fats in foods can be classified into four major types: saturated fats, trans fats, monounsaturated fats, and polyunsaturated fats.
- Excess intake of dietary saturated fat may lead to increased levels of low-density lipoprotein cholesterol, which is a crucial risk factor for CVD progression
- A prospective analysis of the PREvención con Dieta MEDiterránea (PREDIMED) study with 7038 participants at high CVD risk reports that saturated fatty acid and trans fat intake are associated with a high risk of CVD, whereas intake of monounsaturated fatty acids and polyunsaturated fatty acids are inversely associated with CVD death
- The Mediterranean diet, which is high in monounsaturated fatty acids and polyunsaturated fatty acids, and low in saturated fatty acids and trans fatty acids, is observed to effectively prevent the risk of major cardiovascular events
- Specifically, increased intake of linoleic acid, the n-6 polyunsaturated fat primarily from vegetable oils and nuts, is associated with a low risk of both total CHD events and deaths



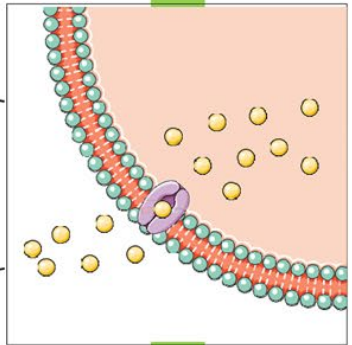
CVD events



LDL Cholesterol

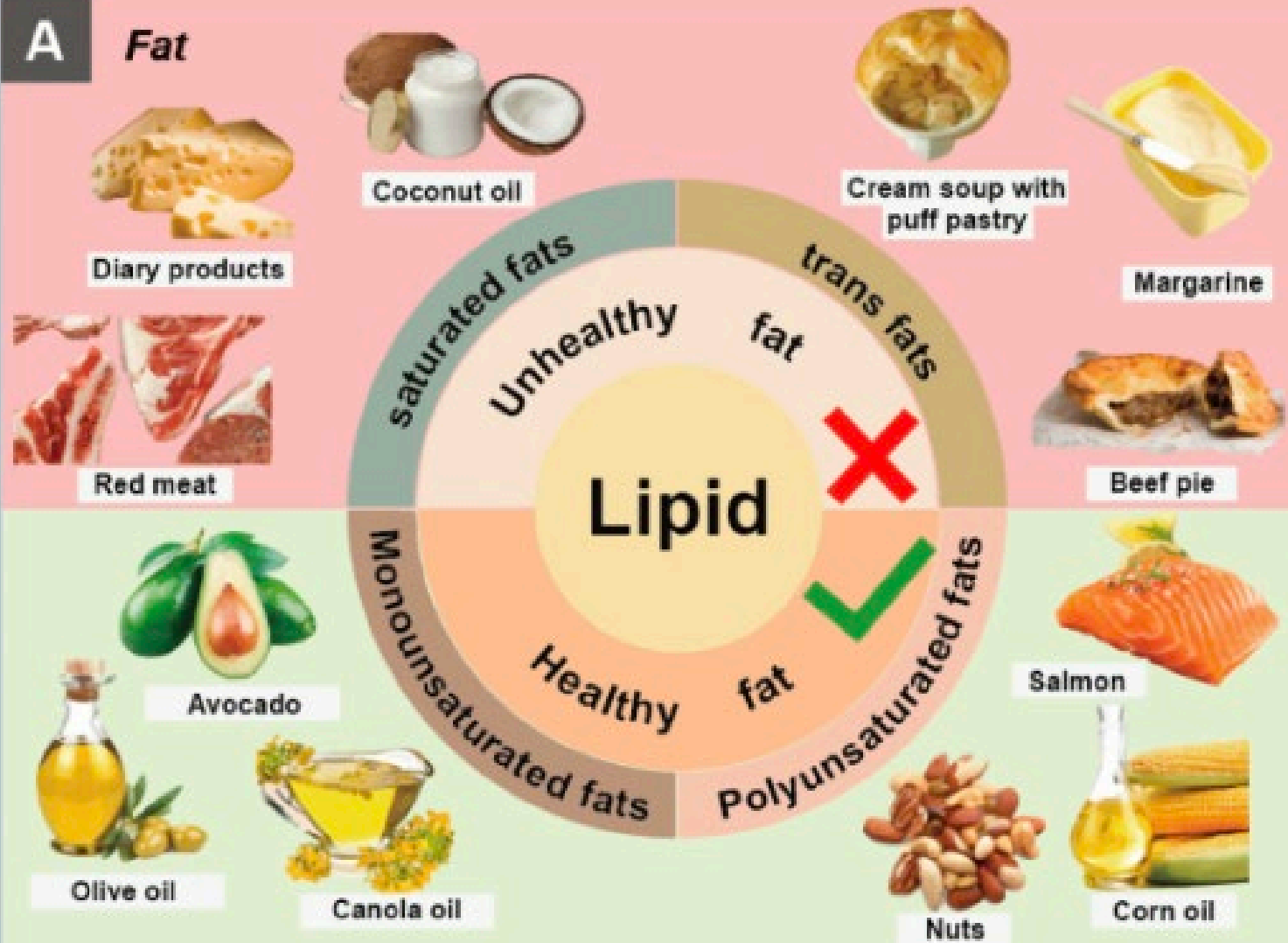


Glucose tolerance



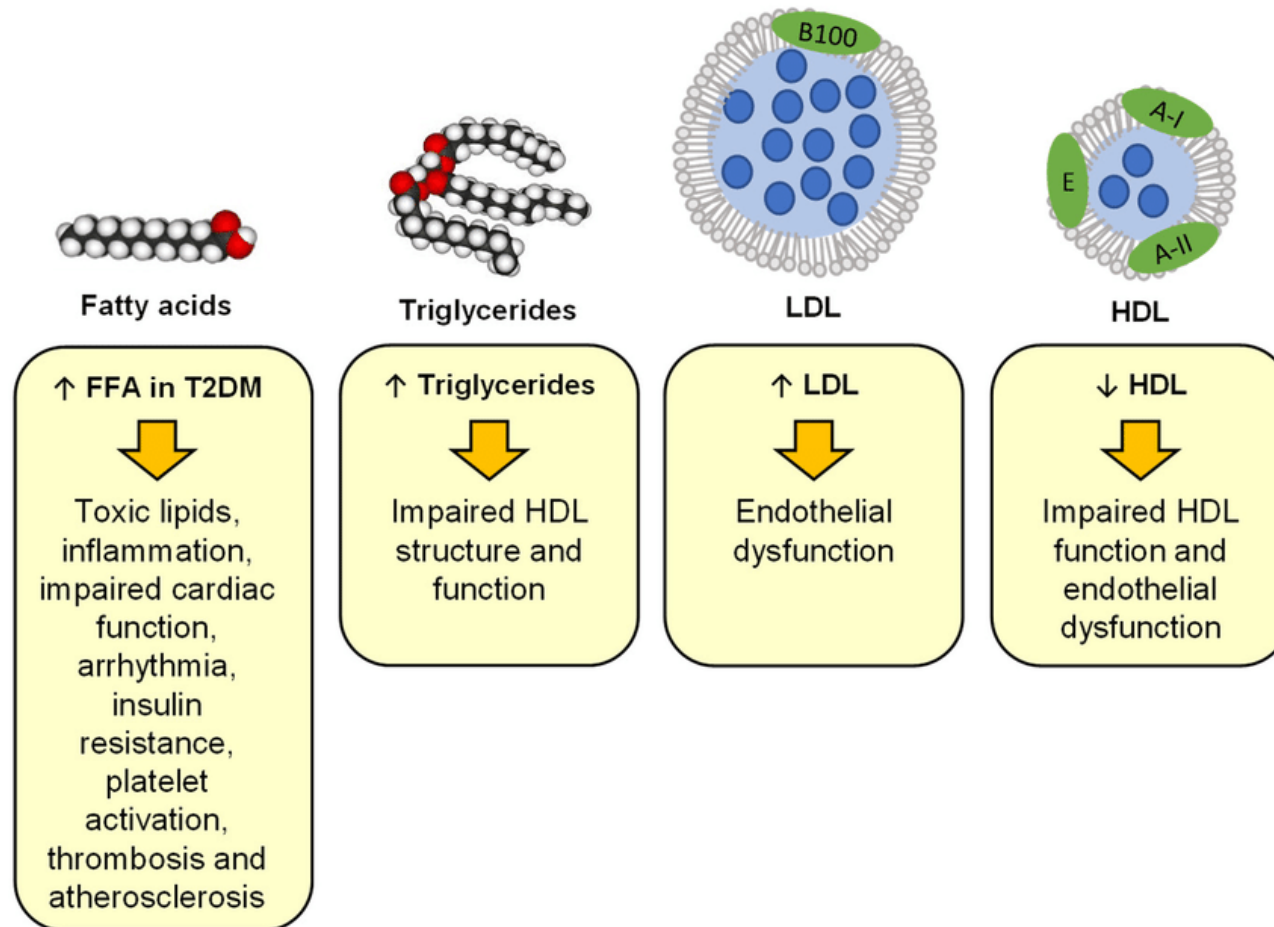
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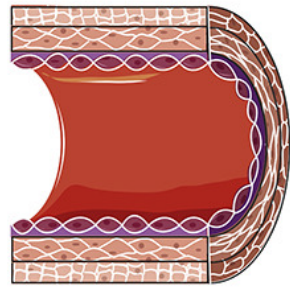
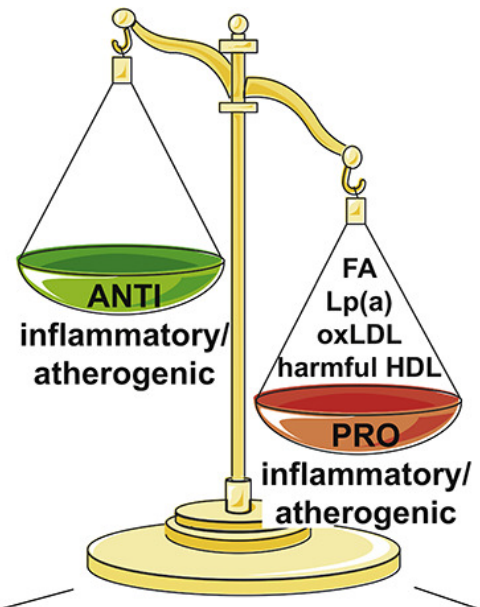
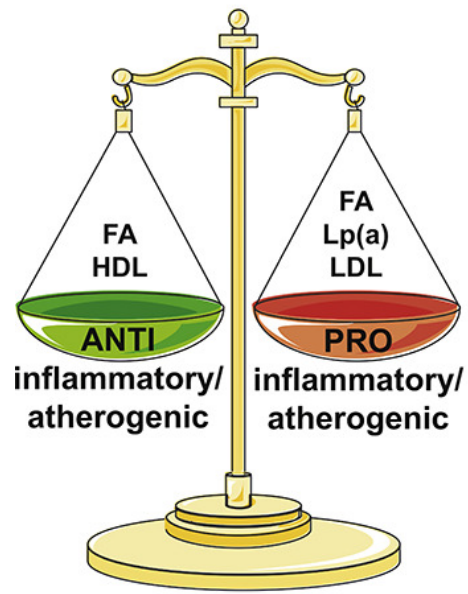
Fat



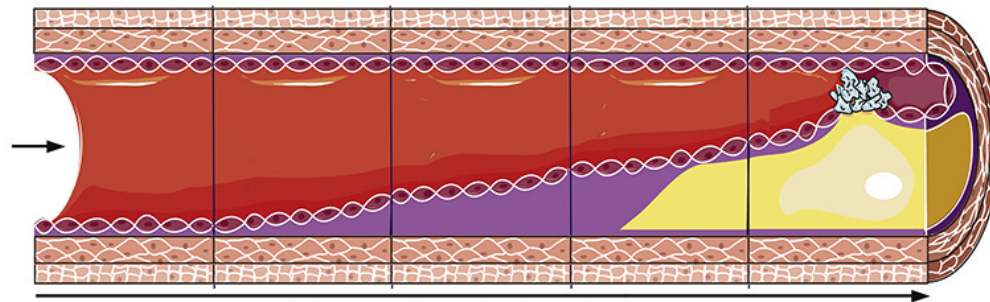
Replacing saturated and trans unsaturated fats with monounsaturated and polyunsaturated fats may be effective in preventing CHD and reduce the occurrence of clinical CHD events.

Lipid Fractions and Effects on CVD

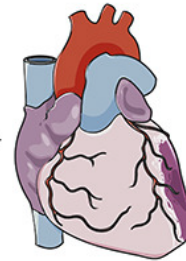




Healthy Vessel



Atherosclerosis Development



Myocardial Infarction

CARDIOVASCULAR RISK

Standard LDL-lowering Agents:
Statins, Ezetimibe, PCSK9 inhibitor

Emerging Approaches:
Lp(a) and triglyceride lowering ?

Carbohydrates

SIMPLE CARBS

vs.

COMPLEX CARBS



Simple Carb vs. Complex Carb Structures:

mono-, di- and oligosaccharides as well as polysaccharides

Simple



Monosaccharides

Glucose
Fructose
Galactose

Diaccharides

Maltose
Lactose
Sucrose

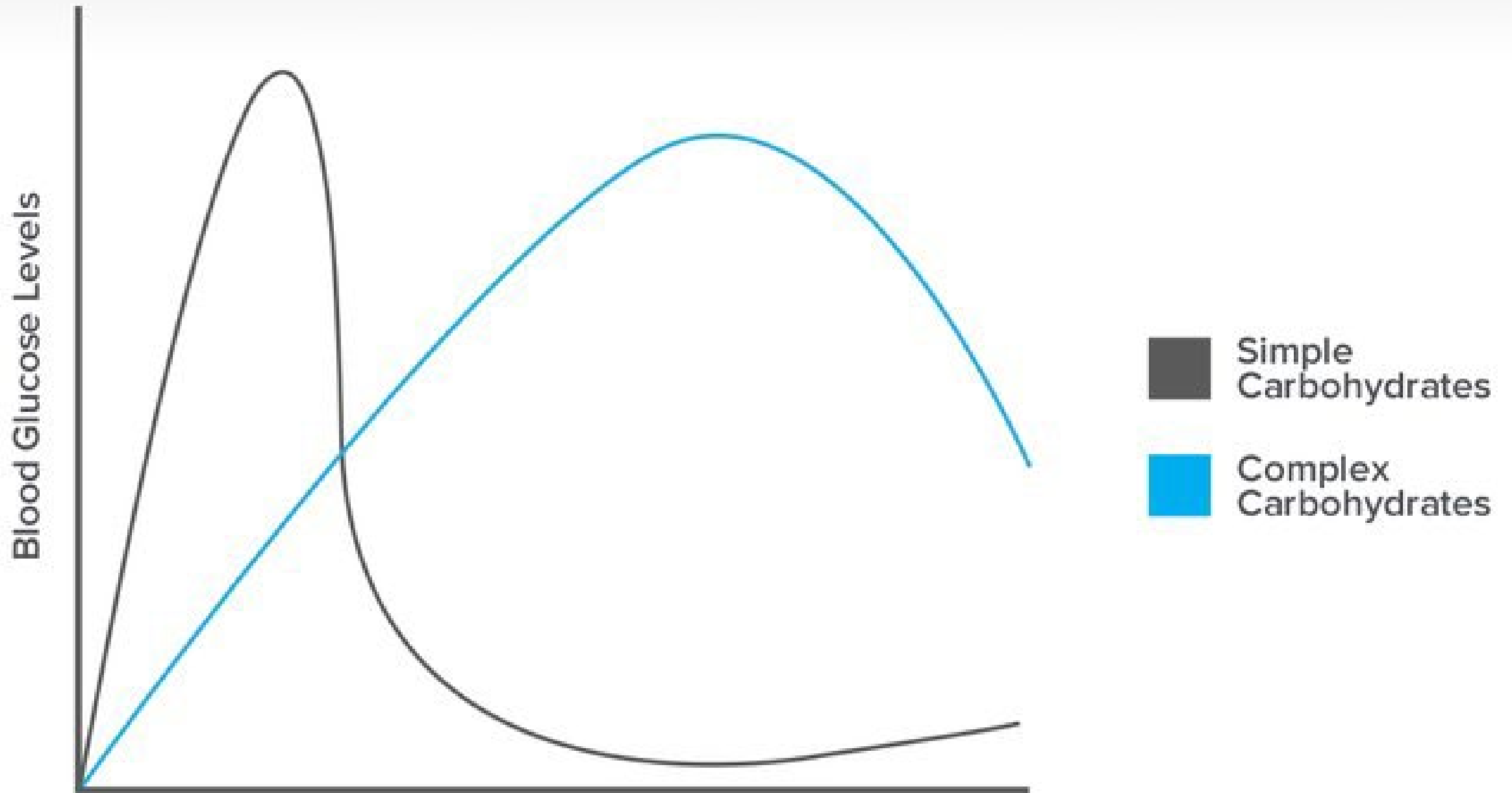
Complex

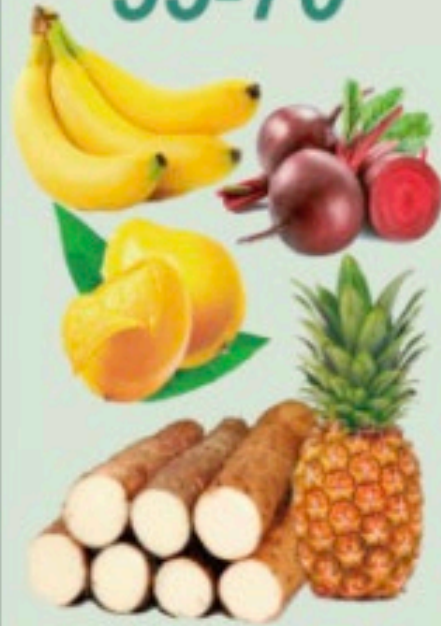


Polysaccharides

Starches
Fibers
Glycogen

Simple vs. Complex CHO Energy



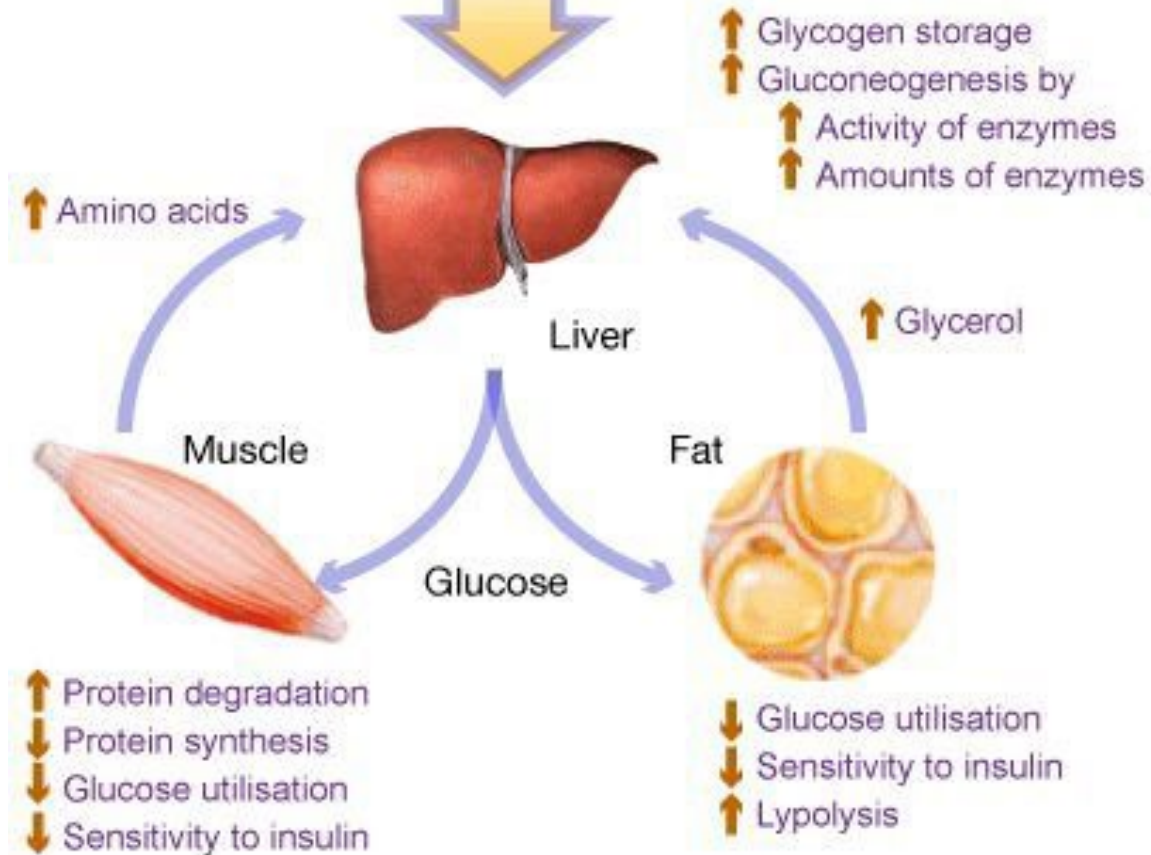
B**Carbohydrate****Glycemic Index****≤55****55-70****>70**

The sources and types of carbohydrates, such as sugar, starch, and fibre, but not the total carbohydrate, should be taken into account by the dietary guidelines. Glycemic index may be used as an indicator of carbohydrate quality related to CVD.

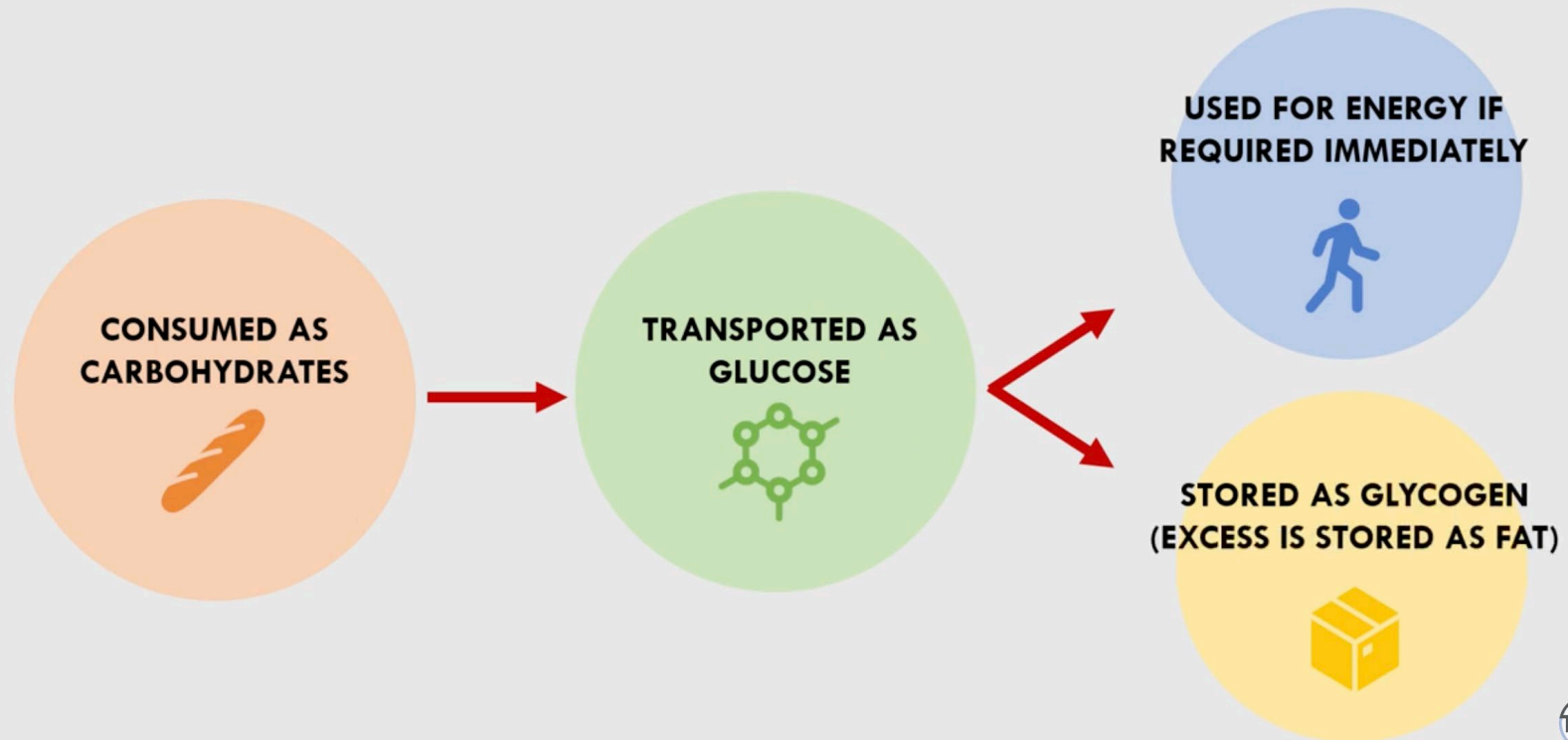
Carbohydrates in food

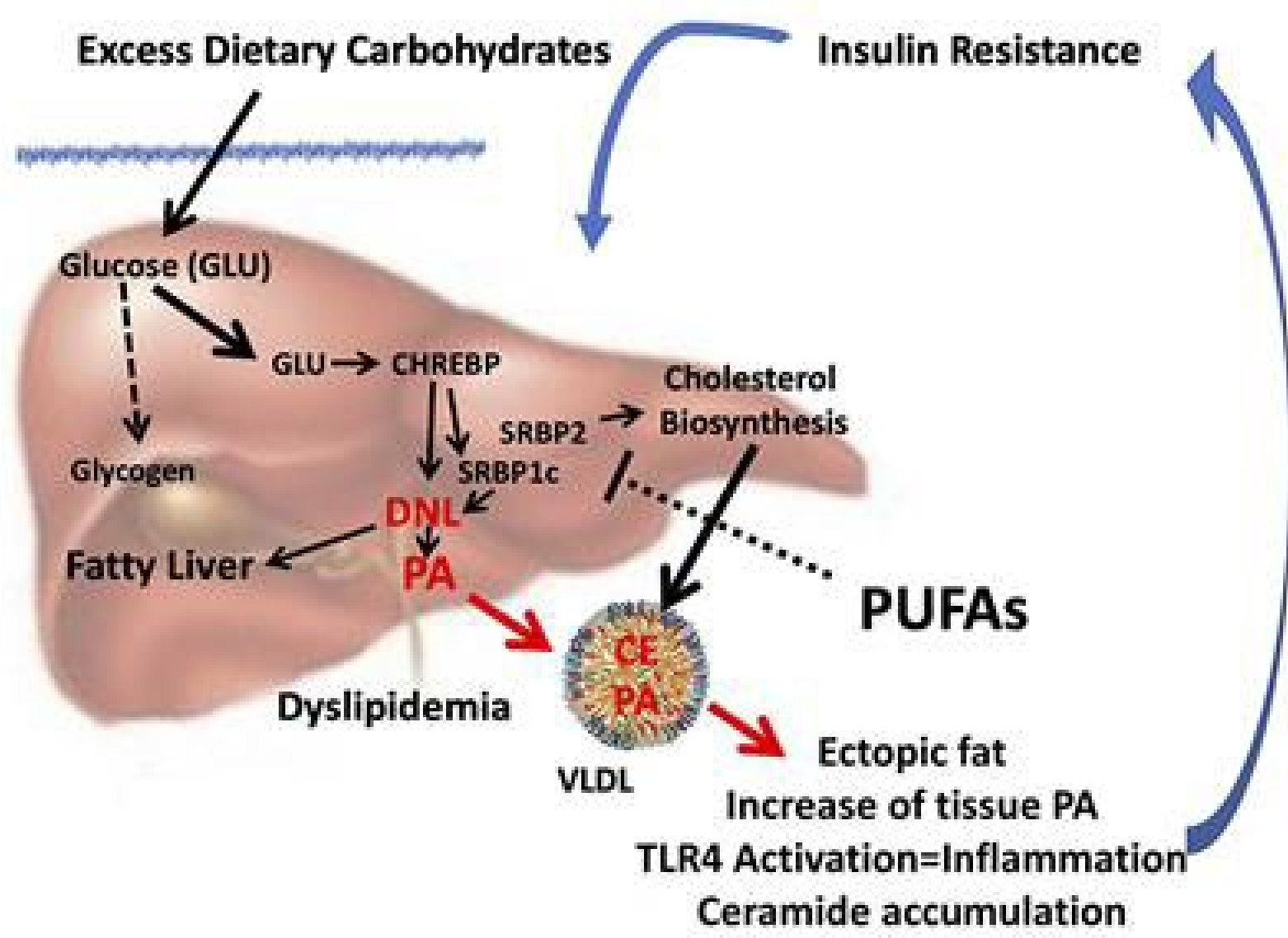


Digestion & absorption



CARBOHYDRATE AS FUEL

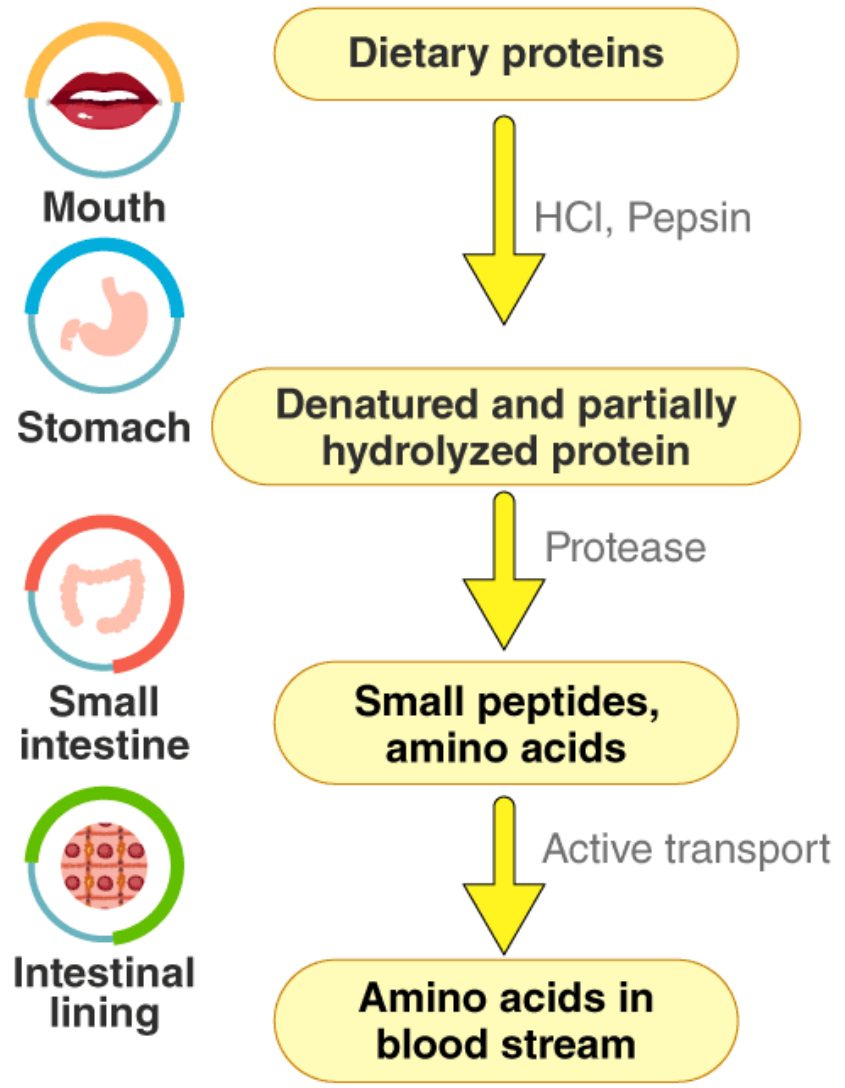




Carbohydrates

- Low-carbohydrate, high-protein, high-fat diet is found to be beneficial in reducing body weight and improving risk factors for CHD in obese persons
- The data from the UK Biobank cohort show that distinct carbohydrates display different associations with mortality and CVD risk, indicating that the sources and types of carbohydrates, such as sugar, starch, and fiber, but not the total carbohydrates, should be taken into account
- GI may be used as an indicator of carbohydrate quality related to CVD or other chronic diseases. Improving carbohydrate quality by lowering the GI is important for dietary intervention in preventing the adverse outcomes associated with CVD

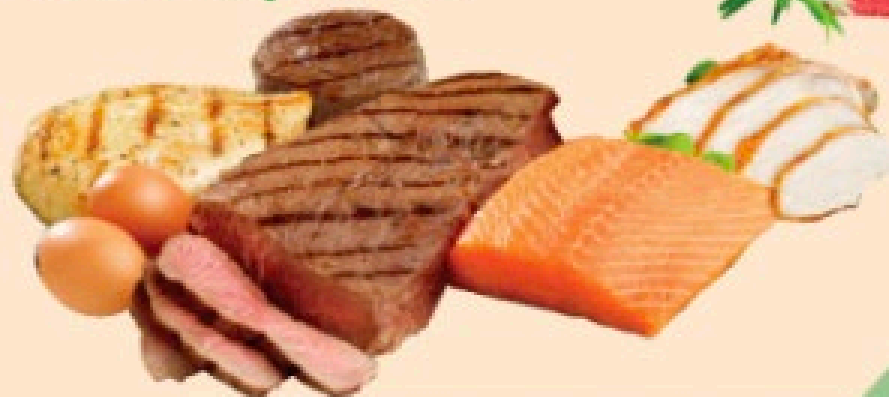
Proteins



C

Protein

Animal protein



Intake of plant protein, but not total or animal protein, is associated with low CVD risk and mortality, high plant-based protein intake may contribute to the long-term health.



Plant protein

Protein

- Protein plays a critical role in promoting health. It acts on the metabolic targets involved in satiety, appetite, and energy metabolism. The early studies showed that consumption of high-protein diets may contribute to the prevention of obesity and metabolic syndrome.
- studies have shown that replacing carbohydrates with protein is associated with a low risk of ischemic heart disease (IHD) and an improvement in cardiometabolic risk factors

Vitamins

- In postmenopausal women, intake of vitamin E, but not vitamins A and C, has been reported to be inversely associated with the risk of CHD. The preventive benefits of folic acid and B vitamins in stroke prevention are also reported








D *Vitamins and minerals*



The infographic displays six food-based categories: Vitamin A (eggs, tomatoes, cheese), Vitamin B (salmon, meat, dairy), Vitamin C (citrus, kiwi, peppers), Vitamin D (salmon, mushrooms, eggs), and Calcium (dairy, nuts, seeds). Red arrows point from these categories towards a heart icon labeled 'CVD', with a red question mark below the arrows, indicating a link that is not yet fully established.

There is still not enough scientific evidence to support the benefits of vitamins and minerals for CVD prevention.

CENTRAL ILLUSTRATION: Vitamin D and Calcium Supplements for Cardiovascular Health: Evidence From Observational and Interventional Studies and Clinical Recommendations

	Vitamin D Supplements	Calcium Supplements
Observational Studies	<p>Multiple studies report associations between low blood Vitamin D levels and worse CV health</p> <p>Potential for confounding, reverse causation and other biases</p>	<p>Several studies suggest calcium supplements might increase risk of CVD</p> <p>Potential for confounding, reverse causation and other biases</p>
RCTs	<p>In RCTs, Vitamin D supplements did not prevent CVD</p> 	<p>Some RCTs and trial meta-analyses suggest that calcium supplements increase risk of MI and stroke</p> 
Recommendations	<p>Obtain Vitamin D through adequate diet plus moderate sun exposure</p>   <p>Consider supplementation if Vitamin D inadequacy/insufficiency, although effects for bone health likely modest</p> 	<p>To improve bone health, increase physical activity and intake of calcium from diet</p>  <p>If supplements are considered, incorporate potential risks of CVD into the clinician-patient discussion</p> 

Michos, E.D. et al. J Am Coll Cardiol. 2021;77(4):437-49.

MTHFR

- The *MTHFR* gene provides instructions for making an enzyme called methylenetetrahydrofolate reductase. This enzyme plays a role in processing amino acids, the building blocks of proteins. Methylenetetrahydrofolate reductase is important for a chemical reaction involving the vitamin folate (also called vitamin B9)
- Its deficiency leads to an increased serum level of homocysteine, which is well-known to be associated with premature coronary artery disease (CAD). Our case demonstrates the association of MTHFR polymorphism with premature CAD and myocardial infarction (MI) despite normal homocysteine levels. Screening for MTHFR polymorphisms in addition to homocysteine levels may be considered for patients presenting with premature CAD and a normal lipid profile.

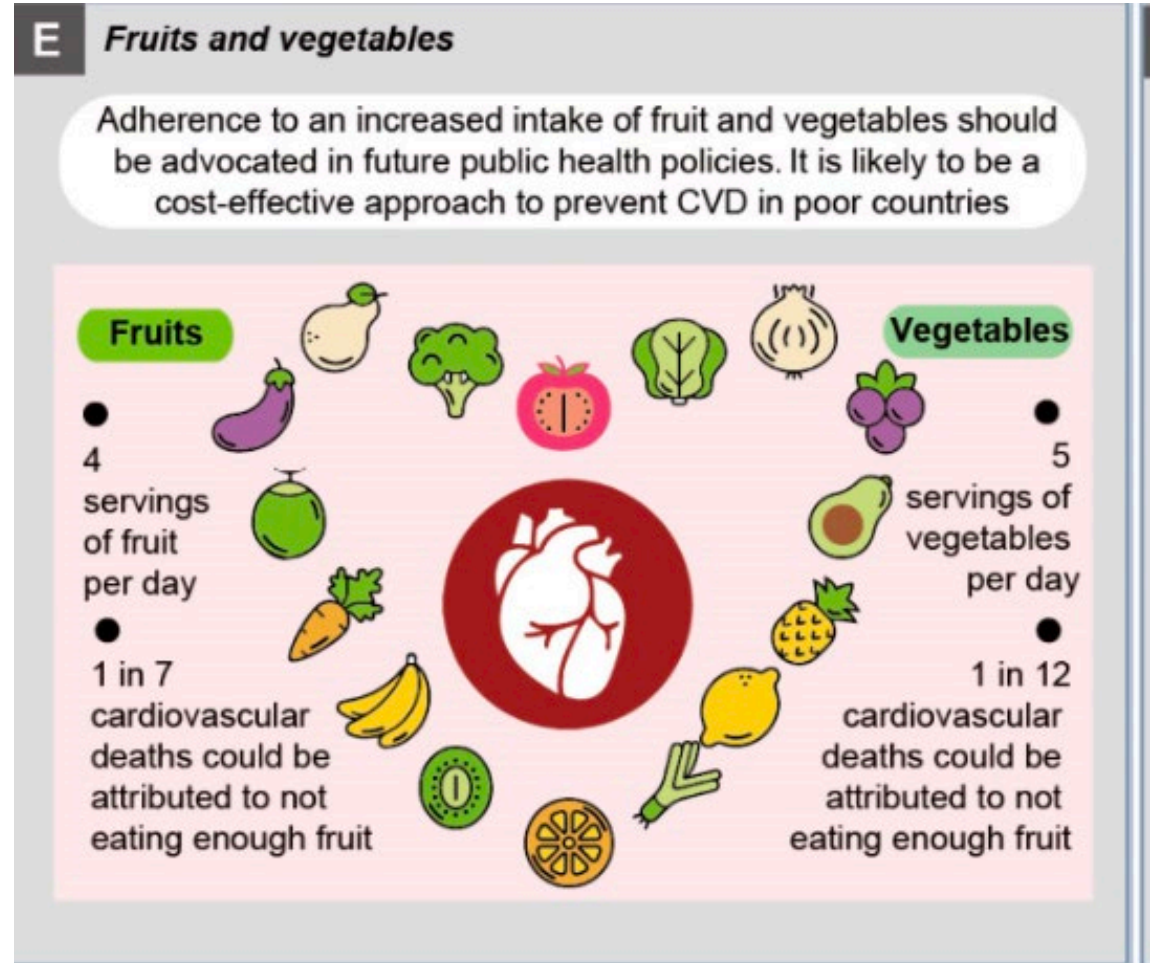


Fiber

- The regular consumption of fruits, vegetables, and cereals has been encouraged by dietary guidelines as important sources of dietary fiber.
- WHO states that a healthy diet should contain more than 25 g of dietary fiber per day. Intakes in the range of 25–30 g of fiber daily is recommended by most European countries

Fiber

- A fruit and vegetable intake over five servings/day has been reported to be associated with lower risk of CHD [125]. An intake of 800 g/day of combined apples/pears, citrus fruits, green leafy vegetables/salads, and cruciferous vegetables is able to reduce the risk of CVD

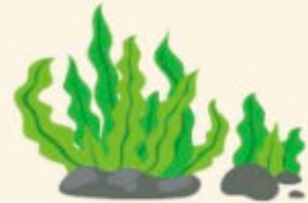


E

Dietary fiber



Foods rich in soluble fiber



Kelp



Konjak



Beans



Apple

Foods rich in insoluble fiber



Brown rice



Corn



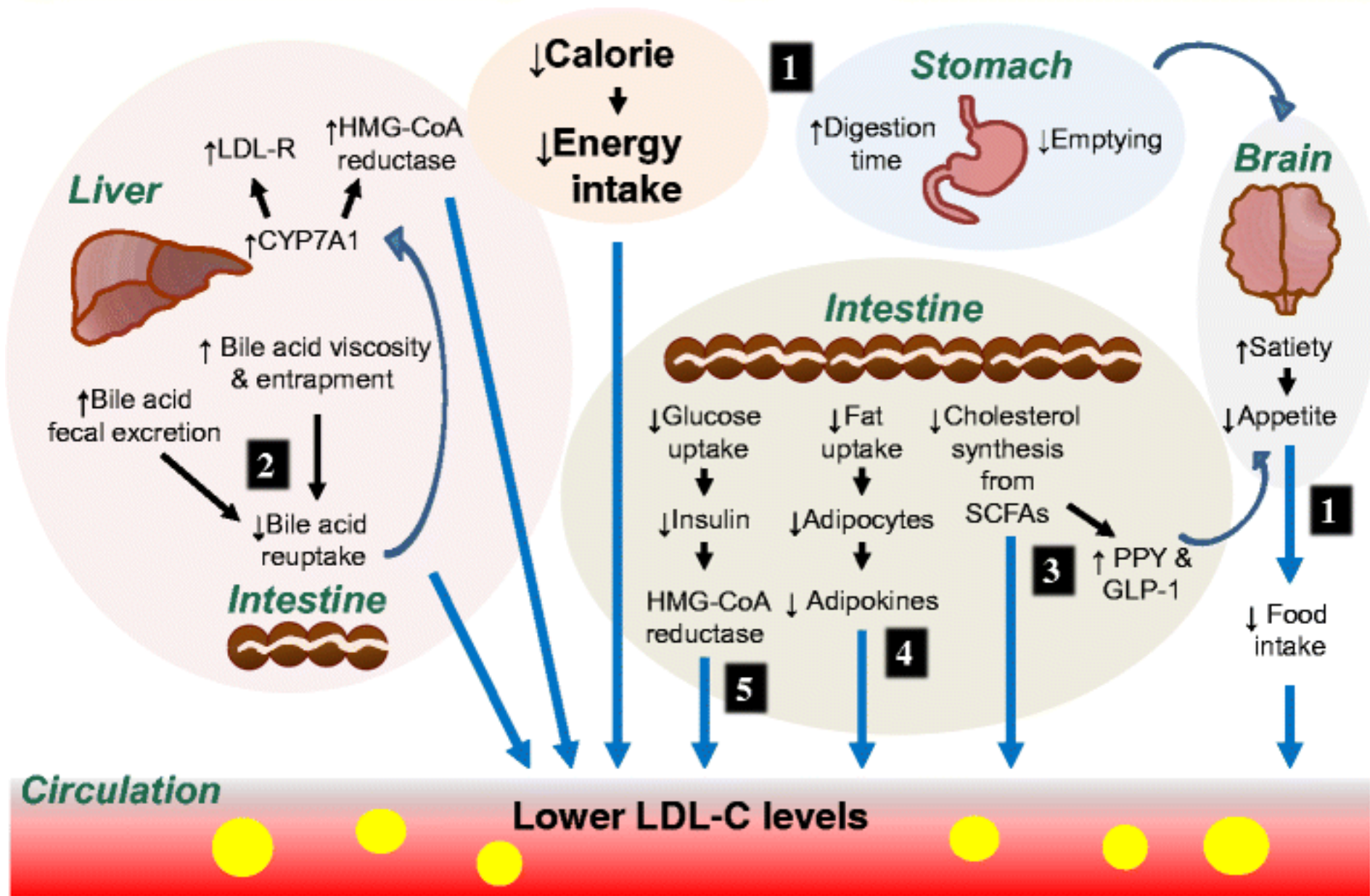
Broccoli



Bamboo shoot















The available evidence strongly support that intake of dietary fiber is associated with improved CVD risk factors.

Dietary Fiber



CENTRAL ILLUSTRATION: Cardiovascular Health Benefits Based on Evidence of Controversial Foods

An evidence-based review of the health benefits of controversial foods

 Evidence of harm; limit or avoid	 Lacking in evidence for harm or benefit	 Evidence of benefit; recommended	
<p> Added sugars promote atherogenesis and increase cardiovascular disease (CVD) risk</p> <p> Energy drinks increase blood pressure, platelet aggregation, and arrhythmia risk</p>	<p> Dairy products are a source of saturated fat and salt, yet also a source of vitamins and minerals</p> <p> Fermented foods and seaweed have emerging data for CVD and risk factor improvement</p>	<p> Legumes promote heart health and are a valuable source of protein and fiber</p> <p> Moderate habitual coffee consumption reduces risk for stroke, diabetes, premature death and digestive diseases</p> <p> Tea improves artery health, reverses blood vessel dysfunction and reduces cholesterol</p> <p> Mushrooms have anti-inflammatory and antioxidant benefits</p>	<p> Alcohol* has vasodilatory, antiplatelet and anti-inflammatory properties</p> <p> Plant or marine[†] omega-3 fatty acids reduce CVD risk and improve lipid profiles</p> <p> Vitamin B12 is an essential nutrient in the diet and should be supplemented in those who are deficient</p>

Freeman, A.M. et al. J Am Coll Cardiol. 2018;72(5):553-68.

CENTRAL ILLUSTRATION: Evidence for Cardiovascular Health Impact of Foods Reviewed

Summary of heart-harmful and heart-healthy foods/diets



Evidence of harm;
limit or avoid



Coconut oil and palm oil are high in saturated fatty acids and raise cholesterol



Eggs have a serum cholesterol-raising effect



Juicing of fruits/vegetables with pulp removal increases caloric concentration*



Southern diets (added fats and oils, fried foods, eggs, organ and processed meats, sugar-sweetened drinks)



Inconclusive evidence;
for harm or benefit



Sunflower oil and other liquid vegetable oils



High-dose antioxidant supplements



Juicing of fruits/vegetables without pulp removal*



Gluten-containing foods (for people without gluten-related disease)



Evidence of benefit;
recommended



Extra-virgin olive oil reduces some CVD outcomes when consumed in moderate quantities



Blueberries and strawberries (>3 servings/week) induce protective antioxidants



30 g serving of nuts/day. Portion control is necessary to avoid weight gain.†



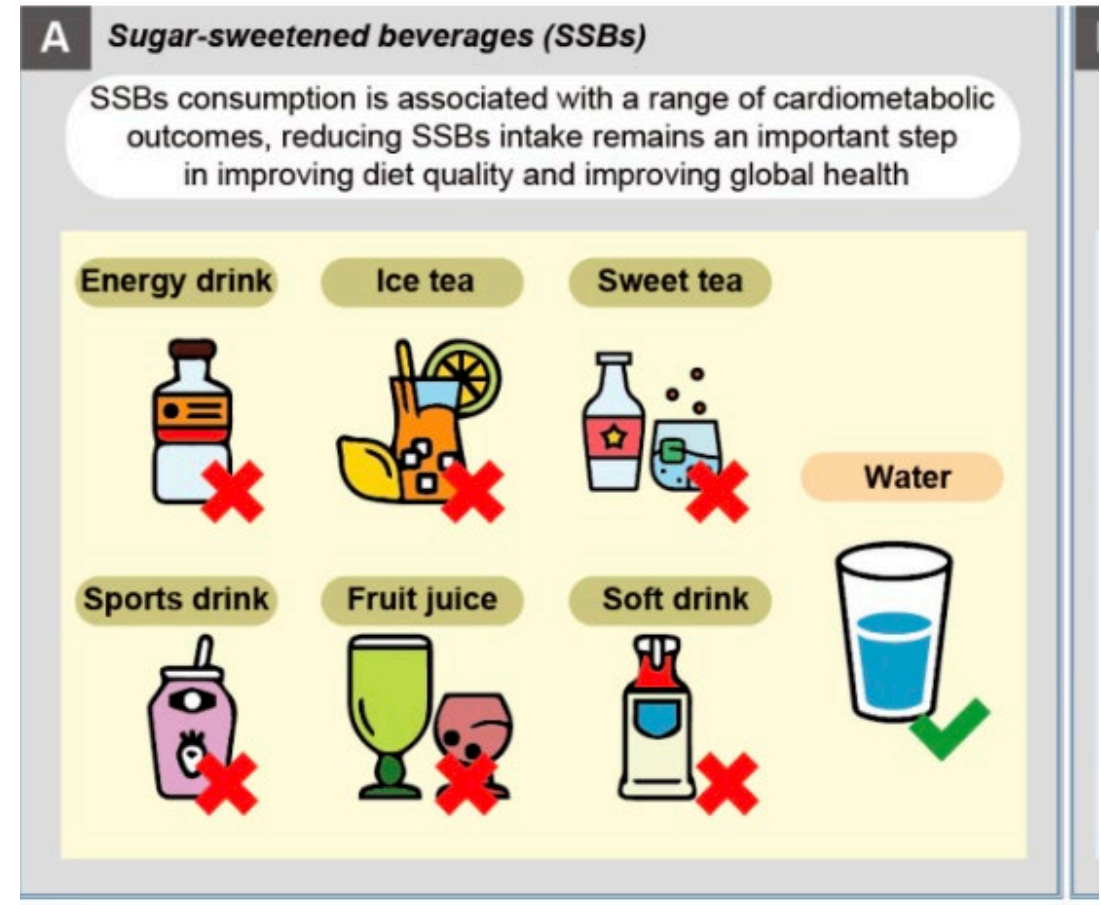
Green leafy vegetables have significant cardio-protective properties when consumed daily

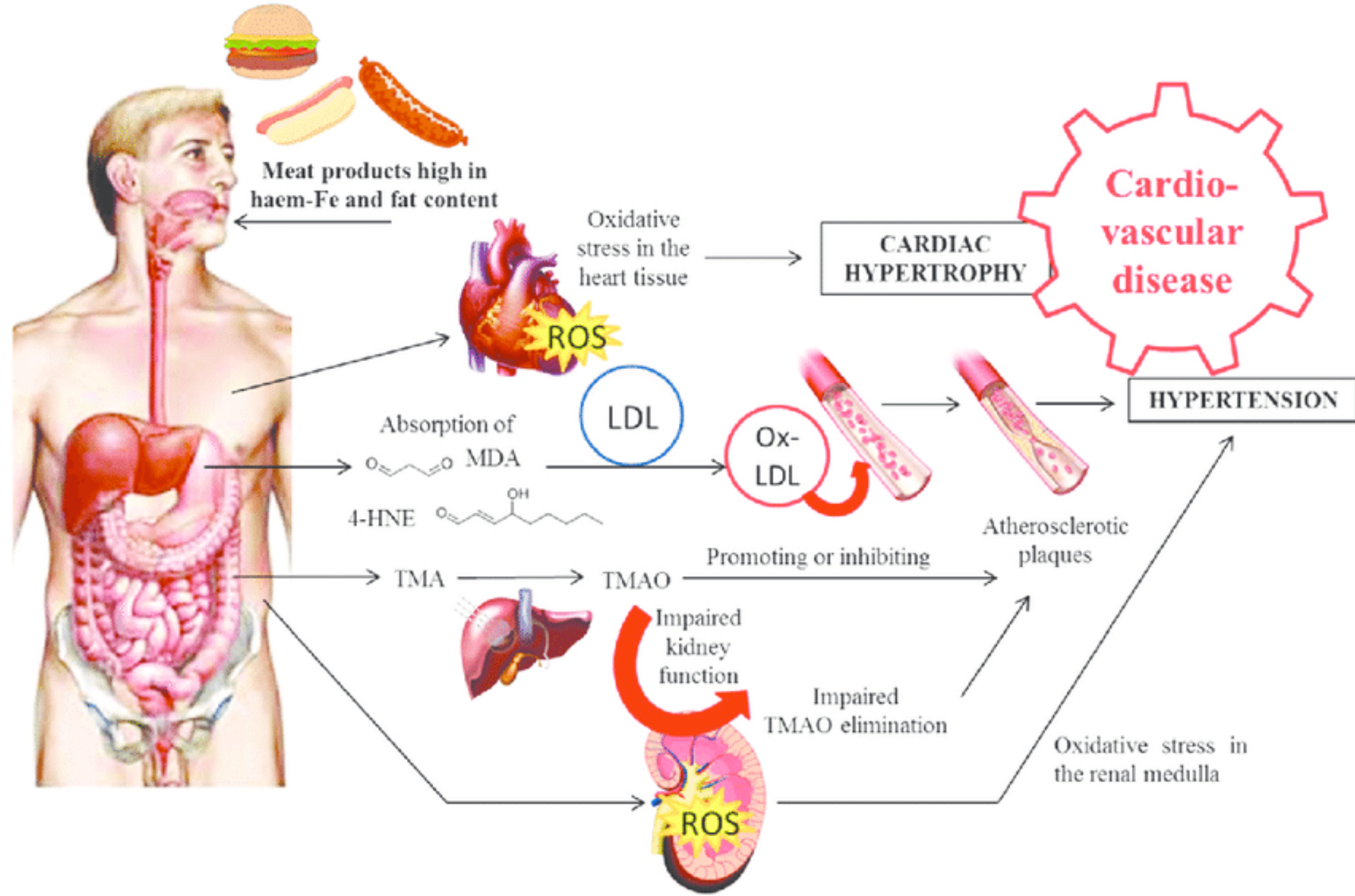


Plant-based proteins are significantly more heart-healthy compared to animal proteins

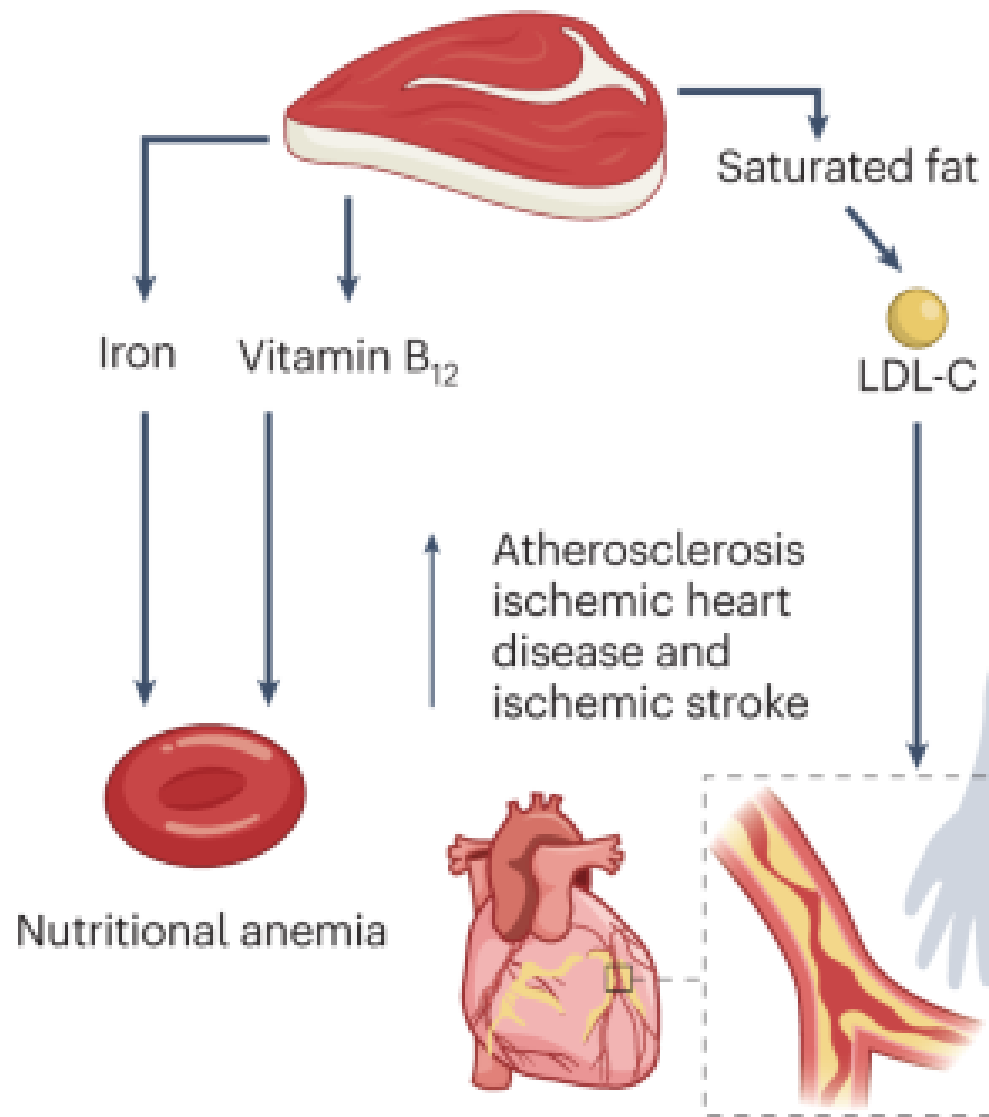
Sugary Drinks

- SSBs, which include carbonated and noncarbonated soft drinks, fruit drinks, and sports drinks that contain added caloric sweeteners, are the largest source of added sugar in the diet in high-income countries. Given the emerging association of added sugars with cardiometabolic risk factors, health authorities including
- For instance, a direct association between high artificial sweetener intake and increased CVD risk has been established, suggesting that ASBs may not be a healthy substitute for SSBs

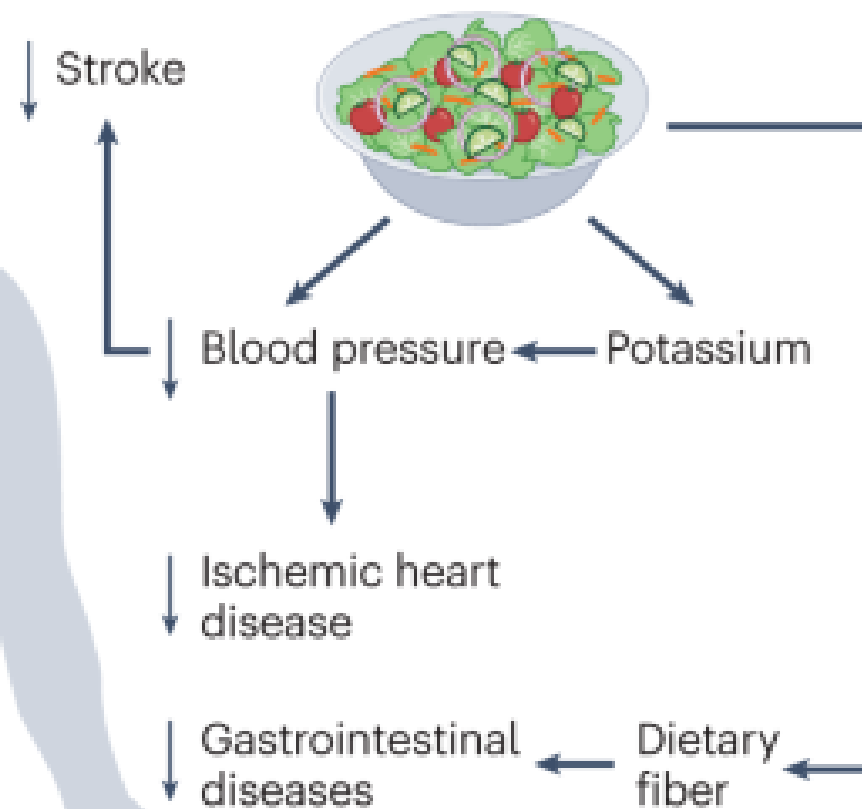




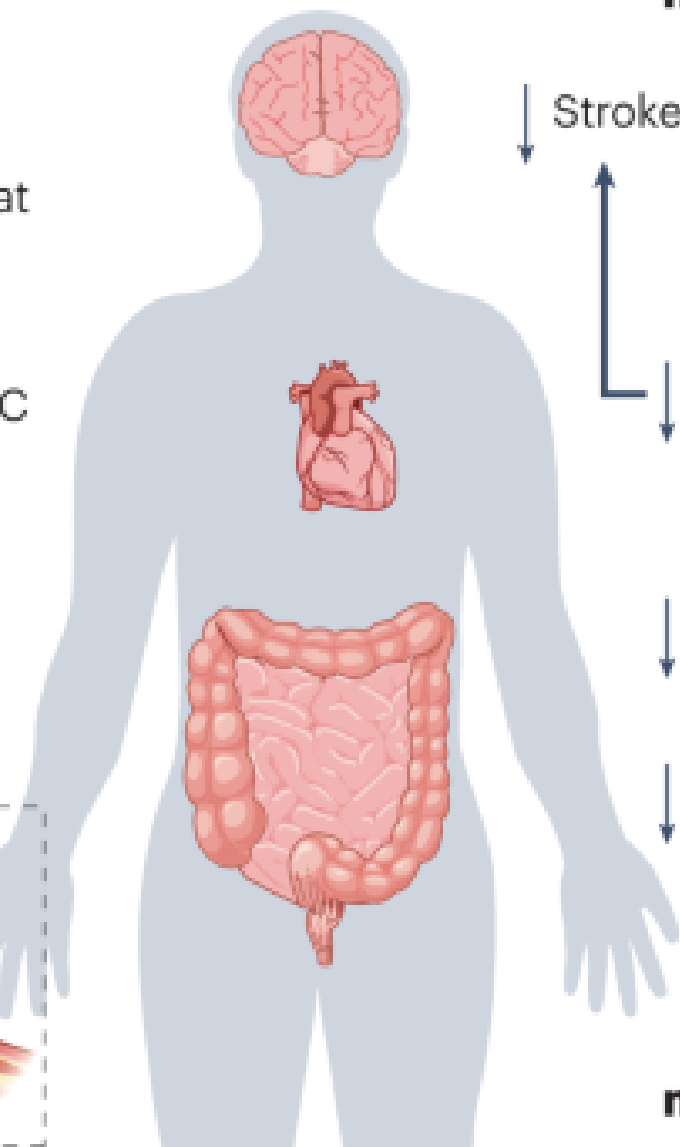
Established beneficial and adverse mechanisms for meat



Suggested beneficial mechanisms for vegetables



Established beneficial mechanisms for vegetables



Nuts

- Studies have shown that a one-serving (28 g) increase in nut intake per day is associated with a 29% and 21% reduction in the relative risk of CHD and CVD, respectively, when compared with not eating nuts

D Nuts

Increasing nut consumption should be a crucial part of a healthy dietary pattern to reduce the risk of CVD, further research focusing on the role of specific nut types in influencing the CVD outcomes particularly for stroke subtypes is needed

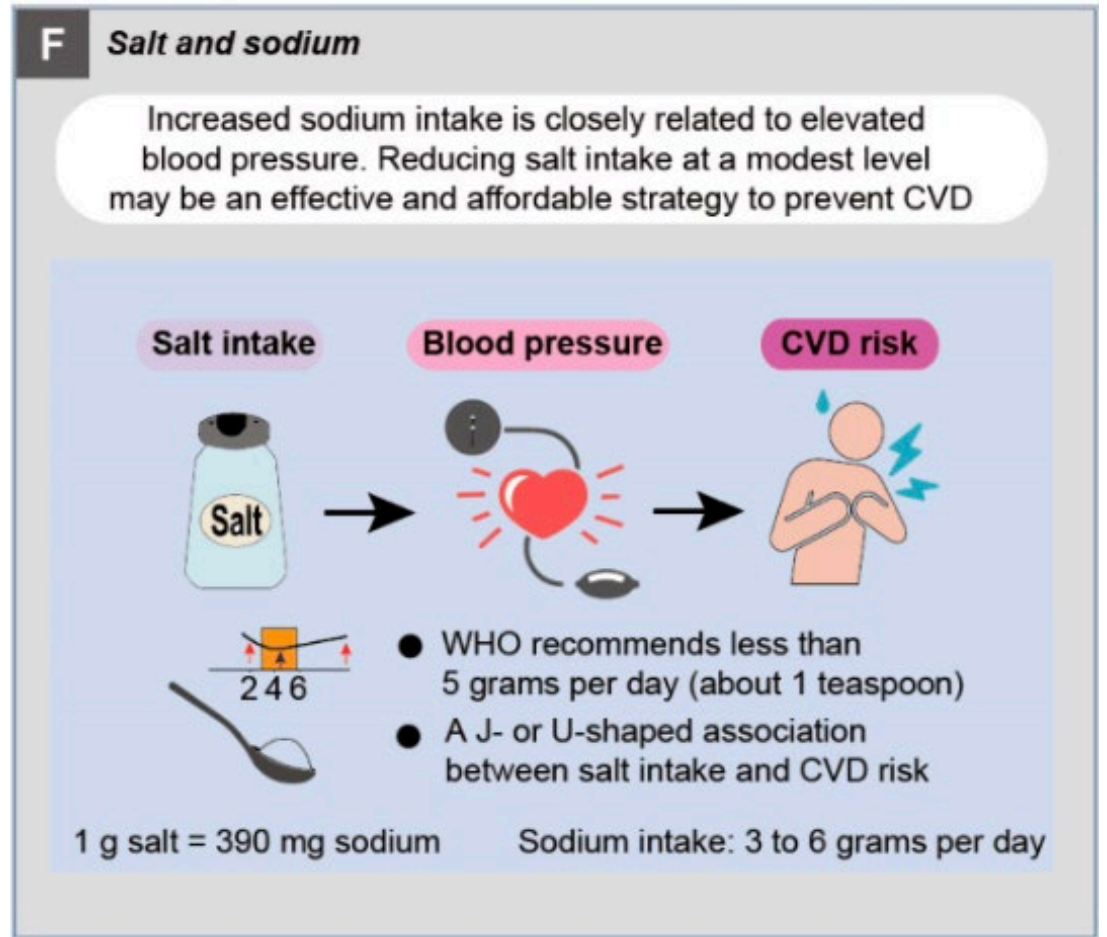
The infographic displays 20 different nut types arranged in a grid. On the left side, a vertical green label reads 'Tree nuts', and on the right side, a vertical green label reads 'Peanuts'. In the center, there is a list of health benefits, each preceded by a black dot:

- Unsaturated fatty acids
- Protein ● Fiber
- Vitamins and minerals
- Phenolic antioxidants
- Other bioactive compounds

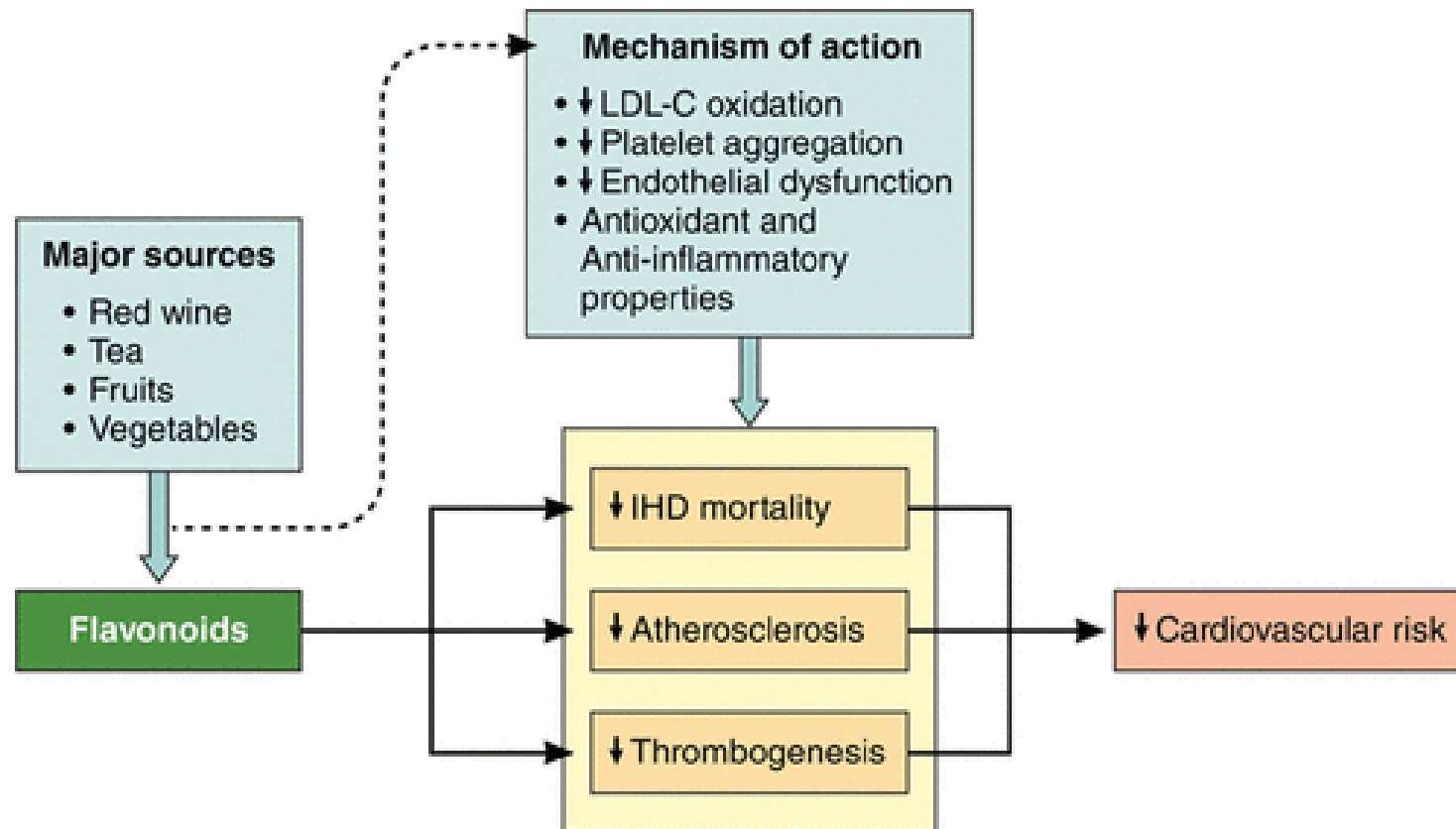
The nut types shown include: almonds, cashews, walnuts, pecans, hazelnuts, pistachios, pine nuts, macadamia nuts, Brazil nuts, and peanuts. Each nut icon is accompanied by a green checkmark, indicating its health benefits.

SALT

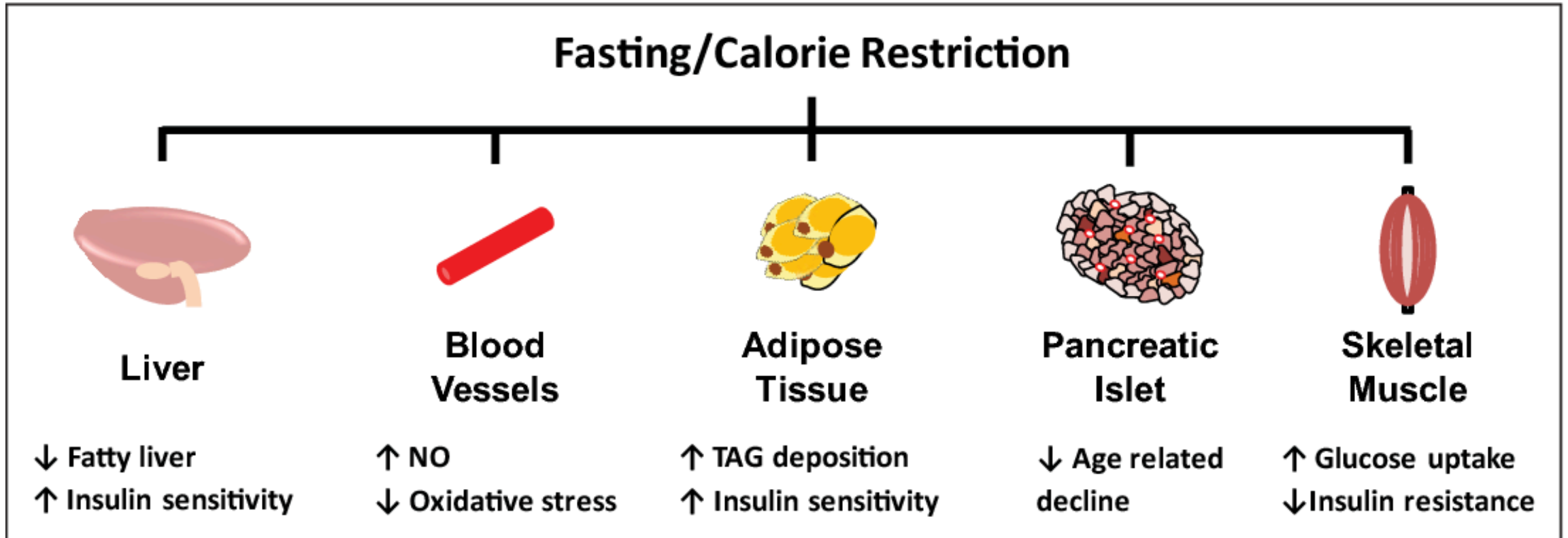
- Salt is an important nutrient component of a healthy diet, and the human body needs a certain amount of salt to maintain cellular homeostasis
- The role of sodium in cardiovascular health is to maintain intravascular volume. Accumulating evidence has shown that increased sodium intake is closely related to elevated blood pressure, an essential risk factor for CVD.



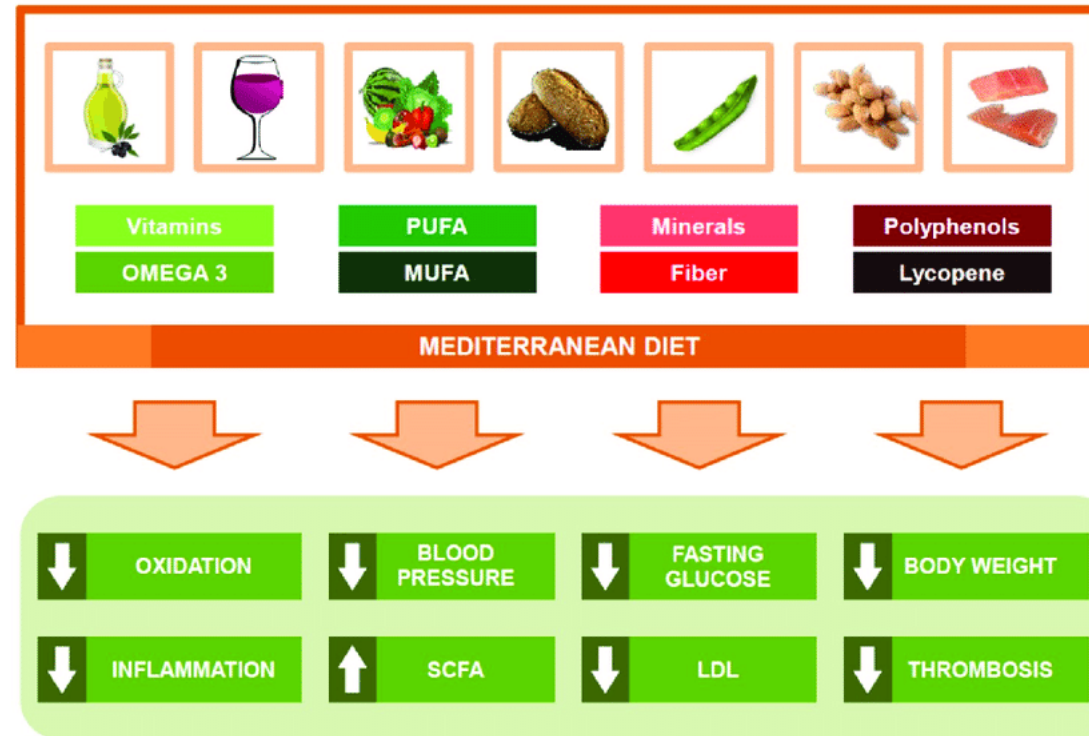
Red Wine



Intermittent Fasting



Mediterranean Diet



Diet and Hypertension

Odds ratio for HTN by dietary pattern

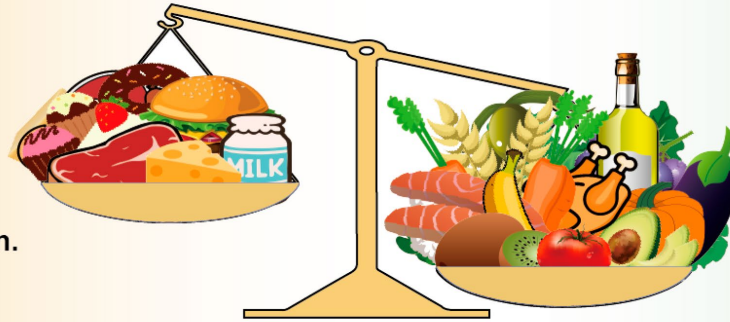


Pettersen BJ, Anousheh R, Fan J, Jaceldo-Siegl K, Fraser GE. Vegetarian diets and blood pressure among white subjects: results from the Adventist Health Study-2 (AHS-2). *Public Health Nutrition*. 2012;15:1909-1916.

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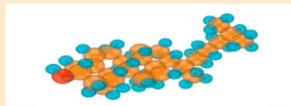
Healthy dietary choices for cardiovascular disease

- Low intake of dairy products, red meat, processed meats, and sweets.
- Wine in moderation.

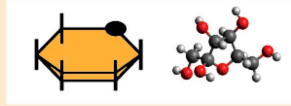


- High proportion of plant foods such as fruits, vegetables, nuts, and cereals.
- Poultry and fish consumed in low to moderate amounts.
- Olive oil as the main source of fat.

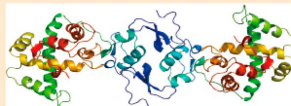
B



Fat



Carbohydrate



Protein



Vitamins and minerals



Dietary fiber



SSBs



Red meat and processed meat



Poultry and fish



Nuts



Fruits and vegetables



Salt and sodium



Intermittent fasting



Ultra-processed foods



Vegetarian and vegan diets

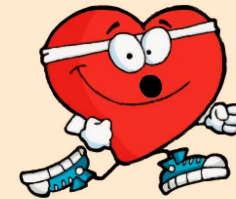


Ketogenic diet



Mediterranean diet

A healthy heart



Single nutrients

Specific foods

Dietary patterns

The focus of nutritional research has shifted from single nutrients and specific foods to dietary patterns, highlighting the importance of adhering to a balanced diversified diet as a long-term approach to promote cardiovascular health.

Thank you