MNT OF CORONARY ARTERY DISEASE

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Therapeutic diets are special diets designed for people with certain medical conditions.

Many health conditions are caused in part by what you eat.





Some of the conditions that can benefit from a therapeutic diet include cardiovascular diseases, diabetes, crohn's disease, ulcerative colitis and celiac disease.

Goals of therapeutic diet

To prevent or manage some medical conditions

To maintain or improve health using appropriate & healthy food choices

To achieve & maintain optimal metabolic & physiological outcome.

DIETARY RECOMMENDATIONS IN HPN

C

DASH eating plan:

- -Dietary approach to stop hypertension (DASH).
- -Flexible & balanced eating plan which recommends:



DASH diet



†Servings of vegetables & fruits (3-4 servings/d).



†Foods rich in potassium as: milk, banana, orange & legumes.



Whole grain cereals & bread.



Fat-free or low-fat dairy products (3 servings/d).



Lower saturated fats, cholesterol & total fats.



Limiting lean meat intake.



Two or more vegetarianstyle or meatless meals each week.



↓Sweets & added sugars.



Low sodium (salt) intake (<2.3 mg/day.).

CORONARY HEART DISEASE

- is the modern epidemic facing the developing world.
- Among all the modifiable risk factors, diet plays an important role in all of them.
- Adequate knowledge is the first step towards behavior change.

HEART DISEASE Risk Factors: Non Modifiable Modifiable Major Minor

Modifiable risk factors

Major

Hypertension

Smoking

Diabetes

Obesity

Elevated Cholesterol

Minor

Physical Activity

Mental Stress

Oral Contraceptive

Trace Elements

Homocysteinemia

Non Modifiable Risk Factors

Age

Sex

Family History

Genetic Factors

Personality

Of these, four factors require

dietary modifications –

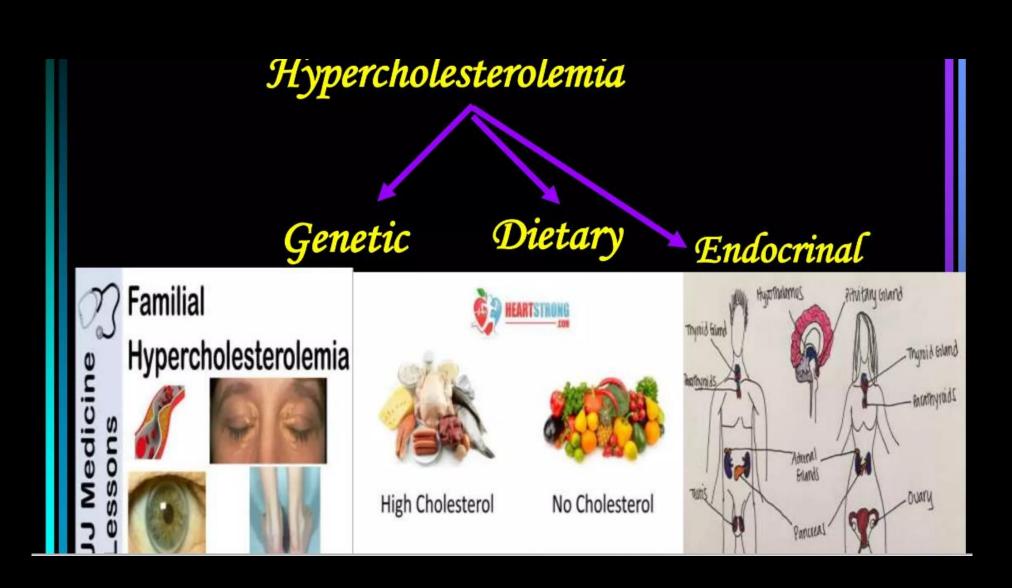
- ➤ Diabetes
- **>**Obesity
- > Elevated Cholesterol
- > Homocysteinemia

HYPERCHOLESTEROLEMIA

Desirable levels of serum cholesterol - <150mg/dl.

When the levels are more than 250mg/dl — hypercholesterolemia.

(desired levels of LDL cholesterol - <100 mg/dl.).





Genetic

Non – modifiable by diet Alone. Need other methods like yoga, exercise, meditation, statins, plasmapheresis PCSK9 INHIBITORS Dietary

Modifiable by diet

Metabolic

OBESITY:

Defined as an abnormal growth of the adipose tissue due to an enlargement of the fat cell size or an increase in fat cell number or a combination of both.



According to BMI:

Underweight <18.5

Normal 18.5 – 24.9

Overweight ≥ 25.0

Preobese 25-29.9

Obese class 1 30-34.9

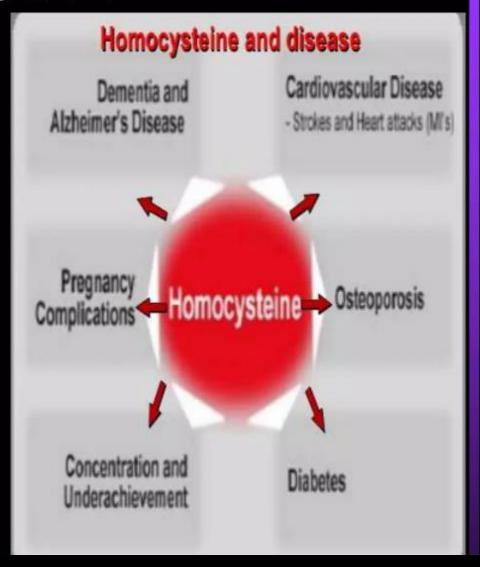
Obese class II 35-39.9

Obese class III ≥ 40.0

HOMOCYSTEINEMIA:

Refers to increased total

plasma concentration of homocysteine in the sulfhydryl and disulfide group, free and protein bound.



Family history

Defined as the presence of the health condition under consideration in one's siblings or parents or grand – parents < 60 years old. Usually genetically determined.

Energy requirements for various activities

Sleep	0.6 cal/min.
Reading	1.4 cal/min.
Eating	1.8 cal/min.
Converse	1.8 cal/min.
Writing	1.9 cal/min.
Standing	2.2 cal/min.
Casual walking	4-5 cal/min.
Running	10-12 cal/min.

 This energy requirement for the different activities a person does in a day can be provided by a balanced diet in a normal healthy individual.

Balanced diet

This is the recommended diet in a normal healthy individual without any risk factors for Coronary heart disease.



WHAT IS IT?

- 15%-20% Proteins
- **20%-30%** Fats
- Rest Carbohydrates.

Dietary modifications in CHD are required because of the following reasons! •The Seven Countries Study showed a strong positive relation between saturated fat intake and the 10 year incidence of CHD.

·Body weight changes
are strongly related to
changes in serum total
cholesterol and blood pressure.

·Population subgroups consuming diets rich in plant foods have lower CHD rates than the general population.

 Diet therapy should be the first step in the treatment of

Hypercholesterolemia.

Lets Take the Various

Components of Diet

One by One!

MILK:

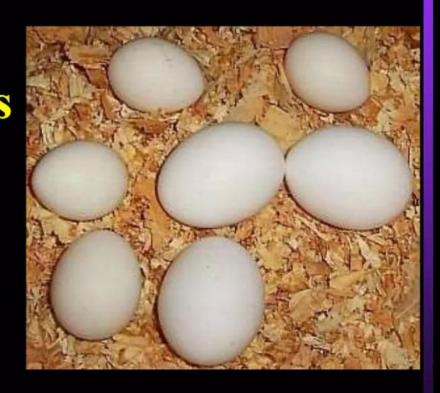
Whole milk has a cholesterol lowering effect.

Thus, a cup or two is permitted.



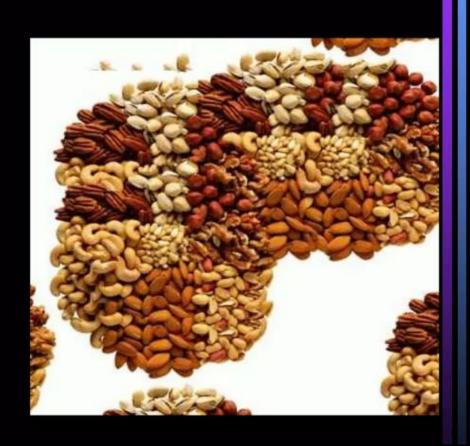
Egg

White of egg has no fat and thus does not raise cholesterol. So, one or two eggs per day are safe.



Nuts

28g of walnut with each of the three meals without increasing total dietary fat improves serum lipid profile.



Meat

•No significant change in plasma cholesterol when diet self selected for beef, pork, poultry or fish.



•But some studies reveal increased plasma total cholesterol and systolic blood pressure with meat.

Soya bean

In typeII
hypercholesterolemic
patients already on a
low lipid, low cholesterol
diet, substitution of
animal protein by
soyabean reduced
cholesterol.



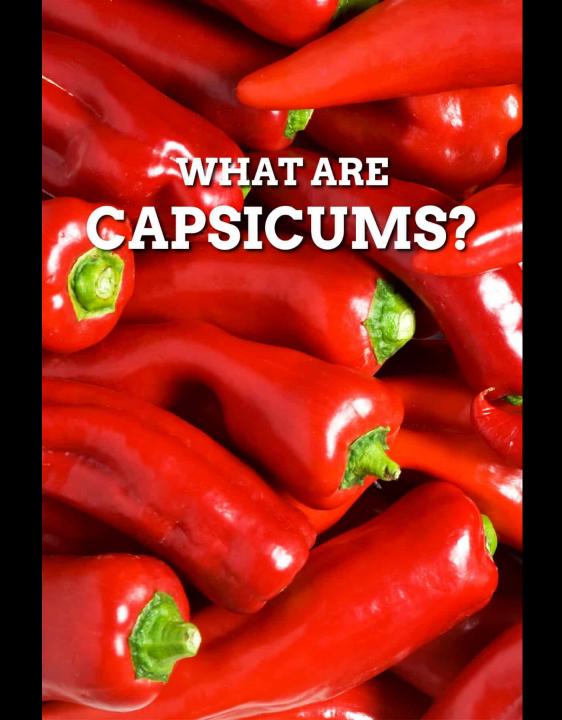
Garlic and onion

- •Good effect noted with high doses.
- Lower blood pressure,
 prevent coronary
 thrombosis, heart
 attacks and strokes.



Other vegetables

•Capsicum increases fibrinolytic activity in blood – reduced chances of thrombo embolism.



Fibers

Two types – soluble & insoluble.

- •Filling with fewer calories.
- •Add roughage to the diet.
- •Aid digestion and elimination.

Soluble fibers in addition-

- Lower total blood cholesterol.
- Lower LDL cholesterol.
- •Regulate blood sugar.
- •Favorable effect on blood pressure.

Source of soluble fibers

- Oat bran
- •Rolled oats
- •Broccoli
- •Brussels sprouts
- •Grapefruit
- •Apples.



Plant foods

Beneficial factors include -

- ·relative energy content
- ·fiber content
- ·unsaturated fatty acids
- ·anti oxidant properties.



Beverages

More intake of coffee leads to –

- Raised serum cholesterol
- •Irregular heart beats
- Consumers of real boiled coffee face higher risk.



ALCOHOL:(controversial role)

Increases HDL cholesterol (HDL3 but not HDL2) in marathon runners and inactive men but not in men who run and jog.

To Toast or Not To Toast . . .

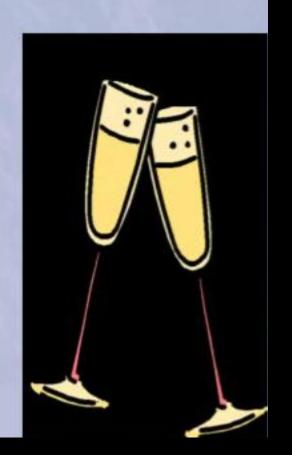
French Paradox Study: Regular use of red wine = low rate of heart disease



To Toast or Not To Toast . . .

Effects

- ▼ May increase HDL
- May increase blood pressure
- May increase triglycerides
- Significant source of calories



Water (Hard vs Soft)

 Hard water will contain higher levels of calcium, magnesium, and other minerals, while soft water will contain higher levels of sodium (salt).

WATER:

•CVS mortality 10% higher in areas with very soft water as compared to medium hard water.

•In areas where water supply changed in the last 30 years favorable effect seen when water became harder and unfavorable when it became softer.

MINERALS:

- •Silicon deficiency atherosclerosis
- •Cadmium toxic to heart
- ·Low Selenium associated with CHD

ROLE OF FREE RADICALS:

- •By-product of oxidation.
- •Damage cell membranes, disturb chromosomes and genetic material and destroy valuable enzymes.

- Cause 50% of CHD, lung diseases certain cancers, cataracts, rheumatoid arthritis, Parkinson's disease etc.
- 2 ways to reduce them –
- 1. Less consumption
- 2. Anti-oxidants.

Sources of antioxidants



So, diets suggested when one or more risk factors present but no history of CHD are -

Presence of Hypertension or Family History:

Fats 20-30%

Saturated fats <10%

Dietary cholesterol <300mg/1000kçal/day

Increased consumption of complex carbohydrates

Salt intakę <5g/day.

Presence of Hypercholesterolemia

• A two step diet is suggested.

• The goal is to reduce the total cholesterol to less than 150mg% and LDL cholesterol to less than 100mg%.

 If after a trial period of 2-6 months, the Step I diet fails to lower the cholesterol then one should switch to the Step II diet.

Two steps diet therapy

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Step one -
Fats
                      <30%
Saturated fats
                      <10%
Dietary cholesterol
                    <300mg/day.
PUFA
                     up to 10%
MUFA
                     10-15%
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Carbohydrates 50-60%

Proteins 10-20%

Total Calories - to achieve and maintain desirable weight

Step Two -

Fats <30%

Saturated fats <7%

PUFA upto 10%

MUFA 10-15%

Dietary cholesterol <200mg/day.

Carbohydrates 50-60%

Proteins 10-20%

Total Calories to achieve and maintain desirable weight

OBESITY:

•Proportion of energy dense food should be reduced,

• Fiber content to be increased,





Obesity

- Adequate levels of essential nutrients in the low energy diets
- Food energy intake should not be greater than energy expenditure.



Diabetes mellitus

Proteins 10-20%

Saturated fat <10%

PUFA<10%

Carbohydrates rest calories

+ MUFA

20-35g/day $\leq 3g/day$ Fiber

Sodium

Cholesterol intake <300ma/day



Homocysteinemia

- •Diet rich in folate or
- Consumption of multivitamin supplements recommended.



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DIET IN CHD PATIENTS

A heart-healthy diet is:

- High in omega-3 fats, found in many fishes, especially salmon
- High in fiber
- High in fruits and in green, red and orange vegetables
- Low in saturated fats and trans fats
- Low in sodium
- Low in sugar
- Low in cholesterol
- Low in alcohol or alcohol-free
- Calorie-balanced to support a healthy weight

Trans fats

- Trans fat, also called trans-unsaturated fatty acids, or trans fatty acids, is a type of unsaturated fat that occurs in foods.
- Trace concentrations of trans fats occur naturally, but large amounts are found in some processed foods.
- Saturated fat increases serum cholesterol. Trans fat does the same thing, but the increase in LDL (bad cholesterol) is greater, while HDL (good cholesterol) may decrease, making the critical LDL/HDL ratio worse. In addition, trans fat may have a greater impact on inflammation.

Fatty Fish and Flaxseed

- ♥ Contain Omega-3 Fatty Acids
- ♥ Benefits include
 - Decreased risk of arrhythmias, which can lead to sudden cardiac death
 - Decreased triglyceride levels (very effective)
 - Decreased platelet aggregation
 - May decrease blood pressure

You can achieve this by:

- -Reducing overall cholesterol levels and low-density lipoproteins (LDL), which are harmful to the heart
- -Increasing high-density lipoproteins (HDL), which are beneficial for the heart
- -Reducing other harmful lipids (fatty molecules), such as triglycerides and lipoprotein.

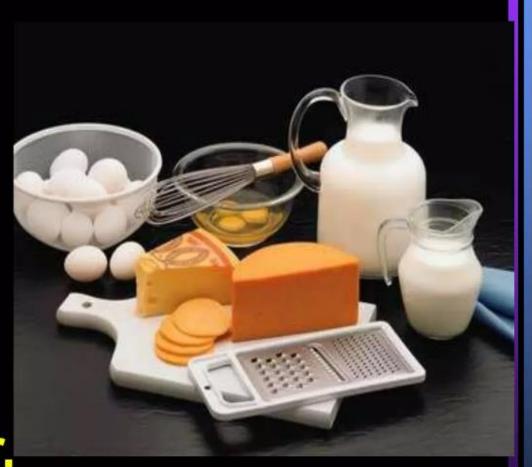
Any diet should also help keep blood pressure and weight under control.

FOOD ITEMS TO BE AVOIDED

Milk (full cream) and Milk products.

Skimmed milk beyond 200ml/day.

Cheese and Butter.





FOOD ITEMS MODERATELY RESTRICTED

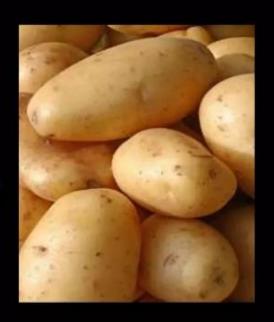
Brown bread and white bread.

Rice.

WVermicelli.



- Peas.
- Potato, Sweet potato,



Sugar.

- Banana, Mango.
- Cold drinks.



Food items that can be consumed freely

- Cereals: whole grain: oat and barley.
- Pulses.
- Soya bean.
- Leafy vegetables.

Food items that can be consumed freely

- Roots and tubers: carrot onion, garlic and ginger.
- Other vegetables: cucumber, tomato, lady finger, mushrooms, pumpkins, beans.
- Fruits: apple, pineapple, water melon, lemon, orange.

Now lets see the type of diet to be taken in CHD patients with one or more risk factors.

Reversal diet

·10% fat (mostly polyunsaturated or monounsaturated).

·70-75% carbohydrates.

·15-20% proteins.



- ·5 mg cholesterol / day.
- · Allows but does not encourage moderate alcohol consumption.

- ·Excludes all oils and animal products except non fat milk and yogurt.
- · Allows egg white.

- ·Excludes caffeine and other stimulants.
- · Allows moderate use of salt and sugar.

CONCLUSION:

Modification of diet goes a long way in prevention of **CHD** especially in those people having multiple risk factors.

Dietary management will further decrease those risk factors and the occurrence of CHD.

In persons already suffering from CHD, right kind of dietary management will By pass the need for interventions and bypass surgery.

Being healthy is as easy as ABCDE

Avoid alcohol

Be physically active

Cut down on salt and sugar

Don't use tobacco products

Eat plenty of fruits and vegetables

