

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/neurofrontiers/exploring-the-role-of-nutrition-in-managing-neurological-disorders/24168/

ReachMD

www.reachmd.com info@reachmd.com (866) 423-7849

Exploring the Role of Nutrition in Managing Neurological Disorders

Announcer:

You're listening to *NeuroFrontiers* on ReachMD. On this episode, we'll discuss the role of nutrition in neurologic diseases with Dr. Karima Benameur. Dr. Benameur is an Associate Professor of Neurology at Emory University and the Stroke Director at Emory University Hospital Midtown. She also presented a session on this exact topic at the 2024 AAN Annual Meeting. Let's hear from her now.

Dr. Benameur:

So my session at AAN is called Food for Thought, and it is all about nutrition and its role in neurological diseases. The session itself will only deal with some of the neurological diseases since we're limited to two hours, but there is data to support the role of nutrition in many neurological diseases. The strongest data is for stroke and dementia, but there is data to support nutrition's role in multiple sclerosis, Parkinson's disease, migraines, and epilepsy and data for different types of dietary interventions to try to improve outcomes in neurological diseases.

So despite us not having very strong guidelines to guide our care as neurologists in using nutrition in various neurological diseases, there is definitely data to support it. And fortunately, it's being recognized lately, and there are many neurologists who have incorporated counseling their patients. The best data that we have is about the Mediterranean diet, and essentially, the Mediterranean diet, as you know, is defined as the way people who live around the Mediterranean Sea eat. It really is a diet that is very rich in fruits and vegetables, unprocessed food, olive oil, nuts, seeds, and grains and not as much red meat, sweets, and that kind of thing. And so traditionally, it was defined as a Mediterranean diet because that's where the first study started, but really, you could think of the Nordic diet as being in kind of the same pattern.

The DASH diet is a little bit in the same pattern, although it does not have the olive oil component to it. Olive oil is really the main thing and is mainly in the Mediterranean diet. And so the data that we have is that the Mediterranean diet is very helpful in stroke prevention. It also is helpful even when you have a stroke to lessen how severe the stroke is, so not only prevent another stroke from happening, but even when a stroke does happen, it is less severe and patients have less functional deficits.

The Mediterranean diet has also data in multiple sclerosis and in dementia, although in dementia, it's mainly the MIND diet that has more data. And so the MIND diet is kind of like a marriage between the Mediterranean and DASH diet, and it really is very similar to the Mediterranean diet except that it's very prescriptive. And so when you say to patients in the Mediterranean diet try to eat more fruits and vegetables, I usually tell my patients to make sure that half your plate is vegetables that are obviously not fried. In the MIND diet, there are specific prescriptions of five servings of this and four servings of that and things like that, and there is definitely data to support the MIND diet in dementia. Unfortunately, those have not made it into the guidelines yet.

So when neurologists are trying to counsel their patients about nutrition, one of the things that you really have to take into consideration is your patient's background because diet is fuel for your body, but diet is culture, diet is celebration, diet is comfort; and we all have different ways of growing up and how we ate growing up, and so you have to take that into consideration. If you're counseling somebody, for example, who is of Southeast Asian origin or Hispanic origin or African American origin, you have to tailor that counseling to their guidelines. So for example, if somebody is Southeast Asian, you cannot say, "Well, do not eat white rice," because that will not fit with their culture. You want to tailor it to their culture.

The majority of my patients are African American, and so when I try to counsel them, I'll say, you know, "People, for example, around the Mediterranean will eat a lot of spinach and feta cheese, but for you, that would translate into eating a lot of collard greens or mustard greens. Make sure that you have a lot of greens with all your meals, if possible." And so just kind of tailor it to the culture and tailor it to their socioeconomic status because not everybody has access to a grocery store to get fresh fruits and vegetables next to them. A lot of

people live in food deserts, and so I'll usually say, "If you will have trouble getting fresh fruits and vegetables and all you have is a dollar store near you, maybe try to buy frozen vegetables." Flash frozen vegetables have good nutrition. They're better than canned, which is full of sodium. And that will get them some of the benefits of the fruits and vegetables that they don't have access to.

Announcer:

That was Dr. Karima Benameur talking about her presentation at the 2024 AAN Annual Meeting that focused on nutrition and neurologic diseases. To access this and other episodes in our series, visit *NeuroFrontiers* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!