

Transcript Details

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Updated Guidelines for Youth with Dyslipidemia

Dr. Cheeley:

For young kids with moderate to severe dyslipidemia, watching their diet and leading a heart-healthy lifestyle are paramount. However, very few guidelines existed to address the unique needs of youth with dyslipidemia until a recent article, titled “Nutrition Interventions for Youth with Dyslipidemia, A National Lipid Association Clinical Perspective.” This was published in the *Journal of Clinical Lipidology*.

Welcome to *Heart Matters* on ReachMD. I’m Dr. Mary Katherine Cheeley. And joining me to discuss these guidelines for youth with dyslipidemia is Lauren Williams. Lauren is a Class II Clinical Dietitian at Cook Children’s Health Care System in Texas.

Lauren, thanks for joining me today.

Ms. Williams:

Thanks for having me. I’m excited.

Dr. Cheeley:

Let’s start with some background on kids with dyslipidemia. How are their nutritional needs different from other kids their same age?

Ms. Williams:

So surprisingly, it’s not very different in terms of their nutritional needs. The biggest thing is that they will need to watch things like saturated fat. Transitioning goes from eating more of the saturated fats to doing more unsaturated fats in their diet, doing more fiber, but really, for the most part, a lot of it is just healthy eating, kind of the same guidelines that you would see for other kids their age.

Dr. Cheeley:

What nutritional interventions are recommended for kids with dyslipidemia?

Ms. Williams:

Overall, what we’re trying to help our kiddos to do is to transition from doing more saturated fat, so things like high-fat meat, high-fat dairy to more of an unsaturated fat, so doing more fats from things like olive oil or avocado, almonds, walnuts, instead of your typical bacon cheeseburger or other saturated fats. Along with that, we want to do more fiber, so especially things like whole grains, whole wheat bread, instead of white bread, brown rice instead of white rice, incorporating fruits and vegetables, and then also lots and lots of physical activity. So just as other kids their age, we want to do at least 60 minutes of active playtime or physical activity most days per week.

Dr. Cheeley:

So I have three kids of my own, and that sounds really hard to do trying to get them to switch to those kind of healthier versions of things. I assume that’s probably cutting out more processed foods, things that we try to tell our adult patients to do, as well.

Ms. Williams:

So it's hard, because one of the things that I hear from a lot of kiddos is, "Well, my friends don't eat like this," and so really, what I love to do is talk to them about having the same foods that they see their friends enjoying but maybe in a different way. So maybe instead of regular chips, we're doing baked chips, or we're doing chips that are more whole-grain based, and then we're also getting our healthier fats that either they're cooking with at home or just trying to make it work to where they can eat similar things to what their friends are eating.

Dr. Cheeley:

So how do you work with your families or your more adolescent patients to help them implement those things? Because they sound great, but they also sound really hard in busy lifestyles. What are some of your tips and tricks?

Ms. Williams:

I feel like for most families it can get really overwhelming, and so one of the best things to do in my opinion is to really meet the families where they're at. For example, if they're involved in two or three different types of sports and so are their siblings and mom and dad are busy, it wouldn't be realistic for me to say, "You really need to eat at home every single night." That's not going to happen for that family probably, and so instead, maybe talking to them about, "Let's talk about ways that we can follow this heart-healthy diet whenever we're eating out." What are some places around them that they could probably choose healthier fats and not do as many of the saturated fats? And then also, if there's one or two days per week that they can maybe incorporate some meal planning so where they can eat at home on those couple of days; or, I have patients that really can't stand fruits and vegetables, and so maybe instead of me recommending half of a plate of vegetables, like as on the plate method, then maybe I say, "Okay, let's try one vegetable, one bite of a vegetable just to see what you think, and you may love it or you may hate it," but kind of meeting them where they're at. And instead of doing these overarching recommendations of "Oh, just eat less saturated fat," really giving them specific things that they can incorporate in their lifestyle that they have right now.

Dr. Cheeley:

I love that. For those of you just joining us, you're listening to *Heart Matters* on ReachMD. I'm Dr. Mary Katherine Cheeley, and I'm speaking with Clinical Dietitian Lauren Williams about nutritional interventions for youth with dyslipidemia.

All right, Lauren, let's jump back in. What impact do these nutritional interventions have on youth with dyslipidemia?

Ms. Williams:

There's a couple of different things. So for those with an elevated LDL cholesterol, then it can help to lower our LDL cholesterol and our total cholesterol. For those with high triglycerides, it's really more of a focus on lowering simple carbohydrates, sugary drinks, and those types of things in the diet, and that can help to lower triglyceride levels. The physical activity also helps with bumping up our good cholesterol, our HDL cholesterol, and bringing down our total and our LDL cholesterol, so there's a multitude of different advantages.

Dr. Cheeley:

So I think that's a really great point. Just like adults have different disease pathologies, so do kids and so do youth, so making sure that you're tailoring not just their medication therapy but also their nutritional interventions, and then what you expect from that is a huge point.

Ms. Williams:

Absolutely. And truthfully, I feel like that's needed, right? Because if they go online, if they Google search, "heart-healthy diet," that may be focusing more on saturated versus unsaturated fat, but really, they are struggling with high triglycerides because they drink sugary drinks every day, or maybe they have a genetic condition that predisposes them to hypertriglyceridemia or hypercholesterolemia, and they need something tailored specifically to that. So that's one thing that in the clinical perspective that was really important to all of the authors is really going through each specific condition and talking about ways that we can make the overall guidelines work for each

individual.

Dr. Cheeley:

I think that was one of my favorite things about it is that it wasn't one size fits all.

Dr. Cheeley:

So let's jump into something that is near and dear to my heart as a pharmacist. Are there any role for dietary supplements in these interventions with these patients?

Ms. Williams:

There are with some caveats. So those that have been researched and that are included are things like soluble fiber supplementation, and that can help to lower our total cholesterol and our LDL cholesterol, and then also we talk about plant sterols and stanols. Omega-3 fats are discussed, as well, and then also CoQ-10 is something that we covered, as well. The truth of the matter is that nutrition supplements are kind of a tricky thing because you think, "They wouldn't be allowed to be on the shelf if it was something that could potentially be harmful," and unfortunately, that's just not the case. A lot of the time the supplement may or may not have what it says that it has in it, and so supplements are something that, yes, there's a role. Some of them haven't been very well researched, particularly in children. Whenever speaking to a family, one of the things that I like to talk about is one—Is it going to be harmful to the kiddo? And two—Is it going to be helpful?—Or truthfully, is it going to be a waste of money for the family?

Dr. Cheeley:

I think that's something that I focus on a lot in my patients, as well, that love to talk about dietary supplements or want to take the "natural route," because I would much rather you spend money on good healthy food or on medicines that we know are proven and safe and will get us to the outcomes than for something that you picked up on the shelf at Kroger.

Ms. Williams:

And I think it is really important to talk to families, too, to see where they're at because we also have families that they maybe are not quite ready or willing to put their child on a lipid-lowering medication, and so they want to do something more natural. Well, I would prefer for them to talk to their doctor and their dietitian and their pharmacist about that rather than going to Dr. Google and learning about it, and so that's something that it's so important to ask families, "What are you taking?"—not just medication but, "What are you taking nutrition supplement-wise and herbal supplements?" Because that can make an impact and having that conversation with them in the office to me is going to be a lot safer than them just going online and buying whatever product that they saw on Instagram or TikTok.

Dr. Cheeley:

Before we close, are there any other thoughts that you want to leave us with or any experiences that you've had with your kids that you treat?

Ms. Williams:

Truthfully, I think one of the most important things is to remember that nutrition is a very personal thing, and people are going to have thoughts, feelings, and emotions surrounding food. If I have somebody with hypertriglyceridemia who's binge eating because they are depressed, well truthfully, they don't need to be talking to me right then. As the dietitian, me telling them, "Well, you really shouldn't be binge eating," that's not helpful. What's helpful is for us to be able to, as providers, talk to that person and say, "Hey, I see you where you're at, and I see the struggles that you're having. How can I best help to serve you in this? Yes, these are the guidelines. That's our end goal. How can I best help to serve you and help to get you there?" So maybe we get connected to a mental health professional.

One of the things that has been a big struggle for a lot of people has been the economic impact. Inflation is causing a lot of food prices to go up, and it's expensive—especially lean proteins that we're asking people to buy—they're expensive. And so just trying to really

have the conversation of what are some of the barriers to change, and also, trying really hard to not have unintended consequences. So sometimes whenever we say, "Eat less, exercise more," and then we leave the room, well, if that person goes online and figures out that if they eat 1,200 calories a day, then they can lose weight, and their weight loss is helping their triglyceride levels or their cholesterol, what if they start cutting it down to 800? Well, that's disordered eating. And so we need to have those conversations and really just taking the time to really meet the person where they're at.

Dr. Cheeley:

These are certainly some valuable guidelines that are going to help us care better for our kiddos with dyslipidemia. So I want to thank my guest, Lauren Williams, for sharing her insights with me today. Lauren, this was lovely. It was a pleasure chatting with you.

Ms. Williams:

Thank you for having me.

Dr. Cheeley:

For ReachMD, I'm Dr. Mary Katherine Cheeley. To access this and other episodes in our series, visit ReachMD.com/HeartMatters where you can Be Part of the Knowledge. Thanks for listening.