

Transcript Details

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Eating for Cardiovascular Health

You are listening to ReachMD, the Channel for Medical Professionals. Hi, this is Dr. Thomas Bersot, president of the National Lipid Association and I'd like to welcome you to Lipid Luminations hosted by Dr. Larry Kaskel and presented by the National Lipid Association.

DR. LARRY KASKEL:

Each year Americans waste millions of dollars on food products that claim they are heart-healthy. What is the truth about heart-healthy foods? Welcome to Lipid Luminations. I'm Dr. Larry Kaskel, your host and joining me today is Mary Filando, a clinical dietitian, with the Preventive and Rehabilitative Cardiac Center at Cedars-Sinai Hospital and we are going to talk about favorable foods and food patterns that will help improve cardiovascular health. "Mary, welcome to the show."

MARY FILANDO:

Thank you.

DR. LARRY KASKEL:

Let's start with, I guess, a big question, "how can foods be used to improve cardiac health?"

MARY FILANDO:

Well, I think that one of the most important things is to offer people choices because there are lots of food patterns and they all boil down to hopefully the same thing of a more plant-based eating pattern, but, you know, to focus on the positives and food is medicine and what we can eat more of because I think when someone comes in to see a dietitian, they think that it's all about restriction and we'd like to put the positive spin on it.

DR. LARRY KASKEL:

So the expression you are what you eat, I think still holds true, but what about you are what you eat, eats? In terms of what we are feeding our livestock these days, our chicken, and even our fish. I mean if we are feeding them foods that's high in omega-6, then we are going to be getting tons of omega-6s when we should really be getting Omega-3s.

MARY FILANDO:

Right, that is true, and I think that when we talk about more plant-based eating, those things are pretty much the same, so 8 to 10 servings of fruits and vegetables a day and some brown starches, and some beans, and some nuts, and saute things in a little olive oil, put some healthy fats into it, and then what you are left with is just a small portion of your plate that might be about the size of a quarter of the plate would be for that animal protein and that way with the emphasize if there are problems associated with the way that we are farming fish or growing our livestock.

DR. LARRY KASKEL:

You brought up farm-raised fish and I think there's a perception or an illusion out there that they are no different than wild fish and that we can get the same health benefits from farm-raised fish as we can from wild fish. Can you address that?

MARY FILANDO:

And you know, I think that what we ask our people to do here at Ciders is to eat more fish and we do ask them to stay away from the fish higher in mercury like swordfish and mackerel and tilefish and the white tuna, but the other fish even if it is farm raised, if you are having 3 ounces of salmon or 4 to 6 ounces, you are still getting a good portion of omega-3 fatty acids. So, we really aren't down on saying, I mean, if you can choose the wild salmon, it is better but it's cost prohibitive for many people. One place that you can find wild salmon that is a good price is in a can. Of course, then you have the price to pay of the higher sodium content, but often the canned salmon that you see in the store is the wild salmon.

DR. LARRY KASKEL:

Well, let's broaden out to different dietary patterns or different dietary pattern trials that have been done that can actually back up what you tell patients. What trials can you look to and say listen, "this is a trial that's been done. It is evidence-based medicine proving that if you follow this particular lifestyle, you will live longer."

MARY FILANDO:

Yeah, I do look at those studies because I think that nowadays everybody is into that one food that's going to be the super food of that week or something. So, everyone's into dark chocolate or everyone's into berries, or everyone's into nuts, but it really is the whole diet pattern that's the main thing, not just that one super food. It's how it all works for the whole day, the whole week, the whole month, the whole year, and I look toward first Lyon Diet Heart Study from 1994 that was published in Lancet and what did they tell these people who all had heart attacks with we are looking at a secondary prevention study with 302 experimental people versus the control group of 303 and they actually follow them for 5 years. So we're really looking at good primary endpoints like all-cause mortality and cardiovascular events. And there was a 70% reduction in all-cause mortality. So what did they tell these people to eat? Now these are French people in Lyon, France, so of course they were eating a lot of butter and that's the one thing I tell people, "butter really is poison at 7.6 gm of saturated fat per tablespoon." Butter, it just doesn't fit into somebody's eating plan of 12 gm of saturated fat a day and dining out we could get into that another time, but butter is in everything. So that was one of the biggest things in the study, is that they ask the people not to eat butter or cream and they replaced it with a kind of a spread that was like olive oil, but it was in the form of a margarine-type spread that was low in trans fats and had about the same saturated fat as olive oil and contained alpha-linolenic acid, which is an Omega-3 fatty acid. So, because it was canola-based margarine shall we say? So for these people they would not accept

olive oil as a good substitute because they were used butter and this was kind of their buttery spread. They were also told to eat more root vegetables and green vegetables, more fish, less meat, to use canola and olive oil for their salads and they ended up eating more fruit, more vegetables, more bread, but less fat, definitely way, way, way less butter than the usual people and they ended up with some great results, but I think one of the most important things is that even after 5 years they were really still following this Mediterranean style of eating. So we are looking at an eating pattern that's kind of fun, that isn't about restriction and denial and no fat and no taste kinds of foods, but real fresh unprocessed healthy foods that we would find in Mediterranean countries.

If you've just tuned in, you are listening to Lipid Luminations on ReachMD XM160, the Channel for Medical Professionals. I'm Dr. Larry Kaskel and I am speaking with Mary Filando, a clinical dietitian, with the Preventive and Rehabilitative Cardiac Center at Cedars-Sinai Hospital and we're trying to identify favorable foods and food patterns that patients can choose to improve their cardiovascular health.

DR. LARRY KASKEL:

Mary, are there any ongoing studies now that are still looking at either Mediterranean-lifestyle diets or low-carb diets that you are aware of?

MARY FILANDO:

There is a big study that's called the PREDIMED study and people can go on predimed.org to read more about it. It is a 5-year study, but we are already getting some of their results. Their final results aren't due until the end of 2010, but they are studying people at high risk for heart disease and one group is the usual care, one group is given olive oil and told to take this olive oil home and use it in anything they want, as much as they want and the third group is given satchels of nuts. These nuts include hazelnuts, almonds, and walnuts and they are told to enjoy nuts often at least once a day. And we'll be looking at, you know, this is a primary prevention trial, so we will be looking to see who goes on to have cardiac events in these 3 groups and we are already seeing the secondary endpoints come in of lower incidence of metabolic syndrome in people that are eating more nuts. That came out in one study. One study was just a 3-month look at how they were doing as far as levels of inflammation and things like that. So that will be a fun one to look at.

DR. LARRY KASKEL:

So Mary, I know that you are nutty about nuts.

MARY FILANDO:

Ha Ha Ha

DR. LARRY KASKEL:

And can you tell me a little bit about what's in the nuts that is so magical or that really has the positive effects.

MARY FILANDO:

Yeah, nuts are, as you know, mostly unsaturated fat, although there are a couple that I put in the little bit too high to fit in everyday group and those 3 nuts are Brazil nuts, Macadamia nuts, and Cashews. Just a little bit too high to be the everyday nuts, but nuts contains lots of fiber, plant protein, plant sterols that block the absorption of cholesterol. They contain certain fatty acid patterns; for instance, walnuts contain alpha-linolenic acid, what we don't find at very many places, but that alpha-linolenic acid may improve endothelial function, so walnuts being a good choice. Almonds, one of the places we find lots of natural vitamin E, which may help us decrease the C-reactive protein. So, nuts are a fun thing to eat. The thing that I think people are reticent about recommending them, is that they are afraid that people will gain weight and even our patients will say, "Well, Mary aren't those high in calories. I never thought I would be eating nuts." And we don't want people to eat them out of the can and eat so many of them, but if we tell them to eat nuts and eat about a handful a day even though that's extra calories, studies have shown that those people do not go on and gain weight after 2 or 3 months. When we know that maybe they should have gained weight because they were eating those extra calories, but they somehow naturally ate less somewhere else during the day to make up for the calories. So the calories weren't all there as something that would, you know, you would be worried that your patients would be gaining weight.

DR. LARRY KASKEL:

And you brought up dark chocolate earlier, that every week there is a new wonder food. Are there some proven clinical benefits of dark chocolate or is that just a marketing campaign?

MARY FILANDO:

I think a lot of it is a marketing campaign because why would we want to have something that's high in flavonols that has 200 or 300 calories in it when most of us are worrying about weight. So, I think that may be the studies that I've seen show that the amount that would be in 2 dark chocolate Hershey's Kisses is about the amount that could decrease blood pressure or improve C-reactive protein, but some of these studies aren't long enough for us to really tell if it's really an effect that we will see over 3 or 4 months. You know how sometimes if you institute a change, blood pressure will react, but then it doesn't stay down over the long run. So, I would like chocolate and again we're looking for good news, but I think it's good news in modulation and a serving is not a whole candy bar, but a serving is 2 dark chocolate Hershey's Kisses and I'm not sure if you're like me, but if you have those Hershey's Kisses on the table, you end up eating a lot more than you think and you really don't stop at 2 once you bring them in the house. So unless you can control yourself, this is not a good idea, but if you are someone that says, "a little bit at the end of a meal is perfect for me," then you're the perfect person. The other thing about chocolate, even though it is high in saturated fat, the kind of saturated fat isn't as dangerous to the LDL cholesterol. So when I look at it, this is not as scientific, but if it says that, let's say one Hershey's Kiss contains 1 g of saturated fat, I kind of think of it as about a half-a-gram. So you could still end up with enough saturated fat that you would be raising your LDL plus the fact if you gain weight of course your LDL could go up too.

DR. LARRY KASKEL:

Now there was a quote that was read by Margaret Mead that says, "it's easier to change a man's religion than it is to change his diet." Over the years you've been at Cedars-Sinai, how have you been able to actually implement change in your patients? Do they have to have an event for them to change or can you somehow convince them to change?

MARY FILANDO:

I see people for a primary prevention and for secondary prevention. So, for secondary prevention we have our patients and some of them have had an event that scared them, so they feel that they will do anything to make the changes necessary not to have to come

back to cardiac rehab again. They're motivated if they believe they've actually had an event. Some of them are in denial, not ready to make changes yet, may be ready to make changes in some areas, maybe exercise, or smoking cessation, or some of the other lifestyle things would be higher on their agenda and the fact that we give them choices and help them make the decisions that will improve their health in the long run. For the primary prevention people, I think it really is the physician that says to the patient, "listen, this doesn't look good. Your LDL is too high. Your triglycerides are high. Your HDL is too low. You can do this and you can have this look better if you meet with Mary and you listen to what she says." So I think sometimes having the physicians give me the authority, then the patient comes in and has a better feeling about it and that the physician will be checking up and repeating lipids and looking at some good objective information and then I think it's all about habits, it's not about diets and for some people it's gradual changes and that's the way they like to do things. For other people, it's black and white, "let's do it all right now, I'm ready." So you go with what the patient is ready to do at the time and focus on those positives because, gosh, the food tastes fantastic.

DR. LARRY KASKEL:

Well, on that note, I would like to thank our guest, Mary Filando, a clinical dietitian, with the Preventive and Rehabilitative Cardiac Center at Cedars-Sinai for coming on Lipid Luminations today.

MARY FILANDO:

Thank you.

Thank you for listening to Lipid Luminations presented by the National Lipid Association. For more information, visit www.lipid.org.