

# Heart Headlines

A professional resource on nutrition and heart health brought to you by the Promise Institute for Heart Health Nutrition

## Prevention of Cardiovascular Disease in Women

### THE FOCUS



This issue highlights the dietary and lifestyle advice from the 2007 American Heart Association Guidelines for Prevention of Cardiovascular Disease in Women. To help you apply these new clinical recommendations in your practice, read on for useful tips and suggestions.

### MEAL PLANNING TOOLS

Link to the Promise Institute for Heart Health Nutrition for recipes for a heart healthy lifestyle!  
[www.PromiseInstitute.org](http://www.PromiseInstitute.org)

According to the American Heart Association (AHA), cardiovascular disease (CVD) accounts for one-third of deaths in women, making it the number one killer worldwide. Currently, 38.2 million women (34%) in the U.S. live with some form of CVD, and experts believe that the at-risk population is much larger.<sup>1</sup>

To help physicians and other healthcare providers communicate the most current information to patients, the AHA regularly updates a set of evidence-based CVD guidelines for women. The 2007 guidelines depart from older versions by focusing on lifetime risk rather than on short-term disease management. (For the full report, go to <http://circ.ahajournals.org/cgi/content/full/115/11/1481>).

### Barriers to Care

Although heart disease can be preventable, the AHA expert panel identified barriers to care. Many women only receive medical care after symptoms arise and prevention is no longer an option. These barriers include a woman's perception of risk, lack of counsel from healthcare providers and even mixed messages in the media. Some healthcare providers either don't explain the importance of heart health or clearly explain how to decrease risk, and mixed media messages cause confusion about effective prevention.<sup>1</sup> One out of five women report that their healthcare provider did not adequately explain how CVD risk can be reduced, while physicians cite inadequate insurance coverage as a

confounding variable in initiating lifestyle modifications. With improved education and insurance benefits, women may be more apt to appreciate and manage their risk for CVD.

### The Latest Guidelines

The latest guidelines continue to prioritize the importance of managing blood lipids, blood pressure and diabetes as key strategies to reduce the risk of CVD in women. The guidelines advise:

Table 1

Guidelines for Prevention of CVD in Women
<b>Desirable lipid levels</b>
LDL-C < 100 mg/dL
HDL-C > 50 mg/dL
Triglycerides < 150 mg/dL
Non-HDL-C (total cholesterol minus HDL-C) < 130 mg/dL
Control should be encouraged through lifestyle approaches
<b>Diabetes mellitus</b>
Achieve HbA1C < 7% if possible
<b>Blood pressure</b>
Maintain < 120/80 with lifestyle changes including: weight control, increased physical activity, alcohol moderation, sodium restriction, and an emphasis on eating fresh fruits, vegetables and low-fat dairy products

*Continued on Page 2*

Heart Headlines™ is published regularly and sent to healthcare professionals by the Promise Institute for Heart Health Nutrition. Promise established the Promise Institute for Heart Health Nutrition to provide heart health educators and the public with the latest scientific information and useful educational tools about nutrition and heart disease.

## Key Dietary Advice for Women

- Choose whole-grain, high-fiber foods
- Eat fish, especially oily fish, at least twice a week
- Limit alcohol to no more than one drink per day
- Limit sodium intake to <2.3 g (about 1 tsp. of salt) daily
- Limit saturated fat to <10%, and if possible, <7% of calories
- Limit cholesterol to <300 mg/d
- Keep trans fat as low as possible (<1% of calories)

## Preventing cardiovascular disease

*Continued from Page 1*

The benefit of early adoption of a prudent lifestyle and diet as part of CVD risk factor management for women is now established and these current guidelines for women reflect this.

To manage lifetime risk for CVD, all women should implement the following Class 1\* Lifestyle Recommendations:

- Stop smoking
- Adopt a heart healthy eating pattern
- Do regular physical activity
- Manage weight

\*Class 1 – recommendations for which the evidence shows the intervention is useful and effective.

For dietary intake, earlier advice to consume a diet with a variety of vegetables, grains, low-fat or nonfat dairy, fish, legumes, and sources of protein low in saturated fat is reinforced, along with new recommendations to consume specific foods that are heart healthy, such as whole-grain, high-fiber foods and fish high in omega-3 fats. See sidebar, “Key Dietary Advice for Women” to review the recommendations for dietary intake.

## Helping your clients achieve the goals

Here are some helpful tips to get your clients started on a healthy track:

### Choosing a Healthful Diet Overall

- During counseling sessions, go to [www.mypyramid.gov](http://www.mypyramid.gov) with clients to help them get their personalized MyPyramid Plan that provides recommendations for daily calories, number of servings from each food group, teaspoons of oils and discretionary calories. Also work with your clients to help them log their current intake on the MyPyramid Meal Tracking Worksheet and track their progress as they make positive changes such as including more fruits and vegetables, whole grains, oily fish, legumes, low-fat and non-fat dairy, and protein sources low in saturated fat in the diet.
- Help your clients rate their plate. After taking a diet history, work with your client to draw a pie chart labeled with the names and proportions of foods on their typical dinner plate. Then draw another pie chart

labeled with healthful changes they could make such as switching from white rice to brown rice, increasing the vegetable section and adding low saturated fat protein choices. Help them develop a meal that is heavy on nutritious choices, and light on saturated fat and empty calories.

- A good rule of thumb to tell clients: “Make half your grains whole” by choosing whole-grain cereals, whole wheat breads, whole wheat pasta, brown rice and other whole grain options whenever possible.
- The recommendation to add fish rich in omega-3 fats to the diet can prove difficult for clients who dislike seafood, do not know how to prepare fish or worry about food safety. Create a handout of the safest local and frozen fish, and where it can be purchased. Include some simple fish recipes to help your clients see how quick and easy it is to prepare.

### Keeping the Sodium Low

- Alert your clients to the high sodium content of some ready-prepared, pre-seasoned pilaf brands that tout whole grains. Instead, advise clients to save on sodium (and money) by preparing their own tasty side dish of pilaf (e.g., rice, quinoa, bulgar) cooked in low-sodium broth instead of water.
- Recommend adding color, flavor and nutrients to recipes by tossing in sautéed onions, corn, roasted garlic, peas, spinach, or even raisins or dried cranberries. A small amount of lightly-toasted pine nuts, slivered almonds or walnuts can also add a nutritious flavor boost. Emphasize that the naturally nutty flavor of whole grains reduces the need to add salt.

### Talking about Saturated and Trans Fat

- Clients have heard the “cut the fat” message many times and probably think it means “deprivation” and “cut out all fats”. For heart health, provide education for which fats raise cholesterol and which lower cholesterol. Here are some tips to broach the subject with your clients, and help them choose the right types of fat to get both great taste and good health.
- Using the technique for rating their plate, have your client include specific food choices that you have discussed, to add omega-3 fats and decrease saturated fat. For example, if a client’s dinner plate normally contains a high saturated fat protein source, white

*Continued on Page 3*

**Choose Soft Margarine**

- Look for a soft margarine, vegetable oil spread
- Scan the label for the lowest saturated fat content
- Keep saturated fat below 2 g per serving
- Choose no trans fat per serving
- Use it for cooking, baking, sautéing and spreading
- Provides essential fatty acids, the “good” fats

**Preventing cardiovascular disease**

*Continued from Page 2*

rice and a small portion of vegetables, encourage a shift towards a checkbook-sized portion of fish rich in omega-3 fats, ½ cup brown rice and a larger portion of vegetables. Clients find it motivating to know the benefits from making healthful changes, so explain that by choosing the nutritious meal, they will increase “good” omega-3 fats, reduce “bad” fats, stay satisfied longer from increased fiber and get more good nutrition.

- Point out which fats are healthful and which are not, and provide a list of good ones to choose from. Encourage them to visit the recently launched AHA “Face the Fats” at [www.americanheart.org/facethefats](http://www.americanheart.org/facethefats) to learn about fats and test their knowledge with quizzes and interactive tools.
- Give practical ideas like swapping high fat cheese for avocado on sandwiches, choosing turkey instead of higher fat sandwich meats such as bologna or salami, adding nuts or seeds to salads in place of fried croutons or bacon bits, and using a spritzer for salad dressing instead of pouring from the bottle.
- For snacks, encourage them to enjoy nuts over chips or crackers that may have trans fat.

The AHA’s “Face the Fats” tool provides sensible substitutions to help your clients reduce the fat in their diets ([www.americanheart.org/facethefats](http://www.americanheart.org/facethefats)). See table 2 for a sampling of their helpful advice.

**Deciding: Butter or Margarine?**

For a woman at risk for CVD, switching from butter to soft margarine will lower both saturated fat and cholesterol intake. Advise clients to make the switch from butter to soft margarine and provide these helpful tips:

- Check the food label for total fat, saturated fat and trans fat.
- Choose a margarine that contains no more than 2 grams of saturated fat.
- Keep trans fat as low as possible.

Many soft margarines contain NO trans fat per serving.

- Most margarines are made from vegetable oil, therefore they provide no dietary cholesterol.

By choosing soft spread margarine instead of the same amount of butter, clients can reduce saturated fat intake by 50 - 70% and many spreads also are a source of essential fatty acids. Soft margarines can be used for cooking and baking and will reduce saturated fat by at least 50% ([www.promiseinstitute.org](http://www.promiseinstitute.org)). Light or reduced calorie soft margarines are not recommended for baking or sautéing, but are better choices for spreading and topping.

**Encouraging Physical Activity**

To prevent CVD, the AHA recommends that women accumulate at least 30 minutes of moderate-intensity physical activity on most, and preferably all, days of the week. The goal for women who need to lose weight or keep off lost weight is 60 to 90 minutes of moderate-intensity physical activity on most, and preferably all, days of the week.

For sedentary women, even 30 minutes of physical activity can sound challenging. Reassure them that it’s

*Continued on Page 4*

**Table 2**

<b>Sensible Substitutions by the AHA</b>	
<b>Instead of...</b>	<b>Try...</b>
Sour Cream	Low-fat cottage cheese plus low-fat or non-fat yogurt; or try non-fat sour cream
Butter	1 tablespoon soft margarine (low in saturated fat and 0 grams trans fat) or 3/4 tablespoon liquid vegetable oil
Regular potato or corn chips	Pretzels or low-fat potato chips (reduced sodium version)
High-fat cookies and crackers	Fat-free or low-fat cookies, crackers (such as graham crackers, rice cakes, fig and other fruit bars, ginger snaps and molasses cookies)
Ice cream	Sherbet, ice milk or frozen, fat-free or low-fat yogurt
Doughnut	Whole-grain bagel or toast
Cream-based soups	Broth-based soups with lots of vegetables
Buffalo chicken wings	Peel-and-eat shrimp
Quick breads, muffins, croissants	Melba toast, pita bread, whole-grain rolls
Fried chicken sandwich	Grilled chicken sandwich
Chicken fried steak	Veggie burger
French fries	Baked potato, brown rice, steamed vegetables

For the complete list, visit [www.americanheart.org/facethefats](http://www.americanheart.org/facethefats)

## Preventing cardiovascular disease

*Continued from Page 3*

fine to start with shorter bouts of physical activity with a goal of accumulating at least 30 minutes a day. Provide ideas such as parking further from the office door, walking the long way to the bathroom or water cooler, taking a walk after lunch and dinner and longer walks with family or friends on weekends. Pedometers (step counters) can be excellent motivators. Advise clients to log their usual steps for a few days, then challenge themselves by gradually increasing their daily steps every week or so until they reach 10,000 steps a day.

## Making Changes

Chances are your clients who are most concerned with heart disease prevention have already been working with you to manage saturated fat, cholesterol, sodium, and calories. Since a new batch of restrictions will not sound like good news, try presenting the changes in a motivational way—as opportunities to explore new foods, enliven the diet, and to boost overall energy and well-being. To add something new, visit [www.promiseinstitute.org](http://www.promiseinstitute.org) for recipes for a heart healthy lifestyle and professional resources.

## Meal Planning Tools

The Promise Institute for Heart Health Nutrition offers easy to prepare recipes for a heart healthy lifestyle for you and your patients.

Each recipe has:

- No more than 35% calories from fat per recipe serving. Of that, no more than 10% of calories are from saturated fat, and no trans fats.
- No more than 100 mg of cholesterol, per recipe serving.
- No more than 500 mg of sodium per recipe serving.

In addition, stay tuned for 21-day meal plans complete with delicious, nutritious recipes and nutrition information. To access these dining delights, visit [www.promiseinstitute.org](http://www.promiseinstitute.org), login and enjoy!



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## Reference List

- (1) Mosca et al. Evidence-based guidelines for cardiovascular disease prevention in women: 2007 update. *Circulation*. 2007; 115(11): 1481-1501.
- (2) Mosca et al. Guide to CVD Prevention in Women. *JACC*, 2004; 43 (5): 900-21.

