

Dear Health Care Professional,

Over the past half-century, researchers have consistently found strong evidence of a relationship between diet and cardiovascular disease (CVD) risk. Among the dietary factors, the amount and type of fat consumed remains an important determinant of CVD risk. To learn more about the affect diet has on CVD risk factors and the benefit of heart-healthy fats, read on!

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Sincerely,



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Diet Makes a Difference

Over the past half-century, researchers have found strong evidence of a relationship between diet and CVD risk.¹⁻³ Prospective studies have shown that certain diets — specifically diets high in saturated fatty acids (SFA), trans fat (TFA), cholesterol, and animal fat — increase low-density lipoprotein (LDL) cholesterol, a risk factor for heart disease. SFA raises serum levels of HDL-cholesterol, while trans fats decrease HDL-cholesterol and increase the total cholesterol to HDL ratio in a dose-dependent manner.

On the flipside, multiple studies have shown that dietary interventions with reduced total fat, SFA and cholesterol intake can favorably reduce lipid levels in both normal and dyslipidemic patients. Even a 1% decrease in total calories from SFA can lead to a change in LDL-cholesterol.² According to Howell et al, for every 1% change in total energy from SFA, a 1.8 mg/dL change in LDL-cholesterol level was expected.⁴

What the Experts Say

U.S. Dietary Guidelines, the American Heart Association, the National Cholesterol Education Program and the American Dietetics Association all agree that the total daily fat intake should range between 20-35% of calories per day with most fats coming from polyunsaturated (PUFA) and monounsaturated (MUFA) sources. To see chart on the current recommendations for dietary fats from these groups, [click here](#).

Heart-Healthy Fats

Several types of clinical trials have evaluated the effect of different fatty acids on LDL-cholesterol levels and found consistent positive correlations with lowering SFA or substituting "heart healthy" fats such as MUFA and PUFA for SFA. Simply by replacing SFA with MUFA, LDL-cholesterol levels can be decreased by as much as 21.6%.⁴ Diets high in PUFAs lower total and LDL-cholesterol levels, while diets high in MUFAs mainly have a neutral effect.^{2,5} Specifically, Van Horn et al points out that for every 1% increase in PUFA, a 0.50 mg/dL decrease in LDL cholesterol level was predicted and by replacing SFA with MUFA, LDL-cholesterol declined between 2.2% and 21.6%.²

Spread the word

Identifying simple substitutions and offering "tricks of the trade" to reduce SFA and trans fat intakes may have an impact on your patients' heart health outcomes. Here are some pointers from Promise® to add to your list of tips to share with your patients:

- Replace butter with Promise® Buttery Spread. This simple change reduces saturated fat per serving by 79% and cholesterol by 100%.^{*} As an added bonus, each serving provides an excellent source of omega-3 ALA.
- Cook Heart-Healthy. Use Promise® Buttery Spread for cooking, baking and sautéing as well as spreading. Need a recipe? [Click here to find your next meal.](#)
- Eat PUFAs each day in place of SFAs. Find these healthier fats in fish, nuts, flaxseed and vegetable oils (including soybean, flaxseed, safflower, sunflower, canola and olive) as well as in Promise® Buttery Spread.

^{*}Promise® Buttery Spread can help maintain a healthy heart when eaten instead of butter or margarine, as part of a diet low in saturated fat, trans fat and cholesterol. Promise® Buttery Spread contains 8g total fat and 1.5g saturated fat per serving. It can be used in the preparation of heart healthy recipes when substituted for butter or margarine.

^{*}Promise Buttery Spread contains 550 mg of omega-3 ALA per serving, which is 42% of the Daily Value for ALA (1.3 g). Contains 3300 mg omega-6 fatty acids per serving.

References

1. American Heart Association. Heart disease and stroke statistics - 2008 update: A report from the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. *Circulation* 2008; 117:e25-e146.
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3. Van Horn L, Ernst N. A summary of the science supporting the new National Cholesterol Education Program dietary recommendations: what dietitians should know. *J Am Diet Assoc.* 2001;101:1148-1154.
4. Howell WH, McNamara, DJ., Tosca, MA., Smith, BT., Gaines, JA. Plasma lipid and lipoprotein responses to dietary fat and cholesterol: A meta-analysis. *Am J Clin Nutr.* 1997;65:1747-1764.
5. Executive Summary of the Third Report of The National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III). *JAMA.* 2001;285:2486-2497.

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