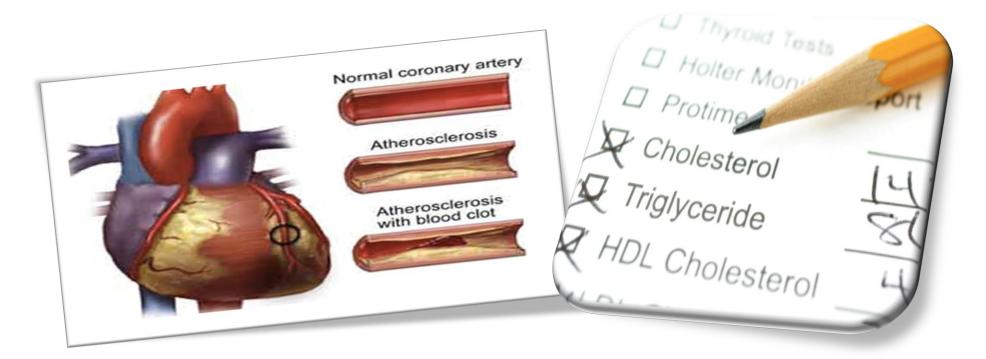
Fats and Heart Disease

Lourdes Ella G. Santos, MD

Preventive Cardiology, Clinical Lipidology and Hypertension

UP-PGH / Cardinal Santos Medical Center

- Trigylcerides
- High density Lipoprotein (HDL)
- Low density Lipoprotein (LDL)

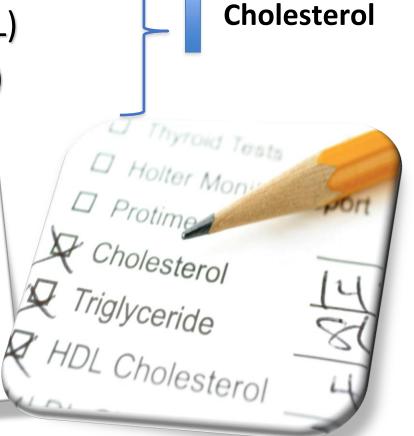


- Trigylcerides
- High density Lipoprotein (HDL)
- Low density Lipoprotein (LDL)

Normal coronary artery

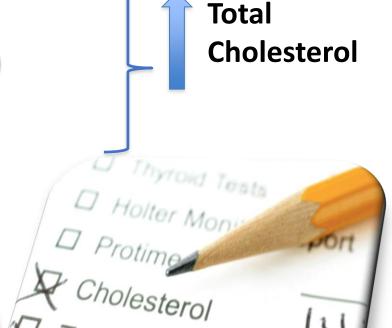
Atherosclerosis

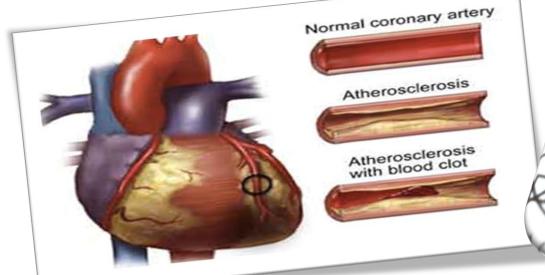
Atherosclerosis with blood clot



Total

- Trigylcerides
- High density Lipoprotein (HDL)
- Low density Lipoprotein (LDL)





Triglycerides

Classification of Serum Triglycerides

Normal

Borderline High

High

Very High

< 150 mg/dL

 $150 - 199 \, \text{mg/dL}$

200 – 499 mg/dL

> 500 mg/dL

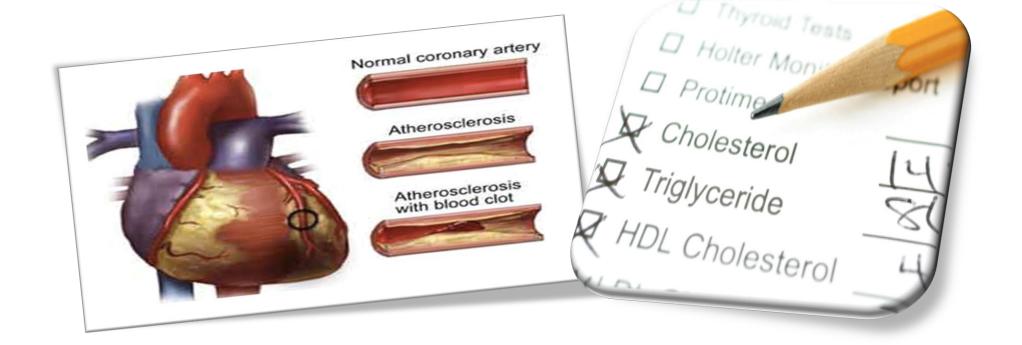
^{1.} Jacobson, Terry & Ito, Matthew & Maki, Kevin & Orringer, Carl & Bays, Harold & Jones, Peter & McKenney, James & Grundy, Scott & Gill, Edward & Wild, Robert & Wilson, Don & Brown, William. (2014). National Lipid Association Recommendations for Patient-Centered Management of Dyslipidemia: Part 1—Full Report. Journal of Clinical Lipidology. 8. 10.1016/j.jacl.2014.07.007.

^{2. 2016} ESC/EAS Guidelines for the Management of Dyslipidaemias European Heart Journal (2016) 37, 2999–3058

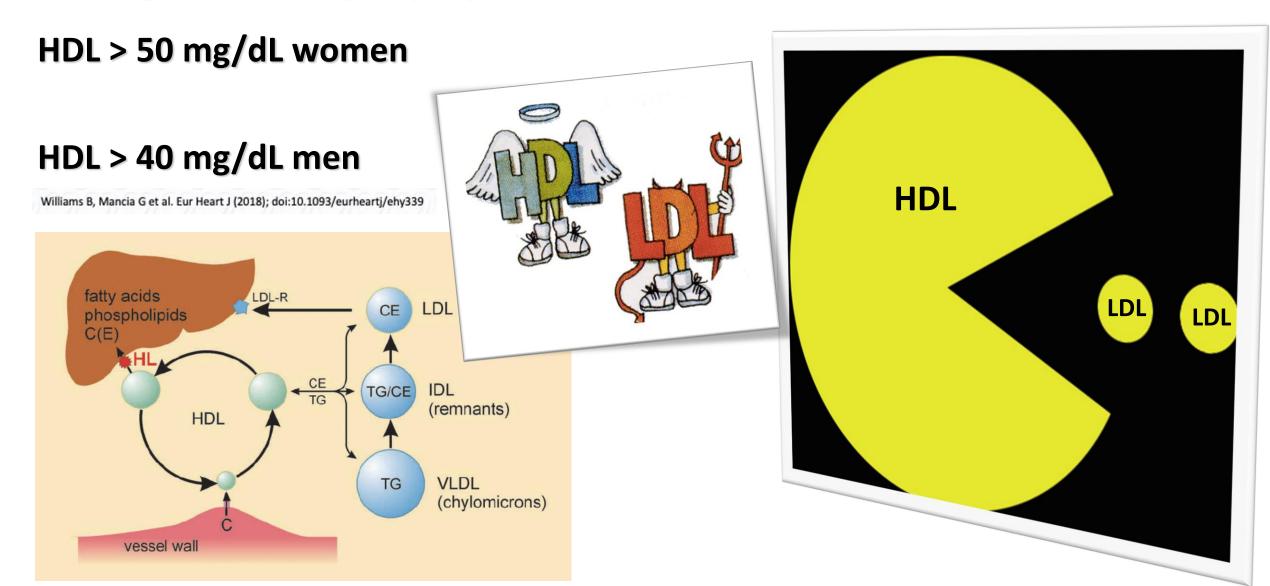
^{3.} Laufs U et al., European Heart Journal (2020) 41, 99–109







High Density Lipoprotein (Good Cholesterol)

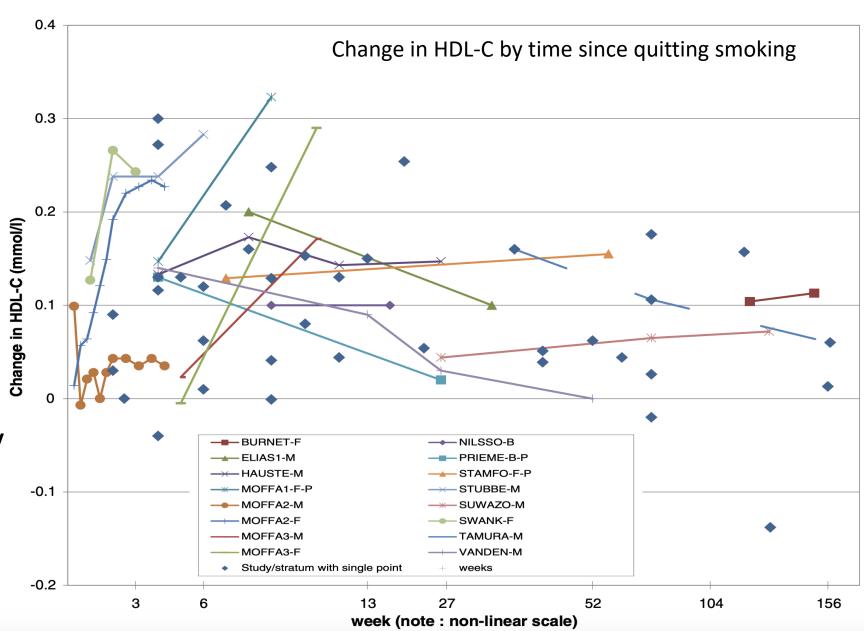


How to Raise HDL: SMOKING CESSATION



45 studies N – 45,549

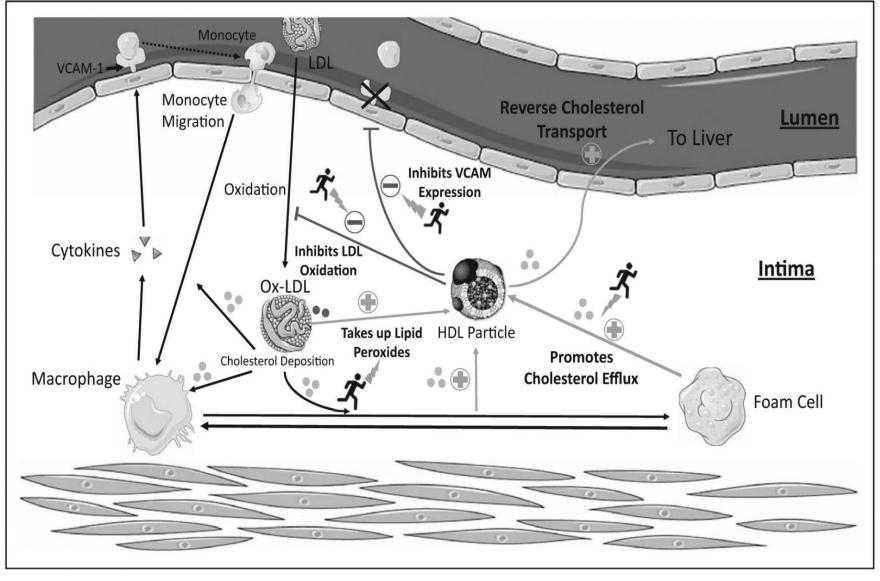
Quitting smoking increases HDL-C increase occurs rapidly after quitting



How to Raise HDL: EXERCISE



- Regular aerobic exercise improves cholesterol efflux capacity
- Exercise dose threshold needs to be exceeded to produce beneficial effects
- Exercise improves the antioxidative and antiinflammatory properties of HDL.

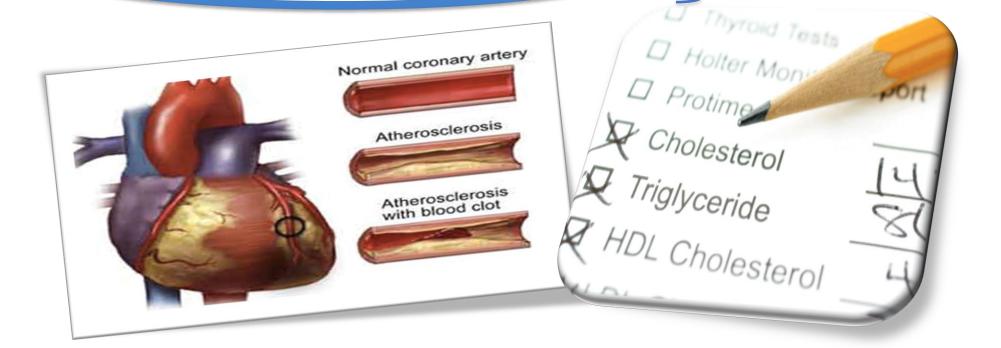


How to Raise HDL: Good Fats



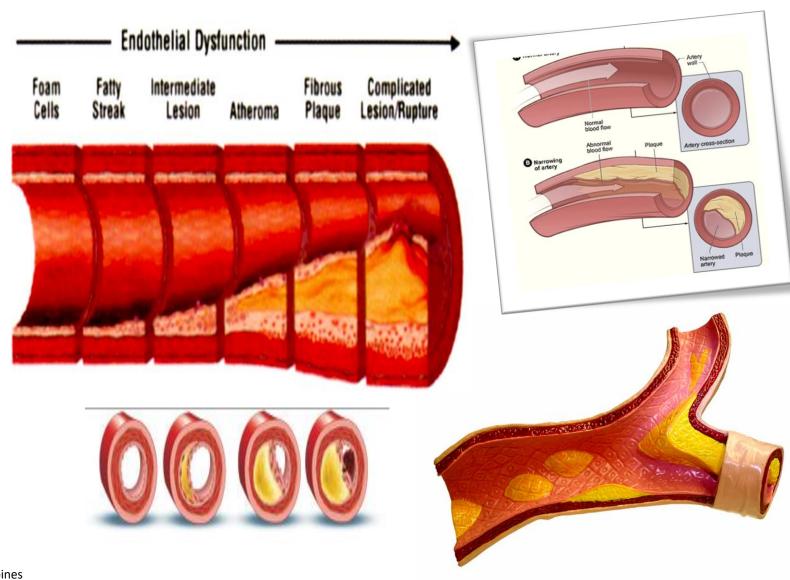
- Trigylcerides
- High density Lipoprotein (HDL)
- Low density Lipoprotein (LDL)





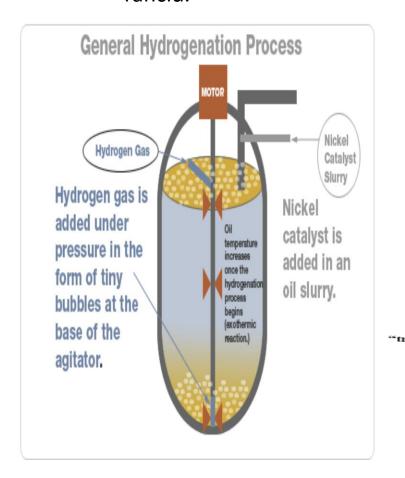
Low Density Lipoprotein (Bad Cholesterol)

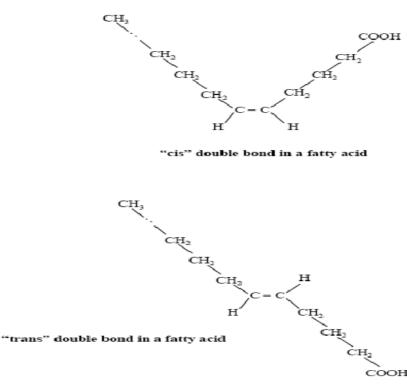
PATIENT GROUPS	LDL-C TARGET
Individuals with no clinical ASCVD	< 130 mg/dL
DM individuals	< 100 mg/dL
With ≥1risk factors/target organ damage	< 70 mg/dL
With ASCVD	
	< 55 mg/dL
Individuals with clinical ASCVD	< 55 mg/dL
FH Individuals without ASCVD or without major risk	< 70 mg/dL
factor/target organ damage	
FH With ASCVD or with ≥1risk factors/target organ	
damage	< 55 mg/dL



LDL-C Elevation Greatly Impacted by Dietary Trans Fat

Trans fat is created when hydrogen is bubbled into unsaturated fat, making it more solid, and less likely to go rancid.

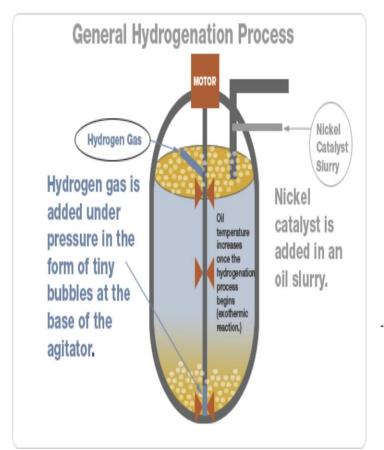


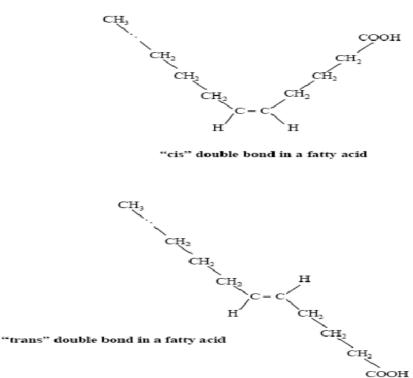


LDL-C Elevation Greatly Impacted by Dietary Trans Fat

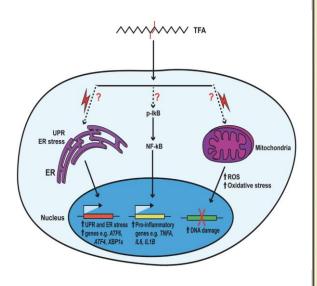


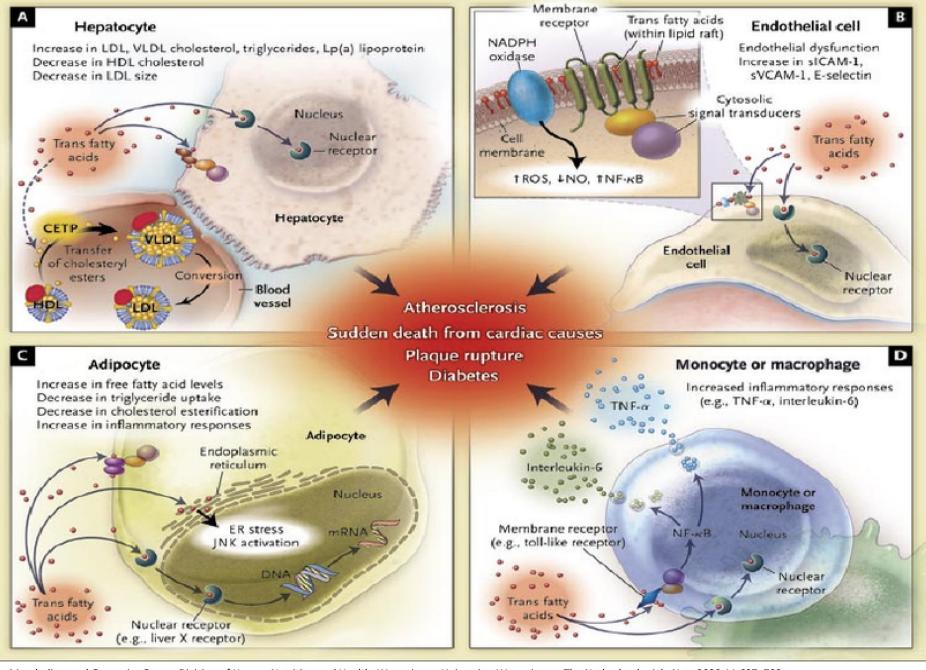
Trans fat is created when hydrogen is bubbled into unsaturated fat, making it more solid, and less likely to go rancid.





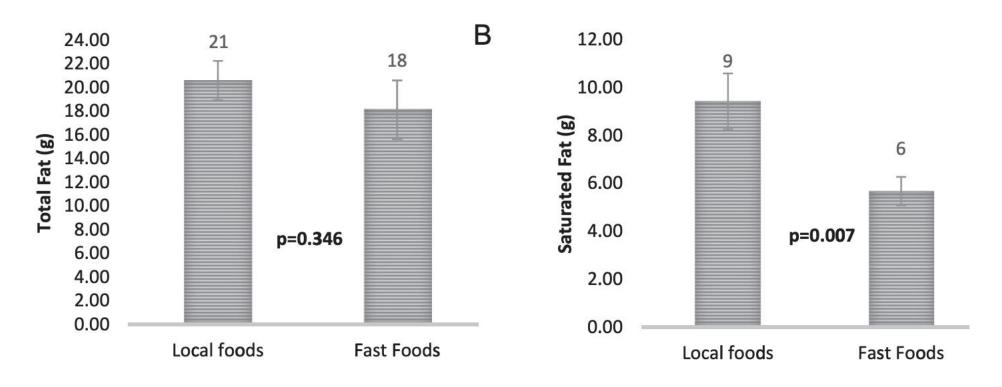
Trans Fat Influence on Atherosclerosis Progression





- 1. Antwi-Boasiako Oteng and Sander Kersten Nutrition, Metabolism and Genomics Group, Division of Human Nutrition and Health, Wageningen University, Wageningen, The Netherlands. Adv Nutr 2020;11:697–708.
- 2. Sedighe and Bahareh., Facts About Trans Fatty Acids. ARYA Atherosclerosis Journal 2008 (Spring); Volume 4, Issue 1

Asian Foods Have Unhealthy Levels of Fat Compared to Western Counterparts



- Asian foods are as high in energy content, saturated fat, sodium and cholesterol as western-styled fast foods.
- Highlight the need to reexamine the notion that the consumption of western-styled fast foods alone is the bane of our ill health in Asia.



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Eliminating industrially produced trans fats from diets in WHO South-East Asia Region





Objectives of DOH AO 2021-0039

NATIONAL POLICY ON TRANS FAT ELIMINATION



1. Regulating pre-packaged food products containing TFA



2. Enabling the replacement of TFA with alternative oils, fats, and oilseeds



3. Increasing awareness of the negative impacts of TFA to the public

This policy seeks to provide a policy framework to initiate efforts to gradually eliminate TFA from the nation's food supply and is complementary to similar legislative efforts.



Slide Source: Mr. Rodley Carza, Head of the Policy and Technology Section, Department of Health - Health Promotion Bureau during the Media Forum on DOH AO 2021-0039 (July 8, 2021)

WHAT IS DOH AO 2021-0039?

The Department of Health issued AO 2021-0039 on the elimination of industrially-produced transfat for the prevention and control of non-communicable diseases.

The AO provides a policy framework for the elimination of toxic trans fat from our food supply and is complementary to other legislative efforts like the #TransFatFreePhilippines Bill. With prelimary regulation in place, we're well on our way to becoming a #TransFatFreePhilippines!

Reduce Filipinos' trans fatty acids intake to less than 1 percent of their recommended total energy intake.

2020 Clinical Practice Guidelines for the Management of Dyslipidemia in the Philippines







Q1: Among individuals with dyslipidemia, regardless of their present morbid condition or risk profile, should lifestyle modification (i.e., reduced fat diet, smoking cessation, exercise & regular physical activity) be advised to reduce

overall CV risk?

Outcome	Evidence	Relative	Overall	Overall	Relative Risk	NNT
	Quality	Importance	Control Rate	Treatment		
				Rate		
Total Mortality	High	9	2404/40957	1888/30833	0.98	NS
					(0.93,1.04)	
Cardiovascular	High	9	774/37840	633/28138	0.94	NS
Deaths					(0.85,1.04)	
Fatal and non-fatal	High	9	1174/37280	894/27611	0.9	NS
MI					(0.72,1.11)	
Strokes (Fatal and	High	9	683/34790	457/25063	0.99 (0.89,	NS
nonfatal)					1.11)	
Cardiovascular	Moderate	7	2867/37402	2020/28106	0.86 (0.77,	209
events					0.96)	
Revascularization	Moderate	6	NS	NS	NS	NS

2020 Clinical Practice Guidelines for the Management of Dyslipidemia in the Philippines







Statement 1.1 Diet For individuals at any level of cardiovascular risk, especially those with established atherosclerotic cardiovascular disease (ASCVD), a low-fat, low cholesterol diet, rich in fruits and vegetables, is RECOMMENDED.

Evidence from RCT's of MODERATE QUALITY, N= 18,000 +, Significant for CV events Low fat diet aimed to reduce fat intake to less than 30% energy from fat. Low cholesterol is approximately 150 mg/1000 kcal.

Specific Recommendations: Using the Pinggang Pinoy!





- A nine-inch plate is advised
- Distributing foods among the food groups provides approx 1,200 to 1,500 calories/day.
- Half of the plate is composed of green leafy vegetables and one serving of fruit per meal.
- 4 to 6 servings of fruit/day.

Low fat diet aimed to reduce fat intake to less than 30% energy from fat . Low cholesterol is approximately 150 mg/1000 kcal.

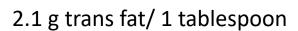
Meat, Fish, and Poultry

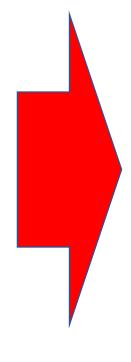
ligher Fat Foods	Lower Fat Alternative
Whole eggs	Egg whites or egg substitutes
Hot dogs (regular)	Lower fat hot dogs
Bacon or sausage	- Canadian bacon or lean ham
Regular ground beef	Extra-lean ground beef such as ground round or ground turkey (read labels)
Chicken or turkey with skin, duck, or goose	Chicken or turkey without skin (white meat)
Oil-packed tuna	Water-packed tuna (rinse to reduce sodium content)
Beef (chuck, rib, brisket)	Beef (round, loin) (trimmed of external fat) (choose select grades)
Pork (spareribs, untrimmed loin)	Pork tenderloin or trimmed, lean smoked ham
Dairy Products	
Higher Fat Foods	Lower Fat Alternative
Evaporated whole milk	Evaporated fat-free (skim) or reduced-fat (2%) milk
↑ Whole milk	Low-fat (1%), reduced-fat (2%), or fat-free (skim) milk
lce cream	Sorbet, sherbet, low-fat or fat-free frozen yogurt, or ice cream
Whipping cream	■ Imitation whipped cream (made with

fat-free [skim] milk)

Healthier Oil Choices













No To Reusing Oil





Choose Leaner Meat





Choose Leaner Meat









Worsening of Lifestyles and An Increase in Health Risk Behaviors During the Covid 19 Pandemic

45,161 individuals, 53.6% female, completed high school education 72.4%, ConVid Behavior online survey

Table 1 — Prevalence of smoking habit and change in number of cigarettes consumed per day, during the COVID-19 pandemic, by sex and age group, ConVid Behavior Survey, Brazil, 2020

Change in number of cigarettes consumed per day Increase of Increase of Increase of Current smoker Remained **Variables** Reduced 5 cigarettes around 10 20 cigarettes the same or less cigarettes or more % (95%CI)a % (95%CI)a % (95%CI)a % (95%CI)a % (95%CI)a % (95%CI)a Total 12.0 (11.1;12.9) 12.1 (9.7;14.9) 53.9 (50.0;57.8) 6.4 (4.3;9.4) 22.5 (19.6;25.7) 5.1 (3.4;7.7) Sex Male 13.8 (12.3;15.5) 11.9 (8.6;16.3) 16.8 (13.3;21.0) 5.0 (2.7;8.8) 57.9 (51.8;63.8) 8.4 (4.9;14.1) 10.4 (9.5;11.4) 28.9 (24.7;33.6) Female 12.3 (9.2;16.0) 49.4 (44.6;54.1) 4.1 (2.9;5.7) 5.3 (2.9;9.54) Age group (years) 18-29 8.7 (7.3;10.4) 13.7 (9.6;19.2) 50. 2 (40.7;59.6) 15.7 (8.2;28.0) 17.0 (12.0;23.5) 3.4 (1.8;6.2) 30-39 13.1 (11.1:15.5) 12.7 (7.3;21.1) 49.3 (40.7:57.9) 21.6 (16.0;28.6) 9.8 (4.3;20.6) 6.6 (3.4;12.5) 40-49 12.5 (10.5;14.8) 9.3 (4.9;17.0) 57.7 (48.6;66.3) 7.1 (3.4;14.4) 20.9 (15.0;28.4) 5.0 (2.4;10.0) 50-59 14.1 (12.3;16.3) 13.9 (9.0;20.9) 56.6 (49.1;63.7) 1.1 (0.6;1.93) 23.5 (18.3;29.5) 4.9 (2.5;9.3) ≥60 12.7 (10.7;15.0) 10.7 (6.8;16.4) 56.3 (47.6;57.8) 2.6 (0.6;1.93) 28.6 (21.1;37.3) 1.8 (0.8;4.4)

Table 2 – Increase in alcoholic beverage intake during the COVID-19 pandemic, by sex and age group, ConVid Behavior Survey, Brazil, 2020

Variables	Higher alcoholic beverage intake during the pandemic	
	% (95%CI) ^a	
Total	17.6 (16.4;18.9)	
Sex		
Male	18.1 (16.0;20.4)	
Female	17.1 (15.9;18.5)	
Age group (years)		
18-29	18.6 (16.4;21.0)	
30-39	24.6 (21.2;28.3)	
40-49	16.9 (14.3;19.9)	
50-59	15.2 (12.9;17.7)	
≥60	11.2 (8.8;14.2)	

a) 95%CI: 95% confidence interval.

a) 95%CI: 95% confidence interval.

• Increase in number of cigarettes smoked and alcoholic beverage consumption

Worsening of Lifestyles and An Increase in Health Risk Behaviors During the Covid 19 Pandemic

45,161 individuals, 53.6% female, completed high school education 72.4%, ConVid Behavior online survey

Table 3 — Consumption of healthy and unhealthy food before and during the COVID-19 pandemic, by sex and age group, ConVid Behavior Survey, Brazil, 2020

Table 4 – Sufficient physical activity before and during the COVID-19 pandemic, by sex and age group, ConVid Behavior Survey, Brazil, 2020

Variables	Before the pandemic	During the pandemic
Variables	% (95%CI)a	% (95%CI) ^a
Total		
Regular consumption of greens and vegetables	37.3 (35.9;38.6)	33.0 (31.7;34.3)
Regular consumption of fruit	32.8 (31.5;34.2)	31.9 (30.6;33.3)
Regular consumption of beans	43.3 (41.8;44.7)	40.9 (39.4;42.3)
Frozen food more than 2 days	10.0 (8.9;11.2)	14.6 (13.5;15.9)
Savory snacks more than 2 days	9.5 (8.6;10.5)	13.2 (12.2;14.3)
Chocolate/sweet biscuits/pieces of tart more than two days	41.3 (39.8;42.7)	47.1 (45.6;48.6)

Variables	Sufficient physical activity before the pandemic	Sufficient physical activity during the pandemic	
	% (95%CI) ^a	% (95%CI) ^a	
Total	30.1 (28.9;31.5)	12.0 (11.1;12.9)	
Sex			
Male	33.0 (30.7;35.5)	14.0 (12.4;15.8)	
Female	27.6 (26.2;29.0)	10.3 (9.4; 11.2)	
Age group (years)			
18-29	32.6 (30.2;35.1)	10.9 (9.6;12.5)	
30-39	31.0 (27.7;34.5)	10.6 (8.8;12.7)	
40-49	27.1 (24.3;30.1)	11.6 (9.6;14.1)	
50-59	28.2 (25.6;31.0)	13.2 (11.3;15.4)	
≥60	30.4 (27.2;33.8)	14.2 (11.9;16.9)	

a) 95%CI: 95% confidence interval.

Increase in intake of ultra-processed foods and a decrease in practicing physical activity

Summary

- Dietary and lifestyle modifications remain cornerstone in the management of dyslipidemia
- HDL-C is influenced by smoking cessation, increased exercise and intake of foods rich in omega-fatty acids
- LDL-C is increased with trans-fatty acid intake
- A low fat, low cholesterol diet is encouraged among adult Filipinos with dyslipidemia for CV risk reduction
- Consider healthy choices for managing lipid disorders during pandemic