



drmonicaaggarwal

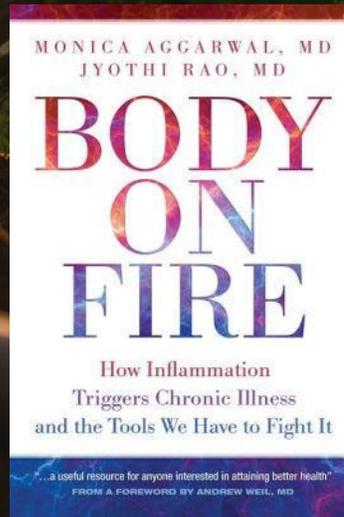


drmagggarwal



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Monica Aggarwal, MD FACC
Preventive Cardiologist and Lipid specialist, Advent Health
Associate Professor, University of Florida
Chief Medical Officer, 4Roots Farm
Nutrition Chair, American College of Cardiology
Drmonicaaggarwal.com



Why Am I Here?



PREVENTIVE CARDIOLOGIST
RESEARCHER



MOTHER

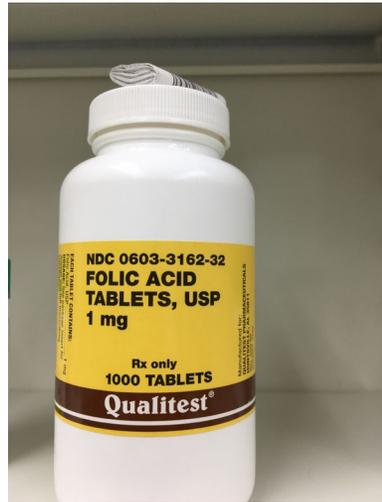


ATHLETE



PATIENT

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How Does Illness Make One Feel?

Scared all of the
time

Emotional

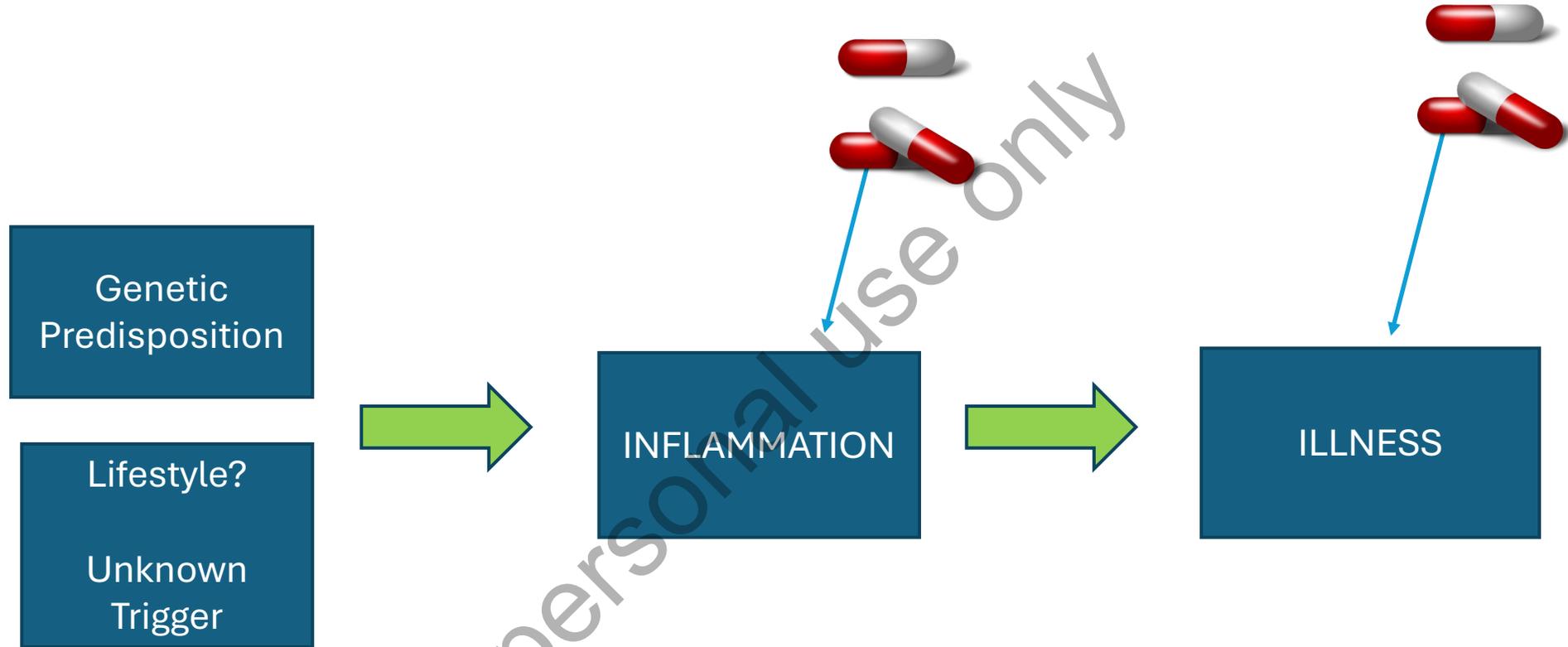
Fragile

Unable to
understand how
this had
happened

Not in control

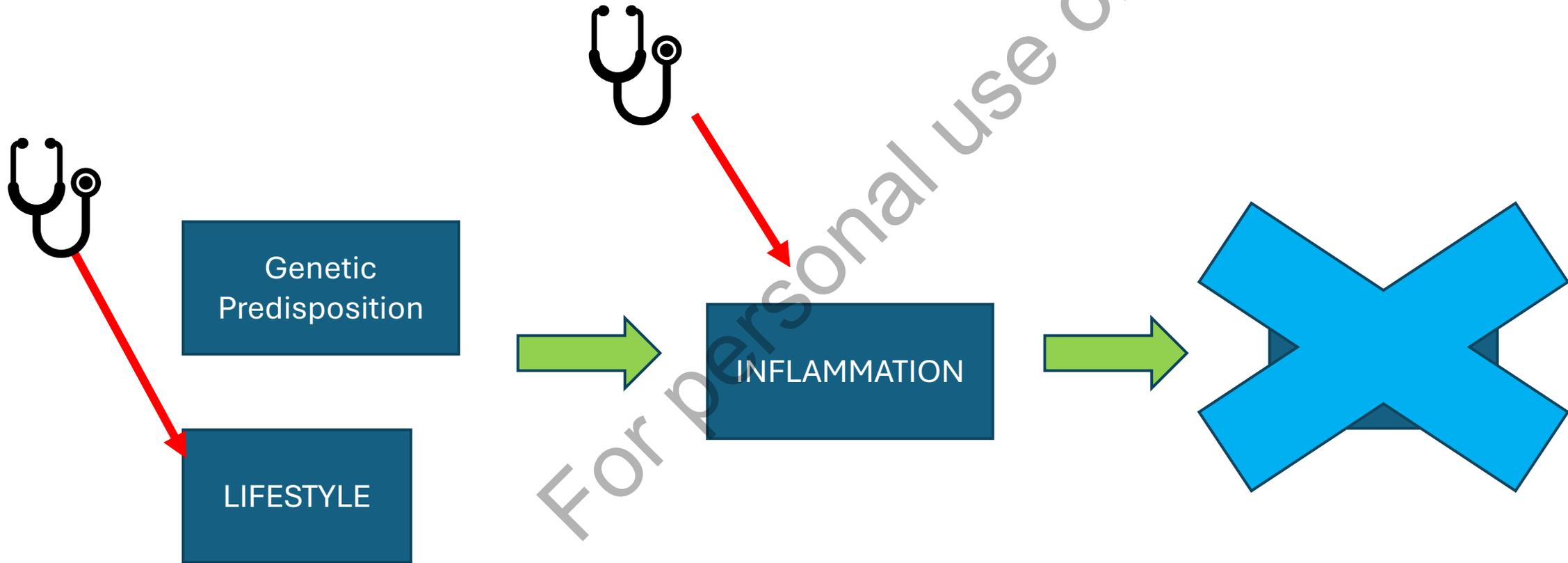
Keenly aware of
my mortality

We are often told

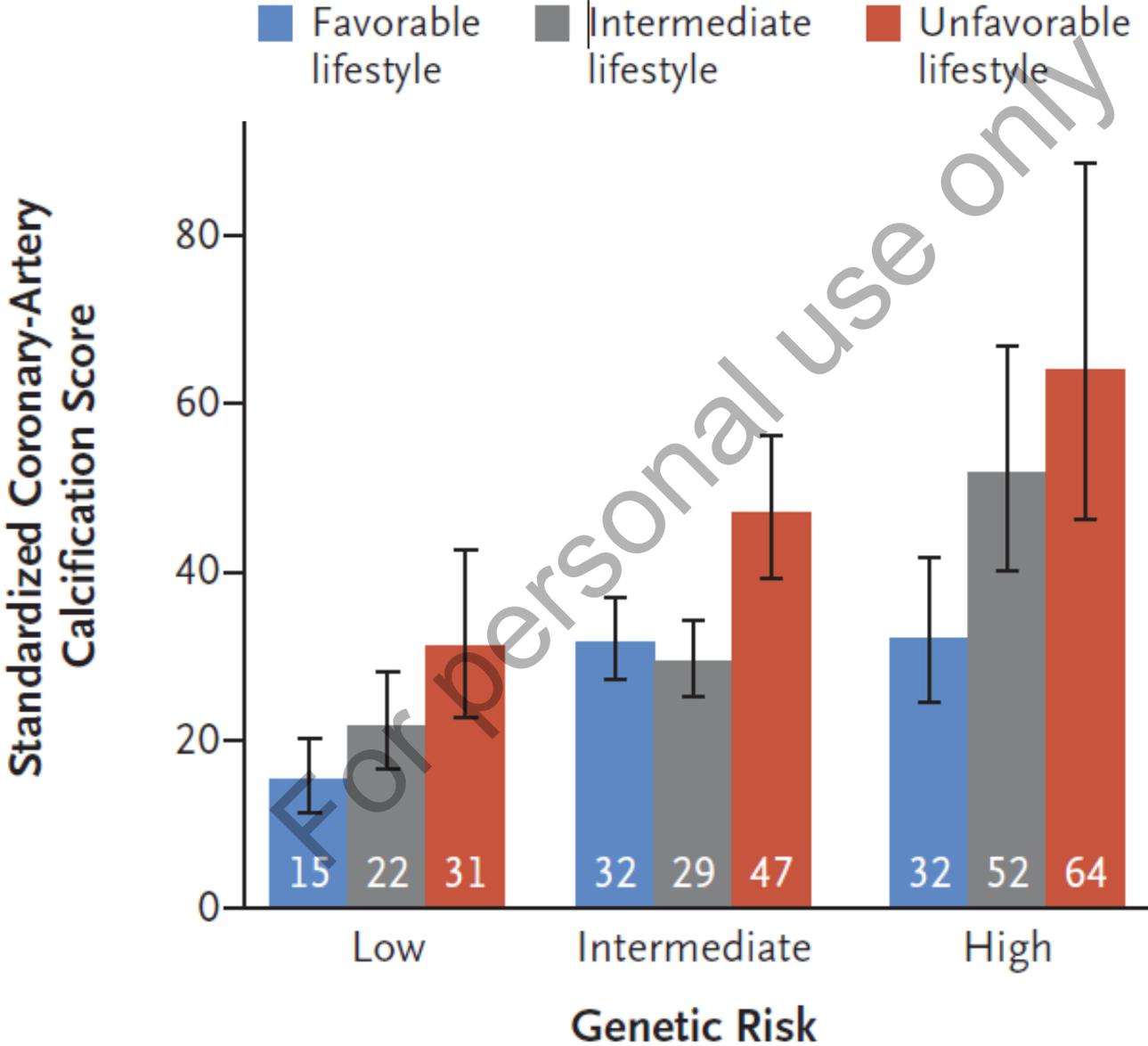


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Another way to look at it



Genetic Predisposition



Khera, AV et al NEJM
2016;375:2349-2358

- +
 - • If lifestyle matters, why aren't we talking about it?

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Noncommunicable diseases are Responsible for 74% of deaths worldwide



HEART
DISEASE



STROKE



CANCER

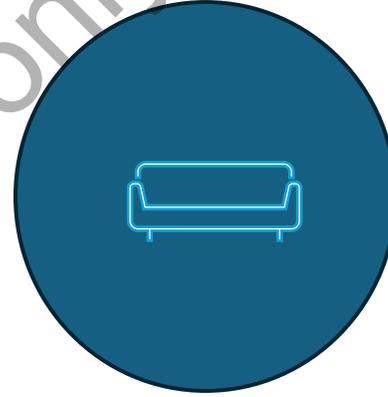
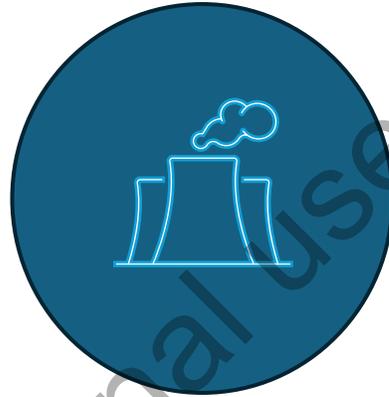


DIABETES



CHRONIC
LUNG DISEASE

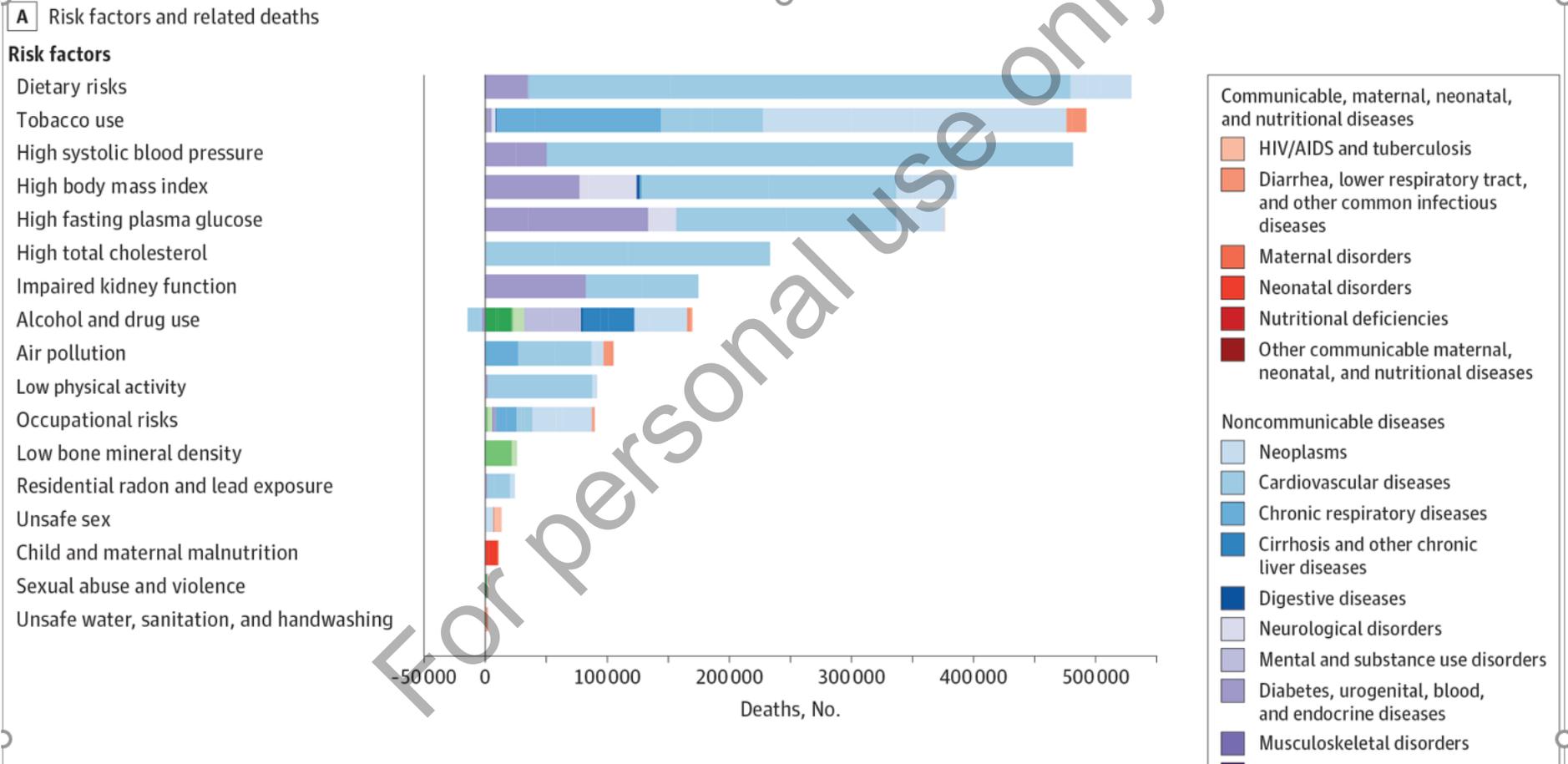
5 Common Risk Factors



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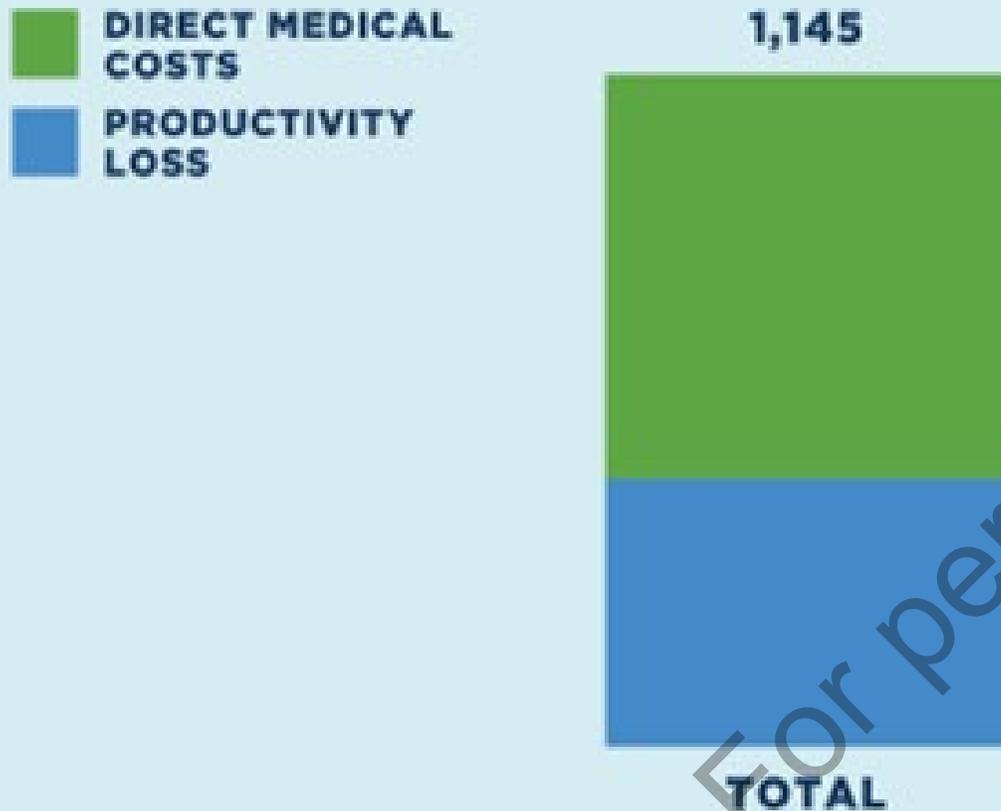
From: **The State of US Health, 1990-2016: Burden of Diseases, Injuries, and Risk Factors Among US States**

JAMA. 2018;319(14):1444-1472. doi:10.1001/jama.2018.0158



ECONOMIC BURDEN FROM DIETARY RISK IN THE U.S.

MASSIVE ANNUAL HEALTH COSTS (TRILLIONS, USD)



The food system causes more than \$1.1 trillion in health care costs annually. This figure includes direct medical costs and/or productivity loss from overweight/obesity; other non-communicable diseases such as cardiovascular disease, hypertension, cancer, and diabetes; food insecurity; and the impact of pollution (e.g., air, water).

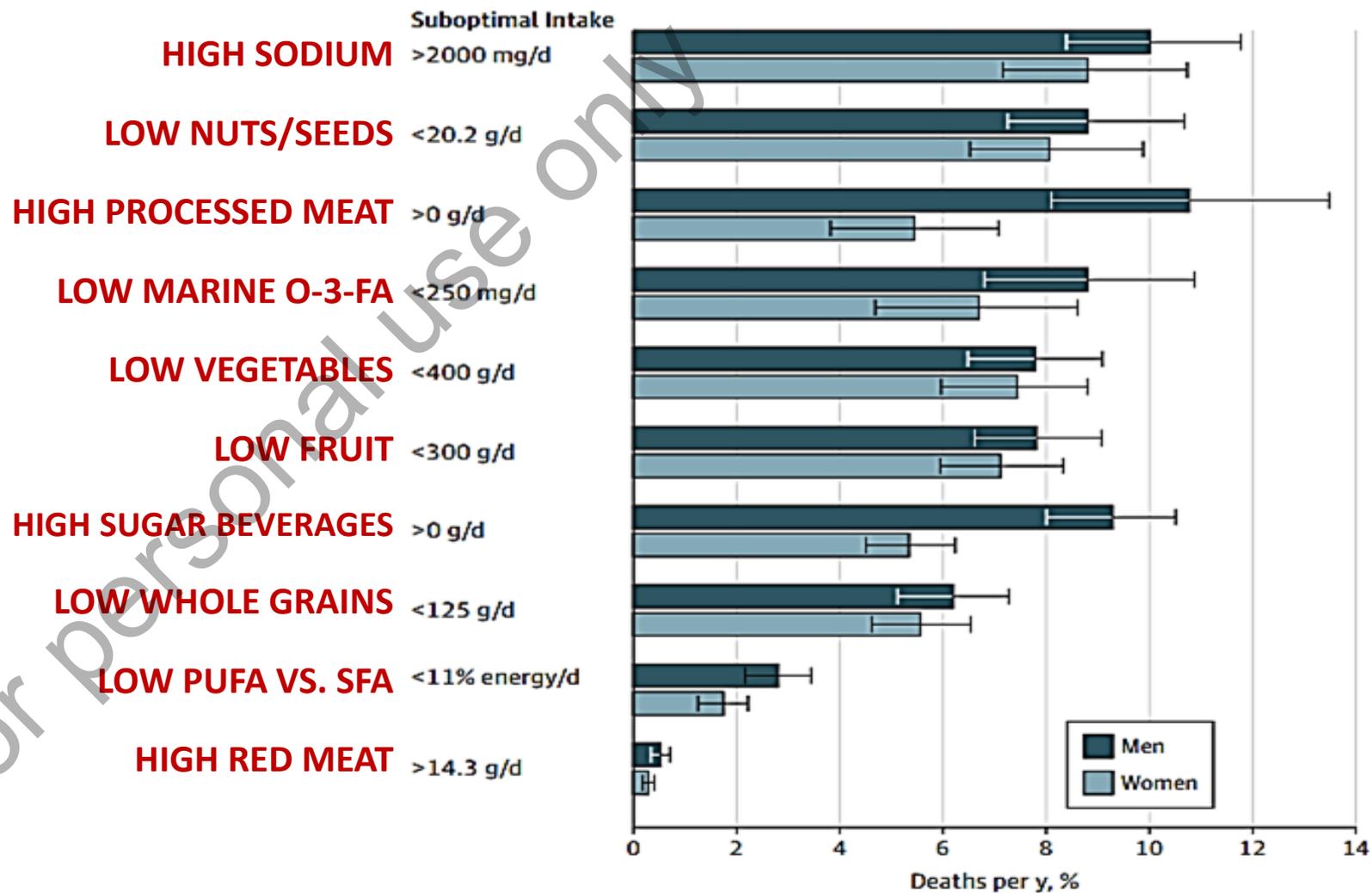
Source: The Rockefeller Foundation, 2021.

DIETARY FACTORS LINKED TO CARDIOMETABOLIC MORTALITY

10 FACTORS
ACCOUNT FOR
MOST OF RISK

Micha R. Peñalvo J. L. Cudhea F.
Imamura F. Rehm C. D. Mozaffarian, D.
JAMA 2017, 317(9), 912-92

Proportions of the 702,308 Deaths from CVD+DM Due to 10 Dietary Factors - NHANES – 2012





Almost 75% of packaged foods in the U.S. now contain added sugars, and much also comes from consumption of sugar-sweetened beverage (SSBs)

SUGAR SHOCKERS

Drink Water instead of Sugary Drinks



WATER
16 oz.
0 calories
0 grams sugar



The water value is 2.5 grams of sugar. 100% Juice information based on guidelines for 100% juice and not water-based or reconstituted. The number of sugar cubes pictured are rounded to the nearest whole cube.

Daily Added Sugar Limit

MEN

WOMEN



No more than:

**9 teaspoons
36 grams
150 calories**

**6 teaspoons
25 grams
100 calories**

EATING A SOUTHERN DIET
substantially increases health risks



56%* HIGHER
RISK
of heart disease



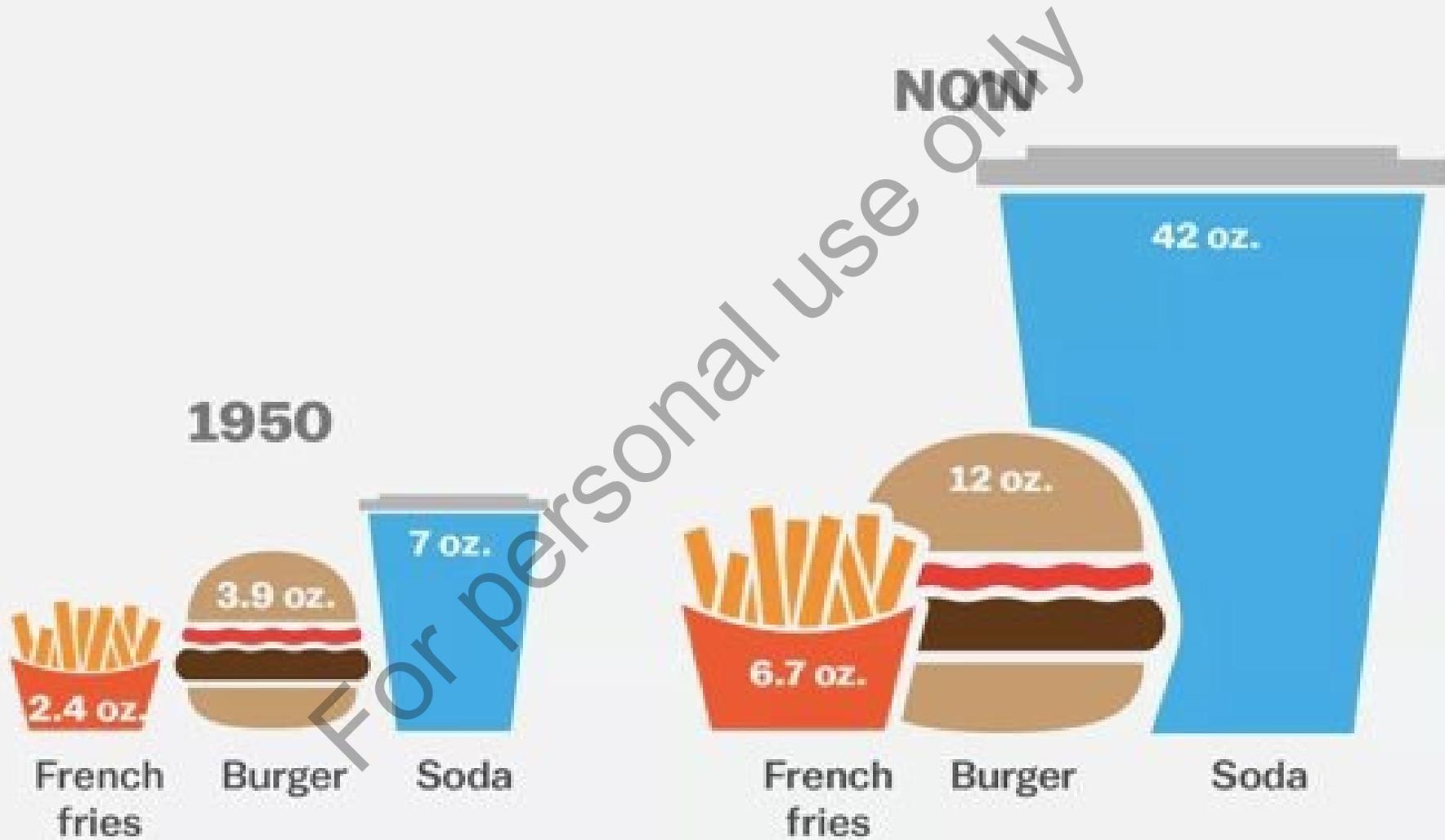
50%* INCREASE
IN RISK
of death in patients with
kidney disease



30%* HIGHER
RISK
of stroke

*Compared with those who eat a Southern diet less frequently

The average restaurant meal today is more than four times larger than in the 1950s



SOURCE: CDC

Whole Food Plant Based Diet Pyramid

LEAFY GREENS
SPINACH, BROCCOLI
KALE, LETTUCE
(2-3 SERVINGS
DAILY)

GRAINS
WHOLE WHEAT BREAD
OATS, BROWN RICE
PASTA, WHOLE WHEAT
TORTILLA, GRANOLA
QUINOA, BARLEY
(5 SERVINGS
DAILY)

FRUIT
PINEAPPLE, GRAPES
BERRIES, TOMATO
BANANA, APPLE
PEARS, ORANGES
GRAPEFRUIT
(3-4 SERVINGS
DAILY)

FATS AND OILS
ALMONDS, PECANS
WALNUTS, AVOCADO
OLIVE OIL
(IN MODERATION)

LEGUMES
BLACK BEANS
CHICKPEAS, EDAMAME
FLAX SEEDS, SESAME
SEEDS, SUNFLOWER
SEEDS, LENTILS
(2-3 SERVINGS
DAILY)

The Optimal Diets = Plant-Forward diets

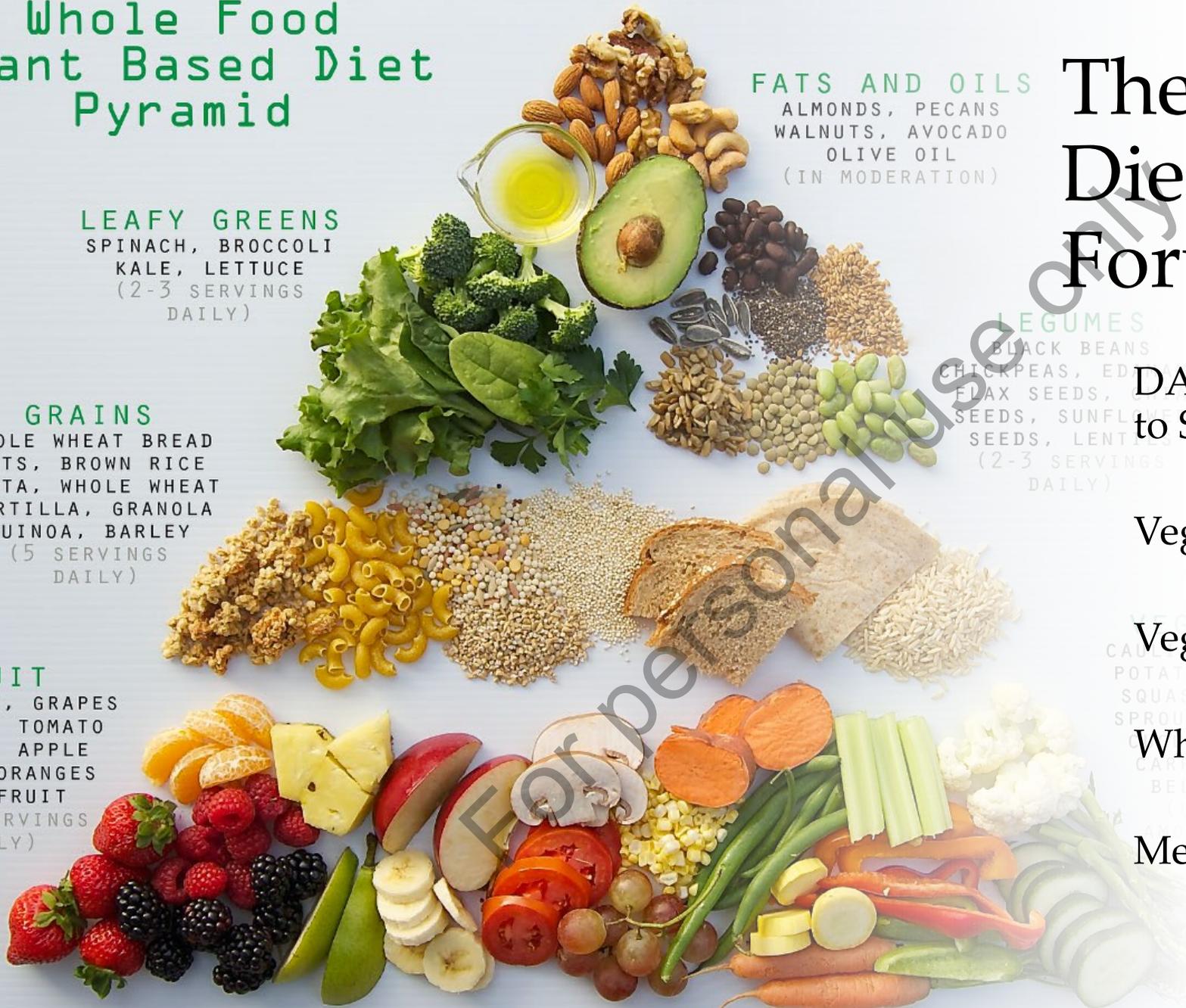
DASH--Dietary Approaches to Stop Hypertension

Vegetarian

Vegan

Whole Food Plant-Based

Mediterranean



Plant based Diets

Reduce Cholesterol

Reduce Weight

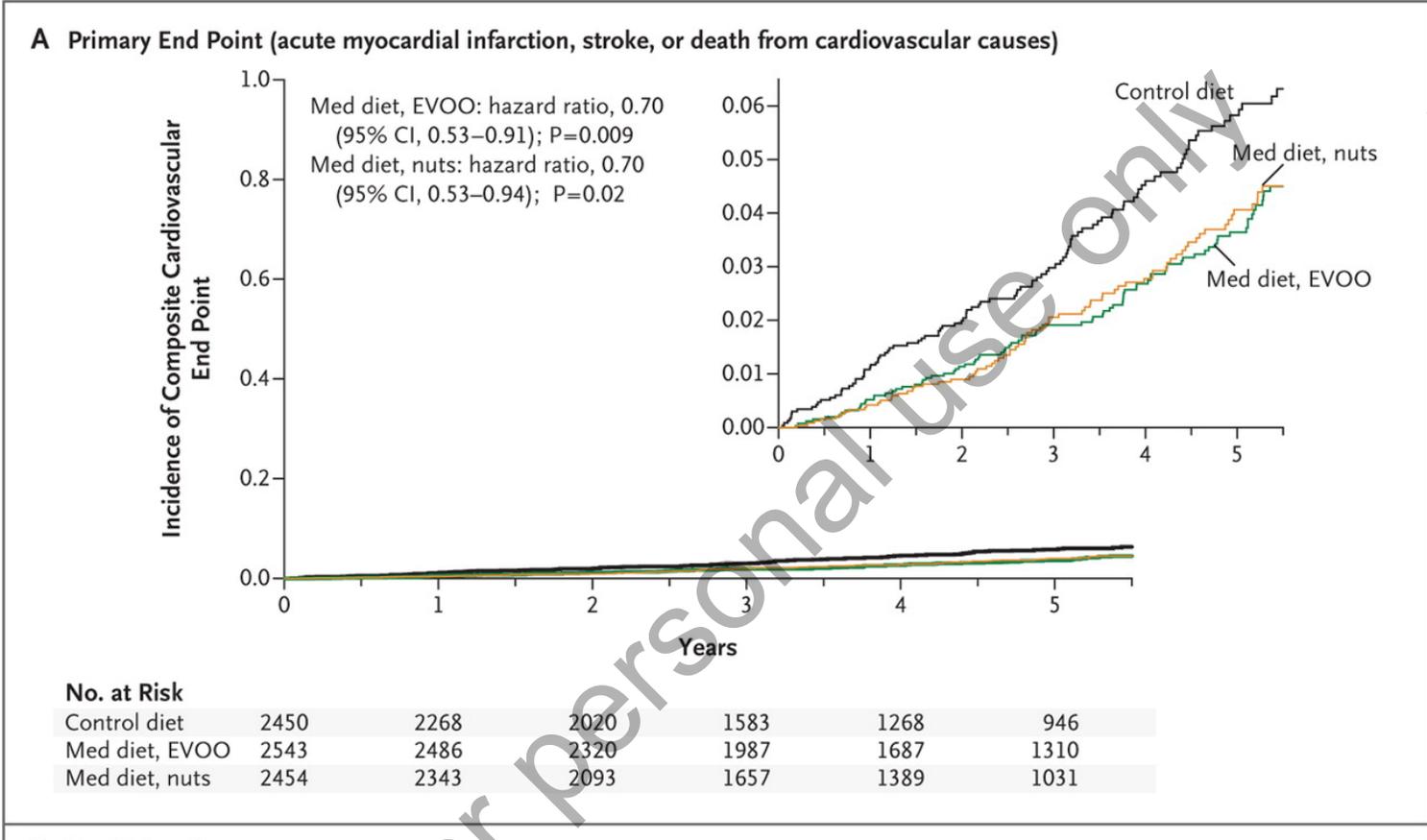
Reduce Diabetes

Reduce inflammation

Reduce Blood pressure

Heal Gut

Reduce Heart disease



30%
 End point driven
 by reduction in
 strokes

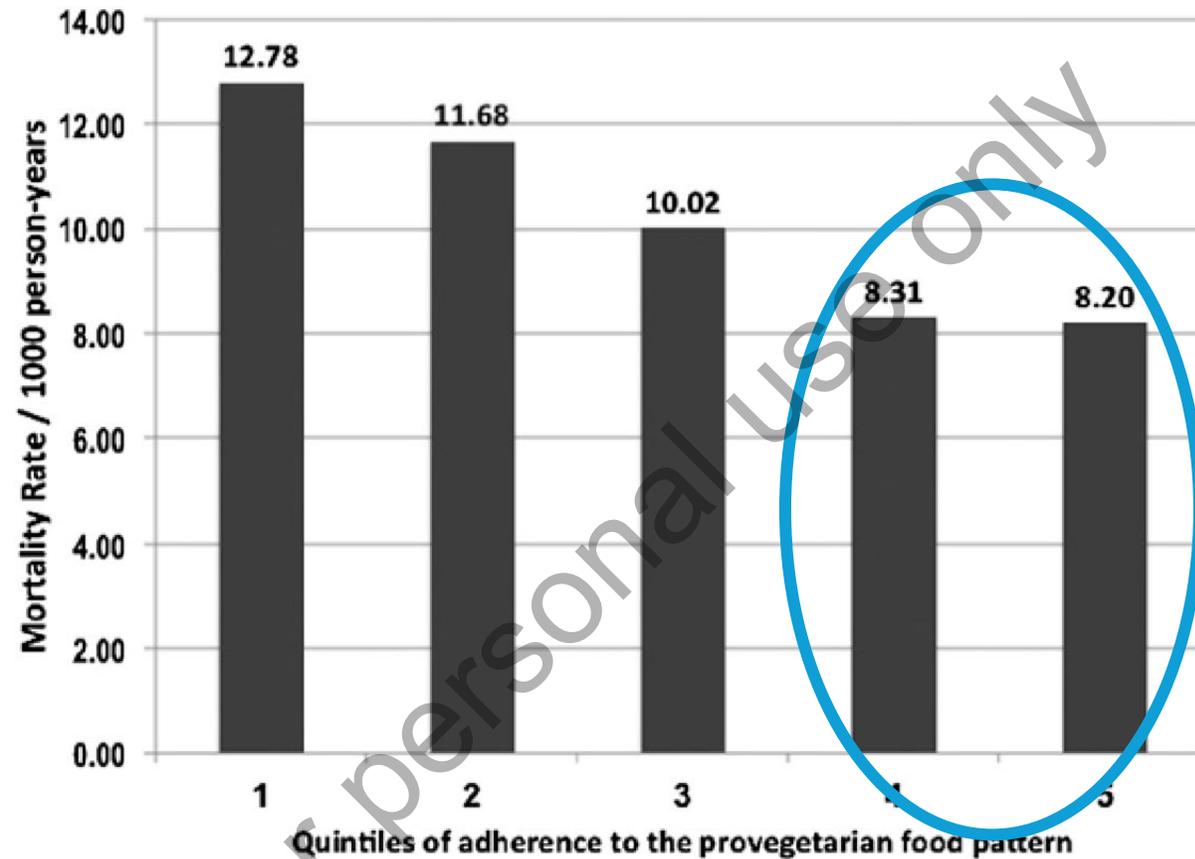
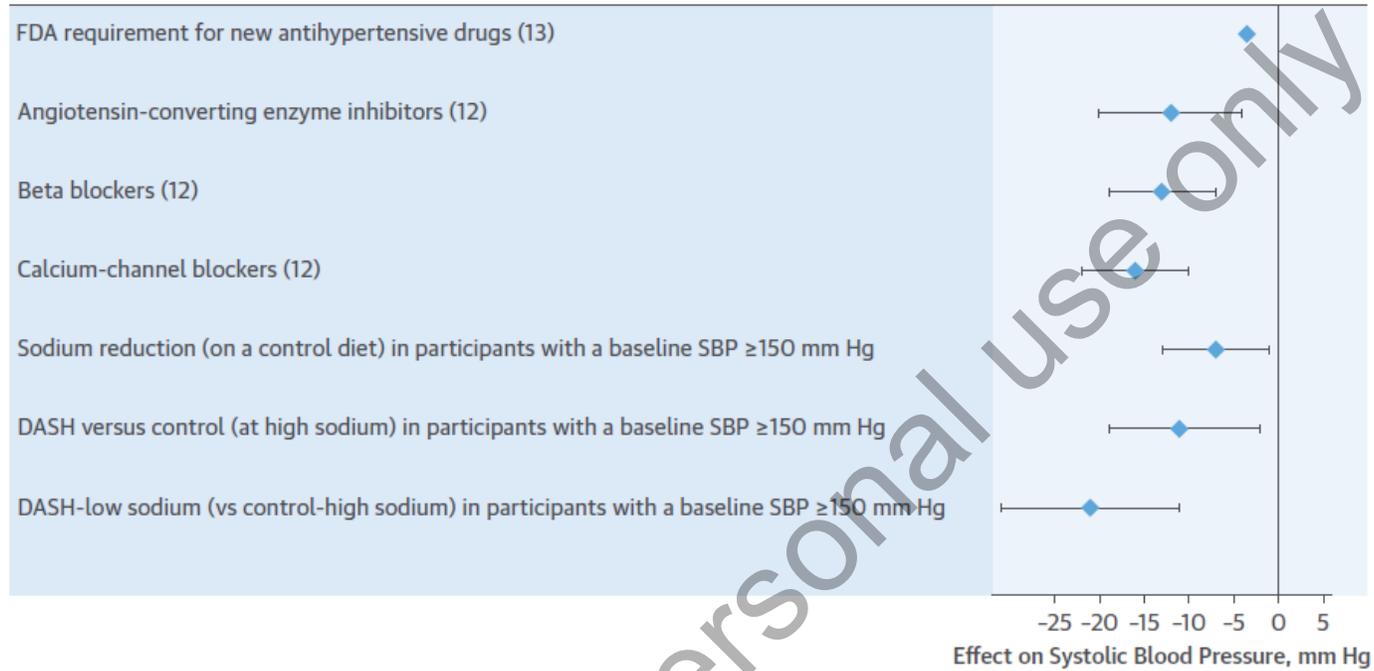


FIGURE 1. Absolute risk of death across baseline quintiles of the provegetarian food pattern: the Prevención con Dieta Mediterránea trial, 2003–2010. Quintile score limits were as follows for quintiles 1–5: <33, 33–35, 36–37, 38–40, >40, respectively.

CENTRAL ILLUSTRATION The BP Effects of the DASH Diet



Juraschek, S.P. et al. *J Am Coll Cardiol.* 2017;70(23):2841-8.

Sodium reduction, alone or combined, compared with average BP effects of antihypertensive drug therapies and the FDA requirement for new antihypertensive drugs. Estimates for antihypertensive drug classes are taken from Manisty et al. (12). The FDA requirement for new antihypertensive drugs is taken from a committee meeting of the Center for Drug Evaluation and Research (2014) (13). BP = blood pressure; DASH = Dietary Approaches to Stopping Hypertension; FDA = Food and Drug Administration; SBP = systolic blood pressure.

- FDA requirement
 - **3-4 mm Hg**
- ACE inhibitors
 - **12 mm Hg**
- Beta-blockers
 - **13 mm Hg**
- Calcium channel blockers
 - **16 mm Hg**
- Sodium reduction
 - **7 mm Hg**
- DASH diet
 - **11.4 mm Hg**
- DASH + low Na diet
 - **20.8 mm Hg**

Guidelines Versus Practice

3.1. Nutrition and Diet

Recommendations for Nutrition and Diet		
Referenced studies that support recommendations are summarized in Online Data Supplements 4 and 5.		
COR	LOE	Recommendations
I	B-R	1. A diet emphasizing intake of vegetables, fruits, legumes, nuts, whole grains, and fish is recommended to decrease ASCVD risk factors. ^{S3.1-1-S3.1-11}
IIa	B-NR	2. Replacement of saturated fat with dietary monounsaturated and polyunsaturated fats can be beneficial to reduce ASCVD risk. ^{S3.1-12,S3.1-13}
IIa	B-NR	3. A diet containing reduced amounts of cholesterol and sodium can be beneficial to decrease ASCVD risk. ^{S3.1-9,S3.1-14-S3.1-16}
IIa	B-NR	4. As a part of a healthy diet, it is reasonable to minimize the intake of processed meats, refined carbohydrates, and sweetened beverages to reduce ASCVD risk. ^{S3.1-17-S3.1-23}
III-Harm	B-NR	5. As a part of a healthy diet, the intake of <i>trans</i> fats should be avoided to reduce ASCVD risk. ^{S3.1-12,S3.1-17,S3.1-25-S3.1-27}

Circulation

ACC/AHA CLINICAL PRACTICE GUIDELINE

2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease

A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines

WRITING COMMITTEE MEMBERS

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 Boback Ziaeeian, MD, PhD, FACC, FAHA§

Endorsed by the American Association of Cardiovascular and Pulmonary Rehabilitation, the American Geriatrics Society, the American Society of Preventive Cardiology, and the Preventive Cardiovascular Nurses Association

ACC/AHA Task Force Members, see page e623

Key Words: AHA Scientific Statements
 ■ guidelines ■ antihypertensive agents ■ aspirin ■ atherosclerosis ■ atherosclerotic cardiovascular disease ■ atrial fibrillation ■ behavior modification ■ behavior therapy ■ blood cholesterol ■ blood pressure ■ body mass index ■ cardiovascular team-based care ■ cardiovascular ■ cardiovascular disease ■ cholesterol ■ chronic kidney disease ■ coronary artery calcium score ■ coronary disease ■ coronary heart disease ■ cost ■ diet ■ dietary patterns ■ dietary

Arnett, D. K., Blumenthal, R. S., Albert, M. A., Buroker, A. B., Goldberger, Z. D., Hahn, E. J., ... & Ziaeeian, B. (2019). 2019 ACC/AHA guideline on the primary prevention of cardiovascular disease: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Journal of the American College of Cardiology*, 74(10), e177-e232.

Healthy

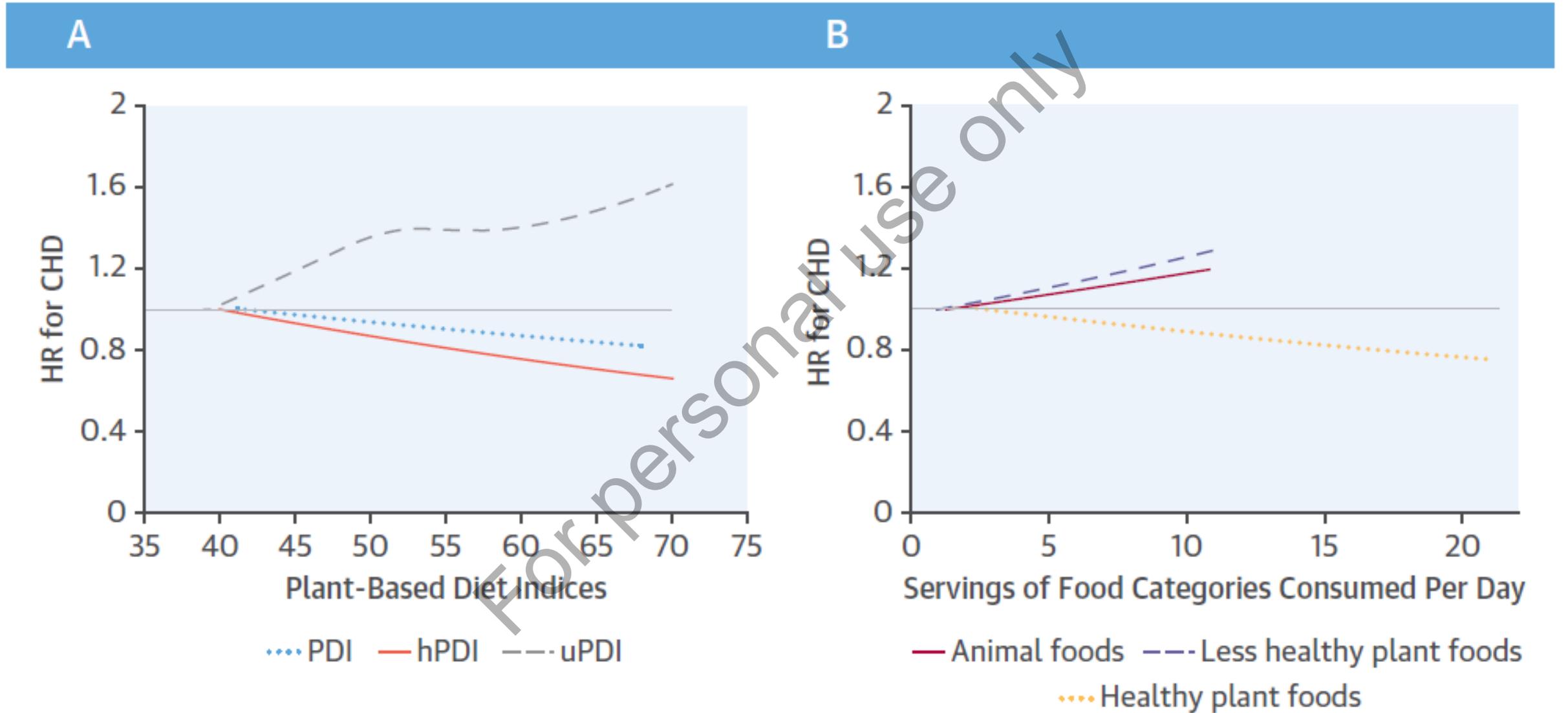


Unhealthy



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CENTRAL ILLUSTRATION Dose-Response Relationship of Plant-Based Diet Indices and Animal, Healthy Plant, and Less Healthy Plant Foods With CHD Incidence



Components of a Healthy Diet



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Fruits and Vegetables



Whole Grain



Bean and Lentils

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Fermented Foods





Spices



TIME

Eat Butter.

Scientists labeled fat the enemy. Why they were wrong.

BY MICHAEL POLLAN



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PURE TRIAL

Fruit, vegetable, and legume intake, and cardiovascular disease and deaths in 18 countries (PURE): a prospective cohort study

135,335 individuals was recorded using validated food frequency questionnaires

Interpretation

High carbohydrate intake was associated with higher risk of total mortality, whereas total fat and individual types of fat were related to lower total mortality. Total fat and types of fat were not associated with cardiovascular disease, myocardial infarction, or cardiovascular disease mortality, whereas saturated fat had an inverse association with stroke. Global dietary guidelines should be reconsidered in light of these findings.

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Intake of individual saturated fatty acids and risk of coronary heart disease in US men and women: two prospective longitudinal cohort studies

BMJ 2016;355:i5796

Geng Zong,¹ Yanping Li,¹ Anne J Wanders,² Marjan Alsema,² Peter D Zock,² Walter C Willett,³

CONCLUSIONS

Higher dietary intakes of major SFAs are associated with an increased risk of coronary heart disease. Owing to similar associations and high correlations among individual SFAs, dietary recommendations for the prevention of coronary heart disease should continue to focus on replacing total saturated fat with more healthy sources of energy.

¹Depart
Harvar
Public
²Unilev
Develo
Vlaard
³Depart
Epidem
School
Chann
Medici
Medici
Hospit
School
⁴Depart
Harvar
Public
Divisio

Department of Medicine,
Brigham and Women's Hospital
and Harvard Medical School,
665 Huntington Avenue,
Boston, MA 02115, USA
Correspondence to: Q Sun
qisun@hsph.harvard.edu
Additional material is published

diseases at baseline.

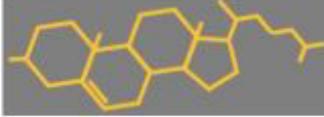
MAIN OUTCOME MEASURE

Incidence of coronary heart disease (n=7035) was self-reported, and related deaths were identified by searching National Death Index or through report of next of kin or postal authority. Cases were confirmed by medical records review.

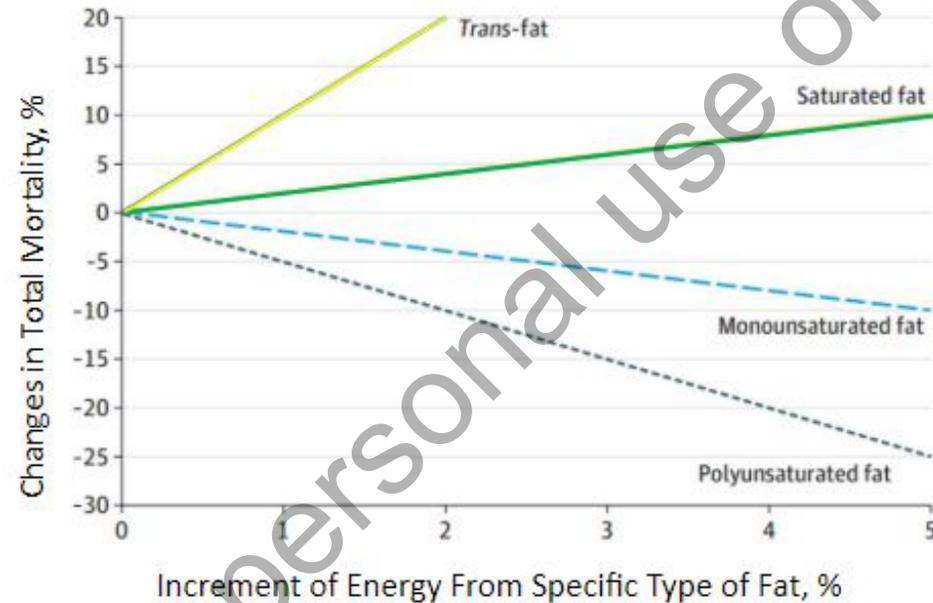
0.94 (0.91 to 0.97; P<0.001) for whole grain carbohydrates, and 0.93 (0.89 to 0.97; P=0.001) for plant proteins. For individual SFAs, the lowest risk of coronary heart disease was observed when the most abundant SFA, 16:0, was replaced. Hazard ratios of coronary heart disease for replacing 1% energy from 16:0 were 0.88 (95% confidence interval 0.81 to 0.96;

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Mortality based on Type of Fats

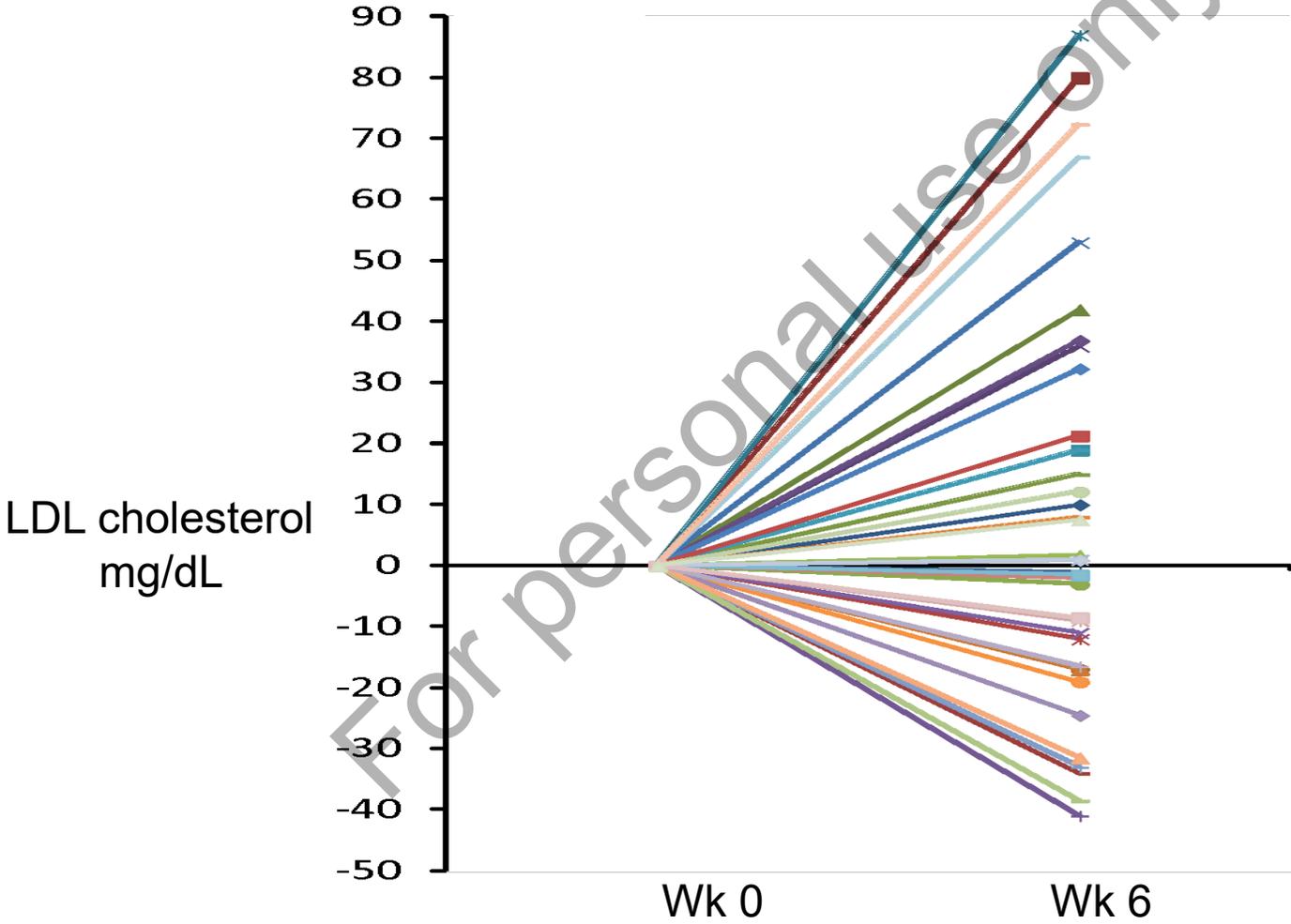


Change in Total Mortality associated with Increases in the Percentage of Energy from Specific Types of Fat

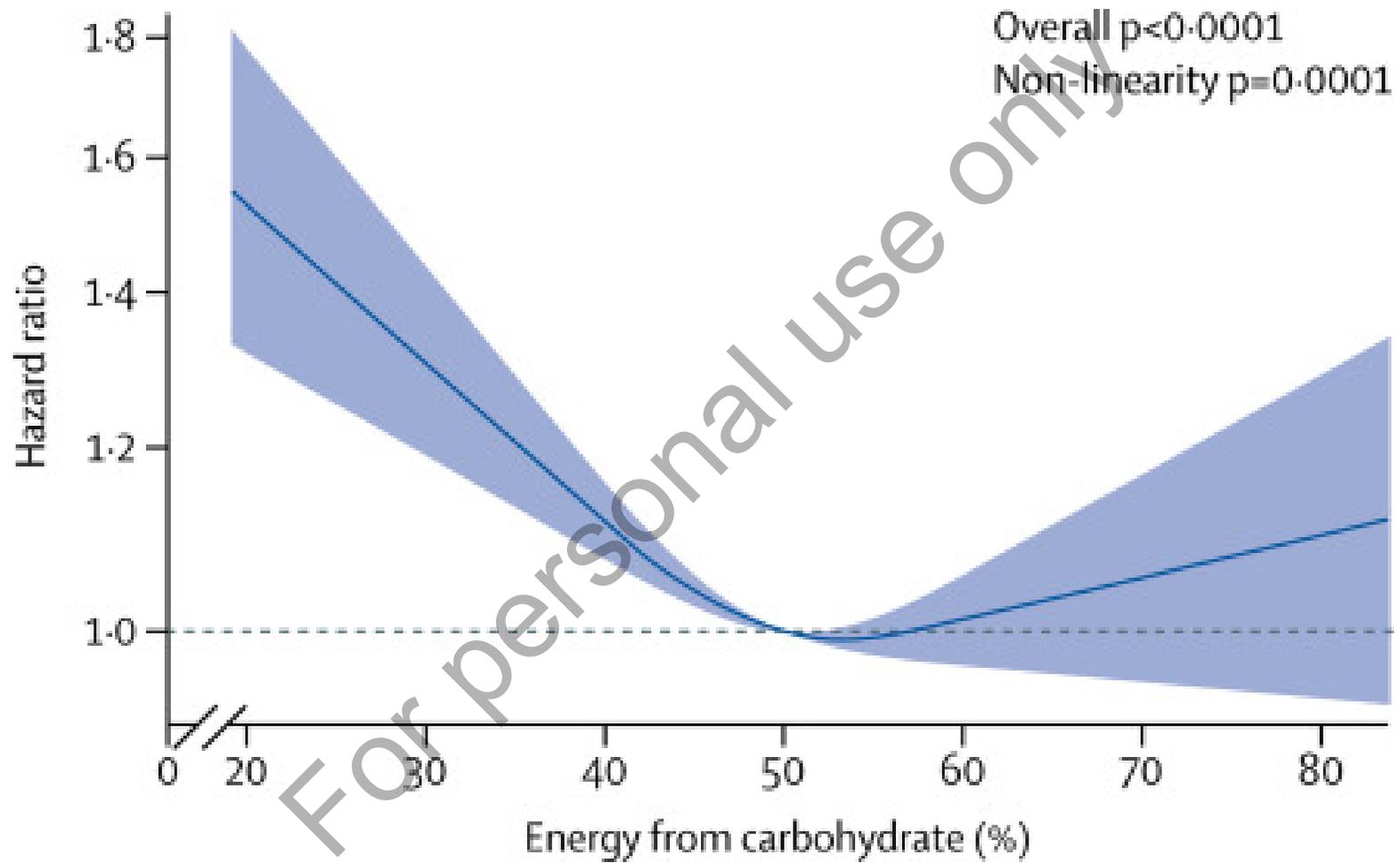


- Multivariable hazard ratios of total mortality associated with replacing the percentage of energy from total carbohydrates by the same energy from specific types of fat ($P < .001$ for trend for all) were used.
- Results for the Nurses' Health Study and Health Professional Follow-up Study from the multivariable model were combined using the fixed-effects model

Variable increases in LDL-C with nutritional ketogenic diet

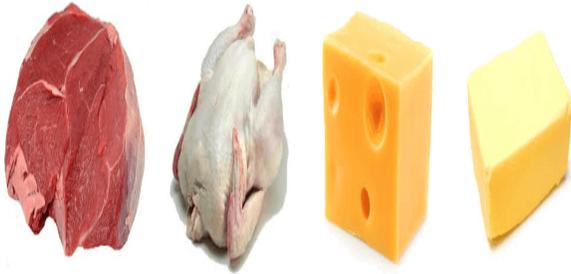


J. Volek, unpublished



Depends what you replace it with

SATURATED FATS



SATURATED FATS



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Our Editorial

PERSPECTIVE

[BACK TO TOP](#) ↑



Monica Aggarwal, MD, FACC

The original PURE data suggests that the carbohydrate is the enemy. In our editorial regarding PURE in the American Journal of Medicine (Gianos E, et al. Am J Med.

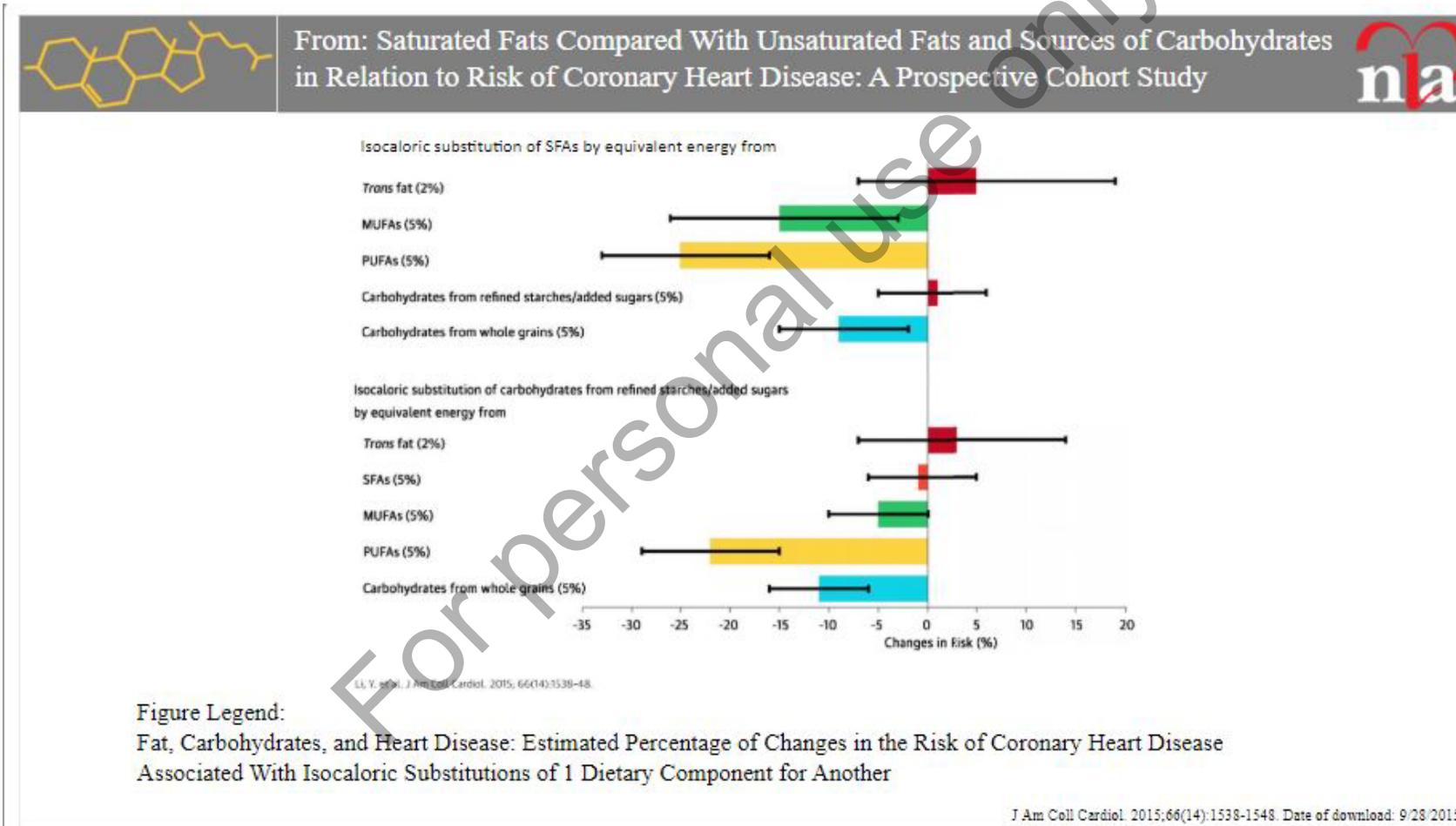
2017;doi:10.1016/j.amjmed.2017.11.024), we wrote that the

likely problem is the type of carbohydrate.

It is not that saturated fat is good and carbs are bad.

But rather, that, saturated fat is bad and refined, simple carbohydrates are as bad, if not worse.

Saturated Fats vs Unsaturated fats vs Carbs

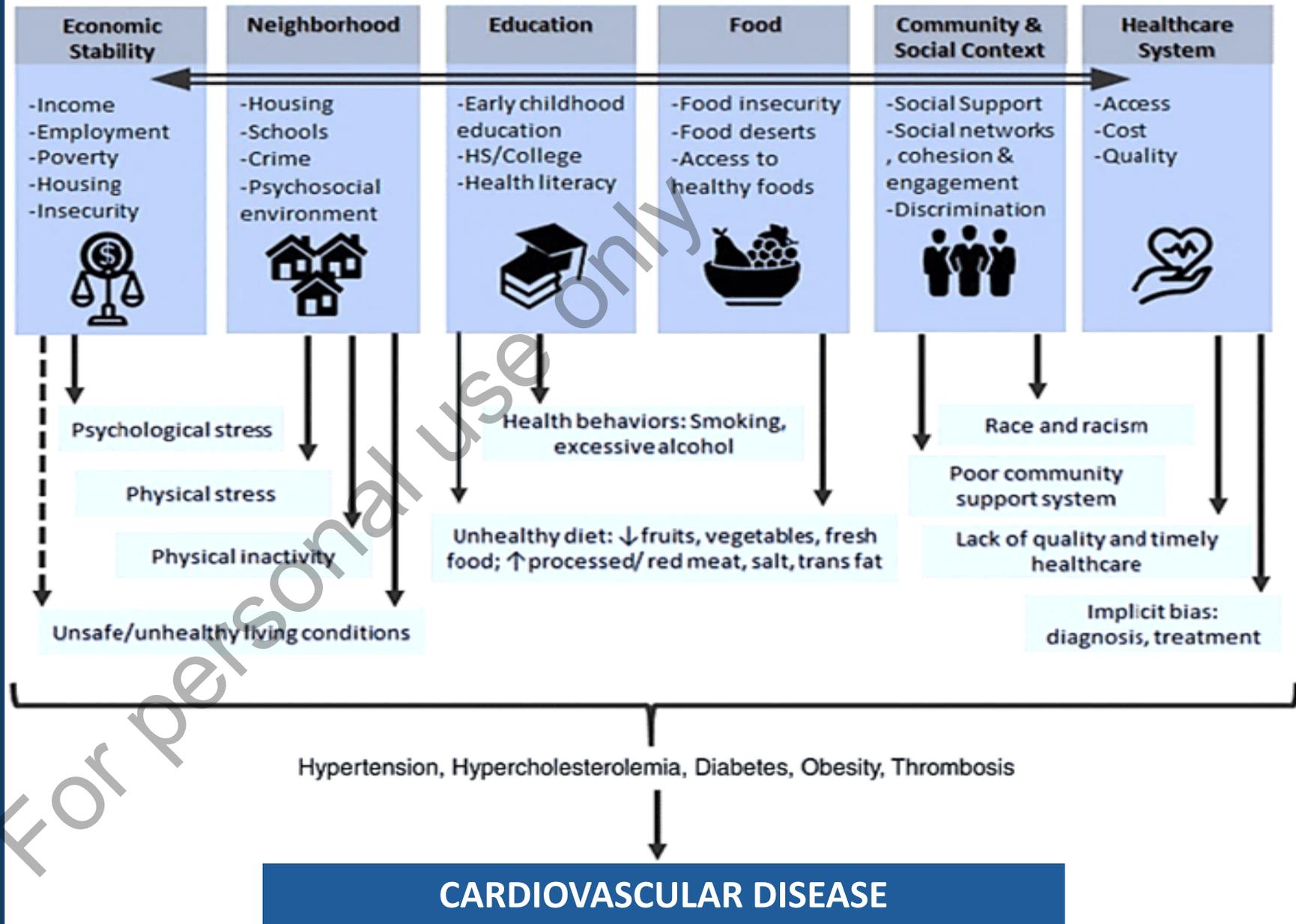


Awareness

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DIET AS A SOCIAL DETERMINANT OF HEALTH

FOOD INSECURITY AND POOR ACCESS TO HEALTHY FOODS DRIVE CVD RISK



FOOD INSECURITY IN CVD PATIENTS

HIGHER PREVALENCE - NHANES DATA 1999-2018

AMONG BLACKS

High food insecurity overall
and in those with CVD
with **NARROWING** of the gap

20-25%

had food insecurity
in 2018, with
non-significant
differences between
those with and
without CVD

AMONG HISPANICS

Higher food insecurity overall
and in those with CVD
with **SOME NARROWING** of the gap

40% with CVD

had food insecurity in 2018
versus

30% without CVD

AMONG WHITES

Higher food insecurity
In those with CVD
with **WIDENING** of the gap

45% with CVD

had food insecurity in 2018
versus

15% without CVD

NUTRITION SECURITY

A NEW AND BETTER METRIC VS. FOOD SECURITY

WHAT IS NUTRITION SECURITY?

Consistent access to nutritious foods that promote optimal health and well-being for all Americans, throughout all stages of life.



Nutrition
Security



Food
Security



Diet Quality



Equity

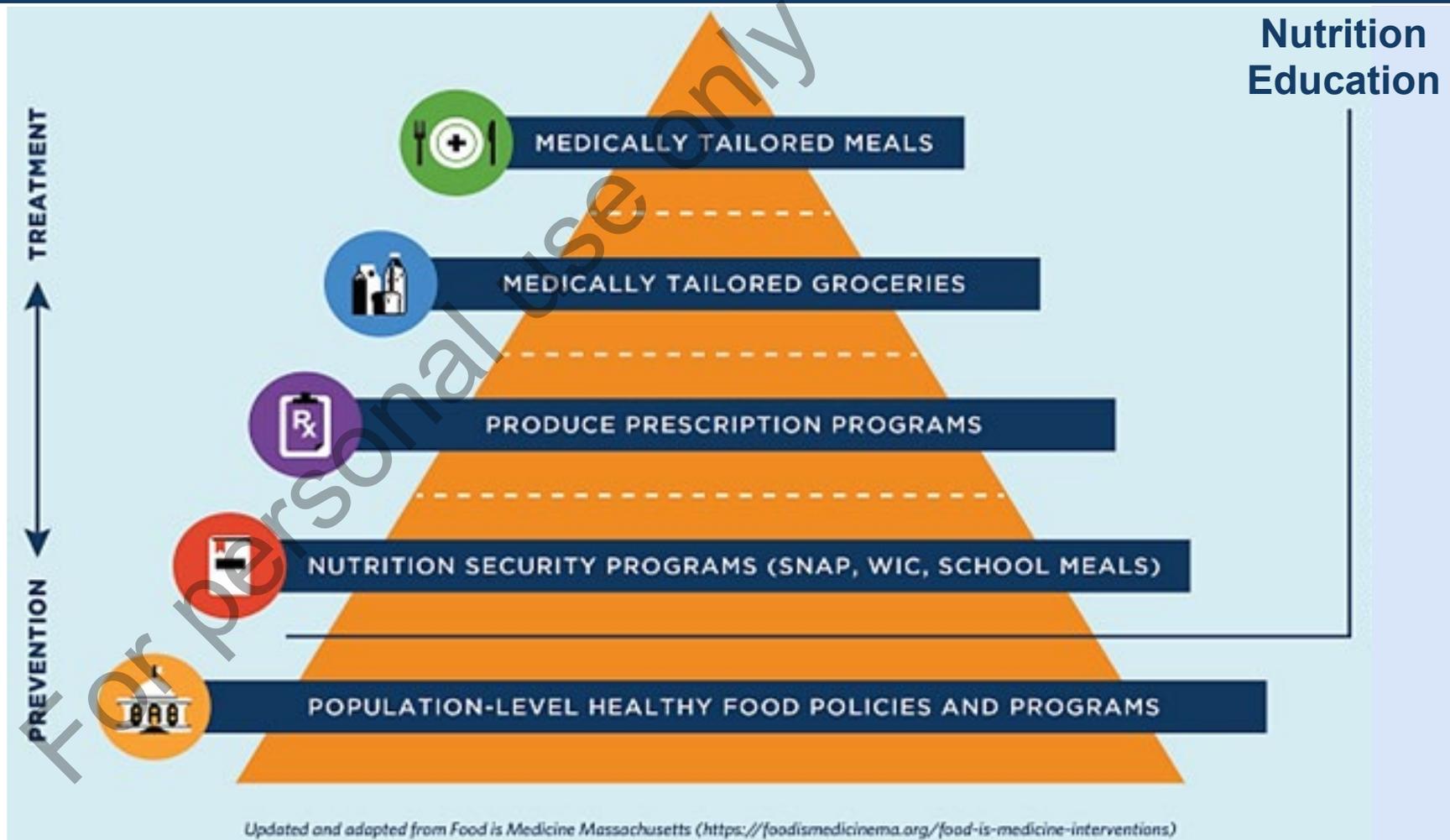
**RATIONALE
AS A METRIC**
Food security is a measure of access to enough food for *overall health*. Nutrition security is a measure access to foods associated with *reduced risk of chronic disease*.

FOOD IS MEDICINE

DEFINITION AND INTERVENTIONS

Food is Medicine is a tiered “spectrum of services and health interventions that recognize and respond to the critical link between nutrition and chronic illness,”¹ especially due to food and nutrition insecurity. It also encompasses nutrition screening and education.

www.foodismedicinema.org



ORGANIZE DIET INTERVENTIONS IN CLINICAL PRACTICE

THE CHRONIC CARE MODEL CAN PROVIDE A FRAMEWORK



Aggarwal M, Ornish D, Josephson R, Brown TM, Ostfeld RJ, Gordon N, Madan S, Allen K Khetan A, Mahmoud M, Freeman A, Aspry KE.
Amer Jour Cardiol Jan 2021

Starting the Conversation

Starting The Conversation: Diet

(Scale developed by: the Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill, and North Carolina Prevention Partners)

Over the past few months:

- | | | | |
|--|--|---|--|
| 1. How many times a week did you eat fast food meals or snacks? | Less than 1 time
<input type="checkbox"/> 0 | 1-3 times
<input type="checkbox"/> 1 | 4 or more times
<input type="checkbox"/> 2 |
| 2. How many servings of fruit did you eat each day? | 5 or more
<input type="checkbox"/> 0 | 3-4
<input type="checkbox"/> 1 | 2 or less
<input type="checkbox"/> 2 |
| 3. How many servings of vegetables did you eat each day? | 5 or more
<input type="checkbox"/> 0 | 3-4
<input type="checkbox"/> 1 | 2 or less
<input type="checkbox"/> 2 |
| 4. How many regular sodas or glasses of sweet tea did you drink each day? | Less than 1
<input type="checkbox"/> 0 | 1-2
<input type="checkbox"/> 1 | 3 or more
<input type="checkbox"/> 2 |
| 5. How many times a week did you eat beans (like pinto or black beans), chicken, or fish? | 3 or more times
<input type="checkbox"/> 0 | 1-2 times
<input type="checkbox"/> 1 | Less than 1 time
<input type="checkbox"/> 2 |
| 6. How many times a week did you eat regular snack chips or crackers (not low-fat)? | 1 time or less
<input type="checkbox"/> 0 | 2-3 times
<input type="checkbox"/> 1 | 4 or more times
<input type="checkbox"/> 2 |
| 7. How many times a week did you eat desserts and other sweets (not the low-fat kind)? | 1 time or less
<input type="checkbox"/> 0 | 2-3 times
<input type="checkbox"/> 1 | 4 or more times
<input type="checkbox"/> 2 |
| 8. How much margarine, butter, or meat fat do you use to season vegetables or put on potatoes, bread, or corn? | Very little
<input type="checkbox"/> 0 | Some
<input type="checkbox"/> 1 | A lot
<input type="checkbox"/> 2 |

SUMMARY SCORE (sum of all items): _____

PROVIDE PATIENT SELF-MANAGEMENT SUPPORT EVIDENCE-BASED EVEN WHEN BRIEF, ESPECIALLY IF TAILORED

Provide Patient Counseling
in Outpatients via
Verbal Messages

Reinforce spoken messages
with EHR Smart Phrases,
EHR Diet Info,
and Other Print Materials
[Consider Harvard
Healthy Eating Plate
Available in 20 Languages]

Develop Cookshops, Videos

HEALTHY EATING PLATE

HEALTHY OILS
Use healthy oils (like olive and canola oil) for cooking, on salad, and at the table. Limit butter. Avoid trans fat.

VEGETABLES
The more veggies – and the greater the variety – the better. Potatoes and French fries don't count.

FRUITS
Eat plenty of fruits of all colors.

WHOLE GRAINS
Eat a variety of whole grains (like whole-wheat bread, whole-grain pasta, and brown rice). Limit refined grains (like white rice and white bread).

HEALTHY PROTEIN
Choose fish, poultry, beans, and nuts; limit red meat and cheese; avoid bacon, cold cuts, and other processed meats.

WATER
Drink water, tea, or coffee (with little or no sugar). Limit milk/dairy (1-2 servings/day) and juice (1 small glass/day). Avoid sugary drinks.

STAY ACTIVE!
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The Nutrition Source
www.hsph.harvard.edu/nutritionsource

Harvard Medical School
Harvard Health Publications
www.health.harvard.edu

طبق الأكل الصحي (Arabic)

Osasungarri Jateko Platera
(Basque)

Tanjir Zdrave Ishrane
(Bosnian)

El Plat Saludable (Catalan)

健康飲食餐盘 (Chinese – Simplified)

健康飲食餐盤 (Chinese – Traditional)

Tanjur Zdrave Prehrane (Croatian)

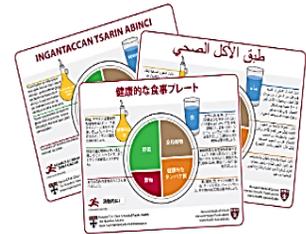
Den Sunde Tallerken (Danish)

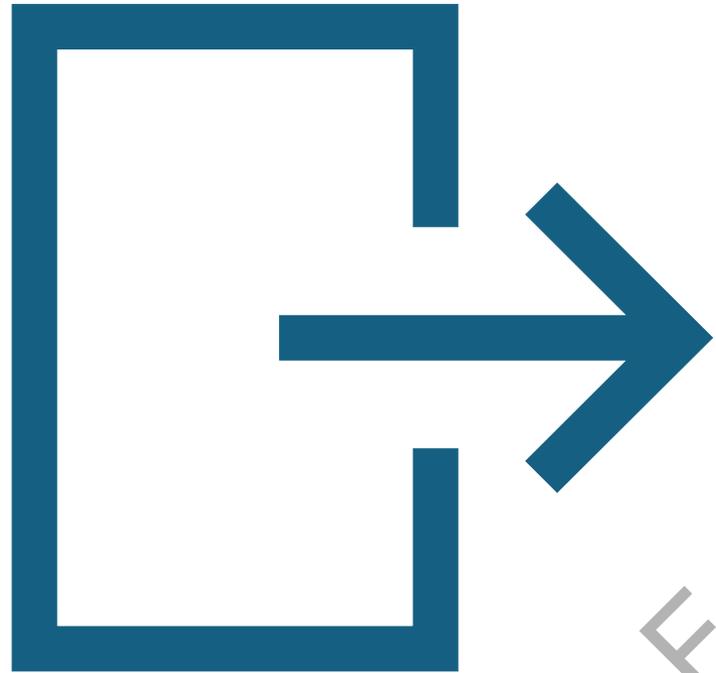
Gezonde Voeding Bord (Dutch)

Healthy Eating Plate (English)

بشقاب غذای سالم (Farsi)

L'Assiette Santé (French – Canada)





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Shared Medical Visits

REDESIGN CARE DELIVERY TO INCORPORATE RDN IN CLINIC

MANY BENEFITS

RDN services are evidence-based per meta-analysis.¹

**Can be via In-person, Phone-Video, or Group Visits
with or without Culinary Education**

Reduces CVD Risk Factors via improved diet quality

Reduces downstream health costs

Conveys importance of diet to cardiac patients

**Offers opportunity to refer food insecure patients
to federal/local nutrition assistance**

Sikand G, Cole RE, Handu D, deWaal D, Christald J, Johnson EQ, Arpino LM, Ekvall SM.
Jour Clin Lipid 2018;12:1113-1122.

TIPS

**Get Administrator
Buy-in**

Ask RDNs from Cardiac Rehab

**Ensure Referrals are
For Covered Patients**

**Encourage Telehealth if
Covered**

**Encourage Group
Visits-Cookshops**

DEVELOP HOSPITAL WIDE DIET Q.I. INITIATIVES BROADENS IMPACT - EDUCATES COLLEAGUES



PLANT-BASED MENU

The healthiest diets are those that are high in lentils, fruits and vegetables, beans, and whole grains. Eating these foods puts you on a path to lowering your risk of heart disease. We hope you enjoy this plant-based menu: *for your health, for your future.*

How many fruits and vegetables do I need to eat?

The American Heart Association recommends eight or more servings of fruits and/or vegetables per day. Eating more fruits and vegetables may help keep you at a healthy weight, live longer, and help lower your cholesterol and blood pressure.

What is a serving size?

FRUITS:

- 4-5 servings per day
- 1 medium fruit (about the size of a baseball)
- 1/4 cup dried fruit
- 1/2 cup fresh, frozen or canned fruit

VEGETABLES:

- 4-5 servings per day
- 1 cup raw leafy vegetables (about the size of a small fist)
- 1/2 cup cut-up raw or cooked vegetables
- 1/2 cup vegetable juice

Breakfast

- STEAMING OATMEAL**
With raisins, almonds and brown sugar
- OVERNIGHT OATS**
Oatmeal rolled oats, chia seeds and fruit
- CHEERIOS**
With soy milk
- WHOLE WHEAT TOAST**
With peanut butter or avocado spread
- FRESH FRUIT PLATE**
With bran muffin

Dinner

- VEGETABLE PASTA PRIMA VERA**
A mix of sautéed fresh vegetables in a light sauce over penne pasta
- TOFU VEGETABLE STIR FRY**
Seasoned grilled tofu with sautéed green & red peppers, onions and broccoli
- BLACK BEANS & YELLOW RICE**
Seasoned black beans over fluffy yellow rice

Beverages

- HOT TEA**
- ORANGE JUICE**
- APPLE JUICE**
- GRAPE JUICE**
- CRANBERRY JUICE**
- SOY MILK**

Lunch

- BLACK BEAN BURGER**
Hearty black bean patty over a warm bun with option of lettuce, tomato and onion
- HUMMUS TOMATO SANDWICH**
Fresh hummus over whole grain sandwich thins topped with tomato and spinach
- FRESH VEGETABLE WRAP**
Tomatoes, carrots, cucumbers, olives and lettuce wrapped in an avocado spread whole grain wrap

Chef Specials

- SWEET POTATO & KALE OVER BARLEY**
- LENTIL BOLOGNESE OVER PASTA**
- CHICKPEA POTATO COCONUT CURRY**

For more information on heart healthy nutrition, prevention and more, visit UFHealth.org/integrativeCardio.

UFHealth
Shands

ELEMENTS OF HOSPITAL SYSTEM DIET INTERVENTIONS

Discharge Nutrition Education packet/materials

Nursing involvement in diet education

Required Dietician visit pre-discharge

Required viewing of nutrition education documentaries

Plant based menus

EHR-based diet screening for food insecurity

PROMOTE CULINARY EDUCATION-OUTREACH
BENEFITS COMMUNITY, TRAINEES AND HEALTH SYSTEM



CULINARY MEDICINE CONFERENCE

When Food Becomes Medicine

February 29, 2020 | Epicurean Hotel | Tampa, FL
CulinaryMed.cme.ufl.edu



**Best way to
teach nutrition
is through
experiential
techniques**

**Invite patients,
trainees and
community
members**

**Start small and
build it bigger!**

CHOOSE AN EVIDENCE-BASED DIETARY PATTERN

MEDITERRANEAN – VEGETARIAN/VEGAN – DASH – HEALTHY U.S.-STYLE



Emphasize

- Whole fruits
- Vegetables
- Whole grains
- Healthy proteins
 - Nuts, seeds, legumes
 - Fish and other seafood
 - Low-fat or fat-free dairy
 - Lean poultry
- Healthy Fats
- Non-tropical, plant oils



Limit

- Foods high in saturated and *trans* fatty acids
- Refined grains and added sugars
- Processed meats
- Highly processed foods
- Foods high in sodium
- Alcohol



ACC.25



Be Part of the Change=Food Is
Medicine



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