

Statement provides blueprint for healthcare providers to translate nutrition recs

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Healthcare providers who counsel people about choosing a healthier eating pattern are encouraged to consider personal, ethnic, and cultural preferences and use easy- to-understand language and food examples, according to a new scientific statement from the American Heart Association.

"It's one thing for professionals to summarize the data and develop guidelines. An entirely different strategy is required to translate those guidelines into daily behaviors embraced in real life, by real people," said Linda V. Van Horn, Ph.D., R.D., professor of preventive medicine (nutrition) at Northwestern University Feinberg School of Medicine in Chicago, and chair of the writing group for the new scientific statement published in *Circulation*, an American Heart Association journal.

"To consumers, it's an apple, an orange, a pizza. It's not saturated fat, refined carbohydrates and potassium. That's nutrition jargon familiar among professionals; but not normal conversation for the average American."

The statement spells out practicalities about following recommendations that the American Heart Association and the American College of Cardiology (AHA/ACC) published online in June 2013 in the Guideline on Lifestyle Management to Reduce Cardiovascular Risk, which emphasizes the importance of eating an overall healthy eating pattern.

Americans of all ages are eating too little of some important nutrients

and too much of detrimental ingredients which should be limited. While more than 80 percent of the U.S. population eats less than the recommended amount of vegetables, about 70 percent of the population eats more saturated fat, sodium and added sugar than is recommended. That is because the top three sources of calories in the U.S. are burgers, sandwiches and tacos; followed by desserts, sweet snacks and sugar-sweetened beverages, according to the most recent data from the National Health and Nutrition Examination Survey.

A heart-healthy dietary pattern should include a variety of fruits and vegetables, whole grains, low-fat dairy products, skinless poultry, fish, nuts, beans and non-tropical vegetable oils and be limited in red or processed meat, sweets and sugary drinks. The dietary recommendations are broad-based and can be adapted to fit many different cultural and personal health preferences, as well as economic realities.

"Identifying optimal nutrition for preserving good health is an ongoing, dynamic science," Van Horn said. "But there are fundamental principles we know now about how some foods decrease risk of heart disease, while other foods increase risk. For example, I've yet to see a study reporting that fruits and vegetables are bad for you."

Some ethnic groups experience a disproportionately greater burden of heart disease and stroke, thereby recognizing that specific dietary elements common to each culture may help reduce that risk. For example:

- Non-Hispanic black adults report lower intake of fruits, vegetables, and whole grains and higher amounts of sugar-sweetened beverages than non-Hispanic white adults;
- The typical diet of people of Chinese, Korean or Japanese heritage is lower in saturated fat but higher in sodium than typical U.S. diets;

- The typical dietary pattern for people of Asian Indian heritage is high in saturated and hydrogenated fats and refined carbohydrates;
- American Indians and Pacific Islanders eat fewer fruits and vegetables than non-Hispanic whites; and
- Mexican-Americans eat more fiber-rich foods than other ethnic groups, but also struggle with obesity.

Reasons for these differences vary, and can include culture, tradition, neighborhood availability of healthier foods, price and other factors. However, when healthcare providers counsel patients about eating healthier, they should give strong consideration to helping patients find a healthier way to eat that fits into their cultural and personal taste preferences as well as their economic circumstances.

The statement offers providers a toolkit of practical, food-based suggestions to help people make healthier choices and achieve a heart healthy eating pattern. Portion sizes are listed for commonly purchased items, such as different types of vegetables, whole grains, meat, poultry, eggs and many others.

"We translate the recommendations into real-life, buy-it-at-the-grocery store, order-it-on-the-menu type choices," Van Horn said. "Counseling people about healthy eating is a process, but when someone becomes motivated to actually make dietary changes such as eating more fruits and vegetables, amazing things happen. In as little as three weeks, they develop a preference for those foods and even begin to miss them if they're not on the plate."

Behavioral change is a key component of helping people eat healthier. The statement includes evidence-based approaches for motivating patients to choose well, plan for relapses, track what they eat, and gradually adopt a more physically active lifestyle to complement their

healthy diet.

Provided by American Heart Association

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