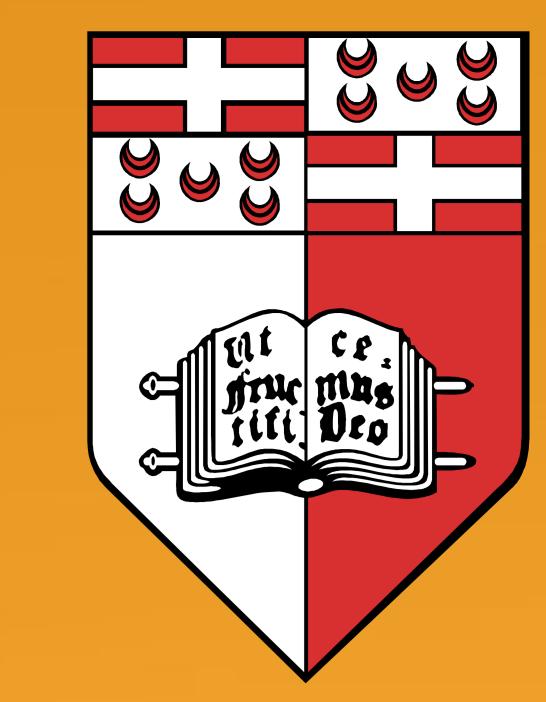
Dietary Practices in Cardiac Patients

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INTRODUCTION

Diet plays an important role in cardiovascular disease (CVD), the leading cause of morbidity and mortality worldwide and the cause of 40% of all deaths in Malta in 2013¹. A diet consisting of fruit and vegetables and low intake of saturated fats is linked to a 73% decreased risk of new major CVD events, when compared with typical diets in the high-income developed world². Rather than focusing on individual nutrients, CVD patients should aim at modifying their diet as a whole³.

AIMS

To identify the dietary practices of patients suffering from CVD and evaluate their suitability for cardiac health.

METHOD

Phase 1

A food frequency questionnaire (FFQ) was selected as the dietary assessment method. It consists of a list of food items typically consumed and which are relevant to CVD.

The frequency of weekly consumption was requested for food items within food classes, namely: dairy products, meat, fish, fruit, vegetables, cereals and pastries, nuts, desserts, drinks and other foods. Information on food types was also requested including for types of cooking oils and cooking methods.

The FFQ was translated to Maltese, validated by a panel of experts and lay persons, and tested for reliability.

Phase 2

The FFQ was distributed to 66 outpatients who presented with one of the following: arrhythmias, postmyocardial infarction, hypertension ischaemia.

Phase 3

FFQ results were compared with the latest dietary guidelines.

Phase 4

A booklet with advice on hearthealthy eating was compiled.

RESULTS

Some of the food consumption results of the study are presented in Table 1. The preferred food type choices are presented below (N=66):

- Skimmed Milk (0.2% fat) (n=34)
- Fibre-rich cereals (n=23) instead of sugary cereals (n=12)
- Sugar addition to tea/ coffee: 1/2 to 1 teaspoon (n=57)
- White bread (n= 48) instead of wholemeal (n=13)
- White pasta (n=48) instead of wholemeal (n=6)
- White rice (n= 32) instead of whole grain (n=7)
- Fried vegetables (n=32) instead of raw (n=16) or boiled (n=11)
- Chicken/ turkey with skin (n=25) instead of skinless (n=15)
- Beef/ pork without fat (n=27) instead of sometimes with fat (n=24) or often eat fat (n=2)
- Corn oil/Olive oil/ Sunflower oil/ Sesame oil (n=49)
 instead of non-fat cooking sprays (n=13)
- Frying (n=21) instead of other cooking methods such as:
 roasting (n=15), boiling (n=11) and grilling (n=7)

Table 1: Food Consumption of CVD Patients

Food class	Food item	Consumption	No of patients (N=66) with their respective consumption
Dairies	Yogurt	Low	n=48: 1-2
	Eggs	Moderate	n=47: 1-2
	High- fat cheeses	Low	n=43; 1-3
	Low-fat cheeses	Low	n=53; 1=2
Meat	Low-fat meats	Moderate	n=53; 2-4
	High-fat meats	Low	n=55: 1-2
	Processed meats	Moderate	n=65: 1-3
Fish	Oily Fish	Low	n=48: 1-2
Fruit	Fresh fruit	High	n=60: 3-5
	Avocado	Low	n=60; 1-2
Vegetables	Fresh & Frozen	Moderate	n=45: 3-4
	Vegetables		
	Oven chips	Moderate	n=63:1-3
	Boiled potatoes	Low	n=13: 4-5
Cereals	Rice	Low	n=62: 1-3
Nuts	Almonds, Peanuts	Low	n=55:1 -2
	Coconut	Low	n=63:1
Pastries	Pastries	Moderate	n=61:1-3
	Deep-fried snacks	Low	n=58: 1-2
	doughnuts		
	Cakes, sweet pas- tries, biscuits	High	n=43: 4-5
Drinks	Alcohol	Moderate	Average n=60: 1-3
	Sugary drinks	Moderate	Average n=67: 1-3
	Mineral Water	Moderate	Average n=50: 1
Seasonings	Herbs/ spices	Moderate	n=56: 1-3
J	Salt	Moderate	n=51: 1-3
	Pepper	Moderate	n=48: 1-3

1= Never; 2= Once weekly; 3= 2-6 times weekly; 4= Once daily;
5= More than once daily

CONCLUSION

This study demonstrates that cardiac patients are aware of certain good dietary practices, however advice would be beneficial to increase consumption of: whole grains, low-fat cheeses, low-fat meats, oily fish, avocado, vegetables, rice, mineral water and nuts, while decreasing intake of items such as cakes, sweet pastries, biscuits. Tips on better food substitutions would also be beneficial such as to opt for low-fat meats instead of processed meats, herbs, spices and pepper instead of salt and commercial sauces, boiling, grilling, roasting and poaching instead of frying, non– fat cooking sprays and liquid vegetable oils instead of oils including olive oil and corn oil, mineral water instead of sugary drinks. The role of the pharmacist would be beneficial to give patient advice on healthier diets, also by recommending the use of educational methods such as the booklet developed within this study.

ACKNOWLEDGEMENTS and REFERENCES

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