For Professional Reference Only

Heart Health

Point of Care Reference: Improving the Lipid Panel

Applicable to: Health Professionals

This point of care reference provides a summary of key nutrition and lifestyle recommendations to target a patient's <u>high-density lipoproteins</u> (HDL), <u>low-density lipoproteins</u> (LDL), and <u>triglycerides</u>.

For more information, refer to Nutrition Guideline: Heart Health.

High-Density Lipoproteins (HDL)

Table 1. Nutrition and Lifestyle Interventions to Improve HDL

Nutrition Interventions

- Use monounsaturated fats like nuts, olive oil, and canola oil to replace saturated fats like butter, lard, and shortening.^{1,2}
- Limit intake of added sugars (e.g., pop, honey, syrups, and sweets).³
- Consume a lower carbohydrate diet for people living with obesity, consider less than 45% of energy from carbohydrates or less than 225 g/day on a 2000 calorie diet.⁴
- Follow guidance from the Mediterranean diet. See Nutrition Education Resources for the patient handout available.^{5–8}

Lifestyle Interventions

- Recommend 30–60 min aerobic activity daily (e.g. brisk walking, running, swimming, cycling).^{1,9}
- Encourage resistance training 3 times/week. This includes activities that use weights or use own body weight.
 - Consult with physician or physiotherapist prior to beginning.
- In people living with obesity, consider a 5–10% loss of baseline weight.^{1,10}
- Moderate alcohol intake (1–2 drinks/day, if triglycerides are not substantially elevated) can increase HDL by 5–10%.¹⁰
- Recommend smoking cessation.^{1,9}



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Low-Density Lipoproteins (LDL)

Table 2. Nutrition and Lifestyle Interventions to Improve LDL

Nutrition Interventions

- Limit foods high in saturated fat to less than 9% of energy or less than 20 g/day on a 2000 calorie diet.^{1,11}
- Replace foods high in saturated fat (e.g., butter, bacon, coconut oil) with foods high in unsaturated fat (e.g., salmon, walnuts, canola oil).
- Reduce intake of high fat dairy products (e.g. heavy cream, whole milk, full fat cheese). 12-15
- Limit intake of coconut oil. 10,13,16–18
- Follow the Mediterranean, portfolio, or Nordic diets.
- Recommend greater or equal to 10 g/day soluble fibre from foods (e.g. bran cereal with psyllium, legumes, ground flaxseed).^{10,19}
- Recommend 30 g/day (1 oz) or more tree nuts like walnuts, almonds, or pistachios.1
- Recommend 30 g/day soy proteins including tofu, soy beverage, miso, natto, tempeh, and edamame.^{1,20}
- Recommend 2 g/day plant sterols from fortified foods and/or supplements.²¹
- Consume >5 servings/day of brightly coloured vegetables and fruits.^{10,22}

Lifestyle Interventions

- In people with obesity or central adiposity, consider 5–10% loss of baseline weight.1
- Aim for 30–60 min/day or 200–300 min/week of aerobic activity (e.g. brisk walking, running, swimming or cycling).^{1,9}
 - o Consult with physician or physiotherapist prior to beginning.



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Triglycerides

Table 3. Nutrition and Lifestyle Interventions to Improve High Triglycerides (1.7–5.5 mmol/L)

Nutrition Interventions

- Follow guidance from the Mediterranean diet. 5,6,8
- Limit foods high in saturated fat (e.g., butter, bacon, coconut oil) and replace them with foods high in unsaturated fat (e.g., salmon, walnuts, canola oil).
- Consume 30 g/day (¼ cup) nuts as a high source of monounsaturated fat.^{1,23,24}
- Reduce refined grains and starches (e.g., white bread, regular pasta, low fibre cereals).
- Choose foods high in fibre (e.g., whole grains, legumes, vegetables, and fruit) and soluble fibre (e.g., bran cereal with psyllium, dried figs, and ground flax seed).
- Reduce intake of carbohydrates to <60% energy or <300 g/day on a 2000 calorie diet.^{4,10}
- Spread foods high in carbohydrates throughout the day to help with glycemic management and insulin
 resistance.
- Reduce foods with added sugar like pop, honey, syrup, and sweets.
- Aim for <5% calories from added sugar, and do not exceed 10%.3,4,11,25-27

Lifestyle Interventions

- Manage comorbid conditions (e.g., diabetes, central adiposity, obesity, alcohol misuse disorder).
- In people living with obesity, consider 5–10% loss of baseline weight.^{1,10}
- Reduce or avoid alcohol.^{28–31}
- Recommend 30–60 min aerobic activity daily (e.g., brisk walking, running, swimming, cycling).^{1,9}
 - Consult with physician or physiotherapist prior to beginning.
- Limit days without activity and/or reduce extended periods of sedentary time.
- · Aim to have physical activity before higher fat meals.

Table 4. Nutrition and Lifestyle Interventions to Improve Very High Triglycerides (5.6 mmol/L or more)

Nutrition Interventions

- Apply nutrition recommendation in Table 3.
- Limit dietary fat to 5–10% calories (about 10–20 g/day), including healthy fats (e.g., vegetable oils, nuts, seeds). 32,33
- High doses (2–4 g/day) of omega 3 fatty acids eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) can have positive effects on hypertriglyceridemia. 34,35
 - o Review supplementation with physician and medical team.

Lifestyle Interventions

- Apply lifestyle recommendations in Table 3.
- Recommend complete avoidance of alcohol. 1,9,10,23,32,36

Nutrition handouts are available for patients on a variety of topics to help support their learning needs, and nutrition goals. Visit <u>Nutrition Education Handouts</u> for more information.



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