

Cholesterol Management Updates: Nutrition, Pharmacologic Therapy, and Additional Testing

Atherosclerotic cardiovascular disease remains the leading cause of death for men and women in the United States. Management of high cholesterol is important part of addressing cardiovascular risk. In this edition of our newsletter, we will highlight updates in cholesterol management and also review some of the standards for cardiovascular risk management. As always, consult with your physician before making any changes to your cholesterol management plan.

NUTRITION:

All individuals with high cholesterol should limit their saturated fat intake. Several well known eating plans including the Mediterranean diet, the DASH diet, and a vegetarian diet improve cholesterol levels. The Mediterranean diet has consistently been shown to reduce cardiovascular risk.

Not all patients have the same lipid abnormalities. Some patients primarily have an elevated LDL and others primarily elevated triglycerides. An adjustment in macronutrient distribution (carbohydrates vs. fats. vs. protein) can help address these differences. Our physicians and dieticians can help with education about specific modifications based on your individual lipid profile. It is also important to be mindful of total calorie intake as excess calorie intake can lead to weight gain and worsen lipid profiles and metabolic status.

Recently, some diets and dietary practices have proven detrimental to cardiovascular health. The keto-style diets have been singled out most recently. Keto diets are generally defined as diets where effective carbohydrate consumption is <20 grams per day. This diet causes the liver to utilize fat stores to produce ketone bodies as the primary fuel source for the body. Historically, this diet claimed to improve cholesterol control and be superior for weight management. In practice, however, cholesterol profiles tend to worsen because the increase in animal product consumption generally increases the intake of saturated fats leading to a rise in lipid levels. In addition, published data on long term weight management shows no difference in weight loss outcomes with the keto diet when compared to lower fat diets. Additionally, carbohydrate replacement products consumed with this diet, such as erythritol, the compound used in Stevia, and highly processed, "low carbohydrate" foods should be avoided due to detrimental cardiovascular outcomes.

MEDICATIONS:

Even with adherence to a healthy diet and exercise program, many patient benefit from addition of medication to reduce their cholesterol and their cardiovascular risk.

The well-tolerated class of drugs called the statins remains the workhorse of pharmacologic based cholesterol management. There is abundant evidence that statins decrease cardiovascular risk.

MEDICATIONS continued:

Fortunately, those who need additional risk reduction or who are unable to tolerate statins, do have other options to help improve cholesterol levels and reduce cardiovascular risk.

Ezetimibe is a medication which helps block cholesterol absorption in the gut. Bempedoic acid is another medication which works by blocking liver production of cholesterol. Fish oil derivatives can specifically help manage triglyceride elevations in some high risk patients. Although more expensive, an injectable class of drugs called the PCSK-9 inhibitors is becoming more commonly used for high risk patients. These medications are given by once-monthly or twice-yearly injections.

ADDITIONAL TESTING, IF INDICATED:

In some patients it may not be clear if they will benefit from pharmacologic therapy. These patients may benefit from additional testing to help stratify their risk.

Lipoprotein (a) is a type of low-density lipoprotein that when elevated in the blood is an independent risk factor for atherosclerotic disease. Imaging for risk stratification is also appropriate for some patients. The most commonly used test is a CT scan to measure a coronary artery calcium scores (CAC). Patient with an elevated CAC score benefit from pharmacologic therapy in addition to lifestyle modification to reduce their cardiovascular risk. Unfortunately, this type of imaging cannot identify soft, non-calcified plaque which is also atherogenic. Another test called a CT-coronary angiogram can help identify soft plaque but these tests expose patients to a higher amount of radiation and require IV contrast and are not currently recommended by cardiologists for screening in asymptomatic individuals.

Talk to your physician to be sure you are doing everything possible to reduce your personal cardiovascular risk. And remember, exercise is also an important part of managing your cholesterol levels and reducing your cardiovascular risk. Experts recommend a minimum of 150 minutes of moderate cardiovascular exercise each week.

Administrative Update:

We are excited to welcome Jimmy Baugh, MD, to our Park Cities location. Dr Baugh is our newest Family Medicine physician and is accepting new patients. Additionally, we will open our 8th location in May at Walnut Hill and Central Expressway with the addition of Katrina Bradford, MD and Amby Bindra, MD, both Family Medicine physicians. Information on all our locations and physicians can be found at www.ntphp.com or www.ctxphp.com.

Preferred Health Partners Locations

Dallas -Gaston Office

3417 Gaston Ave.
Suite 700
Dallas, Texas 75246
214-823-4800

Dallas- Junius Office

3900 Junius Street
Suite 415
Dallas, Texas 75246
972-993-8300

Park Cities Office

8215 Westchester Dr,
Suite 320
Dallas, Texas 75225
972-993-5040

Walnut Hill Office

8144 Walnut Hill,
Suite 360
Dallas, TX 75231
972-993-8350

Plano Office

4708 Dexter Dr.,
Suite 400
Plano, Texas 75093
972-993-5050

Las Colinas Office

440 West I-635
Suite 405
Irving, Texas 75063
972-993-5080

Frisco Office

3535 Victory Group Way,
Suite 330
Frisco, Texas 75034
972-993-5070

Austin Office

1305 West 34th St.,
Suite 204
Austin, Texas 78705
737-285-3770

HEALTHY HABITS

Baked Lemon-Garlic Salmon

Ingredients

For Salmon:

- 2 lb salmon fillet
- Kosher salt
- Extra virgin olive oil (to brush on foil)
- ½ lemon, sliced into rounds
- Parsley for garnish

For Lemon-Garlic Sauce:

- Zest of 1 large lemon
- Juice of 2 lemons
- 3 tbsp extra virgin olive oil
- 5 garlic cloves, chopped
- 2 tsp dry oregano

Directions

1. Heat oven to 375 degrees F.
2. Make the lemon-garlic sauce. In a small bowl or measuring cup, mix the lemon juice, lemon zest, extra virgin olive oil, garlic, oregano, paprika and black pepper. Give the sauce a good whisk.
3. Prepare a sheet pan lined with a large piece of foil (should be large enough to fold over salmon). Brush top of the foil with extra virgin olive oil.
4. Now, pat salmon dry and season well on both sides with kosher salt. Place it on the foiled sheet pan. Top with lemon garlic sauce (make sure to spread the sauce evenly).
5. Fold foil over the salmon (seam-side up). Bake for 15 to 20 minutes until salmon is almost completely cooked through at the thickest part (cooking time will vary based on the thickness of your fish. If your salmon is thinner, check several minutes early to ensure your salmon does not overcook. If your piece is very thick, 1 ½ or more inches, it may take a bit longer).
6. Carefully remove from oven and open foil to uncover the top of the salmon. Place under the broiler briefly, about 3 minutes or so. Watch closely as it broils to make sure it doesn't overcook, and the garlic does not burn. Internal temperature of thickest part of fish should be minimum 145 degrees Fahrenheit.

Pairs well with: A side of steamed broccoli, green beans or asparagus, mixed salad greens, or a cucumber and tomato herb salad.