Fruit, veg diet will boost heart health

Dr Eric Klug, cardiologist and chairman of the Heart Failure Society of South Africa, was in Durban recently for the 15th annual SA Heart Congress. He spoke extensively about dietary supplements and their role in heart health. Life reports

Many medical practitioners overlook the use of dietary supplements, nutraceuticals and over-the-counter (OTC) drugs by heart patients because they consider them innocuous, “natural and, therefore, safe and effective”.

However, they may have adverse effects.

Most of us take dietary supplements to increase our total daily intake of vitamins, amino acids, minerals, herbs or other botanicals.

In South Africa, there are more than 30,000 products to choose from and they contribute to an R6 billion a year industry.

It’s important to remember that claims made by companies selling supplements are not always supported by published peer review evidence.

In 2006, it was found that 69 percent of Americans over the age of 50 used supplements and, of these, 77 percent did not discuss it with their doctor. The situation is bound to be the same here.

It’s interesting to note Omega-3 fatty acids are popular due to the association made between sea food consumption and fatal coronary artery disease.

Various clinical trials have used different populations, dietary habits, proportions of omega-3 fatty acid supplements, doses and time lengths of treatment to assess the benefits of omega-3 fatty acids.

However, studies that did not assess blood levels, may be confusing and misleading and perhaps the most appropriate use of dietary fish or omega-3 supplements is through a personalised heart disease prevention strategy.

Coenzyme Q10 isn’t universally recommended for preventing side effects from cholesterol lowering drugs known as statins.

In some cases, coenzyme Q10 could be considered as a possible treatment for statin induced myalgia, pending large-scale studies to determine if it is truly effective for this purpose.

Muscle pain during statin treatment is a common problem encountered by patients, and a frequent question posed by patients. There is little high-quality, persuasive evidence to support the use of CoQ10. In light of the risk-benefit ratio, however, in cases where discontinuation of statin therapy is being contemplated, a trial of CoQ10 may be reasonable.

When it comes to calcium there is equivocal evidence of benefit to bone health which needs to be balanced against the potential for increasing evidence of adverse cardiovascular risk. Treating 1,000 people with calcium supplements for five years would cause an additional 14 myocardial infarctions, 10 strokes and 13 deaths, while preventing 26 fractures.

Vitamin D is complicated with no conclusive scientific research on which to make a diagnosis.

Based on the inconsistent benefit of recent trial data and potential for adverse effects, there remains insufficient evidence for vitamin A, C, D or E, singly or in combination, for prevention of MACE (major adverse cardiac events) in a general population at risk.

What we do know is that diets rich in fruit and vegetables are associated with improved cardiovascular health. Dietary supplement prescriptions should be based on individual need.

Before supplementing calcium, we should be sure that the intake is low. Similarly before supplementing vitamin D, doctors should check that either the serum 25-hydroxycholecalciferol is too low, or that total exposure from the sun and from food is inadequate. A patient who avoids dairy products, on health or ethical grounds, may well need a calcium supplement. Those of us confined to beds are likely to need to supplement vitamin D.

Margaret Moss, director at the Nutrition and Allergy Clinic, recommends patients continue to eat a heart-healthy diet enriched in fruit and vegetables, whole grains, and lean poultry and fish.

She adds that supplement use, but not increased dietary intake, modestly increases the risk of nephrolithiasis (kidney stones), and they should be advised about a potential increased risk of cardiovascular events, although the evidence of the latter is currently inconsistent and inconclusive.