

Healthy eating and weight management

Aims of module

- To involve CR participants in discussion about the basic principles of healthy eating for heart health.
- To support CR participants to adopt healthy eating patterns.
- To ensure CR participants understand the importance of maintaining a healthy weight for heart health and enable them to self-monitor changes in weight and waist adiposity.

Logic

An eating pattern based on the Heart Foundation's five healthy eating principles is naturally low in saturated and trans fats, salt and added sugar. Eating this way will help to reduce CVD risk factors such as high blood pressure and dyslipidaemia.

Health Eating and weight management Best Practice Statement 1

Focus advice on making healthy dietary choices to reduce total cardiovascular risk.

NHMRC level of evidence: Level I

Example content:

- Emphasise that healthy eating involves a combination of nutrients or foods chosen regularly over time. As per the Heart Foundation's Eating for Heart Health Position Statement, eating patterns for heart health are based on the following five principles:
 - o plenty of vegetables, fruits and wholegrains
 - a variety of healthy protein sources including fish, seafood, lean meat and poultry, legumes, nuts and seeds
 - o reduced-fat dairy such as unflavoured milk, yoghurt and cheese
 - healthy fat choices with nuts, seeds, avocados, olives and their oils for cooking
 - o herbs and spices to flavour foods, instead of adding salt.

These principles should be used to identify healthy foods to build into healthy meals.

See the <u>National Heart Foundation's Healthy Eating Principles</u> for more information



- Information and activities to identify healthy foods can be based on the serving sizes, recommended number of serves and meal planning activities outlined in the Australian Dietary Guidelines.
 - > See the tools and resources for the <u>Australian Dietary Guidelines</u>
- Advise CR participants that water is the drink of choice. Plain tap water is best; our bodies need it, it quenches thirst, has no kilojoules and is very cheap. In addition to water, it is fine to have the following drinks in moderation: plain soda water, reduced-fat milk, herbal tea, caffeinated tea and coffee (with reduced-fat milk). Sugar-sweetened beverages (e.g., soft drink, cordial, fruit drinks and sport and energy drinks) should be avoided.
 - > See the National Heart Foundation's Healthy drinks for more information
- Give CR participants information on how healthy eating patterns relate to nutrients. An eating pattern based on the five healthy eating principles is naturally low in saturated and trans fats, salt and added sugar. Eating this way will reduce CVD risk factors such as high blood pressure and dyslipdaemia.
 - See the following National Heart Foundation's website for further information on:
 - > Fats and cholesterol
 - > Salt
- Provide tools to assist with making healthy food choices.
 - Nutrition information panels and ingredient lists on food packaging are a good way of comparing similar foods so you can choose the healthiest one.
 - See the National Heart Foundations 'Food labels' for more information
 - Encourage recipe modification.
 - > See the National Heart Foundation's <u>How to make healthier meals</u> and <u>Healthy Meal Ideas</u>.
 - o Sample <u>recipes</u> and <u>meal plans</u> are available via the *Live Lighter* website.
 - > The <u>FoodSwitch</u> mobile application developed by Bupa and the George Institute can help you find out what is in the food you are eating and suggest simple, healthier switches.
- Assist with building a healthy eating plan.



Action plans can help CR participants to see how they can improve their diet and where they are doing well.

Use the National Heart Foundation's <u>Nutrition Action Plan for heart attack</u> recovery

Rationale: Previous literature for healthy eating in secondary prevention tended to focus on limiting specific nutrients (e.g., dietary fat, cholesterol and salt). The evidence has now shifted to focusing on dietary patterns for cardiovascular health to encompass the types and combinations of foods, chosen regularly over time, which contribute to better health outcomes. As the 2015 US Dietary Guidelines Advisory Committee advised, a healthy dietary pattern is high in vegetables, fruits, whole grains, low-fat or no-fat diary, seafood, legumes, and nuts, and low in red and processed meat, sugar-sweetened foods and drinks, and refined grains. Dietary patterns based on the Mediterranean diet and the Dietary Approaches to Stop Hypertension (DASH) have been found to be protective against CVD. For people with existing CVD, the Portfolio dietary pattern has strong evidence for reducing CVD risk factors, as does the DASH diet. The common elements of these diets are summarised in the Heart Foundation's *Healthy Eating Principles* and reflected in the nutritional advice above.

Health Eating and weight management Best Practice Statement 2

If resources allow, offer individualised consultation with a trained health professional to discuss diet, including understanding the CR participant's current eating habits and providing personalised advice that is sensitive to culture, needs, socio-economic status, and capabilities.

NHMRC level of evidence: Expert opinion

Example content

- Fill half the main meal plate with vegetables, and aim to include vegetables at other meal and snack times, to meet the recommended five serves per day.
- Choose fish and poultry over red meat.
- Choose nuts and seeds as a healthy snack or add to your breakfast.
- Cook with oils like olive, canola, avocado, peanut and sunflower.
- Swap salt with herbs and spices to flavour food.



- Fresh and unpackaged is best, but if they are unavailable or too costly, frozen
 vegetables are a great option. Legumes and lentils are cheaper alternatives to
 fresh fish and meat.
 - See the National Heart Foundation's 'Heart Healthy Eating Principles' for more tips

Rationale: Participants' individual needs, preferences and circumstances should be taken into account when providing dietary advice.

Health Eating and weight management Best Practice Statement 3

An Accredited Practising Dietitian should assess and manage CR participants with complex dietary requirements due to co-morbidities.

NHMRC level of evidence: Expert Opinion

Rationale: Staff providing advice for participants with complex dietary requirements should be appropriately qualified, skilled and competent.

Health Eating and weight management Best Practice Statement 4

Provide education and advice on the importance of maintaining a healthy weight for heart health. For CR participants who are overweight or obese, develop an individualised, achievable plan working towards an initial goal of losing 5-10% of body weight and a longer-term goal of achieving a BMI below 25.

NHMRC level of evidence: Level I

Example content:

- Provide information on a healthy weight and the link between increased weight (particularly central obesity) and increased risk of CVD.
- Give participants strategies to enhance self-monitoring of weight (e.g., regularly
 weighing themselves at home) and dietary intake (e.g., recording food intake
 and physical activity) to assist with weight loss or maintenance.
 - > See the National Heart Foundation's 'Healthy weight' for more information



Rationale: Obesity is an independent risk factor for CVD. The literature suggests that intentional weight loss (achieved through behavioural weight loss and exercise) reduces risk markers such as hypertension, diabetes control, measures of inflammation, metabolic syndrome and blood lipid levels. ^{4,5} Consequently, weight loss and maintenance are encouraged for the prevention and control of CVD. Clinical practice guidelines (e.g., the AHA guidelines) recommend that CVD patients who are overweight or obese lose an initial 10% of body weight, with the longer-term goal of achieving a BMI below 25. ⁴ A central adiposity goal of a waist circumference of less than 94 cm in men and 80 cm in women should also be considered. Initial studies have suggested that intentional weight loss improves long-term prognosis in patients with CVD, regardless of initial BMI. ⁶

Health Eating and weight management Best Practice Statement 5

Consider referring CR participants who need assistance with weight management to weight-loss programs delivered by experts.

NHMRC Level of evidence: Level I

Rationale: Studies based on the general population (rather than CR patients) suggest that referral to a commercial points-based weight-loss program, or a program with weekly meetings, is cost-effective compared to no active treatment.^{7,8}



Resources

National Heart Foundation:

- Healthy eating (including after a heart attack) https://www.heartfoundation.
 org.au/healthy-eating
- Healthy eating principals for health professionals
 https://www.heartfoundation.org.au/images/uploads/main/For_professionals/
 Heart Healthy Eating Principles 2017.pdf
- Have a heart healthy day brochure https://www.heartfoundation.org.au/images/uploads/main/For professionals/Have a heart healthy day brochure.pdf
- Evidence reviews, position statements and webinars for health professionals
 https://www.heartfoundation.org.au/for-professionals/food-and-nutrition/position-statements

Australian Dietary Guidelines resources (including posters for printing, Indigenous guide to healthy eating, and the Australian Guide to Healthy Eating in multiple languages)

> https://www.nhmrc.gov.au/guidelines-publications/n55

Live Lighter website

https://livelighter.com.au/

Is there an App for that?

FoodSwitch App

https://www.bupa.com.au/health-and-wellness/tools-and-apps/mobile-apps/foodswitch-app





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