



# THE PLAIN DEALER

## Advice on eating helps after heart attack

Wednesday, July 11, 2007

**Cinda Williams Chima**

University of Akron

I've been hearing about a study that compared the Mediterranean diet with the American Heart Association diet for people with heart disease. What are the diets, and what was the outcome?

The study you refer to was one presented at the American College of Cardiology meeting in New Orleans by Dr. Katherine Tuttle of Sacred Heart Medical Center in Spokane, Wash.

In this study, 202 people who'd had heart attacks were divided into three groups:

One group received intensive counseling by dietitians on the American Heart Association diet.

A second group was counseled on the so-called Mediterranean diet.

The third group received only routine advice in the hospital.

All groups received optimal medical management.

Both diets were low in saturated fat (less than 7 percent of calories) and cholesterol (less than 200 milligrams per day). Those on the AHA diet kept total fat intake below 30 percent of calories, while those on the Mediterranean diet followed a higher fat diet (40 percent fat). The additional fat came from fish, olive oil, nuts and other healthy sources.

Dieters in both groups periodically met one-on-one with a dietitian and attended group classes over the study period.

After four years, those following either of the heart-healthy diets had one-third fewer deaths, heart attacks, strokes and heart-related hospitalizations than the control group. In short, both diets were dramatically effective.

Staying with the diets, however, wasn't always easy.

"Some of the older patients in the Mediterranean group did not care for the fish and olive oil," Tuttle said. And that's OK. Based on these data, we have a choice in our approach to a heart-healthy diet. Diets can be individualized, and that's great news if we expect people to follow them for a lifetime.

What doesn't seem to work is so-called "usual care" - the perfunctory downloading of information by the healthcare team that occurs at the patient's bedside after a cardiac event. Rattling off a one-size-fits-all diet isn't enough. Patients need reinforcement and time to try out lifestyle changes, ask their questions and troubleshoot problems.

Tuttle described that kind of follow up as "critical in the long term. Advice alone was insufficient as reflected in the data from the usual care group."

"Nutritional intervention, on top of best medical care, adds survival benefits for patients with coronary heart disease," Tuttle said "I strongly advocate for nutritional intervention by RDs in post-[heart attack]

patients.

"However, lack of insurance coverage for this type of care is a frequent obstacle," she added. "I hope that payers will view the data from our study as credible support to provide coverage for nutritional services."

Cinda Williams Chima is a registered dietitian on the faculty of University of Akron. Her column runs on alternating weeks in Taste. E-mail nutrition and weight-control questions, labeled "Nutri-News," to [food@plaind.com](mailto:food@plaind.com)

© 2007 The Plain Dealer

© 2007 cleveland.com All Rights Reserved.