**Therapeutic guidelines for dyslipidemia.**

**This is not an exhaustive list but contains the main foods**

**Updated January 2017**

* **Vegetable** modified diet (ND-1.4.2)
	+ - 2.5 cup equivalents/day:
		- Pulses (ND-1.4.2.2) > 130 g/day (beans, peas, chickpeas and lentils)
		- Legumes (ND-1.4.2.2 )> 4 serv/wk have shown benefit
* **Fruit**-modified diet (ND-1.4.1)
	+ 2 cup equivalents/day
		- Fruits high in soluble fiber (pectin) (ND-1.2.7.3.1) greater than 7 g/day to 13 g/day have shown efficacy
* **Grains:** Decreased simple carbohydrate diet (ND-1.2.4.3.2)/Consistent carbohydrate diet (ND-1.2.4.1)
	+ 6 oz equivalents/day at least 50% whole grain
	+ Soluble fiber greater than 7 g /day to 13 g/day (psyllium, oats, and barley) (ND-1.2.7.3.1, ND-3.3.4)
	+ Whole grains >3 servings/day.
	+ Total fiber intake of 25 g to 30 g per day (ND-1.2.7.1)
* **Dairy**, 3 cup equivalents/day
	+ Plain, sugar free, or reduced sugar
* **Protein foods** 5.5 oz equivalents/day:
	+ Nuts >1.5 oz per day have shown a benefit
	+ Soy protein >25 g/day (ND-3.3.3)
	+ Pulses >130 g/day (beans, peas, chickpeas and lentils) (ND-1.4.2.2)
	+ Legumes > 4 servings/wk (ND-1.4.2.2)
* **Oils**, 27 g/day:
	+ Plant stanol/sterol rich spreads and foods (ND-3.3.1, ND-3.3.2) (2-3X/day) to equal (2 g/day to 3 g/day) have been shown to be effective (>3 g/day no added benefit)
	+ Reduction or elimination of *trans* fats (ND-1.2.5.6.1)
		- Mainly accomplished by avoiding fried foods and processed pastries and sweets
	+ Omega-3 fatty acids (2 or more servings/week, fatty fish) (ND-1.2.5.7.1)
* **Saturated fat**
	+ - For patients eating more than 10% of energy from saturated fat, encourage a reducing highly processed food that are high in saturated fat. ((NI‐5.5.3)
		- This can be accomplished by reducing consumption of processed meats (Sausage, franks, bacon, and ribs) grain based and dairy desserts, beef and chicken mixed dishes, pizza and Mexican dishes. (<https://epi.grants.cancer.gov/diet/foodsources/sat_fat/sf.html>)
		- Encourage increasing foods high in mixed unsaturated fatty acids including; fatty fish, nuts, seeds and avocados.
* **Added sugar**
	+ For patients eating a diet characterized by more than 10% of energy from added sugars, encourage a diet with total added sugar less than 10% of energy (ND-1.2.4.3.2, ND-1.2.4.1)
* **Dietary Cholesterol** restriction is not included in these therapeutic guidelines because there is a lack of sufficient evidence to determine that there is, in fact, an effect on CVD risk, incidence, or mortality (USDA DGA, 2015, Eckel, 2014, Berger, 2015). ion.)
* **Restriction of total dietary fat** has not been included in these therapeutic guidelines, as total fat content in the diet has been shown to have little identifiable independent effect on blood lipid levels and CVD risk ([AHA, 2016](http://www.heart.org/HEARTORG/HealthyLiving/HealthyEating/Nutrition/The-American-Heart-Associations-Diet-and-Lifestyle-Recommendations_UCM_305855_Article.jsp#.VqPkp1MrLdQ), Willett, 2012, Hooper, 2015).
* **Weight loss** can help lower LDL cholesterol in overweight people.
* **Eliminate smoking** ([Eckel, 2014](http://content.onlinejacc.org/article.aspx?articleid=1770218&resultClick=3))
* **Alcohol** in moderation no more than (1 drink/d for women and 2 drinks/d for men) is recommended in a cardioprotective diet (ND-3.3.7)
* **Sodium.** Although hypertension is not included in this section, it is a major risk factor for coronary heart disease, and patients should limit sodium if hypertension is present. ([AHA, 2016](http://www.heart.org/HEARTORG/HealthyLiving/HealthyEating/Nutrition/The-American-Heart-Associations-Diet-and-Lifestyle-Recommendations_UCM_305855_Article.jsp#.VqPkp1MrLdQ)).