Modified Snacks Reduce LDL Cholesterol

A new, randomized crossover study shows that individuals who ate specifically formulated snacks high in certain ingredients including fiber, phytosterols, and antioxidants reduced their LDL cholesterol, even in the absence of other dietary or lifestyle changes.

Investigators randomized 54 adults to receive either the specially formulated snacks made by Step One Foods or control snacks from the grocery store that were similar in calories and packaging.

Participants were instructed to consume the snacks twice a day as a substitute for something they were already eating and to make no other changes in diet or lifestyle. None of the patients were receiving statin drugs either before or during the study period.

After the first 4 weeks, a 4-week washout period ensued, and then the original control group crossed over to receive the specially formulated snacks, while the experimental group now received the control snacks.

LDL cholesterol levels fell by almost 9% and total cholesterol (TC) by 5% in those receiving treatment foods compared with those receiving control foods.

Authors noted that what you eat is very important, and you can eat foods that will lower your cholesterol. Based on their study findings, this type of 'food-as-medicine' approach expands the options for medical professionals and patients, as many patients are either unwilling or unable to take statins drugs and may be able to manage their hyperlipidemia with realistic food-based interventions.

The study was published online January 2022 in **The Journal of Nutrition**

Current 'Safe' Alcohol Consumption Levels Potentially Harmful

A new research, published in *Clinical Nutrition* , suggests that even following the current alcohol consumption guidance from the UK's Chief Medical Officers - which advises: "To keep health risks from alcohol to a low level, both men and women are advised not to regularly drink more than 14 units a week" - will potentially increase a person's risk of fatal and non-fatal cardiovascular events, ischemic heart disease, and cerebrovascular disease.

For their study the researchers analysed data from the UK Biobank study of 333,259 people who drank alcohol, and 21,710 never drinkers, recording those patients who had been hospitalized due to a cardiovascular event.

Those participants who were included in the study were asked about their overall weekly alcohol intake and their intake of specific types of alcohol including beer, wine and spirits.

The researchers found that for those participants who reported keeping within the current alcohol guidance, drinking less than 14 units a week, the risk of suffering a cardiovascular event was increased by 23% for each additional 1.5 pints of 4% strength beer.

The authors pointed out that the acceptance of the J-shaped curve, which suggests that low to moderate alcohol consumption can be health beneficial, is wrong, and is the result of biases in existing epidemiological data.

Statin Intolerance 'Overestimated and Overdiagnosed'

Statin intolerance is far less common than previously reported, according to a new meta-analysis, with data on more than 4 million adults from around the world, looking at reported statin adverse effects.

The study puts the prevalence of statin intolerance at 6% to 10%, meaning that statin intolerance is "overestimated and overdiagnosed" in most cases.

It also means that "around 93% of patients on statin therapy can be treated effectively, with very good tolerability and without any safety issues. The reported prevalence of statin intolerance varies widely, from 2% to 3% to as high as 50%, chiefly because there is still a lack of a clear and easy way to apply the definition of statin intolerance.

The study, conducted on behalf of the Lipid and Blood Pressure Meta-Analysis Collaboration and the International Lipid Expert Panel, and was published recently online in the *European Heart Journal*.

What Is the Healthiest Salt for You?

When we refer to "regular table salt," it is most commonly in the form of sodium chloride, which is also a major constituent of packaged and ultraprocessed foods.
The best approach to finding the "healthiest salt" which really means the lowest in sodium is to look for the amount on the label. "Sodium-free" usually indicates less than 5 mg of sodium per serving, and "low-sodium" usually means 140 mg or less per serving. In contrast, regular table salt can contain as much as 560 mg of sodium in one serving.

Other en vogue salts, such as pink Himalayan salt, sea salt, and kosher salt, are high in sodium content like regular table salt, but because of their larger crystal size, less sodium is delivered per serving. Most salt substitutes are reduced in sodium, with the addition of potassium chloride instead.

The key to which salt is healthiest depends on the person. Our bodies need some sodium to function, just not in large amounts.

FDA Issues Guidance on Reducing Salt
Currently, the US sodium dietary guidelines for persons older than 14 stipulate 2300 mg/d, which is equivalent to 1 teaspoon a day. However it is estimated that the average person in the United States consumes more than this —around 3400 mg of sodium daily.
In October 2021, the US Food and Drug Administration (FDA) published guidance on voluntary sodium limitations in commercially processed, packaged, and prepared food. The FDA's short-term approach is to slowly reduce exposure to sodium in processed and restaurant food by 2025, on the basis that people will eventually get used to less salt, as has happened in the United Kingdom and other countries.

Such strategies to reduce salt intake are now being used in national programs in several countries. Many of these successful initiatives include active engagement with the food industry to reduce the amount of sodium added to processed food, as well as public awareness campaigns to alert consumers to the dangers of eating too much salt. This includes increasing potassium in manufactured foods, primarily to target hypertension and heart disease.

Journal of Clinical Hypertension, Feb 2022

Striking' Differences in BP When Wrong Cuff Size Is Used

Strong new evidence on the need to use an appropriately sized cuff in blood pressure (BP) measurement has come from the cross-sectional randomized trial Cuff (SZ).

The study found that in people in whom a small adult cuff was appropriate, systolic BP readings were on average 3.6 mm Hg lower when a regular adult size cuff was used.

However, systolic readings were on average 4.8 mm Hg higher when a regular cuff was used in people who required a large adult cuff and 19.5 mm Hg higher in those needing an extra-large cuff based on their mid-arm circumference. The diastolic readings followed a similar pattern (-1.3 mm Hg, 1.8 mm Hg, 7.4 mm Hg, respectively).

Authors found that using the regular adult cuff in all individuals had striking differences in blood pressure.

Get More Sleep, Lose More Weight: A Randomized Trial

I was fascinated reading this paper, which brings into the real world data that previously only existed in highly controlled laboratory experiments. When people sleep less, they eat more.

Prior research in the field has been very consistent. If you take an individual and put them in a sleep lab and force them to sleep only 4 or 5 hours a night, they will eat more calories the next day. The mechanism of this relationship, the hormones, cytokines, and other substances that drive the sleep-hunger axis is still being worked out, but the relationship is clear.

To figure it all out, researchers randomized 80 individuals, all of whom were overweight and getting less than 6.5 hours of sleep a night, to receive personalized sleep recommendations (sleep extension) to boost the time spent snoozing, or nothing. The recommendations were pretty straight forward — stuff we could all do a bit better: decreasing ambient light, creating a bedtime routine, limiting phone and TV use in bed, decreasing caffeine intake, and increasing exercise. Importantly, each participant was given a goal bedtime and wake-time schedule as an adherence goal.

And the recommendations worked. After a 2-week run-in period, the intervention group got about 1.5 extra hours a night as documented by wrist monitors and stayed that way for the rest of the 2 weeks in the study.

That's not the interesting part, though. The researchers then dug into the energy balance in these individuals the calories they were taking in and those they were putting out using doubly labeled water to get accurate measurements. They found that the group randomized to sleep longer had a significant decrease in total energy intake (that's calories in) during the study period, to the tune of around 150 fewer calories per day. They had no difference in total energy expenditure (calories out). And, since calories in went down and calories out stayed the same, the intervention group lost weight about a pound over 2 weeks.