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Supplements to help prevent heart disease

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- **Enteric Coated Aspirin 81 mg** one per day (Heart Disease and Stroke Prevention) ~\$5 for bottle of #100
The United States Preventive Services Task Force recommends aspirin 75 mg per day or 325 mg every other day in men older than 40 years, postmenopausal women, and patients at increased risk of heart disease (ie, those with hypertension, diabetes, or who smoke).
- **Folic Acid 800 mcg** one per day (Heart Disease Prevention) ~\$3 for bottle of #100. Another popular product is **Foltyx** which requires a prescription from your physician. It contains 2500 mg of folic acid plus vitamins B12 and B6. ~\$17 for bottle of #30.
 - **Vitamin E 400 IU per day.** Controversial. Recent studies have not shown vitamin E to be effective in reducing risk of heart disease. In addition, you should not take this if you are on a class of drugs called statins (e.g. Lipitor, Zocor, Pravachol, and Lescol) because vitamin E may make drugs less effective.
- **Red wine/Alcohol?** Controversial.
- **Omega-3 fatty acids (fish oils).** You can get this in many stores for large quantities of 250-300 for about \$7. The American Heart Association issued new guidelines regarding omega-3 fatty acid intake for people with and without coronary heart disease. There is now fairly strong evidence that omega-3 fatty acid intake can reduce the risk of cardiovascular events in patients with heart disease. Omega-3 fatty acids may: 1) reduce the risk of sudden death by reducing the risk of arrhythmias,

2) reduce the risk of myocardial infarction and stroke through antithrombotic effects, 3) reduce remnant lipoproteins and triglyceride levels, 4) slow the growth of atherosclerotic plaques, 5) enhance endothelial function, 6) induce a slight drop in blood pressure, and 7) lower cardiovascular risk through anti-inflammatory effects.

- Patients without heart disease should eat a variety of fish two times or more per week and they should consume oils, such as flax seed and canola, and foods, such as flax seed and walnuts that are rich and α -linolenic acid
- patients with heart disease should consume about 1 gram of eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) per day, preferably from oily fish. Use of EPA + DHA supplements should be considered in consultation with a physician
- patients with hypertriglyceridemia may benefit from 2-4 grams of EPA/DHA per day in capsule form
- Most come in 1 gram capsules and patients take three per day

Lifestyle modifications that are of proven (Class I) value in reducing the risk for coronary disease events include smoking cessation, regular exercise, and weight reduction in obese patients with [hypertension](#), [hyperlipidemia](#), or [diabetes](#) [1]. Class IIb (usefulness/efficacy is less well established by evidence/opinion) recommendations include weight reduction in obese patients without hypertension, hyperlipidemia, or diabetes; vitamin C and E supplementation, and folate therapy in patients with elevated homocysteine levels. Diet is an important contributor to multiple risk factors, and some studies have shown significant reductions in cardiac mortality rates associated with low-fat diets that are high in fiber and antioxidant-rich foods, monounsaturated fat, or fish. Observation studies have repeatedly shown an inverse relation of moderate alcohol intake (one to three drinks per day) to risk of CHD events. The effect of alcohol intake on CHD risk, however, has not been studied in prospective clinical trials.