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All planners and faculty for this activity have indicated that they do not have any financial relationships with ineligible companies.

Faculty and/or Panelist(s): H. Robert Silverstein, MD

- 1) 80% healthcare costs = preventable chronic conditions
- 2) YOU are able to help patients CURE HBP, high cholesterol, & diabetes
- 3) 1/2 of minorities have cardiovascular disease
- 4) 37% of diabetics: remission on a whole foods diet
- 5) food is not just food - it is chemical information



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6) 16 studies: increased ANIMAL PROTEIN increases DM

7) 1974 American Journal of Epidemiology, Cass documented absence of hypertension in vegans

8) heart disease: leading cause of death since 1918; noncommunicable diseases now 70% of deaths; 1907 NYT: increased protein causes cancer; Blue Zone Okinawa has a 10% protein intake



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9) EPIC study: animal protein: commonest cause of weight gain – CHICKEN #1 cause

10) major problem dietarily: is constant nutrient abundance

11) linoleic H+: pork, eggs, seed-safflower-soy oils increases triple (-) breast cancer

12) 75% of food intake is ultraprocessed



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13) Vegan vs Mediterranean diet: 57% reduction greenhouse gas – 55% reduction in energy demand – improved weight, insulin sensitivity, & cholesterol

14) leptin = satisfied/don't eat, ghrelin = hunger/eat

15) 50% that meet the criteria for statin treatment have a coronary calcium score = 0

16) 75% of coronary events occur in patients with a coronary calcium score > 100



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17) 47% of acute myocardial infarctions: first troponin is negative

18) CRP > 2 increases C-V risk 50%: highest risk CRP > 2 + Lp (a) > 60

19) accept reality with humility: you may not reach joy, but you will leave depression & anxiety

20) YOU CAN reduce the complexity and cost of healthcare



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The Simultaneous Prevention of Multiple Diseases (**heart disease** , cancer etc.)

H. Robert Silverstein, MD, FACC William Spear



HOW?!
WHY?!



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Prevention of Multiple Diseases Simultaneously

Preventive Medicine Center

H. Robert Silverstein MD, FACC
Medical Director, Preventive Medicine Center
www.thepmc.org

86 year-old asymptomatic male, coronary calcium score 63, former 2 ppd smoker

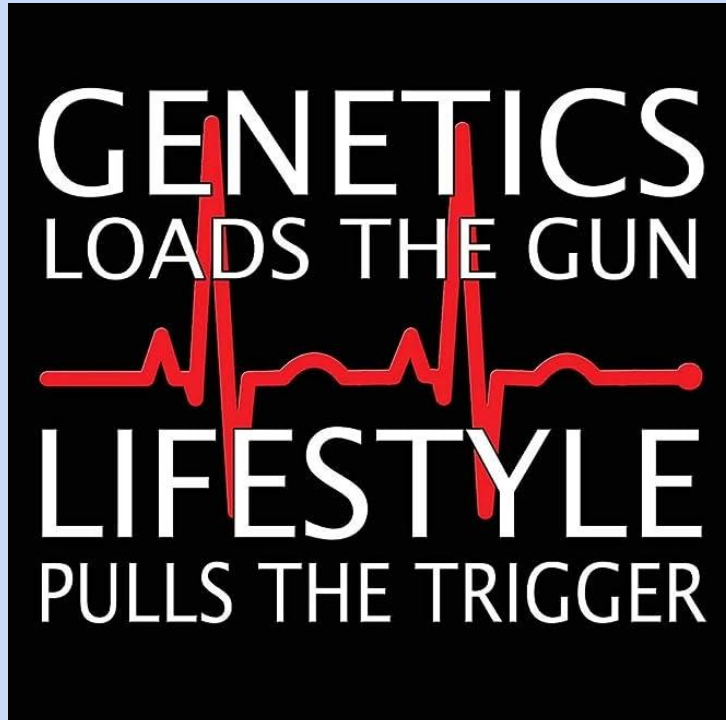
- Age 30: Cholesterol 225, HDL 40, triglycerides 225 (average AMI = those numbers then)
- Age 40: Cholesterol 130, triglycerides 80 after change of diet, exercise, & body fat
- Mother & father both had coronary bypass grafting, 1 brother coronary stent, 1 brother hypertension leading to dialysis
- Blood pressure 110/70, A1c 5.7, BUN 20, creatinine 1.2, uric acid 5.5, Lp (a) 15, normal physical & EKG



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How much sunbathing
should an albino do?

Genes are
predisposition,
not destiny



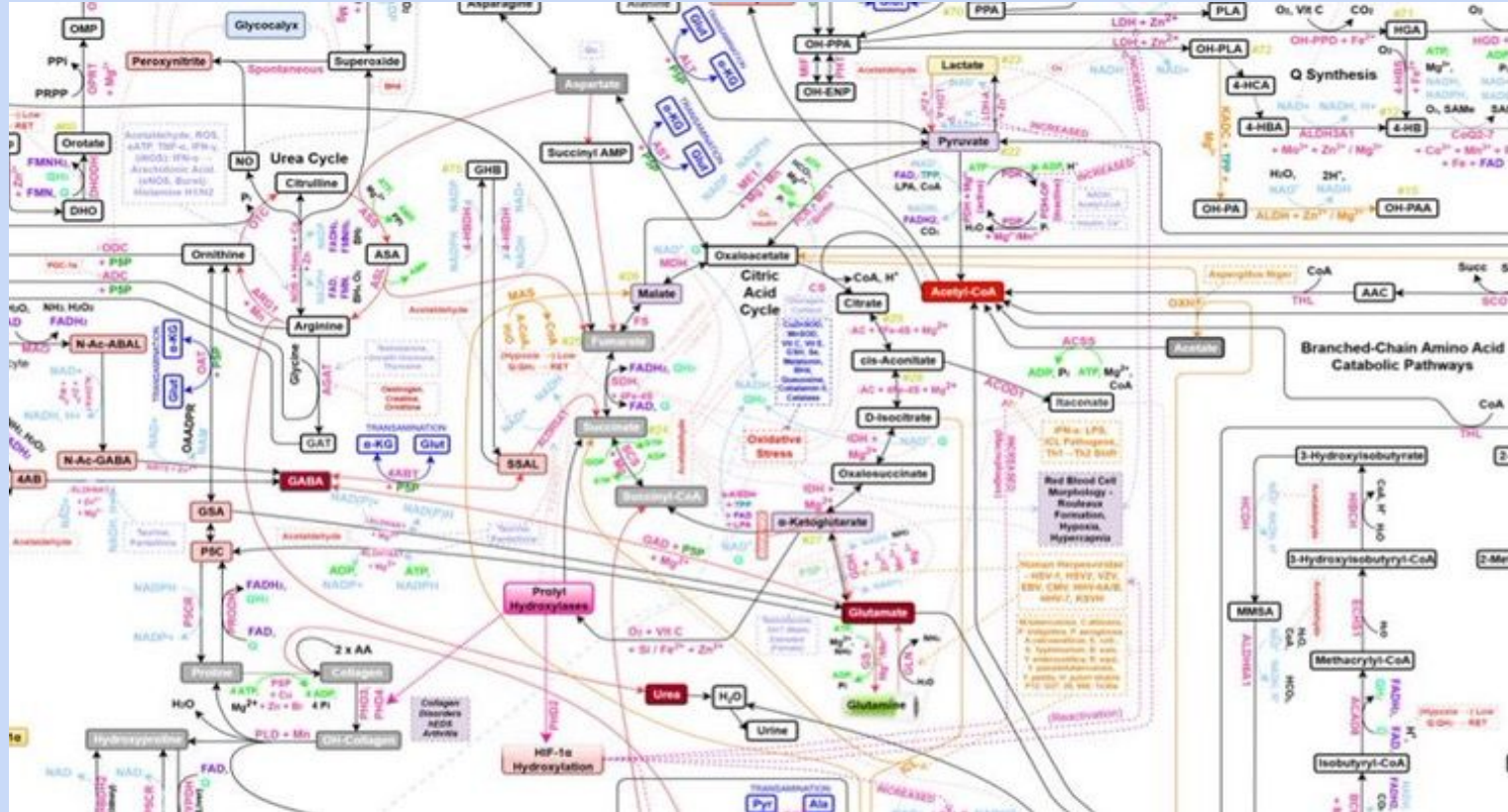
Diet & Prevention
of CVD & Ca: JACC:
CardioOncology
8/27/25

S C Hull



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Not for discussion today



THE CAUSE OF THE CAUSES!

5 Basic Activities/Errors: WHY

- **Breathing:** smoke, dust, fumes
- **Drinking:** 4/week alcohol, 1-2 coffee
- **Eating:** G-V-B fns vs 400,000 CABGs
"And you will eat and be sated"—Deuteronomy 8:10.
- **Exercise:** clear lines of demarcation, CLOD/D
You can never be ...
- **Unrealistic Expectations**



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"More and more people do not feel the need to control themselves ... Excess permissiveness ... Dopamine hijacking"

When GLP-1s end: there is the return of "ravenous hunger and the resurgence of food noise," old cues & responses/habits

It is often medically accurate that habits are actually addictions



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' ... Unfortunately pills and surgery are easier for short term results which pleases physicians and patients. Everybody wants a quick fix rather than take the hard road of risk reduction. It also gives patients and physicians the absolution that they're looking for. "It's not our fault!!" '

Richard V. Daly, III

To get people to substantially change their lifestyles is daunting.
How to change the medical culture to address this is just as difficult.



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Preventable if not CURABLE: paying for the disaster rather than investing in its prevention

- Stop diseases before they can't be stopped:
- Genes interact with choices -> “made to happen”
- 95% ASCVD, DM, HBP, lipid disorders: empathy
- It wasn't done to you: Sandpaper 2:1 K Volpp UPenn

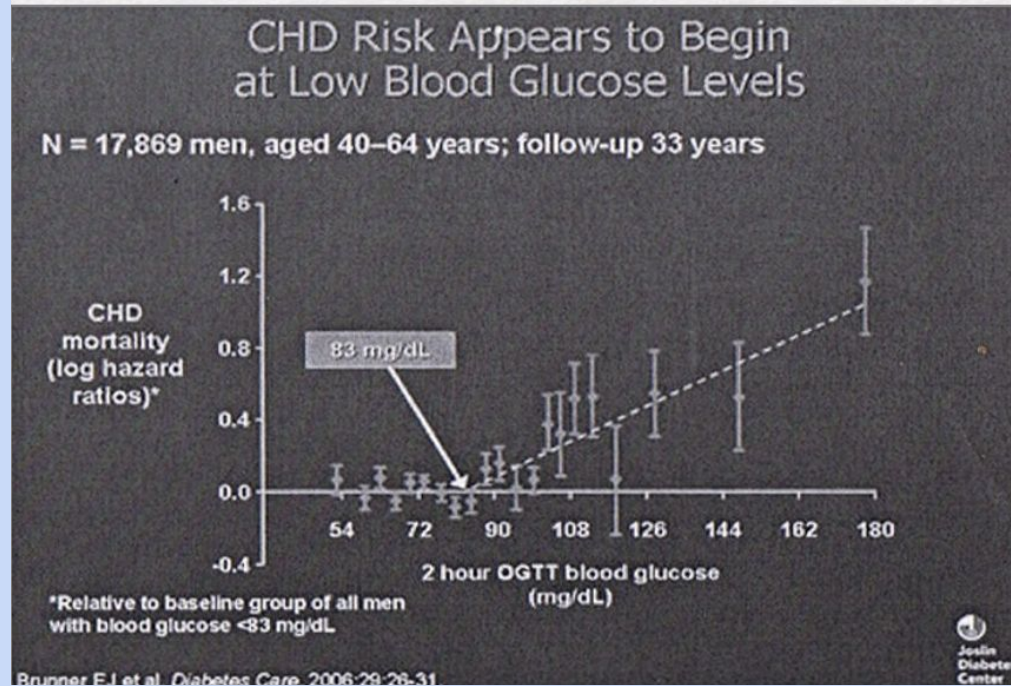


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Risk Regression to Zero!!

Fasting 95

1 hour 155



There are numbers where diseases don't occur!!

Glucose -Coronary Risk



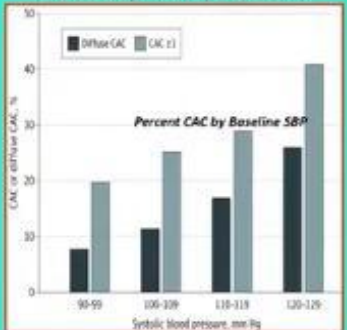
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Association between Non-hypertensive levels of SBP and CVD in the Absence of Traditional CVD Risk Factors

1457 MESA participants at low risk for ASCVD; SBP 90 to 129 mm Hg, untreated with BP meds
Mean FU = 14.5 years; 94 ASCVD events

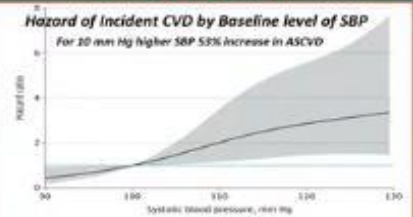
Coronary Artery Calcium



Percent CAC by Baseline SBP

Systolic blood pressure, mm Hg	Off-Phase CAC, %	CAC 13, %
90-99	~15	~20
100-109	~20	~25
110-119	~25	~30
120-129	~30	~40

ASCVD Events



Hazard of Incident CVD by Baseline level of SBP
For 20 mm Hg higher SBP 53% increase in ASCVD

Table 2. Hazard of Cardiovascular Disease by Systolic Blood Pressure Group

	Systolic blood pressure, mm Hg			P-value
	90-99	100-109	110-119	for trend
Coronary events	1.0 (reference)	1.48 (1.21-1.80)	1.73 (1.23-2.43)	<.001
Stroke	1.0 (reference)	1.44 (1.01-2.24)	1.76 (1.11-2.80)	.01
ASCVD	1.0 (reference)	1.58 (1.21-2.06)	1.93 (1.41-2.65)	<.001

*Adjusted for age, sex, race/ethnicity
†Model 1: adjusted for age, sex, race/ethnicity, blood pressure, low-density lipoprotein cholesterol, high-density lipoprotein cholesterol, fasting glucose, and body mass index
‡Model 2: adjusted for age, sex, race/ethnicity, blood pressure, low-density lipoprotein cholesterol, high-density lipoprotein cholesterol, fasting glucose, and body mass index, and smoking status

Whelton SP et al. JAMA Cardiol. 2020;5:1011-1018.

Paul Whelton, MD

Disease Prevention Goal Numbers:

www.th

90

100

4.4-6.2

155-83

1.0

110-115/60-70

1.0

3.5

12-14

1. Non-HDL Cholesterol

2. Triglycerides

3. A1C diabetes test

4. Blood sugar

5. Cardiac HS CRP

6. Blood pressure

7. < 12% Sodium

8. PSA

9. TSH

10. Hemoglobin

11. Lp (a)

12. Homocysteine

13. Uric acid

14. BUN

15. Magnesium

16. Potassium

17. 25 Hydroxy D3

18. 11-27% body fat

19. Keep a food diary

20. G-V-B

15

7

5.5

12-14

2.1+

4.1

50-66

15-20%

21. Food Mantra

22. Overweight: cooked vegetables

23. Eat out of a bowl

24. Healthiest: vegan

25. Aerobic Interval Training

26. Quit smoking

27. Limit alcohol: 4 or less

28. REALITY

29. Omron wrist BP cuff

30. Avoid wheat, dairy, soy

**Mammogram
Cologuard**



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Disease Prevention - Lab and Clinical Targets

AI Help (www.thepmc.org)

1. Non-HDL Cholesterol – **90**
2. Triglycerides – **100**
3. A1C diabetes test – **4.4–6.2**
4. Blood sugar – **155–83**
5. Cardiac HS CRP – **1.0**
6. Blood pressure – **110–115 / 60–70**
7. **<12%** Sodium
8. PSA – **1.0**
9. TSH – **3.5**
10. Hemoglobin – **12–14**
11. Lp (a) – **15**
12. Homocysteine – **7**
13. Uric acid – **5.5**
14. BUN – **12–14**
15. Magnesium – **2.1+**
16. Potassium – **4.1**
17. 25 Hydroxy D3 – **50–66**
18. within 11–27% Body fat – **15–20%**

1/3 of AMI's are in currently recognized lowest risk group



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Disease Prevention - Lifestyle & Behavioral Goals

(www.thepmc.org)

 Keep a food diary

 G-V-B

 Food Mantra

 Overweight: cooked vegetables

 Eat out of a bowl

 Healthiest: vegan

 Aerobic Interval Training

 Quit smoking

 Limit alcohol: 4 or less

 Reality

 Omron wrist BP cuff

   Avoid wheat, dairy, soy

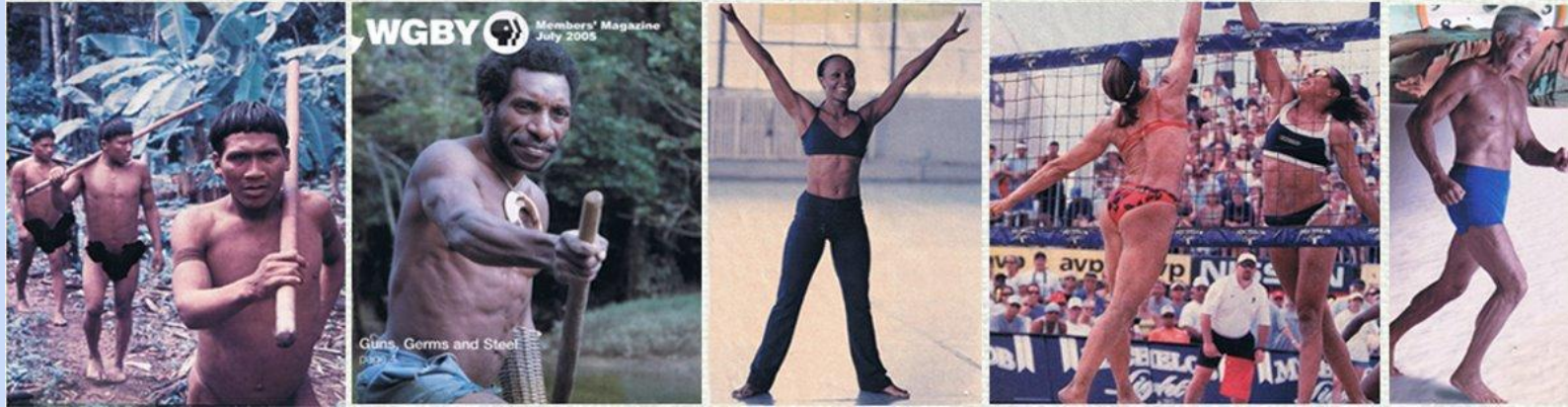
Additional Recommended Screenings:

- Mammogram
- Cologuard



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Pre-technological societies: total **cholesterol** : **90-130** mg/dL



● No...

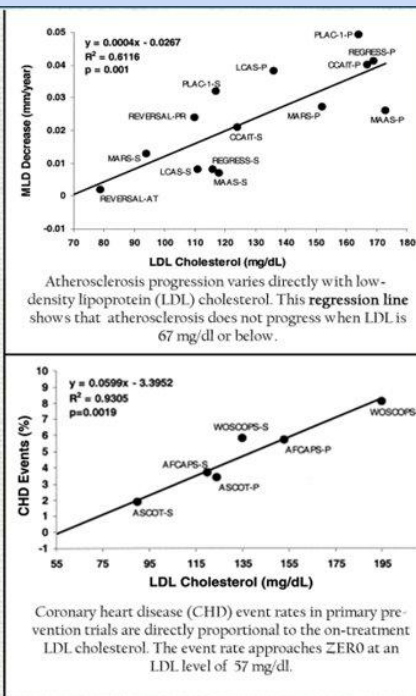
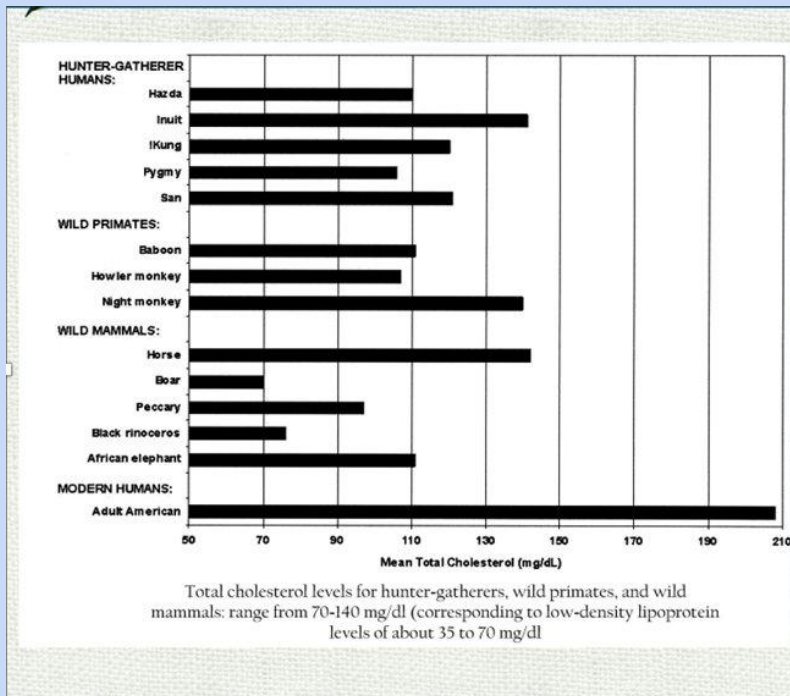
Framingham Heart Study: CAD risk ceases below **150** mg/dL



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Optimal non-HDL level cholesterol: CVD Risk

Stay
with
me



Risk Regression to Zero



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GHANA:
lowest % body fat,
80+% whole
carbohydrate food:
lowest cholesterol,
saturated fat,
calorie,
inflammation

Nature Medicine 4/3/25
G Temba



**Garth Davis, Methodist
Hospital VuMedi 3/22/22**

Global Effect C-V Risk Lifetime Estimates

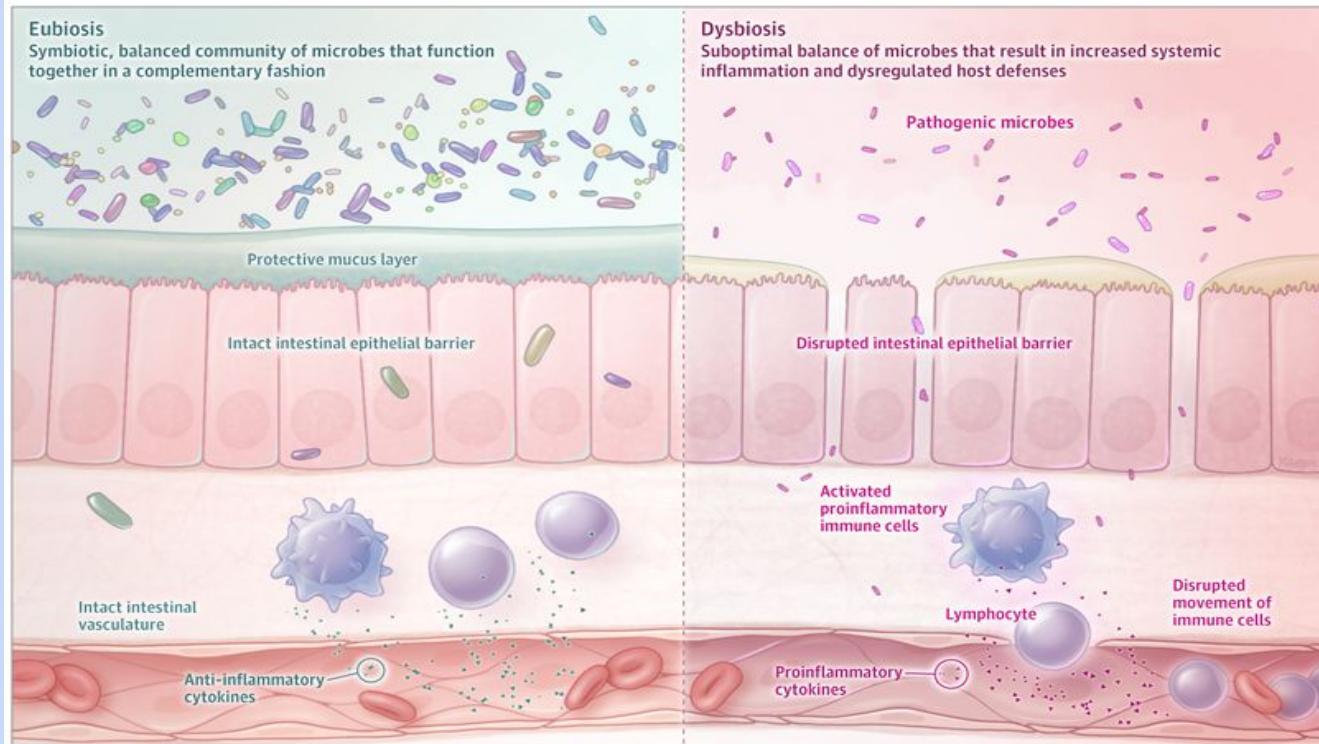
**Global
Cardiovascular
Risk
Consortium
NEJM 3/30/25**



**Lancet 12/2025
Organic
E. Kesse-Guyot**

**Kim Williams, MD, FACC
Past President Amer Coll Cardiol “Spectacular”**

The Microbiome and Cancer : E Fernandez et al JAMA 5/12/25



Path microbe

Low diversity

Barrier

Pro-inflam

Impaired
host defense

Impaired
Ca Rx

Sometimes, the most powerful effects of diet do not come from what we consume directly, but from what our microbes quietly create on our behalf.

F Asnicar
Nature 2025

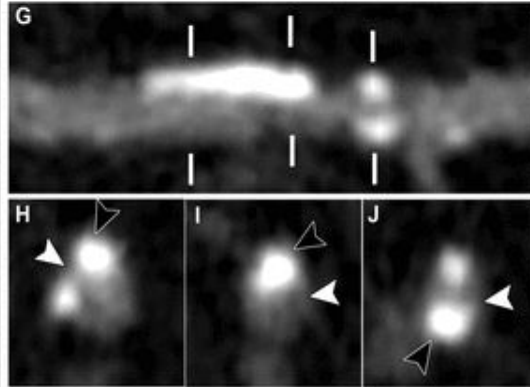
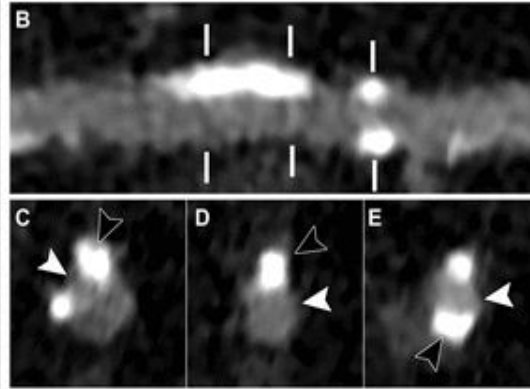
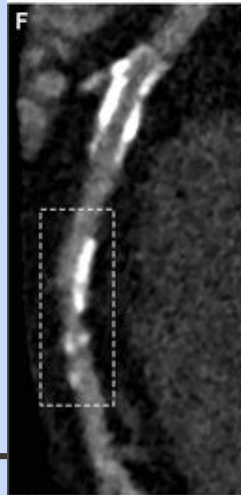
Barrier

Anti-inflam

Host defense

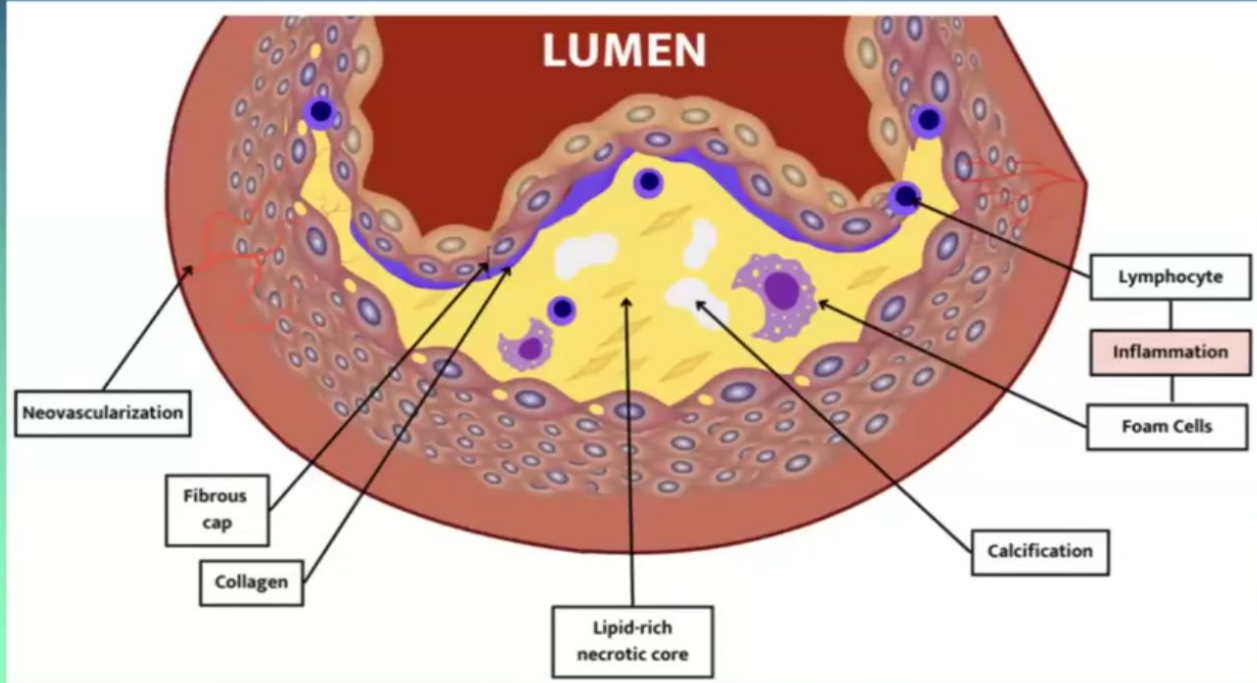
Not inhibit
Ca Rx

Photon
counting CCT
vs standard
CCT



Circ C-V I 2025
P C Revaiah

Vulnerable Plaque



J. Clin. Med. 2024, 13, 363

TMAO.
heme
iron,
saturated
fat

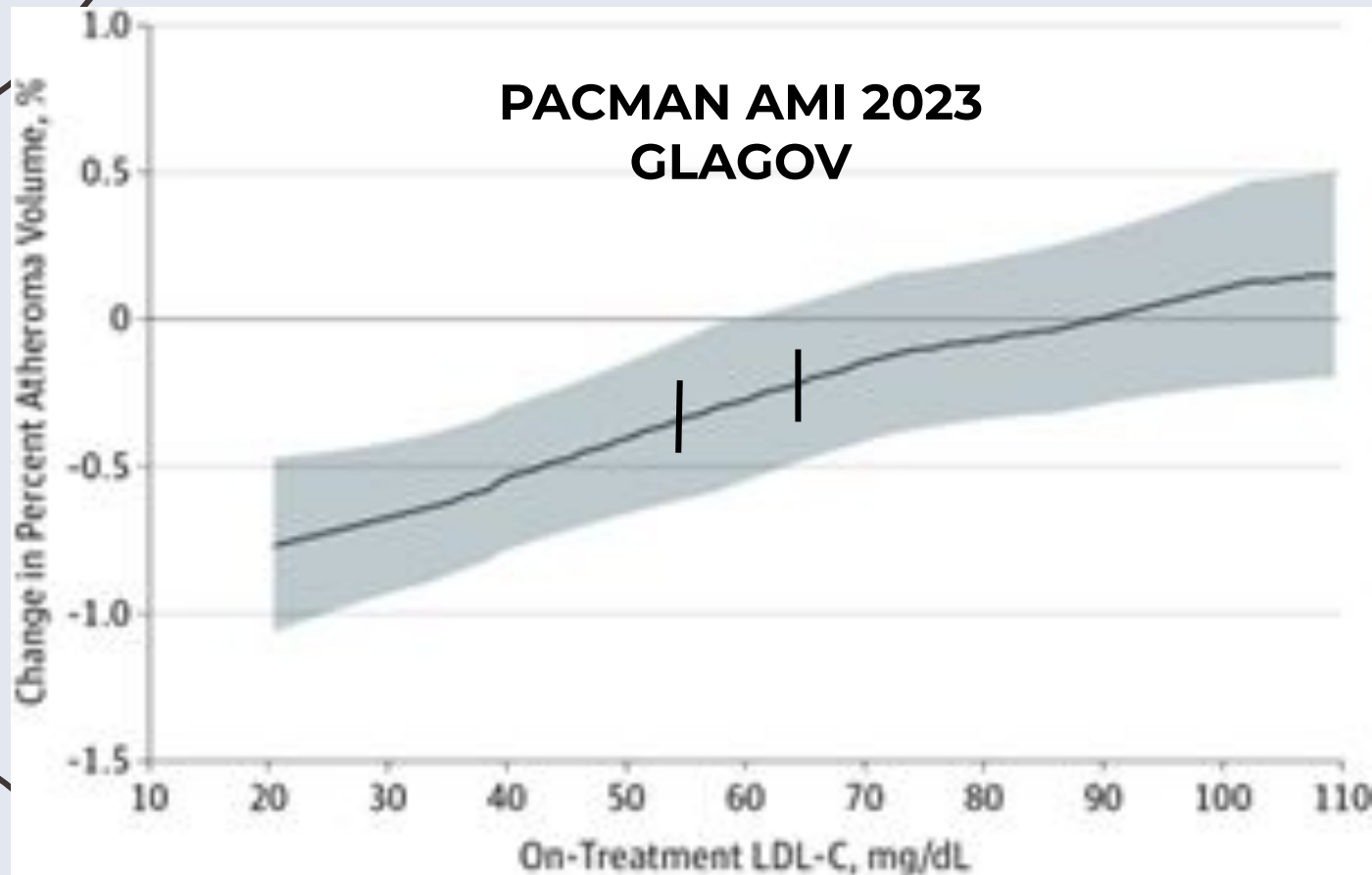
1/3 of MI's
are in
lowest risk
group

ASCVD

Activated
Monocytes

Oxidized
Lipids

Glycated
proteins



**OCT
NIR Spect
US
1% -> 20% MACE**

**The Law of Mass
Action**



What's your problem?
Here is your prescription or
you need surgery.



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2025 American College of Cardiology Annual session: EAT-Lancet & Planetary Health Diet

76,000 UK, US, & China studied for HBP, insulin resistance, overweight:

plant-based: **GVBfns**, tea & coffee vs **animal**-based foods:
refined grains, potatoes, & sugar-sweetened beverages.

20% lower death from ANY cause, CVD or Ca. Animal-based diet
32% increased death risk ANY cause, CVD or Ca.



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Food is not just fuel, it is chemical information:

**Dietary fiber-rich CHO: LV structure & function: CARDIA Eur
Heart J. 7/8/25 – Yi S Y et al**

**Higher CHO-fiber: favorable echo LV structure & function: 0, 7, &
20 years**

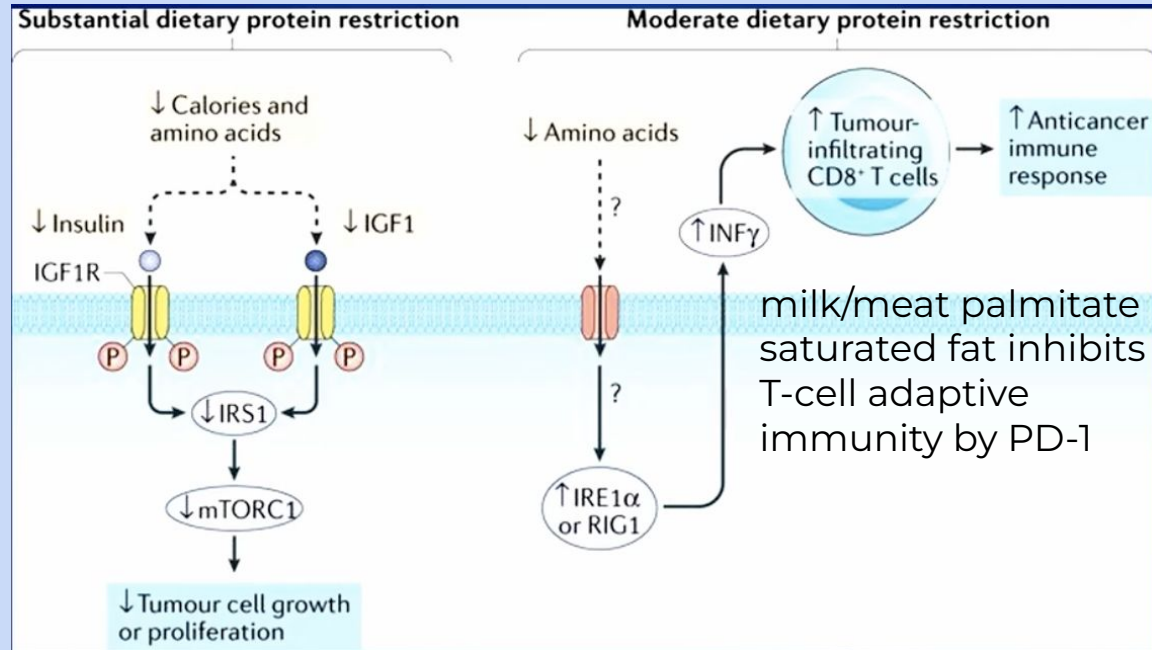
**Lower LV mass, better global longitudinal strain, higher LVEF,
lower E/e' ratio**

Smaller LA volume, less cardiac remodeling at year 30.



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Food Effects



AMPK:
Housekeeping
& DNA repair

mTOR:
Growth &
Aging
pathway

Garth Davis, Methodist
Hospital VuMedi 3/22/22

mTOR/disease
increased by
BCAA:leucine
vs
glycine
AMPK:health
nlrp3 & nrf2

mTOR vs AMPK metabolic switches

mTOR: fetal development, BUT in adults = STUCK on growth & cell proliferation

Activated by food intake/branched-chain amino acids (BCAA: animal protein leucine)

LVH & vascular thickening, cancer, insulin resistance, lipid deposits, AZD/increased tau & amyloid

AMPK: master genetic survival switch of every cell & organ

Activates cell CLEANING & recycling: autophagy

Prevent accumulation of toxic cellular components that would cause inflammation & lead to frailty & death

REPAIR damaged DNA strand breaks due to excess oxidant production



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Abdominal Fat

**Food Effects
(also)**

Aldosterone

**HMG CoA
Reductase**

**"biochemical
flame thrower"**

Angiotensin II

AT1R

OXIDANTS

EGFR

mTOR

AMPK

**The Adipokine
Hypothesis of CHF**

**JACC 9/14/25
M. Packer
10.1016/j.jacc.2025.
06.055**

**William
Bestermann,
MD**

Abdominal fat: largest gland in the body

No longer see muscles meet muscles (CLOD/D).

(Overweight & obesity: not a BMI, waist:hip ratio)

Excess angiotensin, aldosterone, chemerin, adiponectin, ...

Hypertension, cause vascular disease

FIBROSIS (HFpef), scar formation

Produce interleukin-6 driving inflammation/hsCRP

Reduce insulin production/cause metabolic syndrome

60 Different conditions



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Body weight effects: COVID

Laboratory values in women, by weight and presence of NWO syndrome

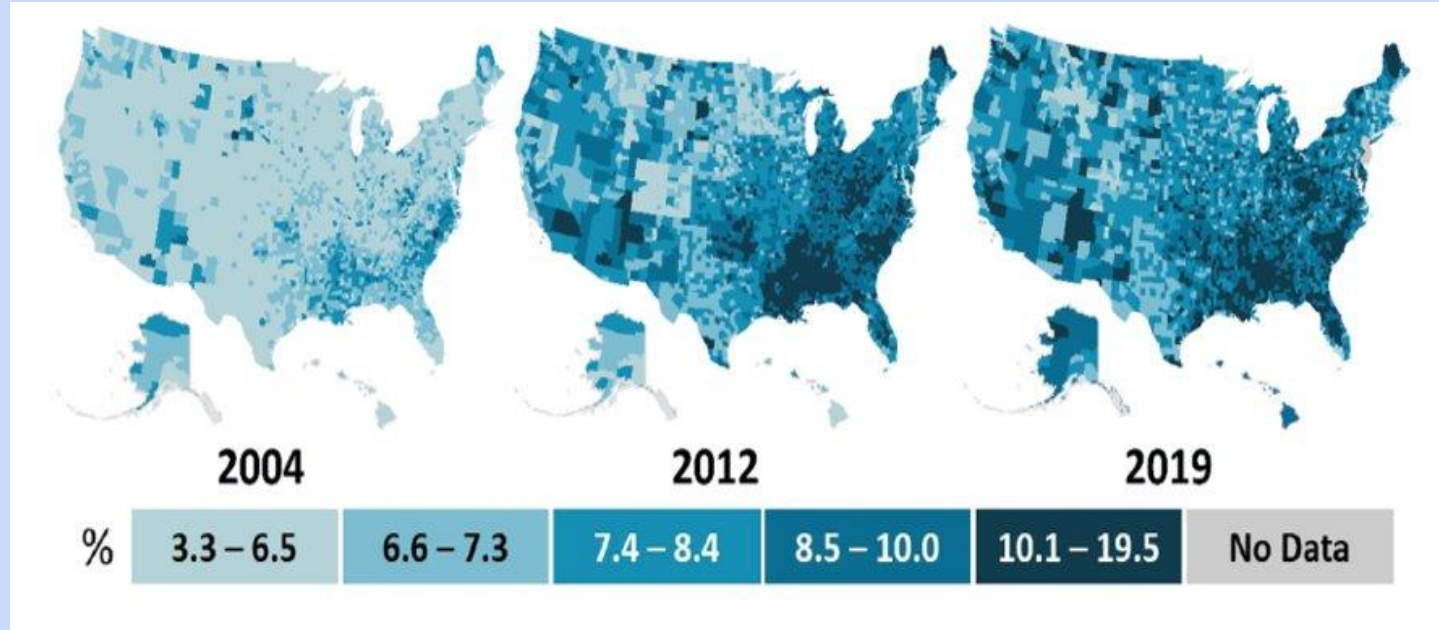
	Normal Weight	NWO	Overweight
BMI, kg/m ²	19	23	28
Fat mass, %	23	35	43
<u>Lipids, mg/dl</u>			
LDL-C	107.2	103.8	116.0
HDL-C	69.1	68.2	70.2
Triglycerides	66.3	86.1	111.5
Total cholesterol	178.4	187.9	218.1
<u>cytokines</u>			
TNF-a	20.1	42.8	56.4
IL-6	5.9	11.4	13.7
IL-1a	14.8	26.9	29.8
IL-1b	5.0	15.0	19.0

Normal-Weight Obesity: New Syndrome Tied to CVD Risk



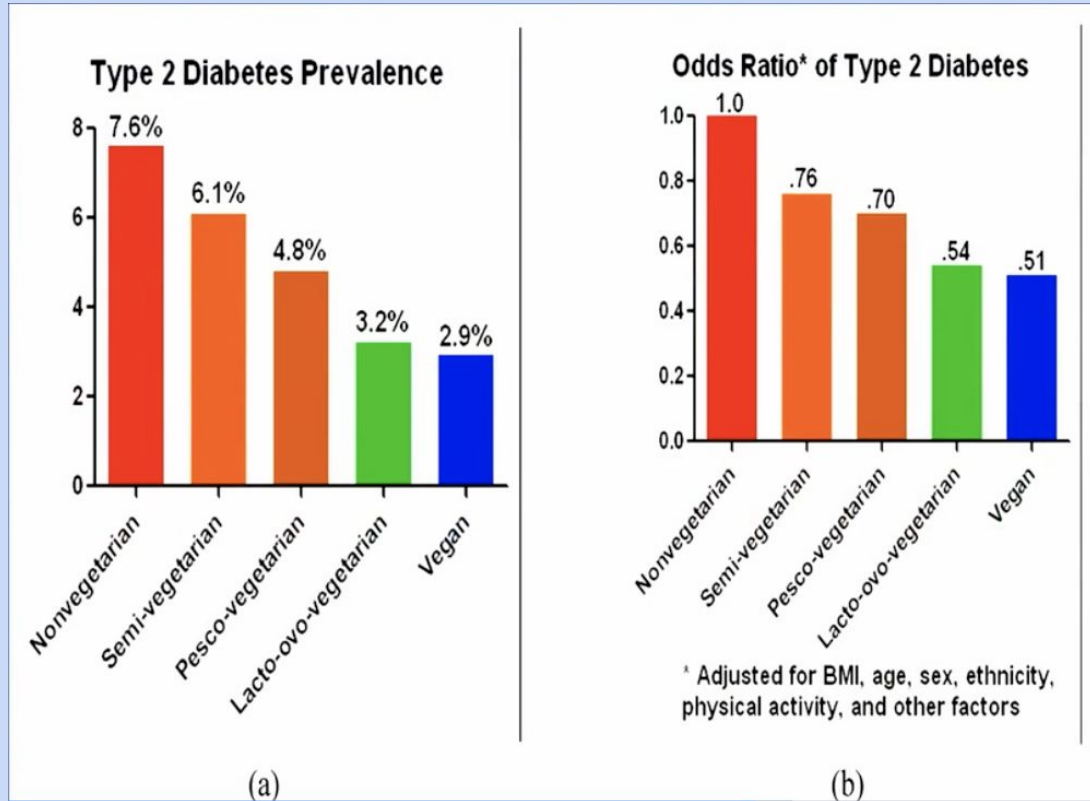
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Prevalence of diabetes



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Diets leading to diabetes



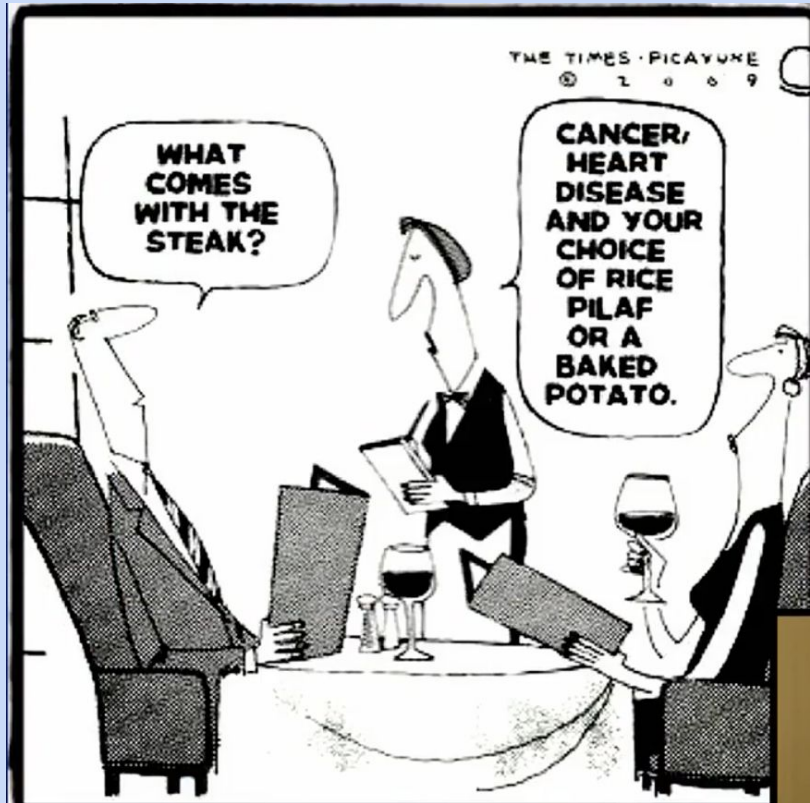
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Hospital VuMedi 3/22/22**

Plant-Based Diets Reduces Kidney Disease

AJKD
National
Kidney
Foundation

The screenshot displays the AJKD National Kidney Foundation website. At the top, the AJKD logo and 'NATIONAL KIDNEY FOUNDATION' are visible, along with navigation links like 'Submit', 'NKF Member Access', 'Log in', 'Register', 'Subscribe', and 'Claim'. Below this is a search bar and a list of categories: 'Articles', 'Publish', 'Topics', 'About', 'Contact'. The main article featured is an 'ORIGINAL INVESTIGATION' titled 'Adherence to Plant-Based Diets and Risk of CKD Progression and All-Cause Mortality: Findings From the Chronic Renal Insufficiency Cohort (CRIC) Study'. It is published in 'VOLUME 63, ISSUE 5, P624-635, MAY 2024'. The authors listed are Saira Amir, Hyunju Kim, Emily A. Hu, Lawrence J. Appel, and Casey M. Rebholz. The article was published on December 14, 2023, with a DOI of 10.1053/j.ajkd.2023.09.020. The article abstract mentions that studies have shown that generally healthy individuals who consume diets rich in plant foods have a lower risk of incident chronic kidney disease (CKD) and cardiovascular disease. The study design is a prospective cohort study, and the setting/participants are 2,539 participants with CKD recruited between 2003-2008 into the CRIC Study. The article is available in PDF (530 KB), Figures, Save, Share, Reprints, and Request. A PlumX Metrics icon is also present. An advertisement for 'The Patient with Both Kidney Disease and Liver Disease: Improving Outcomes with Optimal Nutrition' is shown on the right side of the article page.

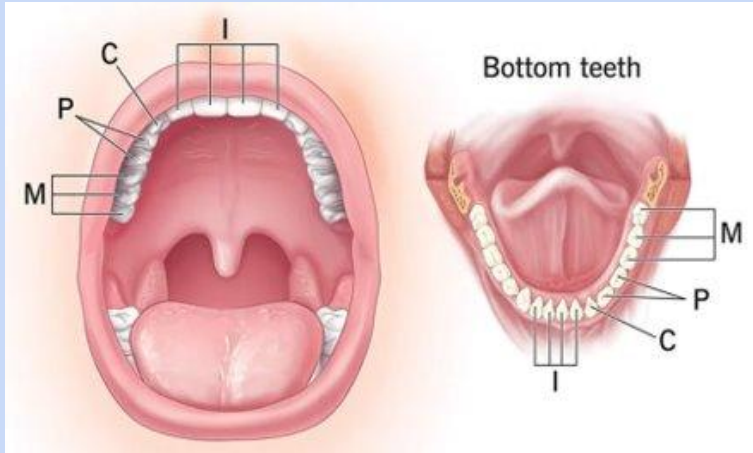
Kim Williams, MD, FACC
Past President Amer Coll Cardiol



Garth Davis, Methodist
Hospital VuMedi 3/22/22

Carnivore/omnivore vs. Herbivore

4 poorly developed canines of 32: = 8:1 *optional* animal protein



**CARNIVORE/OMNIVORE
safely digest RAW ROTTEN MEAT**



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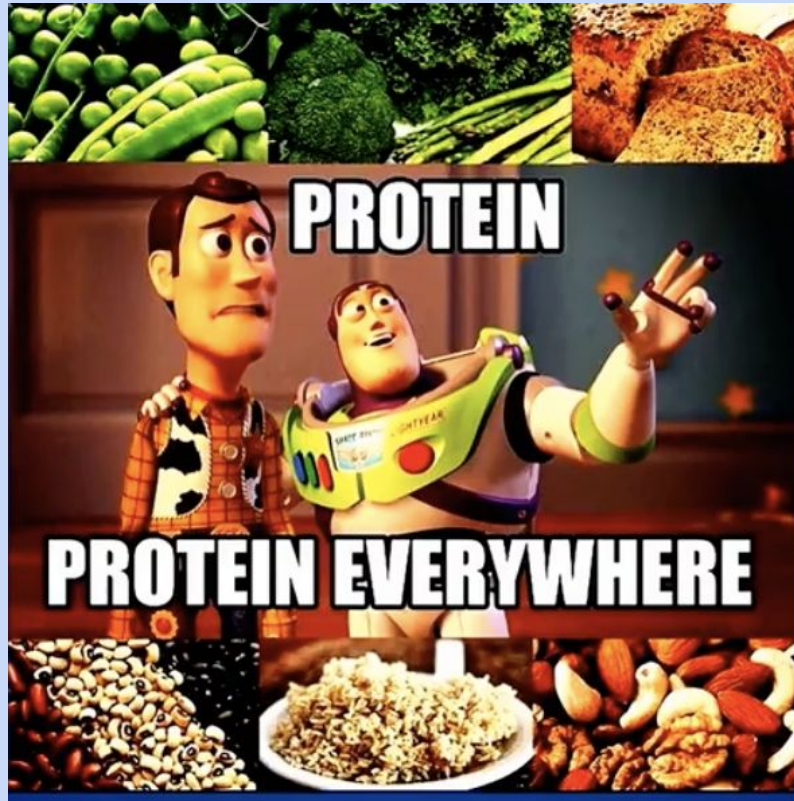
Gladiator Diet: 99% vegan !!



- **BARLEY** Men
- Lentil-barley soups
- The word **burly** comes from barley



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Original Article

Legumes: the most important dietary predictor of survival in older people of different ethnicities

Irene Darmadi-Blackberry MB, PhD¹, Mark L Wahlqvist AO, MD²,
Antigone Kouris-Blazos PhD², Bertil Steen MD, PhD³, Widjaja Lukito MD, PhD⁴,
Yoshimitsu Horie PhD⁵ and Kazuyo Horie BSc⁶

¹Public Health Division, National Ageing Research Institute, Melbourne, Australia

²Asia Pacific Health & Nutrition Centre, Monash Asia Institute, Monash University, Australia

³Department of Geriatric Medicine, Goteborg University, Goteborg, Sweden

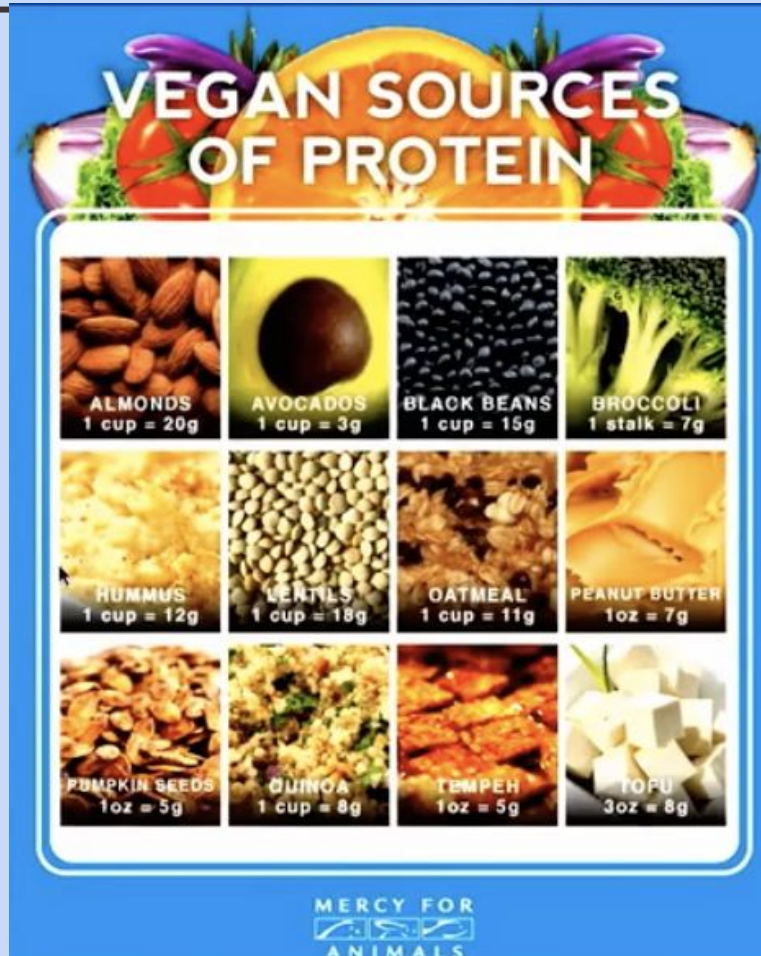
⁴SEAMEO TROPMED, University of Indonesia, Jakarta, Indonesia

⁵School of Humanities and Social Sciences, Nagoya City University, Nagoya, Japan

⁶Faculty of Home Economics, Aichi Gakusen, Okazaki, Japan

To identify protective dietary predictors amongst long-lived elderly people (N=785), the "Food Habits in Later

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Sandpaper: motivation

**Kevin Volpp U Penn
2:1 stick vs carrot**

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Hospital VuMedi 3/22/22**

G-V-B: Grains Vegetables Beans fns

- Foods exactly as they grow in the **field**
- Hulled barley, brown rice, millet, quinoa, oat groats
- Green tea, fermented foods, sea vegetables



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G-V-B fns: Grains Vegetables Beans

Don't waste time calculating ...

Males: 56
g/day

Females: 46
g/day

US = 100 g/D



6X - more
energy

7X - more
land

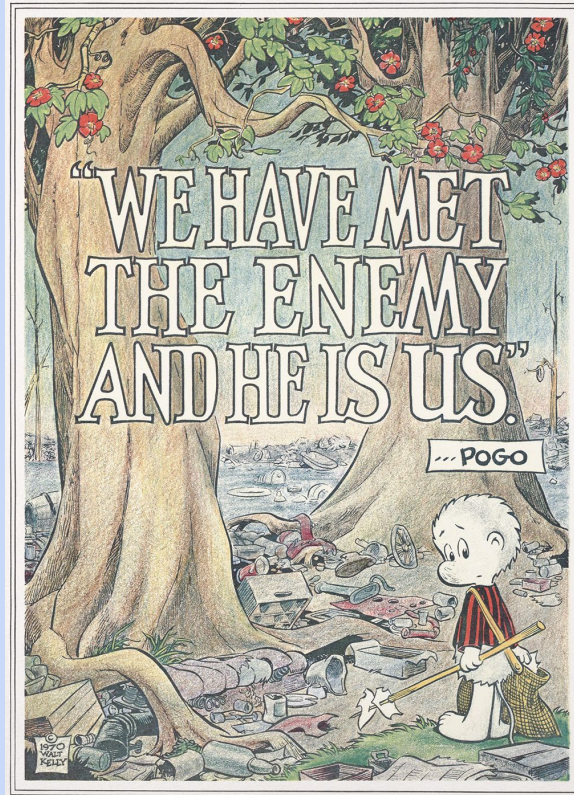
G-V-B: Grains Vegetables Beans



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We do it to ourselves – or not

Paying for the
disaster rather
than investing in
its prevention



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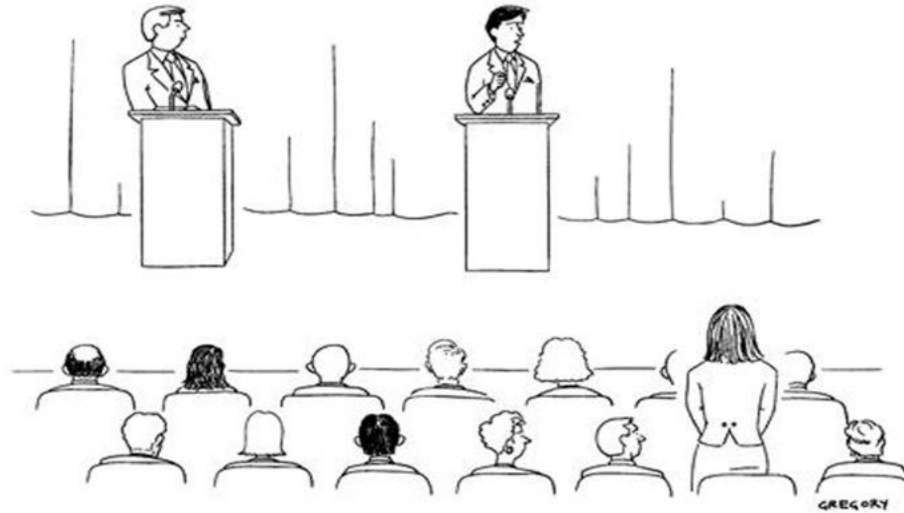
Doctors guess at every step and the best doctors have the best guessing rate

It is not a case of don't confuse me with the facts, but the best clinical insights exceeds so-called knowledge by at least 1 step



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Finis



"That's an excellent prescreened question, but before I give you my stock answer I'd like to try to disarm everyone with a carefully rehearsed joke."

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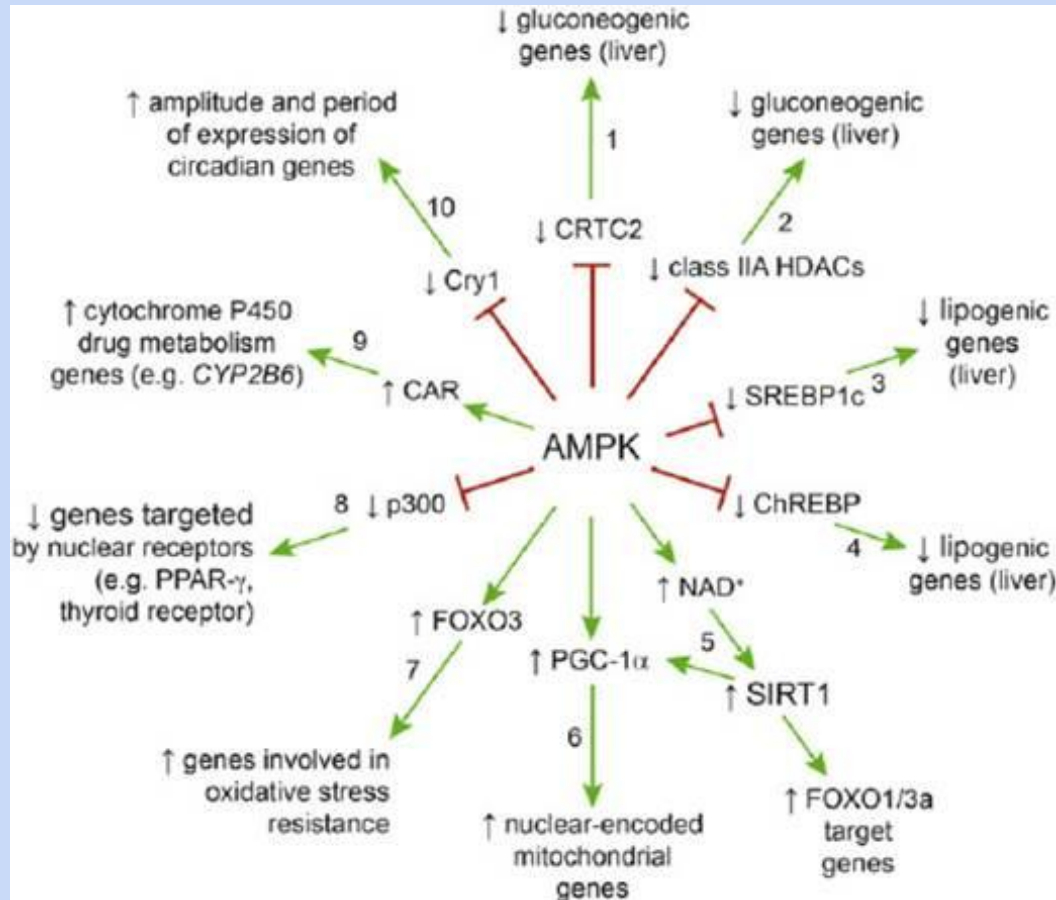


Sir Winston Churchill
by Ivor Roberts-Jones
Circa 1971

"My dear friends, this is your hour." These were Winston Churchill's words as he spoke on the evening of the Allied victory in Europe, and so ended the Second World War. This important bronze masterfully captures the undeniable strength and indomitable character of one of the greatest leaders of the modern world.



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**William
Bestermann,
MD**

Disease Prevention Goal Numbers:

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90	1. Non-HDL Cholesterol	11. Lp (a)	15	21. Food Mantra
100	2. Triglycerides	12. Homocysteine	7	22. Overweight: cooked vegetables
4.4-6.2	3. A1C diabetes test	13. Uric acid	5.5	23. Eat out of a bowl
155-83	4. Blood sugar	14. BUN	12-14	24. Healthiest: vegan
1.0	5. Cardiac HS CRP	15. Magnesium	2.1+	25. Aerobic Interval Training
110-115/60-70	6. Blood pressure	16. Potassium	4.1	26. Quit smoking
	7. < 12% Sodium	17. 25 Hydroxy D3	50-66	27. Limit alcohol: 4 or less
1.0	8. PSA	18. 11-27% body fat		28. REALITY
3.5	9. TSH	19. Keep a food diary		29. Omron wrist BP cuff
12-14	10. Hemoglobin	20. G-V-B		30. Avoid wheat, dairy, soy

**1,000,000
ASCVD
events**

**600,000
mortalities**

**Mammogram
Cologuard**



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Joint Accreditation Direct Accreditation Statement

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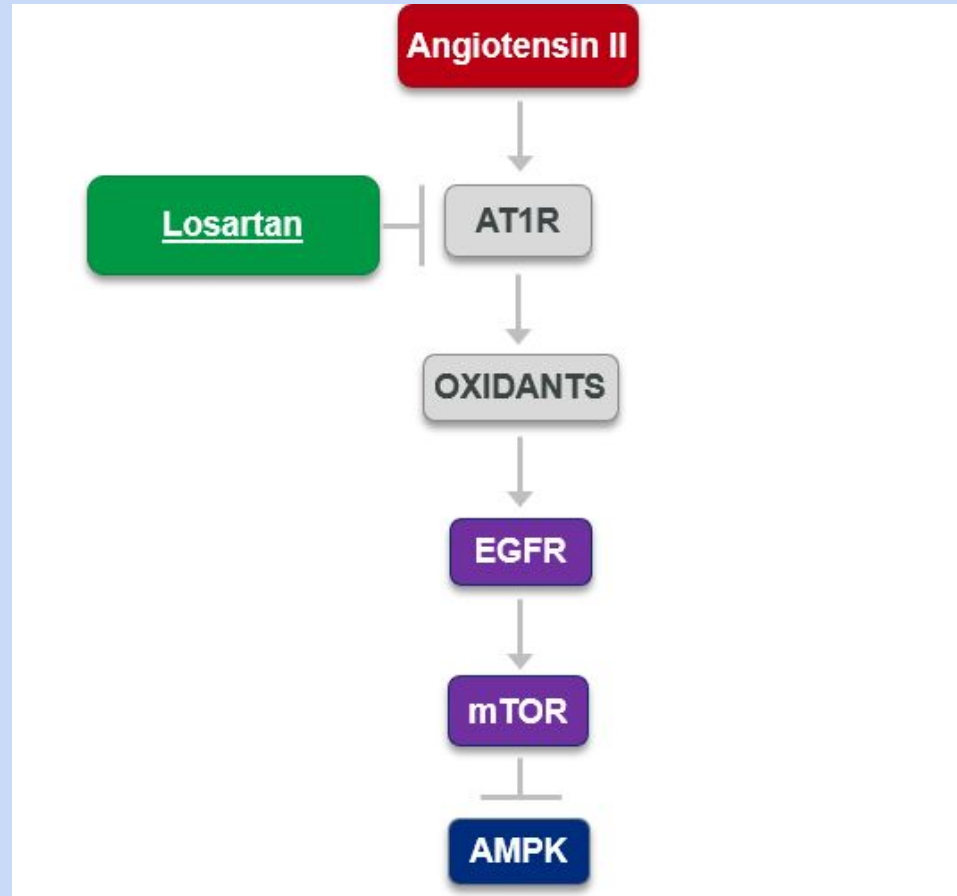


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**William
Bestermann,
MD**

Choices result in freedom from disease and costs

Abolition of Symptomatic Coronary Artery Disease

Lancet 1990 AJC 2003

Honesty

Protection, not perfection



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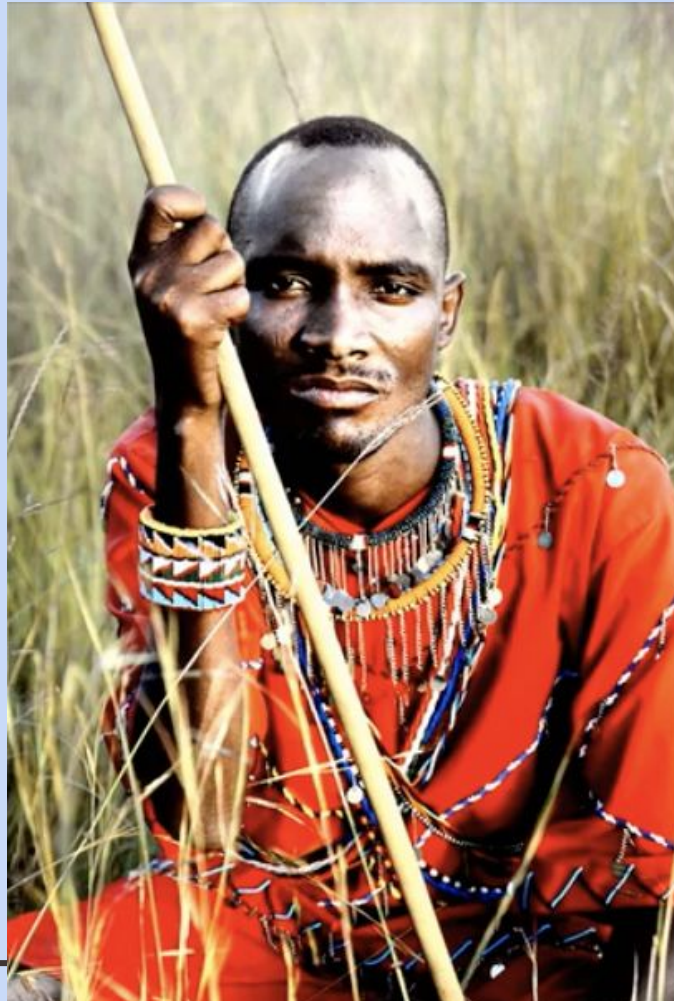
**The best clinical insights
exceed so-called knowledge
by at least one step**

**Doctors guess at every step,
the best doctors
have the best guessing rate**



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**Masai: high milk,
blood, meat intake
-> ASCVD**



Hunters not gatherers

**Garth Davis, Methodist
Hospital VuMedi 3/22/22**

The Seven-Countries Study

Cholesterol Levels in The Seven-Countries Study

Japan and Velika Krsna (Yugoslavia)	156
Dalmatia (Yugoslavia)	186
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Crete (Greece)	203
Zrenjanin (Yugoslavia)	208
Zutphen (Netherlands)	230
U.S. Railroad Workers	237
West Finland	253
East Finland	264

1957

Increasing
animal protein
intake -> rise
in cholesterol



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Another powerful economic tool

WRIST!
JCH 2008



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Vegetarian or vegan diets

CARTaGENE

It's not your
genes, it's the
diet angering
the genes

ESC European Society of Cardiology European Heart Journal (2023) 44, 1–10
https://doi.org/10.1093/eurheartj/ehad211

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META-ANALYSIS
Epidemiology, prevention, and health care policies

Vegetarian or vegan diets and blood lipids: a meta-analysis of randomized trials

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Abstract

Aims

Due to growing environmental focus, plant-based diets are increasing steadily in popularity. Uncovering the effect on well-established risk factors for cardiovascular diseases, the leading cause of death worldwide, is thus highly relevant. Therefore, a systematic review and meta-analysis were conducted to estimate the effect of vegetarian and vegan diets on blood levels of total cholesterol, low-density lipoprotein cholesterol, triglycerides, and apolipoprotein B.

Methods

Studies published between 1980 and October 2022 were searched for using PubMed, Embase, and references of previous

Kim Williams, MD

Kim Williams, MD, FACC
Past President Amer Coll Cardiol

Improved risk on more vegetarian Mediterranean diet

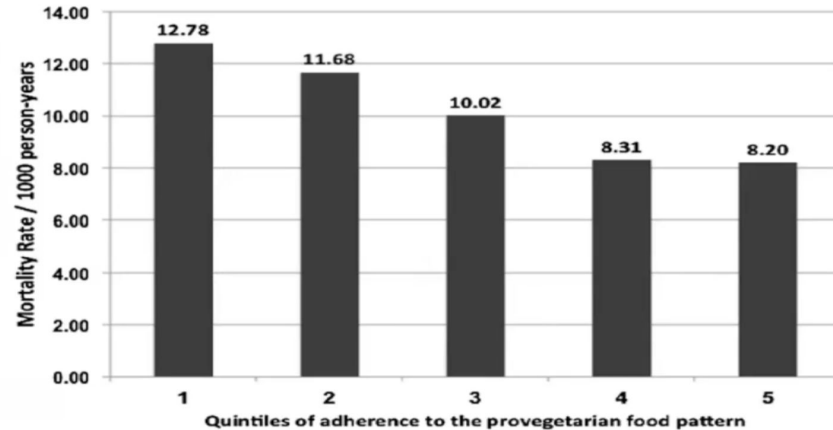
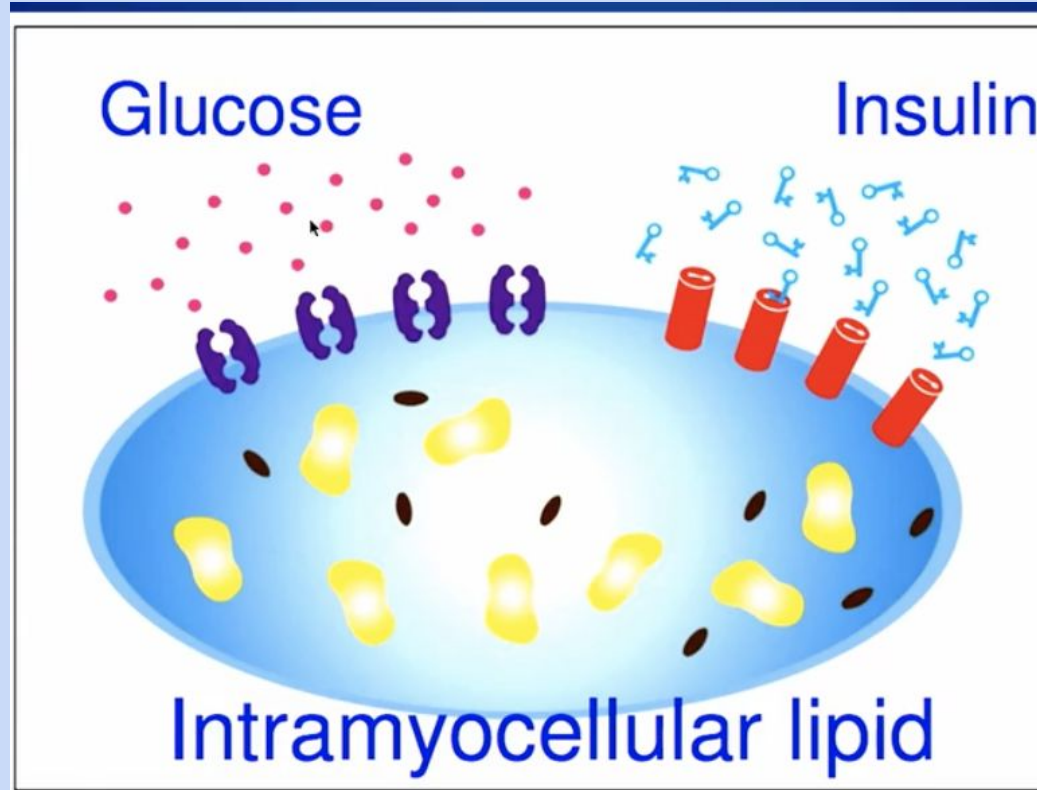


FIGURE 1. Absolute risk of death across baseline quintiles of the pro-vegetarian food pattern: the Prevención con Dieta Mediterránea trial, 2003–2010. Quintile score limits were as follows for quintiles 1–5: <33, 33–35, 36–37, 38–40, >40, respectively.



Kim Williams, MD, FACC
Past President Amer Coll Cardiol

Saturated fat
(meat/cheese)
reduces glut-4
receptors ->
insulin
resistance



Food is not just
food

It is chemical
information

Garth Davis, Methodist
Hospital VuMedi 3/22/22

Distill
simplicity
from
complexity



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