

'Your Health'



Topic:

Diet and Stroke risk

Speaker: Kush Gor RD



We will discuss...

- What is stroke?
- Risk factors
- Diet related risk factors
- Practical advice



What is stroke?

- Occurs when supply of blood to the brain is cut off
- Resulting damage can cause life long disabilities

Two main types:

- **Ischaemic:** caused by blockages which starve the brain of blood
- **Haemorrhagic:** caused by blood vessels within or on the brain bursting
- **TIA:** temporary disruption in blood supply to brain



Facts & Figures

- 100,000 strokes per year in the UK (around 1 every 5 minutes)
- 4th biggest killer in England and Wales
- People are having strokes earlier in their lives
- 25% of stroke survivors will experience another CVA within 5 years
- Nearly $\frac{2}{3}$ of stroke survivors leave hospital with a disability
- Cost to society of £26b a year



(Stroke Association, 2018)



Risk factors

Unmodifiable

- Age
- Sex
- Family history
- Ethnicity

Modifiable

- Dyslipidemia
- Hypertension
- Type 2 diabetes
- Overweight & obesity
- Alcohol
- Physical inactivity
- Smoking



Atherosclerosis

Cholesterol plaques cause arteries to narrow



- Build up of fatty material (plaque) in artery wall
- Plaque can form a clot or break off and form a clot elsewhere
- Occurs in different arteries: coronary, peripheral, renal, carotid

Stroke

- Atherosclerosis in vessels that supply brain (**carotid arteries**)

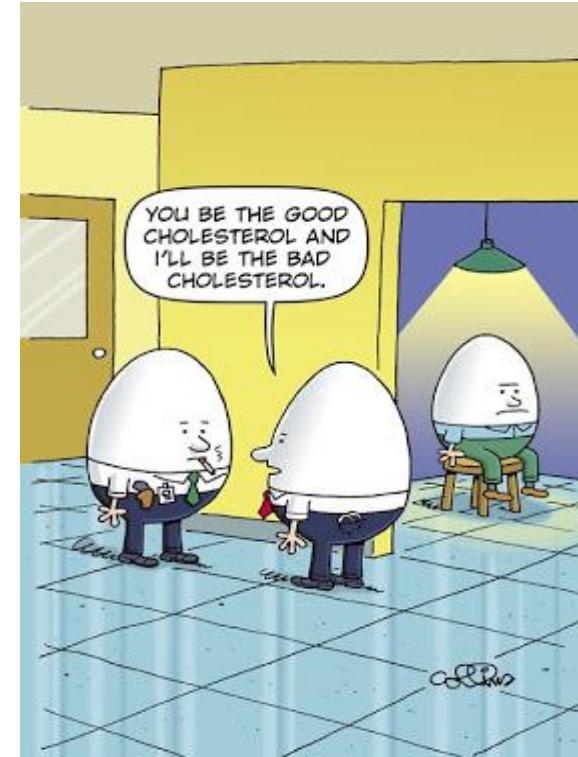
Diet

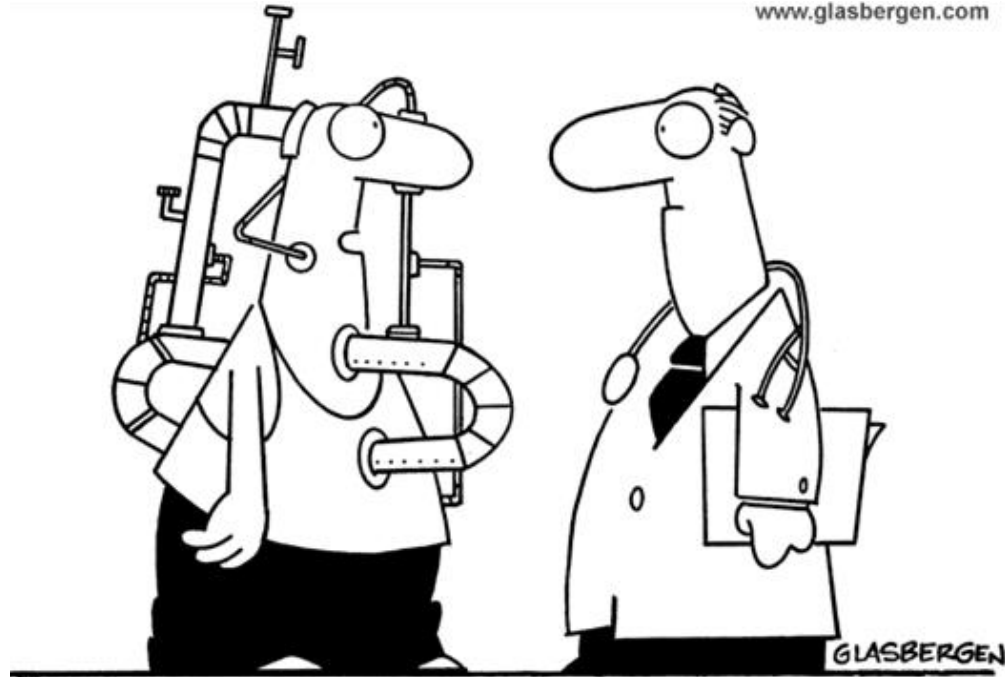
- Diet related risk factors affect this process directly or indirectly



Dyslipidemia

- Cholesterol is essential to life
- Lipoproteins transport cholesterol in the blood
- **Total cholesterol**
- **LDL-c** aka “bad cholesterol”
- **HDL-c** aka “good cholesterol”
- **Triglycerides**





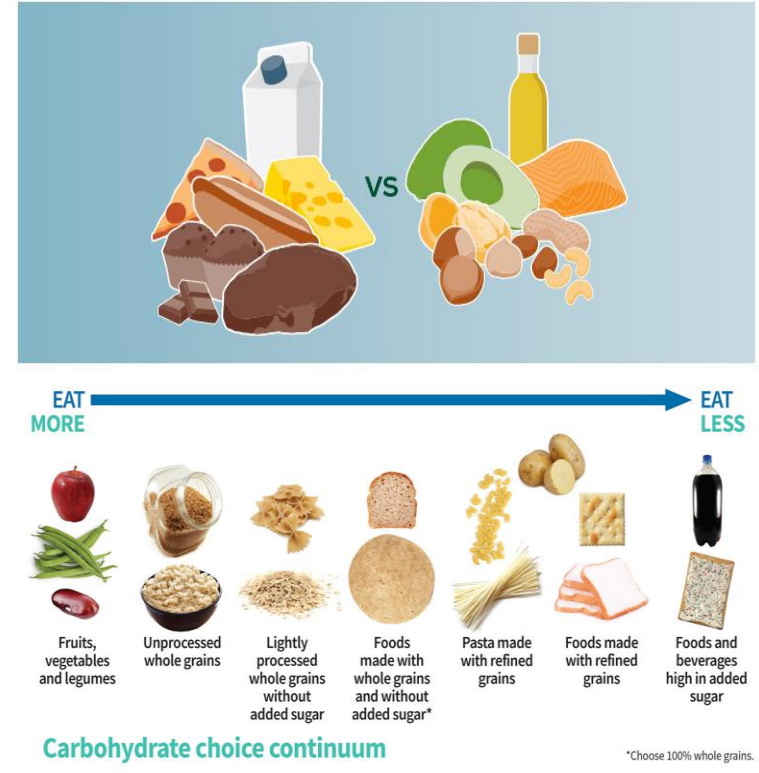
**“I had my plumber install new pipes.
I got tired of fretting about my cholesterol!”**



Diet and cholesterol

- Healthy weight + healthy waist
- SFA → PUFA
- Refined CHO → Unrefined CHO
- ↑ Soluble fibre
- Limit alcohol
- Dietary chol does not affect serum chol

(JBS3, 2014)



Saturated fat

UK Recommendations

- Males: <30g
- Females: <20g

(SACN,2018)



= 8g



= 2g



= 10.4g

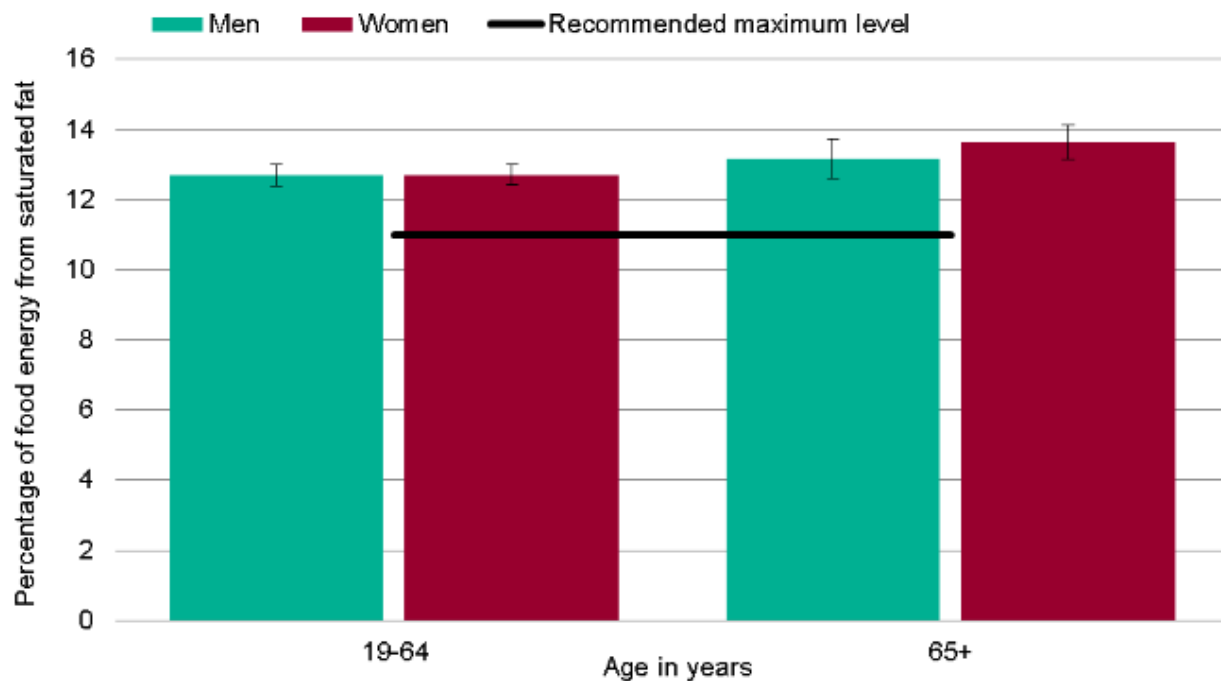




Public Health
England

Food energy from saturated fat

Men and women aged 19-64 and 65+ years: National Diet and Nutrition Survey (2012/13 to 2013/14)



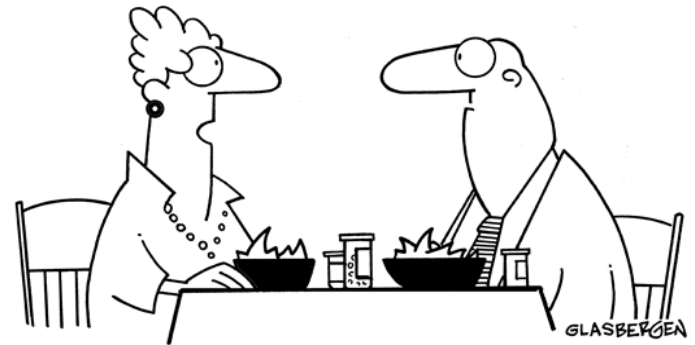
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Cholesterol: practical advice

- Swap butter, lard, ghee for olive oil, olive oil spread or cooking spray
- Choose lean cuts of meat, trim visible fat and remove skin from chicken and turkey
- Eat more oats, beans, peas and lentils
- Swap beef, lamb, pork for chicken, fish and turkey
- Grill, bake or steam meat and fish instead of frying
- Snack on nuts and seeds instead cakes and biscuits

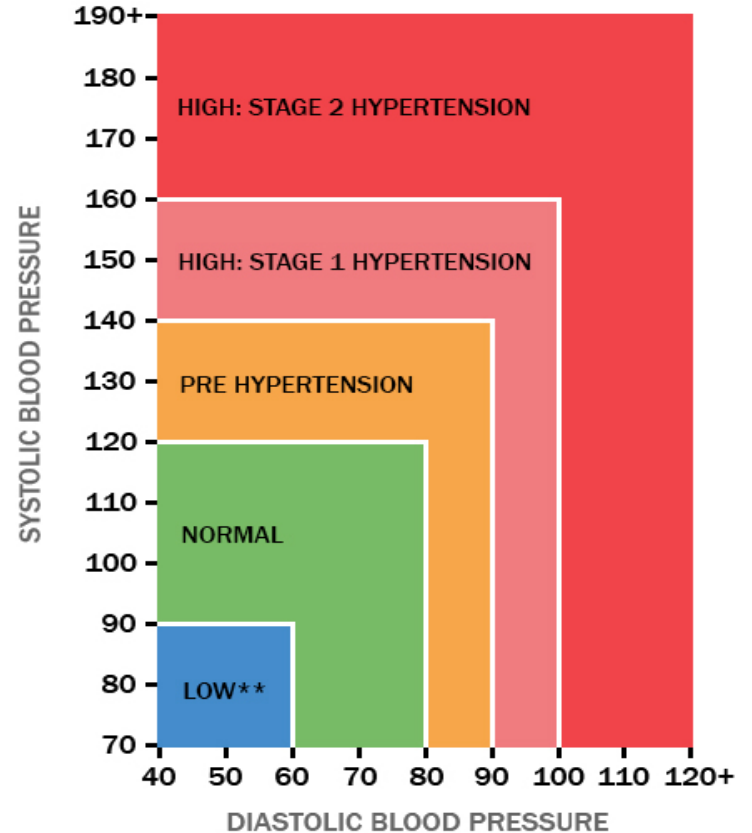
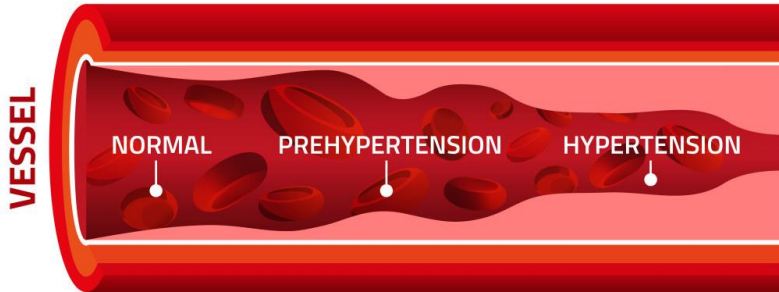


"If you had more love in your heart, there'd be less room for cholesterol!"



Hypertension

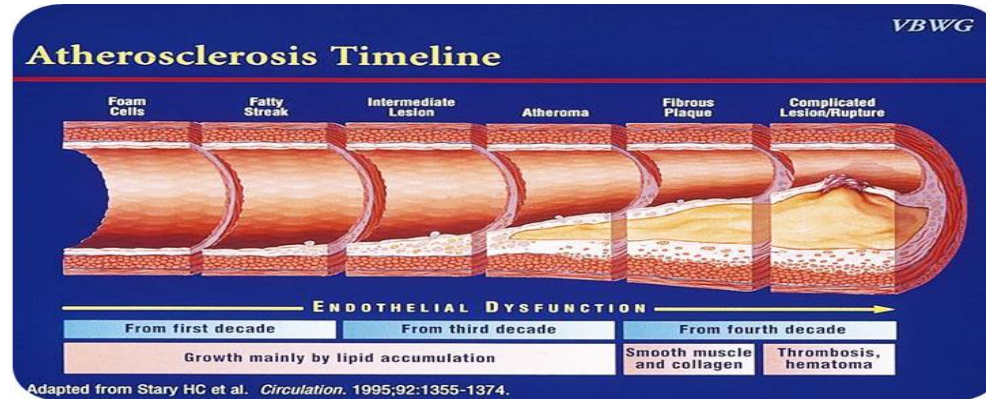
- ↑ risk of ischaemic and haemorrhagic stroke
- Extra strain can damage blood vessels
- May also cause vessels to burst → haemorrhagic





T2DM and atherosclerosis

- Almost **doubles** risk of stroke
- Excess glucose in blood contributes to atherosclerosis
- Type 2 diabetics tend to have higher triglycerides and lower HDL



Diet and type 2 diabetes

New T2DM guidelines: prevention:

- restrict energy intake
- aim for at least 5% weight loss
- reduce total fat and SFA
- increase fibre
- More foods associated with reduced risk: some fruit, green leafy vegetables, wholegrains, yogurt
- Less food associated with increased risk: SSB and refined carbs
- Mediterranean diet?



Diabetes UK, 2018



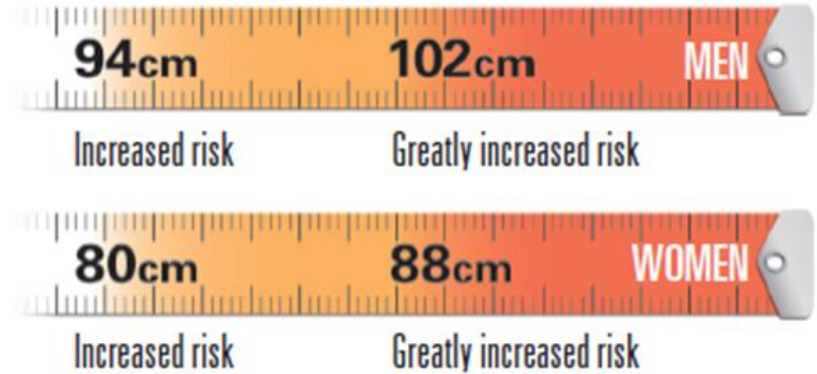
Weight and stroke

Overweight and obesity ↑ risk of:

- Hypertension, Dyslipidemia, T2DM

Targets

- BMI: 18.5-24.9 kg/m²
- Waist: <80cm for F, <94cm for M
- 10% weight loss = ↓10 mmHg systolic BP, ↓10% TC, ↑8% HDL-c (JBS3, 2014)





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Health risk categories

Health Survey for England/NICE

BMI	Waist circumference		
	Low	High	Very high
	Men: <94cm Women: <80cm	Men: 94-102cm Women: 80-88cm	Men: >102cm Women: >88cm
Underweight ($<18.5\text{kg/m}^2$)	Underweight (Not Applicable)	Underweight (Not Applicable)	Underweight (Not Applicable)
Healthy weight ($18.5\text{-}24.9\text{kg/m}^2$)	No increased risk	No increased risk	Increased risk
Overweight ($25\text{-}29.9\text{kg/m}^2$)	No increased risk	Increased risk	High risk
Obese ($30\text{-}34.9\text{kg/m}^2$)	Increased risk	High risk	Very high risk
Very obese ($\geq 40\text{kg/m}^2$)	Very high risk	Very high risk	Very high risk



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Adult very high waist circumference

Health Survey for England



Adults aged 16+
Very high waist circumference is taken to be greater than 102cm in men and greater than 88cm in women

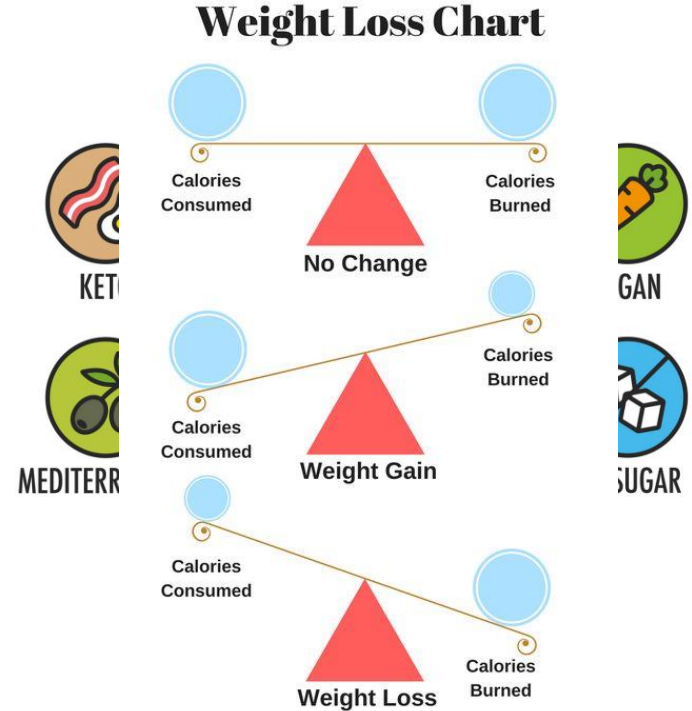


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Weight and diet

- Weight gain results from a caloric surplus
- No magic diet
- The best diet is the one you can stick to
- Low carb, low fat, ketogenic, intermittent fasting, 5:2
- -600kcal for sustainable wt loss (NICE CG189, 2014)



Alcohol and stroke

- Excess intake associated with ↑ stroke risk
- Intake above 3u/day = ↑ SBP + ↑ DBP + ↑ risk of haemorrhagic stroke (*Mazzaglia et al., 2001*)
- Binge drinking associated with higher risk of stroke (*Mazzaglia et al., 2001*)
- ↑ risk of diabetes
- ↑ triglycerides
- ↑ overweight and obesity
- ↑ risk of atrial fibrillation - increases risk of stroke 5x



Alcohol recommendations

- ≤ 14 units/week (DoH, 2016)
- If drinking 14u/week, spread over the week
- ? pints average strength beer
- ? 175ml glasses average strength wine

HOW MANY UNITS ARE IN YOUR DRINK?



Alcohol - practical advice

- Use a unit calculator
- Smaller sizes: bottles vs pints, small glass vs large
- Swap high ABV% for low
- Dinner only drinking
- Alternate alcohol with water
- Several alcohol free days

Adults drinking at increased or higher risk of harm in 2016:



31% men



16% women



General dietary principles

- Calorie controlled diet - aim for 10% wt loss in overweight/obese individuals
- Two portions fish/wk (1x oily)
- More wholegrains, nuts and legumes (↑fibre ↓GI)
- Less processed meat, refined carbs, SSBs, calorie rich nutrient poor snacks (↑GI ↓fibre)
- 5 portions F+V/day - or 10?



Mediterranean Diet

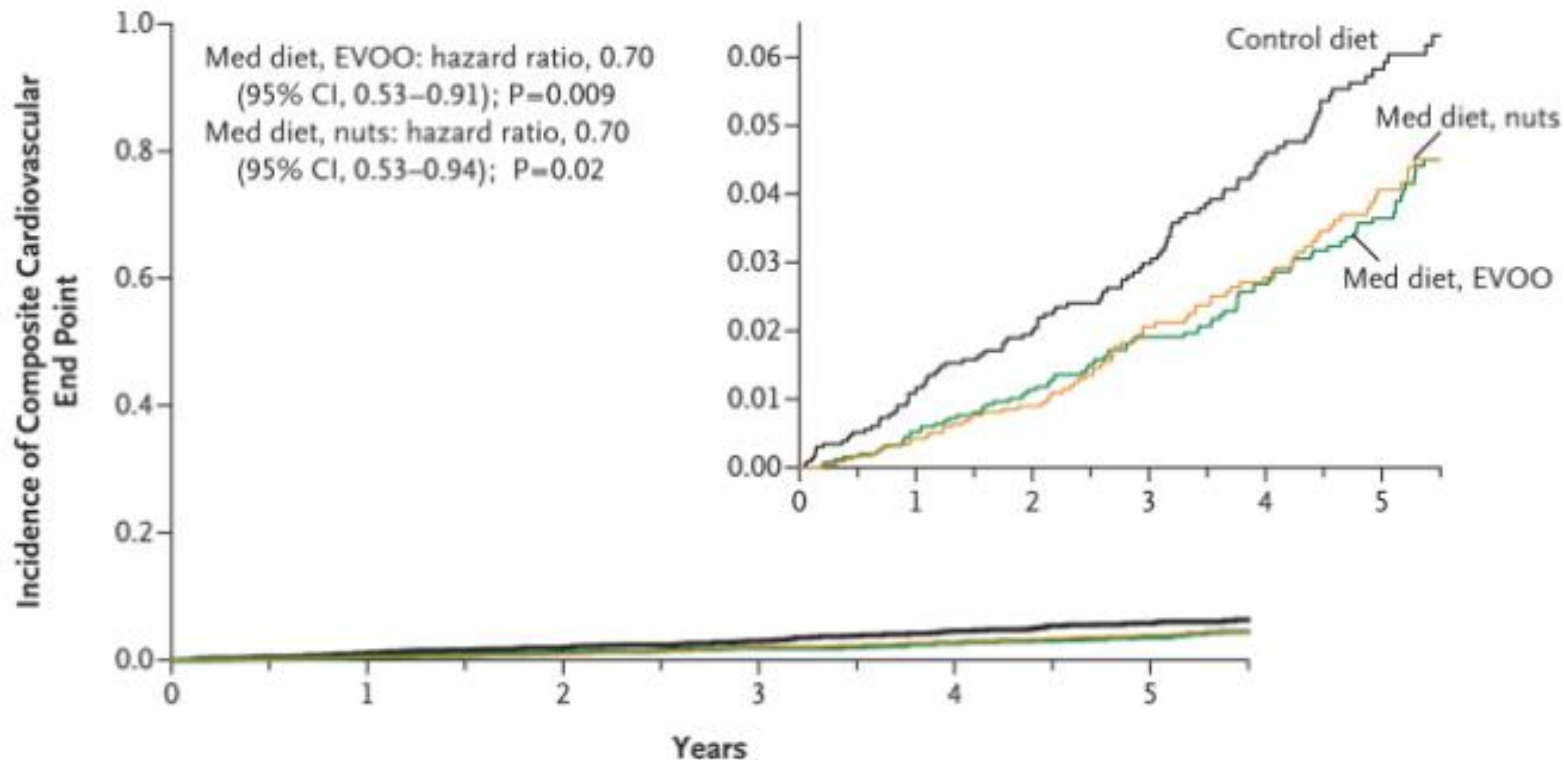
- Olive oil principal source of dietary fat
- Abundant in plant foods: fruit veg nuts seeds unrefined cereals legumes
- Less meat, more fish
- Low to moderate dairy and wine (with meals)
- MD vs low fat: (\uparrow wt loss \downarrow BMI, \downarrow SBP \downarrow DBP, \downarrow cholesterol, \downarrow fasting blood glucose)



(Nordmann et al., 2011)



A Primary End Point (acute myocardial infarction, stroke, or death from cardiovascular causes)

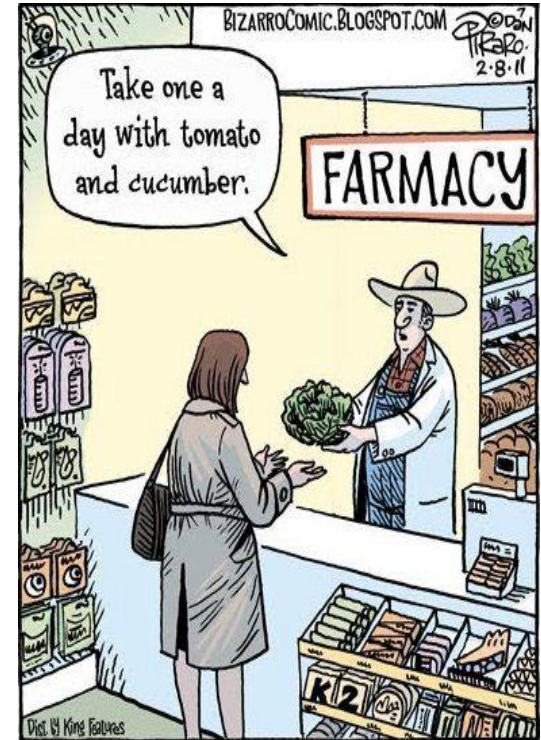


(Estruch et al., 2013)



Take Home Messages

- Diet can play a vital role in stroke prevention
- Maintain a **healthy weight** and a **healthy waist**
- Eat more fruit, vegetables and fibre
- Eat less nutrient poor foods
- Substitute SFA (especially in processed food) for USFA
- If you do drink, do so in moderation
- Avoid excess salt, especially if you have high BP



Any questions?

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