A Better Way to Protect Against Cardiovascular Disease

It is quite clear that cardiovascular disease is initiated and driven by ongoing inflammation; this has been known for many years. Cholesterol is only part of the issue, and elevations represent a component of the chronic inflammatory state. So, the focus should be inflammation reduction (a point I have made repeatedly in this column).

The current American diet is excessively high in sugar, flour and fat calories (trans- and omega-6 fatty acids), which leads to substantially elevated postprandial levels of circulating glucose and triglycerides, referred to as postprandial dysmetabolism. The outcome is an immediate increase in inflammatory markers such as free radicals and C-reactive protein, and sympathetic hyperactivity, which is directly linked to the expression of diabetes and cardiovascular disease.[13-14]

Not well-appreciated is that the postprandial dysmetabolic inflammatory state may be associated with the perpetuation of lumbar radicular pain, tendinopathies, and generalized musculoskeletal pain,[15-19] so we should consider addressing the dysmetabolic inflammatory state in patients suffering with chronic musculoskeletal pain syndromes.

In the clinical setting, a BMI above 25 identifies patients who are pursuing dysmetabolism. An operational goal should be to achieve a BMI below 25 by eating anti-inflammatory foods and exercising daily. Proper exercise is anti-inflammatory and has an appetite-suppressing effect. And when individuals eat an anti-inflammatory diet that includes lean animal protein, vegetables, fruit, nuts and low glycemic tubers such as sweet potatoes, the postprandial dysmetabolism is blunted.

The problem is that most Americans do not eat this way, so they perpetually live in the postprandial dysmetabolic inflammatory state. For more details, see the O'Keefe, et al., paper on this topic, available as a free full text.[14]

Supplements may also be useful in addressing chronic inflammation. The focus should be inflammation reduction, not trying to use natural cholesterol-lowering agents such as red yeast rice to replace statins that only offer a 1 percent better preventative effect

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