Profiles in Preventive Cardiology

Dr. Rajendra Tandon was one of the foremost cardiologists in India, who contributed significantly in the fields of pediatric cardiology as well as preventive cardiology. He established the discipline of pediatric cardiology in India and is considered as the father of pediatric cardiology in India. He received his cardiology training in India and at Harvard Medical School USA. Later he subsequently joined the faculty of the Cardiology Department at the All India Institute of Medical Science, New Delhi, and retired as the Head of the Department in 1991. Since then he was working as a Consultant of Cardiology at the Sitaram Bhartia Institute of Science & Research, Centre for Health Care.

Honors bestowed upon Dr. Tandon include several visiting fellowships, the establishment of a professorial chair at the All India Institute of Medical Science, New Delhi, and retired as the Head of the Department in 1991. Since then he was working as a Consultant of Cardiology at the Sitaram Bhartia Institute of Science & Research, Centre for Health Care.

Key Words

- Dietary guidelines
- Dyslipidemia
- Asian Indians
- Cardiovascular disease

Introduction

Asian Indians (people of Indian origin living in India or living in other countries) have become more affluent, urbanized and mechanized during the previous decade. Hectic lifestyle and easy availability of convenience foods has led to irregular meals and frequent snacking on energy-dense foods including ready-to-use gravies and soups, packaged salty snacks, ready-made cookies, and commercial fast-foods rather than traditional homemade food. Further, consumption of animal foods, sweetened carbonated drinks, sugar and sweeteners has also increased. In addition, traditional Indian energy-dense foods continue to be consumed. Overall, this nutritional transition, has resulted in high consumption of calories, saturated fats, trans fatty acids (TFAs), simple sugars, salt, along with low intake of fiber, lower intake of saturated fats, reduction in trans fatty acids, slightly higher protein intake, lower intake of salt, and restricted intake of sugar. The lipid lowering functional foods can also be included in daily diet. While these guidelines are applicable to Asian Indians in any geographical setting, they are particularly applicable to those residing in urban and semi-urban areas. Proper application of these guidelines will help curb the rising “epidemics” of obesity, the metabolic syndrome, dyslipidemia, hypertension and CVD in Asian Indians.

Nutrition Comment

Dietary approach to management of dyslipidemia in Asian Indian subjects

Anoop Misra*, MD; Seema Gulati*, PhD

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Abstract

India is undergoing rapid nutritional transition, resulting in excessive consumption of calories, saturated fats, trans fatty acids, simple sugars, salt and low intake of fiber. Such dietary transition and a sedentary lifestyle have led to an increase in obesity and metabolic non-communicable diseases (type 2 diabetes mellitus [T2DM], cardiovascular disease [CVD], etc.) predominantly in urban, but also in rural areas. In comparison with previous guidelines, these consensus dietary guidelines include reduction in the intake of carbohydrates, preferential intake of complex carbohydrates and low glycemic index foods, higher intake of fiber, lower intake of saturated fats, reduction in trans fatty acids, slightly higher protein intake, lower intake of salt, and restricted intake of sugar. The lipid lowering functional foods can also be included in daily diet. While these guidelines are applicable to Asian Indians in any geographical setting, they are particularly applicable to those residing in urban and semi-urban areas. Proper application of these guidelines will help curb the rising “epidemics” of obesity, the metabolic syndrome, dyslipidemia, hypertension and CVD in Asian Indians.

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Disclosures: This article has not received any funding and has no vested commercial interest

Acknowledgements: None

Received: 24-09-13; Revised: 06-03-14; Accepted: 07-03-14

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