

Statement on Nutrition: Dietary Guidelines for Healthy American Adults

**From
The Nutrition Committee, American Heart Association**

Most Americans can improve their overall health and maintain it with a few specific but fundamental dietary changes. Although the American Heart Association guidelines were developed specifically for prevention of heart and blood vessel disease, they can contribute to prevention of other diseases, including some forms of cancer, renal disease, and osteoporosis. The American Heart Association guidelines are also consistent with current recommendations for prevention and management of diabetes.

The American Heart Association's dietary guidelines for healthy American adults are:

1. Eat a variety of foods.

Eat foods from all the food groups, including fruits and vegetables; nonfat and low-fat dairy products; whole-grain breads, cereals, pasta, starchy vegetables, and beans; and lean meat, skinless poultry, and fish. The recommends that healthy individuals obtain an adequate nutrient intake from foods eaten in variety, balance, and moderation. Vitamin and mineral supplements are not a substitute for a balanced and nutritious diet designed to emphasize intake of fruits, vegetables, and whole-grain foods. Excessive intake of calories, sugar, and salt should be avoided.

2. Balance food intake with physical activity and maintain or reduce weight.

Loss of excess weight and long-term maintenance of a healthy weight can improve blood lipid levels and blood pressure and reduce risk for heart disease, the most common form of diabetes, stroke, and certain cancers. Successful long-term maintenance of a healthy body weight can be promoted by regular physical activity in conjunction with a diet that is limited in calories, particularly those derived from fat, and relatively rich in complex carbohydrates and fiber.

3. Choose a diet low in fat, saturated fatty acids, and cholesterol.

The American Heart Association's population-wide recommendation to consume no more than thirty percent of total calories as fat is aimed at reducing saturated fatty acid intake and maintaining a healthy body weight. This guideline applies to the average of total calories consumed over a period of one week. A common misinterpretation is that the total calories must be consumed in one day, which can limit the variety of food choices in the diet. Diets with very low total fat intake have been tested with favorable results in studies of persons at high risk, but such diets have not been demonstrated to be of value for the general population and may have adverse consequences, including potential nutrient deficiencies in certain groups such as children, pregnant women and the elderly. For this reason, the American Heart Association endorses the recommendation

of the World Health Organization for a lower limit of fifteen percent of calories as total fat. Moreover, the American Heart Association recommends that for the general population, the level of fat intake in the diet should be guided by emphasis on adequate consumption of fruits, vegetables, and grains; a healthy weight goal; and, dietary intake of saturated fat and cholesterol appropriate to individual risk for coronary heart disease. The American Heart Association emphasizes restriction of saturated fatty acid intake because this is the strongest dietary determinant of LDL cholesterol levels. Currently, the American Heart Association recommendation for the general population is that less than ten percent of total calories come from saturated fat. Reduction in caloric intake resulting from limitation of total saturated fats may be beneficial for achieving and maintaining a healthy body weight. The American Heart Association also recommends limiting trans fatty acid intake, for example, by substituting soft margarine for hard. The American Heart Association also encourages the food industry to develop more products with reduced trans fatty acid content. Because dietary cholesterol can increase plasma and LDL cholesterol levels, the American Heart Association recommends that dietary cholesterol intake be less than 300 mg/day.

4. Choose a diet with plenty of vegetables, fruits, and whole-grain products.

These foods should contribute the majority of daily energy intake – between fifty-five percent and sixty percent of total calories. Fruits, vegetables, whole grains, and legumes provide important vitamins, minerals, fiber, and complex carbohydrates as part of a diet moderate in total fat and low in saturated fat content. Total dietary fiber intake of 25 to 30 grams per day from foods, not supplements, will help ensure an eating pattern high in complex carbohydrates and low in fat.

5. Choose a diet moderate in sugar.

The American Heart Association encourages consumption of complex carbohydrates in the form of grains, vegetables, and legumes. Sugar intake has not been directly related to risk for cardiovascular disease, but diets high in refined carbohydrates are often high in calories and low in complex carbohydrates, fiber, and essential vitamins and minerals.

6. Use salt and sodium in moderation.

The American Heart Association recommends that the general public consume no more than 6 grams of sodium chloride per day. Results of therapeutic trials of sodium chloride restriction in hypertensive individuals also document modest but significant reductions in blood pressure. Reduced sodium intake should be only one component of a comprehensive nutritional approach to blood pressure lowering, which should also include prevention and treatment of obesity, limitation of alcohol intake, and strategies that ensure adequate intake of potassium, magnesium, and calcium.

7. If you drink, do so in moderation.

Incidence of heart disease in those who consume moderate amounts of alcohol (1 to 2 drinks per day for men and 1 drink per day for women) is lower than that in nondrinkers. The advisability of consuming alcohol in moderation (no more than 2 drinks per day) is best determined in consultation with the individual's primary care physician.

Dietary Issues Requiring Further Research

Antioxidant Vitamin Supplements – The American Heart Association recommends that antioxidant vitamins and other nutrients be derived from foods in the context of a diet low in saturated fat.

Vitamins Affecting Homocysteine Levels – As with other vitamin supplements, there is no clinical evidence to show that an increased intake of folic acid, B6 or B12 leads to reduced homocysteine levels.

Very Low-Fat Diets and Fat Substitutes – The American Heart Association believes that there is no justification to recommend widespread consumption of very low-fat diets. While the American Heart Association recognizes that there may be a place for fat substitutes in the diet, it discourages the use of these products. This is particularly true for children, who are encouraged to develop a taste for fruits, vegetables, and whole-grain foods rather than relying on foods containing fat or sugar substitutes and that are often of little nutritional value. There is also concern that in persons of all ages, emphasis on reduced-fat foods may override attention to total caloric intake and thereby contribute further to the rising incidence of obesity in this country.

Soy Protein – The use of soy protein, soy oil, and other soy products within the context of low total and saturated fat intake is consistent with the American Heart Association dietary guidelines, but further research is needed to test potential risks of high intake before a specific guideline can be developed.

Genetic Factors Affecting Dietary Response – There is emerging evidence that individuals' varied responses to diet, such as reduction in LDL cholesterol with diets low in fat and cholesterol or the effects of weight-loss diets may be related in part to underlying genetic influences. As these influences become more defined through research, individualized dietary and lifestyle recommendations may provide more effective approaches to prevention of coronary heart disease.

###