
THE ROLE OF DIET FOR THE PRIMARY AND SECONDARY PREVENTION OF CARDIOVASCULAR DISEASE – TRADITIONAL DIETARY PATTERNS

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Abstract

Atherosclerotic cardiovascular disease (CVD) remains the leading cause of death for people of most racial/ethnic groups. As long as obesity and type 2 diabetes rates continue to grow, so will the burden of CVDs. The ideal CV health is observed through seven domains: blood pressure, physical activity, cholesterol, diet, weight, smoking, and blood glucose. In other words, CVDs should be observed as a complex entity that requires a team-based approach for primary as well as secondary prevention. Diet represents pillar for every treatment focused on CV health.

Patients with risk factors have better outcomes when they receive patient-centered care by a multidisciplinary team vs usual care. This approach is especially effective for the control of hypertension.

All diet-centered techniques related to glucose-lowering effect (energy restrictions, establishing regular meal patterns, promoting nutrient-dense foods, etc.), along with lifestyle modifications focused on physical activity are especially effective in type 2 diabetics.

While research evidence continuously emphasize superiority of the Mediterranean diet, more evidence, especially in children show that the Mediterranean diet is at the verge of existence. Benefits of polyunsaturated fatty acids (especially from extra virgin olive oil and fish), low-fat dairy, green leafy vegetables and wholegrains on CV health are well documented. Still, the effect goes well beyond the diet and we underline that it is the Mediterranean lifestyle that works. But the question is whether we can copy this lifestyle, adapt it slightly to our way of life? Or, in the light of the global sustainability movement, maybe we should start looking whether our own, traditional dietary patterns have beneficial traits for CV health too.

Key words: cardiovascular disease, primary prevention, secondary prevention, evidence-based, recommendations, traditional diet

KARDIOEMBOLIJSKI MOŽDANI UDAR

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Sažetak

Moždani udar jedan je od vodećih uzroka invaliditeta i mortaliteta u svijetu. Kardioembolijski moždani udar čine 30% svih ishemijskih moždanih udara. Kardioembolijski moždani udari najčešće su uzrokovani s fibrilacijom atrijske te su povezani s većim invaliditetom, mortalitetom te recidivima. Kliničkom slikom embolijskog moždanog udara dominira nagli nastup simptoma, koji su obično u punom opsegu, a brzi oporavak od simptoma također može upućivati na ovu vrstu moždanog udara. U sekundarnoj prevenciji ovog tipa moždanog udara vodeću ulogu ima antikoagulantna terapija. U posljednjih nekoliko godina u prevenciji moždanog udara uzrokovanog fibrilacijom atrijske dostupni su novi, odnosno direktni oralni antikoagulatni lijekovi poput dabigatrana, rivaroksabana, apiksabana i edoksabana.

Ključne riječi: moždani udar, prevencija, antikoagulantna terapija