

Healthy nutrition an important part of preventing cardiovascular diseases

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Abstract:

With this study we aimed to determine the importance of preventing cardiovascular diseases through healthy nutrition. The purpose of this paper is, on the one hand, to identify the theoretical aspects related to risk factors for cardiovascular diseases and, on the other hand, to determine the concepts related to the influence of diet on cholesterol and triglyceride values, blood pressure and obesity - three extremely important risk factors involved in the development of cardiovascular diseases. The aim of the study is also to develop a weekly nutritional programme to help prevent cardiovascular diseases, especially for people with multiple risk factors such as genetic inheritance, age, diabetes, etc., which cannot be controlled. The method used in the research was specialty literature review. In this regard, several documents related to the incidence of cardiovascular diseases, risk factors for their settlement, the influence of diet on the maintenance of blood cholesterol, blood pressure and body weight within normal limits were analyzed. Numerous documentaries on the subject were also viewed. Primary prevention refers to the behaviour that everyone should adopt to minimise the risk of developing cardiovascular diseases. People with risk of heart diseases should have a healthy lifestyle that includes eating well, not smoking or drinking alcohol, getting enough sleep, exercising regularly, avoiding stress and doing relaxing activities in their free time. People with increased risk of cardiovascular diseases should also severely limit consumption of foods containing trans fats, i.e. hydrogenated and partially hydrogenated fats found in margarine, chips, semi-prepared products, fried potatoes, fried cheese, frozen pizza, microwave popcorn, biscuits, cakes, cookies, donuts. Over time, these will lead to increased bad cholesterol - LDL and triglycerides and lower levels of good cholesterol (HDL). Prevention of cardiovascular diseases can be achieved through a healthy lifestyle, eliminating as far as possible modifiable risk factors (diet, sedentary lifestyle, smoking, alcohol consumption, prolonged fatigue, stress, etc.), but also through regular medical check-ups, including blood pressure, cholesterol, triglycerides and blood sugar.

Keywords: nutrition, risk factors, prevention, cardiovascular diseases

Introduction:

Dragoş Vinereanu, president of the Romanian Society of Cardiology, stated at a press conference held at the University Hospital that "cardiovascular diseases are the main health problem and, in Romania, the mortality caused by cardiovascular diseases is three times higher than the mortality caused by cancer. 60% of all deaths registered at national level are caused by cardiovascular diseases and 19% by cancer. It is clear that from this point of view, cardiovascular diseases kill the most Romanians" (<https://stirileprotv.ro/stiri/sanatate/presedinte-src-in-romania-60-la-suta-dintre-decese-sunt-provocate-de-bolile-cardiovasculare.html>).

Cardiovascular diseases include several degenerative diseases of the cardiovascular system resulting in myocardial infarction, coronary heart disease (disease of the blood vessels supplying the heart muscle), angina pectoris, ischaemic or haemorrhagic stroke, etc.

There are several risk factors for cardiovascular diseases:

- unhealthy eating;
- high values of cholesterol and triglyceride;
- sedentarism;
- hypertension;
- obesity;
- smoking;
- excessive alcohol consumption;
- stress;
- prolonged fatigue;
- genetic inheritance;
- age;
- diabetes.

Taking into account the risk factors presented above, we can say that a healthy diet contributes to normal cholesterol and triglyceride values, to maintaining optimal body weight depending on the age and height, to normal blood pressure values. There are some risk factors for heart diseases on which we can interfere, such as diet, obesity, a sedentary lifestyle, smoking, heavy alcohol consumption, maintaining an optimal work/rest ratio and managing stress as effectively as possible. We should be concerned about reducing the influence of these factors on cardiovascular health, especially because there are other risk factors we cannot control. Genetic inheritance and age are good examples in this regard.

Mănescu, quoted by Cioroiu S. G. (2009, p. 12), states that "food hygiene is the part that pursues two main objectives: on the one hand, to know and highlight the beneficial effects of food on health, and on the other hand, to reduce or remove the risk of food becoming harmful to consumers".

"The doctor of the future will not give drugs, but will make patients interested in maintaining the body, respecting a healthy diet and preventing disease. To a certain extent, these words of Thomas A. Edison still echo today, one hundred years after they were spoken" (Rădulescu E., 2006, p.38).

"Health promotion is a term that implies a multidimensional approach to improving health status that includes education activities, activities to promote behavioural and lifestyle changes, policies and legislative measures" (National School of Public Health and Management, 2006, p. 7).

Buiac D., Suciuc A., (2007, p. 7), mentions that "medicine has two parts through which it can intervene on the state of health: therapy, "the art of curing diseases" and prophylaxis, "the set of measures that allow to avoid the appearance, aggravation and spread of a disease" (definition proposed by O. M. S.). Unfortunately, this part, prophylaxis, is less taken into account. Doctor Emil Măgureanu remarked in a paper that "the assertion that it is easier to prevent than to cure can become trivialised by use, if it is not given a real basis and medicine for healthy people can become just a declarative field". In this respect, it is obvious that research into nutrition, education, exercise, hygiene behaviour, etc. must be amplified and applied. A key factor for our pragmatic world is the fact that it is not only "easier to prevent, but also much cheaper". The cost of therapeutic medical care is rising all the time, partly because of the increasing number of chronically ill people, the elderly with major medical problems, the increase in the number of tests and sophisticated laboratory techniques and, of course, the cost of medicines".

"Measures to prevent the occurrence of degenerative cardiovascular diseases (primarily atherosclerosis) and to reduce their consequences, if they have occurred, are called cardiovascular disease prevention. Until recently, although it was known that the same factors determine the clinical occurrence of heart disease and condition its subsequent development, prevention was divided into two: primary and secondary prevention. Primary prevention was about preventing the occurrence of heart disease, and secondary prevention was about delaying the appearance of complications, improving the outcome of existing heart disease and, of course, increasing the survival of heart patients. Today, this differentiation is no longer so important, as the objectives in influencing the risk factors already described are similar in both primary and secondary prevention (with some differences as described in the chapter on risk factors). Therefore, it is considered that there is only one cardiovascular prevention with unique objectives" (Pop D., Zdrenghea D., 2020, p. 55).

Banu C. and collaborators (2009, p 15), states that "diet and nutrition are important factors in the promotion and maintenance of good health during the life of the human being. There is a close link between diet-nutrition and the development of chronic diseases including obesity, diabetes, cardiovascular diseases, cancer, osteoporosis and dental disease, diseases that have evolved rapidly in the last 2-3 decades".

According to the authors Mencinicopschi Gh, Bojor O. and Ionescu-Călinești L. (2009, p. 20), "nutrition and eating behaviour are essential determinants of many pathologies. It is estimated that 90% of coronary heart disease and more than 30% of cancers can be prevented by improving or changing lifestyle in which diet plays a key role. Despite nutritional education efforts to guide consumers towards making the right food choices, the prevalence of chronic diseases - type II diabetes, cardiovascular diseases, cancers, neurodegenerative diseases, obesity - is increasing at an alarming rate.

"The World Health Organization estimates that more than 50 million people die annually from cardiovascular diseases, with mortality being higher in developed countries where diet favours this increased mortality, which is associated with obesity and reduced physical activity, plus smoking and excessive alcohol consumption, high blood pressure, dyslipidaemia, diabetes, poor cardio-respiratory health" (Banu C. et al., 2009, p. 259).

Rădulescu E., (2006, p. 32), relates that "if we take a look at the main causes of morbidity and mortality in Romania, we discover that, in order of frequency, we find the following diseases:

- cardiovascular diseases, especially myocardial infarction and stroke;
- cancerous diseases, especially lung, breast, colon and prostate;
- respiratory diseases".

The first place of cardiovascular diseases is due to the consequences of circulatory disturbance through the coronary arteries. In the case of total disruption, blood flow stops and that area of the myocardium is necrotic; this is what we know as a heart attack. Excess fats and cholesterol circulating in the blood are deposited in the arterial wall. Over the years, these deposits increase, circulation is impaired and the process is known as atherosclerosis."

Diehl H., Ludington D. (2002, p. 125), mentions that "the presence of an excessive amount of fat in the diet lays the foundation for the development of the process of atherosclerosis - which is nothing more than a narrowing and stiffening of the vital arteries that supply the body with food and oxygen. Excess fat increases the viscosity and stickiness of the blood, slowing circulation and causing red blood cells to stick together like coins in a roll. In this aggregated state, red blood cells are unable to load themselves to their maximum oxygen capacity and navigate through microscopic capillaries. Deprived of oxygen and other nutrients, the body's cells become increasingly susceptible to injury, disease and death."

Popescu M.I. (2006, p.35), considers that "the diet of patients with dyslipidemia allows the patient to achieve and maintain the ideal body weight, is focused on fruits, vegetables, cereals and restricts the consumption of saturated fats and sweets. Protein will represent 15-20% of calories, fat 25-30%, with only one third saturated fat, the rest carbohydrates. Cholesterol intake will be below 300 mg/day; alcohol consumption will be avoided."

Hâncu N. and collaborators (2012, p. 30), state that "nutritionists report that, when blood cholesterol levels rise, it is deposited in the walls of the arteries and thickens them, turning them into rigid tubes. This disrupts blood circulation, compromising the nutrition of vital organs. This is atherosclerosis, which leads to myocardial infarction, strokes, aortic aneurysms, arteriosclerosis of the lower limbs and heart failure. The author in these disasters is LDL cholesterol, or 'bad' cholesterol, which is considered a real 'killer' of humans. HDL cholesterol works in the opposite direction, preventing atherosclerosis, which is why it is called 'good' cholesterol. Banu C. and collaborators (2009, p. 203), state that "currently, in all cardiovascular diseases clinics, total cholesterol levels, HDL-C, LDL-C and VLDL-C seric are indicators showing the degree of risk for cardiovascular disease (Table 1).

Table 1 - Cholesterol levels

Total cholesterol: 0-200 mg/L		
HDL cholesterol	For men:	• Normal > 50 mg/L
		• Moderate risk 35-55 mg/L
	For women	• Increased risk < 65 mg/L
		• Normal > 65 mg/L
LDL cholesterol (both sexes)	• Moderate risk 45-65 mg/L	
	• Increased risk < 45 mg/L	
	• Normal < 130 mg/L	
VLDL cholesterol	• Moderate risk 130 - 159 mg/L	
	• Increased risk > 160 mg/L	
	• 10-30 mg/L	

"Polyunsaturated fats help lower blood cholesterol levels. They cause the liver to produce HDL, which reduces the risk of cardiovascular disease. Eating foods high in fibre, especially soluble fibre, also helps lower cholesterol levels. Soluble fibre binds to cholesterol and gall, preventing its reabsorption by the body and increasing its excretion" (Webster-Gandy J., 2007, p. 43).

Considering the statement of Dr. Azamfirei L. (2007, p. 16), that "the risk of myocardial infarction can be prevented only 8% by treating hypertension, increasing to 30% by treating lipid metabolism disorders", we understand even better the importance of nutrition in the prevention of cardiovascular diseases.

Purpose of the study:

The purpose of this paper is, on the one hand, to identify the theoretical aspects related to risk factors for cardiovascular diseases and, on the other hand, to determine the concepts related to the influence of diet on cholesterol and triglyceride values, blood pressure and obesity - three extremely important risk factors involved in the development of cardiovascular diseases. The aim of the study is also to develop a weekly nutritional programme to help prevent cardiovascular diseases, especially for people with multiple risk factors such as genetic inheritance, age, diabetes, etc., which cannot be controlled.

Material and methods:

The method used in the research was specialty literature review. In this regard, several documents related to the incidence of cardiovascular diseases, risk factors for their settlement, the influence of diet on the maintenance of blood cholesterol, blood pressure and body weight within normal limits were analyzed. Numerous documentaries on the subject were also viewed.

The specialty literature review has shown that a healthy, balanced, rational diet is an essential factor in the prevention of cardiovascular diseases, the incidence of which has risen sharply in recent years. In this article a weekly nutritional programme will be developed for women aged between 31 and 50 who have an increased risk of developing cardiovascular diseases. Subsequently, other nutritional programmes will be developed and experimentally applied to a sample of women aged between 31 and 50 over a period of 6 months, when several parameters will be monitored both at the beginning and at the end of the experiment, such as: total cholesterol

values, HDL cholesterol fraction, LDL cholesterol fraction, triglycerides, blood pressure, body weight, etc. All the data obtained from the experiment will be published later in another article.

Result:

The proper nutrition for people with unmodifiable and modifiable risk factors should provide, according to the body's needs, the required calories, nutrients and food preferences.

To reduce the risk of developing cardiovascular diseases, the following foods are recommended:

- lean veal, poultry, turkey - skinless;
- white fish meat - tuna, hake, cod, salmon, herring, sardines, etc.;
- seafood;
- milk and skimmed dairy products;
- olive oil;
- nuts, almonds;
- vegetables (carrots, potatoes, sweet potatoes, lettuce, cabbage, spinach, lovage, nettles, broccoli, bell peppers, asparagus, tomatoes, courgettes, green beans, peas, soybeans, onions, leeks, garlic, red beets, etc.);
- fruits (avocados, blueberries, strawberries, raspberries, blackberries, currants, cherries, peaches, oranges, apples, pears, bananas, papaya, melon, watermelon, lemons, grapes, cherries, plums, etc.);
- wholegrain cereals (dark bread, rye bread, wholegrain pasta, brown rice, barley, oats, buckwheat, quinoa).

Females aged between 31 and 50 who have a moderately active lifestyle should consume 2000 kcalories per day. Those over 51 years should consume 1800 kcalories per day. Males aged 31-50 with a moderately active lifestyle should consume 2500 kcal per day. Those over 51 years should consume 2300 kcalories per day.

Further, we have developed a Weekly nutritional programme, shown in Table 2, for females aged 31 to 50 with increased risk of developing cardiovascular diseases. The following sources of information were used to create the nutritional program: Niac G., 2004, pp. 206-211; https://doctor.info.ro/valori_nutritionale.html; <https://calorii.oneden.com/> and http://www.spitalgbujor.ro/docs/tabel_alimente.pdf.

Table 2 - Weekly nutritional programme for females aged 31 to 50 with increased risk of cardiovascular diseases

Days of the week	Main meals and snacks	Meal contents	Protein	Carbohydrate	Lipid	Calories
Monday	Breakfast	200 g yoghurt (2% fat)	16 gr	7,6 gr	4 gr	160
		50 g black bread (2 slices)	4,2 gr	24 gr	0,6 gr	120
	Snack 1	25 g almonds	5,25 gr	5 gr	12,65	150
	Lunch	400 g turkey soup	15 gr	20 gr	8 gr	228
		25 g black bread (one slice)	2,1 gr	12 gr	0,3 gr	60
		A portion of baked falafel with hummus	17 gr	52 gr	30 gr	579
		Homemade sweet cheese and raisin pie	7,8 gr	27 gr	7,6 gr	250
	Snack 2	One orange (200gr)	2,5 gr	31 gr	0,6 gr	125
	Dinner	250 g tuna salad with vegetables	11 gr	24 gr	21,4 gr	340
	Total:		80,85	202,6 gr	85,15 gr	2012
Tuesday	Breakfast	Omelette with vegetables	21 gr	4,4 gr	20 gr	294
		50 g black bread (2 slices)	4,2 gr	24 gr	0,6 gr	120
	Snack 1	100 gr blueberries	0,7 gr	14,5 gr	0,3 gr	57
	Lunch	400 g fish soup	11 gr	24 gr	4 gr	186
		Cabbage rolls with turkey meat and polenta	21 gr	39,8 gr	6,7 gr	315
		Fruit tart	5 gr	60 gr	13,5 gr	414
	Snack 2	200 gr semolina pudding with milk	4,5 gr	70 gr	14 gr	426
		100 g lean veal steak	21 gr	0 gr	3,5 gr	138
	Dinner	Green salad with tomatoes and cucumbers	1,3 gr	6,6 gr	14 gr	140
	Total:		89,7 gr	243,3 gr	76,6 gr	2090
Wednesday	Breakfast	Watermelon, kiwi and soy milk smoothie	17 gr	51 gr	1 gr	285
	Snack 1	Homemade sweet cheese and raisin pie	7,8 gr	27 gr	7,6 gr	250
	Lunch	400 g potato soup	5,2 gr	33,6 gr	4 gr	192
		Chicken breast schnitzel in the oven	20,8	13,8 gr	6,4 gr	207
		Simple Greek salad	7 gr	8 gr	13 gr	180
		Egg white cake with apples	8 gr	40 gr	6,6 gr	250
	Snack 2	200 g yoghurt (2% fat)	16 gr	7,6 gr	4 gr	160
	Dinner	Salmon with rice	18 gr	58 gr	10,5 gr	427
	Total:		99,8 gr	239 gr	53,1 gr	1951
	Breakfast	100 g fresh cottage cheese (0.5% fat)	12 gr	4 gr	0,5 gr	77
		50 g Prague ham	7,5 gr	1 gr	8,5 gr	100
		50 g graham bread (2 slices)	5 gr	27 gr	0,5 gr	135
		A cup of tea with lemon and honey	0,1 gr	16,9 gr	0 gr	63
	Snack 1	Tart with marmalade	4,5 gr	64 gr	7,5 gr	347

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Thursday	Lunch	400 g beef soup	14,8 gr	10,4 gr	4,8 gr	152
		Grilled trout	26 gr	0 gr	6 gr	198
		Natural potatoes	4 gr	40 gr	4 gr	204
		Boiled donuts with cheese	11,8 gr	35,8 gr	9,2 gr	297
	Snack 2	A medium banana	1,09 gr	22,84	0,4 gr	105
	Dinner	Green bean soup with turkey meat	15 gr	24 gr	9,5 gr	240
		A cup of peach compote	1 gr	42 gr	0 gr	160
Total:			102,79	287,94	50,9 gr	2078
Friday	Breakfast	200 ml milk (1.5% fat)	6,8 gr	9,8 gr	3 gr	94
		50 g wholegrain cereals	5,5 gr	39 gr	0,7 gr	185
	Snack 1	50 grams digestive biscuits with oats	3,2 gr	30 gr	11 gr	250
	Lunch	Tomato soup	2,4 gr	26,8 gr	2,8 gr	144
		50 g bread croutons	5,5 gr	31,5 gr	7,5 gr	216
		Grilled pork fillet	21 gr	2 gr	6 gr	139
		Mashed sweet potatoes	3,28 gr	30,87 gr	4,46 gr	174
	Snack 2	Greek salad	8,2 gr	8,4 gr	15,6 gr	200
		Cucumber and avocado smothie	9 gr	24,7 gr	13,9 gr	247
	Dinner	Feathers pasta with chicken breast and zucchini	21 gr	45 gr	12,3 gr	390
	Total:			85,88	248,07	77,26 gr
Saturday	Breakfast	2 poached eggs	12,51	0,71 gr	9,47 gr	143
		50 g black bread (2 slices)	4,2 gr	24 gr	0,6 gr	120
		50 gr avocado	1 gr	4,3 gr	7,5 gr	88
		200 ml fresh orange	2 gr	22 gr	2 gr	108
	Snack 1	Homemade apple pie	4 gr	45 gr	9 gr	279
	Lunch	Vegetable soup	4 gr	32 gr	7,2 gr	132
		Rice with chicken meat	8,2 gr	40 gr	16 gr	320
		Green salad with tomatoes and cucumbers	1,3 gr	6,6 gr	14 gr	140
	Snack 2	Tart with marmalade	4,5 gr	64 gr	7,5 gr	347
	Dinner	Broccoli salad with cottage cheese, tuna and corn	39 gr	25 gr	9 gr	360
Total:			80,71	263,61	82,87	2037
Sunday	Breakfast	Prague ham and cheese sandwich	17,4 gr	72 gr	16,8 gr	480
	Snack 1	One orange (200gr)	2,5 gr	31 gr	0,6 gr	125
	Lunch	Bean soup	20,8 gr	84 gr	1,6 gr	328
		Lasagna with turkey meat	23 gr	42,2 gr	33,4 gr	570
	Snack 2	Homemade sweet cheese and raisin pie	7,8 gr	27 gr	7,6 gr	250
	Dinner	Rice with tuna and corn	18 gr	44 gr	5 gr	308
Total:			89,5	300,2	65	2061

Discussion:

In many studies it is mentioned that „it is easier and cheaper to prevent than to treat". This statement is very true. „Prevention of cardiovascular diseases requires a multidisciplinary approach that encompasses all levels of medical assistance, involving all actors in the health system" (Iordănescu A., <https://www.revistagalenus.ro/practica-medicala/strategii-pentru-prevenirea-bolilor-cardiovasculare-in-practica-clinica/>). „Modern medicine can contribute to the health of the population through two types of means: therapeutic - which treats and cures various diseases and prophylactic - which prevents the occurrence of various diseases" (Butnariu M., 2013, p. 65). Preventing serious diseases, such as cardiovascular diseases, increases a lot the life quality of people with several risk factors. Some of these risk factors, unfortunately, cannot be controlled, such as genetic inheritance, age, while others, such as diet, sedentary lifestyle, body weight, smoking and alcohol, can be controlled, if desired, of course. „Irrational eating, which can lead to overweight, dyslipidaemia and diabetes, is one of the most important factors in mortality, whether it be strokes or heart attacks, cancer or cirrhosis of the liver" (Natea C.N., 2008, p. 204).

„In order for people to eat healthily, nutritional education needs to start from an early age. If young children are educated in this regard we will see a healthier, more vigorous population in the future, especially if healthy eating is accompanied by physical exercise in various forms" (Butnariu M., 2012, p. 254). „We Romanians are eating too much of almost everything: too much sugar, too much fat and too much salt" (Deihl H., Ludington A., 2002, p. 25). „People are now eating more foods high in calories, fat, free sugars or salt and not enough fruit, vegetables and dietary fibre such as whole grains."(<https://salus.com.ro/dieta-sanatoasa-in-preventia-apatitiei-bolilor-cardiovasculare/>).

„In the long term, our health relies on keeping ourselves and our bodies in balance so that any stress or inappropriate tension the body is dealing with, can be effectively remedied allowing a return to normal after a short recovery period (Scriver J., 2013, p. 28). „The health status of each individual, often assessed by what is called an optimal nutritional status derives from the balance achieved between nutritional needs and intake. The existence of an optimal state of nutrition promotes the growth and development of the body, maintains health, allows daily activities to be carried out and participates in the protection of the body against various aggressions or diseases" (Graur M., 2006, p. 3). „According to data from the World Health Organization, approximately 130

million Europeans suffer from diseases caused by nutritional factors." (Opopel N., Obreja G., Ciobani A., 2006, p. 167). „People's most precious gift is health. Unfortunately, many people only realise how important it is when they fall ill. Health should be cherished every day and not just when illness occurs. In order to maintain our health as long as possible, it is necessary to pay due attention to the lifestyle we have." (Butnariu M., 2013, p. 191). A sad thing is that many people realize how important health is to their well-being only when they no longer have it. It is essential, for prevention, to have a regular medical check-up through which, for example, elevated cholesterol and triglyceride values could be detected, at which point lifestyle and diet should be changed, using an appropriate nutritional program through which the values of these parameters could be reduced. If it is detected late, then changing an unhealthy diet to a healthy, balanced, rational one is no longer sufficient, but must also be accompanied by medication.

Conclusions:

Primary prevention refers to the behaviour that everyone should adopt to minimise the risk of developing cardiovascular diseases. People with risk of heart diseases should have a healthy lifestyle that includes eating well, not smoking or drinking alcohol, getting enough sleep, exercising regularly, avoiding stress and doing relaxing activities in their free time.

A cardiovascular healthy diet should follow certain rules: contain no more than 5 grams of salt per day; include fish at least twice a week; contain 200 grams of fruits and 200 grams of vegetables per day; include fresh cheeses such as curd, urda, low-fat cottage cheese; include 30-40 grams of fibre from whole grains, fruits and vegetables. Reduce the amount of foods containing saturated fats (fatty meats, lard, butter, cream, cold cuts, canned meat, fast food, pastries, palm oil and coconut oil, etc.); do not consume excess eggs and sweets, foods and drinks containing caffeine, carbonated drinks with sugar, etc.

Replacing foods high in saturated fat with foods high in monounsaturated and polyunsaturated fats, such as avocado, olive oil, rapeseed oil, walnuts, almonds, cashews, pistachios, peanuts, sunflower seeds, seafood, tuna, mackerel, sardines, herring, broccoli, etc.

People with increased risk of cardiovascular diseases should also severely limit consumption of foods containing trans fats, i.e. hydrogenated and partially hydrogenated fats found in margarine, chips, semi-prepared products, fried potatoes, fried cheese, frozen pizza, microwave popcorn, biscuits, cakes, cookies, donuts. Over time, these will lead to increased bad cholesterol - LDL and triglycerides and lower levels of good cholesterol (HDL). Increased attention should also be given to the way food is cooked, which should not be fried but boiled, steamed, fried or baked.

Prevention of cardiovascular diseases can be achieved through a healthy lifestyle, eliminating as far as possible modifiable risk factors (diet, sedentary lifestyle, smoking, alcohol consumption, prolonged fatigue, stress, etc.), but also through regular medical check-ups, including blood pressure, cholesterol, triglycerides and blood sugar.

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