New Dietary Guidelines: Changes, Research & Clinical Applications for Cardiovascular Health

Objectives

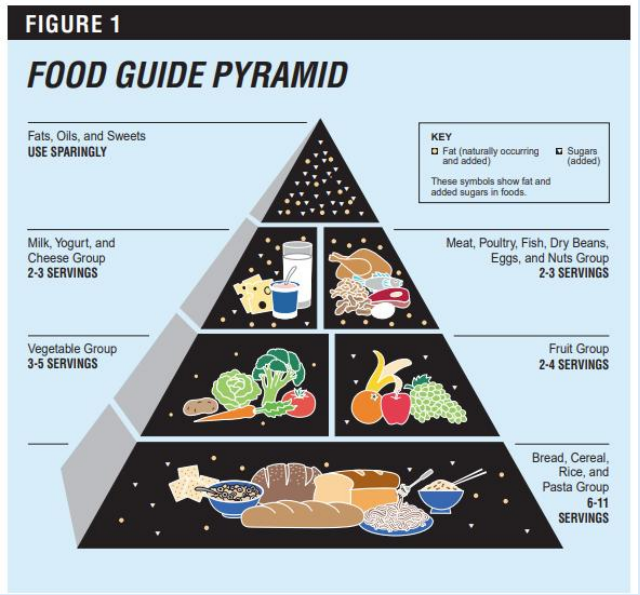
- Be able to identify changes between 2020 and 2025 dietary guidelines
- Evaluate the scientific evidence behind these recommendations
- Review current nutrition "trends" as they relate to the 2025 dietary guidelines
- Identify key recommendations for patients with cardiovascular disease or risk of cardiovascular disease

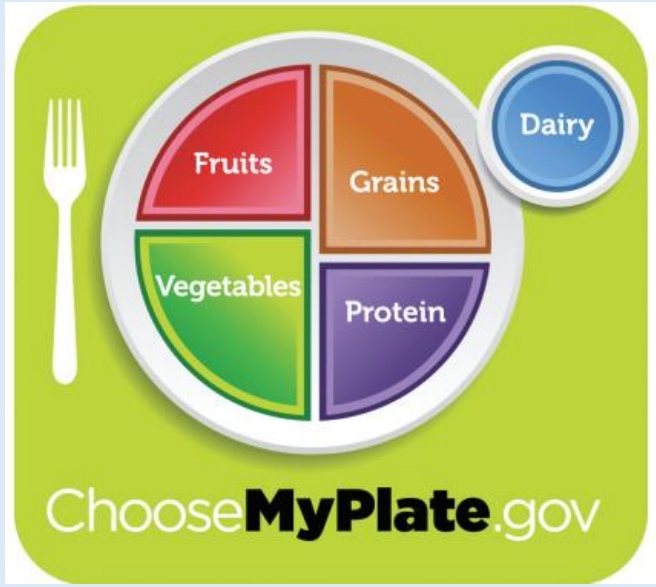
Disclosures:

- None

History of the Dietary Guidelines

- 1980: First official dietary guidelines
- 1992: Introduction of the Food Pyramid
- 2011: Introduction of MyPlate
- 2026: Inverted Food Pyramid





2025 Dietary Guidelines

What stayed the same?

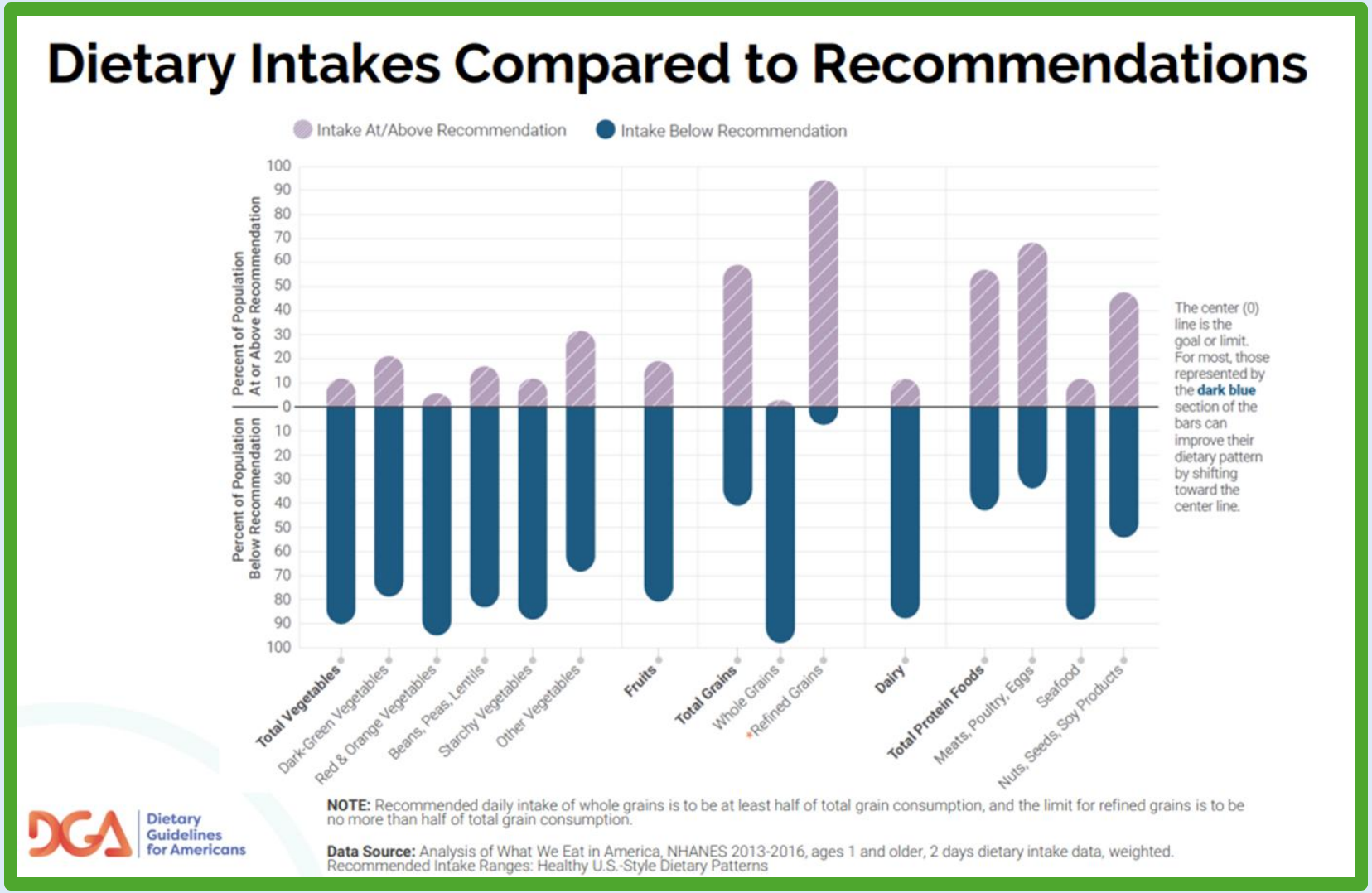
- Emphasis on adequate fruits and vegetables
- Emphasis on fiber-rich whole grains
- Eat a variety of protein sources from plants or animals
- Saturated Fat recommendation
- Sodium recommendation

2025 Dietary Guidelines

What changed?

- “Real Food” messaging
  - Highly processed foods mentioned
- Protein Recommendations
- Messaging around fats
- Decrease in added sugar recommendation
- Alcohol limits removed

Vegetables & Fruits



- Recommendation is unchanged:
  - 3 cups of vegetables, 2 cups fruit for adults
- 10% of Americans get their recommended intake of vegetables, 12% for fruit

Vegetables & Fruits – Practical implications

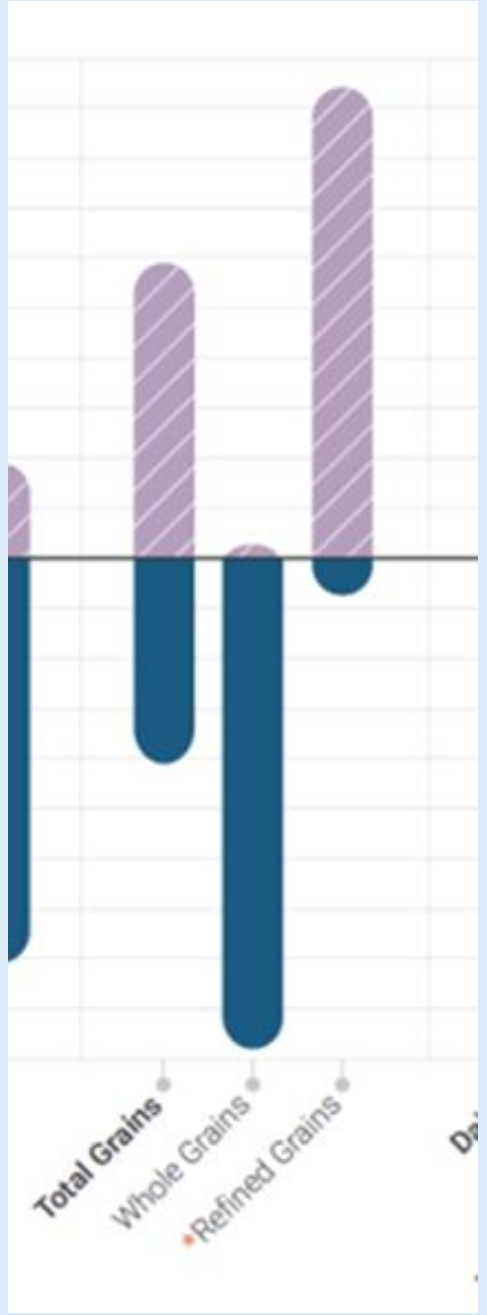
- Goal of perfection muddies the waters on getting enough produce
- Frozen and no-salt-added or no-sugar-added canned options are nutritionally dense and last longer than fresh
- Misinformation about organic vs conventional can discourage patients

Fiber-Rich Whole Grains

- 98% of Americans fall below the recommendation for whole grains

Focus on Whole Grains

+ Prioritize fiber-rich whole grains.
+ Significantly reduce the consumption of highly processed, refined carbohydrates, such as white bread, ready-to-eat or packaged breakfast options, flour tortillas, and crackers.
+ Whole grains serving goals: 2–4 servings per day, adjusting as needed based on your individual caloric requirements.

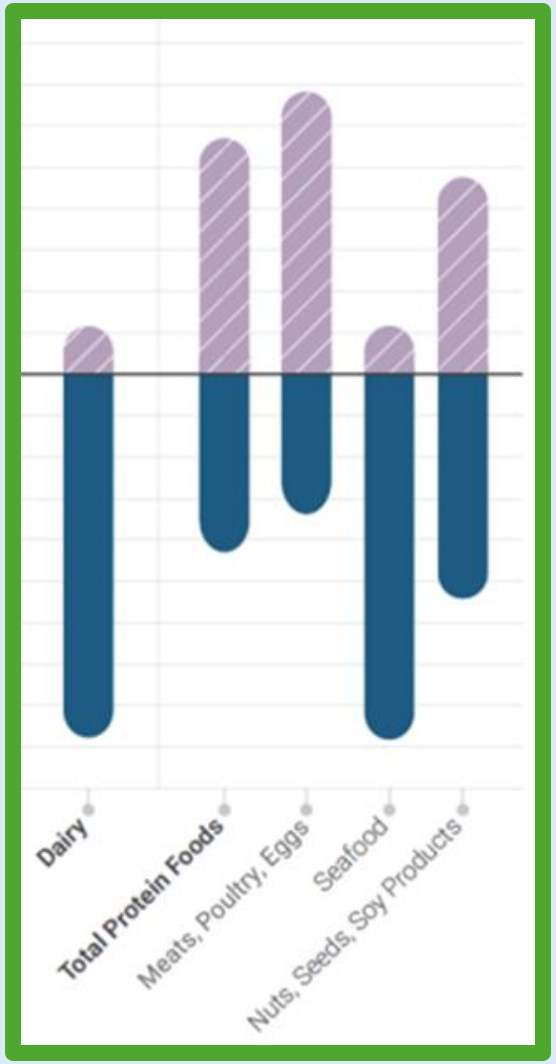


Fiber-Rich Whole Grains – Practical Implications

- Encourage choosing whole grains whenever possible
  - Whole Wheat Bread
  - Whole Grain Bread
  - Brown Rice/Wild Rice
  - Quinoa
  - Rye
  - Millet
- Whole Grain Council Stamp

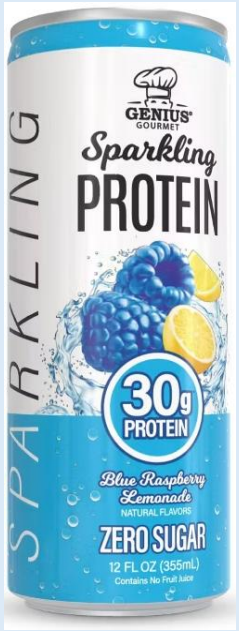
Protein

- Protein guideline change:
  - 2020: 0.8g/kg body weight
    - 200lb person = 73g/day
  - 2025: 1.2-1.6g/kg body weight
    - 200lb person = 109-145g/day
- Average American consumes 1.0g/kg currently
  - Food insecurity, elderly status, adolescent girls are more likely to be deficient



Protein – Practical Implications

- Patients to consider:
  - Elderly patients
    - More likely to be deficient in protein
    - Decreased appetite, food insecurity
  - GLP-1 users
    - Protein needs are likely higher, research ongoing
    - Recommendations range from 1.2g/kg-2.0g/kg
  - Kidney disease
    - May need lower protein
- Lean proteins should be emphasized – both from plant and animal sources



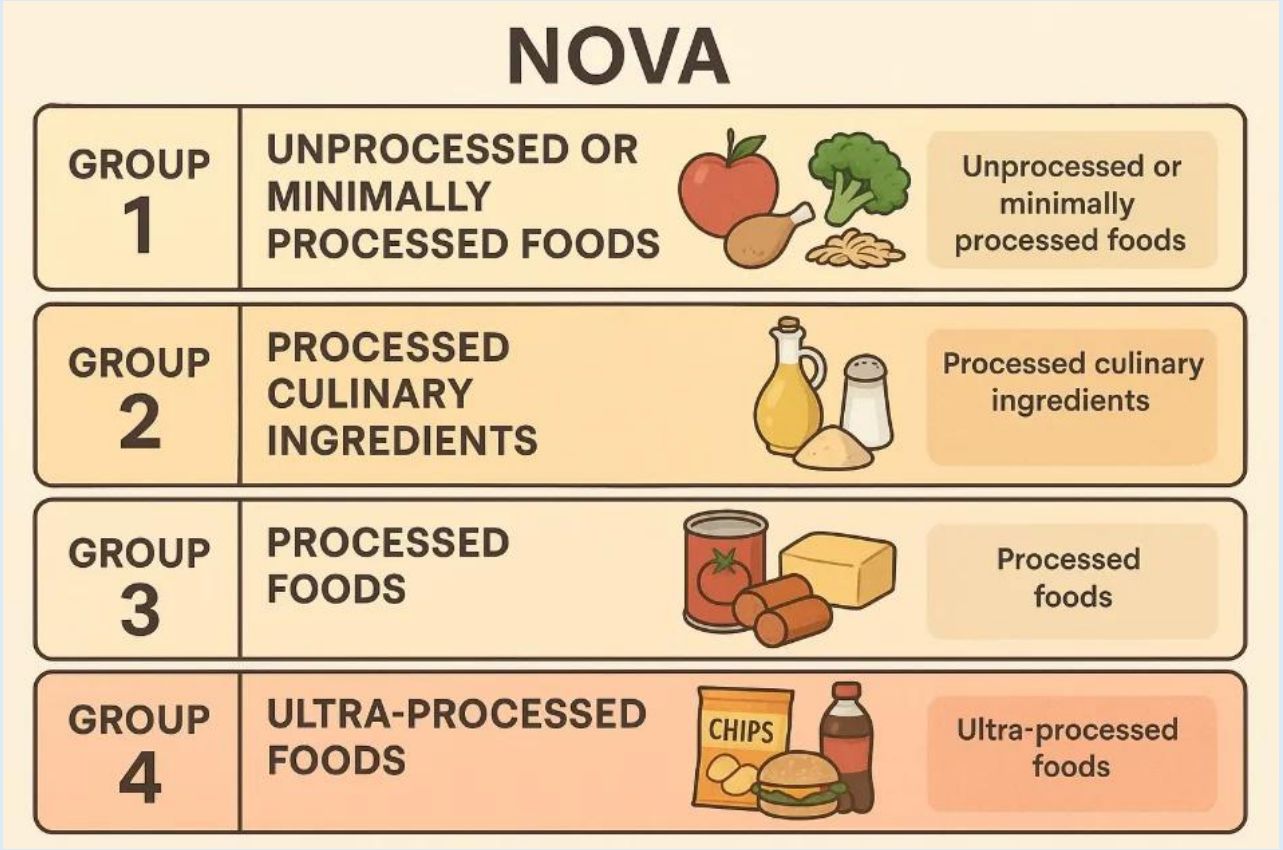
New Recommendation: Highly Processed Foods

- 2020 Guidelines: "limit foods with added sugars, added sodium, and added saturated fats"
- There is no “easy” definition of highly processed
- 55% of the average American’s calorie consumption comes from ultra-processed foods (as defined by the NOVA Classification)

- Avoid highly processed packaged, prepared, ready-to-eat, or other foods that are salty or sweet, such as chips, cookies, and candy that have added sugars and sodium (salt). Instead, prioritize nutrient-dense foods and home-prepared meals. When dining out, choose nutrient-dense options.
- Limit foods and beverages that include artificial flavors, petroleum-based dyes, artificial preservatives, and low-calorie non-nutritive sweeteners.
- Avoid sugar-sweetened beverages, such as sodas, fruit drinks, and energy drinks.

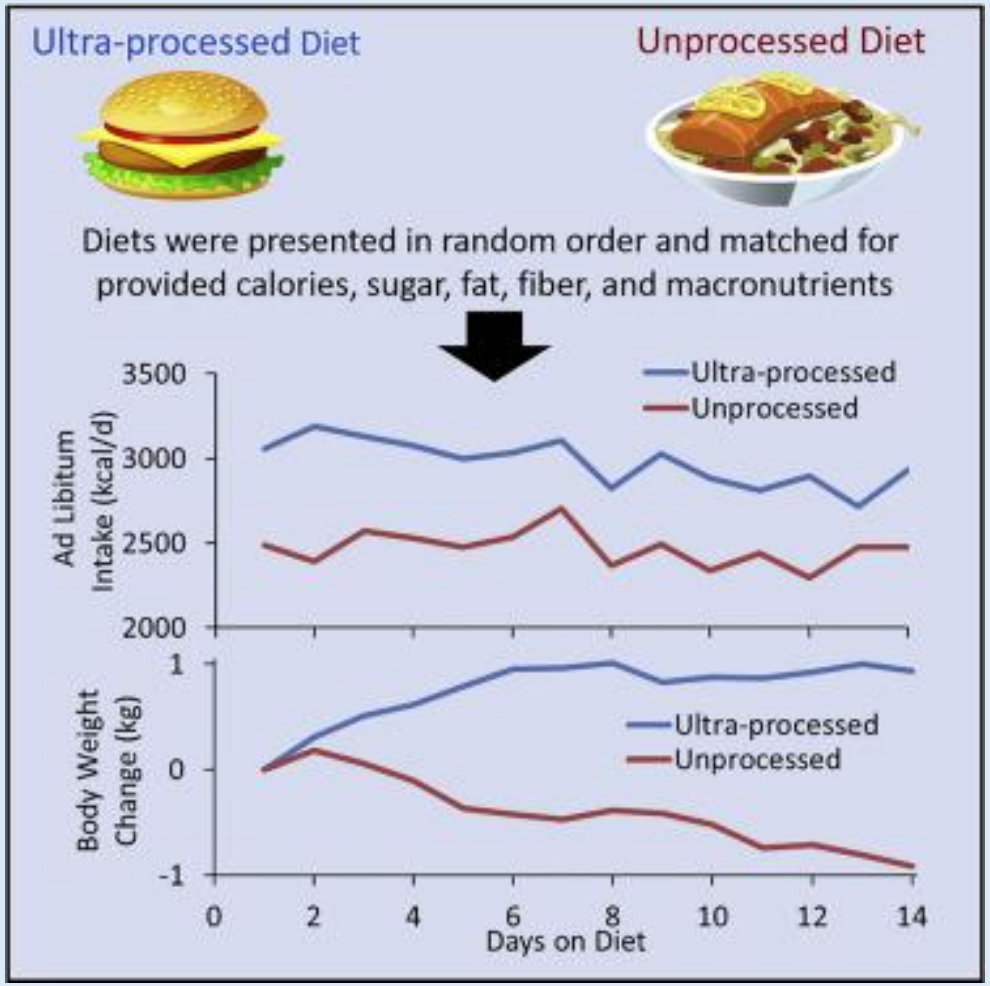
Highly Processed Foods

- Ultra-processed is defined by NOVA Classification from Brazil
  - Critics point out that many foods that are considered ultra-processed are healthy options like whole grain bread or low-fat Greek yogurt
- Most studies and statistics you see about ultra-processed foods are using this definition



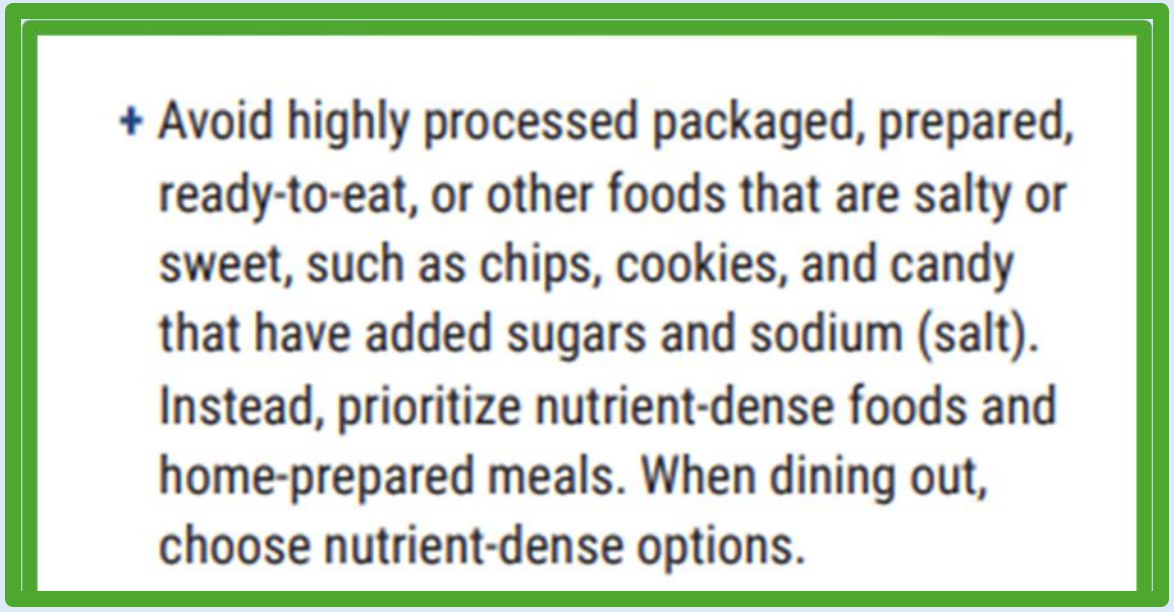
Ultra-Processed – The Science

- Study participants were randomized to ultra-processed or whole foods in a metabolic ward study, instructed to eat “ad libitum”
  - Meals were matched for nutritional markers like calories, fat, protein
- Participants on the ultra-processed diet ate an average of 500 more calories per day than the whole food group
- Why?
  - Satiety? Food volume?
  - More research is being done

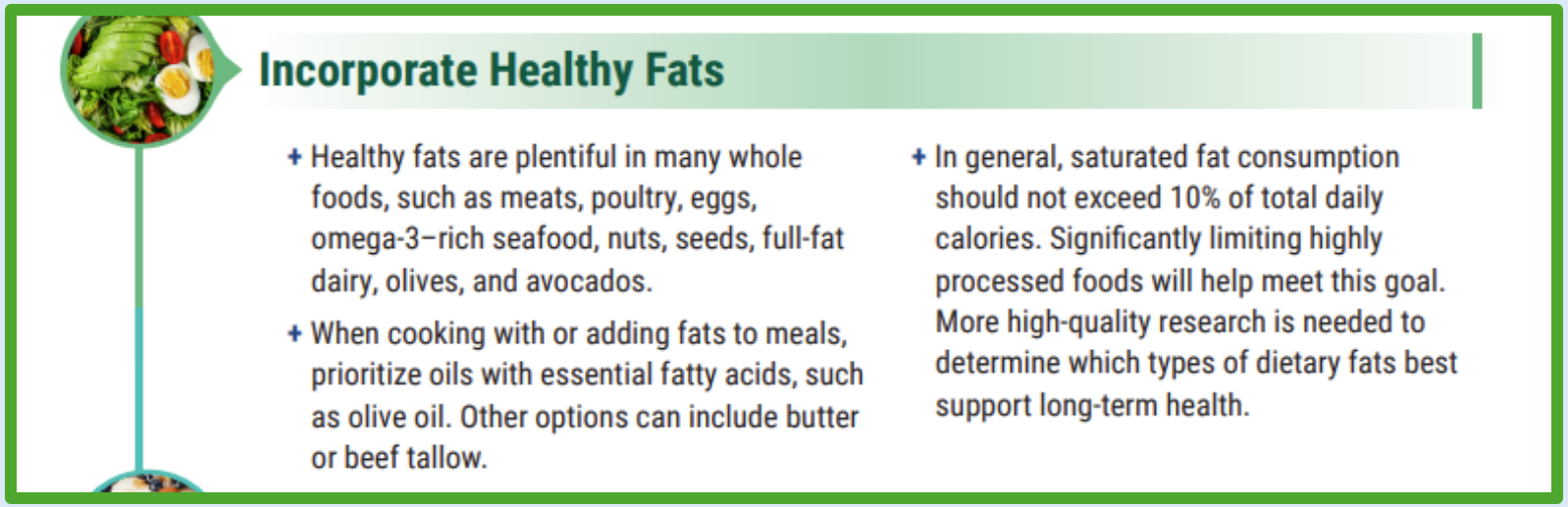


Highly Processed – Practical Implications

- We don’t have a definition provided in the guidelines currently, NOVA classification is our best current tool (ultra-processed)
- The terminology from the dietary guidelines can be helpful to use with patients
- Encourage looking at added sugars, sodium and saturated fats on nutrition facts label



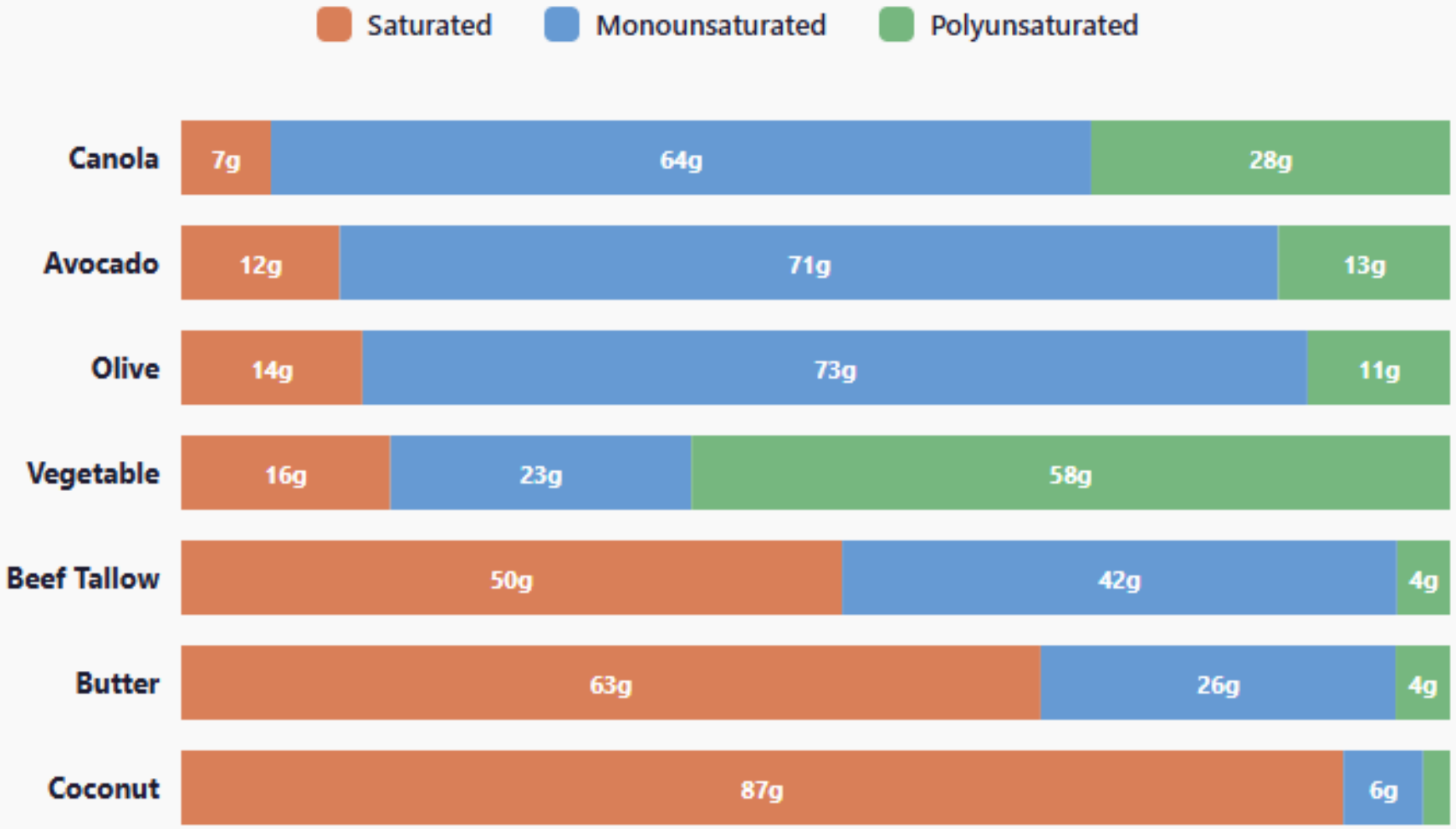
Fats:



- Saturated Fat guidelines are unchanged - less than 10% of total calories
  - In line with American Heart Association, World Health Organization
  - Saturated fats – inhibit blood clearance and increase liver production of LDL cholesterol
- Incorporate Healthy Fats
  - Emphasized essential fatty acids (EFAs)
    - omega-3 and omega-6
  - "Other options include butter and beef tallow"
    - High in saturated fats, neither are good sources of EFAs

Fat Composition of Common Cooking Oils & Fats

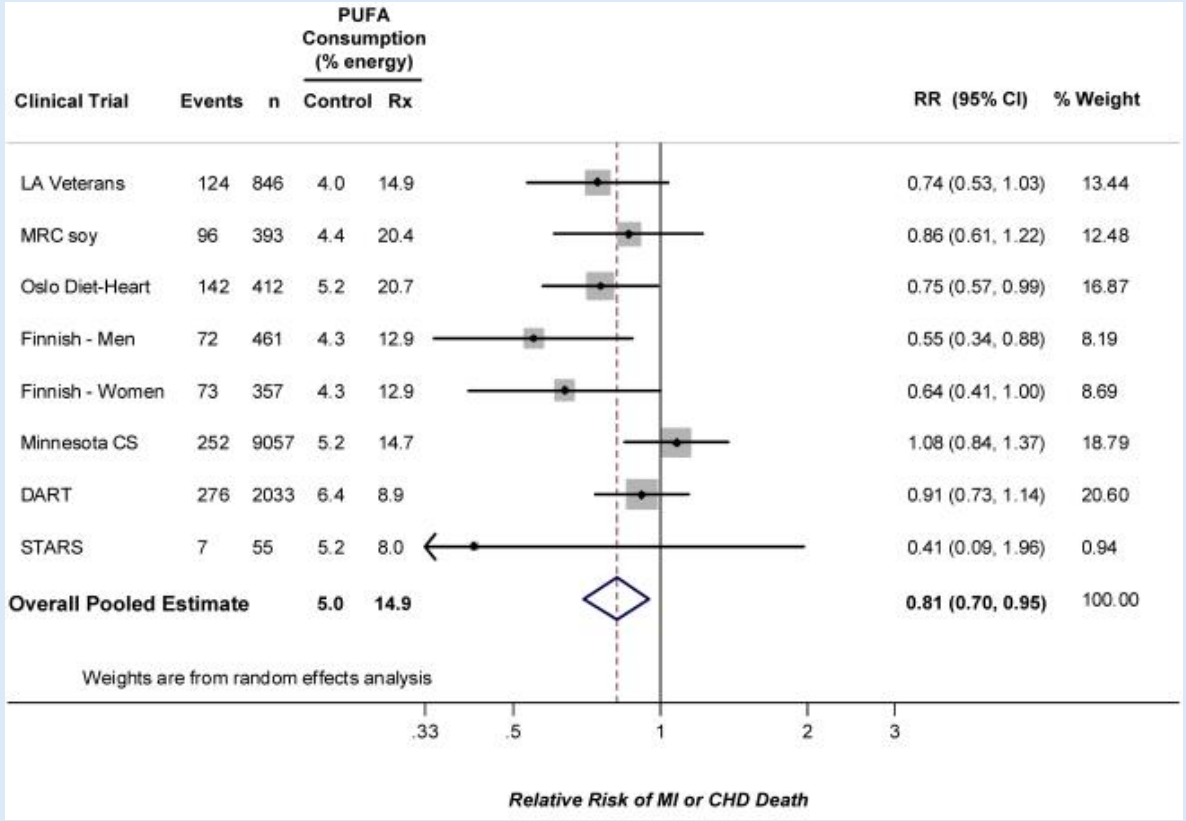
Proportion of saturated, monounsaturated, and polyunsaturated fat



Sources: USDA FoodData Central, American Heart Association. Values are approximate.

Fats: Seed Oils

- Oils extracted from seeds
  - Often high in Polyunsaturated fatty acids (PUFAs)
- Trend: Seed oils are "bad" due to:
  - Inflammation
    - Truth: intake of PUFAs associated with lower inflammatory markers or neutral inflammatory markers
  - Increased risk of heart disease
    - Truth: RCTs replacing saturated fat with polyunsaturated fats showed reduction in risk of MI and CHD Death
- Vegetable oils are commonly seen in ultra-processed foods and increase calorie density, which can lead to overeating and less satiety overall



Fats – practical implications

- Saturated fats kept at <10% of total calories
  - 2000kcal/day = 21g
- Biggest sources in American diet:
  - High fat dairy, specifically cheese
  - Butter/beef tallow/lard for cooking
  - Processed meats (sausage, hot dogs)
  - Ultra-processed foods
- Seed oils do not increase risk of inflammation/CVD
  - Encourage cooking with unsaturated fats (“liquid at room temperature”)
  - Note: patients feel strongly about seed oils

Added Sugars

- 2020 guidelines: limit of 10% of total calories from added sugars
  - For 2000kcal = 50g
- 2025 guidelines: goal is zero added sugars, but limit is 10g per meal, 5g per snack
  - Note: 3 meals and 2 snacks = 40g
- Average American consumes 68g sugar per day
- Biggest concern: added sugars leave a gap in diet for missing items

Added Sugars – practical implications

- Added sugars are often added for taste and texture, and in most “ultra-processed foods”
- Fully eliminating added sugars is a huge challenge for most patients and can be discouraging
- Limiting added sugars should be recommended, can be found on nutrition label
  - 1 packet of sugar = 4g

Nutrition Facts

8 servings per container

Serving size **2/3 cup (55g)**

Amount per serving

Calories **230**

	% Daily Value*
Total Fat 8g	**10%**
Saturated Fat 1g	**5%**
Trans Fat 0g	
Cholesterol 0mg	**0%**
Sodium 160mg	**7%**
Total Carbohydrate 37g	**13%**
Dietary Fiber 4g	**14%**
Total Sugars 12g	
Includes 10g Added Sugars	**20%**
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 240mg	6%

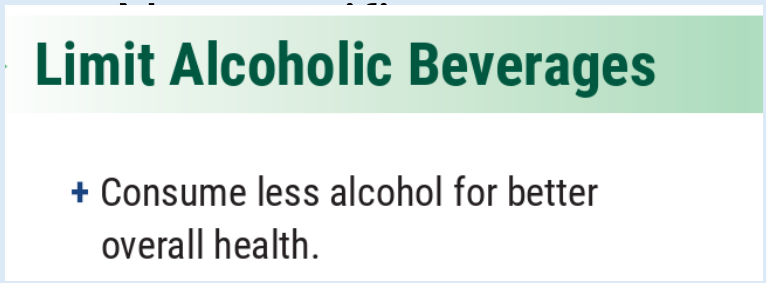
* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

(For educational purposes only. These labels do not meet the labeling requirements described in 21 CFR 101.9.)

Alcohol + Sodium

Alcohol

- 2020 Guideline:
  - No more than 2 drinks per day for men, 1 drink per day for women
- 2025 Guideline:



Sodium

- 2300mg/day
  - Remains unchanged
- Note: Individuals with hypertension or prehypertension should aim for 1500mg/day
- Average American intake: 3500mg/day
- Main culprit: ultra-processed foods and restaurant meals

Conclusions

- Nutrition science has evolved, but the core principles remain
- Patients are getting a lot of messaging on protein, seed oils, and ultra-processed foods from social media, evidence-based nutrition is more important than ever
- Patients don't need to follow a perfect diet to make meaningful changes to their heart health – perfection is the enemy of progress!

References:

Arslan, S. (2026). Medical nutrition in the glucagon-like peptide-1 (GLP-1) era: Protein strategies, micronutrient monitoring, and lean mass preservation. *Clinical Nutrition ESPEN, 73*, 103305. https://doi.org/10.1016/j.clnesp.2026.103305

Centers for Disease Control and Prevention. (2026). *About sodium and health*. U.S. Department of Health and Human Services. https://www.cdc.gov/salt/about/index.html

Hall, K. D., Ayuketah, A., Brychta, R., Cai, H., Cassimatis, T., Chen, K. Y., Chung, S. T., Costa, E., Courville, A., Darcey, V., Fletcher, L. A., Forde, C. G., Gharib, A. M., Guo, J., Howard, R., Joseph, P. V., McGehee, S., Ouwerkerk, R., Raisinger, K., Rozga, I., Stagliano, M., Walter, M., Walter, P. J., Yang, S., & Zhou, M. (2019). Ultra-processed diets cause excess calorie intake and weight gain: An inpatient randomized controlled trial of ad libitum food intake. *Cell Metabolism, 30*(1), 67–77.e3. https://doi.org/10.1016/j.cmet.2019.05.008

Harris, W. S., Mozaffarian, D., Rimm, E., Kris-Etherton, P., Rudel, L. L., Appel, L. J., Engler, M. M., Engler, M. B., & Sacks, F. (2009). Omega-6 fatty acids and risk for cardiovascular disease: A science advisory from the American Heart Association Nutrition Subcommittee of the Council on Nutrition, Physical Activity, and Metabolism; Council on Cardiovascular Nursing; and Council on Epidemiology and Prevention. *Circulation, 119*(6), 902–907. https://doi.org/10.1161/CIRCULATIONAHA.108.191627

Johns Hopkins Bloomberg School of Public Health. (2026, March 2). *America's protein obsession, explained*. https://publichealth.jhu.edu/2026/americas-protein-obsession-explained

Lee, S. H., Moore, L. V., Park, S., Harris, D. M., & Blanck, H. M. (2022). Adults meeting fruit and vegetable intake recommendations — United States, 2019. *Morbidity and Mortality Weekly Report, 71*(1), 1–9. https://doi.org/10.15585/mmwr.mm7101a1

Make America Healthy Again. (2025). *Dietary guidelines for Americans, 2025–2030*. https://cdn.realfood.gov/DGA.pdf

Mozaffarian, D., Agarwal, M., Aggarwal, M., Alexander, L., Apovian, C. M., Bindlish, S., Bonnet, J., Butsch, W. S., Christensen, S., Gianos, E., Gulati, M., Gupta, A., Horn, D., Kane, R. M., Saluja, J., Sannidhi, D., Stanford, F. C., & Callahan, E. A. (2025). Nutritional priorities to support GLP-1 therapy for obesity: A joint advisory from the American College of Lifestyle Medicine, the American Society for Nutrition, the Obesity Medicine Association, and The Obesity Society. *The American Journal of Clinical Nutrition, 122*, 344–367. https://ajcn.nutrition.org

U.S. Department of Agriculture & U.S. Department of Health and Human Services. (2020). *Dietary guidelines for Americans, 2020–2025* (9th ed.). https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf

WINS Solutions. (2026, February 3). *NOVA food classification guide*. https://www.winssolutions.org/nova-food-classification-guide/

Gunn, J. P., Barron, J. L., Bowman, B. A., Merritt, R. K., Cogswell, M. E., Angell, S. Y., Bauer, U. E., & Frieden, T. R. (2013). Sodium reduction is a public health priority: reflections on the Institute of Medicine's report, sodium intake in populations: assessment of evidence. *American journal of hypertension*, *26*(10), 1178–1180. https://doi.org/10.1093/ajh/hpt143