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## **Starting the Conversation: Dietary Supplements and Cardiovascular Disease**

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More than half of U.S. adults take dietary supplements for perceived health benefits, including for cardiovascular conditions. Many patients believe supplements are safer than standard



medicines and may not be aware of the need to report usage to their health care providers. Communicating with patients about supplements they are taking is important, especially for those with cardiovascular disease.

Patients with hypertension or hyperlipidemia have reported taking garlic, red yeast rice, or fish oil; and those with type 2 diabetes have reported taking magnesium, cinnamon, or biotin (which is known to interfere with many cardiovascular, tumor, and hormone assays).2 These supplements have not been proven beneficial; their safety is unknown or they can interact with prescription drugs.3 Thousands of patients are seen in emergency departments each year as a result of supplement use.4

For more information access Cardi-OH's expanded resource on dietary supplements.

## **Tips for Patient Interviews**

- 1. Ask the patient which supplements they take (if any) and document them on the medication list.
- 2. Use motivational interviewing techniques. such as open-ended questions, affirmations, reflections, and summaries to help patients identify and understand their reasons for using supplements.
- 3. Use Ask-Tell-Ask to inform the patient that supplements have not been proven to be beneficial in the absence of a nutritional deficiency, and request their input.3

## Resources

- National Institutes of Health Dietary **Supplement Fact Sheets** ods.od.nih.gov/factsheets/list-all/
- U.S. Food and Drug Administration **Information for Consumers on Using Dietary Supplements** 
  - fda.gov/food/dietary-supplements/ information-consumers-using-dietarysupplements
- U.S. Food and Drug Administration **Questions and Answers on Dietary Supplements**

fda.gov/food/information-consumersusing-dietary-supplements/questions-andanswers-dietary-supplements

## References

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