

# The Effects of Dietary Fat Intake on the Composition and Function of HDL in Relation to Cardiovascular Health

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Class: Issues in Nutrition and Health, NTR 338W

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# Outline

- Introduction: History of the Diet-Heart Hypothesis and Dietary Guidelines, the Mediterranean Diet, meet the characters and the games they play
- Hypothesis: What is the main question being asked?
- Methods: How did I research this topic?
- Results: What did the research tell us?
- Discussion: What is the main storyline?
- Conclusions: What does the data suggest?
- Future Research: Which experiments to conduct next?

# Introduction – How we got here!

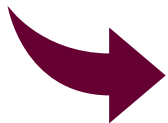
- Ancel Keys – Seven Countries Study: tracked diet and disease-specific risk
- Diet-Heart Hypothesis – Dietary saturated fat, cholesterol and heart disease
- US Dietary Guidelines – Limit all fats, especially saturated fat and cholesterol
- Mediterranean Diet – predominant fat oleic acid, monounsaturated from EVOO
- Dietary fat choices – affect the composition and functionality of HDL
- Composition of the diet – pro or antioxidant environment

# The Mediterranean Diet

Mediterranean  
Food Pyramid



Eat more of the base:  
fruits, vegetables, nuts,  
seeds, EVOO, fish.



Eat less of the apex:  
whole grains, poultry, red  
meat, eggs, and dairy.

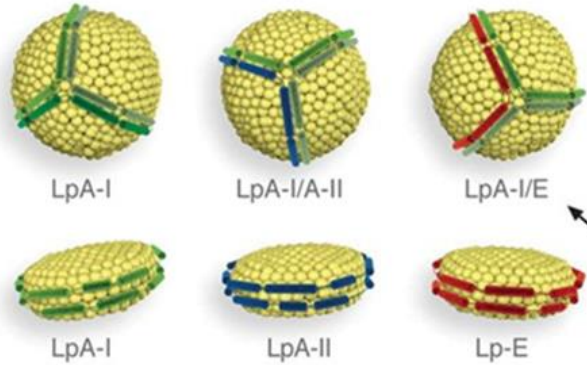


# Introduction – Meet the players

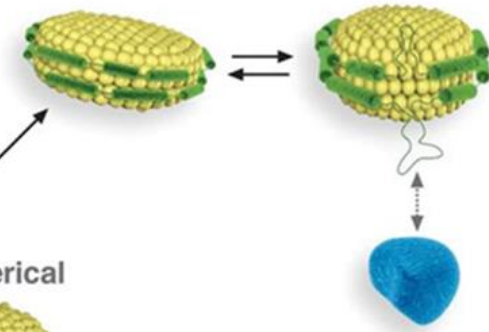
- Functions of lipoproteins and related enzymes:
  - HDL, MPO, PON1, *N*-Hcy
  - forward cholesterol transport (FCT) - dominated by LDL
  - reverse cholesterol transport (RCT) - dominated by HDL
  - cholesterol efflux capacity (CEC) - function of HDL
  - endothelial cell (EC) repair – impacted by HDL, MPO, PON1, *N*-Hcy

# HDL – Dynamic Model

**A** Several exchangeable apolipoproteins  
ApoA-I (70%), ApoA-II (15-20%), ApoE a.o. < 10%



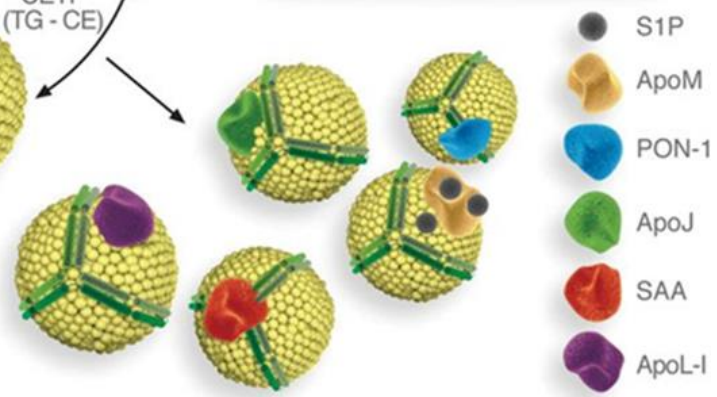
**B** Conformational plasticity of apolipoproteins expose or hide important regions/domains



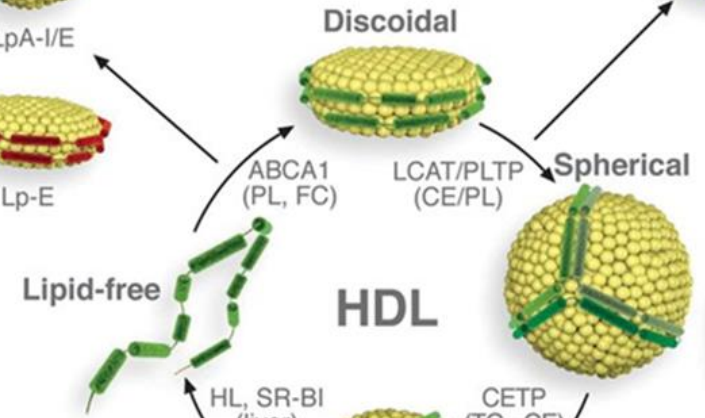
**D** Complex lipid composition: structural and functional relevance



**C** > 80 proteins (PON1, ApoM, SAA) associated in different particles



- S1P
- ApoM
- PON-1
- ApoJ
- SAA
- ApoL-I

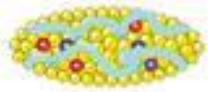


This is a dynamic system with exchangeable apolipoproteins and contents impacting the tertiary structure of HDL and its function.

# HDL Composition

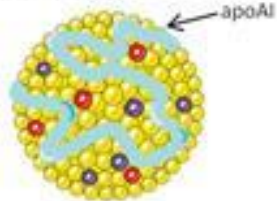
## HDL particle heterogeneity

### Discoid (nascent)

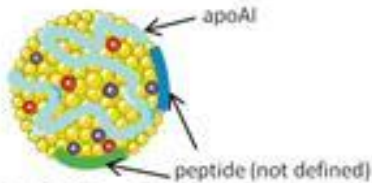


Pre- $\beta$ -1

### Spherical



HDL2 (2a, 2b)  
protein:lipid ratio 40:60  
100Å and 350kDa



HDL3 (3a, 3b, 3c)  
protein:lipid ratio 55:45  
75Å and 175kDa

### HDL particle composition

#### Apolipoproteins :

AI, AII, CI, CII, CIII, D, E, F, H, J, L, M

#### Enzymes :

PON1, PON3, LCAT, PLA2, PAF-AH

#### Other :

CETP, PLTP, HRP, SAA

#### Associated lipids

PL, TG, steroids, SL, FA, S1P

HDL is constantly changing.  
Diet and the oxidative environment are two drivers of HDL composition and function

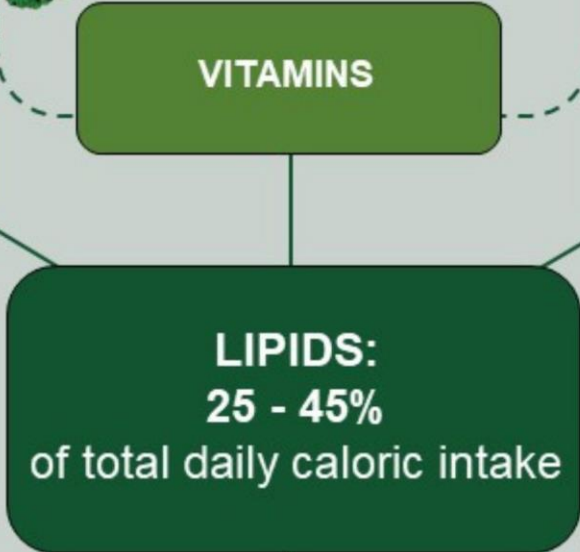
# Questions being asked

- Are HDL-C and LDL-C the primary drivers in CVD?
- Does HDL composition relate to its function?
- Does the oxidative environment play a pivotal role in HDL composition?
- How does HDL functionality affect RCT, CEC, and EC repair?
- Can CVR and CVD be prevented or reversed?



# Hypothesis

Does fat consumption affect the composition of HDL altering its function and ability to perform RCT, CEC, and EC repair impacting CVR?



**SATURATED FATTY ACIDS**

**MCFA**  
6-12:0

**LCFA**  
14-18:0

**SCFA**  
2-4:0

**MONOUNSATURATED FATTY ACIDS**

18:1n-9c, 18:1n-7c,  
16:1n-7c

18:1n-9c, 18:1n-7c,  
16:1n-7c

**VITAMINS**

A, D, E

**STEROLS**

**Zoosterols**  
Cholesterol

**Phytosterols**  
Sterols, stanols

**ω-6**  
18:2, 18:3,  
20:3, 20:4

**ω-3**  
18:3, 18:4,  
20:5, 22:5, 22:6

**TRANS FATTY ACIDS**

t9-18:1, t9-t11 CLA,  
c9 t11 CLA, t9 t12 18:2

**POLYUNSATURATED FATTY ACIDS**

**MONOUNSATURATED FATTY ACIDS**

# Methods

- Paper selection
  - Inclusion criteria:
    - English language papers
    - Published within the last 5 years
    - Used PubMed database
    - Used specific keywords for each section
  - Exclusion criteria:
    - Non-English language papers
    - Published before 2016
    - Review papers

# Methods

Study	Type	Title	Sample Size	M/F Age range Condition	Country
Guasch-Ferre et al.	Observational prospective cohort	Olive Oil intake and risk of cardiovascular disease and mortality in the PREDIMED study	N = 7216	Men, women at high CVR, 55-80 years old	Spain
Hernaez et al.	Two cross-sectional baseline samples from PREDIMED	Role of HDL function and LDL atherogenicity on cardiovascular risk: A comprehensive examination	N = 296	Men, women, HTN, diabetes, dyslipidemia, obese. Treated, untreated 35-74 years old	Spain
Otrante et al.	Quasi-experimental before and after design.	Extra Virgin Olive Oil prevents the age-related shifts of the distribution of HDL subclasses and improves their functionality	N = 84	Men, women, healthy, 27-67 years old	Canada
Girona et al.	Cross-sectional study	HDL triglyceridies: A new marker of metabolic and cardiovascular risk	N = 502	Men, women metabolic alteration, untreated, median age 61	Spain
Kameda et al.	In vitro wound healing assays	Effect of myeloperoxidase oxidation and N-homocysteinylation of high-density lipoprotein on endothelial repair function	N = 7	No gender or age data, varying levels of troponin I	Japan
Variji et al.	Cross-sectional study	The combined utility of myeloperoxidase (MPO) and paraoxonase (PON1) as two important HDL-associated enzymes in coronary artery disease: Which has a stronger predicative role?	N = 174	Men, women, CAD mean age 57.6 years old, non-CAD mean age 52 years old	Iran

# Results

Guasch-Ferre et al.	
OO in highest tertile (mean 56.9g/d) decreased CVR	35% (HR; 0.65; 95% CI; 0.47 to 0.89)
EVOO in highest tertile (mean 56.9g/d) decreased CVR	39% (HR: 0.61; 95% CI; 0.44 to 0.85)
Each 10g/d EVOO consumed	Reduced CVD 10%, reduced CV mortality 7%
Highest tertile total OO at baseline	34% lower risk of major CV event

Hernaiz et al.	
High CVR risk score group	low CEC, high HDL oxidation, high TG rich HDL core (P trend <0.05, all)
High CVR risk score group	low values of HDL2/HDL3 ratio (smaller HDL size) (P = 0.002)

# Results

Otrante et al.	
Older age group (mean age: 70.72 ± 5.6 years) vs younger age group, (mean age: 31.81 ± 6.79 years)	lower levels of CEC at 11.12% (p<0.001)
After 12 weeks 25ml/d EVOO CEC	older age group increased approximately 8% (p< 0.02)
After 12 weeks 25ml/d EVOO CEC	significantly improved for all participants by 7.12% (p< 0.03)
Older age group, after 12 weeks 25 ml/d EVOO CEC	significantly lower (6.91%, p< 0.03) than younger age group
CEC significantly and negatively associated with age	(r = -0.28 and p< 0.003)
Correlation disappeared after 12 weeks 25 ml/d EVOO	(r = -0.012 and p< 0.24)
Positive correlation between CEC and L-HDL levels	(r = 0.35, p<0.001)
Inverse correlation between CEC and S-HDL levels	(r = -0.27, p<0.01)

# Results

Girona et al.	
HDL-TG positively correlated with total TG	(r = 0.652, p<0.0001)
HDL-TG positively correlated with CETP	(r = 0.264, p<0.001)
HDL-TG negatively correlated with HDL-C	(r = -0.135, p<0.002)
CETP negatively correlated with HDL-C	(r = -0.110, p<0.022)
Patients with carotid plaques (32.8%) higher HDL-TG negatively correlated with HDL-C	(p<0.05) (p=0.05)

# Results

Kameda et al.	
Normal HDL increased EC migration	123.4 ± 15.4% relative to control (p = 0.007)
MPO-oxidized HDL did not significantly alter EC migration	97.8 ± 17.5%, relative to control (p = 0.003)
MPO alone, EC migration	was unaffected
MPO-oxidized HDL decreased migration	78.9 ± 12.3% of normal HDL (p <0.05)
N-Hcy HDL significantly increased EC migration	at 1 and 10 nM relative to control by 144.8 ± 38.8% and 129.1 ± 25.5%, respectively (p <0.05)
HDL induced EC migration	162.0 ± 76.9% of the control value (p <0.05)
Patient HDL increased migration vs. healthy subjects	103.1 ± 12.1% of the control value (p = 0.052)
HDL from healthy subjects increased EC migration	120.9 ± 9.6% of the control value (p <0.05)



# Results

Variji et al.	
PON1 activity was significantly lower in CAD patients	(p = 0.007)
CAD patients had a significantly higher MPO/PON1 ratio than non-CAD subjects	(p = 0.02)
Predictive values: PON1 and MPO/PON1 are better at detecting CAD patients than MPO alone	(AUC = 61%, p = 0.003) (AUC = 60%, p = 0.01) (AUC = 50%, p = 0.42)

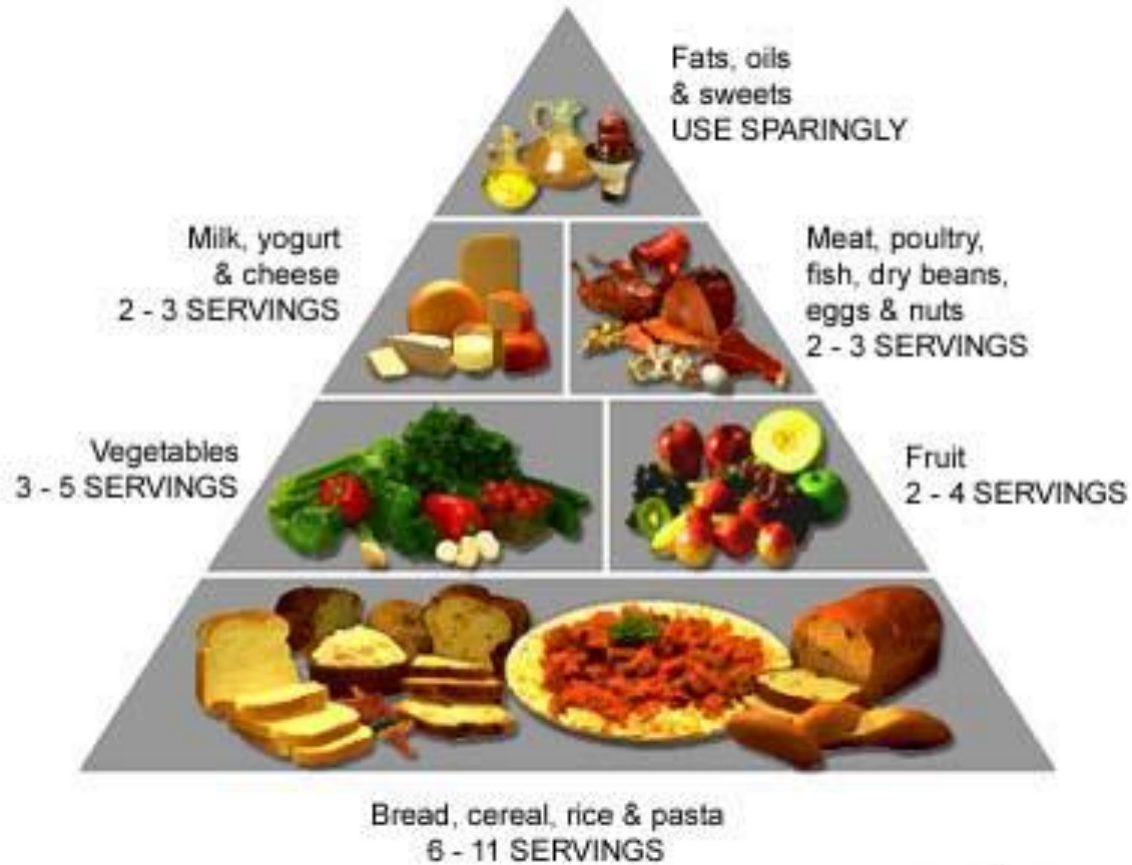
# Discussion

- Type of fat intake has a compositional effect on HDL which is correlated with HDL function, RCT, and EC repair
- Increasing MUFAs from EVOO promote HDLs anti-atherogenic effects, leads to efficient CEC and EC repair
- EVOO promotes reversal of HDL composition due to ageing
- Oxidative environments, typically associated with diets high in processed foods and simple carbohydrates, diminishes HDLs anti-atherogenic efficiency and leads to a lack of EC repair and eventual plaque formation
- HDL-C appears to be a secondary consideration in CVR compared to HDL functionality, which is dictated by its composition

# Conclusion

- Dietary fat composition → HDL composition change
- Dietary composition dictates oxidative environment in the vasculature
- HDL composition → functionality → CVD outcomes via EC repair
- EVOO reverses aging within HDL ↑ RCT, CEC and EC repair ↓ CVR and CVD
- The current Government Guidelines are not fully aligned with science
- We can take steps to minimize CVR and maximize health span

# The USDA Food Pyramid



# Future Research

- What is the impact of high LDL-P on the effectiveness of fully functional HDL?
- Can LDL be oxidized without affecting the oxidation status of HDL?
- Does LDL-ox create a more pro-atherogenic environment for HDLs that are participating in RCT, CEC and EC repair?

# Citations

Guasch-Ferré M, Hu FB, Martínez-González MA, et al. Olive oil intake and risk of cardiovascular disease and mortality in the PREDIMED Study. *BMC Med.* May 13 2014;12:78. doi:10.1186/1741-7015-12-78

Hernández Á, Soria-Flrido MT, Schröder H, et al. Role of HDL function and LDL atherogenicity on cardiovascular risk: A comprehensive examination. *PLoS One.* 2019;14(6):e0218533. doi:10.1371/journal.pone.0218533

Otrante A, Trigui A, Walha R, Berrougui H, Fulop T, Khalil A. Extra Virgin Olive Oil Prevents the Age-Related Shifts of the Distribution of HDL Subclasses and Improves Their Functionality. *Nutrients.* Jun 29 2021;13(7)doi:10.3390/nu13072235

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Variji A, Shokri Y, Fallahpour S, et al. The combined utility of myeloperoxidase (MPO) and paraoxonase 1 (PON1) as two important HDL-associated enzymes in coronary artery disease: Which has a stronger predictive role? *Atherosclerosis.* Jan 2019;280:7-13. doi:10.1016/j.atherosclerosis.2018.11.004

