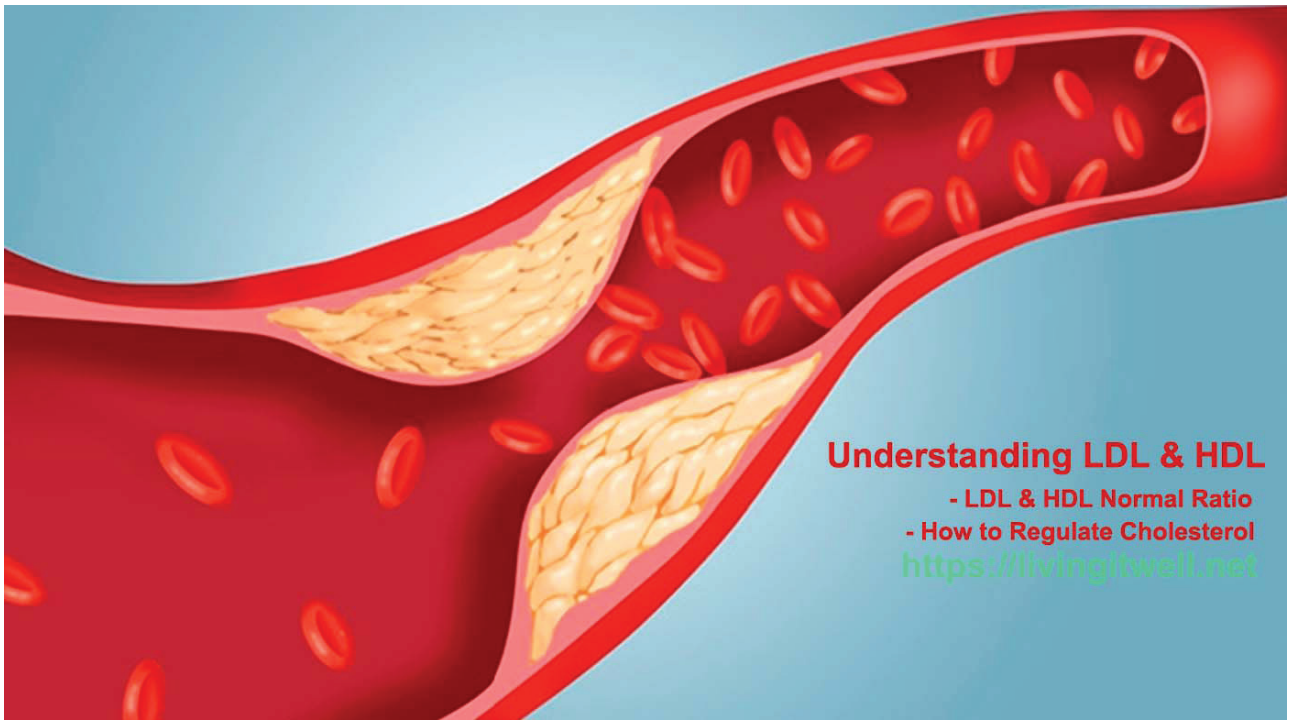
Cashew Nut Consumption Increases HDL (Good Cholesterol) and Reduces Systolic Blood Pressure in Asian Indians With Type 2 Diabetes: A 12-Week Randomized Controlled Trial



Background: There is increasing evidence that nut consumption decreases the risk of cardiovascular disease. However, there are few data on the health effects of cashew nuts among adults with type 2 diabetes (T2DM).

Objective: The study aimed to investigate the effects of cashew nut supplementation on glycemia, body weight, blood pressure, and lipid profile in Asian Indians with T2DM.

Methods: In a parallel-arm, randomized controlled trial, 300 adults with T2DM [mean ± SD age: 51 ± 9.3 y; body mass index (BMI; in kg/m2): 26.0 ± 3.4; 55% male] were randomly assigned to receive advice to follow a standard diabetic diet (control) or similar advice plus 30 g cashew nuts/d (intervention) for 12 wk. The macronutrient composition of the prescribed diabetic diet was 60-65% energy from carbohydrates, 15-25% from fat, and the rest from protein. Differences between groups in changes in anthropometric and biochemical variables were analyzed using linear models with robust variance estimation under an assumed independence working correlation.

Results: Participants in the intervention group had a greater decrease in systolic blood pressure from baseline to 12 wk than did controls (-4.9 ± 13.7 compared with -1.7 ± 11.6 mm Hg; P = 0.04) and a greater increase in plasma HDL cholesterol compared with controls (+1.7 ± 5.6

Consumption of Cashew Nuts Does Not Influence Blood Lipids or Other Markers of Cardiovascular Disease in Humans: A Randomized Controlled Trial

Background: The US Food and Drug Administration (FDA) approved a qualified health claim for tree nuts and reduction of cardiovascular disease. However, cashews are excluded from that claim due to their content of saturated fats, which is predominantly stearic acid. Because stearic acid is neutral with respect to blood lipids, several studies have been conducted to test the effect of cashew nuts on blood lipids, and these studies have produced conflicting results.

Objectives: The aim of this study was to conduct a highly controlled intervention to determine the effect of cashews fed at the amount specified in the health claim on risk factors for cardiovascular disease.

Methods: A total of 42 adults participated in a controlled-feeding study conducted as a randomized crossover trial with 2 treatment phases. The volunteers were provided the same base diet in both treatment phases, with no additions during the control phase and with the addition of 1.5 servings (42 g) of cashews/d for the cashew nut phase. During the cashew nut phase, the amount of all foods was decreased proportionally to achieve isocaloric overall diets in the 2 phases. After 4 wk of intervention, assessments included blood lipids, blood pressure, central (aortic) pressure, augmentation index, blood glucose, endothelin, proprotein convertase subtilisin/kexin type 9 (PCSK9), compared with +0.1 ± 4.6 mg/dL; P = 0.01). There were no differences between the groups with respect to changes in body weight, BMI, blood lipid, and glycemic variables. Plasma oleic acid concentrations and self-reported dietary intake of nuts, oleic acid, and monounsaturated fatty acids suggested excellent compliance with the nut consumption.

Conclusion: Cashew nut supplementation in Asian Indians with T2DM reduced systolic blood pressure and increased HDL cholesterol concentrations with no deleterious effects on body weight, glycemia, or other lipid variables. This study was registered at the clinical trial registry of India as CTRI/2017/07/009022.

Keywords: body weight; cashew nut; high-density lipoprotein cholesterol; type 2 diabetes.

Source: https://pubmed.ncbi.nlm.nih.gov/29378038/

adhesion molecules, and clotting and inflammatory factors. Results: There were no significant differences in blood lipids, blood pressure, augmentation index, blood glucose, endothelin, adhesion molecules, or clotting factors in this weight-stable cohort. PCSK9 was significantly decreased after cashew consumption, although there was no change in LDL cholesterol.

Conclusions: Consumption of 1.5 servings of cashew nuts/d, the amount associated with the FDA qualified health claim for tree nuts and cardiovascular disease, did not positively or adversely affect any of the primary risk factors for cardiovascular disease. This trial was registered at clinicaltrials.gov as NCT02628171.

Source: https://pubmed.ncbi.nlm.nih.gov/30753323/

Cashews: A better choice than low-fat chips?

If you're craving a crunchy snack, a handful of cashews is a heart-healthy choice, a small study suggests.

Although they're a popular pick in nut mixes, cashews have a bit of a bad rap. Because cashews contain about 20% saturated fat, the FDA omitted them from the qualified health claim suggesting that nuts may lower heart disease risk when eaten as part of a diet low in saturated fats and cholesterol.

But most of the saturated fat in cashews is from stearic acid, a fatty acid thought to have a neutral effect on blood cholesterol. And when 51 volunteers added 1 to 2 ounces of cashews to their daily diets for four weeks, their harmful LDL cholesterol levels dropped by about 5%, compared with when they ate a control diet.

The control diet included baked potato chips instead of

cashews. The exact amounts of both snacks were adjusted to provide about 11% of each person's total calorie intake. An ounce of cashews (about 18 medium nuts) provides 163 calories. The study findings were published online March 29, 2017, by The American Journal of Clinical Nutrition.

Source:https://www.health.harvard.edu/heart-health/cashews-a-better-choice-than-low-fat-chips

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