

Controlling Cholesterol: Lowering LDL and triglycerides and increasing HDL



by Miles Hassell MD

This handout includes the most effective food and activity choices to improve cholesterol and triglycerides and is excerpted from pages 103-106 of *Good Food, Great Medicine* (4th edition), a Mediterranean diet and lifestyle guide and cookbook. The book is a practical, easy-to-read resource offering both the evidence and the tools to help prevent or reverse heart disease and type 2 diabetes, control high blood pressure, improve cholesterol levels, reduce risk of stroke, dementia, and cancer, and lose weight where appropriate. (You can find this handout along with others on lifestyle medicine topics like *Weight Loss and Diabetes Reversal* and *Cancer Prevention and Survivorship* on the [resources](https://www.goodfoodgreatmedicine.com) tab at [goodfoodgreatmedicine.com](https://www.goodfoodgreatmedicine.com).)

Control LDL cholesterol

Low-density lipoprotein (LDL) is a form of cholesterol strongly related to increased risk of heart disease, particularly in those with other risk factors for heart disease.

- **Goal:** Your goal LDL can vary depending on your other risk factors and the guidelines your doctor uses. A starting point is less than 160 mg/dl in low-risk people or 70–100 mg/dl in high-risk people. Some guidelines dispense with LDL targets, and instead have a sort of “statins for all” approach. The suggestions given here are most relevant to those who want to lower their LDL without using statins (the commonly used cholesterol-lowering drugs), or tolerate statins poorly.

Prescription to lower LDL:

Food is a powerful agent; each one we list here can typically lower LDL by 3–10%, and when used in combination can lower LDL up to 30% (similar to a medium dose of a statin drug), lower triglycerides, raise HDL, improve blood sugar control, and lower levels of inflammation. We have seen LDLs drop by 50% with vigorous use of these foods. The more of these you use *on a daily basis*, the greater the benefit. The higher your LDL, the better these foods work. (Give any food program about 6 weeks to start working.)

- **A Mediterranean-style diet** can lower LDL up to 10% and lower oxidized LDL to safer levels. Reduction in LDL oxidation may be more important than lowering total LDL.
- **Psyllium (e.g. Metamucil):** Ten grams daily (about 2 heaping teaspoons) can reduce LDL by about 7%.¹ In some studies it failed to lower LDL but raised HDL and lowered triglycerides.² Stir into a small amount of water, drink quickly before it gels, and then **follow with 12 ounces of water**. It’s also a great anti-constipation agent. (A recipe using psyllium is *Crazy Good Crackers* on page 164 in *Good Food Great Medicine*, 4th edition.)
- **Oat bran:** ¼ cup daily reduces LDL.³ It’s easy to eat in cereal or muffins. (See *Extreme Muffins* on page 272.) Cooked whole oats, barley, and rye should have a similar effect with their viscous soluble fibers. (See recipe for *Dr. Hassell’s Crackpot Cereal* on page 7 of this handout.)

¹ Anderson, J.W. et al. Am J Clin Nutr 2000;71:472-9

² Sola, R. et al. Am J Clin Nutr 2007;85:1157-63

³ Ho, H. et al. Br J Nutr 2016;116:1369-82

- **Raw nuts:** (see page 42) About 2 handfuls (for example, about 30 almonds or 2 ounces) daily can reduce LDL by 7–10%. Adding raw nuts to your diet can reduce oxidized LDL as well as another risk factor called Lp(a).^{1,2}
- **Apples (and pears), fresh and dried:** About 2 ounces daily of dried apples or about two whole apples daily can lower LDL by 23% and C-reactive protein (a measure of inflammation) by 32%, and lower lipid oxidation and body weight.³ Fresh or dried pears may have a similar effect. One British analysis⁴ states that an apple a day may save as many lives as a cholesterol-lowering drug.

When assessing the LDL-lowering effect of food, it's useful to compare the degree of benefit with the fact that doubling any given dose of a statin drug will typically lower your LDL by only another 6–9%. For example, eating an extra apple a day, as suggested in the British study above, may give the equivalent effect of doubling a statin dose.

- **Eggplant and okra:** About 6 ounces of eggplant or 3–4 ounces of okra every other day can lower LDL. They have not been studied alone, but when used in combination with other factors, have been found to lower LDL by 28% and reduce inflammation.⁵
- **Beans:** ½ cup of cooked pinto beans⁶ or 25 grams of soy protein can lower LDL 5–8% or more. (Soy is best included in the form of whole traditional soy foods – see page 38.) Other beans and legumes seem to work, too.⁷ (See recipe for *Quick Little Black Bean Chili* on page 6 of this handout.)

- **Probiotic foods** may lower LDL (page 49).
- **Dark chocolate:** 1–3 ounces daily may lower LDL 5–10%. Choose chocolate with 70–90% cocoa content⁸ (page 57).
- **Cinnamon:** ½–2 teaspoons daily may lower LDL about 5%.⁹
- **Lycopene:** Although one study¹⁰ found that 25mg of lycopene can lower LDL by as much as 10%, eating tomatoes (which contain lycopene) often has a broader benefit for LDL, inflammatory markers and blood pressure, and blood vessel flexibility.¹¹ Natural sources include tomatoes, watermelon, and pink grapefruit.
- **Red yeast rice:** A non-prescription supplement with variable amounts of naturally occurring statins, and less predictable than prescription statins.
- **Niacin:** See pages 4-5 of this handout for specific recommendations.

Lower LDL with medications and stanol or phytosterol supplements

- Prescription statins have many benefits and we prescribe them often, but the consistent use of the lifestyle approaches recommended here will allow some people to reduce or even eliminate statins – especially good news for those who experience significant side effects from statin drugs.
- I don't recommend stanol-containing margarines to lower LDL cholesterol because of concerns over potential harm as well as lack of evidence for benefit despite many studies.^{12,13}

¹ Del Gobbo, L. Am J Clin Nutr 2015;102:1347-56 (Meta-analysis)

² Sabate, J. et al. Arch Intern Med 2010;170:821-7

³ Chai, S.C. et al. The FASEB Journal 2011;25:971.10 (Abstract)

⁴ Briggs, A. et al. BMJ 2013;347:f7267

⁵ Jenkins, D. et al. JAMA 2003;290:502-10

⁶ Winham, D.M. et al. JACN 2007;26:243-9

⁷ Ha, V. et al. CMAJ 2014;186:e252-62

⁸ Tokede, O.A. et al. Eur J Clin Nutr 2011;65:879-86

⁹ Allen, R. et al. Ann Fam Med 2013;452-9

¹⁰ Reid, K. and Fakler, P. Maturitas 2011;68:299-310

¹¹ Cheng, H.M. et al. Atheroscler 2017;257:100-8 (Meta-analysis)

¹² Bard, J. et al. Diabetes Metab 2015;41:69-75

¹³ Danesi, F. et al. Br J Nutr 2011;106:540-8

Raise HDL cholesterol and lower triglycerides

High density lipoprotein (HDL) is called the “good” cholesterol; it transports cholesterol back to the liver (away from the arteries), improves the blood clotting process, and discourages atherosclerosis by helping protect LDL cholesterol from oxidation. The ratio of total cholesterol divided by HDL (TC/HDL) is another way to assess risk: lower is better – aim for less than 4. A related number, non-HDL cholesterol (total cholesterol minus HDL), is also frequently used. (My goal recommendations are based on the levels associated with “average” heart disease risk in the *Framingham Heart Study*.¹)

Goal:

- HDL higher than 45 mg/dl for men and 55 mg/dl for women, and triglycerides under 150 mg/dl (less than 100 mg/dl may be optimal). An HDL below 35 mg/dl indicates a risk of future heart attack 3–4 times greater than a high HDL.

Key HDL points to know:

- **Medications** to improve HDL have not been as effective nor as beneficial to health outcomes as lifestyle change.
- **Treating low HDL usually requires many lifestyle steps**, each of which may raise HDL about 5–15%. When combined, these steps can increase total HDL by as much as 50–100% or even more.
- **The benefit of raising HDL with lifestyle change probably extends far beyond a reduction in heart disease risk.** Most lifestyle steps that improve HDL also lower risks of other diseases: stroke, high blood pressure, cancers, obesity, and diabetes.
- **Even tiny improvements in HDL can reduce heart disease and regression of coronary artery atherosclerosis.**² It is estimated that every 1 mg/dl improvement in HDL lowers

heart disease risk by up to 2–3%, thus a seemingly modest 5 mg/dl increase in HDL may lower risk by up to 10–15%.

- **Low HDL and high triglycerides** imply broader metabolic dysfunction including insulin resistance, and increased risk of heart disease and stroke, type 2 diabetes, dementia, and some cancers.
- **High triglycerides** are linked to a peculiar form of LDL cholesterol (small dense LDL) that increases your risk of blocked arteries, and the basic steps to lower them are the same as those to raise HDL. Foods that raise triglycerides are sugars and refined grains.

Prescription to raise HDL and lower triglycerides:

- **Exercise 30–60 minutes most days** to raise HDL by 10–20% and lower risk of death and future heart “events” by 30–60%. The longer the duration and the greater the intensity of exercise, the better.
- **Eat more vegetables, beans, and whole grains, and less sugar³ and refined grains.** (Grains can be a complex issue – see *The whole grain conundrum* on page 99.) Include eggs, cheese, and unprocessed meat as part of a varied whole food diet.
- **Eat more omega-3 fats:** oil-rich fish and shellfish, freshly ground flaxseeds, and green leafy vegetables. Other good fats like raw nuts, extra-virgin olive oil and avocado are also helpful (see pages 41–43).
- **Avoid added sugars, refined grains, trans fats,** and foods with hydrogenated and partially hydrogenated oils.
- **Maintain a healthy waistline** to lower triglycerides and raise HDL 5–10%.
- **A small amount of alcohol daily** can raise HDL 5–10%. However, larger amounts raise triglycerides, so watch the dose. *Limit to one drink per day.* (See page 58.)

¹ Castelli, W. Am Heart J 1983;106:1191-200

² Ali, K.M. et al. Br J Pharmacol 2012;167:1177-94

³ Welsh, J.A. et al. JAMA 2010;303:1490-7

- **Eat up to one ounce of dark chocolate** (greater than 70% cocoa content) daily to help raise HDL 5–10%. (See page 57.)
- **Include cinnamon**, ½–2 teaspoons daily.¹
- **To lower triglycerides, a good diet with more fat is better than a good diet with low fat.** In a randomized controlled trial² comparing two groups, a DASH diet with low-fat dairy to a higher-fat DASH diet with full fat milk, yogurt and cheese, the group eating the higher-fat diet had better triglycerides and VLDL (very low density lipoprotein) with *no increase* in LDL cholesterol.
- **Fish oil supplements** have not shown the same degree of benefit for heart disease as eating oil-rich fish (page 43). However, I occasionally prescribe high-dose fish oil for patients with high triglycerides, heart failure, and conditions such as dry eye, inflammatory bowel disease, inflammatory joint disease, depression, and anxiety.

Fish oil with 3–4,000 mg daily of EPA + DHA may lower triglycerides by 30–50%. To get that dose the options include prescription and over-the-counter capsules with EPA+DHA from fish, algae, krill, or even liquid fish oil or liquid cod liver oil. Cod liver oil (we use lemon flavored) has an added benefit of a useful dose of natural vitamin D. **To minimize burping**, store the oil in the refrigerator and take it immediately before your largest meal.

- **Consider using niacin in selective situations.** Lifestyle changes are very effective for lowering triglycerides in most people, but I sometimes prescribe niacin (a B vitamin), which in very high doses can lower triglycerides and LDL and raise HDL. Niacin might be appropriate for those with low HDL and high triglycerides, *and* who have not had adequate LDL cholesterol-lowering with statin drugs – or do not tolerate them. (See next section.)

¹ Allen, R. et al. *Ann Fam Med* 2013;452-9

² Chiu, S. et al. *Am J Clin Nutr* 2016;103:341-7

Niacin: Is it safe? Does it work?

The AIM-HIGH study^{3,4} has caused us to be less certain about the use of niacin. Although AIM-HIGH showed no benefit for niacin added to other cholesterol-lowering therapies, forty years of data show benefit in various less-rigorous smaller trials.⁵ It may be that niacin has benefits for those with insufficient results from statins or who do not tolerate statins. Niacin can have side effects including gout, elevated blood sugar, and liver problems, and should be used with physician supervision. Common niacin side effects like flushing, itching, and other skin symptoms can be minimized; the following suggestions can help.

- **Reliable forms of niacin** are *Endur-Acin* and *Slo-Niacin* (both non-prescription). Avoid niacinamide and *No-Flush Niacin* (inositol hexanicotinate): these are ineffective for lowering cholesterol.⁶

How to use niacin

Side effects can be minimized by following these directions:

For immediate release crystalline (non-prescription) niacin: start with 250 mg with your evening meal. After one week, add another 250 mg at lunch. After another week, add another 250 mg at breakfast. Now you are taking 250 mg three times daily. Some people can now increase the dose to 500 mg three times daily for a month, and then increase the dose until they are taking 1,000 mg three times daily. Some get excellent results with just two doses daily. Immediate release niacin is inexpensive, and works very well for those who can tolerate it.

Although harder to use, I think that immediate release niacin is the one with the best evidence for clinical benefit.

³ AIM-HIGH, *NEJM* 2011;365:2255-67

⁴ Garg, A. et al. *Am J Med* 2017;130:173-87

⁵ Bruckert, E. et al. *Atherosclerosis* 2010;210:353-61

⁶ Meyers, C. et al. *Ann Intern Med* 2003;139:996-1002

For extended release or slow release niacin (like *Endur-Acin*, and *Slo-Niacin*): start with 500 mg at bedtime and increase by 500 mg every 2–4 weeks, for a maximum of 2,000 mg daily:

- **Endur-Acin and Slo-Niacin** are used one or two times daily with physician supervision. If using twice daily, close blood monitoring is required. These brands have the best evidence for effect in peer-reviewed studies.¹

Whichever form of niacin you use, your doctor needs to be involved. *We do blood tests after the patient reaches a total daily dose of 1,000 mg, and then after every 500 mg increase.*

Give niacin time!

If you haven't used niacin before, it may seem like a nuisance. However, for most people with low HDL cholesterol, a treatment program including niacin appears to be the most beneficial in terms of reducing their risk of death or future heart attack, especially if niacin is combined with a statin medication. After a few weeks many people experience little or no side effects from niacin. Everyone is different. Some tolerate only small doses of niacin, like 500–1,000 mg daily, but even at lower doses there are very useful benefits.

Tips to reduce niacin side effects

- Taking niacin with food, especially a high-fiber snack, like a piece of whole fruit, (or even Metamucil), will also reduce the flushing. One combination that minimizes the niacin flush for some people is 2–4 tablespoons of oat bran mixed with unsweetened applesauce and eaten with the bedtime niacin dose. Another idea is to eat a handful of raw almonds or walnuts with the niacin.
- Do not increase your dose of niacin until you are tolerating the current dose.
- Aspirin helps reduce the side effects of niacin, so if you are taking aspirin, take it at the same time as your niacin.
- When first using niacin, avoid taking it with hot drinks, alcohol, or spicy foods, all of which can aggravate a reaction.

Laugh more! “A merry heart doeth good like a medicine...”² In a 1-year study of people with abnormal cholesterol, high blood pressure, and type 2 diabetes, the group spending 30 minutes daily with self-selected humor had a 26% increase in HDL compared with 3% in the control group, and a 66% drop in their hsCRP (a measure of inflammation), compared with 26%.³ Looks like we all need to learn to laugh more!

¹ Ito, M. et al Pharmacotherapy 2006;26:939-1010

² Proverbs 17:22 KJV

³ Berk, L. American Physiological Society Annual Meeting, April 2009

Paul reversed high-risk cholesterol and dropped his blood pressure

Paul was a 59-year-old project manager who came in with unusually high triglycerides at 1,332 mg/dl and hypertension (he was on 2 blood pressure medications). He began regular exercise (about 20 minutes on an uphill Nordic track 4 days per week), ate more vegetables, protein, and good fats, and cut way back on sugars and other refined carbs. Six months later his triglycerides had plummeted to 70 and his blood pressure dropped from 152/90 to 130/80 without blood pressure drugs. He also improved his total cholesterol:HDL ratio from 5.8 to 3.5, raised his HDL (good) cholesterol from 28 to 45, and lost about 15 pounds.

Milt reversed high triglycerides and low HDL cholesterol

Milt was a 50-year-old firefighter referred to our office because his HDL and triglyceride levels suggested a high risk of premature heart disease, diabetes, and pancreatitis. His HDL was low at 34 mg/dl, and his triglycerides were very high at 961 mg/dl, despite appropriate treatment with conventional medications and an excellent exercise program. Milt made many changes in his diet: he replaced low-fat foods with good fat (such as whole milk dairy products, raw almonds, and extra-virgin olive oil), had a tablespoon of fish oil daily to help lower triglycerides, ate more vegetables and whole fruit, and sharply reduced his intake of “weight loss” shakes, juices, sweets, processed meats, breads, potatoes, and rice. Finally, he ate more meals at home and began bringing lunch to work. The results were stunning. After only a few months, and with no additional medications, his triglycerides dropped from 961 to 165 and his HDL improved from 34 to 46!

Quick Little Black Bean Chili

This recipe can be found on page 213 of *Good Food, Great Medicine*, 4th edition. Serious chili cooks would probably object to the use of the name *chili*, but this is quick, satisfying, and assembled from ingredients I always have on hand. We love it, whatever it is. For a more robust chili, see page 248.

(Makes about 4 cups to serve 2 – 3)

- 2–4 tablespoons extra-virgin olive oil
- 1 medium-large onion in ¼-inch dice (3 cups)
- 1 tablespoon chili powder
- 1 teaspoon ground cumin
- 1 teaspoon salt
- 1 tablespoon freshly crushed garlic
- 1 tablespoon honey
- ½ teaspoon Tabasco sauce, or more to taste
- 1 can (14 ounces) black beans, drained (or about 2 cups home-cooked beans)
- 1 can (14 ounces) crushed tomatoes in purée
- 1 can (7 ounces) whole mild green chilies, diced

1. Heat olive oil in a heavy 3-quart pot over medium high heat. Sauté diced onion for 10 minutes or until onions are tender.
2. Add chili powder, cumin, salt, and garlic. Sauté for another two minutes.
3. Add honey, Tabasco sauce, black beans, tomatoes, and chilies. Bring to a simmer, and then cook gently for about 10 minutes.

Note:

▶ This is mighty tasty served over *Easy, Cheesy Polenta* (page 227). Or melt some grated sharp cheddar cheese over a scoop of hot brown rice in each dish, then top with chili.

▶ This little chili is easily expanded to serve more people or to make enough for leftovers. Just double the beans and tomatoes and increase the seasoning by about half. Any bell peppers or celery tops in your refrigerator that look like they might be feeling neglected should be diced and sautéed with the onions until tender. Meat is a great addition – ground or chopped beef can be sautéed with the onions or leftover cooked meat can be added with the beans. (See page 248 for ideas.)

Dr. Hassell's Crackpot Cereal

This recipe can be found on page 214 of *Good Food, Great Medicine*, 4th edition. These three methods are easy ways to give yourself a fiber- and protein-rich breakfast of intact whole grains. Combined with good fat and fruit (topping suggestions on this page), it's a satisfying and blood sugar friendly meal and a less processed alternative to oatmeal.

Overnight Crock-Pot method:

The grains are transformed overnight into a fragrant, hot, fully-cooked breakfast ready first thing in the morning! Variations in Crock-Pot (slow cooker) volume and vigor may require adjusting the heat setting and quantity of water; with some, the "warm" setting is adequate. If your pot is too large, the water-bath method is useful: combine grains, salt, and water in an oven-proof bowl big enough to hold 4 cups of cooked cereal, set it inside the pot, and add a few inches of water. Cover and cook as directed. The best part? You don't have to clean the Crock-Pot!

(Makes about 4 cups cooked whole grain cereal)

3–4 cups water
1 cup whole grains (see note)
½ teaspoon salt

Optional additions: 1 tablespoon flaxseeds, ½ cup dried fruit, a diced raw apple, and so on

1. Combine everything in a Crock-Pot or slow cooker and stir briefly. Cover, set on lowest setting, and cook 8 hours or overnight.

Oven method:

2½ cups water
1 cup whole grains (see note)
½ teaspoon salt

Preheat oven to 300 degrees.

1. Combine everything in an ovenproof 1½-quart pot with a lid and bring to a boil uncovered on the stovetop.
2. Cover and place in oven for 1 hour. If it still seems to have too much liquid, leave the lid on and check after 15 minutes – the liquid will probably be absorbed.

Overnight stovetop method:

The grains will be more distinct and chewy than with the Crock-Pot or oven method. You may need to adjust the amount of water with a larger saucepan or different grains.

(Makes about 3½ cups cooked cereal)

2 cups water
1 cup whole grains (see note)
½ teaspoon salt

1. The night before, combine everything in a 1½-quart saucepan and bring to a boil over high heat. Reduce heat and simmer for 5–10 minutes. Turn off heat, cover pan, and keep on stovetop for about 8 hours or overnight.
2. Remove the lid and bring back to a boil. Reduce heat and simmer for 5 minutes, then turn off heat. The grains may seem to have too much unabsorbed liquid, but it will continue to be absorbed as it sits.

Note:

► **Which whole grains?** We suggest ½ cup each oat groats, barley (whole hull-less, *not* pearly), and rye berries. Oats provide richness that barley and rye don't have, but grains absorb water differently – rye and wheat berries, for example, don't absorb as much and cook up chewier. Play around with the grain blend to find the flavor and consistency you like. The grains should be available from the bulk section of some grocery stores, Bob's Red Mill, or online. (Call our office if you have difficulty locating any of the grains.)

► **Don't ignore the salt!** It is a critical ingredient in cooked grain cereals.

► Scrape leftover cooked cereal into a storage container while it's still warm. It will firm as it cools; store it in the refrigerator to slice and heat for breakfast another day.

Favorite hot cereal toppings: honey or brown sugar, berries, cinnamon, chopped banana, raw nuts such as slivered almonds or walnut pieces, raisins, sunflower/pumpkin seeds, whole milk or cream, and so on.

Miles Hassell MD is an internist in private practice at Providence St. Vincent Medical Center in Portland, Oregon, where he lives with his wife Anna and son Tor. He was born in Seattle, Washington, and was raised in Perth, Western Australia, receiving his medical degree from the University of Western Australia. He completed his residency in Internal Medicine at Providence St. Vincent Medical Center.

Dr. Hassell established the [Integrative Medicine Program](#) at Providence Cancer Center in Portland and he is a clinical instructor in the training of Internal Medicine residents, twice named *Outstanding Teacher of the Year*, and is Associate Medical Director and Professor at Pacific University School of Physician Assistant Studies. He also lectures widely to physician groups about the appropriate integration of lifestyle and conventional medicine. He is the co-author of *Good Food, Great Medicine*, an evidence-based guide to using a whole food Mediterranean diet in the pursuit of optimal health.

In his private practice Dr. Hassell encourages the vigorous use of evidence-based food and lifestyle choices and has been chosen as one of *Portland's Top Doctors*. Dr. Hassell is available for individual consultations for diagnosis, second opinion, or to develop patient-centered solutions using evidence-based conventional and lifestyle interventions.

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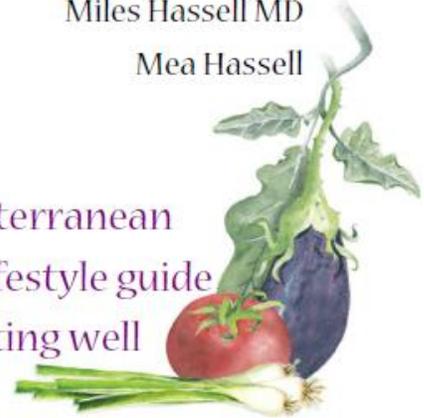
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Fourth Edition

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Mea Hassell

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Rev 1.1.20