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Nutrition management in cardiovascular rehabilitation: 2026 update

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Nutrition management is recognized as a core component of cardiovascular rehabilitation (CVR)[1,2]. It starts with a comprehensive assessment of the patient's body composition, dietary habits, and nutritional status[3].

In case of adequate body composition, nutritional interventions will be directed toward promoting heart-healthy eating patterns such as the Mediterranean diet and its cardioprotective components[4-6]. In case of body composition abnormalities such as excess adipose tissue or reduced muscle mass, a comprehensive nutrition intervention is required[7]. The basis of obesity management is reduction of caloric intake while preserving intake of key nutrients. This can be achieved through personalized nutrition plans that take the patient's needs and preferences into account[8]. In addition, behavior change techniques are integral components of the intervention in order to facilitate adherence. In case of weight-related comorbidities or severe obesity, pharmacotherapy and bariatric surgery may be considered as complementary strategies for weight management. On the other hand, in case of low muscle mass conditions such as sarcopenia, the goal is to increase caloric intake with nutrient-dense foods. The key nutrient to consider is protein necessary for muscle maintenance and growth. If for some reason the necessary protein intake cannot be achieved through diet alone, oral nutritional supplements can be added[1,9].

It is recommended that at least three nutrition-focused sessions that are personalized according to the patient's cardiovascular risk factors, dietary preferences and health literacy level be delivered. The patient should be an active participant in the process, as well as key family members or friends who can be additional source of support for the recommended lifestyle changes. Where possible, theoretical knowledge should be accompanied by practical activities such as cooking classes for patients and family members involved in meal preparation. Nutritional status reassessment should be done at regular intervals during the CVR program[1]. The development of telehealth enables new modes of service delivery such as one-on-one teleconsultations, real- time nutrition data collection through mHealth apps or group education sessions via web platforms to improve access, adherence and cost-effectiveness[8,10].

An interdisciplinary, patient-centered approach is required to ensure the delivery of high-quality care. Nutrition specialists play a key role in the area of nutrition management, especially for CR patients with complex needs[1,3]. Unfortunately, not all CVR programs have the resources or the legal framework to provide this service to patients[1,4,7]. Other members of the multidisciplinary CR team involved in the nutrition management process include cardiologists, cardiovascular nurse specialists, psychologists, occupational therapists, clinical pharmacologists and physiotherapists[1].

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