



Living with LPLD

Managing your diet is key to living successfully with this condition. Unfortunately this can be difficult, as food and diet are affected by many factors. These include family situation, availability of different types of food, and food labelling. It is also important to have a clear understanding of the condition and its implications, to be resourceful, assertive and to maintain your self-esteem.

It is likely that people with LPLD will be faced with a lack of understanding of their condition from the wider world, and possibly from their own families. It is important, therefore, that the individual understands for themselves the importance of diet in order to stay healthy.

Medical recommendations concerning the maximum amount of fat the diet should contain varies from 7g per day to 20g. The 'normal' daily fat recommendation in the UK is up to 70g for a woman and 95g for a man. It is important to discuss with your consultant what the recommended limit might be for you.

Once you are on the diet you can assess your progress through regular blood tests. If your triglycerides are still raised beyond what is considered acceptable, your doctor or dietitian may discuss restricting the fat content of your diet further to reach the required targets.

How do I know how much I'm eating?

Nutritional information on food packaging has made this much easier, although not all foods display this. From time to time product recipes and the nutritional information on packets change and so vigilance is required. A good rule of thumb is, if there is no nutritional information on a food packet, don't eat it. Fat levels in products that look innocent can be surprisingly high.

Monitoring your eating with a food diary

Write down what you eat and the amount of fat your portion contains. At the end of the day add up how much fat you have had. You might be surprised at how much you are eating (either pleasantly or unpleasantly). Try to do this for 2 weeks in order to get a clear picture of how much fat you are having and where the fat is coming from. There is a template which you can use to keep a regular food diary available from the HEART UK website. You may want to keep a note of any symptoms you experience at the same time.

Once you have a clear picture of what you are eating it should be possible to see how well you are maintaining a very low-fat diet, or to identify where excess fat intake is coming from. Use your food diary to identify any changes that you need to make.

Monitoring your eating with a mood diary

It might be helpful to make a note of your mood when eating, especially if you find yourself bingeing on foods that you know are 'bad' for you. This works in the same way as the food diary, but also records your emotional state at the same time. If you find yourself bingeing on 'bad' foods because you are angry, or tired, upset, frustrated, or just over-hungry, the idea is then to work out different strategies to manage these feelings and behaviours. This is an approach taken by cognitive behavioural therapy (CBT). You may wish to read further, or your GP surgery may offer short-term counselling using CBT.

Eating at home

There are two approaches to eating a very low fat diet. One is to use MCT (Medium Chain Triglyceride) oil (available on prescription) and create 'ordinary' food with it. Your body does not need lipoprotein lipase to use MCT, hence it is substituted for normal fat. The other is to look at the diet in a completely different way, rejecting traditionally prepared meals and recipes. This means starting with the basic foods that can be eaten and then creating dishes from these ingredients without trying to copy 'mainstream' dishes.

Eating at home - which approach?

You will have to make up your own mind about which approach will work best for you. Here are some pros and cons:

Reasons for including MCT

Energy intake can be low on a very low-fat diet and relatively small quantities of MCT can boost energy intake. This is especially important in growing children.

Reasons for rejecting MCT

Including MCT reinforces the desire for fat in the diet.

MCT is hard to cook with, it burns easily and leaves an unpleasant aftertaste.

Developing a taste for lower fat foods can take the desire for fatty and oily foods away, and for some it is a good long-term approach.

If you decide to change your approach to food, try and maintain the change for 2-4 weeks. This gives your body a chance to really experience the new approach and benefit from the differences. New habits need about 4 weeks to become embedded in your routine.

Are there other reasons for eating such a low-fat diet?

It has been reported that mild confusion and recent memory loss are associated with high triglyceride levels, and there are suggestions that they might also play a part in depression and dementia.

What can I eat?

The following is a list of the general food types available to people with LPLD.

- Most vegetables, fruit, beans, peas and lentils (exceptions include coconut and avocado) as long as raw or cooked without the use of fats
- Non-oily white fish such as cod, haddock, skate, sole, plaice etc. Also canned tuna (not in oil) marlin and monkfish
- Most shellfish, including prawns, squid, the white meat of crab and lobster. Clams, mussels and oysters in limited quantities
- Breast of most poultry as long as skinned and trimmed of any visible fat
- White bread in limited quantities - check the analysis, breads vary greatly from manufacturer to manufacturer
- White rice or rice noodles, steamed or boiled
- Pasta in limited quantities (but not egg pasta)
- Skimmed milk and fat free dairy products
- Egg white
- Chestnuts (in limited quantities)
- Spices, soy sauce, fish sauce, lemon juice, garlic, wine (for use in cooking)

Also, keep an eye out in your local supermarket. If you live in a big urban centre you may find beef with less than 2g fat per 100g, or pork, sometimes duck breast, venison, liver, kidney or ostrich. However, if you cannot find the nutritional information on the packet, don't trust it.

As well as using your oven and hob, a microwave, a good frying pan for fat-free 'stir fries' and a steamer are all useful.

Eating Out

Eating out is always difficult with any restricted diet. The best (and cheapest) option is not to eat out at restaurants at all, but occasions can arise when it is necessary (such as a family celebration), or life would seem too restricted if you don't. Here are some tips to make it less difficult and save you from eating what you can't, or from eating just salad and/or plain rice whilst everybody else feasts.

- Plan ahead. Ring the restaurant in advance and explain your needs. Ask if there are any dishes they could adapt for you. Check that anything grilled, barbecued or braised will be cooked using clean cooking implements so that any fat residues don't affect your meal
- If there is nothing that can be adapted, could they do a jacket potato with a topping you can eat instead? Make sure the skin isn't rubbed with butter or oil before being cooked, and that butter isn't added afterwards
- If the above is not possible, ask if you can take along a prepared meal which they can heat up (if appropriate). This is a good strategy if you think there may be an impromptu meal during a day out, or if you're out with friends and unsure which eatery your group will be going to. Be careful you don't then get 'stung' with a bill that is split all ways, meaning you pay for your food twice!
- If you're going somewhere for a special occasion, try to contact the chef in advance and provide them with a list of things you can and can't eat. (See the Handy Guide to Foods fact sheet). Ask the chef to create a menu plan to check they have understood your requirements. This works well with higher-end restaurants where chefs like to rise to the challenge. If the chef says no, it may be an indicator of how good or inventive a cook they are
- If you are eating with friends give them the list mentioned above – this helps them to plan in advance. If you're an email user it can be easy to tweak a friend's suggested menu without a painful conversation, and avoids embarrassment when something is provided that you can't eat
- Japanese cuisine has an element which is naturally low in fat, and Japanese restaurants are becoming more prevalent in many urban centres. There are a number of sushi toppings which can be eaten without concern, and miso soup is usually fine. Be careful not to choose the fattier fish, tempted by how small the portion seems. Grams of fat add up quickly. Also, be careful of Japanese restaurants who add mayonnaise to their sushi with the wasabi. You will find yourself having to wipe it off before being able to eat it – both messy and disheartening