

Diet, Nutrition and Cardiovascular Disease

Neha Anand*

Department of Biotechnology, Majhighariani Institute of Technology and Science, Odisha, India

Review Article

Received:17/01/2017
Accepted: 08/02/2017
Published:14/02/2017

*For Correspondence

Neha Anand, Department of
Biotechnology, Majhighariani
Institute of Technology and
Science, Odisha, India.

E-mail: nehaanandnv@gmail.com

Keywords: Nutrition Science,
Heart Disease, Heart Attack,
Cardiovascular Disease

ABSTRACT

[Nutrition science](#) is a rapidly evolving multi face field, is accompanying the research journey from chemistry to social sciences. It has a unique impact in reducing the adverse health effects caused due to [poor diets](#). Nutrition plays a vital role in aetiology of major cardiovascular diseases like hypertension and atherosclerosis. Many lifestyle and dietary factors leads to these diseases and developed countries and youth are at high risk of cardiovascular diseases. Preventive steps must be initiated immediately after diagnosing. [Diet](#) is complete mixture of nutrients, It is very important in development and prevention of heart diseases, is has high impact on all the risk factors that are causing cardiovascular disorders. Change in food, [dietary plans](#) and health system will help in reducing the evidences of cardiovascular diseases which will in turn reduces the economic burden on population all over the world. The current review summarizes the effect of nutrition on cardiovascular diseases.

INTRODUCTION

As we know heart disease is the major cause of death worldwide and it is also estimated by scientists that mortality rate of disease and death is estimated to be more in future. Heart disease causes 16 million deaths per year all over world. Diet and [nutrition](#) plays an important role in prevention of cardiovascular diseases. In researches and medical policies it is concluded that healthy diet can reduce the risk of cardiovascular diseases. As we know healthy diet is essential for each and every human being who wants a healthy life. A [healthy diet](#) is one that helps to maintain or improve overall health. A healthy diet provides all the nutrients like vitamin, protein, mineral, fatty acids to body. In studies it is found that diet rich in fruits, vegetables and whole grain helps in protecting the body from heart disease and high blood pressure, while a [diet lack](#) of above things can actually cause those diseases. Even small [diet deficiencies](#) can have tremendous effect on body. A diet high in fruits and vegetables appears to decrease the risk of cardiovascular disease [1-9].

This review article gives a brief idea about cardiovascular disease and diet like- Essential diets to reduce the risk of cardiovascular diseases in individuals.

There are many [societies](#) and organizations which aim to counsel and encourage public awareness from different types of heart diseases related to food and also provide value added services to improve patient care [10-17]. These types of organizations are providing assistance to individuals with the support of group of physicians and consultants and their continuous advice to human being.

Some of the major societies like [Mongolian Association of Nutrition and Food Service Management](#) which provides platform for professional development activities which helps to achieve accreditation status. This society brings awareness of nutrition, dietetics, food services and the professional image of the profession and association, foster closer cooperation between dietitians, nutritionists and other professionals in allied fields [18-33].

[National Heart Forum of UK](#) aims to improve public awareness in cardiovascular health, and the advancement of quality standards to enhance patient care. It also support and promote researches in the field of cardiovascular diseases [34-39].

[United Heart Foundation of USA](#) which main aim is to educate human beings regarding the disease and their causes and how to overcome with the help of health knowledge and practice related to prevention and treatment of heart disease [40-46].

[European Society of Cardiology](#) is another international society comprising of professional cardiologists, contributes to the development of effective policy and programmatic responses to Cardiac patients at the global level, particularly in the European countries [47-54].

The main purpose of these societies is to spread advancement in the field of heart diseases and their causes so that scientists can provide better service to the patients and work together to reduce the risk of diseases. These societies main aim is to create awareness among the global communities.

There are several Journals on cardiovascular disease and nutrition which provides the information on current ongoing researches related to nutrition and heart disease across the globe, which helps readers to get updated with the current advancement's in this field. Some of them are: [Journal of Cardiovascular Diseases & Diagnosis](#) which is an international [peer review](#) Open access scholarly journal and provides a multidisciplinary source of information in the field of cardiovascular disease and their diagnosis [55-63].

[Journal of Food and Nutritional Disorders](#) is a hybrid open access journal which covers a wide range of fields in food and nutrition disorders and offers a platform for the researchers by providing a peer review process for their eminent work. [Journal of Clinical Nutrition & Dietetics](#) journal studies improve the knowledge and provide cutting-edge research strategies for the development of new therapeutics. [Journal of Nutritional Disorders & Therapy](#) is a best open access peer reviewed leading provider of information on nutritional disorders & therapy and novel methods of treatment followed [64-76].

The above mentioned journals are best scholarly, [peer reviewed](#), highly accessed, [open access](#) journals on cardiovascular disease and diet or in other words nutrition and disorders, which maintains the quality and standard of the journal content, reviewer's agreement and respective editor's acceptance in order to publish an article. These journals ensures the barrier-free distribution of its content through online open access and thus helps in improving the citations for authors and attaining good [journal impact factors](#). Open access journals provide more visibility and accessibility to the readers in gaining the required information. The ongoing researches all over the world, which are being exhibited through open access journals, serve as the main source of information in various fields [77-83].

[OMICS Group](#) organizes conferences on Food and Nutrition with an aim to make an everlasting relation of upcoming new strategies in the field of Nutrition disorders with the scientific community and thereby giving everyone a healthier and quality life. Recently [6th Global Healthcare Nutritionists and Dieticians Annual Conference](#) was a grand success on December 05-06, 2016, USA. The main theme of this conference is to discuss novel research and innovations in the field of dietetics and Nutrition, how it benefits our daily lives and ultimately leading to a healthier and prosperous tomorrow. [11th European Nutrition and Dietetics Conference](#) which is going to held on June 29- July 01, 2017 Madrid, Spain. The main intention is to promote latest Innovations & applications in the field of Nutrition and Dietetics to the community [84-91].

DIET FOR HEART DISEASE

A healthy [eating](#) regimen and way of life are best weapons to challenge die related cardiovascular diseases. Food plan is a major important risk in coronary [heart disorder](#). To stop gaining weight and reducing the risk of coronary heart disease, healthy diet can help individual since [food](#) is mainly involved in various causes of heart disease and if we pay attention on our diet then we can definitely prevent the risk of disease.

Narrowing of artery specifies coronary [heart disease](#) which prevents flow of blood, cuts off the oxygen supply to the heart and damage of heart cells which leads to heart attack [92-94].

HEART DISEASE AND RISK FACTORS

There are various types of risk factors associated with deposition of fat in the coronary arteries which includes smoking, lack of physical activity or genetics.

Other risk factors include

Eating Habits-Eating Habits play a major role in increasing heart diseases. For example: Fats like saturated and trans fat increases blood cholesterol level and [heart attack](#) rates while fats like polyunsaturated and monounsaturated fat lower the risk of heart attacks ^[95].

Obesity- Obese patients whose body shaped like apple and if most of the body fat is accumulating around stomach were in verge of getting [heart attacks](#).

Hypertension-Hypertension means high blood pressure which is the amount of pressure within the arteries. In this pressure arteries pump blood at high pressure compared to normal pressure which increases the chances of heart attack ^[96].

Cholesterol-It is an essential component of cell membranes and certain hormones which is produced by the liver, but it is also present in dairy products, meat and eggs. A high amount of cholesterol in the blood can lead to its deposition in the arteries that can restrict blood flow and increase risk of [heart disorder](#) ^[97].

FOODS TO PREVENT HEART DISEASE

[Healthy diet](#) which includes low-saturated fat, high-fiber, high plant food diet helps in reducing heart disease. High salt diets increase blood pressure and the risk of heart attack and stroke ^[98-100].

List of some foods which protect against heart disease include:

- Oily fish- Mackerel, sardines, tuna and salmon
- Some vegetables oils- Corn, soy and safflower
- Fruit and vegetables
- Fibre- Wholegrain cereals and fruit and vegetables
- Legumes and soy
- Nuts and seeds
- Tea
- Alcohol
- Foods containing vitamin E
- Garlic
- Foods enriched with plant sterols

CONCLUSION

Many of the causes and risk factors associated with [cardiovascular disease](#) begin in young age and therefore preventive measures like proper nutrition and change in lifestyle both in children as well as young adults has to be taken at the earliest possible to promote health. Major research studies have concluded that the changes in individual [nutrients](#), foods and several dietary factors will increase the rate of cardiovascular diseases. [Obesity](#) rates among population have to be reduced by commercial dietary plans, since obesity is one of the major risk factors of cardiovascular diseases. Physicians should focus on recommending balanced [diets](#) rich in important fatty acids, plenty of fibers, foods that are rich in nutrients, minerals and antioxidants that fight free radicals.

REFERENCES

1. Safdar Z, et al. Collagen Metabolism Biomarkers and Health Related Quality of Life in Pulmonary Arterial Hypertension. Int J Cardiovasc Res. 2015;4:2.
2. Patra S, et al. Chronic thromboembolic pulmonary hypertension in a case with multi-drug resistant pulmonary tuberculosis. Int J Cardiovasc Res. 2015;4:1.
3. Alhaj EK, et al. Usefulness of BNP in Monitoring Response to Treatment in Patients with Pulmonary Arterial Hypertension PAH. Int J Cardiovasc Res. 2014;3:5.
4. Yaseen R, et al. Assessment of Left Ventricular Dyssynchrony in Hypertensive Patients with Normal Systolic Function by Tissue Synchronization Imaging. Int J Cardiovasc Res. 2014;3:5.
5. Mehra S, et al. Pulmonary Hypertension in Patients Undergoing Kidney Transplant - A Single Center Experience. Int J Cardiovasc Res. 2013;2:6
6. Messori A, et al. Prevention of Venous Thromboembolism in Major Orthopedic Surgery: Bayesian Network Meta-Analysis of 21 Randomized Trials Evaluating Unfractionated Heparins, Low-Molecular Weight Heparins, and New Oral Anticoagulants J Cardiovasc Res. 2015;4:5.

7. Mulatu HA, et al. Prevalence of Rheumatic Heart Disease among Primary School Students in Mid-Eastern Ethiopia. *Biol syst Open Access*. 2016;5:149.
8. Maramao F, et al. Radiotherapy-Chemotherapy Related Heart Diseases in Surgical Setting. *J Clin Exp Cardiol*. 2016;7:444.
9. Kataria V, et al. Radiofrequency Catheter Ablation of Ventricular Tachycardia in Structural Heart Disease: Single Team Experience with Follow-Up upto 5 Years. *Arrhythm Open Access*. 2016;1:104.
10. Sun T, et al. Invasive Aortic Augmentation Index Could Predict the Adverse Events in Patients without Established Coronary Heart Disease. *Angiol*. 2016;4:173.
11. Wang N, et al. Management in Patients with Coronary Atherosclerotic Heart Disease Complicated with Chronic Heart Failure: A Community-based Study. *Angiol*. 2016;4:171.
12. Roever L, et al. Exercise-Based Rehabilitation for Coronary Heart Disease: What does the Evidence Show? *J Cardiovasc Dis Diagn*. 2016;4:e111.
13. Kuliev A, et al. Preimplantation Genetic Diagnosis PGD for Heart Disease Determined by Genetic Factors. *Arrhythm Open Access*. 2015;1:103.
14. Hari OS, et al. Awareness and Trends of Blood Cholesterol and Susceptibility to Develop Heart Disease. *Adv Genet Eng*. 2015;4:138.
15. Wang L, et al. A Combination of Electro-Acupuncture and Aerobic Exercise Improves Cardiovascular Function in Patients with Coronary Heart Disease. *J Clin Exp Cardiol*. 2015;6:402.
16. Zhou Y, et al. Clinical Trials Using Cell-based Therapy in Ischemic Heart Diseases - A Decade's Efforts. *J Vasc Med Surg*. 2015;3:174.
17. Maduagu ATL, et al. Prevalence of Coronary Heart Diseases Risk Factors in Adults Population Living in Nigeria's Largest Urban City. *J Nutr Disorders Ther*. 2015;5:153.
18. Babbs CF. Initiation of Ventricular Fibrillation by a Single Ectopic Beat in Three Dimensional Numerical Models of Ischemic Heart Disease: Abrupt Transition to Chaos. *J Clin Exp Cardiol*. 2014;5:346.
19. Dupras C, et al. Influence of Demographic Characteristics of Participants on Consent to Genomic Research into Congenital Heart Disease. *J Clin Res Bioeth*. 2014;5:199.
20. Bernstein HS. Future Prospects for Biomarkers in the Management and Development of Novel Therapies for Pediatric Heart Disease. *Pediat Therapeut*. 2014;4:e126.
21. Frederiksen CA, et al. Remifentanyl and Sufentanil Preserve Left Ventricular Systolic and Diastolic Function in Patients with Ischemic Heart Disease-A Randomised Comparative Study. *J Anesth Clin Res*. 2014;5:437.
22. Souilmi FZ, et al. Presyncope Due to a Complete Atrioventricular Block Revealing a Rheumatic Heart Disease. *J Clin Case Rep*. 2014;4:386.
23. Avila A, et al. A Randomized Controlled Study Comparing Home-Based Training with Telemonitoring Guidance Versus Center-Based Training in Patients with Coronary Heart Disease: Rationale and Design of the Tele-Rehabilitation in Coronary Heart Disease (TRiCH) Study. *J Clin Trials*. 2014;4:175.
24. Aziz KMA. Association of Microalbuminuria with Ischemic Heart Disease, Dyslipidemia and Obesity among Diabetic Patients: Experience from 5 Year Follow up Study of 1415 Patients. *Bioenergetics*. 2014;3:118.
25. Felipe TCG and Santoro DC. Implantation of Adult Stem Cells in Patients with Heart Disease: Clinical Practice Implications for Nurses. *J Nurs Care*. 2014;3:167.
26. Black SM and Fineman JR. Mitochondrial Dysfunction and Congenital Heart Disease. *Pediat Therapeut*. 2014;4:199.
27. Berkinbayev S, et al. Apolipoprotein Gene Polymorphisms (APOB, APOC111, APOE) in the Development of Coronary Heart Disease in Ethnic Groups of Kazakhstan. *J Genet Syndr Gene Ther*. 2014;5:216.
28. Al-Haggar M. SNPs as Co-morbid Factors for Drug Abuse and Ischemic Heart Disease. *Gene Technology*. 2014;3:107.
29. Bolognesi M and Bolognesi D. Asymptomatic Ischemic Heart Disease in a 45-year-old Male Athlete: A Case Report. *J Gen Pract*. 2014;2:139.
30. Mormile R. Celiac Disease and Ischemic Heart Disease: What is the Link? *J Clin Cell Immunol*. 2013;4:173.
31. Virag J. New Twists on an Old Problem: Contemporary Experimental and Clinical Research of Coronary Heart Disease. *J Clin Exp Cardiol*. 2013;S6:007.
32. Syamasundar Rao P. Stents in the Management of Heart Disease in Children. *Pediat Therapeut*. 2013;3:e120.
33. Guilherme L, et al. Rheumatic Heart Disease: Key Points on Valve Lesions Development. *J Clin Exp Cardiol*. 2013;S3:006.
34. Park SH, Gibson KE, Almeida G, Ricke SC. Assessment of Gastrointestinal Microflora in Pasture Raised Chickens Fed Two Commercial Prebiotics. *J Prob Health*. 2014;2:122.
35. Nikkhah A. Yogurt the Most Natural and Healthy Probiotic: History Reveals. *J Prob Health*. 2014; 2: e110.
36. Sorokulova I. Recombinant Probiotics: Future Perspectives in Disease Treatment. *J Prob Health*. 2014;2:e109.
37. Nahaisi MH, Ravisankar S, Noratto GD. Probiotics as a Strategy to Improve Overall Human Health in Developing Countries. *J Prob Health*. 2014;2:118.
38. Mine T. What is Probiotics? *J Prob Health*. 2014;2:e108.

39. Gogineni VK, Morrow LE, Malesker MA. Probiotics: Mechanisms of Action and Clinical Applications. *J Prob Health*. 2013;1: 101.
40. Erdman SE. Microbes, Oxytocin, and Healthful longevity. *J Prob Health*. 2014;2:117.
41. Arjmandi BH. The Role of Prebiotics and Probiotics in Human Health. *J Food Nutr Disor*. 2014;S1-e001.
42. Ouwehand A, Forssten S, Larsen CN, Philipp S. Probiotics and its Effect on Slow Colonic Transit. *J Food Nutr Disor*. 2014;S1-001.
43. Dubey V, Ghosh AR. Probiotics Cross Talk with Multi Cell Signaling in Colon Carcinogenesis. *J Prob Health*. 2013;1:109.
44. Danasekaran R, Mani G, Annadurai K, Ramasamy J. Probiotics as Dietary Supplements in Maintaining Health. *J Food Nutr Disor*. 2014;S1-006.
45. de LeBlanc. The Administration of Probiotics and Fermented Products Containing Lactic Acid Bacteria Exert Beneficial Effects Against Intestinal and Non-Intestinal Cancers. *J Food Nutr Disor*. 2014;S1-005.
46. Shukla G, Verma A, Singh J, Yadav H. Prebiotic Inulin Alters the Colonic Mass, pH, Microflora and Short Chain Fatty Acids in 1,2-Dimethylhydrazine Dihydrochloride Induced Early Colon Carcinogenesis in Male Laca Mice. *J Prob Health*. 2014;2:121.
47. Ganguly S, Sathish Kumar MH, Singh AK, Sabikhi L. Effect of Fermentation by Probiotic *Lactobacillus acidophilus* NCDC 13 on Nutritional Profile of a Dairy-cereal based Composite Substrate. *J Food Nutr Disor*. 2014;S1-002.
48. Arena MP, et al. *Lactobacillus plantarum* as a Strategy for an In Situ Production of Vitamin B2. *J Food Nutr Disor*. 2014;S1-004.
49. Zihler A, Blay GL, Chassard C, Braegger CP, Lacroix C. *Bifidobacterium thermophilum* RBL67 Inhibits *Salmonella enterica* Serovar Typhimurium in an In vitro Intestinal Fermentation Model. *J Food Nutr Disor*. 2014;S1-003.
50. Nikkha A. 'Doogh' the Hero Probiotic for Chickens of Kitchens. *J Prob Health*. 2014; 2: e111.
51. Saengkerdsud S, O'Bryan CA, Crandall PG, Ricke SC. Possibility for Probiotic Sources of Methionine for Organic Poultry Nutritional Supplementation: An Early Review. *J Prob Health*. 2013;1:103.
52. Chenoll E, Codoner FM, Silva A, Ibanez A, Martinez-Blanch JF, et al. Genomic Sequence and Pre-Clinical Safety Assessment of *Bifidobacterium longum* CECT 7347, a Probiotic able to Reduce the Toxicity and Inflammatory Potential of Gliadin-Derived Peptides. *J Prob Health*. 2013;1:106.
53. Sorokulova I. Modern Status and Perspectives of *Bacillus* Bacteria as Probiotics. *J Prob Health*. 2013;1:e106.
54. Ratsep M, et al. Effect of *Lactobacillus plantarum* Strains on Clinical Isolates of *Clostridium difficile* in vitro. *J Prob Health*. 2014;2:119.
55. Onwulata CI. The Growing Significance of Probiotics on Health. *J Prob Health*. 2013;1:e101.
56. Sharma V. Probiotics for Celiac Disease: A Work in Progress. *J Prob Health*. 2014;2:1000e107.
57. O'Bryan CA, Pak D, Crandall PG, Lee SO, Ricke SC. The Role of Prebiotics and Probiotics in Human Health. *J Prob Health*. 2013;1:108.
58. Rachel WD, Roberts E, Sichel LS, Sichel J. Improvements in Gastrointestinal Symptoms among Children with Autism Spectrum Disorder Receiving the Delpro® Probiotic and Immunomodulator Formulation. *J Prob Health*. 2013;1:102.
59. Miyata S, et al. Masked Hypertension and Morning Blood Pressure Surge in Patients with Obstructive Sleep Apnea Syndrome. *J Sleep Disor: Treat Care*. 2016;5:1.
60. Rinaldi E, et al. Adrenomedullary Hyperplasia in a Patient with Poorly Controlled Hypertension and Neurofibromatosis Type 1: A Case Report. *Endocrinol Diabetes Res*. 2016;2:1.
61. Akbarzadeh M, et al. Comparison of Hypertension and Obesity Parameters in Healthy Adolescents and those with Polycystic Ovarian Syndrome. *Endocrinol Diabetes Res*. 2015;1:2.
62. Safdar Z, et al. Circulating Aldosterone Levels and Disease Severity in Pulmonary Arterial Hypertension. *J Cardiovasc Res*. 2015;4:5.
63. Mohtasahm AZ, et al. Hypertension in Iranian Urban Population: Prevalence, Awareness, Control and Affecting Factors. *Prensa Med Argent*. 2015;101:4.
64. Djoba Siawaya JF, et al. Prevalence and Relationship between Hyperglycemia Hypertension and Obesity in Libreville-Gabon: A Pilot Study. *Endocrinol Diabetes Res*. 2015;1:1.
65. Acar B, et al. A Rare Cause of Resistant Hypertension: Idiopathic Retroperitoneal Fibrosis. *J Cardiovasc Res*. 2015;4:4.
66. Alhaj EK, et al. Usefulness of BNP in Monitoring Response to Treatment in Patients with Pulmonary Arterial Hypertension PAH. *Int J Cardiovasc Res*. 2014;3:5.
67. Reynolds MR, et al. Acute Rupture of a Previously Unruptured, Untreated Intracerebral Aneurysm during Induced Hypertension for Vasospasm in Subarachnoid Hemorrhage. *J Spine Neurosurg*. 2014;3:5.
68. Mehra S, et al. Pulmonary Hypertension in Patients Undergoing Kidney Transplant - A Single Center Experience. *Int J Cardiovasc Res*. 2013;2:6.
69. Mahendru R, et al. Anti-Oxidant Intake in Antenatal Cases High-Risk for Pregnancy Induced Hypertension and Intrauterine Growth Restriction. *Androl Gynecol: Curr Res*. 2013;2:1.

70. Couvertier-Lebrón CE, et al. Pharmacogenetics of Apolipoprotein E on Donepezil and Fluoxetine Pharmacotherapy for Chemotherapeutic Induced Neurocognitive Decline. *J Womens Health, Issues Care*. 2013;2:5.
71. Halum AS and Bhinder MTM. Genetic Counselling, Pharmacogenetics and Gene Therapy: The Paving-Stones Leading to Brighter Futures. *Adv Genet Eng*. 2016;5:151.
72. Patil J. Pharmacogenetics and Pharmacogenomics: A Brief Introduction. *J Pharmacovigilance*. 2015;3: e139.
73. Kamal MS and El Dine. Spotlights on Pharmacogenetics of Schizophrenia and Depressed Mood. *Gene Technol*. 2015;4:121.
74. Talameh JA and Kitzmiller JP. Pharmacogenetics of Statin-Induced Myopathy: A Focused Review of the Clinical Translation of Pharmacokinetic Genetic Variants. *J Pharmacogenomics Pharmacoproteomics*. 2014;5:128.
75. He ZX and Zhou SF. Pharmacogenetics-Guided Dosing for Fluoropyrimidines in Cancer Chemotherapy. *Adv Pharmacoevidemiol Drug Saf*. 2014;3:e125.
76. Torrellas C, et al. Benefits of Pharmacogenetics in the Management of Hypertension. *J Pharmacogenomics Pharmacoproteomics*. 2014;5:126.
77. Nadiminti K, et al. Cytogenetics and Chromosomal Abnormalities in Multiple Myeloma-A Review. *Clon Transgen*. 2013;2:114.
78. Tufa TB, et al. Pharmacogenetics of β 1-Adrenergic Receptor Blockers in Heart Failure Therapy: A Systematic Review *Cardiol Pharmacol*. 2013;2:113.
79. Abarin T. Gene-environment Interaction Studies with Measurement Error Application in the Complex Diseases in the Newfoundland Population: Environment and Genetics Study. *J Biomet Biostat*. 2013;4:173.
80. Mishra H and Kumar V. Pharmacovigilance: Current Scenario in a Tertiary Care Teaching Medical College in North India. *J Pharmacovigilance*. 2013;1:109.
81. Murdaca G, et al. Pharmacogenetics: Reality or Dream in Predicting the Response to TNF- α Inhibitor Treatment? *J Genet Syndr Gene Ther*. 2013;S3:007.
82. Salem MSZ. Medical Genetics: An Overview. *Human Genet Embryol*. 2013;S5:001.
83. Salem MSZ. Medical Genetics: Problems and Approaches. *Human Genet Embryol*. 2013;S5:002.
84. Puri A. Pharmacogenetics Variations in Anesthesia. *J Anesth Clin Res*. 2012;3:233.
85. Hong H. Next-Generation Sequencing and Its Impact on Pharmacogenetics. *J Pharmacogenomics Pharmacoproteomics*. 2012;3:e119.
86. Luisa BM, et al. Challenges Faced in the Integration of Pharmacogenetics/Genomics into Drug Development. *J Pharmacogenomics Pharmacoproteomics*. 2012;3:108.
87. Yin J, et al. Pharmacogenetics of Oral Antidiabetic Drugs: Potential Clinical Application. *Endocrinol Metabol Syndrome*. 2012;S5:003.
88. Shiga T. Persistence of Oral Anticoagulants in Japanese Patients with Atrial Fibrillation: Non-Vitamin K Antagonist Oral Anticoagulant versus Warfarin. *Arrhythm Open Access*. 2016;1:e102.
89. Lisboa da Silva RMF. Novel Anticoagulants in Non-Valvular Atrial Fibrillation: An Evidence-Based Analysis. *Evidence Based Medicine and Practice*. 2015;1:1000e101.
90. Pérez-Sánchez H. Virtual Screening for the Discovery of New Anticoagulants. *Drug Design*. 2013;S1:e001.
91. Bhatia S, et al. Safety and Efficacy of New Oral Anticoagulants in Patients with Atrial Fibrillation: A Literature Review. *J Diabetic Complications Med*. 2015;1:101.
92. Carnes EB, et al. Role of Novel Oral Anticoagulants in Primary and Secondary Thromboprophylaxis in Cancer. *J Hematol Thrombo Dis*. 2015;3:222.
93. Lu DY, et al. Plasma Fibrinogen Concentrations in Patients with Solid Tumors and Therapeutic Improvements by Combining Anticoagulants or Fibrinolytical Agents. *Adv Pharmacoevidemiol Drug Saf*. 2015;4:e133.
94. Min A, et al. Economic Evaluations of Medical Cost Differences: Use of Targeted-Specific Oral Anticoagulants vs. Warfarin among Patients with Nonvalvular Atrial Fibrillation and Venous Thromboembolism in the U.S. *J Hematol Thrombo Dis*. 2015;3:209.
95. Ragab G and Mattar M. Oral Direct Anticoagulants in Thrombosis Management in Anti-Phospholipid Syndrome: Unanswered Questions. *J Hematol Thrombo Dis*. 2015;3:208.
96. Yiannakopoulou ECH. Pharmacovigilance for Novel Oral Anticoagulants: Why is It So Crucial? *J Pharmacovigilance*. 2015;3:e135.
97. Turiel M, et al. Practical Guide to the New Oral Anticoagulants. *J Gen Pract*. 2015;3:194.
98. Lee A and Rajaratnam R. Tailoring the Novel Anticoagulants to the Stroke Patient – One Size Does Not Fit All Novel Anticoagulants in Stroke. *J Neurol Neurophysiol*. 2014;5:248.
99. Micco PD, et al. Baseline Analysis on the Outcome of Patients with Deep Vein Thrombosis DVT Before the Global Impact of New Oral Anticoagulants in Italy: Data from RIETE Registry. *J Blood Lymph*. 2014;4:129.
100. Eggert K, et al. A Prospective, Multicenter, 2-Year Echocardiographic Study on Valvular Heart Disease in Parkinson's Disease Patients Taking Rotigotine and Other non-Ergot Dopamine Agonists. *J Alzheimers Dis Parkinsonism*. 2016;6:233.