

Pantethine 450 mg – Supports Cardiovascular Health

About Pantethine

- Pantethine is a stable and bioavailable form of vitamin B5 (pantothenic acid).¹
- Vitamin B5 is often referred to as the “anti-stress vitamin” because it is needed for many cellular processes, including fat metabolism, energy production, adrenal function, and the production of hemoglobin.²
- Higher levels of B5 support cardiovascular health and have been associated with a reduced risk for coronary heart disease.³
- Several clinical trials have shown that pantethine supplementation can improve lipid levels, a marker for cardiovascular disease (CVD) risk. This includes significant reductions in triglyceride and LDL cholesterol levels.⁴⁻⁶
- Pantethine may provide cardiovascular protection through several additional mechanisms. For example, it appears to protect LDL particles from oxidative (free radical) damage, an established risk factor for CVD.^{7,8}

How to Use Pantethine

- Take 1 softgel 2 times per day with food or as directed by a health care practitioner. For use beyond 4 months, consult a health care practitioner.

Cautions and Contraindications

- Consult a health care practitioner prior to use if you are pregnant or breastfeeding, or if you are using anticoagulant/antiplatelet medications. Some people may experience heartburn, itching of the skin, gastrointestinal discomfort, and diarrhea. Keep out of reach of children.

Drug Interactions

- No direct interactions with pantethine have been documented, though a normalization of platelet hyper-aggregation with pantethine supplementation raises a theoretical interaction with anti-platelet medications.⁹

Quick Tips for Optimal Health

- In a review of 40 clinical trials with over 35,000 participants, analysis of seven different diets found that Mediterranean and low-fat diets were associated with the greatest reduction in all-cause mortality, as well as reduced heart attack risk among people at greater risk for CVD. The Mediterranean diet, characterized by an abundance of vegetables, fruits, legumes, unrefined cereals, nuts, and olive oil (while limiting dairy products, meat, poultry, and saturated fat), was associated with a 28% lower risk of dying from all causes, and nearly a 50% lower risk of dying from a cardiovascular cause.¹⁰
- Olive oil consumption may be a particularly important part of the Mediterranean diet. In a large analysis of 36 studies, every additional 25 g (a little less than two tablespoons) of olive oil consumption was associated with a 16% lower risk of CVD.¹¹
- In addition to the Mediterranean diet, the portfolio diet may show some of the best evidence for lowering LDL cholesterol. Analysis of seven trials found that this diet (in combination with standard dietary recommendations) reduced LDL cholesterol by 17%, as well as other lipids and biomarkers of risk (including ApoB, triglycerides, C-reactive protein, blood pressure, etc.). This diet emphasizes foods with viscous fibre (e.g., oats, barley, eggplant, etc.), nuts, plant proteins, soy products, and other foods associated with cholesterol-lowering effects.¹²
- Physical activity is one of the most important determinants of CVD risk. A recent review concluded that “*more is better* for moderate-intensity exercise with respect to cardiovascular health and life expectancy. Vigorous exercise is also beneficial... but maximal benefits are achieved at 150 minutes/week” (emphasis added).¹³
- Spending time in natural settings may have benefits as well. A large observational study showed that spending at least two hours per week outdoors was associated with greater health and well-being.¹⁴
- Stress reduction is also likely to reduce CVD risk. In a review of seven randomized and controlled trials, mindfulness-based stress reduction (MBSR) was associated with a significant decrease in systolic blood pressure, a strong predictor of CVD risk.¹⁵
- In addition to a standard lipid panel, other markers of CVD risk may help guide preventative efforts, including C-reactive protein, homocysteine, ApoB, Lp(a), and blood pressure.^{16,17}

PATIENT NAME: _____

PRACTITIONER NOTES:

PRACTITIONER CONTACT INFORMATION:

References

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