CURRICULUM VITAE

김민주

한남대학교 식품영양학과

[학력]

2010.02연세대학교 식품영양학과 이학사2014.08연세대학교 식품영양학과 이학박사

[경력]

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2017.04-2020.02 연세대학교 심바이오틱라이프텍연구원 노화과학연구센터 연구교수

[관심분야]

- Clinical Nutrition (Personalized Nutrition)
- Medical Nutrition Therapy in Metabolic Diseases (diabetes mellitus, obesity, coronary vascular disease, dyslipidemia, hypertension, metabolic syndrome, liver disease, etc.)
- Omics: Metabolomics (Nutrition-Metabolite interaction), Genomics (Nutrigenetics and Nutrigenomics)
- Lipid Metabolism
- Oxidative Stress
- Nutrition and Aging
- Age and Disease-Related (Early) Biomarkers
- Disease Early Prediction
- Clinical Trials
- Nutritional Support or Supplementations
- Epidemiological Study: Cohort Study

[논문]

- 1. Cho D, Huang X, Han Y, Kim M. NPC1L1 rs217434 A>G as a Novel Single Nucleotide Polymorphism Related to Dyslipidemia in a Korean Population. Biochem Genet. 2024 Jan. DOI: 10.1007/s10528-023-10649-6. (corresponding author)
- 2. Han Y, Yoo HJ, Kim Y, Huang X, Lee JH, Kim M. Changes in Lp-PLA2 are associated with elevated alanine aminotransferase levels: a nested case-control study in a three-year prospective cohort. Scr Med. 54(4):353-361, 2023. (corresponding author)
- 3. Han Y, Jang K, Kim U, Huang X, Kim M. The possible effect of dietary fiber intake on the metabolic patterns of dyslipidemia subjects: Cross-sectional research using nontargeted metabolomics. J Nutr. 153(9):2552-2560, 2023. (corresponding author)
- 4. Huang X, Han Y, Jang K, Kim M. Early prediction for prediabetes and type 2 diabetes using the genetic risk score and oxidative stress score. Antioxidants. 11(6):1196, 2022. (corresponding author)
- 5. Lee S-Y, Kim TY, Hong JY, Kim GJ, Oh J, Kim M, Apostolidis E, Lee J-Y, Kwon Y-I. Anti-Obesity and Anti-Adipogenic Effects of Administration of Arginyl-Fructose-Enriched Jeju Barley (Hordeum vulgare L.) Extract in C57BL/6 Mice and in 3T3-L1 Preadipocytes Models. Molecules. 27(10):3248, 2022.



Current evidence regarding dietary causes of secondary dyslipidemia

Minjoo Kim

Department of Food and Nutrition, College of Life Science and Nano Technology, Hannam University, Daejeon, Korea

Dyslipidemia is a global issue with an increasing prevalence, including in South Korea. Dyslipidemia can be classified into primary and secondary forms, with secondary dyslipidemia accounting for approximately 30-40 percent of all cases. There is limited research and information available on specific details, but poor dietary habits are recognized as a significant contributing factor. This type of disease is primarily caused by unhealthy lifestyle choices and acquired medical conditions.

There are limited studies investigating secondary dyslipidemia that have been conducted over a long period of time. As a result of the limitations inherent in cross-sectional or case-control studies, existing evidence is inconclusive. Randomized controlled trials cannot establish causation as they assess how dietary interventions can manage dyslipidemia rather than how it develops due to nutri-

tional factors.

In addition, there is a lack of research specifically focused on the Korean population. In response to this, healthcare practitioners, including medical practitioners and clinical nutritionists, tend to emphasize disease management more than prevention. It is possible, however, to significantly reduce dyslipidemia prevalence and effectively manage blood lipid profiles by identifying and managing the dietary causes before they develop.

In order to address the issue of dyslipidemia, we intend to offer an overview of the dietary factors that contribute to this condition, including nutrients, food choices, and meal patterns, based on the existing research. Furthermore, we will provide a brief summary of expert consensus on effective strategies for managing cases of dyslipidemia.