

Saturated fats: Good, Bad or Ugly?

Hassan Chamsi-Pasha, FRCP, FACC. Cardiac department, King Fahd Armed Forces Hospital, Jeddah, Saudi-Arabia

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Re: Intake of saturated and trans unsaturated fatty acids and risk of all cause mortality, cardiovascular disease, and type 2 diabetes: systematic review and meta-analysis of observational studies Vanessa Ha, Teruko Kishibe, Elizabeth Uleryk, Patrick Budyłowski, et al. 351:doi 10.1136/bmj.h3978

To The Editor

I read with interest this systematic review and meta-analysis which concluded that saturated fats are not associated with all-cause mortality, cardiovascular disease (CVD) mortality, ischemic stroke, or type 2 diabetes.

Today, the social media, the Web, and newspapers are full with pro-saturated-fat articles. Medical professionals are also calling upon the nutrition experts who wrote the guidelines to reevaluate the recommendations on fatty acids and CVD on the basis of this mounting evidence that saturated fat is not the culprit! 1 With persistent flood of misleading nutrition claims in the media, it is not surprising that the public is confused and dubious about the real opinion on the relative risks of fat, salt, cholesterol, and sugar!. Five decades of controversy surrounding basic dietary guidelines and nutrition recommendations is a public acknowledgement of a failed research paradigm.2 However, the call by nutrition experts to restrict dietary saturated fat continues with the recently released U.S. Department of Agriculture (USDA) proposed 2015 Dietary Guidelines for Americans.3 Archer et al 2 criticized this report as being primarily informed by memory-based dietary assessment methods (M-BMs) (eg, interviews and surveys) despite decades of unequivocal evidence that M-BM data bear little relation to actual energy and nutrient consumption.

In another systematic review and meta-analysis, Chowdhury et al found no association between total saturated fatty acid consumption and coronary risk.4 The British Heart Foundation's associate medical director, Jeremy Pearson, commented on Chowdhury's findings and stated that large scale clinical studies are needed, as these researchers recommend, before making a conclusive

judgement.⁵ Besides, further investigation on the effect of monounsaturated fat on the CVD risk is warranted.

The effect of a specific food (e.g., meat and dairy products) on risk of CVD cannot be determined simply on the basis of the fatty-acid profile of a food. The USDA Dietary Guidelines for Americans did note the need for future research on “. . . the effects of saturated fat from different sources, including butter, lard, plant (palm vs coconut oil), and production systems (e.g., refined, deodorized, and bleached vs virgin coconut oil) on blood lipids and cardiovascular disease risk.”³ So where do we go from here? and what should we tell our patients when they face us with all this astronomical information in the media?

We should continue to treat the basic disease process of atherosclerosis by changing the natural history of the disease, which we may be able to do with modification of the risk factors. ⁶ We should continue emphasizing the importance of eating less, avoiding obesity, exercising more and avoiding smoking. We need to talk less about nutrients and more about whole foods, eating patterns, and healthful cooking techniques, while limiting foods that are harmful, like sugar, trans-unsaturated fatty acids, and processed foods. ¹ Optimal intake for dietary fats is still unclear and clinical studies to define the safe lower and upper levels of consumption of dietary fats are warranted. The final advice would be :“Healthy living is the most powerful medicine of all. It requires no prescription, and all of the side effects are beneficial”.

References

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Hassan Chamsi-Pasha, FRCP, FACC. Cardiac department, King Fahd Armed Forces Hospital, Jeddah, Saudi-Arabia.