

The weak case against saturated fats



Saturated fats continue to be demonized by health “authorities.” The American Heart Association persists in recommending: *“Eat an overall healthy dietary pattern that emphasizes: a variety of fruits and vegetables, whole grains, low-fat dairy products, skinless poultry and fish.”*

It urges us to *“limit saturated fat, trans fat, sodium, red meat, sweets and sugar-sweetened beverages. If you choose to eat red meat, compare labels and select the leanest cuts available.”* (Source)

But what if their hoary exhortations do not comport with the latest scientific evidence?

A recent study suggests that recommendations to substitute poultry for red meat won't ameliorate heart risk. The researchers were quoted as saying: "*When we planned this study, we expected red meat to have a more adverse effect on blood cholesterol levels than white meat, but we were surprised that this was not the case.*"

But the inference that cholesterol levels track coronary risk is a dubious leap of faith. An oft-quoted 2016 study ("Lack of an association or an inverse association between low-density-lipoprotein cholesterol and mortality in the elderly: a systematic review") showed the opposite: for over-60s, *higher* levels of the so-called "bad" LDL cholesterol were associated with survival and *reduced* all-cause mortality.

Recently, the World Health Organization (WHO) weighed in on trans fats and saturated fats, urging an international health initiative to curtail their consumption.

In response comes a paper in the *British Medical Journal (BMJ)* that challenges the received wisdom that saturated fat is a bad actor. Entitled "WHO draft guidelines on dietary saturated and trans fatty acids: time for a new approach?", the editorial acknowledges the deleterious effects of trans fats, which many advanced countries have sought to ban.

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Trans fats are considered to have been responsible for 6% to 19% of all coronary heart disease events in the US in 2006 and to have caused about 2,700 deaths annually and the loss of 570,000 life years in the UK every year.

But the *BMJ* authors argue persuasively that saturated fats

need not be incriminated with trans fats as health hazards.

They note the following:

- Different fats vary as to their effects. Stearic acid in chocolate, palmitic acid in meats, and heptadecanoic acid in dairy have completely different impacts on the body.
- Moreover, the effects of different forms of saturated fats are modified by the composition of foods in which they are delivered. Food scientists recognize that health effects of fats cannot be assessed in isolation but depend on the overall diet context.
- The research linking saturated fats to cardiovascular disease is, at best, contradictory; and whereas some studies suggest lowering saturated fat intake reduces the incidence of cardiovascular disease, most of these analyses show *no impact* on the risk of dying—which is after all, what counts.
- There is even evidence that the oft-repeated advice to substitute full-fat dairy products with low-fat versions is misguided; dairy rich in saturated fat might actually confer protection against cardiovascular disease.
- Observational studies of large populations that “prove” risks associated with high intakes of saturated fats are tainted by the likelihood that big consumers of meat, dairy, eggs and tropical oils might be eschewing healthier foods like fruits, vegetables and unprocessed and fiber-rich starches. They might also consume more sugar and junk food. This makes it look like saturated fats are the problem, when it’s really overall diet quality.

The *BMJ* editorialists conclude:

“A recommendation to reduce intake of total saturated fat without considering specific fatty acids and food sources is

not evidence based; will distract from other more effective food based recommendations; and might cause a reduction in the intake of nutrient dense foods that decrease the risk of cardiovascular disease, type 2 diabetes, other serious non-communicable diseases, malnutrition, and deficiency diseases and could further increase vulnerability to nutrient deficiencies in groups already at risk."

In other words, they're arguing against the unintended consequences of telling people world-wide to adopt a low-saturated fat diet—consequences which we've seen in spades here stateside where the encouraged public embrace of carbohydrate-laden "low-fat" foods has spawned an epidemic of obesity and Type 2 diabetes. The net result is *more* cardiovascular risk!

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Clearly, we need a more nuanced approach to nutrition. Inclusion of foods rich in saturated fatty acids is neither "good" nor "bad" but might have different effects depending on what other foods an individual is eating, their unique genetics, and their overall health status.

As summer progresses, I keep eating generous portions of eggs, grilled meats, chicken with the skin on, rich coconut milk, macadamia nuts, and occasional grated full-fat cheese for my meat tacos—all rich in saturated fats. I'm encouraged by the fact that last year an EBT heart scan revealed that I had zero coronary artery calcium.

I can't in good conscience recommend that my patients follow anachronistic, top-down guidelines promoted by "experts" at the World Health Organization or the American Heart Association. They undermine their credibility and public confidence by hewing to the misguided recommendation that people avoid saturated fat.

To close, from a book I'm reading this summer:

“Surely it was not intended that the human stomach should be loaded with the fodder of rabbits and cows, even when it has been well boiled! For what did man tame the rabbits and the cows, except that they should digest all this spinach and carrots and turn it into more concentrated food.”
–*Presidential Mission* by Upton Sinclair (1947)