

The American Heart Association Update on the Role of Fat in Your Diet - Frankly Speaking EP 27

Transcript Details

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Dr. Frank Domino

You hear on the evening news that saturated fat causes heart disease, but just a few weeks ago, you thought you heard that it was carbohydrates. Before that, it was all types of fat. What is the right answer on fats and how do we help keep our patients healthy? Joining me today is Susan Feeney, Coordinator of the Family Nurse Practitioner Track at the University of Massachusetts Medical School Graduate School of Nursing. Welcome to the show, Susan.

Susan Feeney:

Thanks, Frank. So Frank, what did the American Heart Association say in this position paper and what does the best evidence say about that?

Dr. Domino:

Well, the American Heart Association came out with a study, published in circulation this year, that came to the conclusion that saturated fat was linked to heart disease. And it seems somewhat surprising to me, because this was not a small paper, and yet, they chose to just focus in one area. This was a paper that only included four studies. And it almost gave the sense that the American Heart Association had a predetermined message they wanted to get across, because they eliminated a huge number of papers that, previously, we had considered significant and relevant.

Susan Feeney:

Did they give any rationale on why they... What their inclusion was?

Dr. Domino:

That's a great question. They found flaws with each of those papers, which previous authors had found, but those same flaws existed in the four they included, and so it's hard to tell. And I think that's what's most frustrating, is that, yes, there is data that shows saturated fat is related to heart disease, but we're not sure if it's just saturated fat, or some of the other components that were included within saturated fat, namely, trans fat.

Susan Feeney :

Okay. So what is saturated fat, and what is the history of fat and sugar's relationship to cardiovascular outcomes?

Dr. Domino:

Alright. Well, saturated fat is the type of fat we typically associate with animal and meat products. It's solid at room temperature. And we have a fair number of data extending back through the '60s, that demonstrated patients who ate large quantities of saturated fat had higher rates of heart disease. And we also know it raised LDLs, and associated to other things. But what those studies did not determine is how much trans fat was in the saturated fat. Now, trans fat occurs naturally in small amounts in meat products and is also solid at room temperature. But back in the '70s, food manufacturers figured out how to use trans fat to make things less likely to spoil on the shelf. And so they began getting placed in all sorts of commonly prepared foods, things we even thought of as healthy. And so trans fat is similar, and a component of saturated fat, but in natural states, it only occurs in small amounts. And that's why people with high meat diets, as long as they had good compensating mechanisms, didn't have those high rates of heart disease. It's when patients consumed large amounts of trans fat that a problem existed.

The opposite, or the counterpart to saturated fat, or the unsaturated fats, or the... And we have two types, we have mono-unsaturated fats, the most commonly used is olive oil, and

polyunsaturated fats, which are corn and sunflower oils. These are liquid at room temperature. And we know that those do not increase LDL levels, and may even slightly lower LDL levels, and most importantly, do not increase the risk of the inflammation, that we now associate with heart disease.

Susan Feeney:

So what you're saying too about the trans fats, is that because some of the data was older, it's hard to tease out the difference between those prepared meats, if you will, as opposed to someone who might eat organic meats from a farm, that wouldn't have the trans fats.

Dr. Domino:

It's the prepared meats, but it's really the other prepared foods, anything from cereal bars to baked goods, baked goods in particular. And what became wonderful, is that high trans fat cooking became very, very popular. And so you couldn't get a French fry, or you couldn't get a piece of chicken commercially available at any restaurant, from high end to your convenience restaurants, without it being highly loaded with trans fat. Now, you asked a question earlier about it's relationship to heart... The fat intake and heart disease. So back in the '60s, we now know that there was some data published, that implied it was fat, in particular, saturated fat, that it led to an increased risk of heart disease. And we now know that data was flawed. And it was actually, probably, deliberately biased.

And what the real criminal wasn't fat, but rather it was carbohydrate, and especially simple carbohydrate. That misconception led to the non-fat craze of the '80s and '90s, and is probably very responsible for the current state of obesity in the United States and the world. We focused away from fats and we moved far closer to a high carbohydrate diet. And the associations there are pretty obvious and pretty much apparent in our daily practice, with one in three adults being obese, one in five, to one in sixteens, are children being obese in the United States. We made a mistake, and we allowed it occur for the last 40 years, and now we're trying to push back. And at least, there is more and more data that shows animal fats, if taken in appropriate amounts, in a highly diverse diet, polyunsaturated and mono-unsaturated fats used for cooking, both correlate

with neutral, or actually lower risks of heart disease.

Susan Feeney:

With all this in mind, how should we be encouraging our patients to eat in a realistic way?

Dr. Domino:

Well, the best data we have is cohort observational data. And when we compare populations that use high-fat diets, like the diets recommended in the Mediterranean diet range, so these are people having large amounts of vegetable oils every day, combined with animal proteins that are high in fat, combined with small amounts of carbohydrate, they do the best, without a doubt. They have lower rates of heart disease, lower rates of cancer. And these are populations that have higher rates of tobacco abuse and alcohol use than we do. I think the focus is having people eat in moderation, increase their unsaturated fats through... For cooking, use oils, use vegetable oils, primarily. It's quite okay to use butter and stop using margarine. When you're having proteins, have a variety of proteins, both animal and plant proteins. And get adequate fruit and vegetable intake in your diet. It should be at least half your plate on any given meal should come from vegetable and fruits. Those are probably the key, key players in how we should counsel patients.

Susan Feeney:

When your patient comes in and we try to explain this to the patient, I think what you're saying is give them some advice and examples on different types of good fats, avoiding the trans fats, and limiting simple carbohydrates.

Dr. Domino:

I think that's really it. And I think most of the data supports that. There were two systematic reviews in 2015 that looked at fat, saturated fat, and heart disease. One published in the British Medical Journal that found no association, and one, a Cochrane Review, found a small reduction in cardiovascular events by avoiding saturated fat, but no effect on cardiovascular mortality or all cause mortality. And the author said, "We can't rule out that some of the studies have this cardiovascular finding, because of trans fat." So I think you're right. Avoiding trans fat, eat a broad

Mediterranean diet, make sure you get adequate exposure to fat, especially polyunsaturated fat. And I think you'll see that most cardiovascular outcomes, that we're concerned about, go down.

Susan Feeney :

Great. Well, this is very helpful. Thank you, Frank.

Dr. Domino:

Thank you. Thank you, Susan. Practice pointer: Saturated fat in it's natural state, is unlikely to increase the risk of cardiovascular outcomes. Avoid trans fat, use polyunsaturated fats like olive oil. And remember that, we, as clinicians, need to be educated consumers of the medical literature. Join us next week, when we talk about e-cigarettes, and vaping, and your teenager.