



**Consultation on the SACN draft report Saturated Fats and Health Report**

**Comments Form**

<b>Organisation:</b>	UK Health Forum
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**Closing date: 5pm 3 July 2018**

General comments	Comments
	Please insert each new comment in a new row
<i>Example: References</i>	<i>Example: Please check that referencing is consistent across all the chapters.</i>
Introduction	This is a welcome and important review of the evidence on saturated fats and health as the introduction notes that this evidence was last considered by the Committee on Medical Aspects of Food Policy (COMA, the predecessor of SACN) in the early 1990s. Saturated fats have been subject to considerable scrutiny and debate in the media, and there is confusion among the public and wider community of the role of fats in health and relative merits of different types of fats.
Methods	The methods are described in a clear and concise way. We note that in keeping with SACN's Framework for the Evaluation of Evidence, this report is based primarily on evidence provided by systematic reviews and meta-analyses of randomised controlled trials and prospective cohort studies. The methods are also consistent with approaches undertaken by other bodies internationally.
Limitations of evidence	The draft document notes that “saturated fats is a collective term for a number of different saturated fatty acids (see Chapter 3). There is evidence showing that individual saturated fatty acids exert distinct effects on lipid metabolism and therefore have a differential impact on health.” and concludes that “Consideration of the impact of individual saturated fatty acids was outside the scope of this review.” <b>This particular issue is subject to considerable debate in the media as well as confusion among the wider public (especially the subject of dairy fats), and would merit further investigation by SACN.</b>
Other international guidelines	<p>We note that the findings and recommendations are in line with other international guidelines. As these guidelines are based on reviews of the same evidence, this finding is to be expected and therefore reassuring.</p> <p>We also note the slightly different approach to saturated fat advice taken by the 2015 recommendations of the Health Council of the Netherlands. The advice is focused on advice on foods and dietary patterns rather than saturated fat intakes, and includes three overarching recommendations on foods high in saturated fats:</p> <ol style="list-style-type: none"> <li>1. ‘replace butter, hard margarines, and cooking fats by soft margarines, liquid cooking fats, and vegetable oils’</li> <li>2. ‘limit the consumption of red meat, particularly processed meat’</li> <li>3. Have ‘a few portions of dairy produce daily, including milk or yogurt’.</li> </ol> <p>Advice on foods and dietary patterns is easier for consumers and professionals from other sectors to assimilate than scientific nutrient-based cut-off values. While we appreciate that recommendations to reduce saturated fats are incorporated within the Eatwell Guide, <b>SACN should consider including (and reinforcing) in its guidance some top-level food based recommendations which are easier to translate these updated guidance into practice, which are focused on the major sources of saturated fats in the UK diet across all population groups:</b></p>

	<ul style="list-style-type: none"> <li>• Meat and meat products</li> <li>• Milk and milk products (cheese and milk) and</li> <li>• Cereals and cereal products (biscuits, buns, cakes, pastries, fruit pies, puddings, pizza).</li> </ul>
Findings	<p>We note the fact that the overall findings provide evidence of the continued benefits of the recommendations to reduce saturated fats, particularly on the following health and intermediate outcomes:</p> <ul style="list-style-type: none"> <li>• There was adequate or moderate evidence (from RCTs) that reducing the intake of saturated fats reduces the risks of CVD and CHD events respectively, and improves serum total cholesterol, LDL cholesterol and triacylglycerol.</li> <li>• There was adequate or moderate evidence (from RCTs) that substituting saturated fats with PUFA improved total cholesterol, LDL cholesterol and total cholesterol:HDL cholesterol ratio and improved sustained glycaemic control as evidenced by HbA1c and insulin resistance.</li> </ul>
Conclusions	<p>We support the overarching conclusion that “new evidence published since 1994 supports and strengthens the original COMA conclusion that a reduction in saturated fat intakes from current population average levels would be beneficial.” This is an important finding which can provide clarity for future policy and practice to improve nutritional intakes:</p> <p>“Based on the totality of the evidence considered, it is recommended that:</p> <ul style="list-style-type: none"> <li>• the dietary reference value for saturated fats remains unchanged: that the population average contribution of saturated fatty acids to total dietary energy be reduced to no more than 10% (11% food and drink energy, excluding alcohol) for adults and children aged 5 years and older</li> <li>• saturated fats are substituted with unsaturated fats (PUFA or MUFA).</li> </ul> <p>No evidence meeting the inclusion criteria was identified for older adults or children aged 5 years and older. However, there is no reason to assume that the recommendations should differ for these age groups.”</p> <p>In light of the fact that all population groups are exceeding the recommended saturated fat intake limits, we also strongly support the recommendation that “the government gives consideration to strategies to reduce population average intake of saturated fats to no more than 10% of dietary energy.”</p> <p>As stated previously (in our comments on “international guidelines”), SCAN should also consider including (and reinforcing) in its guidance some top-level food based recommendations which are easier to translate these updated guidance into practice, and are focused on the major sources of saturated fats in the UK diet across all population groups:</p> <ul style="list-style-type: none"> <li>• Meat and meat products</li> <li>• Milk and milk products (cheese and milk) and</li> </ul>

	<ul style="list-style-type: none"> <li>• Cereals and cereal products (biscuits, buns, cakes, pastries, fruit pies, puddings, pizza).</li> </ul>
Research recommendations	<p>We support the proposed research recommendations. In particular,</p> <ul style="list-style-type: none"> <li>• We note that no evidence meeting the inclusion criteria was identified for older adults or children aged 5 years and older adults, and therefore support the recommendation to “undertake systematic reviews and meta-analyses (and possibly further primary research) investigating the potential effect of saturated fat intakes and health outcomes, intermediate markers and/or risk factors for longer term health in children under 5 years.”</li> <li>• We also support the recommendation to examine the effects of saturated fat intakes lower than currently recommended (i.e. below 10% of total dietary energy intake) on health outcomes, intermediate markers and/or risk factors.</li> </ul> <p>Finally as stated in our comments on the “limitations of evidence”, we would also welcome the inclusion of a research recommendation which addresses the issue of how individual saturated fatty acids exert distinct effects on lipid metabolism and therefore have a differential impact on health. As this is the subject of ongoing debate and confusion, we would strongly urge SACN to consider the impact of individual saturated fatty acids within the scope of a future review.</p>

Please add extra rows as needed