



Consultation on the SACN draft report Saturated Fats and Health Report

Comments Form

Organisation:	British Nutrition Foundation
Name of commentator and contact details:	Prof Judy Buttriss

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Closing date: 5pm 3 July 2018

General comments	Comments
	Please insert each new comment in a new row
Terminology	Please check that terminology and abbreviations are consistent across all the chapters, e.g. cancer vs. cancers, PCSs vs PCS (perhaps should be the former for consistency with RCTs). Percent used in some places instead of percentage.
Overview	BNF welcomes this draft report and the clarity it brings to the debate in the medical press and popular media, some of which has undermined the Eatwell Guide and government recommendations. We note that the recent WHO draft report reached the same conclusion as SACN with regard to saturated fat and this might be worthy of note in the final SACN report. Also, worthy of comment/discussion is SACN's decision to recommend a mix of MUFA/PUFA (despite the limited evidence found for MUFA compared to PUFA) whereas WHO recommended only PUFA in its draft report. We assume this might relate to the potential risk of exceeding 10% energy if PUFA were to be the sole substitute.
Plain English summary	Need for plain English summary that pulls the recommendations together (good example of a good summary is on page 130). Such a summary would be helpful at the end of the section on events (Chapter 8).
More narrative	<p>More narrative in places would be helpful that:</p> <p>(a) discusses the findings of SACN in the context of the debate about saturated fat in the medical press and general media</p> <p>(b) aligns the advice on saturated fat and CVD with SACN's recommendations on carbohydrates, fibre and CVD. The lack of studies to suggest that complex CHO is a beneficial substitute for saturated fat from a CVD perspective may be interpreted, in isolation, to mean that complex (high fibre) carbohydrates are not beneficial for health, thus undermining the message that most of us need to consume considerably more fibre and SACN's recent affirmation that about 50% of energy intake should come from carbohydrates.</p>
Individual fatty acids	We appreciate that consideration of individual saturated fatty acids was not within the remit. Nevertheless, this is an important aspect that ought to be added to SACN's future work plan. In France, for example, this aspect was incorporated into dietary guidelines some years ago and it would be helpful to have a SACN perspective on the short chain SFA in dairy products. Also, the growing popularity of highly saturated coconut oil emphasizes the need for clarity regarding the health effects of lauric acid. Meantime, in the saturated fat report, we suggest that it might be helpful to readers to add some clarification that it appears that not all saturated fatty acids have the same effect on blood cholesterol.
Recommendations section	We welcome these recommendations; some specific comments are included in the next section.

Consumer campaign	<p>SACN recommends that government gives consideration to strategies to reduce population average intake of saturated fats. We support this recommendation, and suggest that to increase the likelihood of effectiveness, the strategy needs to be developed with input from public health nutritionists with food industry experience (because of the insight they can share regarding the technical difficulties likely to be encountered when seeking substitutes for saturated fats in some applications). Furthermore, given the high profile debate on the role of saturated fat in the diet, and the confusion this seems to have generated, we suggest there needs to be a robust, government backed campaign that aims to clarify the advice re saturated fat for health professionals and the public, correct misinformation and put SACN's recommendations into a practical dietary context.</p> <p>In doing this, it will be important to integrate the findings of SACN on saturated fat with those on carbohydrates (including fibre) and CVD, and in particular to clarify the advice on saturated fat and carbohydrates from a whole diet perspective.</p>
Modelling studies	<p>Modelling studies, such as that of Li et al [Li Y, Hruby A, Bernstein AM <i>et al.</i> (2015) Saturated fats compared with unsaturated fats and sources of carbohydrates in relation to risk of coronary heart disease: a prospective cohort study. <i>Journal of the American College of Cardiology</i> 66: 1538–48] do not seem to have been included/discussed. Li <i>et al</i> models data from two large PCSs from the perspective of the effects of substitutions.</p>

Please add extra rows as needed

Comments by paragraph	Comments
<i>Example: 1.2</i>	<i>Example: Missing reference and statement unclear</i>
Pages 31-34	The nomenclature for cis/trans fatty acids (described on page 34) should be cross referenced on pages 31/2 where it first occurs (or be described in full when first mentioned).
Page 37 – para 3.19	We suggest some rewording is needed in line 4, requires water. Thus fats To assist the reader. (e.g. binds water)
Page 38, eg paras 3.20 and 3.14	‘free fatty acids’ and NEFA seem to be used interchangeably e.g. paras 3.20 and 3.24. Para 3.21, line 2 – delete the superfluous ‘the’
Page 50	Temporal change in trans. Is it worth clarifying that the focus has been on reducing trans previously produced industrially in the hardening of veg oils rather than those naturally produced in the digestive process of ruminant animals?
Page 50, para 6.7	perhaps give the value from more recent data for consistency
Page 50, para 6.8	perhaps cross reference or add a comment about dietary cholesterol not being an issue in general terms.
Page 50, para 6.9	Based on what appears in a summary section elsewhere, we suspect the second sentence relates to the NDNS rolling programme period rather than the past 25 years, as may be construed from the first sentence. Also, is it worth commenting on widespread use of statins, especially in older men?
Chapter 8	Compared with chapter 9 (lipids), the findings in this section (Chapter 8) are quite challenging to piece together. The reporting of individual studies and the short summary tables are very helpful, but a little more narrative to draw the findings together would be helpful.
Page 75	Given the nature of the discussion regarding fixed- and random-effects modelling, it might be helpful to refer to the relevant differences (pros and cons) between these two approaches (or provide a cross reference).

Page 219, para 16.6, last bullet	Is 'or' justified given that the available evidence is predominantly for PUFA (also see point made under 'overview').
Page 220, Table 16.1	It should perhaps be clearer from the heading that the table provides existing recommendations (from 1991, 1994), which in some cases have been updated slightly. Long chain n-3 PUFA – refers to increase from 0.2g/day – was this the intake at the time? Is this still the case (does it need a footnote)? For consistency with reference to 12% elsewhere in the text, perhaps footnote 9 should be added to the table itself for consistency. Footnote 1 – are both terms implying the same thing? Re n-6 PUFA – it would be helpful to clarify what the intake is currently (if this is different).
Pages 222/3	<p>Research recommendations. We suspect the reference to 2.17 should be 2.18. In addition, it would be helpful for SACN to consider the evidence regarding the relative impact of different fatty acids, especially different saturated fatty acids (as has already happened in France) as this potentially has a bearing on food based guidance. The final recommendation refers to different types of MUFA – what does this mean in practice as the main dietary MUFA is oleic acid (18:1) [16:1 is present in very low concentrations as I recall]? Also, does this recommendation refer to food sources of these subclasses or pure compounds (the former would seem to be more relevant although challenging to achieve without provision of diets in a RCT).</p> <p>Finally, the terms 'cancer' and 'cancers' are both used throughout the report. We suspect in most cases the most appropriate term is 'cancers'.</p>

Please add extra rows as needed